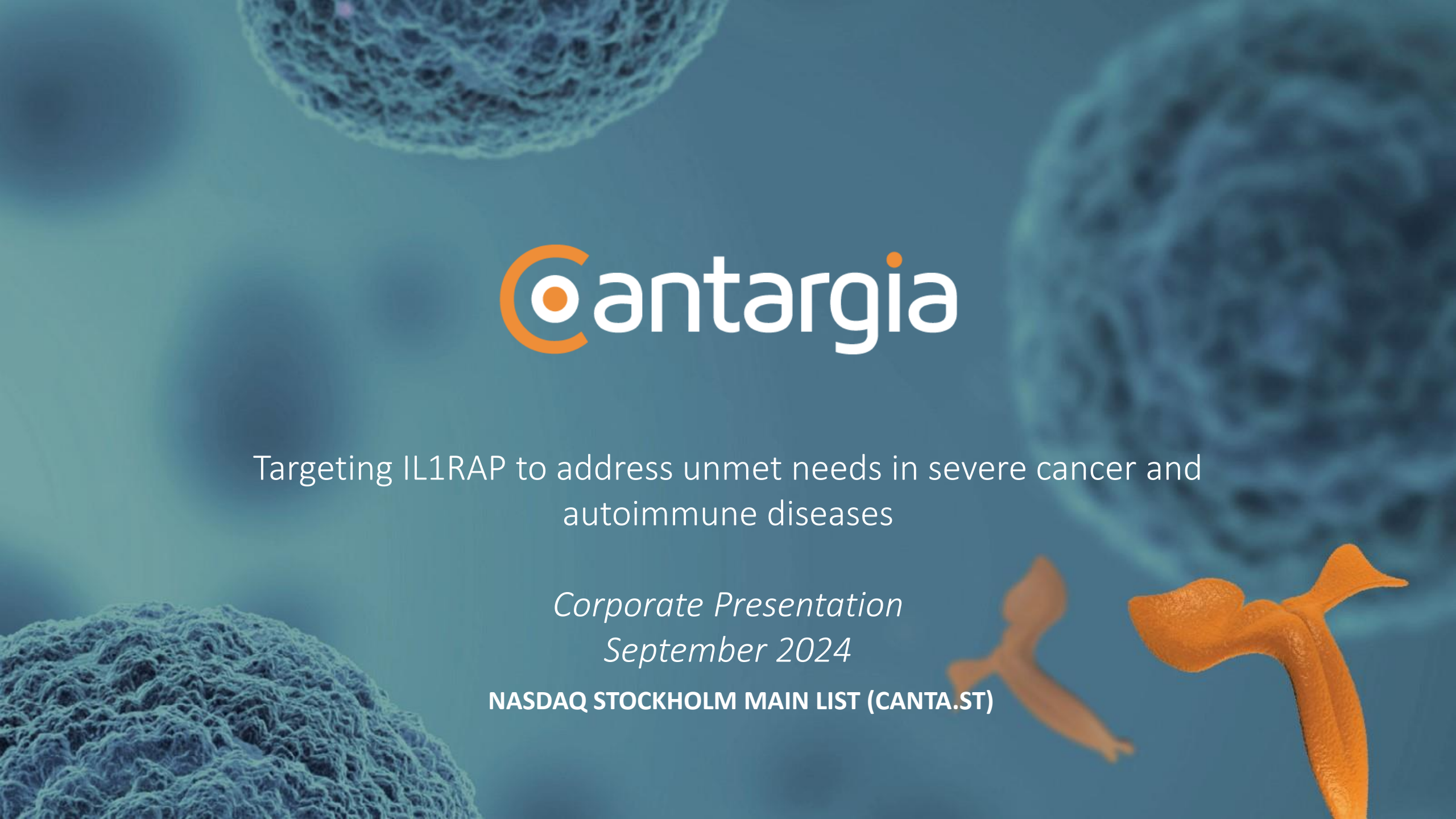
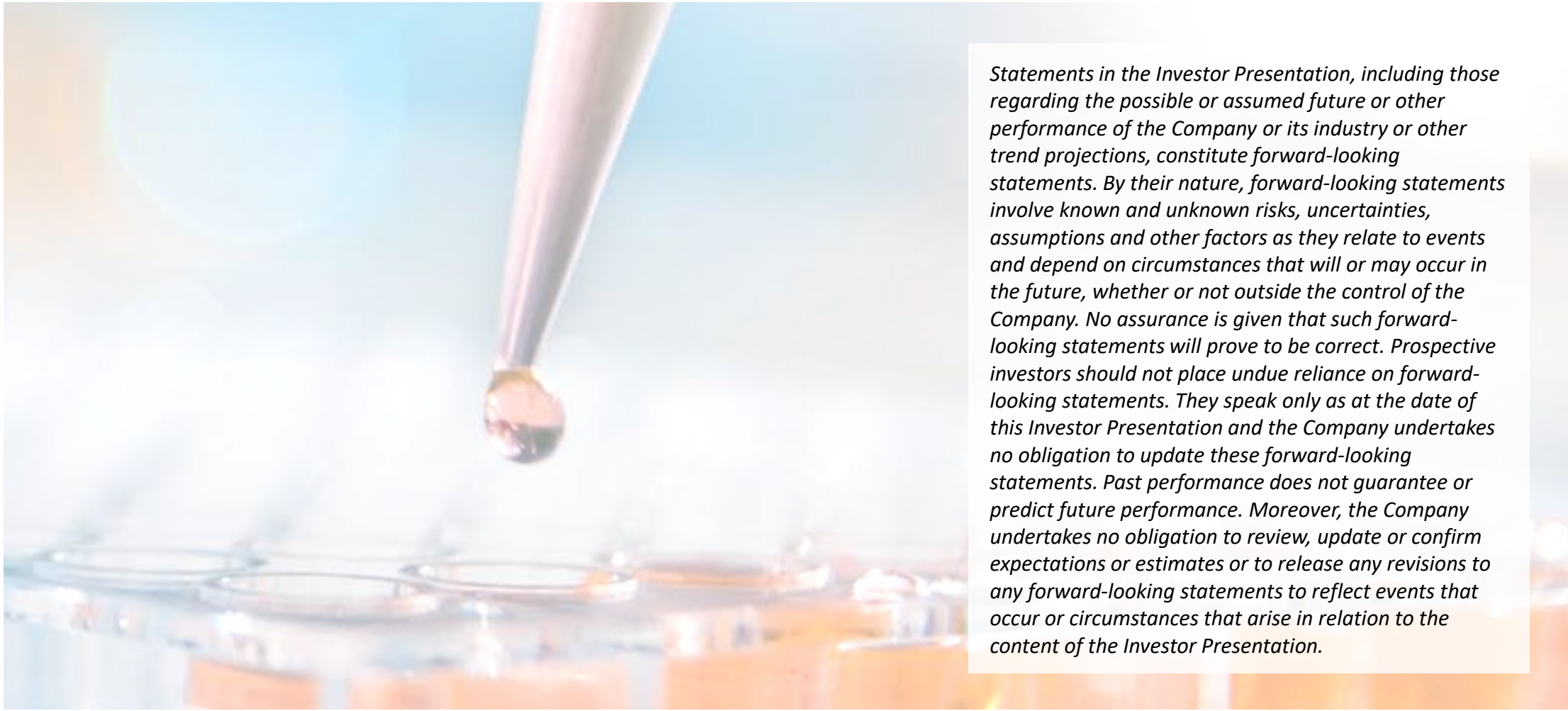


