

## ***Supplementary material***

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*Grajek S, Olasińska-Wiśniewska A, Michalak A, Ritter SS. Triple versus double antithrombotic therapy in patients with atrial fibrillation and stent implantation: a meta-analysis of randomized trials. Kardiol Pol. 2019; 77: 837-845. doi:10.33963/KP.14899*

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## Supplementary material

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**Table S1. Primary Safety End Points reported in respective trials.**

<b>Trial name</b>	<b>Criteria of bleeding complications</b>
WOEST	TIMI major and minor bleeding
ISAR TRIPLE	TIMI major and minor bleeding
PIONEER AF-PCI	Clinically significant bleeding
RE-DUAL PCI	STH major or CRNM bleeding
AUGUSTUS	STH major or CRNM bleeding

**Table S2. Secondary Efficacy End Points reported in respective trials**

<b>Trial name</b>	<b>Major Adverse Cardiac Events</b>
WOEST	Composite of death, MI, stroke, target vessel revascularization and stent thrombosis
ISAR TRIPLE	Composite of death, MI, ischemic stroke, or stent thrombosis
PIONEER AF-PCI	Composite of cardiac death, MI, or stroke
RE-DUAL PCI	Composite of death, MI, stroke, systemic embolism, or unplanned revascularization by PCI/CABG
AUGUSTUS	All-cause death or ischemic events

**Table S3. Cumulative Incidence of Primary Safety End Points**

Trial	Safety			
	Dual event	Dual total	Triple event	Triple total
WOEST VKA	39	279	89	284
ISAR-TRIPLE VKA	35	307	30	307
AUGUSTUS VKA	123	1126	210	1123
PIONEER AF-PCI Rivaroxaban 15mg	109	696	167	697
RE-DUAL PCI Dabigatran 110 mg	151	981	264	981
RE-DUAL PCI Dabigatran 150 mg	154	763	196	764
AUGUSTUS Apixaban 5mg/2.5mg	84	1143	158	1145

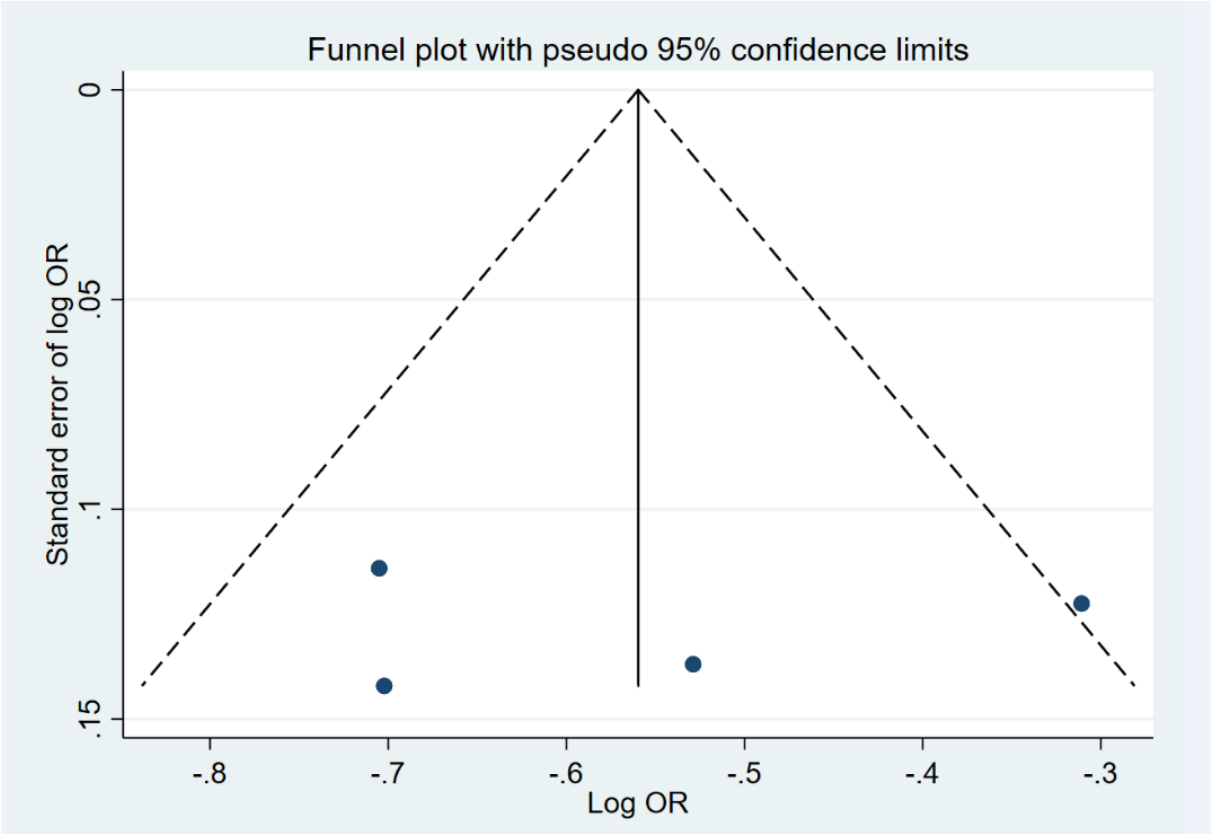
**Table S4. Cumulative Incidence of Secondary Efficacy End Points**

