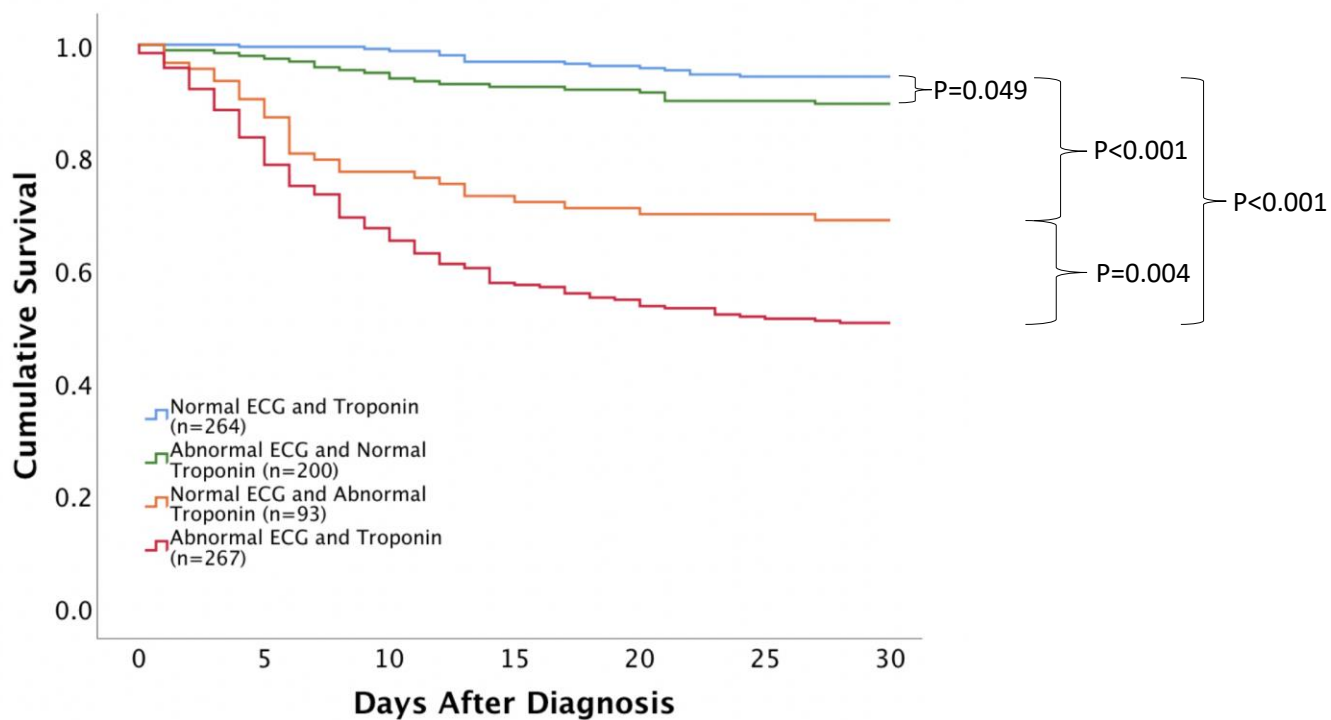


SUPPLEMENTAL MATERIAL

Figure S1. Kaplan-Meier estimates of survival by ECG categorization and initial high sensitivity cardiac troponin T.



No. at Risk	0	5	10	15	20	25	30
Normal ECG and Troponin	264	263	261	255	253	249	249
Abnormal ECG and Normal Troponin	200	195	189	185	183	180	179
Normal ECG and Abnormal Troponin	93	88	72	67	65	65	64
Abnormal ECG and Troponin	267	222	179	153	145	137	108

This figure demonstrates Kaplan-Meier survival estimates at 30 days for patients stratified by the ECG being categorized as normal/borderline versus abnormal and initial high-sensitivity cardiac troponin T (hs-cTnT) < 20 ng/L versus ≥ 20 ng/L. At 30 days, patient survival was 94% in the

normal ECG and low hs-cTnT group, 90% in the abnormal ECG and low hs-cTnT group, 69% in the normal ECG and high hs-cTnT group, and 51% in the abnormal ECG and high hs-cTnT group. The differences between the normal ECG and low hs-cTnT group, the normal ECG and high hs-cTnT group, and the abnormal ECG and high hs-cTnT group were statistically significant. An ECG was considered abnormal if it met any of the following criteria: ventricular rate less than 50, widened QRS with duration ≥ 120 ms, abnormal QRS axis, left bundle branch block, right bundle branch block, nonspecific interventricular conduction delay, left anterior fascicular block, left posterior fascicular block, corrected QT (Bazett) ≥ 500 ms, any ST or T wave abnormality, signs of right ventricular strain by S1Q3T3 or right ventricular hypertrophy, significant atrial arrhythmia, second or third degree atrioventricular block, atrial or ventricular pacing, more than 1 atrial or ventricular ectopic beat in a 10 second ECG strip, Q wave infarct, QRS voltage abnormality with left ventricular hypertrophy or low voltage, or ventricular pre-excitation.