

Supplemental Online Content

de Havenon A, Viscoli C, Kleindorfer D, et al. Disability and recurrent stroke among participants in stroke prevention trials. *JAMA Netw Open*. 2024;7(7):e2423677. doi:10.1001/jamanetworkopen.2024.23677

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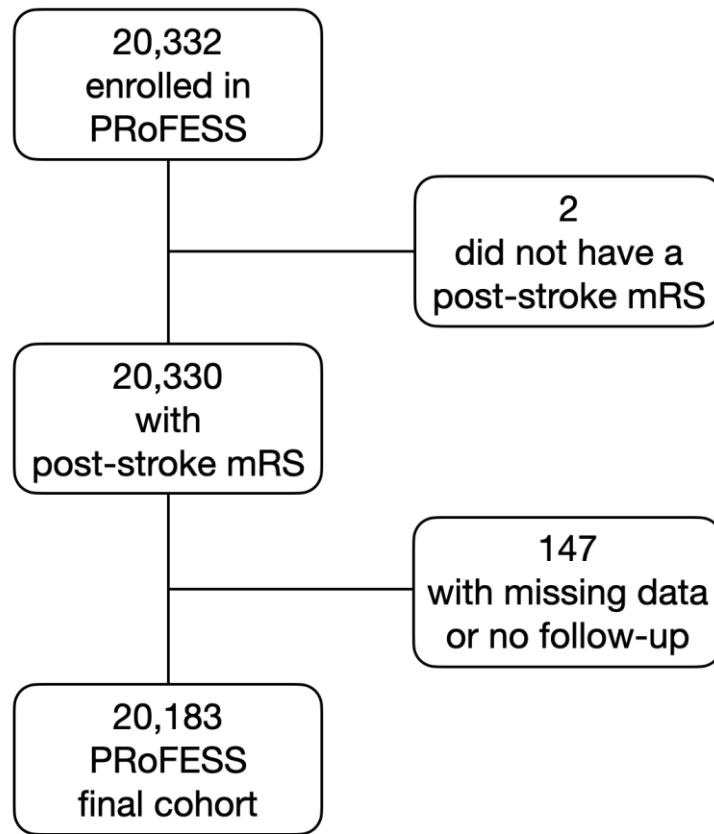
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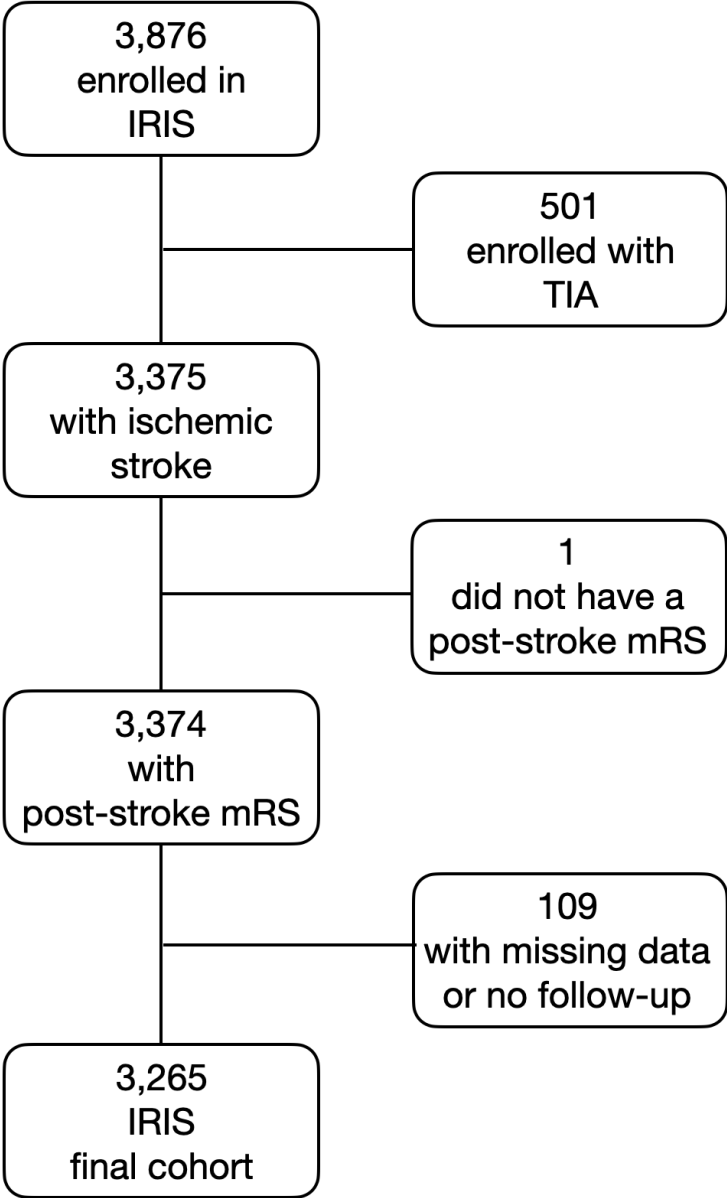
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This supplemental material has been provided by the authors to give readers additional information about their work.

