



USIL Therapeutics

The first multi-organ treatment for radiation exposure – developed and manufactured in Europe

Strategic Capability Brief

September 2026



Radiation exposure is a live defence and civil protection risk

~438 nuclear power plants worldwide and ~11,971 warheads across 9 nuclear-armed states. Three exposure scenarios drive demand for countermeasures.

Nuclear Warfare

Tactical or strategic use by nation states during armed conflict or escalation.

Radiation Leaks

Uncontrolled release from nuclear installations or targeted infrastructure attacks.

Terrorism

Dispersal of radioactive material through nuclear devices or dirty bombs by non-state actors.

High-dose ionising radiation causes Acute Radiation Syndrome (ARS), a rapid multi-organ failure condition with high mortality, affecting military personnel and civilian populations alike.

ARS Mechanism and Operational Impact

Ionizing radiation causes irreversible cellular damage that rapidly propagates to multi-organ failure.

- Whole-body radiation exposure triggers rapid systemic failure.
- Hematopoietic, gastrointestinal, vascular, and immune systems fail in parallel
- Mortality is driven by infection, hemorrhage, and organ failure within days to weeks post-exposure.

Without intervention, ARS results in loss of force readiness and rapid saturation of medical capacity.



On November 1, 2006, Alexander Litvinenko (ex-KGB) is admitted to the intensive care unit of UCLH (London). Died 20 days later from ARS. Poisoned with polonium-210.

No multi-organ treatment for ARS exists

Current options are partial or symptomatic. Risk, funding and a validated candidate now exist at the same time.

What exists today

- **Iodine tablets:** thyroid protection only
- **Partial treatments:** address single effects (e.g. H-ARS blood cell damage), hospital-based, cold chain required
- **Supportive care:** intensive-care resources, not fit for mass casualties, treats symptoms only

Why now

- **Risk:** renewed nuclear threat environment, first major shift since the Cold War
- **Funding:** Governments investing in preparedness through multi-billion stockpiling programmes with established procurement pathways
- **Solution:** a validated compound and delivery system ready for the regulatory pathway

The gap is a field-ready, scalable, whole-body treatment.

The first comprehensive treatment for Acute Radiation Syndrome

Two products, one active ingredient (AOL), covering both pre- and post-exposure radiation damage.



UT-241 (Auto-Injector)

Injection for immediate self-use in emergency situations
(Role 1)



UT-242 (IV Infusion)

Infusion for treatment in field- / hospital settings
(Role 2 to 4)

Operational Advantage

Pre- and post- event use

Shelf-stable, no cold chain required

Ready for stockpiling and rapid deployment

Efficacy demonstrated in H-ARS & GI-ARS. Early results in CV-ARS.

EU-validated, EMA/FDA engaged, market entry in 2028

EU-validated

- €5M+ grants by the Euro Commission in 2026 (DEFIS/RESILIENCE and HERA/TESAR)
- Selected for EUDIS Defence Accelerator (cohort 2)

Maturity

- Already dosed in humans, Phase I completed
- EMA regulatory pathway started 2026, efficacy animal studies ongoing
- FDA-reviewed safety and manufacturing packages for UT-242

Market entry

- Market authorization submissions (EU, US, JP) planned for 2027, opening NATO-armies emergency procurement channels
- Commercial launch of UT-241 and UT-242 in 2028

