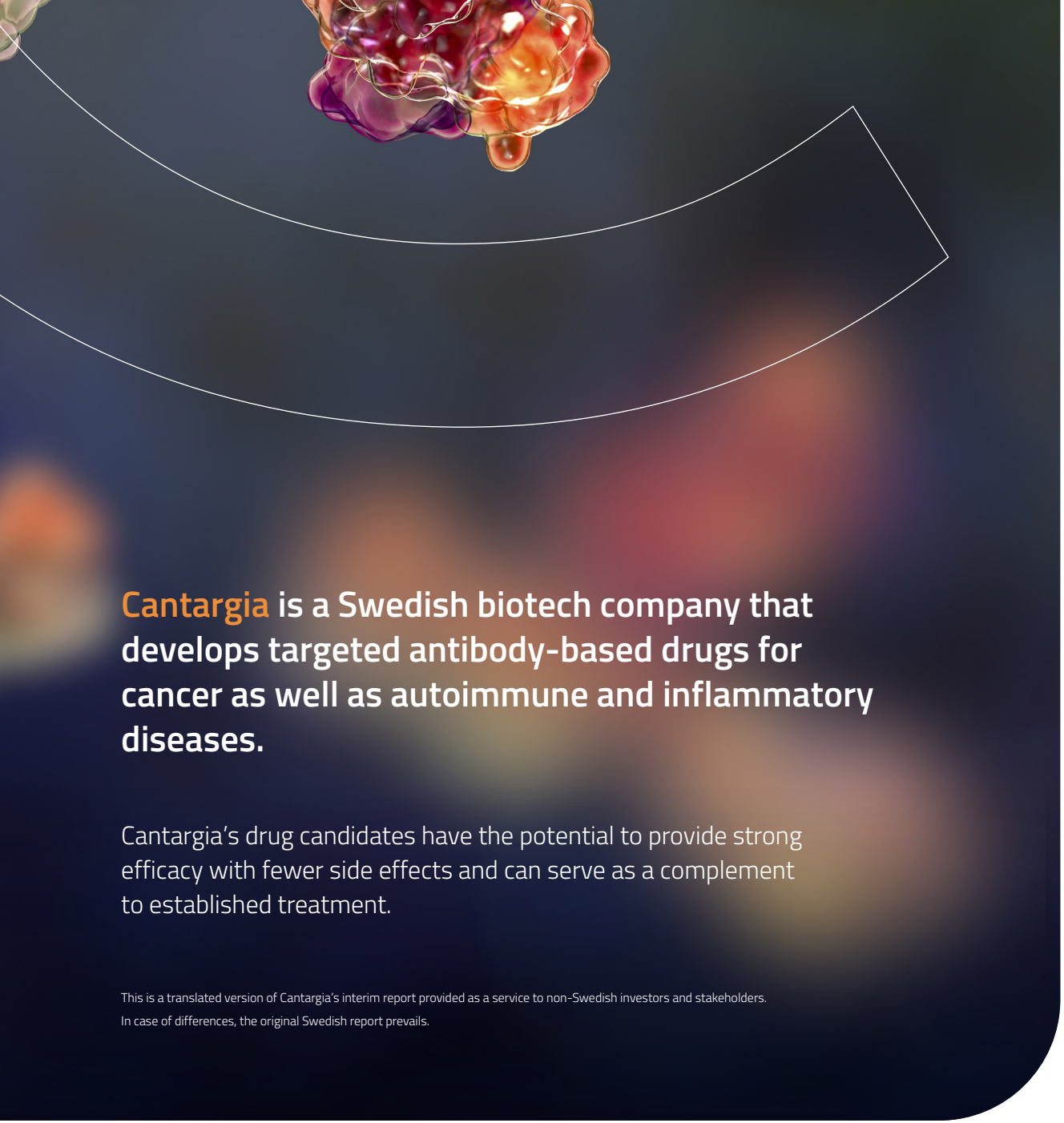
Cantargia

Interim Report

January – September 2024



Cantargia is a Swedish biotech company that develops targeted antibody-based drugs for cancer as well as autoimmune and inflammatory diseases.

Cantargia's drug candidates have the potential to provide strong efficacy with fewer side effects and can serve as a complement to established treatment.

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

Key figures

Third quarter

- Net sales: SEK 0.0 M (0.0)
- Operating loss: SEK -42.4 M (-78.7)
- Loss after tax: SEK -42.0 M (-76.5)
- Loss per share, before and after dilution: SEK -0.23 (-0.46)

Nine months

- Net sales: SEK 0.0 M (0.0)
- Operating loss: SEK -127.9 M (-218.9)
- Loss after tax: SEK -122.3 M (-208.8)
- Loss per share, before and after dilution: SEK -0.67 (-1.25)
- Equity/Asset ratio: 62 (77) per cent
- Cash and cash equivalents: SEK 59.8 M (120.0)
- Short-term investments: SEK 0.0 M (80.2)

Significant events in the third quarter and after the reporting period

July

- The company announced that its Chief Operating Officer, Liselotte Larsson, is leaving her position by mid-October 2024.

August

- Cantargia announced that an independent committee had analyzed unblinded data and recommended continuation to the second part of the clinical phase 1 study with multiple dosing of CAN10 in subjects with psoriasis.
- The MD Anderson Cancer Center received clearance from the FDA to start the leukemia study with nadunolimab, which is funded by a grant from the US Ministry of Defence.
- Cantargia announced that the first results regarding safety and efficacy in the randomized phase 2 trial in TNBC, TRIFOUR, is expected in the first half of 2025.

September

- Cantargia presented new results at the ESMO Congress regarding the benefits with nadunolimab combination therapy after relapse on PD1 inhibitor therapy.
- New results showing the potential of CAN10 in skin diseases were presented at EADV 2024.
- The first subject in the repeat-dose portion of the CAN10 project's phase 1 study was dosed.

Events after the end of the period

- New positive results regarding biomarkers and safety from the phase 1 clinical trial with CAN10 were reported.
- Cantargia reported new results from clinical trials with nadunolimab in several cancers, which support the current strategy.
- The Board of Directors of Cantargia proposed a rights issue, which, if fully subscribed, will bring in approximately SEK 170 million in gross proceeds. The rights issue is conditional upon the approval by an extraordinary general meeting convened for December 2, 2024.

Chief Executive's Review

The third quarter saw important progress in both of Cantargia's clinical projects. These two pillars provide stability and strength as we continue to build the company. Our new results, scientific presentations and publications generate continued interest, and we are optimistic about the way forward. To maintain the momentum, we propose a capital injection that has several purposes. Most importantly, it allows us to run the projects according to plan with a focus on key activities with several value adding milestones taking us closer to the market. At the same time we will be in a stronger position in the ongoing discussions with external partners.

