Supplemental Material
Supplemental Methods: Search Strategy in Pubmed and EMBASE

Pubmed search on 01-Sept-2020

((Transcatheter aortic valve implantation) OR (transcatheter aortic valve replacement) OR (TAVI) OR (TAVR)) AND ((Aspirin) OR (clopidogrel) OR (SAPT) OR (single antiplatelet) OR (dual antiplatelet) OR (antithrombotic) OR (antiplatelet) OR (antiplatelet therapy) OR (DAPT))

(((transcatheter aortic valve replacement)[MeSH Terms] OR (("transcatheter"[All Fields] AND "aortic"[All Fields]) AND "valve"[All Fields]) AND "replacement"[All Fields])) OR ((transcatheter aortic valve replacement)[All Fields]) AND (("transcatheter"[All Fields] AND "aortic"[All Fields]) AND "replacement"[All Fields])) OR ((transcatheter aortic valve implantation)[All Fields]) OR ((transcatheter aortic valve replacement)[MeSH Terms] OR (("transcatheter"[All Fields] AND "aortic"[All Fields]) AND "valve"[All Fields]) AND "implantation"[All Fields])) OR ((transcatheter aortic valve replacement)[All Fields]) OR ("aspirin"[MeSH Terms] OR "aspirin"[All Fields]) AND "aspirins"[All Fields] OR "aspirin s"[All Fields]) OR "aspirine"[All Fields]) OR ("clopidogrel"[MeSH Terms] OR "clopidogrel"[All Fields]) OR "clopidogrel s"[All Fields]) OR "SAPT"[Text Word]) OR (((single person"[MeSH Terms] OR ("single"[All Fields] AND "person"[All Fields])) OR "single person"[All Fields]) OR "single"[All Fields]) OR "singles"[All Fields]) AND ("antiplatelet"[All Fields] OR "antiplatelets"[All Fields])) OR ("dual"[All Fields] AND ("antiplatelet"[All Fields] OR "antiplatelets"[All Fields])) OR ("antithrombotic"[All Fields] OR "antithrombotics"[All Fields]) OR ("antiplatelet"[All Fields] OR "antiplatelets"[All Fields])) OR (("antiplatelet"[All Fields] OR "antiplatelets"[All Fields]) AND ((("therapeutics"[MeSH Terms] OR "therapeutics"[All Fields]) OR "therapies"[All Fields]) OR "therapy"[MeSH Subheading]) OR "therapy"[All Fields]) OR "therapy"[All Fields]) OR ("therapy s"[All Fields] OR "therapys"[All Fields])) OR ("2 deoxythymidylyl 3 5 2 deoxyadenosine"[Supplementary Concept] OR "2 deoxythymidylyl 3 5 2 deoxyadenosine"[All Fields]) OR "dapt"[All Fields])
EMBASE search on 01-Sept-2020:

('transcatheter aortic valve implantation'/exp/mj OR 'tavi'/mj OR tavr OR (transcatheter AND aortic AND 'valve'/mj AND 'replacement'/mj)) AND ('clopidogrel'/exp/mj OR 'aspirin'/exp/mj OR 'dual antiplatelet therapy'/mj OR 'single antiplatelet therapy'/mj OR 'antithrombotic therapy'/mj)
Table S1. The Cochrane Risk of Bias Tool of the POPular TAVI Trial(12)

