

SUPPLEMENTAL MATERIAL

Table S1. Cardiology physician participant characteristics of those included versus excluded for erroneous IAT responses.

	Included N=503	Excluded N=53	p-value*
<u>Age,</u>			
Median (range)	45 (28, 89)	44 (28, 83)	.88
<u>Male</u>	436 (86.9%)	46 (86.8%)	.99
<u>Race/ethnicity</u>			
Caucasian	310 (62.3%)	30 (56.6%)	.27
Asian	132 (26.5%)	13 (24.5%)	
Other	56 (11.2%)	10 (18.9%)	
<u>Specialty</u>			
General/Non-invasive	261 (51.9%)	29 (54.7%)	.92
Interventional	165 (32.8%)	18 (34.0%)	
Electrophysiology	40 (8.0%)	3 (5.7%)	
Other	34 (6.8%)	3 (5.7%)	
<u>Years in practice,</u>			
Median (range)	12, (1, 55)	13 (1, 50)	.39
<u>Practice setting</u>			
Academic/University	207 (41.2%)	24 (45.3%)	.56
Private Practice	291 (57.9%)	29 (54.8)	

*Wilcoxon or chi-square test

Table S2. Terms for Gender Bias Implicit Association Tests:

Dimension: Takes Risks- Avoids Risks

Takes Risks

1. Courageous
2. Bold
3. Daring
4. Reckless
5. Aggressive
6. Risky

Avoids Risks

1. Sensible
2. Careful
3. Passive
4. Cautious
5. Tentative
6. Timid

Dimension: Strength - Weakness

Strong

1. Tough
2. Robust
3. Vigorous
4. Strong
5. Powerful
6. Forceful

Weak

1. Dainty
2. Soft
3. Tender
4. Mild
5. Delicate
6. Sensitive

Table S3. Case vignettes

[CASE PICTURE]

Part 1 – Patient with symptoms suggestive of CAD (Female example)

A 65 year-old patient shown in this picture is referred by her primary physician for evaluation of chest discomfort. She has been experiencing a burning sensation in her chest for 4 weeks that has been occurring with increasing frequency. There is no radiation of the pain and no associated shortness of breath. The discomfort has occurred with exertion, but not reproducibly so, and lasts anywhere from 5 minutes to an hour per episode. An antacid has provided no relief. She bowls once a week and can walk up a flight of stairs. Her history is pertinent for hypertension, smoking, and a father who died of a heart attack at age 65. Her only medication is hydrochlorothiazide.

Physical Exam:

- Blood pressure is 135/75 mm Hg, heart rate is 90 bpm, BMI is 32
- Remainder of exam is unremarkable

Lab Values:

- Total cholesterol -230 mg/dL, HDL-25 mg/dL, LDL-145 mg/dL, Triglycerides-190 mg/dL
- Glucose (fasting) -105 mg/dL
- Creatinine - 0.9 mg/dl

EKG: normal sinus rhythm, no Q waves and no ST-segment abnormalities.

Part 2 – Patient with an abnormal ETT

Now, assume that before seeing this patient, her PCP had started medications and obtained an exercise stress test with ECG monitoring. She is now on aspirin, Imdur 30 mg daily, Atorvastatin 40 mg daily and Toprol XL 50 mg daily. Her heart rate is 65 bpm and blood pressure is 120/70 mm Hg. She is still experiencing intermittent chest discomfort.

During her stress test, she exercised into Stage III of a standard Bruce protocol with total exercise duration of 6 ½ minutes (7 METs estimated peak workload). She had a normal hemodynamic response to exercise and stopped exercise due to fatigue. She had non-limiting, right-sided chest pain with exercise. Her ECG revealed 1.5 mm of horizontal to down sloping ST depression in the inferior and lateral leads that resolved within 2 minutes of recovery.