**SUPPLEMENTAL MATERIAL**

**Supplementary Figure 1**



**Legend:** Incidence of obstruction in patients with sarcomeric versus non-sarcomeric HCM. **A.** Cumulative incidence of obstruction since first SHaRe evaluation, including numbers at risk by year. **B.** Age-specific incidence (ASI) rates of obstruction, including total person-years at risk in each age-group.

**Supplementary Figure 2**

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**Legend:** Incidence of arrhythmias in sarcomeric versus non-sarcomeric HCM, excluding patients diagnosed with these events prior to or at first SHaRe visit. Panel **A** shows the cumulative incidence of atrial fibrillation during follow-up, including numbers at risk, in sarcomeric (Sarc+, pink) and non-sarcomeric (Sarc-, blue) HCM. Overall, the cumulative incidence is similar between the two groups, with a trend towards a higher rate in non-sarcomeric HCM. Panel **B** shows the age-specific incidence (ASI) rates of atrial fibrillation during follow-up, including accumulated years at risk, in the two groups. Incidence rates are numerically higher for patients with sarcomeric HCM in all investigated groups, reaching statistical significance in the three youngest age-groups, and with a highly significant increased age-standardized incidence (ASI) in sarcomeric HCM (grey shading). Panel **C**, shows the cumulative incidence of the composite ventricular arrhythmia outcome since first SHaRe evaluation, in sarcomeric and non-sarcomeric HCM, showing that there is a higher cumulative incidence in sarcomeric HCM. Panel **D.** Shows the age-specific incidence rate of the composite ventricular arrhythmia outcome, including total person-years at risk in each age-group. The age-standardized incidence rate has been added as the final group. Overall, the largest difference in incidence of this outcome occurs in the group of patients older than 65 years.

**Supplementary Figure 3**



**Legend:** Incidence of left ventricular systolic dysfunction in patients with sarcomeric versus non-sarcomeric HCM. **A.** Cumulative incidence of obstruction since first SHaRe evaluation, including numbers at risk by year. **B.** Age-specific incidence rates of LV systolic dysfunction, including total person-years at risk in each age-group.