



FY2025 Q2 Financial Results Materials



August 2025

- ◆ **This document contains forward-looking statements, including our current outlook, forecasts, goals, and plans. These statements are based on information currently available and the judgment of our management. Therefore, actual results may differ significantly from these forecasts due to various risks and uncertainties. Please do not rely solely on these forward-looking statements. We are under no obligation to revise or update these statements in light of new information or future events.**
- ◆ **Risks and uncertainties include changes in the economic environment, progress in R&D, regulatory approvals, and changes in laws and regulations in Japan and abroad.**

1 Overview of FY2025 Q2 Financial Results

2 FY2025 Q2 Topics

- ① HGF Gene Therapy Product**
- ② NF- κ B Decoy Oligo DNA**
- ③ Tie2 Receptor Agonist AV-001**
- ④ Zokinvy**
- ⑤ ACRL**
- ⑥ EmendoBio Genome Editing Technology**

01

Overview of FY2025 Q2 Financial Results

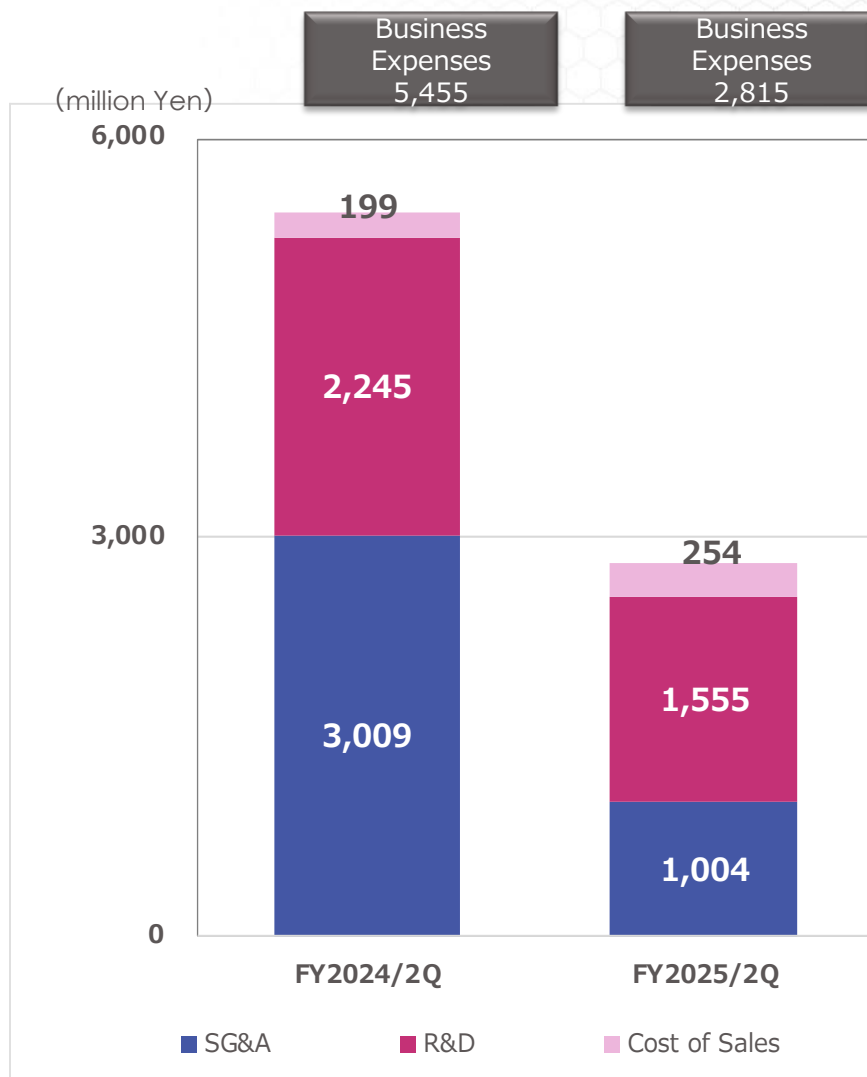
FY2025 Q2 Consolidated Financial Results

(Million Yen)

	FY2024/2Q	FY2025/2Q	Increase /Decrease
Revenues	347	414	67
Business Expenses	5,455	2,815	△2,640
Operating Profit	△5,107	△2,400	2,707
Non-operating income/expenses	1,917	△1,498	△3,415
Ordinary Profit	△3,190	△3,898	△708
Extraordinary income/Expenses	△227	0	227
Profit	△3,500	△3,966	△465

- The increase in business revenue for the current period is due to the steady growth in the number of commissioned testing services.
- Business expenses decreased due to the elimination of goodwill amortization, resulting in a significant improvement in operating profit/loss.

