SUPPLEMENTARY DATA

Table 1 of the supplementary data

First author	Year	Country	Rural or Urban Network	High- or Low- and Middle-Income Countries (LMIC)	Inter-vention model	Study period	Number of patients		Case-fatality (%)			Long-term mortality (%)			Ischemia time (minutes)				Door-to-alloon (D2B) time (minutes)				Proportion D2B < 90 minutes (%)	
							Control	Intervention	Control	Intervention	Multi-variate (Yes/No)	Control	Intervention	Multi-variate (Yes/No)	Control		Intervention		Control		Intervention		Control	Intervention
															Mean; Median	SD; Q2-Q3	Mean; Median	SD; Q2-Q3	Mean; Median	SD; Q2-Q3	Mean; Median	SD; Q2-Q3		
Ortolani[1]	2006	Italy	Urban	High	ETS	01/2003-12/2004	316	166	7.3	4.8	No													
Van't Hof[2]	2006	Netherlands	Urban	High	ETS	NA	258	208	3.2	1.1	No	6	2.1	No										
Carstensen[3]	2007	Australia	Urban	High	ETS	04/2004-09/2005	193	108	7.3	1.9	No								116	87-161	39	29-67		
Dorsch[4]	2008	Italy	Urban	High	Extended Population	04/2005-05/2007	190	387	5.4	4.1	No	7.2	4.1	No					101		87			
Falsini[5]	2008	UK	Urban	High	ETS	01/2002-12/2003	200	216	13.5	6.0	No				255	260	235	168						
Hutchison[6]	2009	Australia	Urban	High	ETS	12/2007-10/2008	120	107											101.5	62.5-134	56	36.5-70		
Diercks[7]	2009	USA	Urban	High	ETS	01/2007-12/2007	3563	1501	5.2	4.6	Yes								75	58-95	61	46-79		
Saia[8]	2010	Italy	Urban	High	Extended Population	01/2002-12/2004	858	965	17.0	12.3	Yes	23.9	18.8	No										
Birkemeyer[9]	2010	Germany	Rural	High	Extended Population	01/2002-12/2005	184	163	16.0	9.0	No	19	10	No										
Rao[10]	2010	USA	Urban	High	ETS	10/2003-04/2008	241	108											90.5		60.2			
Sorensen[11]	2010	Denmark	Urban	High	ETS	02/2004-01/2007	216	460				31	18	Yes					30	24-44	34	25-47		
Martinoni[12]	2011	Italy	Urban	High	Extended Population	01/2005-06/2006	1054	475	7.1	4.0	Yes													
Ortolani[13]	2011	Italy	Urban	High	ETS	01/2003-12/2007	1095	524															59	82
Gómez-Hospital[14]	2012	Spain	Urban	High	Extended Population	06/2008-05/2010	214	514	9.1	5.3	No	13.7	8	Yes	225	170-360	210	165-310						
Wilson[15]	2013	USA	Urban	High	Extended Population	01/2007-12/2012	101	442	4.0	3.9	No								109.5	91-128	88	79-103	22.8	55.9
Ong[16]	2013	Singapore	Urban	High	ETS	06/2006-03/2010	127	156	3.8	3.2	No								75	36-146	51	18-129		
Dharma[17]	2014	Indonesia	Urban	LMIC	Extended Population	01/2008-12/2011	869	636	6.9	8.3	No												51.3	49.1
Papai[18]	2014	Hungary	Urban	High	Extended Populatio	01/2009-12/2010	397	378	8.4	4.3	No													

