SUPPLEMENTARY MATERIAL

Colchicine in the management of acute coronary syndrome: a meta-analysis.

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Supplementary Material

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Supplementary Table S1. Example search strategy (PUBMED).

#	Search	Results
1	Acute coronary syndrome/	36985
2	Colchicine/	22186
3	1 AND 2	74

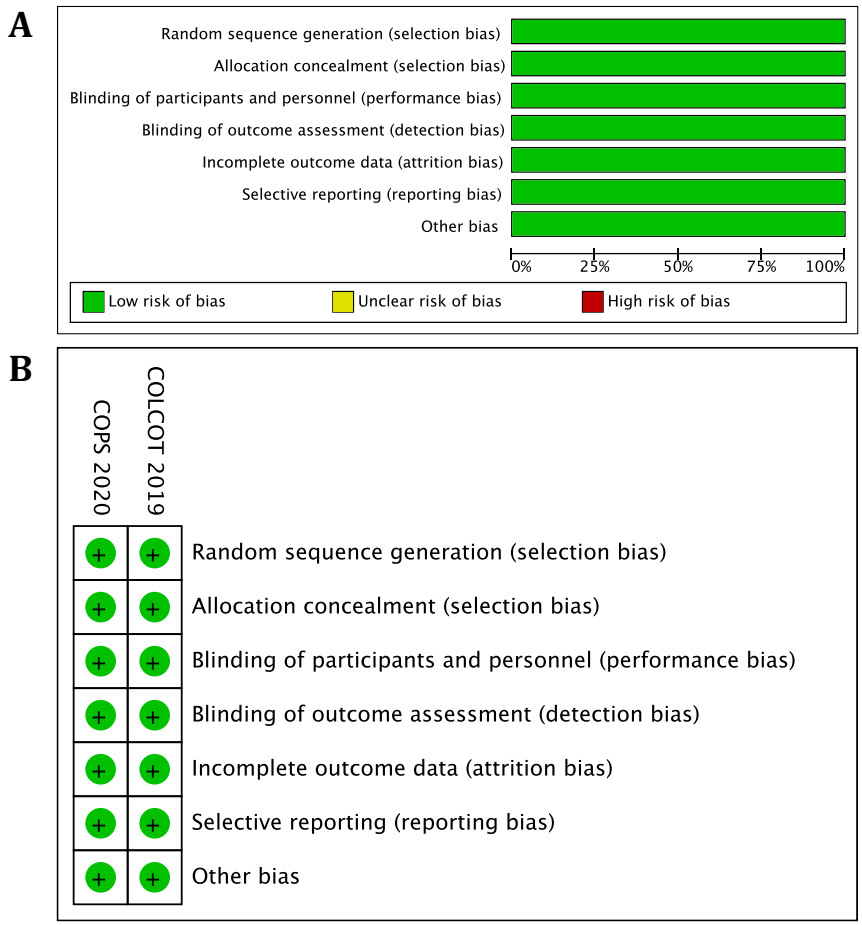
Supplementary Table S2. Study patient inclusion criteria, exclusion criteria and endpoints

Trial	Main Inclusion Criteria	Main Exclusion Criteria	Primary Endpoint	Secondary Endpoint(s)
COLCOT 2019 (1)	Myocardial infarction within 30 days, completed any percutaneous revascularisation, treated according to national guidelines.	Severe heart failure (LVEF <35%), stroke within previous 3 months, a type 2 index myocardial infarction, CABG within previous 3 years or planned, history of non-cutanous cancer within previous 3 years, inflammatory bowel disease or nontransient creating kinase level that was greater than three times the upper limit of normal (unless due to infarction), clinically significant nontransient haematological abnormalities, severe renal disease with serum creatinine level that was greater than two times the upper limite of normal range; severe hepatic disease, drug or alcohol abuse, current or planned long term systemic glucocorticoid therapy, or a history of clinically significant sensitivity to a colchicine.	Efficacy: Composite of death from cardiovascular causes, resuscitated cardiac arrest, myocardial infarction, stroke or urgent hospitalisation for angina leading to coronary revascularisation in a time to event analysis	Components of the primary efficacy endpoint. Also, coronary revascularisation, hospitalisation for heart failure, atrial fibrillation, deep venous thrombosis or pulmonary embolism, serious adverse events.
COPS 2020 (2)	Patients aged 18-85 presenting with acute coronary syndrome and evidence of coronary artery disease (defined by >30% luminal stenosis in any epicardial vessel of >2.5mm luminal diameter on coronary angiography, managed with either percutaneous coronary intervention or medical therapy.	Coronary artery disease requiring surgical revascularisation, pre-existing long term colchicine use or immunosuppressant therapy, severe hepatic and/or renal insufficiency, known active malignancy.	Composite of death from any cause, acute coronary syndrome, ischaemia driven urgent revascularisation and non-cardioembolic stroke.	Components of the primary endpoint as well as hospitalisation for chest pain.

LVEF: Left ventricular ejection fraction, CABG: coronary artery bypass grafting,

Supplementary Figure S1. Cochrane risk of bias assessment.

A) Cochrane Risk of Bias Graph. B) Cochrane Risk of Bias Summary.



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1. Tardif JC, Kouz S, Waters DD, et al. Efficacy and Safety of Low-Dose Colchicine after Myocardial Infarction. The New England journal of medicine. 2019;381(26):2497-505.

2. Tong DC, Quinn S, Nasis A, et al. Colchicine in Patients With Acute Coronary Syndrome: The Australian COPS Randomized Clinical Trial. Circulation. 2020;142(20):1890-900.