**Supplementary material**

**Association Between Ischemic and Bleeding Risk Scores and the Use of new P2Y$_{12}$ Inhibitors in Patients With Acute Coronary Syndrome**

Table 1 of the supplementary material

Univariate Logistic Regression Analyses for Predicting new P2Y$_{12}$ Inhibitor Prescription at Discharge

<table>
<thead>
<tr>
<th></th>
<th>Univariate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95%CI)</td>
</tr>
<tr>
<td><strong>Age (per 10 y)</strong></td>
<td>0.56 (0.53-0.60)</td>
</tr>
<tr>
<td><strong>Sex, male</strong></td>
<td>1.84 (1.54-2.20)</td>
</tr>
<tr>
<td><strong>Medical history</strong></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>0.60 (0.51-0.69)</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1.07 (0.91-1.25)</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>1.20 (1.03-1.41)</td>
</tr>
<tr>
<td>Current smoking</td>
<td>2.47 (2.12-2.87)</td>
</tr>
<tr>
<td>Low weight (&lt; 60 kg)</td>
<td>0.60 (0.43-0.83)</td>
</tr>
<tr>
<td>Previous ACS</td>
<td>0.85 (0.70-1.05)</td>
</tr>
<tr>
<td>Previous atrial fibrillation</td>
<td>0.02 (0.01-0.07)</td>
</tr>
<tr>
<td>Mechanical valve prosthesis</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Coeficiente (Rango)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Peripheral artery disease</strong></td>
<td>0.48 (0.35-0.67)</td>
</tr>
<tr>
<td>Previous stroke</td>
<td>0.42 (0.29-0.62)</td>
</tr>
<tr>
<td>Previous major bleeding</td>
<td>0.34 (0.18-0.64)</td>
</tr>
<tr>
<td><strong>Clinical status at admission</strong></td>
<td></td>
</tr>
<tr>
<td>Systolic blood pressure (per 10 mmHg)</td>
<td>0.97 (0.94-0.99)</td>
</tr>
<tr>
<td>Heart rate (per 10 bpm)</td>
<td>0.97 (0.93-1.01)</td>
</tr>
<tr>
<td>Killip class (per I class)</td>
<td>0.79 (0.69-0.90)</td>
</tr>
<tr>
<td>Cardiac arrest at admission</td>
<td>1.51 (0.93-4.46)</td>
</tr>
<tr>
<td><strong>Complementary test results</strong></td>
<td></td>
</tr>
<tr>
<td>Hematocrit (per 3%)</td>
<td>1.29 (1.23-1.36)</td>
</tr>
<tr>
<td>eGFR (per 10 mL/min/1.73 m²)</td>
<td>1.26 (1.22-1.31)</td>
</tr>
<tr>
<td>Elevated cardiac markers</td>
<td>2.39 (1.86-3.08)</td>
</tr>
<tr>
<td>ST-segment deviation</td>
<td>1.61 (1.38-1.88)</td>
</tr>
<tr>
<td>LVEF ≤ 50%</td>
<td>0.88 (0.75-1.03)</td>
</tr>
<tr>
<td><strong>In-hospital procedures and treatments</strong></td>
<td></td>
</tr>
<tr>
<td>LM and/or 3-vessel disease</td>
<td>0.62 (0.52-0.75)</td>
</tr>
<tr>
<td>Percutaneous coronary intervention</td>
<td>6.51 (5.08-8.34)</td>
</tr>
<tr>
<td>Coronary artery bypass grafting</td>
<td>0.07 (0.03-0.17)</td>
</tr>
<tr>
<td>Thrombolysis</td>
<td>2.16 (1.28-3.63)</td>
</tr>
<tr>
<td>Conservative management</td>
<td>0.20 (0.15-0.26)</td>
</tr>
<tr>
<td><strong>In-hospital events</strong></td>
<td></td>
</tr>
<tr>
<td>Stent thrombosis</td>
<td>5.54 (1.70-18.0)</td>
</tr>
</tbody>
</table>
### Atrial fibrillation

<table>
<thead>
<tr>
<th></th>
<th>Odds Ratio (95% CI)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left ventricular thrombus</td>
<td>0.05 (0.01-0.39)</td>
<td>.004</td>
</tr>
<tr>
<td>Stroke</td>
<td>0.65 (0.22-1.96)</td>
<td>.445</td>
</tr>
<tr>
<td>Major bleeding</td>
<td>0.31 (0.15-0.64)</td>
<td>.002</td>
</tr>
</tbody>
</table>

### Final diagnosis

<table>
<thead>
<tr>
<th></th>
<th>Odds Ratio (95% CI)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEACS</td>
<td>2.32 (2.00-2.69)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>NSTEACS</td>
<td>0.56 (0.48-0.65)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Undetermined ACS</td>
<td>0.28 (0.19-0.42)</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

