Manuscript Details

Manuscript number IJC_2018_4069_R2

Title Heart Failure in Patients with Arrhythmogenic Right Ventricular Cardiomyopathy:

Genetic Characteristics

Article type Original article

Abstract

Background: Arrhythmogenic right ventricular cardiomyopathy (ARVC) is a genetically determined heart muscle disorder. The incidence of heart failure (HF) in ARVC has been reported at 5-13%. We aimed to define the genotype and disease progression of ARVC patients with HF. Methods: Patients with a definite diagnosis of ARVC who underwent genetic testing were consecutively recruited. Detailed clinical data was collected at baseline and during follow up. Clinical endpoint was a composite of heart transplantation and death due to HF. Results: 135 patients were included. 8 (5.9%) patients reached the endpoint. Patients reaching the endpoint were significantly more likely to carry a Plakophilin 2 mutation than patients without HF, and 50% had multiple variants, however only one patient had 2 pathogenic mutations. Conclusions: HF is a rare but significant outcome of patients with a definite diagnosis of ARVC. Patients with HF predominantly carried Plakophilin 2 mutations and often had multiple variants. RV dysfunction appears to be a determinant of heart transplantation and death.

Keywords arrhythmogenic right ventricular cardiomyopathy; heart failure; Plakophilin 2;

genotype; heart Transplantation; follow-up

Taxonomy Transplantation, Heart Failure, Myocardial Disease, Genetics

Manuscript category Original clinical research studies, basic science/translational research papers

Manuscript region of origin Europe

Corresponding Author Annina Vischer

Order of Authors

Annina Vischer, Silvia Castelletti, PETROS SYRRIS, William McKenna, Antonios

Pantazis

Suggested reviewers cristina basso
Submission Files Included in this PDF

File Name [File Type]

Cover letter IJC review2.docx [Cover Letter]

HF_ARVC_IJC_replyreviewers2.docx [Response to Reviewers]

HF_Highlights.docx [Highlights]

HF_ARVC_Abstract_IJC_reviewed2.docx [Abstract]

HF_ARVC_Title page_IJC.docx [Title Page (with Author Details)]

HF_ARVC_IntJCardiol_review2.docx [Manuscript File]

HF_Figure1.tiff [Figure]

Author_Agreement_Form_IJC.docx [Author Agreement]

HF_ARVC_ecomponent_IJC.docx [e-Component]

HF_Appendix_IJC_reviewed2.docx [Supplementary Material]

To view all the submission files, including those not included in the PDF, click on the manuscript title on your EVISE Homepage, then click 'Download zip file'.

Research Data Related to this Submission

There are no linked research data sets for this submission. The following reason is given: Data will be made available on request

HIGHLIGHTS

- Genotype and phenotype in arrhythmogenic right ventricular cardiomyopathy
- Focus on patients with heart transplantation or heart failure death
- A Plakophilin 2 mutation was present in most patients reaching the endpoint
- 50% had multiple mutations
- RV dysfunction is a determinant of heart transplantation and heart failure death

ABSTRACT:

<u>Background:</u> Arrhythmogenic right ventricular cardiomyopathy (ARVC) is a genetically determined heart muscle disorder. The incidence of heart failure (HF) in ARVC has been reported at 5-13%. We aimed to define the genotype and disease progression of ARVC patients with HF.

Methods: Patients with a definite diagnosis of ARVC who underwent genetic testing were consecutively recruited.

Detailed clinical data was collected at baseline and during follow up. Clinical endpoint was a composite of heart transplantation and death due to HF.

Results: 135 patients were included. 8 (5.9%) patients reached the endpoint. Patients reaching the endpoint were significantly more likely to carry a Plakophilin 2 mutation than patients without HF, and 50% had multiple variants, however only one patient had 2 pathogenic mutations.

<u>Conclusions:</u> HF is a rare but significant outcome of patients with a definite diagnosis of ARVC. Patients with HF predominantly carried Plakophilin 2 mutations and often had multiple variants. RV dysfunction appears to be a determinant of heart transplantation and death.

HEART FAILURE IN PATIENTS WITH ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY:

GENETIC CHARACTERISTICS

Annina S. Vischer¹; Silvia Castelletti²; Petros Syrris³; William J. McKenna³; Antonios Pantazis⁴ Performed at The Heart Hospital, London, United Kingdom

- 1 Medical Outpatient Department, University Hospital Basel, Basel, Switzerland. This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation.
- 2 Centre for Cardiac Arrhythmia of Genetic Origin, Istituto Auxologico Italiano "San Carlo", Milan, Italy.

 This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation.
- Institute of Cardiovascular Science, University College of London, London, United Kingdom. This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation.
- 4 Cardiomyopathy Service, Royal Brompton Hospital, London, United Kingdom. This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation.

Corresponding Author: Dr Annina Vischer, Medical Outpatient Department, University Hospital Basel,
Petersgraben 4, 4031 Basel, Switzerland, telephone +41613286630, fax +41612655515, annina.vischer@usb.ch
Acknowledgements of grant support: ASV was funded through a research grant from the Swiss Heart Rhythm
Foundation. SC was funded by the European Society of Cardiology Research Grant and by the Italian Society of
Cardiology with a grant by the MSD Italia-Merck Sharp & Dohme Corporation; PS has been funded by the NIHR
Biomedical Research Centre; WJM was funded by the Higher Education Funding Council for England, British
Heart Foundation Program Grant RG/13/19/30568, and Foundation Leducq Transatlantic Networks of
Excellence Program: GRANT n° 14 CVD 03. University College London/University College London Hospitals NHS

Foundation Trust receives a proportion of funding from the Department of Health's NIHR Biomedical Research Centre funding scheme.

Declaration of interest: none

HEART FAILURE IN PATIENTS WITH ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY:

GENETIC CHARACTERISTICS

Annina S. Vischer¹; Silvia Castelletti²; Petros Syrris³; William J. McKenna³; Antonios Pantazis⁴ 9

Performed at The Heart Hospital, London, United Kingdom

1 Medical Outpatient Department, University Hospital Basel, Basel, Switzerland. This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation.

2 Centre for Cardiac Arrhythmia of Genetic Origin, Istituto Auxologico Italiano "San Carlo", Milan, Italy. This

19 author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their 20discussed interpretation.

3 Institute of Cardiovascular Science, University College of London, London, United Kingdom. This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed

27 interpretation.

4 Cardiomyopathy Service, Royal Brompton Hospital, London, United Kingdom. This author takes responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation.

Corresponding Author: Dr Annina Vischer, Medical Outpatient Department, University Hospital Basel,
Petersgraben 4, 4031 Basel, Switzerland, telephone +41613286630, fax +41612655515, annina.vischer@usb.ch

Acknowledgements of grant support: ASV was funded through a research grant from the Swiss Heart Rhythm

Foundation. SC was funded by the European Society of Cardiology Research Grant and by the Italian Society of

Cardiology with a grant by the MSD Italia-Merck Sharp & Dohme Corporation; PS has been funded by the NIHR

Biomedical Research Centre; WJM was funded by the Higher Education Funding Council for England, British Heart

Foundation Program Grant RG/13/19/30568, and Foundation Leducq Transatlantic Networks of Excellence

49	
50	
	Trust receives a proportion of funding from the Department of Health's NIHR Biomedical Research Centre
51	
52	funding scheme.
53	fulfullig scrieme.
54	
	Dedoubling of integration and
55	Declaration of interest: none
56	
57	
58	
59	
60	
61	
62	Keywords: arrhythmogenic right ventricular cardiomyopathy, heart failure, Plakophilin 2, genotype, heart
63	, , , , , , , , , , , , , , , , , ,
64	Avangalantation fallowing
65	transplantation, follow-up
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	

101 102 103 104 105 106 107 108 109 110 111 112 113	
114	
115	
116	
117	
118 119	
120	
121	
122	Abstract:
123	ABSTITUTE I.
124	<u>Background:</u> Arrhythmogenic right ventricular cardiomyopathy (ARVC) is a genetically determined heart muscle
125	
126	disorder. The incidence of heart failure (HF) in ARVC has been reported at 5-13%. We aimed to define the
127 128 129	genotype and disease progression of ARVC patients with HF.
130 131	Methods: Patients with a definite diagnosis of ARVC who underwent genetic testing were consecutively
132 133	recruited. Detailed clinical data was collected at baseline and during follow up. Clinical endpoint was a composite
134	of heart transplantation and death due to HF.
135	
136	
	Results: 135 patients were included. 8 (5.9%) patients reached the endpoint. Patients reaching the endpoint
137	
138 w 139	ere significantly more likely to carry a Plakophilin 2 mutation than patients without HF, and 50% had multiple
140	variants, however only one patient had 2 pathogenic mutations.
141	
142	Conclusions: HE is a rare but significant outcome of nationts with a definite diagnosis of ADVC Deticate with HE
143 144	<u>Conclusions:</u> HF is a rare but significant outcome of patients with a definite diagnosis of ARVC. Patients with HF
145	predominantly carried Plakophilin 2 mutations and often had multiple variants. RV dysfunction appears to be a
146	predominantly carried Flakophilin 2 mutations and offer had multiple variants. It's dystaliction appears to be a
147	determinant of heart transplantation and death.
148 149	
143	

151	
152	
153	
154	
155	
156	
157	
158	
159	
160	
161 162	
163	
164	
165	
166	
167	
168	
169	
170	
171	
172	
173	
174	
175	
176	
177	
178	
179	
180	
181	Introduction:
182	
183	
103	Arrhythmogenic right ventricular cardiomyopathy (ARVC) is a genetically determined heart muscle
184	Annythinogenic right ventricular cardiomyopathy (Artve) is a genetically determined heart muscle
	er characterised by disruption of the myocytic architecture resulting in electrical instability and increased
186	er characterised by disruption of the myocytic distintecture resulting in electrical instability and increased
187 risk fo	r life-threatening ventricular arrhythmias in some patients[1-3]. Disease causing mutations have been 188
189	reported in genes encoding for desmosomal and more rarely non-desmosomal proteins[4-13].
190	
191	
	However, arrhythmias are only one possible outcome for patients with ARVC. Heart failure (HF) is a rare,
192	nowever, armythmas are only one possible outcome for patients with ARVC. neart failure (nr) is a rare,
193	
194	but important outcome for patients with ARVC. In a large cohort of patients with definite ARVC, the incidence of
195	
	HF was reported 13%, with 4% of patients proceeding to heart transplantation (HTx)[14]. Another study reported
196	
197 death	due to chronic HF in 11% of patients, with the age at onset being significantly higher than in patients
198	
199	
133	presenting with arrhythmia[15]. In a cohort of patients carrying an ARVC-associated gene mutation, the

203204205	severe phenotype[16-18] and patients with a desmoplakin (DSP) mutation to more likely develop HF[16].
206	Aim of our study was to define the genotype and disease progression of patients with HTx or death due
207 208 209 210	to HF with arrhythmogenic right ventricular cardiomyopathy.
211 212 213	METHODS:
214 215	Patients referred to the Inherited Cardiovascular Disease Unit at The Heart Hospital in London, and to
216 217	St Georges Hospital, London (before 2003), with a suspicion for ARVC, or with a premature sudden cardiac death
218	(SCD) and/or known ARVC in the family (with the initial family member not checked at our hospitals), and who
	had undergone genetic testing, were consecutively recruited. Only patients who fulfilled diagnostic criteria
221	according to the 2010 task force criteria[1] at any time throughout the course of their disease were included.
222	
223 I225226227	Family members were excluded in order to study those patients with the most complete phenotype [19]; 224 therefore, all patients were unrelated.
228 229 230	Detailed clinical and genetic data was collected at baseline and during follow up.
231 232 233 234 235 236 237 238	CLINICAL DATA:
239	Clinical evaluation included personal and family history, 12 lead electrocardiogram (ECG), signal 240
241	averaged ECG (SAECG) and 24h-ECG, 2D-echocardiography, and cardiopulmonary exercise test (CPEX).
242243	
244245	Follow up visits were performed as clinically necessary, usually every 6-12 months. Patients who had
246	not been seen for at least 2 years were contacted by telephone in January 2015. Using a structured questionnaire,
247248	information about current medication, ICD implantation/discharges, hospitalisations, comorbidities and new

cases of ARVC in the family was collected.

disclosure was available if needed.

Paper prints of the ECGs were evaluated with regard to electrical axis, QRS duration in leads V1 and V6, duration of terminal activation measured from the nadir of the S wave to the end of the QRS in leads V1 and V2, presence of T wave inversions in all leads, presence of Q waves in all leads, presence of low voltage, presence of delayed R progression, presence of left or right bundle branch block, presence and configuration of ventricular ectopics.

Automated interpretation of SAECGs was analysed with regard to filtered QRS duration, duration of the terminal QRS, low-amplitude signal duration (LAS), root-mean-square voltage of the terminal 40 ms (RMS), the same parameters in only the Z axis, the number of beats analysed and the documented noise. SAECGs with a noise $\geq 0.5 \,\mu\text{V}$ and $<300 \,\text{beats}$ were excluded.

Automated interpretation of 24h-ECGs was utilized for the number of ventricular ectopics, couplets, 271 272 triplets, tachycardias, and supraventricular ectopics and tachycardias and prevalence of atrial fibrillation, and full 273

CPEX was performed using a standard Bruce protocol. Maximal oxygen consumption (VO2max), its percentage of predicted, peak heart rate and its percentage of predicted, respiratory quotient, minutes of exercise (always rounded down to the next lower), achieved power in Watts, occurring arrhythmias and current medication were taken from the standardised reports.

All echocardiographic measurements were taken from the standardised reports. Information on decreased right ventricular function, dilatation and wall motion abnormalities were also taken from the written reports, unless there were conflicting reports, in which case three cardiologists with a special interest in cardiomyopathies reviewed the images independently (ASV, SC, AP).

296 297	
298	In all above mentioned investigations the last available was used as the follow up examination.
299 300 301	Genotyping was performed using next generation sequencing as described previously for hypertrophic
302303304	cardiomyopathy[20]. Sequence variants were classified according to the American College of Medical Genetics
305 306 307	(ACMG) guidelines[21].
308 309 310	ENDPOINT:
	Clinical endpoint was a composite endpoint of HTx and death caused by HF. HF was defined as signs and
311312313	symptoms of HF without documentation of arrhythmias. Patients were then divided into two groups, one
314	consisting of those patients reaching the composite endpoint, the other of the remainder.
315	247
	317 STATISTICAL ANALYSIS:
318 319 320 321	Continuous variables were compared between the groups with mean ± SD and categorical variables as
322323	number (percentages) of all cases using independent sample T test and Fisher's exact test. Parameters were
324 325	evaluated using Odds Ratios (OR) and their Area Under the Curve (AUC) to assess their accuracy to discriminate
326	between patients with and without heart failure. All data were analysed with SPSS Version 22 for Mac. An alpha
327 328 329 330	
331	RESULTS:
332 333	
334	ARVC diagnosis was definite in 135 patients. Of these, 8 patients (5.9%) reached the composite endpoint
335	of death caused by HF or HTx during a mean follow-up of 83.6 \pm 31.5 months. The patients not reaching the
336 337 338	endpoint were followed for 112.5 \pm 65.8 months. HTx was performed in 5 patients, one of which died due to a
339	dilated cardiomyopathy developing in the transplanted heart. The remaining 3 died due to HF. Of the latter, two
3/10	

A.<u>43</u>)

 were considered for HTx at some point throughout the course of their disease. Of those two patients, one declined HTx, and the other improved initially, however later died due to HF. All patients with HF had RV dysfunction at some point throughout the course of their disease, but only 4 (50%) had LV dysfunction (Table 1).

BASELINE

No patients were referred due to family screening or incidental findings. Among the 8 patients with HF, 5 (62.5%) had a pathogenic desmosomal gene mutation in comparison to 57 patients (44.9%) without heart failure (p 0.469). Four HF-patients had a single desmosomal pathogenic mutation, 1 had 2 desmosomal mutations (Table 1). A pathogenic Plakophilin-2 mutation was identified in 5 HF-patients (62.5%), a significantly higher percentage of patients compared to 34 (26.8%) patients in the control group (p 0.045, OR 4.56, AUC 0.68) (Table 2, Appendix 369Tables A.1 and A.2, Figure 1).

³⁷¹At presentation, 4 patients (50%) who developed HF, reported dyspnea (19 patients (15.8%) in the 372 373control group, p 0.034) (Table 3, Appendix Table A. $\frac{32}{2}$).

