



We want to save patients with severe cancer and autoimmune diseases
Clinical investigations with our lead antibody CAN04 to our proprietary target

Göran Forsberg, CEO

Safe Harbour Statement

The following presentation may include predictions, estimates or other information that might be considered forward-looking. The statements regarding the surrounding world and future circumstances in this presentation reflect Cantargia's current thinking with respect to future events and financial performance. Prospective statements only express the assessments and assumptions the company makes at the time of the presentation. These statements are well-considered, but the audience should note that, as with all prospective assessments, they are associated with risks and uncertainties.

CAN04 phase I clinical data at ESMO



Press release

Cantargia AB
556791-6019
9 October 2018

Cantargia presents clinical data from its ongoing CANFOUR trial at ESMO

Cantargia AB (publ) today announced that interim results from its clinical Phase I/II trial of lead candidate CAN04 (nidanimab) will be presented in a poster presentation at the ESMO Congress 2018 in Munich, Germany, on October 20, 2018.

The poster presentation – with the title *A first-in-class, first-in-human phase I/IIa trial of CAN04, targeting Interleukin-1 Receptor Accessory Protein (IL1RAP), in patients with solid tumors* – will be given by the coordinating investigator Professor Ahmad Awada, Institut Jules Bordet, Université Libre de Bruxelles, Brussels, Belgium. The poster is scheduled to be presented during the Poster Display session on October 20, from 12:30 to 13:30. The abstract is available on ESMO's website, www.esmo.org (see abstract 1172P).

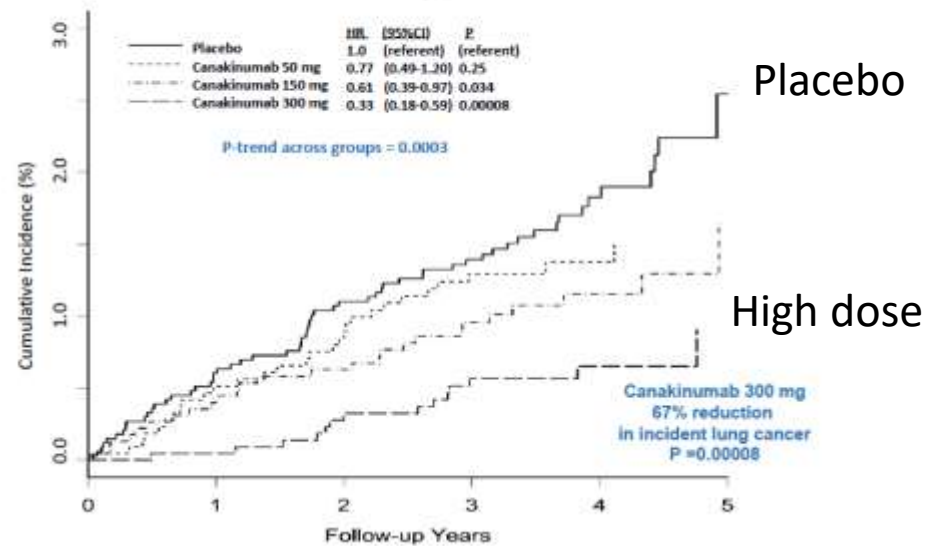
"We are honored that CAN04 data has been selected for presentation at this prestigious conference. It shows that there is a great interest for our clinical program in the scientific community," said Göran Forsberg, CEO of Cantargia.

IL-1 blockade in cancer- Recent supportive clinical data

CANTOS trial

- Canakinumab (Novartis)
- Reduced lung cancer incidence by 67 % and death by 77 %.

CANTOS: Additional Non-Cardiovascular Clinical Benefits Incident Lung Cancer



- Clinical validation of IL-1 pathway
- Cantargia's CAN04 has broader MOA

Canakinumab phase 3 trials

Adjuvant NSCLC

After surgery, no mets, placebo control
1500 patients, recruitment ongoing
Completion 2021/22

First line (CANOPY-1)

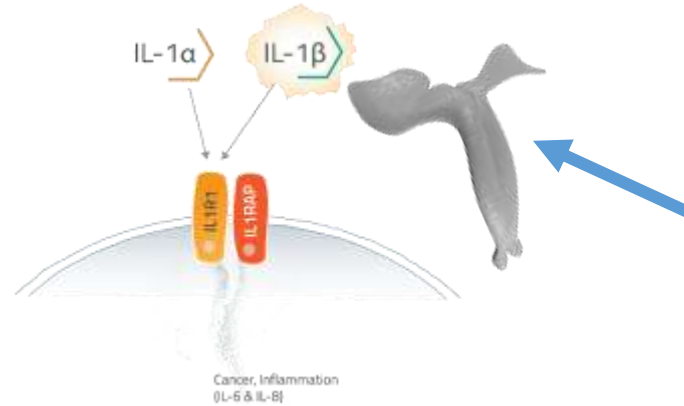
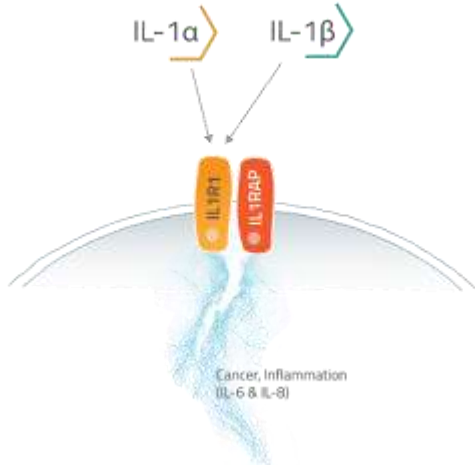
Untreated locally advanced/metastatic
Combination Pembro/Platinum doublet
627 patients, start Dec 2018
Completion 2021/22

