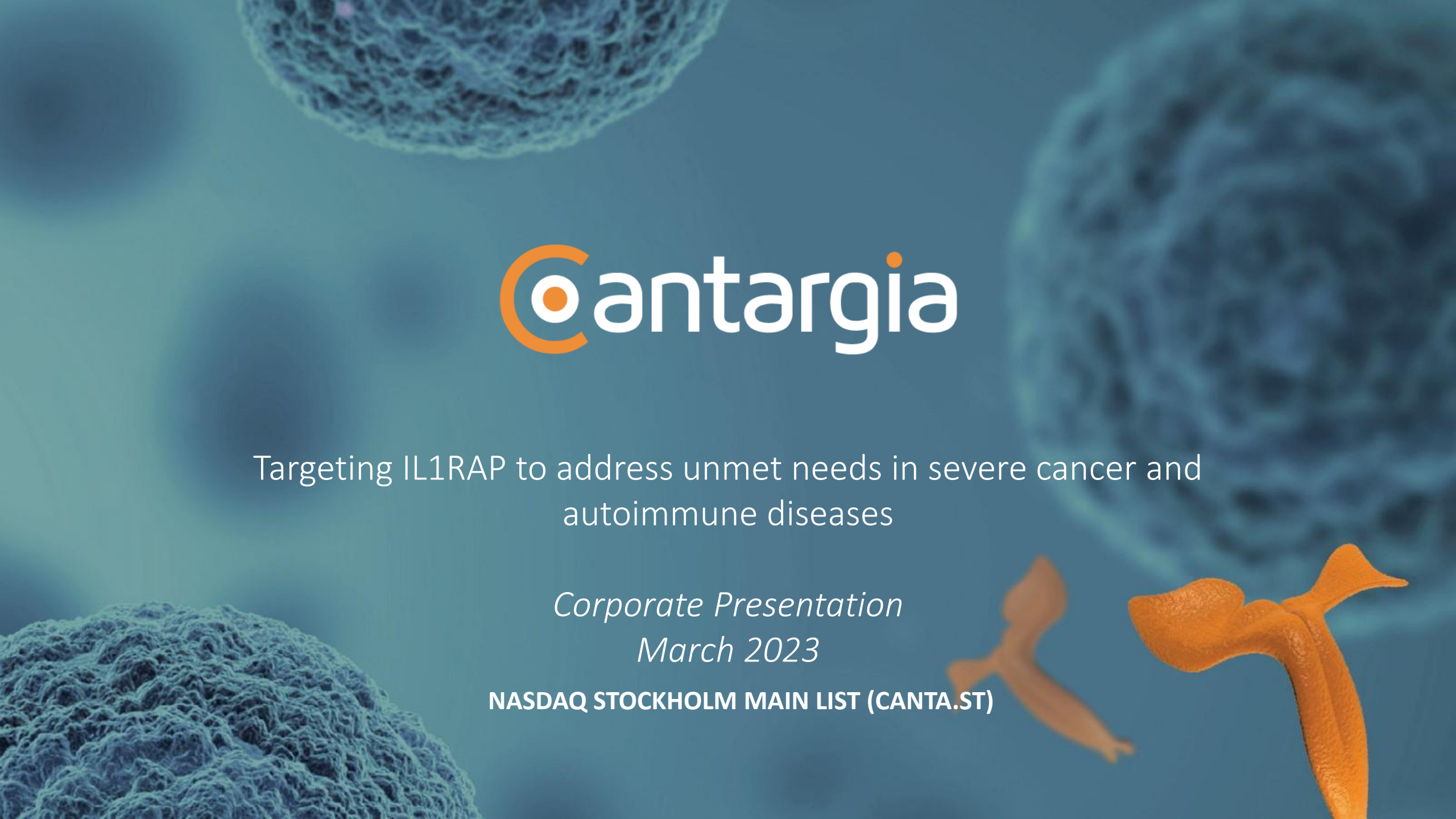
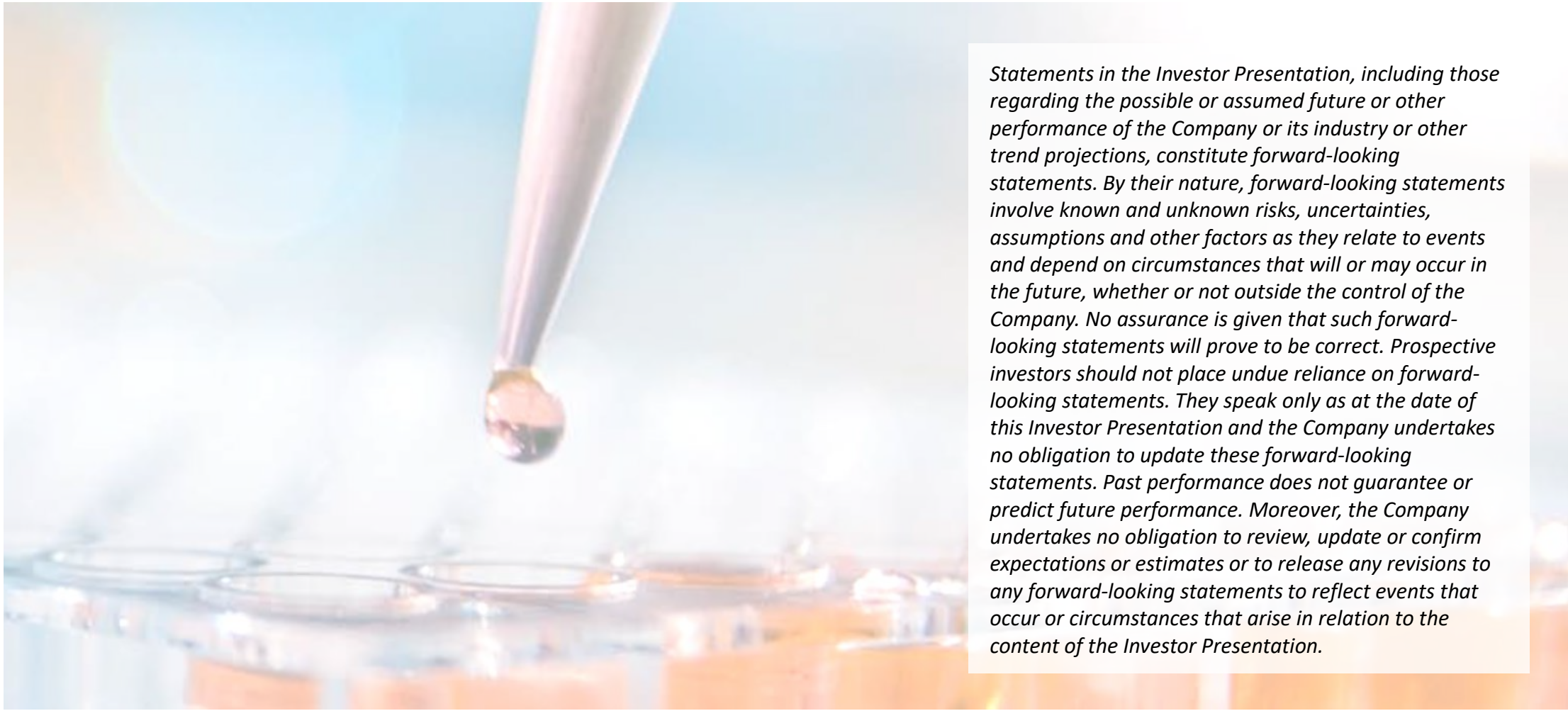


