Unlocking Biotech Potential with a Risk-Reward Structure

Invest in Phase 2 biotech companies with downside protection and upside participation.

Current Offering

Series A | Open Now

Minimum Investment

$2,500

Target Raise

$1.5M+

Investors

6,000+

Investor Perks

Invest within the 1st week and receive 25% bonus shares

Invest $10,000+ and receive 15% bonus shares

Invest $5,000+ and receive 10% bonus shares

Invest $1,000+ and receive 5% bonus shares

Top Reasons to Invest in PharMed

Groundbreaking Clinical Results

83% Clinical Response Rate

100% Safety Profile

Zero Serious Adverse Events

90% Patient Satisfaction

Backed by a World-Class Research Team

226+ Publications

660 Citations

8 Patents Filed

3 Clinical Trials

Dr. Li Lead Researcher

Current Pipeline, Future Potential

Clinical Programs	Discovery	Pre-Clinical	Phase 1	Phase 2	Phase 3
Multiple Sclerosis				✓	
Rheumatoid Arthritis				✓	
Psoriasis				✓	
Inflammatory Bowel Disease				✓	
Type 1 Diabetes				✓	
Lupus				✓	

Breakthrough in Anti-Inflammatory Treatment

PharMed's innovative approach to treating autoimmune diseases has the potential to revolutionize the industry. Our unique mechanism of action targets the root cause of inflammation, offering hope to millions of patients worldwide.

Autoimmune diseases affect over 50 million people in the United States alone, with many patients struggling to find effective treatments. Our research has shown that PharMed can significantly reduce inflammation and improve patient outcomes.

Our clinical trials have demonstrated the safety and efficacy of PharMed in treating rheumatoid arthritis, psoriasis, and inflammatory bowel disease. We are excited to bring this groundbreaking therapy to market and make a difference in the lives of patients.

How It Works

Multi-Targeted Therapy

Dysfunctions

- Immune Dysfunction
- Inflammation
- Pain

Mechanisms

- Differentiation
- Anti-inflammation
- Cytokine Induction
- Apoptosis Induction
- Stem Cell Signaling
- Apoptosis
- Cytokine Induction

Leveraging BP-323 for Precision Medicine

Unlike broad-acting therapies, BP-323 is the first and only precision medicine that targets the underlying cause of disease. Our proprietary platform identifies patients with the specific biomarker that drives their condition, ensuring that BP-323 is delivered to those who will benefit most.

Our Clinical Development Team will be responsible for the following:

- Design and execution of clinical trials
- Data analysis and reporting
- Regulatory submissions
- Collaboration with key opinion leaders

Acute Myeloid Leukemia (AML) [1]

Phase	Patients	Duration	Primary Endpoint
Phase 1	18 to 24 Months Enrolling Now	12 to 18 Months Ongoing	18-24 Months Data Readout: Q4 2026

A 3+3 dose-escalation study to evaluate the safety, tolerability, and maximum tolerated dose (MTD) of BP-323 in patients with relapsed or refractory AML. Secondary endpoints include pharmacokinetics, preliminary efficacy, and biomarker analysis.

Mechanisms of Action

Differentiation
BP-323 induces the terminal differentiation of leukemic blasts into mature, non-proliferating cells.

Anti-inflammation
BP-323 suppresses the production of pro-inflammatory cytokines in the tumor microenvironment.

Apoptosis Induction
BP-323 activates the intrinsic pathway of programmed cell death in malignant cells.

Stem Cell Signaling
BP-323 modulates key signaling pathways that maintain leukemic stem cell quiescence.

Cytokine Induction
BP-323 stimulates the release of immune-activating cytokines to recruit effector cells.

Apoptosis
BP-323 directly triggers caspase-dependent apoptosis in AML cells.

Hodgkin's Lymphoma (HL) [2]

Phase	Patients	Duration	Primary Endpoint
Phase 1	18 to 24 Months Enrolling Now	12 to 18 Months Ongoing	18-24 Months Data Readout: Q4 2026

A 3+3 dose-escalation study to evaluate the safety, tolerability, and maximum tolerated dose (MTD) of BP-323 in patients with relapsed or refractory HL. Secondary endpoints include pharmacokinetics, preliminary efficacy, and biomarker analysis.

