

Supplementary Table 4. Summary of the key landmark studies

Trial	FU (years)	Study arm	Control	Key inclusion criteria	Key exclusion criteria	Definition of ischemia	Baseline characteristics		Death		MI							
							Age (years)	Baseline angina*	Study arm	Contro l	HR or p value	Study arm	Contro l	HR or p value				
PCI vs. OMT																		
POBA																		
ACME-1 ¹⁸⁸⁾¹⁸⁹⁾ (1998)	3	BA (n=105)	OMT (n=107)	1) DS 70–99% in coronary artery 2) MI in past 3 months	NR	1) Exercise ECG ≥1 mm ST depression in at least 1 lead 2) Filling defect on thallium scan	62	72 [†]	7	5	0.58	10	7	NS				
ACME-2 ¹⁹⁰⁾ (1997)	5	BA (n=166)	OMT (n=162)	1) History of angina 2) MI within 3 months 3) DS ≥70% in coronary artery	NR	1) Medically refractory UAP 2) Previous PCI 3) Primary cardiac diagnosis other than CAD 4) LMCAD 5) Triple vessel disease 6) LVEF ≤30% 1) LMCAD	60	99 [‡]	22	23	NS	13	5	NS				
AVERT ¹⁹¹⁾ (1999)	1.5	BA (n=177)	OMT (n=164)	1) SAP 2) DS ≥50% in coronary artery	NR	2) Triple vessel disease 3) UAP or MI within 2 weeks 4) LVEF <40%	59	Class I/II (82%) (0.6)	1 (0.6)	1 (0.6)	NS (2.8)	5 (2.4)	4 (2.4)	NS				
DEFER ¹⁹²⁾¹⁹³⁾ (2015)	15	BA/BMS (n=90)	OMT (n=91)	DS ≥50% in coronary artery	FFR ≥0.75	1) Small coronary artery 2) Total occluded artery 3) Q-wave MI or UAP 1) Total occluded lesion 2) Lesion length >12 mm 3) Involvement of the ostium 4) Heavy calcification 5) Severe tortuosity 6) LMCAD 7) UAP or Previous MI 9) Significant valvular disease 10) Cardiomyopathy 11) LV dysfunction 12) Previous PCI or CABG	61	Class I/II (57%) (31.1) Class III/IV (43%) (33.0)	28 (31.1)	30 (33.0)	0.79 (10.0)	9 (2.2)	2 (10.0)	0.03				
MASS-1 ¹⁹⁴⁾¹⁹⁵⁾ (1999)	5	BA (n=72) CABG (n=70)	OMT (n=72)	DS ≥80% in LAD	NR	1) Previous PCI or CABG 2) LMCAD 3) ACS in the previous 7 days 4) Significant valve disease 5) Life-threatening disease	56	NR	CABG 2 (2.9)	OMT 2 (2.9)	NS	NR	NR	NR				
RITA-2 ¹⁹⁶⁾¹⁹⁷⁾ (2003)	5	BA (n=504)	OMT (n=514)	1) DS ≥50% (2 views) or ≥70% (1 view) in coronary artery 2) Recent UAP at least 7 days before randomization	NR	1) Previous PCI or CABG 2) LMCAD 3) ACS in the previous 7 days 4) Significant valve disease 5) Life-threatening disease	58	Class I/II (60%) Class III/IV (20%)	4.6%	4.7%	NS	NR	NR	NR				
SWISS II ¹⁹⁸⁾	10	BA	OMT	1) MI within preceding 3 months	Malignancy	ST depression	55	No symptom	6	22	0.42	11	40	0.19				

