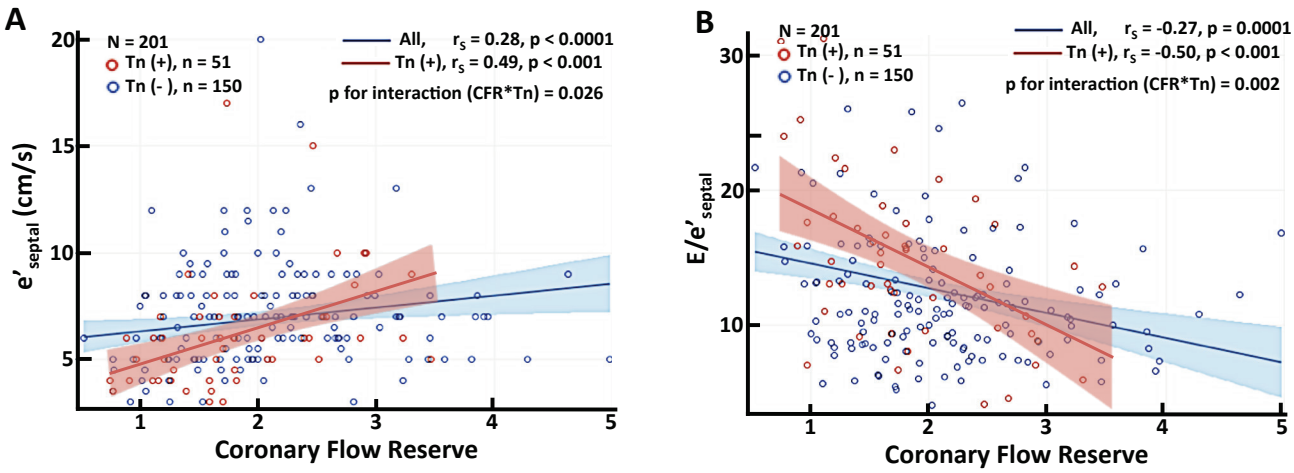
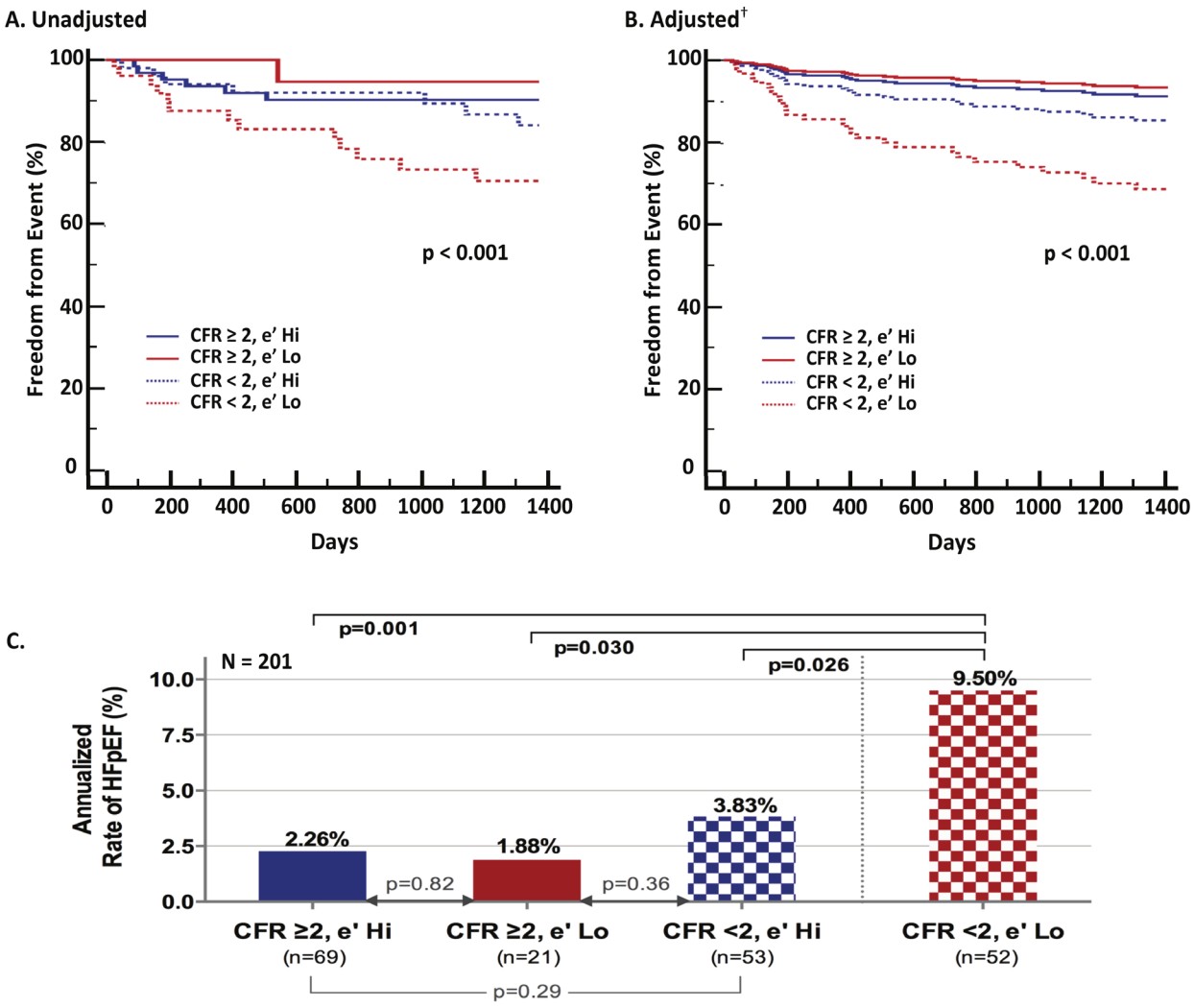
Supplemental Figures

