

## Web appendix: Supplementary material

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PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-analyses; RCT, randomised controlled trial; TIMI, Thrombolysis in Myocardial Infarction; MACCE; major adverse cardiac and cerebrovascular events.

## 1. Figure legends.

**Web figure 1.** PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) flow chart describing the study selection process along with the reasons for exclusion. DAPT, dual antiplatelet therapy; PCI, percutaneous coronary intervention.

**Web figure 2.** Risk of bias analysis for individual RCTs using the components recommended by the Cochrane Collaboration, i.e.: random sequence generation and random allocation; allocation concealment; blinding of participants, personnel, and outcome assessors; incomplete outcome data; selective outcome reporting, and other sources of bias. ARCTIC-Interruption, Assessment by a double Randomisation of a Conventional antiplatelet strategy versus a monitoring-guided strategy for drug-eluting stent implantation and, of Treatment Interruption versus Continuation 1 year after stenting)-Interruption; DES-LATE, Optimal Duration of Clopidogrel Therapy With DES to Reduce Late Coronary Arterial Thrombotic Event; EXCELLENT, Efficacy of Xience/Promus Versus Cypher to Reduce Late Loss After Stenting; ISAR-SAFE, Six versus Twelve Months of Clopidogrel Therapy After Drug-Eluting Stenting; ITALIC, Is There A Life for Drug-eluting Stents (DES) After Discontinuation of Clopidogrel; OPTIMIZE, Optimized Duration of Clopidogrel Therapy Following Treatment With the Zotarolimus-Eluting Stent in Real World Clinical Practice; PRODIGY, Prolonging Dual Antiplatelet Treatment After Grading Stent-Induced Intimal Hyperplasia Study; RESET, REal Safety and Efficacy of 3-month dual antiplatelet Therapy following Endeavor zotarolimus-eluting stent implantation; SECURITY, Second Generation Drug-Eluting Stent Implantation Followed by Six- Versus Twelve-Month Dual Antiplatelet Therapy

**Web figure 3.** Funnel plot for cardiovascular mortality. DAPT, dual antiplatelet therapy; SE, standard error; OR, odds ratio.

**Web figure 4.** Funnel plot for myocardial infarction. DAPT, dual antiplatelet therapy; SE, standard error; OR, odds ratio.

**Web figure 5.** Funnel plot for definite/probable ST. DAPT, dual antiplatelet therapy; SE, standard error; OR, odds ratio.

**Web figure 6.** Funnel plot for major bleeding. DAPT, dual antiplatelet therapy; SE, standard error; OR, odds ratio.

**Web figure 7.** Funnel plot for all-cause mortality. DAPT, dual antiplatelet therapy; SE, standard error; OR, odds ratio.

**Web figure 8.** Funnel plot for repeat revascularisation. DAPT, dual antiplatelet therapy; SE, standard error; OR, odds ratio.

**Web figure 9.** Individual and summary odds for the endpoint of cerebrovascular accidents stratified as short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy; EXCELLENT, Efficacy of Xience/Promus Versus Cypher to Reduce Late Loss After Stenting; ISAR-SAFE, Six versus Twelve Months of Clopidogrel Therapy After Drug-Eluting Stenting; ITALIC, Is There A Life for Drug-eluting Stents (DES) After Discontinuation of Clopidogrel; OPTIMIZE, Optimized

Duration of Clopidogrel Therapy Following Treatment With the Zotarolimus-Eluting Stent in Real World Clinical Practice; PRODIGY, Prolonging Dual Antiplatelet Treatment After Grading Stent-Induced Intimal Hyperplasia Study; RESET, REal Safety and Efficacy of 3-month dual antiplatelet Therapy following Endeavor zotarolimus-eluting stent implantation; SECURITY, Second Generation Drug-Eluting Stent Implantation Followed by Six- Versus Twelve-Month Dual Antiplatelet Therapy; ARCTIC-Interruption, Assessment by a double Randomisation of a Conventional antiplatelet strategy versus a monitoring-guided strategy for drug-eluting stent implantation and, of Treatment Interruption versus Continuation 1 year after stenting)-Interruption; DES-LATE, Optimal Duration of Clopidogrel Therapy With DES to Reduce Late Coronary Arterial Thrombotic Event.

**Web figure 10.** Individual and summary odds for TIMI major bleeding events stratified by short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy; TIMI, thrombolysis in myocardial infarction. Other abbreviations as in eFigure 9.

**Web figure 11.** Individual and summary odds for MACCE (major adverse cardiac and cerebrovascular events) stratified by short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

**Web figure 12.** Post-randomisation analysis of individual and summary odds for the endpoint of cardiovascular mortality stratified by short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

**Web figure 13.** Post-randomisation analysis of individual and summary odds for myocardial infarction stratified by short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

**Web figure 14.** Post-randomisation analysis of individual and summary odds for definite/probable stent thrombosis stratified by short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

**Web figure 15.** Post-randomisation analysis of individual and summary odds for definite stent thrombosis stratified by short-term (<12 months) vs 12 months and long-term (>12 months) vs 12 months DAPT regimen. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

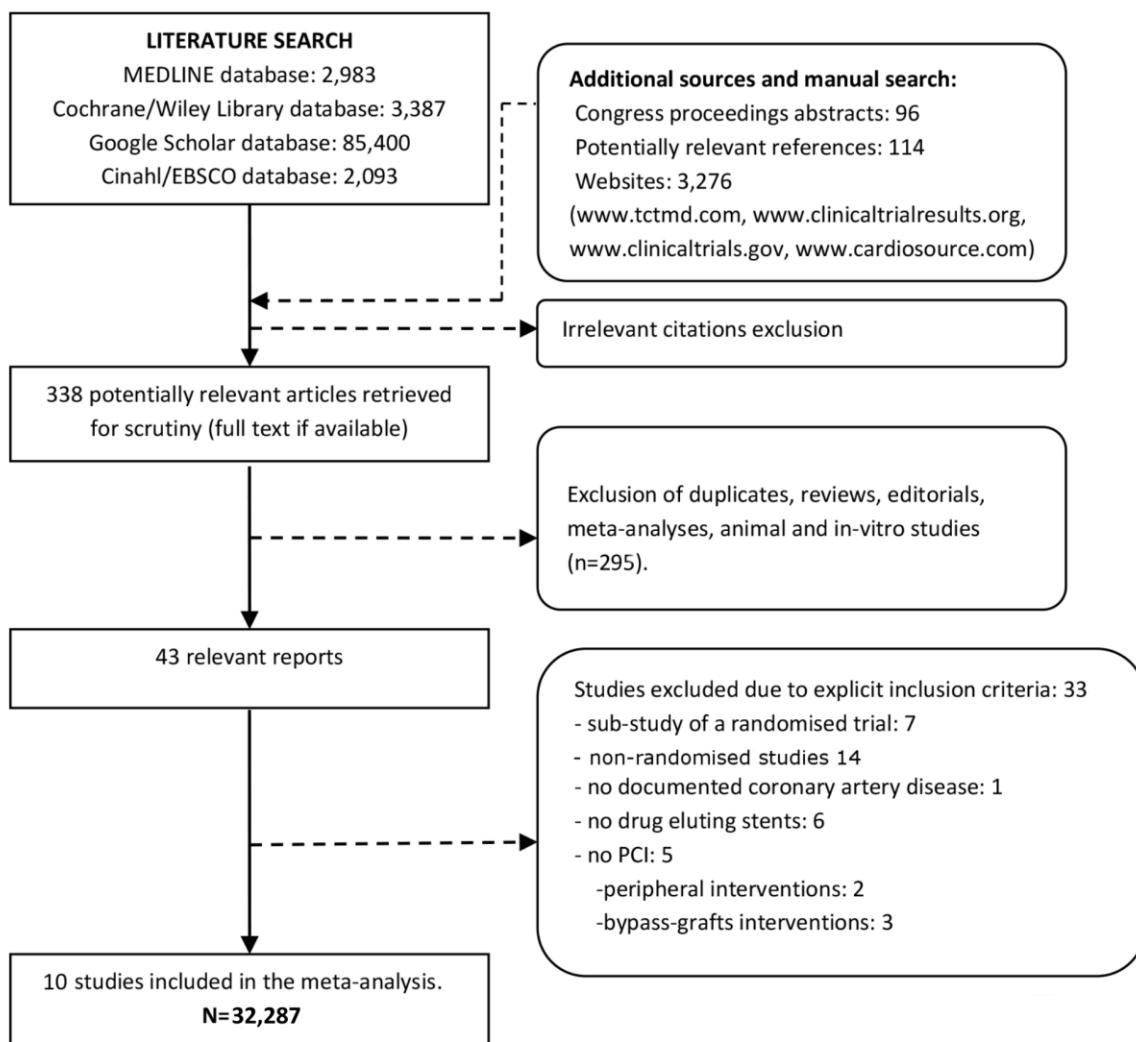
**Web figure 16.** Post-randomisation analysis of individual and summary odds for late and very late stent thrombosis. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

**Web figure 17.** Post-randomisation analysis of individual and summary odds for major bleeding stratified by short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

**Web figure 18.** Post-randomisation analysis of individual and summary odds for all-cause mortality stratified by short-term vs 12-month and extended vs 12-month DAPT regimen. DAPT, dual antiplatelet therapy. Other abbreviations as in eFigure 9.

