

## SUPPLEMENTARY MATERIAL

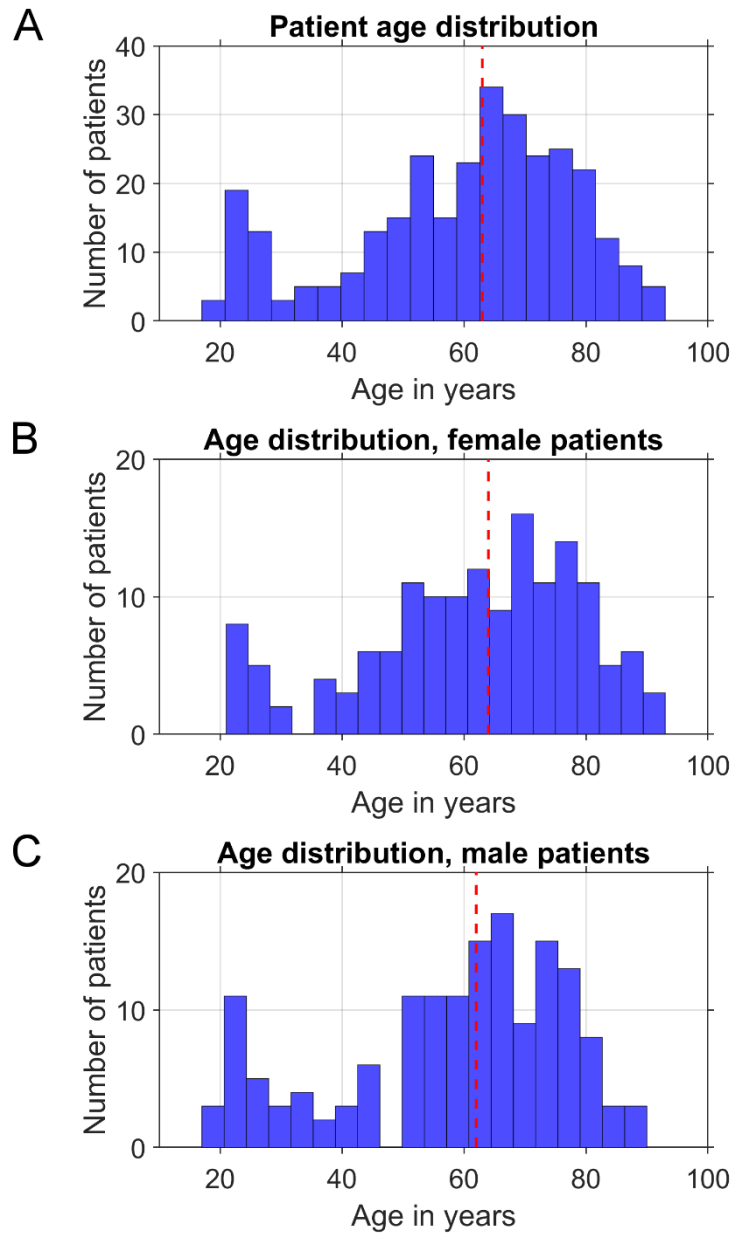
### Prospective multicentric validation of a novel prediction model

