

Supplemental Material

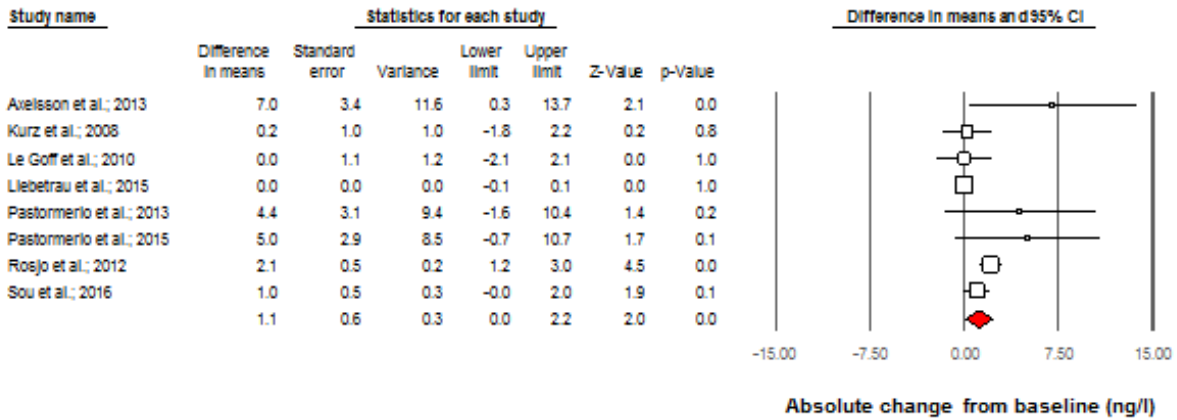
Table S1. Quality assessment of included studies.

	Study question	Eligibility criteria & study population	Study participants representative of clinical population of interest	All eligible participants enrolled	Sufficiently large sample size	Intervention clearly described	Outcome measures clearly described, valid and reliable	Blinding to outcome assessors	Follow-up rate	Statistical analysis	Multiple outcome measures	Group-level interventions & individual-level outcome efforts
Axelsson 2013 ¹	Y	Y	Y	Y	NR	Y	Y	NR	Y	Y	Y	Y
Kurz 2008 ²	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lee 2016 ³	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Le Goff 2010 ⁴	Y	N	Y	NR	NR	Y	Y	NR	Y	Y	Y	NR
Liebetau 2015 ⁵	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y
Pastormerlo 2013 ⁶	Y	N	Y	NR	NR	Y	Y	NR	NR	Y	Y	NA
Pastormerlo 2015 ⁷	Y	Y	Y	Y	NR	Y	Y	NR	Y	Y	Y	Y
Rosjo 2012 ⁸	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y	Y	Y
Sou 2016 ⁹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR
Wongpraparut 2011 ¹⁰	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA
Wongpraparut 2015 ¹¹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA

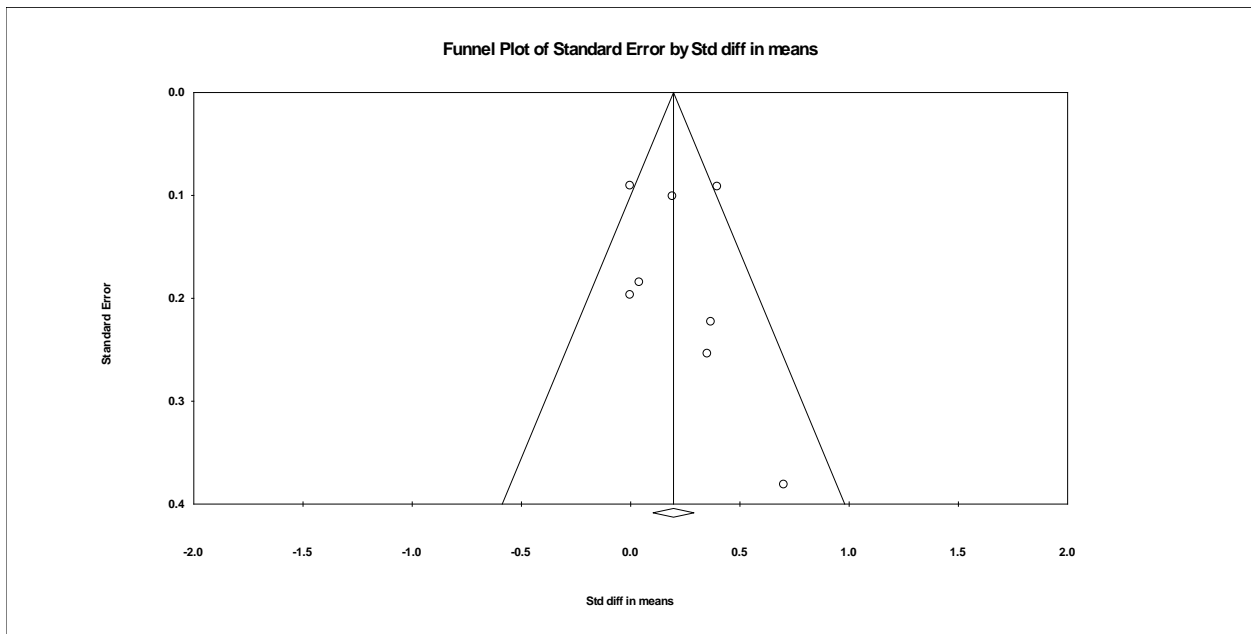
Y: Yes; N: No; NR: Not reported; NA: Not applicable

Figure S1. Pooled estimates of the absolute and relative hs-cTnT change from baseline after exercise stress testing in patients without (a) and with (b) inducible myocardial ischemia.

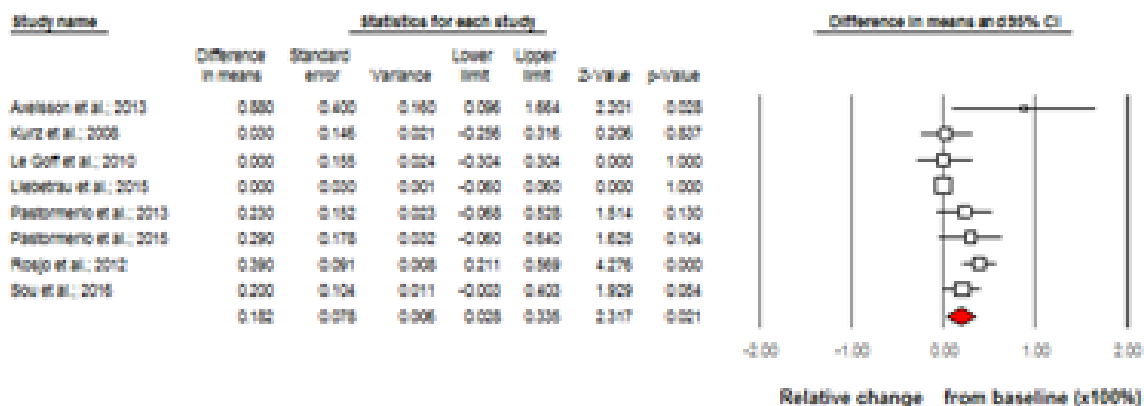
Exercise stress test hs-cTnT - No ischemia



