

# Supplemental material for: Does a code for acute myocardial infarction mean the same in all Norwegian hospitals? A likelihood approach to a medical record review

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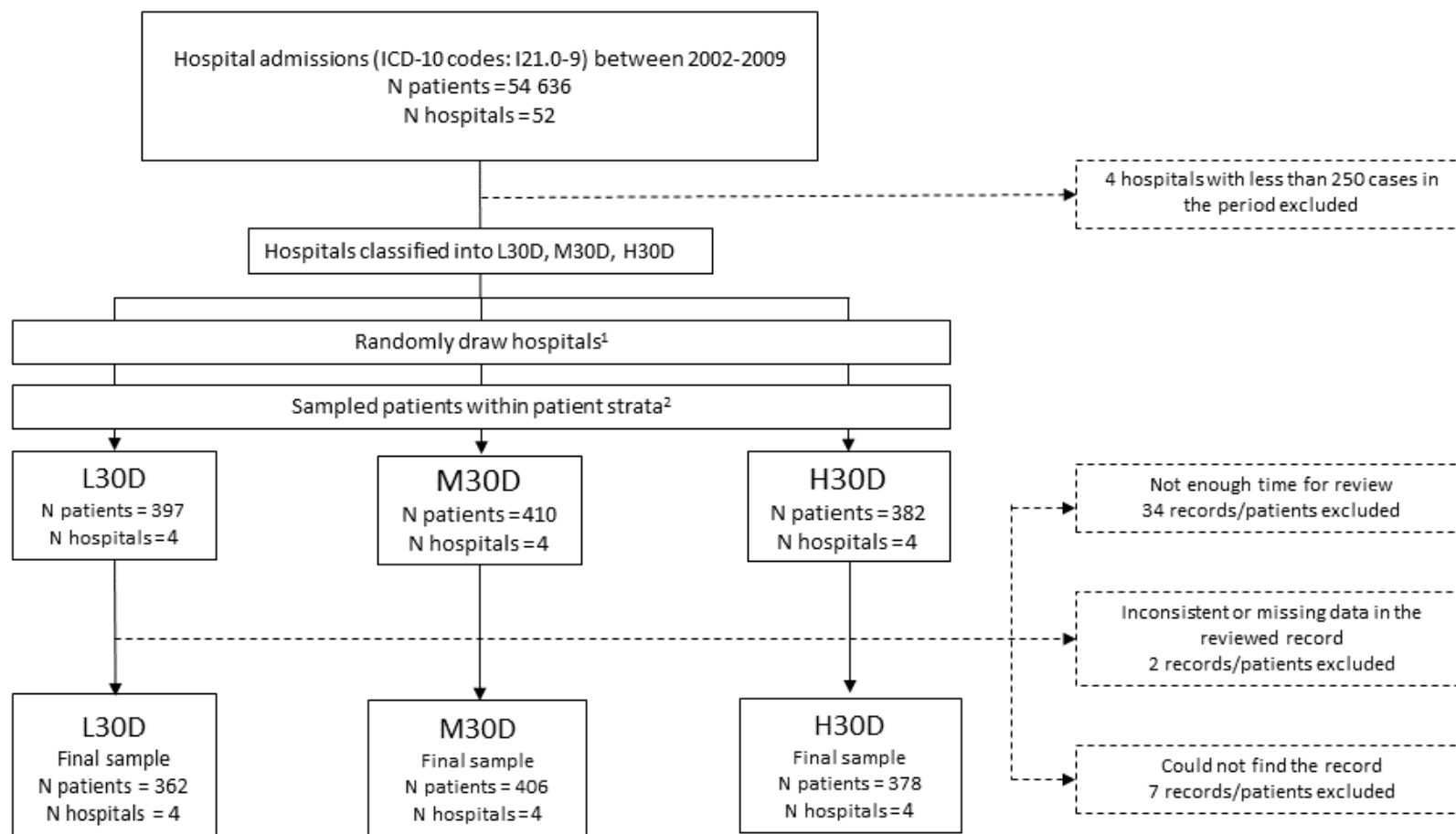
Table S1. cTn calibration parameters

Assay	Intercept	Slope	Scale	Source
Architect Tnl	0.390	0.625	log10	Wildi (2015)
Advia Tnl	0.743	0.500	log10	Wildi (2015)
Roche 4gen TnT	19.200	0.991	lin	Saenger (2011), Giannitsis (2010)
Roche hs-TnT	0.000	1.000	lin	Reference

Table S2. Estimated parameters of published log-cTn distributions in non-AMI populations

Patient population	cTn type	Mean	Std.dev.	Source
Congestive heart failure	hsTnT	2.335	1.042	Latini (2007)
Final diagnosis other than AMI	hsTnT	2.864	1.328	Ostermann (2014)
Chronic obstructive pulmonary disease	hsTnl	1.015	0.466	Adamson (2018)
Inpatients	hsTnl	1.311	0.748	Mariathas (2019)
Non-AMI reference		1.613	1.557	Present study

