

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): August 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, 12th Floor
Philadelphia, Pennsylvania
(Address of principal executive offices)

19104
(Zip Code)

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

25 North 38th Street, 11th Floor
Philadelphia, Pennsylvania
(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 August 12, 2026, Century Therapeutics, Inc. (the “Company”) issued a press release announcing its financial results for the quarter ended June 30, 2026. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

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

Item 7.01 Regulation FD Disclosure

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

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

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

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

SIGNATURES

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

CENTURY THERAPEUTICS, INC.

By: /s/ Brent Pfeiffenberger, Pharm.D., M.B.A.
Name: Brent Pfeiffenberger, Pharm.D., M.B.A.
Title: President, Chief Executive Officer and Chairman of the Board of Directors

Date: August 12, 2026

Century Therapeutics Reports Second Quarter 2026 Financial Results and Business Updates

- Completed pre-IND meeting with the FDA for CNTY-813, an iPSC-derived islet replacement therapy with functional cure potential in type 1 diabetes (T1D); IND submission on track for 4Q 2026
- CNTY-813 preclinical data from oral presentation at ADA 2026 showed durable glucose control in vivo, immune evasion, and manufacturing success at clinical scale, advancing its potential as a functional cure for T1D
- Upcoming oral presentations at European Association for the Study of Diabetes (EASD 2026) and Breakthrough T1D® Clinical & Research Congress 2026 highlighting CNTY-813
- Company remains on track to advance CNTY-308, a CD19-targeted CAR-iT cell therapy with Allo-Evasion™ 5.0 into the clinic this year
- Cash runway into 1Q 2029 with cash, cash equivalents, and investments of \$197.2 million as of June 30, 2026

PHILADELPHIA, August 12, 2026 — Century Therapeutics, Inc. (‘Century’, NASDAQ: IPSC), a biotechnology company developing induced pluripotent stem cell (iPSC)-derived cell therapies for autoimmune diseases, including T1D, and cancer, today reported financial results for the second quarter ended June 30, 2026, and recent business highlights.

"We are executing with speed against key development milestones, reinforcing our confidence in delivering on our ambition to transform diseases like T1D by creating functional cures at scale," said Brent Pfeifferberger, Pharm.D., Chief Executive Officer of Century Therapeutics. "With CNTY-813, our preclinical data at ADA 2026 continue to support its potential as a functional T1D cure, and we have established our Phase 1 manufacturing process, demonstrating consistent product quality across independent batches. Our recent pre-IND meeting with the FDA builds on that progress yielding alignment with the FDA on our nonclinical data package, manufacturing strategy, and proposed Phase 1/2 trial design, keeping CNTY-813's IND submission on track for the fourth quarter of 2026. In addition, CNTY-308 remains on track to enter the clinic in 2026."

Second Quarter 2026 and Recent Highlights**Pre-IND meeting with the FDA supports regulatory and initial clinical path for CNTY-813**

- Following a recent pre-IND meeting with the FDA, Century remains on track to submit an IND for CNTY-813 in the fourth quarter of 2026.
-

- Century and the FDA reached general alignment on the nonclinical data package, the proposed Phase 1 manufacturing process and the Phase 1/2 clinical trial design which includes alignment on:
 - GLP toxicology study, which is ongoing and on track to support the planned submission.
 - Phase 1 manufacturing process and testing plan that includes cell bank, intermediate, and final drug product release tests.
 - Proposed Phase 1/2 clinical trial including dosing and patient eligibility criteria.
- **New preclinical data further support CNTY-813 as a potential functional cure for T1D; data were presented at the 2026 American Diabetes Association (ADA) Scientific Sessions in June (link to press release [HERE](#)).**

Data demonstrated key advancements for CNTY-813 including:

- Durable in vivo glucose control maintained for more than eight months and immune evasion under allogeneic immune pressure without immunosuppression.
 - Consistent and scalable product quality and performance at Phase 1 clinical trial scale.
- IND submission remains on track for 4Q 2026, with initial clinical data expected in 2H 2027.

CNTY-813 Phase 1 manufacturing process established

- Century has established its Phase 1 clinical manufacturing bioreactor process for CNTY-813, demonstrating consistent process performance and product quality, endocrine purity, and optimal islet cell content across independent batches run at the same scale intended for the Phase 1 clinical trial.

CNTY-813 preclinical data selected for oral presentations at congresses this fall

- 62nd Annual Meeting of the European Association for the Study of Diabetes (EASD 2026; Milan, Italy; Presentation #225, Paris Hall, October 2nd, 2026, 10-11 AM CEST)
 - Breakthrough T1D[®] Clinical & Research Congress 2026 (CRC 2026; Philadelphia, Pennsylvania; Presentation #341, Hall 1, October 9th, 2026, 3:50- 4:50 PM EST)
 - Both presentations will highlight CNTY-813, Century's iPSC-derived islet replacement therapy program engineered with Allo-Evasion™ 5.0 for patients with T1D.
-

CNTY-308 clinical trial planned to initiate in 2026

- Century remains on track, after aligning on nonclinical, manufacturing and Phase 1 clinical trial parameters with health authorities, to complete IND-enabling activities for CNTY-308, a CD19-targeted CD4⁺/CD8⁺ αβ CAR-iT cell therapy engineered with Allo-Evasion™ 5.0 for B-cell-mediated diseases. CNTY-308 is anticipated to enter the clinic in 2026.
- Preclinical data showed functional comparability to primary CAR-T cells, including target-driven proliferation, cytokine secretion, and durable persistence. Collectively, these results and the expanding clinical validation of CAR-T therapy support Century's confidence that CNTY-308 could deliver autologous-like benefits in an allogeneic, patient-centric format designed to broaden access.

Second Quarter 2026 Financial Results

- **Cash Position:** Cash, cash equivalents, and investments were \$197.2 million as of June 30, 2026, as compared to \$117.1 million as of December 31, 2025. The company estimates its cash, cash equivalents, and investments as of June 30, 2026 will support operations into 1Q 2029.
- **Research and Development (R&D) Expenses:** R&D expenses were \$19.6 million for the quarter ended June 30, 2026, compared to \$26.9 million for the same period in 2025. The decrease was primarily the result of a reduction in personnel and a reduction in facility costs as a result of our previously announced portfolio prioritization.
- **General and Administrative (G&A) Expenses:** G&A expenses were \$5.8 million for the quarter ended June 30, 2026, compared to \$7.8 million for the same period in 2025.
- **Net Income (Loss):** Net (loss) was \$34.6 million for the quarter ended June 30, 2026, compared to net (loss) of \$32.5 million for the same period in 2025.

