Code Patient | Center | Random. Code

Inclusion criteria

*Age ≥75 years	no yes
*Patient hospitalized for STEMI or NSTEMI	no yes
*Multi-vessel disease at CAA	no yes
*Successfull treatment of culprit lesion	no yes

Exclusion criteria

*Absence of clear culprit lesion	no yes
*Planned surgical revascularization	no yes
*Non-cardiovascular co-morbidity reducing life expectancy to < 1 year	no yes
*Any factor precluding 1-year follow-up	no yes
*Prior CABG	no yes
*Non culprit in the LM	no yes

Randomization

*Hospital admission date	
*Randomization date	
*ST-segment elevation MI	no yes
*Male sex	no yes

In order to randomize the patient, please save this form and then click on the randomization button that will appear under this label.

If the criteria are respected, the randomization arm will appear on the top right corner of the form

Click here to randomize

Code Patient | Center | Random. Code

Please, select the correct randomization arm according to what is reported on the rigth top corner of the eCRF

*Randomization arm:

- ○ CULPRIT-ONLY
- ○ COMPLETE

After saving the form, the correct pages of the eCRF will be opened

Code Patient Center Random. Code

BASELINE DATA AND CARDIOVASCULAR RISK FACTORS

*Age (years)

*Height (cm) *Weight (kg)

Medical history

- ☐ arterial hypertension
- ☐ dyslipidemia
- ☐ current smoker
- ☐ former smoker
- ☐ diabetes non insulin dependent
- ☐ diabetes insulin dependent
- ☐ history of ischemic heart disease
- ☐ prior MI
- ☐ prior PCI
- ☐ history of atrial fibrillation or atrial flutter
- ☐ COPD
- ☐ peripheral vascular disease
- ☐ prior stroke or TIA
- ☐ prior bleeding

*Physical activity at home: ○ none ○ light ○ moderate ○ intensive

CLINICAL PRESENTATION AND ASSESSMENT

*Systolic blood pressure (mmHg)

*Heart rate (bpm)

*Killip class ○ I ○ II ○ III ○ IV

*Cardiac arrest at presentation ○ yes ○ no

*ST segment deviation (both elevation and depression) ○ yes ○ no

White Blood Cell (first value) (u/µl)

Creatinine (first value) (mg/dl)

Haemoglobin (first value) (g/dl)

Code Patient | Center | Random. Code

BASELINE DATA AND CARDIOVASCULAR RISK FACTORS

*Age (years)

*Height (cm) | *Weight (kg)

Medical history

- [ ] arterial hypertension
- [ ] dyslipidemia
- [ ] current smoker
- [ ] former smoker
- [ ] diabetes non insulin dependent
- [ ] diabetes insulin dependent
- [ ] history of ischemic heart disease
- [ ] prior MI
- [ ] prior PCI
- [ ] history of atrial fibrillation or atrial flutter
- [ ] COPD
- [ ] peripheral vascular disease
- [ ] prior stroke or TIA
- [ ] prior bleeding

*Physical activity at home: ○ none ○ light ○ moderate ○ intensive

CLINICAL PRESENTATION AND ASSESSMENT

*Systolic blood pressure (mmHg)

*Heart rate (bpm)

*Killip class ○ I ○ II ○ III ○ IV

*Cardiac arrest at presentation ○ yes ○ no

*ST segment deviation (both elevation and depression) ○ yes ○ no

White Blood Cell (first value) (u/µl)

Creatinine (first value) (mg/dl)

Haemoglobin (first value) (g/dl)

INDEX PROCEDURE-INDEX PROCEDURE (RANDOMIZED TO ONLY CULPRIT)

Code Patient | Center | Random. Code

GENERAL DATA

*Date of index procedure

*Access site ○ radial ○ femoral ○ other

Procedure duration (minutes)

Dose of contrast medium (ml)

Type (brand) of contrast

Dose Area Product (mGy * cm2)

*Did any complication occur? ○ yes ○ no

*If yes, please clarify

Did you use any of the following devices?

