Jenscare Scientific Co., Ltd.
寧波健世科技股份有限公司
(A joint stock company incorporated in the People's Republic of China with limited liability)
(Stock Code: 9877)

VOLUNTARY ANNOUNCEMENT THE 30-DAY CLINICAL FOLLOW-UP RESULTS FOR LARGE ANNULUS PATIENTS OF LUX-VALVE PLUS TRINITY STUDY RELEASED AT NEW YORK VALVES 2025 IN THE U.S.

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

The board ("**Board**") of directors ("**Directors**") of the Company is pleased to announce that recently, the 30-day clinical follow-up results in large annulus patients ("**LAP**") of the global multicenter clinical trial of the LuX-Valve Plus transcatheter tricuspid valve replacement (the "**TRINITY**") study were released at the New York Valves 2025 in the United States.

TRINITY is a global prospective, multicenter, single-arm clinical trial, which primarily evaluates the safety and efficacy of LuX-Valve Plus in application on patients with severe tricuspid regurgitation and high surgical risk. The Full Analysis Set (FAS) of this study enrolled 149 patients from 20 centers around the world, among which, 18 centers were located in European countries such as France, Germany, Spain, the UK, and Denmark.

Patients with severe tricuspid regurgitation often have concomitant dilation of right ventricular and tricuspid annulus, which is one of the primary factors increasing the difficulty of tricuspid regurgitation intervention therapy. In the TRINITY study, over 75% of patients used valve sizes of 55mm, 60mm, 65mm, and 70mm, and the average age of the patients was 77.4 and the average Tri-Score was 13.6%; 9.73% of patients exhibited 3+ (Severe) TR, 47.79% exhibited 4+ (Massive) TR, and 42.48% exhibited 5+ (Torrential) TR.

The results of this clinical study showed:

(1) The device success rate was as high as 97% for LAP[a] and approximately 94% for SAP[b]; and

(2) The average device operation time for the full analysis set was 41.60±19.62 minutes, with the shortest device operation time for LAP being only 11 minutes.

The efficacy results showed:

(1) In terms of improvement in the tricuspid regurgitation grade, 30-day outcomes demonstrated that 95.7% of patients had no above moderate regurgitation, among which, 95.4% of LAP and 100% of SAP had no above moderate regurgitation, respectively; and

(2) In terms of New York Heart Association cardiac function improvement, 30-day outcomes demonstrated that 84.1% of patients achieved postoperative cardiac function class I/II, among which, 83.7% of LAP and 85.3% of SAP achieving postoperative cardiac function class I/II, respectively; and

(3) In terms of quality of life, 30-day outcomes demonstrated that patients improved their Kansas City Cardiomyopathy Questionnaire scores, on average, by approximately 14 points, with an average improvement of approximately 15 points for LAP and approximately 12 points for SAP. In addition, the average improvement in 6-minute walking distance for the FAS of patients was approximately 20 meters, with an average improvement of approximately 30 meters for LAP and approximately 22 meters for SAP.

The safety results showed:

Clinical Event Committee (CEC)-adjudicated Composite Events at 30-Day	**Full Analysis Set (FAS,N=149)**	**LAP (N=113)**	**SAP (N=36)**
Cardiovascular mortality	2 (1.3%)	1 (0.9%)	1 (2.8%)
Myocardial infarction	0 (0.0%)	0 (0.0%)	0 (0.0%)
Strokes	1 (0.7%)	1 (0.9%)	0 (0.0%)
New onset renal failure	0 (0.0%)	0 (0.0%)	0 (0.0%)
Severe bleeding (includes fatal, life-threatening and extensive bleeding as defined by MVARC)	6 (4.0%)	5 (4.4%)	1 (2.8%)
Non-selective tricuspid valve surgery/intervention post procedure	1 (0.7%)	1 (0.9%)	0 (0.0%)
Major cardiac structural complications	3 (2.0%)	1 (0.9%)	2 (5.6%)
Major access site and vascular complications	0 (0.0%)	0 (0.0%)	0 (0.0%)
Device-related pulmonary embolism	0 (0.0%)	0 (0.0%)	0 (0.0%)
New pacemaker implantation due to AV block	13 (8.7%)	11 (9.7%)	2 (5.6%)
Composite events rate	**22 (14.8%)**	**18 (15.9%)**	**4 (11.1%)**

Note a: Large annulus patients (LAP) group are defined as patients using valve sizes of 55mm, 60mm, 65mm and 70mm;

Note b: Small annulus patients (SAP) group are defined as patients using valve sizes of 40mm, 45mm and 50mm.

The 30-day follow-up results of the LuX-Valve Plus in the TRINITY study demonstrated outstanding outcomes in both groups of patients with large annular dilation and small annular dilation. Notably, compared to patients with small annular dilation, patients with large annular dilation had poorer right ventricular function, more severe tricuspid regurgitation, larger right atrial volumes, larger tricuspid annular dilation and more complex anatomical structures, and there has been a lack of safe and effective treatment method. However, the TRINITY study results showed a significant upgrade in tricuspid regurgitation grades, notable improvement in quality of life and a relatively low rate of adverse events for patients with large annular dilation, potentially addressing the unmet global demand for effective treatment for a large number of patients of annular dilation with severe tricuspid regurgitation. Collection of data for the follow-up results and the U.S. Food and Drug Administration clinical study on LuX-Valve Plus for longer period have been in progress.

Cautionary Statement as required by Rule 18A.05 of the Rules Governing the Listing of Securities on The Stock Exchange of Hong Kong Limited: There is no assurance that the Company will ultimately develop, market and/or commercialize LuX-Valve Plus successfully. Shareholders and potential investors of the Company are advised to exercise caution when dealing in the shares of the Company.

By Order of the Board
Jenscare Scientific Co., Ltd.
Mr. PAN Fei
Executive Director and Chief Executive Officer

Hong Kong, June 27, 2025

As at the date of this announcement, the executive Director is Mr. PAN Fei; the non-executive Directors are Mr. LV Shiwen, Mr. TAN Ching, Mr. ZHENG Jiaqi, Ms. XIE Youpei and Mr. CHEN Xinxing; and the independent non-executive Directors are Dr. LIN Shoukang, Ms. DU Jiliu and Dr. MEI Lehe.