# Targeting IL1RAP to address unmet needs in severe cancer and autoimmune diseases

*Corporate Presentation*
*March 2023*

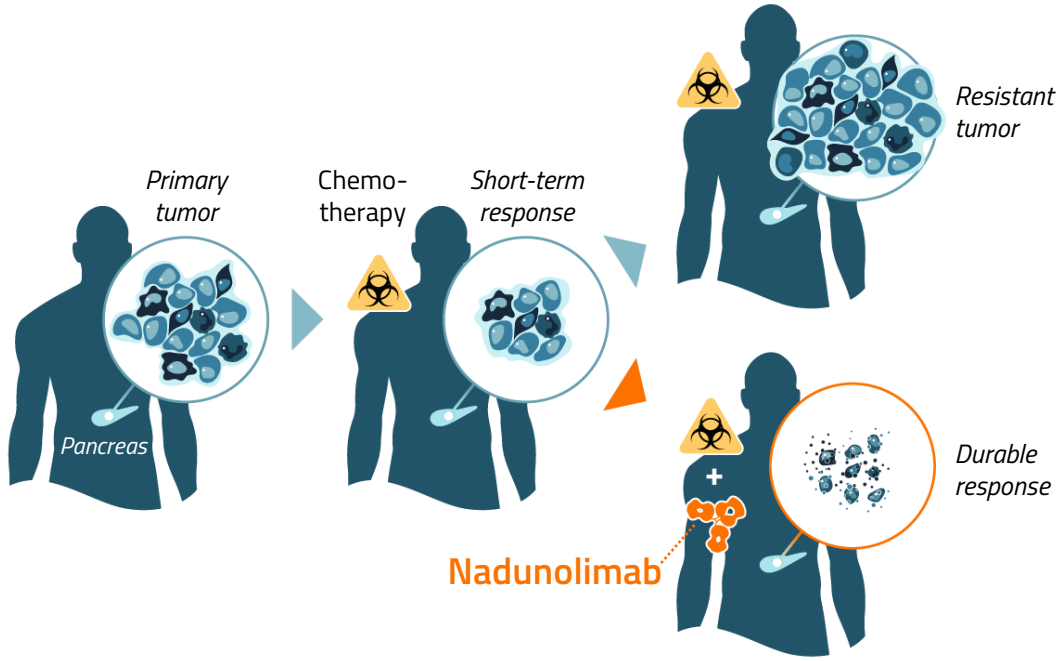
**NASDAQ STOCKHOLM MAIN LIST (CANTA.ST)**

