**Supplementary Table 1. Variables at inclusion and follow-up**

|  |  |  |
| --- | --- | --- |
| **Variables**  | **Inclusion documentation** | **Follow-up documentation** |
| Check of eligibility criteria, informed consent  | ✓ |  |
| Patient demographics  | ✓ |  |
| Cardiac comorbidities and risk factors 1 | ✓ |  |
| Lipid laboratory values, if available (LDL-C, HDL-C, TG, TC, Lp(a)) | ✓ | ✓ |
| Lipid lowering therapy (drug treatment, lipid apheresis) 2  | ✓past and current | ✓ |
| Non-LLT cardiac medication 3 | ✓past and current | ✓ |
| MACE events 4including cardiovascular interventions | ✓past and current | ✓ |
| Hospitalisation and rehabilitation  |  | ✓ |
| Adverse Drug Reaction 5 |  | ✓ |
| QoL by EQ-5D  | ✓ | ✓  |
| 1 Diabetes mellitus, arterial hypertension, heart insufficiency, respiratory insufficiency, coronary artery disease (and last acute coronary syndrome event), cerebrovascular event, peripheral arterial occlusive disease, atrial fibrillation/flutter, renal insufficiency; prior and current smoking. 2 PCSK9i, statins, ezetimibe, nicotinic acid, fibrates, cholestagel, omega-3 fatty acids. Any combinations of the mentioned agents will be documented, too. 3 Beta blockers, ACE inhibitors, ATII antagonists, nitrates, ASA, diuretics, insulin, other antidiabetic drugs4 Death (cardiovascular, non-cardiovascular), acute coronary syndrome (STEMI, NSTE-ACS, UA), cerebrovascular event. 5 ADR to be reported within 1 business day of physician awareness.  |

**Supplementary Figure 1. Distance to LDL-C goal 70 mg/dl**



Columns show 10 mg/dl intervals, e.g., the first column on the left indicates that 40.3% of PCSK9i receivers are at 70mg/dl or below, 7.9% are 1 - 10 mg/dl above the goal value, 7.9% are 11 - 19 mg/dl above the goal.

**Supplementary Figure 2. Distribution of calculated LDL-C values prior to initiation of lipid-lowering treatment**



Details of the calculation are presented in the methods section.