					n																			
Squire[19]	2014	USA	Urban	High	ETS	05/2008-08/2009	485	1448	5.9	8.0	No								73	24	60	22	85	93
Quinn[20]	2014	UK	Urban	High	Extended Population	01/2005-12/2009	17686	54943	11.4	8.6	Yes													
Janus[21]	2015	Poland	Urban	High	Extended Population	04/2004-10/2006	115	111	23.5	5.4	Yes	32.5	9	No										
Regueiro[22]	2015	Spain	Urban	High	ETS	10/2002-12/2012	356	2140	10.7	6.2	No													
Farshid[23]	2015	Australia	Urban	High	ETS	01/2008-06/2013	592	190				7.9	3.7	Yes					93		40		42.9	57.8
Alexander[24]	2016	India	Rural	LMIC	Extended Population	08/2012-01/2013	898	1522	5.8	5.6	Yes	17.6	14.2	No					100	84-143	105	80-145		
Marino[25]	2016	Brazil	Rural	LMIC	Extended Population	06/2013-05/2015	214	143	17.2	11.6	Yes								117	60-398	91	60-223		
Langabeer[26]	2016	USA	Rural	High	Extended Population	01/2003-12/2014	206	560							307	162-769	215	130-434	53	32-110	42	17-69		
Macedo[27]	2016	Brazil	Urban	LMIC	ETS	01/2011-12/2014	113	263	8.0	3.0	No													
García-García[28]	2017	Spain	Urban	High	Extended Population	01/2002-06/2009	670	598	7.2	2.5	Yes	10	8.5	Yes										
Aldama[29]	2019	Spain	Urban	High	Extended Population	01/2001-12/2013	2878	3905	15.6	9.1	Yes	21.1	13.5	Yes	321	221-429	250	170-375	156	115-204	135	102-184		
Mehta[30]	2021	International	Rural	LMIC	Extended Population	04/2014-08/2018	1095	1247	9.7	9.4	No													
Shaheen[31]	2023	Egypt	Urban	LMIC	Extended Population	10/2018-09/2019	140	212	6.4	2.8	No								54	33	44	28		
Savage[32]	2023	Australia	Urban	High	Extended Population	01/2017-12/2020	666	1832	6.6	1.6	No	10.2	3.4	No					86	68-113	34	26-46	33.3	62.3

LMIC: Low- middle-income countries; ETS: emergency transport system; SD: Standard deviation; Q2-Q3: interquartile range.

Figure 1 of the supplementary data. Forest plot of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and STEMI case-fatality.

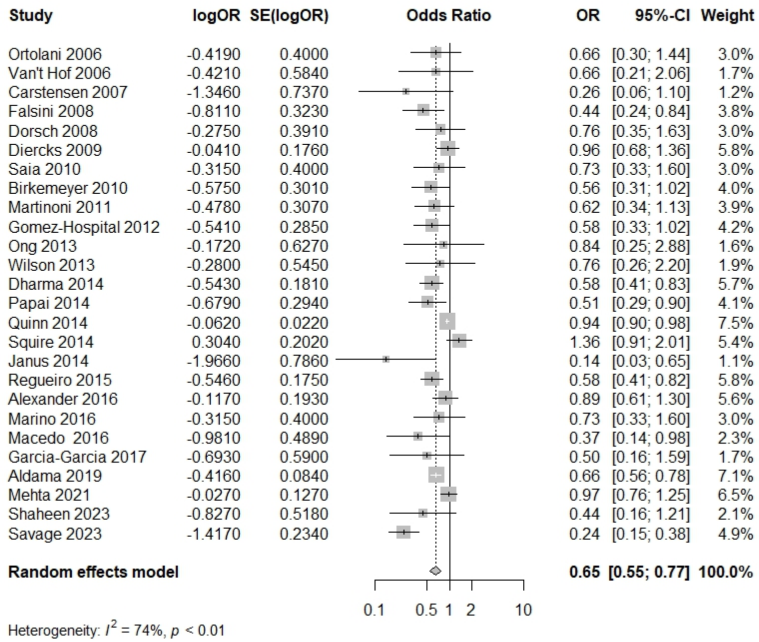


Figure 2 of the supplementary data. Funnel plot of the studies analyzing the relation between implementation of an ST elevation myocardial infarction (STEMI) network and case-fatality.