About Century Therapeutics

Century Therapeutics (NASDAQ: IPSC) is a biotechnology company advancing a pipeline of induced pluripotent stem cell (iPSC)-derived cell therapies with the potential to meaningfully address autoimmune diseases, including type 1 diabetes, and cancer. Century'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 submissions and interactions, the achievement of developmental milestones, corporate strategies, anticipated data readouts, and our financial resources and expected cash runway are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “might,” “will,” “should,” “expect,” “plan,” “aim,” “seek,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “forecast,” “potential” or “continue” or the negative of these terms or other similar expressions. The forward-looking statements in this press release are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this press release and are subject to a number of risks, uncertainties and assumptions, some of which cannot be predicted or quantified and some of which are beyond our control, including, among others: our ability to successfully advance our current and future product candidates through development activities, preclinical studies, and clinical trials; our ability to meet development milestones on anticipated timelines; uncertainties inherent in the results of preliminary data, pre-clinical studies and earlier-stage clinical trials, which may not be predictive of final results or the results of later-stage clinical trials; our ability to obtain clearance of our future IND or CTA submissions and commence and complete clinical trials on expected timelines, or at all; our reliance on the maintenance of certain key collaborative relationships for the manufacturing and development of our product candidates; the timing, scope and likelihood of regulatory filings and approvals, including final regulatory approval of our product candidates; the impact of geopolitical issues, trade disputes and tariffs, banking instability and inflation on our business and operations, supply chain and labor force; the performance of third parties in connection with the development of our product candidates, including third parties conducting our clinical trials as well as third-party suppliers and manufacturers; our ability to successfully commercialize our product candidates and develop sales and marketing capabilities, if our product candidates are approved; our ability to recruit and maintain key members of management and our ability to maintain and successfully enforce adequate intellectual property protection. These and other risks and uncertainties are described more fully in the “Risk Factors” section of our most recent filings with the Securities and Exchange Commission and available at www.sec.gov. You should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements.

Moreover, we operate in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that we may face. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

For More Information:

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

Corey Davis, Ph.D.
LifeSci Advisors,
LLC 212-915-2577
cdavis@lifesciadvisors.com

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

	June 30, 2026	December 31, 2025
Assets		
Current assets		
Cash and cash equivalents	\$ 49,642	\$ 61,853
Short-term investments	70,070	55,261
Prepaid expenses and other current assets	5,056	3,655
Total current assets	124,768	120,769
Property and equipment, net	34,482	50,026
Operating lease right-of-use assets	13,513	16,139
Long-term investments	77,477	—
Intangible assets	34,200	34,200
Other long-term assets	2,566	2,570
Total assets	\$ 287,006	\$ 223,704
Liabilities and stockholders' equity		
Current liabilities		
Accounts payable	\$ 4,823	\$ 4,773
Accrued expenses and other liabilities	10,245	11,696
Contingent consideration liability, short-term	—	3,757
Total current liabilities	15,068	20,226
Operating lease liability, long term	34,626	40,241
Other long-term liabilities	666	—
Deferred tax liability	4,301	4,301
Total liabilities	54,661	64,768
Common stock	18	9
Additional paid-in capital	1,081,133	950,814
Accumulated deficit	(848,112)	(791,917)
Accumulated other comprehensive income	(694)	30
Total stockholders' equity	232,345	158,936
Total liabilities and stockholders' equity	\$ 287,006	\$ 223,704

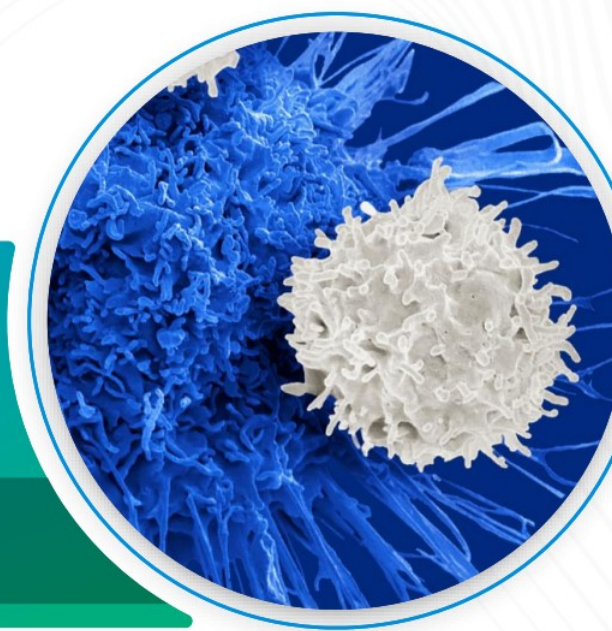
Century Therapeutics, Inc.
Condensed consolidated statements of operations
(unaudited, in thousands, except share and per share amounts)

	Three Months Ended June 30, 2026	Three Months Ended June 30, 2025	Six Months Ended June 30, 2026	Six Months Ended June 30, 2025
Collaboration revenue	\$ —	\$ —	\$ —	\$ 109,164
Operating expenses				
Research and development	19,595	26,859	36,700	53,439
General and administrative	5,787	7,805	12,366	16,212
Loss on lease component termination	11,145	—	11,145	—
Total operating expenses	36,527	34,664	60,211	69,651
Income (loss) from operations	(36,527)	(34,664)	(60,221)	39,513
Interest income	1,982	2,010	4,001	4,431
Other income (expense), net	(5)	113	15	75
Total other income	1,977	2,123	4,016	4,506
Net income (loss)	\$ (34,550)	\$ (32,541)	\$ (56,195)	\$ 44,019
Unrealized loss on investments	(109)	(222)	(724)	(241)
Comprehensive income (loss)	\$ (34,659)	\$ (32,763)	\$ (56,919)	\$ 43,778
Net income (loss) per common share, basic and diluted	(0.17)	(0.38)	(0.28)	0.51
Weighted average common shares outstanding, basic	205,778,156	86,238,084	199,660,522	86,130,235
Weighted average common shares outstanding, diluted	205,778,156	86,238,084	199,660,522	86,207,666



Advancing Curative Medicines Through Cell Engineering

August 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 our timing and expectations regarding our preclinical and clinical development programs, including their planned development, therapeutic potential and market opportunity, ongoing and planned regulatory submissions and interactions, the achievement of developmental milestones, corporate strategies, anticipated data readouts, 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 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 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 Investigational New Drug (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 the 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: Advancing Curative Medicines Through Cell Engineering

Powered by The Cell Foundry and Allo-Evasion™ 5.0



Foundational Platform Tech: Engine to create and scale cellular medicines

The Cell Foundry: Enables scalable generation of highly functional iPSC-derived therapies

Allo-Evasion™ 5.0: Leadership in immune-evasive cell design

Integrated Know-How: Deep functional expertise internally, integrated from discovery to manufacturing and development



Targeting Functional Cures: T1D and Autoimmune disease

CNTY-813: iPSC-derived, immune-evasive islet replacement therapy for type 1 diabetes

Islet replacement is clinically validated; CNTY-813 aims to deliver this without chronic immunosuppression, at scale

Pipeline: Foundational technology powers:

- **CNTY-308**, an iPSC-derived, immune-evasive $\alpha\beta$ T cell with potential across autoimmune disease
- Next-gen discovery programs across multiple cell types and targets



Well Funded: Multiple Anticipated Near-Term Milestones

Recent Funding

Oversubscribed \$135M PIPE in early 2026 provides runway into Q1 2029

Key Anticipated Near-Term Milestones

- CNTY-813 oral presentation at EASD 2026
- CNTY-813 IND submission expected 4Q 2026
- CNTY-308 expected in clinic in 2026
- Clinical data expected 2H 2027 for CNTY-813

Focused. Funded. Executing.