Cumulative Incidence of Secondary Efficacy End Points				
Trial	Dual event	Dual total	Triple event	Triple total
WOEST VKA	31	279	50	284
ISAR-TRIPLE VKA	12	307	13	307
AUGUSTUS VKA	84	1154	66	1154
PIONEER AF-PCI Rivaroxaban 15mg	41	694	36	695
RE-DUAL PCI Dabigatran 110 mg	149	981	131	981
RE-DUAL PCI Dabigatran 150 mg	90	763	98	764
AUGUSTUS Apixaban 5mg/2.5mg	72	1153	71	1153

**Table S5. Risk of bias of individual studies by Cochrane risk assessment tool.**

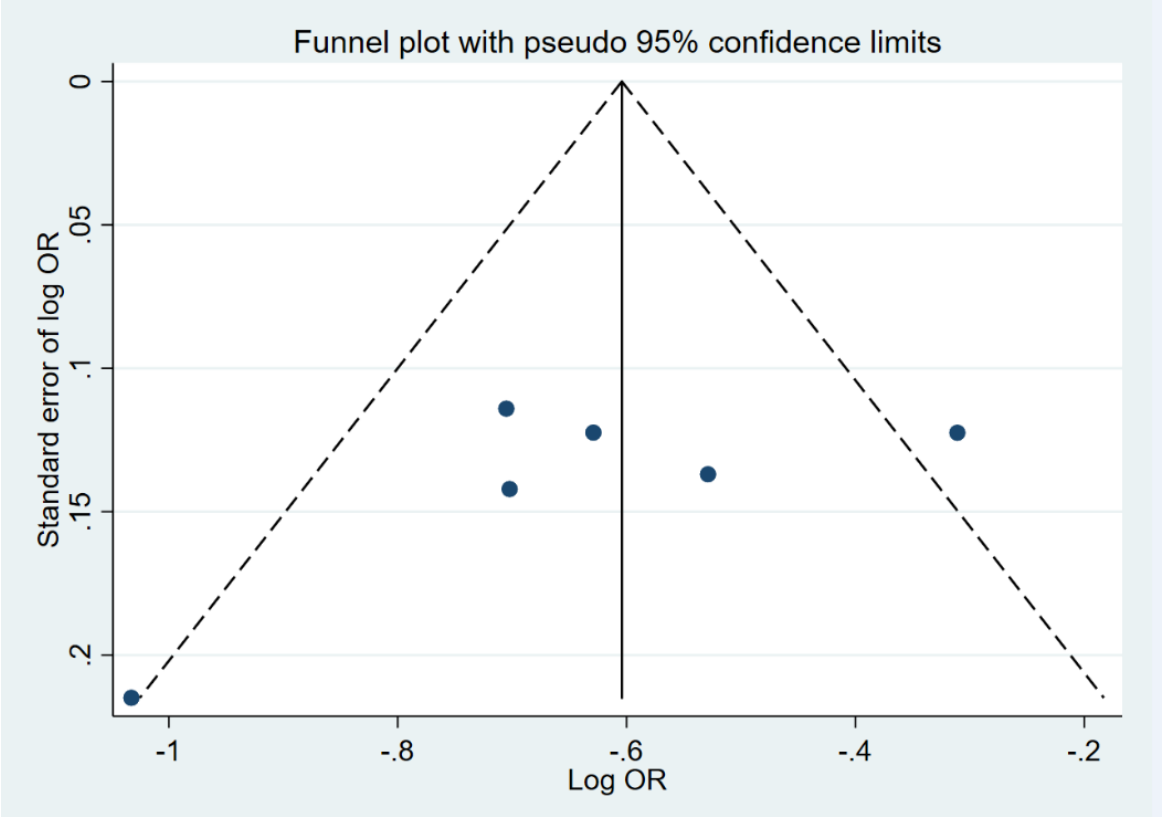
	WOEST	ISAR-TRIPLE	PIONEER AF-PCI	RE-DUAL PCI	Augustus
Random sequence generation <i>(Selection bias)</i>	+	+	+	+	+
Allocation concealment <i>(Selection bias)</i>	+	+	+	+	+
Blinding of participants and personnel <i>(Performance bias)</i> *	+	+	+	+	+
Incomplete outcome data <i>(Attrition bias)</i>	+	+	+	+	+
Selective reporting <i>(Reporting bias)</i>	+	+	+	+	+
Other sources of bias	+	+	+	+	+

