



Targeting IL1RAP to address unmet needs in severe cancer and autoimmune diseases

*Corporate Presentation*  
*Mar 2023*

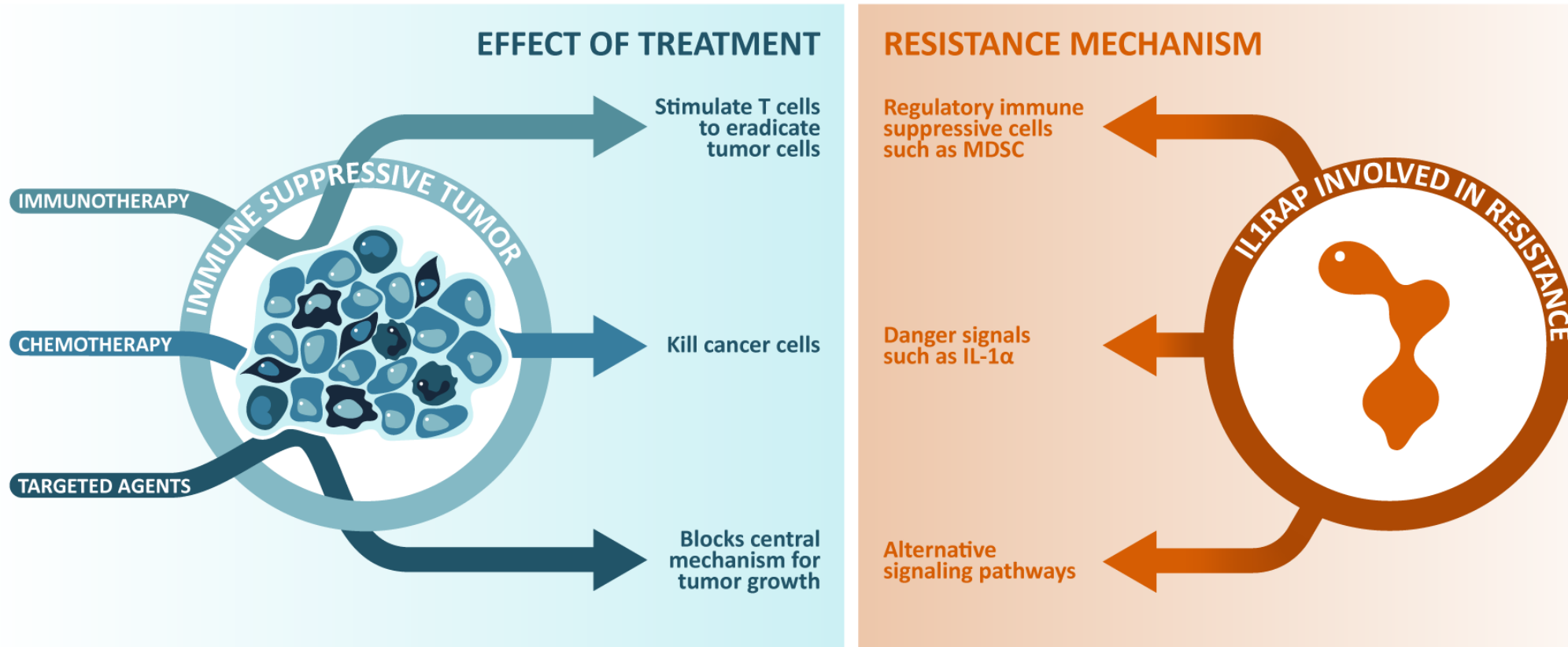
**NASDAQ STOCKHOLM MAIN LIST (CANTA.ST)**

# Safe Harbor Statement



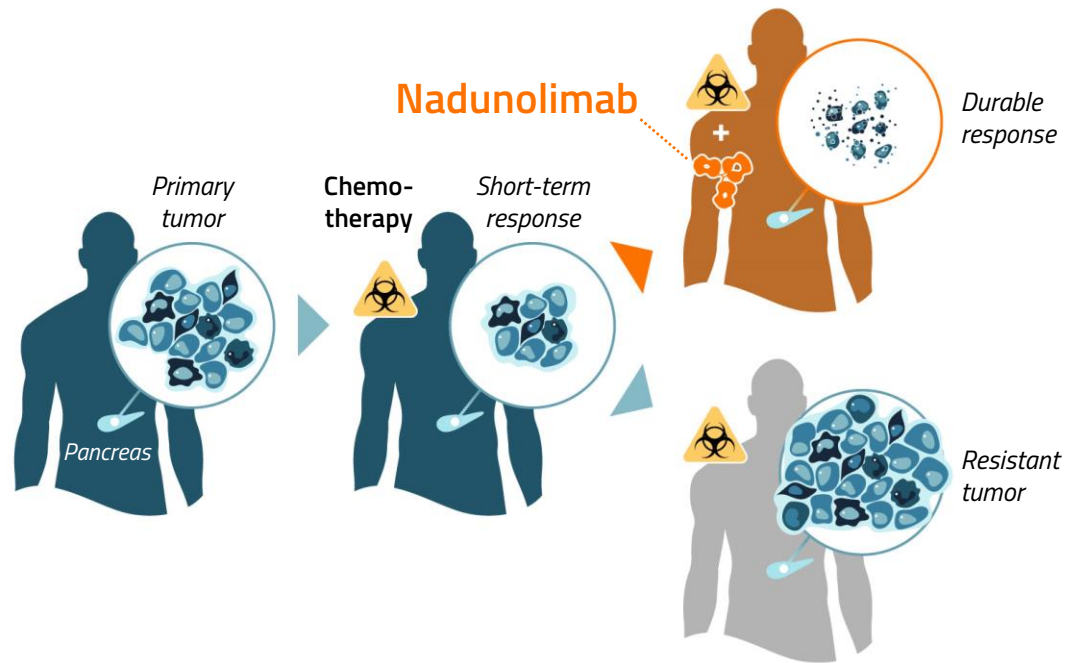
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# Cantargia – Strategy to improve current cancer therapies



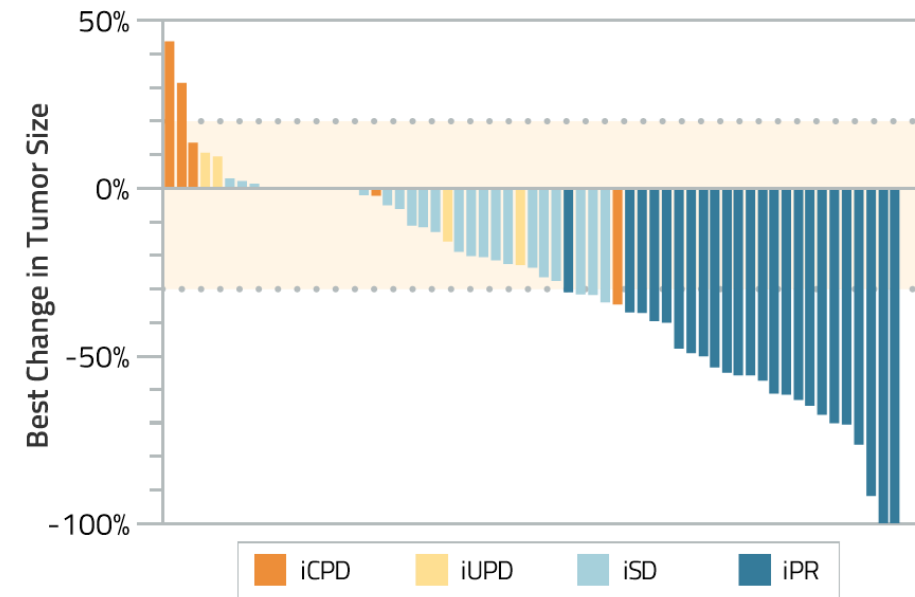
**IL1RAP – A NOVEL TARGET WITH SEVERAL OPPORTUNITIES;  
CURRENT FOCUS ON SYNERGISTIC COMBINATIONS**

# New strategy to treat cancer supported by clinical results



## PROMISING DATA IN PANCREATIC CANCER

- Stronger efficacy than expected from chemotherapy
- Patients with higher IL1RAP benefit more



SEVERAL LINES OF EVIDENCE SUGGEST NADUNOLIMAB COUNTERACTS CHEMORESISTANCE

# IL1RAP: Broad application in cancer and autoimmune disease

Project	Disease	Type of treatment	Discovery phase	Preclinical phase	Clinical phase I	Clinical phase II	Clinical phase III	Next steps
Nadunolimab	PDAC	1 <sup>st</sup> line	Gemcitabine/nab-paclitaxel					Regulatory submission Q1 '23; data update Q2 '23
	Non-squamous NSCLC	1 <sup>st</sup> /2 <sup>nd</sup> line	Carboplatin/pemetrexed					Data update Q2 '23
	TNBC	1 <sup>st</sup> /2 <sup>nd</sup> line	Carboplatin/gemcitabine					Randomized Ph II started; Interim analysis Q4 '23
CAN10	Myocarditis, Systemic sclerosis							Start of Ph I H1 '23
CANxx	New opportunities within IL1RAP platform							

