

## SUPPLEMENTAL MATERIAL

**Supplemental Table 1: Definitions**

<b>Variables</b>	<b>Definitions in the EuroSCORE-2 (Nashef et al.2012)</b>	<b>Definitions in the STS (Shahian et al. 2009)</b>	<b>Applied to the historical cohort (STICH)</b>	<b>Applied to the contemporary cohort</b>
<i>Age</i>	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.
<i>Gender</i>	2 Categories: Male, Female	2 Categories: Male, Female	As defined in the Euroscore-2 and STS	As defined in the Euroscore-2 and STS
<i>Body surface area</i>	N/A	$BSA = 0.007184 * (\text{height in cm})^{0.725} * (\text{weight closest to the date of procedure in kg})^{0.425}$	As in the STS	As in the STS
<i>Race documented</i>	N/A	<p>3 categories: Yes/ No/ Patient declined</p> <p>Patient's race :</p> <p>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.</p> <p>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.</p> <p>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 'Other Asian' or provided other detailed Asian responses</p>	No for all patients	No for all patients
<i>Hispanic</i>	N/A	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		
<i>Renal impairment/ Last creatinine Level/ Dialysis</i>	<p><i>Renal impairment</i> ; 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)]):</p> <p><b>On dialysis</b> (regardless of serum creatinine level); <b>normal</b> renal function (&gt;85ml/min); <b>moderately</b> impaired renal function (50-85 ml/min); <b>severely</b> impaired renal function (&lt;50 ml/min).</p>	<p><i>Dialysis</i>: the patient is currently (prior to surgery) undergoing dialysis. 3 categories: Yes; No; Unknown</p> <p><i>Last Creatinine Level</i>: Indicate the creatinine level closest to the date and time prior surgery but prior to anesthetic management (induction area or operating room).</p>	<i>Renal impairment</i> : 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	<p><i>Renal impairment</i> : As defined in the Euroscore-2</p> <p><i>Last creatinine Level/ Dialysis</i> : As defined in the STS</p>
<i>Extra cardiac arteriopathy/ Peripheral arterial disease/ Cerebrovascular disease</i>	<i>Extra cardiac arteriopathy</i> : 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	<p><i>Peripheral arterial disease</i>: Any history of peripheral arterial disease (includes upper and lower extremity, renal, mesenteric, and abdominal aortic systems). This can include:</p> <ul style="list-style-type: none"> <li>-Claudication, either with exertion or at rest,</li> <li>-Amputation for arterial vascular insufficiency,</li> <li>-Vascular reconstruction, bypass surgery, or percutaneous intervention to the extremities (excluding dialysis fistulas and vein stripping),</li> <li>-Documented abdominal aortic aneurysm with or without repair,</li> <li>-Positive non invasive test (e.g., ankle brachial index =&lt; 0.9, ultrasound, magnetic resonance or computed tomography imaging of &gt; 50% diameter stenosis in any peripheral artery, i.e., renal, subclavian, femoral, iliac) or angiographic imaging</li> </ul> <p>Peripheral arterial disease excludes disease in the carotid, cerebrovascular</p>	<p><i>Extra cardiac arteriopathy</i> : As defined in the Euroscore-2</p> <p><i>Peripheral arterial disease/ Cerebrovascular disease</i>: Medical history of peripheral vascular disease or stroke as defined in the STS</p>	<p><i>Extra cardiac arteriopathy</i> : As defined in the Euroscore-2</p> <p><i>Peripheral arterial disease/ Cerebrovascular disease</i>: As defined in the STS</p> <p>Stroke was not documented for patients in the contemporary cohort.</p>

		<p>arteries or thoracic aorta. PVD does not include DVT.</p> <p><i>Cerebrovascular disease:</i> Any current or previous history of any of the following:</p> <p>-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,</p> <p>-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,</p> <p>- Non invasive or invasive arterial imaging test demonstrating <math>\geq 50\%</math> stenosis of any of the major extra cranial or intracranial vessels to the brain,</p> <p>-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.</p>		
<i>Poor mobility</i>	Defined as any severe impairment of mobility secondary to musculoskeletal or neurological dysfunction	N/A	Present if patient was unable to perform the 6-minute walk test	As in the ES2
<i>Immunocompromise</i>	N/A	Any immunosuppressive medication therapy within 30 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	Not available. Assumed to be non present.	As in the STS