# Safe Harbor Statement

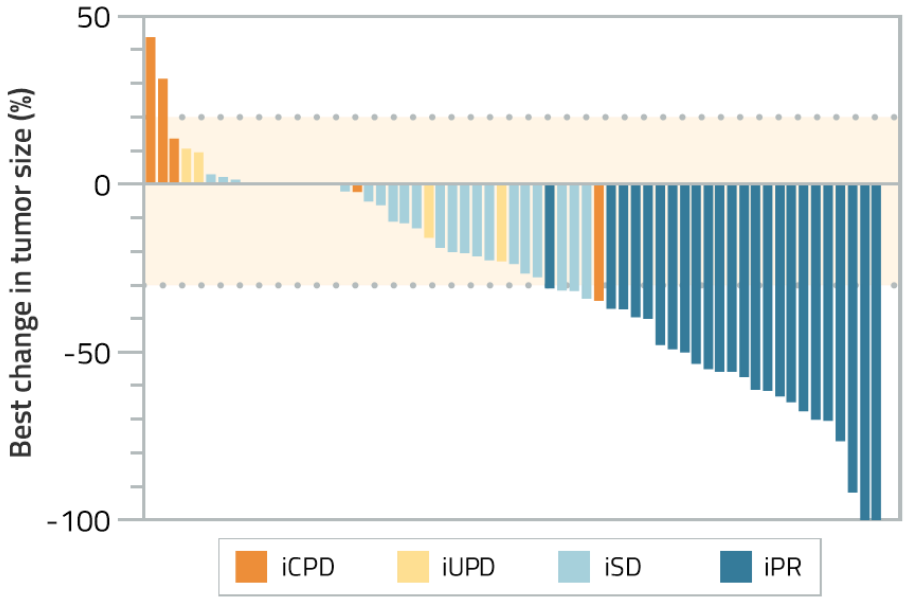


*Statements in the Investor Presentation, including those regarding the possible or assumed future or other performance of the Company or its industry or other trend projections, constitute forward-looking statements. By their nature, forward-looking statements involve known and unknown risks, uncertainties, 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.*

# New strategy to treat cancer supported by clinical results




## DATA IN PANCREATIC CANCER INDICATE SYNERGY AND CLINICAL EFFICACY




**SEVERAL LINES OF EVIDENCE SUGGEST NADUNOLIMAB COUNTERACTS CHEMORESISTANCE**

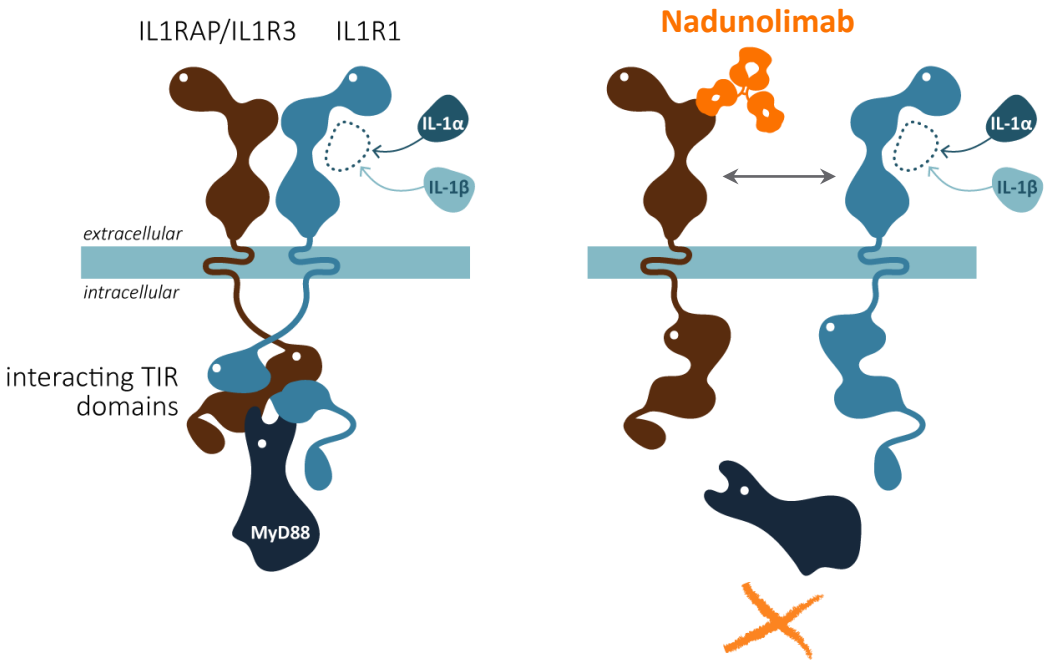
# IL1RAP: Broad application in cancer and autoimmune disease

