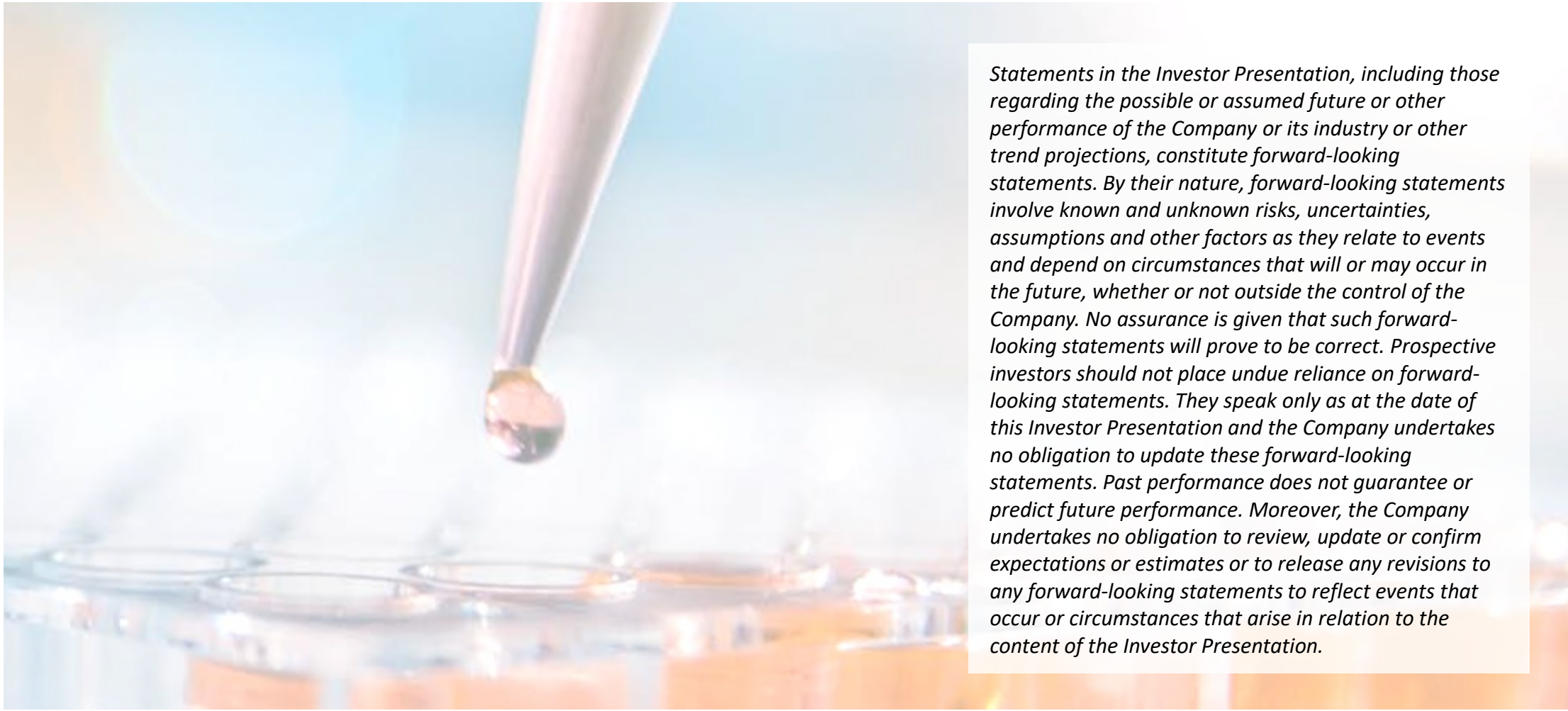
We want to save patients with severe cancer and autoimmune diseases

Göran Forsberg, CEO
Aug 2022

NASDAQ STOCKHOLM MAIN LIST (CANTA.ST)

