Supplementary Online Content

Shah R, Rao SV, Latham SB, Kandzari DE. Efficacy and safety of drug-eluting stents optimized for biocompatibility vs bare-metal stents with a single month of dual antiplatelet therapy: a meta-analysis. *JAMA Cardiol*. Published online October 31, 2018. doi:10.1001/jamacardio.2018.3551

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

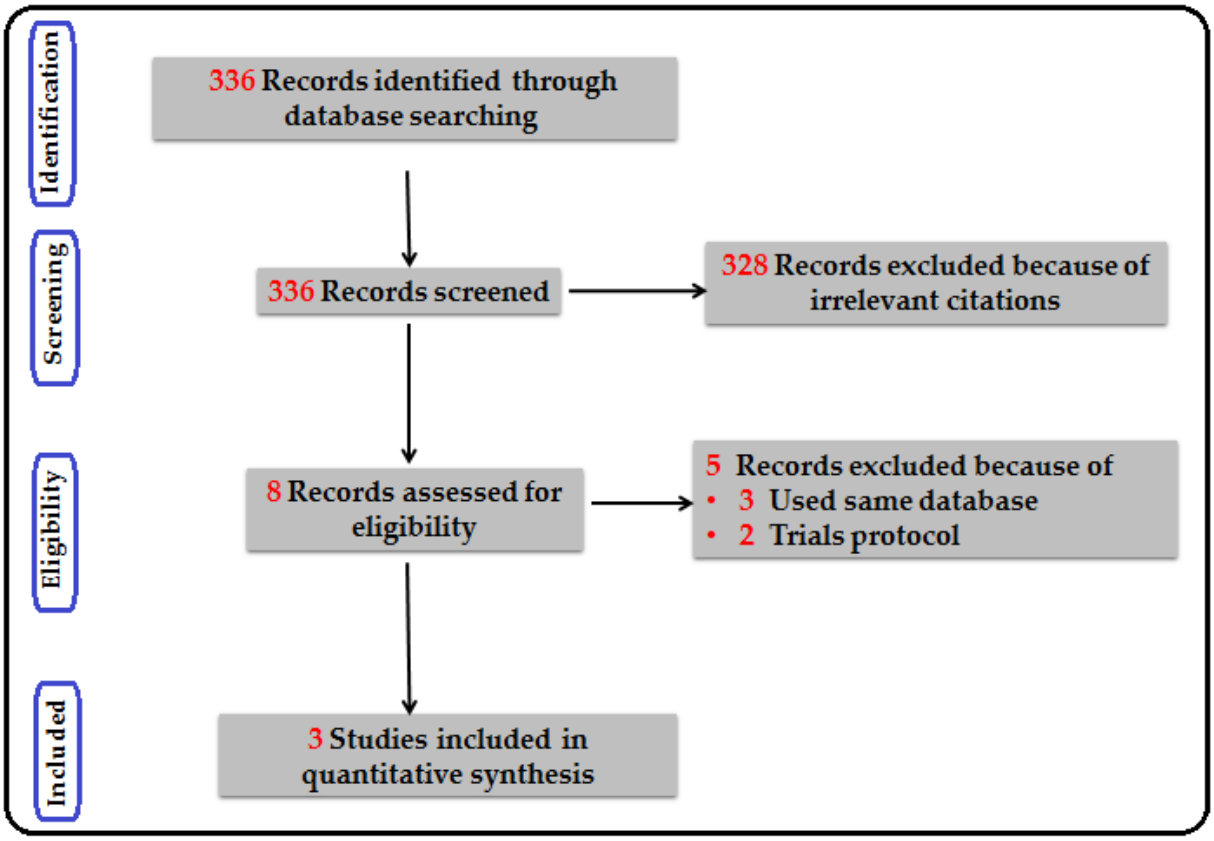
eTable. Inclusion and exclusion criteria of the RCTs.

