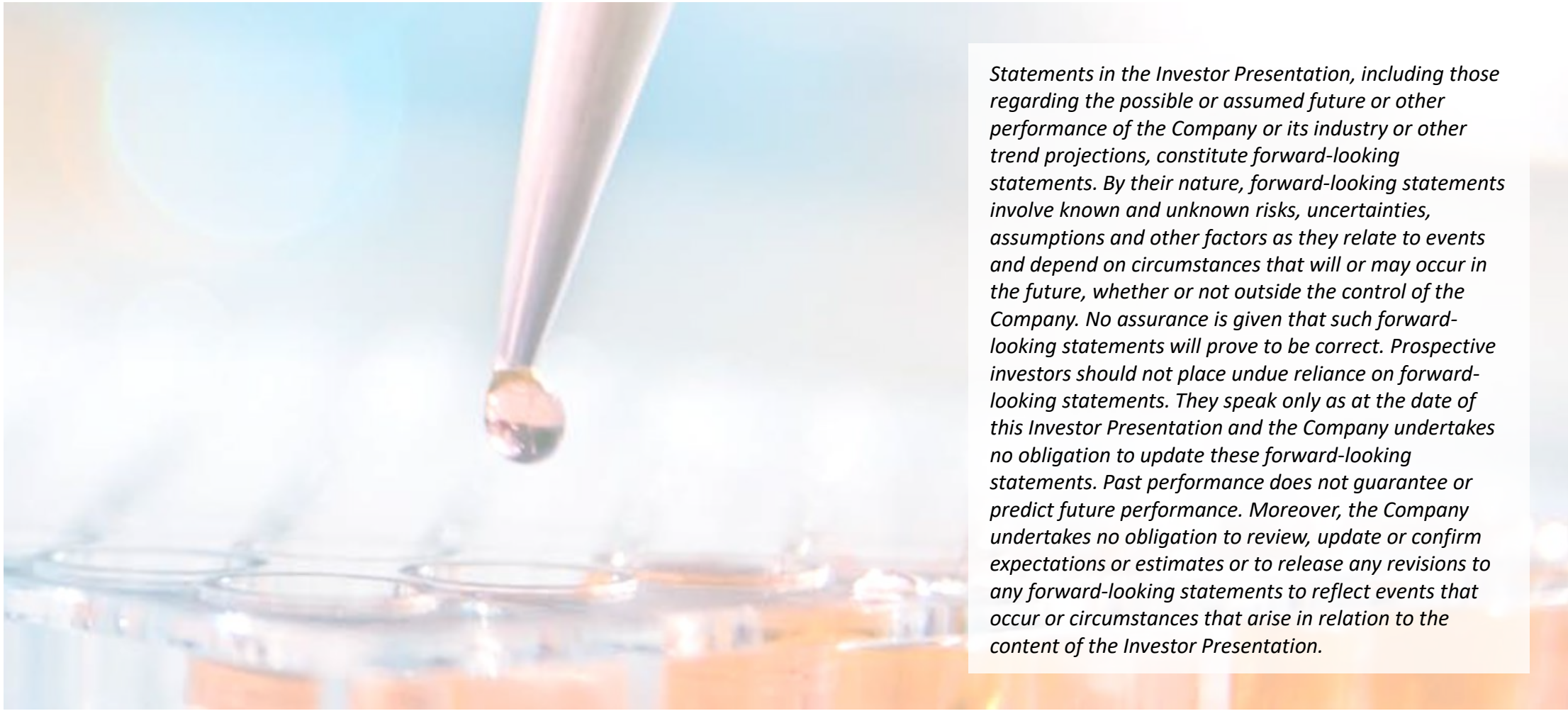

We want to save patients with severe cancer and autoimmune diseases

*Göran Forsberg, CEO*
*Sep 2022*

**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 – The IL1RAP company

## FIRST IN CLASS ANTIBODY THERAPIES AGAINST NOVEL IL1RAP TARGET

- Five Phase I/II trials, with positive interim data in pancreatic cancer and NSCLC
- Differentiated by broad MOA and unique binding properties
- Synergistic with established therapies

## PLATFORM WITH BROAD POTENTIAL TO ADDRESS HIGH UNMET NEEDS

- Target IL1RAP found on most solid tumor forms and leukemias
- IL1RAP signalling key in large number of inflammatory diseases beyond oncology
- Robust patent portfolio on antibody target in oncology (to 2032) and lead asset (to 2035)

## INGREDIENTS FOR SUCCESS

- Solid cash position (350 MSEK, 33 MUSD end Q2 2022), plus rights issue for 250 MSEK
- Clear development plan with multiple upcoming catalysts
- Strong management team with experience in bringing products through development to market

# Cantargia – Save lives and create value through IL1RAP

| Project | Disease | Type of treatment | Discovery phase / Preclinical phase / Clinical phase I / Clinical phase II / Clinical phase III / Commercial phase |
|---|---|---|---|
| CAN04 Nadunolimab | PDAC | 1st line | Gemcitabine/nab-paclitaxel |
| | | | FOLFIRINOX |
| | NSCLC | 1st line | Cisplatin/gemcitabine |
| | | 2nd/3rd line | Docetaxel |
| | Non-squamous NSCLC | 1st/2nd line | Carboplatin/pemetrexed |
| | | 1st line | Pembro/carboplatin/pemetrexed |
| | TNBC | 1st/2nd line | Carboplatin/gemcitabine |
| | Biliary tract cancer | 1st line | Cisplatin/gemcitabine |
| | Colon cancer | 3rd line | FOLFOX |
| | Solid tumors | ICI combo | Pembro |
| CAN10 | Myocarditis; Systemic sclerosis | | |
| CANxx | New opportunities within IL1RAP platform | | |

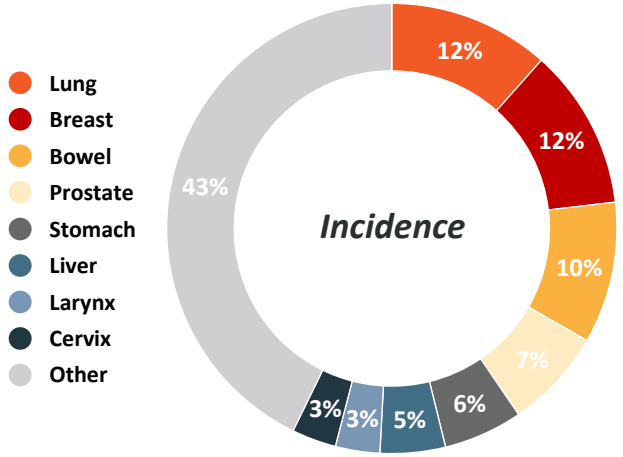
PDAC – pancreatic cancer; NSCLC – non-small cell lung cancer; TNBC – triple negative breast cancer; ICI – immune checkpoint inhibitor; Pembro – pembrolizumab

