



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

Safe Harbour Statement

The following presentation may include predictions, estimates or other information that might be considered forward-looking. The statements regarding the surrounding world and future circumstances in this presentation reflect Cantargia's current thinking with respect to future events and financial performance. Prospective statements only express the assessments and assumptions the company makes at the time of the presentation. These statements are well-considered, but the audience should note that, as with all prospective assessments, they are associated with risks and uncertainties.

Cantargia

- Specialized in antibody therapy/immunology/oncology
- Lead antibody CAN04 (nidanilimab) in phase IIa clinical development, pathway clinically validated, data early 2020
- Platform around IL1RAP, lead candidate for autoimmunity and inflammatory disease 2019
- Granted IP - therapeutic target IL1RAP and CAN04
- Strong management team with proven track record in clinical development and business development
- Listed on Nasdaq Stockholm
- More than 5000 shareholders incl strong long term investors
- Based in Lund, Sweden

Financial highlights

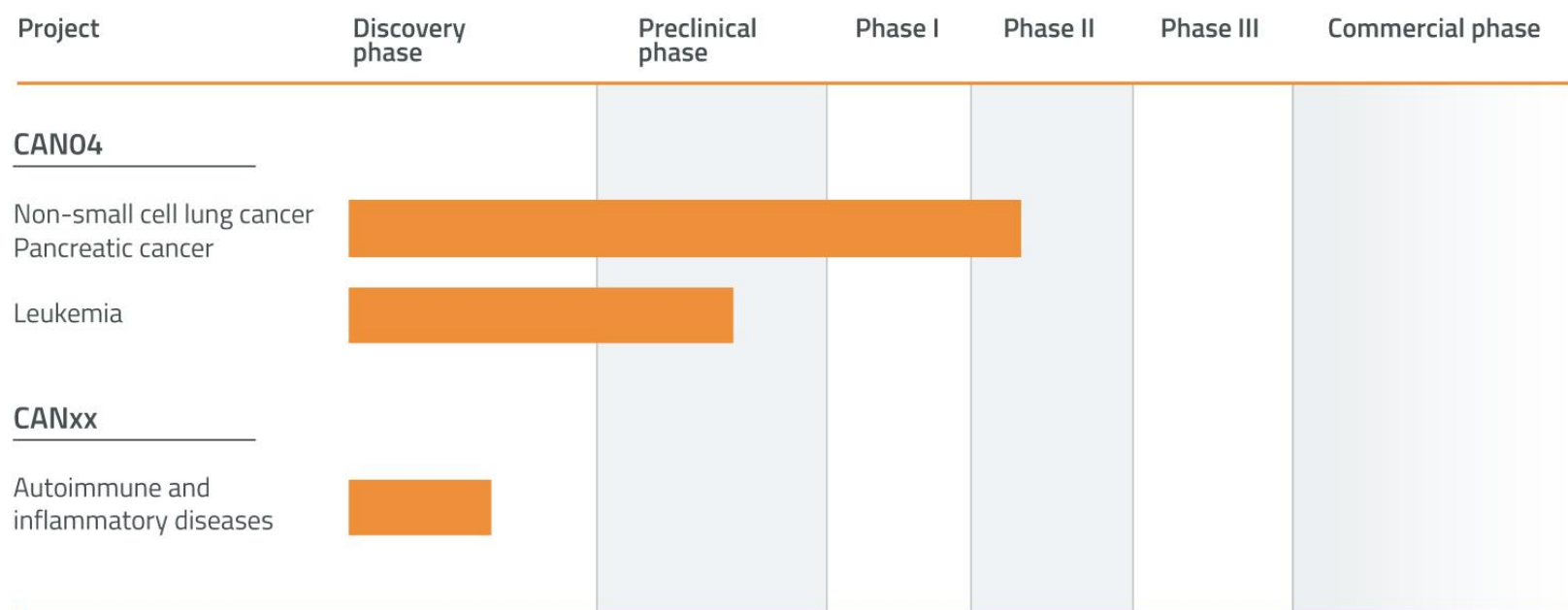
- Share price: 15.94 SEK (1.63 USD), Sep 2, 2019
- Market cap: 1221 MSEK (124 MUSD), Sep 2, 2019
- Cash: 219 MSEK (22.8 MUSD), Jun 30, 2019

Current owners (June 30, 2019)

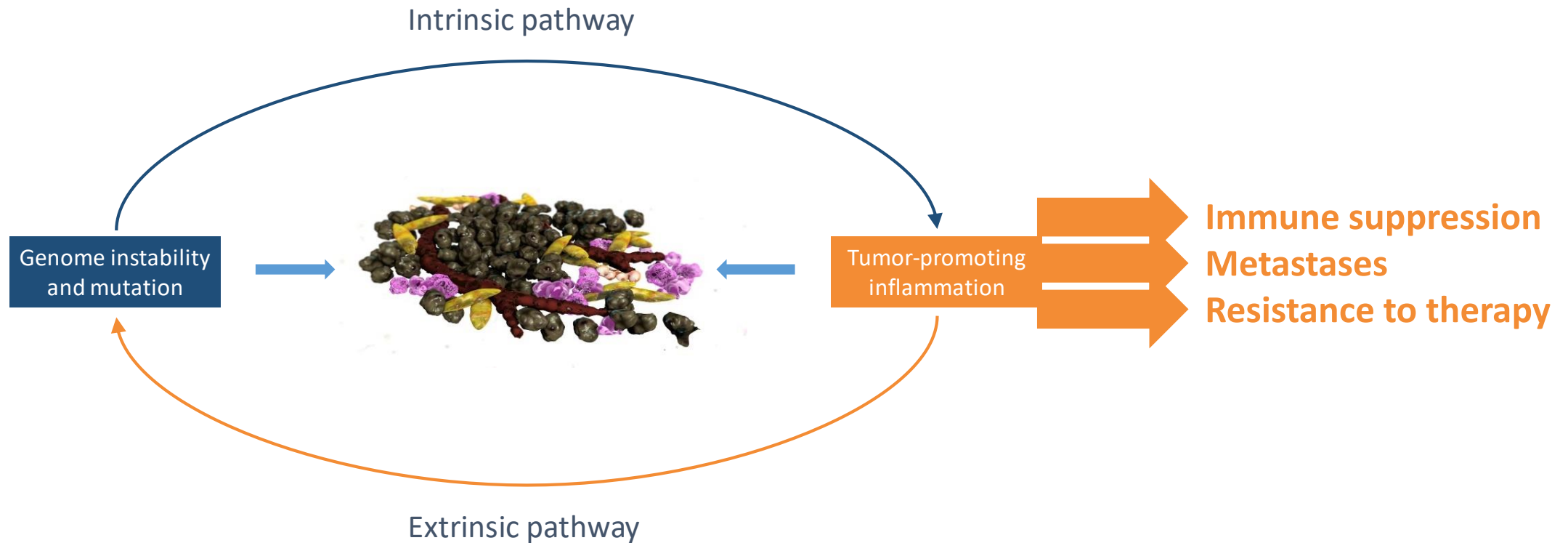
Sunstone	8.2%
Alecta	6.6%
1st AP fund	6.3%
4th AP fund	5.9%
Avanza Pension	5.8%
Öhman Bank S.A.	4.2%
2nd AP fund	3.0%
SEB S.A.	2.8%
Handelsbanken fonder	1.9%
Mats Invest AB	1.8%
Others	53.6%

