Supplementary Table 3. Major protocol deviations and patients excluded from the per-protocol population.

|  | **Xenon(N=161)** | **Sevoflurane(N=165)** | **TIVA(N=166)** | **Total(N=492)** |
| --- | --- | --- | --- | --- |
| At least 1 major deviation, n (% of ITT Population) | 15 (9) | 14 (9) | 17 (10) | 46 (9) |
| Last cardiac troponin (either I or T) or CK-MB concentration measured before randomization was above that for diagnosis of myocardial infarction type 1a. | 2 (1) | 4 (2) | 6 (4) | 12 (2) |
| Ketamine administered between Visit 2 and Visit 11 | 2 (1) | 3 (2) | 4 (2) | 9 (2) |
| Surgery was different from an elective isolated coronary artery bypass graft surgery with CPB and cardiac arrest | 3 (2) | 2 (1) | 1 (1) | 6 (1) |
| Clonidine administered between Visit 2 and Visit 8 | 2 (1) | 2 (1) | 2 (1) | 6 (1) |
| Sevoflurane administered between Visit 2 and Visit 11 for xenon or TIVA patients | 4 (3) | 0 | 1 (1) | 5 (1) |
| Randomization was performed before intubation | 1 (1) | 0 | 2 (1) | 3 (1) |
| Study treatment was not re-administered during post-bypass  | 2 (1) | 0 | 0 | 2 (0) |
| Nicorandil administered on the day of surgical procedure | 0 | 1 (1) | 0 | 1 (0) |
| No cardiac troponin I concentration reported between 12 and 48 hours after the end of surgery  | 0 | 1 (1) | 0 | 1 (0) |
| Patient who had participated in a drug or device trial within 30 days | 0 | 1 (1) | 0 | 1 (0) |
| Sevoflurane or xenon administered the day of the surgery before the time of randomization | 0 | 1 (1) | 0 | 1 (0) |
| Sulfonylurea medication administered the day of the surgical procedure | 0 | 0 | 1 (1) | 1 (0) |
| Xenon administered between the day of Visit 2 and the date and time of Visit 11 for sevoflurane or TIVA patients | 0 | 0 | 1 (1) | 1 (0) |

aThe deviation was considered major if the concentration of the cardiac necrosis marker before randomization was missing or more than 2 times above the center-defined decision limit for the diagnosis of myocardial infarction type 1.