## 2. Figures

**Web figure 1 [PRISMA flow chart]**

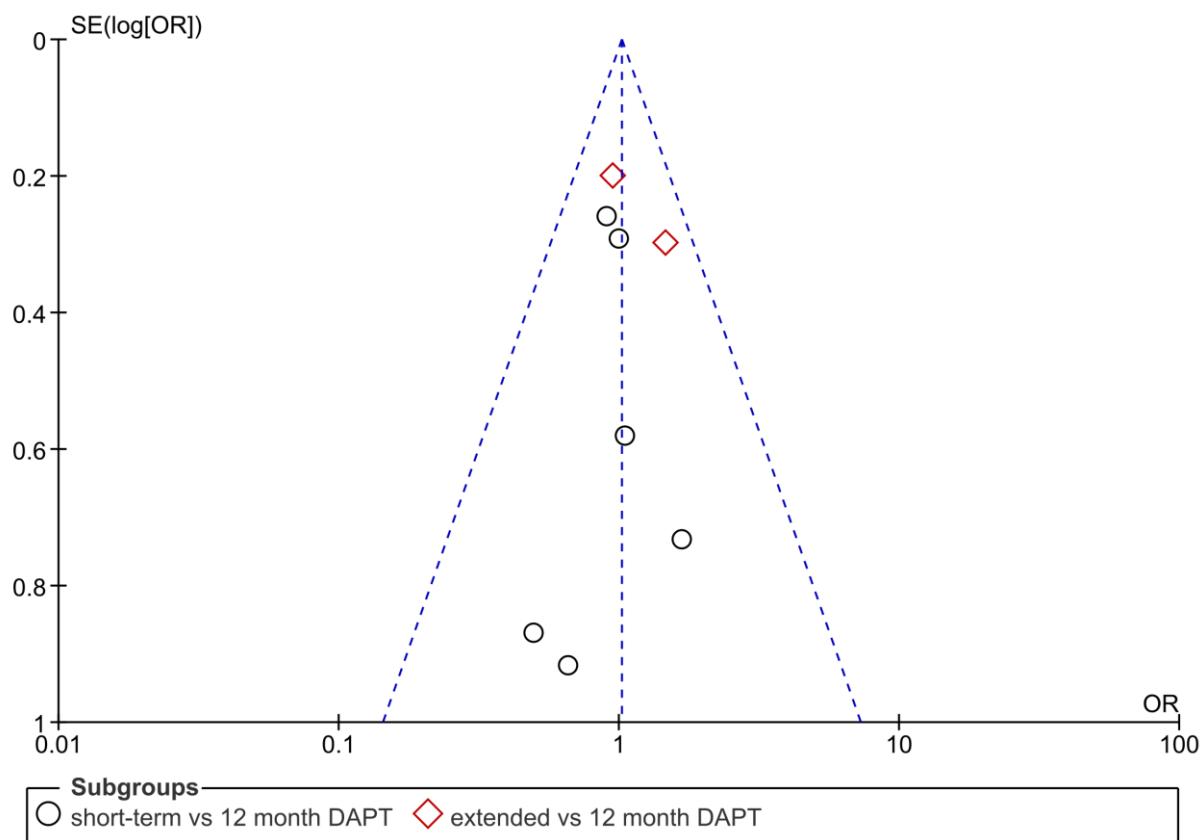


**Web figure 2 [Risk of bias of individual RCTs]**

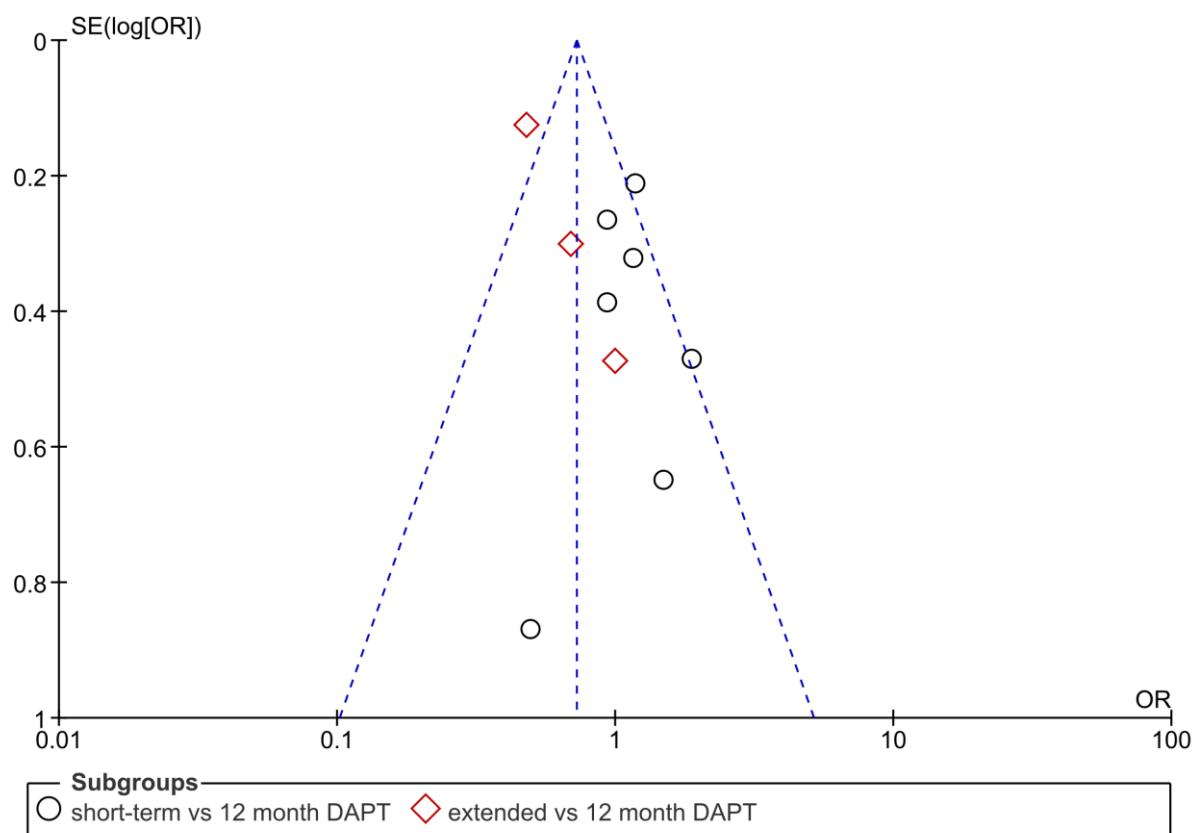
Study	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
ARCTIC-Interruption	+	+	±	+	+	+	+
DAPT	+	+	+	+	+	+	+
DES-LATE	+	+	±	+	+	+	+
EXCELLENT	+	+	±	+	+	+	+
ISAR-SAFE	+	+	+	+	+	+	+
ITALIC	+	+	±	±	±	+	+
OPTIMIZE	+	+	±	+	+	+	+
PRODIGY	+	+	±	+	+	+	+
RESET	+	+	±	+	+	+	+
SECURITY	+	+	±	±	±	+	+

low risk of bias; 
 unclear risk of bias; 
 high risk of bias

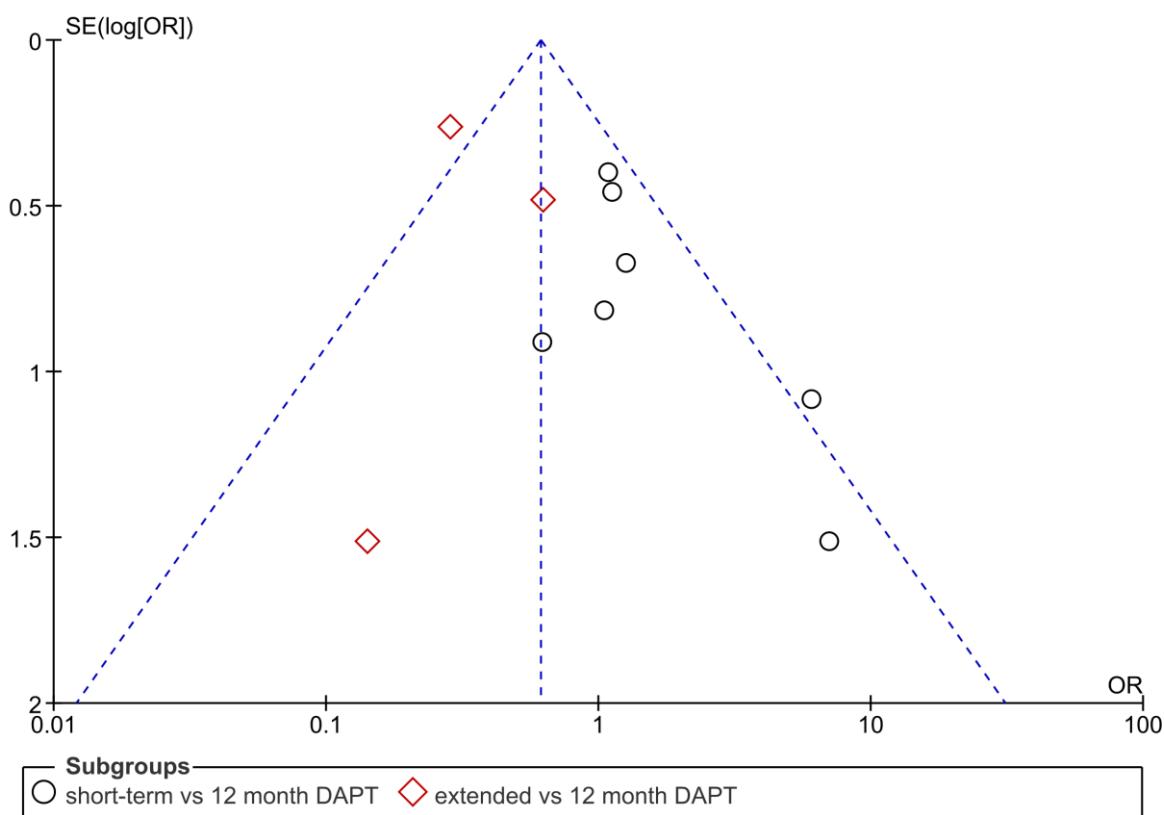
**Web figure 3 [Funnel plot: Cardiovascular mortality]**