Second line metastatic (CANOPY-2)

Previously treated loc adv/metastatic
Combination Docetaxel
240 patients, start Dec 2018
Completion 2021

Source clinicaltrials.gov

CAN04 (nidanilimab) vs Canakinumab

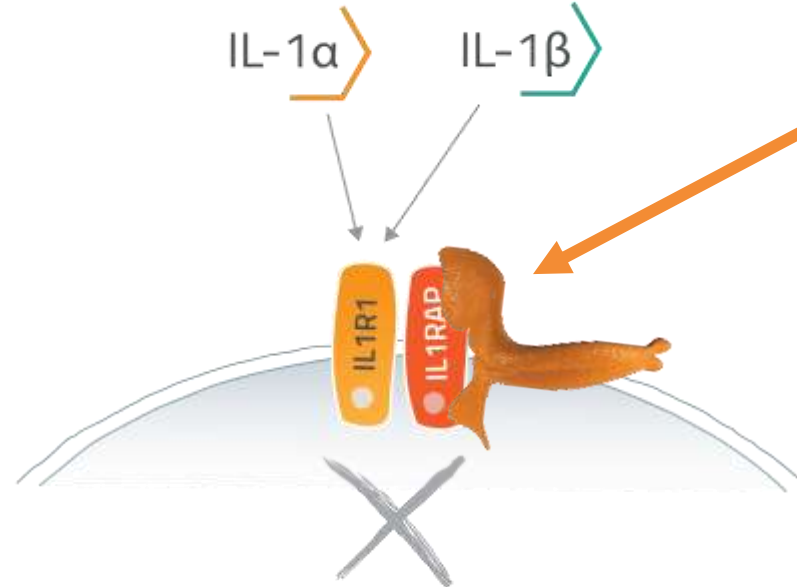


Canakinumab

- Antibody directed against one of the two IL-1 ligands, IL-1β

CAN04:

- Binds the common signaling receptor and counteracts both ligands
- Induce killing via the immune system (ADCC)

