

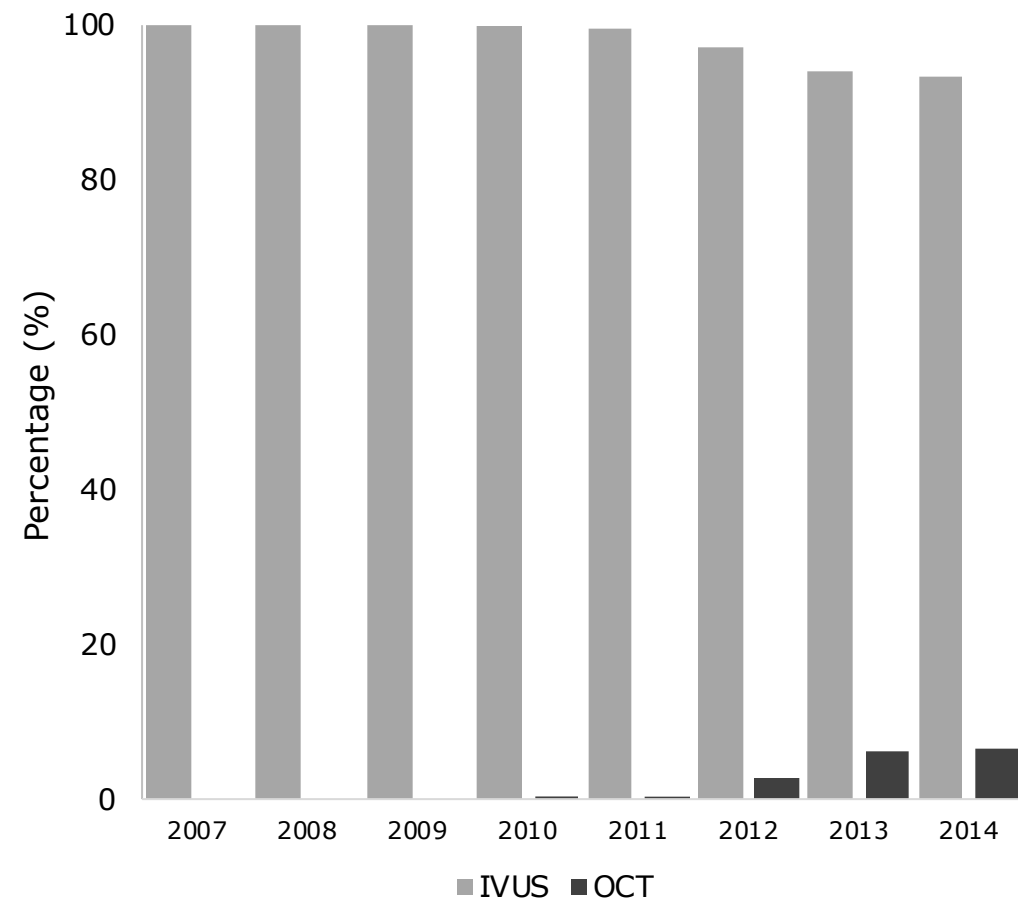
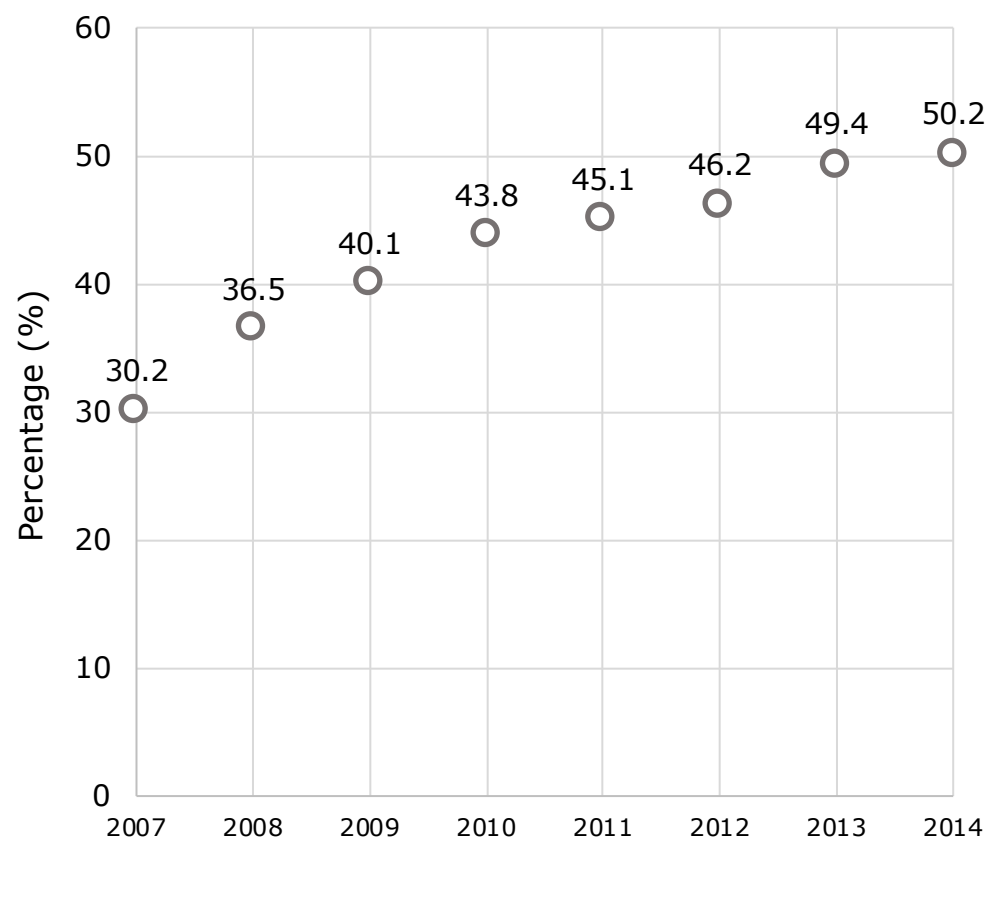


