SUPPLEMENTAL MATERIAL

Contents

MASTER DAPT trial: committees and investigators

Executive committee

Coprincipal Investigator	M. Valgimigli
Coprincipal Investigator	P.C. Smits
Sponsor Representative	G.A. Van Es until June 1, 2018
Sponsor Representative	From June, 1 2018, G.B.W.E. Vos
Sponsor Representative	From October 16, 2020, E. Spitzer
Principal Investigators	P. Vrancks; B. Chevalier; Y. Ozaki
Clinical Research Organization Representative	M.C. Morice
Cardiologists	Y. Onuma; E. Frigoli
Bern University Hospital Representative	A. Frenk
Biostatisticians	P. Jüni; J. Tijssen
Terumo Representative (nonvoting member)	D. Paunovic

Steering committee

National Lead Investigators

Bangladesh, India	M.S. Ajit
Kingdom of Bahrain, Saudi Arabia	M. Alasnag
Belgium	J. Bartunek
France	B. Chevalier
Italy	A. Colombo
United Kingdom	D. Hildick-Smith
Portugal, Spain	A. Iñiguez
Austria, Denmark, Estonia, Germany, Sweden	F. Mahfoud
Israel	R. Kornowski
Bulgaria, Czech Republic, Hungary, Poland	M. Lesiak
Singapore, South Korea, Vietnam	P.J. Ong
Japan	Y. Ozaki
Argentina	A.E. Rodriguez
Switzerland	M. Roffi
Australia	C. Schultz
Macedonia, Serbia	G. Stankovic
The Netherlands	P. Tonino

Top enrollers

Inselspital, Bern, Switzerland	Aris Moschovitis
North Estonia Medical Center, Tallinn, Estonia	Peep Laanmets
Interventional Cardiology Unit, Policlinico Casilino, Rome, Italy	Michael Donahue

Data monitoring committee

Chair	M. Bertrand
Biostatistician	S. Pocock
Cardiologist	P. Urban

Clinical events committee

Chair	S. Leonardi
Cardiologists	C. Hanet; R. Lopes; E.P. McFadden; P. Radke
Neurologist	R. O. Roine

Safety reporting group (Cardialysis, Rotterdam, The Netherlands)

Boudijn Ladan (Safety Specialist), Laura van der Waal (Safety Assistant), Yvonne Engelbrecht (Safety Assistant), Fred Paddenburg (Safety Manager), Ben Ren, M.D., Ph.D. (Medical Reviewer).

CEC management group (Cardialysis, Rotterdam, The Netherlands)

Ingrid de Zwart (Data Manager), Liliane Elshout (Data Manager), Judith Jonk (Data Manager), Tessa Rademaker-Havinga (Statistician).

Project management

Ria van Vliet (Project Manager, ECRI, Rotterdam, The Netherlands). Marie-Claude Morice (Medical Director, CERC, France), Phani Krishna Kondamudi (Clinical Project Leader, CERC, France), Laure Morsiani (Clinical Operations Manager, CERC, France), Ute Windhövel (Regulatory Affairs Manager, CERC, France). Anita van der Wal (Project Manager, Cardialysis, Rotterdam, the Netherlands), Chantal Bakker (Project Manager, Cardialysis, Rotterdam, The Netherlands). Kazuhiro Minagawa (Project Manager, CVQuest, Tokyo, Japan).

Countries, investigators, and numbers of patients enrolled

Country	Site name	Principal investigator	Patients randomised (n=4579)	Patients consented but not randomised (n=625)
Argentina			16	1
	Buenos Aires, Otamendi Hospital	Dr Juan Mieres	8	
	Buenos Aires, Institutio Cardiovascular de Buenos Aires	Dr Fernando Cura	5	1
	Buenos Aires, Clinica IMA	Dr Carlos Fernandez-Pereira	3	
Australia			142	19
	Perth, Royal Perth Hospital-Cardiology Research	Prof. Carl Schultz	66	7
	Wollongong, Wollongon Hospital	Dr Astin Lee	55	6
	Sydney, Prince of Wales Hospital	Dr Nigel Jepson	8	2
	Fitzroy, St Vincent Hospital	Prof. Robert Whitbourn	7	
	Chermside, The Prince Charles Hospital	Dr Owen Christopher Raffel	6	4
Austria			44	11
	Vienna, Wilhelminenspital	Prof. Kurt Huber	29	9
	Vienna, Rudolfstiftung Hospital	Prof. Franz Weidinger	15	2
Bangladesh	Dhaka, National Heart Foundation Hospital & Research Institute	Prof. Fazila-Tun-Nesa Malik	39	1
Belgium			302	51
	Hasselt, Jessa Ziekenhuis	Prof. Pascal Vranckx	91	14
	Bonheiden, Imelda Ziekenhuis	Dr Willem Dewilde	90	14
	Charleroi, CHU de Charleroi – Hopital Civil Marie Curie	Dr Adel Aminian	48	3
	Aalst, OLV Ziekenhuis	Prof. Emanuele Barbato---- from 6th Sep 2018 Dr Jozef Bartunek	47	7
	Liege, CHR La Citadelle	Dr Suzanne Pourbaix	24	11
	Brussels, CHU St. Pierre UMC St. Pieter	Dr Panagiotis Xaplanteris	2	2
Bulgaria			183	11
	Sofia, UMHAT St. Anna	Dr Vasil Velchev	91	

Country	Site name	Principal investigator	Patients randomised (n=4579)	Patients consented but not randomised (n=625)
	Plovdiv, MHAT "Sveta Karidad" Plovdiv	Dr Dimitar Karageorgiev	60	10
	Sofia, National Heart Hospital	Dr Hristo Mateev	23	1
	Sofia, Tokuda Hospital	Prof. Valeri Gelev	9	
Czech Republic			134	17
	Brno, University Hospital Brno	Prof. Petr Kala	120	17
	Praha, Na Homolce Hospital	Dr Martin Mates	14	
Denmark	Roskilde, Roskilde Hospital Kogevej	Dr Henning Kelbæk	13	
Estonia	Tallinn, North-Estonia Medical Centre Foundation	Dr Peep Laanmets	259	12
France			578	67
	Massy, Hopital Prive Jacques Cartier	Dr Thomas Hovasse	129	19
	Montauban, Clinique du Pont de Chaume	Dr Laurent Delorme	124	7
	Marseille, CHU La Timone	Prof. Thomas Cuisset	41	
	Annecy, Centre Hospitalier Annecy Genvois	Dr Loïc Belle	37	
	Caen, Centre hospitalier regional universitaire de Caen	Prof. Farzin Beygui	33	9
	Nantes, Hopital Prive le Confluent	Dr Ashok Tirouvanziam	31	
	Montpellier, Clinique du Millenaire	Prof. Christophe Piot	30	4
	Caen, Hopital Prive Saint Martin	Dr Jean François Morelle	27	4
	Rouen, Clinique Saint-Hilaire	Dr Rene Koning	27	7
	Metz, Hopital de Mercy	Dr Mathieu Valla	24	3
	Dijon, GCIDB – Hopital Prive Dijon Bourgogne	Dr Philippe Brunel	23	5
	Nimes, CHU Caremeau	Dr Guillaume Cayla	18	4
	Creteil, Centre Hospitalier Universitaire Henri-Mondor	Prof. Emmanuel Teiger	12	2
	Paris, Hopital Universitaire Pitie-Salpetriere	Prof. Gilles Montalescot	10	2
	Paris, Hopital Europeen Georges-Pompidou	Prof. Christian Spaulding	9	1
	Saint-Denis, Centre Cardiologique du Nord	Dr Phillipe Guyon	3	
Germany			24	6
	Homburg, Saarland University	Prof. Felix Mahfoud	20	6
	Landshut, Landshut-Archdorf Krankenhaus	Dr Pyxaras, Stylianos	4	

Country	Site name	Principal investigator	Patients randomised (n=4579)	Patients consented but not randomised (n=625)
Hungary			68	5
	Budapest, Semmelweis University Heart and Vascular Center	Prof. Béla Merkely	46	5
	Szeged, Invasive Cardiology Unit University of Szeged	Dr Imre Ungi	22	
India			147	11
	Coimbatore, G Kuppuswamy Naidu Memorial Hospital	Dr Rajpal K Abhaichand	94	10
	Surat, Shri BD Mehta Mahavir Heart Institute	Dr Atul Damodar Abhyankar	33	
	Chennai, Apollo Hospitals, Chennai	Dr Sengottuvelu. G	13	1
	Chennai, Madras Medical Mission	Dr Ajit Mullasari .S	7	
Israel			100	33
	Safed, Ziv Medical Center, Cardiology Department	Dr Halabi Majdi	37	9
	Petach Tikva, Rabin MC	Prof. Ran Kornowski	34	11
	Haifa, Rambam Medical Center	Prof. Ariel Roguin----from 14th Oct 2018 Dr Yair Feld	16	6
	Jerusalem, Hadassah Ein Karem Medical Center	Prof. Chaim Lotan	13	7
Italy			276	37
	Rome, Policlinico Casilino	Dr Michael Donahue	99	6
	Vimercate, Ospedale di Vimercate	Dr Stefano Garducci	48	3
	Rozzano, Humanitas Research Hospital	Dr Bernhard Reimers	30	2
	Rome, Policlinico Umberto I	Dr Gennaro Sardella	20	2
	Milan, San Raffaele Hospital	Dr Antonio Colombo---from 20th June 2019 Dr Alaide Chieffo	12	1
	Catania, Ferrarotto Hospital	Prof. Corrado Tamburino	9	2
	Messina, AOU Policlinico Martino	Dr Giuseppe Andò	8	4
	Milan, Policlinico San Donato	Dr Luca Testa	8	4
	Milan, Sacco Hospital	Dr Maurizio Di Biasi	8	6
	Rome, Ospedale Sandro Pertini	Dr Alessandro Sciahbasi	8	3
	Caserta, Azienda Ospedaliera di Caserta Sant Anna e San Sebastiano	Prof.Dr Paolo Calabro	6	1
	Andria, Ospedale Lorenzo Bonomo	Dr Gianluigi Minervini	5	
	Cagliari, Azienda Ospedaliera Brotzu	Dr Bruno Loi	5	