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 core – tumor inflammation



Cancer caused by two enablers:

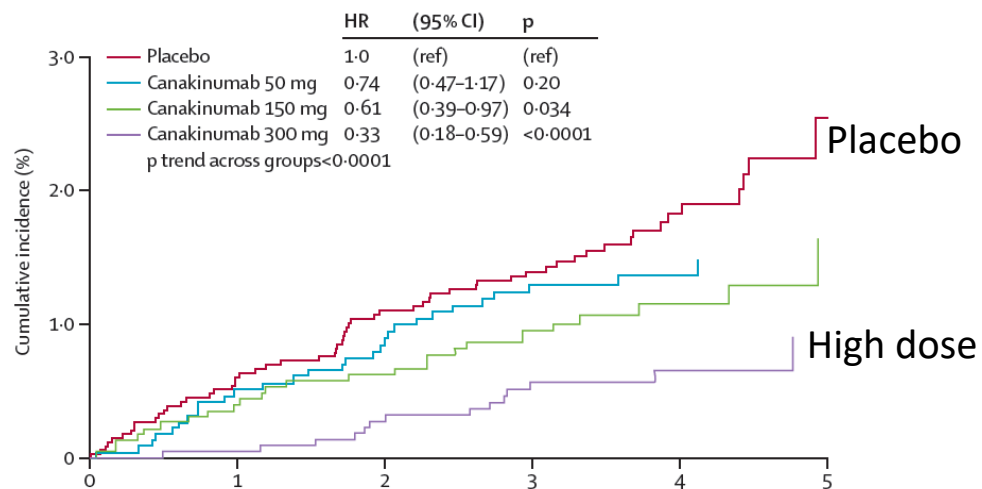
- Genomic instability/mutations
- Inflammation

Counteracting inflammation - strategy for novel therapies

Validating study – counteracting tumor inflammation

CANTOS trial (n=10061)

- Canakinumab (Novartis)
- Reduced lung cancer incidence by 67 % and death by 77 %.



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

Canakinumab phase 3 trials (compl 20121/2022)

Adjuvant NSCLC (CANOPY-A) 1500 patients
After surgery, no mets, placebo control

First line (CANOPY-1) 627 patients
Untreated locally advanced/metastatic
Combination Pembro/Platinum doublet

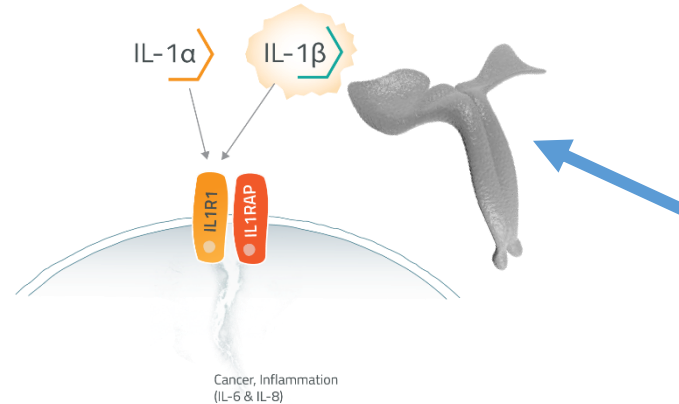
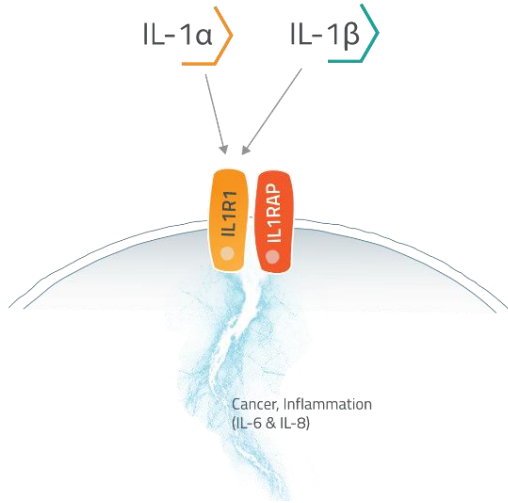
Second line metastatic (CANOPY-2) 240 patients
Previously treated loc adv/metastatic
Combination Docetaxel

...and additional trials in:

- Renal cell cancer
- Gastroesophageal cancer
- Colorectal cancer
- NSCLC

Source clinicaltrials.gov

CAN04 (nidanilimab) added value vs canakinumab



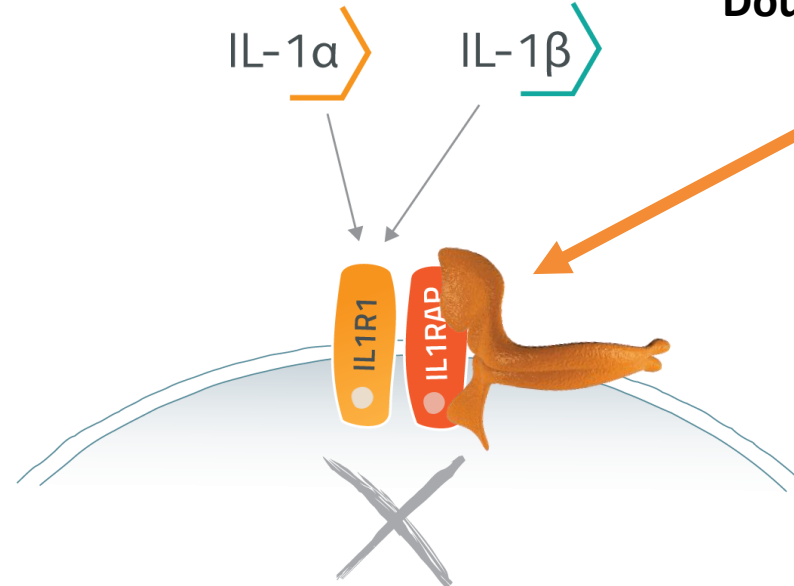
Canakinumab

- Antibody directed against one of the two IL-1 ligands, IL-1β

CAN04:

Double mechanism

- Binds the signaling receptor and counteracts both ligands
- Induce killing via the immune system (ADCC)



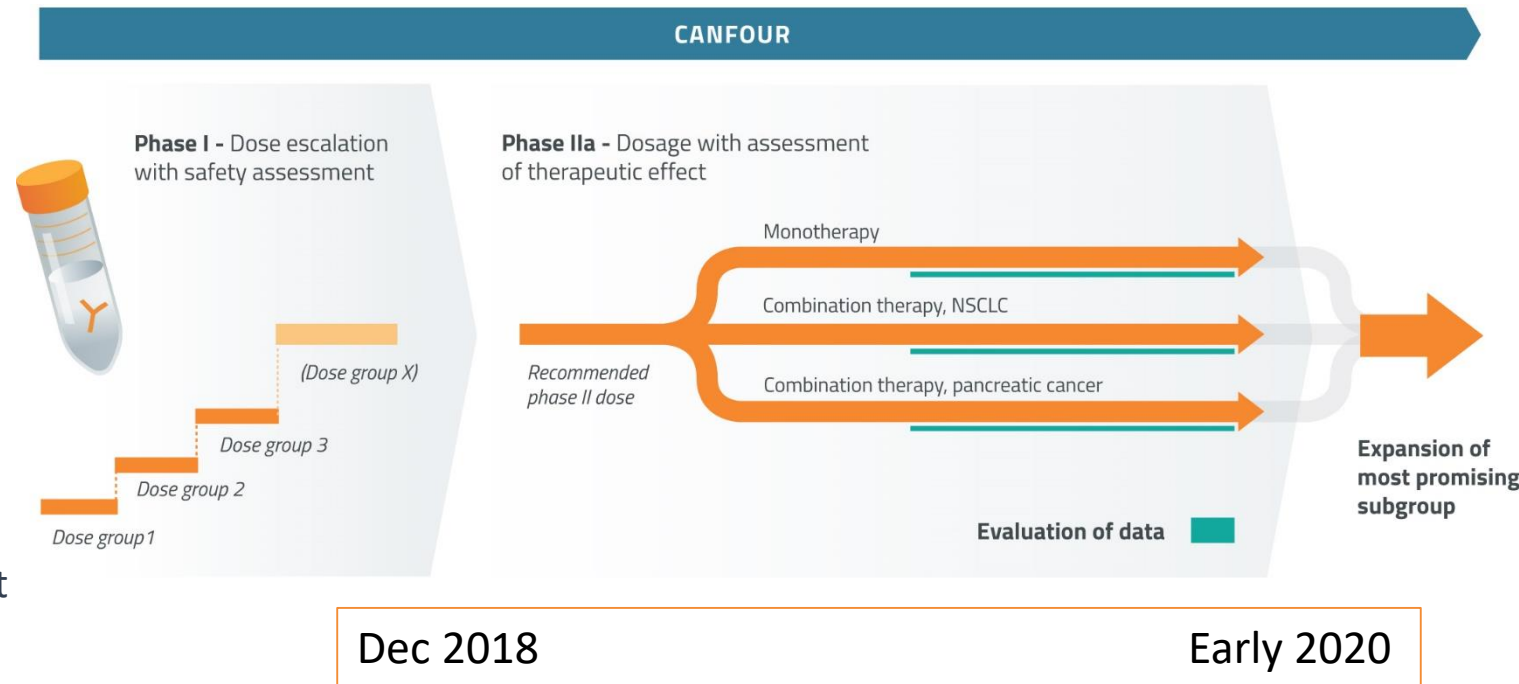
..Cantargia has patents on IL1RAP

CAN04 has a strong potential to treat cancer

CAN04 – CANFOUR clinical trial

Phase I/IIa trial - NSCLC and pancreatic cancer

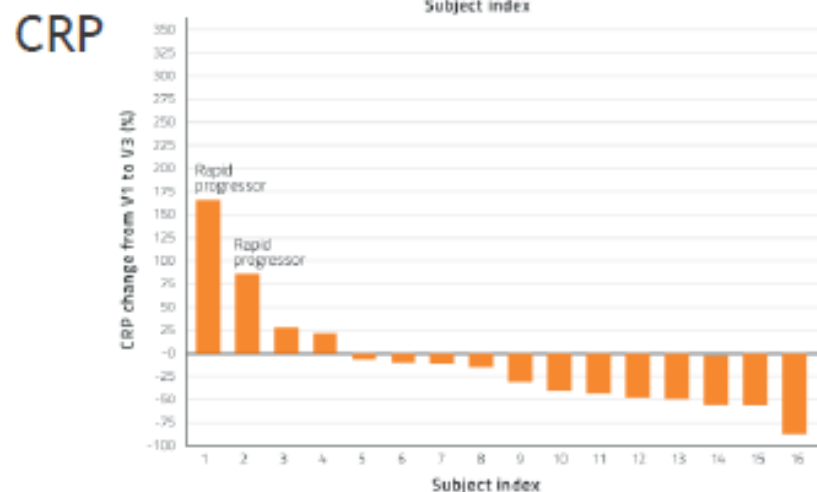
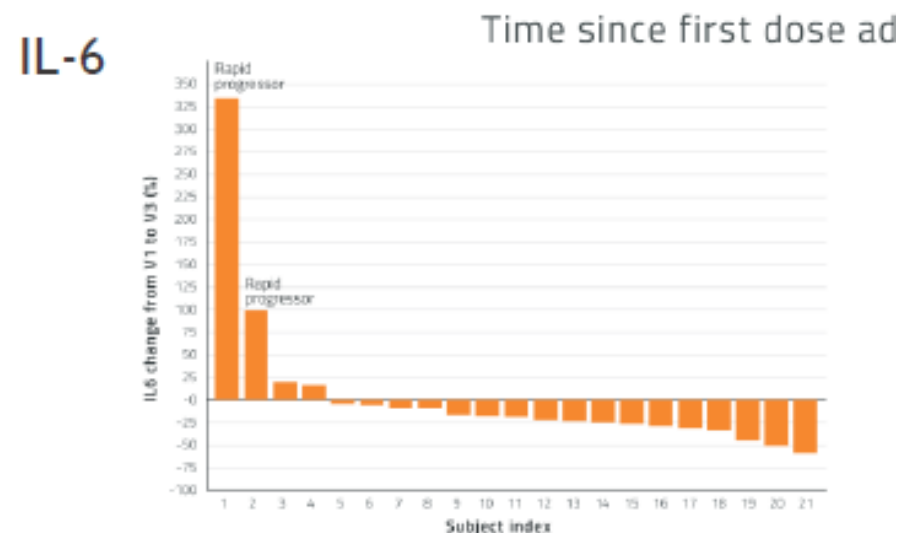
- Phase I data presented orally at ASCO 2019
- 22 patients (NSCLC, pancreatic cancer, colon cancer)
 - Good safety up to 10 mg/kg
 - Significant effect on relevant biomarkers (IL-6, CRP)
 - 9 pts had stable disease up to 6 months
- Phase IIa: (appr 20 centres)
 - FPI Jan 2019 –Data early 2020
 - Monotherapy (20 pat) fully recruited, 15 mg/kg to start
 - Combination with standard therapy (appr 30 pat per arm)
 - NSCLC Cisplatin/Gemcitabine
 - Pancreatic cancer Gemcitabine/nab-paclitaxel
- ..and new complementary trial to open in USA



Details on www.clinicaltrials.gov

Generation of data instrumental for next phase of development

Phase I results (biomarkers and efficacy)



