

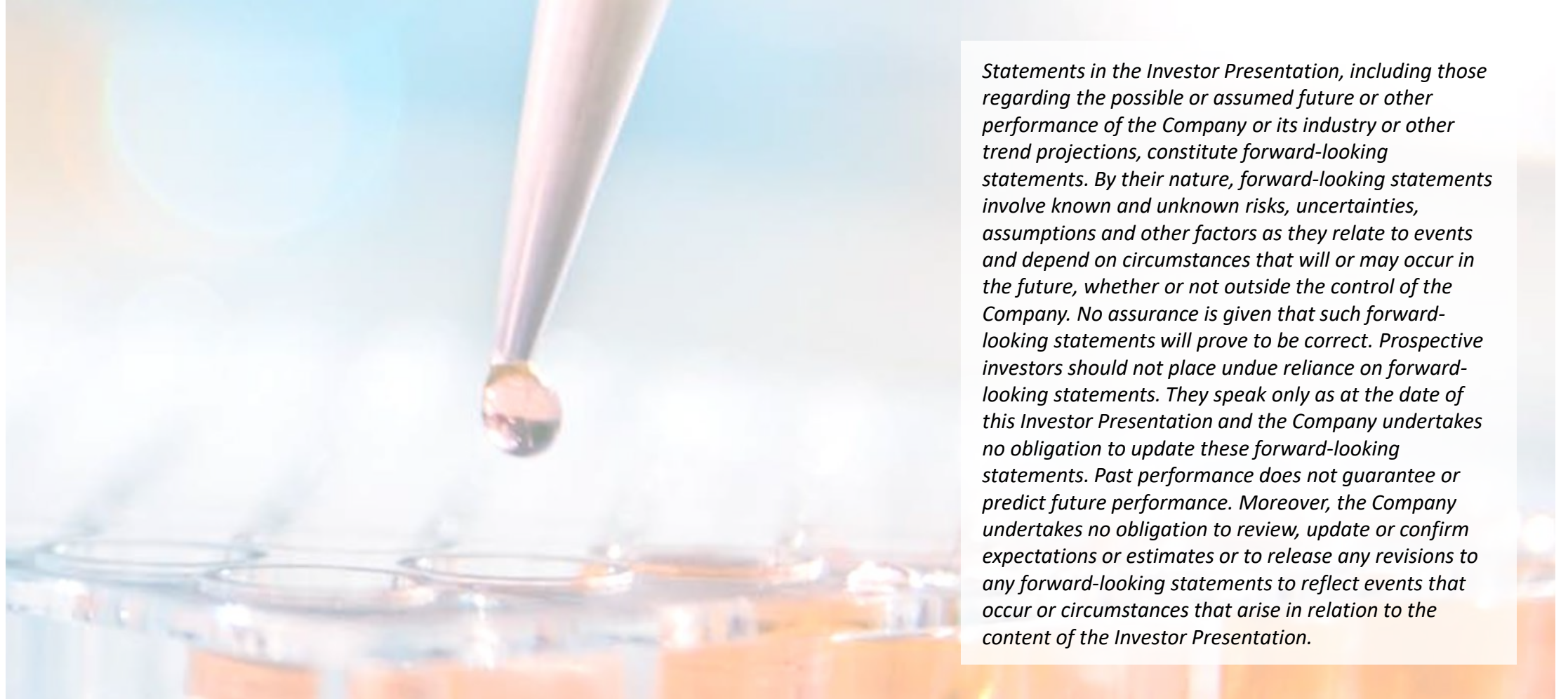


Targeting IL1RAP to address unmet needs in severe cancer and autoimmune diseases

*Corporate Presentation  
October 2024*

**NASDAQ STOCKHOLM MAIN LIST (CANTA.ST)**

# Safe Harbor Statement



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# Cantargia – Investment highlights



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

- IL1RAP elevated in most solid and liquid tumors
- IL1RAP signaling 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; >300 patients treated
- Randomized Phase 2 trial ongoing in TNBC (initial data H1 2025); Phase 2b trial in preparation in PDAC



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

- Pronounced activity in models of systemic sclerosis, myocarditis, psoriasis, atherosclerosis and inflammation
- Phase 1 clinical trial ongoing, initial results show good safety, receptor occupancy and potent PD-effects.



## **CORPORATE STRENGTH DRIVING INNOVATION**

- Solid cash position with runway into 2025 (105MSEK (~10 MUSD) cash & equivalents at Q2 2024)
- Robust patent portfolio: IL1RAP antibody target in oncology (2032), nadunolimab (2035) and CAN10 (2041)

# Current pipeline

Asset	Indication	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	
<b>Nadunolimab</b>	PDAC**, TNBC*, NSCLC**	[Progress bar spanning Discovery, Preclinical, and Phase 1]					
<b>CAN10</b>	Hidradenitis Suppurativa Systemic Sclerosis	[Progress bar spanning Discovery and Preclinical]					
<b>CANxx</b>	New opportunities within IL1RAP platform	[Progress bar in Discovery]					

PDAC – pancreatic cancer; TNBC – triple-negative breast cancer; NSCLC – non-small cell lung cancer  
 \*) Recruitment in randomized phase 2 trial ongoing in TNBC  
 \*\*) Recruitments finalized

