

## Supplemental Online Content

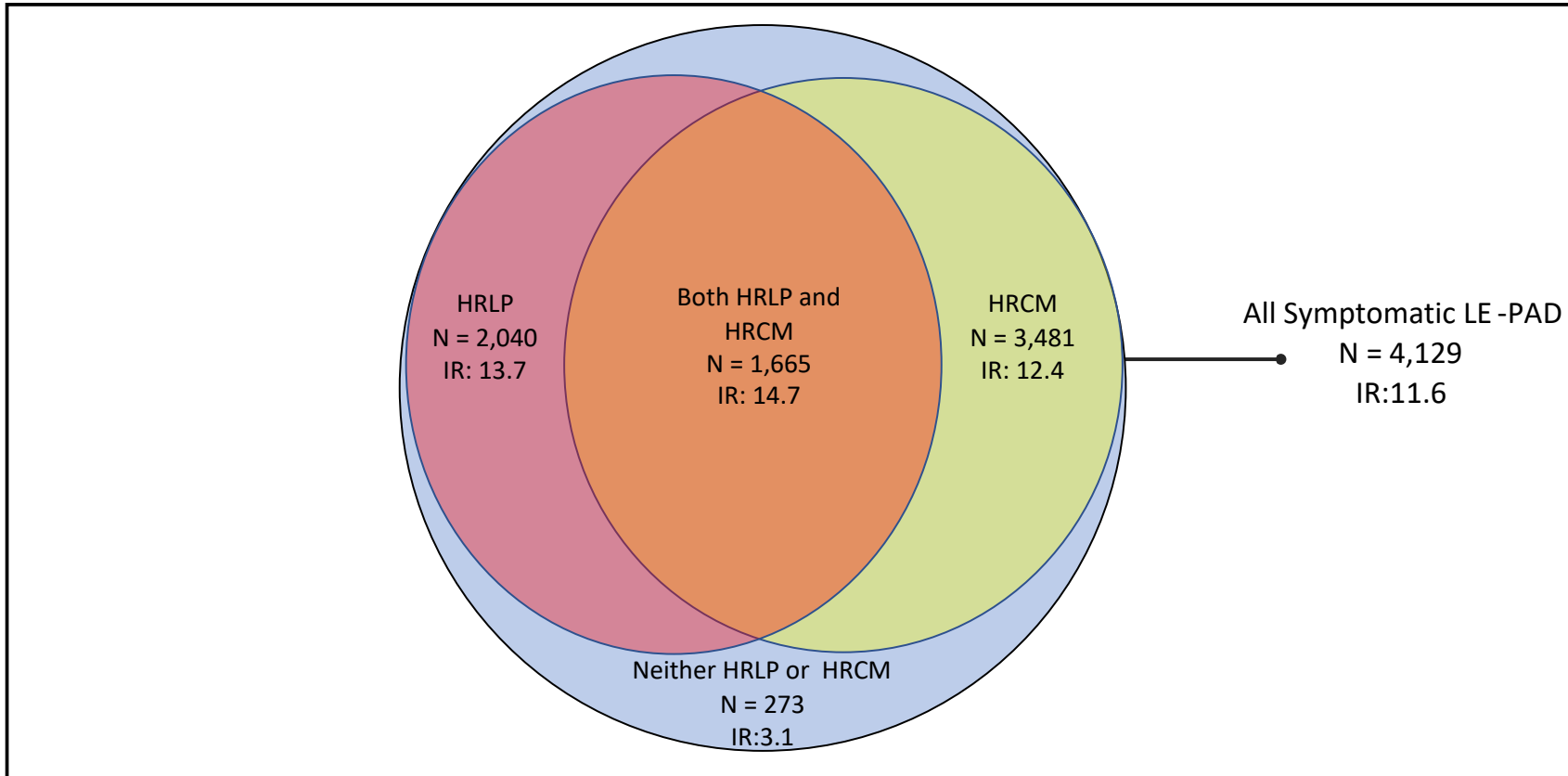
Kaplovitch E, Eikelboom JW, Dyal L, et al. Rivaroxaban and aspirin in patients with symptomatic lower extremity peripheral artery disease: a subanalysis of the COMPASS randomized clinical trial. *JAMA Cardiol*. Published online September 30, 2020. doi:10.1001/jamacardio.2020.4390

**eFigure 1.** 30-Month Incidence Risk of MACE, MALE Including Major Amputation Among All Patients With Symptomatic Lower Extremity PAD