| Bias domain | Source of bias | Support for judgement | Review authors’ judgement |
|-------------|----------------|------------------------|---------------------------|
| Selection bias | Random sequence generation | Patients were randomly assigned in a ratio of 1:1 with the use of electronic web-based computer system, stratified according to center. | Low risk of bias (+) |
| Performance bias | Blinding of participants and personnel. Assessments should be made for each main outcome (or class of outcomes). | Patients and personnel were not blinded to the assigned treatment. | High risk of bias (-) |
| Detection bias | Blinding of outcome assessment. Assessments should be made for each main outcome (or class of outcomes). | All events were analyzed and adjudicated by an independent clinical evaluation committee. | Low risk of bias (+) |
| Attrition bias | Incomplete outcome data. Assessments should be made for each main outcome (or class of outcomes). | All patients were included in the analysis according to the groups to which they were originally assigned (modified intention-to-treat analysis). 25 patients were excluded before the TAVI procedure. | Low risk of bias (+) |
| Reporting bias | Selective reporting | The reported primary and secondary endpoints were pre-specified. Some additions analyses were performed post hoc. | Low risk of bias (+) |
| Bias domain       | Source of bias                                      | Support for judgement                                                                                                                                  | Review authors’ judgement |
|------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Selection bias   | Random sequence generation                         | Patients were randomly assigned in a ratio of 1:1 with the use of random block sizes to conceal treatment allocation from the patients, and randomization was stratified according to center. | Low risk of bias (+)     |
|                  | Allocation concealment                              | Patients were randomly assigned in a ratio of 1:1 with the use of random block sizes to conceal treatment allocation from the patients, and randomization was stratified according to center. | Low risk of bias (+)     |
| Performance bias | Blinding of participants and personnel. Assessments should be made for each main outcome (or class of outcomes). | Patients and personnel were not blinded to the assigned treatment.                                                                                   | High risk of bias (-)    |
| Detection bias   | Blinding of outcome assessment. Assessments should be made for each main outcome (or class of outcomes). | All events were analyzed and adjudicated by an independent clinical evaluation committee.                                                              | Low risk of bias (+)     |
| Attrition bias   | Incomplete outcome data. Assessments should be made for each main outcome (or class of outcomes). | All patients were included in the analysis according to the groups to which they were originally assigned (modified intention-to-treat analysis). | Low risk of bias (+)     |
| Reporting bias   | Selective reporting                                 | The reported primary and secondary endpoints were pre-specified.                                                                                      | Low risk of bias (+)     |
### Table S3. The Cochrane Risk of Bias Tool of the SAT-TAVI Trial(10)

| Bias domain          | Source of bias                      | Support for judgement                                                                 | Review authors’ judgement |
|----------------------|-------------------------------------|---------------------------------------------------------------------------------------|---------------------------|
| Selection bias       | Random sequence generation          | Patients were randomly assigned in a ratio of 1:1. The treating physician was blinded for the randomization. The used randomization tool had not been described. | Unclear risk of bias (?)  |
|                      | Allocation concealment              | Patients were randomly assigned in a ratio of 1:1. The treating physician was blinded for the randomization. The used randomization tool had not been described | Low risk of bias (-)      |
| Performance bias     | Blinding of participants and personnel. Assessments should be made for each main outcome (or class of outcomes). | Patients and personnel were not blinded to the assigned treatment after randomization. | High risk of bias (-)     |
| Detection bias       | Blinding of outcome assessment. Assessments should be made for each main outcome (or class of outcomes). | All events were analyzed and adjudicated by an independent clinical evaluation committee. | Low risk of bias (+)      |
| Attrition bias       | Incomplete outcome data. Assessments should be made for each main outcome (or class of outcomes). | All patients were included in the analysis according to the groups to which they were originally assigned (intention-to-treat analysis). | Low risk of bias (+)      |
| Reporting bias       | Selective reporting                 | The reported primary and secondary endpoints were pre-specified.                      | Low risk of bias (+)      |
### Table S4. The Cochrane Risk of Bias Tool of the Dual Antiplatelet Therapy Versus Aspirin Alone in Patients Undergoing Transcatheter Aortic Valve Implantation Trial(9)

