

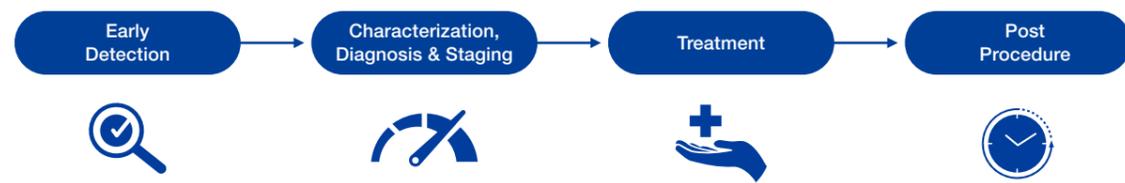
Care Pathway Enhancement

Care Pathway Enhancement

Olympus continuously aims to improve its solution capabilities to advance the quadruple aim: improving clinical outcomes, lowering the total cost of care, and enhancing the experience of both the patient and care team. We are focused and steadfast on elevating the standard of care all along the care pathway from early detection, diagnosis and staging, and treatment to ultimately in post procedure care.

Expectations for patient care are shifting

“We will focus on enhancing patient care pathways where Olympus can elevate the standard of care.”



Enhancing the Care Pathway for Colorectal Cancer (CRC)

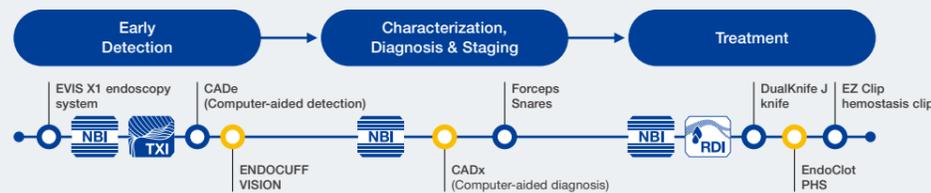
Our focus Advance early detection and enable minimally invasive surgical (MIS) procedures to improve outcomes and lower the cost of care

The disease state

CRC is the second leading cause of cancer-related deaths in the world^{*1}. Effective CRC screening programs are important, as early stage CRC often has no symptoms and has a high mortality if not detected early. Once detected, open surgery is an expensive option with downsides for the patient. In contrast, the MIS procedures offer shorter recovery times and improved efficiencies for the provider.

Our solutions

EVIS X1 supports the early detection of CRC. Additionally, it may be used with a variety of advanced imaging technologies and endotherapy devices for treatment.



Designed to increase ADR^{*2}, which may lead to early detection

Designed to enhance safety and effectiveness of early-stage cancer treatment and bleeding control during and post procedure

Healthcare Value Proposition of Olympus Solutions

- Patient**
- Early Detection: Contributes to greatly improved survival
 - ESD^{*3}: A MIS procedure to treat early-stage cancer that uses DualKnife J and other specially designed devices, reduces recovery time, and improves patient comfort
 - EVIS X1 RDI with EndoClot supports reduced risk of post-procedure bleeding.

- Clinician/Provider**
- CADe and ENDO-CUFF VISION support improved ADR^{*2}. Research shows increased ADR contributes to the prevention of CRC and reduces the risk of fatal outcomes^{*4}.
 - ESD procedures reduce or eliminate hospital overnight stays reducing costs to payors^{*5}.

*1 GLOBOCAN 2022
*2 Adenoma Detection Rate
*3 Endoscopic Submucosal Dissection

*4 Corley, D. A., Jensen, C. D., Marks, A. R., et al. "Adenoma detection rate and risk of colorectal cancer and death," New England Journal of Medicine, 2014;370(14), 1298-1306.
*5 <https://medical.olympusamerica.com/endoscopic-submucosal-dissection> Patients typically experience shorter hospital stays, faster recoveries,

Enhancing the Care Pathway for Benign Prostatic Hyperplasia (BPH)

Our focus Provide minimally invasive treatment solutions for urological disease

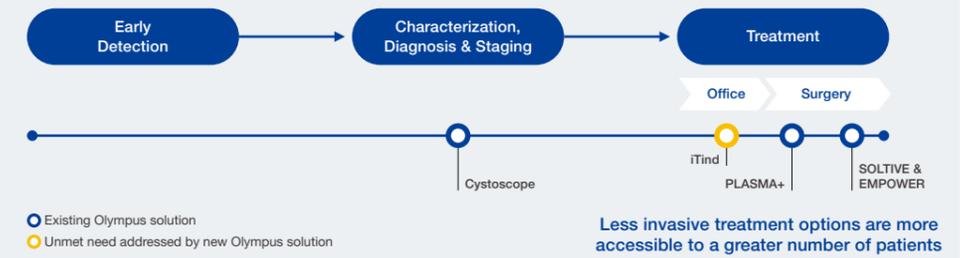
The disease state

BPH or enlarged prostate causes the prostate to press against the urethra, causing chronic and often troublesome lower urinary tract symptoms that can severely affect quality of life for men over the age of 50. Approximately 100 million patients are affected globally, with a significant number of patients unwilling to undergo surgery due to the significant risk of side effects.

Our solutions



iTind is the first and only FDA-cleared MIS temporary implant that delivers rapid relief of BPH symptoms^{*6}, preserves sexual function and continence^{*6}, and reduces the need for a post-procedure catheter^{*6}.