Prioritized pipeline progressing toward the clinic

Allo-Evasion™ engineered in all programs

Product	Targets	Indications	Research	IND-enabling	Clinical
Priority Program					
CNTY-813 Islet cells (Allo-Evasion™ 5.0)	Islet Transplantation	Type 1 diabetes			
Additional Programs ¹					
CNTY-308 αβ iT (Allo-Evasion™ 5.0)	CD19	B-cell-mediated autoimmune diseases			
Multiple (Allo-Evasion™ 5.0)	Multiple	Not disclosed			

1. Agreement in place for an ongoing investigator sponsored trial (IST) for CNTY-101 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



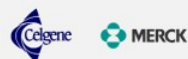
Brent Pfeiffenberger, PharmD, MBA
Chairman and
Chief Executive Officer



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



Krista Kauppinen
General Counsel & Head of IP





New hope for T1D patients: CNTY-813 and the clinical case for islet replacement

iPSC-derived islet replacement therapy
engineered with Allo-Evasion™ 5.0

Significant unmet need in type 1 diabetes (T1D)

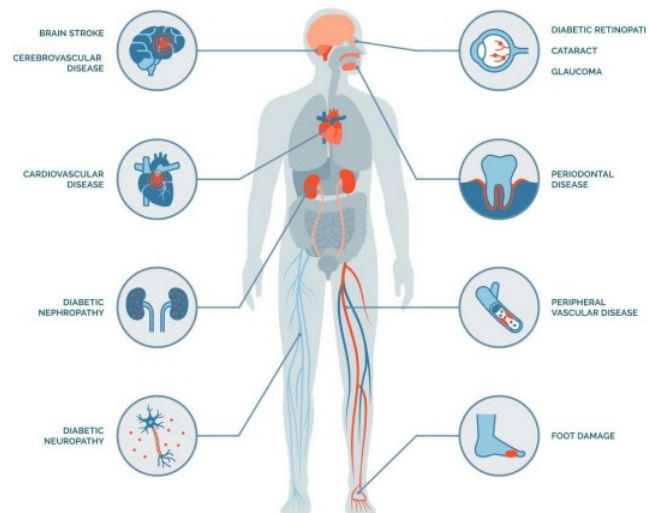
~9 million

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>

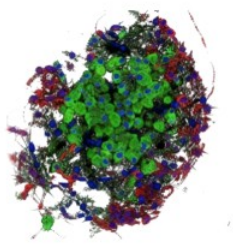
3. van den Boom L, Buchal G, Kaiser M, Kostev K. Multimorbidity among adult outpatients with type 1 diabetes in Germany. *J Diabetes Sci Technol.* 2022;16(1):152-160. doi:<https://doi.org/10.1177/1932296820965261>

Replacing lost insulin-producing islets has T1D curative potential

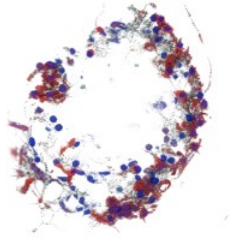
Supply and need for chronic immunosuppression limits broader use despite historical clinical validation

In T1D, islet cells are destroyed

Healthy islet cells produce insulin (green)



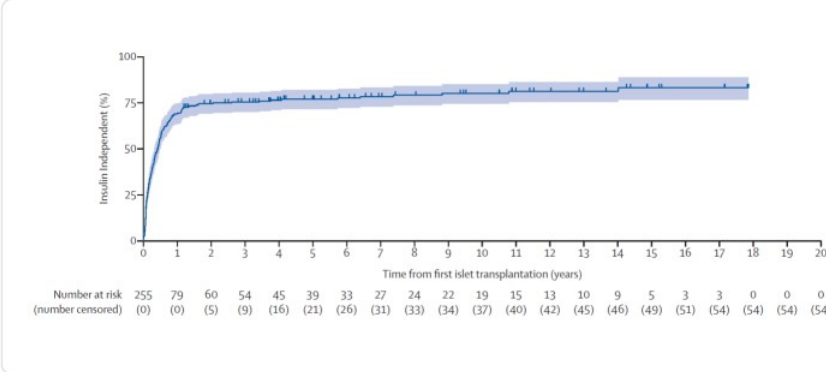
In T1D, islet cells are destroyed by patient's own immune system



Islet transplantation provides a potentially curative therapy for T1D

Insulin independence achieved for one year in ~70% of patients receiving allogeneic cadaveric islet transplantation¹

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

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

Stem-cell (SC) derived islets can restore islet function and address scalability

Chronic immunosuppression still limits broader use

Zimislecel (VX-880) is a SC-derived insulin producing islet cell therapy^{1,2}



1

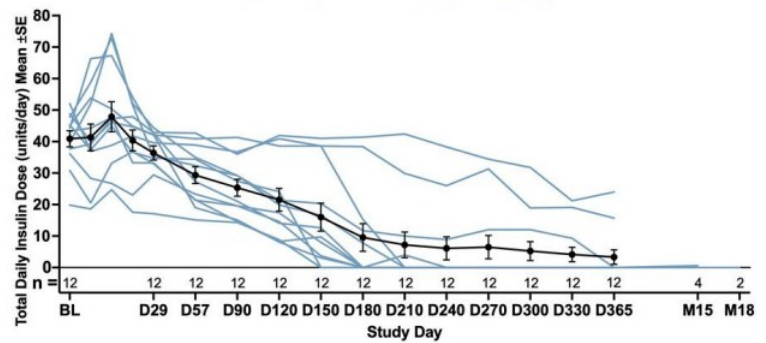
Zimislecel is delivered by infusion into the hepatic portal vein

2

Steroid free immunosuppression is used to protect the islet grafts

10/12 patients receiving SC-derived islets were exogenous insulin free at 12 months after a single dose³

Total Daily Insulin Dose (units/day)



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

1. ADA IR Presentation_v FINAL - Vertex Corporate website

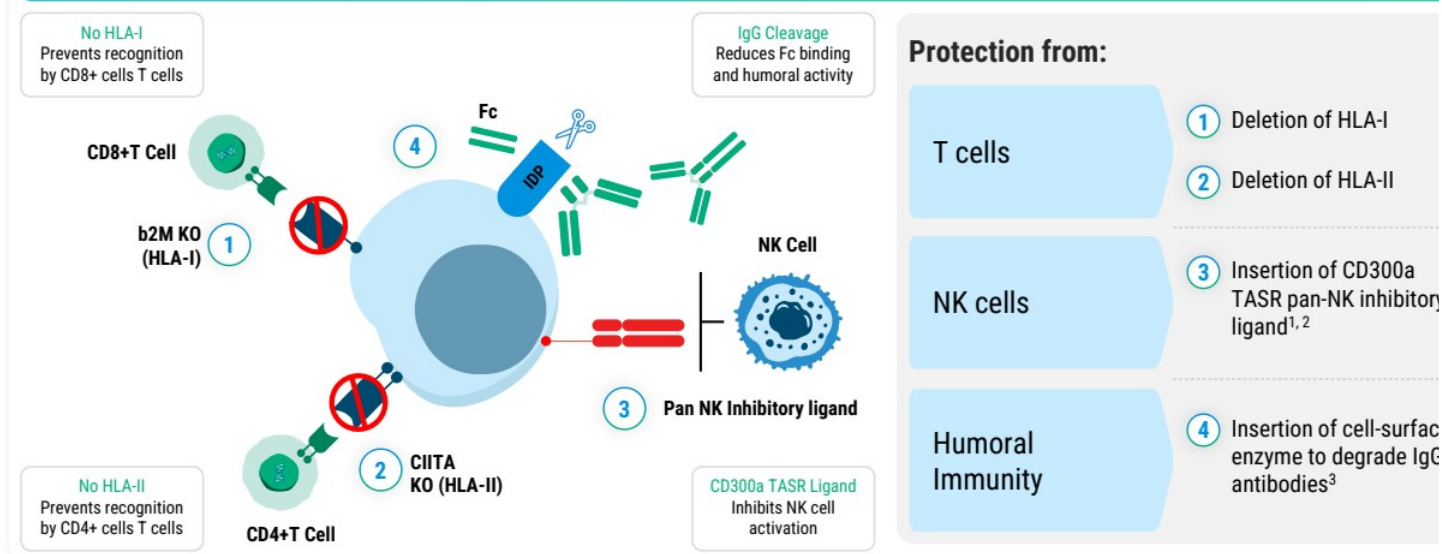
2. Based on publicly available information