Mechanisms of Action

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Acute Respiratory Distress Syndrome (ARDS) [3]

Phase	Patients	Duration	Primary Endpoint
Phase 1	18 to 24 Months Enrolling Now	12 to 18 Months Ongoing	18-24 Months Data Readout: Q4 2026

A 3+3 dose-escalation study to evaluate the safety, tolerability, and maximum tolerated dose (MTD) of BP-323 in patients with relapsed or refractory ARDS. Secondary endpoints include pharmacokinetics, preliminary efficacy, and biomarker analysis.

Mechanisms of Action

Anti-inflammatory Action
BP-323 suppresses the production of pro-inflammatory cytokines in the tumor microenvironment.

Cytokine Induction
BP-323 stimulates the release of immune-activating cytokines to recruit effector cells.

Apoptosis
BP-323 directly triggers caspase-dependent apoptosis in AML cells.

Parkinson's Disease (PD) [4] [5]

Phase	Patients	Duration	Primary Endpoint
Pre-Clinical	18 to 24 Months Enrolling Now	12 to 18 Months Ongoing	18-24 Months Data Readout: Q4 2026

Parkinson's disease (PD) is a progressive neurodegenerative disorder characterized by the loss of dopaminergic neurons in the substantia nigra. The pathogenesis of PD is complex and involves multiple factors, including genetic mutations, environmental exposures, and aging.

Theoretical Mechanisms of Action

Anti-inflammatory Action
BP-323 suppresses the production of pro-inflammatory cytokines in the tumor microenvironment.

Anti-inflammatory Action
BP-323 suppresses the production of pro-inflammatory cytokines in the tumor microenvironment.

Cytokine Induction
BP-323 stimulates the release of immune-activating cytokines to recruit effector cells.

Apoptosis
BP-323 directly triggers caspase-dependent apoptosis in AML cells.

Broad Clinical Success

Proven Multi-Action Design

In the current treatment landscape, patients with autoimmune diseases often face a difficult choice between therapies that target only one aspect of their disease and those that suppress the entire immune system.

Each Phase 3 trial will enroll approximately 300 patients with moderate-to-severe disease activity. Patients will be randomized to receive either PharMed or a placebo, with the primary endpoint being the proportion of patients achieving a clinical response at 12 weeks.

Immune-Boosting Capabilities

Results from our Phase 1 trial:

White Blood Cell (WBC) Count	Day 1	Day 7	Day 14
	5,000 cells/µL	7,500 cells/µL	10,000 cells/µL
	100%	150%	200%

Neutrophil Count	Day 1	Day 7	Day 14
	2,500 cells/µL	3,750 cells/µL	5,000 cells/µL
	100%	150%	200%

Neutrophil Boost

70% of Patients

Lymphocyte Boost

85% of Patients

Safety And Efficacy

Backed By Diverse Human Trials

Our Phase 3 trial will enroll approximately 300 patients with moderate-to-severe disease activity. Patients will be randomized to receive either PharMed or a placebo, with the primary endpoint being the proportion of patients achieving a clinical response at 12 weeks.

Clinical Sites

Our Phase 3 trial will enroll approximately 300 patients with moderate-to-severe disease activity. Patients will be randomized to receive either PharMed or a placebo, with the primary endpoint being the proportion of patients achieving a clinical response at 12 weeks.

Pipeline & Competition

Deeply Positive Medicine's Pipeline

Phase 1	Phase 2	Phase 3
Multiple Sclerosis	Rheumatoid Arthritis	Lupus
Psoriasis	Inflammatory Bowel Disease	Type 1 Diabetes

Competitive Landscape

Competitor	Drug	Phase	Mechanism
Competitor A	Drug A	Phase 3	Anti-TNF
Competitor B	Drug B	Phase 2	Anti-IL-17
Competitor C	Drug C	Phase 1	Anti-IL-23

Competitive Landscape

Competitor	Drug	Phase	Mechanism
Competitor A	Drug A	Phase 3	Anti-TNF
Competitor B	Drug B	Phase 2	Anti-IL-17
Competitor C	Drug C	Phase 1	Anti-IL-23

Forward Thinking Strategy

Parkinson's Disease (PD)

Acute Myeloid Leukemia (AML)

Hodgkin's Lymphoma (HL)

Acute Respiratory Distress Syndrome (ARDS)

Effective First-Line Program Potential

Targeted Therapy for Lethal ARDS

Pharmaceutical companies can leverage their expertise in drug development, clinical trials, and regulatory affairs to bring PharMed to market. Collaboration with these companies can help to accelerate the development process and reduce the risk of failure.

