PRESS RELEASE
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Cantargia Announces Publication of Data Supporting IL1RAP as a Therapeutic Target and Predictive Biomarker in PDAC

Cantargia AB (publ) (Nasdaq Stockholm: CANTA) today announced the publication of preclinical and clinical findings from the nadunolimab trial CANFOUR in the scientific journal *JCI Insight*. The results underscore the role of IL1RAP in pancreatic ductal adenocarcinoma (PDAC), its involvement in treatment resistance, and its potential as both a therapeutic target and predictive biomarker. The findings further support the potential of nadunolimab as a component of future treatment strategies for PDAC. The data were generated in collaboration with the research group of Dr. Jashodeep Datta at the Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine.

"These findings further strengthen the evidence that IL1RAP plays a critical role in pancreatic cancer and is associated with the most aggressive forms of the disease," said David Liberg, CSO of Cantargia. "Importantly, these compelling data show that IL1RAP can be effectively targeted to fundamentally alter the tumor microenvironment, resulting in both direct inhibition of tumor growth and improved responsiveness to therapies that would otherwise have limited or no effect. We believe these findings further support the potential of nadunolimab as a novel treatment patients with pancreatic cancer."

The data demonstrates potent effects of a mouse surrogate antibody of nadunolimab in a preclinical model of aggressive KRAS-mutated PDAC. Treatment with the surrogate antibody strongly inhibited tumor growth in this difficult-to-treat model and led to distinct changes in the tumor microenvironment. This effect primed the tumor for response to chemoimmunotherapy, which is otherwise ineffective in this model.

Analyses of human PDAC samples showed that IL1RAP expression is elevated in the tumor microenvironment and selectively enriched in tumors from treatment-resistant patients. Furthermore, in tumor specimens from patients enrolled in the CANFOUR trial and treated with nadunolimab in combination with gemcitabine and nab-paclitaxel, high IL1RAP expression in stromal and immune cells was associated with prolonged duration of response.

Together, these findings suggest that IL1RAP expression in the pancreatic tumor represents a distinct therapeutic barrier that contributes to treatment resistance in PDAC. Targeting these cells with nadunolimab may help improve sensitivity to both chemotherapy and immunotherapy.

The data produced are relevant for both early and late-stage PDAC. Recent clinical data point to RAS-inhibition as a future backbone for treatment of second-line metastatic PDAC and Cantargia is preparing for a clinical study in this patient population in combination with a RAS-inhibitor. Dr Jashodeep Datta and collaborators at the Sylvester Comprehensive Cancer Center are also preparing for an IIT in the neoadjuvant setting, investigating the combination of nadunolimab with chemoimmunotherapy patients with operable PDAC.

"Our findings identify IL1RAP-expressing myeloid and stromal cell networks as dominant drivers of treatment resistance in pancreatic cancer," said Dr. Jashodeep Datta, Associate Professor of Surgery and DiMare Family Chair in Immunotherapy at the Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine. "By targeting these networks, we observed profound changes in the tumor microenvironment that enhanced responsiveness to chemoimmunotherapy in preclinical models. These results highlight IL1RAP as both a promising therapeutic target and a potential biomarker for patient response. We look forward to collaborating with Cantargia also on clinical development, including a neoadjuvant trial here at Sylvester Comprehensive Cancer Center."

The article entitled *"IL1RAP-expressing myeloid-stromal networks represent a therapeutic vulnerability to improve chemoimmunotherapy sensitivity in pancreatic cancer"* by Dickey, Marsh et al., is available via **the JCI Insight website** and at **Cantargias website**.

The publication is based in part on results previously presented at scientific conferences during 2025 and 2026.

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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. Cantargia's oncology program, the antibody nadunolimab (CAN04), is being studied clinically, primarily in combination with chemotherapy with a focus on pancreatic cancer and non-small cell lung 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. In September 2025, the acquisition of CAN10 by Otsuka Pharmaceutical was completed.

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

About nadunolimab (CAN04)
Nadunolimab is an antibody that 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 has been investigated in multiple clinical trials; the phase I/IIa trial CANFOUR, **NCT03267316**, evaluated 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. Intriguing efficacy was observed in a small group of non-squamous NSCLC patients post PD(L)-1 therapy.

Attachments
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