



Australian clinical guideline for diagnosing and managing acute coronary syndromes 2025

Supplementary material A

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Funding

The guideline was jointly funded by the Heart Foundation and CSANZ. Funding was also received from trusts managed by Perpetual for the guideline development in 2020 and 2021.

Endorsements

For a full list of the organisations that have endorsed this guideline, refer to the Heart Foundation website.
www.heartfoundation.org.au/for-professionals/acs-guideline



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Acknowledgement of Country

We acknowledge the Traditional Owners and Custodians of country throughout Australia and their continuing connection to land, waters and community. We pay our respects to them and their cultures, and Elders past, present and future.

First Nations peoples is the term used throughout this guideline. However, the Heart Foundation recognises that the preferred term(s) when writing for, and about, First Nations peoples can differ between communities and individuals. No disrespect is intended to First Nations peoples who may identify with an alternative term.

Disclaimer

This guideline has been developed by the National Heart Foundation of Australia ABN 98 008 419 761 (**Heart Foundation**) in collaboration with the Cardiac Society of Australia and New Zealand ABN 23 006 63505 (**CSANZ**) to support healthcare professionals in making informed clinical decisions. The content of this guideline is general advice only and provided for informational purposes only. It is not intended to serve as health, medical, or treatment advice. It is based on the best available evidence and expert consensus as at the time of publication. The recommendations are intended to support, not replace, the clinical judgment and shared decision-making process between qualified healthcare professionals and the people they care for, considering an individual's circumstances and the availability of resources.

Intended use

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Clinical judgment and decision-making

This guideline should not override the responsibility of healthcare professionals to make appropriate decisions based on the specific circumstances of each person, including consideration of applicable local regulations and the person's values and preferences. Healthcare professionals are also responsible for verifying current regulations and recommendations before applying any treatments or interventions referred to in this guideline.

Updates and revisions

Medical knowledge is continually evolving, and guidelines may be updated as new information becomes available. Users are encouraged to consult the latest version of the guideline and to consider any new evidence that may have emerged.

Jurisdictional application

This guideline has been developed in accordance with Australian regulatory and clinical standards and may not be suitable for use in other jurisdictions without appropriate adaptation.

Disclosures

For a full list of disclosures/conflicts of interest, refer to Supplementary material A2.

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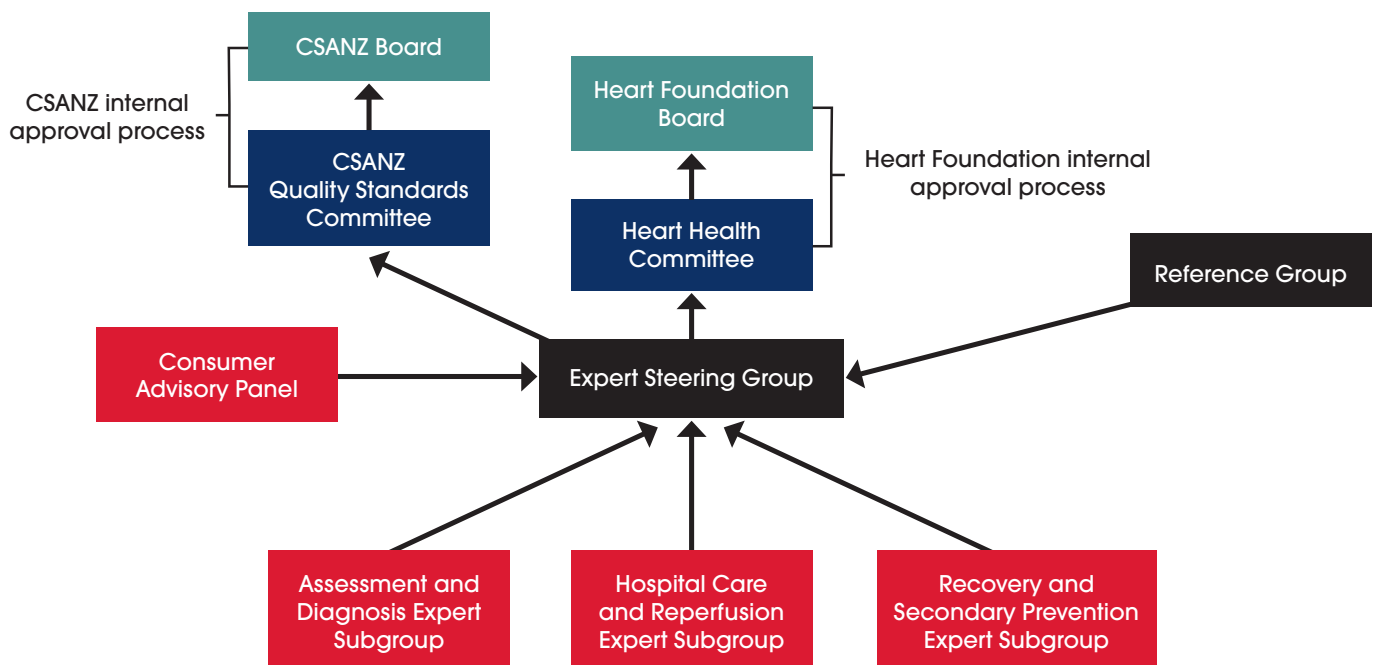
Governance structure and guideline contributors

Governance

The development of the *Australian clinical guideline for diagnosing and managing acute coronary syndromes (ACS) 2025* (the guideline) was led by the National Heart Foundation of Australia (Heart Foundation) in collaboration with an extensive network of leading experts and reference group organisations who contributed in an honorary capacity. The guideline was jointly funded by the Heart Foundation and the Cardiac Society of Australia and New Zealand (CSANZ). Funding was also received from trusts managed by Perpetual for the guideline development in 2020 and 2021.

The governance process employed by the Heart Foundation aims to ensure the integrity of the guideline developers and to strike a balance between the existence of 'interests' in a topic under review and the expertise required to make sound and meaningful recommendations.

The overarching governance structure was developed in line with the 2016 National Health and Medical Research Council's (NHMRC) *Standards for Guidelines*.¹ The structure included an Expert Steering Group (ESG), three Expert Subgroups, Reference Group organisations and a Consumer Advisory Panel (**Supplementary figure 1**).



Supplementary figure 1 Governance structure for the guideline project.

Expert groups

The guideline was developed under the direction and governance of five expert groups with multidisciplinary, clinical and people with lived experience input. Experts and people with lived experience representatives from diverse backgrounds and geographic regions were recruited by CSANZ and the Heart Foundation through an expression of interest process between the last quarter of 2021 and first quarter of 2022.

Members were selected based on their expertise and experience in guideline development. Expertise was sourced across the disciplines of cardiology, emergency medicine, general medicine, general practice, nursing, pharmacy, epidemiology, cardiac rehabilitation and public health.

Expert Steering Group

The ESG met regularly between the first quarter of 2022 and 2023. The ESG agreed on the prioritised scope and clinical questions of the guideline. The ESG was also responsible for reviewing the full content of the draft guideline, including grading of the evidence and final recommendations. The ESG identified which expert subgroups would be required to progress guideline development and oversaw their input into the project.

Members of the ESG included the co-chairs, representatives from the Expert Subgroups, chair of the Consumer Advisory Panel, and Heart Foundation and CSANZ representatives. ESG members chaired and participated in Expert Subgroups where their expertise was relevant.

The ESG reported to the internal approval committees from the Heart Foundation and CSANZ.

Expert Steering Group members

Name	Position
Prof David Brieger (Co-chair)	Head of Coronary Care, Concord Repatriation General Hospital; Professor in Medicine, Concord Clinical School, ANZAC Research Institute, The University of Sydney
Prof Louise Cullen (Co-chair)	Pre-Eminent Staff Specialist, Emergency Medicine, Royal Brisbane and Women's Hospital; Professor, Queensland University of Technology; Professor (Clinical), University of Queensland
Prof Tom Briffa	Professor, School of Population and Global Health, University of Western Australia; Head of Cardiovascular Research Group and Centre for Health Services Research, The University of Western Australia; Honorary Professorial Fellow, The George Institute for Global Health
Dr Alexandra (Sasha) Bennett	Executive Officer, New South Wales (NSW) Therapeutic Advisory Group; St Vincent's Hospital Cardiac Rehabilitation
Prof Robyn A. Clark	Matthew Flinders Emeritus Professor, Flinders University; Adjunct Professor, South Australian Health and Medical Research Institute (SAHMRI); Adjunct Professor, University of South Australia; Adjunct Professor, Queensland University of Technology
Prof Stephen Duffy (Resigned from position on 13 September 2022)	CSANZ representative; Interventional and Structural Cardiologist, The Alfred Hospital; Adjunct Professor, Centre of Cardiovascular Research and Education in Therapeutics, Monash University
Darren Hicks	Chair of the Consumer Advisory Panel; Member of the SOLVECHD Consumer Advisory Group; Member of the MyHeart MyLife Consumer Advisory Group
Dr Cynthia Papendick	Emergency Physician, Royal Adelaide Hospital; Associate Professor, University of Adelaide, School of Medicine; Director of Emergency Research Central Adelaide Local Health
Prof Ian Scott	Former Director of Internal Medicine and Clinical Epidemiology, Princess Alexandra Hospital; Professor in Clinical Decision-making, University of Queensland; Adjunct Professor of Medicine, Queensland University of Technology
Dr Greg Starmer (Resigned from position on 24 October 2022)	Clinical and Interventional Cardiologist, Cairns Base Hospital; Adjunct Senior Lecturer, James Cook University, School of Medicine and Dentistry
Prof Liza Thomas	CSANZ representative; Interventional and Consultant Cardiologist, Westmead Hospital; Principal Investigator, Westmead Applied Research Centre, Faculty of Medicine and Health, University of Sydney; Conjoint Professor, University of Sydney and University of New South Wales
Dr Edwina Wing-Lun	Interventional and Consultant Cardiologist, Royal Darwin Hospital; Contractor Cardiologist, NT Cardiac, Darwin Private Hospital; PhD Candidate, University of Sydney
A/Prof Sarah Zaman	Interventional Cardiologist & Clinical Academic, Westmead Hospital and the University of Sydney; Honorary Academic, School of Clinical Sciences at Monash Health, Monash University

