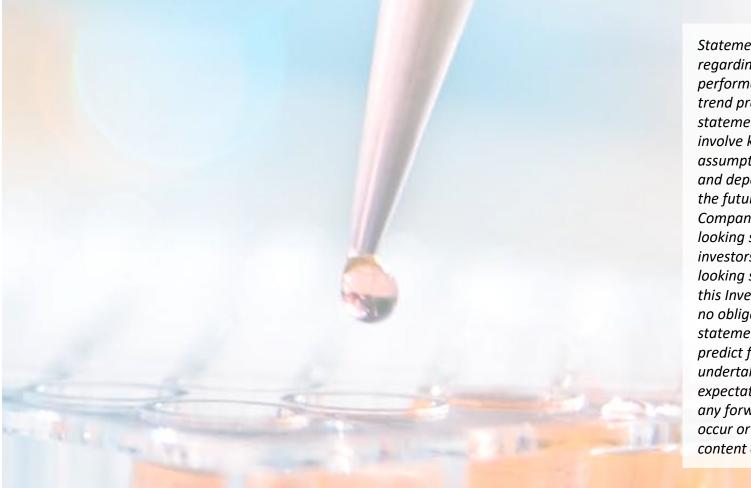


We want to save patients with severe cancer and autoimmune diseases Clinical investigations with our lead antibody CAN04 to our proprietary target

> Göran Forsberg, CEO May 2021

Safe Harbour Statement



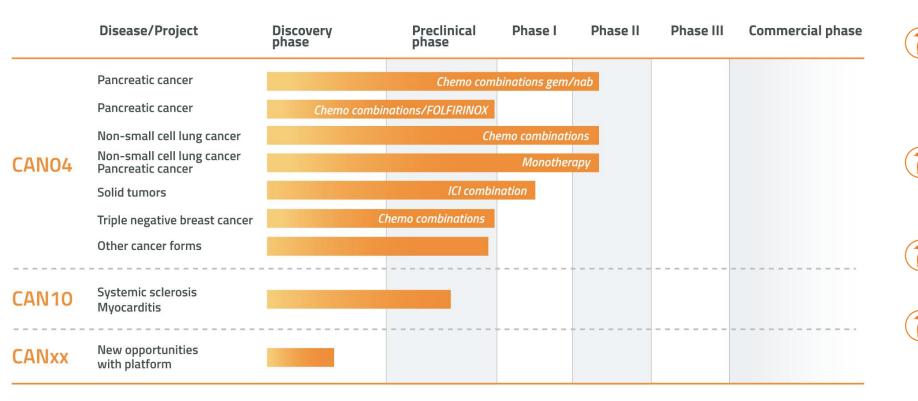
Statements in the Investor Presentation, including those regarding the possible or assumed future or other performance of the Company or its industry or other trend projections, constitute forward-looking statements. By their nature, forward-looking statements involve known and unknown risks, uncertainties, 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 forwardlooking statements will prove to be correct. Prospective investors should not place undue reliance on forwardlooking 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.





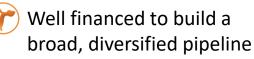
I. INTRODUCTION

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



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 2.7bn (USD ~320m) (31 May-21)
- Cash: SEK 843m (USD 102m) (31 Mar-20)

Current owners (31 Mar 2021)

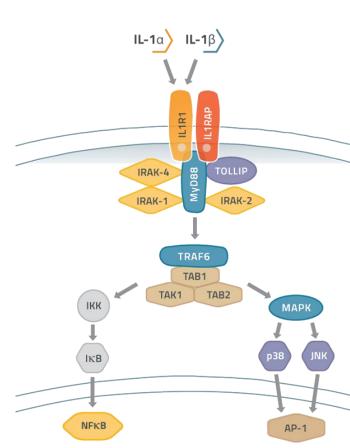
Swedbank Robur Funds	9.7%
4th AP fund	7.7%
Alecta	6.8%
1st AP fund	6.3%
Six Sis AG	5.5%
Avanza Pension	3.9%
Handelsbanken fonder	3.1%
Sunstone LSV	3.0%
SEB AB, Luxemburg	2.7%
Morgan Stanley	2.0%





