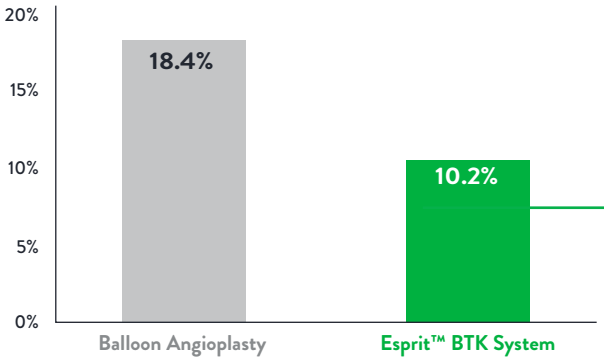
Esprit™ BTK
Everolimus Eluting Resorbable Scaffold System

Proven With 3-Year RCT Data

THE SCAFFOLD IS GONE, BUT THE BENEFIT REMAINS.

The LIFE-BTK Study, which was published in the *New England Journal of Medicine*, is the first successful RCT to demonstrate superiority of an interventional device at one year over standard of care for treatment of BTK disease in CLTI patients.[1] Three years later, Esprit™ BTK continues to demonstrate sustained efficacy and safety.[2]

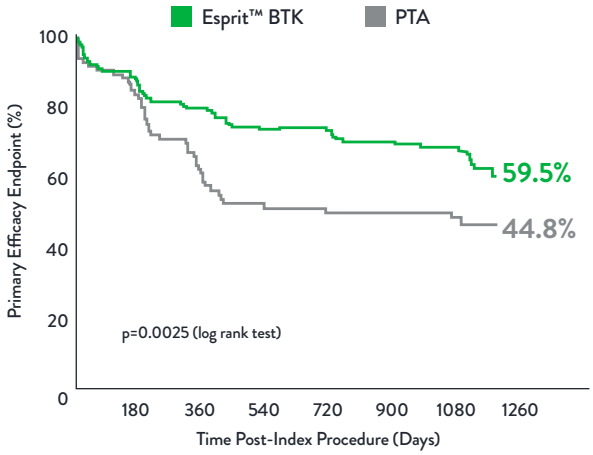
Low Reintervention Rate in CLTI Patients through 3 Years[2*]



90% of Esprit™ BTK patients did not require a reintervention through 3 years

Superior Efficacy at 1 Year, Sustained Benefits through 3 Years[2]

Composite of Limb Salvage and Primary Patency through 3 years



Esprit™ BTK System demonstrated superior efficacy (limb salvage and primary patency) at 1 year, with sustained benefits through 3 years.[1,2]

References on page 3.

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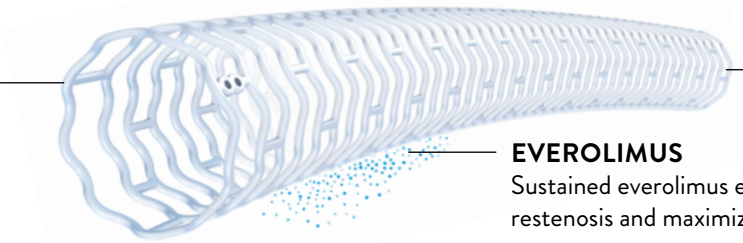
Check the regulatory status of the device(s) in your region prior to use

Abbott

The Esprit™ BTK System is the only BTK device that does it all for CLTI:

Treats recoil and dissection, delivers everolimus, and leaves nothing behind.[3-5]



SCAFFOLD
Supports treated artery to address vessel recoil and dissection

RESORBABLE
100% resorbable

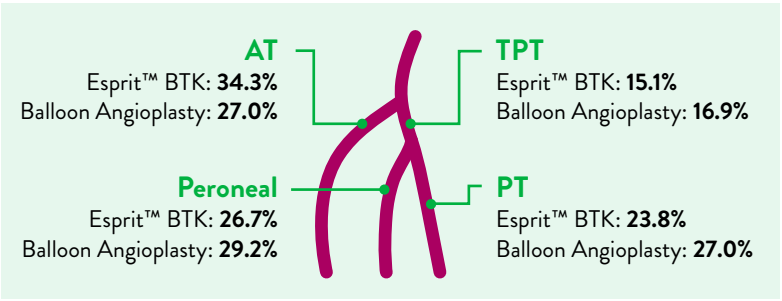
EVEROLIMUS
Sustained everolimus elution to inhibit restenosis and maximize patency

LIFE-BTK Trial Objective

To evaluate the safety and efficacy of the Abbott Esprit™ BTK Everolimus Eluting Resorbable Scaffold System, compared to Balloon Angioplasty, for the treatment of infrapopliteal artery disease in patients with CLTI.

Global prospective, randomized, multicenter, single-blind trial.

- 261 patients
- 2:1 Esprit™ BTK System vs. Balloon Angioplasty
- 5-year follow up



Patient Demographics and History Risk Factors

All patients in the LIFE-BTK trial presented with CLTI with either ischemic rest pain (Rutherford-Becker class 4) or minor tissue loss (Rutherford-Becker class 5) along with multiple risk factors.

	Esprit™ BTK System	Balloon Angioplasty
Hypertension	94.2%	90.9%
Hyperlipidemia	80.9%	81.8%
Tobacco Use	52.6%	53.4%
Diabetes	71.1%	69.3%
Rutherford Becker 4	52.0%	51.1%
Rutherford Becker 5	48.0%	48.9%
Prior PAD	82.7%	77.3%

Scan QR code for more information on the Esprit™ BTK System

References on page 3.

*Reintervention defined as CD-TLR.

1. Varcoe, RL., et al. Drug-Eluting Resorbable Scaffold versus Angioplasty for Infrapopliteal Artery Disease. *N Eng J Med* 2024;390:9-19.
2. Parikh, S., Three-Year Outcomes of the LIFE-BTK Randomized Controlled Trial Evaluating the Esprit™ BTK Drug-Eluting Resorbable Scaffold for Treatment of Infrapopliteal Lesions, Presented at TCT 2025.
3. Esprit™ BTK Everolimus Eluting Resorbable Scaffold System Instructions for Use (IFU). Refer to IFU for additional information.
4. Data on file at Abbott.
5. Excluding platinum markers.

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at manuals.eifu.abbott for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events. This material is intended for use with healthcare professionals only.

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