

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): January 12, 2026

**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 7.01 Regulation FD Disclosure.**

On January 12, 2026, 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 in this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), nor shall it be deemed “incorporated by reference” into any filing under the Securities Act or the Exchange Act, except as may be expressly set forth by specific reference in such filing. Information contained on, or that can be accessed through, the Company’s website does not constitute a part of, and is not incorporated by reference into, this Current Report on Form 8-K.

**Item 9.01 Financial Statements and Exhibits.**

**(d) Exhibits**

[99.1](#) [Investor Presentation, dated January 12, 2026](#)

104 Cover Page Interactive Data File (embedded within the Inline XBRL document)

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**SIGNATURES**

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

**CENTURY THERAPEUTICS, INC.**

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

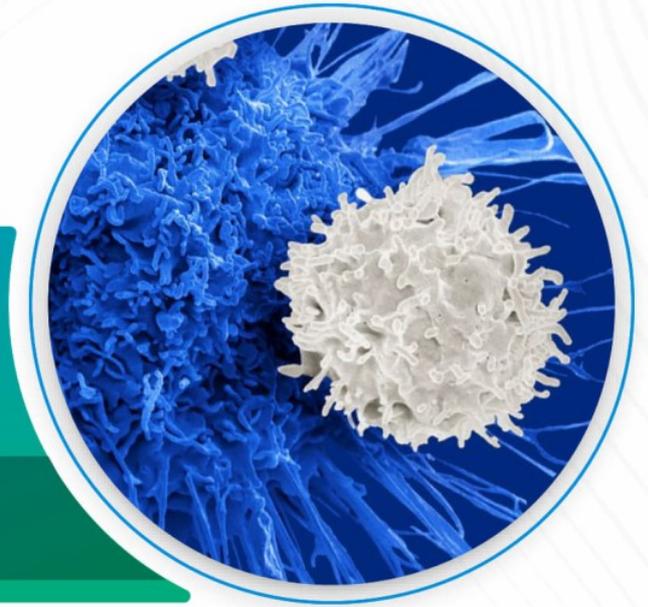
Date: January 12, 2026

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**Unlocking the Value of  
our Pipeline for T1D**

*January 2026*



## Forward-looking statements

This presentation contains forward-looking statements within the meaning of, and made pursuant to the safe harbor provisions of, The Private Securities Litigation Reform Act of 1995. 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 our product candidates, and statements regarding our preclinical development programs, including initial preclinical data and development plans and timelines, and statements regarding cash runway and expected use of potential offering proceeds 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 presentation are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this presentation and are subject to a number of risks, uncertainties and assumptions, some of which cannot be predicted or quantified and some of which are beyond our control, including, among others: our ability to successfully advance our current and future product candidates through development activities, preclinical studies, and clinical trials; our ability to progress our product candidates through clinical development; our ability to meet development milestones on anticipated timelines; uncertainties 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](http://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.

# Century Therapeutics Today

## High Impact Programs

### Advancing lead iPSC derived cell therapies with Allo-Evasion™ 5.0 toward the clinic

- CNTY-813 in IND-enabling studies with potential for **functional cure in Type 1 Diabetes**
- CNTY-308 in IND-enabling studies for treatment of **B-cell-mediated diseases**
- Patient enrollment ongoing for **CNTY-101** in Phase 1/2 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 primary cells, such as beta Islet cells and CD4<sup>+</sup>/CD8<sup>+</sup> 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

- CNTY-813 IND submission planned for 2026 with initial clinical data expected 2027
- CNTY-308 αβ T cell program expected to enter the clinic in 2026
- CNTY-101 preliminary clinical data from Phase 1/2 CAMEL IST expected in 2026

# Century pipeline focus on Type 1 Diabetes and other autoimmune disease

*Allo-Evasion™ engineered in all programs*

Product	Targets	Indications	Research	IND-enabling	Clinical		
					Phase 1	Phase 2	Phase 3
<b>Priority Program</b>							
<b>CNTY-813</b> Beta Islet cells (Allo-Evasion™ 5.0)	Beta Islet Transplantation	Type 1 Diabetes					
<b>Additional Programs</b>							
<b>CNTY-308</b> αβ iT (Allo-Evasion™ 5.0)	CD19	B-cell-mediated autoimmune diseases					
<b>CNTY-101</b> iNK (Allo-Evasion™ 1.0)	CD19	B-cell-mediated autoimmune diseases					
<b>Multiple</b> iT (Allo-Evasion™ 5.0)	Multiple	B-cell mediated autoimmune diseases, solid tumors, others					

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

# Century Executive Team

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



**Brent Pfeiffenberger, PharmD, MBA**  
Chairman and  
Chief Executive Officer



**Chad Cowan, PhD**  
Chief Scientific Officer



**Greg Russotti, PhD**  
Chief Technology and Manufacturing Officer



**Megan Bilson**  
Chief People Officer



**Douglas Carr, CPA**  
Head of Finance  
Principal Financial Officer



**Elizabeth Devlin**  
Head of Development





Allo-Evasion™

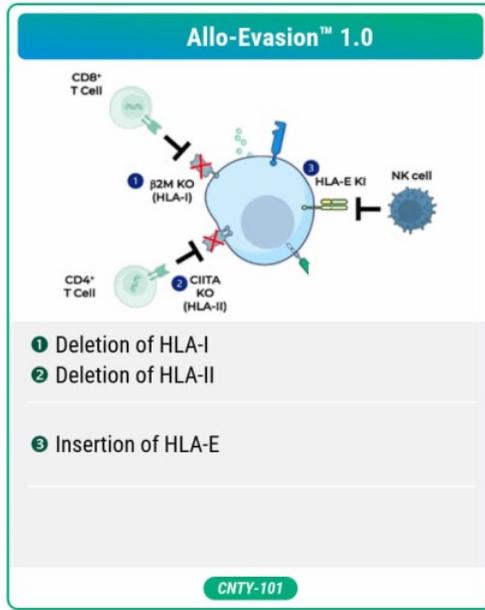
# Century is a leader in immune evasion engineering

