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): December 12, 2025

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 7.01 **Regulation FD Disclosure**

On December 12, 2025, Century Therapeutics, Inc. (the "Company") updated information reflected in a slide presentation, which is attached as Exhibit 99.1 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 99.1) 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 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 9.01 **Financial Statements and Exhibits**

(d) Exhibits

Exhibit No.	Document
99.1	Investor Presentation of Century Therapeutics, Inc., dated December 12, 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.

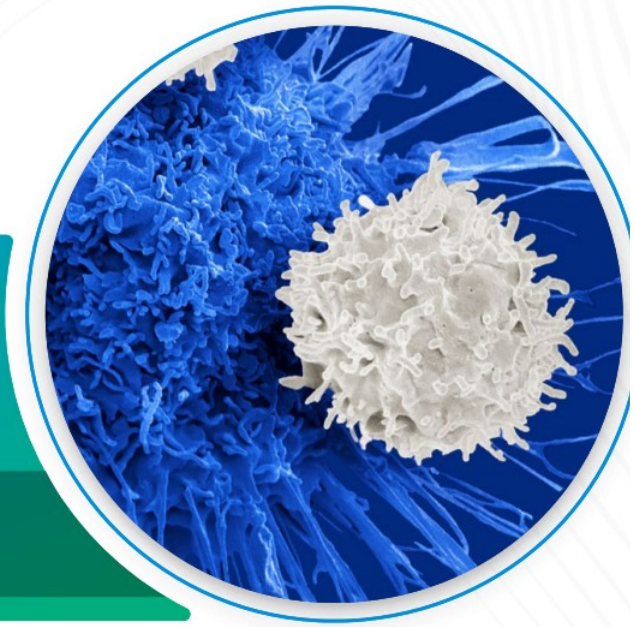
CENTURY THERAPEUTICS, INC.

By: /s/ Brent Pfeiffenberger, PharmD, MBA
Name: Brent Pfeiffenberger, PharmD, MBA
Title: President and Chief Executive Officer

Date: December 12, 2025

Exhibit 99.1

CENTURY THERAPEUTICS



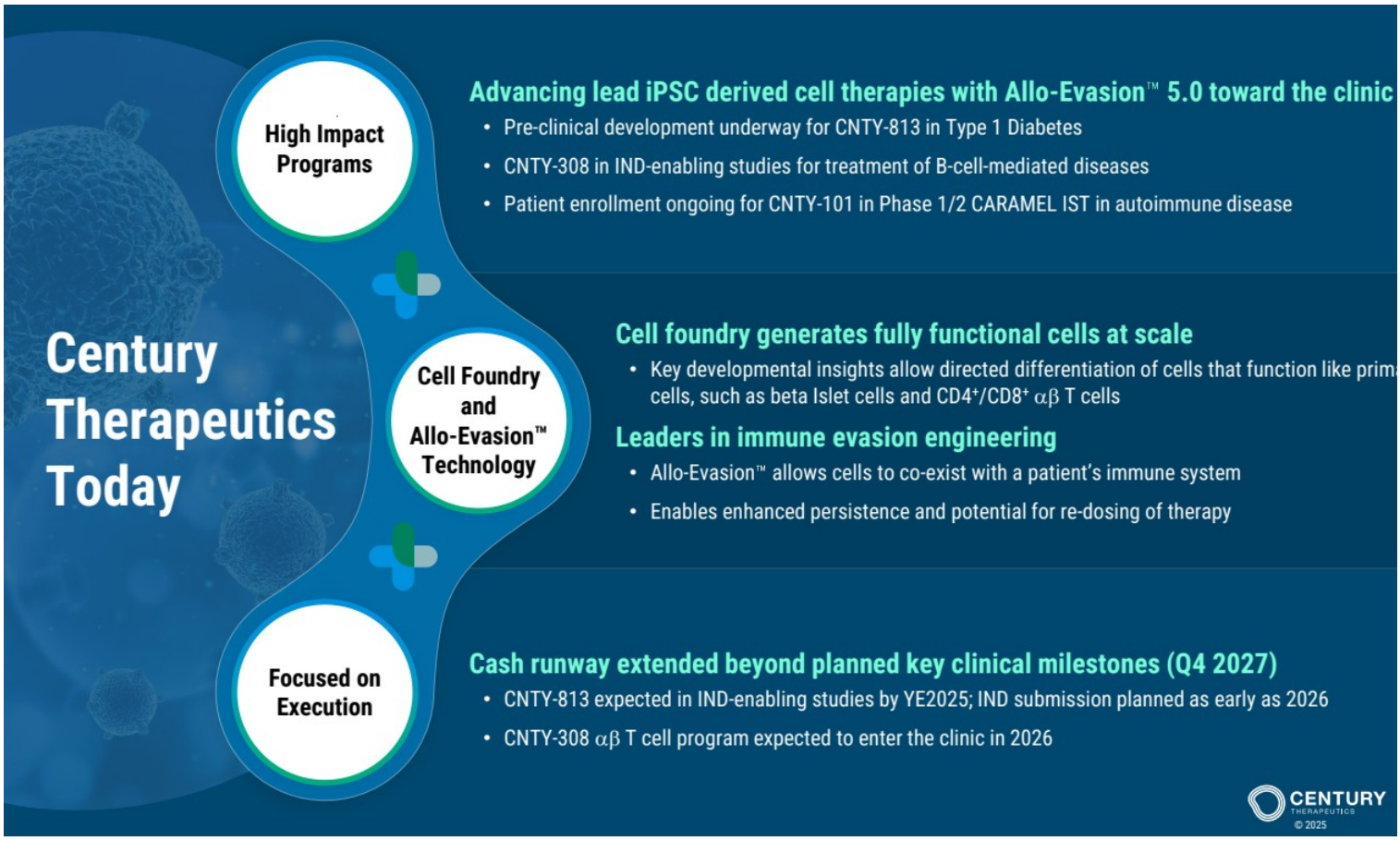
Advancing Pipeline of Transformative Cell Therapies

Corporate Deck – December 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 199
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 our clinical development plans and timelines and the initial safety and efficacy profiles of CNTY-101 and statements regarding our preclinical development programs, including initial preclinical data and development plans and timelines 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 expresse 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 presentation are only predictions. We have based these forward-looking statements largely on our current expectations ar 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 CNTY-101 through clinical development; 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 collaborati relationships for the manufacturing and development of our product candidates; the timing, scope and likelihood of regulatory filings and approvals, including final regulatory approva 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 occu 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.

