Appendix 1

Supplementary Information for ABSORB III Trial

ABSORB III Inclusion and Exclusion Criteria

General Inclusion Criteria

1. Subject must be at least 18 years of age.

2. Subject or a legally authorized representative must provide written Informed Consent prior to any study related procedure, per site requirements.

3. Subject must have evidence of myocardial ischemia (e.g., stable, unstable angina, post-infarct angina or silent ischemia) suitable for elective PCI. Subjects with stable angina or silent ischemia and <70% diameter stenosis must have objectives sign of ischemia as determined by one of the following, echocardiogram, nuclear scan, ambulatory ECG or stress ECG). In the absence of noninvasive ischemia, fractional flow reserve (FFR) must be done and indicative of ischemia.

4. Subject must be an acceptable candidate for coronary artery bypass graft (CABG) surgery.

5. Female subject of childbearing potential who does not plan pregnancy for up to 1 year following the index procedure. For a female subject of childbearing potential a pregnancy test must be performed with negative results known within 7 days prior to the index procedure per site standard.

6. Female subject is not breast-feeding at the time of the screening visit and will not be breast-feeding for up to 1 year following the index procedure.

7. Subject agrees to not participate in any other investigational or invasive clinical study for a period of 1 year following the index procedure.[1]

Angiographic Inclusion Criteria

1. One or two *de novo* target lesions:

    a. If there is one target lesion, a second non-target lesion may be treated but the non-target lesion must be present in a different epicardial vessel, and must be treated first with a successful, uncomplicated result prior to randomization of the target lesion.

    b. If two target lesions are present, they must be present in different epicardial vessels and both must satisfy the angiographic eligibility criteria.

[1] This includes clinical trials of medications and invasive procedures. Questionnaire-based studies, or other studies that are non-invasive and do not require medication are allowed. A subject who is taking part in the long-term follow-up phase of a trial, who has completed all medications and invasive procedures per protocol requirements, may continue to participate in that trial.

c. The definition of epicardial vessels means the LAD, LCX and RCA and their branches. Thus, the patient must not have lesions requiring treatment in e.g. both the LAD and a diagonal branch.

2. Target lesion(s) must be located in a native coronary artery with a visually estimated or quantitatively assessed %DS of ≥50% and <100% with a TIMI flow of ≥1 and one of the following: stenosis ≥70%, an abnormal functional test (e.g., fractional flow reserve, stress test), unstable angina or post-infarct angina.

a. Lesion(s) must be located in a native coronary artery with RVD by visual estimation of ≥2.50 mm and ≤ 3.75 mm.

b. Lesion(s) must be located in a native coronary artery with length by visual estimation of ≤24 mm.

General Exclusion Criteria

1. Any surgery requiring general anesthesia or discontinuation of aspirin and/or an ADP antagonist is planned within 12 months after the procedure.

2. Subject has known hypersensitivity or contraindication to device material and its degradants (everolimus, poly (L-lactide), poly (DL-lactide), lactide, lactic acid) and cobalt, chromium, nickel, platinum, tungsten, acrylic and fluoro polymers that cannot be adequately pre-medicated. Subject has a known contrast sensitivity that cannot be adequately pre-medicated.

3. Subject has known allergic reaction, hypersensitivity or contraindication to aspirin; or to clopidogrel and prasugrel and ticagrelor; or to heparin and bivalirudin, and therefore cannot be adequately treated with study medications.

4. Subject had an acute myocardial infarction (AMI; STEMI or NSTEMI) within 72 hours of the index procedure and both CK and CK-MB have not returned to within normal limits at the time of index procedure; or subject with stable angina or silent ischemia with CK-MB that is greater than normal limits at the time of the index procedure.

5. Subject is currently experiencing clinical symptoms consistent with new onset AMI (STEMI or NSTEMI), such as nitrate-unresponsive prolonged chest pain with ischemic ECG changes.

6. Subject has a cardiac arrhythmia as identified at the time of screening for which at least one of the following criteria is met[2]:

a. Subject requires coumadin or any other agent for chronic oral anticoagulation.

b. Subject is likely to become hemodynamically unstable due to their arrhythmia.

c. Subject has poor survival prognosis due to their arrhythmia.

[2] Investigator should use discretion when enrolling subjects with high CHADS scores.

