

Entering an exciting new period in the transition from growth investment phase to recovery phase

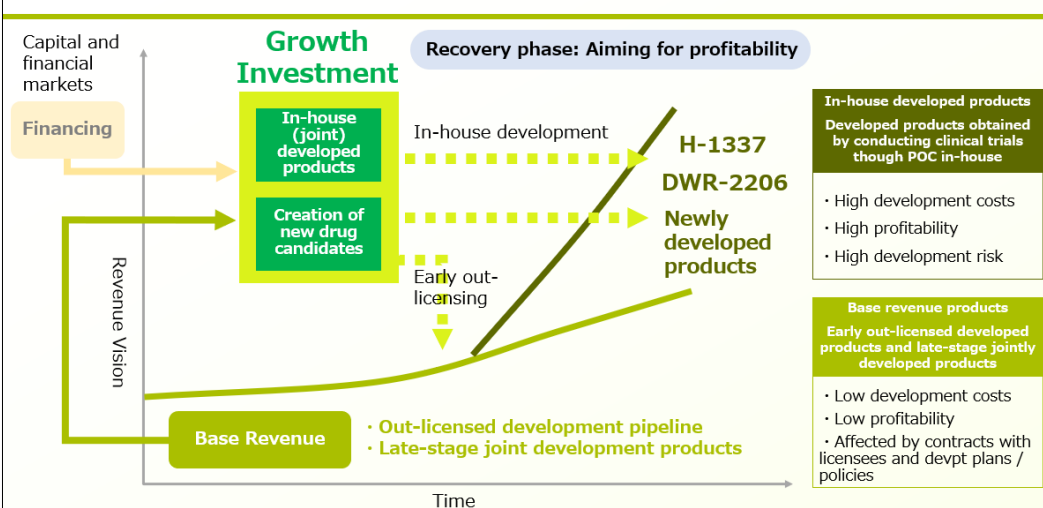
SUMMARY

* SIR believes DWTI has entered an exciting new phase given significant advances in pipeline development achieved over the last 12 months. Key advances include: **1)** publishing favorable topline results of in-house H-1337 PIIb US trials (strong prospects as “first choice as a second-line Glaucoma drug”), **2)** commencing jointly developed Japan PII clinical trials of regenerative medicine cell therapy DWR-2206 with ActualEyes, and successfully completing all transplants, **3)** completion of dosing to subjects in global Phase III clinical trials of FECD treatment K-321 being developed by licensee Kowa, **4)** obtaining China approval for DW-1002 by licensee DORC, and **5)** re-submitted application for DW-5LBT jointly developed with MEDRx in the US, the filing being accepted by the FDA.

* Key events targeted for 2025 include: **1)** completion of Fuchs endothelial corneal dystrophy treatment K-321 global PIII clinical trials, **2)** NDA approval in the US for jointly developed lidocaine patch treatment for neuropathic pain DW-5LBT, **3)** launch of ophthalmic surgical aid DW-1002 for ILM staining in China, **4)** completion of application preparation for MembraneBlue-Dual® (DW-1002 + trypan blue) combination formula ophthalmic surgical aid in the US for orphan drug expedited review by the FDA, **5)** completion of PII trials in Japan for DWR-2206 regenerative medicine cell-product for bullous keratopathy, and **6)** continuing preparation for US PIII trials for H-1337 ophthalmic solution for glaucoma and ocular hypertension as “first choice as a second-line Glaucoma drug.”

* Potential for earnings to turn profitable over the next several years, transitioning from the growth investment phase to the recovery phase, suggests to us share price risk is likely weighted to the upside going forward.

Growth Investment and Revenue Vision



Source: excerpt from annual IR reference document “Business Plan and Growth Potential.”

Full Report



Focus Points:

Drug discovery bio-venture with strengths in the kinase inhibitor mechanism and treatments for ophthalmic diseases such as glaucoma and ocular hypertension. Business model expanded to include in-license development and joint discovery/development.

Key Indicators

Share price (4/18)	112
YH (24/12/20)	254
YL (24/8/5)	60
10YH (16/4/19)	883
10YL (24/8/5)	60
Shrs out. (mn shrs)	45.275
Mkt cap (JPY bn)	5.070
Equity ratio (12/31)	43.9%
25.12 P/S (CE)	12.7x
24.12 P/B (act)	6.93x

6M price chart (weekly)



Source: SPEEDA price data

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Company Specialist

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This report was prepared by Sessa Partners on behalf of D. Western Therapeutics Institute, Inc. Please refer to the legal disclaimer at the end for details.



DWTI Group Head Office and R&D Labs





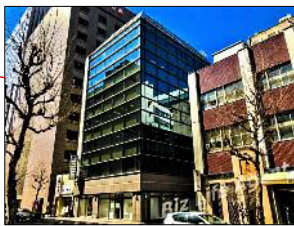
Japan
Innovative
Therapeutics

Rohto Research Village Kyoto





Nagoya Head Office



Mie University Faculty of Medicine R&D Lab



Source: compiled by SIR from company IR materials.

President and CEO
Yuichi Hidaka



DWTI Group Corporate Profile

	Details
Company Name	D. Western Therapeutics Institute, Inc.
Business Field	Discovery and development of new drugs
Established	February 26, 1999
Share Capital	1,203 million yen (as of December 31, 2024)
Head Office	1-18-11 Nishiki, Naka-ku, Nagoya, Aichi Prefecture, Japan 〒460-0003
Founder	Hiroyoshi Hidaka, MD, PhD
R&D Laboratory	Institute of Human Research Promotion and Drug Development, Mie University Faculty of Medicine, Room 432, University Research Hall, Mie University, 2-174 Edobashi, Tsu City, Mie Prefecture, Japan 〒514-8507
Employees	DWTI: 19, JIT: 2 (as of December 31, 2024), total 32 including executive officers
Group Subsidiary	Japan Innovative Therapeutics, Inc. (consolidated subsidiary)

Source: company website.



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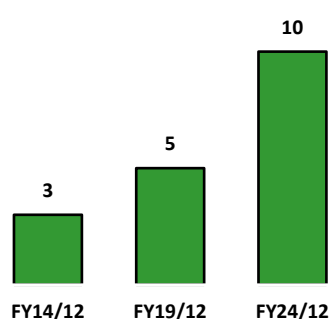


Part 1: Business model evolution, strengths, origin story

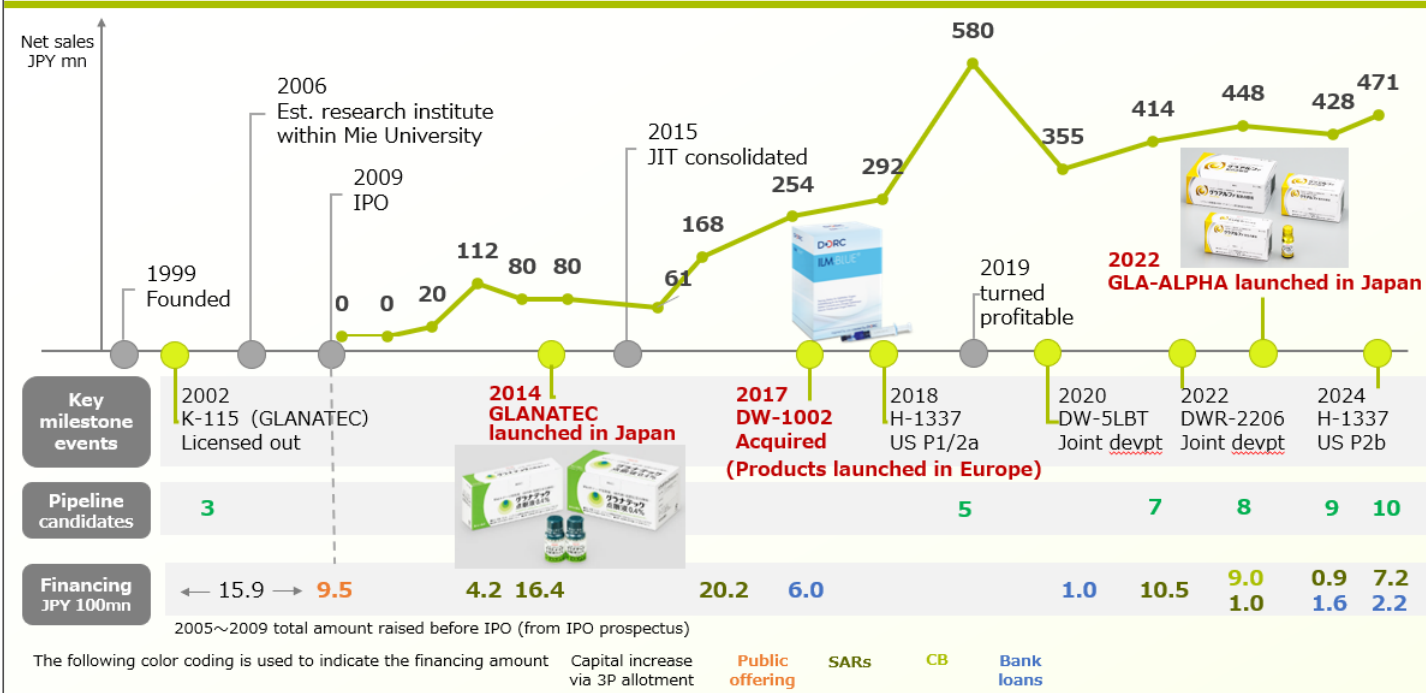
DWTI (pronounced do-tee) is a drug discovery biotech venture originating from Mie University, focusing on the development of therapeutic drugs for eye diseases. Founded on the principle of “Delivering innovative new drugs from Japan to patients worldwide,” the DWTI Group has been engaged in research and development of drug candidates based on proprietary science and technology obtained from research on protein kinase inhibitor development since its establishment. Lead compounds that are candidates for development are selected from the compound library accumulated over decades, optimized using efficient drug design capabilities, and the mechanism of action is clarified using the “Drug-Western method” to determine the target. The original business model focused on out-licensing in-house developed products to pharmaceutical companies at an early stage of development to generate revenue.

However, since it generally takes a decade for a drug candidate to be approved, with huge R&D cost and low probability of success, and steady red ink in the early stage of development with low revenues, following the successful launch of GLANATEC® in 2014, management reached a strategic turning point, shifting away from specializing in fundamental research to focus on internal development and license acquisition. In Part 1, we examine DWTI’s origin story, strengths including 3 drug creation engines used in drug discovery, evolution of its business model to include in-license development and joint development (toward steady expansion and diversification of its development pipeline), and key events and milestones in DWTI’s corporate history.

DWTI No. of Drug Candidate Compounds in the Development Pipeline



DWTI Corporate History



Source: excerpt from annual IR reference document “Business Plan and Growth Potential.”



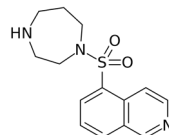
Hiroyoshi Hidaka, MD, PhD
DWTI Founder

DWTI origin story – pioneer in kinase inhibitor drug discovery

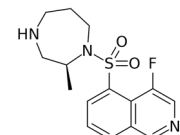
DWTI founder, Dr. Hiroyoshi Hidaka, worked as a doctor after graduating from medical school, and experienced a certain level of satisfaction as his patients recovered. But after deep deliberation, he felt that discovering new drugs might have a greater contribution to the health of many patients overall. While teaching at universities, he continued his studies in pharmacology, and he was involved in developing two drugs with two pharma companies which reached successful commercialization. This instilled a desire to develop effective drugs with his own company, so he founded D. Western Therapeutics Institute in February 1999 as a biotech venture company for the purpose of new drug discovery R&D and development.

Dr. Hidaka was involved in development of the world's first kinase inhibitor Fasudil hydrochloride (HA-1077), which is a ROCK kinase inhibitor. After approval in 1995 in Japan and China, it has been used for the treatment of cerebral vasospasm following subarachnoid hemorrhage. It has also been found to be effective for the treatment of pulmonary hypertension. Fasudil derivative Ripasudil hydrochloride hydrate (K-115) is used to treat glaucoma and ocular hypertension.