CENTURY THERAPEUTICS


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 clinic
• 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 CARAMEL IST in autoimmune disease
Cell foundry generates fully functional cells at scale
• Key developmental insights allow directed differentiation of cells that function like prim
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 (Q4 2027)
• CNTY-813 expected in IND-enabling studies by YE2025; IND submission planned as early as 2026
• CNTY-308 αβ T cell program expected to enter the clinic in 2026
CENTURY THERAPEUTICS
© 2025

Century pipeline spans cell types and targets in autoimmune disease and can
Allo-Evasion™ engineered in all programs

Product	Targets	Indications	Research	IND-enabling	Clinical		
					Phase 1	Phase 2	Phase 3
CNTY-101 iNK (Allo-Evasion™ 1.0)	CD19	B-cell-mediated autoimmune diseases		*CARAMEL IST*[1]			
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.

CENTURY THERAPEUTICS

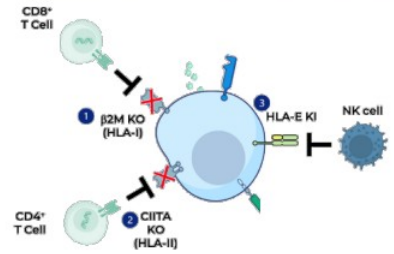

CENTURY
THERAPEUTICS
Allo-Evasion™

Century is a leader in immune evasion engineering

Protection from:

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

Allo-Evasion™ 1.0



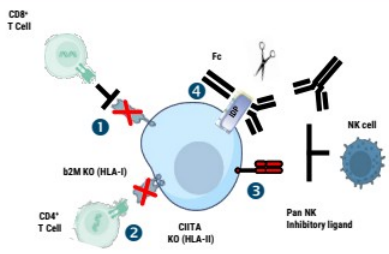
❶ Deletion of HLA-I
❷ Deletion of HLA-II

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*

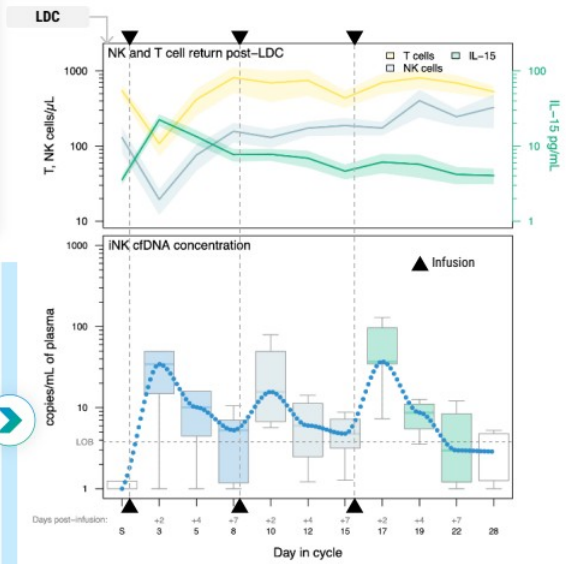
1. https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogenic-T-Cells-Final.pdf
2. https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell
3. Peraro et al, *Mol. Therapy* 2021, 29(12), 3398-3409;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

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

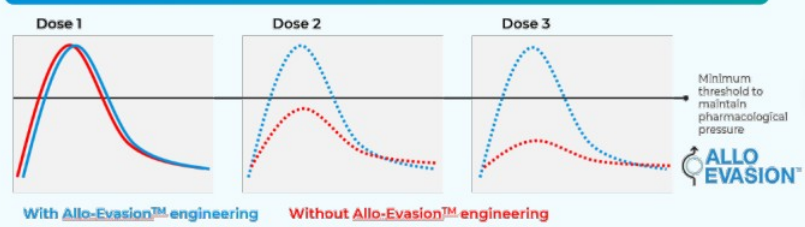
Similar exposure of CNTY-101 in the presence or absence of endogenous lymphocytes

