

## **Supplemental Material**

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**Table S1.** Univariable and multivariable predictors of inappropriate therapy

Predictors of inappropriate therapy						
A						
Univariable analysis		S-ICD			TV-ICD	
Variables		HR	CI	P-value	HR	CI
Age, >65		<b>1.76</b>	<b>0.96-3.23</b>	<b>0.07</b>	0.83	0.44-1.55
BMI		1.02	0.96-1.08	0.50	0.99	0.93-1.05
Male		<b>2.62</b>	<b>0.94-7.34</b>	<b>0.07</b>	1.40	0.59-3.32
NYHA class 3 vs. NYHA class 1		1.75	0.71-4.31	0.22	<b>2.09</b>	<b>0.86-5.06</b>
History of atrial fibrillation		<b>1.52</b>	<b>0.80-2.89</b>	<b>0.20</b>	<b>2.70</b>	<b>1.46-5.00</b>
Ischemic CMP		0.84	0.45-1.58	0.59	<b>0.50</b>	<b>0.27-0.92</b>
Baseline heart rate >80 beats per minute		<b>1.76</b>	<b>0.93-3.34</b>	<b>0.08</b>	<b>2.34</b>	<b>1.25-4.39</b>
QRS>120ms		<b>1.93</b>	<b>0.97-3.85</b>	<b>0.06</b>	0.82	0.35-1.96
Secondary prevention		0.80	0.36-1.81	0.60	0.81	0.36-1.83
Smoking		0.67	0.32-1.38	0.27	<b>2.12</b>	<b>1.15-4.09</b>
Dual chamber vs. Single chamber ICD baseline					1.07	0.42-2.71
						0.89

B						
Multivariable analysis*		S-ICD			TV-ICD	
Variables		HR	CI	P-value	HR	CI
Age, >65		1.60	0.85-3.03	0.15		
Male		2.29	0.81-6.48	0.12		
NYHA class 3 vs. NYHA class 1					1.33	0.54-3.28
History of atrial fibrillation		1.08	0.54-2.14	0.84	<b>2.66</b>	<b>1.41-5.02</b>
Ischemic CMP					0.56	0.30-1.06
QRS>120ms		1.72	0.85-3.45	0.13		
Baseline heart rate >80 beats per minute		1.76	0.91-3.38	0.09	<b>1.99</b>	<b>1.05-3.76</b>
Smoking					<b>2.46</b>	<b>1.31-4.64</b>
						0.005

Predictors of inappropriate therapy - cardiac oversensing						
A						
Univariable analysis		S-ICD				
Variables		HR	CI	P-value		
Age, >65		<b>2.23</b>	<b>0.97-5.08</b>	<b>0.06</b>		
BMI		1.02	0.90-1.06	0.59		
Male		1.79	0.53-6.02	0.35		
NYHA class 3 vs. NYHA class 1		1.87	0.64-5.42	0.25		
History of atrial fibrillation		1.55	0.66-3.66	0.32		
Ischemic CMP		1.06	0.44-2.58	0.89		
Hypertrophic cardiomyopathy		<b>2.57</b>	<b>0.60-11.0</b>	<b>0.20</b>		
Baseline heart rate >80 beats per minute		1.51	0.62-3.68	0.36		
QRS>120ms		<b>3.52</b>	<b>1.52-8.14</b>	<b>0.003</b>		
Secondary prevention		1.15	0.43-3.11	0.78		
Smoking		<b>0.36</b>	<b>0.11-1.21</b>	<b>0.10</b>		
Primary vector		1.47	0.60-3.60	0.40		

<b>B</b>			
<b>Multivariable analysis*</b>	<b>S-ICD</b>		
Variables	HR	CI	P-value
Age, >65	2.19	0.92-5.20	0.08
Hypertrophic cardiomyopathy	2.50	0.54-11.5	0.24
QRS>120ms	<b>3.13</b>	<b>1.34-7.31</b>	<b>0.008</b>
Smoking	0.49	0.13-1.56	0.21

BMI: body mass index, CI: confidence interval, CMP: cardiomyopathy, HR: hazard ratio, NYHA: New York Heart Association classification, S-ICD: subcutaneous implantable cardioverter defibrillator, TV-ICD: transvenous implantable cardioverter defibrillator,

\* Predictors were included in the multivariable analysis when a P-value  $\leq 0.20$  was observed in the univariable analysis.

**Table S2.** Overview of recurrence of inappropriate shocks and inappropriate ATP and combined episodes

	S-ICD	TV-ICD
<b>Total inappropriate shocks</b>	<b>124</b>	<b>130</b>
Total patients receiving an IAS	41	29
1 inappropriate shock	22	13
2–4 inappropriate shocks	13	11
≥5 inappropriate shocks	6*	5†
Patients with both inappropriate and appropriate shocks in one episode	2	2
Time between first and second IAS episode, months (IQR)	5.5 (0-11)	2.6 (0.2-4.4)
Total patients receiving a 2nd IAS within 6 months (%)	9 (22)	9 (31)
<b>Total inappropriate ATP</b>	<b>1</b>	<b>124</b>
Total patients receiving ATP	1	35
1 inappropriate ATP	1	15
2–4 inappropriate ATP	0	13
≥5 inappropriate ATP	0	7
Patients with both IAS and inappropriate ATP in one episode	0	22

ATP: antitachycardia pacing, IAS: inappropriate shock, S-ICD: subcutaneous implantable cardioverter defibrillator, TV-ICD: transvenous implantable cardioverter defibrillator.