Country	Site name	Principal investigator	Patients randomised (n=4579)	Patients consented but not randomised (n=625)
	Milan, Centro Cardiologico Monzino IRCCS	Dr Franco Fabbiocchi	5	
	Milan, ASST Grande Ospedale Metropolitano Niguarda	Dr Jacopo Oreglia	4	3
	Treviglio, ASST Bergamo Ovest	Dr Paolo Sganzerla	1	
Japan			188	17
	Toyoake, Fujita Health University Hospital	Prof. Yukio Ozaki	60	2
	Kokura, Fukuoka Kokura Memorial Hospital	Dr Kenji Ando	43	2
	Osaka, Osaka Police Hospital	Dr Yoshiharu Higuchi	22	4
	Tokyo, Sakakibara Heart Institute	Dr Mamoru Nanasato	13	1
	Kanagawa, St. Marianna University School of Medicine	Dr Yuki Ishibashi	11	1
	Gifu, Gifu Heart Center	Dr Hitoshi Matsuo	10	
	Nagoya, Japanese Red Cross Nagoya Daini Hospital	Dr Ruka Yoshida	8	2
	Ichinomiya, Ichinomiya municipal hospital	Dr Kiyokazu Shimizu	6	2
	Nagoya, Japanese Red Cross Nagoya	Dr Haruo Kamiya	4	2
	634 – Japan, Tokyo, St. Lukes International Hospital	Dr Nobuyuki Komiyama	4	1
	Nagakuteshi, Aichi Medical University Hospital	Dr Tetsuya Amano	3	
	Nagoya, Nagoya University Hospital	Dr Toyoaki Murohara	2	
	Sapporo, Sapporo Higashi Tokushukai Hospital	Dr Seiji Yamazaki	2	
Kingdom of Bahrain	Riffa, Bahrain Defence Force Hospital	Dr Husam Noor	7	1
Macedonia	Skopje, University Clinic of Cardiology	Dr Sasko Kedev	120	3
Poland			177	7
	Krakow, Institute Of Cardiology Jagiellonian University	Dr Jakub Podolec	69	4
	Poznan, Szpital Kliniczny Przemienienia Panskiego	Prof. Maciej Lesiak	50	1
	Wroclaw, 4 Wojskowy Szpital Kliniczny	Dr Krzysztof Reczuch	33	1
	Lubin, Miedziowe Centrum Zdrowia SA	Dr Adian Wlodarczak	18	1

Country	Site name	Principal investigator	Patients randomised (n=4579)	Patients consented but not randomised (n=625)
	Krakow, University Hospital Krakow Poland	Prof. Dariusz Dudek	7	
Portugal	Lisbon, Hospital de Santa Maria	Dr Pedro Canas da Silva	1	
Saudi Arabia	King Fahd Armed Forces Hospital	Dr Mirvat Alasnag	16	1
Serbia			138	11
	Belgrade, Institute for Cardiovascular Disease Dedinje	Dr Ljupco Mangovski − from 17 April 2019 Dr Dragan Topic	67	4
	Belgrade, Clinical Center of Serbia	Prof. Goran Stankovic	61	7
	Sremska Kamenica, Institute of Cardiovascular Diseases	Dr Dragan Debeljacki	10	
Singapore			46	10
	Singapore, Tan Tock Seng Hospital	Prof. Paul Ong Jau Lueng	38	10
	Singapore, KhooTeck Puat Hospital	Dr Syed Saqib Imran	8	
South Korea	Seoul, Asan Medical Center	Dr Park Seung-Jung	15	
Spain			196	10
	Huelva, Juan Ramon Jimenez Hospital	Dr José Francisco Diaz Fernandez	47	1
	Vigo, Alvaro Cunqueiro	Prof. Andrés Iniguez	40	2
	Barcelona, Hospital Vall Hebron	Dr Bruno Garcia del Blanco	27	
	Alicante, Hospital General Universitario de Alicante	Dr Vicente Mainar	19	2
	Madrid, Hospital 12 de Octubre	Dr Ivan Gomez Blazquez	17	
	El Palmar, Universitario Virgen de la Arrixaca	Dr Eduardo Pinar	15	1
	Madrid, Hospital Clinico San Carlos	Prof. Javier Escaned Barbosa	11	2
	Barcelona, Bellvitge University Hospital	Dr Joan Antoni Gomez Hospital	10	2
	Santander, Hospital Universitario Valdecilla	Dr Fermin Sainz	9	
	Majadahonda, Hospital Universitario Puerta de Hierro	Dr Javier Goicolea	1	
Sweden			8	
	Orebro, Orebro University Hospital	Dr Ole Fröbert	6	
	Gavle, Gavle Hospital	Dr Robert Kastberg	2	
Switzerland			499	111
	Bern, Inselspital	Dr Aris Moschovitis---from 20th Oct 2020 Prof. Stephan Windecker	308	61
	Liestal, Kantonsspital Baselland	Dr Gregor Leibundgut	68	14

Country	Site name	Principal investigator	Patients randomised (n=4579)	Patients consented but not randomised (n=625)
	Lugano, Cardiocentro Ticino	Dr Giovanni Pedrazzini	31	9
	Geneva, University Hospital	Prof. Marco Roffi	29	13
	Bern, Lindenhofspital	Dr Ali Garachemani	28	3
	Zurich, University Hospital Zurich	Dr Patrick Siegrist	18	7
	Fribourg, HFR Hopital cantonal	Prof. Stéphane Cook	17	4
Netherlands			539	122
	Rotterdam, Maasstad Ziekenhuis	Dr Peter Smits	233	79
	Terneuzen, Zorgsaam	Dr Al Mafragi	87	5
	Emmen, Treant Zorggroep	PI Dr Jessurun---from 1st July 2020 Dr Ruifrok	67	9
	Eindhoven, Catharina Ziekenhuis	Dr Pim Tonino	54	10
	Arnhem, Rijnstate Ziekenhuis	Dr Peter Danse	29	8
	Hertogenbosch, Jeroen Bosch Ziekenhuis	Dr J. Polad	21	3
	Dordrecht, Albert Schweitzer Ziekenhuis	Dr Floris Kauer	20	6
	Enschede, Medisch Spectrum Twente	Dr Clemens von Birgelen	19	
	Nieuwegein, Antonius Ziekenhuis Nieuwegein	Dr Jurrien ten Berg	5	1
	Breda, Amphia Ziekenhuis	Dr Sander Ijsselmuiden	3	
	Den Haag, Hagahospital	Dr Samer Somi	1	1
United Kingdom			279	48
	Bristol, Bristol Heart Institute	Dr Tom Johnson	55	13
	Worcester, Worcestershire Royal Hospital	Dr Helen Routledge	43	8
	Brighton, Brighton & Sussex University Hospitals Trust	Dr David Hildick-Smith	40	3
	Bournemouth, Royal Bournemouth Hospital	Dr Jehangir Din	34	7
	Wolverhampton, Heart and Lung Centre – New Cross Hospital	Dr Shahzad Munir	22	6
	Blackburn, Royal Blackburn Hospital	Dr John McDonald	20	1
	Stevenage, Lee Haynes Research Institute, Lister Hospital	Dr Neville Kukreja	20	1
	Stoke on Trent, Royal Stoke University Hospital	Prof. Mamas Mamas	20	5
	Newcastle upon Tyne, Freeman Hospital	Dr Rajiv Das	13	1

Country	Site name	Principal investigator	Patients randomised (n=4579)	Patients consented but not randomised (n=625)
	Manchester, Wythenshawe Hospital	Dr Hussain Contractor	8	3
	Derry, Altnagelvin Hospital	Dr Aaron Peace	2	
	London, St. George's Hospitals	Dr Rupert Williams	2	
Vietnam	Vietnam National Heart Institute – Bach Mai Hospital Hanoi	Prof. Nguyen Ngoc Quang	25	2

Additional information on the methods

Inclusion criteria

Inclusion criteria after index PCI

- Age ≥18 years
- At least one high bleeding risk criterion (listed above)
- All coronary lesions successfully treated with Ultimaster stent
- Free of any flow-limiting angiographic complications that required prolonged dual antiplatelet therapy (DAPT) duration based on operator's decision
- All stages of PCI were complete and no further PCI was planned.

Inclusion criteria at 1-month randomization visit (30−44 days after qualifying index PCI)

- At least one high bleeding risk criterion (listed above) or on the basis of post-PCI actionable nonaccess-site related bleeding episode
- Uneventful 30-day clinical course (i.e. freedom from any new episode of acute coronary syndrome, symptomatic restenosis, stent thrombosis, stroke, any revascularization requiring prolonged DAPT)
- If not on OAC:
    - Patient was on DAPT regimen of aspirin and a $P2Y_{12}$ inhibitor;
    - Patient with one type of $P2Y_{12}$ inhibitor for at least 7 days.
- If on OAC:
    - Patient was on the same type of OAC for at least 7 days;
    - Patient was on clopidogrel for at least 7 days.

