Supplementary information

PROGNOSTIC SIGNIFICANCE OF INFARCT SIZE AND LOCATION: THE CASE OF INSULAR STROKE

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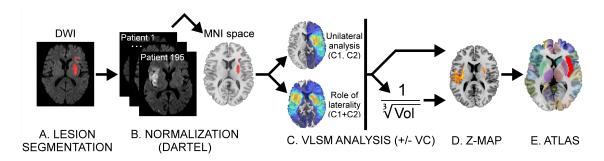
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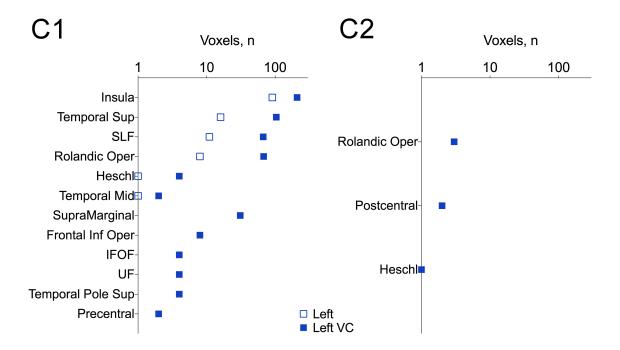
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eFigure 1. Neuroimaging methods.



Abbreviations: DWI, diffusion-weighted image; MNI, Montreal Neurological Institute; VLSM, voxel-based lesion symptom mapping; Vol, volume.

eFigure 2. Bilateral analysis in C1 and C2: number of voxels in each anatomical region associated with poor functional outcome before and after VC.



In both cohorts, poor functional outcome was only associated with lesions of left brain structures. There were no associations with death in the bilateral analysis in any of the cohorts. Abbreviations: C1, cohort 1; C2, cohort 2; SLF, superior longitudinal fasciculus; IFOF, inferior fronto-occipital fasciculus; UF, uncinate fasciculus; VC, volume control.

eTable 1. Imaging methods in studies that investigated the clinical relevance of insular infarcts and/or laterality of the stroke.

Main study	Authors	n	Association with insula	Imaging	Assessment of infarct size
outcome*				modality	
Mortality	Hanne L, et al. ²⁶	736	Right insula	MRI	Quantitative (converted into tertiles), not used in the final statistical model
Mortality	Alves JN, et al. ⁴¹	561	Insula, none after controlling for clinical severity	CT, MRI	None besides baseline ASPECTS score
Mortality	Sposato LA, et al. ²⁵	2099	Right insula	CT, MRI	Categorical (no visible, small/medium, large/very large)
Mortality	Borsody M, et al. ³⁴	111	Insula, none in adjusted models	CT, MRI	Semi-quantitative (A+B+C/2)
Mortality	Fink JN, et al. ⁶³	1644	No effect of laterality, but infarct location not studied	Not specified	None
Mortality (cardiac death)	Rincon F, et al. ³³	655	None, association with left parietal lobe	CT, MRI	Categorical (<1/2 lobe, ½-1 lobe, >1 lobe)

Mortality	Chamorro A, et al. ³²	136	None	CT, MRI	Semi-quantitative
Mortality	Abboud H, et al. ²⁸	510	Right insula	MRI	Semi-quantitative (A+B+C/2), not included in the model despite significant differentes in the volume of non-insular, left-insular and right-insular infarcts
Mortality	Christensen H, et al. ²⁷	179	Right insula	CT	Quantitative
Mortality	Colivicchi F, et al. 15	208	Right insula	CT, MRI	Semi-quantitative (A+B+C/2), not used in the model
Mortality (sudden death)	Algra A, et al. ⁵⁵	2885	None, associated with left- sided infarcts	CT, MRI	Categorical (≥2 cm)
Mortality	Tokgözoglu SL, et al. ¹⁰	62	Right insula	CT, MRI	Not specified
Cardiac (arrhythmias)	Seifert F, et al. ¹⁸	93	Right hemispheric infarcts, including the insula, none in volume-adjusted models	CT, MRI	Quantitative, cleared the associations when included in the imaging analysis

Cardiac (adverse cardiac outcome)	Laowattana S, et al. ¹³	116	Left insula	CT, MRI	None
Cardiac (acute	Fink JN, et al. ³⁸	150	None	MRI	Categorical
cardiovascular events)	Time 514, oc al.	100	Tvolle	WING	Cutegorieur
Cardiac (new atrial	Scheitz JF, et al. 17	1823	Insula, no effect of laterality	Not	None
fibrillation)				specified	
Cardiac (Troponin T	Ay H, et al. ¹⁴	738	Right insula	MRI	Quantitative, but not used in the imaging
elevation)					analysis
Cardiac (recent and new atrial fibrillation)	Vingerhoets F, et al. 16	1661	Parietoinsular cortex	CT	None
Poor functional outcome	Munsch F, et al. ⁶¹	289	None in adjusted models	MRI	Quantitative, included in the statistical analysis