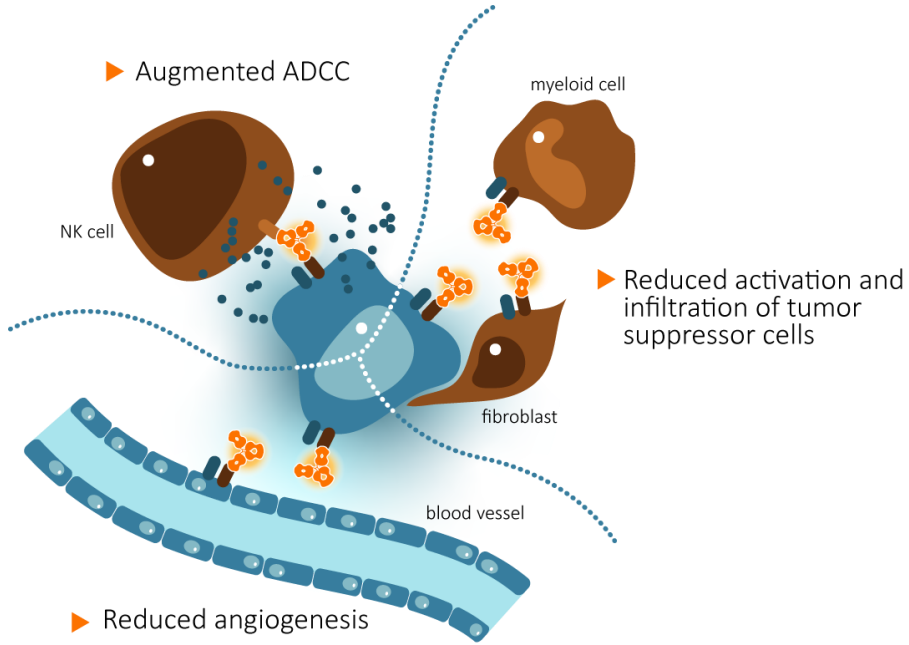
| Project | Disease | Type of treatment | Discovery phase | Preclinical phase | Clinical phase I | Clinical phase II | Clinical phase III | Next steps |
|---|---|---|---|---|---|---|---|---|
| Nadunolimab | PDAC | 1st line | | | | *Gemcitabine/nab-paclitaxel* | | Regulatory submission Q1 '23; data update Q2 '23 |
| | Non-squamous NSCLC | 1st/2nd line | | | | *Carboplatin/pemetrexed* | | Data update Q2 '23 |
| | TNBC | 1st/2nd line | | | | *Carboplatin/gemcitabine* | | Randomized Ph II started; Interim analysis Q4 '23 |
| CAN10 | Myocarditis, Systemic sclerosis | | | | | | | Start of Ph I H1 '23 |
| CANxx | New opportunities within IL1RAP platform | | | | | | | |

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

# NADUNOLIMAB AND BIOLOGICAL CONTEXT

# Targeting IL1RAP provides unique opportunities to treat cancer by IL-1α/β blockade and ADCC

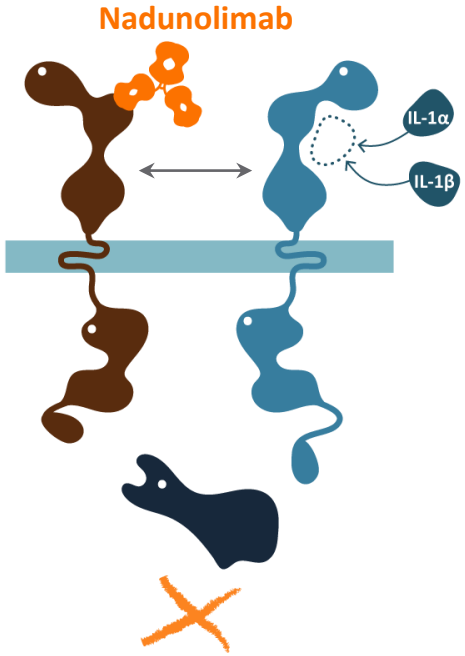


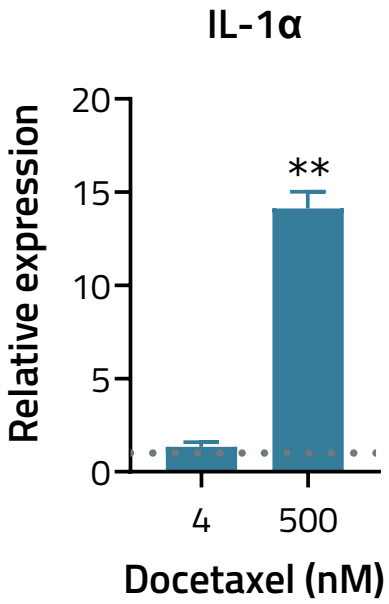



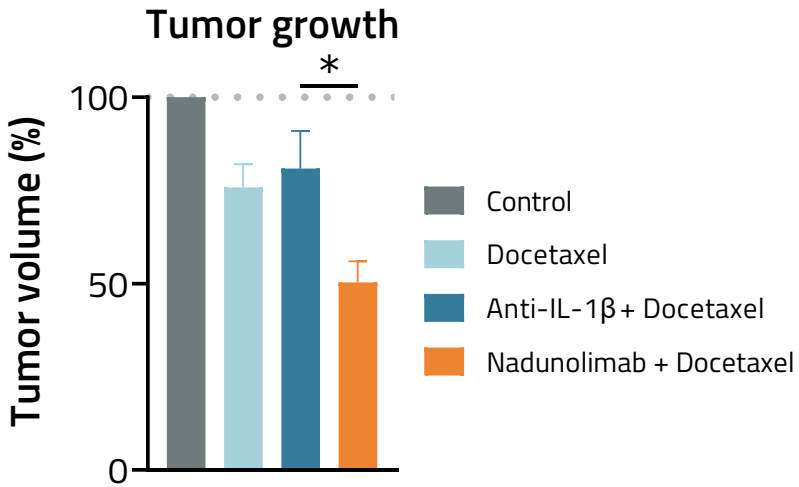

**NADUNOLIMAB COUNTERACTS IMMUNE SUPPRESSION AND POTENTIATES THERAPY**

ADCC – Antibody-Dependent Cellular Cytotoxicity; TIR – Toll-Interleukin-1 Receptor; NK – Natural Killer

# Nadunolimab potentiates antitumor activity of chemo-therapy




→ **Nadunolimab blocks both IL-1α and IL-1β signaling**

→ **Docetaxel induces IL-1α release by tumor cells in vitro**

→ **Nadunolimab + docetaxel reduces in vivo tumor growth more potently than anti-IL-1β + docetaxel**

**NADUNOLIMAB INCREASES DOCETAXEL EFFICACY IN CONTRAST TO IL-1BETA BLOCKADE**

Rydberg-Millrud et al, Cancer Immunol Immunother 2022, https://rdcu.be/cUz5Y
n=3 per group in mid graph; n=20 per group in right graph



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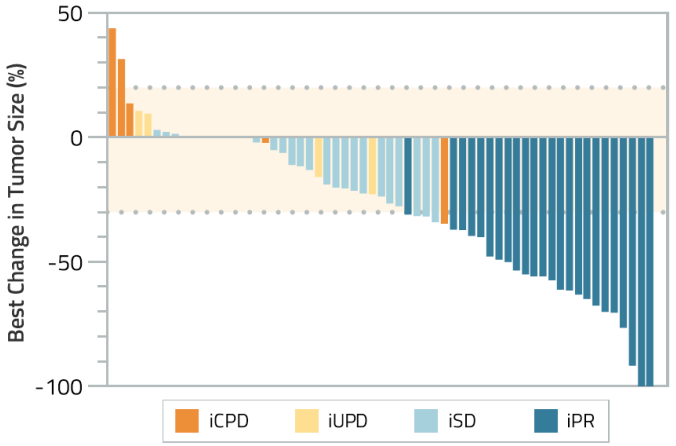
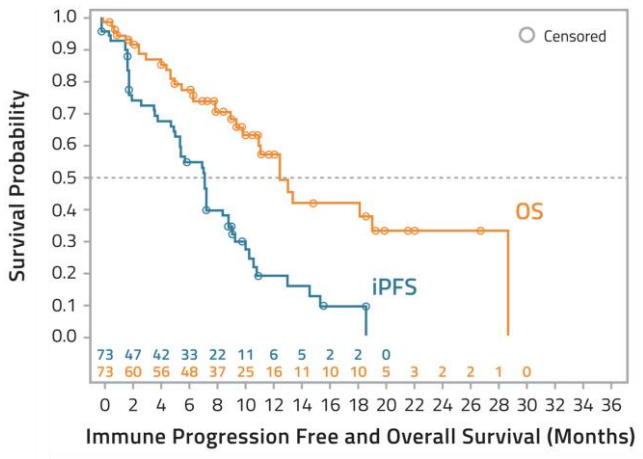
# Positive interim data in 1st line pancreatic cancer




**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)

**Nadunolimab combination with Gem/Abraxane in 1st line (n=73):**

- 33% response rate with long PFS and OS
  - Additional 5 (7%) pts had on-treatment benefit beyond progression
- Promising PFS (7.2 mo), DCR (73%) and OS (12.7 mo[1])
- 12 pts still on treatment – Data update planned for Q2 2023

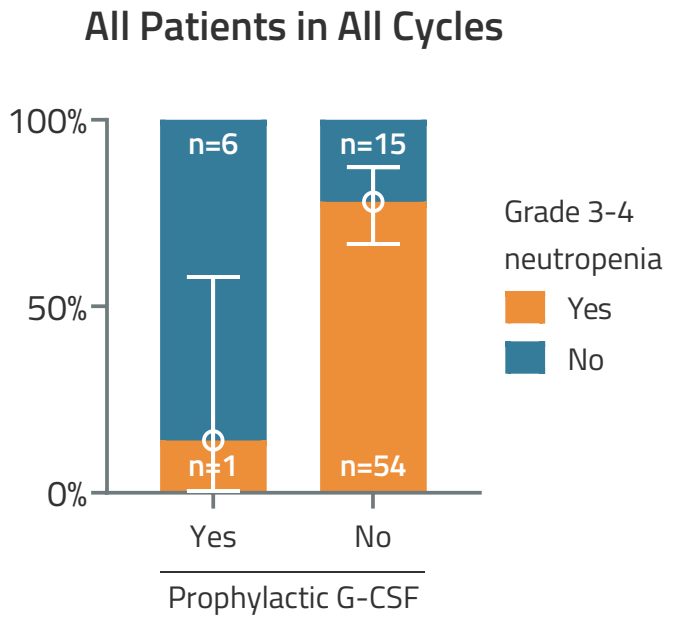
[1]42% events

**PFS AND OS LONGER THAN EXPECTED GIVEN HISTORICAL CONTROL IN PDAC – PHASE 2/3 TRIAL WITH PANCAN IN PREPARATION**

# Safety profile is manageable and supports MOA

- Neutropenia manageable through G-CSF prophylaxis
  - In 7 pts given G-CSF prophylaxis, only 1 developed grade 3-4 neutropenia
- Only 1 % peripheral neuropathy grade 3-4 observed
  (17% in historical controls)

