Appendix S1 QT interval and Echocardiography

QT interval

All available baseline electrocardiograms, routinely obtained at pre-transplant evaluation, were reviewed by two of the investigators (AJ and MF). The Q-T interval was registered manually and was rate corrected according to the Bazett formula (QT time/√RR interval)\(^41\). A prolonged QTc interval was defined as a QTc interval longer than 440 milliseconds\(^34\).

Echocardiography

A resting echocardiogram was routinely performed at pre-transplant evaluation but a full echocardiogram report was available only in a subgroup of patients in our cohort. All digitally available baseline resting echocardiograms were reviewed by a trained technician, who was blinded to transplantation outcome. Left ventricular diastolic dysfunction was defined as an E/A ratio ≤ 1\(^36\).
Appendix S2 Statistics - Risk model development and validation

To develop a pre-transplant risk model prognostic of the occurrence of post-transplant cardiac events, we used the pre-transplant risk factors identified by Cox regression analysis. The cohort was divided into four categories according to number of risk factors they had (0-3): (low risk (no risk factor), intermediate risk (1 risk factor), high risk (2 risk factors), and very high risk (3 risk factors). The c-statistic of the model was calculated for prediction of cardiac events at 3- months and 12 months post-transplant. In order to validate the model a bootstrapping procedure was conducted, a population of 202 individuals was randomly drawn with replacement from the original population of 202 individuals. Logistic regression was performed on the model (excluding the time variable) in order to validate the c statistic. This procedure was carried out a 1000 times. Odds ratios (OR) were assessed for each group with logistic regression analysis. All tests were two-tailed and were conducted at a 5 % significance level. Statistics were calculated with SPSS v 17.0 (Chicago, Illinois) for windows. All authors had access to all data and reviewed and approved the final manuscript.