



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.

CAN04 phase I clinical data at ESMO

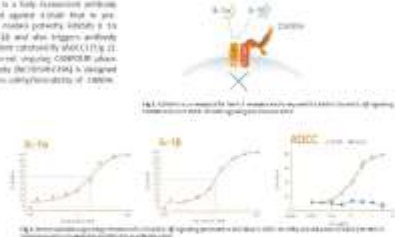
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A first-in-class, first-in-human phase I/IIa trial of CAN04, targeting Interleukin-1 Receptor Accessory Protein (IL1RAP), in patients with solid tumors

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BACKGROUND

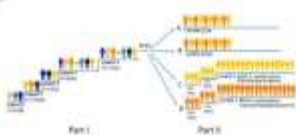
Information has been accumulated on an important part of the development of *lacZ*Y⁺ (LacZ⁺ 0.53) as a marker for transitory cytosine uptake in a *trp* operon (Zucke and Thiele 1981). A solid body of evidence supporting the idea that LacZ⁺ is cancer promotor. The relevance of LacZ⁺ is highlighted by its increasing frequency in the presence of carcinogenic agents. In the presence of a carcinogenic agent, LacZ⁺ is a marker for the formation of a mutagenic agent (LacZ⁺ 0.53, 0.60, 0.65, 0.70, 0.75, 0.80, 0.85, 0.90, 0.95, 1.00, 1.05, 1.10, 1.15, 1.20, 1.25, 1.30, 1.35, 1.40, 1.45, 1.50, 1.55, 1.60, 1.65, 1.70, 1.75, 1.80, 1.85, 1.90, 1.95, 2.00, 2.05, 2.10, 2.15, 2.20, 2.25, 2.30, 2.35, 2.40, 2.45, 2.50, 2.55, 2.60, 2.65, 2.70, 2.75, 2.80, 2.85, 2.90, 2.95, 3.00, 3.05, 3.10, 3.15, 3.20, 3.25, 3.30, 3.35, 3.40, 3.45, 3.50, 3.55, 3.60, 3.65, 3.70, 3.75, 3.80, 3.85, 3.90, 3.95, 4.00, 4.05, 4.10, 4.15, 4.20, 4.25, 4.30, 4.35, 4.40, 4.45, 4.50, 4.55, 4.60, 4.65, 4.70, 4.75, 4.80, 4.85, 4.90, 4.95, 5.00, 5.05, 5.10, 5.15, 5.20, 5.25, 5.30, 5.35, 5.40, 5.45, 5.50, 5.55, 5.60, 5.65, 5.70, 5.75, 5.80, 5.85, 5.90, 5.95, 6.00, 6.05, 6.10, 6.15, 6.20, 6.25, 6.30, 6.35, 6.40, 6.45, 6.50, 6.55, 6.60, 6.65, 6.70, 6.75, 6.80, 6.85, 6.90, 6.95, 7.00, 7.05, 7.10, 7.15, 7.20, 7.25, 7.30, 7.35, 7.40, 7.45, 7.50, 7.55, 7.60, 7.65, 7.70, 7.75, 7.80, 7.85, 7.90, 7.95, 8.00, 8.05, 8.10, 8.15, 8.20, 8.25, 8.30, 8.35, 8.40, 8.45, 8.50, 8.55, 8.60, 8.65, 8.70, 8.75, 8.80, 8.85, 8.90, 8.95, 9.00, 9.05, 9.10, 9.15, 9.20, 9.25, 9.30, 9.35, 9.40, 9.45, 9.50, 9.55, 9.60, 9.65, 9.70, 9.75, 9.80, 9.85, 9.90, 9.95, 10.00, 10.05, 10.10, 10.15, 10.20, 10.25, 10.30, 10.35, 10.40, 10.45, 10.50, 10.55, 10.60, 10.65, 10.70, 10.75, 10.80, 10.85, 10.90, 10.95, 11.00, 11.05, 11.10, 11.15, 11.20, 11.25, 11.30, 11.35, 11.40, 11.45, 11.50, 11.55, 11.60, 11.65, 11.70, 11.75, 11.80, 11.85, 11.90, 11.95, 12.00, 12.05, 12.10, 12.15, 12.20, 12.25, 12.30, 12.35, 12.40, 12.45, 12.50, 12.55, 12.60, 12.65, 12.70, 12.75, 12.80, 12.85, 12.90, 12.95, 13.00, 13.05, 13.10, 13.15, 13.20, 13.25, 13.30, 13.35, 13.40, 13.45, 13.50, 13.55, 13.60, 13.65, 13.70, 13.75, 13.80, 13.85, 13.90, 13.95, 14.00, 14.05, 14.10, 14.15, 14.20, 14.25, 14.30, 14.35, 14.40, 14.45, 14.50, 14.55, 14.60, 14.65, 14.70, 14.75, 14.80, 14.85, 14.90, 14.95, 15.00, 15.05, 15.10, 15.15, 15.20, 15.25, 15.30, 15.35, 15.40, 15.45, 15.50, 15.55, 15.60, 15.65, 15.70, 15.75, 15.80, 15.85, 15.90, 15.95, 16.00, 16.05, 16.10, 16.15, 16.20, 16.25, 16.30, 16.35, 16.40, 16.45, 16.50, 16.55, 16.60, 16.65, 16.70, 16.75, 16.80, 16.85, 16.90, 16.95, 17.00, 17.05, 17.10, 17.15, 17.20, 17.25, 17.30, 17.35, 17.40, 17.45, 17.50, 17.55, 17.60, 17.65, 17.70, 17.75, 17.80, 17.85, 17.90, 17.95, 18.00, 18.05, 18.10, 18.15, 18.20, 18.25, 18.30, 18.35, 18.40, 18.45, 18.50, 18.55, 18.60, 18.65, 18.70, 18.75, 18.80, 18.85, 18.90, 18.95, 19.00, 19.05, 19.10, 19.15, 19.20, 19.25, 19.30, 19.35, 19.40, 19.45, 19.50, 19.55, 19.60, 19.65, 19.70, 19.75, 19.80, 19.85, 19.90, 19.95, 20.00, 20.05, 20.10, 20.15, 20.20, 20.25, 20.30, 20.35, 20.40, 20.45, 20.50, 20.55, 20.60, 20.65, 20.70, 20.75, 20.80, 20.85, 20.90, 20.95, 21.00, 21.05, 21.10, 21.15, 21.20, 21.25, 21.30, 21.35, 21.40, 21.45, 21.50, 21.55, 21.60, 21.65, 21.70, 21.75, 21.80, 21.85, 21.90, 21.95, 22.00, 22.05, 22.10, 22.15, 22.20, 22.25, 22.30, 22.35, 22.40, 22.45, 22.50, 22.55, 22.60, 22.65, 22.70, 22.75, 22.80, 22.85, 22.90, 22.95, 23.00, 23.05, 23.10, 23.15, 23.20, 23.25, 23.30, 23.35, 23.40, 23.45, 23.50, 23.55, 23.60, 23.65, 23.70, 23.75, 23.80, 23.85, 23.90, 23.95, 24.00, 24.05, 24.10, 24.15, 24.20, 24.25, 24.30, 24.35, 24.40, 24.45, 24.50, 24.55, 24.60, 24.65, 24.70, 24.75, 24.80, 24.85, 24.90, 24.95, 25.00, 25.05, 25.10, 25.15, 25.20, 25.25, 25.30, 25.35, 25.40, 25.45, 25.50, 25.55, 25.60, 25.65, 25.70, 25.75, 25.80, 25.85, 25.90, 25.95, 26.00, 26.05, 26.10, 26.15, 26.20, 26.25, 26.30, 26.35, 26.40, 26.45, 26.50, 26.55, 26.60, 26.65, 26.70, 26.75, 26.80, 26.85, 26.90, 26.95, 27.00, 27.05, 27.10, 27.15, 27.20, 27.25, 27.30, 27.35, 27.40, 27.45, 27.50, 27.55, 27.60, 27.65, 27.70, 27.75, 27.80, 27.85, 27.90, 27.95, 28.00, 28.05, 28.10, 28.15, 28.20, 28.25, 28.30, 28.35, 28.40, 28.45, 28.50, 28.55, 28.60, 28.65, 28.70, 28.75, 28.80, 28.85, 28.90, 28.95, 29.00, 29.05, 29.10, 29.15, 29.20, 29.25, 29.30, 29.35, 29.40, 29.45, 29.50, 29.55, 29.60, 29.65, 29.70, 29.75, 29.80, 29.85, 29.90, 29

