

Appendix- I DEFINITIONS TO BE USED FOR MACE REGISTRY NETWORK	
ACS	Defined as either unstable or intermediate coronary syndrome and/ or acute myocardial infarction. ACS will further be classified as unstable angina and infarction. The latter is sub classified into STEMI and non STEMI.
Myocardial infarction²⁰	<p>Any one of the following criteria:</p> <ul style="list-style-type: none"> • Detection of rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following: <ul style="list-style-type: none"> • Symptoms of ischaemia; • ECG changes of new ischaemia [new ST -T changes or new left bundle block (LBB)}]; • Development of pathological Q waves in ECG; • Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. • Sudden unexpected cardiac death, involving cardiac arrest, often with symptoms suggestive of myocardial ischaemia and accompanied by presumably new ST elevation, or new LBBB, and/or evidence of fresh thrombus by coronary angiography and/or autopsy, but death occurring before blood samples could be obtained or at a time before the appearance of cardiac biomarkers in the blood. • For percutaneous coronary interventions (PCI) in patients with normal baseline troponin values, elevation of cardiac biomarkers above the 99th percentile URL are indicative of peri-procedural myocardial necrosis • For coronary artery bypass grafting (CABG) in patients with normal baseline troponin values, elevation of cardiac markers above the 99th percentile URL are indicative of peri-procedural myocardial necrosis • Pathological findings of an acute myocardial infarction <p>Criteria for prior myocardial infarction Any one of the following:</p> <ul style="list-style-type: none"> • Development of new pathological Q waves with or without symptoms • Imaging evidence of a region of loss of viable myocardium that is thinned and fails to contract, in the absence of non-ischaemic cause • Pathological findings of a healing myocardial infarction
ST elevation²⁰	New ST-elevation at the J point in two contiguous leads with the cut off points: ≥ 0.2 mV in men or ≥ 0.1 mV in women in leads V ₂ -V ₃ and/or ≥ 0.1 mV in other leads
ST depression and T - wave changes²⁰	New horizontal or down sloping ST-depression ≥ 0.05 mV in two contiguous leads; and/or T inversion ≥ 0.1 mV in two

	contiguous leads with prominent R-wave or R/S ratio >1
ECG changes associated with prior myocardial infarction	<p>Any Q-wave in leads V₂-V₃ ≥0.02 s or QS complex in leads V₂ and V₃</p> <p>Q-wave ≥0.03 s and ≥0.01 mV deep or QS complex in leads I, II, aVL, aVF, or V₄-V₆ in any two leads of a contiguous lead grouping (I, aVL, V₆, V₄-V₆, II, III and aVF)</p> <p>R-wave ≥0.04 s in V₁-V₂ and R/S ≥1 with a concordant positive T-wave in the absence of a conduction defect</p>
Unstable angina	Presence of angina chest pain in individuals with known CAD or patients who have undergone prior PCI or CABG. Angina chest pain with transient ST changes or T wave inversions.
Stroke	Clinical diagnosis with definitive neurological signs and symptoms lasting 24 hours or more. Although not an absolute requirement, centers will be encouraged to confirm strokes with computerized tomography (CT) or magnetic resonance imaging (MRI). Strokes will be sub-classified as: a) hemorrhagic (CT / MRI confirmed), b) ischemic (CT / MRI confirmed), or c) unclassified.
Cardiac arrest	Defined as a) Ventricular fibrillation, b) sustained pulseless ventricular tachycardia, or c) asystole followed by successful resuscitation
Cardiogenic shock	Persistent hypotension (Systolic BP < 90 mmHg), unresponsive to fluid administration and requiring IV inotropic therapy or insertion of an intra-aortic balloon pump.
Significant or major bleeding	as bleeding requiring more than 2 units of red blood cells or equivalent whole blood transfusion
Other cardiac/ non-cardiac	Cases admitted for chest pain in the absence of any of the above features
Deaths	Will be categorized as possibly cardiovascular and non-cardiovascular.