UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): March 12, 2026

Century Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-40498**	**84-2040295**
(State or other jurisdiction of incorporation or organization)	(Commission File Number)	(I.R.S. Employer Identification No.)

25 North 38th Street, 11th Floor	
Philadelphia, Pennsylvania	**19104**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(267) 817-5790**

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol**	**Name of Exchange on Which Registered**
Common Stock, par value $0.0001 per share	**IPSC**	**Nasdaq Capital Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition

On March 12, 2026, Century Therapeutics, Inc. (the "Company") issued a press release announcing its financial results for the year ended December 31, 2025. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information contained in this Item 2.02 (including Exhibit 99.1) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section and shall not be deemed to be incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 7.01 Regulation FD Disclosure

On March 12, 2026, the Company updated information reflected in a slide presentation, which is attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated herein by reference. Representatives of the Company will use the updated presentation in various meetings with investors from time to time.

The information contained in this Item 7.01 (including Exhibit 99.2) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section and shall not be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Document
99.1	Press Release of Century Therapeutics, Inc., dated March 12, 2026
99.2	Investor Presentation of Century Therapeutics, Inc., dated March 12, 2026
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CENTURY THERAPEUTICS, INC.

By: /s/ Brent Pfeiffenberger, Pharm.D.
Name: Brent Pfeiffenberger, Pharm.D.
Title: President and Chief Executive Officer

Date: March 12, 2026

Exhibit 99.1

Century Therapeutics Reports Full Year 2025 Financial Results and Business Updates

- CNTY-813, lead beta islet cell therapy program as a potential functional cure for type 1 diabetes, in Investigational New Drug (IND)-enabling studies; IND submission expected in 4Q 2026 to support anticipated initial clinical data in 2H 2027
- CNTY-308, a CD19-targeted CAR-iT cell therapy engineered with Allo-Evasion™ 5.0, on track to enter the clinic in 2026
- Strengthened balance sheet and cash runway extended into 1Q 2029 from oversubscribed $135 million private placement in January 2026

PHILADELPHIA, March 12, 2026 -- Century Therapeutics, Inc. ('Century', NASDAQ: IPSC), a biotechnology company developing induced pluripotent stem cell (iPSC)-derived cell therapies for autoimmune diseases, including type 1 diabetes, and cancer, today reported financial results for the full year ended December 31, 2025, and recent business highlights.

"Century entered 2026 with strong momentum, fueled by the successful completion of our $135 million private placement and continued focus on advancing our prioritized programs closer to patients living with significant unmet medical need," said Brent Pfeiffenberger, Pharm.D., Chief Executive Officer of Century Therapeutics. "We are moving fast and executing with precision on CNTY-813, our top priority and a program we believe has the potential to functionally cure type 1 diabetes. Recent achievements, including compelling preclinical results combined with constructive interactions with the FDA, strengthen our confidence in the clinical path ahead. We plan to submit an IND as early as the fourth quarter of this year and anticipate initial clinical data in the second half of 2027. We are energized by the progress across our pipeline, confident in the road ahead, and focused on advancing our most promising programs into the clinic."

Fourth Quarter 2025 and Recent Highlights

Pipeline

- **CNTY-813, priority program for type 1 diabetes, advancing through IND-enabling activities and tracking toward planned IND submission in 2026:** Century continues to advance IND-enabling studies for its lead pipeline program, CNTY-813, a beta islet replacement therapy with Allo-Evasion™ 5.0 as a potential functional cure for type 1 diabetes. To date, Century has generated compelling preclinical data for CNTY-813, demonstrating high potency and long duration for functional glucose control and protection against immune rejection via Allo-Evasion™ 5.0 engineering to potentially minimize or eliminate the need for chronic immunosuppression. This data package, which includes the maintenance of normoglycemia in animal models for more than 6 months, completion of the manufacturing of a GMP Master Cell Bank for CNTY-813, along with recent engagement with the U.S. Food and Drug Administration (FDA), has reinforced the company's belief in an efficient pathway to IND submission for CNTY-813. Century expects to submit an IND for the program in the fourth quarter of 2026 and anticipates initial clinical data in the second half of 2027.

- **CNTY-308 advancing in IND-enabling studies for projected clinical entry in 2026:** Century continues to make progress in IND-enabling studies with CNTY-308, a CD19-targeted CD4+/CD8+ ab CAR-iT cell therapy with Allo-Evasion™ 5.0 as a potential treatment for B-cell-mediated diseases. In previously presented preclinical studies, CNTY-308 demonstrated functional comparability to primary CAR-T cells, including target-mediated proliferation, cytokine secretion, and long-term persistence. These data, coupled with the growing academic and industry experience with CAR-T treatment supporting its potential to deliver deep and durable responses in patients, reinforce Century's belief in CNTY-308 to deliver autologous, CAR-T-like clinical benefits in an allogeneic, patient-centric format for enhanced treatment accessibility. Subject to completion of IND-enabling studies and regulatory clearance, Century expects CNTY-308 to enter the clinic in 2026.

- **Additional insights from ongoing CARAMEL IST expected in 2026:** The company anticipates updated preliminary clinical data this year from the ongoing CARAMEL study, a Phase 1/2 investigator-sponsored trial (IST) led by Professors Georg Schett and Andreas Mackensen and sponsored by the Friedrich-Alexander University Erlangen-Nürnberg. Previously disclosed clinical data from the trial have demonstrated that CNTY-101 was generally well tolerated and exhibits a predictable biologic profile with early signs of clinical response in autoimmune diseases.

Corporate

- **Completed oversubscribed $135 million private placement financing:** In January 2026, Century entered into a securities purchase agreement led by new investor TCGX with participation from additional new and existing investors, including RA Capital Management, Commodore Capital, Deep Track Capital, RTW Investments, Venrock Healthcare Capital Partners, and the T1D Fund. The gross proceeds were approximately $135 million before placement agent fees and offering expenses.

- **Appointed two new members to the Board of Directors:** In December 2025, Han Lee, Ph.D., M.B.A., and Martin Murphy, Ph.D., were appointed to Century's Board of Directors. As part of their appointments, Dr. Lee serves as a member of the Audit and the Compensation Committees and Dr. Murphy serves as Chair of the Compensation and a member of the Nominating and Corporate Governance Committees.

Full Year 2025 Financial Results

- **Cash Position:** Cash, cash equivalents, and marketable securities were $117.1 million as of December 31, 2025, as compared to $220.1 million as of December 31, 2024. Net cash used in operations was $103.9 million for the year ended December 31, 2025, compared to net cash used in operations of $110.1 million for the year ended December 31, 2024. The company estimates its cash, cash equivalents, and investments as of December 31, 2025, together with the net proceeds raised after year end, will support operations into the first quarter of 2029.

- **Collaboration Revenue:** Collaboration revenue generated through the company's collaboration, option, and license agreement with Bristol-Myers Squibb was $109.2 million for the year ended December 31, 2025, compared to $6.6 million for the same period in 2024.

- **Research and Development (R&D) Expenses:** R&D expenses were $95.7 million for the year ended December 31, 2025, compared to $107.2 million for the same period in 2024. The decrease in R&D expenses was primarily due to a reduction of personnel and manufacturing costs, offset by an increase in research and laboratory costs to progress clinical trials and preclinical programs.

- **General and Administrative (G&A) Expenses:** G&A expenses were $24.0 million for the year ended December 31, 2025, compared to $33.2 million for the same period in 2024. The decrease was primarily the result of a decrease in legal fees associated with the Clade acquisition in 2024, a gain on lease modification, a gain on reduction of contingent consideration liability, and a decrease in stock-based compensation.

- **Net Loss:** Net loss was $9.6 million for the year ended December 31, 2025, compared to net loss of $126.6 million for the same period in 2024.

About Century Therapeutics

Century Therapeutics (NASDAQ: IPSC) is a biotechnology company advancing a pipeline of induced pluripotent stem cell (iPSC)-derived cell therapies with the potential to meaningfully address autoimmune diseases, including type 1 diabetes, and cancer. The company's therapies are derived from its iPSC cell foundry and leverage its novel immune evasion engineering technology, Allo-Evasion™. Century believes its approach to developing off-the-shelf cell therapies will expand patient access and provide advantages over existing cell therapies which will ultimately advance the course of care. For more information on Century Therapeutics, please visit www.centurytx.com and connect with us on LinkedIn.

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of, and made pursuant to the safe harbor provisions of, The Private Securities Litigation Reform Act of 1995. All statements contained in this press release, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements our timing and expectations regarding our preclinical and clinical development programs, including their planned development, therapeutic potential and market opportunity, ongoing and planned regulatory interactions, the achievement of developmental milestones, corporate strategies, and our financial resources and expected cash runway are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "might," "will," "should," "expect," "plan," "aim," "seek," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "forecast," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this press release are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this press release and are subject to a number of risks, uncertainties and assumptions, some of which cannot be predicted or quantified and some of which are beyond our control, including, among others: our ability to successfully advance our current and future product candidates through development activities, preclinical studies, and clinical trials; our ability to meet development milestones on anticipated timelines; uncertainties inherent in the results of preliminary data, pre-clinical studies and earlier-stage clinical trials, which may not be predictive of final results or the results of later-stage clinical trials; our ability to obtain clearance of our future IND or CTA submissions and commence and complete clinical trials on expected timelines, or at all; our reliance on the maintenance of certain key collaborative relationships for the manufacturing and development of our product candidates; the timing, scope and likelihood of regulatory filings and approvals, including final regulatory approval of our product candidates; the impact of geopolitical issues, trade disputes and tariffs, banking instability and inflation on our business and operations, supply chain and labor force; the performance of third parties in connection with the development of our product candidates, including third parties conducting our clinical trials as well as third-party suppliers and manufacturers; our ability to successfully commercialize our product candidates and develop sales and marketing capabilities, if our product candidates are approved; our ability to recruit and maintain key members of management and our ability to maintain and successfully enforce adequate intellectual property protection. These and other risks and uncertainties are described more fully in the "Risk Factors" section of our most recent filings with the Securities and Exchange Commission and available at www.sec.gov. You should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that we may face. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

For More Information:

Century Therapeutics
Douglas Carr
Senior Vice President, Finance
investor.relations@centurytx.com

JPA Health
Sarah McCabe
smccabe@jpa.com

Century Therapeutics, Inc
Condensed Balance Sheets
(unaudited, in thousands)

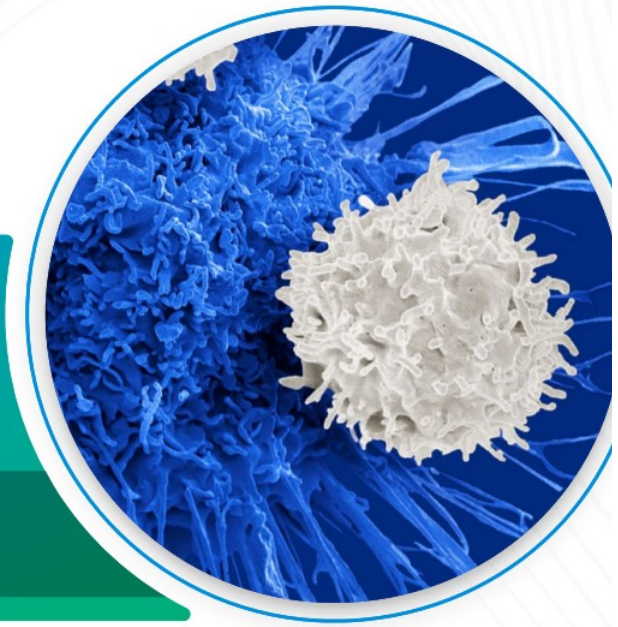
Assets	**December 31, 2025**	**December 31, 2024**
Current Assets:		
Cash and cash equivalents	$ 61,853	$ 58,441
Short-term investments	55,261	130,851
Prepaid expenses and other current assets	3,655	4,759
Total current assets	120,769	194,051
Property and equipment, net	50,026	62,141
Operating lease right-of-use assets, net	16,139	28,706
Long-term investments	-	30,818
Intangible assets	34,200	34,200
Other long-term assets	2,570	3,300
Total assets	$ 223,704	$ 353,216
Liabilities, convertible preferred stock, and stockholders' equity		
Current liabilities:		
Accounts payable	$ 4,773	$ 3,075
Accrued expenses and other liabilities	11,696	17,543
Contingent consideration liability, short term	3,757	-
Deferred revenue, current	-	109,164
Total current liabilities	20,226	129,782
Operating lease liability, noncurrent	40,241	48,960
Contingent consideration liability, long term	-	8,738
Deferred tax liability	4,301	4,374
Total liabilities	64,768	191,854
Stockholders' equity		
Preferred stock	-	-
Common stock	9	9
Additional paid-in capital	950,814	943,366
Accumulated deficit	(791,917)	(782,337)
Accumulated other comprehensive loss	30	324
Total stockholders' equity	158,936	161,362
Total liabilities and stockholders' equity	$ 223,704	$ 353,216

Century Therapeutics, Inc
Condensed consolidated statements of operations
(unaudited, in thousands, except share and per share amounts)

	Year Ended December 31, 2025	Year Ended December 31, 2024
Collaboration Revenue	$ 109,164	$ 6,589
Operating Expenses		
Research and development	95,667	107,244
General and administrative	24,003	33,155
Impairment of long-lived assets	6,763	-
Impairment of goodwill	-	4,327
Total operating expenses	126,433	144,726
Income (loss) from operations	(17,269)	(138,137)
Interest income	7,346	13,007
Other income, net	275	354
Loss before (benefit) provision for income taxes	(9,648)	(124,776)
(Benefit) provision for income taxes	(68)	1,790
Net Loss	$ (9,580)	$ (126,566)
Unrealized gain (loss) on investments	(294)	153
Foreign currency translation adjustment gain (loss)	-	63
Comprehensive loss	$ (9,874)	$ (126,350)
Net loss per common share Basic and Diluted	(0.14)	(1.61)
Weighted average common shares outstanding Basic and Diluted	86,556,515	78,648,958