| Bias domain       | Source of bias                      | Support for judgement                                                                 | Review authors’ judgement |
|-------------------|-------------------------------------|---------------------------------------------------------------------------------------|---------------------------|
| Selection bias    | Random sequence generation          | Patients were randomly assigned in a ratio of 1:1. The treating physician was blinded for the randomization. The used randomization tool had not been described. | Unclear risk of bias (?)  |
|                   | Allocation concealment              | Patients were randomly assigned in a ratio of 1:1. The used randomization tool had not been described | Unclear risk of bias (?)  |
| Performance bias  | Blinding of participants and personnel. Assessments should be made for each main outcome (or class of outcomes). | Patients and personnel were not blinded to the assigned treatment after randomization. | High risk of bias (-)     |
| Detection bias    | Blinding of outcome assessment. Assessments should be made for each main outcome (or class of outcomes). | It is unclear if reported event were adjudicated by an independent blinded clinical endpoint committee | Unclear risk of bias (?)  |
| Attrition bias    | Incomplete outcome data. Assessments should be made for each main outcome (or class of outcomes). | All patients were included in the analysis according to the groups to which they were originally assigned (intention-to-treat analysis). | Low risk of bias (+)      |
| Reporting bias    | Selective reporting                 | The reported primary and secondary endpoints were pre-specified.                      | Low risk of bias (+)      |
Table S5. Procedural Characteristics

| Characteristics                  | Aspirin alone (N=542) | Aspirin with clopidogrel (N=544) |
|----------------------------------|-----------------------|----------------------------------|
| **Approach – no. (%)**           |                       |                                  |
| Transfemoral                     | 475 (87.6)            | 469 (86.2)                       |
| Transapical                      | 39 (7.2)              | 51 (9.4)                         |
| Direct aortic                    | 14 (2.6)              | 10 (1.8)                         |
| Transcarotid                     | 12 (2.2)              | 10 (1.8)                         |
| Transsubclavia                   | 2 (0.4)               | 4 (0.4)                          |
| **Valve type – no. (%)**         |                       |                                  |
| Sapien XT, Edwards Lifesciences  | 167 (30.8)            | 169 (31.1)                       |
| Sapien 3, Edwards Lifesciences   | 159 (29.3)            | 154 (28.3)                       |
| Sapien Ultra, Edwards Lifesciences | 0 (0)           | 1 (0.2)                          |
| CoreValve, Medtronic             | 50 (9.2)              | 50 (9.2)                         |
| CoreValve Evolut R, Medtronic    | 90 (16.6)             | 85 (15.6)                        |
| CoreValve Evolut Pro, Medtronic  | 37 (6.8)              | 35 (6.4)                         |
| Engager, Medtronic               | 0 (0)                 | 1 (0.2)                          |
| Accurate Neo, Boston Scientific* | 15 (2.8)              | 13 (2.4)                         |
| Lotus, Boston Scientific         | 13 (2.4)              | 16 (2.9)                         |
| JenaValve, JenaValve Technology GmbH | 3 (0.6)       | 8 (1.5)                          |
| Portico, St. Jude Medical        | 5 (0.9)               | 11 (2.0)                         |
| Direct Flow, Direct Flow Medical | 3 (0.6)               | 1 (0.2)                          |
| **Valve size – no. (%)**         |                       |                                  |
| 20                               | 1 (0.2)               | 6 (1.1)                          |
| 21                               | 1 (0.2)               | 0 (0)                            |
| 23                               | 153 (28.2)            | 127 (23.3)                       |
| 25                               | 12 (2.2)              | 15 (2.8)                         |
| 26                               | 180 (33.2)            | 207 (38.1)                       |
| 27                               | 17 (3.1)              | 21 (3.9)                         |
| 29                               | 152 (28.0)            | 138 (25.4)                       |
| 31                               | 2 (0.4)               | 4 (0.7)                          |
| 34                               | 24 (4.4)              | 26 (4.8)                         |

*Accurate Neo size S corresponds with 23mm, M with 25mm, and L with 27mm.
Figure S1. Meta-Analysis of the Secondary Outcome Major Bleeding at 30 Days