(2007)		(n=96)	(n=105)	2) Maximal symptom-limited exercise test without chest pain 3) Silent ischemia confirmed by stress test 4) 1- to 2-vessel CAD suitable for PCI	on exercise ECG		(0.16– 1.11)	(0.05– 0.67)
TIME ¹⁹⁹ (2004)	4	BA/CABG (n=153)	OMT (n=148)	≥75 years-old patients with SAP	1) MI within the previous 10 days 2) Concomitant valvular disease 3) Congestive heart failure 4) Life-limiting comorbidities 5) Severe renal failure 6) Impossibility of increasing or optimizing medical therapy	NR	80	Class II (18%) Class III/IV (82%) 21.2% 22.3% 0.88 4.4% 0.7% 0.07
BMS								
Hambrecht et al. ²⁰⁰ (2004)	1	PCI (n=50)	OMT (n=51)	1) Aged ≤70 years with SAP 2) DS ≥75% in coronary artery	1) ACS or MI within 2 months 2) LMCAD 3) Proximal LAD stenosis 4) Significant valvular heart disease 5) Insulin dependent DM 6) Smoking 7) Previous CABG or PCI within 12 months 1) Acute MI requiring emergent revascularization 2) Ventricular aneurysm requiring surgical repair 3) LVEF <40%	SPECT	61	Class I/II (94%) Class III (6%) 0 0 NS 1 0 NS
PCI								
MASS-2 ^{201,202} (2006)	5	PCI (n=205) CABG (n=203)	OMT (n=203)	1) DS ≥70% in proximal multivessel stenosis 2) Documented ischemia by stress testing or SAP (CCS Class II/III)	3) LVEF <40% 4) Previous PCI or CABG 5) Single vessel disease 6) Congenital heart disease 7) Valvular heart disease 8) Cardiomyopathy 9) LMCAD	Documented ischemia by stress testing	60	PCI (15.5) 24 25 23(11.2) CABG (16.2) 16 (12.8) 31 17 (8.3) 0.82 0.01
DES								
BARI 2D ²⁰³ (2009)	5	PCI/CABG (n=1176)	OMT (n=1192)	1) DS ≥50% in coronary artery with positive stress test or 2) DS ≥70% of major coronary artery with classic angina AND type 2 diabetes mellitus	1) Need for immediate revascularization 2) LMCAD 3) Creatinine >2 mg/dL 4) HbA1c >13% 5) Class III or IV heart failure 6) Hepatic dysfunction 7) Previous PCI or CABG within 12 month	NR	62	Class I/II (70%) Class III/IV (14%) 155 161 0.97 128 151 0.27 (11.7) (12.2) (11.5) (14.3)
COURAGE ²⁰⁴ (2007)	4.6	PCI (n=1149)	OMT (n=1138)	DS ≥70% in proximal coronary artery inducible ischemia on stress testing, or	1) CCS Class IV angina 2) Substantial ST depression or on exercise ECG	1) >1.0 mm ST depression 2) Substantial ST depression or on exercise ECG	62	Class I/II (66%) Class III/IV (14%) 85 95 0.87 143 128 1.13 (7.6) (8.3) (0.65– (13.2) (12.3) (0.89–

					ST depression or T wave inversion on resting ECG	4) ACS										
						5) LVEF <50%										
						6) Bleeding tendency										
						7) Severe pneumonia										
						8) Creatinine >1.5 mg/dL										
						9) Graft stenosis										
						1) DS ≥50% in a non-target vessel										
						2) ACS										
						3) Previous CABG										
ORBITA ²⁰⁹⁾ (2018)	6 weeks	PCI (n=105)	OMT (n=95)		1) Aged 18–85 years with angina or equivalent symptoms 2) DS ≥70% in a single coronary artery	4) LMCAD 5) CTO 6) Severe valvular disease 7) Severe LV dysfunction 8) Moderate to severe pulmonary hypertension		Exercise ECG								
							Stress Echo	66	Class I/II (62%) Class III (38%)	0	0	NS	NR	NR	NR	
							FFR/iFR									

