

After the Raise: Sequencing Zura Bio's Clinical Portfolio

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Case note: This teaching case is based on information public by May 9, 2024, end of day Eastern Time. It frames a strategic planning choice and does not claim a formal board vote was pending.

On May 9, Zura Bio reported that it had closed an oversubscribed private placement for approximately \$112.5 million in gross proceeds. Cash and cash equivalents had been \$89.817 million at March 31. Management said the placement, together with its current plans, should support operations through 2027. The same release set out two near-term clinical targets for tibulizumab, also called ZB-106: a Phase 2 study in systemic sclerosis (SSc) in the fourth quarter of 2024, followed by a Phase 2 study in hidradenitis suppurativa (HS) in the second quarter of 2025. Management said the new financing was expected to support those studies. [S1, opening bullets and pp. 1-2; S2, balance sheet, p. 5; S2, Note 10, pp. 19-20]

The raise changed the scale of the company's stated plan. It did not answer what should come next. Zura had three clinical-stage antibody assets, all described by management as having completed Phase 1/1b and as ready for Phase 2. The May 9 release highlighted the ZB-106 schedule and said the company was monitoring external clinical catalysts for its other two assets. Zura had not disclosed specific Phase 2 start commitments for either later program. [S1, pp. 1-2]

For leadership, the question was how to convert a broader financial runway into a sequence of evidence-producing choices. A narrow approach could protect execution of the two announced ZB-106 studies and wait for more evidence before funding later programs. A broader approach could move ZB-168 or ZB-880 toward internal trials sooner after explicit gates. A partnership could bring an external developer into one or both programs. Each path carries a different balance of learning, timing, control, and risk.

Three assets, different evidence paths

ZB-106 is a bispecific antibody targeting BAFF and IL-17A. Zura's public schedule targeted an SSc Phase 2 start in Q4 2024 and an HS Phase 2 start in Q2 2025. The company's April investor presentation showed regulatory, protocol, manufacturing, and study-start milestones, while warning that dates could change with FDA feedback or financing. It described the proposed financing as making the ZB-106 studies possible within the current plan. These were management targets, not guaranteed dates or ring-fenced contractual uses of proceeds. [S1, pp. 1-2; S3, slide 6]

Zura described ZB-168 as an anti-IL-7R α antibody intended to inhibit IL-7 and TSLP signaling. In the April presentation, the company described Phase 2 planning for alopecia areata. Its slide

said milestones depended on additional financing and external Phase 2/3 readouts, and that trial conduct was not included in the then-current runway budget. The May 9 release said Zura was monitoring IL-7R external catalysts in ulcerative colitis, atopic dermatitis, and alopecia areata, as well as TSLP-related catalysts. [S3, slide 6; S1, p. 2]

ZB-880 is an anti-IL-33/RAGE program for allergy and respiratory indications. The April deck described completing chemistry, manufacturing, and controls and regulatory work to prepare the asset for a future Phase 2. It likewise conditioned milestones on financing and external readouts, with trial conduct outside the then-current runway budget. Zura's May release said it was monitoring Phase 2 and Phase 3 IL-33 catalysts in asthma and chronic obstructive pulmonary disease (COPD). [S3, slide 6; S1, p. 2]

The slide did not disclose detailed budgets, trial protocols, or named external data events for either ZB-168 or ZB-880. Nor did it disclose that the April placement had changed their budget status. The \$112.5 million was a gross amount before placement fees and offering expenses. The company's statement that planned operations were funded through 2027 was management's forward-looking estimate, not an audited forecast or a guarantee. [S1, p. 2; S2, Note 10, "April 2024 Private Placement," pp. 19-20; S2, MD&A, "Liquidity and Capital Resources," pp. 28-29]

