Appendix: Supplementary material [posted as supplied by author]

Table S1. Full Electronic Search in MEDLINE Database.

Search	Query	Items found
1	Search **drug eluting stent**	8351
2	Search **drug eluting stent AND randomised trials**	1001
3	Search **sirolimus stent**	3300
4	Search **paclitaxel stent**	2090
5	Search **everolimus stent**	512
6	Search **zotarolimus stent**	350
7	Search **Endeavor zotarolimus stent**	109
8	Search **Resolute zotarolimus stent**	45
9	Search **biodegradable polymer stent**	424
10	Search **bioabsorbable polymer stent**	145
11	Search **biolimus stent**	90

Supplementary Table S2. Inclusion/exclusion criteria and risk of bias of included studies in the network meta-analysis.
Bias ranked for adequate sequence generation, allocation concealment, and blinded adjudication of events.

Study	Main Inclusion criteria	Main Exclusion criteria	Risk of Bias*	Clopidogrel duration (≥6 months)
BASKET [16]	*De novo* lesions	≥4 mm Ø, restenotic lesions	+ + +	Yes
BASKET-PROVE [17]	*De novo* lesions, ≥3 mm Ø	Cardiogenic shock, stent thrombosis, restenotic lesions, unprotected left main, planned surgery within 12 months, oral anticoagulation, increased risk of bleeding, intolerance of or suspected noncompliance with long-term antiplatelet therapy	+ + +	Yes
CATOS [18]	Age ≥ 18 years, chronic total occlusion ≥ 1 month	Q wave or non-Q wave myocardial infarction (MI) within the preceding 30 days in the region of the artery to be dilated, LVEF <35%, creatinine >3.0 mg/dl	+ + +	Yes
CIBELES [19]	TIMI flow grade 0 or 1, duration ≥2 weeks, evidence of (silent) ischaemia	Acute myocardial infarction ≤2 weeks, failure to cross guidewire, restenotic lesions, lesions not suitable for 2.25 to 3.50 mm stent implantation, chronic renal failure, thrombocytopenia, contraindications for prolonged DAPT	± ± +	Yes
COMPARE [20,21]	All-comers	Contraindications for prolonged DAPT, planned surgery within 30 days	+ + +	Yes

COMPARE II [9]	Age >18 years, life expectancy ≥5 years, reference vessel diameter between 2.0 and 4.0 mm Ø, and willingness to comply with follow-up for up to 5 years	Contraindications for, or expected non-adherence to, DAPT in the 12 months after the procedure, planned major surgery within 30 days, cardiogenic shock (Killip class IV), previous PCI with implantation of DES within 1 year, inability or refusal to comply with follow-up procedures, participation in other coronary-device trials, and inability to give informed consent	+++	Yes
CORPAL[22]	At least one of the following: lesion length >20 mm, <2.5 mm Ø, bifurcated lesions, in-stent restenosis, chronic total occlusion	Lesions not meeting inclusion criteria	+ ± ±	NR
CREST MI [23]	Native coronary artery *de novo* lesions	None listed	+ + ±	NR
DES-diabetes [24, 25]	Native coronary artery lesions, diabetes mellitus, evidence of (silent) ischaemia, diameter stenosis ≥50%, ≥2.5 mm Ø	Left main disease ≥50%, graft vessel disease, LVEF <30%, leucopenia, thrombocytopenia, hepatic dysfunction, chronic renal dysfunction, life expectancy <1 year, acute myocardial infarction <24h	+ + +	Yes
DiabeDES [26]	Diabetes mellitus, ≥2mm Ø, native coronary arteries	Age<18 years, life expectancy <2 years, contrainidications for prolonged DAPT	+ + -	Yes
ENDEAVOR III [27, 28]	>18 years, *de novo* native coronary artery disease, 2.5-3.5 mm Ø, lesion length ≥14 and ≤27 mm	Myocardial infarction <72 h, prior stenting in target vessel, or prior stenting <30 days, contraindication for prolonged DAPT	+ + +	No
ENDEAVOR IV[29, 30]	>18 years, single lesion, *de novo* native coronary artery disease, 2.5-3.5 mm Ø, lesion length ≤27 mm	Total occlusion, presence of thrombus, left main and ostial lesions, severe calcifications, bifurcation lesions, recent myocardial infarction, prior PCI within 9 months, recent stroke, LVEF <30%, contraindication for DAPT	+ + +	Yes

ESSENCE-Diabetes [31]	18-75 years, diabetes mellitus, stenosis >50%, ≥2.5 mm Ø	Unprotected left main, contraindication to DAPT, LVEF <30%, leucopenia, thrombocytopenia, hepatic dysfunction, chronic kidney disease, life expectancy <1 year, primary angioplasty for acute myocardial infarction within 24h	+ + +	Yes
EXCELLENT [32]	2.25-4.25 mm Ø, >50% stenosis, evidence of myocardial ischaemia, no documentation of ischaemia needed if >75% stenosis	ST-elevation myocardial infarction (STEMI) within 72h, LVEF <25%, cardiogenic shock, left main disease, restenotic lesions, chronic total occlusion, bifurcation lesion, contraindication for DAPT, life expectancy <1 year, chronic renal disease	+ + +	Yes
Hong et al. [33]	Diabetes mellitus, >70% stenosis, <3 stents needed	>80 years, systolic blood pressure >180 mmHg, diastolic blood pressure >110 mmHg, acute myocardial infarction, left main lesions, chronic total occlusion, LVEF <45%, hepatic dysfunction, renal dysfunction	± ± ±	Yes
ISAR-DIABETES [34]	Diabetes mellitus, anginal complaints or positive stress test, significant stenosis in a native coronary vessel	Acute STEMI, left main lesion, restenotic lesions, contraindication for DAPT	+ + +	Yes
ISAR-Left-Main[35]	>18 years, ischaemic symptoms or evidence of myocardial ischaemia and ≥50% *de novo* stenosis in an unprotected left main	STEMI within 48 h, cardiogenic shock, life expectancy <1 year, left main size >4.5 mm, planned staged PCI procedure within 30 days from index PCI, planned surgery within 6 months, contraindication for DAPT	+ + +	Yes
ISAR-Left-Main 2[36]	>18 years, ischaemic symptoms or evidence of myocardial ischaemia and ≥50% *de novo* stenosis in an unprotected left main, unable to undergo coronary artery bypass graft surgery by surgeons' refusal or their own unwillingness	Cardiogenic shock, STEMI, restenotic lesions, life expectancy < 1 year, planned elective surgery <6 months after PCI, planned staged PCI <30 days after index PCI	+++	Yes

