

Supplementary A

Real-world data from the use of ranolazine in patients with stable angina pectoris: the RANGER study

Tables

Table S1. Reasons for ranolazine initiation

	Total (N=1101)	Female (N=284)	Male (N=807)
Reasons to prescribe Ranolazine	n (%)	n (%)	n (%)
Symptoms relief	1036 (94.1)	273 (96.1)	753 (93.3)
Improvement in every-day life activities	983 (89.3)	252 (88.7)	721 (89.3)
Improvement in the oxygen supply to the heart	659 (59.8)	168 (59.2)	483 (59.8)
Decrease the extent of ischemia in the myocardium	642 (58.3)	148 (52.1)	488 (60.5)
Presence of angina pectoris symptoms despite initial treatment	549 (49.9)	132 (46.5)	412 (51.1)
Neutral hemodynamic effect	548 (49.8)	133 (46.8)	410 (50.8)
Decrease acute use of nitrates	464 (42.1)	120 (42.2)	338 (41.8)
Other invasive techniques (PTCA, surgery) are not feasible	400 (36.3)	81 (28.5)	314 (38.9)
Intolerance to other agents for angina pectoris	193 (17.5)	53 (18.7)	136 (16.9)
Absence of occlusive coronary artery disease	116 (10.5)	32 (11.4)	82 (10.2)
Other reasons	10 (1.0)	0	10 (1.0)

Table S2. Ranolazine dosage at baseline and at follow-up visit.

Baseline	Follow-up				Total
	375mg, bid	500mg, bid	750mg, bid	Termination	
375mg, bid	435	505	23	7	963 (87.5%)
500mg, bid	-	80	26	-	106 (9.6%)
750mg, bid	-	2	1	-	3 (0.3%)
Total	435 (39.5%)	587 (53.3%)	50 (4.5%)	7 (0.7%)	1072*, **

*21 patients were receiving 1 pill per day (not in accordance with the recommendations) and not included in the table. 16 of them did not change their dosage, 13 were receiving 375mg/d and 3 were receiving 500mg/d. 5 patients changed their dosage from 375mg/d to 500mg/d. 18 unknown status.

** 5 patients were receiving 375mg/d, bid and then 3 changed it to 375mg/d qd, 1 changed it to 375mg/d tds, and the last one changed it to 375mg/d hs and not included in the table.

Abbreviations: bid, twice a day; tds, three times per day; hs, half strength.

Table S3. Adverse events (AE) and reasons for treatment discontinuation

Parameter	Total (N=1101)	Causality	Outcome
	n (%)		
Patients reported any serious AE	2 (0.2)		
Cardiac system			
2 nd degree AV block	1 (0.1)	Probable	Resolved
Bradychardia*	1 (0.1)	Probable	Resolved
Nervous system			
Dizziness*	1 (0.1)	Probable	Resolved
Respiratory system			
Pulmonary embolism	1 (0.1)	Unrelated	Death
Patients reported any AE^a	11 (1.0)		
Gastrointestinal system			
Constipation	1 (0.1)	Probable	Resolved
Diarrhoea	1 (0.1)	Probable	Resolved
Nausea	3 (0.3)	Probable	Resolved
Constipation	1 (0.1)	Probable	Resolved
Vomiting	1 (0.1)	Possible	Resolved
General disorders			
Malaise	2 (0.2)	Probable/Certain	Resolved
Central and peripheral nervous system			
Balance disorder	1 (0.1)	Probable	Resolved
Headache	1 (0.1)	Probable	Resolved
Head discomfort	1 (0.1)	Probable	Resolved
Dizziness	3 (0.3)	Probable/ Possible/Certain	Resolved
Respiratory system			
Pulmonary embolism	1 (0.1)	Probable	Resolved
Dyspnoea	1 (0.1)	Probable	Resolved
Cardiac system			
Atrioventricular block	1 (0.1)	Probable	Resolved
Musculoskeletal system			
Back pain	1 (0.1)	UnaccessIble	Resolved
	Total (n, %)	Female (n, %)	Male (n, %)
Patients discontinued ranolazine	23 (2.1)		
Reasons for treatment discontinuation			
Adverse events	7 (0.7)	2 (0.2)	6 (0.6)
Patient's decision	6 (0.6)	2 (0.2)	4 (0.4)
No symptoms' improvement	4 (0.4)	1 (0.1)	3 (0.3)

Physician's decision	2 (0.2)	0	2 (0.2)
Normal coronary arteries post coronary angiography	1 (0.1)	1 (0.1)	0
Financial	1 (0.1)	1 (0.1)	0
Poor adherence	1 (0.1)	0	1 (0.1)
Mental disorders	1 (0.1)	1 (0.1)	0

^aA patient can have reported more than one AE. *Related to the patients diagnosed and hospitalized with 2nd degree AV block.

Abbreviations: AE – adverse events; AV – atrioventricular.

Table S4. Transitions among CCS angina classes from baseline to follow-up (3-months) visit.

Baseline visit	Follow-up visit				Total
	CCS I	CCS II	CCS III	CCS IV	
CCS I	104	16	2	0	122
CCS II	460	244	6	4	714
CCS III	99	114	15	2	230
CCS IV	7	18	5	2	32
Total	670	392	28	8	1098

Abbreviations: CCS - Canadian Cardiovascular Society angina class

Table S5. CCS angina classes and QoL scores changes between the two assessments

CCS			QoL			
			Investigators' assessment		Self-reported	
			Number of patients	Percentage (%)	Number of patients	Percentage (%)
Colour scale	Number of patients	Percentage (%)	Number of patients	Percentage (%)	Number of patients	Percentage (%)
+2	124	11.3	723	65.7	776	70.5
+1	579	52.6	186	16.9	144	13.1
0	365	33.2	75	06.8	81	07.3
-1	24	02.2	46	04.2	34	03.1
-2	6	00.5	71	06.4	66	06.0

Abbreviations: CCS - Canadian Cardiovascular Society angina class; QoL – Quality of Life.

Color representation of changes: Green - two or more classes improvement; Light Green – one class improvement; Yellow - no change; Light Red - one class worsening; Red - two or more classes worsening.

Figures

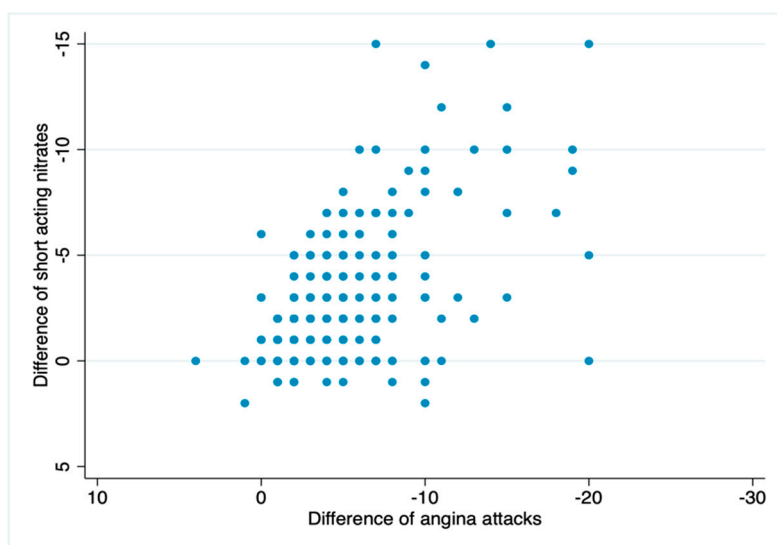


Figure S1. Correlation between the difference of angina attacks and use of short acting nitrates per week between baseline and follow-up visits.