

We want to save patients with severe cancer and autoimmune diseases

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NASDAQ STOCKHOLM MAIN LIST (CANTA.ST)

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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 leukemia
- 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 (648 MSEK, 71 MUSD end Q3 2021)
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Cantargia – Save lives and create value through IL1RAP



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



Advancing PDAC development to phase 2/3

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

Nadunolimab selected for inclusion

- → 15 leading US clinical centers additional sites planned
- → Patients randomized to receive nadunolimab with gemcitabine and nab-paclitaxel, or chemotherapy alone
- → Other experimental arms evaluated simultaneously
- ightarrow Bayesian design involves enrolling up to 175 patients per arm
- 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
- → Additional meetings with regulatory authorities to take place; pre-IND planned for submission to the US FDA in Q2 2022
- ightarrow Cantargia funds nadunolimab arm and responsible for drug supply

ADVANCING WITH PANCAN FURTHER VALIDATES NADUNOLIMAB IN PDAC





NADUNOLIMAB AND BIOLOGICAL CONTEXT

IL1RAP is overexpressed in most solid tumors

IL1RAP-expressing tumors 100 75-50-25 Breast Colorectal Ω Liver phageal HINSC Bladder Parceatic NSUL Cancer cell surface Stroma

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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Nadunolimab – Differentiated and superior MOA



Company	Compound	IL-1α	IL-1β	ADCC	Indication/development phase
Cantargia	Nadunolimab (CAN04)	++	++	++	Pancreatic cancer, NSCLC phase IIa
Xbiotech/ Janssen	Xilonix XB2001	++	_	+	Autoimmunity, dermatology Pancreatic cancer, phase I
Novartis	Canakinumab Gevokizumab	-	++	-	Autoimmunity, registered Adjuvant NSCLC, phase III Cancer comb, phase II
Flame Biosci.	FL-101	-	++	-	NSCLC
Buzzard	Isunakinra	++	++	_	Cancer phase I
SOBI	Kineret	++	++	_	Autoimmunity, reg
Regeneron/ Kiniksa	Rilonacept	++	++	-	Autoimmunity, reg Pericarditis
R-Pharm	RPH-104	+	++	_	Pericarditis, inflammatory disease

NADUNOLIMAB – FIRST IN CLASS APPROACH FOR CANCER THERAPY



Nadunolimab mechanism uniquely enhances docetaxel antitumor activity



Nadunolimab with docetaxel in MC38 syngeneic model:

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

CONTRASTING IL-1B BLOCKADE, NADUNOLIMAB INCREASES DOCETAXEL EFFICACY; CLINICAL INVESTIGATION ONGOING



Combination strategy in NSCLC – Promising efficacy

	Total NSCLC (27 pts)	Historical control ^{1,2}	Non-squamous NSCLC (15 pts)	Historical control ³	Squamous NSCLC (11 pts)	Historical control ⁴
ORR	48%	22-28%	53%	19%	36%	38%
PFS	7.2 mo	5.1 mo	NR	-	NR	-
Ongoing treatment	11 pts (41%)	-	6 pts (40%)	-	5 pts (45%)	-



Nadunolimab combination with Gem/Cis in 1st line chemotherapy:

- → 13 of 27 evaluable patients with non-sq non-small cell lung cancer (NSCLC) showed objective response including 1 complete response (ORR 48% vs historical control data of 22-28%)
- 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 40 additional patients with non-squamous NSCLC

STRONG INTERIM RESULTS, DEVELOPMENT ADVANCING IN SEVERAL SEGMENTS OF NSCLC

¹ Schiller et al, N Engl J Med 2002
³ Gandhi et al, N Engl J Med 2018
⁴ Paz-Ares et al, N Engl J Med 2018



Strong signal in non-squamous NSCLC



Nadunolimab combination with Gem/Cis in 1st line chemotherapy:

- \rightarrow Non-squamous NSCLC comprises approx. 75% of NSCLC cases
- → 8 of 15 evaluable patients with non-sq NSCLC showed objective response including 1 complete response (ORR 53% vs historical control data of 19%)
- 8 patients were 2nd line to pembrolizumab monotherapy, with 6 responses
- → 40 additional patients to be recruited (combination with carboplatin/pemetrexed)

DEVELOPMENT ADVANCING TOWARDS RANDOMIZED TRIAL END 2022



Positive interim data in pancreatic cancer

Nadunolimab combination with Gem/Abraxane in 1st line (Dec 2021), n=33:

- ightarrow 27% response rate with durable responses, two patients still on treatment
- \rightarrow Pseudoprogression-like response in 5 (15%) patients predict long PFS
- \rightarrow Promising PFS (7.2 mo) and OS (12.7 mo, 64 % events)



UPDATE: 73 patients enrolled in total, data due Q2 2022



PFS AND OS LONGER THAN EXPECTED GIVEN HISTORICAL CONTROL



Safety profile is manageable and supports MOA

Grade 3 or higher AEs	Gem/Abraxane (von Hoff) N=421	CANFOUR Nadunolimab/ Gem/Abraxane 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

- → G-CSF is an approved therapy to counteract neutropenia; G-CSF was not used prophylactically in this trial
- → The beneficial effect in fatigue and chemotherapy-induced neuropathy (nab-paclitaxel or oxaliplatin) can be explained by IL-1 blockade

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

Note: Median duration of treatment 4.8 months (ref 3.9 months); most common reasons for termination: gastrointestinal events or general health deterioration. No patients discontinued due to neutropenia.



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	Next steps
	PDAC	1 st line		Ge	emcitabine/n	ab-paclitaxel		Ph II/III study with PanCAN – PreIND submission Q2 '22
CANO4 Nadunolimab		1 mile		FOLFIR	ΙΝΟΧ			Initial safety readout mid '22
	NSCLC	1 st line	Cisplatin/gemcitabine					Interim update H1 ′22
		2 nd /3 rd line		Dc	ocetaxel			Initial safety readout mid '22
	Non-squamous NSCLC	1 st /2 nd line		Carboplati	n/pemetrexe	ed		FPI Q1 '22
		1 st line	Pembro/car	rboplatin/pemetre	xed			FPI Q1 '22
	TNBC	1 st /2 nd line	Carbople	atin/gemcitab	ine			FPI Q1 '22
	Biliary tract cancer	1 st line		Cisplatin/gemo	citabine			Initial safety readout mid '22
	Colon cancer	3 rd line			FOLFOX			Initial safety readout mid '22
	Solid tumors	ICI combo			Pembro	L		Initial safety readout Q1 '22
CAN10	Myocarditis; Systemic sclerosis							Initiate Ph I Q3 '22
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; FPI – first patient in

LARGE NUMBER OF CLINICAL MILESTONES DURING 2022 BASED ON INITIAL RESULTS, MOST PROMISING OPPORTUNITIES TO BE EXPANDED





CAN10 OPPORTUNITY IN AUTOIMMUNE/INFLAMMATORY DISEASE

CAN10 – New asset within autoimmunity/inflammation

IL-1 receptor complex

- → 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 rational, medical need, development opportunity and competition.

ILIRAP/ILIR3 ILIR1 ILIR2 ILI

IL-33 receptor complex

ightarrow Clinical trials start Q3 2022

UNIQUE OPPORTUNITY FOR CAN10 IDENTIFIED IN LIFE-THREATENING DISEASES



IL-36 receptor complex

CAN10 – Unique properties in preclinical disease models



FINAL DEVELOPMENT STEPS AHEAD OF CLINICAL TRIAL





FINANCIALS, MILESTONES & SUMMARY

Solid financial position with strong shareholder support

 \rightarrow Cash and cash equivalents SEK 647.9 M (~\$71M) at end Q3 2021

- \rightarrow Operating expenses SEK 264.5 M (~\$29M) in Q1-Q3 2021
 - R&D is 95% of operating expenses
 - 24 full-time employees
 - Market cap appr 1.6 BSEK, 180 MUSD Jan 19 2022

Current owners (31 Dec 2021)						
Swedbank Robur Funds 9.6%						
4th AP fund 8.8%						
Alecta	7.2%					
Six Sis AG 7.0%						
1st AP fund	6.3%					
Avanza Pension	5.3%					
SEB AB, Luxemburg	3.5%					
Unionen 2.0%						
2nd AP fund 1.3%						
KUDU VP 1.2%						



Several upcoming value inflection points

Newsflow over next 6-9 months

Nadunolimab (CAN04)

- ightarrow New results for PDAC, NSCLC and Keytruda combination
- → Phase 2/3 Precision Promise (PDAC)
- \rightarrow New preclinical and translational results
- → New clinical trials (Interim results, safety)
 - CAPAFOUR PDAC FOLFIRINOX
 - CESTAFOUR Basket trial (NSCLC, CRC, BTC)
 - TRIFOUR TNBC

CAN10

- \rightarrow Preclinical progress
- → Development milestones
- ightarrow ...and initiation of clinical trial Q3 2022



SIGNIFICANT DATA TO SECURE NEWSFLOW



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