PCI vs. PCI

BMS vs. BA

BENESTENT ² 10-212) (2001)	5	BMS (n=259)	BA (n=257)	SAP with de novo lesion of native coronary artery	1) Ostial lesion 2) Bifurcated lesion 3) Graft stenosis 4) Intracoronary thrombus 1) MI (within 7 days) 2) LVEF ≤40%		NR	58	Class I/II (34%) Class III/IV (76%)	15 (5.9)	8 (3.1)	1.88 (0.81– 4.34)	20 (7.8)	10 (3.9)	2.00 (0.90– 4.19)	
STRESS ²¹³⁾²¹⁴⁾ (1998)	1	BMS (n=205)	BA (n=202)	with de novo lesion of native coronary artery	1) Symptomatic ischemic heart disease 2) DS ≥70%	3) Intracoronary thrombus 4) Multiple focal lesions 5) Diffuse lesion 6) LMCAD 7) Ostial lesion 8) Severe vessel tortuosity		NR	60	NR	1.5%	2.0%	NS	6.3%	7.9%	NS

DES vs. DES (or BMS)

BASKET- PROVE ²¹⁵⁾ (2010)	2	SES (n=775)	BMS EES (n=765) (n=774)	SAP or ACS	1) Cardiogenic shock 2) In-stent restenosis or thrombosis of stent 3) LMCAD 4) Graft stenosis 5) Plans for any surgery within 12 months 6) Need for oral anticoagulation 7) Increased risk of bleeding				SES 28 (3.6) BMS 34 (4.4) EES 25 (3.2)		SES 7 (0.9) BMS 20 (2.6) EES 13 (1.7)					
BIONYX ²¹⁶⁾ (2018)	1	ZES (n=1243)	SES (n=1,245)	≥18 years old patients with all coronary syndrome, de novo and restenotic lesions, and coronary artery or bypass lesion	Planned major surgery within first 6 months		NR	64	NR	20 (1.6)	26 (2.1)	0.77 (0.43– 1.37)	20 (1.6)	20 (1.6)	1.00 (0.54– 1.86)	

					1) Non-ST elevation ACS with hemodynamic instability											
					2) CTO											
					3) Bifurcations											
					4) Graft stenosis											
BIOFLOW V ²¹⁷ ²¹⁸ (2018)	2	SES (n=884)	EES (n=450)	≥18 years old patients with ischemic heart disease in de novo native coronary lesion	5) In-stent restenosis 6) Calcified lesion requiring atherectomy 7) ST-segment elevation MI in the past 72 hours 8) LVEF <30% 9) Creatinine clearance <30 mL/min 10) Any previous PCI within 9 months or within 30 days involving target vessel	NR	65	NR	7 (1.0)	6 (1.0)	0.38	41 (5.0)	37 (9.0)	0.01		
BIO- RESORT ²¹⁹ (2016)	1	EES (n=1,172)	ZES SES (n=1,173) (n=1,169)	≥18 years old patients with all coronary syndrome, de novo and restenotic lesions, and coronary artery or bypass lesion	Planned major surgery within first 6 months	NR	64	NR	20 (2.0) 19 (2.0) 19 (2.0)	ZES SES SES	NS	25 (2.0) 31 (3.0) 29 (3.0)	ZES SES ZES	NS		
BIOSCIENCE ² 20 ²²¹ (2018)	5	SES (n=1,063)	EES (n=1,056)	DS ≥50% in coronary artery	Planned surgery within next 6 months	NR	66	NR	139 (14.1)	105 (10.3)	1.36 (1.06– 1.75)	99 (10.4)	118 (12.3)	0.85 (0.65– 1.11)		
COMPARE ²²² 223 (2011)	2	EES (n=897)	PES (n=903)	Aged 18–85 patients with all coronary syndrome	Planned major surgery within 30 days	NR	63	NR	30 (3.3)	27 (3.0)	1.12 (0.67– 1.87)	35 (3.9)	68 (7.5)	0.52 (0.35– 0.77)		
COMPARE II ²²⁴ ²²⁵ (2015)	3	BES (n=1,795)	EES (n=912)	≥18 years old patients with chronic or acute coronary syndrome	1) Planned major surgery within 30 days 2) Previous PCI with DES within 1 year 1) Tandem stenosis 2) Previous CABG with patent grafts to the interrogated vessel 3) LMCAD 4) Total coronary occlusion 5) Restenotic lesion 6) Hemodynamic instability 7) Heavily calcified or tortuous vessels 8) Significant hepatic or lung disease and/or malignant disease 9) ST-segment elevation MI within 48 hours 10) Severe valvular heart disease 11) ACS patient in whom more than one target vessel is present	NR	63	NR	89 (5.0)	37 (4.1)	1.22 (0.84– 1.78)	93 (5.2)	42 (4.6)	1.13 (0.79– 1.61)		
DEFINE FLAIR ²²⁶ (2017)	1	iFR (n=1,242)	FFR (n=1,250)	SAP or ACS (non-culprit vessel) with DS 40–70% in coronary artery	1) Non-ST elevation ACS with hemodynamic instability 2) CTO 3) Bifurcations 4) Graft stenosis 5) In-stent restenosis 6) Hemodynamic instability 7) Heavily calcified or tortuous vessels 8) Significant hepatic or lung disease and/or malignant disease 9) ST-segment elevation MI within 48 hours 10) Severe valvular heart disease 11) ACS patient in whom more than one target vessel is present	FFR ≤0.80 iFR ≤0.89	65	Class I/II (56%) Class III/IV (44%)	22 (1.9)	13 (1.1)	1.74 (0.88– 3.46)	31 (2.7)	28 (2.4)	1.03 (0.56– 1.92)		
DUTCH	2	ZES	EES	≥18 years old patients with all coronary	Planned surgery within next 6 months	NR	65	NR	33	24	1.38	22	16	1.38		

