**Supporting** **Table 1.** Study characteristics.

| **Trial (year)** | **Study design** | **Target indication/test population, (n)** | **Control group, (n)** | **Testing conditions** | **No. of MCG channels** | **Reference**  |
| --- | --- | --- | --- | --- | --- | --- |
| CAD (includes studies of stable CAD)\*  |  |
| Hailer et al. 1999 [e1] | Case-control study | Anatomic CAD and functional ischemiaPatients presenting with chest pain and no history of CVD or prior MI, but with angiographically proven stenosis (≥75% in at least one vessel) (7) | Patients presenting with chest pain, but with no history of CVD, normal ECG, and without confirmation of hemodynamically relevant CAD by angiography (8) | Shielded Resting and pharmacologic stress | 36 | ECG |
| Hänninen et al. 2000 [e2] | Case-control study | Functional ischemiaPatients with single-vessel CAD with angiographically proven stenosis (>50% luminal diameter) in one of the main coronary branches, anginal pain, and a positive ECG stress test, with no prior MI (27) | Healthy volunteers (17) | Shielded Exercise (bicycle ergometry test) | 67 | ECG |
| Hänninen et al. 2001 [e3] | Case-control study | Functional ischemiaPatients with single-vessel CAD with angiographically proven stenosis (>50% luminal diameter) in one of the main coronary branches, anginal pain, and a positive ECG stress test, with no prior MI (24) | Age-matched healthy volunteers (17) | Shielded Exercise (supine bicycle ergometry test) | 67 | ECGBSPM |
| Kandori et al. 2001 [e4] | Case-control study | Functional ischemiaPatients with angina pectoris (8) | Healthy subjects (4) | ShieldedExercise | 64 | ECG |
| Kandori et al. 2001 [e5] | Case-control study | Myocardial damage in CADPatients with prior MI (10) or angina pectoris (10) | Healthy subjects (29) | Shielded Rest | 64 | — |
| Hänninen et al. 2002 [e6] | Case-control study | Functional ischemiaPatients with CAD with anginal pain, and a positive ECG stress test and either single-vessel disease (>50% luminal diameter stenosis in one of the main coronary arteries) with no history of MI (27) or triple-vessel disease (stenosis ≥70% luminal diameter) and ≥1 previous MI (17) | Healthy volunteers (26) | Shielded Exercise (supine bicycle ergometry test) | 67 | ECG |
| Takala et al. 2002 [e7]  | Case-control study | Functional ischemiaPatients with single-vessel CAD with stenosis (>50% luminal diameter) in one of the main coronary branches without priorMI (24) | Healthy volunteers with no history of heart disease or hypertension and normal echocardiogram at rest and in exercise ECG (17) | Shielded Exercise (supine bicycle ergometry test) | 67 | ECG |
| Kanzaki et al. 2003 [e8] | Case-control study | Anatomic CADPatients presenting with chest pain, CAD, and angiographically proven >75% stenosis of a vessel (17) | Healthy volunteers and patients with chest symptoms and normal coronary angiograms (13) | Shielded Exercise (Master's test) | 64 | Stress ECG |
| Van Leeuwen et al. 2003 [e9] | Case-control study  | Anatomic CADPatients with CAD and angiographically proven >75% stenosis with prior MI (31) or without prior MI (23)  | Healthy subjects proven angiographically or volunteers with no history of CVD (20) | Shielded Rest | 37 | ECG |
| Morguet et al. 2004 [e10] | Prospective study | Myocardial viability in CADPatients with clinically stable one-vessel CAD and angiographically proven stenosis (≥70% diameter) and corresponding regional wall-motion abnormality (15; 11 with prior MI) | — | Shielded Rest | 49 | PET |
| Schless et al. 2004 [e11] | Case-control study | IschemiaPatients with CHD without prior MI (10)Patients with a history of previous MI (14)Patients with a documented history of VT (6) | Healthy volunteers (14) | Shielded Rest | 55 | — |
| Goernig et al. 2006 [e12] | Case-control study | Clinically suspected CADPatients who experienced MI 3–64 (mean 15) days previously (110) | Healthy controls (72) | Shielded Rest | 31 | ECG |
| Nakai et al. 2006 [e13] | Case-control study | Clinically suspected CADPatients with previous MI (21) | Healthy volunteers (29) | Shielded Rest | 64 | SPECT |
