P3 THERAPEUTICS

Three targets.
One molecule.
Zero injections.



Prof. Miroslav Harjaček, MD, PhD
Founder & Executive Chairman

Dario Naletilić, MD
Co-Founder & CEO

Who we are?

When drug discovery become really personal!

P3T develops **small chemical molecules (SCMs)** designed to engage in multi-target modulation of common underlying inflammatory pathways and immune dysregulation shared across IMIDs, starting with **spondyloarthritis**.

Founded by the clinician who treats spondyloarthritis, and a patient who lives with it.

IMID's AFFECT

1. Joints & bones
2. Digestive tract
3. Skin
4. Nervous system
5. Respiratory system

IMID — immune-mediated inflammatory disease · SCM — small chemical molecule

Problem: spondyloarthritis (SpA)

An unmet medical need, worldwide



50M+

people may live with axial spondyloarthritis worldwide, up to 1 in 150 [1]

UP TO

60%

of patients stop their first TNF inhibitor within two years [2]

23%

of patients with ankylosing spondylitis had recognized permanent disability [3]

1 ASIF, IMAS Global Report (2024) · 2 Manica et al., Arthritis Res Ther 2020;22:195 · 3 Ruiz-Vilchez et al., Ther Adv Musculoskelet Dis 2024;16 (REGISPONSER)

Problem: SpA with inflammatory bowel disease (IBD)

No drug developed for the overlap

~7% of people with axial SpA also have inflammatory bowel disease [1]

Two orals cover both indications. Both are JAK inhibitors carrying a class boxed warning.

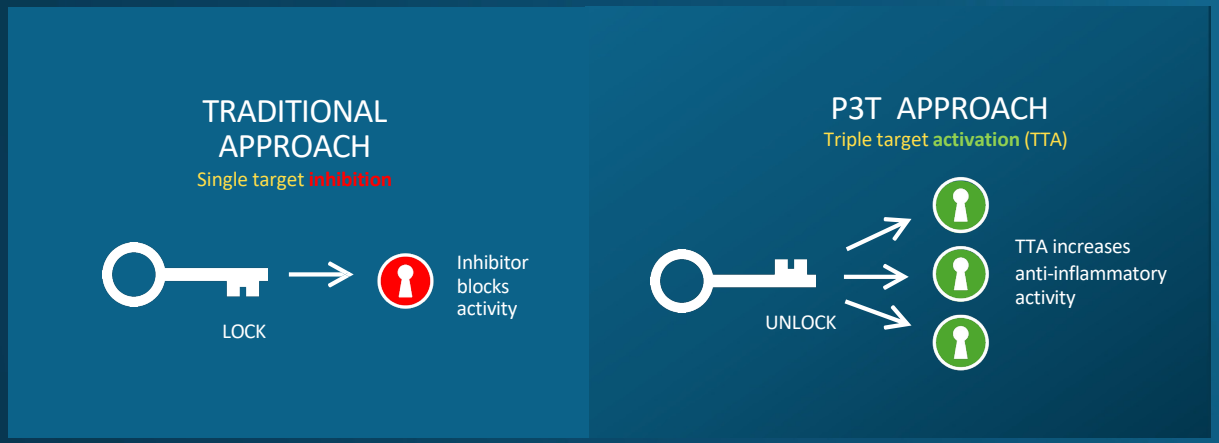
WHY THE GAP EXISTS

IL-17 inhibitors	Avoided in IBD. Injectable.
JAK inhibitors	Class boxed warning limits use in comorbid patients.
Anti-TNF	First biologic line. Response often partial. Injectable.

Stolwijk et al., Ann Rheum Dis 2015;74:65–73, pooled prevalence 6.8 percent.

Our solution

Triple-target activation: a paradigm shift



A small molecule that **activates three** anti-inflammatory targets at the same time.

Oral

Small molecule. No injection, no cold chain.

Immunomodulatory

Restores balance rather than broadly suppressing.

IBD-compatible by design

Neither an IL-17 nor a JAK mechanism.

