Supplementary Information for

COMPARE CPM-RMI Trial: Intramyocardial Transplantation of Autologous Bone Marrow-Derived CD133⁺ Cells and MNCs during CABG in Patients with Recent MI: A Phase II/III, Multicenter, Placebo-Controlled, Randomized, Double-Blind Clinical Trial

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Table 31. Comparison of the NTHA classification between gloups at baseline and after 18 months of follow-up					
Time/NYHA class	Placebo n=26	CD133 ⁺ n=21	MNC n=30	P value	
Baseline, n (%) I II III IV	7 (26.9) 16 (61.5) 3 (11.5) 0.0	2 (9.5) 12 (57.1) 7 (33.3) 0.0	5 (16.7) 13 (43.3) 12 (40.0) 0.0	0.129	
18 months, n (%) I II III IV	17 (70.8) 7 (29.2) 0.0 0.0	14 (70.0) 6 (30.0) 0.0 0.0	22 (91.7) 2 (8.3) 0.0 0.0	0.131	
Change, n (%) Improvement≥1 class Unchanged Worsening≥1 class	13 (54.2) 10 (41.7) 1 (4.2)	17 (85.0) 3 (15.0) 0	18 (75.0) 6 (25.0) 0	0.178	

Table S1: Comparison of the NYHA classification between groups at baseline and after 18 months of follow-up

NYHA; New York Heart Association and MNC; Mononuclear Cells.

Variables in groups	Baseline mean	6-month mean (SD)	18-month mean (SD)	Between-group differences (P value)		
				CD133 ⁺ vs. placebo	MNC vs. placebo	CD133 ⁺ vs. MNC
LVEF (%) Placebo CD133 ⁺ MNC	39.64	39.69 (1.94) 47.80 (3.00) 47.03 (2.14)	38.37 (2.62) 48.01 (3.29) 42.10 (3.00)	8.962 [0.011]*	6.917 [0.022]*	2.045 [0.562]
WMS Placebo CD133 ⁺ MNC	5.45	4.19 (0.57) 2.92 (0.75) 2.69 (0.62)	5.14 (0.60) 3.88 (0.74) 3.65 (0.65)	-1.268 [0.178]	-1.495 [0.083]	0.228 [0.814]
NV Placebo CD133 ⁺ MNC	2.90	2.12 (0.35) 0.60 (0.45) 1.96 (0.40)	1.89 (0.29) 0.45 (0.34) 1.55 (0.31)	-1.476 [0.001]*	-0.301 [0.443]	-1.175 [0.010]*
Dec. thickening Placebo CD133 ⁺ MNC	11.14	7.70 (1.14) 4.85 (1.83) 5.31 (1.26)	9.83 (1.16) 5.19 (1.38) 5.12 (1.31)	-3.748 [0.028]*	-3.552 [0.024]*	-0.196 [0.909]
PDS Placebo CD133 ⁺ MNC	14.21	8.18 (1.52) 7.25 (2.33) 8.42 (1.63)	10.20 (1.23) 5.66 (1.53) 6.47 (1.31)	-2.739 [0.206]	-1.751 [0.346]	-0.988 [0.643]

Table S2: Comparison of the end-point analyses of different variables between 6 and 18 months of follow-up by SPECT

MNC; Mononuclear Cells, LVEF; Left ventricular ejection fraction, WMS; Wall motion score, NV; Non-viable segments, Dec. thickening; Decreased systolic wall thickening, PDS; Perfusion defect score, SPECT; Single Photon Emission Computed Tomography, and *; Significant difference between placebo and cell groups. Differences between group means are estimated by the Mixed model. The time by group interaction is not significant, so the estimated mean is related to both 6 and 18 month periods of time. Covariates in the model are evaluated for three groups at the baseline values that included: LVEF (39.64%), WMS (5.45), N.V (2.90), Dec. thickening (11.14), and PDS (14.21). The actual measurement of means in the three groups at baseline is listed in Table 3.

	Grading		1: Mild Hypo 2: Moderate Hypo 3: Severe Hypo 4: Absent Perfusion	1: Viable 2: Non-V.	1:Hypokinesia 2:Akinesia 3:Dyskinesia	1:Mild Decrease 2:Mod Decrease 3:Severe Dec.	
□		Segments	Perfusion Defect Score	Viability	Motion	Thickening	
A ۲			Rest	Rest			
–	1	Basal	¹ ² ³ ⁴	¹ ²	¹ ² ³ ⁴	¹ ² ³ ⁴	
0 U	2	Basal Ant.Sep	¹ ² ³ ⁴	□ ¹ □ ²	¹ ² ³ ⁴	¹ ² ³ ⁴	
2	3	Basal Inf.Sep	¹ ² ³ ⁴	□ ¹ □ ²	¹ ² ³ ⁴	¹ ² ³ ⁴	
8	4	Basal Inferior	¹ ² ³ ⁴	□ ¹ □ ²	¹ ² ³ ⁴		
υ	5	Basal Inf.Lat.		□ ¹ □ ²	¹ ² ³ ⁴		
S	6	Basal Ant.Lat.	Ant.Lat. $\Box^1 \Box^2 \Box^3 \Box^4$		¹ ² ³ ⁴		
F	7	Mid. Anterior	¹ ² ³ ⁴	□ ¹ □ ²	¹ ² ³ ⁴		
С Ш	8	Mid. Ant. Sep.	¹ ² ³ ⁴	□ ¹ □ ²	¹ ² ³ ⁴		
4	9	Mid. Inf. Sep.	¹ ² ³ ⁴	_ ¹ _ ²	¹ ² ³ ⁴		
S	10	Mid. Inferior	¹ ² ³ ⁴	_ ¹ _ ²	¹ ² ³ ⁴		
	11	Mid. Inf. Lat.	¹ ² ³ ⁴	□ ¹ □ ²	¹ ² ³ ⁴		
	12	Mid. Ant. Lat.	¹ ² ³ ⁴	_ ¹ _ ²	¹ ² ³ ⁴		
	13	Apical					
	14	Apical Septal					
	15	Apical Inf.			¹ ² ³ ⁴		
	16	Apical Lat.					
	17	Apex					

Fig.S1: Scoring of different variables in 17 myocardial segments by SPECT. The analysis was performed by SPECT as previously described and according to 5 variables of perfusion defect score, viability, motion, systolic wall thickening and ejection fraction (not shown). Ant; Anterior, Inf; Inferior, Lat; Lateral, Sep; Septal, and SPECT; Single Photon Emission Computed Tomography.