| Van Leeuwen et al. 2006 [e14] | Case-control study  | Anatomic CADPatients with CAD with angiographically proven ≥75% stenosis of a vessel without evidence of MI (43) or with previous MI (36) | Patients with angiographically proven non-obstructive CAD and healthy volunteers (50) | Shielded Rest | 37 or 61 | ECGEchocardiographyAngiography |
| Gapelyuk et al. 2007 [e15] | Case-control study | Anatomic CADPatients with stable CAD and angiographically proven >50% stenosis without previous MI (101) | Healthy subjects with normal findings in ECG, echocardiography, and bicycle ergometry test, and no history of cardiac symptoms (59) | Shielded Resting | 7 | ECG |
| On et al. 2007 [e16] | Case-control study | Anatomic CADPatients with angina pectoris and angiographically proven >75% stenosis of a vessel (14) with no (11) or previous (3) MI | Healthy volunteers (30) | Shielded Rest | 64 | ECG |
| Nakai et al. 2008 [e17] | Case-control study | Clinically suspected CADPatients with MI (12) or dilated cardiomyopathy (4) | Healthy volunteers (27) | Shielded Rest | 64 | Signal-averaged vector-projected ECG |
| Park et al. 2008 [e18] | Registry study | Functional ischemiaPatients with intermediate pre-test probability of CAD with subsequent angiographically proven ≥70% stenosis of a vessel (42) or with angiographically proven non-obstructive CAD (58) | — | Shielded Pharmacologic stress | 55 | ECG |
| Van Leeuwen et al. 2008 [e19] | Case-control study | Anatomic CADPatients with CAD and angiographically proven stenosis (≥50% in ≥1 vessel) with stable angina and no history of MI (14) or with a history of previous MI (10) | Healthy subjects with no history of CVD and no pathologic ECG or echocardiographic findings (27) | Shielded Rest | 61 | ECG |
| Wu et al. 2008 [e20] | Case-control study | Anatomic CADPatients with CAD and angiographically proven >50% stenosis of a vessel (51) | Healthy volunteers and subjects with angiographically proven non-obstructive CAD (40) | Shielded Rest | 64 | ECG |
| Goernig et al. 2009 [e21] | Case-control study | Anatomic CADPatients who experienced MI 6–64 (mean 28) days earlier with angiographically proven >70% stenosis (108) | Subjects without known CAD and with echocardiographic proven normal LVEF (70) | Shielded Rest | 9 | ECG |
| Gapelyuk et al. 2010 [e22] | Case-control study | Anatomic CADPatients with symptomatic stable CAD and angiographically proven >50% stenosis in main coronary arteries without previous MI (101)  | Healthy subjects with normal findings in ECG, echocardiography, and bicycle ergometry, and no history of cardiac symptoms (59) | Shielded Resting | 7 | ECG |
| Kandori et al. 2010 [e23] | Case-control study | Anatomic CADPatients with CHD and angiographically proven >75% stenosis (56), including patients with prior MI without ischemia (12)  | Healthy subjects (101) | Shielded Rest | 64 | — |
| Wu et al. 2013 [e24] | Registry study | Anatomic CADPatients with CAD and angiographically proven stenosis with no history of MI (51)  | Patients with angiographically proven non-obstructive CAD (24) and patients after orthotopic heart transplantation (26) | Shielded Rest | 64 | ECG |
| Chen et al. 2014 [e25] | Case-control study | Anatomic CADPatients with CAD and angiographically proven >70% stenosis in at least one coronary artery without previous MI (15) | Healthy subjects (38) | Shielded Resting | 61 | — |
| Wu et al. 2014 [e26] | Registry study | Anatomic CADPatients with suspected CAD and angiographically proven ≥70% stenosis of a vessel with no history of MI (36) | Patients with angiographically proven non-obstructive CAD (19) | Shielded Rest | 64 | Stress myocardial perfusion imaging |
| Park et al. 2015 [e27] | Registry study | Anatomic CADPatients with suspected CAD with subsequent angiographically proven ≥50% stenosis of a vessel without acute MI in previous 3 months (42) and patients with angiographically proven non-obstructive CAD (5) | — | ShieldedRest and exercise (bicycle ergometry test)/dobutamine stress | 64 | Fractional flow reserve |
