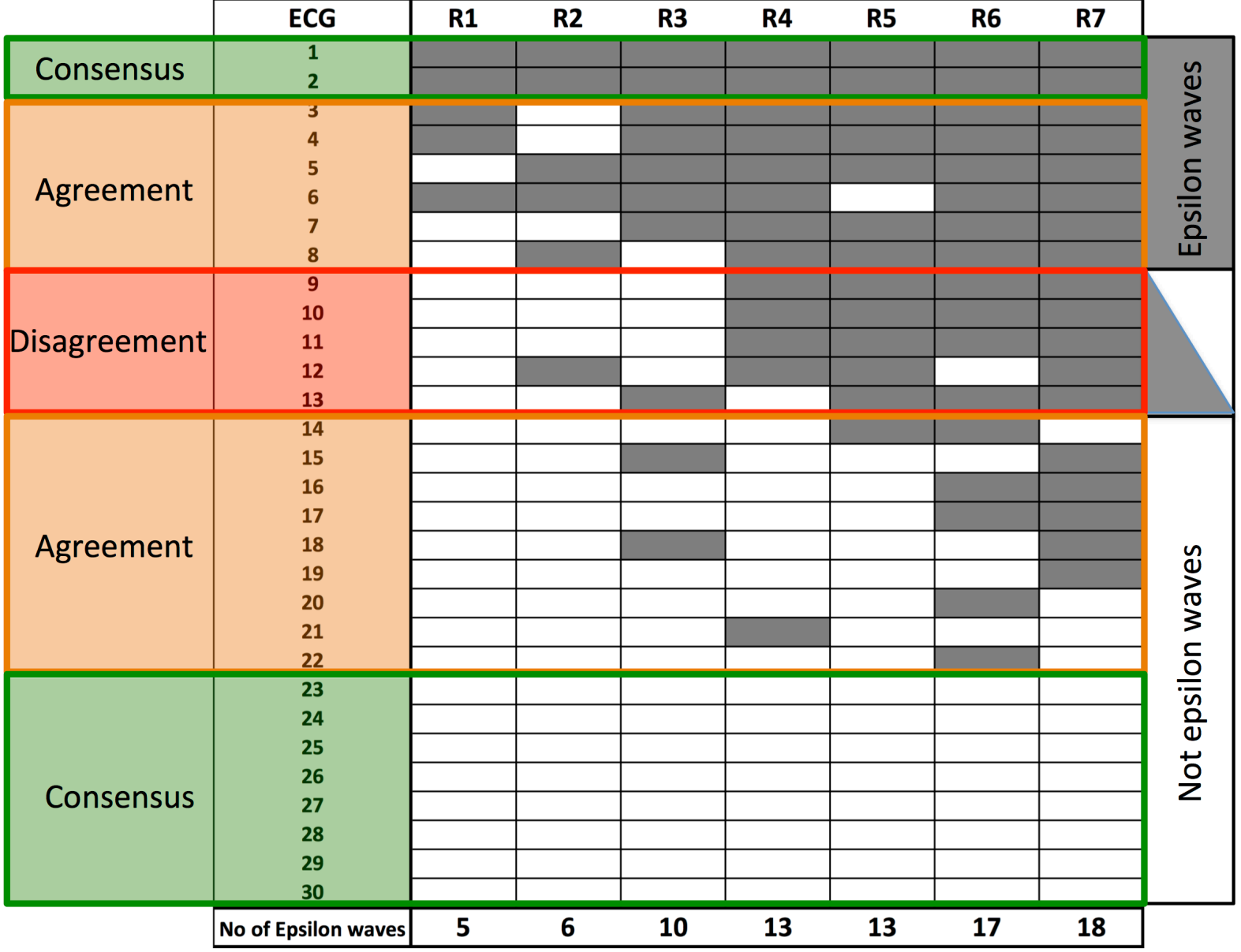

Figure 1: ECG reading results by individual panel members (R1-R7). Each line corresponds to one ECG pattern. Shadowed cells indicate the pattern being recognized as epsilon wave by individual panel member. The line at the bottom indicates the total number of ECG patterns recognized as epsilon waves per reviewer.