ISAR-SMART 3 [37]	Angina and/or positive stress test, <2.8 mm Ø	Acute myocardial infarction within 48h, left main lesion, restenotic lesions, pregnancy, contraindication for DAPT, diabetes mellitus	+ + +	Yes
ISAR-TEST-2 [38, 39]	>18 years, ischaemic symptoms and/or positive stress test, ≥50% *de novo* stenosis	Left main, bypass grafts, restenotic lesions, cardiogenic shock, life expectancy <1 year, contraindication for DAPT	+ + +	Yes
Juwana et al. [40]	ST-elevation myocardial infarction, native coronary artery culprit lesion, <30 mm lesion length, ≥2.5 mm Ø	Women of child-bearing potential, life expectancy <1 year, severe hepatic disease, chronic renal failure, contraindication for DAPT	+ ± ±	Yes
Kamoi et al. [41]	Native coronary artery lesions in patients on haemodialysis	Multi-vessel disease, left main disease	+ ± ±	Yes
Kim et al. [42]	Diabetes mellitus, >70% stenosis, <3 DES required	Systolic blood pressure >180 mmHg, diastolic blood pressure >110 mmHg, acute myocardial infarction, left main lesion, restenotic lesions, total occlusion, LVEF <45%, hepatic dysfunction, chronic kidney disease	+ ± +	Yes
KOMER [43]	ST-elevation myocardial infarction, >18 years, stenosis >50%, ≥2.5 mm and ≤4.0 mm Ø, *de novo* native coronary artery lesion	Prior thrombolytic therapy, contraindication for DAPT, cardiogenic shock, LVEF <25%, left main stenosis >50%, chronic renal disease, life expectancy <1 year	+ ± +	Yes
LEADERS [7, 44]	*De novo* native coronary artery lesions, 2.25-3.5 mm Ø	All comers' study	+ + +	Yes
Long DES II [45]	>18 years, anginal complaints and/or a positive stress test, native coronary arterty lesion, stenosis >50%, ≥2.5 mm Ø, stent length ≥32 mm	Contraindication for DAPT, left main disease, graft vessel disease, LVEF <30%, leukocytopenia, thrombocytopenia, hepatic dysfunction, chronic renal disease, life expectancy <1 year, bifurcation lesions, primary angioplasty for acute myocardial infarction within 24h	+ + +	Yes

LONG-DES III [46]	>18 years, stable angina, acute coronary syndromes and/or inducible ischaemia, stenosis >50%, ≥2.5 mm Ø, stent length ≥28 mm	Contraindication for DAPT, left main disease, graft vessel disease, LVEF <30%, leukocytopenia, thrombocytopenia, hepatic dysfunction, chronic renal disease, life expectancy <1 year, bifurcation lesions, primary angioplasty for acute myocardial infarction within 24h	+ + +	Yes
LONG-DES IV [47]	>18 years, stable angina, acute coronary syndromes and/or inducible ischaemia, stenosis >50%, ≥2.5 mm Ø, stent length ≥28 mm	Contraindication for DAPT, left main disease, graft vessel disease, LVEF <30%, leukocytopenia, thrombocytopenia, hepatic dysfunction, chronic renal disease, life expectancy <1 year, bifurcation lesions, primary angioplasty for acute myocardial infarction within 24h	+ + +	Yes
Naples diabetes [48]	Type 2 diabetes mellitus without prior myocardial revascularization, elective procedures	None listed	+ ± ±	Yes
NEXT [10]	All-comer design	None listed	+ + +	No
NOBORI 1 - Phase 1 [49]	*De novo*, native, <25 mm, 2.5-3.5 mm Ø	STEMI, LVEF<30%, tortuosity, bifurcation, severe calcium, ostial, PCI <1month	+ + +	Yes
NOBORI 1 - Phase 2 [50]	*De novo*, native, <25 mm, 2.5-3.5 mm Ø	STEMI, LVEF<30%, tortuosity, bifurcation, severe calcium, ostial, PCI <1month	+ + +	Yes
NOBORI Japan [51, 52]	*De novo*, native,<30 mm, 2.5-3.5 mm Ø, predilatation required	None listed	+ + +	No
Pan et al. [53]	Bifurcation lesion, main vessel ≥2.5 mm Ø, side branch ≥2.25 mm,	None listed	+ ± -	Yes
PASEO [54]	ST-elevation myocardial infarction	Active bleeding or history of bleeding <30 days, history of stroke <30 days. Prior thrombolytic therapy <24h, thrombocytopenia, patients on warfarin, pregnancy, <2.25 mm Ø	+ + +	Yes

Petronio et al.[55]	Stable angina, non-ST elevation myocardial infarction acute coronary syndrome or documented silent ischaemia, lesion in proximal/mid left anterior descending coronary artery, ≥16 mm stent length, 2.5-3.7 mm Ø	Contraindication for DAPT, severe comorbidity	+ + ±	Yes
PRISON III [56]	Total coronary occlusion in a native coronary artery, estimated duration of occlusion >2 weeks, with evidence of ischaemia	Failure to cross the lesion, complex anatomy making stent deployment unlikely, guidewire not in true lumen distal to occlusion, allergy for study drugs	+++	Yes
PROSIT [57, 58]	ST-elevation myocardial infarction, reasonable chance of survival without major neurological sequelae	Contraindication for DAPT, graft vessel infarction, restenotic lesions, life expectancy <1 year, multivessel disease requiring intervention, <2.25 mm Ø, ≥4.0 mm Ø	+ + +	Yes
PROTECT [59]	>18 years, elective, unplanned or emergency procedures in native coronary arteries	Prior bare metal stent implantation, drug-eluting stent implantation or brachytherapy <12 months	+ + +	NR
R-CHINA RCT [60]	All-comer population	Participation in ongoing study, planned surgery < 6 months after procedure	+++	Yes

REALITY [61]	≥18 years, 1 or 2 de novo lesions, 2.25 - 3.00 mm Ø, stable or unstable angina pectoris or documented silent ischaemia, 1 lesion ≥15 mm and second lesion ≥10 mm, stenosis 51-99%, TIMI flow ≥1	Q-wave or non–Q wave MI <72h, initial CK <2x ULN and CK-MB persistently abnormal at time of procedure, Braunwald A I-II-III unstable angina, ≥50% unprotected left main, or ≥50% stenoses of additional lesions proximal or distal to target lesion, thrombus or calcifications or total occlusion, LVEF <25%; creatinine ≥2.9 mg/dL (260 µmol/L); allergy to aspirin, clopidogrel, ticlopidine, heparin, stainless steel, contrast material, sirolimus, or paclitaxel; other contraindications for DAPT; CABG, pre-treatment with methods other than balloon angioplasty, lesion tortuosity precluding proper stent delivery or deployment, prior stent implantation ≤10 mm of the target lesion(s), previous brachytherapy, cardiac allograft, life expectancy ≤12 months	+ + +	No in PES group Yes in SES group
RESET [62]	Patients scheduled for PCI with DES	NA	± ± ±	No
RESOLUTE All Comers [63, 64]	> 50% stenosis, 2.25 - 4.00 mm Ø	All comers' study; known intolerance to a study drug, metal alloys, or contrast media; planned surgery within 6 months after the index procedure, childbearing potential, participation in another trial before reaching the primary end point	+ + +	Yes
SEA-SIDE [65]	≥18 years	Contraindication for prolonged DAPT, hypersensitivity to sirolimus, everolimus, cobalt, chromium, nickel, tungsten acrylic, and fluoropolymers, STEMI <48h	+ + ±	Yes
Separham et al. [66]	≥18 years, > 50% stenosis, *De novo,* stable angina pectoris or acute coronary syndrome, 2.25 - 3.5 mm Ø	Known allergy to acetyl salicylic acid, clopidogrel, heparin, stainless steel, everolimus, biolimus or contrast agent and pregnancy	+ + ±	Yes

