# Supplementary Online Content

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

**eTable 1.** Characteristics of Included Randomized Controlled Trials.

| Study | Year | Patients | Women | Stents used | Key inclusion criteria | Recommended DAPT Duration |
|---|---|---|---|---|---|---|
| RAVEL[1] | 2002 | 238 | 58 (24) | Cypher, BMS | Stable CAD or UA, single de-novo lesion | 2 months |
| SIRIUS[2] | 2003 | 1058 | 305 (29%) | Cypher, BMS | Stable CAD or UA, single de-novo lesion | 3 months |
| E-SIRIUS[3] | 2003 | 352 | 103 (29%) | Cypher, BMS | Stable CAD or UA, single de-novo lesion | 2 months |
| C-SIRIUS[4] | 2004 | 100 | 31 (31%) | Cypher, BMS | Stable CAD or UA, single de-novo lesion | 3 months |
| TAXUS I[5] | 2003 | 61 | 7 (11%) | Taxus, BMS | Stable CAD or UA, single lesion | 6 months |
| TAXUS II SR[6] | 2003 | 267 | 67 (25%) | Taxus, BMS | Stable CAD or UA, single de-novo lesion | 6 months |
| TAXUS IV[7] | 2004 | 1314 | 367 (28%) | Taxus, BMS | Stable CAD or UA, single de-novo lesion | 6 months |
| TAXUS V[8] | 2005 | 1156 | 353 (31%) | Taxus, BMS | Stable CAD or UA, single de-novo lesion | 6 months |
| SIRTAX[9] | 2005 | 1012 | 231 (23%) | Cypher, Taxus | Stable CAD or UA, single de-novo lesion | 12 months |
| ENDEAVOR II[10] | 2006 | 1197 | 283 (24%) | Endeavor, BMS | Stable CAD or UA, single de-novo lesion | 3 months |
| ENDEAVOR III[11] | 2006 | 436 | 133 (31%) | Endeavor, Cypher | Stable CAD or UA, single | 3 months |

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| | | | | | de-novo lesion | |
| ENDEAVOR IV[12] | 2010 | 1548 | 500 (32%) | Endeavor, Taxus | Stable CAD or UA, single de-novo lesion | 6 months |
| PROTECT[13] | 2012 | 8709 | 2061 (24%) | Endeavor, Cypher | Stable CAD or UA, single de-novo lesion | 12 months |
| RESOLUTE AC[14] | 2010 | 2292 | 529 (23%) | Resolute, Xience | Stable CAD, UA, NSTEMI or STEMI | 6 months |
| TWENTE[15] | 2012 | 1391 | 382 (27%) | Resolute, Xience | Stable CAD, UA or NSTEMI | 12 months |
| SPIRIT II[16] | 2006 | 300 | 80 (27%) | Xience, Taxus | Stable CAD, UA or 2 de-novo lesions | 6 months |
| SPIRIT III[17] | 2008 | 1002 | 314 (31) | Xience, Taxus | Stable CAD, UA or 2 de-novo lesions | 6 months |
| SPIRIT IV[18] | 2010 | 3687 | 1189 (32) | Xience, Taxus | Stable CAD, UA or 3 de-novo lesions | 12 months |
| COMPARE I[19] | 2010 | 1800 | 526 (29%) | Xience, Taxus | Stable CAD, UA, NSTEMI or STEMI | 12 months |
| BASKET-PROVE[20] | 2010 | 2314 | 565 (24%) | Xience, Cypher, BMS | Stable CAD, UA or acute MI, target vessel diameter ≥ 3.0 mm | 12 months |
| EXCELLENT[21] | 2011 | 1443 | 512 (35%) | Xience, Promus, Cypher | Stable CAD, UA, NSTEMI | 6 or 12 months* |
| RESET[22] | 2012 | 3197 | 742 (23%) | Xience, Cypher | Stable CAD, UA, NSTEMI or STEMI | 3 or 12 months* |
| PRODIGY[23] | 2012 | 2013 | 473 (23%) | Xience, Promus, | Stable CAD, UA, NSTEMI | 6 or 24 months* |