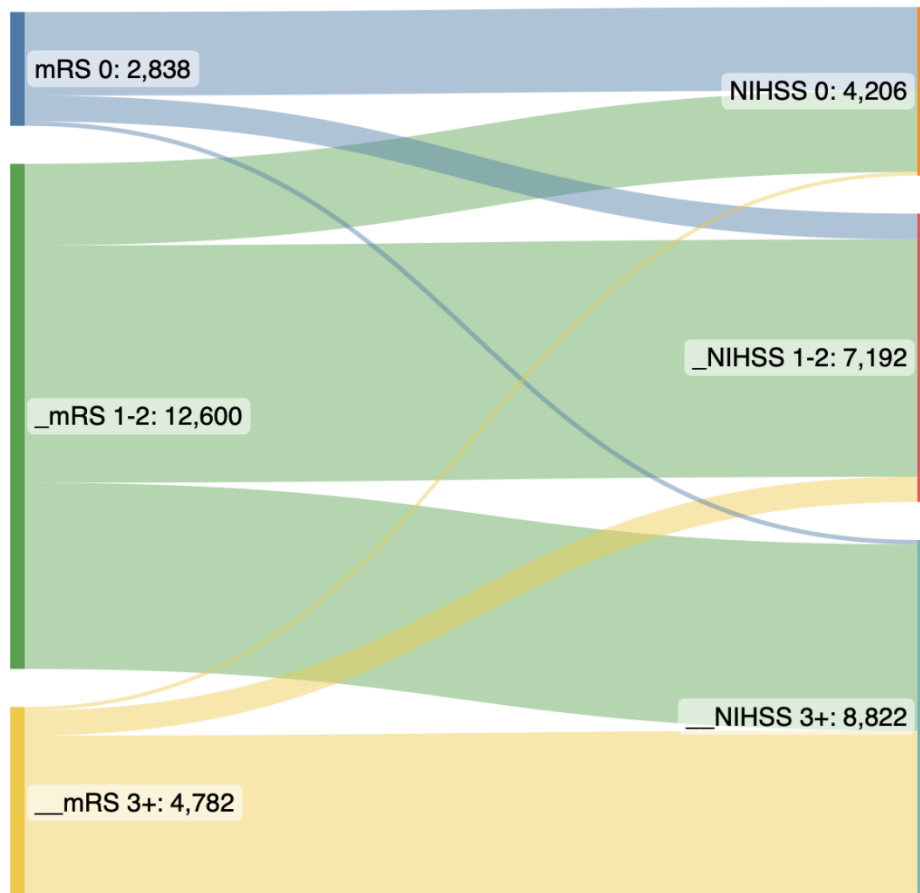
eFigure 1. Flowchart of PProFESS cohort derivation.



