

Category

Best Startup

General Information**Company Name ***

Quercis

Turnover and/or Funding

The total funding is \$228 million, with \$15 million for this year.

words remaining :

488

Sub-Category *

Biotechnology

Background

**Corporate history (creation, key milestones, main funding,...)Information on Condition / Disease and need for solution / product (prevalence, existing treatments / solutions)
(please be as specific as possible in your description; limit 500 words)**

Our company was not founded in a traditional way.

It was born from personal loss, clinical experience, and a mission to change the future of medicine. All the founders, including Dr. Thomas Lines-one of the world's leading oncology researchers-watched family members succumb to cancer. In many cases, death came faster due to cancer-associated thrombosis (CAT), a complication that accelerates mortality but is often overlooked in cancer care.

This experience revealed a critical gap: while cancer and thrombosis are deeply connected, the healthcare system continues to treat them as unrelated diseases.

With decades of expertise in oncology and natural products, Dr. Lines previously acquired Merck KGaA's Natural Products Division, creating a platform to research immune-inflammatory pathways. Yet even with access to advanced therapies-such as infusions, immunotherapies, and gene therapies-the reality remained clear: most treatments are reactive, prohibitively expensive, and fail to address the biological root of disease.

This led to the founding of Quercis Pharma AG, with a mission to intercept disease at its origin, not just manage its symptoms.

The team focused first on cancer-associated thrombosis, particularly in patients undergoing chemotherapy. They uncovered a pattern underestimated for decades: a connection between endothelial damage, platelet aggregation, and chronic inflammation. These are not isolated events but steps in a process that fuels both thrombosis and cancer progression.

This work led to the discovery of a previously unrecognized innate immune pathway-a biological ignition point where inflammation triggers tumor growth and clot formation. This pathway acts as a

master switch, simultaneously activating tumor-permissive immune responses and vascular dysfunction.

To address this, the team developed proprietary Natural Compound Formulations specifically designed to:

Protect endothelial cells, preventing PDI leakage;

Modulate platelet activity, reducing clot risk;

Control inflammatory triggers, stopping the process that drives both cancer and thrombosis.

These compounds are now in advanced clinical development, including Kinisoquin™, a first-in-class agent for the primary prevention of thrombosis in cancer patients.

Medical Need and Solution

Each year, over 19 million people are diagnosed with cancer, and up to 25% develop life-threatening thrombosis. Current treatments are fragmented, reactive, and financially inaccessible.

Our approach is different. We aim to prevent cancer initiation, treat tumors more effectively, and stop thrombosis before it starts, by targeting the immune-inflammatory pathways that drive both diseases. Our lead compounds, Kinisoquin™ and Zafirlukast, independently and synergistically target PD-L1 and VEGF, while reducing tissue fibrosis—a process typically addressed by expensive monoclonal antibodies that became mainstream in 2024-2025.

We believe we can achieve this at lower cost and greater accessibility, opening the door to a new paradigm in care.

This is more than treatment innovation—it is true disease interception, and the beginning of a new era where we don't just treat cancer and thrombosis; we prevent them before they begin.

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48

History of the development of the solution/product (Intellectual Property, preclinical and clinical data, development collaborations) *

(please be as specific as possible in your description; 500 words)

The development of Kinisoquin™ began in collaboration with Harvard Medical School in 2011, when researchers identified phosphatidylserine (PDI) exposure on endothelial cells and platelets as a key driver of cancer-associated thrombosis (CAT). This discovery led to a new therapeutic concept: by preventing PDI-mediated platelet aggregation, it is possible to stop thrombosis at its origin, eliminating the need for conventional anticoagulants that carry a high risk of bleeding.

Kinisoquin™ was designed to do more than prevent thrombosis. It also exerts direct antitumor effects by inhibiting PD-L1 and VEGF, thereby reducing immune evasion and angiogenesis. This dual action—antineoplastic and antithrombotic—represents a breakthrough in cancer care.

