| Supplementary table 1. Aims and Endpoints of the included studies | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Country(ies)** | **Patients** | **Protocol** | **Type of functional testing** | **Primary Endpoint** | **Secondary Endpoints** |
| **Lee 2018**  **(17)** | South Korea | Stable symptomatic outpatients without known CAD | 1:1 randomization to CCTA vs FT | Myocardial single  photon emission computed tomography (SPECT) | Not clearly defined | Not clearly defined |
| **SCOT-HEART 2018**  **(12)** | Scotland | Stable symptomatic outpatients | 1:1 randomization to CCTA vs  Standard care | Exercice ECG (85%), stress imaging or invasive coronary angiography | Death from CAD or nonfatal MI | Not clearly defined |
| **PROMISE 2017**  **(14)** | North America | Stable symptomatic outpatients without known CAD | 1:1 randomization to CCTA vs FT | Exercise ECG, SPECT (67.8%) and stress echocardiography | Death, MI or UA | Cardiovascular death, MI or UA and cardiovascular death or MI |
| **PROMISE 2017**  **(15)** | North America | Stable symptomatic outpatients without known CAD | 1:1 randomization CAC vs FT | Exercise ECG, SPECT and stress echocardiography | Death,MI or UA | Cardiovascular death, MI or UA and cardiovascular death or MI |
| **IAEA-SPECT/CTA 2016**  **(18)** | Brazil, Czech Republic, India, Mexico, Slovenia, and Turkey | Stable symptomatic outpatients without known CAD | 1:1 randomization to CCTA vs FT | SPECT | Noninvasive or invasive testing | Cumulative effective radiation dose and costs |
| **CRESCENT 2016**  **(16)** | Germany | Stable symptomatic outpatients without known CAD | 2:1 randomization CCTA vs FT | Exercise ECG (95%), SPECT and stress echocardiography | Absence of chest pain complaints | Patients undergoing revascularization after invasive angiography |
| **CAPP 2015**  **(13)** | Northern Ireland | Stable symptomatic outpatients | 1:1 randomization to CCTA vs FT | Exercise ECG | Change Seatle Angina Questionnaire from baseline to 3 months | Number of patient hospitalizations, further investigations, and final CAD diagnoses. |
| **Park 2015**  **(11)** | South Korea | Self-referral medical checkups outpatients without known CAD | Propensity-score matching CCTA vs  FT | Exercise ECG | All-cause death, MI and stroke | Revascularization and CAD and HF–related hospitalizations |
|  | CAD, coronary artery disease; CCTA, coronary computed tomography angiography; HF, heart failure MI, myocardial infarction; SPECT, single photon emission computed tomography; UA, unstable angina. | | | | | |