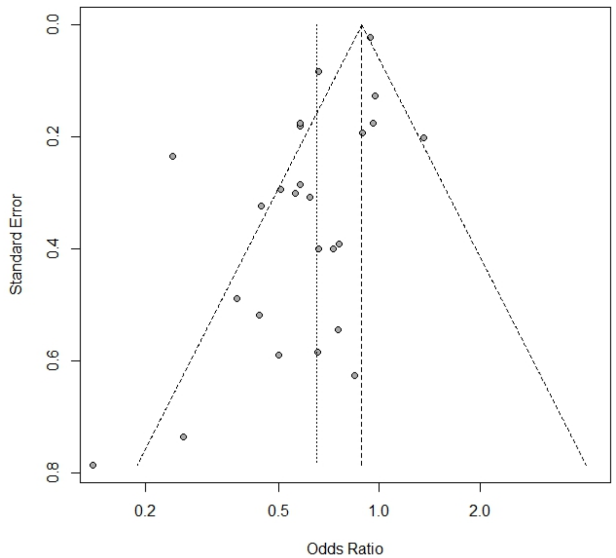


Figure 3 of the supplementary data. Forest plot of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and STEMI long-term mortality.

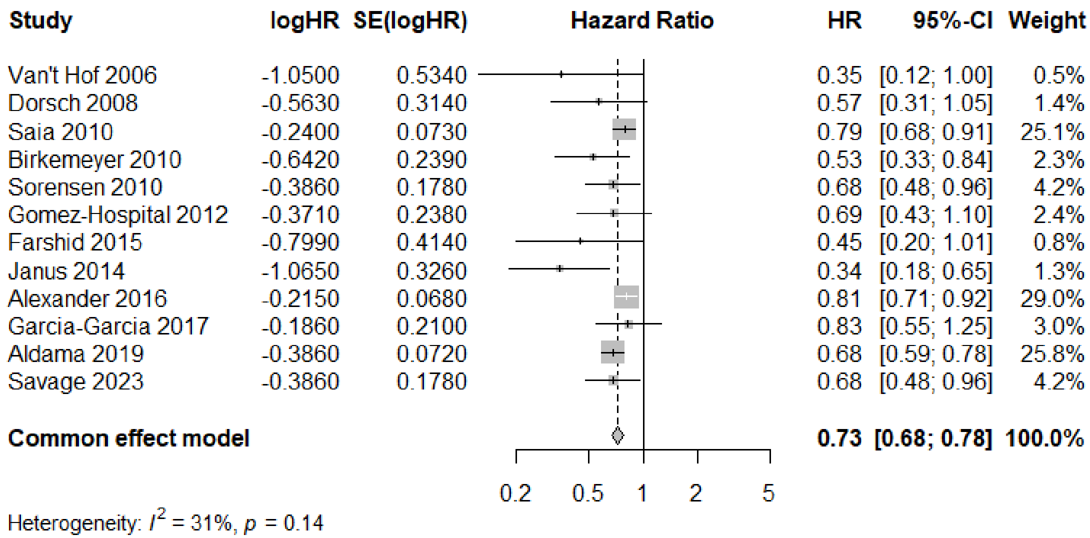


Figure 4 of the supplementary data. Funnel plot of the studies analyzing the relation between the implementation of an ST elevation myocardial infarction (STEMI) network and long-term mortality.