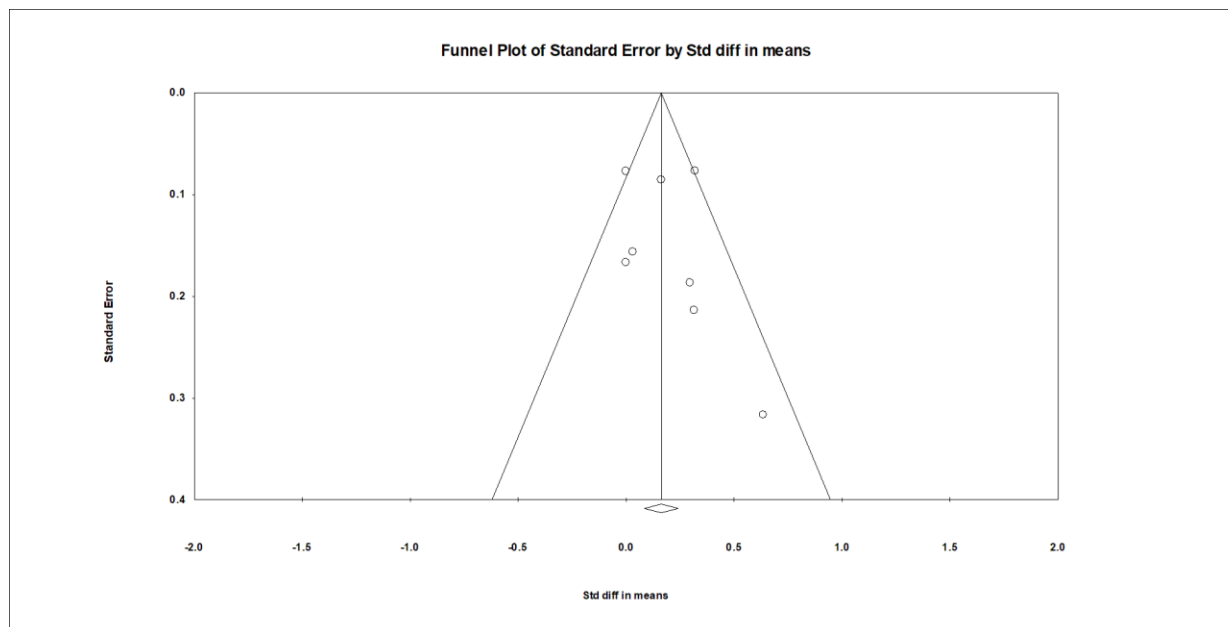
Heterogeneity: I² = 78.6%



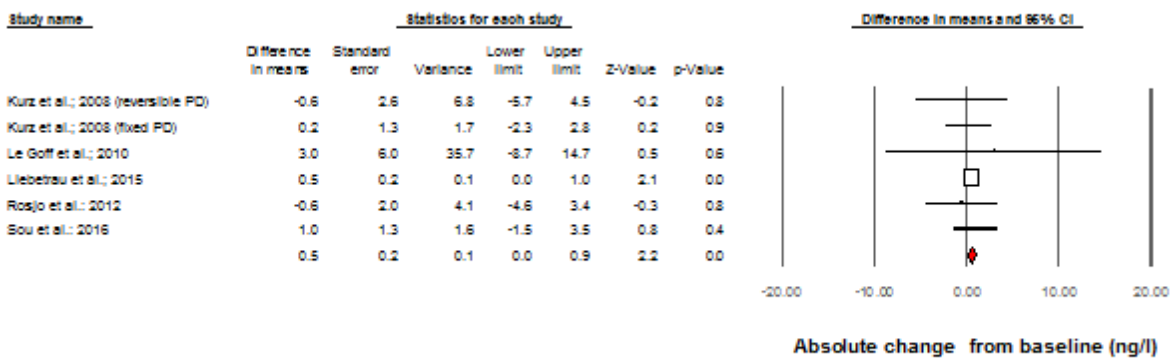
Exercise stress test hs-cTnT - No Ischemia