Safe Harbor Statement



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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 leukemias
- 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 (443 MSEK, 45 MUSD end Q1 2022), plus rights issue for 250 MSEK
- Clear development plan with multiple upcoming catalysts
- Strong management team with experience in bringing products through development to market

Cantargia – Save lives and create value through IL1RAP

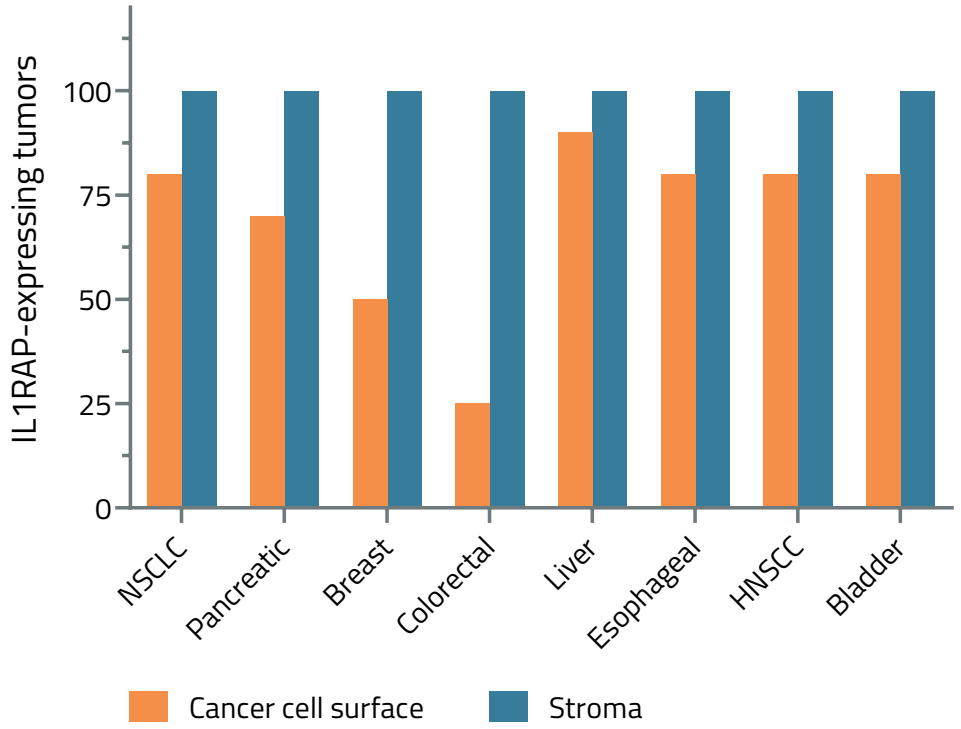
Project	Disease	Type of treatment	Discovery phase / Preclinical phase / Clinical phase I / Clinical phase II / Clinical phase III / Commercial phase
CAN04 Nadunolimab	PDAC	1st line	Gemcitabine/nab-paclitaxel
			FOLFIRINOX
	NSCLC	1st line	Cisplatin/gemcitabine
		2nd/3rd line	Docetaxel
	Non-squamous NSCLC	1st/2nd line	Carboplatin/pemetrexed
		1st line	Pembro/carboplatin/pemetrexed
	TNBC	1st/2nd line	Carboplatin/gemcitabine
	Biliary tract cancer	1st line	Cisplatin/gemcitabine
	Colon cancer	3rd line	FOLFOX
	Solid tumors	ICI combo	Pembro
CAN10	Myocarditis; Systemic sclerosis		
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

