

Supplemental Online Content

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This supplemental material has been provided by the authors to give readers additional information about their work.

eTable 1. Inclusion and Exclusion Criteria

Inclusion criteria
<ul style="list-style-type: none">● Age \geq 19 years● Patients who received bioresorbable polymer everolimus-eluting stent (the SYNERGY stent) implantation within 3 months● Patients who can understand the contents of the informed consent document and have voluntarily signed the informed consent form
Exclusion criteria
<ul style="list-style-type: none">● Age \geq 86 years● Hemodynamically unstable patients● History of severe hypersensitivity to aspirin, clopidogrel, ticagrelor, everolimus, or contrast media● Patients at high risk of bleeding, anemia, or thrombocytopenia● Patients requiring oral anticoagulation● Pregnancy or women of childbearing potential● Life expectancy less than 1 year● Patients receiving strong CYP3A4 inhibitors (e.g., ketoconazole, clarithromycin, nefazodone, ritonavir, atazanavir)● Patients with a history of intracranial hemorrhage.● Patients with moderate to severe hepatic impairment.● Patients unable to take aspirin, clopidogrel, or ticagrelor due to contraindications of each agent Coronary angiographic exclusion criteria <ul style="list-style-type: none">● Patients who have undergone coronary stent implantation within 1 year● Patients with left main disease requiring intervention● Patients with chronic total occlusion lesion requiring intervention● Patients with in-stent restenosis requiring intervention● Patients with bifurcation lesions requiring stenting in the side branches● Patients with lesions requiring overlap of 3 or more stents

eTable 2. Angiographic and Procedural Characteristics for Treated Lesions

Characteristics	P2Y12i (N = 873)	DAPT (N = 873)
Targeted artery		
LAD	451 (51.7)	431 (49.4)
LCx	160 (18.3)	184 (21.1)
RCA	262 (30.0)	258 (29.6)
Pre-PCI QCA		
Reference vessel diameter, mean (SD), mm	3.0 (0.6)	3.0 (0.5)
Minimal lumen diameter, mean (SD), mm	0.5 (0.4)	0.5 (0.4)
Diameter stenosis, mean (SD), %	82.7 (14.2)	82.6 (14.6)
Lesion length, mean (SD), mm	24.1 (11.2)	23.3 (10.1)
Post-PCI QCA		
Reference vessel diameter, mean (SD), mm	3.1 (0.6)	3.1 (0.8)
Minimal lumen diameter, mean (SD), mm	3.0 (0.9)	3.0 (0.8)
Diameter stenosis, mean (SD), %	5.5 (26.1)	6.3 (9.0)

Values are presented as No. (%) unless otherwise indicated.

DAPT = dual antiplatelet therapy; LAD = left anterior descending artery; LCx = left circumflex artery; RCA = right coronary artery; P2Y12i = P2Y12 inhibitor monotherapy; PCI = percutaneous coronary intervention; QCA = quantitative coronary angiography.

eTable 3. Discharge Medication

Medication	P2Y12i (N=694)	DAPT (N=693)
P2Y12 inhibitor		
Clopidogrel	427 (61.5)	440 (63.5)
Ticagrelor	267 (38.5)	253 (36.5)
ACE inhibitor	158 (22.8)	141 (20.3)
ARB	282 (40.6)	283 (40.8)
Beta blocker	364 (52.4)	365 (52.7)
CCB	153 (22.0)	195 (28.1)
Statin	654 (94.2)	657 (94.8)

Values are presented as No. (%).

ACE = angiotensin converting enzyme; ARB = angiotensin receptor blocker; CCB = calcium channel blocker; DAPT = dual antiplatelet therapy; P2Y12i = P2Y12 inhibitor monotherapy.

eTable 4. Reasons for Nonadherence to the Allocated Treatment

Reasons	P2Y12i	DAPT
No. of patients	138	17
Gastrointestinal problem	2 (1.4)	1 (5.9)
Easy bruise	0 (0.0)	1 (5.9)
Bleeding episode	0 (0.0)	1 (5.9)
Additional PCI	1 (0.7)	0 (0.0)
Physicians' discretion considering patients' risks	132 (95.7)	11 (64.7)
Need of anticoagulation	3 (2.2)	3 (17.6)

Values are presented as No. (%).

