

Supplemental Material

Supplemental Material 1

Cardiac Surgery Centers of the Italian-CABG project²⁹

Casa di Cura ‘Villa Maria Pia’, Torino

Azienda Ospedaliera Mauriziano Umberto I, Torino

Azienda Ospedaliera Santa Croce e Carle, Cuneo

Nuova Casa di Cura Citta` di Alessandria — Gruppo Progess, Alessandria

Ospedale Civile S. Antonio E Biagio, Alessandria

Azienda Ospedaliera Niguarda Ca’ Granda, Milano

Azienda Ospedaliera San Gerardo — Universita` Degli Studi di Milano—Bicocca, Monza (Milano)

Casa Di Cura Poliambulanza, Brescia

Clinica San Rocco Franciacorta Ome, Brescia

Istituto Clinico Humanitas, Rozzano (Milano)

Istituto Policlinico San Donato, San Donato Milanese (Milano)

Ospedale ‘L. Sacco’, Milano

Ospedale Civile, Legnano (Milano)

Ospedale di Circolo e Fondazione Macchi, Varese

Ospedale San Raffaele, Milano

Policlinico Di Monza—Gruppo Progess, Monza (Milano)

Presidio Ospedaliero ‘C. Poma’, Mantova

Universita` degli Studi—I.R.C.C.S.—Policlinico ‘S.Matteo’, Pavia

Universita` degli Studi Di Milano—Cattedra Di Cardiochirurgia, Milano

Istituto Clinico Sant’Ambrogio, Milano

Universita` Di Milano—Ospedale Maggiore Policlinico I.R.C.C.S., Milano

Casa Di Cura Policlinico Multimedica, Sesto S.Giovanni (Milano)

Casa Di Cura Cliniche Gavazzeni Spa, Bergamo

Ospedali Riuniti di Bergamo, Bergamo

Azienda Ospedaliera Spedali Civili Di Brescia, Brescia

Ospedale S. Chiara, Trento

Ospedale ‘San Bortolo’, Vicenza

Ospedale Civile, Mirano (Venezia)

Ospedale Civile Maggiore, Verona

Ospedale S. Maria Dei Battuti, Treviso

Ospedale Umberto I, Mestre (Venezia)

Universita` Di Padova—Policlinico, Padova

Azienda Ospedaliera ‘S. Maria Della Misericordia’, Udine

Nuovo Polo Cardiologico — Ospedale di Cattinara, Trieste

Ospedale San Martino, Genova

Universita` degli Studi di Genova—Osp. San Martino, Genova

Villa Azzurra, Rapallo (Genova)

Az. Osp. Universitaria di Parma, Parma

Casa di Cura ‘Villa Torri’ Spa, Bologna

Casa di Cura Villa Maria Cecilia, Cotignola (RA)

