UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 8-K

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

Date of Report (Date of earliest event reported): November 5, 2024

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** (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 Global Select Market**

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

Emerging growth company ☒

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

Item 2.02 **Results of Operations and Financial Condition**

On November 5, 2024, Century Therapeutics, Inc. (the "Company") issued a press release announcing its financial results for the quarter ended September 30, 2024. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

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

Item 8.01 **Regulation FD Disclosure**

On November 5, 2024, 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.

Item 9.01 **Financial Statements and Exhibits**

(d) Exhibits

Exhibit No.	Document
99.1	Press Release of Century Therapeutics, Inc., dated November 5, 2024
99.2	Investor Presentation of Century Therapeutics, Inc., dated November 5, 2024
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

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

CENTURY THERAPEUTICS, INC.

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

Date: November 5, 2024

Century Therapeutics Reports Third Quarter 2024 Financial Results and Provides Business Updates

– Expansion of Phase 1 CALiPSO-1 trial of CNTY-101 in autoimmune disease to include diffuse cutaneous systemic sclerosis and idiopathic inflammatory myopathy –

– Overall response rate (ORR) of 83% observed at CNTY-101 Dose Level 3B alongside a favorable safety profile in patients with r/r B-cell lymphomas in Phase 1 ELiPSE-1 study –

– CNTY-101 shows persistence upon repeated cell dosing at Dose Level 3B, consistent with the anticipated protective activity of Century's proprietary Allo-Evasion™ technology –

– Ended third quarter 2024 with cash, cash equivalents, and investments of $244.7 million; organizational efficiencies extend expected cash runway into second half of 2026 –

PHILADELPHIA, November 5, 2024 -- Century Therapeutics, Inc. ("Century", NASDAQ: IPSC), an innovative biotechnology company developing induced pluripotent stem cell (iPSC)-derived cell therapies in immuno-oncology and autoimmune disease, today reported financial results and business highlights for the third quarter ended September 30, 2024.

"Broadening our strategic focus in autoimmune indications to include idiopathic inflammatory myopathy and diffuse cutaneous systemic sclerosis will give us greater insight into the potential of CNTY-101 in an underserved therapeutic category that we believe is uniquely suited to allogeneic iNK cell therapies. Our confidence in the application of CNTY-101 in autoimmune diseases continues to be reinforced by the Phase 1 ELiPSE-1 trial in patients with r/r B-cell lymphomas where updated interim data shows increased overall response rates at higher doses and observations of deepening responses with additional cycles, alongside a continued favorable safety profile," said Brent Pfeiffenberger, Pharm.D., Chief Executive Officer of Century Therapeutics. "The advancement of our pre-clinical pipeline across multiple cell types is similarly promising, as highlighted by what we believe to be the industry-first presentation of iPSC-derived CD4+ and CD8+ CAR T cells that demonstrate αβ-like T cell function at the upcoming American Society of Hematology Annual Meeting. Building on this progress, we are conducting a strategic review of Century's pre-clinical pipeline and expect to announce the outcome in the first quarter of 2025. We have recently refined our organizational structure to enhance ongoing efficiencies and program alignment. On behalf of everyone here at Century, I'd like to thank departing colleagues for their important contributions to building the company's programs and technology. Supported by extended cash runway from these changes, we remain focused on execution in the period ahead and look forward to delivering our next set of potential catalysts."

Research & Development Highlights

- Consistent with Century's commitment to expand investigation of autoimmune disease indications during the second half of 2024, the company recently amended the Phase 1 CALiPSO-1 trial of CNTY-101 (NCT06255028) and Investigational New Drug (IND) application to include evaluation of idiopathic inflammatory myopathy (IIM) and diffuse cutaneous systemic sclerosis (dcSSc). This builds upon earlier alignment with the U.S. Food and Drug Administration to expand clinical development to lupus nephritis (LN) in addition to systemic lupus erythematosus (SLE). With the implementation of this amendment, CALiPSO-1 consists of a basket protocol study design, with four arms designed to evaluate the safety and preliminary efficacy of CNTY-101. The study will enroll participants ≥17 years old with refractory B-cell-mediated autoimmune diseases following an inadequate response to at least two lines of prior standard of care immunosuppressive therapies, now including those with moderate to severe IIM and dcSSc with treatment-resistant and active disease alongside those with moderate to severe SLE with or without LN. Century has activated multiple clinical sites in the United States, and expects to activate additional sites in the coming months, with ability to enroll patients across indications. To further facilitate enrollment, the company plans to expand trial sites to select European countries. Century will provide updated timing on initial clinical data from CALiPSO-1 once a clear cadence of patient enrollment has been established across indications.

- Updated interim clinical data from Century's ongoing Phase 1 ELiPSE-1 study evaluating CNTY-101 (NCT05336409) in relapsed or refractory (R/R) non-Hodgkin lymphoma (NHL) has shown increased overall response rates at higher doses and observations of deepening responses with additional cycles alongside a favorable safety profile, building on encouraging interim data previously presented at the 2024 American Society of Clinical Oncology Annual Meeting. As of the data snapshot October 15, 2024, eight additional participants have been treated with CNTY-101 for a total of 20 participants evaluable for safety and 19 for preliminary efficacy. Treatment with CNTY-101 continued to be safe and generally well tolerated with no dose-limiting toxicities reported, no additional cases of immune effector cell-associated neurotoxicity syndrome (ICANS), and no Grade 3 or higher cytokine release syndrome (CRS). Consistent with the manageable safety profile observed to date, a majority of participants received CNTY-101 infusions in an outpatient setting. Dose level DL3B (1 billion cells in each of three weekly doses per cycle), which represents the largest single trial cohort (n=6), has shown an overall response rate (ORR) of 83% and a complete response rate (CRR) of 33%, with all participants receiving additional cycles of treatment.

  A dose-dependent increase in CNTY-101 exposure was observed as evaluated by a novel pharmacokinetics cell-free DNA (cfDNA) method for detecting total body presence of CNTY-101. Preliminary cfDNA data from Schedule B (three weekly CNTY-101 infusions per cycle) showed that in cycles starting with lymphodepletion, a similar level of exposure was observed between the first and third infusion when the patients' endogenous T and NK cells had recovered. This supports persistence upon repeated cell dosing, consistent with the anticipated protective activity of Century's proprietary Allo-Evasion™ technology.

  Efficient B-cell depletion was observed in all participants treated with CNTY-101 who had measurable circulating B cells at baseline. Evaluable re-emergent B cells (N=4 participants) were enriched for naive subtypes with minimal class-switched memory subsets detected. This profile in re-emergent B cells has been associated with SLE responses after CD19 cell therapy treatment, which we believe further supports application of CNTY-101 in the CALiPSO-1 study. Based on favorable safety and encouraging early efficacy data at DL3B, Century is proceeding with DL4B (3 billion cells in each of three weekly doses per cycle), and recently treated the first participant at this dose. The company expects to provide updated clinical data by mid-2025.

Further details pertaining to the ELiPSE-1 data update can be found in Century's corporate presentation housed on the investor relations section of the website.

- Century separately announced the acceptance of five poster presentations at the upcoming 66th American Society of Hematology Annual Meeting to be held in San Diego, CA from December 7-10, 2024. The presentations include demonstration of pre-clinical function comparable to autologous T cells by allogeneic iPSC-derived CD4+ and CD8+ CAR T cells, alongside additional innovations that highlight the engineerability of the iPSC-derived immune effector cells, a core benefit of the company's platform. These include data from advanced CAR endo-domains that improved cytotoxicity and persistence, enhanced Allo-Evasion™ via a novel CD300a TASR that demonstrated universal protection from NK cells, and differentiation stage specific promoters that allow for selective control of gene expression.