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), and OR = odds ratio.
**Figure S2. Meta-Analysis of the Secondary Outcome Major or Life-Threatening Bleeding at 30 Days**

| Studies            | E  | N  | Odds Ratio | OR [95% CI]     | Weight |
|--------------------|----|----|------------|-----------------|--------|
| Ussia et. al.     | 7  | 79 |            | 0.75 [0.16; 3.59] | 9.1%   |
| SAT-TAVI           | 12 | 120|            | 0.96 [0.29; 3.18] | 15.7%  |
| POPUlar TAVI       | 49 | 665|            | 0.46 [0.25; 0.86] | 58.7%  |
| ARTE               | 16 | 222|            | 0.31 [0.10; 0.99] | 16.5%  |

Fixed effect model
Random effects model
Heterogeneity: $I^2 = 0\%$, $Q^2 = 0$, $p = 0.54$

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel),
FE model = fixed-effect model and OR = odds ratio.
Figure S3. Meta-Analysis of the Secondary Outcome Life-Threatening Bleeding at 30 Days

CI = confidence interval, CV = cardiovascular, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
**Figure S4. Meta-Analysis of the Secondary Outcome Stroke at 30 Days**

| Studies          | E | N     | Odds Ratio       | OR [95% CI]     | Weight |
|------------------|---|-------|------------------|-----------------|--------|
| Ussia et. al.   | 3 | 79    |                  | 2.11 [0.18; 24.24] | 8.4%   |
| SAT-TAVI         | 3 | 120   |                  | 1.97 [0.17; 22.27] | 8.5%   |
| POPUlar TAVI    | 24| 665   |                  | 0.71 [0.31; 1.63]  | 73.4%  |
| ARTE             | 4 | 222   |                  | 0.33 [0.03; 3.20]  | 9.7%   |

**Fixed effect model**
- Heterogeneity: $I^2 = 0\%$, $\tau^2 = 0$, $p = 0.62$
- Weight: 0.79 [0.39; 1.60]
- 100.0%

**Random effects model**

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
Figure S6. Meta-Analysis of the Secondary Outcome All-Cause Mortality at 30 Days

| Studies             | E | N  | Odds Ratio | OR [95% CI] | Weight |
|---------------------|---|-----|------------|-------------|--------|
| Ussia et al.        | 6 | 79  |            | 1.03 [0.19; 5.43] | 19.4%  |
| SAT-TAVI            | 3 | 120 |            | 1.97 [0.17; 22.27] | 9.1%   |
| POPUlar TAVI        | 13| 665 |            | 0.86 [0.29; 2.59]  | 44.4%  |
| ARTE                | 9 | 222 |            | 0.49 [0.12; 1.99]  | 27.0%  |

- Fixed effect model
- Random effects model
- Heterogeneity: $I^2 = 0\%$, $t^2 = 0$, $p = 0.78$

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
Figure S7. Meta-Analysis of the Secondary Outcome
Cardiovascular Mortality at 30 Days

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel),
FE model = fixed-effect model and OR = odds ratio.
Figure S8. Prespecified Subgroup Analyses of the First Primary Composite Outcome of All-Cause Mortality, Major or Life-Threatening Bleeding, Stroke, or Myocardial Infarction at 30 Days

| Variable          | E | N     | OR [95% CI] | P-value | P-int. |
|-------------------|---|-------|-------------|---------|-------|
| Sex               |   |       |             |         |       |
| Female            | 82| 540   | 0.67 [0.42 - 1.06] | 0.10    | 0.9   |
| Male              | 54| 546   | 0.64 [0.36 - 1.14] | 0.13    |       |
| Age               |   |       |             | 0.33    |       |
| < 80              | 52| 436   | 0.53 [0.29 - 0.96] | 0.037   |       |
| ≥ 80              | 84| 648   | 0.77 [0.49 - 1.22] | 0.27    |       |
| Renal failure     |   |       |             | 0.91    |       |
| No                | 65| 520   | 0.64 [0.38 - 1.09] | 0.10    |       |
| Yes               | 66| 521   | 0.61 [0.36 - 1.04] | 0.069   |       |
| BMI               |   |       |             | 0.17    |       |
| < 25              | 57| 371   | 0.84 [0.48 - 1.49] | 0.56    |       |
| ≥ 25              | 74| 889   | 0.50 [0.30 - 0.82] | 0.007   |       |
| Approach          |   |       |             | 0.62    |       |
| Transfemoral      | 115| 944  | 0.70 [0.47 - 1.04] | 0.074   |       |
| Other             | 21| 142   | 0.53 [0.20 - 1.42] | 0.21    |       |
| Prior stroke      |   |       |             | 0.3     |       |
| No                | 100| 964  | 0.65 [0.42 - 0.99] | 0.045   |       |
| Yes               | 19 | 101   | 0.35 [0.12 - 1.03] | 0.056   |       |

