**Title**

Real-world bleeding and ischemic events in Asian patients on P2Y12 inhibitors after percutaneous coronary intervention: A national claims data analysis

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Table S1. Relevant codes and operational definition of the inclusion/exclusion criteria

|  |  |  |  |
| --- | --- | --- | --- |
| Criteria | Class | Code | Operational definition |
| Inclusion criteria |  |  |  |
| PCI | Procedure | M6561, M6562, M6563, M6564, M6551, M6552, M6571, M6572 | ≥1 admission (stay ≥1 day) with defined procedure code during the index period |
| DAPT |  |  |  |
| Aspirin | Drug | 111001ACE, 111001ATB, 111001ATE | ≥1 outpatient department visit with defined drug code after PCI during the index period |
| Clopidogrel | Drug | 136901ATB, 492501ATB, 495201ATB, 498801ATB, 501501ATB, 517900ACE, 517900ATE, 667500ACE |
| Ticagrelor | Drug | 615901ATB, 615902ATB |
| Prasugrel | Drug | 597301ATB, 597302ATB |
| Exclusion criteria |  |  |  |
| PCI | Procedure | M6561, M6562, M6563, M6564, M6551, M6552, M6571, M6572 | ≥1 claim with defined procedure code during the baseline period |
| CABG | Procedure | O1641, O1642, O1647, OA641, OA642, OA647 |
| P2Y12 inhibitors |  |  |  |
| Clopidogrel | Drug | 136901ATB, 492501ATB, 495201ATB, 498801ATB, 501501ATB, 517900ACE, 517900ATE, 667500ACE | ≥1 claim with defined drug code during the baseline period |
| Ticagrelor | Drug | 615901ATB, 615902ATB |
| Prasugrel | Drug | 597301ATB, 597302ATB |
| Vitamin K antagonists (WHO-ATC: B01AA) |  |  |  |
| Warfarin | Drug | 249103ATB, 249105ATB | ≥1 claim with defined drug code during the baseline and follow-up period |
| Platelet aggregation inhibitors(B01AC) |  |  |  |
| Ticlopidine | Drug | 498900ATB, 239201ATB, 239202ATB | ≥1 claim with defined drug code during the baseline and follow-up period |
| Cilostazol | Drug | 133201ACR, 133201ATB, 133201ATR, 133202ATB, 133203ATR, 506100ATB |
| Sarpogrelate | Drug | 226101ATB, 226103ATR |
| Triflusal | Drug | 244101ACH, 244102ACH |
| Indobufen | Drug | 174701ATB |
| Beraprost | Drug | 116201ATB, 116202ATB |
| Selexipag | Drug | 652301ATB, 652302ATB, 652303ATB |
| Factor Xa inhibitors (B01AF) |  |  |  |
| Rivaroxaban | Drug | 511401ATB, 511402ATB, 511403ATB, 511404ATB | ≥1 claim with defined drug code during the baseline and follow-up period |
| Apixaban | Drug | 617001ATB, 617002ATB |
| Edoxaban | Drug | 643601ATB, 643602ATB, 643603ATB |
| Direct thrombin inhibitors (B01AE) |  |  |  |
| Dabigatran | Drug | 613701ACH, 613702ACH | ≥1 claim with defined drug code during the baseline and follow-up period |
| Chronic hepatic failure | Diagnosis | K721 | ≥1 admission (stay ≥1 day) with defined diagnosis code as primary -5th diagnosis during the baseline period |
| Chronic kidney disease stage 4-5 | Diagnosis | N184, N185 |

DAPT, dual antiplatelet therapy; PCI, percutaneous coronary intervention; CABG, coronary artery bypass graft; WHO-ATC, World Health Organization Anatomical Therapeutic Chemical classification system. The drugs and procedures were coded according to Health Insurance Review and Assessment reimbursement codes. The diagnosis was coded according to the Korea Classification of Disease code modification of the International Classification of Disease-10 code.