II. LEAD ANTIBODY NADUNOLIMAB (CAN04)

CAN04 – Differentiated and superior MOA



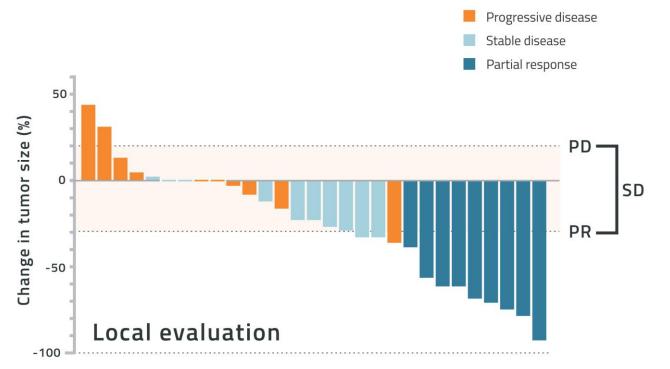
	Cancer context		ΙL-1α				IL-1β		comment	
	Localization			ound and soluble er cells and stroma			• Soluble			IL-1α trigger and IL-1β enhance inflammation Often work in pair
	Function		• IL-1, IL:	Stimulates inflammation - IL1R1 -forming complex with IL1RAP IL-1, IL1R1 and IL1RAP in complex - essential for signal Note: Significant differences in amino acid sequence			s	No known difference in ignal induced by the 2 orms		
	Clinical data fro blockade	om	Signal of NSCLC	of benefit ir	n CRC and			ANTOS: reduce lung cancer incidence and death		
	Company	Comp	ound	IL-1α	ΙΙ-1β	AD	CC	Indication/dev phase		
	Cantargia	CAN04	1	++	++	+	+	Pancreatic cancer, NSCLC pl	nase II	a
	Xbiotech/ Janssen	Xilonix XB200		++	-	-	F	 Autoimmunity, dermatology Pancreatic cancer, phase I 	/	
	Novartis		inumab izumab	-	++	-	-	 Autoimmunity, registered NSCLC, phase III Cancer comb, phase II 		
_	Flame Biosci.	FL-101	L	-	++	-	-	• NSCLC		
	Buzzard	Isunak	kinra	++	++	-	-	Cancer phase I		
	SOBI	Kinere	et	++	++	-	-	• Autoimmunity, reg		
	Regeneron/ Kiniksa	Rilona	cept	++	++	-	-	Autoimmunity, regPericarditis		
	R-Pharm	RPH-1	04	+	++	-	-	Pericarditis, inflammatory d	isease	e entarg



Positive data in pancreatic cancer

Efficacy evaluation summary:

- Durable responses observed
- Promising PFS and OS
- Important finding of pseudoprogression-like response in 5 (15%) patients predicting long PFS.