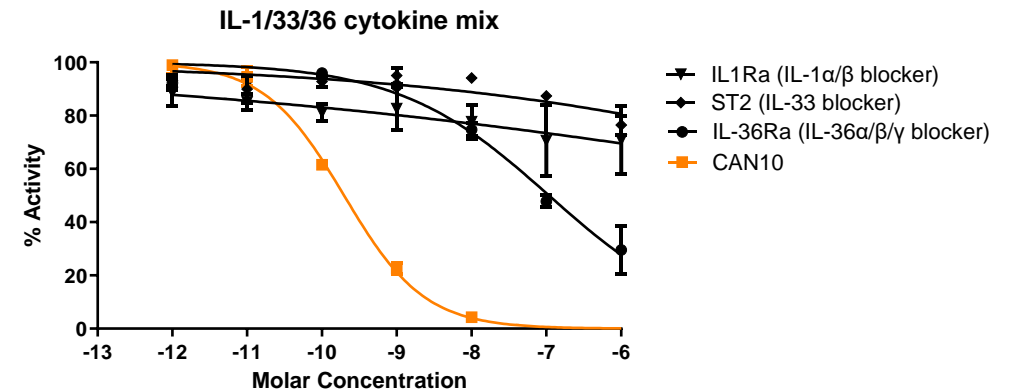
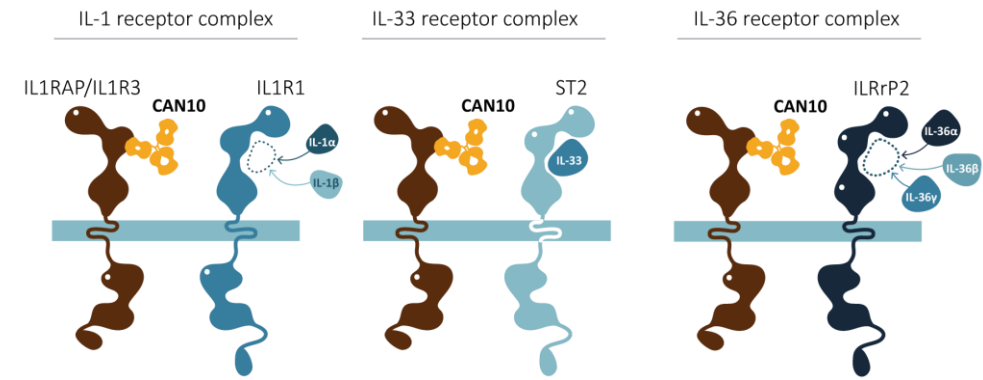
The background of the slide is a microscopic image of cells, likely lymphocytes, with a strong blue color cast. The cells are out of focus, with some showing a distinct nucleus. A semi-transparent dark blue horizontal band is overlaid across the middle of the image, containing the text.

CAN10 – OPPORTUNITY IN AUTOIMMUNE/INFLAMMATORY DISEASE



# CAN10 developed to block IL-1 family with precision

- **CAN10 prevents signaling from IL1 $\alpha/\beta$ , IL-33 and IL36 $\alpha/\beta/\gamma$** 
  - CAN10 binds IL1RAP with pM affinity and prevents IL1RAP interaction with the IL-1, IL-33 and IL-36 receptors
- **CAN10 has shown robust efficacy in preclinical models of several diseases**
  - Potent effects in several hard-to-treat models, blocks inflammation and fibrosis **where IL-1 $\alpha/\beta$  or IL-1 $\beta$  blockade only does not**
- **CAN10 is undergoing phase 1 development**
  - No safety issues, including at doses where high level receptor occupancy have been reached
  - SAD portion includes IV administration in healthy volunteers
  - MAD performed with SC administration in psoriasis patients to enable proof-of-mechanism



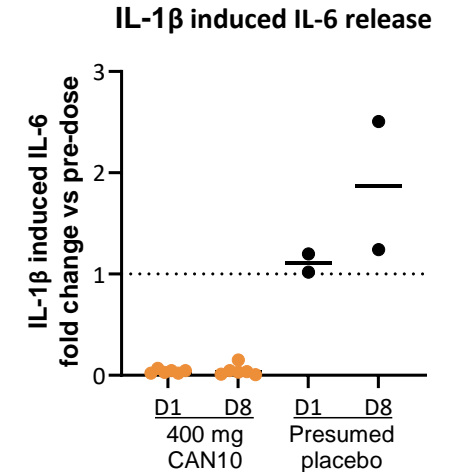
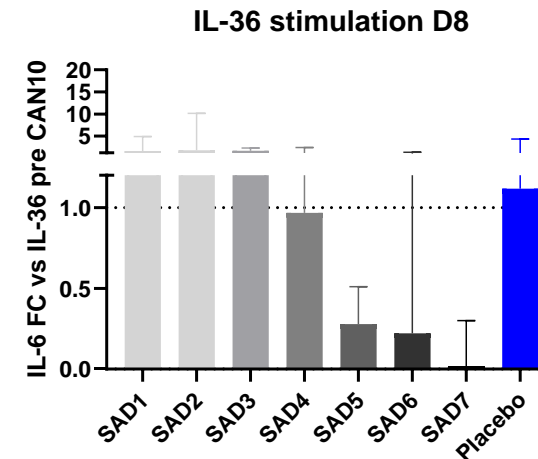
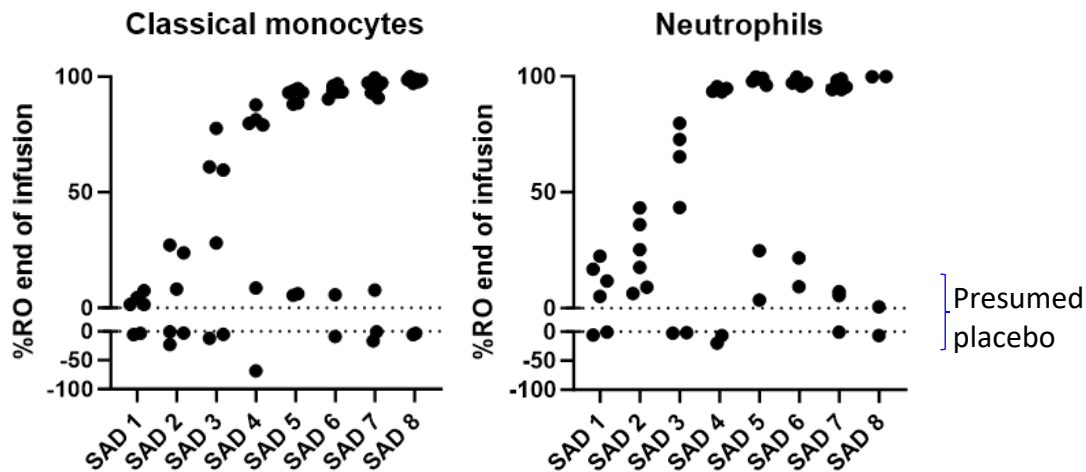
# CAN10 first-in-human study - SAD part

## Design

- Blinded, placebo-controlled study
- Nine dose groups from 1 to 400 mg CAN10 incl. 2 patients on placebo in each group