| Shin et al. 2017 [e28] | Registry study | Anatomic CAD and functional ischemiaPatients with suspected CAD without acute MI in previous 3 months, with subsequent angiographically confirmed CAD (≥70% stenosis in ≥1 proximal epicardial coronary artery) and objective evidence of myocardial ischemia or ≥1 coronary stenosis of ≥80% and classic angina without provocative testing) (71) | Asymptomatic patients without angiographically proven CAD (25) | Shielded Rest and exercise (bicycle ergometry test) | 64 | ECG |
| Shin et al. 2018 [e29] | Registry study | Anatomic CADTraining set: patients with indication for angiography due to chest pain or suspected CAD with ≥1 vessel with 70% stenosis, and without ACS or history of MI within 3 months (35)Internal cross-validation set: patients with indication for angiography due to chest pain or suspected CAD (45; Park et al. 2015 [27]) | Training set: patients with indication for angiography due to chest pain or suspected CAD without significant stenosis (73) | Shielded Rest and exercise (bicycle ergometry test) | 64 | ECG |
| Nomura et al. 1989 [e30] | Case-control study | Old MIPatients with old (>1 month previously) inferior MI (23) | Normal controls with no history of cardiopulmonary disease (50) | Unshielded Rest | 1 | ECG |
| Brisinda et al. 2003 [e31] | Case-control study | Anatomic CAD and functional ischemiaPatients with documented CAD by angiography (four by SPECT and exercise bicycle ergometry test) (21) | Healthy subjects (13) | Unshielded Rest and exercise (bicycle ergometry test) | 36 | Stress ECGSPECT |
| Hailer et al. 2003 [e32] | Case-control study | Anatomic CADPatients with stable angina and angiographically documented CAD (≥50% stenosis of a vessel) and no prior MI or wall motion disturbances at rest (52) | Healthy subjects with no history of any CVD, normal ECG at rest and stress, and a normal echocardiogram at rest (55) | UnshieldedRest | 1 | ECG |
| Brisinda et al. 2004 [e33] | Registry study | Functional ischemiaPatients with: Arrhythmias (177)WPW syndrome (67)IHD (60)Cardiomyopathy (129Normal (106)Pregnant women (6) |  | UnshieldedRest and exercise (bicycle ergometry test) | 9 | ECG |
| Budnyk et al. 2004 [e34] | Case-control study | Anatomic CADPatients with CAD (42)Patients with MI (11) | Healthy volunteers without cardiac pathology (44) | Unshielded Rest | 7 | ECG |
| Chen et al.2004 [e35] | Case-control study | Functional ischemiaPatients with heterogeneous CAD, including those with a history of MI (3), coronary angiography, and/or revascularization procedures who experienced exercise-induced ischemia (11) | Age-matched healthy subjects (33) | Unshielded Rest | 9 | ECG |
| Fenici et al. 2004 [e36] | Case-control study | Anatomic CADPatients with IHD and angiographically proven >70% coronary stenosis and positive stress/SPECT (19) | Healthy volunteers (20) | Unshielded Rest | 36 | ECG |
| Fenici et al. 2005 [e37] | Case-control study | Anatomic CADPatients classified as ischemic on the basis of clinical criteria, stress testing, or angiography (41; 26 with prior MI) | Healthy subjects with no evidence of CVD at clinical history, normal physical examination, and echocardiography (33) | Unshielded Rest | 36 | ECG |
| Hailer et al. 2005 [e38] | Case-control study | Anatomic CADPatients with stable angina and CAD angiographically proven ≥50% stenosis of a vessel with no history of MI (174) | Healthy subjects with no history of CVD, normal ECG at rest and stress, and normal echocardiogram at rest (117) | Unshielded Rest | 4 | ECG |
| Steinberg et al. 2005 [e39] | Registry study | Anatomic CADPatients with suspected CAD and angiographically proven >50% stenosis (29), including patients with old MI (7) | Patients with angiographically proven non-obstructive CAD (10) | Unshielded Rest | 9 | ECG |
| Tolstrup et al. 2006 [e40] | Registry study | Anatomic CADPatients with stable angina, Class I–II (20)Patients with unstable angina, Class III–IV (17) | — | UnshieldedRest | 9 or 36 | Stress SPECT |
| Fenici et al. 2007 [e41] | Case-control study | Anatomic CADPatients with stable angina and CAD (51), of whom 35 had prior MI | Healthy subjects (52) | Unshielded Rest | 36 | ECG |
| Quan et al. 2008 [e42] | Prospective study | CAD with ISRPatients with CAD who had stent implantation and who had angiographically proven restenosis (≥50% in diameter) within 12 months (ISR group) (16), including patients with old MI (5) | Patients with CAD who had stent implantation and who had no stenosis or stenosis (<50% diameter) within the 12-month follow-up period (36)  | Unshielded Rest | 4 | ECGAngiography |