The external interest in different disease areas varies, and one of the hottest areas right now is within inflammatory diseases. The results generated in the CAN10 program are very important because the project is focused on diseases of focus to large pharmaceutical companies and specialist investors.

The first major part of CAN10 development is largely complete and the results are strong. The main purpose of phase 1 studies is to study safety, and it is therefore pleasing that no serious side effects have been reported. In addition, we have documented that CAN10 reach its target, IL1RAP, on immune cells in the blood and binds it in accordance with the calculations we made before the study started. Our expectation is that binding to IL1RAP will render inflammatory immune cells, such as neutrophils and monocytes, insensitive to signals from the strongly inflammatory signaling molecules IL-1 and IL-36. The results confirm that this is the case, and the effect also lasts for at least a week after treatment.

Since September, we are now in the next phase of the study where we are investigating repeated dosing in participants with psoriasis. Based on external feedback, we assess the results from this part as potentially very value-enhancing. We expect to be able to provide updates when we receive material results in the first half of 2025 before starting the first phase 2 study in the second half of 2025.

Nadunolimab, which is being developed for cancer treatment, is in an interesting position where we are generating important results before the step from early phase 2 studies to a more advanced development stage. Currently, patients are being recruited to the phase 2 trial, TRIFOUR, in triple-negative breast cancer, where we expect the first results during H1 2025. At the end of the year, we also expect to initiate a new study in leukemia together with the MD Anderson Cancer Center in Houston, a study which is fully funded through a grant from the US Department of Defense.

Given that developments in cancer are characterized by both great opportunities and competition, it is important to thoroughly prepare for the next steps. Our goal is to maximize the likelihood of successful outcomes. In the past year, we have therefore put more resources into diagnostic methods to focus treatment on the patients who respond best, and we have made progress. An important part concerns the diagnostic method for patients with pancreatic cancer. We have documented strong results in the group with the highest levels of IL1RAP, but the diagnostic method has so far been in the development stage. With recent progress, we are able to modify the planned PANFOUR trial to be more cost-effective and have lower development risk, in line with feedback from both investors and potential partners. We expect to start this study in 2025.

During the period, we presented new results that created further interest in the project. The data generated regarding effect, both in the short and long term, show that we have a unique opportunity in lung cancer patients who previously received, but no longer respond to the highly important immune based cancer therapy Keytruda. We have shown that more than 90% in that group had a response with nadunolimab combined with chemotherapy and that the median survival was around 26 months, data that are very strong in a large patient group with limited treatment options. Nadunolimab is thus well positioned to fill parts of the need for therapy post-Keytruda. During the period, we have also presented new results that strengthen previous results about nadunolimab being able to counteract neuropathy. It is a serious side effect of both chemotherapy and antibody drug conjugates, a type of treatment that has great future hopes.

To keep the pace in our constructive discussions with several different external stakeholders, we are proposing a rights issue of up to SEK 170 million upon full subscription. As a result, we can now continue work with a modified PANFOUR study in pancreatic cancer that focuses on the patients who respond best to nadunolimab, i.e. just over half of the patients. In the first half of 2025, the important results will come in our first study with nadunolimab where we also have a control group. We are also preparing our first phase 2 study with CAN10 and will get important results in H1 2025. We expect eventful months ahead and I feel great enthusiasm for the future.

Göran Forsberg
CEO, Cantargia AB

Cantargia's Projects

Cantargia is a Swedish biotech company that develops antibody-based treatments for cancer and other life-threatening diseases. Cantargia's research and development were born out of an important discovery at Lund University where research on leukemic stem cells showed that the IL1RAP molecule is present on the cell surface of immature cancer cells. Further studies demonstrated that this molecule is also found on cancer cells from a large number of solid tumor types. Antibodies targeting IL1RAP can thus potentially be used for the treatment of several types of cancer.

IL1RAP integrates signals from cytokines of the interleukin-1 (IL-1) 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.

Nadunolimab (CAN04)

The development of Cantargia's first drug candidate, the IL1RAP-binding antibody nadunolimab, has progressed quickly and has demonstrated promising clinical and pre-clinical data in the treatment of cancer.

In a large number of cancer diseases, tumor growth benefits from the interleukin-1 system, which contributes to a pro-tumor environment. The IL-1 system is dependent on IL1RAP for transferring signals to cells and blockade of IL1RAP by nadunolimab prevents this signaling. In addition, nadunolimab targets these cells for destruction by our natural immune system.

The clinical development of nadunolimab focuses primarily on pancreatic cancer, triple-negative breast cancer and non-small cell lung cancer. Promising data from patients receiving nadunolimab in combination with chemotherapy that indicate a stronger efficacy than would be expected from chemotherapy alone have been presented.

In parallel with the clinical development, studies are conducted on various biomarkers to obtain more information regarding what patients respond best to treatment and how nadunolimab can be combined with additional established cancer therapies for optimal effect.

CAN10

IL1RAP is also an interesting target with many opportunities in diseases outside the field of cancer. In the CAN10 project, Cantargia is developing 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 autoimmune and inflammatory diseases.

The first clinical study with CAN10 is currently ongoing to investigate increasing levels of CAN10 as single intravenous administration in healthy participants followed by studies of subcutaneous multiple dosing in participants with psoriasis. Results from the study are reported continuously and no safety concerns have been observed at the dose levels completed to date. Furthermore, very promising and strong biomarker data has been reported.

Proposed lead indications for phase 2 development are Hidradenitis Suppurativa (HS) and Systemic Sclerosis, but a definitive decision will be made following scientific advisory boards well ahead of study start, which is planned for second half of 2025.

CANxx

In the CANxx project, Cantargia is expanding its knowledge of IL1RAP and develops new antibodies that complement nadunolimab and CAN10. The goal is to identify new antibody-based IL1RAP-targeting drugs with properties that differ from those of nadunolimab and CAN10 and are thus specifically designed for the treatment of new diseases.

Cantargia's project portfolio

Project	Disease	Type of treatment	Discovery phase	Preclinical	Phase 1	Phase 2	Phase 3
Nadunolimab	PDAC	1st line	Gemcitabin/nab-paclitaxel				
	TNBC	1st/2nd line	Carboplatin/gemcitabin				
	NSCLS/non-squamous NSCLC	1st/2nd line	Platinum doublets				
CAN10	HS Systemic Sclerosis						
CANxx	New opportunities within IL1RAP platform						

PDAC - pancreatic cancer; **TNBC** - triple-negative breast cancer; **NSCLC** - non-small cell lung cancer, **HS** - Hidradenitis Suppurativa

Ongoing clinical studies

In the clinical phase 1b/2 trial **TRIFOUR**, patients with triple-negative breast cancer are treated with nadunolimab in combination with chemotherapy. In this trial, an initial dose escalation phase in 15 patients was completed during 2023. This showed acceptable safety and promising efficacy of the combination, including a response rate of 60 per cent, which is well above historical control data. Patients are now enrolled in a second, randomized phase of TRIFOUR where the anti-tumor efficacy of nadunolimab in combination with chemotherapy will be evaluated and compared to a control group with chemotherapy only.