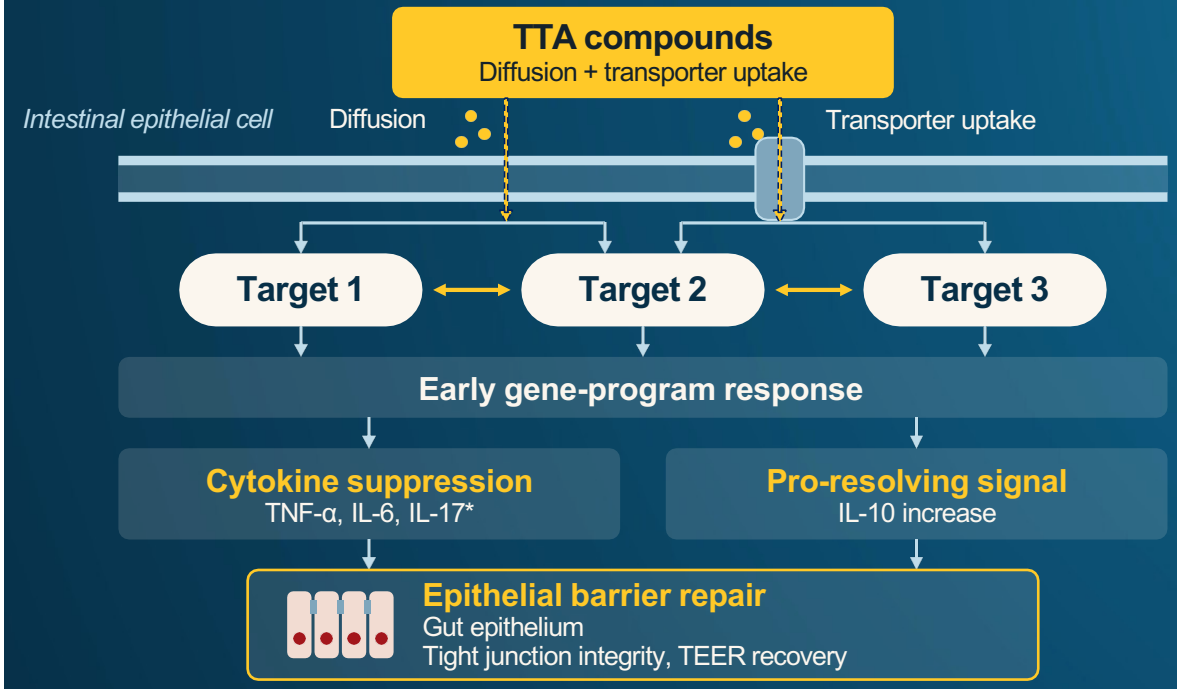
Low cost of goods

Synthetic scale-up, no bio-manufacturing.

All three targets independently validated in peer-reviewed literature

Mechanism of action

Activation, not suppression



All three targets are

- Known
- Validated
- Synergistic
- Relevant
- Cross-communicating

↔ Reinforcing cross-talk between targets * Via T-cell effects TTA: triple-target activation

Evidence

Independent data from five external laboratories

Study	Laboratory	Status
ADME & human PK projection	Inductive Bio, USA	**Done**
Liver safety vs clinical DILI set	Axiom Bio, USA	**Done**
Human gut barrier & inflammation	Altis Biosystems, USA	**Done**
Target engagement & selectivity	Selvita, Croatia	Running
Transcriptomic mechanism of action	Ginkgo Bioworks, USA	Running

Favorable ADME profile and no liver toxicity signal against the clinical reference set.



6 compounds synthesized, 15 pending

€350K raised to date (Vesna VC, SeeUp)

FTO freedom-to-operate analysis complete

Evidence · ADME-ONE™, Inductive Bio

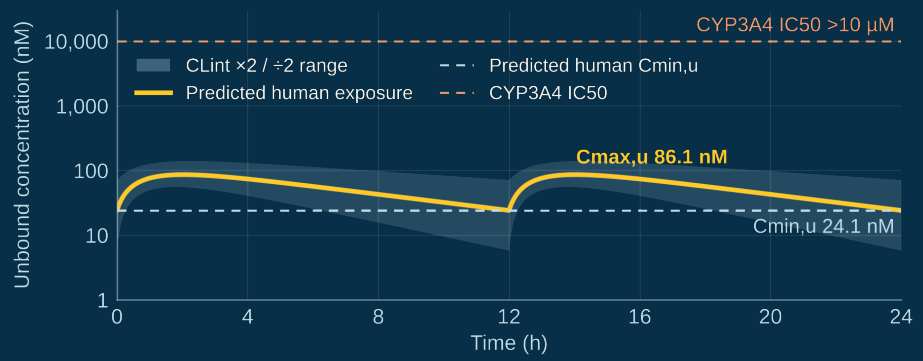
P3T 4.0: ADME and human PK projection

PK OUTPUTS · PREDICTED HUMAN

Inductive Bio rating: ● favorable ● moderate ● unfavorable

Cmin,u (nM)	Cavg,u (nM)	Cmax,u (nM)	Half-life (h)	Bioavailability (%)	CLu (mL/min/kg)	Vd,u (L/kg)
24.1 ●	**55** ●	**86.1** ●	**4.84** ●	**72** ●	**76.5** ●	**32.1** ●
range 5.78–72.4	range 27.5–110	range 55.6–142	range 2.78–8.97	range 62.8–77.7	range 41.3–133	

