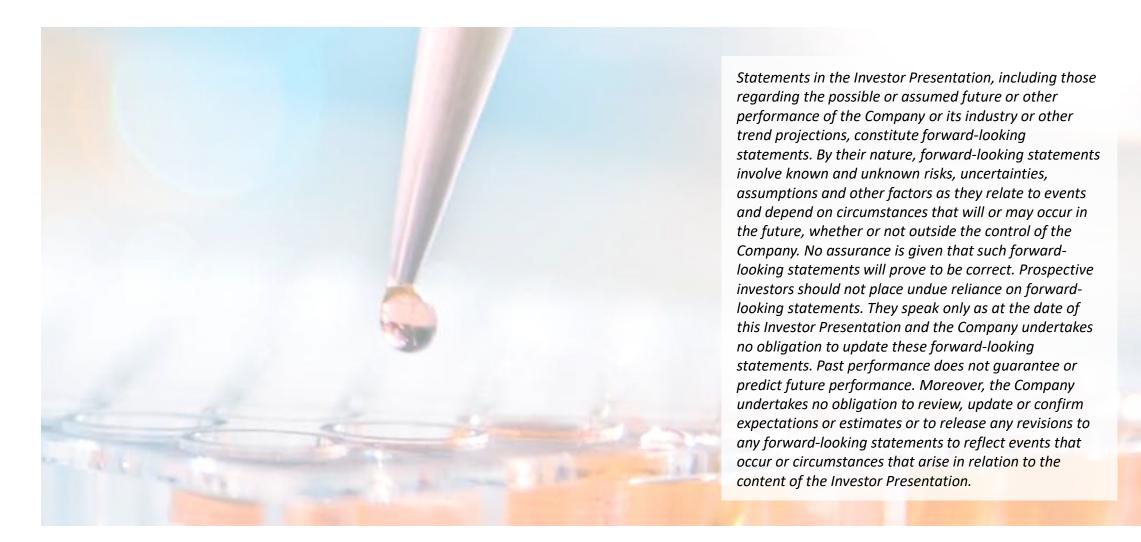


### Safe Harbor Statement





# Cantargia – Investment highlights



#### NOVEL IL1RAP ANTIBODIES, POTENTIAL TO TREAT CANCER & INFLAMMATORY DISEASE

- IL1RAP elevated in most solid and liquid tumors
- IL1RAP signalling drives several autoimmune and inflammatory diseases



#### NADUNOLIMAB: CLEAR ACTIVITY SIGNALS IN CANCER THERAPY WITH UPCOMING CATALYSTS

- Strong clinical interim results in PDAC and NSCLC, and promising initial results in TNBC; >250 patients treated
- Randomized trial ongoing in TNBC (Phase II top-line data in 2024, futility analysis Q4 2023), Phase IIb trial in preparation for PDAC (top-line data in 2025)



#### **CAN10: OPPORTUNITY IN AUTOIMMUNITY/INFLAMMATION**

- Pronounced activity in models of systemic sclerosis, myocarditis, psoriasis, atherosclerosis and inflammation
- Phase I clinical trial ongoing, first results 2024

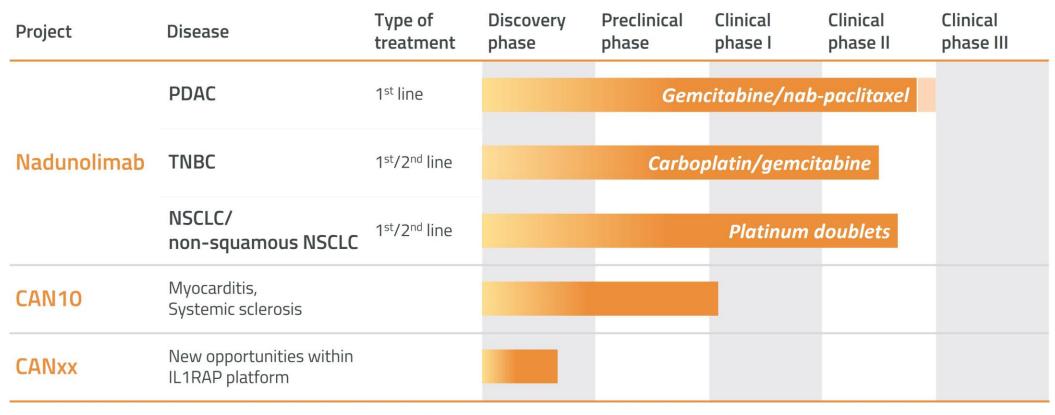


#### CORPORATE STRENGTH DRIVING INNOVATION

- Solid cash position with runway to mid/end 2024 (287M SEK cash & equivalents at Q2 2023)
- Robust patent portfolio: IL1RAP antibody target in oncology (2032), nadunolimab (2035) and CAN10 (2041)