SIRTAX [67, 68]	> 50% stenosis, 2.25 - 4.00 mm Ø, symptoms to treatment <24h in patients with STEMI	Allergy to antiplatelet drugs, heparin, stainless steel, contrast agents, sirolimus, or paclitaxel, participation in another coronary-device study, terminal illness	+ + +	Yes
SORT OUT II [69]	Planned use of.DES	Participation in other randomised trial or living outside Denmark	+ ± +	Yes
SORT OUT III [70, 71]	≥18 years, chronic stable coronary artery disease or acute coronary syndromes, at least 1 coronary artery lesion with more than 50% diameter stenosis needing treatment with DES	Life expectancy <1 year, allergy to aspirin, clopidogrel, ticlopidine, sirolimus, or zotarolimus; participation in other randomised trial, inability to provide written informed consent	+ + +	Yes
SORT OUT IV [72, 73]	≥18 years, chronic stable coronary artery disease or acute coronary syndromes, at least 1 coronary artery lesion with more than 50% diameter stenosis needing treatment with DES	Life expectancy <1 year, allergy to aspirin, clopidogrel, sirolimus, or everolimus, participation in other randomised trial, inability to provide written informed consent	+ + +	Yes
SORT OUT V [8]	≥18 years, chronic stable coronary artery disease or acute coronary syndromes, at least 1 coronary artery lesion with more than 50% diameter stenosis needing treatment with DES	Life expectancy <1 year, allergy to aspirin, clopidogrel, prasugrel, sirolimus, or biolimus, participation in other randomised trial, inability to tolerate DAPT for 12 months, inability to provide written informed consent	+ + +	Yes
SPIRIT II [74, 75]	2.5- 4.25 mm Ø, <28 mm lesion length, estimated stenosis 50-99%, TIMI flow ≥1	Acute myocardial infarction <3 days of baseline procedure, LVEF <30%, awaiting heart transplantation, known hypersensitivity or contraindication to aspirin, heparin, bivalirudin, clopidogrel or ticlopidine, cobalt, chromium, nickel, tungsten, everolimus, paclitaxel, acrylic and fluoropolymers, aorto-ostial or left main stem lesions, <2 mm Ø of the origin of LAD or RCX, heavy calcification, visible thrombus	+ + +	Yes

SPIRIT III [76, 77]	1 or 2 *de novo* native coronary artery lesions, maximum 1 lesion per epicardial coronary artery, ≥18 years, stable or unstable angina or inducible ischaemia	PCI in the target vessel before or planned within 9 months after the index procedure or in a non-target vessel within 90 days before or planned within 9 months afterward, acute or recent myocardial infarction, LVEF <30%, use of long-term anticoagulation, recent major bleed, haemorrhagic diathesis, or objection to blood transfusions; contraindications for or allergy to any of the study medications, components of the study stents, or iodinated contrast that could not be pre-medicated; elective surgery planned within 9 months after the procedure necessitating discontinuation of antiplatelet agents; platelet count <100 000 or >700 000 cells/mm^3, white blood cell count <3000 cells/mm^3, serum creatinine >2.5 mg/dL, dialysis, or liver disease; stroke or transient ischaemic attack within 6 months; comorbid conditions limiting life expectancy <1 year or that could affect protocol compliance; participation in another investigational study that has not yet reached its primary end point	+ + +	Yes
SPIRIT IV [78, 79]	Up to 3 previously untreated native coronary arteries, lesion length ≤28 mm, between 2.5 and 3.75 mm Ø, lesion length ≤28 mm. >50% stenosis, TIMI flow ≥1	Recent MI, LVEF <30%, left main, ostial left anterior descending, or left circumflex stenosis, totally occluded vessels, large bifurcations, excessive calcification, tortuosity; angulation or thrombus	+ + +	Yes

SPIRIT V [80]	Diabetes mellitus, >18 years, with evidence of myocardial ischemia, maximum of 4 stents planned, *de novo lesions,* between 2.25 and 4.0 mm Ø, lesion length ≤28 mm. >50% stenosis, TIMI flow ≥1	Acute MI <72hours, unstable arrhythmias, LVEF<30%, renal insufficiency, hepatic insufficiency, history of bleeding, contraindication to DAPT, ostial lesions, left main lesions, excessive tortuosity, heavy calcification, visible thrombus	+++	Yes
TAXI-LATE [81, 82]	Patients requiring PCI and selected to receive DES	NA	+ ± ±	NR
TWENTE [83, 84]	>18 years, indication for PCI with DES implantation for the treatment of chronic stable coronary artery disease or acute coronary syndromes	STEMI or STEMI-equivalent, requiring primary or rescue PCI during the past 48 hours, planned staged revascularisation, renal failure requiring haemodialysis, serious conditions that could limit the ability of the patient to participate in study procedures, life expectancy <1 year, participation in investigational drug or device study, choice of stent type dictated by logistic reason	+ + +	Yes
XAMI [85]	STEMI patients and NSTEMI patients with emergency indication for PCI at admission	Stent thrombosis, chronic total occlusions, allergy to study drugs, cardiogenic shock, estimated life expectancy <1 year, stent size >3.5mm	+++	Yes
ZEST [86]	> 18 years, stable angina or acute coronary syndromes, at least 1 coronary lesion (defined as stenosis of more than 50%) suitable for stent implantation	STEMI necessitating primary PCI, severely compromised ventricular dysfunction (LVEF <25%) or cardiogenic shock; allergy to antiplatelet drugs, heparin, stainless steel, contrast agents, zotarolimus, sirolimus, or paclitaxel; left main coronary artery disease (defined as stenosis of more than 50%), in-stent restenosis of drug-eluting stents, terminal illness, participation in another coronary-device study	+ + +	Yes

ZEST-AMI [87]	Chest pain >30 minutes, presentation within 12 hours after onset of symptoms, and ST-segment elevation (>1 mm in ≥2 standard leads or >2 mm in ≥2 contiguous precordial leads)	Previous administration of fibrinolytic agents, previously documented LVEF <30%, concomitant left main coronary artery disease, previous MI, cardiogenic shock, and an estimated life expectancy <12 months	+ + +	Yes
Zhang et al. [88]	*De novo* lesions	Multi-vessel disease with favorable coronary artery bypass graft, mild to moderate coronary stenosis (<70% diameter narrowing by online QCA), vessel size >3.5 mm or <2.5 mm, LVEF <30%, haemorrhagic diathesis or contraindications for or allergy to the anti-platelet medications	+ ± ±	Yes

