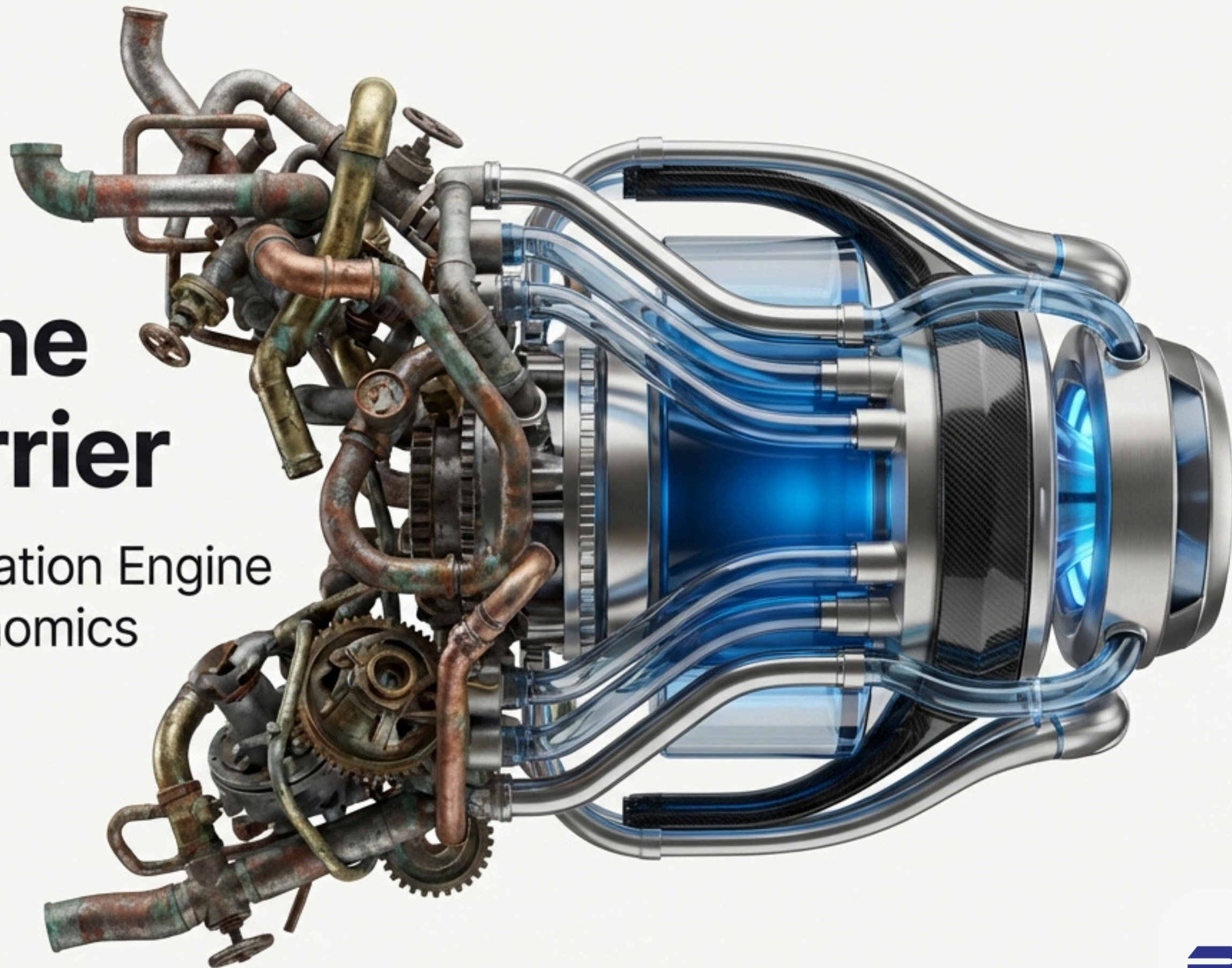