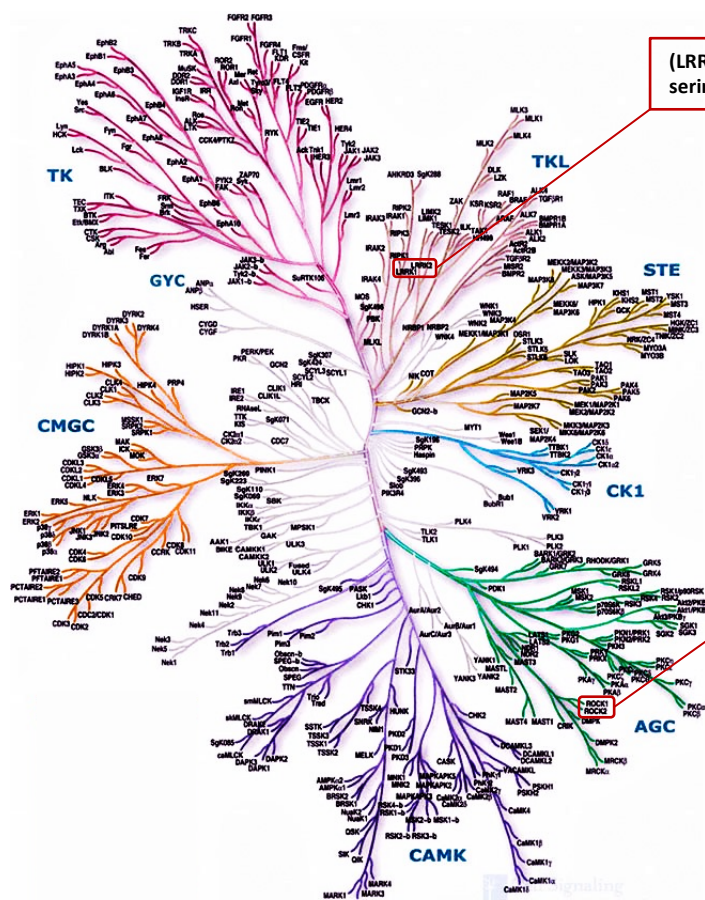
Fasudil
hydrochloride
molecule skeletal
formula



Ripasudil
hydrochloride
hydrate molecule
skeletal formula



Human Protein Kinases Overview (classified by groups based on sequence similarity)



(LRRK2) Leucine-rich repeat
serine/threonine-protein kinase

DWTI's H-1337 currently
under development in the
US is an LRRK2 multi-
kinase inhibitor indicated
for treating glaucoma and
ocular hypertension

(ROCK1) Rho-associated
coiled-coil-containing
protein kinase

DWTI's K-115 Ripasudil
(GLANATEC® ophthalmic
solution 0.4%) is a ROCK1
kinase inhibitor

The Human Kinome and kinase inhibitors used as therapeutic agents

According to Wikipedia, a kinase inhibitor is a type of enzyme inhibitor that blocks the action of one or more protein kinases. Protein kinases are enzymes that add a phosphate (PO_4) group to a protein to modulate its function.

Phosphorylation regulates many biological processes, and kinase inhibitors can be used to treat diseases due to hyperactive protein kinases (including mutant or overexpressed kinases in cancer) or to modulate cell functions to overcome other disease drivers.

The human kinome contains 518 protein kinases that comprise 1.7% of human genes, 478 eukaryotic protein kinases (ePKs), and 40 atypical protein kinases (aPKs) which lack sequence similarity to the ePK domain.

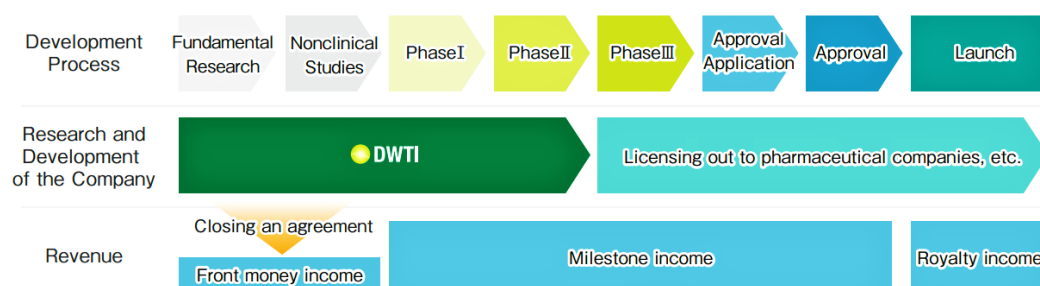
Source: image reproduced courtesy of Cell Signaling Technology, Inc. (www.cellsignal.com).



Drug discovery and development business: evolution to 3 business models

Since its founding as a bio-venture, DWTI has been positioned in the upstream of drug discovery and development business, concentrating management resources on drug creation and licensing out the new drug candidate compound at an early stage. This first basic business model is depicted in the graphic below. Revenue streams from this business are comprised of: ① initial lump-sum payment on concluding the license-out contract, ② milestone income to be received at certain milestones as clinical trials progress, and ③ royalty income at a fixed percentage (margin) of sales after the drug is launched. As mentioned earlier, R&D expense is high during an early period with no income, so this model allows the company to focus management resources on its strength in R&D technology and steady efforts to continue to expand the development pipeline.

Initial basic business model: drug discovery and early out-licensing



Source: company website

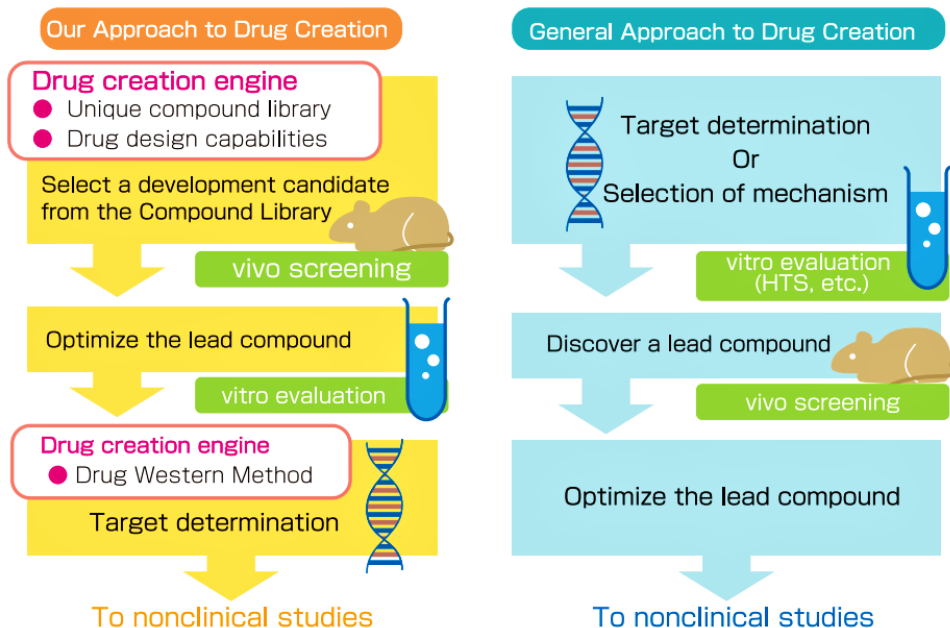
The basic steps in DWTI's fundamental research and uncovering the mechanism of action (MOA) for a new drug candidate compound are: **1)** utilizing the unique drug creation engine, synthesize a new material from a seed compound and repeat screening so as to demonstrate its effect in the target disease to create a candidate for a beneficial treatment, **2)** utilizing the drug creation engine, explore a binding protein for the new drug candidate compound and uncover its mechanism of action, and **3)** obtain a patent for the new drug candidate compound.

As highlighted on the previous page, DWTI has technical expertise in protein kinase inhibitors, and DWTI's approach to drug creation shown in the graphic on the top of the following page is based on 3 drug creation engines: **1)** extensive library of protein kinase inhibitor seed compounds accumulated over several decades, **2)** drug design capabilities based on the founder's previous involvement in drug development projects with major pharma companies and accumulated extensive molecular pharmacological data and analysis based on intracellular signal transduction research, and **3)** the Drug-Western Method, which is used to examine to which protein an administered drug binds in the body (identifying the target).



**3 drug creation engines:**

- Compound library
- Design capabilities
- Drug-Western Method

DWTI approach to drug creation based on 3 drug creation engines

Source: company website

Highlights from DWTI's extensive compound library accumulated over decades**Major Compound Library**

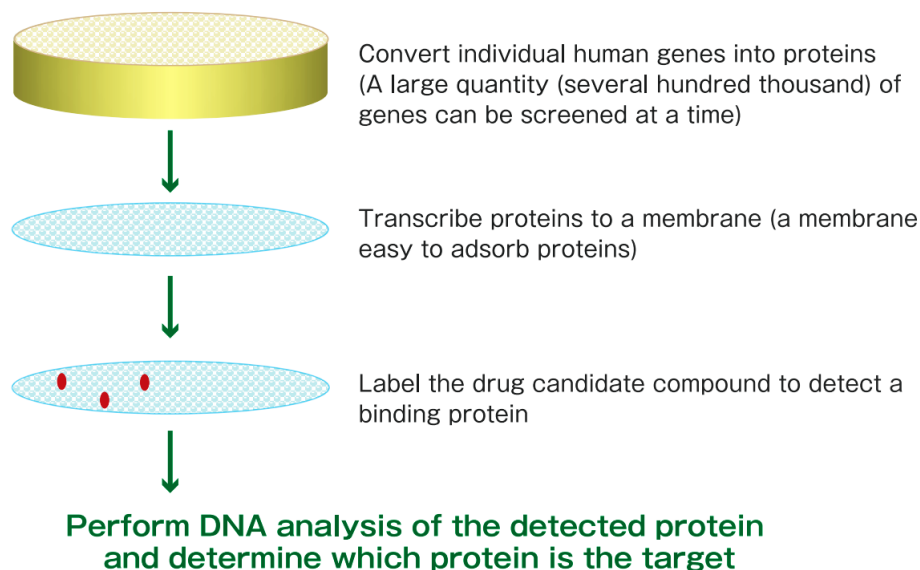
Research reagents sold			Drugs on sale	New drug candidates in development
W-7 CaM inhibitor 1977	H-7 PKC inhibitor 1985	H-8 PKG inhibitor 1985	Eril® : Fasudil Rho-kinase inhibitor Launched 1995	H-1337 Multi-kinase inhibitor
ML-9 ML-7 MLCK inhibitor 1987	CKI-7 Casein kinase inhibitor 1989	H-89 PKA inhibitor 1990	Glanatec® : Ripasudil Rho-Kinase inhibitor Launched 2014	
KN-62 CaM kinase II inhibitor 1990	KN-93 CaM kinase II inhibitor 1990	H-1152P Rho-kinase inhibitor 2002	Pletaal® : Cilostazol PDE3 inhibitor Launched 1988	
Cilostamide PDE3 inhibitor 1979				

※K-134 is currently being considered for target diseases at the license-out company.

Source: excerpt from annual IR reference document "Business Plan and Growth Potential."

**Drug-Western Method**

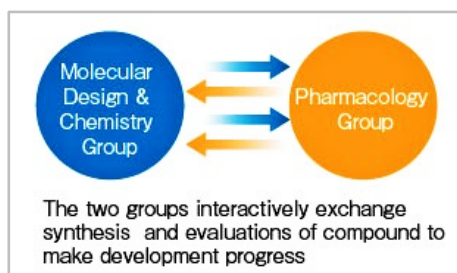
- Determines the target protein of a new drug candidate compound
- Examining the protein function helps clarify safety and efficacy
- Also raises efficiency of subsequent development

Overview of the Drug-Western Method

Source: company website

The Drug-Western Method is a method to examine to which protein an administered drug binds in the body. Under certain conditions the gene of a protein bound to the drug is isolated, and gene sequences are analyzed to identify which protein the drug bound to. By examining the function of the protein, the possibilities of the new drug to be developed can be uncovered. Identifying the molecular target of a new drug at an early stage of drug development not only clarifies the efficacy and safety of the drug but also has a great impact on the efficiency of subsequent new drug development including clinical studies.

DWTI's R&D laboratories consist of the Molecular Design & Chemistry Group and Pharmacology Group. The Molecular Design & Chemistry Group synthesizes patentable compounds on the basis of compound data from the unique compound library. The synthesized new compound is then transferred to the Pharmacology Group for evaluation testing. The Molecular Design & Chemistry Group makes improvements in the compound based on the evaluation test results to refine the compound that will demonstrate higher efficacy (beneficial effect) and safety. This process is repeated in the creation of a candidate compound for a new drug. The Pharmacology Group performs testing with compounds synthesized by the Molecular Design & Chemistry Group using animals and evaluates the efficacy and safety of the compounds. When a final candidate compound is found by repeating this process, it is also the responsibility of the Pharmacology Group to determine the target protein using the Drug Western Method and uncover the mechanism of action.