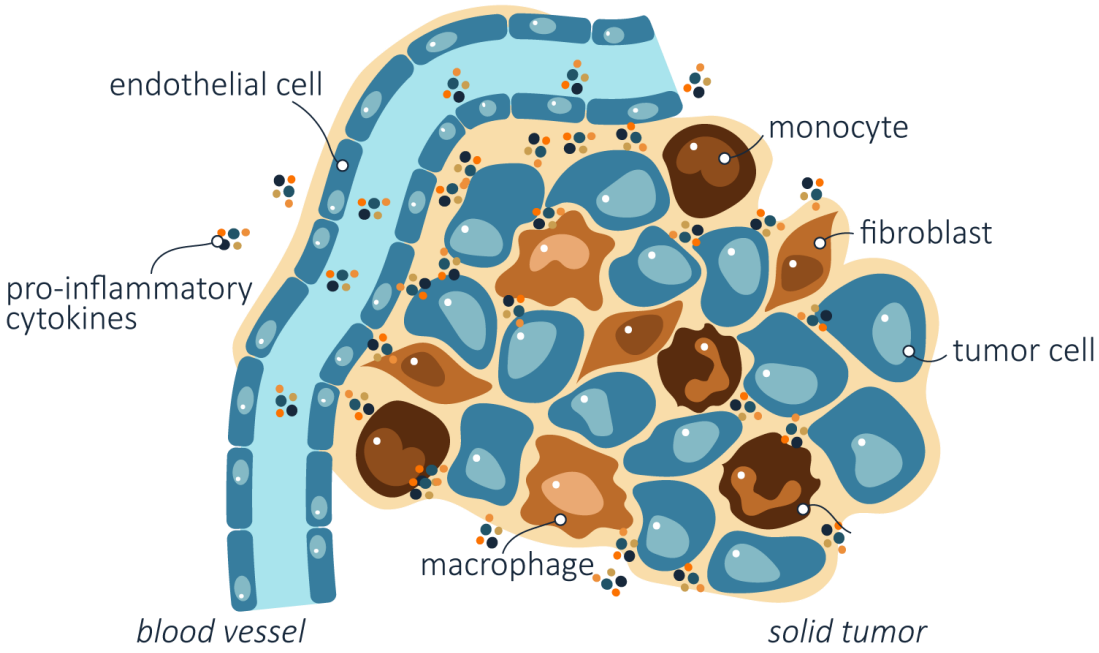
- Potentially more effective treatment against novel target in clinically validated pathway
- First in class platform technology against novel target
- Well-financed to build a broad, diversified pipeline
- Right team and clear plan to position our projects and maximize value

IL1RAP is overexpressed in most solid tumors

IL1RAP EXPRESSION IN SOLID TUMOR TYPES



IL1RAP-EXPRESSING CELLS IN TUMOR MICROENVIRONMENT



IL1RAP: DISTINCT OVEREXPRESSION IN TUMORS AND LOW NORMAL TISSUE REACTIVITY

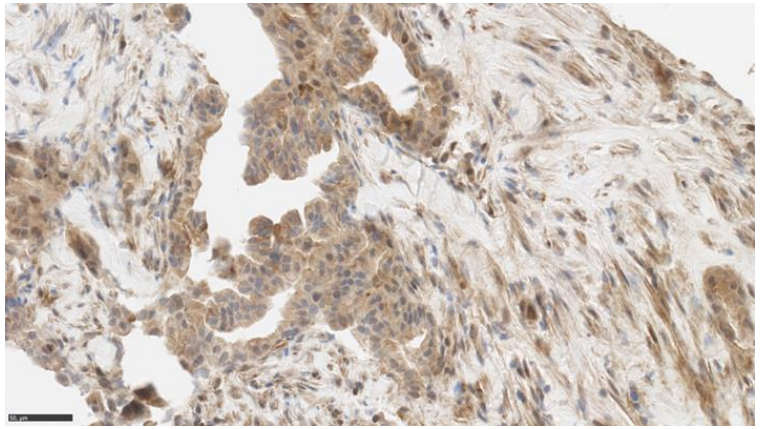
NSCLC – non-small cell lung cancer
HNSCC – head and neck squamous carcinoma

