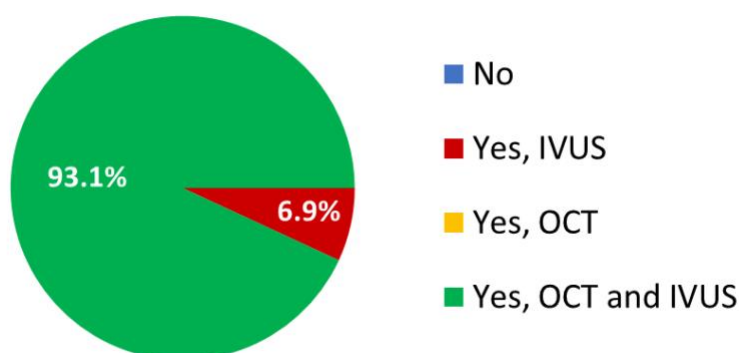


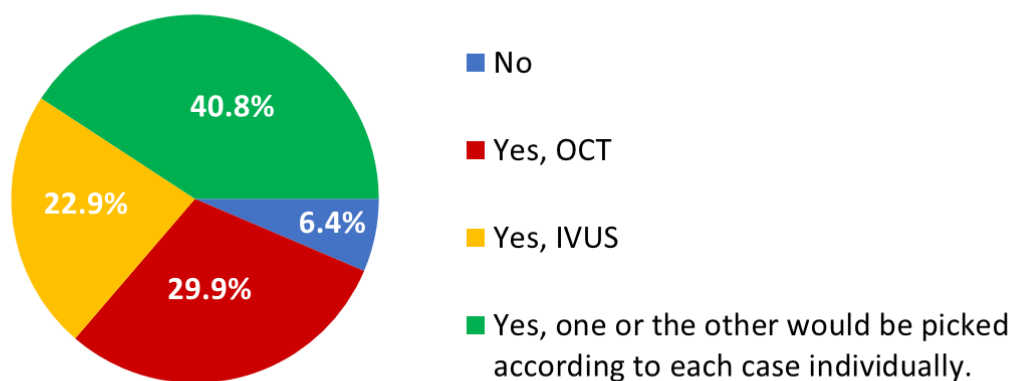
## SUPPLEMENTARY DATA

See below the rest of the survey items and responses, other than the ones presented in figures 1 and 2.

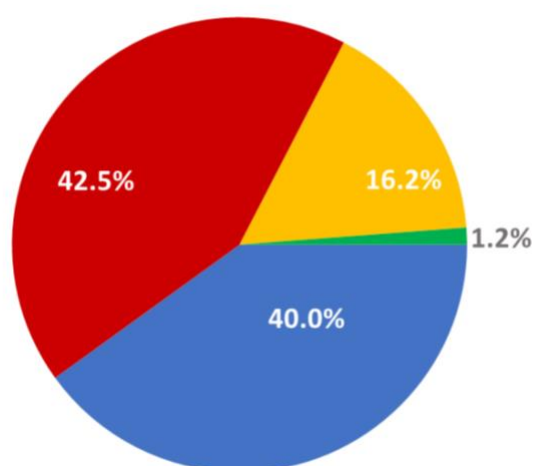
3. Is your center capable of performing intracoronary images?



4. If the intravascular ultrasound (IVUS) and the optical coherence tomography (OCT) are both available, do you have any preferences for diagnosing spontaneous coronary artery dissection (SCAD)?



6. On diagnostic suspicion of a significant, non-critical mid-anterior descending artery with TIMI (Thrombolysis in Myocardial Infarction) flow-3 and no other lesions in a patient with acute coronary syndrome and a clinical profile suggestive of SCAD, what would your approach be?