| Wu et al. 2013 [e43] | Case-control study | Anatomic CADPatients with CAD documented by angiography (28) | Healthy subjects (50) | Unshielded Rest | 4 | ECG |
| Chaikovsky et al. 2014 [e44] | Case-control study  | Anatomic CADPatients who underwent coronary angiography with ≥70% stenosis of a vessel and no history of MI (54) | Patients without hemodynamically significant stenosis in any of the coronary arteries (25) and healthy volunteers (30) | Unshielded Rest | 7 | Angiography |
| Brisinda et al. 2015 [e45] | Case-control study | Anatomic CADPatients presenting with chronic stable angina diagnosed with IHD by coronary angiography and/or stress SPECT (53) | Healthy volunteers (52) | UnshieldedRest | NR | ECG |
| Li et al. 2015 [e46] | Case-control study | Anatomic CADPatients with angiographically documented CAD and coronary artery stenosis (narrowing >70% in ≥1 vessel) (101) | Healthy subjects with no history of CVD, normal ECG results at rest and stress, as well as a normal echocardiography at rest (116) | Unshielded Rest | 7 | ECGEchocardiography |
| Sosnytskyy et al. 2015 [e47] | Case-control study | Old MIPatients with IHD (62) | Healthy subjects (37) | Unshielded Rest | 9 | — |
| Chaikovsky et al. 2017 [e48] | Case-control study | Anatomic CADPatients presenting with suspected CAD without prior MI (17) | Patients presenting with suspected CAD without prior MI without hemodynamically significant stenosis (27) | UnshieldedRest  | 9 | — |
| Chaikovsky et al. 2017 [e49] | Case-control study | Anatomic CADPatients presenting with suspected CAD without prior MI and angiographically proven ≥50% stenosis of a vessel (82) | Patients presenting with suspected CAD without prior MI without hemodynamically significant stenosis (54) | Unshielded Rest | 9 | — |
| Sosnytskyy et al. 2017 [e50] | Case-control study | CADPatients with recent (10–15 days) MI (34) and patients with a history of IHD and frequent PVC (40) | Healthy subjects (30) | Unshielded Rest | 9 | — |
| Sosnytskyy et al. 2017 [e51] | Case-control study | Anatomic CADPatients with angiographically significant CAD and without a history of MI (28)Patients with recent (10–15 days) MI and myocardial ischemia during exercise (21) | Healthy subjects (30) | Unshielded Rest | 9 | — |
| Nenonen et al. 2001 [e52] | Registry study | Functional ischemiaPatients with chronic myocardial ischemia and/or prior MI (6) | — | Not specifiedExercise (bicycle ergometry test) | 67 | PET |
| Ono et al. 2004 [e53]  | Case-control study | Old MIPatients with old MI in whom coronary angiography was carried out to determine the area of the infarction (6) | Normal controls based on ECG result (15) | Not specifiedRest | 64 | — |
| Hänninen et al.2006 [e54] | Case-control study | Anatomic CAD with healed MIPatients with ≥1 healed MI (demonstrated by MI scar region in cine- and contrast-enhanced MRI) and angiographically proven ≥70% stenosis of a vessel (21) | Healthy volunteers with no coronary risk factors and no history or signs of CVD (26) | Not statedRest | NR (multichannel) | ECG |
| Tantimongcolwat et al. 2008 [e55] | Case-control study | Myocardial ischemiaTesting set: patients with myocardial ischemia (29) | Testing set: healthy subjects with no evidence of abnormal cardiac symptoms (22) | Not stated Rest | 9 | — |
| Liu et al. 2009 [e56] | Case-control study | Anatomic CADPatients with CAD undergoing PCI (25) and patients with suspected CAD prior to angiogram (43; 28 with CAD and 15 with patent coronaries) | Healthy subjects (15) | Not specifiedRest | 64 | — |
| Ogata et al. 2009 [e57] | Case-control study | Anatomic CADPatients with CHD and angiographically proven >75% stenosis of a vessel (56) | Subjects with normal ECG and no history of CVD (101)  | Not specified Rest | 64 | ECG |
| Kangwanariyakul et al. 2010 [e58] | Case-control study | IHDTraining set: patients with IHD (26) Internal cross-validation of training set: patients with IHD (29) | Training set: healthy subjects (48)Internal cross-validation of training set: healthy subjects (22) | Not stated Rest | 9 | — |
