Supplementary data

Supplemental Table 1. Incidence of Cardiac Events and LGE Volume by LGE Pattern

	LGE-positive			
	Mid-wall (n=52)	**Focal** (n=19)	**Diffuse** (n=34)	**p Value**
All cardiac events (%)	14 (27)	5 (26)	12 (35)	0.672
Cardiac death (%)	2 (4)	0	2 (6)	0.355
Cardiac transplantation (%)	0	0	1 (3)	0.301
LVAD implantation (%)	1 (2)	0	0	0.493
ICD discharge for VT/Vf (%)	2 (4)	1 (5)	2 (6)	0.956
Rehospitalization for HF (%)	9 (17)	4 (21)	7 (21)	0.876
LGE volume. % of LV mass	10 ± 5	12 ± 4	19 ± 6	0.081

Data expressed as numbers (%). HF, heart failure; ICD, implantable cardioverter-defibrillator; LGE, late gadolinium enhancement; LV, left ventricle; LVAD, left ventricular assist device; Vf, ventricular fibrillation; VT, ventricular tachycardia.

We quantified LGE volume using the signal threshold versus reference myocardium technique with semi-automatic software (Ziostation 2, Ziosoft,Tokyo, Japan) (Ref 16). LGE volume was defined as areas with signal intensity >2 standard deviations (SD) above the mean signal intensity of the remote reference myocardium and expressed as percentage of LV mass (*JACC Cardiovasc Imaging.* 2013;**6**:944-54).

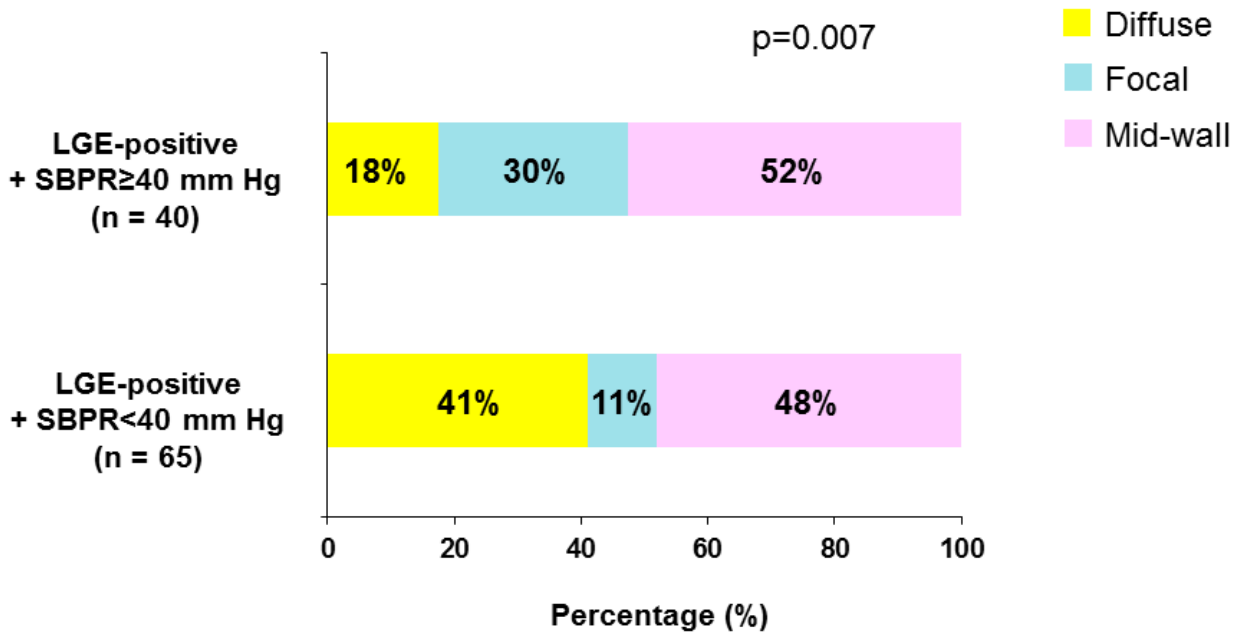
When we categorized LGE-positive patients as having a mid-wall (n=52), focal (n=19), or diffuse LGE pattern (n=34) and compared their long-term prognosis and LGE volume (% of LV mass), there were no significant differences in the all cardiac events rate and LGE volume among the three LGE patterns (p=0.672 and p=0.081, respectively).

