

ATLAS: Asian clinical TriaLs network for cAncer S

ASIA'S LEADING PLATFORM FOR CANCER TREATMENT

3 Key Benefits of ATLAS

01 Leading Institutions & KOLs

- Featuring 40+ local leading centers and 100+ top oncology experts
- Robust and sustainable research excellence through specialized expertise

02 Academia –Regulatory –Industry Collaboration

- Optimized development predictability through cross -sector alliance
- Ongoing dialogue among industry, academia and government

03 Quality/Speed/Cost

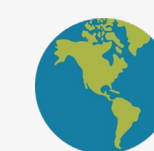
- Enhanced Trial Quality
- Accelerated Enrollment
- Cost Efficiency



ATLAS
ASIAN CLINICAL TRIALS NETWORK FOR CANCERS PROJECT

Goals of ATLAS

- ➡ Establish the robust network for clinical trials in Asia
- ➡ Introduce genome-based medicine in Asian
- ➡ Obtain/expand drug indication in Asia promoting regulatory harmonization with PMDA

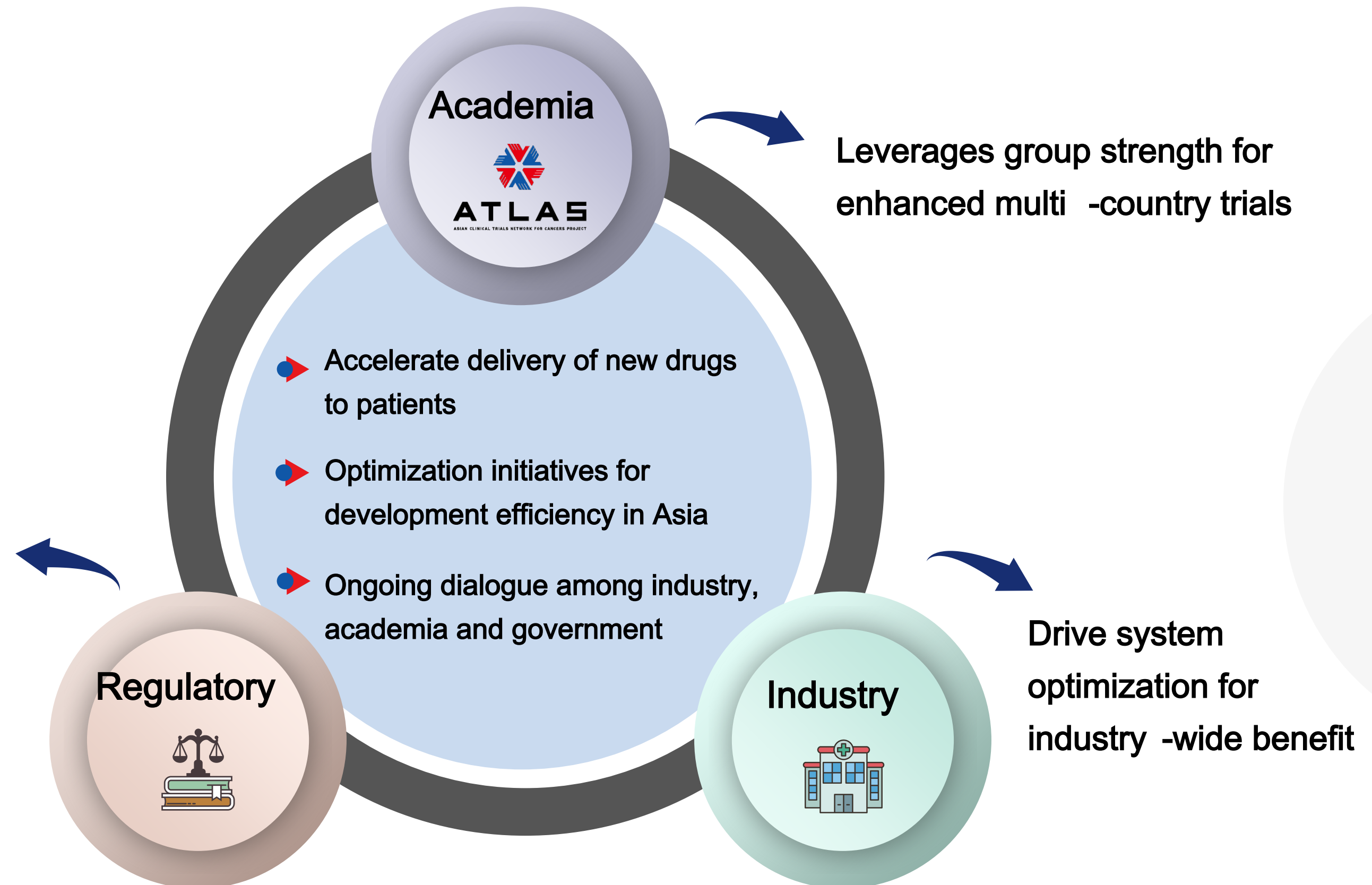


10 Countries/Regions



40 Sites

ACADEMIA –REGULATORY–INDUSTRY COLLABORATION



ATLAS AS A CLINICAL TRIAL GROUP

SHARED DECISION MAKING WITH NATIONAL PRINCIPAL INVESTIGATORS



ATLAS Board

25 Members

➔ governs all strategic decisions and operations



President
Kan Yonemori
(Japan)



President elect
Darren Lim Wan Teck
(Singapore)



Project Director
Kenichi Nakamura
(Japan)



ATLAS Study Group

36 Members **3+** Groups

➔ Specialized cancer -type groups maintain high -level expertise in each field.



Head and Neck Cancer Group



Chair
Darren Lim Wan Teck (Singapore)



Secretary
Pei Jye Voon (Malaysia)



Sarcoma and Rare Cancer Group



Chair
Tom Wei-Wu Chen (Taiwan)



Secretary
Hitomi Okuma (Japan)



Hepato -pancreato -biliary Group, and more
(in planning)

Maximizing ROI with Cost - Effective Clinical Trials in Asia



Optimized Management

Efficient project oversight under ATLAS HQ

- Optimized in-house trial management to lower CRO costs
- Feasibility assessments to optimize site selection
- Integrated data management and statistical analysis capabilities



Enhanced Trial Quality

- Comprehensive training programs, including onsite education, to enhance workforce expertise
- Robust data management aligned with regulatory submission requirements



Accelerated Enrollment

Expedited recruitment through high-volume centers across multiple countries

Example 1: Enrollment completed 6 months ahead (24 → 18 months)

Example 2: Expected completion 8 months early (24 → 16 months)



Cost Efficiency

- Cost reduction compared to the US and Europe
- Lower personnel costs
- Reduced diagnostic and procedural expenses
- Faster patient recruitment, improving cost efficiency