PEERS ^{227,228)} (2015)		(n=906)	(n=905)	syndrome, de novo and restenotic lesions, and coronary artery or bypass lesion					(3.6)	(2.7)	(0.82–2.31)	(2.4)	(1.8)	(0.73–2.60)
FAME ^{229,230)} (2015)	5	FFR (n=509)	Angiograph hy (n=496)	Multivessel CAD (\geq DS 50%)	1) LMCAD 2) Previous CABG 3) Cardiogenic shock 4) Extremely tortuous or calcified coronary arteries	FFR \leq 0.80	64	Class I/II (58%) Class III/IV (42%)	44 (9.0)	49 (10.0)	0.5	49	60	NS
iFR-SWEDEHEART T ²³¹⁾ (2017)	1	iFR (n=1,019)	FFR (n=1,018)	1) SAP (any lesion) or 2) ACS (non-culprit vessel) AND DS 40–80% in coronary artery	1) Previous CABG with patent grafts to the interrogated vessel 2) Unstable hemodynamics (Killip class III–IV) 3) Heavily calcified or tortuous vessels	FFR \leq 0.80 iFR \leq 0.89	68	Class I/II (48%) Class III/IV (52%)	15 (1.5)	12 (1.2)	1.25 (0.58–2.66)	22 (2.2)	17 (1.7)	1.29 (0.68–2.44)
LEADERS ²³²⁾ (2008)	9 months	BES (n=857)	SES (n=850)	1) \geq 18 years old patients with chronic or acute coronary syndrome 2) DS \geq 50% in coronary artery SAP, silent ischemia, ACS with increased bleeding risk patients: Age \geq 75 Oral anticoagulation Hb <11 g/dL Platelet <100,000/mm ³ Hospital admission for bleeding in previous 12 months	Planned surgery within 6 months	NR	65	NR	22 (2.6)	24 (2.8)	0.91 (0.51–1.62)	49 (5.7)	39 (4.6)	1.25 (0.82–1.92)
LEADERS FREE ²³³⁾ (2015)	1	DCS (n=1,221)	BMS (n=1,211)	Stroke in previous 12 months Previous intracerebral hemorrhage Severe chronic liver disease Creatinine clearance <40 mL/min Cancer in previous 3 years Planned major surgery in next 12 months Glucocorticoid or NSAIDs planned for >30 days after PCI Expected nonadherence to >30 days of dual antiplatelet therapy	1) Active bleeding 2) Cardiogenic shock	NR	76	NR	97 (8.0)	108 (9.0)	0.89 (0.67–1.17)	72 (6.1)	104 (8.9)	0.68 (0.50–0.91)
MR INFORM ²³⁴⁾ (2019)	1	CMR (n=454)	FFR (n=464)	\geq 18 years old patients with SAP (CCS II/III) or a positive exercise treadmill test	1) Contraindicated to adenosine myocardial perfusion CMR 2) Cardiac arrhythmia (AF or frequent ectopic beat of >20 per minute) 3) LVEF <30% 4) Class III or IV Heart failure 5) Previous CABG or PCI within 6 months 6) eGFR <30	FFR \leq 0.80 \geq 6% ischemia on cardiac MR	62	Class II (90%) Class III (10%)	4	2	2.05 (0.38–11.21)	9	10	0.84 (0.35–2.02)