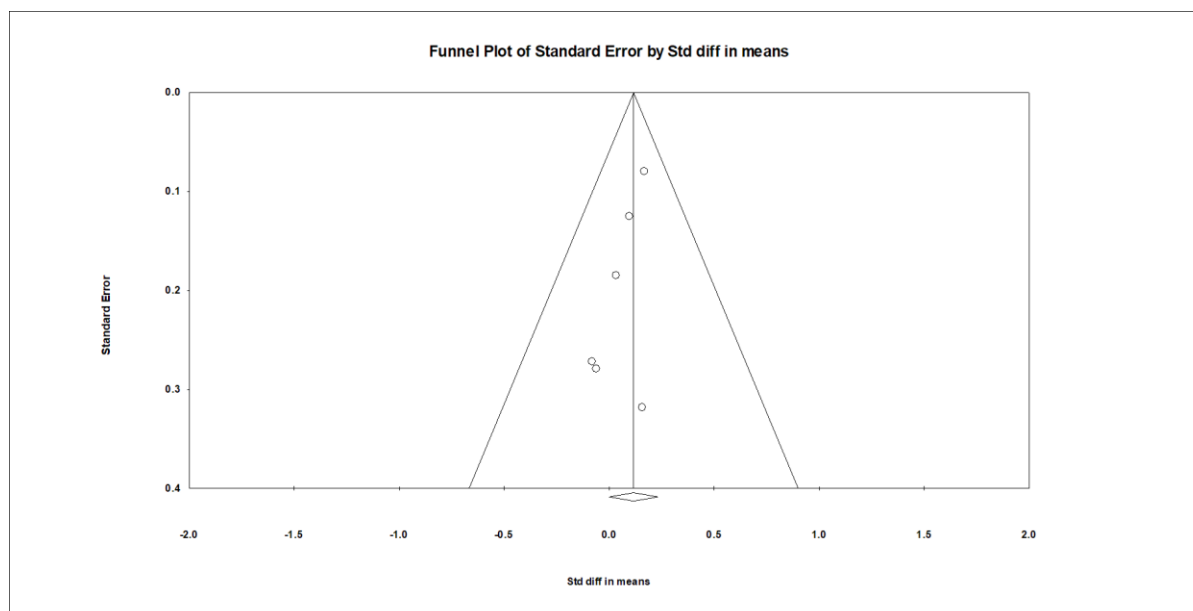
Heterogeneity: $I^2 = 73.2\%$



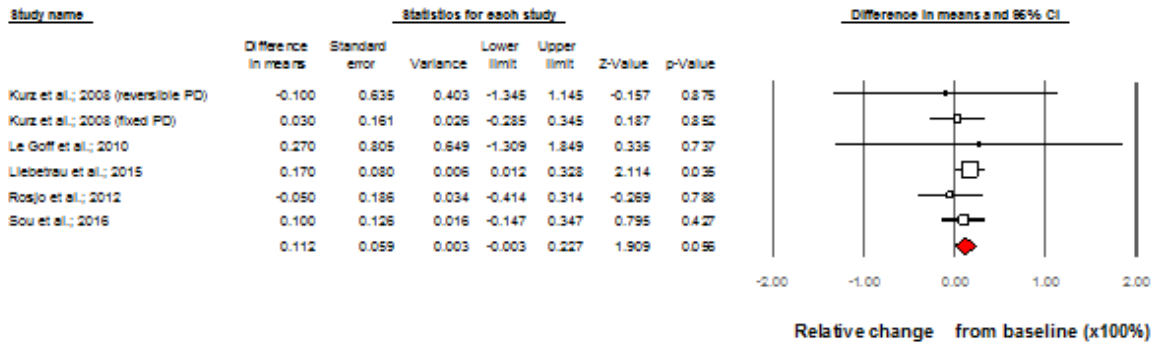
Exercise stress test hs-cTnT - Ischemia



Heterogeneity: I² = 0%



Exercise stress test hs-cTnT - Ischemia



Heterogeneity: I² = 0%

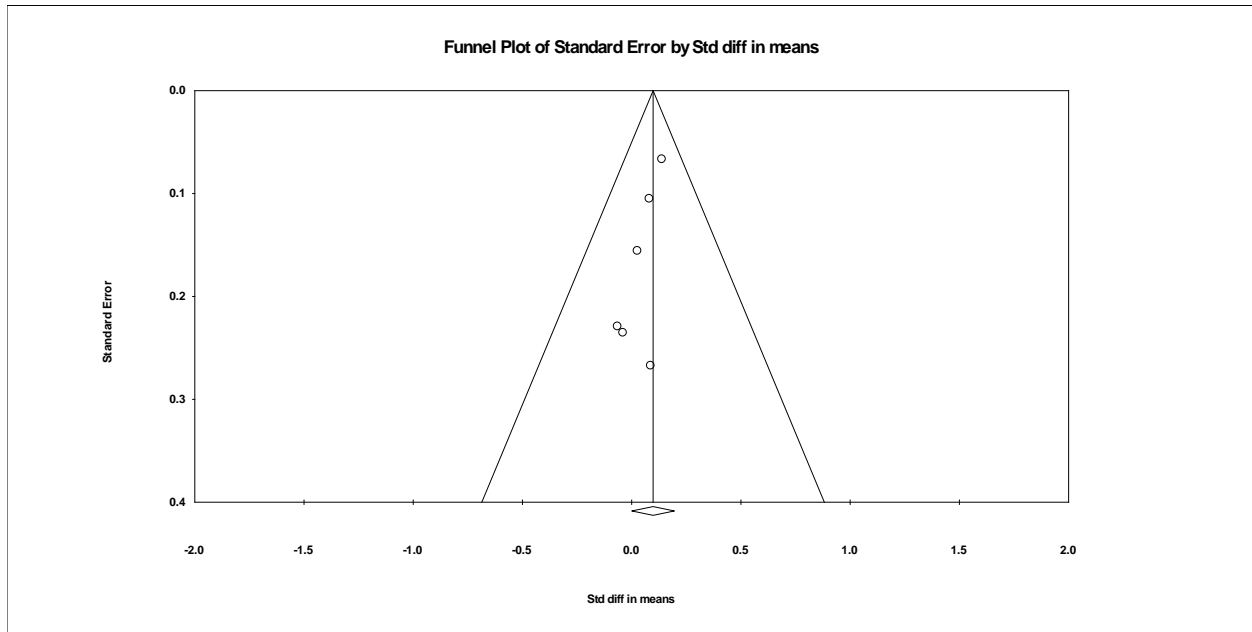
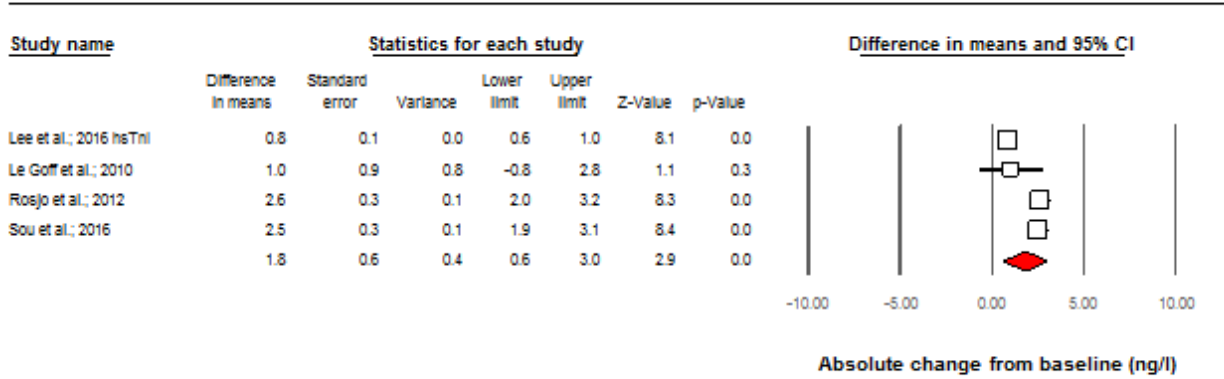
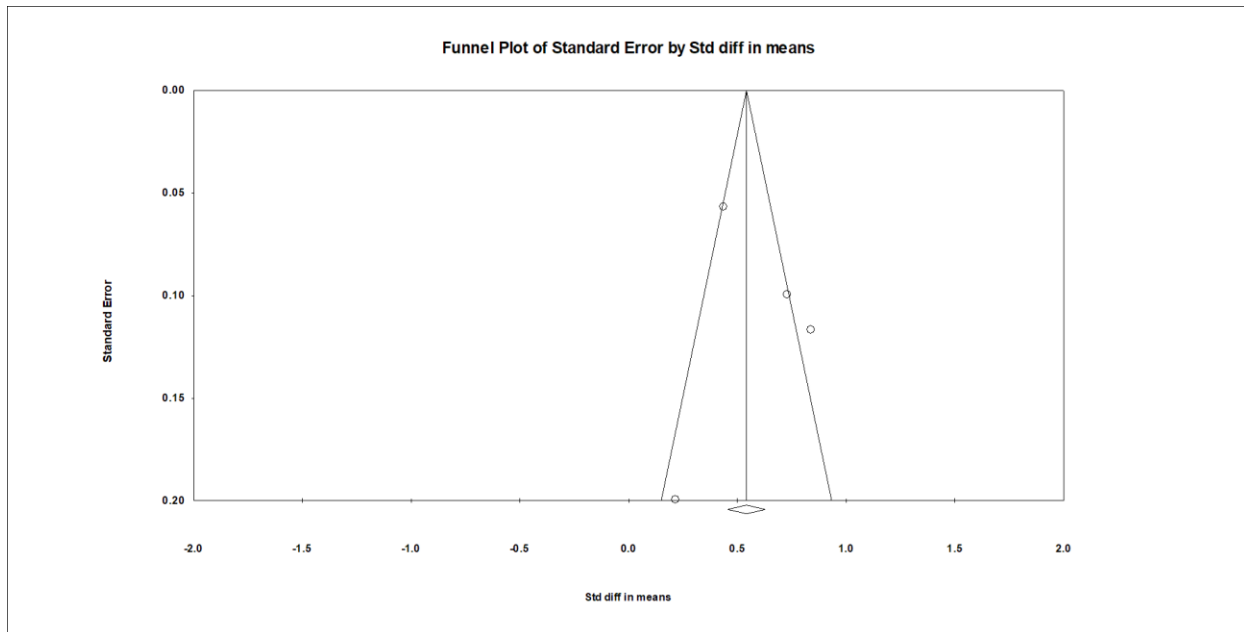


Figure S2. Pooled estimates of the absolute hs-cTnI change from baseline after exercise stress testing in patients without (a) and with (b) inducible myocardial ischemia.

