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LifeTech Scientific Corporation
先健科技公司
(Incorporated in the Cayman Islands with limited liability)
(Stock code: 1302)

VOLUNTARY ANNOUNCEMENT
IBS™ Coronary Scaffold System
Obtained CE Certification under the EU MDR

This announcement is made by LifeTech Scientific Corporation (the "**Company**", together with its subsidiaries, the "**Group**") on a voluntary basis to provide its shareholders and potential investors with information in relation to the latest business and new product development of the Group.

The board (the "**Board**") of directors (the "**Directors**") of the Company is pleased to announce that on 29 October 2026, the IBS™ Sirolimus-Eluting Iron Bioresorbable Coronary Scaffold System ("**IBS™ Coronary Scaffold**" or the "**Product**"), independently developed by the Group's subsidiary Biotyx Medical (Shenzhen) Co., Ltd. ("**Biotyx Medical**"), has obtained CE certification under the European Union Medical Device Regulation (MDR), becoming the world's first iron-based coronary scaffold system authorized for commercial sale.

The IBS™ Coronary Scaffold is the world's first fully degradable, iron-based bioresorbable coronary scaffold. Biotyx Medical holds full proprietary intellectual property rights, with patent filings across multiple major economies worldwide. The Product's iron-nitrogen backbone offers strength, ductility, and elasticity comparable to cobalt-chromium alloys, enabling ultrathin 55-65 μm struts while maintaining stronger radial strength. These ultrathin struts offer significant advantages in promoting rapid endothelialization and reducing the risk of early thrombosis. Both pre-clinical and clinical studies have demonstrated rapid endothelial coverage, the absence of late-acquired malapposition, and a very low incidence of scaffold thrombosis. Through innovative materials research and a distinctive technological approach, the IBS™ Coronary Scaffold offers the same size range (with diameters of 2.25-4.0 mm and lengths of 8-38 mm) and indications as permanent metallic stents,

with straightforward implantation that does not require PSP/4P techniques. The PDLLA/Zn layers precisely regulate the degradation timeline, ensuring that the iron backbone remains completely undegraded during the first three months, disintegrates at six months, and is fully absorbed within three years. This design helps avoid a range of potential long-term complications associated with permanent metallic implants. The iron content of a single IBS™ Coronary Scaffold is equivalent to only one to two weeks of an adult's dietary iron intake. It is also lower than that of a stainless-steel stent of the same size. The Product is also MRI conditional, with early imaging artifacts between those of comparably sized stainless-steel and cobalt-chromium stents. These artifacts will disappear after absorption.

Excellent Clinical Performance

The three-phase Chinese premarket clinical trials for the IBS™ Coronary Scaffold began in March 2018. Academician Runlin Gao served as Principal Investigator (PI), with participation from Academician Junbo Ge and Academician Yaling Han, along with investigators from nearly 40 clinical centers across China.

The IRONMAN-I clinical study of IBS™ Coronary Scaffold was a prospective, single-center study. Five-year follow-up of 45 patients demonstrated an excellent safety profile. In particular, the scaffold and lumen areas continued to increase beyond six months, fulfilling the design concept of 'positive vascular remodeling' for bioresorbable scaffolds.

The IRONMAN-II clinical trial ("**IRONMAN-II**") of IBS™ Coronary Scaffold was a prospective, multicenter, single-blind, randomized controlled trial. The primary endpoint was in-segment late lumen loss (In-Seg. LLL) at two years after implantation. The clinical trial officially launched in March 2022 and completed enrollment of all 518 participants across 36 centers in China within nine months. Participants were randomized 1:1 to either the investigational group receiving the IBS™ Coronary Scaffold or the control group receiving the XIENCE™ everolimus-eluting coronary stent. Two-year follow-up results showed an in-segment late lumen loss (In-Seg. LLL) of 0.28±0.52 mm in the experimental group while 0.23±0.43 mm in the control group. There was no significant difference between the groups, meeting the pre-specified non-inferiority criteria and achieving the primary study endpoint. No in-stent thrombosis events occurred in the investigational group during the two-year follow-up, compared with one event in the control group.

