

# Cantargia granted important US patent for nadunolimab

Cantargia AB (Publ), Nasdaq Stockholm: CANTA, (Cantargia) today announced that the United States Patent and Trademark Office (USPTO) has granted the patent application 17/551,908 directed to the antibody nadunolimab. The patent number is US 12,398,213 and the patent is valid until 2035 (excluding any patent term extension). The granted patent provides protection for method of treatment of Nadunolimab in combination with chemotherapy and/or immunotherapy.

Nadunolimab, a novel anti-IL1RAP antibody wholly owned by Cantargia, is currently in clinical development for the treatment of solid and liquid (hematological) tumors.

Cantargia's lead indication for nadunolimab is pancreatic ductal adenocarcinoma (PDAC) in combination with chemotherapy; a use that is protected by this new patent. Cantargia announced in June 2025 that the US FDA granted Fast Track Designation for the treatment of patients with metastatic PDAC with high IL1RAP expression levels. This reflects the high unmet medical need in metastatic PDAC and facilitates further development of nadunolimab with more frequent FDA interactions and eligibility for Accelerated Approval and Priority Review.

"The granted US patent is of high importance in the context of potential future commercialization of CAN04 in this strategically important market", says Damian Marron, Interim CEO of Cantargia. "We continue to progress our program in PDAC with the development of a validated diagnostic method to enable the selection of patients with high IL1RAP levels for future studies."

In addition to the nadunolimab patent family, Cantargia has extensive patent protection for IL1RAP-targeting antibodies and their use in therapy and diagnostics of cancer, including leukemias and solid tumors. Cantargia's patent portfolio includes over 100 patents globally, granted in key commercial territories such as the US, Europe, Japan and China.

## For further information, please contact

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#### **PRESS RELEASE**

27 August 2025 07:30:00 CEST

#### **About Cantargia**

Cantargia AB (publ), reg. no. 556791-6019, is a biotechnology company that develops antibody-based treatments for life-threatening diseases and has established a platform based on the protein IL1RAP, involved in a number of cancer forms and inflammatory diseases. Cantargia's oncology program, the antibody nadunolimab (CAN04), is being studied clinically, primarily in combination with chemotherapy with a focus on pancreatic cancer, non-small cell lung cancer and triple-negative breast cancer. Positive data for the combinations indicate stronger efficacy than would be expected from chemotherapy alone. Cantargia's second development program, the antibody CAN10, blocks signaling via IL1RAP in a different manner than nadunolimab and addresses treatment of serious autoimmune/inflammatory diseases. Cantargia has entered an agreement with Otsuka Pharmaceutical on the acquisition of the CAN10 program.

Cantargia is listed on Nasdaq Stockholm (ticker: CANTA). More information about Cantargia is available at www.cantargia.com.

#### **About nadunolimab (CAN04)**

Nadunolimab is an antibody that binds strongly to its target IL1RAP and functions by inducing ADCC and blocking IL-1 $\alpha$  and IL-1 $\beta$  signaling. Nadunolimab can thereby counteract the IL-1 system which contributes to the immune suppressive tumor microenvironment and the development of resistance to chemotherapy. Nadunolimab has been investigated in multiple clinical trials; the phase I/IIa trial CANFOUR, NCT03267316, evaluated nadunolimab in combination with standard chemotherapies in patients with pancreatic ductal adenocarcinoma (PDAC) (gemcitabine/nab-paclitaxel) or non-small cell lung cancer (NSCLC) (platinum-based chemotherapies). Positive data show durable responses for combination therapy in 73 PDAC patients, resulting in a median iPFS of 7.2 months and median OS of 13.2 months. An even higher median OS of 14.2 months was observed in a subgroup of patients with high tumor levels of IL1RAP. Intriguing efficacy was observed in a small group of non-squamous NSCLC patients post PD(L)-1 therapy.

### **Attachments**

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