Business Highlights

- Following the integration of Clade Therapeutics, Century is conducting a strategic review of the pre-clinical pipeline to leverage the unique capabilities and technologies at Century towards high-value and differentiated programs. The company expects to conclude and communicate the results of this review in the first quarter of 2025. As part of this review, in October, Century implemented changes to the organization structure including elimination of overlapping technical and research capabilities to enhance ongoing efficiencies and alignment with the company's key programs. With these changes, Century has extended expected cash runway into the second half of 2026.

- In September 2024, Century announced the appointments of Morgan Conn, Ph.D., as Chief Financial Officer and Chad Cowan, Ph.D., as Chief Scientific Officer. The company also announced the transition of Hy Levitsky, M.D., President of Research and Development, from operational duties to serve as an advisor to Century.

Third Quarter 2024 Financial Results

- **Cash Position:** Cash, cash equivalents, and marketable securities were $244.7 million as of September 30, 2024, as compared to $261.8 million as of December 31, 2023. Net cash used in operations was $85.9 million for the nine months ended September 30, 2024, compared to net cash used in operations of $62.1 million for the nine months ended September 30, 2023.

- **Collaboration Revenue:** Collaboration revenue generated through the company's collaboration, option, and license agreement with Bristol-Myers Squibb was $0.8 million for the three months ended September 30, 2024, compared to $0.1 million for the same period in 2023.

- **Research and Development (R&D) expenses**: R&D expenses were $27.2 million for the three months ended September 30, 2024, compared to $22.8 million for the same period in 2023. The increase in R&D expenses was primarily due to progression of the ELiPSE-1 trial and start-up costs of the CALiPSO-1 trial, increased manufacturing activity for CNTY-101, and the acquisition of Clade Therapeutics.

- **General and Administrative (G&A) expenses**: G&A expenses were $8.4 million for the three months ended September 30, 2024, compared to $9.0 million for the same period in 2023.
- **Net loss**: Net loss was $31.2 million for the three months ended September 30, 2024, compared to $32.7 million for the three months ended September 30, 2023.

Financial Guidance

- The company expects full year generally accepted accounting principles (GAAP) operating expenses to be between $150 million and $160 million.
- The company estimates its cash, cash equivalents, and investments will support operations into the second half of 2026.

About Century Therapeutics

Century Therapeutics (NASDAQ: IPSC) is harnessing the power of adult stem cells to develop curative cell therapy products for cancer and autoimmune diseases that we believe will allow us to overcome the limitations of first-generation cell therapies. Our genetically engineered, iPSC-derived cell product candidates are designed to specifically target hematologic and solid tumor cancers, with a broadening application to autoimmune diseases. We are leveraging our expertise in cellular reprogramming, genetic engineering, and manufacturing to develop therapies with the potential to overcome many of the challenges inherent to cell therapy and provide a significant advantage over existing cell therapy technologies. We believe our commitment to developing off-the-shelf cell therapies will expand patient access and provide an unparalleled opportunity to advance the course of cancer and autoimmune disease care. For more information on Century Therapeutics, please visit www.centurytx.com.

About Idiopathic Inflammatory Myopathy

Idiopathic inflammatory myopathies (IIM) include a heterogenous group of rare disorders including dermatomyositis and polymyositis in which the immune system attacks muscle and frequently the lungs, skin, joints, and gastrointestinal tract. IIM can cause weakness, pain, and lung failure which can lead to chronic disability and potentially mortality. With a prevalence of at least 60,000 people in the US, significant unmet need in IIM stems from the limited efficacy of current therapies, as corticosteroids and immunosuppressants often fail to halt disease progression. Additionally, these treatments carry significant side effects, including increased infection risk and long-term complications. A lack of targeted therapies and reliable biomarkers for early diagnosis complicates disease management and underscores the urgent need for better treatment options and personalized care approaches.

About Systemic Sclerosis

Systemic sclerosis (SSc), a type of scleroderma, is a chronic autoimmune disease characterized by inflammation and hardening with tightening of the skin and internal organs such as the lungs, heart, and gut, leading to life-threatening complications. Over half of people with SSc develop lung fibrosis, a leading cause of death. SSc, which affects at least 80,000 people in the US, typically appears between the ages of 30 and 50. A third of this patient population has diffuse cutaneous systemic sclerosis, the most severe and rapidly progressing disease subtype. There is no cure for SSc, and current therapies focus on managing symptoms and slowing disease progression. Medications like immunosuppressants, vasodilators, and antifibrotic agents may help, but often come with significant side effects. Furthermore, treatment response varies between people, and organ damage may be irreversible by the time of diagnosis, making early detection and intervention crucial.

Century Therapeutics Forward-Looking Statement

This press release contains forward-looking statements within the meaning of, and made pursuant to the safe harbor provisions of, The Private Securities Litigation Reform Act of 1995. All statements contained in this press release, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements regarding our clinical development plans and timelines and the initial safety and efficacy profiles of CNTY-101 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 dependence on the success of our lead product candidate, CNTY-101 and our ability to progress CNTY-101 through our CALiPSO and ELiPSE Phase 1 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 FDA clearance of our future IND 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, 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:

Investor Relations & Media Contacts

Century Therapeutics
Katja Buhrer
SVP, Head of Corporate Affairs and Strategy
katja.buhrer@centurytx.com
917-969-3438

Argot Partners
Julie Seidel/Noor Pahlavi
century@argotpartners.com
212-600-1902

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

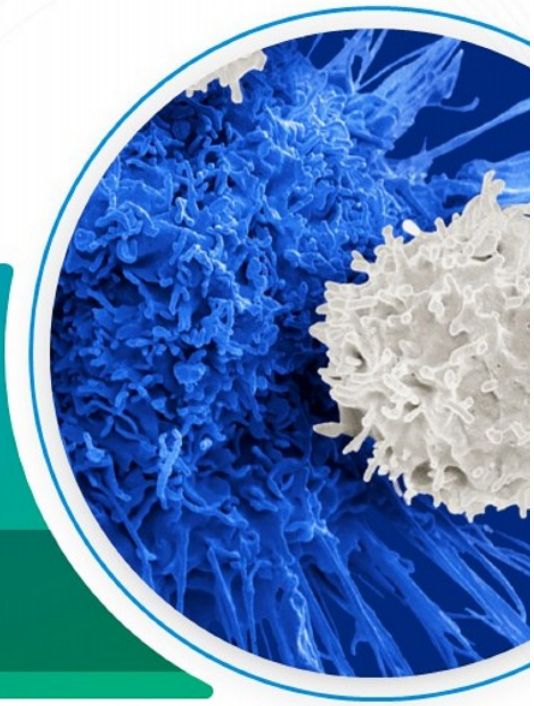
Assets	**September 30, 2024**	**December 31, 2023**
Current Assets:	**$**	**$**
Cash and cash equivalents	52,593	47,324
Short-term investments	145,519	125,414
Prepaid expenses and other current assets	7,897	4,256
Total current assets	206,009	176,994
Property and equipment, net	65,284	71,705
Operating lease right-of-use assets, net	28,828	20,376
Long-term investments	46,565	89,096
Goodwill	4,727	-
Intangible assets	33,800	-
Other long-term assets	3,404	2,520
Total assets	$ 388,617	$ 360,691
Liabilities, convertible preferred stock, and stockholders' equity		
Current liabilities:		
Accounts payable	**$** 2,598	**$** 2,741
Accrued expenses and other liabilities	13,653	10,733
Deferred revenue, current	3,569	4,372
Total current liabilities	19,820	17,846
Operating lease liability, noncurrent	50,837	46,658
Other long-term liabilities	20	56
Deferred revenue	109,768	111,381
Contingent consideration liability	8,983	-
Deferred tax liability	3,503	-
Total liabilities	192,931	175,941
Stockholders' equity		
Common stock	9	6
Additional paid-in capital	941,185	840,407
Accumulated deficit	(746,266)	(655,771)
Accumulated other comprehensive loss	758	108
Total stockholders' equity	195,686	184,750
Total liabilities and stockholders' equity	$ 388,617	$ 360,691

