Supplementary Appendix

ENDPOINT DEFINITIONS

Stroke

Stroke is defined as an acute episode of focal or global neurological dysfunction caused by cerebral vascular injury as a result of infarction or hemorrhage not caused by trauma. Ischemic stroke is defined as an acute episode of focal cerebral dysfunction caused by cerebral infarction. Hemorrhagic stroke is defined as an acute episode of focal or global cerebral dysfunction caused by intraparenchymal, intraventricular, or subarachnoid hemorrhage not caused by trauma. Subdural hematomas are intracranial hemorrhage events but not strokes.

Intracranial hemorrhage

Intracranial hemorrhage is defined as an acute or subacute episode of bleeding within the intracranial space, including hemorrhagic stroke, subdural hemorrhage and epidural hemorrhage.

Death

Deaths is classified as cardiovascular or non-cardiovascular. The cause of death will be determined by the principal condition that resulted in the death, not the immediate mode of death. Managing physicians will utilize all available information provided, along with clinical expertise, in their adjudication of the cause of death.

Cardiovascular death

Death due to cardiovascular causes. They include:

- death from acute myocardial infarction and its complications (e.g., arrhythmia, sudden arrest, heart failure)
- sudden cardiac death
- death from heart failure
- death from stroke
- death caused by complications of cardiovascular procedures
- death from cardiovascular hemorrhage (e.g., intracranial hemorrhage, non-procedural or non-traumatic vascular rupture (e.g., aortic aneurysm), or hemorrhage causing cardiac tamponade)

• death from other cardiovascular causes not included in the above categories but with a specific, known cardiovascular cause (e.g., pulmonary embolus or peripheral arterial disease)

Major bleeding

Major bleeding was defined as any episode of fatal bleeding event, bleeding that occurred in the critical sites (intracranial, intra-articular or intramuscular with compartment syndrome, intraocular, pericardial, retroperitoneal), bleeding necessitating transfusion, or bleeding that caused a drop in hemoglobin of $\geq 2g/dL$, in accordance to the International Society on Thrombosis and Haemostasis.

BASELINE VARIABLES DEFINITIONS

Estimated glomerular filtration rate

Estimated glomerular filtration rate (eGFR) is calculated based on MDRD equation, expressed as:

186 x (Creatinine/88.4) - 1.154 x (Age) - 0.203 x (0.742 if female) x (1.210 if black)

where Creatinine is expressed in µmol/L.

Anemia

Anemia is defined as hemoglobin <13g/dL for men and hemoglobin <12g/dL for women.

PCI urgency

- Elective: Patient cardiac status has been stable in the days or weeks before the operation. The procedure can be deferred without increased risk of compromised cardiac outcome.
- Urgent: Procedure required during the same hospitalization to minimize chances of clinical deterioration or adverse outcome. Clinical conditions include (but are not limited to) acute or worsening chest pain, acute or worsening HF, acute MI, critical coronary stenosis, IABP support, UA with intravenous nitroglycerin, and rest angina.
- Emergency: Procedure required because of ongoing, refractory (difficult, complicated, and/or unmanageable), unrelenting cardiac compromise, with or without hemodynamic instability, and not responsive to any form of therapy except PCI.

Tables

 Table S1.
 Baseline characteristics of all patients before propensity score matching.

Characteristics	Potent P2Y12 inhibitors	Clopidogrel	P value
Ν	3318	14966	
Female gender	461 (13.9%)	3511 (23.5%)	< 0.001
Age, mean (SD)	61.143644	65.346083	
	(11.09843)	(11.55964)	< 0.001
Age ≥75	409 (12.3%)	3565 (23.8%)	< 0.001
Tobacco use	1657 (53.1%)	6826 (48.3%)	< 0.001
Diabetes mellitus	843 (25.4%)	5350 (35.7%)	< 0.001
Hypertension	1603 (48.3%)	9729 (65.0%)	< 0.001
Dyslipidemia	1563 (47.1%)	9907 (66.2%)	< 0.001
Cerebrovascular disease	164 (4.9%)	1490 (10.0%)	< 0.001
Peripheral vascular disease	48 (1.4%)	413 (2.8%)	< 0.001
Chronic obstructive pulmonary disease	23 (0.7%)	223 (1.5%)	< 0.001
Previous myocardial infarction	160 (4.8%)	2169 (14.5%)	< 0.001
Previous CABG	19 (0.6%)	250 (1.7%)	< 0.001
Congestive heart failure	109 (3.3%)	1222 (8.2%)	< 0.001
Atrial fibrillation or flutter	57 (1.7%)	567 (3.8%)	< 0.001
eGFR < 60ml/min/m ²	435 (13.1%)	3055 (20.4%)	< 0.001
Anemia*	780 (23.5%)	5213 (34.8%)	< 0.001
PCI indication			< 0.001
Unstable angina	309 (9.3%)	4458 (29.8%)	
NSTEMI	1467 (44.2%)	9052 (60.5%)	
STEMI	1542 (46.5%)	1456 (9.7%)	
Aspirin on discharge	3242 (97.7%)	14639 (97.8%)	0.71
Beta-blocker on discharge	2546 (76.7%)	11150 (74.5%)	0.007
Angiotensin blockade on discharge	2630 (79.3%)	10412 (69.6%)	< 0.001
Statin on discharge	3268 (98.5%)	14313 (95.6%)	< 0.001

Table S2.Details on P2Y12 inhibitor use.

P2Y12 inhibitor on hospital discharge	N 3110	Duration of P2Y12 inhibitor (median [IQR] in days) 366 (363-415)	P2Y12 inhibitor at 1 year or last agent before discontinuation	
Potent P2Y12 inhibitors			Potent P2Y12 inhibitor	2072 (66.6%)
			Clopidogrel	1038 (33.4%)
Ticagrelor	2716	366 (365-400)	Ticagrelor	1785 (65.7%)
			Prasugrel	2 (0.0%)
			Clopidogrel	929 (34.2%)
Prasugrel	394	366 (364-404)	Ticagrelor	1 (0.0%)
			Prasugrel	284 (72.1%)
			Clopidogrel	109 (27.7%)
<u>Clopidogrel</u>	3110	366 (363-415)	Ticagrelor	104 (3.3%)
			Prasugrel	0 (0.0%)
			Clopidogrel	3006 (96.7%)