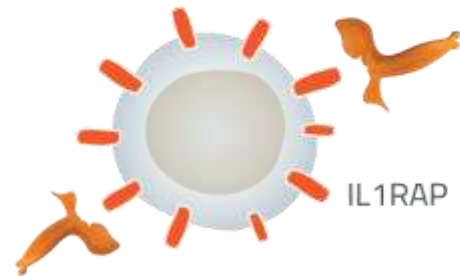


Medical need and IL1RAP

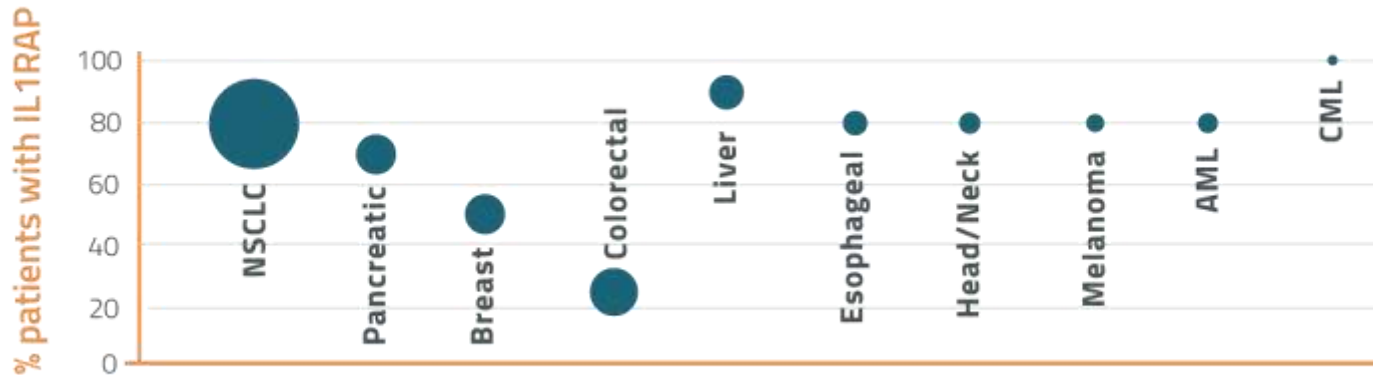
Normal cell



Cancer cell



IL1RAP



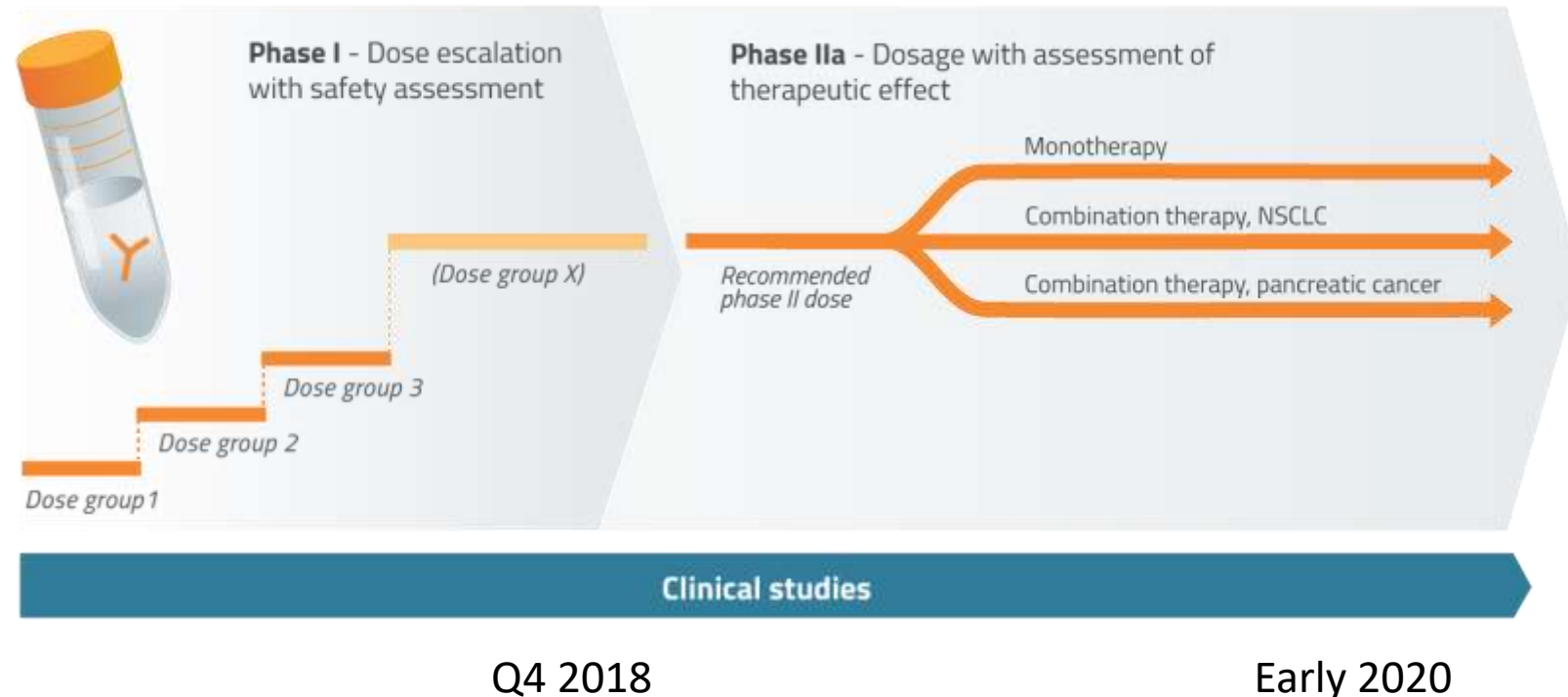
Size of each indication corresponds to annual deaths in USA

- Cantargia founded based on:
 - Discovery of IL1RAP on cancer cells
 - Antibodies against IL1RAP - antitumor effects
 - Patents on antibody therapy against IL1RAP
- Primary indications. NSCLC and pancreatic cancer
- Biomarker studies ongoing, identify patients most likely to respond
- Opportunity to expand development in additional cancer forms

CAN04 – CANFOUR clinical trial

Phase I/IIa trial - NSCLC and pancreatic cancer

- Norway, Denmark, Netherlands and Belgium
- Well renowned centres (Jules Bordet, Brussels; Erasmus Rotterdam, NKI, Amsterdam; Rigshospitalet, Copenhagen; Radiumhospitalet, Oslo)
- 15 patients treated, good safety
 - NSCLC, pancreatic cancer, colon cancer, triple negative breast cancer
- Phase IIa: focused on NSCLC and pancreatic cancer (appr 20 centres)
 - Monotherapy
 - Combination with standard therapy
 - NSCLC Cisplatin/Gemcitabine
 - Pancreatic cancer Gemcitabine/nab-paclitaxel



