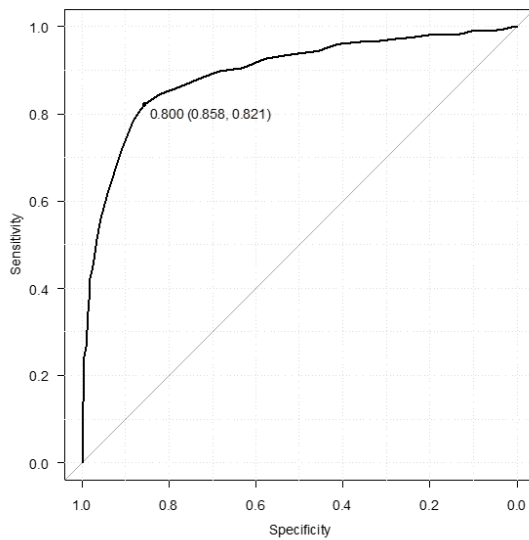


# **SUPPLEMENTAL MATERIAL**

**Figure S1. ROC analyses of FFR values to predict revascularization.**

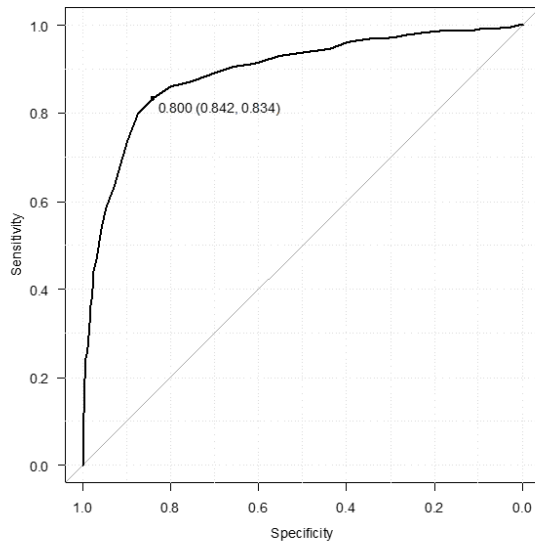


Overall  
FFR for performing PCI  
Best cutoff value 0.80  
AUC: 0.893 (0.875-0.911)

ROC analysis demonstrated that the best cut-off values of 0.80 to predict revascularization in the total cohort

ROC = Receiver operating curves; FFR = fractional flow reserve.

**Figure S2. ROC analyses of FFR values to predict revascularization.**

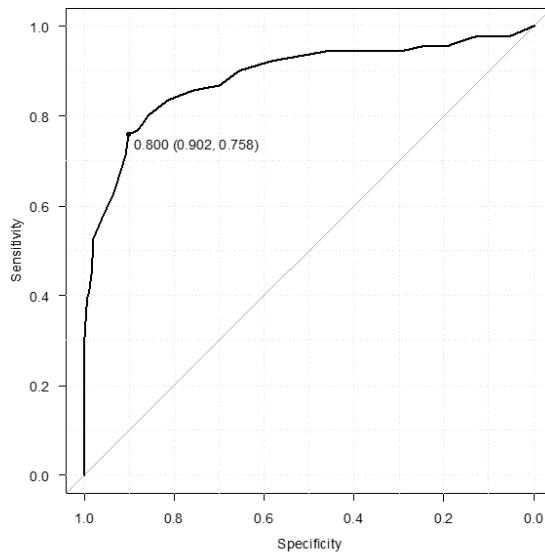


Male  
FFR for performing PCI  
Best cutoff value 0.80  
AUC: 0.892 (0.873-0.911)

ROC analysis of the best cutoff FFR value of 0.80 to predict revascularization in male

ROC = Receiver operating curves; FFR = fractional flow reserve.

**Figure S3. ROC analyses of FFR values to predict revascularization.**

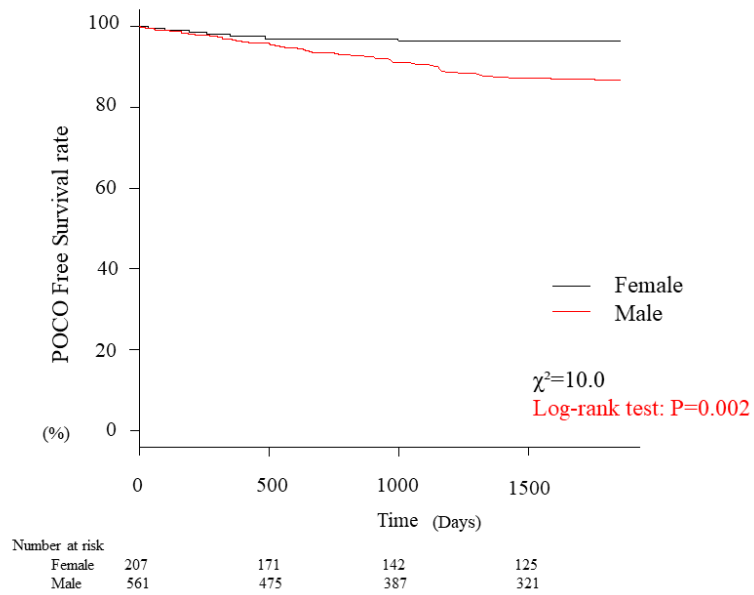


Female  
FFR for performing PCI  
Best cutoff value 0.80  
AUC: 0.886 (0.840-0.932)

ROC analysis demonstrated that the best cut-off value of 0.80 to predict revascularization in female

ROC = Receiver operating curves; FFR = fractional flow reserve.

**Figure S4. Kaplan-Meier Curves of Freedom From POCO.**



In the subgroup analysis of deferred patients with FFR >0.8, the incidence of POCO was significantly higher in male at 5-year follow-up.

POCO = patient oriented composite outcome; FFR = fractional flow reserve.