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

Century's potential solution to T1D is leveraging iPSCs + ALLO-EVASION™ 5.0

CNTY-813: scalable, iPSC-derived islet replacement therapy engineered to eliminate the need for immunosuppression

ALLO-EVASION™ 5.0: Evading cell-mediated and humoral responses



1. https://www.centurytx.com/wp-content/uploads/ASH_Welstead_Universal-Protection-of-Allogeneic-T-Cells-Final.pdf

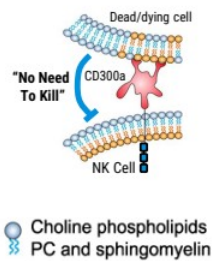
2. <https://ashpublications.org/bloodadvances/article/doi/10.1182/bloodadvances.2024013436/518079/Universal-Protection-of-Allogeneic-T-Cell>

3. Peraro et al, *Mol. Therapy* 2021, 29(12), 3398-3409; <https://pmc.ncbi.nlm.nih.gov/articles/PMC8636170>

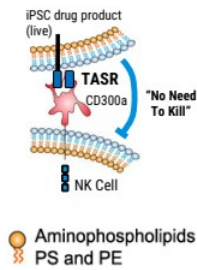
CD300a-TASR can protect Century's iPSC-derived cells from NK cell killing

- ✓ CD300a-TASR mimics dying cell signal to inhibit NK cells
- ✓ Sends a "no need to kill" signal to NK cell
- ✓ CD300a expressed across NK cell subsets as well as monocytes

CD300a detects disordered membrane lipids



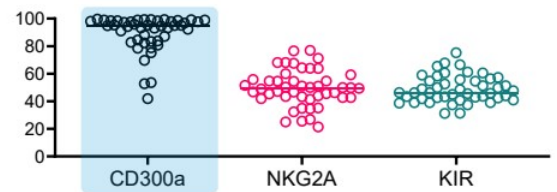
CD300a-TASR mimics dead or dying cells



CD300a consistently broadly expressed on NK cells

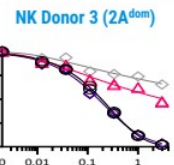
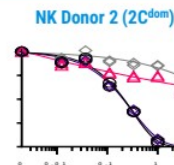
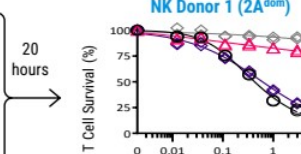
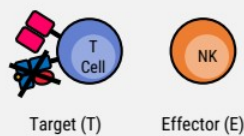
N = 45 Diverse PBMC Donors

Inhibitory Receptor Expression on NK Cells



CD300a TASR outperformed CD47 and approaches unedited HLA-I+ protection levels

TASR
KI
b2M
KO



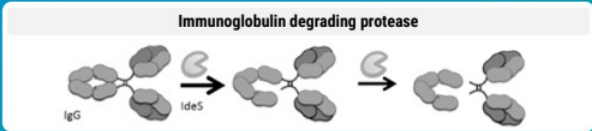
○ No Cloak
△ CD300a TAS
◇ CD47
◇ HLA-I+

<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-Allogeneic-T-Cells-Final.pdf

CENTURY
THERAPEUTICS

Century's IgG degrading protease (IDP) protected cells from humoral immunity

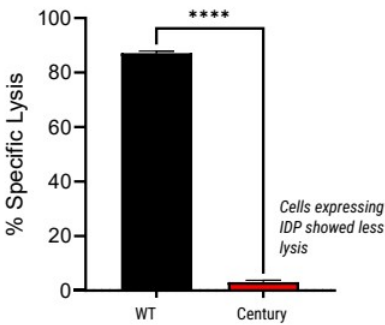
Century T cells stably express IDP, an enzyme that cleaves IgGs below the hinge



As a result, Century's cells has been shown to resist complement, antibody-directed killing and antibody-directed engulfment

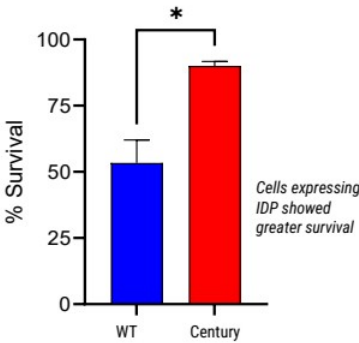
Complement Dependent Cytotoxicity

97% less lysis vs. WT



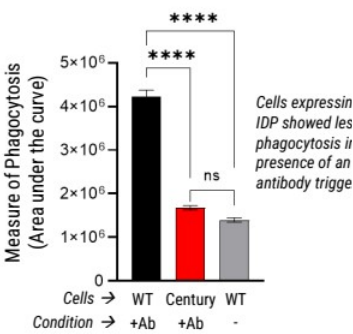
Antibody-Dependent Cellular Cytotoxicity

70% greater survival vs. WT



Antibody-Dependent Cellular Phagocytosis

60% less phagocytosis, near baseline



Source: Company data on file

CNTY-813: iPSC-derived islet replacement therapy 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	Protection Against Cell and Humoral Immun Clearance
Cadaveric Islets (+/- device)	YES	NO	NO	NO
SC-derived Islets	YES	YES	NO	NO
Allo-Engineered cadaveric islets	---	NO	YES	NO
CNTY-813 iPSC Islets* (Preclinical PoC)	YES	YES	YES	YES

- **Glucose control** in patients is important for resolving disease and reducing consequences of uncontrolled glucose
- A **scalable drug product** enables broader patient access, reduced COGs, and product consistency
- **Broad NK subset evasion** and **protection from humoral responses** to allogeneic islets or disease autoantibodies are critical for durable cure

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



In-house manufacturing at scale: A competitive advantage built from experience

Reproducible, scalable cell product from a single master cell bank to clinical supply



53,000 sq ft cGMP facility

- Built-for-purpose facility producing and releasing cell therapy product
- In-house team from development through clinical supply – aligned priorities, faster iteration, IP protected
- Capacity and design suited for early commercialization



Single donor master cell banks

- Clonal origin enables a well-characterized, homogeneous product
- Batch-to-batch consistency maintained over the product lifetime
- Multiple back up lines ensure redundancy and next generation product potential



Scalability with bioreactors

- Suspension-based iPSC differentiation is scalable from research to clinical manufacturing
- Batch-to-batch reproducibility demonstrated across independent runs
- Processes scalable to hundreds of liters – Broad patient access, reduced cost of goods

Source: Company data on file.





