SUPPLEMENTAL MATERIAL

Supplemental Table 1: Definitions

| Variables | Definitions in the EuroSCORE-2 (Nashef et al.2012) | Definitions in the STS (Shahian et al. 2009) | Applied to the historical cohort (STICH) | Applied to the contemporary cohort |
|-------------------|--|--|--|--|
| Age | In completed years | Defined as patient's age in years, at time of surgery. Should be calculated from the date of birth and the date of surgery, according to the convention used in the USA (the number of birthdate anniversaries reached by the date of surgery). | As defined in the Euroscore-2 and STS. | As defined in the Euroscore- 2 and STS. All patients were > 18 years, one patient was 91 years. |
| Gender | 2 Categories: Male, Female | 2 Categories: Male, Female | As defined in the Euroscore-2 and STS | As defined in the Euroscore-2 and STS |
| Body surface area | N/A | BSA = 0.007184*(height in cm) ^{0.725} *(weight closest to the date of procedure in kg) ^{0.425} | As in the STS | As in the STS |
| Race documented | N/A | 3 categories: Yes/ No/ Patient declined | No for all patients | No for all patients |
| | | Patient's race: 1- 'Hispanic, Latino or Spanish' refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. 2-'Black or African American' refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicated their race(s) as 'Black, African Am., or Negro' or reported entries such as African American, Kenyan, Nigerian, or Haitian. | | |
| | | 3-'Asian' refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicated their race(s) as 'Asian' or reported entries such as 'Asian Indian', 'Chinese', 'Filipino', 'Korean', 'Japanese', 'Vietnamese', and | | |
| Hispanic | N/A | 'Other Asian' or provided other detailed Asian responses 3 categories: Yes/ No/ Not | Not documented for all | Not documented for all |

| | | documented | patients | patients |
|--|---|---|---|--|
| | | Indicate if the patient is of Hispanic, Latino or Spanish ethnicity as reported by the patient / family. 'Hispanic, Latino or Spanish' refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race | | |
| Renal impairment/ Last creatinine Level/ Dialysis | Renal impairment; 3 categories based on creatinine clearance calculated using Cockcroft- Gault formula (Creatinine clearance (ml/min) = (140- age (years)) x weight (kg) x (0.85 if female) / [72 x serum creatinine (mg/dl)): On dialysis (regardless of serum creatinine level); normal renal function (>85ml/min); moderately impaired renal function (50- 85 ml/min); severely impaired renal function (<50 ml/min). | Dialysis: the patient is currently (prior to surgery) undergoing dialysis. 3 categories: Yes; No; Unknown Last Creatinine Level: Indicate the creatinine level closest to the date and time prior surgery but prior to anesthetic management (induction area or operating room). | Renal impairment: Dialysis information was not available in the STICH cohort (assumed to be non present in all patients). We used creatinine level as defined in the Euroscore-2 and the STS | Renal impairment: As defined in the Euroscore-2 Last creatinine Level/ Dialysis: As defined in the STS |
| Extra cardiac arteriopathy/ Peripheral arterial disease/ Cerebrovascular disease | Extra cardiac arteriopathy: Defined as present if one or more of the following: claudication, carotid occlusion or >50% stenosis, amputation for arterial disease, or previous or planned intervention on the abdominal aorta, limb arteries or carotids | Peripheral arterial disease: Any history of peripheral arterial disease (includes upper and lower extremity, renal, mesenteric, and abdominal aortic systems). This can include: -Claudication, either with exertion or at rest, -Amputation for arterial vascular insufficiency, -Vascular reconstruction, bypass surgery, or percutaneous intervention to the extremities (excluding dialysis fistulas and vein stripping), -Documented abdominal aortic aneurysm with or without repair, -Positive non invasive test (e.g., ankle brachial index =< 0.9, ultrasound, magnetic resonance or computed tomography imaging of > 50% diameter stenosis in any peripheral artery, i.e., renal, subclavian, femoral, iliac) or angiographic imaging Peripheral arterial disease excludes disease in the carotid, cerebrovascular | Extra cardiac arteriopathy: As defined in the Euroscore-2 Peripheral arterial disease/ Cerebrovascular disease: Medical history of peripheral vascular disease or stroke as defined in the STS | Extra cardiac arteriopathy: As defined in the Euroscore-2 Peripheral arterial disease/ Cerebrovascular disease: As defined in the STS Stroke was not documented for patients in the contemporary cohort. |

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|------------------|--------------------------|---------------------------------|---------------------------|---------------|
| | | arteries or thoracic aorta. | | |
| | | PVD does not include DVT. | | |
| | | | | |
| | | Cerebrovascular disease: | | |
| | | Any current or previous | | |
| | | history of any of the | | |
| | | following: | | |
| | | | | |
| | | -Stroke = acute episode of | | |
| | | focal or global neurological | | |
| | | dysfunction caused by brain, | | |
| | | spinal cord, or retinal | | |
| | | vascular injury as a result of | | |
| | | hemorrhage or infarction, | | |
| | | where the neurological | | |
| | | dysfunction lasts for greater | | |
| | | than 24 hours, | | |
| | | | | |
| | | -TIA = transient episode of | | |
| | | focal neurological | | |
| | | dysfunction caused by brain, | | |
| | | spinal cord, or retinal | | |
| | | ischemia, without acute | | |
| | | infarction, where the | | |
| | | neurological dysfunction | | |
| | | resolves within 24 hours, | | |
| | | | | |
| | | - Non invasive or invasive | | |
| | | arterial imaging test | | |
| | | demonstrating >=50% | | |
| | | stenosis of any of the major | | |
| | | extra cranial or intracranial | | |
| | | vessels to the brain, | | |