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| | | | | Endeavor, Taxus, BMS | or STEMI | |
| LEADERS[24] | 2008 | 1707 | 430 (25%) | Biomatrix, Cypher | Stable CAD, UA, NSTEMI or STEMI | 12 months |
| COMPARE II[25] | 2013 | 2707 | 293 (26%) | Nobori, Xience, Promus | Stable CAD, UA, NSTEMI or STEMI | 12 months |
| ISAR-TEST 4[26] | 2009 | 2603 | 623 (24%) | Yukon, Xience, Cypher | Stable CAD, UA, NSTEMI or STEMI | 6 months |

CAD: Coronary Artery Disease; BMS: Bare Metal Stent; NSTEMI: Non-ST segment Elevation Myocardial Infarction; STEMI: ST segment Elevation Myocardial Infarction; UA: Unstable Angina. Cypher and Cordis, Johnson & Johnson, Miami Lakes, FL, USA; Taxus, Boston Scientific, Natick, MA, USA; Xience, Abbott Vascular, Santa Clara, CA, USA; Promus, Boston Scientific; Endeavor, Medtronic, Santa Rosa, CA, USA; Resolute, Medtronic; Biomatrix, Biosensors, Newport Beach, CA, USA; Nobori, Terumo, Tokyo, Japan; Yukon, Translumina, Hechingen, Germany. *Patients were randomized to different DAPT durations.

**eTable 2.** Clinical Endpoint Definitions Used Across Randomized Controlled Trials.

| Trial name | Myocardial infarction definition | Myocardial infarction definition (old or new) | Target lesion revascularization definition | Stent thrombosis definition |
|---|---|---|---|---|
| RAVEL | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent. | ARC criteria |
| SIRIUS | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent. | ARC criteria |
| E-SIRIUS | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent. | ARC criteria |
| C-SIRIUS | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent. | ARC criteria |

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| TAXUS I | Development of Q waves in ≥2 contiguous leads with CK and CK-MB levels elevated above normal | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent. | ARC criteria |
| TAXUS II SR | Development of Q waves in ≥2 contiguous leads or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent. | ARC criteria |
| TAXUS IV | Development of Q waves in ≥2 contiguous leads or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent. | ARC criteria |
| TAXUS V | Development of Q waves in ≥2 contiguous leads or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| SIRTAX | Development of Q waves in ≥2 contiguous leads or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or | ARC criteria |

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| | or troponin I | | distal to the stent | |
| ENDEAVOR II | Development of Q waves in ≥2 contiguous leads or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| ENDEAVOR III | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| ENDEAVOR IV | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | Old | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| | | | | ARC criteria |
| PROTECT | II Universal Definition (Thygesen K et al. Circulation 2007): Periprocedural MI: cardiac biomarkers increase ≥3*ULN Spontaneous: Typical rise and fall of cardiac biomarkers (preferably troponin) with at least 1 value >URL and at least 1 of the following: | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |

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| | symptoms, ST-T changes at ECG, pathological Q waves, or imaging evidence of ischemia | | | |
| RESOLUTE AC | Extended historical definition (Vranckx et al. Eurointervention 2010). In summary: development of Q waves in ≥2 contiguous leads and elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB or troponin. In patients with acute MI at baseline: if cardiac biomarkers still raising new chest pain of ischemia equivalent and rise in cardiac biomarkers >50% previous level; if cardiac biomarkers have returned to normal, CK level ≥2*ULN. | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| TWENTE | Extended historical definition (Vranckx et al. Eurointervention 2010). In summary: development of Q waves in ≥2 contiguous leads and elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |

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| | or troponin. In patients with acute MI at baseline: if cardiac biomarkers still raising new chest pain of ischemia equivalent and rise in cardiac biomarkers >50% previous level; if cardiac biomarkers have returned to normal, CK level ≥2*ULN. | | | |
| SPIRIT II | Development of Q waves in ≥2 contiguous leads or, in the absence of Q waves, a typical rise and fall of CK-MB (if non-procedural/spontaneous MI, CK-MB >2 times upper limit of normal; if post PCI, CK-MB >3 times upper limit of normal; if post CABG, CK-MB >5 times upper limit of normal) | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| SPIRIT III | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| SPIRIT IV | Development of Q waves in ≥2 contiguous leads with elevated cardiac enzymes or, in the absence of Q waves, increase in the CK level | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or | ARC criteria |

