INTROMMUNE THERAPEUTICS

Food Exposure Toothpaste:

Transforming Lives Through the Prevention and Treatment of Food Allergies

Managing the Food Allergy Epidemic

Novel food exposure technology platform

- ✓ Addresses food allergies before they manifest
- ✓ Reinvents how food allergies are managed

Products address multiple, distinct food allergy markets

- ✓ **Food allergy prevention:** Near-term consumer OTC products address a $13 billion early food exposure market
- ✓ **Food allergy therapy:** FDA-approved prescription product pipeline –$33+ billion total addressable market

Addressing the unmet needs of people at risk of, or living with, food allergies through the development of solutions that **optimize safety, efficacy, and adherence**

Experienced Leadership Team

Successfully bringing innovation to market, including in **biotech, pharma, and allergy** markets:

Michael Nelson, JD
Chief Executive Officer

William Berger, MD, MBA
Head of Medical Affairs

Nicole Faris
Strategic Director, Medical Affairs & Clinical Development

Christopher Schuster, MBA
Chief Financial Officer

Michelle Mantia
Controller

Nandini Murthy
Head of Regulatory

Ray Forslund
Head of Chemistry, Manufacturing & Controls

Mariana Reisacher
Social Media Manager

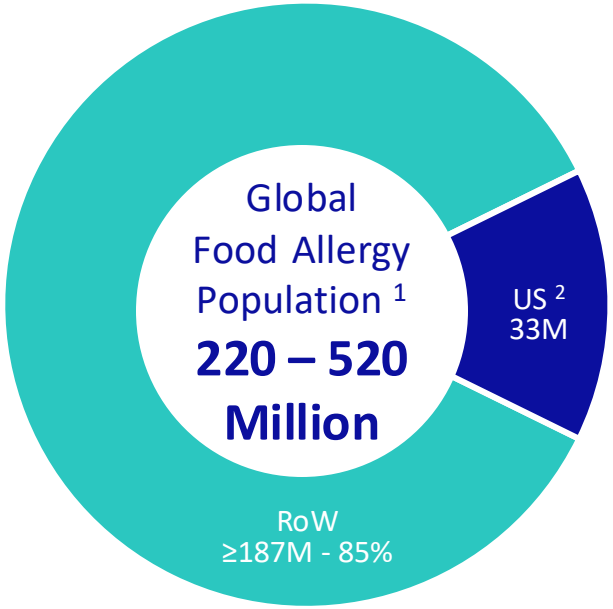
ADVISORS

Sharon Chinthrajah, MD
Medical Advisor

Stuart Loesch
Commercial Advisor

Problem: Food Allergies Impact Millions Globally

Food allergies have become a serious public health concern as prevalence increases globally with **5.6 million US children (1 in 13) living with at least one food allergy**



Orphan
Meat / Alpha-Gal

1. FASI Our Science https://foodallergyscience.org/our-science/# Accessed November 18, 2023
2. FARE Facts and Statistics https://www.foodallergy.org/resources/facts-and-statistics Accessed November 18, 2023
3. FAACT Food Allergy & Anaphylaxis Connection Team www.foodallergyawareness.org/food-allergy-and-anaphylaxis/food-allergens/the-top-9-food-allergens/

Problem: Significant Medical & Lifestyle Impacts

SEVERE HEALTH EVENTS

40-50%+

of people with food allergies have experienced a severe allergic reaction *[1]

MEDICAL CARE

200,000

Americans require emergency medical care each year for allergic reactions to food [1]

FEAR

92%

of parents feel fearful for their child's safety because of food allergies [2]

SOCIAL EXCLUSION

5 in 10

families with food allergies skip out on important school functions [2]

LIFE DISRUPTION

44%

of parents had to make a career change to care for their child with food allergies [2]

COST

$25 Billion

spent annually by U.S. families caring for children with food allergies [1]

On average, food allergies will cost US parents **$5,669 per allergic child per year** [3]

*42% of children and 51% of adults

1. FARE Facts and Statistics https://www.foodallergy.org/resources/facts-and-statistics Accessed January 27, 2023
2. Asthma and Allergy Foundation of America, My Life with Food Allergies Survey, April 2019
3. *Based on a 2013 survey of the economic impact of childhood food allergies in the US, adjusted for 35.5% inflation since 2013.

