Table S1. STROBE Statement—Checklist of items that should be included in reports of cohort studies.

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract - Page: 1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found - Page: 1
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported- Page: 2
Objectives	3	State specific objectives, including any prespecified hypotheses- Page: 2
Methods		
Study design	4	Present key elements of study design early in the paper - Page: 2
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection - Page: 2-3
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up - Page: 3-4
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable - Page: 5
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group - Page: 3-4
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at - Page: 5
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding - Page: 5
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) If applicable, explain how loss to follow-up was addressed
		(*e*) Describe any sensitivity analyses

Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed - Page: 5
		(b) Give reasons for non-participation at each stage - Page: 5
		(c) Consider use of a flow diagram - Page: 5
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders - Page: 6-8
		(b) Indicate number of participants with missing data for each variable of interest
		(c) Summarise follow-up time (eg, average and total amount) - Page: 9
Outcome data	15*	Report numbers of outcome events or summary measures over time - Page: 9-10
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time-period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives - Page: 11-13
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias - Page: 14
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence - Page: 13-14
Generalisability	21	Discuss the generalisability (external validity) of the study results - Page: 14
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based - Page: 15

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

Table S2. Surgical and anaesthetic characteristics of the PMI and no PMI patients.

	All patients % (*N* 1477)	**PMI** % (*N* 232)	**No PMI** % (*N* 1245)	***P* Value**
Type of surgery				
Orthopaedic	61.9 (915)	67.2 (156)	61.0 (759)	
General digestive	17.1 (253)	13.8 (32)	17.8 (221)	
Vascular	9.5 (140)	9.9 (23)	9.4 (117)	NS
Neurosurgery	4.2 (62)	3.0 (7)	4.4 (55)	
Thoracic, gynaecological & others	7.0 (107)	6.0 (14)	7.5 (93)	
Surgical approach				
Open	84.8 (1251)	87.9 (203)	84.2 (1048)	
Endoscopic	8.7 (128)	5.6 (13)	9.2 (115)	NS
Open + endoscopic	5.9 (87)	5.6 (13)	5.9 (74)	
Open + percutaneous	0.6 (9)	0.9 (2)	0.6 (7)	
Type of anaesthesia				
General	29.0 (429)	28.4 (66)	23.7 (55)	
Regional	50.9 (752)	47.4 (110)	51.6 (642)	NS
Combined	19.4 (287)	23.7 (55)	18.6 (232)	

Abbreviations: NS-Not significant; PMI—perioperative myocardial injury.

Table S3. Pharmacological treatment for PMI and No PMI patients before surgery and in the follow-ups.

	Before surgery			1st-m			1st-m to 1y		
Pharmacological treatment %	PMI *N* 232	No PMI *N* 1245	P value	PMI *N* 232	No PMI *N* 1245	P value	PMI *N* 228	No PMI *N* 1224	P value
AAS	34.9	25.3	0.003	39.7	26.9	0.001	36.8	25.9	0.001
Statins	47.8	43.9	NS	51.7	45.4	NS	49.1	43.3	NS
Beta-blockers	31.5	22.9	0.007	33.6	23.8	0.005	33.3	22.7	0.001
ACEI	59.3	50.0	0.009	59.9	50.8	0.032	58.7	49.0	0.006
Oral anticoagulant	20.3	13.0	0.005	23.3	14.9	0.008	21.0	13.7	0.005
Other antiplatelets	6.5	4.8	NS	6.5	5.2	NS	5.7	5.0	NS

Abbreviations: 1st-m: During the 1st month follow-up; 1st-m to 1y: Since the 1st month to 1 year follow-up; NS-Not significant; PMI—perioperative myocardial injury; AAS: Acetyl salicylic acid; ACEI: Angiotensin converting enzyme inhibitors.

Table S4. Percentages of clinical events observed in the earlier (first month, 1st-m) and subsequent (first month to one year, 1y) follow-up periods.

	All cases	All cases		PMI	No-PMI		PMI	No-PMI	
Clinical events	1st-m *N* 1477 (%)	1st-m to 1y *N* 1452 (%)	p*	1st-m *N* 232 (%)	1st-m *N* 1245 (%)	p	1st -m to 1y N 228 (%)	1st-m to 1y *N* 1224 (%)	p
Infection	234 (15.9)	111 (7.7)	0.02	54 (23.3)	180 (14.5)	0.001	24 (10.5)	87 (7.1)	NS
All MACCE	67 (4.5)	73 (4.9)	<0.001	22 (9.5)	45 (3.6)	<0.001	20 (8.6)	53 (4.3)	0.009
All-cause death	25 (1.7)	104 (7.0)	<0.001	4 (1.7)	21 (1.7)	NS	26 (11.2)	78 (6.3)	<0.001
Cardiovascular death	13 (0.9)	31 (2.1)	0.01	2 (0.9)	11 (0.9)	NS	9 (3.9)	22 (1.8)	NS
CHF	24 (1.6)	46 (3.1)	<0.001	7 (3.0)	17 (1.4)	NS	14 (6.0)	32 (2.6)	0.011
New AF	23 (1.6)	13 (0.9)	<0.001	6 (2.6)	17 (1.4)	NS	5 (2.2)	8 (0.6)	NS
MI	11 (0.7)	9 (0.6)	0.004	7 (3.0)	4 (0.3)	<0.001	1 (0.4)	8 (0.6)	NS
Stroke	7 (0.5)	12 (0.8)	<0.001	2 (0.9)	5 (0.4)	NS	4 (1.7)	8 (0.6)	NS
PE	8 (0.5)	7 (0.5)	0.016	0 (0.0)	8 (0.6)	NS	1 (0.4)	6 (0.5)	NS
Need of coronary Revascularization	0 (0.0)	3 (0.2)		0 (0.0)	0 (0.0)	NA	3 (1.4)	0 (0.0)	0.001

*p=statistical differences in the whole population between outcomes occurring in the first month (1st-m) or in the successive months up to 1 year (1st-m to 1y). Other p values are for comparison between respective follow-up periods in each subgroup (PMI, No PMI) of patients.

Abbreviations: NS-Not significant; NA-Not applicable; PMI—perioperative myocardial injury. MACCE - Major adverse cardiovascular events, CHF - Congestive heart failure; AF - Atrial fibrillation; MI - Myocardial infarction; PE - Pulmonary embolism.

Definitions: All-cause death - any death attributed to a clearly documented non-vascular cause. Cardiovascular death - any death attributed to cardiovascular or unknown causes