## Results

- No safety signals
- Receptor occupancy documented (at C<sub>max</sub>)
- Potent PD effects on IL-1 & IL-36 at C<sub>max</sub> and day 8



AFTER SUCCESSFUL SAD, MULTIPLE DOSING INVESTIGATED IN PSORIASIS PARTICIPANTS

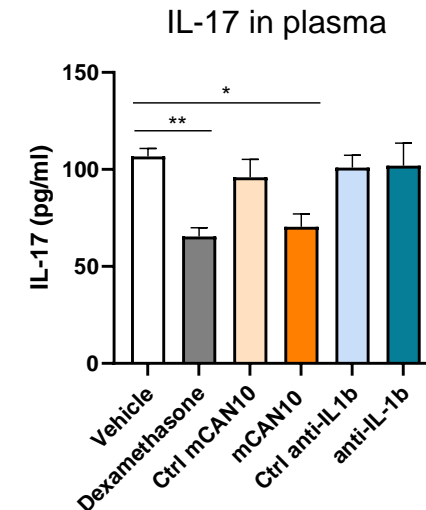
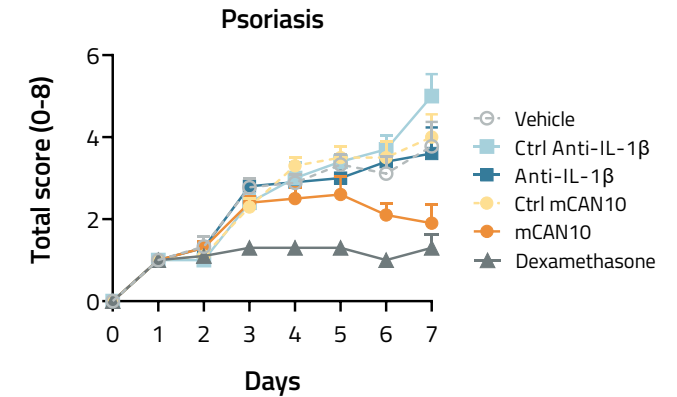
# CAN10 First-in-Human study - MAD part

## Design

- SC administration in subjects with mild to moderate plaque psoriasis (MAD)
- Two dose levels
- Six treated with CAN10, two with placebo, in each group
- Recruitment ongoing
- Psoriasis chosen as phase 1 indication to enable mechanistic studies, no plans to develop in phase 2

## Planned PD analyses

- Receptor occupancy, Ex vivo inhibition assay
- Psoriasis severity scoring
- Skin biopsies



RESULTS FROM MAD PART DURING Q1 AND Q2 2025



# Overview of Hidradenitis Suppurativa (HS)

## HS – a severe chronic inflammatory skin disease

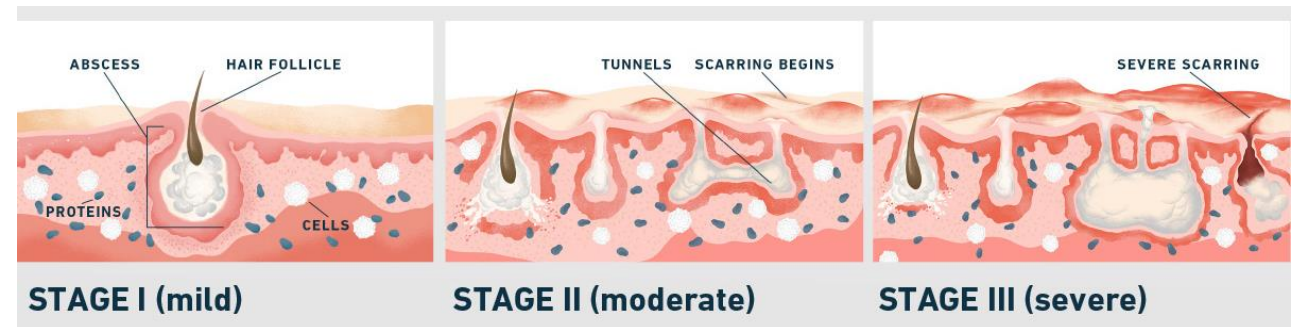
- HS is a diverse disease with several inflammatory components involved in the pathology
- Estimated HS prevalence of 0.7-1.2%

## Inadequate current treatments

- Antibiotics
- Steroids
- Anti-TNF $\alpha$  (Humira), anti-IL-17 (Cosentyx)
  - ~50% respond to each in trials
- Huge medical need
  - Non-responders
  - Refractory patients



*Hurley stage I (a), II (b) and III (c)<sup>1</sup>*



*Schematic overview of Hurley stage I-III in HS<sup>2</sup>*

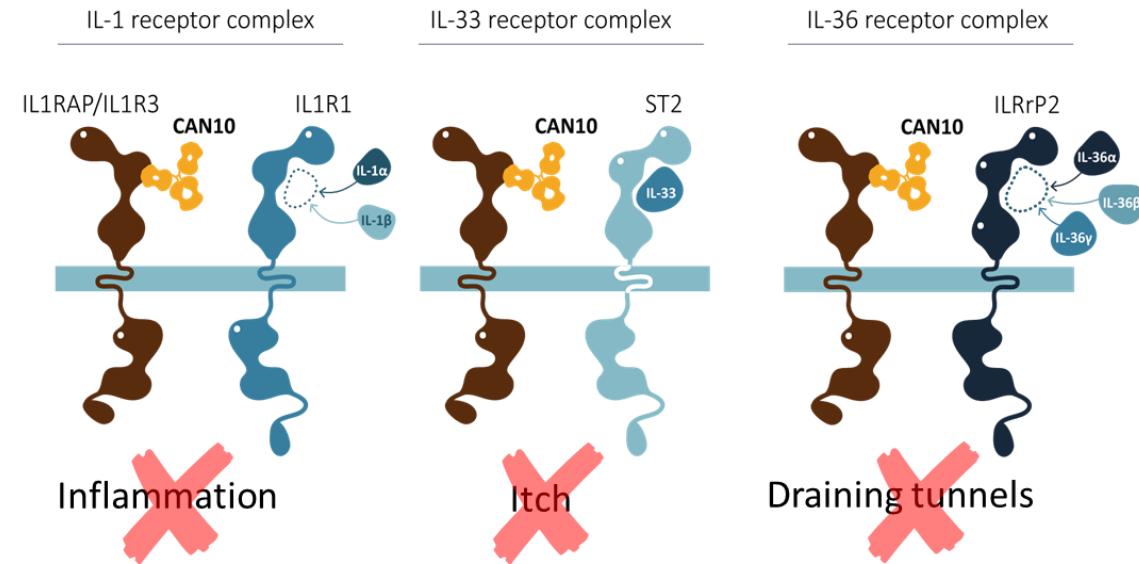
# CAN10 for treatment of Hidradenitis Suppurativa (HS)