| | | · | | |
| | | -Previous cervical or cerebral | | |
| | | artery revascularization | | |
| | | surgery or percutaneous | | |
| | | intervention excluding | | |
| | | (nonvascular) neurological | | |
| | | diseases or other acute | | |
| | | neurological insults such as | | |
| | | metabolic and anoxic | | |
| | | ischemic encephalopathy. | | |
| Poor mobility | Defined as any severe | N/A | Present if patient was | As in the ES2 |
| | impairment of mobility | | unable to perform the 6- | |
| | secondary to | | minute walk test | |
| | musculoskeletal or | | | |
| | neurological dysfunction | | | |
| Immunocompromise | N/A | Any immunosuppressive | Not available. Assumed to | As in the STS |
| | | medication therapy within 30 | be non present. | |
| | | days preceding the operative | | |
| | | procedure or existing medical | | |
| | | condition. This includes, but | | |
| | | is not limited to systemic | | |
| | | steroid therapy, anti-rejection | | |
| | | medications and | | |
| | | chemotherapy. This does not | | |
| | | include topical steroid | | |
| | | applications, one time | | |
| | | systemic therapy, inhaled | | |
| | | steroid therapy or pre | | |
| | | procedure protocol | | |
| | l . | procedure protocor | | |

| Dtime | D | I: I | D!: | D |
|----------------------|---------------------------|--|---|--|
| Previous cardiac | Previous cardiac surgery: | Incidence: 5 categories: first | Previous cardiac | Previous cardiac |
| surgery/ Previous | Defined as any previous | surgery, first re-op surgery, second re-op surgery, third | surgery/intervention: As in | surgery/intervention: As in the ES2 and the STS. PCI < 6 |
| Cardiac intervention | cardiac surgery | re-op surgery, fourth or more | the ES2 and the STS. PCI 6 hours was assumed no for | hours was no for all patients. |
| | | re-op surgery | all patients. | nours was no for an patients. |
| | | re-op surgery | an patients. | |
| | | Number of previous surgical | Incidence: Number of | Incidence: As in the STS |
| | | procedures (defined as any | previous procedures is not | metaenee. As in the STS |
| | | cardiothoracic operations | available in STICH patients | |
| | | (heart or great vessels) | and is assumed to be 1 | |
| | | surgical procedures | where any previous CABG | |
| | | performed with or without | or mitral valve surgery is | |
| | | cardiopulmonary bypass, | indicated | |
| | | including lung or tracheal | maleated | |
| | | procedures utilizing CPB) | | |
| | | procedures defining er B) | | |
| | | Previous CABG: any | | |
| | | previous Coronary Bypass | | |
| | | Graft prior to the current | | |
| | | admission | | |
| | | | | |
| | | Previous valve surgery: any | | |
| | | previous surgical replacement | | |
| | | and/or surgical repair of a | | |
| | | cardiac valve. This may also | | |
| | | include percutaneous valve | | |
| | | procedures | | |
| | | | | |
| | | Previous Cardiac | | |
| | | intervention: any previous | | |
| | | cardiovascular intervention, | | |
| | | either surgical or non-surgical | | |
| | | (previous PCI), which may | | |
| | | include those done during the | | |
| | | current admission. Yes ≤ | | |
| | D (* 1 | 6hours, Yes > 6hours, No. | XX | |
| Chronic lung disease | Defined as any long term | Chronic lung disease can | Not available | As defined in the Euroscore- |
| | use of bronchodilators or | include patients with chronic | E 4h- ES2 i11 | 2 and STS |
| | steroids for lung disease | obstructive pulmonary disease, chronic bronchitis, or | For the ES2, no in all patients. | |
| | | emphysema. It can also | patients. | |
| | | include a patient who is | For the STS, unknown in all | |
| | | currently being chronically | patients. | |
| | | treated with inhaled or oral | patients. | |
| | | pharmacological therapy | | |
| | | (e.g., beta-adrenergic agonist, | | |
| | | anti-inflammatory agent, | | |
| | | leukotriene receptor | | |
| | | antagonist, or steroid). Any | | |
| | | history of chronic inhalation | | |
| | | reactive disease (asbestosis, | | |
| | | mesothelioma, black lung | | |
| | | disease or pneumoconiosis) | | |
| | | may qualify as chronic lung | | |
| | | disease. Radiation induced | | |
| | | pneumonitis or radiation | | |
| | | fibrosis also qualifies as | | |
| | | chronic lung disease. (if | | |
| | | above criteria is met) A | | |
| | | history of atelectasis is a transient condition and does | | |
| | | LUAUSIEUL COHOIDOH AND DOES | | |
| | | | | |
| | | not qualify. Patients with | | |
| | | not qualify. Patients with asthma or seasonal allergies | | |
| | | not qualify. Patients with asthma or seasonal allergies are not considered to have | | |
| | | not qualify. Patients with asthma or seasonal allergies | | |
| | | not qualify. Patients with asthma or seasonal allergies are not considered to have | | |

| and/or on chromic inhaled or ord broenchedilizer therapy. Moderate (FFV 1 50% in 59% of predicted, and/or on chromic steroid therapy simed at lang disease). Severe (FFV1 < 60 or Room Air pCO2 > 50), CLD present but severity not documented. Unknown In the conformation of surgery and the conformation of the following of endocarditis: under antibiodic treatment for endocarditis at the time of surgery or vegetation. 2 Patient has organisms cultured from valve or vegetation. 2 Patient has organisms cultured from valve or vegetation. 2 Patient has organisms cultured from valve or vegetation. 2 Patient has organisms cultured from valve or vegetation. 2 Patient has organisms cultured from valve or vegetation. 2 Patient has organisms cultured from valve or vegetation for the vegetation of the vegetation seen of the following: a cognisms cultured from 2 or more blood cultures. In organisms cultured from 2 or more blood cultures. In organisms cultured from 2 or more blood cultures in segative or not done or valvet we vegetation seen of uning an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., anigna neuts for H influenzae. S pneumoniae. N memighidis, or Group B Stereptococcus) e. vedence of new vegetation seen on echocardiogram and if diagnosts is made more morten, physician institutes appropriate antimicrobial phase association seen on echocardiogram and if diagnosts is made morten, physician institutes appropriate antimicrobial phase association or mediates and the processor of the patient with clauses a symptoms of hyperpleyemia or hyperpleyemia or hyp | | | 1/ | | T |