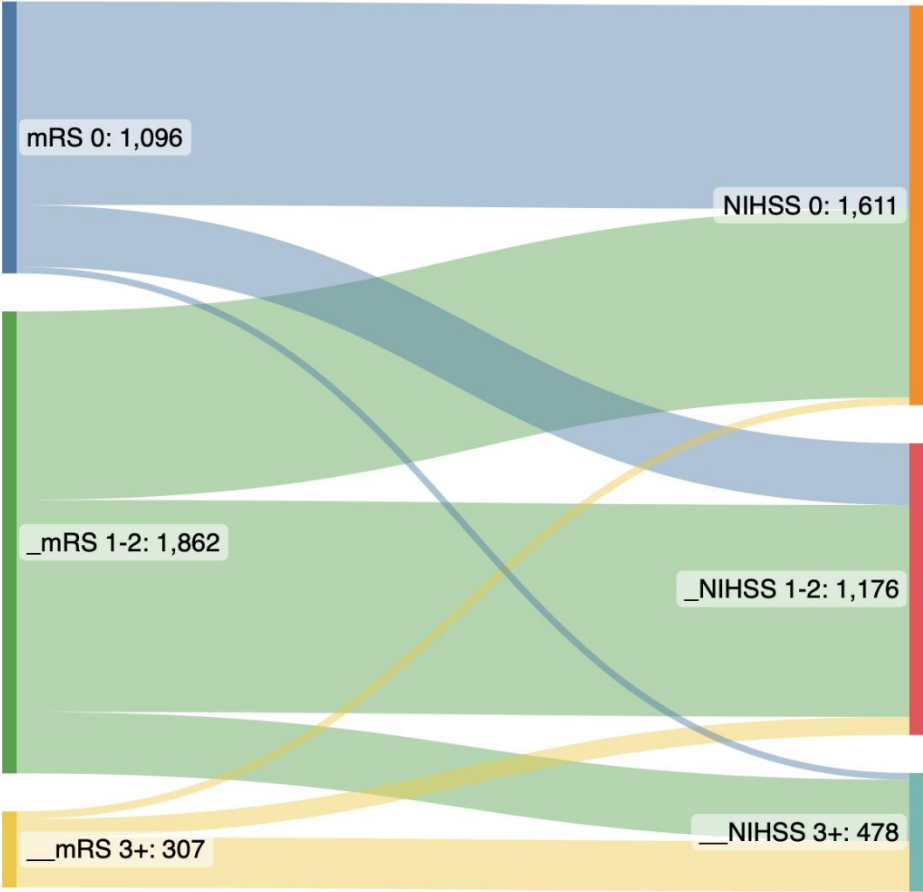
eFigure 2. Flowchart of IRIS cohort derivation.



eFigure 3. Sankey diagram showing the cross-sectional overlap of mRS and NIHSS categories in the PRoFESS trial.



eFigure 4. Sankey diagram showing the cross-sectional overlap of mRS and NIHSS categories in the IRIS trial.



eTable 1. MACE outcomes in P_{RO}FESS and IRIS by post-stroke categories of modified Rankin Scale.

	MACE event rate	Unadjusted hazard ratio (95% CI) for MACE*	P value	Adjusted hazard ratio (95% CI) for MACE*	P value
P_{RO}FESS					
mRS 0 (n=2,834)	10.1%	Ref	Ref	Ref	Ref
mRS 1-2 (n=12,570)	12.2%	1.27 (1.12-1.44)	<0.001	1.21 (1.06-1.37)	0.004
mRS ≥3 (n=4,779)	17.2%	1.90 (1.66-2.18)	<0.001	1.62 (1.41-1.87)	<0.001
IRIS**					
mRS 0 (n=1,096)	10.9%	Ref	Ref	Ref	Ref
mRS 1-2 (n=1,862)	13.3%	1.24 (1.00-1.55)	0.052	1.20 (0.98-1.53)	0.113
mRS ≥3 (n=307)	15.3%	1.45 (1.03-2.03)	0.031	1.36 (0.96-1.94)	0.085

*From Cox model adjusted for baseline age, gender, race, country of enrollment, current smoking, atrial fibrillation, diabetes, hypertension, hyperlipidemia, prior stroke, randomization arm, days from qualifying stroke to enrollment, and TOAST classification of the qualifying stroke.

**The proportional hazards assumption was not met for the adjusted model, resulting in a stratified Cox regression with strata for atrial fibrillation, country, and TOAST, after which we met the proportional hazards assumption.

eTable 2. Recurrent stroke outcomes in PRoFESS and IRIS by post-stroke categories of NIH Stroke Scale.

	Stroke event rate	Unadjusted hazard ratio (95% CI) for stroke	P value	Adjusted hazard ratio (95% CI) for stroke*	P value
PRoFESS					
NIHSS 0 (n=4,206)	7.7%	Ref	Ref	Ref	Ref
NIHSS 1-2 (n=7,192)	8.8%	1.18 (1.04-1.35)	0.014	1.14 (0.99-1.30)	0.062
NIHSS ≥3 (n=8,822)	9.6%	1.33 (1.17-1.51)	<0.001	1.18 (1.04-1.35)	0.013
IRIS					
NIHSS 0 (n=1,611)	6.8%	Ref	Ref	Ref	Ref
NIHSS 1-2 (n=1,176)	9.0%	1.44 (1.03-1.76)	0.030	1.27 (0.97-1.67)	0.080
NIHSS ≥3 (n=478)	12.1%	1.84 (1.34-2.53)	<0.001	1.73 (1.24-2.40)	0.001

* Adjusted for baseline age, gender, race, region or country of enrollment, current smoking, atrial fibrillation, hypertension, hyperlipidemia, prior stroke, randomization arm, days from qualifying stroke to enrollment, and TOAST classification of the qualifying stroke. PRoFESS is also adjusted for diabetes.

eTable 3. MACE outcomes in P_{Ro}FESS and IRIS by post-stroke categories of NIH Stroke Scale.

