APPENDIX 6: INCLUSION AND EXCLUSION CRITERIA FOR INCLUDED STUDIES

RCT	Major Inclusion Criteria	Major Exclusion Criteria
PRODIGY[7]	Chronic Stable coronary artery disease or ACS including non-ST-elevation and STEMI with at least 1 lesion with a diameter stenosis of ≥50% with a reference vessel diameter of ≥ 2.25 mm	Known allergy to acetylsalicylic acid or clopidogrel, history of bleeding diathesis, active bleeding or previous stroke in the past 6 months, concomitant need of oral anticoagulant therapy, scheduled elective surgery within 24 months of PCI, major surgery within 15 days
DES-LATE[5]	All candidates for DAPT after DES implantation who had not had a major adverse cardiovascular event or major bleeding for12 months after PCI	Life expectancy < 1 year, concomitant vascular disease that required the long-term use of clopidogrel or other established indications for clopidogrel therapy
ARCTIC-Interruption[6]	Planned DES implantation	Primary PCI for STEMI, planned use of GPIIb/IIIa inhibitors, chronic anticoagulation treatment, or bleeding diathesis
ITALIC[3]	Candidates pre-treated with DAPT after implanted with at least 1 Xience V DES	Primary PCI for acute MI and treatment of the left main artery, nonresponders to Aspirin resistance test, prior DES implantation within 1 year, oral anticoagulation therapy or abciximab treatment during hospital stay, scheduled elective surgery within 12 months, known hemorrhagic diathesis
DAPT[4]	All candidates for DAPT after treatment with FDA-approved DES or BMS who had not had a major adverse cardiovascular or cerebrovascular event, repeat revascularization, or moderate or severe bleeding12 months after PCI	Use of stent with diameter <2.25 mm or >4.0 mm, scheduled elective surgery within 30 months, concomitant need of oral anticoagulant therapy, patient treated with both DES and BMS, a life expectancy < 3 years
OPTIDUAL[2]	Symptoms of stable angina, silent ischemia, or ACS with ≥ 1 lesion with stenosis > 50% located in a native vessel ≥ 2.25 mm in diameter and implanted with ≥ 1 DES or BMS and treated with clopidogrel plus aspirin for 12 months	Requirement for oral anticoagulant, DES implantation in an unprotected left main coronary artery, malignancy or other coexisting conditions associated with life expectancy < 2 years, other revascularization with a DES within 9 months or a BMS within 4 weeks prior to this study
NIPPON[1]	"Optimal indication for percutaneous coronary intervention" and no known contraindications to dual antiplatelet therapy, including patients with acute MI	Cardiogenic shock at the time of PCI, concomitant disease for which a thienopyridine was essential for treatment, history of stent thrombosis, ejection fraction <30%, Life expectancy < 1year, active bleeding condition, planned surgery necessitating discontinuation of antiplatelet therapy (>14 days) within 18 months, index stent procedure for a saphenous vein graft, in-stent restenosis of DES, or unprotected LMT lesion; history of intracranial bleeding or ischemic stroke within 6 months before enrollment. DES for another lesion within 6 months prior to index PCI
Note: ACS = Acute coronary syndrome, BMS = bare-metal stent, DAPT = dual anti-platelet therapy, DES = drug-eluting stent, MI = myocardial infarction, PCI = percutaneous coronary intervention, STEMI = ST-elevation myocardial infarction.		

Appendix 6, 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.