\* Two patients with an SVT in the therapy zone (10 and 18 shocks), 2 patients with non-cardiac oversensing (6 and 7 shocks) and two patients with cardiac oversensing (11 and 13 shocks).

† Four patients with an SVT in the therapy zone (6,7,9 and 12 shocks), 1 patient with a lead dislocation (54 shocks).

**Table S3.** Programmed zones during inappropriate shocks.

	S-ICD	TV-ICD
<b>Total inappropriate shocks</b>	124	130
VT zone		
<180 – n (%)	1 (0.8)	4 (3.1)
180-185 – n (%)	115 (92.7)	113 (86.9)
186-200 – n (%)	7 (5.6)	7 (5.4)
201-250 – n (%)	1 (0.8)	6 (4.6)
VF zone		
200-249 – n (%)	0	35 (26.9)
250 – n (%)	124 (100)	95 (73.1)
<b>First inappropriate shock</b>	41	29
VT zone		
<180 – n (%)	1 (2.4)	2 (6.9)
180-185 – n (%)	38 (92.7)	25 (86.2)
186-200 – n (%)	2 (4.9)	2 (6.9)
201-250 – n (%)	0	0
VF zone		
200-249 – n (%)	0	8 (27.6)
250 – n (%)	41 (100)	21 (72.4)

S-ICD: subcutaneous implantable cardioverter defibrillator, TV-ICD: transvenous implantable cardioverter defibrillator, VT zone: ventricular tachycardia zone, VF zone: Ventricular fibrillation zone.

**Table S4.** Specific programming of the patients receiving an IAS in the S-ICD group

	S-ICD with IAS* (n=41)	Total S-ICDs† (n=426)
<b>Gain</b>		
1x – n (%)	34 (82.9)	403 (94.6)
2x – n (%)	7 (17.1)	18 (4.2)
NA – n (%)	-	5 (1.2)
<b>Sensing Vector</b>		
Primary – n (%)	27 (65.9)	265 (62.2)
Secondary – n (%)	10 (24.4)	126 (29.6)
Alternate – n (%)	4 (9.8)	26 (6.1)
NA	-	9 (2.1)
<b>Smartpass</b>		
On – n (%)	11 (26.8)	79 (18.5)
Off – n (%)	1 (2.4)	5 (1.2)
NA – n (%)	29 (70.7)	342 (80.3)

IAS: inappropriate shock, S-ICD: subcutaneous implantable cardioverter defibrillator, TV-ICD: transvenous implantable cardioverter defibrillator.