Poor functional outcome	Timpone VM, et al. ²⁴	55	Percentage of insular infarct in the subgroup of patients	CT, MRI	Quantitative, but dichotomized in the statistical models
			with small strokes		
Poor functional	Wu O, et al. ⁵²	490	Left hemispheric lesions	MRI	Quantitative, included in the imaging
outcome			(minor contribution of the		analysis
			left insula)		
Poor functional	Yassi N, et al. ³¹	152	None, associations in other	MRI	Quantitative
outcome			regions in the brain		
Poor functional	Cheng B, et al. ⁶⁰	101	Insula, no effect of laterality	MRI	Quantitative, not included in the imaging
outcome					analysis
Stroke-associated	Urra X, et al. ⁴⁴	106	Insula, no significant effect	MRI	Quantitative, included in the imaging
infection			of laterality		analysis
Stroke-associated	Kemmling A, et al. ²⁰	430	Right insula	MRI	Quantitative, not included in the imaging
infection					analysis
(pneumonia)					

Stroke-associated	Walter U, et al. 19	384	Insula, no effect of laterality	CT, MRI	Categorical (<1.5cm, 1.5cm-33% MCA,
infection					33-66% MCA,>66% MCA), not included
					in the final statistical analysis
Stroke-associated	Wartenbert K, et al. ⁶⁸	94	Insula, none in adjusted	MRI	Quantitative
infection			models.		
Stroke-associated	Harms H, et al. ⁶⁹	63	No association with insula	CT	Quantitative
infection			nor laterality		
Stroke-associated	Minnerup J, et al. ²⁹	591	No specific location, no	CT, MRI	Categorical (<1.5cm, intermediate, >5cm
infection			effect of laterality		or 1/3 of MCA)
Stroke-associated	Steinhagen V, et al. ²¹	60	Insula, no effect of laterality	CT, MRI	Categorical (<33% MCA, 33-66%
infection					MCA,>66% MCA)
(pneumonia)					
Aspiration	Galovic M, et al. ²²	94	Insula and frontal	MRI	Quantitative
			operculum, no differences in		
			laterality		

Autonomic (sympathetic activation)	Meyer S, et al. ¹²	29	Right insula	MRI	None
Autonomic (heart rate variability)	Barron SA, et al. ¹¹	40	Right hemisphere linked to reduced parasympathetic innervation	CT	None
Hyperglycemia	Winder K, et al. ²³	229	Right insula	MRI	Quantitative, introduced together with NIHSS in the imaging analysis
Smoking cessation	Suñer-Soler R, et al. ⁶	110	Insula, no effect of laterality	CT, MRI	Semi-quantitative (A+B+C/2)

^{*} In studies assessing several outcomes we show the clinically most important one. Abbreviations: MCA, middle cerebral artery; ASPECTS, Alberta Stroke Program Early CT Score.

eTable 2. Statistically significant prevalences of the clinical end-points in patients with insular strokes in each cohort with an alpha of 0.05 and a power of 0.8.

			Death			Poor outcome				
Cohort	n	Prevalence	Prevalence in	Significant	Significant	Actual	Prevalence in	Significant	Significant	Actual
		of insular	non-insular	lower	upper	prevalence	non-insular	lower	upper	prevalence
		stroke	stroke	prevalence in	prevalence in	in insular	stroke	prevalence in	prevalence in	in insular
				insular stroke	insular stroke	stroke		insular stroke	insular stroke	stroke
C1	90	0.633	0.03	Not powered	0.24	0.175	0.152	Not powered	0.44	0.526*
C2	105	0.705	0.032	Not powered	0.23	0.149	0.419	0.12	0.74	0.554
C1+ C2	195	0.672	0.031	Not powered	0.15	0.16*	0.281	0.093	0.50	0.542*

^{*} Prevalences above the statistically significant limits compared to patients with non-insular stroke.

eTable 3. Effect of total lesion volume: percentage of voxels associated to each region in the brain that disappear after VC.

Structure	Poor Outcome (%)	Death (%)
Temporal Mid	81	100
Insula	73	99
Temporal Sup	72	100
SupraMarginal	68	99
Rolandic Oper	47	100
SLF	46	100
Postcentral	24	99
CT	100	
Frontal Inf Oper		100
Temporal Pole Mid		99
Caudate	95	
Putamen	95	
Frontal Inf Tri		94
UF	93	
Temporal Pole Sup		88
Heschl	77	
IFOF	76	
Precentral	40	

We quantified the reduction in the association in structures that showed associations before VC in both cohorts. Abbreviations: SLF, superior longitudinal fasciculus; CT, corticospinal tract; UF, uncinate fasciculus; IFOF, inferior fronto-occipital fasciculus; VC, volume control.

eTable 4. General characteristics of the biased population after excluding patients with left lesions in the upper tertile of NIHSS scores.

	Right (n=94)	Left (n=68)	P
Age (years), mean (SD)	71 (12)	72 (12)	0.649
Sex (male), %	57	62	0.543

Admission NIHSS score, median (IQR)	12 (10-17)	10 (6-17)	0.174
Glucose at admission,	125 (36)	141 (64)	0.044
Large vessel occlusion, %	81	76	0.237
24h NIHSS score, median (IQR)	6 (2-12)	4 (2-12)	0.225
Infarct volume (cc), median (IQR)	18 (6-45)	11 (1-31)	0.023
Insular stroke, %	72	53	0.013
3-month mRS score, median (IQR)	2 (1-4)	1 (0-3)	0.024
Death at 3 months, %	10	7	0.605

Abbreviations: NIHSS, National Institutes of Health Stroke Scale; mRS, modified Rankin Scale.

Supplementary References

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