Breakdown of Business Expenses



Cost of sales: 254 million yen

(YoY +55million yen)
 Increase in contracted testing service 162M yen (YoY+70M yen)
 Cost of goods sold by Zokinvy 92M yen (YoY△7M yen)

R&D expenses: 1,555 million yen

(YoY △689million yen)
 research material costs YoY△529M yen
 Emendo's restructuring YoY△106M yen
 Outsourcing expenses YoY△64M yen

SG&A expenses: 1,004 million yen

(YoY △2,005million yen)
 ①Emendo-related compensation YoY△176M yen
 ②Paid service fees YoY△86M yen
 ③Amortization of goodwill YoY△1,668M yen

Consolidated Balance Sheet Highlights

(million yen)

	FY2024	FY2025/2Q	Increase /Decrease
Current assets	3,542	4,728	1,186
Cash and deposits	1,707	2,908	1,200
Non-current assets	1,125	1,057	△68
Total assets	4,668	5,786	1,117
Liabilities	2,512	2,384	△127
Net assets	2,156	3,402	1,245

Current Assets

- Cash and deposits: 2,908 M yen
(up 1,200 M yen from FY2024)
→ 3,764 M yen raised through the 45th series of stock acquisition rights
- Merchandise: 179 M yen
(down 45 M yen from FY2024)
- Raw Materials and Supplies: 1,265 M yen
(up 61 M yen from FY2024)

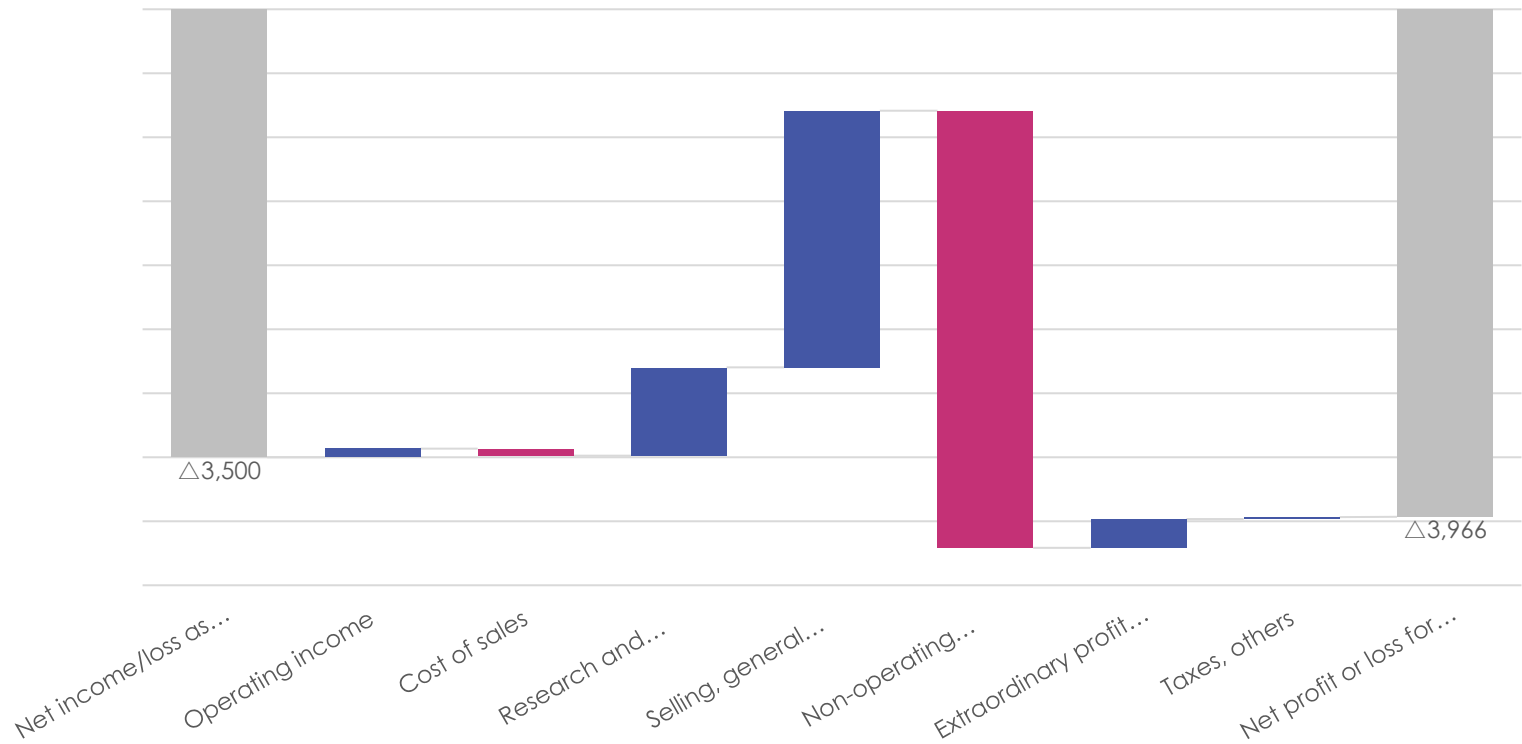
Net Assets

- Capital stock / Capital surplus: +1,895 M yen
- Retained earnings (due to net loss): -3,966M yen