Expert Subgroups

The Expert Subgroup members met monthly between the second quarter of 2022 and 2023. The Expert Subgroups were responsible for developing the clinical questions, generating guideline recommendations and drafting sections of the guideline.

Three Expert Subgroups provided subject matter expertise to progress guideline development:

- Assessment and Diagnosis Expert Subgroup
- Hospital Care and Reperfusion Expert Subgroup
- Recovery and Secondary Prevention Expert Subgroup

Expert Subgroups were chaired by members of the ESG to ensure the cohesion of recommendations across the broad spectrum of work involved in the guideline development. Expert Subgroups were supplemented by members with recognised expertise from stakeholder groups and the clinical community.

Assessment and Diagnosis Expert Subgroup members

Name	Position
Prof Louise Cullen (Chair)	Pre-Eminent Staff Specialist, Emergency Medicine, Royal Brisbane and Women's Hospital; Professor, Queensland University of Technology; Professor (Clinical), University of Queensland
Dr Angus Baumann	Consultant Cardiologist, Department of Medicine, Alice Springs Hospital; Flinders University Rural Clinical School, Flinders University, South Australia
Prof Sally Inglis	Professor, IMPACCT – Improving Palliative, Aged and Chronic Care through Clinical Research and Translation, University of Technology Sydney, Faculty of Health
A/Prof Lisa Kuhn	Associate Professor of Emergency Nursing, Monash University, School of Nursing and Midwifery; Registered Nurse and Chair (Nursing), Monash Emergency Research Collaborative (MERC), Monash Health
Dr Cynthia Papendick	Emergency Physician, Royal Adelaide Hospital; Associate Professor, University of Adelaide, School of Medicine; Director of Emergency Research Central Adelaide Local Health
Prof Hans Schneider	General Physician, General Medicine Unit, Alfred Health; Director of Pathology, Alfred Health; Head of Clinical Biochemistry, Alfred Pathology Service, Alfred Health; Adjunct Clinical Professor, School of Public Health and Preventative Medicine, Monash University
Dr Greg Starmer (Resigned from position on 24 October 2022)	Clinical and Interventional Cardiologist, Cairns Base Hospital; Adjunct Senior Lecturer, James Cook University, School of Medicine and Dentistry
Dr Edwina Wing-Lun	Interventional and Consultant Cardiologist, Royal Darwin Hospital; Contractor Cardiologist, NT Cardiac, Darwin Private Hospital; PhD Candidate, University of Sydney

Hospital Care and Reperfusion Expert Subgroup members

Name	Position
Prof David Brieger (Chair)	Head of Coronary Care, Concord Repatriation General Hospital; Professor in Medicine, Concord Clinical School, ANZAC Research Institute, The University of Sydney
Dr Angus Baumann	Consultant Cardiologist, Department of Medicine, Alice Springs Hospital; Flinders University Rural Clinical School, Flinders University, South Australia
Prof Stephen Duffy (Resigned from position on 13 September 2022)	CSANZ representative; Interventional and Structural Cardiologist, The Alfred Hospital; Adjunct Professor, Centre of Cardiovascular Research and Education in Therapeutics, Monash University
Mr James Edelman	Cardiothoracic Surgeon, Fiona Stanley Hospital; Senior Clinical Lecturer, The University of Western Australia
Adam Livori	Lead Pharmacist, Medicine and Continuing Care, Grampians Health; PhD Candidate, Centre for Medicine Use and Safety, Monash University
Prof Ian Scott	Former Director of Internal Medicine and Clinical Epidemiology, Princess Alexandra Hospital; Professor in Clinical Decision-making, University of Queensland; Adjunct Professor of Medicine, Queensland University of Technology
Jeanine Stewart	ACS Nurse Practitioner, The Prince Charles Hospital
Prof Liza Thomas	CSANZ representative; Interventional and Consultant Cardiologist, Westmead Hospital; Principal Investigator, Westmead Applied Research Centre, Faculty of Medicine and Health, University of Sydney; Conjoint Professor, University of Sydney and University of New South Wales
A/Prof Sarah Zaman	Interventional Cardiologist & Clinical Academic, Westmead Hospital and the University of Sydney; Honorary Academic, School of Clinical Sciences at Monash Health, Monash University

Recovery and Secondary Prevention Expert Subgroup members

Name	Position
Prof Tom Briffa (Chair)	Professor, School of Population and Global Health, University of Western Australia; Head of Cardiovascular Research Group and Centre for Health Services Research, The University of Western Australia; Honorary Professorial Fellow, The George Institute for Global Health
Kimberley Bardsley	ACS Nurse Practitioner, The Prince Charles Hospital, Brisbane
Dr Alexandra (Sasha) Bennett	Executive Officer, NSW Therapeutic Advisory Group; St Vincent's Hospital Cardiac Rehabilitation
Prof David Brieger	Head of Coronary Care, Concord Repatriation General Hospital; Professor in Medicine, Concord Clinical School, ANZAC Research Institute, The University of Sydney
Prof Robyn A. Clark	Matthew Flinders Emeritus Professor, Flinders University; Adjunct Professor, South Australian Health and Medical Research Institute (SAHMRI); Adjunct Professor, University of South Australia; Adjunct Professor, Queensland University of Technology
Prof Julie Redfern	Professor and Director, Institute for Evidence-Based Healthcare, Bond University; Professor of Public Health, Faculty of Medicine and Health, The University of Sydney
Dr Ling Zhang	Practicing Registered Nurse and Research Associate, Faculty of Medicine and Health, Sydney Nursing School, The University of Sydney

Consumer Advisory Panel

The Consumer Advisory Panel members were recruited by the Heart Foundation through an expression of interest process in the first quarter of 2022. Seven members were selected and interviewed before being invited to join the panel. Members were appointed based upon lived experience of cardiovascular disease, diversity (gender, age group, ethnicity, First Nations peoples representation) and geographical location to ensure a broad range of experiences were heard and considered.

The Consumer Advisory Panel members convened regularly in 2022-2023 to review and provide feedback on relevant recommendations and guideline content. The Consumer Advisory Panel provided the people with lived experience and carer perspective, and ensured their voice was represented during guideline development.

The chair of the Consumer Advisory Panel was a member of the ESG. The Consumer Advisory Panel received direction from, and reported its recommendations, to the ESG.

Consumer Advisory Panel members

- Darren Hicks (Chair)
- David Follent (First Nations representative)
- Sarah Hatzivlastou
- Sharon Kort
- Michael McGowan
- Jarrod McMaugh
- Rodney Turner (First Nations representative – resigned from position on 30 May 2023)
- Léa Zeestraten

For how conflicts of interest were managed for all guideline contributors, see Supplementary material A3.

Reference Group

The Reference Group was established in the first quarter of 2022. The group comprised nominated representatives of identified key stakeholder organisations or societies with national relevance in the assessment, diagnosis, management and rehabilitation of ACS in Australia. Members of the Reference Group were nominated by their respective organisations. Where appropriate and agreed with the organisation, an existing member of the ESG or Expert Subgroups provided representation on the Reference Group.

The Reference Group provided feedback on the clinical scope of the guideline. The group was also responsible for reviewing the acceptability and relevance of the guideline recommendations and implementation strategies. Reference Group members facilitated the process of endorsing the guideline, where relevant/appropriate.

The Reference Group reported to the ESG.

