SUPPLEMENTAL MATERIAL

Data S1.

Data sharing plan

Will individual participant data be available (including data dictionaries)?	Will be separately decided for each request. The sponsor will have to agree before publication.
What data in particular will be shared?	All data that is required to minimally fulfill the request.
What other documents will be available?	Study Protocol, Statistical Analysis Plan
When will data be available (start and end dates)?	After publication of final specific subgroup analyses, no predetermined end-date
With whom?	Depending on the request, this will be decided by the PI of the study.
For what types of analyses?	For individual participant data meta-analysis.
By what mechanism will data be made available?	Proposals should be directed to the PI of the study (m.a.h.van.leeuwen@isala.nl). To gain access, data requestors will need to sign a data transfer agreement.

Data S2.

THE

Quick DASH

OUTCOME MEASURE
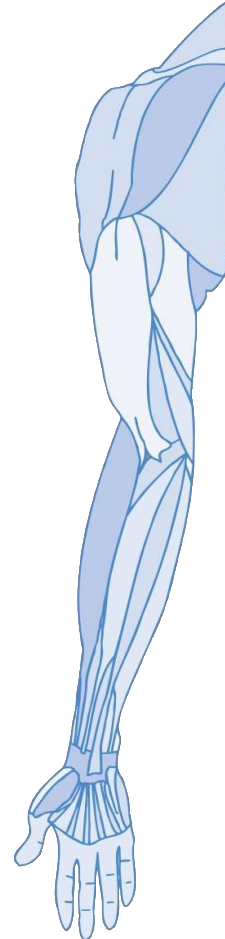
British English

INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to do certain activities.

Please answer *every question*, based on your condition in the last week, by circling the appropriate number.

If you did not do an activity in the last week, please give your *best guess* which response would be most accurate.

It doesn't matter which hand or arm you use to do the activity; please answer based on your ability regardless of how you do the task.

British English translation courtesy of:
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Centre for Long Term Conditions Research, University of Manchester, UK.

Quick **DASH**

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar	1	2	3	4	5
2. Do heavy household jobs (e.g. wash windows, clean floors)	1	2	3	4	5
3. Carry a shopping bag or briefcase	1	2	3	4	5
4. Wash your back	1	2	3	4	5
5. Use a knife to cut food	1	2	3	4	5
6. Recreational activities which require you to take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis etc)	1	2	3	4	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, *to what extent* has your arm, shoulder or hand problem interfered with your normal social activities with family. friends, neighbours or groups?	1	2	3	4	5

(circle number)

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in work or other regular daily activities as a res your arm, shoulder or hand problem? *(circle number)*	1	2	3	4	5

Please rate the severity of the following symptoms in the last week *(circle number)*	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? *(circle number)*	1	2	3	4	5

Quick**DASH DISABILITY/SYMPTOM SCORE** = [(sum of n responses) –1] x 25 (where n is the number of completed responses)
$$\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad n$$

A Quick**DASH score may not be calculated if there is greater than 1 missing item.**

Quick **DASH**

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including home-making if that is your main work role).

Please indicate what your job / work is:
_____

☐ I do not work (you may skip this section).

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Doing your work in your usual way?	1	2	3	4	5
2. Doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. Doing your work as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time doing your work?					

	1	2	3	4	5

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing *your musical instrument or sport or both*. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you:
_____

☐ I do not play a sport or an instrument. (You may skip this section).

Please circle the number that best describes your physical ability in the past week.

Did you have an difficulty:	*NO DIFFICULTY*	*MILD DIFFICULTY*	*MODERATE DIFFICULTY*	*SEVERE DIFFICULTY*	*UNABLE*
1. Playing your instrument or sport in your usual way?	1	2	3	4	5
2. Playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. Playing your instrument or sport as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

Scoring the optional modules: add up the assigned values for each
response; divide by 4 (number of items); subtract 1;
multiple by 25.

An optional module score may <u>not </u>be calculated if there are any missing items.

Lower Extremity Functional Scale (LEFS)

The Lower Extremity Functional Scale (LEFS) is a questionnaire containing 20 questions about a person's ability to perform everyday tasks. The LEFS can be used by clinicians as a measure of patients' initial function, ongoing progress and outcome, as well as to set functional goals.

The LEFS can be used to evaluate the functional impairment of a patient with a disorder of one or both lower extremities. It can be used to monitor the patient over time and to evaluate the effectiveness of an intervention.

Scoring instructions

The columns on the scale are summed to get a total score. The maximum score is 80.

Interpretation of scores

③ The lower the score the greater the disability.

③ The minimal detectable change is 9 scale points.

③ The minimal clinically important difference is 9 scale points.

③ % of maximal function = (LEFS score) / 80 * 100 Performance:

③ The potential error at a given point in time was +/- 5.3 scale points.

③ Test-retest reliability was 0.94.