Targeting IL1RAP to address unmet needs in severe cancer and autoimmune diseases

Corporate Presentation
September 2024

NASDAQ STOCKHOLM MAIN LIST (CANTA.ST)

Safe Harbor Statement



Statements in the Investor Presentation, including those regarding the possible or assumed future or other performance of the Company or its industry or other trend projections, constitute forward-looking statements. By their nature, forward-looking statements involve known and unknown risks, uncertainties, assumptions and other factors as they relate to events and depend on circumstances that will or may occur in the future, whether or not outside the control of the Company. No assurance is given that such forward-looking statements will prove to be correct. Prospective investors should not place undue reliance on forward-looking statements. They speak only as at the date of this Investor Presentation and the Company undertakes no obligation to update these forward-looking statements. Past performance does not guarantee or predict future performance. Moreover, the Company undertakes no obligation to review, update or confirm expectations or estimates or to release any revisions to any forward-looking statements to reflect events that occur or circumstances that arise in relation to the content of the Investor Presentation.

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 II trial ongoing in TNBC (initial data late 2024); Phase IIb trial in preparation in PDAC (top-line data 2025)

CAN10: OPPORTUNITY IN AUTOIMMUNITY/INFLAMMATION

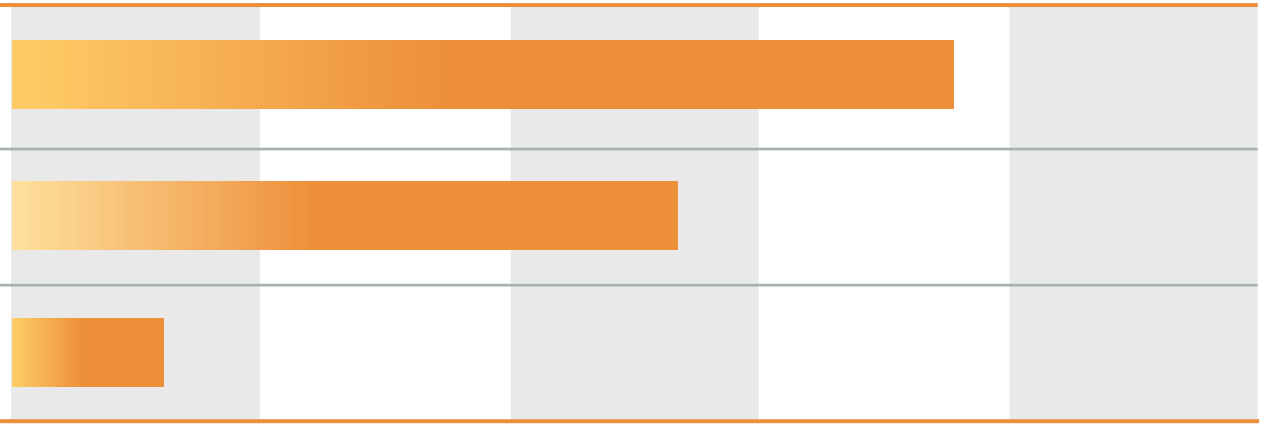
- Pronounced activity in models of systemic sclerosis, myocarditis, psoriasis, atherosclerosis and inflammation
- Phase I clinical trial ongoing, initial results show good safety and receptor occupancy.

CORPORATE STRENGTH DRIVING INNOVATION

- 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
Nadunolimab	PDAC**, TNBC*, NSCLC**					
CAN10	Hidradenitis Suppurativa Systemic Sclerosis					
CANxx	New opportunities within IL1RAP platform					