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| | ≥2*ULN and increased level of CK-MB | | distal to the stent | |
| COMPARE | Periprocedural MI (in patients without acute MI at baseline): any elevation in concentrations of CK ≥2*ULN and increase in CK-MB or troponin. Spontaneous MI: typical rise and fall of troponin or CK-MB with at least one of the following: ischemic symptoms, development of pathological Q waves, ischemic ECG changes, or pathological findings of an acute MI | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| BASKET-PROVE | Typical rise and fall of cardiac biomarkers (preferably troponin) with at least 1 value >URL and at least 1 of the following: symptoms, ST-T changes at ECG, pathological Q waves, or recent angioplasty. | New | Target vessel Revascularization was used | ARC criteria |
| EXCELLENT | Academic Research Consortium criteria (Cutlip DE et al. Circulation 2007) In summary: Periprocedural MI: troponin >3*URL or CK-MB>3*URL if baseline cardiac biomarkers <URL. Stable or decreasing values on 2 samples | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |

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| | followed by 20% increase if baseline cardiac biomarkers >URL. Spontaneous MI: troponin >URL or CK-MB >URL | | | |
| RESET | Periprocedural MI: CK-MB ≥3*ULN or CK ≥3*ULN in the absence of CKMB measurement. Spontaneous MI: Academic Research Consortium criteria (Cutlip DE et al. Circulation 2007), troponin >URL or CK-MB >URL | New | Revascularisation for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| PRODIGY | II Universal Definition (Thygesen K et al. Circulation 2007): Periprocedural MI: cardiac biomarkers increase ≥3*ULN Spontaneous: Typical rise and fall of cardiac biomarkers (preferably troponin) with at least 1 value >URL and at least 1 of the following: symptoms, ST-T changes at ECG, pathological Q waves, or imaging evidence of ischemia | New<br>New | Target vessel Revascularisation was used | ARC criteria<br>ARC criteria |
| LEADERS | Development of Q waves in ≥2 contiguous leads or, in the absence of | New | Revascularization for ischemia for a stenosis of the luminal diameter | ARC criteria |

| | | | | |
|---|---|---|---|---|
| | Q waves, increase in the CK level ≥2*ULN and increased level of CK-MB or troponin I | | anywhere within the stent or within the 5-mm borders proximal or distal to the stent | |
| COMPARE-2 | Periprocedural MI (in patients without acute MI at baseline):any elevation in concentrations of CK ≥2*ULN and increase in CK-MB or troponin. Spontaneous MI: typical rise and fall of troponin or CK-MB with at least one of the following: ischemic symptoms, development of pathological Q waves, ischemic ECG changes, or pathological findings of an acute MI | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |
| ISAR-TEST 4 | Periprocedural MI: CK-MB (or CK) ≥3*ULN and at least 50% over the most recent pre-PCI levels, or the development of new ECG changes consistent with MI and CK-MB (CK) elevation >ULN at 2 measurements for patients with stable angina pectoris or NSTE-ACS and falling or normal CK-MB (CK) levels. Recurrent chest pain lasting .30 min with either new ECG changes consistent with second MI or | New | Revascularization for ischemia for a stenosis of the luminal diameter anywhere within the stent or within the 5-mm borders proximal or distal to the stent | ARC criteria |

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| | next CK-MB (CK) level at least 8–12 h after PCI elevated at least 50% above the previous level was considered procedure-related MI for patients presenting with elevated CK-MB (CK) level prior to PCI. Spontaneous MI: any CK-MB increase with or without the development of Q-waves on ECG. |

ARC: Academic Research Consortium; CK: Creatine-Kinase; ECG = Electrocardiogram; MI: Myocardial Infarction; URL: Upper Reference Limit.