With regard to ECG, patients with heart failure showed more extensive T wave inversions in the precordial leads. They also had more inverted and flattened T waves in leads I and aVL. Also, they presented more often with a complete or incomplete RBBB (37.5% vs. 9.0%, p 0.041, OR 6.06) (Table 3, Appendix Table

As for SAECG, patients with a HF outcome presented with a trend towards a longer filtered QRS duration (140.8 \pm 31.0 ms vs. 115.9 \pm 21.1 ms, p 0.050), lower RMS of the last 40 ms (4.7 \pm 1.1 μ V vs. 24.5 \pm 19.0 μ V, p

```
389
390
                           In their baseline echocardiograms, 7 patients (87.5%) presented with a reduced RV function and all of
391
392
                    them had RV dilatation as reported by the echocardiographer. In accordance to this, they had a larger RVOT
393
^{394} diameter. No patients with HF showed dyskinesia or bulging of the RV. The left ventricular posterior wall was ^{395}
          396thinner in patients with HF (Table 3, Appendix Table A.87).
397
398
          399There was only a very small number of 24h-ECGs available in patients with HF (Appendix Table A.65).
400
401
                 FOLLOW UP
402
403
404
                            During follow-up 5 patients (62.5%, vs. 16 patients (18.0%), p 0.011) reported dyspnea. Among the 8
405
406 patients with HF, 4 patients (50%) underwent an electrophysiological study, 7 patients (87.5%) were implanted
407
          ^{408} with an ICD (e-component Table 1, Appendix Table A. \underline{{\it 98}} ).
409
410
411
412
413
414
415
^{416} All patients with HF were medically treated during follow-up (e-component Table 1, Appendix Table ^{417}
          418<sub>A.<u>10</u>9).</sub>
419
420
          421On their follow-up ECGs, patients with HF showed more T wave flattening and more complete left
422
          423bundle branch blocks (e-component Table 1, Appendix Table A.110).
424
425
                         There was only one follow up signal averaged ECG available of the patients with HF (e-component Table
426
          ^{427}1, Appendix Table A.1\underline{^{24}}).
428
429
          430Only 2 CPEX investigations were available from patients with HF (e-component Table 1, Appendix Table
431
432A.143).
433
```

3880.076) and longer LAS duration (67.2 ± 25.2 ms vs. 41.9 ± 20.0 ms, p 0.036) (Table 3, Appendix Table A.54).

All patients with HF showed RV dysfunction, dilatation and regional wall motion abnormalities in their follow-up echocardiograms. Patients with HF had a lower LVEF at the time of follow up (e-component Table 1, 438 Appendix Table A.154).

DISCUSSION:

HF is a rare outcome for patients with ARVC. The prevalence varies highly depending on the definition of HF in previous studies[15, 16]. About 1% of patients undergoing heart transplantations have ARVC as their underlying disease[22]. In our cohort, 5.9 % of patients with definite ARVC were either transplanted and/or died of HF. Pathogenic mutations in Plakophilin 2 were significantly more prevalent in patients reaching the HF endpoint. Half of the patients with HF had multiple gene mutations, however only one of them had multiple pathogenic mutations. Also, most of them presented with RV failure early on in the course of the disease and all of them signs of RV failure during their last follow-up examination.

To our knowledge, this is first complete analysis of genetic mutations in the era of next generation sequencing in patients with HF in the context of definite ARVC and specifically in recipients of heart transplantation for heart failure. One short report was published by Tedford et al, however the rate of patients genetically tested was not disclosed. In those patients who were genetically tested, PKP2 mutations were predominant, similarly to our study[23]. Similar results were reported by a recently published study on HTx in patients with ARVC, taken from a registry, [24]. However, genetic results were available in only about half of the

patients undergoing HTx, but again PKP2 mutations were predominant [24]. There was no information on genetic 476 results in the largest cohort of ARVC patients undergoing HTx reported to date [25].

Bhonsale et al[16] reported that patients with Desmoplakin mutations had a four-fold increased incidence of LV dysfunction and heart failure in comparison to Plakophilin 2 carriers. However, LV dysfunction was defined as LVEF <55% and HF as "evidence of structural heart disease including RV abnormalities and symptoms directly attributed to heart failure" and therefore differ completely from our definition of a hard 487 endpoint as HTx and death due to heart failure. In the tables in the named study, it appears that only patients with Plakophilin 2 mutations died or underwent heart transplantation. The percentage of patients dying or undergoing HTx out of all patients is smaller than ours, however in this study family members were included, which are generally thought to have a better prognosis. Loss of Plakophilin 2 in knockdown zebra fish has shown a loss of desmosomal proteins and hence cell adhesion, resulting in cardiac oedema and blood pooling, which can be interpreted as signs of HF[26]. RV dilatation and dysfunction are a component of the diagnostic criteria for ARVC[1]. Their occurrence has been reported to be a predictor of an adverse outcome [27, 28]. The reason for the bad prognosis due to RV failure may lie in the difficulty of drug therapy. Medical treatment for RV failure is limited, with the usual therapeutic options used for LV failure remaining without success. So far the best data exists for phosphodiesterase type 5 inhibitors, but also this treatment is not fully developed[29]. Right ventricular assist devices and biventricular assist devices are generally only indicated in patients eligible for transplantation[30], however we are not aware of any reports in ARVC patients. As only half of the patients had LV dysfunction, but all of them had RV dysfunction, it appears that RV dysfunction is the major contributor to the development of 514 heart failure leading to transplantation or death. 517 We were unable to demonstrate an age difference between patients with and without HF in contrast to 518

517 We were unable to demonstrate an age difference between patients with and without HF in contrast to 518

519 was has been previously reported[15]. However, numbers of patients with HF were small in both studies, which
520

521 can significantly influence this result.

LIMITATIONS:

 This is a retrospective study. The outcome of HF was very rare, therefore we were unable to find predictors by multivariable analysis.

CONCLUSION:

Heart transplantation or death due to HF occurred in about 6% of patients with a definite diagnosis of ARVC. Most patients with HF in ARVC had a genetic mutation in Plakophilin 2. Half the patients have multiple mutations. RV dysfunction appears to be a marker of heart transplantation or death due to HF.

ACKNOWLEDGMENTS:

We would like to thank Rachel Bastiaenen, Elijah R. Behr, Shaughan Dickie and Sharon Jenkins for their contributions. Parts of this article have been presented as a poster at the Swiss Society of Cardiology Congress 550 in Baden, Switzerland on 8 June 2017.

FUNDING:

ASV was funded through a research grant from the Swiss Heart Rhythm Foundation. SC was funded by the European Society of Cardiology Research Grant and by the Italian Society of Cardiology with a grant by the MSD Italia-Merck Sharp & Dohme Corporation; PS has been funded by the NIHR Biomedical Research Centre; WJM was funded by the Higher Education Funding Council for England, British Heart Foundation Program Grant RG/13/19/30568, and Foundation Leducq Transatlantic Networks of Excellence Program: GRANT n° 14 CVD 03. University College London/University College London Hospitals NHS Foundation Trust receives a proportion of funding from the Department of Health's NIHR Biomedical Research Centre funding scheme.

572	DISCLOSURES:
573 574 575 576 577	The authors declare that there is no conflict of interest.
578	REFERENCES:
579	
	Marcus FI, McKenna WJ, Sherrill D, Basso C, Bauce B, Bluemke DA, et al. Diagnosis of arrhythmogenic right ⁵⁸¹ ventricular syopathy/dysplasia: proposed modification of the Task Force Criteria. Eur Heart J. 2010;31:806-14.
583	[2] Elliott P, Andersson B, Arbustini E, Bilinska Z, Cecchi F, Charron P, et al. Classification of the cardiomyopathies: 584 a position statement from the European Society Of Cardiology Working Group on Myocardial and Pericardial 585 Diseases. Eur Heart J. 2008;29:270-6.
586 [3]	Basso C, Czarnowska E, Della Barbera M, Bauce B, Beffagna G, Wlodarska EK, et al. Ultrastructural evidence 587 of
	ated disc remodelling in arrhythmogenic right ventricular cardiomyopathy: an electron microscopy 588 investigation on vocardial biopsies. Eur Heart J. 2006;27:1847-54.
⁵⁹³ [4]	McKoy G, Protonotarios N, Crosby A, Tsatsopoulou A, Anastasakis A, Coonar A, et al. Identification of a deletion in
assessm in plako 599 [6]	plakoglobin in arrhythmogenic right ventricular cardiomyopathy with palmoplantar keratoderma and (Naxos disease). Lancet. 2000;355:2119-24. Protonotarios N, Tsatsopoulou A, Anastasakis A, Sevdalis E, McKoy G, Stratos K, et al. Genotype-phenotype 597 nent in autosomal recessive arrhythmogenic right ventricular cardiomyopathy (Naxos disease) caused by 598 a deletion globin. J Am Coll Cardiol. 2001;38:1477-84. Rampazzo A, Nava A, Malacrida S, Beffagna G, Bauce B, Rossi V, et al. Mutation in human desmoplakin domain 600 to plakoglobin causes a dominant form of arrhythmogenic right ventricular cardiomyopathy. Am J Hum Genet. 2002;71:1200-6.
	602 [7] Norman M, Simpson M, Mogensen J, Shaw A, Hughes S, Syrris P, et al. Novel mutation in desmoplakin causes
	603arrhythmogenic left ventricular cardiomyopathy. Circulation. 2005;112:636-42.
	604[8] Pilichou K, Nava A, Basso C, Beffagna G, Bauce B, Lorenzon A, et al. Mutations in desmoglein-2 gene are
606 607	605associated with arrhythmogenic right ventricular cardiomyopathy. Circulation. 2006;113:1171-9. [9] Syrris P, Ward D, Evans A, Asimaki A, Gandjbakhch E, Sen-Chowdhry S, et al. Arrhythmogenic right ventricular dysplasia/cardiomyopathy associated with mutations in the desmosomal gene desmocollin-2. Am J Hum Genet.
	2006;79:978-84.
	[10] Dalal D, Molin LH, Piccini J, Tichnell C, James C, Bomma C, et al. Clinical features of arrhythmogenic right 609
	ılar dysplasia/cardiomyopathy associated with mutations in plakophilin-2. Circulation. 2006;113:1641-9. 610 [11] Asimaki
right ve 612 [12	P, Wichter T, Matthias P, Saffitz JE, McKenna WJ. A novel dominant mutation in plakoglobin ⁶¹¹ causes arrhythmogenic ntricular cardiomyopathy. Am J Hum Genet. 2007;81:964-73. Krishnamurthy S, Adhisivam B, Hamilton RM, Baskin B, Biswal N, Kumar M. Arrhythmogenic dilated 613 cardiomyopathy a novel mutation in the desmoplakin gene. Indian J Pediatr. 2011;78:866-9.

614 [13] Forleo C, Carmosino M, Resta N, Rampazzo A, Valecce R, Sorrentino S, et al. Clinical and functional 615 characterization novel mutation in lamin a/c gene in a multigenerational family with arrhythmogenic cardiac 616laminopathy. PLoS One. 2015;10:e0121723. 617[14] Groeneweg JA, Bhonsale A, James CA, te Riele AS, Dooijes D, Tichnell C, et al. Clinical Presentation, Long 618 Term Follow-Up, and Outcomes of 1001 Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy Patients 619 and Family Members. Circ Cardiovasc Genet. 2015;8:437-46. 620 [15] Komura M, Suzuki J, Adachi S, Takahashi A, Otomo K, Nitta J, et al. Clinical course of arrhythmogenic right ventricular cardiomyopathy in the era of implantable cardioverter-defibrillators and radiofrequency catheter 621 ablation. Int Heart J. 2010;51:34-40. 622 [16] Bhonsale A, Groeneweg JA, James CA, Dooijes D, Tichnell C, Jongbloed JD, et al. Impact of genotype on 623 clinical course in arrhythmogenic right ventricular dysplasia/cardiomyopathy-associated mutation carriers. Eur 624 Heart J. 2015;36:847-55. 625 [17] Sen-Chowdhry S, Syrris P, Ward D, Asimaki A, Sevdalis E, McKenna WJ. Clinical and genetic characterization 626 of families with arrhythmogenic right ventricular dysplasia/cardiomyopathy provides novel insights into patterns 627 of disease expression. Circulation. 2007;115:1710-20. 628 [18] Bauce B, Nava A, Beffagna G, Basso C, Lorenzon A, Smaniotto G, et al. Multiple mutations in desmosomal 629 proteins encoding genes in arrhythmogenic right ventricular cardiomyopathy/dysplasia. Heart Rhythm. 630 2010;7:22-9. 631 [19] Quarta G, Muir A, Pantazis A, Syrris P, Gehmlich K, Garcia-Pavia P, et al. Familial evaluation in arrhythmogenic 632 right ventricular cardiomyopathy: impact of genetics and revised task force criteria. Circulation. 2011;123:2701-633 9. 634 [20] Lopes LR, Zekavati A, Syrris P, Hubank M, Giambartolomei C, Dalageorgou C, et al. Genetic complexity in 635 hypertrophic cardiomyopathy revealed by high-throughput sequencing. J Med Genet. 2013;50:228-39. [21] Richards S, Aziz N, Bale S, Bick D, Das S, Gastier-Foster J, et al. Standards and guidelines for the interpretation 636 of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and 637 Genomics and the Association for Molecular Pathology. Genet Med. 2015;17:405-24. 638 [22] Fiorelli AI, Coelho GH, Oliveira JL, Jr., Nascimento CN, Vilas Boas LB, Napolitano CF, et al. Heart 639 transplantation in arrhythmogenic right ventricular dysplasia: case reports. Transplant Proc. 2009;41:962-4. 640 [23] Tedford RJ, James C, Judge DP, Tichnell C, Murray B, Bhonsale A, et al. Cardiac transplantation in 641 arrhythmogenic right ventricular dysplasia/cardiomyopathy. J Am Coll Cardiol. 2012;59:289-90.

642 [24] Gilljam T, Haugaa KH, Jensen HK, Svensson A, Bundgaard H, Hansen J, et al. Heart transplantation in 643 arrhythmogenic right ventricular cardiomyopathy - Experience from the Nordic ARVC Registry. Int J Cardiol.

2018;250:201-6.

[25] DePasquale EC, Cheng RK, Deng MC, Nsair A, McKenna WJ, Fonarow GC, et al. Survival After Heart 646 Transplantation in Patients With Arrhythmogenic Right Ventricular Cardiomyopathy. J Card Fail. 2017;23:107-12.

648 649

644

645

647

650

651

^{652 [26]} Moriarty MA, Ryan R, Lalor P, Dockery P, Byrnes L, Grealy M. Loss of plakophilin 2 disrupts heart 653 development in zebrafish. Int J Dev Biol. 2012;56:711-8.

654	[27] Saguner AM, Vecchiati A, Baldinger SH, Rueger S, Medeiros-Domingo A, Mueller-Burri AS, et al. Different 655
	prognostic value of functional right ventricular parameters in
	arrhythmogenic right ventricular 656cardiomyopathy/dysplasia. Circ Cardiovasc Imaging. 2014;7:230-9.
657[28]	Kimura Y, Noda T, Matsuyama TA, Otsuka Y, Kamakura T, Wada M, et al. Heart failure in patients with 658
	mogenic right ventricular cardiomyopathy: What are the risk factors? Int J Cardiol. 2017;241:288-94.
•	P] Nagendran J, Archer SL, Soliman D, Gurtu V, Moudgil R, Haromy A, et al. Phosphodiesterase type 5 is highly 660
•	ed in the hypertrophied human right ventricle, and acute inhibition of phosphodiesterase type 5 661 improves
contrac	tility. Circulation. 2007;116:238-48.
662	[30] Ponikowski P, Voors AA, Anker SD, Bueno H, Cleland JGF, Coats AJS, et al. 2016 ESC Guidelines for the
663	diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of
664	acute and chronic heart failure of the European Society of Cardiology (ESC)Developed with the special
	contribution of the Heart Failure Association (HFA) of the ESC. Eur Heart J. 2016;37:2129-200.
665	
666	[31] Syrris P, Ward D, Asimaki A, Evans A, Sen-Chowdhry S, Hughes SE, et al. Desmoglein-2 mutations in
667	hythmogenic right ventricular cardiomyopathy: a genotype-phenotype characterization of familial disease.
007	Eur Heart J. 2007;28:581-8.
668 (2)	2] Syrris P, Ward D, Asimaki A, Sen-Chowdhry S, Ebrahim HY, Evans A, et al. Clinical expression of plakophilin 669
[S	
	ons in familial arrhythmogenic right ventricular cardiomyopathy. Circulation. 2006;113:356-64. 670 [33] Gerull B, Heuser
	ter T, Paul M, Basson CT, McDermott DA, et al. Mutations in the desmosomal protein 671 plakophilin-2 are common in
=	mogenic right ventricular cardiomyopathy. Nat Genet. 2004;36:1162-4.
	l van Tintelen JP, Entius MM, Bhuiyan ZA, Jongbloed R, Wiesfeld AC, Wilde AA, et al. Plakophilin-2 mutations 673 are the
major d	eterminant of familial arrhythmogenic right ventricular dysplasia/cardiomyopathy. Circulation. 2006;113:1650-8.
675	[35] van der Zwaag PA, Jongbloed JD, van den Berg MP, van der Smagt JJ, Jongbloed R, Bikker H, et al. A genetic
0.0	676 variants database for arrhythmogenic right ventricular dysplasia/cardiomyopathy. Hum Mutat.
	2009;30:1278-
	677 83.
	678[36] Li Q, Wang K. InterVar: Clinical Interpretation of Genetic Variants by the 2015 ACMG-AMP Guidelines. Am J
	679Hum Genet. 2017;100:267-80.
	[37] Kleinberger J, Maloney KA, Pollin TI, Jeng LJ. An openly available online tool for implementing the
680	
	ACMG/AMP standards and guidelines for the interpretation of sequence variants. Genet Med. 2016;18:1165.
681	
682 683	
683	
683 684 685 686	
683 684 685 686 687	
683 684 685 686 687 688	
683 684 685 686 687 688 689	
683 684 685 686 687 688 689 690	
683 684 685 686 687 688 689 690 691 692	
683 684 685 686 687 688 689 690 691 692 693	
683 684 685 686 687 688 689 690 691 692 693 694	
683 684 685 686 687 688 689 690 691 692 693	

TABLE 1: PATIENTS WITH HEART FAILURE OUTCOME.

