

**ESM 2.** Table. Important socio-demographic and medical risk factors collected via GermanVasc.

| ITEM                                   | DESCRIPTION / DEFINITION   |
|--|--|
| ADMISSION AND DISCHARGE DATE           | <i>All dates are stored data privacy compliant (random shift of dates keeps ability to calculate length of stay)</i> |
| ADMISSION MODE                         | <i>Urgency (elective, urgent, emergent)</i>  |
| ADMITTED FROM                          | <i>Home, nursery, another hospital, another department, rehab, homeless</i>  |
| DISCHARGE DESTINATION                  | <i>Home, nursery, another hospital, another department, rehab, homeless</i>  |
| AMBULATION                             | <i>From full ambulatory to bed-bound</i>   |
| FUNCTIONAL STATUS                      | <i>From full activity to bed-bound</i>   |
| PATIENT'S AGE                          | <i>In years</i>  |
| PATIENT'S GENDER                       | <i>Male, female, transgender male, transgender female</i>  |
| BODY WEIGHT                            | <i>In kilogram (kg)</i>  |
| BODY HEIGHT                            | <i>In centimetres (cm)</i>   |
| ASA-CLASSIFICATION                     | <i>American Society of Anaesthesiologists (ASA) Classification from 1 to 6</i>                                       |
| DIABETES                               | <i>From no diabetes to insulin dependent diabetes</i>  |
| LABORATORY: HBA1C                      | <i>In %</i>  |
| RENAL INSUFFICIENCY                    | <i>Yes or no</i>   |
| LABORATORY: CREATININE                 | <i>In mg/dl or ymol/L</i>  |
| DIALYSIS                               | <i>Yes or no</i>   |
| TOBACCO USE                            | <i>From never smoker to active smoker; If former smoker: Quit time in years</i>                                      |
| ISCHAEMIC HEART DISEASE                | <i>From no ischaemic heart disease to inability to perform any activity without angina or angina at rest</i>         |
| HISTORY OF MYOCARDIAL INFARCTION       | <i>From no prior myocardial infarction to myocardial infarction within last six months</i>                           |
| HISTORY OF CORONARY REVASCULARISATIONS | <i>From no prior CABG/PCI to CABG/PCI within last six months</i>   |
| CONGESTIVE HEART FAILURE               | <i>New York Heart Association (NYHA) Classification from 1 to 4; Current ejection fraction in %</i>                  |
| CARDIAC ARRHYTHMIAS                    | <i>From never to current cardiac arrhythmia</i>  |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE  | <i>From no COPD to COPD with home oxygen</i>   |
| HYPERTENSION                           | <i>From no hypertension to hypertension under insufficient medication</i>  |

|   |  |
|---|--|
| HISTORY OF LOWER EXTREMITY REVASCULARISATIONS | <i>From no prior lower extremity revascularisations to prior open-surgical and endovascular revascularisations</i>   |
| HISTORY OF AMPUTATIONS                        | <i>From no prior amputations to prior major amputations</i>  |
| MEDICATION DURING PROCEDURE                   | <i>Intake of Aspirin or other platelet inhibitors during the procedure; Intake of statins during the procedure; Intake of PCSK9-Inhibitors; Vitamin-K-Antagonists at admission; New/Direct oral anticoagulants (NOAC, DOAC) at admission; Very-Low-Dose-Rivaroxaban at admission</i>   |
| MEDICATION PRESCRIBED AT DISCHARGE            | <i>Prescription of Aspirin or other platelet inhibitors; Prescription of Statins; Prescription of PCSK9-Inhibitors; Prescription of Vitamin-K-Antagonists; Prescription of New/Direct oral anticoagulants (NOAC, DOAC); Prescription of Very-Low-Dose-Rivaroxaban</i>  |
| MODIFIED RUTHERFORD-CLASSIFICATION            | <i>For each leg: Asymptomatic, mild claudication, moderate claudication (&gt; 200 m), severe claudication (&lt; 200 m), ischaemic rest pain, ulcer/necrosis, non-healing amputation, both ulcer/necrosis and non-healing amputation, acute limb ischaemia</i>  |
| FOOT INFECTION                                | <i>For each leg: From no symptoms/signs of infection to grade 3 (SIRS, severe)</i>   |
| ANKLE-BRACHIAL INDEX                          | <i>For each leg: From &gt; 1.3 to &lt; 0.4</i>   |
| TISSUE LOSS                                   | <i>For each leg: From no tissue loss to grade 3 (extensive)</i>  |
| URGENCY OF PROCEDURE                          | <i>For each procedure: Elective, urgent, emergent</i>  |
| PROCEDURAL INFORMATION FOR ER, TEA, OR BYPASS | <i>Including access to the target vessels, side treated, medical specialty performing the endovascular procedure, treated target vessels, primary and secondary access, closure devices, sheath size, used endovascular devices, planned and unplanned adjunct procedures, patchplasty, bypass conduit, type of vein bypass, number of vein segments, patency at end of surgery, intraoperative fluoroscopy and flow measurement, final technical result</i> |
| SIDE OF PROCEDURE                             | <i>For each procedure: Left, right, aorta</i>  |
| MAXIMUM SEVERITY OF LESION                    | <i>For each procedure: From stenosis 25 % to complete occlusion</i>  |
| MAXIMUM LENGTH OF LESION                      | <i>For each procedure: Short (&lt; 5 cm for aorto-iliac and &lt; 25 cm for femoro-popliteal lesions), long (&gt;= 5 cm and &gt;= 25 cm, respectively)</i>  |
| CRURAL OUTFLOW BEFORE PROCEDURE               | <i>For each procedure: From three crural vessels to no outflow</i>   |

ER: Endovascular revascularisation; TEA: endarterectomy; TIA: transient ischaemic attack; CABG: coronary artery bypass surgery; PCI: percutaneous coronary intervention; COPD: chronic obstructive pulmonary disease; SIRS: systemic inflammatory response syndrome.