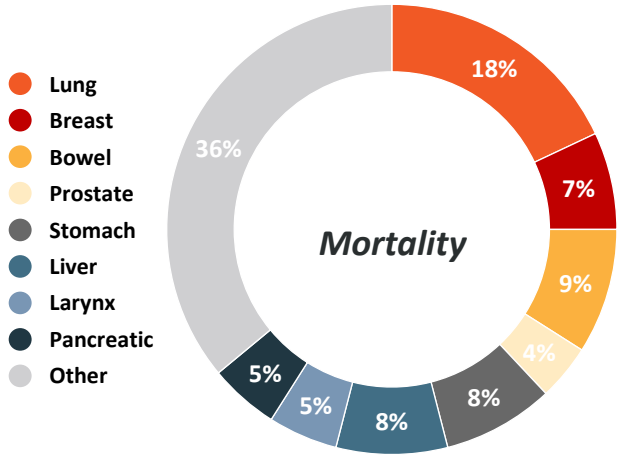
- Potentially more effective treatment against novel target in clinically validated pathway
- First in class platform technology against novel target
- Well-financed to build a broad, diversified pipeline
- Right team and clear plan to position our projects and maximize value



Cantargia

# Cantargia addresses NSCLC & PDAC

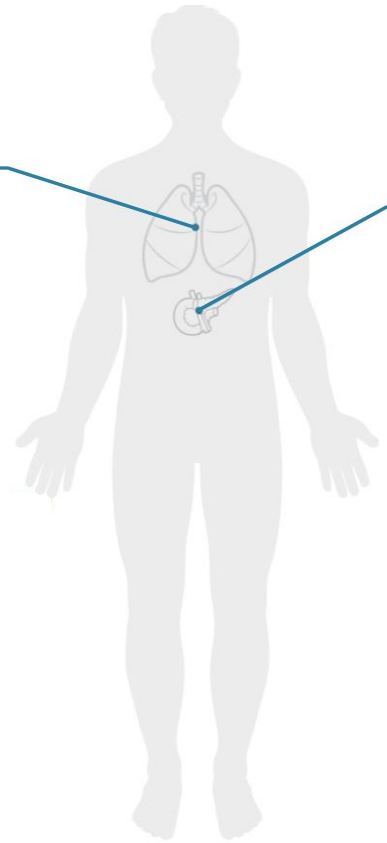



### *Non-Small Cell Lung Cancer*

| | |
|---|---|
| *2.1m* | **Annual global incidences** |
| *12%* | **Fraction of cancer incidence** |
| *1.8m* | **Annual global mortalities** |
| *18%* | **Fraction of cancer mortality** |
| *19%* | **Five-year survival rate** |

***Treatment:*** *Surgery, Radiation, Chemotherapy, Immunotherapy*



### *Pancreatic cancer*

| | |
|---|---|
| *0.5m* | **Annual global incidences** |
| *3%* | **Fraction of cancer incidence** |
| *0.4m* | **Annual global mortalities** |
| *5%* | **Fraction of cancer mortality** |
| *9%* | **Five-year survival rate** |

***Treatment:*** *Chemotherapy, Surgery, Radiation*

**SIGNIFICANT UNMET NEEDS IN LUNG AND PANCREATIC CANCER**

Source: WHO, The Global Cancer Observatory 2018

# Pancreatic cancer

| Subgroup | Share (USA) | Treatment | Target |
|---|---|---|---|
| Resectable | 10-15% | Surgery | Cure |
| Locally advanced | 35-40% | Chemotherapy | Response, surgery |
| Metastatic | 45-50% | Chemotherapy | Response, survival |

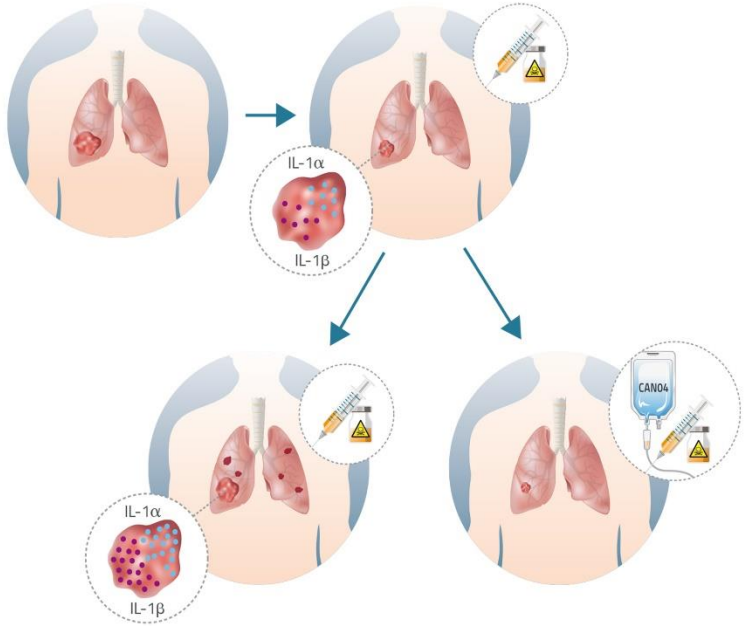
→ USA: Estimate 62,200 cases 2022, 5 year survival rate Resectable 34%, Locally advanced 12%, Metastatic 3%