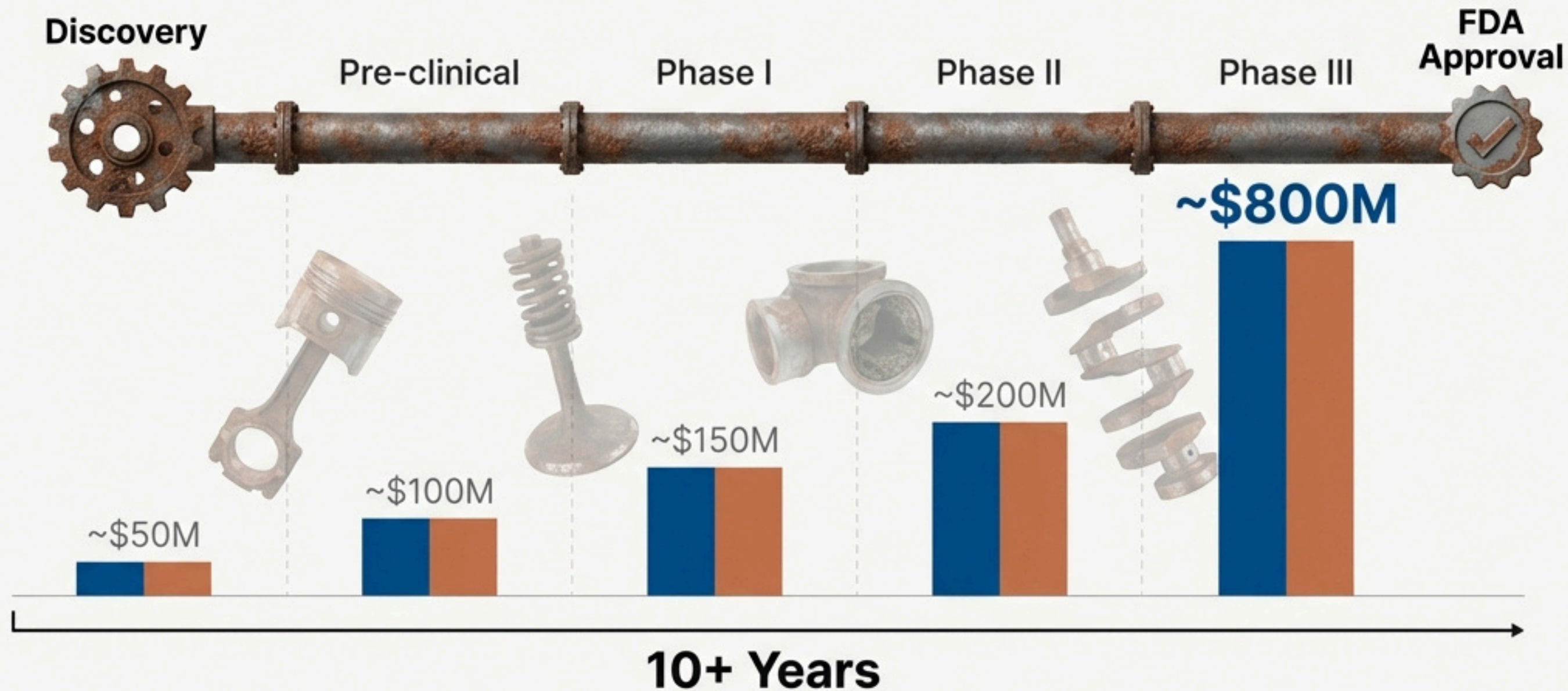


