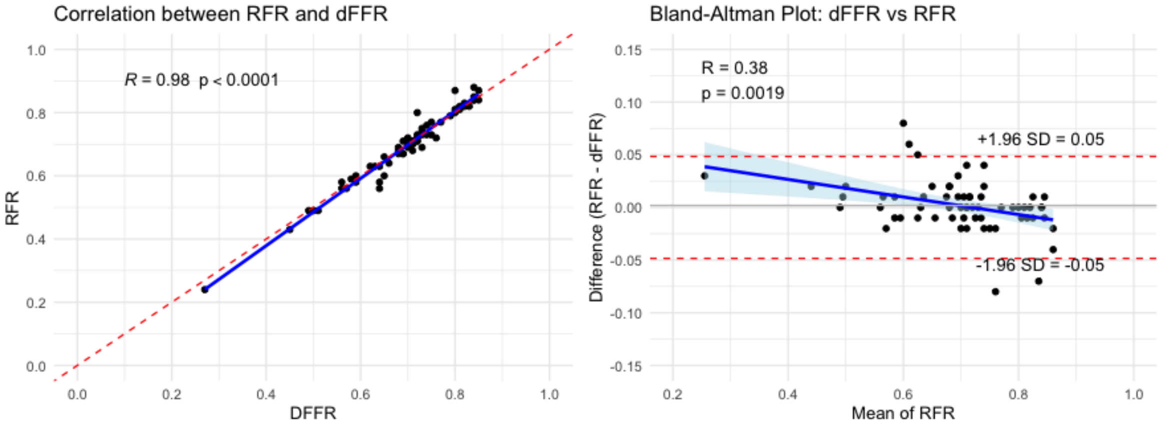
Supplemental Material

eFigure 1. Relationship between RFR and diastolic FFR in myocardial bridges.

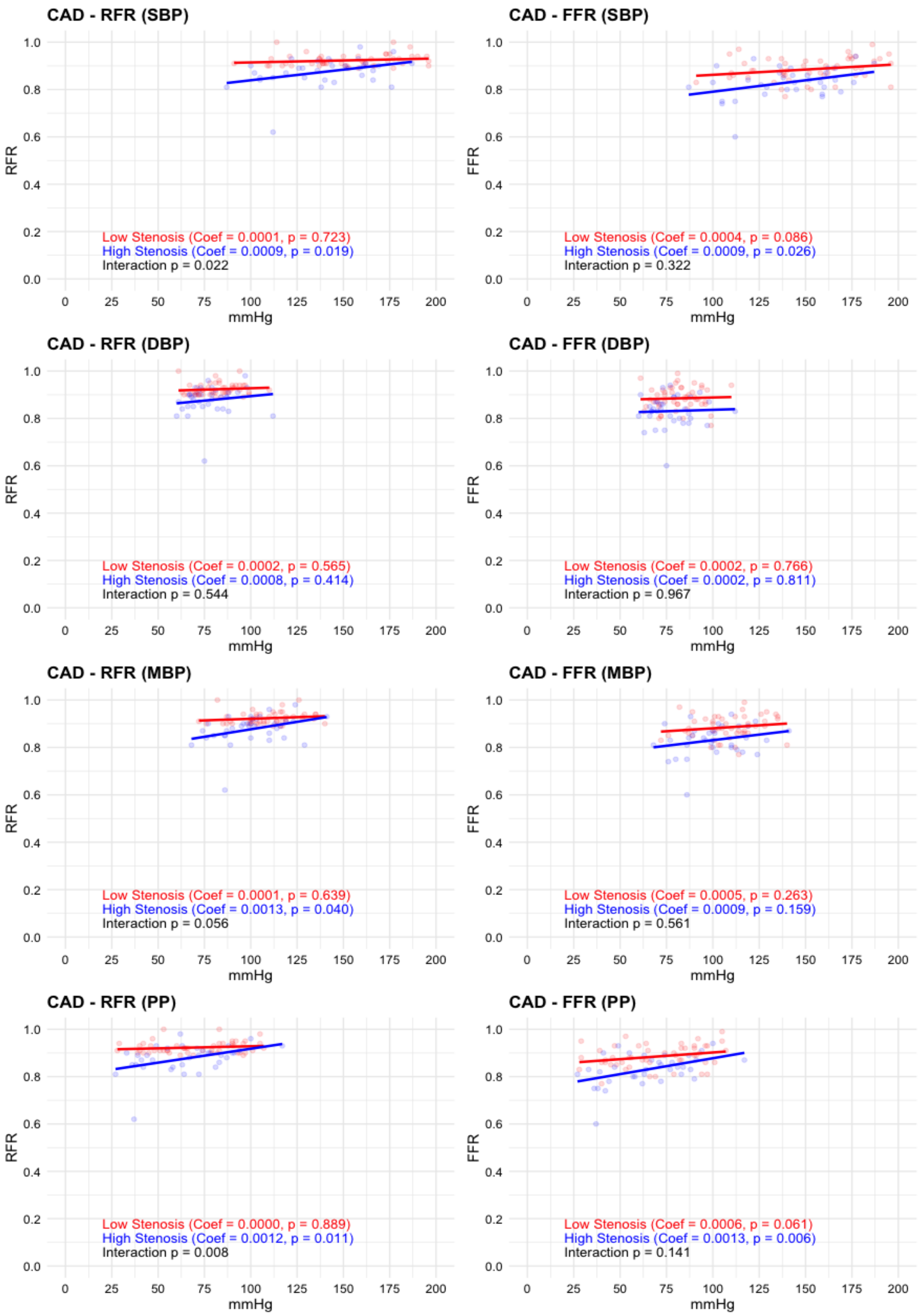
eFigure 2. Interaction between CAD stenosis severity and the association between blood pressure and hemodynamic significance.

