

**Supplementary Table 2: Additional comments and examples related to Table 1: Definitions of medical encounters and medical problems**

<b>Terminology</b>	<b>Definition</b>	<b>Comments / Examples</b>
Non-reported medical problem	A medical problem experienced by an athlete participating in an event, where <i>“the athlete decides to either seek no assistance, or seek assistance outside of the event medical team”</i>	<ul style="list-style-type: none"> <li>Typically, these medical problems will not be included in research studies, unless they are collected directly from race entrants in a retrospective manner</li> </ul>
Medical encounter	A reported medical problem that is an <i>“interaction between the medical team and a race participant requiring medical assistance or evaluation [1, 2], taking place from the official start of the event, up to 24 hours after the official cut-off time of the event”</i>	<ul style="list-style-type: none"> <li>Terms with similar meaning to “medical encounter” that are described in the body of literature, and that were considered by the consensus group, were as follows: “medical problems” [3], “medical events” [4], “medical incidents” [5, 6], “complications” [7], “complaints” [8], medical injury/illness” [1] or “casualties” [9, 10].</li> </ul>
Minor medical encounter	A medical encounter that: <ol style="list-style-type: none"> <li><i>is not significant or severe enough to result in withdrawal of the athlete from the event following assessment by the medical staff, <b>or</b></i></li> <li><i>does not require admission and supervised medical care at race medical facilities (on the race course, or at the end of the event) or transfer to a hospital for supervised medical care</i></li> </ol>	<ul style="list-style-type: none"> <li>Minor medical encounters are usually not severe enough to affect athlete health and are not frequently and accurately reported in the medical literature.</li> <li>Terms with similar meaning to “minor medical encounter” that are described in the body of literature, and that were considered by the consensus group, are as follows: “illness or injury requiring minimal examination and treatment” [11], encounters that “required no intervention beyond a short period of rest” [2], “mild, self-limiting types of injury/illness” [1], “minor illness/injury allowing the participant to continue the race” [12]</li> <li>Minor medical encounters can contribute significantly to the resources that are required to provide medical care on race day</li> <li>Examples of minor medical encounters include blisters, abrasions, mild sprains and strains, and mild muscle cramps</li> </ul>
Moderate medical encounter	A medical encounter that: <ol style="list-style-type: none"> <li><i>is significant (severe) enough to result in withdrawal of the athlete from the event following assessment by the medical staff, <b>or</b></i></li> <li><i>is non-life threatening but requires medical assessment and admission to the event medical facilities with supervised medical care, <b>or</b></i></li> <li><i>is non-life threatening but requires referral or transfer to a hospital</i></li> </ol>	<ul style="list-style-type: none"> <li>Terms with similar meaning to “moderate medical encounter” that are described in the body of literature, and that were considered by the consensus group, are as follows: “medical complication” [7], “medical encounters at the finish” [1], “major illness/injury preventing the participant to continue the race” [12]</li> <li>Examples of a moderate medical encounter include dehydration without collapse, persistent vomiting, lacerations, moderate or severe muscle or joint injuries, and non-life-threatening fractures.</li> </ul>
Serious / life-threatening medical encounter	A medical encounter that is known to be life- threatening and requires immediate emergency medical treatment with <ol style="list-style-type: none"> <li><i>either admission to a high-care (intensive care and</i></li> </ol>	<ul style="list-style-type: none"> <li>Terms with similar meaning to “serious / life threatening medical encounter” that are described in the body of literature, and that were considered by the consensus group, are as follows: “potentially serious chief</li> </ul>