| Grade 3 or higher AEs | Gem/Abraxane Von Hoff, 2013 (n=421) | Nadunolimab+Gem/Abraxane CANFOUR (n=76) |
|---|---|---|
| **Neutropenia** | 38% | 65% |
| **Leukopenia** | 31% | 24% |
| **Thrombocytopenia** | 13% | 15% |
| **Febrile neutropenia** | 3% | 13% |
| **Anemia** | 13% | 13% |
| **Fatigue** | 17% | 8% |
| **Diarrhea** | 6% | 3% |
| **Peripheral neuropathy** | 17% | 1% |




**G-CSF PROPHYLAXIS IMPLEMENTED IN FUTURE TRIALS;**
**POTENTIAL REDUCTIONS IN SOME SIDE EFFECTS TO BE DOCUMENTED IN RANDOMIZED TRIALS**

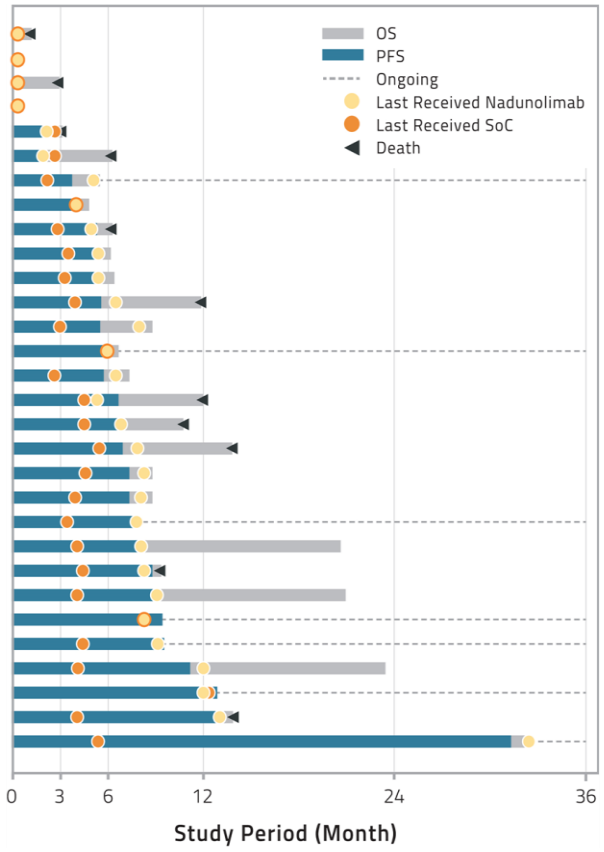
Median duration of treatment 5.5 months (ref 3.9 months); most common reasons for termination: gastrointestinal events or general health deterioration. No patients discontinued due to neutropenia.

# Combination strategy in NSCLC – Promising efficacy

**Nadunolimab combination with Gem/Cis in 1st/2nd line:**

- → 16 of 30 pts with objective response incl. 1 complete response (ORR 53%) (historical control data of 22-28%)
- → Generally well tolerated; neutropenia freq. higher than expected from chemo (managed by dose reductions or G-CSF)

| | All n=30 | Historical control[1,2] | Non-sq NSCLC n=16 | Historical control[3] |
|---|---|---|---|---|
| ORR | **53%** | 22-28% | **56%** | 19% |
| Median resp. duration | **5.8 mo** | 5.1 mo | **11.2 mo** | 7.8 mo |
| PFS | **6.8 mo** | 5.1 mo | **7.3 mo** | 4.9 mo |
| Median survival | **13.7 mo** | 10.3 mo | **ND** (pending additional events) | 11.3 mo |




**PROMISING EFFICACY – LONG TERM RESULTS PLANNED TO BE PRESENTED Q2 2023**

[1] Schiller et al, N Engl J Med 2002; [2] Scagliotti et al, J Clin Oncol 2008; [3] Gandhi et al, N Engl J Med 2018