The IRONMAN-III clinical trial ("**IRONMAN-III**") of IBS™ Coronary Scaffold was a prospective, multicenter, single-arm, target-value clinical trial. The primary endpoint was the target lesion failure (**TLF**) at one year after the implantation of IBS™ Coronary Scaffold. This clinical trial was officially launched in February 2023, and enrolled a total of 1,060 patients which include 259 participants from the investigational arm of the IRONMAN-II and 801 newly enrolled IRONMAN-III participants, with enrollment completed in just five months. The primary endpoint of one-year TLF was 2.7%, meeting the prespecified performance goal.

Given the highly consistent inclusion and exclusion criteria and procedural requirements across the IRONMAN-II and IRONMAN-III, a post hoc analysis compared one- and two-year TLF rates among all IBS™ Coronary Scaffold recipients in both studies with those of the IRONMAN-II control group receiving the XIENCE™ everolimus-eluting coronary stent. This analysis also demonstrated non-inferiority, with TLF rates of 2.7% vs 2.7% at one year and 5.5% vs 5.4% at two years, respectively.

The IBS™ Coronary Scaffold also demonstrates an exceptionally high level safety profile. Among the 1,060 patients, the two-year cardiac death rate was 0.1%, compared with 1.2% in the control group, a statistically significant difference in the post hoc analysis. The target vessel myocardial infarction rate (TV-MI) was 1.3%, compared with 1.6% in the control group. Only five study-device thrombosis events occurred within two years, representing a rate of 0.5%. Four occurred within the first month, while three were clearly attributed to causes unrelated to the device. Only one "probable" late thrombosis event was reported.

IRONMAN-II and IRONMAN-III also demonstrate the Product has high device success rate, good handling characteristics, excellent maneuverability, and broad applicability. The enrollment criteria closely reflected real-world patient populations, with complex lesions (classified as ACC/AHA B2/C lesions) accounting for 74.9% of lesions. This proportion was comparable to that reported in trials of mainstream permanent stents and substantially higher than the ACC/AHA B2/C lesion proportions (5.7%-58.9%) reported in large-scale clinical trials of commercially available polylactic acid and magnesium alloy bioresorbable coronary scaffolds in China and internationally. In the IRONMAN-III, 33 mm and 38 mm lengths of IBS™ Coronary Scaffold accounted for 24.4% of all scaffolds used, whereas other bioresorbable coronary scaffolds were limited to lengths of no longer than 30 mm. Subsequent core laboratory QCA analysis showed that vessel diameters treated in this study ranged from 1.39 to 5.58 mm, with vessels smaller than 2.5 mm accounting for 18.9%. Despite these circumstances, the implantation of the IBS™ Coronary Scaffold was successful across all 1,110 lesions in 1,060 patients. The procedure was straightforward, with ease of use comparable to that of permanent stents.

Compared with clinical studies of other bioresorbable scaffolds worldwide, the study enrolled patients under particularly challenging eligibility criteria while achieving excellent clinical outcomes. The results demonstrate that the IBS™ Coronary Scaffold is comparable across key aspects to mainstream metallic drug-eluting coronary stents, while its bioresorbable design offers additional long-term benefits. The medium- and long-term safety and effectiveness of the IBS™ Coronary Scaffold have been demonstrated in more than 1,100 cases. The Product has received EU certification and attracted considerable interest from European clinicians and markets. The Group has already received clear expressions of interest in cooperation from distributors in 60 overseas countries or regions. Current clinical research highlights the substantial clinical potential and promising future of fully degradable iron-based coronary scaffolds.

The IBS™ Coronary Scaffold clinical research program provides a strong evidence base to support its successful global commercialization. Following CE certification, a large-scale randomized controlled post-market study will be initiated in Europe, with TLF as the primary endpoint, to further strengthen the clinical evidence for the Product.

By order of the Board
LifeTech Scientific Corporation
XIE Yuehui
Executive Director, Chairman and Chief Executive Officer

Hong Kong, 30 October 2026

As at the date of this announcement, the Board comprises Mr. XIE Yuehui, Ms. WU Liping and Mr. FANG Yu being executive Directors; and Mr. ZHOU Luming, Ms. CHEN Dongxia and Mr. JIANG Feng being independent non-executive Directors.