

Supplementary Appendix

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

Supplement to: Yusuf S, Diener H-C, Sacco RL, et al. Telmisartan to prevent recurrent stroke and cardiovascular events. *N Engl J Med* 2008;359:1225-37. DOI: 10.1056/NEJMoa0804593.

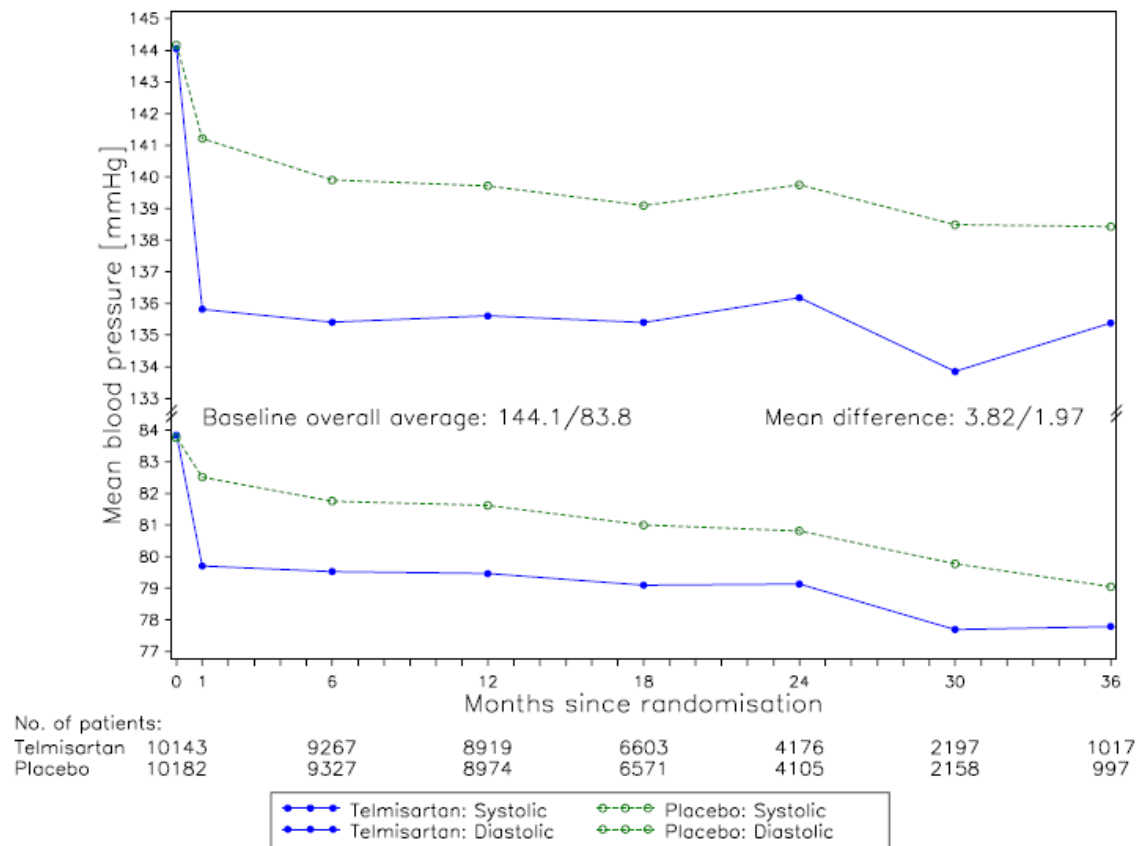
Calculation of Stroke Risk Score:

Before database lock, a stroke risk score was generated from the blinded trial data by considering all baseline characteristics from five selected risk scores from the literature¹⁻⁵ in a Cox regression model. The final model included all statistically significant predictors of stroke: age, gender, physical activity, baseline systolic blood pressure, history of hypertension, diabetes, previous MI, atrial fibrillation, peripheral arterial disease, and stroke prior to qualifying event. The risk score for PRoFESS is calculated as the sum of the linear combination of the above 10 variables. The weight of each variable is the corresponding coefficient: ((Age-48) X 0.2 (e.g., add 0.2 for each year older than 48) + Gender male X 2 + Physical activity classified as sedentary X 2 + (Baseline systolic BP – 90) X 0.05 (e.g., add 0.05 for each SBP unit > 90) + History of Hypertension X 2 + Diabetes mellitus X 4 + Previous MI X 2 + Atrial fibrillation X 3 + PAOD X 3 + Stroke in addition to qualifying event X 6).

Within PRoFESS, incidences of stroke for each stroke risk score tertile were: Low risk: 5.5%; Moderate risk: 8.1%; High risk: 13.3%.

1. Wolf PA, D'Agostino RB, Belanger AJ, Kannel WB. Probability of stroke: a risk profile from the Framingham Study. *Stroke* 1991;22(3):312-318.
2. Kernan WN, Viscoli CM, Brass LM, Makuch RW, Sarrel PM, Roberts RS, Gent M, Rothwell P, Sacco RL, Liu RC, Boden-Albala B, Horwitz RI. The stroke prognosis instrument II (SPI-II) : A clinical prediction instrument for patients with transient ischemia and nondisabling ischemic stroke. *Stroke* 2000;31:456-62.
3. Weimar C, Goertler M, Roether J, Ringelstein EB, Darius H, Nabavi DG, Kim IH, Benemann J, Diener HC. Predictive value of the Essen stroke risk score and ankle brachial index in acute ischemic stroke patients from 85 German stroke units. *J Neurol Neurosurg Psychiatry* 2008 Jun 27. [Epub ahead of print]
4. Liberato B, Luo X, Albala IC, Rundek T, Boden-Albala B, Paik MC, Sacco RL. Predictors of Stroke Outcome: The Northern Manhattan Study Prognostic Stroke Score. *Neurology* 2005;64(suppl 1):A130
5. Sacco RL. The 2006 William Feinberg lecture: shifting the paradigm from stroke to global vascular risk estimation. *Stroke* 2007;38:1980-7.

Figure: Blood Pressure Over Time in the PROfESS Trial



This figure shows the mean systolic and diastolic blood pressure (BP) over time in the PROfESS trial. The average systolic BP was reduced by 8.3 mmHg with telmisartan at one month compared to 2.9 mmHg in the placebo group (difference between groups of -5.4). However by one year, the difference narrowed (-4.0 mmHg), with the average difference in systolic BP between the two groups being only -3.8 mmHg throughout the study. Although the difference in diastolic BP was -2.9 mmHg at one month, it narrowed to -2.2 mmHg at 1 year and to -1.6 mmHg by study end, with the average difference being only -2.0 mmHg.