

SweSCAD: Supplementary tables and figures

Supplementary Table 1. Saw angiographic classification of SCAD

	Classification
SCAD type 1	The classical angiographic radiolucent ‘flap’ and linear double lumen.
SCAD type 2a/2b	A long diffuse and smooth stenosis predominantly located in mid-to-distal segments, and classical signs of a dissection as in Type 1 are missing; Type 2a: Distal vessel normal; Type 2b: The stenosis extends angiographically to the end of the vessel.
SCAD type 3	Angiographically indistinguishable from a focal atherosclerotic stenosis requiring diagnostic confirmation by OCT or IVUS.
SCAD type 4	Total occlusion. The diagnosis established once coronary flow is re-established or inferred by subsequent vessel healing and the exclusion of an embolic cause.

Supplementary Table 2. Coronary angiography and invasive management in SCAD subtypes

	Saw Classification (index event)	I n=18 (%)	IIA/IIB n=107 (%)	III n=6 (%)	IV n=16 (%)
Diagnostic features	STEMI	7 (38.9)	47 (43.9)	5 (83.3)	11 (68.8)
	OCT/IVUS used	4 (22.2)	26 (24.3)	2 (33.3)	4 (25.0)
Invasive management	Conservative management	13 (72.2)	67 (62.6)	5 (83.3)	3 (18.8)
	Attempted PCI	5 (27.8)	40 (37.4)	1 (16.7)	13 (81.3)
	PCI with stent	5 (27.8)	31 (29.0)	1 (16.7)	8 (50.0)
	General success*	4 (80)	35 (87.5)	1 (100%)	11 (84.6)
<p>MI= Myocardial Infarction, OCT/IVUS= Optical Coherence Tomography / IntraVascular UltraSound, PCI= Percutaneous Coronary Intervention, SCAD= Spontaneous Coronary Artery Dissection, STEMI= ST-segment Elevation Myocardial Infarction. *Subjective assessment by the operator. The operator has reached the main aim of the treatment.</p>					

Supplementary Table 3. Outcome in SCAD subtypes

	I n=18 (%)	IIA/IIB n=107 (%)	III n=6 (%)	IV n=16 (%)
Death	2 (11.1)	0 (0)	0 (0)	2 (12.5)
MI	0 (0)	3 (2.8)	0 (0)	0 (0)
Acute coronary re-angiography	1 (5.5)	10 (9.3)	1 (16.7)	2 (12.5)
MI = Myocardial Infarction, SCAD = Spontaneous Coronary Artery Dissection,				