# Supplementary Appendix 1

## Endpoints definition

### TARGET LESION FAILURE

Primary end-point of the iPOSITION study was target lesion failure (TLF) at 1 year. TLF was defined as the composite of cardiac death (CD), recurrent target vessel myocardial infarction (TV-MI), and clinically driven target lesion revascularization (TLR).

### CARDIAC DEATH

Any death due to a documented proximate cardiac cause, an unwitnessed death or a death of unknown cause, and all procedure-related deaths, including those related to concomitant treatment were classified as “CD”.

### RECURRENT TARGET VESSEL MYOCARDIAL INFARCTION

Recurrent TV-MI is defined as any myocardial infarction recurring after 28 days from index event. Myocardial infarction is defined, in accordance with European Society of Cardiology Fourth Universal definition[1], as the recurrence of a rise and/or a fall of cardiac troponin values with at least one value above the 99th percentile upper reference limit and with at least one of the following: 1) symptoms of acute myocardial ischaemia; 2) new ischaemic ECG changes; 3) Development of pathological Q waves; 4) Identification of a coronary thrombus by angiography including intracoronary imaging or by autopsy.

### CLINICALLY DRIVEN TARGET LESION REVASCULARIZATION

We defined clinically driven “TLR” any repeated revascularization procedure, either percutaneous or surgical, due to the presence of a restenosis ≥50% in the target lesion, as estimated per quantitative coronary angiography, and at least one of the following: (1) a positive history of recurrent angina pectoris; (2) objective signs of ischemia at rest or during provocative tests; (3) positive invasive functional assessment. Any treated segment located from 5mm proximal to 5mm distal to the stent was considered in the target lesion [2].

### STENT THROMBOSIS

ST was defined and classified according to Academic Research Consortium standardized criteria. “Time 0” was defined as the time point when the guiding catheter was removed from the target lesion. ST was then classified into:

1. Acute: if ST occurs in < 24h
2. Subacute: if ST occurs in within 24h and 30 days
3. Late: if ST occurs within 30 and 365 days

ST was also classified into definite, probable or possible[2].

### DEVICE SUCCESS

### Device success was defined as the ability to cross the target lesion with the device and deploy the stent.

### PROCEDURAL SUCCESS

Procedural success was defined as any device success with the obtainment of vessel recanalization (TIMI grade 2-3 flow), a diameter stenosis ≤30% and without the occurrence of death, reinfarction or repeated revascularization of the target vessel during the hospital stay.

**References**

[1] K. Thygesen, J.S. Alpert, A.S. Jaffe, B.R. Chaitman, J.J. Bax, D.A. Morrow, H.D. White, K. Thygesen, J.S. Alpert, A.S. Jaffe, B.R. Chaitman, J.J. Bax, D.A. Morrow, H.D. White, H. Mickley, F. Crea, F. Van de Werf, C. Bucciarelli-Ducci, H.A. Katus, F.J. Pinto, E.M. Antman, C.W. Hamm, R. De Caterina, J.L. Januzzi, F.S. Apple, M.A. Alonso Garcia, S.R. Underwood, J.M. Canty, A.R. Lyon, P.J. Devereaux, J.L. Zamorano, B. Lindahl, W.S. Weintraub, L.K. Newby, R. Virmani, P. Vranckx, D. Cutlip, R.J. Gibbons, S.C. Smith, D. Atar, R. V Luepker, R.M. Robertson, R.O. Bonow, P.G. Steg, P.T. O’Gara, K.A.A. Fox, D. Hasdai, V. Aboyans, S. Achenbach, S. Agewall, T. Alexander, A. Avezum, E. Barbato, J.-P. Bassand, E. Bates, J.A. Bittl, G. Breithardt, H. Bueno, R. Bugiardini, M.G. Cohen, G. Dangas, J.A. de Lemos, V. Delgado, G. Filippatos, E. Fry, C.B. Granger, S. Halvorsen, M.A. Hlatky, B. Ibanez, S. James, A. Kastrati, C. Leclercq, K.W. Mahaffey, L. Mehta, C. Müller, C. Patrono, M.F. Piepoli, D. Piñeiro, M. Roffi, A. Rubboli, S. Sharma, I.A. Simpson, M. Tendera, M. Valgimigli, A.C. van der Wal, S. Windecker, M. Chettibi, H. Hayrapetyan, F.X. Roithinger, F. Aliyev, V. Sujayeva, M.J. Claeys, E. Smajić, P. Kala, K.K. Iversen, E. El Hefny, T. Marandi, P. Porela, S. Antov, M. Gilard, S. Blankenberg, P. Davlouros, T. Gudnason, R. Alcalai, F. Colivicchi, S. Elezi, G. Baitova, I. Zakke, O. Gustiene, J. Beissel, P. Dingli, A. Grosu, P. Damman, V. Juliebø, J. Legutko, J. Morais, G. Tatu-Chitoiu, A. Yakovlev, M. Zavatta, M. Nedeljkovic, P. Radsel, A. Sionis, T. Jemberg, C. Müller, L. Abid, A. Abaci, A. Parkhomenko, S. Corbett, Fourth universal definition of myocardial infarction (2018), Eur. Heart J. (2018) 1–33. https://doi.org/10.1093/eurheartj/ehy462.

[2] D.E. Cutlip, S. Windecker, R. Mehran, A. Boam, D.J. Cohen, G.A. Van Es, P.G. Steg, M.A. Morel, L. Mauri, P. Vranckx, E. McFadden, A. Lansky, M. Hamon, M.W. Krucoff, P.W. Serruys, Clinical end points in coronary stent trials: A case for standardized definitions, Circulation. 115 (2007) 2344–2351. https://doi.org/10.1161/CIRCULATIONAHA.106.685313.