PRESS RELEASE
25 April 2025 19:00:00 CEST

Cantargia presents association between nadunolimab and reduction of chemotherapy induced peripheral neuropathy (CIPN) at AACR

- **Clinical findings show association between nadunolimab and lower incidence and later onset of CIPN**
- **Preclinical data show prevention of both chemotherapy- and antibody-drug conjugate- (ADC) payload-induced neuropathy by a nadunolimab surrogate, supporting the clinical observations and suggesting an extension of benefits into the ADC field**

Cantargia (Cantargia AB (publ); Nasdaq Stockholm: CANTA) today released a poster on nadunolimab's potential in reducing the treatment-limiting burden of CIPN in metastatic cancer patients. Findings from the CANFOUR trial demonstrated that any-grade CIPN was less frequent in patients receiving higher doses of nadunolimab, compared to patients in the lower dose group. This is now supported by data from patients in two additional clinical trials as well as data from several preclinical models. Together the data suggests that nadunolimab may combine antitumor activity with a potent reduction of CIPN.

"The data that is presented at AACR show an association of nadunolimab with both a lower incidence and a delayed onset of CIPN caused by nab-paclitaxel or oxaliplatin. Given the persistent and often treatment-limiting nature of CIPN, any reduction in its severity or occurrence could represent a very meaningful clinical advantage. It is also very encouraging to see that a murine surrogate to nadunolimab can reduce not only CIPN induced by several different chemotherapy drugs, but also neuropathy induced by ADC payloads" said David Liberg, Chief Scientific Officer at Cantargia.

Peripheral neuropathic pain, a common and often severe side effect, can be triggered by both chemotherapy and ADCs through inflammatory pathways. This type of pain can profoundly impact a patient's quality of life, sometimes necessitating dose reductions or even discontinuation of treatment.

Nadunolimab shows promising clinical benefit in combination with standard of care chemotherapies. The CANFOUR trial in advanced pancreatic cancer (PDAC) where nadunolimab was combined with nab-paclitaxel and gemcitabine, showed an impressive 48% ORR, 14.2 months OS, and 35% 24 months survival in patients with high levels of IL1RAP protein expression in tumor cells. Additionally, a potential neuroprotective role of nadunolimab was observed in the same trial, which could provide patients with dual benefits of tumor control and reduced treatment-related neuropathy.

In line with the data in the CANFOUR trial, analysis of data in the CESTAFOUR (nadunolimab in combination with FOLFOX) and CAPAFOUR (nadunolimab in combination with mFOLFIRINOX) trials in advanced solid tumor indications further supports nadunolimab's potential neuroprotective role. In both clinical trials, an association between higher doses of nadunolimab and lower incidence and later onset of CIPN was observed. Furthermore, preclinical data showed

that a mouse-specific nadunolimab surrogate antibody prevented neuropathy induced by the chemotherapeutic agents nab-paclitaxel, gemcitabine, vincristine, as well as the combination of nab-paclitaxel and gemcitabine. Additionally, chemotherapy was shown to induce upregulation of IL-1 family cytokines, providing mechanistic insight into the suggested role of nadunolimab in counteracting CIPN. Using a preclinical model, the IL1RAP surrogate could also prevent neuropathy caused by tubulin targeting ADC payloads. These findings support the hypothesis that nadunolimab may help mitigate neuroinflammation and protect against peripheral nerve damage caused by ADCs, a rapidly growing and effective class of therapeutics in clinical use, yet frequently limited by significant side effects such as peripheral neuropathy.

The preclinical studies were performed in collaboration with Dr. Hana Starobova and colleagues at the University of Queensland, Australia. Details of the poster are given below:

Poster number: 309
Poster title: Adding nadunolimab to chemotherapy or antibody drug-conjugates (ADCs) may improve antitumor efficacy and counteract peripheral neuropathy
Session date: April 27, 2025

The poster will be presented at the AACR annual meeting 2025 in Chicago, IL on April 27 from local time 2-5pm by Dr. Elin Jaensson Gyllenbäck from Cantargia. The poster will be uploaded on Cantargia's webpage **www.cantargia.com**.

For further information, please contact
Damian Marron, Interim CEO
Telephone: +46 (0)46-275 62 60
E-mail: **damian.marron@cantargia.com**

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

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

About nadunolimab (CAN04)

The antibody nadunolimab binds strongly to its target IL1RAP and functions by inducing ADCC and blocking IL-1α and IL-1β signaling. Nadunolimab can thereby counteract the IL-1 system which contributes to the immune suppressive tumor microenvironment and the development of resistance to chemotherapy. Nadunolimab is investigated in multiple clinical trials; the phase I/IIa trial CANFOUR, **NCT03267316**, evaluates nadunolimab in combination with standard chemotherapies in patients with pancreatic ductal adenocarcinoma (PDAC) (gemcitabine/nab-paclitaxel) or non-small cell lung cancer (NSCLC) (platinum-based chemotherapies). Positive data show durable responses for combination therapy in 73 PDAC patients, resulting in a median iPFS of 7.2 months and median OS of 13.2 months. An even higher median OS of 14.2 months was observed in a subgroup of patients with high tumor levels of IL1RAP. Strong efficacy was also observed in 40 NSCLC patients with median PFS of 7.2 months and a response rate of 55%; even higher responses were observed in non-squamous NSCLC patients. Early efficacy data from the phase 1b/2 trial TRIFOUR, **NCT05181462**, also shows signs of promising efficacy in TNBC with a 60% response rate for nadunolimab combined with carboplatin/gemcitabine.

Attachments

Cantargia presents association between nadunolimab and reduction of chemotherapy induced peripheral neuropathy (CIPN) at AACR Neuropathy #309