

Cantargia reports new preclinical data confirming the potential of nadunolimab and CAN10

Cantargia (Cantargia AB; Nasdaq Stockholm: CANTA) today reported new preclinical data providing further support for its lead assets, the IL1RAP-binding antibodies nadunolimab (CANO4) and CAN10, in both cancer and cardiovascular disease. The data shows that IL1RAP blockade results in reduced vascular inflammation and that levels of IL1RAP correlate with various inflammatory markers in inflamed tissue.

Vascular inflammation is considered integral for both cardiovascular disease and tumor growth. The findings demonstrate that antibody blockade of IL1RAP in a cell-based system results in decreased levels of multiple inflammatory markers, including interleukin-6 (IL-6), produced by vascular cells. The data further indicates that these effects may lead to reduced recruitment of inflammatory immune cells. Notably, analyses of human atherosclerotic plaques show that the level of IL1RAP correlated with several of the inflammatory markers reduced by IL1RAP blockade, including IL-6.

"The new results presented today add further support for the potential of both nadunolimab and CAN10 in treatment of life-threatening diseases and provide useful information for future biomarker strategies," said Göran Forsberg, CEO of Cantargia.

These data were generated by Ass. Prof. Karin Franzén's research group at Örebro University and are today presented in a poster session at the Chemical Biology Workshop: Drug & Biomarker Discovery in Athens. The poster is now also available at Cantargia's webpage (link).

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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. The main 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 interim 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 systemic sclerosis and myocarditis.

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



About nadunolimab (CANO4)

The antibody nadunolimab binds strongly to its target IL1RAP and functions by inducing ADCC and blocking IL-1alpha and IL-1beta signaling. Nadunolimab can thereby counteract the IL-1 system which contributes to the immune suppressive tumor microenvironment and 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 PDAC (gemcitabine/nab-paclitaxel) or NSCLC (platinum-based chemotherapies). Positive interim data show durable responses for the combination therapy in 73 PDAC patients, resulting in 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 30 NSCLC patients with median PFS of 7.0 months and a response rate of 53%; even higher responses were observed in non-squamous NSCLC patients. Early efficacy in TNBC with a 60% response rate for nadunolimab combined with carboplatin/gemcitabine. Nadunolimab is also investigated with chemotherapy in the clinical trials CAPAFOUR, **NCT04990037**, and CESTAFOUR, **NCT05116891**, and with the checkpoint inhibitor pembrolizumab in the CIRIFOUR trial, **NCT04452214**.

About CAN10

The CAN10 antibody binds strongly to its target IL1RAP and has a unique capability to simultaneously inhibit signaling via IL-1, IL-33 and IL-36. Inhibition of these signals can be of significant value in the treatment of several inflammatory or autoimmune diseases. The initial focus of CAN10 will be on two severe diseases: myocarditis and systemic sclerosis. In preclinical in vivo models of myocarditis, a CAN10 surrogate antibody significantly reduced the development of inflammation and fibrosis, and significantly counteracted the deterioration of the cardiac function. The CAN10 surrogate also inhibited disease development in models of systemic sclerosis, psoriasis, psoriatic arthritis, atherosclerosis and peritonitis. CAN10 is currently evaluated in a phase I clinical trial, with initial data expected in 2024.

Attachments

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