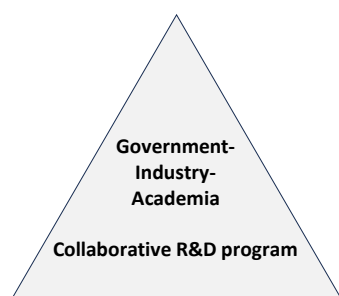


Source: company website

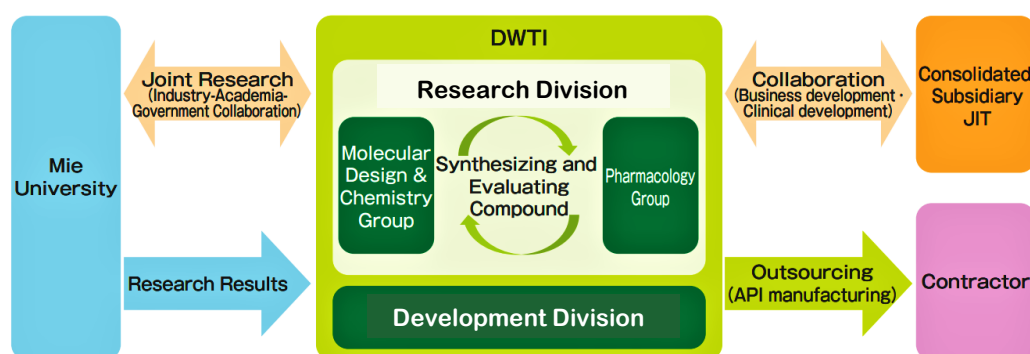




DWTI research and development is carried out in the government-industry-academia collaboration course, "Clinical Drug Creation Research Course," established by the company at Mie University. The Research and Development Institute is established in the Faculty of Medicine of Mie University, having access to the knowledge and equipment available at the university to facilitate effective R&D.



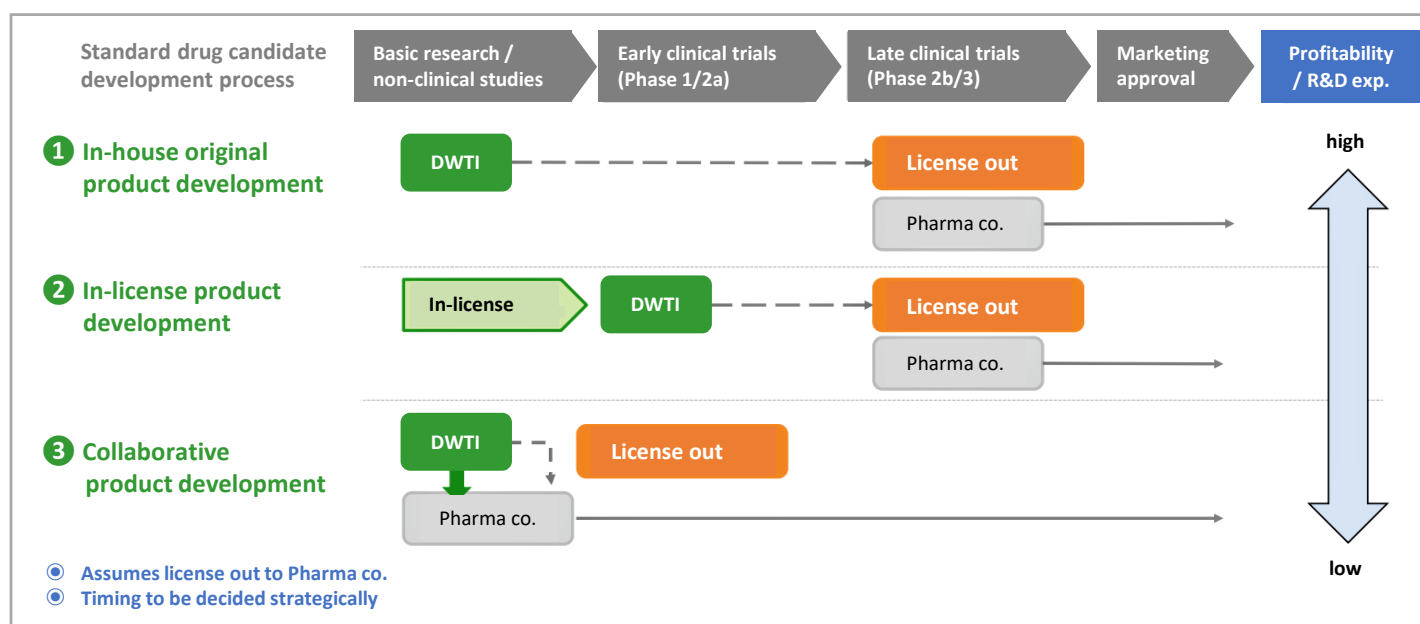
Relationships between DWTI and external organizations



Source: company website

Over time with progress in execution of the development pipeline, and as part of growth strategy to diversify revenue streams, the basic business model described on P6 has evolved to include **1)** from 2015, in-licensing of later stage development or repositioning products, commencing in-house clinical development, **2)** from 2018 collaborative drug creation applying DWTI's technical expertise to assist in the development of products of other firms, and **3)** from 2018 extending development of original in-house products beyond early out-licensing as far as proof of concept (PoC) through phase 2b. The revenue stream for collaborative research projects includes receipt of payment of R&D fees from the partner.

★ DWTI initial basic business model has evolved into three business models



Source: company IR materials.



GLANATEC® ophthalmic solution 0.4%



TissueBlue™ ophthalmic surgical aid



GLA-ALPHA® combination ophthalmic solution



—DWTI Corporate History

Date	Event / milestone
1999.02	Established D.Western Therapeutics Institute, Inc. in Nagoya, Aichi Prefecture for the purpose of conducting pharmaceutical research and development (JPY 5mn capitalization)
2002.09	Signed a development and implementation agreement with Kowa Co., Ltd. for K-115, a drug for treating glaucoma, ocular hypertension
2004.11	Reorganized from a limited liability company to a joint stock company (JPY 10mn capitalization)
2006.12	Entered into an industry-academia-government collaboration agreement with Mie University Faculty of Medicine for joint research, and jointly established Institute of Human Research Promotion and Drug Development at the University
2009.10	Listed on JASDAQ Securities Exchange NEO Market (now Tokyo Stock Exchange Growth Market)
2014.12	GLANATEC® ophthalmic solution 0.4% (generic name: Ripasudil hydrochloride hydrate, K-115) for glaucoma launched in Japan
2015.06	Signed an in-licensing agreement to acquire exclusive Japan license for an ophthalmic drug (DW-1001)
2015.11	Made Japan Innovative Therapeutics Inc. a consolidated subsidiary
2017.04	Acquired business related to ophthalmic surgical aids containing BBG250 (DW-1002)
2018.03	Initiated Phase I/IIa clinical trials of glaucoma treatment (H-1337), DWTI's first in-house developed product, in the U.S.
2018.09	Phase I/IIa clinical trials of H-1337 glaucoma treatment completed in the U.S.
2019.08	Submitted an Investigational New Drug (IND) application for Phase II clinical trials in the U.S. of Ripasudil hydrochloride hydrate as treatment for Fuchs endothelial corneal dystrophy (K-321)
2019.12	Signed an agreement with Rohto Pharmaceutical Co., Ltd., granting exclusive Japan license for ophthalmic drug DW-1001
2020.02	Phase III clinical trials began in Japan for a fixed combination drug for treating glaucoma (Ripasudil hydrochloride hydrate and Brimonidine tartrate [K-232])
2020.04	Ophthalmic surgical aid DW-1002 (TissueBlue™) launched in the U.S.
2020.08	Signed a joint development agreement with MEDRx Co., Ltd. for DW-5LBT neuropathic pain treatment
2020.08	Applied for approval of DW-5LBT neuropathic pain treatment in the U.S.
2020.09	Added new disease types (corneal and retinal disorders) for joint research with U.S.-based Glaukos, and signed a new licensing agreement
2021.10	Ophthalmic surgical aid DW-1002 (TissueBlue™) launched in Canada
2021.11	Applied for approval of K-232 glaucoma and ocular hypertension in Japan (GLA-ALPHA®)
2022.03	Phase I clinical trials of DW-1001 began in Japan
2022.06	Signed a joint development agreement with ActualEyes Inc. for DWR-2206 regenerative cell therapy for bullous keratopathy
2022.08	Phase III clinical trials of K-321 for Fuchs endothelial corneal dystrophy began in U.S.
2022.12	GLA-ALPHA® combination ophthalmic solution (generic name: Ripasudil hydrochloride hydrate, brimonidine tartrate, K-232) for glaucoma and ocular hypertension launched in Japan. Initiated Phase IIb late-stage clinical trials of glaucoma treatment (H-1337)
2023.03	Commenced global Phase III clinical trials for Fuchs endothelial corneal dystrophy K-321
2023.03	Re-submitted application for approval of DW-5LBT neuropathic pain treatment in the U.S.
2023.07	DW-1002 combination formula given orphan drug designation in the US, preparations for application. DWR-2006 development plan disclosed
2023.08	H-1337 PIIb dosing commenced in the US
2024.01	Re-submitted application for approval of DW-5LBT neuropathic pain treatment in the U.S.
2024.03	Submitted clinical trial plan notification for DWR-2206, commenced Japan PII trials in July
2024.08	H-1337 PIIb dosing completed in the U.S., announced topline results in November
2024.12	DWR-2006 all transplants completed in Japan
2025.02	Obtained approval for DW-1002 from China's NMPA
2025.03	Re-submitted application for approval of DW-5LBT neuropathic pain treatment in the U.S.

Source: compiled by SIR from FY2024/12 Annual Securities Report (YUHO financial statements) and recent press releases.





CEO Yuichi Hidaka

DWTI Top Shareholders (as of December 31, 2024)

	Shareholder name	Shares owned	Pct owned
①	Hiroyoshi Hidaka	3,128,800	7.51%
②	Yuichi Hidaka	3,041,800	7.30%
③	Rakuten Securities, Inc.	877,500	2.10%
④	UBS AG LONDON ASIA EQUITIES (Standing proxy: Citibank, N.A., Tokyo Branch)	743,700	1.78%
⑤	Meat Planning Co., Ltd.	592,000	1.42%
⑥	MSIP CLIENT SECURITIES (Standing proxy: Morgan Stanley MUFG Securities Co., Ltd.)	509,913	1.22%
⑦	SMBC Nikko Securities Inc.	409,100	0.98%
⑧	Kunie Hidaka	300,000	0.72%
⑨	NOMURA INTERNATIONAL PLC A/C JAPAN FLOW (Standing proxy: Nomura Securities Co., Ltd.)	271,433	0.65%
⑩	Teruo Isohata	260,200	0.62%
★	Top 10 Total	10,134,446	24.34%

Source: compiled by SIR from FY2024/12 Annual Securities Report (YUHO financial statements).

Note: percent owned calculation excludes treasury shares (200 shares) from shares outstanding.

**For the top two shareholders listed above, based on Large Shareholding Change Reports made available for public inspection on January 8, 2025, founder Hiroyoshi Hidaka owns 428,200 shares, and CEO Yuichi Hidaka owns 5,041,800 shares, however these are not reflected in the table above since the Company cannot confirm the actual number of shares owned as of December 31, 2024.

Founder Hiroyoshi Hidaka, MD, PhD

Date	Event
1938	Born
Apr-76	Associate Professor, Kyoto University School of Medicine
Apr-78	Professor, Mie University School of Medicine
Aug-87	Professor, Nagoya University School of Medicine
Jul-98	Visiting Professor, Duke University
Feb-99	Established the Company, Representative Director
Nov-04	Director and General Manager, Development Research Institute
Mar-09	Director of Development Research Institute
Nov-09	Advisor to the President of Mie University
Jun-10	Chief Scientific Officer and Director of Development Research Institute
Mar-11	Director, Chief Scientific Officer and Director of Development Research Institute
Jun-12	Chairman and Representative Director, Chief Scientific Officer
Dec-15	Director, Japan Innovative Therapeutics, Inc.
Mar-20	Chairman and Chief Scientific Officer

Current President and CEO Yuichi Hidaka

Date	Event
1973	Born
Apr-96	Joined Sanwa Bank, Ltd. (currently The Bank of Tokyo-Mitsubishi UFJ, Ltd.)
Jul-06	General Manager, General Affairs and Management Department
	Director, General Manager, General Affairs and Management Department
Apr-07	Managing Director and General Manager, General Affairs and Management Dept.
Dec-08	President and Representative Director (current)
Dec-15	Director, Japan Innovative Therapeutics, Inc.
Jul-22	Outside Director, ActualEyes, Inc. (current)

Source: compiled by SIR from FY2024/12 Annual Securities Report (YUHO financial statements).



FY25/12 initial forecasts

Net sales to decrease by JPY 72mn to JPY 400mn (-15.2%) mainly due to:

- Mainly, royalty income from DW-1002 and GLA-ALPHA®
- Milestone income from DW-1002 (Japan) is expected
- A decrease in revenue is expected due to the end of domestic royalties for GLANATEC®

R&D expenses to decline by JPY 607mn to JPY 760mn (-44.4%) main breakdown:

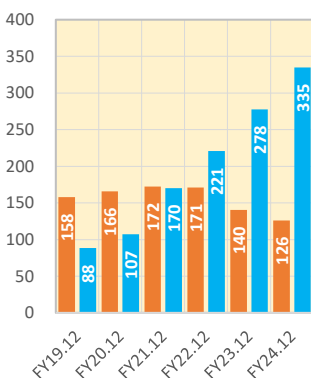
- Development expenses for H-1337 Phase III study (toxicity tests, investigational drug manufacturing, etc.)
- Research expenses for new drug development (in-house drug discovery and joint research) to increase YoY

Operating loss to shrink by JPY 539mn to JPY 670mn mainly due to:

- R&D expenses to decline due to the completion of dosing of H-1337 and DWR-2206

Royalty income from launched products (JPY mn)

■ GLANATEC®/GLA-ALPHA® (Kowa)
■ [DW-1002] (D.O.R.C.)



