# Supplemental Material

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**eTable 1. Meta-analysis search strategy and results by database**

| Database | Title / Abstract | Keywords | # of Results |
|---|---|---|---|
| Embase (OvidSP) | Coronary microvascular | Prognosis | 232 |
| Pubmed (NLM) | Coronary microvascular | Prognosis | 208 |
| Web of Science | Coronary microvascular | Prognosis | 791 |
| Cochrane | Coronary microvascular | Prognosis | 19 |
| Embase (OvidSP) | Coronary Vasospasm | Prognosis | 86 |
| Pubmed (NLM) | Coronary Vasospasm | Prognosis | 42 |
| Web of Science | Coronary Vasospasm | Prognosis | 189 |
| Cochrane | Coronary Vasospasm | Prognosis | 3 |
| Embase (OvidSP) | INOCA | Prognosis | 27 |
| Pubmed (NLM) | INOCA | Prognosis | 36 |
| Web of Science | INOCA | Prognosis | 37 |
| Cochrane | INOCA | Prognosis | 3 |
| Embase (OvidSP) | Coronary Microcirculatory | Prognosis | 21 |
| Pubmed (NLM) | Coronary Microcirculatory | Prognosis | 57 |
| Web of Science | Coronary Microcirculatory | Prognosis | 122 |
| Cochrane | Coronary Microcirculatory | Prognosis | 1 |
| Embase (OvidSP) | Non-obstructive; Coronary | Prognosis | 218 |
| Pubmed (NLM) | Non-obstructive; Coronary | Prognosis | 83 |
| Web of Science | Non-obstructive; Coronary | Prognosis | 245 |
| Cochrane | Non-obstructive; Coronary | Prognosis | 21 |
| Embase (OvidSP) | Coronary microvascular | Mortality | 88 |
| Pubmed (NLM) | Coronary microvascular | Mortality | 112 |
| Web of Science | Coronary microvascular | Mortality | 1578 |
| Cochrane | Coronary microvascular | Mortality | 17 |
| Embase (OvidSP) | Coronary vasospasm | Mortality | 52 |

| | | | |
|---|---|---|---|
| Pubmed (NLM) | Coronary vasospasm | Mortality | 21 |
| Web of Science | Coronary vasospasm | Mortality | 129 |
| Cochrane | Coronary vasospasm | Mortality | 8 |
| Embase (OvidSP) | INOCA | Mortality | 6 |
| Pubmed (NLM) | INOCA | Mortality | 11 |
| Web of Science | INOCA | Mortality | 24 |
| Cochrane | INOCA | Mortality | 1 |
| Embase (OvidSP) | Coronary microvascular | Outcome | 117 |
| Pubmed (NLM) | Coronary microvascular | Outcome | 247 |
| Web of Science | Coronary microvascular | Outcome | 1944 |
| Cochrane | Coronary microvascular | Outcome | 91 |
| Embase (OvidSP) | Coronary vasospasm | Outcome | 25 |
| Pubmed (NLM) | Coronary vasospasm | Outcome | 53 |
| Web of Science | Coronary vasospasm | Outcome | 235 |
| Cochrane | Coronary vasospasm | Outcome | 40 |

**eTable 2. Simplified criteria for vasospastic angina based on COVADIS "International standardization of diagnostic criteria for vasospastic angina"[a]**

| | |
|---|---|
| Criterion 1 | Presence of angina[b] |
| Criterion 2 | Transient ischemic ECG changes during an episode of angina[c] |
| Criterion 3 | Coronary artery spasm (spontaneous or provoked by acetylcholine or ergot derivatives)[d] |

[a]Definitive vasospastic angina is diagnosed if Criterion 1 and 2 (clinical diagnosis) or Criterion 1 and 3 (invasive diagnosis) are present. Suspected vasospastic angina is diagnosed if Criterion 1 is present but Criterion 2 and 3 are equivocal.

[b]Defined as nitrate-responsive angina in the COVADIS document with additional elements from clinical history needed for diagnosis. These elements were not required to be explicitly stated in the manuscript in order for a study to be included in the meta-analysis because most studies predate COVADIS document and are therefore rarely reported in this form.

[c]Defined in the COVADIS document as ST segment elevation ≥0.1mV, ST segment depression ≥0.1mV or new negative U waves. The specific ECG changes were not required to be explicitly stated in the manuscript in order for a study to be included.

[d]Defined as >90% constriction, with angina and ECG changes for definitive angina. We included all studies that document coronary spasm regardless of the specific cutoff used in the study and considered lower cutoffs to represent "equivocal" result for Criterion 3 and therefore "possible" vasospastic angina.