**Protection from:**

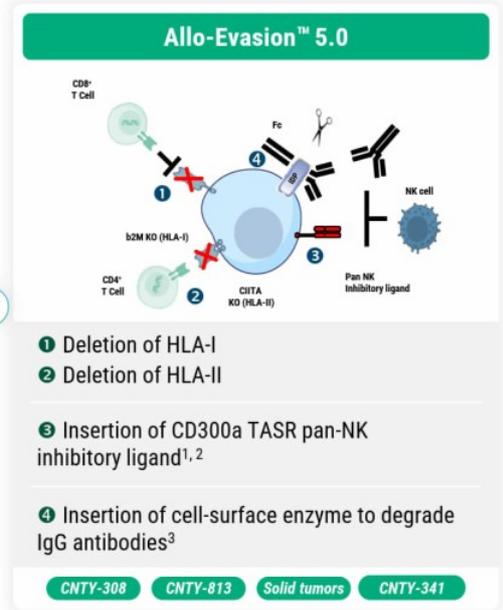
Native T-cells

Native NK-cells

Humoral immunity



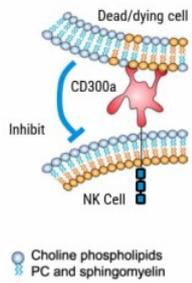
Continued evolution to enhance holistic protection from major immunity pathways



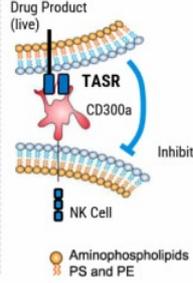
1. [https://www.centurytx.com/wp-content/uploads/ASH\\_Welstead\\_Universal-Protection-of-Allogeneic-T-Cells-Final.pdf](https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogeneic-T-Cells-Final.pdf)  
 2. <https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogen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

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

**CD300a detects disordered membrane lipids**

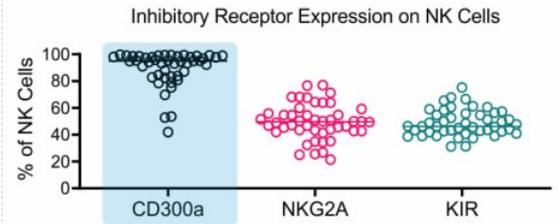
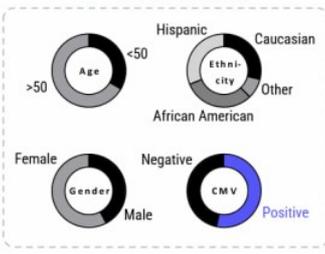


**TASR mimics signaling of dead or dying cells**

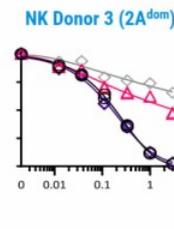
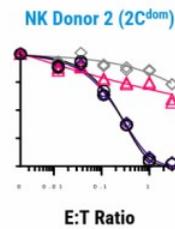
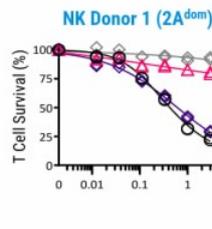
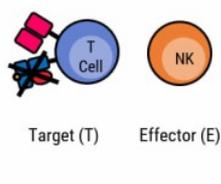


**CD300a was expressed broadly**

**N = 45 PBMC Donors**



**TASR  
KI  
B2M  
KO**



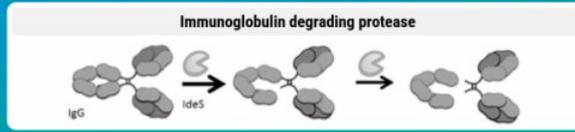
○ No Cloak  
△ CD300a TASR  
◇ CD47  
◇ HLA-I+

**TASR shown to provide protection from NK cells in vitro**

<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\\_Weistead\\_Universal-Protection-of-Allogeneic-T-Cells-Final.pdf](https://www.centurytx.com/wp-content/uploads/ASH_Weistead_Universal-Protection-of-Allogeneic-T-Cells-Final.pdf)

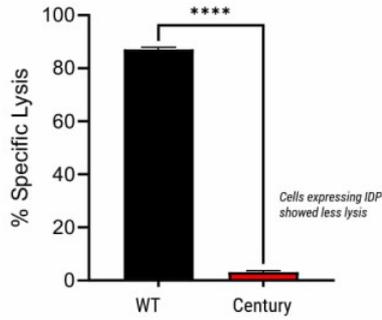
# Allo-Evasion™ 5.0: Century's IgG degrading enzyme (IDP) protected cells from multiple pathways of humoral immunity

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

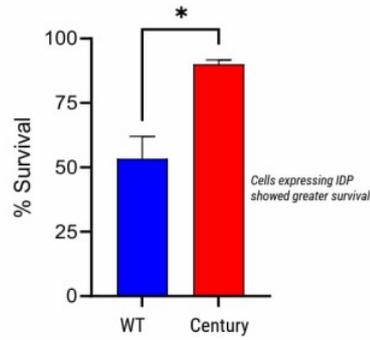


As a result, Century's T cells have been shown to be protected from rejection in preclinical CDC, ADCC and ADPC assays

