SUPPLEMENTAL MATERIAL

Table S1. Medication Use from Hospital Discharge Through 2 Years According to Diabetes Status

	No diabetes (n=6153)	All diabetes (n=2429)	Insulin-treated diabetes (n=998)	Non-insulin-treated diabetes (n=1431)	p Value*	p Value†
Statin						
Pre-hospital admission	58.6% (3605/6153)	74.8% (1817/2429)	76.1% (759/998)	73.9% (1058/1431)	<0.0001	0.24
Discharge	92.5% (5690/6152)	90.6% (2201/2429)	89.9% (897/998)	91.1% (1304/1431)	0.004	0.30
1 year	87.1% (5199/5970)	84.5% (1977/2340)	83.8% (802/957)	85.0% (1175/1383)	0.002	0.45
2 years	84.4% (4816/5705)	83.0% (1816/2188)	82.4% (725/880)	83.4% (1091/1308)	0.12	0.53
Proton pump inhibitor						
Pre-hospital admission	24.0% (1475/6153)	27.5% (668/2429)	29.7% (296/998)	26.0% (372/1431)	0.0007	0.05
Discharge	25.4% (1563/6152)	24.7% (599/2429)	27.3% (272/998)	22.9% (327/1431)	0.47	0.01
1 year	22.1% (1317/5968)	24.7% (577/2339)	26.9% (257/956)	23.1% (320/1383)	0.01	0.04
2 years	21.7% (1238/5704)	24.6% (538/2188)	27.5% (242/880)	22.6% (296/1308)	0.006	0.009
ACE inhibitor or ARB						
Pre-hospital admission	50.3% (3098/6153)	73.0% (1772/2429)	76.5% (763/998)	70.5% (1009/1431)	<0.0001	0.001
Discharge	69.9% (4298/6152)	81.2% (1973/2429)	82.3% (821/998)	80.5% (1152/1431)	<0.0001	0.27
1 year	65.8% (3929/5970)	73.5% (1720/2340)	74.3% (711/957)	73.0% (1009/1383)	<0.0001	0.47
2 years	64.1% (3656/5706)	71.7% (1569/2188)	71.4% (628/880)	71.9% (941/1308)	<0.0001	0.77
Beta blockers						
Pre-hospital admission	57.4% (3534/6153)	69.5% (1688/2429)	70.5% (704/998)	68.8% (984/1431)	<0.0001	0.35
Discharge	83.2% (5121/6152)	83.3% (2024/2429)	83.3% (831/998)	83.4% (1193/1431)	0.92	0.95
1 year	78.1% (4662/5968)	79.1% (1850/2339)	81.1% (775/956)	77.7% (1075/1383)	0.33	0.051
2 years	74.8% (4270/5705)	77.1% (1688/2188)	79.0% (695/880)	75.9% (993/1308)	0.03	0.09
Calcium blockers						
Pre-hospital admission	18.5% (1139/6153)	28.6% (695/2429)	30.4% (303/998)	27.4% (392/1431)	<0.0001	0.11
Discharge	17.6% (1083/6152)	28.3% (687/2429)	29.9% (298/998)	27.2% (389/1431)	<0.0001	0.15
1 year	17.9% (1066/5968)	25.9% (605/2339)	26.7% (255/956)	25.3% (350/1383)	<0.0001	0.46
2 years	19.3% (1102/5706)	25.9% (567/2188)	26.5% (233/880)	25.5% (334/1308)	<0.0001	0.62
Diuretics						
Pre-hospital admission	28.3% (1740/6153)	45.7% (1110/2429)	51.9% (518/998)	41.4% (592/1431)	<0.0001	<0.0001
Discharge	32.1% (1977/6152)	47.7% (1159/2429)	53.3% (532/998)	43.8% (627/1431)	<0.0001	<0.0001
1 year	29.0% (1729/5968)	43.2% (1010/2339)	50.8% (486/956)	37.9% (524/1383)	<0.0001	<0.0001
2 years	28.8% (1641/5706)	42.8% (936/2187)	49.3% (434/880)	38.4% (502/1307)	<0.0001	<0.0001
Warfarin						
Pre-hospital admission	4.1% (254/6153)	5.8% (140/2429)	7.1% (71/998)	4.8% (69/1431)	0.001	0.02
Discharge	5.2% (320/6152)	6.3% (154/2429)	7.8% (78/998)	5.3% (76/1431)	0.04	0.01
1 year	5.0% (297/5968)	7.7% (181/2339)	8.9% (85/956)	6.9% (96/1383)	<0.0001	0.08
2 years	5.6% (319/5706)	9.0% (197/2187)	11.0% (97/880)	7.7% (100/1307)	<0.0001	0.007