Crushing the \$800M Barrier

How the N101 Acceleration Engine
Re-Engineers the Economics
of Drug Development



The Industry's Unmovable Barrier: The \$800M, 10-Year Problem



**\$800
Million**

Average cost to bring a new drug to market

**10+
Years**

Average time from discovery to FDA approval

~90%

Clinical trial failure rate

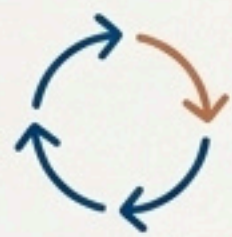
The traditional pharmaceutical development pipeline is a model of attrition, not efficiency. Decades-old methodologies have created a cycle where immense capital and time are consumed with a low probability of success. This isn't just a cost center; it's a barrier to innovation and a fundamental drag on value creation.

The Root Cause: A System Incentivizing Publication Over Discovery

The inefficiency isn't accidental; it's a systemic consequence. The current academic and R&D ecosystem rewards publication volume over methodological rigor, leading to a "natural selection of bad science." This dynamic fosters poor research design and data analysis, which encourages false-positive findings.



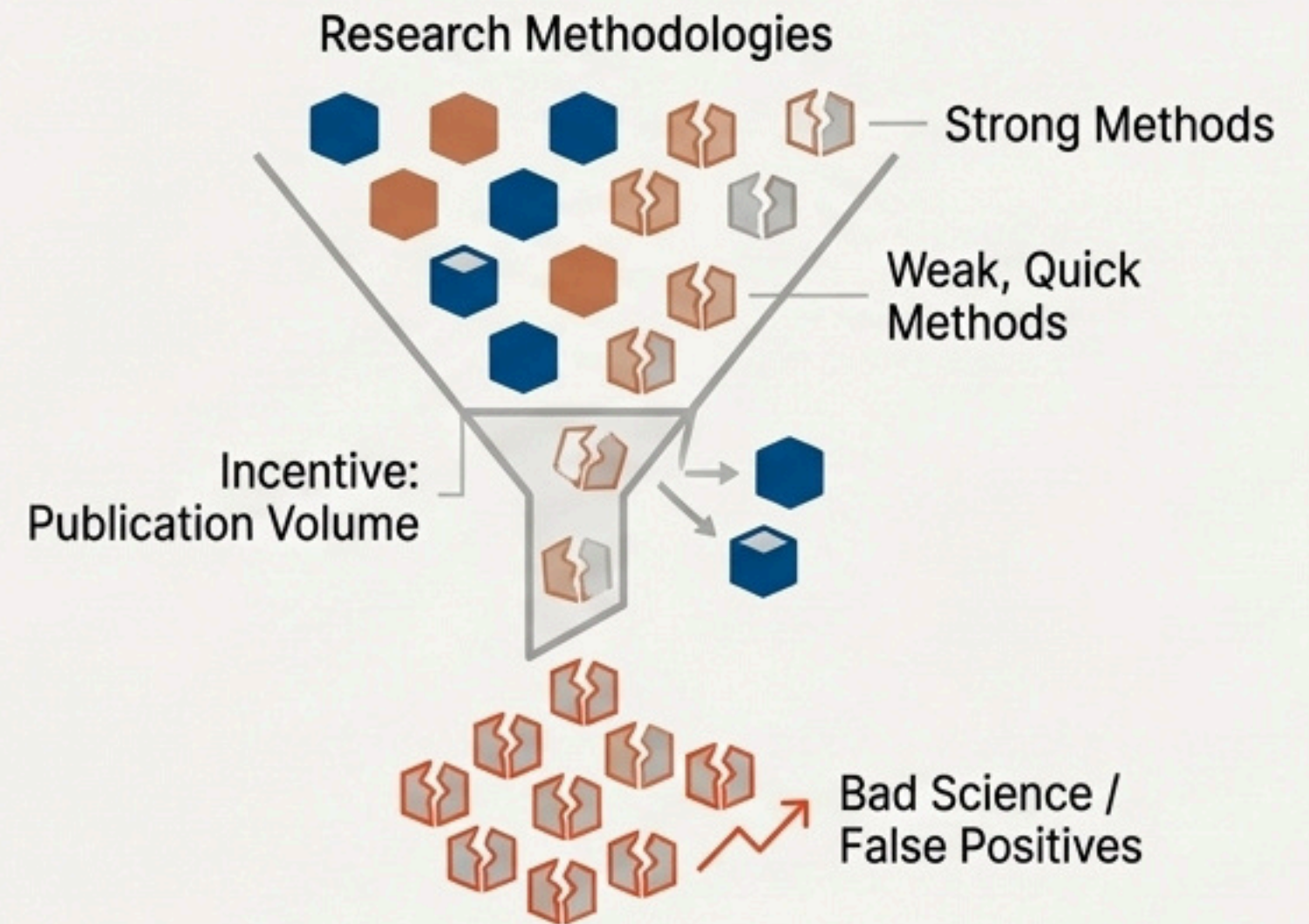
Incentive Misalignment: Career advancement is tied to high output, leading to poorer methods and high false discovery rates.



The Ineffectuality of Replication: Replication studies, which are crucial for validation, are difficult to publish and offer fewer career rewards, slowing but not stopping methodological deterioration.



The Result: A high volume of research that is statistically underpowered and difficult to reproduce, creating a weak foundation for expensive, late-stage clinical trials.



“Poor research design and data analysis encourage false-positive findings. Such poor methods persist despite perennial calls for improvement, suggesting that they result from something more than just misunderstanding.”

– Smaldino & McElreath, Royal Society Open Science

The Bridge to a New Era: The N101 Acceleration Engine

To break the \$800M barrier, incremental improvements are not enough. A fundamental re-engineering is required. The N101 Clinical Trials Platform is an AI-powered engine designed to replace the legacy system's core inefficiencies with data-driven precision, speed, and predictability.



