

Supplemental table 1 Definitions of cardiac events	
Events	Definition
<i>Major adverse cardiovascular events (MACE): composite of cardiovascular death, heart failure hospitalization, sustained ventricular arrhythmias (SVA) and myocardial infarction</i>	
1. Cardiovascular death*	Death as a result of one of the following diseases/ syndromes: <ul style="list-style-type: none"> - Acute coronary syndrome - Sudden cardiac death (SCD) - Hypertensive crisis - Ischemic or hemorrhagic stroke - Cardiomyopathy - Other cardiovascular cause such as: pulmonary embolism, peripheral vascular disease
2. Heart failure hospitalization*	Hospital admission (at least one night) with the following clinical manifestations of heart failure: dyspnea, reduced exercise tolerance, fluid retention in peripheral and/ or splanchnic vessels, seen as peripheral edema
3. Sustained ventricular arrhythmia (SVA)	composite of sudden cardiac death (SCD), sudden cardiac arrest (SCA), sustained ventricular tachycardia (VT) including appropriate ICD shock, and ventricular fibrillation (VF)
4. Myocardial infarction*	Acute myocardial injury with clinical evidence of acute myocardial ischemia. Definition according to the Fourth Universal Definition of Myocardial Infarction

<i>Sustained ventricular arrhythmias (SVA): composite of sudden cardiac death (SCD), sudden cardiac arrest (SCA), sustained ventricular tachycardia (VT) including appropriate ICD shock, and ventricular fibrillation (VF)</i>	
5. Sudden cardiac death*	Sudden cessation of cardiac activity, resulting in hemodynamic collapse and death. Often typically due to sustained ventricular arrhythmias (VT, VF). This occurs either : <ul style="list-style-type: none"> - \leq 1 hour after observed cardiac symptoms/ abnormalities <i>or</i> - If the patient is found dead, he or she was seen alive in the previous 24 hours without cardiac symptoms. Trauma, overdose, drowning and suicide exclude SCD
6. Sudden cardiac arrest*	Sudden cessation of cardiac activity so that the person becomes unresponsive, with no normal breathing and no signs of circulation
7. Sustained ventricular tachycardia*	Ventricular tachycardia lasting for >30 seconds or ended <30 seconds by a defibrillator
8. Ventricular fibrillation*	Inconsistent depolarization of the ventricles with AV- dissociation resulting in mechanical cardiac arrest (resuscitation and/or defibrillation often necessary)
<i>Conduction abnormalities (CA): composite of second-degree atrioventricular (AV) block Mobitz II, third-degree AV block, sinus arrest (SA) and pacemaker (PM) or implantable cardiac defibrillator device (ICD) implantation for conduction abnormalities</i>	
9. Second-degree AV block, Mobitz II	Intermittent nonconducted P waves not preceded by PR prolongation and not followed by PR shortening.
10. Third-degree AV block	Interruption of impulse transmission from the atria to the ventricles

11. Sinusarrest	An alteration in discharge by the sinusnode pacemaker, resulting in no P- waves and associated QRS-T during sinus pause. This pause is sometimes followed by junctional rhythm or idioventricular rhythm. Absence of escape rhythm results in asystole
12. Implantable cardiac defibrillator implantation*	First ICD or Cardiac resynchronization therapy device (CRT-D) implantation, indication of primary or secondary prevention was registered
13. Pacemaker implantation*	First pacemaker implantation, indication for implantation was registered
<i>Other events or interventions</i>	
14. Atrial fibrillation	Irregular heart rhythm without identifiable p-waves recorded on ECG
15. Coronary artery disease*	At least 50% stenosis of luminal diameter of left main coronary artery or at least 70% stenosis of luminal diameter of at least one of the major epicardial coronary arteries on coronary angiogram. Patients were also classified as having coronary atherosclerosis if there was a clear indication of myocardial ischemia on non-invasive imaging (i.e. stress CMR, SPECT)
16. Percutaneous coronary intervention (PCI)	Non-surgical intervention in which coronary stenosis is resolved with coronary angioplasty with or without the placement of a coronary stent
17. Coronary artery bypass graft (CABG) surgery	Open heart surgery where a bypass is placed around one or more (stenotic) coronary arteries
18. Systolic dysfunction on MRI or echocardiography	Left ventricular ejection fraction <50% on MRI. If no MRI is available: left ventricular ejection fraction <55% on echocardiography

19. Left ventricular outflow tract (LVOT) obstruction	Dynamic gradient of ≥ 30 mmHg on echocardiogram in the left ventricular outflow tract measured at rest, during Valsalva procedure or during exercise
20. Moderate or severe valve disease	First ultrasound report mentioning moderate to severe stenosis of insufficiency of the mitral, tricuspid or aortic valve. Or heart valve dysfunction that required surgery where no previous ultrasound reports were available
21. Heart surgery ⁺	Heart surgery, with exception of isolated CABG or PCI. This includes: myectomy due to LVOT obstruction with dynamic gradient, heart valve surgery, pulmonary vein isolation (PVI), or other interventions
<i>* Events discussed with the expert panel</i>	