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METHODS

The primary objective was to assess safety (SYM, ARI) and tolerability of weekly administration of 0.0006 to 0.006 to define the Maximum Tolerated Dose/Recommended Phase 2 dose. Subjects with reported or laboratory signs shall not have ongoing payments, travel, accommodations, loans [40] or [41] or [42] research was included in the initial part of the long-term 3- to 5-year evaluation design. The eligibility criteria were \$2000-40, normal renal function and no bleeding disorders or susceptibility. Lower payments were evaluated according to 400, every 6 weeks. Lower payments were obtained for pharmacokinetic evaluation and by assessment of bleeding biomarkers, or estimates for the biochemistry of action [43, 44].

Steady storage



Patient population

Key inclusion criteria

- **Altered T1/T2**
 - **Myocardial infarction** is usually only detected by **Delayed Hyperenhancement (DHE)** in contrast-enhanced MRI or **myocardial late gadolinium imaging (LGE)** in contrast-enhanced MRI prior to **percutaneous coronary intervention**
 - In **acute MI**, **edema** shows the **late phase of myocardial infarction** that may **improve** with **therapy**, as **edema** is **dynamic** for **days** and is **reversible** (see **Delayed hyperenhancement** and **Myocardial T2 mapping**)
 - **LGE** is **permanent** and **reflects** **scar** (see **Delayed hyperenhancement**)
- **Myocardial perfusion** is **impaired** locally after **myocardial infarction** (MI), **MI** or **MI** may **improve** or **refill** in **myocardial perfusion** in the **acute phase** is **reversible** (see **MI** and **MI**) **scar** does not **improve** in **myocardial perfusion** of the **scar**

They were Masters of Their

- * Subjects receiving no other experimental agents during or just prior to (within 24 hrs) of the study drug administration participate in the study.
- * Clinical endpoints of an active second endpoint.
- * Subjects with a history of epilepsy.
- * Second endpoint: significant decrease in seizure activity as determined by the frequency of tonic-clonic seizures or by EEG.
- * Some experimental studies may require monitoring systems (e.g., EEG).
- * Other medical conditions that of the opinion of the investigator may significantly affect the subject's behavior.