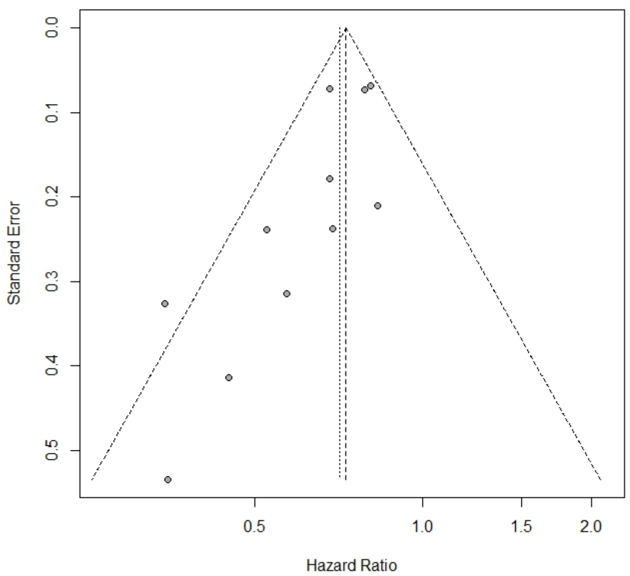


Figure 5 of the supplementary data. Forest plots of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and secondary outcomes: A. Killip III-IV at admission. B. Ischemia time. C. Door-to-balloon time. D. Proportion of patients with a door-to-balloon time <90 minutes.

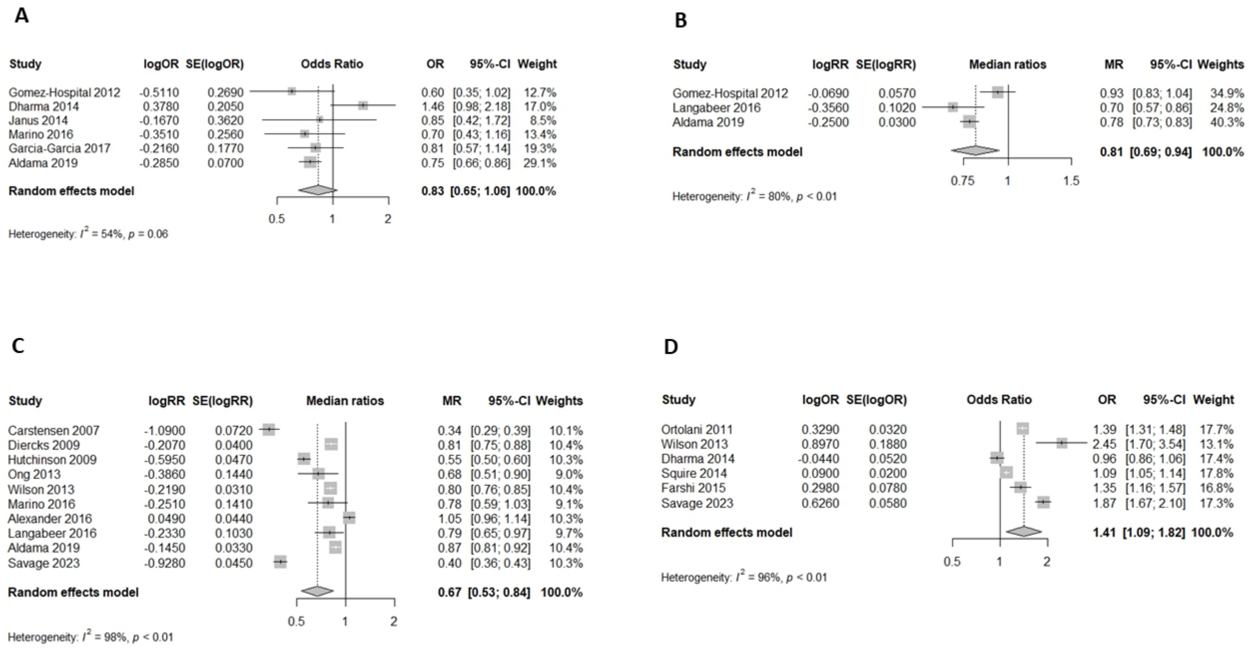


Figure 6 of the supplementary data. Funnel plots of the studies analyzing the relation between the implementation of an ST elevation myocardial infarction (STEMI) network and secondary outcomes: A. Killip III-IV at admission. B. Door-to-balloon time. C. Proportion of patients with door-to-balloon time < 90 minutes.

