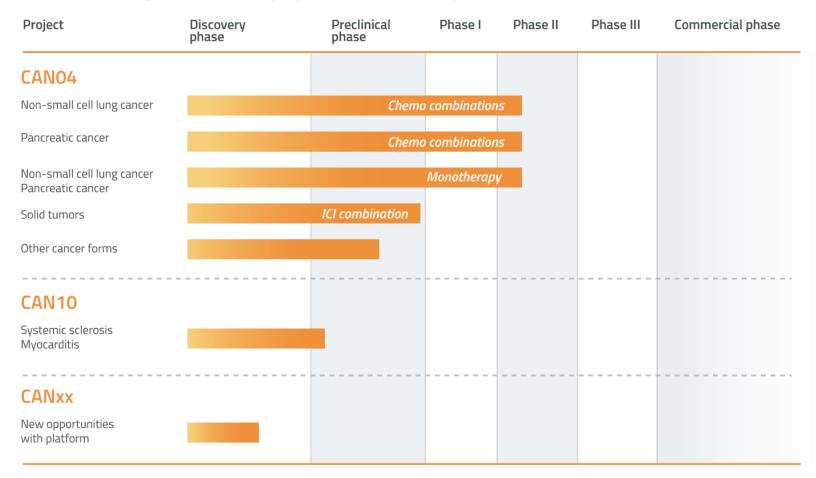


# Safe Harbour Statement

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 – Opportunity to save lives and create value



- → Potentially more effective treatment against novel target in clinically validated pathway
- → Right team and clear plan to position our projects and maximize value
- → First in class platform technology against novel target



# Cantargia at a glance



## Unique immunotherapy antibody CAN04 in phase IIa clinical development

- Positive interim data set with response rates higher than historic data
- Further phase II milestones during 2020



## Platform with many potential therapeutic areas

- IL1RAP found on most solid tumor forms and leukemia
- IL1RAP signalling (IL-1, IL-33 and IL-36) described in large number of autoimmune/inflammatory diseases



## Vision of becoming an important part in future cancer treatments

 Combination therapy strategy based on synergies with established therapies



## Highly relevant research within clinically validated mechanisms

Focus on opportunities with major unmet medical need



## Robust patent portfolio

 Global patent families on IL1RAP as antibody target in oncology until 2032 and CAN04 until 2035



## Nasdaq Stockholm's main list >6,000 shareholders and long term investors

- Market cap: SEK 3.0bn (USD ~340m) (Sep 10, 2020)
- Cash: SEK 458 MSEK (USD 53m) (30 Jun 2020)

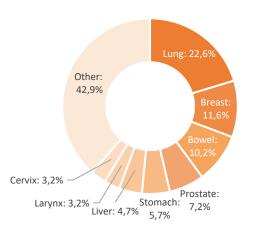
Current owners (30 June 2020)					
4th AP fund	7.8%				
Swedbank Robur Funds	7.4%				
Alecta	6.6%				
1st AP fund	6.3%				
Sunstone	5.2%				
Öhman Bank S.A.	4.9%				
Avanza Pension	4.4%				
SEB S.A. (Nordic Cross)	3.0%				
Morgan Stanley (HBM)	2.4%				
Handelsbanken fonder	2.3%				
Others	49.7%				



# Cantargia addresses a huge market

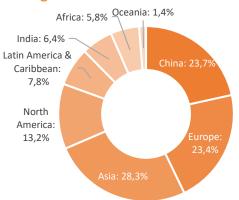
## **Incidence, Globally 2018**

Type of cancer:



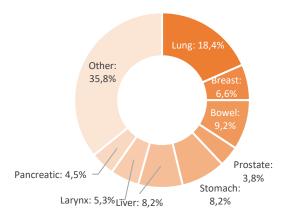
# **Incidence, Globally 2018**

## Region:



## **Mortality, Globally 2018**

Type of cancer:



# **Mortality, Globally 2018**



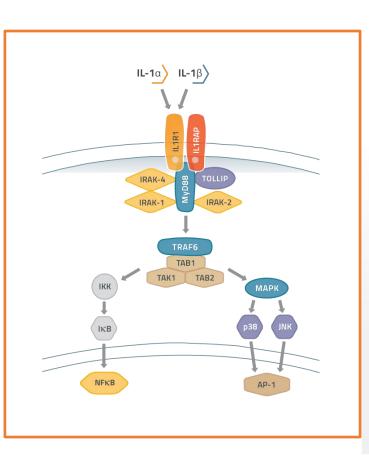
	Lung cancer	Pancreatic cancer		
Incidence 2018 (globally)	2,093,876	458,918		
Fraction of cancer incidence	13.0%	2.9%		
Mortality 2018	1,761,007	432,242		
Fraction of cancer mortality	19.9%	4.9%		
5 year survival	18.6%	8.5%		
Treatment	Surgery, Radiation, Chemotherapy, Immunotherapy	Chemotherapy, Surgery, Radiation		

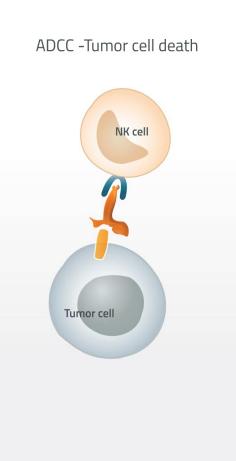
Significant unmet needs in lung and pancreatic cancer

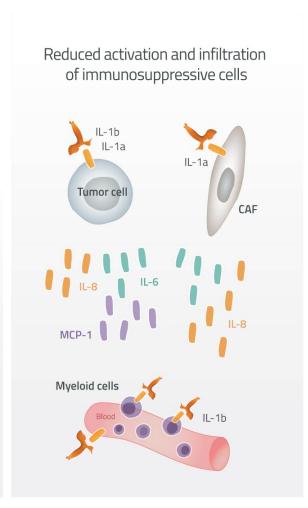


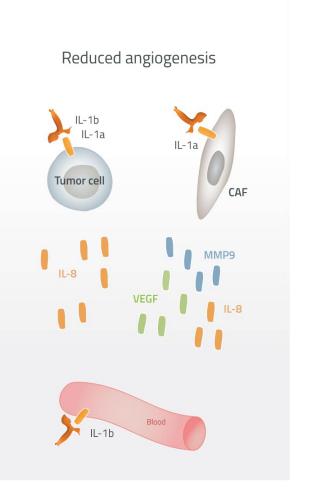


# CAN04 – Mechanism of action







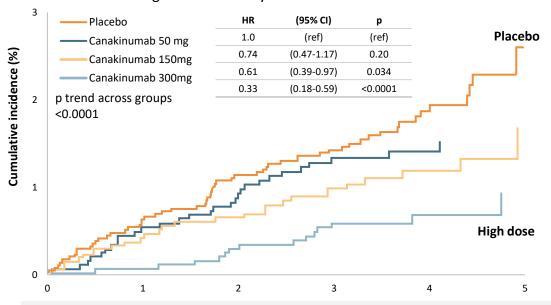


# Validating study – Counteracting tumor inflammation

CANTOS trial (n=10,061)



- Reduced lung cancer incidence by 67% and death by 77%
- Reduced non-lung cancer death by 37%

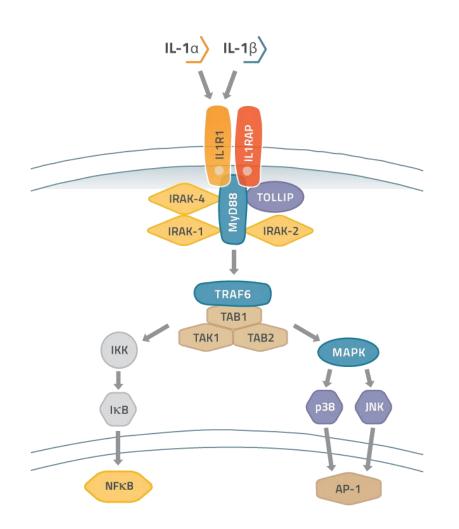


- → Clinical validation of IL-1 pathway
- → Dose/response
- → Cantargia's CAN04 has broader MOA

## Canakinumab phase III trials

# 1,500 patients **Adjuvant NSCLC** (CANOPY-A) After surgery, no mets, placebo control 626 patients First line Untreated locally advanced/metastic (CANOPY-1) Combination Pembro/Platinum doublet 240 patients Second line metastatic Previously treated loc adv/metastatic (CANOPY-2) Combinational Docetaxel Renal cell cancer Gastroesophageal cancer **Additional trials** Colorectal cancer Non-small cell lung cancer