7. Subject has a left ventricular ejection fraction (LVEF) <30% assessed by any quantitative method, including but not limited to echocardiography, MRI, Multiple-Gated Acquisition (MUGA) scan, contrast left ventriculography, PET scan, etc. LVEF may be obtained within 6 months prior to the procedure for subjects with stable CAD. For subjects presenting with ACS, LVEF must be assessed during the index hospitalization (which may include during the index procedure by contrast left ventriculography) but prior to randomization in order to confirm the subject's eligibility.

8. Subject has undergone prior PCI within the target vessel during the last 12 months. Prior PCI within the non-target vessel or any peripheral intervention is acceptable if performed anytime >30 days before the index procedure, or between 24 hours and 30 days before the index procedure if successful and uncomplicated.

9. Subject requires future staged PCI either in target or non-target vessels or subject requires future peripheral interventions <30 days after the index procedure

10. Subject has received any solid organ transplants or is on a waiting list for any solid organ transplants.

11. At the time of screening, the subject has a malignancy that is not in remission.

12. Subject is receiving immunosuppressant therapy or has known immunosuppressive or autoimmune disease (e.g., human immunodeficiency virus, systemic lupus erythematosus, etc.). Note: corticosteroids are not included as immunosuppressant therapy.

13. Subject has previously received or is scheduled to receive radiotherapy to a coronary artery (vascular brachytherapy), or the chest/mediastinum.

14. Subject is receiving or will require chronic anticoagulation therapy (e.g., coumadin, dabigatran, apixaban, rivaroxaban or any other agent for any reason).

15. Subject has a platelet count <100,000 cells/mm^3 or >700,000 cells/mm^3.

16. Subject has a documented or suspected hepatic disorder as defined as cirrhosis or Child-Pugh ≥ Class B.

17. Subject has renal insufficiency as defined as an estimated GFR <30 ml/min/1.73m2 or dialysis at the time of screening[3].

18. Subject is high risk of bleeding for any reason; has a history of bleeding diathesis or coagulopathy; has had a significant gastro-intestinal or significant urinary bleed within the past six months.

[3] Estimated GFR can be based on Modification of Diet in Renal Disease (MDRD) equation or Cockcroft-Gault equation (CCG).

19. Subject has had a cerebrovascular accident or transient ischemic neurological attack (TIA) within the past six months, or any prior intracranial bleed, or any permanent neurologic defect, or any known intracranial pathology (e.g. aneurysm, arteriovenous malformation, etc.).

20. Subject has extensive peripheral vascular disease that precludes safe 6 French sheath insertion. Note: femoral arterial disease does not exclude the patient if radial access may be used.

21. Subject has life expectancy <5 years for any non-cardiac cause or cardiac cause.

22. Subject is in the opinion of the Investigator or designee, unable to comply with the requirements of the study protocol or is unsuitable for the study for any reason. This includes completion of Patient Reported Outcome instruments.

23. Subject is currently participating in another clinical trial that has not yet completed its primary endpoint[4].

24. Subject is part of a vulnerable population who, in the judgment of the investigator, is unable to give Informed Consent for reasons of incapacity, immaturity, adverse personal circumstances or lack of autonomy. This may include: Individuals with mental disability, persons in nursing homes, children, impoverished persons, persons in emergency situations, homeless persons, nomads, refugees, and those incapable of giving informed consent. Vulnerable populations also may include members of a group with a hierarchical structure such as university students, subordinate hospital and laboratory personnel, employees of the Sponsor, members of the armed forces, and persons kept in detention.

Angiographic Exclusion Criteria

All exclusion criteria apply to the target lesion(s) or target vessel(s).

1. Lesion which prevents successful balloon pre-dilatation, defined as full balloon expansion with the following outcomes:
   - Residual %DS is a maximum <40% (per visual estimation), ≤20% is strongly recommended.
   - TIMI Grade-3 flow (per visual estimation).
   - No angiographic complications (e.g. distal embolization, side branch closure).
   - No dissections NHLBI grade D-F.
   - No chest pain lasting >5 minutes.
   - No ST depression or elevation lasting > 5 minutes.

2. Lesion is located in left main.

[4] This includes clinical trials of medications and invasive procedures. Questionnaire-based studies, or other studies that are non-invasive and do not require medication are allowed. A subject who is taking part in the long-term follow-up phase of a trial, who has completed all medications and invasive procedures per protocol requirements, may continue to participate in that trial.

