

**Table 11b. The Academic Research Consortium (ARC) high bleeding risk criteria. Adapted with permission from Urban et al. (309).**

**High bleeding risk ARC score (one major and two minor criteria)**

**Major criteria**

- Anticipated long term OAC use
- Severe CKD (eGFR <30 mL/min)
- Hb <11 g/dL
- Spontaneous bleeding requiring hospitalisation or transfusion in the past six months or at any time if recurrent
- Baseline platelet count <100x10<sup>9</sup>/L
- Chronic bleeding diathesis
- Liver cirrhosis with portal hypertension
- Active malignancy within 12 months
- Previous spontaneous ICH (at any time)
- Traumatic ICH within 12 months
- Brain arteriovenous malformation
- Moderate or severe ischaemic stroke within 12 months
- Recent major surgery or major trauma within 30 days before PCI

**Minor criteria**

- Age >75 years
- Moderate CKD (eGFR 30–59 mL/min)
- Hb 11–12.9 g/dL for men and 11–11.9 g/dL for women
- Spontaneous bleeding requiring hospitalisation or transfusion within 12 months not meeting major criteria
- Long term NSAID or steroid use
- Prior ischaemic stroke not meeting major criterion

Abbreviations: ARC, Academic Research Consortium; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; Hb, haemoglobin; ICH, intracranial haemorrhage; NSAID, nonsteroidal anti-inflammatory drug; OAC, oral anticoagulant; PCI, percutaneous coronary intervention.