PDAC – pancreatic cancer; NSCLC – non-small cell lung cancer; TNBC – triple-negative breast cancer

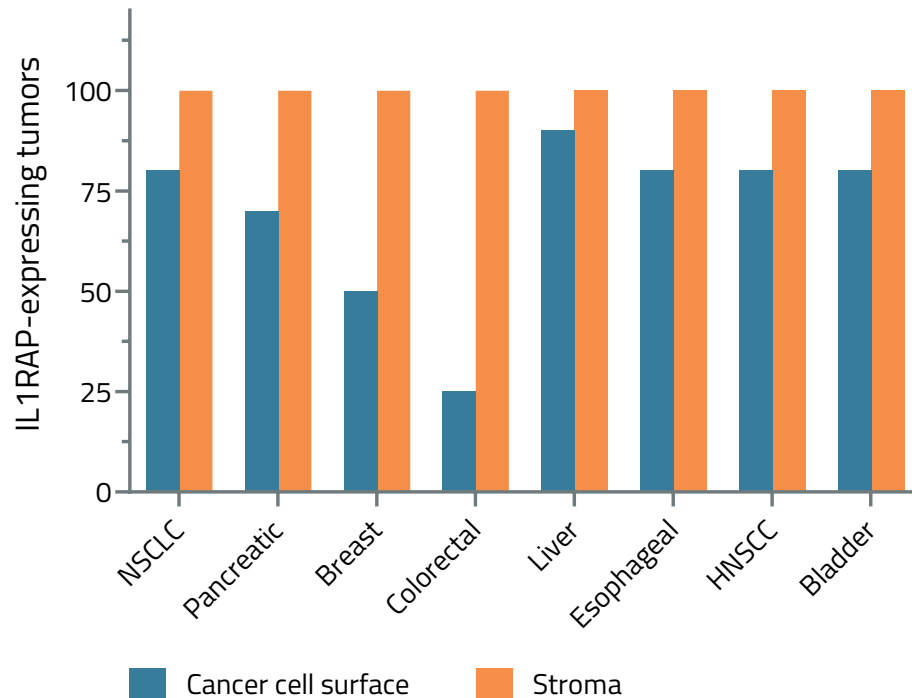


A microscopic image of cells, likely lymphocytes, with a blue overlay. The cells are spherical and have a textured, bumpy surface. The background is a soft, out-of-focus blue. A semi-transparent dark blue horizontal band is positioned across the middle of the image, containing the text.

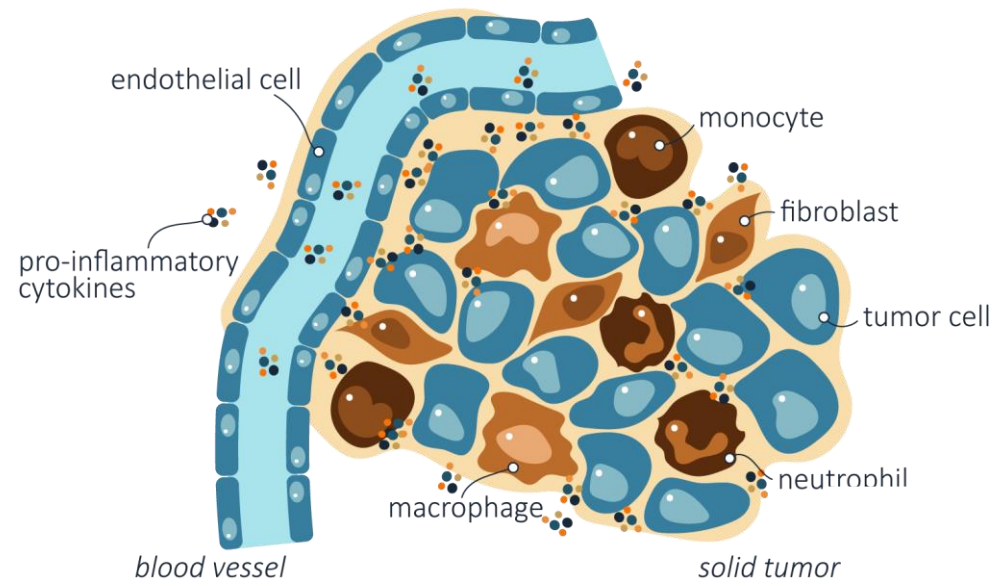
## NADUNOLIMAB AND BIOLOGICAL CONTEXT

# IL1RAP overexpressed in most solid tumors

IL1RAP EXPRESSION IN SOLID TUMOR TYPES

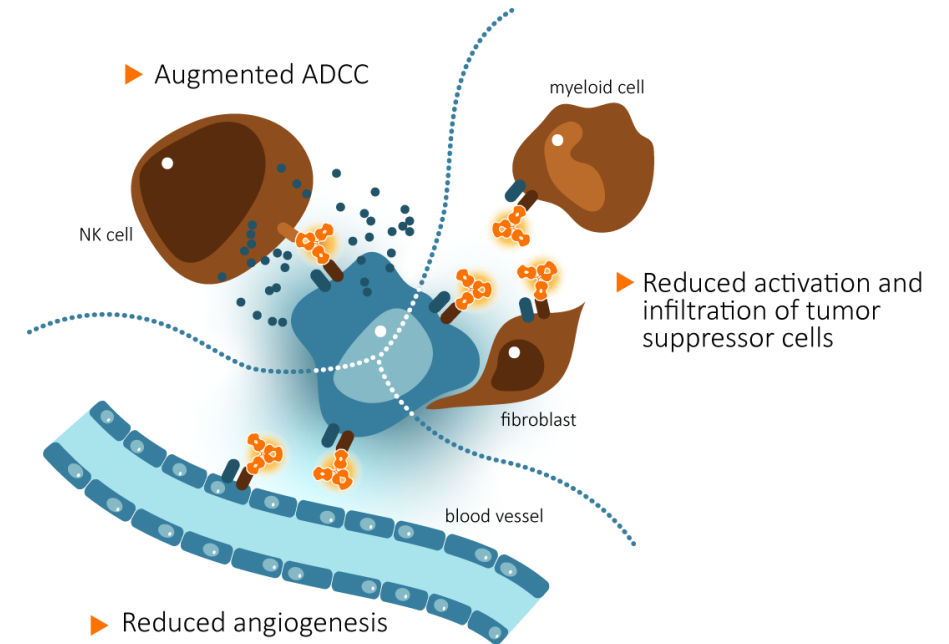
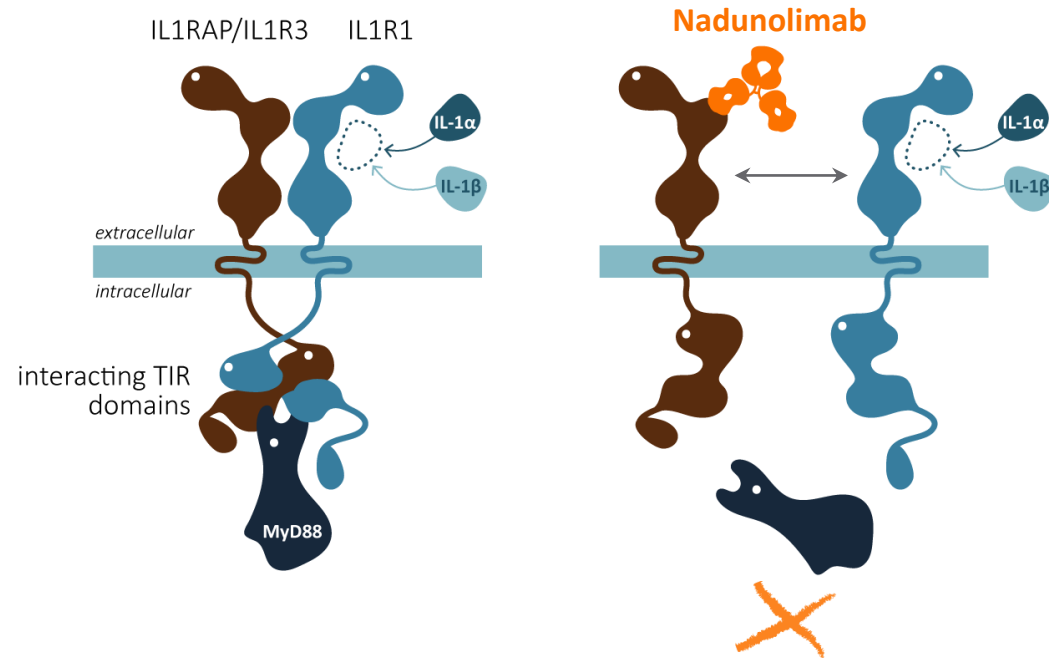