INTROMMUNE THERAPEUTICS

Food Exposure Represents a New $13 Billion Untapped Opportunity

OPPORTUNITY

TAM
$13 Billion[1]
(USA market only)

SAM
$2.7 Billion[2]

SOM
$270 Million[3]

REVENUE / YEAR PER CHILD
$600[4]

LARGE & GROWING UNMET NEED

22.4M
Children aged 0 - 5 in the USA

3.7M
Babies born each year

3.4M
Serviceable available market

340,000
Child serviceable obtainable market

1. Total Addressable Market (TAM) are 0–5 year-olds in the US. Does not include the 7.3% of adults in the US with atopic dermatitis (about 40% having moderate or severe symptoms) at higher risk of food allergy
2. Serviceable Available Market (SAM) is 20% of high risk 0–5 year-olds. Does not include other children or adults. Medicaid and managed care represent upside to these estimates.
3. Serviceable Obtainable Market (SOM) calculated at 10% market penetration
4. Target revenue = $50/month

Problem: Food Allergies Global Rise Continues Unabated

Lack of Early Allergen Exposure: Contrary to current consensus, parents were told to avoid exposing infants to allergenic food during the critical tolerogenic immune window

Hygiene Hypothesis: Excessively clean environments may limit crucial microbial exposure in early life, hindering appropriate immune system maturation and development

Unbalanced Diets: Westernized diets high in processed foods and low in fruits and vegetables may alter gut bacteria and immune responses

Antibiotics & Cesarian Births Lead to Gut Microbiome Dysfunction: Early antibiotic exposure can significantly alter the composition of the gut microbiome, reducing beneficial (tolerogenic) bacteria and potentially increasing gut permeability

- Vaginal births seed a healthy baby gut microbiome

Vitamin D Deficiency: Lack of sunlight and insufficient vitamin D intake may disrupt immune regulation, increasing the propensity to develop food allergy

Skin Disruption (Emulsifiers in Skin Creams and Foods): Regular washing, dry skin, and eczema lead to food protein exposure through the skin or gut barriers

Profile of an Infant At High-Risk of Food Allergy

Infants and children with a family history of **atopy or a comorbid atopic disease (eczema)** are at a higher risk of developing a food allergy

30% INCREASED RISK

in infants who experience moderate to severe **eczema** [1]

260% INCREASED RISK

when both parents have an atopic disease such as **asthma, allergic rhinitis, or food allergy**

600% INCREASED RISK

of peanut allergy **if a parent has a peanut allergy** [2]

1. If one of their parents has eczema, a child will have a 40%-50% chance of suffering from eczema, and if both of their parents have eczema, a child has a 50%-80% chance of suffering from eczema.
2. Tsai HJ et al. Familial aggregation of food allergy and sensitization to food allergens: a family-based study. Clin Exp Allergy. 2009;39(1):101-109.

Solution: Early Daily Exposure Is Critical For Prevention

81.4%

Reduced risk of developing food allergies after implementing daily exposure to peanut protein in high-risk infants and children until age 5[1]

US FDA acknowledged health claim, stating, "For most infants with severe eczema and/or egg allergy who are already eating solid foods, introducing foods containing ground peanuts between 4 and 10 months of age and continuing consumption may reduce the risk of developing peanut allergy by 5 years of age." [2]

Key Barriers to Implementation

- Parental adherence to daily exposure via ingestion is low (only 40% even in a clinical study) [3]
- Most pediatricians (93%) are aware of early allergen exposure guidelines, but only 30% are fully implementing into guidance for parents [4]

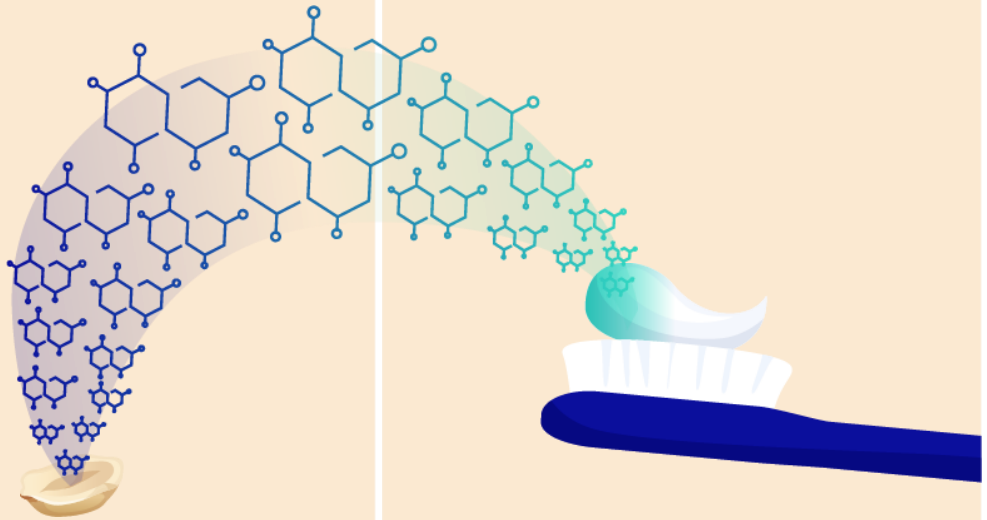
1.Du Toit G et al. Randomized trial of peanut consumption in infants at risk for peanut allergy. N Engl J Med 2015;372(9):803-813.
2. https://www.fda.gov/food/hfp-constituent-updates/fda-acknowledges-qualified-health-claim-linking-early-peanut-introduction-and-reduced-risk.
3. Perkin MR, Logan K, Tseng A, et al. Randomized Trial of Introduction of Allergenic Foods in Breast-Fed Infants. N Engl J Med. 2016;374(18):1733-1743.
4.Gupta RS et al Assessment of Pediatrician Awareness and Implementation of the Addendum Guidelines for the Prevention of Peanut Allergy in the United States. JAMA Netw Open. 2020;3(7):e2010511.