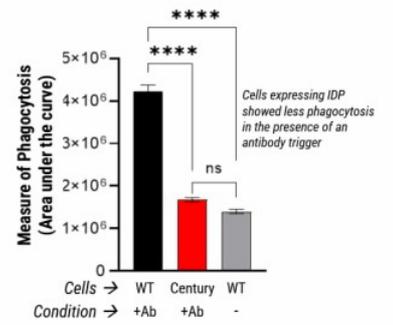
## Complement Dependent Cytotoxicity



## Antibody-Dependent Cellular Cytotoxicity



## Antibody-Dependent Cellular Phagocytosis



Source: Company data on file



## Type 1 Diabetes Program

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

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

## CNTY-813

### Scalable Generation of Beta Islets with Allo-Evasion™ 5.0



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



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

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

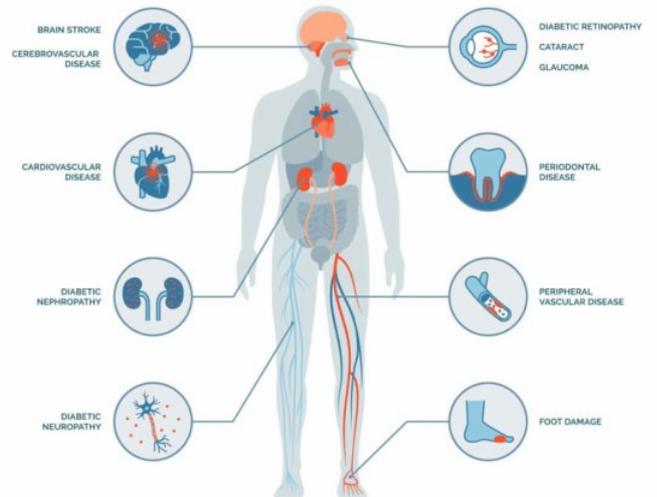


**Unique Company know-how and experience with iPSC development and supply (research, clinical, regulatory, manufacturing)**

1. Diabetes Res Clin Pract. 2025 Jul; 225:112277. doi: 10.1016/j.diabres.2025.112277. Epub 2025 May 22  
2. Approximately 1500 patients reported in [https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report\\_2025\\_Final.pdf](https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report_2025_Final.pdf)  
3. [https://www.nejm.org/doi/10.1056/NEJMoa2506549?url\\_ver=Z39.88-2003&rft\\_id=ori:rid:crossref.org&rft\\_dat=cr\\_pub%20%20pubmed](https://www.nejm.org/doi/10.1056/NEJMoa2506549?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%20%20pubmed)

## Significant unmet need in Type 1 Diabetes (T1D)

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



**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>

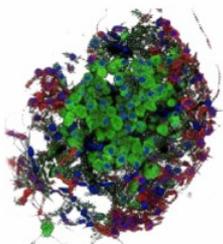
3. van den Boom L, Buchal G, Kaiser M, Kostev K. Multimorbidity among adult outpatients with type 1 diabetes in Germany. J Diabetes Sci Technol. 2022;16(1):152-160. doi:<https://doi.org/10.1177/1932296820965261>

# Beta Islet cell transplantation provides a potentially curative therapy in T1D

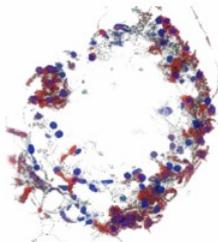
Cell supply and chronic immunosuppression are major limitations

## In T1D, beta cells are destroyed

Healthy islet beta cells produce insulin (green)



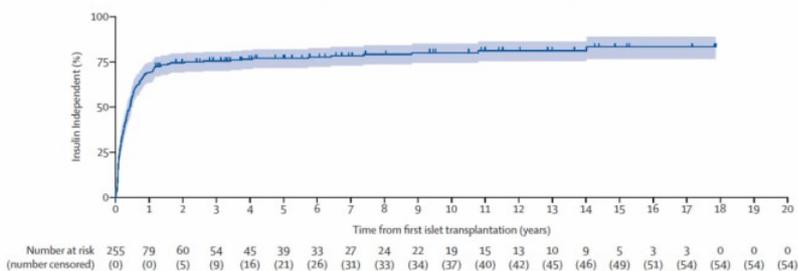
In T1D, beta cells are destroyed



## Islet transplantation provides a potentially curative therapy for T1D

Insulin independence achieved for one year in ~70% of patients receiving allogeneic cadaveric Islet transplantation<sup>1</sup>

### Insulin Independence following pancreatic islet transplantation



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

## Supply and logistics limits scalability of cadaveric islet therapy

1. Approximately 1500 patients reported in [https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report\\_2025\\_Final.pdf](https://www.citregistry.org/system/files/CITR%2012th%20Allograft%20Report_2025_Final.pdf)

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

*Demonstrates function and scale, but still requires chronic immunosuppression*

Zimislecel (VX-880) is a SC-derived insulin producing islet cell therapy<sup>3</sup>