**eTable 3. Simplified criteria for microvascular angina based on COVADIS "International standardization of diagnostic criteria for microvascular angina"[a]**

| | |
|---|---|
| Criterion 1 | Presence of angina |
| Criterion 2 | Absence of obstructive coronary artery disease[b] |
| Criterion 3 | Objective evidence of myocardial ischemia[c] |
| Criterion 4 | Evidence of impaired coronary microvascular function[d] |

[a]Definitive microvascular angina is diagnosed if all four criteria are present. Suspected microvascular angina is diagnosed if both Criterion 1 and 2 are present in addition to either Criterion 3 or Criterion 4.

[b]By computed tomographic angiography (CTA) or invasive coronary angiography.

[c]Ischemic electrocardiogram (ECG) changes during an episode of chest pain, positive exercise or imaging stress test.

[d]Defined as impaired coronary flow reserve (CFR), abnormal coronary microvascular resistance indices (e.g. index of microcirculatory resistance (IMR)), coronary slow flow phenomenon defined as thrombolysis in myocardial infarction (TIMI) frame count >25 or coronary microvascular spasm (chest pain and ECG changes during acetylcholine testing in the absence of epicardial coronary spasm).

**eTable 4. Characteristics of included studies for vasospastic angina**

| Author and Year | Mode of diagnosis | Medication to induce spasm | Spasm cutoff (%)* | COVADIS criteria | Number of patients (N) | Mean or Median Follow up (years) | Mean age | Female (%) | Hypertension (%) | Hyperlipidemia (%) | Diabetes (%) | Smoking (%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aboukhoudir et al[1], 2016 | Invasive | Methylergonovine | >70 | Possible | 29 | 1.5 | 56 | 31 | 28 | 74 | 31 | 72 |
| Bory et al[2], 1996 | Invasive or clinical | Methylergonovine | >50 | Possible | 232 | 7.4 | 54 | 26 | 29 | 39 | 7 | 72 |
| Bott-Silverman et al[3], 1983 | Invasive or clinical | Ergonovine | >75 | Possible | 59 | 5.9 | NA | 54 | NA | NA | NA | NA |
| Egashira et al[4], 1987 | Invasive | Ergonovine | >50 | Possible | 90 | 4.0 | 58 | 16 | NA | NA | NA | NA |
| Figueras et al[5], 2013 | Invasive or clinical | Ergonovine or acetylcholine | Multiple | Possible | 273 | 11.7 | 53 | 18 | 32 | 56 | 4 | 74 |
| Hung et al[6], 2013 | Invasive | Methylergonovine | >70 | Possible | 495 | 8.5 | 59 | 30 | 44 | NA | 19 | 45 |
| Kashima et al[7], 2001 | Invasive | Ergonovine | >90 | Definitive | 65 | 3.9 | 59 | 11 | 37 | NA | NA | 39 |
| Kim et al[8], 2020 | Invasive | Ergonovine | >50 | Possible | 1838 | 2.1 | 55 | 38 | 38 | 16 | 10 | 27 |
| Lee et al[9], 2017 | Invasive | Ergonovine | >90 | Definitive | 986 | 4.4 | 56 | 15 | 39 | 21 | 23 | 28 |
| Lee et al[10], 2017 | Invasive | Acetylcholine | >75 | Possible | 647 | 3.9 | 56 | 44 | 46 | 19 | 11 | 29 |
| Lee et al[11], 2014 | Invasive | Ergonovine | >80 | Possible | 430 | 3.6 | NA | 34 | 35 | 10 | 10 | 31 |
| Masumoto et al[12], 2001 | Invasive | Acetylcholine | >75 | Possible | 169 | 3.3 | 62 | 41 | 46 | 63 | 21 | 48 |
| Nishimiya et al[13], | Invasive | Acetylcholine | >90 | Definitive | 232 | 2.8 | NA | 53 | 50 | 45 | 18 | 30 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 | | | | | | | | | | | | |
| Oh et al[14], 2013 | Invasive or clinical | Ergonovine or acetylcholine | >90 | Possible | 279 | 7.6 | 51 | 44 | 44 | 40 | 11 | 32 |
| Sakata et al[15], 2005 | Invasive | Acetylcholine | >90 | Definitive | 105 | 4.7 | NA | 13 | 23 | 27 | 10 | 14 |
| Schoenenberger et al[16], 2016 | Invasive | Acetylcholine | >50 | Possible | 142 | 11.3 | 57 | 45 | 45 | 68 | 8 | 47 |
| Scholl et al[17], 1988 | Invasive | Methylergonovine | >75 | Possible | 48 | 3.9 | 49 | 23 | NA | NA | NA | NA |
| Seitz et al[18], 2020 | Invasive | Ergonovine | >75 | Possible | 26 | 5.0 | NA | NA | NA | NA | NA | NA |
| Suda et al[19], 2019 | Invasive | Acetylcholine | >90 | Definitive | 67 | 2.5 | NA | NA | NA | NA | NA | NA |
| Takatsu et al[20], 2011 | Invasive | Ergonovine | >90 | Possible | 1248 | 11.7 | NA | 16 | 47 | NA | 3 | 79 |
| Waters et al[21], 1983 | Clinical | NA | NA | Definitive | 63 | 1.3 | NA | NA | NA | NA | NA | NA |