**CAN04 focus on first line patients**

# NADUNOLIMAB AND BIOLOGICAL CONTEXT

# Chemotherapy resistance

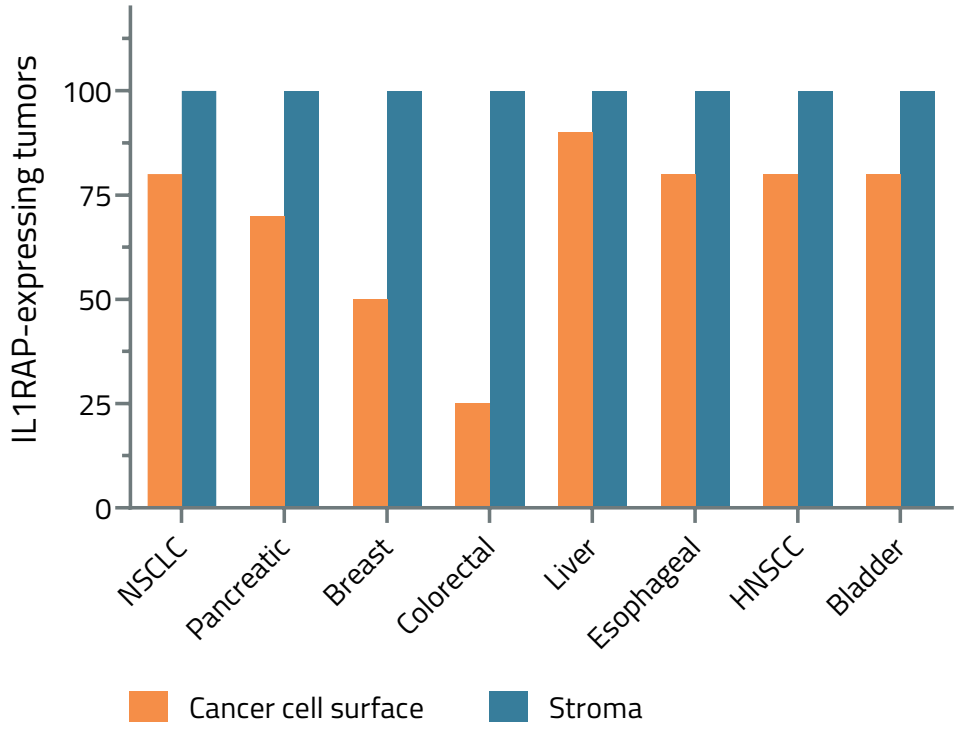
- Most chemotherapies induce chemoresistance already after a few months of therapy
- Chemotherapy can upregulate both IL-1α and IL-1β
- Blocking IL-1 signalling counteracts chemoresistance in preclinical models
- High blood levels of inflammatory cytokines IL-1 and IL-6 leads to poor gemcitabine efficacy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



