Supplementary figure S1 Outcomes according to baseline NT-proBNP level in the prespecified analysis population (no atrial fibrillation/flutter at baseline) enrolled as an outpatient (a) and an inpatient (c); all outpatients (including patients with atrial fibrillation/flutter at baseline) are shown in b) and all inpatients (including patients with atrial fibrillation/flutter at baseline) are shown in (d). The Y-axis shows the incidence rate per 100 person-years and the X-axis NT-proBNP level (ng/L). Black line = patients randomly assigned to placebo; blue line = patients randomly assigned to omecamtiv mecarbil.

a) Outpatients - not atrial fibrillation/flutter
b) All outpatients, irrespective of heart rhythm

![Graphs showing incidence rates for different outcomes across NTproBNP levels for both primary composite outcome and HF hospitalization, CV death, and all-cause mortality.]

C) Inpatients – not atrial fibrillation/flutter

![Additional graphs for inpatients showing similar trends as above.]

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d) All inpatients, irrespective of heart rhythm
Supplementary Figure S2 Effect of randomized treatment on outcomes according to baseline NT-proBNP level in the prespecified analysis population (no atrial fibrillation/flutter at baseline) enrolled as an outpatient (a) and an inpatient (c); all outpatients (including patients with atrial fibrillation/flutter at baseline) are shown in b) and all inpatients (including patients with atrial fibrillation/flutter at baseline) are shown in (d). Solid black line = continuous hazard ratio; interrupted black lines = 95% confidence interval. Horizontal solid brown line = unity (hazard ratio =1). A hazard ratio of less than 1 indicates a benefit of omecamtiv mecarbil over placebo.

a) Outpatients - not atrial fibrillation/flutter
b) All outpatients, irrespective of heart rhythm

c) Inpatients – not atrial fibrillation/flutter
d) All inpatients, irrespective of heart rhythm