Human PK prediction: 100 mg BID



EXPERIMENTAL INPUTS

		P3T ASSESSMENT
HLM CLint (µL/min/mg)	**24.5** ●	**Highly favorable**
MDCK Papp (×10⁻⁶ cm/s)	**4.63** ●	Moderate
MDCK ER	**1.83** ●	Moderate
Solubility (µM)	**80.6** ●	Moderate to good
CYP3A4 IC50 (µM)	**>10** ●	**Highly favorable**
PPB fu	**0.0403**	**Challenging**

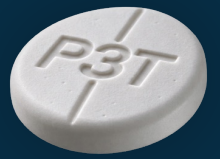
PREDICTED INPUTS

LogD **2.87** pKa **2**

P3T 4.0 (lab ID FKIT-T2_01-2026) · molecular mass 339.39 · ADME-ONE™ is a collaboration between Inductive Bio, Ginkgo Datapoints and Tangible Scientific · P3T assessments are P3 Therapeutics' interpretation of the report

Evidence · Liver safety, Axiom Bio

P3T 4.0: favorable liver toxicity profile



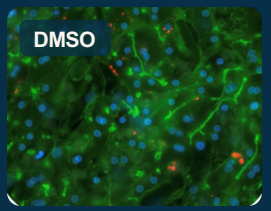
951 mg
predicted toxic dose

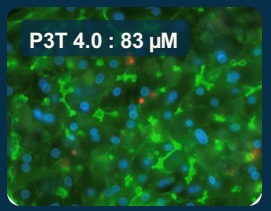
MTGlo EC20	**>83 µM**	PHH nuclei loss	**>83 µM**
Bile-area loss	**>83 µM**	Morphology EC20	**73.8 µM**

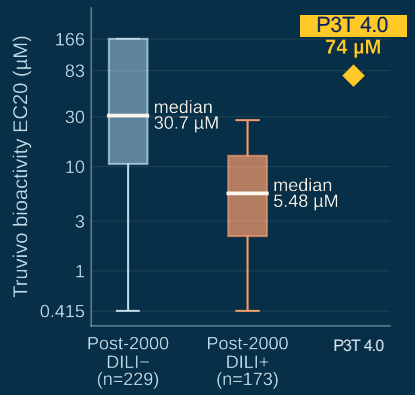
No evidence of direct cytotoxicity; morphology shifts only at the highest doses tested.