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

CAN10 – OPPORTUNITY IN AUTOIMMUNE/INFLAMMATORY DISEASE

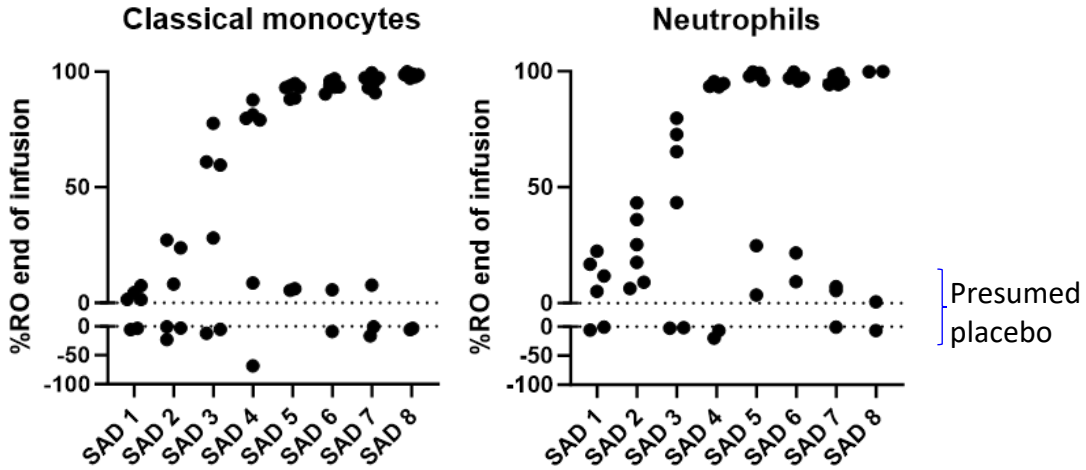
CAN10 first-in-human study - SAD part

Design

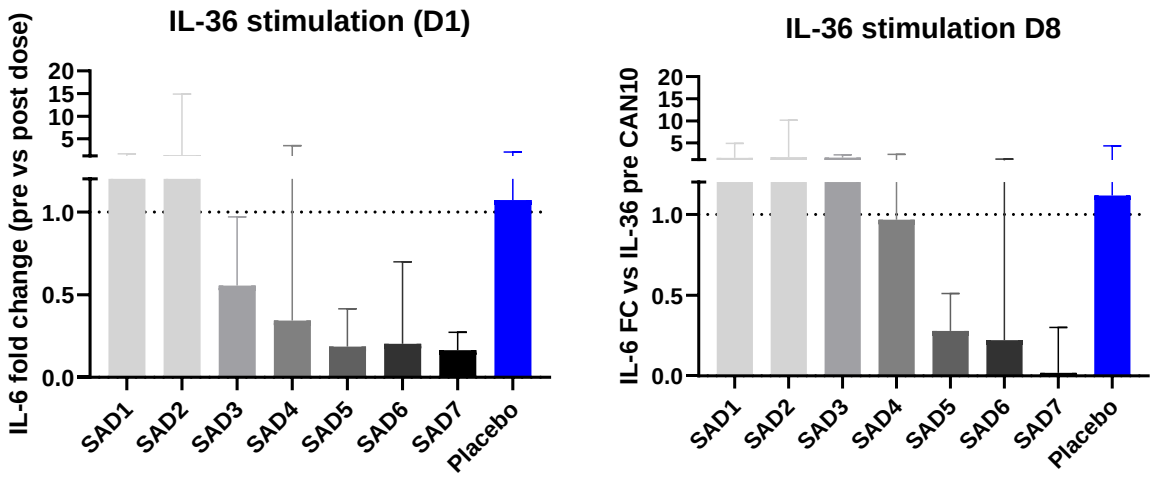
- Blinded, placebo-controlled study
- Nine dose groups from 1 to 400 mg CAN10 incl 2 patients on placebo in each group

Results

- No safety signals
- Receptor occupancy documented (at Cmax)



- Strong PD effects (IL-36 at Cmax and day 8)



AFTER SUCCESSFUL SAD, MULTIPLE DOSING INVESTIGATED IN PSORIASIS PARTICIPANTS

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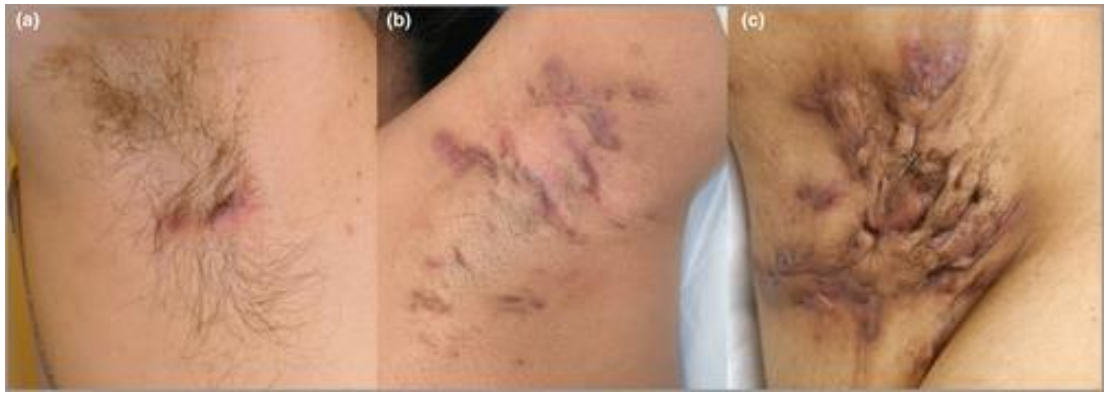
Overview of Hidradenitis Suppurativa (HS)

HS – a severe chronic inflammatory skin disease

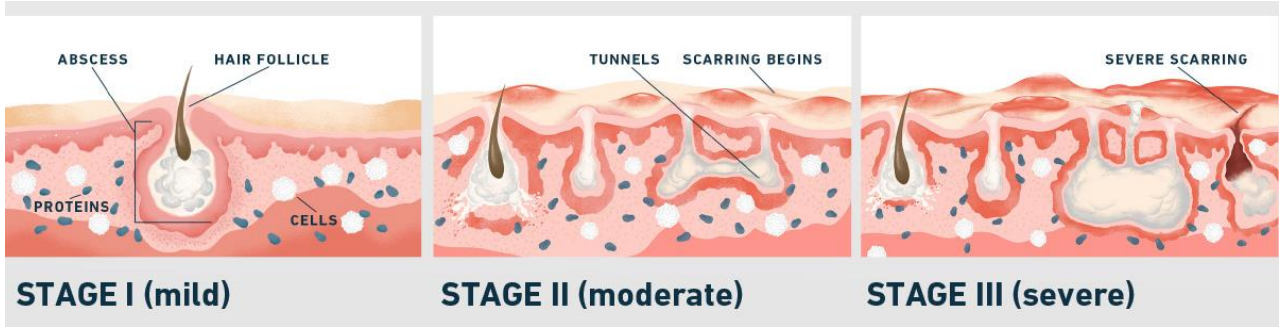
- HS is a diverse disease with several inflammatory components involved in the pathology
- Estimated HS prevalence of 0.7-1.2%