RESULTS

Patient population

† The number of genes per cluster and the number of genes per cluster are shown in parentheses. The number of genes per cluster is shown in parentheses. The number of genes per cluster is shown in parentheses.

[illegible]

Safety

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Parameter	1st group	2nd group	3rd group	4th group	total
Age (years)	30.0	30.0	30.0	30.0	30.0
Gender (male/female)	10/10	10/10	10/10	10/10	40/40
Duration of disease (years)	1.0	1.0	1.0	1.0	1.0
Duration of follow-up (years)	1.0	1.0	1.0	1.0	1.0
Duration of follow-up (months)	12	12	12	12	12

	Mean	Standard deviation
Age	31.2	10.5
Gender		
Male	10.0	0.0
Female	10.0	0.0
Marital status		
Married	10.0	0.0
Single	10.0	0.0
Divorced	10.0	0.0
Widowed	10.0	0.0
Education		
High school	10.0	0.0
College	10.0	0.0
Postgraduate	10.0	0.0

References

In addition, we define a series with a period of 12 at the end of the study, binary output of a select set of parameters (efficiency at least 100%) as a binary series (baseline is 0, 1, 11, 12) of patients with a direct trend (2 times) and a decrease to less than 11 patients (none), after a reduction of 100%, associated with the 100% level of a low self-reported weight engagement.

Clinical efficacy data

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Pharmacokinetics

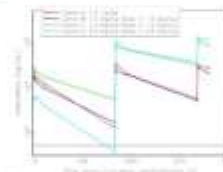


Fig. 5 The set of results in 2007 is summarizing that climate change is expected to increase the number of high-temperature days and decrease the number of days with low temperature. The number of days with high temperature will increase by 10.6% and the number of days with low temperature will decrease by 10.6%.

CONCLUSIONS

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References

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Actinomyces *actinomycetoides*

via transfer of the materials, the authors describe a general approach for developing a new curriculum for lower secondary mathematics in one week.



- **CAN04 has generally been well tolerated**
- **6 mg/kg is safe.**
- **Biomarker results support target engagement already after two doses of CAN04.**
- **In a heavily pre-treated patient population, 5 of 13 patients (38%) had SD. One patient with NSCLC had SD for 6 months.**

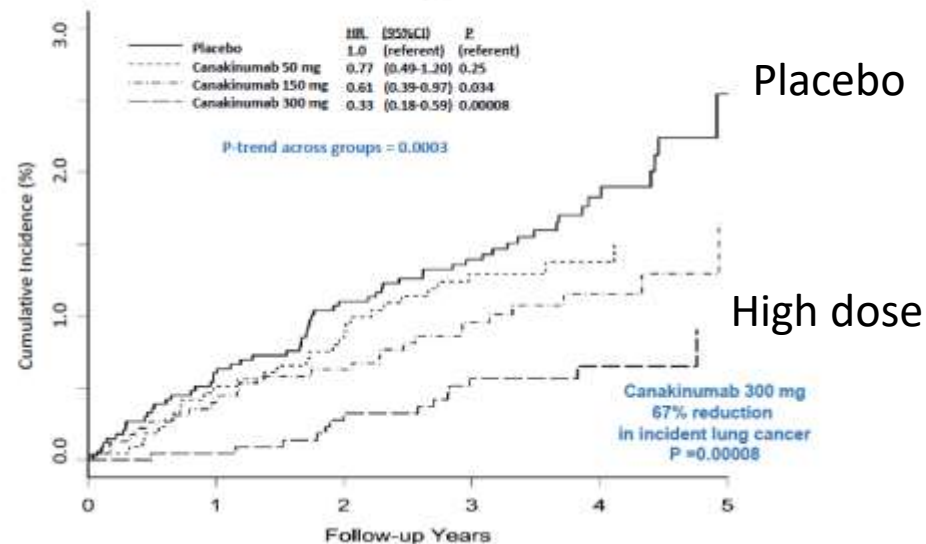
IL-1 blockade in cancer- Recent supportive clinical data

CANTOS trial

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

CANTOS: Additional Non-Cardiovascular Clinical Benefits

Incident Lung Cancer



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

Canakinumab phase 3 trials

Adjuvant NSCLC

After surgery, no mets, placebo control
1500 patients, recruitment ongoing
Completion 2021/22

First line (CANOPY-1)