## IL-36R-blockade (spesolimab) elicited positive results on overall disease severity<sup>1</sup>

- Efficacy shown in Phase 2 randomized controlled study (NCT04762277) by changes in iHS4, HASI-R, and HiSCR50, with a particular effect on draining tunnels (dTTs)
- Phase 2b/3 study ongoing

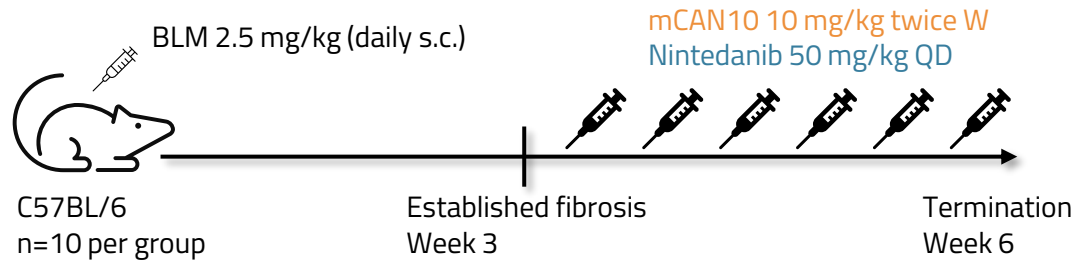
## Combined IL-1 $\alpha$ and IL-1 $\beta$ blockade (lutikizumab) generated high response rates in anti-TNF $\alpha$ refractory patients<sup>2</sup>

- Efficacy in phase 2 study on primary (HiSCR50) and secondary endpoints (NRS30, skin pain) as well as HiSCR75 at 16 weeks
- Phase 3 study ongoing

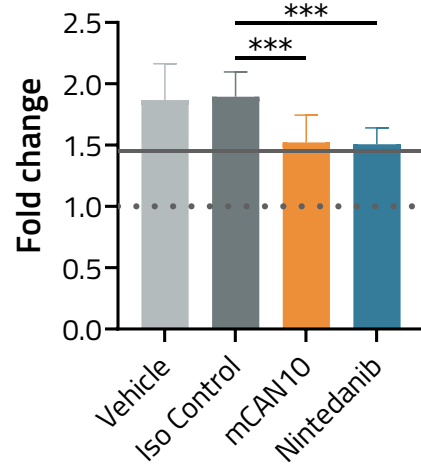


# Systemic sclerosis – mCAN10 inhibits bleomycin-induced skin fibrosis

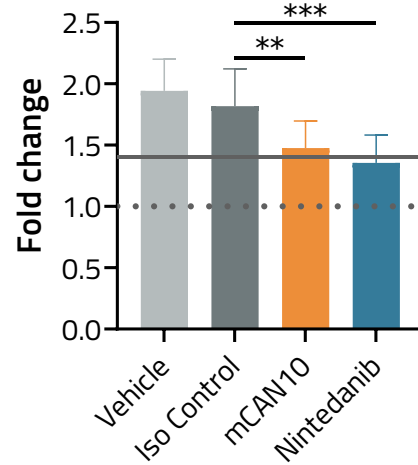
## Bleomycin (BLM) model



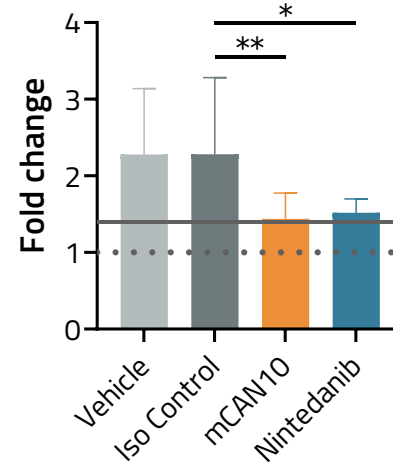
### Dermal thickness



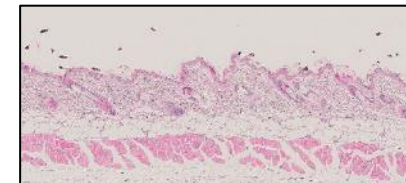
### Myfibroblast count



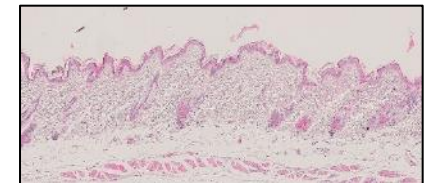
### Hydroxyproline



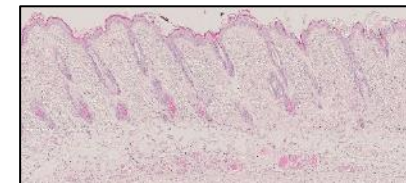
### No BLM (6 wks)



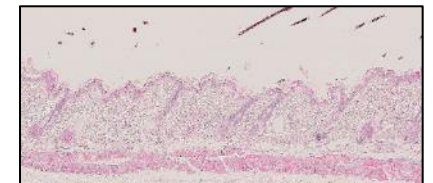
### Baseline BLM (3 wks)



