Impella versus IABP in acute myocardial infarction complicated by cardiogenic shock

SUPPLEMENTARY MATERIAL

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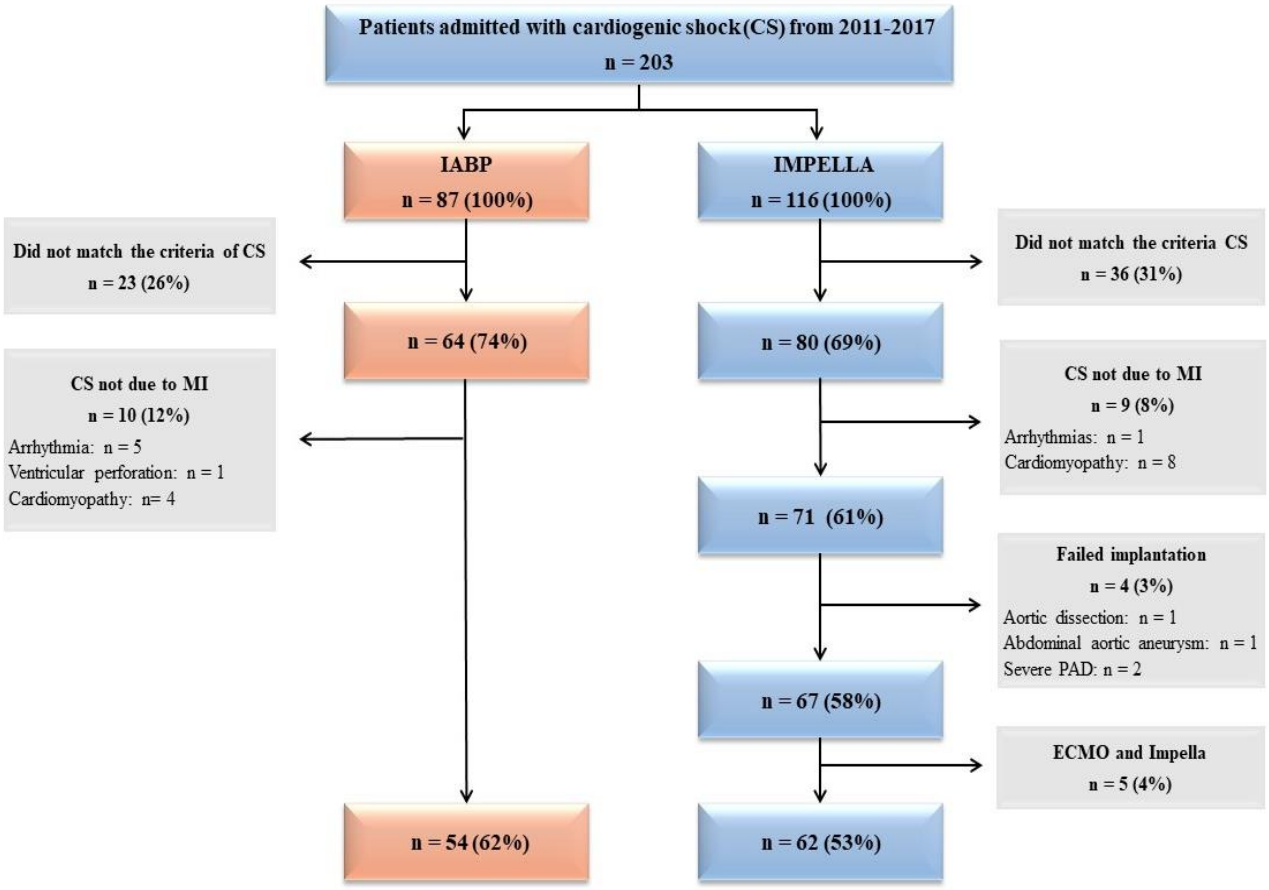
Supplementary table 1. Cardiac rhythm at presentation

	Total N=116	IABP N=54	IMPELLA N=62	P-value
Sinus rhythm	57 (50)	31 (59)	26 (42)	0.13
Ventricular fibrillation	25 (22)	8 (15)	17 (27)	0.12
Supraventricular arrhythmia	13 (11)	7 (13)	6 (9.7)	0.57
Pulseless electrical activity	9 (7.8)	4 (7.6)	8 (8.0)	0.38
Ventricular tachycardia	4 (3.5)	0 (0)	4 (6.5)	0.12
Bradycardia	4 (3.5)	2 (3.7)	2 (3.2)	1.00
Pacemaker rhythm	2 (1.7)	0 (0)	2 (3.2)	0.45
Asystole	1 (0.9)	0 (0)	1 (1.9)	1.00