■ Use intracoronary image

■ Assume the diagnosis as provisional, use conservative management, and schedule a follow-up angiography, whether invasive or not (coronary CT scan)

■ Assume the diagnosis as probable, conservative management and clinical follow-up

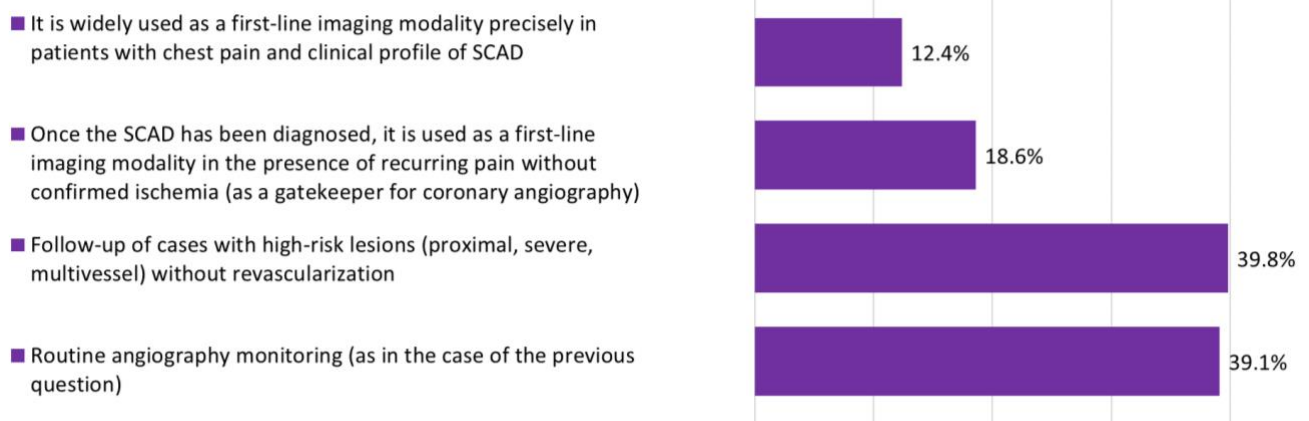
■ Angioplasty

7. With respect to the previous point, if you make the decision of performing one coronary angiography or a follow-up CT scan to see the progression of the lesion, for how long would you wait before performing the new study?

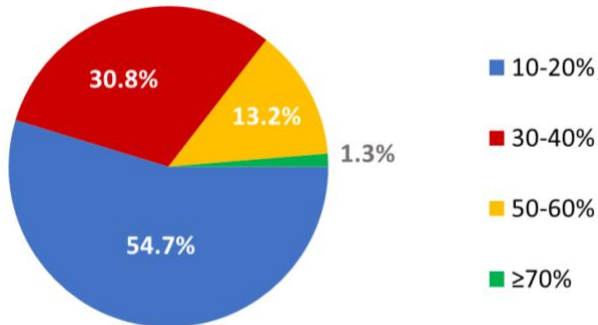


8. With respect to the coronary computed tomography angiography, choose among the following uses of this imaging modality at your center.

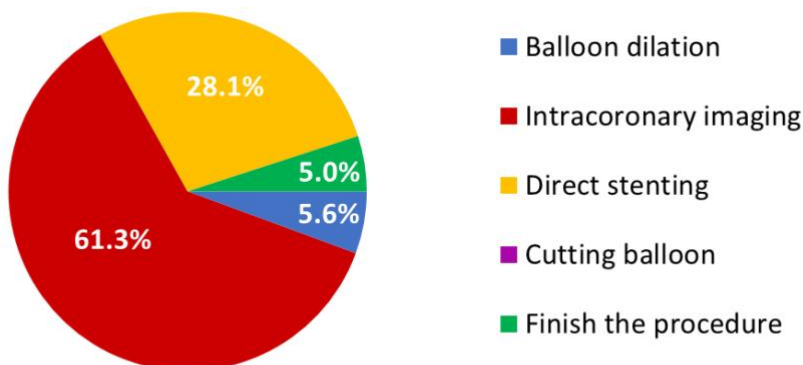
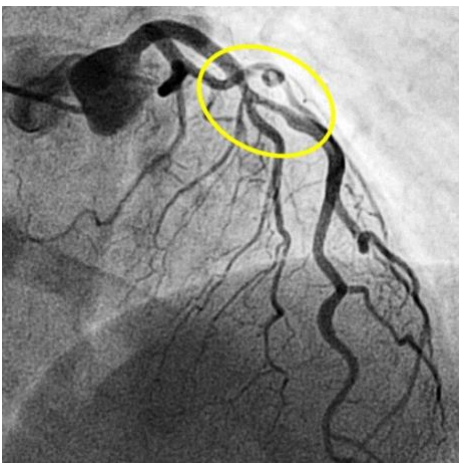
Note: in this question you can choose more than one option