Exhibit 99.2

CENTURY THERAPEUTICS

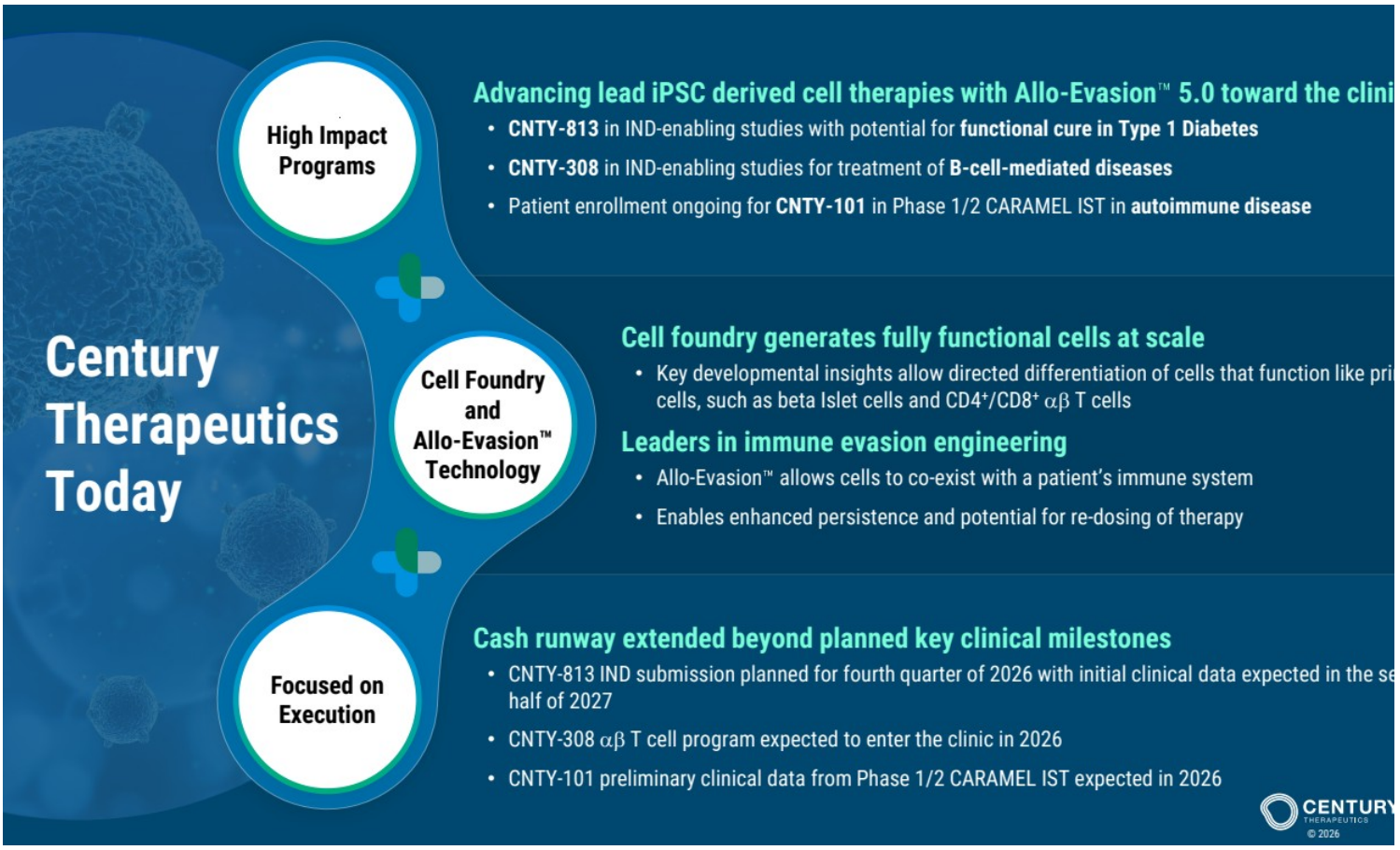


Unlocking the Value of our Pipeline for T1D

March 2026

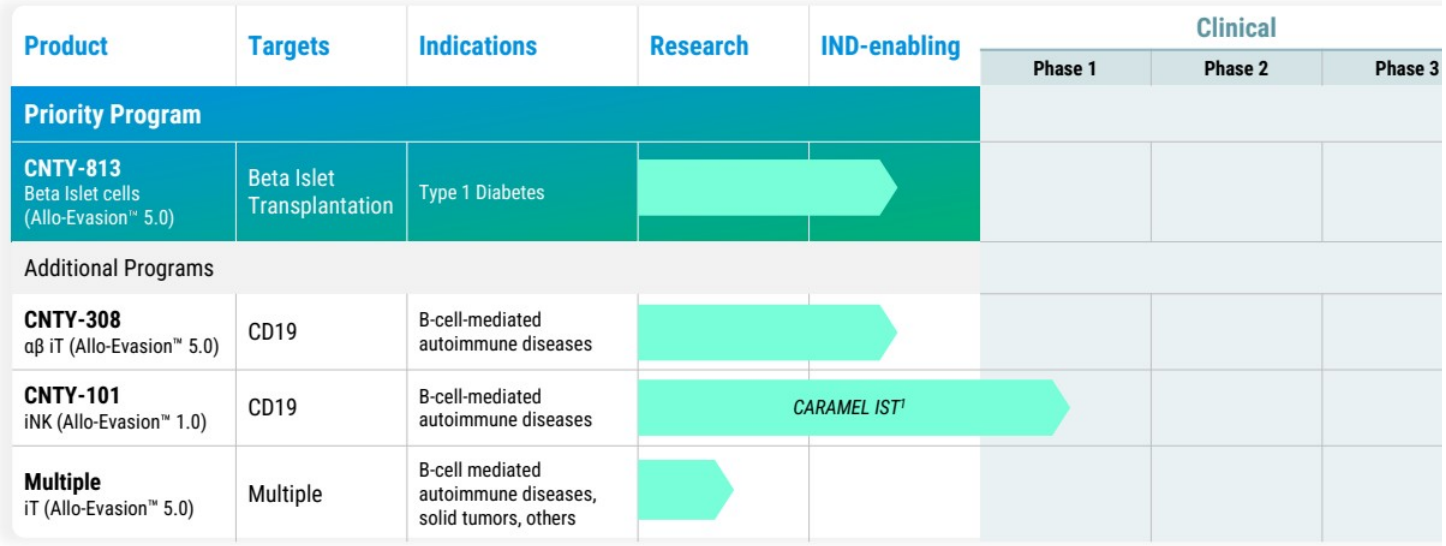
Forward-looking statements

This presentation contains forward-looking statements within the meaning of, and made pursuant to the safe harbor provisions of, The Private Securities Litigation Reform Act of 19
All statements contained in this presentation, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements regarding the initial safety and efficacy profiles of our product candidates, statements regarding our preclinical development programs, including initial preclinical data development plans and timelines, and statements regarding cash runway are forward-looking statements. These statements involve known and unknown risks, uncertainties and ot important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "might," "will," "should," "expect," "plan," "aim," "see "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "forecast," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this presentation are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this presentation and are subject to a number of risks, uncertainties and assumptions, some of which cannot be predicted or quantified and some of which are beyond our control, including, among others: our ability to successfully advance our current and future product candidates through development activities, preclinical studies, and clinical trials; our ability to progress our product candidates through clinical development; our ability to meet development milestones on anticipated timelines; uncertainties inherer the results of preliminary data, pre-clinical studies and earlier-stage clinical trials, which may not be predictive of final results or the results of later-stage clinical trials; our ability to obtain clearance of our future IND or CTA submissions and commence and complete clinical trials on expected timelines, or at all; our reliance on the maintenance of certain key collaborative relationships for the manufacturing and development of our product candidates; the timing, scope and likelihood of regulatory filings and approvals, including final regulatory approval of our product candidates; the impact of geopolitical issues, trade disputes and tariffs, banking instability and inflation on our business and operations, supply chain and labor force; the performance of third parties in connection with the development of our product candidates, including third parties conducting our clinical trials as well as third-party suppliers and manufacturers; our ability to successfully commercialize our product candidates and develop sales and marketing capabilities, if our product candidates ar approved; our ability to recruit and maintain key members of management and our ability to maintain and successfully enforce adequate intellectual property protection. These and other risks and uncertainties are described more fully in the "Risk Factors" section of our most recent filings with the Securities and Exchange Commission and available at www.sec.gov. You should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements r not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in a dynamic industry and econom New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that we may face. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.


Century Therapeutics Today
High Impact Programs
Cell Foundry and Allo-Evasion™ Technology
Focused on Execution
Advancing lead iPSC derived cell therapies with Allo-Evasion™ 5.0 toward the clini
• CNTY-813 in IND-enabling studies with potential for functional cure in Type 1 Diabetes
• CNTY-308 in IND-enabling studies for treatment of B-cell-mediated diseases
• Patient enrollment ongoing for CNTY-101 in Phase 1/2 CARAMEL IST in autoimmune disease
Cell foundry generates fully functional cells at scale
• Key developmental insights allow directed differentiation of cells that function like pri cells, such as beta Islet cells and CD4+/CD8+ αβ T cells
Leaders in immune evasion engineering
• Allo-Evasion™ allows cells to co-exist with a patient's immune system
• Enables enhanced persistence and potential for re-dosing of therapy
Cash runway extended beyond planned key clinical milestones
• CNTY-813 IND submission planned for fourth quarter of 2026 with initial clinical data expected in the se half of 2027
• CNTY-308 αβ T cell program expected to enter the clinic in 2026
• CNTY-101 preliminary clinical data from Phase 1/2 CARAMEL IST expected in 2026
CENTURY THERAPEUTICS
© 2026

Century pipeline focus on Type 1 Diabetes and other autoimmune disease

Allo-Evasion™ engineered in all programs



1. Agreement in place for an investigator sponsored trial (IST) by Professors Georg Schett and Andreas Mackensen at Friedrich-Alexander University Erlangen-Nürnberg.

CENTURY THERAPEUTICS

Century Executive Team

Experienced leadership with a track record of driving innovation and success in cell therapy

Brent Pfeiffenberger, PharmD, MBA
Chairman and
Chief Executive Officer

Bristol Myers Squibb · neogene · AstraZeneca

Chad Cowan, PhD
Chief Scientific Officer

CRISPR Therapeutics · Sana · CLADE Therapeutics · Harvard University

Greg Russotti, PhD
Chief Technology and Manufacturing Officer

Celgene · MERCK

Megan Bilson
Chief People Officer

Amicus Therapeutics · TE Connectivity · American Express

Douglas Carr, CPA
Head of Finance
Principal Financial Officer

MERCK · novira Therapeutics · pwc · mthera

Elizabeth Devlin
Head of Development

Bristol Myers Squibb · Celgene · SANOFI

CENTURY THERAPEUTICS

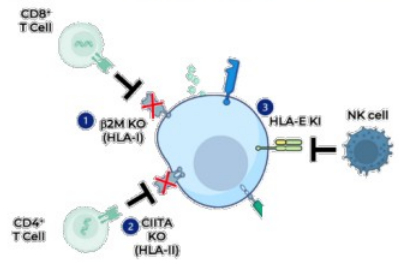

CENTURY
THERAPEUTICS
Allo-Evasion™

Century is a leader in immune evasion engineering

Protection from:

- Native T-cells
- Native NK-cells
- Humoral immunity

Allo-Evasion™ 1.0



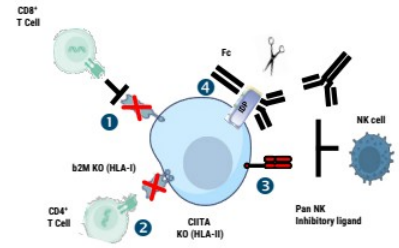
❶ Deletion of HLA-I
❷ Deletion of HLA-II

❸ Insertion of HLA-E

CNTY-101

Continued evolution to enhance holistic protection from major immunity pathways

Allo-Evasion™ 5.0



❶ Deletion of HLA-I
❷ Deletion of HLA-II

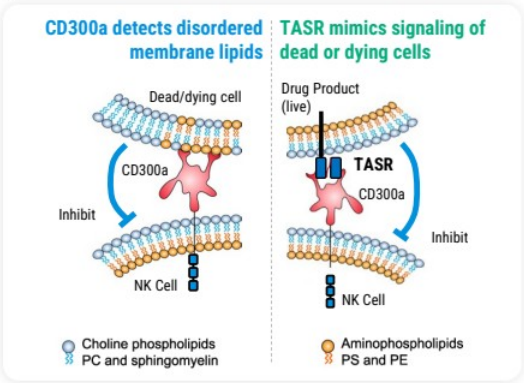
❸ Insertion of CD300a TASR pan-NK inhibitory ligand[1, 2]

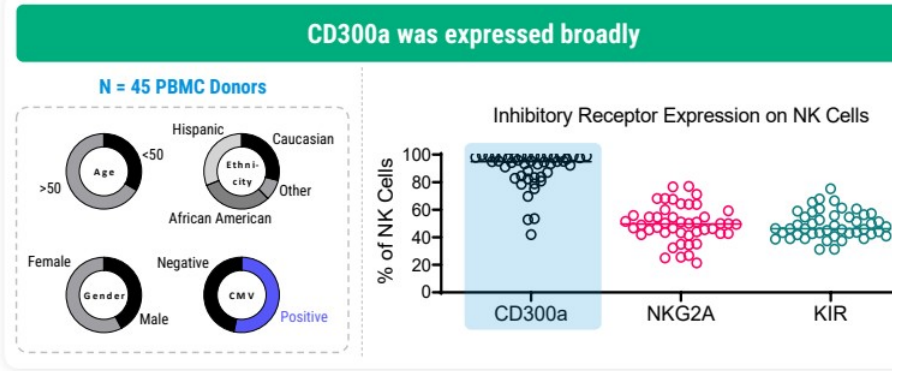
❹ Insertion of cell-surface enzyme to degrade IgG antibodies[3]

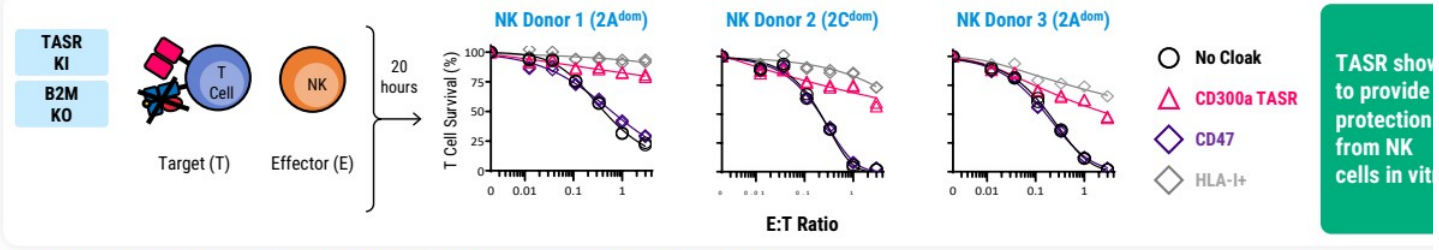
CNTY-308 | CNTY-813 | Solid tumors | CNTY-341

1. https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogenic-T-Cells-Final.pdf
2. https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell
3. Peraro et al, *Mol. Therapy* 2021, 29(12), 3398-3409; https://pmc.ncbi.nlm.nih.gov/articles/PMC8636170

Allo-Evasion™ 5.0: The CD300a TASR ligand has been shown to provide broa protection from host NK cells





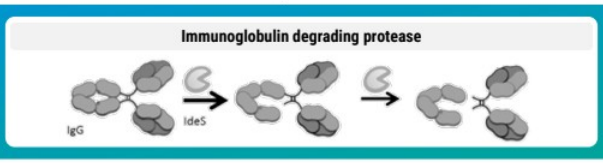


https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell;
https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogenic-T-Cells-Final.pdf