No	Presentation	Age at first presentation	LV dysfunction	RV dysfunction	ICD	Endpoint	Variant	MAF	ARVD/C Genetic Variants Database classification and variant ID	ACMG classification	GenomA MAF
1	Cardiac symptoms	16	+	+	+	HTx, † fatal stroke	DSG2 c.3G>C; p.Met1lle		Pathogenic; 7537 [31]	VUS	Not reported
			_				DSG2 c.998T>C; p.lle333Thr		VUS; 8230 [19]	VUS	Not reporte
2	VT	6	-	+	-	Declined HTx, † HF	PKP2 c.2197_2202delinsG; p.His733AlafsX8		Pathogenic; 7495 [32]	Pathogenic	2.12E-0
			_				PKP2 c.1941T>G; p.Cys647Trp		-	VUS	2.12E-0
3	VT	50	+/-	-/+	+	Considered for HTx, then improved, † HF	No variants				
4	VT	55	-	+	+	† HF	PKP2 c.1613G>A; p.Trp538X		Pathogenic; 7468 [19]	Pathogenic	1.59E-0
							JUP c.1159-2A>T		-	Pathogenic	Not reporte

5	Cardiac symptoms	16	-	+	+	НТх	PKP2 c.775G>T; p.Glu259X	Pathogenic; 8227 [19]	Pathogenic	Not reported
6	Cardiac symptoms	59	-	+	+	НТх	PKP2 c.2197_2202delinsG; p.His733AlafsX8del	Pathogenic; 7495 [32]	Pathogenic	2.12E-05
7	Cardiac symptoms	56	+	+	+	HTx, † HF (DCM in transplanted heart)	PKP2 c.419C>T; p.Ser140Phe	Pathogenic; 7446 [33]	Likely benign	2.29E-03
							LMNA c.725C>T; p.Ala242Val		Likely Pathogenic	7.954E-06
3	VT	49	+	+	+	HTx, early primary graft dysfunction	PKP2 c.184C>A; p.Gln62Lys	VUS; 7441 [34]	VUS	1.68E-04
							PKP2 c.1237C>T; p.Arg413X	Pathogenic; 7462 [32]	Pathogenic	1.42E-05

Table 1: Patients with heart failure outcome. Sequence variants identified in ARVC cases were cross referenced to the updated version of the ARVD/C Genetic Variants Database (https://molgenis07.gcc.rug.nl/# - accessed on 15 October 2018)[35] Classification of identified variants was according to the American College of Medical Genetics (ACMG) guidelines for the interpretation of sequence variants. [21]Missense variants were evaluated using the InterVar bioinformatics software tool (http://wintervar.wglab.org/) [36] and the pathogenicity of nonsense, frameshift and splice site variants was determined with the online Genetic Variant Interpretation Tool provided by the University of Maryland, School of Medicine at http://www.medschool.umaryland.edu/Genetic_Variant_Interpretation_Tool1.html/. [37]

LV: left ventricular, RV: right ventricular, VT: ventricular tachycardia, ICD: implantable cardioverter defibrillator, HTx heart transplantation, HF: heart failure, †: death, DSG: desmoglein, PKP2: Plakophillin 2, JUP: junctional Plakoglobin, LMNA: Lamin A/C, VUS: variant of unknown significance

TABLE 2: BASELINE CHARACTERISTICS

		HF	No HF	p-value	Odds ratio	ALIC (0E0/
		nr	NO ПР	p-value	Odds ratio (95% CI; p- value)	AUC (95% CI; p- value)
	Age at diagnosis	38.4 ± 21.7	41.1 ± 14.2	0.611	0.99 (0.94- 1.04; 0.608)	0.52 (0.27- 0.77; 0.868)
	Time of follow up (months) at THH	83.6 ± 31.5	112.5 ± 65.8	0.222	0.99 (0.98- 1.01; 0.221)	0.63 (0.49- 0.77; 0.228)
Baseline characteristics	Male sex	5 (62.5%)	77 (60.6%)	1.000	1.08 (0.25- 4.73; 0.916)	0.51 (0.30- 0.72; 0.929)
(n=8/127)	Caucasians	8 (100%)	119 (95.2%)	1.000	108603347 (0.00-NA; 0.999)	0.52 (0.33- 0.72; 0.820)
	Family history SCD	2 (25.0%)	56 (48.3%)	0.281	0.36 (0.07- 1.84; 0.219)	0.62 (0.43- 0.81; 0.272)
	Multiple family members with SCD	0 (0.0%)	12 (9.6%)	1.000	0.00 (0.00-NA; 0.999)	0.55 (0.36- 0.74; 0.650)
Genetics (n=8/127)	Desmosomal pathogenic gene mutation	7 (87.5%)	74 (58.3%)	0.144	5.01 (0.60- 41.97; 0.137)	0.65 (0.48- 0.82; 0.166)
	Plakophilin2 pathogenic mutation	<u>56</u> (<u>62.5</u> 75.0%)	3 <u>47</u> (<u>26.8</u> 29.1%)	0.0 <u>45</u> 13	4.56 7.30 (1. <u>03</u> 4 137.82 20.12; 0.018)	0. 73 <u>68</u> (0.55- 0.91; 0.030)
	desmosom al mutations, same gene	3 (37.5%)	8 (6.3%)	0.018	8.93 (1.80- 44.22; 0.007)	0.66 (0.43- 0.88; 0.140)
	JUP pathogenic mutation	1 (12.5%)	1 (0.8%)	0.115	18.00 (1.02- 318.87; 0.049)	0.56 (0.34- 0.78; 0.579)

850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
875
875 Baselir
Baselir
Baselin 877
Baselin 877 878
Baselin 877 878
877 878 879
877 878 879 880
877 878 879 880 881
877 878 879 880 881 882
877 878 879 880 881 882 883
877 878 879 880 881 882 883 884
877 878 879 880 881 882 883 884 885
877 878 879 880 881 882 883 884 885 886
877 878 879 880 881 882 883 884 885
877 878 879 880 881 882 883 884 885 886
877 878 879 880 881 882 883 884 885 886 887 888
877 878 879 880 881 882 883 884 885 886 887 888 889
877 878 879 880 881 882 883 884 885 886 887 888 889 890
877 878 879 880 881 882 883 884 885 886 887 888 889 890 891
877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892
877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893
877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894
877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893
877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894
877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895
877 878 879 880 881 882 883 884 885 886 887 888 890 891 892 893 894 895 896
877 878 879 880 881 882 883 884 885 886 887 888 890 891 892 893 894 895 896 897
877 878 879 880 881 882 883 884 885 886 887 888 890 891 892 893 894 895 896 897 898

Diagn. Crite (n=8/12	Structural 8 (100%) major criterion	63 (50.0%)	0.007	205139656 (0.00-NA; 0.997)	0.75 (0.63- 0.87; 0.018)	
	Family history as 0 (0.0%) reason for screening	42 (33.1%)	0.057	0.00 (0.00-NA; 0.998)	0.67 (0.52- 0.81; 0.117)	
Reason for	VT/VF as reason for4 (50.0%) screening	38 (29.9%)	0.255	2.34 (0.56- 9.86; 0.246)	0.60 (0.39- 0.81; 0.342)	
creening (n=8/124)	Cardiovascular 4 (50.0%) symptoms as reason for screening	40 (31.5%)	0.437	2.18 (0.52- 9.14; 0.289)	0.59 (0.38- 0.80; 0.381)	
	Incidental findings as 0 (0.0%) reason for screening	4 (3.1%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.31- 0.72; 0.881)	

Table 2:

ne characteristics. HF: heart failure; CI: confidence interval; AUC: area under the curve; THH: The

Heart Hospital

TABLE 3: SIGNIFICANT PARAMETERS AT BASELINE

	Baseline parameters	HF	No HF	pvalue	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
Symptoms at presentation (n=8/124)	Dyspnea	4 (50.0%)	19 (15.8%)	0.034	5.32 (1.22-23.12; 0.026)	0.67 (0.46- 0.89; 0.106)
ECG at baseline (n=8/122)	Negative T wave V4	7 (87.5%)	46 (37.7%)	0.008	11.57 (1.38- 97.03; 0.024)	0.75 (0.60- 0.90; 0.019)
	Positive T wave I	2 (25.0%)	91 (74.6%)	0.007	0.11 (0.02-0.59; 0.010)	0.75 (0.57- 0.93; 0.019
	Positive T wave aVL	1 (12.5%)	72 (59.0%)	0.021	0.10 (0.01-0.83; 0.033)	0.73 (0.58- 0.89; 0.028)
	RBBB (complete and incomplete)	3 (37.5%)	11 (9.0%)	0.041	6.06 (1.27-28.80; 0.024)	0.64 (0.42- 0.87; 0.178)
SAECG at baseline (n=3/90)	QRS duration	140.8 31.0	± 115.9 :	± 0.050	1.04 (1.00-1.09; 0.073)	0.76 (0.49- 1.00; 0.123)
	QRS duration ≥ 140 ms	2 (66.7%)	10 (11.1%)	0.043	16.00 (1.33- 192.76; 0.029)	0.78 (0.46- 1.00; 0.103)
	RMS	4.7 ± 1.1	24.5 19.0	± 0.076	0.60 (0.34-1.05; 0.072)	0.95 (0.90- 1.00; 0.009)
	RMS ≤ 6 uV	3 (100%)	8 (8.9%)	0.001	605803060 (0.00- NA, 0.996)	0.96 (0.91- 1.00; 0.007)
	LAS	67.2 ± 25.2	41.9 20.0	± 0.036	1.04 (1.00-1.09; 0.057)	0.83 (0.651.000; 0.056)
CPEX at baseline (n=6/113)	Arrhythmias at rest	6 (100.0%)	43 (38.4%)	0.004	225415093 (0.00- NA; 0.997)	0.81 (0.70- 0.91; 0.011)
	NSVT during recovery	1 (16.7%)	1 (0.9%)	0.100	22.2 (1.21- 408.76; 0.037)	0.58 (0.32- 0.84; 0.516)
	%VO2max	51.0 ± 19.9	81.0 23.9	± 0.003	0.93 (0.89.0.98; 0.007)	0.84 (0.70- 0.99; 0.005)
	VO2 max (ml/min/1.73m2)	14.3 ± 3.1	24.3 ± 7.4	0.001	0.74 (0.59-0.93; 0.009)	0.88 (0.80- 0.97; 0.002)

q	1	3
	1	
	1	
	1	
	1	
	1	
	1	
	2	
	2	
	2	
	2	
	2	
	2	
	2	
	2	
	2	
	2	
9	3	0
	3	
9	3	2
9	3	3
9	3	4
9	3	5
9	3	6
	3	
	3	
9	3	9
	4	
	4	
	4	
	4	
	4	
	4	
	4	
	4	
	4	
	4	
	5	
	5	
	5	
	5	
	5	
	5	
	5	
	5	
	5	
	5	
	6	
	6	
	6	
	6	
9	6	4
9	6	5
_	6	6

	Min	6.2 ± 0.8	8.6 ± 2.4	0.016	0.641 (0.44-0.94; 0.022)	0.84 (0.76- 0.92; 0.005)
	Watts	74.0 ± 21.3	152.8 58.1	± 0.003	0.97 (0.94-0.99; 0.010)	0.91 (0.83- 0.99; 0.002)
Echo at baseline (n=8/124)	Reduced RV function (incl borderline)	7 (87.5%)	55 (44.4%)	0.026	8.78 (1.05-73.53; 0.045)	0.72 (0.56- 0.87; 0.041)
	Reduced RV function (excl borderline)	7 (87.5%)	54 (43.5%)	0.024	9.07 (1.08-75.99; 0.042)	0.72 (0.56- 0.88; 0.038)

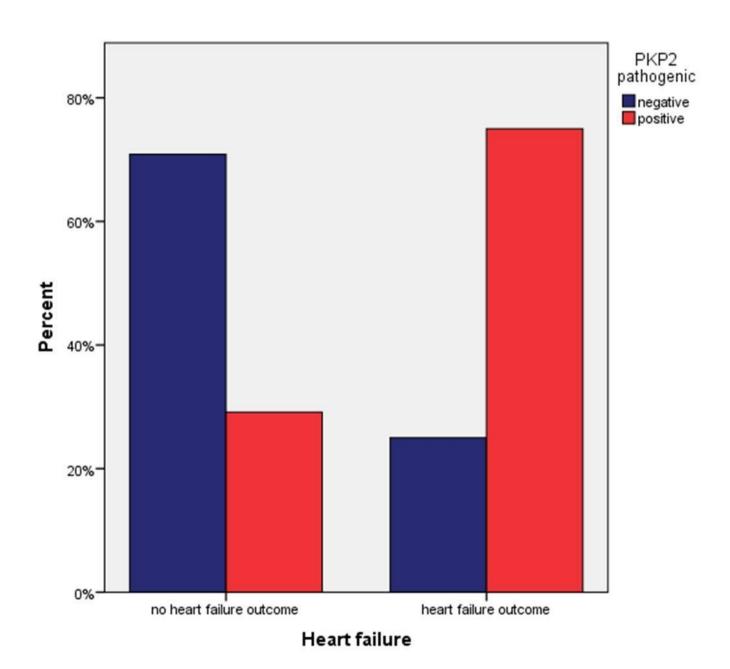
RV dilatation (exclupper normal)	8 (100%)	73 (58.9%)	0.023	177038337 (0.00- NA; 0.997)	0.71 (0.57- 0.84; 0.052)
RVOT PLAX (cm)	4.6 ± 1.1	3.6 ± 0.7	0.000	4.53 (1.69-12.14; 0.003)	0.79 (0.60- 0.99; 0.011)
RVOT PLAX \geq 4.4 cm	4 (57.1%)	8 (9.1%)	0.004	13.33 (2.53- 70.41; 0.002)	0.74 (0.51- 0.97; 0.035)
RVOT PLAX/BSA	2.6 ± 0.6	1.8 ± 0.3	0.000	10.03 (0.15-691.65; 0.286)	0.78 (0.46- 1.00; 0.197)
RVOT PLAX/BSA ≥ 2.0	4 (80.0%)	13 (19.1%)	0.009	16.9 (1.74- 164.32; 0.015)	0.80 (0.59- 1.00; 0.024)
RVOT PSAX/BSA	2.2 ± 0.3	1.6 ± 0.3	0.017	15.18 (0.02- 10230.20; 0.413)	0.75 (0.20- 1.00; 0.439)
Posterior LV wall	0.7 ± 0.2	0.8 ± 0.2	0.044	0.00 (0.00-1.03; 0.051)	0.72 (0.52- 0.93; 0.034)
EF	48.8 ± 18.4	58.4 ± 11.6	0.030	0.95 (0.90-1.00; 0.038)	0.66 (0.46- 0.85; 0.136)

Table 3: Significant parameters at baseline. HF: heart failure; CI: confidence interval; AUC: area under the curve; ECG: electrocardiogram; RBBB: right bundle branch block; SAECG: signal averaged ECG; RMS 40: root-mean993 square of the last 40 ms; LAS: low amplitude signal duration; VPB: ventricular premature complexes; SVE: supraventricular ectopics; CPEX: cardiopulmonary exercise testVO2max: maximal oxygen uptake; %VO2max:

VO2max, % of predicted; RV: right ventricle/ventricular; RVOT: right ventricular outflow tract; PLAX: parasternal 996 long axis view; BSA: body surface area; PSAX: parasternal short axis view; RVIT: right ventricular inflow tract; LV: 997 left ventricular; LVEF: left ventricular ejection fraction.

