**Supplementary materials**

**I. Supplementary Methods**

**1. Chinese Appropriate Use Criteria for Coronary Revascularization**

**1.1. Recommendations for patients with acute coronary syndromes**

|  |  |  |
| --- | --- | --- |
| No. | Indication | Appropriate Use Score (1-9) |
| 1 | * STEMI * ≤12 hours from onset of symptoms * Revascularization of the culprit artery | A (9) |
| 2 | * STEMI * ≤12 hours from onset of symptoms * Revascularization of the non-culprit artery | I (3) |
| 3 | * STEMI * 12 to 24 hours from onset of symptoms * Severe HF, persistent ischemic symptoms, or hemodynamic or electrical instability present | A (8) |
| 4 | * STEMI * ≥12 hours from symptom onset * Asymptomatic * No hemodynamic instability and no electrical instability | I (3) |
| 5 | * STEMI with presumed successful treatment with fibrinolysis * Evidence of HF, recurrent ischemia, or unstable ventricular arrhythmias present * One-vessel CAD presumed to be the culprit artery | A (8) |
| 6 | * STEMI with presumed successful treatment with fibrinolysis * Asymptomatic, no HF or no recurrent ischemic symptoms, or no unstable ventricular arrhythmias * Normal LVEF * One-vessel CAD presumed to be the culprit artery | U (6) |
| 7 | * STEMI with presumed successful treatment with fibrinolysis * Asymptomatic, no HF, no recurrent ischemic symptoms, or no unstable ventricular arrhythmias at time of presentation * Depressed LVEF * Three-vessel CAD * Elective/semi-elective revascularization | A (8) |
| 8 | * STEMI with successful treatment of the culprit artery by primary PCI or fibrinolysis * Asymptomatic; no HF, no evidence of recurrent or provokable ischemia, or no unstable ventricular arrhythmias during index hospitalization * Normal LVEF * Revascularization A of a non-infarct-related artery during index hospitalization | A (7) |
| 9 | * STEMI or NSTEMI and successful PCI of culprit artery during index hospitalization * Symptoms of recurrent myocardial ischemia and/or high-risk findings on noninvasive stress testing performed after index hospitalization * Revascularization of ≥1 additional coronary arteries | A (8) |
| 10 | * UA/NSTEMI and high-risk features for short-term risk of death or nonfatal MI * Revascularization of the presumed culprit artery | A (9) |
| 11 | * UA/NSTEMI and high-risk features for short-term risk of death or nonfatal MI * Revascularization of multiple coronary arteries when the culprit artery cannot clearly be determined | A (8) |
| 12 | * Patients with acute myocardial infarction (STEMI or NSTEMI) * Evidence of cardiogenic shock * Revascularization of ≥1 coronary arteries | A (8) |
| 13 | * UA/NSTEMI and low-risk features (e g, TIMI score ≤2) for short-term risk of death or nonfatal MI * Revascularization of the presumed culprit artery | A (7) |
| 14 | * UA/NSTEMI and intermediate-risk features (e g, TIMI score 3-4) for short-term risk of death or nonfatal MI * Revascularization of the presumed culprit artery | A (7) |

A: appropriate; U:uncertain; I: inappropriate; LVEF:left ventricular ejection fraction; UA: unstable angina; NSTEMI: non-ST-segment elevation myocardial infarction; TIMI: thrombolysis in myocardial infarction study; PCI: percutaneous coronary intervention.