Figure 1: Trends in imaging for uLMS PCI in England and Wales 2007-2014. Left panel - Percentage of intravascular imaging use during unprotected LMS-PCI (p-value<0.001 for trend comparison); Right panel - Temporal change in intravascular ultrasound (IVUS) vs. optical coherence tomography (OCT) use during uLMS-PCI.

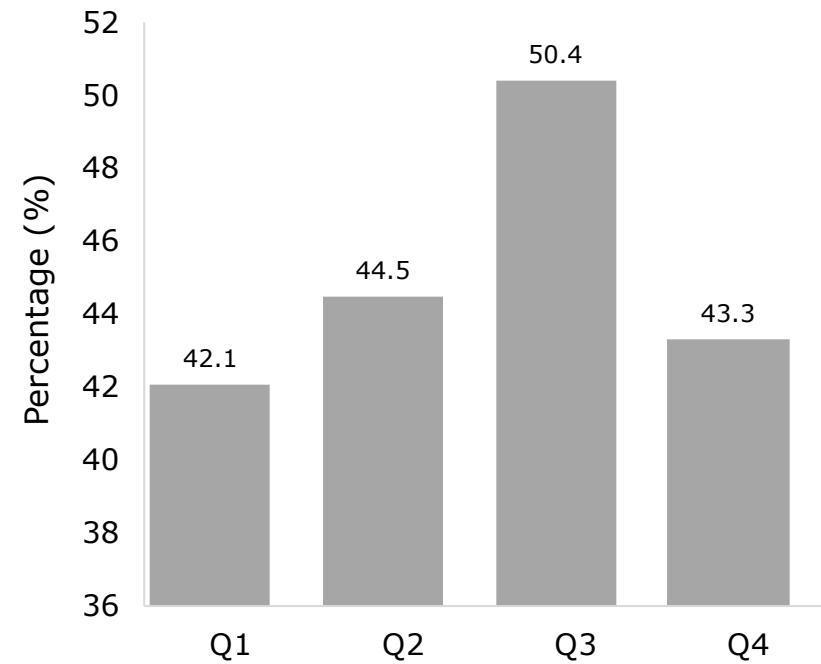


Figure 2: Operator volume and intravascular imaging use. Percentage of use during uLMS-PCI in England and Wales 2007-2014 presented by quartiles of operator uLMS-PCI volume indicating an increase in imaging use from Q1 to Q3 and a drop in use in Q4.