Inadequate current treatments

- Antibiotics
- Steroids
- Anti-TNFα (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)[1]



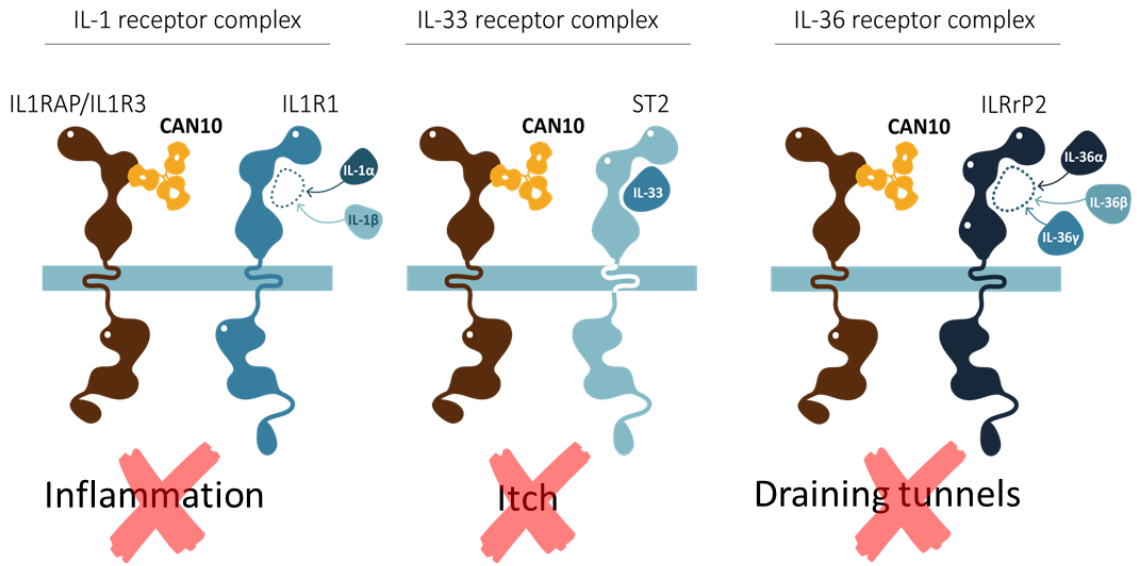
Schematic overview of Hurley stage I-III in HS[2]

1. Lapid et al., BJD 2018; San Diego, CA; 2. AbbVie https://www.nobsabouths.com/what-is-hidradenitis-suppurativa/symptoms accessed 2024-09-05. 3. van der Zee, et al., Dermatology 2018

CAN10 for treatment of Hidradenitis Suppurativa (HS)

- **CAN10 has strong potential to address an unmet medical need in HS**
  - IL-1α/β, IL-33 and IL-36α/β/γ are jointly upregulated in HS lesional skin, individual targeting likely to be insufficient

- **Key clinical evidence supporting IL-1 family blockade in HS**
  - **Lutikizumab** validates combined IL-1α and IL-1β blockade in a large, well controlled Phase 2 trial (NCT05139602) in patients failing anti-TNF therapy. Efficacy comparable with other HS therapies despite a more severe patient population[1] Phase 3 ongoing.
  - **Spesolimab** (anti-IL36R mAb) showed positive results in a Phase 2 randomized controlled study (NCT04762277)[2]

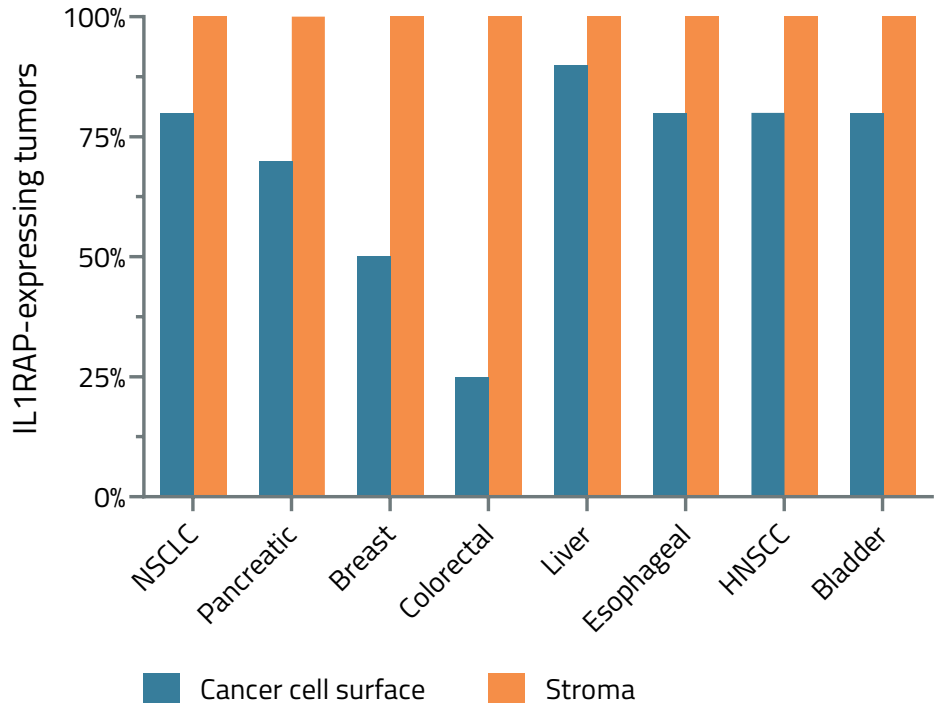


1. Kimball AB, et al. Presented at: American Academy of Dermatology; March 8-12, 2024; San Diego, CA; 2. Alavi A, et al. Br J Dermatol. 2024.