Reference Group organisations

- Advanced Pharmacy Australia (previously Society of Hospital Pharmacists Australia)
- Australasian Cardiovascular Nursing College
- Australasian College for Emergency Medicine
- Australian and New Zealand Society of Cardiac and Thoracic Surgeons
- Australian and New Zealand Society for Geriatric Medicine
- Australian Cardiovascular Health and Rehabilitation Association
- Australian College of Rural and Remote Medicine
- Australian Commission on Safety and Quality in Health Care
- Australian Physiotherapy Association
- Central Australian Rural Practitioners Association
- Council of Remote Area Nurses of Australia
- Exercise & Sports Science Australia
- Internal Medicine Society of Australia and New Zealand
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
- The Australasian College of Paramedicine
- The Australian Resuscitation Council
- The National Rural Health Alliance
- The Royal Australian College of General Practitioners
- The Royal College of Pathologists of Australasia

Heart Foundation project contributors

Name	Position
Elaine Ho	Senior Evidence and Policy Advisor, Clinical Evidence
Stacey Matthews	Senior Evidence and Policy Advisor, Clinical Evidence
Erin Bowen	National Manager, Health Research & Innovation
Mistralle Brouillard	Evidence and Policy Advisor, Clinical Evidence
Dr Amanda Buttery	Manager, Clinical Evidence (former)
Dr Dannii Dougherty	Manager, Clinical Evidence
Prof Garry Jennings	Chief Medical Officer
Dr Jasmine Just	Senior Medical Writer, Clinical Evidence
Carol Kilkenny	Senior Evidence and Policy Advisor, Clinical Evidence (former)
Dr Victoria Leitch	Acting Manager (former) and Senior Medical Writer, Clinical Evidence
Natalie Walton	Heart Health Coordinator, Clinical Evidence (former)

External contributors

Royal Australasian College of Surgeons team

Name	Position
Ning Ma	Project Team Leader (project oversight)
Dr Tom Vreugdenburg	Project Team Leader (day-to-day management)
Dr Alun Cameron	Senior Research Officer
Dr Alvin Atlas	Senior Research Officer
Dr Ming Min	Research Officer (support researcher)
Dr Elise Rochet	Research Officer (support researcher)

Independent reviewer

Name	Position
Prof Derek Chew	Director of Cardiology Victorian Heart Hospital, Monash Health

Conflict of interest

Conflict of interest process

The Guideline Expert Steering Group acknowledges the importance of both transparency and appropriate management of conflicts of interest (COI). COI were considered within a framework of both the relationship (direct or indirect) of the participating individual to any third party with interest in the topic under consideration within the guideline development process, and the nature (financial and non-financial) of the potential conflict.

The *Conflict of Interest Policy* was based on the NHMRC's *Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members*² and *NHMRC Guidelines for Guidelines Handbook*.³ A copy of the *Conflict of Interest Policy* can be supplied upon request.

What is considered a relevant conflict of interest?

As per the 2016 NHMRC *Standards for Guidelines*, interest is defined as 'any direct or indirect, pecuniary or non-pecuniary interest'. A conflict of interest arises when there is a risk that a person's professional judgment or actions regarding a primary interest (i.e. this guideline) will be unduly influenced by a secondary interest (such as financial gain).

Examples of interests:

- Financial interests, such as receipt by the member or their 'immediate family members' of payments, honoraria or grants from an entity or individual having a commercial interest in the issues being considered by the expert group.
- Any other relevant direct or pecuniary interest (for instance, having provided expert testimony for a fee on behalf of an entity with a commercial interest in the issues being considered by the expert group).
- Working and personal relationships, including board membership and employment at the same organisation.

- Affiliations or associations with organisations or activities which could reasonably be perceived to be an influence due to a competing interest.
- Institutional interests.
- Having recently (within the last three years) been involved in the development of related guidelines, standards, or policies.
- Receipt of research funding by the prospective member or immediate family members from any entity that has a commercial interest in the issues being considered by the advisory group.

The nature of potential conflicts includes:

1. **High-level benefit** – position held, or direct investment in an activity that provides cash or in-kind incentives.
2. **Low-level benefit** – position held, or *ad hoc* or indirect investment in an activity that provides cash or in-kind incentives.
3. **No benefit** – position held, or investment in an activity that does not provide cash incentives.

Managing conflicts of interest

Conflicting interests among the guideline expert groups required appropriate management to ensure clinical recommendations were not compromised. Processes employed by the Heart Foundation aimed to ensure the integrity of guideline developers and to strike an appropriate balance between the existence of 'interests' in a topic under review and the expertise required to make sound and meaningful recommendations.

Conflicts of interest were managed as follows:

- Open disclosure of all COI to all members of the expert group and public declaration of all COI in the guideline. Members were expected to disclose COI at commencement of membership and also to update the expert group during the project if there were any changes to this declaration.
- COI declarations were revisited at each expert group meeting (including the ESG and Expert Subgroup meetings) to ensure new disclosures were recorded.

- If a COI disclosure was deemed significant, individuals would have been restricted from involvement in discussions and decisions on related topics. In circumstances where a COI was disclosed, the process of managing the disclosure included:
 - limited involvement in the deliberation of the evidence, with possibility of bias noted
 - limited involvement in discussions on the wording, structure or intent of the clinical recommendation
 - limited involvement in the formulation of the clinical recommendation relevant to disclosure of a conflict.

Conflict of interest register – summary

Member and role	Employment/current position	Declared interests
Expert Steering Group members		
<p>Professor Louise Cullen</p> <p>Co-chair of the Expert Steering Group</p> <p>Chair of the Assessment and Diagnosis subgroup</p>	<p>Pre-Eminent Staff Specialist, Emergency Medicine, Royal Brisbane and Women's Hospital</p> <p>Professor, Queensland University of Technology</p> <p>Professor (Clinical), University of Queensland</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Speaker fees from Abbott Diagnostics, Beckman Coulter, Siemens Healthineers. • Advisory Board member for Siemens Healthineers, GlyCardial Diagnostics, Radiometer, Abbott Diagnostics, Roche, Quidel/Ortho Diagnostics. <p>Non-personal:</p> <ul style="list-style-type: none"> • Cullen L, Parsonage W, Stephensen L, Starmer G, Greenslade J, Tyack Z, McKivett A, Chew D, Hillis G, Goodman A, Rahman Ihdahid A, Mahoney R, Cramb S, McCreanor V. Clinical and health economics implications of routine CTCA for emergency department assessment of Aboriginal and Torres Strait Islander people at risk of acute coronary syndrome (The Powerful Pictures Study) NHMRC 2022 Medical Research Future Fund (MRFF) Cardiovascular Health Mission Grant, 20228112022/MRF2022811 \$1,488,717.00. • International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) Committee on Clinical Applications of Cardiac Bio-Markers (C-CB) member 2023 – 2026. • Queensland Advancing Clinical Research Fellowship. Queensland Health. 2023-2026, \$249,648. • NHMRC Development Grant: Development of a first-in class therapeutic for protecting the ischaemic heart, (GNT 126982) \$926,673.00. • NHMRC Partnerships Project: Difficult peripheral intravenous catheter insertion: Australian consideration for sustainable implementation of ultrasound guided procedures, (GNT 1180193) \$1,497,197.00. • NHMRC Partnerships Project: Optimizing evidence translation in the high-risk time-critical environment of the emergency management for suspected cardiac chest pain (RAPIDx), (GNT 1191914) \$1,230,000 + in kind. • Emergency Medicine Foundation: Coronary Artery Disease in Aboriginal and Torres Strait Islander People, (EMLE-202R36-2021-STARMER) \$100,000. • NHMRC Ideas Grant: Biosensor based clinical-decision support for patients with heart failure, (GNT 2002576) \$691,933.40.

Member and role	Employment/current position	Declared interests
		<ul style="list-style-type: none"> • Emergency Medicine Foundation JumpStart Grant: Relief of chest pain in the Emergency Department (RELIEF). Co-investigator (Grant ID: EMJS-363R34-2020-BROWNLEE) \$36,396. • NHMRC Partnerships Project: The Limit of Detection in the Emergency Department Trial: A stepped-wedge cluster randomization trial for rapid assessment of patients with suspected acute coronary syndrome in the Emergency Department, (GNT 1193269) \$532,120. • Medical Research Future Fund (MRFF) Rapid Applied Research Translation Program: Validation of an accelerated diagnostic protocol for Aboriginal and Torres Strait Islander patients presenting to an emergency department (ED) with suspected acute coronary syndrome, \$235,254. • MRFF Rapid Applied Research Translation Program: The Limit of Detection in the Emergency Department Trial (LEGEND), \$194,682. • Emergency Medicine Foundation Capacity Building Grant: Capacity Building Grant II: Emergency & Trauma Centre, Royal Brisbane and Women's Hospital, \$70,000. • Support for cardiac biomarker evaluation from Siemens, Abbott Diagnostics, Beckman Coulter.