Factors Affecting Net Profit/Loss for the Period

FY2025/2Q Results Factors for Increase/Decrease (YoY)

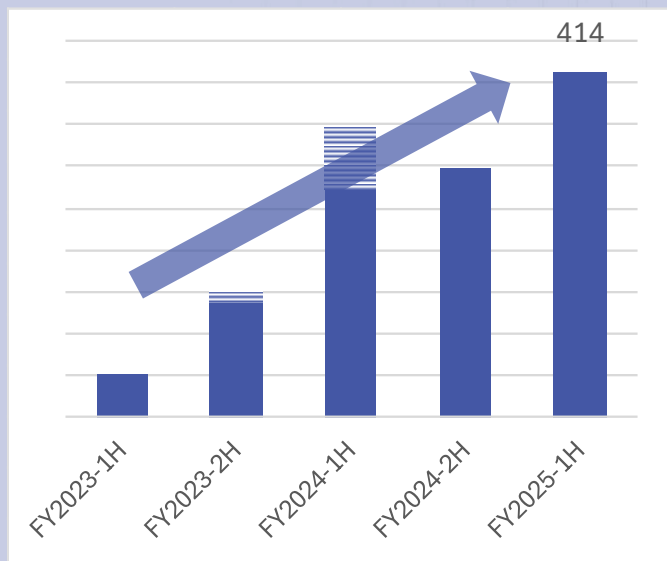
million yen



- SG&A expenses decreased due to the elimination of goodwill amortization
- Non-operating loss was significantly impacted by foreign exchange effects

Business Revenue

million yen

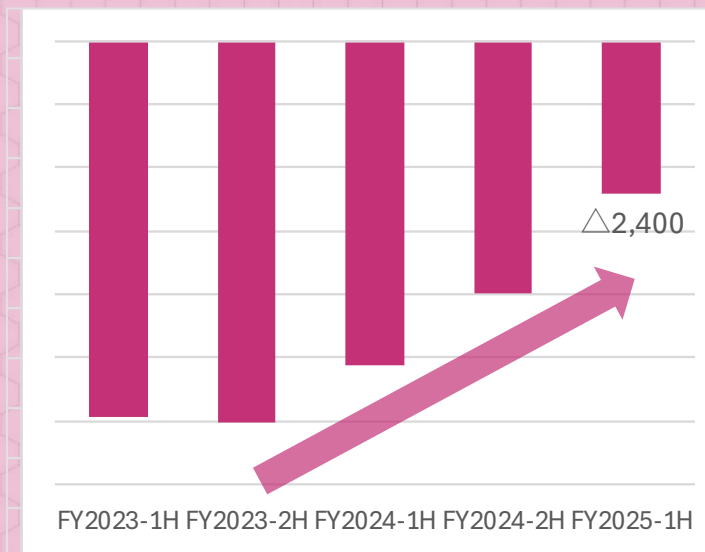


Operating revenue increased

- Increase in commissioned expanded newborn screening tests at ACRL
- Steady sales of Zokinvy

Operating Profit/Loss

million yen



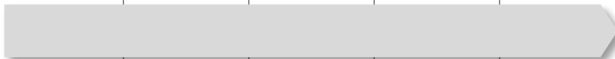
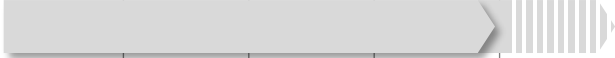




Operating profit/loss improved

- Cost reductions due to Emendo's business restructuring
- Elimination of goodwill amortization contributed to improved profitability

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FY2025 Q2 Topics

Status of Our Development Projects

Project	Region	Licensing /Partner	Formulation	Indication	Basic Research	Non-clinical trials	Clinical trials			Application Review	Approval
							Phase I	Phase II	Phase III		
HGF gene therapy product (bepelminogen perplasmid)	Japan	—	Injectable	Chronic arterial occlusion						Under consideration while monitoring progress in the United States	
	United States	—	Injectable	Chronic Limb-Threatening Ischemia (CLTI)						Towards BLA Preparation started	
	Israel Turkey	Kamada Er-Kim	Injectable	Chronic arterial occlusive disease							
NF-κB decoy oligodeoxynucleotide	Japan	—	Injectable	Chronic discogenic Low back pain							
DNA vaccine	Australia	—	Injectable	Hypertension							
Tie2 receptor agonist	United States	Vasomune	Injectable	Acute respiratory distress Syndrome (ARDS)							

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Progress of HGF Gene Therapy Product

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Progress of NF- κ B Decoy Oligo DNA

3

Progress of Tie2 Receptor Agonist

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Sales of Zokinvy

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Commissioned Testing at ACRL

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EmendoBio Genome Editing Technology

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EmendoBio Genome Editing Technology

Development and Commercial Strategy in the U.S.