	MACE event rate	Unadjusted hazard ratio (95% CI) for MACE*	P value	Adjusted hazard ratio (95% CI) for MACE*	P value
P_{Ro}FESS**					
NIHSS 0 (n=4,206)	11.0%	Ref	Ref	Ref	Ref
NIHSS 1-2 (n=7,192)	12.1%	1.13 (1.01-1.26)	0.039	1.10 (0.98-1.23)	0.119
NIHSS ≥3 (n=8,822)	14.9%	1.44 (1.30-1.60)	<0.001	1.32 (1.18-1.47)	<0.001
IRIS***					
NIHSS 0 (n=1,611)	11.7%	Ref	Ref	Ref	Ref
NIHSS 1-2 (n=1,176)	12.8%	1.11 (0.90-1.38)	0.340	1.02 (0.83-1.30)	0.873
NIHSS ≥3 (n=478)	15.7%	1.38 (1.06-1.80)	0.019	1.23 (0.93-1.63)	0.148

*From Cox model adjusted for baseline age, gender, race, country of enrollment, current smoking, atrial fibrillation, diabetes, hypertension, hyperlipidemia, prior stroke, randomization arm, days from qualifying stroke to enrollment, and TOAST classification of the qualifying stroke.

**The proportional hazards assumption was not met for the adjusted model, resulting in a stratified Cox regression with strata for atrial fibrillation, treatment arm, and TOAST, after which we met the proportional hazards assumption.

***The proportional hazards assumption was not met for the adjusted model, resulting in a stratified Cox regression with strata for smoking, country, and TOAST, after which we met the proportional hazards assumption.

eTable 4. Recurrent stroke outcomes in P_{Ro}FESS and IRIS by alternative post-stroke categories of modified Rankin Scale (0-1 vs. 2 vs. ≥3).

	Stroke event rate	Unadjusted hazard ratio (95% CI) for stroke	P value	Adjusted hazard ratio (95% CI) for stroke*	P value
P_{Ro}FESS					
mRS 0-1 (n=10,357)	8.0%	Ref	Ref	Ref	Ref
mRS 2 (n=5,047)	9.2%	1.19 (1.06-1.33)	0.003	1.11 (0.99-1.25)	0.078
mRS ≥3 (n=4,779)	10.6%	1.42 (1.27-1.59)	<0.001	1.22 (1.09-1.37)	0.001
IRIS					
mRS 0-1 (n=2,324)	7.8%	Ref	Ref	Ref	Ref
mRS 2 (n=634)	8.8%	1.12 (0.83-1.51)	0.450	1.08 (0.80-1.46)	0.629
mRS ≥3 (n=307)	11.7%	1.54 (1.08-2.20)	0.018	1.47 (1.02-2.12)	0.038

* Adjusted for baseline age, gender, race, region or country of enrollment, current smoking, atrial fibrillation, hypertension, hyperlipidemia, prior stroke, randomization arm, days from qualifying stroke to enrollment, and TOAST classification of the qualifying stroke. P_{Ro}FESS is also adjusted for diabetes.

eTable 5. MACE outcomes in P_{Ro}FESS and IRIS by alternative post-stroke categories of modified Rankin Scale (0-1 vs. 2 vs. ≥3).

	MACE event rate	Unadjusted hazard ratio (95% CI) for MACE*	P value	Adjusted hazard ratio (95% CI) for MACE*	P value
P_{Ro}FESS					
mRS 0-1 (n=10,357)	11.2%	Ref	Ref	Ref	Ref
mRS 2 (n=5,047)	13.1%	1.21 (1.10-1.33)	<0.001	1.15 (1.05-1.27)	0.004
mRS ≥3 (n=4,779)	17.2%	1.67 (1.53-1.83)	<0.001	1.46 (1.33-1.60)	<0.001
IRIS					
mRS 0-1 (n=2,324)	12.1%	Ref	Ref	Ref	Ref
mRS 2 (n=634)	13.6%	1.13 (0.88-1.43)	0.341	1.09 (0.86-1.40)	0.478
mRS ≥3 (n=307)	15.3%	1.29 (0.95-1.76)	0.103	1.25 (0.91-1.71)	0.171

*From Cox model adjusted for baseline age, gender, race, country of enrollment, current smoking, atrial fibrillation, diabetes, hypertension, hyperlipidemia, prior stroke, randomization arm, days from qualifying stroke to enrollment, and TOAST classification of the qualifying stroke.