

Third party withdraws appeal related to Cantargia patent

Cantargia (Cantargia AB; Nasdaq Stockholm: CANTA) today reported that the Notice of Appeal filed with respect to one of Cantargia's granted European patents, EP3293202, has been withdrawn. Thereby, the patent remains in force with claims encompassing Cantargia's lead asset nadunolimab and related variant antibodies, as originally decided by the EPO Opposition Division.

"As this appeal has now been withdrawn, we can conclude the broad scope of our patent portfolio and continue our focus on exploring the commercial opportunities of our clinical projects, nadunolimab and CAN10, and the IL1RAP platform," said Göran Forsberg, CEO of Cantargia.

In late 2021, oppositions were filed by third parties against EP3293202. Following oral proceedings held on July 5, 2023, the EPO Opposition Division decided that EP3293202 would be maintained with a new claim scope, encompassing a broad range of variants of nadunolimab with similar functional and structural properties. As communicated on October 4, 2023, one of the opponents subsequently filed a Notice of Appeal against the EPO Opposition Division's decision to maintain EP3293202. This appeal has now been withdrawn. Thus, the appeal process will not continue, and EP3293202 will remain in force with claims as originally decided by the EPO Opposition Division.

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. A composition of matter patent for CAN10 has been granted in the US, with additional applications pending in other major territories.

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This information is information that Cantargia is obliged to make public pursuant to the EU Market Abuse Regulation. The information was submitted for publication, through the agency of the contact persons set out above, at 2023-11-20 09:10 CET.



PRESS RELEASE

20 November 2023 09:10:00 CET

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/Ila trial CANFOUR, NCT03267316, evaluates nadunolimab in combination with standard chemotherapies in patients with PDAC (gemcitabine/nab-paclitaxel) or NSCLC (platinum-based chemotherapies). 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 60% 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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