

Supplementary Table S1 ICD 10 codes used to identify adverse outcomes

Myocardial Infarction
• I21 - Acute myocardial infarction
• I22 - Subsequent myocardial infarction
Cerebrovascular Accident
• I60 - Subarachnoid haemorrhage
• I61 - Intracerebral haemorrhage
• I63 - Cerebral infarction
• I64 - Stroke, not specified as haemorrhage or infarction
Major Gastrointestinal Bleeding
• K920 - Haematemesis
• K921 - Melaena
• K922 - Gastrointestinal haemorrhage, unspecified
• K226 - Gastro-oesophageal laceration-haemorrhage syndrome
• K228 - Other specified diseases of oesophagus
• K2(5,6,7,8)0 - (Gastric, Duodenal, Peptic, Gastrojejunal ulcer) acute with haemorrhage
• K2(5,6,7,8)2 - (Gastric, Duodenal, Peptic, Gastrojejunal ulcer) acute with both haemorrhage and perforation
• K2(5,6,7,8)4 - (Gastric, Duodenal, Peptic, Gastrojejunal ulcer) chronic or unspecified with haemorrhage
• K2(5,6,7,8)6 - (Gastric, Duodenal, Peptic, Gastrojejunal ulcer) chronic or unspecified with both haemorrhage and perforation
• K290 - Acute haemorrhagic gastritis
• K552 - Angiodysplasia of colon
• K625 - Haemorrhage of anus and rectum
• I850 - Oesophageal varices with bleeding
• I983 - Oesophageal varices with bleeding in diseases classified elsewhere

Supplementary Table S2 Characteristics of the propensity matched cohort

	N Pairs	Concomitant Atrial Fibrillation		p- Value
		No	Yes	
Patient Demographics				
Age (Years)	65	71 ± 11	73 ± 11	0.191
Gender (% Male)	65	50 (77%)	49 (75%)	1.000
Smoking Status**	55			0.326
Non-		22 (40%)	22 (40%)	
Ex-		19 (35%)	22 (40%)	
Current		14 (25%)	11 (20%)	
Creatinine Clearance (ml/min)	65	66 ± 30	67 ± 32	0.966
Diabetes Mellitus	65			0.543
No		41 (63%)	36 (55%)	
Diet-Controlled		1 (2%)	1 (2%)	
Tablet-Controlled		16 (25%)	19 (29%)	
Insulin-Dependent		7 (11%)	9 (14%)	
Hypertension	65	51 (78%)	48 (74%)	0.678
Hypercholesterolemia**	55	34 (62%)	27 (49%)	0.248
Previous CVA	65	11 (17%)	8 (12%)	0.607
Previous Myocardial Infarction	65	19 (29%)	25 (38%)	0.327
Previous CABG	65	11 (17%)	8 (12%)	0.607
Previous PCI	65	15 (23%)	19 (29%)	0.481
Family History of CAD	64	26 (41%)	22 (34%)	0.572
Left Ventricular Ejection Fraction**	54			0.447*
Normal		36 (67%)	30 (56%)	
Mild Impairment		6 (11%)	10 (19%)	
Moderate Impairment		6 (11%)	9 (17%)	
Severe Impairment		6 (11%)	5 (9%)	

Presentation				
Symptom Onset to PPCI (Hours)	65	46 (7-123)	36 (5-107)	0.433
Out-of-Hospital Cardiac Arrest	65	5 (8%)	4 (6%)	1.000
NSTEMI	65	45 (69%)	41 (63%)	0.597
Index Troponin (ng/L)***	55	165 (43-477)	121 (38-841)	0.960
Peak Troponin (ng/L)	64	616 (167-3055)	800 (169-3061)	0.748
Mitral Regurgitation Severity	65			0.435*
None		24 (37%)	29 (45%)	
Mild		27 (42%)	22 (34%)	
Moderate/Severe		14 (22%)	14 (22%)	
Pattern of CAD	65			0.181*
None/Single Vessel Disease		28 (43%)	37 (57%)	
Double Vessel Disease		25 (38%)	19 (29%)	
Triple Vessel Disease		12 (18%)	9 (14%)	
Left Main Stem Involvement	65	14 (22%)	12 (18%)	0.804

Results are for the N=65 pairs of propensity-score-matched patients unless stated otherwise. In cases of missing data, only those pairs where data were available for both patients were included in the analysis. Continuous variables are reported as either means \pm standard deviations or medians (interquartile range) with p-values from Wilcoxon's signed rank tests. Categorical variables are reported as N (%) with p-values from McNemar's test/McNemar-Bowker tests unless stated otherwise. Bold p-values are significant at $p < 0.05$. *p-value from Wilcoxon's signed-rank test, as the factor is ordinal. **Data were missing for >1 patient in the AF group; these patients were combined into a "missing data" group when producing the propensity score to prevent exclusions of patients. ***Data were missing for >1 patient in the AF group; since index troponin was strongly correlated with peak troponin, it was not considered for inclusion in the propensity score model to prevent exclusions of AF patients. CABG: Coronary Artery Bypass Graft, CAD: Coronary Artery Disease, CVA: Cerebrovascular Accident, NSTEMI: Non-ST-Elevation Myocardial Infarction, and (P)PCI: (Primary) Percutaneous Coronary Intervention.