In addition to TRIFOUR, Cantargia is actively recruiting to a phase 1 clinical study with CAN10, where the primary objective is to evaluate safety and tolerability. Initially, escalating single doses were studied intravenously in 68 healthy volunteers. A second part involves up to 16 psoriasis patients who will receive repeated subcutaneous treatments at two dose levels, with the aim of demonstrating early proof-of-concept.

Completed clinical studies

In Cantargia's first clinical trial, the phase 1/2a study **CANFOUR**, nadunolimab was evaluated for treatment of pancreatic cancer and non-small cell lung cancer. While phase 1 primarily evaluated safety and dosage of monotherapy, phase 2a focused on combination therapy with standard therapies for pancreatic cancer and non-small cell lung cancer. The phase 1 results were very encouraging and indicated good safety, as well as effects on key biomarkers.

Moreover, positive results from phase 2a show clear signals on the efficacy of combination therapy as stronger effects were observed in both pancreatic cancer and lung cancer patients compared to what would be expected from chemotherapy alone. In a total of 73 patients with pancreatic cancer, median progression-free survival of 7.2 months and median overall survival of 13.2 months were observed, which is an improvement over historical control data for chemotherapy alone. Even stronger efficacy was observed in patients with high tumor levels of IL1RAP, including significantly prolonged median overall survival compared to patients with low IL1RAP levels (14.2 vs 10.6 months; p=0.012), which compares favorably to what was recently observed with currently available first line standard of care treatments (9.2 – 11.1 months). The safety was acceptable and notably the level of neuropathy was much lower than expected from chemotherapy alone, suggesting a protective effect of nadunolimab.

Cantargia's ongoing clinical studies

	Study	Disease	Combination therapy	Nr of patients	Status	NCT-number
nadunolimab	**TRIFOUR**	TNBC	Carboplatin/gemcitabin	Up to 117	Recruiting	NCT05181462
CAN10	**Phase 1 study**	Healthy volunteers/ psoriasis	-	64+16	Recruiting	NCT06143371

TNBC - tripple-negative cancer

In 40 non-small cell lung cancer patients, a response of 55 per cent was achieved, resulting in median progression-free survival of 7.2 months. This is an improvement over historical controls for chemotherapy only, which show a 22-28 per cent response rate and median progression-free survival of 5.1 months. Stronger efficacy was seen in second line patients (post-pembrolizumab) compared to first line patients, with the most pronounced efficacy results observed in second line non-squamous patients, with a response of 92%, a median progression-free survival of 13.0 months and a median survival of 28.9 months, including two complete responders.

Nadunolimab has been investigated in three additional clinical trials. In the phase 1b trial **CIRIFOUR**, nadunolimab was evaluated in combination with the checkpoint inhibitor pembrolizumab (Keytruda®) where the main objective concerns safety. A total of 15 patients with non-small cell lung cancer, head and neck cancer, or malignant melanoma were treated with nadunolimab in combination with pembrolizumab. The results show that nadunolimab in combination with pembrolizumab is well-tolerated. The median survival was 19.7 months, and the disease control rate was 60%, with the strongest benefits observed in the group of patients with a specific profile of immune and immunosuppressive cells in the tumor microenvironment.

In the phase 1b trial **CAPAFOUR**, patients with pancreatic cancer were treated with nadunolimab in combination with the chemotherapy regimen FOLFIRINOX, and in the phase 1/2 trial **CESTAFOUR**, nadunolimab was evaluated in combination with chemotherapy for the treatment of three types of solid cancers. Results showed an acceptable safety profile for the combinations as well as positive signals of efficacy in non-small cell lung cancer and gastrointestinal cancers. In addition, nadunolimab appeared to counteract oxaliplatin induced peripheral neuropathy.

Further clinical development

A phase 1b/2a clinical trial, designed to investigate nadunolimab in patients with AML and with MDS, is expected to be initiated during Q4 2024. The trial is sponsored by a grant from the US Department of Defense (DOD) to The University of Texas MD Anderson Cancer Center, which will be responsible for conducting the trial.

Based on the promising results generated in pancreatic cancer, a randomized phase 2/3 study with nadunolimab in combination with chemotherapy, with the aim to confirm the strong efficacy observed in patients with high tumor levels of IL1RAP, is planned.

Future development steps in triple negative breast cancer will be guided by the results achieved in the ongoing TRIFOUR study.

Further development in non-small cell lung cancer is forthcoming to focus on second line (post- pembrolizumab), non-squamous NSCLC, where the most pronounced efficacy has been observed.

The first phase 2 clinical study is planned to start during the second half of 2025 to investigate CAN10 therapy in e.g. hidradenitis suppurativa or systemic sclerosis

Market

Cancer – a global challenge

Cancer is one of the leading causes of death in the world, accounting for about 20 percent of deaths in the Western world. Globally, more than 18 million people are diagnosed with cancer annually and nearly 10 million die of cancer-related diseases[1]. Based on demographics-based predictions the number of new cases of cancer will reach 35 million by 2050[1]. Despite significant advances in treatment and diagnostics, there is a great need for new therapies. Cantargia is focusing the development of nadunolimab on pancreatic cancer (PDAC), triple-negative breast cancer, and non-small cell lung cancer.

Pancreatic cancer

Globally, and evenly distributed between male and female, approximately 511,000 new cases of pancreatic cancer were diagnosed in 2022. In the same year, 467,000 people died from the disease[1]. In the US, the number of people diagnosed with the disease has increased by nearly 72 per cent over the last 17 years. PDAC is today the third most common cause of cancer-related deaths in the US[2], and is expected to become the second most common by 2030[3]. Since pancreatic cancer is difficult to diagnose, it is also difficult to treat as it is often well-advanced at the time of diagnosis. Thus, the prognosis for 5-year survival rate is less than 10%[3].

