

SUPPLEMENTAL MATERIAL

This supplemental material has been provided by the authors to give readers additional information about their work.

Supplement to: Fukaya H, et al. Aspirin vs. P2Y₁₂ inhibitors with anticoagulation therapy for atrial fibrillation

List of Contents

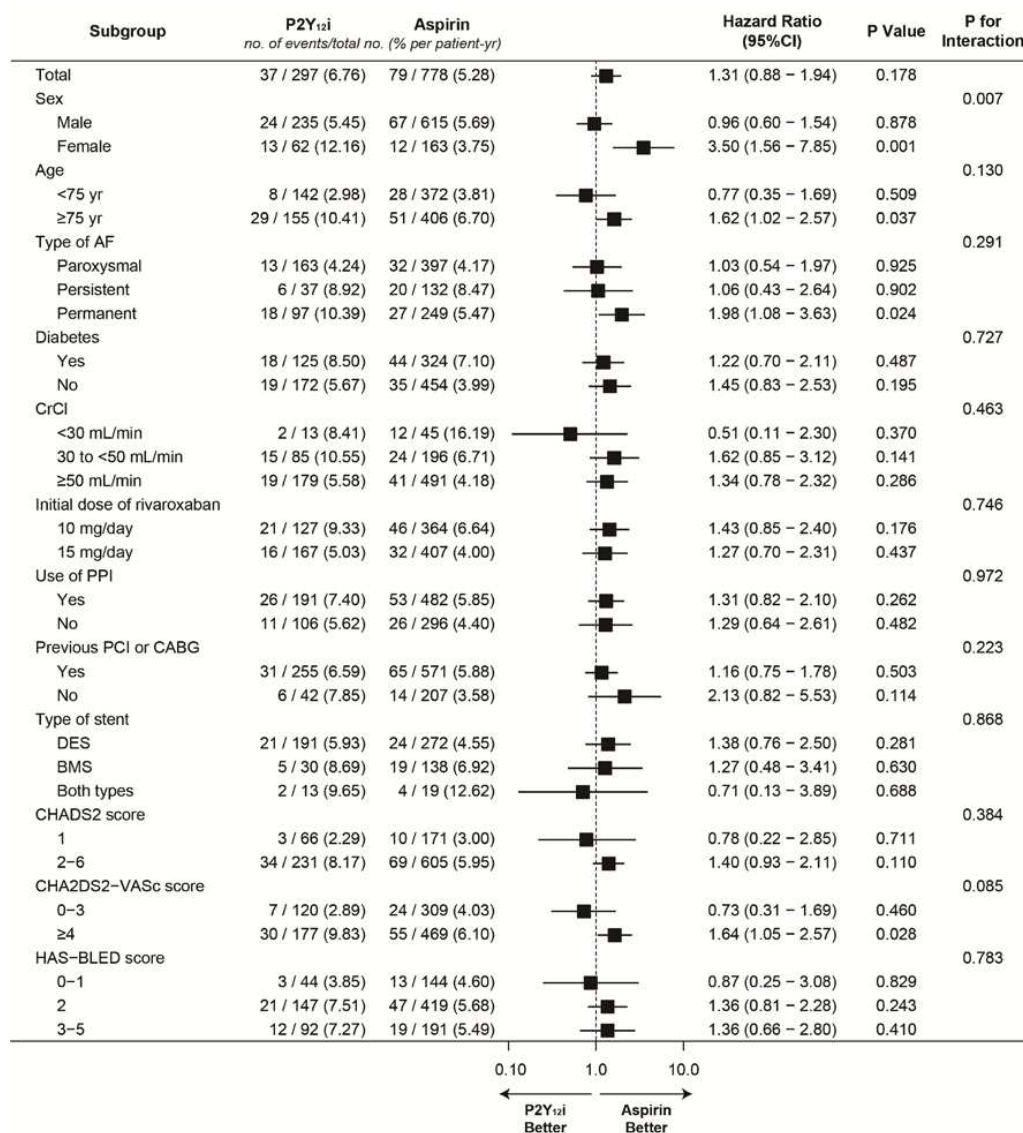
Supplementary Table S1. Competing risk analysis for clinical outcomes*	2
Supplementary Figure S1. Primary efficacy endpoint according to subgroup.....	3
Supplementary Figure S2. Primary safety endpoint according to subgroup.....	4

Supplementary Table S1. Competing risk analysis for clinical outcomes*

	Subdistribution HR [†] (95%CI)	P value
Secondary efficacy endpoint		
Ischaemic stroke	2.15 (1.00–4.63)	0.043
Haemorrhagic stroke	1.66 (0.55–5.05)	0.369
Myocardial infarction	0.87 (0.18–4.27)	0.860
Unstable angina requiring revascularization	0.81 (0.27–2.47)	0.714
Systemic embolism	-	0.105
Primary safety endpoint	0.78 (0.42–1.45)	0.436
Secondary safety endpoint		
Any bleeding	0.83 (0.61–1.13)	0.226
Minor bleeding	0.93 (0.67–1.29)	0.653

