Table S1. Quantitative and qualitative vessel and lesion characteristics

Variable	Patient-based
Target vessel	
LMCA/LAD, LMCA/LCX	21 (21.0%)
LAD/DIA	53 (53.0%)
LCX/OM	21 (21.0%)
RCA	3 (3.0%)
True bifurcation lesion (Medina 1,1,1 / 1,0,1 / 0,1,1)	27 (27.0%)
Medina 0,0,1	13 (13.0%)
Type B2+C	79 (79.0%)
Calcification (moderate/heavy)	31 (31.0%)
Thrombus (on angiography)	3 (3.0%)
CTO	10 (10.0%)
ISR	3 (3.0%)
Baseline quantitative coronary analysis	
MV proximal reference diameter (mm), median (IQR)	3.4 (3.1–3.7)

MV distal reference diameter (mm), median (IQR)	3.0 (2.5–3.3)
MV lesion length (mm), median (IQR)	10.5 (8.0–16.0)
MV diameter stenosis (%), median (IQR)	60 (10–80)
SB reference diameter (mm), median (IQR)	2.3 (2.0–2.55)
SB lesion length (mm), median (IQR)	5.0 (3.0–10.5)
SB diameter stenosis (%), median (IQR)	20 (10–70)
Post-procedure quantitative coronary analysis	
MV diameter stenosis (%)	0
SB diameter stenosis (%), median (IQR)	20 (0–30)

Abbreviations: CTO, chronic total occlusion; ISR, in-stent restenosis; LAD, left anterior descending; LCX, left circumflex; LMCA, left main coronary artery; MV, main vessel; OM, obtuse marginal branch; RCA, right coronary artery; SB, side branch

Table S2. Baseline demographics and clinical characteristics of the study group compared to DES II group

Variable	BVS (n = 100)	DES II (n = 107)	*P*-value
Follow-up, median (IQR)	1586 (1126–1969)	1879 (1705–2226)	<0.001
Age (years), mean (SD)	62.0 (9.7)	62.9 (10.8)	0.52
Male	76 (76.0%)	78 (72.9%)	0.61
Previous MI	47 (47.0%)	59 (55.1%)	0.08
Hypertension	78 (78.0%)	71 (66.4%)	0.13
Diabetes mellitus	30 (30.0%)	25 (23.4%)	0.36
Insulin-treated diabetes mellitus	8 (8.0%)	10 (9.4%)	0.73

Chronic kidney disease (eGFR < 60 ml/min)	13 (13%)	6 (5.6%)	0.16
History of PCI / CABG	54 (54.0%) / 4 (4.0%)	47 (44.0%) / 15 (14.0%)	0.15
Clinical presentation			
Stable angina / silent ischemia	82 (82.0%)	98 (91.6%)	0.06
Unstable angina / non ST-elevation MI	15 (15.0%)	9 (8.4%)	0.63
ST-elevation MI	3 (3.0%)	0 (0%)	0.07
Calcification (moderate/heavy)	31 (31.0%)	24 (22.4%)	0.21
Thrombus (on angiography)	3 (3.0%)	1 (0.9%)	0.16
ISR	3 (3.0%)	3 (2.8%)	0.66
Scaffold/stent per patient, median (Q1-Q3)	1 (1-1)	1 (1-2)	0.20
Total scaffold/stent length, median (Q1-Q3)	23 (18-28)	23 (18-26)	0.13
Procedure success	98 (98.0%)	105 (98.1%)	0.90
Scaffold thrombosis	1 (1%)	1 (0.9%)	0.90
MACE	26 (26%)	15 (14%)	0.01
Death (cardiac/non-cardiac)	10 (10%)	6 (5.6%)	0.02

Abbreviations: CABG, coronary artery bypass grafting; eGFR, estimated glomerular filtration rate; ISR, in-stent restenosis; MACE, major adverse cardiac events; MI, myocardial infarction; PVD, peripheral vessel disease; PCI, percutaneous coronary intervention;

In multivariable logistic regression model, the independent predictors of death in both groups, BVS and DES, were acute coronary syndrome on admission ($P = 0.04$) and previous myocardial infarction ($P = 0.02$) (Table S3).

Table S3. Multivariable logistic regression model for all-cause death in long-term follow-up

Variable	Odds ratio (95% CI)	*P*-value
BVS	0.9 (0.3–2.4)	0.80
ACS	3.1 (1.1–9.7)	0.04
Hypertension	0.7 (0.2–2.1)	0.54
Diabetes mellitus	1.7 (0.6–4.8)	0.33
Previous MI	3.6 (1.2–10.7)	0.02
Multivessel disease	1.3 (0.5–3.4)	0.62
Left main disease	1.9 (0.6–6.1)	0.30

Abbreviations: ACS, acute coronary syndrome; BVS, bioresorbable vascular scaffold; MI, myocardial infarction

In multivariable logistic regression model, the independent predictor of MACE in both groups was ACS on admission (*P* = 0.04) (*Table S3*).

Table S3. Multivariable logistic regression model for MACE in long-term follow-up

Variable	Odds ratio [95% CI]	p
BVS	1.1 (0.5–2.6)	0.77
ACS	2.7 (1.1–7.6)	0.04
Hypertension	1.6 (0.6–3.9)	0.32
Previous MI	2.3 (0.9–6.1)	0.08
Previous PCI	0.8 (0.3–2.0)	0.68
CKD	1.8 (0.6–6.0)	0.31

Multivessel disease	1.8 (0.8–4.0)	0.17
Left main disease	1.2 (0.4–3.7)	0.79
Calcification	0.8 (0.3–1.9)	0.56

Abbreviations: ACS, acute coronary syndrome; BVS, bioresorbable vascular scaffold; CKD, chronic kidney disease; MI, myocardial infarction; PCI, percutaneous coronary intervention