

# Cantargia: New Biomarker Results in Pancreatic Cancer

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Redeye believes the new biomarker results with nadunolimab to be presented at the AACR Annual Meeting 2023 validate the scientific understanding of nadunolimab.



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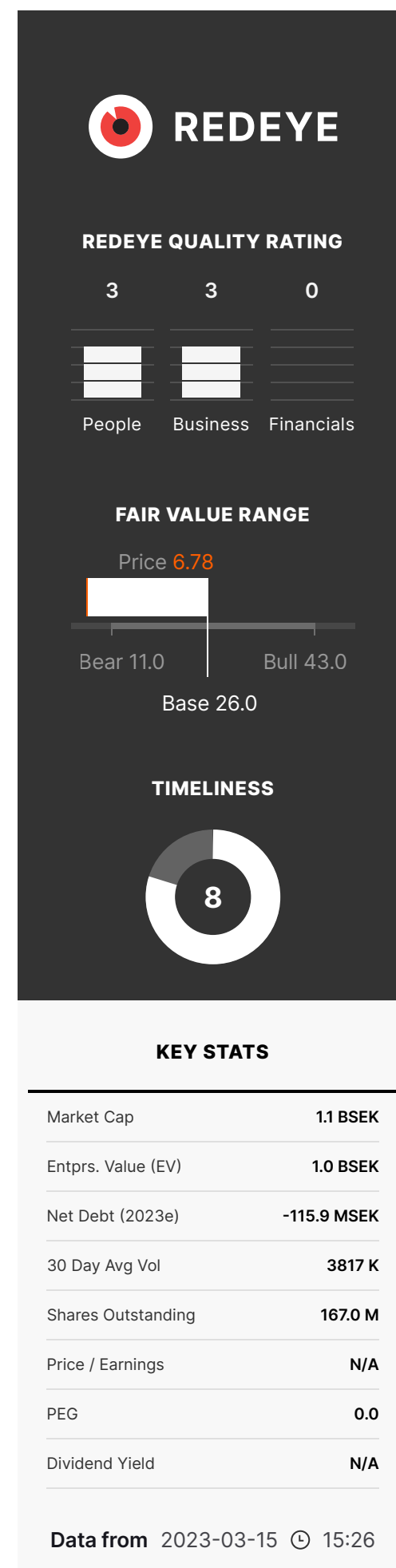
Cantargia's leading candidate, nadunolimab (CAN04), targets IL1RAP, which is overexpressed on many cancer cells, the surrounding stromal cells and infiltrating immune cells. In the clinical trial CANFOUR, nadunolimab was combined with the chemotherapies gemcitabine and nab-paclitaxel to treat metastatic pancreatic cancer patients. New biomarker results from this trial were presented late on March 14. Biopsies from 38 patients were analysed. IL1RAP was expressed on tumour and stromal cells in all biopsies and 94% of biopsies had IL1RAP-positive infiltrating immune cells. Patients with a partial response had a median IL1RAP H-score of 200, while patients with stable or progressive disease had a median H-score of 110. The level of IL1RAP expression was associated with a response with a p-value of 0.08.

Several biomarkers of inflammation downstream of the IL-1 system were also associated with improved survival. A decrease in the level of IL-6 was associated with prolonged progression-free survival (iPFS); a reduction in IL-8 was associated with an increase in progression-free survival (iPFS) and overall survival (OS); patients with a decrease in CRP also had an increase in progression-free survival (iPFS) and overall survival (OS). All of these correlations are statistically significant.

Nadunolimab has two main modes of action: firstly, it blocks IL1RAP and dampens the local inflammation (used by the tumour to evade the immune system), and secondly, it marks out the cells expressing this receptor for destruction by the immune system. We cannot say how much of the improvement in response in IL1RAP-high patients comes from the direct killing of cells expressing IL1RAP and how much comes from reducing inflammation by blocking IL1RAP. The improved survival in patients that experienced reduced levels of inflammation biomarkers suggests that reducing the inflammation locally might enable the immune system to attack the tumour (in synergy with chemotherapy). Though we do not know if the patients with a high decrease in IL-6, IL-8 and CRP also had high levels of IL1RAP (in which case the direct killing of IL1RAP cells might contribute to the effect). Overall, the new data provides additional support for the Cantargia's scientific explanation of nadunolimab; and we expect to see more similar data being generated in the future.

The most important result, in our opinion, is the correlation between IL1RAP expression and tumour response since this is the immediate target of nadunolimab. If this relationship can be demonstrated with significance and in other cancers, smaller and more efficient trials with IL1RAP as a biomarker for patient selection could be possible. This would improve the likelihood of approval since the patients most likely to respond could be selected. We would consequently have to revise the likelihood of approval upwards in those indications (which might be lung cancer). The new data presented are also precisely what a partner would like to see, so this should improve Cantargia's negotiating position. However, we do not make any changes to our Base Case (SEK26) yet.

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