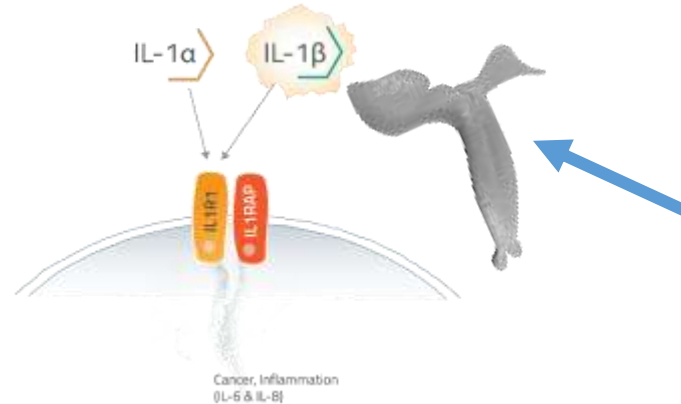
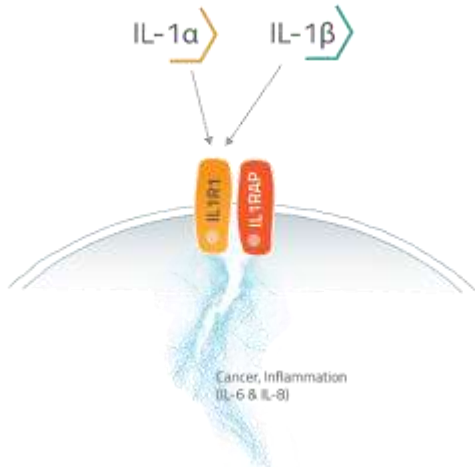
Untreated locally advanced/metastatic
Combination Pembro/Platinum doublet
627 patients, start Dec 2018
Completion 2021/22

Second line metastatic (CANOPY-2)

Previously treated loc adv/metastatic
Combination Docetaxel
240 patients, start Dec 2018
Completion 2021

Source clinicaltrials.gov

CAN04 (nidanilimab) vs Canakinumab

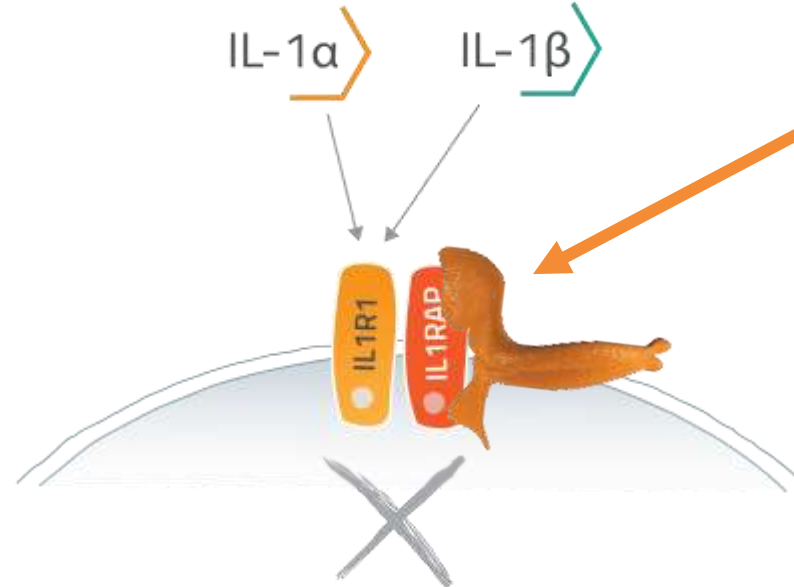


Canakinumab

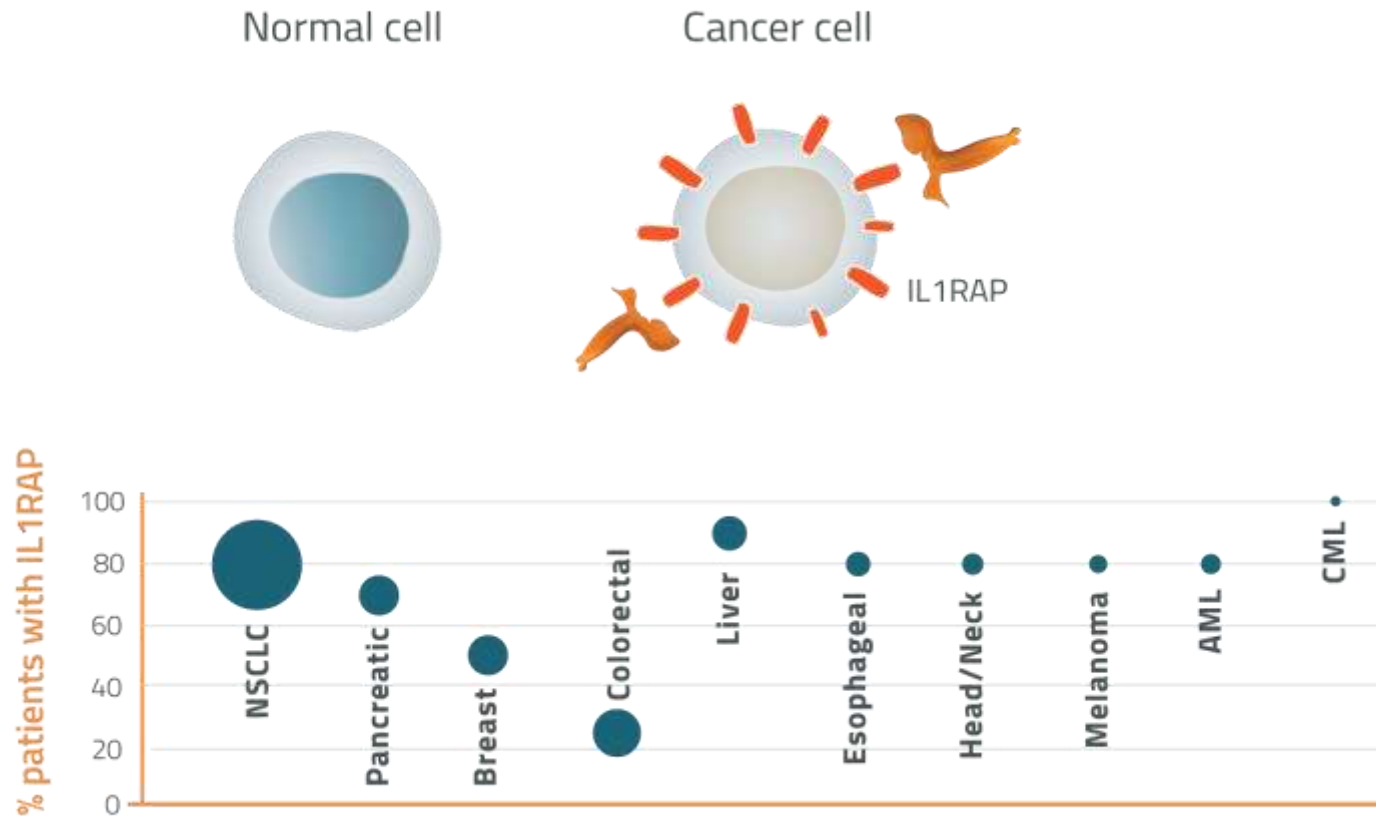
- Antibody directed against one of the two IL-1 ligands, IL-1β

