Supplemental Online Content

Sanchis J, Bueno H, Miñana G, et al. Effect of routine invasive vs conservative strategy in older adults with frailty and non–ST-segment elevation acute myocardial infarction: a randomized clinical trial. *JAMA Intern Med.* Published online March 6, 2023. doi:10.1001/jamainternmed.2023.0047

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

eAppendix 1. List of the Committees and Members

-Steering Committee:

Dr Juan Sanchis

Dr Albert Ariza

Dr Héctor Bueno

-Clinical Event Committee: Consisted of physicians not participating in the trial

and blinded to the patients' treatment allocation and trial results.

Dra. Jessika González. INCLIVA, Valencia, Spain

Dra. Mª José Forner. Internal Medicine Department, University Clinic Hospital,

Valencia, Spain

-CRO and monitoring

SCReN platform. INCLIVA, Valencia, Spain.

-CRF

DATARUS, Barcelona, Spain

-Statistics

Eduardo Núñez

eAppendix 2. Participant centres and number of patients recruited

- H.Clinic Universitari València: 40

- H.Bellvitge Barcelona: 28

- H. Centra de la Defensa Madrid: 22

- H.GregorioMarañón Madrid: 15

- H.12 Octubre Madrid: 12

- H.La Princesa Madrid: 11

- H.Vall d'Hebrón Barcelona: 11

- H.Virgen Arrixaca Murcia: 9

- H.Sureste Madrid: 8

- H. Ramón y Cajal Madrid: 7

- H.Germans Trias i Pujol Badalona: 7

- H.Santa Creu i San Pau Barcelona: 6

- H.St. Joan Despí Barcelona: 1

eFigure 1. Clinical Frailty Scale

Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.

4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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eFigure 2. CONSORT Flow Diagram
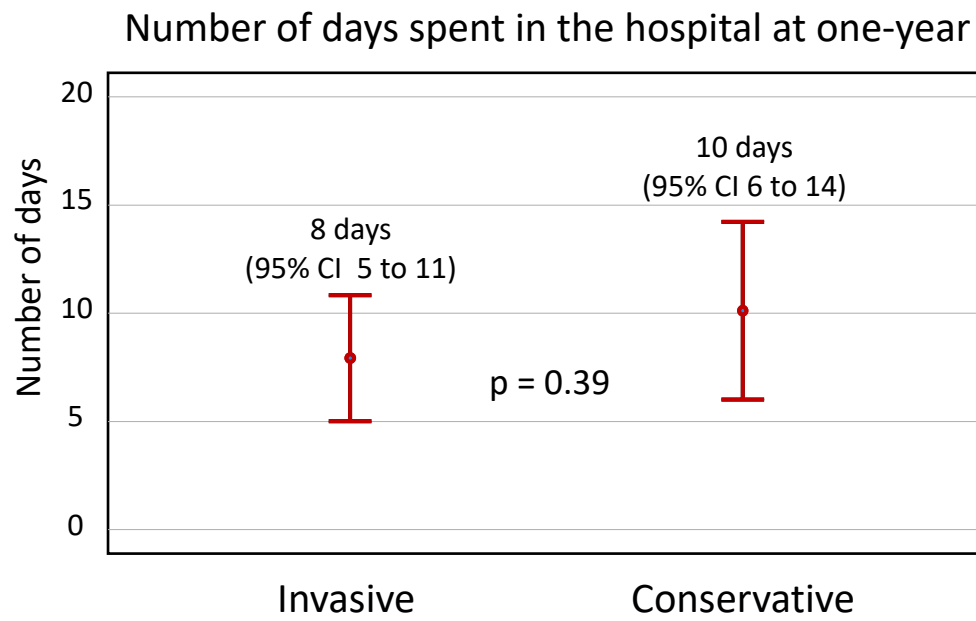
n = 169 participants

Randomization

Routine invasive (n = 85)
• 1 excluded (consent withdrawn)

Conservative (n = 84)
• 1 excluded (inclusion criteria violation)

12-month evaluation (n = 84)

12-month evaluation (n = 83)

eFigure 3. Readmission after hospital discharge. Number of days spent in the hospital in both study groups

Number of days spent in the hospital at one-year

eTable. Invasive management and risk of hospital stay according to diagnosis after discharge of the index episode (analysis adjusted for informative dropout due to death)

	IRR	95% CI	p
Myocardial infarction	1.03	0.61 to 1.72	.90
Myocardial infarction / revascularization	1.11	0.69 to 1.78	.66
Myocardial infarction / unstable angina / revascularization	0.97	0.50 to 1.88	.94
Heart failure	0.92	0.44 to 1.91	.83
Other cardiac reasons	1.17	0.30 to 4.62	.83
Stroke	2.57	0.41 to 16.1	.31
Bleeding	13.2	1.55 to 112	.02
Other non-cardiac reasons	0.74	0.33 to 1.70	.49

Abbreviations: IRR = Incidence rate ratio. CI = Confidence interval