

Supplemental Material

I. Definition of Death and Vascular Death in SPS3

Death: Persistent and irreversible absence of brain or brainstem function. Death can be the initial study event (i.e. due to cancer) or secondarily result from another event. The cause of death should be determined as vascular or non-vascular.

Vascular Death: Vascular death may be classified as Cerebral or Non-Cerebral.

Cerebral Vascular Death is defined as death that occurs within 30 days of an ischemic or hemorrhagic stroke. The stroke should be confirmed by CT, MRI, or post mortem examination. Death from a complication of stroke (e.g., pneumonia, sepsis) within 30 days of the stroke will be included as a cerebral vascular death.

Non-Cerebral Vascular Death is defined as sudden death that is attributed to cardiac ischemia (see below) or death within 30 days of one of the following well-documented vascular events.

- Myocardial infarction
- Pulmonary embolus (documented by high probability V/Q scan or angiogram)
- Ruptured abdominal aortic aneurysm (documented by angiogram, CT, ultrasound, or surgery)
- Complications of acute ischemia of a limb or internal organ (documented by typical clinical presentation [limb ischemia] or angiogram [limb or organ ischemia])
- Systemic hemorrhage (documented by typical clinical presentation, i.e., shock, drop in hematocrit, identification of bleeding source by imaging studies)

If the above in-vivo documentation is absent, post-mortem evidence that one of these conditions was the primary cause of death will suffice.

Sudden death attributed to cardiac ischemia (without proven myocardial infarction) is defined as death of sudden onset that cannot be explained by a known non-vascular process (acute or chronic) or subarachnoid hemorrhage. Examples that would not constitute sudden death attributable to cardiac ischemia are cardiac arrhythmias attributed to other causes, e.g., hypokalemia, tricyclic overdose.