**1.2. Recommendations for patients without prior bypass surgery**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Indication | Appropriate Use Score (1-9) | | |
| CCS | | |
| Asymptomatic | I or II | III or IV |
| 15 | * One- or 2-vessel CAD without involvement of proximal LAD * No noninvasive testing performed * Receiving no or one course of anti-ischemic medical therapy | I (1) | U (4) | U (6) |
| 16 | * One- or 2-vessel CAD without involvement of proximal LAD * No noninvasive testing performed * Receiving two or three courses of anti-ischemic medical therapy | I (3) | U (5) | A (7) |
| 17 | * One- or 2-vessel CAD without involvement of proximal LAD * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (1) | I (3) | U (4) |
| 18 | * One- or 2-vessel CAD without involvement of proximal LAD * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | I (2) | I (3) | U (6) |
| 19 | * One- or 2-vessel CAD without involvement of proximal LAD * Ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (6) | A (7) |
| 20 | * One- or 2-vessel CAD without involvement of proximal LAD * Ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (5) | A (7) | A (8) |
| 21 | * CAD with borderline stenosis “50%-70%” * 22No ischemic findings on noninvasive testing * No further invasive evaluation performed (ie, FFR, IVUS) * Receiving no or one course of anti-ischemic medical therapy | I (1) | I (3) | U (4) |
| 22 | * CAD with borderline stenosis “50%-70%” * No ischemic findings on noninvasive testing * No further invasive evaluation performed (ie, FFR, IVUS) * Receiving two or three courses of anti-ischemic medical therapy | I (2) | I (3) | U (6) |
| 23 | * CAD with borderline stenosis “50%-70%” * Uncertain ischemic findings on noninvasive testing * FFR≤0.8 and/or IVUS with significant reduction in cross-sectional area * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (6) | A (8) |
| 24 | * CAD with borderline stenosis “50%-70%” * Uncertain ischemic findings on noninvasive testing * FFR≤0.8 and/or IVUS with significant reduction in cross-sectional area * Receiving two or three courses of anti-ischemic medical therapy | U (6) | A (7) | A (9) |
| 25 | * CAD with borderline stenosis “50%-70%” * Uncertain ischemic findings on noninvasive testing * FFR＞0.8 and/or IVUS findings do not meet criteria for significant stenosis * Receiving no or one course of anti-ischemic medical therapy | I (1) | I (3) | I (3) |
| 26 | * CAD with borderline stenosis “50%-70%” * Uncertain ischemic findings on noninvasive testing * FFR＞0.8 and/or IVUS findings do not meet criteria for significant stenosis * Receiving two or three courses of anti-ischemic medical therapy | I (1) | I (3) | U (4) |
| 27 | * CAD with borderline stenosis “50%-70%” * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (4) | U (6) |
| 28 | * CAD with borderline stenosis “50%-70%” * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (5) | U (6) | A (7) |
| 29 | * Chronic total occlusion of 1 major epicardial coronary artery, without other coronary stenosis * No noninvasive testing performed * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (4) | A (7) |
| 30 | * Chronic total occlusion of 1 major epicardial coronary artery, without other coronary stenosis * No noninvasive testing performed * Receiving two or three courses of anti-ischemic medical therapy | I (3) | U (6) | A (8) |
| 31 | * Chronic total occlusion of 1 major epicardial coronary artery, without other coronary stenosis * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (2) | U (4) | U (6) |
| 32 | * Chronic total occlusion of 1 major epicardial coronary artery, without other coronary stenosis * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | I (3) | U (6) | A (7) |
| 33 | * Chronic total occlusion of 1 major epicardial coronary artery, without other coronary stenosis * Ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (3) | A (7) | A (8) |
| 34 | * Chronic total occlusion of 1 major epicardial coronary artery, without other coronary stenosis * Ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (6) | A (7) | A (8) |
| 35 | * One-vessel CAD involving the proximal LAD * No noninvasive testing performed * Receiving no or one course of anti-ischemic medical therapy | U (5) | U (6) | A (8) |
| 36 | * One-vessel CAD involving the proximal LAD * No noninvasive testing performed * Receiving two or three courses of anti-ischemic medical therapy | U (5) | A (7) | A (8) |
| 37 | * One-vessel CAD involving the proximal LAD * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (5) | A (7) |
| 38 | * One-vessel CAD involving the proximal LAD * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (4) | U (6) | A(8) |
| 39 | * One-vessel CAD involving the proximal LAD * Ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | U (5) | A (7) | A (8) |
| 40 | * One-vessel CAD involving the proximal LAD * Ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | A (7) | A (8) | A (9) |
| 41 | * Two-vessel CAD involving the proximal LAD * No noninvasive testing performed * Receiving no or one course of anti-ischemic medical therapy | U (4) | U (6) | A (8) |
| 42 | * Two-vessel CAD involving the proximal LAD * No noninvasive testing performed * Receiving two or three courses of anti-ischemic medical therapy | U (6) | A (7) | A (9) |
| 43 | * Two-vessel CAD involving the proximal LAD * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | U (4) | U (6) | A (7) |
| 44 | * Two-vessel CAD involving the proximal LAD * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (4) | U (6) | A (8) |
| 45 | * Two-vessel CAD involving the proximal LAD * Ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | A (7) | A (8) | A (9) |
| 46 | * Two-vessel CAD involving the proximal LAD * Ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | A (7) | A (8) | A (9) |
| 47 | * Three-vessel CAD (no left main) * No noninvasive testing performed and normal LV systolic function * Receiving no or one course of anti-ischemic medical therapy | U (5) | A (7) | A (8) |
| 48 | * Three-vessel CAD (no left main) * No noninvasive testing performed and normal LV systolic function * Receiving two or three courses of anti-ischemic medical therapy | U (6) | A (7) | A (8) |
| 49 | * Three-vessel CAD (no left main) * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | U (5) | U (6) | A (7) |
| 50 | * Three-vessel CAD (no left main) * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (5) | A (7) | A (8) |
| 51 | * Three-vessel CAD (no left main) * Ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | A (7) | A (8) | A (9) |
| 52 | * Three-vessel CAD (no left main) * Ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | A (7) | A (8) | A (9) |
| 53 | * Three-vessel CAD (no left main) * Abnormal LV systolic function | A (7) | A (8) | A (9) |
| 54 | * Left main stenosis | A (7) | A (9) | A (9) |