**Figure S1. Funnel plot – risk of publication bias for Safety End Points.**



Egger's test p=0,667

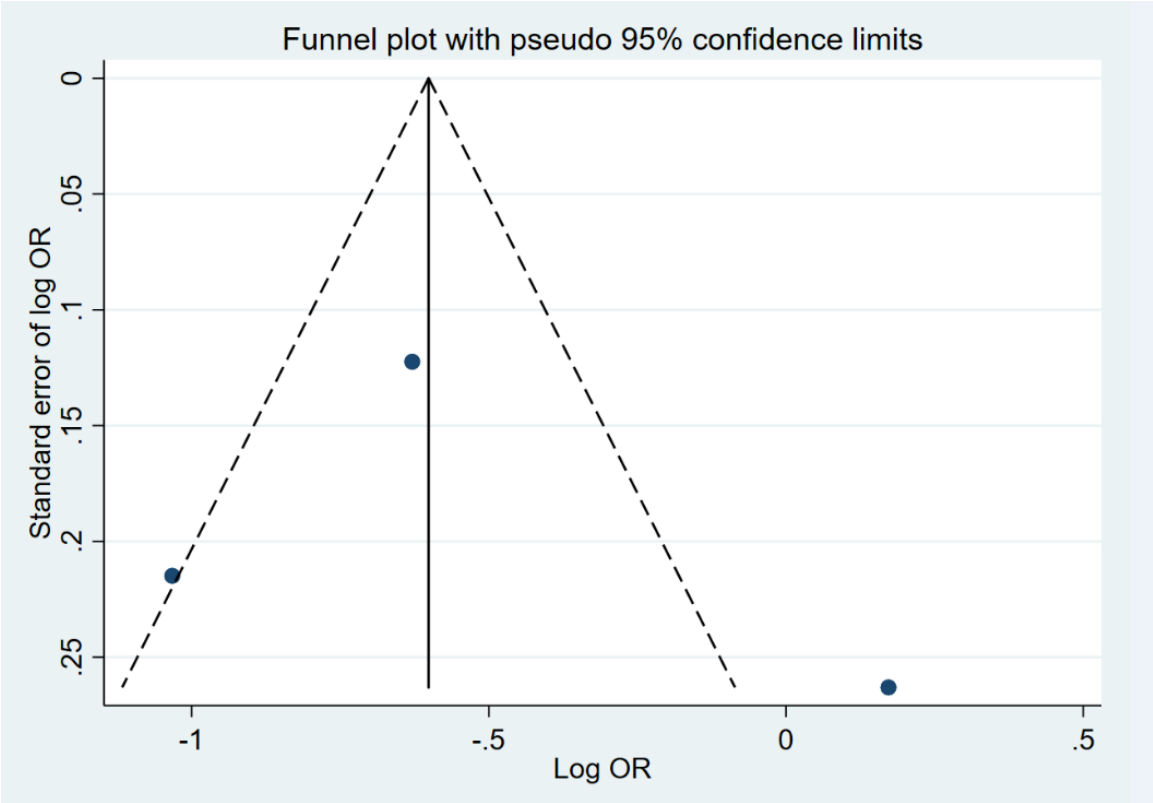
**Figure S2. Funnel plot – risk of publication bias for Safety End Points without ISAR-TRIPLE study.**