Table S2. Relevant codes for and definitions of bleeding and MACCE

|  |  |  |  |
| --- | --- | --- | --- |
| Outcomes | Class | Code | Definition |
| Bleeding |  |  |  |
| Cerebral bleeding | Diagnosis | I60, I61, I62, S064, S065, S066  | ≥1 claim with defined diagnosis code as primary or secondary diagnosis |
| Gastrointestinal bleeding | Diagnosis | K250, K252, K254, K260, K262, K264, K270, K272, K280, K282, K920, K921, K922, I850, K228, K256, K266, K274, K276, K284, K286,K290, K625, K661 |
| Respiratory track bleeding | Diagnosis | J942, R04 |
| Urogenital bleeding | Diagnosis | R31 |
| Unspecified bleeding | Diagnosis | D50, D62 |
| Transfusion | Procedure | X1001, X1002, X2011, X2012, X2021, X2022, X2031, X2032, X2041, X2042, X2051, X2052, X2061, X2062, X2071, X2072, X2081, X2082, X2091, X2092, X2101, X2102, X2111, X2112, X2121, X2122, X2131, X2132, X2141, X2142, X2501, X2502, X2504, X2505, X2506, X2507, X2511, X2512, X2513, X2514, X2515, X2516 | ≥1 claim with defined procedure code |
| MACCE |  |  |  |
| All-cause death | Diagnosis | I461, R96, R98, R99 | ≥1 claim with defined diagnosis code as primary or secondary diagnosis |
| Treatment results code | 4 | ≥1 claim with defined treatment results code |
| Stroke | Diagnosis | I60, I61, I62, I63, I64 | ≥1 admission (stay ≥1 day) with defined diagnosis code as primary or secondary diagnosis |
| MI | Diagnosis | I21, I22 | ≥1 admission (stay ≥1 day) with defined diagnosis code as primary or secondary diagnosis or with defined procedure code of revascularization |
| Revascularization |  |  |  |
| PCI | Procedure | M6551, M6552, M6561, M6562, M6563, M6564, M6571, M6572 | ≥1 claim with defined procedure code |
| CABG | Procedure | O1641, O1642, O1647, OA641, OA642, OA647 |
| MACCE |  | All- cause death + Stroke + MI + Revascularization+ | Each definition was described as above |
| NACE |  | Bleeding + MACCE | Each definition was described as above |

MACCE, major adverse cardiac or cerebral event; NACE, net adverse clinical event; MI, myocardial infarction; PCI, percutaneous coronary intervention; CABG, coronary artery bypass graft. The procedures were coded according to Health Insurance Review and Assessment reimbursement codes. The diagnosis was coded according to Korea Classification of Disease code modification of the International Classification of Disease-10 code.