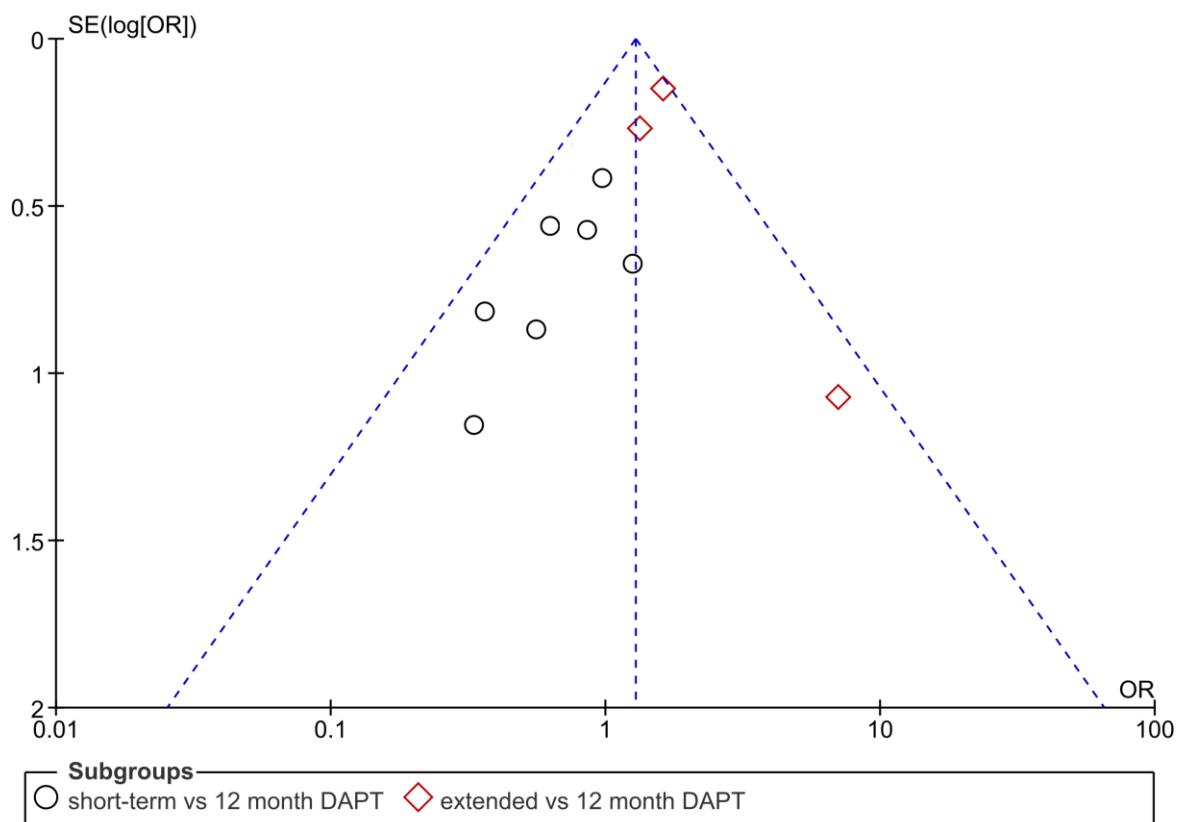
**Web figure 4 [Funnel plot: Myocardial infarction]**



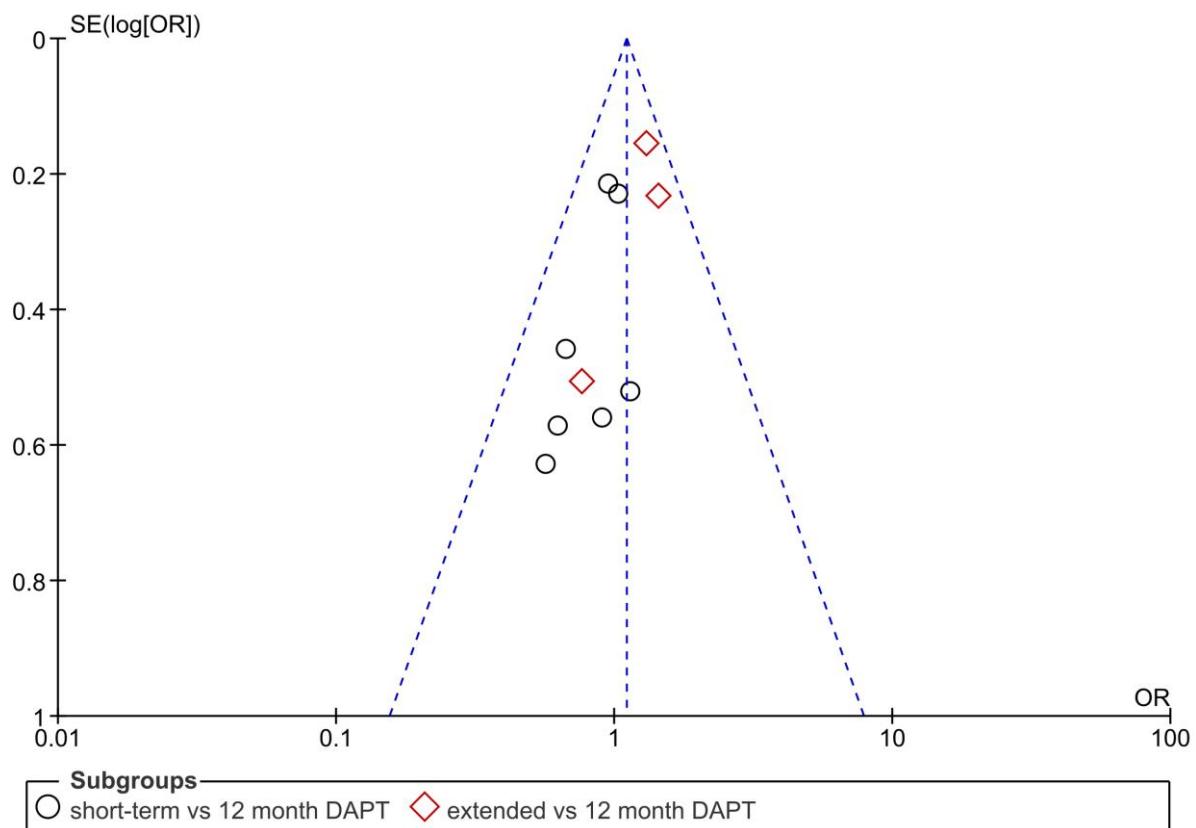
**Web figure 5 [Funnel plot: definite/probable ST]**



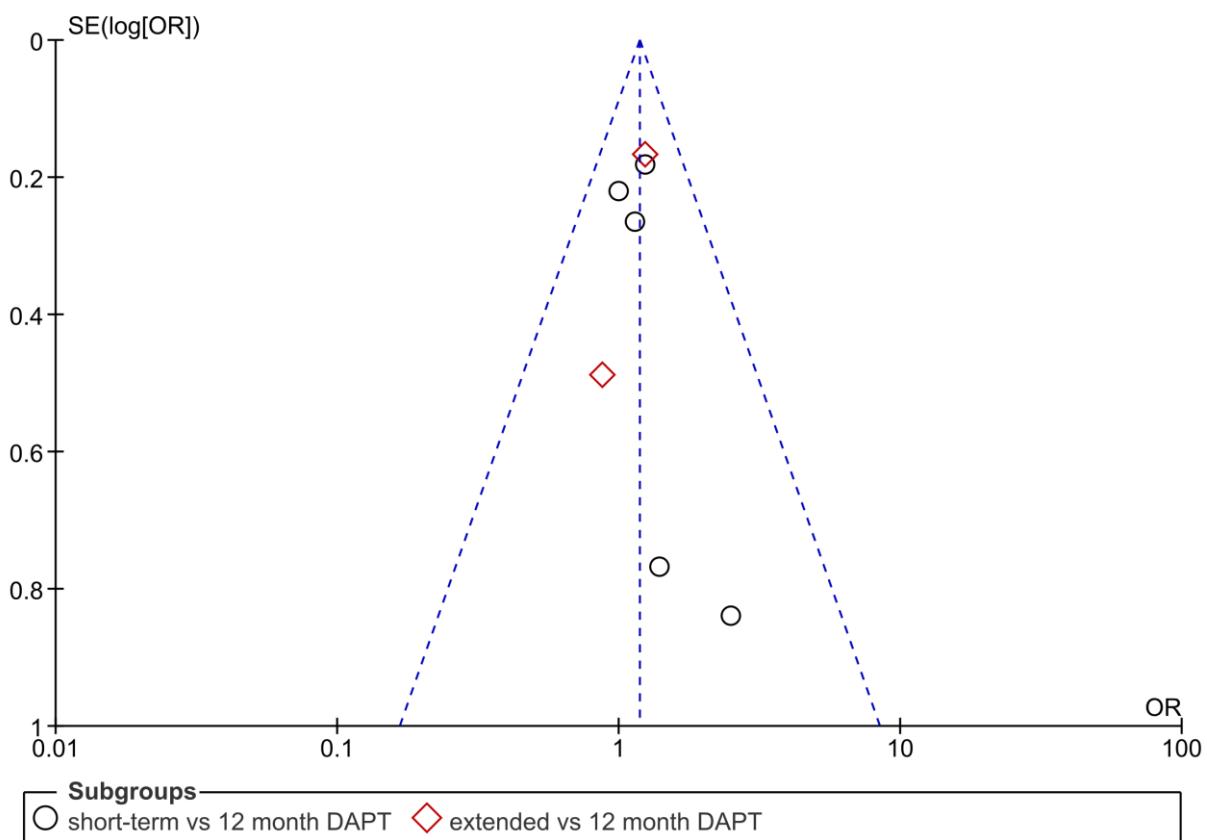
**Web figure 6 [Funnel plot: major bleeding]**