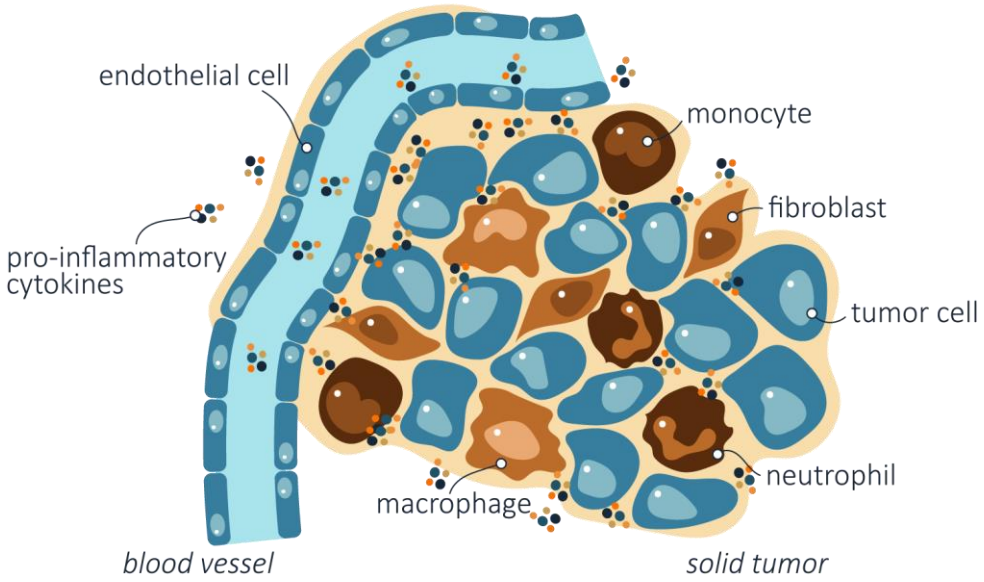
NADUNOLIMAB (CAN04) OVERVIEW

IL1RAP overexpressed in most solid tumors

IL1RAP EXPRESSION IN SOLID TUMOR TYPES



SEVERAL TUMOR-PROMOTING CELLS EXPRESSING IL1RAP IN THE TUMOR MICROENVIRONMENT

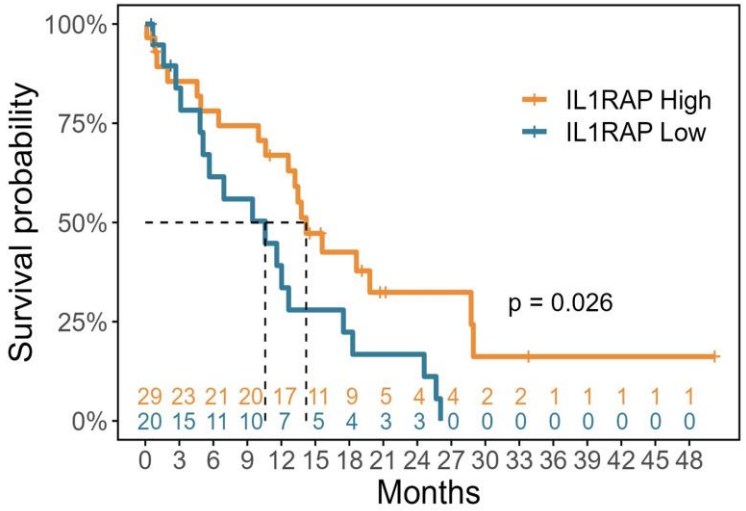


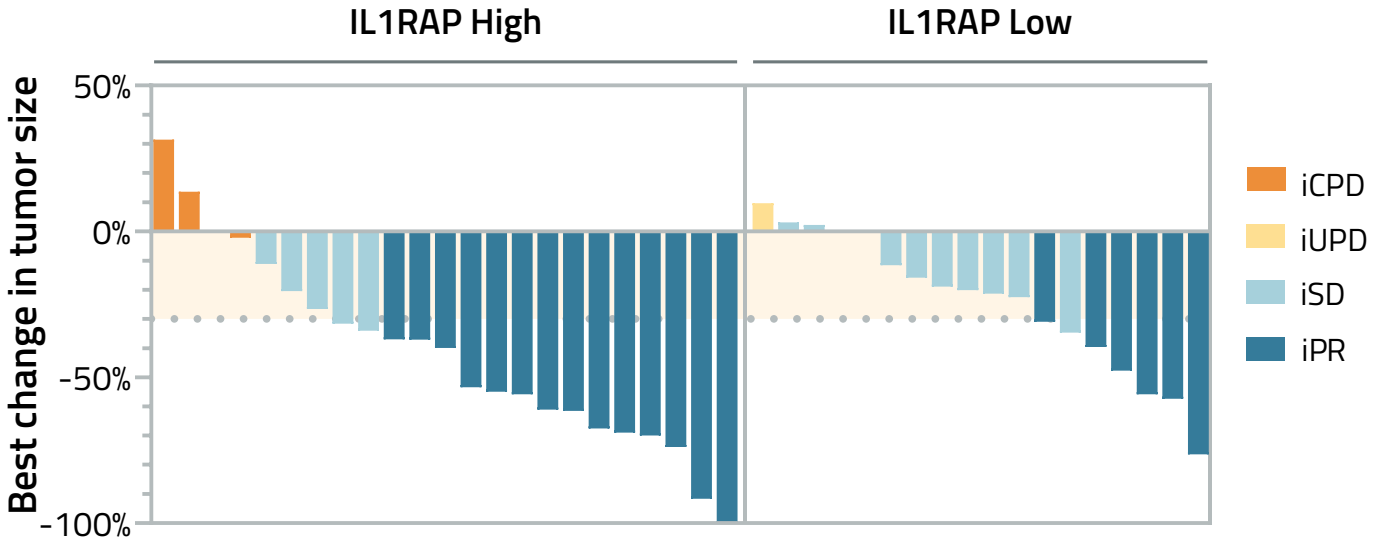
IL1RAP – DISTINCTLY OVEREXPRESSED IN TUMORS; LOW EXPRESSION IN NORMAL TISSUE

HNSCC – Head and Neck Squamous Cell Carcinoma