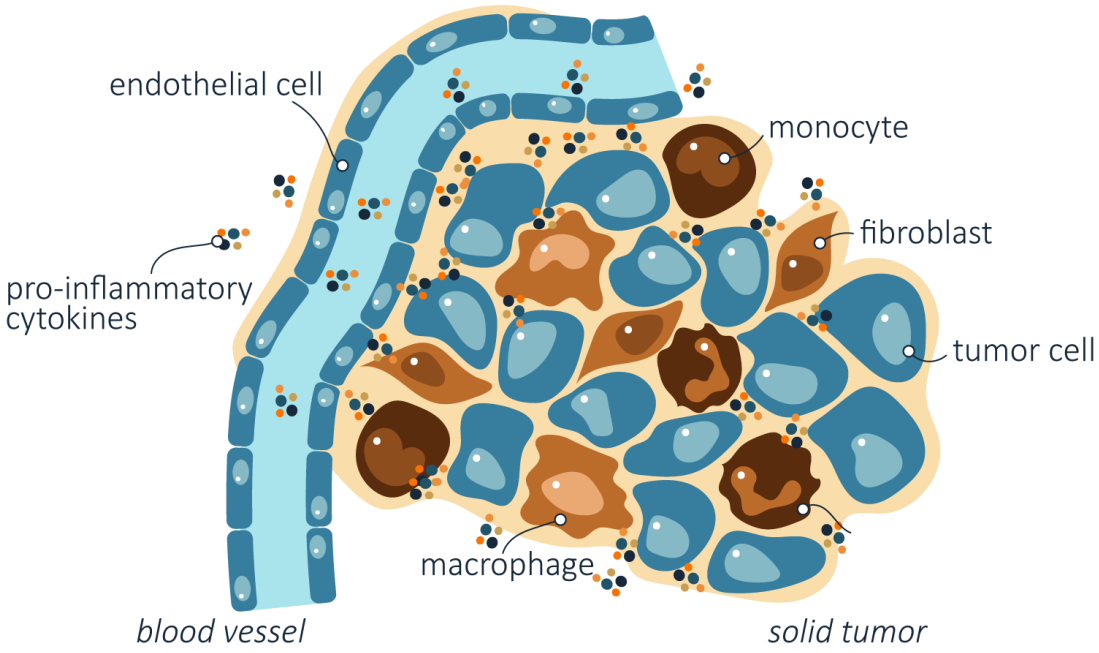

**SEVERAL LINES OF EVIDENCE SUGGEST CAN04 COUNTERACT CHEMORESISTANCE**

# IL1RAP is overexpressed in most solid tumors

## IL1RAP EXPRESSION IN SOLID TUMOR TYPES




## IL1RAP-EXPRESSING CELLS IN TUMOR MICROENVIRONMENT




**IL1RAP: DISTINCT OVEREXPRESSION IN TUMORS AND LOW NORMAL TISSUE REACTIVITY**

NSCLC – non-small cell lung cancer
HNSCC – head and neck squamous carcinoma



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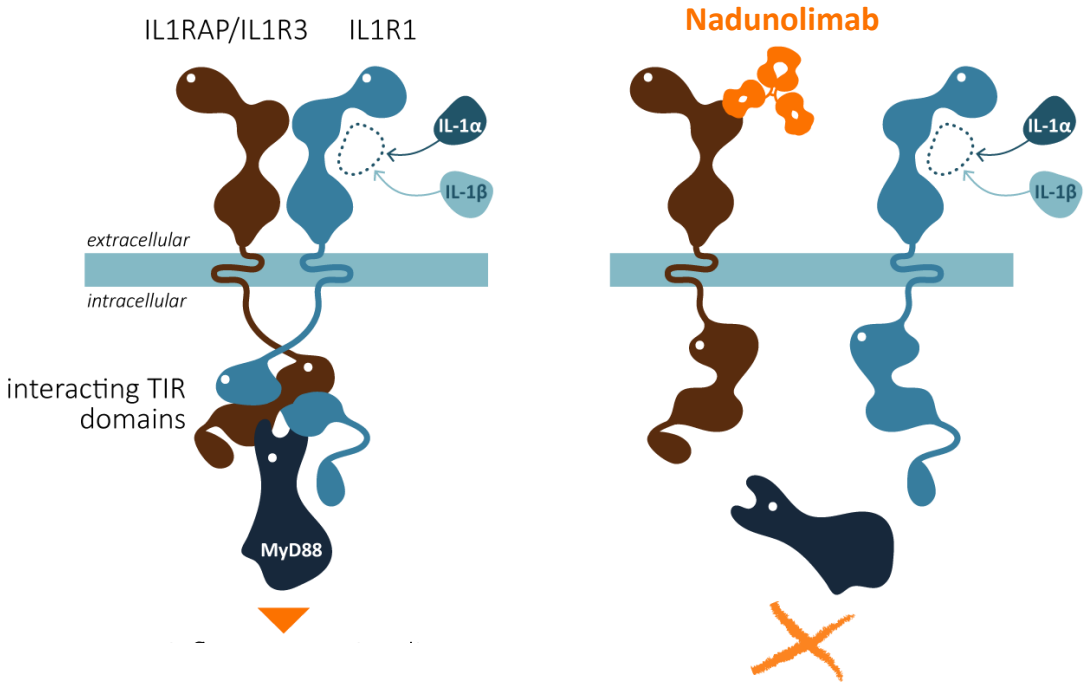
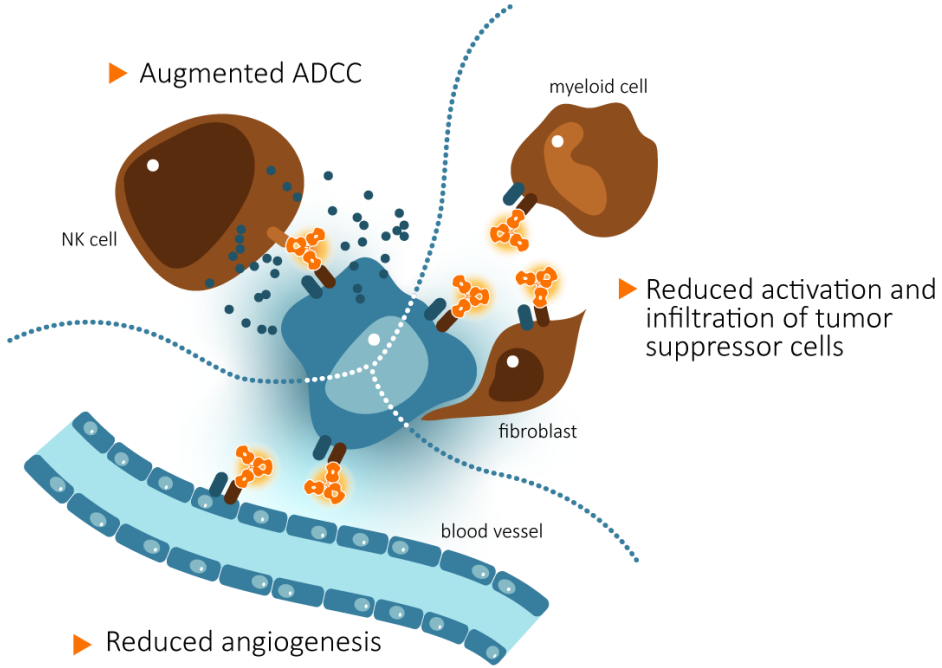
# Targeting IL1RAP provides unique opportunities to treat cancer

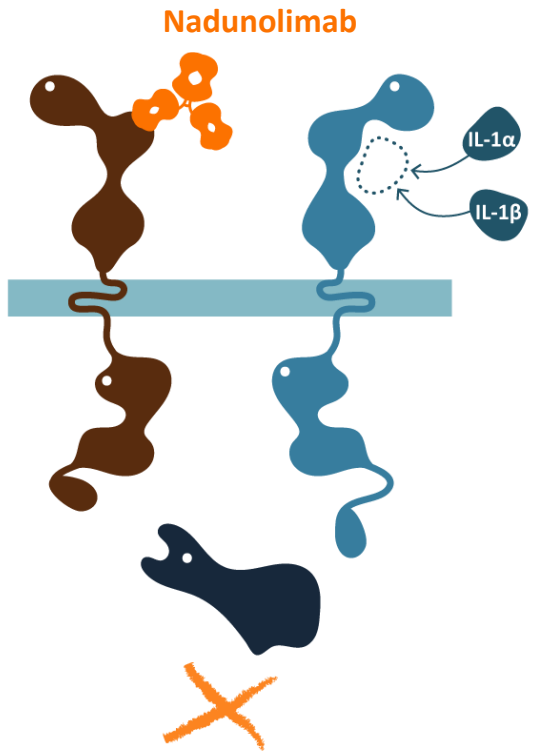


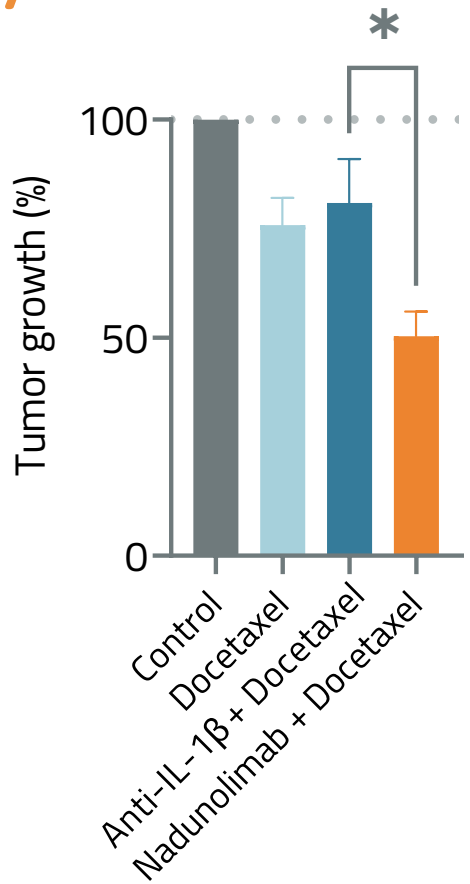




**NADUNOLIMAB COUNTERACTS SIGNALS RELATED TO IMMUNE SUPPRESSION AND RESISTANCE TO THERAPY**

ADCC – Antibody-Dependent Cellular Cytotoxicity
NK – Natural Killer

# Nadunolimab mechanism uniquely enhances docetaxel antitumor activity




Nadunolimab with docetaxel in MC38 syngeneic model:

- Nadunolimab blocks both IL-1α and IL-1β and has ADCC activity
- Nadunolimab increases efficacy of docetaxel
- Control antibody blocking only IL-1β does not have the same effect
- Docetaxel increases IL-1α production in vitro
- Highlights importance of blocking both forms of IL-1 to increase docetaxel efficacy

**IN CONTRAST TO IL-1B BLOCKADE, NADUNOLIMAB INCREASES DOCETAXEL EFFICACY; CLINICAL INVESTIGATION ONGOING**

Rydberg-Millrud et al Cancer Immunology, Immunotherapy 2022, https://rdcu.be/cUz5Y