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

	Three Months Ended September 30, 2024	Three Months Ended September 30, 2023	Nine Months Ended September 30, 2024	Nine Months Ended September 30, 2023
Collaboration Revenue	$ 791	$ 148	$ 2,416	$ 1,967
Operating Expenses				
Research and development	27,228	22,788	77,869	70,414
General and administrative	8,352	8,986	25,400	26,117
In-process research and development	-	4,000	-	4,000
Impairment on long-lived assets	-	-	-	4,220
Total operating expenses	35,580	35,774	103,269	104,751
Loss from operations	(34,789)	(35,626)	(100,853)	(102,784)
Interest expense	-	-	-	(540)
Interest income	3,305	3,486	10,126	9,167
Other income, net	250	12	248	(368)
Loss before provision for income taxes	(31,234)	(32,128)	(90,479)	(94,525)
Benefit (provision) for income taxes	8	(592)	(14)	(2,750)
Net Loss	$ (31,226)	$ (32,720)	$ (90,493)	$ (97,275)
Unrealized gain (loss) on investments	1,075	(95)	622	1,157
Foreign currency translation adjustment gain (loss)	(8)	(2)	28	(1)
Comprehensive loss	$ (30,159)	$ (32,817)	$ (89,843)	$ (96,119)
Net loss per common share - Basic and Diluted	(0.37)	(0.55)	(1.18)	(1.65)
Weighted average common shares outstanding	84,704,352	59,448,229	76,394,266	59,087,374

Exhibit 99.2

CENTURY THERAPEUTICS



Corporate overview

November 2024

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 CNTY-101 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 dependence on the success of our lead product candidate, CNTY-101; and our ability to progress CNTY-101 through our CALiPSO and ELiPSE Phase 1 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 fina results of later-stage clinical trials; ; our ability to obtain FDA c future IND submissions and commence and complete clinica timelines, or at all; our reliance on the maintenance of certain relationships for the manufacturing and development of our the timing, scope and likelihood of regulatory filings and appr regulatory approval of our product candidates; the impact of banking instability and inflation on our business and operatio labor force; the performance of third parties in connection wi of our product candidates, including third parties conducting well as third-party suppliers and manufacturers; our ability to commercialize our product candidates and develop sales and capabilities, if our product candidates are approved; our abilit maintain key members of management and our ability to ma successfully enforce adequate intellectual property protectio risks and uncertainties are described more fully in the "Risk F most recent filings with the Securities and Exchange Commis www.sec.gov. You should not rely on these forward-looking st predictions of future events. The events and circumstances re forward-looking statements may not be achieved or occur, ar could differ materially from those projected in the forward-lo Moreover, we operate in a dynamic industry and economy. Ne uncertainties may emerge from time to time, and it is not pos management to predict all risk factors and uncertainties that as required by applicable law, we do not plan to publicly upda forward-looking statements contained herein, whether as a re information, future events, changed circumstances or otherw

Century Therapeutics: Building an industry-leading, n generation allogeneic iPSC-derived cell therapy platfo


CENTURY
THERAPEUTICS
Overview of foundational
platform technologies

Century's singular focus:

To deliver best-in-class iPSC-derived cell therapies

Century platform enables the incorporation of critical features we believe can only be realized via iPSC-derived cell therapies

Infinite replicative capacity of iPSCs

- Potential for **unlimited genomic engineering** via CRISPR editing
- Leverage **multiple advances** in synthetic biology **into a single product**

Single-cell cloning of engineered iPSC

- Enables **full characterization of clone** forming master cell bank
- Deep understanding of **cell function and safety**
- **Functional reproducibility** of the final drug product

Differentiation conditions **immune effector cells**

- NK cells
- CD4+ T cells
- CD8+ T cells
- γδ T cells

Large cell harvests from cell expansion across differentiation stages

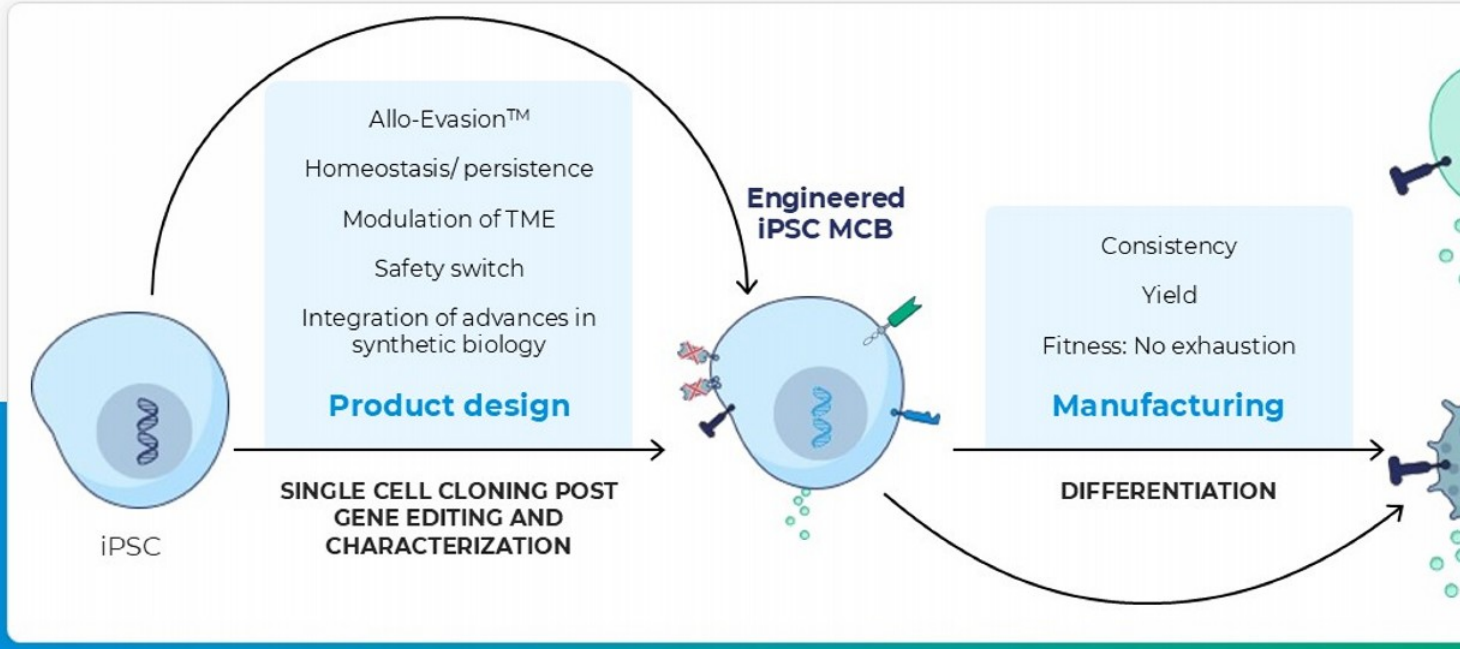
- Decreased risk of cell exhaustion
- **Robust drug inventory,** potentially infinitely replenishable
- Path to **reduced cost of goods**

Production from a **master cell bank**, compared t derived or autologous cell products, enables

- **Larger batch sizes**
- **Reduced cost of goods**
- **Batch-to-batch consistency** with a single donc