SEVERAL TUMOR-PROMOTING CELLS EXPRESSING IL1RAP IN THE TUMOR MICROENVIRONMENT



IL1RAP – DISTINCT OVEREXPRESSION IN TUMORS AND LOW NORMAL TISSUE REACTIVITY

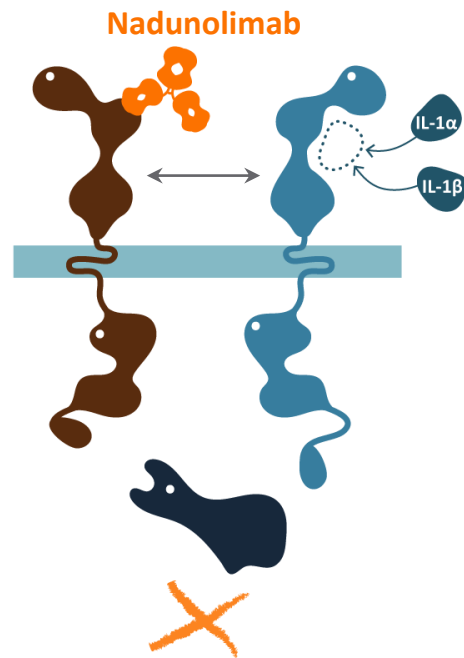
# Targeting IL1RAP provides unique opportunities to treat cancer by IL-1 $\alpha$ / $\beta$ blockade and ADCC



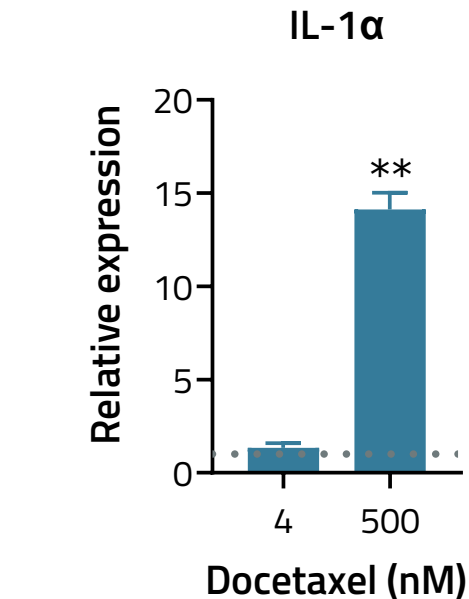
NADUNOLIMAB COUNTERACTS IMMUNE SUPPRESSION AND POTENTIATES THERAPY



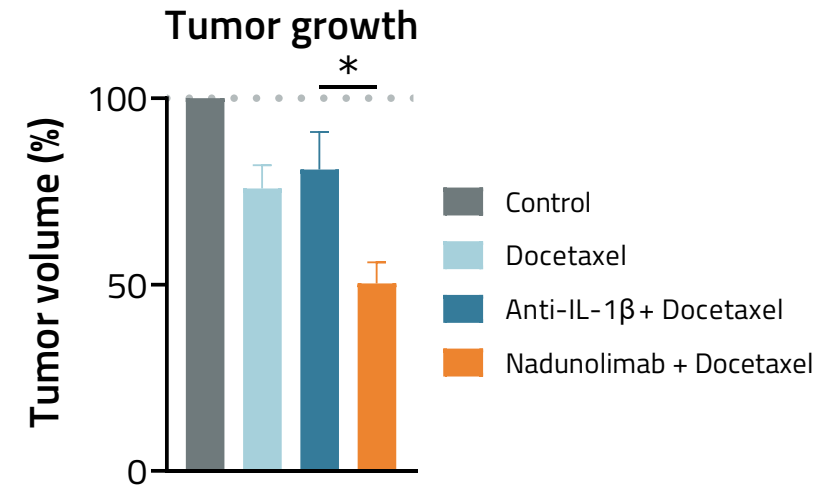
# Nadunolimab potentiates antitumor activity of chemotherapy



→ Nadunolimab blocks both IL-1α and IL-1β signaling



→ Docetaxel induces IL-1α release by tumor cells in vitro



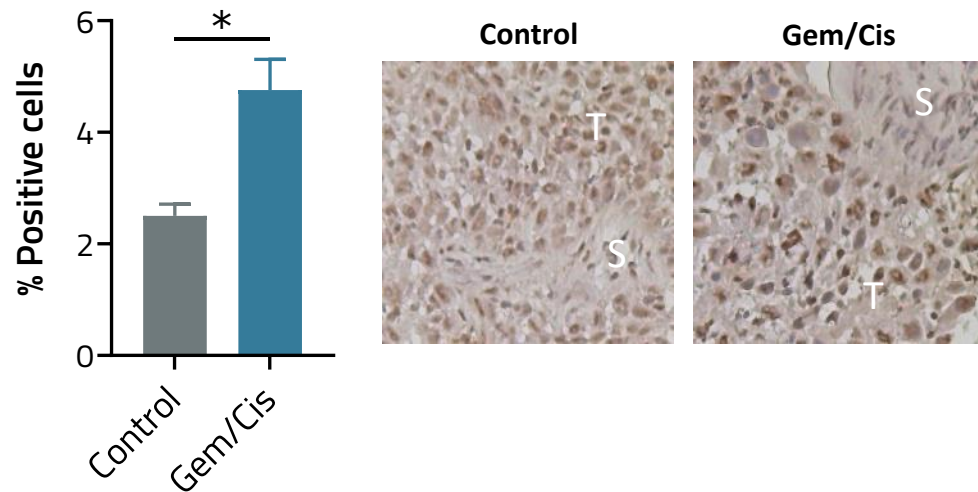
→ Nadunolimab + docetaxel reduces in vivo tumor growth more potently than anti-IL-1β + docetaxel

NADUNOLIMAB INCREASES DOCETAXEL EFFICACY IN CONTRAST TO IL-1BETA BLOCKADE

# Chemotherapy induces IL-1 $\alpha$ and IL-1 $\beta$ in the tumor

## IL-1 $\alpha$

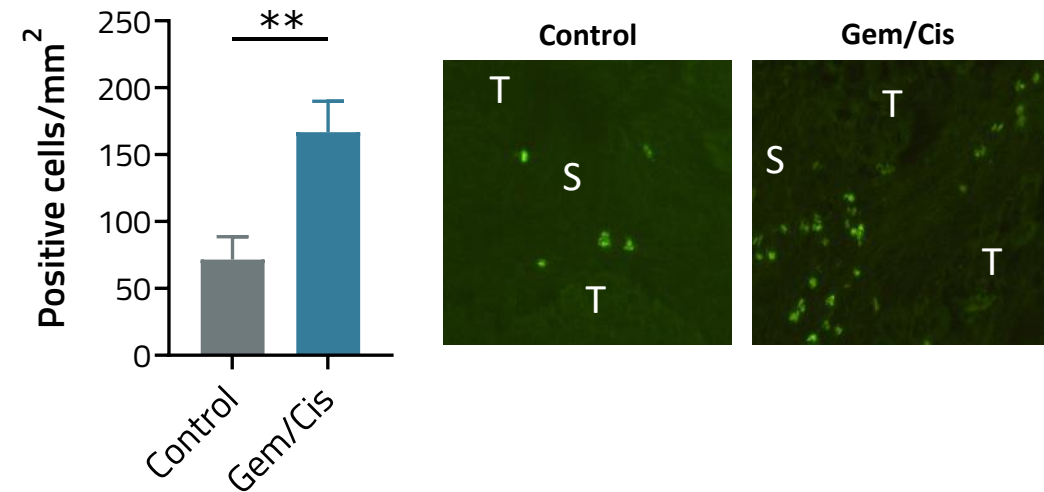
Tumor cell region (T)



→ Gem/Cis induces release of IL-1 $\alpha$  by tumor cells in tumors grown in vivo

