

APPENDIX 5: ACUTE CORONARY SYNDROMES AT BASELINE

Author, year	DAPT duration, mo	No. (%) of participants			
		Complex lesions†	STEMI	NSTEMI	Unstable angina
Nakamura 2017 (NIPPON) ¹	6 mo 18 mo	NR	198 (12.0) 196 (11.9)	33 (2.0) 26 (1.6)	296 (17.9) 230 (20.0)
Helft 2016 (OPTIDUAL) ²	12 mo 48 mo	NR	82 (11.9) 74 (10.7)	117 (17.0) 99 (14.2)	63 (9.1) 66 (9.5)
Gillard 2015 (ITALIC) ³	6 mo 24 mo	NR	1 (0.1) 3 (0.3)	67 (7.3) 65 (7.1)	143 (15.7) 149 (16.4)
Mauri 2014 (DAPT) ⁴	12 mo 30 mo	450 (47.8) 440 (47.6)	511 (10.3) 534 (10.6)	936 (16.2) 960 (16.4)	825 (16.7) 838 (16.7)
Lee 2014 (DES-LATE) ⁵	12 mo 24 mo	2734 (78.2) 2838 (78.8)	314 (12.5) 314 (12.4)	266 (10.6) 268 (10.6)	971 (38.6) 930 (36.7)
Collet 2014 (ARCTIC-INT) ⁶	12 mo 18–30 mo	NR	NR	NR	NR
Valgimigli 2012 (PRODIGY) ⁷	6 mo 24 mo	664 (67.6) 642 (65.1)	327 (33.3) 321 (32.5)	224 (22.8) 226 (22.9)	182 (18.5) 183 (18.5)

Note: DAPT = dual anti-platelet therapy, mo = months, NR = not reported, NSTEMI = Non-ST-elevation myocardial infarction, STEMI = ST-elevation myocardial infarction.

† No. (%) of lesions; Type B2 or C based on the American College of Cardiology and American Heart Association classification system.

Appendix 5, as supplied by the authors. Appendix to: Elliott J, Kelly SE, Bai Z, et al. Extended dual antiplatelet therapy following percutaneous coronary intervention in clinically important patient subgroups: a systematic review and meta-analysis. *CMAJ Open* 2023. doi:10.9778/cmajo.2021-0119. Copyright © 2023 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmaijgroup@cmaj.ca.