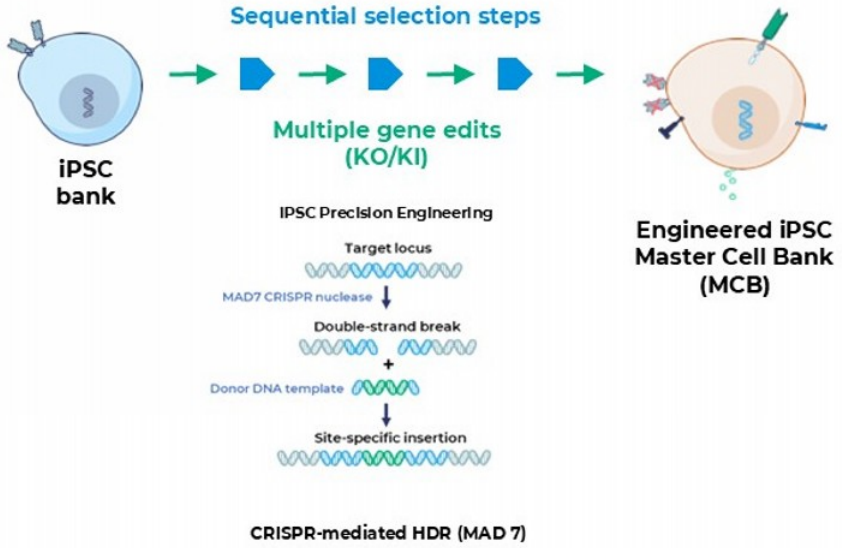
Century's next-generation allogeneic iPSC technology platform

Versatility and unprecedented control



Rapid Integration of major advances in product functionality and manufactu

Precision CRISPR MAD7 mediated sequential gene ed iPSCs generates uniform product candidates



Advantages of Century's

Precise CRISPR mediated hom repair **reduces off-target integ**

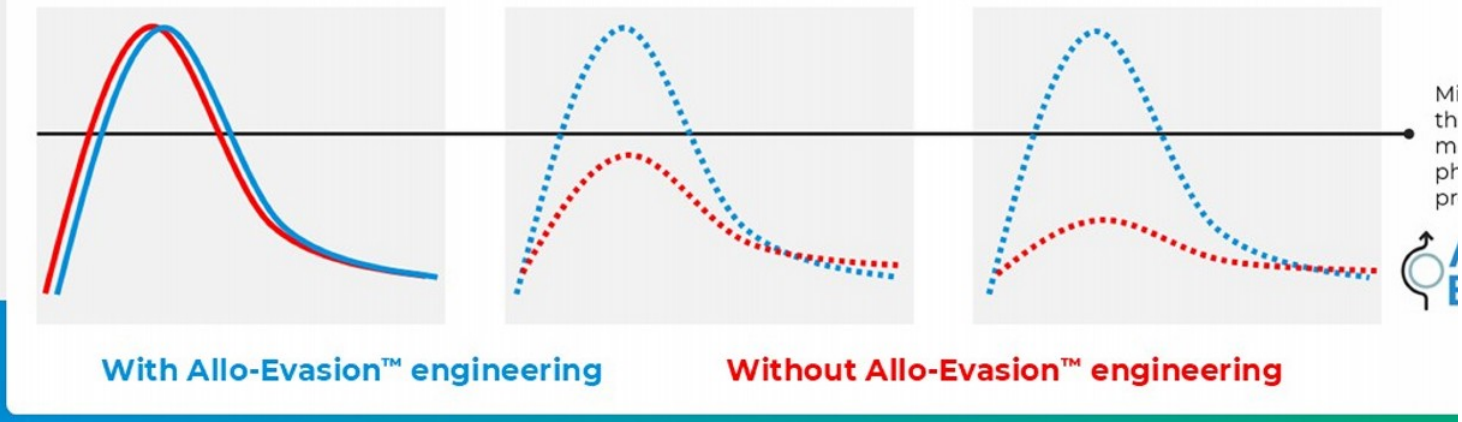
Stepwise and efficient gene ed **risky multiplex modification** a variants

Quality control through gener homogenous MCB establishes **product integrity**

Manufacturing begins at the M to be **free from genetic aberra**

Potential to drive durable responses with engineering resist immune rejection

Allo-Evasion™ edits + repeat dosing = potential greater durability



Next-wave of allogeneic cell therapies must solve for challenge of rej

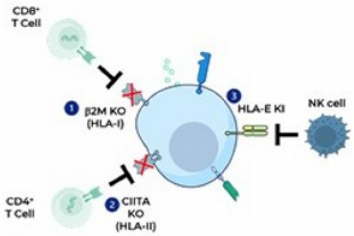
1

Advancing our leadership in Allo-Evasion™ technology

Continuous improvement in holistic immune protection designed to overcon pathways of host vs. graft rejection

Allo-Evasion™ 1.0

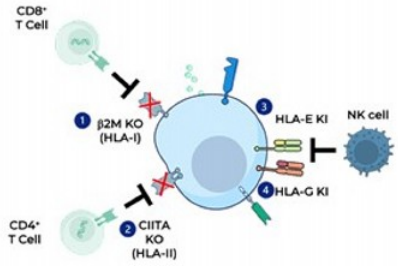
Core edits disarm host cells from eliminating therapy



- Deletion of β2M, a protein required to express HLA-I on the cell surface prevents recognition by CD8 T cells
- Knock out of CIITA eliminates HLA-II expression to escape elimination by CD4 T cells
- Knock-in of HLA-E prevents killing by NK cells

ALLO EVASION™

Allo-Evasion™ 3.0

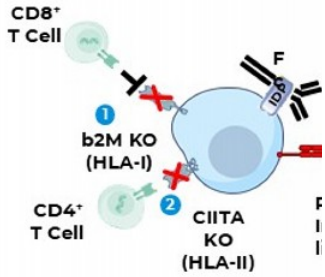


Allo-Evasion™ 1.0 edits plus the incorporation of:

- Knock-in of HLA-G improves protection against killing by NK cells

ALLO EVASION™

Allo-Evasion™ 5



- Deletion of β2M, a protein requir on the cell surface prevents reco
- Knock out of CIITA eliminates HL to escape elimination by CD4 T c
- Pan-NK inhibitory ligand to prov against killing by NK cells
- IgG degrading protease designe humoral immunity

ALLO EVASION™

Foundational investments in iPSC manufacturing

Established in-house manufacturing	Developing fit-for-purpose products
• Century 53,000 ft^2 GMP facility • Designed to produce multiple immune cell types • Accelerates learnings and enables faster product iteration • Two sites (FCDI GMP manufacturing, Century in-house manufacturing) provide optionality and maximizes flexibility	• Increased process and product consistency • Scalable platforms and optimized processes yield, reduce COGs, and meet demand • Increased cell fitness, as cells do not underg expansion cycles which often result in cell e • Homogeneity of the manufacturing proces product candidate that can be readily chara


CENTURY
THERAPEUTICS
Pipeline

Diversified pipeline spanning cell types and targets in and autoimmune diseases

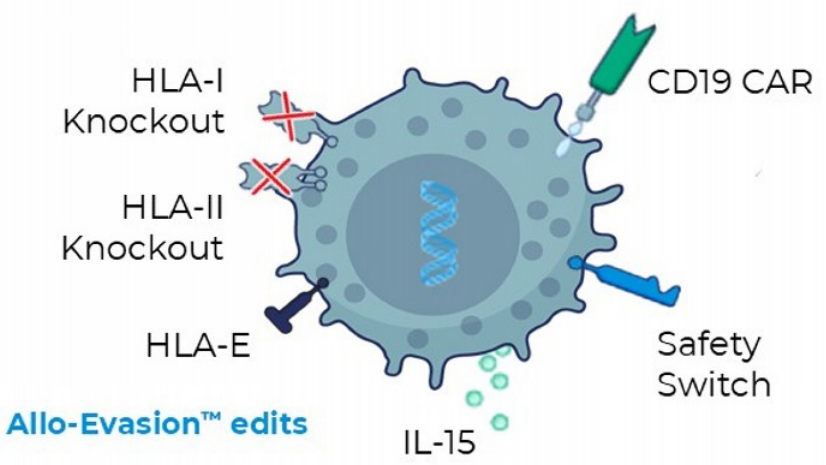
Product	iPSC Platform	Targets	Indications	Research	IND-enabling	Clinical		
						P1	P2	P3
Autoimmune diseases								
CNTY-101	iNK	CD19	B cell-mediated Autoimmune diseases			*CALiPSO-1*		
CNTY-108	iNK/γδ iT	CD19	Autoimmune diseases					
CLDE-308	αβ iT	CD19	Autoimmune diseases					
CLDE-361	αβ iT	BCMA	Myasthenia Gravis					
Hematologic and Solid tumors								
CNTY-101	iNK	CD19	B-Cell Malignancies			*ELiPSE-1*		
CNTY-102	γδ iT	CD19 + CD22	B-Cell Malignancies					
CLDE-308	αβ iT	CD19	B-Cell Malignancies					
CNTY-104	iNK/iT	Multi-specific	AML					
CNTY-106	iNK/iT	Multi-specific	MM					
CNTY-107	γδ iT	Nectin-4	Solid tumors					
Research	iT	Not disclosed	Solid tumors					
Research	iNK/iT	TBD	Hematologic and Solid tumors					

Autoimmune diseases Hematologic tumors Solid tumors


CENTURY
THERAPEUTICS
CNTY-101 Clinical program

CNTY-101: Differentiated next-gen CD19 targeted prod

Only cell therapy with six precision gene edits currently in the clinic



Delivering on our vision to
the cell therapy treatment

- Goal to improve durability, t
  and ease of outpatient admi
- Potential to eliminate need
  lymphodepletion with subse
  of therapy
- First CD19-targeted agent to
  durability benefit of repeat
  enabled by Allo-Evasion™ ed

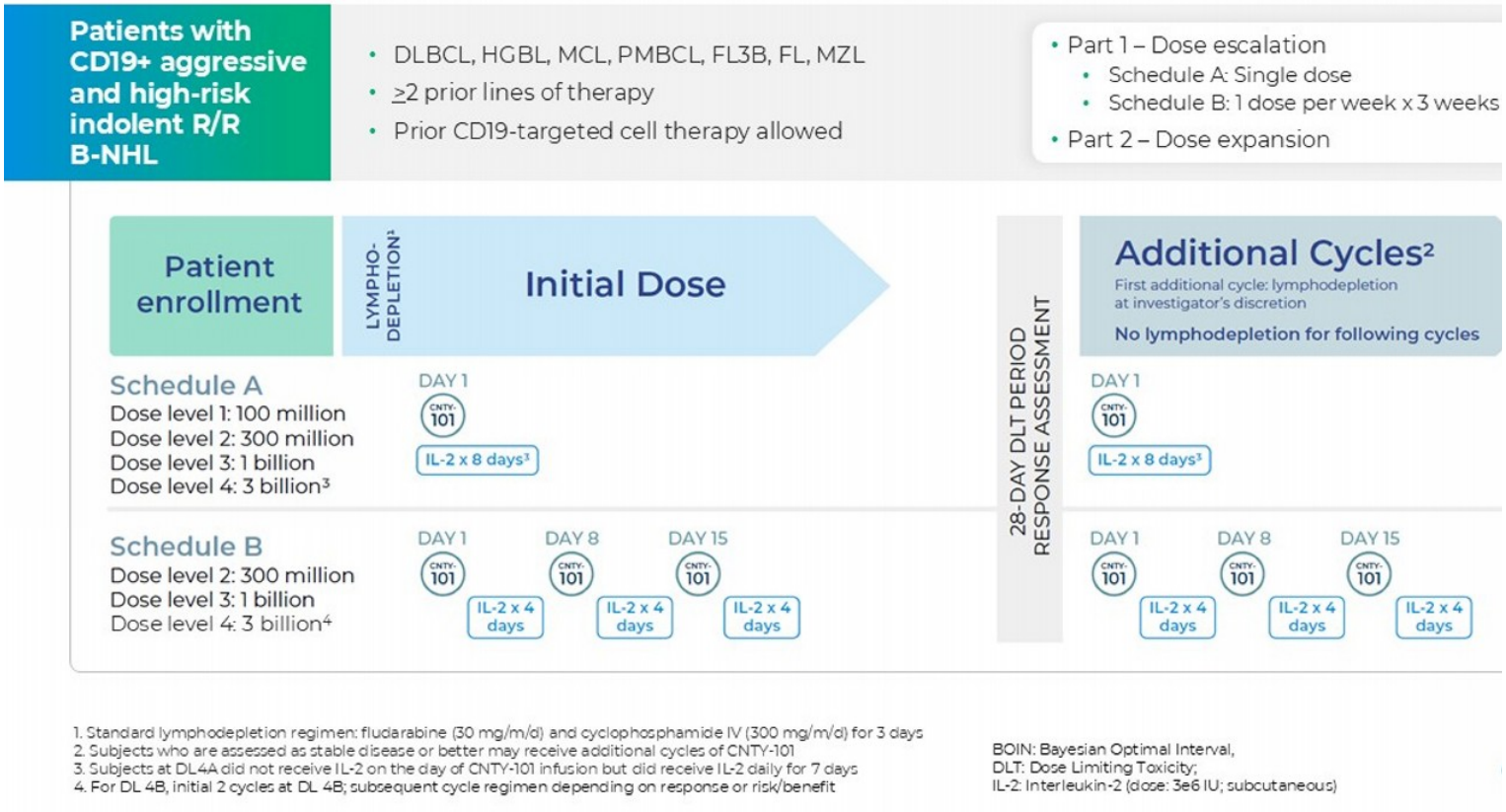
CNTY-101 in relapsed/refractory B-cell lymphomas

Aim: To deliver durable responses via repeat dosing facilitated by Allo-Evasio
extending the period of pharmacologic pressure on tumor cells

Unmet need:	Potential solution from Century's platf
• Autologous CD19 CAR-T is curative in ~40%[1] of patients • Autologous CD19 CAR-T access is limited and/or can fail in manufacturing as quality is dependent on patient-derived starting material • Limited options and poor prognosis for patients who fail autologous CAR-T	• Off-the-shelf product offers immediate acce and consistency • Multiple doses to increase pharmacological increase durability • Host rejection addressed by Allo-Evasion™ e

R/R: Relapsed or Refractory, NHL: Non-Hodgkin Lymphoma, CAR-T: Chimeric Antigen Receptor T cell therapy
[1]Cappell, Nature Reviews Clinical Oncology (2023)

CNTY-101: ELiPSE-1 (NCT05336409) Phase 1 BOIN desig



1. Standard lymphodepletion regimen: fludarabine (30 mg/m/d) and cyclophosphamide IV (300 mg/m/d) for 3 days
2. Subjects who are assessed as stable disease or better may receive additional cycles of CNTY-101
3. Subjects at DL4A did not receive IL-2 on the day of CNTY-101 infusion but did receive IL-2 daily for 7 days
4. For DL 4B, initial 2 cycles at DL 4B; subsequent cycle regimen depending on response or risk/benefit

BOIN: Bayesian Optimal Interval,
DLT: Dose Limiting Toxicity;
IL-2: Interleukin-2 (dose: 3e6 IU; subcutaneous)