3. Aorto-ostial RCA lesion (within 3 mm of the ostium).

4. Lesion located within 3 mm of the origin of the LAD or LCX.

5. Lesion involving a bifurcation with a:
   a. side branch ≥2 mm in diameter, or
   b. side branch with either an ostial or non-ostial lesion with diameter stenosis > 50%, or
   c. side branch requiring pre-dilatation

6. Anatomy proximal to or within the lesion that may impair delivery of the Absorb or Xience stent:

   a. Extreme angulation (≥90°) proximal to or within the target lesion.
   b. Excessive tortuosity (≥two 45° angles) proximal to or within the target lesion.
   c. Moderate or heavy calcification proximal to or within the target lesion. If IVUS used, subject must be excluded if calcium arc in the vessel prior to the lesion or within the lesion is ≥180°.

7. Vessel contains thrombus as indicated in the angiographic images or by IVUS or OCT.

8. Lesion or vessel involves a myocardial bridge.

9. Vessel has been previously treated with a stent at any time prior to the index procedure such that the Absorb or Xience would need to cross the stent to reach the target lesion.

10. Vessel has been previously treated and the target lesion is within 5 mm proximal or distal to a previously treated lesion.

11. Target lesion located within an arterial or saphenous vein graft or distal to any arterial or saphenous vein graft.

ABSORB III Protocol Myocardial Infarction (MI) Definition

Classification	Biomarker Criteria	Additional Criteria
Periprocedural PCI	CK-MB > 5 x ULN	Baseline value* < ULN; see also **
Periprocedural CABG	CK-MB > 10 x ULN	Baseline value* < ULN; see also **
Spontaneous	Troponin >ULN or CK-MB > ULN	One or more of the following must also be present: - Symptoms of ischemia; - ECG changes indicative of new ischemia - (new ST-T changes or new LBBB), - Development of pathological Q waves; - Imaging evidence of a new loss of viable myocardium or a new regional wall motion abnormality
Reinfarction (not related to a procedure)	If the Troponin or CKMB values are stable or decreasing on 2 consecutive samples > 6 hours, a 20% or greater increase 3 to 12 hours after second sample is required to diagnose recurrent MI.	If biomarkers are increasing or peak not reached then insufficient data to diagnose recurrent MI. In this case at least two of the following three conditions must be present: - ECG changes indicative of new ischemia - (new ST-T changes or new LBBB), - Development of pathological Q waves - Imaging evidence of a new loss of viable myocardium or a new regional wall motion abnormality

ULN=Upper limits of the local laboratory normal (will be collected from each hospital laboratory prior to study commencement);
LBBB=Left Bundle-branch Block

* Baseline CKMB value is required before study procedure and presumes a typical rise and fall post procedure to diagnose a peri procedure MI

** Whenever at least one baseline and one post procedure CK-MB measure are available, adjudication of MI will be based solely on these biomarker values. If the patient has stable ischemic heart disease and the baseline CK-MB measure are not available, they will be assumed to be within normal limits and MI will be adjudicated by the CEC solely according to the post procedure CK-MB measures. TROPONINS WILL NOT BE USED TO DIAGNOSE PERI-PROCEDURAL MI.

If the patient had an elevated CK-MB at baseline (protocol violation), and/or no post procedure CK-MB measures are available (protocol violation), adjudication of a post procedure MI will be based on presence of two of the following three:

1) New ST elevation or ST depression ≥0.1mV in ≥2 contiguous leads on ECG ≥30 min. and ≤48 hrs. post-PCI (Note: ST elevation should be measured at the J point, and ST depression must be horizontal or down-sloping), Or New pathological Q-waves in ≥2 contiguous leads, or new LBBB;
2) Post procedure TIMI 0/1 flow in a coronary artery or a side branch with reference vessel diameter ≥2.0 mm which had TIMI 2-3 flow at baseline, or TIMI 2 flow in a major coronary artery or a side branch with reference vessel diameter ≥3.0 mm which had TIMI 3 flow at baseline (core laboratory assessed);
3) Imaging evidence of a new loss of viable myocardium or a new regional wall motion abnormality.

Note: Patients with stable coronary artery disease syndromes may have the baseline CKMB drawn

from the arterial sheath during the PCI procedure. If this value is elevated (expected in 1-2% of patients with stable CAD, a post-PCI MI will be diagnosed if the post-procedure CK-MB shows a 20% or greater CK-MB increase on the second sample drawn 3 to 12 hours post procedure (meeting the threshold of CKMB > 5 x ULN), and at least 1 of the following are present:
1) ECG changes indicative of new ischemia - (new ST-T changes or new LBBB),
2) Development of pathological Q waves;
3) Imaging evidence of a new loss of viable myocardium or a new regional wall motion abnormality.
In the absence of any of the above evidence, a > 50% increase in CK-MB over the baseline value, meeting the threshold of CKMB > 5 x ULN, will also qualify for a periprocedural MI.