### BLM (6 wks) Iso Control



### BLM (6 wks) mCAN10



— Baseline fibrosis (3 wks)  
..... No fibrosis

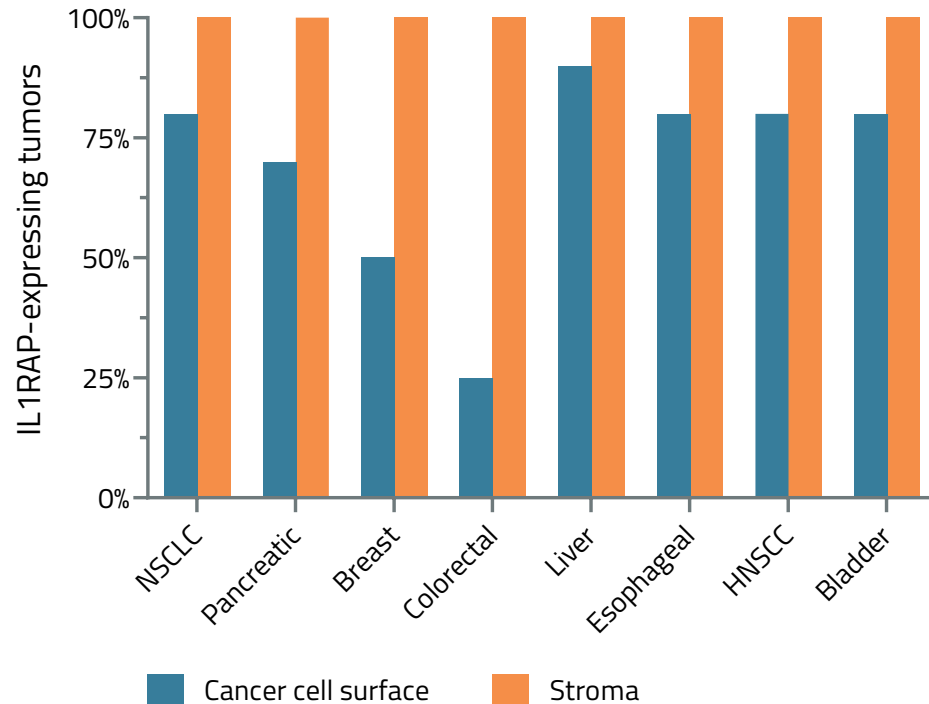
In collaboration with Jörg Distler, Heinrich-Heine-Universität, Düsseldorf, Germany