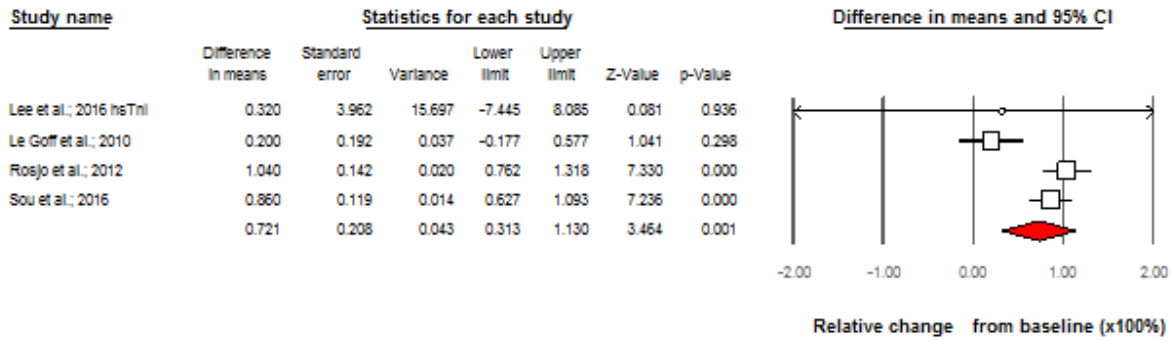
Exercise stress test hs-cTnI - No ischemia



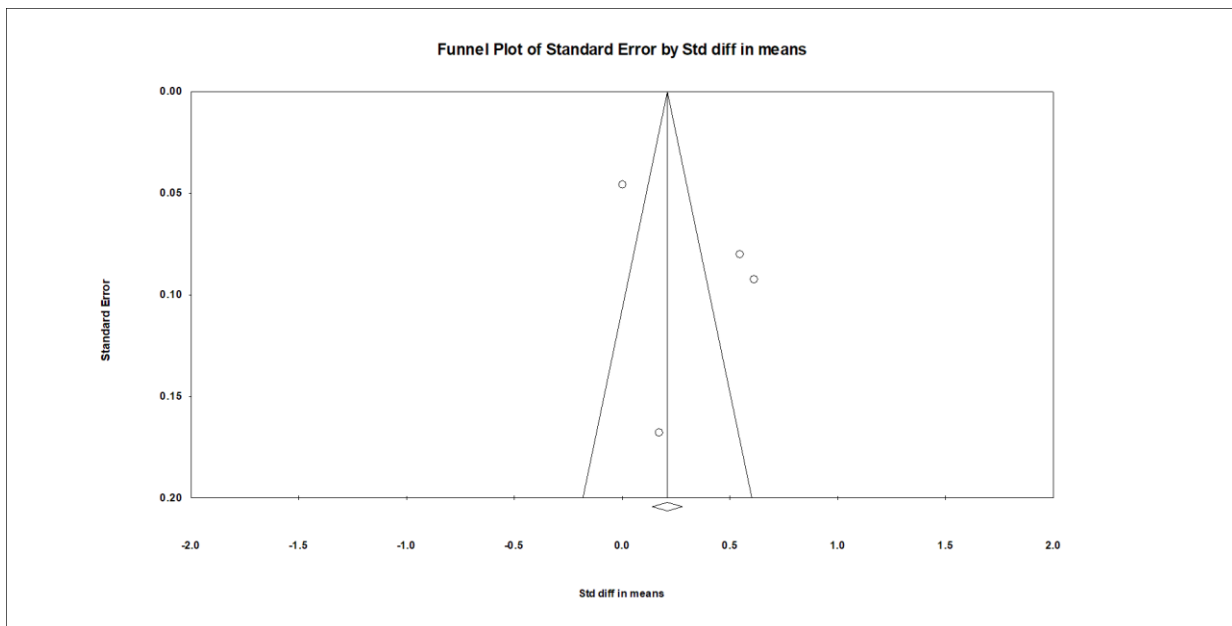
Heterogeneity: $I^2 = 94.4\%$



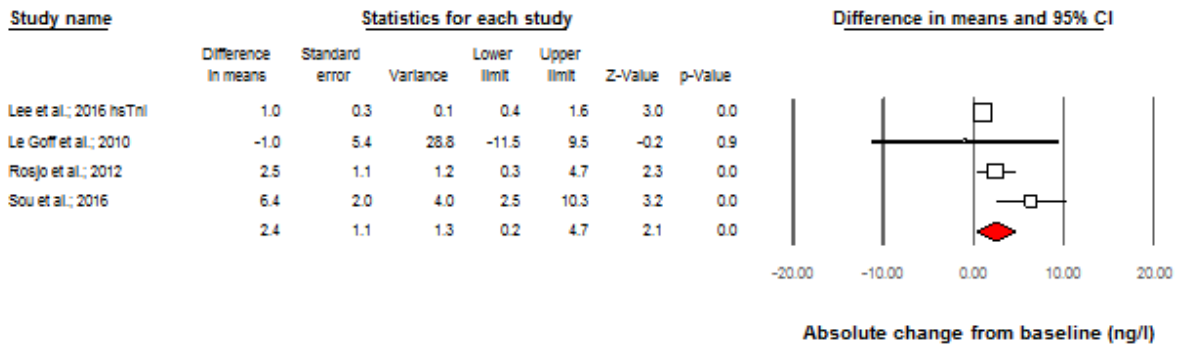
Exercise stress test hs-cTnl - No Ischemia



