Overview and Direction of Three Focus Areas

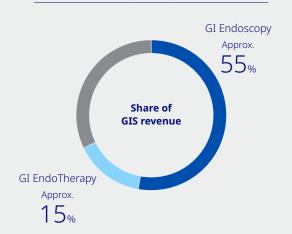


Market Size (Total served market for GI)

4650 - 850 billion

GI Endoscopy

GI EndoTherapy



GI Endoscopy Main Sources of Revenue Catalyst for Growth Future Growth Driver Market Size ¥300-400 **Olympus** billion 4-6% CAGR **Care Focus** GI Endoscopy Global expansion Computer-aided Colorectal Cancer EVIS X1 and additional detection (CADe/x) Gastric Cancer endoscopy system line-up for EVIS X1 workflow management remote maintenance (incl. scopes) endoscopy system

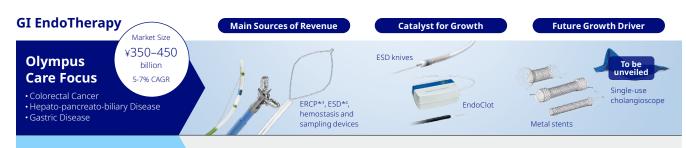
Olympus Right to Win

CAGR FY2024-FY2026: Mid single-digit %

- >70% share*1 in colonoscopes, gastroscopes, duodenoscopes, and ultrasound gastrointestinal
- Strong growth for EVIS X1 endoscopy system with ~70,000 legacy units*2 potential for upgrades
- Differentiated digital solutions and flexible service models will enhance the standard of care and provide future monetization opportunities



Investments in AI and other digital health solutions will provide continued differentiation, improve patient outcomes and workflow management



Olympus Right to Win

CAGR FY2024-FY2026: High single-digit %

- Double-digit growth in our ESD*4/EMR*5, ENDOCUFF VISION, EndoClot portfolios
- Continue to focus on driving Hepato-pancreato-biliary (HPB) business, especially ERCP*3 products



Continued market adoption of new product launches and global expansion of key growth drivers such as EndoClot and **ENDOCUFF VISION**

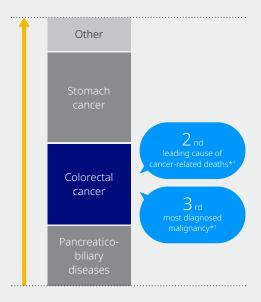
- *1 Addressable reusable scope Olympus position based upon publicly available data and Olympus research, and pertains to data for the U.S., Germany, the U.K., Italy, France, Spain, Japan, and China
- *2 Units sales of previous generation video processor (CV-190 and CV-290)
- *3 Endoscopic Retrograde Cholangio Pancreatography
- *4 Endoscopic Submucosal Dissection *5 Endoscopic Mucosal Resection

- Notes: Served market scale and growth forecast information for this page come from the Company's research and pertains to data for the U.S., EU5 (Germany, the U.K., Italy, France, Spain), Japan, and China. Market scale is as of July 31, 2025. Growth forecasts are projected for fiscal year 2025 to fiscal year 2028. This also applies to market data shown on other pages. Sub-segment sales ratios within GIS/SIS are figures of fiscal year 2025.
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Market Size by Disease Size (Total served market for GI)

¥650-850 billion



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



ENDOCLIFE VISION



FNDO-AID





Designed to increase ADR*2. which may lead to early detection

O Existing Olympus solution Unmet need addressed by new Olympus solution

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
- ESD*3: A MIS procedure to treat early-stage cancer that uses DualKnife I 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 ENDOCUFF 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 Source: 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, 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.00000000001352. PMID: 30694909., Hu J, Zhao Y, Ren M, Li Y, Lu X, Lu G, Zhanq 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.cqh.2021.09.025. Epub 2021 Nov 12. PMID: 34774551.

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Market Size (Total served market for Urology)

490-600 billion



Upper Tract Main Sources of Revenue Catalyst for Growth Future Growth Driver Market Size ¥275-340 TFL lithotripsy **Olympus** billion Care Focus 5-7% CAGR Upper tract (Kidney, Ureter, & Bladder) Ureteroscopes & Single-use legacy lithotripsy SOLTIVE SuperPulsed ureteroscope Stone Management

system fibers

Olympus Right to Win

CAGR FY2024-FY2026*1: High single-digit %

• #1 in reusable ureteroscopes—launch of single-use ureteroscope will expand clinician options

Laser System

- Portfolio of Laser and Ultrasonic lithotripsy systems **enables share capture**
- #1 in Thulium Fiber Laser lithotripsy systems (SOLTIVE SuperPulsed Laser System) and fibers, elevating the standard of care

Note: Refer to the following study on SOLTIVE: Chew et al., 2025. The post-marketing survey demonstrates that TFL is a safe and effective tool for endoscopic laser lithotripsy



Portfolio expansion in our SOLTIVE platform and the launch of a single-use ureteroscope will provide sustainable long-term growth

Lower Tract Main Sources of Revenue Catalyst for Growth **Future Growth Driver** Market Size ¥215-260 Bipolar resection **Olympus** electrodes billion **Care Focus** 6-8% CAGR Lower tract (Bladder & Prostate) PLASMA+ resection 4K camera iTind—Minimally invasive BPH device • Benign Prostate Hyperplasia generator and head for Market growing at low-mid single • Bladder Cancer Cystoscopy PLASMA+ consumables Urology digit CAGR • Existing market leading position in cystoscopes, resectoscopes, resection electrodes, and

Olympus Right to Win

CAGR FY2024-FY2026*1: High single-digit %

- newly launched 4K camera head for Urology
- PLASMA+ system designed to shorter procedure times
- Expanded reimbursement for differentiated MIS BPH device which provides better clinical outcomes and elevates the standard of care*2

