SUPPLEMENTARY DATA

Table 1 of the supplementary data

Original definitions of the ARC-HBR criteria and key items used in this study to fit the definition of each respective ARC-HBR criterion*

Original ARC-HBR definition	**Already available in Cardio-CHUVI registry**	**Key variables used to fit the original definition of each ARC-HBR criterion**
ARC-HBR major criteria		
Anticipated use of long-term OAC	Yes	OAC at discharge.
Hemoglobin < 11 g/dL	Yes	Hemoglobin at admission.
eGFR < 30 mL/min/1.73 m^2	Yes	Serum creatinine and age at admission. CKD-EPI creatinine-based equation for GFR estimation. All patients were Caucasian.

Spontaneous bleeding requiring hospitalization or transfusion within 6 mo before index PCI or at any time, if recurrent	No	Data on prior bleeding requiring hospitalization or transfusion, as a dichotomous variable, was already available in our registry. By reviewing the electronic medical records, we retrospectively retrieved data on the number (0, 1, or >1 [ie, recurrent]), type (spontaneous vs traumatic), and date of bleeding among patients with data already available in our registry on history of bleeding requiring hospitalization or transfusion. Adjudication of the related criterion was done if prior bleeding occurred within 6 mo before the date of the index PCI, provided it was a first and spontaneous episode, or at any time before the date of the index PCI if it was a spontaneous and recurrent bleeding event.

Active malignancy (excluding nonmelanoma skin cancer) within 12 mo before index PCI	No	Data on history of malignant disease were already available in our registry. We retrospectively retrieved the dates of diagnosis and ongoing requirement for treatment (ie, surgery, chemotherapy, or radiotherapy) among patients with data already available in our registry on history of malignant disease. Adjudication of the related criterion was done if malignancy was diagnosed within 12 mo before the date of the index PCI and/or it was still requiring treatment.
Previous spontaneous ICH at any time	No	Data on prior bleeding requiring hospitalization or transfusion were already available in our registry. We retrospectively retrieved data on the number (0, 1, or >1 [ie, recurrent]), type (spontaneous vs traumatic), and date of bleeding among patients with data already available in our registry on history of bleeding requiring hospitalization or transfusion. Adjudication of the related criterion was done if prior bleeding was spontaneous and intracranial in origin.

Recent major surgery or major trauma within 30 d before index PCI	No	No data were initially available on this criterion in our registry. Accordingly, we retrospectively retrieved data on noncardiac major surgery/trauma in all patients limiting the data search to the 30 d prior to the date of the index PCI. We defined major surgery as any surgery occurring in a hospital operating room and requiring regional or general anesthesia or deep sedation. We defined major trauma as any urgent surgery for intracranial, intrathoracic or intra-abdominal injury, or for fixation of pelvic or spinal fractures. Adjudication of the related criterion was done if major surgery/trauma occurred within 30 d before the date of index PCI.
Liver cirrhosis with portal hypertension	No	We had data on the presence or absence of liver cirrhosis as a dichotomous variable. Therefore, we retrieved data on portal hypertension among patients with data already available in our registry on known liver cirrhosis and adjudicated accordingly the related criterion.

Moderate-severe ischemic stroke within 6 mo before index PCI	No	We had data on the presence or absence of prior ischemic stroke or transient ischemic attack as a dichotomous variable. Thus, we retrieved data on the severity of prior ischemic stroke according to the NIH-SS on presentation among patients with data already available in our registry on prior ischemic stroke. The related criterion was adjudicated if the NIH-SS was ≥5.
Nondeferrable major surgery on DAPT	No	No data were initially available on this criterion in our registry. Accordingly, we retrospectively retrieved data on major surgical procedures performed within the first year after index PCI. We defined major surgery as any surgery occurring in a hospital operating room and requiring regional or general anesthesia or deep sedation.

