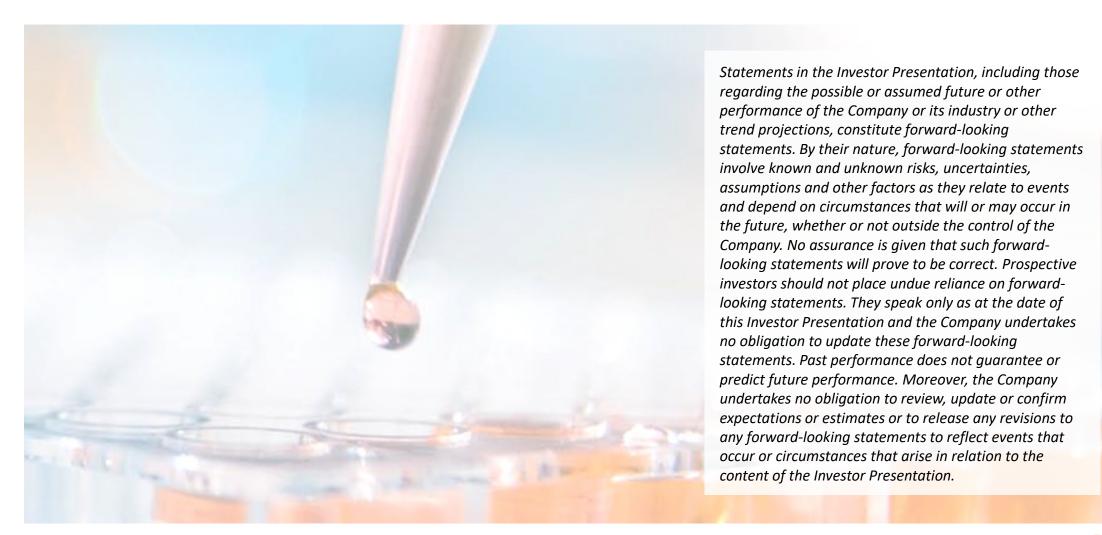


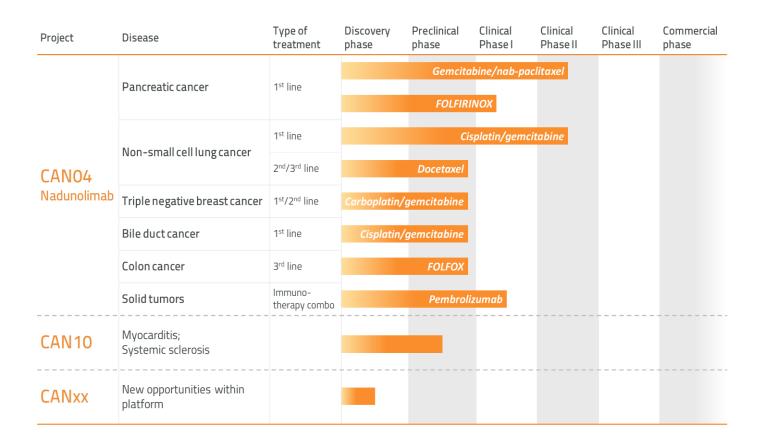
Safe Harbour Statement







Cantargia – Opportunity to save lives and create value



- 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 highlights



UNIQUE IMMUNOTHERAPY ANTIBODY CAN04 IN PHASE IIA CLINICAL DEVELOPMENT

- First in class antibody with broader MOA than competitors
- Positive clinical interim data PFS, durable responses and pseudoprogression