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



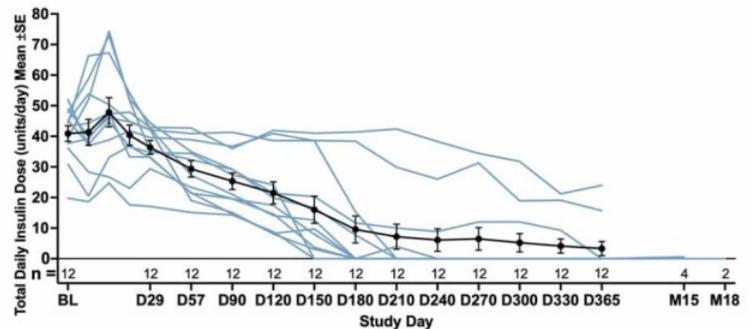
1

Zimislecel is delivered by infusion into the hepatic portal vein

2

Steroid free immunosuppression is used to protect the islet grafts

Total Daily Insulin Dose (units/day)



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

1. [https://www.nejm.org/doi/10.1056/NEJMoa2506549?url\\_ver=Z39.88-2003&rft\\_id=ori:rid:crossref.org&rft\\_dat=cr\\_pub%20%20pubmed](https://www.nejm.org/doi/10.1056/NEJMoa2506549?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%20%20pubmed)

2. ADA IR Presentation\_v FINAL – Vertex Corporate website

3. Based on publicly available information

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

Uniquely positioned to potentially deliver a successful T1D cell replacement therapy

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

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

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

\*Based on pre-clinical data



## CNTY-813

### Scalable Generation of Beta Islets with Allo-Evasion™ 5.0



In vitro and in vivo data support potential to provide functional cure without systemic immunosuppression

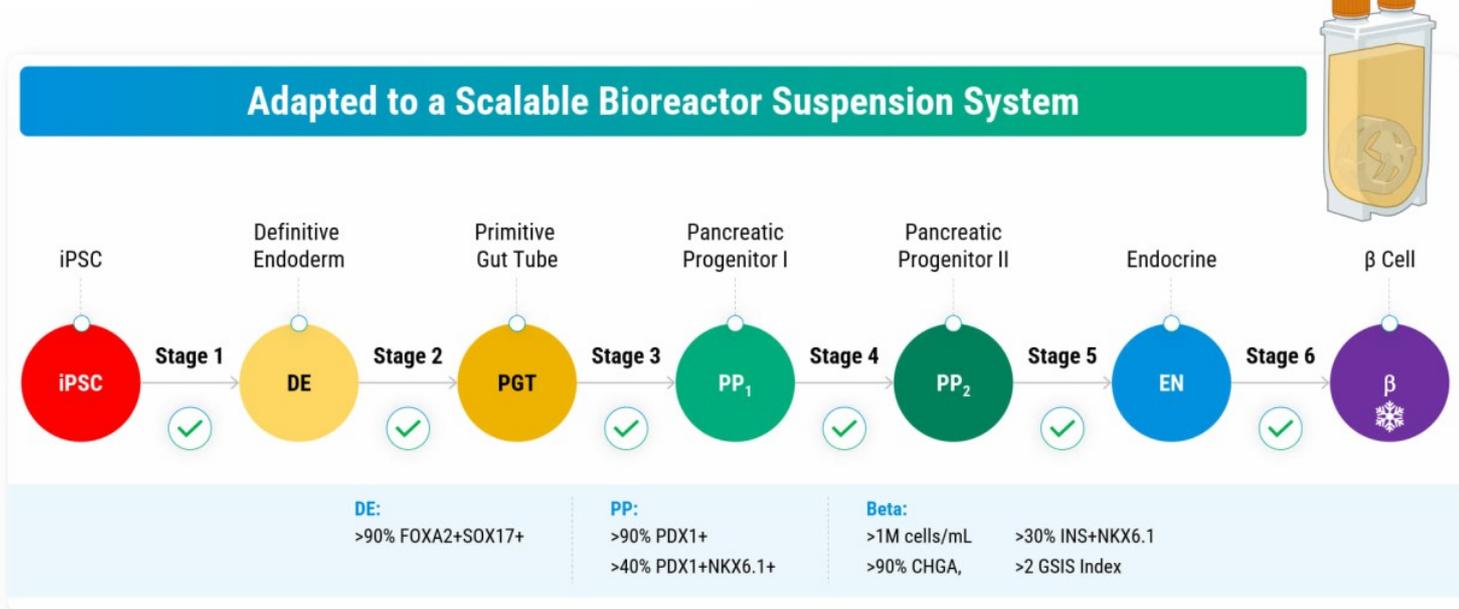


Clinical candidate selected with Century's Allo-Evasion™ 5.0 to protect cells from immune rejection



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

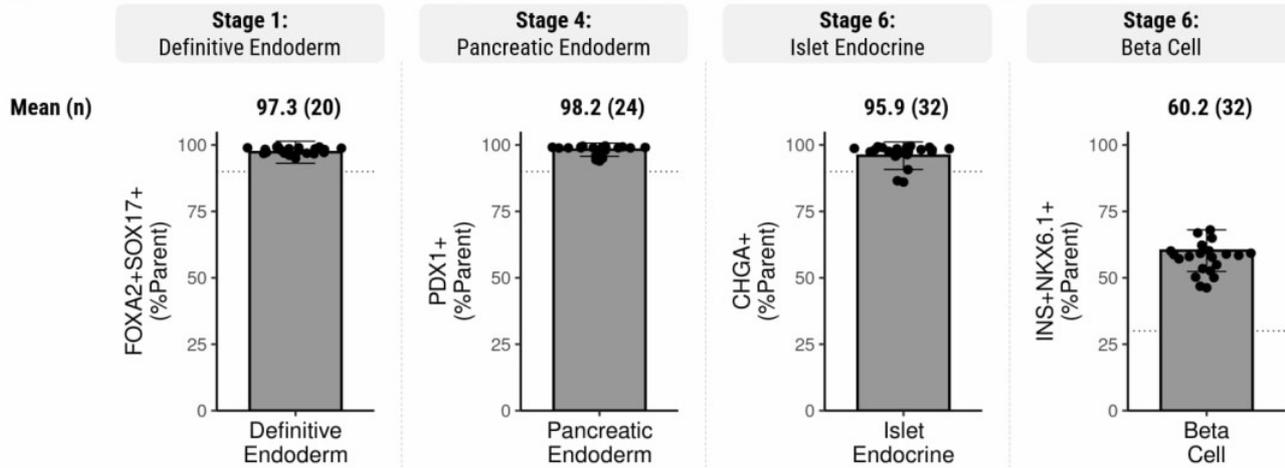
# Generation of Beta Islets with a 29 day, Defined, Multi-stage Process