Exclusion criteria

Patients were not eligible if any of the following applied:

- Treated with stent other than Ultimaster stent within 6 months prior to index PCI
- Treated for in-stent restenosis or stent thrombosis at index PCI or within 6 months before
- Treated with a bioresorbable scaffold at any time prior to index procedure
- Incapable of providing written informed consent
- Under judicial protection, tutorship or curatorship
- Unable to understand and follow study-related instructions or unable to comply with study protocol
- Active bleeding requiring medical attention (Bleeding Academic Research Consortium
- [BARC] ≥2) on randomization visit
- Life expectancy less than 1 year
- Known hypersensitivity or allergy to aspirin, clopidogrel, ticagrelor, prasugrel, cobalt chromium or sirolimus
- Any planned and anticipated PCI
- Participation in another trial
- Pregnant or breastfeeding women

Table I. APT regimen(s) allowed after each type of event according to presence or absence of clinical indication for OAC

Event type (according to the investigator)	Indication for OAC		No indication for OAC	
	Abbreviated DAPT	**Non-abbreviated DAPT**	**Abbreviated DAPT**	**Non-abbreviated DAPT**
Repeat percutaneous coronary intervention	+30 days of DAPT	≥90 days of DAPT	+30 days of DAPT	≥180 days of DAPT
Stent thrombosis	Routine care*	Routine care*	Routine care*	Routine care*
Myocardial infarction	Routine care*	Routine care*	Routine care*	Routine care*
First occurrence of a BARC type 2 bleeding event†	Routine care* until bleeding resolved	Routine care* until bleeding resolved	Routine care* until bleeding resolved	Routine care* until bleeding resolved
From the second BARC 2 bleeding event onwards	Routine care*	Routine care*	Routine care*	Routine care*
BARC 3 to 5 bleeding event	Routine care*	Routine care*	Routine care*	Routine care*
Stroke	Routine care*	Routine care*	Routine care*	Routine care*
Temporary discontinuation‡	+7 days of routine care	+7 days of routine care	+7 days of routine care	+7 days of routine care

* Treatment according to investigator discretion/local practice.

† Bleeding resolved: date the site reported that the bleeding event had resolved. If the patient had another BARC 2 bleeding event (second BARC), they were allowed to continue routine care after the second BARC 2 bleeding event.

‡ Only temporary discontinuations due to surgery or non-revascularization intervention requiring (temporary) stop or dosage change were allowed. If the patient did not restart the regimen after 7 days, the 0−7 days were coded as adherent, but day 8 and later were coded as non-adherent. Note that patients who permanently changed OAC treatment between day *t*=0 and 335 days should accordingly have changed to the APT regimen recommended in the protocol on the day of the switch *t* and thereafter.

APT, antiplatelet; BARC, Bleeding Academic Research Consortium; DAPT, dual antiplatelet treatment; OAC, oral anticoagulant.

Table II. NARC classification used to evaluate adherence to the randomized antiplatelet regimens

NARC class	Adherence to randomized treatment
0	Permanently adherent or allowed change according to Table II
1	≤2 days of interruptions (not counting allowed change according to Table II)
2	Temporary discontinuation for >2 days (not counting allowed change according to Table II)
3	Permanent discontinuation until 11 months (not counting allowed change according to Table II)

Patients who permanently changed oral anticoagulant treatment between day *t*=0 and 335 days should accordingly have changed to the antiplatelet regimen recommended in the protocol on the day of the switch *t*. For instance, patients adding oral anticoagulant post-randomization in the abbreviated dual antiplatelet therapy arm should have continued single antiplatelet therapy until the 6-month visit; if oral anticoagulant was added after the 6-month visit, they should immediately have stopped single antiplatelet therapy.

NARC, non-adherence Academic Research Consortium.

Table III. Treated lesion characteristics according to presence or absence of clinical indication for OAC

	Indication for OAC		No indication for OAC	
	Abbreviated DAPT	**Non-abbreviated DAPT**	**Abbreviated DAPT**	**Non-abbreviated DAPT**
Number of patients	848	818	1447	1466
Number of treated lesions	**1186**	**1178**	**2108**	**2162**
Lesion location				
Left main	50 (4.2%)	44 (3.7%)	78 (3.7%)	91 (4.2%)
LAD artery	509 (42.9%)	491 (41.7%)	885 (42.0%)	941 (43.5%)
Left circumflex artery	268 (22.6%)	269 (22.8%)	459 (21.8%)	499 (23.1%)
Right coronary artery	345 (29.1%)	352 (29.9%)	660 (31.3%)	610 (28.2%)
Bypass graft				
SVG	9 (0.8%)	18 (1.5%)	25 (1.2%)	20 (0.9%)
LIMA/RIMA/radial graft	6 (0.5%)	5 (0.4%)	3 (0.1%)	1 (0.0%)
Bifurcation or trifurcation disease	189 (15.9%)	179 (15.2%)	346 (16.4%)	342 (15.8%)
Rotablator used	27 (2.3%)	26 (2.2%)	51 (2.4%)	47 (2.2%)
Final residual lesion stenosis confirmed <20%	1170 (98.7%)	1159 (98.4%)	2080 (98.7%)	2141 (99.0%)
TIMI flow before PCI				
0 or 1	132/1175 (11.2%)	149/1166 (12.8%)	292/2086 (14.0%)	319/2147 (14.9%)
2	124/1175 (10.6%)	120/1166 (10.3%)	237/2086 (11.4%)	222/2147 (10.3%)
3	919/1175 (78.2%)	897/1166 (76.9%)	1557/2086 (74.6%)	1606/2147 (74.8%)
TIMI flow after PCI				
0 or 1	3 (0.3%)	0/1177 (0.0%)	8/2107 (0.4%)	3/2161 (0.1%)
2	5 (0.4%)	9/1177 (0.8%)	13/2107 (0.6%)	21/2161 (1.0%)
3	1178 (99.3%)	1168/1177 (99.2%)	2086/2107 (99.0%)	2137/2161 (98.9%)
Lesion treatment				
Ballooning or thrombus aspiration only	21 (1.8%)	15 (1.3%)	35 (1.7%)	43 (2.0%)
Stenting	1165 (98.2%)	1163 (98.7%)	2073 (98.3%)	2119 (98.0%)

	Indication for OAC		No indication for OAC	
	Abbreviated DAPT	**Non-abbreviated DAPT**	**Abbreviated DAPT**	**Non-abbreviated DAPT**
Number of stented lesions	**(n=1165)**	**(n=1163)**	**(n=2073)**	**(n=2119)**
Stent(s) used*				
Ultimaster stent	1161 (99.7%)	1161 (99.8%)	2070 (99.9%)	2114 (99.8%)
Other drug-eluting stent	5 (0.4%)	3 (0.3%)	4 (0.2%)	6 (0.3%)
Bare-metal stent	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)
Number of stents	1.3 (0.6) (n=1158)	1.2 (0.6) (n=1157)	1.2 (0.5) (n=2055)	1.2 (0.5) (n=2110)
Overlapping stenting	184/1158 (15.9%)	160/1157 (13.8%)	341/2055 (16.6%)	322/2110 (15.3%)
Total stent length, mm	27.3 (17.3)	27.3 (16.5)	28.2 (16.3)	27.9 (15.8)
Stent diameter, mm	3.0 (0.5)	3.0 (0.5)	3.0 (0.5)	3.0 (0.5)
Direct stenting	367 (31.5%)	391 (33.6%)	609 (29.4%)	652 (30.8%)
Post-dilatation	714 (61.3%)	679 (58.4%)	1317 (63.5%)	1319 (62.2%)

Data are mean (SD), n (%), or n/N (%) in case of missing data.
APT, antiplatelet treatment; DAPT, dual antiplatelet treatment; LAD, left anterior descending; LIMA, left internal mammary artery; OAC, oral anticoagulant; PCI, percutaneous coronary intervention; RIMA, right internal mammary artery; SVG, saphenous vein graft; TIMI, Thrombolysis in Myocardial Infarction.
*In 5 lesions in 5 different patients, a mix of Ultimaster and other drug-eluting stents were used; in 14 lesions in 12 different patients, only bare-metal stents or only other drug-eluting stents were used.