**eTable 3.** Baseline Clinical and Angiographic Characteristics**.**

| | Overall (N=4373) | UA (N=2197) | NSTEMI (N=1397) | STEMI (N=779) | P-value |
|---|---|---|---|---|---|
| Age (Years) | 66.81 ± 11.28 | 67.01 ± 10.89 | 66.49 ± 11.27 | 66.82 ± 12.34 | 0.42 |
| BMI (kg/m$^2$) | 27.47 ± 5.45 | 27.81 ± 5.66 | 27.44 ± 5.28 | 26.47 ± 5.01 | <0.0001 |
| Risk factors | | | | | |
| Diabetes mellitus | 1229 (28.1%) | 712 (32.4%) | 377 (27.0%) | 140 (18.0%) | <0.0001 |
| IDDM | 386 (31.4%) | 211 (29.6%) | 139 (36.9%) | 36 (25.7%) | 0.02 |
| Hypertension | 3067 (70.1%) | 1695 (77.2%) | 942 (67.4%) | 430 (55.2%) | <0.0001 |
| Hypercholesterolemia | 2638 (60.3%) | 1519 (69.1%) | 802 (57.4%) | 317 (40.7%) | <0.0001 |
| Serum creatinine (mg/dl) | 0.91 ± 0.59 | 0.90 ± 0.53 | 0.91 ± 0.63 | 0.90 ± 0.66 | 0.92 |
| Smoking | 1385 (31.7%) | 565 (25.8%) | 515 (36.9%) | 305 (39.2%) | <0.0001 |
| Family history of CAD | 1517 (35.4%) | 745 (35.0%) | 510 (36.9%) | 262 (34.2%) | 0.37 |
| Clinical history | | | | | |
| Previous MI | 807 (18.5%) | 427 (19.5%) | 311 (22.3%) | 69 (8.9%) | <0.0001 |
| Previous PCI | 693 (15.9%) | 514 (23.4%) | 127 (9.1%) | 52 (6.7%) | <0.0001 |

| | | | | | |
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| Previous CABG | 196 (4.5%) | 143 (6.5%) | 43 (3.1%) | 10 (1.3%) | <0.0001 |
| Stent generation | | | | | 0.32 |
| Early-generation DES | 1608 (36.8%) | 832 (37.9%) | 498 (35.6%) | 278 (35.7%) | |
| New-generation DES | 2765 (63.2%) | 1365 (62.1%) | 899 (64.4%) | 501 (64.3%) | |
| **Angiographic Characteristics** | | | | | |
| Multivessel disease | 1148 (30.5%) | 591 (30.6%) | 387 (30.4%) | 170 (29.9%) | 0.94 |
| Number of lesions treated | 1.33 ± 0.66 | 1.27 ± 0.59 | 1.45 ± 0.76 | 1.29 ± 0.62 | <0.0001 |
| Number of DES implanted | 1.58 ± 0.97 | 1.49 ± 0.88 | 1.72 ± 1.09 | 1.58 ± 0.94 | <0.0001 |
| Mean stent diameter (mm) | 3.00 ± 0.39 | 3.00 ± 0.40 | 2.96 ± 0.39 | 3.10 ± 0.38 | <0.0001 |
| Total stent length (mm) | 30.96 ± 20.48 | 28.98 ± 18.24 | 33.90 ± 23.56 | 31.96 ± 20.47 | <0.0001 |
| LVEF (%) | 52.45 ± 17.81 | 56.14 ± 16.84 | 47.58 ± 20.47 | 47.72 ± 11.58 | <0.0001 |
| Type B2/C lesion | 2176 (65.2%) | 1167 (62.7%) | 674 (64.1%) | 335 (78.8%) | <0.0001 |
| Moderate/severe calcifications | 661 (24.0%) | 370 (23.0%) | 256 (28.4%) | 35 (14.4%) | <0.0001 |
| At least 1 bifurcation lesion | 231 (14.9%) | 157 (18.2%) | 50 (12.2%) | 24 (8.6%) | <0.0001 |

Results reported as n (%) or mean ± standard deviation. BMI: Body Mass Index; DES: Drug-Eluting Stent; UA: Unstable Angina; NSTEMI: Non-ST segment Elevation Myocardial Infarction; STEMI: ST segment Elevation Myocardial Infarction;

CAD: Coronary Artery Disease; IDDM: Insulin-Dependent Diabetes Mellitus; MI: Myocardial Infarction; PCI: Percutaneous Coronary Intervention; CABG: Coronary Artery By-pass Graft.