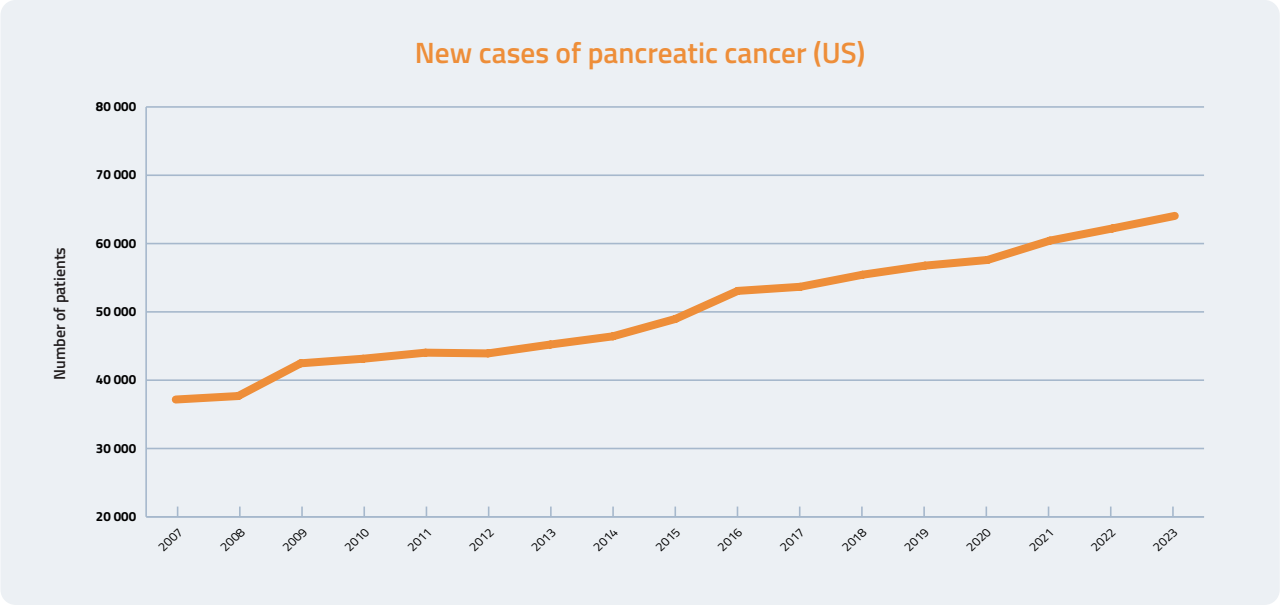
Pancreatic cancer treatment was valued at approximately USD 2.4 billion in the eight largest markets in 2021 and is expected to grow to approximately USD 5.4 billion by 2029[4]. This corresponds to an compounded annual growth rate of 10.6 per cent during these years. The growth in this market is mainly due to an increasing number of cancer cases. The number of people diagnosed with pancreatic cancer is estimated to increase by 60 per cent by 2040[1]. The increase in the number of cases is in turn caused by an aging population and an increasing incidence of diabetes, which are both risk factors for developing pancreatic cancer. Improved diagnostics also contribute to the expected market growth as they increase the likelihood of discovering pancreatic cancer at an earlier stage, thus enabling treatment.

Breast cancer

Breast cancer is currently the most common form of cancer in women. In 2022, approximately 2.3 million new cases were reported, and approximately 665,000 women died from the disease[1]. In 2040, around 3 million women are expected to be diagnosed with the disease and just over one million will die as a consequence of the disease[1]. The risk of developing breast cancer increases with age up to the age of 70. In the US, the median age for developing breast cancer is 62 years[5]. According to a study conducted on American women, increases in BMI and the fact that women on average give birth to fewer children, likely contribute to the increase in cases in the US between 1980 and 2018[6].

The global market for breast cancer treatment amounted to approximately USD 36.4 billion in 2022 and is expected to increase to USD 54.7 billion by 2028, corresponding to an annual growth rate of approximately 8 per cent[7]. The market growth is primarily caused by an increased incidence of the disease, but also the need for preventive measures and early treatment. The market growth is also expected to be driven by the launch of new therapies.

Approximately 10-15 per cent of breast cancer cases are triple-negative breast cancer[5]. The market for the treatment of triple-negative breast cancer is expected to be worth over USD 820 million by 2027 following an annual growth rate of approximately 4.5 per cent between 2020 and 2027[7].



Source: SEER Cancer Statistics Review

Lung cancer

In 2022, approximately 2.5 million cases of lung cancer were diagnosed globally and more than 1.8 million people died from the disease[1]. Around 85 per cent of all lung cancers are non-small cell lung cancer[5], which is subdivided into the squamous and non-squamous subgroups, where the latter is the largest and corresponds to 70-80 per cent of all cases[9]. In the US, the number of people diagnosed with lung cancer has decreased by approximately 27 per cent over the last 20 years, particularly in the male population, while the number of people diagnosed with this disease is increasing in countries such as China, Indonesia, and India, as well as in European countries such as Hungary, Denmark and Serbia. Incidence rates in women are expected to surpass those in men in several countries at younger or middle ages and in recent generations in Europe and Northern America. Five year survival from lung cancer tends to be around 27%[10].

Sales of drugs for non-small cell lung cancer totaled USD 20 billion in 2020 and are projected to increase to USD 45 billion by 2027[10]. Sales are mainly driven by increasing use of various antibody based immunotherapies. Another important factor contributing to the growth of the global market is the increasing incidence of lung cancer in many countries, especially in Asia and Eastern Europe.

The market for inflammatory diseases

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 tissue and organ damage. The treatment of inflammatory diseases often aims at reducing inflammation and relieving symptoms. Autoimmune diseases occur as the immune system accidentally attacks healthy cells instead of protecting these.

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 two 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 indications, a phenomenon known as "pipeline in a pill". The latest forecasts indicate that costs within the inflammation and immunology segment are expected to increase from 108 billion dollars this year to over 260 billion dollars over the next eight years[11].

The number of potential indications where CAN10 could be developed is significant, but the main options for the initial phase 2 studies are Hidradenitis Suppurativa (HS) and systemic sclerosis, areas with significant medical needs where there is a strong rationale for treatment with the CAN10 antibody.

Hidradenitis suppurativa

Hidradenitis suppurativa (HS) is a painful, chronic inflammation of hair follicles in areas with numerous sweat glands, such as the armpits and groin. Previously considered a skin disease, HS is now regarded as a systemic condition requiring multidisciplinary treatment.

It is estimated that nearly 1% of the population in Europe is affected, although the prevalence vary slightly between different countries and between men and women. HS is however about 3 times more prevalent in women than in men.

In total, approximately 1.9 million patients are diagnosed annually with severe and moderate disease in Europe and the USA. According to estimates, the pharmaceutical market for HS was valued at nearly USD 1.1 billion in 2023 and is expected to grow to USD 1.8 billion by 2028 across the seven major markets[11].

Systemic Sclerosis

Systemic sclerosis (SSc), also known as scleroderma, is a chronic autoimmune disease that is mainly characterized by inflammation and fibrosis of the skin and subcutaneous tissue, as well as blood vessels and internal organs such as the lungs, heart, and kidneys. SSc is generally categorized as diffuse cutaneous (dcSSc), applicable to ca. 40% of the patients and limited cutaneous (lcSSc), 60%, and differ by disease progression, autoantibody presentation, and internal organ involvement. Systemic sclerosis is a complex, heterogeneous disease that can occur with a variety of clinical manifestations ranging from minor to life-threatening.

The estimated annual incidence of systemic sclerosis is approximately 1.4-5.6 per 100,000[13], and women are significantly more impacted by the disease than men (approximately five times higher)[14]. The main cause of death in patients with systemic sclerosis is interstitial lung disease and the medical need is particularly high in these patients as well as in patients where multiple organs are involved.