Member and role	Employment/current position	Declared interests
<p>Professor David Brieger</p> <p>Co-chair of the Expert Steering Group</p> <p>Chair of the Hospital Care and Reperfusion subgroup</p> <p>Member of the Recovery and Secondary Prevention subgroup</p>	<p>Head of Coronary Care, Concord Repatriation General Hospital</p> <p>Professor in Medicine, Concord Clinical School, ANZAC Research Institute, The University of Sydney</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Speaker/consulting honoraria and/or research grant support from Amgen, AstraZeneca, Bayer, Boehringer Ingelheim, BMS, Eli Lilly, Merck and Sanofi. • Advisory committee member for The Limbic for cardiovascular educational events. <p>Non-personal:</p> <ul style="list-style-type: none"> • NHMRC: Centre for Research Excellence in Cardiovascular Outcomes Improvement, (GNT 1111170) \$2,500,000. • Department of Health (Federal)/MRFF - International Clinical Trials Collaborations Program: Anticoagulation for Stroke Prevention In patients with Recent Episodes of perioperative Atrial Fibrillation after noncardiac surgery - The ASPIRE-AF trial, (2022/MRF2015330) \$1,816,175.10. • NHMRC Synergy Grant: Solving the long-standing evidence-practice gap associated with cardiac rehabilitation and secondary prevention of coronary heart disease (SOLVE CHD), (GNT 118230) \$5,000,000. • NHMRC: COLchicine CARDiovascular Outcomes in Acute Coronary Syndrome (COLCARDIO-ACS) Study, (GNT 1187193) \$4,238,895. • NHMRC Ideas Grant: Learning what works and for which patients: efficient framework and novel technologies for precision comparative effectiveness research, (GNT 1184304) \$587,183. • Support for research analysis of heart failure data sets from Novartis. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Chair of The Australasian Cardiac Outcomes Registry Limited (ACOR) Ltd. Board of Directors.

Member and role	Employment/current position	Declared interests
<p>Professor Tom Briffa</p> <p>Chair of the Recovery and Secondary Prevention subgroup</p>	<p>Professor, School of Population and Global Health, University of Western Australia</p> <p>Head of Cardiovascular Research Group and Centre for Health Services Research, The University of Western Australia</p> <p>Honorary Professorial Fellow, The George Institute for Global Health</p>	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> • MRFF Cardiovascular Health Mission Research Grant: Guardian Angel: Implementation of a peer support program for people with heart disease, (MRFF2007669) \$655,522.17. • Heart Foundation Secondary Prevention Strategic Grant: Secondary Prevention for All in Need (SPAN) after myocardial infarction: a comparative effectiveness randomised trial, (ID: 105531) \$999,034. • NHMRC Partnerships Project: Optimizing evidence translation in the high-risk time-critical environment of the emergency management for suspected cardiac chest pain (RAPIDx), (GNT 1191914) \$1,230,000 + in kind. • NHMRC Synergy Grant: Solving the long-standing evidence-practice gap associated with cardiac rehabilitation and secondary prevention of coronary heart disease (SOLVE CHD), (GNT 118230) \$5,000,000. • NHMRC/MRFF International Clinical Trial Collaborations Grant: The Early valve replacement in severe ASYmptomatic aortic stenosis (EASY AS) trial, (GNT 1170844) \$1,827,443. • HCF Research Foundation Grant: Better use of angiography in managing undifferentiated chest pain, \$240,000. • Abbott Australasia: Outcomes in patients treated with Bioresorbable Vascular Scaffolds in public hospitals of Western Australia, \$17,550. • NHMRC: The appropriateness of coronary investigation in myocardial injury and type 2 myocardial infarction (ACT-2), (GNT 1146512). • NHMRC: Is highly-sensitive troponin testing advancing clinical practice, improving outcomes and cost-effective in the investigation and management of chest pain in the Emergency Department? (GNT 1122792) \$1,193,965.80. • Government of Western Australia, Department of Health: West Australian Cardiac Outcomes Registry (WACOR): Does routine stratification for competing risks at the time of diagnosis of Acute Coronary Syndromes improve outcomes and lower health care costs? • Government of Western Australia, Department of Health: RTP - Round 11 – Cost effectiveness of extending the Phase 3 community pulmonary rehabilitation program beyond the recommended 10 weeks. • Government of Western Australia, Department of Health: The RADICAL project: Impact of Rapid Access to cardiology Determined multi-modality testing among Individuals presenting with new onset Chest pain: improving quality, efficiency and cost effectiveness at Royal Perth Hospital.

Member and role	Employment/current position	Declared interests
		<p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Unpaid member of the Heart Foundation Clinical Committee.
<p>Dr Alexandra (Sasha) Bennett</p> <p>Member of the Recovery and Secondary Prevention subgroup</p>	<p>Executive Officer, NSW Therapeutic Advisory Group</p> <p>St Vincent's Hospital Cardiac Rehabilitation</p>	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> • MRFF Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists Grant: A systems-approach to enhancing community-based medication review. • MRFF 2020 Dementia, Ageing and Aged Care Grant: Knowledge brokers for evidence translation to improve quality use of medicines in residential aged care, \$1,952,566.00.

Member and role	Employment/current position	Declared interests
<p>Professor Robyn A. Clark</p> <p>Member of the Recovery and Secondary Prevention subgroup</p>	<p>Matthew Flinders Emeritus Professor, Flinders University</p> <p>Adjunct Professor, South Australian Health and Medical Research Institute (SAHMRI)</p> <p>Adjunct Professor, University of South Australia</p> <p>Adjunct Professor, Queensland University of Technology</p>	<p>High-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> Heart Foundation Future Leader Fellow. <p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Member of the Boehringer Advisory Board Boston 2019. Accommodation/meals/travel support as member of the Boehringer Advisory Board Boston 2019. <p>Non-personal</p> <ul style="list-style-type: none"> NHMRC Partnerships Project: The Country Heart Attack Prevention Project, (GNT 1169893) \$3.2 million. Novartis/ Astra Zeneca are partners in this study. Heart Foundation Partnership Engagement Grant: The Country Heart Attack Prevention (CHAP) Project, (ID: 102325) \$150,000. NHMRC Partnerships Project: Heart Matters: Heart Safe Communities partnership to improve cardiovascular awareness and response to symptoms in regions at highest risk of heart attacks, (GNT 1180282) \$ 905,714.50. Heart Foundation Vanguard Grant: Standardised ACS discharge and medication education using Avatars to prevent 30-day readmission, (ID: 102990) \$149,452. The Pinnaroo Project, \$17,000. National Breast Cancer Award: Heart in Breast Cancer, \$700,000. The Hospital Research Foundation: The CREW Project, \$148,000. Flinders Foundation: Cardiac Rehabilitation for CR4ALL, \$25,000. NHMRC Partnership Grant safe@home: effectiveness and cost effectiveness of telemonitoring and virtual care supported by primary care for people living with chronic disease in low socioeconomic neighbourhoods for reducing ambulance ramping, readmission and GP clinic block, 2023/GNT2023359, \$1,125,678.18.

Member and role	Employment/current position	Declared interests
<p>Professor Stephen Duffy</p> <p>Resigned from position 13 September 2022</p> <p>Member of the Hospital Care and Reperfusion subgroup</p>	<p>Interventional and Structural Cardiologist, The Alfred Hospital</p> <p>Adjunct Professor, Centre of Cardiovascular Research and Education in Therapeutics, Monash University</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Payment or other support as proctor for transcatheter aortic valve implantation (TAVI) procedures for Medtronic. <p>Non-personal:</p> <ul style="list-style-type: none"> • NHMRC Centre of Research Excellence in Cardiovascular Outcomes Improvement (GNT 1111170), \$2,500,000.00. • Clinical Lead, Melbourne Interventional Group Registry (MIG). The MIG acknowledges funding from Abbott Vascular, AstraZeneca, Biotronik, Boston Scientific, Johnson & Johnson, Medtronic, Pfizer, Schering-Plough, Sanofi-Aventis, Servier, St. Jude Medical, and Terumo. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Unpaid member of the Heart CSANZ Quality Standards Committee. • CSANZ Honorary Treasurer/Assistant Secretary. <p>Non-personal:</p> <ul style="list-style-type: none"> • Steering committee member of the Victorian Cardiac Outcomes Registry.

Member and role	Employment/current position	Declared interests
<p>Darren Hicks</p> <p>Chair of the Consumer Advisory Panel</p>	<p>City of Bayswater</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Involved in a research trial (MiSmartHeart) with Monash University – I will be given a gift of \$200 at the completion of this trial. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Member of the SOLVECHD Consumer Advisory Group. Member of the MyHeart MyLife Consumer Advisory Group.
<p>Dr Cynthia Papendick</p> <p>Member of the Assessment and Diagnosis subgroup</p>	<p>Emergency Physician, Royal Adelaide Hospital</p> <p>Associate Professor, University of Adelaide, School of Medicine</p> <p>Director of Emergency Research Central Adelaide Local Health</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Honoraria from Roche for presenting research <\$3500 over past three years. Travel and accommodation support from Roche Diagnostics for presenting research <\$15000 over past three years. Advisory Board member for Roche Diagnostics development of 6th Gen Troponin T assay, payment of \$2400 USD over three years to provide advice regarding the conduct of data analysis and interpretation of the Elecsys® Troponin T high sensitivity Gen 6 assay. <p>Non-personal:</p> <ul style="list-style-type: none"> Central Adelaide Local Health Network CEO Grant. Restricted Educational Grant from Roche Diagnostics for analysis of pre and post implementation of high sensitivity troponin in SA Health, \$300,000. NHMRC Partnerships Project: Optimizing evidence translation in the high-risk time-critical environment of the emergency management for suspected cardiac chest pain (RAPIDx), (GNT 1191914) \$1,230,000 + in kind.

