



## EACVI Proposal for Ancillary Analyses

### TEMPLATE

<b>Proposer Name :</b>		<b>Country :</b>	
<b>E-mail:</b>		<b>Tel:</b>	
<b>Proposer Function :</b>			
<b>Title and acronym of the Main Registry/Study:</b>			
<b>Coordinating Centre:</b>			

**Title of the Ancillary**

**Analysis:** *(50 words max)*

**What is known about this subject?** *(100 words max)*

**What will this analysis add to this subject?**  
*(100 words max)*

**Aim of the analysis:**

**Target journal:**  
*(if applicable)*

**Target Congress:**  
*(if applicable)*

**Primary hypothesis:**

**Secondary questions:**

**Endpoints:**

**Shell tables:** You have to attach your shell tables to this request form for the submission to the Executive Committee members (see an example of shell tables at the end of this document). In the shell tables, you have to:

- Define the list of variables with the section number of the e-CRF by variable to be sure that they are in the registry CRF and to avoid any confusion when variables are present in several places of the CRF
- Define the list of groups comparisons with a clear definition of the population groups
- Mention if P-values are needed
- Give, for specific analyses as Kaplan-Meier or multivariate analyses, very detailed needs as strata for KM, covariates list for multivariate analyses...

**Published reference papers:** 1.  
(5 max) 2.

3.  
4.

**Proposed deadline for:**

- Analyses .....
- Abstract *(if applicable)* .....
- First draft of manuscript *(if applicable)* .....
- Submission of manuscript to journal  
*(if applicable)* .....

**Date :**

**Signature :**



**FOR EACVI R&I COMMITTEE ONLY**

Request received: *(date)*

Registry/Study Executive Committee feedback: *(date)*

EACVI R&I Committee feedback: *(date)*

REJECTED, suggestions:

ACCEPTED, suggestions:

Reply sent to the requester?

No

Yes: *(date)*

## Example of shell tables based on EURECA Imaging

**Table 1**  
Patients Characteristics and Tests performed in the whole Population and in Subgroups based on Adherence to 2019 ESC CCS GLs

		<b>Whole Population</b> N...(%)	<b>Subgroup ADHEREHT</b> N...(%)	<b>Subgroup NON-ADHERENT</b> N...(%)	<b>P-value</b>
Age (mean, SD)					
Gender					
BMI (mean, SD)					
Symptoms (typical, atypical, non-anginal)					
Family history					
Smoking					
Diabetes mellitus					
Dyslipidemia					
Hypertension					
Obesity					
Prior myocardial infarction					
	<i>LAD</i>				
	<i>LCX</i>				
	<i>RCA</i>				
LVEF (%)					
Previous revascularization					
	<i>PCI</i>				
	<i>CABG</i>				
Medications					
	<i>Aspirin/antiplatelet</i>				
	<i>DAPT</i>				
	<i>Anticoagulants</i>				
	<i>Beta-blockers</i>				
	<i>Calcium-antagonists</i>				
	<i>Anti-arrhythmics</i>				
	<i>Nitrates</i>				
	<i>ACE inhibitors</i>				
	<i>ARBs</i>				
	<i>Anti-aldosterone</i>				
	<i>Diuretics</i>				
	<i>Ranolazine</i>				
	<i>Ivabradine</i>				
	<i>Statins</i>				
	<i>Lipid-lowering</i>				
	<i>Oral antidiabetics</i>				
	<i>Insulin</i>				
VAS for QoL questionnaire (mean, SD)					
.....					
.....					
.....					
.....					

**Table 2**  
**Patients Characteristics and Tests performed in Subgroups based on Early Management Choices**

	Revascularization N...(%)	Change Med Treat N...(%)	No Revascularization No Change Med Treat N...(%)	P-value
Age (mean, SD)				
Gender				
BMI (mean, SD)				
Symptoms (typical, atypical, non-anginal)				
Family history				
Smoking				
Diabetes mellitus				
Dyslipidemia				
Hypertension				
Obesity				
Prior myocardial infarction				
<i>LAD</i>				
<i>LCX</i>				
<i>RCA</i>				
LVEF (%)				
Previous revascularization				
<i>PCI</i>				
<i>CABG</i>				
Medications				
<i>Aspirin/antiplatelet</i>				
<i>DAPT</i>				
<i>Anticoagulants</i>				
<i>Beta-blockers</i>				
<i>Calcium-antagonists</i>				
<i>Anti-arrhythmics</i>				
<i>Nitrates</i>				
<i>ACE inhibitors</i>				
<i>ARBs</i>				
<i>Anti-aldosterone</i>				
<i>Diuretics</i>				
<i>Ranolazine</i>				
<i>Ivabradine</i>				
<i>Statins</i>				
<i>Lipid-lowering</i>				
<i>Oral antidiabetics</i>				
<i>Insulin</i>				
VAS for QoL questionnaire (mean, SD)				
.....				
.....				
.....				
....				

### 1. Adherence to GLs

**Univariable and Multivariable analysis of patients characteristics and tests performed for association with Adherence to GLs (Table 1)**

- Analysis End-Point = Adherence to GLs in the diagnostic process = Yes (Annotation from Main Analysis Results)
- Variables = Patients characteristics, Medications and QoL (CRF Form A), Performed Tests (CRF Forms B to E)
- All significant variables at univariable analysis are selected for the multivariable analysis

### 2. Early Management Choices

**Univariable and Multivariable analysis of patients characteristics and tests performed for association with early management choices (Table 2)**

- Analysis End-Point = Early Management Choices (three levels) (CRF Form F)
- Variables = Patients characteristics, Medications and QoL (CRF Form A), Performed Tests (CRF Forms B to E)
- All significant variables at univariable analysis are selected for the multivariable analysis

### 3. ....

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