

Appendix 1

Methods

Immunosuppressive regimen and follow-up

Induction therapy was performed in all patients, based on rabbit anti-thymocyte globulin (1.5 mg/kg, I.V.) until day 3 post-transplant. Methylprednisolone (1 mg/kg I.V.) was initiated within 2 hours before transplantation and the daily dose was adjusted thereafter to reach the level of 0.5 mg/kg. Immunosuppression was then maintained using cyclosporine, azathioprine and prednisone. Since 2002, mycophenolate mofetil replaced azathioprine, and was adjusted to achieve plasma concentration ranged from 3 to 8 ng/mL. Acute cardiac rejection (ACR) was treated by intravenous bolus administration of methylprednisolone (15 mg/kg) for 3 consecutive days, combined with thymoglobulin for 5 consecutive days in case of severe allograft dysfunction. Maintenance immunosuppressive regimen was then transiently adjusted. In case of repeated ACR, cyclosporine was replaced by tacrolimus.

Table S1 Kappa coefficient scale

Kappa coefficient	Classification can be regarded as
≤0.40	Poor
0.41–0.60	Moderate
0.61–0.75	Good
0.76–0.80	Excellent
≥0.81	Almost perfect

Table S2 Incidence of treated rejection episode at 1, 3 and 5 years post-transplantation in the echo-first cohort

Time after transplant	1 treated rejection (n=106)	2 treated rejections (n=76)	At least 3 treated rejections (n=66)
1st year	25 (23.6)	6 (7.9)	1 (1.5)
3rd year	37 (34.9)	13 (17.1)	6 (9.1)
5th year	39 (36.8)	15 (19.7)	15 (22.7)

Data are expressed as n (%).