CENTURY THERAPEUTICS

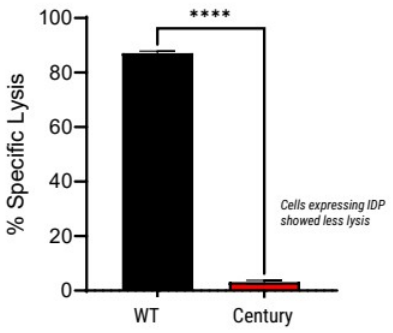
Allo-Evasion™ 5.0: Century's IgG degrading enzyme (IDP) protected cells fro multiple pathways of humoral immunity

Century T cells have been shown to stably express IDP, an enzyme that cleaves off IgGs below the hinge, releasing the Fc fragment

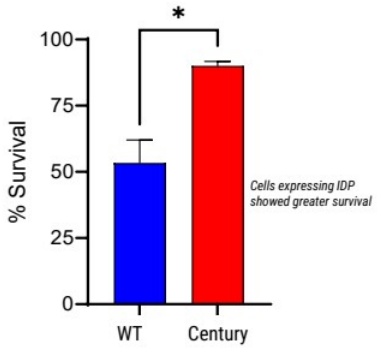


As a result, Century's T cells have shown to be protected from reject preclinical CDC, ADCC and ADCP a

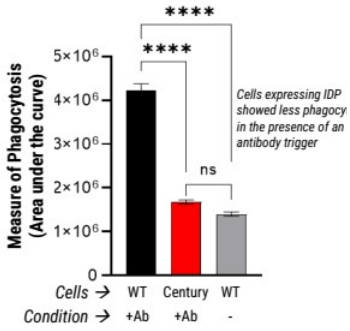
Complement Dependent Cytotoxicity



Antibody-Dependent Cellular Cytotoxicity



Antibody-Dependent Cellular Phagocytosis



Source: Company data on file

CENTURY THERAPEUTICS


CENTURY
THERAPEUTICS
Type 1 Diabetes Program

Century is uniquely positioned to deliver a successful T1D cell replacement therapy

- T1D is a **significant global market** (9M pts WW) with high unmet medical need[1]
- Beta islet cell replacement for T1D has **clear, validated clinical Proof-of-Concept (POC)** over 20+ years[2]
  - **Transformational outcomes** for patients **BUT adoption is very limited** due to **1)** Cell source and **2)** Chronic immunosuppression
  - Recent clinical data with stem cells demonstrate similar outcomes and potential solution to cell source/scale[3]

CNTY-813

Scalable Generation of Beta Islets with Allo-Evasion™ 5.0

CNTY-813 is an **iPSC derived beta islet cell replacement therapy engineered with Allo-Evasion™ 5.0**

CNTY-813 has comprehensive pre-clinical data demonstrating **unique potential for functional cure**

- Highly potent/pure iPSC derived beta islet cells → functional glucose control
- Allo-Evasion™ 5.0 engineering → reduce/eliminate need for chronic immunosuppression
- Highly scalable manufacturing (bioreactors) → ensure broad patient access and supply

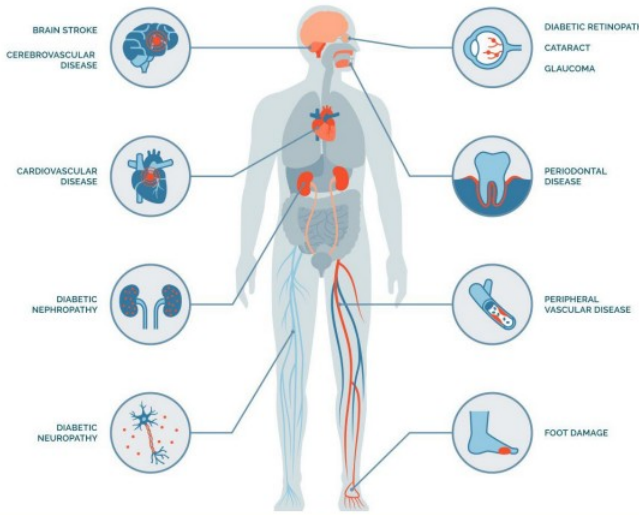
Unique Company **know-how and experience** with **iPSC** development and supply (research, clinical, regulatory, manufacturing)

1. Diabetes Res Clin Pract.2025 Jul: 225:112277.doi: 10.1016/j.diabres.2025.112277.Epub 2025 May 22
2. Approximately 1500 patients reported in https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report_2025_Final.pdf
3. https://www.nejm.org/doi/10.1056/NEJMoa2506549?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

CENTURY THERAPEUTICS

Significant unmet need in Type 1 Diabetes (T1D)

- ~9 million people worldwide living with T1D[1]
- Lifetime economic burden of T1D (US) estimated at~$813 billion[2]
- T1D is associated with serious comorbidities and complications[3]



Despite insulin therapy, people living with T1D face a high risk of life-limiting complications

1. Diabetes Res Clin Pract. 2025 Jul: 225:112277.doi: 10.1016/j.diabres.2025.112277. Epub 2025 May 22
2. https://www.liebertpub.com/doi/10.1089/dia.2019.0398
3. van den Boom L, Buchal G, Kaiser M, Kostev K. Multimorbidity among adult outpatients with type 1 diabetes in Germany. J Diabetes Sci Technol. 2022;16(1):152-160. doi:https://doi.org/10.1177/1932296820965261

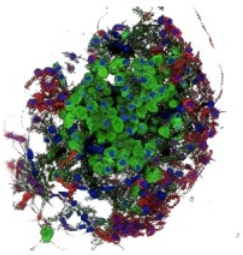
CENTUR
THERAPEUTICS

Beta Islet cell transplantation provides a potentially curative therapy in T1D

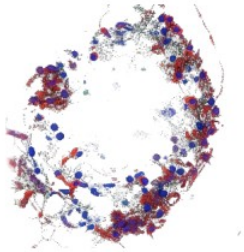
Cell supply and chronic immunosuppression are major limitations

In T1D, beta cells are destroyed

Healthy islet beta cells produce insulin (green)



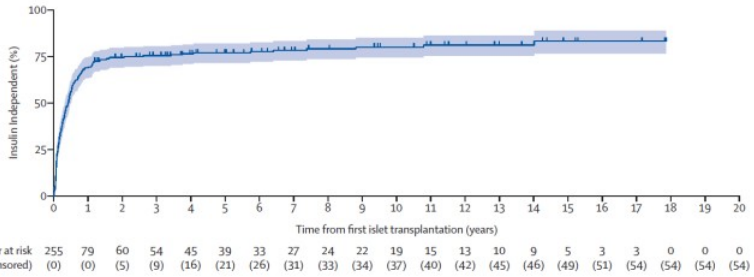
In T1D, beta cells are destroyed



Islet transplantation provides a potentially curative therapy for T1D

Insulin independence achieved for one year in ~70% of patients receiving allogeneic cadaveric Islet transplantation[1]

Insulin Independence following pancreatic islet transplantation



Source: Marfil-Garza et al. 2022; Pancreatic islet transplantation in type 1 diabetes: 20-year experience from a single-centre cohort in Canada

Supply and logistics limits scalability of cadaveric islet therapy

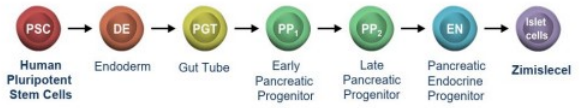
1. Approximately 1500 patients reported in https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report_2025_Final.pdf

CENTURY THERAPEUTICS

Stem-cell (SC) derived islets have demonstrated the ability to restore physiologic islet function

Demonstrates function and scale, but still requires chronic immunosuppression

Zimislecel (VX-880) is a SC-derived insulin producing islet cell therapy[3]

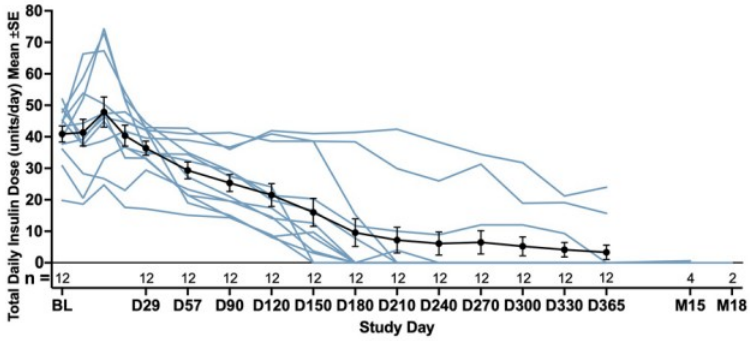


1. Zimislecel is delivered by infusion into the hepatic portal vein

2. Steroid free immunosuppression is used to protect the islet grafts

10/12 patients receiving SC-derived islets were exogenous insulin free at 12 months after a single dose[1]

Total Daily Insulin Dose (units/day)



VX-880 provides POC for iPSC-derived islet therapies but need for immunosuppression remains a challenge

1. https://www.nejm.org/doi/10.1056/NEJMoa2506549?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed
2. ADA IR Presentation_v FINAL – Vertex Corporate website
3. Based on publicly available information

CENTURY THERAPEUTICS

CNTY-813: Century's Beta Islets with Allo-Evasion™ 5.0

Uniquely positioned to potentially deliver a successful T1D cell replacement therapy

	Glucose Control	Scalable Drug Product	Free of Immune Suppressior
Cadaveric Islets (+/- device)	YES	NO	NO
Stem-cell Beta Islets	YES	YES	NO
Allo-Engineered Cadaveric Islets	-	NO	YES
CNTY-813 **iPSC Beta Islets***	**YES**	**YES**	**YES**

- **Glucose control** in patients is important for resolving disease and reducing consequences of uncontrolled glucose
- A **scalable drug product** enables broader patient access, reduced COGs, and product consistency
- Immune suppression has significant long-term side effects for patients; a therapy with reduced or **free of immune suppression** is desired

J Clin Invest. 2004 Oct 1;114(7):877–883
N Engl J Med 2025;393:887-894
N Engl J Med 2025;393:858-868