1. Synthetic Patient Generation

De-risk trials by modeling outcomes before patient one.



2. Precision Cohort Identification

Ensure the right patients are in the right trial, maximizing efficacy.



3. Intelligent Trial Automation

Eliminate administrative bottlenecks and accelerate execution.

Component 1: Eliminating Recruitment Bottlenecks with Synthetic Control Arms

How we generate high-fidelity “virtual placebo groups” to reduce trial cost and time.



Ingest Data

Historical clinical trial data, Real-World Evidence (RWE), patient records.



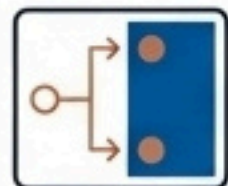
Train Generative AI

Utilize modern generative AI methods (VAMBN) to learn the complex statistical patterns of patient populations and disease progression.



Generate Synthetic Cohort

Produce a high-fidelity synthetic control arm that is statistically indistinguishable from a real patient group.



Augment Trial

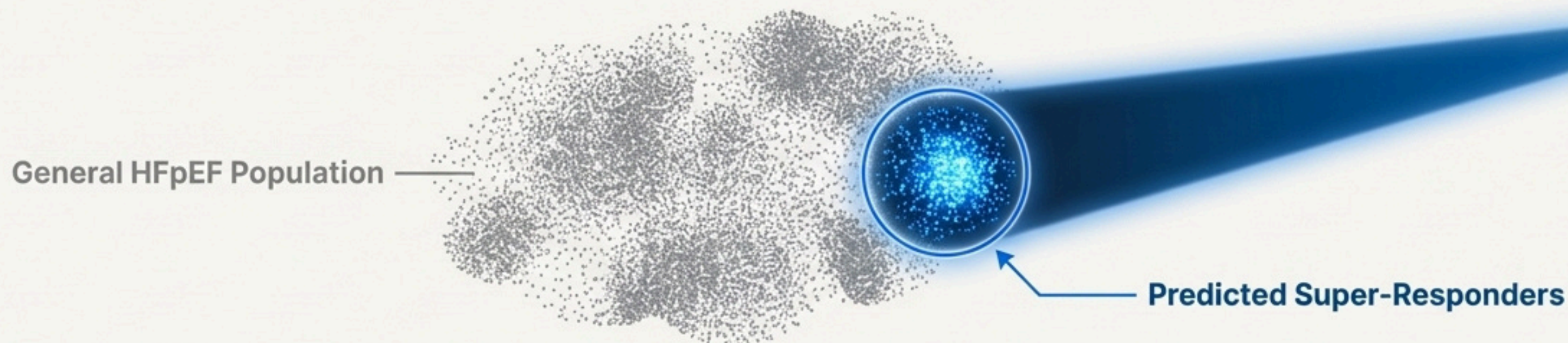
Replace a significant portion of the recruited placebo arm, directly reducing recruitment timelines and costs.

Key Benefits

- ✓ **Accelerate Timelines:** Potentially reduce live patient recruitment by hundreds of subjects, a primary cause of trial delays.
- ✓ **Reduce Costs:** Directly attacks one of the largest cost centers in a Phase 3 trial.
- ✓ **Enhance Ethics:** Fewer patients are required to receive a placebo.
- ✓ **Privacy by Design:** Synthetic records allow model training on diverse conditions without exposing sensitive patient health information (HIPAA/GDPR compliant).

Component 2: De-Risking Outcomes with Super-Responder Identification

Using machine learning to identify the specific patient biotypes most likely to respond to therapy.



Clinical trial failures often occur because treatments are effective, but only for a specific sub-population. Our platform uses **ML-driven phenotype clustering** to identify these “super-responders” *before* the trial begins, dramatically increasing the probability of success.

Use Case Example: Heart Failure with Preserved Ejection Fraction (HFpEF)

The Challenge:

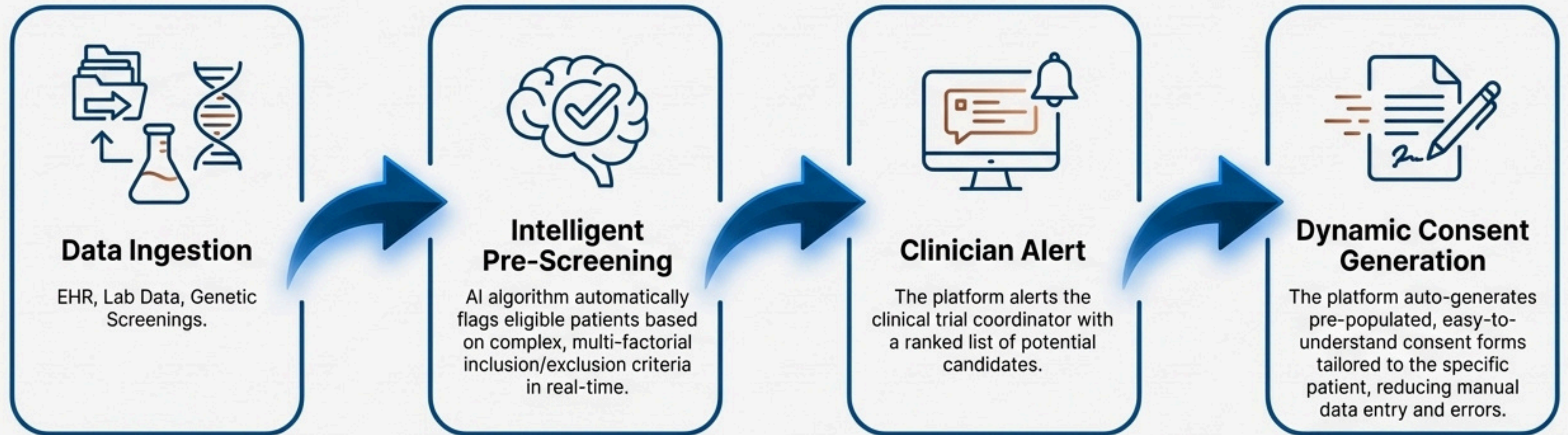
HFpEF is a complex, heterogeneous syndrome with multiple underlying pathophysiological processes, making it difficult to treat.

N101's Approach:

The platform analyzes multi-modal data (e.g., genetics, biomarkers, clinical history) to identify a sub-population of HFpEF patients with specific endothelial markers and predictors of mortality (e.g., older age, diabetes, renal impairment) who are statistically most likely to respond to NO-based therapies.

Component 3: Accelerating Enrollment with Automated Patient Intelligence

Removing administrative friction from patient screening and consent.



Speed:

Drastically reduces the time from patient identification to enrollment.



Accuracy:

Minimizes screening failures due to human error.



Scalability:

Allows trial sites to manage a larger pool of potential candidates with the same resources.

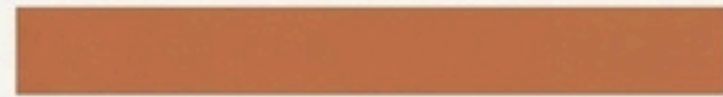
The N101 Effect: Re-Designing the NO Therapeutics HFpEF Trial

Traditional Approach



1,000 subjects
(500 active, 500 placebo).

36-month recruitment
and treatment.



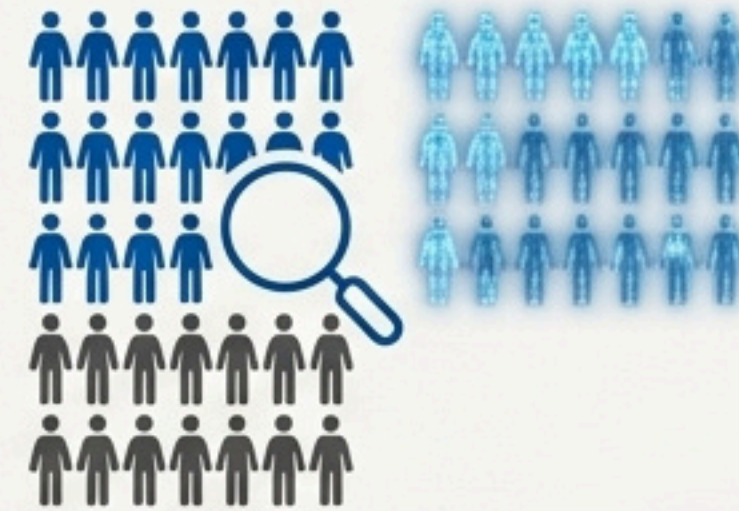
High, due to
heterogeneous
HFpEF population.



Cost

High

N101 Accelerated Approach



500 subjects
(300 active, 200 placebo + 300
Synthetic Controls).

Active arm enriched with
predicted "Super-Responders."

18-month recruitment (sped up
by Automated Intelligence).



Significantly lower,
higher probability of
success.



