

Cantargia publishes AACR Special Conference poster on new nadunolimab clinical and biomarker data in pancreatic cancer

Cantargia (Cantargia AB; Nasdaq Stockholm: CANTA) today presented a poster on the pancreatic cancer (PDAC) clinical and biomarker data communicated on September 27, 2023, at the AACR Special Conference: Pancreatic Cancer 2023 (AACR 2023). The poster is now also available at Cantargia's webpage.

The data presented include new results for late-stage PDAC patients given nadunolimab (CAN04) monotherapy in the phase I/IIa clinical trial CANFOUR, as well as updated data on the 73 first-line patients given nadunolimab in combination with gemcitabine/nab-paclitaxel. Notably, patients with high IL1RAP levels had stronger clinical benefit compared to those with low IL1RAP levels, including significantly prolonged median progression-free survival by monotherapy (3.6 vs 1.6 months; $p=0.0073$) and median overall survival by combination therapy (14.2 vs 10.6 months; $p=0.026$).

Biomarker data obtained from publicly available gene databases also show that levels of IL1RAP are increased in PDAC tumors compared to healthy pancreas, in particular in late-stage tumors, and that high levels of IL1RAP are associated with poor survival. High IL1RAP levels also correlated with the presence of KRAS mutations associated with aggressive disease.

Details of the poster session at AACR 2023 can be found below. The poster is now also available at Cantargia's webpage (<https://cantargia.com/en/research-development/publications>).

Abstract title: Interleukin-1 receptor accessory protein (IL1RAP) overexpression is associated with worse prognosis in PDAC and is targetable by nadunolimab

Date and time: September 29, 2023, 4:40 PM – 6:40 PM EDT

Presenter: Dr. David Liberg

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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 (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 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 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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