Supplementary Table 1: Comparison of high cardiovascular risk inclusion criteria for the EMPA-REG OUTCOME trial and eligible inpatients.

The study population in the EMPA-REG OUTCOMES trial	Eligible inpatients in EMR of WCH
• History of myocardial infarction >2 months before informed consent. • Evidence of multi-vessel coronary artery disease, i.e., in ≥2 major coronary arteries or the left main coronary artery, documented by any of the following: – Presence of significant stenosis: ≥50% luminal narrowing during angiography (coronary or multi-slice computed tomography). – Previous revascularization (percutaneous transluminal coronary angioplasty ± stent or coronary artery bypass graft >2 months before consent). – The combination of revascularization in one major coronary artery and significant stenosis (≥50% luminal narrowing) in another major coronary artery. • Evidence of single-vessel coronary artery disease, ≥50% luminal narrowing during angiography (coronary or multi-slice computed tomography) not subsequently successfully revascularized, with at least one of the following: – A positive non-invasive stress test for ischemia. – Hospital discharge for unstable angina ≤12 months before consent. • Unstable angina >2 months before consent with evidence of single- or multi-vessel coronary artery disease. • History of stroke (ischemic or hemorrhagic) >2 months before consent. • Occlusive peripheral artery disease documented by any of the following: – Limb angioplasty, stenting, or bypass surgery. – Limb or foot amputation due to circulatory insufficiency. – Evidence of significant peripheral artery stenosis (>50% on angiography, or >50% or hemodynamically significant *via* non-invasive methods) in 1 limb. – Ankle-brachial index <0.9 in ≥1 ankle.	• Diagnosed with myocardial infarction during the first hospitalization: – ICD-10 codes: I21, I22, I25.2. • Diagnosed with coronary artery disease. – ICD-10 codes: I20–I25. • Diagnosed with stroke during the first hospitalization: – ICD-10 codes: I60–I64. • Diagnosed with peripheral vascular disease during the first hospitalization: – ICD-10 codes: I70, I71, I73.1, I73.8, I73.9, I77.1, I79.0, I79.2, K55.1, K55.8, K55.9, Z95.8, Z95.9.

EMR: Electronic medical record; ICD-10: International Classification of Diseases 10th Revision; WCH: West China Hospital.

Supplementary Table 2: Comparison of high cardiovascular risk inclusion criteria for the EMPA-REG OUTCOME trial and eligible outpatients.

The study population in the EMPA-REG OUTCOMES trial	Eligible outpatients in EMR of WCH
• History of myocardial infarction >2 months before informed consent. • Evidence of multi-vessel coronary artery disease, i.e., in ≥2 major coronary arteries or the left main coronary artery, documented by any of the following: – Presence of significant stenosis: ≥50% luminal narrowing during angiography (coronary or multi-slice computed tomography). – Previous revascularization (percutaneous transluminal coronary angioplasty ± stent or coronary artery bypass graft >2 months before consent). – The combination of revascularization in one major coronary artery and significant stenosis (≥50% luminal narrowing) in another major coronary artery. • Evidence of single-vessel coronary artery disease, ≥50% luminal narrowing during angiography (coronary or multi-slice computed tomography) not subsequently successfully revascularized, with at least 1 of the following: – A positive non-invasive stress test for ischemia. – Hospital discharge for unstable angina ≤12 months before consent. • Unstable angina >2 months before consent with evidence of single- or multi-vessel coronary artery disease. • History of stroke (ischemic or hemorrhagic) >2 months before consent. • Occlusive peripheral artery disease documented by any of the following: – Limb angioplasty, stenting, or bypass surgery. – Limb or foot amputation due to circulatory insufficiency. – Evidence of significant peripheral artery stenosis (>50% on angiography, or >50% or hemodynamically significant *via* non-invasive methods) in 1 limb. – Ankle-brachial index <0.9 in ≥1 ankle.	• Diagnosis and disease description including any of the following free words: ASCVD|冠心病|卒中|心肌梗|心梗|心肌缺血|支架术后|冠状动脉|缺血性心脏|心肌缺血|CAD|CHD|心绞痛|脑梗|中风|脑出血|脑栓 • Using statins and anticoagulants at the same time or using statins and antiplatelet agents simultaneously.

EMR: Electronic medical record; WCH: West China Hospital.

Supplementary Table 3: Results of the telephone survey for the MCID of continuous characteristics.

Characteristic	Median	IQR	Range	SE	Gansu[*]	Chongqing[*]	Sichuan[*]	Tianjin[*]	Shandong[*]	Shanghai[*]	An`hui[*]
Age (years)	10.0	10.0–12.5	15.0	1.8	5.0	10.0	10.0	15.0	10.0	10.0	20.0
BMI (kg/m^2)	3.0	2.8–4.0	3.0	0.4	2.0	5.0	2.5	3.0	3.0	5.0	3.0
LDL-c (mmol/L)	1.0	0.5–1.0	0.75	0.1	1.0	1.0	0.6	1.0	0.4	0.25	1.0
HDL-c (mmol/L)	0.5	0.2–0.5	0.5	0.1	0.5	0.5	0.2	0.6	0.2	0.1	0.5
TG (mmol/L)	2.0	0.6–2.0	1.8	0.3	2.0	2.0	0.6	2.0	0.5	0.2	2.0
TC (mmol/L)	1.0	0.5–1.5	1.5	0.2	1.0	2.0	0.5	1.5	0.5	0.5	1.5
HbA1c (%)	1.0	0.5–1.0	1.2	0.2	1.0	1.0	0.5	1.0	0.3	0.5	1.5
SBP (mmHg)	10.0	7.5–12.5	15.0	2.0	10.0	10.0	10.0	15.0	5.0	5.0	20.0
DBP (mmHg)	5.0	5.0–7.5	7.0	1.0	5.0	5.0	5.0	10.0	3.0	5.0	10.0
eGFR (mL/min per 1.73 m^2)	10.0	10.0–10.0	10.0	1.1	10.0	15.0	10.0	10.0	5.0	10.0	10.0

[*]One clinical diabetologist from this province of China reported the MCID for each baseline characteristic. BMI: Body mass index; DBP: Diastolic blood pressure; eGFR: Estimated glomerular filtration rate; HbA1c: Glycated hemoglobin A1c; HDL-c: High-density lipoprotein cholesterol; IQR: Interquartile range; LDL-c: Low-density lipoprotein cholesterol; MCID: Minimally clinically important difference; SBP: Systolic blood pressure; SE: Standard error; TC: Total cholesterol; TG: Triglycerides.