CNTY-813:

Islet function, immune-evasive engineering, and scalable manufacturing address key barriers for T1D cell replacement



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



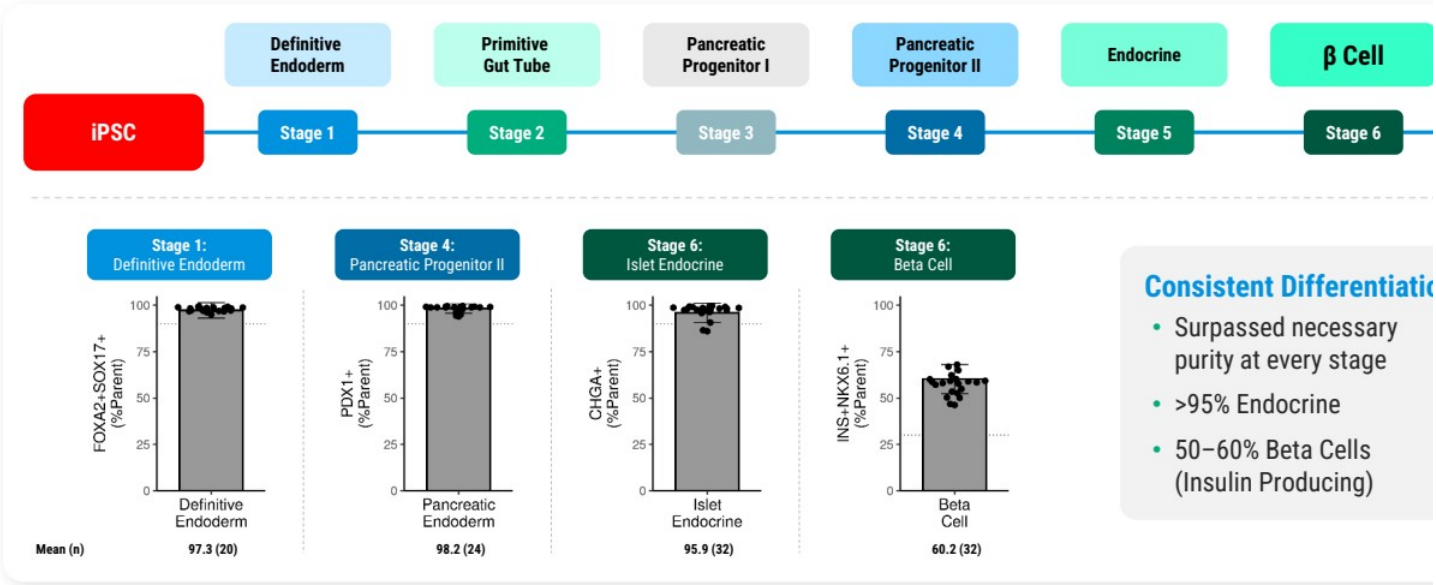
Clinical candidate selected with Century's Allo-Evasion™ 5.0 to protect cells from immune rejection and disease-related autoantibodies



A fully scalable, bioreactor-enabled differentiation process yields mature, functional islets from engineered iPSCs for Phase 1 clinical trials and beyond

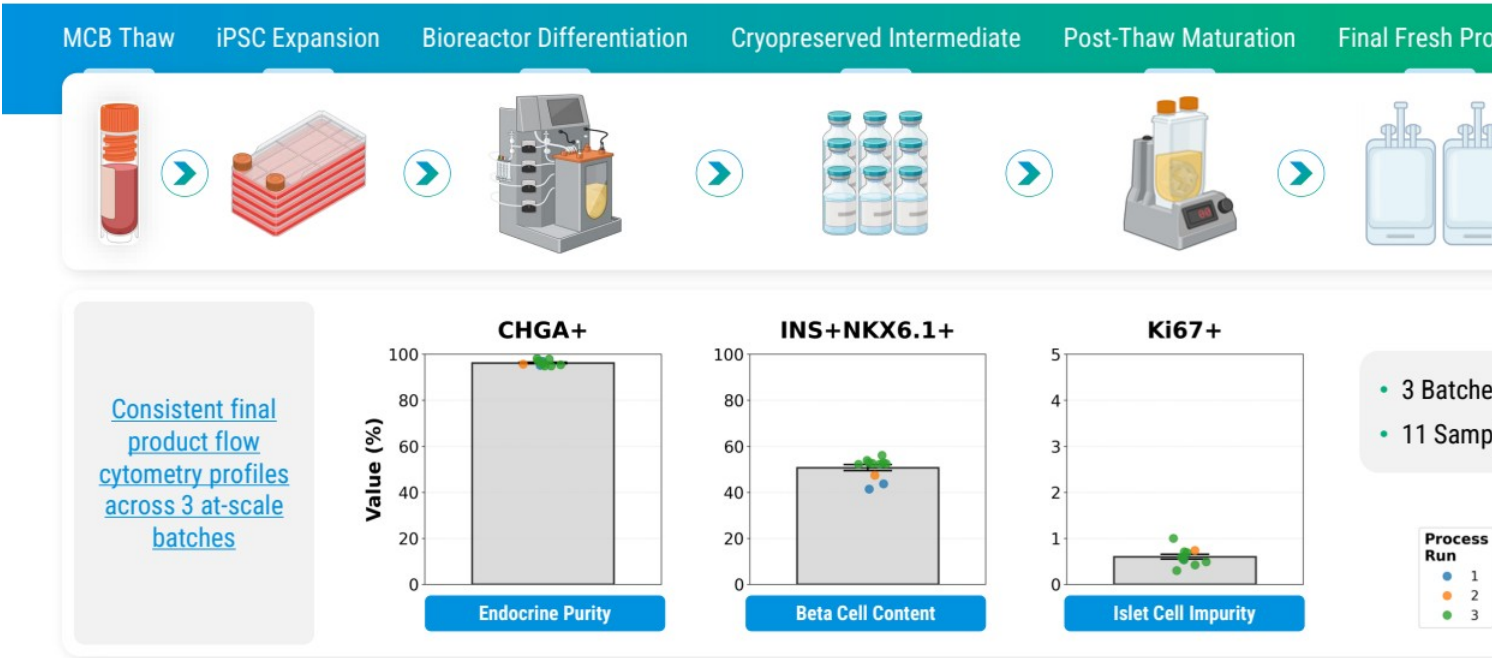
Generation of islets with a 29-day defined process