BMI = body mass index, CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), and OR = odds ratio. Sex = 0 denotes female and sex = 1 male.
**Figure S9. Prespecified Subgroup Analyses of the Second Primary Composite Outcome of All-Cause Mortality, Stroke, or Myocardial Infarction at 30 Days**

| Variable          | E  | N    | OR [95% CI]      | P-value | P-int. |
|-------------------|----|------|------------------|---------|--------|
| **Sex**           |    |      |                  |         | 0.72   |
| Female            | 34 | 540  | 0.76 [0.58 - 1.53] | 0.44    |        |
| Male              | 32 | 546  | 0.91 [0.44 - 1.86] | 0.79    |        |
| **Age**           |    |      |                  | 0.87    |        |
| < 80              | 28 | 436  | 0.87 [0.40 - 1.97] | 0.72    |        |
| ≥ 80              | 36 | 648  | 0.80 [0.41 - 1.65] | 0.51    |        |
| **Renal failure** |    |      |                  | 0.77    |        |
| No                | 32 | 520  | 0.77 [0.37 - 1.58] | 0.48    |        |
| Yes               | 30 | 521  | 0.66 [0.31 - 1.40] | 0.28    |        |
| **BMI**           |    |      |                  | 0.99    |        |
| < 25              | 30 | 371  | 0.70 [0.33 - 1.48] | 0.36    |        |
| ≥ 25              | 32 | 689  | 0.71 [0.34 - 1.48] | 0.35    |        |
| **Approach**      |    |      |                  | 0.65    |        |
| Transfemoral      | 55 | 944  | 0.88 [0.51 - 1.51] | 0.64    |        |
| Other             | 11 | 142  | 0.64 [0.16 - 2.36] | 0.49    |        |
| **Prior stroke**  |    |      |                  | 0.72    |        |
| No                | 50 | 864  | 0.79 [0.44 - 1.40] | 0.42    |        |
| Yes               | 10 | 101  | 0.60 [0.16 - 2.31] | 0.46    |        |

BMI = body mass index, CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), and OR = odds ratio. Sex = 0 denotes female and sex = 1 male.
Figure S10. Meta-Analysis of the Primary Composite Outcomes at 3 Months

The first primary outcome was the composite of all-cause mortality, major or life-threatening bleeding, stroke, or myocardial infarction. The second primary outcome was the composite of all-cause mortality, stroke, or myocardial infarction.

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and HR = hazard ratio.
Figure S11. Meta-Analysis of the Secondary Outcome Major Bleeding at 3 Months

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.

| Studies          | E  | N   | Odds Ratio | OR [95% CI]  | Weight |
|------------------|----|-----|------------|--------------|--------|
| Ussia et. al.    | 3  | 79  |            | 0.50 [0.04; 5.75] | 8.4%   |
| POPUlar TAVI     | 31 | 665 |            | 0.28 [0.12; 0.66] | 68.1%  |
| ARTE             | 8  | 222 |            | 0.59 [0.14; 2.53] | 23.5%  |