VISION OF BECOMING AN IMPORTANT PART IN FUTURE CANCER TREATMENTS

Combination strategy based on synergies with established therapies



PLATFORM WITH MANY POTENTIAL THERAPEUTIC AREAS

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



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

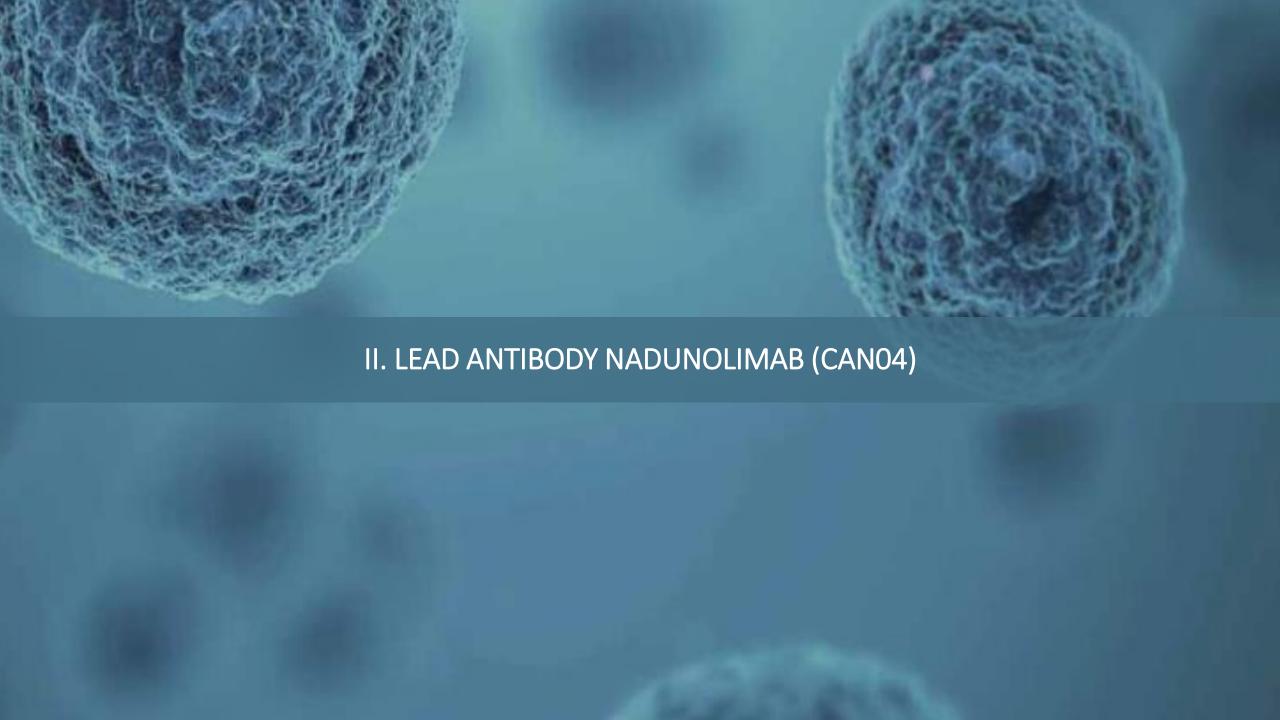


NASDAQ STOCKHOLM MAIN LIST ~10,000 SHAREHOLDERS AND LONG TERM INVESTORS

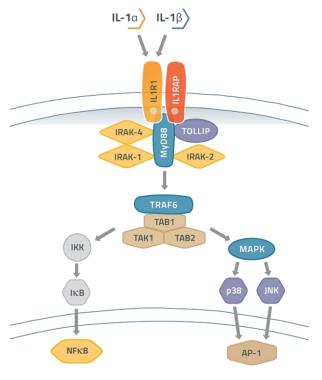
- Market cap: SEK 2.6bn (USD ~300m) (25 Aug-21)
- Cash: SEK 761m (USD 87m) (30 Jun-21)

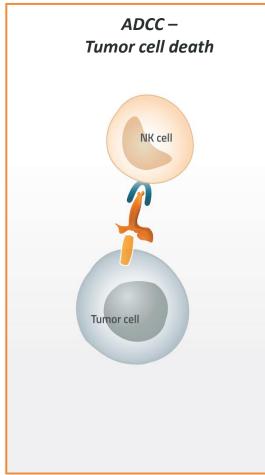
Current owners (30 Jun 2021)				
Swedbank Robur Funds	9.7%			
4th AP fund	8.7%			
Alecta	7.0%			
1st AP fund	6.3%			
Six Sis AG	5.7%			
Avanza Pension	4.4%			
SEB AB, Luxemburg	3.2%			
Sunstone LSV	3.0%			
Handelsbanken fonder	2.8%			
Unionen	2.0%			