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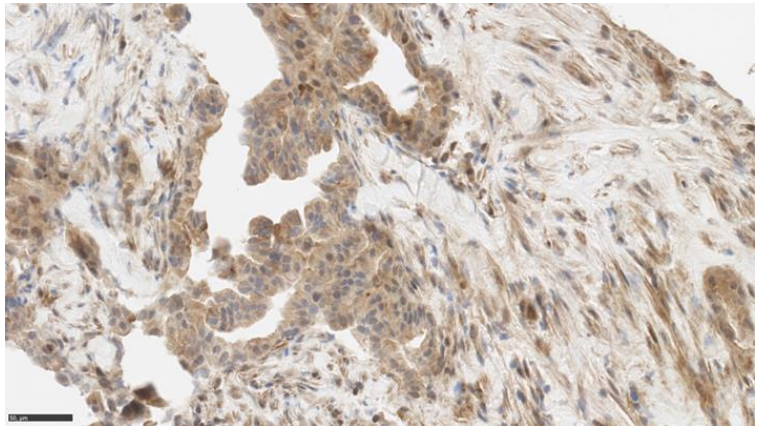
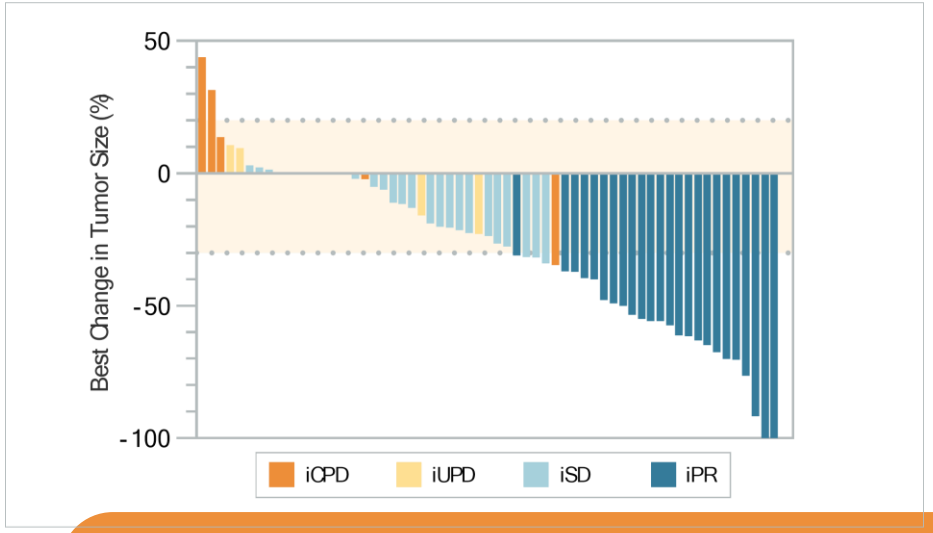
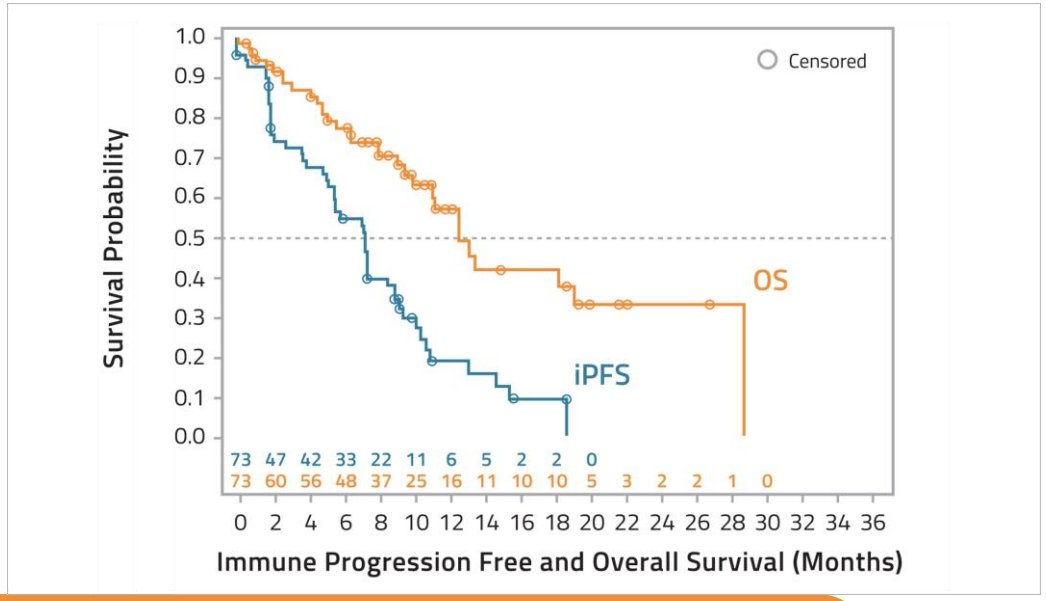
# Positive interim data in pancreatic cancer

Nadunolimab combination with Gem/Abraxane in 1st line (ASCO 2022), n=73:

- 33% response rate with durable responses
- Pseudoprogression-like response in 5 (7%) additional patients
- Promising PFS (7.2 mo) and OS (12.7 mo, 42 % events)
- 12 pts on treatment






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

# Safety profile is manageable and supports MOA

| | Grade 3-4 (n=76) | All grade (n=76) |
|---|---|---|
| **Hematological TEAE; n (%)** | | |
| Neutropenia | 49 (65%) | 57 (75%) |
| Leukopenia/WBC decreased | 18 (24%) | 23 (30%) |
| Thrombocytopenia | 11 (15%) | 31 (41%) |
| Anemia | 10 (13%) | 37 (49%) |
| Febrile neutropenia | 10 (13%) | 10 (13%) |
| **Non-hematological TEAE; n (%)** | | |
| GGT increased | 13 (17%) | 16 (21%) |
| Hypertension | 7 (9%) | 10 (13%) |
| ALT increased | 6 (8%) | 16 (21%) |
| Fatigue | 6 (8%) | 41 (54%) |
| AST increased | 5 (7%) | 14 (18%) |
| Vomiting | 5 (7%) | 27 (36%) |
| Cholestasis | 4 (5%) | 4 (5%) |
| Hypokalemia | 4 (5%) | 12 (16%) |

- G-CSF is an approved therapy to counteract neutropenia; Incidence of grade 3-4 neutropenia was only 16 % in pts receiving prophylaxis
- Notably, only 1 % peripheral neuropathy grade 3-4 was observed, vs 17% in historical controls. Fit with mechanism of action

**UPDATE: PANCAN IS MOVING NADUNOLIMAB INTO PHASE 2/3 PDAC TRIAL**

Note: 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.