		We retrospectively retrieved data on elective or urgent (nondeferrable) major surgery and ascertained if surgery was performed on- or off-DAPT. We already had data on DAPT duration. Adjudication of the related criterion was done if surgery was: major, nondeferrable, and performed on DAPT.
Platelet count < 100 × 10^9/L	Yes	Platelet count on admission.
Chronic bleeding diathesis		No data were initially available on this criterion in our registry. Therefore, we reviewed the electronic medical reports and retrospectively retrieved data on chronic bleeding diatheses such as any disorders of primary (platelet function disorders, Von Willebrand disease) or secondary hemostasis (coagulation factor deficiencies or acquired antibodies to coagulation factors).

Previous traumatic ICH within 12 mo before index PCI	No	Data on prior bleeding requiring hospitalization or transfusion, as a dichotomous variable, was already available in our registry. We retrospectively retrieved data on the number (0, 1, or > 1 [recurrent]), type (spontaneous vs traumatic), and date of bleeding among patients with data already available in our registry on history of bleeding requiring hospitalization or transfusion. Adjudication of the related criterion was done if prior bleeding was traumatic, intracranial, and occurred within 12 mo before the date of the index PCI.
Brain arteriovenous malformation, %	No	No data were initially available on this criterion in our registry. By reviewing the electronic medical records, we retrospectively retrieved data on the presence of brain arteriovenous malformation.
ARC-HBR minor criteria		
Age ≥ 75 y	Yes	Age at admission.

eGFR 30-59 mL/min/1.73 m^2	Yes	Serum creatinine and age at admission. Computed by the CKD-EPI creatinine-based equation for GFR estimation. All patients were Caucasian.
Hemoglobin 11-12.9 g/dL for men and 11-11.9 g/dL for women	Yes	Hemoglobin at admission.
Chronic use of oral NSAIDs or steroids	Yes	Data on the chronic use of oral steroids or NSAIDs was not initially available in our registry, but we had data on systemic immune-mediated disease and poor mobility.

		By reviewing the electronic medical records, we retrospectively retrieved data on chronic use of oral steroids or NSAIDs among patients with available information on systemic immune-mediated disease and poor mobility. We were not able to ascertain if oral NSAIDs or steroids were planned to be daily intake for ≥ 4 d/wk, as originally defined. Therefore, the related criterion was readapted and adjudicated in presence of history of chronic arthropathy, gout, and/or systemic immune-mediated disease as proxies for chronic use of oral NSAIDs/steroids.
Any ischemic stroke at any time not meeting the major criterion	No	We had data on the presence or absence of prior ischemic stroke. We retrieved data on the severity of prior ischemic stroke according to the NIH-SS on presentation among patients with data already available in our registry on prior ischemic stroke. The related criterion was adjudicated if prior ischemic stroke occurred any time before the date of index PCI with a NIH-SS of <5.

Spontaneous bleeding requiring hospitalization or transfusion within 12 mo before index PCI, not meeting the major criterion	No	Data on prior bleeding requiring hospitalization or transfusion, as a dichotomous variable, was already available in our registry. -We retrospectively retrieved data on the number (0, 1, or >1 [recurrent]), type (spontaneous vs traumatic), and date of bleeding among patients with data already available in our registry on history of bleeding requiring hospitalization or transfusion. Adjudication of the related criterion was done if prior bleeding requiring hospitalization or transfusion was spontaneous, nonrecurrent, and occurred within 12 mo before the date of index PCI.

ARC-HBR, Academic Research Consortium for High Bleeding Risk; CKD-EPI, chronic kidney disease epidemiology collaboration; GFR, glomerular filtration rate; NIH-SS, National Institutes of Health Stroke Scale; NSAIDs, nonsteroidal anti-inflammatory drugs; OAC, oral anticoagulation; PCI, percutaneous coronary intervention.

*There were 18 patients with no complete data on the ARC-HBR criteria. These patients were excluded from the analysis as was stated in the method section. The main reason (61.1%) was missing data on NIH-SS on presentation.