Egger's test p=0,245

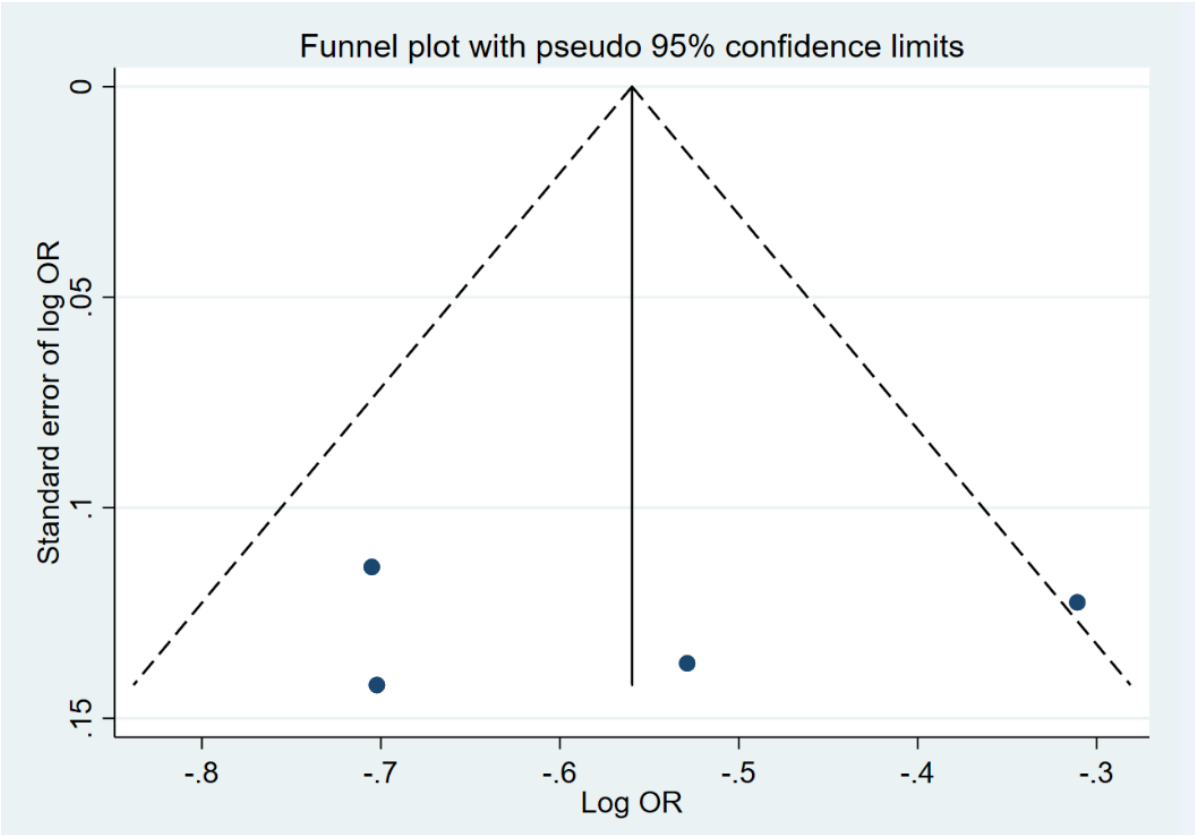


**Figure S3. Funnel plot – risk of publication bias for Safety End Points –VKA studies.**



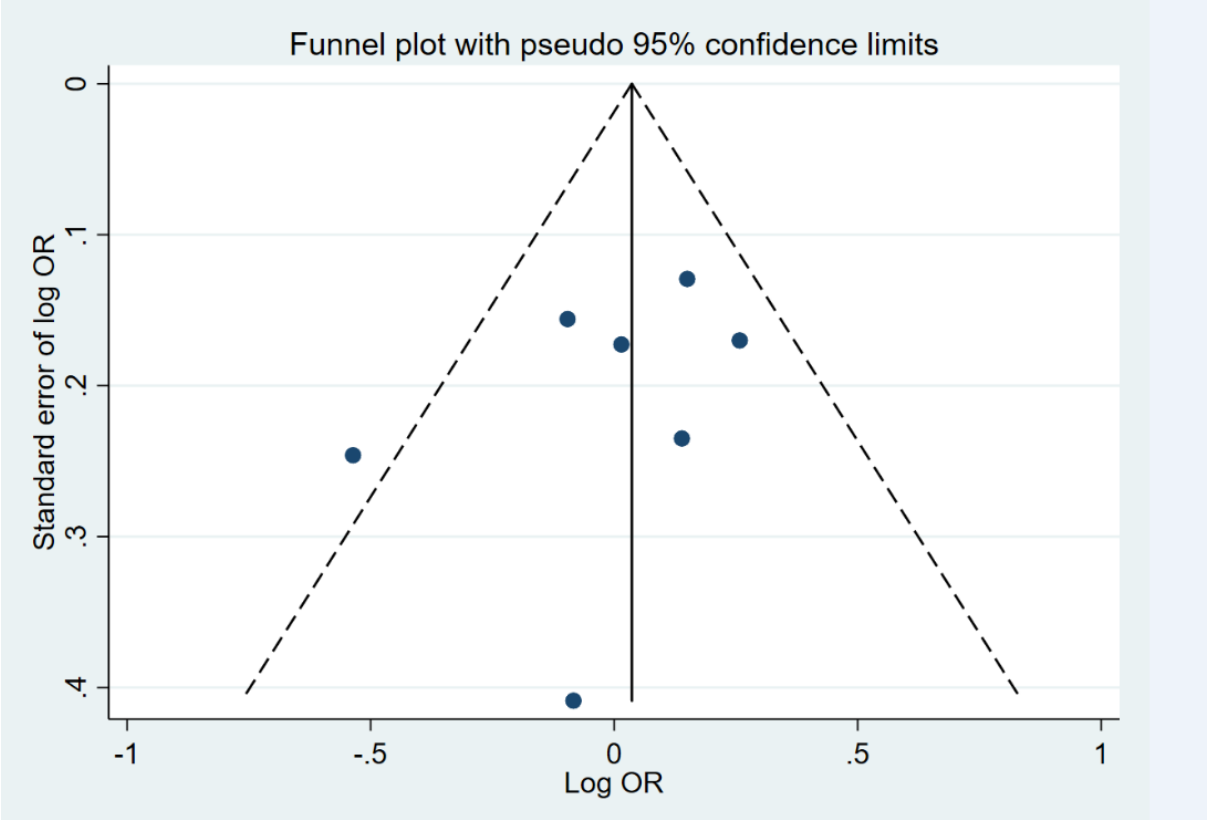
Egger's test p=0,769