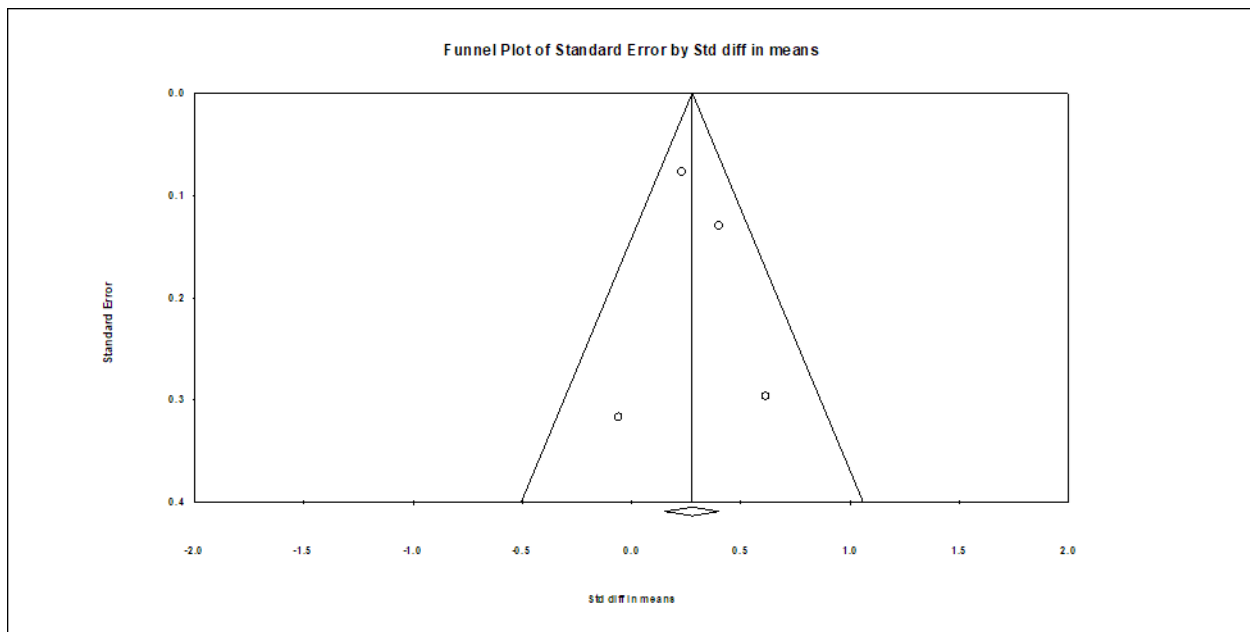
Heterogeneity: I² = 76.7%



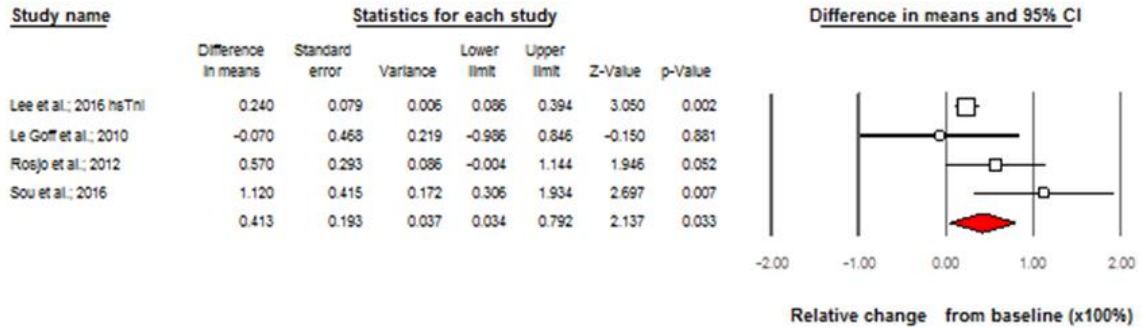
Exercise stress test hs-cTnI - Ischemia



Heterogeneity: I² = 65.6%



Exercise stress test hs-cTnl - Ischemia



Heterogeneity: I² = 49.1%

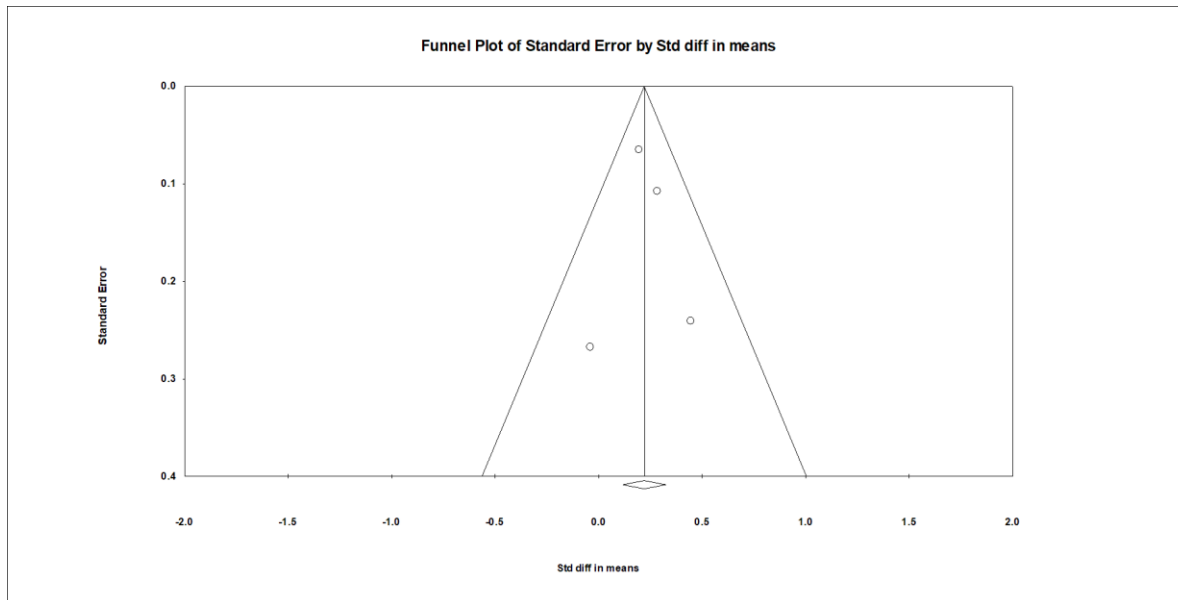
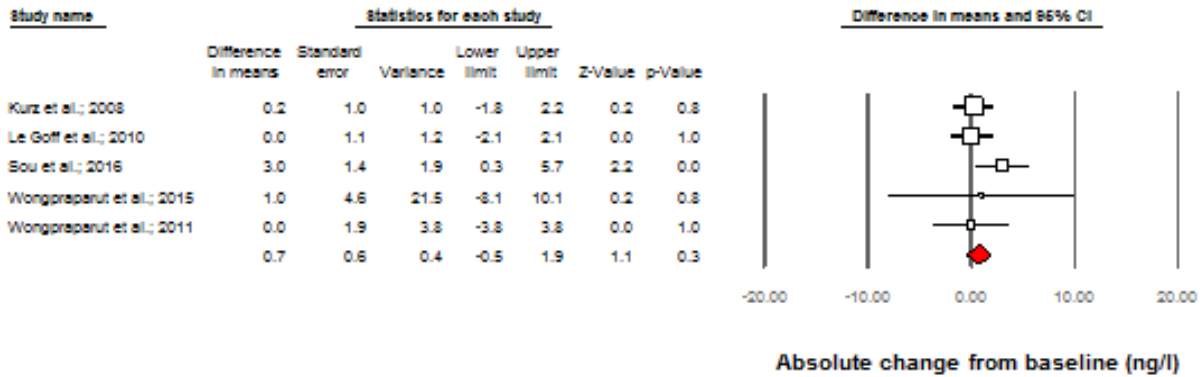
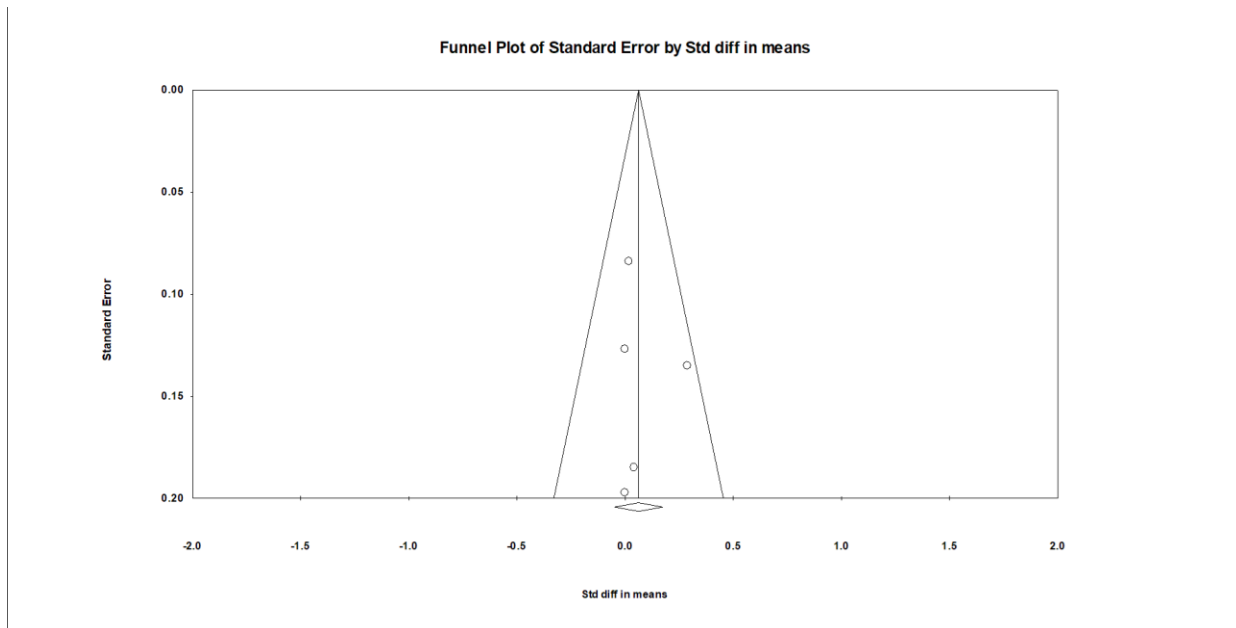


Figure S3. Forest plot showing pooled estimate of the absolute hs-cTnT change from baseline after pharmacological stress testing in patients without (a) and with (b) inducible myocardial ischemia.