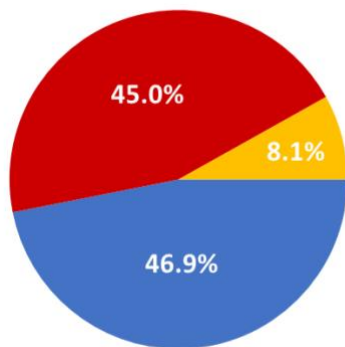
9. With respect to the practice at your center, what is the approximate number of SCADs that end up undergoing angioplasty (including any intervention on the vessel to improve coronary flow: guidewire, balloon, device) versus purely conservative approach?



10. In a patient with active ischemia and occlusion in the mid-anterior descending artery, after partially restoring flow through a guidewire, there is suspicion of SCAD. What would your next step be?

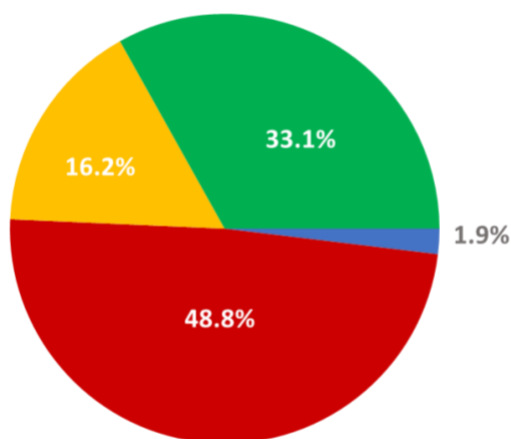
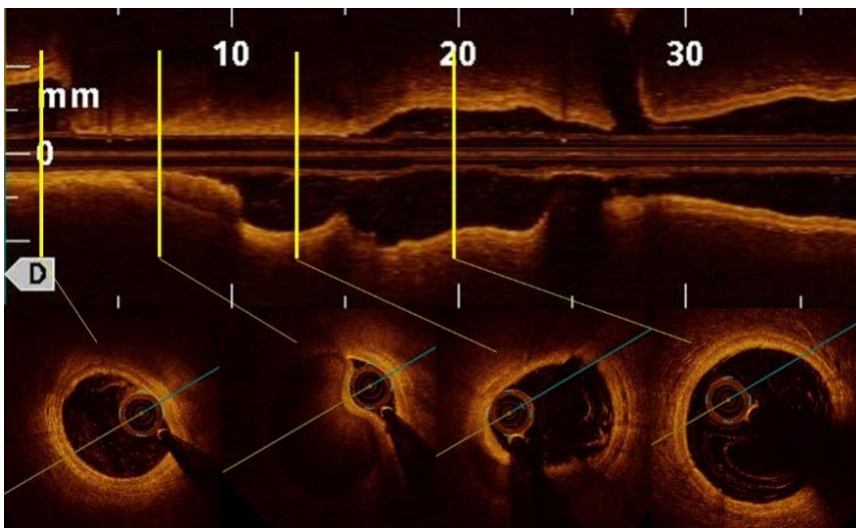


11. What is your experience with regards of the use of the cutting balloon in cases of compressive intramural hematoma?



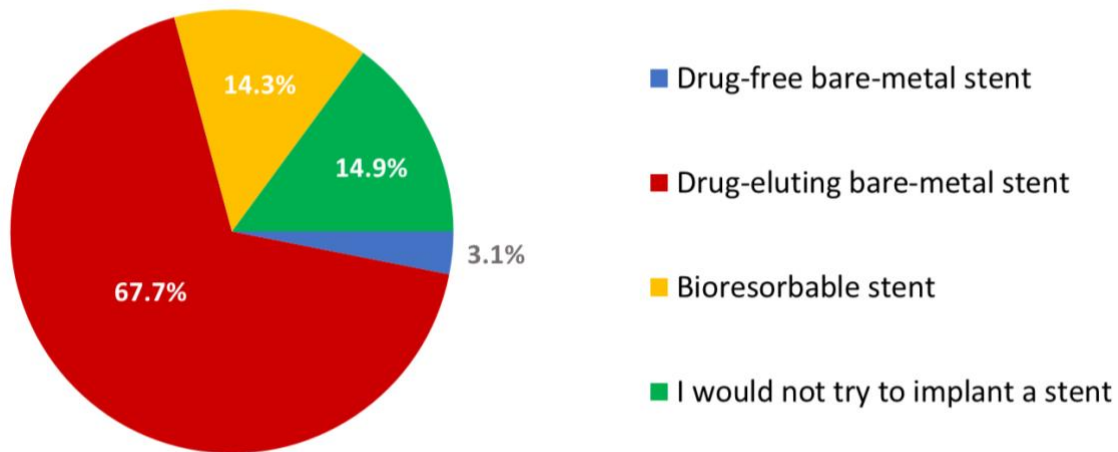
- I have never used it before, and I think I never will
- I have never used it before, but it seems like an interesting option
- I have used it in a few selected cases
- I often use it in my interventions