- ☐ temporary pace-maker implantation
- ☐ IABP
- ☐ other left ventricular assistance
- ☐ orotracheal intubation
- ☐ IVUS
- ☐ OCT
- ☐ Rotablator

*How many non-culprit lesions were identifiable? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

*Randomization was performed

- ○ at the index procedure
- ○ after the end of the index procedure but within 48 hours

INDEX PROCEDURE-INDEX PROCEDURE (RANDOMIZED TO COMPLETE)

Code Patient | Center | Random. Code

GENERAL DATA

*Date of index procedure

*Access site ○ radial ○ femoral ○ other

Procedure duration (minutes)

Dose of contrast medium (ml)

Type (brand) of contrast

Dose Area Product (mGy*cm2)

Did any complication occur? ○ yes ○ no

*If yes, please clarify

Did you use any of the following devices?

☐ temporary pace-maker implantation ☐ IABP ☐ other left ventricular assistance
☐ orotracheal intubation ☐ IVUS ☐ OCT ☐ Rotablator

*How many non-culprit lesions were identifiable? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

*When did you perform the randomization?
○ at the index procedure
○ after the end of the index procedure but within 48 hours

*When did you perform the functional assessment?
○ at index procedure
○ at staged procedure

*Did the functional assessment identify at least one positive non-culprit lesion? ○ yes ○ no

*When did you perform the revascularization of the non-culprit lesions?
○ at index procedure
○ at staged procedure

STAGED PROCEDURE-STAGED PROCEDURE

Code Patient | Center | Random. Code

GENERAL DATA OF THE STAGED PROCEDURE

*Date of the staged procedure

*Access site ○ radial ○ femoral ○ other

Procedure duration (minutes)

Dose of contrast medium (ml)

Type of contrast

Dose Area Product (mGy * cm2)

*Did any complication occur? ○ yes ○ no

*If yes, please clarify

Did you use any of the following devices?

- ☐ temporary pace-maker implantation
- ☐ IABP
- ☐ other left ventricular assistance
- ☐ orotracheal intubation
- ☐ IVUS
- ☐ OCT
- ☐ Rotablator

CULPRIT LESION-CULPRIT LESION - CHARACTERISTICS

Code Patient | Center | Random. Code

*Segment
(in agreement with syntax score map)

*Type of lesion
- de novo
- instent restenosis
- stent thrombosis
- other

*If you selected other, please specify

*Percent of stenosis (visual estimation, from 0% to 100%)

*Lesion length (mm)

*RVD (mm)

Please select any of the following characteristics (if present)
- ostial
- bifurcation
- severe calcifications
- severe tortuosity

*ACC/AHA classification: A | B1 | B2 | C | not applicable

*Number of guidewires

*Predilatation: yes | no

Number of balloons for predilatation:

*How many stent did you implant in the main culprit lesion? 1 | 2 | 3 | 4 | 5

*Did you implant Supraflex in the culprit lesion? no | yes

Go to Syntax Score Map

https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTtrChy7mVwtWRpM0kPFp3KnKy-lLz3rNb-Noev8-W6XBaJeUHC

CULPRIT LESION-STENT

Code Patient | Center | Random. Code

STENT CHARACTERISTICS

#	Stent number	Stent type	Diameter (mm)	Length (mm)	Postdilation
1	1st stent				
2	2nd stent				
3	3rd stent				
4	4th stent				
5	5th stent				

Number of balloons for postdilatation:

NON CULPRIT LESIONS (RANDOMIZED TO CULPRIT ONLY)-NON CULPRIT LESION 1 - CHARACTERISTICS

Code Patient | Center | Random. Code

*Segment (in agreement with syntax score map)

*Type of lesion
- ○ de novo
- ○ instent restenosis
- ○ stent thrombosis
- ○ other

*If you selected "other", please specify

*Percent of stenosis (visual estimation, from 40% to 100%)

*Lesion length (mm)

*RVD (mm)

