

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): November 13, 2025

Century Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

001-40498
(Commission File Number)

84-2040295
(I.R.S. Employer
Identification No.)

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

19104
(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 November 13, 2025, Century Therapeutics, Inc. (the “Company”) issued a press release announcing its financial results for the quarter ended September 30, 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 (the “Securities Act”), or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 7.01 **Regulation FD Disclosure**

On November 13, 2025, 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 8.01 **Other Events**

On November 13, 2025, the Company also issued a press release announcing its first program for Type 1 diabetes, CNTY-813. A copy of the press release is furnished herewith as Exhibit 99.3, and incorporated herein by reference.

Item 9.01 **Financial Statements and Exhibits**

(d) Exhibits

Exhibit No.	Document
99.1	Earnings Press Release of Century Therapeutics, Inc., dated November 13, 2025
99.2	Investor Presentation of Century Therapeutics, Inc., dated November 13, 2025
99.3	Press Release of Century Therapeutics, Inc., dated November 13, 2025
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, PharmD, MBA
Name: Brent Pfeiffenberger, PharmD, MBA
Title: President and Chief Executive Officer

Date: November 13, 2025

Century Therapeutics Reports Third Quarter 2025 Financial Results and Provides Business Update

- Announced iPSC derived beta islet cell program for Type 1 diabetes (T1D); Investigational New Drug (IND)-enabling studies expected to initiate by year-end 2025; IND submission planned in 2026
- CNTY-308 advancing through IND-enabling studies to support planned clinical study initiation in 2026
- Estimated cash runway into 4Q 2027

PHILADELPHIA, Nov. 13, 2025 -- Century Therapeutics, Inc. ('Century', NASDAQ: IPSC), a biotechnology company developing induced pluripotent stem cell (iPSC)-derived cell therapies for autoimmune diseases and cancer, today reported financial results for the third quarter ended September 30, 2025, and provided a business update.

"Today we announced our iPSC derived beta islet program for T1D. We have generated a compelling preclinical data package that underscores the tremendous opportunity to potentially deliver a functional cure for T1D. We are moving with urgency and anticipate initiating IND-enabling studies by the end of 2025, with a projected IND submission as early as 2026. In parallel, we continue to advance CNTY-308 with plans to enter the clinic next year, supported by a strong and growing body of evidence from autologous CD19 CAR-T experience in autoimmune diseases," said Brent Pfeiffenberger, Pharm.D., Chief Executive Officer of Century Therapeutics. "Our priority remains on developing innovative therapies for high-impact areas. Consequently, we are focusing our resources and expertise on these two programs. With our iPSC Cell Foundry, Allo-Evasion™ 5.0 technology, and manufacturing know-how, we believe Century is uniquely positioned to deliver potentially curative cell therapies, and we are eager to advance our lead programs into the clinic as soon as possible."

Third Quarter 2025 and Recent Highlights

- **Announced lead beta islet program, CNTY-813, for Type 1 diabetes:** Today, Century announced its lead iPSC derived beta islet program for T1D. The company is leveraging its deep expertise in selective iPSC differentiation to advance this program, engineered with Allo-Evasion™ 5.0, toward clinical evaluation subject to regulatory clearance. Century has generated in vitro and in vivo data sets that validate a potentially best-in-class profile: rapid and sustained glucose control without the need for chronic immune suppression along with a scalable platform. Based on the company's current timelines and expectations, the company is poised to move CNTY-813 into IND-enabling studies by the end of 2025 and anticipates submitting an IND as early as 2026.
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- **CNTY-308 advancing through IND-enabling studies as a potential treatment for B-cell-mediated diseases:** Century continues to make progress in IND-enabling studies with CNTY-308, a CD19-targeted CD4+/CD8+ ab CAR-iT cell therapy functionally comparable to primary T cells and engineered with Allo-Evasion™ 5.0. CNTY-308 is being developed as a potential treatment for B-cell-mediated diseases. Following successful completion of these IND-enabling studies, and the receipt of requisite regulatory approval, Century expects to initiate clinical studies in 2026.
- **Pursuing clinical advancement of CNTY-101 in CAMEL IST with initial clinical data expected in December:** Today, Century announced that CNTY-101 clinical development activities will continue in CAMEL, 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. As of November 12, 2025, three B-cell-mediated autoimmune disease patients were treated in this IST. Initial clinical data from CAMEL is expected to be presented by the trial investigators at the 14th Annual BMT & Cell Therapy Workshop on December 5, 2025. As part of the company's clinical development re-prioritization efforts, Century will be discontinuing its company-sponsored CALiPSO-1 trial in which five patients have been treated with a favorable safety profile with no DLTs, no CRS >grade 2, and no ICANS. In addition, the limited but emerging clinical data suggests encouraging clinical activity in refractory patient populations.

Third Quarter 2025 Financial Results

- **Cash Position:** Cash, cash equivalents, and marketable securities were \$132.7 million as of September 30, 2025, as compared to \$220.1 million as of December 31, 2024. The company estimates its cash, cash equivalents, and investments will support operations into the fourth quarter of 2027.
 - **Research and Development (R&D) Expenses:** R&D expenses were \$22.5 million for the three months ended September 30, 2025, compared to \$27.2 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 \$6.8 million for the three months ended September 30, 2025, compared to \$8.4 million for the same period in 2024. The decrease in G&A expenses was primarily due to a gain on lease modification of \$1.4 million.
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Net Income (Loss): Net loss was \$34.4 million for the three months ended September 30, 2025, compared to net loss of \$31.2 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 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
investorrelations@centurytx.com

JPA Health
Sarah McCabe
smccabe@jpa.com

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

	September 30, 2025	December 31, 2024
Assets		
Current Assets:		
Cash and cash equivalents	\$ 55,515	\$ 58,441
Short-term investments	77,234	130,851
Prepaid expenses and other current assets	4,960	4,759
Total current assets	137,709	194,051
Property and equipment, net	53,715	62,141
Operating lease right-of-use assets, net	16,566	28,706
Restricted Cash	2,314	2,772
Long-term investments	-	30,818
Intangible assets	34,200	34,200
Other long-term assets	213	528
Total assets	\$ 244,717	\$ 353,216
Liabilities, convertible preferred stock, and stockholders' equity		
Current liabilities:		
Accounts payable	\$ 2,617	\$ 3,075
Accrued expenses and other liabilities	11,071	17,543
Contingent consideration liability, short term	8,338	-
Deferred revenue, current	-	109,164
Total current liabilities	22,026	129,782
Operating lease liability, noncurrent	41,185	48,960
Contingent consideration liability, long term	784	8,738
Deferred tax liability	4,374	4,374
Total liabilities	68,369	191,854
Stockholders' equity		
Preferred stock	-	-
Common stock	9	9
Additional paid-in capital	949,015	943,366
Accumulated deficit	(772,740)	(782,337)
Accumulated other comprehensive loss	64	324
Total stockholders' equity	176,348	161,362
Total liabilities and stockholders' equity	\$ 244,717	\$ 353,216

