APPENDIX 2 (as supplied by authors). Time as a continuous variable

The linearity of continuous time from symptom (sx) onset to PCI was examined in relation to time-to-mortality within one year of randomization (Figure 2a). The nature of the relationship changed at approximately 3.5 hours according to the spline transformation. Hourly increases in time from sx onset with a knot at 3.5 hours (Figure 2b) were not statistically significant in the multivariable model along with baseline Q-waves and other patient characteristics. Baseline Q-waves, however, retained excess hazard of borderline statistical significance (p=0.051). The spline transformation of time with vascular mortality was similar (not shown). After multivariable adjustment, baseline Q-waves were significantly associated with increased vascular death, whereas time from symptom onset was not (Figure 2c).

Appendix to: Siha H, Das D, Fu Y, et al. Baseline Q waves as a prognostic modulator in patients with ST-segment elevation: insights from the PLATO trial. CMAJ 2012.

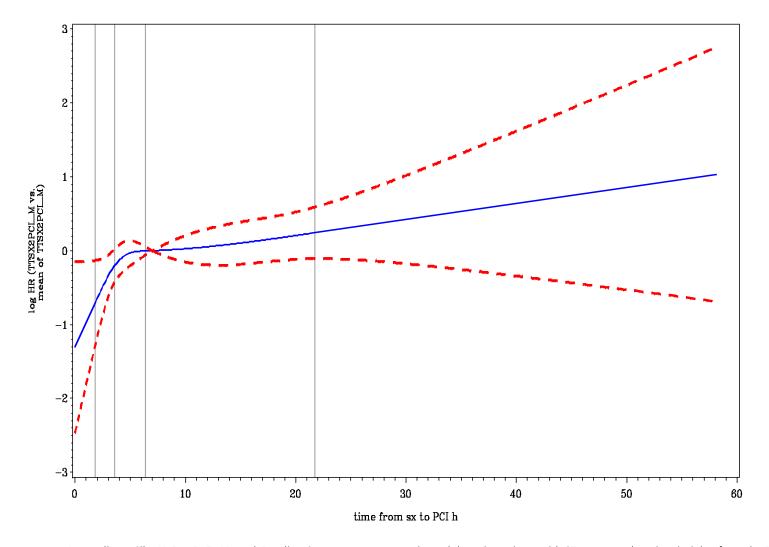
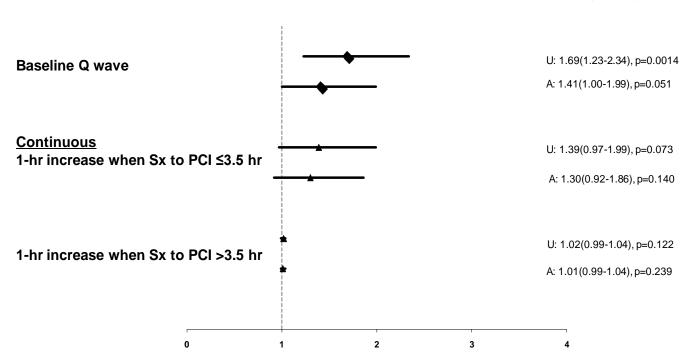


Figure 2a. Association between logHR all-cause mortality and time from symptom onset to PCI.

Appendix to: Siha H, Das D, Fu Y, et al. Baseline Q waves as a prognostic modulator in patients with ST-segment elevation: insights from the PLATO trial. CMAJ 2012.

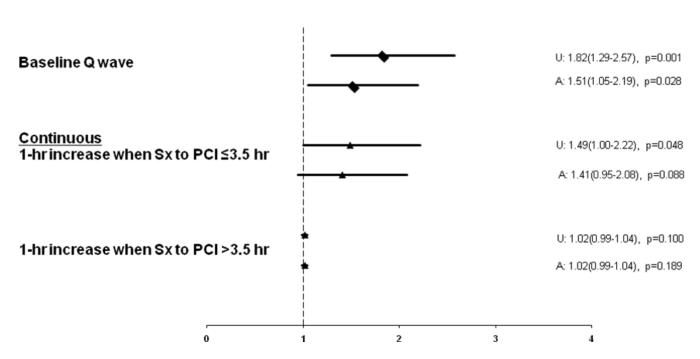
Figure 2b. Associations of baseline Q-waves and time from symptom onset on all-cause mortality within one year.



<u>HR (95%CI)</u>

Appendix to: Siha H, Das D, Fu Y, et al. Baseline Q waves as a prognostic modulator in patients with ST-segment elevation: insights from the PLATO trial. CMAJ 2012.

Figure 2c. Associations of baseline Q-waves and time from symptom onset on vascular mortality within one year.



<u>HR (95%CI)</u>

Appendix to: Siha H, Das D, Fu Y, et al. Baseline Q waves as a prognostic modulator in patients with ST-segment elevation: insights from the PLATO trial. CMAJ 2012.