Q1

Interim Report

January – March 2026

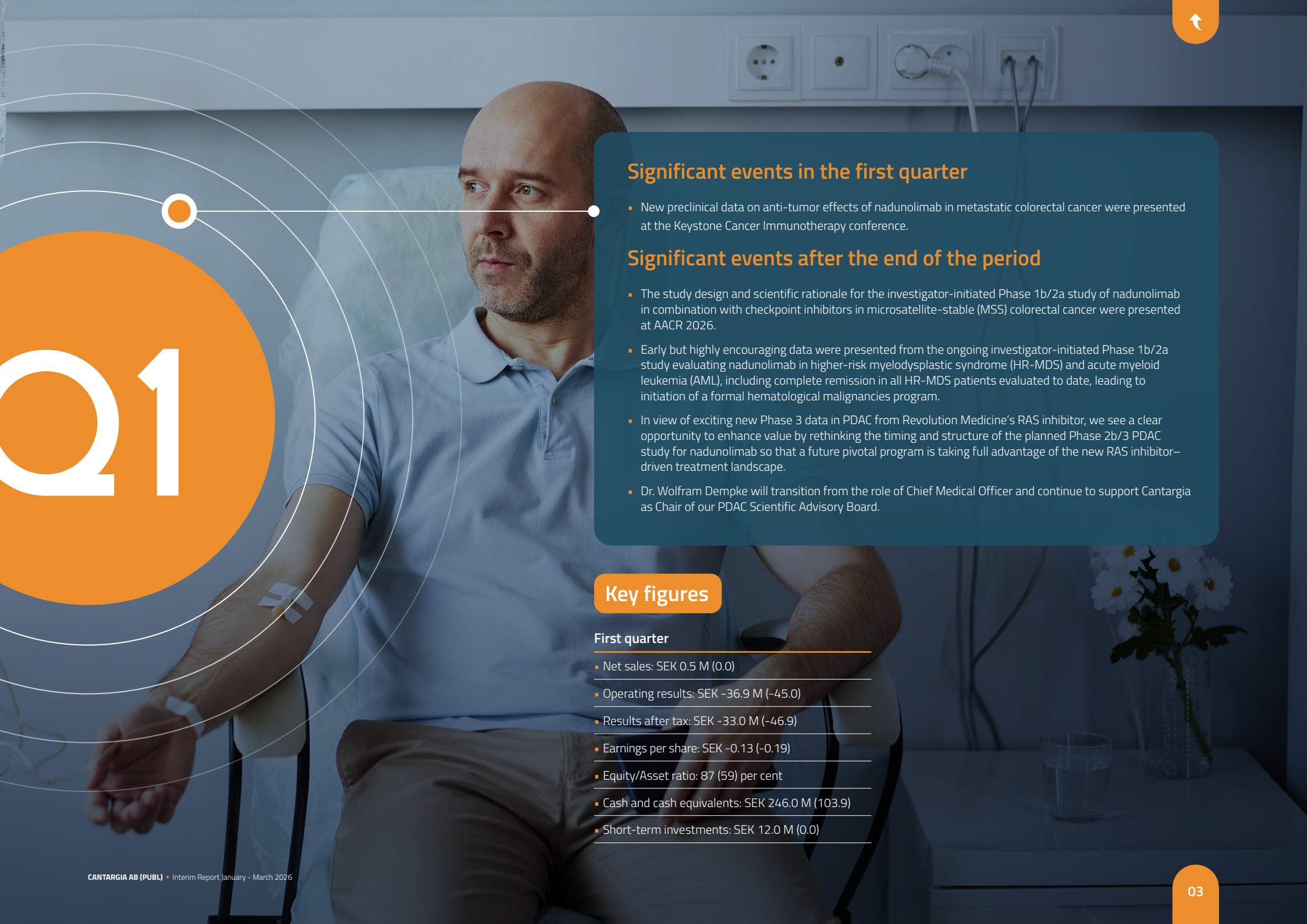
antargia

Cantargia is a Swedish biotech company that develops targeted antibody-based drugs for cancer, immunological and other life-threatening diseases.

Cantargia's drug candidates have the potential to deliver new and better treatments for life-threatening and serious, debilitating diseases.

This is a translated version of Cantargia's interim report provided as a service to non-Swedish investors and stakeholders. In case of differences, the original Swedish report prevails.

Content



Q1

Significant events in the first quarter

- New preclinical data on anti-tumor effects of nadunolimab in metastatic colorectal cancer were presented at the Keystone Cancer Immunotherapy conference.

Significant events after the end of the period

- The study design and scientific rationale for the investigator-initiated Phase 1b/2a study of nadunolimab in combination with checkpoint inhibitors in microsatellite-stable (MSS) colorectal cancer were presented at AACR 2026.
- Early but highly encouraging data were presented from the ongoing investigator-initiated Phase 1b/2a study evaluating nadunolimab in higher-risk myelodysplastic syndrome (HR-MDS) and acute myeloid leukemia (AML), including complete remission in all HR-MDS patients evaluated to date, leading to initiation of a formal hematological malignancies program.
- In view of exciting new Phase 3 data in PDAC from Revolution Medicine's RAS inhibitor, we see a clear opportunity to enhance value by rethinking the timing and structure of the planned Phase 2b/3 PDAC study for nadunolimab so that a future pivotal program is taking full advantage of the new RAS inhibitor–driven treatment landscape.
- Dr. Wolfram Dempke will transition from the role of Chief Medical Officer and continue to support Cantargia as Chair of our PDAC Scientific Advisory Board.

Key figures

First quarter

- Net sales: SEK 0.5 M (0.0)
- Operating results: SEK -36.9 M (-45.0)
- Results after tax: SEK -33.0 M (-46.9)
- Earnings per share: SEK -0.13 (-0.19)
- Equity/Asset ratio: 87 (59) per cent
- Cash and cash equivalents: SEK 246.0 M (103.9)
- Short-term investments: SEK 12.0 M (0.0)

Moving to the Next Phase: PDAC Refinement, Hematology Momentum, Platform Validation

The first quarter of 2026 reflects both strong execution and important strategic progress for Cantargia. We have delivered promising early clinical data in MDS, advanced our pipeline, and taken decisive steps to position the Company for increased long-term value creation in a rapidly evolving treatment landscape.

Taking Full Advantage of Optionality in an Evolving PDAC Landscape

The treatment paradigm for pancreatic ductal adenocarcinoma (PDAC) is undergoing rapid transformation, driven by the emergence of RAS inhibitors. Recently presented Phase 3 data in second-line PDAC from Revolution Medicines demonstrated a substantial survival benefit, with median overall survival of 13.2 months compared to 6.7 months for chemotherapy, changing the landscape and underscoring the potential for a new standard of care.

In view of these data, we see a clear opportunity to enhance value by rethinking the timing and structure of our planned Phase IIb/III PDAC study to ensure a future pivotal program fully capitalizes on the evolving RAS inhibitor–driven treatment landscape. Importantly, this direction is further supported by encouraging early preclinical findings indicating that IL1RAP targeting by nadunolimab and RAS inhibition is complementary and that the combination may enhance anti-tumor activity of RAS inhibition, with effects consistent with modulation of inflammatory and immunosuppressive responses in the tumor microenvironment, further strengthening the rationale for clinical evaluation.

Hence, we are actively planning a combination study of nadunolimab with RAS inhibition, supported by a strong scientific rationale in which IL1RAP targeting provides a compatible mechanism to direct oncogenic RAS blockade, while a favorable safety profile enables attractive combination use. This strategy preserves strong strategic optionality across both first and second line PDAC, including the emerging challenge of RAS inhibitor resistance, and is expected to enhance nadunolimab's appeal as a potential backbone for future treatment combinations and strategic partnerships. Nadunolimab in combination with gemcitabine/nab-paclitaxel has also shown manageable safety and promising efficacy in PDAC, which supports continued combination development.

Expansion into Hematology

We recently reported very encouraging early clinical data from the ongoing investigator initiated Phase Ib/IIa study at MD Anderson Cancer Center evaluating nadunolimab in the hematological malignancies MDS and AML. These findings are particularly relevant given that IL1RAP is overexpressed on the malignant stem and blast cells and where it is associated with adverse tu. In line with this, data suggest a link between high levels of IL1RAP and poorer outcomes

In the high-risk MDS cohort, all five evaluable patients achieved complete remission in the Phase Ib portion, which is highly notable given the severity of the disease, even acknowledging that the data are early and based on limited numbers. The study is now progressing into Phase IIa and is expected to include approximately 40 patients. These findings broaden the clinical potential of nadunolimab and further validate the relevance of IL1RAP across multiple disease settings, with MDS representing an important long-term opportunity within our hematology strategy. Based on these data, expected in mid-2027, we are progressing planning to expand into dedicated hematology development activities.