- **Periprocedural MI After PCI:**

  The periprocedural period includes the first 48 hours after PCI.

- **Periprocedural MI After CABG:**

  The periprocedural period includes the first 48 hours after coronary artery bypass grafting (CABG).

- **Spontaneous MI:**

  MI after the periprocedural period may be secondary to late stent complications or progression of native disease. Performance of ECG and angiography supports adjudication to either a target or non-target vessel in most cases.

  With the unique issues and pathophysiological mechanisms associated with these later events as well as the documented adverse impact on short and long-term prognosis, a more sensitive definition than for periprocedural MI of any elevation of troponin or CKMB above the 99^{th} percentile of the upper range limit (or ULN if URL is not available) is used. All late events that are not associated with a revascularization procedure will be considered simply as spontaneous.

Myocardial infarctions will also be adjudicated based on the following classification:

- **Q wave MI**

  Development of new, pathological Q wave on the ECG ($\geq$ 0.04 seconds in duration and $\geq$ 1 mm in depth) in $\geq$ 2 contiguous precordial leads or $\geq$ 2 adjacent limb leads)

- **Non-Q wave MI**

  Those MIs which are not Q-wave MI.

Myocardial infarctions will also be adjudicated as to their relation to the Target Vessel

All infarcts that cannot be clearly attributed to a vessel other than the target vessel will be considered related to the target vessel.

Per Treatment Evaluable (PTE) Population Criteria:

The per-treatment evaluable (PTE) population will consist of subjects who have received only study device(s) (Absorb or Xience) at the target lesion. Analyses based on the per-treatment-evaluable population will be as "treated". Subjects will be included in the treatment group corresponding to the study device actually received. The PTE population will exclude subjects with the protocol deviations to the following criteria:

- General inclusion criteria:
    - #3 Subject must have evidence of myocardial ischemia (e.g., stable, unstable angina, post-infarct angina or silent ischemia) suitable for elective PCI. Subjects with stable angina or silent ischemia and < 70% diameter stenosis must have objectives sign of ischemia as determined by one of the following, echocardiogram, nuclear scan, ambulatory ECG or stress ECG). In the absence of noninvasive ischemia, fractional flow reserve (FFR) must be done and indicative of ischemia.
- General exclusion criteria:
    - #1 Any surgery requiring general anesthesia or discontinuation of aspirin and/or an ADP antagonist is planned within 12 months after the procedure.
    - #3 Subject has known allergic reaction, hypersensitivity or contraindication to aspirin; or to clopidogrel and prasugrel and ticagrelor; or to heparin and bivalirudin, and therefore cannot be adequately treated with study medications.
    - #4 Subject had an acute myocardial infarction (AMI: STEMI or NSTEMI) within 72 hours of the index procedure and both CK and CK-MB have not returned to within normal limits at the time of index procedure; or subject with stable angina or silent ischemia has CK-MB that is greater than normal limits at the time of the index procedure.
    - #5 Subject is currently experiencing clinical symptoms consistent with new onset AMI (STEMI or NSTEMI), such as nitrate-unresponsive prolonged chest pain with ischemic ECG changes.
    - #7 Subject has a left ventricular ejection fraction (LVEF) < 30% assessed by any quantitative method, requires future staged PCI either in target or non-target vessels.
    - #8 Subject has undergone prior PCI within the target vessel during the last 12 months. Prior PCI within the non-target vessel or any peripheral intervention is acceptable if performed anytime >30 days before the index procedure, or between 24 hours and 30 days before the index procedure if successful and uncomplicated.
    - #9 Subject requires future staged PCI either in target or non-target vessels or subject requires future peripheral interventions < 30 days after the index procedure.
    - #17 Subject has renal insufficiency as defined as an estimated GFR < 30 ml/min/1.73m^2 or dialysis at the time of screening
- All angiographic inclusion and exclusion criteria

