**PRESS RELEASE**
17 April 2026 21:00:00 CEST

# Cantargia Announces AACR 2026 Presentation of Study Design and Supportive Pre-Clinical Data for Investigator-Initiated Nadunolimab Study in MSS CRC

**Cantargia AB (Publ) (Nasdaq Stockholm: CANTA) today reported that the rationale and study design of the phase 1b/2 clinical trial investigating nadunolimab in combination with immune-checkpoint inhibitor therapy in patients with chemotherapy-refractory metastatic microsatellite stable (MSS) colorectal cancer (CRC) will be presented at the AACR annual meeting. The clinical trial is an investigator-led initiative in collaboration with Dr. Dan Feng at the Mount Sinai Tisch Cancer Center, New York. The poster also includes supportive pre-clinical data with a nadunolimab surrogate antibody showing anti-tumor efficacy and alleviation of immunosuppression in a model of metastatic CRC.**

*"The preclinical data presented further reinforce the scientific rationale for combining nadunolimab with immune#checkpoint inhibition and underscore the relevance of IL1RAP# targeted approaches in treatment#resistant MSS colorectal cancer"* said Hilde Steineger, CEO of Cantargia.

The new phase 1b/2 study (NCT07281716), led by principal investigator Dr. Dan Feng, is designed to investigate nadunolimab in combination with the anti-PD-1 inhibitor toripalimab in patients with MSS CRC. In addition to investigating anticancer effects, the study will include a comprehensive biomarker assessment package**.** The study has, as of January 12, 2026, enrolled two patients with the aim of treating up to 21 patients.

Preclinical work from researchers at Mount Sinai Tisch Cancer Center strongly implicates IL1RAP dependent signaling in immunosuppressive and treatment resistant pathways in this disease. Synergistic effects of combining a nadunolimab surrogate antibody and immune-checkpoint inhibitors are shown by reducing tumor burden and counteracting the immunosuppressive tumor microenvironment and expanding the cytotoxic T cell compartment in a CRC model that is otherwise unresponsive to immunotherapy.

The poster CT082 "*A phase 1b/2 study of toripalimab and nadunolimab for the treatment of chemotherapy-refractory metastatic microsatellite stable (MSS) colorectal cancer (CRC)"* will be presented by Dr. Jacob Alexander Lowy from Mount Sinai Tisch Cancer Center at the session Phase 1 Clinical Trial in Progress at AACR Annual meeting in San Diego on April 20, 2026. Once presented, the poster will be available for download at **Cantargia's website**.

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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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