				CAD with high bleeding risk:										
				Adjunctive oral anticoagulation after PCI										
				Age ≥75 years old										
				Hb <11 g/dL										
				Any prior intracerebral hemorrhage										
				Any stroke in the last 12 months	1) Requiring planned PCI after 1 month									
				Hospital admission for bleeding within prior 12 months	2) Active bleeding									
					3) Cardiogenic shock									
ONYX ONE ²³⁵⁾ (2020)	1	ZES (n=988)	DCS (n=969)	Non-skin cancer diagnosed or treated ≤3 years	4) Planned surgery or procedure requiring discontinuation of dual antiplatelet therapy within 1 month	NR	74	NR	87 (8.8)	72 (7.4)	NS (13.4)	132 (14.7)	142 (14.7)	NS
				Planned daily NSAIDs or steroid for ≥30 days after PCI	5) PCI during the previous 6 months for a lesion other than the target lesion of the index procedure									
				Renal failure: creatinine clearance <40 mL/min										
				Platelet <100,000 /uL										
				Severe chronic liver disease										
				Expected non-compliance for prolonged dual antiplatelet therapy for other medical reason										
				1) Evolving MI										
RAVEL ^{236,237) (2007)}	5	SES (n=120)	BMS (n=118)	1) ≥18 years old patients with stable or unstable angina or silent ischemia	2) LMCAD									
				3) Ostial lesion										
				2) Single primary target lesion in a native coronary artery	4) Calcified lesion	NR	61	NR	14 (12.1)	8 (7.1)	0.20	10 (8.9)	8 (6.9)	0.65
				5) Intracoronary thrombus within target lesion										
				3) DS 51–99%, TIMI flow ≥1										
				6) LVEF <30%										
				1) MI within 72 hours										
				3) LMCAD										
				4) Intracoronary thrombus or total occluded lesion										
REALITY ^{238) (2006)}	1	SES (n=684)	PES (n=669)	1) ≥18 years old patients with 1 or 2 de novo lesions in coronary artery	5) LVEF <25%									
				2) Stable or unstable angina or documented silent ischemia	6) Serum creatinine >2.9 mg/dL	NR	63	Class I/II (42%)	16	9	1.74 (0.77– 3.91)	35	40	0.86 (0.55– 1.33)
				3) DS 51–99% and TIMI ≥1	7) Lesion tortuosity			Class III/IV (15%)	(2.3)	(1.3)				
					8) Previous brachytherapy									
					9) Cardiac allograft									
					10) Prior stent implantation within 10 mm of the target lesion									
					11) Previous CABG									
RESOLUTE														
All Comer ^{239,240) (2011)}	2	ZES (n=1,140)	EES (n=1,152)	All coronary syndrome with DS ≥50% in coronary artery	Planned surgery within 6 months	NR	64	NR	36 (3.2)	45 (4.0)	0.37	62 (5.5)	56 (5.0)	0.57
SENIOR ²⁴¹⁾	1	EES	BMS	≥75 years old patients with SAP, silent	1) Indication for CABG	Perfusion defect >10%	81	NR	36	48	0.76	21	22	0.97