European Commission, EDF, EUDIS and ESA Engagements

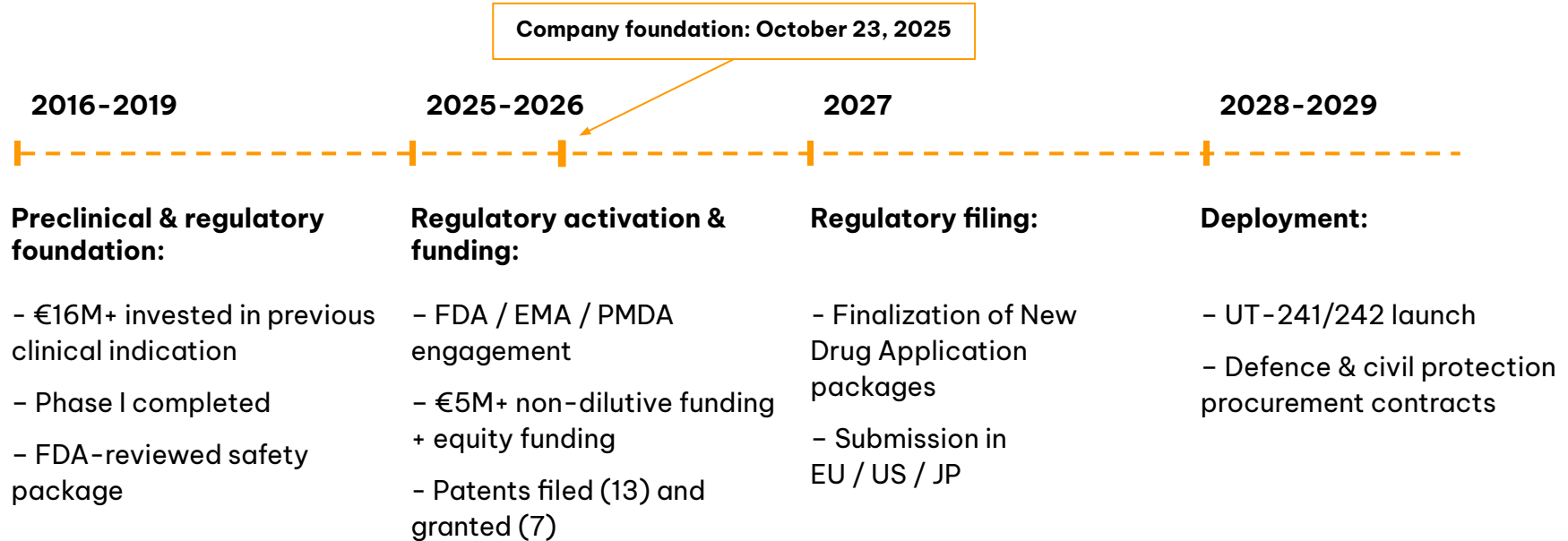
USIL holds a €5.2M non-dilutive grant, two JICF mandates, EDF and EUDIS membership, and ESA funding.

- HERA / EU4Health grant of €5,223,352 (April 2026) for CBRN medical preparedness, in consortium with the [French Alternative Energies and Atomic Energy Commission \(CEA\)](#)
- [STEP Sovereignty Seal](#) awarded by the European Commission
- Member of the European Defence Fund Resilience 2026 programme, in consortium with CEA
- [EUDIS Business Accelerator](#) Cohort 2: structured access to EU defence procurement, Ministries of Defence and NATO-aligned stakeholders
- Two mandates with the JICF (European Commission)
- [ESA](#)-funded validation mission on the ISS (€75k Spark funding secured, €2M+ follow-on under discussion): compound efficacy and stability under microgravity and high-radiation exposure, supporting defence field-readiness



HERA grantee status unlocks follow-on non-dilutive funding and joint procurement pathways (rescEU CBRN, HERA JPA, EDA)

From validated foundation to filing in 2027



Platform expansion: UT-251+ (space, aviation, oncology)

Team with a track record of taking a molecule to market



FRED MARIN
CEO & Co-Founder

PharmD with 20+ years' experience leading multidisciplinary teams and scaling regulated health & tech ventures.



BRUNO FLAMION
CRO & Co-Founder

MD, PhD; former Chair of EMA Scientific Advice Working Party, expert in regulatory strategy and clinical development.



BRUNO LE GRAND
CSO & Co-Founder

PhD with 35+ years' experience in pharmaceutical R&D and translational drug development.



MICHEL ANDRAUD
CFO & Co-Founder

CFO with 30+ years' experience in finance, governance, and M&A across international industrial groups.



VALENTIN WIEDLING
CDO & Co-Founder

Entrepreneur with 10+ years' experience in strategy work with global blue-chip companies.



ALAIN RODERMANN
Investment Advisor

VC leader with 27+ years' experience, founder of Expon Capital, driving deeptech and innovation across EU



MANUELA TUDOSIA
EUDIS Defence Advisor

CEO of PoleCM, Chair of NIAG to NATO AC/327, 17+ years in NATO/EU defence procurement and CBRN stockpiling.



PATRICK DIDIER
**Senior Strategic Advisor
National Security**

Retired French Gendarmerie Lieutenant-Colonel (40 years of active service), CBRN and crisis management expert.



ANDRÉ SEIDEL
**Corporate Development
Advisor**

Life sciences advisor with 10+ years' international experience in venture building & startup acceleration; MSc in Molecular Biology.



YANNICK SAINTIGNY
Resilience Advisor

Senior executive at CEA. Officially involved in joint EDF and DG HERA project applications with USIL Therapeutics.

TRACK RECORD

The core team founded and scaled **Orphalan**, taking trientine tetrahydrochloride for Wilson disease from development through EMA and FDA approval to commercial launch in Europe, the US, China and other countries.

Contact

Engaging defense, civil protection, and international institutions for pilot procurement, joint evaluation, and strategic stockpile planning.

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