Evidence: Advocating for Early Allergen Exposure

Date	Study	# of Participants	Allergen/s	Key Findings	Citations
2015	LEAP (Learning Early About Peanut Allergy)	640 high risk infants aged 4-11 months	Peanut	1. Early introduction of peanut **reduced the risk of peanut allergy by 81%** at age 5 2. Persistent protection in exposure group even after 12 months of avoidance	Du Toit G et al. Randomized trial of peanut consumption in infants at risk for peanut allergy. N Engl J Med. 2015 Feb 26;372(9):803-13.
2016	LEAP-On	Participants from the LEAP study	Peanut	**1. Significantly (74%) lower risk of peanut allergy** development in peanut consumption group **at age 6 years** 2. Positive immune biomarker modulation consistent with **oral tolerance to peanut**	Du Toit G et al. Effect of avoidance on peanut allergy after early peanut consumption. N Engl J Med. 2016;374(15):1435–43.
2017	PETIT Study	147 infants	Egg	1. Early egg exposure significantly reduced the risk of egg allergy 2. * Study was terminated early due to the **high efficacy** observed in the egg introduction group.	Natsume O et al. Two-step egg introduction for prevention of egg allergy in high-risk infants with eczema (PETIT): a randomized, double-blind, placebo-controlled trial. Lancet. 2017 Jan 21;389(10066):276-286.
2024	LEAP-Trio	508 participants (80 % of LEAP subjects)	Peanut	1. Followed up to age **12 years** **2. Persistent protection** in adolescence even with inconsistent peanut consumption implicating the **critical window** for early and consistent exposure 3. Supports the **dual allergen exposure hypothesis** implicating the importance of oral exposure	Du Toit G et al. Follow-up to Adolescence after Early Peanut Introduction for Allergy Prevention. NEJM Evid. 2024;3(6):EVIDoa2300311.
2016	EAT Study	1303 infants aged 3-6 months	Peanut Milk Egg Sesame Fish Wheat	**1. Reduced** risk of egg allergy at 1 year in **High-Risk Infants** with severe eczema 2. Infants with existing food allergy were less likely to develop an egg allergy 3. Study participants reported low protocol adherence (≤ 40%) to allergen introduction	Perkin MR et al. Enquiring About Tolerance (EAT) study: Feasibility of an early allergenic food introduction regimen. J Allergy Clin Immunol. 2016;137(5):1477-1486.
2017-Ongoing	CHILD Study	2124 infants < 1 year	Egg Milk Peanut	1. Delayed introduction of each allergen significantly increased risk of allergic sensitization ▪ **Cows Milk: 269%** @3-fold • **Egg: 89%** • **Peanut: 76%**	Tran MM et al. (CHILD study investigators) Timing of food introduction and development of food sensitization in a prospective birth cohort. Pediatr Allergy Immunol. 2017;28(5):471–7.
2013	STAR Study	86 infants 4-6 months	Egg	1. Regular **consumption ≥4 months in high-risk infants**, significantly **reduced IgE sensitization and increased IgG4** antibody, a biomarker of oral tolerance 2. As many as **36%** of infants were already sensitized to egg even with no previous oral exposure – suggesting s**ensitization** occurred **through the skin**	Palmer, DJ et al. (2013). Early regular egg exposure in infants with eczema: a randomized controlled trial. Journal of Allergy and Clinical Immunology, 132(2), 387-392.e1

Localized: Daily Toothbrushing Supports Early Food Exposure

1

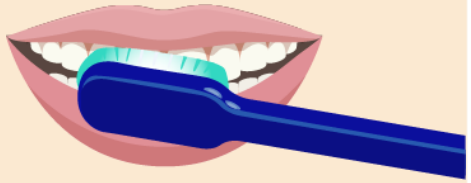


Allergenic proteins (API) mechanically & chemically **processed via innovative methods**