DAPT = dual antiplatelet therapy; P2Y12i = P2Y12 inhibitor monotherapy; PCI = percutaneous coronary intervention.

eTable 5. Clinical Outcomes at 12 Months

Outcome	P2Y12i (N = 694) ^a	DAPT (N = 693) ^a	Absolute difference,% (95% CI)	P value
Primary outcome				
Net adverse clinical event ^b	11 (2.0)	21 (3.3)	-1.36 (-3.2, 0.49)	<0.001 (non-inferiority)
Secondary outcomes				
Death	7 (1.0)	6 (0.9)	0.14 (-0.9, 1.17)	0.80
Cardiac	1 (0.2)	3 (0.4)	-0.29 (-0.86, 0.29)	0.33
Non-cardiac	6 (0.9)	3 (0.5)	0.42 (-0.45, 1.29)	0.34
Myocardial infarction	2 (0.4)	3 (0.5)	-0.12 (-0.87, 0.64)	0.76
Stent thrombosis	1 (0.2)	2 (0.3)	-0.12 (-0.76, 0.52)	0.72
Stroke	3 (0.5)	2 (0.3)	0.16 (-0.5, 0.82)	0.64
Ischemic	2 (0.3)	2 (0.3)	0.01 (-0.59, 0.6)	0.99
Hemorrhagic	1 (0.2)	0 (0)	0.15 (-0.15, 0.46)	0.32
Any revascularization	22 (4.2)	28 (5)	-0.84 (-3.38, 1.7)	0.52
TLR	6 (1.2)	7 (1.2)	0.02 (-1.33, 1.36)	0.98
TVR	10 (1.9)	12 (2.2)	-0.27 (-2.02, 1.48)	0.76
Other vessel PCI	12 (2.3)	16 (2.9)	-0.59 (-2.51, 1.33)	0.55
Major bleeding ^c	1 (0.2)	6 (0.9)	-0.75 (-1.52, 0.03)	0.06
MACCE ^d	10 (1.8)	16 (2.6)	-0.77 (-2.49, 0.94)	0.38

Values are presented as No. (%) unless otherwise indicated.

^aThe percentages are Kaplan-Meier estimates. ^bA composite of MACCE or major bleeding. ^cBleeding Academic Research Consortium type 3 or 5 bleeding. ^dA composite of cardiac death, myocardial infarction, stent thrombosis, stroke, or target lesion revascularization.

DAPT = dual antiplatelet therapy; MACCE = major adverse cardiac and cerebrovascular event; P2Y12i = P2Y12 inhibitor monotherapy; PCI = percutaneous coronary intervention; TLR = target lesion revascularization; TVR = target vessel revascularization.

eTable 6. Per-Protocol Analyses for Clinical Outcomes Between 3 and 12 Months

Outcome	P2Y12i (N = 556)^a	DAPT (N = 676)^a	Absolute difference,% (95% CI)	P value
Net adverse clinical event ^b	6 (1.4)	15 (2.5)	-1.1 (-2.81,0.62)	<0.001 (non-inferiority)
MACCE ^c	6 (1.4)	11 (1.9)	-0.49 (-2.11,1.12)	0.55
Major bleeding ^d	0 (0)	4 (0.6)	-0.62 (-1.22,-0.01)	0.05

Values are presented as No. (%) unless otherwise indicated.

^aThe percentages are Kaplan-Meier estimates. ^bA composite of MACCE or major bleeding. ^cA composite of cardiac death, myocardial infarction, stent thrombosis, stroke, or target lesion revascularization. ^dBleeding Academic Research Consortium type 3 or 5 bleeding.