Supplemental Figure 1



Supplemental Figure 1. Correlation between coronary flow reserve (CFR) and markers of diastolic dysfunction by troponin (Tn) detectability. Spearman's correlation (r_s) between CFR by positron emission tomography and e' (**A**) or E/e' (**B**) by transthoracic echocardiogram in patients with detectable (red) and undetectable (blue) Tn. Regression lines (with 95% confidence intervals) are shown for patients with detectable troponin (red) superimposed on that for the full cohort. There is a significant interaction between CFR and Tn in linear regression models of e' and E/e' (p for interaction= 0.026 and 0.002, respectively), such that in the presence of impaired CFR, a detectable Tn is associated with worsening diastolic dysfunction. Results are shown for e'_{septal}, but similar findings were obtained for $e'_{lateral}$.

Supplemental Figure 2



*e' Hi versus Lo refers to e'_{septal} > 7 vs. ≤ 7 cm (< 50 y), > 6 vs. ≤ 6 cm (50-64 y), > 5 vs. ≤ 5 cm (≥ 65 y)

†Adjusted for pretest clinical score and troponin detectability. There is a significant interaction between CFR and e' (p for interaction = 0.03).

Supplemental Figure 2. Freedom from hospitalization for heart failure with preserved ejection fraction (HFpEF) by coronary flow reserve (CFR) and age-adjusted e.' The latter refers to e'_{septal} adjusted for age as follows: e'_{septal} > 7 cm (< 50 y), > 6 cm (50-64 y), > 5 cm (≥ 65 y). **A**, Kaplan-Meier (unadjusted) analysis of time to first event. **B**, Event-free survival, adjusted for pretest clinical score and detectable troponin. **C**, Annualized rates of events. Freedom from HFpEF hospitalization differed significantly among subgroups stratified by CFR and e', such that patients with low CFR, independently of e', experienced higher rates of events (overall p=0.001 and <0.001 for unadjusted and adjusted analyses, respectively). There was a significant interaction between CFR and e' (p for interaction = 0.03), such that patients with reduced e' *and* impaired CFR demonstrated the highest risk of hospitalization for HFpEF.