- Twenty-one (21) patients had available pre- and post-treatment assessment by imaging

Indication		CR/PR	SD	PD
NSCLC	N=4	0	3	1
PDAC	N=6	0	2	4
CRC	N=11	0	4	7
Total	N=21	0	9	12

- One patient with NSCLC had PFS for 7 months (4 prior lines of therapy, including nivolumab for 8 months)
- One patient with PDAC had PFS for 5 months (Prior line of therapy – FOLFIRINOX 7 months)

Phase I



- 

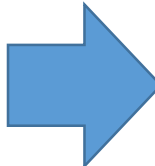
NSCLC strategy (metastatic disease)

-combination with first line chemotherapy

2nd line (after Keytruda) with
Cisplatin/gemcitabine

	Nonsquamous	Squamous	Mutated
PDL1 high	Keytruda	Keytruda + Platinum Doublet	Targeted therapies
PDL1 medium	Keytruda + Platinum Doublet	Keytruda + Platinum Doublet	
PDL1 low	(Keytruda +) Platinum Doublet	Keytruda + Platinum Doublet	

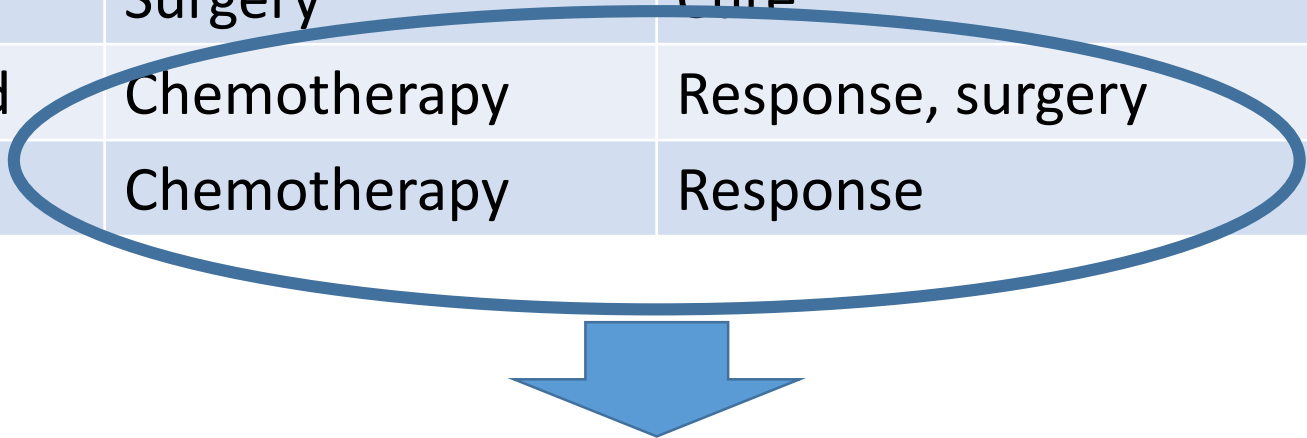
1st line combination
Cisplatin/gemcitabine

- 
- 1) Expansion of most promising subgroup (Biomarker defined)
 - 2) Preparation for randomized trial in close contact with FDA/EMA
 - 3) Potentially use cisplatin combination to expand to additional indications (e.g. bladder cancer, HNSCC)