Noteworthy progress for DWR-2206 and H-1337

12th Series SARs exercise completed, raising JPY 1,145mn

Part 2: FY24/12 earnings review and pipeline progress update

✳ DWTI announced FY24/12 consolidated financial results after the close on 2/10, coming in line with the revisions announced on 1/16. As can be seen from the summary table below, despite the end of the 10-year contract period for royalty income for GLANATEC® ophthalmic solution 0.4%, net sales of JPY 472mn rose +10.1% YoY, driven by a +21% increase in royalty income of JPY 335mn for DW-1002 ophthalmic surgical staining aid products due to volume growth combined with the impact of the weak yen. Royalty income for new GLA-ALPHA® combination ophthalmic solution increased +75% YoY.

✳ In terms of profit, the operating loss came in smaller than expected due to higher net sales and lower use of R&D. The main factors behind the decrease in R&D expenses were: 1) the absence of the payment milestone for the neuropathic pain treatment DW-5LBT, and 2) lower-than-expected clinical development costs for the glaucoma and ocular hypertension treatment H-1337. Regarding 12th Series SARs issued last June, as of December 31, 2024, 9.35mn shares (71.9%) were exercised, raising JPY 727mn. The exercise of all 13.0mn shares was completed on February 7, 2025, raising a total of JPY1,145mn (JPY 418mn is not reflected in the B/S below).

DWTI FY24/12 Consolidated Financial Results and FY25/12 Initial Forecasts

JPY mn, %	FY20.12	FY21.12	FY22.12	FY23.12	FY24.12	FY24.12	FY25.12
[J-GAAP]	act	act	act	act	init CE	act	init CE
Net sales	356	414	448	428	400	472	400
YoY	(38.7)	16.5	8.1	(4.4)	(6.6)	10.1	(15.2)
<i>by region</i>							
• Japan	184	175	227	151		136	
• Netherlands	107	170	221	278		335	
<i>by major client (10%+ of net sales)</i>							
• Kowa Company, Ltd.	166	172	171	140		126	
• Dutch Ophthalmic Research Center	107	170	221	278		335	
Cost of sales	17	20	28	37		47	
Gross profit	339	394	421	392		425	
SG&A expenses	604	566	726	1,190		1,634	
• R&D expense	351	316	470	931	1,600	1,368	760
as % of net sales	98.6%	76.3%	104.8%	217.2%	400.0%	290.0%	190.0%
• Other	254	250	257	260		267	
Operating profit (loss)	(266)	(172)	(306)	(799)	(1,500)	(1,210)	(670)
Ordinary profit (loss)	(290)	(160)	(296)	(796)	(1,510)	(1,228)	(680)
Profit (loss) ATOP	(276)	(149)	(430)	(812)	(1,510)	(1,290)	(680)
<i>Selected B/S items</i>							
• Cash and deposits	2,308	1,934	2,335	1,867		1,126	
Total assets	2,738	2,463	2,956	2,373		1,669	
Total liabilities	574	428	1,083	1,094		936	
Total shareholders' equity	2,161	2,004	1,857	1,279		732	
Equity ratio	78.9%	81.4%	62.8%	53.9%		43.9%	

Source: compiled by SIR from TANSIN Financial Results Summaries and IR results briefings.

*Note: figures may differ from the Company's materials due to differences in SIR's financial data processing and the Company's reporting standards.

D. Western Therapeutics Institute Consolidated Financial Highlights

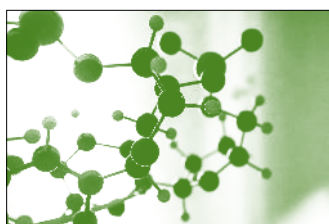
Selected Items from Consolidated Statements of Income

JPY mn, %	FY15.12	FY16.12	FY17.12	FY18.12	FY19.12	FY20.12	FY21.12	FY22.12	FY23.12	FY24.12	FY25.12
[J-GAAP]	act	act	act	act	act	act	act	act	act	act	init CE
Net sales	62	168	254	293	581	356	414	448	428	472	400
YoY	—	171.8	51.2	15.3	98.2	(38.7)	16.5	8.1	(4.4)	10.1	(15.2)
<i>by region</i>											
• Japan	62	168	190	158	417	184	175	227	151	136	
• Netherlands	—	—	64	97	88	107	170	221	278	335	
• US	—	—	—	38	75	59	70	—	—	—	
• Other (SE Asia)	—	—	—	—	—	5	—	—	—	—	
<i>by major client (10%+ of net sales)</i>											
• Kowa Company, Ltd.	62	97	120	139	158	166	172	171	140	126	
• WAKAMOTO PHARMACEUTICAL	0	50	50	—	209	—	—	—	—	—	
• Dutch Ophthalmic Research Center	—	—	64	97	88	107	170	221	278	335	
• Glaukos Corporation	—	—	—	38	63	59	70	—	—	—	
Major clients total	62	147	234	274	518	332	412	392	418	462	
Others	0	21	20	19	62	24	2	57	10	10	
Cost of sales	0	6	7	14	26	17	20	28	37	47	
Gross profit	62	162	247	279	555	339	394	421	392	425	
SG&A expenses	352	482	880	1,066	437	604	566	726	1,190	1,634	
• R&D expense	144	227	603	795	249	351	316	470	931	1,368	760
<i>as % of net sales</i>	232.6%	135.1%	237.5%	271.5%	43.0%	98.6%	76.3%	104.8%	217.2%	290.0%	190.0%
• Other	209	255	277	270	188	254	250	257	260	267	
Depreciation	3	18	45	52	44	44	45	46	49	49	
Goodwill amortization	13	—	—	—	—	—	—	—	—	—	
EBITDA	(274)	(302)	(589)	(735)	162	(222)	(126)	(260)	(750)	(1,160)	
Operating profit (loss)	(291)	(320)	(634)	(786)	117	(266)	(172)	(306)	(799)	(1,210)	(670)
Ordinary profit (loss)	(295)	(304)	(669)	(797)	110	(290)	(160)	(296)	(796)	(1,228)	(680)
Impairment losses	0	0	1,040	7	0	0	0	0	6	0	
Profit (loss) ATOP	(296)	(254)	(1,563)	(749)	133	(276)	(149)	(430)	(812)	(1,290)	(680)

Selected Items from Consolidated Balance Sheets and Consolidated Statements of CF

• Cash and deposits	1,747	2,292	2,133	1,584	1,541	2,308	1,934	2,335	1,867	1,126
• Accounts receivable - trade	23	41	61	71	104	92	102	171	117	125
Total current assets	2,025	2,776	2,516	1,764	1,716	2,503	2,162	2,659	2,138	1,475
Contract-related intangible assets	—	—	329	288	247	206	165	123	82	41
Total non-current assets	115	136	362	309	266	234	301	297	235	194
Total assets	2,140	2,913	2,877	2,074	1,981	2,738	2,463	2,956	2,373	1,669
Current portion of LT borrowings	—	—	—	120	120	120	130	120	10	19
Total current liabilities	27	36	156	268	189	210	193	211	194	133
Unsecured CB with SAR	—	—	—	—	—	—	—	735	606	—
LT borrowings	—	—	600	480	360	340	210	113	269	476
Total non-current liabilities	—	—	625	505	384	364	234	872	900	803
Total liabilities	27	36	782	774	573	574	428	1,083	1,094	936
• Share capital	2,400	2,945	3,365	35	35	557	573	714	832	1,203
• Capital surplus	2,390	2,935	3,355	2,133	2,133	2,656	2,631	2,772	2,890	3,262
• Retained earnings	(2,904)	(3,157)	(4,721)	(908)	(775)	(1,051)	(1,200)	(1,630)	(2,442)	(3,733)
Total shareholders' equity	1,886	2,723	1,999	1,260	1,393	2,161	2,004	1,857	1,279	732
Share acquisition rights	30	16	2	—	—	3	3	1	1	2
Non-controlling interests	196	139	95	40	15	—	28	16	—	—
Total net assets	2,113	2,877	2,096	1,300	1,408	2,164	2,035	1,873	1,280	734
<i>Shareholders' equity ratio</i>	<i>88.1%</i>	<i>93.5%</i>	<i>69.5%</i>	<i>60.8%</i>	<i>70.3%</i>	<i>78.9%</i>	<i>81.4%</i>	<i>62.8%</i>	<i>53.9%</i>	<i>43.9%</i>
Total liabilities and net assets	2,140	2,913	2,877	2,074	1,981	2,738	2,463	2,956	2,373	1,669
CF from operating activities	(323)	(334)	(797)	(540)	176	(216)	(176)	(355)	(587)	(1,299)
CF from investing activities	835	(231)	(763)	(8)	(100)	(13)	(111)	(140)	(15)	(10)
CF from financing activities	98	1,067	1,407	—	(120)	1,004	(104)	867	134	568
Cash and CE at beginning of period	1,167	1,767	2,292	2,133	1,584	1,541	2,308	1,934	2,335	1,867
Cash and CE at end of period	1,767	2,292	2,133	1,584	1,541	2,308	1,934	2,335	1,867	1,126
Book value per share (BPS)	83.49	109.96	76.14	47.95	53.02	73.88	68.27	60.14	39.81	17.59

Source: compiled by SIR from Company TANSIN Financial Results Summaries and IR results briefing materials.



Achievement status of initially expected 2024 events

H-1337	Publish top-line data of Phase IIb study in US	✓ achieved Favorable results
DW-5LBT	U.S. reapplication ~ Approval, Launch	✗ delay Received CRL from the FDA, preparing for reapplication ⇒ March 25, 2025: NDA application re-submitted
DWR-2206	Start of Phase II study in Japan	✓ achieved Dosing completed for subjects
DW-1002	Application, approval and Launch in China, Application in Japan	✗ delay ⇒ February 19, 2025: China approval obtained
New projects	Research progress (including new collaborations)	⇒ Multiple joint research projects are underway

Source: excerpt from IR results briefing material. Items in red were announced after the IR results briefing materials were published along with financial results on February 10, 2025.

✱ **SIR believes DWTI has entered an exciting new phase** given significant advances in pipeline development achieved over the last 12 months. Summaries of key announcements related to H-1337 and DWR-2206 listed above, and K-321 shown below are provided on the following pages. In-house late-stage development of H-1337 in the US, joint development of DWR-2206 in Japan, and global development of K-321 by licensee Kowa have the potential to turn the Company's earnings into profits over the next several years, **transitioning from the growth investment phase to the recovery phase**, suggesting to us share price risk is likely to the upside.

Development Pipeline Current Status

Launched products		Region	Current Status
GLANATEC® (Single drug)		Japan, Asia	Royalty payments ended in Sep-2024 in Japan
GLA-ALPHA® (Combination drug)		Japan, Asia	Growth in royalties in Japan, approved in Thailand
DW-1002 (Single drug)		Europe, U.S.	Strong due to yen depreciation and volume increase
DW-1002 (Combination drug)		Europe, etc.	Strong due to yen depreciation and volume increase
Development candidates		Region	Current Status
K-321		U.S., Europe, etc.	Global Phase III underway ⇒ March 18, 2025: Among the two global Phase III trials underway, the dosing of subjects was completed for simultaneous surgery. The observation period for the subjects is scheduled to be completed by end of October 2025.
DW-1002	Combination	U.S.	Instructions by the FDA to conduct a small-scale trial
	Single	China	Regulatory review underway ⇒ February 19, 2025: China approval obtained
		Japan	Negotiations with the regulatory authority and examination underway for application filing
DW-1001		Japan	Undisclosed
H-1337		U.S.	Completion of dosing in the Phase IIb study in August, topline data released in November
DW-5LBT		U.S.	Reapplied in Jan-2024, received CRL in July ⇒ March 25, 2025: application re-submitted
DWR-2206		Japan	Submitted a Clinical Trial plan Notification for Phase II in March, Completion of dosing in December

Source: excerpt from IR results briefing material. Items in red were announced after the IR results briefing materials were published along with financial results on February 10, 2025.

**H-1337**

Similar to Ripasudil, H-1337 facilitates drainage of aqueous humor through the trabecular meshwork and Schlemm's canal, and it has demonstrated a "strong and long-lasting IOP pressure-lowering effect." Prostaglandin analogues (PGs) demonstrate the strongest IOP pressure-lowering effect among first-line drugs, however, PGs also have little to no effect on many patients, and more than half of drug-treated patients use multiple medications. First-line drugs have little to no effect on a surprisingly large number of patients, and single-drug treatment has shown limited efficacy. Multiple-drug treatments are standard (3–4 drugs used in some cases); however, side effects are more common when using multiple drugs.