Cash, costs, and commitments

At March 31, 2024, Zura reported \$89.817 million in cash and cash equivalents, compared with \$99.806 million at year-end 2023. In the first quarter, it reported a net loss of \$7.747 million, operating cash use of \$4.982 million, and investing cash use of \$5.007 million. Most investing cash use was the \$5 million payment for the 2023 Lilly license. The figures describe different accounting and cash-flow measures; they do not establish a recurring quarterly burn rate. [S2, balance sheet, p. 5; statements of operations, p. 6; statements of cash flows, p. 8; MD&A, "Cash flows from operating activities" and "Cash flows from investing activities," p. 30]

The April placement closed on April 22 and generated approximately \$112.5 million gross before fees and offering expenses. The 10-Q disclosed that a \$5 million BAFFX17 fee was due April 24, 2024; its payment status had not been disclosed by May 9. The financing also triggered a separate \$3 million payment obligation to Lilly under the 2022 Lilly License. The public materials did not provide net placement proceeds or a program-by-program use-of-proceeds budget. [S2, Note 5, pp. 13-14; S2, MD&A, p. 22, lines 890-891; S2, Note 10, pp. 19-20]

On May 9, management said the placement was expected to fund planned operations through 2027. That estimate gave the portfolio discussion room beyond the two announced ZB-106 study starts. It did not eliminate uncertainty about trial design, timing, cost, regulatory feedback, milestone obligations, or what external data might change the relative attractiveness of each asset. [S1, p. 2; S2, MD&A, "Liquidity and Capital Resources," pp. 28-29]

The field around the programs

The disease-area context was already competitive. In October 2023, the FDA approved secukinumab (Cosentyx) for adults with moderate-to-severe HS. Its label reports two randomized 52-week trials totaling 1,084 adults. At Week 16, the HiSCR50 response rate with every-two-week dosing was 44.5% versus 29.4% for placebo in Trial 1, and 38.3% versus 26.1% in Trial 2. This provides treatment context, not a head-to-head comparison with ZB-106, whose planned study design and comparative efficacy were not public. [C1, FDA label §14.7, Table 14, pp. 29-30]

For SSc-associated interstitial lung disease, the FDA had approved tocilizumab (Actemra) to slow pulmonary-function decline in adults. That is a subset and outcome within SSc, not a direct comparator for every SSc patient or for ZB-106's dual-pathway approach. [C2, FDA approval record and label §14.4]

The external programs Zura was watching also offered timing information, not proof that its own molecules would work. A January 2024 investor presentation from Q32 Bio described the anti-IL-7R α antibody bempikibart in Phase 2 for atopic dermatitis and alopecia areata, with data expected in the second half of 2024. Regeneron's 2023 10-K listed anti-IL-33 antibody itepekimab in Phase 3 COPD and expected results in 2025 after an interim futility review. The molecules and trials differed from Zura's. [C3, filed Jan. 26, 2024; C4, clinical-program table]

Evidence with limits

Historical clinical-development data can help frame uncertainty, but cannot produce a Zura-specific forecast. Wong, Siah, and Lo's analysis of industry development paths estimated a 45.7% Phase 2-to-Phase 3 transition probability for autoimmune and inflammatory indications (standard error 0.9 percentage points; 2,910 paths). The data cover programs observed through 2015 and use imputation to reconstruct missing transitions; they are broad historical base rates, not a probability for ZB-106, ZB-168, or ZB-880. [A2, Table 2, p. 279]

Research on partnerships also leaves important questions open. Danzon, Nicholson, and Sousa Pereira reported that small-originator indications licensed to large firms had a 13 percentage-point higher Phase 2 completion probability than the sample-average indication (standard error 4.6 points). The study could not distinguish whether the association reflected selection of stronger assets or gains from alliance management. It does not predict a Zura deal's availability, economics, or success. [A3, Table 5, pp. 335-336]

The public information therefore left leadership with strategic choices, but not a numerical allocation rule. The next step could preserve the ZB-106 plan and make later programs conditional on external results and internal evidence. It could broaden internal development after defined gates. Or it could seek partners for selected programs. Any of these choices would need milestones that clarify what to learn, what to do with the information, and when to reconsider.

Decision for discussion

As Zura plans beyond the announced ZB-106 SSc and HS starts, how should leadership sequence ZB-168 and ZB-880?