* Represents risk of bias based on adequate sequence generation, allocation concealment, and blinded adjudication of events, respectively; for each component, + indicates low bias risk, ± unclear bias risk, - high bias risk. CK = creatine kinase; DAPT = dual antiplatelet therapy; LVEF = left ventricular ejection fraction; DES = drug eluting stent; MI = myocardial infarction; PCI = percutaneous coronary intervention; QCA = quantitative coronary angiography; STEMI = ST-segment elevation myocardial infarction; TIMI = thrombolysis in myocardial infarction; ULN = upper limit of normal; BASKET denotes Basel Stent Kosten Effektivitäts Trial; BASKET-PROVE, Basel Stent Kosten-Effektivitäts Trial–Prospective Validation Examination; EES, Everolimus-eluting stent; CATOS, CAtholic Total Occlusion Study; CIBELES, Randomized comparison of sirolimus-eluting and everolimus-eluting coronary stents in the treatment of total coronary occlusions; COMPARE, Comparison of the Everolimus Eluting XIENCE-V Stent With the Paclitaxel Eluting TAXUS LIBERTE´ Stent in All-Comers; COMPARE II, Abluminal biodegradable polymer biolimus-eluting stent versus durable polymer everolimus-eluting stent; Limus-eluting BDS, Limus-eluting biodegradable polymer stent; CORPAL, Drug-eluting stents for complex lesions: Randomized rapamycin versus paclitaxel CORPAL study; CREST MI, Carotid Revascularization Endarterectomy Versus Stenting Trial–Myocardial Infarction; ZES-E, Endeavor zotarolimus -stent; DES-diabetes, Drug-Eluting Stent in Patients With Diabetes Mellitus; DiabeDES, The Diabetes and Drug-Eluting Stent (DiabeDES) Randomized Angiography Trial; ENDEAVOR III, A randomized controlled trial of the medtronic endeavor drug [ABT-578] eluting coronary stent system versus the cypher sirolimus-eluting coronary stent system in de novo native coronary artery lesions; ENDEAVOR IV, randomized comparison of zotarolimus- and paclitaxel-eluting stents in patients with coronary artery disease; ESSENCE-Diabetes, Everolimus-Eluting Stent Versus Sirolimus-Eluting Stent Implantation for De Novo Coronary Artery Disease in Patients With Diabetes Mellitus; EXCELLENT, Efficacy of Xience/Promus vs Cypher to rEduce Late Loss after stENTing; ISAR-DIABETES, The Intracoronary Stenting and Angiographic Results: Do Diabetic Patients Derive Similar Benefit from Paclitaxel-Eluting and Sirolimus-Eluting Stents; ISAR-Left-Main, Intracoronary Stenting and Angiographic Results: Drug-Eluting Stents for Unprotected Coronary Left Main Lesions; ISAR-Left-Main 2, Zotarolimus- vs. Everolimus-Eluting Stents for Treatment of Unprotected Left Main Coronary Artery Lesions; ISAR-SMART 3, Randomized trial of paclitaxel- and sirolimus-eluting stents in small coronary vessels; ISAR-TEST-2, A polymer-free dual drug-eluting stent in patients with coronary artery disease: A randomized trial vs. polymer-based drug-eluting stents; ISAR-TEST-3, Randomized trial of three rapamycin-eluting stents with different coating strategies for the reduction of coronary restenosis; ISAR-TEST-4, Biodegradable polymer versus permanent polymer drug-eluting stents and everolimus- versus sirolimus-eluting stents in patients with coronary artery disease; KOMER, Korean multicentre endeavor; LEADERS, Biolimus-eluting stent with biodegradable polymer versus sirolimus-eluting stent with durable polymer for coronary revascularisation; LONG-DES II, Sirolimus-eluting stent versus paclitaxel-eluting stent for patients with long coronary artery disease; LONG-DES III, Comparison of everolimus- and sirolimus-eluting stents in patients with long coronary artery lesions: A randomized LONG-DES-III (percutaneous treatment of LONG native coronary lesions with drug-eluting stent-III) trial; LONG-DES IV, Comparison of resolute zotarolimus-eluting stents and sirolimus-eluting stents in patients with de novo long coronary artery

lesions; ZES-R, Resolute zotarolimus- stent; NAPLES-Diabetes, Novel approaches for preventing or limiting events in diabetic patients (naples-diabetes) trial; NOBORI 1, Randomised comparison of nobori, biolimus A9-eluting coronary stent with a taxus(R), paclitaxel-eluting coronary stent in patients with stenosis in native coronary arteries; NEXT, The NOBORI biolimus-eluting versus XIENCE/PROMUS everolimus-eluting stent trial; NOBORI, A randomized comparison of nobori biolimus A9 eluting stent with cypher sirolimus eluting stent for coronary revascularization in japanese population; PASEO, PaclitAxel or sirolimus-eluting stent vs bare metal stent in primary angiOplasty; PRISON III, Primary Stenting of Totally Occluded Native Coronary Arteries III: a randomised comparison of sirolimus-eluting stent implantation with zotarolimus-eluting stent implantation for the treatment of total coronary occlusions; PROSIT, Prospective Randomized cOmparison of SIrolimus- vs pacliTaxel-eluting stents for the treatment of acute STEMI; PROTECT, Stent thrombosis and major clinical events at 3 years after zotarolimus-eluting or sirolimus-eluting coronary stent implantation R-CHINA RCT, Resolute Zotarolimus-Eluting Stent Versus the Taxus Liberte Paclitaxel-Eluting Stent for Percutaneous Coronary Intervention in China; REALITY, Sirolimus- vs paclitaxel-eluting stents in de novo coronary artery lesions; RESET, Randomized Evaluation of Sirolimus-eluting stent vs Everolimus-eluting stent Trial; RESOLUTE All Comers, Unrestricted randomised use of two new generation drug-eluting coronary stents; SEA-SIDE, Sirolimus Versus Everolimus-Eluting Stent Randomized Assessment in Bifurcated Lesions and Clinical Significance of Residual Side-Branch Stenosis; SIRTAX, SIRolimus-eluting stent compared with pacliTAXel-eluting stent for coronary revascularization; SORT OUT, Scandinavian Organization for Randomized Trials With Clinical Outcome; TAXI-LATE, A Prospective Randomized Comparison Between Paclitaxel and Sirolimus Eluting Stents in the Real World of Interventional Cardiology; TWENTE, The Real-World Endeavor Resolute Versus XIENCE V Drug-Eluting Stent Study in Twente; XAMI, Xiencev stent vs. cypher stent in primary percutaneous coronary intervention for Acute Myocardial Infarction; ZEST, Comparison of the Efficacy and Safety of Zotarolimus-Eluting Stent With Sirolimus-Eluting and Paclitaxel-Eluting Stent for Coronary Lesions and ZEST-AMI; Comparison of the Efficacy and Safety of Zotarolimus-Eluting Stent vs Sirolimus-Eluting Stent vs Paclitaxel-Eluting Stent for Acute Myocardial Infarction Patients; NA, not applicable; NR, not reported.

Supplementary Table S3. Between trial heterogeneity and evaluation of model fit.

Outcome	Tau^2	Number of data points	Residual deviance
Death	0.007	93	80
MI	0.008	107	103
ST	0.21	76	81
TLR	0.13	97	99
TVR	0.12	77	78

A tau^2 estimate (between-trial variance) of 0.04 may be interpreted as a low, 0.14 as a moderate and 0.40 as a substantial degree of heterogeneity between trials. The model is considered to provide an adequate fit to the data if the mean of the residual deviance was similar to the number of data points used in the model. MI = myocardial infarction; ST = stent thrombosis; TLR = target lesion revascularization; TVR = target vessel revascularization.

Supplementary Table S4. Beyond 1-year safety and efficacy outcomes between different DES types.