## IL-1 $\beta$ -converting enzyme

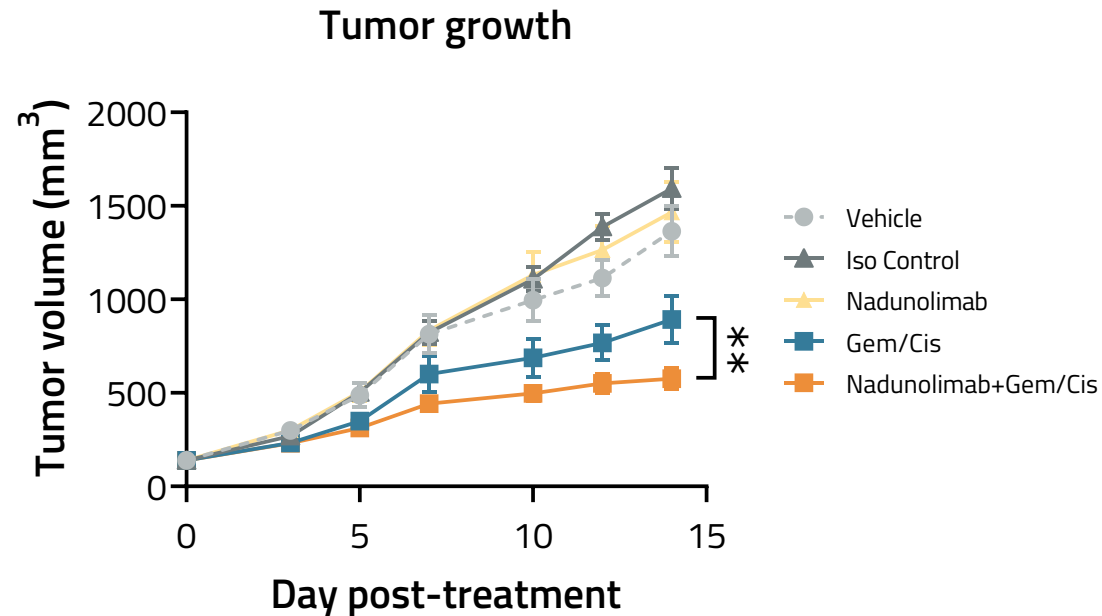
Stromal cell region (S)



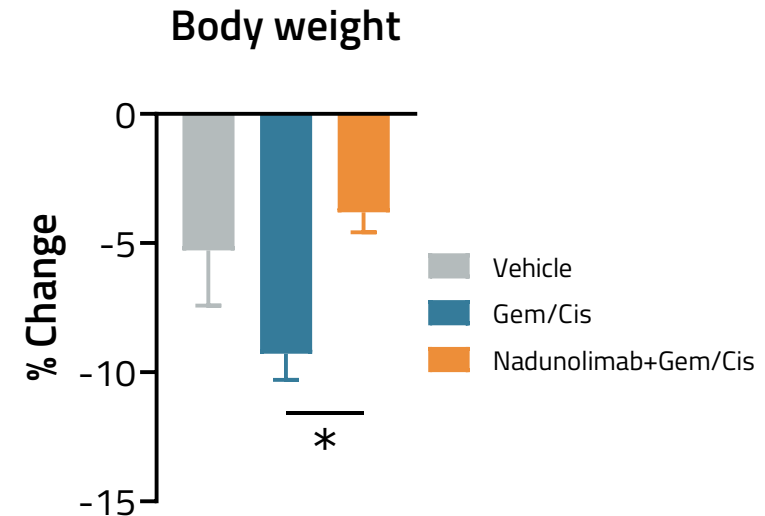
→ Gem/Cis also induces release of IL-1 $\beta$ -converting enzyme (ICE) by stromal cells

INCREASED LEVELS OF IL-1ALPHA AND IL-1BETA RESULTS IN CHEMORESISTANCE

# Targeting IL1RAP uniquely synergizes with chemotherapy



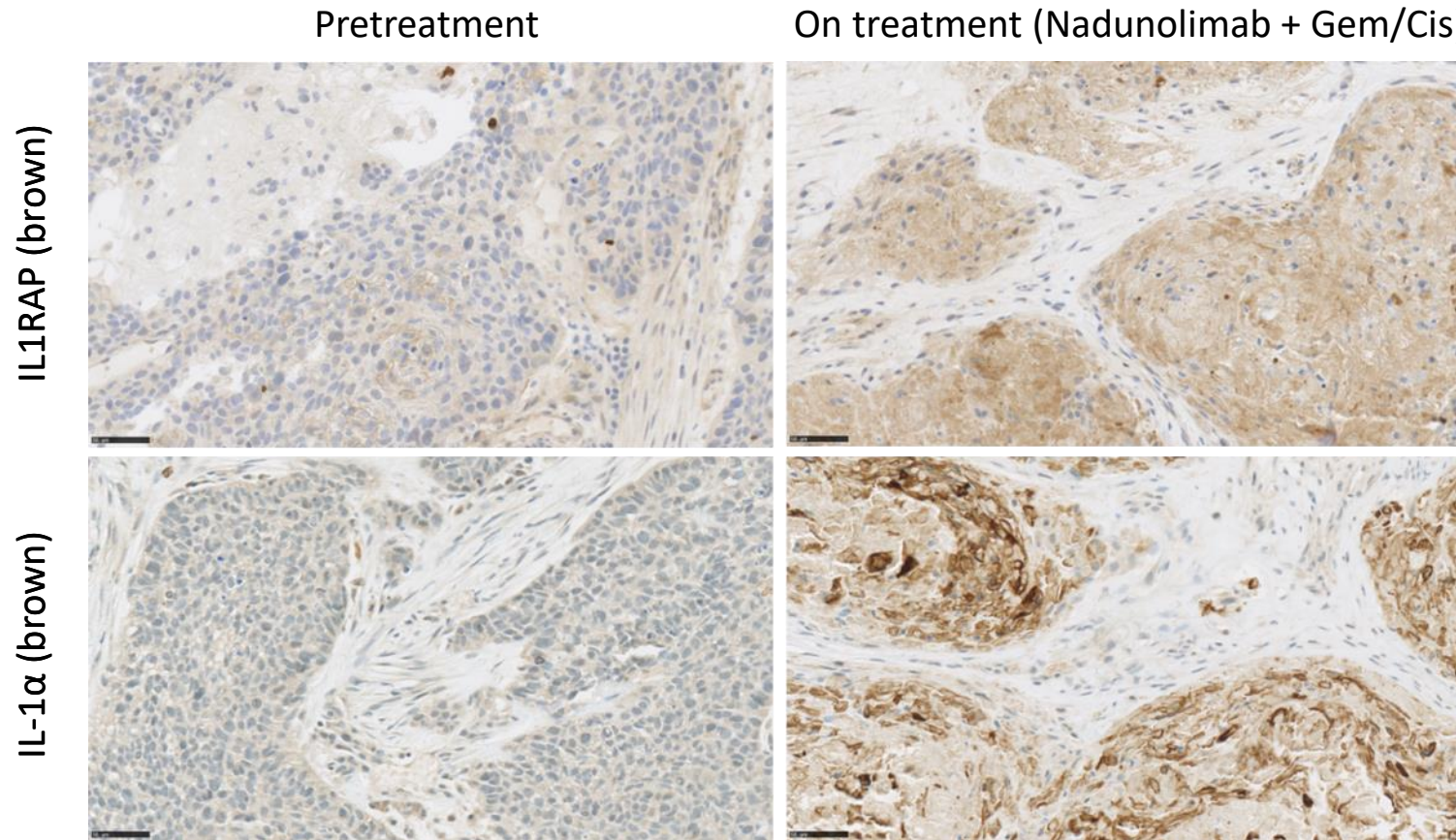
→ Nadunolimab increases efficacy of platinum-based chemotherapy in vivo



→ Nadunolimab also counteracts weight loss after chemotherapy

**NADUNOLIMAB HAS POTENTIAL TO IMPROVE CHEMOTHERAPY EFFICACY AND TOLERABILITY**

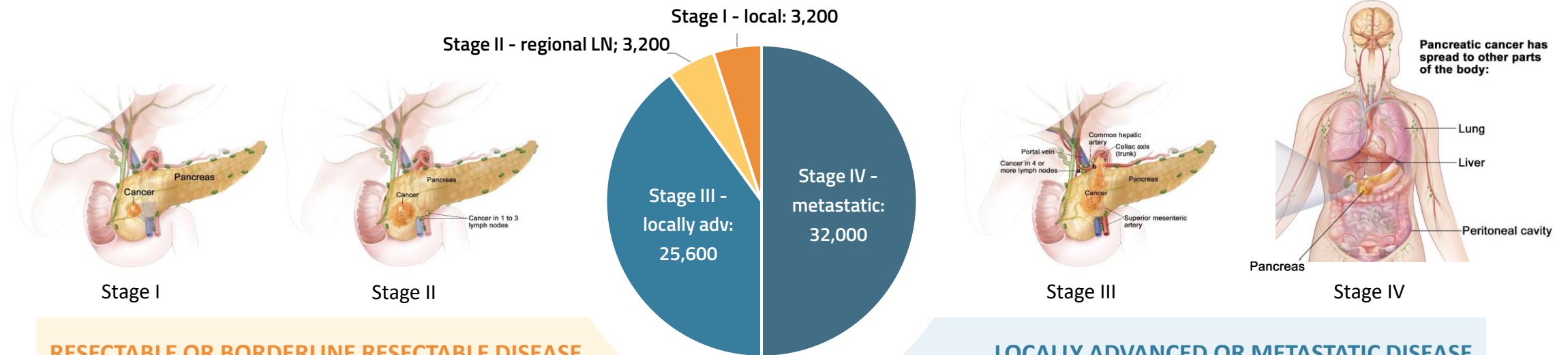
# Induction of IL1RAP and IL-1 $\alpha$ with therapy in NSCLC pts



IL-1ALPHA INDUCED BY CHEMOTHERAPY IN LINE WITH PRECLINICAL FINDINGS;  
WELL ESTABLISHED DANGER SIGNAL – ACTIVITY BLOCKED BY NADUNOLIMAB

# PDAC staging and treatment

Expected number of cases US 2023: 64,000



## RESECTABLE OR BORDERLINE RESECTABLE DISEASE

### Survival:

→ 15.7 – 28.0 months

### Treatment:

- Neoadjuvant: gemcitabine+radiotherapy or mFOLFIRINOX
- Radical pancreatic resection
- Post-op chemo (gemcitabine+capecitabine or mFOLFIRINOX) or chemo+radiotherapy

## LOCALLY ADVANCED OR METASTATIC DISEASE

### Survival:

→ 8.5 – 11.1 months

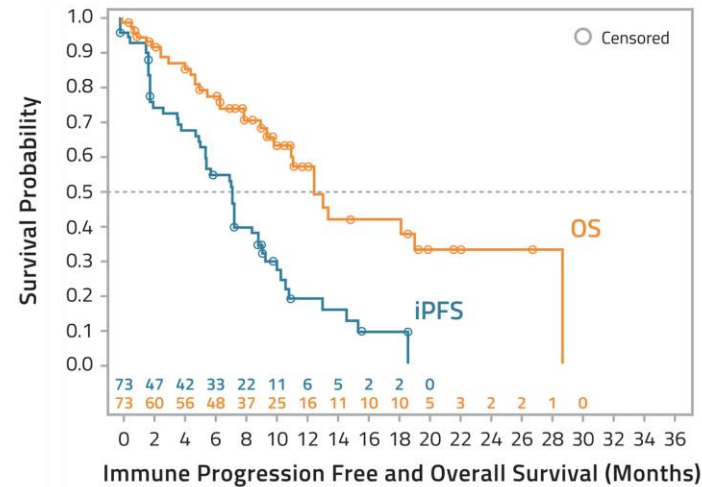
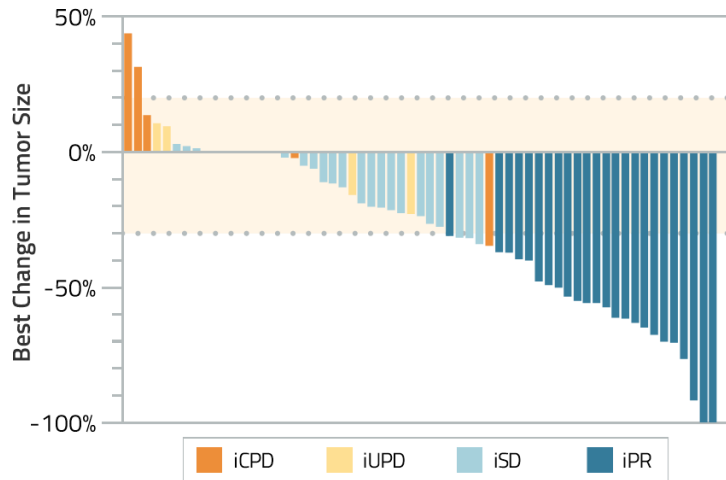
### Treatment:

- FOLFIRINOX if good performance status
- Gemcitabine/nab-paclitaxel
- Gemcitabine if poorer performance
- Jan 2023: 1L NALIRIFOX (OS 11.1 m)

CURRENT DEVELOPMENT FOCUSES ON FIRST-LINE METASTATIC DISEASE WITH POTENTIAL TO MOVE TO EARLIER TREATMENT SETTINGS



# Positive interim data in 1<sup>st</sup> line pancreatic cancer



## Benchmark efficacy Gem/Abraxane:

ORR 23%; DCR 48%; PFS 5.3 mo; OS 8.5 mo (Von Hoff et al, N Engl J Med 2013)

ORR 36%; DCR 62%; PFS 5.6 mo; OS 9.2 mo (NAPOLI 3 trial, ASCO GI 2023)

## Nadunolimab combination with Gem/Abraxane in 1<sup>st</sup> line (n=73):

- 33% response rate with long PFS and OS
  - Additional 5 (7%) pts had on-treatment benefit beyond progression)
- Promising PFS (7.2 mo), DCR (73%) and OS (12.7 mo<sup>1</sup>)
- 12 pts still on treatment – Data update planned for Q2 2023

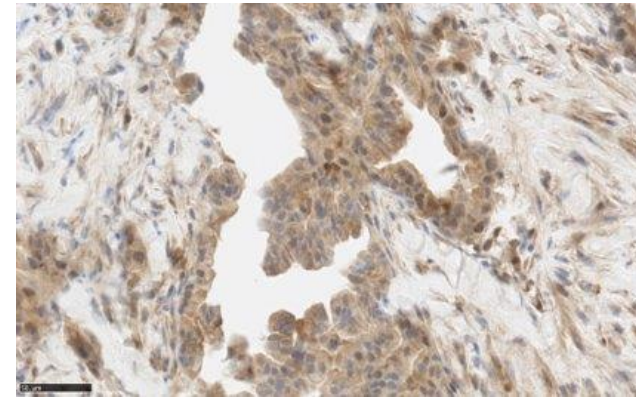
<sup>1</sup>42% events

PFS AND OS LONGER THAN EXPECTED GIVEN HISTORICAL CONTROL IN PDAC – PHASE 2/3 TRIAL WITH PANCAN IN PREPARATION

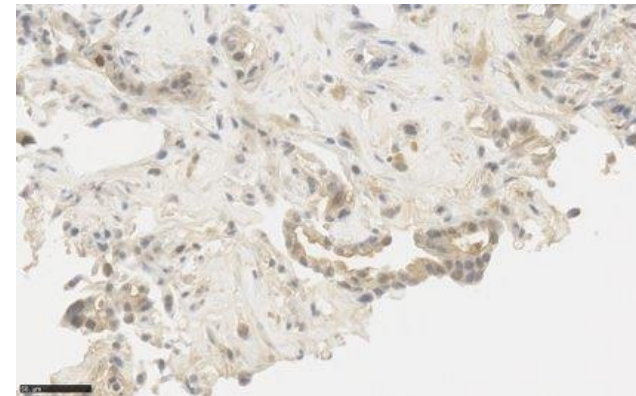
# IL1RAP levels correlate with response – New results to be presented at AACR 2023

## **Analysis of IL1RAP in pancreatic cancer biopsies and correlations to clinical efficacy:**

- Patients with highest IL1RAP levels benefitted most from nadunolimab and Gem/Abraxane
- Full dataset to be presented at AACR April 17, 2023
- Strong support for nadunolimab and the development in pancreatic cancer



IL1RAP High



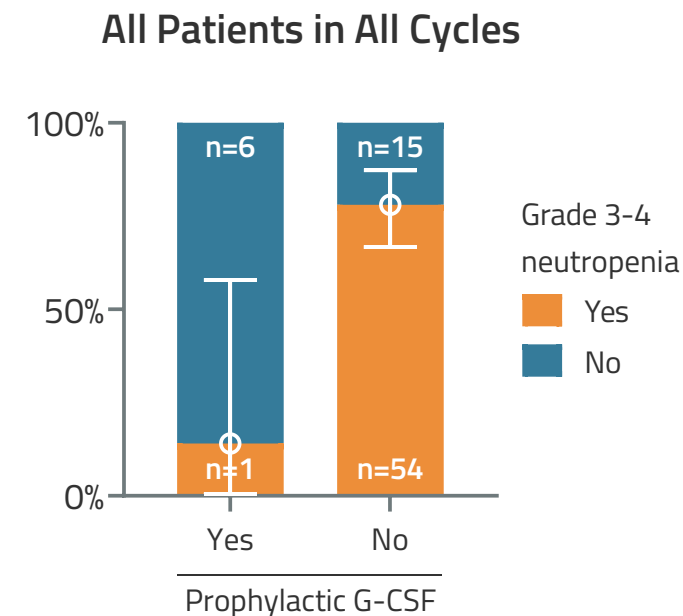
IL1RAP Low

NEW DATA SUPPORT ONGOING DEVELOPMENT AND OPEN FOR NEW OPPORTUNITIES

# Safety profile is manageable and supports MOA

- Neutropenia manageable through G-CSF prophylaxis
  - In 7 pts given G-CSF prophylaxis, only 1 developed grade 3-4 neutropenia
- Only 1 % peripheral neuropathy grade 3-4 observed (17% in historical controls)