DAPT = dual antiplatelet therapy; MACCE = major adverse cardiac and cerebrovascular event; P2Y12i = P2Y12 inhibitor monotherapy.

eTable 7. Per-Protocol Analyses for Clinical Outcomes at 12 Months

Outcome	P2Y12i (N = 556)^a	DAPT (N = 676)^a	Absolute difference,% (95% CI)	P value
Net adverse clinical event ^b	6 (1.4)	19 (3.1)	-1.68 (-3.48,0.12)	<0.001 (non-inferiority)
MACCE ^c	6 (1.4)	15 (2.5)	-1.08 (-2.78,0.63)	0.22
Major bleeding ^d	0 (0)	4 (0.6)	-0.62 (-1.22,-0.01)	0.05

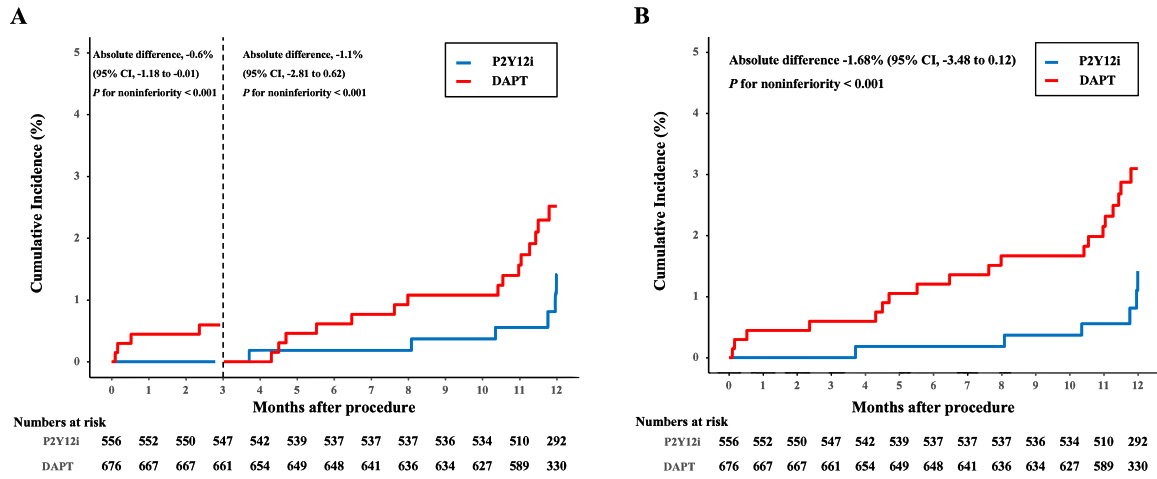
Values are presented as No. (%) unless otherwise indicated.

^aThe percentages are Kaplan-Meier estimates. ^bA composite of MACCE or major bleeding. ^cA composite of cardiac death, myocardial infarction, stent thrombosis, stroke, or target lesion revascularization. ^dBleeding Academic Research Consortium type 3 or 5 bleeding.

DAPT = dual antiplatelet therapy; MACCE = major adverse cardiac and cerebrovascular event; P2Y12i = P2Y12 inhibitor monotherapy.

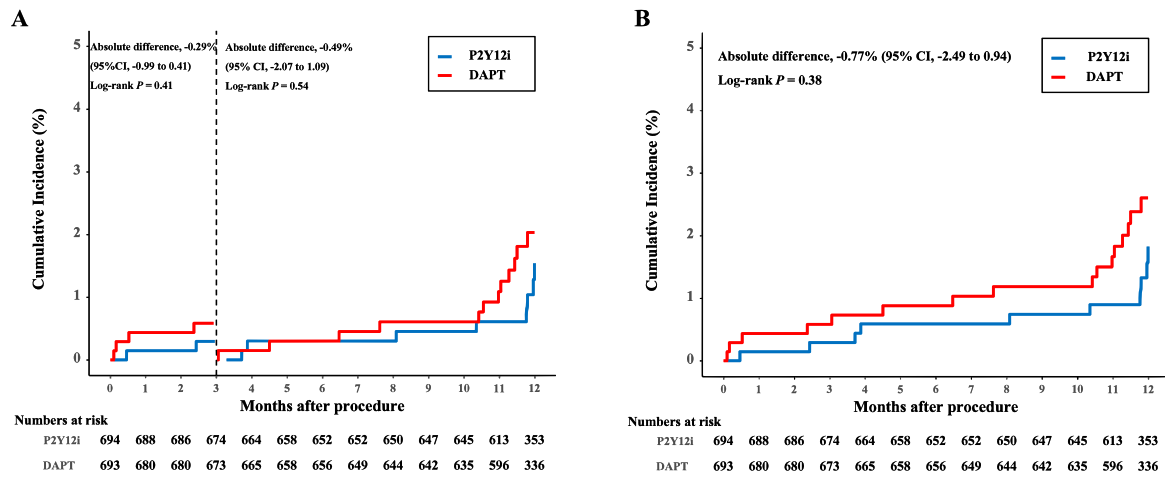
eFigure 1. Time-to-Event Curves for the Primary Outcomes in Per-Protocol Analysis

