



Supplementary material

Sex-related Impact on Clinical Outcome of Everolimus-eluting vs. Bare-metal Stents in ST-segment Myocardial Infarction. Insights From the EXAMINATION Trial

Ander Regueiro,^a Diego Fernández-Rodríguez,^a Salvatore Brugaletta,^a Victoria Martín-Yuste,^a Monica Masotti,^a Xavier Freixa,^a Ángel Cequier,^b Andrés Íñiguez,^c Patrick W. Serruys,^d and Manel Sabaté,^{a,*} on behalf of the EXAMINATION Trial Investigators[◊]

^a*Servicio de Cardiología, Hospital Clínic, IDIBAPS, Barcelona, Spain*

^b*Área de Enfermedades del Corazón, Hospital Universitario de Bellvitge, IDIBELL, L'Hospitalet de Llobregat, Barcelona, Spain*

^c*Servicio de Cardiología, Complejo Hospitalario Universitario de Vigo, Vigo, Pontevedra, Spain*

^d*Thoraxcenter, Department of Cardiology, Erasmus Medical Center, Rotterdam, The Netherlands*

SUPPLEMENTARY MATERIAL

Data Analysis

Interaction Assessment

To test for interaction, we included an interaction term between treatment Group (EES vs BMS) and sex (Male vs Female) in the Cox model for each end point. If the *P* value of the interaction term was $< .05$, effect modification was considered to be present, and the interaction term was included as a covariate in the model.

Interaction between treatment group and sex was found in the following end points: All-cause death ($P < .001$); any revascularization ($P = .022$); target-lesion revascularization ($P = .004$); target-vessel revascularization ($P = .010$).

Proportional Hazard Cox-models

An exploratory univariate analysis between sex and treatment variables was performed. Cox regression analyses were performed for selected end points. Covariates with a *p*-value < 0.1 were included in separate Cox-models for each end point. Interaction terms were included when appropriate. Cox-model was selected according to R^2 and Akaike information criteria. Both were obtained with the macro UAB AllSetsReg using SPSS Statistics software. C-statistics were obtained using version 2.1 of the R statistical program (R Development Core Team).

Final models with discrimination measures are depicted below:

End point	Variables	AIC	R ²	C-Statistics
<i>Primary end point</i> (Death / MI / Any revascularization)	Treatment, Sex, Age, Hypertension, Thrombectomy, ASA	2427.9	0.004	0.589
Death (All cause)	Treatment, Sex, Treatment*Sex, Age, ASA, DAPT, Stent diameter	227.2	0.071	0.804
Myocardial infarction	Treatment, Sex, DAPT, Smoking Status, Clinical Status on Admission	275.1	0.007	0.695
Any revascularization	Treatment, Sex, Treatment*Sex, Age, DM, Hypertension, Stent diameter	2189.2	0.004	0.605
<i>Device-oriented endpoint</i> (Cardiac death / TV MI / Clinically driven revascularization)	Treatment, Sex, Age, ASA, Clinical status on admission	1236.1	0.008	0.621
<i>Target-lesion revascularization</i>	Treatment, Sex, Treatment*Sex, Age, DM, Smoking Status	711.0	0.009	0.668
<i>Target-vessel revascularization</i>	Treatment, Sex, Treatment*Sex, Age	1069.9	0.005	0.609
<i>Nontarget-vessel revascularization</i>	Treatment, Sex, Age, DM, ASA	1310.9	0.005	0.624

ASA, acetylsalicylic acid; DM, diabetes mellitus; MI, myocardial infarction; TV, target vessel.