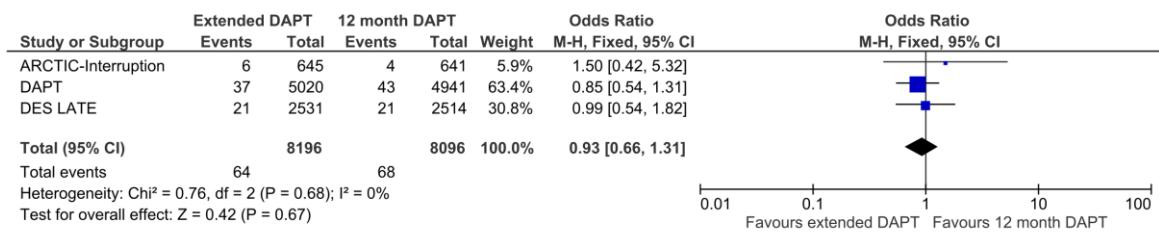
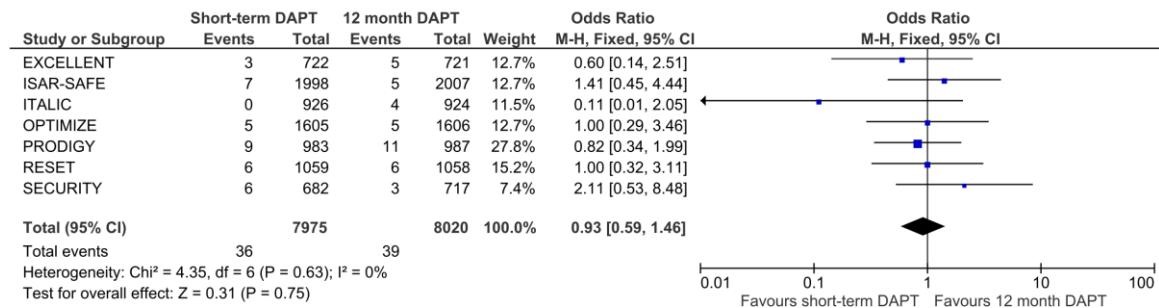
**Web figure 7 [Funnel plot: all-cause mortality]**



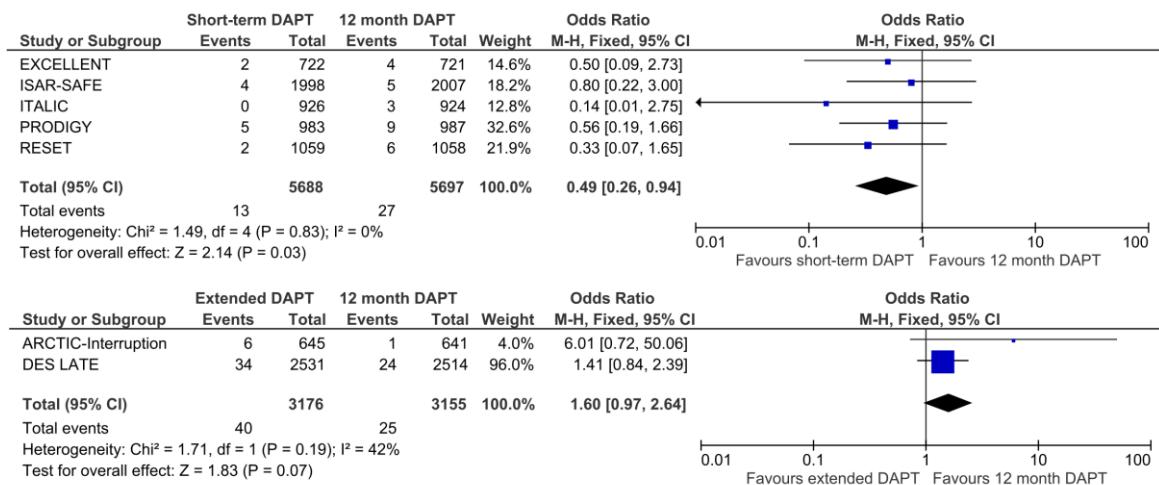
**Web figure 8 [Funnel plot: repeat revascularisation]**



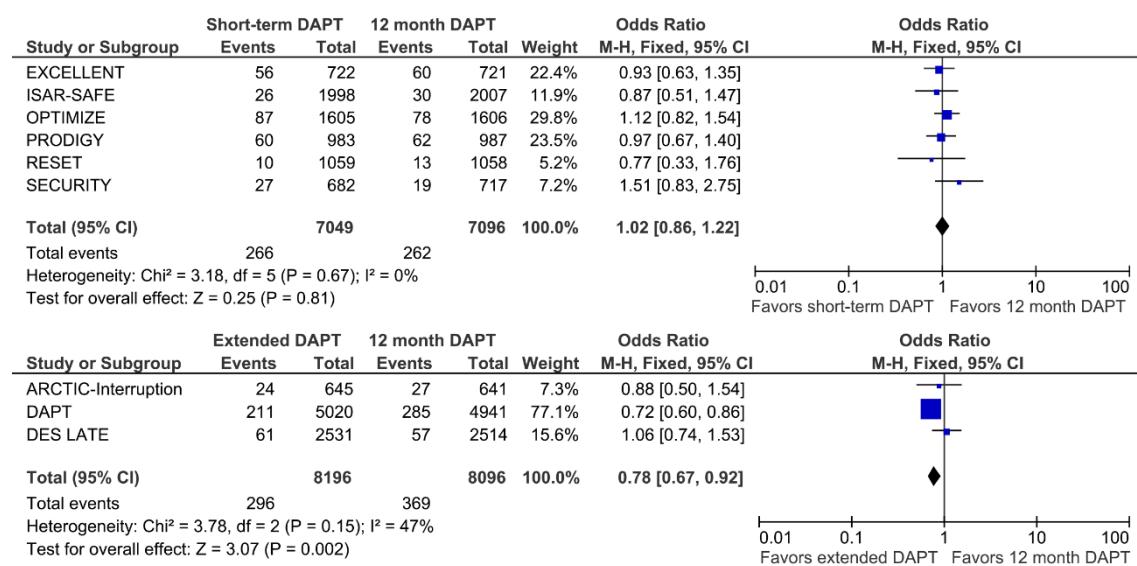
## Web figure 9 [CEREBROVASCULAR ACCIDENTS]



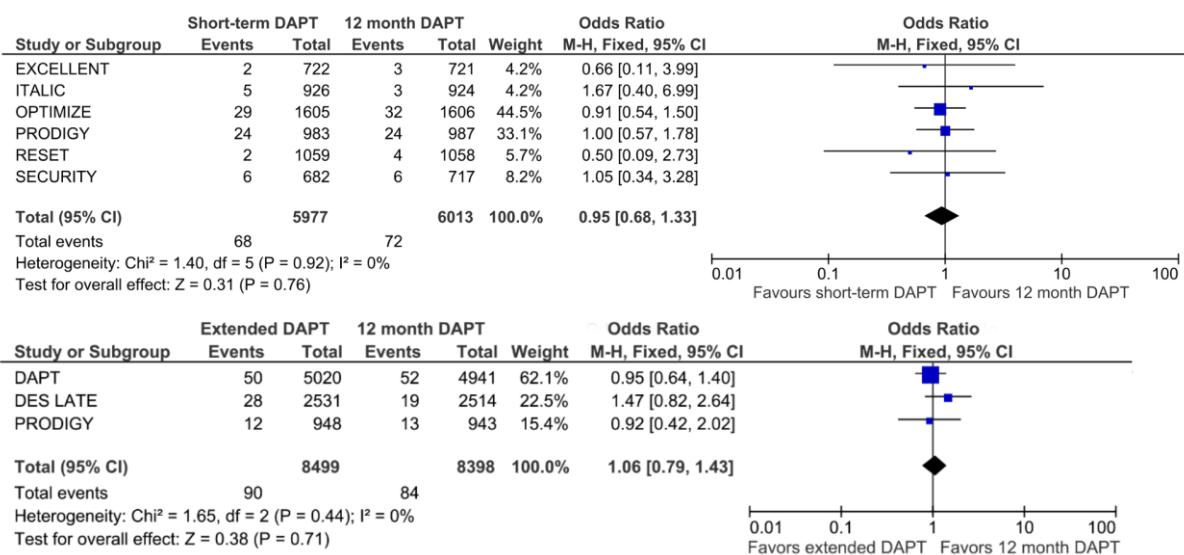
### Web figure 10 [TIMI major bleeding]



