Supplementary Online Content


**eTable 1.** Analysis of the Poolability of the PD and PE PLUS studies for 1-Year Death/MI/TVR

**eFigure 1.** Distribution of Race/Ethnicity in the PD and PE Plus studies

**eFigure 2.** Patient Flow in the PD and PE PLUS Pooled Analysis

**eFigure 3.** Antiplatelet Medication Adherence up to 12 months

**eFigure 4.** Unadjusted Clinical Outcomes at 1 Year

This supplementary material has been provided by the authors to give readers additional information about their work.
eTable 1. Analysis of the Poolability of the PD and PE PLUS studies for 1-Year MACE

<table>
<thead>
<tr>
<th>Factors</th>
<th>PE Plus</th>
<th>8.5% (128/1501)</th>
<th>Chi-Square</th>
<th>Degrees of Freedom</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poolability by Clinical Sites Within PLATINUM Diversity</td>
<td>NA</td>
<td></td>
<td>20.13</td>
<td>32</td>
<td>0.95</td>
</tr>
<tr>
<td>Poolability by Studies for Women</td>
<td>8.1%</td>
<td>8.5% (90/1057)</td>
<td>0.12</td>
<td>1</td>
<td>0.73</td>
</tr>
<tr>
<td>Poolability by Studies for Minority Patients</td>
<td>9.2%</td>
<td>9.4% (72/766)</td>
<td>0.008</td>
<td>1</td>
<td>0.93</td>
</tr>
</tbody>
</table>

Sites with <20 enrolled patients were pooled into groups based on geographic location.

Groups of sites with <20 enrolled patients were pooled by geographic (state) regions as follows:
Pooled Site # 1: VT, NJ, PA, DC, MD
Pooled Site # 2: GA, SC, FL
Pooled Site # 3: LA, OK, TX
Pooled Site # 4: AZ, CA, WA

To compare 1-year MACE in women and minorities with those in white men, data were pooled from the PD and PE Plus studies. An assessment of the poolability of patients across sites was made by fitting a logistic regression model with the primary endpoint of 1-year MACE. Specifically, the site was entered as the main effect in the model. If the p-value for the coefficient for the site effect was ≥ 0.10, the data was pooled across sites. Sites with fewer than 20 patients enrolled were combined into “virtual sites” based on geographic region. Enrollment of each group was tracked and capped if there were sufficient numbers of patients enrolled in one group but not the other. This statistical analysis suggests that pooling was unlikely to alter outcomes according to race and sex.
eFigure. 1. Distribution of Race/Ethnicity in the PD and PE Plus studies
eFigure 2. Patient Flow in the PD and PE PLUS Pooled Analysis
eFigure. 3. Antiplatelet Medication Adherence up to 12 months. (A) Aspirin and (B) dual antiplatelet therapy (aspirin and P2Y₁₂ inhibitor) in white men (blue), women (orange), and minority patients (green).
eFigure 4. Unadjusted Clinical Outcomes at 1 Year