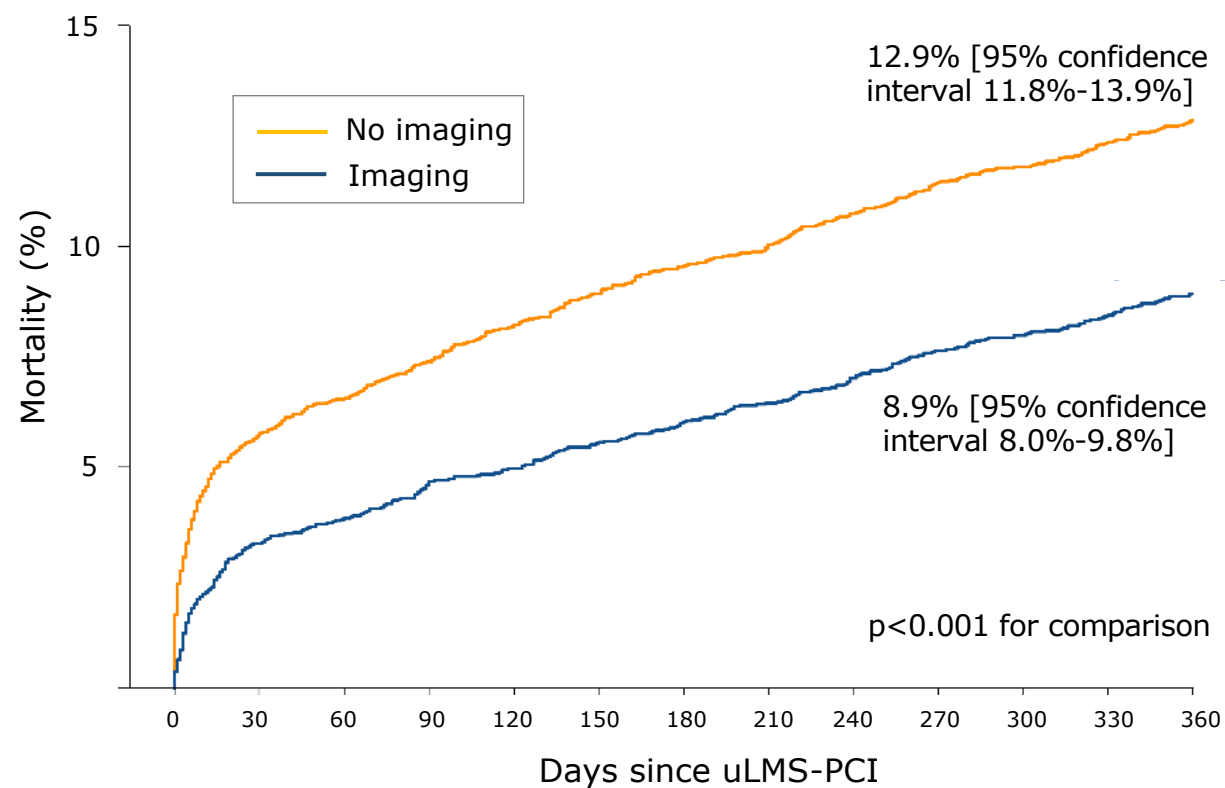


Figure 3: Survival by intravascular imaging use after unprotected LMS-PCI in England and Wales 2007-2014.
Kaplan-Meier curves of 12-month mortality categorised by intravascular imaging use or not.