Pancreatic cancer strategy

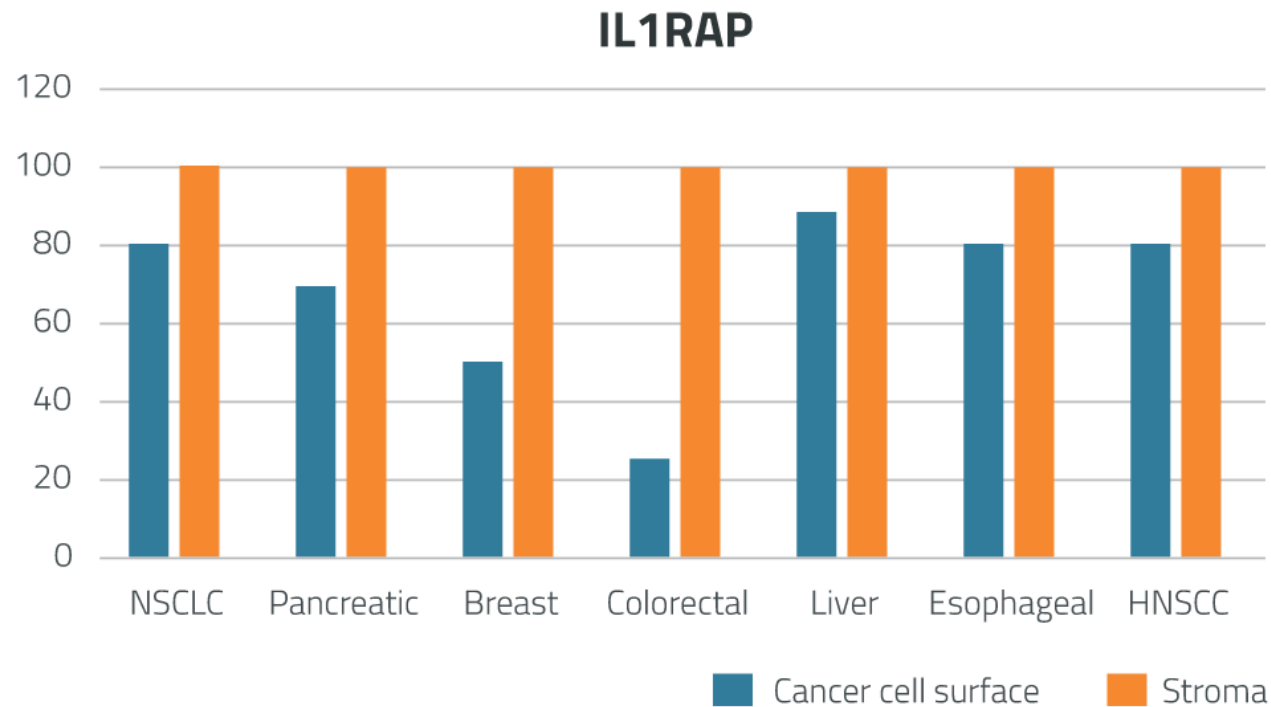
First line patients included in
CANFOUR combination arm

	Treatment	Goal	
Resectable	Surgery	Cure	
Locally advanced	Chemotherapy	Response, surgery	
Metastatic	Chemotherapy	Response	



- 1) Expansion of best subgroup (locally advanced/metastatic/biomarker)
- 2) Preparation for pivotal trial (in close contact with FDA/EMA) as first line combination therapy with Gem/Abraxane

IL1RAP in several cancer with high medical need



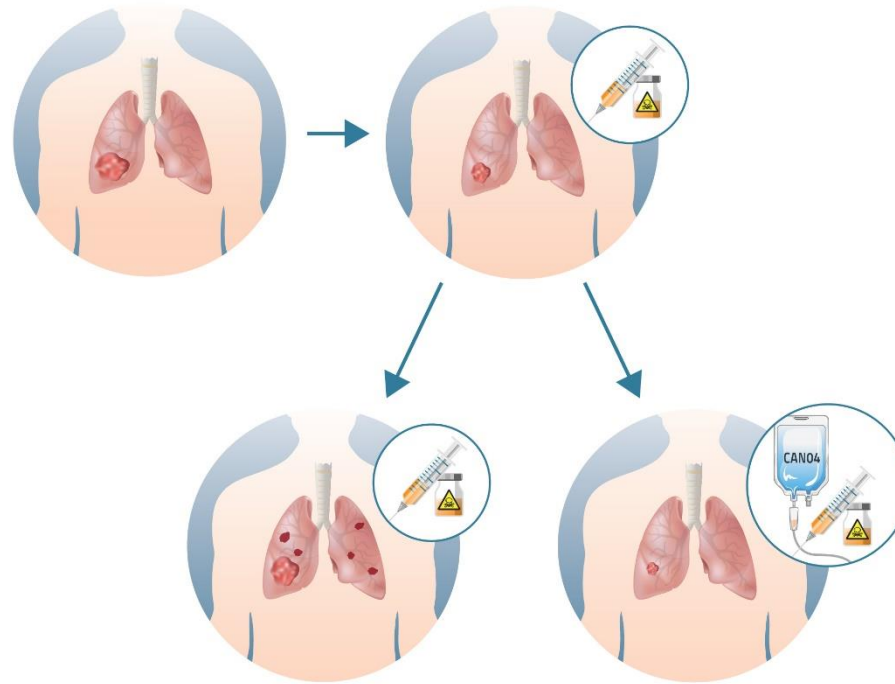
- Cantargia founded based on:
 - Discovery of IL1RAP on cancer cells
 - Antibodies against IL1RAP - antitumor effects
 - IP on antibody therapy against IL1RAP
- Primary indications. NSCLC and pancreatic cancer
- Biomarker studies ongoing, identify patients most likely to respond
- Opportunity to expand development in additional cancer forms
- Cantargia has granted patents on antibody therapy against IL1RAP