# Current pipeline



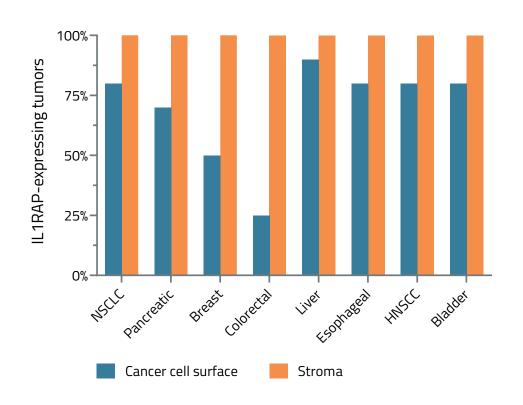
PDAC – pancreatic cancer; TNBC – triple-negative breast cancer; NSCLC – non-small cell lung cancer



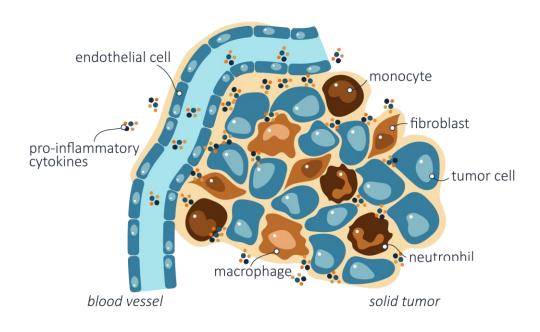


# IL1RAP overexpressed in most solid tumors

#### **IL1RAP EXPRESSION IN SOLID TUMOR TYPES**



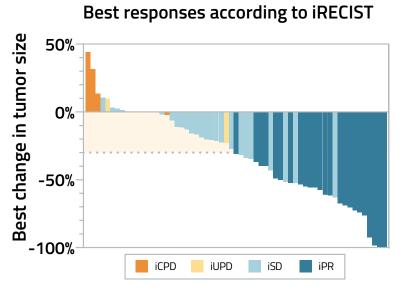
## SEVERAL TUMOR-PROMOTING CELLS EXPRESSING IL1RAP IN THE TUMOR MICROENVIRONMENT



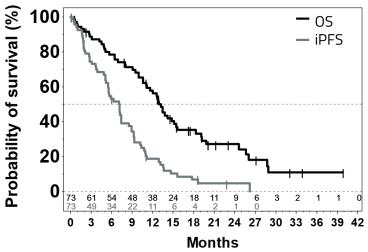
IL1RAP - DISTINCTLY OVEREXPRESSED IN TUMORS; LOW EXPRESSION IN NORMAL TISSUE



### Pancreatic cancer – Positive interim data in 1<sup>st</sup> line patients







# Nadunolimab combination with Gem/Abraxane in 1<sup>st</sup> line PDAC (n=73):

- 33% response rate with long PFS and OS
  - Additional 5 (7%) patients had on-treatment benefit beyond progression
- Promising OS (12.9 mo), PFS (7.2 mo) and DCR (71%)
- → 2 patients still on treatment

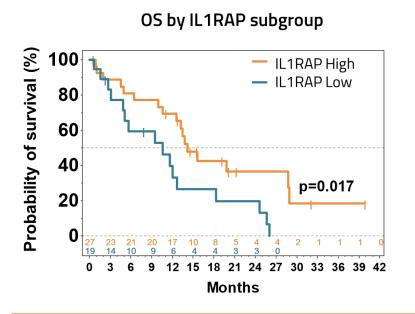
#### Benchmark efficacy Gem/Abraxane:

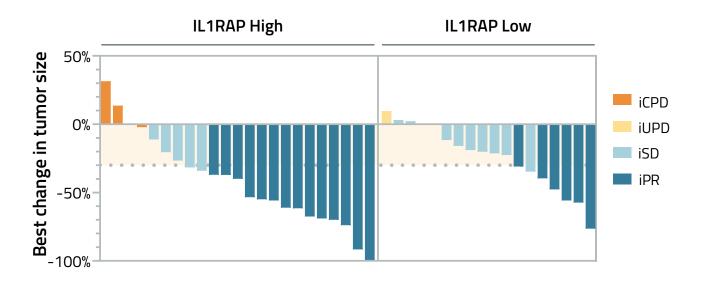
ORR 23%; DCR 48%; PFS 5.3 mo; OS 8.5 mo (Von Hoff et al, N Engl J Med 2013) ORR 36%; DCR 62%; PFS 5.6 mo; OS 9.2 mo (NAPOLI 3 trial, ASCO GI 2023)