The HGF gene therapy product has completed clinical trials in the U.S. and is now preparing for Biologics License Application (BLA) submission, aiming for early approval

General process for application and approval



Process of HGF Application and Approval in U.S.

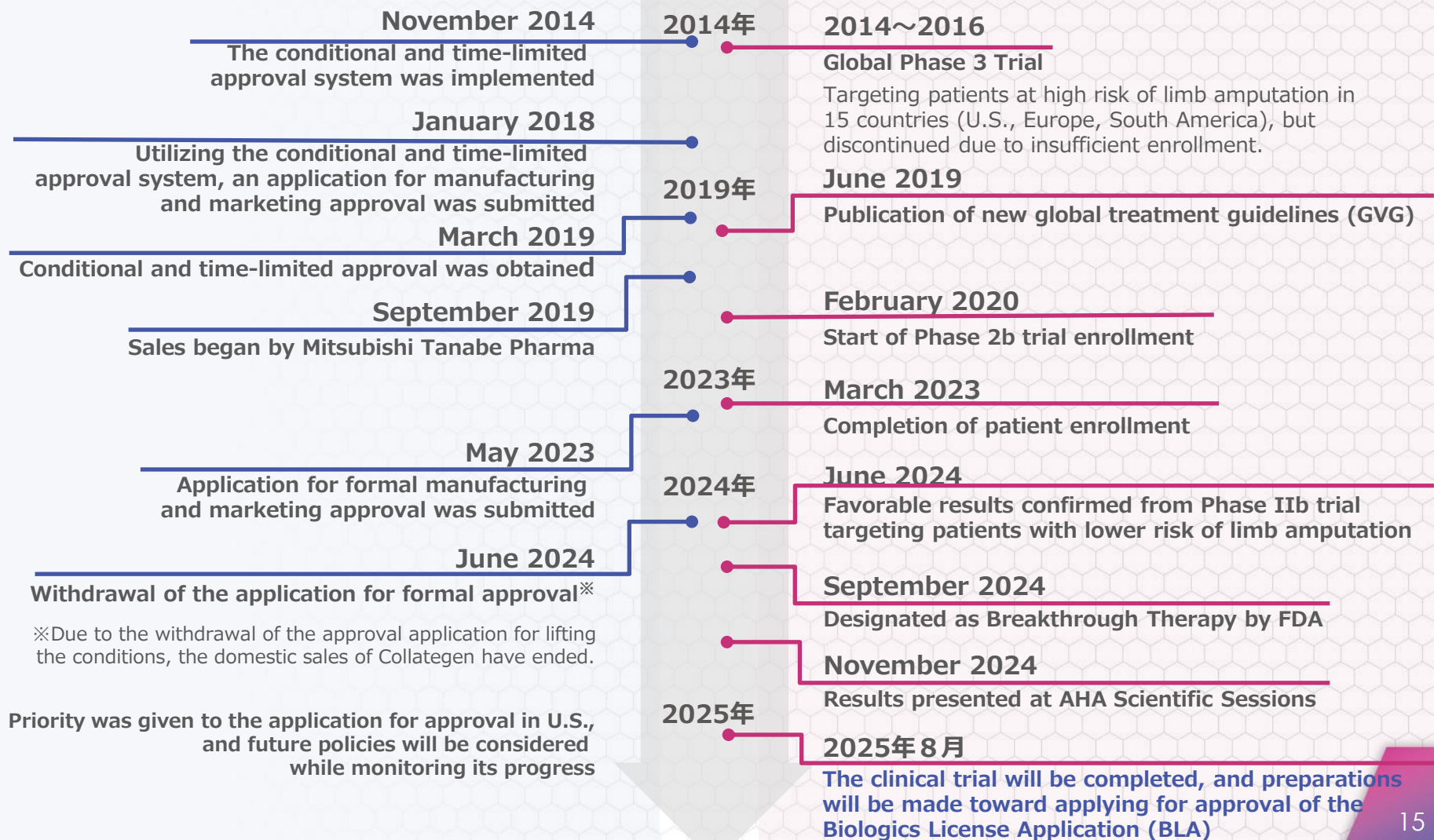


Aiming for approval in 2027

Review of HGF Gene Therapy Product Development

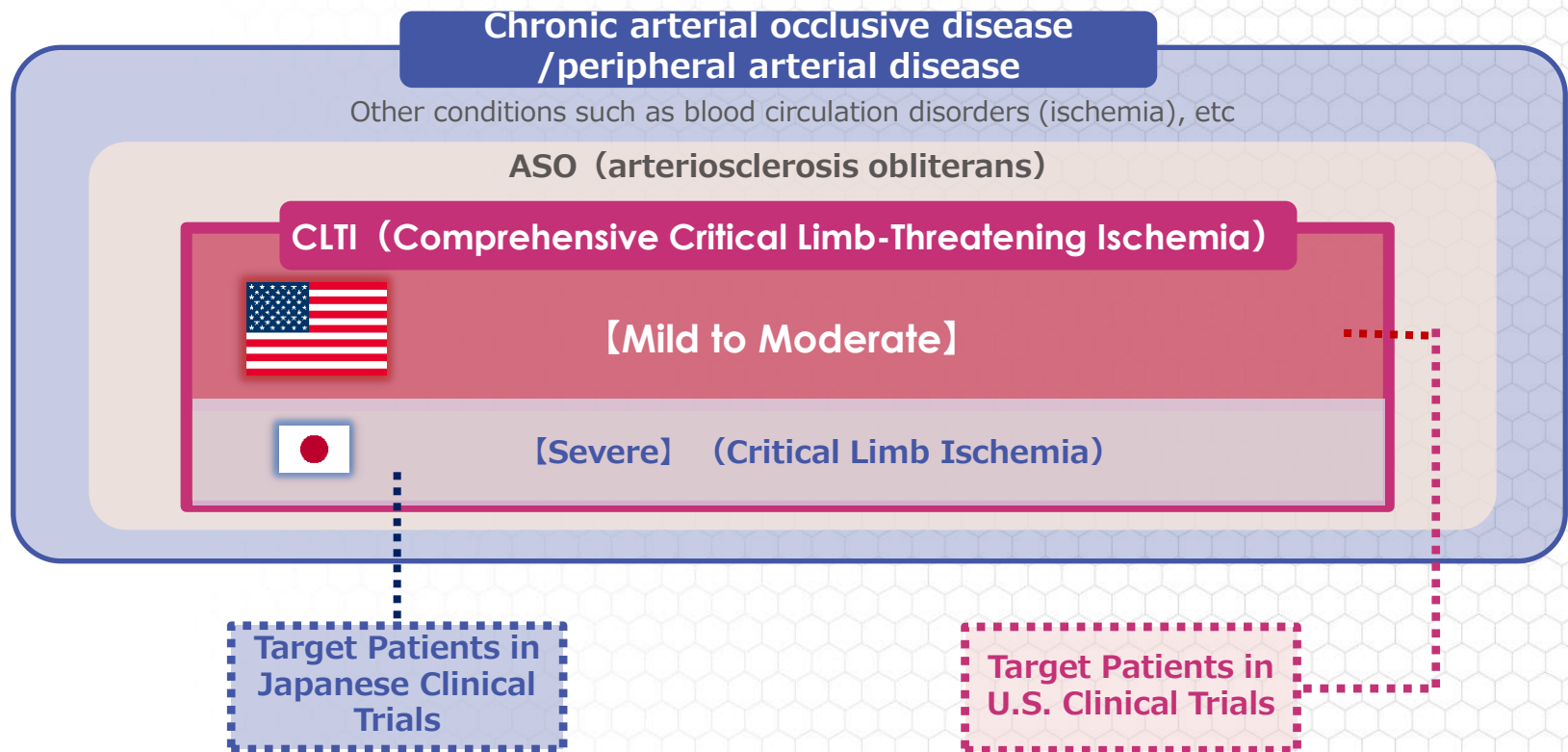
<Japan>

<United States>



Scope of diseases in clinical trials in Japan and the U.S.

Based on advice from the lead investigator that “it is important to treat patients before the condition becomes severe,” the U.S. Phase 2b clinical trial targeted patients with mild to moderate CLTI (Chronic Limb-Threatening Ischemia)



With ulcers due to occlusive arteriosclerosis
The patients were those with severe lower limb ischemia

Based on advice from clinical trial supervisors
The clinical trial targeted patients with mild to moderate CLTI.