Pancreatic cancer – Efficacy and IL1RAP level

OS by IL1RAP subgroup





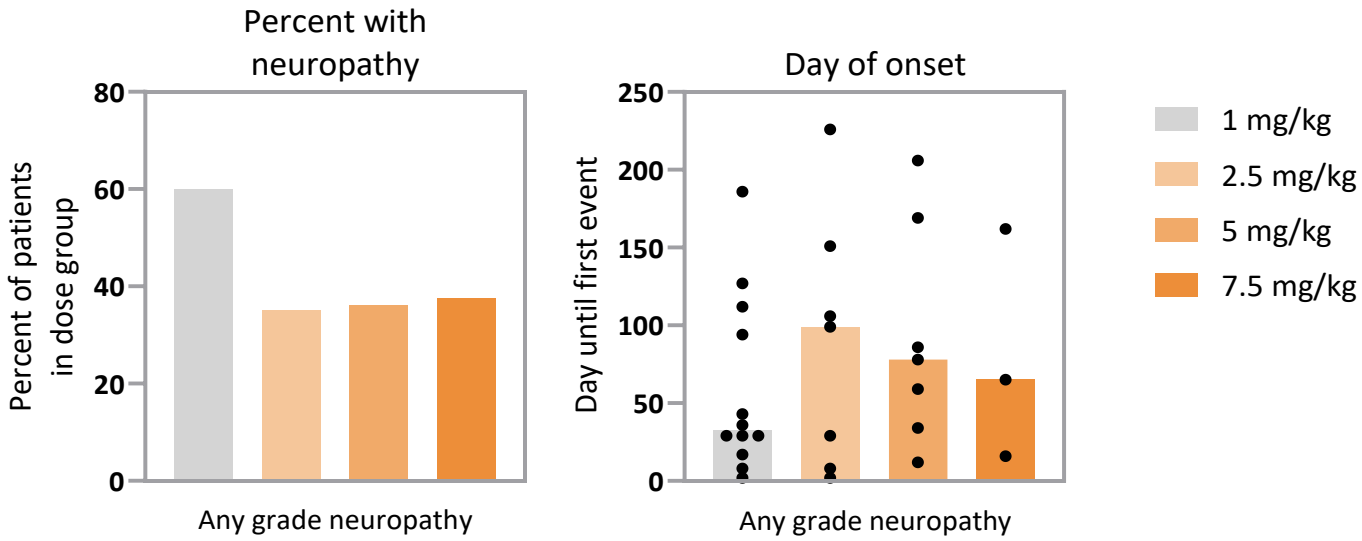
Efficacy analysis for IL1RAP High (n=29) vs IL1RAP Low (n=20) PDAC patients (1st line, combination with Gem/Abraxane):

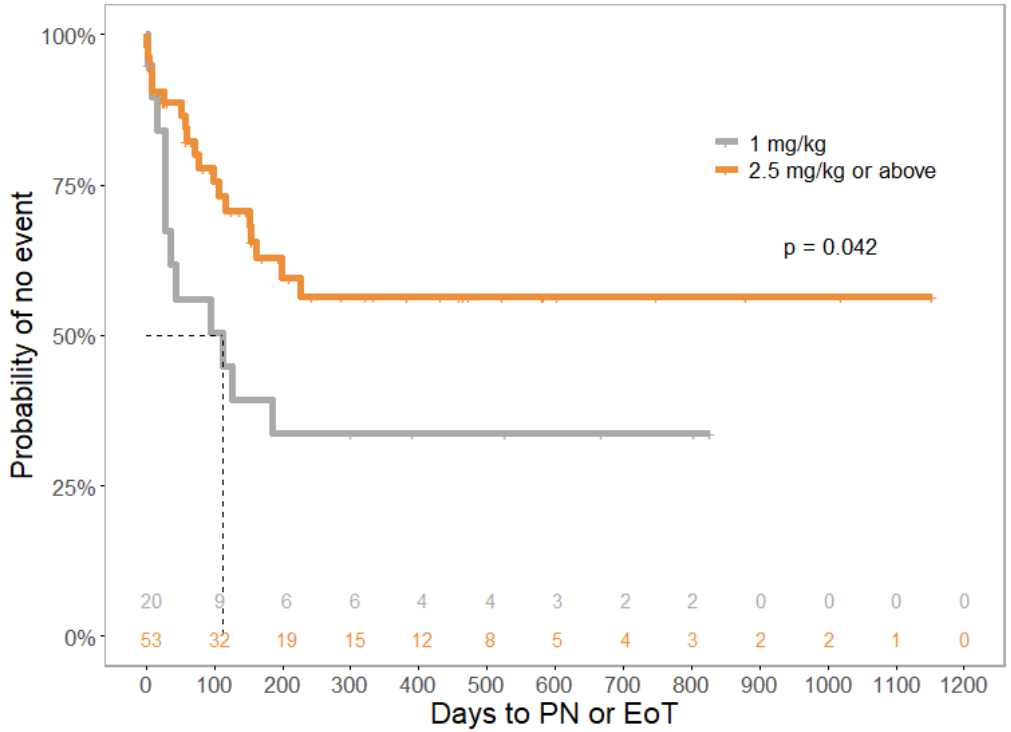
- → Significantly prolonged OS in ILRAP High vs IL1RAP Low patients (14.2 vs 10.6 mo; p=0.026)
- → Deeper and more durable responses in IL1RAP High subgroup: 11 patients had 50% or more tumor size decrease

