

Supplemental Online Content

Yang L-T, Anand V, Zambito EI, et al. Association of echocardiographic left ventricular end-systolic volume and volume-derived ejection fraction with outcome in asymptomatic chronic aortic regurgitation. *JAMA Cardiol*. Published online November 4, 2020. doi:10.1001/jamacardio.2020.5268

eFigure 1. Study flow

eFigure 2. Correlations between LVESVi and LVESDi

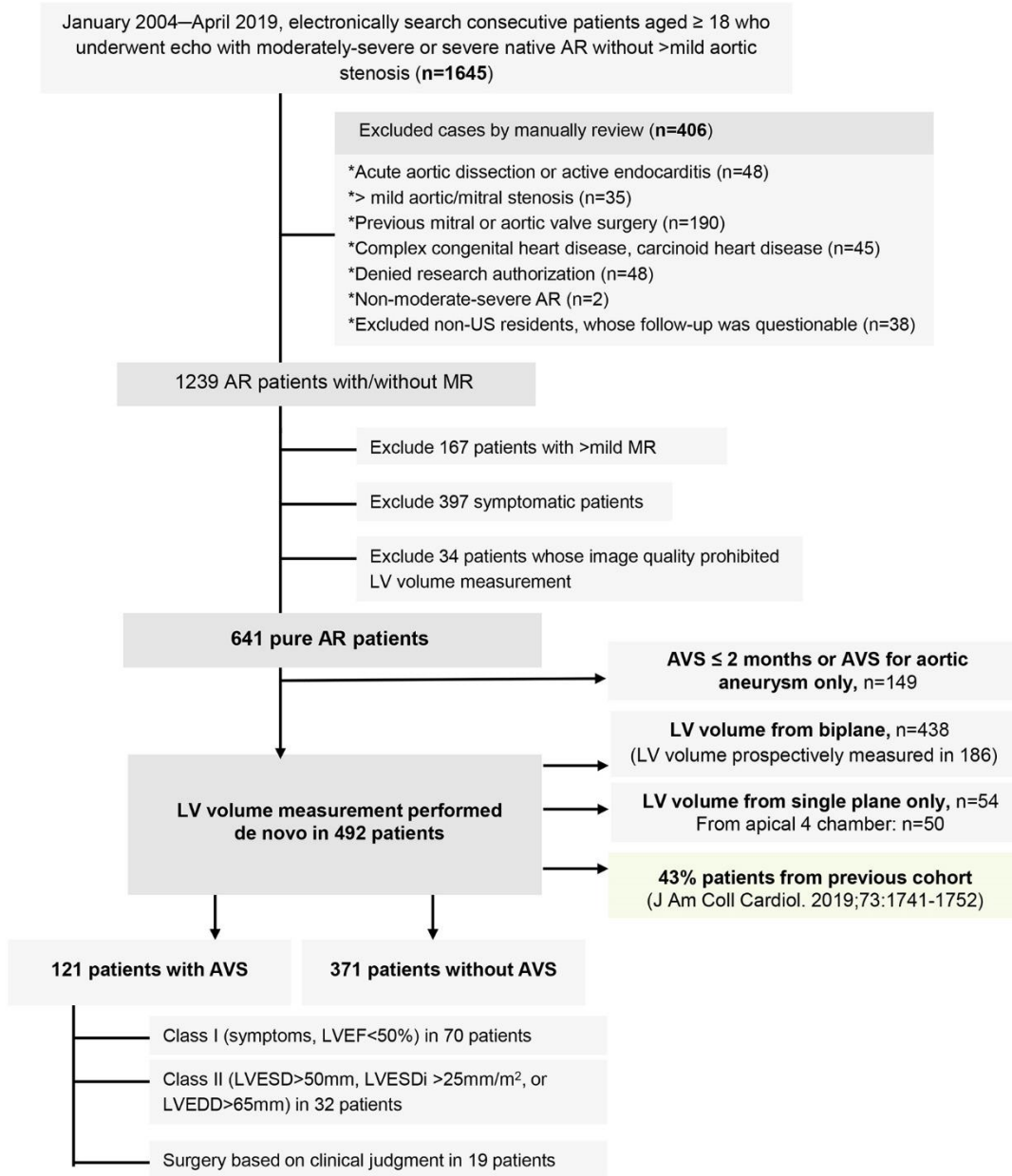
eFigure 3. Correlations between LVESVi, LVESDi and age