The worth of the pharmaceutical market for systemic sclerosis was estimated to be approximately USD 500 million in 2020 and is expected to grow to USD 1.8 billion by 2030 on the seven major markets[15]. This corresponds to an average annual growth rate of 14 per cent. Among the approved therapies in SSc, that control symptoms and prevent disease complications are nintedanib, and immunosuppressive agents such as methotrexate, tocilizumab, and rituximab.

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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

The company's revenue amounted to SEK 0.0 (0.0) in the third quarter and SEK 0.0 (0.0) in the first nine months.

Operating expenses/operating loss

Research and development costs totaled SEK 38.9 million (75.3) in the third quarter and SEK 117.1 million (204.8) in the first nine months. Year to date, this corresponds to a reduction with 43% compared to the same period the previous year. This follows the plan as there were only two clinical studies (TRIFOUR and CAN10 phase 1) actively recruiting. In addition, no major investments have been made in production.

Administrative expenses amounted to MSEK 3.9 (3.3) in the third quarter and to MSEK 10.8 (11.4) during January to September.

Currency differences on trade payables, mainly related to the exchange rate fluctuations in the value of SEK against EUR and USD, are reported as other operating expenses regardless of a positive or negative impact. During the quarter, other operating expenses amounted to MSEK 0.4 (-0.1) compared to MSEK 0.05 (-2.7) year to date. The positive outcome during the third quarter is a result of a strengthened Swedish currency against Cantargia's main currencies, USD and EUR. For January to September, the exchange rate difference was not material.

The operating result was SEK -42.4 million (-78.7) during the third quarter and SEK -127.9 million (-218.9) during the first nine months.

Net financial income/expense

Net financial income/expense consists of foreign exchange differences in the company's currency accounts and interest earned on bank accounts as well as on short-term investments in fixed-rate accounts. The net financial income was MSEK 0.4 (2.3) for the third quarter and MSEK 5.6 M (10.1) during the period January to September.

Earnings

Cantargia's result before tax, which is the same as the loss for the period, was MSEK -42.0 (-76.5) during the third quarter and MSEK -122.3 (-208.8) during the first nine months of the year.

Cashflow and investments

Cash flow from operating activities was MSEK -44.4 (-85.7) in the quarter and MSEK -136.5 (-230.2) year to date. As part of cash flow from operating activities, changes in working capital were MSEK -4.0 (-12.3) in the third quarter and MSEK -17.8 (-23.6) during the period January to September.

Cash flow from investing activities was MSEK 20.0 (48.1) during the third quarter and MSEK 55.0 (156.9) during the first nine months. Cash flow from investing activities essentially refers to reallocation of other short-term investments in fixed-rate accounts and fixed income funds.

Cash flow from financing activities was 0.0 (0.0) during the third quarter and SEK 0.0 (0.0) during the first nine months.

The total change in cash and cash equivalents was MSEK -24.4 (-37.6) for the third quarter and MSEK -81.5 (-73.3) during the period January to September.

Financial position and going concern

The company's cash and cash equivalents, which consist of cash and demand deposits with banks and other credit institutions, were MSEK 59.8 (120.0) at the balance date. In addition to cash and cash equivalents, the company had short-term investments with banks and in fixed income funds of MSEK 0.0 (80.2). On September 30, total available funds, bank deposits and short-term investments, amounted to MSEK 59.8 (200.2).

Cantargia's equity/assets ratio on September 30, 2024, was 62 (77) per cent and equity was MSEK 48.9 (184.2).

At the end of the period, total assets amounted to MSEK 79.0 (238.9).

Cantargia has an ongoing need to secure financing in order to ensure continued development of its projects. This leads to uncertainty around the ongoing and future operations due to market challenges and financing needs.

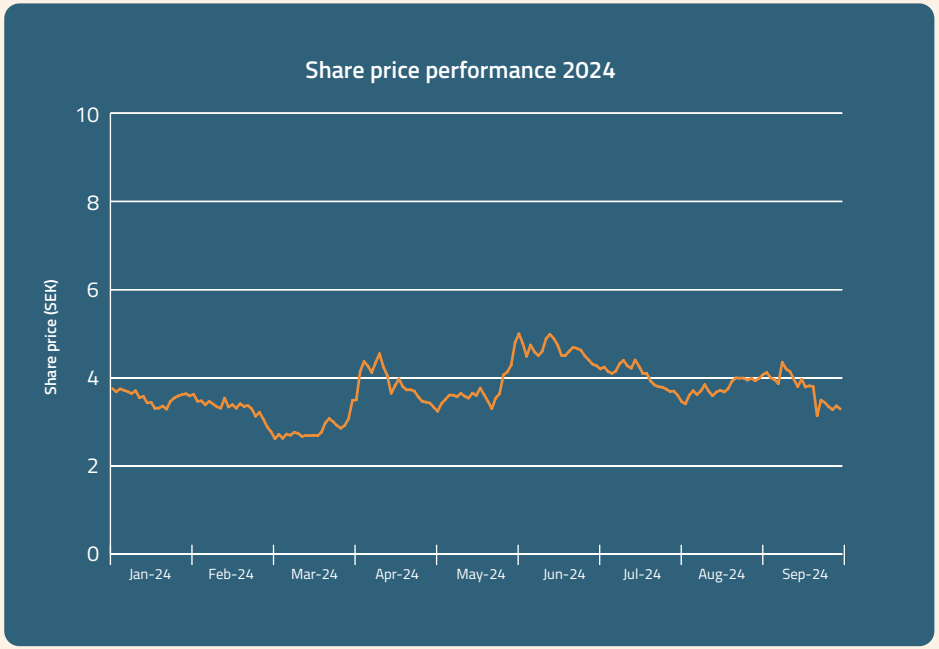
On November 6, the board proposed a rights issue, which subject to approval by the extraordinary general meeting on December 2, will contribute approximately MSEK 170 in gross proceeds, at full subscription. The issue is guaranteed to 70% or approximately MSEK 120. In case of full subscription, the board considers that the estimated net proceeds, approximately MSEK 150, together with the company's available funds of approximately MSEK 60 are sufficient to fund Cantargia's operations at least until the middle of 2026. Upon subscription up to the guaranteed level, operations will be funded into 2026.

Shareholder Information

Share information

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

The closing price on the last trading day of the period was SEK 3.29 (4.26). On September 30, 2024, the number of shares was 183,686,684 (166,987,895). The change from previous year is due to the directed share issue decided on October 30, 2023, which implied that 16,698,789 shares were issued at a price of SEK 3.55. The issue resulted in gross proceeds of approximately SEK 59 million before deduction of transaction costs.