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	Definite ARVC by TF2010	Patients with epsilon wave present	Prevalence of epsilon wave
Johns Hopkins	308	28	9%
Nordic	236	40	17%
Italian	147	14	10%
Swiss	89	22	25%
North-American	108	1	0,9%
TOTAL	**815**	**105**	**13%**

Table 1: Epsilon wave prevalence among patients with definite ARVD/C in the European and North American registries

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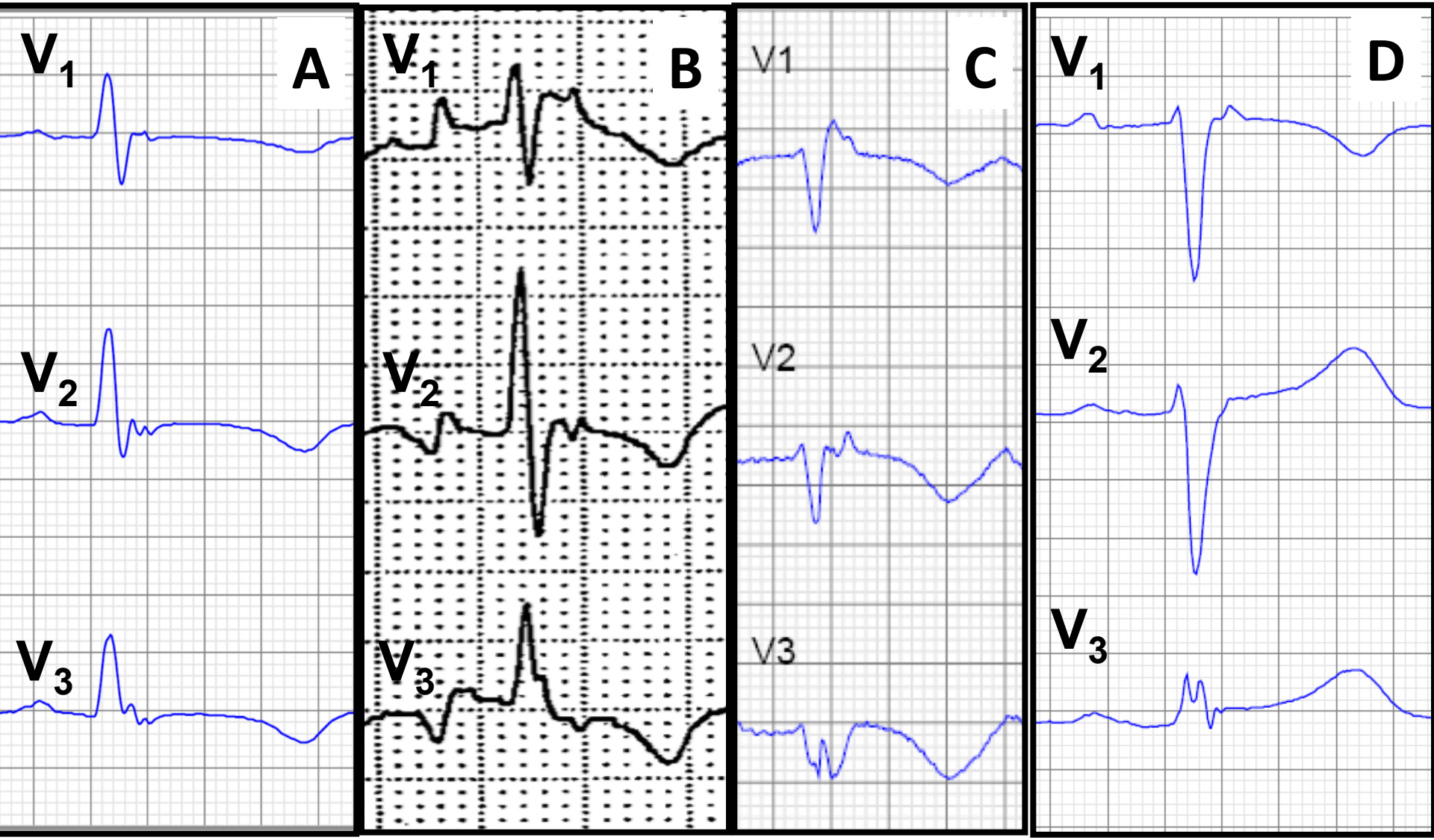