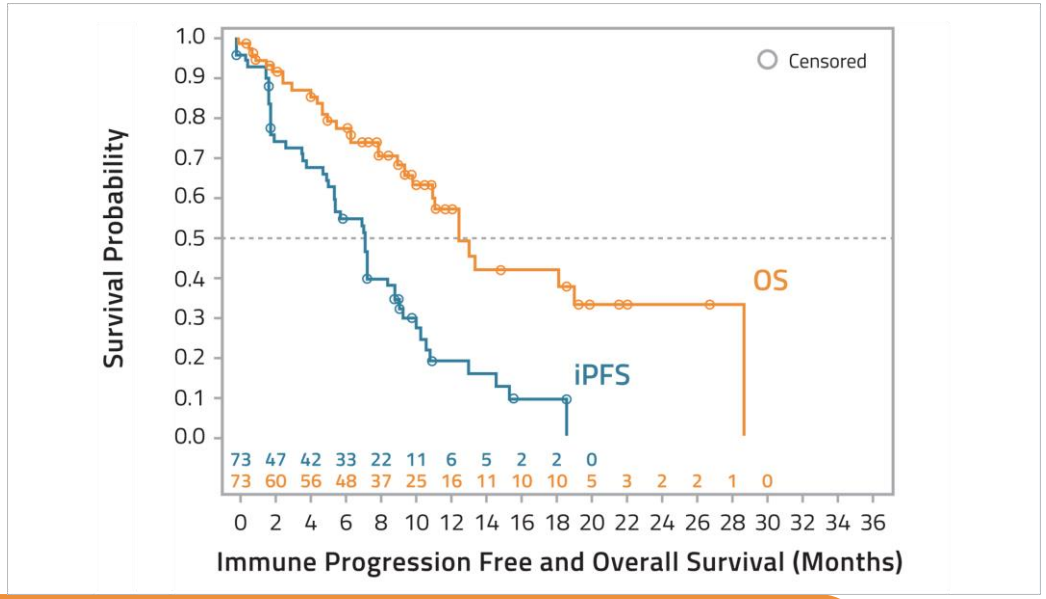
Cantargia

Positive interim data in pancreatic cancer

Nadunolimab combination with Gem/Abraxane in 1st line (ASCO 2022), n=73:

- 33% response rate with durable responses
- Pseudoprogression-like response in 5 (7%) additional patients
- Promising PFS (7.2 mo) and OS (12.7 mo, 64 % events)
- 12 pts on treatment





PFS AND OS LONGER THAN EXPECTED GIVEN HISTORICAL CONTROL

Safety profile is manageable and supports MOA

	Grade 3-4 (n=76)	All grade (n=76)
Hematological TEAE; n (%)		
Neutropenia	49 (65%)	57 (75%)
Leukopenia/WBC decreased	18 (24%)	23 (30%)
Thrombocytopenia	11 (15%)	31 (41%)
Anemia	10 (13%)	37 (49%)
Febrile neutropenia	10 (13%)	10 (13%)
Non-hematological TEAE; n (%)		
GGT increased	13 (17%)	16 (21%)
Hypertension	7 (9%)	10 (13%)
ALT increased	6 (8%)	16 (21%)
Fatigue	6 (8%)	41 (54%)
AST increased	5 (7%)	14 (18%)
Vomiting	5 (7%)	27 (36%)
Cholestasis	4 (5%)	4 (5%)
Hypokalemia	4 (5%)	12 (16%)

- G-CSF is an approved therapy to counteract neutropenia; Incidence of grade 3-4 neutropenia was only 16 % in pts receiving prophylaxis
- Notably, only 1 % peripheral neuropathy grade 3-4 was observed, vs 17% in historical controls. Fit with mechanism of action

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

Note: 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.