FIGURE LEGENDS:

Figure 1: Prevalence of Plakophilin 2 mutations



Author Agreement Form - International Journal of Cardiology

Manuscript Title: Heart Failure in Patients with Arrhythmogenic Right Ventricular

Cardiomyopathy: Genetic characteristics

List of all Authors: Annina S. Vischer, Silvia Castelletti, Petros Syrris, William J. McKenna,

Antonios Pantazis

Corresponding Author: Annina S. Vischer

This statement is to certify that all authors have seen and approved the manuscript being submitted, have contributed significantly to the work, attest to the validity and legitimacy of the data and its interpretation, and agree to its submission to the *International Journal of Cardiology*.

We attest that the article is the Authors' original work, has not received prior publication and is not under consideration for publication elsewhere. We adhere to the statement of ethical publishing as appears in the International of Cardiology (citable as: Shewan LG, Rosano GMC, Henein MY, Coats AJS. A statement on ethical standards in publishing scientific articles in the International Journal of Cardiology family of journals. Int. J. Cardiol. 170 (2014) 253-254 DOI:10.1016/j.ijcard.2013.11).

On behalf of all Co-Authors, the corresponding Author shall bear full responsibility for the submission. Any changes to the list of authors, including changes in order, additions or removals will require the submission of a new author agreement form approved and signed by all the original and added submitting authors.

All authors are requested to disclose any actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations within three years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work. If there are no conflicts of interest, the COI should read: "The authors report no relationships that could be construed as a conflict of interest".

E-COMPONENT TABLE 1: SIGNIFICANT PARAMETERS AT FOLLOW-UP

	FU parameters	HF	No HF	pvalue	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
Symptoms FU (n=8/122)	Dyspnea	5 (62.5%)	23 (18.9%)	0.012	7.17 (1.60- 32.20; 0.010)	0.72 (0.520.92; 0.039)
Medication FU	Diuretics	4 (50.0%)	21 (16.8%)	0.041	4.95 (1.15- 21.39; 0.032)	0.67 (0.45- 0.88; 0.116)
(n=8/125)	Digoxin	2 (25.0%)	1 (1.6%)	0.018	20.50 (2.45- 171.54; 0.005)	0.62 (0.390.85; 0.268)
ECG at FU (n=6/103)	Time to follow up ECG	42.7 ± 25.0	76.1 ± 43.0	0.063	0.98 (0.95-1.00; 0.070)	0.74 (0.590.89; 0.047)
	Flat T wave V1	4 (66.7%)	22 (21.4%)	0.028	7.36 (1.27- 42.87; 0.026)	0.73 (0.50- 0.95; 0.063)
	Complete LBBB	2 (33.3%)	4 (3.9%)	0.035	12.38 (1.73- 88.72; 0.012)	0.65 (0.380.91; 0.227)
	Complete + incomplete LBBB	3 (37.5%)	8 (6.6%)	0.020	24.75 (3.75- 163.31; 0.001)	0.73 (0.470.99; 0.058)
SAECG FU (n=1/38)	LAS	82.0	44.3 ± 15.6	0.022	2.695E+10 (0.00- NA; 0.967)	1.00 (1.001.00; 0.091)
CPEX FU (n=2/31)	vO2	12.8 ± 3.5	24.3 ± 7.3	0.035	0.54 (0.26-1.13; 0.541)	0.96 (0.881.00; 0.031)
	Min	5.0 ± 0	8.9 ± 2.2	0.016	0.00 (0.00-NA; 0.993)	0.99 (0.96- 1.00; 0.021)
	Watts	52.5 ± 24.7	154.2 ± 51.8	0.010	0.06 (0.005.823E+131; 0.986)	1.00 (1.001.00; 0.019)
	Any arrhythmias at rest	6 (100.0%)	46 (41.4%)	0.007	210714104 (0.00- NA; 0.997)	0.79 (0.680.91; 0.016)
Echo at FU (n=5/78)	Any RV dysfunction (incl borderline)	8 (100.0%)	69 (57.0%)	0.021	187301416 (0.00- NA; 0.997)	0.72 (0.590.84; 0.042)

Any RV dysfunction	8 (100.0%)	67 (55.4%)	0.020	192892505	0.72 (0.60- 0.85;
(excl borderline)				(0.00-NA; 0.997)	0.035)
RVOTlax/BSA	2.4 ± 0.2	1.9 ± 0.4	0.054	35.74 (0.57- 2254; 0.091)	0.93 (0.831.00; 0.044)
LVESD	4.6 ± 2.5	3.6 ± 0.7	0.016	2.20 (1.01-4.78; 0.047)	0.57 (0.270.87; 0.629)
Posterior LV wall	0.7 ± 0.1	0.8 ± 0.2	0.062	0.00 (0.00-1.07; 0.052)	0.81 (0.640.98; 0.035)
LVEF	43 ± 20	56 ± 12	0.027	0.94 (0.89-1.00; 0.041)	0.72 (0.500.94; 0.100)

Table 4: Significant parameters at follow-up. FU: follow-up; HF: heart failure; CI: confidence interval; AUC: area under the curve; ECG: electrocardiogram; LBBB: left bundle branch block; SAECG: signal averaged ECG; RMS 40: root-mean-square of the last 40 ms; LAS: low amplitude signal duration; Z: Z-vector; CPEX: cardiopulmonary exercise testVO2max: maximal oxygen uptake; %VO2max: VO2max, % of predicted; RQ: respiratory quotient; BSA: body surface area; RV: right ventricle/ventricular; RVOT: right ventricular outflow tract; PLAX: parasternal long axis view; PSAX: parasternal short axis view; RVIT: right ventricular inflow tract; LV: left ventricle/ventricular; RWMA: regional wall motion abnormalities; LVESD: left ventricular end-systolic diameter; LVEF: left ventricular ejection fraction.

APPENDIX

TABLE A.1: GENERAL CHARACTERISTICS.

	HF	No HF n = 127	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
	n = 8	11 – 127			
Age at diagnosis	38.4 ± 21.7	41.1 ± 14.2	0.611	0.99 (0.94-1.04; 0.608)	0.52 (0.27-0.77; 0.868)
Time of follow up (months)	83.6 ± 31.5	112.5 ± 65.8	0.222	0.99 (0.98-1.01; 0.221)	0.63 (0.49-0.77; 0.228)
Male sex	5 (62.5%)	77 (60.6%)	1.000	1.08 (0.25-4.73; 0.916)	0.51 (0.30-0.72; 0.929)
Caucasians	8 (100%)	119 (95.2%)	1.000	108603347 (0.00-NA; 0.999)	0.52 (0.33-0.72; 0.820)
Family history SCD	2 (25.0%)	56 (48.3%)	0.281	0.36 (0.07-1.84; 0.219)	0.62 (0.43-0.81; 0.272)
Multiple family members with SCD	0 (0.0%)	12 (9.6%)	1.000	0.00 (0.00-NA; 0.999)	0.55 (0.36-0.74; 0.650)
Desmosomal pathogenic gene variant	5 (62.5%)	57 (44.9%)	0.469	2.05 (0.47-8.93; 0.341)	0.59 (0.39-0.79; 0.404)
Single desmosomal pathogenic variant	4 (50%)	54 (42.5%)	0.725	1.35 (0.32-5.65; 0.679)	0.54 (0.33-0.75; 0.723)
Desmoplakin pathogenic variant	0 (0.0%)	14 (11.0%)	1.000	0.46 (0.02-8.40; 0.601)	0.45 (0.26-0.63; 0.602)
Plakophilin2 pathogenic mutation	5 (62.5%)	34 (26.8%)	0.045	4.56 (1.03-20.11; 0.045)	0.68 (0.48-0.88; 0.091)
Desmoglein pathogenic mutation	0 (0.0%)	6 (4.7%)	1.000	1.10 (0.06-21.21; 0.950)	0.48 (0.28-0.68; 0.823)
Desmocollin2 pathogenic mutation	0 (0.0%)	3 (2.4%)	1.000	2.09 (0.10-43.90; 0.635)	0.49 (0.29-0.69; 0.911)

JUP pathogenic mutation	1 (12.5%)	1 (0.8%)	0.115	18.00 (1.02-318.87; 0.049)	0.56 (0.34-0.78; 0.579)
2 desmosomal variants	1 (12.5%)	3 (2.4%)	0.219	5.90 (0.54-64.30; 0.145)	0.55 (0.33-0.77; 0.631)
Structural major criterion	8 (100%)	63 (50.0%)	0.007	205139656 (0.00-NA; 0.997)	0.75 (0.63-0.87; 0.018)
Structural minor criterion	0 (0.0%)	17 (13.5%)	0.595	0.00 (0.00-NA; 0.998)	0.57 (0.39-0.75; 0.523)
Tissue major criterion	1 (12.5%)	4 (3.2%)	0.270	4.32 (0.43-43.97; 0.216)	0.55 (0.33-0.77; 0.660)
Tissue minor criterion	0 (0.0%)	0 (0.0%)	NA	NA	NA
Repolarisation major criterion	4 (50.0%)	61 (48.4%)	1.000	1.07 (0.26-4.45; 0.931)	0.51 (0.30-0.72; 0.940)
Repolarisation minor criterion	0 (0.0%)	17 (13.5%)	0.595	0.00 (0.00-NA; 0.998)	0.57 (0.39-0.75; 0.523)
Depolarisation major criterion	0 (0.0%)	7 (5.6%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.33-0.73; 0.793)
Depolarisation minor criterion	2 (25.0%)	18 (14.3%)	0.341	2.00 (0.37-10.69; 0.418)	0.55 (0.34-0.77; 0.612)
Arrhythmias major criterion	6 (75.0%)	65 (52.0%)	0.283	2.77 (0.54-14.25; 0.223)	0.62 (0.43-0.81; 0.276)
Arrhythmias minor criterion	2 (25.0%)	35 (28.2%)	1.000	0.85 (0.16-4.40; 0.844)	0.52 (0.31-0.72; 0.879)
Family history major criterion	7 (87.5%)	91 (72.8%)	0.680	2.62 (0.31-22.05; 0.377)	0.57 (0.39-0.76; 0.487)
Family history minor criterion	0 (0.0%)	4 (3.2%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.32-0.72; 0.880)

Table A.1: General characteristics. HF: heart failure; AUC: area under the curve; CI: confidence interval; THH: The Heart Hospital; SCD: sudden cardiac death.

TABLE A.2: PATHOGENIC PKP2 VARIANTS IN PATIENTS WITHOUT HEART FAILURE OUTCOME

	Gen			GnomAD	ARVD database	ACMG
<u>No</u>	<u>e</u>	Type of variant	<u>Variant</u>	MAF	classification	classification
<u>13</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	Pathogenic
<u>26</u>	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon11:c.2198 2202del:p.733 734d el	2.12E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>29</u>	PKP2	stopgain SNV	ENSG00000057294:ENST00000070846:exon10:c.2027G>A:p.Trp676X	<u>not</u> <u>reported</u>	not classified	<u>Pathogenic</u>
<u>34</u>	PKP2	splicing	ENST00000070846:exon13:c.2489+1G>A	2.83E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>41</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>61</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>74</u>	PKP2	stopgain SNV	ENSG00000057294:ENST00000070846:exon5:c.1237C>T:p.Arg413X	1.42E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>92</u>	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon1:c.148_151del:p.50_51del	<u>not</u> <u>reported</u>	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>97</u>	PKP2	splicing	ENST00000070846:exon13:c.2489+1G>A	2.83E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>104</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>108</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
110	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>114</u>	PKP2	splicing	ENST00000070846:exon13:c.2489+1G>A	2.83E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
118	PKP2	stopgain SNV	ENSG00000057294:ENST00000070846:exon5: c.1237C>T:p.Arg413X	1.42E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>152</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
244	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>265</u>	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon8:c.1799delA:p.Asp600fs	<u>not</u> <u>reported</u>	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>274</u>	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon3:c.968 972del:p.323 324del	<u>not</u> <u>reported</u>	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>279</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>

283	PKP2	splicing	ENST00000070846:exon13:c.2489+1G>A	2.83E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
298	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon1:c.14delG:p.Gly5fs	<u>not</u> <u>reported</u>	not classified	<u>Pathogenic</u>
301	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon11:c.2198 2202del:p.733 734d el	2.12E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
308	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	Pathogenic

319	PKP2	splicing	ENST00000070846:exon13:c.2489+1G>A	2.83E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>324</u>	PKP2	stopgain SNV	ENSG00000057294:ENST00000070846:exon2:c.235C>T:p.Arg79X	3.98E-06	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>325</u>	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon11:c.2198 2202del:p.733 734d el	2.12E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
328	PKP2	stopgain SNV	ENSG00000057294:ENST00000070846:c.2071C>T:p.Arg691X	not reported	not classified	<u>Pathogenic</u>
<u>340</u>	PKP2	splicing	ENST00000070846:exon13:c.2489+1G>A	2.83E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>355</u>	PKP2	stopgain SNV	ENSG00000057294:ENST00000070846:exon3:c.582T>G:p.Tyr194X	not reported	not classified	<u>Pathogenic</u>
<u>364</u>	PKP2	splicing	ENST00000070846:exon12:c.2146-1G>C	3.18E-05	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>366</u>	PKP2	splicing	ENST00000070846:exon13:c.2489+1G>T	not reported	<u>Pathogenic</u>	<u>Pathogenic</u>
<u>382</u>	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon4:c.1075 1091del:p.359 364del	not reported	not classified	<u>Pathogenic</u>
<u>388</u>	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon2:c.314delC:p.Pro105fs	not reported	not classified	<u>Pathogenic</u>
392	PKP2	<u>frameshift</u> <u>deletion</u>	ENSG00000057294:ENST00000070846:exon9:c.1903delC:p.Arg635fs	not reported	not classified	<u>Pathogenic</u>

Table A.2: Pathogenic PKP2 variants in patients without heart failure outcome. No: patient number; GnomAD MAF: genome Aggregation Database minor allele frequency; ARVD: arrhythmogenic right ventricular dysplasia; ACMG: American College of Medical Genetics and Genomics; SNV: single nucleotide variant

Table A.32: Clinical symptoms at baseline.

Symptoms at initial presentation	HF	No HF n = 124	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
	n = 8				
Family history as reason for screening	0 (0.0%)	42 (33.1%)	0.057	0.00 (0.00-NA; 0.998)	0.67 (0.52-0.81; 0.117)
VT/VF as reason for screening	4 (50.0%)	38 (29.9%)	0.255	2.34 (0.56-9.86; 0.246)	0.60 (0.39-0.81; 0.342)

Cardiovascular symptoms as reason for screening	4 (50.0%)	40 (31.5%)	0.437	2.18 (0.52-9.14; 0.289)	0.59 (0.38-0.80; 0.381)
Incidental findings as reason for screening	0 (0.0%)	4 (3.1%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.31-0.72; 0.881)
Dyspnea	4 (50.0%)	19 (15.8%)	0.034	5.32 (1.22-23.12; 0.026)	0.67 (0.46-0.89; 0.106)
Chest pain	0 (0.0%)	16 (13.3%)	0.595	0.00 (0.00-NA; 0.999)	0.57 (0.38-0.75, 0.529)
Palpitations	3 (37.5%)	49 (40.8%)	1.000	0.87 (0.20-3.81; 0.853)	0.52 (0.31-0.72; 0.875)
Presyncope	1 (12.5%)	32 (26.7%)	0.679	0.393 (0.05-3.32; 0.391)	0.57 (0.38-0.76; 0.503)
Syncope	5 (62.5%)	39 (32.5%)	0.122	3.46 (0.79-15.23; 0.100)	0.65 (0.45-0.85; 0.156)

Table A.32: Clinical symptoms at baseline. HF: heart failure; AUC: area under the curve; CI: confidence interval; VT: ventricular tachycardia; VF: ventricular fibrillation TABLE A.43: ECG CHARACTERISTICS AT BASELINE.