Details on www.clinicaltrials.gov

Cantargia at a glance

- Specialized in antibody therapy/immunology, with initial focus on oncology
- Granted IP - therapeutic target IL1RAP and drug candidate
- Lead antibody CAN04 (nidanilimab) in clinical development
- Strong management team with proven track record in clinical development and business development
- Listed on Nasdaq Stockholm
- More than 4000 shareholders
- Based in Lund, Sweden

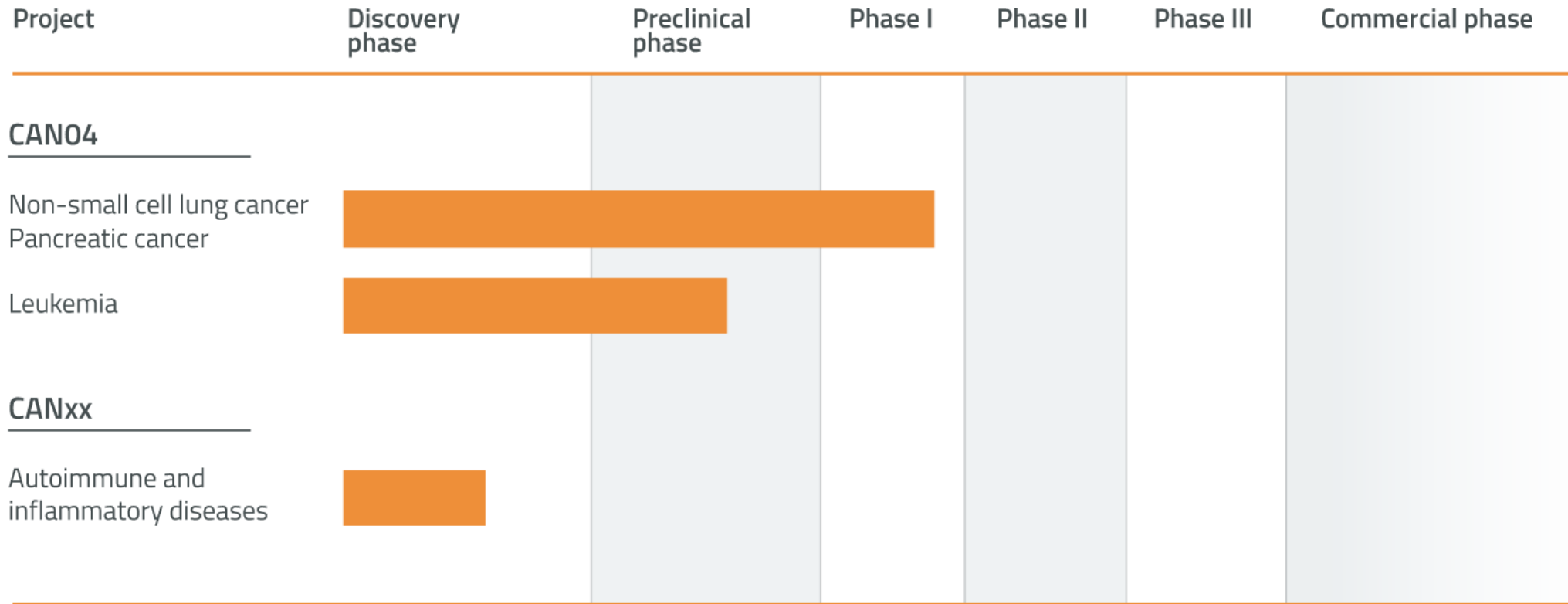
Financial highlights

- Share price: 19.90 SEK (2.22 USD), Oct 12, 2018
- Market cap: 1317 MSEK (147 MUSD), Oct 12, 2018
- Cash: 213 MSEK (23.3 MUSD), Jun 30 2018