# Advancing PDAC development to phase 2/3

**PanCAN's Precision Promise℠ adaptive clinical trial platform designed together with the FDA**

**Nadunolimab selected for inclusion**

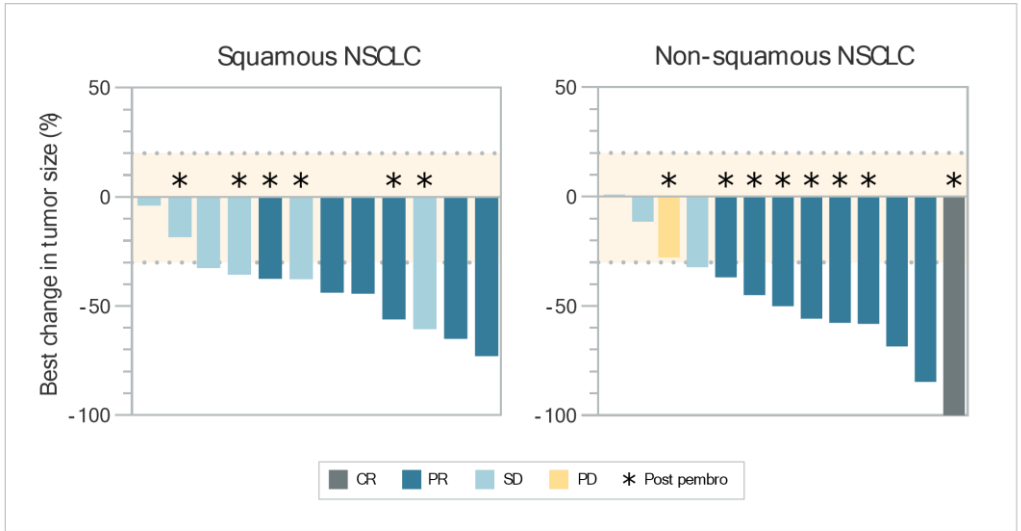
- Currently 21 leading US clinical centers - additional sites planned
- Patients randomized to receive nadunolimab with gemcitabine and nab-paclitaxel, or chemotherapy alone
- Bayesian design, successful completion of a 100-patient adaptively randomized Stage 1 may be followed by a 75-patient fixed-randomized Stage 2
- Trial results for nadunolimab arm expected 2027 or earlier
- Preparations according to plan - Ongoing dialogue with FDA and EMA ahead of protocol finalization and submission

**STATUS: ONGOING STANDARD PROCESS WITH FDA AND EMA BEFORE FINALIZING AND SUBMITTING PROTOCOL**

# Combination strategy in NSCLC – Promising efficacy

| Efficacy parameter* | All (n=30)** | Non-squamous (n=16) | Squamous (n=13) |
|---|---|---|---|
| ORR [95% CI] | 53% [34-72] | 56% [30-80] | 46% [19-75] |
| Disease control rate*** (CR+PR+SD) [95% CI] | 83% [65-94] | 75% [48-93] | 92% [64-100] |
| Median duration of response [95% CI] | 5.8 months [3.7-11.2] | 11.2 months [NA] | 4.1 months [3.4-5.8] |
| PFS [95% CI] | 6.8 months [5.5-8.8] | 7.3 months [5.3-13.0] | 5.8 months [3.7-7.4] |
| Median OS [95% CI] | 13.7 months**** [NA] | NA | NA |
| 1-year survival [95% CI] | 53%**** [26-73%] | NA | NA |

*Responses according to RECIST1.1 criteria
**One tumor of unknown histology
***Two patients withdrew early in association with COVID-19
****Based on 37% of events




Nadunolimab combination with Gem/Cis in 1st line:

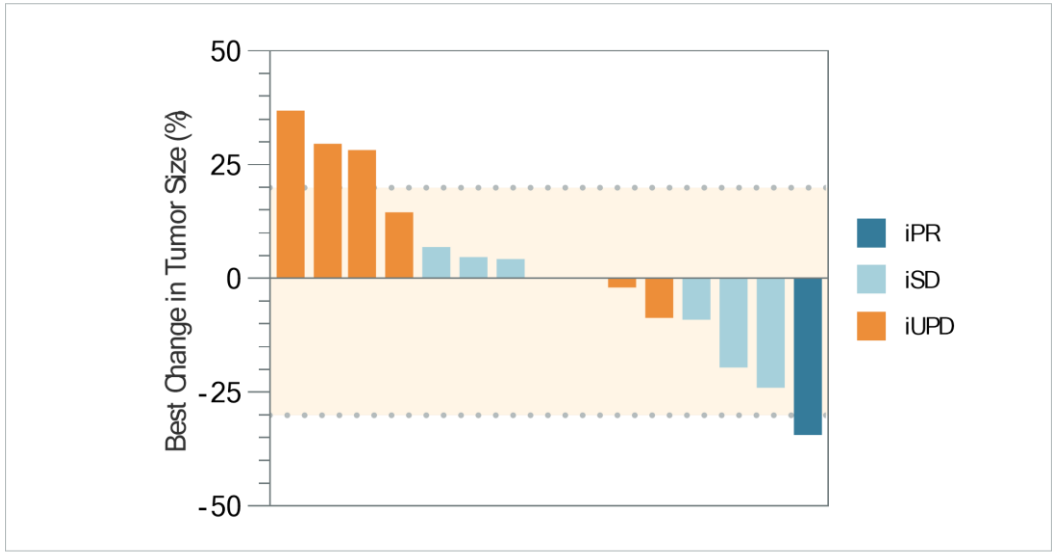
- 16/30 patients showed objective response including 1 complete response (ORR 53% vs historical control data of 22-28%), 7pts still on treatment
- No major side effects observed except those from chemotherapy or nadunolimab alone. *Neutropenia frequency higher than expected from chemo (but can be treated with dose reductions or G-CSF)*
- Trial expanding – up to 40 additional patients with non-squamous NSCLC