Casa di Cura Villa Salus, Reggio Emilia

Hesperia Hospital S.r.l., Modena

Universita` Degli Studi Di Bologna—Policlinico S. Orsola, Bologna

Az. Osp. Universitaria Senese—Policlinico Le Scotte, Siena

Policlinico di Careggi—Firenze

Clinica ‘Villa Maria Beatrice’, Firenze

Ospedale ‘G. Pasquinucci’ Creas IFC-CNR, Massa

Az. Osp. ‘S. Maria’, Terni

Ospedale Silvestrini, Perugia

Ospedale ‘G.M. Lancisi’, Ancona

Az. Complesso Ospedaliero ‘San Filippo Neri’, Roma

Az. Osp. S. Camillo Forlanini, Roma

European Hospital—Universita` Tor Vergata, Roma

Policlinico Umberto I, Roma

Azienda Ospedaliera Sant’Andrea, Roma

Universita` Cattolica Del Sacro Cuore—Policlinico ‘A. Gemelli’, Roma

Universita` Di Roma ‘Campus Bio-Medico’, Roma

Ospedale Giuseppe Mazzini, Teramo

Universita` ‘Gabriele D’Annunzio’— Ospedale ‘San Camillo De Lellis’, Chieti

Az. Osp. Monaldi, Napoli

Az. Osp. Moscati, Avellino

Azienda Ospedaliera S. Sebastiano, Caserta

Lonobile T, De Bellis A, Casa di Cura San Michele, Maddaloni—CE

Clinica Mediterranea, Napoli

Casa di Cura ‘S. Lucia’, S. Giuseppe Vesuviano—NA

Ospedale San Leonardo, Salerno

Casa di Cura Montevergine, Mercogliano—AV

Az. Osp. ‘Vito Fazzi’, Lecce

Casa di Cura Citta` Di Lecce, Lecce

Casa di Cura S. Maria, Bari

Casa di Cura Villa Bianca, Bari

Ospedale Policlinico Consorziale, Bari

Villa Anthea, Bari

Ospedale S. Carlo, Potenza

S. Anna Hospital, Catanzaro

Az. Osp. Papardo, Messina

Az. Osp. Vittorio Emanuele—Ferrarotto—S. Bambino—Universita`, Catania

Casa di Cura Centro Cuore Morgagni, Pedara—CT

Villa ‘Maria Eleonora’, Palermo

Universita` degli Studi ‘Magna Graecia’—Az. Osp. Mater Domini, Catanzaro

Azienda di rilievo nazionale e di alta specializzazione Ospedale Civico e Benfratelli, Palermo

Az. Osp. ‘G. Brotzu’, Cagliari

Cardiac Surgery Centers of the Italian-CABG project³¹

Casa di Cura Villa Maria Pia Torino

Istituto Clinico Sant'Ambrogio, Milano

Clinica San Rocco di Franciacorta Oma (BS)

Presidio Ospedaliero C. Poma Mantova

A.O. San Gerardo-Università degli Studi di Milano-Bicocca Monza (MI)

Ospedale San Raffaele Milano

Istituto Clinico Humanitasa Rozzano (MI)

Nuovo Polo Cardiologico-Ospedale di Cattinara Trieste

Villa Azzurra Rapallo (GE)

Ospedale San Martino-Divisione di Cardiochirurgia Genova

Casa di Cura Villa Salus Reggio Emilia

Hesperia Hospital Srl Modena

Villa Maria Cecilia Hospital Cotignola (RA)

Clinica Villa Maria Beatrice Firenze

A.O. Santa Maria Terni

A.O. San Camillo-Forlanini Roma

Ospedale San Filippo Neri Roma

Università Campus Bio-Medico Roma

Casa di Cura San Michele Maddaloni (CE)

Casa di Cura Montevergine Mercogliano (AV)

