Notice: This is a translation of a notice in Japanese and is made solely for the convenience of foreign shareholders.
In the case of any discrepancy between the translation and the Japanese original, the latter shall prevail.

(Translation)

December 3, 2024

To Shareholders,

Company Name: Renascience Inc.
Representative: Keisuke Furuta, President & CEO
(Code: 4889 TSE Growth)
For inquiries, please contact Administration Dept.

Notice of 2-year extension of the grant period for the Innovative Cancer Medical Practical Research Project by the Japan Agency for Medical Research and Development (AMED).

The ongoing Phase III study of the PAI-1 inhibitor RS5614 for chronic myelogeneous leukemia (CML) was selected for AMED's Innovative Cancer Medical Practical Research Project in FY2022 (representative institution: Tohoku University, our company is a contributing institution), and this year is the final year (implementation period: FY2022 to FY2024, grant amount: 190 million yen in Total, refer to the "Announcement of the Adoption of the Project under AMED Research Program of "Practical Application of Innovative Cancer Therapy" in FY2022 " dated March 22, 2022.). As a result of the evaluation by AMED in the final year, the registration of the target number of patients for the Phase III study has been completed, and the study is expected to be completed within the two-year extension period, so a further two-year extension of the grant period has been approved by AMED.

This Phase III study is a multicenter, placebo-controlled, double-blind (※1) study to evaluate the combined effect of RS5614 and a tyrosine kinase inhibitor (TKI) in patients with chronic phase CML. The study will target 60 patients with chronic phase CML who have been on TKI treatment for three years or more, and will verify that the combination group with the investigational drug RS5614 significantly increases the DMR maintenance rate (※2) for two years or more compared to the group administered TKI alone.

There will be no impact on the results for the fiscal year ending March 2025, but due to the availability of subsidies for the two-year extension, the costs it had expected to the results for the fiscal years ending March 2026 and March 2027 will no longer be necessary. We will notify you when the amount of the grant has been confirmed.

(※1) Double-blind: A clinical trial method in which patients are randomly divided into a group that receives the investigational drug (RS5614 in this case) and a group that receives a control drug (an ineffective placebo in this case), and both groups are administered drugs at the same time under the condition that neither the doctor nor the patient knows which drug will be administered. This is a test method to reduce the opportunity for doctors to administer the investigational drug to patients who are expected to respond to the drug, and to avoid the possibility that preconceived notions that the drug should be effective will be reflected in the evaluation, or that even if the patient knows, it will affect the response to the treatment or the evaluation.

(※2) DMR maintenance rate: DMR (deep molecular response) is a state in which CML gene abnormalities are almost undetectable (deep remission state). Current chronic CML treatment requires lifelong administration of expensive TKIs, but in recent years, it has become clear that some patients who have achieved and maintained DMR for a certain period of time do not relapse even if TKI is discontinued (maintained remission without treatment). The cumulative DMR achievement rate

for one year (48 weeks) published for existing TKIs is 8-12% (historical control), but in the late Phase II study, the cumulative DMR achievement rate when our company's RS5614 was used in combination with TKIs for one year was 33%, demonstrating the usefulness of our RS5614. DMR maintenance refers to the continuation of the state in which DMR has been achieved for a certain period of time.