Ownership distribution

Cantargia's ten largest owners as of September 30, 2024:

Owner	Number of shares	Capital/votes (%)
Fjärde AP-fonden	18,124,193	9.9%
Första AP-fonden	13,000,000	7.1%
Alecta Tjänstepension, Ömsesidigt	11,865,770	6.5%
Försäkringsaktiebolaget, Avanza Pension	8,951,514	4.9%
Six Sis AG	8,716,044	4.7%
Goldman Sachs International	6,317,994	3.4%
Handelsbanken fonder	5,467,839	3.0%
Swedbank Robur Fonder	3,692,995	2.0%
Brushamn Invest Aktiebolag	2,261,160	1.2%
Henrick Schill	2,138,526	1.2%
Other	103,150,649	56.2%
Total	**183,686,684**	**100.0%**

Ownership distribution by size class September 30, 2024

Holding	Number of shareholders	Number of shares	Capital/ votes (%)	Market Cap (kSEK)
1 - 500	7,413	1,105,746	0.6%	3,642
501 - 1,000	1,855	1,471,483	0.8%	4,847
1,001 - 5,000	3,901	9,784,133	5.3%	32,229
5,001 - 10,000	1,135	8,530,369	4.6%	28,099
10,001 - 15,000	444	5,540,252	3.0%	18,250
15,001 - 20,000	297	5,318,712	2.9%	17,520
20,001 -	806	138,878,051	75.6%	457,464
Unknown holding size	Unknown	13,057,938	7.1%	43,013
Total	**15,851**	**183,686,684**	**100.0%**	**605,064**

Other Information

Employees
The average number of employees during the third quarter was 22 (24), of whom 14 (13) were women. Cantargia operates to a large extent through external partners.

Financial calendar
- Year-end report 2024, February 21, 2025
- Interim report January-March 2025, May 13, 2025
- Interim report January-June 2025, August 21, 2025
- Interim report January-September 2025, November 19, 2025

Annual General Meeting 2025
The annual General Meeting of Cantargia will be held at Ideon Gateway, Scheelevägen 27 in Lund on May 15, 2025.

Review by auditors
The interim report has been reviewed by Cantargia's auditors.

Presentation of the Interim Report
Cantargia invites investors, analysts, and media to an audiocast with teleconference on November 15, 2024, at 15:00 (CET), where Cantargia's CEO Göran Forsberg and CFO, Patrik Renblad, will present Cantargia and comment on the interim report, followed by a Q&A-session.

Webcast: https://ir.financialhearings.com/cantargia-q3-report-2024.

Contact
Göran Forsberg – CEO at Cantargia AB
Telephone: +46 (0)46-275 62 60
E-mail: goran.forsberg@cantargia.com

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

CEO's Assurance

The CEO 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, November 15, 2024

Göran Forsberg
Chief Executive Officer

The Auditor's Report

Cantargia AB (publ), org nr 556791-6019

Introduction

We have reviewed the condensed interim financial information (interim report) of Cantargia AB (publ) as of September 30, 2024, and the nine-month period then ended. The board of directors and the CEO are responsible for the preparation and presentation of the interim financial information in accordance with RFR 2 and the Swedish Annual Accounts Act. Our responsibility is to express a conclusion on this interim report based on our review.

Scope of Review

We conducted our review in accordance with the International Standard on Review Engagements ISRE 2410, Review of Interim Report Performed by the Independent Auditor of the Entity. A review consists of making inquiries, primarily of persons responsible for financial and accounting matters, and applying analytical and other review procedures. A review is substantially less in scope than an audit conducted in accordance with International Standards on Auditing, ISA, and other generally accepted auditing standards in Sweden. The procedures performed in a review do not enable us to obtain assurance that we would become aware of all significant matters that might be identified in an audit. Accordingly, we do not express an audit opinion.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the interim report is not prepared, in all material respects, in accordance with RFR 2 and the Swedish Annual Accounts Act.

Lund, November 15, 2024

Öhrlings PricewaterhouseCoopers AB

Mikael Nilsson
Authorized Public Accountant
Auditor in charge

Statement of Comprehensive Income

SEK thousand	Note	2024 Jul - Sep	2023 Jul - Sep	2024 Jan - Sep	2023 Jan - Sep	2023 Jan - Dec
Operating income						
Net sales		-	-	-	-	-
		-	-	-	-	-
Operating expenses	5,6					
Research and development		-38,907	-75,275	-117,142	-204,833	-272,882
Administrative costs		-3,890	-3,305	-10,795	-11,386	-14,883
Other operating expenses		389	-125	48	-2,663	-2,252
		-42,408	**-78,705**	**-127,889**	**-218,882**	**-290,017**
Operating loss		**-42,408**	**-78,705**	**-127,889**	**-218,882**	**-290,017**
Financial income and expense						
Interest income and similar items		1,888	3,678	9,261	11,540	16,362
Interest expense and similar items		-1,503	-1,428	-3,643	-1,428	-6,372
		384	**2,251**	**5,618**	**10,112**	**9,990**
Loss before taxes		**-42,023**	**-76,454**	**-122,271**	**-208,770**	**-280,027**
Taxes		-	-	-	-	-
Loss for the period*		**-42,023**	**-76,454**	**-122,271**	**-208,770**	**-280,027**
Earnings per share before dilution (SEK)**		-0.23	-0.46	-0.67	-1.25	-1.65
Earnings per share after dilution (SEK)**		-0.23	-0.46	-0.67	-1.25	-1.65

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

Statement of Financial Position

SEK thousand	Note	30-SEP-2024	30-SEP-2023	31-DEC-2023
ASSETS				
Intangible assets				
Patent		3,981	4,882	4,657
		3,981	**4,882**	**4,657**
Tangible assets				
Machinery and equipment		2,933	5,483	4,845
		2,933	**5,483**	**4,845**
Total fixed assets		**6,914**	**10,365**	**9,502**
Current assets				
Other receivables		1,127	3,062	2,194
Prepaid expenses and accrued income		11,171	25,242	17,269
		12,298	**28,304**	**19,463**
Short-term investments				
Other short-term investments		-	80,239	55,000
		-	**80,239**	**55,000**
Cash and bank balances				
Cash and bank balances		59,812	120,004	139,747
		59,812	**120,004**	**139,747**
Total current assets		**72,110**	**228,547**	**214,210**
TOTAL ASSETS		**79,024**	**238,912**	**223,712**

SEK thousand	Note	30-SEP-2024	30-SEP-2023	31-DEC-2023
EQUITY AND LIABILITIES				
Equity				
Restricted equity				
Share capital		14,695	13,359	14,695
		14,695	**13,359**	**14,695**
Non-restricted equity				
Share premium account		1,676,530	1,623,185	1,676,530
Retained earnings		-1,520,016	-1,243,589	-1,242,456
Loss for the period		-122,271	-208,771	-280,027
		34,243	**170,825**	**154,047**
Total equity		**48,938**	**184,184**	**168,742**
Long-term liabilities				
Provision for social security contributions, incentive program	8	196	136	119
		196	**136**	**119**
Short-term liabilities				
Trade payables		5,696	24,146	23,173
Tax liabilities		-	-	-
Other liabilities		894	1,358	802
Accrued expenses and deferred income		23,300	29,089	30,877
		29,890	**54,592**	**54,851**
TOTAL EQUITY AND LIABILITIES		**79,024**	**238,912**	**223,712**

