SUPPLEMENTARY MATERIAL

Contents

Data Supplement: 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
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Top enrollers

Inselspital, Bern, Switzerland	Aris Moschovitis
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Data monitoring committee

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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 randomized (n=4579)	Patients consented but not randomized (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	
	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	
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
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	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	
	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
	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
	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
	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

Data Supplement. Additional Information on the Methods

Inclusion criteria

Inclusion criteria after index percutaneous coronary intervention (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 oral anticoagulant (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

Criteria for high bleeding risk

Post-percutaneous coronary intervention (PCI), patients are at high bleeding risk if at least one of the following criteria applied:

- Clinical indication for treatment with oral anticoagulant (OAC) for at least 12 months.
- Recent (<12 months) nonaccess site bleeding episode(s) that required medical attention (i.e. actionable bleeding).
- Previous bleeding episode(s) that required hospitalization if the underlying cause had not been definitively treated (i.e. surgical removal of the bleeding source).
- Age ≥75 years.
- Systemic conditions associated with an increased bleeding risk (e.g. hematological disorders, including a history of current thrombocytopenia defined as a platelet count <100.00/ mm^3 (<100 × 10^9/L) or any known coagulation disorder associated with increased bleeding risk.
- Documented anemia, defined as repeated hemoglobin levels <11 g/dL or transfusion during the 4 weeks before inclusion.
- Need for chronic treatment with steroids or nonsteroidal anti-inflammatory drugs.
- Diagnosed malignancy (other than skin) considered at high bleeding risk including gastrointestinal, genitourethral/renal and pulmonary.
- Stroke at any time or transient ischemic attack in the previous 6 months.
- PRECISE-DAPT score ≥25.

Treatment Regimen

Patients were treated according to the randomized regimen from the day of randomization until 11 months after randomization (12 months after the index procedure). After 11 months post randomization, antiplatelet therapy was at the discretion of treating physician.

Abbreviated DAPT regimen

In patients not on OAC: DAPT was discontinued, and a single antiplatelet agent (SAPT) was continued until at least 11 months post randomization (i.e. 12 months after index PCI).

In patients on OAC: DAPT was discontinued. Either aspirin or clopidogrel was continued until 5 months post randomization (i.e. 6 months after index PCI). OAC was continued until at least 11 months post randomization (i.e. 12 months after index PCI).

Nonabbreviated DAPT regimen

In patients not on OAC: Aspirin was continued until at least 11 months post randomization (i.e. 12 months after index PCI). The P2Y12 inhibitor being taken at the time of randomization was continued for at least 5 months and up to 11 months post randomization (i.e. 12 months after index PCI).

In patients on OAC: Aspirin and clopidogrel were continued for at least 2 months (i.e. 3 months after index PCI) and up to 11 months post randomization (i.e. 12 months after index PCI). Either aspirin or clopidogrel was continued up to 11 months post randomization (i.e. 12 months after index PCI). OAC was continued until at least 11 months post randomization (i.e. 12 months after index PCI).

The rationale for mandating clopidogrel as the only acceptable P2Y12 inhibitor in the OAC population in both study arms came from the absence of safety and efficacy data regarding the combination of ticagrelor or prasugrel with aspirin and OAC (as patients requiring OAC were excluded from approval RCT) and a recommendation of Class III (i.e. not indicated) in the European guidelines.

Implementation of randomized study regimens

Study regimens were implemented by regular drug prescription as described above. The investigators provided the necessary prescription to the study participants. The following are recommended according to the current guidelines and local practice.

- Aspirin is prescribed at the standard dose of at least 75 mg/day and up to 162 mg/day.
- Clopidogrel is prescribed in standard dose of 75 mg once daily.
- Prasugrel is prescribed at the standard dose of 10 mg/day or 5 mg/day in patients weighing less than 60 kg or who are over 75 years old. In regions where other standard dose exists (i.e. Japan), prasugrel dosage is adjusted according to the locally approved dose.
- Ticagrelor is prescribed at the standard dose of 180 mg/day (90 mg b.i.d.).
- Vitamin K antagonist is dosed to keep the international normalized ratio within the guideline range.
- Nonvitamin K oral antagonist oral anticoagulants (NOAC; rivaroxaban, edoxaban, dabigatran and apixaban) are given in locally approved doses.
- Switching from a vitamin K antagonist to NOAC or vice-versa is not allowed unless there are clinical and well documented reasons for doing so. Similarly, switching from a NOAC to a VKA during the course of the study is not allowed, unless dictated by a clinical and documented reason (e.g. change in renal function during the course of the investigation), which will be captured in the eCRF.

Prescribed units of aspirin, clopidogrel, prasugrel, ticagrelor and OAC were recorded in the eCRF. Patients are queried on general drug adherence.

Data Supplement Tables

Table 1. 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 2. NARC Classification Used to Evaluate Adherence to 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 indicates nonadherence Academic Research Consortium.

Table 3. Characteristics of Treated Lesions

	Prior MI (≤12 months)		No prior MI (≤12 months)	
	Abbreviated DAPT (n=914)	Nonabbreviated DAPT (n=866)	Abbreviated DAPT (n=1381)	Nonabbreviated DAPT (n=1418)
Number of treated lesions	**(n=1327)**	**(n=1277)**	**(n=1967)**	**(n=2063)**
Lesion location				
Left main	53 (4.0)	47 (3.7)	75 (3.8)	88 (4.3)
Left arterial descending artery	553 (41.7)	511 (40.0)	841 (42.8)	921 (44.6)
Left circumflex artery	286 (21.6)	306 (24.0)	441 (22.4)	462 (22.4)
Right coronary artery	416 (31.3)	391 (30.6)	589 (29.9)	571 (27.7)
Bypass graft				
SVG	18 (1.4)	22 (1.7)	16 (0.8)	16 (0.8)
LIMA/RIMA/radial graft	4 (0.3)	1 (0.1)	5 (0.3)	5 (0.2)
Bifurcation or trifurcation disease per lesion	201 (15.1)	170 (13.3)	334 (17.0)	351 (17.0)
Rotablator used per lesion	23 (1.7)	20 (1.6)	55 (2.8)	53 (2.6)
Final residual lesion stenosis confirmed <20 per lesion	1302 (98.1)	1262 (98.8)	1948 (99.0)	2038 (98.8)
TIMI flow before PCI per lesion	(n=1308)	(n=1267)	(n=1953)	(n=2046)
0 or 1	266 (20.3)	293 (23.1)	158 (8.1)	175 (8.6)
2	181 (13.8)	176 (13.9)	180 (9.2)	166 (8.1)
3	861 (65.8)	798 (63.0)	1615 (82.7)	1705 (83.3)
TIMI flow after PCI per lesion	(n=1326)	(n=1277)	(n=1967)	(n=2061)
0 or 1	5 (0.4)	0 (0.0)	6 (0.3)	3 (0.1)
2	11 (0.8)	20 (1.6)	7 (0.4)	10 (0.5)
3	1310 (98.8)	1257 (98.4)	1954 (99.3)	2048 (99.4)
Lesion treatment	(n=1327)	(n=1277)	(n=1967)	(n=2063)
Ballooning or thrombus aspiration only	31 (2.3)	28 (2.2)	25 (1.3)	30 (1.5)
Stenting	1296 (97.7)	1249 (97.8)	1942 (98.7)	2033 (98.5)

Total number of stented lesions	**(n=1296)**	**(n=1249)**	**(n=1942)**	**(n=2033)**
Stent(s) used per lesion*				
Ultimaster stent	1291 (99.6)	1246 (99.8)	1940 (99.9)	2029 (99.8)
Other drug-eluting stent	6 (0.5)	5 (0.4)	3 (0.2)	4 (0.2)
Bare metal stent	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)
Number of stents used per lesion	1.3±0.5 (n=1288)	1.2±0.5 (n=1247)	1.2±0.6 (n=1925)	1.2±0.5 (n=2020)
Overlapping stenting per lesion	226 (17.5) (n=1288)	190 (15.2) (n=1247)	299 (15.5) (n=1925)	292 (14.5) (n=2020)
Total stent length per lesion, mm	28.6±17.4	28.5±16.3	27.3±16.2	27.1±15.9
Average stent diameter per lesion, mm	3.0±0.5	3.0±0.5	3.0±0.5	3.0±0.5
Direct stenting per lesion	397 (30.6)	421 (33.7)	579 (29.8)	622 (30.6)
Post-dilatation per lesion	788 (60.8)	762 (61.0)	1243 (64.0)	1236 (60.8)

Data are expressed as mean±SD or n (%). DAPT indicates dual antiplatelet therapy; LIMA, left internal mammary artery; MI, myocardial infarction; PCI, percutaneous coronary intervention; RIMA, right internal mammary artery; SVG, saphenous vein graft; TIMI: Thrombolysis In Myocardial Infarction; SD, standard deviation.