*Severity of coronary vasospasm reported as % diameter stenosis during provocative testing

**eTable 5. Characteristics of included studies for microvascular angina**

| Author and Year | Mode of diagnosis | Type of test | CFR or IMR cutoff | Number of patients (N) | Mean or Median Follow up (years) | Mean age | Female (%) | Hypertension (%) | Hyperlipidemia (%) | Diabetes (%) | Smoking (%) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Addison et al[22], 2014 | non-invasive | SPECT | NA | 49 | 1.6 | 51 | 43 | 86 | NA | 38 | 57 |
| Akhiyat et al[23], 2023 | invasive | NA | CFR <2.0 | 18 | 12 | 56 | 68 | 37 | 68 | 5 | 58 |
| AlBadri et al[24], 2019 | invasive | NA | CFR <2.32 | 77 | 9.7 | NA | NA | NA | NA | NA | NA |
| Balasz et al[25], 2010 | non-invasive | Dipyridamole stress echo | CFR <2.2 | 21 | 8.5 | 55 | 100 | 71 | 29 | 19 | NA |
| Bugiardini et al[26], 2004 | non-invasive | SPECT | NA | 22 | 10.3 | 52 | 100 | 36 | NA | NA | 38 |
| Chauhan et al[27], 1993 | non-invasive | ETT | NA | 82 | 3.0 | NA | 56 | NA | NA | NA | 33 |
| Cortigiani et al[28], 2014 | non-invasive | Dipyridamole stress echo | CFR <2.0 | 35 | 2.4 | 65 | 46 | 77 | 86 | 100 | 23 |
| Delcour et al[29], 2009 | non-invasive | SPECT | NA | 48 | 7.4 | 61 | 0 | NA | 74 | 29 | 40 |
| Fragasso et al[30], 2009 | non-invasive | ETT | NA | 34 | 15.0 | NA | 78 | 38 | 44 | 4 | 34 |
| Fragasso et al[31], 2014 | non-invasive | SPECT | NA | 156 | 3.6 | 61 | 33 | 76 | 59 | 22 | NA |
| Huang et al[32], 2010 | non-invasive | Undefined stress test | NA | 108 | 5.0 | 65 | 25 | 62 | 22 | NA | 18 |
| Kaski et al[33], 1995 | non-invasive | ETT | NA | 99 | 7.0 | 49 | 79 | NA | 29 | NA | 29 |
| Lamendola et al[34], 2010 | non-invasive | ETT | NA | 155 | 11.4 | 59 | 74 | 56 | 49 | NA | 16 |
| Lanza et al[35], 2017 | non-invasive | ETT | NA | 250 | 16.0 | 55 | 73 | 59 | 49 | 14 | 9 |
| Lee E.M. et al[10], 2017 | invasive | Acetylcholine-induced microvascular spasm | | 1371 | 3.9 | 55 | 65 | 44 | 18 | 13 | 17 |
| Lin et al[36], 2012 | non-invasive | ETT | NA | 611 | 7.9 | 63 | 31 | NA | NA | NA | NA |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Liu et al[37], 2021 | non-invasive | SPECT | NA | 77 | 1.3 | 62 | 63 | 45 | 10 | 14 | 18 |
| Marks et al[38], 2004 | invasive | NA | CFR <3.0 | 60 | 8.5 | 51 | 73 | 88 | NA | 33 | NA |