Note: Refer to the following study on iTind: Chughtai et al., 2020; Amparore et al., 2021; De Nunzio et al., 2021 Implantation of the iTind device may cause pelvic discomfort, blood in urine, painful or urgent urination. In rare cases, the iTind device may cause urinary tract infection or a sudden difficulty to urinate



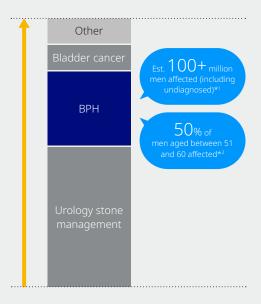
Market leading PLASMA+ resection system plus new minimally invasive BPH device will deliver consistent growth

- *1 Urology (including gynecology products) of Olympus' Surgical and Interventional Solutions Business
- *2 iTind procedure does not require a permanent implant and preserves sexual function and continence, while reducing the need for a post procedure catheter. Procedure can be done in the MD office setting. Notes: • Served market scale and growth forecast information for this page come from the Company's research and pertains to data for the U.S., EU5 (Germany, the U.K., Italy, France, Spain), Japan, and China. Market scale
- is as of July 31, 2025. Growth forecasts are projected for fiscal year 2025 to fiscal year 2028. This also applies to market data shown on other pages. Sub-segment sales ratios within GIS/SIS are figures of fiscal year
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Market Size by Disease Size (Total served market for Urology)

490-600 hillion



Enhancing the Care Pathway for Benign Prostatic Hyperplasia (BPH)

Our focus

Provide minimally invasive treatment solutions for urological disease

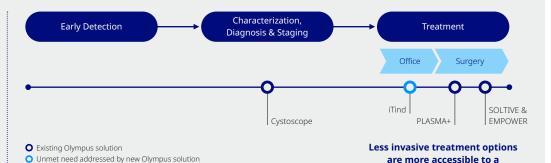
The disease state

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



MIS temporary implant that delivers rapid relief of BPH symptoms*3, preserves sexual function and continence*3, and reduces the need for a post-procedure catheter*3.



Patient

• iTind offers clinically proven symptom relief while greatly reducing the risk of loss of sexual function or incontinence with a straightforward office procedure*4

Healthcare Value Proposition of Olympus Solutions



Clinician/Provider

• Starting January 1, 2025 in the United States, CMS*5 published the new Category I CPT*6 codes for iTind.

are more accessible to a

greater number of patients

- iTind supports reduced procedural time and lower total cost of care when compared to alternative therapies.
- *1 Source: Epi Database®. Cerner Enviza, as accessed July 2025; this is 2024 data for the U.S., EU5, Japan, and China
- *2 Source: BPH: surgical management—Urology Care Foundation website. www.urologyhealth.org. Updated July 2013
- *3 Porpiglia 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.
- *4 https://pubmed.ncbi.nlm.nih.gov/30382600/ BJU Int. 2019 Jun;123(6):1061-1069. doi: 0.1111/bju.14608. Epub 2018 Nov 28
- *5 Centers for Medicare & Medicaid Services
- *6 Current Procedural Terminology

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Market Size (Total served market for Respiratory)

¥130-185 billion





Olympus Right to Win

CAGR FY2024-FY2026: Mid single-digit %

- Differentiated solutions such as EVIS X1 bronchoscopes, EBUS scopes, and EU-ME3 endoscopic ultrasound processor expected to drive robust future growth
- Delivering meaningful innovation to optimize patient outcomes in bronchoscopy and lung cancer diagnosis and staging procedures



EVIS X1 platform upgrades and extension of EBUS portfolio which will expand clinical applications thereby driving sustainable growth for the next few years

^{*} Endobronchial ultrasound-guided transbronchial fine needle aspiration (EBUS-TBNA)

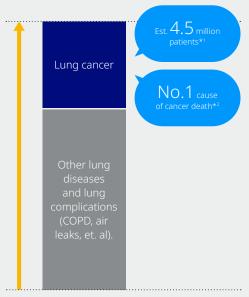
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Market Size by Disease Size (Total served market for Respiratory)

¥130-185 hillion



Enhancing the Care Pathway for Lung Cancer

Our focus

To advance early diagnosis and treatment of lung cancer, improving patient outcomes and increasing survivability

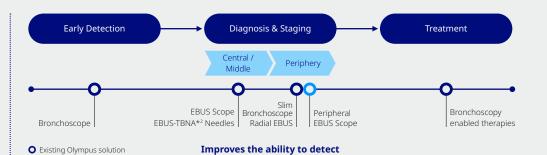
The disease state

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. Lack of access and low adoption of lung cancer screening also contribute to more late-stage diagnoses. 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. The Peripheral EBUS scope extends this capability to the middle and peripheral regions of the lung where the majority of early-stage lesions are discovered.



lung cancer at an early stage

Healthcare Value Proposition of Olympus Solutions

Patient

Unmet need addressed by

new Olympus solution

- 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*4



Clinician/Provider

- Increased diagnostic confidence that the procedure will lead to a correct diagnosis
- Higher sample collection success rate using real-time EBUS visualization*5

- *1 Source: Epi Database®. Cerner Enviza, as accessed July 2025; this is 2024 data for the U.S., EU5, Japan, and China
- *2 Source: GLOBOCAN 2022
- *3 Endobronchial Ultrasound-guided Transbronchial Needle Aspiration
- *4 Pneumothorax rates in CT-Guided lung biopsies: a comprehensive systematic review and meta-analysis of risk factors Br | Radiol. 2020 Mar; 93(1108): 20190866
- *5 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.