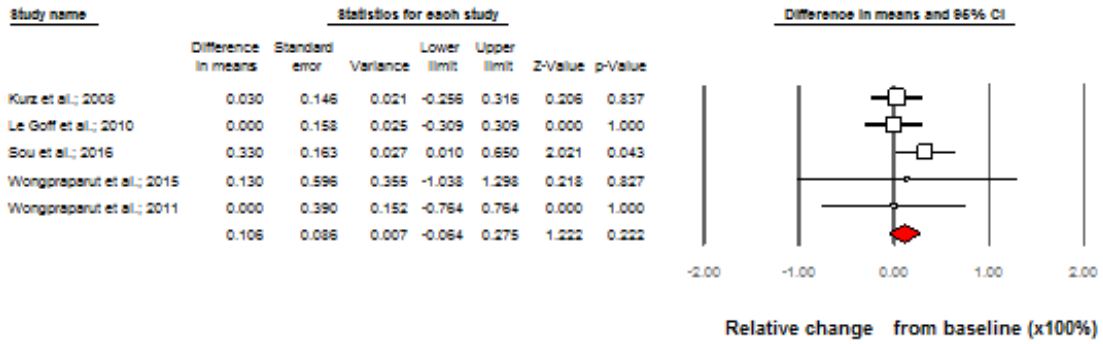
Pharmacologic stress test hs-cTnT - No ischemia



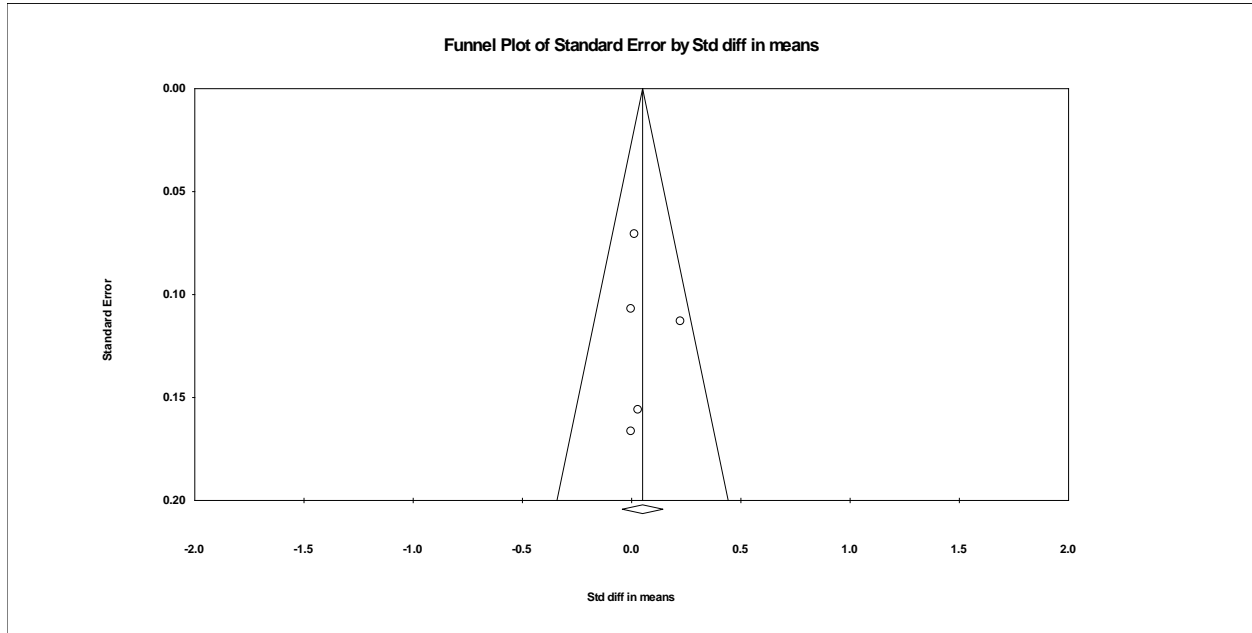
Heterogeneity: I² = 0%



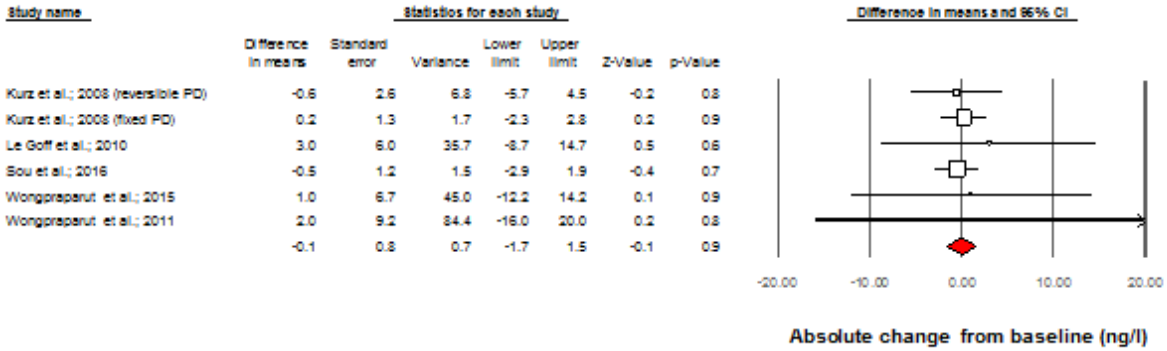
Pharmacologic stress test hs-cTnT - No Ischemia