| Masumoto et al[12], 2001 | invasive | Acetylcholine-induced microvascular spasm | | 66 | 3.3 | 60 | 69 | 46 | 29 | 15 | 31 |
| Mone et al[39], 2022 | Invasive and non-invasive | NA | NA | 2874 | 1 | NA | 55 | 39 | 35 | 31 | 30 |
| Monroy-Gonzalez et al[40], 2019 | non-invasive | N-13 PET | CFR <2.0 | 34 | 8 | 51 | 71 | 36 | 27 | 4 | 9 |
| Nishimiya et al[13], 2021 | invasive | Acetylcholine-induced microvascular spasm | | 45 | 3.6 | 61 | 53 | 47 | 45 | 20 | 31 |
| Radice et al[41], 1995 | non-invasive | SPECT | NA | 30 | 12.3 | 51 | 73 | NA | 17 | NA | 20 |
| Radico et al[42], 2022 | non-invasive | ETT +/- imaging | NA | 956 | 6.6 | 63 | 45 | 65 | 78 | 19 | 38 |
| Reynolds et al[43], 2021 | non-invasive | Stress echo (undefined) | NA | 208 | 1.0 | 63 | 66 | 64 | NA | 19 | 41 |
| Schoenenberger et al[16], 2016 | invasive | Acetylcholine-induced microvascular spasm | | 283 | 11.3 | 57 | 61 | 55 | 70 | 9 | 41 |
| Schroder et al[44], 2021 | non-invasive | Dipyridamole stress echo | CFR <2.25 | 723 | 4.5 | 66 | 100 | 62 | 64 | 15 | 59 |
| Seitz et al[18], 2020 | invasive | Ergonovine-induced microvascular spasm | | 32 | 5 | NA | NA | NA | NA | NA | NA |
| Shimokawa et al[45], 2021 | invasive and non-invasive | Various | CFR <2.5 | 678 | 1.1 | 61 | 64 | 52 | 52 | 17 | 16 |
| Shintani et al[46], 2003 | non-invasive | ETT | NA | 44 | 6.4 | 55 | 93 | 23 | 16 | 7 | NA |
| Sicari et al[47], 2005 | non invasive | Dobutamine or dipyridamole stress echo | NA | 43 | 7.1 | NA | NA | NA | NA | NA | NA |
| Sicari et al[48], 2009 | non invasive | Dipyridamole stress echo | CFR <2.0 | 87 | 4.3 | 65 | 63 | 71 | NA | 16 | 25 |
| Sucato et al[49], 2019 | non-invasive | ETT | NA | 132 | 10 | 61 | 40 | NA | NA | NA | NA |
| Suda et al[19], | invasive | NA | IMR >18 | 14 | 2.5 | NA | NA | NA | NA | NA | NA |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 | | | | | | | | | | | |
| Sun et al[50], 2001 | non-invasive | SPECT | NA | 33 | 7.1 | 71 | 15 | NA | NA | NA | NA |
| Suzuki et al[51], 2002 | non-invasive | ETT | NA | 86 | 7.2 | 59 | 59 | NA | NA | NA | NA |
| Yang et al[52], 2019 | non-invasive | Adenosine stress echo | CFR <2.0 | 20 | 5.3 | 58 | 60 | 65 | 80 | 60 | 65 |
| Zampella et al[53], 2023 | non-invasive | Rb-82 PET | CFR <2.0 | 82 | 3.1 | NA | NA | NA | NA | NA | NA |
| Zhang et al[54], 2023 | non-invasive | CZT SPECT | CFR<2.52 | 36 | 1.3 | NA | NA | NA | NA | NA | NA |

CFR, coronary flow reserve; SPECT, single photon emission computed tomography; ETT, exercise treadmill test; NA, not available; PET, positron emission tomography; IMR, index of microcirculatory resistance; CZT, Cadmium Zinc Telluride

## Supplemental Table 6. Study definitions of MACE

| Study | Study definition of MACE |
|---|---|
| Aboukhoudir et al., 2016 | death, MI, recurrent angina, unplanned revascularization |
| AlBadri et al., 2019 | cardiovascular death, nonfatal MI, nonfatal stroke, heart failure |
| Akhiyat et al., 2023 | myocardial infarction, revascularization for stable angina, percutaneous coronary intervention or coronary artery bypass grafting, and stroke |
| Bory et al., 1996 | sudden death, MI or persistent angina |
| Cortigiani et al., 2014 | death or non-fatal MI |
| Fragasso et al., 2014 | all cause death and hospitalization for cardiovascular causes |
| Huang et al., 2010 | death, non-fatal MI, stroke, rehospitalization for unstable angina, revascularization |
| Hung et al., 2013 | death, nonfatal myocardial infarction, and recurrent angina pectoris requiring repeat coronary angiography |
| Kashima et al., 2001 | cardiac death, MI, unstable and stable angina |
| Kim et al., 2020 | cardiac death, acute coronary syndrome, ventricular tachycardia or fibrillation, and atrioventricular block |
| Lanza et al., 2017 | death, MI, coronary revascularization |
| Lee D.H. et al., 2017 | cardiac death, MI, revascularization and rehospitalization due to recurrent angina |
| Lee E.M. et al., 2017 | total death, stroke, MI, revascularization |
| Lee S.Y. et al., 2014 | cardiac death, MI and rehospitalization |
| Liu et al., 2020 | cardiovascular death, nonfatal MI, revascularization, stroke, heart failure, angina-related hospitalization |
| Monroy-Gonzalez et al., 2019 | cardiac death, hospitalization for CHF, MI or revascularization |
| Nishimiya et al., 2021 | cardiac death, non-fatal MI and urgent hospitalization for unstable angina or heart failure |
| Oh et al., 2013 | cardiac death, aborted sudden cardiac death or fatal arrhythmia |
| Radico et al., 2021 | all cause death and non-fatal MI |
| Sakata et al., 2005 | acute ischemic syndrome, cardiac death |
| Schoenenberger et al., 2016 | cardiovascular death or non-fatal MI |
| Shimokawa et al., 2021 | cardiovascular death, MI, hospitalization for unstable angina of CHF |
| Sicari et al., 2009 | death and non-fatal ACS |
| Suda et al., 2019 | cardiac death, MI and hospitalization |
| Takatsu et al., 2011 | acute MI, Unstable Angina, development of severe coronary disease |
| Yang et al., 2019 | unstable angina, nonfatal MI, PCI |
| Zampella et al., 2023 | cardiac death, MI or late (>3 months coronary revascularization) |

| | |
|---|---|
| Zhang et al., 2023 | cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, heart failure, late coronary revascularization, or hospitalization for unstable angina |

## eTable 7. Subgroup analysis of incidence of all –cause death and MI

| Characteristics | No. of Studies | Incidence Rate per 100 patient-years (95% CI) | $I^2$ (%) | *p* |
|---|---|---|---|---|
| Endotype | | | | 0.137 |
| Vasospastic angina (VSA) | 20 | 0.7 (0.4-1.0) | 90.3 | |
| Microvascular angina (MVA) | 33 | 1.1 (0.7-1.6) | 92.5 | |
| Cutoff for VSA diagnosis | | | | 0.923 |
| >=90% | 6 | 0.8 (0.7-1.0) | 8.4 | |
| Others | 14 | 0.7 (0.3-1.3) | 92.4 | |
| COVADIS criteria | | | | 0.210 |
| Definitive VSA | 5 | 1.1 (0.3-2.4) | 82.3 | |
| Possible VSA | 15 | 0.6 (0.3-0.9) | 91.6 | |
| MVA by type of stress test | | | | **0.001** |
| Abnormal CFR | 7 | 4.7 (2.0-8.4) | 93.6 | |
| Positive exercise stress test | 9 | 0.5 (0.1-1.1) | 93.0 | |
| Positive imaging stress test | 10 | 1.1 (0.5-2.0) | 67.5 | |

MVA= microvascular angina; VSA=vasospastic angina.

## eTable 8. Subgroup analysis of incidence of MACE

| Characteristics | No. of Studies | Incidence Rate per 100 patient-years (95% CI) | $I^2$ (%) | *p* |
|---|---|---|---|---|
| Endotype | | | | **0.025** |
| Vasospastic angina (VSA) | 20 | 1.1 (0.5-1.9) | 97.3 | |
| Microvascular angina (MVA) | 30 | 2.5 (1.6-3.6) | 96.7 | |
| Spasm cutoff for VSA Diagnosis | | | | 0.911 |
| >=90% | 6 | 1.1 (0.1-3.0) | 98.4 | |
| Others | 14 | 1.1 (0.3-2.1) | 96.5 | |
| COVADIS criteria | | | | 0.141 |
| Definitive VSA | 5 | 2.4 (0.5-5.5) | 94.8 | |
| Possible VSA | 15 | 0.8 (0.3-1.4) | 96.1 | |
| MVA by type of stress test | | | | 0.223 |
| Abnormal CFR | 4 | 5.9 (2.1-11.2) | 93.8 | |
| Positive exercise stress test | 8 | 2.5 (1.4-3.9) | 91.8 | |
| Positive imaging stress test | 10 | 3.5 (1.2-6.8) | 93.8 | |

MVA= microvascular angina; VSA=vasospastic angina.