### Risk scores

<table>
<thead>
<tr>
<th></th>
<th>Odds Ratio (95% CI)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRACE 6-mo mortality risk score (per 10 points)</td>
<td>0.87 (0.85-0.89)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>CRUSADE bleeding risk score (per 10 points)</td>
<td>0.90 (0.88-0.91)</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th></th>
<th>Odds Ratio (95% CI)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indication for OAT at discharge*</td>
<td>0.13 (0.10-0.19)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Stroke (previous and in-hospital)</td>
<td>0.45 (0.31-0.64)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Major bleeding (previous and in-hospital)</td>
<td>0.33 (0.20-0.53)</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

95% CI, 95% confidence interval; ACS, acute coronary syndrome; eGFR, estimated glomerular filtration rate using CKD-EPI equation; LM, left main artery; LVEF, left ventricular ejection function; NSTEACS, non–ST-segment elevation acute coronary syndrome; OAT, oral anticoagulation therapy; OR, odds ratio; STEACS, ST-segment elevation acute coronary syndrome.
*Indications for OAT at discharge including atrial fibrillation (previous or in-hospital), mechanical valve prosthesis, left ventricular thrombus, and other conditions.

Table 2A of the supplementary material

Multivariate Logistic Regression Analysis Evaluating GRACE Risk Score Influence on new P2Y₁₂ Inhibitor Prescription at Discharge

<table>
<thead>
<tr>
<th></th>
<th>Multivariate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95%CI)</td>
</tr>
<tr>
<td><strong>Both P2Y₁₂ inhibitors</strong></td>
<td></td>
</tr>
<tr>
<td>GRACE risk score (per 10 points)</td>
<td>0.89 (0.86-0.92)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.59 (1.31-1.92)</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>1.34 (1.12-1.61)</td>
</tr>
<tr>
<td>Current smoking</td>
<td>1.46 (1.22-1.75)</td>
</tr>
<tr>
<td>Peripheral artery disease</td>
<td>0.61 (0.42-0.88)</td>
</tr>
<tr>
<td>Hematocrit (per 3%)</td>
<td>1.05 (1.03-1.07)</td>
</tr>
<tr>
<td>Percutaneous coronary intervention</td>
<td>5.01 (3.82-6.56)</td>
</tr>
<tr>
<td>Coronary artery bypass grafting</td>
<td>0.24 (0.09-0.59)</td>
</tr>
<tr>
<td>STEACS</td>
<td>1.34 (1.16-1.56)</td>
</tr>
<tr>
<td>In-hospital stent thrombosis</td>
<td>5.58 (1.44-21.7)</td>
</tr>
<tr>
<td>Indicación para OAT a la hospitalización</td>
<td>0.18 (0.13-0.26)</td>
</tr>
</tbody>
</table>

**Prasugrel**

| GRACE puntuación de riesgo (por 10 puntos) | 0.86 (0.82-0.90) | < .001 |
| Diabetes | 4.60 (3.48-6.07) | < .001 |
| Fumado actual | 1.53 (1.16-2.02) | .002 |
| Hematocrito (por 3%) | 1.54 (1.14-1.37) | < .001 |
| Peso bajo (< 60 kg) | 0.40 (0.18-0.92) | .032 |
| Intervención coronaria percutánea | 18.3 (9.24-36.1) | < .001 |
| STEACS | 1.96 (1.56-2.46) | < .001 |
| Trombosis de stent hospitalario | 20.4 (4.78-87.4) | < .001 |
| Indicación para OAT a la hospitalización | 0.19 (0.10-0.34) | < .001 |
| Síndrome de ictus (previo e in-hospital) | 0.26 (0.10-0.65) | .004 |

**Ticagrelor**

| GRACE puntuación de riesgo (por 10 puntos) | 0.91 (0.88-0.94) | < .001 |
| Hiperaldéster | 1.34 (1.10-1.64) | .004 |
| Fumado actual | 1.48 (1.21-1.81) | < .001 |
| Hematocrito (por 3%) | 1.13 (1.06-1.21) | < .001 |
| Enfermedad arterial periférica | 0.53 (0.34-0.83) | .005 |
| Intervención coronaria percutánea | 3.85 (2.90-5.11) | < .001 |
| Bypass coronario | 0.17 (0.06-0.46) | .001 |
| Indicación para OAT a la hospitalización | 0.17 (0.11-0.27) | < .001 |
95%CI, 95% confidence interval; ACS, acute coronary syndrome; LM, left main artery; LVEF, left ventricular ejection function; OAT, oral anticoagulation therapy; OR, odds ratio; STEACS, ST-segment elevation acute coronary syndrome.