Figure 2: ECG patterns classified as epsilon waves by all (panels A and B) or majority (at least 6) reviewers (panels C and D)

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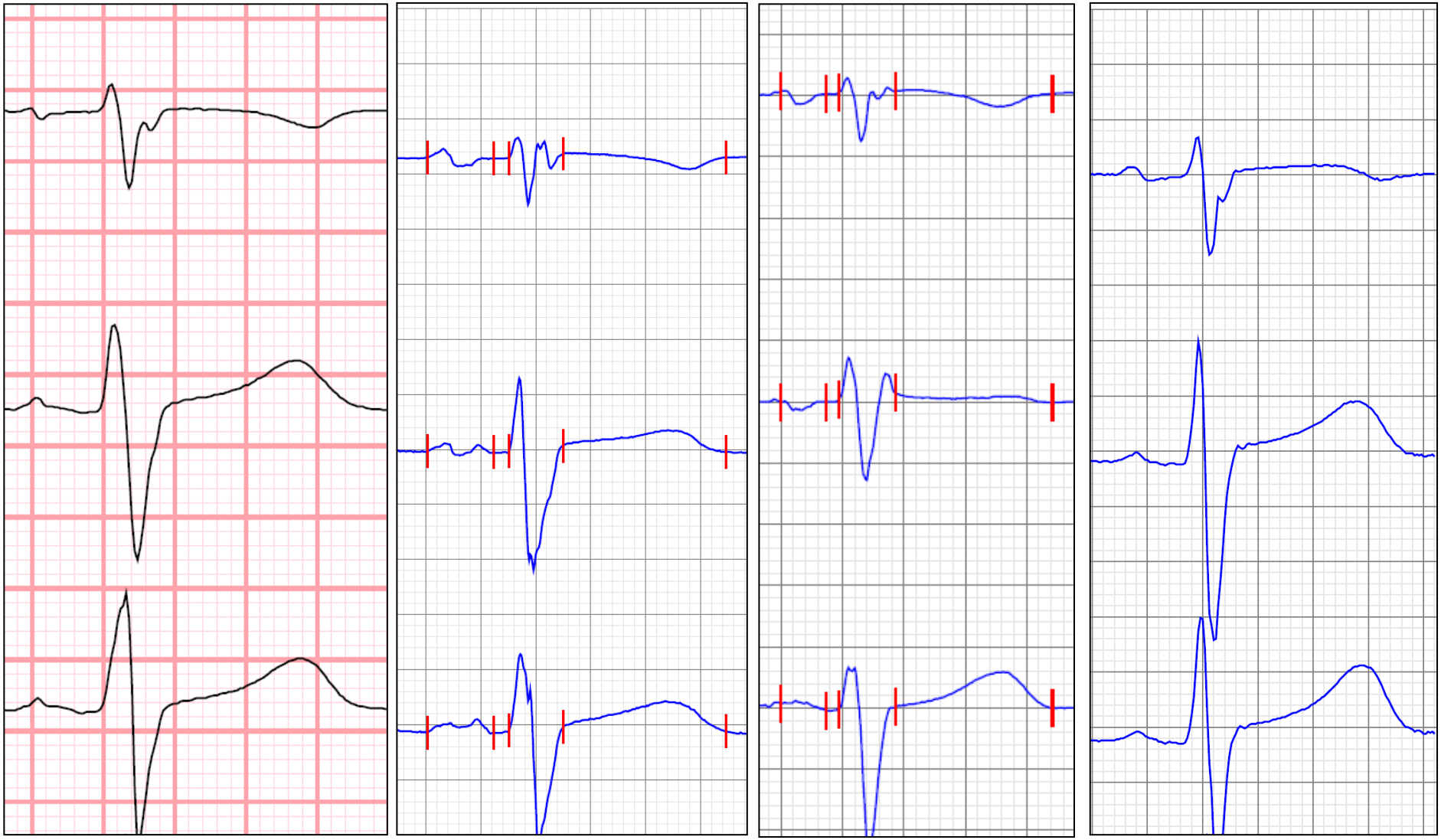