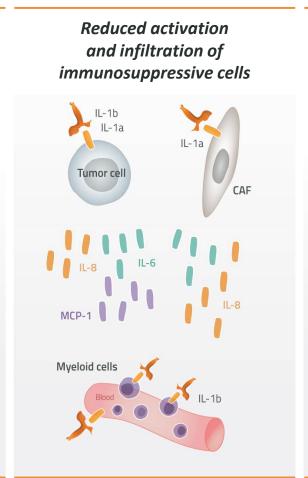


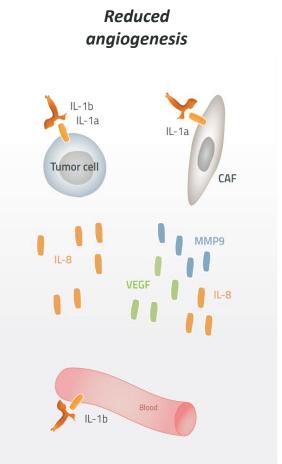


CAN04 – Mechanism of action





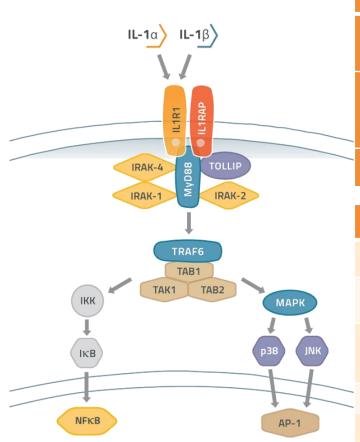




CAN04 BLOCKS BOTH FORMS OF IL-1 AND CAN ERADICATE CELLS MEDIATING THE EFFECTS OF IL-1



CAN04 – Differentiated and superior MOA

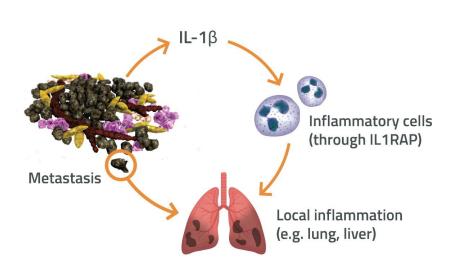


Cancer context	IL-1α	IL-1β	comment
Localization	Cellbound and solubleCancer cells and stroma	• Soluble	 IL-1α trigger and IL-1β enhance inflammation Often work in pair
Function	 Stimulates inflammation - IL1R1 - IL-1, IL1R1 and IL1RAP in complex Note: Significant differences in an 	 No known difference in signal induced by the 2 forms 	
Clinical data from blockade	 Signal of benefit in CRC and NSCLC 	CANTOS: reduce lung cancer incidence and death	

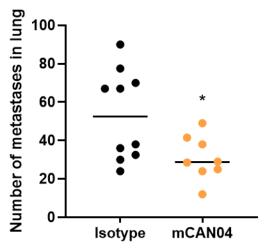
Company	Compound	IL-1α	IL-1β	ADCC	Indication/dev phase
Cantargia	CAN04	++	++	++	Pancreatic cancer, NSCLC phase IIa
Xbiotech/ Janssen	Xilonix XB2001	++	-	+	Autoimmunity, dermatologyPancreatic cancer, phase I
Novartis	Canakinumab Gevokizumab	-	++	-	Autoimmunity, registeredNSCLC, phase IIICancer comb, phase II
Flame Biosci.	FL-101	-	++	-	• NSCLC
Buzzard	Isunakinra	++	++	-	Cancer phase I
SOBI	Kineret	++	++	_	Autoimmunity, reg
Regeneron/ Kiniksa	Rilonacept	++	++	-	Autoimmunity, regPericarditis
R-Pharm	RPH-104	+	++	-	Pericarditis, inflammatory disease



mCAN04 targets metastatic niches and counteracts lung metastases in the IL1RAP low/neg 4T1 and B16 syngeneic models

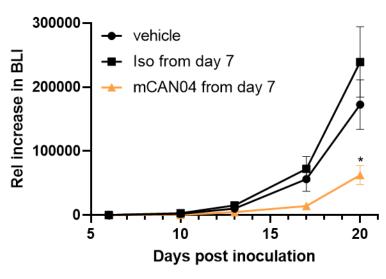


4T1 Lung metastases



Orthotopic implantation of 4T1 TNBC cells mCAN04 is an anti-murine IL1RAP CAN04 surrogate antibody