Two major preclinical findings during 2018

-new opportunities

Synergistic effects with chemotherapy

- Stronger antitumor effects
- Counteracts chemotherapy toxicity



Binding to immune cells in tumor microenvironment

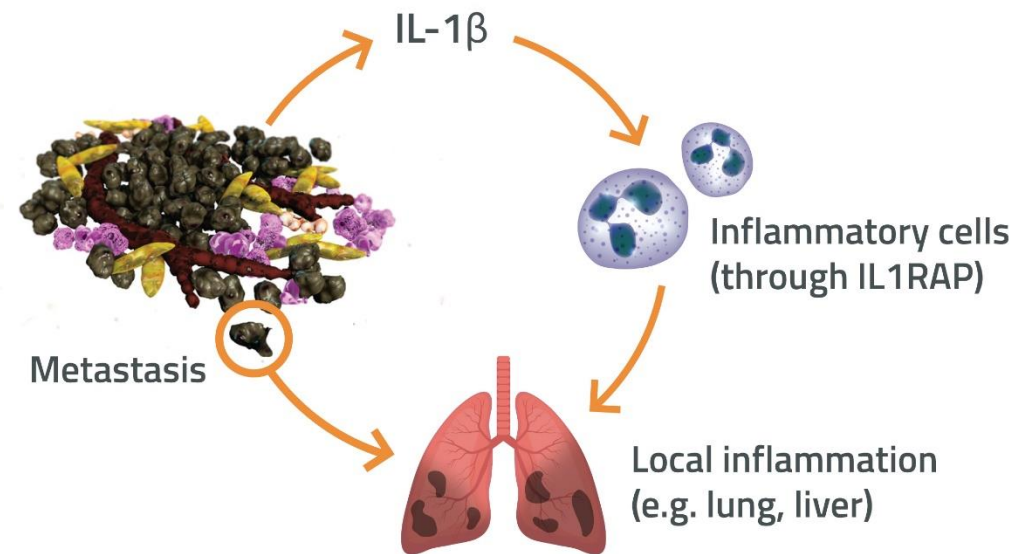
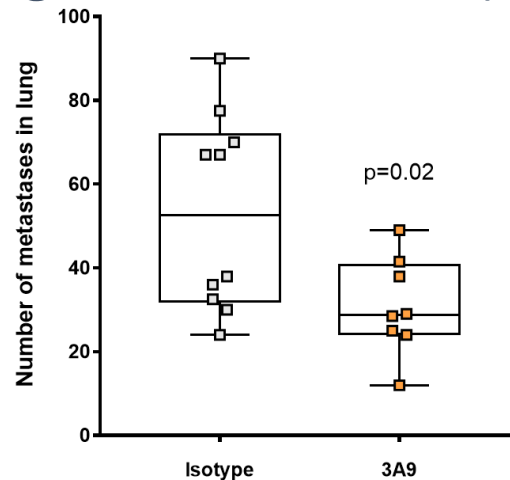
- Antimetastatic effects
- Counteract immune suppression

CAN04 counteract metastases

- Cancer cells (seeds) need a good soil to form a metastasis
- The IL-1 system (inflammation) can provide such environment (soil)
- Data generated in 4T1 (TNBC) model (n=10)

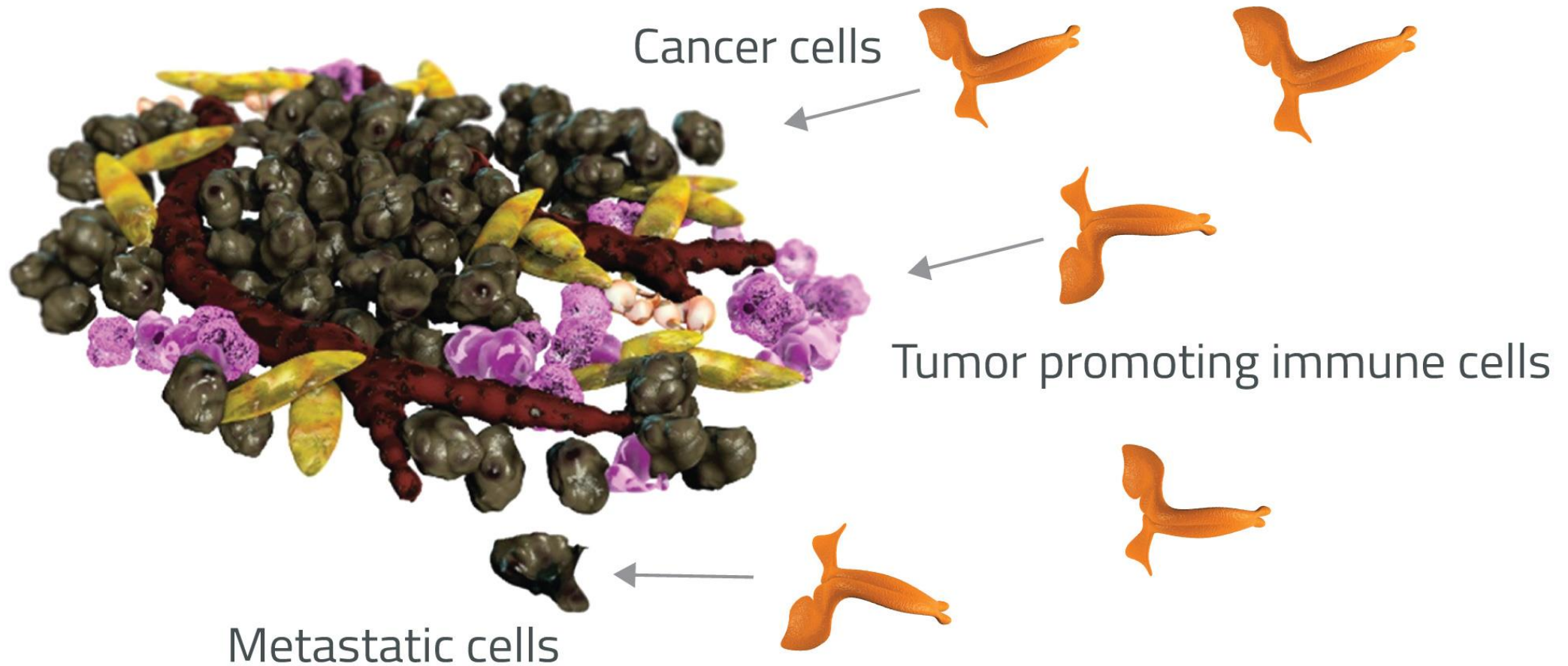


A tumor can create its own "seed and soil"