|--|----------------------|------------------------------|---------------------------------------|---------------------|------------------------------|
| Moderate (EEV1 59% to 59%) of predicted, and and or on chronic steroid therapy aimed at lung disease). Nevere (TEV1 < 60 or Room Aris pCO2 > 50). C1D present but severity not documented. Unknown to the commender of the patient still. An includentilis must met at for endocarditis at the time of surgery Pessent if the patient still. and possible the commender of the patients and the commender of the patients and the time of surgery May bistory of endocarditis must met at least 1 of the following: signs or symptoms: force (-38°C), new or changing mummur*, entholis phenomena*. Skin manifestations (i.e., prechine, precipital), 2. Patient has 2 or more of the following: just or conduction abnormality * With no other recognized cates and at least 1 of the following: or conduction abnormality * With no other recognized cates and at least 1 of the following: or conduction abnormality * With no other recognized cates and at least 1 of the following: or conduction abnormality * With no other recognized cates and at least 1 of the following: on the patients because the conduction abnormality * With no other recognized cates and at least 1 of the following: a not patient because the conduction abnormality * With no other recognized cates and at least 1 of the following: a not patient because the conduction abnormality * With no other recognized cates and the least 1 of the following: a not patient because the conduction abnormality * With no other recognized cates and the least 1 of the following: a not patient because the least 1 of the following: a not patient because the least 1 of the following: a not patient because the least 1 of the following: a not patient because the least 1 of the following: a not patient because the least 1 of the following: a not patient because the least 2 and STS and | | | | | |
| of predicted, and/or on chronic steroid therapy aimed at lung disease). Severe (FEV1 < 60 or Room Air pCO2 > 50). CLD present but severity not documented, Unknown but severity not documented, Unknown for endocarditis and era mibiotic treatment for endocarditis at the time of surgery and the patient is still under antibiotic treatment for endocarditis at the time of surgery. Active undocarditis and the time of surgery are considered to the patient is still under antibiotic treatment for endocarditis and the time of surgery are considered to the patient is still under antibiotic treatment for endocarditis must meet at for endocarditis at the time of surgery are considered to the patient is still under a for endocarditis and the patient is still under a for endocarditis must meet at for endocarditis must meet at for endocarditis must meet at patient is still under the patient is under the patient is still under the patient is under the patient is still under the patient is under the patient is under the patient in the patient is unde | | | | | |
| chronic steroid therapy aimed at lung diseases, Severe (FEV) < 60 or Room Air pCO2 > 50. CLD present but gentle state the policy of endocarditis under antibiotic treatment for endocarditis at the time of surgery Active endocarditis at the time of surgery and substitution of surgery of endocarditis and the time of surgery and the substitution of surgery and substitution of substitution of surgery and substitution of su | | | Moderate (FEV1 50% to 59% | | |
| at lung disease). Severe (FEV) < 60 or Room Air pCO2 > 50). CLD present but severity not documented, Unknown Active endocarditis under antibiotic treatment for endocarditis at the time of surgery Present if the patient is still and antibiotic reatment for endocarditis at the time of surgery Active endocarditis the time of surgery Active endocarditis the time of surgery Active endocarditis Active endocarditis | | | of predicted, and/or on | | |
| GEV1 < 00 or Room Air pCO2 > 50. CLD present but severity but severity but severity but severity but severity but | | | chronic steroid therapy aimed | | |
| GEV1 < 00 or Room Air pCO2 > 50. CLD present but severity but severity but severity but severity but severity but | | | at lung disease), Severe | | |
| Active endocarditis Present if the patient is still under antibiotic treatment for endocarditis and the interior condocarditis and the interior of surgery Active endocarditis and the interior condocarditis and interior condocarditis a | | | _ | | |
| Active endocarditis | | | | | |
| Active endocarditis Present if the patient is still. Any history of endocarditis under antibiotic treatment for endocarditis at the time of surgery Present if the patient is still. Endocarditis must meet at for endocarditis at the time of surgery Present if the patient is still Endocarditis must meet at for endocarditis at the time of surgery Present in the patient is still Endocarditis must meet at for endocarditis at the time of surgery Present in the patient is still Endocarditis must meet at for endocarditis Present if the patient is Endocarditis Present in the patient is the following signs or granisms cultured from valve or changing murmura*, enholic phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, splinter hemorrhages, splinter hemorrhages, painful subcutaneous nodules), congestive heart failure*, or cardiae conduction abnormality* With no other recognized cause and at least 1 of the following, a organisms cultured from 2 or more blood cultures to negative or not done c. valvular vegetation seen on Grann's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S. presumoniae, N meningitids, or Group B Streptococcusts e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes Diabetes and insulin: Diabetes and insulin: Diabetes and insulin: Diabetes and insulin certain include documentation of the following: I. Hemoglobin A1 c >= 6.5%; or 2. Fasting plasma glucose >= 126 mg/dL (7.0 mmol/L); or 3. 2.h Plasma glucose >= 126 mg/dL (1.1 mmol/L) during an oral glucose tolerance test; or 4. In a patient with leastie symptoms of hyperglycenia or hyperglycenia or hyperglycenic crisis, a. | | | | | |
