April 10, 2026

To Shareholders

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

Preliminary Results of Phase II Investigator-Initiated Trial of RS5614, a PAI-1 Inhibitor, for Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)

We are pleased to announce the preliminary results of the Phase II investigator-initiated clinical trial of RS5614, a PAI-1 inhibitor for interstitial lung disease (ILD) associated with systemic sclerosis (SSc, designated intractable disease No. 51)[1], conducted in collaboration with 12 institutions including Tohoku University, The University of Tokyo, and Osaka University.

Systemic sclerosis (SSc) is a designated intractable disease characterized by three main pathologies: immune abnormalities, vascular damage, and fibrosis (hardening of tissues), affecting organs throughout the body, including the skin and internal organs. Among these, interstitial lung disease (ILD) is a serious complication in which lung tissue undergoes fibrosis, making breathing progressively difficult, and accounts for approximately 35% of deaths in SSc patients. Even when not the direct cause of death, severe deterioration in respiratory function significantly impairs patients' quality of life (QOL) and activities of daily living (ADL), representing a critical unmet medical need.
Currently, first-line treatments for SSc-ILD include steroids and immunosuppressants such as mycophenolate mofetil (MMF)[2], but their efficacy remains limited. Recently approved antifibrotic drugs[3] (e.g., nintedanib) only slow disease progression and do not improve lost lung function. There is therefore an urgent need for novel therapies capable of improving SSc-ILD outcomes.

The trial began in October 2023 (disclosed on October 19, 2023), completed enrollment of 50 patients on schedule on December 17, 2024, and completed dosing for all patients on November 25, 2025 (disclosed on the same day). The final data are being compiled into a clinical study report.

[Phase II Clinical Trial Results]

Patients were within 7 years of SSc onset, with ILD confirmed by high-resolution CT within 12

months (lung lesion area ≥10%), %FVC[4] ≥40%, and %DLCO[5] ≥30% to <90%.
The investigational drug was initiated at 120 mg per day, increased to 180 mg per day at week 4 after confirming tolerability, and administered for a total of 48 weeks.
The primary endpoint was change in %FVC at 48 weeks compared to baseline.

Efficacy

The trial did not demonstrate a statistically significant additional effect of RS5614 over placebo in the change of %FVC at 48 weeks. However, for skin fibrosis marker mRSS[6], no statistically significant difference was observed at Week 48 alone; however, additional analysis across the treatment period suggested trends toward improvement. Specifically, using a piecewise linear mixed model[7] on mRSS data at weeks 0, 12, 24, 36, and 48 in the FAS[8] population, treatment group differences were not uniform over time, with the most pronounced effect in the mid-treatment period (weeks 12-36 slope difference: β = -0.049/week, p=0.057).

Safety

The investigational drug was generally well-tolerated, with no adverse events markedly outside the known safety profile. One serious adverse event (cerebral hemorrhage) was reported in the RS5614 group; however, the patient had pre-existing hypertension. A formal causality evaluation is currently underway.

There is currently no anticipated impact on FY2026 (ending March 2027) financials at present, but any material information will be disclosed promptly.

[1]Systemic Sclerosis (SSc)
A chronic autoimmune disease characterized by progressive hardening (sclerosis) of the skin and internal organs. Designated as an intractable disease in Japan, affecting over 20,000 patients.

[2]Mycophenolate Mofetil (MMF)
An immunosuppressant used as concomitant background therapy.

[3]Antifibrotic Drugs
Inhibit tissue fibrosis; includes pirfenidone and nintedanib for progressive cases.

[4]%FVC (Forced Vital Capacity %)
Measures the volume of air forcefully exhaled after maximal inhalation; normal ≥80% predicted;

used as a key indicator of restrictive ventilatory dysfunction.

[5)]%DLCO
Assesses the transfer of gas from alveoli to pulmonary capillaries using CO; normal ≥80% predicted; low values indicate alveolar thickening or a reduced capillary surface area.

[6)]mRSS
A validated score for quantifying the severity of skin sclerosis.

[7)]Piecewise Linear Mixed Model
A statistical model for longitudinal data that allows slopes to change at pre-specified time points.

[8)]FAS (Full Analysis Set)
The largest analyzable population, excluding only those with a documented justification for exclusion (e.g., receipt of no study treatment or protocol ineligibility).