\*settings during first IAS

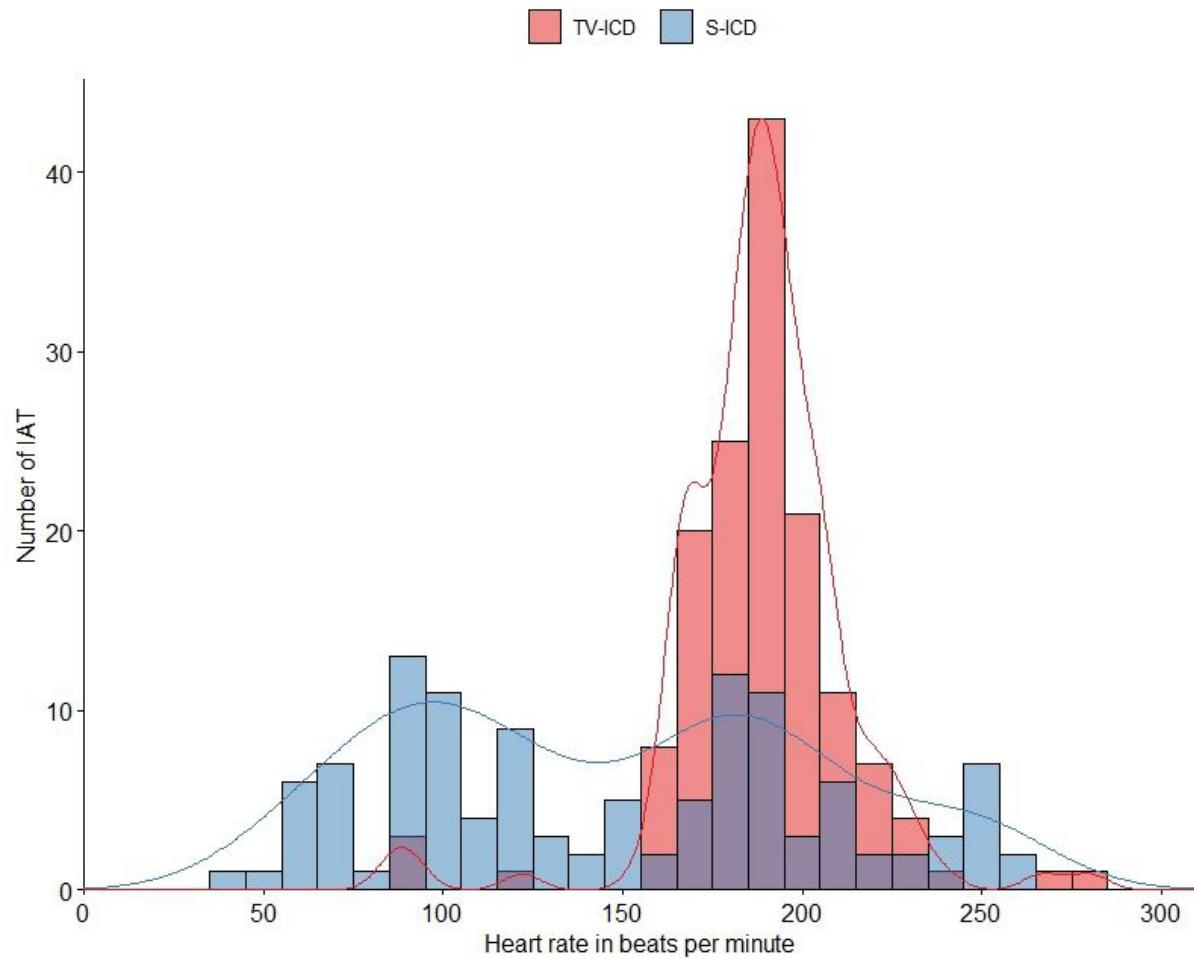
† settings at discharge

**Table S5.** PRAETORIAN investigators

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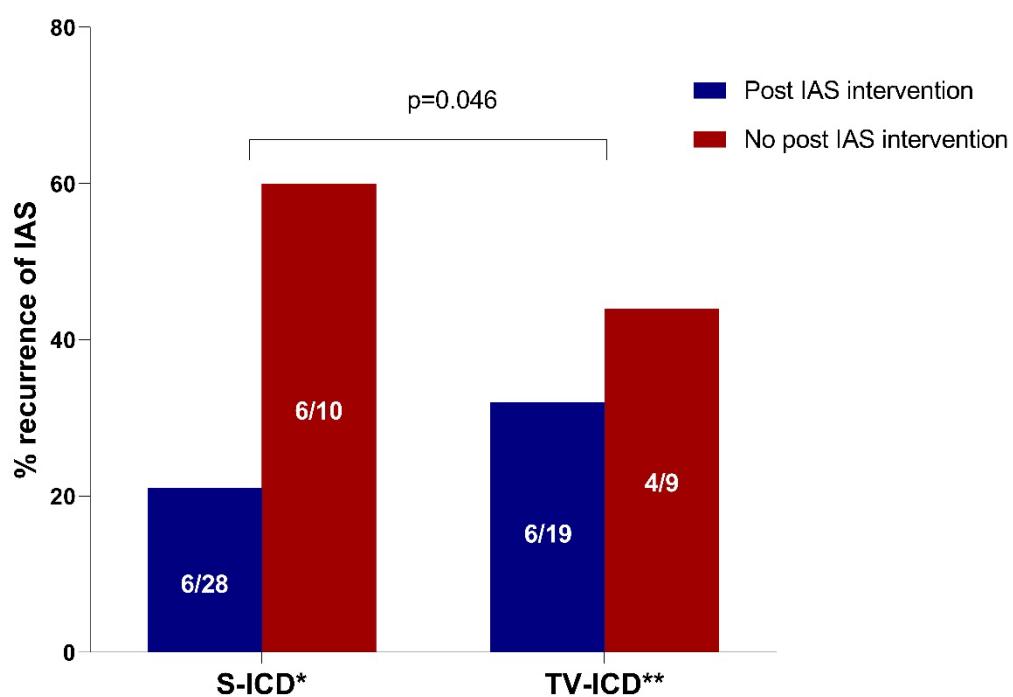
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**Figure S1.** Underlying heart rate during inappropriate therapy in the TV-ICD and S-ICD



IAT: inappropriate therapy, S-ICD: subcutaneous implantable cardioverter defibrillator, TV-ICD: transvenous implantable cardioverter defibrillator

**Figure S2.** Recurrence rate after first IAS depending on intervention taken versus no intervention taken.



IAS: inappropriate shock, S-ICD: subcutaneous implantable cardioverter defibrillator, TV-ICD: transvenous implantable cardioverter defibrillator

\* In the S-ICD in 3 patients it was unknown if an intervention was undertaken to prevent recurrence of IAS.

\*\* In the TV-ICD in 1 patient it was unknown if an intervention was undertaken to prevent recurrence of IAS.