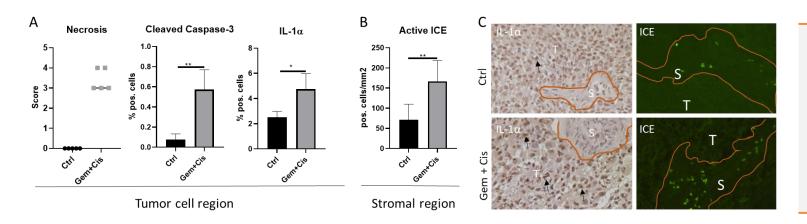
B16 met growth



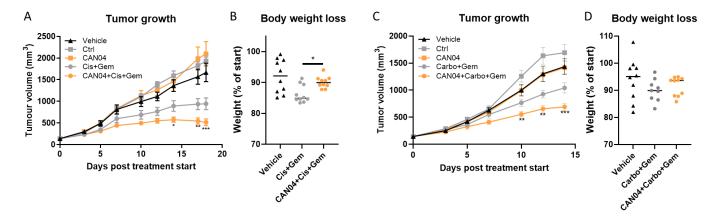
Intravenous injection of B16 melanoma cells, n=10 mice



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



- Upregulation of both forms of IL-1 in PDX-model as response to Gem/Cis
- IL-1α (DAMP) on cancer cells trigger inflammasome activation in tumor microenvironment (e.g. IL-1β)



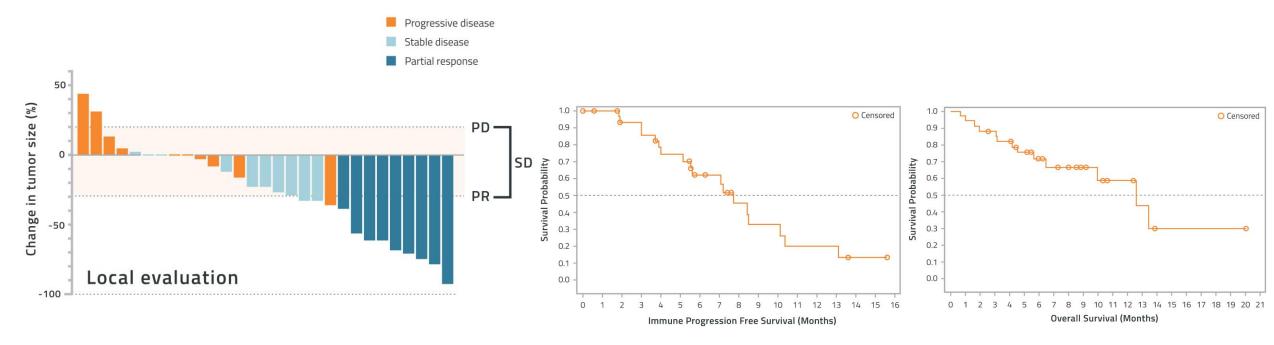
- CAN04 increases efficacy of Pt based chemotherapy regimes
- CAN04 counteracts weight loss after chemotherapy

SYNERGY WITH CHEMOTHERAPY IN LINE WITH CURRENT DEVELOPMENT STRATEGY

Positive data in pancreatic cancer

CAN04 in combination with gem/abraxane in 1st line:

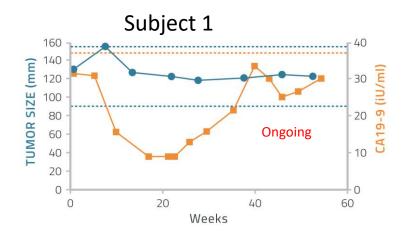
- Durable responses observed (median DOR 6.8 mo, 27% response rate)
- Important finding of pseudoprogression-like response in 5 (15%) patients predicting long PFS.
- Promising PFS (7.8 mo) and OS (12.6 mo, 42 % events), seven patients still on treatment

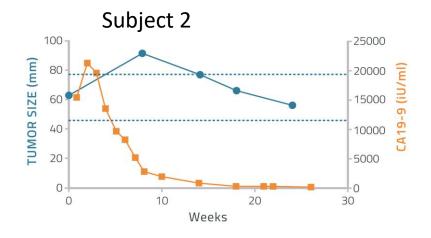


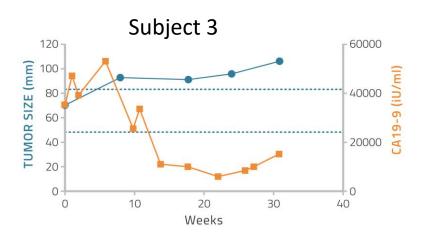


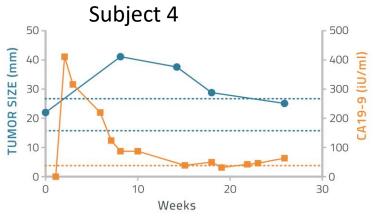
Patients with Pseudoprogression-like response

