SUPPLEMENTAL MATERIAL

Data S1.

STUDY ENDPOINTS DEFINITIONS

1. **Cardiac death**

   Cardiac death was considered any death due to proximate cardiac cause, death related to the procedure, unwitnessed death, or death of unknown etiology.

2. **Myocardial infarction**

   Myocardial infarction (MI) was defined as Q-wave and non-Q-wave according to the Minnesota code manual electrocardiographic criteria (1).

   Spontaneous MI was considered as any creatinine kinase (CK)-MB fraction or troponin level elevation above the upper limit of normal (ULN) and fall associated with ischemic symptoms, new pathological Q waves, new electrocardiographic abnormalities suggestive of myocardial ischemia, and/or pathological evidence of acute MI (2).

   Periprocedural MI was defined as an elevation of total CK >2 times ULN in the presence of a confirming cardiac biomarker obtained after the procedure. Periprocedural MI in the setting of evolving MI was recorded in case of recurrent chest pain >20 minutes duration (or new ECG changes consistent with MI) in combination with a >50% elevation of peak CK (or CK-MB in the absence of CK) level above the previous level measured within 24 hours after the event (3).

3. **Target lesion revascularization**

   Target lesion revascularization (TLR) was defined as any repeat percutaneous or surgical intervention due to a coronary stenosis or occlusion within the stent or within the 5 mm borders proximal or distal to the stent.

4. **Target vessel revascularization**

Target vessel revascularization (TVR) was considered as any revascularization within the entire coronary vessel proximal or distal to a target lesion, including upstream and downstream side branches and the target lesion itself.

5. **Clinically-indicated revascularization**

Clinically-indicated revascularization was defined as any revascularization of the target lesion or target vessel associated with either signs or symptoms of myocardial ischemia and a $\geq$50% diameter coronary stenosis, or a $\geq$70% diameter coronary stenosis irrespective of the presence of signs or symptoms of myocardial ischemia.

6. **Stent thrombosis**

Stent thrombosis was defined according to the Academic Research Consortium criteria (4).

SUPPLEMENTAL REFERENCES:

1. Prineas R, Crow R, Blackburn H. The Minnesota code manual of electrocardiographic findings. Littleton, MA: John Wright-PSG,1982.

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3. Vranckx P, Cutlip DE, Mehran R, Kint PP, Silber S, Windecker S, Serruys PW. Myocardial infarction adjudication in contemporary all-comer stent trials: balancing sensitivity and specificity. Addendum to the historical MI definitions used in stent studies. *EuroIntervention.* 2010;5:871-874.

4. Cutlip DE, Windecker S, Mehran R, Boam A, Cohen DJ, van Es GA, Steg PG, Morel MA, Mauri L, Vranckx P, McFadden E, Lansky A, Hamon M, Krucoff MW, Serruys PW; Academic Research Consortium. Clinical end points in coronary stent trials: a case for standardized definitions. *Circulation.* 2007; 115: 2344-51.