

April 26, 2023

Company Name: HEALIOS K.K.
Representative: Hardy TS Kagimoto, Chairman & CEO
(TSE Growth Code: 4593)

**ONE-BRIDGE study results to be presented at
the 63rd Annual Meeting of The Japanese Respiratory Society**

HEALIOS K.K. (“Healios”) announces that the results of the “ONE-BRIDGE” study*¹, its clinical trial conducted in Japan for ARDS*² patients, will be presented in a ‘Poster Presentation 11’ session at [the 63rd Annual Meeting of The Japanese Respiratory Society](#) to be held at Tokyo International Forum in Tokyo from April 28 to 30, 2023.

Date: April 28, 2023, 10:50-11:50

Venue: Poster Venue 11, Tokyo International Forum (5-1 Marunouchi 3-chome, Chiyoda-ku, Tokyo 100-0005, Japan)

Title:

PP115. Clinical efficacy and safety of mesenchymal stem cell (HLCM051) for acute respiratory distress syndrome caused by pneumonia: a randomized, open-label, standard therapy controlled, phase 2 domestic study.

PP116. A phase 2 clinical study of HLCM051 for acute respiratory distress syndrome caused by pneumonia: A comparison with historical control group using propensity score matching

Lead presenter: Kazuya Ichikado, M.D., Ph.D., Director, Division of Respiratory Medicine, Saiseikai Kumamoto Hospital

***1 ONE-BRIDGE study**

The ONE-BRIDGE study was a Phase II trial conducted to investigate the safety and efficacy of HLCM051 (MultiStem[®]) in patients with pneumonia induced ARDS in Japan (Lead investigator: Dr. Kazuya Ichikado, Director, Department of Respiratory Medicine, Kumamoto Hospital). HLCM051 is an off-the-shelf, somatic stem cell regenerative medicine product that Healios is developing for both ARDS and ischemic stroke in Japan.

***2 ARDS**

ARDS is a general term for the symptoms of acute respiratory failure suddenly occurring in seriously ill patients. The major causes are severe pneumonia, septicemia, trauma etc. Inflammatory cells are activated in response to these diseases or injuries, causing damage to the tissue of the lungs. As a result, water accumulates in the lungs, leading to acute respiratory failure. According to the ARDS treatment guideline 2016, the mortality rate is approximately 30 to 58%. Artificial respiration using an endotracheal tube or mask is used to treat respiratory failure in an intensive care unit.

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