

Angiographic control vs. ischemia-driven management of Patients undergoing percutaneous revascularization of the Unprotected Left main coronary artery with Second-generation drug Eluting stents: rationale and design of the PULSE trial.

SUPPLEMENTARY APPENDIX

Participating centers

Patients data collected on electronic case report form.....

PARTICIPATING CENTERS

- AOU Città della Salute e della Scienza, Torino (Coordinating center)
- Azienda USL di Ferrara in comando c/o Azienda Ospedaliero Universitaria di Ferrara, Ferrara, Italy.
- San Luigi Gonzaga University Hospital, Orbassano, Italy /Infermi Hospital, Rivoli, Italy
- Ospedale San Giovanni Bosco, Turin, Italy
- Ospedale Maria Vittoria, Turin, Italy
- Azienda Ospedaliera S. Maria Nuova di Reggio Emilia, Reggio Emilia, Italy
- Azienda Ospedaliera Rimini, Italy

PATIENTS' DATA COLLECTED ON ELECTRONIC CASE REPORT FORM

Screening Visit and general data: Patient Age, Sex; Height, Weight; inclusion/exclusion criteria; medical history (including cardiovascular risk factors, previous myocardial infarction/MI/CABG; COPD; eGFR; diabetes; valvular disease; left ventricular ejection fraction; history of bleeding; hepatic disease; systemic inflammatory disease); stenting technique (provisional vs 2-technique stents)

Procedure data: reason to perform coronary angiography; arterial access used; coronary dominance; amount of contrast; total procedure duration; total fluoroscopy time; vital signs at the end of procedure (blood pressure, heart rate); syntax score 1 and 2

Left main lesion: type of lesion (de novo, intra-stent restenosis, stent thrombosis); percentage stenosis at visual angiographic estimation; ACC/AHA classification (A/B1/B2/C); lesion site (ostium, mid-shaft; pre-divisional); Medina Classification; thrombus presence; severe calcification; use of imaging (IVUS and how it did modify the procedure) of iFR/FFR; use of pre-dilatation; balloons and stents used; initial strategy (provisional vs 2 stent technique); additional technique (final kissing balloon; proximal optimization technique); percentage of stenosis at the end of procedure.

Other lesions: other lesions angiographically critical (stenosis >50%); coronary vessels and segments according to Syntax classification; functional evaluation yes/no; PCI yes/no; complete revascularization achieved yes/no

Laboratory exams: creatinine pre and post- PCI; Troponine (I or T) baseline and post-PCI; Haemoglobin pre-PCI and lowest value post PCI; white blood cell count.

Discharge data: site of dimission (home, other hospital, rehabilitation); therapy at discharge.

Coronary CT at 6 months: detection of LM stenosis (>50%); New lesions detected on coronary arteries different from Left Main

12 months follow up: CCS class; NYHA class; any non-invasive ischemia testing executed (yes/no); LDL target (yes/no); blood pressure at target (yes/no); MACE recorded; ongoing medical therapy.