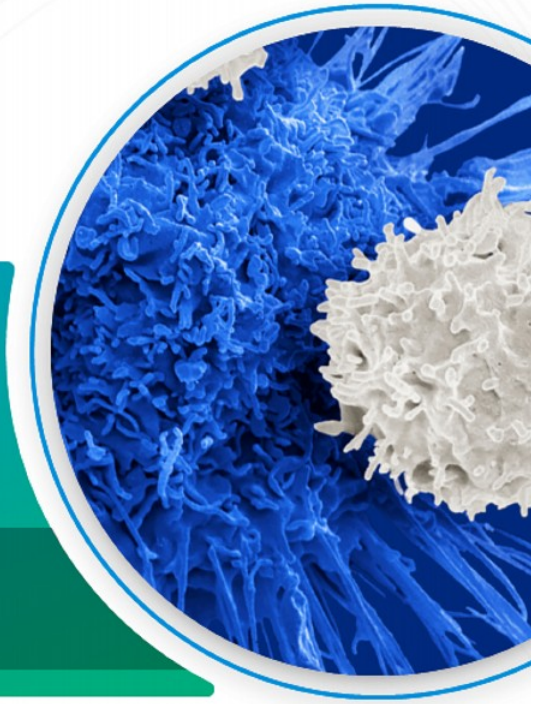
Century Therapeutics, Inc
Condensed consolidated statements of operations
(unaudited, in thousands, except share and per share amounts)

	Three Months Ended September 30, 2025	Three Months Ended September 30, 2024	Nine Months Ended September 30, 2025	Nine Months Ended September 30, 2024
Collaboration Revenue	\$ -	\$ 791	\$ 109,164	\$ 2,416
Operating Expenses				
Research and development	22,526	27,228	75,972	77,869
General and administrative	6,835	8,352	23,047	25,400
Impairment of long-lived assets	6,763	-	6,763	-
Total operating expenses	<u>36,124</u>	<u>35,580</u>	<u>105,782</u>	<u>103,269</u>
Income (loss) from operations	(36,124)	(34,789)	3,382	(100,853)
Interest income	1,605	3,305	6,037	10,126
Other income, net	97	250	172	248
Income (loss) before provision for income taxes	(34,422)	(31,234)	9,591	(90,479)
Benefit (provision) for income taxes	-	8	-	(14)
Net income (loss)	<u>\$ (34,422)</u>	<u>\$ (31,226)</u>	<u>\$ 9,591</u>	<u>\$ (90,493)</u>
Unrealized gain (loss) on investments	(19)	1,075	(260)	622
Foreign currency translation adjustment gain (loss)	-	(8)	-	28
Comprehensive income (loss)	<u>\$ (34,441)</u>	<u>\$ (30,159)</u>	<u>\$ 9,331</u>	<u>\$ (89,843)</u>
Net income (loss) per common share Basic	(0.40)	(0.37)	0.11	(1.18)
Net income (loss) per common share Diluted	(0.40)	(0.37)	0.11	(1.18)
Weighted average common shares outstanding Basic	86,464,066	84,704,352	86,312,863	76,394,266
Weighted average common shares outstanding Diluted	<u>86,464,066</u>	<u>84,704,352</u>	<u>86,390,294</u>	<u>76,394,266</u>



Advancing Pipeline of Transformative Cell Therapies

Corporate Deck – November 2025



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 1995. All statements contained in this presentation, other than statements of historical facts or statements that relate to present facts or current conditions, including statements regarding our clinical development plans and timelines and the initial safety and efficacy profiles of CNTY-101 and statements regarding our preclinical programs, including initial preclinical data and development plans and timelines are forward-looking statements. These statements involve known and unknown risks and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance or achievements 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,” “seek,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “forecast,” “potential” or “continue” or the negative of these similar expressions. The forward-looking statements in this presentation are only predictions. We have based these forward-looking statements largely on our current projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements 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 beyond our control, including, among others: our ability to successfully advance our current and future product candidates through development activities, preclinical trials; our ability to progress CNTY-101 through clinical development; our ability to meet development milestones on anticipated timelines; uncertainties in our 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 a 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 our relationships for the manufacturing and development of our product candidates; the timing, scope and likelihood of regulatory filings and approvals, including financial issues 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 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 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 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.cnty.com. 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 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 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

Advancing lead iPSC derived cell therapies with Allo-Evasion™ 5.0 technology

- Pre-clinical development underway for CNTY-813 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 CAMEL IST in autoimmune disease

Cell Foundry and Allo-Evasion™ Technology

Cell foundry generates fully functional cells at scale

- Key developmental insights allow directed differentiation of cells that function like natural 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






Focused on Execution

Cash runway extended beyond planned key clinical milestones (Q4 2025)

- CNTY-813 expected in IND-enabling studies by YE2025; IND submission planned as early as YE2025
- CNTY-308 αβ T cell program expected to enter the clinic in 2026
- Initial CNTY-101 autoimmune clinical data from Phase 1/2 CAMEL IST expected by YE2025

Century pipeline spans cell types and targets in autoimmune disease

Allo-Evasion™ engineered in all programs

Product	Targets	Indications	Research	IND-enabling	Clinical	
					Phase 1	Phase 2
CNTY-101 iNK (Allo-Evasion™ 1.0)	CD19	B-cell-mediated autoimmune diseases		<i>CARAMEL IST</i>		
CNTY-308 αβ iT (Allo-Evasion™ 5.0)	CD19	B-cell-mediated autoimmune diseases				
CNTY-813 Beta Islet cells (Allo-Evasion™ 5.0)	Beta Islet Transplantation	Type 1 Diabetes				
CNTY-341 αβ iT (Allo-Evasion™ 5.0)	CD19 + CD22	B-cell malignancies				
Solid tumors iT (Allo-Evasion™ 5.0)	Nectin-4/other	Solid tumors				

- Hematologic tumors
- Autoimmune diseases
- Solid tumors

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



Allo-Evasion™

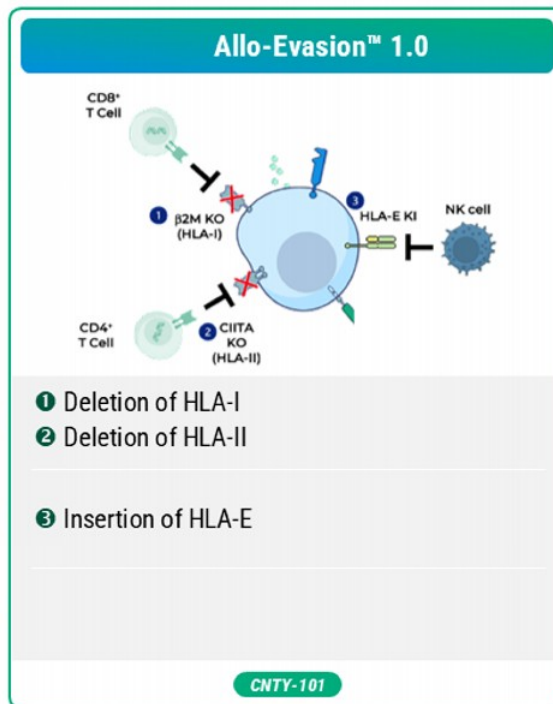
Century is a leader in immune evasion engineering

Protection from:

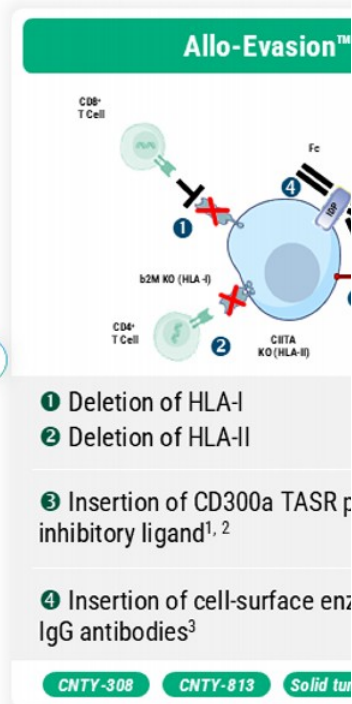
Native T-cells

Native NK-cells

Humoral immunity



Continued evolution to enhance holistic protection from major immunity pathways



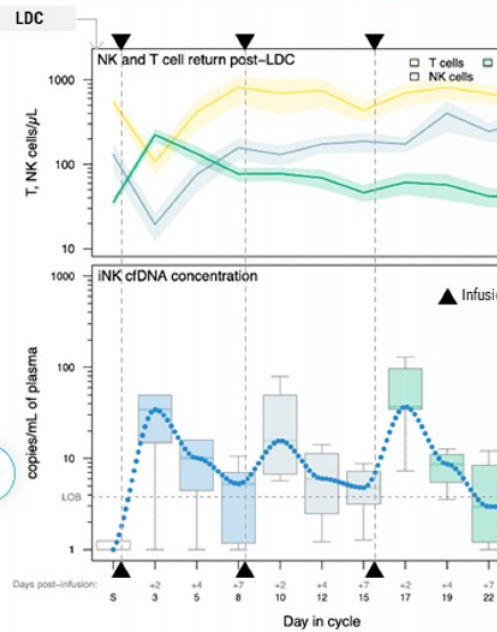
1. https://www.centurtx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogeneic-T-Cells-Final.pdf
 2. <https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell>
 3. Peraro et al, *Mol. Therapy* 2021, 29(12),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

Initial clinical proof-of-concept established with Allo-Evasion™ 1.0

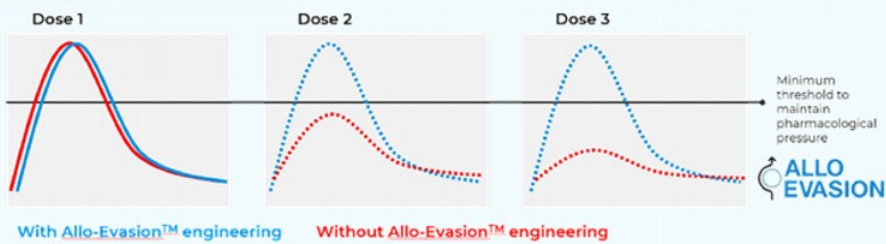
Similar exposure of CNTY-101 in the presence or absence of endogenous lymphocytes

- Similar PK profile observed for each CNTY-101 infusion within a cycle despite evident patient immune recovery
- PK profile is comparable between cycles with and without LDC*

Lymphocyte counts and PK

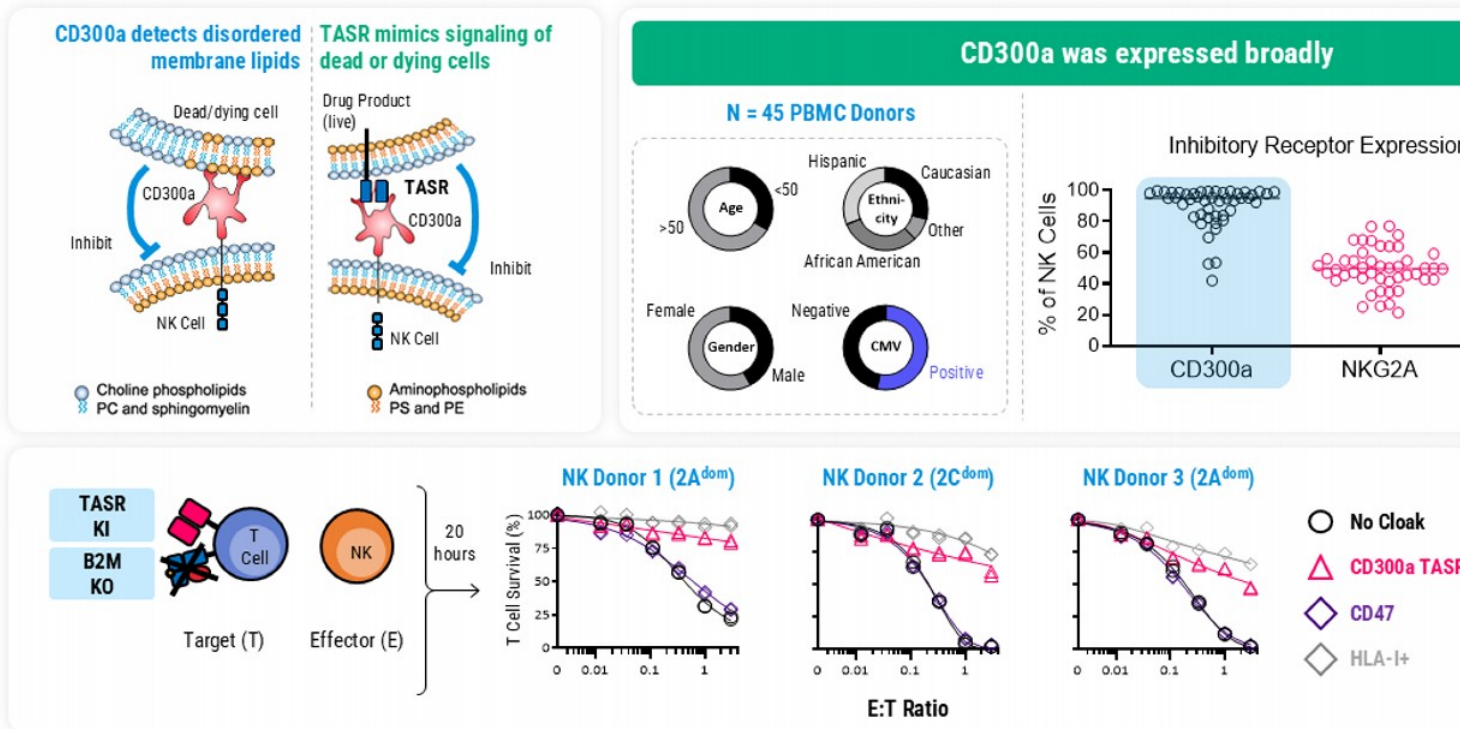


Model of Allo-Evasion™ enabled cellular kinetics



*Based on a Two One-Sided T test approach (TOST) comparing log cfDNA concentration two days post each infusion with and without LDC, and assuming equivalence bounds +/- 25% the mean cfDNA concentration with LDC; Translational data available as of March 7, 2025; Company data on file; Graphs show data from Dose Level 3B cohort (N=6) in ELIPSE-1 clinical trial; Lines in the top panel represent mean and shaded area represents 1*SEM; Triangles mark CNTY-101 infusions within a Schedule B cycle; grey arrow indicates LDC; Dotted blue curve is a LOESS fit to medians in bottom panel; S - Screen