Statement of Changes in Equity

SEK thousand		Restricted equity	Non-restricted equity		Total
01-JAN-2024 - 30-SEP-2024	**Note**	**Share capital**	**Share premium account**	**Retained earnings incl. loss for the period**	**Total equity**
Openring balance January 1, 2024		**14,695**	**1,676,530**	**-1,522,482**	**168,742**
Loss for the period		-	-	-122,271	-122,271
Transaction with shareholders					
Issue of new shares		-	-	-	-
Capital acquisition cost		-	-	-	-
Employee stock option program	8	-	-	2,465	2,465
		-	**-**	**2,465**	**2,465**
Closing balance September 30, 2024		**14,695**	**1,676,530**	**-1,642,288**	**48,938**
01-JAN-2023 - 30-SEP-2023					
Opening balance January 1, 2023		**13,359**	**1,623,185**	**-1,246,860**	**389,684**
Loss for the period		-	-	-208,770	**-208,770**
Transaction with shareholders					
Issue of new shares		-	-	-	-
Capital acquisition costs		-	-	-	-
Employee stock option program	8	-	-	3,271	**3,271**
		-	**-**	**3,271**	**3,271**
Closing balance September 30, 2023		**13,359**	**1,623,185**	**-1,452,360**	**184,184**
01-JAN-2023 - 31-DEC-2023					
Opening balance January 1, 2023		**13,359**	**1,623,185**	**-1,246,860**	**389,684**
Loss for the period		-	-	-280,027	-280,027
Transaction with shareholders					
Issue of new shares		1,336	57,945	-	59,281
Capital acquisition costs		-	-4,600	-	-4,600
Employee stock option program	8	-	-	4,405	4,405
		1,336	**53,345**	**4,405**	**59,085**
Closing balance December 31, 2023		**14,695**	**1,676,530**	**-1,522,482**	**168,742**

Statement of Cash Flow

SEK thousand	Note	2024 Jul - Sep	2023 Jul - Sep	2024 Jan - Sep	2023 Jan - Sep	2023 Jan - Dec
Operating activities						
Operating loss	6	-42,408	-78,705	-127,889	-218,882	-290,017
Adjustments for non-cash items	7	1,142	1,792	5,129	5,971	7,951
Interest received etc.		830	3,570	4,070	6,374	9,929
Interest paid etc.		-	1	-	-1	-1
Cash flow from operating activities before changes in working capital		**-40,436**	**-73,342**	**-118,690**	**-206,538**	**-272,138**
Changes in working capital						
Change in receivables		-2,804	14,718	7,165	6,872	15,713
Change in trade payables		-5,852	-21,447	-17,477	-13,764	-14,737
Changes in other current liabilities		4,664	-5,596	-7,484	-16,733	-15,501
		-3,993	**-12,325**	**-17,796**	**-23,625**	**-14,525**
Cash flow from operating activities		**-44,429**	**-85,667**	**-136,486**	**-230,163**	**-286,663**
Investing activities						
Acquisition of tangible assets		-	-	-	-	-
Increase in other short-term investments		-	-	-	-40,000	-55,000
Decrease in other short-term investments		20,000	48,076	55,000	196,857	237,095
Cash flow from investing activities		**20,000**	**48,076**	**55,000**	**156,857**	**182,095**
Financing activitites						
Issue of new shares for the year		-	-	-	-	59,281
Capital acquisition cost		-	-	-	-	-4,600
Cash flow from financing activities		**-**	**-**	**-**	**-**	**54,681**
Change in cash and cash equivalents		**-24,429**	**-37,592**	**-81,486**	**-73,307**	**-49,888**
Cash and cash equivalents at beginning of period		84,685	158,916	139,747	189,573	189,573
Exchange rate difference in cash equivalents		-444	-1,320	1,549	3,738	62
Cash and cash equivalents at end of period*		**59,812**	**120,004**	**59,812**	**120,004**	**139,747**

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

Key Figures

SEK thousand	2024 Jul - Sep	2023 Jul - Sep	2024 Jan - Sep	2023 Jan - Sep	2023 Jan - Dec
Net sales	-	-	-	-	-
Operating loss	-42,408	-78,705	-127,889	-218,882	-290,017
Loss for the period	-42,023	-76,454	-122,271	-208,770	-280,027
Average number of shares	183,686,684	166,987,895	183,686,684	166,987,895	169,771,027
Earnings per share before and after dilution based on average number of shares (SEK)	-0.23	-0.46	-0.67	-1.25	-1.65
Change in cash and cash equivalents	-24,429	-37,592	-81,486	-73,307	-49,888
Cash and cash equivalents	59,812	120,004	59,812	120,004	139,747
Short-term investments	-	80,239	-	80,239	55,000
Total available funds	59,812	200,243	59,812	200,243	194,747
Equity end of period	48,938	184,184	48,938	184,184	168,742
Equity/assets ratio, %	62%	77%	62%	77%	75%
Average number of employees	22	24	22	24	24
Number of employees at end of period	21	23	21	23	22
R&D costs as percentage of operating expenses	92%	96%	92%	94%	94%

Key performance indicators, definitions

Operating profit/loss, 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 November 15, 2024, 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 2023, except for the classification of financial items in the income statement.

The interim report has been prepared using the cost method. No IFRS or IFRIC interpretations that have not yet become effective are expected to have a material impact on the company. Cantargia applies the alternative performance measures issued by the European Securities and Markets Authority (ESMA).

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 COVID-19, or the war in Ukraine, 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. A more detailed description of the company's risk exposure and risk management can be found in the section "Risks and risk management" in the Directors' report in the Annual Report for 2023.

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 does not have or is expected to generate revenue in the near term. The company's ongoing and future development of its drug candidates as well as ongoing operations are dependent of the availability of financial resources. On November 6, 2024, the board of directors proposed a rights issue, which subject to approval by the extraordinary general meeting on December 2, 2024, will provide approximately MSEK 150 in net proceeds, fully subscribed. This capital raise together with the company's available funds are expected to cover the capital requirement at least until the middle of 2026. In case of subscription up to the guaranteed level, the capital requirement is estimated to be covered into 2026. Any deviation from these plans could increase the risk for Cantargia's operational activities and continued operation.

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 risk exposure and risk management can be found in the section "Risks and Risk Management" in the management report on page 36 of the 2023 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 53 in the Annual Report for 2023.