Trials	Inclusion criteria	Exclusion criteria
LEADERS-FREE	Any indication for PCI in patients presenting as stable angina, silent ischemia, ACS, with native or non-native, de nova or in-stent restenosis target lesions, deemed at high risk for bleeding and candidates for 1- month DAPT satisfying at least one of following criteria: 1. OAC treatment planned to continue after PCI; 2. Age ≥ 75 years old; 3. Baseline Hgb < 11g/dl (or requiring transfusion during the 4 weeks prior to randomization); 4. Prior intra-cerebral bleed; 5. Stroke in last 12 months; 6. Hospital admission due to bleeding in last 12 months; 7. Non-skin cancer diagnosed or treated < 3 years; 8. Planned daily NSAID (other than aspirin) or steroids for >30 days after PCI; 9. Planned surgery requiring stoppage of DAPT within 12 months; 10. Creatinine clearance <40ml/min; 11. Platelet < 100,000/mm3; 12. Severe Chronic Liver disease with variceal hemorrhage, ascites, hepatic encephalopathy or jaundice; 13. Expected non-compliance to prolonged DAPT	• Pregnant and breastfeeding women; • Expected not to comply with 1- month DAPT; • Requiring staged PCI > one week after index procedure; • Planned to require non-study stents, or stand-alone POBA, or stand-alone atherectomy; • Active bleeding at time of inclusion; • Reference vessel diameter <2.25 - >4.0 mm; • Cardiogenic shock; • Compliance with long-term single anti-platelet therapy unlikely; • Known hypersensitivity or contraindication to aspirin, $P2Y_{12}$ inhibitors, contrast media, or type of stent used in study; • PCI within last 12 months for lesion other than target lesion of index procedure; • Participation in another clinical trial; Life expectancy < 1 year
ZEUS	• Low restenosis risk based on angiographic findings (No planned stent lower than 3.0mm expect left main or vein graft); • High bleeding risk or presence of relative-absolute contraindication to DAPT >30 days (1. indications for OAC; 2. Bleeding episode within past 12 months requiring medical attention; 3. Bleeding diathesis not completely	• Women who are pregnant; • Unable to give informed consent and assurance for complete contact through 12 months; • PCI with stenting in previous 6 months

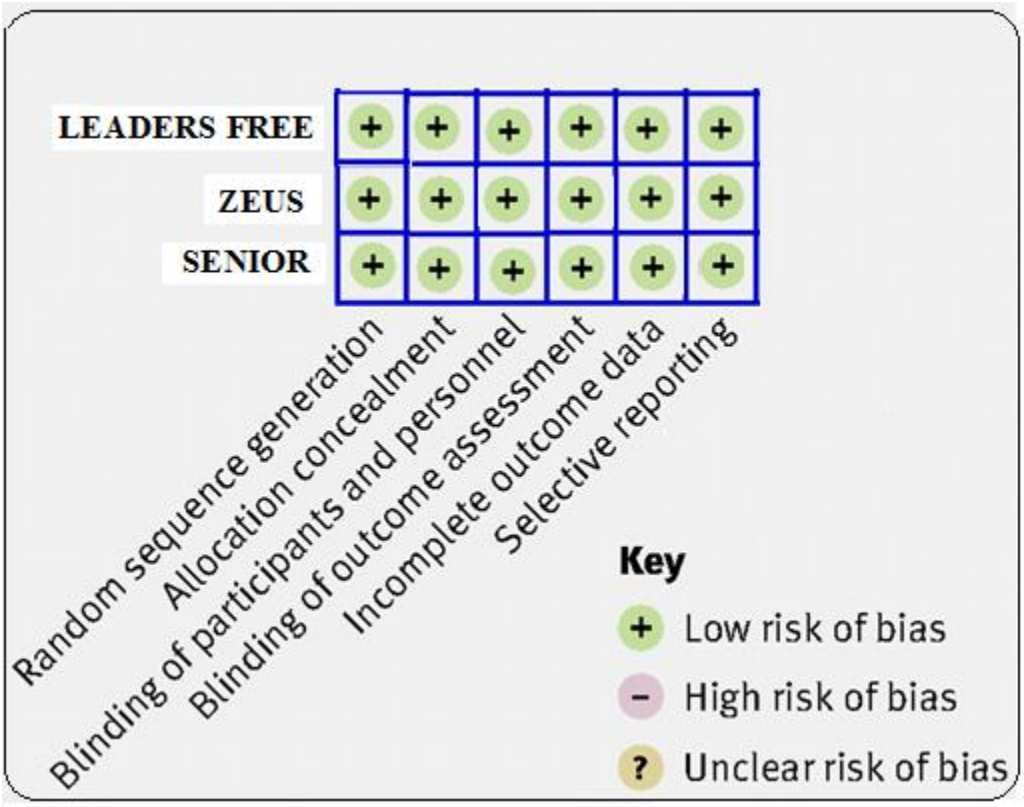
	resolved; 4. Age > 80; 5. Systemic conditions associated with increased bleeding risk; 6. Known anemia(Hgb <10); 7. Chronic steroids or NSAID); • High thrombosis risk (1. Allergy to aspirin, $P2Y_{12}$ inhibitors; 2. Planned surgery within 12 months of PCI; 4. Non-skin cancer and life expectancy > 1 year; 4. Systemic conditions associated with thrombosis diathesis)	
SENIOR	• 75 years or older; Stable Angina, Silent Ischemia, or ACS. • One coronary artery with a stenosis with a visual diameter of a least 70%(≥50% left main stem) or ≥50% with Fractional Flow reserve <0.80, deemed eligible for PCI • Silent Ischemia defined by stress-induced myocardial ischemia ≥10% of the myocardium in asymptomatic patients or myocardial ischemia <10% in asymptomatic patients with Fractional Flow Reserve ≤ 0.80	• Indication for myocardial revascularization by CABG • Inability to tolerate, obtain, or comply with DAPT; • Requirement for additional surgery; • Non-cardiac comorbidities with a life expectancy of less than 1 year; Previous hemorrhagic stroke; Allergy to aspirin or $P2Y_{12}$ inhibitors; • Silent ischemia of less than 10% of the left myocardium with a fractional flow reserve of 0.80 or higher.