*In 5 lesions of 5 different patients, a mixed of Ultimaster and other drug-eluting stents were used; in 14 lesions of 12 different patients, only bare-metal stents or only other drug-eluting stents were used.

Table 4. **Medications at Each Visit**

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	Nonabbreviated DAPT	*P* value	Abbreviated DAPT	Nonabbreviated DAPT	*P* value
At 1-month visit (before randomization)	**(n=914)**	**(n=866)**		**(n=1381)**	**(n=1418)**	
DAPT	910 (99.6)	864 (99.8)	0.688	1371 (99.3)	1408 (99.3)	1.000
SAPT	4 (0.4)	2 (0.2)	0.688	10 (0.7)	10 (0.7)	1.000
No APT	0 (0.0)	0 (0.0)	–	0 (0.0)	0 (0.0)	–
Acetylsalicylic acid	911 (99.7)	864 (99.8)	1.000	1373 (99.4)	1409 (99.4)	1.000
$P2Y_{12}$ inhibitor	913 (99.9)	866 (100.0)	1.000	1379 (99.9)	1417 (99.9)	0.620
Clopidogrel	584 (63.9)	542 (62.6)	0.589	1244 (90.1)	1262 (89.0)	0.355
Prasugrel	27 (3.0)	28 (3.2)	0.785	32 (2.3)	28 (2.0)	0.602
Ticagrelor	302 (33.0)	296 (34.2)	0.616	103 (7.5)	127 (9.0)	0.169
(N)OAC	288 (31.5)	249 (28.8)	0.215	555 (40.2)	564 (39.8)	0.847
VKA	99 (10.8)	83 (9.6)	0.391	191 (13.8)	190 (13.4)	0.741
Warfarin	31 (3.4)	21 (2.4)	0.261	61 (4.4)	56 (3.9)	0.571
Acenocoumarol	50 (5.5)	43 (5.0)	0.671	88 (6.4)	91 (6.4)	1.000
Phenprocoumon	7 (0.8)	10 (1.2)	0.469	21 (1.5)	28 (2.0)	0.389
Fluindione	11 (1.2)	9 (1.0)	0.824	21 (1.5)	15 (1.1)	0.316
NOAC	189 (20.7)	166 (19.2)	0.441	364 (26.4)	374 (26.4)	1.000
Dabigatran	39 (4.3)	35 (4.0)	0.906	73 (5.3)	64 (4.5)	0.381
Apixaban	86 (9.4)	74 (8.5)	0.562	138 (10.0)	129 (9.1)	0.440
Rivaroxaban	51 (5.6)	49 (5.7)	1.000	128 (9.3)	157 (11.1)	0.118
Edoxaban	13 (1.4)	8 (0.9)	0.384	25 (1.8)	24 (1.7)	0.886
Calcium channel blocker	224 (24.5)	195 (22.5)	0.342	464 (33.6)	466 (32.9)	0.688
PPI	705 (77.1)	669 (77.3)	0.955	902 (65.3)	972 (68.5)	0.071
Beta-blocker	725 (79.3)	674 (77.8)	0.453	956 (69.2)	984 (69.4)	0.935
ACE inhibitor	539 (59.0)	490 (56.6)	0.314	547 (39.6)	590 (41.6)	0.299
ARB	207 (22.6)	192 (22.2)	0.820	429 (31.1)	444 (31.3)	0.903

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
H2 blocker	18 (2.0)	26 (3.0)	0.172	24 (1.7)	23 (1.6)	0.883
Insulin	112 (12.3)	82 (9.5)	0.068	129 (9.3)	117 (8.3)	0.317
Oral hypoglycemic agents	211 (23.1)	227 (26.2)	0.137	356 (25.8)	361 (25.5)	0.863
Statin	823 (90.0)	798 (92.1)	0.134	1151 (83.3)	1188 (83.8)	0.760
Other lipid-lowering drug	51 (5.6)	61 (7.0)	0.206	137 (9.9)	128 (9.0)	0.439
PCSK9 inhibitor	1 (0.1)	3 (0.3)	0.362	4 (0.3)	1 (0.1)	0.212
Sacubitril+valsartan	11 (1.2)	10 (1.2)	1.000	15 (1.1)	26 (1.8)	0.116
Amiodarone	58 (6.3)	38 (4.4)	0.074	80 (5.8)	78 (5.5)	0.744
Ivabradine	8 (0.9)	16 (1.8)	0.099	9 (0.7)	15 (1.1)	0.306
Nitrate	132 (14.4)	118 (13.6)	0.633	226 (16.4)	219 (15.4)	0.535
Diuretic	333 (36.4)	320 (37.0)	0.844	554 (40.1)	566 (39.9)	0.938
Spironolactone/esplerenone	130 (14.2)	118 (13.6)	0.732	131 (9.5)	146 (10.3)	0.487
Steroid	78 (8.5)	96 (11.1)	0.079	113 (8.2)	118 (8.3)	0.945
NSAID	8 (0.9)	24 (2.8)	0.004	44 (3.2)	31 (2.2)	0.128
At 1-month visit (after randomization)	**(n=914)**	**(n=866)**		**(n=1381)**	**(n=1418)**	
DAPT	20 (2.2)	863 (99.7)	<0.001	32 (2.3)	1409 (99.4)	<0.001
SAPT	890 (97.4)	2 (0.2)	<0.001	1344 (97.3)	7 (0.5)	<0.001
No APT	4 (0.4)	1 (0.1)	0.375	5 (0.4)	2 (0.1)	0.282
Acetylsalicylic acid	247 (27.0)	863 (99.7)	<0.001	465 (33.7)	1410 (99.4)	<0.001
$P2Y_{12}$ inhibitor	683 (74.7)	865 (99.9)	<0.001	943 (68.3)	1415 (99.8)	<0.001
Clopidogrel	431 (47.2)	543 (62.7)	<0.001	844 (61.1)	1263 (89.1)	<0.001
Prasugrel	14 (1.5)	29 (3.3)	0.013	14 (1.0)	26 (1.8)	0.080
Ticagrelor	238 (26.0)	293 (33.8)	<0.001	85 (6.2)	126 (8.9)	0.006
(N)OAC	286 (31.3)	249 (28.8)	0.255	550 (39.8)	561 (39.6)	0.908
VKA	100 (10.9)	84 (9.7)	0.393	189 (13.7)	188 (13.3)	0.782

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
Warfarin	31 (3.4)	21 (2.4)	0.261	60 (4.3)	55 (3.9)	0.568
Acenocoumarol	51 (5.6)	44 (5.1)	0.674	87 (6.3)	90 (6.3)	1.000
Phenprocoumon	7 (0.8)	10 (1.2)	0.469	21 (1.5)	28 (2.0)	0.389
Fluindione	11 (1.2)	9 (1.0)	0.824	21 (1.5)	15 (1.1)	0.316
NOAC	186 (20.4)	165 (19.1)	0.512	361 (26.1)	373 (26.3)	0.932
Dabigatran	40 (4.4)	34 (3.9)	0.722	72 (5.2)	63 (4.4)	0.378
Apixaban	83 (9.1)	74 (8.5)	0.738	137 (9.9)	129 (9.1)	0.479
Rivaroxaban	50 (5.5)	49 (5.7)	0.918	127 (9.2)	157 (11.1)	0.104
Edoxaban	13 (1.4)	8 (0.9)	0.384	25 (1.8)	24 (1.7)	0.886
At 3-month visit	**(n=902)**	**(n=848)**		**(n=1360)**	**(n=1406)**	
DAPT	32 (3.5)	767 (90.4)	<0.001	39 (2.9)	1170 (83.2)	<0.001
SAPT	865 (95.9)	79 (9.3)	<0.001	1315 (96.7)	231 (16.4)	<0.001
No APT	5 (0.6)	2 (0.2)	0.454	6 (0.4)	5 (0.4)	0.771
Acetylsalicylic acid	250 (27.7)	789 (93.0)	<0.001	466 (34.3)	1236 (87.9)	<0.001
$P2Y_{12}$ inhibitor	679 (75.3)	824 (97.2)	<0.001	927 (68.2)	1335 (95.0)	<0.001
Clopidogrel	439 (48.7)	521 (61.4)	<0.001	835 (61.4)	1186 (84.4)	<0.001
Prasugrel	15 (1.7)	29 (3.4)	0.022	11 (0.8)	27 (1.9)	0.014
Ticagrelor	226 (25.1)	274 (32.3)	0.001	81 (6.0)	122 (8.7)	0.007
(N)OAC	294 (32.6)	246 (29.0)	0.109	552 (40.6)	561 (39.9)	0.727
VKA	100 (11.1)	77 (9.1)	0.178	186 (13.7)	187 (13.3)	0.781
Warfarin	33 (3.7)	19 (2.2)	0.091	58 (4.3)	55 (3.9)	0.701
Acenocoumarol	50 (5.5)	41 (4.8)	0.520	88 (6.5)	92 (6.5)	1.000
Phenprocoumon	6 (0.7)	8 (0.9)	0.597	21 (1.5)	26 (1.8)	0.559
Fluindione	11 (1.2)	9 (1.1)	0.824	19 (1.4)	14 (1.0)	0.383
NOAC	194 (21.5)	169 (19.9)	0.443	366 (26.9)	374 (26.6)	0.864