**Figure S4. Funnel plot – risk of publication bias for Safety End Points –NOAC studies.**



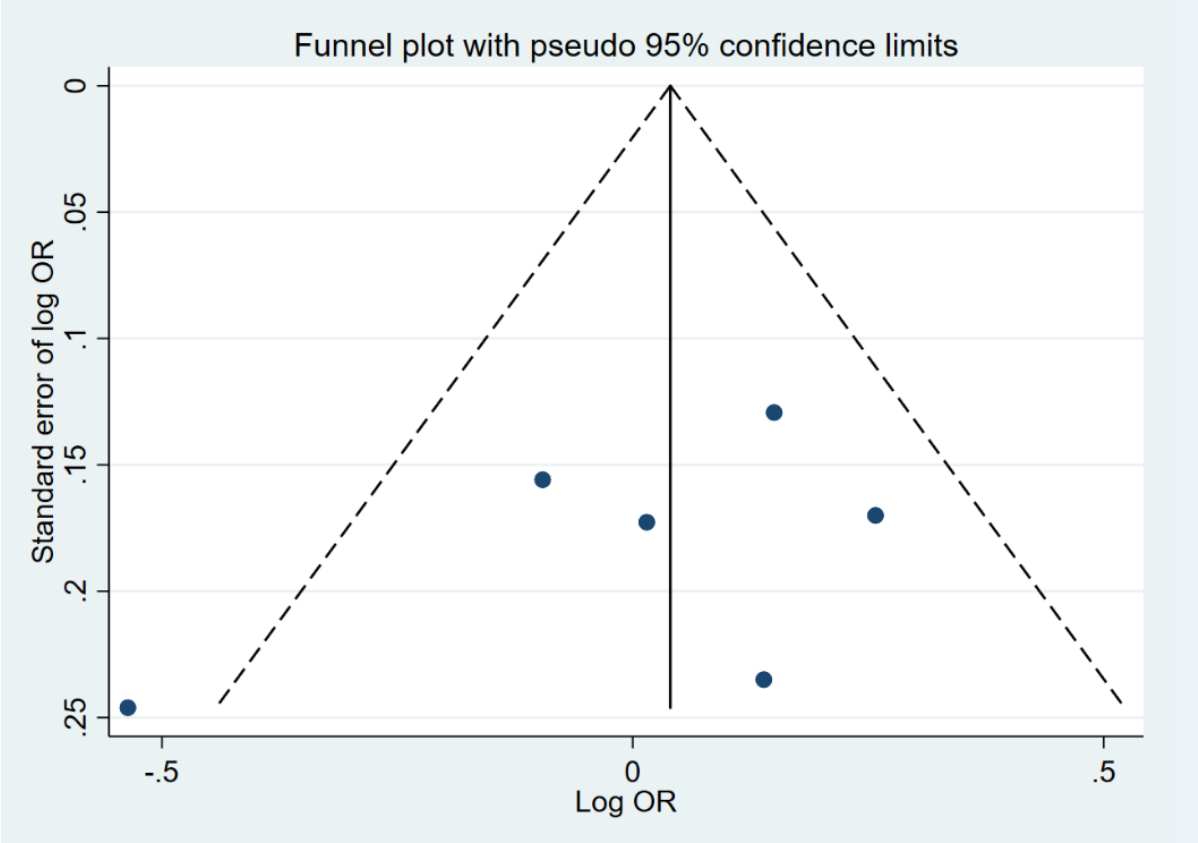
Egger's test p=0,955

**Figure S5. Funnel plot – risk of publication bias for Efficacy End Points.