A clinical trial was conducted

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NF- κ B Decoy Oligo DNA

In 2025, a paper was published in *The SPINE JOURNAL*, issued by the North American Spine Society (NASS), detailing the results of a Phase 1 clinical trial conducted in the U.S. since February 2018 targeting patients with discogenic low back pain

[Results of the Phase 1b Clinical Trial of NF- κ B Decoy Oligo DNA]

- No decline in neurological, sensory, or motor function was observed in any group (placebo or AMG0103 at 0.3mg, 3mg, or 10mg) over the one-year observation period. No serious adverse events occurred, and no safety concerns were identified.
- AMG0103 showed dose-dependent analgesic effects, with the highest dose (10mg) resulting in an average 77% reduction in pain one year after administration.
- While disc height decreased in the placebo group, it increased in the 10mg group, suggesting morphological improvement.
- Improvements were also observed in patient satisfaction (PGIC) and daily activity scores (RMDQ, ODI). No patients in the 10mg group required additional pain medication during the trial, indicating sustained analgesic effects.

- **77% of patients experienced pain relief, and half had near-complete pain resolution**
- **Disc height improvement suggests potential recovery of damaged discs**

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EmendoBio Genome Editing Technology

Tie2 Receptor Agonist (AV-001)

As a treatment for acute respiratory distress syndrome (ARDS)
Designated as Fast Track by the US FDA

What is Fast Track?

A system that prioritizes the review of drugs for serious diseases or unmet medical needs

To deliver promising drugs to patients more quickly

Benefits of Fast Track

More frequent meetings and communication with the FDA

Accelerated approval and priority review

Allows for rolling submission and review before all data is finalized

Due to the short influenza season in North America,

Complete target patient enrollment by the second half of 2025

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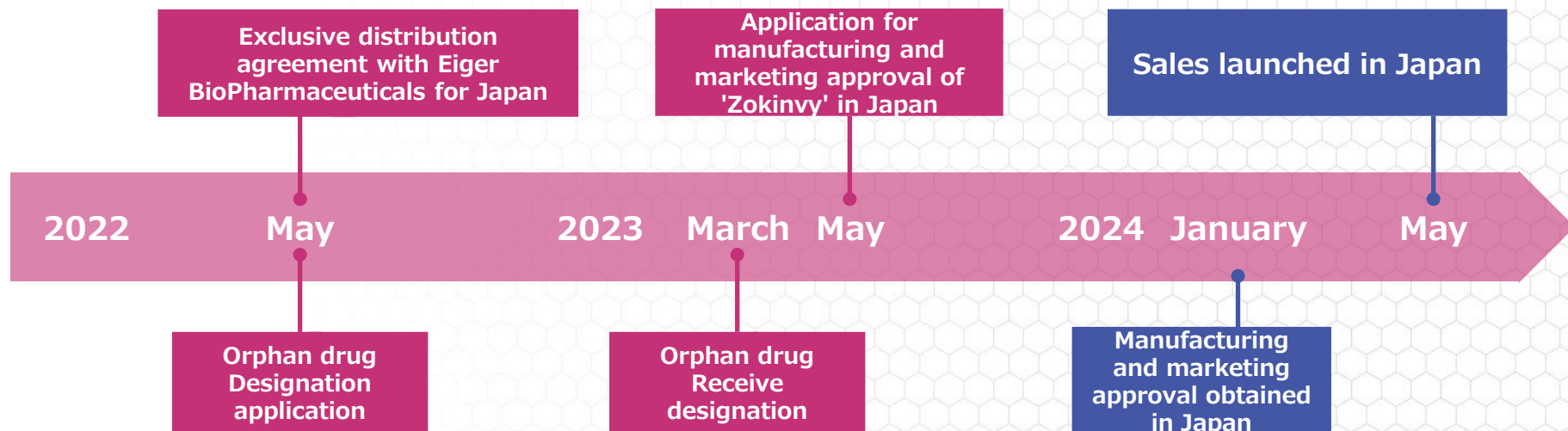
Commissioned Testing at ACRL

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EmendoBio Genome Editing Technology

About Zokinvy

Sales began on May 27, 2024



Zokinvy (lonafarnib)



[Drug Price]

Left: ¥91,796.40 per capsule 50mg (per capsule)
Right: ¥136,544.00 per capsule 75mg (per capsule)

[Indications, efficacy, or performance]

Hutchinson-Gilford Progeria Syndrome (HGPS) and processing-deficient progeroid laminopathies

[Dosage and Administration]

Initial dose: 115 mg/m² body surface area, orally twice daily with or immediately after meals

After 4 months: Maintenance dose of 150 mg/m², orally twice daily with or immediately after meals