- **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 profile



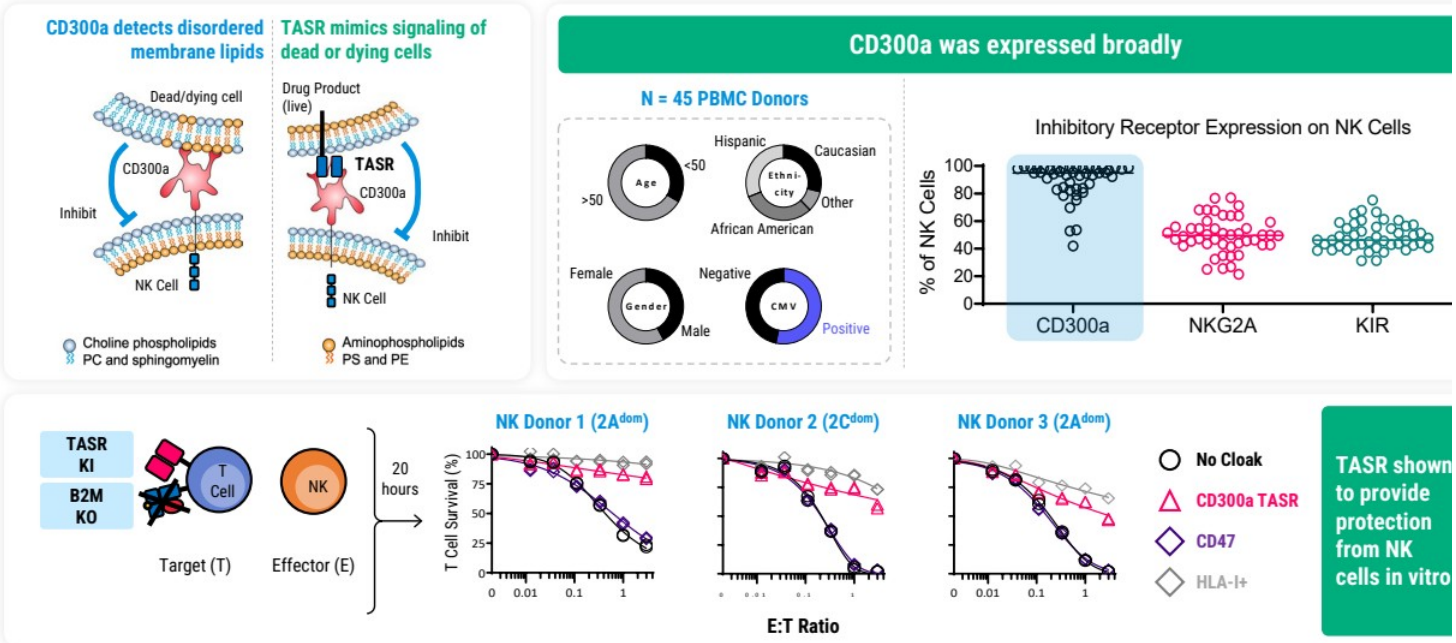
Model of Allo-Evasion™ enabled cellular kinetics



*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

CENTURY THERAPEUTICS

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



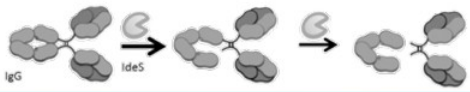
https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell;
https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogenic-T-Cells-Final.pdf

CENTURY THERAPEUTICS

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

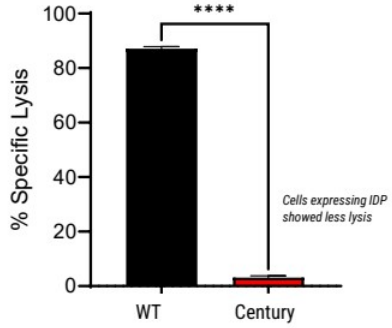
Century T cells have been shown to stably express IDP, an enzyme that cleaves off IgGs below the hinge, releasing the Fc fragment

Immunoglobulin degrading protease

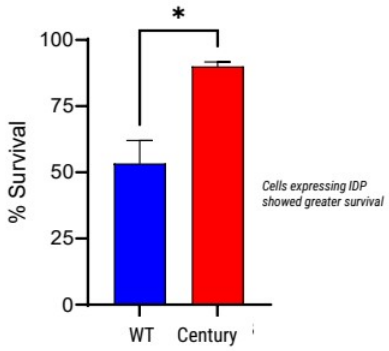


As a result, Century's T cells have b shown to be protected from rejectio preclinical CDC, ADCC and ADCP ass

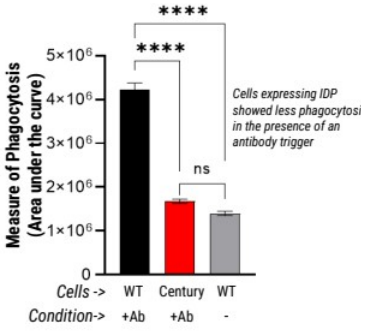
Complement Dependent Cytotoxicity



Antibody-Dependent Cellular Cytotoxicity



Antibody-Dependent Cellular Phagocytosis



Source: Company data on file

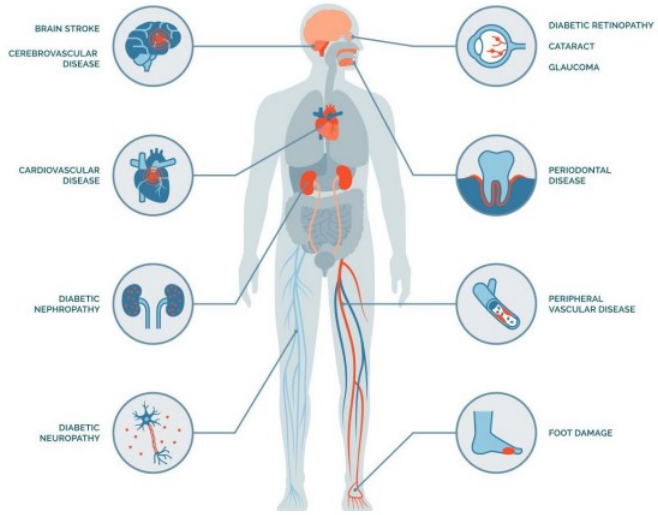
CENTURY THERAPEUTICS

CENTURY THERAPEUTICS

Type 1 Diabetes Program

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

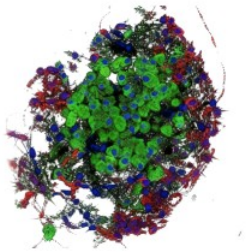
1. Diabetes Res Clin Pract. 2025 Jul: 225:112277.doi: 10.1016/j.diabres.2025.112277. Epub 2025 May 22
2. https://www.liebertpub.com/doi/10.1089/dia.2019.0398
3. van den Boom L, Buchal G, Kaiser M, Kostev K. Multimorbidity among adult outpatients with type 1 diabetes in Germany. J Diabetes Sci Technol.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