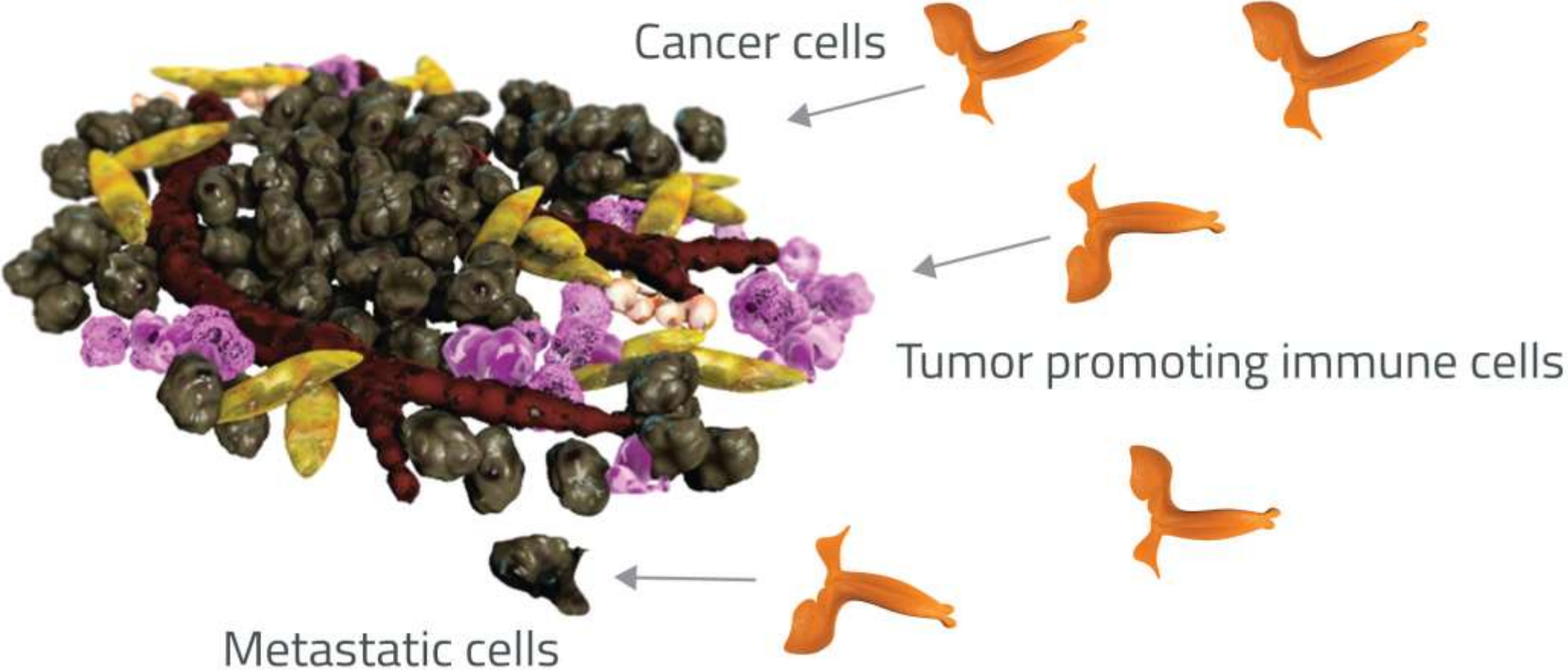
Current owners (Jun 30, 2018)

Sunstone	9.0%
1st AP fund	6.9%
Avanza Pension	6.0%
4th AP fund	4.6%
SEB S.A. clients	3.5%
2nd AP fund	3.3%
Mats Invest AB	2.0%
Tibia konsult	2.0%
Kudu AB	1.9 %
Brushamn Invest	1.9%
Nordnet Pension	1.9%
SHB Pharm Fund	1.5%
Others	55.5%