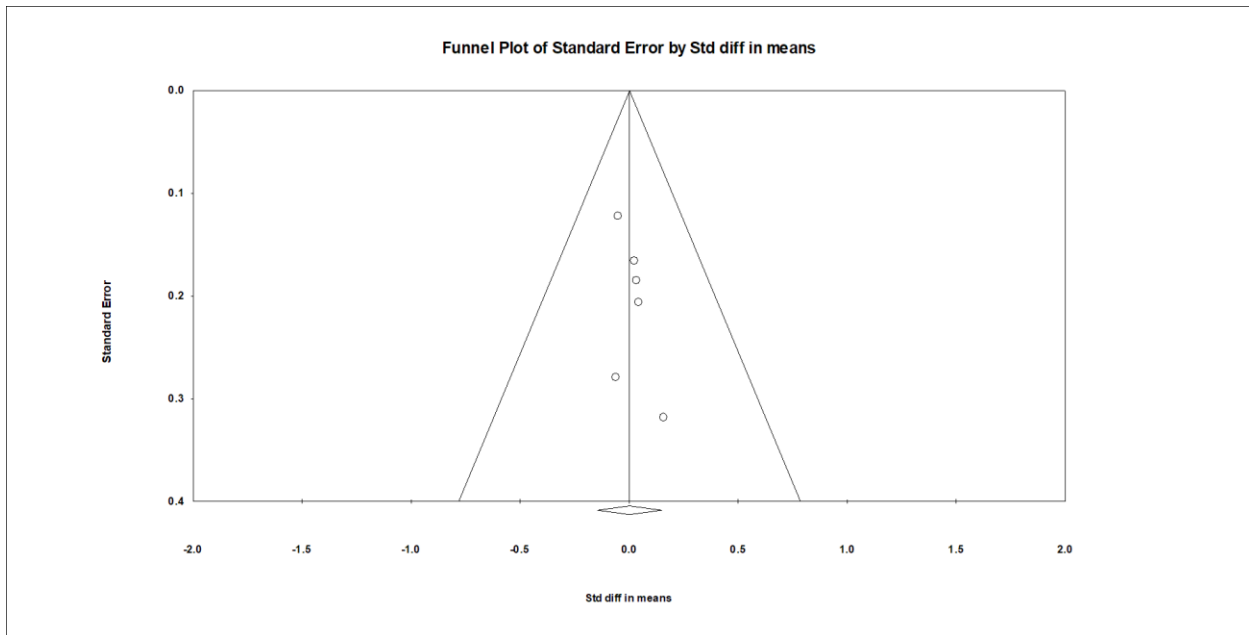
Heterogeneity: I² = 0%



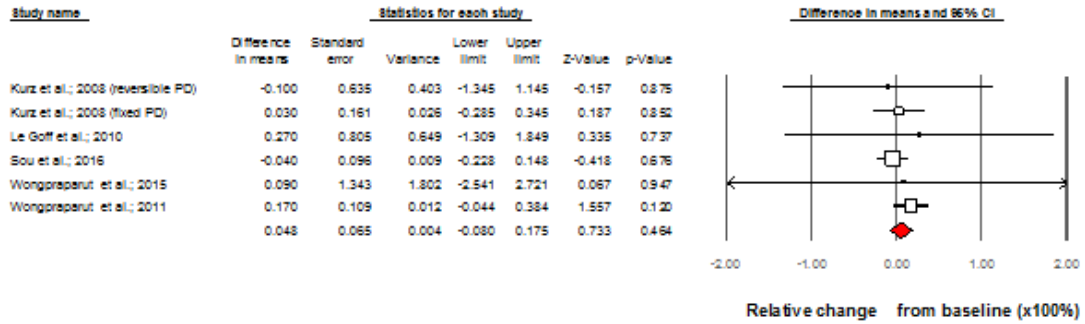
Pharmacologic stress test hs-cTnT - Ischemia



Heterogeneity: I² = 0%



Pharmacologic stress test hs-cTnT - Ischemia



Heterogeneity: I² = 0%

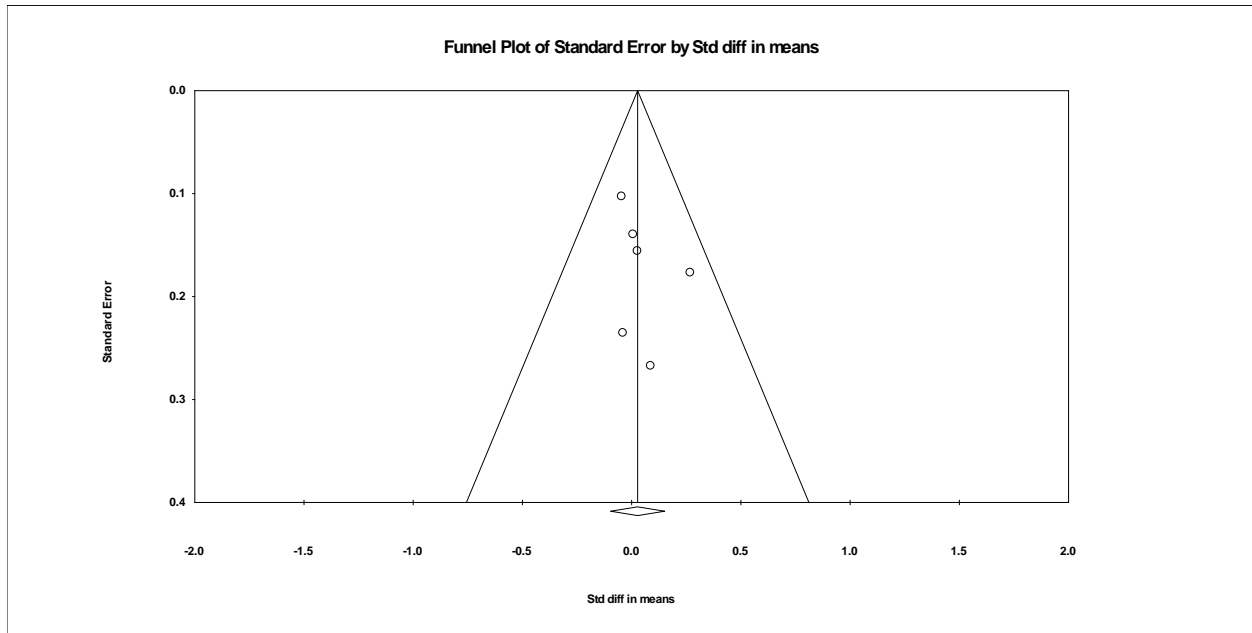
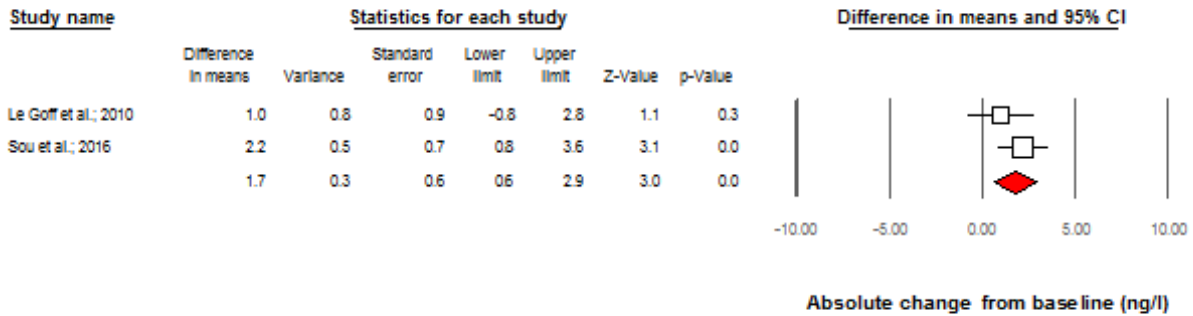


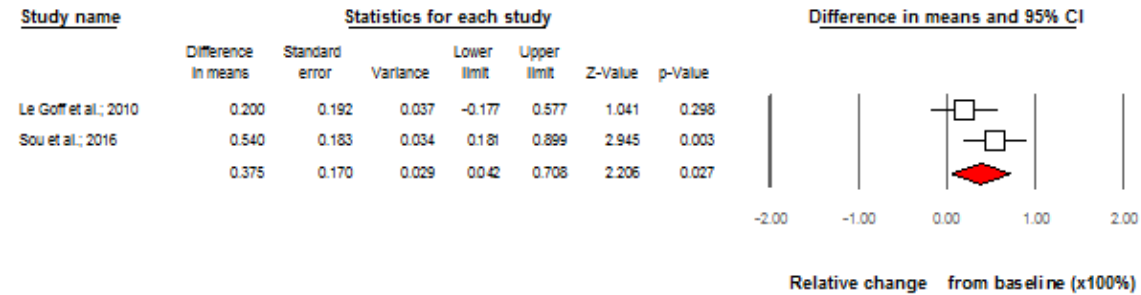
Figure S4. Forest plot showing pooled estimate of the absolute hs-cTnl change from baseline after pharmacological stress testing in patients without (a) and with (b) inducible myocardial ischemia. No funnel plots to assess publication bias could be produced as only two studies were available (and a minimum of 3 are needed for a funnel plot).