Less invasive treatment options are more accessible to a greater number of patients

Healthcare Value Proposition of Olympus Solutions

- Patient**
- iTind offers clinically proven symptom relief while greatly reducing the risk of loss of sexual function or incontinence with a straightforward office procedure^{*7}

- Clinician/Provider**
- In the United States, CMS^{*8} increased reimbursement for iTind in 2023 when performed in HOPD^{*9} or ASC^{*10}.
 - iTind supports reduced procedural time and lower total cost of care when compared to alternative therapies.

Enhancing the Care Pathway for Lung Cancer

Our focus Improve ability to detect lung cancer at an early stage to accelerate lung cancer diagnosis and time to treatment

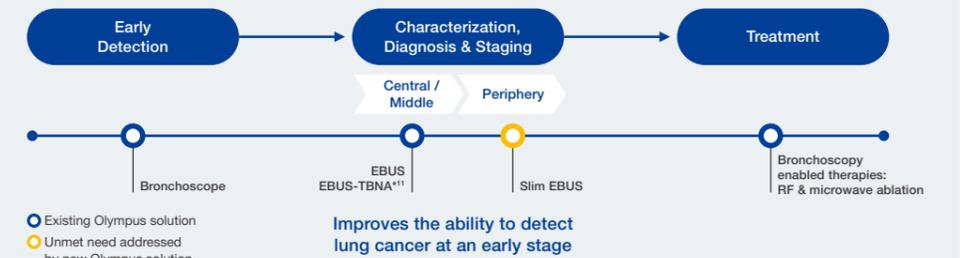
The disease state

When detected at an early stage, lung cancer is highly treatable. However, many lung cancer nodules are not properly diagnosed, as the majority of new lung cancer lesions first appear in the middle and peripheral regions of the lung. These areas are difficult to access using current techniques. As a consequence, many cancers are diagnosed at a late stage when they are more difficult to treat and have increased mortality.

Our solutions



Endobronchial ultrasound (EBUS) scopes and transbronchial needle aspiration (TBNA) needles enable visualization and real-time sampling of lung nodules. Slim EBUS scopes extend this capability to the middle and peripheral regions of the lung where the majority of lesions are first found.



Improves the ability to detect lung cancer at an early stage

Healthcare Value Proposition of Olympus Solutions

- Patient**
- Less invasive procedure with fewer adverse events than trans-thoracic approach
 - Potentially identify more lung cancers at an early stage for which therapy has better outcomes
 - Very low risk of pneumothorax or overnight stay^{*12}

- Clinician/Provider**
- Increased diagnostic confidence that the procedure will lead to a correct diagnosis
 - Higher sample collection success rate using real-time EBUS visualization^{*13}

reduced pain and less expense after ESD compared to open or laparoscopic surgical procedures.2,3,4,5 Abdelfatah MM, Barakat M, Ahmad D, Ibrahim M, Ahmed Y, Kurdi Y, Grimm IS, Othman MO. Long-term outcomes of endoscopic submucosal dissection versus surgery in early gastric cancer: a systematic review and meta-analysis. Eur J Gastroenterol Hepatol. 2019 Apr;31(4):418-424. Doi: 10.1097/MEG.0000000000001352. PMID: 30694909., Hu J, Zhao Y, Ren M, Li Y, Lu X, Lu G, Zhang D, Chu D, He S. The Comparison between Endoscopic Submucosal Dissection and Surgery in Gastric Cancer: A Systematic Review and Meta-Analysis. Gastroenterol Res Pract. 2018 Feb 18;2018:4378945. doi: 10.1155/2018/4378945. PMID: 29670651; PMCID: PMC5835246. Draganov PV, Aihara H, Karasik MS, Ngamruengphong S, Aadam AA, Othman MO, Sharma N, Grimm IS, Rostom A, Elmunzer BJ, Jawaid SA, Westerveld D, Perbtani YB, Hoffman BJ, Schlachterman A, Siegel A, Coman RM, Wang AY, Yang D. Endoscopic Submucosal Dissection in North America: A Large Prospective Multicenter Study. Gastroenterology. 2021 Jun;160(7):2317-2327.e2. doi: 10.1053/j.gastro.2021.02.036. Epub 2021 Feb 19. PMID: 33610532. Yang D, Draganov PV. Clinical Updates in Colorectal Endoscopic Submucosal Dissection. Clin Gastroenterol Hepatol. 2022 Feb;20(2):269-271. doi: 10.1016/j.cgh.2021.09.025. Epub

2021 Nov 12. PMID: 34774551.
*6 Porgiglia et al. Second-generation of temporary implantable nitinol device for the relief of lower urinary tract symptoms due to benign prostatic hyperplasia: results of a prospective, multi-centre study at 1 year of follow-up. British Journal of Urology International. 2018. <https://pubmed.ncbi.nlm.nih.gov/30382600/> BJU Int. 2019 Jun;123(6):1061-1069. doi: 0.1111/bju.14608. Epub 2018 Nov 28
*7 Centers for Medicare & Medicaid Services
*8 Hospital Outpatient Department
*9 Ambulatory Surgery Center
*10 Endobronchial Ultrasound-guided Transbronchial Needle Aspiration
*12 Pneumothorax rates in CT-Guided lung biopsies: a comprehensive systematic review and meta-analysis of risk factors Br J Radiol. 2020 Mar; 93(1108): 20190866
*13 As evidenced with current EBUS and EBUS-TBNA technology
Note: Products or devices presented include future technology which may be pending regional regulatory approval and are not available for sale in all regions.