Table IV. Medications according to presence or absence of clinical indication for OAC

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
At 1-month visit (before randomization)						
DAPT	835 (98.5%)	806 (98.5%)	1.00	1446 (99.9%)	1466 (100.0%)	0.50
SAPT	13 (1.5%)	12 (1.5%)	1.00	1 (0.1%)	0 (0.0%)	0.50
No APT	0 (0.0%)	0 (0.0%)	–	0 (0.0%)	0 (0.0%)	–
Aspirin	837 (98.7%)	807 (98.7%)	1.00	1447 (100.0%)	1466 (100.0%)	–
P2Y12 inhibitor	846 (99.8%)	817 (99.9%)	1.00	1446 (99.9%)	1466 (100.0%)	0.50
Clopidogrel	838 (98.8%)	815 (99.6%)	0.092	990 (68.4%)	989 (67.5%)	0.61
Prasugrel	0 (0.0%)	0 (0.0%)	–	59 (4.1%)	56 (3.8%)	0.78
Ticagrelor	8 (0.9%)	2 (0.2%)	0.11	397 (27.4%)	421(28.7%)	0.46
(N)OAC	840 (99.1%)	812 (99.3%)	0.79	3 (0.2%)	1 (0.1%)	0.37
VKA	290 (34.2%)	272 (33.3%)	0.72	0 (0.0%)	1 (0.1%)	1.00
Warfarin	92 (10.8%)	77 (9.4%)	0.37	0 (0.0%)	0 (0.0%)	–
Acenocoumarol	138 (16.3%)	134 (16.4%)	1.00	0 (0.0%)	0 (0.0%)	–
Phenprocoumon	28 (3.3%)	37 (4.5%)	0.21	0 (0.0%)	1 (0.1%)	1.00
Fluindione	32 (3.8%)	24 (2.9%)	0.42	0 (0.0%)	0 (0.0%)	–
NOAC	550 (64.9%)	540 (66.0%)	0.64	3 (0.2%)	0 (0.0%)	0.12
Dabigatran	112 (13.2%)	99 (12.1%)	0.51	0 (0.0%)	0 (0.0%)	–
Apixaban	222 (26.2%)	203 (24.8%)	0.54	2 (0.1%)	0 (0.0%)	0.25
Rivaroxaban	178 (21.0%)	206 (25.2%)	0.048	1 (0.1%)	0 (0.0%)	0.50
Edoxaban	38 (4.5%)	32 (3.9%)	0.63	0 (0.0%)	0 (0.0%)	–
Calcium channel blocker	254 (30.0%)	208 (25.4%)	0.043	434 (30.0%)	453 (30.9%)	0.60
Proton pump inhibitor	598 (70.5%)	604 (73.8%)	0.14	1009 (69.7%)	1037 (70.7%)	0.57
Beta-blocker	680 (80.2%)	644 (78.7%)	0.47	1001 (69.2%)	1014 (69.2%)	1.00

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
ACE inhibitor	427 (50.4%)	409 (50.0%)	0.92	659 (45.5%)	671 (45.8%)	0.91
Angiotensin II receptor blocker	236 (27.8%)	228 (27.9%)	1.00	400 (27.6%)	408 (27.8%)	0.93
H_2 blockers	19 (2.2%)	22 (2.7%)	0.64	23 (1.6%)	27 (1.8%)	0.67
Insulin	89 (10.5%)	68 (8.3%)	0.13	152 (10.5%)	131 (8.9%)	0.17
Oral hypoglycemic drug	217 (25.6%)	219 (26.8%)	0.62	350 (24.2%)	369 (25.2%)	0.55
Statin	712 (84.0%)	677 (82.8%)	0.55	1262 (87.2%)	1309 (89.3%)	0.08
Other lipid-lowering drug	76 (9.0%)	67 (8.2%)	0.60	112 (7.7%)	122 (8.3%)	0.59
PCSK9 inhibitor	2 (0.2%)	1 (0.1%)	1.00	3 (0.2%)	3 (0.2%)	1.00
Sacubitril+valsartan	17 (2.0%)	15 (1.8%)	0.86	9 (0.6%)	21 (1.4%)	0.042
Amiodarone	116 (13.7%)	95 (11.6%)	0.21	22 (1.5%)	21 (1.4%)	0.88
Ivabradine	6 (0.7%)	8 (1.0%)	0.60	11 (0.8%)	23 (1.6%)	0.06
Nitrate	120 (14.2%)	107 (13.1%)	0.57	238 (16.4%)	230 (15.7%)	0.58
Diuretic	414 (48.8%)	407 (49.8%)	0.73	473 (32.7%)	479 (32.7%)	1.00
Spironolactone/eplerenone	122 (14.4%)	128 (15.6%)	0.49	139 (9.6%)	136 (9.3%)	0.80
Steroid	63 (7.4%)	69 (8.4%)	0.47	128 (8.8%)	145 (9.9%)	0.34
Non-steroidal anti-inflammatory drug	16 (1.9%)	18 (2.2%)	0.73	36 (2.5%)	37 (2.5%)	1.00
At 1-month visit (after randomization)						
DAPT	19 (2.2%)	806 (98.5%)	<0.001	33 (2.3%)	1466 (100.0%)	<0.001
SAPT	826 (97.4%)	9 (1.1%)	<0.001	1408 (97.3%)	0 (0.0%)	<0.001
No APT	3 (0.4%)	3 (0.4%)	1.00	6 (0.4%)	0 (0.0%)	0.015
Aspirin	184 (21.7%)	807 (98.7%)	<0.001	528 (36.5%)	1466 (100.0%)	<0.001
P2Y12 inhibitor	680 (80.2%)	814 (99.5%)	<0.001	946 (65.4%)	1466 (100.0%)	<0.001
Clopidogrel	675 (79.6%)	812 (99.3%)	<0.001	600 (41.5%)	994 (67.8%)	<0.001
Prasugrel	0 (0.0%)	0 (0.0%)	–	28 (1.9%)	55 (3.8%)	0.004

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
Ticagrelor	5 (0.6%)	2 (0.2%)	0.45	318 (22.0%)	417 (28.4%)	<0.001
(N)OAC	831 (98.0%)	808 (98.8%)	0.25	5 (0.3%)	2 (0.1%)	0.29
VKA	288 (34.0%)	270 (33.0%)	0.72	1 (0.1%)	2 (0.1%)	1.00
Warfarin	91 (10.7%)	76 (9.3%)	0.37	0 (0.0%)	0 (0.0%)	–
Acenocoumarol	137 (16.2%)	133 (16.3%)	1.00	1 (0.1%)	1 (0.1%)	1.00
Phenprocoumon	28 (3.3%)	37 (4.5%)	0.21	0 (0.0%)	1 (0.1%)	1.00
Fluindione	32 (3.8%)	24 (2.9%)	0.42	0 (0.0%)	0 (0.0%)	–
NOAC	543 (64.0%)	538 (65.8%)	0.47	4 (0.3%)	0 (0.0%)	0.06
Dabigatran	111 (13.1%)	97 (11.9%)	0.46	1 (0.1%)	0 (0.0%)	0.50
Apixaban	218 (25.7%)	203 (24.8%)	0.69	2 (0.1%)	0 (0.0%)	0.25
Rivaroxaban	176 (20.8%)	206 (25.2%)	0.036	1 (0.1%)	0 (0.0%)	0.50
Edoxaban	38 (4.5%)	32 (3.9%)	0.63	0 (0.0%)	0 (0.0%)	–
At 3-month visit						
DAPT	16/835 (1.9%)	522/807 (64.7%)	<0.001	55/1427 (3.9%)	1415/1447 (97.8%)	<0.001
SAPT	811/835 (97.1%)	279/807 (34.6%)	<0.001	1369/1427 (95.9%)	31/1447 (2.1%)	<0.001
No APT	8/835 (1.0%)	6/807 (0.7%)	0.79	3/1427 (0.2%)	1/1447 (0.1%)	0.37
Aspirin	180/835 (21.6%)	592/807 (73.4%)	<0.001	536/1427 (37.6%)	1433/1447 (99.0%)	<0.001
P2Y12 inhibitor	663/835 (79.4%)	731/807 (90.6%)	<0.001	943/1427 (66.1%)	1428/1447 (98.7%)	<0.001
Clopidogrel	657/835 (78.7%)	730/807 (90.5%)	<0.001	617/1427 (43.2%)	977/1447 (67.5%)	<0.001
Prasugrel	0/835 (0.0%)	0/807 (0.0%)	–	26/1427 (1.8%)	56/1447 (3.9%)	0.001
Ticagrelor	6/835 (0.7%)	1/807 (0.1%)	0.13	301/1427 (21.1%)	395/1447 (27.3%)	<0.001
(N)OAC	821/835 (98.3%)	795/807 (98.5%)	0.84	25/1427 (1.8%)	12/1447 (0.8%)	0.031
VKA	278/835 (33.3%)	261/807 (32.3%)	0.71	8/1427 (0.6%)	3/1447 (0.2%)	0.14
Warfarin	88/835 (10.5%)	72/807 (8.9%)	0.28	3/1427 (0.2%)	2/1447 (0.1%)	0.69