#### for paroxysmal atrial fibrillation

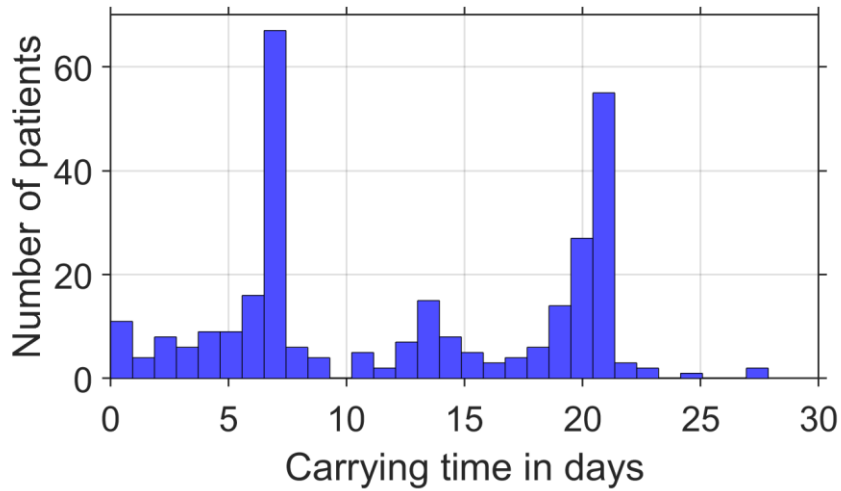
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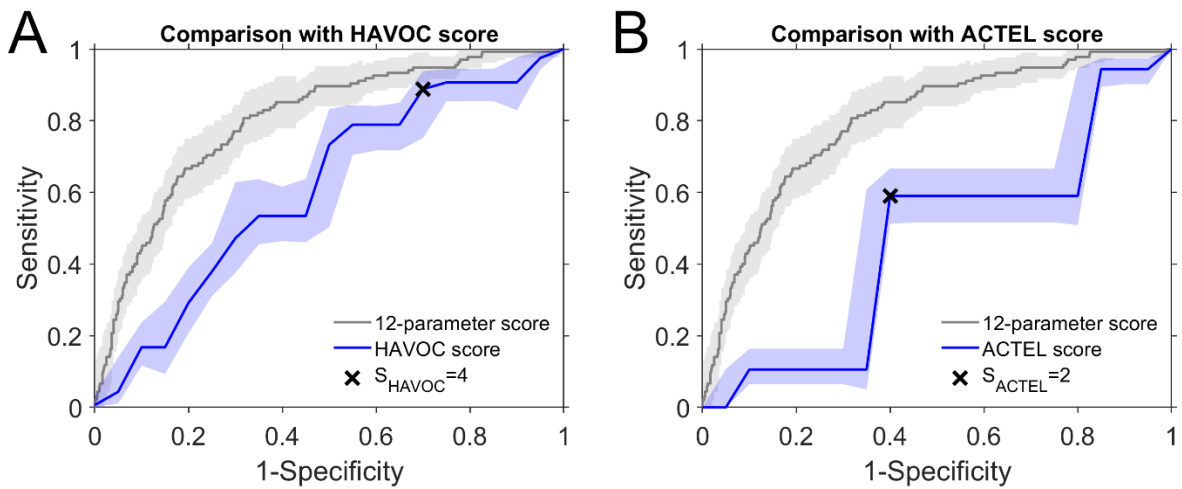
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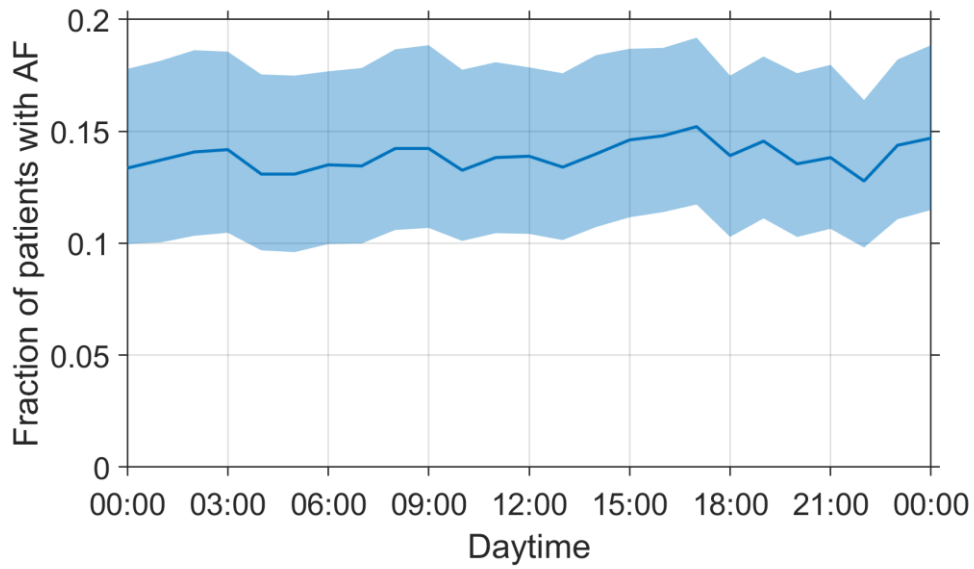
**Fig. S1** Patient age distributions: patient age distributions are shown for (A) all patients, (B) female patients, and (C) male patients. Median ages are indicated by dashed red lines (median age: 63, median age in female patients: 64, median age in male patients: 62)



