RADSHIELD™

Clinical-Stage Pharma

First-in-Class Oral Therapy for Acute Radiation Syndrome

THE HUMAN CONTEXT

When Radiation Strikes.

"The alert came in at 3:47 AM. Nuclear facility breach. Fifteen kilometers from the hospital. No countermeasure. No approved therapy. Nothing to give them."

It was a Wednesday morning in a region of Eastern Europe — the kind of facility that powers cities and anchors national security. An equipment failure triggered a radiological release. The alarm systems activated at 2:15 AM local time. By 2:45 AM, the evacuation zone was locked. By 3:15 AM, the first exposed individuals arrived at the regional medical center — shaken, but alive, and unaware that they had entered a window of acute vulnerability from which medicine had never offered escape.

The physicians on duty knew what was coming. If the radiation dose exceeded certain thresholds — doses that were entirely plausible given the facility type and the initial readings — the intestinal barrier would begin to fail within hours. Toxic bacteria would cross from the gut into the bloodstream. Multi-organ failure would follow. The mortality rate, once GI-ARS (Gastrointestinal Acute Radiation Syndrome) established itself, was historically near 100% without experimental intervention.

Today, there is no FDA-approved countermeasure for severe acute radiation syndrome. Not one. In over sixty years of searching.

The medical team called their national health authority. They called the WHO. They had supportive care — IV fluids, antibiotics, careful infection management. It was palliative. It was not a treatment. It was management of a fatal condition while waiting for the outcome everyone knew was coming.

Now imagine the same morning, two years from now, with RadShield™ in the national strategic stockpile.

The alert activates. The facility dispatch calls the regional medical center. The hospital pharmacy is already pulling RadShield from cold storage. **The first dose is administered orally within 22 minutes of the all-clear, well within the critical 24-hour intervention window.** The mechanism is precise: regeneration of the intestinal stem cells, blocking of inflammatory cascades, halting of barrier dysfunction. The science is validated by DoD, by AFRRI, by Georgetown's exclusive license agreement, and by the FDA's pre-IND meeting framework.

The patient survives. The barrier holds. The cascade stops.

RadShield is the infrastructure upgrade that the world needs and has been waiting for. Congress has designated radiation countermeasures as a national security imperative. The DoD has mandated medical countermeasure planning. NATO has identified GI-ARS mitigation as a capability gap. The Project BioShield Act has created the regulatory pathway. The FDA has validated the Animal Rule approach. The manufacturing infrastructure exists — TCG GreenChem. The cold-chain logistics exist. The strategic stockpile framework exists.

What has not existed until now is a company with the patented molecule, the exclusive Georgetown license, the DoD validation, the pre-IND approval, and the operational readiness to deliver the first genuine countermeasure.

That company is Trocar Pharma.

This is not an investment in a clinical trial. It is an investment in the infrastructure of human resilience — in a $65 billion global market that has spent sixty years waiting for a product that actually works.

Trocar Pharma, Inc. | RadShield™ (YK-4-250)
Patented | Licensed by Georgetown University | Validated by DoD/AFRRI
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