Troponin measurements are expressed in units of  $\mu\text{g/L}$



<sup>1</sup>Drawn randomly, constrained by requiring balance between hospital regions and hospital types (local or intermediate sized hospitals or regional referral hospitals)

<sup>2</sup>Patient strata: (i) Survived 30 days after admission, with length of stay not exceeding the median; (ii) Survived 30 days after admission, with length of stay greater than the median; (iii) Died within 30 days

Figure S1. Overview of sampling and dataset

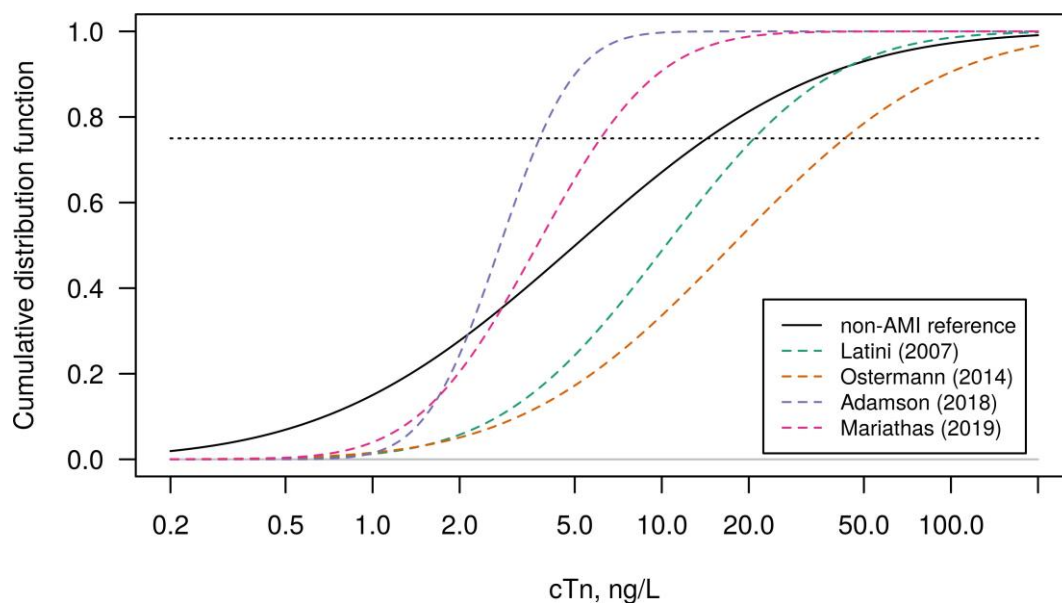


Figure S2. Estimated cTn distributions for non-AMI populations

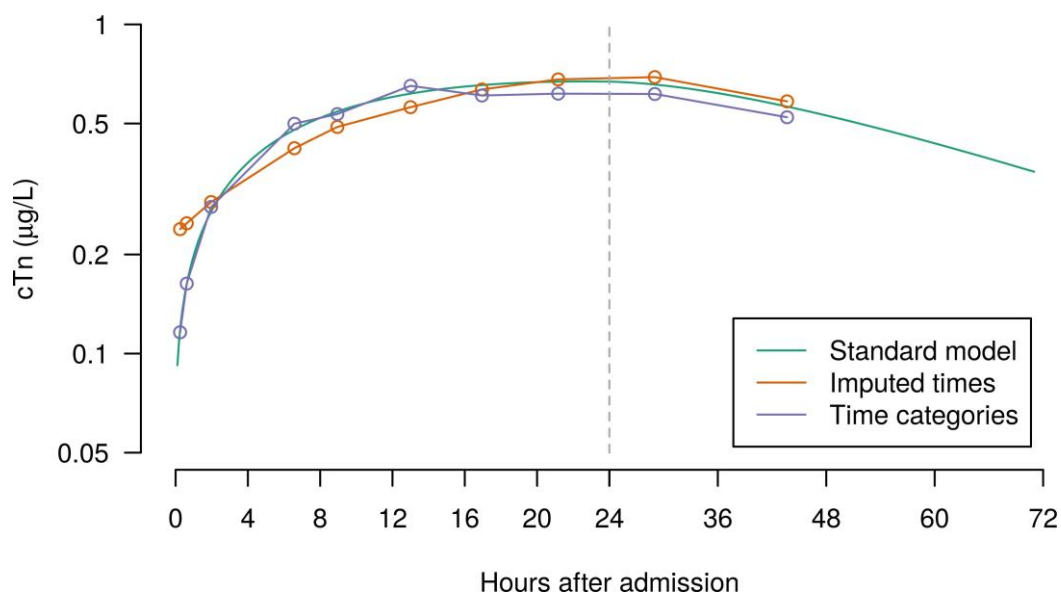


Figure S3. Fitted mean cTn vs time for the AMI population. Standard model as well as models with time from symptom onset, shown as medians over time intervals (notice break of time scale)

## References

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