| Tao et al. 2018 [e59] | Case-control study | Anatomic CADPatients with IHD with chest pain and clinically identified stenosis (227), including NSTEMI (16) | Healthy subjects (347) | Unshielded Rest | 4 | — |
| ACS (STEMI, NSTEMI, and unstable angina) |  |
| Lant et al. 1990 [e60] | Case-control study | Acute MIPatients with MI with a history of prolonged cardiac pain and diagnostic enzyme level elevations who were either previously diagnosed using standard 12-lead ECG, as having anterior (4) or inferior (7) Q wave MI or non-Q wave MI (11) | Normal controls (9) | Shielded Rest | NR | Body surface potential mapping |
| Lant et al. 1991 [e61] | Case-control study | Acute MIPatients with MI with a history of prolonged cardiac pain and diagnostic enzyme level elevations who were either previously diagnosed using standard 12-lead ECG, as having anterior (4) or inferior (7) Q wave MI or non-Q wave MI (11) | Clinically normal controls (no history of CVD, normal physical and echocardiographic examinations and 12-lead ECGs) (22) | Shielded Rest | NR | — |
| Korhonen et al. 2006 [e62] | Registry study | Recurrent acute MIPatients with acute MI (LVEF <50% and at least one local hypokinetic or akinetic region measured with left ventricular cineangiography or echocardiography) and ≥1 previous MI (58) | Patients with acute MI (LVEF <50% and at least one local hypokinetic or akinetic region measured with left ventricular cineangiography or echocardiography) and no previous MI (100) | Shielded Rest | 7 | ECG |
| Kwon et al. 2006 [e63] | Case-control study | NSTEMIPatients presenting with chest pain, but no findings on 12-lead ECG, subsequently diagnosed as CAD, with angiographically proven >50% stenosis and positive treadmill test, if available (69) | Symptomatic patients without subsequent diagnosis of CAD (70)Healthy volunteers (112) | Shielded Rest | 2 | — |
| Lim et al. 2007 [e64] | Case-control study | NSTEMIPatients with NSTEMI (83)  | Young subjects (165) and age-matched subjects presenting with chest pain, but no clinical evidence to indicate MI (57) | Shielded Rest | 64 | — |
| Lim et al. 2007 [e65] | Controlled study | ACSPatients with CAD (35), including unstable angina (20), stable angina (12), and MI (3), including one recent Q wave and two NSTEMIs | Healthy subjects with no previous cardiac history or chest pain and a normal ECG (27) | Shielded Rest | 64 | — |
| Lim et al. 2009 [e66] | Case-control study | ACSPatients with unstable angina pectoris (110) or NSTEMI (83) | Age-matched (19) and young (185) controls admitted to hospital for chest pain; normal clinical results  | Shielded Rest | 64 | — |
| Lim et al. 2009 [e67] | Case-control study | NSTEMIPatients with NSTEMI with angiographically proven severe stenosis (>90% in any coronary artery) (20) | Age-matched (13) and young (15) healthy controls with no previous heart disease, showing normal ECG  | Shielded Rest | 64 | — |
| Kwon et al. 2010 [e68] | Case-control study | ACS and non-ACS CADPatients admitted to hospital with suspected ACS diagnosed as CAD with angiographically proven ≥50% stenosis of a vessel (237) | Patients with angiographically proven non-obstructive CAD (127) and healthy subjects (89) | Shielded Rest | 64 | ECG |
| Lin et al. 2011 [e69] | Registry study | ACSPatients presenting with chest pain, and diagnosed CAD with angiographically proven ≥70% stenosis (190) | Patients with angiographically proven non-obstructive CAD (97) | Shielded Rest | 9 | ECG |
| Van Leeuwen et al. 2011 [e70] | Case-control study  | STEMIPatients with STEMI who received successful invasive diagnosis and revascularization treatment (97) | Healthy subjects with no history of CVD and normal resting ECG and echocardiograms (39) | Shielded Rest | 61 | — |
| Bang et al. 2016 [e71] | Registry study | MACE outcomes after acute MIPatients with acute MI (<2 days) who experienced a MACE during mean 6.1 years of follow-up (31)  | Patients with acute MI who did not experience a MACE during mean 6.1 years of follow-up (93) | ShieldedRest | 64 | — |
| Zhao et al. 2018 [e72] | Case-control study | STEMIPatients with STEMI (102) | Healthy subjects (39) | Shielded Rest | 61 | — |
