

**Prospective diagnostic and prognostic study of copeptin in suspected acute aortic syndromes**

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**SUPPLEMENTAL MATERIAL**

## SUPPLEMENTAL TABLES

**Supplemental table 1.** Diagnostic accuracy of copeptin and D-dimer for different subtypes of acute aortic syndrome.

Subtype	ROC curve AUC (95% CI)		<i>P</i> -value
	copeptin	D-dimer	
A-AAD	0.825 (0.763-0.888)	0.961 (0.939-0.983)	<0.001
B-AAD	0.8 (0.691-0.909)	0.933 (0.891-0.974)	0.035
IMH	0.726 (0.611-0.842)	0.808 (0.696-0.92)	0.17
SAR	0.921 (0.836-1)	0.946 (0.908-0.983)	0.69
PAU	0.762 (0.426-1)	0.758 (0.581-0.936)	0.95

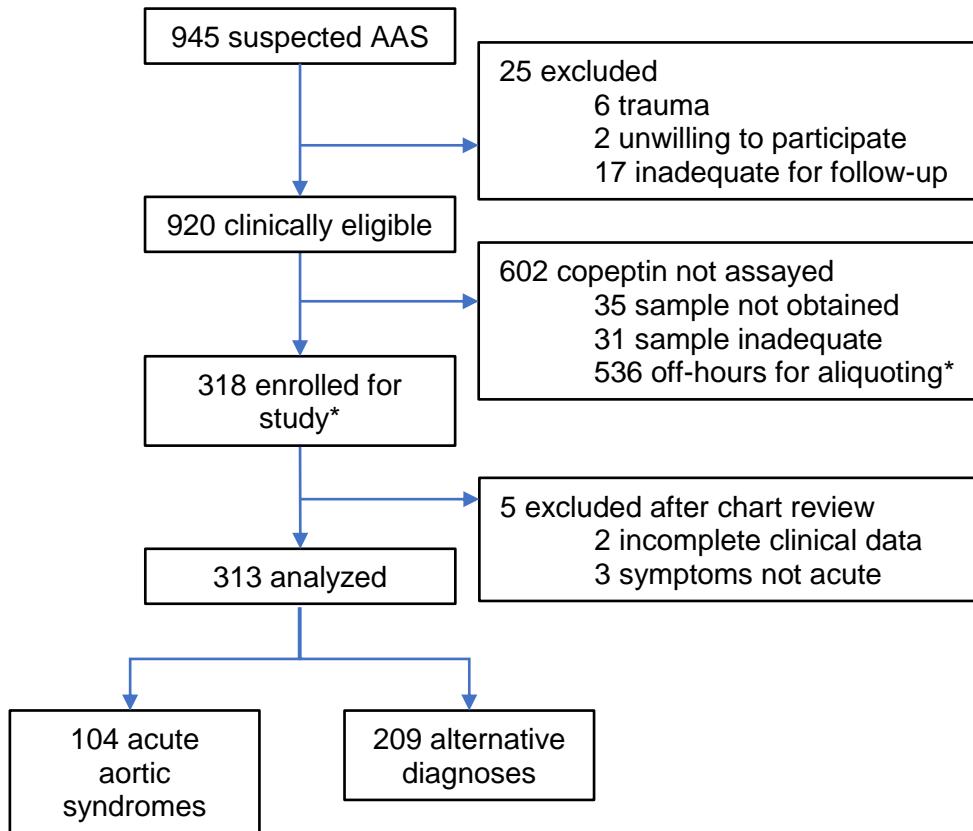
A-AAD: type A acute aortic dissection, B-AAD: type B acute aortic dissection, IMH: intramural aortic hematoma, SAR: spontaneous aortic rupture, PAU: penetrating aortic ulcer. *P*-value was calculated according to DeLong.

**Supplemental table 2.** Sensitivity of copeptin for adjudicated diagnoses.

Diagnosis	n	sensitivity % (95% CI)	
		copeptin ≥10 pmol/L	copeptin ≥14 pmol/L
Acute aortic syndromes	A-AAD	59	84.8% (73.5-91.8)
	B-AAD	20	65% (43.3-81.9)
	IMH	17	82.4% (59-93.8)
	SAR	5	100% (56.6-100)
	PAU	3	66.7% (20.8-93.9)
Alternative diagnoses	MS pain	93	21.5% (14.4-30.9)
	GI disease	26	26.9% (13.7-46.1)
	ACS	19	73.7% (51.2-88.2)
	Uncompl. aneurism	11	36.4% (15.2-64.6)
	Pleuritis/pneumonia	9	77.8% (45.3-93.7)
	Syncope	7	71.4% (35.9-91.8)
	Pericarditis	6	50% (18.8-81.2)
	Stroke	3	66.7% (20.8-93.9)
	PE	2	0% (0-65.8)
	Other diagnoses	33	42.4% (27.2-59.2)
			24.2% (12.8-41)

95% CI: 95% confidence interval. A-AAD: type A acute aortic dissection, B-AAD: type B acute aortic dissection, IMH: intramural aortic hematoma, SAR: spontaneous aortic rupture, PAU: penetrating aortic ulcer. ACS: acute coronary syndrome, GI: gastro-intestinal, MS: muscle-skeletal pain, PE: pulmonary embolism.

**SUPPLEMENTAL FIGURE 1**



**Supplemental figure 1. Study flowchart.** \*318 clinically eligible patients were enrolled and subjected to copeptin assay. See Method section for convenience sampling details.