eFigure 4. Incidence of surgery

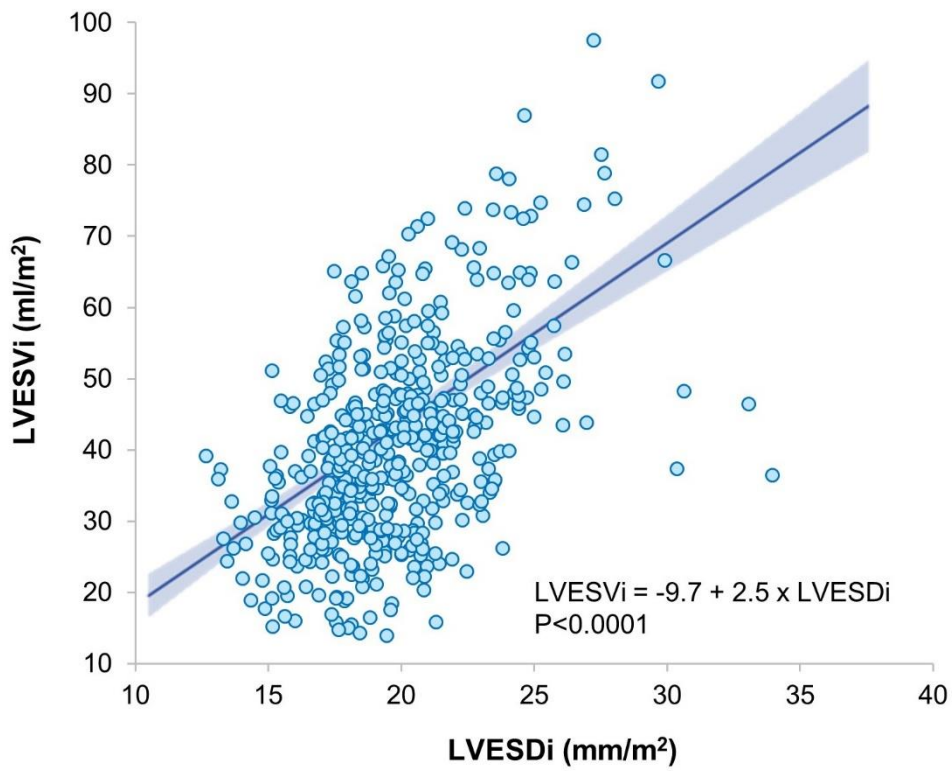
eTable. Comparison between LV volumes measured prospectively and retrospectively

This supplemental material has been provided by the authors to give readers additional information about their work.

eFigure 1. Study flow



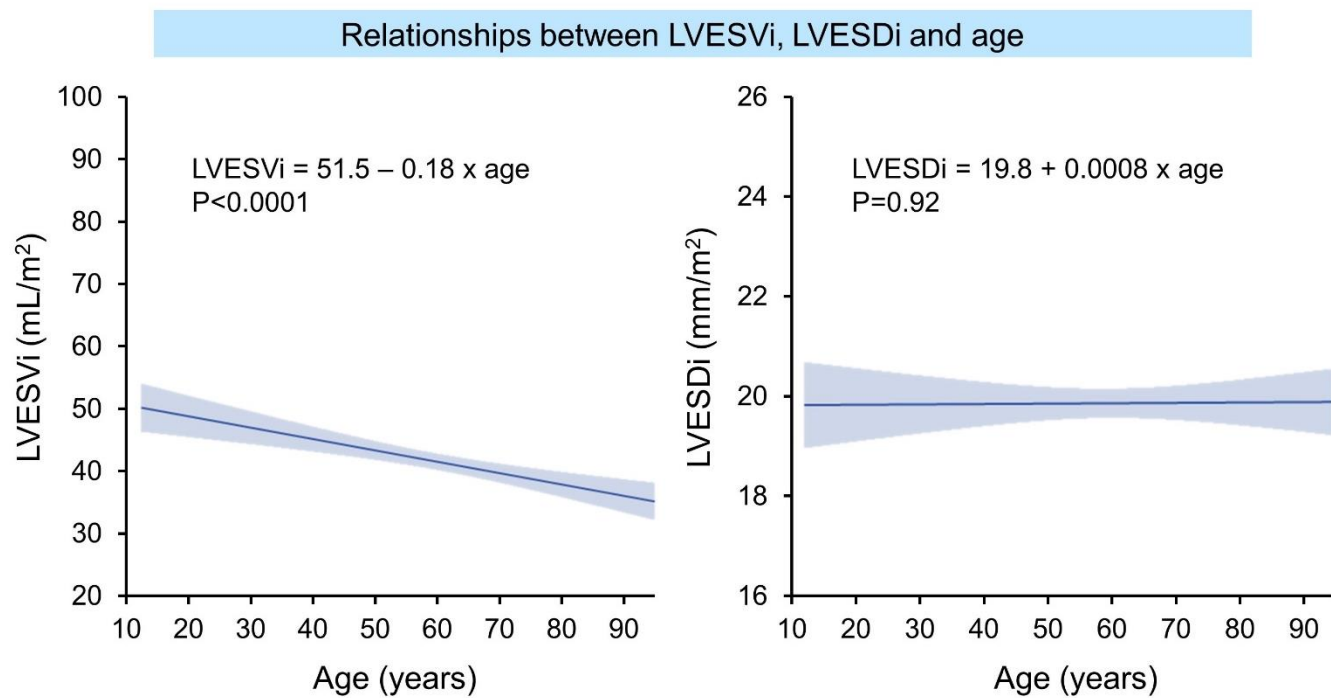
eFigure 2. Correlations between LVESVi and LVESDi. There was a linear relationship between LVESVi and LVESDi.



eTable. Comparison between LV volumes measured prospectively and retrospectively

	Multiple sonographers	One observer L.T.Y	Pearson correlation	P
LVEDV	203±53	201±53	0.76	<0.0001
LVESV	88±33	85±32	0.80	<0.0001
LV stroke volume	115±30	117±29	0.62	<0.0001
Vol-LVEF	57±8	59±8	0.68	<0.0001

eFigure 3. Correlations between LVESVi, LVESDi and age. There was an inverse relationship between age and LVESVi (left). LVESDi was not affected by age.



eFigure 4. Incidence of surgery. (A) Overall incidence of surgery and (B) incidence of surgery according to LVESVi > 45ml/m² or not. Five- and ten-year surgical incidence is shown. Note that the curves begin at 2 months because patients having surgery within 2 months of baseline echo were excluded from this analysis.