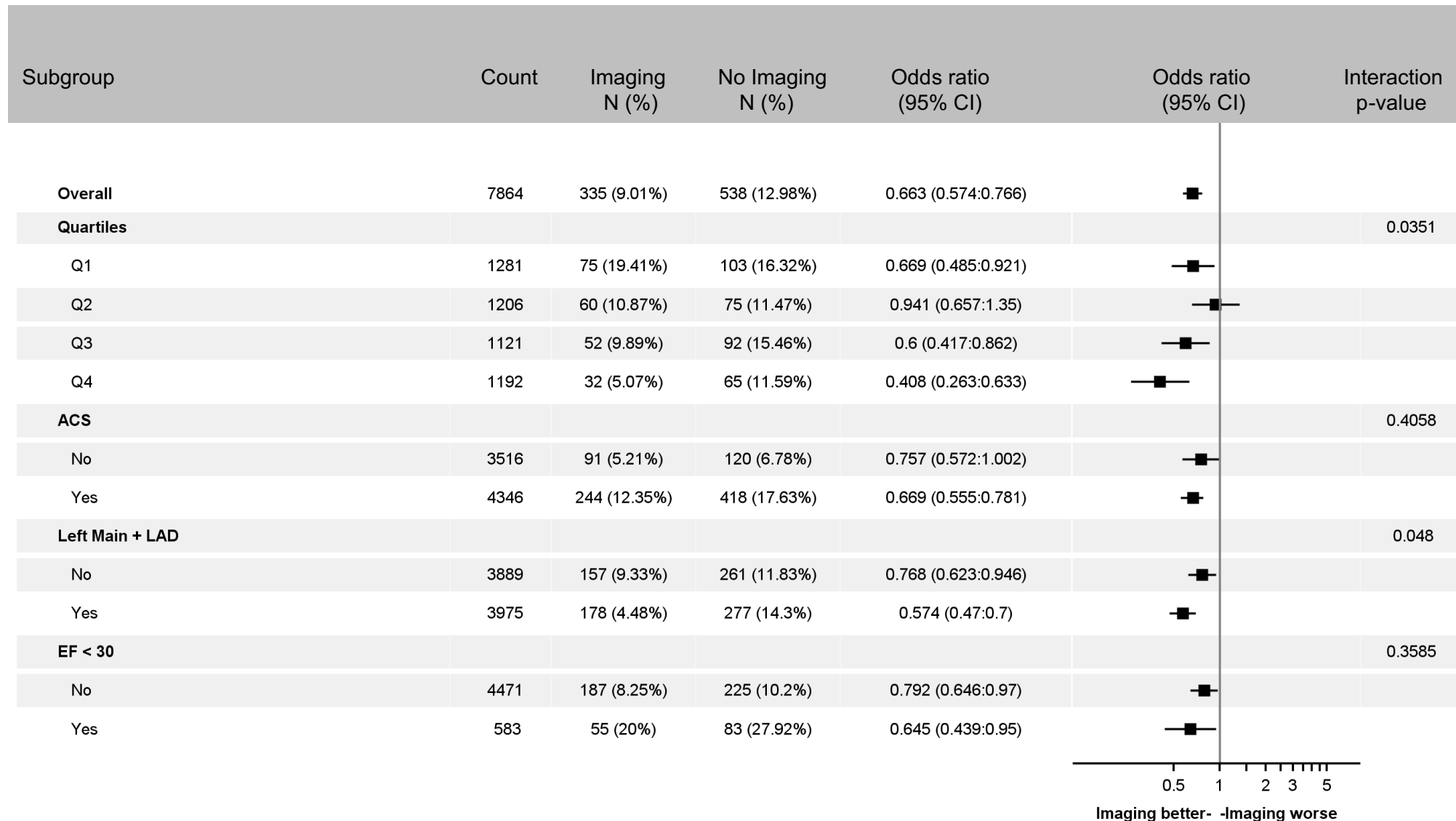


Figure 4: Sub-group analysis of 12-month mortality by imaging use. Forest plot of 12-month survival by imaging use in study sub-groups of operator volume, clinical presentation, ejection fraction and left main anatomy.

