## **Supplementary content**

M.G.H.E. den Brok, L.S. Kuhrij, B. Roozenbeek, A. van der Lugt, P.H.E. Hilkens, D.W.J. Dippel, P.J. Nederkoorn. Prevalence and risk factors of symptomatic carotid stenosis in patients with recent TIA or ischemic stroke in the Netherlands.

## Supplement S1: Patients assessed with multiple vascular imaging modalities

Modality		CTA					
	Degree of stenosis	<50%	50-69%	70-99%	100%		
Duplex	<50 %	15	0	2	0		
	50-69%	6	10	9	0		
	70-99%	0	3	22	0		
	100%	0	1	3	5		

**Supplement S1a. Similarities and discrepancies in different degrees of ICA stenosis between duplex and CTA.** In 76 patients, both duplex and CTA were used to assess degree of ICA stenosis. Discrepancies were found in 31.6% (24/76 patients).

Modality		MRA				
	Degree of stenosis	<50%	50-69%	70-99%	100%	
Duplex	<50 %	4	0	0	0	
	50-69%	4	1	1	0	
	70-99%	2	0	6	2	
	100%	0	0	0	0	

Supplement S1b. Similarities and discrepancies in different degrees of ICA stenosis between duplex and MRA. In 20 patients, both duplex and MRA were used to assess degree of ICA stenosis. Discrepancies were found in 45% (9/20 patients).

Modality		MRA	MRA				
	Degree of stenosis	<50%	50-69%	70-99%	100%		
СТА	<50 %	0	0	0	0		
	50-69%	0	0	0	0		
	70-99%	0	0	0	1		
	100%	0	0	0	0		

**Supplement S1c. Similarities and discrepancies in different degrees of ICA stenosis between CTA and MRA.** Both CTA and MRA were used to assess degree of ICA stenosis in only one patient with discrepant conclusions.

	Degree of	Patients n/N (%; 95%CI)	Inclusion criteria	Exclusion criteria	Mean age	Males	Location
	stenosis						
Admani 1991 <sup>1</sup>	75-100%	29/118 <b>(24.6%; 17.3-33.5)</b>	First ever stroke (not	Age <65 years	74.5	66/118	Extracranial
			specified) in the			(55.9%)	CCA and ICA
			carotid territory				
Fairhead 2005 <sup>2</sup>	50-69%	37/756 <b>(4.9%; 3.5-6.7)</b>	Retinal or cerebral	-	-	-	-
ОРСТ	70-99%	54/756 <b>(7.1%; 5.5-9.3)</b>	carotid territory TIA				
	50-99%	91/756 <b>(12.0%; 9.9-14.6)</b>	or infarct				
	50-100%	120/756 <b>(15.8%; 13.4-18.7)</b>					
Fairhead 2005 <sup>2</sup>	50-100%	38/228 <b>(14.6%; 10.7-19.6)</b>	Nondisabling (mRS	-	-	-	-
OXVASC			≤2) retinal or cerebral				
			carotid territory TIA				
			or infarction				
Ois	50-99%	163/1151 <b>(14.2%;</b>	First ever	Advanced age,	71.8	97 (59.5%)	Intracranial and extracranial
<b>2009</b> <sup>3</sup>		12.2-16.3)	nondisabling	comorbidity or			
			infarction (NIHSS <7)	concomitant cardiac			
			or TIA	disease			
den Brok 2020	50-69%	39/883 <b>(4.4%; 3.2-6.1)</b>	TIA or infarction in	Age <18 years	68.5	55.2%	Extracranial ICA
	50-99%	110/883 <b>(12.5%; 10.4-14.9)</b>	carotid territory,				
	70-99%	71/883 <b>(8.0%; 6.4-10.1)</b>	amaurosis fugax,				
	100%	46/883 <b>(5.2%; 3.9-6.9)</b>	retinal infarction				

Abbreviations OPCT: Oxfordshire Primary Care Trusts; OXVASC: Oxford Vascular Study; mRS: modified Ranking Scale; NIHSS:

National Institutes of Health Stroke Scale; CCA: common carotid artery; ICA: internal carotid artery.

Supplement S2: Comparison of the current study with previous studies on prevalence of ICA stenosis

## References

- 1. Admani AK, Mangion DM, Naik DR. Extracranial carotid artery stenosis: prevalence and associated risk factors in elderly stroke patients. *Atherosclerosis*. 1991;86(1):31-37. doi:10.1016/0021-9150(91)90096-L
- 2. Fairhead JF, Mehta Z, Rothwell PM. