Online appendix. Details of study characteristics.

Study reference	Study enrolment	Sample size	Complex (Type B2 or C) lesions	Diabetic sample size (% of total)	Primary endpoint	Clinical follow-up (months)	One-year TLR derivations
Cypher versus Taxus							
Dibra et al., 2005 ISAR-DIABETES	June 2003 to March 2004	250	78%	250 (100%)	In-segment late loss	9	Data reported; 9-month estimates used
Billinger et al., 2008 SIRTAX	April 2003 to May 2004	1,012	37%	201 (20%)	MACE	24	One-year TLR estimated from graph using digitizer
Kim et al., 2008 ---	April 2005 to January 2006	169	75%	169 (100%)	In-segment late loss	6	Data reported; 6-month estimates used
Maeng et al., 2009 DiabeDES; sub-study of SORT OUT II*	February 2005 to March 2006	153	NR**	153 (100%)	In-stent late loss	8	Data reported; 8-month estimates used
Lee et al., 2008; 2009 DES-DIABETES	May 2005 to March 2006	400	NR	400 (100%)	In-segment restenosis	24	Data reported; 12-month estimates used
Maeng et al., 2010 SORT OUT II*	August 2004 to January 2006	2,037	61%	371 (18%)	MACE	48	One-year TLR estimated from graph using digitizer
Cypher versus Endeavor versus Taxus							
Park et al., 2009 ZEST	October 2006 to January 2009	2,640	74%	760 (29%)	MACE	12	Data reported; 12-month estimates used
Endeavor versus Taxus							
Kirtane et al., 2010; Leon 2009; ENDEAVOR IV*	April 2005 to March 2007	1,548	69%	456 (29%)	TVF	24	Data reported; 12-month estimates used
Xience versus Taxus							
Kedhi et al., 2010 COMPARE*	February 2007 to September 2008	1,800	74%	325 (18%)	MACE	12	TLR rates estimated based on MACE results+
Stone et al., 2008 SPIRIT II&III	June 2005 to July 2007	1,302	NR	264 (20%)	TVF	24	One year TLR estimated from graph using digitizer
Stone et al., 2009 SPIRIT IV*	August 2006 to current	3,687	NR	1,185 (32%)	TVF	12	Data reported; 12-month estimates used
Grube et al., 2010 SPIRIT V*	November 2006 to July 2010	324	82%	324 (100%)	In-stent late loss	12	Data reported; 12-month estimates used

KEY: MACE: major adverse cardiac events; NR: not reported; TLR: target lesion revascularisation; *Study focused on clinically-driven TLR rather than angiographic follow-up; +TLR risk for diabetic patients was estimated from reported MACE results. To derive this estimate, the ratio of adverse cardiac events (i.e., reported as target vessel failure [TVF]) to TLR events in the SPIRIT IV study was calculated and used to predict the TLR risk in the COMPARE study (as it was not reported) from the reported MACE risk. **Complex lesions were not listed as part of exclusion criteria