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
Acenocoumarol	135/835 (16.2%)	133/807 (16.5%)	0.89	3/1427 (0.2%)	0/1447 (0.0%)	0.12
Phenprocoumon	26/835 (3.1%)	34/807 (4.2%)	0.24	1/1427 (0.1%)	0/1447 (0.0%)	0.50
Fluindione	29/835 (3.5%)	22/807 (2.7%)	0.40	1/1427 (0.1%)	1/1447 (0.1%)	1.00
NOAC	543/835 (65.0%)	534/807 (66.2%)	0.64	17/1427 (1.2%)	9/1447 (0.6%)	0.12
Dabigatran	109/835 (13.1%)	98/807 (12.1%)	0.60	2/1427 (0.1%)	0/1447 (0.0%)	0.25
Apixaban	222/835 (26.6%)	206/807 (25.5%)	0.65	4/1427 (0.3%)	4/1447 (0.3%)	1.00
Rivaroxaban	176/835 (21.1%)	197/807 (24.4%)	0.11	11/1427 (0.8%)	5/1447 (0.3%)	0.14
Edoxaban	36/835 (4.3%)	33/807 (4.1%)	0.90	0/1427 (0.0%)	0/1447 (0.0%)	–
Calcium channel blocker	254/835 (30.4%)	216/807 (26.8%)	0.11	416/1426 (29.2%)	445/1447 (30.8%)	0.37
Proton pump inhibitor	577/835 (69.1%)	588/807 (72.9%)	0.10	947/1426 (66.4%)	1014/1447 (70.1%)	0.037
Beta-blocker	669/835 (80.1%)	624/807 (77.3%)	0.18	980/1426 (68.7%)	987/1447 (68.2%)	0.78
ACE inhibitor	405/835 (48.5%)	379/807 (47.0%)	0.55	636/1426 (44.6%)	660/1447 (45.6%)	0.60
Angiotensin II receptor blocker	235/835 (28.1%)	234/807 (29.0%)	0.70	395/1426 (27.7%)	404/1447 (27.9%)	0.90
H_2 blockers	15/835 (1.8%)	16/807 (2.0%)	0.86	25/1426 (1.8%)	21/1447 (1.5%)	0.55
Insulin	84/835 (10.1%)	61/807 (7.6%)	0.082	138/1426 (9.7%)	124/1447 (8.6%)	0.33
Oral hypoglycemic agent	209/835 (25.0%)	210/807 (26.0%)	0.65	343/1426 (24.1%)	357/1447 (24.7%)	0.73
Statin	700/835 (83.8%)	661/807 (81.9%)	0.33	1255/1426 (88.0%)	1286/1447 (88.9%)	0.48
Other lipid-lowering drug	83/835 (9.9%)	70/807 (8.7%)	0.40	122/1426 (8.6%)	127/1447 (8.8%)	0.84
PCSK9 inhibitor	2/835 (0.2%)	1/807 (0.1%)	1.00	6/1426 (0.4%)	1/1447 (0.1%)	0.07
Sacubitril+valsartan	15/835 (1.8%)	21/807 (2.6%)	0.31	10/1426 (0.7%)	14/1447 (1.0%)	0.54
Amiodarone	119/835 (14.3%)	98/807 (12.1%)	0.22	19/1426 (1.3%)	24/1447 (1.7%)	0.54
Ivabradine	5/835 (0.6%)	5/807 (0.6%)	1.00	14/1426 (1.0%)	22/1447 (1.5%)	0.24
Nitrate	107/835 (12.8%)	97/807 (12.0%)	0.65	229/1426 (16.1%)	218/1447 (15.1%)	0.47
Diuretic	402/835 (48.1%)	405/807 (50.2%)	0.43	468/1426 (32.8%)	469/1447 (32.4%)	0.84

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
Spironolactone/esplerenone	102/835 (12.2%)	121/807 (15.0%)	0.11	131/1426 (9.2%)	132/1447 (9.1%)	1.00
Steroid	65/835 (7.8%)	70/807 (8.7%)	0.53	114/1426 (8.0%)	145/1447 (10.0%)	0.06
Non-steroidal anti-inflammatory drug	13/835 (1.6%)	13/807 (1.6%)	1.00	32/1426 (2.2%)	31/1447 (2.1%)	0.90
At 6-month visit						
DAPT	8/823 (1.0%)	130/793 (16.4%)	<0.001	62/1407 (4.4%)	1242/1427 (87.0%)	<0.001
SAPT	637/823 (77.4%)	644/793 (81.2%)	0.066	1336/1407 (95.0%)	182/1427 (12.8%)	<0.001
No APT	178/823 (21.6%)	19/793 (2.4%)	<0.001	9/1407 (0.6%)	3/1427 (0.2%)	0.09
Aspirin	138/823 (16.8%)	301/793 (38.0%)	<0.001	540/1407 (38.4%)	1392/1427 (97.5%)	<0.001
P2Y12 inhibitor	515/823 (62.6%)	603/793 (76.0%)	<0.001	920/1407 (65.4%)	1274/1427 (89.3%)	<0.001
Clopidogrel	511/823 (62.1%)	601/793 (75.8%)	<0.001	606/1407 (43.1%)	865/1427 (60.6%)	<0.001
Prasugrel	0/823 (0.0%)	0/793 (0.0%)	–	27/1407 (1.9%)	53/1427 (3.7%)	0.004
Ticagrelor	4/823 (0.5%)	2/793 (0.3%)	0.69	288/1407 (20.5%)	356/1427 (24.9%)	0.005
(N)OAC	811/823 (98.5%)	777/793 (98.0%)	0.45	36/1407 (2.6%)	16/1427 (1.1%)	0.005
VKA	268/823 (32.6%)	251/793 (31.7%)	0.71	10/1407 (0.7%)	1/1427 (0.1%)	0.006
Warfarin	88/823 (10.7%)	71/793 (9.0%)	0.24	3/1407 (0.2%)	1/1427 (0.1%)	0.37
Acenocoumarol	131/823 (15.9%)	128/793 (16.1%)	0.95	4/1407 (0.3%)	0/1427 (0.0%)	0.06
Phenprocoumon	24/823 (2.9%)	31/793 (3.9%)	0.28	2/1407 (0.1%)	0/1427 (0.0%)	0.25
Fluindione	25/823 (3.0%)	21/793 (2.6%)	0.66	1/1407 (0.1%)	0/1427 (0.0%)	0.50
NOAC	543/823 (66.0%)	526/793 (66.3%)	0.92	26/1407 (1.8%)	15/1427 (1.1%)	0.08
Dabigatran	111/823 (13.5%)	98/793 (12.4%)	0.51	2/1407 (0.1%)	3/1427 (0.2%)	1.00
Apixaban	222/823 (27.0%)	205/793 (25.9%)	0.61	10/1407 (0.7%)	7/1427 (0.5%)	0.48
Rivaroxaban	172/823 (20.9%)	191/793 (24.1%)	0.14	14/1407 (1.0%)	4/1427 (0.3%)	0.018
Edoxaban	38/823 (4.6%)	32/793 (4.0%)	0.63	0/1407 (0.0%)	1/1427 (0.1%)	1.00
Calcium channel blocker	242/823 (29.4%)	225/793 (28.4%)	0.66	430/1406 (30.6%)	445/1427 (31.2%)	0.75

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
Proton pump inhibitor	550/823 (66.8%)	568/793 (71.6%)	0.041	917/1406 (65.2%)	980/1427 (68.7%)	0.06
Beta-blocker	660/823 (80.2%)	603/793 (76.0%)	0.047	961/1406 (68.3%)	963/1427 (67.5%)	0.63
ACE inhibitor	399/823 (48.5%)	364/793 (45.9%)	0.32	610/1406 (43.4%)	628/1427 (44.0%)	0.76
Angiotensin II receptor blocker	231/823 (28.1%)	231/793 (29.1%)	0.66	397/1406 (28.2%)	404/1427 (28.3%)	0.97
H_2 blockers	15/823 (1.8%)	13/793 (1.6%)	0.85	17/1406 (1.2%)	30/1427 (2.1%)	0.08
Insulin	81/823 (9.8%)	61/793 (7.7%)	0.14	132/1406 (9.4%)	124/1427 (8.7%)	0.56
Oral hypoglycemic drug	204/823 (24.8%)	205/793 (25.9%)	0.65	348/1406 (24.8%)	353/1427 (24.7%)	1.00
Statin	697/823 (84.7%)	653/793 (82.3%)	0.23	1220/1406 (86.8%)	1260/1427 (88.3%)	0.23
Other lipid-lowering drug	92/823 (11.2%)	77/793 (9.7%)	0.37	122/1406 (8.7%)	133/1427 (9.3%)	0.56
PCSK9 inhibitor	7/823 (0.9%)	0/793 (0.0%)	0.016	4/1406 (0.3%)	1/1427 (0.1%)	0.22
Sacubitril+valsartan	19/823 (2.3%)	20/793 (2.5%)	0.87	12/1406 (0.9%)	15/1427 (1.1%)	0.70
Amiodarone	109/823 (13.2%)	102/793 (12.9%)	0.83	26/1406 (1.8%)	24/1427 (1.7%)	0.78
Ivabradine	5/823 (0.6%)	7/793 (0.9%)	0.57	14/1406 (1.0%)	20/1427 (1.4%)	0.39
Nitrate	104/823 (12.6%)	93/793 (11.7%)	0.60	207/1406 (14.7%)	204/1427 (14.3%)	0.75
Diuretic	392/823 (47.6%)	393/793 (49.6%)	0.46	481/1406 (34.2%)	479/1427 (33.6%)	0.72
Spironolactone/esplerenone	113/823 (13.7%)	119/793 (15.0%)	0.48	132/1406 (9.4%)	127/1427 (8.9%)	0.70
Steroids	62/823 (7.5%)	57/793 (7.2%)	0.85	116/1406 (8.3%)	140/1427 (9.8%)	0.15
Non-steroidal anti-inflammatory drug	8/823 (1.0%)	13/793 (1.6%)	0.28	38/1406 (2.7%)	33/1427 (2.3%)	0.55
At 12-month visit*						
DAPT	8/800 (1.0%)	51/766 (6.7%)	<0.001	93/1385 (6.7%)	719/1401 (51.3%)	<0.001
SAPT	129/800 (16.1%)	524/766 (68.4%)	<0.001	1243/1385 (89.7%)	661/1401 (47.2%)	<0.001
No APT	663/800 (82.9%)	191/766 (24.9%)	<0.001	49/1385 (3.5%)	21/1401 (1.5%)	0.001
Aspirin	63/800 (7.9%)	233/766 (30.4%)	<0.001	649/1385 (46.9%)	1313/1401 (93.7%)	<0.001