DWTI announced topline results of H-1337 PIlb US trials

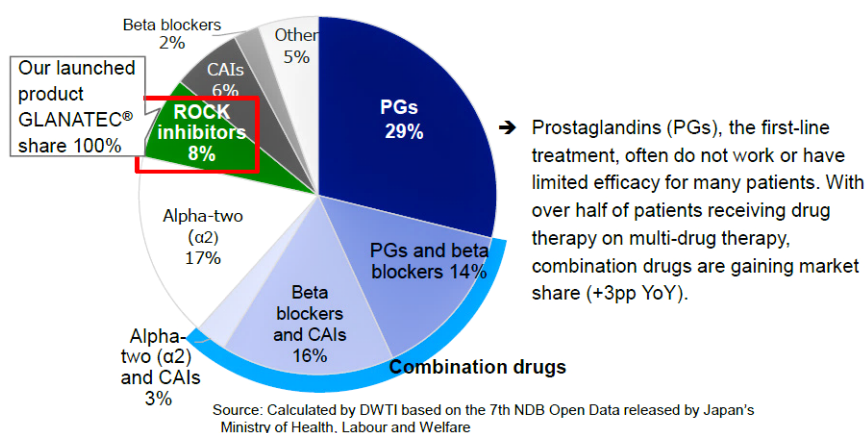
Strong prospects as "first choice as a second-line Glaucoma drug"

SUMMARY

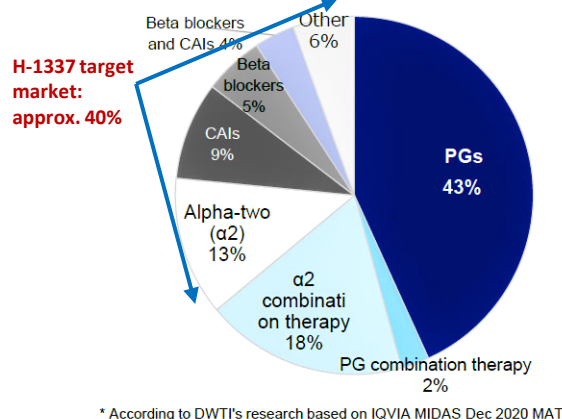
- ❖ DWTI announced topline results from its Phase 2B clinical trial of its H-1337 Ophthalmic Solution, for the treatment of elevated intraocular pressure in patients with primary open-angle glaucoma or ocular hypertension, on November 18, 2024. This study was a double-masked, active-controlled, dose-response study in 201 subjects with primary open-angle glaucoma or ocular hypertension, where subjects were dosed for 28 days during the period from August 2023 – August 2024. The study was designed to evaluate the ocular safety and hypotensive efficacy of three doses of multi-kinase inhibitor H-1337 Ophthalmic Solution: 0.6% twice-daily, 1.0% twice daily, and 1.0% once-daily. The positive control was existing beta-blocker timolol ophthalmic solution 0.5% twice daily.
- ❖ All three doses of H-1337 achieved clinically and statistically significant decreases of up to 30% in intraocular pressure (IOP) which was in the same range as the positive control, timolol ($p < 0.001$). Mean unmedicated intraocular pressure (IOP) at 8 AM was 26 mm Hg in all groups. Consistent with the Phase 2A study and the pharmacology of H-1337 and other kinase inhibitors, the most frequent adverse event was conjunctival hyperemia, observed in approximately half of highest dose treatment subjects, most of which was graded mild and did not lead to dosing discontinuation. Detailed results of this study will be announced at academic conferences and in papers in 2025
- ❖ DWTI expects H-1337 will proceed to Phase 3 study based on these favorable results. In the Phase 2B study, rigorous Phase 3 U.S. Food and Drug efficacy standards for statistical non-inferiority were applied – 95% confidence intervals of 1.5 mm Hg or less. These were met for H-1337 1.0% twice daily for 4 of the 5 time points on Day 28. This will be useful when planning Phase 3 studies, and DWTI will consider the dosage and administration based on detailed analysis data going forward, while simultaneously pursuing licensing activities. DWTI announced April 1 establishment of a new Business Development Division to not only focus more intensively on licensing activities for "H-1337" but also actively pursue initiatives such as alliance management with existing partners and consideration of M&A opportunities to further enhance corporate value.
- ❖ DWTI estimates the target market for 1) patients who do not respond to first-line drugs and 2) patients who receive multiple drugs and suffer side effects is up to a maximum 40% of the estimated US market of \$3.0bn (\$1.2bn) → Strong prospects as "first choice as a second-line Glaucoma drug."

Worldwide Glaucoma Treatment Market Estimated to be USD 6.8bn (2020)

Japan Market roughly JPY 89bn (2020)



US Market roughly USD 3.0bn (2020)



Source: excerpt from FY2022/12 4Q IR results briefing materials. Note: the latest figure for the FY2021 Japan market is about JPY 80.8bn, down due to COVID-19.



H-1337 Marketability and Competition

【Evaluation as a second-line drug】

	Number of times eye drops are instilled / decrease in intraocular pressure	Side effect
H-1337 (ROCK inhibitor)	Once daily/ 6~7mmHg	- Conjunctival hyperemia: 43.4% (Phase 2b: ~4 weeks) - Long-term administration side effects unknown
Ripasudil ^{※3} (ROCK inhibitor)	Twice daily/ ~4mmHg	- Conjunctival hyperemia: 69% - Long-term administration tends to increase the incidence of allergic conjunctivitis and blepharitis
Netarsudil ^{※4} (ROCK inhibitor)	Once daily/ ~5mmHg	- Conjunctival hyperemia: 53% - Corneal vortex: approx. 20%
Brimonidine ^{※5} (α2)	3 times daily/ 2~6mmHg	Allergic conjunctivitis, conjunctival hyperemia, eye itching: 10~20%
Brinzolamide ^{※6} (CAI)	3 times daily/ 4~5mmHg	Blurred vision, bitter taste, sour taste: 5~10%
Timolol (β-blocker)	Twice daily/ 4~5mmHg ^{※7,8}	Contraindicated for patients with bronchial asthma, systemic side effects (cardiovascular and respiratory systems)^{※9}
【FYI : first-line drugs】 Latanoprost ^{※10} (PG)	Once daily/ 6~8mmHg	- Pigmentation of the iris and periorbital tissues (eyelids), changes in eyelashes - Hyperemia: 8%

※3: Label of GLANATEC®
 ※4: Label of RHOPRESSA®
 ※5: Label of ALPHAGAN®
 ※6: Label of AZOPT®
 ※7: Ophthalmology 103 : 138-147, 1996.
 ※8: Arch Ophthalmol 114 : 929-932, 1996.
 ※9: Label of TIMOPTIC®
 ※10: Label of XALATAN®

Source: excerpt from IR results briefing material.

Outlook, Development

【Future considerations】

- ✓ Phase III study: Group composition, dosage and administration
 - Confirmation of timolol non-inferiority
 - Confirmation of long-term safety
 - ✓ Consultation with the FDA, preparation for Phase III study (toxicity study)
 - ✓ In-house development (fundraising), active licensing out activities
- ➡ Detailed development plan to be announced as soon as it is finalized

【Drug development scenario】

- ✓ Priority on launching in the US market
 - Market: approx. 3 billion dollars (FY2020)
 - Market estimate: up to 40% of the above
 - Aiming for 30 billion yen in sales of the single-agent
- ✓ Pursuit of patient QOL
 - Development of once-daily eye drops
 - Priority on medication compliance
- ✓ Larger-scale products
 - Search for appropriate partners
 - Consideration of product launches in each country and combination products

Source: excerpt from IR results briefing material.

**All transplants completed**

DWTI and ActualEyes announced on December 16, 2024, completion of all the transplant surgeries for subjects in the domestic Phase II clinical study of DWR-2206. This study is being conducted to evaluate the safety and efficacy of DWR-2206 transplants in patients with bullous keratopathy. Progress after the surgeries is currently being observed, and the plan is to complete the evaluation and observation by the end of December 2025.

All transplants completed in Japan PII clinical trials of regenerative medicine cell therapy DWR-2206

SUMMARY

✳ DWTI announced on September 4, 2024, that the first transplant was performed in a domestic Phase II clinical study of DWR-2206 (Indication: bullous keratopathy, see Note 1 below), a regenerative medicine cell product being developed jointly by DWTI and ActualEyes Inc., and as a result of the follow-up monitoring, the safety of DWR-2206 has been confirmed in order to proceed to a second and subsequent transplants. This study is being conducted to evaluate the safety and efficacy of DWR-2206 transplants in patients with bullous keratopathy. The first transplant took place in July 2024, and the patient's progress since the transplant has been smooth. Following verification of the investigational product's safety by a third-party data and safety monitoring committee, approval has been given for the clinical study to continue. We will now proceed with the evaluation of DWR-2206, as per the study overview below.

<Study Overview>

Study Design	Multi-center, open-label, uncontrolled study
Target number of patients	6
Evaluation and monitoring period	48 weeks after transplantation of the investigational product
Primary endpoints	Number of cases and incidence rate (%) of adverse events and adverse events that cannot be ruled out as related to the investigational product
Secondary endpoints	1. Safety endpoints 1) Monitoring and evaluation of safety endpoints 2) Number and incidence rate (%) of significant adverse events 2. Efficacy endpoints 1) Improvement in visual acuity at 24 weeks after transplantation of the investigational product 2) Change in best corrected visual acuity over time 3) Change in corneal thickness over time 4) Change in corneal endothelial cell density over time

Source: excerpt from DWTI 9/4 press release.

✳ Note 1: DWR-2206 is a cultured human corneal endothelial cell frozen preparation obtained by amplifying and culturing human corneal endothelial cells in vitro and suspending them in a cryopreservation solution containing a Rho-kinase inhibitor. DWR-2206 is injected into the anterior chamber of the eye to regenerate corneal endothelium. Bullous keratopathy occurs when corneal endothelial cell damage results in a swollen and cloudy cornea, leading to greatly weakened eyesight. It is associated with loss of corneal endothelial cells due to Fuchs' endothelial corneal dystrophy (FECF) or surgery for cataracts or glaucoma. The recommended treatment is corneal keratoplasty.

ActualEyes, Inc. (unlisted)**Business Objectives:**

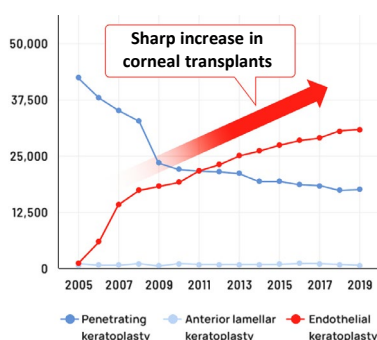
Doshisha University venture company established for the development and launch of two specific products: 1) eye drops for the treatment of Fuchs endothelial corneal dystrophy (FECD) and 2) a cell-therapy product for treatment of corneal endothelial decompensation.

Arctic Vision (China biotech)**Description:**

China-based ophthalmic biotech focusing on breakthrough therapies, with a leading portfolio covering pre-clinical stage to commercial stage products.

J-TEC (TSE Growth 7774)**Description:**

TEIJIN Group subsidiary Japan Tissue Engineering Co., Ltd. (J-TEC, TSE 7774) has been a pioneer for regenerative medicine in the ophthalmologic field with its tissue-engineered products used in "autologous" transplants, where living cells are taken from the actual patient, cultured and then transplanted back. ActualEyes concluded a contract with J-TEC to manufacture AE101.



According to data from the Ministry of Health, Labour and Welfare, there are an estimated 7,000-10,000 patients in Japan with bullous keratopathy. According to research by DWTI, the number of corneal transplants is said to be about 3,000, with a waiting list of 10,000 to 20,000. Also, only 1 in 70 patients worldwide who need a corneal transplant can undergo the surgery (see graph above).

[DWR-2206] regenerative medicine cell-therapy treatment for corneal endothelial dystrophy (jointly developed with ActualEyes)

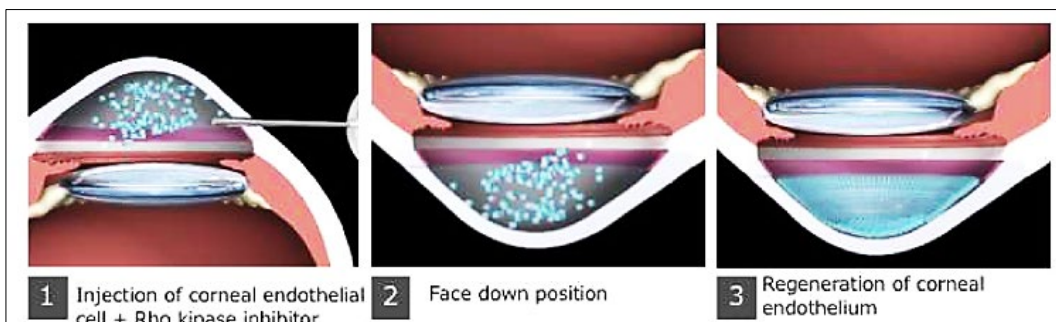
DWR-2206 (AE101) is a novel cell injection therapy developed by ActualEyes as a regenerative cell therapy for the indication of bullous keratopathy, which is an eye disorder that involves a blister-like swelling of the cornea (the clear layer in front of the iris and pupil), using cultured human corneal endothelial cells (hCECs) combined with a Rho-associated kinase (ROCK) inhibitor (see exhibit below).