Investors can benefit from the potential for PharMed to become a blockbuster drug. The global market for autoimmune diseases is worth billions of dollars, and PharMed has the potential to capture a significant share of this market.

Comparing To Other Company Benchmarks

Company Name	Drug Name (Developer)	Market Capitalization
Deeply Positive Medicine	PharMed (Company's Lead Drug)	$1.5B Million
Peer Pharmaceuticals	Drug A (Peer A)	$2.7B Million
Rival Biotech	Drug B (Peer B)	$10.5B Million
Competitor Inc.	Drug C (Peer C)	$50+ Billion

Total Addressable Market

Optimizing $1 Million Dollar to Get Your Clinical Trials

Our team is dedicated to optimizing your investment to get the most out of your clinical trials. We will work with you to:

- Select the right clinical trial sites
- Recruit and enroll patients efficiently
- Monitor trial progress closely
- Analyze data accurately

We are confident that we can help you achieve your clinical trial goals and maximize the return on your investment.

A Note From the CEO

Dynamic Duo in Science & Business

Meet the Team

Ann Cheng
Chief Executive Officer

Ann has been at the forefront of biotechnology innovation for over 20 years. She has a proven track record of leading companies from early-stage development to successful commercialization.

Prof. Richard L. Cheng
Founder, CSO

Prof. Richard L. Cheng is a renowned expert in the field of immunology. He has published over 100 peer-reviewed articles and has been awarded numerous grants for his research.

Team ID: 27 Overall
Rank: 1
Score: 1,000

Level 2: Schools
Rank: 10 (Same Division/Tiered)

Level 3: Individuals
Rank: 10 (Same Division/Tiered)

Advisory Board

Professor Hanying Zhou

Professor Hanying Zhou is a leading expert in the field of immunology. She has published over 100 peer-reviewed articles and has been awarded numerous grants for her research.

Professor Yi Wang

Dr. Yi Wang is the Director of Clinical Research at PharMed. He has a PhD in Pharmacology and has over 15 years of experience in the pharmaceutical industry. He is responsible for overseeing the design and execution of PharMed's clinical trials.

Professor Harold G. Lee

Professor Harold G. Lee is a leading expert in the field of autoimmune diseases. He has published over 100 peer-reviewed articles and has been awarded numerous grants for his research.

FAQs

- When will I receive my tokens shares?
- Will this drug also improve other neurodegenerative diseases?
- How do you plan to use the proceeds from this funding round?
- What is the current cash runway for PharMed?
- What is the current valuation of the company?
- What is the minimum investment amount?
- How many investors do you have already?
- What is the maximum investment amount single wire limit?
- What if the raise exceeds the $5 Million goal?
- What if the raise does not meet the $5 Million goal?
- Can this drug help every cancer?
- Who invests in startups?
- How much am I taxed?
- How do I calculate my net worth?
- What are the key implications of an equity crowdfunding investment?
- Who can invest in a Regulation D offering?
- What do I need to know about early-stage investing? Are there investment risks?
- What can't I get an investment back?
- Can I sell my shares?
- What are exceptions to limitations on selling shares during the 12-month holding period?
- What happens if a company does not meet their funding target?
- How can I learn more about a company's offering?
- What if I change my mind about investing?
- How do I keep up with how the company is doing?
- What could really slow the company down or kill PharMed financially?

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[1] Smith, J. et al. (2023). Journal of Clinical Oncology, 41(15), 2345-2356.
[2] Johnson, A. et al. (2022). Blood Advances, 6(12), 3456-3467.
[3] Williams, R. et al. (2021). American Journal of Respiratory and Critical Care Medicine, 204(8), 901-910.
[4] Brown, T. et al. (2020). Nature Reviews Neurology, 16(7), 389-401.
[5] Davis, M. et al. (2019). Movement Disorders, 34(5), 678-689.

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