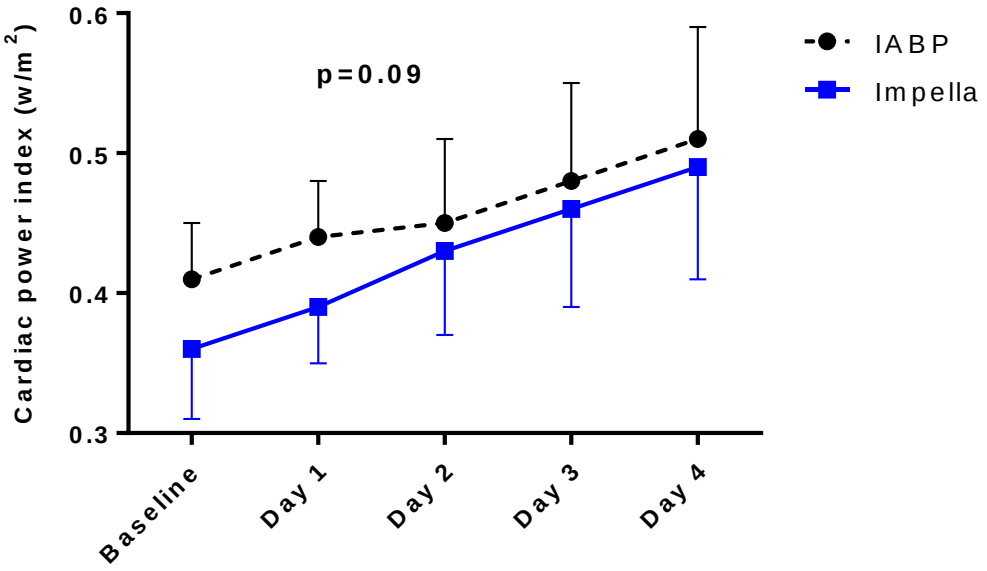
Data depicted as median [IQR] or counts (%). P values are from Wilcoxon rank sum or Fischer's test.

Supplementary figure 1. Patient selection flowchart



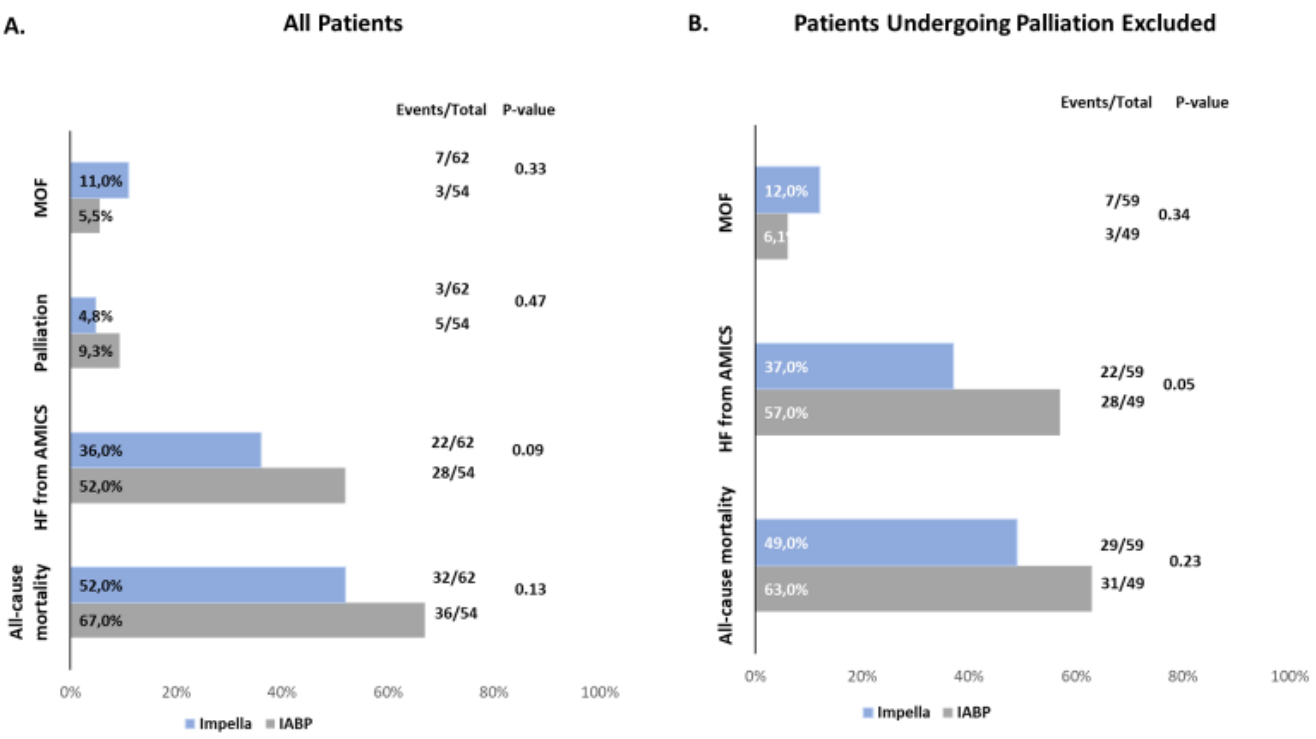
Flowchart depicting the selection process of patients with cardiogenic shock due to AMI receiving MCS. AMI-acute myocardial infarction**;** CS-cardiogenic shock; ECMO-extracorporeal membrane oxygenation; MCS-mechanical circulatory support; MI-myocardial infarction.

Supplementary figure 2. Change in cardiac power within five days of ICU stay



Measurements are presented as median and 25th to 75th percentile. P values are from a generalized linear model considering the between and within difference among groups. CPI: cardiac power index; Cardiac power index (w/m^2), calculated as: CI * mean arterial pressure (MAP) * 0.0022.

Supplementary figure 3. All-cause mortality and specific causes of death at 30 days



Depicted are counts and frequencies. P values are from log rank test. A) Mortality rates in the whole study population B) Mortality rates after excluding deaths from to palliation due to irreversible post-anoxic brain damage. Heart failure due to AMICS-heart failure due to Acute Myocardial Infarction related Cardiogenic Shock, MOF-multiorgan failure.