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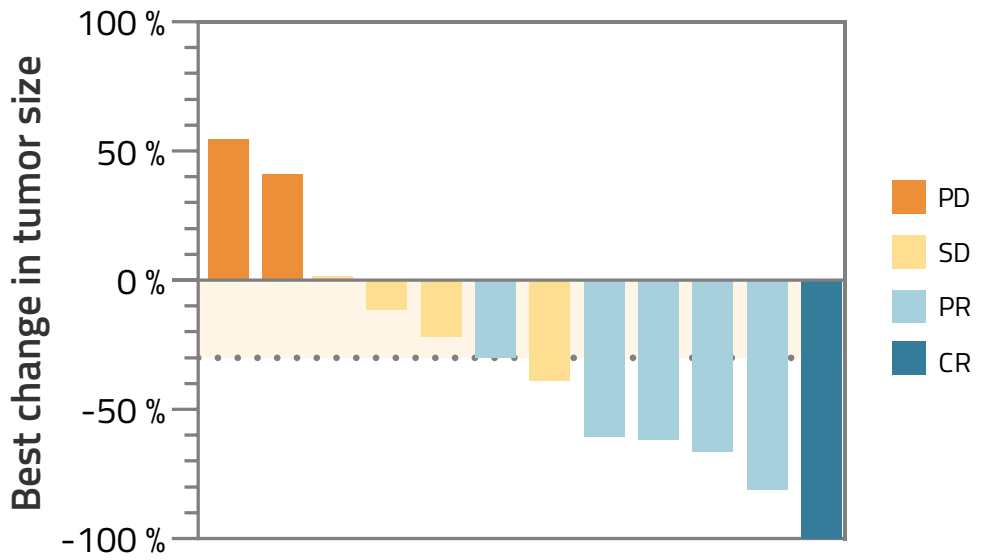
# Promising early safety and efficacy in TNBC




**Nadunolimab combination with Gem/Carbo in 1st/2nd line metastatic TNBC:**

**15 pts enrolled in the dose-escalation phase**

- Acceptable safety profile
  (G-CSF given prophylactically to control neutropenia)
- 12 pts 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[1]**

[1] O'Shaughnessy et al, J Clin Oncol 2014



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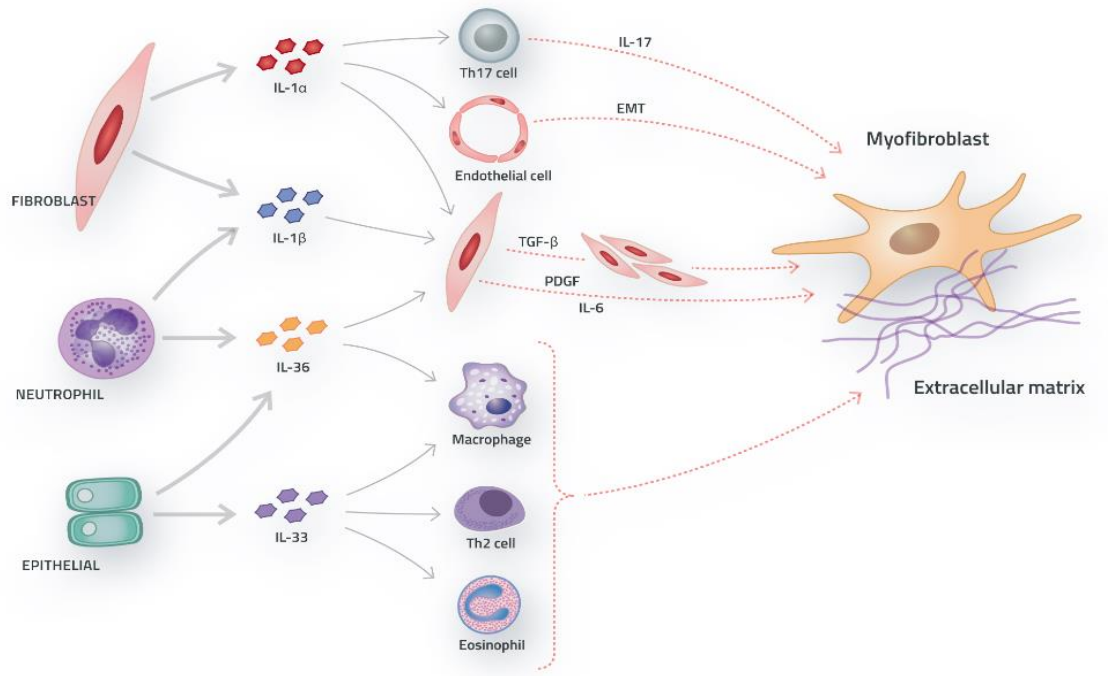
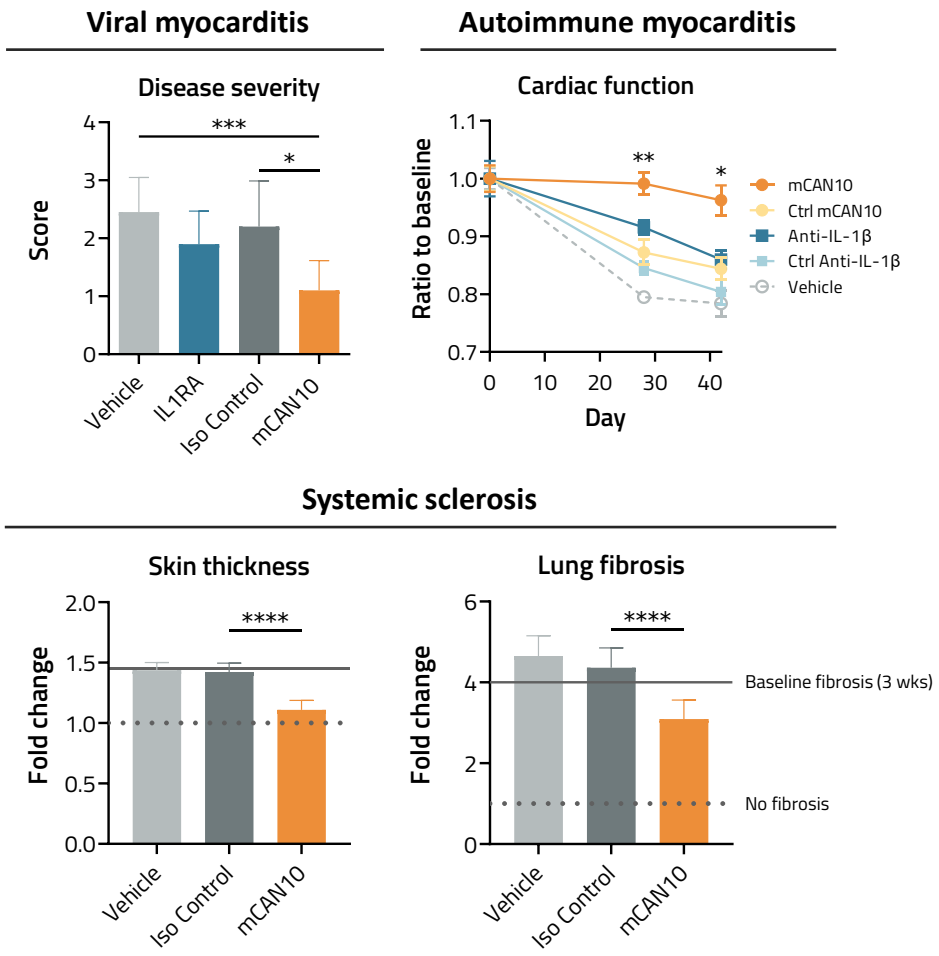
# CAN10 OPPORTUNITY IN AUTOIMMUNE/INFLAMMATORY DISEASE

