Introduction

In the US, 7.5M patients present with chest pain consistent with Acute Coronary Syndrome (ACS), of which 25% patients are confirmed with ACS each year. **ACS** which includes acute myocardial infarction (AMI) and unstable angina pectoris (UA), account for over **9 million (16%) deaths globally**. Minority groups are disproportionately affected by ACS. African Americans are at greater risk of myocardial infarction (MI), rehospitalization, and death from ACS. Among those who do not die, left ventricle damage from AMI leads to heart failure, the most expensive cause of hospitalization in the US. ACS and its consequences, including heart failure due to large AMIs, are a substantial burden to the global healthcare system with total costs estimated to cross $366B by 2035.

We are developing a treatment for ACS that will provide very early metabolic support to the ischemic myocardium. Our treatment, IMT-358, is a combination of glucose, insulin, and potassium with a specific formulation and dosing regimen. IMT-358 can prevent or mitigate myocardial damage, thus improving mortality and morbidity for patients with ACS. Combinations of glucose, insulin, potassium (GIK has been shown in numerous preclinical studies to reduce infarct size in the ischemic myocardium by 1) the stimulation of glucose metabolism; 2) the reduction of free fatty acids (FFAs) and their toxic effects on myocardium; and 3) insulin's anti-apoptotic and anti-inflammatory properties. All of these reduce mortality and cardiac arrest.

However, in humans, **only one study to date**, our original pre-pivotal (Ph. 2-POC) **IMMEDIATE Trial** (Immediate Myocardial Metabolic Enhancement During Initial Assessment and Treatment in Emergency Care, now referred to as IMMEDIATE-1), a double-blind placebo-controlled clinical trial, has tested IMT-358 in a way that recapitulates the animal model situation. IMT-358 was administered as early as possible during ACS in patients seen by emergency medical service (EMS) following a call to 9-1-1. **IMMEDIATE-1 showed that IMT-358 reduced cardiac arrest and mortality by 50% and infarct size by 80%.** Based on these promising results, the FDA are supportive of the continued clinical development of IMT-358 and have granted us a Special Protocol Assessment (**SPA**) for our proposed IMMEDIATE-2 Trial (Ph. 3) and have designated IMT-358 as a **Breakthrough Therapy**. IMT-358 is also eligible for a Biologic License Application (**BLA**) for 12-year market exclusivity.

We aim to establish IMT-358 as the **First- and Best-in-class first line therapy** providing metabolic protection to minimize cardiac damage and instability during acute coronary syndromes (ACS) and other indications. We have **strong IP and go-to-market strategy** to bring this breakthrough drug to market. Based on feedback from KOLs, US payers and other experts, IMT-358 will **revolutionize ACS treatment** like tPAs did for stroke. We are convinced that the clinical development of IMT-358 will provide substantial societal benefits by **saving lives, and reducing the cost burden on the healthcare system**, as well as being an attractive market proposition for investors with potential **blockbuster** status shortly after launch.

The company is led by Atul Deshpande, a seasoned biotech executive who has launched global blockbuster drug like Dupixent and played a substantial role in taking his pervious company, Harbour BioMed, public in Dec. 2020 in the HKEX. He is joined by Drs. Harry Selker and James Udelson, both at Tufts MC who led the IMMEDIATE-1 trial. In addition, the company's SAB includes leading experts like Drs. Gene Braunwald, Frank Peacock, Mike Levy, Pam Douglas, and Ed Pazella among others who are guiding the team through this exciting phase of growth. The company has raised $40M in non-dilutive funding so far and is raising its seed round with friends and family targeting $6M to execute on its CMC plans. In addition, the company aim to raise an additional $100M to execute on its Ph. 3 trial and POC for additional indications like stroke and high-risk surgery.

Contact: Atul Deshpande; Cell Ph. – 908-210-3347; Email – adeshpande@immtx.com
https://www.linkedin.com/in/dratuldeshpande/