Daiichi Sankyo Patient Finder Suitability Analysis

Ada Cockpit | March 2026

Executive Summary

Key Finding: Daiichi Sankyo's oncology portfolio represents **exceptional alignment** with Ada Patient Finder's value proposition. The combination of significant diagnostic delays (breast cancer 73%, ovarian 31 weeks), high per-patient revenue ($80,000-$180,000 annually), and explicit company strategy focused on expanding patient pools creates a **$4-7M annual opportunity** at 5% penetration across Tier 1+2 approved drugs, scaling to **$10-18M** as pipeline drugs launch.

10 Drugs Analyzed	**5** Tier 1+2 Priority
15,800-24,200 Addressable Patients (USA, Tier 1+2)	**$4.3-7.2M** Annual Revenue @ 5% Penetration

Portfolio Overview - Executive Summary Table

Drug	Indication	Tier	Fit Score	Addressable Undiagnosed (USA)	Ada Revenue Opportunity (USA, 5% Penetration)
ENHERTU	**HER2+ Breast Cancer**	**TIER 1**	**9/10**	**5,000-8,000**	**$2.0-3.2M/year**
R-DXd (Pipeline)	**Platinum-Resistant Ovarian**	**TIER 1**	**8/10**	**2,000-4,000**	**$0.9-1.8M/year**
ENHERTU	HER2+ Gastric Cancer	**TIER 2**	7/10	1,000-1,500	$400,000-600,000/year
VANFLYTA	FLT3-ITD+ AML	**TIER 2**	7/10	800-1,200	$400,000-600,000/year
I-DXd (Pipeline)	Extensive-Stage SCLC	**TIER 2**	7/10	1,500-2,500	$600,000-1.0M/year
Datroway	HR+/HER2- Breast Cancer	**TIER 3**	5/10	10,000-20,000	$5.5-11M/year
HER3-DXd (Pipeline)	EGFR+ NSCLC	**TIER 3**	5/10	2,000-4,000	$0.8-1.6M/year
INJECTAFER	Iron Deficiency Anemia	**NO**	3/10	Large but low revenue	<$5M
Lixiana/Savaysa	Atrial Fibrillation/VTE	**NO**	2/10	Minimal diagnostic delay	N/A
Nilemdo/Nustendi	Hypercholesterolemia	**NO**	2/10	Well-screened condition	N/A

TIER 1 DRUGS - Highest Patient Finder Fit

1. ENHERTU (trastuzumab deruxtecan) - HER2-Positive Breast Cancer TIER 1

Patient Finder Fit Score: 9/10

Market Snapshot (USA)

- **HER2+ Breast Cancer Incidence:** 48,687 cases/year (15% of 324,580 total breast cancers)
- **Diagnostic Delay:** 73.5% exceed critical 52-day threshold; 30% delayed >3 months
- **Addressable Undiagnosed:** 5,000-8,000 patients/year (delayed + metastatic/eligible for ENHERTU)
- **Per-Patient Revenue:** $165,949 WAC; $80,000 net after rebates; **$8,000 PF fee (10%)**
- **FY2024 Global Revenue:** ¥552.6B (~$3.75B USD), +39.7% YoY
- **Peak Revenue Forecast:** $11-14B by 2030
- **Market Position:** >50% new patient share (USA); >60% (EU4 2L setting)

Diagnostic Profile

Symptoms: New breast lump, nipple discharge, skin changes (dimpling, peau d'orange), nipple retraction, breast pain, axillary lymph node enlargement. Metastatic: bone pain, shortness of breath, abdominal pain, neurological symptoms.
Diagnostic Delay: 73.5% exceed 52-day threshold; every additional month increases stage migration risk by 10%. Average mammography-to-biopsy: 19-21 days (USA), 8-29 days (Europe).
Common Misdiagnoses: Benign breast conditions, mastitis, hormonal changes.
Critical issue: Young women (<40) excluded from screening; 40% report physicians dismissed concerns; 85% self-detected vs. clinical screening.

Ada Surface Ability: 9/10

Ada can effectively identify breast cancer red flags through direct symptom capture (lump, nipple discharge, skin changes), pattern recognition (breast + constitutional symptoms), and risk factor integration (family history, age). HER2 status requires tissue testing; strategy is to surface all breast cancer suspects, then HER2 testing determines ENHERTU eligibility.

Company Motivation: 10/10

Extremely High. Earnings calls emphasize "new patient share" as primary KPI. 100,000+ eligible patient opportunity cited as key to 2030 growth targets. CEO Okuzawa's "Global Top 10 Oncology by 2030" vision requires patient acquisition at scale. AstraZeneca partnership economics incentivize volume.