Source: Company data on file

# Century beta-islet differentiation process is reproducible across batches

## High Purity Throughout the Differentiation



Success Criteria: set by literature review of necessary purity to ensure a safe, potent drug product

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

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

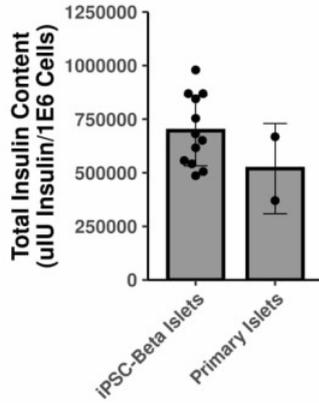
Success criteria is set by a literature review of expected purities necessary for a safe and potent product

Source: Company data on file

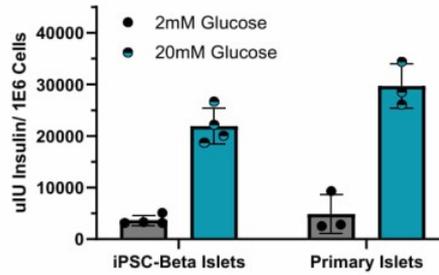
# CNTY-813 Beta Islets are highly potent

## Potency

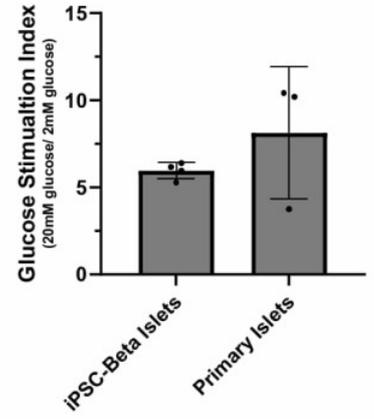
### Total Insulin Content



### Glucose-Stimulated Insulin Secretion



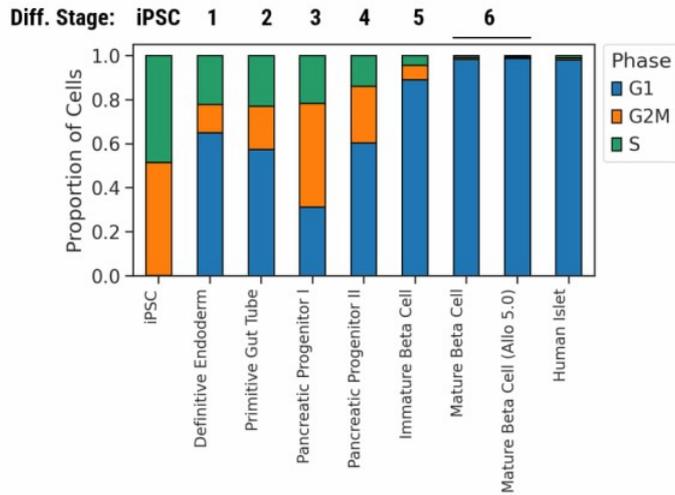
### Stimulation Index



Mean +/- SD is shown in graphs  
Source: Company data on file

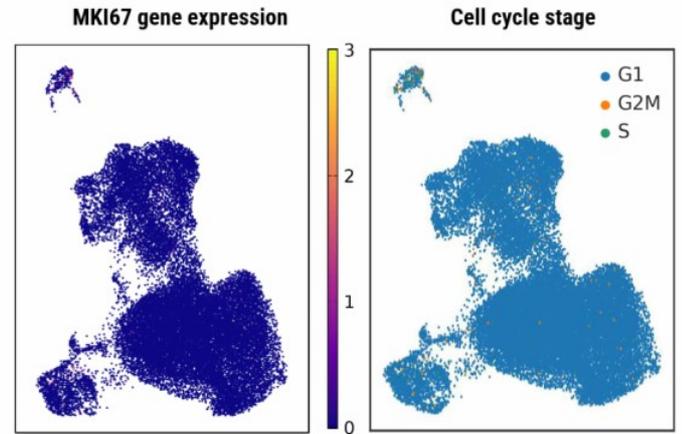
# CNTY-813 comprises terminally differentiated endocrine cells