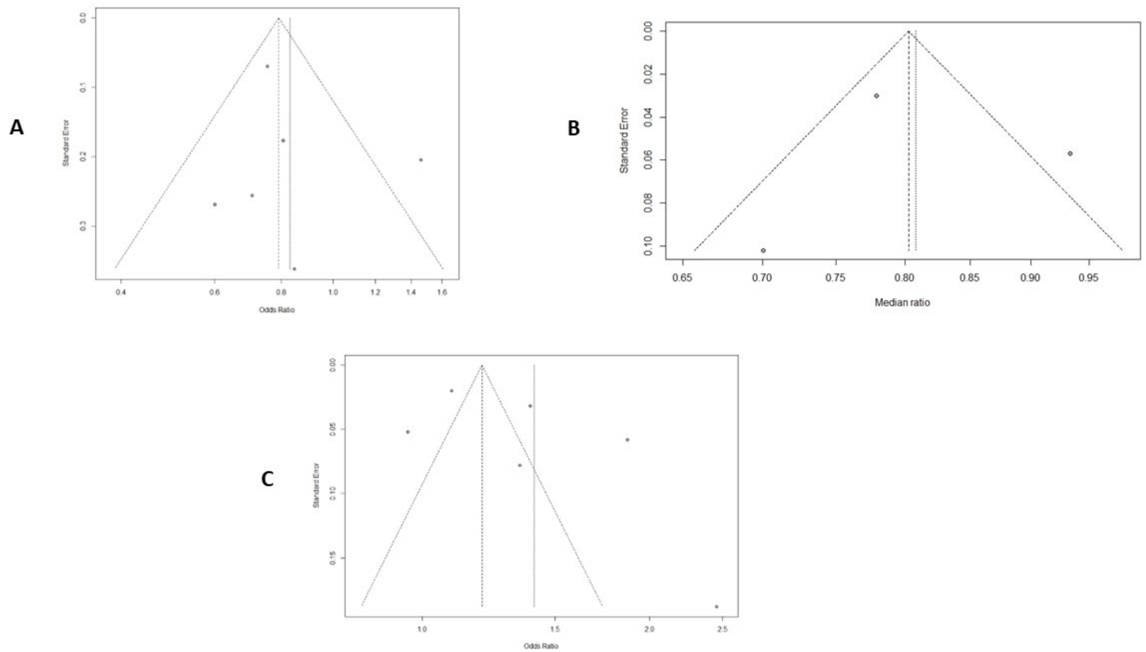
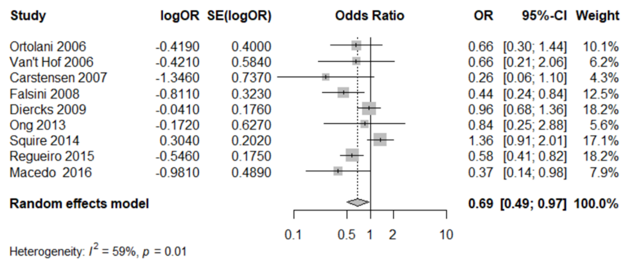


Figure 7 of the supplementary data. Forest plots of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and case-fatality in studies based in emergency transport systems equipped with ECG transmission (A) and population-based strategies (B).