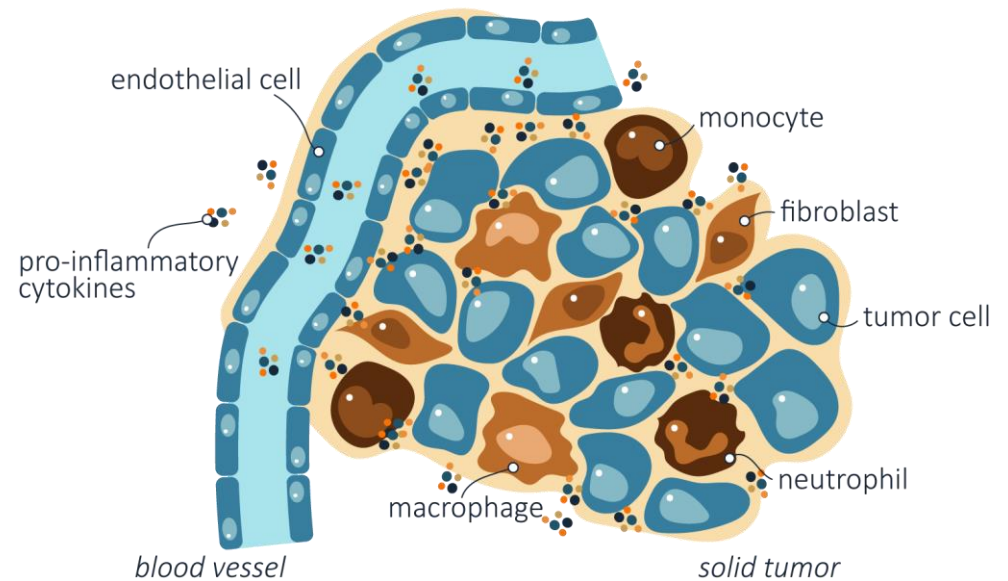
## NADUNOLIMAB (CAN04) OVERVIEW

# IL1RAP overexpressed in most solid tumors

## IL1RAP EXPRESSION IN SOLID TUMOR TYPES



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

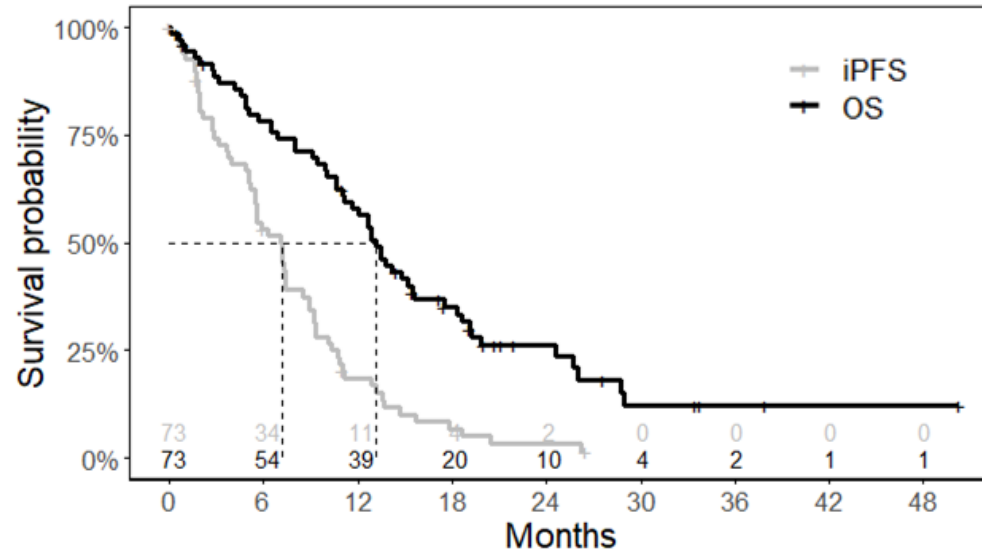


**IL1RAP – DISTINCTLY OVEREXPRESSED IN TUMORS; LOW EXPRESSION IN NORMAL TISSUE**

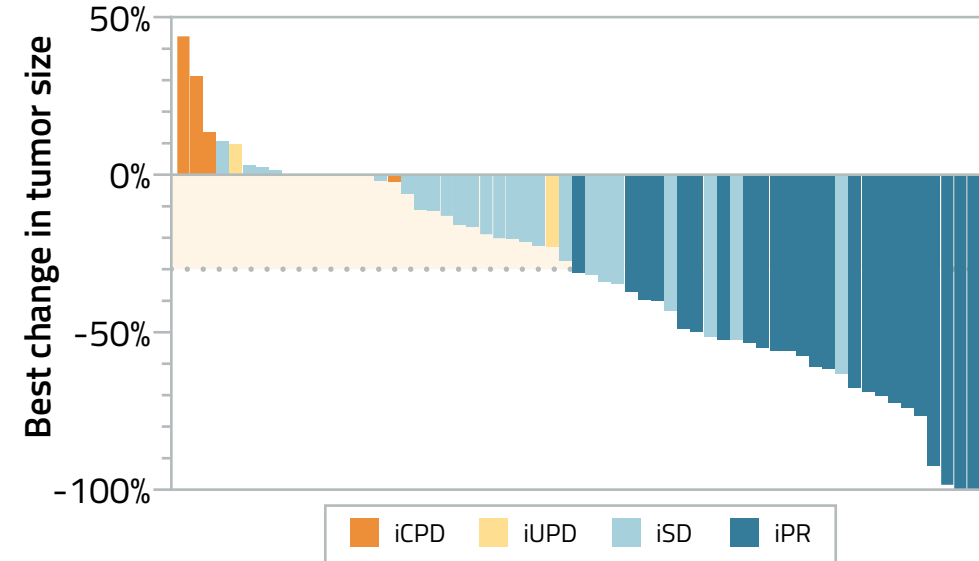


# Pancreatic Cancer – Positive data in 1<sup>st</sup> line patients

OS and iPFS for mITT patients



Best responses according to iRECIST



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

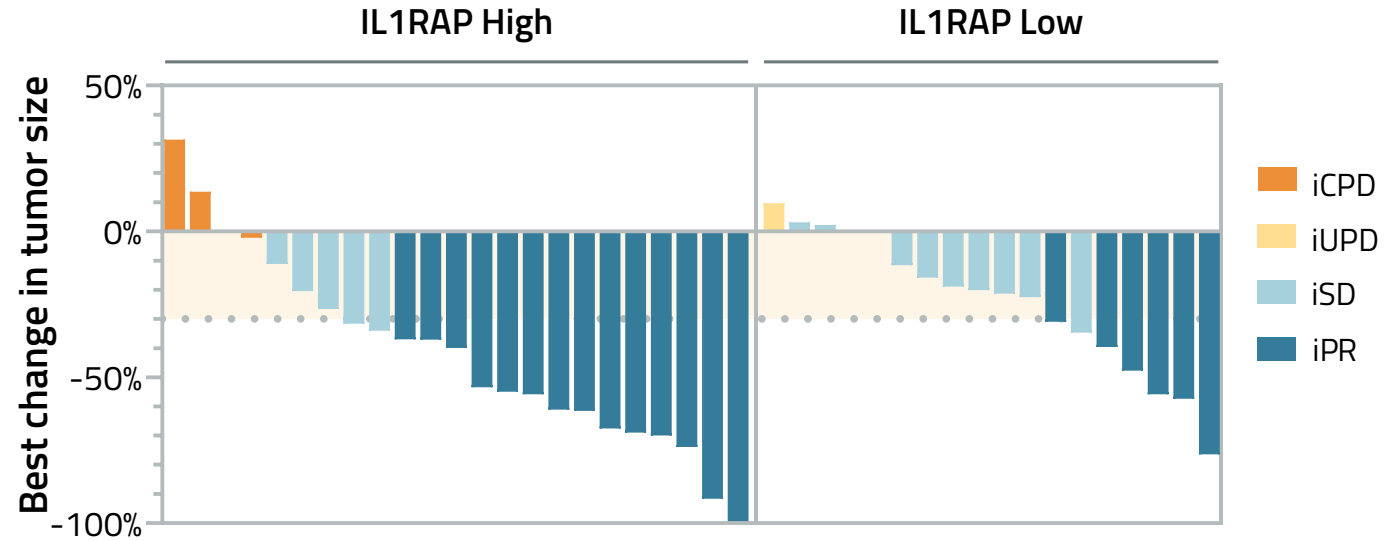
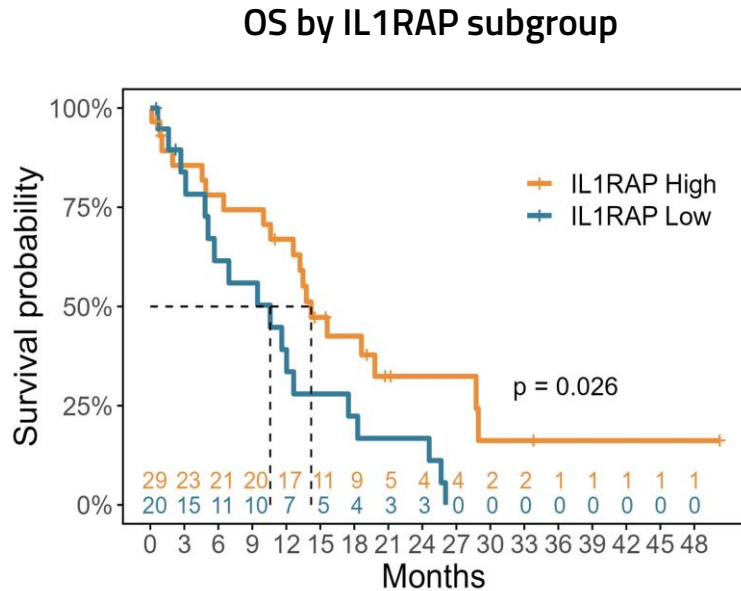
- 33% response rate with long OS and iPFS
  - Additional 5 (7%) patients had on-treatment benefit beyond progression
- Promising OS (13.2 mo), iPFS (7.2 mo) and DCR (71%); 2 patients still on treatment