Advancing the Next Wave of Innovation

Beyond nadunolimab we continue to progress our preclinical pipeline, drawing on the learnings from our nadunolimab and CAN10 programs. This includes next-generation bispecific IL1RAP-targeting antibodies where the lead candidate, CAN14, is advancing through optimization and is positioned for clinical development, representing an important component of our future innovation strategy within inflammatory diseases.

With a validated platform, a focused clinical strategy across PDAC and hematology, and the ability to allocate capital selectively, Cantargia is well positioned to continue delivering on its ambition to bring innovative therapies to patients with high unmet medical need.

Clinical Leadership Update

To align our clinical leadership structure more closely with the evolving requirements of our late stage development plans and future partnering activities, Wolfram Dempke will transition from the role of Chief Medical Officer and continue to support Cantargia as Chair of our PDAC Scientific Advisory Board, providing ongoing access to his scientific expertise and external relationships. Wolfram has played an important role in Cantargia's clinical development over the past year, and the Company wishes to retain his experience and network as it enters the next phase.

IL1RAP: From Prognostic Marker to Therapeutic Opportunity

In both pancreatic cancer and myeloid leukemic disease, high IL1RAP expression is associated with more aggressive biology and poorer prognosis. Our own data supports IL1RAP as a prognostic marker in PDAC, and independent clinical studies in AML have similarly linked elevated IL1RAP levels to adverse risk and shorter survival. This consistent association between high IL1RAP and poor outcomes reinforces the rationale for targeting IL1RAP in patients with high unmet medical need. We are encouraged by the emerging clinical signals in leukemic disease and by the repositioning of nadunolimab in PDAC, and we believe that, alongside CAN10 in clinical development by Otsuka and CAN14 advancing toward clinical development, these programs can together translate IL1RAP biology into meaningful value for patients and shareholders over both the near and long term.

Hilde H. Steineger

Hilde Steineger
CEO, Cantargia AB

Cantargia's Pipeline

IL1RAP is found on cancer cells from a large number of solid tumor types and is involved in driving disease causing inflammation in cancers and immune-inflammatory disease. IL1RAP integrates signals from cytokines, proteins that help control inflammation in your body, of the interleukin-1 (IL-1) super family (IL-1, IL-33, and IL-36). These cytokines play a central role in the development of several severe diseases, not only cancer but also in inflammatory and autoimmune diseases. Autoimmune diseases are often characterized as heterogenous diseases, which has created a strong potential by using IL1RAP in drug development to find suitable treatment options within dermatological, respiratory, rheumatological and gastrointestinal diseases. Antibodies targeting IL1RAP can thus potentially be used for the treatment of various types of cancer and immune-inflammatory diseases which provide attractive commercial opportunities to Cantargia. Cantargia's proprietary pipeline and strategic partnerships are described in the tables below.

Proprietary Pipeline

Project	Target	Disease/Indication	Discovery	IND-enabling	Phase 1	Phase 2	Phase 3
Nadunolimab	IL1RAP	PDAC	+ Gemcitabin/nab-paclitaxel				
		Hematological malignancies	+ Azcitidine or azacitidine and venetoclax				
CAN14	IL1RAP BsAB	Autoimmune diseases					
CANxx	New opportunities within IL1RAP platform						

PDAC - Pancreatic ductal adenocarcinoma; **NSCLC** - Non-small cell lung cancer; **BsAB** - Bi-specific antibody

Strategic Partnership

Project	Target	Partner	Discovery	IND-enabling	Phase 1	Phase 2	Phase 3
CAN10	IL1RAP	Otsuka Pharmaceutical					

Ongoing Clinical Studies with nadunolimab

Study	Disease	Combination therapy	Nr of patients	Status	NCT-number
TRIFOUR	TNBC	+Carboplatin/gemcitabin	Up to 117	Recruitment completed	NCT05181462
Leukemia*	AML/MDS	+Azacitidine &/or venetoclax	40	Recruiting	NCT06548230
Colorectal**	MSS CRC	+Toripalimab (anti-PD-1)	24	Recruiting	NCT07281716

TNBC - tripple-negative cancer; **AML** - Acute Myeloid Leukemia; **MDS** - Myelodysplastic Syndrome; **MSS CRC** - Metastatic microsatellite stable colorectal cancer

*) Investigator-led study conducted by Texas MD Anderson Cancer Center with funding from the US Department of Defense.
**) Investigator-led study conducted by Mount Sinai Tisch Cancer Center, NY.

Nadunolimab

Nadunolimab is a humanized anti-IL1RAP monoclonal antibody with enhanced antibody-dependent cellular cytotoxicity (ADCC). Nadunolimab binds IL1RAP with high affinity and it fully blocks IL-1a and IL-1b signaling and partially blocks IL-33 and IL-36 signaling.

Mechanism of Action

Nadunolimab binds strongly to its target molecule IL1RAP, expressed on tumor cells from several types of cancer. It works by stimulating the Natural Killer (NK) cells of the immune system to destroy the tumor cells by a process called Antibody-Dependent Cellular Cytotoxicity (ADCC). Nadunolimab also blocks the signaling through the two forms of interelukin-1, alpha and beta, which leads to an anti-inflammatory effect which inhibits the tumor's ability to grow as well as develop resistance to chemotherapy.

Pancreatic Cancer – High Medical Need

Pancreatic cancer is the third leading cause of cancer-related deaths in developed countries including US and Europe. The number of patients diagnosed with pancreatic cancer in 2024 is estimated to 230,000 in the 8 major global markets[1]. In most of these newly diagnosed patients the disease had developed into an advanced or metastatic stage. Most patients treated for PDAC receive different versions of first line chemotherapy combinations.

Blocking IL1RAP Improves Survival

IL1RAP is a key factor for tumor growth, immune suppression and therapeutic resistance in PDAC. High IL1RAP expression in the tumor correlate with worse prognosis and shorter survival[2,3], as shown on Figure 1 to the right.

In CANFOUR, our clinical Phase 1/2a study where nadunolimab was studied in combination with chemotherapy in several cancer indications, very compelling data was generated in patients with advanced, metastatic PDAC. In a cohort of 73 patients, the median OS was 13.2 months with a 1-year survival probability of 58%[4], which was higher than expected from standard of care chemotherapy alone[5,6]. A biomarker analysis of IL1RAP showed that patients treated with nadunolimab and chemotherapy achieved improved outcomes, if their IL1RAP tumor expression was high, including a mOS of 14.2 months, statistically significantly longer than for patients with low IL1RAP expression (10.6), as shown on Figure 2[4]. These important results demonstrate that nadunolimab treatment may provide clinically relevant effect and contributed to nadunolimab's FDA Fast Track Designation during 2025.

New treatments, in particular RAS inhibitors that act on a parallel signaling pathway to IL1RAP, are now entering late-stage development. Recently reported Phase 3 data for daraxonrasib from Revolution Medicines in second-line metastatic PDAC showed a clear survival benefit compared with chemotherapy, and the product is anticipated to launch in the second half of 2026 in this setting. Together, these developments are reshaping the treatment landscape in PDAC.

To address the evolving landscape in PDAC and build on our existing foundation with nadunolimab in combination with chemotherapy, we are accelerating our RAS inhibitor combination strategy and are currently preparing to initiate a dedicated combination study with a RAS inhibitor.

The core of this strategy is the unique mechanism of action of IL1RAP targeting, which modulates key tumor promoting inflammatory and immunosuppressive signaling pathways in the tumor microenvironment, and ongoing preclinical studies indicate potential for enhanced effect when combining IL1RAP therapy with RAS inhibition, providing a strong scientific basis for synergistic effects and supporting nadunolimab's positioning as a complementary and potentially broadly applicable component of future PDAC treatment paradigms.

Operational work is ongoing to finalize the study design and start up activities, with the aim of enabling timely enrollment, subject to financing, regulatory approval, and supply of the RAS inhibitor.

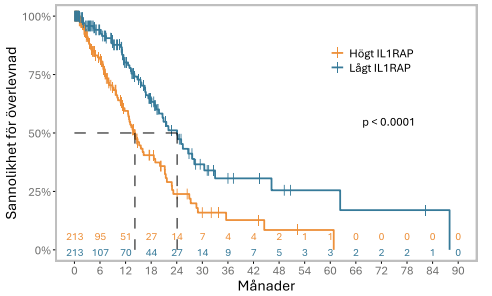


Figure 1
Survival analysis of PDAC patients group by median IL1RAP expression in the Know Your Tumor dataset[7].