	<p><i>observation) medical area at the event, <b>or</b></i></p> <p>2) <i>transport (with or without admission) to a hospital</i></p>	<p>complaints” [11], serious (life-threatening) medical complication” [7],</p> <ul style="list-style-type: none"> <li>• Examples of a serious or life-threatening medical encounter include exertional heatstroke, symptomatic hyponatraemia, acute coronary syndrome, confused or comatosed athlete</li> </ul>
Event related sudden cardiac arrest (SCA)	<p>A medical encounter (cardiac arrest) that requires immediate cardiopulmonary resuscitation (including defibrillation), where the medical problem resulting in cardiac arrest was:</p> <p>1) <i>deemed to be directly related to the event, <b>and</b></i></p> <p>2) <i>the onset of the medical problem occurred during the event or within 1-24 hours of the finish time [13] *</i></p>	<ul style="list-style-type: none"> <li>• There was broad consensus in the literature on the definition of sudden cardiac arrest [14] [15] [16] [17] [18] [19] [20] [21]</li> <li>• Other terms with similar meaning to “event related sudden cardiac arrest” that are described in the body of literature, and that were considered by the consensus group, are as follows: “severe cardiac events” [22]</li> </ul>
Event related sudden cardiac death (SCD)	<p>A medical encounter that resulted in sudden cardiac death (SCD) from a SCA, where the medical problem resulting in SCD was:</p> <p>1) <i>deemed to be directly related to the event, <b>and</b></i></p> <p>2) <i>the onset of the medical problem occurred during the event or within 1-24 hours of the finish time [13] *</i></p>	<ul style="list-style-type: none"> <li>• There was broad consensus in the literature on the definition of sudden cardiac death [14] [15] [23] [24] [25] [19, 26]</li> </ul>
Event related sudden death	<p>A medical encounter that resulted in sudden death from non-cardiac causes, where the medical problem resulting in death was:</p> <p>1) <i>deemed to be directly related to the event, <b>and</b></i></p> <p>2) <i>the onset of the medical problem occurred during the event or within 1-24 hours of the finish time [13] *</i></p>	<ul style="list-style-type: none"> <li>• There was broad consensus in the literature on the definition of event related sudden death [27] [28] [29] [30] [27]</li> <li>• Other terms with similar meaning to “event related sudden death” that are described in the body of literature, and that were considered by the consensus group, are as follows: “fatalities” [11], “mortality” [31-33]</li> <li>• Examples of non-cardiac related sudden death are severe trauma, drowning, exertional heatstroke, hyponatraemia, acute renal failure</li> </ul>

\*In order to compare sudden cardiac arrest (SCA), sudden cardiac death (SCD) and event related sudden death data to previously reported data it is critical to record, the timing of the cardiac arrest or death in one of three possible time periods as follows: a) during the event, b) immediately after finishing and up to 1 hour after the event, and c) between 1 and 24 hours after the event.