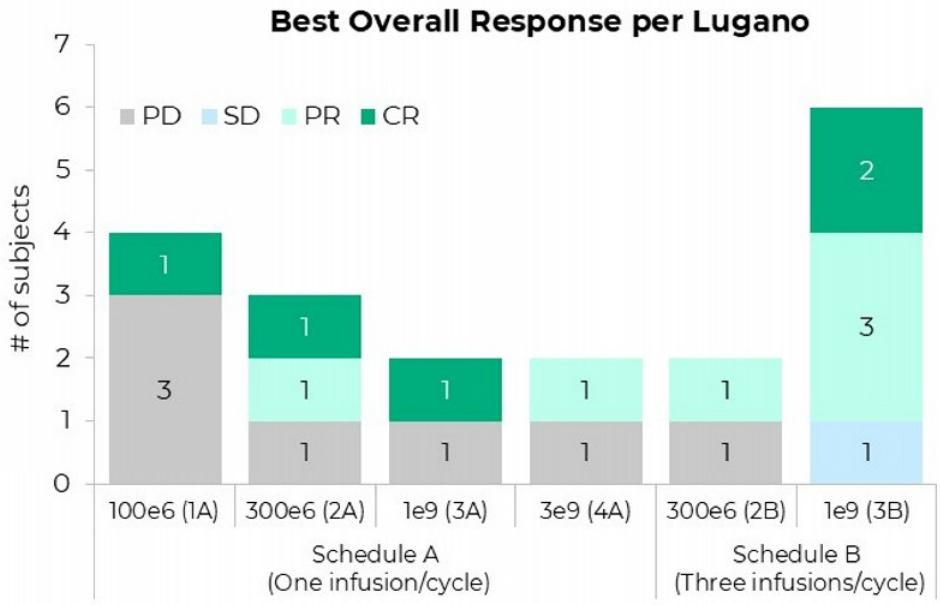
ELiPSE-1 enrolled heavily pre-treated R/R B-NHL patients

Baseline characteristics	Safety N
Median age (range, years)	66
Male, n (%)	1
Median follow up (range, months)	3.34
NHL subtype, n (%)	
DLBCL	
HRFL	
MCL	
MZL	
Prior therapies, median (range)	4
Response to Last Line of Treatment, n (%)	
Relapsed	
Refractory	1
Received Prior CAR T, n (%)	

[1] As of 15 October 2024 data snapshot date, data collection ongoing
[2] HRFL: High-risk Follicular Lymphoma; DLBCL: Diffuse large B cell Lymphoma; MZL: Marginal Zone Lymphoma; MCL: Mantle Cell Lymphoma

CNTY-101 clinical data snapshot

Increased ORR at higher dose alongside a favorable safety profi



Efficacy (DL3B, N=6)

- 83% ORR; median follow up (range 1.2–5.3 months)
- All subjects were eligible to additional cycle(s)
- 4 patients received prior au CAR T therapy

Safety & Tolerability (N=2

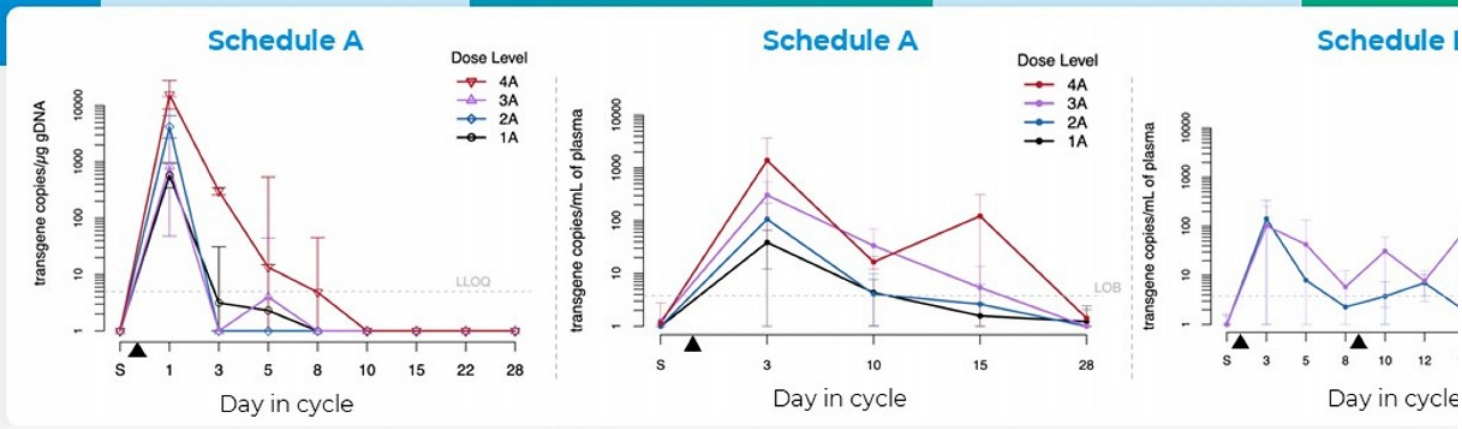
- No GvHD; no DLTs
- CRS: Grade 1 (N=3), Grade 2
  - Hypotension (n=2) and hypo lasted <24 hrs
- ICANS: Grade 1 (n=1), resolve
- Majority of subjects receive one dose in the outpatient

As of 15 October 2024, data snapshot date, data collection ongoing, efficacy based on Lugano criteria | CR: Complete Response, ORR: Overall Response Rate, DLTs: Dose Limiting Toxicities, CRS: Cytokine Release Syndrome, ICANS: Immune Effector Cell-Associated Neurotoxicity Syndrome, CAR: Chimeric Antigen Receptor | Schedule A (1 dose in a 28-day cycle); Schedule B (3 weekly doses in a 28-day cycle) ; DL1: (100e6), DL2: (300e6), DL3: (1e9), DL4: (3e9); n=19 total pts evaluable for efficacy, 58% BoR median follow up 3.34 months (range 0.5-18.8 months)

Increasing CNTY-101 exposure with dose and schedule

- **Extended persistence in circulation at dose level 4A (1 x 1e9 cell infusion)**
- **Persistence outside the bloodstream was detected via a cell-free (cf) DNA assay beyond d**
- **Multiple infusions in Schedule B drive increased exposure throughout the dosing cycle**

PBMC genomic DNA | **Plasma cell-free DNA**



Transgene copies per ug were determined using ddPCR with primers targeting transgene and RPP30. Data shows cycles with LDC across subjects at each dose level. Error bars shown are mean ± SD. LLOQ: Lower limit of quantification. Black triangle indicates infusion. S: Screen

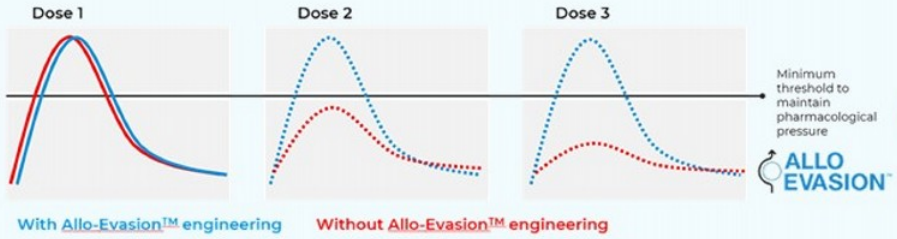
Error bars show mean ± SD (due to log10 scale, low values are truncated at 1). Positivity values are determined to be LOB using two sample Poisson test, $p < 0.05$. All LDC+ cycles are shown. Black triangles indicate infusions. S: Screen