High purity and reproducible across batches



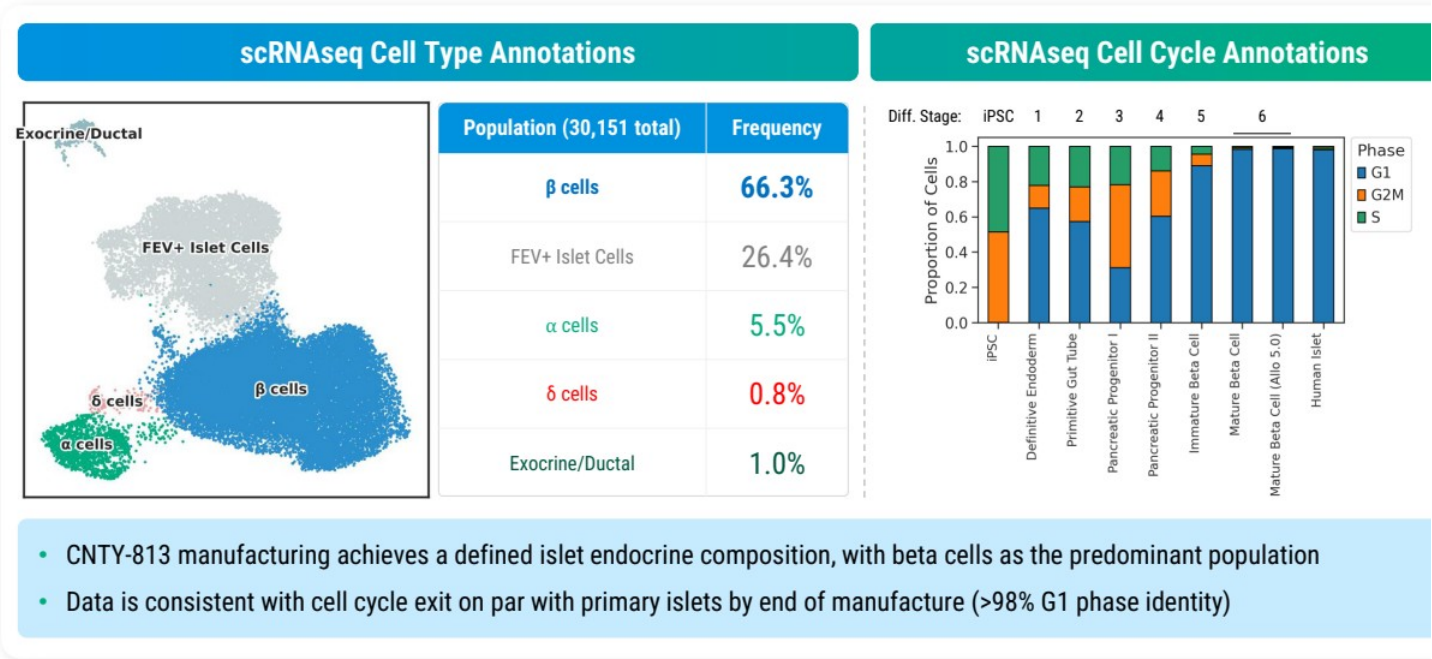
- Dotted lines: Success criteria
- N are independent batches.
- Source: Company data on file

Phase 1 clinical manufacturing process established and executed from MCB across multiple independent batches



Source: Company data on file

CNTY-813 islets contain defined, terminally differentiated endocrine cell populations



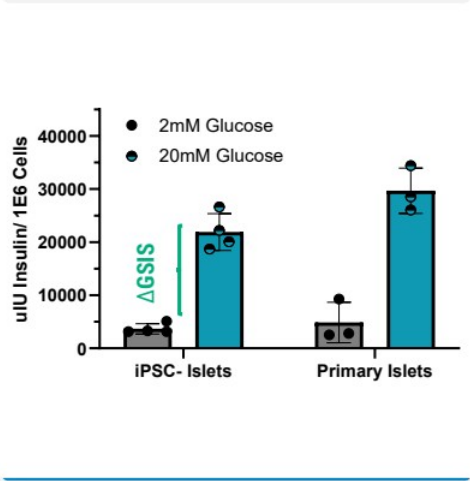
CNTY-813 data represents four combined end-of-process samples Population Enriched Markers: β-cell: INS, NKX6.1; α-cell: GCG, ARX; δ-cell: SST; Exocrine/Ductal: KRT19; FEV+ Islet Cell: FEV+SLC18A1+



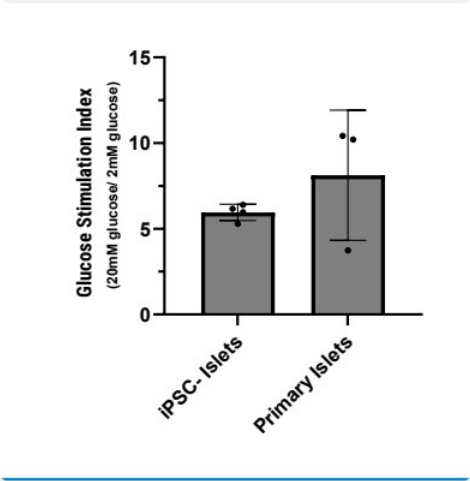
CNTY-813 islet cells demonstrate robust glucose-responsive function

Nonclinical Potency

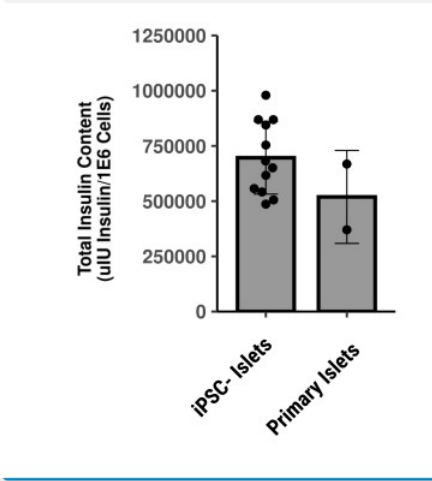
Glucose Stimulated Insulin Secretion



Stimulation Index



Total Insulin Content

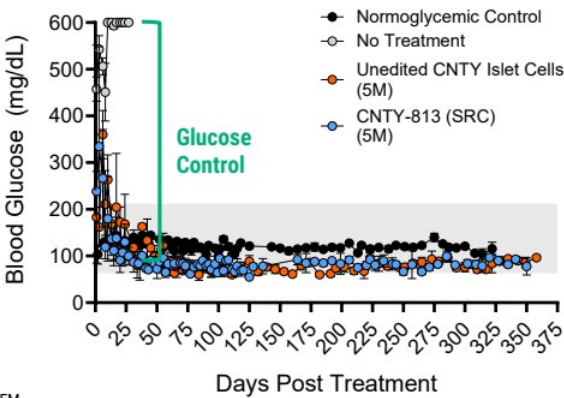


Mean +/- SD is shown in graphs
Source: Company data on file

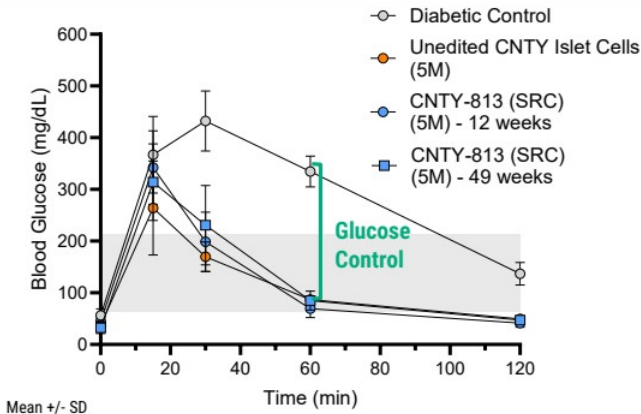
CNTY-813 islets rapidly restored normoglycemia in STZ-induced diabetic mice