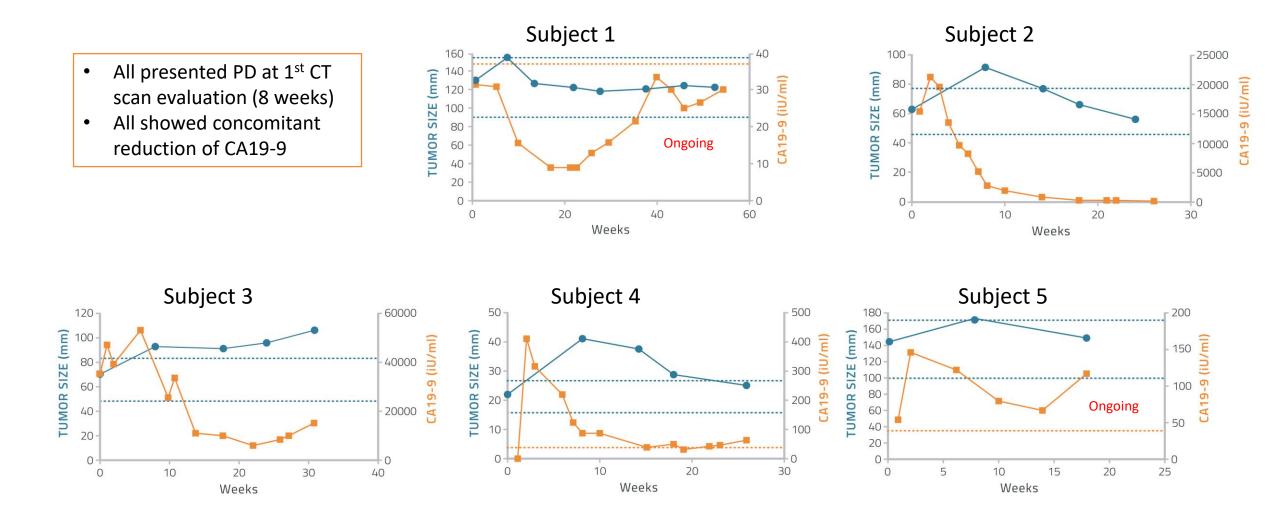


- ightarrow CAN04 in combination with gem/abraxane in 1st line
- \rightarrow 27% confirmed responses, 15% pseudoprogression
- > Median duration of response 6.8 months
- → No major side effects observed except those from chemotherapy or CAN04 alone. Neutropenia frequency higher than expected from chemo (treated with dose reductions/GCSF). Neuropathy and fatigue were less common

EXTENSION PHASE TO OBTAIN MORE INFORMATION ON VARIOUS DOSE LEVELS ONGOING DURABLE RESPONSES AND PSEUDPROGRESSION LEADS TO LONG PFS



Patients with Pseudoprogression-like response

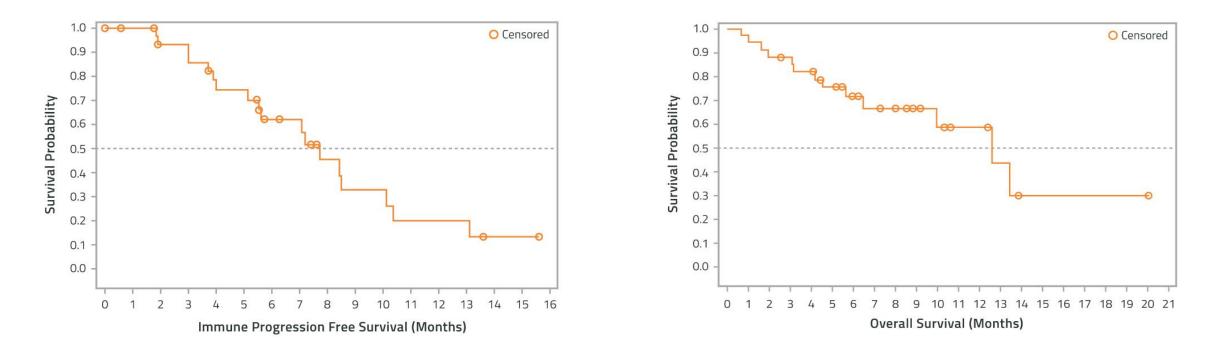


PSEUDOPROGRESSION VERY UNCOMMON IN PANCREATIC CANCER INDICATE IMMUNE RELATED MECHANISM OF CAN04 LEADING TO LONG TERM BENEFIT

eipretne

Progression Free Survival (iRECIST) and overall survival

- Median iPFS is 7.8 months (95% CI 5.2 to 10.2) with 55% of events.
- Median OS is 12.6 months (95% CI not estimable) with 42% of OS events.
 - Seven patients at cut-off are still receiving treatment.