> ***Pitch Hook:*** *"73% of HER2-positive breast cancer patients experience diagnostic delays exceeding the critical 52-day threshold that drives stage migration - Ada Patient Finder can accelerate identification of 5,000-8,000 delayed-diagnosis patients annually in the US who are eligible for ENHERTU, the market-leading ADC generating $3.75B globally with explicit focus on expanding new patient acquisition."*

Economic Opportunity (USA)

Penetration	Patients Found	Annual Ada Revenue
1%	50-80	$400,000-$640,000
5%	250-400	**$2.0-3.2M**
10%	500-800	$4.0-6.4M

2. Raludotatug deruxtecan (R-DXd) - Platinum-Resistant Ovarian Cancer TIER 1

Patient Finder Fit Score: 8/10

Pipeline drug - Phase 3 REJOICE-Ovarian01 ongoing; Breakthrough Therapy Designation September 2025

Market Snapshot (USA)

- **Ovarian Cancer Incidence:** 19,700 cases/year; ~70% high-grade serous (CDH6-expressing)
- **Platinum-Resistant Pool:** ~25% at diagnosis, ~70% eventually; ~5,516 cases/year
- **Diagnostic Delay:** Average 31 weeks (7.75 months); 30% misdiagnosed as IBS; 25% wait >3 months to see doctor
- **Addressable Undiagnosed:** 2,000-4,000 patients/year
- **Estimated Per-Patient Revenue:** $180,000/year (ADC pricing); $90,000 net; **$9,000 PF fee**
- **Phase 2 ORR:** 50.5% (vs. <20% for standard chemo in platinum-resistant setting)
- **Expected Launch:** 2027-2028

Diagnostic Profile

Symptoms (The "Big Four"): Persistent bloating (>3 weeks), pelvic/abdominal pain, difficulty eating/early satiety, urinary symptoms (frequency, urgency). Also: back pain, fatigue, menstrual irregularities.
Diagnostic Delay: 31 weeks average globally. 30% initially misdiagnosed as IBS, menopause, GERD. Result: >75% diagnosed at advanced stage.
Common Misdiagnoses: IBS (30%), menopause symptoms, GERD/dyspepsia, UTI, fibroids.

Ada Surface Ability: 7/10

Ada can identify the "Big Four" symptom constellation and differentiate persistent/progressive ovarian cancer symptoms from cyclical IBS patterns. Pattern: bloating + pelvic pain + urinary symptoms + eating difficulty, persistent >3 weeks, non-cyclical. Challenge: Symptoms highly non-specific; requires careful algorithm tuning to balance sensitivity/specificity.

Company Motivation: 9/10

Very High. Pipeline drug needs patient finding strategy pre-launch. $22B Merck partnership success depends on R-DXd uptake. Breakthrough Designation signals

regulatory urgency. Pre-launch patient identification can support Phase 3 enrollment and launch readiness.

> ***Pitch Hook:*** *"Ovarian cancer has the longest diagnostic delay of any gynecologic cancer—31 weeks on average—with 30% of patients initially misdiagnosed as IBS, and Ada Patient Finder's symptom pattern recognition can identify the persistent bloating, pelvic pain, and urinary symptoms that differentiate ovarian cancer from benign conditions, surfacing 2,000-4,000 platinum-resistant patients annually for R-DXd, Daiichi Sankyo's breakthrough CDH6-ADC showing 50.5% response rates."*

Economic Opportunity (USA)

Penetration	Patients Found	Annual Ada Revenue
1%	20-40	$180,000-$360,000
5%	100-200	**$0.9-1.8M**
10%	200-400	$1.8-3.6M

TIER 2 DRUGS - Strong Patient Finder Fit

3. ENHERTU - HER2+ Gastric/GEJ Cancer

TIER 2

Fit Score: 7/10 | Addressable (USA): 1,000-1,500 | Revenue @ 5%: $400,000-600,000/year

Key Stats: 5,520 HER2+ gastric cases/year (20% of 27,600 total); 4.2-7.75 month diagnostic delay; 30% misdiagnosed as IBS/GERD/ulcers; >75% diagnosed at advanced

stage.
Ada Capability: 7/10 - Can identify alarm symptoms (weight loss, dysphagia, GI bleeding, persistent dyspepsia >2 weeks). Overlap with benign GI conditions requires differentiation.

4. VANFLYTA (quizartinib) - FLT3-ITD+ AML

TIER 2

Fit Score: 7/10 | Addressable (USA): 800-1,200 | Revenue @ 5%: $400,000-600,000/year

Key Stats: 5,226 FLT3-ITD+ AML cases/year (23% of 22,720 total AML); symptoms mimic flu-like illness; QuANTUM-First trial showed 22% reduction in death risk (median OS 32mo vs. 15mo).
Ada Capability: 6/10 - Can identify concerning constellation (fatigue + fever + bruising + infections); very non-specific but combination + duration flags urgent CBC need.

5. Ifinatamab deruxtecan (I-DXd) - ES-SCLC

TIER 2

Fit Score: 7/10 | Addressable (USA): 1,500-2,500 | Revenue @ 5%: $600,000-1.0M/year

Key Stats: 20,720 ES-SCLC cases/year (56% of ~37,000 total SCLC); 86% diagnosed at extensive stage; Lambert-Eaton syndrome missed in >90%; Phase 2 ORR 54.8%; Breakthrough Designation.
Ada Capability: 6/10 - Respiratory symptoms in smokers + unique LEMS pattern (proximal muscle weakness). Overlap with COPD challenges diagnosis.

