**Supplementary file 1**

**The CLARICOR randomised, blinded clinical trial.**

The CLARICOR trial was an investigator-initiated, randomised, placebo-controlled, multicentre superiority trial including outpatients with stable ischaemic heart disease, using central 1:1 randomisation and blinding of all parties. All patients discharged from wards or outpatient clinics in the Copenhagen area were available in an existing database. We invited all 13.702 patients who were alive and aged 18 to 85 years in 1999 and identified with a diagnosis of myocardial infarction or unstable angina pectoris during the years 1993 to 1999 to visit one of five cardiology centres in the Copenhagen area. Six thousand one hundred and sixteen (44.6%) patients accepted the invitation, and of these 4372 (71.5%) were randomised, while 1567 (25.6%) were excluded, and 177 (2.9%) refused to participate. Exclusion criteria included acute myocardial infarction or unstable angina pectoris within the previous three months, percutaneous transluminal coronary angioplasty and coronary bypass surgery within the previous six months, impaired renal or hepatic function, congestive heart failure (New York Heart Association (NYHA) IV classification of heart failure), active malignancy, incapacity to manage own affairs, breast feeding, and possible pregnancy. Between October 1999 and April 2000, the 4372 patients were randomised to receive oral clarithromycin 500 mg once daily for 2 weeks versus matching placebo to assess the clinical effects of clarithromycin on the risk of major cardiovascular outcomes. Of these 2200 received placebo and 2172 received clarithromycin.

Originally the 2200 placebo-treated participants were without missing values. However, one participant had contradictory data at the final register excerpt. Also, when the newer biomarkers were assayed on the associated biobank material, 201 participants (9.1%) had one or more laboratory test value(s) missing due to loss of test specimens, which presumably may be considered a random phenomenon (missing completely at random) [9]. Excluding these 202 participants, as well as 11 participants who were lost to follow-up due to emigration or disappearance, the remaining data material then held a complete set of 9-year follow-up data from each of 1987 placebo receivers.

To keep our prototype example simple, we limit attention to the 9-year follow-up window and thereby exclude a further 12 participants in whom the classification was ambiguous because the 90-day limit separating participants who suffered a fatal composite CV outcome from those who suffered a non-fatal composite CV outcome had not been reached at the end of the 9-year data window. This leaves 1975 participants for analysis.

Of these 17 participants were excluded because they suffered a CV outcome and later died a non-CV death within 90 days following the outcome. They were excluded from the groups because it could not be determined if the CV outcome were fatal or not, since they died a non-CV death within 90 days following the composite CV outcome. They are also left out in Table 2 (which therefore comprises the 199 + 670 + 217 events + 872 event-free = 1958 records).

**Footnote 1.** As regards the question whether the biomarkers in the biobank represent a stable state: blood samples were collected immediately after a successful in/exclusion interview on a self-chosen day where the participant must have felt fit to show up in the clinic.