A.O. San Sebastiano, Caserta

Anthea Hospital Bari

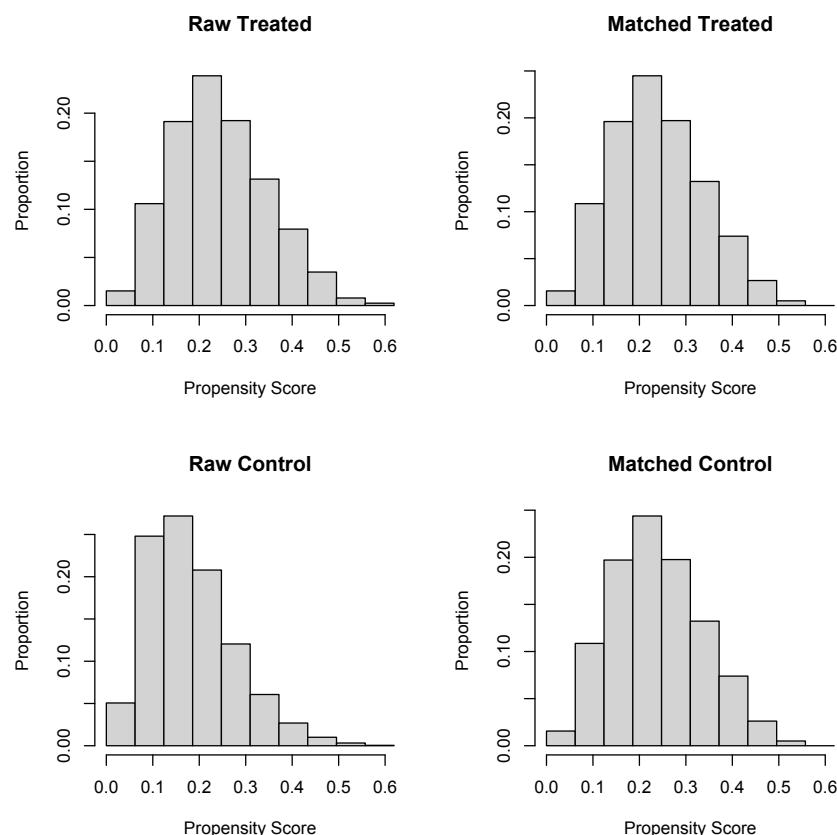
Casa di Cura Città di Lecce Lecce

Villa Maria Eleonora Palermo

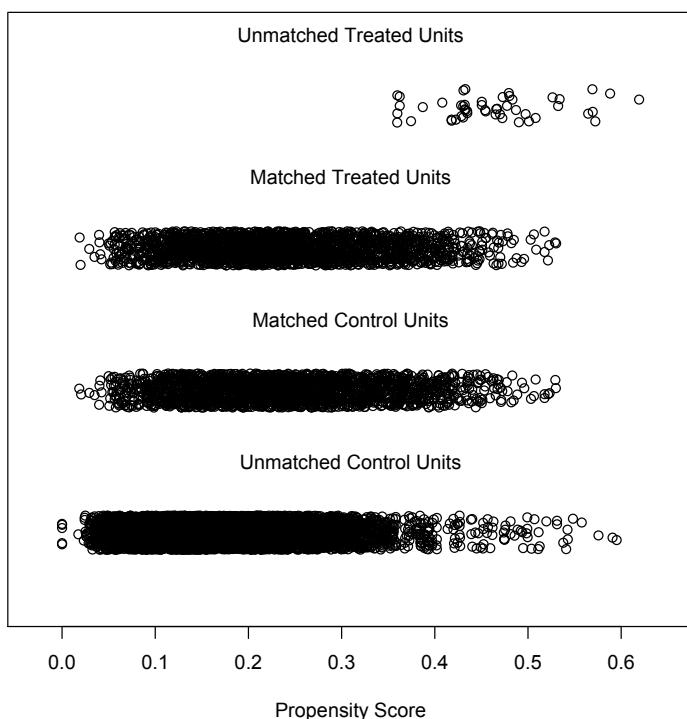
A.O. Papardo, Messina

Clinica Pineta Grande Castel Volturno (CE)

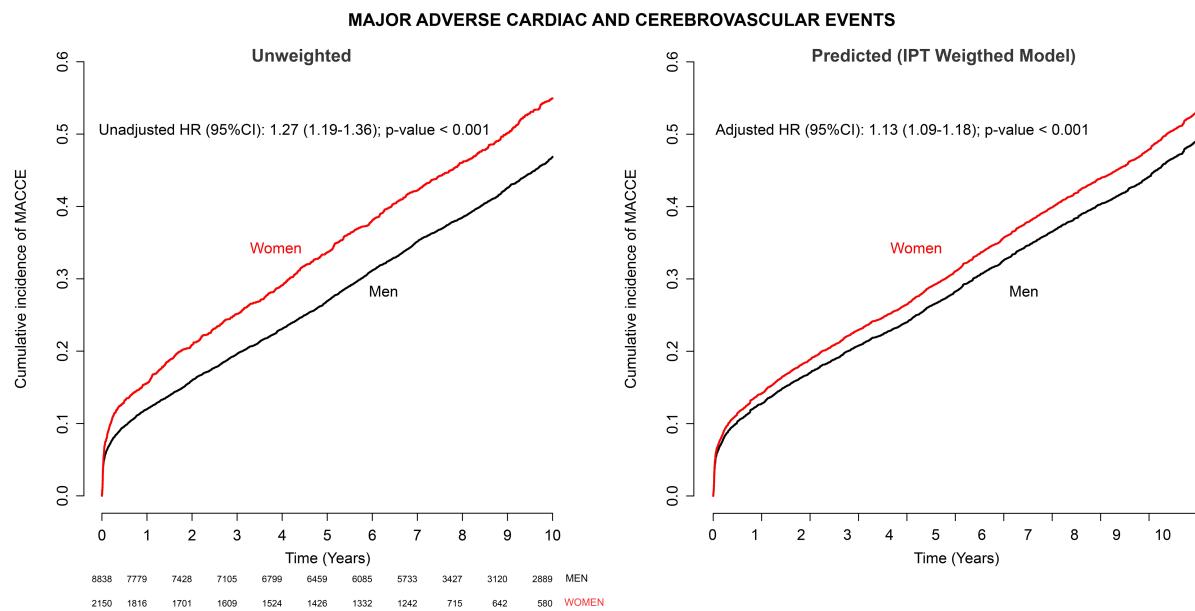
eFigure 1. Diagnostic plots for checking balance between propensity score matched group.



