



**Supplementary Figure 1.** Propensity score matching. The propensity score was generated using clinical variables including age, sex, atrial fibrillation, hypertension, diabetes, prior history of myocardial infarction (MI), chronic kidney disease, initial diagnosis of ST-elevation MI (STEMI) or non ST-elevation MI (NSTEMI), vascular access, PCI for left main or left anterior descending artery (LAD), multivessel disease, complete revascularization, left ventricular (LV) ejection fraction < 40%, multiorgan failure, and cardiogenic shock. All variables were included in the propensity score matching process, as even covariate having no direct influence on the hazard of a primary event can still affect the overall cumulative probability of that event. The receiver operating characteristic curve of propensity score predicting GDMT use demonstrated a moderate to fair predictive performance (c-statistics = 0.68) (A). The distribution of propensity scores before and after matching are shown using thin and thick lines, respectively. A balanced distribution of propensity score was achieved after matching (thick lines) (B), and all standardized mean difference (SMD) were less than 0.1, indicating good balance between the groups (C). GDMT, guideline-directed medical therapy; PCI, percutaneous coronary intervention.