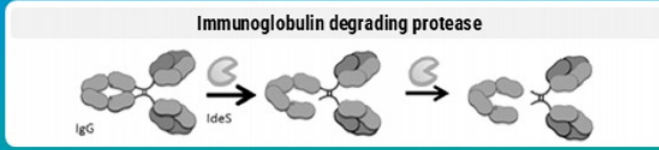
Allo-Evasion™ 5.0: The CD300a TASR ligand has been shown to provide protection from host NK cells



<https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cells>
https://www.centurtx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogeneic-T-Cells-Final.pdf

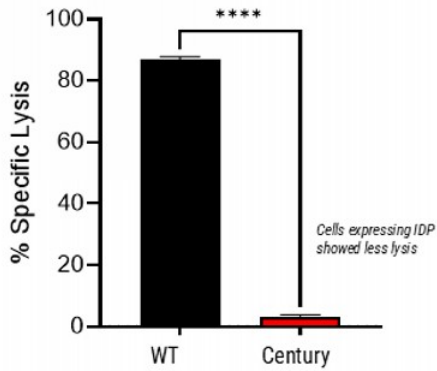
Allo-Evasion™ 5.0: Century's IgG degrading enzyme (IDP) protected multiple pathways of humoral immunity

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

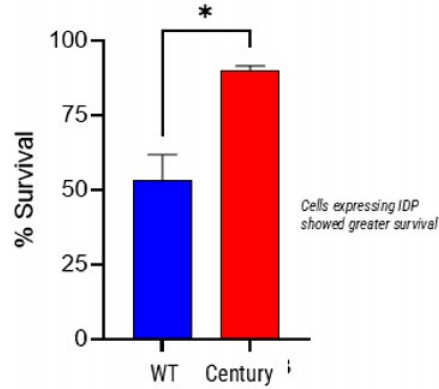


As a result, Century T cells have been shown to be protected from antibody-mediated cytotoxicity in preclinical CDC, ADCC, and phagocytosis assays

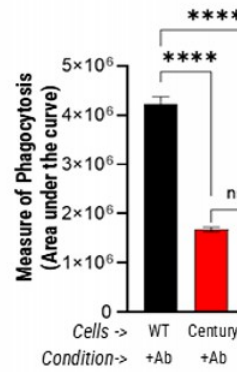
Complement Dependent Cytotoxicity



Antibody-Dependent Cellular Cytotoxicity



Antibody-Dependent Cellular Phagocytosis



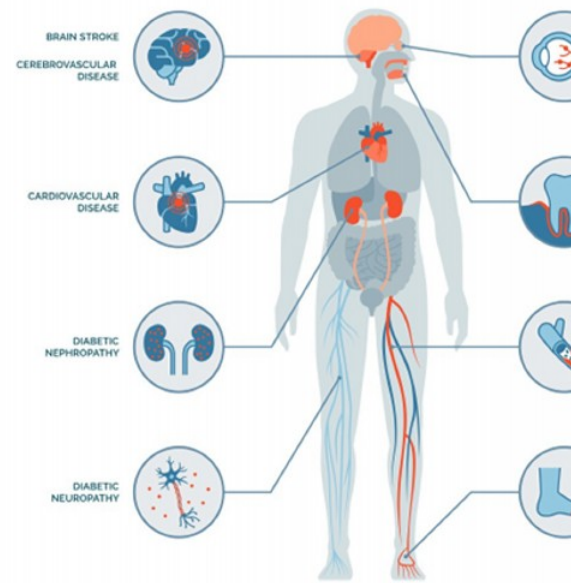
Source: Company data on file



Type 1 Diabetes Program

Significant unmet need in Type 1 Diabetes (T1D)

- ~9 million people worldwide living with T1D¹
- Lifetime economic burden of T1D (US) estimated at ~\$813 billion²
- T1D is associated with serious comorbidities and complications³



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

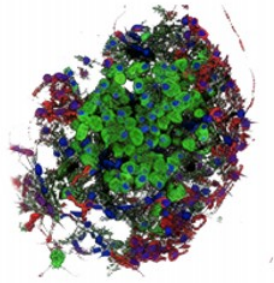
2. <https://www.liebertpub.com/doi/10.1089/dia.2019.0398>

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>

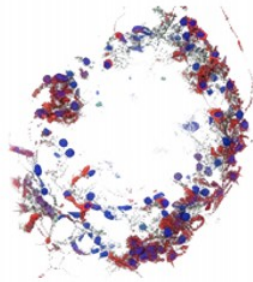
Beta Islet cell transplantation provides potentially curative therapy in

In T1D, beta cells are destroyed

Healthy islet beta cells produce insulin (green)



In T1D, beta cells are destroyed



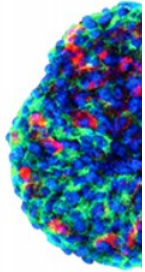
Islet transplantation can provide a potentially curative therapy for T1D

- Insulin independence achieved for one year in ~70% of patients receiving allogeneic cadaveric Islet transplantation¹
- 10 of 12 patients receiving stem cell-derived beta Islets were exogenous insulin free for more than 12 months²



Current approaches have limitations

- Major complications in all allogeneic Islet transplants associated with *long-term immunosuppression*, including reduced kidney function and melanoma^{1,2}



In T1D, beta cells

1. Approximately 1500 patients reported in https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report_2025_Final.pdf
2. https://www.nejm.org/doi/10.1056/NEJMoa2506549?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

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

Uniquely positioned to potentially deliver a successful T1D cell replacement therapy

	Glucose Control	Free of Immune Suppression	Scalable Drug
Cadaveric Islets (+/- device)	YES	NO	NO
Allo-Engineered Cadaveric Islets	-	YES	NO
Stem-cell Beta Islets	YES	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
- Immune suppression has significant long-term side effects for patients; a therapy **free of immune suppression** is desired
- A **scalable drug product** enables broader patient access, reduced COGs, and product consistency

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



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



iPSCs are engineered with Century's Allo-Evasion™ to protect cells from immune rejection

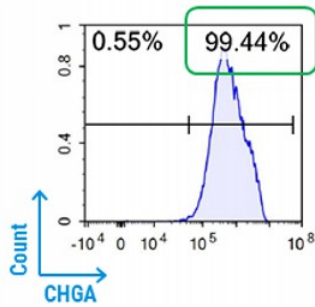


A fully scalable, bioreactor-enabled differentiation process yields mature, functional beta Islets from engineered iPSCs

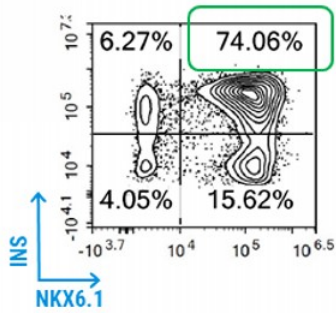
CNTY-813 Beta Islets are >99% endocrine and highly potent

