

Supplemental Data

Rapid Prediction of Adverse Outcomes for Acute Normotensive Pulmonary Embolism: Derivation of the Calgary Acute Pulmonary Embolism (CAPE) Score

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eTable 1. Summary of the Simplified Pulmonary Embolism Index and Bova Score

Variables (score)	sPESI	Bova Score
	Age >80 years (1)	
	Cancer (1)	Elevated Hs-TnT (2)
	Cardiopulmonary disease (1)	Right Ventricular Dysfunction (TTE or CT) (2)
	Heart Rate ≥ 110 BPM (1)	Heart Rate ≥ 110 BPM (1)
	Systolic BP <100 mmHG (1)	Systolic BP 90-100 mmHG (2)
	Oxygen Saturation <90% (1)	
Risk category	Total score	Total score
Low risk	0	≤ 2
Intermediate-low-risk		≥ 3 to ≤ 4
Intermediate-high-risk	≥ 1	≥ 5

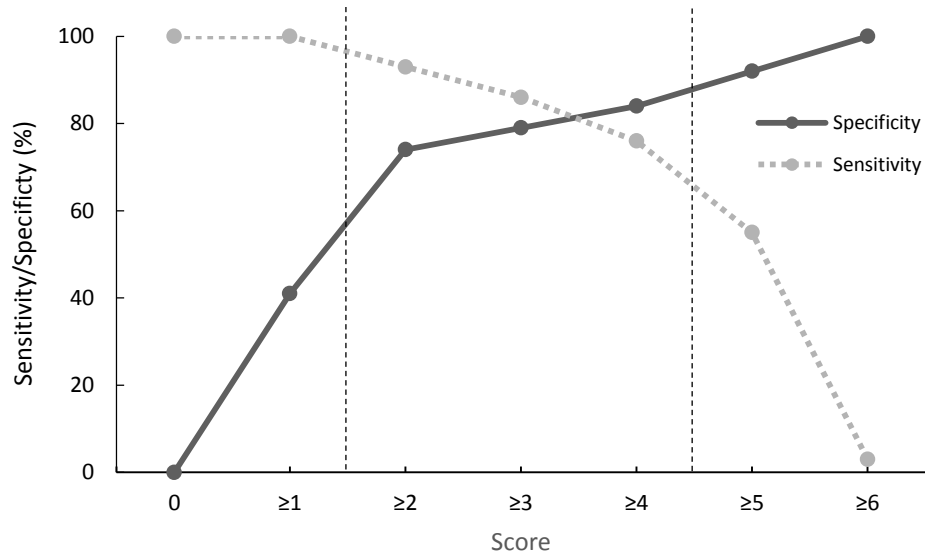
sPESI: Simplified Pulmonary Embolism Severity Index; Hs-TnT: High-sensitivity troponin; BP:

blood pressure; TTE: Transthoracic echocardiogram; CT: Computed tomography

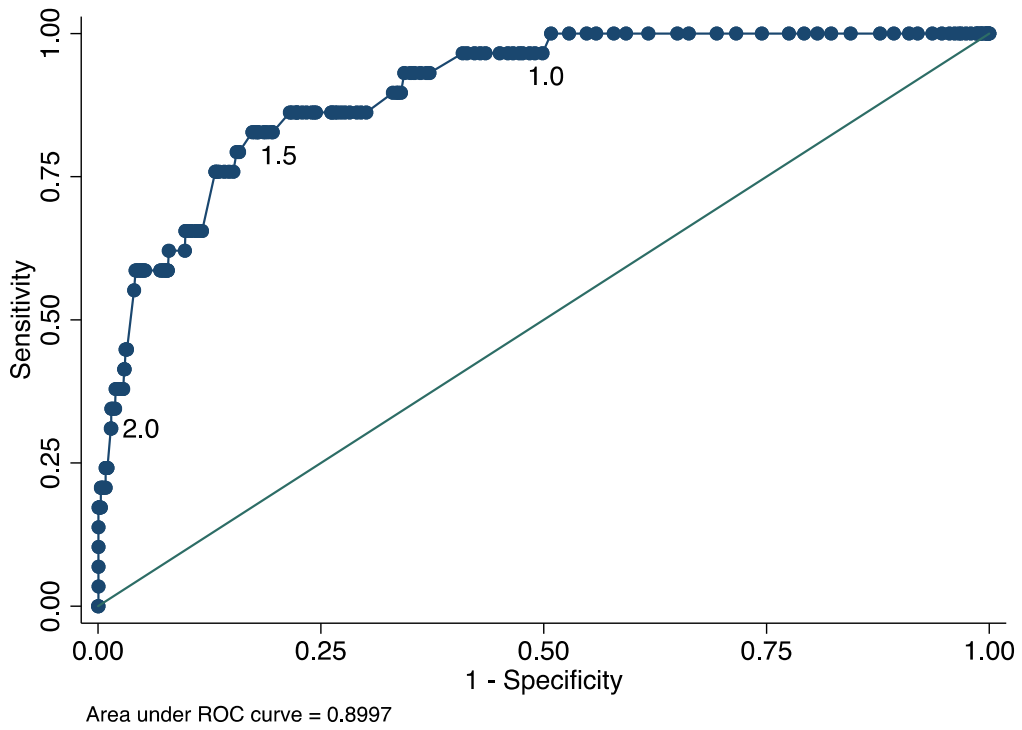
eTable 2. Time of hospital presentation to pulmonary embolism diagnosis and initiation of anticoagulation, stratified by Bova Stage^a (n=1498)

	All patients, hr	Bova Stage I, hr	Bova Stage II, hr	Bova Stage III, hr	p-value ^b
ED presentation to PE diagnosis ^c	4.1 (2.8-5.9)	4.3 (3.0-6.0)	3.9 (2.7-5.8)	3.7 (2.6-5.0)	0.005
ED presentation to initiation of anticoagulation ^d	5.7 (3.7-8.0)	6.1 (4.2-8.2)	5.2 (3.5-7.3)	4.3 (2.6-6.0)	<0.001
Pulmonary embolism diagnosis to initiation of anticoagulation ^d	1.2 (0.5-2.1)	1.3 (0.7-2.4)	1.1 (0.4-1.8)	0.6 (-0.3-1.3)	<0.001

Data presented median (interquartile range). ED: Emergency Department; hr: hours. ^a: Bova stage I (Bova score 0-2), stage II (Bova score 3-4), stage III (Bova score ≥5), see eTable 1 for Bova score definitions; ^b: Kruskal-Wallis equality-of-populations rank test comparison between Bova stages; ^c: PE diagnosis defined as completion of a computed tomography pulmonary angiogram, ventilation perfusion scan or transthoracic echocardiogram; ^d: initiation of anticoagulation defined as time of the medical team ordering therapeutic anticoagulation.



eFigure 1. Sensitivities and specificities of the risk score to identify acute PE patients who had an in-hospital adverse event. Three risk groups were defined: (1) risk score ≤ 2 , (2) risk score 3-4, and (3) risk score ≥ 5 .



eFigure 2. Receiver operator characteristics of the CT right to left ventricular ratio for identifying acute PE patients with in-hospital adverse events