# CAN10 – Promising effects in several preclinical disease models




**CAN10 SHOWS POTENTIAL IN SEVERAL AUTOIMMUNE/INFLAMMATORY DISEASES WITH HIGH MEDICAL NEED; PHASE I PLANNED FOR FIRST HALF OF 2023**

n=10 per group

# CAN10 – Project status

## GLP toxicity study – Completed

- CAN10 given i.v. once weekly for six weeks at doses up to 50 mg/kg or s.c. at 5 mg/kg
- No adverse findings related to CAN10 at/above clinically relevant (pharmacologically active) dose levels

## Clinical phase I study – Study start planned for H1 2023

- CTA submission to regulatory authorities planned for Q1 2023
- Treatment of healthy volunteers could be initiated as early as H1 2023
- Phase I plan in healthy volunteers (SAD) followed by psoriasis patients (MAD)

SAD – Single Ascending Dose; MAD – Multiple Ascending Dose

# FINANCIALS, MILESTONES & SUMMARY

# Several upcoming value inflection points

## Newsflow over next quarters

### Nadunolimab (CAN04)

- Update of results for PDAC, NSCLC, TNBC and Keytruda combination
- Start phase II/III Precision Promise℠ (PDAC)
- New preclinical and translational results
- New clinical data (efficacy and safety)
  - CAPAFOUR PDAC FOLFIRINOX
  - CESTAFOUR Basket trial (NSCLC, CRC, BTC)

### CAN10

- Preclinical progress
- Development milestones
- …and initiation of clinical trial as early as first half of 2023

**SIGNIFICANT DATA TO SECURE NEWSFLOW**

# Solid financial position with strong shareholder support

- Cash and cash equivalents SEK 427 M (~$41M) at end of Q4 2022

- Operating expenses SEK 382 M (~$37M) in 2022
  - R&D - 96% of operating expenses
  - 27 full-time employees
  - Market cap appr 1.2 BSEK, 110 MUSD Feb 24, 2023

| Current owners (Dec 31, 2022) | |
|---|---|
| **4th AP fund** | 8.8% |
| **Alecta** | 7.3% |
| **Avanza Pension** | 6.7% |
| **1st AP fund** | 6.3% |
| **Swedbank Robur Funds** | 4.9% |
| **Six Sis AG** | 4.7% |
| **Handelsbanken fonder** | 4.3% |
| **Goldman Sachs** | 3.2% |
| **Nordnet Pensionförs.** | 1.4% |
| **Brushamn Invest** | 1.2% |
| **Other** | 51.1% |

# Cantargia: Investment highlights

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

- IL1RAP elevated in most solid and liquid tumors
- Potential to breakdown resistance to cancer treatment, enabled by unique dual action approach – nadunolimab
- Additional key target for inflammatory diseases – CAN10

## DEVELOPING THERAPIES IN AREAS OF HIGH UNMET NEED; WITH UPCOMING CATALYSTS

- Strong clinical interim results in PDAC and NSCLC, and promising initial results in TNBC; >200 pts treated
- Upcoming randomized trials in pancreatic, NSCLC & triple negative breast cancer in 2023

## CORPORATE STRENGTH DRIVING INNOVATION

- Solid cash position with runway to mid 2024+ (497 MSEK cash & equivalents at Q3 2022)
- Robust patent portfolio: antibody target in oncology (2032), nadunolimab (2035) and CAN10 (2041)