Purity

% Endocrine Cells

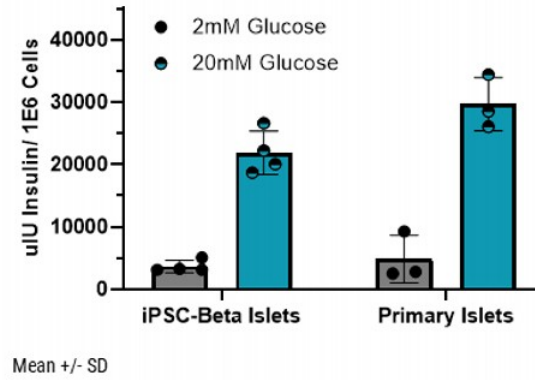


% Beta Cells

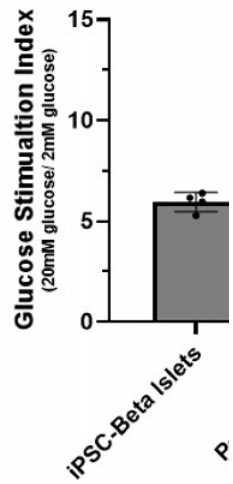


Potency

Glucose-Stimulated Insulin Secretion



Stimulation

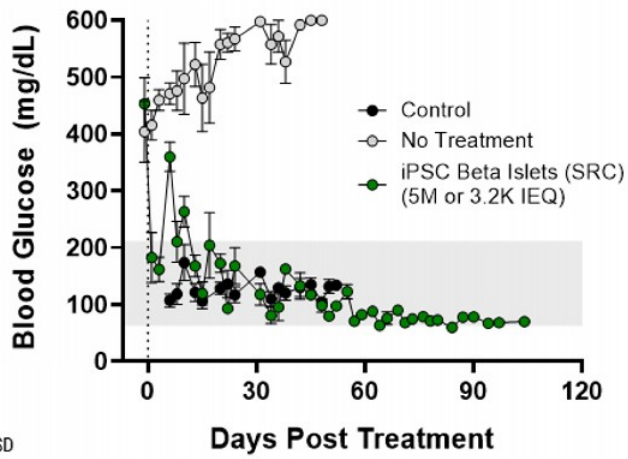


Source: Company data on file

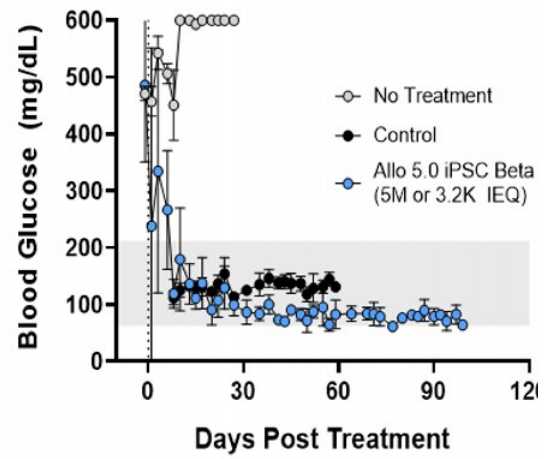
CNTY-813 Beta Islets rapidly restored normoglycemia in STZ-rendered T1D mice

Non-Fasted Blood Glucose

Unedited Beta Islets



Allo-Evasion™ 5.0 Beta Islets



Century Beta Islets Persisted and Controlled Glucose for >3 Months

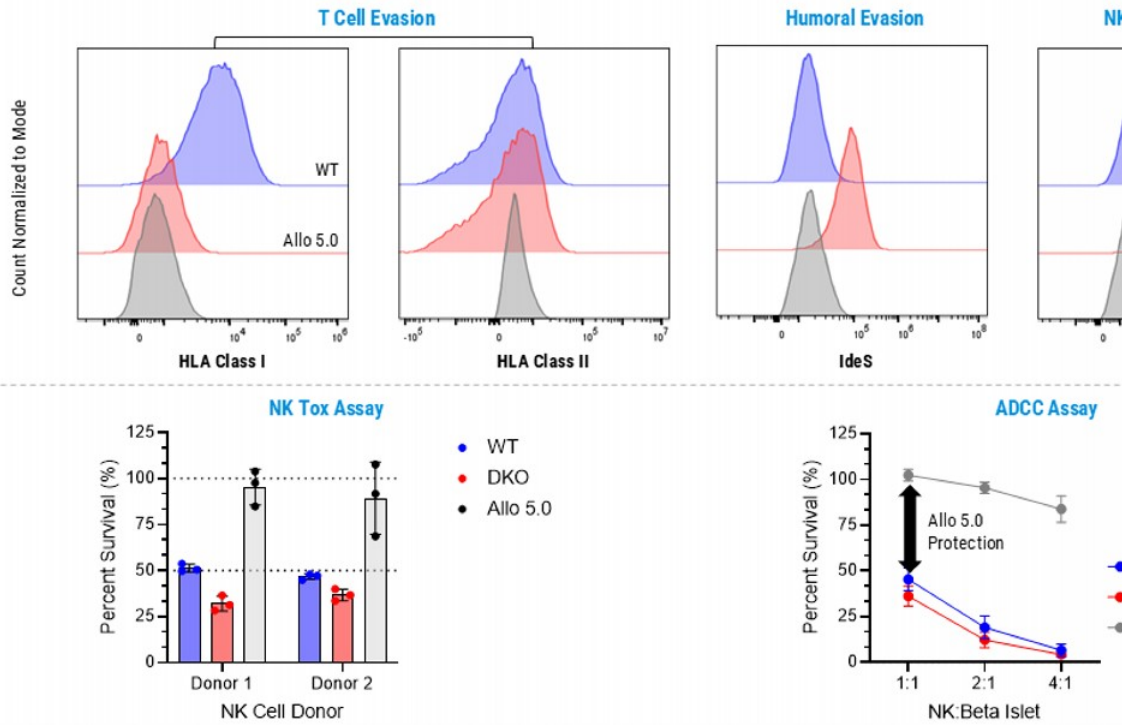
Allo-Evasion™ 5.0 protects CNTY-813 Beta Islets

Allo-Evasion 5.0 on Beta Islets

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

Protection of Beta Islets

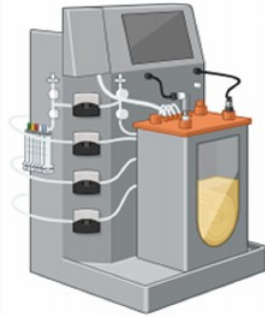
- NK protection
- ADCC protection



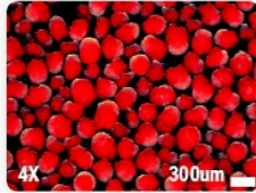
ADCC = Antibody dependent Cellular Cytotoxicity | WT = unedited (parental line) | DKO = B2M and CIITA KO | Allo 5.0 = fully engineered Allo-Evasion 5.0 | Company data on file

Scalable manufacturing of cryopreserved Beta Islets

Scalable iPSC Differentiation Platform



Beta Islet Aggregates



Average Diameter
 $299.1 \pm 63.5 \mu\text{m}$

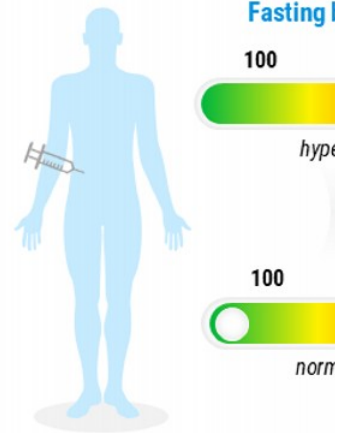
3-80L+ PBS (or Stirred Tank) Bioreactor

Cryopreserved Century Beta Islets



Cryopreserved & QC'd Lots

Single Dose Clinical Ad



Potentially Curative T1D

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

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



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 autoimmunity 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 diseases¹
- 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 FcγR-mediated CAR-NK therapy support cell development in autoimmune diseases
- CAMEL IST with CNTY-101 enrolling patients across 10 indications