CAN04:

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



Medical need and IL1RAP



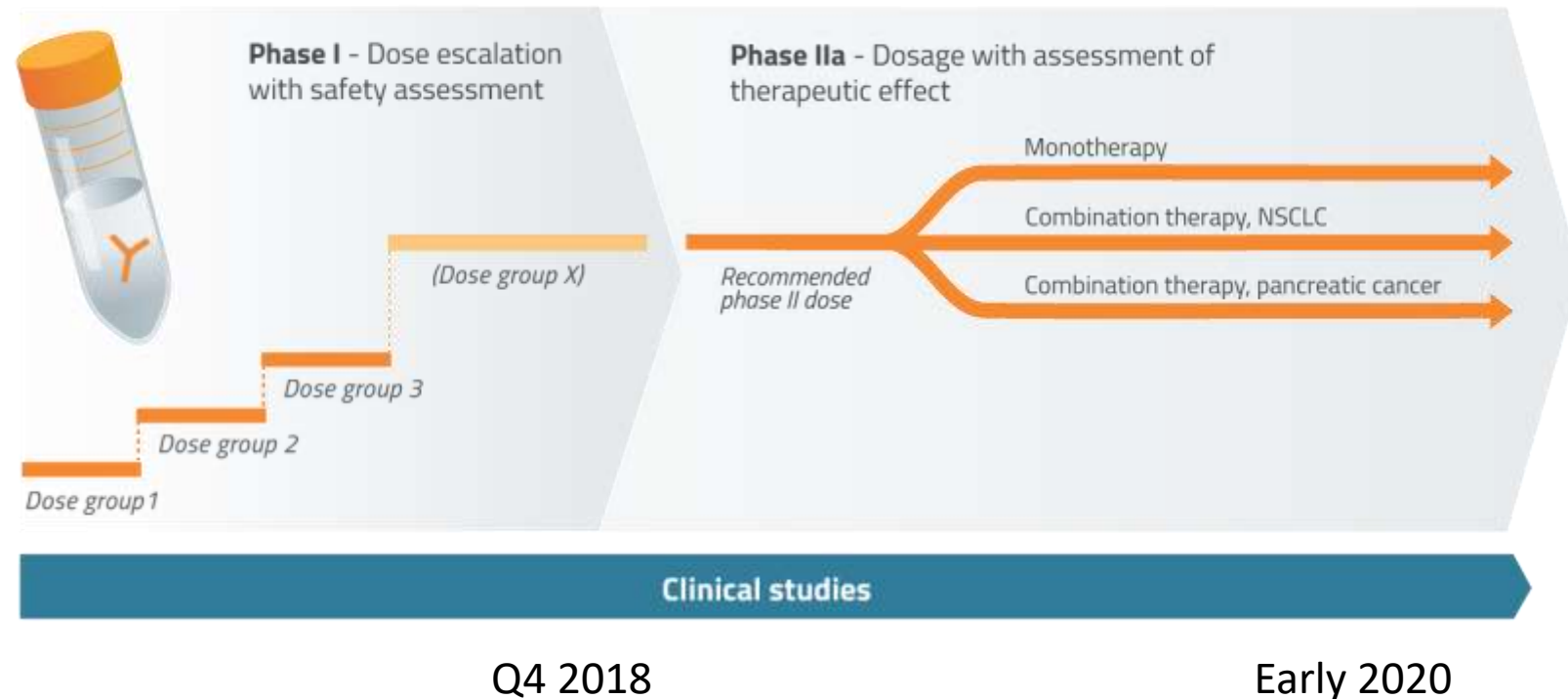
Size of each indication corresponds to annual deaths in USA

- Cantargia founded based on:
 - Discovery of IL1RAP on cancer cells
 - Antibodies against IL1RAP - antitumor effects
 - Patents 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