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
Dabigatran	39 (4.3)	34 (4.0)	0.811	72 (5.3)	64 (4.6)	0.380
Apixaban	88 (9.8)	79 (9.3)	0.807	138 (10.1)	131 (9.3)	0.480
Rivaroxaban	55 (6.1)	47 (5.5)	0.683	132 (9.7)	155 (11.0)	0.262
Edoxaban	12 (1.3)	9 (1.1)	0.665	24 (1.8)	24 (1.7)	1.000
Calcium channel blocker	219 (24.3) (n=901)	194 (22.9)	0.499	451 (33.2)	467 (33.2)	1.000
PPI	663 (73.6) (n=901)	639 (75.3) (n=849)	0.443	861 (63.3)	963 (68.5) (n=1405)	0.004
Beta-blocker	707 (78.5) (n=901)	660 (77.8)	0.772	942 (69.3)	951 (67.6)	0.368
ACE inhibitor	498 (55.3) (n=901)	460 (54.2)	0.701	543 (39.9)	579 (41.2)	0.510
ARB	211 (23.4) (n=901)	193 (22.8)	0.777	419 (30.8)	445 (31.7)	0.652
H2 blocker	16 (1.8) (n=901)	17 (2.0)	0.729	24 (1.8)	20 (1.4)	0.544
Insulin	103 (11.4) (n=901)	74 (8.7)	0.068	119 (8.8)	111 (7.9)	0.449
Oral hypoglycemic agents	201 (22.3) (n=901)	222 (26.2)	0.065	351 (25.8)	345 (24.5)	0.456
Statin	814 (90.3) (n=901)	765 (90.2)	0.936	1141 (83.9)	1182 (84.1)	0.917
Other lipid-lowering drug	58 (6.4) (n=901)	74 (8.7)	0.085	147 (10.8)	123 (8.7)	0.073
PCSK9 inhibitor	3 (0.3) (n=901)	1 (0.1)	0.625	5 (0.4)	1 (0.1)	0.119
Sacubitril+valsartan	11 (1.2) (n=901)	11 (1.3)	1.000	14 (1.0)	24 (1.7)	0.143
Amiodarone	59 (6.5) (n=901)	39 (4.6)	0.078	79 (5.8)	83 (5.9)	0.936
Ivabradine	7 (0.8) (n=901)	15 (1.8)	0.084	12 (0.9)	12 (0.9)	1.000
Nitrate	120 (13.3) (n=901)	102 (12.0)	0.430	216 (15.9)	213 (15.1)	0.600
Diuretic	323 (35.8) (n=901)	309 (36.4)	0.804	547 (40.2)	565 (40.2)	1.000
Spironolactone/esplerenone	113 (12.5) (n=901)	117 (13.8)	0.479	120 (8.8)	136 (9.7)	0.471
Steroid	74 (8.2) (n=901)	88 (10.4)	0.137	105 (7.7)	127 (9.0)	0.218
NSAID	12 (1.3) (n=901)	17 (2.0)	0.349	33 (2.4)	27 (1.9)	0.365
At 6-month visit	**(n=889)**	**(n=830)**		**(n=1341)**	**(n=1390)**	
DAPT	32 (3.6)	603 (72.7)	<0.001	38 (2.8)	769 (55.3)	<0.001

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
SAPT	813 (91.5)	225 (27.1)	<0.001	1160 (86.5)	601 (43.2)	<0.001
No APT	44 (4.9)	2 (0.2)	<0.001	143 (10.7)	20 (1.4)	<0.001
Acetylsalicylic acid	249 (28.0)	674 (81.2)	<0.001	429 (32.0)	1019 (73.3)	<0.001
$P2Y_{12}$ inhibitor	628 (70.6)	757 (91.2)	<0.001	807 (60.2)	1120 (80.6)	<0.001
Clopidogrel	401 (45.1)	482 (58.1)	<0.001	716 (53.4)	984 (70.8)	<0.001
Prasugrel	15 (1.7)	28 (3.4)	0.030	12 (0.9)	25 (1.8)	0.047
Ticagrelor	213 (24.0)	247 (29.8)	0.008	79 (5.9)	111 (8.0)	0.035
(N)OAC	294 (33.1)	241 (29.0)	0.076	553 (41.2)	552 (39.7)	0.435
VKA	98 (11.0)	75 (9.0)	0.174	180 (13.4)	177 (12.7)	0.610
Warfarin	33 (3.7)	21 (2.5)	0.169	58 (4.3)	51 (3.7)	0.434
Acenocoumarol	48 (5.4)	39 (4.7)	0.582	87 (6.5)	89 (6.4)	0.938
Phenprocoumon	7 (0.8)	7 (0.8)	1.000	19 (1.4)	24 (1.7)	0.542
Fluindione	10 (1.1)	8 (1.0)	0.816	16 (1.2)	13 (0.9)	0.578
NOAC	196 (22.0)	166 (20.0)	0.314	373 (27.8)	375 (27.0)	0.637
Dabigatran	40 (4.5)	36 (4.3)	0.907	73 (5.4)	65 (4.7)	0.383
Apixaban	89 (10.0)	78 (9.4)	0.684	143 (10.7)	134 (9.6)	0.410
Rivaroxaban	54 (6.1)	45 (5.4)	0.605	132 (9.8)	150 (10.8)	0.450
Edoxaban	13 (1.5)	7 (0.8)	0.266	25 (1.9)	26 (1.9)	1.000
Calcium channel blocker	218 (24.5) (n=888)	190 (22.9)	0.428	454 (33.9)	480 (34.5)	0.717
PPI	649 (73.1) (n=888)	615 (74.1)	0.661	818 (61.0)	933 (67.1)	0.001
Beta-blocker	694 (78.2) (n=888)	632 (76.1)	0.329	927 (69.1)	934 (67.2)	0.286
ACE inhibitor	479 (53.9) (n=888)	432 (52.0)	0.439	530 (39.5)	560 (40.3)	0.696
ARB	217 (24.4) (n=888)	202 (24.3)	1.000	411 (30.6)	433 (31.2)	0.804
H2 blocker	11 (1.2) (n=888)	16 (1.9)	0.332	21 (1.6)	27 (1.9)	0.470
Insulin	95 (10.7) (n=888)	72 (8.7)	0.166	118 (8.8)	113 (8.1)	0.537