*Based on pre-clinical data

CENTURY THERAPEUTICS

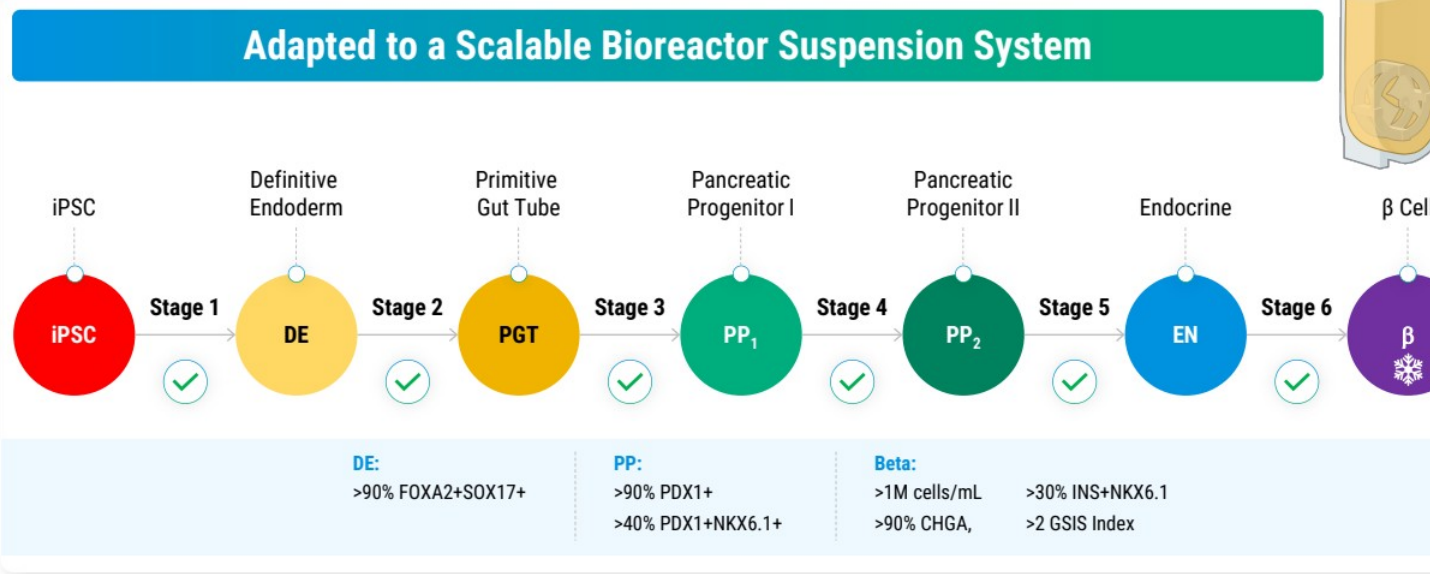
CNTY-813

Scalable Generation of Beta Islets with Allo-Evasion™ 5.0

- In vitro and in vivo data support potential to provide functional cure without systemic immunosuppression
- Clinical candidate selected with Century's Allo-Evasion™ 5.0 to protect cells from immune rejection
- A fully scalable, bioreactor-enabled differentiation process yields mature, functional beta Islets from engineered iPSCs

CENTURY THERAPEUTICS

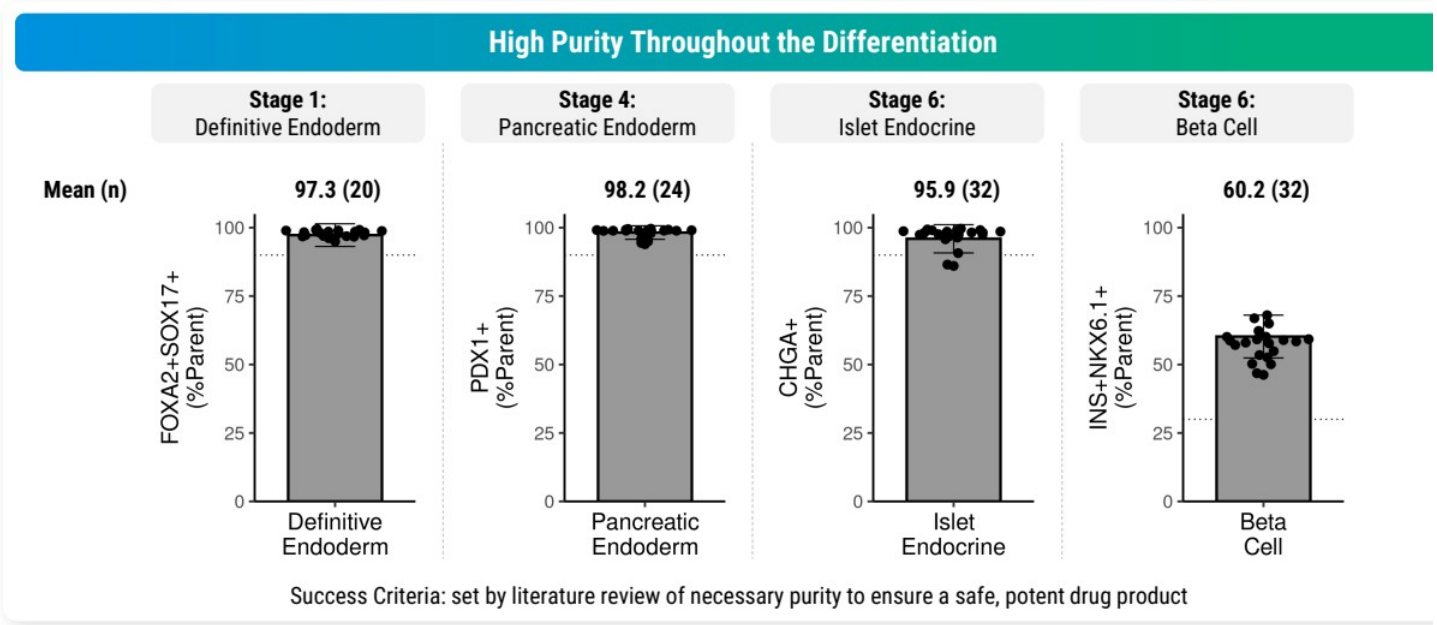
Generation of Beta Islets with a 29 day, Defined, Multi-stage Process



Source: Company data on file

CENTURY THERAPEUTICS

Century beta-islet differentiation process is reproducible across batches



Illustrated are all control process runs from R26 unedited and Allo 5.0 performed in a bioreactor since establishment of the baseline process (V1.2), with no data exclusions. Ns may differ due to experimental or analytical reasons, not targeted exclusions.

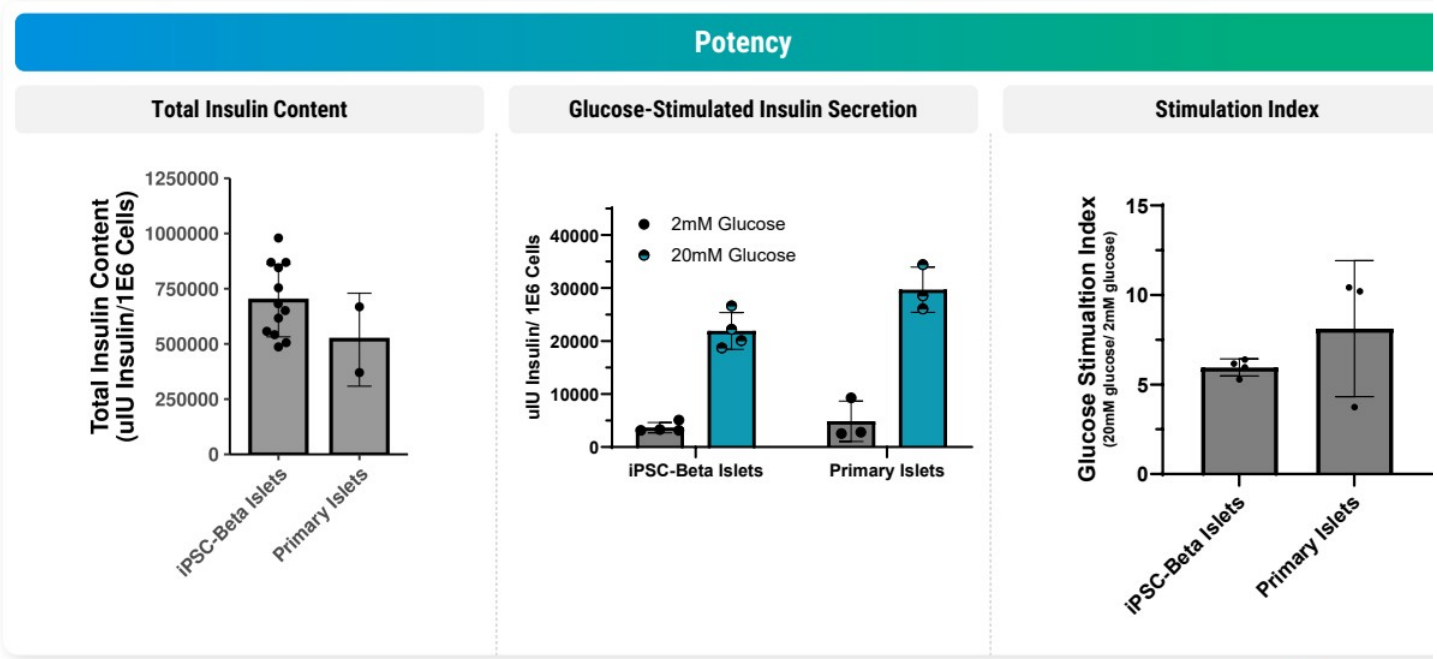
Data points represent independent differentiation batches conducted in their own bioreactor.