Dose adjustments may be made based on patient condition

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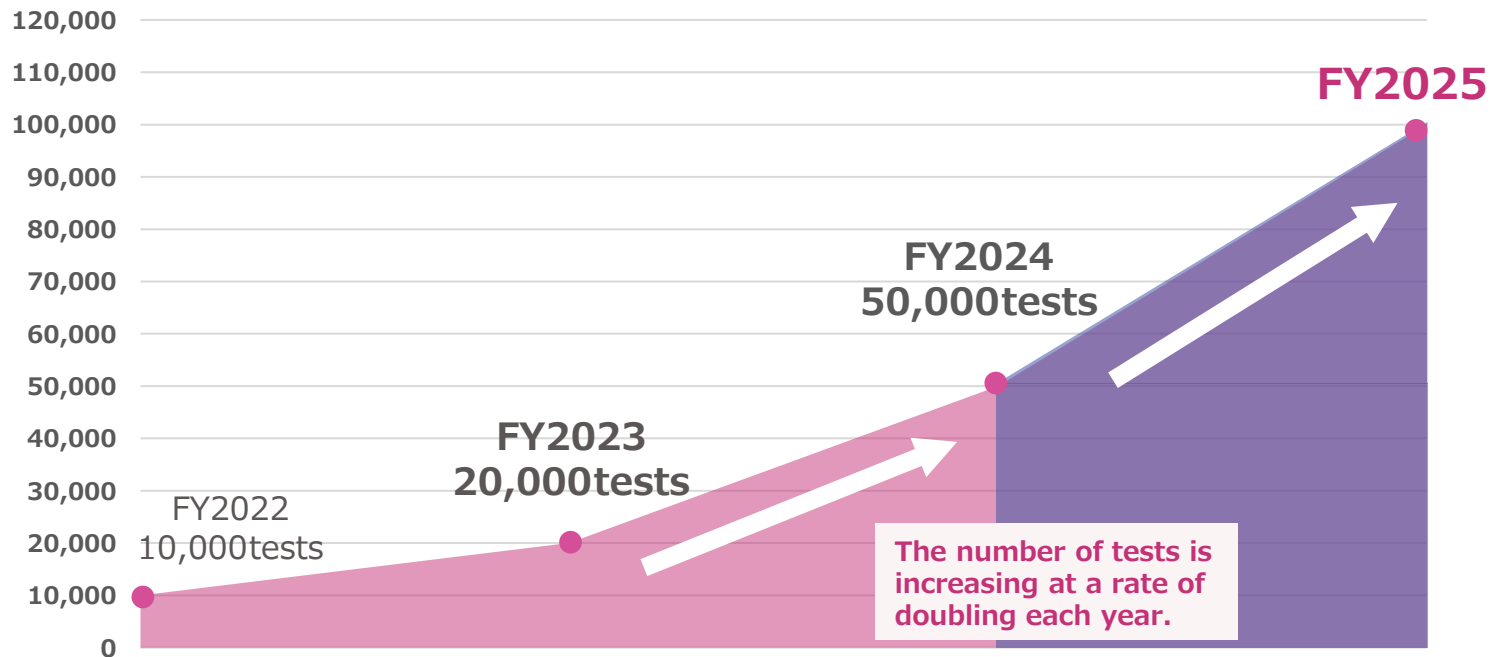
Commissioned Testing at ACRL

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EmendoBio Genome Editing Technology

Status of Expanded Newborn Screening at ACRL

The number of expanded newborn screening tests continues to increase
In FY2024, approximately 50,000 tests were commissioned
In FY2025, the number of commissioned tests is expected to double



We continue to expand both the number of clients and the range of target diseases

Biomarker testing services are being prepared

Rare genetic disease testing

Screening test

Test to check whether newborns have a possibility of hereditary diseases

Genetic testing (Definitive test)

If the screening test suggests the possibility of a disease, the presence or absence of the disease is confirmed

From May 2024

Biomarker testing

(Monitoring of treatment efficacy)

If the screening test suggests the possibility of a disease, the presence or absence of the disease is confirmed

Preparations are underway to start receiving orders this fall

Newborn Mass Screening (Public Mass)

- Provided free of charge to all newborns in Japan (funded by local governments)
- For congenital metabolic disorders (such as phenylketonuria), and endocrine diseases (such as congenital hypothyroidism)