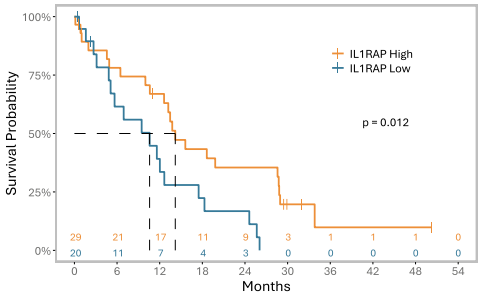


Figure 2
Overall Survival in months for 49 PDAC patients in the CANFOUR study by IL1RAP tumor expression.

Hematological Malignancies – HR MDS and AML

Hematologic malignancies are cancers that affect the blood and bone marrow, resulting in serious disruptions to normal blood cell production. Myelodysplastic syndrome (MDS) is a group of blood disorders in which the bone marrow fails to produce mature, functional blood cells, leading to anemia, increased risk of infections and bleeding, and in more advanced cases progression to acute myeloid leukemia (AML).

Patients with high-risk MDS face a significant risk of rapid progression to acute myeloid leukemia (AML), a disease characterized by a higher frequency of immature cells (blasts) which can become life-threatening within just a few weeks or months. These patients have a substantial medical need for more effective treatments.

Leukemic stem cells (LSCs) can evade today's chemotherapy-based treatment strategies and therefore serve as a reservoir for disease relapses. As a result, there is a clear medical need for targeted therapies that can focus on LSCs without affecting normal hematopoietic stem cells (HSCs).

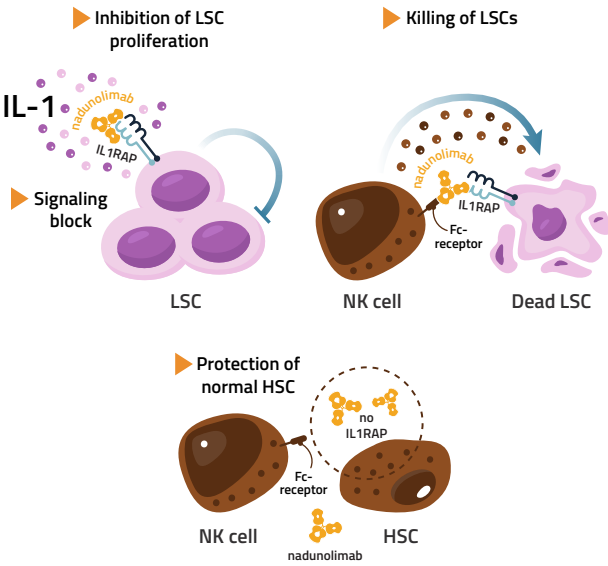
High expression of IL1RAP is associated with poorer prognosis in high-risk MDS and AML[8]. Nadunolimab's mechanism of action is well suited for MDS/AML. By binding to IL1RAP on LSCs, nadunolimab combines two complementary approaches: (i) blockade of IL-1 alpha/IL-1 beta signaling via the IL1RAP complex, which reduces survival and proliferation signals in the leukemic stem/progenitor cell population, and (ii) antibody-dependent cellular cytotoxicity (ADCC), enabling immune-mediated elimination of IL1RAP-positive leukemia cells.

Since IL1RAP is expressed on leukemic stem cells but not on normal hematopoietic stem cells[8], there is an opportunity for functional selectivity, meaning disease-driving cells can be targeted while normal blood formation is preserved to a greater extent. Preclinical data have clearly demonstrated that anti-IL1RAP therapy specifically eliminates IL1RAP-expressing AML cells[9,10]. This biological selectivity, combined with the fact that IL-1 signaling has been linked to therapy resistance, provides a clear scientific rationale for evaluating nadunolimab together with established treatment regimens in high-risk MDS and AML.

Nadunolimab has been studied for just over a year in an investigator-initiated trial at the MD Anderson Cancer Center in Houston, USA. In the study, which is partially funded by grants from the US Department of Defence, nadunolimab is being tested in combination with standard chemotherapy in up to 40 patients, 20 with high-risk MDS and 20 with AML. Nadunolimab based combinations have so far been generally well tolerated in both patient groups and have shown an acceptable safety profile.

In the high risk MDS cohort, six patients have been treated, of whom five have so far been evaluated for response, and all five achieved complete remission; although these data are preliminary and based on a limited number of patients, they suggest a potential signal of clinical activity for nadunolimab in high risk hematological malignancies.

Based on these data, and with completion of the current Phase 2a part expected in mid 2027, we are advancing our planning to start a dedicated hematology program, including preparation for a possible subsequent Phase 2b study.



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CAN14 & CANxx

CAN14

The preclinical CAN14 project aims to develop a bispecific anti-IL1RAP antibody that combines signaling blockade of IL-1 superfamily cytokines (IL-1, IL-33 and IL-36) and inhibition of an undisclosed additional target. This dual mechanism of action has the potential to target disease related pathways that act in parallel and could thereby further improve the therapeutic efficacy, counteract problems of resistance and redundancy, and enable a more precise targeting of specific tissues.

The growing momentum within the field of bispecific antibodies (antibodies that can bind to two distinct antigens or epitopes) opens up significant opportunities for Cantargia to benefit from its solid IL1RAP expertise. Bispecific antibody programs, such as CAN14, exemplify the broader potential and opportunity of Cantargia's platform technology. The platform gives Cantargia the opportunity to develop bispecific antibodies targeting both IL1RAP and other biological targets, further expanding its usefulness, which is particularly relevant in the development of immunology drug programs.

The strong therapeutic potential of bispecific antibody programs has led to high level of activity in global drug development. This activity is driven by the complex and heterogeneous nature of immunological diseases, where dual blockades of cytokines or receptors represent a promising strategy to achieve broader and longer-lasting clinical benefits. These bispecific antibodies can be tailored to precisely target multiple disease-driving pathways relevant to a specific disease, thereby bridging the gap between classical antibodies targeting a specific molecule and e.g. JAK inhibitors targeting a variety of signaling pathways, often with good efficacy but limited by very serious side effects.

By developing bispecific antibodies, such as CAN14, Cantargia leverages its knowledge and capabilities in IL1RAP biology while applying a differentiated approach compared to the antibody therapies currently marketed, positioning the company to contribute to this rapidly evolving and highly attractive area of innovation.

CAN14 is the latest project generated from the CANxx platform. The intent is to announce the second biological target and start IND-enabling activities around year-end 2026.

CANxx – Highly Valuable Platform Technology

Cantargia was the first company to develop drugs targeting IL1RAP and has since built extensive expertise in this area. This expertise, along with our CANxx anti-IL1RAP antibody library and custom research tools, form the CANxx platform, an R&D integrated engine that drives therapeutic and diagnostic innovation while strengthening Cantargia's position for future success.

At the heart of the platform lies the CANxx antibody library and the deep know-how surrounding its clones. With its diverse set of around 200 antibodies featuring distinct binding and inhibitory characteristics, the CANxx platform enables Cantargia to efficiently generate and advance new drug candidates across multiple disease areas. Notable examples include the CAN10 antibody and the newly initiated CAN14 program which both were developed through the platform. Together, CAN10 and CAN14 demonstrate the platform's ability to translate innovation into high-value clinical assets as well as providing a foundation for future drug candidates.

In addition to the CAN14 project, Cantargia is conducting research on a platform approach for generating new bispecific antibodies and on Antibody Drug Conjugates (ADCs). The rapid growth of ADC based oncology programs underscores the strong potential of this therapeutic modality.

Supporting this direction, preclinical results have shown that anti IL1RAP ADCs have the ability to effectively inhibit tumor growth in a dose-dependent manner, while systemically being well tolerated. Notably, in models with both high and low IL1RAP expression, a single anti-IL1RAP ADC dose resulted in durable tumor growth suppression.

Beyond therapeutic development in ADCs and BiS antibodies, the CANxx platform and library is also an invaluable resource for reagents for in vitro analysis, preclinical studies and diagnostics. Antibodies derived from the CANxx library are used in the ongoing development of a diagnostic tool for measuring the level of IL1RAP in tumor biopsies.