- Select treatment strategy:
    - Non-target lesion treatment not per protocol
    - Target lesion treated not per protocol
    - Pre-dilatation not done per protocol
    - ≥1 target lesion(s) in which different devices were used in each lesion – semi-crossover.
    - Treatment of > 2 lesions or two lesions in the same vessel
    - Subject enrolled after unsuccessful treatment of non-target lesion

Baseline Clinical, Angiographic, and Procedural Characteristics for the ≥ 2.25 mm and < 2.25 mm RVD Subgroups (Absorb and Xience arms)

Table 1 Key Baseline Patient Characteristics and Risk Factors Stratified by Core Laboratory Assessed RVD – Per-Subject Analysis (Intent-To-Treat Population)

	RVD ≥ 2.25 mm			RVD < 2.25 mm		
	Absorb (N=1074)	**Xience (N=549)**	**Difference [95% CI][1]**	**Absorb (N=242)**	**Xience (N=133)**	**Difference [95% CI][1]**
Subject Background						
Age (year)	63.3 ± 10.6 (1074)	63.3 ± 10.2 (549)	-0.0 [-1.1, 1.0]	64.5 ± 10.9 (242)	64.9 ± 10.7 (133)	-0.4 [-2.7, 1.9]
Male Subjects	71.5% (768/1074)	73.0% (401/549)	-1.53% [-6.03%, 3.13%]	66.5% (161/242)	57.1% (76/133)	9.39% [-0.79%, 19.59%]
Body Mass Index (kg/m^2)	30.78 ± 6.25 (1074)	30.54 ± 6.22 (549)	0.24 [-0.40, 0.88]	29.67 ± 5.90 (242)	30.11 ± 6.48 (133)	-0.44 [-1.77, 0.90]
Current Tobacco Use	20.9% (224/1074)	20.2% (111/549)	0.64% [-3.61%, 4.68%]	22.3% (54/242)	22.6% (30/133)	-0.24% [-9.41%, 8.20%]
Any Diabetes Mellitus (DM)	30.3% (325/1073)	32.2% (177/549)	-1.95% [-6.78%, 2.76%]	36.5% (88/241)	33.8% (45/133)	2.68% [-7.54%, 12.43%]
DM req. Med.	21.8% (234/1073)	22.8% (125/549)	-0.96% [-5.34%, 3.23%]	29.0% (70/241)	26.3% (35/133)	2.73% [-6.96%, 11.77%]
DM req. Insulin	10.1% (108/1073)	11.7% (64/549)	-1.59% [-4.98%, 1.51%]	11.2% (27/241)	9.8% (13/133)	1.43% [-5.66%, 7.51%]
HbA1c (%) (All Diabetes Mellitus)	7.52 ± 1.76 (303)	7.78 ± 2.01 (163)	-0.26 [-0.62, 0.11]	7.66 ± 1.81 (84)	7.87 ± 2.26 (44)	-0.20 [-0.99, 0.58]
Hypertension req. Med.	80.5% (865/1074)	80.0% (439/549)	0.58% [-3.42%, 4.78%]	83.5% (202/242)	84.2% (112/133)	-0.74% [-8.11%, 7.52%]
Dyslipidemia req. Med.	75.9% (815/1074)	77.8% (427/549)	-1.89% [-6.11%, 2.52%]	78.1% (189/242)	77.4% (103/133)	0.66% [-7.77%, 9.80%]
Prior Coronary Intervention	37.4% (402/1074)	37.5% (206/549)	-0.09% [-5.10%, 4.83%]	45.0% (109/242)	41.2% (54/131)	3.82% [-6.72%, 14.05%]
Prior MI	21.1% (225/1066)	20.5% (112/546)	0.59% [-3.69%, 4.67%]	23.4% (56/239)	29.0% (38/131)	-5.58% [-15.21%, 3.56%]

Table 1 **Key Baseline Patient Characteristics and Risk Factors Stratified by Core Laboratory Assessed RVD – Per-Subject Analysis (Intent-To-Treat Population)**