Cost

Lower

By combining **Synthetic Controls, Super-Responder Identification, and Automated Enrollment**, the N101 platform transforms the trial from a high-risk gamble into a **targeted, efficient, and de-risked study**.

The New Economics of Drug Development

~45% ↓

Reduction in Development Cost

From an industry average of \$800M to a projected N1O1-enabled cost of <\$450M per successful drug.



Driver

Primarily driven by smaller trial sizes (SCAs) and reduced failure rates.

~40% ⏩

Acceleration in Time to Market

From a 10-year cycle to a projected 6-year cycle.



Driver

Faster enrollment, smaller trials, and higher confidence in trial design leading to fewer delays.

>3x ↗

Increase in Probability of Success

Increase technical and regulatory PoS by selecting the right patient populations from the outset.

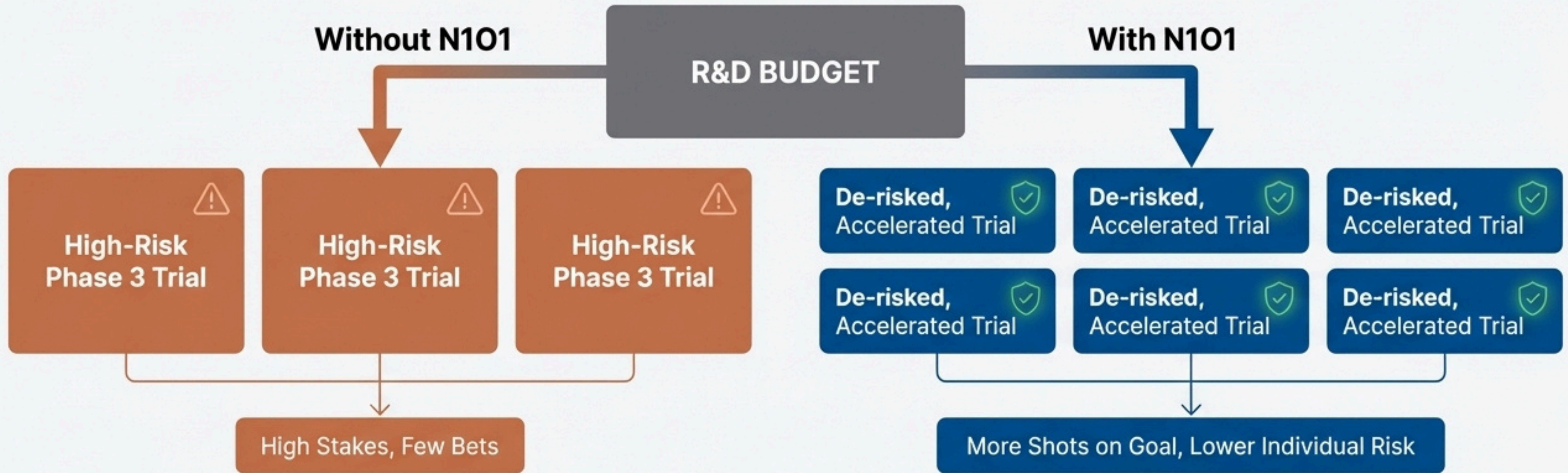


Driver

Super-responder identification moves PoS from an industry average of ~10% to a projected >30%.

From a Single Trial to Portfolio Transformation

The N101 platform is not a single-use tool; it is a capital allocation engine. By fundamentally changing the cost and risk equation for each trial, it enables a more aggressive and diversified R&D strategy, unlocking immense portfolio value.



Capital Efficiency

Pursue more therapeutic candidates with the same R&D budget.



De-risked Portfolio

Diversify risk across a larger number of high-probability assets.



Increased Valuation

A faster, more successful pipeline fundamentally increases the net present value (NPV) of the entire R&D portfolio.



The Acceleration Engine is the Bridge to the Future of Pharma.

The Opportunity

For Investors

An opportunity to invest in a platform that de-risks assets, accelerates timelines, and multiplies the value of every R&D dollar. This is a capital efficiency and force multiplier play.

For Strategic Partners

A chance to gain a decisive competitive advantage by integrating a proven acceleration engine into your pipeline, beating competitors to market with higher-probability assets.

Leadership

The key to transforming your R&D organization from a cost center into a predictable, high-performance value creation engine.

The \$800M barrier is a relic of an outdated model. The future belongs to those who can build faster, smarter, and more efficiently. We have built the engine to do it.