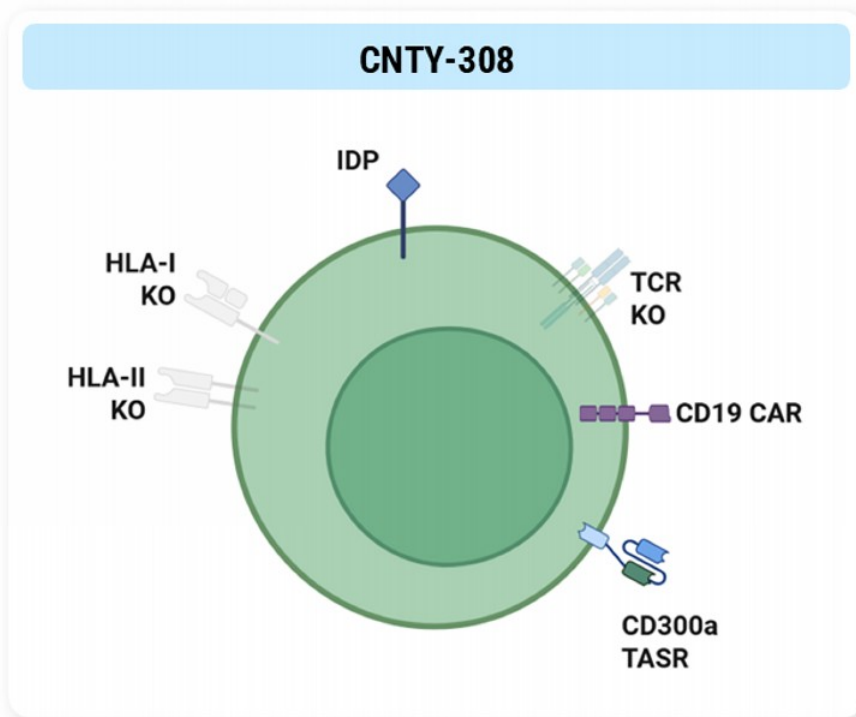
1. Muller 2024 doi/full/10.1056/NEJMoa2308917; Nordmann-Gomes 2025 doi.org/10.1016/j.semarthrit.2025.152786
2. Geo 2025 EULAR Abstract DOI: 10.1016/j.ard.2025.05.396; Wang 2025 doi.org/10.1016/j.cell.2025.05.038



CNTY-308

CD4+/CD8+ $\alpha\beta$ 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+ $\alpha\beta$ iT-cell

- **CD19-targeted CAR** to target B-cells for cytotoxicity
 - 4-1BB and CD3z co-stim domain to stimulate target engagement
- **Allo-Evasion™ 5.0** edits designed to include host T cell, NK cell, and humoral response
- Native $\alpha\beta$ TCR knock-out to **eliminate the risk of allo-reactivity**
- Displays **characteristics of autologous CAR**
 - Highly proliferative upon target engagement
 - Secretes cytokines (e.g., IL-2, IFN γ , and TNF α)
 - Cytotoxic effector function rapidly eliminates target cells
 - Long-term persistence *in vivo*
 - Eliminates CD19+ B-cells from healthy donor

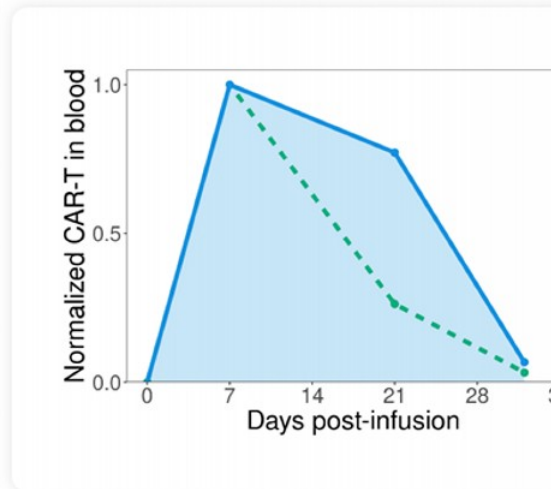
1. www.centurytx.com/wp-content/uploads/ASH_Heinze_IPSC-Derived-CD4-CD8-Final.pdf

2. Company data on file

3. IDP = IgG degrading enzyme

In preclinical studies, Century's iPSC-derived CAR- $\alpha\beta$ T 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 (<i>in vivo</i>)	Yes	Yes

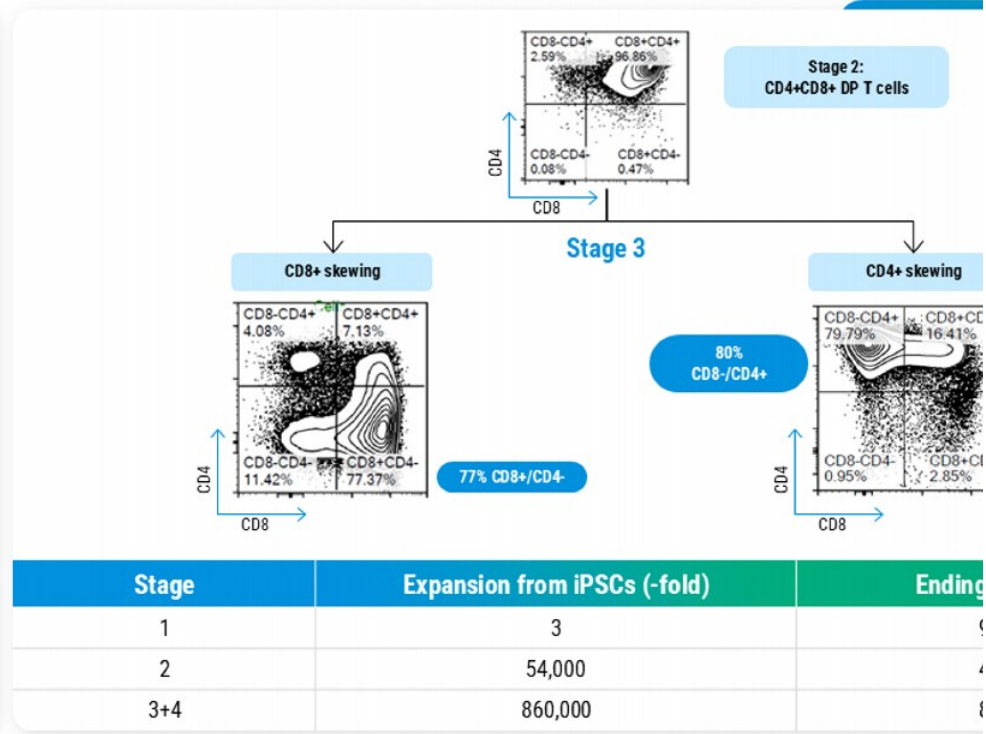
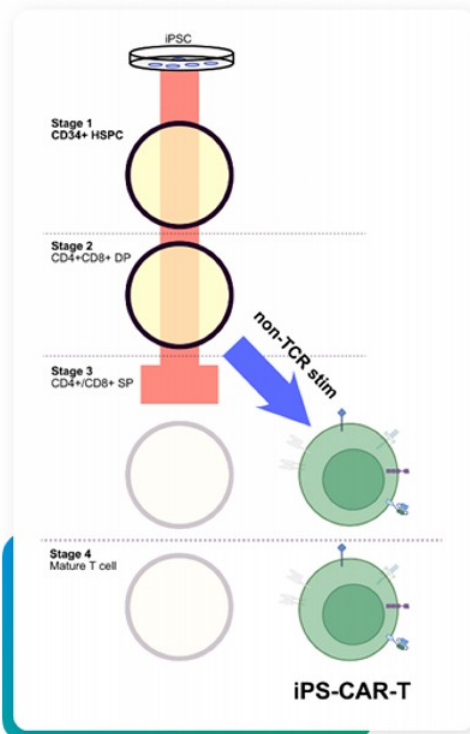