Success criteria is set by a literature review of expected purities necessary for a safe and potent product

Source: Company data on file

CENTURY THERAPEUTICS

CNTY-813 Beta Islets are highly potent

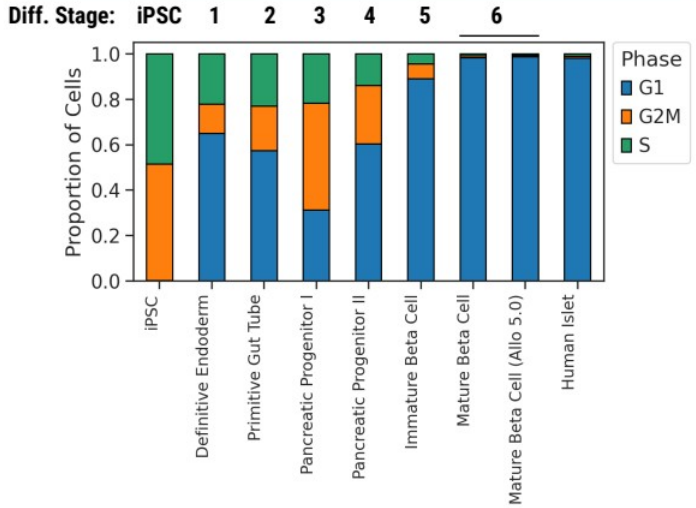


Mean +/- SD is shown in graphs

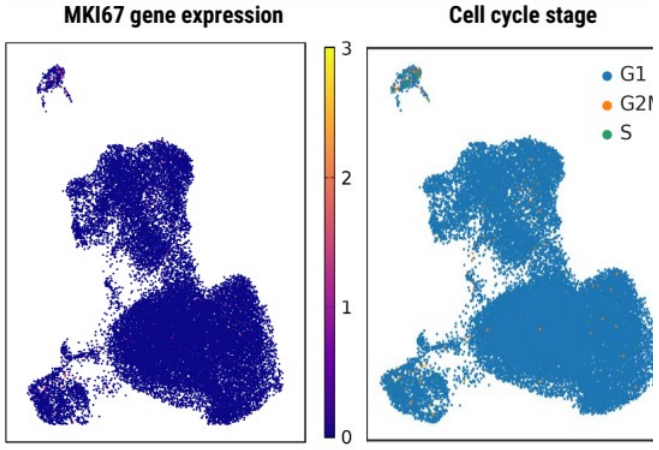
Source: Company data on file

CNTY-813 comprises terminally differentiated endocrine cells

Cell Cycle Progression Analysis by Differentiation Stage



Cell Cycle Analysis of Stage 6 CNTY-813 cells



Post-mitotic β-islets with no cell proliferation

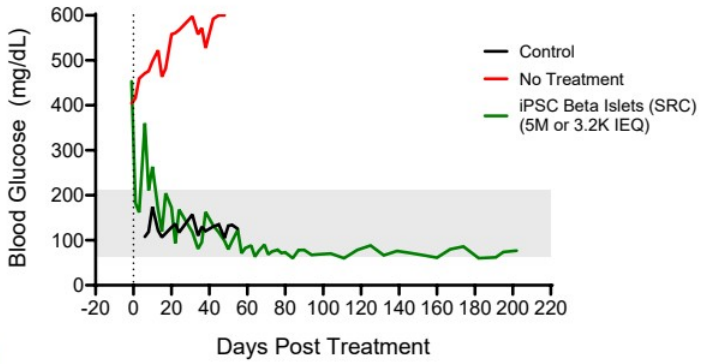
Source: Company data on file

CENTURY THERAPEUTICS

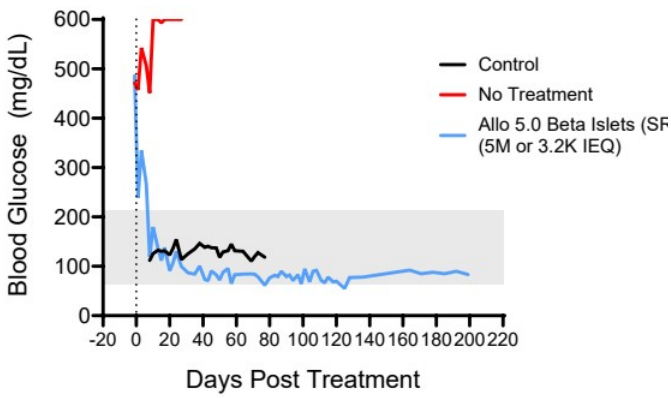
CNTY-813 Beta Islets rapidly restored normoglycemia in STZ-rendered T1D mice

Non-Fasted Blood Glucose

Century iPSC Beta Islets (unedited)



Century iPSC Beta Islets with Allo-Evasion™ 5.0



Century Beta Islets Persisted and Controlled Glucose for >6 Months

Mean +/- SD is shown in graphs

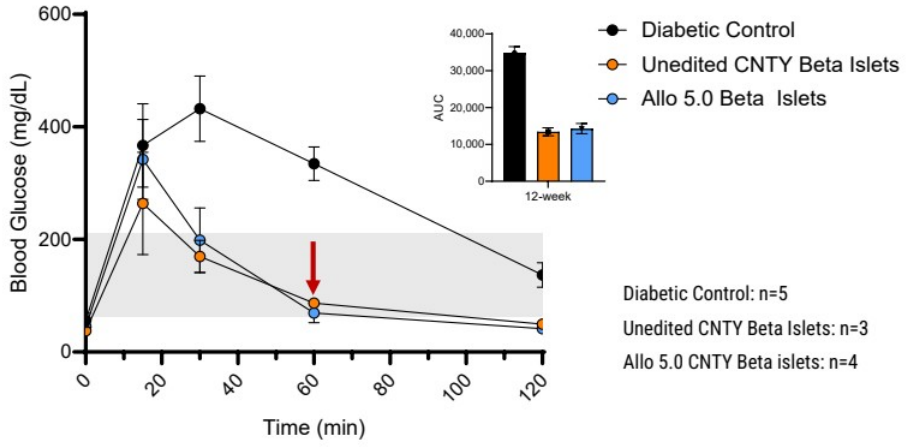
STZ = Streptozotocin | SRC = Sub renal capsule implantation | Source: Company data on file

CENTURY THERAPEUTICS

CNTY-813 observed to restore normoglycemia upon a Glucose Tolerance Test (GTT)

Upon a GTT, normoglycemia is rescued within 60 minutes in both Unedited and Allo 5.0 Beta islet txp mice

CNTY-813

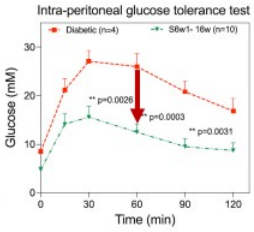


Diabetic Control: n=5

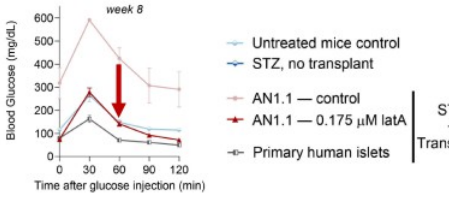
Unedited CNTY Beta Islets: n=3

Allo 5.0 CNTY Beta islets: n=4

Shapiro et al. 2025



Millman et al. 2025



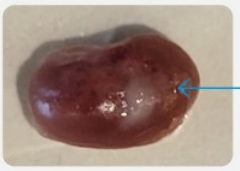
Mean +/- SD is shown in graphs

Source: Company data on file

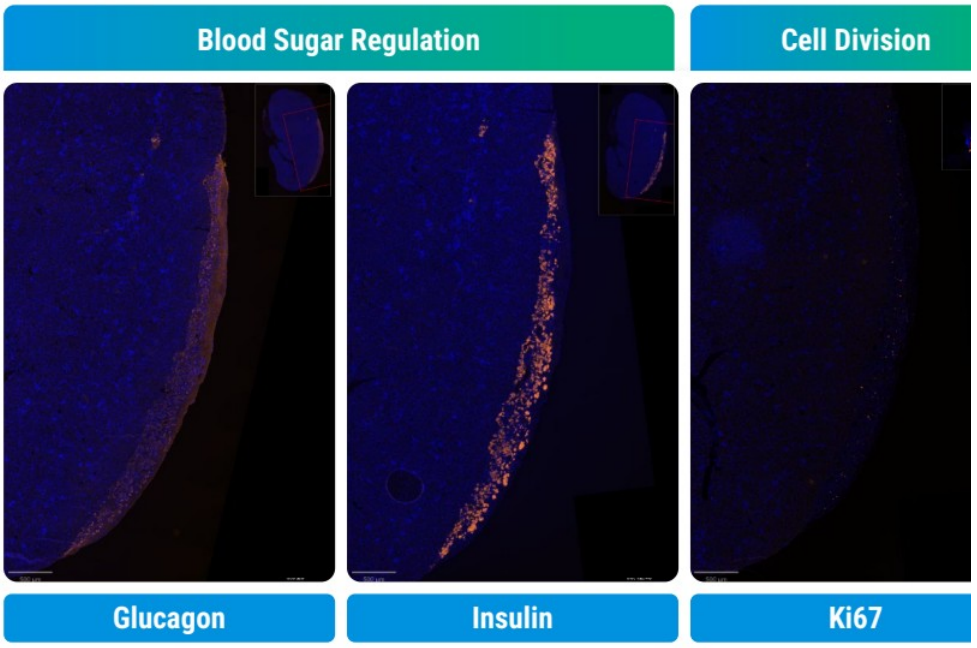
CENTURY THERAPEUTICS

CNTY-813 grafts observed to be comprised of endocrine cells with no evidence of outgrow

- 5M islets injected into murine kidney capsule
  - STZ treatment abrogated mouse insulin production
  - Mouse was normoglycemic within 30 days post-infusion
- Treated kidney harvested at post-infusion day 90



- CNTY-308 grafts were:
  - **Positive for pancreatic hormones**
  - **Negative for cell cycle**



Source: Company data on file

CENTURY THERAPEUTICS

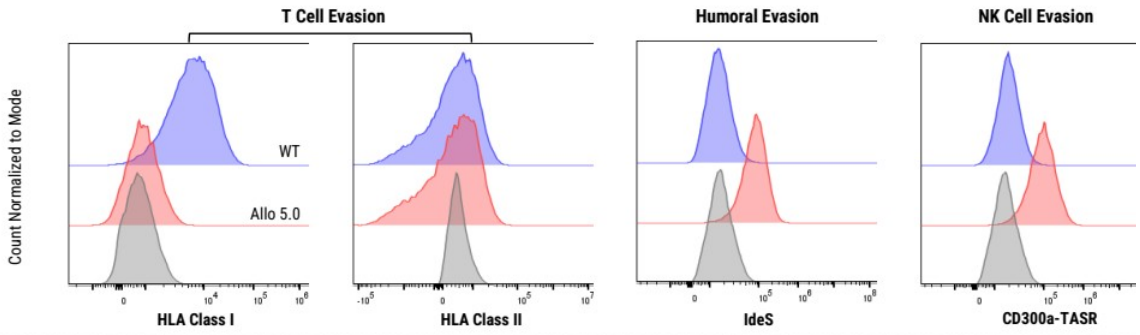
Allo-Evasion™ 5.0 protects CNTY-813 Beta Islets