All proceeds from DWR-2206 will be split between ActualEyes and DWTI (this includes milestone and royalty payments from China bio-venture Artic Vision, to which ActualEyes has already licensed out), and the two companies plan to proceed with clinical trials in Japan with the aim of obtaining manufacturing and marketing approval as soon as possible.

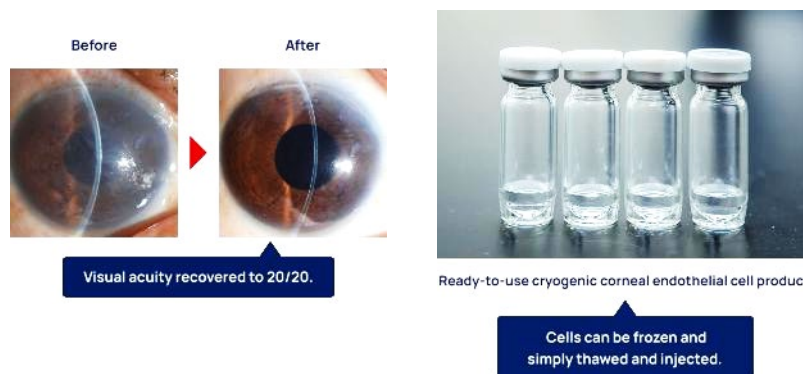
Three reasons for DWTI becoming involved with regenerative medicine cell-therapy products for corneal endothelial disorders: 1) **Ophthalmology Field:** enhances DWTI's focus on ophthalmologic diseases, 2) **Corneal Endothelial Disorders:** caused by a variety of factors, the only treatment is corneal transplant surgery, and there is no cure, and, unmet medical needs are high due to the global shortage of donors, graft failure, and difficulty of the surgical procedure, and 3) **Regenerative Medicine:** new treatment technology that can fulfill unmet medical needs, and the acquisition of new modalities can contribute to patients' optimal treatment choices.

The development plan aims to start P3 trials in 2026, and to submit an NDA (New Drug Application) on normal schedule approval in 2027. Clinical trials are also planned to start in China in 2025 by Arctic Vision, with progress expected not only in Japan but also overseas.

Cell-Therapy Product DWR-2206 for Treatment of Corneal Endothelial Dysfunction



Source: ActualEyes Inc. website. <https://www.actualeyes.co.jp/technology/>





DWR-2206 Marketability and Development Plan

Japan

Number of
bullous keratopathy
patients estimated
7,000-10,000^{※1}

Patients
on waiting list
10,000-20,000^{※2}

Bullous keratopathy :

The terminal stage of various corneal endothelial disorders, including Fuchs corneal endothelial dystrophy. It can also occur due to damage after cataract and glaucoma surgery.

※1 : source: MHLW. ※2 : source: DWTI.

(Reference) Major competitor product

	Vyznova®
Cell transplantation	Cultured human corneal endothelial cells
Developed by	Aurion Biotech
Development stage	JP: Launch [NHI Drug Price : JPY 9,464,500] US: P I / P II

Market Size Forecast (peak : 6th year) *MHLW materials
 • Number of patients using this medical device : 160
 • Forecast sales : Approx. JPY 1.5bn

Development Plan

	Non-clinical	P-II	P-III	Applic ation
Japan		2024	2025	2026
				2027

- ✓ In Japan, conduct clinical trials will be conducted as usual (without using the early approval system)

	Clinical Study		
China	2025	2026	2027

- ✓ In China, clinical trials are scheduled to begin in 2025
- ✓ The lead developer is the Chinese company ArcticVision (a bio-venture)
- ✓ DWTI will receive a portion of the revenue (such as milestone revenue) that ActualEyes receives

Source: excerpt from IR results briefing material.

**K-321**

Ripasudil hydrochloride hydrate is an eye drop preparation with a novel mechanism of action, the first of its kind in the world, for treating glaucoma.

The drug lowers intraocular pressure by inhibiting rho-kinase, a type of protein kinase, and promoting the outflow of aqueous humor from the main collector channel via the trabecular meshwork/Schlemm's canal. In 2002, DWTI out-licensed the rights to the drug to Kowa Co., Ltd., which then moved ahead with development and launched GLANATEC® ophthalmic solution 0.4% in Japan in December 2014.

Since Ripasudil hydrochloride hydrate is a rho-kinase inhibitor, it has been suggested that the compound may also act on other kinases in the eye, leading to investigations of its applicability to other ophthalmic diseases. As part of these efforts, development of the compound as a treatment for Fuchs' Endothelial Corneal Dystrophy (FECD) is underway.

DWTI announced completion of dosing to subjects in global Phase III clinical trials of FECD treatment K-321

SUMMARY

- ✳ DWTI announced on March 18, 2025 that it received notification from Kowa Company, Limited, to whom DWTI licensed out its Rho kinase inhibitor "ripasudil hydrochloride hydrate," the active ingredient in the ophthalmic solution "K-321," that dosing to subjects has been completed in the global Phase III clinical trials.
- ✳ There are two global Phase III clinical trials currently underway. The trial for which dosing of subjects has been completed is the trial announced in the "Notice of the Commencement of a New Global Phase III Clinical Trial of K-321 for the Treatment of Fuchs' Endothelial Corneal Dystrophy" dated April 6, 2023, and is being conducted in multiple countries and regions, including the United States and Europe (third study shown below).
- ✳ The purpose of this study is to evaluate the efficacy and safety of the drug administered as an eye drop in patients with Fuchs' Endothelial Corneal Dystrophy (FECD) after simultaneous Descemet's membrane stripping and cataract surgery, in comparison with a placebo. Currently, the patients are being observed under "double-blind" conditions, and the observation period for the patients is scheduled to finish by the end of October 2025.
- ✳ Fuchs' Endothelial Corneal Dystrophy (FECD) is a disease in which corneal edema and opacity occur as a result of damage to corneal endothelial cells, resulting in diminished acuity of vision. Although there are few patients suffering from FECD in Japan, it is a common disease in Europe and the U.S. There is currently no effective drug treatment for FECD, which is often treated with corneal transplant surgery. DWTI and Kowa are committed to providing patients with new treatment options through the development of K-321.

Global Phase III clinical trials for Fuchs Endothelial Corneal Dystrophy treatment K-321

Identifier*	NCT05528172 study completed	NCT05795699	NCT05826353
Summary	Administration to patients after cataract surgery	Administration to patients with FECD after Descemet's membrane stripping surgery	Administration to patients with FECD after simultaneous Descemet's membrane stripping and cataract surgery
No. of patients	331	100	100
Study period	August 2022–June 2023	March 2023– December 2025	April 2023– October 2025
Development region	U.S.	U.S., Europe, etc.	U.S., Europe, etc.

*ClinicalTrials.gov Identifier from <https://www.clinicaltrials.gov>

Source: excerpt from IR results briefing materials.



Fuchs Endothelial Corneal Dystrophy K-321

→ Global Phase III ongoing

Patient registration is taking longer than expected, so the end date has been changed to December 2025

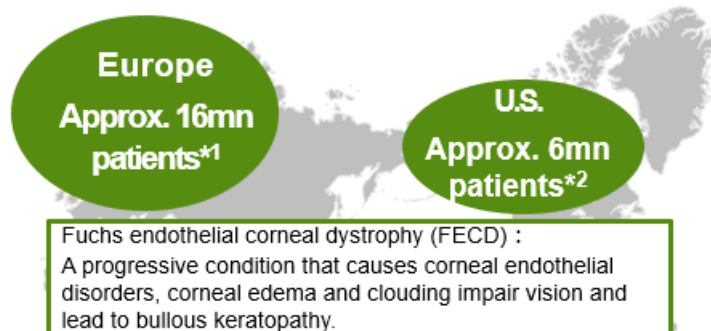
The application is expected to be submitted at the end of 2026 or in 2027 (DWTI forecast)

Expansion of indications

Ripasudil hydrochloride hydrate

- ✓ Global Phase III studies commenced in March and April 2023
- ✓ After going on sale, to receive royalties until end of data protection period*

*Patent royalty rate differs from that of single agent



*1: Obtained by multiplying the population over 40 estimated by the Company based on the United Nations' "World Population Prospects 2022" by the morbidity rate of 4% (*2)

*2: Moshirfar M et al., Fuchs Endothelial Dystrophy. Treasure Island (FL): StatePearls Publishing; 2021

Source: excerpt from IR results briefing materials.

Borrowings and Financing Status

Borrowings

Balance (as of Dec. 31, 2024)	Credit limit	Use of funds	Type
JPY 90mn	JPY 200mn	Funds for the milestone payment for neuropathic pain treatment DW-5LBT	Term loan contract with commitment period
JPY 405mn	JPY 440mn	Funds for the development of regenerative cell therapy DWR-2206	Term loan contract with commitment period

- ✓ Completion of repayment of DW-1002 funds

Other financing

Total amount (Exercise completed on Feb. 7, 2025)	Use of funds	Type
JPY 1,145mn	• Development funds for "H-1337" • Expenses related to drug discovery research activities (including joint research) and the acquisition and development of new pipelines • Funds for the redemption of corporate bonds (first unsecured convertible corporate bonds with stock acquisition rights) • Working capital	Series 12 Share Acquisition Rights (SARs)

Future funding needs

- ✓ Funds for the next stage of development for H-1337
- ✓ Funds for the development of newly discovered and/or acquired pipeline products

Source: excerpt from IR results briefing materials.

**DW-1002**

Brilliant Blue G-250 (BBG250) is an ophthalmic surgical aid whose active ingredient is a dye with high staining ability. The dye temporarily and safely stains the capsule protecting the inner limiting membrane or crystalline lens in the back of the eye, making it easier to perform vitreous or cataract surgery. BBG250 was discovered by a research group at Kyushu University, and it has since been commercialized. DWTI acquired the business from Healios K.K. in 2017, and it has since been developing the dye under exclusive license from Kyushu University.

DWTI has granted an exclusive sublicense for DW-1002 for all regions worldwide outside Japan to Dutch Ophthalmic Research Center (International) B.V. (DORC), which has been manufacturing and selling the product in Europe and other countries since September 2010. Wakamoto Pharmaceutical Co., Ltd. has been granted an exclusive sublicense for Japan, and it is moving forward with development aiming to obtain approval.



Source: Journal of Ophthalmology

Ophthalmic surgical aid DW-1002 received approval from China's NMPA for ILM staining

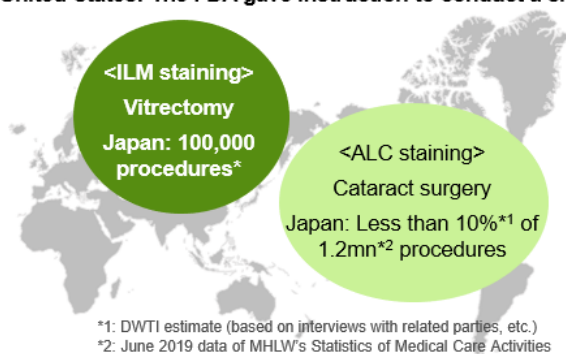
SUMMARY

- ✳ DW-1002 (ILM-Blue®, TissueBlue™, MembraneBlue-Dual®) is on sale in 76 countries and regions, including the US and Europe. Royalty revenue is up sharply due to higher sales in Europe, the US and Canada and the effect of yen depreciation. **DORC has obtained from the U.S. FDA orphan-drug designation for expedited review of MembraneBlue-Dual® (DW-1002 + trypan blue) combination formula ophthalmic surgical aid, and it will develop it in the US for ILM and ERM membrane staining.** Single formula TissueBlue™ has been used in over 100,000 operations since its launch in the US in 2020. MembraneBlue-Dual® combination formula has been used in over 500,000 operations since its launch in Europe in 2010.
- ✳ On February 19, 2025, DWTI announced that the National Medical Products Administration (NMPA), China's agency for regulating drugs and medical devices, approved DW-1002 for the indication of staining of the inner limiting membrane during vitreoretinal operations, having received notification from sublicensee Dutch Ophthalmic Research Center International BV (DORC). The start of sales will be announced once it has been finalized, upon which DWTI will begin to receive royalty payments

Ophthalmic Surgical Aid DW-1002

➔ Continuing to work towards approval and launch in China, Japan, and the U.S. (combination drug)

- ✓ **China:** Marketing application filed in May 2023, treated as a medical device, **obtained approval in Feb-2025**
- ✓ **Japan:** Issues related to standards and quality in the use of U.S. approved data under discussions with PMDA
- ✓ **United States:** The FDA gave instruction to conduct a small-scale trial

**Development plan**

Clinical indication	Region	Licensee	P-III	Application	Approval	Launch
ILM staining	China	DORC			2025	
ILM staining, ALC staining	Japan	Wakamoto Pharmaceutical(*)		2025	2026	2027
ILM staining and ERM staining	U.S.	DORC		2026	2027	

*Based on DWTI's forecast

Source: excerpt from IR results briefing materials.