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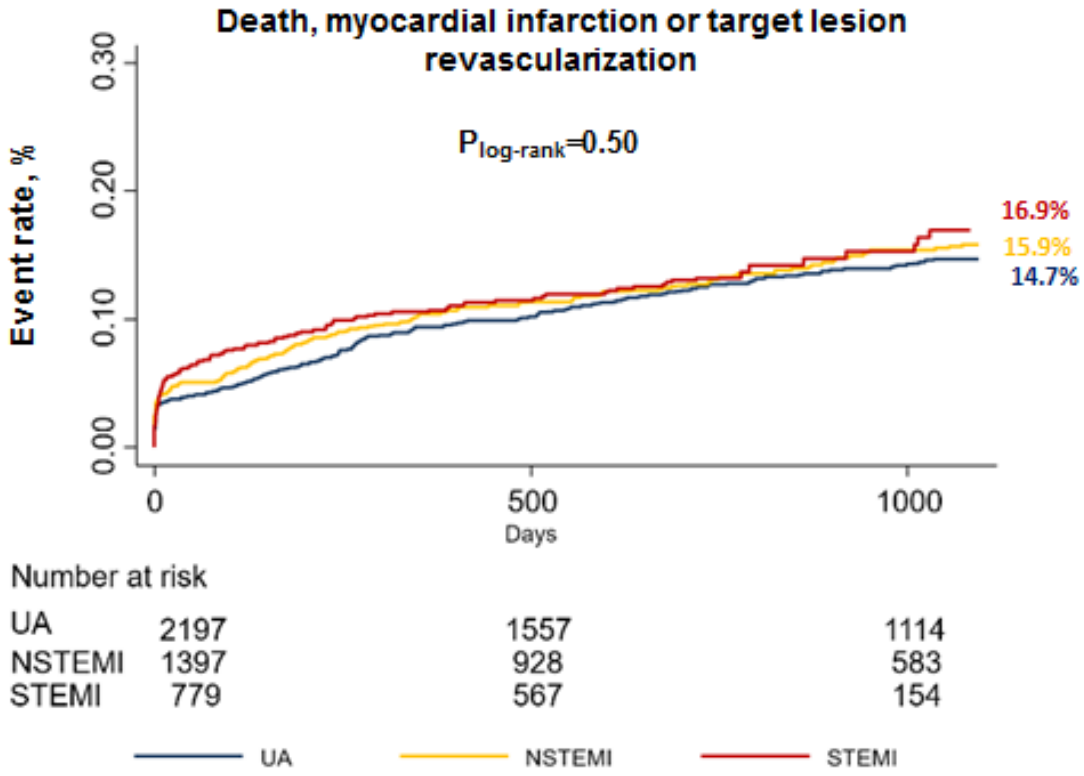
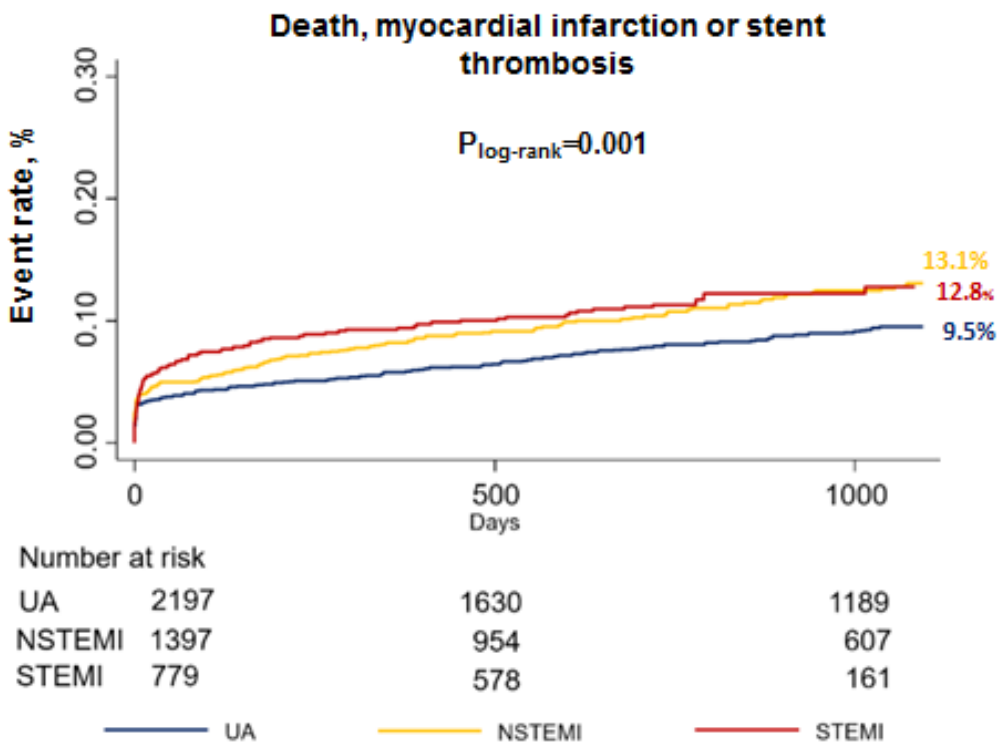
**eFigure 1.** Kaplan-Meier curves for death, myocardial infarction or target lesion revascularization (2A), death, myocardial infarction or stent thrombosis (2B), definite or probable stent thrombosis (2C) and target lesion revascularization (2D) in women presenting with unstable angina, non-ST-elevation myocardial infarction or ST-elevation myocardial infarction. NSTEMI: Non-ST Elevation Myocardial Infarction; STEMI: ST Elevation Myocardial Infarction; UA: Unstable Angina.