12. If you make the decision of implanting a stent guided with intracoronary imaging, what would the length of this stent be?

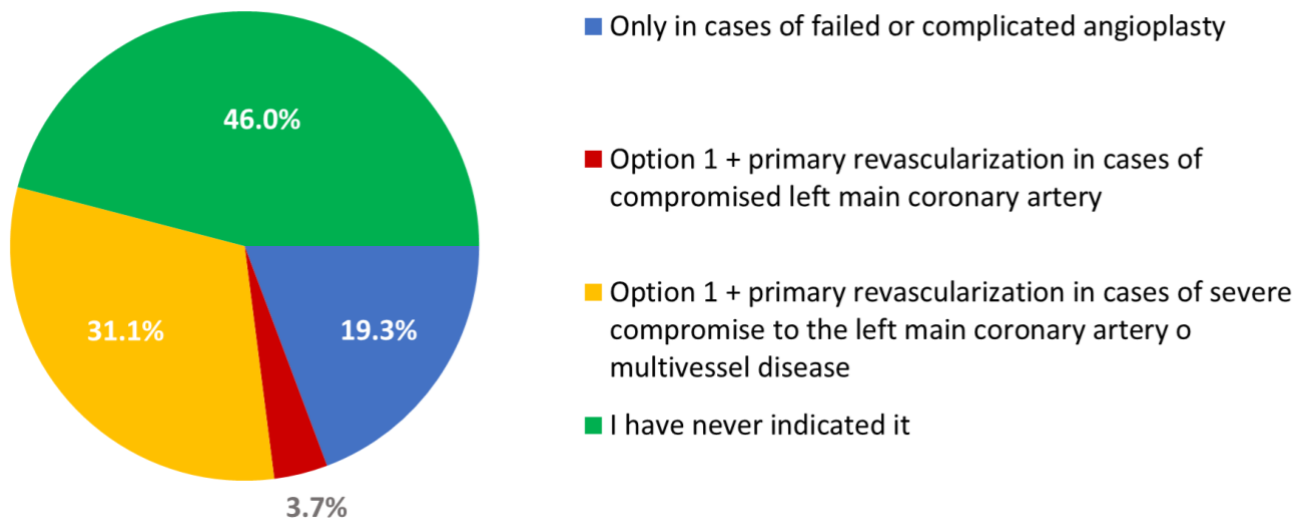


- The same length I would use in any other coronary lesion
- I would add an extra 5-10 mm margins beyond the conventional landing zone
- > 10 mm beyond the conventional landing zone
- I would use the proper length required to cover the most critical and most proximal stenosis of all, including intimal rupture if present

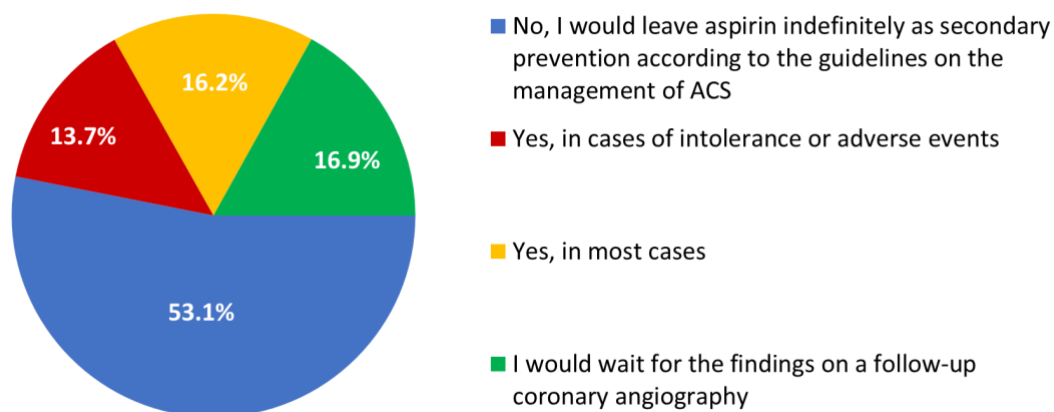
13. If an angioplasty is required, what device would you use in a 50-year-old post-menopause, hypertensive patient with SCAD?