IL1RAP HIGH PATIENTS SHOW THE STRONGEST BENEFIT

iCPD – Confirmed Progressive Disease; iUPD – Unconfirmed Progressive Disease; iSD – Stable Disease; iPR – Partial Response (all according to iRECIST)

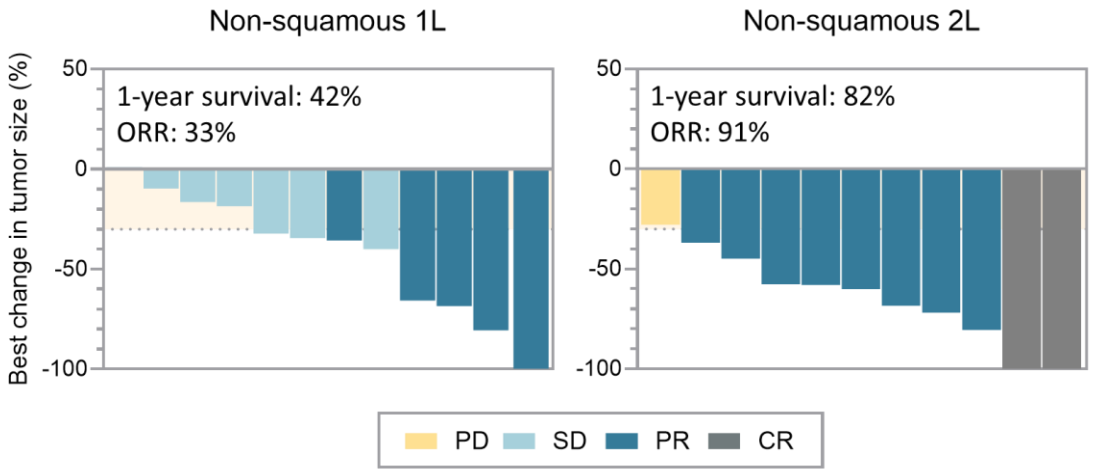
Nadunolimab and alleviation of neuropathy





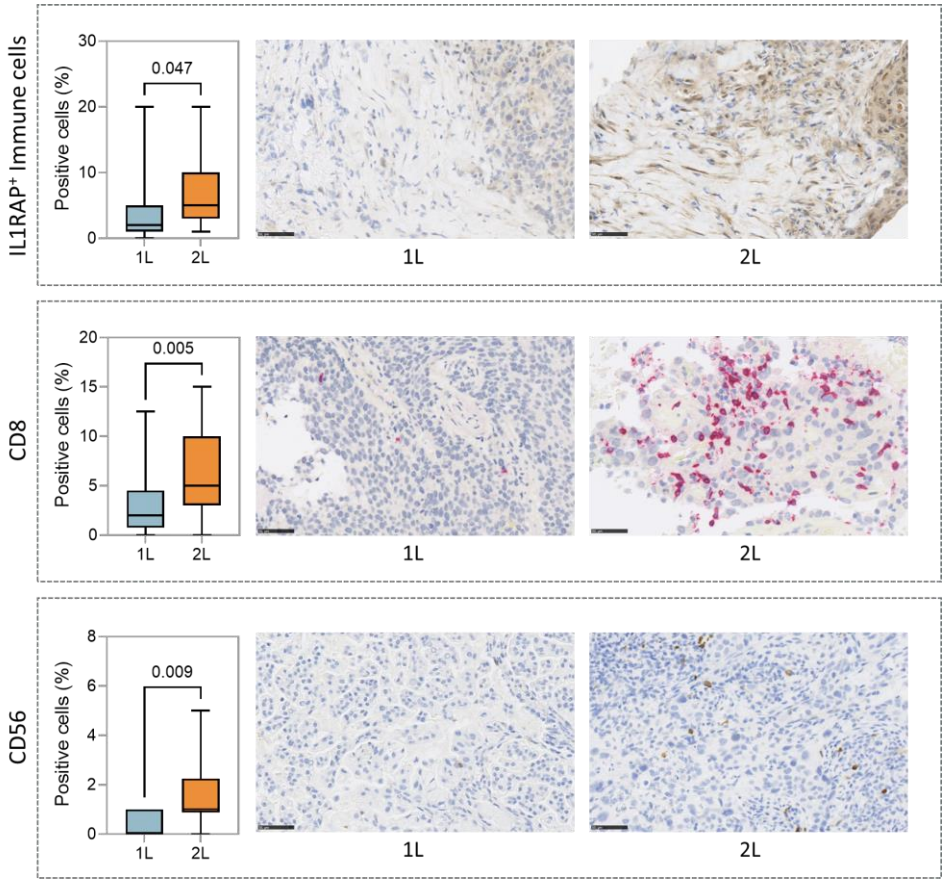
CORRELATION WITH NADUNOLIMAB AND DECREASE IN NEUROPATHY

Non-small cell lung cancer: Strongest effects in patients no longer responding to PD1-inhibitors



	Non-squamous	
Efficacy parameter (95% CI)	**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