eFigure 3. Interaction between microvascular dysfunction and the association between blood pressure and hemodynamic significance in MB.

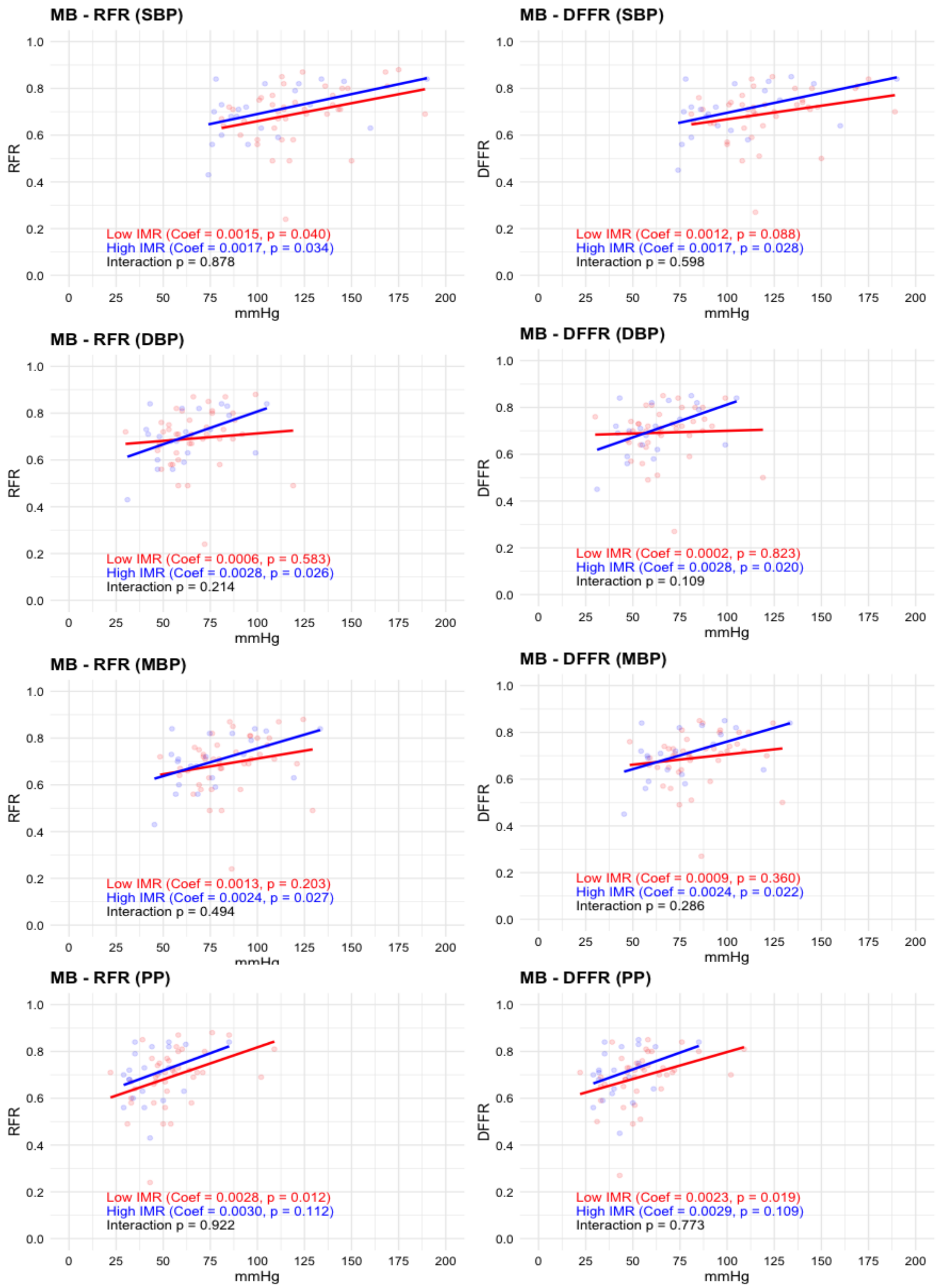
eFigure 4. Interaction between microvascular dysfunction and the association between blood pressure and hemodynamic significance in CAD.



