

Ajay Gupta

From: Putaala Jukka <jukka.putaala@hus.fi>
Sent: Monday, April 27, 2015 2:27 AM
To: Ajay Gupta
Subject: VS: VS: Question about Putaala et al Neurology 2011

Dear Ajay,

Yes, of course my name can appear in the acknowledgments, Thanks!

Jukka

-----Alkuperäinen viesti-----

Lähettiläjä: Ajay Gupta [mailto:ajg9004@med.cornell.edu]
Lähetetty: 27. huhtikuuta 2015 1:41
Vastaanottaja: Putaala Jukka
Aihe: Re: VS: Question about Putaala et al Neurology 2011

Dear Jukka,

Thank you so much.

Let me ask -- could I get your permission to include your name in the acknowledgments section of our manuscript for providing these unpublished data?

Best,

Ajay

From: Putaala Jukka <jukka.putaala@hus.fi>
Sent: Sunday, April 26, 2015 3:52 AM
To: Ajay Gupta
Subject: VS: VS: Question about Putaala et al Neurology 2011

Dear Ajay,

the adjusted HRs (any SBI vs. no SBI) are:

IS: 1.91 (95% CI 1.09-3.34), P=0.023

All stroke: 1.62 (0.93-2.82), P=0.087

Best regards,
Jukka

Lähettiläjä: Ajay Gupta [ajg9004@med.cornell.edu]
Lähetetty: 24. huhtikuuta 2015 15:33

Vastaanottaja: Putaala Jukka

Aihe: Re: VS: Question about Putaala et al Neurology 2011

Dear Jukka,

If you have adjusted hazard ratios for IS and all strokes (HS + IS) that would be great.

Thanks,

Ajay

On Apr 24, 2015, at 7:10 AM, Putaala Jukka <jukka.putaala@hus.fi<mailto:jukka.putaala@hus.fi>> wrote:

Dear Ajay,

I can do that. What endpoints do you want to assess, recurrent IS?

Best regards,
Jukka

Lähettiläs: Ajay Gupta [mailto:ajg9004@med.cornell.edu]

Lähetetty: 23. huhtikuuta 2015 16:24

Vastaanottaja: Putaala Jukka

Aihe: RE: Question about Putaala et al Neurology 2011

Dear Jukka,

One more quick question. See your attached Table 3 from the 2011 Neurology paper. In the first column, you have provided adjusted HR for the SBI data, stratified by no SBI (HR=1), single SBI (HR=1.47, 95% CI 0.68-3.16), or multiple SBI (HR 2.48, 95% CI 1.24-4.94).

Our interest is to assess the risk associated with any SBI compared to patients with no SBI at all. As such, are you able to provide single adjusted HR for the presence of any SBI, combining the single and multiple SBI categories into 1 group?

Best,

Ajay

From: Putaala Jukka [mailto:jukka.putaala@hus.fi]

Sent: Tuesday, April 21, 2015 5:50 AM

To: Ajay Gupta

Subject: VS: Question about Putaala et al Neurology 2011

Dear Ajay,

I am attaching an Excel spreadsheet with that data. There were 10 hemorrhagic strokes in 9 patients, 7 ICHs, 3 SAHs, the breakdown according to SBI status appears in the file.

Best regards,
Jukka

Lähetäjä: Ajay Gupta [mailto:ajg9004@med.cornell.edu]
Lähetetty: 15. huhtikuuta 2015 16:50
Vastaanottaja: Putaala Jukka
Aihe: RE: Question about Putaala et al Neurology 2011 Dear Jukka,

Thank you for the prompt response. I am happy to hear that the data may be retrievable and I appreciate your willingness to check.

I look forward to hearing from you after the ESO Stroke conference.

Best regards,

Ajay

From: Putaala Jukka [mailto:jukka.putaala@hus.fi]
Sent: Wednesday, April 15, 2015 1:48 AM
To: Ajay Gupta
Subject: VS: Question about Putaala et al Neurology 2011

Dear Ajay,

Thank you for your email. I think we have the data you are asking in our database. I will check that after ESO Stroke Congress, which begins tomorrow.

Best regards,
Jukka

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Lähetäjä: Ajay Gupta [mailto:ajg9004@med.cornell.edu]
Lähetetty: 14. huhtikuuta 2015 19:30
Vastaanottaja: Putaala Jukka
Aihe: Question about Putaala et al Neurology 2011 Dear Dr. Putaala:

I have read with great interest your attached paper, "Silent brain infarcts, leukoaraiosis, and long-term prognosis in young ischemic stroke patients."

I am a neuroradiologist conducting a meta-analysis with one of my neurology colleagues, Dr. Hooman Kamel also at Cornell in New York City, on the extent to which silent brain infarction on MRI predicts clinical stroke. From your paper, I see that you have provided the breakdown of the total acute ischemic strokes encountered during follow up stratified by SBI status at baseline.

For me to include your study in our subgroup analyses, it would be helpful to know the breakdown of hemorrhagic strokes as well. I see that you have written that "There were 70 nonfatal and 2 fatal ischemic strokes, 10 hemorrhagic strokes."

Could you tell me how many of the 10 hemorrhagic strokes occurred in the SBI negative (at baseline) group versus how many hemorrhagic stroke occurred in the SBI positive group?

Let me know if this data is available and if you would be willing to share this so that I can pool your important study with the other studies in our meta-analysis. I appreciate your consideration.

Best regards,

Ajay Gupta, MD

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