| Park et al. 2004 [e73] | Case-control study | Unstable anginaPatients with symptoms of unstable angina, who were diagnosed with CHD angiographically (53) | Patients with normal troponin levels in whom CHD could be ruled out (33) | Unshielded Rest | 9 | ECG |
| Park et al. 2005 [e74] | Registry study | NSTEMIPatients presenting with acute chest pain diagnosed as CAD with ECG, troponin elevation, echocardiography, or coronary angiography (143) | Subjects with normal ECG, troponins, or coronary evaluation presenting with chest pain (42) | UnshieldedRest | 9 | ECGEchocardiographyTroponin |
| Tolstrup et al. 2006 [e75] | Registry study | Acute ischemiaPatients presenting with acute chest pain, undergoing testing for ischemia using clinical “gold standard” (serial troponin, stress testing, and/or coronary angiography) (55)  | Subjects with ECG, troponin, or angiographic results not consistent with ischemia (70) | Unshielded Rest | 9 | Gold standard discharge diagnosis  |
| Park et al. 2008 [e76] | Registry study | Outcomes in NSTEMIPatients presenting with chest pain for whom the criteria for Group 2 according to the ESC guidelines for ACS were applicable, who had coronary angiogram performed within 36 hrs after admission, were NSTEMI, were hemodynamically stable and had LVEF ≥40%, and who had an abnormal MCG at admission meeting the criteria for ischemia (249) | Patients presenting with chest pain for whom the criteria for Group 2 according to the ESC guidelines for ACS were applicable, who had coronary angiogram performed within 36 hrs after admission, were NSTEMI, were hemodynamically stable and had LVEF ≥40%, and who had a normal MCG at admission (106) | Unshielded Rest | 9 | — |
| Leithäuser et al. 2013 [e77] | Registry study | NSTEMI with BBBPatients presenting with ACS without ST-segment elevation who have BBB-ECG (QRS duration >120 msec) (62; four with prior MI) | NA | UnshieldedRest | NR | EchocardiographyTroponin |
| Ghasemi-Roudsari et al. 2018 [e78] | Case-controlled studies (2) | NSTEMIPatients with suspected IHD (55)Patients with NSTEMI requiring admission for chest pain (15) | Healthy age-matched subjects (51)Non-IHD patients with chest pain (18) | Unshielded Rest | 15 | — |
| Park et al. 2007 [e79] | Prospective study | NSTEMIPatients with acute chest pain with NSTEMI and with angiographically proven CAD (264; 62 with BBB) | – | Not specifiedRest |  | EchocardiographyTroponin |
| Parkhomenko et al. 2012 [e80] | Case-control study  | STEMIPatients with acute STEMI and ischemia on stress test 7–10 days later (21) Patients with STEMI and no ischemia on stress test 7–10 days later (11) Patients with myocarditis (32) | Healthy controls (34) | Not statedExercise | NR | NR |
| Kleemann et al. 2013 [e81] | Registry study | Acute MIPatients with acute MI (344) | No control | Not statedRest | NR | NR |
| Shrivastava et al. 2016 [e82] | Case-control study | Ischemic damage in unstable anginaHigh-risk patients with unstable angina (diagnosed by ACC/AHA guidelines) with ischemia (7) | High-risk patients with unstable angina (diagnosed by ACC/AHA guidelines) without ischemia (11) | Not statedRest | NR | Gold standard discharge diagnosis |

\*One study listed under stable CAD (Tolstrup et al. 2006 [e40]) also includes a group of patients with ACS.

MCG = magnetocardiography; CAD = coronary artery disease; CVD = cardiovascular disease; MI = myocardial infarction; ECG = electrocardiogram; BSPM = body surface potential mapping; ACS = acute coronary syndrome; PET = positron emission tomography; CHD = coronary heart disease; VT = ventricular tachycardia; SPECT = single photon emission computed tomography; LVEF = left ventricular ejection fraction; WPW = Wolf Parkinson White syndrome; IHD = ischemic heart disease; ISR = in-stent restenosis; NR = not reported; PVC = premature ventricular contractions; MRI = magnetic resonance imaging; PCI = percutaneous coronary intervention; NSTEMI = non-ST-elevation myocardial infarction; STEMI = ST-elevation myocardial infarction; MACE = major adverse cardiovascular event; ESC = European Society of Cardiology; BBB = bundle branch block; NA = not applicable; ACC = American College of Cardiology; AHA = American Heart Association.