Grade 3 or higher AEs	Gem/Abraxane Von Hoff, 2013 (n=421)	Nadunolimab+Gem/Abraxane CANFOUR (n=76)
Neutropenia	38%	65%
Leukopenia	31%	24%
Thrombocytopenia	13%	15%
Febrile neutropenia	3%	13%
Anemia	13%	13%
Fatigue	17%	8%
Diarrhea	6%	3%
Peripheral neuropathy	17%	1%



**G-CSF PROPHYLAXIS IMPLEMENTED IN FUTURE TRIALS;  
POTENTIAL REDUCTIONS OF SOME SIDE EFFECTS TO BE DOCUMENTED IN RANDOMIZED TRIALS**

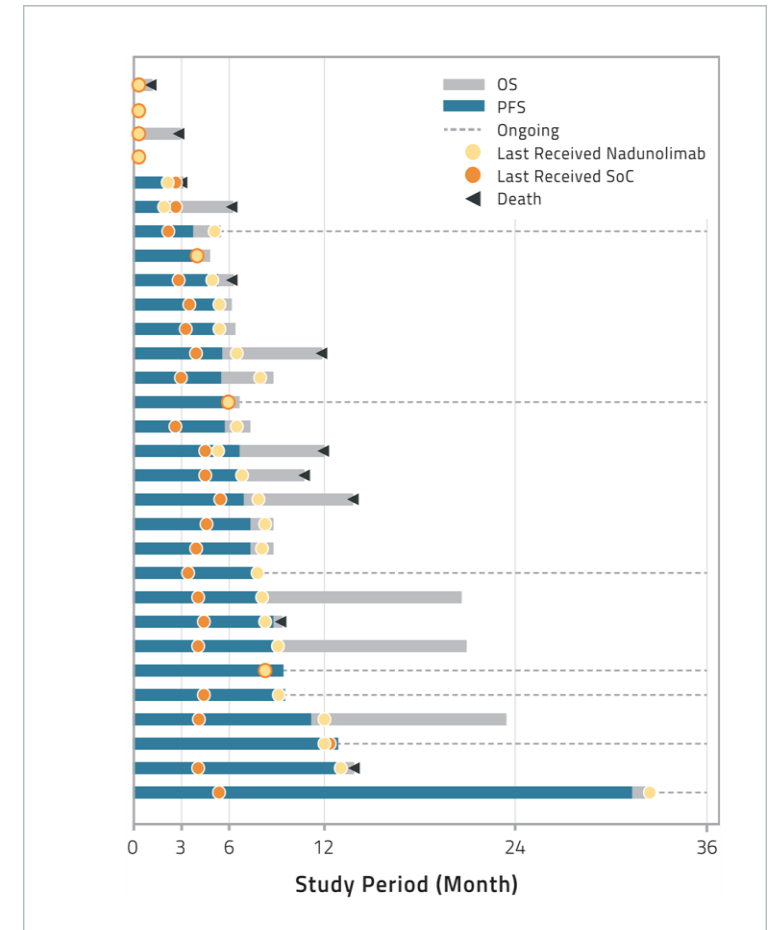
Median duration of treatment 5.5 months (ref 3.9 months); most common reasons for termination: gastrointestinal events or general health deterioration. No patients discontinued due to neutropenia.

# Combination strategy in NSCLC – Promising efficacy

## Nadunolimab combination with Gem/Cis in 1<sup>st</sup>/2<sup>nd</sup> line:

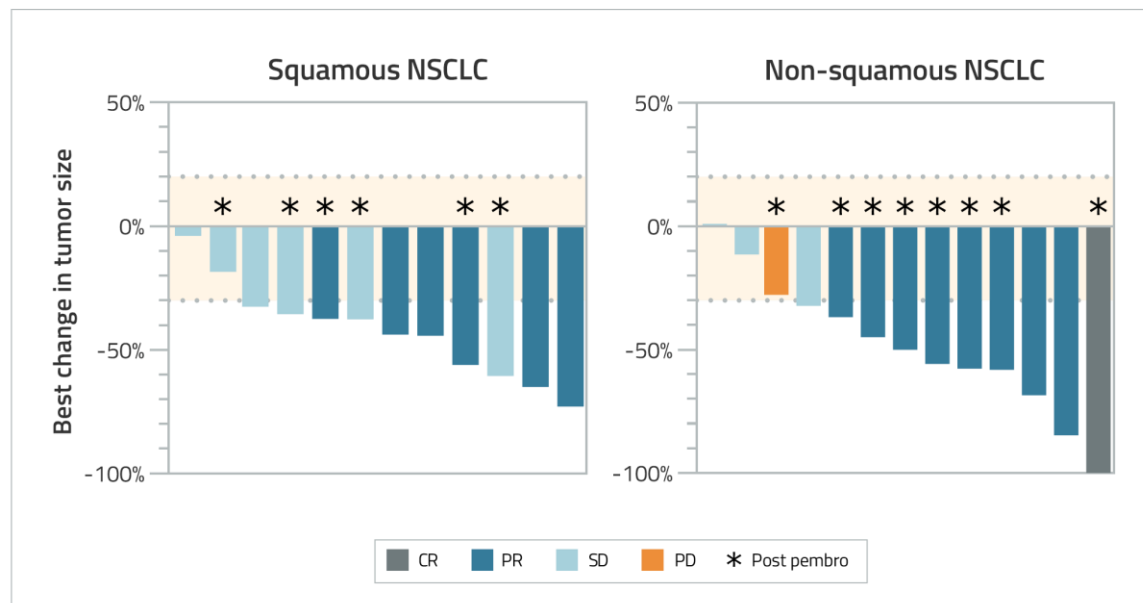
- 16 of 30 pts with objective response incl. 1 complete response (ORR 53%) (historical control data of 22-28%)
- Generally well tolerated; neutropenia freq. higher than expected from chemo (managed by dose reductions or G-CSF)

	All n=30	Historical control <sup>1,2</sup>	Non-sq NSCLC n=16	Historical control <sup>3</sup>
ORR	<b>53%</b>	22-28%	<b>56%</b>	19%
Median resp. duration	<b>5.8 mo</b>	5.1 mo	<b>11.2 mo</b>	7.8 mo
PFS	<b>6.8 mo</b>	5.1 mo	<b>7.3 mo</b>	4.9 mo
Median survival	<b>13.7 mo</b>	10.3 mo	<b>ND (pending additional events)</b>	11.3 mo



**PROMISING EFFICACY – LONG TERM RESULTS PLANNED TO BE PRESENTED Q2 2023**

# Strong signal in 1<sup>st</sup>/2<sup>nd</sup> line non-squamous NSCLC



Efficacy parameter*	Squamous (n=13)
ORR [95% CI]	46% [19-75]
Disease control rate*** (CR+PR+SD) [95% CI]	92% [64-100]
Median duration of response [95% CI]	4.1 months [3.4-5.8]
PFS [95% CI]	5.8 months [3.7-7.4]
Median OS [95% CI]	NA
1-year survival [95% CI]	NA

Efficacy parameter*	Non-squamous (n=16)
ORR [95% CI]	56% [30-80]
Disease control rate*** (CR+PR+SD) [95% CI]	75% [48-93]
Median duration of response [95% CI]	11.2 months [NA]
PFS [95% CI]	7.3 months [5.3-13.0]
Median OS [95% CI]	NA
1-year survival [95% CI]	NA

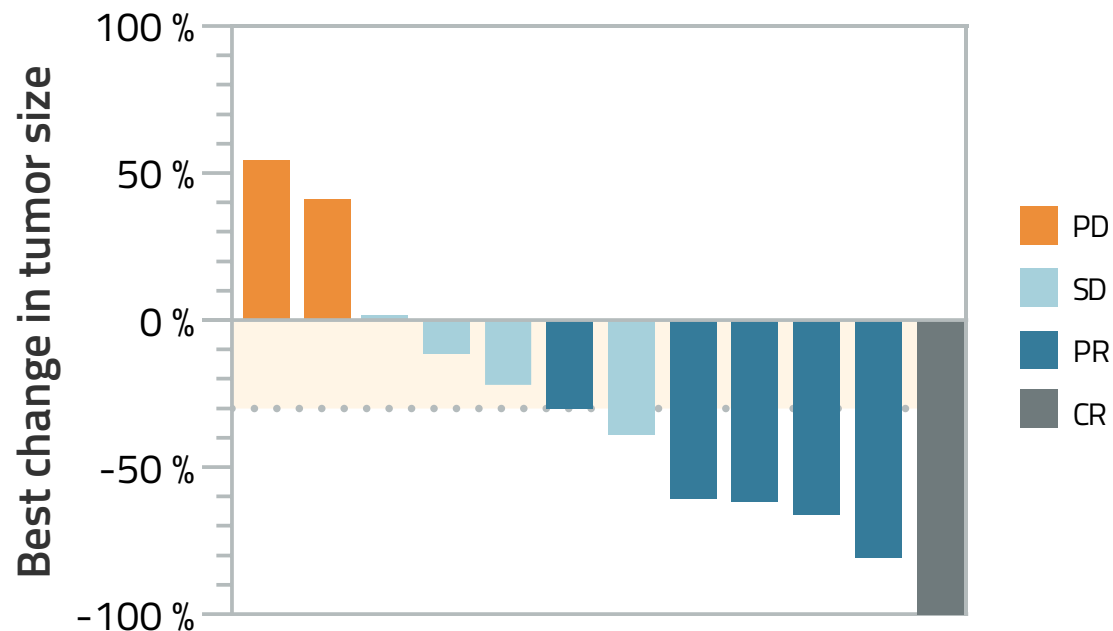
## Nadunolimab combination with Gem/Cis in 1<sup>st</sup>/2<sup>nd</sup> line non-squamous NSCLC:

- Approx. 75% of all NSCLC cases
- 9 of 16 evaluable pts had objective response including 1 complete response (ORR 56%) (historical control data of 19%)
- 8 pts were 2<sup>nd</sup> line to pembrolizumab monotherapy, with 7 responses
- Up to 40 additional pts to be recruited in combination with carboplatin/pemetrexed

DEVELOPMENT ADVANCING IN NON-SQUAMOUS NSCLC



# Promising early safety and efficacy in TNBC



## Nadunolimab combination with Gem/Carbo in 1<sup>st</sup>/2<sup>nd</sup> line metastatic TNBC:

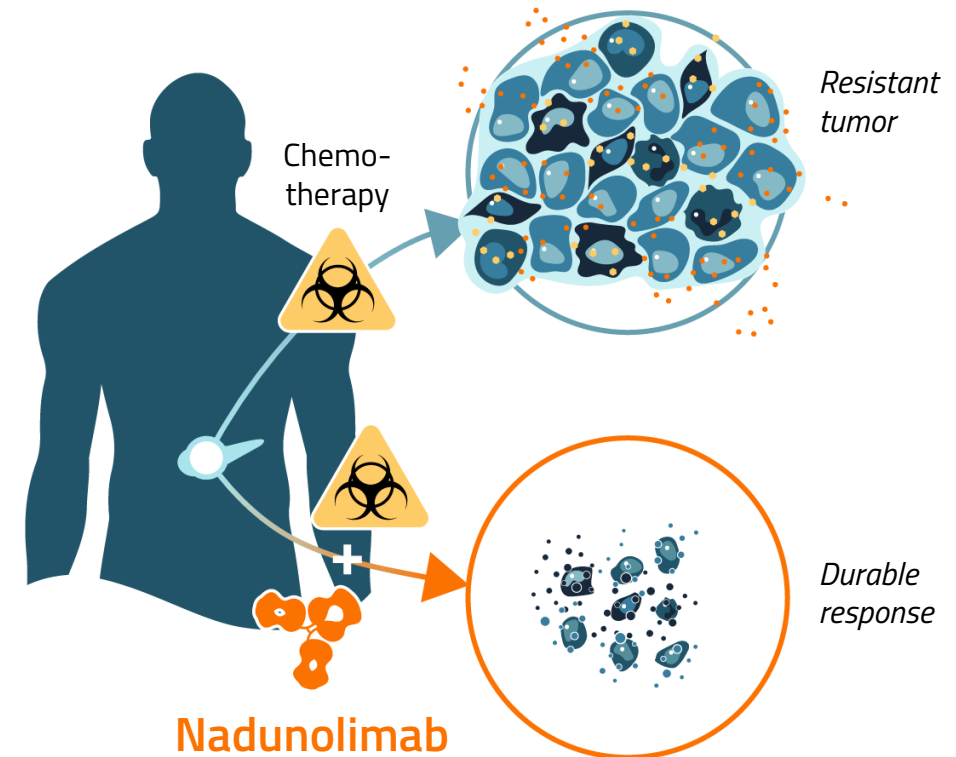
### 15 pts enrolled in the dose-escalation phase

- Acceptable safety profile (G-CSF given prophylactically to control neutropenia)
- 12 pts treated long enough for initial efficacy evaluation:
  - **Preliminary ORR: 50%** (1 CR, 5 PR, 4 SD, 2 PD)
- Proceeds to randomized phase including up to 98 additional patients (n=49 per arm)
- Interim futility analysis planned for Q4 2023

RESPONSE RATE OF NADUNOLIMAB COMBINATION THERAPY WELL ABOVE HISTORICAL DATA FOR CHEMOTHERAPY ONLY<sup>1</sup>

# Key messages

- Most chemotherapies induce chemoresistance already after a few months of therapy. Chemotherapy can upregulate both IL-1 $\alpha$  and IL-1 $\beta$ .
- Unlike other IL-1 blocking compounds, nadunolimab blocks both IL-1 $\alpha$  and IL-1 $\beta$  signalling and improves chemotherapy efficacy and tolerability in preclinical models.
- Current results are in sharp contrast to canakinumab data.
- Clinical results strongly support potential unique first-in-class opportunities in PDAC, TNBC and NSCLC.



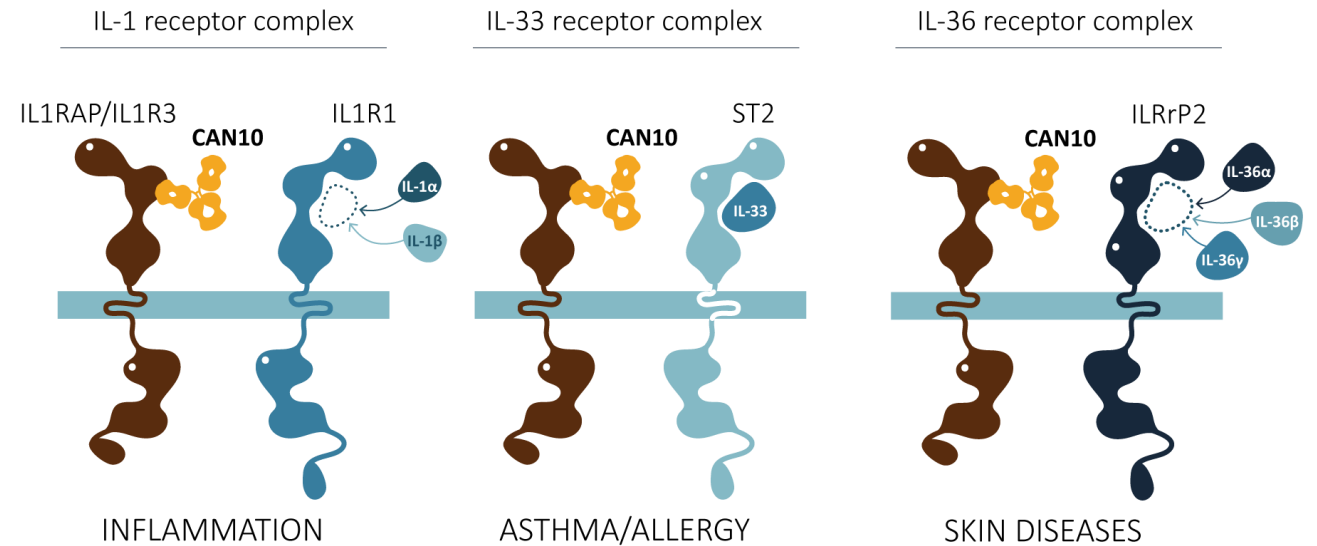
NADUNOLIMAB IS ADVANCING INTO RANDOMIZED CLINICAL TRIALS

A microscopic image showing several cells with a blue overlay. Two cells are in sharp focus in the upper half, showing a textured, mesh-like surface. The lower half is blurred, showing more cells in the background. A semi-transparent dark blue horizontal band spans the middle of the image, containing white text.

