

Suppl Table 1. Clinically relevant outcomes constituting secondary outcomes, alongside definitions

Outcome	Definition
LCOS	New postoperative requirements for IV vasoactive support (dopamine or dobutamine >4mcg/kg/min, adrenaline or noradrenaline >0.04mcg/kg/min, milrinone >0.125mcg/kg/min) and/or intra-aortic balloon pump (for >30 minutes, started within 6h after reperfusion) to maintain SBP >90mmHg, Cardiac Index <2.1L/min/m ² and LVEF >40%, following optimisation of heart rate and rhythm, preload and afterload. This definition does not include noradrenaline to treat low SVR in the presence of a normal/elevated cardiac index or when there are echocardiography identified non-cardiac causes of haemodynamic instability.
Myocardial Injury	Marked isolated elevation of serum hsTnT levels above the 99 th percentile upper reference limit in patients with normal baseline values. In the presence of elevated preoperative hsTnT, injury will be defined by a rise >20%. hsTnT will be measured preoperative, at 6h after arrival in cardiac ICU, and on 1 st and 2 nd postoperative mornings.
MACCE	Stroke, non-fatal MI or death from any cause at 30-days. MI is defined by a (<i>i</i>) rise of troponin value as delineated above, with the addition of one of the following: new pathological Q waves on ECG, angiographic-demonstrated new graft occlusion or new native coronary artery occlusion, imaging evidence of new loss of viable myocardium or new RWMA in a pattern consistent with an ischaemic

	<p>aetiology, or (ii) by the development of new pathological Q waves on ECG if hsTnT values are elevated and rising but <10 times the 99th percentile upper reference limit, or (iii) a rise in hsTrop-T to more than hundred times the 99th percentile of the normal reference range during the first 72 hours following surgery (a rise in hsTrop-T of this magnitude during cardiac surgery has been associated with worse clinical outcome)</p> <p>Stroke is defined as a CT- or MRI-proven cerebral infarction or haemorrhage, or the occurrence of new neurological signs (paralysis, weakness, or speech difficulties) lasting longer than 24h or leading to earlier death.</p>
Cardiac-related mortality at 30-days	
Postoperative in-hospital AF requiring treatment	
ICU & hospital length of stay	
Patient-Reported Disability	Assessed using the 12-item WHO Disability Schedule (WHODAS) at 30 days
Quality of Life	Assessed using the European Quality of Life – 5 Dimensions – 5 Levels (EQ-5D-5L). Measured at baseline and at 30-days
Days alive and at home until 30-days after surgery	

AF – Atrial Fibrillation; AKI – Acute Kidney Injury; CAM.- Confusion Assessment Method; CT – Computed Tomography; ECG – Electrocardiogram; hsTnT – high-sensitivity Troponin T; ICU – Intensive Care Unit; IV – Intravenous; KDIGO – Kidney Disease: Improving Global Outcomes; LCOS - Low Cardiac Output Syndrome; LVEF – Left Ventricular Ejection Fraction; MACCE – Major Adverse Cardiac and Cerebrovascular Events; MI – Myocardial

Infarction; MRI – Magnetic Resonance Imaging; MyC – Myosin-binding protein C; POD – Postoperative Delirium; PPC – Postoperative Pulmonary Complications; RWMA – Regional Wall Motion Abnormalities; SBP – Systolic Blood Pressure; SVR – Systemic Vascular Resistance; WHO – World Health Organisation