Please select any of the following characteristics (if present)
- ☐ ostial
- ☐ bifurcation
- ☐ severe calcifications
- ☐ severe tortuosity

*ACC/AHA classification ○ A ○ B1 ○ B2 ○ C ○ not applicable

*Did you perform PCI? ○ no ○ yes

*Clarify the reason for protocol violation

*Number of guidewires

*Predilatation ○ yes ○ no

Number of balloons for predilatation:

*How many stent did you implant in this non-culprit lesion? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 0

*Did you implant Supraflex in the non culprit lesion? ○ no ○ yes

Go to Syntax Score Map

NON CULPRIT LESIONS (RANDOMIZED TO CULPRIT ONLY)-STENT 1

Code Patient | Center | Random. Code

STENT CHARACTERISTICS

#	Stent number	Stent type	Diameter (mm)	Length (mm)	Postdilation
1	1st stent				
2	2nd stent				
3	3rd stent				
4	4th stent				
5	5th stent				

Number of balloons for postdilatation:

NON CULPRIT LESIONS (RANDOMIZED TO COMPLETE)-NON CULPRIT LESION 1 - CHARACTERISTICS

Code Patient | Center | Random. Code

*Segment
(in agreement with syntax score map)

*Type of lesion
- de novo
- instent restenosis
- stent thrombosis
- other

*If you selected "other", please specify

*Percent of stenosis (visual estimation, from 40% to 100%)

*Lesion length (mm)

*RVD (mm)

Please select any of the following characteristics (if present)
- ostial
- bifurcation
- severe calcifications
- severe tortuosity

*ACC/AHA classification: A | B1 | B2 | C | not applicable

Functional assessment

#	Tools	Value	Outcome
1	FFR		
2	QFR		
3	iFR		
4	DFR		
5	RFR		
6	cFFR		
7	other		

*Did you perform PCI? no | yes

If revascularization strategy does not agree with randomization or functional assessment please clarify the reason: null

*Number of guidewires

*Predilatation: yes | no

Number of balloons for predilatation:

*How many stent did you implant in this non-culprit lesion? 1 | 2 | 3 | 4 | 5 | 0

*Did you implant Supraflex in the non culprit lesion? no | yes

Go to Syntax Score Map

https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTtrChy7mVwtWRpM0kPFp3KnKy-lLz3rNb-Noev8-W6XBaJeUHC

NON CULPRIT LESIONS (RANDOMIZED TO COMPLETE)-STENT 1

Code Patient | Center | Random. Code

STENT CHARACTERISTICS

#	Stent number	Stent type	Diameter (mm)	Length (mm)	Postdilation
1	1st stent				
2	2nd stent				
3	3rd stent				
4	4th stent				
5	5th stent				

Number of balloons for postdilatation:

Code Patient Center

*__Creatinine__ (highest value) (mg/dl)	
*Select the troponin type:	○ I ○ T
*__Troponin I__ (peak) (ng/dl)	
*__Troponin T__ (peak) (ng/dl)	
__White blood cell__ (peak) (u/µL)	
__Neutrophil__ (first value) (u/µL)	
__Lymphocyte__ (first value) (u/µL)	
__Haemoglobin__ (lowest value) (g/dl)	
__Platelet__ (first value) (u/µL)	
__CK-MB__ (peak) (ng/dl)	
__Uric acid__ (mg/dl)	
__Cholesterol LDL__ (mg/dl)	
__Glycemia__ (value at discharge)	
__Protein__ (g/dl)	
__Albumin__ (g/dl)	

Code Patient Center Random. Code

*Date of discharge

*How many nights in intensive care unit?

*How many nights in cardiology ward?

Please select the correct items:

- ☐ Discharged at home
- ☐ Transferred to other non-cardiology department
- ☐ Transferred to spoke hospital
- ☐ Transferred to cardiac rehabilitation unit
- ☐ Other

*Did you observe any major adverse events? ○ no ○ yes

PLEASE IMMEDIATELY FILL THE ADVERSE EVENTS FORM FOR EACH SINGLE ADVERSE EVENT THAT YOU OBSERVED!