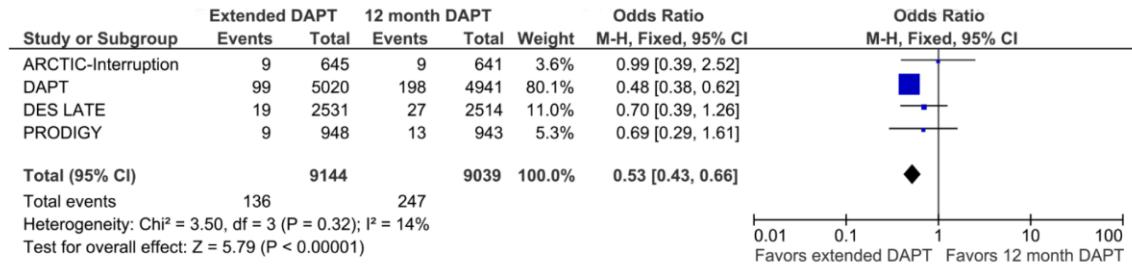
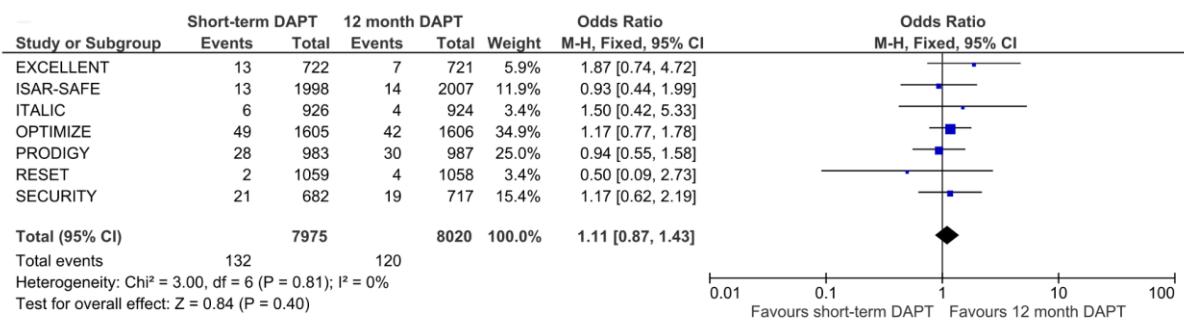
### Web figure 11 [MACCE]



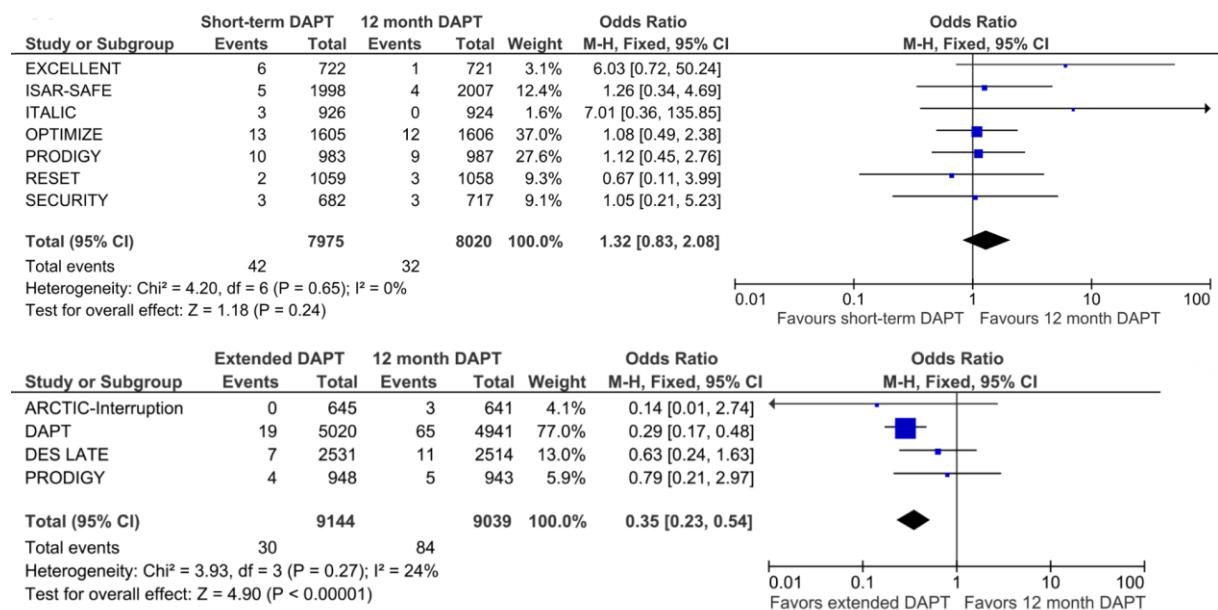
## Web figure 12 [POST-RANDOMIZATION CV MORTALITY]



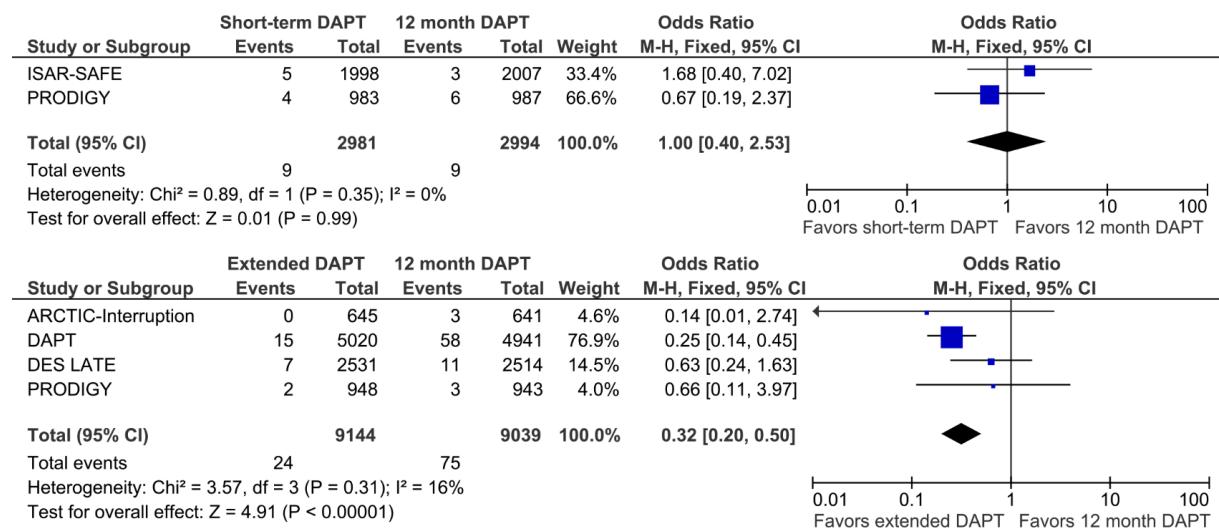
### Web figure 13 [POST-RANDOMIZATION MI]



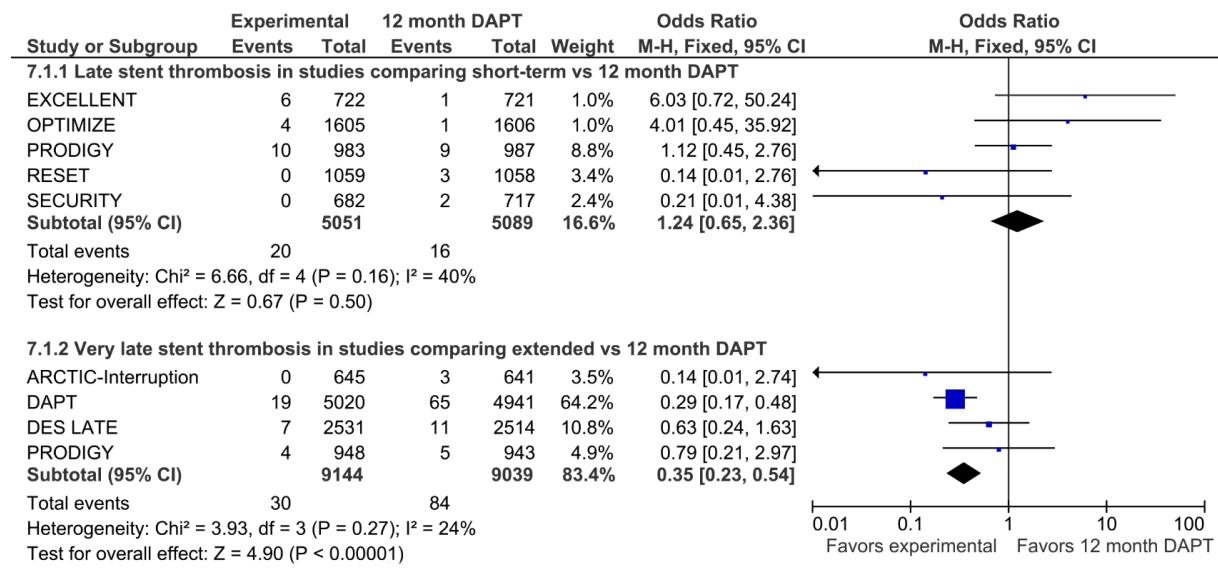
**Web figure 14 [POST-RANDOMIZATION DEFINITE/PROBABLE ST]**