Treatment	Control	Death RR (95% CrI)	MI RR (95% CrI)	ST RR (95% CrI)	TLR RR (95% CrI)	TVR RR (95% CrI)
Paclitaxel	Sirolimus	1.02 (0.76 to 1.38)	**1.36 (1.06 to 1.67)**	1.19 (0.70 to 1.96)	**1.52 (1.16 to 2.02)**	**1.57 (1.28 to 2.02)**
Everolimus	Sirolimus	0.75 (0.46 to 1.22)	0.87 (0.63 to 1.17)	**0.44 (0.23 to 0.90)**	0.81 (0.56 to 1.14)	0.98 (0.72 to 1.33)
Zotarolimus-E	Sirolimus	0.94 (0.66 to 1.34)	0.95 (0.74 to 1.13)	0.80 (0.48 to 1.32)	**1.70 (1.30 to 2.40)**	**1.31 (1.07 to 1.71)**
BP-BES	Sirolimus	0.89 (0.35 to 2.28)	1.00 (0.70 to 1.63)	0.73 (0.28 to 1.89)	0.72 (0.37 to 1.31)	0.80 (0.52 to 1.21)
Zotarolimus-R	Sirolimus	0.63 (0.28 to 1.43)	0.86 (0.52 to 1.37)	0.59 (0.20 to 1.69)	1.09 (0.57 to 2.14)	1.06 (0.67 to 1.73)
Everolimus	Paclitaxel	0.74 (0.48 to 1.13)	**0.64 (0.49 to 0.85)**	**0.38 (0.22 to 0.68)**	**0.53 (0.37 to 0.74)**	**0.62 (0.47 to 0.79)**
Zotarolimus-E	Paclitaxel	0.92 (0.62 to 1.37)	**0.69 (0.53 to 0.89)**	0.67 (0.36 to 1.26)	1.11 (0.82 to 1.62)	0.84 (0.65 to 1.09)
BP-BES	Paclitaxel	0.87 (0.32 to 2.34)	0.74 (0.49 to 1.29)	0.61 (0.21 to 1.83)	**0.47 (0.23 to 0.91)**	**0.51 (0.31 to 0.80)**
Zotarolimus-R	Paclitaxel	0.61 (0.28 to 1.35)	**0.63 (0.40 to 0.99)**	0.49 (0.19 to 1.34)	0.72 (0.38 to 1.39)	0.68 (0.42 to 1.05)
Zotarolimus-E	Everolimus	1.26 (0.72 to 2.20)	1.08 (0.76 to 1.51)	1.78 (0.79 to 3.86)	**2.10 (1.43 to 3.43)**	1.35 (0.98 to 1.94)
BP-BES	Everolimus	1.18 (0.41 to 3.41)	1.15 (0.73 to 2.10)	1.64 (0.50 to 5.16)	0.88 (0.42 to 1.79)	0.82 (0.48 to 1.36)
Zotarolimus-R	Everolimus	0.84 (0.43 to 1.62)	0.99 (0.67 to 1.43)	1.32 (0.58 to 2.90)	1.35 (0.79 to 2.41)	1.09 (0.75 to 1.58)
BP- BES	Zotarolimus-E	0.94 (0.35 to 2.57)	1.07 (0.72 to 1.89)	0.91 (0.31 to 2.71)	**0.42 (0.19 to 0.80)**	**0.61 (0.36 to 0.96)**
Zotarolimus-R	Zotarolimus-E	0.67 (0.28 to 1.59)	0.91 (0.56 to 1.52)	0.75 (0.24 to 2.31)	0.64 (0.31 to 1.27)	0.81 (0.48 to 1.31)
Zotarolimus-R	BP-BES	0.71 (0.20 to 2.46)	0.85 (0.42 to 1.52)	0.81 (0.19 to 3.30)	1.52 (0.64 to 3.96)	1.32 (0.71 to 2.55)

Statistically significant comparisons are highlighted in bold. BP-BES = biodegradable polymer biolimus-eluting stent; CrI = credible interval; MI = myocardial infarction; OR = odds ratio; ST = stent thrombosis; TLR = target lesion revascularization; TVR = target vessel revascularization; Zotarolimus-E = Endeavor zotarolimus-stent; Zotarolimus-R = Resolute zotarolimus-stent.

Supplementary Table S5. Clinical outcomes between different DES types according to the fixed-effect model analysis.

Treatment	Control	Death OR (95% CrI)	MI OR (95% CrI)	ST OR (95% CrI)	TLR OR (95% CrI)	TVR OR (95% CrI)
Paclitaxel	Sirolimus	1.10 (0.89 to 1.36)	**1.34 (1.15 to 1.57)**	**1.70 (1.21 to 2.40)**	**1.82 (1.57 to 2.11)**	**1.53 (1.32 to 1.77)**
Everolimus	Sirolimus	0.93 (0.75 to 1.14)	0.90 (0.75 to 1.08)	**0.67 (0.45 to 0.97)**	0.95 (0.79 to 1.13)	0.91 (0.79 to 1.04)
Zotarolimus-E	Sirolimus	1.28 (0.93 to 1.76)	0.96 (0.73 to 1.25)	2.03 (0.99 to 4.15)	**2.24 (1.81 to 2.78)**	**1.69 (1.36 to 2.11)**
BP-BES	Sirolimus	1.00 (0.76 to 1.33)	1.14 (0.89 to 1.47)	1.04 (0.66 to 1.64)	1.06 (0.85 to 1.33)	0.94 (0.78 to 1.13)
Zotarolimus-R	Sirolimus	0.74 (0.49 to 1.11)	0.88 (0.65 to 1.19)	0.92 (0.46 to 1.84)	1.08 (0.78 to 1.50)	0.96 (0.68 to 1.35)
Everolimus	Paclitaxel	0.85 (0.65 to 1.10)	**0.67 (0.55 to 0.81)**	**0.39 (0.26 to 0.58)**	**0.52 (0.43 to 0.62)**	**0.59 (0.51 to 0.70)**
Zotarolimus-E	Paclitaxel	1.17 (0.81 to 1.67)	**0.72 (0.54 to 0.94)**	1.19 (0.60 to 2.35)	1.23 (0.98 to 1.54)	1.11 (0.89 to 1.39)
BP-BES	Paclitaxel	0.92 (0.66 to 1.28)	0.85 (0.65 to 1.12)	0.61 (0.36 to 1.05)	**0.58 (0.46 to 0.74)**	**0.62 (0.50 to 0.76)**
Zotarolimus-R	Paclitaxel	0.67 (0.43 to 1.04)	**0.66 (0.48 to 0.90)**	0.54 (0.27 to 1.10)	**0.59 (0.43 to 0.82)**	**0.63 (0.44 to 0.89)**
Zotarolimus-E	Everolimus	1.38 (0.95 to 2.01)	1.07 (0.78 to 1.46)	**3.04 (1.41 to 6.56)**	**2.37 (1.83 to 3.09)**	**1.87 (1.46 to 2.39)**
BP-BES	Everolimus	1.08 (0.82 to 1.44)	**1.27 (1.02 to 1.63)**	1.56 (0.94 to 2.65)	1.13 (0.90 to 1.40)	1.04 (0.87 to 1.24)
Zotarolimus-R	Everolimus	0.80 (0.55 to 1.14)	0.98 (0.75 to 1.29)	1.38 (0.77 to 2.51)	1.14 (0.86 to 1.52)	1.05 (0.77 to 1.45)
BP-BES	Zotarolimus-E	0.79 (0.51 to 1.20)	1.19 (0.84 to 1.71)	0.51 (0.22 to 1.18)	**0.47 (0.35 to 0.64)**	**0.56 (0.42 to 0.74)**
Zotarolimus-R	Zotarolimus-E	**0.58 (0.34 to 0.97)**	0.92 (0.62 to 1.36)	0.45 (0.17 to 1.19)	**0.48 (0.33 to 0.71)**	**0.57 (0.38 to 0.84)**
Zotarolimus-R	BP-BES	0.74 (0.46 to 1.16)	0.77 (0.54 to 1.10)	0.88 (0.40 to 1.92)	1.02 (0.71 to 1.45)	1.02 (0.71 to 1.46)

Statistically significant comparisons are highlighted in bold. BP-BES = biodegradable polymer biolimus-eluting stent; CrI = credible interval; MI = myocardial infarction; OR = odds ratio; ST = stent thrombosis; TLR = target lesion revascularization; TVR = target vessel revascularization; Zotarolimus-E = Endeavor zotarolimus-stent; Zotarolimus-R = Resolute zotarolimus-stent.

Supplementary Table S6. Clinical outcomes between different DES types after exclusion of trials with high risk of bias.