Member and role	Employment/current position	Declared interests
		<p>No benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> Steering committee member of the State-wide Cardiology Network of South Australia.
<p>Professor Ian Scott</p> <p>Member of the Hospital Care and Reperfusion subgroup</p>	<p>Former Director of Internal Medicine and Clinical Epidemiology, Princess Alexandra Hospital</p> <p>Professor in Clinical Decision-making, University of Queensland</p> <p>Adjunct Professor of Medicine, Queensland University of Technology</p>	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> NHMRC Centre of Research Excellence Grant: Centre of Research Excellence in Wiser Wound Care, (GNT 1196436) \$ 2,500,000. Metro South Hospital and Health Service Research Support Scheme Grant: Personalised medicine in action: applying machine learning to develop personalised medication dosing. RELEASE (REdressing Long-term Antidepressant use) trial: MRFF 2020 Clinician Researchers: Applied Research in Health; NHMRC 2021 Partnership Projects, \$1,000,000. Optimising medicine information handover after discharge (OPTI-MED study) MRFF 2022 Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists Initiative, \$1,498,330. NASCENT: Translating AI research to clinical practice; National infrastructure for real-time clinical AI trials. MRFF 2023 National Critical Research Infrastructure Initiative, \$2,994,539. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Past Chair, Queensland Clinical Networks Executive. Past Chair of the Australian Deprescribing Network. Member of the Quality and Safety Committee of the Royal Australasian College of Physicians (RACP). Past Member of the MBS Review Taskforce for Cardiac Services.

Member and role	Employment/current position	Declared interests
<p>Dr Greg Starmer</p> <p>Resigned from position 24 October 2022</p> <p>Member of the Assessment and Diagnosis subgroup</p>	<p>Clinical and Interventional Cardiologist, Cairns Base Hospital</p> <p>Adjunct Senior Lecturer, James Cook University, School of Medicine and Dentistry</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Speaker fees received from Bayer. • Membership of Medtronic Advisory Board 2019. <p>Non-personal:</p> <ul style="list-style-type: none"> • Hospitality meal for educational journal club. <p>No benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> • Member of the Queensland State-wide Cardiac Clinical Network.

Member and role	Employment/current position	Declared interests
<p>Professor Liza Thomas</p> <p>Joined 20 September 2022</p> <p>Member of the Hospital Care and Reperfusion subgroup</p>	<p>Interventional and Consultant Cardiologist, Westmead Hospital</p> <p>Principal Investigator, Westmead Applied Research Centre, Faculty of Medicine and Health, University of Sydney</p> <p>Conjoint Professor, University of Sydney and University of New South Wales</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Member of Pfizer's Tafamidis Advisory Board. • Advisory committee member for Sanofi Genzyme for Fabry disease. • Advisory committee member for Boehringer Ingelheim for heart failure therapies. • Advisory committee member for Bayer for chronic kidney disease and finerenone. • Advisory committee member for Novartis for heart failure therapies and biomarkers. • Paid speaker for Sanofi Genzyme for cardiac involvement in Fabry disease. • Paid speaker for Novartis for imaging in heart failure. • Paid speaker for Bayer for cardiovascular symposium. • Paid speaker for Shire for Fabry disease and cardiac manifestations. • Paid speaker for Janssen for diagnosing pulmonary hypertension. • Accommodation/meals/travel support from Pfizer for European Society of Cardiology (ESC) Congress (virtual). • Accommodation/meals/travel support from Bayer for ESC Congress. • Investigator initiated research (IIR) grant from Sanofi Genzyme. • IIR grant from Bayer. • IIR grant from Janssen. <p>Non-personal:</p> <ul style="list-style-type: none"> • Department of Health (Federal)/MRFF - International Clinical Trials Collaborations Program: Anticoagulation for Stroke Prevention In patients with Recent Episodes of perioperative Atrial Fibrillation after noncardiac surgery – The ASPIRE-AF trial, (2022/MRF2015330) \$1,816,175.10. • OHMR grant: Cardiovascular Collaborative Grant under the NSW Cardiovascular Research Capacity Program, Defining atrial muscle dysfunction for identifying patients with atrial cardiomyopathy, \$1 million. • NHMRC Clinical Trials and Cohort Studies Grants: Atrial Myopathy and Embolic Stroke (AMES) trial (co-investigator), (2032210) \$3,743,489.60.

Member and role	Employment/current position	Declared interests
<p>Dr Edwina Wing-Lun</p> <p>Member of the Assessment and Diagnosis subgroup</p>	<p>Interventional and Consultant Cardiologist, Royal Darwin Hospital</p> <p>Contractor Cardiologist, NT Cardiac, Darwin Private Hospital</p> <p>PhD Candidate, University of Sydney</p>	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> National Heart Foundation of Australia/2020 Strategic Grant – Women and Heart Disease, \$1,000,000. <p>No benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> Unpaid member of the Heart Foundation Northern Territory Local Advisory Board.

Member and role	Employment/current position	Declared interests
<p>Associate Professor Sarah Zaman</p> <p>Member of the Hospital Care and Reperfusion subgroup</p>	<p>Interventional Cardiologist & Clinical Academic, Westmead Hospital and the University of Sydney</p> <p>Honorary Academic, School of Clinical Sciences at Monash Health, Monash University</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Speaker honoraria received to talk at educational events: Heart Foundation Webinar (sponsored by Terry White Chemists). • Speaker honoraria from AstraZeneca, Boehringer Ingelheim, Amgen. • Advisory committee member for Therapeutic Guidelines (cardiovascular guidelines 2021). • Advisory committee member for sudden cardiac death clinical trial group for Medtronic 2021. • Advisory committee member for The Limbic for cardiovascular educational events. <p>Non-personal:</p> <ul style="list-style-type: none"> • NSW Health/Elite Postdoctoral Researcher Grant: Women and Heart Disease – Problems and Solutions. • CSANZ-Bayer Young Investigator Research Grants: Australian New Zealand Spontaneous Coronary Artery Dissection (ANZ-SCAD) Registry. • Heart Foundation Strategic Grant – Women and Heart Disease. Primary Prevention of Cardiovascular Disease in Young and Middle-aged Women with Non-Traditional Risk Factors Utilising Coronary Artery Calcification, (ID: 105539) \$1,000,000. • Heart Foundation Future Leader Fellowship Atherosclerotic Heart Disease in Women – Sex-Specific Prevention, Recognition and Management, (ID: 102627) \$535,120.00. • Research grant of \$50,000 received to my institution from Abbott Vascular (to be received in June 2022) to support the Spontaneous Coronary Artery Dissection Registry.

Member and role	Employment/current position	Declared interests
Assessment and Diagnosis Expert Subgroup members		
Professor Louise Cullen (Chair)		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Dr Atef Asham	<p>General Practitioner, Practice Principal, Deer Park Medical Centre</p> <p>Research Investigator, Baker Heart and Diabetes Institute</p>	<p>Low-level benefit</p> <p>No interests declared.</p> <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Chair of the RACGP Cardiology Specific Interests Group. Concurrent involvement with the ACDPA Absolute Cardiovascular Risk guideline update.
<p>Dr Angus Baumann</p> <p>Member since January 2023</p> <p>Member of the Hospital Care and Reperfusion subgroup</p>	<p>Consultant Cardiologist, Department of Medicine, Alice Springs Hospital</p> <p>Flinders University Rural Clinical School, Flinders University, South Australia</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Financial support from Abbott to run a not-for-profit Echocardiography Course. Speaking Fee from Victorian Heart Hospital for an educational session. <p>No benefit</p> <ul style="list-style-type: none"> State representative board member (NT) of the National Cardiac Registry (NCR).

Member and role	Employment/current position	Declared interests
Professor Sally C. Inglis	Professor, IMPACCT – Improving Palliative, Aged and Chronic Care through Clinical Research and Translation, University of Technology Sydney, Faculty of Health	<p>High-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> Heart Foundation Future Leader. <p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> NHMRC Partnership Grant safe@home: effectiveness and cost effectiveness of telemonitoring and virtual care supported by primary care for people living with chronic disease in low socioeconomic neighbourhoods for reducing ambulance ramping, readmission and GP clinic block, 2023/GNT2023359, \$1,125,678.18. MRFF Cardiovascular Grant. Replenishing enzymatic cofactor NAD+ in Heart Failure: Rescuing an engine out of fuel, 2022/MRF2024161, \$1,499,523.00. Maridulu Budyari Gumal – The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE): Tele-PC Study. Telehealth: examining cardiovascular patient and clinician experiences of receiving and delivering care during the pandemic to inform 21st Century cardiac care, \$40,450. Heart Foundation Future Leader: Evaluating inequities in access to specialised care and services for people with peripheral arterial disease (PAD) in rural and remote Australia and trialling a telehealth self-care-management program for underserved PAD patients, (ID: 102821) \$659,980. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> CSANZ Chair of Cardiovascular Nurses Council (2016–2022). CSANZ Chair of the Professional and Ethical Standards Committee (2022–2025). Deputy Chair, Executive Committee, NSW Cardiovascular Research Network (2021–2027). Member, CSANZ Quality and Standards Committee (2020–2026).