2

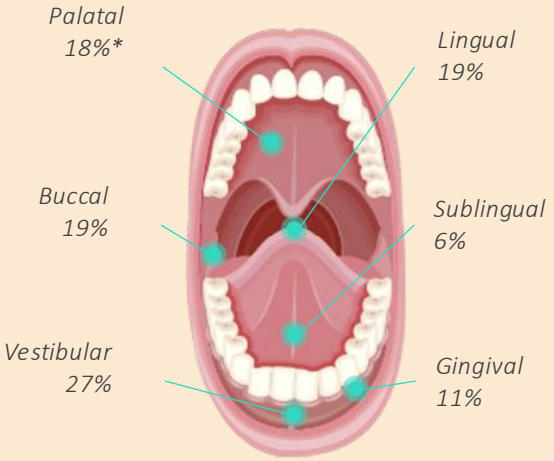
API stabilized & embedded in functional toothpaste in metered-dose dispenser

3



Low dose allergen exposure **conveniently administered** through daily toothbrushing

4



Novel pathway leverages Langerhans cells in entire oral cavity to **support oral tolerance development through low dose allergen exposure**

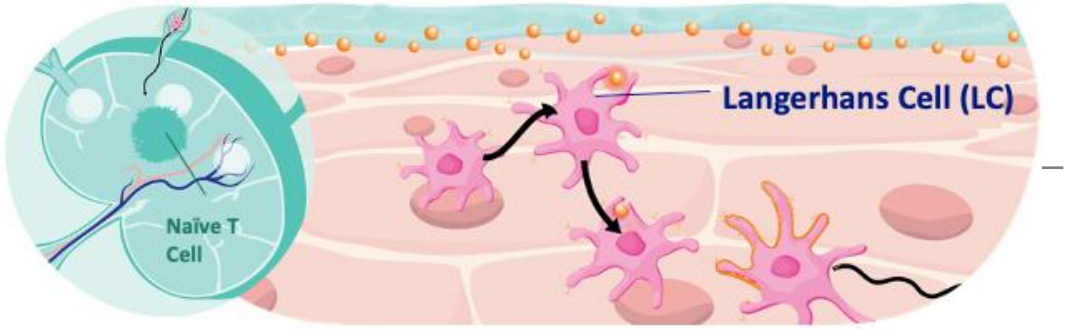
Powered by Oral Mucosal Immunotherapy (OMIT):

The process of gradually exposing the immune system to low doses of allergen in the oral cavity using a fully functional toothpaste

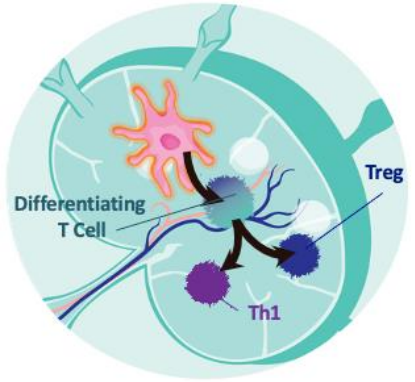
How Oral Mucosal Immunotherapy (OMIT) Works

1 **Proprietary formula delivers allergenic protein to oral cavity via toothpaste, binding to mucosa**

2 **Langerhans cells pull allergenic protein into the lymph system**

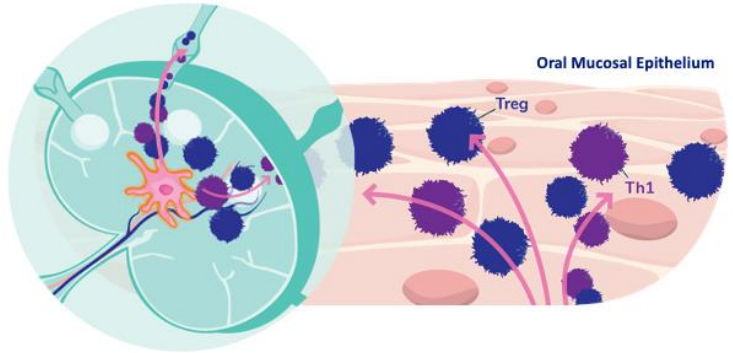


3 **Langerhans cells trigger the reeducation of immune system**



Regional
Lymph Node

4 **Differentiated T cells decrease the allergic response**



INTROMMUNE THERAPEUTICS

Early Food Exposure Strategy: **Remove Impediments**

Intrommune's innovative toothpaste delivers consistent amounts of allergens directly to the oral mucosa simply and conveniently, as part of the normal daily toothbrushing routine

"There is no doubt food allergies can be prevented. The key is early and consistent exposure."