# CANO4 – Superior MoA against other IL-1 blocking approaches



Company	Compound	IL-1α	IL-1β	ADCC	Indication/dev phase
Cantargia	CAN04	++	++	++	<ul> <li>Pancreatic cancer, NSCLC phase IIa</li> </ul>
Xbiotech/ Janssen	Xilonix	++	_	+	<ul><li>Autoimmunity, dermatology</li><li>Pancreatic cancer, phase I</li></ul>
Novartis	Canakinumab Gevokizumab	_	++	_	<ul><li>Autoimmunity, registered</li><li>NSCLC, phase III</li><li>Cancer comb, phase II</li></ul>
Buzzard	Isunakinra	++	++	_	Cancer phase I
SOBI	Kineret	++	++	_	Autoimmunity, reg
Regeneron/ Kiniksa	Rilonacept	++	++	_	<ul><li>Autoimmunity, reg</li><li>Pericarditis</li></ul>

# Use of IL1RAP as target for hematological cancers

- Two families
- Valid until 2029/2030
- Granted (EPO, USA, Japan, China)

# Use of IL1RAP as target for solid tumors

- Valid until 2032
- Granted (EPO\*, Japan, USA, China)

\*divisional application opposed in Europe

# The product candidate CAN04

- Valid until 2035
- Granted (EPO, USA, China)



# Positive phase IIa interim combination data

	Initiated	On therapy	Evaluable	CR/PR	SD	PD	NE
PDAC	10	7	7	41)		2 <sup>2)</sup>	1 <sup>2)</sup>
Historical				23%	27%	20%	30%
NSCLC	4	3	3	2 <sup>1)</sup>	1		
Historical				22-28%	18%	40%	<20%

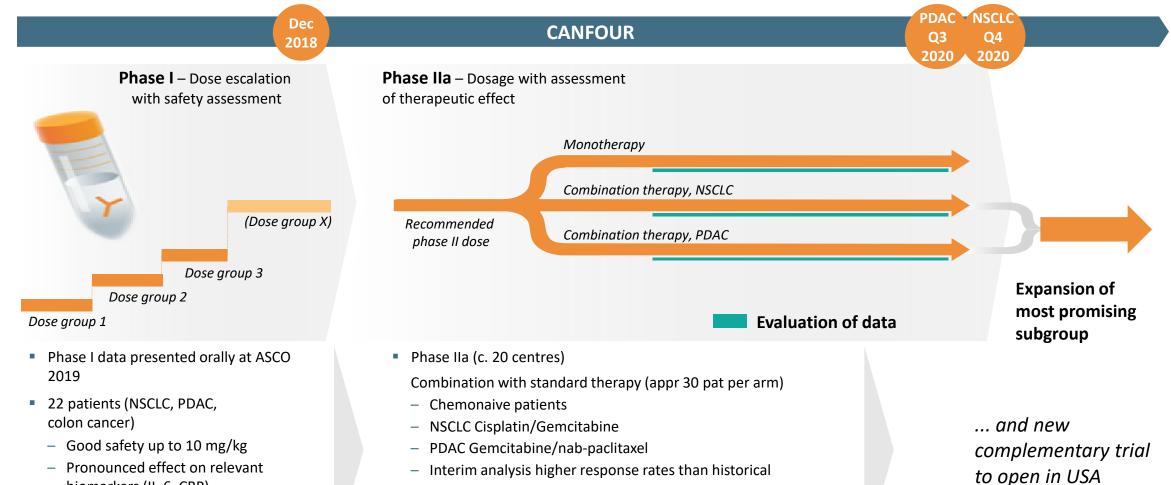


"After I presented the CANO4 monotherapy data at ASCO 2019, the CANFOUR trial has advanced with the combination therapy. The initial results are very encouraging in non-small cell lung cancer (pretreated with checkpoint inhibitor) and pancreatic cancer and suggest that CANO4 could be a valuable contribution to improve the chemoterapy regimes in these diseases" *Prof Ahmad Awada, Institute Jules Bordet, Brussels, Belgium, Coordinating investigator CANFOUR-study* 