CENTURY THERAPEUTICS

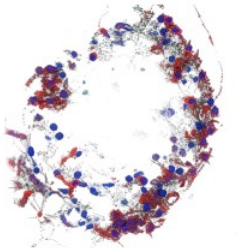
Beta Islet cell transplantation provides potentially curative therapy in T1D

In T1D, beta cells are destroyed

Healthy islet beta cells produce insulin (green)



In T1D, beta cells are destroyed

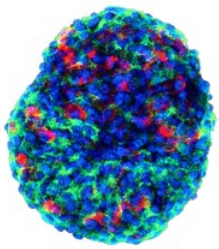


Islet transplantation can provide a potentially curative therapy for T1D

- Insulin independence achieved for one year in ~70% of patients receiving allogeneic cadaveric Islet transplantation[1]
- 10 of 12 patients receiving stem cell-derived beta Islets were exogenous insulin free for more than 12 months[2]

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 can be replaced

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%200pubmed

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	Free of Immune Suppression	Scalable Drug Product
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

CENTURY THERAPEUTICS

CNTY-813

Scalable Generation of Beta Islets with Allo-Evasion™ 5.0

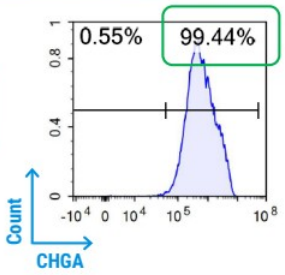
- In vitro and in vivo data support potential to provide functional cure without systemic immunosuppression
- iPSCs are engineered with Century's Allo-Evasion™ 5.0 to protect cells from immune rejection
- A fully scalable, bioreactor-enabled differentiation process yields mature, functional beta Islets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

CENTURY THERAPEUTICS

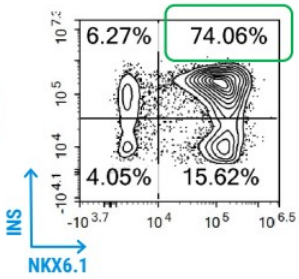
CNTY-813 Beta Islets are >99% endocrine and highly potent

