RESULTS

Patient characteristics:
- Among 37,886 patients, median age was 66 years (IQR: 59-72 years), 82% were men, and 70% had known CAD.

hsTn concentration:
- Median hsTnI was 4 ng/L (IQR 2-7 ng/L), with 55% ≥LOQ and 5% ≥URL.
- Median hsTnT was 9 ng/L (IQR 6-14 ng/L), with 78% ≥LOQ and 24% ≥URL.

Concordance:
- hsTnI and hsTnT values were only moderately correlated in the combined cohort (p=0.57, p<0.001) (Figure 1).
- When individuals were categorized by hsTn decision-limits, there was a 48% concordance of hsTnI and hsTnT.

Outcomes:
- hsTnI and hsTnT were significantly associated with MACE & death (Table).
- Higher concentrations of hsTn with either assay were significantly associated with a higher incidence of MACE, with a steep gradient of risk for MACE above the 50th percentile (Figure 2).
- When normalized as a percentile of the population, the associations between hsTn and CV events were similar for both assays (Figure 2).
- 3-y risk of MACE stratified by both hsTnI and hsTnT is displayed in Figure 3.
- The combined application of hsTnI and hsTnT improved overall model discrimination for MACE (Likelihood ratio test p<0.001).

Table: MACE and Death HR per 1 SD increase in log transformed hsTn

<table>
<thead>
<tr>
<th>hsTn</th>
<th>MACE Adj HR (CI, p-value)</th>
<th>Death HR (CI, p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>hsTnI</td>
<td>1.43 (1.39-1.47, p&lt;0.001)</td>
<td>1.43 (1.38-1.48, p&lt;0.001)</td>
</tr>
<tr>
<td>hsTnT</td>
<td>1.54 (1.49-1.59, p&lt;0.001)</td>
<td>1.65 (1.59-1.72, p&lt;0.001)</td>
</tr>
</tbody>
</table>

CONCLUSIONS

In this large cohort with stable ASCVD, hsTnI and hsTnT were only moderately correlated, with different categorical interpretations for the same patient in >40%.
- Both hsTnI and hsTnT were independently associated with CV events, and the two in combination offered complementary prognostic information.
- A better understanding of the biology underpinning these clinical differences is needed.