

# MARATHON MONEY

## INTERVIEW CUE CARDS

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**Dr. Geoffrey Dow, CEO**

60 Degrees Pharmaceuticals, Inc. | NASDAQ: SXTF

March 2026

**⚠️ DISCLAIMER**

*For informational & entertainment purposes only. Not investment advice.  
Remind viewers to do their own due diligence before investing.*

# QUICK REFERENCE FACTS



## THE COMPANY AT A GLANCE

**Ticker:** SXTF | NASDAQ

**Market Cap:** ~\$3 million (extreme micro-cap)

**Lead Drug:** ARAKODA® (tafenoquine) — FDA approved

**Core Opportunity:** Babesiosis — NO approved treatment exists

**Babesiosis TAM:** \$245M annual peak | \$1.1B cumulative to patent expiry

**Q3 Revenue Growth:** 223% year-over-year (\$438K vs \$137K)

**CEO:** Dr. Geoffrey Dow — Founder, 13 yrs Walter Reed, 16 yrs at helm

**Insider Activity:** CEO buying stock. Zero insider selling.

**Key Partnerships:** Yale, Mount Sinai, GoodRx, Runway Health, Tulane



## TAFENOQUINE — THE DRUG IN ONE SENTENCE

A broad-spectrum antiparasitic originally discovered by the U.S. Army with a 2–3 week half-life, enabling once-weekly dosing instead of daily pills.

# CARD 1 — OPENING HOOK

**ASK:** *Dr. Dow, welcome. Most investors think of SOTP as a malaria prevention company — but your real moonshot is something called babesiosis. Can you explain what that is, and why nobody's talking about it?*

## 🎯 YOUR TALKING POINTS IF HE NEEDS PROMPTING

**What is it?** Tick-borne parasitic disease — same tick as Lyme disease

**The problem:** Millions misdiagnosed as chronic fatigue, post-Lyme, fibromyalgia

**The gap:** CDC reports ~2,000 cases/year. Real number could be 300,000–3M+

**The opportunity:** Zero FDA-approved treatments. You could own the entire market.

**The hook:** If Lyme disease is a household name, babesiosis is the hidden twin nobody talks about — yet.

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## CARD 2 — THE HIDDEN EPIDEMIC

**ASK:** *You commissioned a nationwide survey — 6,000 patients, 300 healthcare professionals. What did that data tell you that the CDC numbers don't?*

### CUE NOTES

**Key stat:** CDC reports ~2,000 cases. Insurance claims data and patient surveys suggest 100–1,500x more

**Why missed:** No standard blood test in routine checkups. Symptoms mimic flu, chronic fatigue, post-Lyme

**Vulnerable groups:** Elderly, immunocompromised, post-chemo patients — can be life-threatening

**Geography:** Northeast U.S. hotspot — New England, mid-Atlantic — but spreading

**The punchline:** Babesiosis may be a silent epidemic that's been hiding in chronic illness data for decades

**ASK:** *So if you prove babesiosis affects millions of people — not thousands — that's suddenly a multi-billion dollar market nobody sees yet. Is that fair?*

## CARD 3 — THE CLINICAL PROOF

**ASK:** 100% cure rate. All three patients in your expanded access trial cured of relapsing babesiosis — confirmed by a test 1,000 times more sensitive than standard PCR. Walk me through what that means.



### CUE NOTES

**The patients:** Immunosuppressed — these are the hardest cases. Standard treatment had failed them.

**The test:** FDA-licensed RNA amplification assay — at least 1,000x more sensitive than RT-PCR. No Babesia detected = genuine cure.

**Yale data:** Yale School of Medicine partnership — patent license agreement signed. Ivy League credibility.

**B-FREE study:** Mount Sinai, Icahn School of Medicine — FIRST clinical trial in the world for chronic babesiosis

**Breakthrough filing:** Submitted Breakthrough Therapy Application to FDA. Type B meeting with FDA planned 2026.

**The kicker:** Yale researchers came to them — 60 Degrees didn't chase Yale. Yale came to them.

**ASK:** Are Wall Street analysts even aware of this Yale data? Because if they are — how is this stock still at \$3?

## CARD 4 — THE DRUG ITSELF

**ASK:** *Let's talk about what makes tafenoquine special. Compliance is everything in medicine — and your drug is once-a-week instead of daily. Doesn't sound like a big deal until you think about it...*

### CUE NOTES

**Half-life:** 2–3 weeks. Stays in your system. Once weekly dosing is clinically viable.

**vs. primaquine:** Old standard = 14 consecutive daily pills. Most patients don't complete the course.

**Compliance math:** Higher compliance = better real-world outcomes = better clinical data = faster adoption

**Efficacy:** 99%+ against Plasmodium vivax malaria. Broad-spectrum against multiple parasites.

**Army proven:** Discovered by the U.S. Army. Walter Reed tested it for decades before commercialization.

**Broad spectrum:** Being tested vs. babesiosis, Lyme, Bartonella, fungal pneumonia, candidiasis, dengue, Zika

**ASK:** *One drug — multiple diseases. From a business model standpoint, how rare is that? And what does it mean for the revenue ceiling?*

## CARD 5 — CEO'S SKIN IN THE GAME

**ASK:** *Dr. Dow, you've been buying your own stock in the open market — multiple times, at depressed prices. Zero insider selling. What message are you sending to retail investors?*

### CUE NOTES

**Background:** 13 years at Walter Reed Army Institute of Research. Founded 60P in 2010. 16 years of commitment.

**Insider buys:** Multiple open-market purchases at low prices. No sales. That's conviction, not just comp.

**Alignment:** When the CEO buys at the bottom, his interests are 100% aligned with retail investors

**HC Wainwright:** Analyst price target of \$24 vs. current price ~\$3. That's an 8x gap.

**The question:** What do you know that the market doesn't yet?

**ASK:** *You've been at this since 2010. 16 years. Through FDA approvals, trials, market crashes. Is this just business — or is there something personal driving you?*

## CARD 6 — COMMERCIAL TRACTION

**ASK:** Q3 2025: 223% revenue growth year-over-year. Pharmacy deliveries up 14%. You've got GoodRx live, Runway Health launching April 2026. What does the revenue trajectory look like from here?

