

March 9, 2026

To Shareholders,

Company Name: Renaissance Inc.
Representative: Toshio Miyata, Chairman and CEO
(Code: 4889 TSE Growth)
For inquiries, please contact Administration Dept.

Announcement of Adoption of Japan Agency for Medical Research and Development
(AMED)'s FY2026 "Project Promoting Clinical Trials for Development of New Drugs":
Phase II Study for Non-Small Cell Lung Cancer

We are pleased to announce that our "Phase II study to evaluate the efficacy and safety of a PAI-1 inhibitor (RS5614) combination therapy in locally advanced non-small cell lung cancer¹⁾ following initial standard treatment, chemoradiotherapy²⁾ and consolidation therapy³⁾ with immune checkpoint inhibitor⁴⁾ durvalumab⁵⁾ has been accepted for the FY2026 "Project Promoting Clinical Trials for Development of New Drugs" by the Japan Agency for Medical Research and Development (AMED). (The principal research institution is Hiroshima University, and our company is participating as a contributing research institution.)

[Selected Project]

Project Name: FY2026 " Project Promoting Clinical Trials for Development of New Drugs"

Research Project Title: Phase II Investigator-Initiated Clinical Trial of a PAI-1 Inhibitor (RS5614) for the Curative Treatment of Locally Advanced Non-Small Cell Lung Cancer

Principal Investigator: Dr. Takeshi Masuda, Associate Professor, Department of Respiratory Medicine, Hiroshima University Hospital

Research and Development Period (Planned): April 1, 2026 - March 31, 2030

Research and Development Cost (FY2026: Planned Amount): 78,000,000 yen

Our company had already signed an agreement with Hiroshima University regarding this trial (disclosed on November 26, 2025). With this application now accepted, we will promptly begin a Phase II trial with 12 medical institutions, including Hiroshima University Hospital.

[Background of this Clinical Trial]

Clinical problems facing initial standard treatment for non-small cell lung cancer include 1)

resistance to radiation therapy, 2) resistance to chemotherapy, 3) resistance to immune checkpoint inhibitors, and 4) lung damage (side effects) associated with radiation and immune checkpoint inhibitors.

Accordingly, previously reported rates of transition from chemoradiotherapy to durvalumab consolidation therapy in initial treatment for non-small cell lung cancer are approximately 80% (of the 20% who are unable to transition, 10% are due to disease progression and 10% due to treatment discontinuation due to pneumonia or other factors). Thus, a significant challenge exists: a certain number of patients are unable to progress to immune checkpoint inhibitors (durvalumab) due to cancer progression during chemoradiotherapy or lung damage caused by radiation therapy. Therefore, there is a need for the development of treatments that enhance the efficacy of the current initial standard treatments, chemoradiotherapy and durvalumab consolidation therapy, and also suppress lung damage associated with radiation therapy and durvalumab.

[Purpose and Rationale of this Clinical Trial]

1. Confirmation of the enhancing effect of RS5614 on the PAI-1-mediated resistance reversal to radiation therapy

In a mouse lung cancer model, we demonstrated that surviving cancer cells after radiation exposure overexpress PAI-1, that PAI-1 conferred radiation resistance to cancer cells through apoptosis suppression⁶⁾ and that the combination of the PAI-1 inhibitor RS5614 and radiation therapy demonstrated significantly stronger antitumor effects than radiation therapy alone (presented at the 66th Annual Meeting of the Japan Lung Cancer Society on November 7, 2025).

2. Confirmation of the enhancing effect of RS5614 on the PAI-1-mediated resistance reversal to chemotherapy

In a mouse lung cancer model, we demonstrated that PAI-1 is involved in resistance to chemotherapy drugs used in chemoradiotherapy, that resistance was reversed by a PAI-1 inhibitor, and that the antitumor effect of RS5614 in combination with chemotherapy was enhanced compared to chemotherapy alone (unpublished data).

3. Confirmation of the enhancing effect of RS5614 on the immune checkpoint inhibitor resistance reversal

In collaboration with six medical institutions, including Hiroshima University Hospital, we are conducting a Phase II trial (coordinating investigator: Professor Noboru Hattori, Department of

Respiratory Medicine, Hiroshima University Graduate School of Medicine) of the immune checkpoint inhibitor nivolumab⁷⁾ in combination with RS5614 (third-line or later treatment) for non-small cell lung cancer. Patient enrollment has been completed (disclosed on July 3, 2025). This trial is open-label⁸⁾ and all patients received RS5614, so results are gradually emerging. The final clinical trial report is scheduled for August 2026, but we have confirmed the enhanced efficacy of immune checkpoint inhibitors when combined with RS5614.