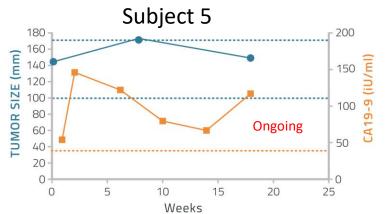
- All presented PD at 1st CT scan evaluation (8 weeks)
- All showed concomitant reduction of CA19-9











CANO4/GN in PDAC safety summary and benchmark

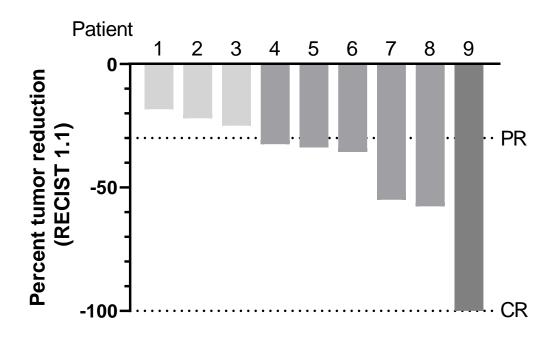
Grade 3 or higher AEs	Gem/Abraxane (von Hoff) N=421	CANFOUR CAN04/GN N=36	FOLFIRINOX (Conroy 2011) N=171
Neutropenia	38%	67%	46%
Febrile neutropenia	3%	17%	5%
Thrombocytopenia	13%	19%	9%
Anemia	13%	14%	8%
Fatigue	17%	6%	24%
Peripheral neuropathy	17%	0%	9%
Diarrhea	6%	3%	13%
Elevated ALT	ND	3%	7%
IRR	ND	3%	ND

The beneficial effect in fatigue and chemotherapy-induced neuropathy² (nabpaclitaxel or oxaliplatin) can be mediated by IL-1 blockade.

- G-CSF not used proactively/prophylactically in this trial. In later trials, G-CSF counteracts neutropenia.
- Median duration of treatment 4.8 months (reference 3.9 months)
- Most common reasons for termination: gastrointestinal events or general health deterioration



Tumor shrinkage – NSCLC combination



- → CAN04 in combination with gem/cis in 1st line chemotherapy
- → 6 of 9 evaluable patients with metastatic non-small cell lung cancer (NSCLC) showed objective response including 1 complete response (67% vs historical control data 22–28%)
- → The complete response has lasted more than 1 year
- → 5 patients were second line to pembrolizumab monotherapy, 4 patients first line
- → No major side effects observed except those from chemotherapy or CAN04 alone. Neutropenia frequency higher than expected from chemo (treated with dose reductions/GCSF)



UPDATED INTERIM DATA TO BE PRESENTED AT ESMO SEP 16-21, 2021



CIRIFOUR Phase I clinical trial

- → First arm (15 pat): Combination with checkpoint inhibitor in patients no longer responding to PD1/PDL-1 therapy (NSCLC, HNSCC, malignant melanoma and bladder cancer) 1st data set planned for Q4 2021.
- → Second arm (up to 30 pat): Combination with 1st line pembrolizumab and carboplatin/pemetrexed in non-sq NSCLC starting Q4 2021.
- Primary endpoint safety, secondary endpoints include biomarkers and efficacy
- → Strong US centers, Coord investigator Prof Roger Cohen, UPenn
- → https://clinicaltrials.gov/ct2/show/NCT04452214



TRIAL DESIGNED TO ADVANCE CAN04 OUTSIDE CHEMOTHERAPY COMBINATIONS IMPORTANT STEP FOR COMBINING CAN04 WITH IO AND CHEMOTHERAPY



