

Cantargia reports favorable outcome of patent oppositions in Europe

Cantargia (Cantargia AB; Nasdaq Stockholm: CANTA) today reported a favorable outcome of the oppositions on its European patent EP3293202, related to IL1RAP-targeting antibodies with specified functional properties. Following oral proceedings before the Opposition Division at the European Patent Office (EPO), patent protection for Cantargia's lead asset nadunolimab and a broad range of variant antibodies was maintained.

"The multiple oppositions filed against Cantargia's patent portfolio is a testament to our leading position in the field of IL1RAP-targeting antibody-based therapies, and the significant interest in future commercial activities using such therapies. We are pleased with the outcome of the process as this patent provides further protection for nadunolimab and its variants," said Göran Forsberg, CEO of Cantargia.

In late 2021, Cantargia reported that oppositions had been filed by third parties against one of its European patents, EP3293202. This patent encompassed IL1RAP-targeting antibodies with functional properties similar to nadunolimab, including binding site, affinity, and capability to internalize into cancer cells.

In response to the oppositions, and to align EP3293202 with EPO guidelines on antibody inventions revised during 2021, Cantargia voluntarily limited the patent claims such that the amino acid sequences of the claimed antibodies are also defined, with a potential variability of up to 10%. Following the oral proceedings, the Opposition Division ruled that EP3293202 would be maintained with this new claim scope, which encompasses nadunolimab as well as a broad range of modified variants of nadunolimab with similar functional properties. It should be noted that the decision by the Opposition Division may be appealed. EP3293202 is valid until at least 2035.

Cantargia has extensive patent protection for IL1RAP-targeting antibodies and their use in therapy and diagnostics of cancer, including leukemias and solid tumors. Cantargia's patent portfolio includes over 100 patents globally, granted in key commercial territories such as the US, Europe, Japan and China.

Multiple previous oppositions against Cantargia's patent portfolio have been unsuccessful and Cantargia has managed to maintain its protection for IL1RAP-targeting therapy with unchanged claim scope.

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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 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 (NCTO4990037) and CESTAFOUR (NCTO5116891), and with the checkpoint inhibitor pembrolizumab in the CIRIFOUR trial (NCTO4452214).

Attachments

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