Preclinical Potency

Non-Fasted Blood Glucose



Glucose Tolerance Test

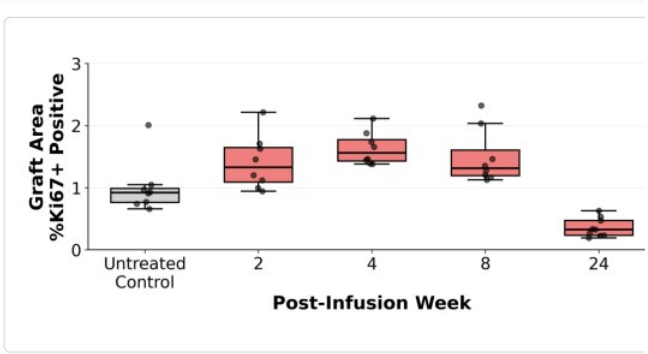
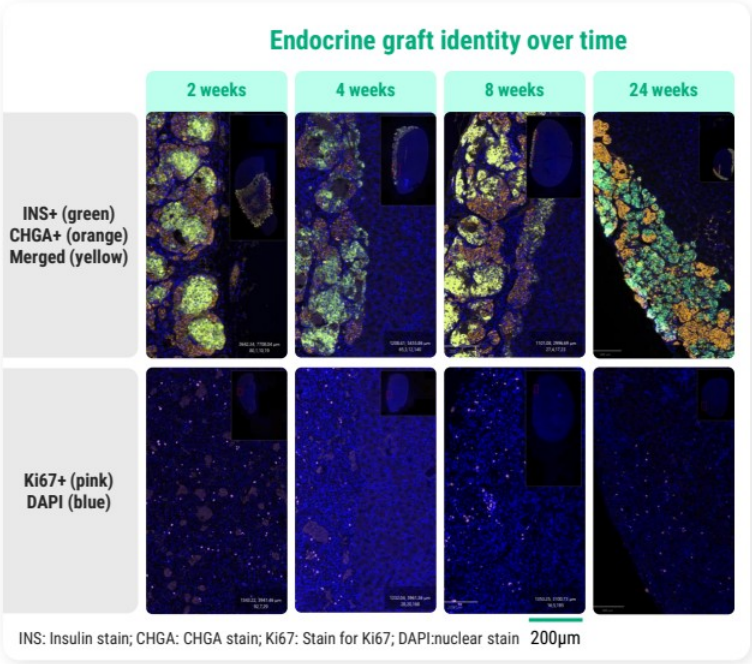


Allo-Evasion™ 5.0-edited CNTY-813 restored glucose control for >11 months

STZ = Streptozotocin | SRC = Sub renal capsule implantation, Gray shaded area = normal blood glucose range
Source: Company data on file



CNTY-813 grafts maintain endocrine identity with no evidence of tumorigenesis in mouse models



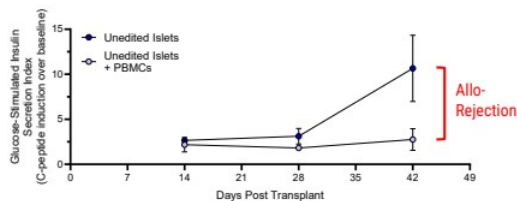
- ✓ Endocrine graft morphology maintained
- ✓ No Ki67 increase or cyst formation
- ✓ No tumorigenesis observed in >140 mice with >3-month follow up (>1B cells infused)

Source: Company data on file

Allo-Evasion™ 5.0 protected CNTY-813 from rejection in a humanized mouse model

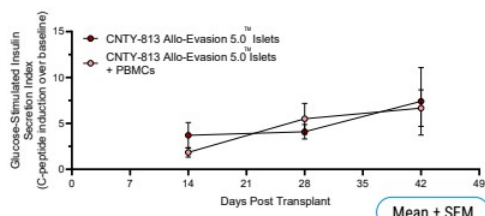
Glucose Stimulation Index

Unedited Islets



Allo-Rejection

Allo-Evasion™ 5.0 Islets



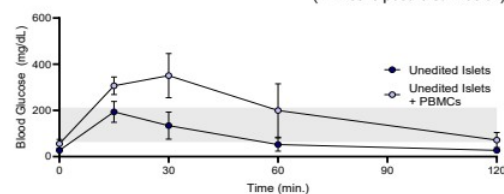
Mean ± SEM

↓
Reduced function
with PBMC
engraftment

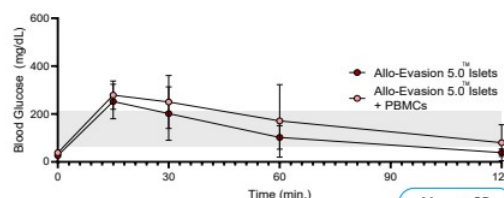
=
Maintained function
with PBMC
engraftment

Glucose Tolerance Test (GTT)

(11 weeks post-islet infusion)



Unedit Islet:



Allo Evasio 5.0 Isl

Mean ± SD

Allo-Evasion™ 5.0 maintained CNTY-813 Glucose Stimulated Insulin Secretion and GTT performance in vivo¹

1. Humanized mouse model includes functional human T cells without GvHD (MHC KO) and TgHUL-15 to support functional NK cell engraftment and survival

Source: Company data on file



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





Potential to address significant unmet need in autoimmunity with allogeneic CAR iT cells

CNTY-308 is a CAR-iT targeting CD19 that aims to pair the characteristics of autologous CAR-T with the convenience of an allogeneic CAR-T for the treatment of autoimmune disease

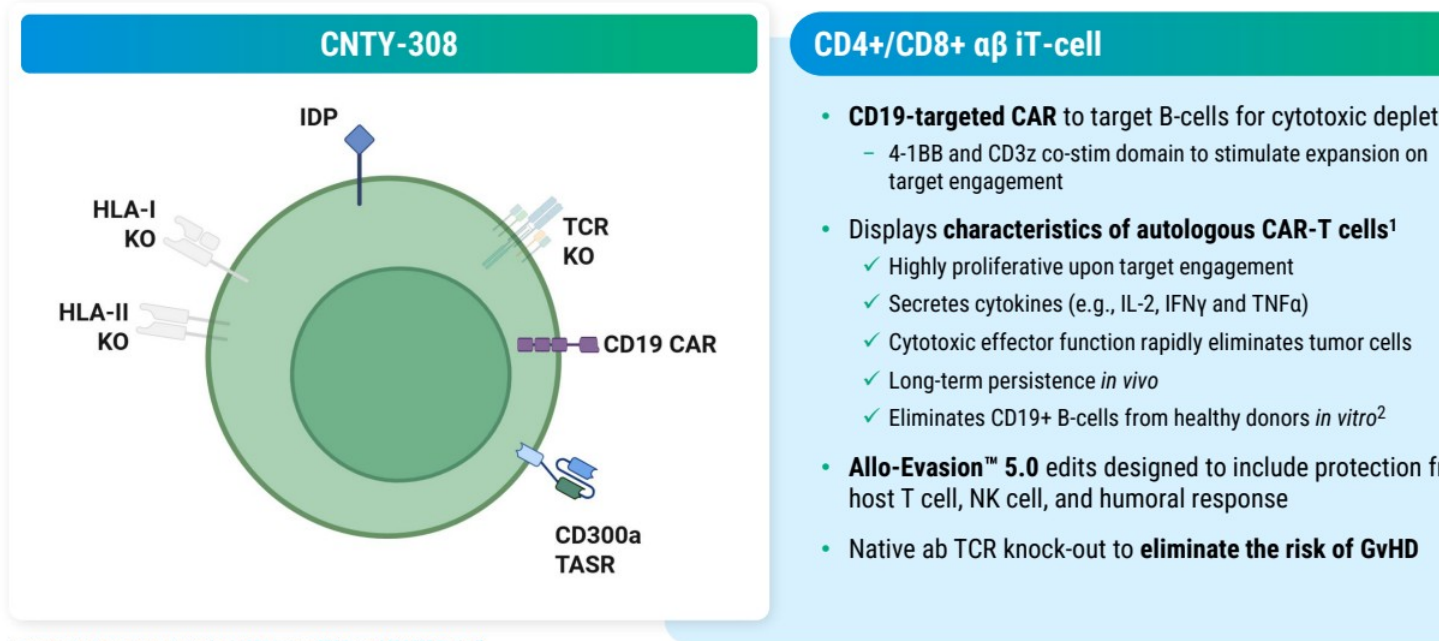


CNTY-308 (CD19 CAR iT with Allo-Evasion™ 5.0)