CAN04 – CANFOUR clinical trial

Phase I/IIa trial - NSCLC and pancreatic cancer

- Norway, Denmark, Netherlands and Belgium
- Well renowned centres (Jules Bordet, Brussels; Erasmus Rotterdam, NKI, Amsterdam; Rigshospitalet, Copenhagen; Radiumhospitalet, Oslo)
- 16 patients treated, good safety
 - NSCLC, pancreatic cancer, colon cancer, triple negative breast cancer
- Phase IIa: focused on NSCLC and pancreatic cancer (appr 20 centres)
 - Monotherapy
 - Combination with standard therapy
 - NSCLC Cisplatin/Gemcitabine
 - Pancreatic cancer Gemcitabine/nab-paclitaxel



Details on www.clinicaltrials.gov

Cantargia at a glance

- Specialized in antibody therapy/immunology, with initial focus on oncology
- Granted IP - therapeutic target IL1RAP and drug candidate
- Lead antibody CAN04 (nidanilimab) in clinical development
- Strong management team with proven track record in clinical development and business development
- Listed on Nasdaq Stockholm
- Approximately 5000 shareholders
- Based in Lund, Sweden

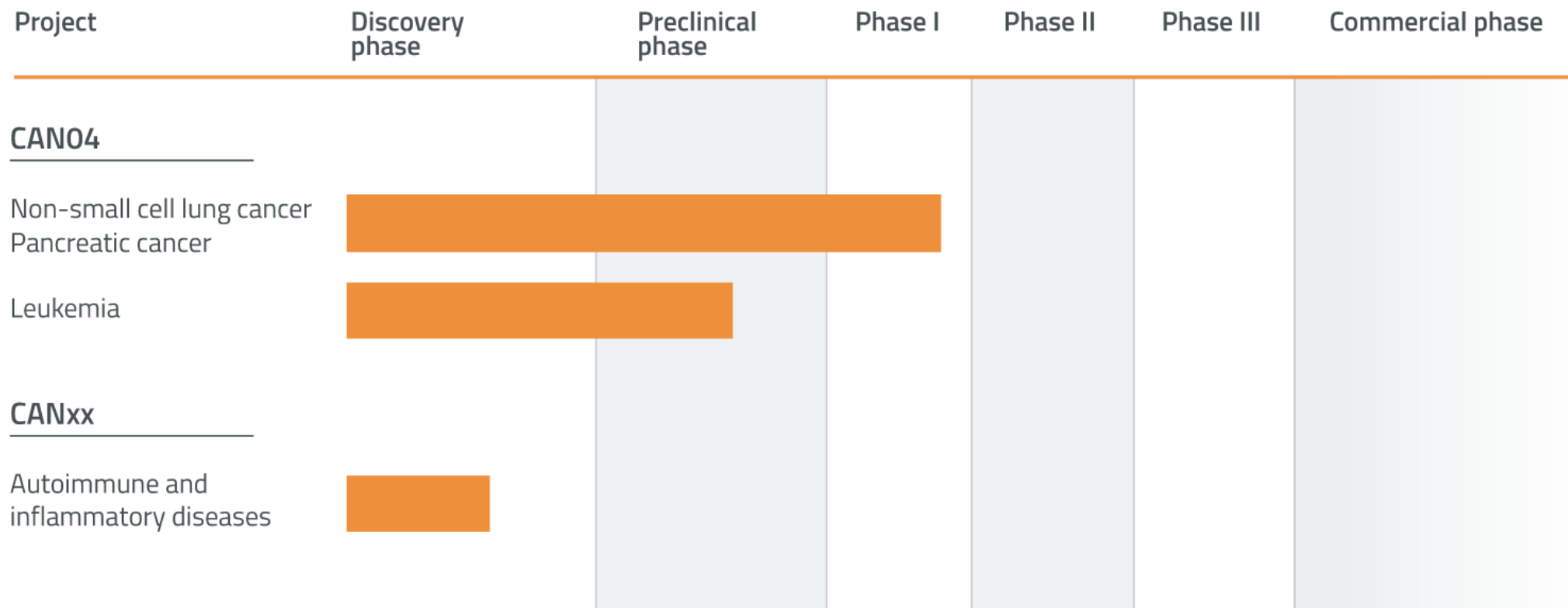
Financial highlights

- Share price: 19.90 SEK (2.22 USD), Oct 22, 2018
- Market cap: 1317 MSEK (147 MUSD), Oct 22, 2018
- Cash: 213 MSEK (23.3 MUSD), Jun 30 2018