③ Construct reliability was determined by comparison with the SF-36. The scale was found to be reliable with a sensitivity to change superior to the SF-36.

Lower Extremity Functional Scale (LEFS)

Instructions

We are interested in knowing whether you are having any difficulty at all with the activities listed below **because of your lower limb problem** for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, *do you* **or** *would you* **have any difficulty at all with:**

Activities	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
1. Any of your usual work, housework or school activities.	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3. Getting into or out of the bath.	0	1	2	3	4
4. Walking between rooms.	0	1	2	3	4
5. Putting on your shoes or socks.	0	1	2	3	4
6. Squatting.	0	1	2	3	4
7. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8. Performing light activities around your home.	0	1	2	3	4
9. Performing heavy activities around your home.	0	1	2	3	4
10. Getting into or out of a car.	0	1	2	3	4
11. Walking 2 blocks.	0	1	2	3	4
12. Walking a mile.	0	1	2	3	4

13. Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14. Standing for 1 hour.	0	1	2	3	4
15. Sitting for 1 hour.	0	1	2	3	4
16. Running on even ground.	0	1	2	3	4
17. Running on uneven ground.	0	1	2	3	4
18. Making sharp turns while running fast.	0	1	2	3	4
19. Hopping.	0	1	2	3	4
20. Rolling over in bed.	0	1	2	3	4
Column Totals:	0	1	2	3	4

Table S1. Baseline characteristics for complete versus analyzable cohort.

Baseline	Complete cohort (n=388)	Analyzable cohort (n=343)
Age, y	69.5 ± 10.4	69.4 ± 10.4
Male, n (%)	316 (81%)	282 (82%)
Height, cm	174 ± 9	175 ± 9
Weight, kg	86 ± 16	87 ± 16
BMI, kg/m^2	28.4 ± 4	28.3 ± 4
Medical history, n (%)		
Hypertension	260 (67%)	229 (67%)
Hypercholesterolemia	229 (59%)	201 (59%)
Diabetes Mellitus	115 (30%)	95 (28%)
Current smoking	54 (14%)	45 (13%)
Family history of CAD	142 (37%)	119 (35%)
Peripheral arterial disease	59 (15%)	49 (14%)
Previous MI	150 (39%)	128 (37%)
Previous PCI	199 (51%)	171 (50%)
Previous CABG	63 (16%)	52 (15%)
Previous stroke	37 (10%)	29 (9%)
Indication for complex PCI		
Chronic coronary syndrome	297 (87%)	328 (85%)
NSTE-ACS	60 (16%)	46 (13%)
Left ventricular ejection fraction, n (%)		
Poor (<30%)	14 (4%)	18 (5%)
Moderate (30-50%)	104 (27%)	93 (27%)
Good (>50%)	258 (67%)	229 (68%)
Hb, mmol/l	8.5 ± 1.0	8.5 ± 1.0
MDRD, ml/min/1.73m2	70 ±19	70 ± 19

Values are mean SD or n (%). BMI- body mass index; CABG-coronary artery bypass grafting;
CAD-coronary artery disease; Hb-hemoglobin; LVEF-left ventricular ejection
fraction; MDRD-Modification of Diet in Renal Disease; MI- myocardial infarction;
NSTE-ACS- non–ST-segment elevation acute coronary syndrome; PCI- percutaneous coronary intervention;

Table S2. Baseline characteristics for single radial versus single femoral access in analyzable cohort.

Baseline	Radial randomised patients, single access (n=108)	Femoral randomised patients, single access (n=104)
Age, y	72 ± 10	71 ± 11
Male, n (%)	91 (84)	82 (79)
Height, cm	175 ± 10	175 ± 10
Weight, kg	86 ± 16	87 ± 16
BMI, kg/m^2	28 ± 5	28 ± 4
Medical history, n (%)		
Hypertension	80 (74)	77 (74)
Hypercholesterolemia	66 (61)	66 (64)
Diabetes Mellitus	34 (32)	30 (29)
Current smoking	19 (18)	13 (13)
Family history of CAD	40 (47)	30 (29)
Peripheral arterial disease	14 (13)	17 (16)
Previous MI	34 (32)	39 (38)
Previous PCI	52 (48)	49 (47)
Previous CABG	12 (11)	15 (14)
Previous stroke	12 (11)	8 (8)
Indication for complex PCI		
Chronic coronary syndrome	90 (83)	87 (84)
NSTE-ACS	18 (17)	17 (16)
Left ventricular ejection fraction, n (%)		
Poor (<30%)	3 (3)	5 (5)
Moderate (30-50%)	27 (25)	23 (23)
Good (>50%)	74 (70)	73 (72)
Hb, mmol/l	8.4 ± 1	8.3 ± 1.1
MDRD, ml/min/1.73m2	68 ± 17	70 ± 21

Values are mean SD or n (%). BMI- body mass index; CABG-coronary artery bypass grafting;
CAD-coronary artery disease; Hb-hemoglobin; LVEF-left ventricular ejection
fraction; MDRD-Modification of Diet in Renal Disease; MI- myocardial infarction;
NSTE-ACS- non–ST-segment elevation acute coronary syndrome; PCI- percutaneous coronary intervention;

Table S3. Baseline characteristics for patients with dual access stratified by randomized strategy, for analyzable cohort.