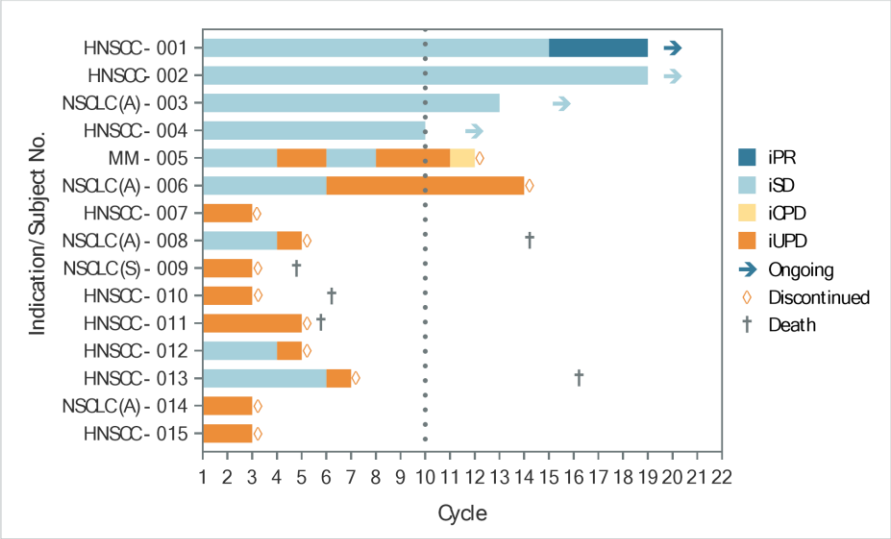
**STRONG INTERIM RESULTS, UPDATE AT ASCO 2022**


[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
[4] Paz-Ares et al, N Engl J Med 2018

# CIRIFOUR – Broadening into IO combinations

- First arm (15 pts): Combination with pembrolizumab in patients no longer responding to PD-(L)1 therapy (NSCLC, HNSCC, malignant melanoma and bladder cancer)
- No safety signals
- Second arm (up to 24 pat): Combination with 1st line pembrolizumab and carboplatin/pemetrexed in non-squamous NSCLC starting Q3 2022 - Primary endpoint safety, secondary endpoints include biomarkers and efficacy




**TRIAL DESIGNED TO ADVANCE NADUNOLIMAB OUTSIDE CHEMOTHERAPY COMBINATIONS**
**IMPORTANT STEP FOR COMBINATION WITH IO AND CHEMOTHERAPY**

# Cantargia – Save lives and create value through IL1RAP

| Project | Disease | Type of treatment | Next steps |
|---|---|---|---|
| CAN04 Nadunolimab | PDAC | 1st line | Gemcitabine/nab-paclitaxel → Data update Q1 '23; PanCAN IND submission 2022 |
| | | | FOLFIRINOX → Initial safety readout H2 '22 |
| | NSCLC | 1st line | Cisplatin/gemcitabine → Data update Q1 '23 |
| | | 2nd/3rd line | Docetaxel → Initial safety readout H2 '22 |
| | Non-squamous NSCLC | 1st/2nd line | Carboplatin/pemetrexed → Initial safety readout H2 '22 |
| | | 1st line | Pembro/carboplatin/pemetrexed → FPI H2 '22 |
| | TNBC | 1st/2nd line | Carboplatin/gemcitabine → Initial safety readout H2 '22 |
| | Biliary tract cancer | 1st line | Cisplatin/gemcitabine → Initial safety readout H2 '22 |
| | Colon cancer | 3rd line | FOLFOX → Initial safety readout H2 '22 |
| | Solid tumors | ICI combo | Pembro → Final data 2023 |
| CAN10 | Myocarditis; Systemic sclerosis | | Initiation of Ph I early 2023 |
| CANxx | New opportunities within IL1RAP platform | | |

Discovery phase | Preclinical phase | Clinical phase I | Clinical phase II | Clinical phase III

■ recruitment ongoing; ■ recruitment completed; ■ non-clinical project; PDAC (pancreatic cancer); NSCLC (non-small cell lung cancer); TNBC (triple negative breast cancer)



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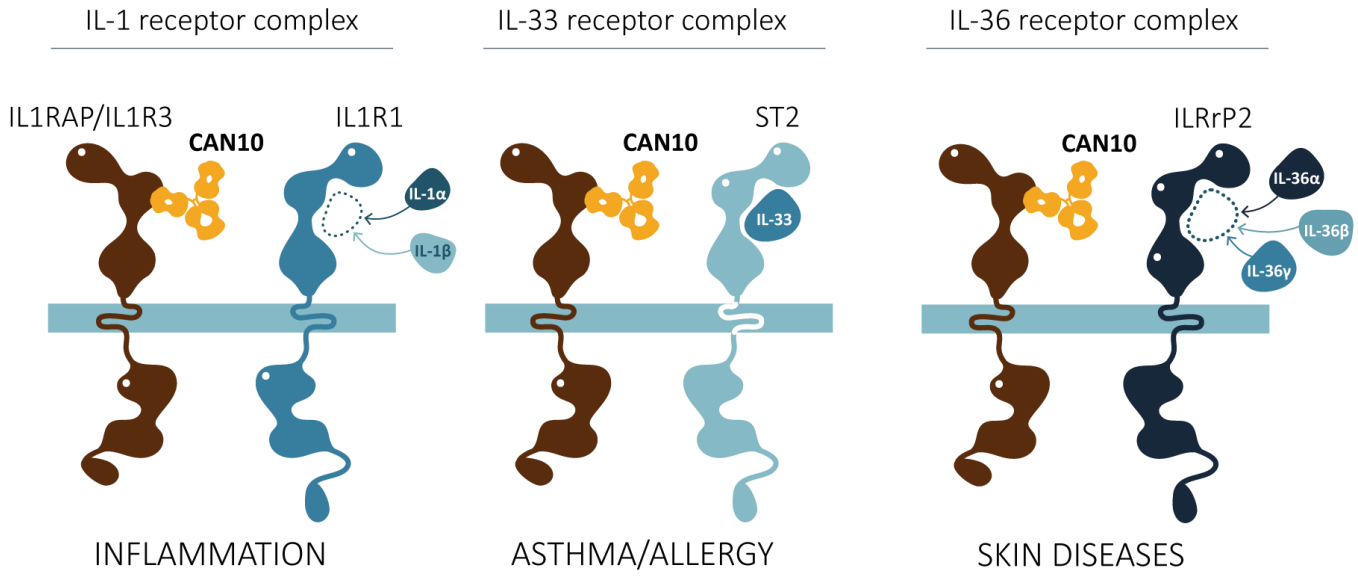
# CAN10 OPPORTUNITY IN AUTOIMMUNE/INFLAMMATORY DISEASE