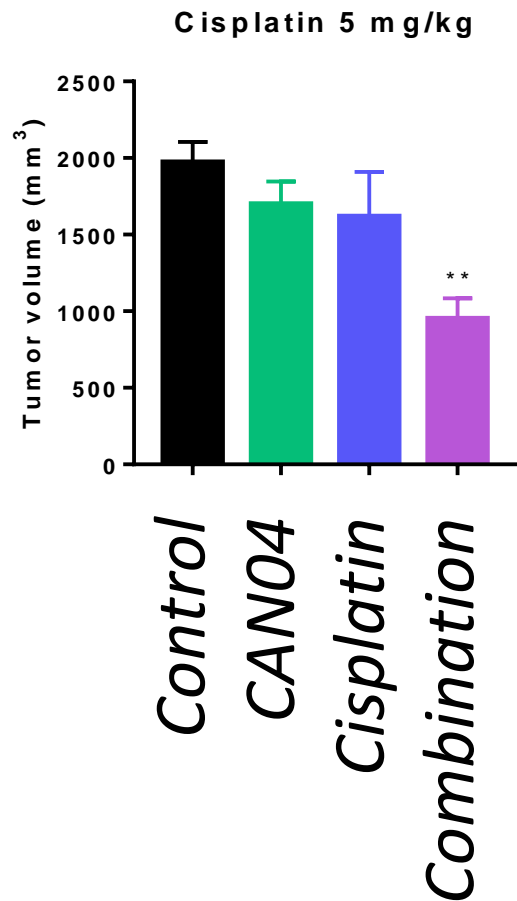
Cantargia pipeline



CAN04 attacks several cell types in the tumor



NSCLC CAN04/Cisplatin combination



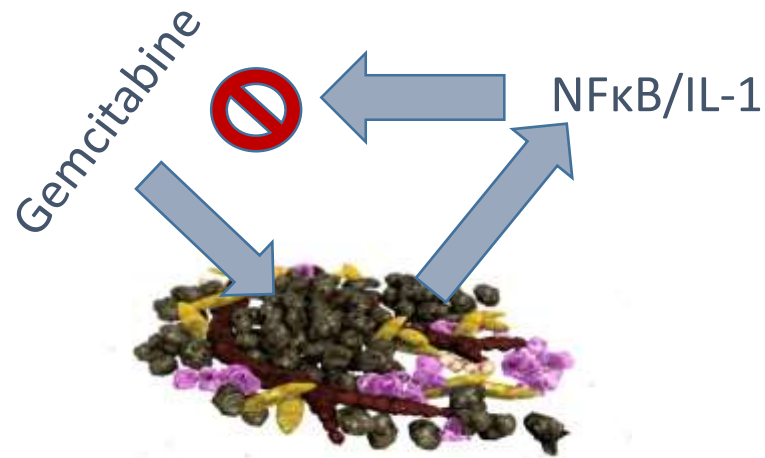
	Control	CAN04	Cisplatin	Combination
Animals withdrawn	20 % (Tumor)	0 %	50 % (Toxicity)	20 % (Toxicity)
Tumor reduction	N/A	14%	18%	52 %
Comment	<i>Highest tumor burden</i>	<i>Best safety</i>	<i>Highest toxicity</i>	<i>Superior efficacy and reduced toxicity</i>

Combination CAN04/Cisplatin superior to individual agents

- Reduction in severe toxicity
- Increased efficacy

Pancreatic cancer – chemotherapy insensitivity

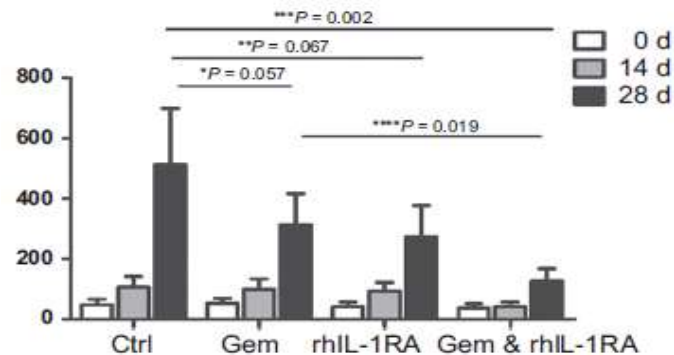
- Gemcitabine insensitivity caused by NFκB/IL-1
- IL-1 blockade reverse the effect
- Synergistic antitumor effect of combination



Patients with high IL-1 respond poorly to gemcitabine

IL-6/IL-1 β classification	N	Median OS (95%CI) (days)
IL-6 ^{Low} /IL-1 β ^{Low}	25	306 (228–355)
IL-6 ^{Low} /IL-1 β ^{High}	5	246 (97–346)
IL-6 ^{High} /IL-1 β ^{Low}	15	140 (83–334)
IL-6 ^{High} /IL-1 β ^{High}	15	79 (61–134)