A



B

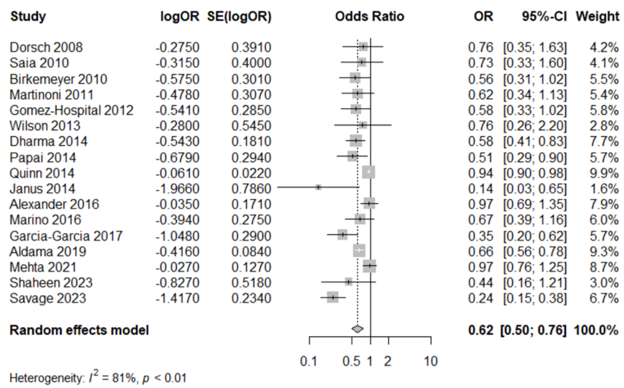
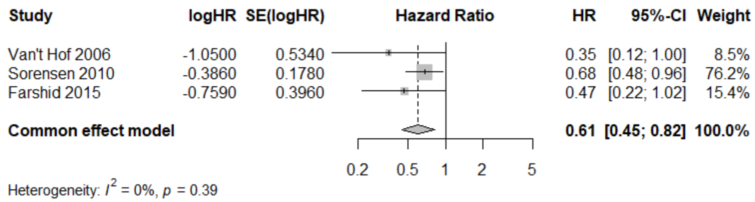


Figure 8 of the supplementary data. Forest plots of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and long-term mortality in studies based on emergency transport systems equipped with ECG transmission (A) and in population-based strategies (B).

A



B

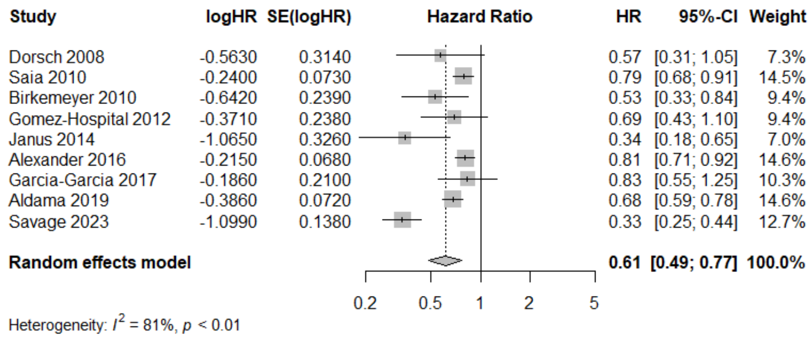


Figure 9 of the supplementary data. Forest plots of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and case-fatality in studies implemented in urban (A) and in rural areas (B).

