April 24, 2026

To Shareholders,

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

Announcement of the initiation of a phase II trial for locally advanced non-small cell lung cancer

We are pleased to announce that our phase II investigator-initiated clinical trial with our PAI-1 inhibitor RS5614 for locally advanced non-small cell lung cancer[1)] has been initiated. In addition, this trial was featured yesterday at the President's regular press conference at Hiroshima University, the lead research institution. Patient enrollment and administration are expected to begin shortly.

This phase II trial is a project selected for the Japan Agency for Medical Research and Development (AMED)'s FY2026 "Project Promoting Clinical Trials for Development of New Drugs" (disclosed March 9, 2026). This phase II investigator-initiated clinical trial will be conducted at 12 medical institutions in Japan, including Hiroshima University Hospital, the lead research institution, to investigate the efficacy and safety of combination therapy with a PAI-1 inhibitor (RS5614) in addition to the initial standard treatment of chemoradiotherapy[2)] and consolidation therapy[3)] with the immune checkpoint inhibitor[4)] durvalumab[5)].

[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[6)]
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)

Results from a previous phase II trial conducted with Hiroshima University and six other medical institutions to investigate the safety and efficacy of nivolumab and the PAI-1 inhibitor (RS5614) combination therapy in non-small cell lung cancer (disclosed March 5, 2026) confirmed an enhancement of the antitumor effect of the immune checkpoint inhibitor with RS5614 combination therapy. Furthermore, since higher efficacy has been confirmed in patients receiving early-stage treatment (third-line treatment), this trial will investigate the efficacy and safety of PAI-1 inhibitor (RS5614) in combination with the initial standard treatment of chemoradiotherapy and consolidation therapy with the immune checkpoint inhibitor durvalumab in patients with early-stage locally advanced non-small cell lung cancer.

Challenges in initial standard treatment for non-small cell lung cancer include resistance to radiation therapy, resistance to chemotherapy, resistance to immune checkpoint inhibitors, and lung damage (side effects) associated with radiation and immune checkpoint inhibitors. Therefore, the rate at which patients can transition from chemoradiotherapy to durvalumab consolidation therapy in their first-line treatment for non-small cell lung cancer is approximately 80%. A major problem is that a certain number of patients are unable to reach 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 a new treatment that enhances the effectiveness of the current standard first-line treatment of chemoradiotherapy and durvalumab consolidation therapy, and further suppresses lung damage associated with radiation therapy and durvalumab.

Our company has revealed in a mouse lung cancer model that cancer cells remaining after radiation exposure highly express PAI-1, acquiring resistance to radiation, and that PAI-1 is involved in resistance to chemotherapy drugs. We have confirmed that the PAI-1 inhibitor RS5614 mitigates the resistance and enhances the antitumor effect. Furthermore, given that PAI-1 plays a central role in pulmonary fibrosis, the concomitant use of RS5614 is useful not only for enhancing the antitumor effect but also for suppressing lung damage associated with radiation and immune checkpoint inhibitors.

[Impact on Financial Performance]

While the AMED selection will reduce the initial projected expenditures for this trial, we plan to include these costs in our full-year earnings forecast for the fiscal year ending March 2027 and

disclose them accordingly.

[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 the subsequent treatment after initial treatment (e.g., chemoradiotherapy) which 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] 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.