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
Oral hypoglycemic agents	203 (22.9) (n=888)	216 (26.0)	0.129	349 (26.0)	342 (24.6)	0.403
Statin	794 (89.4) (n=888)	754 (90.8)	0.333	1123 (83.7)	1159 (83.4)	0.836
Other lipid-lowering drug	63 (7.1) (n=888)	75 (9.0)	0.155	151 (11.3)	135 (9.7)	0.190
PCSK9 inhibitor	5 (0.6) (n=888)	1 (0.1)	0.220	6 (0.4)	0 (0.0)	0.014
Sacubitril+valsartan	12 (1.4) (n=888)	11 (1.3)	1.000	19 (1.4)	24 (1.7)	0.542
Amiodarone	60 (6.8) (n=888)	39 (4.7)	0.078	75 (5.6)	87 (6.3)	0.467
Ivabradine	8 (0.9) (n=888)	13 (1.6)	0.273	11 (0.8)	14 (1.0)	0.690
Nitrate	119 (13.4) (n=888)	106 (12.8)	0.721	192 (14.3)	191 (13.7)	0.700
Diuretic	326 (36.7) (n=888)	315 (38.0)	0.618	547 (40.8)	557 (40.1)	0.726
Spironolactone/esplerenone	116 (13.1) (n=888)	119 (14.3)	0.482	129 (9.6)	127 (9.1)	0.694
Steroid	68 (7.7) (n=888)	82 (9.9)	0.105	110 (8.2)	115 (8.3)	1.000
NSAID	12 (1.4) (n=888)	23 (2.8)	0.041	34 (2.5)	23 (1.7)	0.110
At 12-month visit*	**(n=861)**	**(n=806)**		**(n=1324)**	**(n=1361)**	
DAPT	38 (4.4)	382 (47.4)	<0.001	63 (4.8)	388 (28.5)	<0.001
SAPT	577 (67.0)	367 (45.5)	<0.001	795 (60.0)	818 (60.1)	1.000
No APT	246 (28.6)	57 (7.1)	<0.001	466 (35.2)	155 (11.4)	<0.001
Acetylsalicylic acid	258 (30.0)	621 (77.0)	<0.001	454 (34.3)	925 (68.0)	<0.001
$P2Y_{12}$ inhibitor	395 (45.9)	510 (63.3)	<0.001	467 (35.3)	669 (49.2)	<0.001
Clopidogrel	225 (26.1)	351 (43.5)	<0.001	397 (30.0)	591 (43.4)	<0.001
Prasugrel	15 (1.7)	13 (1.6)	0.852	12 (0.9)	9 (0.7)	0.517
Ticagrelor	155 (18.0)	146 (18.1)	1.000	58 (4.4)	69 (5.1)	0.414
(N)OAC	289 (33.6)	242 (30.0)	0.127	547 (41.3)	548 (40.3)	0.583
VKA	88 (10.2)	72 (8.9)	0.406	176 (13.3)	167 (12.3)	0.452
Warfarin	30 (3.5)	23 (2.9)	0.488	58 (4.4)	50 (3.7)	0.377
Acenocoumarol	43 (5.0)	35 (4.3)	0.563	84 (6.3)	82 (6.0)	0.749

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
Phenprocoumon	5 (0.6)	7 (0.9)	0.569	18 (1.4)	21 (1.5)	0.748
Fluindione	10 (1.2)	7 (0.9)	0.631	16 (1.2)	14 (1.0)	0.716
NOAC	201 (23.3)	170 (21.1)	0.289	371 (28.0)	381 (28.0)	1.000
Dabigatran	42 (4.9)	34 (4.2)	0.558	66 (5.0)	64 (4.7)	0.787
Apixaban	90 (10.5)	80 (9.9)	0.746	140 (10.6)	138 (10.1)	0.751
Rivaroxaban	53 (6.2)	48 (6.0)	0.918	139 (10.5)	152 (11.2)	0.619
Edoxaban	16 (1.9)	8 (1.0)	0.154	26 (2.0)	27 (2.0)	1.000
Calcium channel blocker	209 (24.3) (n=860)	196 (24.3)	1.000	447 (33.8)	456 (33.5)	0.902
PPI	610 (70.9) (n=860)	563 (69.9)	0.667	796 (60.1)	897 (66.0) (n=1360)	0.002
Beta-blocker	661 (76.9) (n=860)	606 (75.2)	0.455	892 (67.4)	902 (66.3)	0.566
ACE inhibitor	436 (50.7) (n=860)	418 (51.9)	0.659	506 (38.2) (n=1323)	536 (39.4)	0.553
ARB	215 (25.0) (n=860)	202 (25.1)	1.000	416 (31.4)	408 (30.0)	0.427
H2 blocker	15 (1.7) (n=860)	14 (1.7)	1.000	16 (1.2)	21 (1.5)	0.510
Insulin	93 (10.8) (n=860)	68 (8.4)	0.115	117 (8.8)	107 (7.9)	0.365
Oral hypoglycemic agents	193 (22.4) (n=860)	216 (26.8)	0.040	346 (26.1)	337 (24.8)	0.425
Statin	771 (89.7) (n=860)	721 (89.5)	0.936	1098 (82.9)	1150 (84.5)	0.273
Other lipid-lowering drug	70 (8.1) (n=860)	89 (11.0)	0.046	178 (13.4)	160 (11.8)	0.201
PCSK9 inhibitor	1 (0.1) (n=860)	3 (0.4)	0.359	5 (0.4)	2 (0.1)	0.282
Sacubitril+valsartan	15 (1.7) (n=860)	16 (2.0)	0.721	24 (1.8)	19 (1.4)	0.443
Amiodarone	51 (5.9) (n=860)	38 (4.7)	0.278	74 (5.6)	82 (6.0)	0.680
Ivabradine	8 (0.9) (n=860)	12 (1.5)	0.370	9 (0.7)	12 (0.9)	0.663
Nitrate	120 (14.0) (n=860)	117 (14.5)	0.779	207 (15.6)	190 (14.0)	0.232
Diuretic	330 (38.4) (n=860)	316 (39.2)	0.763	513 (38.7)	537 (39.5)	0.722
Spironolactone/esplerenone	125 (14.5) (n=860)	112 (13.9)	0.726	130 (9.8)	141 (10.4)	0.654
Steroid	62 (7.2) (n=859)	79 (9.8)	0.064	107 (8.1)	114 (8.4)	0.833

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
NSAID	16 (1.9) (n=860)	28 (3.5)	0.047	27 (2.0)	24 (1.8)	0.672

Data are expressed as n (%). ACE indicates angiotensin-converting-enzyme; APT, antiplatelet therapy; ARB, angiotensin II receptor blocker; DAPT, dual antiplatelet therapy; MI, myocardial infarction; NOAC, non-vitamin K oral anticoagulant; (N)OAC, (non-vitamin K) oral anticoagulant; NSAID, non-steroidal anti-inflammatory drug; PCSK9, proprotein convertase subtilisin-kexin type 9; PPI, proton pump inhibitor; SAPT, single antiplatelet therapy; VKA, vitamin K antagonist.

*Patients switched to routine care around the 12-month visit post qualifying PCI; switching was allowed within a 14-day window.

Table 5. Details of DAPT and SAPT at Each Visit

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	Nonabbreviated DAPT	*P* value	Abbreviated DAPT	Nonabbreviated DAPT	*P* value
At 1-month visit (before randomization)	**(n=914)**	**(n=866)**		**(n=1381)**	**(n=1418)**	
DAPT	910 (99.6)	864 (99.8)	0.688	1371 (99.3)	1408 (99.3)	1.000
Clopidogrel	581 (63.6)	540 (62.4)	0.623	1236 (89.5)	1253 (88.4)	0.366
Prasugrel	27 (3.0)	28 (3.2)	0.785	32 (2.3)	28 (2.0)	0.602
Ticagrelor	302 (33.0)	296 (34.2)	0.616	103 (7.5)	127 (9.0)	0.169
SAPT	4 (0.4)	2 (0.2)	0.688	10 (0.7)	10 (0.7)	1.000
Acetylsalicylic acid	1 (0.1)	0 (0.0)	1.000	2 (0.1)	1 (0.1)	0.620
Clopidogrel	3 (0.3)	2 (0.2)	1.000	8 (0.6)	9 (0.6)	1.000
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	20 (2.2)	863 (99.7)	<0.001	32 (2.3)	1409 (99.4)	<0.001
Clopidogrel	10 (1.1)	541 (62.5)	<0.001	29 (2.1)	1257 (88.6)	<0.001
Prasugrel	0 (0.0)	29 (3.3)	<0.001	2 (0.1)	26 (1.8)	<0.001
Ticagrelor	10 (1.1)	293 (33.8)	<0.001	2 (0.1)	126 (8.9)	<0.001
SAPT	890 (97.4)	2 (0.2)	<0.001	1344 (97.3)	7 (0.5)	<0.001
Acetylsalicylic acid	227 (24.8)	0 (0.0)	<0.001	433 (31.4)	1 (0.1)	<0.001
Clopidogrel	421 (46.1)	2 (0.2)	<0.001	815 (59.0)	6 (0.4)	<0.001
Prasugrel	14 (1.5)	0 (0.0)	<0.001	13 (0.9)	0 (0.0)	<0.001
Ticagrelor	228 (24.9)	0 (0.0)	<0.001	83 (6.0)	0 (0.0)	<0.001
At 3-month visit	**n=902**	**n=848**		**n=1360**	**n=1406**	
DAPT	32 (3.5)	767 (90.4)	<0.001	39 (2.9)	1170 (83.2)	<0.001
Clopidogrel	22 (2.4)	466 (55.0)	<0.001	34 (2.5)	1021 (72.6)	<0.001
Prasugrel	0 (0.0)	29 (3.4)	<0.001	1 (0.1)	27 (1.9)	<0.001
Ticagrelor	10 (1.1)	272 (32.1)	<0.001	4 (0.3)	122 (8.7)	<0.001
SAPT	865 (95.9)	79 (9.3)	<0.001	1315 (96.7)	231 (16.4)	<0.001
Acetylsalicylic acid	218 (24.2)	22 (2.6)	<0.001	427 (31.4)	66 (4.7)	<0.001
Clopidogrel	417 (46.2)	55 (6.5)	<0.001	801 (58.9)	165 (11.7)	<0.001