Translational data available as of Oct 28, 2024; Schedule A n=11, Schedule B n=8

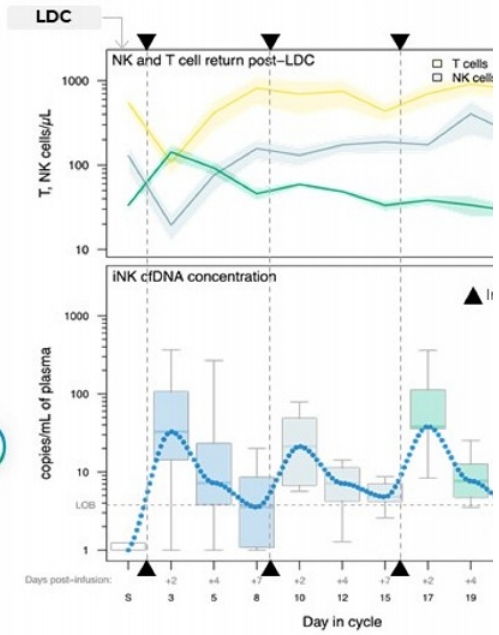
Enabled with Allo-Evasion™, CNTY-101 infusions in dose level 3B sho
similar exposure in the presence or absence of endogenous lympho

- **Lymphodepleting Chemotherapy (LDC) depleted patient NK/T cell counts and drove a transient spike of IL-15 cytokine**
  - By post-infusion day 8, NK/T cell counts, IL-15 concentration returned to screening level
- **Similar PK profile observed for each CNTY-101 infusion within a cycle despite evident patient immune recovery**

Model of Allo-Evasion™ enabled cellular kinetics



Lymphocyte counts and PK p



Graphs show data from 3B cohort. 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 line is a LOESS fit to medians in bottom panel. S: Screen

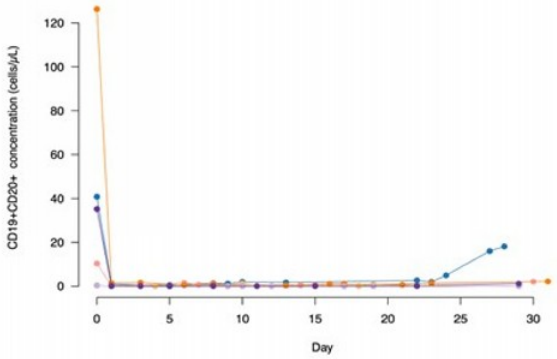
Translational data available as of Oct 28, 2024

CNTY-101 treatment demonstrates rapid B-cell depletion and was associate naive non-class switched profile of re-emergent B-cells

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

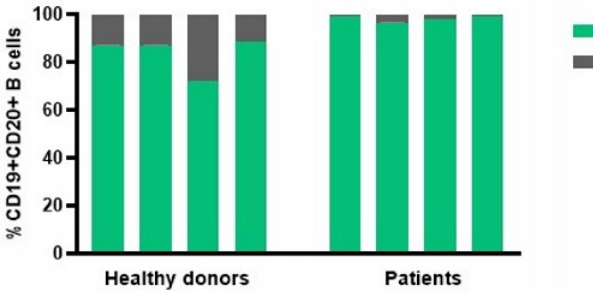
- Rapid and effective depletion of circulating B cells observed in the initial cycle
- A reduction of class-switched phenotypes in re-emergent B cells has been associated with SLE responses t CD19-targeted cell therapies, further supporting use of CNTY-101 in the CALiPSO-1 study

B-cell depletion



Graphs show data from the initial cycle of all subjects who had B cell counts of 0.25 cell/ µL or greater (N=10).). Each line represents an individual subject. Data from a subject with supraphysiological levels of circulating malignant B cells was excluded.

Re-emergent B-cell profile



Data shows proportion of non-class switched (IgD+, IgM+ or IgD+IgM+) or circulating B cells (CD19+ CD20+) in healthy donors (N=4) or within earliest ev cells in patients (N=4). Majority of the B cells exhibited a naïve profile (IgD+ C

Translational data available as of Oct 28, 2024

ELiPSE-1 initial data: Key takeaways

Heavily pretreated and refractory patient population treated in first-in-human dose es trial, including 45% patients who had received prior CAR T treatments

Favorable initial safety profile; can be delivered in an outpatient setting

Increased response rates at higher doses and observations of deepening responses wi cycles. 83% ORR at Dose Level 3B

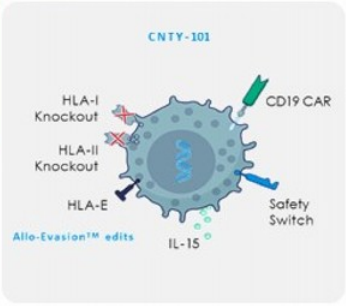
Dose dependent increase in CNTY-101 exposure observed

Data for CNTY-101 continues to support the potential for Allo-Evasion™ to enable a mu regimen in the presence of a restored endogenous immune system

CNTY-101's favorable initial safety profile, encouraging early efficacy and PK/PD data support study c

CR: Complete Response

Key differentiators of CNTY-101 in autoimmune disease treatm



CNTY-101: CD-19 targeted iNK cell therapy with 6 precision gene edi Allo-Evasion™ technology

- Ph1 CALiPSO-1 trial in B cell-mediated autoimmune diseases (Systemic Lupus Erythematosus, Lupus Nephritis, Idiopathic Inflammatory Myopathy & Diffuse Systemic Sclerosis) initiated in early 3Q24
- Currently being studied in Ph1 ELiPSE-1 trial in R/R NHL

Key differentiators in AID: (1) Allogeneic (2) NK cells (3) Allo-Evasion

(1) Allogeneic

- Available "off-the-shelf"
- No patient apheresis required
- No manufacturing wait time
- Platform enables lower COGs than donor-derived or autologous

(2) NK cells

- Killing potency ≥ primary CAR-T
- Trafficking to secondary lymphoid tissues and marrow favors pathogenic B-cell targeting
- Limited *in vivo* expansion

(3) Allo-Evasion™

- Avoiding host im
- Ability to repeat c continued lymph
- Ability to retreat,

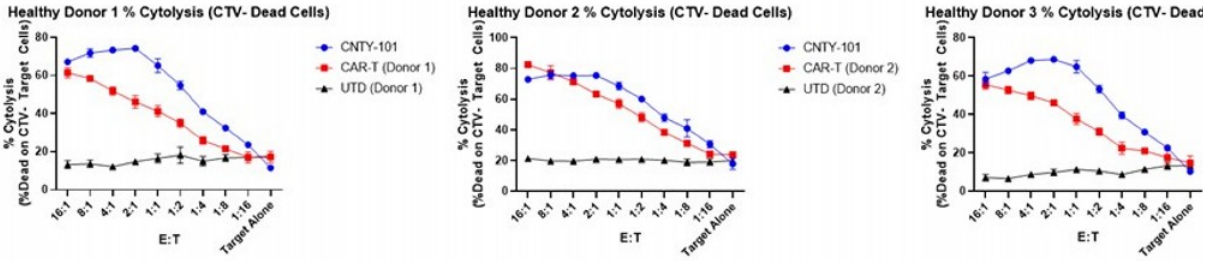
Tighter control over drug exposure:
B-cell depletion without prolonged B-cell aplasia

CNTY-101: Potential to drive B-cell depletion with tighter control over drug e

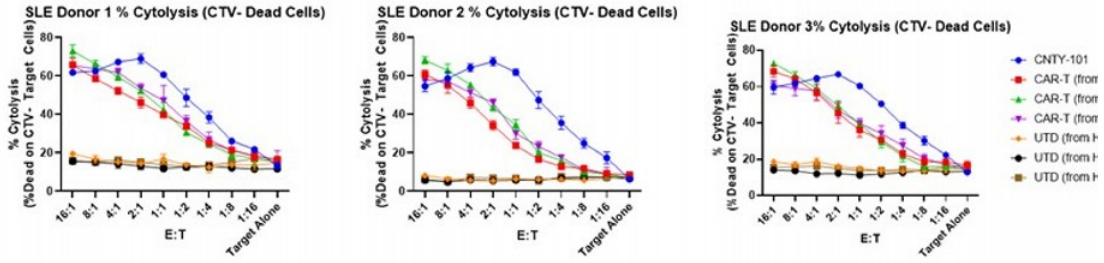
More potent than primary CAR-T at B-cell killing of SLE patient cells in preclinical con