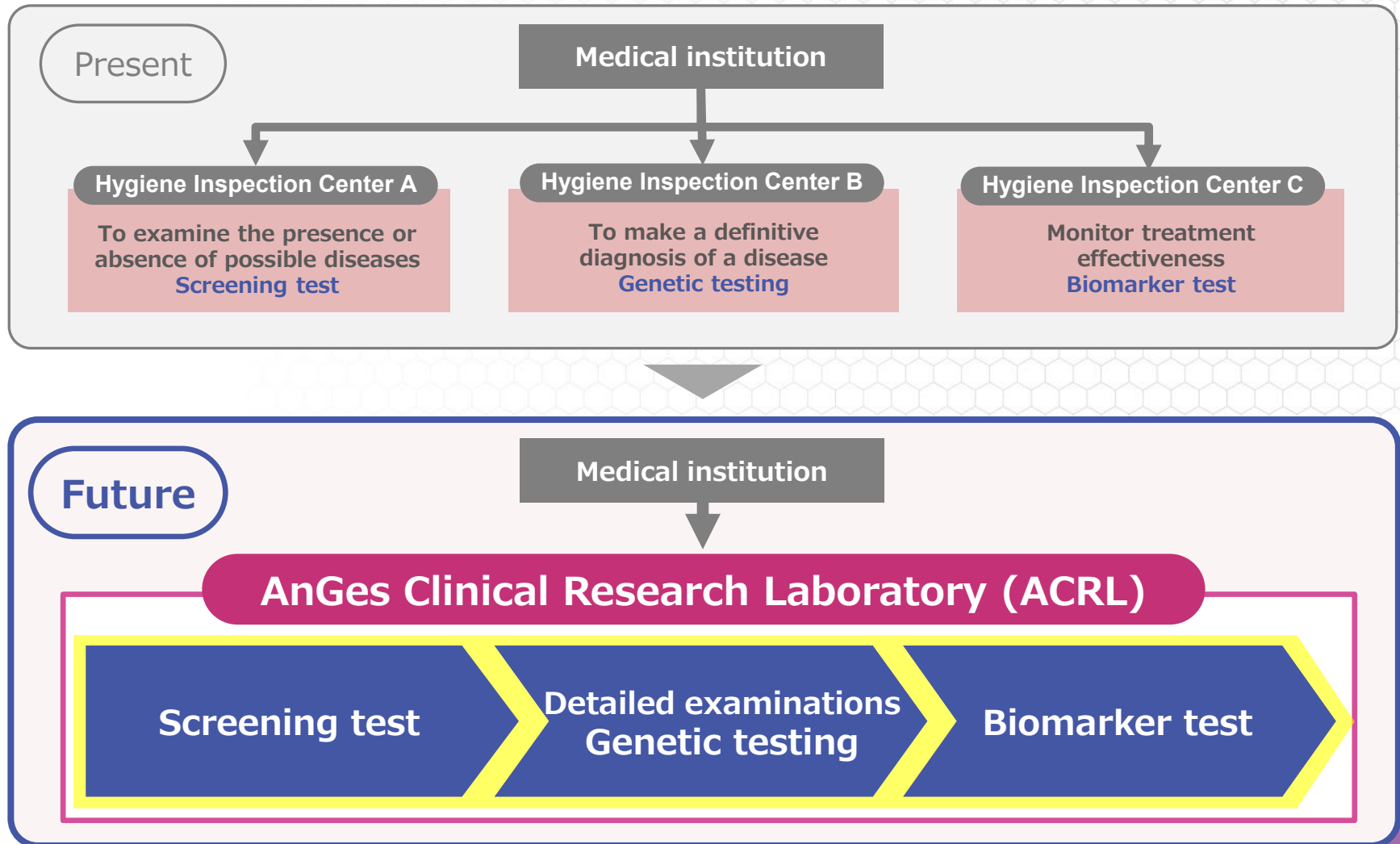
Expanded newborn screening

- Conducted for those who request it, for a fee
- Diseases not covered by mass screening (such as Pompe disease, mucopolysaccharidosis, etc.)

From April 2021

One-Stop Testing Services for Rare Genetic Diseases

At ACRL, we aim to build a system that can provide comprehensive testing services for rare genetic diseases.



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EmendoBio Genome Editing Technology

Joint research with Stanford University

Using the OMNI nuclease developed by EmendoBio

Launch of joint research and development of a novel cancer therapy with Stanford University

EmendoBio

More precise than conventional Cas9
OMNI nuclease enables more efficient
genome editing

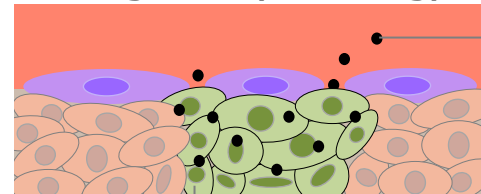


emendo^{bio}



Stanford University

Technology for delivering drugs
specifically to cancer tissues
Drug delivery technology



Drug

Cancer Cell

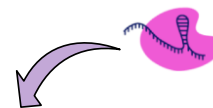


Stanford
University

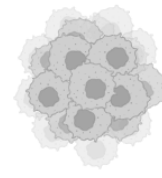
Development of a novel genome editing therapy targeting breast cancer

At Stanford University, advanced research has been conducted in the development of new cancer treatments such as technologies for cancer tissue-specific drug delivery, cancer radiotherapy, and cancer immunotherapy. By using Emendo's OMNI nuclease to edit the genome specifically in cancer cells, we aim to develop a treatment method that kills only cancer cells by reducing their therapeutic resistance.

OMNI nuclease



Cancer Cell



Cell Death

Leading Global in Gene Medicine



AnGes, Inc.
<https://www.anges.co.jp/en>

