

**SUPPLEMENTARY DATA****Table 1 of the supplementary data**

Registries included in the study

Registry	Inclusion period	Number of patients
Álvaro Cunqueiro Hospital, Vigo <sup>1</sup>	January 2010 to January 2016	1644
University Clinic Hospital, Santiago de Compostela <sup>2</sup>	November 2003 to October 2017	2079
San Juan University Hospital, Alicante <sup>3</sup>	January 2010 to December 2017	555
University Clinic Hospital, València <sup>4</sup>	October 2002 to March 2008	513
Joan XXIII University Hospital, Tarragona <sup>5</sup>	December 2009 to December 2012	300
Ramón y Cajal Hospital, Madrid <sup>6</sup>	September 2013 to December 2015	106
Bellvitge University Hospital, Barcelona <sup>7</sup>	January 2010 to May 2013	206
Multicenter ACHILLES registry <sup>8</sup>	February 2014 to December 2015	431
Vall d'Hebron University Hospital, Barcelona <sup>9</sup>	January 2010 to April 2017	647
La Princesa University Hospital, Madrid <sup>*</sup>	January 2010 to November 2017	258
Multicenter LONGEVO registry <sup>10</sup>	March 2016 to September 2016	472

<sup>1</sup> Abu-Assi E, Raposeiras-Roubin S, Cobas-Paz R, et al. Assessing the performance of the PRECISE-DAPT and PARIS risk scores for predicting one-year out-of-hospital bleeding in acute coronary syndrome patients. *EuroIntervention*. 2018;13:1914–1922.

<sup>2</sup> Álvarez Álvarez B, Abou Jokh Casas C, Cordero A, et al. Early revascularization and long-term mortality in high-risk patients with non-ST-elevation myocardial infarction. The CARDIOCHUS-HUSJ registry. *Rev Esp Cardiol*. 2020;73:35–42.

<sup>3</sup> Cordero A, López-Palop R, Carrillo P, et al. Prevalence and postdischarge incidence of malignancies in patients with acute coronary syndrome. *Rev Esp Cardiol*. 2018;71:267–273.

<sup>4</sup> Sanchis J, Núñez J, Bodí V, et al. Influence of comorbid conditions on one-year outcomes in non-ST-segment elevation acute coronary syndrome. *Mayo Clin Proc*. 2011;86:291–296.

<sup>5</sup> Camprubi M, Cabrera S, Sans J, Vidal G, Salvadó T, Bardají A. Body mass index and hospital mortality in patients with acute coronary syndrome receiving care in a university hospital. *J Obes*. 2012;2012:287939.

<sup>6</sup> Alonso Salinas GL, Sanmartín Fernández M, Pascual Izco M, et al. Frailty predicts major bleeding within 30days in elderly patients with acute coronary syndrome. *Int J Cardiol*. 2016;222:590–593.

<sup>7</sup> Ariza-Solé A, Sánchez-Salado JC, Lorente V, et al. Is it possible to separate ischemic and bleeding risk in patients with non-ST segment elevation acute coronary syndromes? *Int J Cardiol*. 2014;171:448–450.

<sup>8</sup> Rivera-Caravaca JM, Ruiz-Nodar JM, Tello-Montoliu A, et al. Disparities in the estimation of glomerular filtration rate according to Cockcroft-Gault, Modification of Diet in Renal Disease-4, and Chronic Kidney Disease Epidemiology Collaboration Equations and relation with outcomes in patients with acute coronary syndrome. *J Am Heart Assoc*. 2018;7:e008725.

<sup>9</sup> Milà L, Barrabés JA, Lidón RM, et al. Prior adherence to recommended lipid control targets in patients admitted for acute coronary syndrome. *Rev Esp Cardiol*. 2020;73:376–382.

<sup>10</sup> Alegre O, Formiga F, López-Palop R, et al. An easy assessment of frailty at baseline independently predicts prognosis in very elderly patients with acute coronary syndromes. *J Am Med Dir Assoc*. 2018;19:296–303.

\* Data not published

**Table 2 of the supplementary data**

Variables included in the creation of the propensity score

Age
Sex
Smoking
Hypertension
Hypercholesterolemia
Prior myocardial infarction
Prior percutaneous coronary intervention
Prior coronary surgery
Admission systolic blood pressure
Admission heart rate
Killip class on admission
ST-segment deviation
Troponin elevation
Diabetes
Chronic lung disease
Glomerular filtration rate
Hemoglobin
Prior stroke
Peripheral artery disease

**Table 3 of the supplementary data**

Effect of revascularization at admission on mortality

Covariates	Imputed			Nonimputed		
	HR	95%CI	P	HR	95%CI	P
Age (per 5 years)	1.31	1.24-1.39	.000	1.30	1.23-1.39	.001
Male sex	1.21	1.06-1.38	.004	1.24	1.07-1.43	.004
Prior myocardial infarction	1.05	0.91-1.21	.468	1.02	0.88-1.19	.776
Prior admission for heart failure	1.20	1.02-1.41	.029	1.09	0.91-1.31	.331
Admission systolic blood pressure (per 10 mmHg)	0.91	0.88-0.93	.001	0.90	0.88-0.92	.000
Admission heart rate (per 20 bpm)	1.07	1.01-1.14	.032	1.08	1.01-1.15	.028
Admission Killip class $\geq 2$	2.44	2.12-2.80	.001	2.49	2.14-2.91	.001
ST-segment deviation	1.50	1.31-1.70	.001	1.50	1.30-1.72	.001
Troponin elevation	1.37	1.10-1.70	.005	1.39	1.09-1.76	.007
Left ventricular ejection fraction $\leq 40\%$	1.00			1.00		
Left ventricular ejection fraction 41%-49%	0.81	0.65-1.02	.068	0.81	0.63-1.05	.110
Left ventricular ejection fraction $\geq 50\%$	0.75	0.65-0.87	.001	0.74	0.63-0.87	.001
<b>Revascularization at index admission</b>	<b>0.61</b>	<b>0.53-0.69</b>	<b>.001</b>	<b>0.63</b>	<b>0.55-0.72</b>	<b>.001</b>
Comorbidity burden, per comorbidity	1.34	1.27-1.41	.001	1.36	1.29-1.43	.001
<b>N</b>	<b>7211</b>			<b>5964</b>		

**Figure 1 of the supplementary data**

Protective effect of revascularization on all-cause mortality according to the number of comorbidities. N = 5964; P for interaction = .0079; C-statistic = 0.7858. Model adjusted by base model covariates and using nonimputed data.