*No diabetes versus diabetes; †insulin-treated versus non-insulin-treated diabetes. ACE = angiotensin-converting enzyme; ARB = angiotensin receptor blocker.

Table S2. Unadjusted 2-Year Outcomes According to Diabetes Status

	No diabetes (n=6153)	All diabetes (n=2429)	Insulin-treated diabetes (n=998)	Non-insulin-treated diabetes (n=1431)	p Value*	p Value†
Major adverse cardiac events	5.4% (318)	9.2% (213)	13.2% (124)	6.5% (89)	<0.0001	<0.0001
Stent thrombosis	0.9% (49)	1.7% (40)	2.2% (21)	1.4% (19)	0.03	0.41
Ischemia-driven target vessel revascularization	8.6% (498)	12.9% (291)	16.7% (151)	10.3% (140)	<0.0001	<0.0001
Clinically relevant bleeding	8.6% (509)	10.1% (230)	11.4% (106)	9.1% (124)	0.054	0.08
Death	3.2% (186)	5.7% (130)	8.0% (74)	4.1% (56)	<0.0001	0.0001
Cardiovascular	1.9% (110)	3.9% (87)	5.1% (47)	3.0% (40)	<0.0001	0.01
Cardiac	1.6% (96)	3.4% (77)	4.7% (43)	2.5% (34)	<0.0001	0.006
Myocardial infarction	4.0% (237)	6.7% (154)	9.6% (90)	4.7% (64)	<0.0001	<0.0001

*No diabetes versus diabetes; †insulin-treated versus non-insulin-treated diabetes.

Table S3. Unadjusted 2-Year Outcomes According to Diabetes Status*

	No diabetes (n=5799)	Insulin-treated diabetes (n=998)	Non-insulin-treated diabetes (n=1785)*	Overall p Value
Major adverse cardiac events	5.2% (289)	13.2% (124)	6.8% (118)	<0.0001
Stent thrombosis	0.9% (48)	2.2% (21)	1.3% (23)	0.0007
Ischemia-driven target vessel revascularization	8.5% (468)	16.7% (151)	10.0% (170)	<0.0001
Clinically relevant bleeding	8.7% (484)	11.4% (106)	8.8% (149)	0.04
Death	4.1% (56)	5.7% (130)	8.0% (74)	<0.0001
Cardiovascular	3.1% (170)	8.0% (74)	4.2% (72)	<0.0001
Cardiac	1.8% (98)	5.1% (47)	3.1% (52)	<0.0001
Myocardial infarction	3.9% (218)	9.6% (90)	4.9% (83)	<0.0001

*In this sensitivity analysis, the category "Non-insulin-treated diabetes" included patients with diabetes who were on oral medical treatment, diet only or no treatment.

Table S4. Adjusted Association Between High Platelet Reactivity on Clopidogrel and the Risk of Adverse Events at 2-Year Follow-up According to Diabetes Status*

	No diabetes Adjusted HR (95% CI)	Diabetes Adjusted HR (95% CI)	$p_{interaction}$
Major adverse cardiac events	1.44 (1.16-1.78)	1.02 (0.73-1.43)	0.09
Death	1.45 (1.10-1.92)	0.89 (0.58-1.38)	0.06
Cardiac death	1.37 (0.93-2.02)	0.94 (0.53-1.66)	0.27
Myocardial infarction	1.42 (1.11-1.82)	1.14 (0.77-1.69)	0.35
Stent thrombosis	1.70 (1.20-2.40)	1.01 (0.58-1.74)	0.11
Myocardial infarction or stent thrombosis	1.45 (1.17-1.80)	1.07 (0.76-1.51)	0.14
Ischemia-driven target vessel revascularization	1.17 (0.99-1.39)	0.96 (0.71-1.30)	0.26
Clinically relevant bleeding	0.87 (0.74-1.04)	0.72 (0.51-1.03)	0.35

*In this sensitivity analysis, the category "Non-insulin-treated diabetes" included patients with diabetes who were on oral medical treatment, diet only or no treatment. The multivariable model also included age, sex, body mass index, hypertension, hyperlipidemia, current smoker, renal insufficiency, previous coronary artery bypass grafting, previous percutaneous coronary intervention , anemia, white blood counts, platelet counts, aspirin reaction units, ST-elevation myocardial infarction (STEMI) or non-STEMI as clinical presentation, degree of coronary artery disease (single vessel versus multivessel), small vessel disease, target vessel location in the left anterior descending coronary artery, peripheral arterial disease, and total stent length.

Table S5. Time-Varying Effect of High Platelet Reactivity on the Risk of Major Adverse Cardiac Events in Non-Insulin Treated Diabetes (NITDM) and Insulin-Treated Diabetes (ITDM)

Time Interval	$p_{interaction}$ HPR Versus Time for NITDM	HPR Versus Time for ITDM
0-30 days versus 30 days - 2 years	0.75	0.73
0-1 year versus 1-2 years	0.66	0.36
0-30 days versus 30 days-1 year versus 1-2 years	0.80	0.51
Time as a continuous variable	0.57	0.44

HPR = high platelet reactivity; ITDM = insulin-treated diabetes mellitus; NITDM = non-insulin-treated diabetes mellitus.

Table S6. Adjusted Association Between High Platelet Reactivity on Clopidogrel and the Risk of Adverse Events At 2-Year Follow-up Among Patients with Diabetes* According to Insulin Treatment Status

	Non–insulin-treated diabetes mellitus Adjusted HR (95% CI)	Insulin-treated diabetes mellitus Adjusted HR (95% CI)	$p_{interaction}$
Major adverse cardiac events	1.65 (1.12-2.45)	1.04 (0.71-1.51)	0.09
Death	2.09 (1.22-3.57)	0.74 (0.46-1.21)	0.005
Cardiac death	2.41 (1.19-4.85)	0.78 (0.40-1.52)	0.02
Myocardial infarction	1.55 (0.98-2.46)	1.19 (0.76-1.86)	0.41
Stent thrombosis	2.17 (1.13-4.17)	1.00 (0.54-1.85)	0.09
Myocardial infarction or stent thrombosis	1.16 (0.85-1.58)	0.92 (0.66-1.28)	0.31
Ischemia-driven target vessel revascularization	1.11 (0.79-1.56)	0.66 (0.44-0.98)	0.049
Clinically relevant bleeding	1.65 (1.12-2.45)	1.04 (0.71-1.51)	0.09

*In this sensitivity analysis, the category "Non-insulin-treated diabetes" included patients with diabetes who were on oral medical treatment, diet only or no treatment. The multivariable model also included age, sex, body mass index, hypertension, hyperlipidemia, current smoker, renal insufficiency, previous coronary artery bypass grafting, previous percutaneous coronary intervention , anemia, white blood counts, platelet counts, aspirin reaction units, ST-elevation myocardial infarction (STEMI) or non-STEMI as clinical presentation, degree of coronary artery disease (single vessel versus multivessel), small vessel disease, target vessel location in the left anterior descending coronary artery, peripheral arterial disease, and total stent length.

Table S7. Time-Varying Effect of High Platelet Reactivity on the Risk of Major Adverse Cardiac Events in Non-Insulin Treated Diabetes (NITDM)* and Insulin-Treated Diabetes (ITDM)

Time Interval	$p_{interaction}$	
	HPR Versus Time for NITDM	**HPR Versus Time for ITDM**
0-30 days versus 30 days - 2 years	0.71	0.73
0-1 year versus 1-2 years	0.28	0.36
0-30 days versus 30 days-1 year versus 1-2 years	0.56	0.51
Time as a continuous variable	0.45	0.44

*In this sensitivity analysis, the category "Non-insulin-treated diabetes" included patients with diabetes who were on oral medical treatment, diet only or no treatment. HPR = high platelet reactivity; ITDM = insulin-treated diabetes mellitus; NITDM = non-insulin-treated diabetes mellitus.