CAD: coronary artery diseases; LAD: left anterior descending; FFR: fractional flow reserve; IVUS: intravenous ultrasound; LVEF: left ventricular ejection fraction.

**1.3. Recommendations for patients with prior bypass surgery (without acute coronary syndrome)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Indication | Appropriate Use Score (1-9) | | |
| CCS | | |
| Asymptomatic | I or II | III or IV |
| 55 | * One or more stenosis in saphenous vein graft(s) * No noninvasive testing performed * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (5) | U (6) |
| 56 | * One or more stenosis in saphenous vein graft(s) * No noninvasive testing performed * Receiving two or three courses of anti-ischemic medical therapy | I (5) | U (6) | A (8) |
| 57 | * One or more stenosis in saphenous vein graft(s) * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (5) | U (6) |
| 58 | * One or more stenosis in saphenous vein graft(s) * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (4) | U (6) | A (7) |
| 59 | * One or more stenosis in saphenous vein graft(s) * Ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | U (5) | U (6) | A (8) |
| 60 | * One or more stenosis in saphenous vein graft(s) * Ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (6) | A (8) | A (9) |
| 61 | * All bypass grafts patent and without significant disease * One or more lesions in native coronary arteries without bypass grafts * No noninvasive testing performed * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (5) | U (6) |
| 62 | * All bypass grafts patent and without significant disease * One or more lesions in native coronary arteries without bypass grafts * No noninvasive testing performed * Receiving two or three courses of anti-ischemic medical therapy | I (3) | U (6) | A (7) |
| 63 | * All bypass grafts patent and without significant disease * One or more lesions in native coronary arteries without bypass grafts * No ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | I (3) | U (5) | U (6) |
| 64 | * All bypass grafts patent and without significant disease * One or more lesions in native coronary arteries without bypass grafts * No ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | I (3) | U (5) | A (7) |
| 65 | * All bypass grafts patent and without significant disease * One or more lesions in native coronary arteries without bypass grafts * Ischemic findings on noninvasive testing * Receiving no or one course of anti-ischemic medical therapy | U (5) | U (6) | A (8) |
| 66 | * All bypass grafts patent and without significant disease * One or more lesions in native coronary arteries without bypass grafts * Ischemic findings on noninvasive testing * Receiving two or three courses of anti-ischemic medical therapy | U (6) | A (7) | A (8) |