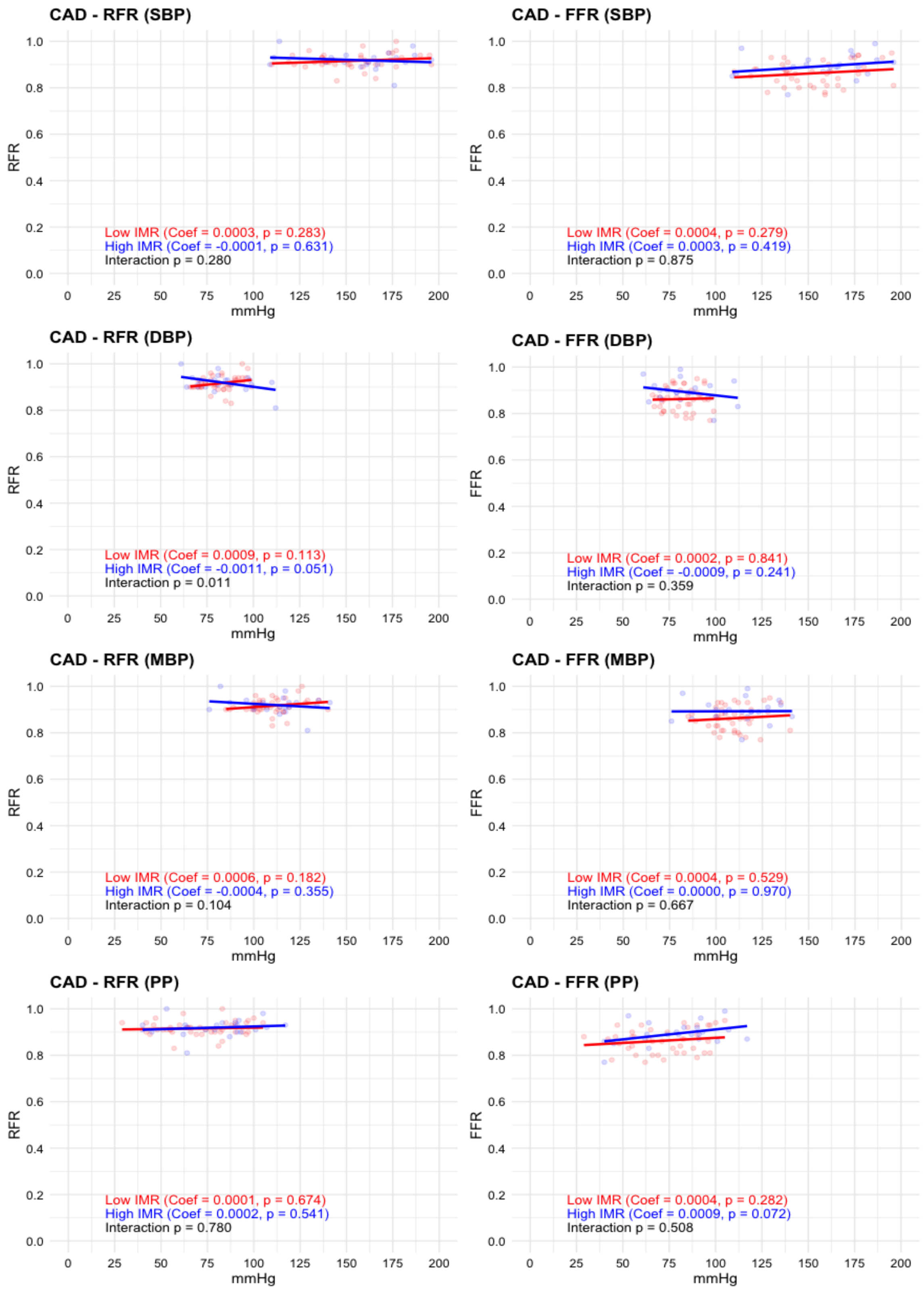
eFigure 1. Relationship between RFR and diastolic FFR in myocardial bridges. Left panel shows high correlation between RFR and diastolic FFR with dobutamine. Right panel shows a bland-altman plot demonstrating RFR is lower than dFFR at lower mean values and vice versa. N = 63 patients with LAD myocardial bridging.



eFigure 2. Interaction between CAD stenosis severity and the association between blood pressure and hemodynamic significance. Figure shows the relationship between systolic, mean and diastolic blood pressure with RFR and dFFR according to low or high myocardial bridge compression. Significant interactions were observed between stenosis severity with systolic and pulse pressure for RFR but not FFR.



eFigure 3. Interaction between microvascular dysfunction and the association between blood pressure and hemodynamic significance in MB. Figure shows the relationship between systolic, mean and diastolic blood pressure with RFR and dFFR according to low or high index of microcirculatory resistance (IMR<25 vs. ≥25). No significant interactions were observed.



eFigure 4. Interaction between microvascular dysfunction and the association between blood pressure and hemodynamic significance in CAD. Figure shows the relationship between systolic, mean and diastolic blood pressure with RFR and dFFR according to low or high index of microcirculatory resistance (IMR<25 vs. ≥25). No significant interactions were observed.