| Active endocarditis when the patient is still under antibiotic treatment for endocarditis at the time of surgery I feature and the patient is still to the following crierica: 1. Patient has 2 or vegetation. 2. Patient has 2 or weep the following signs or symptoms: fever (>8% C), new or changing nummur*, embolic phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, paintful subcutaneous nodules), congestive heart faithure*, or cardiae conduction abnormality* 4 With no other recognized cause and at least 1 of the following a cognisive seem of the following a cognisive seem of the following notions when cultured from 2 or more blood cultures to negative or not done c. valvular vegetation seen during an invasive procedure or autopy d. positive laboratory test on blood or unime (e.g., antigen tests for H influence, S pneumonian. N meningitids, or Group B Steeptococcus) e, evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate aminimerobial therapy propriate aminimerobial minimerobial therapy in the properties of the following a limiter of the following and phase association criteria include documentation of the following 1. Hemoglobin A1 c > 6.5%; at 2. It stating phase glucose > 200 ng/dt. (1.1 mmol.L) during an oral glucose folorance test; or 4. In a patient with classical symptoms of hyperglycenia or hyperglycen | | | | | |
| under antibiotic treatment for endocardiis at the time of surgery least 1 of the following criteria: 1. Patient has organism cultured from valve or vegetation. 2. Patient has 2 or more of the following signs or symptoms: fever (c-38°C), new or changing marmura*, emboice phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, painful subcutaneous nodules), congestive heart failure*, or cardiae conduction abnormality* * With no other recognized cause and at least 1 of the following: a organisms cultured from 2 or more blood cultures to organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S. poemonoiae, N meningitidis, or Group B Streptocaccus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes and processes antimicrobial therapy Diabetes and processes antimicrobial control of the following: 1. Hemoglobin Al c >=6.5%; or 2. Easting plasms glucose >=200 mg/dL (7.0 mmol/L); or 3. 2-h Plasms glucose >=200 mg/dL (1.11 mmol/L) during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemia or hyperglycemia or shyperglycemia or hyperglycemia or | | 7 | | 27.6 | 27.6 |
| for endocarditis at the time of surgery criteria: 1. Patient has soganisms cultured from valve or vegetation. 2. Patient has soganisms cultured from valve or word of the following signs or symptoms: fever (>38°C). new or changing mummur*, embolic phenomena*, skin mamifestations* (i.e., petechiae, espititer hemorrhages, painful subcutaneous nondles), congestive heart failure*, or cardiae conduction abnormatity* With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b. organisms cultured from 2 or more blood cultures b. organisms centured from 2 or more blood cultures b. organisms centured from 2 or more blood cultures b. organisms centured from 3 or whove when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae. S. pneumoniae. N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin: Diabetes on insulin: Diabetes on insulin: Diabetes diagnosed and/or treated with linsulin Diabetes Association criteria include documentation of the following: 1. Hemoglobin Al >= 65%; or 2. Fasting plasma glucose >= 126 mgdL (7.0 mmolL); or 3. 24 Plasma glucose >= 200 mgdL (1.1 mmolL); during an oral glucose tolerance test; or 4. In a parient with classic symptoms of hyperglycemia or hyperglycemia or hyperglycemia crissis, a | Active endocarditis | = | • | No for all patients | No for all patients |
| of surgery criteria: 1. Patient has organisms cultured from valve or vegetation. 2. Patient has 2 or more of the following signs or symptoms: fever (c-38°C), new or changing mammur*, embolice phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, painful subcutaneous nodules), congestive heart failure*, or cardiae conduction abnormality* a With no other recognized cause and at least 1 of the following: a organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when cultures in negative or not done c. valvular vegetation seen during an invasive procedure or autopay d. positive laboratory test on blood or urine (e.g., antigne tests for H influenzae, S pneumoniae, N meningitidis, or Group B Streptonoccus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes treated with Insulin Diabetes vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy bistory of diabetes diagnosed the provider. The America provider. The America provider and the provider of the following: I. Hemoglobin AI > 2 and STS Diabetes Association criteria include documentation of the following: I. Hemoglobin AI > 2.5,5%; or 2. Fasting plasma glucose > 126 mgdl. (7.0 mmol/L); or 3. 2.4 Plasma glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemia crisis, a | | | | | |
