SUPPLEMENT TO THE MATCHING SECTION

For normal MPS, complete matching of **Revasc** patients with **Med** patients was obtained with respect to CAD, use of aspirin, beta blockers, and lipid lowering agents as well as dichotomized values of CCS score (1: CCS score 1-2; 2: CCS score 3-4) and number of stenotic coronary arteries (1: 0-1 vessels; 2: 2-3 vessels). Age and gender did not differ between **Revasc** patients and **Med** matches (age: 62.1±12.2 years versus 61.3±10.4 years, p=0.78; gender: 65% versus 50% male, p=0.40). Since among patients with known CAD, there was no inter-group difference with regard to previous MI, previous PCI, or previous CABG (p=0.78, p=0.17, and p=0.53, respectively), we did not match according to CAD category (CAD with or without previous revascularization) and previous MI.

For fixed defects, perfect matches were obtained with regard to CAD, use of aspirin, beta blockers, lipid lowering agents, and number of arteries. Addition of CCS score always resulted in one mismatch; involving different pairs in each run, though. Again, age and gender did not differ between **Revasc** patients and **Med** matches (age: 61.6±11.5 years versus 64.3±8.7 years, p=0.37; gender: 93% versus 73% male, p=0.33). Using CAD category instead and including also previous MI still yielded perfect matches; however, among patients with known CAD, there was no inter-group difference pertaining to previous MI, previous PCI, or previous CABG (p=0.71, p=1.00, and p=0.54). Matching according to LVEF category was also feasible; yet, addition of angiographic variables then yielded three mismatches or more; hence, LVEF was not included in the final matching.