Supplemental Material

Table S1. List of adjudicated endpoints in included registries.

XV Japan Stent thrombosis, cardiac death(s), suspected MI(s), and repeat TLR(s) and TVR(s) up to 3 years.
XV USA Death, MI, revascularization, and ST. Major bleeding complications will be adjudicated through 2-year follow-up.
XV India ARC definitions for the following: death, MI, revascularization, and stent thrombosis. Major bleeding complications and unanticipated adverse device effects (UADEs) will also be adjudicated.
XV China Stent thrombosis, cardiac death(s), suspected MI(s), and repeat revascularization.

MI: myocardial infarction; TLR: target lesion revascularization; TVR: target vessel revascularization; ST: stent

thrombosis; ARC: Academic Research Consortium.

Table S2. Comparison of DAPT rates between male and female HBR patients.

Time	Female HBR (n = 821)	Male HBR (n = 1,576)	p-value
1 year	75.4%	77.3%	0.30
2 years	57.7%	57.7%	>0.999
3 years	49.0%	49.3%	0.88
4 years	38.7%	37.3%	0.53

DAPT: dual antiplatelet therapy; HBR: high bleeding risk.

Table S3. Comparison of DAPT rates between male and female Non-HBR patients.

Time	Female Non-HBR (n = 2,011)	Male Non-HBR (n = 6,094)	p-value
1 year	82.3%	85.0%	0.003
2 years	58.4%	62.1%	0.003
3 years	52.6%	54.8%	0.09
4 years	44.1%	45.1%	0.46

DAPT: dual antiplatelet therapy; HBR: high bleeding risk.

Table S4. Sex-wise outcomes in HBR patients up to 3 years.

	1 YEAR		2 YEARS		3 YEARS	
	Female HBR (n = 821)	**Male HBR (n = 1,576)**	**Female HBR (n = 821)**	**Male HBR (n = 1,576)**	**Female HBR (n = 821)**	**Male HBR (n = 1,576)**
MACE	5.1%	4.7%	7.4%	7.9%	9.4%	9.8%
All-cause death	4.6%	5.6%	9.7%	10.0%	12.8%	13.7%
Cardiac death	3.0%	3.3%	5.3%	5.9%	7.0%	7.6%
Non-cardiac death	1.7%	2.4%	4.7%	4.4%	6.2%	6.6%
MI	2.6%	1.6%	3.0%	2.4%	3.5%	2.9%
Definite/Probable ST	1.0%	1.2%	1.0%	1.3%	1.2%	1.5%
Major bleeding	7.2%	3.9%	10.2%	5.5%	10.8%	5.8%
ID-TLR	4.3%	3.4%	7.5%	5.0%	9.7%	6.1%

MACE is a composite of cardiac death, MI or definite/probable ST.

HBR: high bleeding risk; HR: hazard ratio; CI: confidence interval; MACE: major adverse cardiac events; MI: myocardial infarction;

ST: stent thrombosis; ID-TLR: ischemia-driven target lesion revascularization.

Table S5. Sex-wise and overall major bleeding rates in Non-HBR patients up to 4 years.

	Female Non-HBR (n = 2,011)	Male Non-HBR (n = 6,094)	Overall Non-HBR (n = 8,105)
1 year	1.8%	1.5%	1.6%
2 years	3.1%	2.0%	2.3%
3 years	3.7%	2.5%	2.9%
4 years	6.9%	4.6%	5.1%

HBR: high bleeding risk

Table S6. Sex-wise 4-year outcomes in the overall population.

	Female (n = 2,832)	Male (n = 7,670)	Log-rank p-value	Unadjusted HR (95% CI)	p-value	Adjusted HR (95% CI)	p-value
MACE	6.9%	6.0%	0.09	1.16 (0.98, 1.39)	0.09	0.90 (0.57, 1.43)	0.66
All-cause death	8.6%	7.5%	0.09	1.14 (0.98, 1.34)	0.09	0.66 (0.42, 1.03)	0.07
Cardiac death	4.0%	3.7%	0.47	1.09 (0.87, 1.37)	0.47	0.54 (0.27, 1.07)	0.08
Non-cardiac death	4.8%	4.0%	0.10	1.20 (0.97, 1.48)	0.10	0.82 (0.44, 1.52)	0.53
MI	3.5%	2.6%	0.02	1.36 (1.06, 1.75)	0.02	1.88 (1.03, 3.42)	0.04
Definite/Probable ST	0.9%	0.9%	0.90	1.03 (0.64, 1.65)	0.90	0.91 (0.28, 2.93)	0.87
Major bleeding	5.5%	3.0%	<0.0001	1.85 (1.51, 2.28)	<0.0001	0.91 (0.51, 1.64)	0.76
ID-TLR	7.6%	5.9%	0.002	1.31 (1.10, 1.55)	0.002	1.44 (0.97, 2.16)	0.07