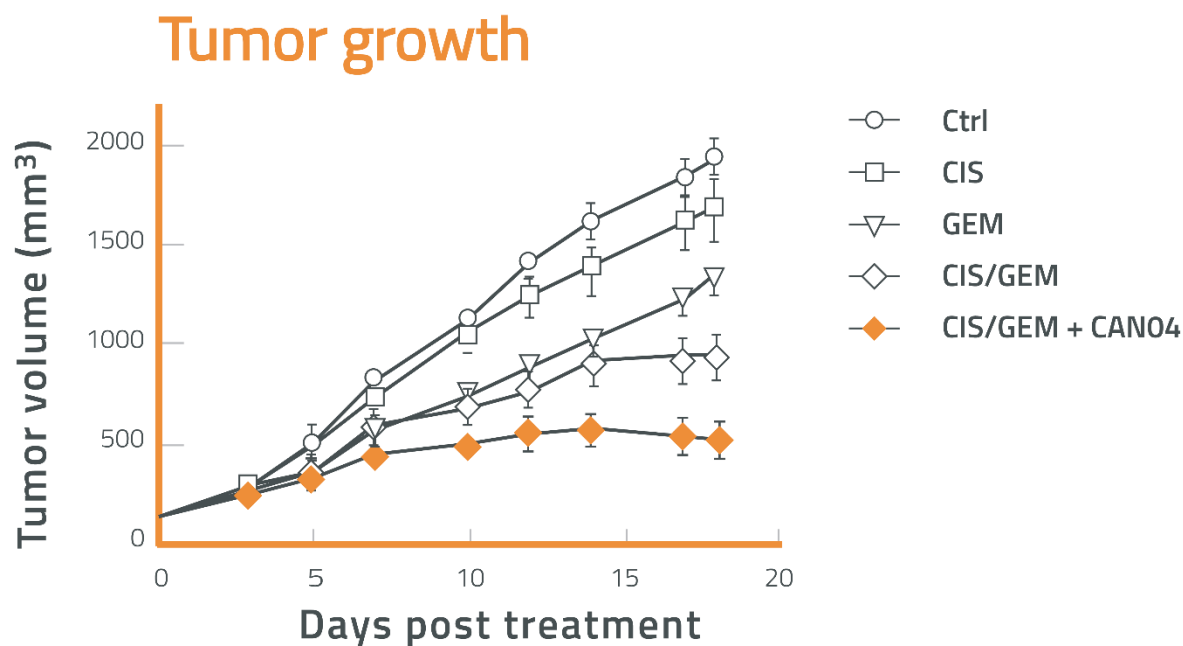
CAN04 blocks the ability for metastatic cells to stick and grow in tissues

CAN04 attacks several cell types in the tumor



CAN04 is relevant to several parts of cancer progression

Targeting IL1RAP allows synergistic effects with Cisplatin/Gemcitabine



- CAN04 increases antitumor effects of platinum compounds (cisplatin, carboplatin, oxaliplatin)
- CAN04 counteracts toxicity from platinum compounds
- Cisplatin/Gemcitabine standard chemotherapy for several cancer forms

10 mice per group
NSCLC PDX

Synergy with chemotherapy in line with current development strategy

CANTOS additional findings (from Novartis IL-1 β antibody)

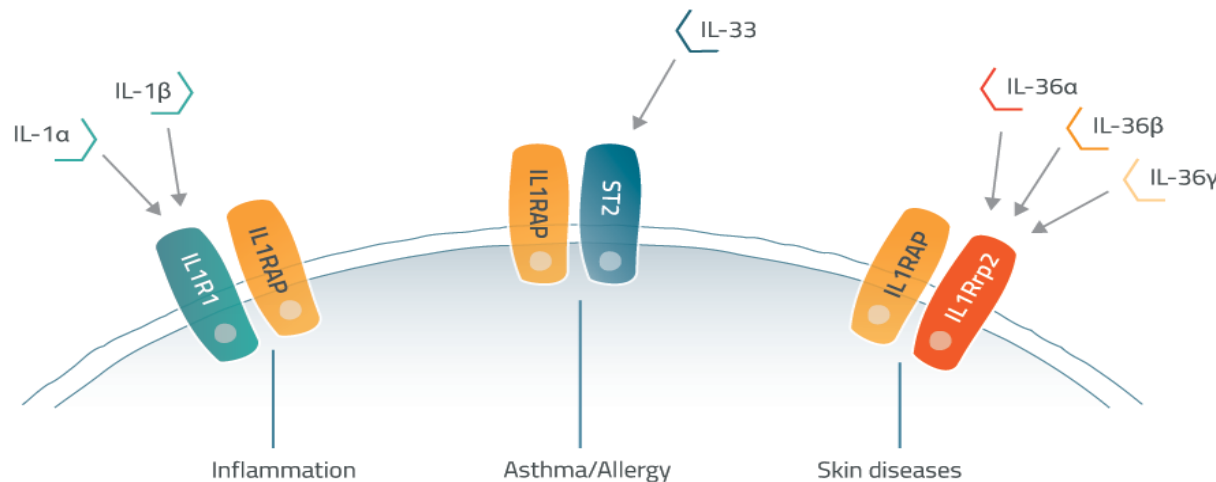
-identification of additional opportunities

CANCER decreased risk of death with treatment (high dose)			
Lung cancer	77 %	P=0.0002	
Non-lung cancer	37 %	P=0.06	
Decreased incidence of inflammatory disease (all doses)			
Arthritis	32%	p<0.0001	
Osteoarthritis	28%	P=0.0005	
Gout	53%	p<0.0001	
Cardiovascular	12%	P=0.02	
Biomarker levels (reduction)			
CRP	26-41%	P<0.0001	
IL-6	25-43%	P<0.001	

CANTOS data support CAN04 as well as broader IL1RAP platform activities

IL1RAP platform to treat serious diseases

- Three different systems signal through IL1RAP
- These systems contribute to various inflammatory diseases
- Can be blocked by Cantargia's antibodies against IL1RAP



Cantargia partnership with Panorama Res Inc (Sunnyvale, CA)
Selection of clinical candidate 2019

Significant value inflection points ahead of CANFOUR results

2019

- US regulatory and clinical strategy
- Phase IIa monotherapy results
- Clinical progress and initial phase IIa results
- Preclinical progress (immuno-oncology effects, combinations etc)
- CANxx progress
- US clinical trial

2020

- Phase IIa combination results
- Phase IIa expansion

Significant data to secure newsflow 2019-2020

Management



Göran Forsberg

CEO since 2014, born 1963

Ph.D Biochemistry, Assoc Prof.

30+ years experience in Biotech/Pharma (KabiGen, Pharmacia, Active Biotech and the University of Adelaide, Australia).

Extensive drug development experience, leadership of several clinical trials and deal making.

Board member of Isogenica Ltd.

Shares in Cantargia: 83,648



Liselotte Larsson

VP Operations since 2014, born 1963

PhD in biotechnology

20+ years in pharmaceutical/biotechnology companies (BioGaia Fermentation, Novozymes Biopharma, Camurus.

Expertise in business development, marketing & sales/out licensing, ISO certification, good manufacturing practice (GMP) and overall project management.

Shares in Cantargia: 25,800



Lars Thorsson

VP Clinical Development since 2015, born 1961

Ph.D. in clinical pharmacology in 1998.

25+ years experience in pharma industry (AstraZeneca, Novo Nordisk

Extensive experience in pharmacology, clinical development and regulatory affairs.