## Cell Cycle Progression Analysis by Differentiation Stage



Source: Company data on file

## Cell Cycle Analysis of Stage 6 CNTY-813 cells

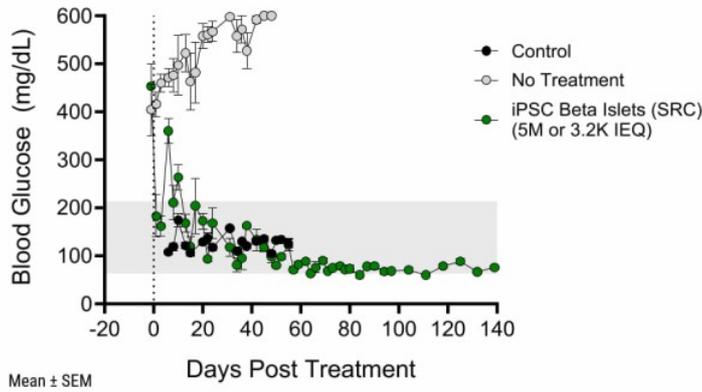


Post-mitotic  $\beta$ -islets with no cell proliferation

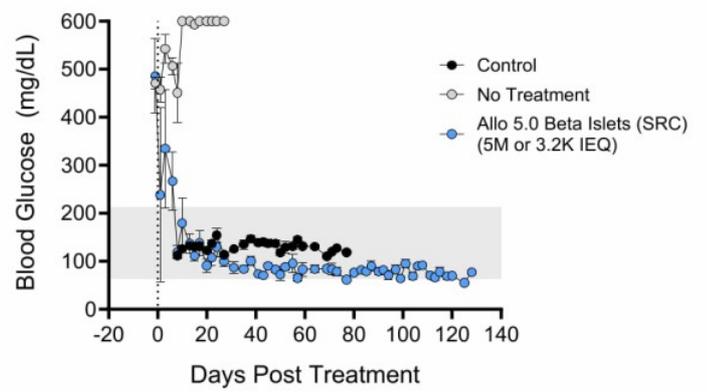
# CNTY-813 Beta Islets rapidly restored normoglycemia in STZ-rendered T1D mice

## Non-Fasted Blood Glucose

### Century iPSC Beta Islets (unedited)



### Century iPSC Beta Islets with Allo-Evasion™ 5.0



## Century Beta Islets Persisted and Controlled Glucose for >4 Months

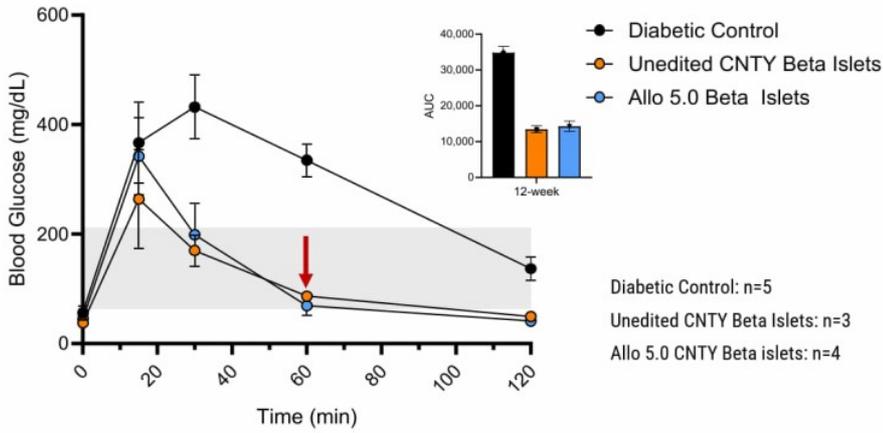
Mean +/- SD is shown in graphs

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

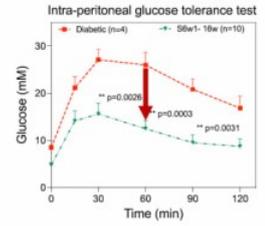
# CNTY-813 observed to restore normoglycemia upon a Glucose Tolerance Test (GTT)

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

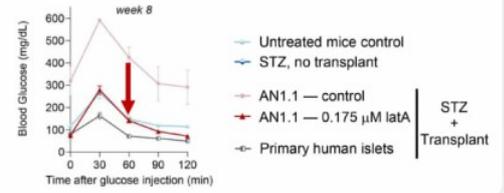
## CNTY-813



## Shapiro et al. 2025



## Millman et al. 2025



Mean +/- SD is shown in graphs  
 Source: Company data on file

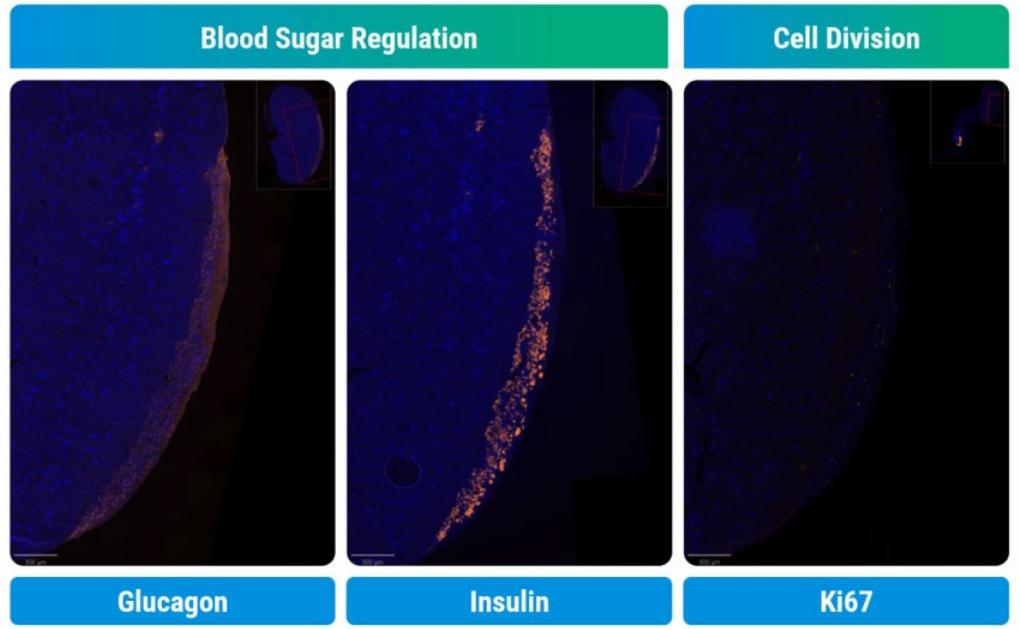
# CNTY-813 grafts observed to be comprised of endocrine cells with no evidence of outgrowths