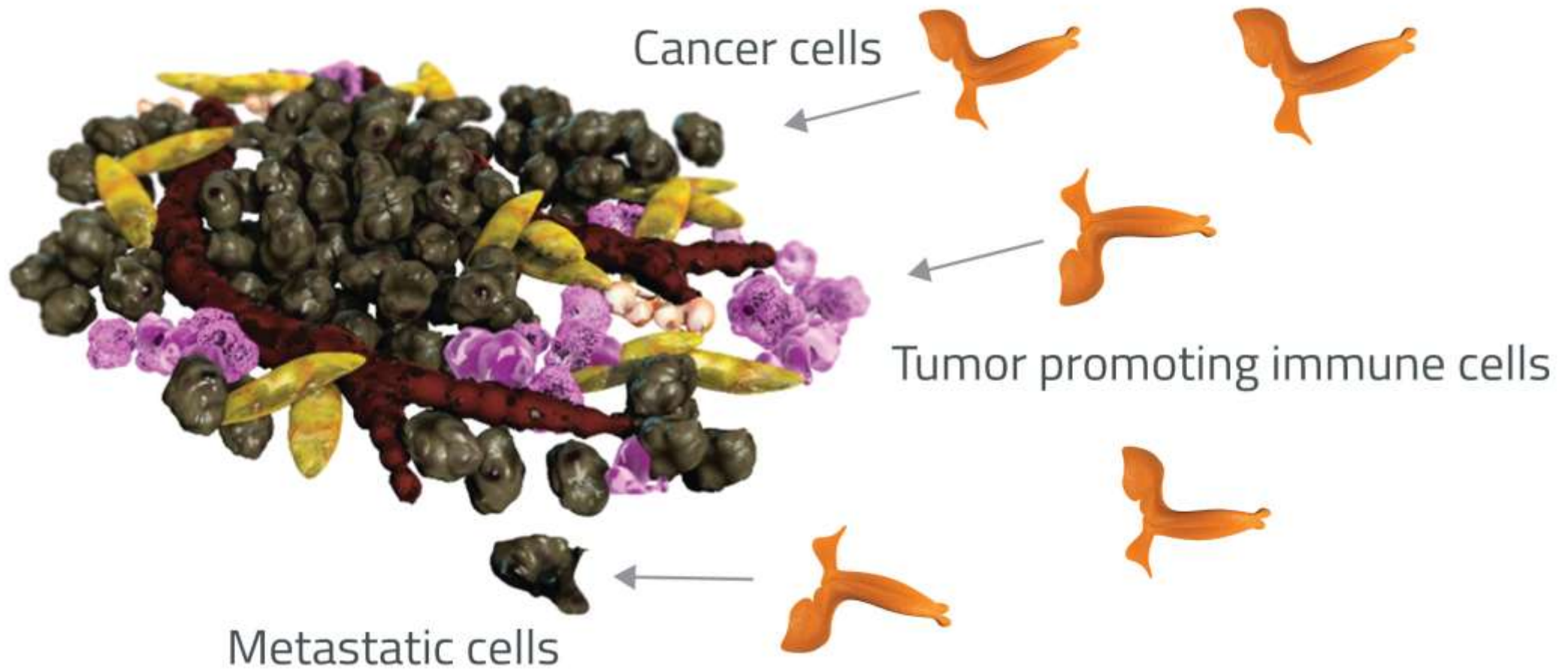
Current owners (Sep 30, 2018)

Sunstone	9.0%
1st AP fund	6.9%
Avanza Pension	5.2%
4th AP fund	4.6%
2nd AP fund	3.3%
Öhman Bank S.A.	3.3%
SEB S.A. clients	3.2%
Mats Invest AB	2.0%
Tibia konsult	1.9%
Kudu AB	1.9 %
Others	58.6%

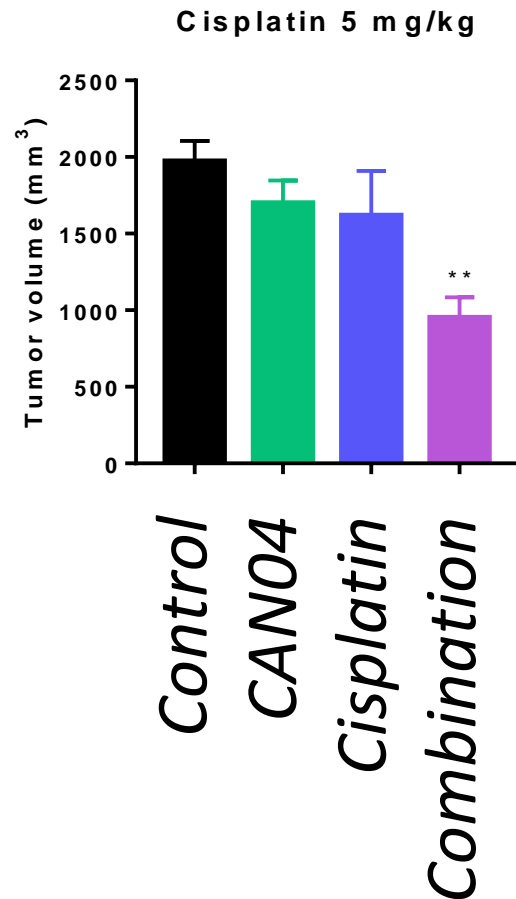
Cantargia pipeline



CAN04 attacks several cell types in the tumor



NSCLC CAN04/Cisplatin combination



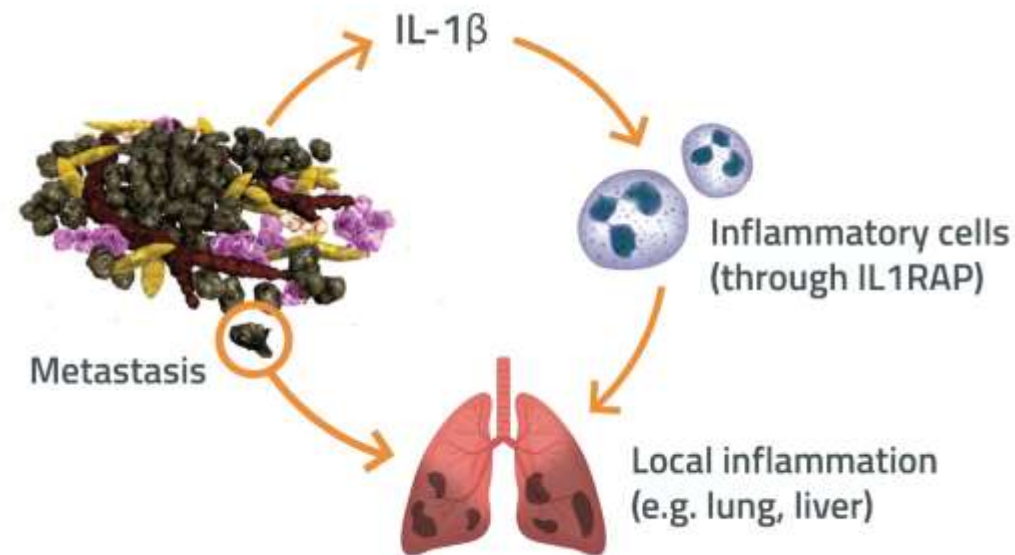
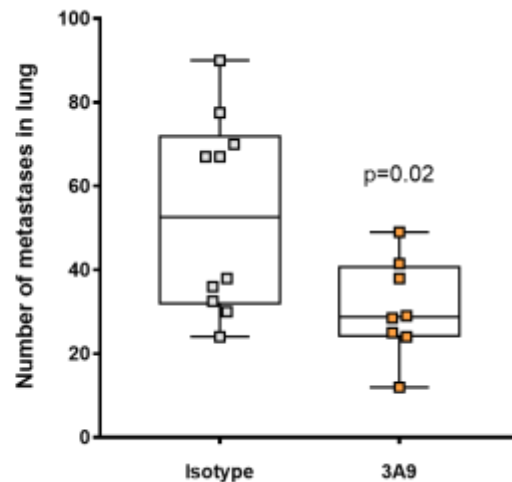
	Control	CAN04	Cisplatin	Combination
Animals withdrawn	20 % (Tumor)	0 %	50 % (Toxicity)	20 % (Toxicity)
Tumor reduction	N/A	14%	18%	52 %
Comment	Highest tumor burden	Best safety	Highest toxicity	Superior efficacy and reduced toxicity

Combination CAN04/Cisplatin superior to individual agents

- Reduction in severe toxicity
- Increased efficacy

Inflammation and metastasis

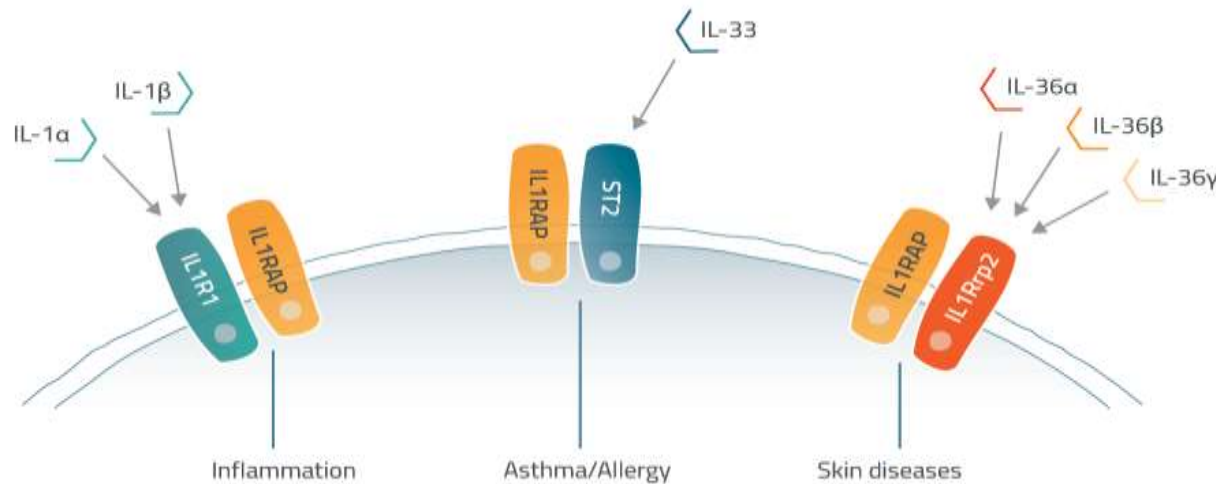
- Cancer cells (seeds) need a good soil to form a metastasis
- The IL-1 system (inflammation) can provide such environment (soil)



A tumor can create its own "seed and soil"

IL1RAP - additional potential indications to leverage the value of our asset

- 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

2018

- Preclinical data (immuno-oncology effects, combinations etc)
- Phase I clinical data final dose level (Q4 2018)
- Initiation of Phase IIa portion of the clinical trial (Q4 2018)
- US regulatory and clinical strategy

2019/2020

- Clinical progress and Phase IIa results
- Preclinical progress
- CANxx progress

Cantargia summary

- Lead candidate antibody CAN04 in clinical trials against cancer
 - Encouraging interim phase I data
 - Double mechanism of action
 - Initial development in NSCLC and pancreatic cancer (cancer forms with poor prognosis)
 - Direct effects on tumor cells and tumor microenvironment
 - Recent external validation of pathway
- Second generation antibodies for autoimmune disease
- Unique and strong IP
- Strong lead investors with high competence and well known track record
 - Funding through phase IIa - until mid 2020.