**1.4. Recommendations for patients with advanced coronary disease, CCS angina greater than or equal to class III, and/or evidence of high-risk findings on noninvasive testing**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Indication | Appropriate Use Score (1-9) | |
| PCI | CABG |
| 67 | * Two-vessel CAD with proximal LAD stenosis * No diabetes and normal LVEF | A (8) | A (8) |
| 68 | * Two-vessel CAD with proximal LAD stenosis * Diabetes | A (7) | A (9) |
| 69 | * Two-vessel CAD with proximal LAD stenosis * Depressed LVEF | A (8) | A (9) |
| 70 | * Three-vessel CAD * SYNTAX≥33 * No diabetes * Normal LVEF | U (4) | A (9) |
| 71 | * Three-vessel CAD * SYNTAX 23~32 * No diabetes * Normal LVEF | U (6) | A (8) |
| 72 | * Three-vessel CAD * SYNTAX ≤22 * No diabetes * Normal LVEF | A (98) | A (7) |
| 73 | * Three-vessel CAD * SYNTAX ≥33 * Diabetes | I (3) | A (9) |
| 74 | * Three-vessel CAD * SYNTAX 23~32 * Diabetes | U (4) | A (8) |
| 75 | * Three-vessel CAD * SYNTAX ≤ 22 * Diabetes | A (7) | A (8) |
| 76 | * Three-vessel CAD * SYNTAX ≥ 33 * Depressed LVEF | I (3) | A (9) |
| 77 | * Three-vessel CAD * SYNTAX 23~32 * Depressed LVEF | U (5) | A (9) |
| 78 | * Three-vessel CAD * SYNTAX ≤ 22 * Depressed LVEF | A (7) | A (8) |
| 79 | * Isolated left main stenosis * No diabetes * Normal LVEF | A (7) | A (9) |
| 80 | * Isolated left main stenosis * Diabetes | A (7) | A (9) |
| 81 | * Isolated left main stenosis * Depressed LVEF | A (7) | A (9) |
| 82 | * Left main stenosis and additional CAD * SYNTAX ≥ 33 * No diabetes * Normal LVEF | I (3) | A (9) |
| 83 | * Left main stenosis and additional CAD * SYNTAX 23~32 * No diabetes * Normal LVEF | A (7) | A (9) |
| 84 | * Left main stenosis and additional CAD * SYNTAX ≤ 22 * No diabetes * Normal LVEF | A (8) | A (8) |
| 85 | * Left main stenosis and additional CAD * SYNTAX ≥ 33 * Diabetes | I (3) | A (9) |
| 86 | * Left main stenosis and additional CAD * SYNTAX 23~32 * Diabetes | U (5) | A (9) |
| 87 | * Left main stenosis and additional CAD * SYNTAX ≤ 22 * Diabetes | A (7) | A (8) |
| 88 | * Left main stenosis and additional CAD * SYNTAX ≥ 33 * Depressed LVEF | I (3) | A (9) |
| 89 | * Left main stenosis and additional CAD * SYNTAX 23~32 * Depressed LVEF | U (6) | A (9) |
| 90 | * Left main stenosis and additional CAD * SYNTAX ≤ 22 * Depressed LVEF | A (7) | A (8) |
| 91 | * Prior bypass surgery with native 3-vessel disease and failure of multiple bypass grafts * LIMA remains patent to native coronary artery * Depressed LVEF | A (7) | U (6) |
| 92 | * Prior bypass surgery with native 3-vessel disease and failure of multiple bypass grafts * LIMA was used as a graft but is no longer functional * Depressed LVEF | I (3) | A (9) |

CAD: coronary artery diseases; LVEF: left ventricular ejection fraction; LIMA: left internal mammary artery.

**2. Clinical endpoint definitions**

**Death** was defined as death from any cause. The cause of death will be adjudicated as being due to cardiac death or non-cardiac death.

**Myocardial infarction (MI)**

In-hospital MI: Defined as the occurrence during hospitalization after PCI, CABG or coronary angiography meeting at least 1 of the following criteria:

1. 1. In patients with normal baseline CK-MB, the peak CK-MB measured within 48 hours of the procedure rises to ≥10 × the local laboratory ULN, or to ≥5 × ULN with new pathologic Q-waves in ≥2 contiguous leads or new persistent LBBB, OR in the absence of CK-MB measurements and a normal baseline cTn, a cTn (I or T) level measured within 48 hours of the PCI rises to ≥70 × the local laboratory ULN, or ≥35 × ULN with new pathologic Q-waves in ≥2 contiguous leads or new persistent LBBB.
2. In patients with elevated baseline CK-MB (or cTn) in whom the biomarker levels are stable or falling, the CK-MB (or cTn) rises by an absolute increment equal to those levels recommended above from the most recent pre-procedure level.
3. In patients with elevated CK-MB (or cTn) in whom the biomarker levels have not been shown to be stable or falling, the CK-MB (or cTn) rises by an absolute increment equal to those levels recommended above plus new ST-segment elevation or depression plus signs consistent with a clinically relevant MI, such as new onset or worsening heart failure or sustained hypotension.

