



EXECUTIVE SUMMARY:

----- SICKLE CELL CURE -----

Foundation Overview, Disease Burden, and Management Style

The Sickle Cell Cure Foundation, Inc. (SCCF) is a new 501c3 bio-medical research firm located in Oklahoma City, USA. Under the leadership of **Dr. Robert H. Broyles**, SCCF has discovered and patented a cure for sickle cell disease (SCD), humanity's oldest and most frequent genetic disorder. The cure tentatively branded DREPAC® (FTH-GRT, scientific designation) treats the cause instead of the symptoms. The name DREPAC is derived from *drépanocesse*, a combination of the ancient Greek *drépano* meaning pruning hook or scythe and the French *cesser* meaning *to stop*.

This year some 340,300 children will be born with SCD. Most will die before their first birthday. Today over 107,000 patients are receiving conventional SCD treatment primarily in Europe and North America averaging \$14,443/year only to die an early death at age 42-45. Peer reviews of Dr. Broyles' cure have brought acclaim to SCCF for its non-invasive, non-surgical breakthrough. It has no observed side effects, is 100% effective, and costs 4% the price of today's comprehensive care. Presentations to the world's scientific community are noted below.

SCCF's co-op management style dubbed "more-than-non-profit" has five goals: (1) market drugs worldwide at affordable prices reducing prices as soon as feasible; (2) maximize distribution first and profits second; (3) share independent research as a north-south norm; (4) educate the public; and (5) grow the SCCF asset base. These "more-than-non-profit" goals reflect our belief that basic health care is an obligation and a right – not an option or a privilege. Numerous patents have already been issued.

Solicitation for Funds and Search for Management Partners

SCCF seeks grant funding to finance safety and Trial II activities leading up to field activities under Trial III. Recognizing SCCF's newness to the world of drug development, we are searching for seasoned fellow charities at home and abroad to raise \$5.30 million to bring the cure up to Phase III within four years. SCCF would offer a portion of royalties to compensate cooperating partners for their upfront financial and managerial assistance in this venture. Competitively procured and negotiated pharmaceutical license holder(s) would conduct Phase III trials. As patent holder and SCCF founder, Dr. Broyles intends to extend licensing and distribution rights consistent with guidance from the World Intellectual Property Organization. SCCF would consider awarding partner charities with reciprocal board memberships and/or a stream of royalty

payments as negotiated among licensee(s), patent holders, non-governmental organizations, and participating charities both local and expatriate.

We expect to eliminate 58% of the expression of SCD by 2016 and 87% by 2028.

FTH-GRT (DREPAC©) and Technology

The product is ferritin-heavy chain (FtH), a protein that occurs naturally in the body. It has been shown to deactivate the sickle cell gene and to reactivate a dormant, healthy replacement gene. Yet, FtH does not permanently alter the genes. The cure addresses the embedded genetic cause of SCD – not its external symptoms. The cure is specific to the ailment and easy to administer. Quite stable, FtH requires no refrigeration making it easier to market and distribute in tropical, developing countries where over 90% of SCD sufferers reside. The drug's detailed identification, its modes of application, and salutary effects are unique, proprietary, and patent-protected.

Of course, the biggest barriers to marketing are time-consuming regulatory hurdles: continued patent applications, safety trials, clinical trials here and abroad, and approval from regulatory bodies such as the U.S. Food & Drug Administration (FDA) or the European Medicines Agency (EMA).

Anticipated Benefits of the "Cure" for SCD Sufferers

- + 100% medical efficacy + No side effects + No high risk surgery or chemo
+ up to 340,300 infants saved each year (2008 estimate)
- + 4% cost of current care + 107,000 current SCD patients each save \$13,865/year
- + Sufferers can look forward to a full lifespan (age 82) instead of dying about age 45

SCCF Management Team

Robert H. Broyles, PhD – President and Founder of SCCF, Professor of Biochemistry & Molecular Biology, specialized in molecular biology and developmental biology, discoverer of the SCD cure. Strengths: comprehensive scientific analysis, able to identify multi-talented teams, biomedical grant management. B.S. chemistry and PhD bio-chemistry Wake Forest University, National Institute of Health fellowship/grants. Community service: American Red Cross, Boy Scouts, First Unitarian Church.

Gary W. Bricker^{CFP} - Program Director (designate) of SCCF. B.A. economics University of Connecticut, M.S. urban planning (Third World) Columbia University. 25 years in developing country economic planning, specialized in sub-Saharan Africa grants/loans in public health sector. Strengths: overseas financial planning, technical contract and charity management. Community service: United Nations intern (New York), Habitat for Humanity, School without Boundaries, primary school creation, Black Sea University lecturer, First Unitarian Church. Work/study: Zambia, Somalia, Ghana, Burkina Faso.

To Be Identified - Chief Financial Officer of SCCF. 5+ years experience in finance, fund-raising, investment syndication, project incubator skills, 501c3 advice, corporation tax, legal requirements and filings. Strengths: objective personnel assessments,

leadership skills, team builder advice, mentoring others in bookkeeping. CPA and/or MBA. Resident in Oklahoma City. Community service: TBD.

Market Opportunity

Market size historically small due to estimated 75% infantile and child mortality. With the cure tentatively branded as DREPAC © (FTH-GRT), the SCD survivor community could grow by as much as 340,300 per year. Few viable competitors. Product free to assume major market niche limited only by logistics and distribution barriers in remote rural areas, presuming cross-subsidization pricing is effective.

Funds Sought, Financial Projections, and Exit Strategy

Seeking \$5.259 million in grants/concessional rate loans over five years (\$1.188 million in 2008; \$1.152 million in 2009; \$1.496 million in 2010; \$1.330 million in 2011; \$0.093 million in 2012). **Option “A”** -- NGOs, parastatals, and/or governments would contract with one another for these final field testing services as appropriate. **Option “B”** – One or more licensed pharmaceutical companies will fund and conduct Phase III trials costing approximately \$12.0 million and begin marketing 12 months later.

Participating NGOs and/or parastatals may continue as a consortium after patents have expired. Since coops do not issue voting stock, there is no risk of an unfriendly stockholder take-over. Many coops thrive beyond the death of their founding members. There is no mandatory “exit”.

Hypothetical financial example for the Year 2019:

pharmaceutical licensee(s) projected to gross \$214 million, while a 7.5% royalty stream of \$16.0 million will compensate partnering charities, pay management employees, fund more research, and expand charity’s asset base until license expires in 2028. The annual “surplus” of \$26 million would be shared among partnering groups and employees.

Example continued with SCCF as patent holder under USG charity rules:

144.5%	-----	Internal Rate of Return (2008-2028)
\$396 million	-----	Net Present Value at an 18% discount (2008-2028)
1X	Break-even of \$17.259 million	----- 1 year 4 months
2X	Break-even of \$34.518 million	----- 2 years 1 month
5X	Break-even of \$86.259 million	----- 4 years 9 months

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CVs for Dr. Broyles and Mr. Bricker available upon request.