#### PFS AND OS LONGER THAN EXPECTED GIVEN HISTORICAL CONTROL IN PDAC – PHASE IIB TRIAL IN PREPARATION



### PDAC - Strong efficacy in patients with high tumor IL1RAP level





#### Efficacy analysis for IL1RAP High (n=27) vs IL1RAP Low (n=19) PDAC patients:

- $\rightarrow$  Significantly prolonged OS in ILRAP High vs IL1RAP Low patients (14.2 vs 10.6 mo; p=0.017)
- → Deeper and more durable responses in IL1RAP High subgroup: 11 patients had 50% or more tumor size decrease

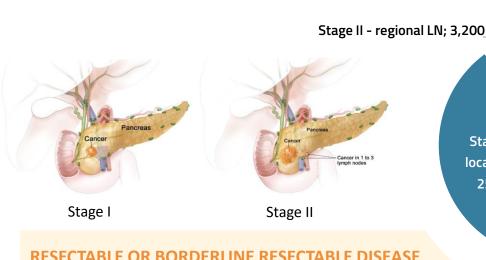
NEW DATA SUPPORT ONGOING DEVELOPMENT AND EXPLORATION OF NEW OPPORTUNITIES



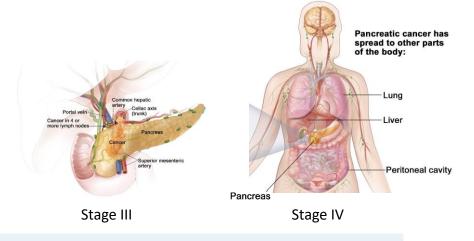
# PDAC – market opportunity

#### Expected number of cases US 2023: 64,000

Stage I - local: 3,200



Stage IV -Stage III metastatic: locally adv: 32,000 25,600



#### RESECTABLE OR BORDERLINE RESECTABLE DISEASE

#### Survival:

 $\rightarrow$  15.7 – 28.0 mo

#### Treatment:

- Neoadjuvant: gemcitabine+radiotherapy or mFOLFIRINOX
- Radical pancreatic resection
- Post-op chemo (gemcitabine+capecitabine or mFOLFIRINOX) or chemo+radiotherapy

#### LOCALLY ADVANCED OR METASTATIC DISEASE

#### Survival:

 $\rightarrow$  8.5 – 11.1 mo

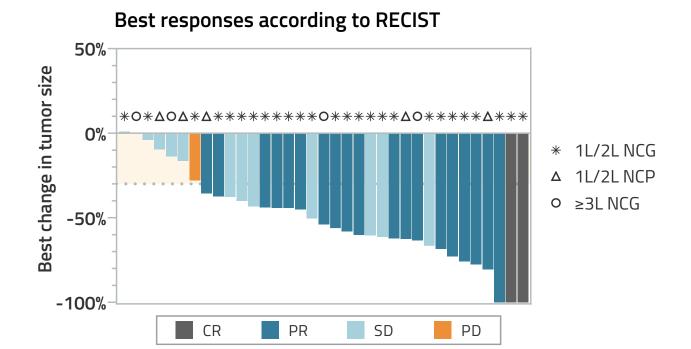
#### Treatment:

- FOLFIRINOX if good performance status
- Gemcitabine/nab-paclitaxel
- Gemcitabine if poorer performance
- Jan 2023: 1st line NALIRIFOX (OS 11.1 mo)

PANCREATIC CANCER IS A MULTI BUSD OPPORTUNITY WITH HIGH MEDICAL NEED



# NSCLC – Promising efficacy of nadunolimab combination therapy



# High ORR to nadunolimab and platinum doublets in different lines of therapy:

- $\rightarrow$  Gem/Cis 1<sup>st</sup>/2<sup>nd</sup> line: ORR 53% (n=30)
- → Carbo/Pemtrex 1<sup>st</sup>/2<sup>nd</sup> line: ORR 60% (n=5)
- $\rightarrow$  Gem/Cis ≥3<sup>rd</sup> line: ORR 50% (n=4)