The company holds over 30 patents, either owned or licensed from Harvard and CNG, with protection extending through 2045. These patents cover composition of matter, method of use, and manufacturing processes.

A Phase II trial was completed in 13 centers across the U.S., led by BIDMC/Harvard Medical School, showing promising results in pancreatic cancer, non-small cell lung cancer (NSCLC), and colorectal

cancer. A Special Protocol Assessment (SPA) with the FDA is in place, and Phase III trials are currently ongoing.

Key collaborators include Harvard Medical School, Memorial Sloan Kettering Cancer Center, UCLA, and the National Cancer Institute (NCI), ensuring both scientific rigor and broad clinical reach.

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291

Why this drug or device is innovative, the broad implications for future research, and/or how it will improve the human condition *

Cancer remains one of the most formidable challenges in modern medicine-not only because of its complexity but because of the devastating complications that accelerate patient decline. Among these, cancer-associated thrombosis (CAT) is the second leading cause of death in cancer patients, affecting up to 25% of all oncology cases. Despite decades of medical advances, today's treatments remain fragmented, reactive, and prohibitively expensive, focusing on managing late-stage crises rather than preventing the biological processes that drive both cancer and thrombosis. Together with Quercis, the combination of repurposed Zafirlukast and Kinisoquin™ represents a transformative solution to this problem.

Kinisoquin™ is fundamentally different. It is a first-in-class therapy that is both antineoplastic and antithrombotic, offering a dual solution to two of the most life-threatening challenges in oncology. At the core of this innovation is the discovery of a previously unrecognized innate immune pathway that acts as the ignition point for tumor growth, immune evasion, metastasis, and thrombotic complications. By targeting this pathway, Kinisoquin™ intercepts the cascade before it progresses into life-threatening events.

Its dual mechanism is unprecedented: Kinisoquin™ suppresses tumor growth and metastasis by neutralizing inflammatory triggers and downregulating key mediators such as PD-L1 and VEGF, reducing both immune escape and angiogenesis. At the same time, it stabilizes the endothelial barrier, preventing the leakage of pro-coagulant factors like PDI into circulation. It also reduces platelet aggregation, inhibiting clot formation without increasing bleeding risk-a major limitation of conventional anticoagulants. This is not simply about treating cancer or thrombosis-it's about disrupting the fundamental biological link between them, preventing complications before they emerge.

Our Phase II data have exceeded expectations, showing no thrombotic events in pancreatic, non-small cell lung, and colorectal cancers-three of the deadliest malignancies where thrombotic complications are common and survival is poor. Based on these results, we are confident that Kinisoquin™ will redefine the standard of care, improving survival, reducing complications, and minimizing hospitalizations.

The implications of this discovery extend far beyond oncology. By modulating the immune-inflammatory axis, Kinisoquin™ paves the way for new treatments in autoimmune diseases, cardiovascular disorders, and other chronic inflammatory conditions. It invites a new, unified approach to medicine, breaking down traditional barriers between oncology, hematology, and immunology. The pathway modulated by Kinisoquin™ and its companion drug, Zafirlukast, involves TME176B, interleukins, and other immune checkpoints, offering potential in multiple indications.

Because Kinisoquin™ is orally bioavailable and cost-effective to produce, it can be deployed globally, ensuring access to advanced care not only in elite healthcare systems but also in underserved regions.

This is more than a drug-it's a new way of thinking about disease: intercepting it at its source, not just managing symptoms. Kinisoquin™ offers the promise of longer lives, better outcomes, and a future where cancer and thrombosis are no longer treated in isolation but addressed at their core. We are not just treating disease. We are transforming the future of medicine.

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27

Please provide appropriate references (PubMed, Abstract, Website) *

All the documents have been attached directly to the form.

Please let me know if you need anything else or if there's any issue accessing the files.

Thank you!

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6478409/>

*Kindly clearly label your files with company name and asset name.

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- [Fw_papers.zip](#)