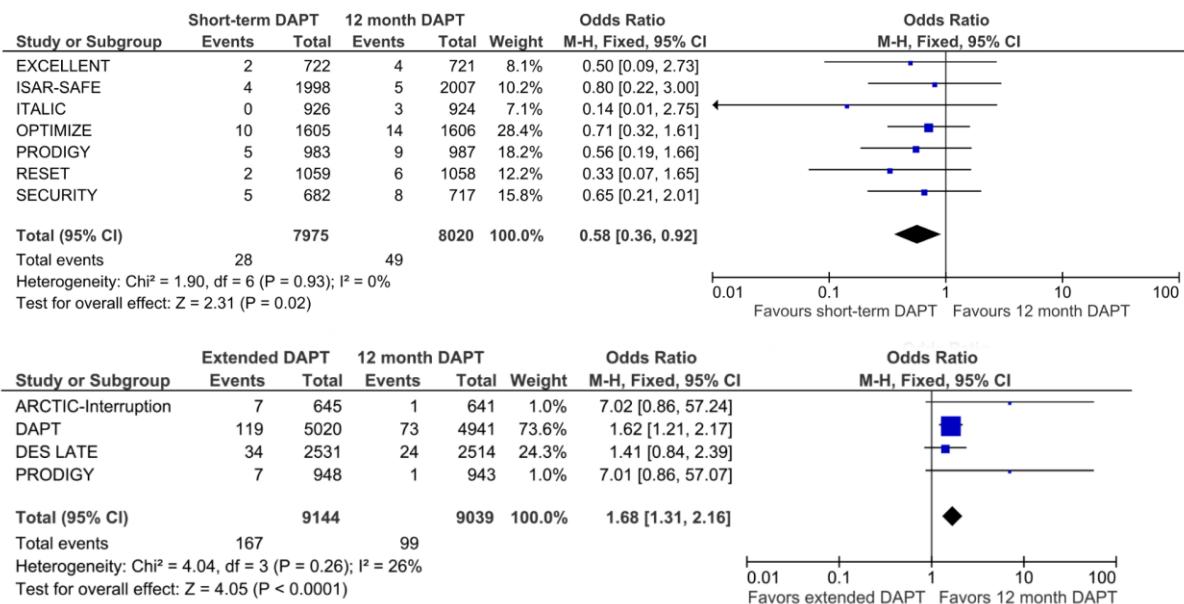
### Web figure 15 [POST-RANDOMIZATION DEFINITE ST]



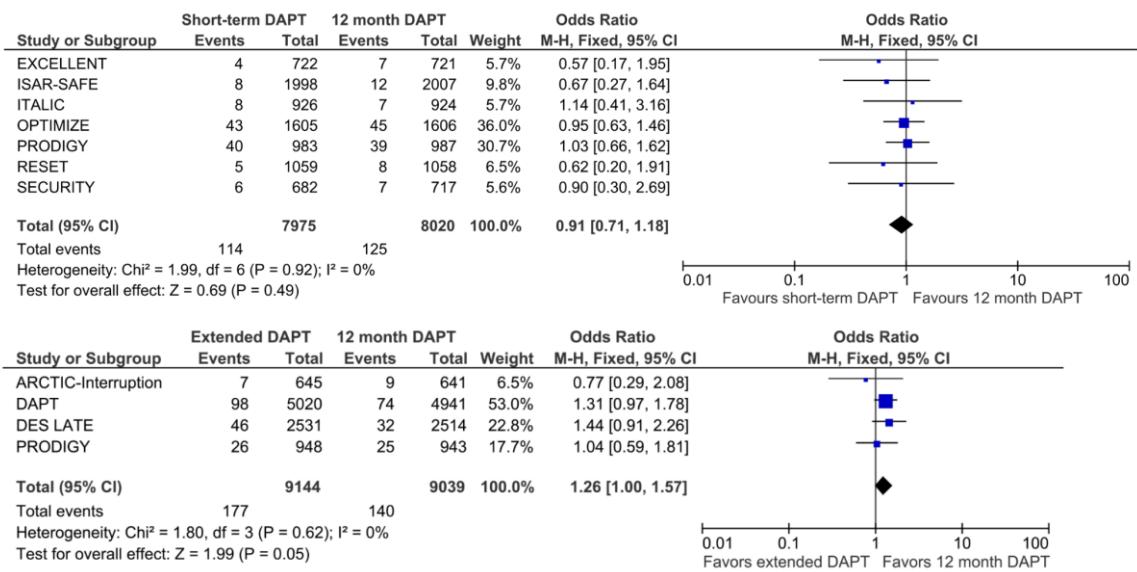
### Web figure 16 [POST-RANDOMIZATION LATE AND VERY LATE ST]



### Web figure 17 [POST-RANDOMIZATION MAJOR BLEEDING]



### Web figure 18 [POST-RANDOMIZATION ALL-CAUSE DEATH]



### 3. Tables

**Web table 1. Full electronic search in MEDLINE database through 25<sup>th</sup> Nov 2014**

Search	Query	Items found
1	Search Antiplatelet therapy	13,371
2	Search Dual antiplatelet therapy	2,089
3	Search DAPT	636
4	Search Clopidogrel	9,656
5	Search Plavix	9,687
6	Search Prasugrel	1,211
7	Search Efient	1,211
8	Search Ticagrelor	818
9	Search Brilinta	818
10	Search Thienopyridine	870
11	Search P2Y12	1,723
12	Search Short-term AND DAPT	9
13	Search Shortened AND DAPT	1
14	Search Premature* AND DAPT	8
15	Search Early* AND DAPT	66
16	Search Antiplatelet therapy AND random*	2,985
17	Search Dual antiplatelet therapy AND random*	538
18	Search DAPT AND random*	106
19	Search Clopidogrel AND random*	2,278
20	Search Plavix AND random*	2,282
21	Search Prasugrel AND random*	326
22	Search Efient AND random*	326
23	Search Ticagrelor AND random*	233
24	Search Brilinta AND random*	233
25	Search Thienopyridine AND random*	226
26	Search P2Y12 AND random*	302
27	Search Short-term AND DAPT AND random*	5
28	Search Shortened AND DAPT AND random*	0
29	Search Premature* AND DAPT AND random*	1
30	Search Early* AND DAPT AND random*	10
31	Search Antiplatelet therapy AND controlled	2,360
32	Search Dual antiplatelet therapy AND controlled	387
33	Search DAPT AND controlled	70
34	Search Clopidogrel AND controlled	1,931
35	Search Plavix AND controlled	1,932
36	Search Prasugrel AND controlled	264
37	Search Efient AND controlled	264
38	Search Ticagrelor AND controlled	182
39	Search Brilinta AND controlled	182
40	Search Thienopyridine AND controlled	181
41	Search P2Y12 AND controlled	248
42	Search Short-term AND DAPT AND controlled	5
43	Search Shortened AND DAPT AND controlled	0
44	Search Premature* AND DAPT AND controlled	1
45	Search Early* AND DAPT AND controlled	3