**Table S3. Baseline characteristics before stabilized inverse probability of treatment weighting adjustment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | CDAPT(n=37,500) | TDAPT(n=15,723) | PDAPT(n=3,974) | p-value |
|
| Age, years | 64.5±12.0 | 59.3 ±11.5 | 56.9±9.9 | <0.001 |
| 18 to < 45 | 1,849 (4.9) | 1,536 (9.8) | 427 (10.7) | <0.001 |
| 45 to < 55 | 6,260 (16.7) | 4,069 (25.9) | 1,173 (29.5) |  |
| 55 to < 65 | 10,447 (27.9) | 5,110 (32.5) | 1,447 (36.4) |  |
| 65 to < 75 | 10,297 (27.5) | 3,240 (20.6) | 811 (20.4) |  |
| 75+ | 8,647 (23.1) | 1,768 (11.2) | 116 (2.9) |  |
| Men | 25,735 (68.6) | 12,952 (82.4) | 3,475 (87.4) | <0.001 |
| Charlson Comorbidity Index | 1.76±1.85 | 1.25±1.56 | 1.25±1.51 | <0.001 |
| 0, 1 | 19,829 (52.9) | 10,231 (65.1) | 2,538 (63.9) | <0.001 |
| 2 | 6,289 (16.8) | 2,435 (15.5) | 630 (15.9) |  |
| 3 | 5,845 (15.6) | 1,774 (11.3) | 506 (12.7) |  |
| 4 + | 5,537 (14.8) | 1,283 (8.2) | 300 (7.5) |  |
| Comorbidity during the baseline period |  |  |  |  |
| Hypertension | 20,169 (53.8) | 6,451 (41.0) | 1,580 (39.8) | <0.001 |
| Hyperlipidemia | 12,761 (34.0) | 4,121 (26.2) | 1,053 (26.5) | <0.001 |
| Diabetes | 10,839 (28.9) | 3,641 (23.2) | 872 (21.9) | <0.001 |
| CKD stage 1-3 | 208 (0.6) | 63 (0.4) | 14 (0.4) | 0.028 |
| CKD stage 4-5 | 157 (0.4) | 31 (0.2) | 4 (0.1) | <0.001 |
| Stroke | 992 (2.6) | 193 (1.2) | 21 (0.5) | <0.001 |
| Neoplasm | 180 (0.5) | 69 (0.4) | 12 (0.3) | 0.265 |
| Number of stents implanted at the index PCI | 1.39±0.79 | 1.48±0.83 | 1.47±0.82 | <0.001 |
| 0, 1 | 25,568 (68.2) | 10,183 (64.8) | 2,584 (65.0) | <0.001 |
| 2 | 8,410 (22.4) | 3,705 (23.6) | 935 (23.5) |  |
| 3+ | 3,522 (9.4) | 1,835 (11.7) | 455 (11.4) |  |
| Concomitant medication within 60 days before the index date |  |  |  |  |
| ACE inhibitor and ARBs | 25,269 (67.4) | 11,315 (72.0) | 2,776 (69.9) | <0.001 |
| β blockers | 24,481 (65.3) | 11,933 (75.9) | 2,885 (72.6) | <0.001 |
| CCBs | 9,972 (26.6) | 2,696 (17.1) | 760 (19.1) | <0.001 |
| Statins | 33,922 (90.5) | 14,832 (94.3) | 3,674 (92.5) | <0.001 |
| Loop diuretics | 5,187 (13.8) | 1,800 (11.4) | 352 (8.9) | <0.001 |
| Diabetes medication | 9,196 (24.5) | 3,654 (23.2) | 896 (22.5) | 0.001 |
| NSAIDs | 9,674 (25.8) | 3,124 (19.9) | 719 (18.1) | <0.001 |
| PPIs | 11,627 (31.0) | 5,301 (33.7) | 1,064 (26.8) | <0.001 |
| Concomitant medication within 60 days after the index date |  |  |  |  |
| ACE inhibitor and ARBs | 23,491 (62.6) | 10,616 (67.5) | 2,618 (65.9) | <0.001 |
| β blockers | 24,773 (66.1) | 12,439 (79.1) | 2,922 (73.5) | <0.001 |
| CCBs | 6,869 (18.3) | 1,639 (10.4) | 488 (12.3) | <0.001 |
| Statins | 33,054 (88.1) | 14,351 (91.3) | 3,506 (88.2) | <0.001 |
| Loop diuretics | 5,057 (13.5) | 1,894 (12.0) | 339 (8.5) | <0.001 |
| Diabetes medication | 9,363 (25.0) | 3,803 (24.2) | 929 (23.4) | 0.026 |
| NSAIDs | 7,648 (20.4) | 2,379 (15.1) | 569 (14.3) | <0.001 |
| PPIs | 10,254 (27.3) | 4,571 (29.1) | 975 (24.5) | <0.001 |
| MI at the index PCI | 15,550 (41.5) | 12,071 (76.8) | 2,532 (63.7) | <0.001 |
| History of bleeding | 12,073 (32.2) | 3,758 (23.9) | 965 (24.3) | <0.001 |
| History of low dose aspirin usage | 14,313 (38.2) | 3,443 (21.9) | 1,001 (25.2) | <0.001 |
| Index year |  |  |  |  |
| 2014 | 12,861 (34.3) | 3,997 (25.4) | 1,419 (35.7) | <0.001 |
| 2015 | 12,002 (32.0) | 5,088 (32.4) | 1,498 (37.7) |  |
| 2016 | 12,637 (33.7) | 6,638 (42.2) | 1,057 (26.6) |  |
| Insurance type |  |  |  |  |
| Health insurance | 35,669 (95.1) | 15,214 (96.8) | 3,841 (96.7) | <0.001 |
| Medical aid | 1,831 (4.9) | 509 (3.2) | 133 (3.3) |  |
| Medical specialty at the index PCI |  |  |  |  |
| Internal medicine | 37,214 (99.2) | 15,706 (99.9) | 3,972 (99.9) | <0.001 |
| Others | 286 (0.8) | 17 (0.1) | 2 (0.1) |  |
| Hospital type at the index PCI |  |  |  |  |
| Tertiary hospital | 16,929 (45.1) | 7,212 (45.9) | 2,087 (52.5) | <0.001 |
| General hospital | 20,333 (54.2) | 8,453 (53.8) | 1,796 (45.2) |  |
| Hospital | 204 (0.5) | 53 (0.3) | 91 (2.3) |  |
| General practitioner | 34 (0.1) | 5 (0.0) | 0 (0.0) |  |