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
P2Y12 inhibitor	82/800 (10.3%)	393/766 (51.3%)	<0.001	780/1385 (56.3%)	786/1401 (56.1%)	0.94
Clopidogrel	80/800 (10.0%)	391/766 (51.0%)	<0.001	542/1385 (39.1%)	551/1401 (39.3%)	0.94
Prasugrel	0/800 (0.0%)	0/766 (0.0%)	–	27/1385 (1.9%)	22/1401 (1.6%)	0.47
Ticagrelor	2/800 (0.3%)	2/766 (0.3%)	1.00	211/1385 (15.2%)	213/1401 (15.2%)	1.00
(N)OAC	784/800 (98.0%)	750/766 (97.9%)	1.00	52/1385 (3.8%)	40/1401 (2.9%)	0.20
VKA	253/800 (31.6%)	233/766 (30.4%)	0.62	11/1385 (0.8%)	6/1401 (0.4%)	0.23
Warfarin	86/800 (10.8%)	69/766 (9.0%)	0.27	2/1385 (0.1%)	4/1401 (0.3%)	0.69
Acenocoumarol	122/800 (15.3%)	116/766 (15.1%)	1.00	5/1385 (0.4%)	1/1401 (0.1%)	0.12
Phenprocoumon	20/800 (2.5%)	27/766 (3.5%)	0.24	3/1385 (0.2%)	1/1401 (0.1%)	0.37
Fluindione	25/800 (3.1%)	21/766 (2.7%)	0.77	1/1385 (0.1%)	0/1401 (0.0%)	0.50
NOAC	531/800 (66.4%)	517/766 (67.5%)	0.67	41/1385 (3.0%)	34/1401 (2.4%)	0.41
Dabigatran	106/800 (13.3%)	96/766 (12.5%)	0.71	2/1385 (0.1%)	2/1401 (0.1%)	1.00
Apixaban	212/800 (26.5%)	202/766 (26.4%)	0.95	18/1385 (1.3%)	16/1401 (1.1%)	0.73
Rivaroxaban	174/800 (21.8%)	188/766 (24.5%)	0.21	18/1385 (1.3%)	12/1401 (0.9%)	0.28
Edoxaban	39/800 (4.9%)	31/766 (4.0%)	0.46	3/1385 (0.2%)	4/1401 (0.3%)	1.00
Calcium channel blocker	229/800 (28.6%)	215/766 (28.1%)	0.82	427/1384 (30.9%)	437/1401 (31.2%)	0.87
Proton pump inhibitor	513/800 (64.1%)	534/766 (69.7%)	0.021	893/1384 (64.5%)	926/1400 (66.1%)	0.38
Beta-blocker	625/800 (78.1%)	576/766 (75.2%)	0.19	928/1384 (67.1%)	932/1401 (66.5%)	0.78
ACE inhibitor	366/799 (45.8%)	358/766 (46.7%)	0.72	576/1384 (41.6%)	596/1401 (42.5%)	0.65
Angiotensin II receptor blocker	239/800 (29.9%)	213/766 (27.8%)	0.37	392/1384 (28.3%)	397/1401 (28.3%)	1.00
H_2 blockers	14/800 (1.8%)	12/766 (1.6%)	0.85	17/1384 (1.2%)	23/1401 (1.6%)	0.43
Insulin	79/800 (9.9%)	58/766 (7.6%)	0.11	131/1384 (9.5%)	117/1401 (8.4%)	0.32
Oral hypoglycemic drug	200/800 (25.0%)	201/766 (26.2%)	0.60	339/1384 (24.5%)	352/1401 (25.1%)	0.73
Statin	669/800 (83.6%)	645/766 (84.2%)	0.78	1200/1384 (86.7%)	1226/1401 (87.5%)	0.53

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
Other lipid-lowering drug	105/800 (13.1%)	92/766 (12.0%)	0.54	143/1384 (10.3%)	157/1401 (11.2%)	0.46
PCSK9 inhibitor	5/800 (0.6%)	2/766 (0.3%)	0.45	1/1384 (0.1%)	3/1401 (0.2%)	0.63
Sacubitril+valsartan	24/800 (3.0%)	22/766 (2.9%)	1.00	15/1384 (1.1%)	13/1401 (0.9%)	0.71
Amiodarone	103/800 (12.9%)	96/766 (12.5%)	0.88	22/1384 (1.6%)	24/1401 (1.7%)	0.88
Ivabradine	5/800 (0.6%)	6/766 (0.8%)	0.77	12/1384 (0.9%)	18/1401 (1.3%)	0.36
Nitrate	111/800 (13.9%)	100/766 (13.1%)	0.66	216/1384 (15.6%)	207/1401 (14.8%)	0.56
Diuretic	379/800 (47.4%)	381/766 (49.7%)	0.36	464/1384 (33.5%)	472/1401 (33.7%)	0.94
Spironolactone/esplerenone	117/800 (14.6%)	126/766 (16.4%)	0.33	138/1384 (10.0%)	127/1401 (9.1%)	0.44
Steroids	55/799 (6.9%)	66/766 (8.6%)	0.22	114/1384 (8.2%)	127/1401 (9.1%)	0.46
Non-steroidal anti-inflammatory drug	9/800 (1.1%)	10/766 (1.3%)	0.82	34/1384 (2.5%)	42/1401 (3.0%)	0.42

Data are n (%) or n/N (%).
ACE, angiotensin-converting enzyme; APT, antiplatelet treatment; DAPT, dual antiplatelet treatment; NOAC, non-vitamin K antagonist oral anticoagulant; OAC, oral anticoagulation; PCSK9, proprotein convertase subtilisin/kexin type 9; SAPT, single antiplatelet treatment; VKA, vitamin K antagonist.
*Patients switched to routine care at around the 12-month visit after the qualifying PCI; switching was allowed inside a 14-day window.

Table V. Dual and single antiplatelet therapy according to presence or absence of clinical indication for OAC

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
At 1-month visit (before randomization)						
DAPT	835 (98.5%)	806 (98.5%)	1.00	1446 (99.9%)	1466 (100.0%)	0.50
Clopidogrel	827 (97.5%)	804 (98.3%)	0.31	990 (68.4%)	989 (67.5%)	0.61
Prasugrel	0 (0.0%)	0 (0.0%)	–	59 (4.1%)	56 (3.8%)	0.78
Ticagrelor	8 (0.9%)	2 (0.2%)	0.11	397 (27.4%)	421 (28.7%)	0.46
SAPT	13 (1.5%)	12 (1.5%)	1.00	1 (0.1%)	0 (0.0%)	0.50
Acetylsalicylic acid	2 (0.2%)	1 (0.1%)	1.00	1 (0.1%)	0 (0.0%)	0.50
Clopidogrel	11 (1.3%)	11 (1.3%)	1.00	0 (0.0%)	0 (0.0%)	–
Prasugrel	0 (0.0%)	0 (0.0%)	–	0 (0.0%)	0 (0.0%)	–
Ticagrelor	0 (0.0%)	0 (0.0%)	–	0 (0.0%)	0 (0.0%)	–
At 1-month visit (after randomization)						
DAPT	19 (2.2%)	806 (98.5%)	<0.001	33 (2.3%)	1466 (100.0%)	<0.001
Clopidogrel	19 (2.2%)	804 (98.3%)	<0.001	20 (1.4%)	994 (67.8%)	<0.001
Prasugrel	0 (0.0%)	0 (0.0%)	–	1 (0.1%)	55 (3.8%)	<0.001
Ticagrelor	0 (0.0%)	2 (0.2%)	0.24	12 (0.8%)	417 (28.4%)	<0.001
SAPT	826 (97.4%)	9 (1.1%)	<0.001	1408 (97.3%)	0 (0.0%)	<0.001
Acetylsalicylic acid	165 (19.5%)	1 (0.1%)	<0.001	495 (34.2%)	0 (0.0%)	<0.001
Clopidogrel	656 (77.4%)	8 (1.0%)	<0.001	580 (40.1%)	0 (0.0%)	<0.001
Prasugrel	0 (0.0%)	0 (0.0%)	–	27 (1.9%)	0 (0.0%)	<0.001
Ticagrelor	5 (0.6%)	0 (0.0%)	0.062	306 (21.1%)	0 (0.0%)	<0.001
At 3-month visit						
DAPT	16/835 (1.9%)	522/807 (64.7%)	<0.001	55/1427 (3.9%)	1415/1447 (97.8%)	<0.001
Clopidogrel	16/835 (1.9%)	521/807 (64.6%)	<0.001	40/1427 (2.8%)	966/1447 (66.8%)	<0.001
Prasugrel	0/835 (0.0%)	0/807 (0.0%)	–	1/1427 (0.1%)	56/1447 (3.9%)	<0.001
Ticagrelor	0/835 (0.0%)	1/807 (0.1%)	0.49	14/1427 (1.0%)	393/1447 (27.2%)	<0.001
SAPT	811/835 (97.1%)	279/807 (34.6%)	<0.001	1369/1427 (95.9%)	31/1447 (2.1%)	<0.001
Acetylsalicylic acid	164/835 (19.6%)	70/807 (8.7%)	<0.001	481/1427 (33.7%)	18/1447 (1.2%)	<0.001
Clopidogrel	641/835 (76.8%)	209/807 (25.9%)	<0.001	577/1427 (40.4%)	11/1447 (0.8%)	<0.001