(2018)		(n=596)	(n=604)	ischemia, or ACS and had DS \geq 70% in coronary artery (DS \geq 50% for left main stem)	2) Requirement for additional surgery 3) Life threatening non-cardiac comorbidities 4) Previous hemorrhagic stroke	on SPECT FFR <0.80		(6.0)	(8.0)	(0.49– 1.16)	(4.0)	(4.0)	(0.51– 1.82)	
SIRTAX ²⁴²⁾²⁴³⁾ (2016)	10	SES (n=539)	PES (n=509)	SAP or ACS with DS \geq 50% in coronary artery	Terminal illness	NR	62	NR	117 (25.0)	109 (23.4)	0.52	41 (9.0)	47 (10.4)	0.55
SIRIUS ²⁴⁴⁾²⁴⁵⁾ (2009)	5	SES (n=533)	BMS (n=525)	1) SAP or ACS and signs of myocardial ischemia 2) DS 51–99% in a single native coronary artery	1) Recent MI (within 48 hours) 2) LVEF <25% 3) Ostial lesion 4) Bifurcation lesion 5) LMCAD 6) Vessel with thrombus or severe calcification	NR	62	NR	45 (8.4)	44 (8.4)	1.00	33 (6.2)	34 (6.5)	0.90
SORT II ²⁴⁶⁾ (2008)	1	OUT SES (n=1,065)	OUT PES (n=1,033)	SAP or ACS in Denmark	Lived outside Denmark	NR	64	NR	41 (3.8)	40 (3.9)	0.99 (0.64– 1.53)	45 (4.2)	53 (5.1)	0.82 (0.55– 1.22)
SORT III ²⁴⁷⁾ (2010)	1.5	OUT ZES (n=1,162)	OUT SES (n=1,170)	SAP or ACS	Life expectancy <1 year	NR	64	NR	51 (4.0)	32 (3.0)	1.61 (1.03– 2.50)	24 (2.0)	11 (1.0)	2.22 (1.09– 4.53)
SORT V ²⁴⁸⁾ (2013)	1	OUT BES (n=1,229)	OUT SES (n=1,239)	1) \geq 18 years old patients with all coronary syndrome 2) DS \geq 50% in coronary artery	Clinical indications of an inability to tolerate dual antiplatelet treatment for 12 months 1) Prior brachytherapy at any time 2) Acute or recent MI 3) LVEF <30% 4) Prior or planned organ transplantation 5) Current or planned chemotherapy for malignancy 6) Use of chronic anticoagulation 7) Immunologic disease	NR	65	NR	30 (2.4)	27 (2.2)	0.67	19 (1.5)	11 (0.9)	0.14
SPIRIT III ²⁴⁹⁾²⁵⁰⁾ (2009)	2	OUT EES (n=669)	OUT PES (n=333)	Either 1 or 2 de novo native coronary lesion with SAP or ACS or inducible ischemia	8) Elective surgery planned within 9 months 9) PLT <100,000/uL or >700,000/uL 10) WBC <3,000/uL 11) Serum creatinine >2.5 mg/dL 12) Dialysis or liver disease 13) Recent major bleeding 14) Hemorrhagic diathesis 15) Stroke or TIA within 6 months 16) LMCAD 17) Bifurcation lesion 18) Tortuous lesion	NR	63	NR	13 (2.0)	8 (2.6)	0.64	21 (3.3)	18 (5.9)	0.08