Distribution of Propensity Scores

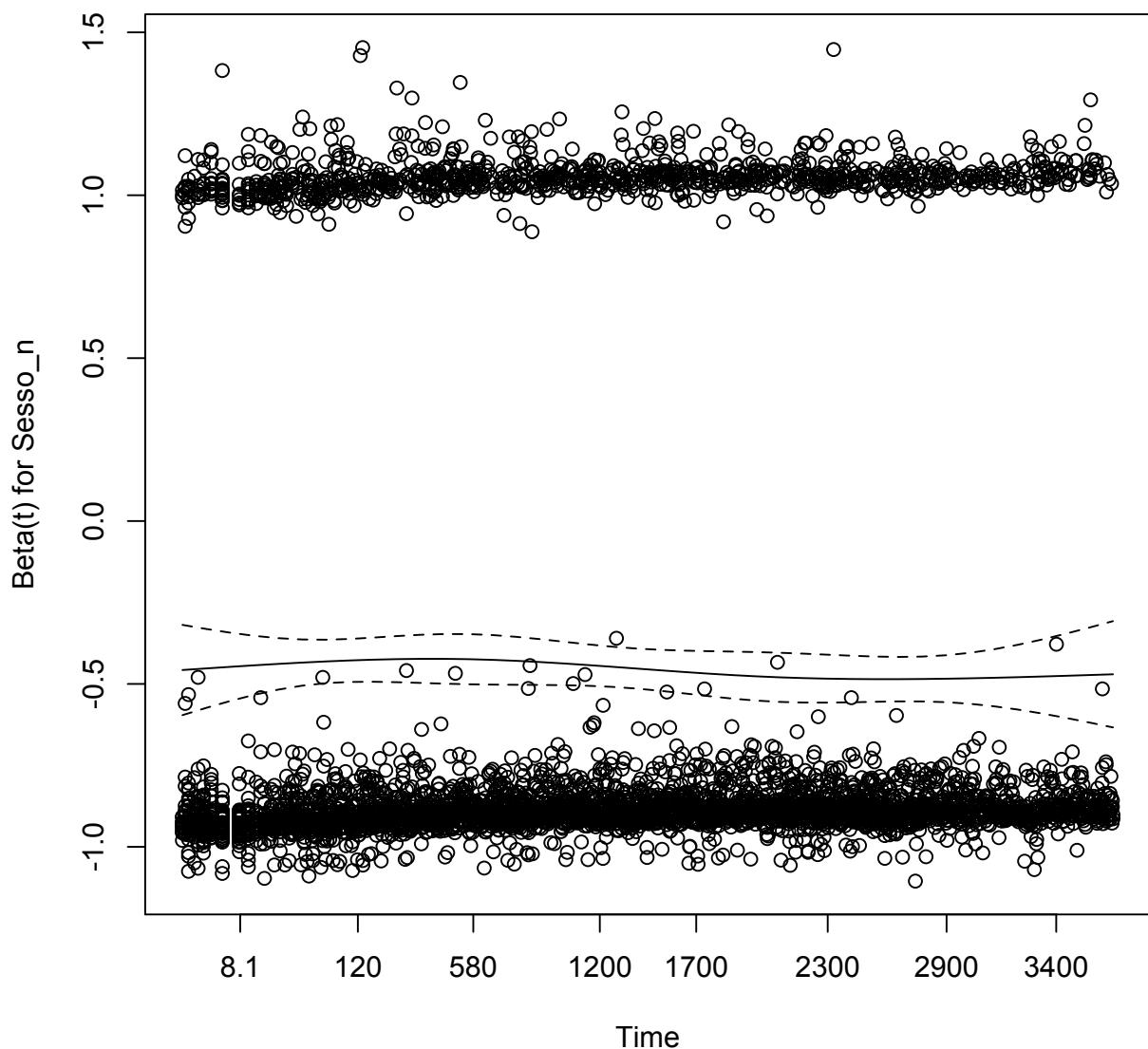


eFigure 2. Kaplan-Meier estimates in the unmatched population and estimated of the IPT weighted model.