Market for Bispecific Antibody Therapies and ADCs

The bispecific antibody market is experiencing rapid expansion, driven by growing adoption in both oncology and inflammatory diseases. These market dynamics reflect a significant shift toward bispecific antibodies as key components of future treatment paradigms, with their dual-targeting capability offering potential advantages in efficacy, safety, and convenience over existing therapeutic approaches. The bispecific antibody market is projected to expand by approximately USD 30 billion by 2030[1], making it a major contributor to the overall growth of the antibody market.

In parallel, the ADC market continues to demonstrate strong commercial and scientific momentum. The growing industry interest in IL1RAP reflects the broader expansion of this segment, driven by ongoing innovation and increasing clinical success.

Whereas the global antibody market is expected to grow by USD 200 billion by 2030[2], driven by both new approvals (36 FDA approvals over the last 3 years) and expanded indications, approximately 10% (or USD 20 billion between 2025 and 2030) of this growth will come from the expansion of the ADC segment, reflecting its increasing role in oncology and other high-value therapeutic areas.

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Strategic Partnership – CAN10

The Acquisition by Otsuka Pharmaceuticals

In September 2025, the acquisition by Otsuka Pharmaceuticals of all rights related to the two IL1RAP antibodies CAN10, clinical stage, and 3G5, preclinical.

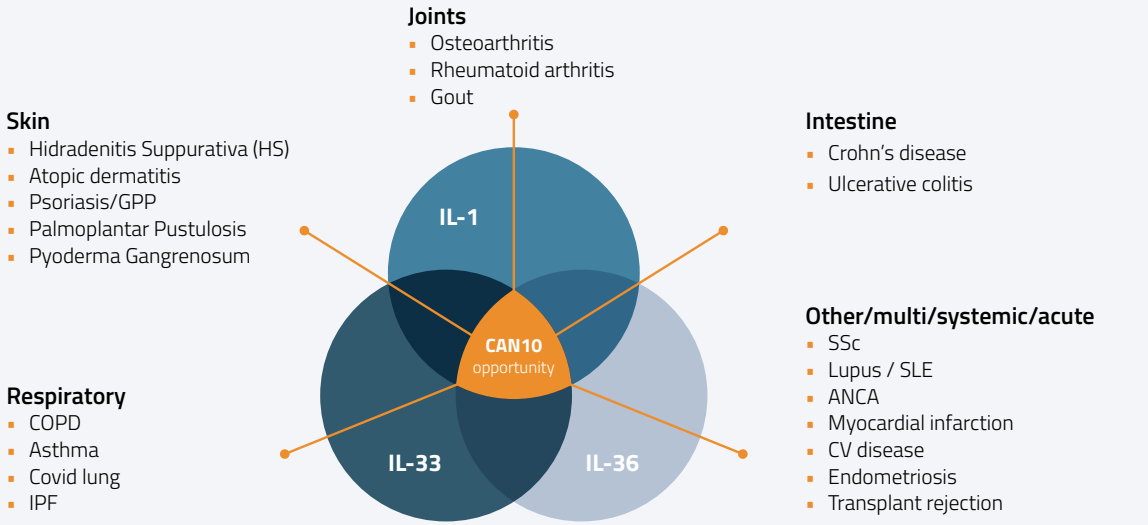
According to the agreement, Cantargia received an upfront payment of MUSD 33 in cash. In addition, Cantargia is entitled to receive up to MUSD 580 in milestone payments, taking the potential total value to MUSD 613.

Furthermore, Cantargia is eligible for up-to double-digit royalties on global sales. Otsuka will lead and conduct all future development, regulatory applications and exclusively produce and commercialize the product world-wide.

CAN10

CAN10 is an IL1RAP-targeting antibody which has a unique capability of blocking signaling not only by IL-1, but also IL-33 and IL-36. Simultaneous blockade of all three of these cytokines has great potential for treatment of several, often heterogenous autoimmune and inflammatory diseases. The applicability of using CAN10 in various immunological diseases is shown in figure 4.

Cantargia has completed the transfer to Otsuka but continues to support the ongoing work on the program, including the completion of the first clinical Phase 1 study (NCT06143371). CAN10 is and will remain an important part of Cantargia's portfolio, as the project represents a potentially high future financial value.



Supported by CHBC/Lumanity Research

Figure 4

Cantargia closely follows CAN10's continued development and will share significant and relevant information with the market.

Excellent Commercial Potential for CAN10

Inflammatory diseases are conditions where the body's immune system reacts to an injury or attack by triggering inflammation. Inflammation is part of the body's natural defense mechanism and can be activated by infections, injuries, or autoimmune reactions. Inflammation is usually resolved, but when it becomes chronic it can lead to serious tissue and organ damage. Autoimmune diseases occur as the immune system accidentally attacks healthy cells instead of protecting these.The treatment of inflammatory diseases often aims at reducing inflammation and relieving symptoms.

By blocking IL1RAP, CAN10 creates many opportunities to influence conditions within the inflammation and immunology field, an area that has grown enormously over the past years. More than half of all diseases are considered to have an inflammatory or immunological component, and drugs in immunology that address a fundamental physiological cause of autoimmunity, such as CAN10, can therefore be applied to many diseases.

Immunology, the second largest therapeutic area worldwide after oncology, had a market size of USD 194 billion in 2024[1] and is divided into treatment of autoimmune and inflammatory diseases. The autoimmune disease market amounted to USD 165 billion in 2024 and is expected to grow by around 4% annually through 2029. Therapeutics for the treatment of inflammatory diseases reached a market size of USD 29 billion in 2024, which is expected to grow by around 14% annually until 2029.

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FINANCIAL INFORMATION

Financial Overview

All financial amounts are in Swedish kronor ("SEK") unless otherwise stated. "KSEK" indicates SEK thousand and "MSEK" indicates SEK million. Certain financial and other information presented have been rounded to make the information more easily accessible to the reader.

Revenue

Revenues in the first quarter amounted to MSEK 0.5 (0.0) and were generated from services delivered to Otsuka Pharmaceutical. The services include support during the transition period.

Cantargia's future revenues are expected to fluctuate and mainly derive from milestone payments, that depend on the continued development of the CAN10 program, as well as royalty revenues linked to future commercialization. The company's assessment is that no milestone payments from existing collaborations will be generated in 2026.

Operating Expenses/Operating Result

R&D expenses decreased according to plan during the quarter and amounted to MSEK 31.0 (40.7). The decrease is due to the fact that no clinical studies are currently recruiting patients and that no major investments in production have been made during the period. In addition, the divestment of the CAN10 project has contributed to a lower level of activity in clinical development. However, the decrease has been partly offset by increased preclinical activities in CAN14 and CANxx.

Administrative expenses increased during the first quarter of 2026 and amounted to MSEK 6.2 compared to MSEK 4.6 for the previous year. The increase is mainly due to higher external costs and increased costs for share-based remuneration.

Exchange rate differences on trade payables and trade receivables, mainly related to the change in the exchange rate of the Swedish krona against EUR and USD, are recognized as other operating expenses, regardless of whether the outcome is positive or negative. During the quarter, these amounted to a cost of MSEK 0.2, compared with revenues of MSEK 0.3 in the same period last year.

Operating profit amounted to MSEK -36.9 (-45.0) in the first quarter.

Net Financial Income/Expense

The net financial income consists of exchange rate differences in the company's foreign exchange accounts, interest income from bank balances and short-term investments in fixed-rate accounts. Net financial items for the first quarter amounted to MSEK 3.9 (-1.9).(1.3) in the first quarter.

Results Before and After Tax

Cantargia's results before and after tax amounted to MSEK -33.0 (-46.9) in the first quarter.

Cashflow and Investments

Cash flow from operating activities during the quarter amounted to MSEK -25.9 (-33.9). As part of cash flow from operating activities, changes in working capital amounted to MSEK 6.6 (9.4) during the quarter.

Cash flow from investing activities amounted to MSEK -12.0 (0.0) during the quarter. Cash flow from investment activities is attributable to the investments of other short-term investments in fixed income funds.

Cash flow from financing activities amounted to MSEK 0.0 (106.9) during the quarter. The cash flow from financing activities last year is attributable to the new share issue carried out at the turn of the year 2024/2025.

The total change in cash and cash equivalents during the quarter amounted to MSEK -38.0 (73.0).

Financial Position

On March 31, 2026, the company's cash and cash equivalents, consisting of cash and available balances with banks and other credit institutions, amounted to MSEK 246.0 (103.9). In addition to cash and cash equivalents, the company had short-term investments in fixed income funds totaling MSEK 12.0 (0.0). Total available funds with cash and short-term investments amounted to MSEK 258.0 (103.9) as of March 31.

Total assets at the end of the period amounted to MSEK 267.8 (118.5).