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



Islet graft

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



Source: Company data on file

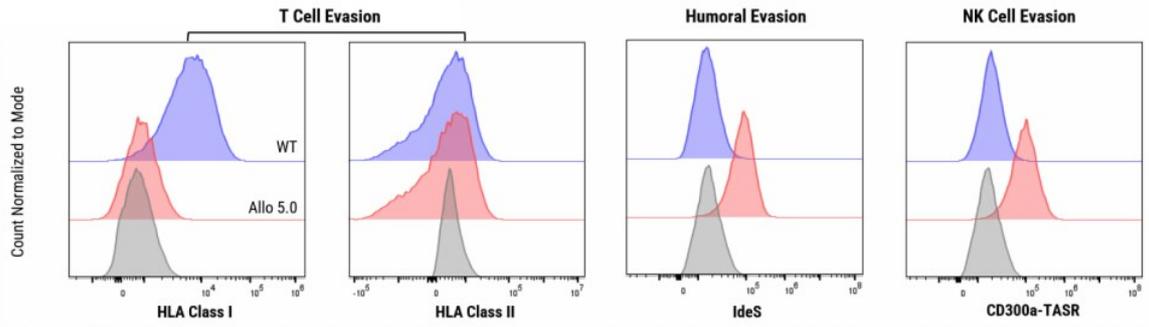
# Allo-Evasion™ 5.0 protects CNTY-813 Beta Islets

## Allo-Evasion 5.0 on Beta Islets

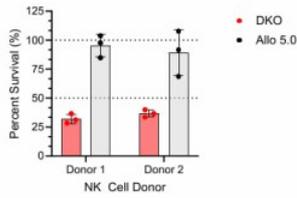
- Elimination of HLA-I and II expression
- Confirmed expression of Transgenes

## Protection of Beta Islets

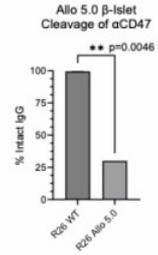
- NK protection
- ADCC protection



## NK Tox Assay



## IgG Cleavage By IdeS

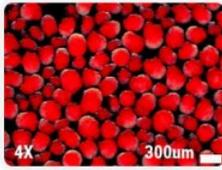


# Scalable manufacturing of cryopreserved Beta Islets

## Scalable iPSC Differentiation Platform



### Beta Islet Aggregates



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

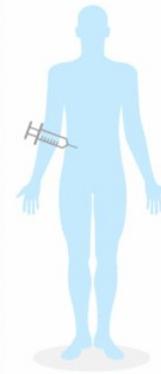
3-80L+ PBS (or Stirred Tank) Bioreactor

## Cryopreserved Century Beta Islets



Cryopreserved & QC'd Lots

## Single Dose Clinical Administration



### Fasting blood glucose

100 125 150 (mg/dL)



hyperglycemia



100 125 150 (mg/dL)



normoglycemia

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



## 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<sup>1</sup>
- 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<sup>2</sup> with CAR-NK therapy support continued development in autoimmune disease
- CAMEL 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

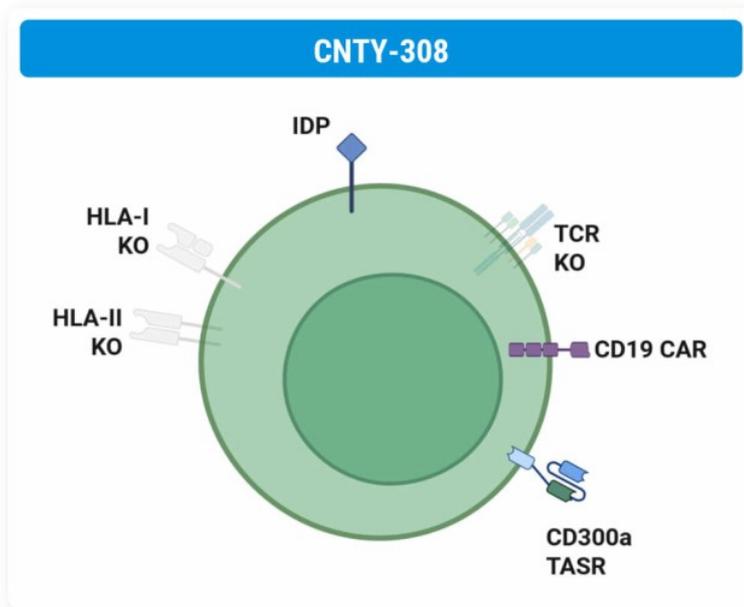


## CNTY-308

CD4+/CD8+  $\alpha\beta$  iT-cell with Allo-Evasion™ 5.0

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# 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 ab TCR knock-out to **eliminate the risk of GvHD**
- Displays **characteristics of autologous CAR-T cells**<sup>1</sup>
  - 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*<sup>2</sup>