Treatment	Control	Death OR (95% CrI)	MI OR (95% CrI)	ST OR (95% CrI)	TLR OR (95% CrI)	TVR OR (95% CrI)
Paclitaxel	Sirolimus	1.20 (0.91 to 1.60)	**1.34 (1.12 to 1.63)**	1.76 (0.98 to 3.28)	**1.94 (1.52 to 2.53)**	**1.51 (1.07 to 2.07)**
Everolimus	Sirolimus	1.03 (0.76 to 1.38)	0.89 (0.71 to 1.12)	0.61 (0.30 to 1.15)	0.89 (0.60 to 1.29)	0.75 (0.51 to 1.09)
Zotarolimus-E	Sirolimus	1.27 (0.88 to 1.83)	0.96 (0.71 to 1.28)	2.00 (0.72 to 5.41)	**2.38 (1.62 to 3.56)**	**1.69 (1.07 to 2.67)**
BP-BES	Sirolimus	1.01 (0.76 to 1.35)	1.22 (0.90 to 1.66)	0.83 (0.36 to 1.65)	0.91 (0.61 to 1.30)	0.96 (0.66 to 1.39)
Zotarolimus-R	Sirolimus	0.75 (0.41 to 1.32)	0.88 (0.63 to 1.23)	0.70 (0.16 to 2.19)	1.13 (0.53 to 2.34)	0.82 (0.39 to 1.72)
Everolimus	Paclitaxel	0.85 (0.61 to 1.18)	**0.66 (0.52 to 0.83)**	**0.35 (0.16 to 0.67)**	**0.46 (0.31 to 0.65)**	**0.50 (0.34 to 0.74)**
Zotarolimus-E	Paclitaxel	1.06 (0.70 to 1.63)	**0.71 (0.52 to 0.95)**	1.13 (0.43 to 2.83)	1.22 (0.82 to 1.84)	1.12 (0.71 to 1.82)
BP-BES	Paclitaxel	0.84 (0.58 to 1.24)	0.90 (0.65 to 1.27)	0.47 (0.18 to 1.06)	**0.47 (0.30 to 0.70)**	0.64 (0.41 to 1.02)
Zotarolimus-R	Paclitaxel	0.62 (0.34 to 1.12)	**0.65 (0.45 to 0.92)**	0.40 (0.09 to 1.27)	0.58 (0.27 to 1.20)	0.55 (0.26 to 1.16)
Zotarolimus-E	Everolimus	1.24 (0.79 to 1.98)	1.07 (0.75 to 1.52)	**3.26 (1.10 to 10.26)**	**2.69 (1.62 to 4.58)**	**2.25 (1.31 to 3.96)**
BP-BES	Everolimus	0.99 (0.68 to 1.45)	**1.37 (1.02 to 1.96)**	1.34 (0.54 to 3.22)	1.02 (0.63 to 1.63)	1.28 (0.80 to 2.08)
Zotarolimus-R	Everolimus	0.73 (0.44 to 1.21)	0.98 (0.72 to 1.33)	1.15 (0.33 to 3.14)	1.27 (0.66 to 2.41)	1.09 (0.58 to 2.09)
BP-BES	Zotarolimus-E	0.79 (0.51 to 1.27)	1.28 (0.84 to 1.94)	0.41 (0.12 to 1.34)	**0.38 (0.22 to 0.64)**	0.57 (0.32 to 1.01)
Zotarolimus-R	Zotarolimus-E	0.59 (0.29 to 1.15)	0.91 (0.60 to 1.40)	0.35 (0.06 to 1.49)	0.47 (0.20 to 1.06)	0.49 (0.21 to 1.13)
Zotarolimus-R	BP-DES	0.74 (0.39 to 1.37)	0.71 (0.46 to 1.09)	0.86 (0.19 to 3.15)	1.25 (0.56 to 2.76)	0.86 (0.38 to 1.89)

Statistically significant comparisons are highlighted in bold. BP-BES = biodegradable polymer biolimus-eluting stent; CrI = credible interval; MI = myocardial infarction; OR = odds ratio; ST = stent thrombosis; TLR = target lesion revascularization; TVR = target vessel revascularization; Zotarolimus-E = Endeavor zotarolimus-stent; Zotarolimus-R = Resolute zotarolimus-stent.

Supplementary Table S7. Clinical outcomes between different DES types by direct and indirect evidence by node-split method and corresponding test for inconsistency.

Treatment	Control	Estimates model	Death OR (95% CrI)	*p-value*	MI OR (95% CrI)	*p-value*	ST OR (95% CrI)	*p-value*	TLR OR (95% CrI)	*p-value*	TVR OR (95% CrI)	*p-value*
Paclitaxel	Sirolimus	Direct	1.11 (0.82 to 1.49)	0.65	1.22 (1.00 to 1.49)	0.07	1.65 (0.90 to 3.32)	0.84	1.82 (1.35 to 2.46)	0.65	1.65 (1.22 to 2.23)	0.48
		Indirect	1.00 (0.67 to 1.65)		1.82 (1.22 to 2.46)		1.82 (0.74 to 4.06)		2.01 (1.22 to 3.32)		1.35 (0.90 to 2.01)	
Everolimus	Sirolimus	Direct	0.90 (0.67 to 1.22)	0.72	0.90 (0.74 to 1.22)	1.00	0.61 (0.27 to 1.22)	0.86	1.00 (0.61 to 1.65)	0.72	0.74 (0.55 to 1.00)	0.29
		Indirect	1.00 (0.67 to 1.49)		0.90 (0.67 to 1.11)		0.67 (0.27 to 1.65)		0.90 (0.55 to 1.35)		1.00 (0.67 to 1.49)	
Zotarolimus-E	Sirolimus	Direct	1.22 (0.90 to 1.82)	0.87	1.00 (0.74 to 1.35)	0.50	1.22 (0.37 to 3.67)	0.19	2.72 (1.65 to 4.06)	1.00	2.01 (1.22 to 3.32)	0.42
		Indirect	1.11 (0.37 to 3.32)		0.74 (0.33 to 1.65)		4.48 (1.11 to 22.2)		2.72 (1.00 to 6.69)		1.35 (0.61 to 3.00)	
BP-BES	Sirolimus	Direct	1.11 (0.67 to 1.65)	0.48	1.49 (1.00 to 2.23)	0.08	1.49 (0.67 to 4.06)	0.06	1.11 (0.61 to 2.01)	0.64	1.00 (0.61 to 1.65)	1.00
		Indirect	0.90 (0.61 to 1.49)		0.90 (0.67 to 1.35)		0.45 (0.15 to 1.35)		0.90 (0.45 to 1.65)		1.00 (0.61 to 1.82)	
Zotarolimus-R	Sirolimus	Direct	0.41 (0.06 to 2.23)	0.52	0.90 (0.50 to 1.49)	1.00	0.20 (0.01 to 4.15)	0.14	0.20 (0.01 to 4.15)	0.05	0.82 (0.18 to 3.32)	0.90
		Indirect	0.74 (0.50 to 1.22)		0.90 (0.61 to 1.35)		0.90 (0.33 to 2.46)		1.11 (0.61 to 1.82)		0.74 (0.41 to 1.22)	
Everolimus	Paclitaxel	Direct	0.90 (0.61 to 1.49)	0.48	0.55 (0.41 to 0.74)	0.16	0.45 (0.18 to 1.11)	0.72	0.55 (0.37 to 0.90)	0.48	0.67 (0.45 to 1.11)	0.16
		Indirect	0.74 (0.55 to 1.11)		0.82 (0.61 to 1.11)		0.37 (0.14 to 0.82)		0.45 (0.27 to 0.67)		0.45 (0.30 to 0.61)	
Zotarolimus-E	Paclitaxel	Direct	0.82 (0.41 to 1.65)	0.17	0.67 (0.45 to 0.90)	0.27	1.22 (0.45 to 3.00)	0.57	1.11 (0.67 to 2.01)	0.64	0.67 (0.45 to 1.11)	0.24
		Indirect	1.35 (0.82 to 2.01)		1.00 (0.55 to 1.65)		0.55 (0.04 to 6.69)		1.35 (0.74 to 2.46)		1.00 (0.67 to 1.65)	
BP-BES	Paclitaxel	Direct	0.33 (0.04 to 2.23)	0.33	0.67 (0.25 to 1.65)	0.58	0.06 (0.00 to 1.18)	0.05	0.30 (0.08 to 1.00)	0.34	0.91 (0.30 to 4.06)	0.49
		Indirect	0.90 (0.67 to 1.35)		0.90 (0.67 to 1.22)		0.82 (0.37 to 2.01)		0.55 (0.33 to 0.90)		0.61 (0.41 to 1.00)	
Zotarolimus-R	Paclitaxel	Direct	1.00 (0.1 to 11.02)	0.74	0.27 (0.00 to 5.47)	0.64	0.41 (0.01 to 6.69)	0.91	0.18 (0.05 to 0.67)	0.09	0.20 (0.06 to 0.61)	0.10
		Indirect	0.67 (0.41 to 1.00)		0.67 (0.45 to 0.90)		0.50 (0.15 to 1.35)		0.67 (0.37 to 1.22)		0.61 (0.33 to 1.11)	
Zotarolimus-E	Everolimus	Direct	-	NA	-	NA	-	NA	-	NA	-	NA
		Indirect	1.35 (0.90 to 2.01)		1.07 (0.75 to 1.47)		3.13 (1.15 to 8.89)		2.60 (1.64 to 4.20)		1.92 (1.17 to 3.13)	
BP-BES	Everolimus	Direct	1.11 (0.74 to 1.65)	1.00	1.11 (0.82 to 1.65)	0.29	1.22 (0.41 to 4.48)	0.61	1.11 (0.55 to 2.01)	0.81	1.11 (0.67 to 2.01)	0.64