Nadunolimab clinical development status

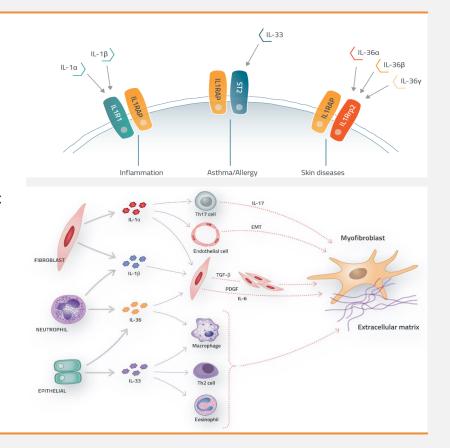
Study	Disease	Combination therapy	Status	ClinicalTrials.gov ID	
CANFOUR	NSCLC	Cisplatin/gemcitabine	Recruitment ongoing; expected to be finalized during Q3 2021	NCT03267316	
	PDAC	Gemcitabine/nab- paclitaxel	Recruitment for extension part ongoing; expected to be finalized during Q3 2021		
CIRIFOUR	NSCLC, bladder cancer, HNSCC, melanoma	Pembrolizumab	Recruitment finalized	NCT04452214	
	Non-squamous NSCLC	Pembrolizumab/ carboplatin/pemetrexed	Recruitment expected to initiate in Q4 2021		
CAPAFOUR	PDAC	FOLFIRINOX	Recruitment ongoing	NCT04990037	
TRIFOUR	TNBC	Carboplatin/gemcitabine	Recruitment expected to initiate in November 2021	-	
CESTAFOUR	NSCLC	Docetaxel			
	Biliary tract cancer	Cisplatin/gemcitabine	Recruitment expected to initiate in September 2021	-	
	Colon cancer	FOLFOX			





CAN10 – New development project

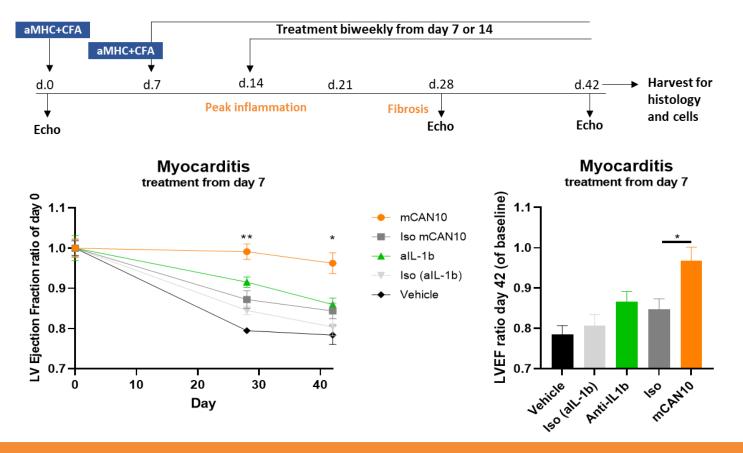
- → IL1RAP binding antibody potently blocking IL-1, IL-33 and IL-36
- Unique anti-inflammatory activity observed in different mouse models (myocarditis, psoriasis, inflammation)
- → Development focusing on unmet medical need in systemic sclerosis and myocarditis. Disease selection in collaboration with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



UNIQUE OPPORTUNITY FOR CAN10 IDENTIFIED IN LIFE-THREATENING DISEASES



mCAN10 improves heart function in experimental autoimmune myocarditis





Cantargia reached several milestones and have several value inflection points in near future

Newsflow over next 6 months

Nadunolimab (CAN04)

- → New results PDAC, NSCLC and Keytruda combination
- → Next steps combination therapy PDAC and NSCLC
- → New preclinical and translational results
- → New clinical trials
 - CAPAFOUR FOLFIRINOX combination PDAC
 - CESTAFOUR Basket trial (NSCLC, CRC, BTC)
 - TRIFOUR TNBC

CAN10

- → Preclinical progress
- → Development milestones
- →and initiation of clinical trial early 2022



SIGNIFICANT DATA TO SECURE NEWSFLOW



Cantargia highlights



UNIQUE IMMUNOTHERAPY ANTIBODY CAN04 IN PHASE IIA CLINICAL DEVELOPMENT

- First in class antibody with broader MOA than competitors
- Positive interim data set and further clinical milestones during 2021



VISION OF BECOMING AN IMPORTANT PART IN FUTURE CANCER TREATMENTS

Combination therapy strategy based on synergies with established therapies



PLATFORM WITH MANY POTENTIAL THERAPEUTIC AREAS

Cancer and large number of autoimmune/inflammatory diseases



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)



NASDAQ STOCKHOLM'S MAIN LIST ~10,000 SHAREHOLDERS AND LONG-TERM INVESTORS

- Market cap: SEK 2.6bn (USD ~300m) (25 Aug-21)
- Cash: SEK 761m (USD 87m) (30 Jun-21)