CNTY-308 and 1' CAR-T

- 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*

Source: Company data on file

Tunable generation of CD4+ and CD8+ $\alpha\beta$ T cells without TCR-stimula

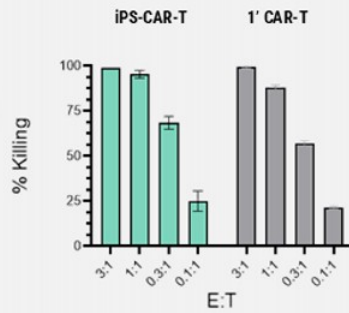


https://www.centuntx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf

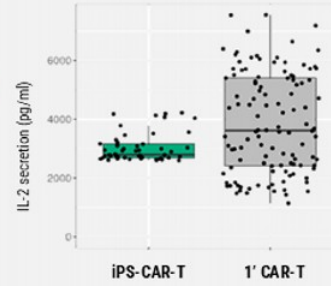
Century's iPSC-derived CAR- $\alpha\beta$ T cells display the functional characteristics of adult primary T cells: *In vitro* activity

Therapeutic efficacy requires

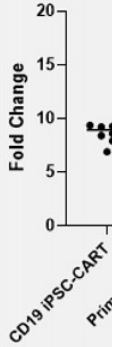
Cytotoxicity: Effector function



Cytokine (IL2) production



Cell expansion and persistence



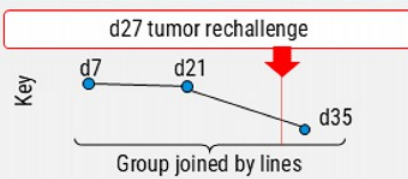
We believe effective T cell therapies require the generation of iPSC-CAR-T cells with three key *in vitro* characteristics

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

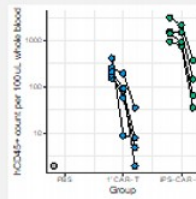
In vivo experimental details

- 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

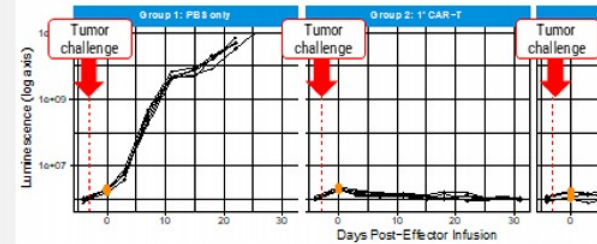
Measurable long-term persistence ≥ 1 mo



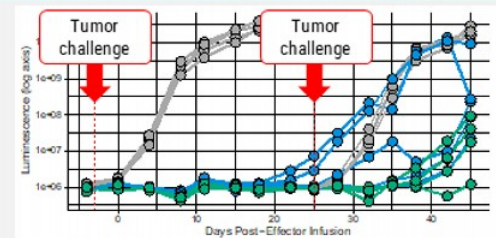
- iPSC-CAR-T persist 21 days post-infusion,
- iPSC-CAR-T detectable at day 35, 7 days post-tumor rechallenge (at day 28)



Complete tumor control



Cytotoxicity maintained upon re-challenge with e





CNTY-101

CAR-iNK cell therapy with Allo-Evasion™

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

Key Inclusion:

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

Key Endpoints:

- Key endpoints: Safety and tolerability, disease activity, clinical and laboratory assessments
- Translational endpoints: PK, B-cell depletion, autoantibodies

CAMEL 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**
- **Initial clinical data to be presented in December 2025**

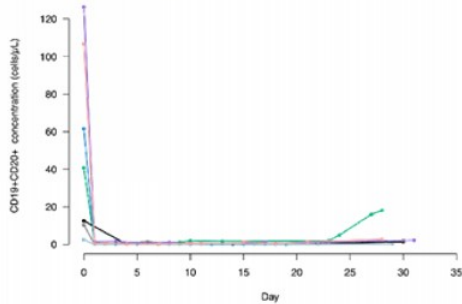
IST – Investigator-Sponsored Trial; SLE – Systemic Lupus Erythematosus; LN – Lupus Nephritis; IIM – Idiopathic inflammatory Myopathy; dcSSc – Diffuse Cutaneous Systemic Sclerosis
DLT – Dose Limiting Toxicity; LDC – lymphodepleting chemotherapy
CAMEL: single cohort with CNTY-101 (blue circles) supplemented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

CNTY-101 treatment demonstrated deep B-cell depletion and was associated with naive non-class switched profile of re-emergent B-cells

Data in r/r NHL patients supports the application of CNTY-101 in autoimmune diseases

Rapid and effective depletion of circulating B-cells observed in the first cycle

B-cell depletion

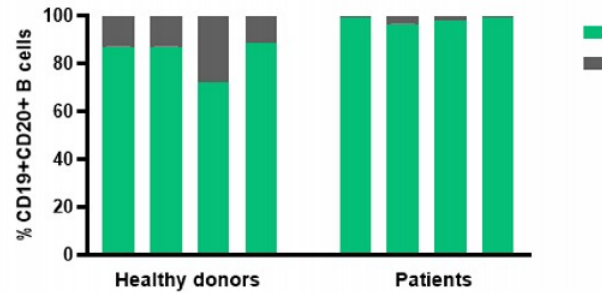


Graphs show data from the initial cycle of all subjects in 3B and 4B who had baseline B cell counts of 1 cell/ μ L or greater (N=7). Each line represents an individual subject

Re-emergent B-cells show naive non-class-switched profile

- Reduction of class-switched phenotypes in re-emergent B-cells associated with SLE responses to CD19-targeted cell therapy

Re-emergent B-cell profile



Data shows proportion of non-class switched (IgD+, IgM+ or IgD+IgM+) or switched (IgG+ or IgA+) (CD19+ CD20+) in healthy donors (N=4) or within earliest evaluable re-emergent B-cells. 100% of the B-cells exhibited a naïve profile (IgD+ CD27-, data not shown)

CNTY-101 cells were detected in lymph node tumor biopsies early post-treatment in Dose Level 3B and 4B in ELIPSE-1

