

## Supplement 1. Risk scores and cut-points for distinguishing low from high risk

### ***TIMI score***

TIMI score	Yes 1 point	No 0 points
Age $\geq 65$		
$\geq 3$ risk factors for ACS; hypertension, hyperlipidemia, smoking, diabetes, family history		
Use of aspirin in last 7 days		
Prior coronary stenosis $\geq 50\%$		
$\geq 2$ angina events in 24 hours or persisting discomfort		
ST-segment deviation of $\geq 0.05$ mV on initial ECG		
Elevated cardiac biomarkers		
Total score		

Cut-point: Low risk = 0-2 points; High risk = 3-7 points

## **Modified TIMI score**

Modified TIMI score	Yes	No
Age $\geq 65$	1	
$\geq 3$ risk factors for ACS; hypertension, hyperlipidemia, smoking, diabetes, family history	1	
Use of aspirin in last 7 days	1	
Prior coronary stenosis $\geq 50\%$	1	
$\geq 2$ angina events in 24 hours or persisting discomfort	1	
ST-segment deviation of $\geq 0.05$ mV on initial ECG	5*	
Elevated cardiac biomarkers	5*	
Total score		

Cut-points: Low risk = 0-2 points; High risk = 3-10 points

\* The presence of either or both variables attracts value of 5 points giving a total possible m TIMI score of 10.

## GRACE Score

GRACE score									
Age	Points	HR	Points	SBP	Points	Cr	Points	Killip class	Points
<39	0	<70	0	<80	40	0.0–0.39	1	I	0
40–49	18	70–89	5	80–99	37	0.4–0.79	4	II	15
50–59	36	90–109	10	100–119	30	0.8–1.19	7	III	29
60–69	55	110–149	17	120–139	23	1.2–1.59	10	IV	44
70–79	73	150–199	26	140–159	17	1.6–1.99	13	<b>Cardiac arrest</b>	30
80–89	91	≥200	34	160–199	7	2.0–3.99	21	<b>Elevated cardiac markers</b>	13
>90	100	–	–	≥200	0	≥4	28	<b>ST-segment deviation</b>	17

Cut-point: Low risk = 1-88 points; High risk = ≥ 89 points

## ***PURSUIT Score***

Age (decade)	50	8
	60	9
	70	11
	80	12
Sex	Male	0
	Female	1
Worst CCS class past 6 weeks	No angina/CCS I/II	0
	CCS III/IV	2
Signs of heart failure		2
ST depression on ECG		2
		Total

Cut-point: Low risk = < 10 points; High risk =  $\geq 10$  points

## **HEART Score**

History	Highly suspicious	2
	Moderately suspicious	1
	Slightly suspicious	0
ECG	Significant ST - depression	2
	Nonspecific repolarization disturbance	1
	Normal	0
Age	≥ 65 year	2
	45 – 65 year	1
	≤ 45 year	0
Risk Factors	≥ 3 risk factors or history of atherosclerotic disease	2
	1 or 2 risk factors	1
	No risk factors	0
Troponin	≥ 3x normal limit	
	1-3x normal limit	
	≤ normal limit	
		Total

Cut-point: Low risk = 0–3 points; High-risk = ≥4 points

## EDACS

Clinical Characteristic	Score
Age	
18-45	+2
46-50	+4
51-55	+6
56-60	+8
61-65	+10
66-70	+12
71-75	+14
76-80	+16
81-85	+18
86+	+20
Male Sex	+6
Aged 18-50 years and either:  List-behavior=simple prefix-word= mark- type=none (i) <input type="checkbox"/> known CAD or (ii) <input type="checkbox"/> ≥ 3 risk factors	+4
Symptoms and signs	
Diaphoresis	+3
Radiates to arm or shoulder	+5
Pain occurred or worsened with Inspiration	-4
Pain is reproduced by palpation	-6
EDACS	

Cut-point: Low-risk = <16 points; High risk = ≥16 points

## **ADAPT**

High-risk criteria	Yes	No
1) TIMI score >0		
a) Age ≥65		
b) ≥3 risk factors		
c) Use of aspirin in last 7 days		
d) Significant coronary stenosis (prior stenosis ≥50%)		
e) ≥2 angina events in 24 hours or persisting discomfort		
f) ST-segment deviation of ≥0.05 mV on initial ECG		
g) Increased initial troponin		
2) Positive troponin test at 0 or 2 hours		
3) New ischemic ECG changes		

Cut-point: Low risk = none of the high-risk criteria.

**NACPR**

High-risk criteria	Yes	No
Age 50		
Acute ischemic ECG changes		
Known coronary artery disease		
Pain typical for ACS		
Any troponin >99th percentile		

Cut-point: Low risk = none of the high-risk criteria



### ***Florence Prediction Rule (FPR)***

CP score > 6	+3
Age > 50 years	+1
Male sex	+1
Diabetes Mellitus or Metabolic syndrome	+1

Cut-point: Low risk = 0-1 points; High risk = 2-6 points

## **Supplement 2. Test diagnostic criteria for coronary heart disease†**

- Exercise stress electrocardiography: inducible horizontal or down sloping ST-segment depression  $\geq 1.0$  mm in two or more contiguous leads
- Stress echocardiography: inducible or fixed regional wall motion abnormalities
- Rest echocardiography: fixed regional wall motion abnormalities
- Stress myocardial perfusion imaging: fixed or inducible regional perfusion defects
- Computed tomography coronary angiography:  $>50\%$  narrowing in at least one epicardial coronary artery
- Invasive coronary angiography:  $\geq 75\%$  narrowing or occlusion in at least one epicardial coronary artery or  $\geq 50\%$  narrowing or occlusion in left main coronary artery

†Any test result reported as being 'equivocal' was classified in this study as being 'positive'