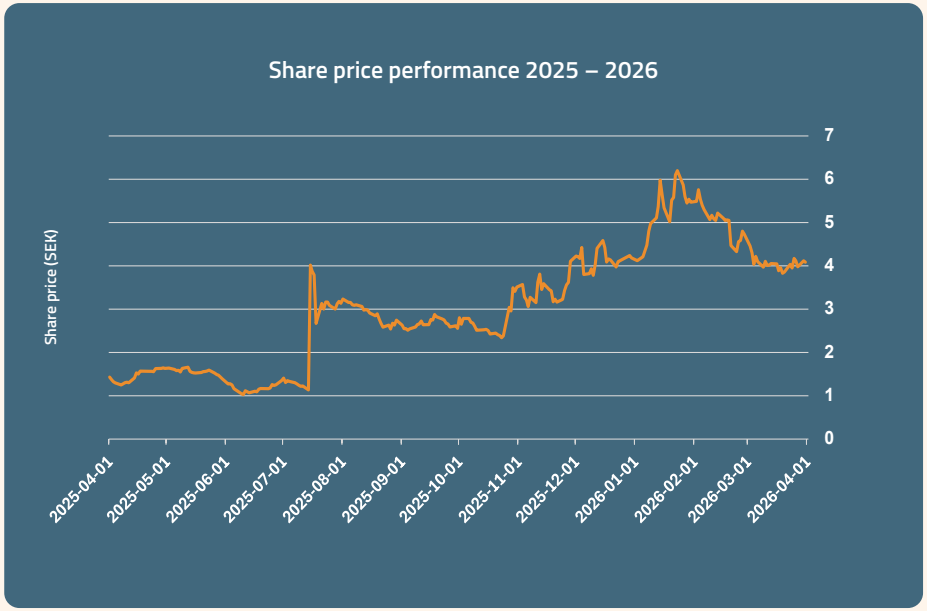
On March 31, 2026, the equity/assets ratio amounted to 87 (59) percent, and equity was SEK 234.0 (69.8) million.

Shareholder Information

Share Information

Cantargia's shares have been listed on the main list of Nasdaq Stockholm, under the stock symbol "CANTA" since September 25, 2018.

The closing price on March 31, 2026, was SEK 4.085 (1.449) (+182%). On March 31, 2026, the number of shares outstanding was 248,611,655 (248,611,655).



Ownership Distribution

Cantargia's ten largest owners as of March 31, 2026:

Owner	Number of shares	Capital/votes (%)
Fourth Swedish National Pension Fund	23,551,565	9.47%
Avanza Pension	15,217,063	6.12%
Handelsbanken Fonder	7,103,219	2.86%
American Century Investment Management	6,827,250	2.75%
Henrick Schill	4,235,663	1.70%
Brushamn Invest AB	3,391,740	1.36%
The Invus Group	3,161,602	1.27%
Nordnet Pensionsförsäkring	3,076,991	1.24%
Stefan Johansson Restaurang AB	2,236,334	0.90%
Tibia Konsult AB	2,000,000	0.80%
Other	177,810,228	71.52%
Total	**248,611,655**	**100.0%**

Ownership Distribution by Size Class

Holding	Number of shareholders	Number of shares	Capital/votes (%)	Market Cap (kSEK)
1 - 500	7,843	1,163,205	0.47%	4,752
501 - 1,000	1,962	1,536,473	0.62%	6,276
1,001 - 5,000	4,565	11,664,476	4.69%	47,649
5,001 - 10,000	1,478	10,931,716	4.40%	44,656
10,001 - 15,000	600	7,583,055	3.05%	30,977
15,000 - 20,000	364	6,485,141	2.61%	26,492
20,001 -	1,229	181,151,963	72.97%	740,006
Unknown holding size	N/A	28,095,626	11.20%	114,771
Total	**18,041**	**248,611,655**	**100.0%**	**1,015,579**

Source: Monitor by Modular Finance. Compiled and processed data from various sources, including Euroclear, Morningstar and the Swedish Financial Supervisory Authority (Finansinspektionen).

Other Information

Employees
The average number of employees during the first quarter was 22 (22). The number of female employees was 12 (12) in the quarter. Cantargia operates to a large extent through external partners.

Financial Calendar
- Interim report January – June 2026, August 19, 2026
- Interim report January – September 2026, November 25, 2026
- Year-end report January - December 2026, February 24, 2027

Annual General Meeting 2026
The annual General Meeting of Cantargia will be held at Ideon Gateway, Scheelevägen 27 in Lund on May 21, 2026.

Dividend
The Board does not intend to propose a dividend at the Annual General Meeting.

Review by Auditors
The interim report has not been reviewed by Cantargia's auditors.

Presentation of the Interim Report
Cantargia invites investors, analysts, and media to an audiocast with teleconference on May 19, 2026, at 15:00 (CET), where Cantargia's CEO Hilde Steineger and CFO Patrik Renblad, will present Cantargia and comment on the interim report, followed by a Q&A-session.

Webcast: https://cantargia.events.inderes.com/q1-report-2026.

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Interim reports and the annual reports are available at www.cantargia.com.

Assurance by the CEO

The Chief Executive Officer assures that this interim report provides a true and fair view of the company's operations, financial position, and results, as well as outlines significant risks and uncertainties the company is facing.

Lund, May 19, 2026

Hilde Steineger
Chief Executive Officer

Statement of Comprehensive Income

SEK thousand	Note	2026 Jan - Mar	2025 Jan - Mar	2025 Jan - Dec
Operating income				
Net sales	5	508	-	316,702
Total operating income		**508**	**-**	**316,702**
Operating expenses	7			
Research and development		-30,963	-40,709	-132,752
Administrative costs		-6,246	-4,597	-29,562
Other operating expenses		-189	273	-288
Total operating expenses		**-37,399**	**-45,032**	**-162,602**
Operating result		**-36,891**	**-45,032**	**154,100**
Financial income and expense				
Interest income and similar items		9,766	567	6,451
Interest expense and similar items		-5,845	-2,457	-13,578
Total financial income and expense		**3,921**	**-1,890**	**-7,126**
Result before taxes		**-32,970**	**-46,922**	**146,974**
Taxes		-	-	-
Results for the period*		**-32,970**	**-46,922**	**146,974**
Earnings per share before dilution (SEK)**		-0.13	-0.19	0.59
Earnings per share after dilution (SEK)**		-0.13	-0.19	0.58

* No items are reported in other comprehensive income, meaning total comprehensive income is consistent with the results for the period.
**Based on average number of shares.

Statement of Financial Position

SEK thousand	Note	31-MAR-2026	31-MAR-2025	31-DEC-2025
ASSETS				
Intangible assets				
Patent		2,629	3,530	2,854
Total intangible assets		**2,629**	**3,530**	**2,854**
Tangible assets				
Machinery and equipment		396	1,691	408
Total tangible assets		**396**	**1,691**	**408**
Total fixed assets		**3,025**	**5,221**	**3,262**
Current receivables				
Accounts receivables		559		4,519
Other receivables		2,939	964	3,161
Prepaid expenses and accrued income		3,281	8,356	3,897
Total current receivables		**6,779**	**9,319**	**11,577**
Short-term investments				
Other short-term investments		12,000	-	-
Total short-term investments		**12,000**	**-**	**-**
Cash and cash equivalents				
Cash and bank balances		246,034	103,932	281,820
Total cash and cash equivalents		**246,034**	**103,932**	**281,820**
Total current assets		**264,813**	**113,251**	**293,398**
TOTAL ASSETS		**267,838**	**118,472**	**296,660**

SEK thousand	Note	31-MAR-2026	31-MAR-2025	31-DEC-2025
EQUITY AND LIABILITIES				
Equity				
Restricted equity				
Share capital		19,889	19,889	19,889
Total restricted equity		**19,889**	**19,889**	**19,889**
Non-restricted equity				
Share premium account		1,777,133	1,777,133	1,777,133
Retained earnings		-1,677,075	-1,680,314	-1,678,119
Results for the period		114,004	-46,922	146,974
Total non-restricted equity		**214,062**	**49,897**	**245,988**
Total equity		**233,951**	**69,786**	**265,877**
Long-term liabilities				
Provision for social security contributions, incentive program	9	1,152	78	835
Total long-term liabilities		**1,152**	**78**	**835**
Short-term liabilities				
Trade payables		6,734	7,698	5,971
Other liabilities		2,281	759	1,064
Accrued expenses and deferred income	10	23,720	40,151	22,913
Total short-term liabilities		**32,735**	**48,608**	**29,948**
TOTAL EQUITY AND LIABILITIES		**267,838**	**118,472**	**296,660**