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT	**Nonabbreviated DAPT**	***P* value**	**Abbreviated DAPT**	**Nonabbreviated DAPT**	***P* value**
Prasugrel	15 (1.7)	0 (0.0)	<0.001	10 (0.7)	0 (0.0)	0.001
Ticagrelor	216 (23.9)	2 (0.2)	<0.001	77 (5.7)	0 (0.0)	<0.001
At 6-month visit	**(n=889)**	**(n=830)**		**(n=1341)**	**(n=1390)**	
DAPT	32 (3.6)	603 (72.7)	<0.001	38 (2.8)	769 (55.3)	<0.001
Clopidogrel	23 (2.6)	331 (39.9)	<0.001	35 (2.6)	636 (45.8)	<0.001
Prasugrel	0 (0.0)	28 (3.4)	<0.001	0 (0.0)	25 (1.8)	<0.001
Ticagrelor	9 (1.0)	244 (29.4)	<0.001	3 (0.2)	108 (7.8)	<0.001
SAPT	813 (91.5)	225 (27.1)	<0.001	1160 (86.5)	601 (43.2)	<0.001
Acetylsalicylic acid	217 (24.4)	71 (8.6)	<0.001	391 (29.2)	250 (18.0)	<0.001
Clopidogrel	378 (42.5)	151 (18.2)	<0.001	681 (50.8)	348 (25.0)	<0.001
Prasugrel	15 (1.7)	0 (0.0)	<0.001	12 (0.9)	0 (0.0)	<0.001
Ticagrelor	204 (22.9)	3 (0.4)	<0.001	76 (5.7)	3 (0.2)	<0.001
At 12-month visit*	**(n=861)**	**(n=806)**		**(n=1324)**	**(n=1361)**	
DAPT	38 (4.4)	382 (47.4)	<0.001	63 (4.8)	388 (28.5)	<0.001
Clopidogrel	26 (3.0)	225 (27.9)	<0.001	53 (4.0)	313 (23.0)	<0.001
Prasugrel	0 (0.0)	13 (1.6)	<0.001	1 (0.1)	9 (0.7)	0.021
Ticagrelor	12 (1.4)	144 (17.9)	<0.001	9 (0.7)	66 (4.8)	<0.001
SAPT	577 (67.0)	367 (45.5)	<0.001	795 (60.0)	818 (60.1)	1.000
Acetylsalicylic acid	220 (25.6)	239 (29.7)	0.062	391 (29.5)	537 (39.5)	<0.001
Clopidogrel	199 (23.1)	126 (15.6)	<0.001	344 (26.0)	278 (20.4)	0.001
Prasugrel	15 (1.7)	0 (0.0)	<0.001	11 (0.8)	0 (0.0)	<0.001
Ticagrelor	143 (16.6)	2 (0.2)	<0.001	49 (3.7)	3 (0.2)	<0.001

Data are expressed as n (%). DAPT indicates dual antiplatelet therapy; SAPT, single antiplatelet therapy; MI, myocardial infarction; PCI, percutaneous coronary intervention.

*Patients switched to routine care around the 12-month visit post qualifying PCI; switching was allowed within a 14-day window.

Table 6. Reasonable and Perfect Adherence

	Prior MI (≤12 months)			No prior MI (≤12 months)		
	Abbreviated DAPT (n=914)	**Nonabbreviated DAPT (n=866)**	***P* value**	**Abbreviated DAPT (n=1381)**	**Nonabbreviated DAPT (n=1418)**	***P* value**
At 3-month visit (60 days post-randomization)						
Reasonable adherence*	875 (95.7)	854 (98.6)	<0.001	1328 (96.2)	1382 (97.5)	0.053
Perfect adherence†	864 (94.5)	846 (97.7)	0.001	1316 (95.3)	1365 (96.3)	0.222
At 6-month visit (150 days post-randomization)						
Reasonable adherence*	865 (94.6)	855 (98.7)	<0.001	1311 (94.9)	1381 (97.4)	0.001
Perfect adherence†	834 (91.2)	838 (96.8)	<0.001	1272 (92.1)	1331 (93.9)	0.075
At 12-month visit (335 days post-randomization)						
Reasonable adherence*	810 (88.6)	852 (98.4)	<0.001	1222 (88.5)	1374 (96.9)	<0.001
Perfect adherence†	748 (81.8)	815 (94.1)	<0.001	1119 (81.0)	1276 (90.0)	<0.001

*Adherent ≥80% of the time (days 0 to *t* since randomization).
†A maximum of 2 consecutive days of non-adherence (days 0 to *t* since randomization).
DAPT indicates dual antiplatelet therapy; MI, myocardial infarction.

Table 7. Clinical Outcomes at 11 Months Post-Randomization (Per Protocol Population)

	Prior MI (≤12 months)				No prior MI (≤12 months)				
	Abbreviated DAPT (n=874)	Nonabbreviated DAPT (n=847)	HR (95% CI)*	*P* value	Abbreviated DAPT (n=1330)	Nonabbreviated DAPT (n=1383)	HR (95% CI)*	*P* value	Interaction *P* value†
NACE	78 (8.9)	87 (10.3)	0.85 (0.63–1.16)	0.310	87 (6.6)	85 (6.2)	1.07 (0.79–1.44)	0.667	0.303
MACE	67 (7.7)	72 (8.5)	0.89 (0.64–1.24)	0.489	66 (5.0)	60 (4.4)	1.15 (0.81–1.63)	0.430	0.292
MCB	52 (6.1)	76 (9.2)	0.64 (0.45–0.91)	0.013	88 (6.7)	127 (9.3)	0.71 (0.54–0.93)	0.013	0.657
Death	35 (4.0)	42 (5.0)	0.80 (0.51–1.25)	0.319	37 (2.8)	37 (2.7)	1.04 (0.66–1.65)	0.854	0.406
Cardiovascular death	17 (2.0)	23 (2.8)	0.71 (0.38–1.32)	0.277	19 (1.4)	20 (1.5)	0.99 (0.53–1.86)	0.979	0.453
Non-cardiovascular death	14 (1.6)	13 (1.6)	1.03 (0.48–2.19)	0.941	13 (1.0)	14 (1.0)	0.97 (0.46–2.06)	0.935	0.914
Cerebrovascular accident	7 (0.8)	15 (1.8)	0.44 (0.18–1.09)	0.076	9 (0.7)	16 (1.2)	0.59 (0.26–1.33)	0.200	0.654
Stroke‡	4 (0.5)	10 (1.2)	0.38 (0.12–1.22)	0.104	7 (0.5)	12 (0.9)	0.61 (0.24–1.55)	0.297	0.538
Ischemic stroke	3 (0.4)	7 (0.9)	0.41 (0.11–1.58)	0.196	7 (0.5)	10 (0.7)	0.73 (0.28–1.92)	0.524	0.494
Hemorrhagic stroke	1 (0.1)	3 (0.4)	0.32 (0.03–3.06)	0.321	0 (0.0)	1 (0.1)	0.35 (0.01–8.58)	1.000	
TIA	3 (0.4)	5 (0.6)	0.57 (0.14–2.40)	0.446	2 (0.2)	4 (0.3)	0.52 (0.10–2.84)	0.451	0.933
MI	34 (4.0)	29 (3.5)	1.12 (0.68–1.84)	0.646	25 (1.9)	17 (1.3)	1.54 (0.83–2.85)	0.170	0.434
Definite or probable stent thrombosis	10 (1.2)	7 (0.9)	1.37 (0.52–3.60)	0.524	4 (0.3)	1 (0.1)	4.18 (0.47–37.40)	0.201	0.361
Definite stent thrombosis	7 (0.8)	5 (0.6)	1.34 (0.43–4.22)	0.616	4 (0.3)	1 (0.1)	4.18 (0.47–37.40)	0.201	0.368
Probable stent thrombosis	3 (0.4)	2 (0.2)	1.44 (0.24–8.59)	0.692	0 (0.0)	0 (0.0)			
Bleeding BARC classification									
Type 1	23 (2.7)	44 (5.3)	0.49 (0.30–0.82)	0.006	37 (2.8)	60 (4.4)	0.64 (0.42–0.96)	0.032	0.444
Type 2	33 (3.9)	52 (6.3)	0.60 (0.39–0.92)	0.020	64 (4.9)	98 (7.2)	0.67 (0.49–0.92)	0.013	0.676
Type 3	19 (2.2)	23 (2.8)	0.79 (0.43–1.45)	0.443	30 (2.3)	31 (2.3)	1.01 (0.61–1.66)	0.979	0.541
Type 3a	11 (1.3)	15 (1.8)	0.70 (0.32–1.53)	0.371	13 (1.0)	13 (1.0)	1.04 (0.48–2.25)	0.916	0.475
Type 3b	7 (0.8)	7 (0.8)	0.96 (0.34–2.73)	0.933	12 (0.9)	11 (0.8)	1.14 (0.50–2.58)	0.756	0.796
Type 3c	1 (0.1)	1 (0.1)	0.96 (0.06–15.27)	0.974	6 (0.5)	7 (0.5)	0.89 (0.30–2.66)	0.839	0.963
Type 4	0 (0.0)	0 (0.0)	–	–	0 (0.0)	0 (0.0)	–	–	–