## References:

1. **Roberts WO.** A 12-yr profile of medical injury and illness for the Twin Cities Marathon. *Med Sci Sports Exerc* 2000 Sep;**32**(9):1549-55.
2. **Roberts WO, Nicholson WG.** Youth marathon runners and race day medical risk over 26 years. *Clin J Sport Med* 2010 Jul;**20**(4):318-21.
3. **Sanchez LD, Corwell B, Berkoff D.** Medical problems of marathon runners. *Am J Emerg Med* 2006 Sep;**24**(5):608-15.
4. **Newsham-West RJ, Marley J, Schneiders AG, et al.** Pre-race health status and medical events during the 2005 World Adventure Racing Championships. *J Sci Med Sport* 2010 Jan;**13**(1):27-31.
5. **Andersen TE, Larsen O, Tenga A, et al.** Football incident analysis: a new video based method to describe injury mechanisms in professional football. *Br J Sports Med* 2003 Jun;**37**(3):226-32.
6. **Aultman-Hall L, Hall FL.** Ottawa-Carleton commuter cyclist on- and off-road incident rates. *Accid Anal Prev* 1998;**30**(1):29-43.
7. **Schwabe K, Schwellnus M, Derman W, et al.** Medical complications and deaths in 21 and 56 km road race runners: a 4-year prospective study in 65 865 runners - SAFER study I. *Br J Sports Med* 2014 Jun;**48**(11):912-8.
8. **Breedt M, Janse van Rensburg DC, Fletcher L, et al.** The Injury and Illness Profile of Male and Female Participants in a 94.7 km Cycle Race: A Cross-Sectional Study. *Clin J Sport Med* 2017 Oct 11.
9. **Nicholl JP, Williams BT.** Popular marathons: forecasting casualties. *Br Med J (ClinResEd)* 1982;**285**(6353):1464-5.
10. **Richards R, Richards D, Whittaker R.** Method of predicting the number of casualties in the Sydney City-to-Surf fun runs. *Med J Aust* 1984;**141**(12-13):805-8.
11. **Turriss SA, Lund A, Mui J, et al.** An organized medical response for the Vancouver International Marathon (2006-2011): when the rubber hits the road. *Curr Sports Med Rep* 2014 May-Jun;**13**(3):147-54.
12. **Krabak BJ, Waite B, Lipman G.** Injury and illnesses prevention for ultramarathoners. *Curr Sports Med Rep* 2013 May-Jun;**12**(3):183-9.
13. **Solberg EE, Borjesson M, Sharma S, et al.** Sudden cardiac arrest in sports - need for uniform registration: A Position Paper from the Sport Cardiology Section of the European Association for Cardiovascular Prevention and Rehabilitation. *Eur J Prev Cardiol* 2016 Apr;**23**(6):657-67.
14. **Harris KM, Creswell LL, Maron BJ.** Death and Cardiac Arrest in U.S. Triathlon Participants. *Ann Intern Med* 2018 May 15;**168**(10):753.
15. **Harris KM, Creswell LL, Haas TS, et al.** Death and Cardiac Arrest in U.S. Triathlon Participants, 1985 to 2016: A Case Series. *Ann Intern Med* 2017 Sep 19.
16. **Marijon E, Uy-Evanado A, Reinier K, et al.** Sudden cardiac arrest during sports activity in middle age. *Circulation* 2015 Apr 21;**131**(16):1384-91.
17. **Roberts WO, Roberts DM, Lunos S.** Marathon related cardiac arrest risk differences in men and women. *Br J Sports Med* 2013 Feb;**47**(3):168-71.
18. **Webner D, DuPrey KM, Drezner JA, et al.** Sudden cardiac arrest and death in United States marathons. *Med Sci Sports Exerc* 2012 Oct;**44**(10):1843-5.
19. **Kim JH, Malhotra R, Chiampas G, et al.** Cardiac arrest during long-distance running races. *N Engl J Med* 2012 Jan 12;**366**(2):130-40.
20. **Hallmarker U, Michaelsson K, Arnlov J, et al.** Cardiac arrest in a long-distance ski race (Vasaloppet) in Sweden. *J Am Coll Cardiol* 2012 Oct 09;**60**(15):1431-2.
21. **Cohen SI, Ellis ER.** Death and near death from cardiac arrest during the Boston Marathon. *Pacing Clin Electrophysiol* 2012 Feb;**35**(2):241-4.
22. **Vicent L, Ariza-Sole A, Gonzalez-Juanatey JR, et al.** Exercise-related severe cardiac events. *Scand J Med Sci Sports* 2018 Apr;**28**(4):1404-11.
23. **Santos-Lozano A, Sanchis-Gomar F, Garatachea N, et al.** Incidence of sudden cardiac death in professional cycling: Sudden cardiac death and exercise. *Int J Cardiol* 2016 Nov 15;**223**:222-3.
24. **Schmied C, Borjesson M.** Sudden cardiac death in athletes. *J Intern Med* 2014 Feb;**275**(2):93-103.
25. **Harmon KG, Drezner JA, Wilson MG, et al.** Incidence of sudden cardiac death in athletes: a state-of-the-art review. *Br J Sports Med* 2014 Aug;**48**(15):1185-92.
26. **Roberts WO, Stovitz SD.** Incidence of sudden cardiac death in Minnesota high school athletes 1993-2012 screened with a standardized pre-participation evaluation. *J Am Coll Cardiol* 2013 Oct 01;**62**(14):1298-301.
27. **Harris KM, Henry JT, Rohman E, et al.** Sudden death during the triathlon. *JAMA* 2010 Apr 7;**303**(13):1255-7.

28. **Maron BJ, Haas TS, Murphy CJ, et al.** Incidence and causes of sudden death in U.S. college athletes. *J Am Coll Cardiol* 2014 Apr 29;**63**(16):1636-43.
29. **Marijon E, Tafflet M, Celermajer DS, et al.** Sports-related sudden death in the general population. *Circulation* 2011 Aug 9;**124**(6):672-81.
30. **Finn SE, Coviello J.** Myocardial infarction & sudden death in recreational master marathon runners. *Nurse Pract* 2011 Feb;**36**(2):48-53.
31. **Mathews SC, Narotsky DL, Bernholt DL, et al.** Mortality among marathon runners in the United States, 2000-2009. *Am J Sports Med* 2012 Jul;**40**(7):1495-500.
32. **Nilsson F, Borjesson M.** Mortality in long-distance running races in Sweden – 2007–2016. *PLoS One* 2018;**13**(4):e0195626.
33. **Marijon E, Tafflet M, Antero-Jacquemin J, et al.** Mortality of French participants in the Tour de France (1947-2012). *Eur Heart J* 2013 Oct;**34**(40):3145-50.