## eTable 9. Meta-regression of incidence of all-cause death and MI

| **Characteristics** | **β (95% CI)** | ***p*** | $I^2$ ***(%)*** | **Adjusted** $R^2$**(%)** |
|---|---|---|---|---|
| Endotype | | | | |
| MVA *vs.* VSA | 0.024 (-0.050 – 0.098) | 0.522 | 95.5 | |
| Spasm cutoff for VSA Diagnosis | | | | |
| >=90% *vs.* Other | -0.014 (-0.121 – 0.094) | 0.803 | 94.7 | |
| Mode of MVA Diagnosis | | | | |
| Invasive *vs.* Non-invasive | -0.091 (-0.208 – 0.026) | 0.128 | 94.5 | 4.2 |
| MVA by type of test | | | | |
| Stress test (any) *vs.* microvascular function test | -0.075 (-0.181 – 0.032) | 0.169 | 94.8 | 2.9 |
| MVA by type of stress test | | 0.167 | 94.1 | 5.4 |
| Exercise treadmill test *vs.* microvascular function test | -0.119 (-0.258 – -0.020) | 0.095 | | |
| Imaging stress test *vs.* microvascular function test | -0.030 (-0.174 – 0.113) | 0.680 | | |
| Exercise treadmill test *vs.* Imaging stress test | -0.086 (-0.174 – 0.001) | 0.054 | | |
| Female (%) | -0.0001 (-0.002 – 0.001) | 0.862 | 96.1 | |
| Hypertension (%) | 0.004 (0.002– 0.007) | **0.002** | 96.1 | 20.2 |
| Hyperlipidemia (%) | 0.002 (-0.0006 – 0.004) | **0.010** | 92.8 | 16.1 |
| Diabetes (%) | 0.005 (-0.002 – 0.008) | **<0.001** | 96.3 | 28.2 |

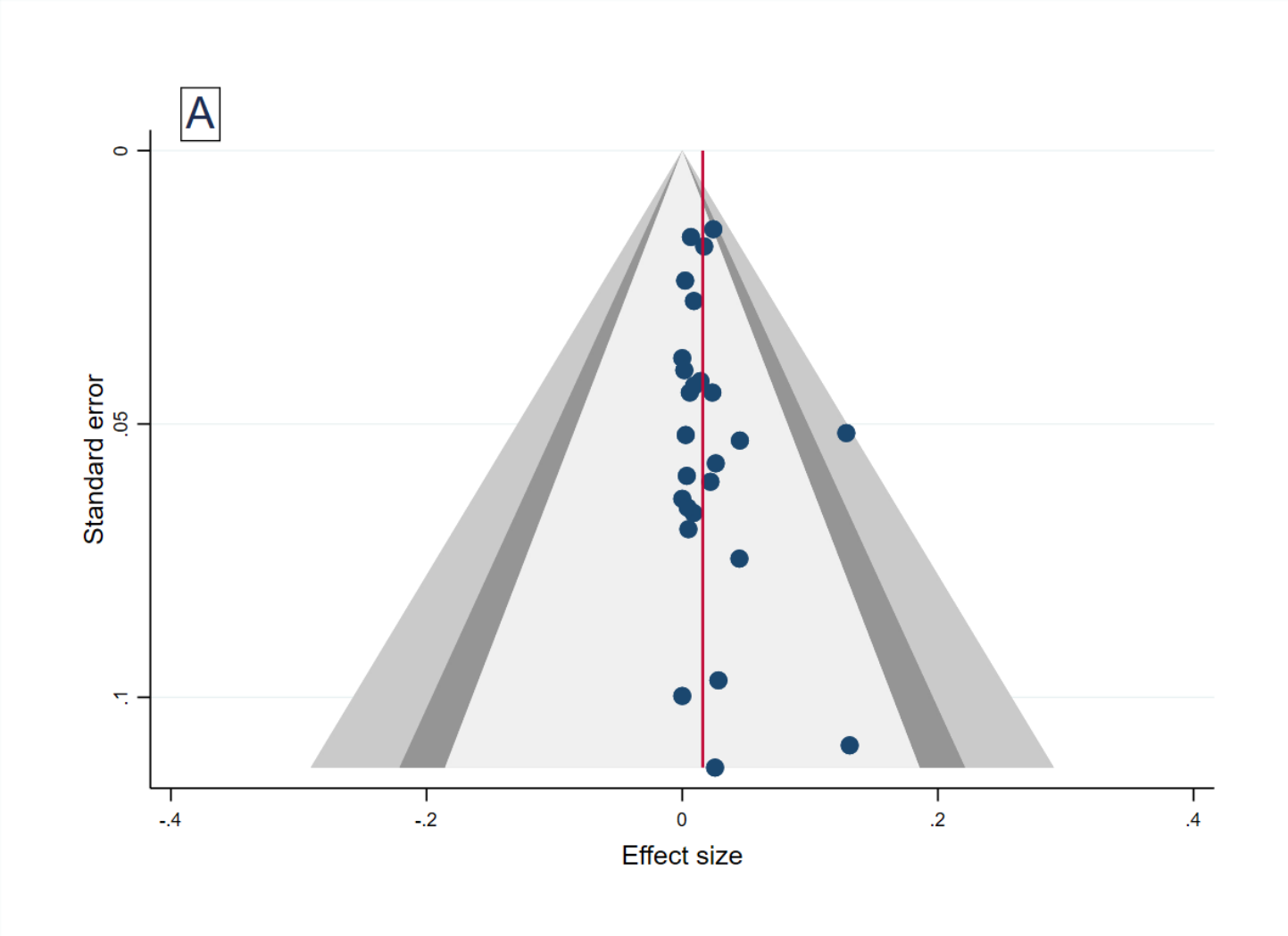
MVA= microvascular angina; VSA=vasospastic angina.

