

## 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**

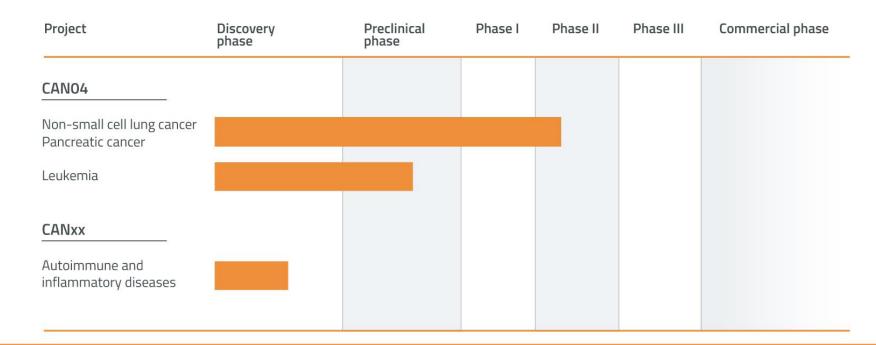
- Share price: 17.58 SEK (1.86 USD), Jun 7, 2019
- Market cap: 1280 MSEK (135 MUSD), Jun 7, 2019
- Cash: 251 MSEK (26.0 MUSD), Mar 31, 2019

Current owners (April 30, 2019)		
Sunstone	8.2%	
Alecta	6.6%	
1st AP fund	6.3%	
Avanza Pension	5.8%	
Öhman Bank S.A.	4.2%	
4th AP fund	4.2%	
SEB S.A.	4.2%	
2nd AP fund	3.0%	
Mats Invest AB	1.8%	
Handelsbanken fonder	1.8%	
Others	54.0%	



# Cantargia – opportunity to save lifes and create value

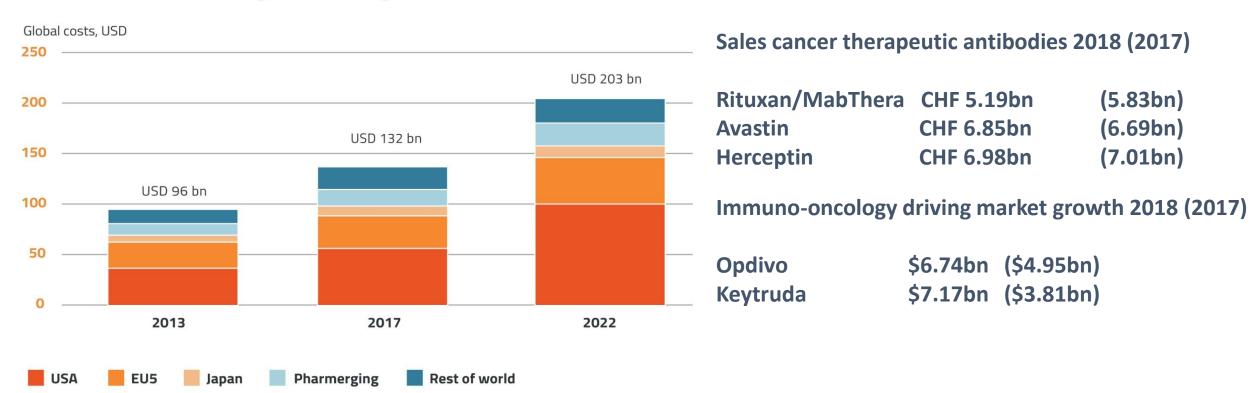
- Potentially more effective treatment against novel target in clinically validated pathway
- Right team and clear plan to position our projects and maximize value
- First in class platform technology against novel target





# Lead project CAN04 in the highest growth segment— Oncology antibodies

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



**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).



## CANO4 - CANFOUR clinical trial

#### Phase I/IIa trial - NSCLC and pancreatic cancer

 Jules Bordet, Brussels; Erasmus Rotterdam, NKI, Amsterdam; Rigshospitalet, Copenhagen; Radiumhospitalet, Oslo

 22 patients (NSCLC, pancreatic cancer, colon cancer)

Good safety up to 10 mg/kg

Significant effect on relevant biomarker (IL-6, CRP)

• 9/20 pts had stable disease up to 6 mor ths

Phase IIa: (appr 20 centres)

FPI Jan 2019 –Data early 2020

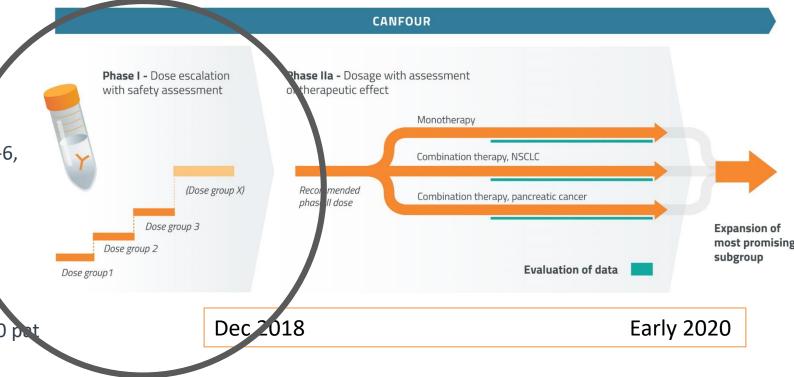
Monotherapy (appr 20 pat)