	RVD ≥ 2.25 mm			RVD < 2.25 mm		
	Absorb (N=1074)	**Xience (N=549)**	**Difference [95% CI][1]**	**Absorb (N=242)**	**Xience (N=133)**	**Difference [95% CI][1]**
Cardiac Status						
AMI	3.1% (33/1073)	2.0% (11/549)	1.07% [-0.71%, 2.57%]	1.7% (4/242)	5.3% (7/133)	-3.61% [-8.91%, 0.08%]
Unstable Angina	27.1% (291/1073)	26.2% (144/549)	0.89% [-3.73%, 5.34%]	25.6% (62/242)	18.0% (24/133)	7.57% [-1.41%, 15.68%]
Stable Angina	57.2% (614/1073)	59.9% (329/549)	-2.70% [-7.71%, 2.38%]	57.4% (139/242)	63.9% (85/133)	-6.47% [-16.39%, 3.93%]
Silent Ischemia	9.8% (105/1073)	10.2% (56/549)	-0.41% [-3.67%, 2.55%]	11.2% (27/242)	9.8% (13/133)	1.38% [-5.70%, 7.45%]
No Current Evidence of Ischemia	2.2% (24/1073)	0.9% (5/549)	1.33% [-0.08%, 2.52%]	1.7% (4/242)	3.0% (4/133)	-1.35% [-5.94%, 1.76%]
Single diseased artery	71.0% (763/1074)	70.5% (387/549)	0.55% [-4.05%, 5.30%]	63.6% (154/242)	54.9% (73/133)	8.75% [-1.55%, 19.02%]
Two diseased arteries	22.9% (246/1074)	23.7% (130/549)	-0.77% [-5.22%, 3.48%]	29.8% (72/242)	36.8% (49/133)	-7.09% [-17.13%, 2.71%]
Three or more diseased arteries	6.1% (65/1074)	5.8% (32/549)	0.22% [-2.39%, 2.53%]	6.6% (16/242)	8.3% (11/133)	-1.66% [-8.10%, 3.61%]

Table 2 **Baseline Lesion Characteristics and QCA by Angiographic Core Lab Stratified by Core Laboratory Assessed RVD – Per-Subject / Per-Lesion Analysis (Intent-To-Treat Population)**

	RVD ≥ 2.25 mm			RVD < 2.25 mm		
	Absorb (N=1074) (L=1115)	**Xience (N=549) (L=561)**	**Difference [95% CI][1]**	**Absorb (N=242) (L=262)**	**Xience N=133) (L=146)**	**Difference [95% CI][1]**
Target vessels						
Number of Target Lesions Treated	1.0 ± 0.2 (1074)	1.0 ± 0.1 (549)	0.0 [-0.0, 0.0]	1.1 ± 0.3 (242)	1.1 ± 0.3 (133)	-0.0 [-0.1, 0.0]
LAD	42.8% (477/1115)	40.3% (226/561)	2.50% [-2.52%, 7.43%]	52.3% (137/262)	50.0% (73/146)	2.29% [-7.74%, 12.28%]
LCX/Ramus	24.4% (272/1115)	29.6% (166/561)	-5.20% [-9.80%, -0.73%]	33.6% (88/262)	34.2% (50/146)	-0.66% [-10.35%, 8.67%]
RCA	32.7% (365/1115)	30.1% (169/561)	2.61% [-2.15%, 7.22%]	14.1% (37/262)	15.8% (23/146)	-1.63% [-9.35%, 5.27%]
LMCA	0.1% (1/1115)	0.0% (0/561)	0.09% [-0.59%, 0.51%]	0.0% (0/262)	0.0% (0/146)	0.00% [-2.56%, 1.45%]
Lesion Morphology						
Type B2/C	70.9% (791/1115)	76.1% (427/561)	-5.17% [-9.49%, -0.66%]	58.8% (154/262)	57.9% (84/145)	0.85% [-8.96%, 10.84%]
Calcification (moderate/severe)	34.6% (385/1114)	33.5% (188/561)	1.05% [-3.80%, 5.78%]	27.1% (71/262)	26.9% (39/145)	0.20% [-9.03%, 8.88%]
Bifurcations	40.5% (452/1115)	42.0% (235/560)	-1.43% [-6.44%, 3.54%]	21.8% (57/262)	19.4% (28/144)	2.31% [-6.23%, 10.11%]
Tortuosity (moderate/severe)	3.1% (35/1115)	3.7% (21/561)	-0.60% [-2.71%, 1.15%]	1.9% (5/262)	4.8% (7/145)	-2.92% [-7.84%, 0.58%]
Eccentric Lesion	76.3% (851/1115)	77.0% (432/561)	-0.68% [-4.87%, 3.69%]	73.7% (193/262)	71.0% (103/145)	2.63% [-6.18%, 11.92%]
Pre-Procedure Measurement by QCA						
Lesion Length (mm)	12.84 ± 5.36 (1113)	13.30 ± 5.57 (561)	-0.46 [-1.02, 0.10]	11.54 ± 5.46 (262)	12.45 ± 6.72 (145)	-0.91 [-2.20, 0.37]
RVD (mm)	2.80 ± 0.38 (1115)	2.79 ± 0.39 (561)	0.01 [-0.03, 0.05]	2.09 ± 0.26 (262)	2.08 ± 0.22 (145)	0.01 [-0.04, 0.06]
MLD (mm)	0.97 ± 0.38 (1115)	0.95 ± 0.35 (561)	0.02 [-0.02, 0.06]	0.72 ± 0.26 (262)	0.70 ± 0.22 (145)	0.02 [-0.03, 0.07]
%DS	65.22 ± 12.61 (1115)	65.78 ± 11.86 (561)	-0.57 [-1.80, 0.66]	65.48 ± 11.94 (262)	66.21 ± 10.87 (145)	-0.72 [-3.02, 1.57]