- Former J&J Executive and Top Key Opinion Leader

Food Exposure Toothpaste Product Profile

A **unique formulation** featuring allergens stabilized and embedded in a **fully functional toothpaste***

FIRST OFFERING

Four allergenic foods: Peanut and three tree nuts (hazelnut, walnut, and cashew)

PROTEIN EXPOSURE

Baby: 0.75mg/0.5 mL protein per food (pea-sized amount)
Young child: 3.0mg/1.0 mL protein per food
Child/adult: 6.0mg/1.0 mL protein per food plus Fluoride

GREAT–TASTING AND EASY TO USE

Fresh flavors and a **metered pump** make it easy and convenient to brush teeth and gums up to 2 minutes

*Usage Instructions: 1-2 times per day (delivering precise concentration of proteins from all 4 foods). Brush teeth & gums for up to 2 minutes

Enables Convenient Food Exposure Without Requiring Ingestion

Dental hygiene and early food allergen exposure completed in **one simple, convenient step**

- **Offers a truly differentiated unique selling proposition (USP)** by incorporating dental hygiene and early food exposure in one single step
- **Aligns with evolving evidence** supporting early introduction of certain allergenic proteins in high-risk infants less than 1 year of age
- **Enables early food exposure** while minimizing the fear of early ingestion and the potential risk of choking
- **Overcomes barriers** to food exposure associated with fussy / picky eaters
- **Aligns with WHO guidelines** on exclusive breastfeeding until at least 6 months of age
- **May offer some protection** to potential allergic sensitization to other cross reacting tree nuts (ex: pistachio, pecan)
- **Provides the same protection** from dental caries as standard toothpaste
- **Helps to establish a consistent brushing routine** and healthy dental hygiene habits in early life
- **Potential to gamify** and educate with a kit (Bluetooth toothbrush, app & toothpaste) for older children

Food Exposure Toothpaste Offers Unique Benefits

Localized administration

Targeted allergen delivery

Specifically formulated

Stabilized for optimal oral mucosal exposure

Consistent quantity

Formulations tailored to the child's age and risk profile

Delivered conveniently

Encourage healthy daily hygiene habits early in life

QR Code and monthly subscription programs in partnership with physician offices will leverage the growing HCP awareness of the value of early food exposure

Improve patient care | **Save time for physicians** | **Create recurring revenue for physicians**

Early Dietary Introduction Category

Existing Early Introduction Brands

Brands active in the market include **Ready, Set, Food, Lil Mixins, Tiny Human Food, Grow Happy, Bamba,** and **SpoonfulONE (EU)**

- Product ranges include powders, puffs, purees, and finger foods
- Offering 1 – 3 grams of protein to deliver allergens as early as 4 – 6 months

Challenges Faced

- **Problematic for fussy eaters** as all existing options require ingestion
- **Contrary to World Health Organization guidelines** promoting exclusive breastfeeding until at least six months of age
- **Poor adherence** despite effectiveness
  - Reported sustained oral tolerance even after 12 months of peanut avoidance
  - Significantly (74%) lower risk of peanut allergy development in peanut consumption group

KEY TAKEAWAY

Early (less than 1 year) food exposure is critical and offers the potential for durable oral tolerance*

*Du Toit G, et al. Follow-up to Adolescence after Early Peanut Introduction for Allergy Prevention. NEJM Evid. 2024;3(6): EVIDoa2300311.

Extensive Global IP Protection

IP covers all food allergens across multiple oral care formats, with **51 patents to-date**

EXCLUSIVE GLOBAL IP

- For all food allergy
- Freedom to operate

GLOBAL PORTFOLIO

- USA
- EU, UK, Israel
- Japan, Korea, Australia
- Canada
- India
- Brazil
- China (pending)

SEVERAL PATENT FAMILIES

- Immunotherapy via multiple oral care modalities
- Formulations to stabilize allergens
- Applications filed - confidential

GLOBAL PROTECTION

- Expected to extend to 2049 *

ADDITIONAL IP EXPECTED

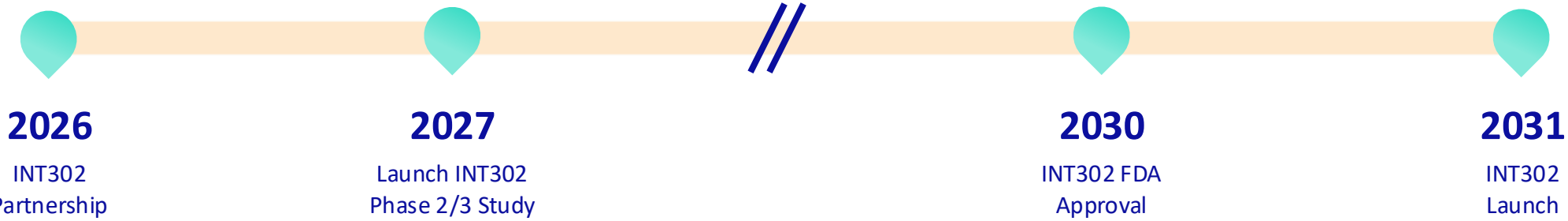
- Additional innovation
- New filings - dosing, CMC & design
- Regulatory extension
- Unique biologic – no generic pathway available