ECG at baseline	HF	No HF n = 122	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
	n = 8				
QRS duration V1	98.75 ± 26.96	95.42 ± 18.36	0.632	1.01 (0.97-1.05; 0.629)	0.51 (0.30-0.72; 0.923)
QRS duration V6	85.00 ± 15.12	79.57 ± 19.17	0.435	1.02 (0.98-1.06; 0.432)	0.59 (0.41-0.78; 0.371)
S upstroke duration V1	34.29 ± 12.72	40.26 ± 13.70	0.263	0.97 (0.91-1.02; 0.257)	0.68 (0.47-0.89, 0.114)
S upstroke duration V2	37.14 ± 11.13	44.69 ± 15.68	0.213	0.97 (0.92-1.02; 0.204)	0.69 (0.49-0.89; 0.094)
Abnormal axis	3 (37.5%)	25 (20.8%)	0.371	2.28 (0.51-10.19; 0.281)	0.58 (0.37-0.80; 0.431)

Negative T wave V1	5 (62.5%)	88 (72.1%)	0.687	0.64 (0.15-2.84; 0.561)	0.55 (0.34-0.76; 0.649)
Negative T wave V2	5 (62.5%)	71 (58.2%)	1.000	1.20 (0.27-5.24; 0.811)	0.52 (0.32-0.73; 0.839)
Negative T wave V3	6 (75.0%)	60 (49.2%)	0.274	3.10 (0.60-15.97; 0.176)	0.63 (0.44-0.82; 0.222)
Negative T wave V4	7 (87.5%)	46 (37.7%)	0.008	11.57 (1.38-97.03; 0.024)	0.75 (0.60-0.90; 0.019)
Negative T wave V5	4 (50.0%)	30 (24.6%)	0.205	3.07 (0.72-13.02; 0.129)	0.63 (0.42-0.84; 0.230)
Negative T wave V6	3 (37.5%)	20 (16.4%)	0.149	3.06 (0.68-13.85; 0.146)	0.61 (0.39-0.83; 0.318)
Negative T wave I	1 (12.5%)	6 (4.9%)	0.366	2.76 (0.29-26.21; 0.376)	0.54 (0.32-0.76; 0.720)
Positive T wave I	2 (25.0%)	91 (74.6%)	0.007	0.11 (0.02-0.59; 0.010)	0.75 (0.57-0.93; 0.019
Negative T wave II	1 (12.5%)	16 (13.1%)	1.000	0.95 (0.11-8.21; 0.960)	0.50 (0.30-0.71 (0.977)
ositive T wave II	2 (25.0%)	68 (55.7%)	0.143	0.27 (0.05-1.36; 0.112)	0.65 (0.47-0.84; 0.146)
Negative T wave III	3 (37.5%)	42 (34.4%)	1.000	1.14 (0.26-5.02; 0.860)	0.52 (0.31-0.72; 0.884)
Positive T wave III	1 (12.5%)	36 (29.5%)	0.439	0.34 (0.04-2.88; 0.323)	0.59 (0.40-0.77; 0.421)
Negative T wave aVR	3 (37.5%)	81 (66.4%)	0.130	0.30 (0.07-1.33; 0.114)	0.64 (0.44-0.85; 0.172)
Positive T wave aVR	0 (0.0%)	13 (10.7%)	1.000	0.00 (0.00-NA; 0.999)	0.55 (0.37-0.74; 0.614)
Negative T wave aVL	0 (0.0%)	14 (11.5%)	0.598	0.00 (0.00-NA; 0.999)	0.56 (0.37-0.74; 0.587)
	1 (12.5%)	72 (59.0%)	0.021		0.73 (0.58-0.89; 0.028

Negative T wave aVF	2 (25.0%)	25 (20.5%)	0.671	1.29 (0.25-6.80; 0.761)	0.52 (0.31-0.73; 0.831
Positive T wave aVF	2 (25.0%)	56 (45.9%)	0.297	0.39 (0.08-2.02; 0.264)	0.61 (0.41-0.80; 0.323
Any Q wave V1	1 (12.5%)	2 (1.7%)	0.176	8.50 (0.69-105.49; 0.096)	0.55 (0.33-0.78; 0.608
Any Q wave V2	1 (12.5%)	1 (0.8%)	0.121	17.14 (0.97-303.76; 0.053)	0.56 (0.34-0.78; 0.58
Any Q wave V3	1 (12.5%)	1 (0.8%)	0.121	17.14 (0.97-303.76; 0.053)	0.56 (0.34-0.78; 0.58
Any Q wave V4	1 (12.5%)	5 (4.1%)	0.324	3.31 (0.34-32.36; 0.303)	0.54 (0.32-0.76; 0.69
Any Q wave V5	2 (25.0%)	21 (17.4%)	0.632	1.59 (0.30-8.42; 0.587)	0.54 (0.32-0.75; 0.71
Any Q wave V6	2 (25.0%)	27 (22.3%)	1.000	1.16 (0.22-6.08; 0.860)	0.51 (0.30-0.72; 0.89
Any Q wave I	2 (25.0%)	20 (16.5%)	0.624	1.68 (0.32-8.95; 0.541)	0.54 (0.33-0.76; 0.68
Any Q wave II	1 (12.5%)	23 (19.0%)	1.000	0.61 (0.07-5.19; 0.650)	0.53 (0.33-0.73; 0.76
Any Q wave III	2 (25.0%)	25 (20.7%)	0.673	1.28 (0.24-6.73; 0.771)	0.52 (0.31-0.73; 0.83
Any Q wave aVR	2 (25.0%)	13 (10.7%)	0.234	2.77 (0.51-15.17; 0.240)	0.57 (0.35-0.79; 0.50
Any Q wave aVL	1 (12.5%)	22 (18.2%)	1.000	0.64 (0.08-5.50; 0.687)	0.53 (0.33-0.73; 0.78
Any Q wave aVF	2 (25.0%)	23 (19.0%)	0.652	1.42 (0.27-7.50; 0.679)	0.53 (0.32-0.74; 0.77
Left bundle branch block (comp +incom)	1 (12.5%)	6 (4.9%)	0.366	2.76 (0.29-26.21; 0.376)	0.54 (0.32-0.76; 0.72
Complete LBBB	0 (0.0%)	3 (2.5%)	1.000	0.00 (0.00-NA; 0.999)	0.51 (0.31-0.72; 0.90

Right bundle branch block (")	3 (37.5%)	11 (9.0%)	0.041	6.06 (1.27-28.80; 0.024)	0.64 (0.42-0.87; 0.178)
Complete RBBB	1 (12.5%)	3 (2.5%)	0.227	5.67 (0.52-61.73; 0.155)	0.55 (0.33-0.77; 0.635)
Low voltage	4 (50.0%)	28 (23.0%)	0.102	3.36 (0.79-14.29; 0.101)	0.64 (0.42-0.85; 0.201)
Poor R wave progression	2 (25.0%)	42 (35.6%)	0.712	0.60 (0.12-3.12; 0.547)	0.55 (0.35-0.75; 0.617)

Table A.43: ECG characteristics at baseline. HF: heart failure; AUC: area under the curve; CI: confidence interval; LBBB: left bundle branch block; RBBB: right bundle branch block

Table A.<u>5</u>4: Signal averaged ECG measurements at baseline.

SAECG at baseline	HF	No HF n = 90	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
	n = 3				
QRS duration	140.8 ± 31.0	115.9 ± 21.1	0.050	1.04 (1.00-1.09; 0.073)	0.76 (0.49-1.00; 0.123)
QRS duration ≥ 140 ms	2 (66.7%)	10 (11.1%)	0.043	16.00 (1.33-192.76; 0.029)	0.78 (0.46-1.00; 0.103)
RMS	4.7 ± 1.1	24.5 ± 19.0	0.076	0.60 (0.34-1.05; 0.072)	0.95 (0.90-1.00; 0.009)
RMS ≤ 6 uV	3 (100%)	8 (8.9%)	0.001	605803060 (0.00-NA, 0.996)	0.96 (0.91-1.00; 0.007)
LAS	67.2 ± 25.2	41.9 ± 20.0	0.036	1.04 (1.00-1.09; 0.057)	0.83 (0.65-1.000; 0.056)
LAS ≥ 44	3 (100.0%)	34 (37.8%)	0.060	142541899 (0.00-NA; 0.997)	0.81 (0.67-0.95; 0.068)
All 3 parameters positive	2 (61.1%)	35 (38.9%)	0.561	3.14 (0.28-35.97; 0.357)	0.64 (0.32-0.96; 0.415)
Z QRS duration	114.2 ± 9.9	109.9 ± 18.9	0.703	1.01 (0.96-1.07; 0.699)	0.63 (0.45-0.81; 0.455)
Z RMS	9.8 ± 4.7	18.4 ± 16.5	0.371	0.90 (0.73-1.10; 0.297)	0.69 (0.47-0.90; 0.271)
Z LAS	51.0 ± 7.3	45.7 ± 18.3	0.619	1.01 (0.96-1.08; 0.614)	0.62 (0.44-0.80; 0.478)
Number of beats	418 ± 228	338 ± 182	0.460	1.00 (1.00-1.01; 0.462)	0.63 (0.36-0.89; 0.461)
noise	0.407 ± 0.083	0.382 ± 0.063	0.496	1496.5 (0.00-1.618E+12)	0.59 (0.23-0.95; 0.598)

Table <u>A.5</u>4: Signal averaged ECG (SAECG) measurements at baseline. HF: heart failure; AUC: area under the curve; CI: confidence interval; RMS: Root-mean-square voltage of the terminal 40 ms; LAS: low amplitude signal < 40 μV duration; Z: Z-vector

A.<u>6</u>5: HOLTER RESULTS AT BASELINE.

Holter at baseline	HF	No HF n = 85	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
	n = 1				
Number of VPB	1016	2475 ± 4543	0.750	1.00 (1.00-1.00; 0.734)	0.55 (0.45-0.66; 0.856)
VPB present	1 (100.0%)	81 (95.3%)	1.000	19944133.9 (0.00-NA; 0.999)	0.52 (0.00-1.00; 0.936)
≥ 1000 VPB	1 (100.0%)	39 (45.9%)	0.465	41422432.2 (0.00-NA; 0.998)	0.77 (0.50-1.00; 0.354)
Number of couplets	18	174 ± 384	0.686	0.99 (0.95-1.04; 0.756)	0.60 (0.50-0.71; 0.726)
Couplets present	1 (100.0%)	53 (63.9%)	1.000	30480657.5 (0.00-NA; 0.998)	0.68 (0.31-1.00; 0.536)
≥ 15 couplets	1 (100.0%)	36 (43.4%)	0.440	44874301.2 (0.00-NA; 0.998)	0.78 (0.52-1.00; 0.332)
Number of triplets	0	14 ± 39	0.731	0.00 (0.00-NA; 0.980)	0.71 (0.37-1.00; 0.473)
Triplets present	0 (0.0%)	34 (41.5%)	1.000	0.00 (0.00-NA; 0.998)	0.71 (0.36-1.00; 0.478)
Polymorphic VPBs	1 (100.0%)	43 (59.7%)	1.000	37569182.6 (0.00-NA; 0.998)	0.70 (0.35-1.00; 0.491)
VT present	1 (50.0%)	21 (25.3%)	0.453	2.95 (0.18-49.32; 0.451)	0.62 (0.21-1.00; 0.552)
Number of VT	1	2 ± 13	0.840	0.95 (0.47-1.90; 0.874)	0.60 (0.21-0.99; 0.639)
Max beats VT	0	3 ± 5	0.184	0.01 (0.00-NA; 0.997)	0.71 (0.37-1.00; 0.464)

TABLE

Max HR VT	123	149 ± 47	0.604	0.99 (0.96-1.03; 0.589)	0.80 (0.63-0.98; 0.322)				
Number SVE	0	364 ± 1474	0.807	0.01 (0.00-1.310E+24; 0.877)	0.84 (0.64-1.00; 0.248)				
AF present 0.54 (0	0 (0.0%) 2 (2.49 0.00-1.00; 0.902)	%) 1.000 0.00	0 (0.00-NA; 1	000) 0.51 (0.00-1.00; 0.96	7) SVT present	0 (0.0%) 6 (7.2%) 1.000	0.00	(0.00-NA;	0.999)

Table A.65: Holter results at baseline. HF: heart failure; AUC: area under the curve; CI: confidence interval; VPB: ventricular premature beats; VT: ventricular tachycardia; HR: heart rate; SVE: supraventricular ectopics; AF: atrial fibrillation; SVT: supraventricular tachycardia

A.76: RESULTS FROM CARDIOPULMONARY EXERCISE TEST (CPEX) AT BASELINE.

				· · ·	
CPEX at baseline	HF n = 6	No HF n = 113	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
Betablockers	4 (66.7%)	59 (52.2%)	0.683	1.83 (0.32-10.40; 0.495)	0.57 (0.34-0.80; 0.552)
Calcium channel blockers	0 (0.0%)	1 (0.9%)	1.000	0.00 (0.00-NA; 1.000)	0.50 (0.27-0.74; 0.971)
Sotalol	1 (16.7%)	10 (8.9%)	0.452	2.04 (0.22-19.22; 0.533)	0.54 (0.29-0.79; 0.750)
Amiodarone	1 (16.7%)	6 (5.4%)	0.313	3.53 (0.36-35.21; 0.282)	0.56 (0.30-0.81; 0.642)
Antiarrhythmics	0 (0.0%)	9 (8.0%)	1.000	0.00 (0.00-NA; 0.999)	0.54 (0.32-0.76; 0.743)
Arrhythmias at rest	6 (100.0%)	43 (38.4%)	0.004	225415093 (0.00-NA; 0.997)	0.81 (0.70-0.91; 0.011)
Arrhythmias during exercise	4 (66.7%)	67 (59.9%)	1.000	1.34 (0.24-7.65; 0.739)	0.53 (0.30-0.77; 0.778)
NSVT during exercise	0 (0.0%)	7 (6.3%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.31-0.76; 0.797)
Arrhythmias during recovery	3 (50.0%)	50 (44.7%)	1.000	1.24 (0.24-6.41; 0.797)	0.53 (0.29-0.77; 0.825)
NSVT during recovery	1 (16.7%)	1 (0.9%)	0.100	22.2 (1.21-408.76; 0.037)	0.58 (0.32-0.84; 0.516)
%VO2max	51.0 ± 19.9	81.0 ± 23.9	0.003	0.93 (0.89.0.98; 0.007)	0.84 (0.70-0.99; 0.005)
VO2 max (ml/min/1.73m2)	14.3 ± 3.1	24.3 ± 7.4	0.001	0.74 (0.59-0.93; 0.009)	0.88 (0.80-0.97; 0.002)
RQ	1.06 ± 0.19	1.10 ± 0.09	0.445	0.03 (0.00-234.11; 0.442)	0.60 (0.25-0.95; 0.448)

TABLE

Min	6.2 ± 0.8	8.6 ± 2.4	0.016	0.641 (0.44-0.94; 0.022)	0.84 (0.76	-0.92; 0.005)
Watts	74.0 ± 21.3	152.8 ± 58.1	0.003	0.97 (0.94-0.99; 0.010)	0.91 (0.83	-0.99; 0.002)
Max HR	130.7 ± 142.0 ± 0.348				0.99 (0.96-	0.62 (0.38-
	30.5 28.5				1.01; 0.347)	0.87; 0.309)
Predicted max	150 ± 54156 ± 440.772				 1.00 (0.978-	0.58 (0.31-
HR					1.02; 0.770)	0.84; 0.559)

Table A.76: Results from cardiopulmonary exercise test (CPEX) at baseline. HF: heart failure; AUC: area under the curve; CI: confidence interval; NSVT: nonsustained VT; VO2max: maximal oxygen uptake; %VO2max: VO2max: VO2max; WO2max: VO2max word predicted; RQ: respiratory quotient; HR: heart rate

A.87: ECHO CHARACTERISTICS AT BASELINE.