P3T 4.0 has a clean hepatocyte imaging profile

P3T 4.0 hepatocyte images are similar to DMSO

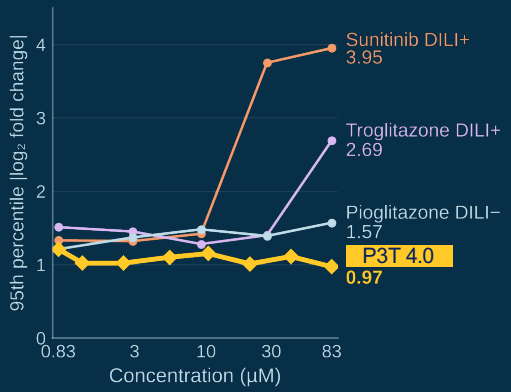




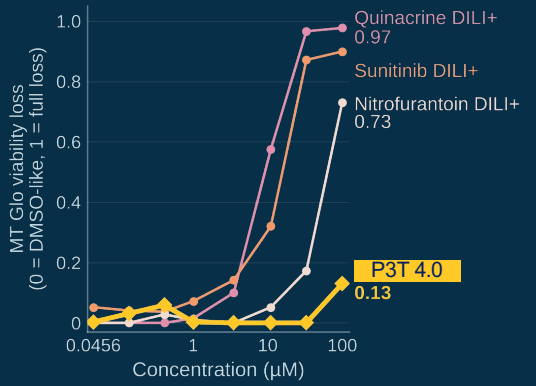


P3T 4.0 has a clean transcriptomics and biochemical profile

P3T 4.0 shows low transcriptomic perturbation

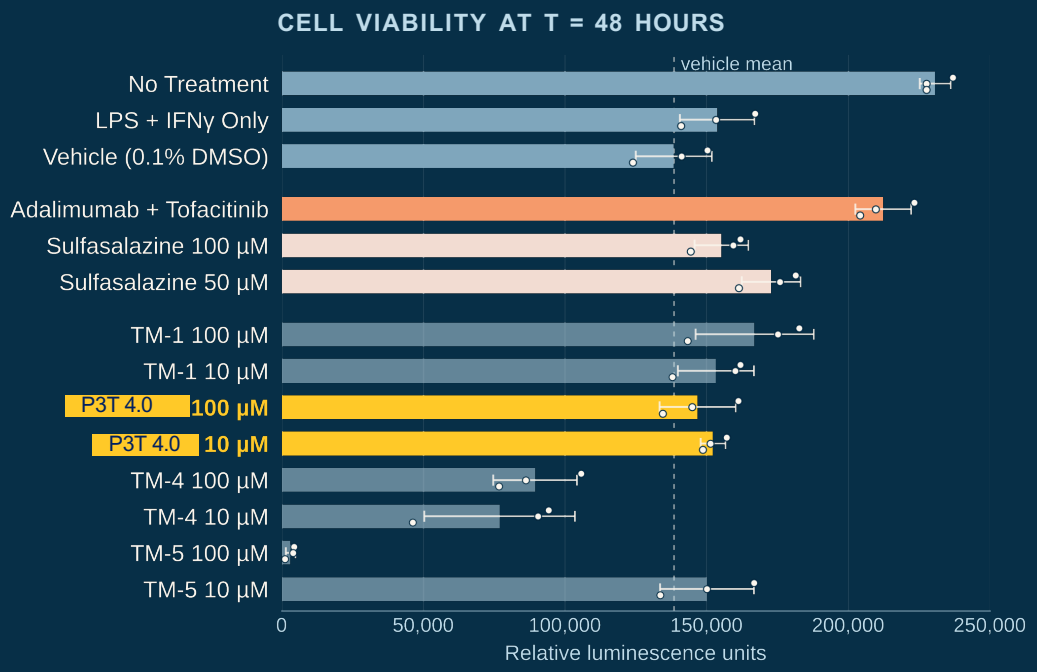


P3T 4.0 shows very low cell viability loss



Evidence · Gut safety, Altis Biosystems

P3T 4.0 shows no toxicity on human colonocytes



Viability of primary human colonocytes after 48 hours. At both 10 and 100 µM, **P3T 4.0** keeps viability at or above the vehicle control.

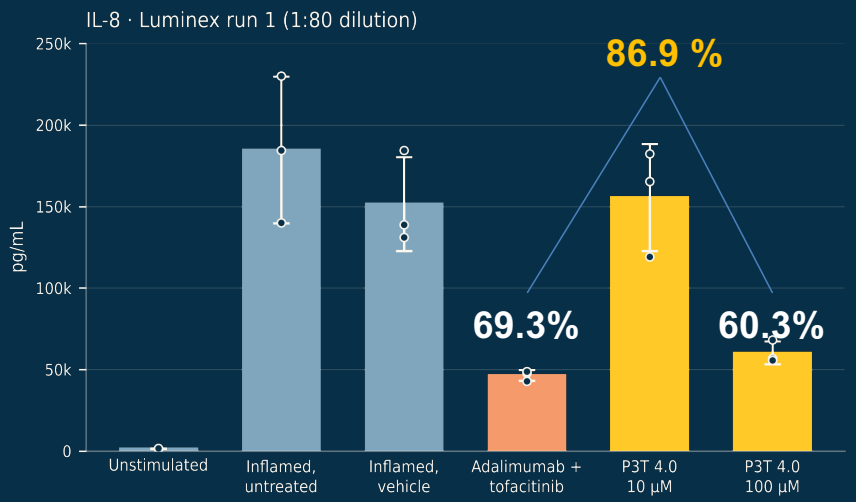
bars: mean of three replicates, dots: individual replicates · compounds tested are P3T: TM-1, TM-2, TM-4, TM-5 & P3T 4.0: TM-2