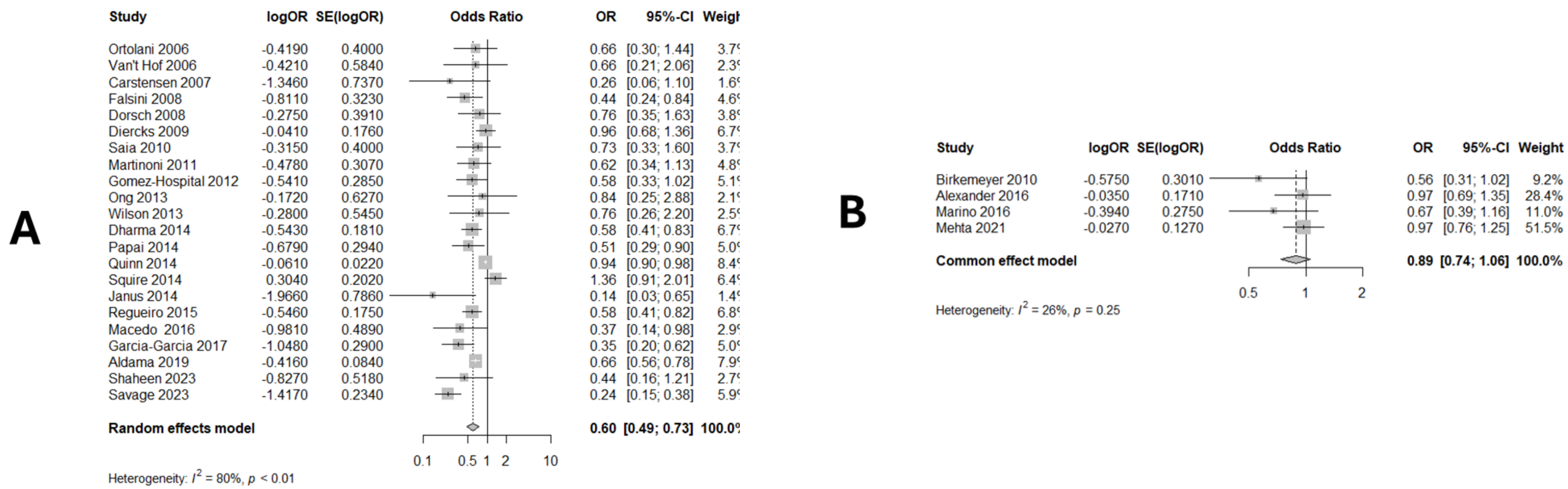
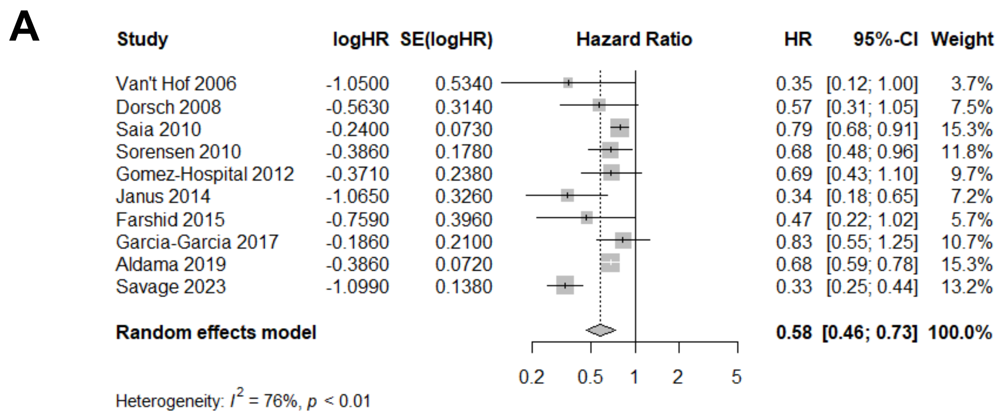


Figure 10 of the supplementary data. Forest plots of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and long-term mortality in studies implemented in urban (A) and in rural areas (B).



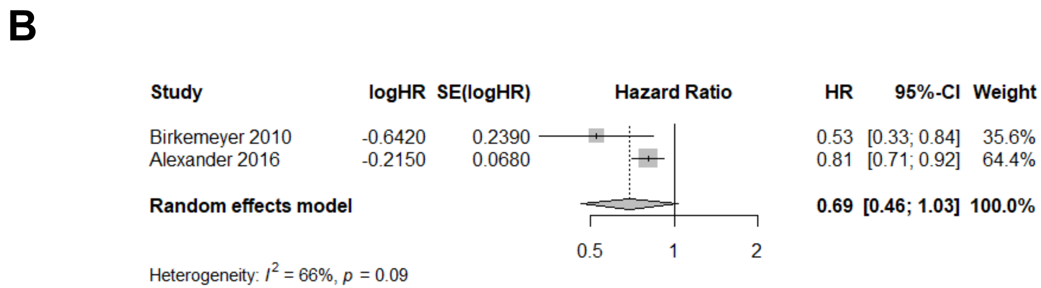
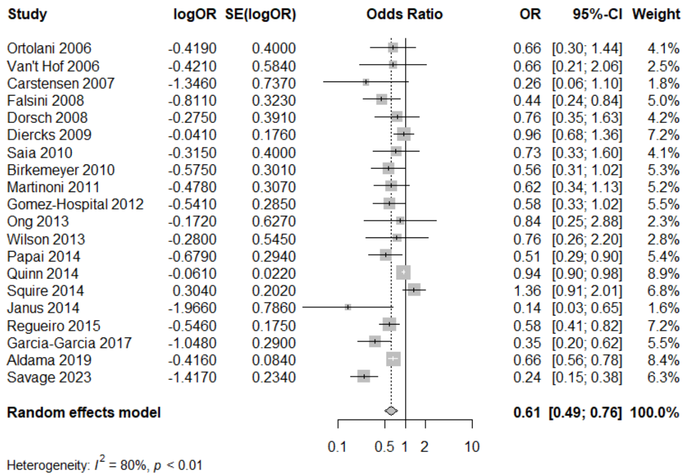


Figure 11 of the supplementary data. Forest plots of the association between the implementation of an ST elevation myocardial infarction (STEMI) network and case-fatality in studies implemented in high-income (A) and in middle- and low-income countries (B).