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
Prasugrel	0/835 (0.0%)	0/807 (0.0%)	–	25/1427 (1.8%)	0/1447 (0.0%)	<0.001
Ticagrelor	6/835 (0.7%)	0/807 (0.0%)	0.031	287/1427 (20.1%)	2/1447 (0.1%)	<0.001
At 6-month visit						
DAPT	8/823 (1.0%)	130/793 (16.4%)	<0.001	62/1407 (4.4%)	1242/1427 (87.0%)	<0.001
Clopidogrel	8/823 (1.0%)	129/793 (16.3%)	<0.001	50/1407 (3.6%)	838/1427 (58.7%)	<0.001
Prasugrel	0/823 (0.0%)	0/793 (0.0%)	–	0/1407 (0.0%)	53/1427 (3.7%)	<0.001
Ticagrelor	0/823 (0.0%)	1/793 (0.1%)	0.49	12/1407 (0.9%)	351/1427 (24.6%)	<0.001
SAPT	637/823 (77.4%)	644/793 (81.2%)	0.066	1336/1407 (95.0%)	182/1427 (12.8%)	<0.001
Acetylsalicylic acid	130/823 (15.8%)	171/793 (21.6%)	0.003	478/1407 (34.0%)	150/1427 (10.5%)	<0.001
Clopidogrel	503/823 (61.1%)	472/793 (59.5%)	0.54	556/1407 (39.5%)	27/1427 (1.9%)	<0.001
Prasugrel	0/823 (0.0%)	0/793 (0.0%)	–	27/1407 (1.9%)	0/1427 (0.0%)	<0.001
Ticagrelor	4/823 (0.5%)	1/793 (0.1%)	0.38	276/1407 (19.6%)	5/1427 (0.4%)	<0.001
At 12-month visit*						
DAPT	8/800 (1.0%)	51/766 (6.7%)	<0.001	93/1385 (6.7%)	719/1401 (51.3%)	<0.001
Clopidogrel	6/800 (0.8%)	49/766 (6.4%)	<0.001	73/1385 (5.3%)	489/1401 (34.9%)	<0.001
Prasugrel	0/800 (0.0%)	0/766 (0.0%)	–	1/1385 (0.1%)	22/1401 (1.6%)	<0.001
Ticagrelor	2/800 (0.3%)	2/766 (0.3%)	1.00	19/1385 (1.4%)	208/1401 (14.8%)	<0.001
SAPT	129/800 (16.1%)	524/766 (68.4%)	<0.001	1243/1385 (89.7%)	661/1401 (47.2%)	<0.001
Acetylsalicylic acid	55/800 (6.9%)	182/766 (23.8%)	<0.001	556/1385 (40.1%)	594/1401 (42.4%)	0.23
Clopidogrel	74/800 (9.3%)	342/766 (44.6%)	<0.001	469/1385 (33.9%)	62/1401 (4.4%)	<0.001
Prasugrel	0/800 (0.0%)	0/766 (0.0%)	–	26/1385 (1.9%)	0/1401 (0.0%)	<0.001
Ticagrelor	0/800 (0.0%)	0/766 (0.0%)	–	192/1385 (13.9%)	5/1401 (0.4%)	<0.001

Data are n (%) or n/n (%).
DAPT, dual antiplatelet treatment; OAC, oral anticoagulation; SAPT, single antiplatelet treatment.
*Patients switched to routine care at around the 12-month visit after the qualifying PCI; switching was allowed inside a 14-day window.

Table VI. Reasonable* and perfect† adherence according to presence or absence of clinical indication for OAC

	Indication for OAC			No indication for OAC		
	Abbreviated DAPT (n=848)	**Non-abbreviated DAPT (n=818)**	***P* value**	**Abbreviated DAPT (n=1447)**	**Non-abbreviated DAPT (n=1466)**	***P* value**
At 3-month visit (60 days post-randomization)						
Reasonable adherence	820 (96.7%)	784 (95.8%)	0.37	1383 (95.6%)	1452 (99.0%)	<0.001
Perfect adherence	813 (95.9%)	770 (94.1%)	0.12	1367 (94.5%)	1441 (98.3%)	<0.001
At 6-month visit (150 days post-randomization)						
Reasonable adherence	814 (96.0%)	790 (96.6%)	0.61	1362 (94.1%)	1446 (98.6%)	<0.001
Perfect adherence	780 (92.0%)	754 (92.2%)	0.93	1326 (91.6%)	1415 (96.5%)	<0.001
At 12-month visit (335 days post-randomization)						
Reasonable adherence	701 (82.7%)	784 (95.8%)	<0.001	1331 (92.0%)	1442 (98.4%)	<0.001
Perfect adherence	618 (72.9%)	699 (85.5%)	<0.001	1249 (86.3%)	1392 (95.0%)	<0.001

* Reasonable adherence: adherent ≥80% of the time (day 0 to *t* days since randomization).
† Perfect adherence: adherent 100% or if <100% with a maximum of 2 consecutive days non-adherence (day 0 to *t* days since randomization).
DAPT, dual antiplatelet treatment; OAC, oral anticoagulation.

Table VII. Clinical outcomes using a landmark analysis at 150 days (6-month visit) according to presence or absence of clinical indication for OAC (per-protocol populations)

	Indication for OAC					No indication for OAC				
	Abbrev DAPT (n=848)	**Non-abbrev DAPT (n=818)**	**HR (95% CI)***	***P* value**	***P* interaction†**	**Abbrev DAPT (n=1447)**	**Non-abbrev DAPT (n=1466)**	**HR (95% CI)***	***P* value**	***P* interaction †**
Coprimary composite outcome of all-cause death, myocardial infarction, stroke, bleeding BARC 3 or 5 (NACE)					0.85					0.73
0–150 days	33/802 (4.1%)	37/788 (4.7%)	0.86 (0.54–1.38)	0.54		50/1402 (3.6%)	51/1442 (3.5%)	1.01 (0.69–1.49)	0.95	
151–335 days	31/768 (4.0%)	37/745 (5.0%)	0.81 (0.50–1.30)	0.39		51/1346 (3.8%)	47/1389 (3.4%)	1.12 (0.75–1.66)	0.59	
Coprimary composite outcome of all-cause death, myocardial infarction, stroke (MACCE)					0.65					0.90
0–150 days	21/802 (2.6%)	21/788 (2.7%)	0.98 (0.53–1.79)	0.93		41/1402 (2.9%)	39/1442 (2.7%)	1.09 (0.70–1.69)	0.71	
151–335 days	26/780 (3.3%)	31/761 (4.1%)	0.81 (0.48–1.37)	0.44		45/1355 (3.3%)	41/1401 (2.9%)	1.13 (0.74–1.73)	0.57	
Coprimary composite outcome of bleeding BARC 2, 3 or 5					0.67					0.32
0–150 days	54/802 (6.8%)	62/788 (7.9%)	0.84 (0.58–1.21)	0.34		27/1402 (1.9%)	62/1442 (4.3%)	0.44 (0.28–0.70)	<0.001	
151–335 days	27/737 (3.7%)	27/713 (3.8%)	0.96 (0.56–1.64)	0.89		32/1353 (2.4%)	52/1359 (3.9%)	0.61 (0.39–0.95)	0.028	
Bleeding BARC 3 or 5					0.446					0.49
0–150 days	14/802 (1.8%)	21/788 (2.7%)	0.65 (0.33–1.27)	0.21		11/1402 (0.8%)	15/1442 (1.1%)	0.75 (0.35–1.64)	0.48	
151–335 days	12/775 (1.6%)	12/753 (1.6%)	0.97 (0.44–2.16)	0.95		14/1368 (1.0%)	13/1405 (0.9%)	1.10 (0.52–2.34)	0.80	
All-cause death					0.32					0.72
0–150 days	14/802 (1.8%)	11/788 (1.4%)	1.25 (0.57–2.74)	0.59		18/1402 (1.3%)	22/1442 (1.5%)	0.84 (0.45–1.57)	0.59	
151–335 days	16/787 (2.0%)	21/771 (2.7%)	0.74 (0.39–1.42)	0.37		24/1378 (1.7%)	25/1418 (1.8%)	0.98 (0.56–1.72)	0.95	
Cerebrovascular accident					0.82					0.50

	Indication for OAC					No indication for OAC				
	Abbrev DAPT (n=848)	**Non-abbrev DAPT (n=818)**	**HR (95% CI)***	***P* value**	***P* interaction†**	**Abbrev DAPT (n=1447)**	**Non-abbrev DAPT (n=1466)**	**HR (95% CI)***	***P* value**	***P* interaction †**
0–150 days	1/802 (0.1%)	5/788 (0.6%)	0.120 (0.02–1.67)	0.14		6/1402 (0.4%)	6/1442 (0.4%)	1.03 (0.33–3.20)	0.96	
151–335 days	1/786 (0.1%)	7/766 (0.9%)	0.14 (0.02–1.12)	0.064		8/1373 (0.6%)	13/1413 (0.9%)	0.63 (0.26–1.52)	0.30	
Myocardial infarction					0.63					0.42
0–150 days	6/802 (0.8%)	7/788 (0.9%)	0.84 (0.28–2.49)	0.75		20/1402 (1.4%)	17/1442 (1.2%)	1.22 (0.64–2.32)	0.55	
151–335 days	12/781 (1.6%)	10/765 (1.3%)	1.17 (0.51–2.72)	0.71		21/1359 (1.6%)	12/1402 (0.9%)	1.80 (0.89–3.66)	0.10	
Definite stent thrombosis				–	–				–	–
0–150 days	0/802 (0.0%)	1/788 (0.1%)				4/1402 (0.3%)	2/1442 (0.1%)	2.07 (0.38–11.28)	0.40	
151–335 days	2/787 (0.3%)	2/770 (0.3%)	0.97 (0.14–6.92)	0.98		5/1374 (0.4%)	1/1416 (0.1%)	5.14 (0.60–43.96)	0.14	

Data are n (%) unless otherwise specified (Kaplan-Meier estimate).
Abbrev, abbreviated; BARC, Bleeding Academic Research Consortium; CI, confidence interval; DAPT, dual antiplatelet treatment; HR, hazard ratio; MACCE, major adverse cardiac and cerebral events; NACE, net adverse clinical outcomes; OAC, oral anticoagulant.
*HRs (95% CIs) from Cox's time-to-first event analyses, using a landmark analysis at 150 days post-randomization.
†Interaction *P* value for randomization (abbreviated vs non-abbreviated DAPT) x period (0 to 150 days vs 150 to 335 days) modifying effect.

