**ONLINE DATA SUPPLEMENT**

**Manuscript: Syyli et al.** Left ventricular ejection fraction adds value over the GRACE score in prediction of six-month mortality after ACS – The MADDEC study

**Treatment of ACS in the study center**

*Antithrombotic therapies*

All patients were treated by aspirin, ADP blocker and with an anticoagulant agent as recommended by ESC guidelines. The most often used initial ADP blocker among STEMI patients was ticagrelor (96%) with only a small minority receiving a loading dose of clopidogrel (4%). In anticoagulated patients with UAP or NSTEMI, clopidogrel was preferred as initial ADP treatment whereas for all most others ticagrelor was used. Anticoagulation was achieved by the use of enoxaparin (intravenous and/or subcutaneous administration) during acute phase unless the patient was already fully anticoagulated by an oral anticoagulant. The duration of antiplatelet therapy by ADP blockers and aspirin was planned individually by preferring minimum of 12 months of dual antiplatelet therapy (aspirin and ticagrelor) or the combination of oral anticoagulant and clopidogrel when oral anticoagulation was indicated. Information about used medications at the time of discharge or at transfer to secondary health care providers or before death during hospitalization is presented in Supplementary Table 1.

**Supplementary Table 1.** Planned pharmacotherapy among patients discharged or transferred to other secondary health care providers or before death during hospitalization.

|  |  |
| --- | --- |
|  | All (n=1564)\* |
| **Demographics** |  |
| AspirinADP BlockerTicagrelorClopidogrelPrasugrelOral anticoagulantWarfarin Non K-vitamin oral anticoagulantStatinBeta-blocker  | 96.9% (1516)85.5% (1330)56.8% (889)27.7% (433)0.5% (8)19.4% (303)17.5% (275)2.4% (38)89.5% (1399)88.1% (1378)  |
| ACEi or ARB\*\* | 75.6%(1182) |

\*Information missing in 12 patients.

\*\*Angiotensin-converting enzyme inhibitors or Angiotensin II receptor blockers.

*Treatment details of invasive diagnostics and interventions in the catheterization laboratory*

The majority of PCIs were performed by using newer generation drug eluting stents (83.3%) and with lower rates for the use of bare metal stents (7.5%) or for drug eluting balloons or plain angioplasty (5.0%). 86% of all patients undergoing PCI were treated via radial access. The primary intended mode of treatment for suspected STEMI was primary PCI (99.9%) with only one patient treated by intravenous thrombolysis. Among all STEMI patients during 2015 and 2016, the median time from diagnosis to first balloon expansion or thrombus aspiration (i.e. recanalization) was 76 minutes (IQR 60-94 minutes, wire crossing not recorded). The majority of patients were transferred from directly from home (72%) or from other health care providers (15%). For patients suffering from NSTEMI and UAP, median time from hospital admission to angiography was 20 hours (14-34).