| organisms cultured from valve or vegetation. 2. Patient has 2 or more of the following signs or symptoms: fever (>SS*C), new or changing marmurs*, embokic phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, painful subcutaneous conduction abnormality* With no other recognized cause and at least 1 of the following: a organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (c.g., antigen tests for H influenzue, S pneumoniae, N meningitids, or Group B Streptococcus), e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin: Diabetes on insulin and in the following: I. Hemoglobin Al >= 5%; or 2. Fasting plasma glucose >= 126 mgdl. (7.0 mmold.); or 3. 24 Plasma glucose >= 200 mgdl. (1.1 mmold.) during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemia or shyperglycemia or hyperglycemia crisis, a | | for endocarditis at the time | least 1 of the following | | |
| or vegetation. 2. Patient has 2 or more of the following signs or symptoms: fever (>38°C), new or changing murmur*, embolic phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, painful subcutaneous nodules), congestive heart faiture*, or cardiae conduction abnormality* With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., autigen tests for H influenzae, S pneumoniae, N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin/ Diabetes on insulin/ Diabetes seen insuline in the following: I heropy Diabetes seen insuline in the following: I, Henoglobin Alc=6.5%; or 2. Fasting plasma glucose>=126 mg/d. (7.0 mmol/L); or 3. 24 Plasma glucose>=200 mg/d. (1.1 mmol/L) during an oral glucose tolerance test; or 4. In a putient with classic symptoms of hyperglycemia or hyperglycemic anis, a | | of surgery | criteria: 1. Patient has | | |
| or more of the following signs or symptoms: fever (>38°C), new or changing murnur*, embolic phenomena*, skin manifestations* (i.e., petechiae, splinter henorrhages, painful subcutaneous nodules), congestive heart failure*, or cardiac conduction abnormality* With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b. organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when culture is negative or not done e. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S pneumoniae, N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin: Diabetes on insulin: Diabetes defined as any bistory of diabetes diagnosed and/or treated by a healthcare provider. The American Diabetes Association criteria include documentation of the following: I. Hemoglobia A 1c >=6.5%; or 2. Fasting plasma glucose >=126 mg/dL (7.0 mmol/L), or 3. 2-b Plasma glucose >=20 mg/dL (1.1 mmol/L) during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a | | | organisms cultured from valve | | |
| or symptoms: fever (>38°C), new or changing murmur*, embolic phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, painful subcutaneous nodules), congestive heart failure*, or cardiae abnormality* With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autorys (d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S. pneumoniae, N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante morten, physician institutes appropriate antimicrobial the control of the following: I. Hemoglobin Al c = 6.5%; or 2. Fasting plasma glucose >=126 mg/d. (7.0 mmol/L); or 3. 2-h Plasma glucose >=200 mg/d. (11.1 mmol/L) during an oral glucose to leasting and or hyperglycemia or hyperglycemic crisis, a | | | or vegetation. 2. Patient has 2 | | |
| or symptoms: fever (>38°C), new or changing murmur*, embolic phenomena*, skin manifestations* (i.e., petechiae, splinter hemorrhages, painful subcutaneous nodules), congestive heart failure*, or cardiae abnormality* With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S. pneumoniae, N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante morten. physician institutes appropriate antimicrobial thereapy Diabetes on insulin' Diabetes treated with Insulin Diabetes Association criteria include documentation of the following: I. Hemoglobin Al c =6.5%; or 2. Fasting plasma glucose >=126 mg/dL (7.0 mmol/L); or 3. 2-h Plasma glucose>=200 mg/dL (11.1 mmol/L) during an oral glucose to processor. a defined in the Euroscore 2 and STS As defined in the Euroscore-2 and STS 2 and STS | | | or more of the following signs | | |
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| manifestations* (i.e., petechiae, splinter hemorrhages, painful subcutaneous nodules), congestive heart failure*, or cardiac conduction abnormality* * With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b, organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S pneumoniae, N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin/ Diabetes on insulin: Diabetes: defined as any biabetes has been been diagnosis in treated with Insulin and treated with Insulin and treated by a healthcut expression of the following: I. Hemoglobin A I ≥ −6.5%; or Z. Fasing plasma glucos ≥ −2126 mg/dL (7.0 mmol/L); or 3. 2-h Plasma glucos ≥ −2126 mg/dL (1.1 mmol/L) during an oral glucos tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a | | | | | |
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| subcutaneous nodules), congestive heart failure*, or cardiae conduction abnormality* With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, 8 pneumoniae, N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin' Diabetes on insulin: Diabetes: defined as any biabetes treated with lnsulin Diabetes Association criteria include documentation of the following: 1. Hemoglobin Alc >= 6.5%; or Z. Fasting plasma glucose >= 126 mg/dL. (7.0 mmol/L); or 3. 2-h Plasma glucose >= 200 mg/dL. (11.1 mmol/L), during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemic crisis, a | | | 1 - | | |
| congestive heart failure*, or cardiae conduction abnormality* 3 With no other recognized cause and at least 1 of the following: a. organisms cultured from 2 or more blood cultures b. organisms seen on Gram's statin of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S pneumoniae, N menigitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin/ Diabetes on insulin: Diabetes: defined as any blabetes and/or treated by a healthcare provider. The American Diabetes Association criteria include documentation of the following: I. Hemoglobin Alc >>-6.5%; or 2. Fasting plasma glucose >=126 mg/dL. (7.0 mmol/L); or 3. 2-h Plasma glucose >=200 mg/dL. (11.1 mmol/L); during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a | | | • . | | |