Data presented at ASCO 2023





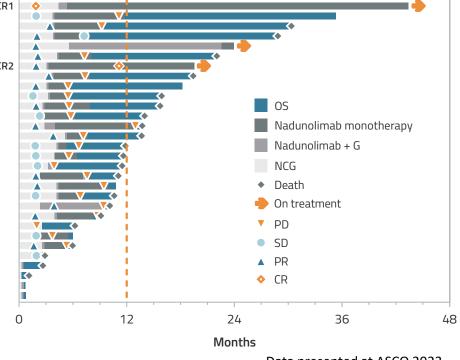
# NSCLC – Long-term benefit with strong signal in non-squamous subtype

	All (n=30)	Historical data <sup>1,2</sup>	Non-squamous (n=16)	Non- squamous, historical data <sup>3</sup>
Median OS	13.7 mo	10.3 mo	15.9 mo	11.3 mo
Median PFS	7.0 mo	5.1 mo	7.3 mo	4.9 mo
ORR	53%	22-28 %	56%	19%
Complete response	6.7% (n=2)	<1%	12.5% (n=2)	<1%

#### → Strongest efficacy in non-squamous patients

→ Long-term benefit of nadunolimab combination therapy, including two complete responses

#### Treatment course for each individual patient

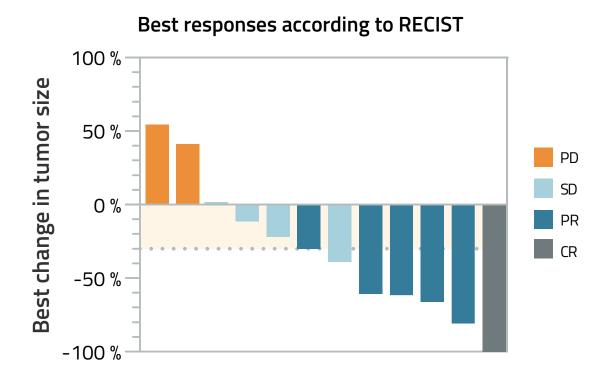


Data presented at ASCO 2023

#### NADUNOLIMAB COMBINATION THERAPY COMPARES VERY FAVORABLY TO HISTORICAL DATA FOR CHEMOTHERAPY ALONE



# TNBC – Promising early safety and efficacy



# Nadunolimab combination with Gem/Carbo in 1<sup>st</sup>/2<sup>nd</sup> line metastatic TNBC:

#### 15 patients enrolled in the dose-escalation phase

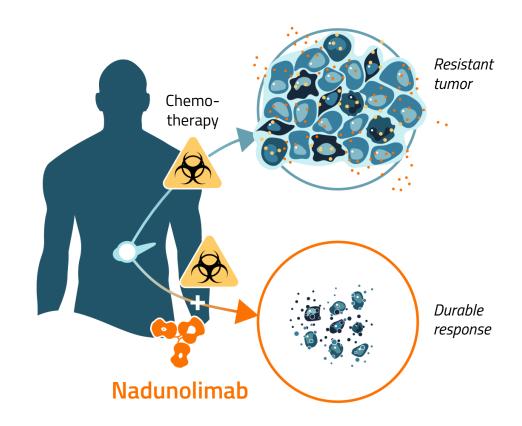
- → Acceptable safety profile (G-CSF given prophylactically to control neutropenia)
- → 12 patients treated long enough for initial efficacy evaluation:
  - → Preliminary ORR: 50% (1 CR, 5 PR, 4 SD, 2 PD)
- Proceeds to randomized phase including up to 98 additional patients (n=49 per arm)
- → Interim futility analysis planned for Q4 2023

RESPONSE RATE OF NADUNOLIMAB COMBINATION THERAPY WELL ABOVE HISTORICAL DATA FOR CHEMOTHERAPY ONLY<sup>1</sup>



## Key messages

- $\rightarrow$  Most chemotherapies induce chemoresistance already after a few months of therapy. Chemotherapy can upregulate both IL-1 $\alpha$  and IL-1 $\beta$ , signaling through IL1RAP.
- → Clinical results strongly support potential unique first-inclass opportunities in PDAC, NSCLC and TNBC.
- → PDAC patients with high IL1RAP respond best to nadunolimab combination therapy despite having a worse prognosis



