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Q&A with Dr. Isaac Cohen, CEO of Iaterion Pharmaceutical, Inc. Developing Novel Nuclear Receptors that is showing promise in the Fight against Cancer, Diabetes, Cardiovascular, Autoimmune, Metabolic Disorders and in treating Menopause

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CEOCFO: ***Dr. Cohen, what is the concept behind Iaterion Pharmaceutical, Inc?***
Dr. Cohen: We are following up on a discovery that was made by our Chief Scientific Officer, Dr. Leitman, of a new set of compounds that bind to nuclear receptors concurrently or simultaneously with the natural hormone and reprograms its effects. We call them coligands or nuclear receptor reprogramming agents. What they do is, unlike other drugs that were used as either agonists or antagonists; they actually change the course of the natural hormone in order to provide either a different function that was not there earlier or promote and restore normal function without some of the toxicities that the hormone generally generates. What we see is that when those compounds are applied simultaneously, for example, when you give them with estrogen, instead of causing cell proliferation which forms breast cancer and uterine cancer, they actually inhibit that process.

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CEOCFO: ***What are you replacing or enhancing? How are we treating some of the problems now that you can treat in a better way?***
Dr. Cohen: For example, in menopausal hormone therapy, right now if we give estrogen alone it results in uterine cancer. What people did was add progestin or progesterone to estrogen in order to abate the uterine cancer effect, but with the combination there is still an increase in the breast cancer effect. Therefore, although we mitigated one of the issues we are not able to mitigate the other issue. The other thing that people did was to add a selective estrogen receptor modulator to estrogen, drugs like tamoxifen. The selective estrogen receptor modulator competes with estrogen on the binding, so you have to use much more of it in comparison to the estrogen. What it results in is a mixed effect that sometimes it behaves like estrogen and sometimes it does not. For instance, on its own it increases hot flashes, so you have to give estrogen to mitigate that, but still there is the risk of clotting events and potentially stroke and other serious adverse events when you use it long term. Therefore, in the past decade or so women first dropped using hormone therapy because of the risks associated with it. Not only that, they are not able to reap the benefit of long term use of hormone therapies, which are the prevention of Type II Diabetes, the prevention of osteoporosis, reduction in weight and fat redistribution. What we are doing is trying to find a way where we can use hormone therapy for long term with a