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| of the following: a. organisms cultured from 2 or more blood cultures b. organisms seen on Gram's stain of valve when culture is negative or not done c. valvular vegetation seen during an invasive procedure or autopsy d. positive laboratory test on blood or urine (e.g., antigen tests for H influenzae, S pneumoniae, N meningitidis, or Group B Streptococcus) e. evidence of new vegetation seen on echocardiogram and if diagnosis is made ante mortem, physician institutes appropriate antimicrobial therapy Diabetes on insulin/ Diabetes on insulin: Diabetes treated with Insulin Diabetes treated with Insulin Diabetes Association criteria include documentation of the following: 1. Hemoglobin Alc >=6.5%; or 2. Fasting plasma glucose >=126 mg/dL (7.0 mmol/L); or 3. 2-h Plasma glucose >=126 mg/dL (1.1 mmol/L) during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or or hyperglycemia or or protein culture and one culture in the protein content of the content of the patient with classic symptoms of hyperglycemia or hyperglycemia or hyperglycemia or hyperglycemia or hyperglycemia or or hyperglycemia or hyp | | | abnormality* * With no other | | |
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| symptoms of hyperglycemia or hyperglycemic crisis, a | | | a patient with classic | | |
| or hyperglycemic crisis, a | | | | | |
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| glucose >=200 mg/dL (11.1 | | | | | |
| | | | | | |
| mmol/L) This does not | | | · · · · · · · · · · · · · · · · · · · | | |
| include gestational diabetes. | | | include gestational diabetes. | | |
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| | | 7 categories: Yes Diet only; | | |
| | | Yes Oral treatment; Yes Insulin; Yes Other; Yes Other | | |
| | | subcutaneous medication; | | |
| | | None; Unknown | | |
| Hypertension | N/A | Hypertension is defined if at | As in the STS | As in the STS |
| Tryperiension | 17/11 | least 1 of the following | TIS III the STS | 7 is in the 515 |
| | | criteria: 1-History of | | |
| | | hypertension diagnosed and | | |
| | | treated with medication, diet, | | |
| | | and/or exercise, 2-Prior | | |
| | | documentation of blood | | |
| | | pressure >140 mm Hg | | |
| | | systolic and/or 90 mm Hg | | |
| | | diastolic for patients without | | |
| | | diabetes or chronic kidney | | |
| | | disease, 3-Prior | | |
| | | documentation of blood | | |
| | | pressure >130 mm Hg | | |
| | | systolic or 80 mm Hg | | |
| | | diastolic on at least 2 | | |
| | | occasions for patients with | | |
| | | diabetes or chronic kidney | | |
| | | disease, 4-Currently | | |
| | | undergoing pharmacological | | |
| | | therapy for treatment of | | |
| Maria / HE 111 A | NUMBER 2007 1 | hypertension | NUTTA NUTTA 1 | NAME AND A STATE OF THE STATE O |
| NYHA/ HF within 2 | NYHA: NYHA functional | HF within 2 weeks: Defined | NYHA: NYHA class at | NYHA: Highest documented |
| weeks | class prior to surgery | as any medical | initial evaluation | NYHA class within 2 weeks |
| | | documentation or report that | HF within 2 weeks: Yes in | HF within 2 weeks: Yes in |
| | 4 categories: 1; 2; 3; 4 | the patient has been in a state of heart failure within the past | patients with NYHA > 1 | patients with NYHA > 1 |
| | 4 categories. 1, 2, 3, 4 | 2 weeks. | patients with NTHA > 1 | patients with NTHA > 1 |
| | | 2 weeks. | | |
| | | Heart failure is defined as | | |
| | | physician documentation or | | |
| | | report of any of the following | | |
| | | clinical symptoms of heart | | |
| | | failure described as unusual | | |
| | | dyspnea on light exertion, | | |
| | | recurrent dyspnea occurring | | |
| | | in the supine position, fluid | | |
| | | retention; or the description | | |
| | | of rales, jugular venous | | |
| | | distension, pulmonary edema | | |
| | | on physical exam, or | | |
| | | pulmonary edema on chest x- | | |
| | | ray presumed to be cardiac | | |
| | | dysfunction. A low ejection | | |
| | | fraction alone, without | | |
| | | clinical evidence of heart | | |
| | | failure does not qualify as | | |
| | | heart failure. An elevated | | |
| | | BNP without other supporting | | |
| | | documentation should not be | | |
| | | coded as CHF | | |
| | | NYHA Class: Indicates the | | |
| | | | | |
| | • | patient's worst dyspnea or | | |
| i e | | functional class coded as the | | |
| | | functional class, coded as the | | |
| | | New York Heart Association | | |
| | | New York Heart Association (NYHA) classification within | | |
| | | New York Heart Association (NYHA) classification within the past 2 weeks. 4 categories: | | |
| CCS 4 anaina/ | CCS 4 anging: anging at rect | New York Heart Association (NYHA) classification within the past 2 weeks. 4 categories: 1; 2; 3; 4 | CCS 4 gnaina: As in the | CCS 4 angina: As in the FS2 |
| CCS 4 angina/ | CCS 4 angina: angina at rest | New York Heart Association (NYHA) classification within the past 2 weeks. 4 categories: 1; 2; 3; 4 Cardiac presentation- at the | CCS 4 angina: As in the FS2 | CCS 4 angina: As in the ES2 |
| CCS 4 angina/ Cardiac presentation | CCS 4 angina: angina at rest | New York Heart Association (NYHA) classification within the past 2 weeks. 4 categories: 1; 2; 3; 4 Cardiac presentation- at the time of admission: | CCS 4 angina: As in the ES2 | |
| | CCS 4 angina: angina at rest | New York Heart Association (NYHA) classification within the past 2 weeks. 4 categories: 1; 2; 3; 4 Cardiac presentation- at the | · · | CCS 4 angina: As in the ES2 Cardiac presentation- at the time of admission: Symptoms |