National Cancer Centre, Chiba, Japan
Mitsunaga et.al, Br. J. Cancer, 2013

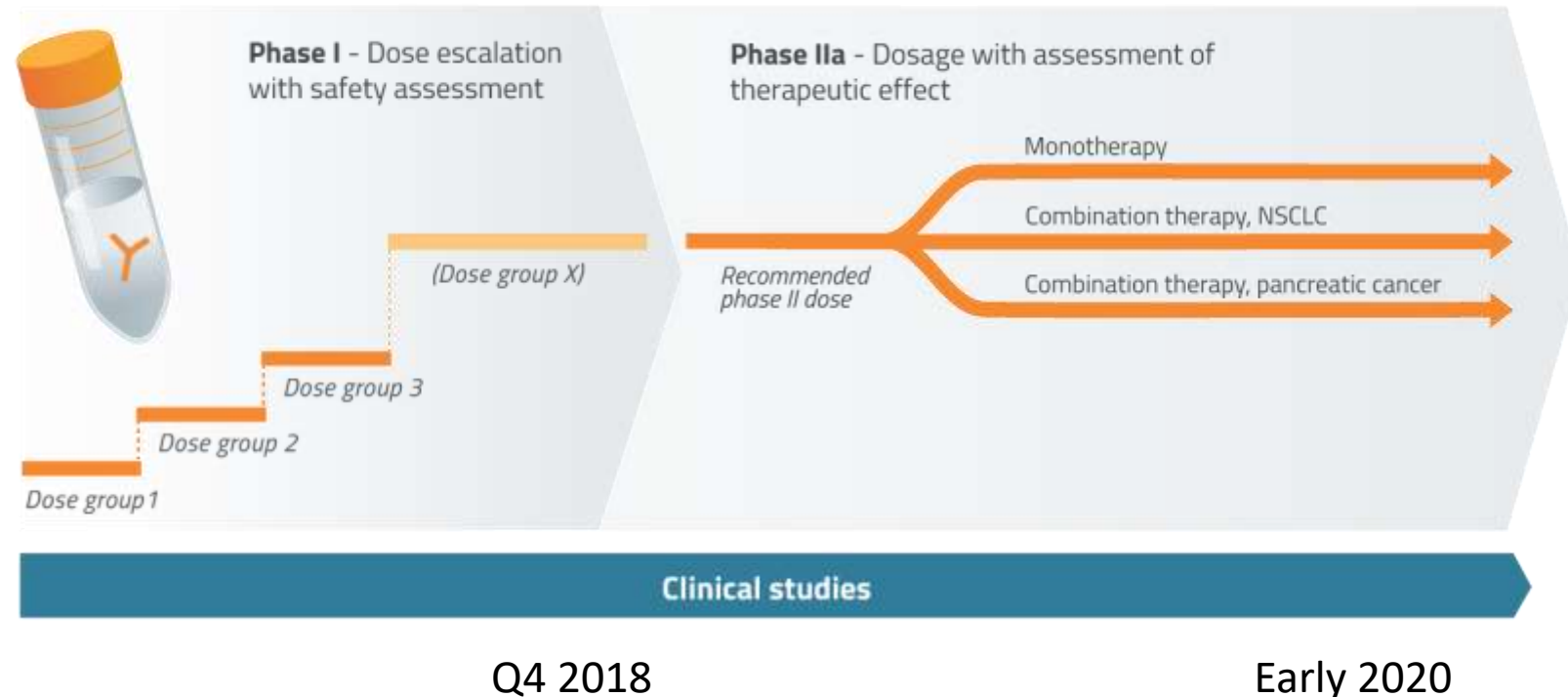


MD Anderson Cancer Centre, Houston
Zhuang et.al, Clin Cancer Res 2016

CAN04 – CANFOUR clinical trial

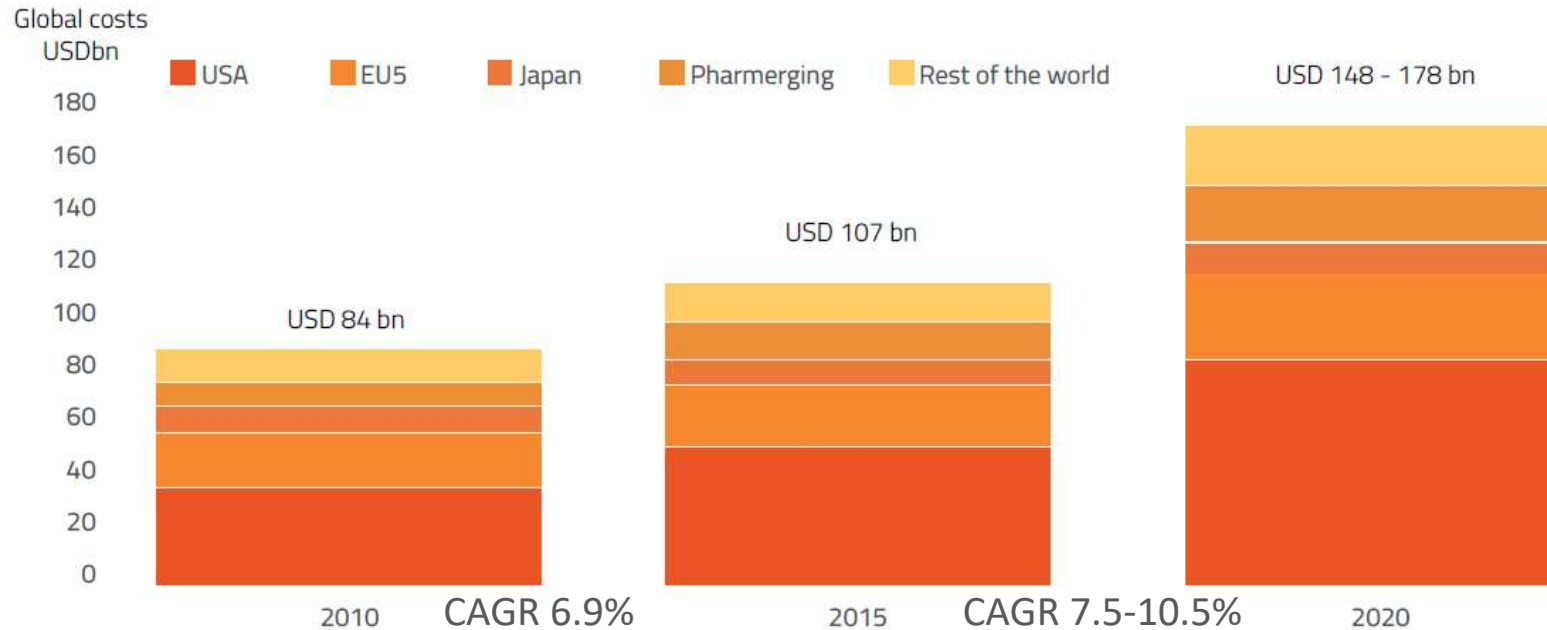
Phase I/IIa trial - NSCLC and pancreatic cancer