Supplemental Table 2. Multivariable Cox model selected by a stepwise method with continuous SBPR, factors that were significant in the univariable analysis, and established risk factors for prognosis (age, gender, NYHA functional class, peak VO_2, VE/VCO_2 slope)

	Multivariable Analysis		
	HR	**95% CI**	**p Value**
History of VT/Vf	2.70	0.85 – 3.70	0.053
QTc interval (per 10 ms increment)	1.03	0.97 – 1.11	0.356
LVEDVI (per 10 ml/m^2 increment)	1.07	1.02 – 1.11	0.004
Presence of LGE	1.72	0.85 – 3.70	0.132
SBPR (per 1 mm Hg decrement)	1.13	1.04 – 1.49	0.020

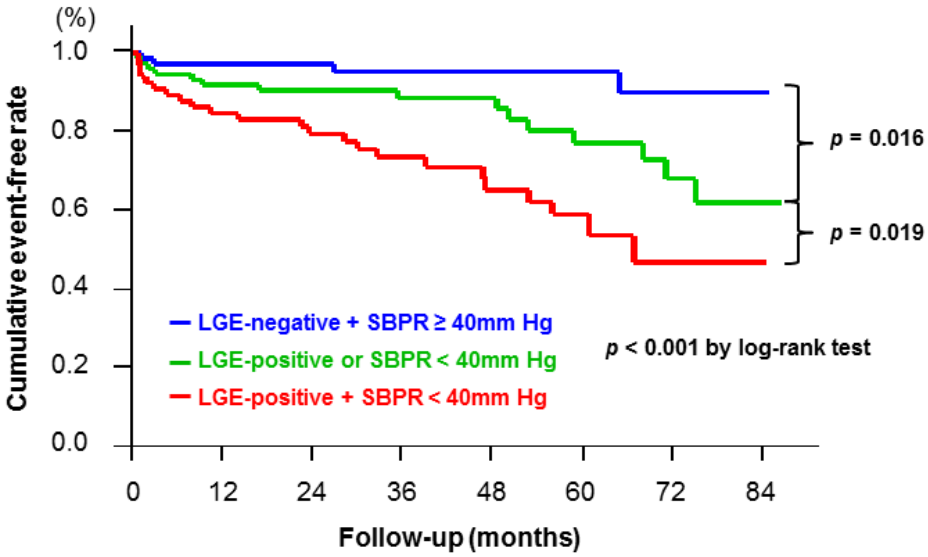
CI, confidence interval; HR, hazard ratio; LGE, late gadolinium enhancement; LVEDVI, left ventricular end-diastolic volume index; NYHA, New York Heart Association; peak VO_2, peak oxygen uptake; SBPR, systolic blood pressure response; VE/VCO_2 slope, regression slope relating minute ventilation to carbon dioxide output; Vf, ventricular fibrillation; VT, ventricular tachycardia.

Supplemental Figure 1. Distribution of LGE patterns in LGE-positive groups



LGE, late gadolinium enhancement; SBPR, systolic blood pressure response.

Supplemental Figure 2. Kaplan-Meier Curves Comparing the Probability of All Cardiac Events According to the Number of Risk Factors (LGE-positive status and SBPR <40 mm Hg) Present When the Two Intermediate Groups were Merged



No. at risk					
LGE-negative + SBPR ≥ 40mm Hg	69	68	45	21	6
LGE-positive or SBPR < 40mm Hg	73	69	48	24	5
LGE-positive + SBPR < 40mm Hg	65	56	32	14	3

Abbreviations as in Supplemental Figure 1.

Supplementa Figure Legends

Supplemental Figure 1. Distribution of LGE patterns in LGE-positive groups

The prevalence of a diffuse LGE pattern was significantly higher in patients with a systolic blood pressure response (SBPR) <40 mmHg than those with ≥40 mmHg (41% versus 18%, p=0.007).

Supplemental Figure 2. Kaplan-Meier Curves Comparing the Probability of All Cardiac Events According to the Number of Risk Factors (LGE-positive status and SBPR <40 mm Hg) Present When the Two Intermediate Groups were Merged

The all cardiac event-free survival rate was lowest in the LGE-positive + SBPR<40 mm Hg group (both risk factors present) and highest in the LGE-negative + SBPR≥40 mm Hg group (neither risk factor present). Importantly, the rate in LGE-negative + SBPR<40 mm Hg or LGE-positive + SBPR≥40 mm Hg group (one risk factor present) was intermediate.