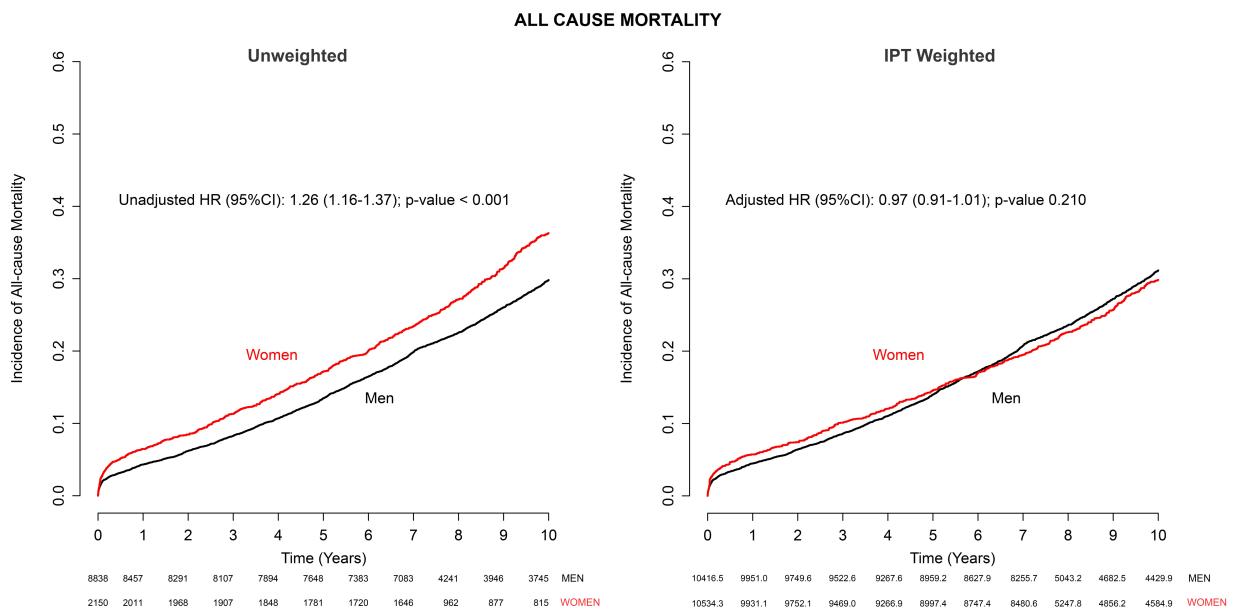


Kaplan Meier estimates of incidence of MACCE in women and men. The left panes shows the unweighted PRIORITY cohort and the right panel shows the predicted curves derived from the IPT weighted model. HR indicates Hazard Ratio, IPT indicates Inverse Probability of Treatment Weighting.

eFigure 3. Residuals over time for Gender show proportionality of the hazards over time.

