# Modifiers of the Effectiveness of Point-of-Care Troponin Testing and Determinants of Concordance Between Diagnostic Pathway Recommendations and Disposition in Chest Pain Patients: A Post-Hoc Analysis of a Randomized Controlled Trial

## Supplemental Material

Viola I.L. Thulin, MD[1] , Gard M.S. Myrmel, MD[2], Silje M.F. Jordalen, MD[1], Ole Christian Lekven, MD[1,2], Jeyaseelan Krishnapillai, MD[1,2], Ole Thomas Steiro, MD, PhD[2], Richard Body, MD, PhD[3,4] Paul Collinson, MD[6], Fred S. Apple, PhD[7,8], Louise Cullen, MD, PhD[9,10,11], Tone M. Norekvål, PhD[2,12], Torbjørn Wisløff MSc, PhD[13,14], Kjell Vikenes, MD, PhD[2,12], Rune O Bjørneklett, MD, PhD[1,15], Torbjørn Omland MD, PhD, MPH[14,16], Kristin M Aakre, MD, PhD[2,12,17]

[1] *Emergency Care Clinic, Haukeland University Hospital, Bergen, Norway*
[2] *Department of Heart Disease, Haukeland University Hospital, Bergen, Norway*
[3] *Division of Cardiovascular Sciences, Faculty of Biology, The University of Manchester, Manchester, UK*
[4] *Emergency Department, Manchester University NHS Foundation Trust, Manchester, UK*[5]
[6] *St George's University of London, London, United Kingdom*
[7] *Department of Laboratory Medicine and Pathology, Hennepin Healthcare/HCMC, Minneapolis, Minnesota, United States of America*
[8] *Department of Laboratory Medicine and Pathology, University of Minnesota, Minneapolis, Minnesota, United States of America*
[9] *Department of Emergency Medicine, Royal Brisbane and Women's Hospital, Brisbane, Australia.*
[10] *School of Medicine, University of Queensland, Brisbane, Australia.*
[11] *Faculty of Health, Queensland University of Technology, Brisbane, Australia.*
[12] *Department of Clinical Science, University of Bergen, Bergen, Norway*
[13] *Health Services Research Unit, Akershus University Hospital, Lørenskog, Norway*
[14] *Institute of Clinical Medicine, University of Oslo, Oslo, Norway.*
[15] *Department of Clinical Medicine, University of Bergen, Bergen, Norway*
[16] *Department of Cardiology, Akershus University Hospital, Lørenskog, Norway.*
[17] *Department of Medical biochemistry and Pharmacology, Haukeland University Hospital, Bergen, Norway*

**Supplemental Appendix S1**

Information of patients with adjudicated acute coronary syndrome diagnosis who were suggested for early discharge by the accelerated diagnostic protocol

55-60 years old male, control group. hs-cTnT 5-6 ng/L, HEART score 3. Discharged from the ED with referral to outpatient coronary CT. CT performed one week later with possible stenosis, subsequent invasive angiography with PCI the following day. Adjudicated index diagnosis of Unstable Angina Pectoris.

55-60 years old male, control group. hs-cTnT 6-6 ng/L, HEART score 3. Admitted to hospital, coronary CT with possible stenosis, subsequent invasive angiography with PCI two days after admission. Adjudicated index diagnosis of Unstable Angina Pectoris.

60-65 years old male, control group. hs-cTnT 5-6 ng/L, HEART score 3. Admitted to hospital, coronary CT with possible stenosis, subsequent invasive angiography with PCI five days after admission. Adjudicated index diagnosis of Unstable Angina Pectoris.

55-60 years old male, control group. hs-cTnT 9-7 ng/L, HEART score 3. Admitted to hospital, coronary CT with possible stenosis, subsequent invasive angiography with PCI the day after admission Adjudicated index diagnosis of Unstable Angina Pectoris.

55-60 years old male, control group. hs-cTnT 5-5 ng/L, HEART score 3. Admitted to hospital, coronary CT with possible stenosis, subsequent invasive angiography with PCI three days after admission Adjudicated index diagnosis of Unstable Angina Pectoris.

Information of patients diagnosed with adjudicated acute coronary syndrome diagnosis who were not suggested for early discharge by the accelerated diagnostic protocol but who were still discharged

50-55 years old male, control group. hs-cTnT 7-7 ng/L, HEART score 4. Discharged from the ED with referral to outpatient coronary CT. CT performed 13 days later with possible stenosis, subsequent invasive angiography with PCI 18 days after index admission. Adjudicated index diagnosis of Unstable Angina Pectoris.

60-65 years old female, control group. hs-cTnT 6-6. HEART score 4. Recommended for admission with inpatient coronary CT, but the patient left the hospital against medical advice. The patient was referred to outpatient coronary CT which was performed three days later with possible stenosis, subsequent invasive angiography with PCI the following day, Adjudicated index diagnosis of Unstable Angina Pectoris.

90-95 year old female, control group. hs-cTnT 56-80, HEART score 5. Known moderate aortic stenosis. Presentation with chest pain and atrial fibrillation that spontaneously converted back to sinusrythm in the ED with complete resolve of symptoms and the patient was ultimately discharged. Adjudicated index diagnosis of acute type 2 myocardial infarction.