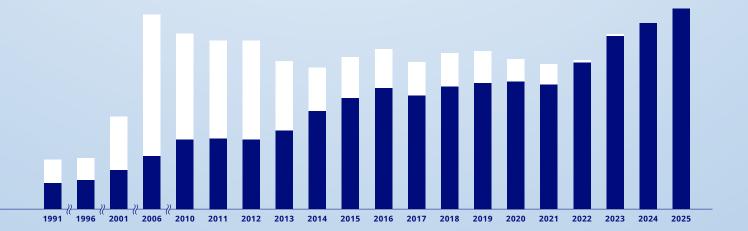
Our History

Revenue

Businesses outside the Medical Business Medical Business

Note: Figures through FY2016, based on Japanese GAAP (JGAAP) Figures from FY2017 onward, based on IFRS Figures for FY2020 and FY2021 represent the amount of continuing operations excluding sales of the Imaging Business, for FY2022 and FY2023 represent the amount of continuing operations excluding sales of the Scientific Solutions Business, and for FY2024 represent the amount of continuing operations excluding sales of the Orthopedic Business.



1919-1950s

From the Founding of Olympus and the Path to **Business Modernization**

1960-1980s

Evolution as an Integrated Optical Manufacturer and Expansion of Overseas Sales Networks

1990-2010

Diversification of **Medical Business** 2011-2018

Reconstructing Management Stage by Going Back to Basics, and Moving to Sustainable Growth and **Development Stage**

2019-2022

Aiming to Become a **Truly Global MedTech** Company

2023-

Growth as a Global MedTech Company

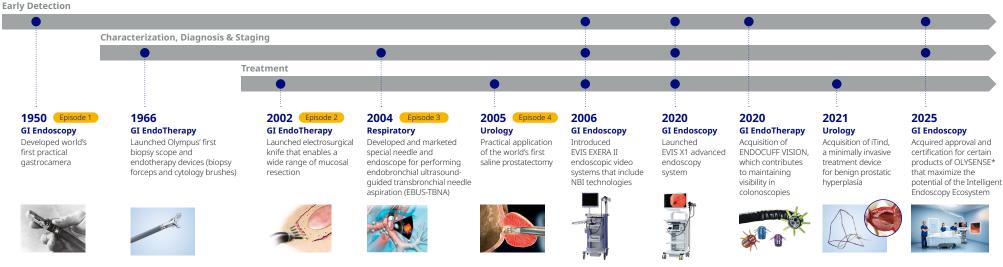
- **1919** Established as Takachiho Seisakusho to manufacture microscopes in Japan **1920** Introduced Olympus' first
- microscope, Asahi 600x **1921** Registered trademark as
- Olympus 1936 Introduced Olympus' first
- camera, the Semi-Olympus I (entry into camera business)
- **1949** Name changed to Olympus Optical Co., Ltd. Company listed on Tokyo Stock Exchange (TSE) 1950 Developed world's first

practical gastrocamera

- 1964 Established Olympus Europe
- **1968** Established Olympus Corporation of America
- 1979 Established U.S. location in California (currently world's largest endoscope service center)
- **1989** Established Beijing residential office and corporation in Singapore
- **2001** Commenced collaboration with Terumo Corporation
- **2008** Established first training center in China (Shanghai) Acquired Gyrus Group PLC to strengthen surgical area of Medical Business
- 2011 Deferred recording of past losses discovered
- 2012 Appointed new management team Formed business and capital alliance with Sony Corporation Transferred Information &
- Communication Business 2016 Increased production capacity (completed construction of new buildings) at medical endoscope development and production sites (Aizu, Shirakawa, and Aomori)
- **2018** Announced our corporate philosophy, consisting of Our Purpose and Our Core Values

- **2019** Announced corporate transformation plan. Transform Olympus, and corporate strategy
- **2021** Transferred Imaging Business Acquired Quest Photonic Devices B.V. in the Netherlands and Medi-Tate Ltd. in Israel
- 2022 Acquired Odin Medical Ltd. in the U.K.
- **2023** Transferred Scientific Solutions Business Announced company
- strategy 2024 Transferred Orthopedic Business Refreshed Our Core Values
- 2025 Invested in a joint venture. Swan EndoSurgical, Inc.

History of Care Pathway Enhancement and Solutions



^{*} OLYSENSE is a trademark of Olympus Corporation and/or its affiliated entities. All trademarks, logos and brand names are the property of their respective owners.

Episode 1

GI Endoscopy

Developed World's First Practical Gastrocamera

In 1949, at the request of Dr. Tatsuro Uji (Department of Surgery, Koishikawa Branch of the University of Tokyo Hospital) that he "somehow wants to cure the stomach cancer that afflicts so many Japanese people," the Olympus technical team began development of a gastrocamera. After developing numerous essential technologies, such as a miniature lamp to illuminate the inside of the stomach, a wide-angle lens to capture a large field of view, a device for winding the film, and choosing materials to construct the flexible tube used to insert the miniature camera into the patient, they succeeded in developing a prototype in 1950, and two years later in 1952, they commercialized and launched it. They continued their work in close collaboration with doctors to improve the device, and, in turn, doctors worked on rapidly developing techniques for diagnosing ailments of the digestive organs.

Episode 2

GI EndoTherapy

Establishment of Endoscopic Mucosal Resection (EMR) / Endoscopic Submucosal Dissection (ESD) Techniques

In the 1980s, EMR became practical following co-development by doctors and Olympus. This is a surgical procedure performed with an endoscope by which saline water is injected between lesioned tissue from early-stage stomach cancer or colorectal cancer and regular tissue to inflate the lesion, which is then removed by means of a snare and is characterized as being less invasive for the patient than open surgery. Following the development of devices, ESD, which allows a wider range of early-stage lesions to be endoscopically removed. was introduced in 2002. Responding to the needs of doctors, Olympus is developing a wide range of treatment tools to support ESD/EMR procedures.

Episode 3

Establishment of Less Invasive and More Advanced Diagnostic Capabilities

Respiratory

Transbronchial needle aspiration (TBNA) is a method for diagnosing lung cancer by using aspiration biopsy from a lymph node on the extra-bronchial wall. The needle for this procedure is inserted through a bronchoscope. Conventionally, the tip of the needle could not be observed. In response to requests from doctors who wanted to use an ultrasound endoscope for this procedure, Olympus conducted extensive research and produced prototypes. In 2004, Olympus also developed and launched an ultrasound bronchoscope, which enabled confirmation of the needle tip's location during TBNA, and a specialized aspiration needle. This led to the widespread adoption of endobronchial ultrasound transbronchial needle aspiration (EBUS-TBNA) and contributed to the realization of a lymph node metastasis method that is minimally invasive and possesses advanced diagnostic capabilities.

Urology

World's First Practical Application of

Episode 4

Saline Prostatectomy

In 2005, doctors developed a new procedure called "trans urethral resection in saline" (TURis) for resecting enlarged prostates. Olympus developed the world's first endoscopic cutting loops for TURis and a high-frequency power device to control high-frequency currents for ablation. With TURis, in addition to achieving a more stable and higher level of cutting ability than before, since excision is performed by making the electrode discharge electricity around its entire circumference through saline, this becomes a procedure that can help to curb rising costs. For example, the normal saline used is cheaper than conventional, non-electrolyte