

# **Supplemental Material**

**Table S1. Baseline Characteristics by Recurrent Myocardial Infarction.**

<b>Characteristic</b>	<b>No MI N=20,264</b>	<b>MI N=898</b>	<b>p-value</b>
Age, mean (SD)	65.3 (8.32)	66.2 (9.02)	0.0027
Female, n(%)	4842 (23.89%)	218 (24.28%)	0.7931
Body Mass Index, median (range)	27.8 (25.14, 31.14)	28.4 (25.31, 31.59)	0.0248
SBP (mmHg), mean (SD)	132.5 (16.89)	135.1 (18.72)	0.0002
History Hypertension, n (%)	15660 (77.29%)	747 (83.18%)	<.0001
History of Hypercholesterolaemia, n (%)	15540 (76.7%)	701 (78.06%)	0.3452
Current Smoker, n (%)	3347 (16.52%)	189 (21.05%)	0.0004
History of Diabetes, n (%)	6439 (31.78%)	367 (40.87%)	<.0001
eGFR < 60 (MDRD), n (%)	4570 (22.84%)	279 (31.38%)	<.0001
History of PAD, n (%)	1057 (5.22%)	86 (9.58%)	<.0001
History of Atrial Fibrillation, n (%)	809 (3.99%)	58 (6.46%)	0.0003
History of CHF, n (%)	4005 (19.77%)	221 (24.61%)	0.0004
Prior Angina, n (%)	6196 (30.58%)	359 (39.98%)	<.0001
Multivessel Coronary Artery Disease, n (%)	11959 (59.03%)	599 (66.7%)	<.0001
History of Second Prior MI, n (%)	3201 (15.8%)	298 (33.18%)	<.0001
Prior CABG, n (%)	842 (4.16%)	133 (14.81%)	<.0001
History of PCI with stenting, n (%)	16184 (80.15%)	707 (78.82%)	0.3296
Prior PCI with DES (1=Yes, 0=No), n (%)	7880 (48.69%)	409 (57.85%)	<.0001
Qualifying MI: NSTEMI, n (%)	8124 (40.14%)	459 (51.11%)	<.0001
<i>Region</i>			<.0001
North America, n (%)	3680 (18.16%)	227 (25.28%)	
South America, n (%)	2372 (11.71%)	86 (9.58%)	
Western Europe (incl. S Af), n (%)	5847 (28.85%)	291 (32.41%)	
Eastern Europe, n (%)	6066 (29.93%)	224 (24.94%)	
Asia/Australia/New Zealand, n (%)	2299 (11.35%)	70 (7.8%)	

SD-standard deviation, mmHG-millimeters of mercury, eGFR-estimated glomerular filtration rate, MDRD-Modification of Diet in Renal Disease, PAD-peripheral artery disease, CHF-congestive heart failure, MI-myocardial infarction, CABG-coronary artery bypass grafting surgery, PCI-percutaneous intervention, DES-drug eluting stent, NSTEMI-non-ST elevation myocardial infarction

Figure S1. Cumulative incidence of myocardial infarction subtypes occurring in patients randomized to placebo (on aspirin monotherapy) during follow up.

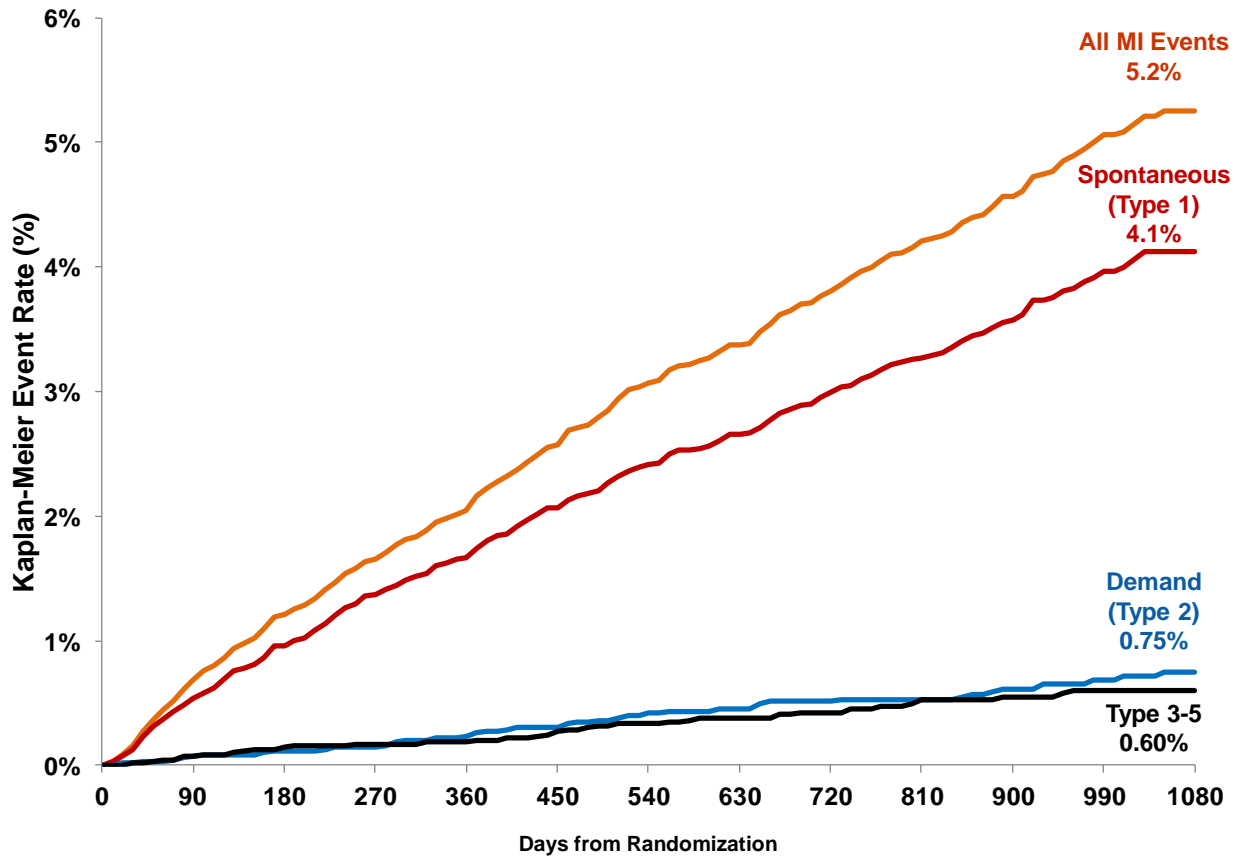


Figure S2. Ticagrelor and fatal myocardial infarction, sudden cardiac death and the composite of both.