Statement of Changes in Equity

(SEK thousand)		Restricted equity	Non-restricted equity		Total
01-JAN-2026 - 31-MAR-2026	Note	Share capital	Share premium account	Retained earnings incl. result for the period	Total equity
Opening balance January 1, 2026		**19,889**	**1,777,133**	**-1,531,145**	**265,877**
Result for the period		-	-	-32,970	-32,970
Transaction with shareholders					
Employee stock option program	9	-	-	1,044	1,044
		-	**-**	**1,044**	**1,044**
Closing balance March 31, 2026		**19,889**	**1,777,133**	**-1,563,071**	**233,951**

	Restricted equity	Non-restricted equity		Total
01-JAN-2026 - 31-MAR-2025	Share capital	Share premium account	Retained earnings incl. result for the period	Total equity
Opening balance January 1, 2025	**19,889**	**1,777,402**	**-1,680,987**	**116,304**
Results for the period	-	-	-46,922	-46,922
Transaction with shareholders				
New share issue	5,194	-	-	5,194
Non-registered share issue	-5,194	-	-	-5,194
Issuing expenses	-	-269	-	-269
Employee stock option program	-	-	673	673
	-	**-269**	**673**	**404**
Closing balance March 31, 2025	**19,889**	**1,777,133**	**-1,727,236**	**69,786**

	Restricted equity	Non-restricted equity		Total
01-JAN-2025 - 31-DEC-2025	Share capital	Share premium account	Retained earnings incl. result for the period	Total equity
Opening balance January 1, 2025	**19,889**	**1,777,402**	**-1,680,987**	**116,304**
Result for the period	-	-	146,974	146,974
Transaction with shareholders				
New share issue	5,194	-	-	5,194
Non-registered share issue	-5,194	-	-	-5,194
Issuing expenses	-	-269	-	-269
Employee stock option program	-	-	2,868	2,868
	-	**-269**	**2,868**	**2,599**
Closing balance December 31, 2025	**19,889**	**1,777,133**	**-1,531,145**	**265,877**

Statement of Cash Flow

SEK thousand	Note	2026 Jan - Mar	2025 Jan - Mar	2025 Jan - Dec
Operating activities				
Operating results	5,7	-36,891	-45,032	154,100
Adjustments for non-cash items	8	2,602	1,508	8,908
Interest received etc.		1,752	214	1,738
Interest paid etc.		-0	-	-1,125
Cash flow from operating activities before changes in working capital		**-32,538**	**-43,310**	**163,622**
Changes in working capital				
Change in receivables		4,799	1,899	-359
Change in trade payables		764	-3,286	-5,013
Changes in other current liabilities		1,066	10,834	-8,115
		6,629	**9,447**	**-13,487**
Cash flow from operating activities		**-25,909**	**-33,864**	**150,134**
Investing activities				
Acquisition of tangible assets		-47	-	-472
Increase in other short-term investments		-12,000	-	-
Decrease in other short-term investments		-	-	-
Cash flow from investing activities		**-12,047**	**-**	**-472**
Financing activitites				
Borrowings		-	-	25,000
Arrangement fee		-		-3,000
Repayment of borrowings		-		-25,000
New share issue		-	120,111	120,111
Issuing expenses		-	-13,248	-13,248
Cash flow from financing activities		**-**	**106,863**	**103,863**
Change in cash and cash equivalents		**-37,956**	**73,000**	**253,525**
Cash and cash equivalents at beginning of period		281,820	33,036	33,036
Exchange rate difference in cash equivalents		2,169	-2,104	-4,741
Cash and cash equivalents at end of period*		**246,034**	**103,932**	**281,820**

* The company's cash and cash equivalents consist of cash and disposable balances with banks and other credit institutions.

Key Figures

SEK thousand	2026 Jan - Mar	2025 Jan - Mar	2025 Jan - Dec
Net sales	508	-	316,702
Operating results	-36,891	-45,032	154,100
Results for the period	-32,970	-46,922	146,974
Average number of shares	248,611,655	248,611,655	248,611,655
Earnings per share before and after dilution based on average number of shares (SEK)	-0.13	-0.19	0.59
Change in cash and cash equivalents	-37,956	73,000	253,525
Cash and cash equivalents	246,034	103,932	281,820
Short-term investments	12,000	-	-
Total available funds	258,034	103,932	281,820
Equity end of period	233,951	69,786	265,877
Equity/assets ratio, %	87%	59%	90%
Average number of employees	22	22	23
Number of employees at end of period	22	22	23
R&D costs as percentage of operating expenses	83%	90%	82%

Key performance indicators, definitions

Operating results, SEK thousand	Net sales less total operating expenses
Earnings per share, SEK	Profit/loss for the period divided by average number of shares for the period
Total available funds, SEK thousand	Cash and cash equivalents plus short term investments
Equity/asset ratio, %	Equity divided by total capital
R&D costs as a percentage of operating expenses, %	Research and development costs divided by operating expenses

Notes

Note 1 - General information

This interim report refers to Cantargia AB (publ) ("Cantargia"), corporate ID number 556791-6019. Cantargia has no subsidiaries.

Cantargia is a Swedish public limited company with registered office in Lund, Sweden. The company's address is Ideon Gateway, Scheelevägen 27, SE-223 63 Lund.

The interim report was approved for publication on May 19, 2026, in accordance with a resolution of the Board of Directors.

Note 2 - Accounting policies

This interim report has been prepared in accordance with the Swedish Annual Accounts Act, Recommendation RFR 2 Financial Reporting for Legal Entities of the Swedish Financial Reporting Board and IAS 34 Interim Financial Reporting. The accounting policies applied in preparing this interim report are consistent with those used in preparing the annual report for 2025.

Cantargia applies the alternative performance measures issued by the European Securities and Markets Authority (ESMA).

No new IFRS standards or IFRIC interpretations have had any material impact on Cantargia's financial reporting. IFRS 18, which is expected to come into force on January 1, 2027, but has not yet been adopted by the EU, will replace IAS 1 and introduce new requirements for the structure and disclosures in the income statement. Management is currently evaluating the exact implications of applying the new standard to the company's financial reporting.

Note 3 - Information on risks and uncertainties

Operational risks

Research and drug development up to approved registration is subject to considerable risk and is a capital-intensive process. The majority of all initiated projects will never reach market registration due to the technological risk such as the risk for insufficient efficacy, intolerable side effects or manufacturing problems. If competing pharmaceuticals capture market share or reach the market faster, or if competing research projects achieve better product profile, the future value of the product portfolio may be lower than expected. The operations may also be impacted negatively by regulatory decisions, such as approvals and price changes. External factors such as pandemics or the geopolitical instability may also impact the company negatively by hampering the company's possibilities to conduct clinical trials, get necessary regulatory approvals or conduct sales related activities. The recent geopolitical situation and implementation of tariffs has not had a direct impact to Cantargia's operations, but introduces uncertainties. In the short term tariff's may trigger higher inflation in general and on certain material used for research & development in particular. In the longer term, tariffs on pharmaceutical products may have an impact on the profitability which could adversely impact the present valuation of Cantargia's candidate drug programs.

Financial risks

Cantargia is exposed to various types of financial risks through its operations; liquidity risk, market risks (currency risks, interest rate risk, and other price risk), and credit riskts. Cantargia's financial risk management policy has been adopted by the board and forms a framework of guidelines and rules in the form of risk mandates and limits for financial operations.

Cantargia is a research and development company that reported its first revenues during the third quarter of 2025. Going forward, Cantargia's revenues are expected to fluctuate and mainly derive from milestone payments and future royalty income. The company's continued development of its drug candidates and ongoing operations therefore remain dependent on access to financial resources.

The company is also affected by foreign exchange risk since the main part of the development costs are paid in EUR and USD. In accordance with Cantargia's financial policy, the company exchanges cash into USD and EUR based on entered agreements in order to manage the currency exposure. A more detailed description of the company's financial risk exposure and risk management can be found in note 3 on pages 47-48 of the 2025 Annual Report.

Note 4 - Critical judgements and estimates

The preparation of financial statements and application of accounting policies are often based on judgements, estimates and assumptions made by management which are deemed reasonable at the time when they are made. The estimates and assumptions applied are based on historical experience and other factors which are deemed reasonable under current circumstances. The results of these are then used to determine carrying amounts of assets and liabilities that are not readily apparent from other sources. Actual outcomes may differ from these estimates and assessments.