- → By adding CAN04 response rates are higher than historical data using these standard first line chemotherapies alone
- → 4 of 7 evaluable patients with metastatic pancreatic cancer (PDAC) showed objective response. 1 additional patient showed pseudoprogression. Pronounced effect of biomarker CA19-9
- → 2 of 3 evaluable patients with metastatic non-small cell lung cancer (NSCLC) showed objective response including 1 complete response
- → No major side effects were observed apart from those expected with chemotherapy or CAN04 alone



# CANO4 – CANFOUR clinical trial



**Generation of data instrumental for next phase of development** 

Monotherapy (20 pat) fully recruited, 15 mg/kg ongoing

Late stage patients

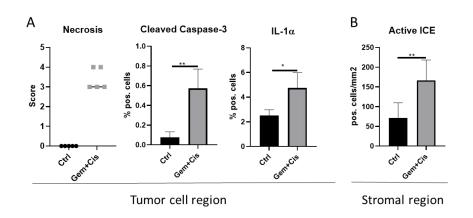


months

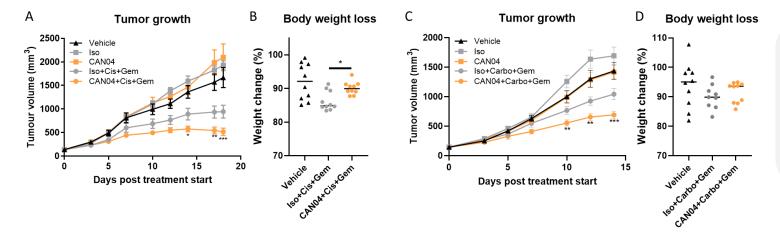
biomarkers (IL-6, CRP)

- 9 pts had stable disease up to 6

# Targeting IL1RAP allows unique synergistic effects with chemotherapy (AACR 2020)



→ Upregulation of both forms of IL-1 (IL-1a/ICE) as potential tumor defense to chemotherapy

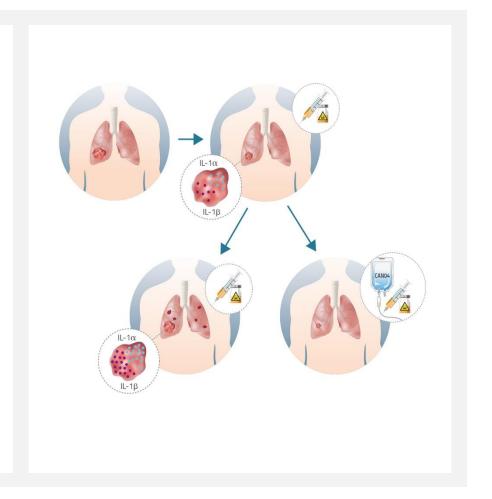


- → CAN04 increase efficacy of chemotherapy regimes
- → CAN04 counteract weight loss after chemotherapy



# Chemotherapy resistance

- → Most chemotherapies induce chemoresistance already after a few months of therapy
- $\rightarrow$  Chemotherapy upregulate both IL-1 $\alpha$  and IL-1 $\beta$
- → Blocking IL-1 signalling counteracts chemoresistance in preclinical models
- → High blood levels of inflammatory cytokines IL-1 and IL-6 leads to poor gemcitabine efficacy in patients
- → IL-1 mediated chemoresistance for several classes of chemotherapy
  - → Platinum based chemotherapy, 5FU, Gemcitabine

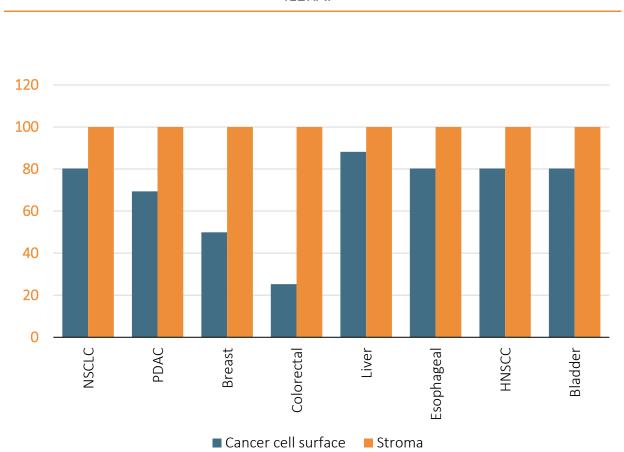




# **CAN04** oncology expansion

# IL1RAP in several cancer with high medical need

**IL1RAP** 





- Discovery of IL1RAP on cancer cells
- Antibodies against IL1RAP antitumor effects
- IP on antibody therapy against IL1RAP

