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**Clinical Trial Application for The Endoscopic Mucosal Resection Aid**  
**"Submucosal Injection Material for Endoscopy (TDM-641)"**

The company hereby announces that the company has submitted the application to the Pharmaceuticals and Medical Devices Agency (PMDA) on September 9, 2014, of the clinical trial for the endoscopic mucosal resection aid "Submucosal injection material for endoscopy (development code: TDM-641)," which our company is developing.

In recent years, cases of early discovery of cancer have increased, and the number of cases in which endoscopic treatment is performed for gastrointestinal cancer requiring no laparotomy, is increasing year by year. In endoscopic treatment (Endoscopic Mucosal Resection (EMR) and Endoscopic Submucosal Dissection (ESD)), lesions of the gastrointestinal mucosa that are several millimeters thick are safely resected by means of high-level skills and the use of submucosal injection material intended for endoscopy, which is less invasive and considered as an excellent treatment in terms of preserving function as well.

TDM-641 is a transparent liquid, the raw material of which is a peptide made of three types of amino acids. Due to its property of instantly forming a hydrogel (self-assembly) when injected submucosally, when performing endoscopic treatment, by injecting it into the submucosal layer of the lesion site, it separates and raises the mucosal layer and muscle layer and maintains such state, thus improving the operability of resecting or separating the lesion site.

This peptide is manufactured by chemical synthesis, and since it is possible to completely eliminate materials of animal origin, there are no infections such as hepatitis virus C caused by products of animal origin, or risk from the presence of unknown components.

In addition, TDM-641 is anticipated to reduce risk and burden for healthcare professionals and patients due to the fact that the injection step is easy since TDM-641 is an aqueous solution when it is injected submucosally, the fact that it is possible to form a steep protrusion

suitable for mucosal resection since TDM-641 promptly turns into a gel after it is injected submucosally, the fact that it is highly capable of maintaining the mucosal protrusion through its formation of a gel, the fact that it is easy to secure the operating field, and the like.

We will utilize the safety and unique product characteristics of this product, and will put effort into its development in order to acquire product position by replacing existing products. On February 20, 2012, our company entered into an exclusive sales license agreement for Japan with Fuso Pharmaceutical Industries, Ltd. (head office: Osaka).

This announcement does not influence the earning forecast of the company at this moment.

<Reference>

#### Endoscopic Mucosal Resection (EMR)

This is a procedure to tear mucosa endoscopically, and mainly used to treat ulcer lesions in the gastrointestinal tract. Lesions that are constricted or have a stem can be burned off by hooking a wire onto the constriction or stem and applying a high-frequency electrical current (polypectomy), but lesions that are flat or indented cannot be hooked with a wire in such state. Thus, liquid such as saline solution is injected into the submucosal layer to raise the resection site into the shape of a polyp, and then a wire is hooked to burn off the site with a high-frequency electrical current. Injecting liquid also has the effect of separating the mucosa from the muscularis propria, which contribute to prevent tearing of the entire gastrointestinal tract layer resulting in perforation (formation of a hole in the gastrointestinal tract). This series of procedures is known as EMR.

(Source: website of the Japanese Society of Gastroenterology)

#### Endoscopic Submucosal Dissection (ESD)

This is a procedure to peel off the lesion at the submucosal layer level using an endoscopically usable high-frequency surgical knife. It is mainly used to treat gastrointestinal tract tumors. The differences from EMR are: 1. cuts are made in the mucosa surrounding the lesion, and 2. a step of separating the submucosal layer is performed. Addition of the above allows to determine resection area as intended (accurately cut out the target area), and to eliminate any limits on the size of the resectable area, enabling to resect lesions that are associated with ulcers and adhered to the muscularis propria.

(Source: website of the Japanese Society of Gastroenterology)