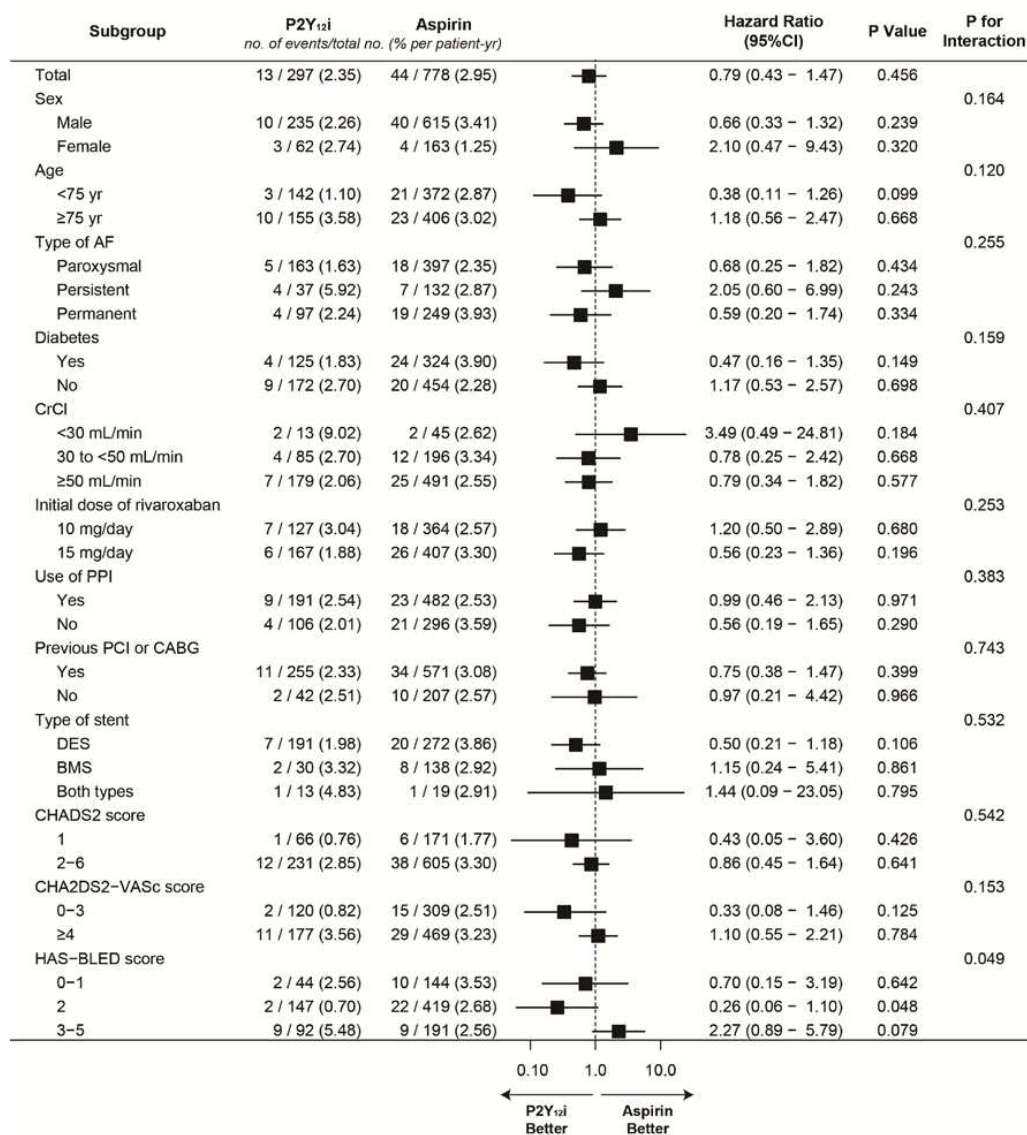
* Fine-Gray models were used for nonfatal endpoints to account for the competing risk of death.

† Subdistribution hazard ratio of P2Y₁₂ inhibitor group to aspirin group



Supplementary Figure S1. Primary efficacy endpoint according to subgroup.

The hazard ratio for the primary efficacy endpoint (a composite of cardiovascular events and death from any cause) in the P2Y₁₂ inhibitor and aspirin groups, according to subgroup.



Supplementary Figure S2. Primary safety endpoint according to subgroup.

The hazard ratio for the primary safety endpoint (major bleeding, as defined by the criteria of the International Society on Thrombosis and Haemostasis) in the P2Y₁₂ inhibitor and aspirin groups, according to subgroup.