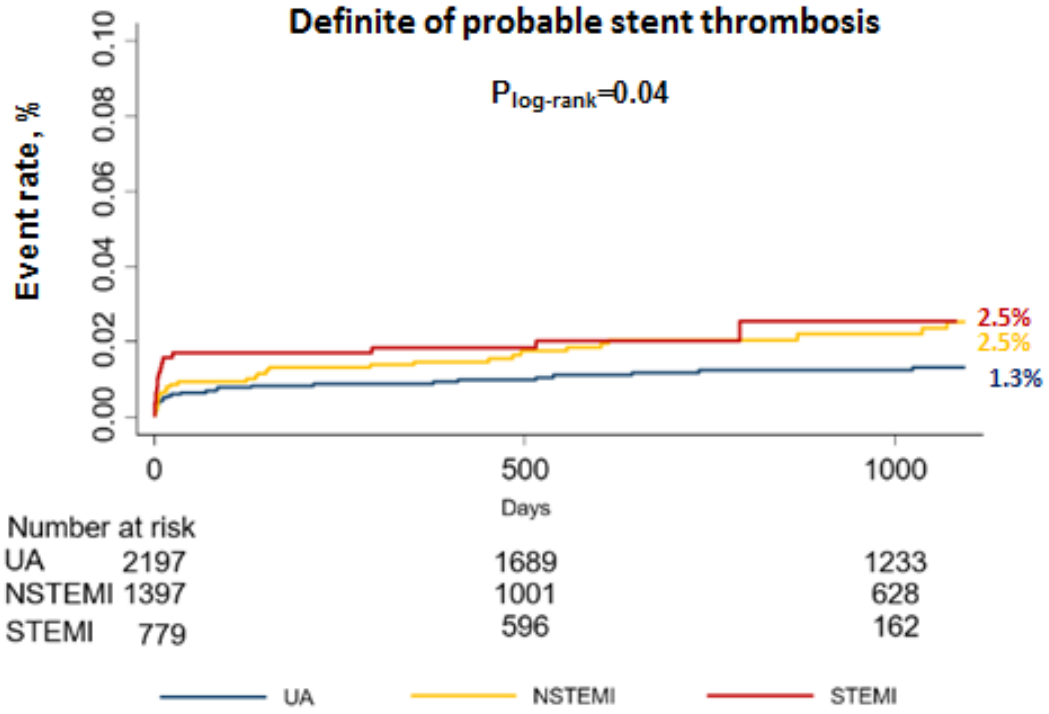
**eFigure 1A.**



**eFigure 1B.**



**eFigure 1C.**



**eFigure 1D.**