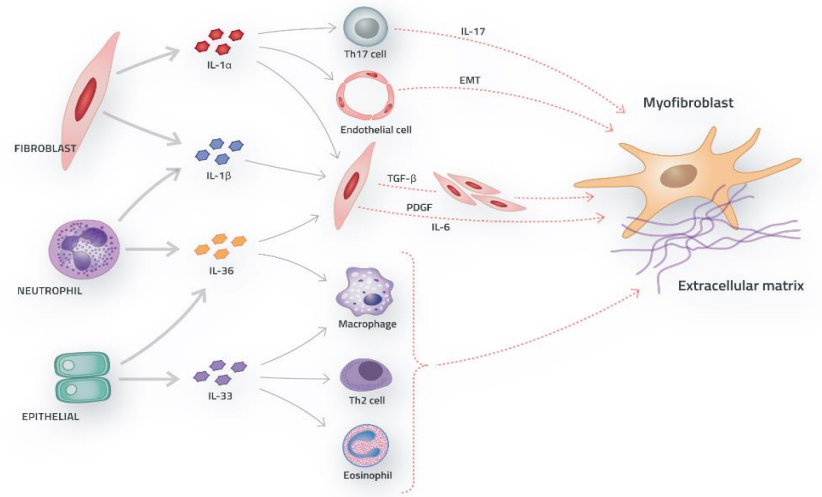
# CAN10 – New asset within autoimmunity/inflammation

- IL1RAP binding antibody potently blocking IL-1, IL-33 and IL-36
- Unique anti-inflammatory activity observed in different mouse models (myocarditis, systemic sclerosis, psoriasis, inflammation)
- Development focusing on unmet medical need in systemic sclerosis and myocarditis. Disease selection in collaboration with experts based on scientific rationale, medical need, development opportunity and competition.
- Clinical trial starts early 2023

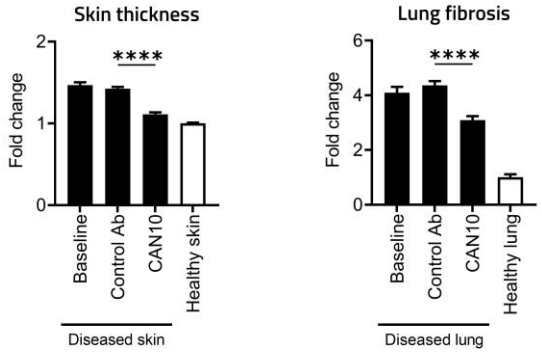



**UNIQUE OPPORTUNITY FOR CAN10 IDENTIFIED IN LIFE-THREATENING DISEASES**

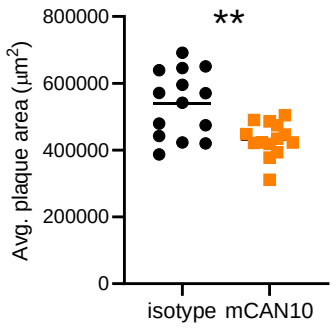
# CAN10 – Unique properties in preclinical disease models




Systemic sclerosis model

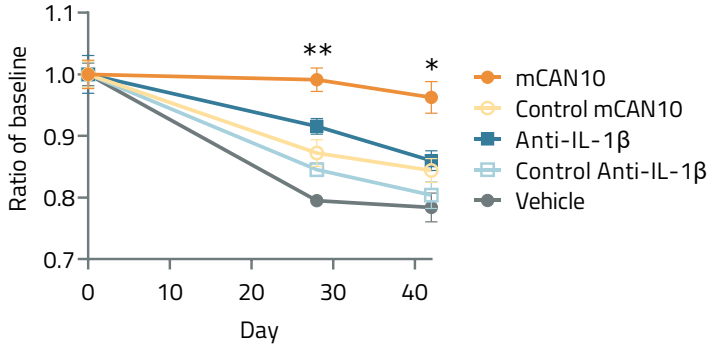



Atherosclerosis model

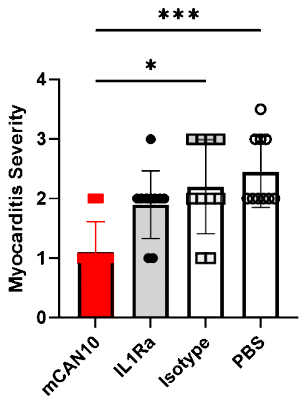


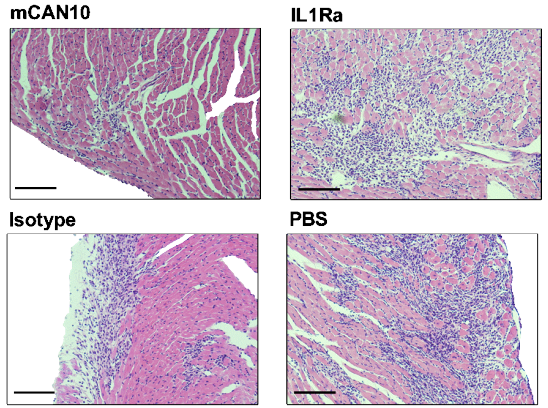

Autoimmune Myocarditis - Treatment from day 7

Left Ventricular Ejection Fraction




## New data showing efficacy in viral myocarditis




**CAN10 SHOWS POTENTIAL IN SEVERAL AUTOIMMUNE/INFLAMMATORY DISEASES WITH HIGH MEDICAL NEED**
**PHASE I PLANNED FOR EARLY 2023**



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# FINANCIALS, MILESTONES & SUMMARY

# Solid financial position with strong shareholder support

- Cash and cash equivalents SEK 350 M (~$33M) at end Q2 2022
- Fully guaranteed rights issue of 250 MSEK concluded Aug 2022
- Operating expenses SEK 217.6 M (~$20M) in H1 2022
  - R&D - 95% of operating expenses
  - 27 full-time employees
  - Market cap appr 0.7 BSEK, 66 MUSD Aug 29 2022
- Capital structure
  - Ordinary shares (thousands) 166,987
  - Options corresponding to (thousands) 5,687 if exercised (3.3% dilution)

| Current owners (30 June 2022) | |
|---|---|
| 4th AP fund | 8.8% |
| Alecta | 7.3% |
| Six Sis AG | 7.0% |
| Swedbank Robur Funds | 6.4% |
| 1st AP fund | 6.3% |
| Avanza Pension | 5.6% |
| SEB AB, Luxemburg | 3.0% |
| Handelsbanken fonder | 2.4% |
| Unionen | 1.7% |
| Goldman Sachs | 1.5% |

# Several upcoming value inflection points

**Newsflow over next 6-9 months**

***Nadunolimab (CAN04)***

- Update of results for PDAC, NSCLC and Keytruda combination presented at ASCO
- Phase 2/3 Precision Promise (PDAC)
- New preclinical and translational results
- New clinical trials (Interim results, safety)
  - CAPAFOUR PDAC FOLFIRINOX
  - CESTAFOUR Basket trial (NSCLC, CRC, BTC)
  - TRIFOUR TNBC

***CAN10***

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

**SIGNIFICANT DATA TO SECURE NEWSFLOW**

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