CNTY-101 more potent than primary CAR-T cells at B-cell killing at 24 hours in preclinical comparison

CNTY-101 & Autologous CAR-T on B Cells Isolated from Healthy Donors



CNTY-101 & CAR-Ts from Healthy Donors on B Cells Isolated from SLE Patients



Isolated B cells or CD19+ target cells were co-cultured with CNTY-101 or primary CAR-T at several E:Ts in 96-well U bottom plates in NKCM with assay harvested at 24h. Assay plates were harvested and stained for Fixable Live/Dead. Cells were fixed and run on cytometer to determine Target+Dead Cell populations.
E:T: Effector: Target, UTD: Untransduced Donor

Opportunity in moderate to severe autoimmune indic to provide long term, drug free remission

Estimated US prevalence of SLE 210-340K[1] including LN, SSc >80K[2], IIM >60K[3]

- Abnormal B cell function and autoantibody production are central to disease pathogenesis
- Major causes of morbidity and mortality involve multiple vital organ systems
  - Renal, pulmonary, and cardiovascular

Despite approved treatments, significant unmet need remains

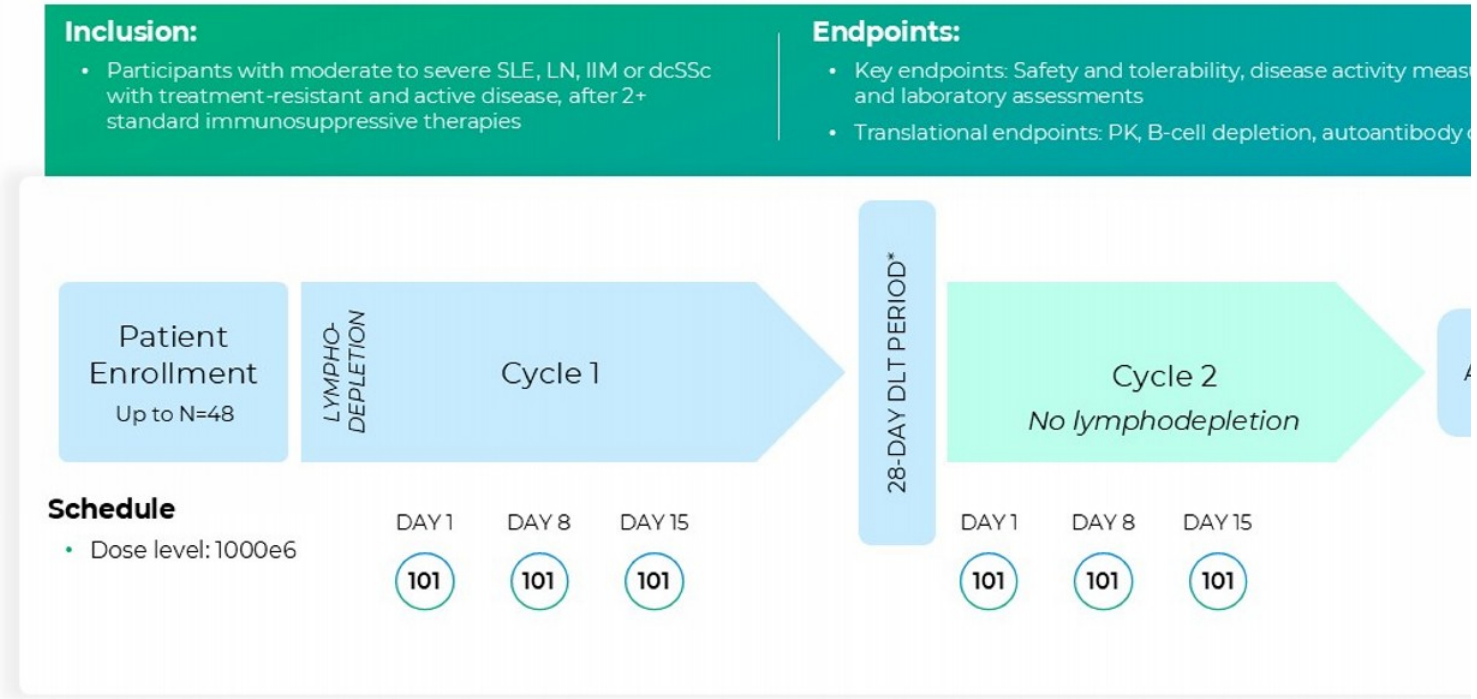
- Current treatments fail to significantly impact morbidity in many patients with moderate to severe disease
- Chronic treatment with broad-acting immunosuppressives is standard
- Treatment toxicity and disease flares remain common

Autologous anti-C cell therapies shov for promising effic

- Challenges remain potential exposure ICANS, product ava long-term risks inc aplasia

1. Izmirly 2017, Duarte-Garcia-2022, Lim 2014, Dall'Era 2017. Approximately 40% of SLE patients have Lupus Nephritis
2. Fan 2020, Bairkdar 2021
3. Smoyer-Tomic 2012, Bernatsky 2009
4. Mackensen Nature Medicine 2022 and Muller NEJM 2024

CNTY-101: CALiPSO-1 (NCT06255028) refractory B cell-mediated autoimmune diseases Phase 1 study



*Response assessment conducted at one month; does not gate Cycle 2 DLT: Dose limiting toxicity


CENTURY
THERAPEUTICS
Discovery programs

Century's robust pre-clinical pipeline has potential to critical barriers confronting cellular therapies

Multiple iPSC-derived immune effector cells:

- **iNK**
- **γδ iT**
- **αβ iT (CD4+, CD8+)**

Opportunity across multiple diseases:

- **Next-gen therapies for oncology:**
  - CD19, CD19/22 CARs
  - Nectin-4 CAR
  - High-affinity Fc receptors (enable treatment with mAbs)
- **Key targets in autoimmune diseases**:
  - CD19 and BCMA

iPSC-enabled e solutio

- Cytokine enginee **or eliminate lymp**
- **Enhanced Allo-Ev** enables repeat do drug exposure an durable remission
- **Resistance to sup cytokines** within

CENTURY
THERAPEUTICS

Corporate position & upcoming milestones

Advancing next-generation iPSC-derived allogeneic NK and T c therapy candidates for the treatment of cancer and autoimmu

Differentiated pipeline based on Allo-Evasion™ technology

- ✓ *Potential to overcome limitations of conventional allogeneic cell therapy*

Encouraging preliminary clinical data from Phase 1 trial of CNTY-101 in R/R B-cell lymphomas

- ✓ *83% ORR at dose level 3B, with favorable safety profile*
- ✓ *Data supports the ability to re-dose in the presence of a restored endogenous immune system*
- ✓ *Study continuing with escalation to dose level 4B*

Expansion into additional autoimmune indications

- ✓ *CALiPSO-1 trial initiated in SLE and LN; amended to include additional cohorts of IIM & dcSSc participants*
- ✓ *CNTY-101 has differentiated profile in AID (allogeneic, iNK with Allo-Evasion™)*
- ✓ *Multiple pipeline opportunities in AID*

In-house manufacturing capabilities

- ✓ *Ability to accelerate learnings and enable faster product iteration*

Multiple near-term

Phase 1 ELiPSE-1 trial of CNTY- malignancies

- Updated clinical data expec

Phase 1 CALiPSO-1 trial of CNT mediated autoimmune diseas

- Enrollment of patients acro

Pre-clinical pipeline prioritiza

- Conclusion of review expec

Cash resour

Cash runway into 2

Ended 3Q 24 with cash, ca and investments of

Century Therapeutics: Building an industry-leading, n
generation allogeneic iPSC-derived cell therapy platfo