

### **Composite Cardiovascular Clinical Endpoints:**

The composite cardiovascular clinical endpoint includes cardiac death, myocardial infarction (MI), cardiac arrest or re-hospitalization for cardiac cause. Previous imaging studies have used combinations of these clinical end-points.

*Hospitalization* for cardiac cause is defined as hospitalization due to or associated with:

- worsening HF (including acute pulmonary edema, cardiogenic shock, or worsening end-organ perfusion),
- acute coronary syndromes (MI, or unstable angina) according to standard definitions below.
- arrhythmia

Admissions for protocol driven revascularization or elective procedures such as primary prevention ICD will not be counted as events.

*Myocardial infarction (MI)* is defined as at least 2 of the following:

- typical anginal pain lasting at least 20 minutes,
- documentation in the medical record of new ST elevation > 1 mm in at least one lead, or new left bundle branch block;
- CK rise > 2X normal; or CK-MB > 5% of total;
- TNT or I greater than three times the ULN;
- new Q waves in 2 contiguous leads.

*Unstable angina* is defined as at least 1 of the following:

- anginal pain that occurs at rest and lasts at least 20 minutes;
- angina, at least CCS class III, with onset within 2 months;
- angina that is distinctly more frequent, longer in duration or lower in threshold (i.e. increased at least one CCS class within 2 months and is at least class III).

Supporting documentation required for review of cardiovascular clinical endpoints may include the following:

- Death certificate
- Hospital Discharge or Death summary note
- Lab reports, ECGs
- Clinical consultations
- Narrative summary from family, physicians for events occurring outside of the hospital
- Where possible, queries will be made at government or national health care resources to verify if any of the corresponding events have occurred since the last visit (search of corresponding codes for cardiac death, MI, cardiac arrest and cardiac rehospitalization for WHF, ACS, or arrhythmia).

An adjudication committee of experts who are not participating investigators/collaborators will independently review and adjudicate each clinical event blinded to treatment randomization.