Purity

% Endocrine Cells

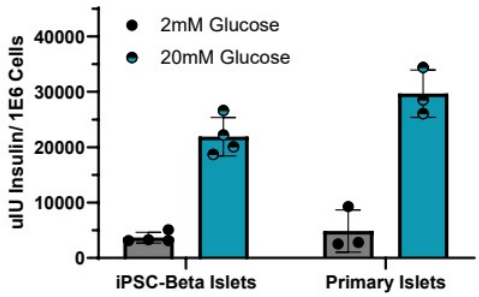


% Beta Cells



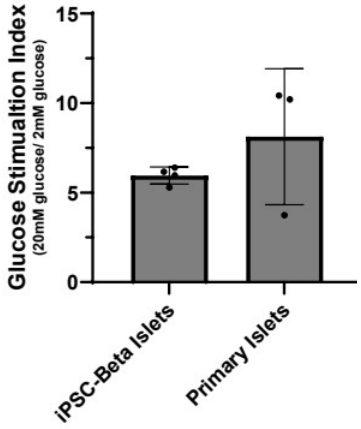
Potency

Glucose-Stimulated Insulin Secretion



Mean +/- SD

Stimulation Index



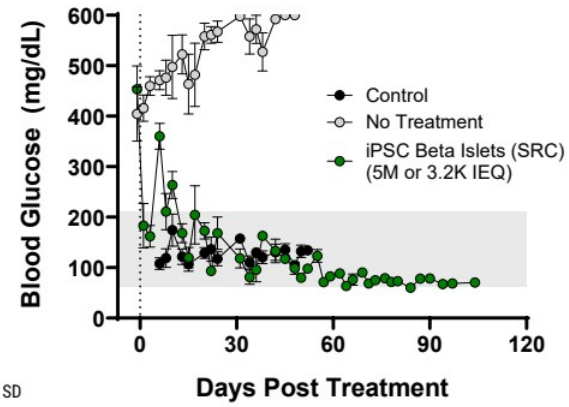
Source: Company data on file

CENTURY THERAPEUTICS

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

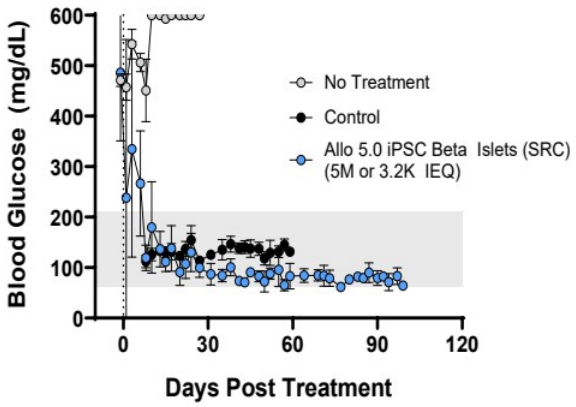
Non-Fasted Blood Glucose

Unedited Beta Islets



Mean +/- SD

Allo-Evasion™5.0 Beta Islets



Century Beta Islets Persisted and Controlled Glucose for >3 Months

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

CENTURY THERAPEUTICS

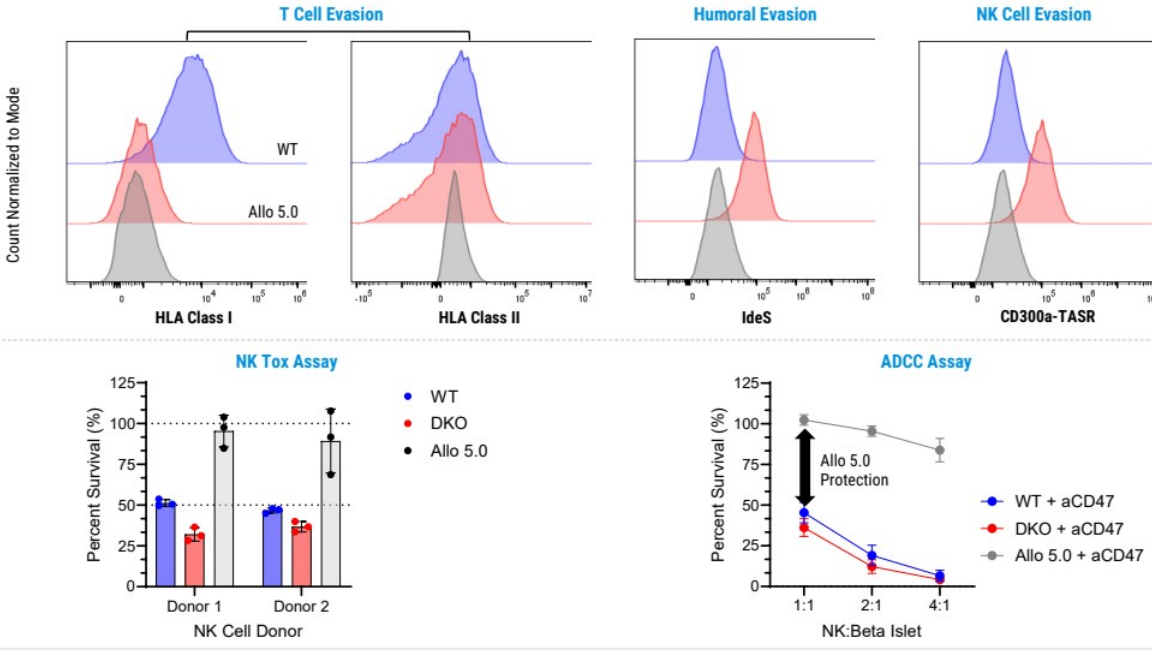
Allo-Evasion™ 5.0 protects CNTY-813 Beta Islets

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

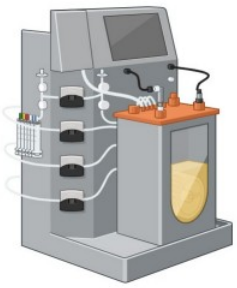


ADCC = Antibody dependent Cellular Cytotoxicity | WT = unedited (parental line) | DKO = B2M and CIITA KO | Allo 5.0 = fully engineered Allo-Evasion 5.0 | Company data on file

CENTURY THERAPEUTICS

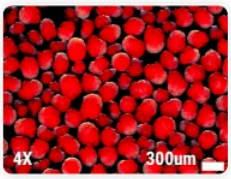
Scalable manufacturing of cryopreserved Beta Islets

Scalable iPSC Differentiation Platform



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

Beta Islet Aggregates

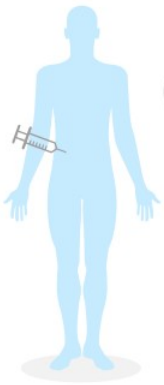


Average Diameter
299.1 ± 63.5 µm

Cryopreserved Century Beta Islets

Cryopreserved & QC'd Lots

Single Dose Clinical Administration



Fasting blood glucose

100 125 150 (mg/dL)

hyperglycemia

100 125 150 (mg/dl

normogylcemia

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

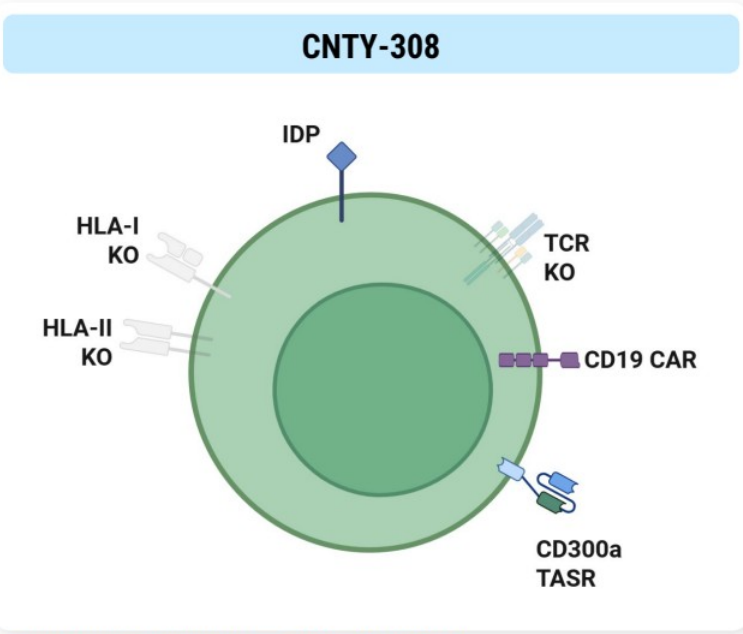
CENTURY THERAPEUTICS

CENTURY THERAPEUTICS

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

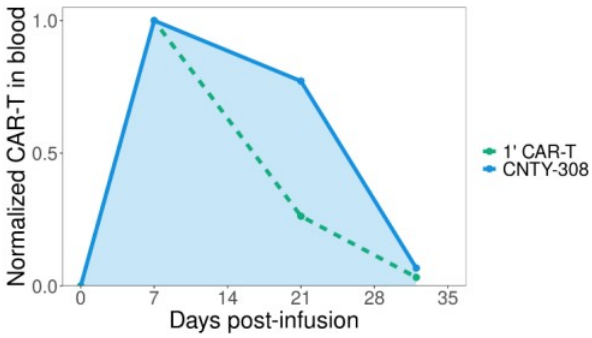
- **CD19-targeted CAR** to target B-cells for cytotoxic depletion
  - 4-1BB and CD3z co-stim domain to stimulate expansion on target engagement
- **Allo-Evasion™ 5.0** edits designed to include protection from host T cell, NK cell, and humoral response
- Native αβ TCR knock-out to **eliminate the risk of GvHD**
- Displays **characteristics of autologous CAR-T cells**[1]
  - Highly proliferative upon target engagement
  - Secretes cytokines (e.g., IL-2, IFNγ, and TNFα)
  - 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