## eTable 10. Meta-regression of incidence of MACE

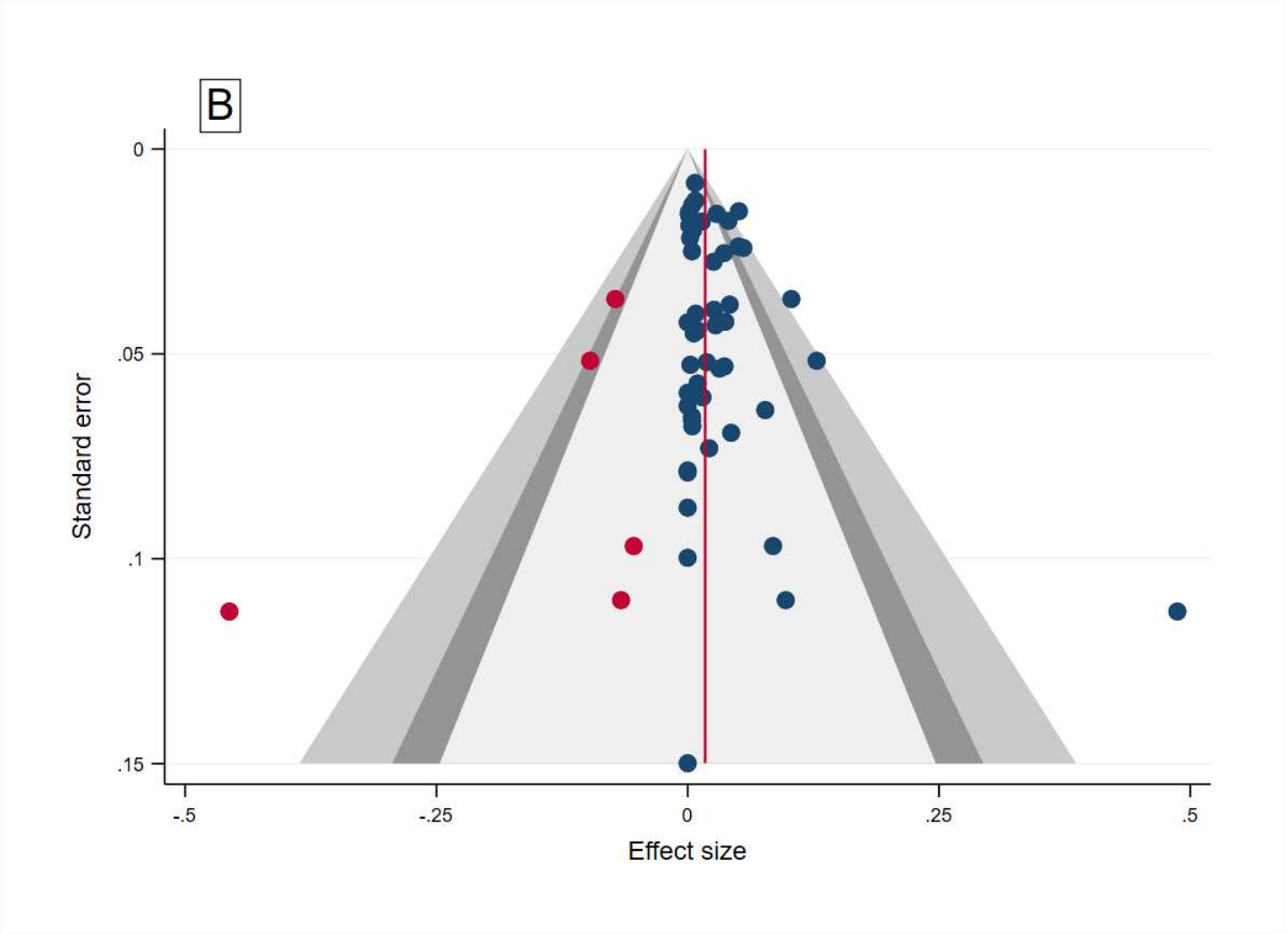
| **Characteristics** | **β (95% CI)** | ***p*** | **$I^2$ *(%)*** | **Adjusted $R^2$ (%)** |
|---|---|---|---|---|
| Endotype | | | | |
| MVA *vs.* VSA | 0.104 (-0.026 – 0.235) | .117 | 98.6 | 3.2 |
| Spasm cutoff for VSA Diagnosis | | | | |
| >=90% *vs.* Other | -0.009 (-0.164 – 0.146) | .904 | 97.6 | |
| Mode of MVA Diagnosis | | | | |
| Invasive *vs.* Non-invasive | -0.167 (-0.410 – 0.076) | .178 | 98.5 | 2.7 |
| MVA by type of test | | | | |
| Stress test (any) *vs.* microvascular function test | 0.064 (-0.155 – 0.283) | .568 | 98.6 | |
| MVA by type of stress test | | .801 | 98.4 | |
| Exercise treadmill test *vs.* microvascular function test | 0.036 (-0.158 – 0.230) | .717 | | |
| Imaging stress test *vs.* microvascular function test | 0.109 (-0.188 – 0.405) | .473 | | |
| Exercise treadmill test *vs.* Imaging stress test | -0.073 (-0.360 – 0.213) | .616 | | |
| Female (%) | 0.001 (-0.002 – 0.004) | .601 | 98.9 | |
| Hypertension (%) | 0.011 (0.006 – 0.016) | **<.001** | 98.8 | 38.6 |
| Hyperlipidemia (%) | 0.002 (-0.001 – 0.005) | .238 | 97.5 | 0.6 |
| Diabetes (%) | 0.011 (0.003 – 0.019) | **.008** | 99.2 | 18.4 |