Treatment	Control	Estimates model	Death OR (95% CrI)	*p*-value	MI OR (95% CrI)	*p*-value	ST OR (95% CrI)	*p*-value	TLR OR (95% CrI)	*p*-value	TVR OR (95% CrI)	*p*-value
Zotarolimus-R	Everolimus	Indirect	1.11 (0.67 to 1.82)	0.89	1.49 (1.00 to 2.23)	0.78	1.82 (0.61 to 4.95)	0.31	1.00 (0.55 to 1.82)	0.05	1.35 (0.74 to 2.23)	0.23
		Direct	0.82 (0.55 to 1.22)		1.00 (0.74 to 1.49)		1.49 (0.55 to 3.67)		1.35 (0.82 to 2.23)		1.11 (0.61 to 2.01)	
		Indirect	0.74 (0.17 to 2.72)		0.90 (0.55 to 1.65)		0.30 (0.01 to 3.67)		0.27 (0.07 to 1.11)		0.55 (0.20 to 1.35)	
BP-BES	Zotarolimus-E	Direct	-	NA	-	NA	-	NA	-	NA	-	NA
		Indirect	0.80 (0.50 to 1.30)		1.21 (0.83 to 1.80)		0.50 (0.15 to 1.57)		0.40 (0.22 to 0.68)		0.60 (0.34 to 1.06)	
Zotarolimus-R	Zotarolimus-E	Direct	-	NA	-	NA	-	NA	-	NA	-	NA
		Indirect	0.59 (0.33 to 1.03)		0.92 (0.60 to 1.40)		0.40 (0.09 to 1.42)		0.41 (0.20 to 0.77)		0.56 (0.27 to 1.17)	
Zotarolimus-R	BP-BES	Direct	-	NA	-	NA	-	NA	-	NA	-	NA
		Indirect	0.73 (0.44 to 1.19)		0.76 (0.51 to 1.11)		0.80 (0.22 to 2.53)		1.02 (0.54 to 1.94)		0.93 (0.47 to 1.85)	

BP-BES = biodegradable polymer biolimus-eluting stent; CrI = credible interval; MI = myocardial infarction; OR = odds ratio; ST = stent thrombosis; TLR = target lesion revascularization; TVR = target vessel revascularization; Zotarolimus-E = Endeavor zotarolimus-stent; Zotarolimus-R = Resolute zotarolimus-stent.

Summary of the current European Society of Cardiology (ESC) guideline recommendations on duration of dual antiplatelet therapy after coronary stenting:

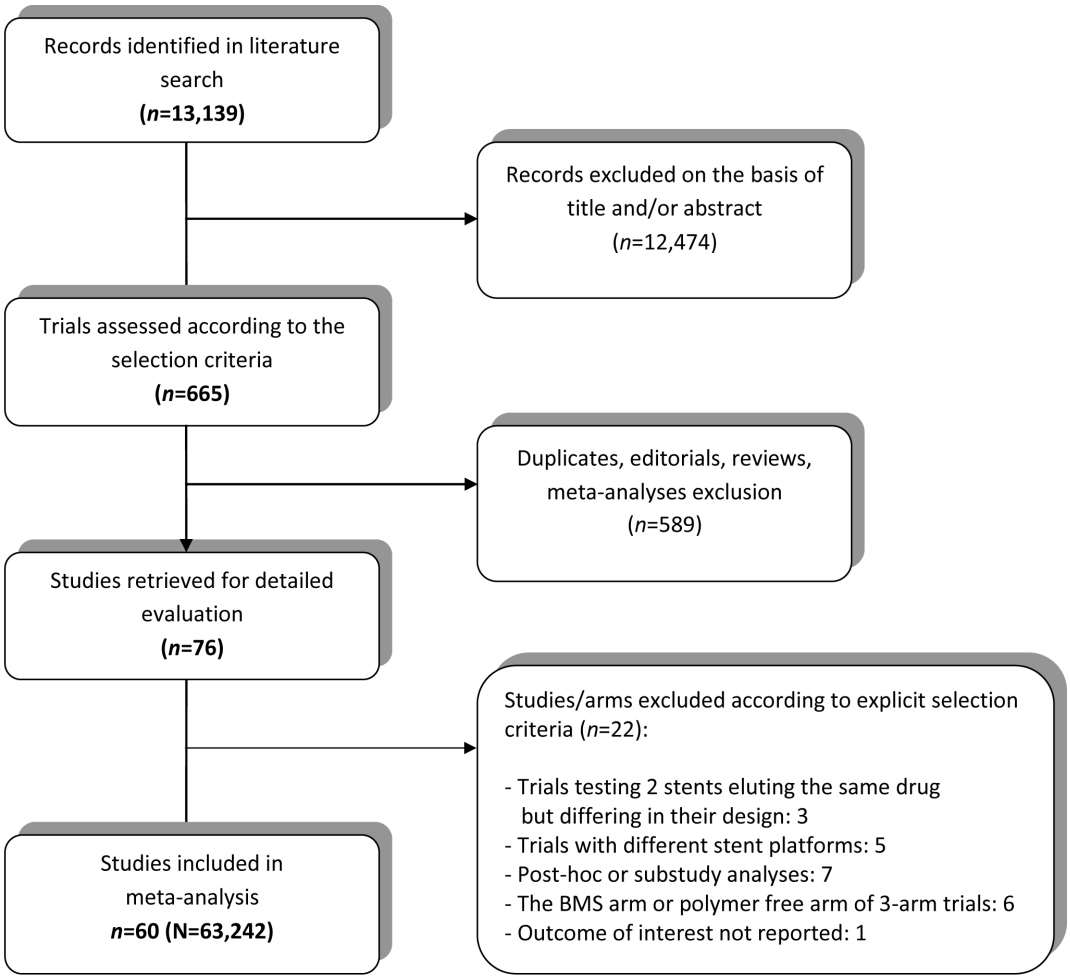
a) 1 month after BMS implantation in stable angina;

b) 6–12 months after DES implantation in all patients;

c) 1 year in all patients after ACS, irrespective of revascularization strategy.