CMC = Chemistry, Manufacturing & Controls
* 20-year patent term plus 5 years of regulatory extension

Intrommune Product Pipeline

EARLY FOOD EXPOSURE

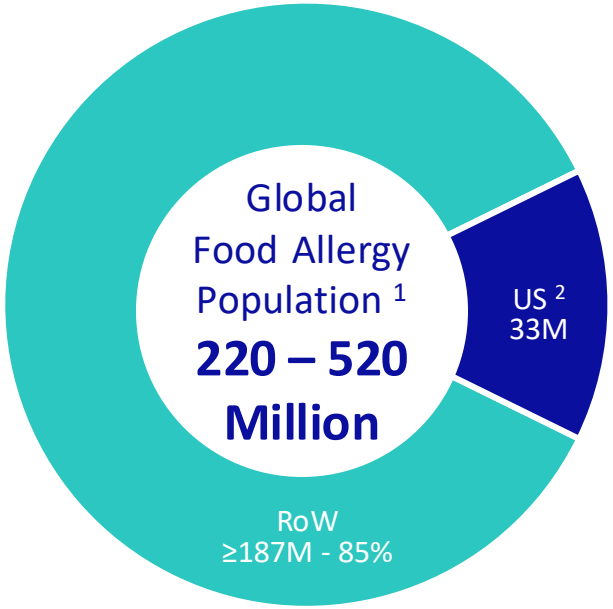
THERAPEUTICS



INTROMMUNE THERAPEUTICS

Problem: Food Allergies Impact Millions Globally

Food allergies have become a serious public health concern as prevalence increases globally with **5.6 million US children (1 in 13) living with at least one food allergy**



Multi-Food Therapy

$33 Billion

TAM for US market [4]

Orphan

Meat / Alpha-Gal

1. FASI Our Science https://foodallergyscience.org/our-science/# Accessed November 18, 2023
2. FARE Facts and Statistics https://www.foodallergy.org/resources/facts-and-statistics Accessed November 18, 2023
3. FAACT Food Allergy & Anaphylaxis Connection Team www.foodallergyawareness.org/food-allergy-and-anaphylaxis/food-allergens/the-top-9-food-allergens/
4. Intrommune Estimate – $10,680 OIT price at January 2020 approval. Price on September 10, 2023 is $14,880/year per drugs.com

Highlights from OMEGA Phase 1 / 2 OMIT Clinical Trial Results

Met primary and secondary endpoints, with indications of efficacy*

Safety

Demonstrated safety: No moderate or severe systemic reactions occurred in active participants. Non-systemic adverse reactions were mostly local (oral itching), mild, and transient

Adherence

97% adherence to study treatments

Efficacy

Exploratory objective provided indications of efficacy in difficult-to-treat adult population:

- ✓ 3/3 (100%) of DBPCOFC† subjects were protected to at least 600mg peanut
  - Mean dose tolerated at entry was 16mg
- ✓ Statistically significant sIgG4 increases in active arm consistent with response to treatment

Dropout

0% product-related participant dropout rate

- ✓ 22% of OIT patients drop out within first year and as many as 50% within 3 years

Additional OMEGA Clinical Study Details

*Berger W. A Randomized Placebo-Controlled Phase 1 Safety Study of OMIT in Adults with Peanut Allergy [ACAAI Annual Meeting Abstract # LB011]. Ann Allergy Asthma Immunol 131 (2023) S230-S231.
†Double-Blind Placebo-Controlled Oral Food Challenge

OMIT Results Presented: Safe, Adherent, Indications of Efficacy

Generated **140 + pieces of news coverage** and featured on **900 + TV/cable/radio shows** in 36 hours

Late-Breaking ACAAI Abstract

- Oral presentation given Nov. 11, 2023 at American College of Allergy, Asthma and Immunology Scientific Meeting

- Published in Annals of Allergy, Asthma, and Immunology

Late-Breaking AAAAI Abstract

- Oral presentation given Feb. 23, 2024 at American Academy of Allergy, Asthma and Immunology Scientific Meeting

Media Coverage

- Press release picked up by 362 outlets, generating 143 instances of news coverage in the first few days:

Online/Print

REUTERS · Medscape · FAST COMPANY · WebMD · Allergic Living · Healio · UPTOWN ALLERGY & ASTHMA · MBN MARKET BUSINESS NEWS · MEDICAL NEWS TODAY · ScienceDirect

TV

abc NEWS · FOX NEWS · NBC NEWS

"This toothpaste offers an easier option that families can fit into their everyday schedules… I'm always looking for options like that."