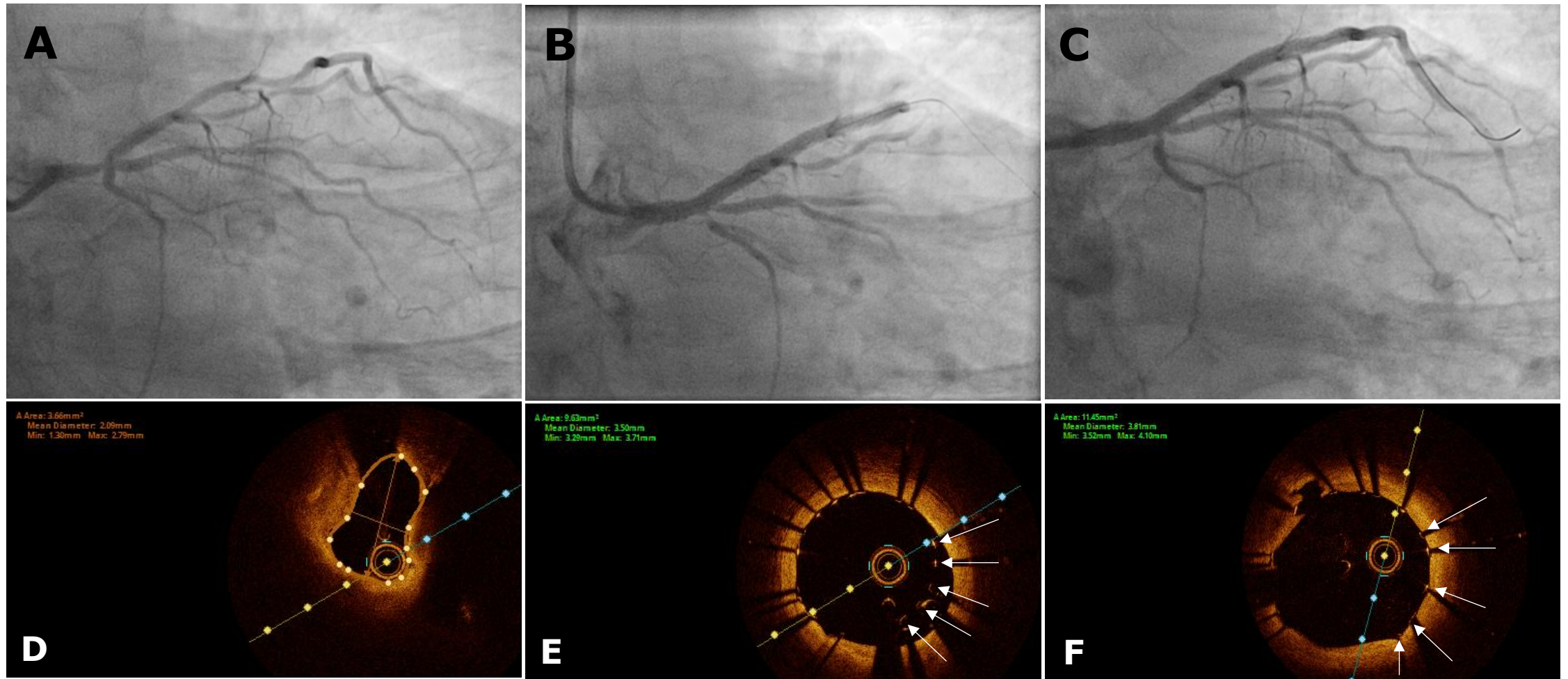


Figure 5: Optical coherence tomography during LMS-PCI. Panel A and D: Pre-PCI angiography and OCT indicating severe distal LMS disease and a minimal luminal diameter of 3.6mm²; Panel B and E: After post-dilation with a 4.0mm balloon, although angiography demonstrates an apparently good result, OCT demonstrates significant stent malapposition (white arrows); Panel C and F: After post-dilation with a 4.5mm balloon, although the angiogram appearances are unchanged, OCT confirms complete stent apposition (white arrows).