

Rapsomaniki

Prognostic models for stable coronary artery disease based on electronic health record cohort of 102,023 patients

eTable1 A comparison of the CALIBER prognostic model with previous prognostic models developed for stable coronary disease.

	LIPID Trial ⁵	EuroScore ⁶	ACTION Trial ⁷	CALIBER
Population size, N	8,557	3,031	7,311	102,023
STUDY POPULATION				
% stable angina / other CHD	0%	95%	50%	66%
% stable after ACS	100%	5%	50%	34%
All-cause mortality endpoint	No	No	Yes	Yes
Coronary endpoint (non-fatal MI or coronary death)	Yes	No	No	Yes
Events, N	1,190	328	1,063	20,817 deaths 8,856 non-fatal MI or coronary death
Differentiates MI into STEMI/NSTEMI	No	No	No	Yes
Prognostic factors ¹				
- <i>Clinical diagnoses</i>	3 (prior CABG/PCI, stroke, hypertension)	any comorbidity (yes/no) ²	2 (MI, stroke)	10 (MI, hypertension, heart failure, PAD, atrial fibrillation, stroke, chronic kidney disease, COPD, cancer, chronic liver disease)
- <i>Psychosocial</i>	0	0	0	2 (depression, anxiety)
- <i>Biomarkers</i>	2 (total & HDL cholesterol)	0	4 (SBP, creatinine, glucose, white cell count)	6 (total & HDL cholesterol, creatinine, white cell count, hemoglobin, heart rate)
Included patients with missing data	No	No	No	Yes
Externally validated	No	No	No	Yes
Used electronic health records	No	No	No	Yes

Abbreviations: SCAD, stable coronary artery disease; HDL, high-density lipoprotein cholesterol; MI, myocardial infarction; NSTEMI, non-ST-segment elevation myocardial infarction; PAD, peripheral arterial disease; SBP, systolic blood pressure; STEMI, ST-segment elevation myocardial infarction.

¹ all scores shown adjust for age, sex, smoking status, diabetes

² includes previous CVD event, PAD, heart failure and other major conditions not related to CVD