PRESS RELEASE
04 June 2023 15:00:00 CEST

Cantargia publishes ASCO 2023 poster on promising nadunolimab efficacy in non-small cell lung cancer

Cantargia (Cantargia AB; Nasdaq Stockholm: CANTA) today presented interim efficacy data for 39 non-small cell lung cancer (NSCLC) patients treated with nadunolimab (CAN04) and platinum-based chemotherapy as a poster at the ASCO Annual Meeting 2023 (ASCO 2023), and on the Cantargia webpage. Efficacy of the combination therapy was well above historical data for chemotherapy alone, including two patients with complete response.

"*Our recent efficacy data for nadunolimab, in particular the nadunolimab monotherapy activity, have generated significant interest ahead of today's presentation. We look forward to present and discuss the new data at ASCO 2023*," said Göran Forsberg, CEO of Cantargia.

The data presented today at ASCO 2023 were communicated at the time of abstract release on May 25, 2023. In summary, the results show strong efficacy of nadunolimab combined with platinum-based chemotherapy in 39 NSCLC patients.

In a subgroup of 16 patients with non-squamous NSCLC treated with nadunolimab and cisplatin /gemcitabine in the phase I/IIa trial CANFOUR, two patients had complete response; both were previously progressed on Keytruda® and had no detectable PD-L1 on their tumor cells. Notably, one of the complete responses was achieved after almost nine months of nadunolimab monotherapy after termination of chemotherapy. Efficacy for the total 30 first- or second-line NSCLC patients treated with this combination in the CANFOUR trial is summarized below, as reported May 25, 2023:

Efficacy parameter	**All (n=30)**	**Historical control [1,2]**	**Non-squamous (n=16)**	**Non-squamous, historical control [3]**
Median OS	**13.7 mo**	10.3 mo	**15.9 mo**	11.3 mo
Median PFS	**7.0 mo**	5.1 mo	**7.3 mo**	4.9 mo
ORR	**53%**	22-28%	**56%**	19%
Complete response	**6.7% (n=2)**	<1%	**12.5% (n=2)**	<1%

Consistently high response rates to nadunolimab combined with platinum doublets in different lines of therapy were also reported. This includes a preliminary ORR of 60% in five first- or second-line NSCLC patients with carboplatin/pemetrexed, and a preliminary ORR of 50% in four third-line or beyond NSCLC patients with cisplatin/gemcitabine.

Details of the poster session at ASCO 2023 can be found below. The poster is now also available at Cantargia's webpage (**www.cantargia.com/en/research-development/publications**).

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Abstract Number and Title: #9089 Safety, efficacy and biomarker data in non-small cell lung cancer patients treated with the anti-IL1RAP antibody nadunolimab in combination with platinum doublet
Session: Lung Cancer – Non-Small Cell Metastatic
Session Date and Time: Sunday, June 4, 2023 at 8:00 AM-11:00 AM CDT
Presenter: Dr. Luis Paz-Ares

References
[1] Schiller et al, N Engl J Med 2002; 346:92–98
[2] Scagliotti et al, J Clin Oncol 2008; 26:3543–3551
[3] Gandhi et al, N Engl J Med 2018; 378:2078-2092

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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**.

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About nadunolimab (CAN04)
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 evaluates nadunolimab in combination with standard chemotherapies in patients with PDAC (gemcitabine/nab-paclitaxel) or NSCLC (platinum-based chemotherapies) (**NCT03267316**). 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 12.9 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 data from the phase Ib/II trial TRIFOUR (**NCT05181462**) also shows signs of promising efficacy in TNBC with a 50% 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**).

Attachments
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