**PFS AND OS LONGER THAN EXPECTED GIVEN HISTORICAL CONTROL IN PDAC**

**Benchmark Gem/Abraxane:** OS 8.5 mo, PFS 5.3 mo, ORR 23%, DCR 48% (Von Hoff et al, N Engl J Med 2013); OS 9.2 mo, PFS 5.6 mo, ORR 36%, DCR 62%, (NAPOLI-3, ASCO GI 2023)  
 iCPD – Confirmed Progressive Disease; iUPD – Unconfirmed Progressive Disease; iSD – Stable Disease; iPR – Partial Response (all according to iRECIST)



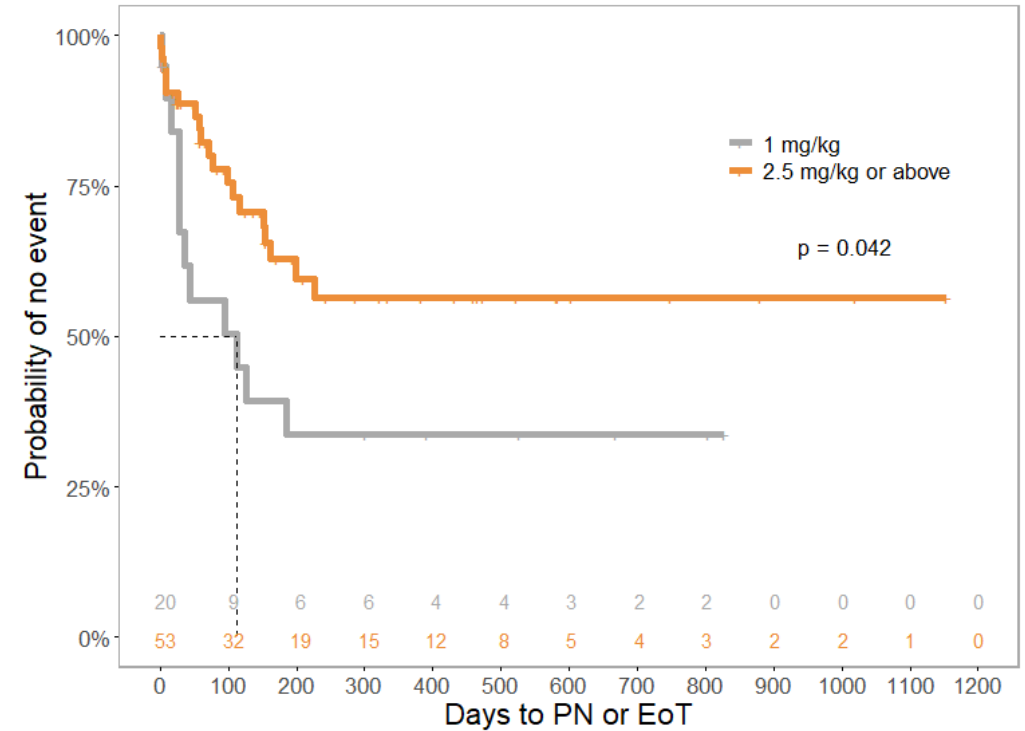
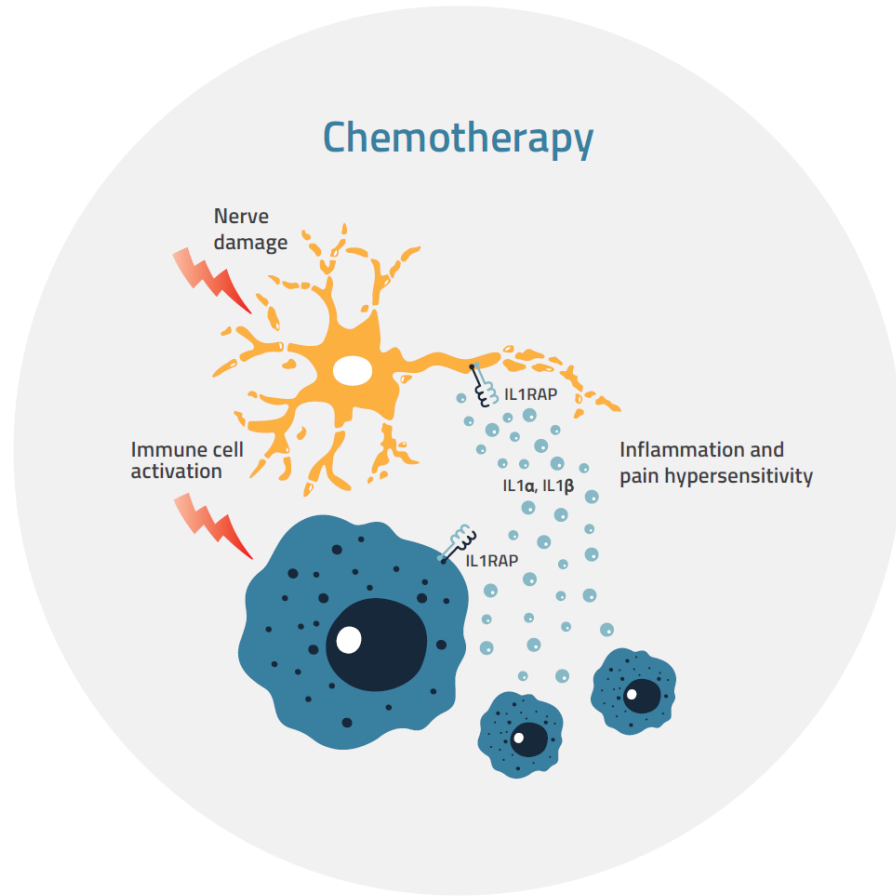
# Pancreatic cancer – Efficacy (1<sup>st</sup> line with gem/abraxane)



- IL1RAP linked to specific KRAS mutations and worse prognosis
- Significantly prolonged OS in ILRAP High vs IL1RAP Low patients (14.2 vs 10.6 mo; p=0.026)
- Deeper and more durable responses in IL1RAP High subgroup: 11 patients had 50% or more tumor size decrease