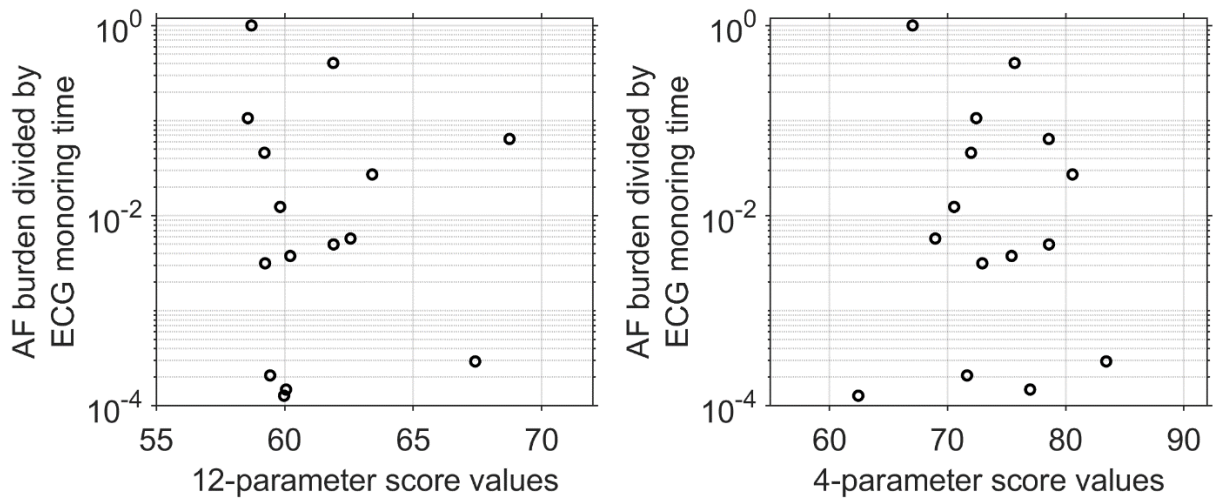
**Fig. S2** Distribution of Holter ECG device carrying times. Holter ECG devices were carried in intervals of one week length for up to three weeks, which explains histogram peaks around 1 week, 2 weeks and 3 weeks. A few patients carried the device for four weeks



**Fig. S3** Comparison with ROC curves for other prediction scores: (A) the HAVOC score [AUC 0.66 (95%-C.I.: 0.61, 0.70); the 'x' symbol indicates sensitivity and 1-specificity values for the suggested cut-off score value of 4], and (B) the ACTEL score [AUC 0.64 (95%-C.I.: 0.60, 0.68); the 'x' symbol indicates sensitivity and 1-specificity values for the suggested cut-off score value of 2]



**Fig. S4** Circadian frequency of AF episodes: for all patients and all days, fractions of AF presence over daytime were calculated (shaded areas: 95% confidence intervals estimated by bootstrapping with  $n=1000$  samples)



**Fig. S5** Values of pAF scores and AF burden normalized by ECG monitoring time. Values of the 12-parameter score (left) and the 4-parameter score were not correlated with AF burden

**Table S1.** Comparison of serum parameters between patient groups.

	<b>SR</b>	<b>pAF</b>
<i>Parameters</i>		
GFR (CKD-EPI), ml/(min·1.73m <sup>2</sup> )	83.8±16.4 (n=34)	74.3±22.1 (n=33)
Serum creatinine, mg/dl	0.86±0.18 (n=35)	1.11±0.99 (n=30)
NT-proBNP, ng/l	4,458±8,375 (n=14)	1,821±3,959 (n=22)
Troponin T hs, ng/l	190±573 (n=23)	159±359 (n=26)

Means, standard deviations and numbers of patients are indicated. GFR (CKD-EPI), glomerular filtration rate estimated by the chronic kidney disease epidemiology collaboration formula; NT-proBNP, N-terminal pro-B-type natriuretic peptide; hs, high-sensitive. Differences between SR and pAF groups, assessed by ANOVA, were not significant.