1. Protect and execute the announced ZB-106 path, while gating ZB-168 and ZB-880 against external data and internal evidence.
2. Broaden internal development of one or both later programs after explicit evidence gates.
3. Seek a development partner for one or both later programs.

What evidence, milestones, and review points would make your choice credible? What should cause the company to accelerate, defer, partner, or stop a program? The case does not supply candidate-specific probabilities, trial budgets, deal terms, or an exact capital allocation.

Exhibit 1. Publicly stated portfolio and timing

Program	Mechanism / indication context	Public status by May 9, 2024	Funding/timing statements
ZB-106 (tibulizumab)	Bispecific antibody targeting BAFF and IL-17A; SSc and HS	Management said Phase 1/1b complete and Phase 2-ready	SSc start targeted Q4 2024; HS start Q2 2025. Placement expected to support accelerated development and both studies. [S1; S3, slide 6]
ZB-168	Anti-IL-7R α antibody that Zura said was intended to inhibit IL-7 and TSLP signaling; Phase 2 planning for alopecia areata	Management said Phase 1/1b complete and Phase 2-ready	Milestones depended on additional financing and external readouts; trial conduct outside the then-current runway budget. [S1; S3, slide 6]
ZB-880 (torudokimab)	Anti-IL-33 + RAGE; allergy/respiratory	Management said Phase 1/1b complete and Phase 2-ready	CMC/regulatory preparation for future Phase 2; milestones depended on additional financing and external readouts; trial conduct outside the then-current runway budget. [S1; S3, slide 6]

Exhibit 2. Financial facts at the cutoff

Item	Reported amount / description	Classification and source
Cash and cash equivalents, Mar. 31, 2024	\$89.817m	Reported fact; unaudited balance sheet, S2, p. 5.
Cash and cash equivalents, Dec. 31, 2023	\$99.806m	Reported fact; S2, p. 5.
April private placement	~\$112.5m gross	Reported fact before fees/expenses; S2, Note 10, pp. 19-20. Net proceeds not disclosed.
Management runway estimate	Through 2027 for planned operations	Management estimate with placement factored in; S1, p. 2.
Q1 2024 net loss	\$7.747m	Reported fact; S2, p. 6.
Q1 2024 operating cash use	\$4.982m	Reported fact; S2, p. 8.
Q1 2024 investing cash use	\$5.007m	Reported fact; mainly a \$5m license payment; S2, p. 8 and p. 30.
BAFFX17 fee	\$5m due Apr. 24, 2024	Reported obligation and due date; payment status undisclosed by cutoff; S2, Note 5, pp. 13-14 and MD&A, p. 22, lines 890-891.
Lilly financing-trigger obligation	\$3m	Separate reported payment obligation under 2022 Lilly License; S2, Note 5, p. 13.
Cash decline during Q1	\$9.989m	Derived: \$99.806m – \$89.817m. Agrees with statement of cash flows; not a quarterly burn forecast.

Exhibit 3. Competitive timing context

Area	Public evidence by cutoff	Limitation
HS	FDA-approved secukinumab; Week-16 HiSCR50 with Q2W dosing was 44.5% vs 29.4% placebo in Trial 1 and 38.3% vs 26.1% in Trial 2. [C1]	Disease-area context; no head-to-head evidence against ZB-106.
SSc-ILD	Tocilizumab approved to slow pulmonary-function decline in adults with SSc-ILD. [C2]	Narrow subgroup/outcome, not all SSc or a direct ZB-106 comparator.
IL-7Rα / TSLP	Q32 Bio's bempikibart in Phase 2 AD/AA, with 2H 2024 data expected in its Jan. 2024 investor presentation. [C3]	External catalyst and pathway context; no outcome public by cutoff.
IL-33	Itepekimab in Phase 3 COPD; 2025 results expected after interim futility review. [C4]	External catalyst and pathway context; no outcome public by cutoff.

Source key: IDs refer to the companion research source register. The research package contains detailed locators and access notes. No information after May 9, 2024 EOD ET is used in the case.