Echo at baseline	HF	No HF	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)	
	n = 8	n = 124				
Reduced RV function (incl borderline)	7 (87.5%)	55 (44.4%)	0.026	8.78 (1.05-73.53; 0.045)	0.72 (0.56-0.87; 0.041)	
Reduced RV function (excl borderline)	7 (87.5%)	54 (43.5%)	0.024	9.07 (1.08-75.99; 0.042)	0.72 (0.56-0.88; 0.038)	
RV dilatation (incl upper normal)	8 (100%)	85 (68.5%)	0.104	152044683 (0.00-NA; 0.998)	0.66 (0.51-0.81; 0.137)	
RV dilatation (excl upper normal)	8 (100%)	73 (58.9%)	0.023	177038337 (0.00-NA; 0.997)	0.71 (0.57-0.84; 0.052)	
RVOT PLAX (cm)	4.6 ± 1.1	3.6 ± 0.7	0.000	4.53 (1.69-12.14; 0.003)	0.79 (0.60-0.99; 0.011)	
RVOT PLAX ≥ 4.4 cm	4 (57.1%)	8 (9.1%)	0.004	13.33 (2.53-70.41; 0.002)	0.74 (0.51-0.97; 0.035)	
RVOT PLAX/BSA	2.6 ± 0.6	1.8 ± 0.3	0.000	10.03 (0.15-691.65; 0.286)	0.78 (0.46-1.00; 0.197)	
RVOT PLAX/BSA ≥ 2.0	4 (80.0%)	13 (19.1%)	0.009	16.9 (1.74-164.32; 0.015)	0.80 (0.59-1.00; 0.024)	
RVOT PSAX (cm)	4.0 ± 0.6	3.2 ± 0.6	0.090	3.21 (0.09-114.18; 0.522)	0.75 (0.20-1.00; 0.439)	
RVOT PSAX/BSA	2.2 ± 0.3	1.6 ± 0.3	0.017	15.18 (0.02-10230.20; 0.413)	0.75 (0.20-1.00; 0.439)	
RVIT (cm)	4.5 ± 1.0	3.8 ± 0.9	0.067	1.12 (0.24-5.22; 0.884)	0.50 (0.01-0.99; 1.000)	
RV/LV	1.5 ± 0.9	1.0 ± 0.6	0.103	0.62 (0.06-6.58; 0.691)	0.75 (0.20-1.00; 0.439)	
RV regional wall motion abnormalities	7 (87.5%)	67 (54.5%)	0.137	923128605 (0.00-NA; 1.000)	0.56-0.22-0.91; 0.734)	

TABLE

Akinesia or dyskinesia RV	3 (37.5%)	29 (23.8%)	0.406	1.92 (0.43-8.54; 0.390)	0.57 (0.35-0.78; 0.516)
Dyskinesia RV	0 (0.0%)	18 (14.8%)	0.599	0.00 (0.00-NA; 0.998)	0.57 (0.39-0.75; 0.485)
Bulge RV	0 (0.0%)	16 (13.3%)	0.595	0.00 (0.00-NA; 0.999)	0.57 (0.38-0.75; 0.529)
RV aneurysm	1 (12.5%)	14 (11.7%)	1.000	1.08 (0.12-9.46; 0.943)	0.50 (0.30-0.71; 0.969)
LVEDD	5.1 ± 1.1	5.1 ± 0.6	0.796	0.85 (0.25-2.89; 0.795)	0.60 (0.33-0.87; 0.359)
LVESD	3.9 ± 1.4	3.5 ± 0.6	0.117	1.87 (0.84-4.18; 0.127)	0.52 (0.27-0.78; 0.834)
IVS	0.7 ± 0.2	0.9 ± 0.2	0.059	0.01 (0.00-1.17; 0.057)	0.70 (0.51-0.88; 0.065)
Posterior LV wall	0.7 ± 0.2	0.8 ± 0.2	0.044	0.00 (0.00-1.03; 0.051)	0.72 (0.52-0.93; 0.034)
Left atrium	3.7 ± 0.8	3.7 ± 0.6	0.822	1.14 (0.36-3.63; 0.820)	0.54 (0.30-0.78; 0.705)
EF	48.8 ± 18.4	58.4 ± 11.6	0.030	0.95 (0.90-1.00; 0.038)	0.66 (0.46-0.85; 0.136)
EF < 55%	4 (50.0%)	39 (31.5%)	0.437	2.18 (0.52-9.17; 0.288)	0.59 (0.38-0.80; 0.380)
LV regional wall motion abnormalities	3 (37.5%)	26 (21.1%)	0.374	2.24 (0.50-9.99; 0.291)	0.58 (0.37-0.80; 0.439)
LV akinesia or dyskinesia	2 (25.0%)	7 (5.7%)	0.095	5.52 (0.94-32.52; 0.059)	0.60 (0.37-0.82; 0.361)
LV dyskinesia	1 (12.5%)	5 (4.1%)	0.320	3.37 (0.35-32.91; 0.296)	0.54 (0.32-0.76; 0.690)
LV aneurysm	0 (0.0%)	3 (2.5%)	1.000	0.00 (0.00-NA; 0.999)	0.51 (0.31-0.72; 0.906)
LV aneurysm	0 (0.0%)	3 (2.5%)	1.000	0.00 (0.00-NA; 0.999)	0.51 (0.31-0.72; 0.

Table A.87: Echo characteristics at baseline. HF: heart failure; AUC: area under the curve; CI: confidence interval; RV: right ventricular; RVOT: right ventricular; action outflow tract; PLAX: parasternal long axis view; BSA: body surface area; PSAX: parasternal short axis view; RVIT: right ventricular inflow tract; LV: left ventricle/ventricular;

LVEDD: left ventricular end-diastolic diameter; LVESD: left ventricular end-systolic diameter; IVS: interventricular septum thickness; LVEF: ejection fraction A.98: CLINICAL SYMPTOMS AT FOLLOW UP.

FU clinical	HF n = 8	No HF n = 122	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)			
Dyspnea	5 (62.5%)	23 (18.9%)	0.012	7.17 (1.60-32.20; 0.010)	0.72 (0.52-0.92; 0.039)			
Improvement of NYHA	1 (12.5%)	14 (12.0%)	1.000	1.05 (0.12-9.19; 0.964)	0.50 (0.29-0.71; 0.980)			
Deterioration NYHA	3 (37.5%)	17 (14.5%)	0.116	3.53 (0.77-16.15; 0.104)	0.62 (0.39-0.84; 0.278)			
Chest pain	0 (0.0%)	8 (6.6%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.34-0.73; 0.755)			
Palpitations	2 (25.0%)	22 (18.2%)	0.642	1.50 (0.28-7.93; 0.633)	0.53 (0.32-0.75; 0.747)			
Pre-Syncope	2 (25.0%)	10 (8.3%)	0.162	3.70 (0.55-20.79; 0.137)	0.58 (0.36-0.81; 0.429)			
Syncope	0 (0.0%)	7 (5.8%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.33-0.73; 0.785)			
EPS	4 (50.0%)	48 (38.4%)	0.711	1.60 (0.38-6.72; 0.518)	0.56 (0.35-0.77; 0.583)			
ICD	7 (87.5%)	83 (66.4%)	0.436	3.54 (0.42-29.75; 0.244)	0.61 (0.43-0.79; 0.318)			

Table A.98: Clinical symptoms at follow-up. HF: heart failure; AUC: area under the curve; CI: confidence interval; NYHA: New York Heart Association functional class.

TABLE

A. 109: MEDICATION AT FOLLOW-UP

Medication at last FU	HF	No HF n = 125	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
	n = 8				
Any medication	8 (100.0%)	112 (89.6%)	1.000	115391040 (0.00-NA; 0.999)	0.55 (0.36-0.74; 0.623)
Beta blockers	5 (62.5%)	74 (59.2%)	1.000	1.15 (0.26-5.02; 0.854)	0.52 (0.31-0.72, 0.876)
Amiodarone	2 (25.0%)	13 (10.4%)	0.223	2.87 (0.53-15.72; 0.224)	0.57 (0.35-0.79; 0.490)
Sotalol	1 (12.5%)	21 (16.8%)	1.000	0.71 (0.08-6.06; 0.752)	0.52 (0.32-0.72; 0.839)
ACE inhibitors	4 (50.0%)	45 (36.0%)	0.466	1.78 (0.42-7.45; 0.431)	0.57 (0.36-0.78; 0.508)
ARB	0 (0.0%)	14 (11.2%)	1.000	0.00 (0.00-NA; 0.999)	0.56 (0.37-0.74; 0.596)
Diuretics	4 (50.0%)	21 (16.8%)	0.041	4.95 (1.15-21.39; 0.032)	0.67 (0.45-0.88; 0.116)
Digoxin	2 (25.0%)	1 (1.6%)	0.018	20.50 (2.45-171.54; 0.005)	0.62 (0.39-0.85; 0.268)
Antiarrhythmics	0 (0.0%)	11 (8.8%)	1.000	0.00 (0.00-NA; 0.999)	0.54 (0.35-0.74; 0.677)

Table A.109: Medication at follow-up (FU). HF: heart failure; AUC: area under the curve; CI: confidence interval; ACE: angiotensin converting enzyme; ARB: angiotensin receptor blocker.

A.110: ELECTROCARDIOGRAPHIC CHARACTERISTICS AT FOLLOW-UP

ECG FU	HF	No HF n = 103	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-valu
	n = 6	11 - 103			
Time to follow up ECG	42.7 ± 25.0	76.1 ± 43.0	0.063	0.98 (0.95-1.00; 0.070)	0.74 (0.59-0.89; 0.0
Change in axis	0 (0.0%)	14 (14.1%)	1.000	0.00 (0.00-NA; 0.999)	0.57 (0.36-0.78; 0.5
QRS V1	100 ± 0.0	97 ± 20	0.808	1.01 (0.96-1.06; 0.805)	0.63 (0.49-0.76; 0.4
(QRS V1 _{FU})-(QRS V1 _{baseline})	10 ± 10	1 ± 20	0.425	1.02 (0.97-1.08; 0.420)	0.69 (0.51-0.88; 0.2
Shorter QRS V1	0 (0.0%)	33 (35.1%)	0.549	0.00 (0.00-NA; 0.998)	0.68 (0.45-0.90; 0.3
Longer QRS V1	2 (66.7%)	31 (33.0%)	0.266	4.07 (0.36-46.57; 0.260)	0.67 (0.35-0.98; 0.3
Stable QRS V1	1 (33.0%)	30 (31.9%)	1.000	1.07 (0.09-12.23; 0.959)	0.51 (0.17-0.84; 0.9
QRS V6	107 ± 23	86 ± 22	0.119	1.04 (0.99-1.08; 0.135)	0.76 (0.49-1.00; 0.1
(QRS V6 _{FU})-(QRS V6 _{baseline})	23 ± 6	5 ± 23	0.175	1.04 (0.99-1.09; 0.177)	0.80 (0.70-0.90; 0.0
Shorter QRS V6	0 (0.0%)	27 (28.7%)	0.558	0.00 (0.00-NA; 0.998)	0.64 (0.40-0.89; 0.3
Longer QRS V6	3 (100.0%)	42 (44.7%)	0.096	115391061 (0.00-NA; 0.997)	0.78 (0.62-0.94; 0.1
Stable QRS V6	0 (0.0%)	25 (26.6%)	0.567	0.00 (0.00-NA; 0.998)	0.63 (0.38-0.88; 0.4
S upstroke V1	40 ± 40	48 ± 19	0.493	0.98 (0.92-1.04; 0.481)	0.57 (0.14-1.00; 0.6

TABLE

(Sup V1 _{FU})-(Sup V1 _{baseline})	10 ± 42	7 ± 22	0.873	1.01 (0.95-1.07; 0.871)	0.51 (0.00-1.00; 0.969)
Shorter S upstroke V1	1 (50.0%)	24 (26.1%)	0.463	2.83 (0.17-47.09; 0.468)	0.62 (0.20-1.00; 0.564)

	1.000 1.000 0.493 0.873 1.000 1.000 1.000 0.028	0.88 (0.05-14.46; 0.927) 0.00 (0.00-NA; 0.998) 1.02 (0.97-1.08; 0.415) 1.03 (0.97-1.08; 0.377) 1.91 (0.12-31.49; 0.652) 1.39 (0.08-22.82; 0.820) 0.00 (0.00-NA; 0.998) 0.00 (0.00-NA; 0.999) 7.36 (1.27-42.87; 0.026)	0.52 (0.11-0.92; 0.937) 0.60 (0.28-0.93; 0.619) 0.64 (0.34-0.94; 0.417) 0.61 (0.12-1.00; 0.595) 0.58 (0.17-0.99; 0.578) 0.54 (0.13-0.95; 0.846) 0.62 (0.30-0.93; 0.568) 0.52 (0.28-0.75; 0.902) 0.73 (0.50-0.95; 0.063)
S upstroke V2 57 ± 21 48 ± 19 (Sup V2 _{FU})-(Sup V2 _{baseline}) 15 ± 35 2 ± 20 Shorter S upstroke V2 1 (50.0%) 32 (34.4%) Longer S upstroke V2 1 (50.0%) 39 (41.9%) Stable S upstroke V2 0 (0.0%) 22 (23.7%) New T wave inversion V1 0 (0.0%) 3 (3.0%) Flat T wave V1 4 (66.7%) 22 (21.4%) Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)	0.493 0.873 1.000 1.000 1.000 0.028	1.02 (0.97-1.08; 0.415) 1.03 (0.97-1.08; 0.377) 1.91 (0.12-31.49; 0.652) 1.39 (0.08-22.82; 0.820) 0.00 (0.00-NA; 0.998) 0.00 (0.00-NA; 0.999)	0.64 (0.34-0.94; 0.417) 0.61 (0.12-1.00; 0.595) 0.58 (0.17-0.99; 0.578) 0.54 (0.13-0.95; 0.846) 0.62 (0.30-0.93; 0.568) 0.52 (0.28-0.75; 0.902)
(Sup V2FU)-(Sup V2baseline) 15 ± 35 2 ± 20 Shorter S upstroke V2 1 (50.0%) 32 (34.4%) Longer S upstroke V2 1 (50.0%) 39 (41.9%) Stable S upstroke V2 0 (0.0%) 22 (23.7%) New T wave inversion V1 0 (0.0%) 3 (3.0%) Flat T wave V1 4 (66.7%) 22 (21.4%) Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)	0.873 1.000 1.000 1.000 1.000 0.028	1.03 (0.97-1.08; 0.377) 1.91 (0.12-31.49; 0.652) 1.39 (0.08-22.82; 0.820) 0.00 (0.00-NA; 0.998) 0.00 (0.00-NA; 0.999)	0.61 (0.12-1.00; 0.595 0.58 (0.17-0.99; 0.578 0.54 (0.13-0.95; 0.846 0.62 (0.30-0.93; 0.568 0.52 (0.28-0.75; 0.902
Shorter S upstroke V2 1 (50.0%) 32 (34.4%) Longer S upstroke V2 1 (50.0%) 39 (41.9%) Stable S upstroke V2 0 (0.0%) 22 (23.7%) New T wave inversion V1 0 (0.0%) 3 (3.0%) Flat T wave V1 4 (66.7%) 22 (21.4%) Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)	1.000 1.000 1.000 1.000 0.028	1.91 (0.12-31.49; 0.652) 1.39 (0.08-22.82; 0.820) 0.00 (0.00-NA; 0.998) 0.00 (0.00-NA; 0.999)	0.58 (0.17-0.99; 0.578 0.54 (0.13-0.95; 0.846 0.62 (0.30-0.93; 0.568 0.52 (0.28-0.75; 0.902
Longer S upstroke V2 1 (50.0%) 39 (41.9%) Stable S upstroke V2 0 (0.0%) 22 (23.7%) New T wave inversion V1 0 (0.0%) 3 (3.0%) Flat T wave V1 4 (66.7%) 22 (21.4%) Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)	1.000 1.000 1.000 0.028	1.39 (0.08-22.82; 0.820) 0.00 (0.00-NA; 0.998) 0.00 (0.00-NA; 0.999)	0.54 (0.13-0.95; 0.846 0.62 (0.30-0.93; 0.568 0.52 (0.28-0.75; 0.902
Stable S upstroke V2 0 (0.0%) 22 (23.7%) New T wave inversion V1 0 (0.0%) 3 (3.0%) Flat T wave V1 4 (66.7%) 22 (21.4%) Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)	1.000 1.000 0.028	0.00 (0.00-NA; 0.998) 0.00 (0.00-NA; 0.999)	0.62 (0.30-0.93; 0.568 0.52 (0.28-0.75; 0.902
New T wave inversion V1 0 (0.0%) 3 (3.0%) Flat T wave V1 4 (66.7%) 22 (21.4%) Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)	1.000 0.028	0.00 (0.00-NA; 0.999)	0.52 (0.28-0.75; 0.902
Flat T wave V1 4 (66.7%) 22 (21.4%) Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)	0.028		
Loss of T wave V1 1 (16.7%) 17 (17.0%) New T wave inversion V2 0 (0.0%) 3 (3.0%)		7.36 (1.27-42.87; 0.026)	0.73 (0.50-0.95; 0.063
New T wave inversion V2 0 (0.0%) 3 (3.0%)	1 000		
	1.000	0.98 (0.11-8.90; 0.983)	0.50 (0.26-0.74; 0.989
Flat T wave V2 2 (33.3%) 16 (15.7%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.28-0.75; 0.902
	0.261	2.69 (0.45-15.93; 0.276)	0.59 (0.34-0.84; 0.469
Loss of T wave V2 1 (16.7%) 12 (12.4%)	0.565	1.42 (0.15-13.18; 0.760)	0.52 (0.28-0.77; 0.860
New T wave inversion V4 0 (0.0%) 8 (8.0%)	1.000	0.00 (0.00-NA; 0.999)	0.54 (0.32-0.76; 0.743
Flat T wave V4 2 (33.3%) 20 (19.4%)	0.599	2.08 (0.36-12.14; 0.418)	0.57 (0.32-0.82; 0.568