OAC = Oral Anticoagulation; NSAID = Non-steroidal anti-inflammatory drug; POBA = Balloon Angioplasty; ACS = Acute Coronary Syndrome; PCI = Percutaneous Coronary Intervention; CABG = Coronary Artery Bypass Grafting; DAPT = Dual Antiplatelet Therapy;

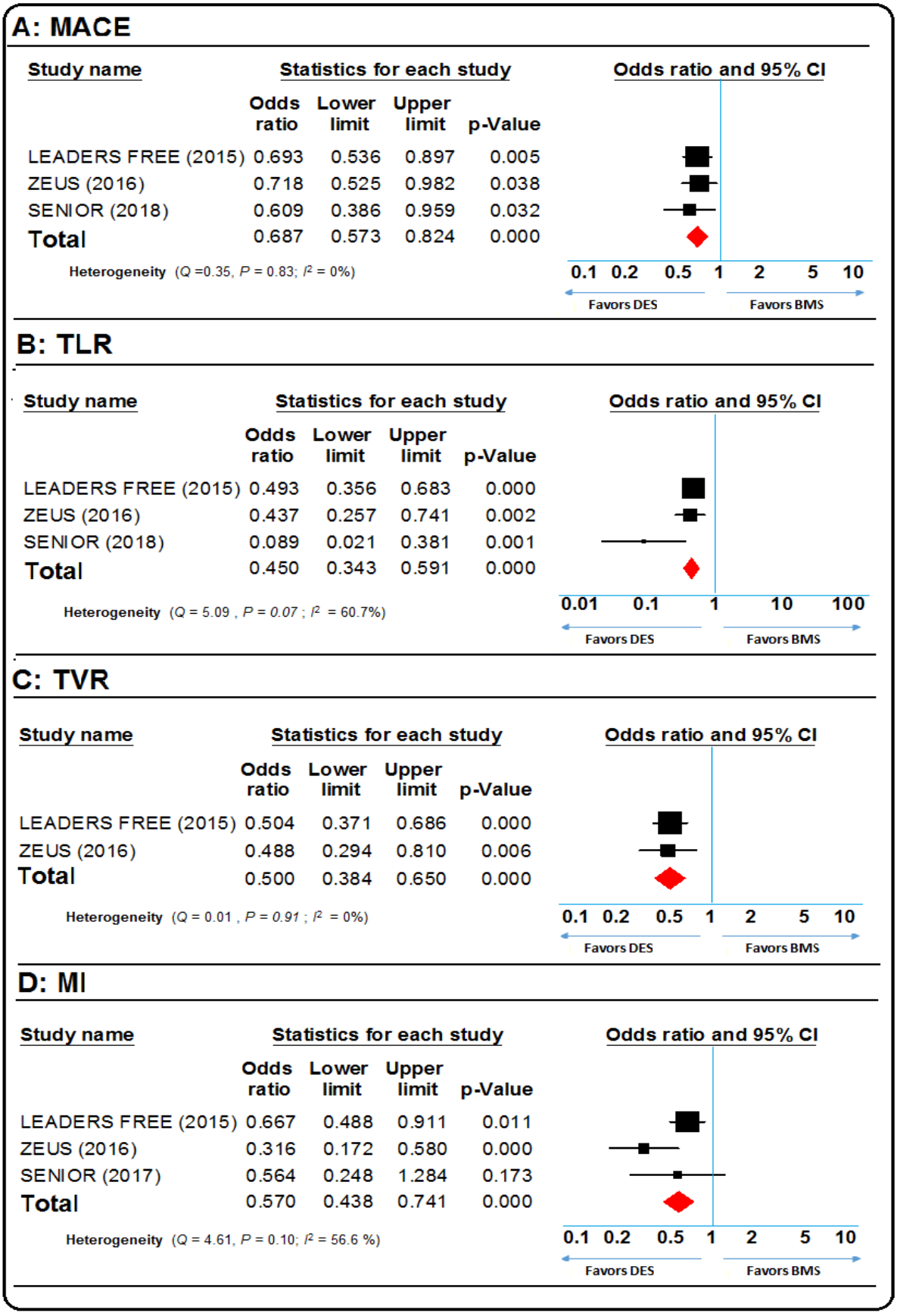
eFigure 1. Flow diagram for study selection



eFigure 2. Risk of bias of included randomized controlled trials



eFigure 3. Sensitivity analysis for major adverse cardiac events, target lesion revascularization, target vessel revascularization and MI using fixed-effect models



eFigure 4. Sensitivity analysis for all-cause mortality, cardiac mortality and bleeding complications using fixed-effect models