Shares in Cantargia: 51,852



David Liberg

VP Cancer Research since 2015, born 1969

Ph.D. in immunology

20+ years of research experience within immunology and tumour biology. 10+ years, in Biotech (Lund University, Imperial college, Active Biotech)

Expertise in leading early research projects.

Shares in Cantargia: 6,000



Bengt Jöndell

CFO since May 2017, born 1960.

BSc in Business Administration and a MSc in Chemical engineering

Extensive experience in various executive financial functions (BTJ Group AB, BoneSupport, Inpac, Pharmacia & Upjohn Enzymatica AB.

Shares in Cantargia 61,000

Board of Directors

**Magnus Persson**

Chairman of the Board since 2016, born 1960

MD and assoc prof in physiology at Karolinska Institutet in Stockholm. Extensive experience in medicine, life sciences and biotech-financing. Founded and led private as well as public biotech and medtech companies, in Europe and the USA. Involved in multiple IPOs. Shares in Cantargia: 44,976 and 85,000 options

**Karin Leandersson**

Board member since 2016, born 1972

Professor in tumour immunology at Lund University. Wide range of cancer research experience in the fields of tumour immunology and tumour inflammation in solid tumours, Shares in Cantargia: 0

**Anders Martin-Löf**

Board member since 2018, born 1971

M.Sc. in Economics and Business from Stockholm University and a M.Sc. in Engineering Physics from the Royal Institute of Technology in Stockholm. Long experience as CFO for listed companies at the Stockholm stock exchange. He is currently CFO at Wilson Therapeutics. Shares in Cantargia 12,000

**Claus Asbjørn Andersson**

Board member since 2013, born 1968

Master's degree from Technical University of Denmark and a PhD in Mathematical Statistics from Copenhagen University and Humboldt University of Berlin. Partner of Sunstone Life Science Ventures. Shares in Cantargia: 0

**Patricia Delaite**

Board member since 2017, born 1963

MD and MBA from University of Geneva and Lausanne. Chief Medical Officer for AMAL Therapeutics in Geneva, and has had leading positions at Incytes International Biosciences, ARIAD Pharmaceuticals, Novartis and Eli Lilly.. Shares in Cantargia: 0

**Thoas Fioretos**

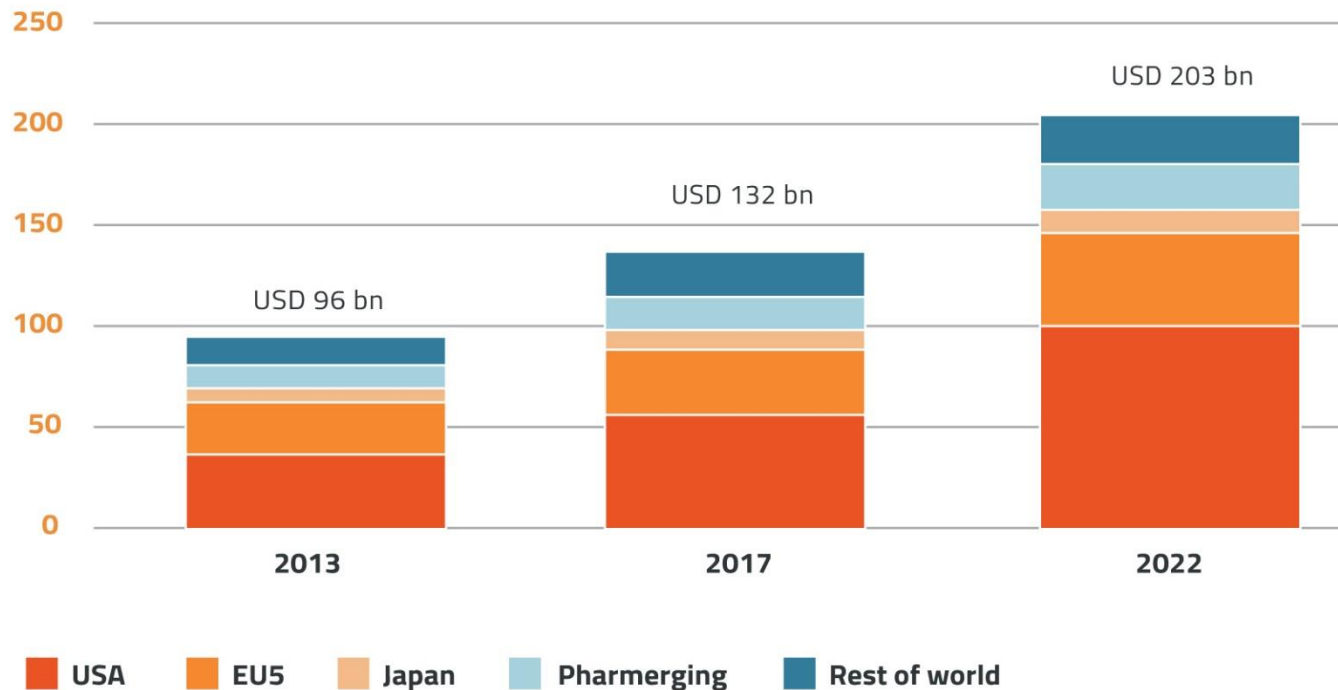
Board member since 2010, born 1962

Professor and physician at the Department of Clinical Genetics at Lund University. One of the founders of Cantargia AB. Shares in Cantargia: 482,600

Lead project CAN04 in the highest growth segment— Oncology antibodies

The market for cancer drugs: Costs and growth 2013 - 2022

Global costs, USD



EU5 (France, Germany, Italy, Spain, UK). Pharmerging (China, Brazil, India, Russia, Poland, Argentina, Turkey, Mexico, Venezuela, Romania, Saudi Arabia, Colombia, Vietnam, South Africa, Algeria, Thailand, Indonesia, Egypt, Pakistan, Nigeria, Ukraine).

Sales cancer therapeutic antibodies 2018 (2017)

Rituxan/MabThera	CHF 5.19bn	(5.83bn)
Avastin	CHF 6.85bn	(6.69bn)
Herceptin	CHF 6.98bn	(7.01bn)

Immuno-oncology driving market growth 2018 (2017)

Opdivo	\$6.74bn	(\$4.95bn)
Keytruda	\$7.17bn	(\$3.81bn)

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