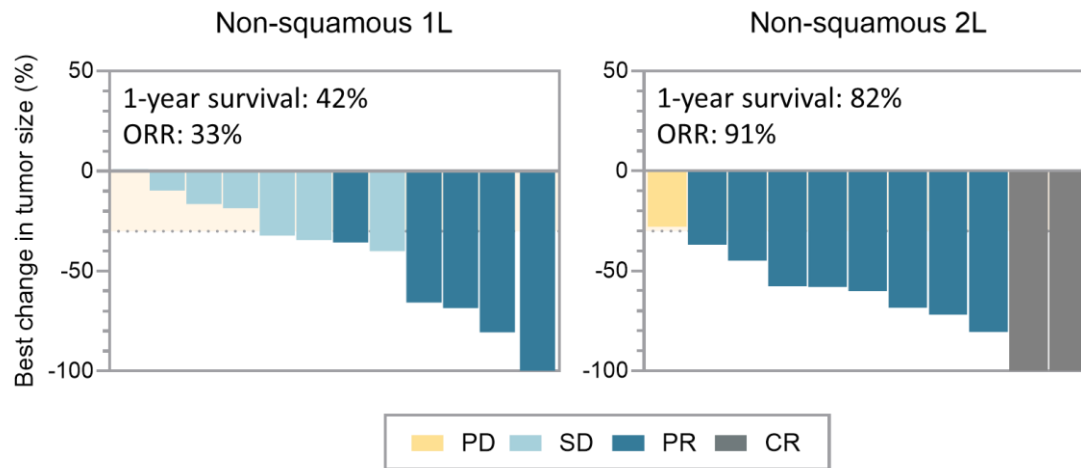
**IL1RAP HIGH PATIENTS SHOW THE STRONGEST BENEFIT**

# Nadunolimab and alleviation of neuropathy



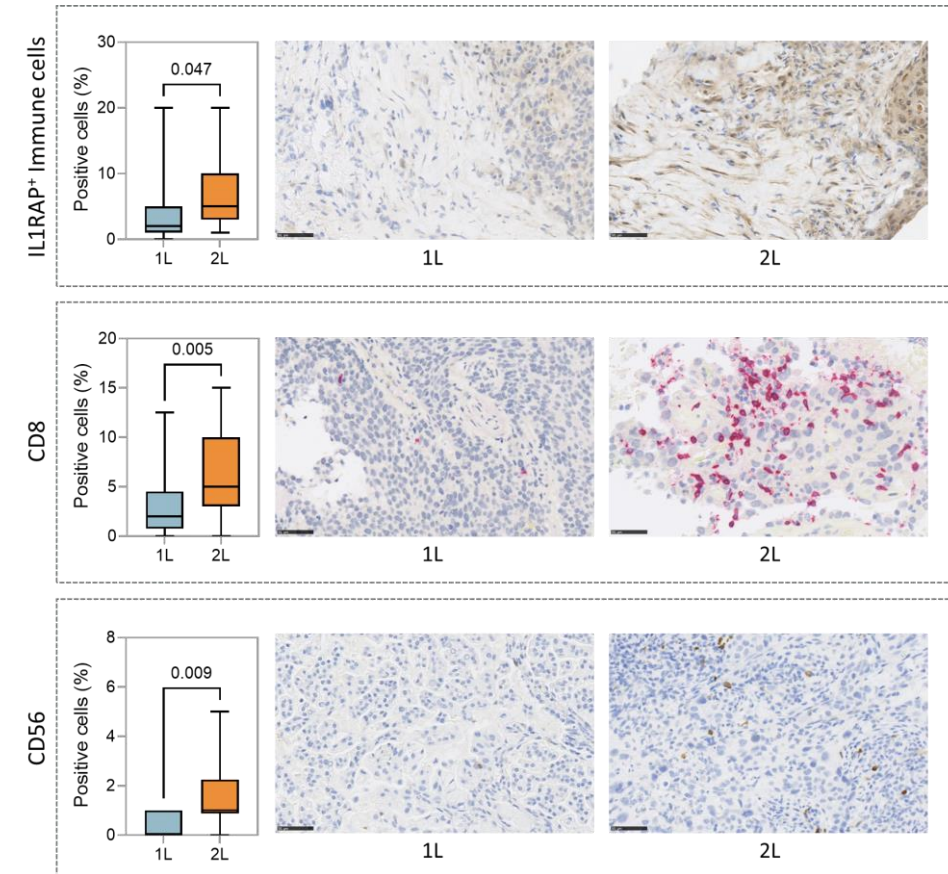
**CORRELATION BETWEEN NADUNOLIMAB DOSE LEVEL AND DECREASE IN NEUROPATHY  
SIMILAR POSITIVE EFFECTS IN COMBINATION WITH OXALIPLATIN**

# NSCLC – Strongest effects in patients no longer responding to PD1-inhibitors



Efficacy parameter (95% CI)	Non-squamous	
	1L (n=15)	2L (n=11)
OS; median, months	11.6 (5.8-22.0)	26.7 (6.2-NE)
PFS; median, months	6.3 (2.7-11.3)	10.4 (5.3-22.2)
1-year survival*	42% (16-65)	82% (45-95)
ORR	33% (12-62)	91% (59-100)
DoR; median, months	9.9 (4.4-NE)	9.1 (3.7-NE)

\*The proportion of patients with 1-year survival is based on Kaplan-Meier estimation  
NE; not estimable



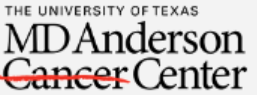
**SUBGROUP ANALYSIS FROM 40 PATIENTS SHOW VERY STRONG DATA IN 2<sup>ND</sup> LINE NON-SQ NSCLC, A GROUP WITH HIGH MEDICAL NEED**



## MILESTONES & INVESTMENT HIGHLIGHTS

# Upcoming milestones

## Nadunolimab

PDAC	TNBC	AML/MDS	CAN10	Additional milestones
<ul style="list-style-type: none"><li>Phase 2b trial in 150-200 patients</li></ul>	<ul style="list-style-type: none"><li>Randomized Phase 2 top-line data in H1 2025</li></ul>	<ul style="list-style-type: none"><li>Start phase 1/2 Q4 2024 (DOD sponsored with MDA*)</li></ul> 	<ul style="list-style-type: none"><li>Phase 1 final data H1 2025</li><li>Start phase 2 H2 2025</li></ul>	<ul style="list-style-type: none"><li>New preclinical and translational results</li></ul>

EXTENSIVE NEWS FLOW EXPECTED DURING 2024

\* MD Anderson

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