Estimates and assumptions are reviewed regularly. Changes are recognized in the period in which they are made, if they affect only that period. If the changes affect both the current and future periods, they are recognised in the period of the change and in future periods.

The critical judgements and estimates that are of the greatest importance for Cantargia are described in Note 4 on page 48-49 in the Annual Report for 2025.

Note 5 - Net sales

The company's revenue has been generated in the following ways:

SEK thousand	2026 Jan - Mar	2025 Jan - Mar	2025 Jan - Dec
Net sales by geographical region			
Japan	–	–	308,690
USA	508	–	8,012
Net sales	**508**	**–**	**316,702**

Revenues have been solely generated from the acquisition of the CAN10 program by Otsuka Pharmaceutical.

Note 6 - Related party transactions

During 2026, no closely related transactions have occured. The company does not have any receivables or liabilities towards closely related parties at the end of the reporting period.

Note 7 - Costs by nature of expense

On a "by nature" basis, the sum of expenses by function is distributed as follows

SEK thousand	2026 Jan - Mar	2025 Jan - Mar	2025 Jan - Dec
Project costs	-21,374	-23,775	-76,327
Other external expenses	-4,980	-5,698	-31,655
Personnel expenses	-10,571	-14,990	-47,907
Other operating income and expense*	-189	273	-3,437
Depreciation	-284	-842	-3,275
	-37,399	**-45,032**	**-162,602**

*Other operating income and expenses comprise, in addition to exchange gains and losses, other taxes not classified as income tax.

Note 8 - Adjustments for non-cash items

SEK thousand	2026 Jan - Mar	2025 Jan - Mar	2025 Jan - Dec
Depreciation	-284	-842	-3,275
Employee stock option program	-1,361	-666	-3,618
Provision for CEO severance pay	-957	-	-2,015
	-2,602	**-1,508**	**-8,908**

Note 9 - Share based incentive programs

Employee stock option program

The purpose of share-based incentive programs is to promote the company's long-term goals and to create opportunities for the company to retain competent personnel.

Cantargia has in total four approved programs that covers the company's management, other employees, and consultants. The Employee Stock Option Program 2020/2023 decided at the Annual General Meeting in 2020 has expired and is no longer active. The Employee Stock Option Program 2021/2024 decided at the Annual General Meeting in 2021, the Employee Stock Option Program 2023/2026 decided at the Annual General Meeting in 2023, and Employee Stock Option Program 2025/2028 decided at the Annual General Meeting in 2025, are active programs with options granted. For more information about these programs, please refer to note 19 in the Annual Report for 2025.

The table on next page specifies the changes to the active programs during the year and summarizes the total number of shares that granted options may entitle to as of March 31, 2026

Changes in existing incentive programs during the year (number of warrants)	
Granted instruments	
Employee Stock Option Program 2025/2028	965,000
Forfeited instruments	
Employee Stock Option Program 2020/2023	-98,000
Employee Stock Option Program 2021/2024	-
Employee Stock Option Program 2023/2026	-
Employee Stock Option Program 2025/2028	-
Total change	**867,000**

Number of shares granted instruments may entitle to March 31, 2026*	
Employee Stock Option Program 2020/2023	-
Employee Stock Option Program 2021/2024	2,424,000
Employee Stock Option Program 2023/2026	2,340,000
Employee Stock Option Program 2025/2028	3,808,750
Number of shares granted instruments may entitle to	**8,572,750**

* Recalculation of employee stock option programs after the rights issue in 2022 means that each option in Employee Stock Option Program 2020/2023 and 2021/2024 entitles to 1.2 shares. One option in Employee Stock Option Program 2023/2026 entitles to 1.0 shares.

Full exercise of granted options as of March 31, 2026, corresponding to a total of 8,572,750 shares, would result in a dilution of shareholders by 3.3 per cent.

Note 11 - Accrued expenses and deferred income

SEK thousand	2026 Jan - Mar	2025 Jan - Mar	2025 Jan - Dec
Accrued salaries	3,855	2,300	7,424
Project expenses	16,004	31,319	11,188
Other accrued expenses*	3,861	6,533	4,300
	23,720	**40,151**	**22,913**

*Other accrued expenses include a provision for severance pay related to CEO, Göran Forsberg. As of March 31, 2026, the provision amounted to KSEK 957.

Note 12 - Significant events after the end of the period

- The study design and scientific rationale for the investigator-initiated Phase 1b/2a study of nadunolimab in combination with checkpoint inhibitors in microsatellite-stable (MSS) colorectal cancer were presented at AACR 2026.
- Early but highly encouraging data were presented from the ongoing investigator-initiated Phase 1b/2a study evaluating nadunolimab in higher-risk myelodysplastic syndrome (HR-MDS) and acute myeloid leukemia (AML), including complete remission in all HR-MDS patients evaluated to date, leading to initiation of a formal hematological malignancies program.
- In view of exciting new Phase 3 data in PDAC from Revolution Medicine's RAS inhibitor, we see a clear opportunity to enhance value by rethinking the timing and structure of the planned Phase 2b/3 PDAC study for nadunolimab so that a future pivotal program is taking full advantage of the new RAS inhibitor–driven treatment landscape.
- Dr. Wolfram Dempke will transition from the role of Chief Medical Officer and continue to support Cantargia as Chair of our PDAC Scientific Advisory Board.

Definitions

Acute Myeloid Leukemia (AML)
AML is a type of blood and bone marrow cancer characterized by the rapid proliferation of abnormal white blood cells, called blasts, in the bone marrow. These blasts crowd the bone marrow, preventing it from producing healthy blood cells. AML is also known as acute myelogenous leukemia or acute non-lymphocytic leukemia.

Antibody
Antibodies are protein structures produced by the immune system in response to foreign substances in the body, such as bacteria or viruses. They play a vital role in the immune response by fighting infections and protecting the body from diseases.

Antibody-Drug Conjugate (ADC)
An antibody-drug conjugate (ADC) is a targeted cancer therapy that combines the precision of a monoclonal antibody with the potency of a cytotoxic drug. Essentially, it's a drug delivery system where an antibody, designed to bind to a specific protein on cancer cells, is chemically linked to a toxic drug. This allows the antibody to deliver the drug directly to cancer cells, minimizing harm to healthy cells and potentially improving treatment outcomes.

Autoimmune disease
A condition where the immune system, which typically protects the body against foreign substances such as bacteria and viruses, mistakenly attacks and damages the body's healthy cells, tissues, and organs.

Bispecific antibody
A bispecific antibody is an antibody that, unlike standard monoclonal antibodies, which can bind only one target, is designed to bind two different targets simultaneously. This means it has two distinct "arms" capable of engaging two different proteins or cell types at the same time.

Blasts
Blasts are immature precursor cells of blood cells that are normally present in small numbers in the bone marrow and mature into functional blood cells. An increased proportion of blasts in the bone marrow or peripheral blood is a sign of disordered hematopoiesis and is seen in several hematologic diseases, such as myelodysplastic syndromes and acute leukemia.

Carboplatin
Carboplatin is a chemotherapy drug belonging to the group of platinum based chemotherapies. It is used to treat several types of cancer, including ovarian cancer, lung cancer, and in some cases breast cancer. It works by damaging the DNA of cancer cells, preventing them from dividing and causing them to die.

Checkpoint inhibitor
A type of medication that blocks or inhibits molecular pathways used by tumor cells to evade detection and attack by the immune system. A checkpoint inhibitor can activate the immune system and enhance its ability to recognize and attack cancer cells.

CTA
Abbreviation for "Clinical Trial Application", an application submitted to regulatory authorities to seek permission to start a clinical study.

Cytokine
Cytokines are a group of proteins and peptides whose function is to carry chemical signals. They attach to specific receptors on the target cells and are produced only when they are needed. They have many different kinds of target cells. Some cytokines contribute to the immune system, and some others stimulate the formation of red and white blood cells.

Drug candidate
A drug candidate is a molecule or substance that has been selected for further development because it has demonstrated sufficiently promising properties to potentially become a future medicine.

ESMO
The abbreviation "European Society for Medical Oncology".

FDA
The abbreviation of "Food and Drug Administration", the American drug regulatory agency.

GEICAM
GEICAM stands for "Grupo Español de Investigación en Cáncer de Mama". It is a Spanish research group that focuses on breast cancer research. GEICAM works to improve the understanding of breast cancer and develop new treatment methods through clinical studies and research.

Gemcitabine
Chemotherapy, or cytostatics, used to treat various types of cancer.

Hematological disease
A disease affecting the blood, blood-forming organs, or components involved in the function of blood.