Kristin Sokol
MD, MPH, FAAAAI
Allergist & Immunologist at Schreiber Allergy

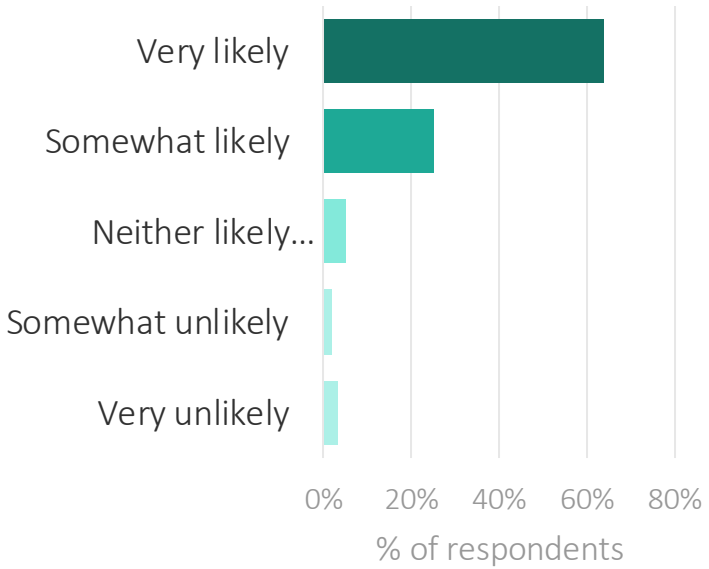
schreiber allergy

Publication of OMIT Study Results in Peer-Reviewed Medical Journal (Feb. 2025) Plus Independent Editorial*

* William E. Berger MD. MBA , Nicole Faris MSc , Mark Weinstein MD , Gregory E. Wilding PhD , Erick Berglund PhD , Randomized , Placebo-Controlled, Phase 1 Safety Study of Oral Mucosal Immunotherapy in Peanut Allergic Adults, Annals of Allergy, Asthma Immunology (2025), doi: https://doi.org/10.1016/j.anai.2025.01.013

Strong HCP & Consumer Interest in Intrommune's OMIT Solution

Patients



Healthcare Professionals

*"I was pleased to see a Late Breaking Abstract introducing Oral Mucosal Immunotherapy (OMIT) as a new treatment option for peanut allergies. OMIT is being studied to **address the large, unmet need in food allergies** by providing a convenient, safe and effective choice which is administered in a fully-functional toothpaste that is incorporated into the patient's daily routine activities"*

Todd Mahr
MD, FACAAI, FAAAAI,

Executive Medical Director, ACAAI
Pediatric Allergist, Gundersen Health System

GUNDERSEN HEALTH SYSTEM

American College of Allergy, Asthma & Immunology

*"The results of the OMEGA trial demonstrate the safety of INT301 for adults with peanut allergy. The exploratory findings also support its potential as an effective treatment to protect patients from accidental peanut exposure. By embedding the proteins in a fully-functional toothpaste, and **addressing many of the concerns associated with existing peanut immunotherapy**, INT301 is being developed to address the unmet needs in the market"*

Michael S. Blaiss
MD, FACAAI, FAAAAI

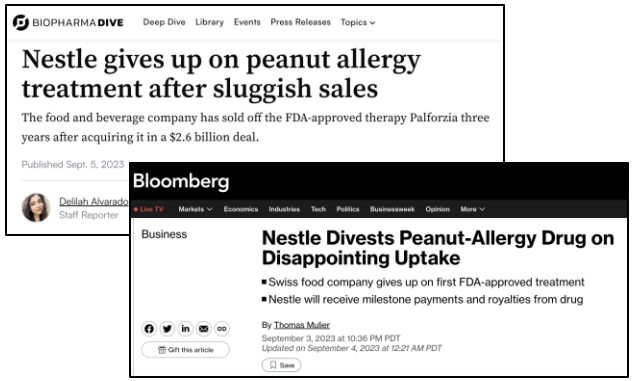
Clinical Professor, Medical College of Georgia at Augusta

AUGUSTA UNIVERSITY MEDICAL COLLEGE OF GEORGIA

Allergy and Asthma Network consumer survey, October 2018 (n=137)

Competitive Analysis: Learnings & Market Impact

Palforzia
(Nestlé & Aimmune)


BIOPHARMADIVE

Nestle gives up on peanut allergy treatment after sluggish sales

The food and beverage company has sold off the FDA-approved therapy Palforzia three years after acquiring it in a $2.6 billion deal.