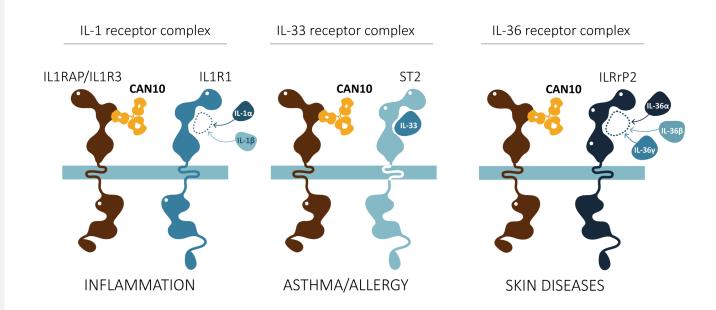
PROMISING EFFICACY OF NADUNOLIMAB WITH CHEMOTHERAPY – CURRENT FOCUS ON RANDOMIZED CLINICAL TRIALS





# CAN10 – New clinical asset in autoimmunity/inflammation

- → IL1RAP-binding antibody potently blocking IL-1, IL-33 and IL-36, without ADCC
- Unique anti-inflammatory activity observed in different mouse models (myocarditis, systemic sclerosis, psoriasis, inflammation)
- Development focusing on systemic sclerosis and myocarditis, diseases involving multiple IL-1 family cytokines

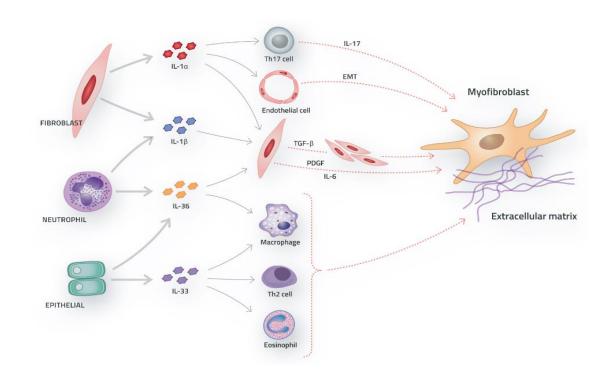


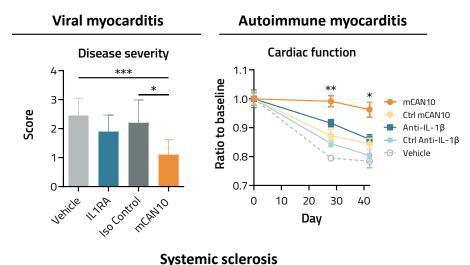
UNIQUE OPPORTUNITY FOR CAN10 IDENTIFIED IN LIFE-THREATENING DISEASES

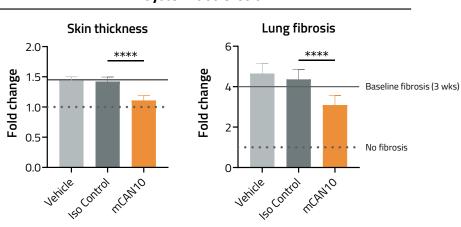


CAN10 – Promising effects in several preclinical disease

models







CAN10 SHOWS POTENTIAL IN SEVERAL AUTOIMMUNE/INFLAMMATORY DISEASES WITH HIGH MEDICAL NEED



## CAN10 – Project status

#### **Status**

- → CAN10 safe in GLP tox study
- → Strong results in preclinical models of several diseases including lead indications myocarditis and systemic sclerosis
- → Phase I ongoing, early planning of patient studies (phase IIa)

#### Clinical phase I study – First data set during 2024

- → Phase I in healthy volunteers (SAD) followed by psoriasis patients (MAD) ongoing in Germany
- Up to 80 indviduals (safety, pharmacokinetics, biomarkers)





# Upcoming milestones

#### **Nadunolimab**

#### PDAC

- New translational data Q3 2023
- Start Phase IIb trial in 150-200 patients early 2024
- Phase IIb top-line data in 2025

#### **NSCLC**

Efficacy/biomarker data from CANFOUR 2023 and 2024

#### TNBC

- Randomized Phase II (TRIFOUR) – interim futility analysis in Q4 2023
- Safety and efficacy data from Phase I in Q4 2023

#### CAN10

- Phase I recruitment and treatment ongoing
- Phase I data in 2024

# Additional milestones

- New clinical data presented from CIRIFOUR, CAPAFOUR and CESTAFOUR trials
- New preclinical and translational results

**EXTENSIVE NEWS FLOW EXPECTED DURING 2023 & 24** 



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