### CUE NOTES

**Q3 revenue:** \$438,000 (up from \$137K in Q3 2024) — 223% YoY growth

**Volume:** 1,505 ARAKODA boxes delivered in Q3 2025 (+14% quarter-over-quarter)

**Sales force:** Doubling inside sales reps following successful 6-month commercial pilot

**GoodRx:** Live Feb 2, 2026. 30% patient savings at 70,000+ pharmacies nationwide

**Runway Health:** April 2026 launch. Telemedicine + home delivery for international travelers

**Digital push:** Enhanced digital marketing campaign. Targeting travel medicine prescribers directly

**ASK:** At what revenue run-rate does this company reach profitability — and when do you see that happening?

## CARD 7 — THE MARKET OPPORTUNITY

**ASK:** You've calculated the babesiosis market at \$245 million annually — \$1.1 billion cumulative. But that's one indication. What's the total picture if you hit even two or three?

### CUE NOTES

**Babesiosis alone:** \$245M annual peak revenue. \$1.1B through 2035 patent expiry.

**Other indications:** Fungal pneumonias, candidiasis, dengue fever, Zika virus, Lyme disease, Bartonella

**Lyme connection:** Tulane University partnership. Testing tafenoquine vs. Lyme + Bartonella bacteria (2025–2026)

**The co-infection angle:** Same tick = babesiosis + Lyme co-infection. One drug could treat both simultaneously.

**Veterinary market:** Canine babesiosis. MUMS designation filing planned. Separate revenue stream, zero competition.

**The math:** Market cap is \$3M. Even 5% of babesiosis market = \$12M revenue. Multiple vs. current valuation is enormous.

**ASK:** If you hit 20% of the babesiosis market and get one more indication approved — where does this company's revenue end up?

## CARD 8 — THE HARD QUESTIONS

**ASK:** *I have to ask the hard ones — your audience deserves honesty. Going-concern notice in your filings. Cash runway concerns. Reverse stock split. What's the real financial picture?*

### CUE NOTES — LISTEN CAREFULLY TO HIS ANSWERS

**Going concern:** Filings state 'substantial doubt as to ability to continue.' Cash runway was through March 2026.

**Reverse split:** 1-for-4 split Jan 20, 2026. Nasdaq compliance. Doesn't change fundamentals — just optics.

**No manufacturing:** Company has no manufacturing capacity. Relies on third parties — risk of delays.

**FDA setback:** Breakthrough Therapy designation was not granted on first submission. Resubmission planned.

**RedChip paid promo:** \$9,500/month + stock to RedChip for investor awareness. Disclose this on air — builds your credibility.

**Follow-up:** How are you financing the next 12–18 months? What does the capital raise plan look like?

**ASK:** *What's the one risk that keeps you up at night — and what's your plan B if that risk materializes?*

## CARD 9 — THE BULL CASE

**ASK:** Forget the risks for a second. Paint me the bull case. Everything goes right. Trials hit, FDA approves, sales ramp. Where is 60 Degrees in 3 to 5 years?

### CUE NOTES

**Timeline:** Babesiosis sNDA potentially 2026–2027. First approved treatment for the disease. Monopoly.

**Revenue scale:** \$245M peak babesiosis alone. Add Lyme, fungal, vet market = potential \$400–500M+ revenue company

**Acquisition target:** Specialty infectious disease + proven FDA-approved drug = M&A target for Big Pharma

**The comp:** Market cap today = \$3M. Comparable specialty pharma companies with one approved drug trade at \$500M+

**Return math:** Even 10x from here = \$30M market cap. Still massively undervalued vs. fundamentals.

**The vision:** Become the defining company for tick-borne and tropical infectious disease. Tafenoquine as the platform.

**ASK:** Is there a world where 60 Degrees becomes an acquisition target — and would you sell, or build to independence?

# CARD 10 — CLOSING & SIGN-OFF

**ASK:** Last question, Dr. Dow. For someone watching Marathon Money right now — who is the ideal investor for SXTA? Who should seriously consider this, and who should stay away?

## YOUR SIGN-OFF TALKING POINTS (After the interview)

- ✓ 60 Degrees has a real FDA-approved drug already on market. That's rare at this market cap.
- ✓ Babesiosis market is massive, hidden, and has ZERO approved competition.
- ✓ CEO buying his own stock. 16 years of founder commitment. Aligned with retail investors.
- ✓ Yale, Mount Sinai, Tulane — serious institutions validating the science.
- ✓ 223% revenue growth. Commercial traction is real and accelerating.
- ⚠ This is a HIGH RISK micro-cap. Do NOT invest more than you can afford to lose.
- ⚠ Clinical timelines are slow. This is a 3–5 year conviction play, not a quick flip.
- ⚠ Going-concern notice is real. Watch financing updates closely.
- 📌 ALWAYS do your own research. Visit [ir.60degreespharma.com](http://ir.60degreespharma.com) for filings.

## LIGHTNING ROUND (Optional closer)

- Q1:** Biggest catalyst in the next 90 days?
- Q2:** Honest timeline on the babesiosis sNDA submission?
- Q3:** One thing every retail investor should know that they don't?
- Q4:** What gets you out of bed every morning?