## **Primary** indications

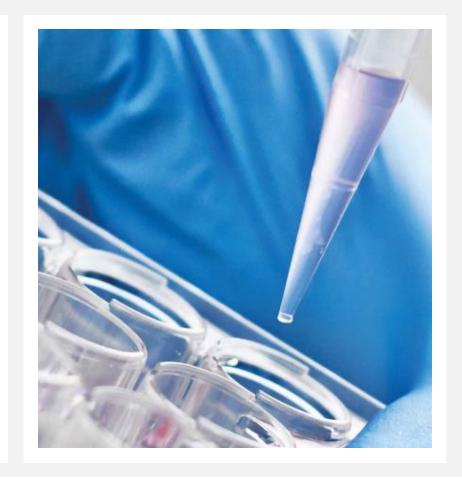
- Non-small cell lung cancer NSCLC
- Pancreatic cancer PDAC

- Biomarker studies ongoing, identify patients most likely to respond
- → Opportunity to expand development in additional cancer forms with high unmet medical need



# US phase I clinical trial

- → IND granted May 2020, FPI planned Q3 2020
- → Combination with checkpoint inhibitor in patients that no longer respond to PD1/PDL-1 therapy
- → Primary endpoint safety, secondary endpoints include biomarkers and efficacy
- → Indications include NSCLC, HNSCC, malignant melanoma and bladder cancer (18 patients)
- → Strong US centers, Coord investigator Prof Roger Cohen, UPenn
- → https://clinicaltrials.gov/ct2/show/NCT04452214

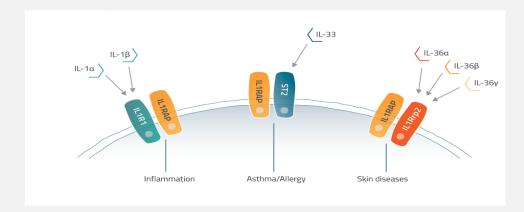


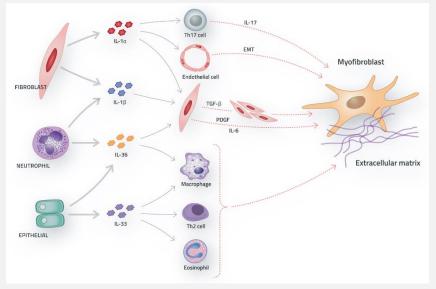


# Untapped possibilities in autoimmune diseases

# CAN10 – New development project

- → IL1RAP binding antibody potently blocking IL-1, IL-33 and IL-36
- Unique anti-inflammatory activity observed in mouse model
- Development focusing on unmet medical need in systemic sclerosis and myocarditis. Disease selection in collaboration with experts based on scientific rational, medical need, development opportunity and competition
- → Clinical trials start early 2022







# Milestones and summary

# Significant value inflection points

# **Newsflow next 6-9 months**

## CAN04

- → FPI checkpoint combination clinical trial
- → LPI Phase IIa combination in PDAC and NSCLC
- → Phase IIa combination results PDAC and NSCLC
- → Next step combination therapy
- → Phase IIa biomarker/biopsy results
- → New clinical trial in disease/combination outside CANFOUR

## **CAN10**

- → Preclinical progress
- → Production development



# Cantargia at a glance



## Unique immunotherapy antibody CAN04 in phase IIa clinical development

Positive interim data set and further phase II milestones during 2020



## Platform with many potential therapeutic areas

Cancer and large number of autoimmune/inflammatory diseases



# Vision of becoming an important part in future cancer treatments

Combination therapy strategy based on synergies with established therapies



## Highly relevant research within clinically validated mechanisms

Focus on opportunities with major unmet medical need



# Robust patent portfolio – granted IP for therapeutic target IL1RAP and CAN04

Global patent families - antibody target in oncology (2032) and CAN04 (2035)



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