4. Confirmation of improvement of lung damage caused by radiation therapy and durvalumab

Radiation pneumonitis occurs as a side effect of radiation therapy (with an incidence rate of approximately 30% for concurrent chemoradiotherapy and approximately 2% for fatal radiation pneumonitis). Symptoms include shortness of breath, cough, and fever, but may be asymptomatic. It occurs during or within six months of treatment completion. Mild cases may resolve spontaneously, but severe cases can lead to decreased lung function and fibrosis. The incidence of pneumonitis during durvalumab treatment has been reported to be approximately 33%. Patients who develop pneumonitis require hospitalization with oxygen administration and steroid therapy, and durvalumab treatment is often interrupted or discontinued. Furthermore, many cases experience long-term respiratory distress and reduced activities of daily living due to residual fibrosis even after improvement of pneumonitis, contributing to a serious decline in quality of life both in Japan and overseas. PAI-1 is known to play a central role in pulmonary fibrosis, and we have investigated the efficacy of PAI-1 inhibitors against lung injury through investigator-initiated clinical trials in COVID-19 lung injury and systemic sclerosis interstitial pneumonia. In this study, we will utilize RS5614 not only for its antitumor effect on non-small cell lung cancer (NSCLC), but also to suppress lung injury (side effects) associated with radiation and immune checkpoint inhibitors, thereby ensuring treatment safety.

[Study Overview]

Target Population	Locally advanced non-small cell lung cancer(NSCLC)
Study Design	Open-label, single-arm, multicenter study
Number of Patients	27 patients
Primary Endpoint	1-year PFS ⁹⁾
Participating Institutions (Planned)	Hiroshima University Hospital, Okayama University Hospital, Shimane University Hospital, Hiroshima City Hiroshima Citizens Hospital, Tottori University Hospital, Kagawa University Hospital, Kochi Medical School Hospital, National Hospital Organization Iwakuni Clinical Center, Ehime University Hospital, Nara Medical University Hospital, Tohoku University Hospital, and Hiroshima Prefectural Hospital (12 sites)

Study Period	Total study period: April 2026 - March 2029 Enrollment period: April 2026 - March 2028 (24 months) Observation Period: April 2026 - June 2029 (24 + 15 months)
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This study will target patients with locally advanced non-small cell lung cancer who are ineligible for curative surgery. The study will examine whether the PAI-1 inhibitor RS5614, combined with chemoradiotherapy (including definitive radiation therapy) and durvalumab consolidation therapy, can 1) improve cure rates by enhancing the antitumor effects of chemoradiotherapy and durvalumab, and 2) improve treatment safety by suppressing lung damage (side effects) caused by radiation therapy and durvalumab. The goal is to clarify whether the RS5614 combination treatment can be a novel treatment that surpasses the current initial standard of care.

At present, this adoption by AMED will have no particular impact on the financial results for the fiscal year ending March 2026. However, as a result of this adoption, the initially anticipated expenditure for the trial will no longer be incurred, and profitability is expected to improve from the fiscal year ending March 2027 to the fiscal year ending March 2029. Furthermore, the full-year financial forecast for the fiscal year ending March 2027 will incorporate the expenses allocated to the participating research institute.

¹⁾ Locally Advanced Non-Small Cell Lung Cancer

This refers to locally advanced non-small cell lung cancer (NSCLC) that develops in the lungs and has spread so locally that surgery is difficult.

²⁾ Chemoradiotherapy

This is the initial standard treatment, combining drugs that attack cancer cells (chemotherapy) with radiation therapy that targets the cancerous area (radiotherapy). It is one of the standard treatments for cases where surgery is difficult.

³⁾ Consolidation Therapy

This is additional treatment administered after initial treatment (e.g., chemoradiotherapy) has achieved some degree of cancer suppression, with the aim of maintaining and strengthening the effects of treatment. It aims to prevent recurrence and progression.

⁴⁾ Immune Checkpoint Inhibitors

Immune checkpoint molecules have been discovered as a group of molecules that inhibit immune responses against the self and suppress excessive immune responses in order to maintain immune homeostasis. Immune checkpoint molecules exist to suppress excessive

lymphocyte activation and prevent self-attack, but cancer cells exploit immune checkpoint molecules to evade attack from the immune system. Various immune checkpoint molecules have been identified, including PD-L1, PD-1, and CTLA-4. Immune checkpoint inhibitors are drugs that block the action of immune checkpoint molecules. All drugs currently used as treatments are antibody drugs that directly bind to and inhibit immune checkpoint molecules.

⁵⁾ Durvalumab

Durvalumab is an immune checkpoint inhibitor that binds to a substance called PD-L1 to enhance the attacking power of immune cells. It is primarily used to treat non-small cell lung cancer (especially as maintenance therapy after definitive chemoradiotherapy). Side effects can affect various immune-related organs, such as interstitial lung disease and liver dysfunction. Both durvalumab and nivolumab are cancer treatments classified as immune checkpoint inhibitors, but durvalumab is an anti-PD-L1 (cancer) antibody, while nivolumab is an anti-PD-1 (lymphocyte) antibody.

⁶⁾ Apoptosis suppression

Apoptosis is a physiological mechanism by which cells die, and "apoptosis inhibition" refers to a state in which this mechanism is impaired or does not function properly.

⁷⁾ Nivolumab

Nivolumab is an antibody drug (human anti-human PD-1 monoclonal antibody) that targets the immune checkpoint molecule PD-1. It is a representative immune checkpoint inhibitor that aims to achieve anti-cancer effects by deactivating the suppression of the immune system.

⁸⁾ Open-label

This refers to a trial design in which both trial participants and medical professionals are aware of the treatment they are receiving.

⁹⁾ Progression-Free Survival Rate (PFS)

This is an indicator of the percentage of patients whose cancer has not progressed or who have died since the start of treatment.