CAN10 – OPPORTUNITY IN AUTOIMMUNE/INFLAMMATORY DISEASE

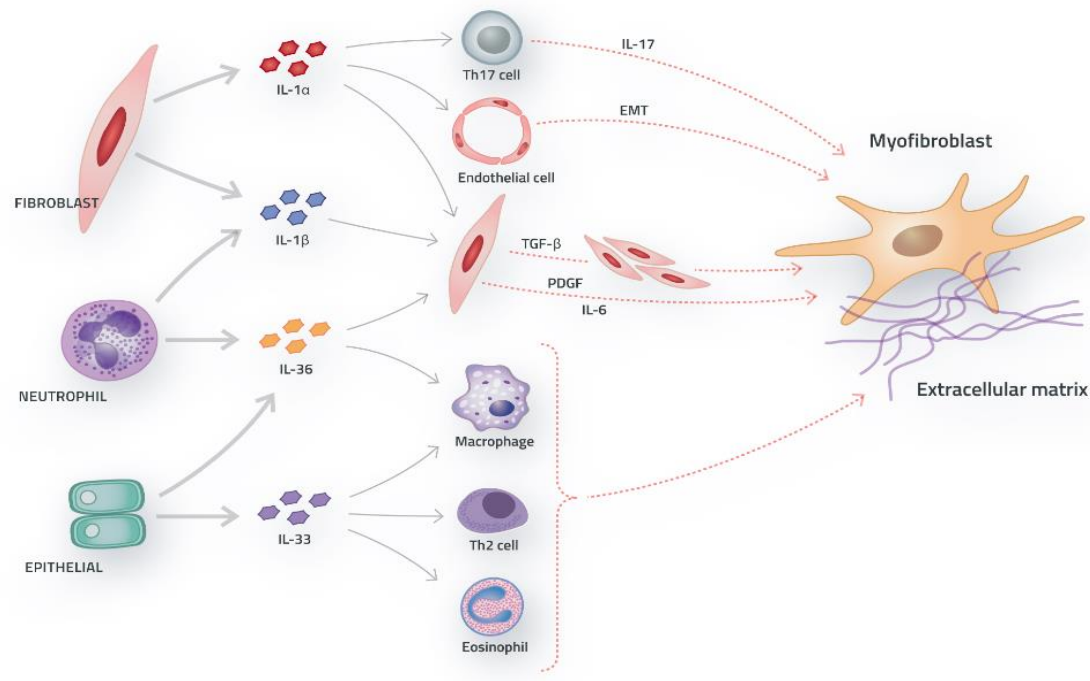
# CAN10 – New asset within autoimmunity/inflammation

- IL1RAP-binding antibody potentially blocking IL-1, IL-33 and IL-36, without ADCC
- Unique anti-inflammatory activity observed in different mouse models (myocarditis, systemic sclerosis, psoriasis, inflammation)
- Development focusing on systemic sclerosis and myocarditis, diseases involving multiple IL-1 family cytokines
- Clinical trial in healthy volunteers to start as early as first half of 2023

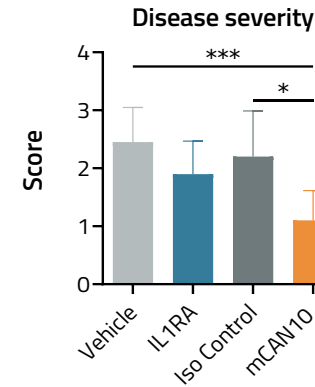


UNIQUE OPPORTUNITY FOR CAN10 IDENTIFIED IN LIFE-THREATENING DISEASES

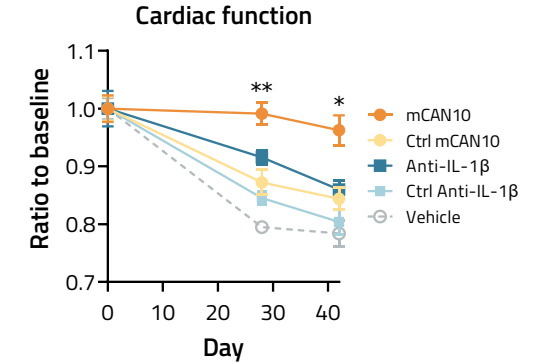
# CAN10 – Promising effects in several preclinical disease models



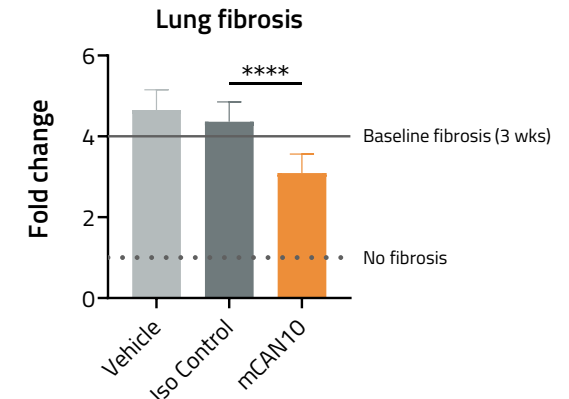
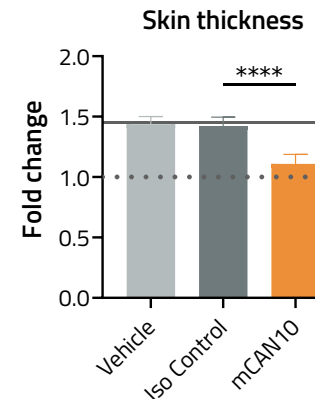
## Viral myocarditis



## Autoimmune myocarditis



## Systemic sclerosis



**CAN10 SHOWS POTENTIAL IN SEVERAL AUTOIMMUNE/INFLAMMATORY DISEASES WITH HIGH MEDICAL NEED;  
PHASE I PLANNED FOR FIRST HALF OF 2023**



# CAN10 – Project status

## GLP toxicity study – Completed

- CAN10 given i.v. once weekly for six weeks at doses up to 50 mg/kg or s.c. at 5 mg/kg
- No adverse findings related to CAN10 at/above clinically relevant (pharmacologically active) dose levels

## Clinical phase I study – Study start planned for H1 2023

- CTA submission to regulatory authorities planned for Q1 2023
- Treatment of healthy volunteers could be initiated as early as H1 2023
- Phase I plan in healthy volunteers (SAD) followed by psoriasis patients (MAD)



## FINANCIALS, MILESTONES & SUMMARY

# Planned next steps

## Nadunolimab

### PDAC

- Start Phase II/III Precision Promise<sup>SM</sup> trial with PanCAN
- Present updated efficacy and biomarker data from CANFOUR pts in Q2 2023

### NSCLC

- Explore development into randomized trial in non-squamous subtype during 2023
- Present updated efficacy and biomarker data from CANFOUR pts in Q2 2023

### TNBC

- Randomized phase II stage in TRIFOUR: Interim futility analysis in Q4 2023
- Present safety and efficacy data from lead-in phase H2 2023

### CAN10

- Submit application to regulatory authorities to start clinical phase I trial in Q1 2023
- Treatment of first subject potentially as early as H1 2023

# Several upcoming value inflection points

## Newsflow over next quarters

### Nadunolimab (CAN04)

- Update of results for PDAC, NSCLC, TNBC and Keytruda combination
- Start phase II/III Precision Promise<sup>SM</sup> (PDAC)
- New preclinical and translational results
- New clinical data (efficacy and safety)
  - CAPAFOUR PDAC FOLFIRINOX
  - CESTAFOUR Basket trial (NSCLC, CRC, BTC)

### CAN10

- Preclinical progress
- Development milestones
- ...and initiation of clinical trial as early as first half of 2023



**SIGNIFICANT DATA TO SECURE NEWSFLOW**

# Solid financial position with strong shareholder support

- Cash and cash equivalents SEK 427 M (~\$41M) at end of Q4 2022
- Runway until mid 2024
- Operating expenses SEK 382 M (~\$37M) in 2022
  - R&D - 96% of operating expenses
  - 27 full-time employees
  - Market cap appr 1.1 BSEK, 110 MUSD Mar 15, 2023

## Current owners (Dec 31, 2022)

4th AP fund	8.8%
Alecta	7.3%
Avanza Pension	6.7%
1st AP fund	6.3%
Swedbank Robur Funds	4.9%
Six Sis AG	4.7%
Handelsbanken fonder	4.3%
Goldman Sachs	3.2%
Nordnet Pensionförs.	1.4%
Brushamn Invest	1.2%
Other	51.1%



# Cantargia: Investment highlights



## NOVEL IL1RAP ANTIBODIES, POTENTIAL TO ADDRESS CANCER & INFLAMMATORY DISEASE

- IL1RAP elevated in most solid and liquid tumors
- Potential to breakdown resistance to cancer treatment, enabled by unique dual action approach – nadunolimab
- Additional key target for inflammatory diseases – CAN10



## DEVELOPING THERAPIES IN AREAS OF HIGH UNMET NEED; WITH UPCOMING CATALYSTS

- Strong clinical interim results in PDAC and NSCLC, and promising initial results in TNBC; >200 pts treated
- Upcoming randomized trials in pancreatic, NSCLC & triple negative breast cancer in 2023



## CORPORATE STRENGTH DRIVING INNOVATION

- Solid cash position with runway to mid 2024+ (427 MSEK cash & equivalents at Q4 2022)
- Robust patent portfolio: antibody target in oncology (2032), nadunolimab (2035) and CAN10 (2041)