



Appendix 1

**This appendix was part of the submitted manuscript and has been peer reviewed.
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Appendix 1 to: Cullen L, French JK, Briffa TG, et al. Availability of highly sensitive troponin assays and acute coronary syndrome care: insights from the SNAPSHOT registry. *Med J Aust* 2015; 202: 36-39. doi: 10.5694/mja13.00275.

Appendix 1. In-hospital events and definitions

Event	Definition
Heart failure	A deterioration in Killip class from baseline admission to the worst class recorded at any time during the acute hospital stay.
MI/re-MI post admission	<p>A myocardial infarction according to the universal definition of AMI. (1)</p> <p>Admission MI was diagnosed if any troponin, CK-MB (or CK in the absence of CK-MB) determination was elevated >ULN within 12 hours of the most recent episode of chest pain that qualified the participant for the trial.</p> <p><u>Re-MI</u> The definition of an MI, in those not undergoing revascularization procedures depended upon whether or not the admission diagnosis was unstable angina or MI.</p> <p><i>In participants <u>without</u> MI at admission, a MI after enrolment but prior to angiography was diagnosed when:</i></p> <ul style="list-style-type: none"> • any elevation of troponin or CK-MB >ULN occurs (or CK >ULN in the absence of MB determination). <p><i>In participants <u>with</u> MI at presentation, in whom the elevated troponin or CK-MB (or CK) levels were documented to be falling or had returned to normal, diagnosis of a second infarction required:</i></p> <ul style="list-style-type: none"> • a new elevation of troponin or CK-MB >ULN (or CK >ULN in the absence of MB determination) if the troponin or CK-MB (or CK) level had returned to <ULN, <p>OR</p> <ul style="list-style-type: none"> • a rise by >50% above the previous nadir level if the troponin or CK-MB (or CK) level had not returned to <ULN. <p><i>In participants <u>with</u> MI at presentation, in whom the peak troponin or CK-MB (or CK) had not yet been reached, diagnosis of a second infarction required:</i></p> <p style="padding-left: 40px;">(a) recurrent chest pain ≥ 30 minutes</p> <p>OR</p> <p style="padding-left: 40px;">(b) new ECG changes consistent with MI, AND</p> <p style="padding-left: 40px;">(c) the next troponin or CK-MB (or CK) level measured approximately 8-12 hours after the event be elevated by at least 50% above the previous level.</p> <p><u>MI following PCI</u> In all participants (with or without MI at admission) in whom the elevated CK-MB (or CK) levels were documented to be falling or had returned to normal, an MI after PCI was defined as:</p> <ul style="list-style-type: none"> • any CK-MB $\geq 3x$ ULN (or CK $\geq 3x$ ULN in the absence of MB determination) within 24 hours after PCI. When pre-PCI

	<p>CKMB is elevated, > 50% over the most recent pre-PCI levels;</p> <p>OR</p> <ul style="list-style-type: none"> new, significant (≥ 0.04 s) Q waves in ≥ 2 contiguous ECG leads with CK-MB >ULN (or CK >ULN in the absence of MB determination). <p>In participants with MI at presentation, in whom the peak CK-MB (or CK) had not been reached prior to PCI: diagnosis of MI after PCI required:</p> <p>(a) recurrent chest pain ≥ 30 minutes</p> <p>OR</p> <p>(b) new ECG changes consistent with a second MI,</p> <p>AND</p> <p>(c) the next CK-MB (CK) level measured approximately 8-12 hours after the event be elevated by at least 50% above the previous level; OR new, significant (≥ 0.04 s) Q waves in ≥ 2 contiguous ECG leads.</p> <p><u>MI following CABG</u></p> <p>In participants undergoing CABG, diagnosis of MI required:</p> <ul style="list-style-type: none"> any CK-MB ≥ 10x ULN (or CK ≥ 10x ULN in the absence of MB determination) within 24 hours of CABG and increased at least 50% over the most recent pre-CABG levels; <p>OR</p> <ul style="list-style-type: none"> any CK-MB ≥ 5x ULN (or CK ≥ 5x ULN in the absence of MB determination) within 24 hours of CABG and increased at least 50% over the most recent pre-CABG levels AND new, significant (≥ 0.04 s) Q waves in ≥ 2 contiguous ECG leads.
Cerebrovascular accident (CVA)/ Transient Ischaemic attack (TIA)	<p>As documented in the medical record as either</p> <ul style="list-style-type: none"> Hemorrhagic: a stroke hemorrhage in the cerebral parenchyma or a subdural or subarachnoid hemorrhage (with imaging on CT or MRI) or Ischemic: documented history of stroke or cerebro-vascular accident (CVA) resulting from an ischemic event where the patient suffered a loss of neurological function with residual symptoms remaining for at least 24 hours after onset and which occurred before the current presentation/ admission (with imaging on CT or MRI).
Cardiac arrest	Cessation of normal circulation of the blood due to failure of the heart to contract effectively.
Death	Death will be defined as death due to cardiovascular causes.

ULN = Upper limit of normal; CT = computed tomography; MRI = Magnetic resonance imaging, PCI = Percutaneous Coronary Intervention, NSTEMI = Non-ST segment elevation myocardial infarction

1. Thygesen K, Alpert JS, White HD. Universal Definition of Myocardial Infarction. *Circulation*. 2007;116(22):2634-53.