Allo-Evasion 5.0 on Beta Islets

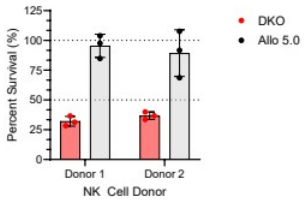
- Elimination of HLA-I and II expression
- Confirmed expression of Transgenes

Protection of Beta Islets

- NK protection
- ADCC protection



NK Tox Assay



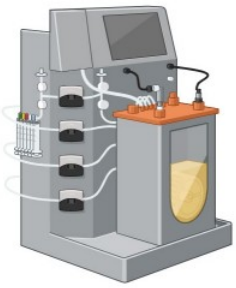
IgG Cleavage By IdeS

ADCC = Antibody dependent Cellular Cytotoxicity | WT = unedited (parental line) | DKO = B2M and CIITA KO | Allo 5.0 = fully engineered Allo-Evasion 5.0 | Source:Company data on file

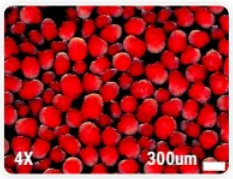
CENTURY THERAPEUTICS

Scalable manufacturing of cryopreserved Beta Islets

Scalable iPSC Differentiation Platform



Beta Islet Aggregates



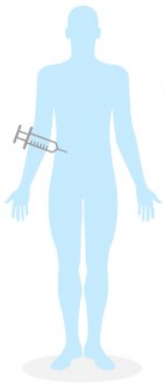
Average Diameter
299.1 ± 63.5 µm

3-80L+ PBS (or Stirred Tank) Bioreactor

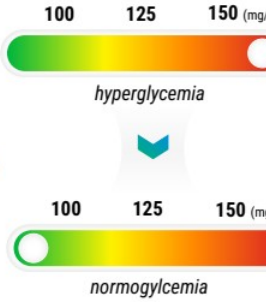
Cryopreserved Century Beta Islets

Cryopreserved & QC'd Lots

Single Dose Clinical Administration



Fasting blood glucose



Potentially Curative T1D Treatment

Suspension-Based iPSC Differentiation to Cryopreserved Beta Islets Permit Scalable Clinical Manufacturing

*Dithizone is a zinc-specific dye that stains zinc ions present in the beta cells; Company data on file

CENTURY THERAPEUTICS

CENTURY THERAPEUTICS

Autoimmune Disease Programs

Addressing significant unmet need in autoimmunity with allogeneic CAR iT and CAR iNK cells

Clinical data from B-cell-targeted cell therapies in autoimmune disease support the MoA and development of CAR iT and CAR iNK therapies

CNTY-308 (CAR iT)

- Autologous CAR T cell therapies are showing compelling safety and efficacy across a broad range of autoimmune diseases[1]
- Emerging positive CAR-T data supports advancing the development of more accessible CAR iT cells
- CNTY-308 expected to enter clinic in 2026

CNTY-101 (CAR iNK)

- Limited but encouraging POC data[2] with CAR-NK therapy support continued development in autoimmune disease
- CARAMEL IST with CNTY-101 currently enrolling patients across four indications

1. Muller 2024 doi/full/10.1056/NEJMoa2308917; Nordmann-Gomes 2025 doi.org/10.1016/j.semarthrit.2025.152786
2. Gao 2025 EULAR Abstract DOI: 10.1016/j.ard.2025.05.396; Wang 2025 doi.org/10.1016/j.cell.2025.05.038

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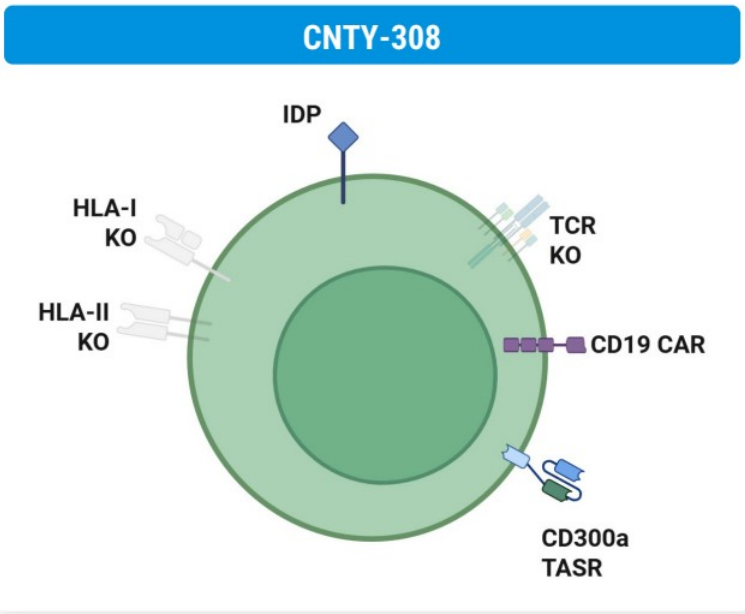
CNTY-308

CD4+/CD8+ αβ iT-cell with Allo-Evasion™ 5.0

CNTY-308 is an iPSC-derived CD19-targeted CAR-iT intended for B-cell-mediated disease



CD4+/CD8+ αβ iT-cell

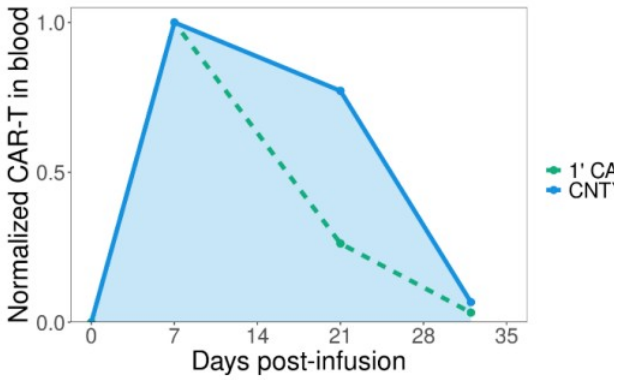
- **CD19-targeted CAR** to target B-cells for cytotoxic depletio
  - 4-1BB and CD3z co-stim domain to stimulate expansion on target engagement
- **Allo-Evasion™ 5.0** edits designed to include protection fro host T cell, NK cell, and humoral response
- Native ab TCR knock-out to **eliminate the risk of GvHD**
- Displays **characteristics of autologous CAR-T cells**[1]
  - Highly proliferative upon target engagement
  - Secretes cytokines (e.g., IL-2, IFNg, and TNFa)
  - Cytotoxic effector function rapidly eliminates tumor cells
  - Long-term persistence *in vivo*
  - Eliminates CD19+ B-cells from healthy donors *in vitro*[2]

1. www.centurytx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf
2. Company data on file
3. IDP = IgG degrading enzyme

CENTURY THERAPEUTICS

In preclinical studies, Century's iPSC-derived CAR- αβT cells are comparable to primary CAR-T cells

Function	1' CAR-T	CNTY-308
IL-2 secretion (pg/mL)	~3,000	~2,000
Requires exogenous IL-2/IL-15	No	No
Repeat killing (rounds)	>10	>10
Persistence in blood (days)	32	32
Tumor control after rechallenge (*in vivo*)	Yes	Yes



CNTY–308 and 1' CAR-T

- Self-supports with own target-mediated IL-2
- High functional persistence: kills for >10 rounds, persists in blood for 32+ days, controls tumor after *in vivo* rechallen

Source: Company data on file

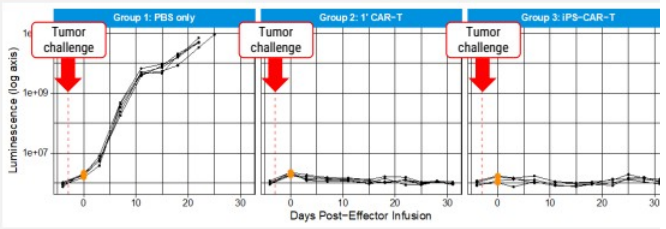
CENTURY THERAPEUTICS

In preclinical animal studies, Century iPSC-CAR-T cells controlled tumors, persisted for ≥1 month, and retained cytotoxic capacity upon rechallenge

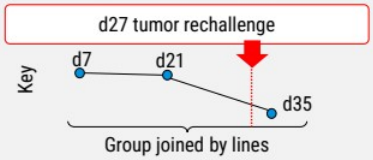
In vivo experimental details

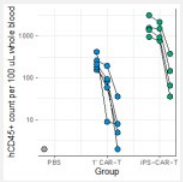
- Disseminated Nalm6 model (1e5 cells infused)
- Effectors added 3 days post-tumor infusion
- 1' CAR-T dose: 5e6 cells
- iPSC-CAR-T dose: 30e6 cells
- No added cytokine or small molecule support

Complete tumor control



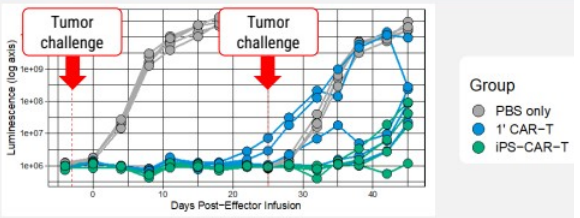
Measurable long-term persistence ≥1 mo





- iPSC-CAR-T persist 21 days post-infusion,
- iPSC-CAR-T detectable at day 35, 7 days post-tumor rechallenge (at day 28)

Cytotoxicity maintained upon re-challenge with engrafted cell



Source: Company data on file

CENTURY THERAPEUTICS

CENTURY THERAPEUTICS

CNTY-101

CAR-iNK cell therapy with Allo-Evasion™

CNTY-101 clinical program progressing in CARAMEL Phase 1/2 IST

Key Inclusion Criteria:

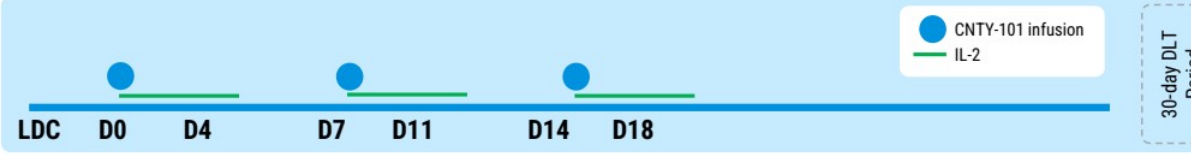
- Participants with moderate to severe SLE, LN, IIM, or dcSSc with treatment-resistant and active disease, after 2+ standard immunosuppressive therapies

Key Endpoints:

- Safety and tolerability, disease activity measures per clinical and laboratory assessments
- Translational endpoints: PK, B-cell depletion, autoantibody decline

CARAMEL IST

Patient enrollment



Schedule:

- Evaluating dose levels established in BCM trial (ELiPSE-1)
- Single cycle: Initial Dose 1e9 cell, given on Day 0, 7 and 14
  - Ability to escalate dose to 3e9 cells, adjust LDC
- Efficacy measured at weeks 12, 24, 38 and 52

Status:

- **Currently enrolling patients**

IST – Investigator-Sponsored Trial; **SLE** – Systemic Lupus Erythematosus; **LN** – Lupus Nephritis; **IIM** – Idiopathic inflammatory Myopathy; **dcSSc** – Diffuse Cutaneous Systemic Sclerosis
DLT – Dose Limiting Toxicity; **LDC** – lymphodepleting chemotherapy
CARAMEL: single cohort with CNTY-101 (blue circles) supplemented with IL-2 1.5e6 IU daily for 5 days after each dose of CNTY-101 (green bars)

CENTURY THERAPEUTICS

Preliminary Data from the Erlangen CARAMEL Basket Trial

Preliminary Data Summary

Summary N=4 pts dosed

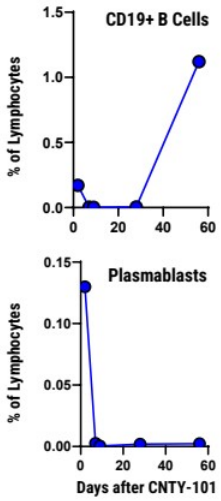
- **4 patients dosed** with CNTY-101 and IL-2 (SLE, IIM, SSc; failed median 7 treatments)
- **Safety**: Generally well-tolerated, one Grade 1 CRS, no ICANS

Pt #1 (SSc) data

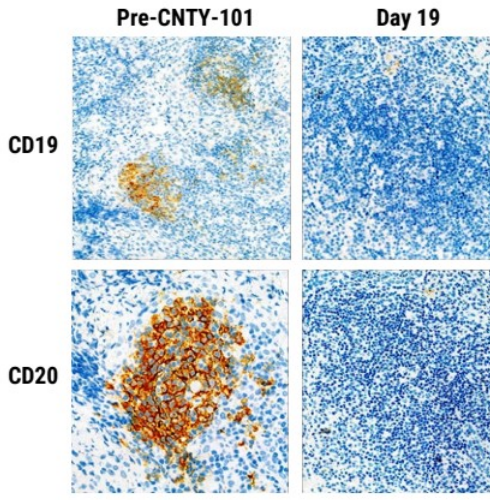
- **Early efficacy:** Improved mRSS, patient & physician global assessments at 1-3 months
- **Deep B cell depletion in blood and lymph nodes** with day 56 naïve B cell reconstitution

Pt #1 (SSc) B-Cell Depletion in Blood & Tissue

Peripheral Blood



Lymph Node



Preliminary data from patient with systemic sclerosis, M. Hagen, G. Schett, R. Grieshaber Bouyer, A. Mackensen, F. Muller, Universitatsklinikum. Friedrich-Alexander Universitate Erlangen-Nurnberg

FAU DZI Deutsches Zentrum Immuntherapie

CENTURY THERAPEUTICS

CENTURY THERAPEUTICS

Corporate Summary

Century platform and in-house manufacturing:
Pathway to scalable, profitable cell therapy

Established in-house manufacturing from development to launch

- **Built-for-purpose** 53,000 ft^2 cGMP facility
- Produced and released clinical product for US and EU
- Key leaders each with **1–2 decades** of cell therapy manufacturing expertise, from leading commercial cell therapies
- In-house team facilitates **aligned priorities, learnings, faster product iteration** for efficiency, speed, and product quality
- Builds and protects **proprietary know-how**
- **Optionality** with redundant sites (in-house, active CDMO)

Quality product at disruptive scale and cost of goods

- **Consistency:** Control of manufacturing and single-donor master-cell-bank over product lifetime for batch-to-batch reproducibility
- **Increased cell fitness:** Differentiated immune cells do not undergo excessive expansion cycles which often result in cell exhaustion
- **Product homogeneity:** Clonal origin enables a well-characterized product
- Potential to **manufacture at antibody-like scale:** Scalable platforms and optimized processes to maximize yield, reduce COGs, and meet demand

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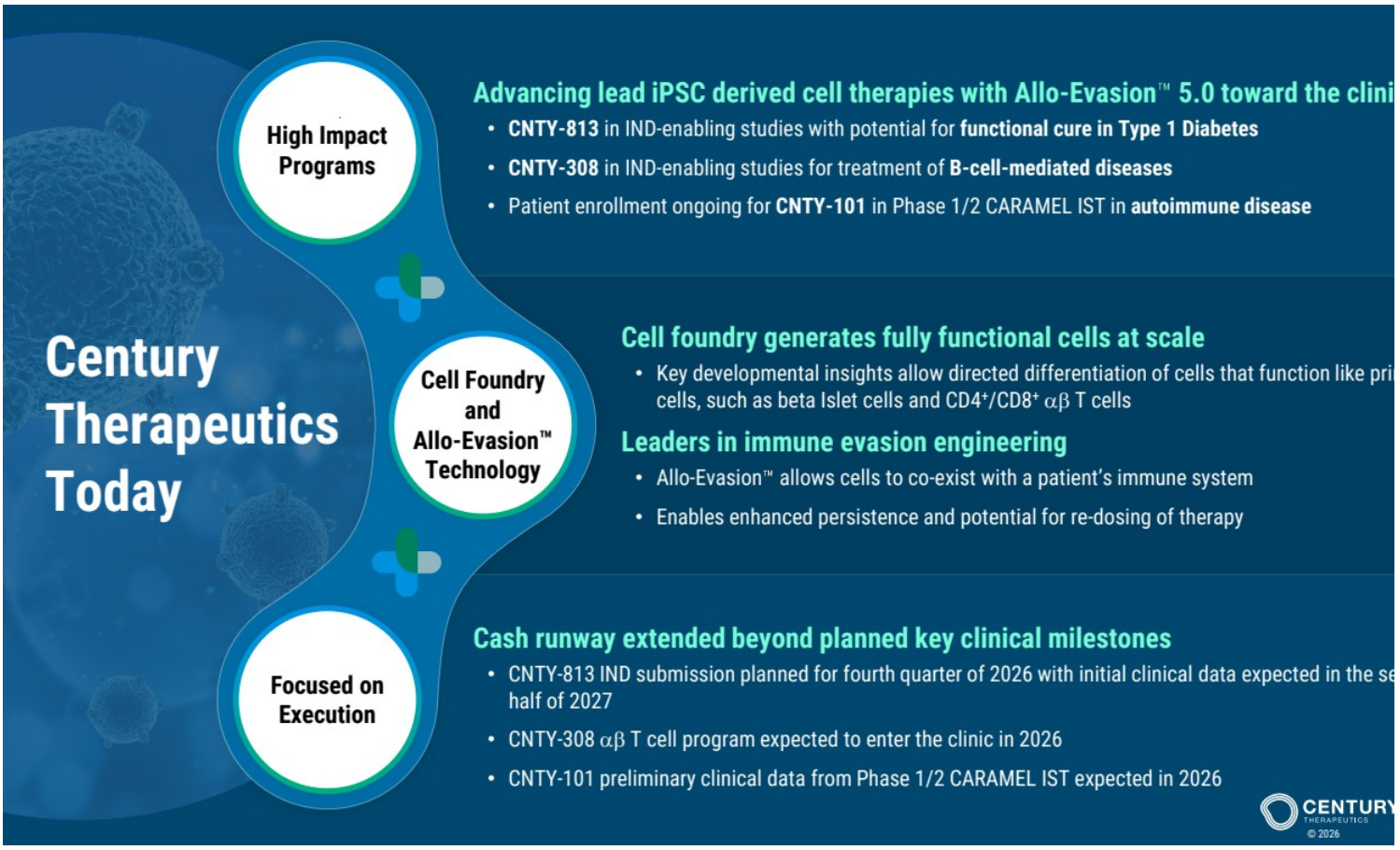
Century Therapeutics Today
High Impact Programs
Cell Foundry and Allo-Evasion™ Technology
Focused on Execution
Advancing lead iPSC derived cell therapies with Allo-Evasion™ 5.0 toward the clini
• CNTY-813 in IND-enabling studies with potential for functional cure in Type 1 Diabetes
• CNTY-308 in IND-enabling studies for treatment of B-cell-mediated diseases
• Patient enrollment ongoing for CNTY-101 in Phase 1/2 CARAMEL IST in autoimmune disease
Cell foundry generates fully functional cells at scale
• Key developmental insights allow directed differentiation of cells that function like pri cells, such as beta Islet cells and CD4+/CD8+ αβ T cells
Leaders in immune evasion engineering
• Allo-Evasion™ allows cells to co-exist with a patient's immune system
• Enables enhanced persistence and potential for re-dosing of therapy
Cash runway extended beyond planned key clinical milestones
• CNTY-813 IND submission planned for fourth quarter of 2026 with initial clinical data expected in the se half of 2027
• CNTY-308 αβ T cell program expected to enter the clinic in 2026
• CNTY-101 preliminary clinical data from Phase 1/2 CARAMEL IST expected in 2026
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