Fixed effect model
Random effects model
Heterogeneity. $I^2 = 0\%$, $Q = 0$, $p = 0.06$
Figure S12. Meta-Analysis of the Secondary Outcome Major or Life-Threatening Bleeding at 3 Months

| Studies      | E  | N   | Odds Ratio | OR [95% CI]   | Weight |
|--------------|----|-----|------------|---------------|--------|
| Ussia et. al.| 7  | 79  |            | 0.75 [0.16; 3.59] | 10.7%  |
| POPUlar TAVI | 51 | 665 |            | 0.43 [0.24; 0.80] | 70.0%  |
| ARTE         | 16 | 222 |            | 0.31 [0.10; 0.99] | 19.4%  |

Fixed effect model
Random effects model
Heterogeneity: $I^2 = 0\%$, $\tau^2 = 0$, $p = 0.67$

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
Figure S13. Meta-Analysis of the Secondary Outcome Life-Threatening Bleeding at 3 Months

| Studies      | E | N  | Odds Ratio OR [95% CI]   | Weight |
|--------------|---|----|-------------------------|--------|
| Ussia et. al.| 4 | 79 | 1.03 [0.14; 7.68]       | 16.0%  |
| POPUlar TAVI | 20| 665| 0.82 [0.34; 2.01]       | 69.4%  |
| ARTE         | 6 | 222| 0.14 [0.02; 1.12]       | 14.6%  |

Fixed effect model: 0.67 [0.31; 1.44] ---
Random effects model: 0.65 [0.29; 1.49] 100.0%

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
Figure S14. Meta-Analysis of the Secondary Outcome Stroke at 3 Months

| Studies        | E  | N   | Odds Ratio | OR [95% CI] | Weight |
|----------------|----|-----|------------|-------------|--------|
| Ussia et al.   | 3  | 79  |            | 2.11 [0.18; 24.24] | 8.3%   |
| POPular TAVI   | 27 | 665 |            | 0.80 [0.37; 1.74]  | 82.2%  |
| ARTE           | 4  | 222 |            | 0.33 [0.03; 3.20]  | 9.5%   |

Fixed effect model

Random effects model

Heterogeneity: $I^2 = 0\%$, $\tau^2 = 0$, $p = 0.55$

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel),
FE model = fixed-effect model and OR = odds ratio.
Figure S15. Meta-Analysis of the Secondary Outcome Myocardial Infarction at 3 Months

| Studies           | E  | N  | Odds Ratio | OR [95% CI] | Weight |
|-------------------|----|----|------------|-------------|--------|
| Ussia et. al.     | 0  | 79 |            | 1.00 [0.00; Inf] | 0.0%   |
| PCP/UK TAVI       | 8  | 605|            | 1.01 [0.25; 4.07] | 100.0% |
| ARTE              | 5  | 222|            | 0.00 [0.00; Inf] | 0.0%   |

Fixed effect model
Random effects model
Heterogeneity: $I^2 = 0\%$, $Q = 0$, $p = 1.00$

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
Figure S16. Meta-Analysis of the Secondary Outcome All-Cause Mortality at 3 Months

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel),
FE model = fixed-effect model and OR = odds ratio.
Figure S17. Meta-Analysis of the Secondary Outcome
Cardiovascular Mortality at 3 Months

| Studies         | E  | N  | Odds Ratio | OR [95% CI]     | Weight |
|-----------------|----|----|------------|-----------------|--------|
| Us SHA et al.   | 9  | 79 |            | 1.32 [0.33; 5.34] | 23.9%  |
| POPULAR TAVI    | 16 | 665|            | 0.78 [0.29; 2.12] | 46.6%  |
| ARTE            | 11 | 222|            | 0.56 [0.16; 1.95] | 29.5%  |

Fixed effect model
Random effects model
Heterogeneity: $I^2 = 0\%$, $T^2 = 0$, $p = 0.56$

CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), FE model = fixed-effect model and OR = odds ratio.
S18. Prespecified Subgroup Analyses of the First Primary Composite Outcome of All-Cause Mortality, Major or Life-Threatening Bleeding, Stroke, or Myocardial Infarction at 3 Months

| Variable           | E  | N    | OR [95% CI]          | P-value | P-int. |
|--------------------|----|------|----------------------|---------|--------|
| **Sex**            |    |      |                      |         | 0.8    |
| Female             | 75 | 540  | 0.05 [0.39 - 1.08]   | 0.094   |        |
| Male               | 58 | 546  | 0.59 [0.34 - 1.04]   | 0.066   |        |
| **Age**            |    |      |                      | 0.55    |        |
| < 80               | 51 | 436  | 0.54 [0.29 - 1.00]   | 0.048   |        |
| ≥ 80               | 82 | 648  | 0.68 [0.43 - 1.10]   | 0.12    |        |
| **Renal failure**  |    |      |                      | 0.74    |        |
| No                 | 64 | 520  | 0.64 [0.37 - 1.10]   | 0.10    |        |
| Yes                | 67 | 521  | 0.50 [0.33 - 0.90]   | 0.034   |        |
| **BMI**            |    |      |                      | 0       | 0.68   |
| < 25               | 62 | 371  | 1.11 [0.64 - 1.93]   | 0.70    |        |
| ≥ 25               | 71 | 689  | 0.36 [0.21 - 0.63]   | < 0.001 |        |
| **Approach**       |    |      |                      | 0.29    |        |
| Transfemoral       | 109| 944  | 0.65 [0.43 - 0.99]   | 0.042   |        |
| Other              | 24 | 142  | 0.53 [0.21 - 1.34]   | 0.18    |        |
| **Prior stroke**   |    |      |                      | 0.29    |        |
| No                 | 112| 864  | 0.88 [0.45 - 1.71]   | 0.059   |        |
| Yes                | 21 | 101  | 0.38 [0.14 - 1.04]   | 0.059   |        |

BMI = body mass index, CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), and OR = odds ratio. Sex = 0 denotes female and sex = 1 male.
Figure S19. Prespecified Subgroup Analyses of the Second Primary Composite Outcome of All-Cause Mortality, Stroke, or Myocardial Infarction at 3 Months

| Variable          | E | N | OR [95% CI] | P-value | P-int. |
|-------------------|---|---|-------------|---------|--------|
| Sex               |   |   |             |         | 0.78   |
| Female            | 35| 540| 0.74 [0.37 - 1.65] | 0.40    |        |
| Male              | 30| 546| 0.85 [0.44 - 1.65] | 0.63    |        |
| Age               |   |   |             | 0.77    |        |
| < 80              | 31| 436| 0.87 [0.42 - 1.82] | 0.71    |        |
| ≥ 80              | 43| 648| 0.75 [0.40 - 1.41] | 0.37    |        |
| Renal failure     |   |   |             | 0.65    |        |
| No                | 37| 520| 0.83 [0.42 - 1.64] | 0.60    |        |
| Yes               | 35| 521| 0.66 [0.33 - 1.34] | 0.25    |        |
| BMI               |   |   |             | 0.32    |        |
| < 25              | 39| 371| 0.99 [0.51 - 1.94] | 0.98    |        |
| ≥ 25              | 36| 680| 0.00 [0.30 - 1.22] | 0.16    |        |
| Approach          |   |   |             | 0.63    |        |
| Transfemoral      | 60| 944| 0.55 [0.50 - 1.45] | 0.55    |        |
| Other             | 14| 142| 0.62 [0.20 - 1.97] | 0.42    |        |
| Prior stroke      |   |   |             | 0.69    |        |
| No                | 62| 864| 0.03 [0.49 - 1.40] | 0.48    |        |
| Yes               | 12| 101| 0.03 [0.18 - 2.16] | 0.46    |        |

BMI = body mass index, CI = confidence interval, DAPT = dual antiplatelet therapy (aspirin with clopidogrel), and OR = odds ratio. Sex = 0 denotes female and sex = 1 male.