A



B

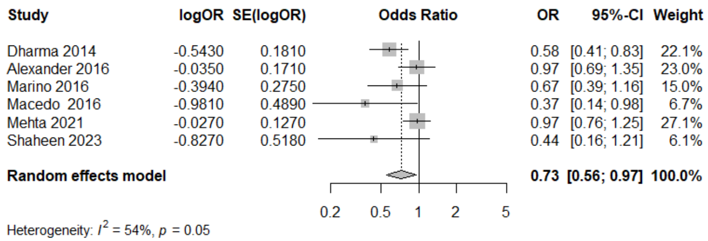


Figure 12 of the supplementary data. Risk of bias assessment of the studies selected for the case-fatality meta-analysis, using the ROBINS I tool.

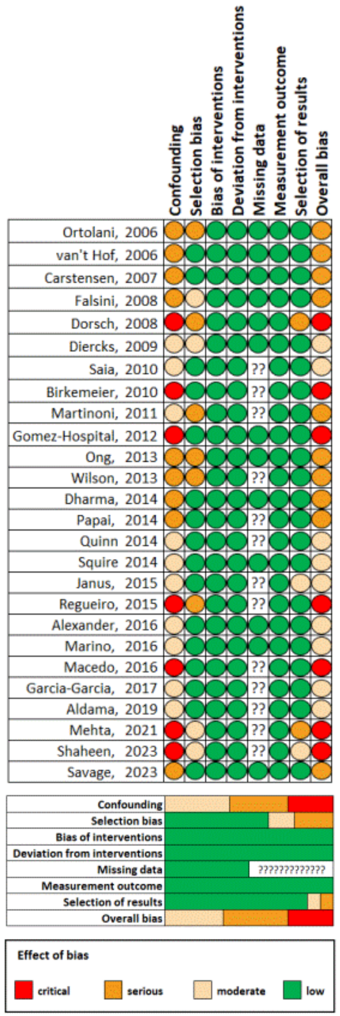
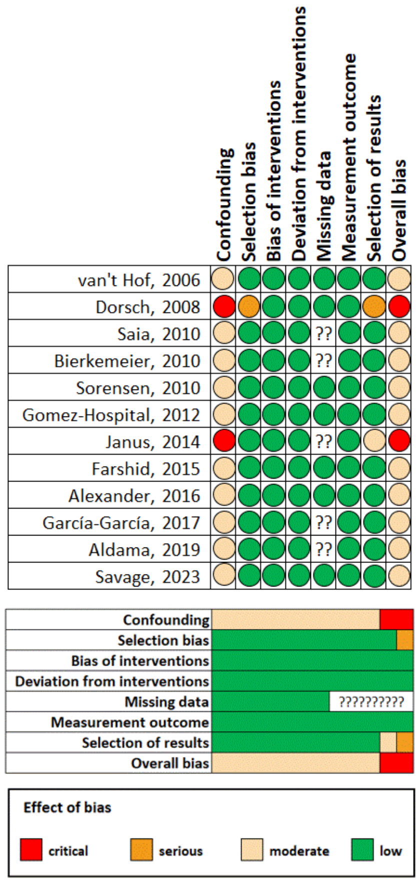


Figure 13 of the supplementary data. Risk of bias assessment of the studies selected for the long-term mortality meta-analysis, using the ROBINS I tool.



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