Combination with standard therapy (appr 30 per arm)

NSCLC Cisplatin/Gemcitabine

Pancreatic cancer Gemcitabine/nab-paclitaxel

 ..and new complementary trial to open in USA



Details on www.clinicaltrials.gov



Results from a First-in-man, Open label, Safety and tolerability Trial of CAN04 (Nidanilimab), a Fully Humanized Monoclonal Antibody against the Novel Antitumor Target, IL1RAP, in Patients with Solid Tumor Malignancies

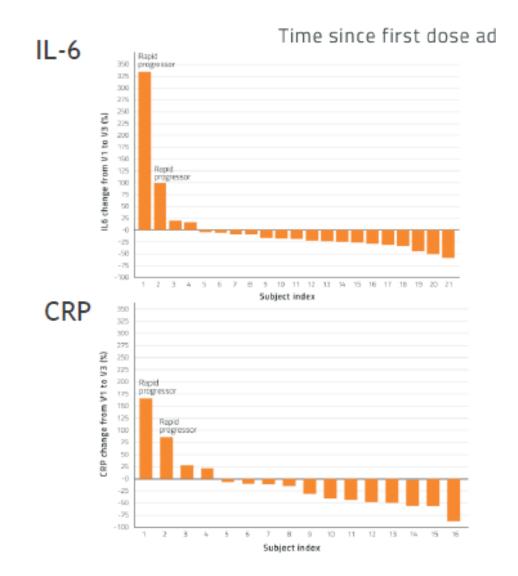
- Oral presentation at ASCO (Developmental Immunotherapy and Tumor Immunobiology)
- Presented by Prof Ahmad Awada, Inst Jules Bordet, Brussels
- Selected as Highlight in ASCO Daily News



### Biomarkers (serum):

(taken pre-dose at first and third dose)

- Decrease in IL-6 in 17/21 subjects (median -18.4%, p=0.04)
- Trend in CRP decrease in 13/17 subjects (median -21.6%, p=0.08)
- Decreased levels of IL-6 and CRP consistent with the CAN04 MoA – supporting target engagement





## Clinical efficacy data

• Twenty-one (21) patients had available pre- and post-treatment assessment by imaging and the following proportion of patients had stable disease (SD) by irRC as best overall response at 2 months:

Indicatio	n	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

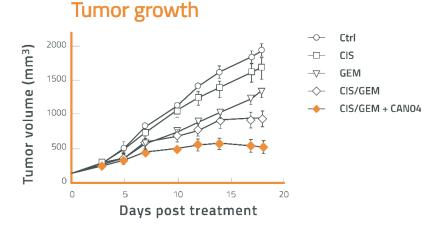
- One patient with NSCLC had PFS for 7 months (4 prior lines of therapy, including nivolumab for 8 months)
- One patient with PDAC had PFS for 5 months (Prior line of therapy FOLFIRINOX 7 months)

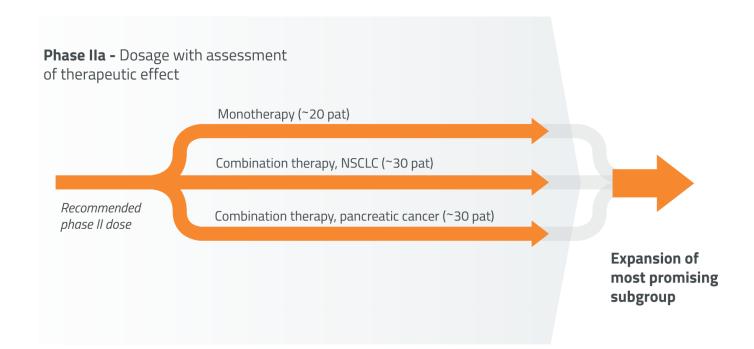


### **CANFOUR – Phase IIa**

#### Phase IIa: (appr 20 centers)

- FPI Jan 2019
- Monotherapy
- Combination with chemotherapy
  - NSCLC cisplatin/gemcitabine
  - Pancreatic cancer gemcitabine/nabpaclitaxel
- Tumor biopsies pre- and during treatment
- Extensive biomarker analysis





Preclinical data in NSCLC PDX model show synergistic effects between CAN04 and cisplatin/gemcitabine

- Increased antitumor activity
- Reduced toxicity



## Significant value inflection points ahead of CANFOUR results

#### 2019

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

#### 2020

- Phase IIa results
- Phase IIa expansion



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