MVA= microvascular angina; VSA=vasospastic angina.

**eFigure 1. Funnel plot for all-cause death and MI**



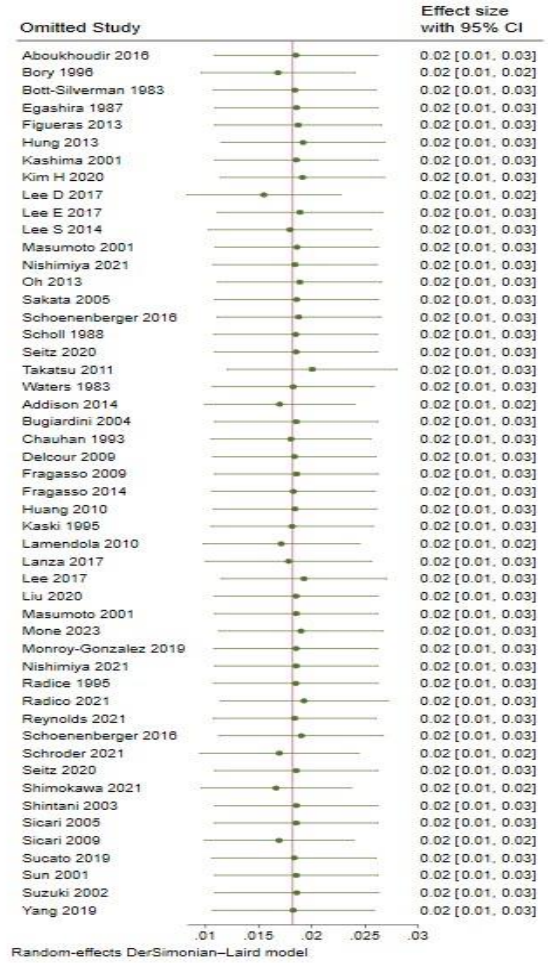
**eFigure 2. Funnel plot for MACE**



## eFigure 3. Leave-one-out sensitivity analysis for all-cause death and MI


The displayed effect size corresponds to the computed overall effect size excluding that study.

## eFigure 4. Leave-one-out sensitivity analysis for MACE




The displayed effect size corresponds to the computed overall effect size excluding that study.

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