Press release

Cantargia AB
556791-6019
10 March 2020

Cantargia acquires Cellerant IP on IL1RAP

Cantargia AB today announced the acquisition of a patent portfolio from Cellerant Therapeutics Inc covering aspects around the interleukin 1 receptor accessory protein (IL1RAP). The acquired IP includes a US patent on IL1RAP as a target for antibody therapy in leukemia. Thereby, Cantargia has broadened its IP portfolio and secured ownership of the key patents around IL1RAP as a target for cancer therapy.

Cantargia develops antibody-based pharmaceuticals against the interleukin 1 receptor accessory protein (IL1RAP). In the most advanced program, the antibody CAN04 binds IL1RAP with high affinity and its anti-tumor activity consists of stimulation of immune cells to eradicate cancer cells as well as blockade of interleukin 1 signaling. CAN04 is being investigated in an open label phase I/IIa clinical trial, CANFOUR, examining first line chemotherapy combination with two different standard regimes in patients with non-small cell lung cancer (NSCLC) or pancreatic cancer (PDAC), as well as monotherapy in late stage patients (www.clinicaltrials.gov).

Cantargia has a broad patent protection, including IP on the antibody CAN04 valid until 2035, and other IL1RAP binding antibodies. In addition, Cantargia also has patents on antibody therapy targeting IL1RAP in both solid tumors and in hematological cancer. Besides the patents that Cantargia already owns, there is one additional patent on IL1RAP as target for antibody-based therapy in hematological cancer: US patent no. 8,715,619 from Cellerant, valid until 2029. Although hematological cancer is outside Cantargia's current development focus, Cantargia has now acquired this and remaining patents and patent applications in this family as well as some additional IP from Cellerant's IL1RAP portfolio. The additional IP concerns a few novel antibodies against IL1RAP that may be further evaluated in Cantargias CANxx program. Under the terms of the agreement, Cellerant will receive an insignificant upfront purchase payment and will also be entitled to a low single digit royalty on sales covered by claims in the acquired Cellerant patents, until they expire. No other milestone payment is included in the agreement.

"Cantargia has focused the CAN04 development on solid tumors and the clinical data we have generated in patients with NSCLC or PDAC are encouraging. By acquiring this IP, we have secured all relevant IP on IL1RAP as a target for cancer therapy", said Göran Forsberg, CEO of Cantargia.

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This is information that Cantargia AB is obliged to make public pursuant to the EU Market Abuse Regulation. The information was submitted for publication, through the agency of the contact person set out above, at 08.45 CET on 10 March 2020.

About Cantargia
Cantargia AB (publ), reg. no. 556791-6019, is a biotechnology company that develops antibody-based treatments for life-threatening diseases. The basis for this is the protein IL1RAP that is involved in a number of diseases and where Cantargia has established a platform. The main project, the antibody CAN04, is being studied in the clinical phase I/IIa CANFOUR study with a primary focus on non-small cell lung cancer and pancreatic cancer. The study is focused on combination therapies, but also includes a monotherapy arm. Positive interim data from the combination therapies were presented in December 2019. Cantargia's second project, the antibody CAN10, 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 http://www.cantargia.com.

About CAN04
The antibody CAN04 binds IL1RAP with high affinity and functions through both ADCC and blockade of IL-1α and IL-1β signaling. CAN04 is investigated in an open label phase I/IIa clinical trial, CANFOUR, examining first line

chemotherapy combination with two different standard regimes in 31 patients with NSCLC (gemcitabine/cisplatin) and 31 patients with PDAC (gemcitabine/nab-paclitaxel) as well as monotherapy in late stage patients (www.clinicaltrials.gov). The phase I monotherapy data from 22 patients were presented at ASCO 2019 and showed a good safety with infusion related reaction being the most common side effect. In addition, the biomarkers IL6 and CRP were decreased with treatment and 9/21 patients had stable disease. Positive interim data from the combination therapies were presented in December 2019. A phase I trial investigating CAN04 in combination with an immune checkpoint inhibitor is planned to start H1 2020.