Figure 3: ECG patterns unanimously considered as ***not*** fulfilling epsilon wave definition

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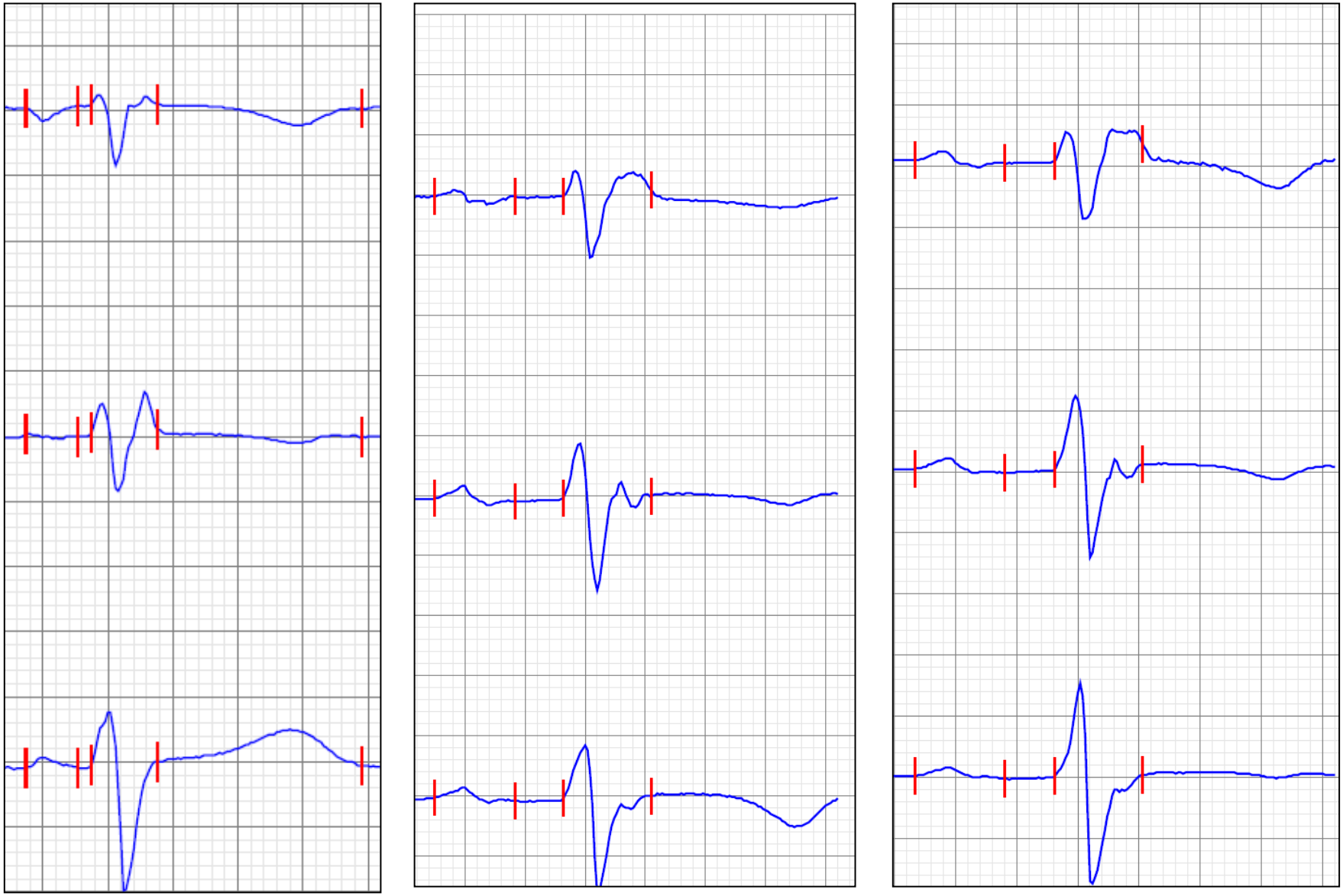

Figure 4: ECG patterns for which no agreement could be reached, i.e. they were recognized as epsilon waves by 4 of 7 panelists