Member and role	Employment/current position	Declared interests
Associate Professor Lisa Kuhn	Associate Professor of Nursing, Australian Catholic University, School of Nursing, Midwifery and Paramedicine Registered Nurse and Chair (Nursing), Monash Emergency Research Collaborative (MERC), Monash Health	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> • Auric Innovation Grant, Cabrini Foundation, Acute Behavioural Disturbance in the Emergency Department, \$146,993. • MRFF-Clinical Trials Activity Grant, 2022: Just Say No to the Just in Case Cannula: An Implementation Science Trial with Roadmap for National Roll Out. Identifier: 2023389, 2023–2028, A\$2,895,091.00. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Member of the Editorial Board of the Australian Critical Care Journal. • Member of the College of Emergency Nursing Australasia (CENA) Research Committee.
Dr Cynthia Papendick		<ul style="list-style-type: none"> • Refer to Expert Steering Group members section for details.
Professor Hans Schneider	General Physician, General Medicine Unit, Alfred Health Director of Pathology, Alfred Health Head of Clinical Biochemistry, Alfred Pathology Service, Alfred Health Adjunct Clinical Professor, School of Public Health and Preventative Medicine, Monash University	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> • Support for ASPREE (ASPIrin in Reducing Events in the Elderly) trial from Abbott. • NHMRC: (AI) Is highly-sensitive troponin testing advancing clinical practice, improving outcomes and cost-effective in the investigation and management of chest pain in the Emergency Department?, (GNT 1122792) \$1,193,965.80.

Member and role	Employment/current position	Declared interests
Dr Greg Starmer Resigned from position 24 October 2022		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Dr Edwina Wing-Lun		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Hospital Care and Reperfusion Expert Subgroup members		
Professor David Brieger (Chair)		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Dr Angus Baumann		<ul style="list-style-type: none"> Refer to Assessment and Diagnosis subgroup members section for details.
Professor Stephen Duffy Resigned from position 13 September 2022		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Mr J. James Edelman	<p>Cardiothoracic Surgeon, Fiona Stanley Hospital</p> <p>Senior Clinical Lecturer, The University of Western Australia</p>	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Speaker fees from Bristol Myers Squibb for Lung Cancer Expert Panel (single event August 2024). Speaker fees from Medtronic. Speaker fees from AstraZeneca for the Lung Cancer Expert Panel (single event June 2022). <p>Non-personal:</p> <ul style="list-style-type: none"> Board member of Heart Lung Research Institute of Western Australia which in the past has received educational grants from Medtronic, Abbott and Edwards.

Member and role	Employment/current position	Declared interests
Adam Livori	<p>Lead Pharmacist, Medicine and Continuing Care, Grampians Health</p> <p>PhD Candidate, Centre for Medicine Use and Safety, Monash University</p>	<p>High-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Central research PhD scholarship from Monash University 2022–2025. <p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Paid speaker for Australian Centre for Heart Health for medicine adherence and heart failure management. • Paid speaker for Pharmaceutical Society of Australia for medicine adherence and heart failure management. • Paid speaker for Novartis providing education and case studies on heart failure management. • Paid speaker for Society of Hospital Pharmacists of Australia for foundation, extension and masterclass webinars in cardiology pharmacy. • Paid reviewer – Australian Injectable Drugs Handbook and Don't Rush to Crush, both publications from Society of Hospital Pharmacists of Australia. • Research support from Safer Care Victoria (paid to Ballarat Health Services). <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • Chair of the Cardiology Leadership Committee for Society of Hospital Pharmacists of Australia. • Faculty member of Safer Care Victoria Heart Failure Collaborative. • Member of the Cardiac Clinical Network leadership committee for Safer Care Victoria. • Member of Australian Cardiovascular Alliance Big Data Flagship. • Founding member of European Society of Clinical Pharmacy Cardiology Practice Group.
Professor Ian Scott		<ul style="list-style-type: none"> • Refer to Expert Steering Group members section for details.

Member and role	Employment/current position	Declared interests
Jeanine Stewart	ACS Nurse Practitioner, The Prince Charles Hospital	<ul style="list-style-type: none"> None declared.
Professor Liza Thomas		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Joined 20 September 2022		
Associate Professor Sarah Zaman		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Recovery and Secondary Prevention Expert Subgroup members		
Professor Tom Briffa (Chair)		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Kimberley Bardsley	ACS Nurse Practitioner, The Prince Charles Hospital, Brisbane	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Member of AstraZeneca Advisory Board Oct 2020. Meal support from Novartis, AstraZeneca and Boehringer Ingelheim. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Member of the CSANZ COVID-19 Cardiovascular Nursing Care Consensus Statement Working Group.
Dr Alexandra (Sasha) Bennett		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Professor David Brieger		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
Professor Robyn A. Clark		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.

Member and role	Employment/current position	Declared interests
Professor Julie Redfern	<p>Professor and Director, Institute for Evidence-Based Healthcare, Bond University</p> <p>Professor of Public Health, Faculty of Medicine and Health, The University of Sydney</p>	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> • NHMRC Investigator Grant Level 2: Modernising cardiac rehabilitation and secondary prevention of heart disease, (GNT 2007946) \$2,872,570. • NHMRC Synergy Grant: Solving the long-standing evidence-practice gap associated with cardiac rehabilitation and secondary prevention of coronary heart disease (SOLVE CHD), (GNT 118230) \$5,000,000. • NSW Health, Cardiovascular Senior Researcher Grant: Providing a peer support program to people with heart disease across NSW: An implementation project. 2022–2024, \$750,000. • MRFF Cardiovascular Health Mission Research Grant: Guardian Angel: Implementation of a peer support program for people with heart disease, (MRFF2007669) \$655,522.17. • NHMRC Partnership Grant: FirstCPR – Improving health outcomes for people suffering out of hospital cardiac arrest, (GNT 1168950) \$1,469,341.20. • NHMRC Partnership Grant: Quality improvement in primary care to prevent hospitalisations and improve Effectiveness and efficiency of care for people Living with heart disease (QUEL), (GNT 1140807) \$828,305. • Heart Foundation Secondary Prevention Strategic Grant. Secondary Prevention for All in Need (SPAN) after myocardial infarction: a comparative effectiveness randomised trial, (ID: 105531) \$999,034. • MRFF PHCRI Primary Health Care Research Application: Health4Me: Improving adolescent physical activity and nutrition behaviours via primary care, (MRFF2006315) \$511,750.50. • Endometriosis Australia Research Grant: Co-designing a lifestyle-focused and supportive text message intervention for those or people with endometriosis: ENDOTEXT-ME. Endometriosis Australia, \$27,094. • NHMRC Partnership Grant: Partnership for precision prevention in CAD (PPP-CAD), (GNT 2005790) \$1,413,166. • NHMRC Project Grant: Sex disparities in management of myocardial infarction, (GNT 1147430) \$615,585. • NHMRC Investigator Grant L2. Solving the long-standing evidence-practice gap associated with cardiac rehabilitation and secondary prevention of coronary heart disease SOLVE-CHD, (GNT2007946) \$ 2,872,570. • MRFF Clinician Researchers Grant. Adoption, impact and sustainability of evidence-based practice into health care: Co-design and evaluation of projects, systems and processes, (MRF2023723) \$299,118.943. • MRFF International Clinical Trial Collaborations. Personalised Exercise-Rehabilitation FOR people with Multimorbidity - The PERFORM trial, (ID2024999) \$2,999,443.

Member and role	Employment/current position	Declared interests
		<ul style="list-style-type: none"> • MRFF Preventive and Public Health Research Initiative. Adolescent-led transformation of preventive and public health research using citizen science, (MRF2023165) \$799,815. • Preventive and Public Health Research Initiative. HeartPath+: Targeting self-efficacy and health literacy through patient education to prevent recurrent heart events in Australians with heart disease, (MRF2022907) \$598,381. • MRFF Effective Treatments and Therapies (PANDA Trial: Physical Activity in Nature for Cardiometabolic Diseases in People Aged 45y+, (MRF2023914) \$1,491,204.51. • MRFF Cardiovascular Health Mission. Identifying and addressing barriers and enablers to implementing best-practice cardiac rehabilitation: the Quality Improvement in Cardiac Rehabilitation (QUICR) Cluster-Randomised Controlled Trial, (GNT2016170) \$894,000 <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> • CSANZ Co-Chair Clinical and Preventive Cardiology Council; Member Education Trust; Member ACOR Board; Member Scientific Committee, Co-Chair Science Committee. • Australian Cardiovascular Alliance (ACvA) Co-Director Implementation and Policy Flagship; Chair Scientific Advisory Committee. • World Heart Federation Member Science Committee. • National Heart Foundation of Australia Alumni. • Heart Lung Circulation Editorial Board Member. • Queensland Cardiovascular Research Network Member of Executive Steering Committee.
Dr Ling Zhang	Practicing Registered Nurse and Research Associate, Faculty of Medicine and Health, Sydney Nursing School, The University of Sydney	<p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> • Heart Foundation Vanguard Grant: Standardised ACS discharge and medication education using Avatars to prevent 30-day readmission, (ID: 102990) \$149,452.