The multivariate models included GRACE risk score, sex, hypertension, diabetes, hyperlipidemia, current smoking, low weight < 60 kg, previous ACS, peripheral artery disease, hematocrit, LVEF ≤ 50%, LM and/or 3-vessel disease, percutaneous coronary intervention, coronary artery bypass grafting, conservative management, in-hospital stent thrombosis, final ACS diagnosis, indications for OAT at discharge (atrial fibrillation [previous or in-hospital], mechanical valve prosthesis, left ventricular thrombus and other), stroke (previous and in-hospital), and major bleeding (previous and in-hospital).
Table 2B of the supplementary material.

Multivariate Logistic Regression Analysis Evaluating CRUSADE Risk Score Influence on new P2Y\textsubscript{12} Inhibitor Prescription at Discharge

<table>
<thead>
<tr>
<th></th>
<th>Multivariate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95%CI)</td>
</tr>
<tr>
<td>Both P2Y\textsubscript{12} inhibitors</td>
<td></td>
</tr>
<tr>
<td>CRUSADE risk score (per 10 points)</td>
<td>0.96 (0.94-0.98) &lt; .001</td>
</tr>
<tr>
<td>Age (per 10 y)</td>
<td>0.62 (0.57-0.68) &lt; .001</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>1.42 (1.18-1.71) &lt; .001</td>
</tr>
<tr>
<td>Elevated cardiac markers</td>
<td>1.66 (1.23-2.23) .001</td>
</tr>
<tr>
<td>ST-segment deviation</td>
<td>1.29 (1.07-1.56) .009</td>
</tr>
<tr>
<td>Percutaneous coronary intervention</td>
<td>4.80 (3.65-6.32) &lt; .001</td>
</tr>
<tr>
<td>Coronary artery bypass grafting</td>
<td>0.23 (0.09-0.58) .002</td>
</tr>
<tr>
<td>In-hospital stent thrombosis</td>
<td>5.42 (1.45-20.3) .012</td>
</tr>
<tr>
<td>Major bleeding (previous and in-hospital)</td>
<td>0.53 (0.31-0.89) .018</td>
</tr>
<tr>
<td>Indication for OAT at discharge</td>
<td>0.19 (0.13-0.27) &lt; .001</td>
</tr>
<tr>
<td>Prasugrel</td>
<td></td>
</tr>
<tr>
<td>CRUSADE risk score (per 10 points)</td>
<td>0.95 (0.92-0.99) .009</td>
</tr>
<tr>
<td>Age (per 10 y)</td>
<td>0.54 (0.47-0.62) &lt; .001</td>
</tr>
<tr>
<td>Diabetes</td>
<td>5.44 (3.98-7.42) &lt; .001</td>
</tr>
</tbody>
</table>
95%CI, 95% confidence interval; ACS, acute coronary syndrome; LM, left main artery; LVEF, left ventricular ejection function; OAT, oral anticoagulation therapy; OR, odds ratio; STEACS, ST-segment elevation acute coronary syndrome.

The multivariate model included CRUSADE risk score, age, hypertension, diabetes, hyperlipidemia, current smoking, low weight < 60 kg, previous

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>OR  (95%CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperlipidemia</td>
<td>1.38 (1.03-1.85)</td>
<td>.033</td>
</tr>
<tr>
<td>Elevated cardiac markers</td>
<td>1.85 (1.06-3.23)</td>
<td>.031</td>
</tr>
<tr>
<td>ST-segment deviation</td>
<td>2.22 (1.61-3.08)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Percutaneous coronary intervention</td>
<td>16.8 (8.50-33.3)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>In-hospital stent thrombosis</td>
<td>13.8 (2.54-74.9)</td>
<td>.002</td>
</tr>
<tr>
<td>Stroke (previous and in-hospital)</td>
<td>2.26 (0.10-0.66)</td>
<td>.005</td>
</tr>
<tr>
<td>Indication for OAT at discharge</td>
<td>0.20 (0.11-0.37)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Ticagrelor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRUSADE risk score (per 10 points)</td>
<td>0.96 (0.94-0.99)</td>
<td>.003</td>
</tr>
<tr>
<td>Age (per 10 y)</td>
<td>0.67 (0.61-0.74)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>1.48 (1.20-1.81)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Elevated cardiac markers</td>
<td>1.67 (1.23-2.83)</td>
<td>.001</td>
</tr>
<tr>
<td>Percutaneous coronary intervention</td>
<td>3.68 (2.77-4.90)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Coronary artery bypass grafting</td>
<td>0.17 (0.06-0.46)</td>
<td>.001</td>
</tr>
<tr>
<td>Indication for OAT at discharge</td>
<td>0.18 (0.11-0.28)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
ACS, cardiac arrest at admission, elevated cardiac markers, ST-segment deviation, LVEF ≤ 50%, LM and/or 3-vessel disease, percutaneous coronary intervention, coronary artery bypass grafting, conservative management, in-hospital stent thrombosis, final ACS diagnosis, indications for OAT at discharge (atrial fibrillation [previous or in-hospital], mechanical valve prosthesis, left ventricular thrombus and other), stroke (previous and in-hospital) and major bleeding (previous and in-hospital).