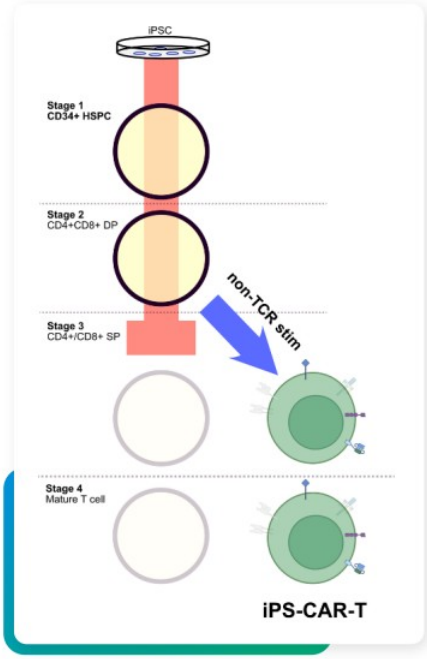
CNTY–308 and 1' CAR-T

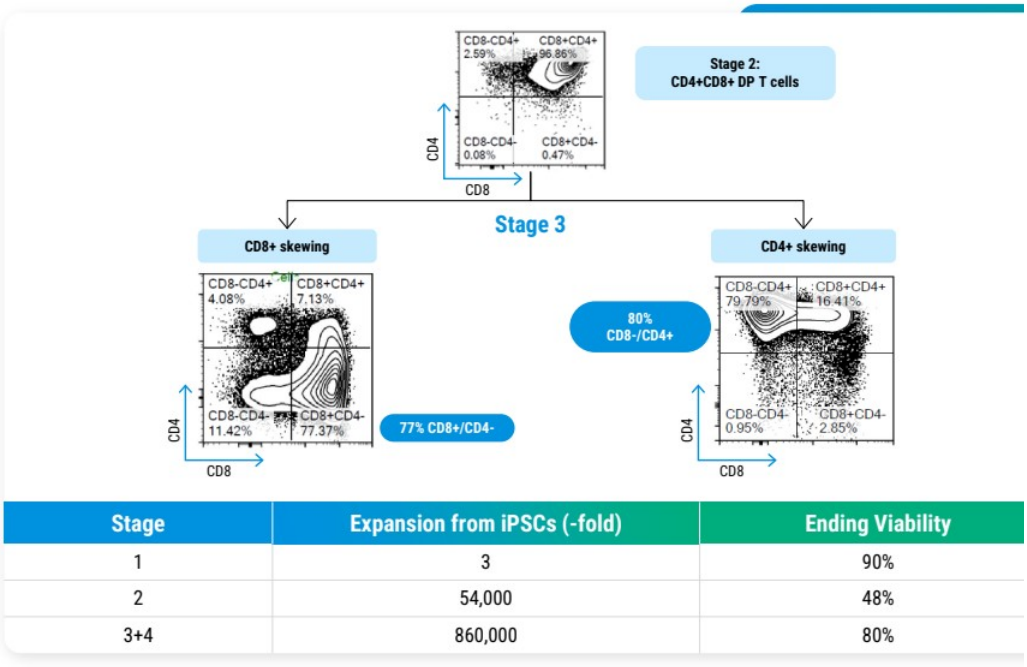
- Self-supports with own target-mediated IL-2
- High functional persistence: kills for >10 rounds, persists in blood for 32+ days, controls tumor after *in vivo* rechallenge

Source: Company data on file

CENTURY THERAPEUTICS

Tunable generation of CD4+ and CD8+ αβT cells without TCR-stimulation





Stage	Expansion from iPSCs (-fold)	Ending Viability
1	3	90%
2	54,000	48%
3+4	860,000	80%

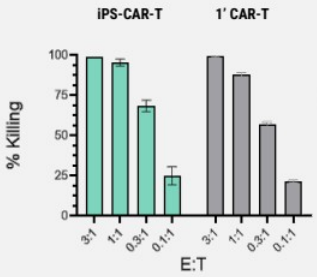
https://www.centurytx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf

CENTURY THERAPEUTICS

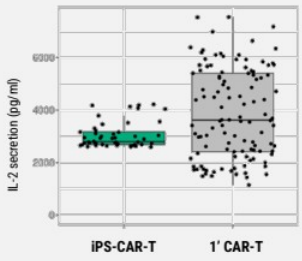
Century's iPSC-derived CAR-αβT cells display the functional characteristics o adult primary T cells: *In vitro* activity

Therapeutic efficacy requires

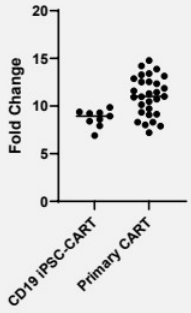
Cytotoxicity: Effector function



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* cell functions

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

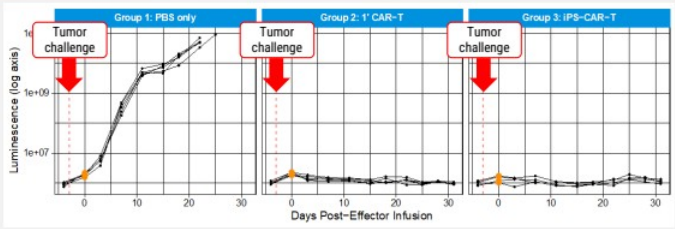
CENTURY THERAPEUTICS

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

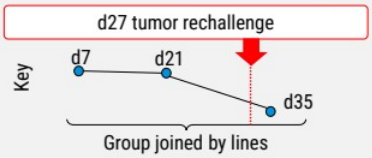
In vivo experimental details

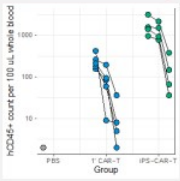
- Disseminated Nalm6 model (1e5 cells infused)
- Effectors added 3 days post-tumor infusion
- 1' CAR-T dose: 5e6 cells
- iPSC-CAR-T dose: 30e6 cells
- No added cytokine or small molecule support