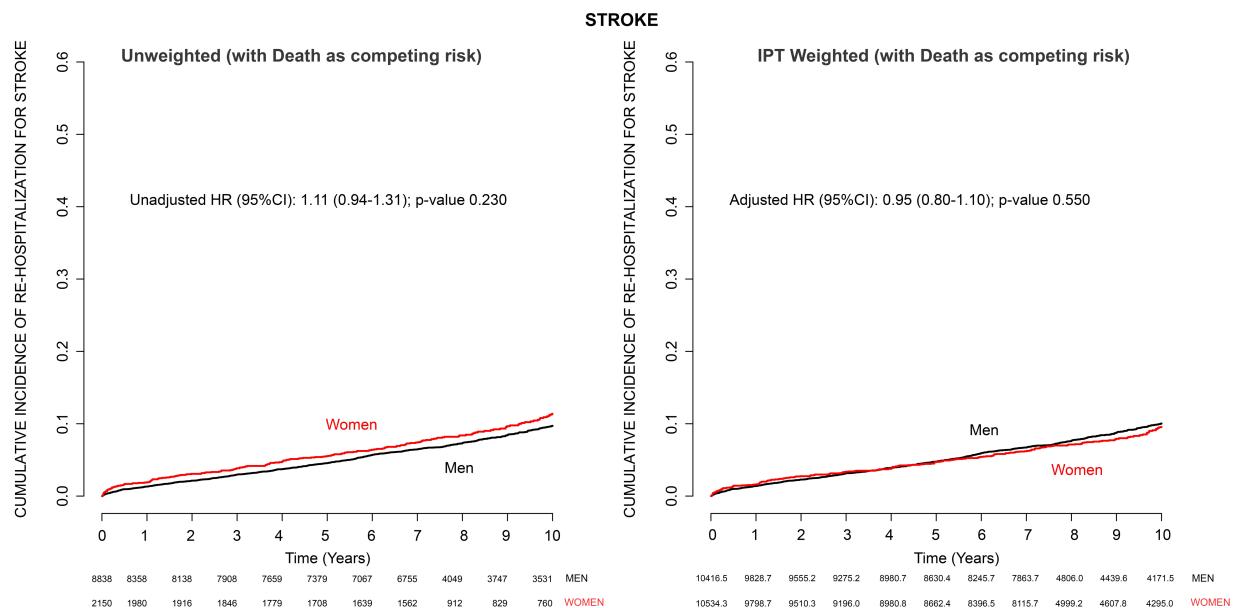


eFigure 4. Kaplan-Meier estimates of all-cause mortality in the unmatched population and with IPT weighting.



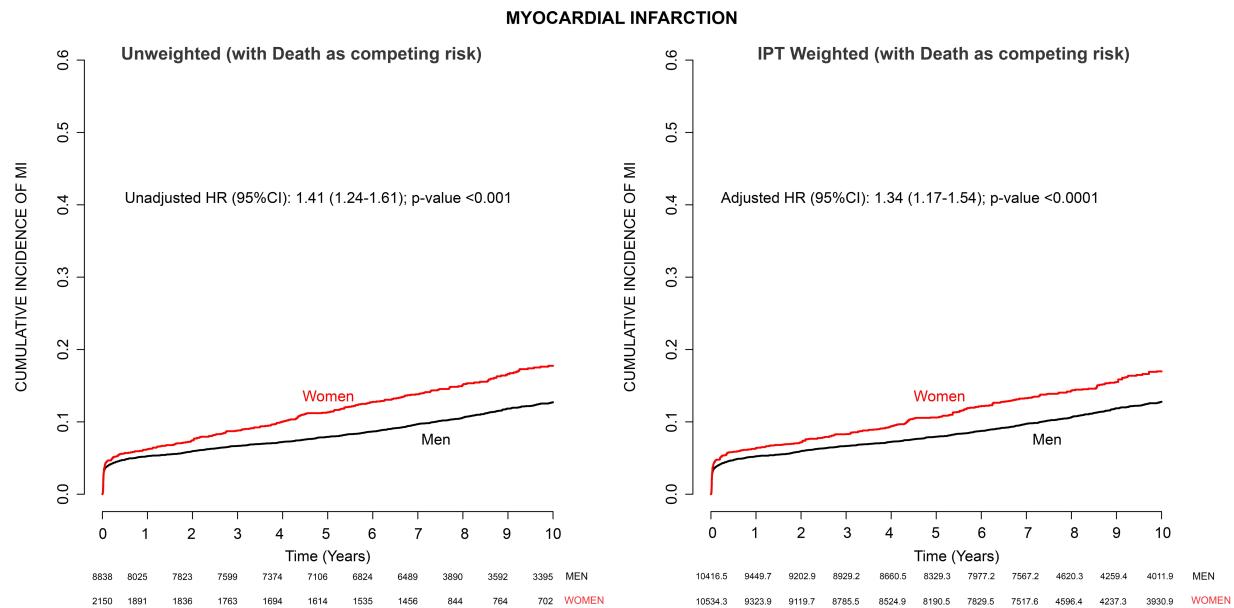
Kaplan Meier estimates of incidence of death in women and men. The left panes shows the unweighted PRIORITY cohort and the right panel shows the weighted estimates. The numbers of patients at risk in the right panel are not integers because of the IPT weighting. HR in the right panel is weighted with IPT and adjusted for confounding factors. HR indicates Hazard Ratio, IPT indicates Inverse Probability of Treatment Weighting.

eFigure 5 Kaplan-Meier estimates of stroke in the unmatched population and with IPT weighting.