Spontaneous MI: Defined as detection of a rise and/or fall of cTn values with at least one value above the 99th percentile URL after discharge and with at least one of the following:

• Symptoms of acute myocardial ischaemia;

• New ischaemic ECG changes;

• Development of pathological Q waves;

• Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischaemic aetiology;

• Identification of a coronary thrombus by angiography including intracoronary imaging or by autopsy

**Stroke** was confirmed by a neurologist on the basis of imaging studies and was

defined as follows:

1. A focal neurologic deficit of central origin lasting >72 hours, or
2. A focal neurologic deficit of central origin lasting >24 hours, with imaging evidence of cerebral infarction or intracerebral hemorrhage, or
3. A non-focal encephalopathy lasting >24 hours with imaging evidence of cerebral infarction or hemorrhage adequate to account for the clinical state.

**Repeat revascularization** was defined as any non-planned repeat coronary artery bypass graft (CABG) or PCI.

**Ischemic symptom admitted to hospital** was defined as rehospitalization because of ischemic discomfort (angina or symptoms thought to be equivalent).

**Supplementary Table 1: Clinical characteristics according to appropriateness categories and initial treatment after propensity score matching**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Appropriate indications** | | |  | **Uncertain indications** |  | |  | **Inappropriate indications** |  | |
| **Items** | **Coronary Revascularization (*n*=316)** | **Medical Therapy (*n*=316)** | ***P*** |  | **Coronary Revascularization (*n*=607)** | **Medical Therapy (*n*=607)** | ***P*** |  | **Coronary Revascularization (*n*=435)** | **Medical Therapy (*n*=435)** | ***P*** |
| Age (years) | 61.8±9.8 | 61.8±10.6 | 0.959 |  | 59.9±8.9 | 60.4±9.6 | 0.413 |  | 57.1±10.5 | 58.6±10.0 | 0.030 |
| Men | 247 (78.2) | 245 (77.5) | 0.848 |  | 465 (76.6) | 443 (73.0) | 0.146 |  | 226 (52.0) | 218 (50.1) | 0.587 |
| Extent of coronary disease |  |  | 0.991 |  |  |  | 0.779 |  |  |  | 1.000 |
| Mild disease (50%-69%) | - | - |  |  | 1 (0.2) | 1 (0.2) |  |  | 12 (2.8) | 12 (2.8) |  |
| 1 vessel | 35 (11.1) | 36 (11.4) |  |  | 346 (57.0) | 328 (54.0) |  |  | 308 (70.8) | 308 (70.8) |  |
| 2 vessels | 26 (8.2) | 27 (8.5) |  |  | 187 (30.8) | 199 (32.8) |  |  | 115 (26.4) | 115 (26.4) |  |
| 3 vessels | 113 (35.8) | 115 (36.4) |  |  | 73 (12.0) | 79 (13.0) |  |  | - | - |  |
| Left main stenosis | 142 (44.9) | 138 (43.7) |  |  | - | - |  |  | - | - |  |
| Number of antianginal medications |  |  | 0.353 |  |  |  | 0.231 |  |  |  | 0.437 |
| 0 | 78 (24.7) | 66 (20.9) |  |  | 208 (34.3) | 176 (29.0) |  |  | 135 (31.0) | 131 (30.1) |  |
| 1 | 74 (23.4) | 92 (29.1) |  |  | 214 (35.3) | 240 (39.5) |  |  | 133 (30.6) | 151 (34.7) |  |
| 2 | 121 (38.3) | 120 (38.0) |  |  | 146 (24.1) | 149 (24.5) |  |  | 134 (30.8) | 129 (29.7) |  |
| 3 | 43 (13.6) | 38 (12.0) |  |  | 39 (6.4) | 42 (6.9) |  |  | 33 (7.6) | 24 (5.5) |  |
| Stress test |  |  | 0.746 |  |  |  | 0.092 |  |  |  | 0.904 |