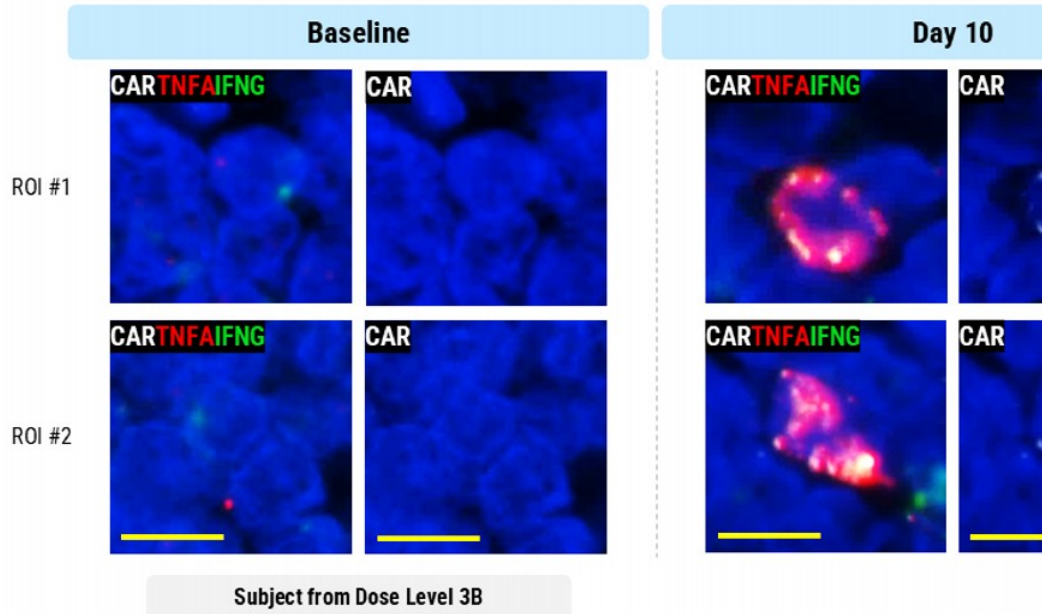
CNTY-101 iNK cells traffic to lymph nodes, observed more frequently at higher doses



CNTY-101 cells detected by RNAscope on day 10 (two days post-second CNTY-101 infusion)



CNTY-101 trafficking observed in 3 out of 7 evaluable subjects in DL3B & DL4B





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 ft² cGMP facility
- 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

- **Consistency:** Control of manufacturing and single 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 leads to cell exhaustion
- **Product homogeneity:** Clonal origin enables a highly characterized product
- Potential to **manufacture at antibody-like scale** on established platforms and optimized processes to maximize COGs, and meet demand

Century Therapeutics Today

High Impact Programs

Advancing lead iPSC derived cell therapies with Allo-Evasion™ 5.0 towards

- Pre-clinical development underway for CNTY-813 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 CAMEL IST in autoimmune disease

Cell Foundry and Allo-Evasion™ Technology

Cell foundry generates fully functional cells at scale

- Key developmental insights allow directed differentiation of cells that function as target 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

Focused on Execution

Cash runway extended beyond planned key clinical milestones (Q4 2025)

- CNTY-813 expected in IND-enabling studies by YE2025; IND submission planned as early as YE2025
- CNTY-308 αβ T cell program expected to enter the clinic in 2026
- Initial CNTY-101 autoimmune clinical data from Phase 1/2 CAMEL IST expected by YE2025



www.centurytx.com

Century Therapeutics Announces New Beta Islet Program for Type 1 Diabetes

- Allo-Evasion™ 5.0-engineered iPSC beta islets are designed to overcome immune rejection and provide durable glucose control without chronic immunosuppression
- Compelling preclinical data demonstrate rapid reversal of diabetes and sustained normoglycemia, human C-peptide production and mature GSIS, supported by scalable bioreactor-based manufacturing
- Investigational New Drug (IND)-enabling studies on track to initiate by year-end 2025; IND submission planned as early as 2026

PHILADELPHIA, Nov. 13, 2025 – Century Therapeutics, Inc. (‘Century’, NASDAQ: IPSC), a biotechnology company developing induced pluripotent stem cell (iPSC)-derived cell therapies for autoimmune diseases and cancer, today announced its first program for Type 1 diabetes (T1D), CNTY-813. The program comprises iPSC-derived beta islets engineered with the company’s proprietary Allo-Evasion™ 5.0 technology, designed to protect from T cell, NK cell and humoral immune rejection, with the goal of durable glycemic control without the need for systemic immunosuppression.

“With our cell foundry and Allo-Evasion™ 5.0 technology, we have engineered iPSC derived beta islets that we believe can deliver durable glycemic control without chronic immunosuppression,” said Chad Cowan, Ph.D., Chief Scientific Officer of Century Therapeutics. “After initiating discovery activities earlier this year, we have now generated compelling preclinical data that underscores the deep potential of this program, including rapid and sustained normalization of glucose in diabetic mouse models, significant glucose-stimulated insulin secretion with detectable human C-peptide and engineered resistance to NK cell-mediated killing and antibody-dependent cellular cytotoxicity. Additionally, our suspension bioreactor process is capable of delivering mature, functional beta islets at scale, which we believe positions us to produce a consistent drug product suitable for broad patient access, if approved by regulatory authorities. Considering the large, underserved T1D patient population, we believe this program has great promise to be a potentially curative new therapy.”

“Today, people with T1D struggle with unpredictable glucose swings, the burden of lifelong insulin, and diabetes related complications. An off-the-shelf, immune-evasive beta islet therapy that restores physiologic insulin production without systemic immunosuppression would represent a paradigm shift,” said James Markmann, M.D., Ph.D., Vice President for Transplantation Services, Perelman School of Medicine, University of Pennsylvania.

Century has generated in vitro and in vivo preclinical data demonstrating:

- Rapid and sustained glucose control in streptozotocin (STZ)-induced diabetic models following transplantation of iPSC-derived beta islets, including maintenance of normoglycemia and human C-peptide production.
- Significant in vitro function, including glucose-stimulated insulin secretion (GSIS) with stimulation indices consistent with mature beta cell phenotypes.
- Allo-Evasion™ 5.0 enables immune protection with knockout of human leukocyte antigen (HLA) class I and II, expression of CD300a-based pan-NK inhibitory ligand and immunoglobulin-degrading enzyme that reduces antibody-dependent cellular toxicity (ADCC), resulting in preserved cell survival in NK cytotoxicity and ADCC assays.

Century expects to initiate IND-enabling studies by year-end 2025 and plans to submit an IND application to the U.S. Food and Drug Administration (FDA) as early as 2026.

About Type 1 Diabetes (T1D)

T1D affects approximately 9 million people worldwide, including approximately 2 million in the U.S., with a significant subset facing persistent hypoglycemia, glycemic variability, and long-term complications despite exogenous insulin. The current treatment of T1D also places a significant burden on the healthcare system, with approximately \$6-8 billion spent on insulin annually in the U.S. A scalable, off-the-shelf, immune-evasion-enabled beta islet therapy could reach broad patient segments and expand access relative to donor-dependent transplantation or device-limited solutions. Century's beta islet program is designed to combine clinical impact with a path to profitable scalability, supporting the potential for long-term value creation.

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 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 regarding 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, and corporate strategies 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 Clinical Trial Application (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.

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