

### **Supplementary File 1. Vasodilator stress cardiovascular magnetic resonance (CMR) studies. Technical aspects**

All patients were examined with a 1.5 T system (Sonata Magnetom, Siemens, Erlangen, Germany) in our institution CMR laboratory according to the previously established study protocol (1).

Analysis of the perfusion images was performed by two cardiologists who are accredited by the European Society of Cardiology and have >10 years of experience in the use and interpretation of vasodilator stress CMR testing. They performed and quantified in a core lab and in a single CMR facility located in our university hospital all outpatients CMR studies requested by health centers and outpatients' clinics covered by our clinical department.

Vasodilatation was induced with intravenous dipyridamole (0.84 mg/kg body weight over 6 minutes). After administering a gadolinium-based contrast agent (dimeglumine gadopentetate or dimeglumine gadobenate at 0.1 mmol/kg or gadoteric acid at 0.15 mmol/kg) at least 3 slices in the short-axis view and 1 section in the long-axis views were acquired for hyperemia first-pass perfusion imaging using a gradient-echo sequence (inversion time: 90 ms; effective repetition time/echo time: 182 ms/1 ms; flip angle: 12°; matrix: 192 × 96; field of view: 400 × 300 mm; slice thickness: 8 mm).

Late gadolinium enhancement imaging was performed 10 minutes after administering the gadolinium-based contrast agent in the same locations as in the cine images using a segmented inversion-recovery steady-state free precession sequence (effective repetition time/echo time: 750 ms/1.26 ms; flip angle: 45°; matrix: 256 × 184; field of view: 340 × 235 mm; slice thickness: 7 mm). Inversion time was adjusted to nullify normal myocardium.

**REFERENCES**

1. Bodi V, Husser O, Sanchis J, et al. Prognostic implications of dipyridamole cardiac MR imaging: a prospective multicenter registry. *Radiology* 2012;262:91–100.