CDAPT, clopidogrel-based dual antiplatelet therapy; TDAPT, ticagrelor-based dual antiplatelet therapy; PDAPT, prasugrel-based dual antiplatelet therapy; CKD, chronic kidney disease; PCI, percutaneous coronary intervention; ACE, angiotensin-converting enzyme; ARBs, angiotensin II receptor blockers; CCBs, calcium channel blocker; NSAIDs, nonsteroidal anti-inflammatory drugs; PPIs, proton-pump inhibitors; MI, myocardial infarction. The inverse probability of treatment weight was calculated using covariates such as age, sex, comorbidity, number of stents implanted at the index PCI, history of bleeding, concomitant drugs, hospital type at the index PCI, index year, and insurance type. Values are presented as n (%). P-values were derived from the individual chi-square test or Fisher’s exact test.

Table S4. Incidence rated and hazard ratios of bleeding, MACCE, and NACE in the MI subgroup

|  |  |  |  |
| --- | --- | --- | --- |
|  | Crude incidence rate (per 1000 person-years) |  | sIPTW weighted hazard ratio |
|  | CDAPT | TDAPT | PDAPT |  | TDAPT vs. CDAPT | PDAPT vs. CDAPT |
|  | (n=15,500) | (n=12,071) | (n=2,532) |  | HR (95% CI) | p-value | HR (95% CI) | p-value |
| 1-year follow-up |  |  |  |  |  |  |  |  |
| Any bleeding | 100.0 | 119.1 | 87.1 |  | 1.31 (1.19-1.43) | <0.000 | 1.07 (0.90-1.26) | 0.440 |
| Cerebral bleeding | 9.7 | 6.5 | 4.4 |  | 0.84 (0.60-1.19) | 0.324 | 1.62 (1.04-2.53) | 0.033 |
| Gastrointestinal bleeding | 29.5 | 34.5 | 27.6 |  | 1.25 (1.06-1.48) | 0.008 | 0.99 (0.73-1.35) | 0.945 |
| Respiratory track bleeding | 21.4 | 45.1 | 35.7 |  | 2.19 (1.86-2.58) | <.0001 | 1.64 (1.23-2.18) | 0.001 |
| Urogenital bleeding | 17.3 | 17.4 | 12.3 |  | 1.03 (0.82-1.29) | 0.807 | 0.80 (0.51-1.24) | 0.312 |
| Unspecified bleeding | 24.9 | 19.8 | 10.8 |  | 1.06 (0.87-1.29) | 0.599 | 0.56 (0.35-0.89) | 0.014 |
| Bleeding with admission | 22.8 | 29.0 | 20.1 |  | 1.54 (1.28-1.85) | <0.000 | 0.97 (0.67-1.39) | 0.848 |
| Bleeding with transfusion | 10.7 | 15.6 | 8.8 |  | 1.90 (1.48-2.45) | <0.000 | 0.94 (0.54-1.65) | 0.830 |
| Bleeding with transfusion ≥ 2 packs | 4.1 | 6.0 | 5.4 |  | 1.95 (1.30-2.94) | 0.001 | 1.62 (.79-3.33) | 0.190 |