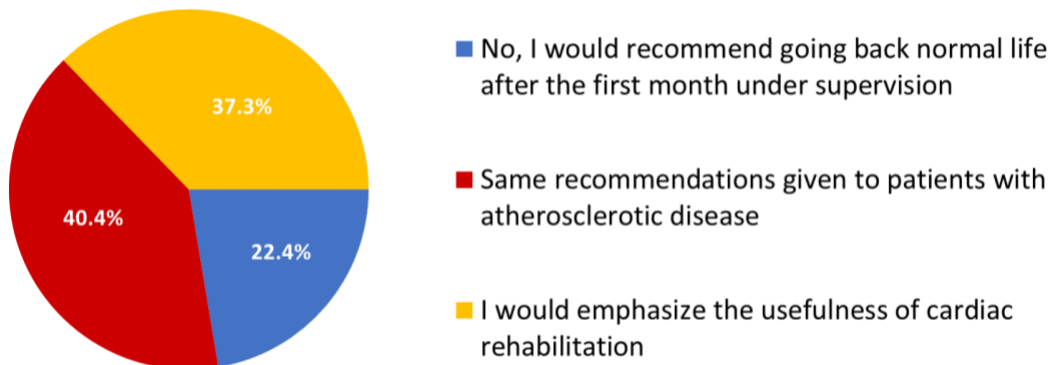
14. Based on your own experience, what is the criterion that should indicate revascularization surgery in a patient with SCAD?



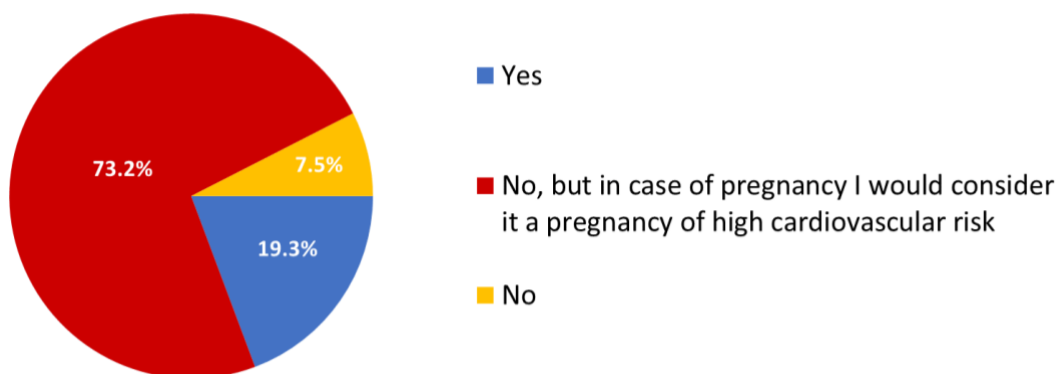
17. In a patient with acute coronary syndrome and one SCAD in the mid-distal anterior descending artery with TIMI flow 3 managed conservatively who comes to our office 1 month after being discharged and who remains eventless, would you consider not to prescribe any antiaggregant medication?