Table VIII. Clinical outcomes 11 months post-randomization (12-month follow-up) according to presence or absence of clinical indication for OAC (per-protocol population)

	Indication for OAC			Com-Nougue *P* value	No indication for OAC			Com-Nougue *P* value	$p_{interaction}$
	Abbrev DAPT (n=802)	Non-abbrev DAPT (n=788)	HR* (95% CI)		Abbrev DAPT (n=1402)	Non-abbrev DAPT (n=1442)	HR* (95% CI)		
Coprimary composite outcome of all-cause death, myocardial infarction, stroke, bleeding BARC 3 or 5 (NACE)	64 (8.0%)	74 (9.5%)	0.84 (0.60–1.17)	0.30	101 (7.2%)	98 (6.8%)	1.06 (0.80–1.40)	0.66	0.28
Coprimary composite outcome of all-cause death, myocardial infarction, stroke (MACCE)	47 (5.9%)	52 (6.7%)	0.88 (0.59–1.30)	0.52	86 (6.2%)	80 (5.56)	1.11 (0.82–1.51)	0.50	0.36
Coprimary composite outcome of bleeding BARC 2, 3 or 5	81 (10.2%)	89 (11.4%)	0.87 (0.65–1.18)	0.43	59 (4.3%)	114 (8.0%)	0.52 (0.38–0.71)	<0.001	0.020
Death	30 (3.8%)	32 (4.1%)	0.92 (0.56–1.51)	0.72	42 (3.0%)	47 (3.3%)	0.92 (0.61–1.39)	0.69	0.99
Cardiovascular death	15 (1.9%)	20 (2.6%)	0.73 (0.37–1.43)	0.36	21 (1.5%)	23 (1.6%)	0.94 (0.52–1.69)	0.84	0.59
Non-cardiovascular death	11 (1.4%)	7 (0.9%)	1.53 (0.59–3.96)	0.37	16 (1.2%)	20 (1.4%)	0.82 (0.43–1.58)	0.56	0.29
Cerebrovascular accident	2 (0.3%)	12 (1.6%)	0.16 (0.04–0.72)	0.007	14 (1.0%)	19 (1.3%)	0.76 (0.38–1.51)	0.43	0.067
Stroke	1 (0.1%)	9 (1.2%)	0.11 (0.01–0.85)	0.010	10 (0.7%)	13 (0.9%)	0.79 (0.35–1.80)	0.57	0.079
Ischemic stroke	1 (0.1%)	8 (1.0%)	0.12 (0.02–0.97)	0.018	9 (0.7%)	9 (0.6%)	1.03 (0.41–2.59)	0.96	0.066
Hemorrhagic stroke	0 (0.0%)	1 (0.1%)	0.33 (0.01–8.09)	0.32	1 (0.1%)	3 (0.2%)	0.34 (0.04–3.29)	0.33	1.00
Transient ischemic attack	1 (0.1%)	3 (0.4%)	0.32 (0.03–3.12)	0.32	4 (0.3%)	6 (0.4%)	0.68 (0.19–2.42)	0.57	0.57
Myocardial infarction	18 (2.3%)	17 (2.2%)	1.03 (0.53–2.01)	0.91	41 (3.0%)	29 (2.0%)	1.46 (0.91–2.35)	0.12	0.41
Late definite or probable stent thrombosis	3 (0.4%)	4 (0.5%)	0.73 (0.16–3.27)	0.68	11 (0.8%)	4 (0.3%)	2.83 (0.90–8.90)	0.06	0.16
Late definite stent thrombosis	2 (0.3%)	3 (0.4%)	0.65 (0.11–3.89)	0.64	9 (0.7%)	3 (0.2%)	3.09 (0.84–11.41)	0.07	0.17
Late probable stent thrombosis	1 (0.1%)	1 (0.1%)	0.98 (0.06–15.61)	0.99	2 (0.1%)	1 (0.1%)	2.06 (0.19–22.72)	0.54	0.69
Bleeding BARC classification									
Type 1	32 (4.1%)	42 (5.4%)	0.74 (0.47–1.17)	0.20	28 (2.0%)	62 (4.4%)	0.46 (0.29–0.72)	<0.001	0.15
Type 2	58 (7.3%)	63 (8.1%)	0.89 (0.62–1.27)	0.55	39 (2.8%)	87 (6.1%)	0.45 (0.31–0.66)	<0.001	0.011
Type 3	25 (3.2%)	30 (3.9%)	0.81 (0.48–1.38)	0.45	24 (1.7%)	24 (1.7%)	1.03 (0.58–1.81)	0.91	0.55
Type 3a	11 (1.4%)	18 (2.3%)	0.59 (0.28–1.26)	0.17	13 (0.9%)	10 (0.7%)	1.33 (0.59–3.04)	0.48	0.16
Type 3b	12 (1.5%)	10 (1.3%)	1.17 (0.51–2.71)	0.70	7 (0.5%)	8 (0.6%)	0.90 (0.33–2.48)	0.84	0.69

	Indication for OAC			Com-Nougue *P* value	No indication for OAC			Com-Nougue *P* value	$p_{interaction}$
	Abbrev DAPT (n=802)	**Non-abbrev DAPT (n=788)**	**HR* (95% CI)**		**Abbrev DAPT (n=1402)**	**Non-abbrev DAPT (n=1442)**	**HR* (95% CI)**		
Type 3c	3 (0.4%)	2 (0.3%)	1.46 (0.24–8.77)	0.65	4 (0.3%)	6 (0.4%)	0.68 (0.19–2.43)	0.55	0.50
Type 4	0 (0.0%)	0 (0.0%)	–		0 (0.0%)	0 (0.0%)	–		–
Type 5	1 (0.1%)	3 (0.4%)	0.33 (0.03–3.13)	0.31	1 (0.1%)	4 (0.3%)	0.26 (0.03–2.30)	0.19	0.88
Type 5a	0 (0.0%)	1 (0.1%)	0.33 (0.01–8.09)	0.32	0 (0.0%)	0 (0.0%)	–	–	–
Type 5b	1 (0.1%)	2 (0.3%)	0.49 (0.04–5.39)	0.56	1 (0.1%)	4 (0.3%)	0.26 (0.03–2.30)	0.19	0.70
Type 3 or 5	26 (3.3%)	33 (4.3%)	0.77 (0.46–1.28)	0.32	25 (1.8%)	28 (2.0%)	0.92 (0.53–1.57)	0.76	0.64

Data are n (%).

Abbrev, abbreviated; BARC, Bleeding Academic Research Consortium; CI, confidence interval; DAPT, dual antiplatelet treatment; HR, hazard ratio; MACCE, major adverse cardiac and cerebral events; NACE, net adverse clinical outcomes; OAC, oral anticoagulant.

*HRs (95% CIs) from Cox's time-to-first event analyses.

Table IX. Overview of protocol violations* used to define the per-protocol population according to presence or absence of clinical indication for 12-month OAC

	n/N (%)
Clinical indication for OAC	
Non-abbreviated DAPT	
No protocol violation	788/818 (96.3%)
Not on DAPT at randomization	6/818 (0.7%)
Not on DAPT at randomization and not on protocol-mandated treatment within 14 days	5/818 (0.6%)
Not on protocol-mandated treatment within 14 days	3/818 (0.4%)
Received other stents (BMS/DES)	3/818 (0.4%)
Treated ISR or stent thrombosis	11/818 (1.3%)
Treated ISR or stent thrombosis and not on DAPT at randomization	1/818 (0.1%)
Treated ISR or stent thrombosis and not treated with Ultimaster and received other stents (BMS/DES)	1/818 (0.1%)
Abbreviated DAPT	
No protocol violation	802/848 (94.6%)
Not on DAPT at randomization	13/848 (1.5%)
Not on protocol-mandated treatment within 14 days	15/848 (1.8%)
Not treated with Ultimaster and Received other stents (BMS or DES)	1/848 (0.1%)
Received other stents (BMS or DES)	3/848 (0.4%)
Treated ISR or stent thrombosis	14/848 (1.7%)
No clinical indication for OAC	
Non-abbreviated DAPT	
No protocol violation	1442/1466 (98.4%)
Not HBR	1/1466 (0.1%)
Received other stents (BMS or DES)	4/1466 (0.3%)
Treated ISR or stent thrombosis	17/1466 (1.2%)
Treated ISR or stent thrombosis and received other stents (BMS/DES)	2/1466 (0.1%)
Abbreviated DAPT	
No protocol violation	1402/1447 (96.9%)
Not HBR	3/1447 (0.2%)
Not on DAPT at randomization	1/1447 (0.1%)
Not on protocol-mandated treatment within 14 days	28/1447 (1.9%)
Received other stents (BMS or DES)	3/1447 (0.2%)
Treated ISR or stent thrombosis	10/1447 (0.7%)

Data are n/n (%).
BMS, bare-metal stent; DAPT, dual antiplatelet therapy; DES, drug-eluting stent; HBR, high bleeding risk; ISR, in-stent restenosis; OAC, oral anticoagulation.
*Protocol violation(s) counted per patient.

Figure I. Adherence to allocated medication regimen for patients on oral anticoagulation therapy and antiplatelet therapy

(A) Oral anticoagulation subgroup, abbreviated DAPT arm; (B) oral anticoagulation subgroup, non-abbreviated DAPT arm; (C) antiplatelet subgroup, abbreviated DAPT arm; and (D) antiplatelet subgroup, non-abbreviated DAPT arm.