**DW-5LBT**

DW-5LBT is a new type of lidocaine patch for the treatment of post-herpetic neuralgia (neuropathic pain after shingles) that uses the ILTS® (Ionic Liquid Transdermal System), an exclusive MEDRx technology incorporating the company's ionic liquid expertise. MRX-5LBT is being developed with the goal of its "Lidolyte" targeting the market for innovator product Lidoderm®.

In April 2020, DWTI concluded a joint development agreement with MEDRx, and in August filed the NDA application in the U.S. Based on data from MEDRx, the U.S. market for transdermal lidocaine patches was estimated at about USD 193mn in 2023. The primary details of the development agreement with MEDRx are 1) milestone payment of up to JPY 200mn according to progress of commercialization in the U.S. (expected payment has delayed), and 2) after launch, DWTI will receive royalties commensurate with sales.

Although DWTI's chief focus is on the field of ophthalmology, DWTI decided to participate in this joint development with the aim of expanding its pipeline and strengthening a stable, medium- to long-term earnings base.



Source: MEDRx website.

DWTI and MEDRx re-submitted application for approval of DW-5LBT, and the FDA accepted the filing

SUMMARY

- ✳ DW-5LBT is a novel lidocaine patch that utilizes MEDRx's proprietary ionic liquid transdermal system (ILTS®) technology and is being developed to address and expand the existing market for the Lidoderm® lidocaine patch. Based on the results of the clinical trials to date, DW-5LBT is expected to penetrate the market as a superior product to Lidoderm®, the leading benchmark product, with less skin irritation, superior adhesive strength, and retention of adhesive strength even during exercise. The US market for lidocaine patch products was estimated to be worth about USD 193mn in 2023.
- ✳ DW-5LBT characteristics include: 1) Confirmatory comparative (bioequivalence) clinical trial comparing DW-5LBT with innovator product Lidoderm® generated favorable results, 2) Low dermal irritation, 3) Excellent adhesive strength, and 4) Capable of maintaining adhesive strength during exercise.
- ✳ On July 12, 2024, DWTI and MEDRx received a Complete Response Letter (CRL) in response to the New Drug Application (NDA) submitted on January 12, 2024, which was accepted by the FDA on January 31, 2024. DWTI and MEDRx then announced on July 16, 2024, that they decided to conduct additional analyses on the re-submitted data as per instructions from the FDA, with an aim to resubmit the application.
- ✳ On March 25, 2025, DWTI and MEDRx re-submitted their application for approval of DW-5LBT, and on April 2, 2025, the FDA accepted the filing. This acceptance of the NDA means that the FDA has confirmed that the documents pertaining to the application are sufficiently complete during the post-submission review period and has begun a full-scale review. The target action date under the Prescription Drug User Fee Act (PDUFA) is September 24, 2025. The revised development plan aims for approval in 2025 and launch in the U.S. in 2026.
- ✳ Transdermal drug delivery technology has been applied to developing local analgesics, anti-Alzheimer's drugs and antidepressants, since transdermal preparations have advantages of being able to improve patients' QOL. Developing and providing transdermal preparations represent the fulfillment of unmet medical needs.
- ✳ However, skin works as the barrier for human bodies to repel foreign substances. So, it is difficult for drugs to penetrate the skin barrier unless the drug has some penetration capability, which is influenced by the melting point, molecular weight, solubility, lipophilicity, etc. Under these circumstances, MEDRx has applied its proprietary ILTS® technology to various drugs, including even compounds with low solubility and/or weak absorbability, such as biopharmaceuticals, etc.
- ✳ Transdermal drug delivery has various advantages: 1) Overcome first pass effect, 2) Easily achieve stable blood level and high bioavailability, and 3) Free of pain and fear due to needleless injection.

Development Pipeline: Launched Products



Product name, etc.			Clinical indication	Region	Licensee
DW-1002	Brilliant Blue G	ILM-Blue®、TissueBlue™	ILM staining	Europe, U.S., etc.	DORC
	Brilliant Blue G, trypan blue	MembraneBlue-Dual®	ILM, ERM and PVR membrane staining	Europe, etc.	
Ripasudil hydrochloride hydrate		GLANATEC® ophthalmic solution 0.4%	Glaucoma and ocular hypertension	Japan, Asia (Note)	Kowa
Ripasudil hydrochloride hydrate/Brimonidine tartrate		GLA-ALPHA® combination ophthalmic solution	Glaucoma and ocular hypertension	Japan	

Note: For Japan, the period for receiving royalty income ended in September 2024. For Asia, royalty income is received in certain countries.

Development Pipeline: Status of New Drug Candidate Compound Development

Development code, etc.		Clinical indication	Development stage	Region	Licensee
K-321	Ripasudil hydrochloride hydrate	Fuchs endothelial corneal dystrophy	Phase III clinical trials	U.S., Europe, etc.	Kowa
DW-1002	Brilliant Blue G	ILM staining	Application	China	DORC
			Phase III clinical trials	Japan	Wakamoto Pharmaceutical
	Brilliant Blue G, trypan blue	ILM staining and ERM staining	In preparation for filing	U.S.	DORC
DW-1001	Ophthalmic treatment agent (undisclosed)		Phase I clinical trials	Japan	ROHTO Pharmaceutical
H-1337	Glaucoma and ocular hypertension		Phase IIb clinical trials	U.S.	In-house developed
DW-5LBT	Neuropathic pain after shingles		Application	U.S.	Jointly developed with MEDRx
DWR-2206	Bullous Keratopathy		Phase II clinical trials	Japan	Jointly developed with ActualEyes

Source: compiled by SIR from YUHO financial statements (Annual Securities Report).

Development Pipeline Progress Plan

Development code and indication		Region	2024	2025	2026	2027
H-1337	Glaucoma and ocular hypertension	U.S.	P2b		P3 Preparation and licensing out activities	
K-321	Fuchs endothelial corneal dystrophy	U.S.		P3	Application	*2026 or later
DW-5LBT	Neuropathic pain after shingles	U.S.		Re-appl. Approval	Launch	
DW-1001	Ophthalmic treatment agent	Japan		To be determined	*Due to the policy of the out-license company, Rohto Pharmaceutical, DWTI is currently considering future development plans	
DW-1002	ILM staining	China	Application	Approval	Launch	
	ILM staining ALC staining	Japan		Application	Approval	Launch
	ILM staining and ERM staining	U.S.	Application preparation		Application	Approval Launch
DWR-2206	Bullous Keratopathy	Japan	Nonclinical	P2	P3	Application
		China		Clinical trial planned for 2025		

Note: Development plans are based on development plans of the licensees or DWTI's forecast. Therefore, actual development progress may differ from those plans.

Source: excerpt from IR results briefing materials.



Performance and Valuations: SESSA Smart Charts

- ✓ The price-to-sales ratio is currently trading 73% below its historical average, and the price-to-book ratio is trading 12% above its historical average (FY-end B/S does not include the full amount of funds raised from exercising all of the SARs).
- ✓ Progress on H-1337, DWR-2206 and DW-1002 may well renew interest in DWTI's share price against the backdrop of valuations at the bottom of the range.

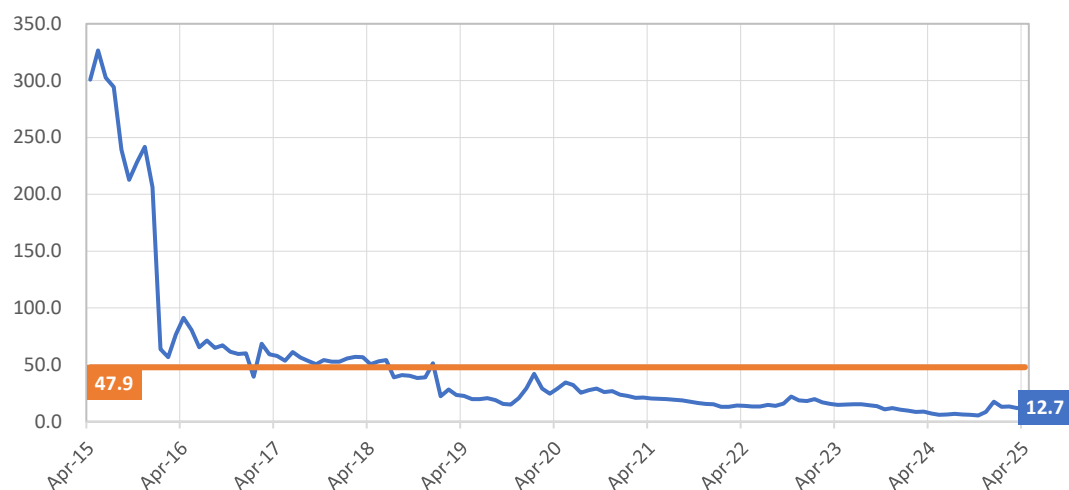


Analyst's view

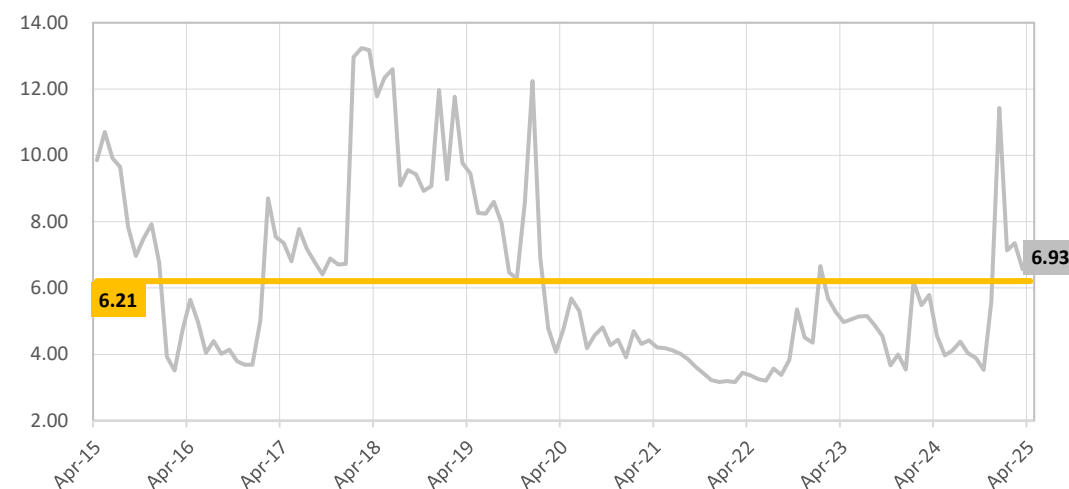
10-Year Monthly Share Price, 6M/12M/24M MA and Valuations Trend



— P/S — HIST AVG



— P/B — HIST AVG



Source: compiled by SIR from SPEEDA share price and earnings database. Valuations calculated based on CE and LTM.



SUPPLEMENT

Part 3: Focus on ophthalmology: vision disorders, Glaucoma basics

According to the World Glaucoma Association, glaucoma is a chronic, progressive, degenerative disorder of the optic nerve that leads to loss of side (peripheral) vision, blind spots, and ultimately blindness. WGA estimates roughly 80 million people have glaucoma worldwide, expected to increase to 112 million by 2040. 50% of glaucoma patients are unaware they have it because early stages are asymptomatic, and risk increases with age. Damage to the optic nerve is irreversible. The leading cause of damage to the optic nerve is buildup of intraocular pressure (IOP). The eye produces a fluid known as aqueous humor that provides nourishment to its internal structures. This fluid is then drained out through a sieve-like structure called the trabecular meshwork.

Abnormalities or obstruction to the drainage system leads to impairment of the normal outflow, and IOP increases. Although there is no cure for glaucoma, treatments include medicine (usually eye drops), laser treatment or surgery. **Some types of eye drops work by helping fluid drain from the eye, which lowers IOP (prostaglandins, rho-kinase inhibitors, nitric oxides). Other types of eyedrops work by lowering the amount of fluid the eye produces (alpha-adrenergic agonists, beta blockers, carbonic anhydrase inhibitors).** This market is examined in more detail in Part 2 covering DWTI's development pipeline.