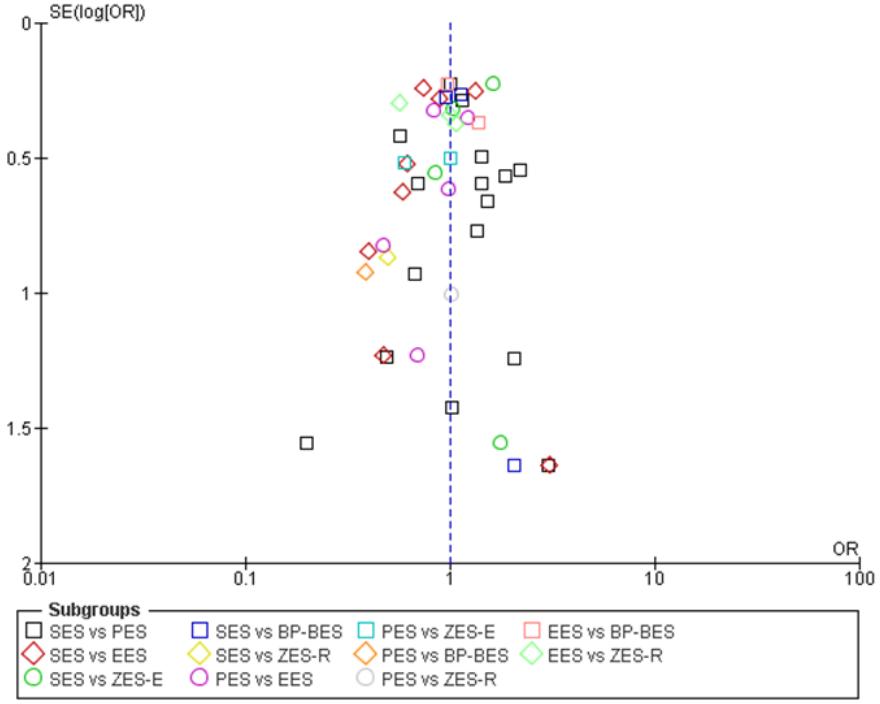
The same guidelines also recommend that certain patient populations, such as those at high risk of thromboembolic events and patients after sirolimus-ES or paclitaxel-ES implantation, may benefit from prolonged dual antiplatelet therapy beyond 1 year.

Supplementary Figure S1 Flow diagram of the network meta-analysis

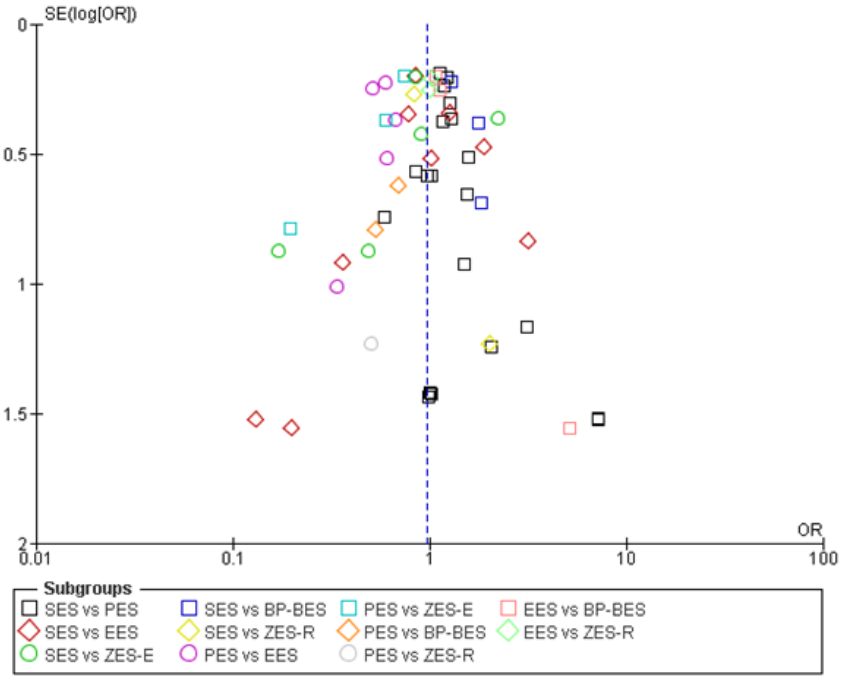


Supplementary Figure 2. Funnel plots of randomized controlled trials included in the meta-analysis for the risk of (A) death; (B) myocardial infarction; (C) definite-or-probable stent thrombosis; (D) target lesion revascularization. SES, sirolimus eluting stent; PES, paclitaxel eluting stent; EES, everolimus eluting stent; ZES-E, Endeavor zotarolimus-stent; BP-BES, biodegradable polymer biolimus-eluting stent; ZES-R, Resolute zotarolimus-stent; OR, odds ratio; SE = standard error.

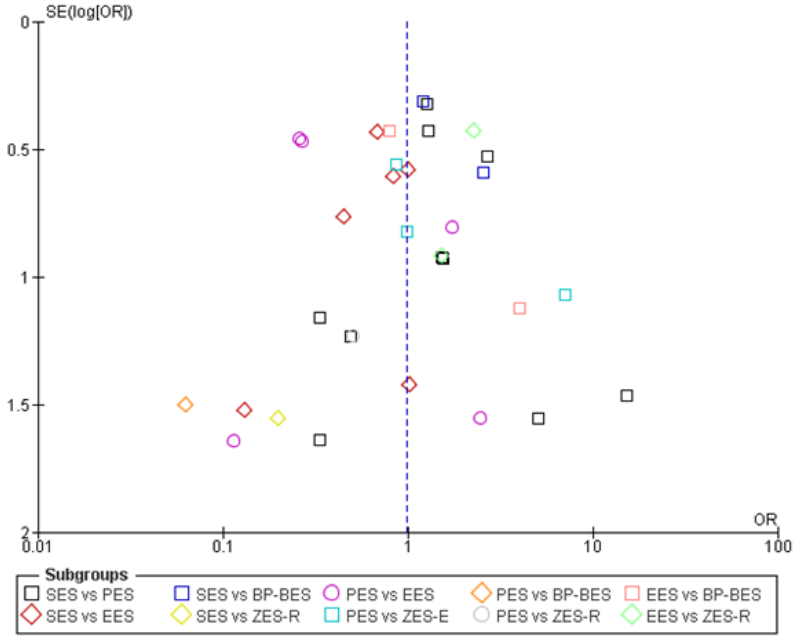
Supplementary Figure S2A



Supplementary Figure S2B



Supplementary Figure S2C



Supplementary Figure S2D