Supplementary Material 1: General recommendations for FFR and RFR measurements [Modified from Achenbach et al. (28) and Svanerud et al. (8)].

Catheter selection and positioning • Use guiding catheters (at least 5F) without side holes. • Ascertain coaxial catheter cannulation in the coronary ostium. • Disengage guiding catheter from ostium for pressure calibration, equalisation and recording of Pd/Pa in case of doubts about the catheter potentially obstructing the ostium.
Calibration • Before starting RFR and FFR measurements, ensure proper zeroing of the aortic pressure (1/3 vs. 2/3 diameter of the chest) • Flush the guidewire, lay flat when connecting/calibrating and do not move. • Before equalisation of pressures, advance the guidewire into the coronary artery until the pressure sensor is positioned at the end of the guide catheter. • Before equalisation of pressures, flush the guide catheter in order to remove the viscous contrast agent. • Before equalisation of pressures, remove the introducer and close the haemostatic valve. • Pressure curves are averaged across three-to-five heartbeats. Therefore, pressure equalisation requires some time, and no artefacts should occur during that time.
Positioning of the guidewire • Pressure sensor should be positioned in the main vessel directly downstream the most distal lesion. • Detecting artefacts: the sensor could interact with the vessel wall, especially in cases of a narrow vessel calibre or severe tortuosity. • Viscous contrast agent in the coronary tree can affect the gradient Pd/Pa.
Hyperemia • Prior to advancement of the guidewire, administer intracoronary nitroglicerine (usually 200mcg) to prevent spasms in epicardial vessels. • In case of evaluating more than one lesion in the same patient, the operator must wait a minimum time of 5 minutes after the adenosine adminnistration to avoid the interference of coronary vasodilatation on RFR values. - *Medications for hyperemia (exclusively for FFR; not applicable for RFR):* • Endovenous: - Adenosine 140 μg / kg / min - In case of borderline results, an increased dose of adenosine endovenous is possible. However, endovenous doses> 180 μg / kg / min can reduce coronary perfusion and are therefore not recommended. • Intracoronary: - Adenosine (up to 200 mcg of intracoronary adenosine for the right coronary artery and up to 300 mcg of adenosine for the left coronary artery).

FFR, fractional flow reserve; RFR, resting full-cycle ratio, Pd, distal pressure; Pa, aortic pressure.