Table 3 **Procedural QCA Results by Angiographic Core Lab Stratified by Core Laboratory Assessed RVD – Per-Lesion Analysis (Intent-To-Treat Population)**

	RVD ≥ 2.25 mm			RVD < 2.25 mm		
	Absorb (N=1074) (L=1115)	**Xience (N=549) (L=561)**	**Difference [95% CI][1]**	**Absorb (N=242) (L=262)**	**Xience (N=133) (L=146)**	**Difference [95% CI][1]**
Post- Pre-Dilatation Measurement by QCA						
RVD (mm)	2.80 ± 0.39 (1052)	2.80 ± 0.40 (514)	0.00 [-0.04, 0.04]	2.11 ± 0.26 (247)	2.12 ± 0.22 (133)	-0.01 [-0.06, 0.04]
MLD (mm)	1.63 ± 0.44 (1052)	1.59 ± 0.43 (514)	0.04 [-0.00, 0.09]	1.24 ± 0.34 (247)	1.22 ± 0.30 (133)	0.02 [-0.05, 0.08]
%DS	41.57 ± 14.37 (1052)	43.09 ± 13.95 (514)	-1.52 [-3.01, -0.03]	40.73 ± 15.20 (247)	41.84 ± 14.34 (133)	-1.11 [-4.21, 1.99]
Post-Procedure Measurement by QCA						
RVD (mm)	2.82 ± 0.39 (1110)	2.82 ± 0.41 (560)	0.01 [-0.03, 0.05]	2.15 ± 0.27 (260)	2.13 ± 0.23 (144)	0.02 [-0.03, 0.07]
In-Segment MLD (mm)	2.26 ± 0.37 (1110)	2.25 ± 0.39 (560)	0.00 [-0.04, 0.04]	1.72 ± 0.27 (260)	1.71 ± 0.25 (144)	0.00 [-0.05, 0.06]
In-Segment %DS	20.03 ± 7.95 (1110)	19.90 ± 8.11 (560)	0.12 [-0.70, 0.94]	20.10 ± 7.95 (260)	19.49 ± 8.51 (144)	0.61 [-1.09, 2.31]
In-Segment Acute Gain (mm)	1.28 ± 0.46 (1110)	1.30 ± 0.46 (560)	-0.02 [-0.06, 0.03]	1.00 ± 0.36 (260)	1.01 ± 0.31 (144)	-0.02 [-0.08, 0.05]
In-Device MLD (mm)	2.47 ± 0.36 (1109)	2.60 ± 0.36 (560)	-0.13 [-0.16, -0.09]	1.95 ± 0.28 (260)	2.06 ± 0.23 (144)	-0.12 [-0.17, -0.06]
In-Device %DS	12.19 ± 8.48 (1105)	7.33 ± 8.55 (556)	4.87 [4.00, 5.74]	9.21 ± 9.55 (260)	2.82 ± 9.44 (144)	6.39 [4.46, 8.33]
In-Device Acute Gain (mm)	1.50 ± 0.45 (1109)	1.65 ± 0.44 (560)	-0.15 [-0.19, -0.10]	1.23 ± 0.37 (260)	1.36 ± 0.32 (144)	-0.13 [-0.20, -0.06]
Total Stented/ Scaffolded Length (mm)	18.20 ± 6.41 (1109)	19.13 ± 7.37 (560)	-0.94 [-1.65, -0.22]	17.25 ± 6.47 (260)	19.22 ± 8.56 (144)	-1.97 [-3.59, -0.36]