TABLE

New T wave inversion V3	0 (0.0%)	7 (7.0%)	1.000	0.00 (0.00-NA; 0.999)	0.54 (0.31-0.76; 0.774)
Flat T wave V3	2 (33.3%)	10 (9.7%)	0.130	4.65 (0.76-28.65; 0.098)	0.62 (0.36-0.88; 0.332)
Loss of T wave V3	0 (0.0%)	7 (7.0%)	1.000	0.00 (0.00-NA; 0.999)	0.54 (0.31-0.76; 0.774)

Flat T wave II

3 (50.0%)

32 (31.1%) 0.383

2.22 (0.42-11.56; 0.345)

0.60 (0.35-0.84; 0.437)

1.000

Loss of T wave II	0 (0.0%)	13 (13.0%)		0.00 (0.00-NA; 0.999)	0.57 (0.35-0.78; 0.594
Loss of T wave V4	1 (16.7%)	14 (14.0%)	1.000	1.23 (0.13-11.31; 0.856)	0.51 (0.27-0.76; 0.913
New T wave inversion V5	0 (0.0%)	2 (2.0%)	1.000	0.00 (0.00-NA; 0.999)	0.51 (0.28-0.75; 0.935
Flat T wave V5	3 (50.0%)	26 (25.2%)	0.190	2.96 (0.56-15.59; 0.200)	0.62 (0.38-0.87; 0.309
Loss of T wave V5	2 (33.3%)	18 (17.8%)	0.312	2.31 (0.39-13.57; 0.356)	0.59 (0.33-0.83; 0.52
New T wave inversion V6	1 (16.7%)	2 (2.0%)	0.162	0.98 (0.76-127.17; 0.081)	0.57 (0.31-0.83; 0.54
Flat T wave V6	2 (33.3%)	26 (25.2%)	0.646	1.48 (0.26-8.56; 0.661)	0.54 (0.30-0.79; 0.740
Loss of T wave V6	1 (16.7%)	14 (14.0%)	1.000	1.23 (0.13-11.31; 0.856)	0.51 (0.27-0.76; 0.91
Precordial new T wave inversion	1 (16.7%)	17 (17.0%)	1.000	0.98 (0.11-8.90; 0.983)	0.50 (0.26-0.74; 0.98
Flat T wave any precordial lead	5 (83.3%)	62 (60.2%)	0.403	3.31 (0.37-29.34; 0.283)	0.62 (0.41-0.83; 0.342
Flat T wave in >1 precordial lead	3 (50.0%)	30 (29.1%)	0.364	2.43 (0.47-12.74; 0.293)	0.60 (0.36-0.85; 0.39
Loss of T wave in any precordial lead	5 (83.3%)	45 (44.6%)	0.096	0.62 (0.70-55.19; 0.101)	0.69 (0.50-0.89; 0.11
Loss of T wave in >1 precordial lead	1 (16.7%)	20 (19.8%)	1.000	0.81 (0.09-7.33; 0.851)	0.52 (0.28-0.75; 0.89
New T wave inversion I	0 (0.0%)	2 (2.0%)	1.000	0.00 (0.00-NA; 0.999)	0.51 (0.28-0.75; 0.93
Flat T wave I	4 (66.7%)	28 (27.2%)	0.060	5.36 (0.93-30.89; 0.060)	0.70 (0.47-0.92; 0.10
			1.000		

Loss of T wave I	2 (33.3%)	16 (16.0%)	0.269	2.63 (0.44-15.56; 0.288)	0.59 (0.33-0.84; 0.477)
New T wave inversion II	0 (0.0%)	1 (1.0%)	1.000	0.00 (0.00-NA; 1.000)	0.51 (0.27-0.74; 0.967)

Any Flat T

6 (100.0%) 97 (94.2%) 1.000

99926303.2 (0.00-NA; 0.999) 0.53 (0.30-0.76; 0.811)

Flat T in >1 lead	4 (66.7%)	70 (68.0%)		0.94 (0.16-5.41; 0.947)	0.51 (0.27-0.75; 0.95
New T wave inversion III	0 (0.0%)	5 (5.0%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.30-0.75; 0.83
Flat T wave III	3 (50.0%)	44 (42.7%)	1.000	1.34 (0.26-6.96; 0.727)	0.54 (0.30-0.78; 0.76
Loss of T wave III	1 (16.7%)	26 (26.0%)	1.000	0.57 (0.06-5.10; 0.615)	0.55 (0.32-0.77; 0.70
New T wave inversion aVR	0 (0.0%)	2 (2.0%)	1.000	0.00 (0.00-NA; 0.999)	0.51 (0.28-0.75; 0.93
Flat T wave aVR	4 (66.7%)	36 (35.0%)	0.189	3.72 (0.65-21.314; 0.140)	0.66 (0.43-0.88; 0.19
Loss of T wave aVR	1 (16.7%)	21 (21.0%)	1.000	0.75 (0.08-6.79; 0.800)	0.52 (0.29-0.76; 0.85
New T wave inversion aVL	0 (0.0%)	0 (0.0%)	NA	NA	NA
Flat T wave aVL	3 (50.0%)	44 (42.7%)	1.000	1.34 (0.26-6.96; 0.727)	0.54 (0.30-0.78; 0.76
Loss of T wave aVL	1 (16.7%)	23 (23.0%)	1.000	0.67 (0.07-6.03; 0.720)	0.53 (0.30-0.76; 0.79
New T wave inversion aVF	0 (0.0%)	4 (4.0%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.29-0.75; 0.87
Flat T wave aVF	3 (50.0%)	43 (41.7%)	0.696	1.40 (0.27-7.25; 0.692)	0.54 (0.30-0.78; 0.73
Loss of T wave aVF	1 (16.7%)	19 (19.0%)	1.000	0.85 (0.09-7.73; 0.887)	0.51 (0.28-0.75; 0.92
New T wave inversion extremity leads	0 (0.0%)	10 (10.0%)	1.000	0.00 (0.00-NA; 0.999)	0.55 (0.33-0.77; 0.68
	1 (16.7%)	22 (22.0%)	1.000	0.71 (0.08-6.39; 0.759)	0.53 (0.30-0.76; 0.82

Flat T wave any extremity lead	5 (83.3%)	91 (88.3%)	0.542	0.66 (0.07-6.13; 0.714)	0.53 (0.28-0.77; 0.837)
Flat T in > 1 extremity lead	3 (50.0%)	51 (49.5%)	1.000	1.02 (0.20-5.29; 0.982)	0.50 (0.26-0.74; 0.984)
Loss of T any extremity lead	3 (50.0%)	57 (57.0%)	1.000	0.75 (0.15-3.92; 0.738)	0.54 (0.30-0.77; 0.774)
Loss of T wave in >1 extremity lead	1 (16.7%)	27 (27.0%)	1.000	0.54 (0.06-4.84; 0.582)	0.55 (0.33-0.78; 0.672)
Any loss of T wave	6 (100.0%)	74 (73.3%)	0.334	130984433 (0.00-NA; 0.998)	0.63 (0.45-0.82; 0.273)
Loss of T wave in >1 lead	2 (33.3%)	44 (43.6%)	0.698	0.65 (0.11-3.70; 0.625)	0.55 (0.32-0.78; 0.675)
Epsilon wave V1	0 (0.0%)	7 (6.8%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.31-0.76; 0.780)
Epsilon wave V2	0 (0.0%)	3 (2.9%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.28-0.75; 0.905)
Epsilon wave V3	0 (0.0%)	2 (1.9%)	1.000	0.00 (0.00-NA; 0.999)	0.51 (0.28-0.74; 0.936)
Epsilon wave II	0 (0.0%)	3 (2.9%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.28-0.75; 0.905)
Epsilon wave III	0 (0.0%)	5 (4.9%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.30-0.75; 0.842)
Epsilon wave aVF	0 (0.0%)	3 (2.9%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.28-0.75; 0.905)
Q wave V1	0 (0.0%)	4 (3.9%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.29-0.75; 0.873)
New Q wave V1	0 (0.0%)	3 (3.0%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.28-0.75; 0.902)
Q wave V2	0 (0.0%)	1 (1.0%)	1.000	0.00 (0.00-NA; 1.000)	0.51 (0.27-0.74; 0.968)

New Q wave V2	0 (0.0%)	1 (1.0%)	1.000	0.00 (0.00-NA; 1.000)	0.51 (0.27-0.74; 0.968)
Q wave V3	0 (0.0%)	0 (0.0%)	NA	NA	NA
New Q wave V3	0 (0.0%)	0 (0.0%)	NA	NA	NA
Q wave V4	0 (0.0%)	6 (5.9%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.30-0.76; 0.811)
New Q wave V4	0 (0.0%)	5 (5.0%)		0.00 (0.00-NA; 0.999)	0.53 (0.30-0.75; 0.838)

Q wave V5	0 (0.0%)	24 (23.3%)	0.335	0.00 (0.00-NA; 0.998)	0.62 (0.43-0.81; 0.339
New Q wave V5	0 (0.0%)	12 (12.0%)	1.000	0.00 (0.00-NA; 0.999)	0.56 (0.35-0.77; 0.623
Q wave V6	1 (16.7%)	40 (38.8%)	0.406	0.00 (0.00-NA; 0.999)	0.64 (0.47-0.82; 0.245
Pathological Q wave V6	1 (16.7%)	1 (1.9%)	0.158	10.10 (0.78-131.03; 0.077)	0.57 (0.31-0.83; 0.545
New Q wave V6	0 (0.0%)	21 (21.0%)	0.596	0.00 (0.00-NA; 0.998)	0.61 (0.41-0.80; 0.389
Precordial new Q wave	0 (0.0%)	26 (26.0%)	0.332	0.00 (0.00-NA; 0.998)	0.63 (0.45-0.81; 0.286
Q wave I	1 (16.7%)	22 (21.4%)	1.000	0.87 (0.29-2.63; 0.804)	0.52 (0.29-0.76; 0.852
New Q wave I	0 (0.0%)	11 (11.0%)	1.000	0.00 (0.00-NA; 0.999)	0.56 (0.34-0.77; 0.652
Q wave II	0 (0.0%)	22 (21.3%)	0.345	0.00 (0.00-NA; 0.998)	0.61 (0.41-0.80; 0.383
New Q wave II	0 (0.0%)	10 (10.0%)	1.000	0.00 (0.00-NA; 0.999)	0.55 (0.33-0.77; 0.682
Q wave III	1 (16.7%)	24 (23.3%)	1.000	0.93 (0.28-3.09; 0.905)	0.53 (0.29-0.76; 0.83
New Q wave III	1 (16.7%)	14 (14.0%)	1.000	1.23 (0.13-11.31; 0.856)	0.51 (0.27-0.76; 0.913
Q wave aVR	0 (0.0%)	0 (0.0%)	NA	NA	NA
New Q aVF	0 (0.0%)	15 (15.0%)	0.591	0.00 (0.00-NA; 0.999)	0.58 (0.37-0.78; 0.538
New Q extremity	1 (16.7%)	46 (46.0%)	0.224	0.24 (0.03-2.08; 0.193)	0.65 (0.44-0.85; 0.229

TABLE

Q wave aVL	0 (0.0%)	35 (34.0%)	0.174	0.00 (0.00-NA; 0.997)	0.67 (0.50-0.84; 0.163)
New Q aVL	0 (0.0%)	25 (25.0%)	0.332	0.00 (0.00-NA; 0.998)	0.63 (0.44-0.81; 0.305)
Q wave aVF	1 (16.7%)	25 (24.3%)	1.000	0.82 (0.27-2.51; 0.722)	0.54 (0.31-0.77; 0.770)
Any new Q	1 (16.7%)	57 (57.0%)	0.089	0.15 (0.02-1.34; 0.090)	0.70 (0.51-0.89; 0.098)
Complete LBBB	2 (33.3%)	4 (3.9%)	0.035	12.38 (1.73-88.72; 0.012)	0.65 (0.38-0.91; 0.227)
Complete + incomplete LBBB	3 (37.5%)	8 (6.6%)	0.020	24.75 (3.75-163.31; 0.001)	0.73 (0.47-0.99; 0.058)
Complete RBBB	1 (16.7%)	8 (7.8%)	0.411	2.38 (0.25-22.88; 0.454)	0.54 (0.29-0.80; 0.715)
Complete + incomplete RBBB	3 (37.5%)	16 (13.1%)	0.092	1.67 (0.18-15.65; 0.652)	0.53 (0.28-0.78; 0.806)
Low voltage	4 (66.7%)	33 (32.0%)	0.177	4.24 (0.74-24.34; 0.105)	0.67 (0.45-0.90; 0.155)
Any low voltage	6 (75.0%)	49 (40.2%)	0.070	4.47 (0.87-23.06; 0.074)	0.67 (0.49-0.86; 0.100)
Poor R progression	3 (50.0%)	29 (28.2%)	0.356	2.55 (0.49-13.38; 0.268)	0.61 (0.37-0.85; 0.370)
Any poor R progression	4 (50.0%)	56 (45.9%)	1.000	1.18 (0.28-4.93; 0.822)	0.52 (0.31-0.73; 0.846)

Table A.1140: Electrocardiographic (ECG) characteristics at follow-up (FU). HF: heart failure; AUC: area under the curve; CI: confidence interval; LBBB: left bundle branch block; RBBB: right bundle branch block

A.121: SIGNAL AVERAGED ECG MEASUREMENTS AT FOLLOW-UP

HF	No HF n = 38	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI, p-value)
n = 1				

Time to follow up SAECG	7.00	44.82 ± 28.56	0.199	0.00 (0.00-NA; 0.999)	1.00 (1.00-1.00; 0.091)
QRS duration	158.0	120.7 ± 21.4	0.094	1.08 (0.96-1.20; 0.192)	0.92 (0.84-1.00; 0.155)
QRS duration positive (≥114ms)	1 (100%)	23 (60.5%)	1.000	70238037 (0.00-NA; 0.999)	0.70 (0.33-1.00; 0.505)
Change positivity QRS duration	0 (0.0%)	7 (18.4%)	1.000	0.00 (0.00-NA; 0.999)	0.59 (0.11-1.00; 0.756)
Difference QRS duration	16.5	8.1 ± 14.2	0.566	1.03 (0.93-1.14; 0.566)	0.82 (0.69-0.94; 0.286)
RMS 40	2.1	22.3 ± 18.7	0.295	0.18 (0.00-14.46; 0.447)	0.97 (0.92-1.00; 0.110)
RMS 40 positive	1 (100%)	25 (65.8%)	1.000	64618993.6 (0.00-NA; 0.999)	0.67 (0.28-1.00; 0.564)
Change positivity RMS 40	0 (0.0%)	10 (26.3%)	1.000	0.00 (0.00-NA; 0.999)	0.63 (0.19-1.00; 0.657)
Difference RMS40	-1.9	-5.8 ± 15.4	0.805	1.02 (0.86-1.21; 0.800)	0.61 (0.45-0.76; 0.722)
LAS	82.0	44.3 ± 15.6	0.022	2.695E+10 (0.00-NA; 0.967)	1.00 (1.00-1.00; 0.091)
LAS positive ≥ 38	1 (100%)	25 (65.8%)	1.000	64618993.5 (00-NA; 0.999)	0.67 (0.28-1.00; 0.564)
Change positivity LAS	0 (0.0%)	9 (23.7%)	1.000	0.00 (0.00-NA; 0.999)	0.62 (0.17-1.00; 0.689)
All 3 parameters positive FU	1 (100%)	20 (52.6%)	1.000	80773742.1 (0.00-NA; 0.998)	0.74 (0.41-1.00; 0.424)
Any SAECG positive	2 (66.7%)	61 (76.3%)	0.568	0.62 (0.05-7.26; 0.706)	0.55 (0.20-0.89; 0.779)
Difference LAS	18.5	4.7 ± 16.6	0.419	1.06 (0.93-1.20; 0.389)	0.84 (0.73-0.96; 0.248