- Norway, Denmark, Netherlands and Belgium
- Well renowned centres (Jules Bordet, Brussels; Erasmus Rotterdam, NKI, Amsterdam; Rigshospitalet, Copenhagen; Radiumhospitalet, Oslo)
- 15 patients treated, good safety
 - NSCLC, pancreatic cancer, colon cancer, triple negative breast cancer
- Phase IIa: focused on NSCLC and pancreatic cancer (appr 20 centres)
 - Monotherapy
 - Combination with standard therapy
 - NSCLC Cisplatin/Gemcitabine
 - Pancreatic cancer Gemcitabine/nab-paclitaxel



Details on www.clinicaltrials.gov

Lead project CAN04 in the highest growth segment— Oncology antibodies



Sales cancer therapeutic antibodies 2017 (2016)

Rituxan/MabThera	\$7.87bn	(\$8.58bn)
Avastin	\$7.13bn	(\$6.75bn)
Herceptin	\$7.47bn	(\$6.75bn)

Immuno-oncology driving market growth 2017 (2016)

Opdivo	\$4.95bn	(\$3.77bn)
Keytruda	\$3.81bn	(\$1.40bn)

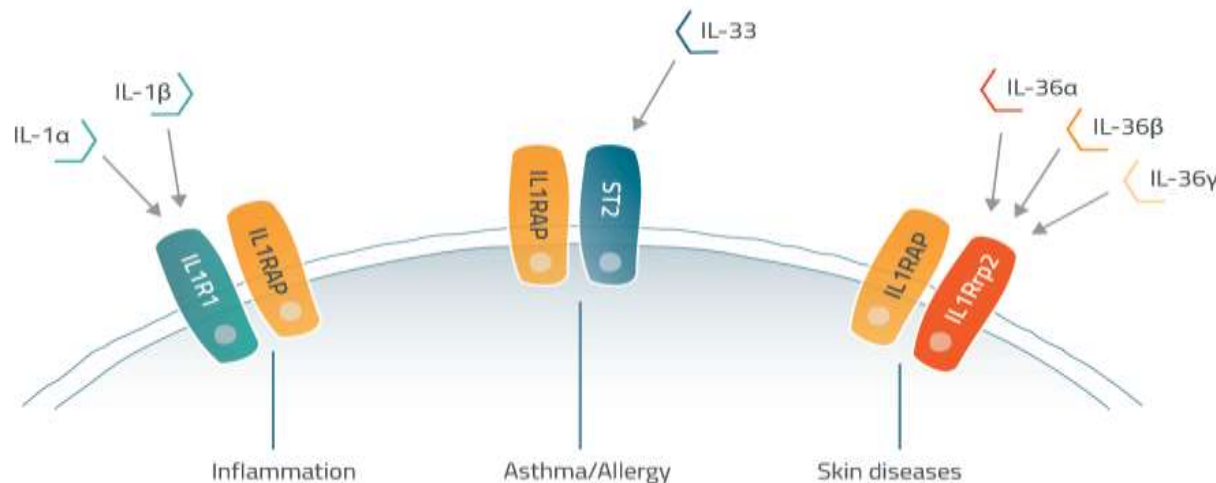
Source IMS Health & company reported sales

CANTOS additional findings (from Novartis IL-1 β antibody)

CANCER decreased risk of death with treatment (high dose)			
Lung cancer	77 %	P=0.0002	
Non-lung cancer	37 %	P=0.06	
Decreased incidence of inflammatory disease (all doses)			
Arthritis	32%	p<0.0001	
Osteoarthritis	28%	P=0.0005	
Gout	53%	p<0.0001	
Biomarker levels (reduction)			
CRP	26-41%	P<0.0001	
IL-6	25-43%	P<0.001	

IL1RAP - additional potential indications to leverage the value of our asset

- Three different systems signal through IL1RAP
- These systems contribute to various inflammatory diseases
- Can be blocked by Cantargia's antibodies against IL1RAP



Cantargia partnership with Panorama Res Inc (Sunnyvale, CA)
Selection of clinical candidate 2019

Significant value inflection points ahead

2018

- Preclinical data (immuno-oncology effects, combinations etc)
- Phase I clinical data (Q4 2018)
- Initiation of Phase IIa portion of the clinical trial (Q4 2018)
- US regulatory and clinical strategy

2019/2020

- Clinical progress and Phase IIa results
- Preclinical progress
- CANxx progress

Cantargia summary

- Lead candidate antibody CAN04 in clinical trials against cancer
 - Double mechanism of action
 - Initial development in NSCLC and pancreatic cancer (cancer forms with poor prognosis)
 - Direct effects on tumor cells and tumor microenvironment
 - Recent external validation of pathway
- Second generation antibodies for autoimmune disease
- Unique and strong IP
- Strong lead investors with high competence and well known track record
 - Funding through phase IIa - until mid 2020.