

Supplemental Table 4. Redefined unadjusted and adjusted HRs for the individual contribution of comorbidities to clinical outcomes during the 3-year follow-up

Variable	Unadjusted		Adjusted*	
	HR	95% CI	HR	95% CI
AF				
For MACCE	2.10	1.57–2.83	1.49	1.05–2.10
For all-cause of death	1.99	1.41–2.81	1.29	0.85–1.95
IHD[†]				
For MACCE	1.93	1.42–2.60	2.07	1.46–2.95
For all-cause of death	2.04	1.42–2.93	1.42	0.91–2.21
MH[†]				
For MACCE	1.09	0.78–1.52	1.28	0.92–1.78
For all-cause of death	2.22	1.57–3.13	1.41	0.92–2.17
HF[†]				
For MACCE	3.09	2.09–4.58	1.91	1.23–2.97
For all-cause of death	3.59	2.34–5.52	2.12	1.28–3.48
RI				
For MACCE	1.88	1.36–2.60	1.09	0.74–1.62
For all-cause of death	2.15	1.50–3.10	0.83	0.51–1.34
Active cancer				
For MACCE	1.62	0.97–2.71	1.43	0.80–2.57
For all-cause death	5.31	3.56–7.90	2.86	1.69–4.83

HR, hazard ratio; CI, confidence interval; AF, atrial fibrillation; MACCE, major adverse cardiac and cerebrovascular events; IHD, ischemic heart disease; MH, myocardial hypertrophy; HF, heart failure; RI, renal impairment; NIHSS, National Institutes of Health Stroke Scale; CAD, coronary artery disease.

*The multivariate Cox proportional hazards model was used to determine the prognostic significance of the individual impacts of six troponin elevation-related comorbidities for long-term risk of the MACCE, and mortality after adjusting for all clinically relevant variables, including age, sex, conventional risk factors, all laboratory findings, neurological status including the NIHSS score, and reperfusion therapy along with the reference troponin value measured on day 2 after stroke onset; [†]Two-dimensional transthoracic echocardiography was conducted in patients who fulfilled the pre-screening criteria: (1) suspected as having preassigned comorbidities; (2) suspected as having other cardiac comorbidities including arrhythmia and valvular or structural heart disease in the known history; (3) suspected as having potential embolic sources contributing to embolic stroke pattern; and (4) suspected as having medical conditions possibly contributing to embolism, including active cancer, hematologic or autoimmune disease, aortic problem, or other coagulopathic conditions. Finally, echocardiography was conducted on a total of 774 out of 1,092 patients. Then, cardiac comorbidity was redefined based on the echocardiographic abnormalities: (1) IHD was redefined as known history or having an echocardiographic wall motion abnormality which was defined as wall motion score index >1 using a standard 16-segment model compatible with CAD; (2) MH was redefined as known history or having echocardiographic ventricular hypertrophy which was defined as ventricular mass index >95 g/m² for women and >115 g/m² for men; and (3) HF was redefined as known history or having a reduced ejection fraction which was defined as <50%.