TIER 3 DRUGS - Moderate Fit

6. Datroway (datopotamab deruxtecan) - HR+/HER2- Breast Cancer TIER 3

Fit Score: 5/10 | Addressable (USA): 10,000-20,000 | Revenue @ 5%: $5.5-11M/year

Rationale for Tier 3: Largest addressable delayed population (70% of breast cancers) with highest PF fee ($11,000), BUT HR+/HER2- is slower-growing, less aggressive than HER2+ or TNBC. Prioritizing common subtype (better screening outcomes) over rare/aggressive diseases with worse delays is lower strategic impact. Include in portfolio but not lead asset.

7. Patritumab deruxtecan (HER3-DXd) - EGFR+ NSCLC TIER 3

Fit Score: 5/10 | Addressable (USA): 2,000-4,000 | Revenue @ 5%: $0.8-1.6M/year

Status: BLA withdrawn May 2025 (manufacturing issues + OS miss). Development ongoing but major setback; unclear timeline for re-filing. Part of Merck $22B partnership so not abandoned.

NO-TIER DRUGS

Drug	Indication	Fit Score	Rationale
INJECTAFER	Iron Deficiency Anemia	3/10	Low per-patient revenue (~$8,600 per course); PF fee only $860 despite large undiagnosed population; does not meet $10K/year threshold

Lixiana/Savaysa	Atrial Fibrillation/VTE	2/10	Minimal diagnostic delay (AFib well-detected via ECG); patent expiry 2027-2028; generic competition imminent; commodity NOAC market
Nilemdo/Nustendi	Hypercholesterolemia	2/10	Well-screened condition (routine cholesterol testing); primary prevention (proactive, not reactive); no diagnostic delay issue

Strategic Recommendations

1. Lead with ENHERTU (Breast + Gastric)

Dominant market position (>50% new patient share), explicit company focus on expanding eligible patient pool to 100,000+ by 2026. Proven Ada capability to surface breast cancer (9/10) and gastric cancer (7/10) symptoms. **Immediate revenue opportunity: $2.4-3.8M/year @ 5% penetration.**

2. Position for Pipeline Launches (R-DXd, I-DXd)

R-DXd (ovarian): BLA expected 2026-2027; Breakthrough Designation. I-DXd (SCLC): Phase 3 ongoing; Breakthrough Designation. Pre-launch patient identification supports Phase 3 enrollment, launch readiness, and immediate post-approval capture.

3. Leverage Existing Relationship Opportunity

Daiichi Sankyo's 2030 vision ("Global Top 10 Oncology Company") requires patient acquisition at scale. AstraZeneca partnership (ENHERTU, Datroway) creates co-selling dynamics. Merck partnership ($22B, 3 ADCs) extends opportunity beyond Daiichi alone.

4. Differentiate on Diagnostic Delay Impact

- ENHERTU pitch: "73% exceed 52-day delay threshold that drives stage migration"
- R-DXd pitch: "31-week average diagnostic delay; 30% misdiagnosed as IBS"
- VANFLYTA pitch: "AML symptoms mimic flu; early treatment doubles survival"
- **Message:** Ada Patient Finder reduces diagnostic delay → better outcomes + earlier treatment initiation

5. Consider Datroway as Volume Play

Largest addressable delayed population (10,000-20,000 USA) with highest per-patient PF fee ($11,000). Potential $5.5-11M annually @ 5% penetration. Trade-off: Common subtype (HR+/HER2-) vs. rare/aggressive diseases with worse delays.
Recommendation: Include in portfolio but not lead asset.

Conclusion

Daiichi Sankyo's oncology portfolio represents **exceptional alignment** with Ada Patient Finder's value proposition. The combination of:

- **Significant diagnostic delays** (breast cancer 73%, ovarian 31 weeks, gastric 4-7 months)
- **High per-patient revenue** ($80,000-$180,000 annual drug revenue)
- **Explicit company strategy** focused on expanding patient pools and capturing new patient share
- **Competitive pressure** requiring patient acquisition to defend market leadership
- **Pipeline drugs** needing pre-launch patient identification

...creates a **$4-7M annual opportunity** (Tier 1+2 approved drugs, 5% penetration) with potential to scale to **$10-18M** as pipeline drugs launch and penetration increases.

Recommended Approach: Lead with ENHERTU (breast + gastric), position for R-DXd/I-DXd pipeline launches, and leverage Daiichi Sankyo's 2030 vision as the strategic alignment anchor. The company's explicit focus on "new patient share" as the primary KPI, combined with CEO Okuzawa's goal to become a "Global Top 10 Oncology Company by 2030," creates ideal partnership conditions for Ada Patient Finder.