Evidence · Efficacy, Altis Biosystems

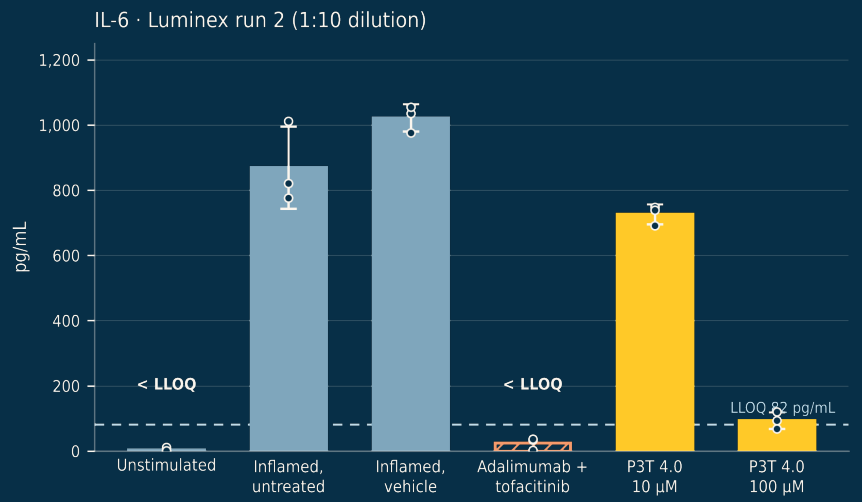
NEW · OCTOBER 2026

P3T 4.0 suppresses IL-8 and IL-6, dose-dependently

Primary human colon epithelium in coculture with THP-1 macrophages, stimulated with LPS and IFN-γ. Basolateral release at 48 hours.



100 µM: −60% vs inflamed vehicle (p = 0.026)
10 µM: no effect (p = 0.88). Adalimumab + tofacitinib: −69% (p = 0.023).
All 24 IL-8 wells were above the quantification limit.



10 µM: −29% vs inflamed vehicle (p = 0.0009)
100 µM: down to the quantification limit, as for the positive control.
Unstimulated and positive control fell below it, so no value is stated.

Single experiment, one donor (HITC-01-0075), n = 3 transwells per arm. Bars are mean ± SD with individual replicates shown.
Positive control is adalimumab 3 µg/mL plus tofacitinib 100 µM, the same nominal concentration as P3T 4.0. The two analytes were read at different sample dilutions and are not compared with one another.

Development roadmap

From compound synthesis to hit-to-lead candidate in 11 months

01 — Q1–Q4 2026 · current stage
Hit confirmation & lead ID

- Lead P3T 4.0 designated
- Favorable ADMET profile
- Colonocyte profiling, MoA
- No liver or gut toxicity
- On/off-target, TRIC, kinase
- PCT phase (US + EU)

€750K bridging current raise

Biological PoC confirmed

02 — 2027
Lead optimization

- SAR optimization rounds
- In vivo dose-response
- In vivo pilot (murine SpA)
- Biomarker panel initiated
- TPP drafted
- EMA ITF meeting scheduled

1st/2nd seed €3–5M

In vivo efficacy confirmed

03 — 2028
IND-enabling preclinical

- GLP toxicology studies
- GMP synthesis
- PK/PD profiling
- IND/CTA filing (EMA + FDA)

Series A €10–20M or pharma partnership

IND accepted

04 — 2029–2031
Phase I / IIa

- First-in-human (FIH) safety
- PRIME designation start
- ASAS40 readout (≥45% target)
- Biomarker correlation

Partnering / out-licensing

The team

Unmatched founder–market fit

Clinical authority, lived patient experience and veteran drug hunters with 100+ years of combined experience in pharmaceutical development.



Prof. Miroslav Harjaček, MD, PhD

Founder & Executive Chairman · Professor of Pediatrics

HARVARD UNIVERSITY · UAEU · Tufts UNIVERSITY



Dario Naletilić, MD

Founder & CEO · former pharma executive

Cipla · GSK



Sanda Ročak, PhD

Strategy Adviser

Shire · G · MERCK SERONO



Patrik Nikolić, MSc

Medicinal Chemistry Advisor

optibrium · QUALIA · BioRX Partners



Prof. Ernest Meštrović, PhD

Chemistry lead · Vice Dean, Faculty of Chemical Eng. & Technology

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Looking for partners and investors

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P3 THERAPEUTICS



"Omne trium perfectum"

after Aristotle