Hematopoetic stem cells (HSCs)
Hematopoietic stem cells (HSCs) are multipotent stem cells responsible for the production of all types of blood cells, including red blood cells, white blood cells, and platelets. Hematopoietic stem cells are primarily found in the bone marrow, where they constitute approximately 0.05% of all cells. These stem cells are essential for hematopoiesis, the process by which blood cells are formed.

Hidradenitis suppurativa (HS)
Hidradenitis or acne inversa is a chronic, often painful, immunological skin disease characterized by inflammation of the skin, most commonly in the armpits and groin. The inflamed areas often develop nodules, abscesses, and wounds.

IL1RAP
Interleukin-1 Receptor Accessory Protein is a protein that plays an important role in the body's immune system by participating in the signaling of inflammatory responses. IL1RAP functions as an accessory protein for interleukin-1 receptors, helping to mediate the effects of cytokines involved in inflammation and immune responses.

Immunology
Immunology is the study of the immune system and its reaction to infectious agents and when the immune system does not work as it should in, for example, autoimmune diseases.

Immunoncology
An area within cancer treatment that focuses on using the body's own immune system to combat cancer.

IND
Abbreviation for "Investigational New Drug."

Interleukin-1 (IL-1)
Proinflammatory signaling molecule (cytokine) that play a crucial role in the body's immune response and inflammatory processes. There are two IL-1 cytokines, IL-1 alpha and IL-1 beta.

Interleukin-33 (IL-33)
Interleukin-33 is a protein that is a member of the IL-1 family and that drives inflammatory processes.

Interleukin-36 (IL-36)
Interleukin-36 (IL-36) is a group of cytokines that belong to the IL-1 family and have proinflammatory effects. IL-36 consists of three agonists: IL-36 alpha, IL-36 beta and IL-36 gamma, as well as an antagonist, IL-36 receptor antagonist (IL-36Ra). These cytokines play an important role in the body's immune system by activating inflammatory responses.

Leukemic Stem Cells (LSCs)
Leukemic stem cells (LSCs) are believed to arise from hematopoietic stem cells (HSCs), the cells responsible for generating a healthy blood supply. Found within the bone marrow, HSCs create all the different types of blood cells our bodies need. When genetic mutations occur within an HSC or one of its immediate descendants, the cell's normal regulatory processes can be disrupted. This leads to the birth of a leukemic stem cell, an altered entity that retains the self-renewing capability of a normal stem cell but without the proper controls.

Macrophage
A type of white blood cell that is part of the body's immune system and plays an important role in defending against infections and tissue healing.

Microsatellite stable colorectal cancer (MSS CRC)
Microsatellite stable colorectal cancer (MSS CRC) is a form of colon or rectal cancer in which the tumor cells have stable DNA in the so called microsatellites – short, repetitive DNA sequences.

Monoclonal antibody
Antibody originating from daughter cells of the same B-cell clone.

Myelodysplastic Syndrome (MDS)
MDS is a type of blood cancer where the bone marrow produces abnormal blood cells that don't mature properly. These abnormal cells, called dysplastic cells, can crowd out healthy blood cells, leading to conditions like anemia, low white blood cell count, and low platelet count.

Nab-paclitaxel
Chemotherapy, or cytostatics, is used to treat various types of cancer.

NCT number
Abbreviation for "National Clinical Trial Number," a unique identification code assigned to clinical trials.

Non-small cell lung cancer (NSCLC)
The most common type of lung cancer; a collective term for the type of lung cancer that does not fall under the category of small cell lung cancer.

Pancreatic Ductal Adenocarcinoma (PDAC)
Abbreviation for pancreatic ductal adenocarcinoma, pancreatic cancer.

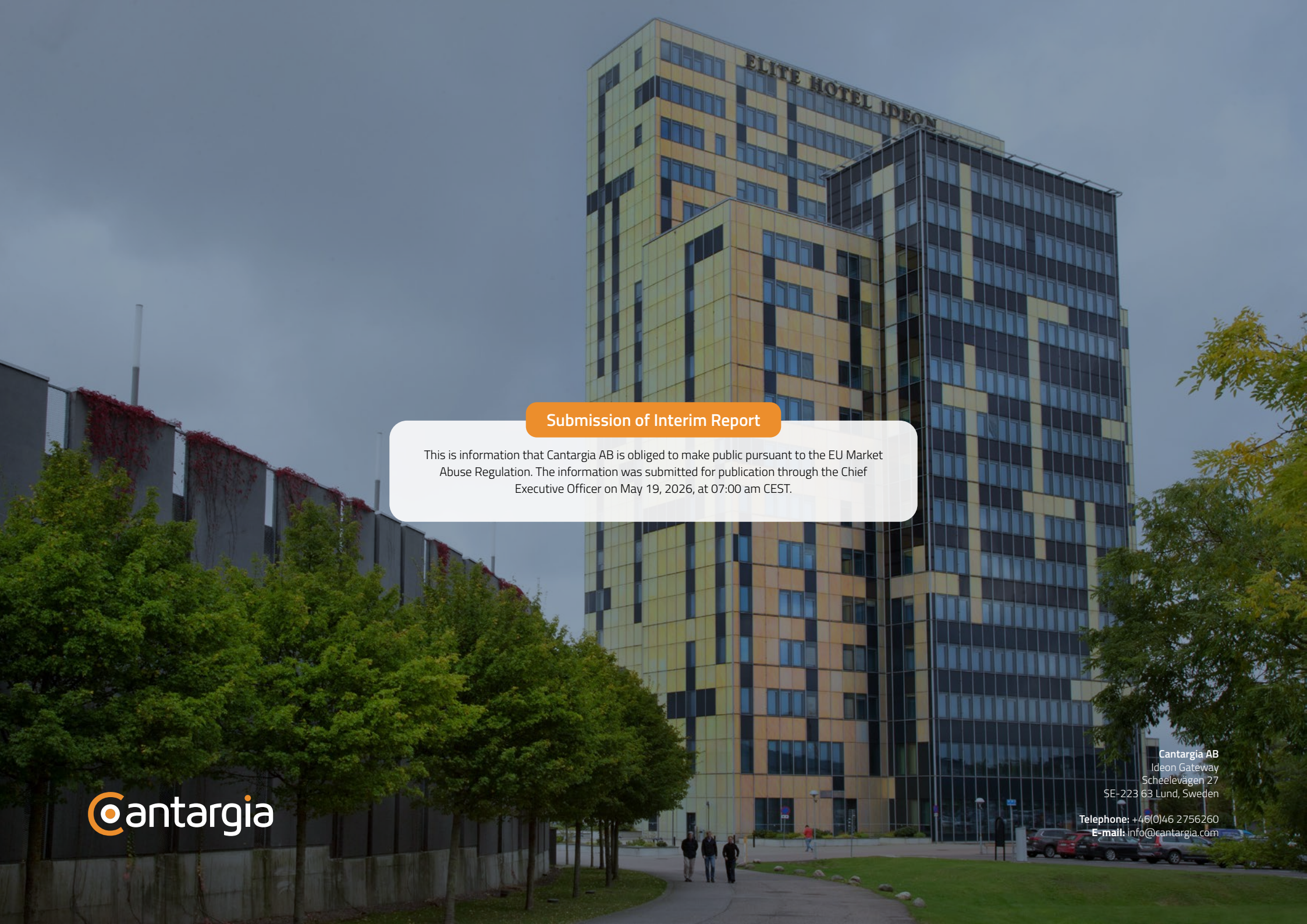
Randomized study
A clinical study where participants are randomly assigned to different groups or treatment arms to minimize bias and ensure comparability between the groups.

Squamous/non-squamous cell lung cancer
Squamous cell lung cancer develops from squamous epithelial cells that line the airways in the lungs; non-squamous cell lung cancer is a collective term for the type of lung cancer that does not fall under the category of squamous cell.

Solid tumors
A type of cancer that develops in solid tissues.

Targeted antibody
Antibody developed to recognize and bind to specific target proteins or structures in the body, such as proteins present on the surface of cancer cells.

Triple-negative breast cancer (TNBC)
A form of breast cancer characterized by the tumor lacking expression of three different receptors: estrogen receptor, progesterone receptor, and HER2 receptor. Since triple-negative breast cancer lacks expression of these receptors, it is not responsive to treatments targeting them.



Submission of Interim Report

This is information that Cantargia AB is obliged to make public pursuant to the EU Market Abuse Regulation. The information was submitted for publication through the Chief Executive Officer on May 19, 2026, at 07:00 am CEST.

cantargia

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