Adjusted hazard ratio adjusted for age ≥75 years, diabetes mellitus, smoker, hypertension, hyperlipidemia, prior MI, prior cardiac intervention, LVEF <30%, acute coronary syndrome, multivessel disease, B2/C lesion.

MACE is a composite of cardiac death, MI or definite/probable ST. HBR: high bleeding risk; HR: hazard ratio; CI: confidence interval; MACE: major adverse cardiac events; MI: myocardial infarction; ST: stent thrombosis; ID-TLR: ischemia-driven target lesion revascularization.

Table S7. Sex-wise 4-year outcomes in HBR patients presenting with STEMI.

	Female HBR (n = 821)	Male HBR (n = 1,576)	HR (95% CI)	p-value
MACE	8.2%	11.3%	0.78 (0.22, 2.74)	0.70
All-cause death	17.8%	15.6%	1.19 (0.47, 3.02)	0.71
Cardiac death	8.2%	10.5%	0.86 (0.24, 3.04)	0.81
Non-cardiac death	10.5%	5.8%	1.96 (0.47, 8.19)	0.35
MI	2.9%	1.8%	1.66 (0.15, 18.35)	0.67
Definite/Probable ST	2.6%	0.8%	3.21 (0.20, 51.29)	0.38
Major bleeding	5.1%	3.4%	1.70 (0.31, 9.29)	0.54

MACE is a composite of cardiac death, MI or definite/probable ST. HBR: high bleeding risk; HR: hazard ratio; CI: confidence interval; MACE: major adverse cardiac events; STEMI: ST-elevation myocardial infarction; ST: stent thrombosis.

Table S8. Sex-wise 4-year outcomes in HBR patients presenting with NSTEACS.

	Female HBR (n = 821)	Male HBR (n = 1,576)	HR (95% CI)	p-value
MACE	12.7%	14.7%	0.88 (0.58, 1.34)	0.54
All-cause death	19.6%	17.8%	1.11 (0.78, 1.58)	0.55
Cardiac death	10.4%	10.1%	1.03 (0.64, 1.67)	0.90
Non-cardiac death	10.2%	8.5%	1.22 (0.72, 2.04)	0.46
MI	4.3%	4.1%	1.16 (0.55, 2.44)	0.69
Definite/Probable ST	1.2%	3.0%	0.42 (0.12, 1.47)	0.16
Major bleeding	13.2%	7.6%	1.79 (1.12, 2.86)	0.01

MACE is a composite of cardiac death, MI or definite/probable ST. HBR: high bleeding risk; HR: hazard ratio; CI: confidence interval; MACE: major adverse cardiac events; NSTEACS: Non-ST elevation acute coronary syndrome; ST: stent thrombosis.

Table S9. Bleeding risk of individual major and minor ARC-HBR criteria.

ARC-HBR criterion	HR (95% CI)	p-value
Major		
Moderate or severe anemia	6.69 (4.91, 9.13)	<0.0001
Oral anticoagulation	3.67 (2.53, 5.34)	<0.0001
Severe or end-stage CKD	6.02 (3.73, 9.71)	<0.0001
Thrombocytopenia	3.54 (1.44, 8.69)	0.003
Prior spontaneous severe bleeding	11.39 (5.00, 25.92)	<0.0001
Active malignancy	5.53 (0.77, 39.66)	0.06
Minor		
Age ≥75 years	3.83 (2.96, 4.95)	<0.0001
Mild anemia	3.16 (2.38, 4.21)	<0.0001
Moderate CKD	3.90 (2.97, 5.11)	<0.0001
Prior moderate or severe stroke	3.26 (2.17, 4.88)	<0.0001

ARC: Academic Research Consortium; HBR: high bleeding risk; CKD: chronic kidney disease; HR: hazard

ratio; CI: confidence interval