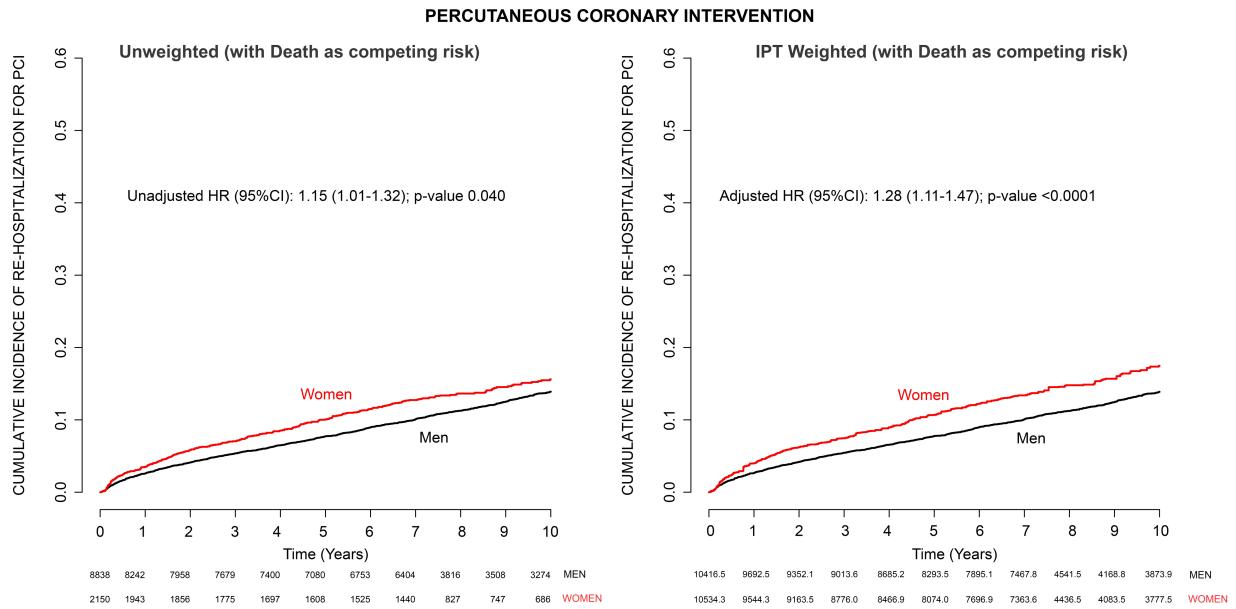
Kaplan Meier estimates of incidence of stroke in women and men. The left panes shows the unweighted PRIORITY cohort and the right panel shows the weighted estimates. The numbers of patients at risk in the right panel are not integers because of the IPT weighting. HR in the right panel is weighted with IPT and adjusted for confounding factors. HR indicates Hazard Ratio, IPT indicates Inverse Probability of Treatment Weighting.

eFigure 6. Kaplan-Meier estimates of myocardial infarction in the unmatched population and with IPT weighting.



Kaplan Meier estimates of incidence of myocardial infarction in women and men. The left panes shows the unweighted PRIORITY cohort and the right panel shows the weighted estimates. The numbers of patients at risk in the right panel are not integers because of the IPT weighting. HR in the right panel is weighted with IPT and adjusted for confounding factors. HR indicates Hazard Ratio, IPT indicates Inverse Probability of Treatment Weighting.

eFigure 7. Kaplan-Meier estimates of percutaneous coronary intervention in the unmatched population and with IPT weighting.



Kaplan Meier estimates of incidence of percutaneous coronary intervention in women and men. The left panes shows the unweighted PRIORITY cohort and the right panel shows the weighted estimates. The numbers of patients at risk in the right panel are not integers because of the IPT weighting. HR in the right panel is weighted with IPT and adjusted for confounding factors. HR indicates Hazard Ratio, IPT indicates Inverse Probability of Treatment Weighting.