| MACCE | 144.2 | 145.4 | 139.3 |  | 1.10 (1.02-1.19) | 0.019 | 0.96 (0.83-1.10) | 0.532 |
| All-cause death | 4.8 | 2.4 | 0.5 |  | 0.74 (0.44-1.27) | 0.280 | 0.10 (0.01-1.28) | 0.077 |
| Stroke | 8.0 | 5.3 | 4.9 |  | 0.94 (0.65-1.37) | 0.748 | 0.70 (0.34-1.43) | 0.322 |
| MI | 89.0 | 89.8 | 90.0 |  | 1.12 (1.02-1.24) | 0.024 | 1.01 (0.85-1.21) | 0.888 |
| Revascularization | 43.6 | 47.8 | 43.9 |  | 1.09 (0.94-1.25) | 0.259 | 0.93 (0.72-1.20) | 0.571 |
| NACE | 239.5 | 259.4 | 222.2 |  | 1.19 (1.12-1.26) | <0.000 | 0.99 (0.88-1.11) | 0.826 |
| Prolonged follow-up |  |  |  |  |  |  |  |  |
| Any bleeding | 85.9 | 113.0 | 82.9 |  | 1.32 (1.21-1.44) | <0.000 | 1.06 (0.91-1.24) | 0.461 |
| Cerebral bleeding | 7.3 | 6.4 | 4.0 |  | 0.94 (0.68-1.31) | 0.729 | 1.60 (1.03-2.48) | 0.036 |
| Gastrointestinal bleeding | 26.0 | 33.0 | 26.8 |  | 1.27 (1.09-1.49) | 0.002 | 1.01 (0.76-1.35) | 0.922 |
| Respiratory track bleeding | 18.1 | 41.1 | 33.9 |  | 2.10 (1.80-2.45) | <0.000 | 1.67 (1.28-2.19) | 0.000 |
| Urogenital bleeding | 15.3 | 16.6 | 10.9 |  | 1.00 (0.80-1.24) | 0.991 | 0.72 (0.47-1.11) | 0.142 |
| Unspecified bleeding | 22.1 | 19.2 | 11.7 |  | 1.06 (0.88-1.28) | 0.527 | 0.60 (0.40-0.91) | 0.017 |
| Bleeding with admission | 21.6 | 28.6 | 20.6 |  | 1.61 (1.36-1.91) | <0.000 | 1.02 (0.74-1.43) | 0.890 |
| Bleeding with transfusion | 10.4 | 15.4 | 8.4 |  | 1.97 (1.57-2.48) | <0.000 | 0.92 (0.54-1.55) | 0.742 |
| Bleeding with transfusion ≥ 2 packs | 3.9 | 6.0 | 4.4 |  | 1.91 (1.32-2.78) | 0.001 | 1.37 (0.68-2.78) | 0.382 |
| MACCE | 127.5 | 158.0 | 153.5 |  | 1.22 (1.13-1.31) | <0.000 | 1.09 (0.96-1.24) | 0.170 |
| All-cause death | 4.1 | 2.2 | 0.8 |  | 0.72 (0.43-1.21) | 0.215 | 0.18 (0.03-1.09) | 0.063 |
| Stroke | 7.0 | 6.1 | 4.8 |  | 1.27 (0.92-1.76) | 0.147 | 0.74 (0.38-1.47) | 0.390 |
| MI | 75.4 | 96.9 | 93.1 |  | 1.23 (1.12-1.35) | <0.000 | 1.11 (0.94-1.30) | 0.209 |
| Revascularization | 40.2 | 52.0 | 54.0 |  | 1.21 (1.07-1.37) | 0.003 | 1.14 (0.92-1.42) | 0.223 |
| NACE | 210.8 | 265.9 | 232.2 |  | 1.25 (1.18-1.33) | <0.000 | 1.07 (0.97-1.19) | 0.194 |