Published Sept. 5, 2023

Bloomberg

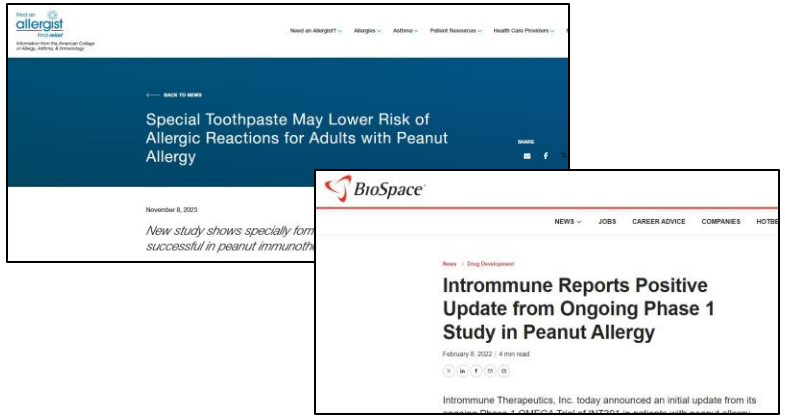
Business

Nestle Divests Peanut-Allergy Drug on Disappointing Uptake

- Swiss food company gives up on first FDA-approved treatment
- Nestle will receive milestone payments and royalties from drug

- Palforzia has a challenging updosing schedule with a high risk of severe AEs — Intrommune's novel toothpaste platform addresses adherence and safety from the start
- Parents of children with food allergies are driving the multi-billion-dollar industry so Intrommune is determined to prove itself in the pediatric space with the next rounds of funding

INT301
(Intrommune)


Special Toothpaste May Lower Risk of Allergic Reactions for Adults with Peanut Allergy

BioSpace

Intrommune Reports Positive Update from Ongoing Phase 1 Study in Peanut Allergy

- Intrommune committed to a focused, step-wise approach, first tackling peanut / tree nut allergies, which remains a $14 billion market primed for the taking
- Intrommune and its esteemed KOLs understand and rightly anticipated the pitfalls of OIT—and conversely the continued massive potential for OMIT
- Xolair is not disease modifying – expectation is that patients on Xolair will transition to OMIT

Xolair
(Novartis & Genentech)


Forbes

FORBES > INNOVATION > HEALTHCARE

Asthma Drug Xolair Now Indicated For Food Allergies: Next Challenge Is Insurer Coverage

Joshua Cohen Senior Contributor

FDA Approves First Medication to Help Reduce Allergic Reactions to Multiple Foods After Accidental Exposure

- Although this moves the food allergy space in the right direction, those with food allergies do not view Xolair as a long-term solution and continue to seek out new treatments
- Cost of Xolair remains a huge barrier to uptake, leaving many to feel defeated
- Positive attention to the food allergy space has reignited discussions between Intrommune and Big Pharma and other manufacturers

Disclosures

Important Information

The information regarding the proposed private placement offering by Intrommune Therapeutics is being provided to you on a confidential basis only and should not be disclosed to anyone other than your professional advisers on a confidential basis for purposes related to your interest in the company. This information should not be divulged, reproduced or disseminated without our consent.

Only qualified "accredited investors" as defined in Regulation D under the Securities Act of 1933, as amended will be permitted to participate in the proposed offering. Additional suitability requirements may apply.

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We will make available to any prospective purchaser and such person's advisers the opportunity to ask questions and receive answers concerning the terms and conditions of the proposed offering, the company, or any other relevant matters, and to obtain any additional information to the extent the company possesses such information.

Any investment in Intrommune Therapeutics involves a high degree of risk. You should carefully read all of the risk factors attached to the subscription agreement prior to any investment. There is no assurance that an investment will be profitable at any time.

Neither Intrommune Therapeutics nor any of its equity interests are registered with the Securities and Exchange Commission or the securities regulator of any state.

This communication contains forward-looking statements, which can be identified by, among other things, the use of forward-looking language, such as the words "plans," "intends," "believes," "expects," "anticipates," "estimates," "projects," "potential," "may," "will," "would," "could," "should," "seeks," or "scheduled to," or other similar words, or by discussion of strategy or intentions. Forward-looking statements are based upon management's present expectations or strategies regarding the future and are subject to known and unknown risks and uncertainties that could cause actual results, events or developments to be materially different from those indicated in such forward-looking statements. No assurance can be given that the future results covered by the forward-looking statements will be achieved. The information contained herein and in the documents enclosed herewith is current only as of the date hereof and you should not, under any circumstances, assume that there has not been any change in the matters discussed herein or in the documents enclosed herewith since the date hereof.

INTROMMUNE THERAPEUTICS

THANK YOU

Contact us for more information
and partnering opportunities

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