Complete tumor control



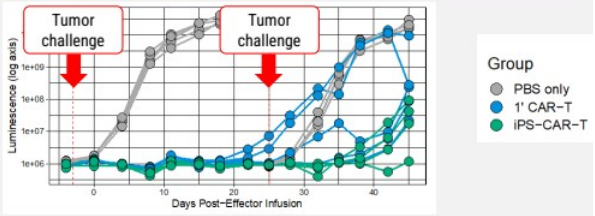
Measurable long-term persistence ≥1 mo





- 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 cells



Source: Company data on file

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CNTY-101

CAR-iNK cell therapy with Allo-Evasion™

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

Key Inclusion:

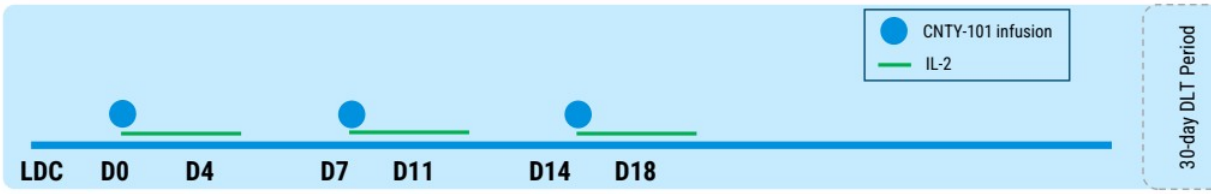
- Participants with moderate to severe SLE, LN, IIM, or dcSSc with treatment-resistant and active disease, after 2+ standard immunosuppressive therapies

Key Endpoints:

- Key endpoints: Safety and tolerability, disease activity 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)

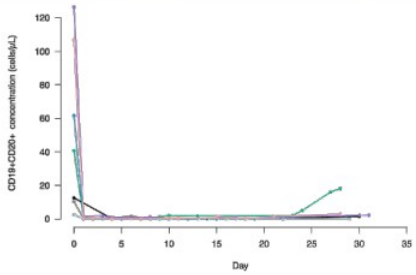
CENTURY THERAPEUTICS

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

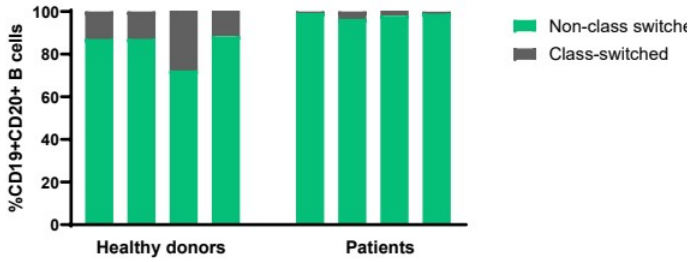


Graphs show data from the initial cycle of all subjects in 3B and 4B who had baseline B cell counts of 1 cell/µL or greater (N=7). Each line represents an individual subject

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

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

Re-emergent B-cell profile



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

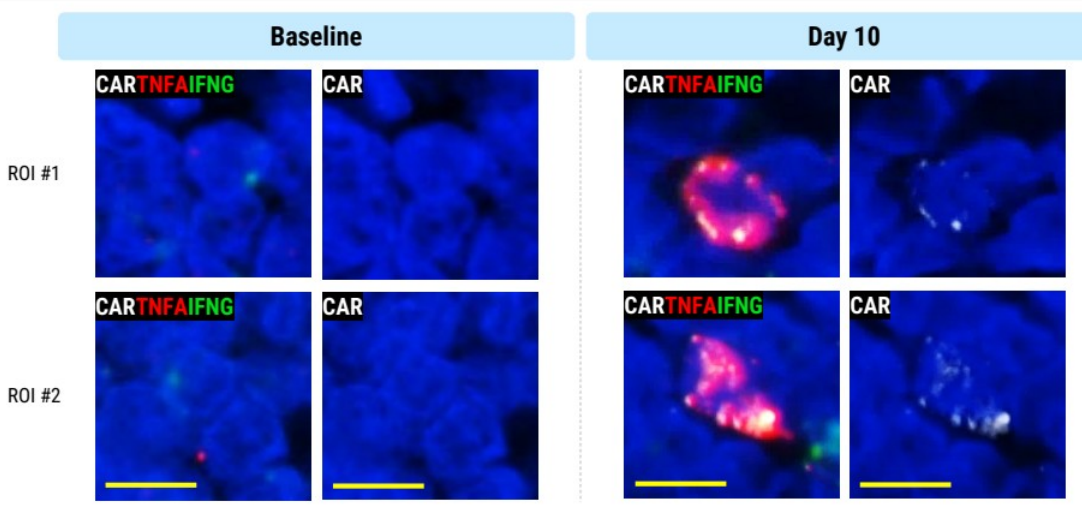
Source: Company data on file, available as of March 7, 2024; ELIPSE-1 NCT05336409