PLEASE COLLECT ANY INFORMATION AND SEND IT FOR CEC ADJUDICATION!

*Left Ventricular Ejection Fraction (%)

*Was the SAQ completed? ○ no ○ yes

*Was the EQ-5D completed? ○ no ○ yes

*Was the SPPB performed? ○ no ○ yes

*Was the CFS performed? ○ no ○ yes

Code Patient Center Random. Code

Medication in use

- [ ] aspirin
- [ ] clopidogrel
- [ ] prasugrel
- [ ] ticagrelor
- [ ] vitamin k antagonist
- [ ] novel oral anticoagulant
- [ ] ACE-inhibitor or ARB
- [ ] beta-blocker
- [ ] calcium channel blocker
- [ ] diuretic
- [ ] statin
- [ ] ranolazine
- [ ] ivabradine
- [ ] nitrates
- [ ] oral antidiabetics
- [ ] insulin
- [ ] other

If "other", please specify:

*DAPT length suggested (months)

*Triple therapy suggested? ○ no ○ yes

*if yes, please specify the length (months)

Code Patient Center Random. Code

*date of follow-up

*CCS: ○ No angina ○ I ○ II ○ III ○ IV ○ NA

*NYHA: ○ No dyspnea ○ I ○ II ○ III ○ IV ○ NA

*did the patient have any type of non-invasive ischemia testing? ○ no ○ yes

*Was the SAQ completed? ○ no ○ yes

*Was the EQ-5D completed? ○ no ○ yes

*Was the SPPB performed? ○ no ○ yes

*Was the CFS performed? ○ no ○ yes

*Cholesterol LDL was at target? ○ no ○ yes

*Blood pressure was well controlled? ○ no ○ yes

*Physical activity at home: ○ none ○ light ○ moderate ○ intensive

*Did you observe any major adverse event? ○ no ○ yes

PLEASE IMMEDIATELY FILL THE ADVERSE EVENTS FORM FOR EACH SINGLE ADVERSE EVENT THAT YOU OBSERVED!

PLEASE COLLECT ANY INFORMATION AND SEND IT FOR CEC ADJUDICATION!

Code Patient Center Random. Code

*Is the patient still on aspirin? ○ no ○ yes

*Date of stop

*Reason of stop

*Is the patient still on P2Y12-receptor inhibitor? ○ no ○ yes

*Specify the P2Y12-receptor inhibitor

*Date of stop

*Reason of stop

Other medication in use

- ☐ vitamin k antagonist
- ☐ novel oral anticoagulant
- ☐ ACE-inhibitor or ARB
- ☐ beta-blocker
- ☐ calcium channel blocker
- ☐ diuretic
- ☐ statin
- ☐ ranolazine
- ☐ ivabradine
- ☐ nitrates
- ☐ oral antidiabetics
- ☐ insulin
- ☐ other

If "other", please specify:

Code Patient | Center | Random. Code

*Did you observe any major adverse events? ○ no ○ yes

*Date

Please select type of major events

- ☐ death
- ☐ new myocardial infarction
- ☐ revascularization
- ☐ stent thrombosis
- ☐ stroke
- ☐ heart failure
- ☐ non fatal cardiac arrest
- ☐ new onset atrial fibrillation
- ☐ new coronary angiography
- ☐ bleeding complication
- ☐ rehospitalization for cardiac cause
- ☐ rehospitalization for non-cardiac cause
- ☐ other

If you choose other, please specify

FOR ANY OF THE ABOVE-MENTIONED ADVERSE EVENT, PLEASE COLLECT ANY INFORMATION AND SEND IT FOR CEC ADJUDICATION!

Code Patient Center

If you are filling this page, the patient completed the study.

Please clarify:

*Date of last contact:

*The patient:

- ○ Completed the 5-year follow-up
- ○ Died
- ○ Withdraw the consent
- ○ Lost to follow-up
- ○ Other

*If Died, date of death:

*If Other, please specify:

Please specify