Pharmacologic stress test hs-cTnl - No ischemia



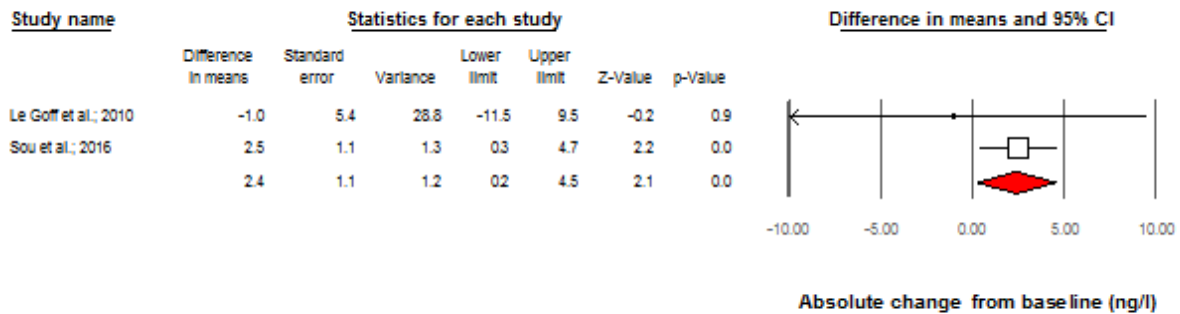
Heterogeneity: I² = 8.1%

Pharmacologic stress test hs-cTnl - No Ischemia



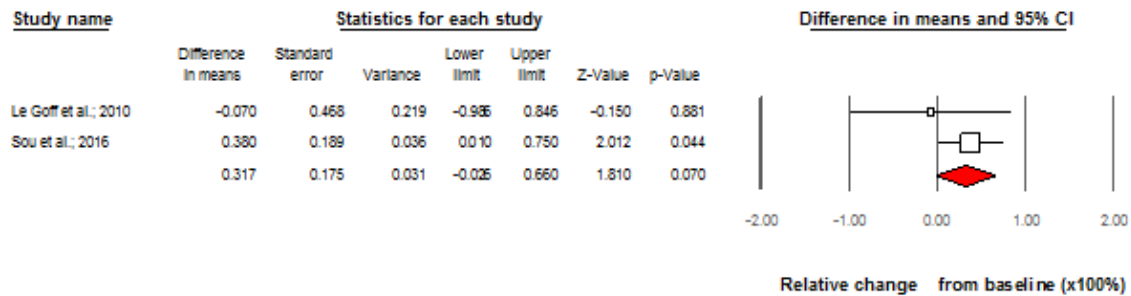
Heterogeneity: I² = 39%

Pharmacologic stress test hs-cTnl - Ischemia



Heterogeneity: I² = 0%

Pharmacologic stress test hs-cTnl - Ischemia



Heterogeneity: I² = 0%

Supplemental References:

1. Axelsson A, Ruwald MH, Dalsgaard M, Rossing K, Steffensen R, Iversen K. Serial measurements of high-sensitivity cardiac troponin T after exercise stress test in stable coronary artery disease. *Biomarkers*. 2013;18:304-9.
2. Kurz K, Giannitsis E, Zehelein J, Katus HA. Highly sensitive cardiac troponin T values remain constant after brief exercise- or pharmacologic-induced reversible myocardial ischemia. *Clinical Chemistry*. 2008;54:1234-8.
3. Lee G, Twerenbold R, Tanglay Y, Reichlin T, Honegger U, Wagener M, Jaeger C, Rubini Gimenez M, Hochgruber T, Puelacher C, Radosavac M, Kreutzinger P, Stallone F, Hillinger P, Krivoshei L, Herrmann T, Mayr R, Freese M, Wild D, Rentsch KM, Todd J, Osswald S, Zellweger MJ, Mueller C. Clinical benefit of high-sensitivity cardiac troponin i in the detection of exercise-induced myocardial ischemia. *American Heart Journal*. 2016;173:8-17.
4. Le Goff CL, Laurent T, Garweg C, Kaux J, Deroyer C, Fillet M, Lancellotti P, Pierard L, Chapelle J. Does echocardiographic stress test induced release of hsTnT and TnI II? *Clinical Chemistry*. 2010;56:A128.
5. Liebetrau C, Gaede L, Dorr O, Hoffmann J, Wolter JS, Weber M, Rolf A, Hamm CW, Nef HM, Mollmann H. High-sensitivity cardiac troponin T and copeptin assays to improve diagnostic accuracy of exercise stress test in patients with suspected coronary artery disease. *European Journal of Preventive Cardiology*. 2015;22:684-92.
6. Pastormerlo LE, Prontera C, Agazio A, Benelli E, Gabutti A, Mammini C, Poletti R, Clerico A, Passino C, Emdin M. Prediction of ongoing myocardial damage by noradrenergic response and haemodynamic impairment during exercise in systolic heart failure. Non invasive estimation of Frank-Starling curve. *European Journal of Heart Failure*. 2013;12:S246.
7. Pastormerlo LE, Agazio A, Benelli E, Gabutti A, Poletti R, Prontera C, Clerico A, Emdin M, Passino C. Usefulness of High-Sensitive Troponin Elevation After Effort Stress to Unveil Vulnerable Myocardium in Patients With Heart Failure. *American Journal of Cardiology*. 2015;116:567-72.
8. Rosjo H, Kravdal G, Hoiseth AD, Jorgensen M, Badr P, Roysland R, Omland T. Troponin I measured by a high-sensitivity assay in patients with suspected reversible myocardial ischemia: data from the Akershus Cardiac Examination (ACE) 1 study. *Clinical Chemistry*. 2012;58:1565-73.
9. Sou SM, Puelacher C, Twerenbold R, Wagener M, Honegger U, Reichlin T, Schaerli N, Pretre G, Abacherli R, Jaeger C, Rubini Gimenez M, Wild D, Rentsch KM, Zellweger MJ, Mueller C. Direct comparison of cardiac troponin I and cardiac troponin T in the detection of exercise-induced myocardial ischemia. *Clinical Biochemistry*. 2016;49:421-432.
10. Wongpraparut N, Piyophirapong S, Maneesai A, Sribhen K, Pongasira R, Komoltri C. Highly sensitive cardiac troponin T level and the degree of myocardial ischemia during cardiac pharmacological stress MRI. *European Heart Journal*. 2011;32:1033-1034.
11. Wongpraparut N, Piyophirapong S, Maneesai A, Sribhen K, Krittayaphong R, Pongakasira R, White HD. High-sensitivity cardiac troponin T in stable patients undergoing pharmacological stress testing. *Clinical Cardiology*. 2015;38:293-9.