Table 1: Ongoing Trials of Novel Scaffolds in BTK PAD

Study Name	Study Design	Comparator Groups	Cohort Size	Aims		Results
STAND trial (NCT03477604	Prospective, multi- center, two-arm,	MicroStent versus standard PTA	Estimated 177 participants with	were 6	ry outcomes 6-month patency	- Ongoing
)	randomised trial		RC 4–5 BTK PAD	30-day periop and 6- from n	target lesion, y freedom from erative death, month freedom najor adverse	
				were 6	dary outcomes 6-month freedom	
				·	najor ation, 6-month m from major	
				reduct	ation, 6-month	
				ulcers	emic leg/foot , 36-month m from major	
				advers	se limb event, 6-month	
				of seri	ncy and severity ous adverse and device and	

				procedure related adverse events.	
DEEPER LIMUS trial (NCT0416241)	Prospective, single- center, non- randomised pilot study	Temporary Spur Stent System and a commercially available, limus-base, drug coated balloon	Estimated 30 participants with RC 3–5 BTK PAD	The primary endpoint was a 6-month composite endpoint of all-cause mortality, freedom from CD- TLR, and major amputation. Secondary efficacy endpoints included 6- month late Im loss, primary patency, change in RC, and wound healing.	Ongoing
PROMISE trial	Prospective, single- center, randomised controlled trial	LimFlow stent graft system	32 patients with RC 5–6 BTK PAD	Primary and secondary safety endpoints were AFS at 30 days and 6 months respectively. Secondary efficacy endpoints included primary patency, wound healing, and technical success.	Mustapha JA, et al. report 100% amputation-free survival at 30 days and 6 months with 100% technical success rate and no reported procedural complications. 1- and 6-month primary

patency rates were 90 and 40% respectively with 30% of patients requiring reintervention. At 6 months, 80% of patients had greater than 60% wound healing.

Clair DG, et al. report 97% technical success rate, 30-day, 6-month, and 12-month AFS rates of 91, 74, and 70%. seventy-five% of wounds were healed of healing at 12 months. fifty-two% of patients required reintervention, predominantly driven by inflow disease proximal to the DVA circuit. At 24 months, AFS rate was 59% driven by overall

							increase in all-cause mortality with stable rate of freedom from ajor amputation. eighty-five% of patients had fully healed wounds.
PROMISE II trial	Prospective, multi-	LimFlow stent graft	Estimated 120	_	Primary and	-	Ongoing
(NCT03970538	center, single-arm, randomised pivotal study	system	patients with RC 5–6 BTK PAD		secondary safety endpoints were AFS at 30 days and 6 months		
,	·			ı	respectively. Secondary efficacy endpoints included primary patency,		
					wound healing, and technical success.		
SAVAL trial	Prospective, multi-	SAVAL BTK drug-	Estimated 301	-	Primary effectiveness	-	Ongoing
(NCT02EE140C	center, two-arm,	eluting stent system	subjects total with		endpoint was primary		
(NCT03551496	randomised study	versus standard PTA	RC 4-5 BTK PAD		patency at 12 months		
)	(Phase A) and non-randomised study				and primary safety endpoint is major		
	(Phase B)				adverse events (i.e. above ankle amputation in index		

LIFE-BTK trial	Prospective, multi-	Espirit BTK device	Estimated 225		limb, major reintervention, and 30-day perioperative mortality at 12 months). Secondary outcomes included patency, major amputation, and CD-TLR. Primary outcome - Ongoing
(NCT04227899)	center, two-arm,	versus standard PTA	participants with	Ġ	measures were the
(140104227033)	randomised		RC 4-5 BTK PAD		composite of limb
	controlled study				salvage and primary
					patency at 6 months and freedom from
					major adverse limb
					event and
					perioperative death at
					30 days and 6 months.
				ı	Secondary efficacy
					endpoints included
					patency, technical
					success, and wound
					healing.

Glossary: DVA=deep vein arterialisation.