Member and role	Employment/current position	Declared interests
Consumer Advisory Panel members		
Darren Hicks (Chair)		<ul style="list-style-type: none"> Refer to Expert Steering Group members section for details.
David Follent	NSW Agency for Clinical Innovation (ACI), Pillar of NSW Health	<p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Chairperson of the National Association of Aboriginal and Torres Strait Islander Health workers and Practitioners (NAATSIHWP). Chairperson of the National Cardiac Registries Indigenous Advisory committee.
Sarah Hatzivlastou	Property Accountant, CHP Management Retired nurse	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Volunteer co-investigator on a project/grant with Deakin University and SOLVE-CHD. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Member of the SOLVECHD Consumer Advisory Group.
Sharon Kort	CSIRO on secondment to Department of Industry, Science, Education and Research	<ul style="list-style-type: none"> None declared.
Michael McGowan	Health, Safety & Training Coordinator, Glencore Coal, Bulga Open Cut	<ul style="list-style-type: none"> None declared.

Member and role	Employment/current position	Declared interests
Jarrod McMaugh	Pharmaceutical Society of Australia	<p>High-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Employed by the Pharmaceutical Society of Australia – role involves providing education, policy work, and project delivery on behalf of governments and Primary Health Networks for the utilisation of pharmacists in the health system. <p>Low-level benefit</p> <p>Non-personal:</p> <ul style="list-style-type: none"> Delivers health-related education as part of my employed role with the Pharmaceutical Society of Australia. None have been related to cardiovascular health in the last three years. Not paid by any organisation to speak in this capacity. <p>No benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Director of Pharmacists Support Service (a mental health service for pharmacists).
Rodney Turner	Nil	<p>Low-level benefit</p> <p>Personal:</p> <ul style="list-style-type: none"> Advisory committee member for The George Institute for Global Health.
Resigned from position 30 May 2023		
Léa Zeestraten	Nil	<ul style="list-style-type: none"> None declared.

Process for developing the guideline

Introduction

In 2019–20, a formal prioritisation process for clinical guideline development was undertaken by the Heart Foundation,⁴ and the *2016 Australian clinical guideline for the management of ACS* was identified as the highest priority to update.

The updated guideline was developed based on the Grading of recommendations assessment, development, and evaluation (GRADE) methodology.⁵ It is also informed by the 2016 NHRMC *Standards for Guidelines*,¹ adapting them where necessary to align with the unique and specific requirements of the guideline.

Developing the guideline scope and clinical questions

Between the second and third quarter of 2022, the Expert Steering Group and Expert Subgroups developed the guideline scope and clinical questions, which were prioritised based on gaps identified in published international guidelines, literature review, priorities and choices faced by healthcare professionals, and values and preferences of people with lived experience. The guideline scope was shared with, and feedback received from reference group organisations and the consumer advisory panel. The guideline clinical questions were expressed in patient/population, intervention, comparison, outcome, time, setting (PICOTS) format. An independent literature review was conducted based on these PICOTS questions (**Supplementary table 1**).

Supplementary table 1: List of clinical questions for evidence review.

PICOTS Question	
1	<p>In emergency patients with suspected non-ST-segment-elevation acute coronary syndromes (NSTEMACS), risk scores (e.g. emergency department assessment of chest pain score (EDACS)/history, electrocardiogram (ECG), age, risk factors, and troponin (HEART)/Thrombolysis in myocardial infarction (TIMI)/The Global Registry of Acute Coronary Events (GRACE)) in addition to high-sensitivity troponin-based algorithms (that include ECG assessment) in comparison to high-sensitivity (HS) troponin-based strategies alone provide significant benefits to patients and healthcare services (e.g. improved safety for index acute myocardial infarction (AMI) or 30-day major adverse cardiovascular events (MACE)/improved discharge rates).</p> <p>a. Define MACE – AMI and cardiac death (not revascularisation).</p> <p>b. Define outcomes – reduced false negative (FN) rate for index AMI vs reduced FN rate for MACE.</p>
2	<p>In the primary care/outpatient setting, patients with chest pain and possible ACS, risk scores (e.g. HEAR/HEART/EDACS) can identify a low-risk cohort who can be safely managed and investigated without referral to the emergency department (ED)/hospital setting +/- troponin testing. OR is there a risk score + ECG which can identify patients presenting for assessment of chest pain or other symptoms of ACS that are so low risk they do not require troponin testing?</p> <p>a. Define chest pain or anginal equivalents.</p> <p>b. Define assessment needed – ECG.</p>
3	<p>In patients with occlusion myocardial infarction (OMI)/acute coronary occlusion (ACO) what ECG findings identify occlusion at invasive coronary angiography (ICA)?</p>
4	<p>In patients with chest pain presenting to rural and remote hospitals, what models of care or decision support at a system level improve diagnosis and management of those with acute coronary syndromes?</p>
5	<p>In adult patients presenting to ED with suspected ACS, what are the time- and assay-dependent performance characteristics of biomarkers in diagnosing AMI? How do these performance characteristics vary according to:</p> <p>a. Assay type (Troponin I (TnI) or Troponin T (TnT)), sensitive or highly sensitive assays, point of care or laboratory assays?</p> <p>b. Timing (on admission, or at two hours, four hours, six hours or 12 hours after admission or after symptom onset)?</p>
6	<p>In adult patients presenting to ED with suspected ACS and in whom AMI has been ruled out:</p> <p>a. Which subsequent test (exercise stress test (EST), stress echocardiography (ECHO), nuclear medicine testing (myocardial perfusion imaging), CT coronary angiogram (CTCA) (not CTCA with fraction flow reserve (FFR)) is most accurate and cost effective in detecting or ruling out symptomatic coronary (or myocardial) ischaemia?</p> <p>b. When should the test be performed (e.g. within 72 hours, within 30 days)? Are there different timeframes for different risk cohorts?</p> <p>c. Are there subgroups in whom further testing is unnecessary?</p>
7	<p>In adult patients presenting with resuscitated out-of-hospital cardiac arrest and without ST elevation on the ECG, how does the use of immediate coronary angiography versus delayed/selective coronary angiography affect the outcomes of in-hospital major cardiovascular events or death, in-hospital complications of bleeding and renal failure/kidney function and length of stay, and 30-day or six-month major cardiovascular events or death?</p>

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- 8 In adult patients presenting with confirmed ACS, how does the use of risk stratification pathways/protocols, objective risk scores (e.g. TIMI score, GRACE score), bleeding risk scores or biomarkers (e.g. B-type natriuretic peptide (BNP), troponin) affect the following outcomes:
- a. risk of in-hospital major adverse cardiac events or death
 - b. risk of 12-month major adverse cardiac events or death
 - c. risk of in-hospital bleeding
 - d. risk of 12-month bleeding.
-
- 9 In patients with high ischaemic risk (thrombus, no-flow, slow-flow) receiving percutaneous coronary intervention (PCI) for ACS, does the use of glycoprotein IIb/IIIa (GP IIb/IIIa) inhibitors affect clinical outcomes including MACE and bleeding compared to not using GPIIb/IIIa inhibitors?
-
- 10 In patients following an ACS, stratified by presence and mode of revascularisation during index admission (surgery/PCI/neither), what duration (one, three, six or 12 months) of dual antiplatelet therapy results in the lowest incidence of:
- a. recurrent ischaemic events (cardiovascular death/myocardial infarction (MI))
 - b. bleeding
 - c. net adverse clinical outcome (composite of recurrent ischaemic and bleeding events).
-
- 11 In all hospitalised ACS patients with normal left ventricular ejection fraction (LVEF), what is the evidence that medicines (e.g. beta blockers, angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), colchicine), aside from antithrombotic, lipid-lowering agents, improve morbidity and mortality at and beyond 12 months?
-
- 12 In all hospitalised ACS patients, does referral/participation/completion of a multimodal form of cardiac rehabilitation (including web-based, telehealth, general practice, telephone, home-based, or combinations) improve patient-reported outcomes, risk profile and MACE compared to eligible counterparts participating in standard outpatient-based exercise-based cardiac rehabilitation (phase two programs)?
-
- 13 In all hospitalised ACS patients, particularly the underserved and minorities (women, older adults, regional and remote, First Nations Peoples, culturally and linguistically diverse, low socioeconomic groups), does timing and type of follow-up (by who (clinicians, automated systems), how (phone call, text message, letter, email) and how often (including multidisciplinary i.e. types of clinicians, types of communication, frequency and content)) since leaving hospital improve titration of therapies, cardiac rehabilitation attendance, transition of care, patient-reported outcomes and morbidity compared to standard outpatient follow-up?
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Literature review and evidence synthesis

The Royal Australasian College of Surgeons was appointed to conduct the literature review through an open tender process in September 2022. The literature review sought published studies from January 2015 to December 2022. Evidence summaries were completed in the first quarter of 2023 and circulated to the ESG and Expert Subgroups for review and approval. The ESG and Expert Subgroup members were given the opportunity to submit queries about or identify gaps in the evidence prior to approving the evidence summaries. The technical report is available upon request through the Heart Foundation.

Evidence summaries were supplemented with additional studies identified from conference attendances, searching reference lists, database alerts and relevant international guidelines where the recommendations were adopted or adapted for this guideline. If relevant and pertinent to the recommendations, studies published after the literature search dates were included.

GRADE methodology for developing recommendations

The recommendations were developed by the expert groups using the GRADE methodology. The GRADE approach offers a transparent and structured process for developing and presenting evidence summaries and recommendations.⁵

Each recommendation was developed using an 'Evidence to recommendation' template, to ensure that the strength of the recommendation was determined based on the balance between benefits and harms, certainty of evidence, preferences and values of the target population, and resource considerations.

Applying GRADE methods to the certainty of evidence and strength of recommendation

Certainty of evidence

In the context of developing recommendations, the certainty of evidence reflects the extent to which the confidence in the estimates of an effect is adequate to support a particular decision.⁵

Using the GRADE approach, the certainty of evidence for each recommendation was categorised using one of four grades listed below.

Certainty of evidence	What it means
High	The authors are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	The authors are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	The authors' confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
Very low	The authors have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of the effect.

The GRADE approach to rating the level of certainty begins with the study design (trials or observational studies), which can then be upgraded or downgraded based on the factors listed below.

Adapted with permission from Balshem et al.⁶

Study design	Certainty of evidence	Lower level of certainty if:	Higher level of certainty if:
Randomised trial	<ul style="list-style-type: none"> High (further research is very unlikely to change our confidence in the estimate of effect) Moderate (further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate) 	<ul style="list-style-type: none"> Risk of bias (serious (-1); very serious (-2)) Inconsistency (serious (-1); very serious (-2)) Indirectness (serious (-1); very serious (-2)) Imprecision (serious (-1); very serious (-2)) Publication bias (likely (-1); very likely (-2)) 	<ul style="list-style-type: none"> Large effect (large (+1); very large (+2)) Evidence of a dose–response gradient (+1) All plausible confounding has been accounted for which would otherwise: <ul style="list-style-type: none"> – reduce a demonstrated effect (+1) – suggest a spurious effect when results show no effect (+1)
Observational study	<ul style="list-style-type: none"> Low (further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate) Very low (any estimate of effect is very uncertain) 		

Strength of recommendation

The GRADE approach defines the strength of a recommendation as the extent to which one can be confident that the desirable effects of an intervention outweigh the undesirable effects.⁵

There are two strengths of recommendation: weak or strong.

Strength of recommendation	What it means
Strong	The authors are confident that the desirable effects of adherence to a recommendation outweigh the undesirable effects. It implies that most or all individuals will be best served by the recommended course of action.
Weak	The authors concluded that the desirable effects of adherence to a recommendation probably outweigh the undesirable effects, but are not certain. It implies that not all individuals will be best served by the recommended course of action.

The direction (for/against) and strength of a recommendation were determined based on four key domains listed below.

Adapted with permission from Schünemann et al.⁵

Domain	Comment
Balance between desirable and undesirable outcomes (trade-offs) taking into account: <ul style="list-style-type: none"> • best estimates of the magnitude of effects on desirable and undesirable outcomes • importance of outcomes (estimated typical values and preferences). 	The larger the differences between the desirable and undesirable consequences, the more likely a strong recommendation is warranted. The smaller the net benefit and the lower certainty for that benefit, the more likely a weak recommendation is warranted.
Confidence in the magnitude of estimates for the effect of the interventions on important outcomes (overall quality of evidence for outcomes)	The higher the quality of evidence, the more likely a strong recommendation is warranted.
Confidence in values and preferences, and their variability	The greater the variability in values and preferences, or uncertainty about typical values and preferences, the more likely a weak recommendation is warranted.
Resource use	The higher the costs of an intervention (the more resources consumed), the less likely a strong recommendation is warranted.

Recommendations were categorised as either:

- **Strong:** when judgements in all domains supported a recommendation either for or against an intervention or clinical action.
- **Weak:** when judgements were equivocal or contradictory. A weak recommendation applies to most situations, but there may be exceptions, as specified, or up to the judgement of the healthcare practitioner and patient after considering the potential benefits and risks for the individual.

Recommendations were categorised as 'consensus' where there was high certainty that the desirable effects of an intervention clearly outweigh its undesirable effects, but the body of supportive evidence was indirect and application of the GRADE approach to rate the certainty of evidence or strength of recommendation was inappropriate.

Consensus recommendations were evaluated against the following five criteria:

- 1) Is collecting and summarising the evidence a poor use of a guideline panel's limited time and energy (opportunity cost is large)?
- 2) Is the message important for actual health care practice?
- 3) After consideration of all relevant outcomes and potential downstream consequences, does implementing the consensus recommendation result in a large net positive consequence?
- 4) Is there a well-documented clear and explicit rationale connecting the indirect evidence?
- 5) Is the statement clear and actionable?

Consensus recommendations were based on the expert opinion of the ESG and Expert Subgroup members, with consideration of relevant available evidence, values, preferences and resource use at the time of writing, in consultation with the expert committees. Consensus was established when majority of the members of the expert groups supported the decision with a focus on the healthcare environment within Australia and the need for pragmatic guidance where robust evidence is unavailable.

Each of the recommendations and accompanying narratives were drafted by the Expert Subgroups, then reviewed and refined by the ESG, Reference Group, Consumer Advisory Panel, nominated Heart Foundation clinical experts and CSANZ Quality Standards Committee.

It is important to note that the GRADE methodology also takes into account the importance of the recommendation. These are recommendations that are not necessarily related to the quality or certainty of the evidence, but that reflect the extent to which the recommendation will impact on the health status or quality of life of the target population. This allows for a strong recommendation to be made even if the certainty of the evidence is low due to the importance of the recommendation.

Practice points are statements that that may be actionable and often describe the how, who, where, what, and when related to implementing a recommendation. They may contain information supporting elements of a recommendation (e.g. medication dosing). They may also include information about tools and tips that enhance implementation of the chosen intervention and/or its efficient utilisation. Practice points are not actionable without related recommendations.

Practice points were developed with consideration of the geographical challenges in Australia and availability of resources in Australian healthcare settings. Where there were specific practice points, evidence and/or resources relevant to underserved populations, this was included under a separate heading in the section. A dedicated Consumer Advisory Panel, representing people with lived experience of cardiovascular disease in Australia, was drawn upon to help determine the values and preferences domains.

Drafting the guideline

Between the second and fourth quarter of 2023, the expert groups drafted the guideline content and recommendations. In the first quarter of 2024, an independent reviewer was commissioned to assess the comprehensiveness and balance of the scientific evidence, certainty of evidence and rationale for each recommendation.

The Heart Foundation medical writers brought together the recommendations and content produced by the Expert Subgroups into a full draft guideline which was reviewed and approved by the Expert Steering Group.

In September 2024, nominated Heart Foundation clinical experts and CSANZ Quality Standard committee were consulted on the first full draft of the guideline prior to public consultation.

Public consultation

In accordance with the 2016 NHMRC *Standards for Guidelines*,¹ the public consultation process was conducted over a period of 30 days between 27 September to 28 October 2024. The purpose of this review was to improve the guideline's quality, legitimacy and its acceptability to end users and the public. A combination of both open and targeted consultation methods was used. A register of all feedback received and how it was managed is available on request.

Endorsement

Once the draft guideline had been finalised for publication, the Heart Foundation contacted reference group members for endorsement.

References

- 1 National Health and Medical Research Council. *2016 NHMRC Standards for Guidelines*. 2016. Last accessed: 3 May 2024. <https://www.nhmrc.gov.au/guidelinesforguidelines/standards>
- 2 National Health and Medical Research Council. *Policy on the disclosure of interests requirements for prospective and appointed NHMRC committee members*. 2019. Last accessed: 6 May 2024. <https://www.nhmrc.gov.au/sites/default/files/documents/attachments/publications/policy-on-the-disclosure-of-interests-requirements.pdf>
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- 4 Atkins B, Briffa T, Connell C, et al. Improving prioritization processes for clinical practice guidelines: new methods and an evaluation from the National Heart Foundation of Australia. *Health Res Policy Syst*. 2023;21:26.
- 5 Schünemann H, Brożek J, Guyatt G, et al. GRADE Handbook. *Handbook for grading the quality of evidence and the strength of recommendations using the GRADE approach*. 2013. Last accessed: 6 May 2024. <https://gdt.gradepro.org/app/handbook/handbook.html>
- 6 Balshem H, Helfand M, Schünemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64:401–06.