<p><i>Previous cardiac surgery/ Previous Cardiac intervention</i></p>	<p><i>Previous cardiac surgery :</i> Defined as any previous cardiac surgery</p>	<p><i>Incidence:</i> 5 categories: first surgery, first re-op surgery, second re-op surgery, third re-op surgery, fourth or more re-op surgery</p> <p>Number of previous surgical procedures (defined as any cardiothoracic operations (heart or great vessels) surgical procedures performed with or without cardiopulmonary bypass, including lung or tracheal procedures utilizing CPB)</p> <p><i>Previous CABG:</i> any previous Coronary Bypass Graft prior to the current admission</p> <p><i>Previous valve surgery:</i> any previous surgical replacement and/or surgical repair of a cardiac valve. This may also include percutaneous valve procedures</p> <p><i>Previous Cardiac intervention:</i> any previous cardiovascular intervention, either surgical or non-surgical (previous PCI), which may include those done during the current admission. Yes <math>\leq</math> 6hours, Yes <math>&gt;</math> 6hours, No.</p>	<p><i>Previous cardiac surgery/intervention:</i> As in the ES2 and the STS. PCI <math>\leq</math> 6 hours was assumed no for all patients.</p> <p><i>Incidence:</i> Number of previous procedures is not available in STICH patients and is assumed to be 1 where any previous CABG or mitral valve surgery is indicated</p>	<p><i>Previous cardiac surgery/intervention:</i> As in the ES2 and the STS. PCI <math>\leq</math> 6 hours was no for all patients.</p> <p><i>Incidence:</i> As in the STS</p>
<p><i>Chronic lung disease</i></p>	<p>Defined as any long term use of bronchodilators or steroids for lung disease</p>	<p>Chronic lung disease can include patients with chronic obstructive pulmonary disease, chronic bronchitis, or emphysema. It can also include a patient who is currently being chronically treated with inhaled or oral 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 not qualify. Patients with asthma or seasonal allergies are not considered to have chronic lung disease.</p> <p>5 categories: <b>Mild</b> (FEV1 60% to 75% of predicted,</p>	<p>Not available</p> <p>For the ES2, no in all patients.</p> <p>For the STS, unknown in all patients.</p>	<p>As defined in the Euroscore-2 and STS</p>

		and/or on chronic inhaled or oral bronchodilator therapy), <b>Moderate</b> (FEV1 50% to 59% of predicted, and/or on chronic steroid therapy aimed at lung disease), <b>Severe</b> (FEV1 < 60 or Room Air pCO2 > 50), <b>CLD present but severity not documented, Unknown</b>		
<i>Active endocarditis</i>	Present if the patient is still under antibiotic treatment for endocarditis at the time of surgery	Any history of endocarditis: Endocarditis must meet at least 1 of the following criteria: 1. Patient has organisms cultured from valve 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 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	No for all patients	No for all patients
<i>Diabetes on insulin/ Diabetes</i>	<i>Diabetes on insulin</i> : Diabetes treated with Insulin	<i>Diabetes</i> : defined as any history of diabetes diagnosed and/or treated by a healthcare provider. The American Diabetes Association criteria include documentation of the following: 1. Hemoglobin A1c >=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 random plasma glucose >=200 mg/dL (11.1 mmol/L) This does not include gestational diabetes.	As defined in the Euroscore-2 and STS	As defined in the Euroscore-2 and STS

		7 categories: Yes Diet only; Yes Oral treatment; Yes Insulin; Yes Other; Yes Other subcutaneous medication; None; Unknown		
<i>Hypertension</i>	N/A	Hypertension is defined if at least 1 of the following 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 hypertension	As in the STS	As in the STS
<i>NYHA/ HF within 2 weeks</i>	<i>NYHA:</i> NYHA functional class prior to surgery  4 categories: 1; 2; 3; 4	<i>HF within 2 weeks:</i> Defined as any medical documentation or report that the patient has been in a state of heart failure within the past 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  <i>NYHA Class:</i> Indicates the patient's worst dyspnea or functional class, coded as the New York Heart Association (NYHA) classification within the past 2 weeks. 4 categories: 1; 2; 3; 4	<i>NYHA:</i> NYHA class at initial evaluation  <i>HF within 2 weeks:</i> Yes in patients with NYHA > 1	<i>NYHA:</i> Highest documented NYHA class within 2 weeks  <i>HF within 2 weeks:</i> Yes in patients with NYHA > 1
<i>CCS 4 angina/ Cardiac presentation</i>	<i>CCS 4 angina:</i> angina at rest	<i>Cardiac presentation- at the time of admission:</i> 7 categories: Stable angina, Unstable angina, Angina	<i>CCS 4 angina:</i> As in the ES2  <i>Cardiac presentation: at the</i>	<i>CCS 4 angina:</i> As in the ES2  <i>Cardiac presentation- at the time of admission: Symptoms</i>