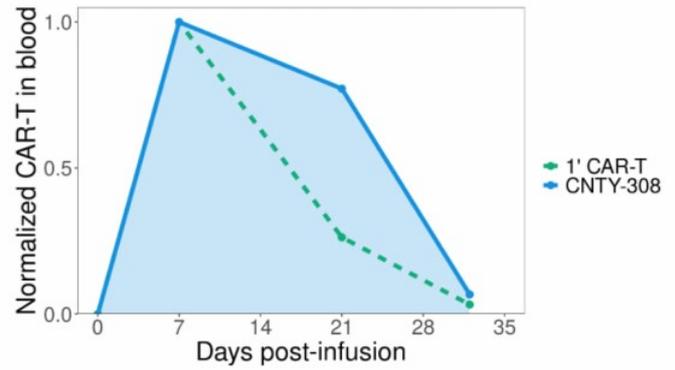
1. [www.centurytx.com/wp-content/uploads/ASH\\_Heinze\\_iPSC-Derived-CD4-CD8-Final.pdf](http://www.centurytx.com/wp-content/uploads/ASH_Heinze_iPSC-Derived-CD4-CD8-Final.pdf)

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* rechallenge

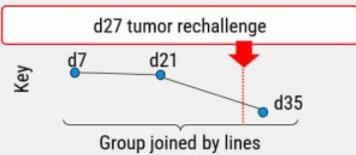
Source: Company data on file

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

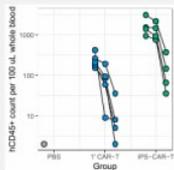
## In vivo experimental details

- 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

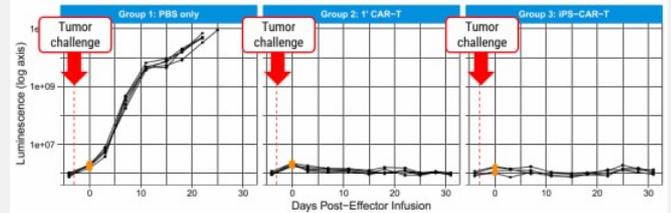
## Measurable long-term persistence $\geq 1$ mo



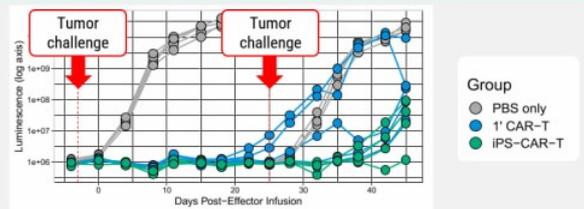
- iPSC-CAR-T persist 21 days post-infusion,
- iPSC-CAR-T detectable at day 35, 7 days post-tumor rechallenge (at day 28)



## Complete tumor control



## Cytotoxicity maintained upon re-challenge with engrafted cells





## CNTY-101

CAR-iNK cell therapy with Allo-Evasion™

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

## Key Inclusion Criteria:

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

## Key Endpoints:

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

## CARMEL 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  
 CARMEL: 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)

# Preliminary Data from the Erlangen CAMEL Basket Trial

## Preliminary Data Summary

### Summary N=4 pts dosed

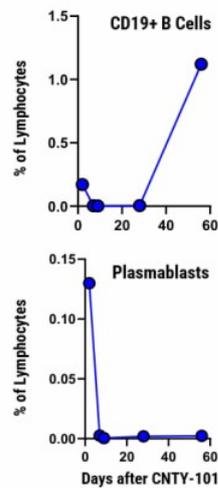
- **4 patients dosed** with CNTY-101 and IL-2 (SLE, IIM, SSc; failed median 7 treatments)
- **Safety:** Generally well-tolerated, one Grade 1 CRS, no ICANS

### Pt #1 (SSc) data

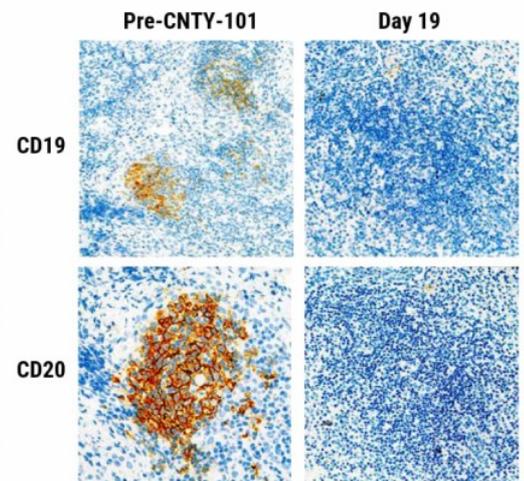
- **Early efficacy:** Improved mRSS, patient & physician global assessments at 1-3 months
- **Deep B cell depletion in blood and lymph nodes** with day 56 naïve B cell reconstitution

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

### Peripheral Blood



### Lymph Node



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



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



### Quality product at disruptive scale and cost of goods

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

# Century Therapeutics Today

## High Impact Programs

### Advancing lead iPSC derived cell therapies with Allo-Evasion™ 5.0 toward the clinic

- CNTY-813 in IND-enabling studies with potential for functional cure in **Type 1 Diabetes**
- CNTY-308 in IND-enabling studies for treatment of **B-cell-mediated diseases**
- Patient enrollment ongoing for **CNTY-101** in Phase 1/2 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 primary cells, such as beta Islet cells and CD4<sup>+</sup>/CD8<sup>+</sup> 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

- CNTY-813 IND submission planned for 2026 with initial clinical data expected 2027
- CNTY-308 αβ T cell program expected to enter the clinic in 2026
- CNTY-101 preliminary clinical data from Phase 1/2 CAMEL IST expected in 2026



[www.centurytx.com](http://www.centurytx.com)