**eFigure 2.** Incidence Risk of MACE or MALE Including Major Amputation (A) as well as Net Clinical Benefit (B) Among Patients Randomized to Aspirin and Rivaroxaban in Combination or Aspirin Alone

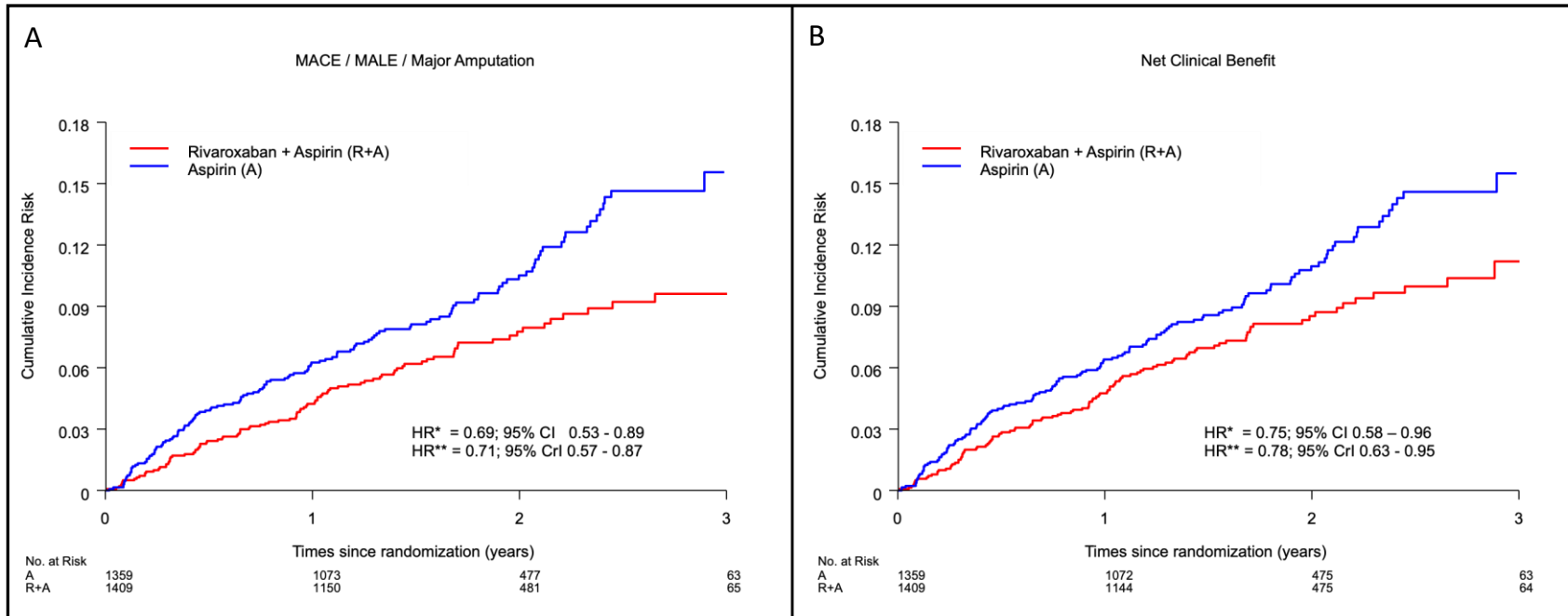
This supplemental material has been provided by the authors to give readers additional information about their work.

eFigure 1: 30-Month Incidence Risk of MACE, MALE Including Major Amputation Among All Patients With Symptomatic Lower Extremity PAD



Legend: MACE: Major adverse cardiac event; MALE: major adverse limb event; HRLP: High-risk limb presentation; HRCM: High-risk comorbidity; IR: Incident risk for 30 months; LE-PAD: Lower extremity peripheral arterial disease. Note: 30-Month incidence risk of MACE, MALE including major amputation among patients treated with aspirin alone: HRLP: 17.1%; HRCM: 16.1%; Both HRLP and HRCM: 19.2%; Neither HRP and HRCM: 3.3%

eFigure 2: Incidence Risk of MACE or MALE Including Major Amputation (A) as well as Net Clinical Benefit (B) Among Patients Randomized to Aspirin and Rivaroxaban in Combination or Aspirin Alone



Legend: MACE: Major Adverse Cardiac Event; MALE: Major Adverse Limb Event.

\*HR and CI from Cox proportional-hazards model

\*\*HR and CrI shrinkage estimates from Bayesian hierarchical modeling