SUPPLEMENTAL MATERIAL ONLINE CONTENTS

for Risk Prediction Score for Clinical Outcome in Atrial Fibrillation and

Stable Coronary Artery Disease

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TABLE OF CONTENTS

Supplementary Table 1:

Variables available for the risk prediction model in the AFIRE study

Supplementary Table 2:

Discrimination and calibration of the random survival forest and Cox proportional hazard models

Supplementary Table 3:

Discrimination and improvement indices for the new risk score compared to conventional risk

Supplementary Figure 1:

scores

Calibration plot of the new risk score for net adverse clinical events.

Supplementary Figure 2:

Receiver operating characteristic curve for the new and conventional risk scores.

Supplementary Table 1. Variables available for the risk prediction model in AFIRE study

Variable Domain	Individual Variables	
Demographic	Age, sex, smoking history, alcohol drinking history	
Physiological Findings	Height, body weight, body mass index, systolic blood	
	pressure, diastolic blood pressure	
Clinical / Medical History	Type of atrial fibrillation, allocated arm, History of	
	hypertension, diabetes mellitus, dyslipidaemia,	
	angina pectoris, heart failure, liver dysfunction,	
	renal dysfunction, haemorrhagic diathesis, stroke,	
	transient ischemic attack, myocardial infarction,	
	aortic aneurysm, systemic embolism, deep venous	
	thrombosis, pulmonary embolism, peripheral artery	
	disease, other ischemic disorder, bleeding	
	complication, percutaneous coronary intervention	
	(PCI), coronary artery bypass grafting (CABG), and	
	interventions other than PCI or CABG	

Laboratory	Creatinine clearance		
Baseline Medication	Rivaroxaban, warfarin, dabigatran, apixaban,		
	edoxaban, other anti-coagulants, aspirin,		
	clopidogrel, prasugrel, ticlopidine, ticagrelor, P2Y12		
	inhibitor, other antiplatelet drugs, dual antiplatelet		
	therapy, dose of rivaroxaban, proton pump inhibitor,		
	non-steroidal anti-inflammatory drugs		
Conventional Risk Score	CHADS ₂ , CHA ₂ DS ₂ -VASc, and HAS-BLED		
Coronary Angiographic Findings	Bare metal stent, drug eluting stent, type of stent		
	such as Cypher, TAXUS, Endeavor, Xience, Promus,		
	Nobori, or other, culprit lesion of PCI according to		
	AHA classification, date of PCI		

Bolded candidate variables had <10% missing data and were used to develop risk prediction models.

Supplementary Table 2. Discrimination and calibration of the random survival forest and

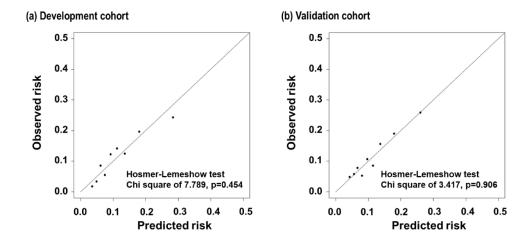
Cox proportional hazard models

Variables	C-index	Brier score	
Random survival forest model			
Development cohort	0.706	0.081	
Validation cohort	0.667	0.080	
Cox proportional hazard model			
Development cohort	0.680	0.079	
Validation cohort	0.650	0.081	

Supplementary Table 3. Discrimination and improvement indices for the new risk score compared to conventional risk scores

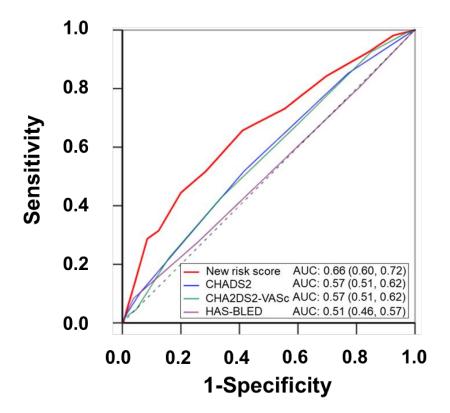
	Category free-NRI (95% CI), p-value	Categorical NRI (95% CI), p-value	IDI (95% CI), p-value
CHADS ₂	0.429 (0.232, 0.625), p<0.001	0.130 (0.032, 0.228), p=0.010	0.029 (0.018,0.041), p<0.001
CHA ₂ DS ₂ -VASc	0.491 (0.297, 0.686), p<0.001	0.143 (0.043, 0.242), p=0.005	0.031 (0.019, 0.042), p<0.001
HAS-BLED	0.509 (0.318, 0.701), p<0.001	0.215 (0.088, 0.341), p<0.001	0.035 (0.021, 0.048), p<0.001

AUC, area under the curve; CI, confidence interval; NRI, net reclassification improvement; IDI, integrated discrimination improvement.



Supplementary Figure 1. Calibration plot of the new risk score for net adverse clinical events.

Calibration plot of the new machine-learning-based risk score using variables such as age, body mass index, sex, systolic blood pressure, alcohol consumption, creatinine clearance, heart failure, diabetes mellitus, antithrombotic regimen, and type of atrial fibrillation in the development (a) and validation (b) cohorts.



Supplementary Figure 2. Receiver operating characteristic curve for the new and conventional risk scores

Area under the receiver operating characteristic curve of the new machine-learning-based risk score and conventional risk scores such as the CHADS₂, CHA₂DS₂-VASc, and HAS-BLED scores.