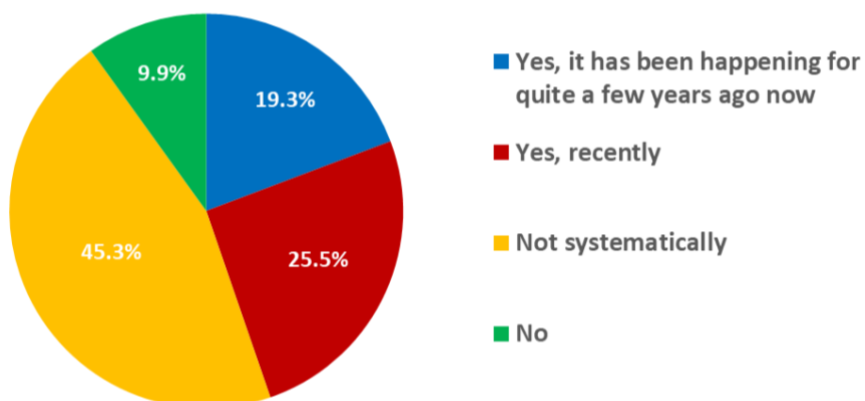
19. With respect to the physical activity recommended for SCAD survivors, would you make any special considerations?



20. Would you discourage pregnancy in young survivors of SCAD?



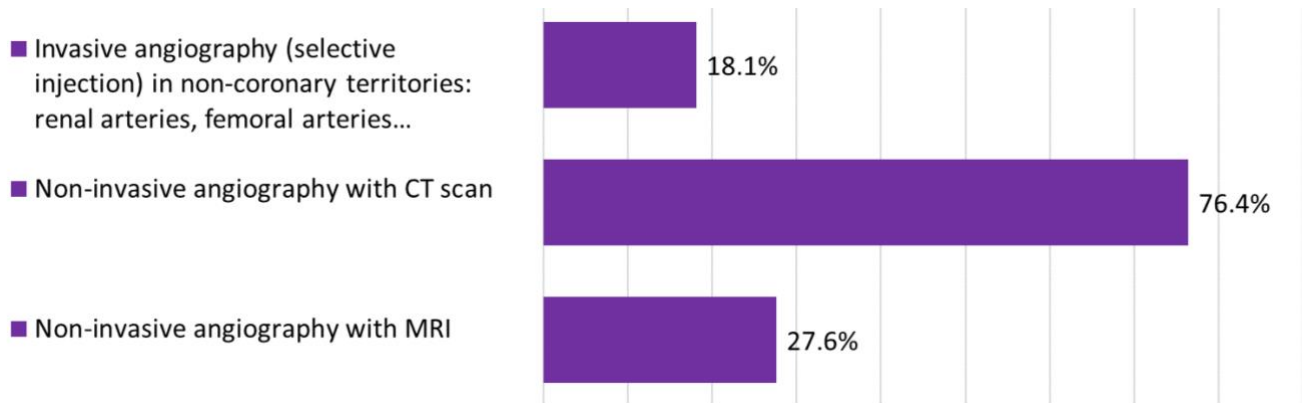
21. Based on your own experience, are patients with SCAD systematically follow-up through imaging modalities for the screening of non-coronary arteriopathies: fibromuscular dysplasia, aneurysms, etc.?



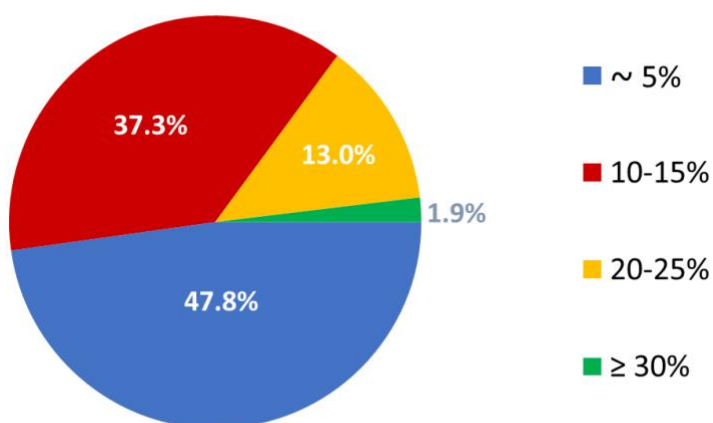


22. If such a screening does exist – whether occasional or systematic- what imaging modalities have been used here?

Note: in this question you can choose more than one option.



23. Based on your own perception and knowledge, what do you think is the overall risk of major cardiac adverse event recurrence at a 3-year follow-up for survivors of SCAD?



24. Based on your own perception, would you find useful to have practical algorithms and management recommendations available?