Advancing PDAC development to phase 2/3

PanCAN's Precision Promise℠ adaptive clinical trial platform designed together with the 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
- Bayesian design, 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 taking place
- Cantargia funds nadunolimab arm and responsible for drug supply

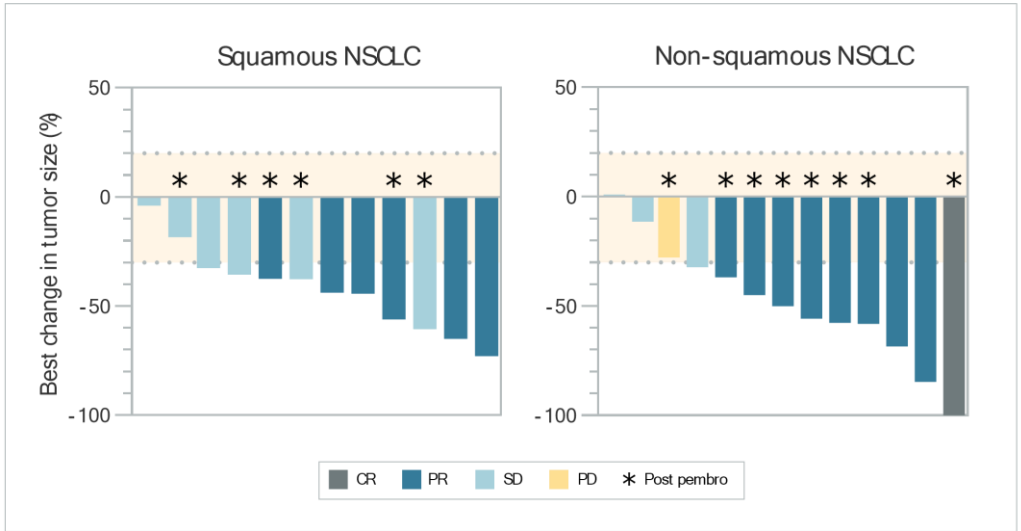
ADVANCING WITH PANCAN FURTHER VALIDATES NADUNOLIMAB IN PDAC

Cantargia

Combination strategy in NSCLC – Promising efficacy

Efficacy parameter*	All (n=30)**	Non-squamous (n=16)	Squamous (n=13)
ORR [95% CI]	53% [34-72]	56% [30-80]	46% [19-75]
Disease control rate*** (CR+PR+SD) [95% CI]	83% [65-94]	75% [48-93]	92% [64-100]
Median duration of response [95% CI]	5.8 months [3.7-11.2]	11.2 months [NA]	4.1 months [3.4-5.8]
PFS [95% CI]	6.8 months [5.5-8.8]	7.3 months [5.3-13.0]	5.8 months [3.7-7.4]
Median OS [95% CI]	13.7 months**** [NA]	NA	NA
1-year survival [95% CI]	53%**** [26-73%]	NA	NA

*Responses according to RECIST1.1 criteria
**One tumor of unknown histology
***Two patients withdrew early in association with COVID-19
****Based on 37% of events



Nadunolimab combination with Gem/Cis in 1st line:

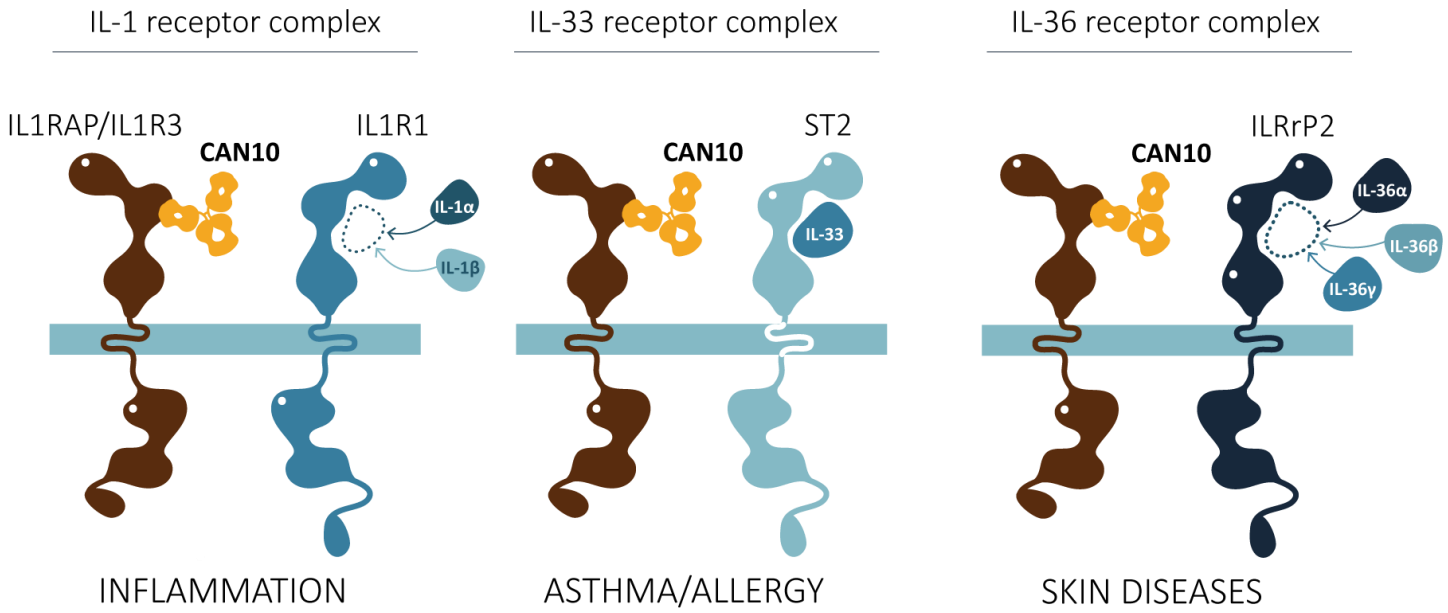
- 16/30 patients showed objective response including 1 complete response (ORR 53% vs historical control data of 22-28%), 7pts still on treatment
- No major side effects observed except those from chemotherapy or nadunolimab alone. *Neutropenia frequency higher than expected from chemo (but can be treated with dose reductions or G-CSF)*
- Trial expanding – up to 40 additional patients with non-squamous NSCLC

STRONG INTERIM RESULTS, UPDATE AT ASCO 2022

[1] Schiller et al, N Engl J Med 2002
[2] Scagliotti et al, J Clin Oncol 2008
[3] Gandhi et al, N Engl J Med 2018
[4] Paz-Ares et al, N Engl J Med 2018

CAN10 – New asset within autoimmunity/inflammation

- 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, atherosclerosis)
- Development focusing on unmet medical need in systemic sclerosis and myocarditis. Disease selection in collaboration with experts based on scientific rationale, medical need, development opportunity and competition.
- Clinical trial starts early 2023



UNIQUE OPPORTUNITY FOR CAN10 IDENTIFIED IN LIFE-THREATENING DISEASES

Solid financial position with strong shareholder support

- Cash and cash equivalents SEK 443 M (~$45M) at end Q1 2022
- Fully guaranteed rights issue of 250 MSEK concluded Aug 2022
- Operating expenses SEK 370.3 M (~$39M) in Q1-Q4 2021
  - R&D is 95% of operating expenses
  - 28 full-time employees
  - Market cap appr 0.8 BSEK, 80 MUSD Aug 19 2022

Current owners (30 June 2022)	
4th AP fund	8.8%
Alecta	7.3%
Six Sis AG	7.0%
Swedbank Robur Funds	6.4%
1st AP fund	6.3%
Avanza Pension	5.6%
SEB AB, Luxemburg	3.0%
Handelsbanken fonder	2.4%
Unionen	1.7%
Goldman Sachs	1.5%

Several upcoming value inflection points

Newsflow over next 6-9 months

Nadunolimab (CAN04)

- Update of results for PDAC, NSCLC and Keytruda combination presented at ASCO
- Phase 2/3 Precision Promise (PDAC)
- New preclinical and translational results
- New clinical trials (Interim results, safety)
  - CAPAFOUR PDAC FOLFIRINOX
  - CESTAFOUR Basket trial (NSCLC, CRC, BTC)
  - TRIFOUR TNBC

CAN10

- Preclinical progress
- Development milestones
- …and initiation of clinical trial early 2023

SIGNIFICANT DATA TO SECURE NEWSFLOW

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