**Web table 2. Patients' baseline characteristics.**

Study	DAPT duration	N of pts	Age (mean±SD)	Male (%)	BMI (%)	Diabetes (%)	Dyslipidemia (%)	Hyper-tension (%)	Current smoker (%)	LVEF	Previous PCI (%)	presentation			MVD (%)
												Stable CAD or silent ischemia (%)	ACS (%)	STEMI (%)	
ARCTIC- Interruption	12 months	624	64 (57-73)*	81	27 (25-30)*	36	68	62	24	NR	40	73	27	0	NR
	18 months	635	64 (57-73)*	80	27 (25-29)*	31	67	59	23	NR	43	75	25	0	NR
DAPT	12 months	4941	61.6	74	30.6	30.1	NR	74.0	24.7	NR	31	37.8	42.5	10.3	NR
	30 months	5020	61.8	75.3	30.5	31.1	NR	75.8	24.6	NR	30.4	37.5	42.8	10.6	NR
DES-LATE	12 months	2514	62.3±10.1	69.6	NR	28.0	NR	56.6	28.7	59.4±8.7	11.0	38.0	61.7	12.5	47.1
	24 months	2531	62.5±10.0	69.1	NR	28.2	NR	58.4	27.4	59.3±9.4	12.4	39.9	59.7	12.4	50.5
EXCELLENT	6 months	722	63.0±9.6	65.1	24.9±3.1	37.7	75.2	72.7	27.4	61.0±9.6	9.3	48.9	51.1	2.6	20.6
	12 months	721	62.4±10.4	63.9	25.1±3.0	38.6	76.3	73.8	25.8	61.6±9.4	8.6	48.0	52.0	3.6	19.8
ISAR-SAFE	6 months	1998	67.2 (59.3-73.3) *	80.7	27.2 (24.9-30.1) *	24.8	87.5	90.1	14.6	NR	NR	59.5	39.8	7.9	61.3
	12 months	2007	67.2 (59.1-73.7) *	80.5	27.5 (24.9-30.4) *	24.2	87.4	91.5	15.3	NR	NR	59.1	40.3	8.3	61.8
ITALIC	6 months	926‡	61.7±10.9	80.8	27.0±4.6	36.3	67.1	65.2	50.9	NR	24.1	61.4	23.0	0.1	NR
	12 months	924‡	61.5±11.1	79.2	27.1±4.7	37.8	67.1	64.7	52.7	NR	22.5	61.5	23.5	0.3	NR
OPTIMIZE	3 months	1563	61.3±10.4	63.5	NR	35.4	63.2	86.4	18.6	NR	20.9	68.4	31.6	0	NR
	12 months	1556	61.9±10.6	63.1	NR	35.3	63.7	88.2	17.3	NR	19.1	67.8	32.2	0	NR
PRODIGY	6 months	983	67.9±11	76.0	26.7	23.7	53.4	70.4	25.1	50.0	17.7	25.4	74.6	33.3	66.0
	24 months	987	67.8±11	77.4	26.6	24.7	56.0	73.0	22.5	55.0	18.6	26.0	74.2	32.5	65.2
RESET	3 months	1059	62.4±9.4	64.4	25.0±3.2	29.8	57.7	62.3	25.2	64.2±9.4	3.5	44.5	55.5	14.7†	43.1
	12 months	1058	62.4±9.8	62.9	24.9±3.1	28.8	59.9	61.4	22.8	63.9±9.4	3.0	46.3	53.7	13.8†	42.9
SECURITY	6 months	682	64.9±10.2	77.6	NR	30.4	65.4	74.5	20.5	56.3±8.7	19.4	61.6	38.4	0	43.8
	12 months	717	65.5±10.1	76.8	NR	31.4	60.8	71.1	24.4	56.6±8.2	16.2	61.6	38.4	0	40.8

\* values reported as range

† AMI

‡data available for per-protocol population

DAPT, dual antiplatelet therapy; SD, standard deviation; BMI, body mass index; LVEF, left ventricle ejection fraction; PCI, percutaneous coronary intervention; CAD, coronary artery disease; ACS, acute coronary syndrome; STEMI, ST-segment elevation myocardial infarction; MVD, multivessel disease; ARCTIC-Interruption, Assessment by a double Randomisation of a Conventional antiplatelet strategy versus a monitoring-guided strategy for drug-eluting stent implantation and, of Treatment Interruption versus Continuation 1 year after stenting)-Interruption; DES-LATE, Optimal Duration of Clopidogrel Therapy With DES To Reduce Late Coronary Arterial Thrombotic Event; EXCELLENT, Efficacy of Xience/Promus Versus Cypher to Reduce Late Loss After Stenting; ISAR-SAFE, Six versus Twelve Months of Clopidogrel Therapy After Drug-Eluting Stenting; ITALIC, Is There A Life for Drug-eluting Stents (DES) After Discontinuation of Clopidogrel; OPTIMIZE, Optimized Duration of Clopidogrel Therapy Following Treatment With the Zotarolimus-Eluting Stent in Real World Clinical Practice; PRODIGY, Prolonging Dual Antiplatelet Treatment After Grading Stent-Induced Intimal Hyperplasia Study; RESET, REal Safety and Efficacy of 3-month dual antiplatelet Therapy following Endeavor zotarolimus-eluting stent implantation; SECURITY, Second Generation Drug-Eluting Stent Implantation Followed by Six- Versus Twelve-Month Dual Antiplatelet Therapy; NR, not reported

**Web table 3. Procedural characteristics.**

Study	DAPT duration	Lesion B2/C type	LAD	Stents per subject	Stent length	Antiplatelet therapy	Loading dose P2Y12	GPI	Stent type used				
									SES	PES	EES	ZES	BP-DES
ARCTIC- Interruption	12 months	NR	52	NR	NR	Clopidogrel 90%; Prasugrel 9%; Aspirin 100%	NR	NR	40	64	NR		
	18 months	NR	54	NR	NR	Clopidogrel 90%; Prasugrel 9% Aspirin 99%	NR	NR	43	62	NR		
DAPT	12 months	43.07	40.36	1.45	27.43	Clopidogrel 65.3%; Prasugrel 34.7%	YES	NR	11.2	26.8	47.2	12.7	NR
	30 months	43.47	41.22	1.47	27.70		YES	NR	43.5	20.5	11.9	18.9	NR
DES-LATE	12 months	78.2	50.6	1.2±0.5	29.9±15.4	Clopidogrel 99.5%; Aspirin 99.6%	NR	NR	44.3	20.3	10.4	19.0	NR
	24 months	78.8	49.5	1.3±0.5	30.8±16.3	Clopidogrel 99.6%; Aspirin 99.6%	NR	NR	43.5	20.5	11.9	18.9	NR
EXCELLENT	6 months	52.8	50.6	1.6±1.0	27.8±13.0	Clopidogrel 98.7%; Aspirin 99.4%	YES	1.7	25.2	0	74.8	0	0
	12 months	53.8	49.0	1.6±0.9	28.3±13.7	Clopidogrel 99.6%; Aspirin 98.7%	YES	1.7	25.2	0	74.8	0	0
ISAR-SAFE	6 months	42.3#	39.8	1.7±1.0	28 (18-43)	Clopidogrel NR	NR	NR	25.0	2.2	47.5	15.6	0.5
	12 months	45.5#	40.6	1.7±1.0	28 (18-43)	Clopidogrel NR	NR	NR	24.1	2.3	49.3	14.7	0.3
ITALIC	6 months	NR	73.4	1.7±1.0	38.6±25.6	Clopidogrel 98.9%; Aspirin 100%	YES	0	0	0	100	0	0
	12 months	NR	72.3	1.7±1.0	37.8±26.1	Clopidogrel 98.4%; Aspirin 100%	YES	0	0	0	100	0	0
OPTIMIZE	3 months	37.0*	47.9	1.6±0.8	32.8±19.9	Clopidogrel 99.8%	YES	NR	0	0	0	100	0
	12 months	37.4*	46.6	1.6±0.8	32.7±20.0	Clopidogrel 100%	YES	NR	0	0	0	100	0
PRODIGY	6 months	67.6	52.7	1.9±1.3	30 (20-48)†	Clopidogrel 100%; Aspirin 100%	YES	NR	NR	24.9	24.9	25.1	NR
	24 months	65.1	52.5	1.8±1.2	30 (20-48)†	Clopidogrel 100%; Aspirin 100%	YES	NR	NR	24.8	25.1	25.1	NR
RESET	3 months	67.9	52.7	NR‡	NR‡	NR	YES	1.9	0	0	0	100	NR
	12 months	69.2	53.6	NR‡	NR‡	NR	YES	2.0	28.5	0	30.0	41.5	NR
SECURITY	6 months	21.1*	43.0	1.6±0.9	19.1±7.2	Clopidogrel 98.1%; Prasugrel 0.3% Ticagrelor 0.6%; Aspirin 99%	YES	3.7	0	0	20.1	42.1	32.5
	12 months	21.0*	44.0	1.6±0.9	19.0±7.2	Clopidogrel 99.3%; Prasugrel 0.1%; Ticagrelor 0.3%; Aspirin 99.4%	YES	4.2	0	0	20.3	40.3	34.8

\* lesion C type only

† interquartile range

‡ data available as per lesion

# defined as "complex lesion"

DAPT, dual antiplatelet therapy; LAD, left anterior descending artery; GPI, glycoprotein IIb/IIIa inhibitor; SES, sirolimus eluting stent; PES, paclitaxel eluting stent; EES, everolimus eluting stent; ZES, zotarolimus eluting stent; BP-DES, biodegradable polymer-drug eluting stent; ARCTIC-Interruption, Assessment by a double Randomisation of a Conventional antiplatelet strategy versus a monitoring-guided strategy for drug-eluting stent implantation and, of Treatment Interruption versus Continuation 1 year after stenting)-Interruption; DES-LATE, Optimal Duration of Clopidogrel Therapy With DES to Reduce Late Coronary Arterial Thrombotic Event; EXCELLENT, Efficacy of Xience/Promus Versus Cypher to Reduce Late Loss After Stenting; ISAR-SAFE, Six versus Twelve Months of Clopidogrel Therapy After Drug-Eluting Stenting; ITALIC, Is There A Life for Drug-eluting Stents (DES) After Discontinuation of Clopidogrel; OPTIMIZE, Optimized Duration of Clopidogrel Therapy Following Treatment With the Zotarolimus-Eluting Stent in Real World Clinical Practice; PRODIGY, Prolonging Dual Antiplatelet Treatment After Grading Stent-Induced Intimal Hyperplasia Study; RESET, REal Safety and Efficacy of 3-month dual antiplatelet Therapy following Endeavor zotarolimus-eluting stent implantation; SECURITY, Second Generation Drug-Eluting Stent Implantation Followed by Six- Versus Twelve-Month Dual Antiplatelet Therapy; NR, not reported.