- CNTY-308 expected to enter clinic in 2026
- Autologous CAR T cell therapies are showing compelling clinical safety and efficacy across a broad range of autoimmune diseases¹
- Clinical data from B-cell-targeted cell therapies in autoimmune disease support the MoA and development of CAR iT therapies
- CNTY-308 lays the groundwork for expansion of the CAR-iT franchise into other diseases

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

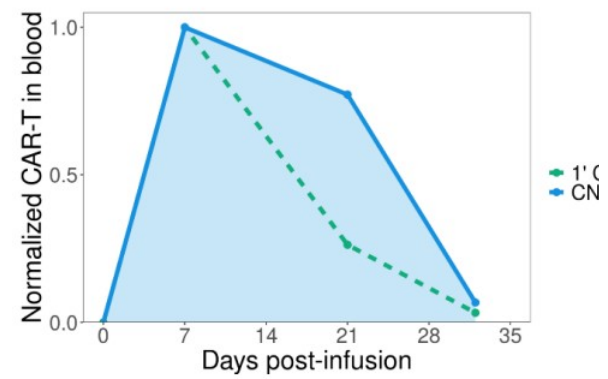
CNTY-308 is an iPSC-derived CD19-targeted CAR-iT intended for B-cell-mediated disease



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, CNTY-308 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

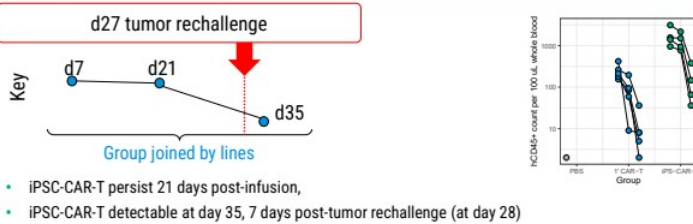
Source: Company data on file

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

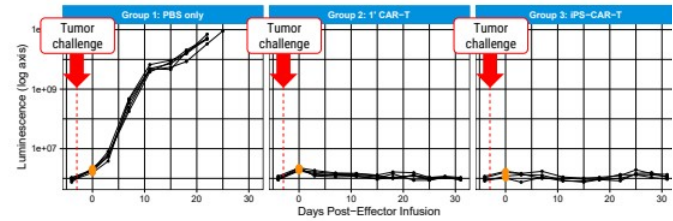
In vivo experimental details

- 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
- iPSC-CAR-T produced at phase 1 clinical scale

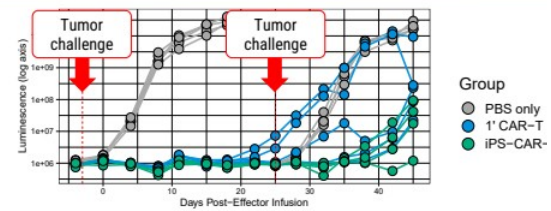
Measurable long-term persistence ≥ 1 mo



Complete tumor control



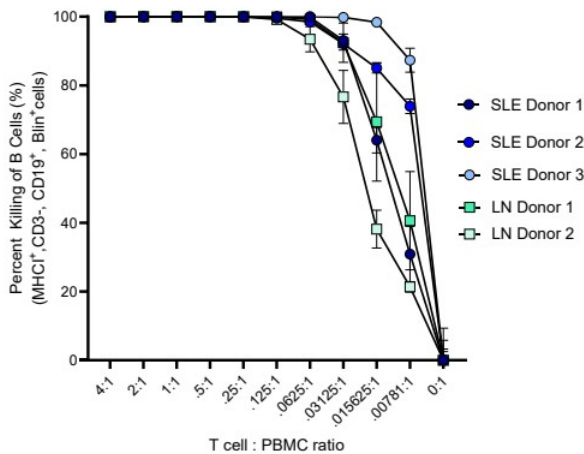
Cytotoxicity maintained upon re-challenge with engrafted cells



Source: Company data on file

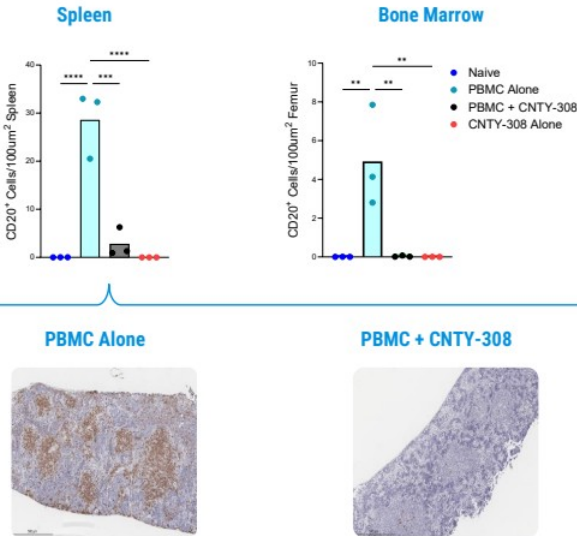
CNTY-308 robustly depleted B cells in vitro and in vivo

In Vitro B Cell Depletion



CNTY-308 cells efficiently kill B cells from SLE and Lupus Nephritis donors

B Cell Depletion in Human PBMC Engrafted Mice



Source: Company data on file



Corporate Summary



Century Therapeutics: Advancing Curative Medicines Through Cell Engineering

Powered by The Cell Foundry and Allo-Evasion™ 5.0



Foundational Platform Tech: Engine to create and scale cellular medicines

The Cell Foundry: Enables scalable generation of highly functional iPSC-derived therapies

Allo-Evasion™ 5.0: Leadership in immune-evasive cell design

Integrated Know-How: Deep functional expertise internally, integrated from discovery to manufacturing and development



Targeting Functional Cures: T1D and Autoimmune disease

CNTY-813: iPSC-derived, immune-evasive islet replacement therapy for type 1 diabetes

Islet replacement is clinically validated; CNTY-813 aims to deliver this without chronic immunosuppression, at scale

Pipeline: Foundational technology powers:

- **CNTY-308**, an iPSC-derived, immune-evasive $\alpha\beta$ T cell with potential across autoimmune disease
- Next-gen discovery programs across multiple cell types and targets



Well Funded: Multiple Anticipated Near-Term Milestones

Recent Funding

Oversubscribed \$135M PIPE in early 2026 provides runway into Q1 2029

Key Anticipated Near-Term Milestones

- CNTY-813 oral presentation at EASD 2026
- CNTY-813 IND submission expected 4Q 2026
- CNTY-308 expected in clinic in 2026
- Clinical data expected 2H 2027 for CNTY-813

Focused. Funded. Executing.



www.centurytx.com