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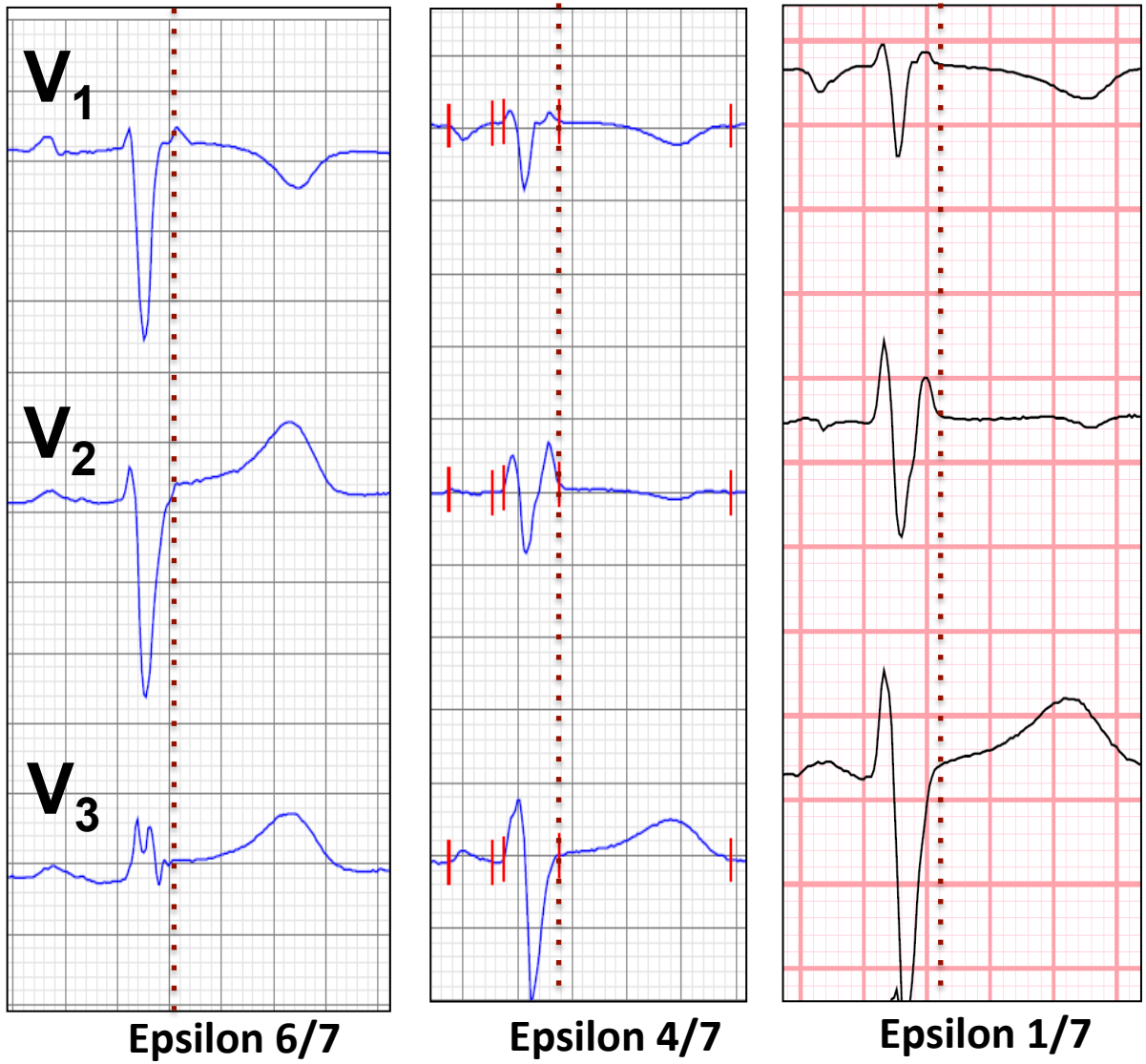

Figure 5: Similar ECG patterns with a notch after the end of QRS complex in lead V_1 that have been judged differently depending on the notch location in regard to the global end of QRS complex estimated from available right precordial leads. Numbers under the ECG tracings indicate the number of panelists who positively identified the ECG patterns as epsilon waves

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