Note 5 - Related party transactions

Cantargia has co-funded a postdoctoral position within Lund University's CANFASTER program, where Professor Karin Leandersson is the research director. Karin Leandersson was a member of Cantargia's board of directors until the Annual General Meeting in 2023 and was therefore also an insider at Cantargia. In 2024, the Company incurred a cost of KSEK 0 (141.0).

Cantargia has an agreement with Walter Koch to provide consulting services related to work with biomarkers. Walter Koch is related to current board member Flavia Borellini. In 2024, the cost was KSEK 16.0 (0).

Moreover, Cantargia has entered a consulting agreement with former board member Thoas Fioretos. During 2024, the Company incurred a cost of KSEK 200 (0).

The Board considers that the above agreement has been concluded on commercial terms.

Note 6 - Costs by nature of expense

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

SEK thousand	2024 Jul - Sep	2023 Jul - Sep	2024 Jan - Sep	2023 Jan - Sep	2023 Jan - Dec
Project costs	-26,551	-62,160	-80,014	-165,264	-220,479
Other external expenses	-6,464	-6,358	-17,663	-21,185	-26,278
Personnel expenses	-8,918	-9,199	-27,675	-27,182	-37,557
Other operating income/expense	389	-125	48	-2,663	-2,252
Depreciation	-863	-863	-2,586	-2,588	-3,451
	-42,408	**-78,705**	**-127,889**	**-218,882**	**-290,017**

Note 7 - Adjustments for non-cash items

SEK thousand	2024 Jul - Sep	2023 Jul - Sep	2024 Jan - Sep	2023 Jan - Sep	2023 Jan - Dec
Depreciation	-863	-863	-2,586	-2,588	-3,451
Employee stock option program	-279	-929	-2,543	-3,382	-4,499
	-1,142	**-1,792**	**-5,129**	**-5,971**	**-7,951**

Note 8 - 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 three active programs that covers the company's management, other employees, and consultants. These programs are the Employee Stock Option Program 2020/2023 decided at the Annual General Meeting in 2020, the Employee Stock Option Program 2021/2024 decided at the Annual General Meeting in 2021, and the Employee Stock Option Program 2023/2026 decided at the Annual General Meeting in 2023. For more information about these programs, please refer to note 19 in the 2023 annual report.

Below is a summary of the total number of shares that granted options may entitle to as of September 30, 2024. One warrant in Employee Stock Option Program 2020/2023 and 2021/2024 represents 1.2 potential ordinary shares. One warrant in Employee Stock Option Program 2023/2026 represents 1.0 potential ordinary share.

Full exercise of granted options as of September 30, 2024, corresponding to a total of 6,240,600 shares, would result in a dilution of shareholders by 3.3 per cent. If decided, but not allotted options, a further total of 1,115,000 are fully exercised, it would result in a total dilution of shareholders of 3.9 per cent.

Changes in existing incentive programs during the year (number of warrants)	
Granted instruments	
Employee Stock Option Program 2020/2023	-
Employee Stock Option Program 2021/2024	-
Employee Stock Option Program 2023/2026	1,885,000
Exercised instruments	**-**
Lapsed instruments	
Employee Stock Option Program 2020/2023	-
Employee Stock Option Program 2021/2024	-276,000
Employee Stock Option Program 2023/2026	-230,000
Total change	**1,379,000**

Number of shares granted instruments may entitle to September 30 2024*	
Employee Stock Option Program 2020/2023	2,089,600
Employee Stock Option Program 2021/2024	2,496,000
Employee Stock Option Program 2023/2026	1,655,000
Number of shares granted instruments may entitle to	**6,240,600**

* 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.

Note 9 - Significant events after the end of the period

Rights issue 2024

On November 6, Cantargia's board decided to propose a rights issue, conditional of the approval by an extraordinary general meeting, which means that the company's share capital will be increased by a maximum of SEK 7,347,467.36 through the issue of a maximum of 91,843,342 new shares.

In case of full subscription, the proposed rights issue brings in approximately MSEK 170 in gross proceeds. The issue is guaranteed to MSEK 120 or approximately 70% through subscription commitment from existing main shareholders and through guarantee commitment.

In addition to the approval of a extraordinary general meeting on 2 December 2024, the rights issue is subject to a prospectus being prepared in accordance with the prospectus regulation (EU) 2017/1179, for registration and approval by the Swedish Financial Supervisory Authority.

Subscription of shares is expected to take place during the month of December and the proceeds are
expected to be received at the end of the year.

In connection with the rights issue, board and management have entered into Lock-up agreements in which, subject to customary exceptions, they undertake not to sell shares for at least 90 days from the closing of the transaction.

New results from clinical studies with nadunolimab

New clinical results from two combination studies with nadunolimab documented positive effect signals within nadunolimab's most important development areas, non-small cell lung cancer and gastrointestinal
forms of cancer. In addition to the efficacy signals, the results suggest that nadunolimab counteracts oxaliplatin-induced neuropathy. No unexpected observations related to safety were reported.

New positive results regarding biomarkers and safety from phase 1 clinical trial with CAN10.

All nine dose groups that investigated single dosing with CAN10 or placebo, showed good safety and promising biomarker results. Even one week after the infusion, a single dose of CAN10 completely blocks IL-1 signaling in the blood of the participants. Thus, combined with the previous confirmation of complete blockade of IL-36 stimulation, the key objectives have been achieved. In summary the potential and the unique mechanism of action of CAN10 are validated in the phase 1 single dose study. The second part, which investigates
multiple dosing, is ongoing.

Definitions

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.

ASCO
Abbreviation of "American Society of Clinical Oncology".

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.

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.

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

Combination therapy
Therapeutic strategy where two or more treatment methods are used simultaneously to treat a disease or condition.

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.

EADV
Abbreviation of European Academy of Dermatology and Venereology.

ERS
Abbreviation of European Respiratory Society.

ESMO
The abbreviation "European Society for Medical Oncology".

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

Gemcitabine
Chemotherapy, or cytostatics, is 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.

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.

In vivo models
Animal models that evaluate biological processes, diseases, and drug effects in living organisms.

IND
Abbreviation for "Investigational New Drug."

Interim results
Partial results generated during ongoing clinical trials; can provide a preliminary indication of the effectiveness of a treatment.

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.

Interstitial lung disease
A group of diseases affecting lung tissue; characterized by inflammation and scarring in lung tissue.

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

Myocarditis
Inflammation of the heart muscle affecting the cardiac tissue and heart function.

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.

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

Pembrolizumab
A type of checkpoint inhibitor that works by blocking a signaling pathway in the immune system mediated by the molecule PD-1, thereby activating the immune system to kill cancer cells. Also known as Keytruda®.

Pemetrexed
Chemotherapy used to treat various types of 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 November 15, 2024, at 07:00 am CET.

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Cantargia AB
Ideon Gateway
Scheelevägen 27
SE-223 63 Lund, Sweden

Telephone: +46(0)46 2756260
E-mail: info@cantargia.com