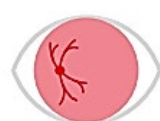
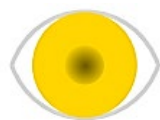
Common eye conditions that can cause vision impairment including blindness**Common conditions that can cause vision impairment including blindness due to ageing**

Age-related macular degeneration	Damage to the central part of the retina responsible for detailed vision leads to dark patches, shadows or distortion of the central vision. The risk of developing macular degeneration increases with age.
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Common conditions that can cause vision impairment that are preventable or not yet treated

Refractive error	Due to an abnormal shape or length of the eye ball; light does not focus on the retina resulting in blurred vision. There are several types of refractive error; those most commonly referred to are: • Myopia – difficulty seeing distant objects (near-sightedness). • Presbyopia – difficulty seeing objects at near distance with increasing age (i.e. after 40 years of age)
Cataract	Cloudiness in the lens of the eye, leading to increasingly blurred vision. The risk of developing cataract increases with age.
Glaucoma	Progressive damage to the optic nerve. Initially, loss of vision occurs in the periphery and can progress to severe vision impairment (this is known as open angle glaucoma, the most common type). Damage is irreversible.
Corneal opacity	A group of conditions causing the cornea to become scarred or cloudy. Opacity is most commonly caused by injury, infection or vitamin A deficiency in children.
Diabetic retinopathy	Damage to blood vessels in the retina which become leaky or blocked. Vision loss most commonly occurs due to swelling in the central part of the retina which can lead to vision impairment. Abnormal blood vessels can also grow from the retina, which can bleed or cause scarring of the retina and blindness.
Trachoma	Caused by a bacterial infection. After many years of repeated infections, the eyelashes can turn inwards (known as trichiasis) which can lead to corneal scarring and, in some cases, blindness

Source: compiled by SIR from "WHO World Report on Vision 2019."





Estimated Population with Vision Impairment or Blindness: over 1.2 billion

unit: million people	Condition	CY2020	CY2030
Age-related macular degeneration	Vision impairment or blindness	195.6	243.4
– of which Glaucoma	Vision impairment or blindness	76.0	95.4
Unaddressed refractive error	Moderate / severe distance vision impairment	123.7	—
	Near vision impairment	826.0	—
Cataract	Moderate / severe distance vision impairment	65.2	—
Glaucoma	Moderate / severe distance vision impairment	6.9	—
Corneal opacity	Moderate / severe distance vision impairment	4.2	—
Diabetic retinopathy	Moderate / severe distance vision impairment	3.0	—
Trachoma	Moderate / severe distance vision impairment	2.0	—
Total estimated population		1,226.6	—

Source: compiled by SIR from "WHO World Report on Vision 2019."

Torrey's Pharma 1000 Report: only 25 in the area of biotech ophthalmology

Torrey Partners LLC* is a global investment banking boutique focused on the pharmaceutical sector, with specialized services advising clients in biotechnology, branded pharmaceutical, generic pharmaceutical, and life sciences companies. The company publishes and maintains a list of the top 1000 pharma companies by market value (universe of over 30,000). Over half of the companies are private, so the company uses publicly traded company multiples to impute private company values.

The far-right column shows average company values, indicating that ophthalmology biotech firms tend to be smaller companies. Data above from the "WHO World Report on Vision 2019" shows that despite the small number of biotech ophthalmology firms represented in the Pharma 1000, **the estimated population with conditions causing moderate / severe vision impairment on the previous page is quite large at 1.2 billion, and the aging of developed nations will drive an increase in patients going forward.**

Biotech Market Value Aggregate Shares by Therapeutic Area

Therapeutic Area	2020.09.15		2021.11.05		CHG YOY		AVG VAL USD mn
	Cos.	Share	Cos.	Share	Cos.	Share	
Oncology	140	38.2%	253	39.3%	113	1.1%	\$857
Neurology	31	7.4%	62	11.6%	31	4.2%	\$1,036
Rare disease	45	11.9%	60	11.6%	15	-0.2%	\$1,070
Vaccines	11	3.8%	19	4.5%	8	0.7%	\$1,305
Virology	9	4.1%	19	4.2%	10	0.0%	\$1,206
Respiratory	11	3.3%	21	3.8%	10	0.5%	\$1,008
Ophthalmology	14	2.2%	25	3.1%	11	0.8%	\$674
Broad / platform	3	2.3%	19	2.8%	16	0.6%	\$821
Immunology	9	2.2%	15	2.5%	6	0.3%	\$909
Renal	5	1.1%	9	2.2%	4	1.2%	\$1,366
Cardiometabolic	10	1.7%	18	1.9%	8	0.2%	\$579
Gastroenterology	7	1.6%	16	1.7%	9	0.1%	\$589
Endocrinology	2	2.9%	2	1.6%	0	-1.4%	\$4,293
Hematology	7	2.1%	10	0.7%	3	-1.4%	\$400
Bone & osteo	4	2.9%	5	0.7%	1	-2.2%	\$749
Wound care	3	1.1%	4	0.6%	1	-0.5%	\$862
Anti-infectives	5	5.7%	8	0.4%	3	-5.3%	\$258

Source: compiled by SIR from "The Pharma 1000 Report" by Torrey.

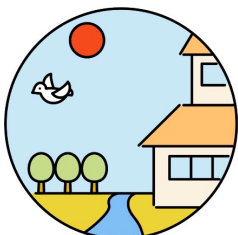
*Torrey Partners LLC was acquired by Stifel Financial Corp. in Mar-2023.



Glaucoma basics

Millions of nerve fibers that run from the retina form the optic nerve, and they meet at the optic disc. In most types of glaucoma, the eye's drainage system becomes clogged so the intraocular fluid cannot drain. As the fluid builds up, it causes increased IOP, which can result in damage and loss of these sensitive nerve fibers, and ultimately result in vision loss.

Progression of vision impairment



normal



early



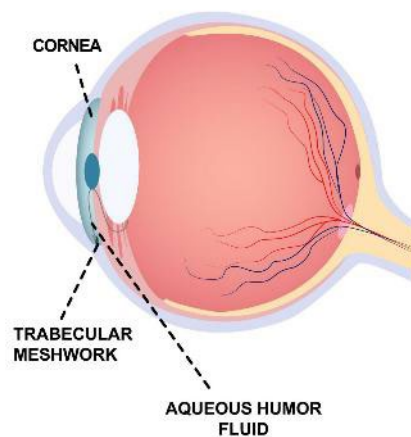
mid



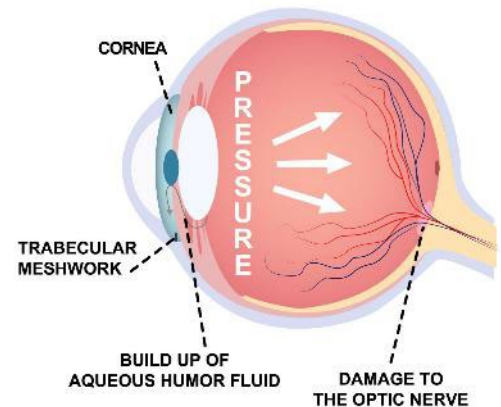
late

Development of Glaucoma in the Human Eye

NORMAL EYE



GLAUCOMA



Deterioration stages of the optic disc resulting in vision loss

1



Normal optic disc

Healthy and thick neural tissue (reddish part), associated with a small cup (whitish central part)

2



Glaucomatous optic disc

Loss of neural reddish tissue and increase of optic disc cupping (whitish central part)

3



End stage optic disc

Almost no more neural tissue and eventually a total cupping of the disc can be observed

Source: compiled by SIR from websites of the GLAUCOMA Research Foundation, the US NIH National Eye Institute and World Glaucoma Association information portal GlaucomaPatients.org.



- Key patent information
- Significant contracts – development pipeline

Key Patent Information

Devpt code, etc.	Title of Invention	Registration Status	Rights Holder/Applicant
Ripasudil hydrochloride hydrate	(S)-(-)-1-(4-fluoroisquinolin-5-yl)sulfonyl-2-methyl-1,4-homopiperazine hydrochloride, dihydrate	Registered in Japan, US, Europe, etc.	DWTI Kowa Company, Ltd.
H-1337	New substituted isoquinoline derivatives	Registered in Japan, US, Europe, etc.	DWTI
DW-1001	Ophthalmic treatment agent	Registered in Japan	British Company
DW-1002	Staining compositions for ocular membrane staining	Registered in Japan, US, Europe, etc.	Kyushu University

Source: compiled by SIR from "Business Plan and Growth Potential" annual IR presentation.

Significant Contracts (1) Development Pipeline

Product devpt code	Contract party	Date signed	Contract period	Main contract details
Ripasudil hydrochloride hydrate (Glanatec, K-321, K-	Kowa Company, Ltd.	2002-09-11	From the contract signing date to the expiration date of payment of royalty	1) Grant an exclusive license with sublicensing rights to develop, manufacture, use and sell the product worldwide. 2) Receive front money, milestone payments and royalties as consideration for the license.
DW-1001	British Company	2015-06-02	From the contract signing date to 10 years after product sale or expiration of all patents, whichever is	1) To obtain an exclusive license with sublicensing rights to develop, manufacture, use and sell the product in the field of ophthalmology in Japan. 2) Pay front money, milestone payments, royalties, etc. as consideration for the license.
	ROHTO Pharmaceutical Co., Ltd.	2019-12-12	From the contract signing date to 10 years after product sale or expiration of all patents, whichever is	1) Grant an exclusive license with sublicensing rights to develop, manufacture, use and sell the product in the field of ophthalmology in Japan. 2) Receive front money, milestone payments and royalties as consideration for the license.
	HEALIOS K.K.	2017-01-31	No fixed contract term	1) DWTI will acquire the business related to ophthalmic surgical aids containing BBG250 from HEALIOS K.K. 2) In addition to an upfront payment, milestone payments may be incurred as consideration for development and out-licensing progress from this acquisition.
DW-1002	Kyushu University HEALIOS K.K.	2017-04-28	From April 30, 2017 to the expiration date of the patent	1) DWTI takes the position of Healios K.K. in the blanket license agreement between Kyushu University and Healios K.K., and Kyushu University grants an exclusive non-exclusive license with sublicensing rights to the patent rights related to BBG250 to DWTI. 2) In consideration for the license, DWTI shall pay a certain amount of license fee to Kyushu University.
	WAKAMOTO PHARMACEUTICAL CO., LTD.	2014-12-03	From the signing date to the expiration date of the term of the patent right, with automatic renewal every two years thereafter if no notice of termination is given by either party.	1) Grant an exclusive non-exclusive license to develop, use and market a pharmaceutical product containing BBG250 for the staining of the internal limiting membrane and the anterior lens capsule in Japan. 2) As consideration for the license, DWTI shall receive an upfront payment as well as certain license fees.
	Dutch Ophthalmic Research Center International B.V.	2009-09-09	From September 4, 2009 to December 6, 2025	1) Grant an exclusive license to develop, manufacture, outsource manufacture, import, use, transact, sell and distribute pharmaceutical products containing BBG250 worldwide except Japan.
DW-5LBT	MEDRx Co., Ltd	2020-04-16	From the signing date to the expiration date of the results distribution payment	1) Jointly develop DW-5LBT in the United States. 2) DWTI will make milestone payments based on commercialization progress of the product after execution of this agreement. 3) After the product is launched, MEDRx, Inc. will pay DWTI a performance distribution.
DWR-2206	ActualEyes, Inc.	2022-06-30	From the signing date to the completion date of all earnings distribution	1) Jointly develop DWR-2206 in Japan. 2) DWTI will bear the development costs in Japan. 3) Worldwide revenue to be earned in connection with this product shall be shared at a

Source: compiled by SIR from "Business Plan and Growth Potential" annual IR presentation.



Significant Contracts (2) Dev. Pipeline, Joint Research, etc.

	Contract party	Date signed	Contract period	Main contract details
Joint research	Mie University	2009-12-25	January 1, 2010 to December 31, 2026	The Industry-Academia-Government Collaboration Course shall be established for the purpose of stimulating education and research activities and supporting DWTI's R&D operations. Ownership of intellectual property rights obtained through joint research in said course shall be as follows: those invented solely by DWTI and Mie University shall be the sole property of the respective research team, and those invented jointly by both shall be shared by both research teams based on the degree of contribution agreed upon mutual
Joint investment	Shareholders Agreement ROHTO Pharmaceutical Co., Ltd.	2015-11-13	From November 13, 2015 until either party no longer owns shares of Japan Innovative Therapeutics, Inc. (JIT) or both parties agree to terminate the	1) DWTI and ROHTO Pharmaceutical Co., Ltd. will jointly invest in Japan Innovative Therapeutics, Inc. (JIT) and DWTI will underwrite 60% of the newly issued shares and ROHTO 40%. 2) ROHTO Pharmaceutical Co., Ltd. may request the Company to purchase its shares under certain conditions.
Loan	Limited Loan Agreement Mizuho Bank, Ltd.	2020-04-16	Repayment Date September 30, 2029	1) Term loan with commitment period, maximum borrowing amount: 200 million yen, unsecured and non-guaranteed 2) Compliance and forbearance of terms and conditions are stipulated in this loan.
Loan	Limited Loan Agreement Mizuho Bank, Ltd.	2022-06-30	Repayment Date June 30, 2030	1) Term Loan with Commitment Period, maximum borrowing amount: 440 million yen, unsecured and non-guaranteed 2) Compliance and forbearance of terms and conditions are stipulated in this loan.

Source: compiled by SIR from "Business Plan and Growth Potential" annual IR presentation.

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