

IRAZÚ ONCOLOGY

First-in-class OMV Immunotherapy: tumor antigens, self-adjuvant, and immunosuppressive-cell targeting in one

Series A: \$30M | Preclinical | IND Submission 2027 | Phase 1 FIH Q3 2028

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\$2.2B

Addressable Market

NSCLC, MSS CRC, PDAC (\$15B TAM)

100%

IRZ-01 Durable Response

n=17, 5 mo post 2nd rechallenge

2027

IND Submission

FDA Pre-IND aligned

Q3 2028

Phase 1 FIH

CEA/MUC-1+ solid tumors

THE PROBLEM

Checkpoint inhibitors fail 60–70% of patients with solid tumors. Patients with “cold” tumors — lacking immune infiltration — derive virtually no benefit. No approved therapy simultaneously kills tumor cells and reprograms the immunosuppressive tumor microenvironment (TME).

IRZ-03: FIRST-IN-CLASS MULTIMODAL IMMUNOTHERAPY

IRZ-03 displays **CEA and MUC-1** (tumor antigens) plus **PD-L1** (targeting PD-L1+ immunosuppressive cells — TAMs, MDSCs, suppressive DCs — for vaccine-induced cytolytic elimination, *distinct from checkpoint blockade*). Built on a proprietary OMV platform with 15+ years of optimization at the UMD Vaccine Center.

- **Self-adjuvanted.** Intrinsic lymph node targeting via TLR2/4 self-adjuvanticity — no exogenous adjuvant required
- **Multimodal.** Simultaneous tumor + TME targeting in a single compound — unique among competing modalities
- **Plug-and-play.** Modular SpyCatcher/SpyTag antigen display enables rapid pipeline expansion
- **Manufacturing.** Low COGS, scalable bacterial fermentation vs. >\$100K/patient for mRNA-LNP
- **External validation.** IO Biotech’s Cylembio (IO102-IO103) demonstrates clinical activity targeting the same PD-L1+ immunosuppressive cell population

PRECLINICAL PROOF OF CONCEPT (IRZ-01)

- **Monotherapy efficacy.** Tumor elimination as monotherapy with durable memory response
- **Durability.** 85% tumor-free at 1st rechallenge (n=20); 100% tumor-free 5 months post 2nd rechallenge (n=17)
- **Combo + anti-PD-1.** Statistically superior survival vs. either agent alone (p<0.01)
- **Antigen prevalence.** CEA and MUC-1 expressed in 80–100% of CRC, NSCLC, gastric, and pancreatic tumors (NCI-prioritized antigens)

FDA PRE-IND: KEY ALIGNMENTS ACHIEVED

- ✓ **Species model accepted:** mice as single tox species; leverages prior OMV & S. typhi safety data
- ✓ **Safety testing approved:** MAT assay accepted — non-animal, human-relevant pyrogenicity approach
- ✓ **Dosing approach supported:** KDO–antigen ratio validated as OMV dosing metric
- ✓ **PK/BD simplified:** standalone PK/BD studies not required — accelerates IND readiness

CLINICAL STRATEGY

Phase 1a/1b (n≈30, BOIN design): 2L/3L NSCLC, MSS CRC, and PDAC — CPI-refractory, CEA/MUC-1 selected. Phase 1a budget ~\$9.5M external; 9-month FPI-to-LPLV.

- **PD-L1-rich tumors:** ORR uplift target 10 → 25% in combination with CPI
- **PD-L1-poor tumors:** Projected ORR 20–40% — largely unserved population (MSS CRC, PDAC)
- **Clinical candidate nomination:** Q1 2026 → IND submission 2027 → FIH Q3 2028

PLATFORM COMPARISON

Feature	Irazú OMV	mRNA-LNP	Peptide Vaccine
Lymph node targeting	Intrinsic	Moderate	Poor
Self-adjuvanted (TLR2/4)	Yes	Partial	No
Simultaneous tumor + TME targeting	Yes	No	No
Cost per patient (est.)	Low COGS	>\$100K	Moderate
Plug-and-play antigen swap	Yes (SpyCatcher/SpyTag)	Partial	Yes

FINANCING & MILESTONES

Series A (2026): \$30M → Series B (2028): \$45–50M

- **Use of proceeds:** IND-enabling tox, CMC clinical lot manufacture, IND filing, Phase 1a execution, Phase 1b initiation
- **Runway:** Through IND submission (2027), FIH (Q3 2028), and Phase 1a interim data

TEAM & ADVISORS

Jeffrey Strovel, PhD (CEO) — 25+ yrs, co-founder Veralox Therapeutics (\$50M+ raised). **Marco Chacon, PhD (Chairman)** — founder of Paragon Bioservices (\$1.2B Catalent sale). **Marcio Chedid, PhD (CSO)**. **Elizabeth Smith, PhD, MBA (SVP IP & Corporate Strategy)**. **Kevin Chen, PhD (Director of Research)**. **Eric Lutz, PhD (Director of Immunology)**. CMC and program leads from JHU, Charles River, and NCI experience. KOL advisors: JHU, UMB, Harvard T.H. Chan; industry affiliations with Lilly, MSD, Catalent, Celsion.