	Prior MI (≤12 months)				No prior MI (≤12 months)				
	Abbreviated DAPT (n=874)	**Nonabbreviated DAPT (n=847)**	**HR (95% CI)***	***P* value**	**Abbreviated DAPT (n=1330)**	**Nonabbreviated DAPT (n=1383)**	**HR (95% CI)***	***P* value**	**Interaction *P* value†**
Type 5	2 (0.2)	4 (0.5)	0.48 (0.09–2.60)	0.391	0 (0.0)	3 (0.2)	0.15 (0.01–2.90)	0.250	–
Type 5a	0 (0.0)	0 (0.0)	–	–	0 (0.0)	1 (0.1)	0.35 (0.01–8.58)	1.000	1.000
Type 5b	2 (0.2)	4 (0.5)	0.48 (0.09–2.60)	0.391	0 (0.0)	2 (0.2)	0.21 (0.01–4.37)	0.500	–
Type 3 or 5	21 (2.4)	27 (3.3)	0.74 (0.42–1.31)	0.304	30 (2.3)	34 (2.5)	0.92 (0.56–1.50)	0.733	0.577

Data are expressed as n (% from Kaplan-Meier estimate) unless otherwise specified. BARC indicates Bleeding Academic Research Consortium; CI, confidence interval; DAPT, dual antiplatelet therapy; HR, hazard ratio; MACE, major adverse cardiovascular events (co-primary composite endpoint of all-cause death, MI, stroke); MCB, major or clinically relevant non-major bleeding (co-primary composite endpoint of bleeding BARC 2, 3, or 5); MI, myocardial infarction; NACE, net adverse clinical events (co-primary composite endpoint of all-cause death, MI, stroke and bleeding BARC 3 or 5); RR, risk ratio; TIA, transient ischemic attack.

*HRs and 95% CIs from Cox's time-to-first event analyses. Continuity corrected RRs (95% CIs) in case of zero events with Fisher's exact test *P* value.

†Interaction *P* value testing for the modifying effect of prior MI in last 12 months (yes or no).

‡Includes undetermined strokes.

Table 8. Overview of the Protocol Violations Used to Define the Per Protocol Population

	n (%)
Prior MI last 12 months	
Nonabbreviated DAPT	**(n=866)**
No protocol violation	847 (97.8)
Not on DAPT at randomization and not on protocol-mandated treatment within 14 days	1 (0.1)
Not on protocol-mandated treatment within 14 days	1 (0.1)
Received other stents (BMS/DES)	3 (0.3)
Treated ISR or stent thrombosis	11 (1.3)
Treated ISR or stent thrombosis and not on DAPT at randomization	1 (0.1)
Treated ISR or stent thrombosis and received other stents (BMS/DES)	2 (0.2)
Abbreviated DAPT	**(n=914)**
No protocol violation	874 (95.6)
Not at high risk of bleeding	3 (0.3)
Not on DAPT at randomization	4 (0.4)
Not on protocol-mandated treatment within 14 days	20 (2.2)
Not treated with Ultimaster and received other stents (BMS/DES)	1 (0.1)
Received other stents (BMS/DES)	4 (0.4)
Treated ISR or stent thrombosis	8 (0.9)
No prior MI last 12 months	
Nonabbreviated DAPT	**(n=1418)**
No protocol violation	1383 (97.5)
Not at high risk of bleeding	1 (0.1)
Not on DAPT at randomization	6 (0.4)
Not on DAPT at randomization and not on protocol-mandated treatment within 14 days	4 (0.3)
Not on protocol-mandated treatment within 14 days	2 (0.1)
Received other stents (BMS/DES)	4 (0.3)
Treated ISR or stent thrombosis	17 (1.2)
Treated ISR or stent thrombosis and not treated with Ultimaster and received other stents (BMS/DES)	1 (0.1)
Abbreviated DAPT	**(n=1381)**
No protocol violation	1330 (96.3)

Not on DAPT at randomization	10 (0.7)
Not on protocol−mandated treatment within 14 days	23 (1.7)
Received other stents (BMS/DES)	2 (0.1)
Treated ISR or stent thrombosis	16 (1.2)

Protocol violation(s) were counted per patient.
BMS indicates bare-metal stent; DAPT, dual antiplatelet therapy; DES, drug-eluting stent; ISR, in-stent restenosis; MI, myocardial infarction.

Table 9. Sensitivity Analyses of the Clinical Outcomes at 11 Months Post-Randomization of Prior Myocardial Infarction Patients at Any Time Before Index PCI (Intention-To-Treat Population)

	Prior MI (any)					No prior MI			
	Abbreviated DAPT (n=1129)	Nonabbreviated DAPT (n=1101)	HR (95% CI)*	*P* value	Abbreviated DAPT (n=1166)	Nonabbreviated DAPT (n=1183)	HR (95% CI)*	*P* value	Interaction *P* value†
NACE	103 (9.2)	116 (10.6)	0.85 (0.65–1.11)	0.241	69 (5.9)	66 (5.6)	1.06 (0.76–1.49)	0.724	0.315
MACE	88 (7.8)	92 (8.4)	0.92 (0.69–1.24)	0.591	50 (4.3)	46 (3.9)	1.11 (0.74–1.66)	0.612	0.465
MCB	70 (6.3)	102 (9.4)	0.65 (0.48–0.88)	0.005	78 (6.8)	109 (9.3)	0.72 (0.54–0.96)	0.025	0.648
Death	44 (3.9)	50 (4.6)	0.85 (0.57–1.27)	0.432	31 (2.7)	31 (2.6)	1.02 (0.62–1.67)	0.945	0.582
Cardiovascular death	22 (2.0)	28 (2.6)	0.76 (0.43–1.33)	0.333	15 (1.3)	16 (1.4)	0.95 (0.47–1.93)	0.896	0.617
Non-cardiovascular death	17 (1.5)	16 (1.5)	1.03 (0.52–2.03)	0.941	12 (1.0)	12 (1.0)	1.02 (0.46–2.27)	0.965	0.988
Cerebrovascular accident	8 (0.7)	20 (1.9)	0.38 (0.17–0.87)	0.022	9 (0.8)	12 (1.0)	0.76 (0.32–1.81)	0.539	0.260
Stroke‡	5 (0.5)	14 (1.3)	0.34 (0.12–0.96)	0.041	7 (0.6)	9 (0.8)	0.79 (0.30–2.13)	0.644	0.250
Ischemic stroke	4 (0.4)	10 (0.9)	0.39 (0.12–1.23)	0.108	7 (0.6)	8 (0.7)	0.89 (0.32–2.46)	0.824	0.287
Hemorrhagic stroke	1 (0.1)	3 (0.3)	0.32 (0.03–3.09)	0.326	0 (0.0)	2 (0.2)	0.20 (0.01–4.16)	0.500	–
TIA	3 (0.3)	6 (0.6)	0.48 (0.12–1.93)	0.303	2 (0.2)	3 (0.3)	0.68 (0.11–4.05)	0.669	0.770
MI	45 (4.1)	39 (3.6)	1.12 (0.73–1.71)	0.614	15 (1.3)	10 (0.9)	1.53 (0.69–3.40)	0.298	0.496
Definite or probable stent thrombosis	14 (1.3)	9 (0.8)	1.51 (0.65–3.48)	0.337	0 (0.0)	0 (0.0)	–	–	–
Definite stent thrombosis	11 (1.0)	7 (0.7)	1.52 (0.59–3.92)	0.386	0 (0.0)	0 (0.0)	–	–	–
Probable stent thrombosis	3 (0.3)	2 (0.2)	1.45 (0.24–8.68)	0.683	0 (0.0)	0 (0.0)	–	–	–
Bleeding BARC classification									
Type 1	30 (2.7)	51 (4.7)	0.56 (0.36–0.88)	0.013	35 (3.0)	58 (5.0)	0.61 (0.40–0.93)	0.020	0.807
Type 2	43 (3.9)	66 (6.1)	0.62 (0.42–0.91)	0.014	59 (5.1)	86 (7.3)	0.69 (0.50–0.96)	0.028	0.684
Type 3	27 (2.4)	35 (3.2)	0.74 (0.45–1.23)	0.245	26 (2.3)	24 (2.1)	1.10 (0.63–1.91)	0.739	0.304