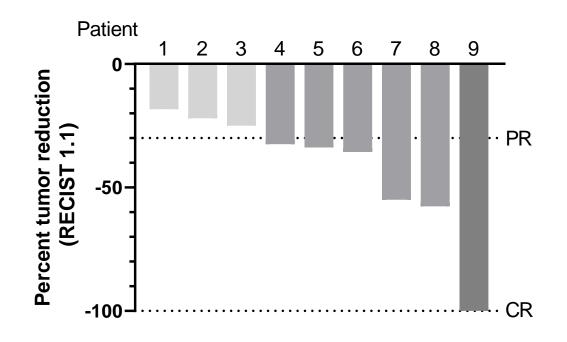
OS and iPFS longer than expected from chemotherapy alone



10

10

Tumor shrinkage – NSCLC combination



- \rightarrow 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%)
- \rightarrow 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)



POSITIVE INTERIM DATA, RECRUITMENT CONTINUE FOR PRIMARY ANALYSIS BROADENING OF NSCLC DEVELOPMENT INTO ADDITIONAL MARKET SEGMENTS



Nadunolimab clinical development status

Study	Indication	CAN04 combination	Status	Planned milestone(s)
CANFOUR	NSCLC	Gemcitabine/cisplatin	Recruitment ongoing,	Results planned for Q3 2021
CANFOUR	PDAC	Gemcitabine/nab- paclitaxel	Extension phase ongoing. (Dosing schedule, lower doses, G-CSF)	Main study results presented 20 May LPI extension phase expected Q3 2021
CIRIFOUR	NSCLC, HNSCC, melanoma, bladder cancer	Pembrolizumab	Recruitment ongoing	LPI Q3 2021 Results H2 2021
-	PDAC	mFOLFIRINOX	Regulatory review ongoing	FPI Q2 2021
-	TNBC	Gemcitabine/carboplatin	Preparation together with GEICAM.	Submission Q2
-	Colorectal cancer	mFOLFOX	Preparation	Submission Q2
-	Biliary tract cancer	Gemcitabin/Cisplatin	Preparation	Submission Q2
-	NSCLC	Docetaxel	Preparation	Submission Q2



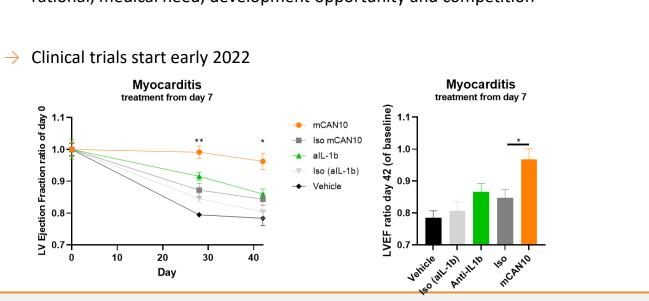


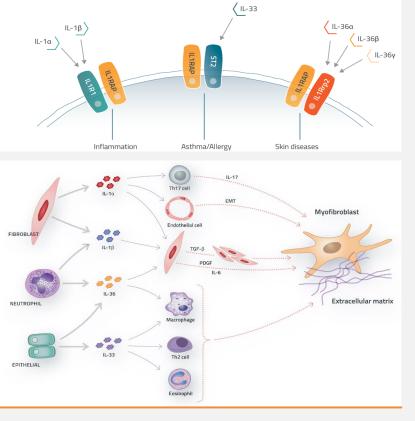
III. UNTAPPED POSSIBILITIES IN AUTOIMMUNE DISEASES

CAN10 – New development project

 \rightarrow IL1RAP binding antibody potently blocking IL-1, IL-33 and IL-36

→ 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





UNIQUE OPPORTUNITY FOR CAN10 IDENTIFIED IN LIFE-THREATENING DISEASES





IV. MILESTONES AND SUMMARY

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

Newsflow over next 6–9 months

CAN04

- ightarrow New results PDAC, NSCLC and Keytruda combination
- ightarrow Next steps combination therapy PDAC and NSCLC
- → Phase IIa biomarker/biopsy results
- ightarrow Start new clinical trials
 - FOLFIRINOX combination PDAC
 - Basket trial (NSCLC, CRC, BTC)
 - TNBC

CAN10

- \rightarrow Preclinical progress
- → Development milestones
- ightarrowand initiation of clinical trial early 2022



SIGNIFICANT DATA TO SECURE NEWSFLOW