#### Web table 4. MACCE definitions.

Study	MACCE definition
ARCTIC-Interruption	Any death, myocardial infarction, stent thrombosis, stroke or TIA, urgent revascularization
DAPT	Death, myocardial infarction, or stroke
DES-LATE	Cardiac death, myocardial infarction, or stroke
EXCELLENT	Death, myocardial infarction, stroke or any revascularization
ISAR-SAFE	Death, myocardial infarction, stent thrombosis, or stroke
OPTIMIZE	Death, myocardial infarction, or stroke
PRODIGY	Death, myocardial infarction, stroke or TIA
RESET	Cardiovascular death, myocardial infarction, or cerebrovascular accident
SECURITY	Cardiac death, myocardial infarction, stroke, definite or probable stent thrombosis

MACCE; major adverse cardiac and cerebrovascular events; TIA, transient ischemic attack; ARCTIC-Interruption, Assessment by a double Randomisation of a Conventional antiplatelet strategy versus a monitoring-guided strategy for drug-eluting stent implantation and, of Treatment Interruption versus Continuation 1 year after stenting)-Interruption; DAPT, Dual Antiplatelet Therapy; DES-LATE, Optimal Duration of Clopidogrel Therapy With DES to Reduce Late Coronary Arterial Thrombotic Event; EXCELLENT, Efficacy of Xience/Promus Versus Cypher to Reduce Late Loss After Stenting; ISAR-SAFE, Six versus Twelve Months of Clopidogrel Therapy After Drug-Eluting Stenting; OPTIMIZE, Optimized Duration of Clopidogrel Therapy Following Treatment With the Zotarolimus-Eluting Stent in Real World Clinical Practice; PRODIGY, Prolonging Dual Antiplatelet Treatment After Grading Stent-Induced Intimal Hyperplasia Study; RESET, REal Safety and Efficacy of 3-month dual antiplatelet Therapy following Endeavor zotarolimus-eluting stent implantation; SECURITY, Second Generation Drug-Eluting Stent Implantation Followed by Six- Versus Twelve-Month Dual Antiplatelet Therapy

**Web table 5. Random-effects model sensitivity analysis**

Outcome	Short-term vs 12-month DAPT					Extended vs 12-month DAPT				
	N of studies	N of events/patients	N of events/patients	OR (95% CIs)	P value	N of studies	N of events/patients	N of events/patients	OR (95% CIs)	P value
<b>Cardiovascular mortality</b>	6	68/5977	72/6013	0.95 (0.68-1.33)	0.76	2	78/7551	71/7455	1.11 (0.73-1.69)	0.61
<b>Myocardial infarction</b>	7	132/7975	120/8020	1.11 (0.86-1.43)	0.41	3	127/8196	234/8096	0.59 (0.40-0.85)	0.005
<b>Definite/probable stent thrombosis</b>	7	42/7975	32/8020	1.23 (0.76-1.97)	0.40	3	26/8196	79/8096	0.35 (0.20-0.62)	<0.001
<b>Definite stent thrombosis</b>	2	9/2981	9/2994	1.00 (0.39-2.59)	1.00	3	22/8196	72/8096	0.34 (0.17-0.69)	0.003
<b>Late stent thrombosis</b>	5	20/5051	16/5089	1.26 (0.39-4.03)	0.70	-	-	-	-	-
<b>Very late stent thrombosis</b>	-	-	-	-	-	3	26/8196	79/8096	0.35 (0.20-0.62)	<0.001
<b>Major bleeding</b>	7	28/7975	49/8020	0.60 (0.37-0.95)	0.03	3	160/8196	98/8096	1.60 (1.21-2.13)	0.001
<b>All-cause mortality</b>	7	114/7975	125/8020	0.92 (0.71-1.19)	0.51	3	151/8196	115/8096	1.30 (1.02-1.66)	0.03

DAPT, dual antiplatelet therapy; OR, odds ratio; CI, confidence interval.

**Web table 6. Subgroup analyses**

Variable	Subgroup	Short-term vs 12 months of DAPT			Extended vs 12 months of DAPT		
		Events/Patients	Odds Ratio (95% CIs)	P int	Events/Patients	Odds Ratio (95% CIs)	P int
<b>Cardiovascular mortality</b>							
Age	≥65* y.o.	8/1404 vs 9/1438	0.92 (0.35-2.39)	0.99	28/2531 vs 19/2514	1.47 (0.82-2.64)	0.22
	≤65* y.o.	55/3647 vs 60/3651	0.92 (0.63-1.33)		50/5020 vs 52/4941	0.95 (0.64-1.40)	
ACS	YES	28/2764 vs 31/2766	0.90 (0.54-1.52)	0.94	28/2531 vs 19/2514	1.47 (0.82-2.64)	0.22
	NO	35/2287 vs 38/2323	0.93 (0.58-1.47)		50/5020 vs 52/4941	0.95 (0.64-1.40)	
New P2Y12 inhibitors	YES	6/682 vs 6/717	1.05 (0.34-3.28)	0.84	50/5020 vs 52/4941	0.95 (0.64-1.40)	0.22
	NO	55/3310 vs 59/3314	0.93 (0.64-1.35)		28/2531 vs 19/2514	1.47 (0.82-2.64)	
<b>Myocardial infarction</b>							
Age	≥65* y.o.	62/3663 vs 63/3711	1.00 (0.70-1.43)	0.47	28/3176 vs 36/3155	0.77 (0.47-1.27)	0.10
	≤65* y.o.	64/3386 vs 53/3385	1.21 (0.84-1.75)		99/5020 vs 198/4941	0.48 (0.38-0.62)	
ACS	YES	43/2764 vs 41/2766	1.05 (0.68-1.62)	0.81	19/2531 vs 27/2514	0.70 (0.39-1.26)	0.73
	NO	83/4285 vs 75/4330	1.13 (0.82-1.54)		108/5665 vs 207/5582	0.60 (0.31-1.15)	
New P2Y12 inhibitors	YES	21/682 vs 19/717	1.17 (0.62-2.19)	0.89	108/5665 vs 207/5582	0.60 (0.31-1.15)	0.73
	NO	103/5308 vs 93/5321	1.11 (0.84-1.48)		19/2531 vs 27/2514	0.70 (0.39-1.26)	
<b>Definite/probable stent thrombosis</b>							
Age	≥65* y.o.	18/3663 vs 16/3711	1.14 (0.58-2.24)	0.77	7/3176 vs 14/3155	0.51 (0.21-1.24)	0.22
	≤65* y.o.	21/3386 vs 16/3385	1.31 (0.68-2.52)		19/5020 vs 65/4941	0.29 (0.17-0.48)	
ACS	YES	18/2764 vs 13/2766	1.39 (0.68-2.85)	0.65	7/2531 vs 11/2514	0.63 (0.24-1.63)	0.14
	NO	21/4285 vs 19/4330	1.12 (0.60-2.08)		19/5665 vs 68/5582	0.28 (0.17-0.46)	
New P2Y12 inhibitors	YES	3/682 vs 3/717	1.05 (0.21-5.23)	0.80	19/5665 vs 68/5582	0.28 (0.17-0.46)	0.14
	NO	34/5308 vs 26/5321	1.31 (0.79-2.19)		7/2531 vs 11/2514	0.63 (0.24-1.63)	
<b>Major bleeding</b>							
Age	≥65* y.o.	14/3663 vs 22/3711	0.65 (0.33-1.27)	0.82	41/3176 vs 25/3155	1.64 (0.99-2.70)	0.97
	≤65* y.o.	14/3386 vs 24/3385	0.58 (0.30-1.13)		119/5020 vs 73/4941	1.62 (1.21-2.17)	
ACS	YES	9/2764 vs 19/2766	0.47 (0.21-1.05)	0.42	34/2531 vs 24/2514	1.41 (0.84-2.39)	0.55
	NO	19/4285 vs 27/4330	0.71 (0.40-1.28)		126/5665 vs 74/5582	1.69 (1.27-2.26)	
New P2Y12 inhibitors	YES	5/682 vs 8/717	0.65 (0.21-2.01)	1.00	126/5665 vs 74/5582	1.69 (1.27-2.26)	0.55
	NO	21/5308 vs 32/5321	0.66 (0.38-1.14)		34/2531 vs 24/2514	1.41 (0.84-2.39)	

\*62.5 y.o. for comparison of extended vs 12 month DAPT; DAPT, dual antiplatelet therapy; ACS, acute coronary syndrome; DES, drug eluting stent.

**Web table 7. Harbord's regression test**

Event	Comparision	2-tailed p-value
Cardiovascular mortality	Short-term DAPT vs 12 month DAPT	0.75
	Extended DAPT vs 12 month DAPT	NA
Myocardial infarction	Short-term DAPT vs 12 month DAPT	0.97
	Extended DAPT vs 12 month DAPT	0.35
Definite/Probable Stent Thrombosis	Short-term DAPT vs 12 month DAPT	0.25
	Extended DAPT vs 12 month DAPT	0.98
Major bleeding	Short-term DAPT vs 12 month DAPT	0.11
	Extended DAPT vs 12 month DAPT	0.49
All-cause mortality	Short-term DAPT vs 12 month DAPT	0.12
	Extended DAPT vs 12 month DAPT	0.44
Repeat revascularization	Short-term DAPT vs 12 month DAPT	0.49
	Extended DAPT vs 12 month DAPT	NA

NA =not available