	Prior MI (any)					No prior MI			
	Abbreviated DAPT (n=1129)	Nonabbreviated DAPT (n=1101)	HR (95% CI)*	*P* value	Abbreviated DAPT (n=1166)	Nonabbreviated DAPT (n=1183)	HR (95% CI)*	*P* value	Interaction *P* value†
Type 3a	14 (1.3)	21 (2.0)	0.64 (0.33–1.26)	0.201	12 (1.2)	9 (0.8)	1.35 (0.57–3.21)	0.492	0.183
Type 3b	10 (0.9)	10 (0.9)	0.97 (0.40–2.32)	0.937	11 (1.0)	10 (0.9)	1.12 (0.48–2.64)	0.795	0.812
Type 3c	3 (0.3)	4 (0.4)	0.73 (0.16–3.25)	0.676	4 (0.4)	5 (0.4)	0.81 (0.22–3.03)	0.758	0.911
Type 4	0 (0.0)	0 (0.0)	–	–	0 (0.0)	0 (0.0)	–	–	–
Type 5	2 (0.2)	5 (0.5)	0.39 (0.07–1.99)	0.256	0 (0.0)	3 (0.3)	0.14 (0.01–2.71)	0.250	–
Type 5a	0 (0.0)	1 (0.1)	0.33 (0.01–8.09)	0.494	0 (0.0)	1 (0.1)	0.34 (0.01–8.34)	1.000	–
Type 5b	2 (0.2)	4 (0.4)	0.48 (0.09–2.63)	0.400	0 (0.0)	2 (0.2)	0.20 (0.01–4.16)	0.500	–
Type 3 or 5	29 (2.6)	40 (3.7)	0.70 (0.43–1.13)	0.140	26 (2.3)	27 (2.3)	0.98 (0.57–1.67)	0.932	0.359

Data are expressed as n (% from Kaplan-Meier estimate) unless otherwise specified. BARC indicates Bleeding Academic Research Consortium; CI, confidence interval; DAPT, dual antiplatelet therapy; HR, hazard ratio; MACE, major adverse cardiovascular events (co-primary composite endpoint of all-cause death, MI, stroke); MCB, major or clinically relevant non-major bleeding (co-primary composite endpoint of bleeding BARC 2, 3, or 5); MI, myocardial infarction; NACE, net adverse clinical events (co-primary composite endpoint of all-cause death, MI, stroke and bleeding BARC 3 or 5); RR, risk ratio; TIA, transient ischemic attack.

* HRs and 95% CIs from Cox's time-to-first event analyses. Continuity corrected RRs (95% CIs) in case of zero events with Fisher's exact test *P* value.

† Interaction *P* value testing for the modifying effect of prior MI in last 12 months (yes or no).

‡ Includes undetermined strokes.

Table 10. Sensitivity Analyses of the Clinical Outcomes at 11 Months Post-Randomization of Acute Myocardial Infarction Patients at First PCI (Intention-To-Treat Population)

	MI at first procedure				No MI at first procedure				
	Abbreviated DAPT (n=904)	Nonabbreviated DAPT (n=856)	HR (95% CI)*	*P* value	Abbreviated DAPT (n=1391)	Nonabbreviated DAPT (n=1428)	HR (95% CI)*	*P* value	Interaction *P* value†
NACE	81 (9.0)	91 (10.7)	0.83 (0.61−1.11)	0.211	91 (6.6)	91 (6.4)	1.03 (0.77−1.38)	0.847	0.300
MACE	69 (7.6)	75 (8.8)	0.86 (0.62−1.19)	0.354	69 (5.0)	63 (4.4)	1.13 (0.80−1.59)	0.476	0.246
MCB	57 (6.4)	81 (9.7)	0.64 (0.46−0.90)	0.010	91 (6.6)	130 (9.2)	0.71 (0.54−0.93)	0.012	0.663
Death	36 (4.0)	43 (5.1)	0.78 (0.50−1.22)	0.273	39 (2.8)	38 (2.7)	1.06 (0.68−1.65)	0.804	0.343
Cardiovascular	17 (1.9)	23 (2.7)	0.69 (0.37−1.29)	0.245	20 (1.5)	21 (1.5)	0.98 (0.53−1.81)	0.954	0.428
Non-cardiovascular	16 (1.8)	14 (1.7)	1.07 (0.52−2.18)	0.862	13 (0.9)	14 (1.0)	0.96 (0.45−2.04)	0.910	0.841
Cerebrovascular accident	8 (0.9)	15 (1.8)	0.50 (0.21−1.17)	0.110	9 (0.7)	17 (1.2)	0.55 (0.24−1.22)	0.141	0.875
Stroke‡	5 (0.6)	10 (1.2)	0.47 (0.16−1.36)	0.164	7 (0.5)	13 (0.9)	0.56 (0.22−1.39)	0.210	0.808
Ischemic stroke	4 (0.4)	7 (0.8)	0.53 (0.16−1.82)	0.317	7 (0.5)	11 (0.8)	0.66 (0.25−1.69)	0.384	0.793
Hemorrhagic stroke	1 (0.1)	3 (0.4)	0.31 (0.03−2.98)	0.311	0 (0.0)	2 (0.1)	0.21 (0.01−4.37)	0.500	
TIA	3 (0.3)	5 (0.6)	0.56 (0.13−2.34)	0.427	2 (0.1)	4 (0.3)	0.51 (0.09−2.81)	0.443	0.941
Myocardial infarction	34 (3.8)	31 (3.7)	1.02 (0.63−1.67)	0.926	26 (1.9)	18 (1.3)	1.49 (0.82−2.73)	0.190	0.337
Definite or probable stent thrombosis	10 (1.1)	7 (0.8)	1.34 (0.51−3.51)	0.556	4 (0.3)	2 (0.1)	2.06 (0.38−11.27)	0.403	0.662
Definite	7 (0.8)	5 (0.6)	1.31 (0.42−4.12)	0.646	4 (0.3)	2 (0.1)	2.06 (0.38−11.27)	0.403	0.663
Probable	3 (0.3)	2 (0.2)	1.40 (0.23−8.38)	0.712	0 (0.0)	0 (0.0)			
Bleeding BARC classification									
Type 1	25 (2.8)	44 (5.1)	0.52 (0.32−0.86)	0.010	40 (2.9)	65 (4.6)	0.63 (0.42−0.93)	0.021	0.576
Type 2	35 (3.9)	55 (6.6)	0.58 (0.38−0.89)	0.013	67 (4.9)	97 (6.9)	0.70 (0.51−0.96)	0.026	0.496
Type 3	22 (2.5)	24 (2.9)	0.85 (0.48−1.52)	0.591	31 (2.3)	35 (2.5)	0.91 (0.56−1.47)	0.700	0.868
Type 3a	13 (1.5)	16 (1.9)	0.76 (0.36−1.57)	0.457	13 (0.9)	14 (1.0)	0.96 (0.45−2.03)	0.907	0.663
Type 3b	8 (0.9)	7 (0.8)	1.07 (0.39−2.94)	0.902	13 (0.9)	13 (0.9)	1.03 (0.48−2.22)	0.939	0.958
Type 3c	1 (0.1)	1 (0.1)	0.93 (0.06−14.90)	0.960	6 (0.4)	8 (0.6)	0.77 (0.27−2.23)	0.632	0.900
Type 4	0 (0.0)	0 (0.0)			0 (0.0)	0 (0.0)			