| | | equivalent, Non STEMI, STEMI, Other, No symptoms Cardiac symptoms- at the time of surgery: 7 categories: Stable angina, Unstable angina, Angina equivalent, Non STEMI, STEMI, Other, No symptoms | time of admission: If CCS=4 then presentation is unstable angina Cardiac symptoms- at the time of surgery: If CCS=4 then symptom is unstable angina | at the time of first admission 7 categories: No symptoms; Stable angina; Unstable angina; Angina equivalent (defined as any exertional pain in the jaw, neck, ear, arm, shoulder, back, or epigastric area; exertional dyspnea; nausea and vomiting; diaphoresis; and fatigue); Non STEMI; STEMI; Other (defined as any newly diagnosed HF, other symptoms) Cardiac symptoms- at the time of surgery: As for symptoms at the time of admission |
|--|--|---|--|---|
| Cardiac arrhythmia | N/A | Indicate whether the patient has a history of a cardiac rhythm disturbance before the start of the operative procedure which includes the institution of anesthetic management. If Atrial Fibrillation: 3 categories (paroxysmal, continuous/persistent, unknown) | As in the STS. AF category is not documented in the STICH cohort. | As in the STS. |
| LV function / EF | Preoperative LV function 4 Categories: Good: LVEF > 50 %, Moderate LV dysfunction: LVEF 31 - 50 %, Poor LV function: LVEF: 21 - 30 %, Very poor LV function: LVEF 20 % or less. | Preoperative EF | As defined in the Euroscore-2 and STS | As defined in the Euroscore- 2 and STS |
| Coronary anatomy known/ Number of diseased vessels | N/A | Indicate whether coronary artery anatomy and/or disease is documented and available prior to surgery Indicate the number of diseased major native coronary vessel systems: LAD system, Circumflex system, and/or Right system with >= 50% narrowing of any vessel preoperatively. NOTE: Left main disease (>=50%) is counted as TWO vessels (LAD and Circumflex, which may include a Ramus Intermedius). For example, left main and RCA would count as three total. A vessel that has ever been considered diseased, should always be considered diseased. | As in the STS. Left main disease is present if maximum percent stenosis in left main ≥50% | As in the STS. Number of diseased vessels on the most recent preoperative angiogram. Number of operative conduits were used as surrogates when this information was missing. Left main disease was not available in all patients in the contemporary cohort. |
| Recent myocardial infarction/ Prior MI | Recent myocardial infarction : Acute myocardial infarction within 90 days | Prior MI: any documented previous myocardial infarction at any time prior to this surgery; if yes, time period between the last | Timing of prior MI is not available for STICH patients. Surgery date and date of acute MI occurring between randomization and | As defined in the Euroscore- 2 and STS |

| | | documented myocardial infarction and surgery has to be indicated | surgery was used in the few cases where applicable. MI < 6hours assumed to be | |
|-----------------------------|--|--|---|--|
| | | 7 categories: Yes < 6 hours; Yes > 6 hours but < 24 hours; Yes 1 - 7 days; Yes 8 - 21 days; Yes > 21 days; No; Unknown. | non present as patients with cardiogenic shock or with a recent MI thought to be an important cause of LV dysfunction were excluded from the trial. | |
| Pulmonary hypertension | Definition: preoperative pulmonary hypertension, based on PASP values 3 categories: No, Moderate pulmonary hypertension if Pulmonary Artery Systolic Pressure (PASP) = 31-55 mm Hg Severe pulmonary hypertension if PASP >55mm Hg | N/A | Available only for few patients and considered no preoperative pulmonary hypertension if not available | As in the ES2 In patients where no specific value of PASP is reported, we used the same grading as in the ES2, the highest grade being taken into account. As such: No pulmonary hypertension will be reported as PASP = 30mmHg; Moderate pulmonary hypertension will be reported as PASP = 43 mmHg (mean value); Severe hypertension will be reported as PASP = 56 mmHg |
| Urgency/ Status | Urgency of the intervention: 4 categories Elective: routine admission for operation, Urgent: patients who have not been electively admitted for operation but who require intervention or surgery on the current admission for medical reasons. These patients cannot be sent home without a definitive procedure, Emergency: operation before the beginning of the next working day after decision to operate, Salvage: patients requiring cardiopulmonary resuscitation (external cardiac massage) en route to the operating theatre or prior to induction of anaesthesia. This does not include cardiopulmonary resuscitation following induction of anaesthesia | Status: 4 categories: Elective, Urgent, Emergent, Emergent salvage | As defined in the Euroscore-2 and STS Patients with hemodynamic instability or ongoing ischemia were considered as emergent | As defined in the Euroscore- 2 2 categories has been considered: Elective and Urgent |
| Resuscitation | N/A | Any cardiopulmonary resuscitation before the start of the operative procedure which includes the institution of anesthetic management) 2 categories: Yes within one hour of the start of the procedure; Yes more than one hour but less than 24 hours of the start of the procedure; No | Not available. Considered no for all patients | Defined as in the STS. No for all patients. |
| Critical preoperative state | Present if preoperative ventricular tachycardia, fibrillation or aborted | N/A | Not available. Considered no for all patients. | Any mention of ventricular tachycardia, fibrillation or aborted sudden death, |

| | sudden death, preoperative cardiac massage, preoperative ventilation before arrival in the anaesthetic room, preoperative inotropic support or intra aortic balloon counter pulsation, preoperative acute renal failure (anuria or | | | preoperative cardiac massage, preoperative ventilation before arrival in the anaesthetic room preoperative peripheral hypoperfusion or end-organ damage. No for all patients. |