MODIFICATIONS IN TUMOR MICROENVIRONMENT
FAVORABLE FOR NADUNOLIMAB THERAPY AND MAY BE LINKED TO STRONG EFFICACY OBSERVED

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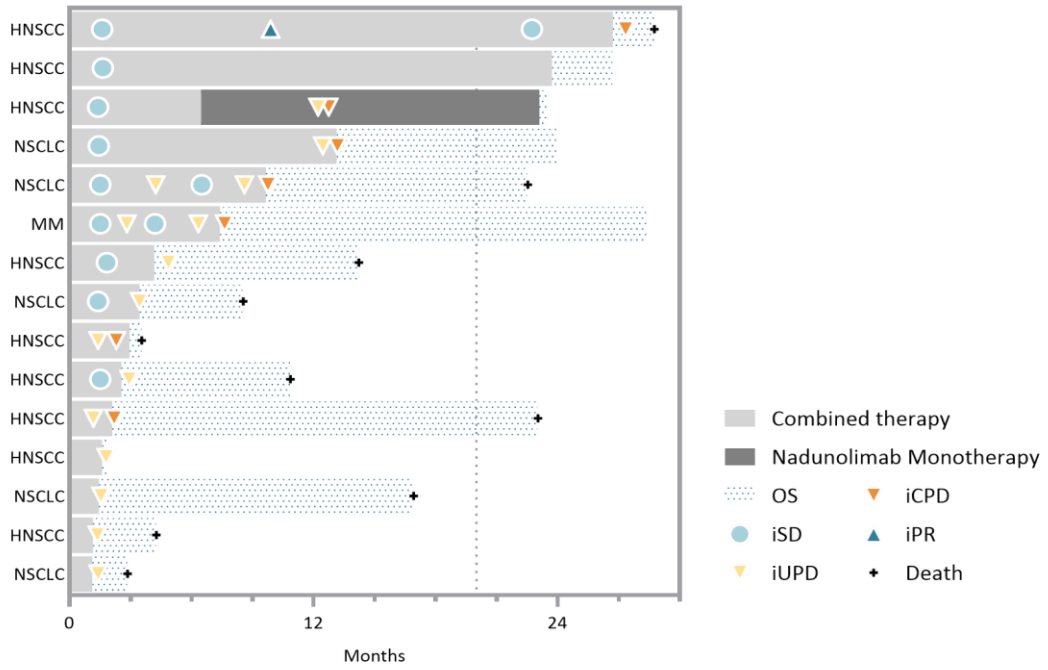
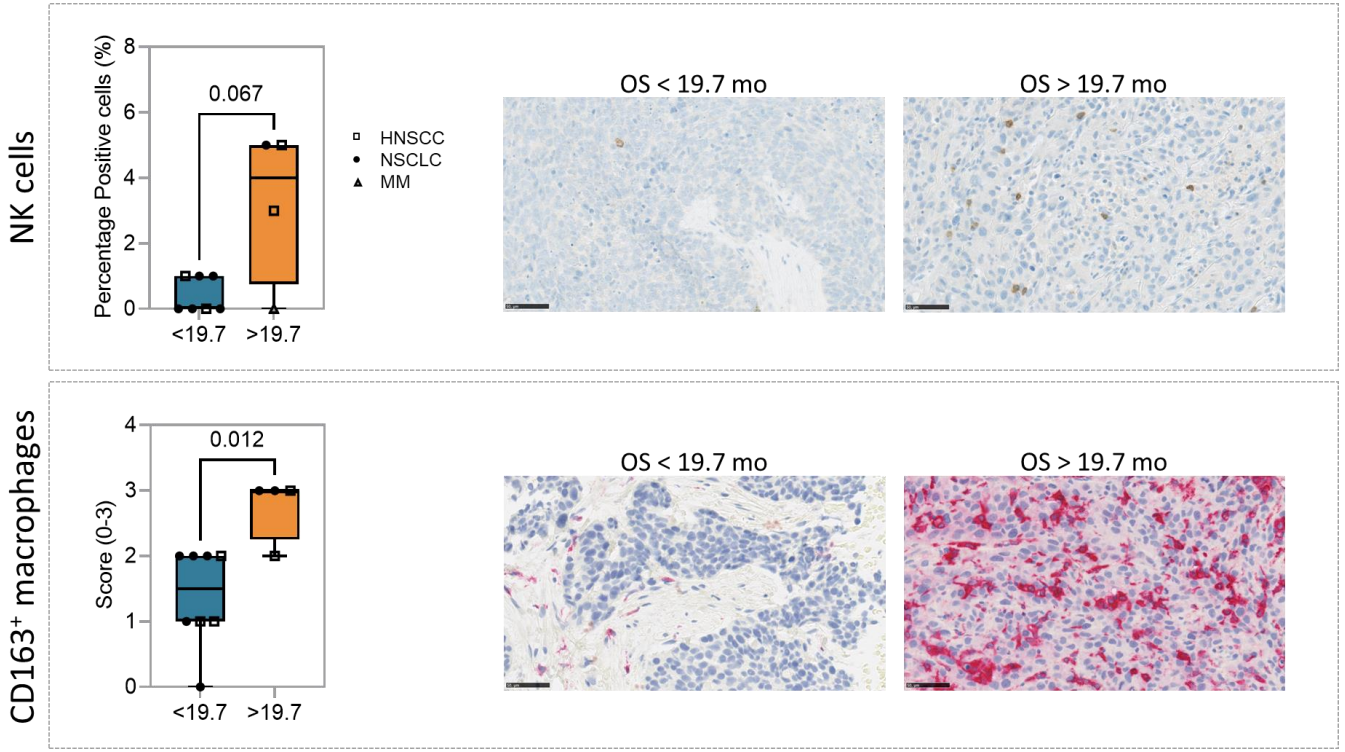
Keytruda combination Promising signs of clinical activity with remarkable benefit in a subset of patients





COMBINATION WITH PEMBROLIZUMAB SHOWS LONG SURVIVAL CORRELATING WITH TUMOR MICROENVIRONMENT

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Upcoming milestones

Nadunolimab

PDAC

- Phase IIb trial in 150-200 patients

TNBC

- Randomized Phase II top-line data in H1 2025

AML/MDS

- Start phase I/II mid 2024 (DOD sponsored with MDA)

CAN10

- Phase I data updates during 2024 (including safety and biomarkers)
- Phase I final data H1 2025
- Start phase 2 H2 2025

Additional milestones

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

EXTENSIVE NEWS FLOW EXPECTED DURING 2024/25