	MI at first procedure				No MI at first procedure				
	Abbreviated DAPT (n=904)	**Nonabbreviated DAPT (n=856)**	**HR (95% CI)***	***P* value**	**Abbreviated DAPT (n=1391)**	**Nonabbreviated DAPT (n=1428)**	**HR (95% CI)***	***P* value**	**Interaction *P* value†**
Type 5	2 (0.2)	5 (0.6)	0.37 (0.07−1.92)	0.238	0 (0.0)	3 (0.2)	0.15 (0.01−2.90)	0.250	
Type 5a	0 (0.0)	1 (0.1)	0.32 (0.01−7.84)	0.486	0 (0.0)	1 (0.1)	0.34 (0.01−8.34)	1.000	
Type 5b	2 (0.2)	4 (0.5)	0.47 (0.09−2.54)	0.377	0 (0.0)	2 (0.1)	0.21 (0.01−4.37)	0.500	
Type 3 or 5	24 (2.7)	29 (3.5)	0.77 (0.45−1.32)	0.344	31 (2.3)	38 (2.7)	0.84 (0.52−1.35)	0.463	0.819

Data are expressed as n (% from Kaplan-Meier estimate) unless otherwise specified. BARC indicates Bleeding Academic Research Consortium; CI, confidence interval; DAPT, dual antiplatelet therapy; HR, hazard ratio; MACE, major adverse cardiovascular events (co-primary composite endpoint of all-cause death, MI, stroke); MCB, major or clinically relevant non-major bleeding (co-primary composite endpoint of bleeding BARC 2, 3, or 5); MI, myocardial infarction; NACE, net adverse clinical events (co-primary composite endpoint of all-cause death, MI, stroke and bleeding BARC 3 or 5); IRR, risk ratio; TIA, transient ischemic attack.

*HR (95% CI) from Cox's time-to-first event analyses. Continuity corrected RR (95% CI) in case of zero events with Fisher's exact test *P* value.

†Interaction *P* value testing for the modifying effect of prior MI in last 6 months (yes or no) on the HR scale.

Continuity corrected risk ratios (95% CI) in case of zero events.

‡Includes undetermined strokes.

Table 11. Sensitivity Analyses of the Clinical Outcomes at 11 Months Post-Randomization of Acute Myocardial Infarction and Unstable Angina Patients at First PCI (Intention-To-Treat Population)

	MI + UA at first procedure				No MI or UA at first procedure				
	Abbreviated DAPT (n=1128)	Nonabbreviated DAPT (n=1083)	HR (95% CI)*	*P* value	Abbreviated DAPT (n=1167)	Nonabbreviated DAPT (n=1201)	HR (95% CI)*	*P* value	Interaction *P* value†
NACE	96 (8.5)	100 (9.3)	0.91 (0.69-1.21)	0,516	76 (6.6)	82 (6.9)	0.95 (0.70-1.30)	0,761	0,833
MACE	82 (7.3)	84 (7.8)	0.93 (0.69-1.26)	0,634	56 (4.8)	54 (4.5)	1.07 (0.74-1.56)	0,716	0,557
MCB	69 (6.2)	92 (8.7)	0.70 (0.51-0.96)	0,026	79 (6.9)	119 (10.0)	0.67 (0.50-0.89)	0,006	0,825
Death	45 (4.0)	49 (4.6)	0.87 (0.58-1.31)	0,514	30 (2.6)	32 (2.7)	0.97 (0.59-1.59)	0,896	0,755
Cardiovascular	21 (1.9)	25 (2.4)	0.80 (0.45-1.43)	0,450	16 (1.4)	19 (1.6)	0.87 (0.45-1.69)	0,678	0,852
Non-cardiovascular	18 (1.6)	17 (1.6)	1.01 (0.52-1.95)	0,984	11 (1.0)	11 (0.9)	1.03 (0.45-2.38)	0,941	0,963
Cerebrovascular accident	7 (0.6)	18 (1.7)	0.37 (0.15-0.88)	0,025	10 (0.9)	14 (1.2)	0.74 (0.33-1.66)	0,461	0,255
Stroke‡	5 (0.5)	11 (1.1)	0.43 (0.15-1.24)	0,120	7 (0.6)	12 (1.0)	0.60 (0.24-1.53)	0,286	0,644
Ischemic stroke	4 (0.4)	8 (0.8)	0.48 (0.14-1.58)	0,225	7 (0.6)	10 (0.8)	0.72 (0.28-1.90)	0,510	0,595
Hemorrhagic stroke	1 (0.1)	3 (0.3)	0.32 (0.03-3.04)	0,319	0 (0.0)	2 (0.2)	0.21 (0.01-4.37)	0,500	
TIA	2 (0.2)	7 (0.7)	0.27 (0.06-1.30)	0,103	3 (0.3)	2 (0.2)	1.55 (0.26-9.26)	0,633	0,152
Myocardial infarction	39 (3.5)	34 (3.2)	1.09 (0.69-1.73)	0,704	21 (1.8)	15 (1.3)	1.45 (0.75-2.81)	0,274	0,495
Definite or probable stent thrombosis	11 (1.0)	7 (0.7)	1.50 (0.58-3.87)	0,402	3 (0.3)	2 (0.2)	1.55 (0.26-9.26)	0,633	0,976
Definite	8 (0.7)	5 (0.5)	1.52 (0.50-4.66)	0,459	3 (0.3)	2 (0.2)	1.55 (0.26-9.26)	0,633	0,990
Probable	3 (0.3)	2 (0.2)	1.43 (0.24-8.55)	0,696	0 (0.0)	0 (0.0)			
Bleeding BARC classification									
Type 1	30 (2.7)	56 (5.3)	0.50 (0.32-0.79)	0,002	35 (3.0)	53 (4.5)	0.68 (0.44-1.04)	0,072	0,349
Type 2	46 (4.2)	64 (6.1)	0.67 (0.46-0.99)	0,042	56 (4.9)	88 (7.4)	0.65 (0.46-0.90)	0,011	0,860
Type 3	25 (2.3)	26 (2.5)	0.91 (0.53-1.58)	0,747	28 (2.4)	33 (2.8)	0.87 (0.53-1.44)	0,590	0,900
Type 3a	12 (1.1)	18 (1.7)	0.63 (0.31-1.31)	0,220	14 (1.2)	12 (1.0)	1.20 (0.56-2.60)	0,639	0,236
Type 3b	11 (1.0)	6 (0.6)	1.75 (0.65-4.72)	0,272	10 (0.9)	14 (1.2)	0.74 (0.33-1.66)	0,458	0,187
Type 3c	2 (0.2)	2 (0.2)	0.95 (0.13-6.77)	0,963	5 (0.4)	7 (0.6)	0.74 (0.23-2.32)	0,600	0,823
Type 4	0 (0.0)	0 (0.0)			0 (0.0)	0 (0.0)			
Type 5	2 (0.2)	5 (0.5)	0.38 (0.07-1.96)	0,248	0 (0.0)	3 (0.3)	0.15 (0.01-2.90)	0,250	-

	MI + UA at first procedure				No MI or UA at first procedure				
	Abbreviated DAPT (n=1128)	**Nonabbreviated DAPT (n=1083)**	**HR (95% CI)***	***P* value**	**Abbreviated DAPT (n=1167)**	**Nonabbreviated DAPT (n=1201)**	**HR (95% CI)***	***P* value**	**Interaction *P* value†**
Type 5a	0 (0.0)	1 (0.1)	0.32 (0.01-7.85)	0,490	0 (0.0)	1 (0.1)	0.34 (0.01-8.34)	1,000	
Type 5b	2 (0.2)	4 (0.4)	0.47 (0.09-2.59)	0,389	0 (0.0)	2 (0.2)	0.21 (0.01-4.37)	0,500	
Type 3 or 5	27 (2.4)	31 (2.9)	0.83 (0.49-1.39)	0,472	28 (2.4)	36 (3.0)	0.80 (0.49-1.31)	0,371	0.922

Data are expressed as n (% from Kaplan-Meier estimate) unless otherwise specified. BARC indicates Bleeding Academic Research Consortium; CI, confidence interval; DAPT, dual antiplatelet therapy; HR, hazard ratio; MACE, major adverse cardiovascular events (co-primary composite endpoint of all-cause death, MI, stroke); MCB, major or clinically relevant non-major bleeding (co-primary composite endpoint of bleeding BARC 2, 3, or 5); MI, myocardial infarction; NACE, net adverse clinical events (co-primary composite endpoint of all-cause death, MI, stroke and bleeding BARC 3 or 5); IRR, risk ratio; TIA, transient ischemic attack.
*HR (95% CI) from Cox's time-to-first event analyses. Continuity corrected RR (95% CI) in case of zero events with Fisher's exact test *P* value.
†Interaction *P* value testing for the modifying effect of prior MI in last 6 months (yes or no) on the HR scale.
Continuity corrected risk ratios (95% CI) in case of zero events.
‡Includes undetermined strokes.