CDAPT, clopidogrel-based dual antiplatelet therapy; TDAPT, ticagrelor-based dual antiplatelet therapy; PDAPT, prasugrel-based dual antiplatelet therapy; MACCE, major adverse cardiac or cerebral event; NACE, net adverse clinical event; MI, myocardial infarction; sIPTW, stabilized inverse probability of treatment weighting; HR, hazard ratio; CI, confidence interval. The inverse probability of treatment weight was calculated using covariates such as age, sex, comorbidity, number of stents implanted at the index PCI, history of bleeding, concomitant drugs, hospital type at the index PCI, index year, and insurance type. The P-value was derived from weighted Cox proportional hazard regression with sIPTW and covariates such as age, sex, comorbidity, number of stents implemented at the index PCI, history of bleeding, concomitant drugs, index year, and insurance type. The CDAPT group was used as the reference group.

Table S5. Incidence rates and hazard ratios of MACCE using a proxy definition of death

|  |  |  |  |
| --- | --- | --- | --- |
|  | Crude incidence rate (per 1,000 person-years) |  | sIPTW weighted hazard ratio |
|  | CDAPT | TDAPT | PDAPT |  | TDAPT vs. CDAPT | PDAPT vs. CDAPT |
|  | (n=37,500) | (n=15,723) | (n=3,974) |  | HR (95% CI) | p-value | HR (95% CI) | p-value |
| 1-year follow-up |  |  |  |  |  |  |  |  |
| MACCE | 99.9 | 130.8 | 117.0 |  | 1.11 (1.04-1.19) | 0.002 | 1.00 (0.89-1.13) | 0.956 |
| All-cause death using proxy | 5.1 | 4.2 | 1.9 |  | 1.21 (0.90-1.62) | 0.203 | 0.39 (0.16-0.92) | 0.031 |
| Stroke | 8.0 | 5.1 | 3.7 |  | 0.78 (0.59-1.04) | 0.092 | 0.42 (0.21-0.80) | 0.009 |
| MI | 41.7 | 72.3 | 60.7 |  | 1.17 (1.06-1.28) | 0.002 | 1.05 (0.89-1.24) | 0.596 |
| Revascularization | 45.9 | 49.4 | 50.4 |  | 1.09 (0.99-1.21) | 0.087 | 1.09 (0.92-1.28) | 0.340 |
| Prolonged follow-up |  |  |  |  |  |  |  |  |
| MACCE | 89.7 | 142.1 | 125.6 |  | 1.25 (1.17-1.32) | <0.000 | 1.09 (0.98-1.21) | 0.113 |
| All-cause death using proxy | 4.4 | 4.1 | 1.8 |  | 1.18 (0.89-1.56) | 0.242 | 0.38 (0.17-0.86) | 0.020 |
| Stroke | 6.8 | 5.8 | 3.5 |  | 1.06 (0.84-1.36) | 0.614 | 0.42 (0.22-0.79) | 0.007 |
| MI | 35.0 | 77.3 | 61.8 |  | 1.28 (1.18-1.40) | <0.000 | 1.13 (0.97-1.32) | 0.105 |
| Revascularization | 43.3 | 54.6 | 57.2 |  | 1.23 (1.13-1.35) | <0.000 | 1.17 (1.01-1.35) | 0.042 |

CDAPT, clopidogrel-based dual antiplatelet therapy; TDAPT, ticagrelor-based dual antiplatelet therapy; PDAPT, prasugrel-based dual antiplatelet therapy; MACCE, major adverse cardiac or cerebral event; MI, myocardial infarction; sIPTW, stabilized inverse probability of treatment weighting; HR, hazard ratio; CI, confidence interval. The inverse probability of treatment weight was calculated using covariates such as age, sex, comorbidity, number of stents implanted at the index PCI, history of bleeding, concomitant drugs, hospital type at the index PCI, index year, and insurance type. The P-value was derived from weighted Cox proportional hazard regression with sIPTW and covariates such as age, sex, comorbidity, number of stents implemented at the index PCI, history of bleeding, concomitant drugs, index year, and insurance type. The CDAPT group was used as the reference group.

Figure S1. Distribution of propensity score and sIPTW estimates according to study group

a. Distribution of propensity score b. Distribution of sIPTW estimates







A+C, clopidogrel-based dual antiplatelet therapy; A+T, ticagrelor-based dual antiplatelet therapy; A+P, prasugrel-based dual antiplatelet therapy; sIPTW, stabilized inverse probability of treatment weighting. The sIPTW estimate was calculated using logistic regression with patient age, sex, comorbidity, number of stents implanted at the index percutaneous coronary intervention (PCI), history of bleeding, concomitant medications, hospital type at the index PCI, index year, and insurance type as covariates.

Figure S2. Stabilized inverse probability of treatment weighting-adjusted Kaplan-Meier survival curves for components of MACCE

a. All-cause death b. Stroke

c. Myocardial infarction d. Revascularization

CDAPT, dual antiplatelet therapy with clopidogrel + aspirin; TDAPT, dual antiplatelet therapy with ticagrelor + aspirin; PDAPT, dual antiplatelet therapy with prasugrel + aspirin. The stabilized inverse probability of treatment weighting estimate was calculated using logistic regression with patient age, sex, comorbidity, number of stents implanted at the index percutaneous coronary intervention (PCI), history of bleeding, concomitant medications, hospital type at the index PCI, index year, and insurance type as covariates.

Figure S3. Stabilized inverse probability of treatment weighting-adjusted Kaplan-Meier survival curve for discontinuation

|  |
| --- |
| A close up of a mans face  Description automatically generated |

CDAPT, clopidogrel-based dual antiplatelet therapy; TDAPT, ticagrelor-based dual antiplatelet therapy; PDAPT, prasugrel-based dual antiplatelet therapy.