| Positive | 11 (3.5) | 14 (4.4) |  |  | 1 (0.2) | 7 (1.2) |  |  | 2 (0.5) | 3 (0.7) |  |
| Negative | 2 (0.6) | 3 (0.9) |  |  | 9 (1.5) | 7 (1.2) |  |  | 14 (3.2) | 14 (3.2) |  |
| Not Performed | 303 (95.9) | 299 (94.6) |  |  | 597 (98.4) | 593 (97.7) |  |  | 419 (96.3) | 418 (96.1) |  |
| Severity of chest pain\* |  |  | 0.227 |  |  |  | <0.001 |  |  |  | <0.001 |
| No angina | 73 (23.1) | 95 (30.1) |  |  | 618 (31.4) | 173 (25.0) |  |  | 749 (98.3) | 744 (71.0) |  |
| CCS class I | 80 (25.3) | 62 (19.6) |  |  | 573 (29.1) | 237 (34.2) |  |  | 5 (0.7) | 132 (12.6) |  |
| CCS class II | 112 (35.4) | 106 (33.5) |  |  | 718 (36.5) | 220 (31.8) |  |  | 8 (1.0) | 172 (16.4 ) |  |
| CCS class III | 38 (12.0) | 37 (11.7) |  |  | 48 (2.4) | 41 (5.9) |  |  | - | - |  |
| CCS class IV | 13 (4.1) | 16 (5.1) |  |  | 9 (0.5) | 21 (3.0) |  |  | - | - |  |
| Left ventricular ejection |  |  | 0.575 |  |  |  | 0.501 |  |  |  | 0.241 |
| ≤35 | 6 (1.9) | 10 (3.2) |  |  | 9 (1.5) | 10 (1.6) |  |  | 2 (0.5) | 3 (0.7%) |  |
| 36%-50% | 44 (13.9) | 41 (13.0) |  |  | 11 (1.8) | 17 (2.8) |  |  | 19 (4.4) | 30 (6.9%) |  |
| >50% or not assessed | 266 (84.2) | 265 (83.9) |  |  | 587 (96.7) | 580 (95.6) |  |  | 414 (95.2) | 402 (92.4%) |  |
| Cardiac history |  |  |  |  |  |  |  |  |  |  |  |
| Previous MI | 24 (7.6) | 25 (7.9) | 0.882 |  | 32 (5.3) | 34 (5.6) | 0.800 |  | 20 (4.6) | 28 (6.4 ) | 0.235 |
| Previous heart failure | 2 (0.6) | 1 (0.3) | 1.000 |  | 2 (0.3) | 3 (0.5) | 1.000 |  | 1 (0.2) | 2 (0.5 ) | 1.000 |
| Previous PCI | 12 (3.8) | 14 (4.4) | 0.689 |  | 37 (6.1) | 40 (6.6) | 0.724 |  | 15 (3.4) | 26 (6.0 ) | 0.078 |
| Cerebrovascular disease | 48 (15.2) | 40 (12.7) | 0.358 |  | 77 (12.7) | 72 (11.9) | 0.662 |  | 43 (9.9) | 58 (13.3 ) | 0.112 |
| Peripheral vascular disease | 15 (4.7) | 21 (6.6) | 0.303 |  | 30 (4.9) | 42 (6.9) | 0.145 |  | 20 (4.6) | 31 (7.1 ) | 0.112 |
| Cardiac risk factors and medical comorbidities | | |  |  |  |  |  |  |  |  |  |
| Hypertension | 193 (61.1) | 199 (63.0) | 0.623 |  | 374 (61.6) | 384 (63.3) | 0.553 |  | 265 (60.9) | 264 (60.7 ) | 0.945 |
| Hyperlipidemia | 189 (59.8) | 189 (59.8) | 1.000 |  | 432 (71.2) | 411 (67.7) | 0.191 |  | 297 (68.3) | 294 (67.6 ) | 0.827 |
| Diabetes | 109 (34.5) | 112 (35.4) | 0.802 |  | 196 (32.3) | 190 (31.3) | 0.712 |  | 122 (28.0) | 139 (32.0 ) | 0.208 |
| COPD | 4 (1.3) | 4 (1.3) | 1.000 |  | 7 (1.2) | 10 (1.6) | 0.464 |  | 2 (0.5) | 7 (1.6 ) | 0.094 |
| Smoked during the last year | 140 (44.3) | 137 (43.4) | 0.810 |  | 307 (50.6) | 297 (48.9) | 0.566 |  | 396 (52.0) | 475 (45.3 ) | 0.005 |
| CAD family history | 71 (22.5) | 61 (19.3) | 0.328 |  | 122 (20.1) | 120 (19.8) | 0.886 |  | 84 (19.3) | 95 (21.8 ) | 0.356 |

Data was presented by mean ± SD o*r n* (%). CAD: coronary artery disease; CCS: Canadian Cardiovascular Society; COPD: chronic obstructive pulmonary disease; MI: myocardial infarction; PCI: percutaneous coronary intervention; SD: standard deviation.\*:Severity of chest pain is defined as the symptom status prior current hospitalization according to the National Cardiovascular Data Registry CathPCI criteria.