CENTURY THERAPEUTICS

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



Source: Company data on file as of March 7, 2025; ELiPSE-1 NCT05336409

CENTURY THERAPEUTICS

Preliminary Data from the Erlangen CARAMEL Basket Trial

Preliminary Data Summary

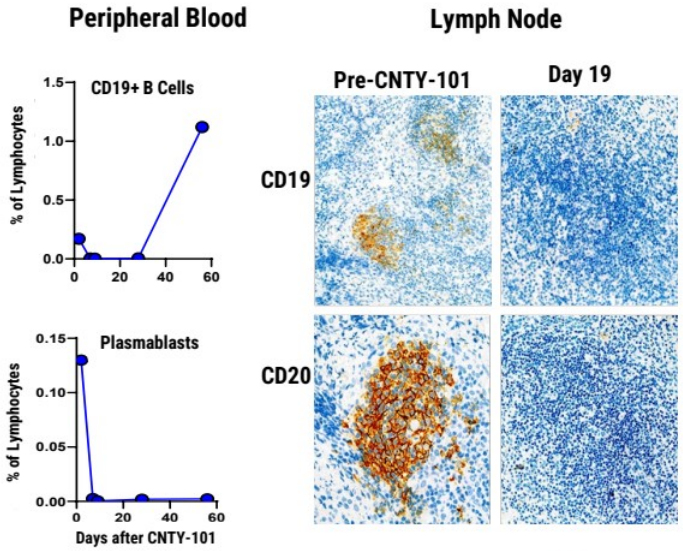
Summary N=4 pts dosed

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

Pt #1 (SSc) data:

- **Early efficacy:** Improved mRSS, patient & physician global, extramuscular 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



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

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Corporate Summary

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

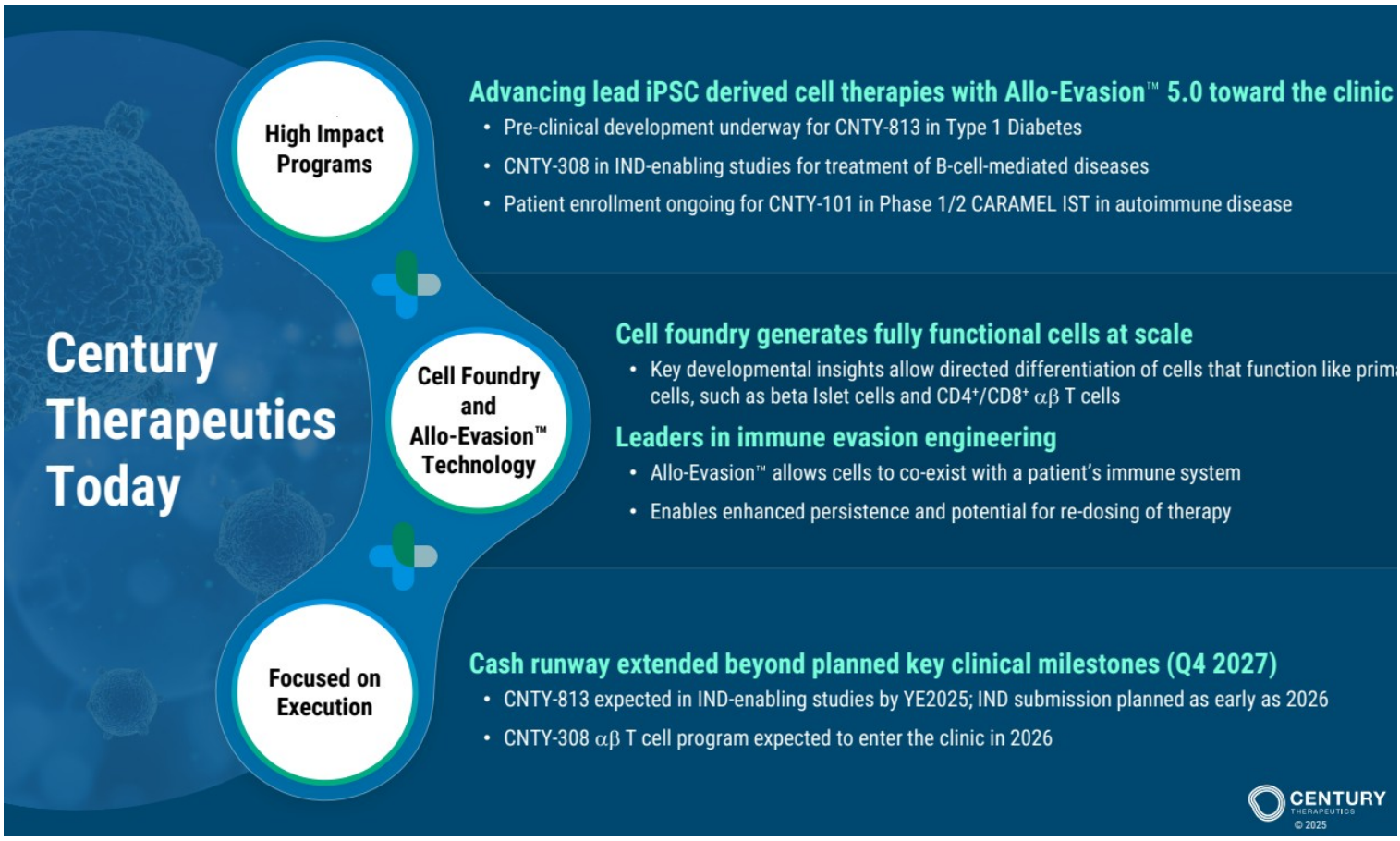
Established in-house manufacturing from development to launch

- **Built-for-purpose** 53,000 ft^2 cGMP facility
- 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

CENTURY THERAPEUTICS


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 clinic
• 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 CARAMEL IST in autoimmune disease
Cell foundry generates fully functional cells at scale
• Key developmental insights allow directed differentiation of cells that function like prim
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 (Q4 2027)
• CNTY-813 expected in IND-enabling studies by YE2025; IND submission planned as early as 2026
• CNTY-308 αβ T cell program expected to enter the clinic in 2026
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