		equivalent, Non STEMI, STEMI, Other, No symptoms  <i>Cardiac symptoms- at the time of surgery:</i> 7 categories: Stable angina, Unstable angina, Angina equivalent, Non STEMI, STEMI, Other, No symptoms	<i>time of admission:</i> If CCS=4 then presentation is unstable angina  <i>Cardiac symptoms- at the time of surgery:</i> If CCS=4 then symptom is unstable angina	<i>at the time of first admission</i> 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)  <i>Cardiac symptoms- at the time of surgery:</i> As for symptoms at the time of admission
<i>Cardiac arrhythmia</i>	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.
<i>LV function / EF</i>	Preoperative LV function  4 Categories: <b>Good:</b> LVEF > 50 %, <b>Moderate</b> LV dysfunction: LVEF 31 – 50 %, <b>Poor</b> LV function: LVEF: 21 – 30 %, <b>Very poor</b> LV function: LVEF 20 % or less.	Preoperative EF	As defined in the Euroscore-2 and STS	As defined in the Euroscore-2 and STS
<i>Coronary anatomy known/ Number of diseased vessels</i>	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 $\geq 50\%$ narrowing of any vessel preoperatively. NOTE: Left main disease ( $\geq 50\%$ ) 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 $\geq 50\%$	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.
<i>Recent myocardial infarction/ Prior MI</i>	<i>Recent myocardial infarction :</i> Acute myocardial infarction within 90 days	<i>Prior MI:</i> 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  7 categories: Yes < 6 hours; Yes > 6 hours but < 24 hours; Yes 1 – 7 days; Yes 8 – 21 days; Yes > 21 days; No; Unknown.	surgery was used in the few cases where applicable.  MI < 6hours assumed to be 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.	
<i>Pulmonary hypertension</i>	Definition: preoperative pulmonary hypertension, based on PASP values  3 categories: <b>No, Moderate</b> pulmonary hypertension if Pulmonary Artery Systolic Pressure (PASP) = 31-55 mm Hg <b>Severe</b> 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
<i>Urgency/ Status</i>	<i>Urgency of the intervention:</i> 4 categories <b>Elective:</b> routine admission for operation, <b>Urgent:</b> 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, <b>Emergency:</b> operation before the beginning of the next working day after decision to operate, <b>Salvage:</b> 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	<i>Status:</i> 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
<i>Resuscitation</i>	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.
<i>Critical preoperative state</i>	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 oliguria < 10 ml/hour)			preoperative cardiac massage, preoperative ventilation before arrival in the anaesthetic room preoperative peripheral hypoperfusion or end-organ damage. No for all patients.
<i>Cardiogenic shock</i>	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.
<i>IABP</i>	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
<i>Weight of the intervention</i>	<i>Pre specified weight of intervention:</i> 4 categories: <b>CABG only; none CABG one-procedure</b> (e.g. single valve procedure, replacement of ascending aorta, correction of septal defect, etc.); <b>2 procedures</b> (e.g. CABG + AVR), or CABG + mitral valve repair (MVR), or AVR + replacement of ascending aorta, or CABG + maze procedure, or AVR + MVR, etc.); <b>3 or more procedures</b> (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 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.
<i>Surgery of the thoracic aorta</i>	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

<i>Mitral valve disease</i>	N/A	Any mitral valve disease (MV stenosis or MV regurgitation $\geq$ to moderate)  3 categories: Yes MV stenosis; Yes MV regurgitation $\geq$ 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.
<i>Aortic valve disease</i>	N/A	Any aortic valve disease (AV stenosis or AV regurgitation $\geq$ to moderate)  3 categories: Yes AV stenosis; Yes AV regurgitation $\geq$ 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.
<i>Mitral regurgitation</i>	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
<i>Tricuspid regurgitation</i>	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
<i>Aortic regurgitation</i>	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.