|-------------------------------|---|---|--|---|
| Cardiogenic shock | oliguria<10 ml/hour) N/A | Any sustained (>30 min) episode of hypoperfusion evidenced by systolic blood pressure <90 mm Hg and/or, if available, cardiac index <2.2 L/min per square meter determined to be secondary to cardiac dysfunction and/or the requirement for parenteral inotropic or vasopressor agents or mechanical support (e.g., IABP, extracorporeal circulation, VADs) to maintain blood pressure and cardiac index above those specified levels. Note: Transient episodes of hypotension reversed with IV fluid or atropine do not constitute cardiogenic shock. The hemodynamic compromise (with or without extraordinary supportive therapy) must persist for at least 30 min) | Not available. Considered no for all patients. | Any mention of "shock", "pre operative IABP implantation or inotropes for hemodynamic indication. Pre op IABP for « anatomical » indication in hemodynamically stable patients were not considered as "shock". No for all patients. |
| IABP | N/A | 4 categories: Yes preoperative insertion; Yes intraoperative insertion; Yes postoperative insertion; No | As in the STS | Any mention of preoperative implantation of IABP either for hemodynamic indication or for anatomical indication |
| Weight of the intervention | Pre specified weight of intervention: 4 categories: CABG only; none CABG one-procedure (e.g. single valve procedure, replacement of ascending aorta, correction of septal defect, etc.); 2 procedures (e.g. CABG + AVR), or CABG + mitral valve repair (MVR), or AVR + replacement of ascending aorta, or CABG + maze procedure, or AVR + MVR, etc.); 3 or more procedures (e.g. AVR + MVR + CABG, or MVR + CABG + tricuspid annuloplasty, etc.), or aortic root replacement when it includes AVR or repair + coronary reimplantation + root and ascending replacement) | 3 categories: CABG only, AV replacement, MV replacement, MV repair, AV replacement + CABG, MV replacement + CABG, MV repair + CABG. | As defined in the Euroscore-2 and the STS. For the STS, 3 categories: CABG only, CABG + MV repair, CABG + MV replacement. For the Euroscore-2: 2 categories: isolated CABG or 2 procedures for patients with CABG+MV procedure either repair or replacement. | As defined in the Euroscore- 2 and the STS. For the STS, 3 categories: CABG only, CABG + MV repair, CABG + MV replacement. For the Euroscore-2: 2 categories: isolated CABG or 2 procedures for patients with CABG+MV procedure either repair or replacement. |
| Surgery of the thoracic aorta | Definition: pre specified surgery on the thoracic aorta (during the same time of intervention) | N/A | As in the ES2. No for all patients | As in the ES2. No for all patients |

| Mitral valve disease | N/A | Any mitral valve disease (MV stenosis or MV regurgitation ≥ to moderate) 3 categories: Yes MV stenosis; Yes MV regurgitation ≥ to moderate; No | As defined in the STS. Preoperative mitral stenosis was considered as no in all patients. | As defined in the STS. Preoperative mitral stenosis was considered as no in all patients. |
|----------------------------|-----|---|--|---|
| Aortic valve disease | N/A | Any aortic valve disease (AV stenosis or AV regurgitation ≥ to moderate) 3 categories: Yes AV stenosis; Yes AV regurgitation ≥ to moderate; No | As defined in the STS. Preoperative aortic stenosis was considered as no in all patients. | As defined in the STS. Preoperative aortic stenosis was considered as no in all patients. |
| Mitral regurgitation | N/A | Grading based on the level of valve function associated with highest risk 6 categories: Trivial/ Trace, Mild, Moderate, Severe, None, Not documented | As defined in the STS | Grading will be based on the most recent trans thoracic echocardiogram available, the level of valve function associated with highest risk will be taken into account (as in the STS ('Moderately severe' was coded as 'Severe') 5 categories: None; Trivial/ Trace; Mild; Moderate; Severe |
| Tricuspid regurgitation | N/A | Grading based on the level of valve function associated with highest risk 6 categories: Trivial/ Trace, Mild, Moderate, Severe, None, Not documented | As defined in the STS | Grading will be based on the most recent trans thoracic echocardiogram available, the level of valve function associated with highest risk will be taken into account (as in the STS ('Moderately severe' was coded as 'Severe') 5 categories: None; Trivial/ Trace; Mild; Moderate; Severe |
| Aortic regurgitation | N/A | Grading based on the level of valve function associated with highest risk 6 categories: Trivial/ Trace, Mild, Moderate, Severe, None, Not documented | As defined in the STS. | Grading will be based on the most recent trans thoracic echocardiogram available, the level of valve function associated with highest risk will be taken into account (as in the STS ('Moderately severe' was coded as 'Severe')) 5 categories: None; Trivial/ Trace; Mild; Moderate; Severe |

Abbreviations:

AR aortic regurgitation. AV aortic valve. AVR aortic valve replacement. BSA body surface area. CABG coronary artery bypass graft. CLD chronic lung disease. DVT deep venous thrombosis. EF ejection fraction. IABP intra aortic balloon pump. LAD left anterior descending artery. LM left main. MI myocardial infarction. MR mitral regurgitation. MVR mitral valve replacement. N/A not applicable. PASP pulmonary artery systolic pressure. PCI percutaneous coronary intervention. PVD peripheral vascular disease. TIA transient ischemic attack. TR tricuspid regurgitation. VAD ventricular assist device.

Supplemental Figure 1: Actual vs. predicted 30-day postoperative mortality using the EuroSCORE-2 and the STS models in both cohorts (STICH patients (N=814), left and contemporary patients (N=1239, 7 patients were lost to follow-up), right) in patients with isolated CABG using the Worst Case Scenario model in attributing missing data.