TABLE

ZQRS duration	158.0	121.8 ± 36.0	0.335	1.02 (0.98-1.06; 0.360)	0.88 (0.74-1.00; 0.212)
ZRMS40	1.5	17.1 ± 18.7	0.420	0.50 (0.17-1.46; 0.205)	0.96 (0.88-1.00; 0.127)
ZLAS	104.5	59.6 ± 55.0	0.432	1.01 (0.99-1.03; 0.463)	0.92 (0.81-1.00; 0.166)
Nbeats	307	279 ± 105	0.796	1.00 (0.98-1.02; 0.788)	0.82 (0.69-0.94; 0.286)
fnoise	0.355	0.374 ± 0.067	0.778	0.02 (0.00-1.271E+10; 0.771)	0.68 (0.54-0.83; 0.534)

Table $\underline{A.1241}$: Signal averaged ECG (SAECG) measurements at follow-up. HF: heart failure; AUC: area under the curve; CI: confidence interval; RMS: Root-mean-square voltage of the terminal 40 ms; LAS: low amplitude signal < 40 μ V duration; Z: Z-vector

A.132: HOLTER RESULTS AT FOLLOW-UP

Holter FU	HF n = 0	No HF n = 37	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
Time to FU Holter	NA	65.7 ± 37	NA	NA	NA
Number of VPB	NA	1675 ± 3251	NA	NA	NA
Prevalence VPB FU	NA	34 (94.4%)	NA	NA	NA
Prevalence VPB BL+FU	1 (100.0%)	82 (96.5%)	1.000	19700912.8 (0.00-NA; 0.999)	0.52 (0.00-1.00; 0.952)
Number of couplets	NA	69 ± 168	NA	NA	NA
Prevalence couplets FU	NA	21 (56.8%)	NA	NA	NA
Prevalence couplets BL+FU	1 (100.0%)	56 (67.5%)	1.000	28847765.2 (0.00-NA, 0.998)	0.66 (0.27-1.00; 0.578)
Number of triplets	NA	25 ± 135	NA	NA	NA
≥ 7 triplets FU	NA	4 (10.8%)	NA	NA	NA
Prevalence triplets FU	NA	5 (14.7%)	NA	NA	NA
Prevalence triplets BL+FU	0 (0.0%)	33 (40.2%)	1.000	0.00 (0.00-NA; 0.998)	0.70 (0.35-1.00 0.491)
Polymorphic VPBs	NA	17 (58.6%)	NA	NA	NA
Number of VTs	NA	0.2 ± 0.8	NA	NA	NA

TABLE

Prevalence VT FU	NA	2 (5.4%)	NA	NA	NA
Prevalence VT BL+FU	1 (50.0%)	22 (26.5%)	0.470	2.77 (0.17-46.26; 0.478)	0.62 (0.20-1.00; 0.572)
Max beats VT	NA	9 ± 2	NA	NA	NA
Max HR VT	NA	142	NA	NA	NA
Number SVE	NA	252 ± 1085	NA	NA	NA
Prevalence AF FU	NA	3 (7.7%)	NA	NA	NA
Prevalence AF BL+FU	0 (0.0%)	3 (3.6%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.00-1.00; 0.951)
Prevalence SVT FU	NA	3 (8.1%)	NA	NA	NA
Prevalence SVT BL+FU	0 (0.0%)	9 (10.8%)	1.000	0.00 (0.00-NA; 0.999)	0.55 (0.04-1.00; 0.853)

Table A.1312: Holter results at follow-up (FU). HF: heart failure; AUC: area under the curve; CI: confidence interval; VPB: ventricular premature beats; BL: baseline; VT: ventricular tachycardia; HR: heart rate; SVE: supraventricular ectopics; AF: atrial fibrillation; SVT: supraventricular tachycardia

A.1413: RESULTS FROM CARDIOPULMONARY EXERCISE TEST AT FOLLOW-UP

CPEX FU	HF	No HF n =42	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)	
	n = 2	11 -42				
Time to FU CPEX	19.0 ± 11.3	55.0 ± 50.3	0.323	0.94 (0.82-1.06; 0.307)	0.79 (0.55-1.00; 0.176)	
Betablockers	1 (50.0%)	25 (59.5%)	1.000	0.68 (0.04-11.63; 0.790)	0.55 (0.13-0.96; 0.822)	
Calcium channel antagonists	0 (0.0%)	0 (0.0%)	NA	NA	NA	
Sotalol	0 (0.0%)	7 (16.7%)	1.000	0.00 (0.00-NA; 0.999)	0.58 (0.23-0.94; 0.693)	
Amiodarone	0 (0.0%)	7 (16.7%)	1.000	0.00 (0.00-NA; 0.999)	0.58 (0.23-0.94; 0.693)	
Antiarrhythmics	0 (0.0%)	2 (4.8%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.13-0.92; 0.910)	
%vO2	50.0 ± 2.8	79.6 ± 23.4	0.087	0.91 (0.80-1.03; 0.122)	0.89 (0.78-1.00 0.067)	
Difference %vO2	-12.0 ± 14.1	0.1 ± 14.5	0.259	0.93 (0.83-1.06; 0.269)	0.74 (0.45-1.00; 0.258)	
vO2	12.8 ± 3.5	24.3 ± 7.3	0.035	0.54 (0.26-1.13; 0.541)	0.96 (0.88-1.00; 0.031)	
Difference vO2	-3.0 ± 3.1	-1.6 ± 5.7	0.744	0.96 (0.74-1.24; 0.733)	0.61 (0.34-0.88; 0.597)	
RQ	1.0 ± 0.1	1.1 ± 0.1	0.149	0.00 (0.00-195.6; 0.166)	0.77 (0.48-1.00; 0.200)	
Difference RQ	0.0	0.0 ± 0.1	0.984	0.78 (0.00-4.493E+9; 0.983)	0.52 (0.33-0.71; 0.949)	
Min	5.0 ± 0	8.9 ± 2.2	0.016	0.00 (0.00-NA; 0.993)	0.99 (0.96-1.00; 0.021)	

TABLE

Difference min	-1.5 ± 0.7	0.0 ± 3.0	0.491	0.82 (0.48-1.40; 0.474)	0.72 (0.58-0.86; 0.299)
Watts	52.5 ± 24.7	154.2 ± 51.8	0.010	0.06 (0.00-5.823E+131; 0.986)	1.00 (1.00-1.00; 0.019)
Difference Watts	-22.5 ± 38.9	-12.5 ± 33.0	0.491	0.989 (0.94-1.04; 0.674)	0.56 (0.09-1.00; 0.776)
MaxHR	152.5 ± 31.8	137.1 ± 23.0	0.366	1.03 (0.97-1.10; 0.370)	0.67 (0.29-1.00; 0.430)
Difference MaxHR	-9.5 ± 14.8	-8.8 ± 21.5	0.962	1.00 (0.93-1.07; 0.961)	0.50 (0.22-0.78; 1.000)
Predicted HR	166 ± 6	175 ± 13	0.342	0.94 (0.82-1.07; 0.343)	0.74 (0.56-0.93; 0.249)
Arrhythmias at rest FU	2 (100.0%)	17 (40.5%)	0.181	190055859 (0.00-NA; 0.998)	0.80 (0.61-0.99; 0.159)
Any arrhythmias at rest	6 (100.0%)	46 (41.4%)	0.007	210714104 (0.00-NA; 0.997)	0.79 (0.68-0.91; 0.016)
Arrhythmias during exercise FU	2 (100.0%)	20 (47.6%)	0.488	161547477 (0.00-NA; 0.998)	0.76 (0.54-0.98; 0.215)
Any arrhythmias during exercise	5 (83.3%)	69 (62.2%)	0.412	3.04 (0.34-26.95; 0.317)	0.61 (0.40-0.82; 0.384)
Arrhythmias during recovery FU	2 (100.0%)	21 (50.0%)	0.489	153854743 (0.00-NA; 0.998)	0.75 (0.52-0.98; 0.237)
Any arrhythmias during recovery	4 (66.7%)	54 (48.6%)	0.439	2.11 (0.37-12.00; 0.399)	0.59 (0.36-0.82; 0.458)

Table A.1413: Results from cardiopulmonary exercise test (CPEX) at follow-up (FU). HF: heart failure; AUC: area under the curve; CI: confidence interval; NSVT: nonsustained VT; VO2max: maximal oxygen uptake; %VO2max: VO2max, % of predicted; RQ: respiratory quotient; HR: heart rate

A.154: ECHO CHARACTERISTICS AT FOLLOW-UP

Echo FU	HF	No HF n = 107	p-value	Odds ratio (95% CI; p-value)	AUC (95% CI; p-value)
	n = 5				

Time to FU Echo	47.8 ± 20.1	79.1 ± 39.2	0.079	0.98 (0.95-1.00; 0.094)	0.74 (0.60-0.88; 0.070
BSA FU	1.9 ± 0.0	2.0 ± 0.2	0.366	0.01 (0.00-108.62; 0.330)	0.71 (0.58-0.84; 0.327
BMI FU	27.4 ± 3.8	27.6 ± 5.5	0.955	0.99 (0.74-1.32; 0.954)	0.57 (0.13-1.00; 0.757
Any RV dysfunction (incl borderline)	8 (100.0%)	69 (57.0%)	0.021	187301416 (0.00-NA; 0.997)	0.72 (0.59-0.84; 0.04
Any RV dysfunction (excl borderline)	8 (100.0%)	67 (55.4%)	0.020	192892505 (0.00-NA; 0.997)	0.72 (0.60-0.85; 0.03
Any RV dilatation (incl upper normal)	8 (100.0%)	96 (79.3%)	0.353	134622901 (0.00-NA; 0.998)	0.60 (0.43-0.77; 0.32
Any RV dilatation (excl upper normal)	8 (100.0%)	86 (71.1%)	0.107	150276729 (0.00-NA, 0.998)	0.65 (0.49-0.80; 0.17
RVOTlax	4.2 ± 0.6	3.7 ± 0.7	0.277	2.24 (0.51-9.86; 0.284)	0.72 (0.51-0.93; 0.19
RVOTlax/BSA	2.4 ± 0.2	1.9 ± 0.4	0.054	35.74 (0.57-2254; 0.091)	0.93 (0.83-1.00; 0.04
Difference RVOTlax	0.5 ± 0.6	0.2 ± 0.5	0.475	2.45 (0.22-27.85; 0.470)	0.66 (0.28-1.00; 0.43
RVOTsax	4.2	3.8 ± 0.6	0.454	4.40 (0.11-182.59; 0.435)	0.80 (0.69-0.91; 0.30
RVOTsax/BSA	2.2	1.9 ± 0.3	0.167	3330.06 (0.01-1.407E+9; 0.220)	0.95 (0.85-1.00; 0.13
Difference RVOTsax	-0.2	0.3 ± 0.6	0.413	0.15 (0.00-12.64; 0.405)	0.92 (0.76-1.00; 0.18
RVIT	5.0 ± 1.3	4.4 ± 0.9	0.217	1.87 (0.68-5.16; 0.225)	0.68 (0.32-1.00; 0.28
Difference RVIT	1.2 ± 1.7	0.6 ± 0.7	0.216	3.70 (0.44-31.46; 0.231)	0.60 (0.04-1.00; 0.63

TABLE

RV/LV	1.0 ± 0.4	0.9 ± 0.2	0.326	23.98 (0.04-14466.92; 0.331)	0.63 (0.16-1.00; 0.557)
Difference RV/LV	0.3	-0.2 ± 0.6	0.507	1766.71 (0.00-6.505E+9; 0.332)	0.94 (0.83-1.00; 0.148)
RV regional wall motion abnormalities	5 (100.0%)	54 (50.5%)	0.059	149581006 (0.00-NA, 0.997)	0.75 (0.60-0.89; 0.062)
Any RV RWMA	7 (87.5%)	68 (57.1%)	0.140	5.25 (0.63-44.02; 0.126)	0.65 (0.48-0.82; 0.152)
RV dyskinesia	1 (12.5%)	20 (16.9%)	1.000	0.70 (0.08-6.01; 0.745)	0.52 (0.32-0.72; 0.834)
RV akinesia or dyskinesia	4 (50.0%)	25 (21.2%)	0.081	3.72 (0.87-15.93; 0.077)	0.64 (0.43-0.86; 0.174)
Bulge	0 (0.0%)	18 (17.0%)	0.590	0.00 (0.00-NA; 0.998)	0.59 (0.37-0.81; 0.522)
Any bulge	0 (0.0%)	28 (23.5%)	0.198	0.00 (0.00-NA; 0.998)	0.62 (0.45-0.78; 0.266)
RV aneurysm	1 (20.0%)	11 (10.4%)	0.442	2.16 (0.22-21.08; 0.508)	0.55 (0.27-0.82; 0.717)
Any RV aneurysm	1 (12.5%)	22 (18.5%)	1.000	0.63 (0.07-5.39; 0.673)	0.53 (0.33-0.73; 0.777)
LVEDD	5.7 ± 1.8	5.1 ± 0.6	0.106	2.39 (0.80-7.14; 0.120)	0.52 (0.20-0.85; 0.879)
Difference LVEDD	0.2 ± 0.6	-0.1 ± 0.4	0.300	3.87 (0.31-48.01; 0.293)	0.56 (0.18-0.93; 0.696)
LVESD	4.6 ± 2.5	3.6 ± 0.7	0.016	2.20 (1.01-4.78; 0.047)	0.57 (0.27-0.87; 0.629)
Difference LVESD	0.3 ± 0.9	0.1 ± 0.4	0.260	3.25 (0.42-25.39; 0.262)	0.54 (0.18-0.91; 0.772)
IVS	0.8 ± 0.2	0.9 ± 0.2	0.264	0.03 (0.00-13.49; 0.268)	0.68 (0.45-0.90; 0.233)

Difference IVS	0.0 ± 0.1	0.1 ± 0.2	0.447	0.15 (0.00-20.59 0.447)	0.65 (0.46-0.84; 0.306)
Posterior LV wall	0.7 ± 0.1	0.8 ± 0.2	0.062	0.00 (0.00-1.07; 0.052)	0.81 (0.64-0.98; 0.035)

Difference posterior LV wall	-0.1 ± 0.2	0.0 ± 0.2	0.131	0.01 (0.00-3.83; 0.136)	0.73 (0.51-0.96; 0.115)
LA	4.1 ± 0.9	3.7 ± 0.5	0.161	4.33 (0.54-34.99; 0.169)	0.70 (0.31-1.00; 0.173)
Difference LA	0.1 ± 0.5	0.0 ± 0.5	0.874	1.18 (0.15-9.19; 0.872)	0.50 (0.22-0.79; 0.985)
LV regional wall motion abnormalities	3 (60.0%)	30 (28.0%)	0.151	3.85 (0.61-24.20; 0.151)	0.66 (0.40-0.92; 0.228)
Any LV RWMA	5 (62.5%)	43 (35.8%)	0.150	2.98 (0.68-13.10; 0.147)	0.63 (0.43-0.83; 0.208)
LV dyskinesia	2 (25.0%)	8 (6.9%)	0.126	4.50 (0.78-26.00; 0.093)	0.59 (0.37-0.82; 0.393)
LV aneurysm	0 (0.0%)	5 (4.7%)	1.000	0.00 (0.00-NA; 0.999)	0.52 (0.28-0.77; 0.859)
Any LV aneurysm	0 (0.0%)	8 (6.7%)	1.000	0.00 (0.00-NA; 0.999)	0.53 (0.34-0.73; 0.751)
LVEF	43 ± 20	56 ± 12	0.027	0.94 (0.89-1.00; 0.041)	0.72 (0.50-0.94; 0.100)
Difference LVEF	-8 ± 11	-3 ± 9	0.249	0.95 (0.86-1.04; 0.251)	0.67 (0.41-0.92; 0.212)

Table A.1514: Echo characteristics at follow-up (FU). HF: heart failure; AUC: area under the curve; CI: confidence interval; BSA: body surface area; BMI: body mass index; RV: right ventricle/ventricular; RVOT: right ventricular outflow tract; PLAX: parasternal long axis view; PSAX: parasternal short axis view; RVIT: right ventricular inflow tract; RWMA: regional wall motion abnormalities; LV: left ventricular; LVEDD: left ventricular end-diastolic diameter; LVESD: left ventricular end-systolic diameter; IVS: interventricular septum thickness; LVEF: left ventricular ejection fraction.