Supplementary Table 3. Impact of Not Performing MDCT on Hazard Ratios for Death, Cardiovascular Events, and Recurrent Stroke among Patients Who had Undergone MDCT and Those Who had not Undergone MDCT because of Nonmedical Reasons

Event	Sample size, no.	Hazard ratio (95% CI)	*p* value
Death			
Unadjusted model	606 and 1842	1.932 (1.481–2.520)	<0.001
Multivariable-adjusted model*	606 and 1842	1.677 (1.270–2.215)	<0.001
Propensity score-adjusted model†			
Stratification	606 and 1842	1.685 (1.287–2.207)	<0.001
Within-propensity score quintile			
1 (lowest propensity)	76 and 414	0.596 (0.135–2.628)	0.494
2	98 and 391	2.680 (1.357–5.296)	0.005
3	112 and 378	1.206 (0.641–2.268)	0.561
4	133 and 357	1.655 (0.946–2.895)	0.078
5 (high propensity)	187 and 302	1.928 (1.228–3.027)	0.004
Regression adjustment	606 and 1842	1.635 (1.246–2.146)	<0.001
Weighting (stabilized IPTW)	606 and 1842	1.600 (1.227–2.086)	0.001
Matching 1:1	514 and 514	2.000 (1.290–3.100)	0.002
Cardiovascular events			
Unadjusted model	606 and 1842	3.214 (1.603–6.443)	0.001
Multivariable-adjusted model*	606 and 1842	2.528 (1.219–5.243)	0.013
Propensity score-adjusted model†			
Stratification	606 and 1842	2.507 (1.239–5.072)	0.011
Within-propensity score quintile			
1 (lowest propensity)	76 and 414	-‡	-
2	98 and 391	3.490 (0.489–24.913)	0.213
3	112 and 378	0.763 (0.085–6.857)	0.809
4	133 and 357	1.344 (0.246–7.340)	0.733
5 (high propensity)	187 and 302	3.518 (1.222–10.131)	0.02
Regression adjustment	606 and 1842	2.550 (1.250–5.204)	0.01
Weighting (stabilized IPTW)	606 and 1842	3.051 (1.535–6.063)	0.001
Matching 1:1	514 and 514	1.800 (0.603–5.371)	0.292
Recurrent stroke			
Unadjusted model	606 and 1842	1.507 (1.122–2.024)	0.006
Multivariable-adjusted model*	606 and 1842	1.326 (0.981–1.792)	0.067
Propensity score-adjusted model†			
Stratification	606 and 1842	1.324 (0.981–1.786)	0.067
Within-propensity score quintile			
1 (lowest propensity)	76 and 414	0.490 (0.146–1.641)	0.247
2	98 and 391	1.472 (0.607–3.571)	0.393
3	112 and 378	1.804 (0.878–3.707)	0.108
4	133 and 357	1.197 (0.650–2.203)	0.564
5 (high propensity)	187 and 302	1.511 (0.924–2.471)	0.1
Regression adjustment	606 and 1842	1.307 (0.967–1.765)	0.081
Weighting (stabilized IPTW)	606 and 1842	1.294 (0.961–1.743)	0.089
Matching 1:1	514 and 514	1.276 (0.785–2.074)	0.326

MDCT, multi-detector coronary computed tomography; CI, confidence interval; IPTW, inverse probability of treatment weighting.
*This model was adjusted for age, sex, hypertension, diabetes, hypercholesterolemia, current smoking status, valvular heart diseases, atrial fibrillation, congestive heart failure, previous ischemic or hemorrhagic stroke, peripheral arterial occlusive diseases, metabolic syndrome, underlying malignancy, chronic kidney disease, prior antiplatelet/anticoagulant/statin use, initial stroke severity, and lipid profiles, †The propensity of undergoing MDCT was estimated using a multivariate logistic regression model, which included age, sex, hypertension, diabetes, hypercholesterolemia, current smoking status, valvular heart diseases, atrial fibrillation, congestive heart failure, previous ischemic or hemorrhagic stroke, peripheral arterial occlusive diseases, metabolic syndrome, underlying malignancy, chronic kidney disease, prior antiplatelet/anticoagulant/statin use, initial stroke severity, and lipid profiles, ‡This could not be estimated because of no event in MDCT (+) group.