SPIRIT IV ^{251,252)} (2011)	2	EES (n=2,458)	PES (n=1,229)	≥18 years old patients with angina or inducible ischemia and up to three previous untreated native coronary artery lesions	19) Calcification 20) Thrombus 21) Graft stenosis 22) DS <50% or 100% 1) Recent MI 2) LVEF <30% or current unstable arrhythmia 3) Heart transplant or any other transplant or a waiting list for any organ transplant 4) Immunologic disease 5) Anticancer therapy for malignancy within 30 days 6) Bleeding diathesis or coagulopathy 7) PLT<100,000/uL or >700,000/uL 8) Significant bleeding within past 6 months 9) Stroke or TIA within past 6 months 10) LMCAD 11) Graft stenosis 12) Bifurcation lesion 13) Total occluded lesion 14) Extreme angulation or tortuosity 15) Heavy calcification 16) In-stent restenosis 17) Prior brachytherapy 18) Target vessel contains thrombus 1) Previous brachytherapy 2) Previous DES 3) Recent MI (within 72 hours) 4) LVEF <25% 5) Hemorrhagic diatheses 6) Serum creatinine >2 mg/dL 7) LMCAD 8) Ostial lesion 9) Bifurcation lesion 10) Angulation or tortuosity 11) Occluded target lesion or thrombus 12) Moderate or severe calcification 13) Planned atherectomy	NR	63	NR	49 (2.0)	32 (2.7)	0.79 (0.51– 1.23)	60 (2.5)	37 (3.9)	0.64 (0.44– 0.94)
TAXUS IV ^{253,254)} (2009)	5	PES (n=662)	BMS (n=652)	SAP or UAP with single de novo lesion in a single native coronary artery lesion	1) Previous brachytherapy 2) Previous DES	NR	62	NR	10.0% 11.2%	0.49	7.2%	7.4%	0.87	
TAXUS V ²⁵⁵⁾ (2005)	9 months	PES (n=577)	BMS (n=579)	SAP or UAP with single de novo lesion in a single native coronary artery lesion	1) Previous brachytherapy 2) Previous DES	NR	63	NR	1.3% 1.4%	0.89 (0.32– 5.4%)	4.6%	1.17 (0.70– 1.17)		

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|--|-------|-------|
| 3) Recent MI (within 72 hours) | 2.43) | 1.95) |
| 4) LVEF <25% | | |
| 5) Hemorrhagic diatheses | | |
| 6) Serum creatinine >2 mg/dL | | |
| 7) LMCAD | | |
| 8) Ostial lesion | | |
| 9) Bifurcation lesion | | |
| 10) Angulation or tortuosity | | |
| 11) Occluded target lesion or thrombus | | |
| 12) Moderate or severe calcification | | |
| 13) Planned atherectomy | | |
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Values are presented as number (%).

ACS = acute coronary syndrome; AF = atrial fibrillation; BA = balloon angioplasty; BES = biolimus-eluting stent; BMS = bare metal stent; CAD = coronary artery disease; CABG = coronary artery bypass graft surgery; CCS = Canadian Cardiovascular Society; CMR = cardiac magnetic resonance imaging; CTO = chronic total occlusion; DCS = drug-coated stent; DES = drug-eluting stent; DM = diabetes mellitus; DS = diameter stenosis; ECG = electrocardiography; Echo = echocardiography; EES = everolimus-eluting stent; FFR = fractional flow reserve; FU = follow-up; eGFR = estimated glomerular filtration rate; HR = hazard ratio; iFR = instantaneous wave-free ratio; LAD = left anterior descending artery; LMCAD = left main coronary artery disease; LV = left ventricular; LVEF = left ventricular ejection fraction; MI = myocardial infarction; NR = not reported; NS = non significance; NSAID = non-steroidal anti-inflammatory drug; OMT = optimal medical therapy; PCI = percutaneous coronary intervention; PES = paclitaxel-eluting stent; PET = positron emission tomography; POBA = plain old balloon angioplasty; QCA = quantitative coronary angiography; SAP = stable angina pectoris; SES = sirolimus-eluting stent; SPECT = single-photon emission computed tomography; TIA = transient ischemic attack; TIMI = thrombolysis in myocardial infarction; UAP = unstable angina pectoris; WBC = white blood cell; ZES = zotarolimus-eluting stent.

*Based on CCS Angina Grade unless otherwise stated; †Based on psychological well-being score; ‡Based on quality-of-life score.