**



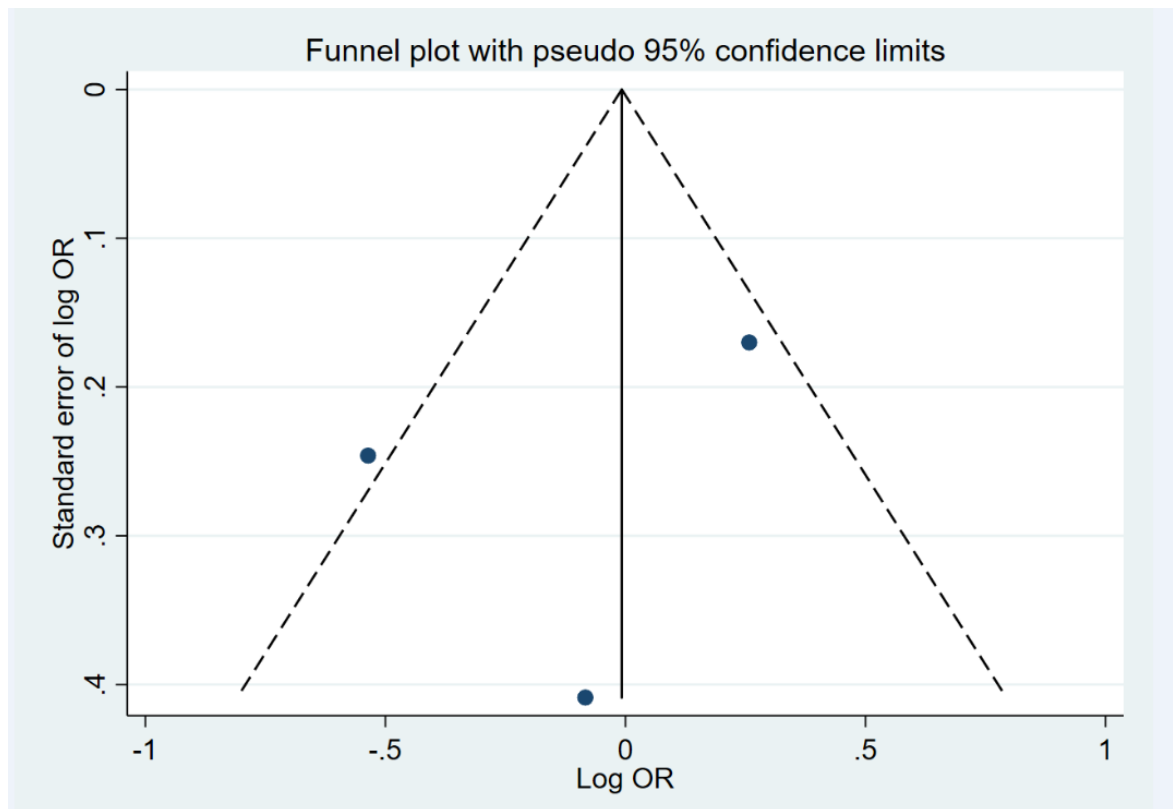
Egger's test p=0,355

**Figure S6. Funnel plot – risk of publication bias for Efficacy End Points without ISAR-TRIPLE study.**



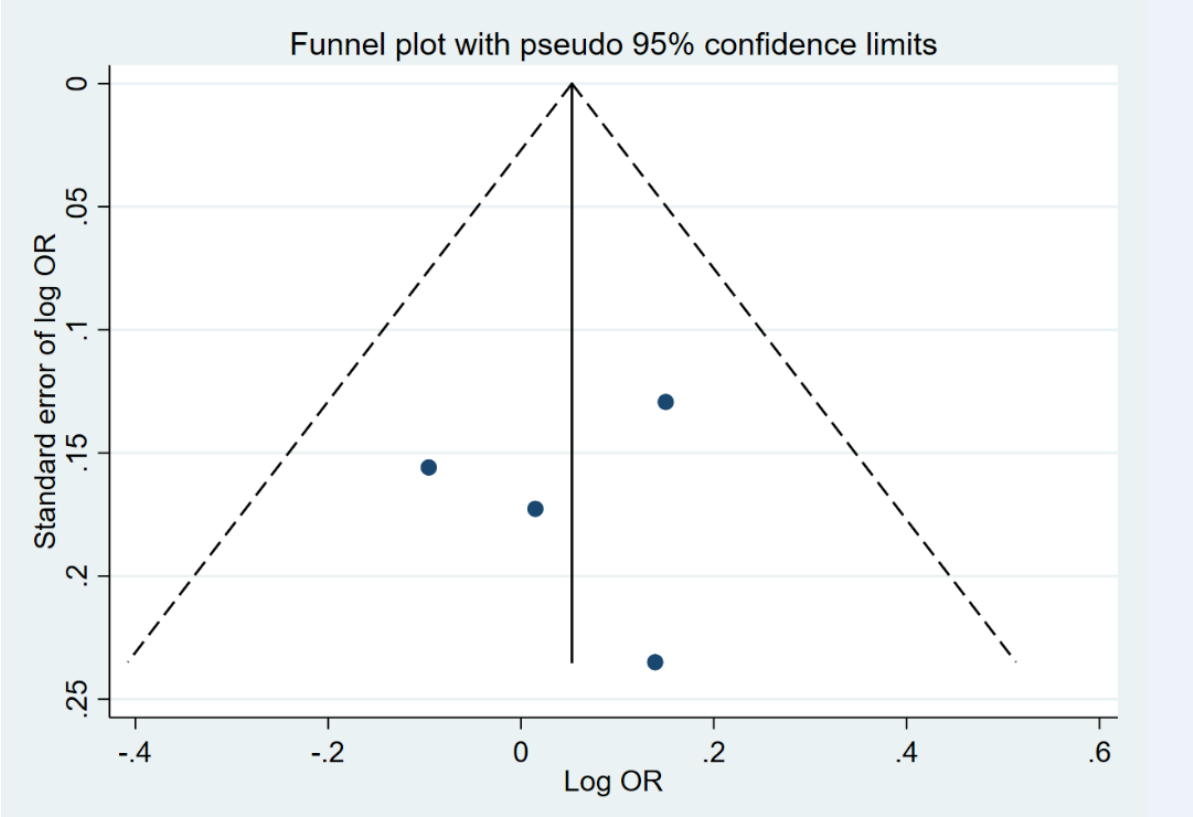
Egger's test p=0,301

**Figure S7. Funnel plot – risk of publication bias for Efficacy End Points –VKA studies.**



Egger's test  $p=0,651$

**Figure S8. Funnel plot – risk of publication bias for Efficacy End Points –NOAC studies.**



Egger's test p=0,900