Baseline	Radial randomized patients, dual arterial access (n=61)	Femoral randomized patients, dual arterial access (n=70)
Age, y	66 ± 9	65 ± 10
Male, n (%)	51 (84)	58 (83)
Height, cm	174 ± 10	176 ± 8
Weight, kg	85 ± 14	90 ± 16
BMI, kg/m²	28 ± 4	29 ± 4
Medical history, n (%)		
Hypertension	32 (53)	40 (57)
Hypercholesterolemia	31 (51)	38 (54)
Diabetes Mellitus	15 (25)	16 (23)
Current smoking	7 (12)	6 (9)
Family history of CAD	19 (31)	30 (43)
Peripheral arterial disease	9 (15)	9 (13)
Previous MI	19 (31)	36 (51)
Previous PCI	26 (43)	44 (63)
Previous CABG	8 (13)	17 (24)
Previous stroke	4 (7)	5 (7)
Indication for complex PCI		
Chronic coronary syndrome	55 (90)	65 (93)
NSTE-ACS	6 (10)	5 (7)
Left ventricular ejection fraction, n (%)		
Poor (<30%)	4 (7)	2 (3)
Moderate (30-50%)	16 (26)	27 (39)
Good (>50%)	41 (67)	41 (59)
Hb, mmol/l	8.7 ± 1	8.7 ± 0.9
MDRD, ml/min/1.73m2	71 ± 19	71 ± 18

Values are mean SD or n (%). BMI- body mass index; CABG-coronary artery bypass grafting;
CAD-coronary artery disease; Hb-hemoglobin; LVEF-left ventricular ejection
fraction; MDRD-Modification of Diet in Renal Disease; MI- myocardial infarction;
NSTE-ACS- non–ST-segment elevation acute coronary syndrome; PCI- percutaneous coronary intervention;

Table S4. Univariate and multivariate analysis for predictors of QuickDash MCID ≥ 8.

Univariate

	Odds ratio	95% CI	P value
Female sex	2.83	1.35 – 5.95	0.006
Age ≥ 70	1.35	0.68 – 2.69	0.39
Diabetes	1.12	0.53 – 2.37	0.77
Hypertension	1.17	0.56 – 2.46	0.68
Ultrasound guided puncture	1.31	0.60 – 2.84	0.50
RAS	1.48	0.32 – 6.95	0.62
Any bleeding	1.31	0.67 – 2.61	0.45
Clinically relevant bleeding/vascular complication	1.01	0.34 – 3.04	0.98

CI – confidence interval, RAS – radial artery spasm

Multivariate

Odds Ratio Estimates				
	Point Estimate	95% Wald Confidence Limits		P value
Female sex	2.61	1.20	5.70	0.02
Age ≥70	1.27	0.63	2.55	0.52
Diabetes	0.94	0.43	2.06	0.87
Hypertension	1.13	0.52	2.43	0.77
Ultrasound guided puncture	1.15	0.51	2.60	0.75
RAS	1.18	0.24	5.96	0.84
Any bleeding	1.20	0.55	2.62	0.66
Clinically relevant bleeding/vascular complication	0.76	0.23	2.54	0.65

RAS – radial artery spasm

Table S5. Univariate and multivariate analysis for predictors of LEFS MCID ≥ 9.

Univariate

	Odds ratio	95% CI	P value
Female sex	1.14	0.47 – 2.74	0.77
Age ≥ 70	0.93	0.46 – 1.87	0.83
Diabetes	0.88	0.39 – 1.95	0.74
Hypertension	0.93	0.44 – 1.95	0.85
Ultrasound guided puncture	0.86	0.36 – 2.04	0.72
RAS	1.58	0.34 – 7.42	0.57
Any bleeding	0.99	0.48 – 2.05	0.98
Clinically relevant bleeding/vascular complication	1.08	0.36 – 3.26	0.89

CI – confidence interval, RAS – radial artery spasm

Multivariate

Odds Ratio Estimates				
	Point Estimate	**95% Wald Confidence Limits**		**P value**
Female sex	1.14	0.45	2.85	0.78
Age ≥ 70	0.94	0.46	1.93	0.87
Diabetes	0.87	0.38	1.97	0.74
Hypertension	0.93	0.44	2.00	0.86
Ultrasound guided puncture	0.84	0.34	2.07	0.70
RAS	1.50	0.31	7.31	0.62
Any bleeding	0.99	0.43	2.24	0.97
Clinically relevant bleeding/vascular complication	1.10	0.32	3.76	0.87

RAS – radial artery spasm