(A) Landmark analysis at 3 months for the net adverse clinical event. (B) One-year primary outcome of the net adverse clinical event. Net adverse clinical events was defined as a composite of major bleeding (Bleeding Academic Research Consortium 3 or 5 bleeding) or major adverse cardiac and cerebrovascular event. Event rates were based on Kaplan–Meier estimates in time-to-first-event analyses. DAPT = dual antiplatelet therapy; P2Y12i = P2Y12 inhibitor monotherapy.



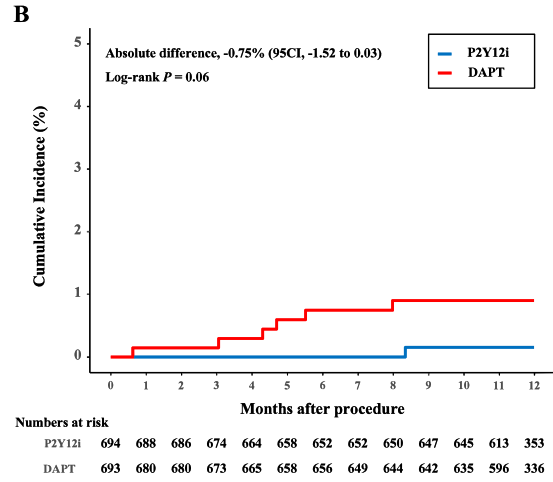
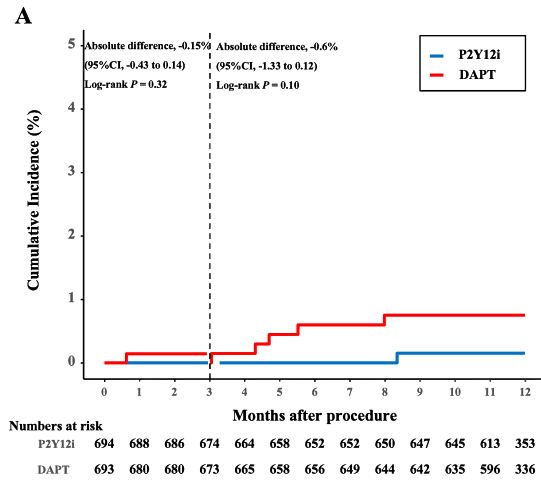
eFigure 2. Time-to-Event Curves for the Major Adverse Cardiac and Cerebrovascular Events

(A) Landmark analysis at 3 months for the major adverse cardiac and cerebrovascular events. (B) One-year primary outcome of the major adverse cardiac and cerebrovascular events. A major adverse cardiac and cerebrovascular event was defined as a composite of cardiac death, myocardial infarction, stent thrombosis, stroke, or target lesion revascularization. Event rates were based on Kaplan–Meier estimates in time-to-first-event analyses. DAPT = dual antiplatelet therapy; P2Y12i = P2Y12 inhibitor monotherapy.



eFigure 3. Time-to-Event Curves for the Major Bleeding

(A) Landmark analysis at 3 months for the major bleeding. (B) One-year primary outcome of the major bleeding. A major bleeding was defined as Bleeding Academic Research Consortium 3 or 5 bleeding. Event rates were based on Kaplan–Meier estimates in time-to-first-event analyses. DAPT = dual antiplatelet therapy; P2Y12i = P2Y12 inhibitor monotherapy.



eFigure 4. Subgroup Analyses for the Major Adverse Cardiac and Cerebrovascular Events

Numbers and percentages shown are number of patients with event/number of patients at risk and incidences between 3 and 12 months after the index procedure.

ACS = acute coronary syndrome; BMI = body mass index; CAD = coronary artery disease; CCS = chronic coronary syndrome; DAPT = dual antiplatelet therapy; DM = diabetes mellitus; HR = hazard ratio; LV = left ventricle; P2Y12i = P2Y12 inhibitor monotherapy.

