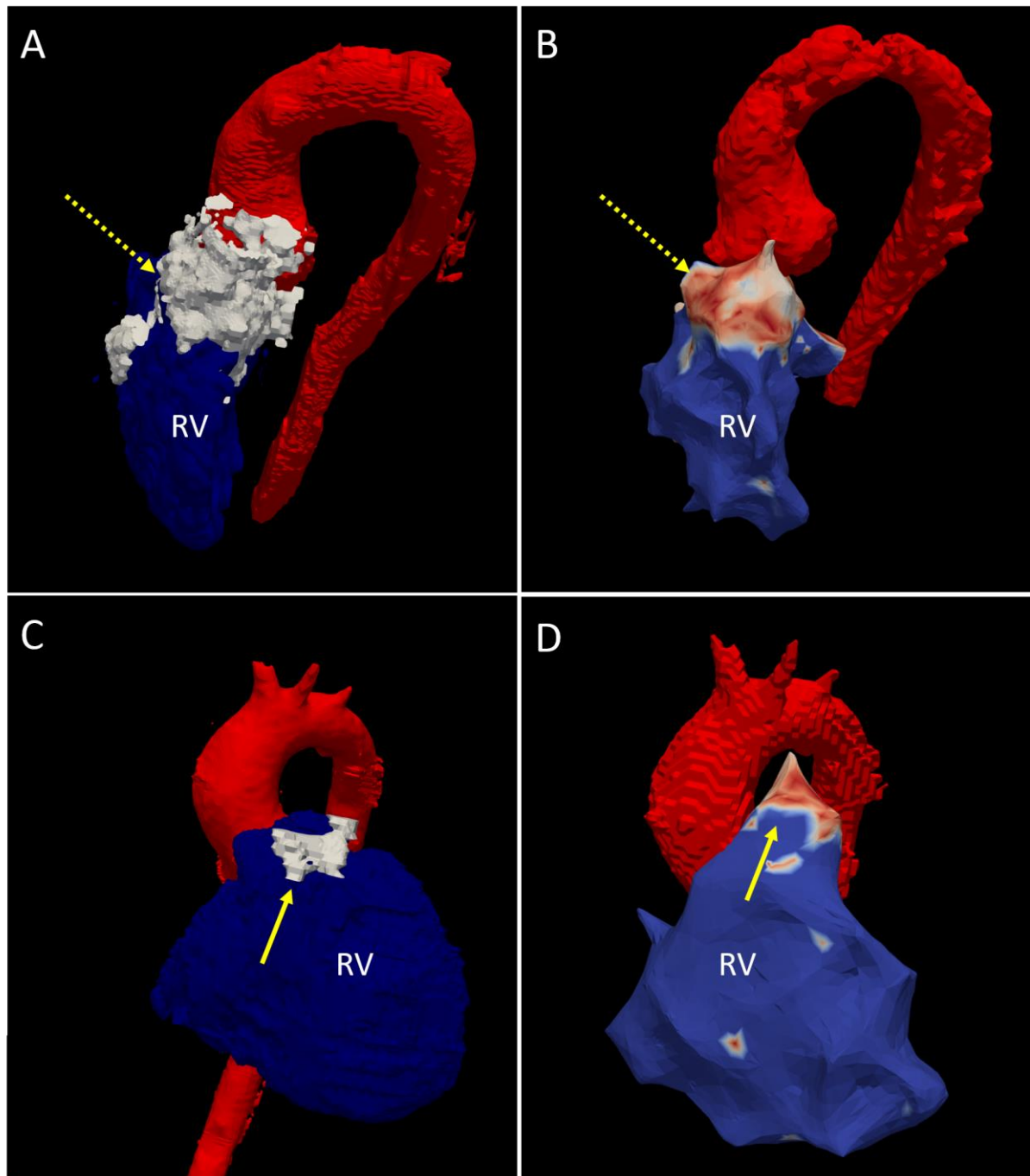


## **SUPPLEMENTAL MATERIAL**

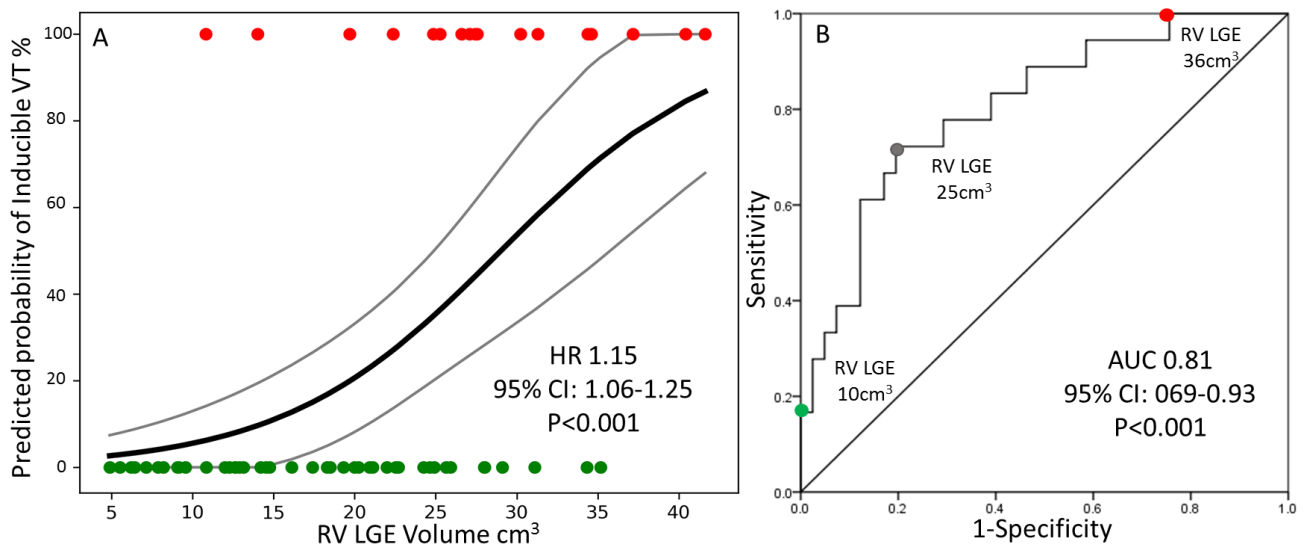
Figure S1:



### 3D LGE-defined scar correlation with invasive bipolar voltage mapping

3D LGE scar (A, C) and superimposed low-voltage signal from bipolar voltage maps at PES (B, D), following the registration of the 3D segmented heart model with EAM data. The segmented aorta (red) is used for landmark registration of the 3D CMR model with EAM. LGE-defined scar in the RVOT (A-dotted yellow arrow) and RV side of the septum (C yellow arrow) is reconstructed (grey) with healthy RV myocardium shown (blue). The bipolar voltage map overlying the segmented 3D LGE regions demonstrated a good geographical match between low-voltage areas seen on EAM (red) and high signal LGE (grey) in both the RVOT (B-dotted yellow arrow) and RV septum (D-yellow arrow).

Figure S2:



### 3D RV LGE volume cutoffs that predict inducibility of VT

A 3D RV LGE independently predicts inducible VT. Binary logistic regression curve illustrates higher predicted probability of inducible VT is related to higher RV LGE extent. B Receiver-operating characteristic curve show that RV LGE of 25cm<sup>3</sup> (grey dot) had the most optimal sensitivity (72%) and specificity (81%) for predicting inducible VT. A RV LGE of 10cm<sup>3</sup> were 100% sensitive and 17% specific for inducible VT (green dot) whereas a RV LGE of 36cm<sup>3</sup> (red dot) was 25% sensitive and 100% specific for inducible VT.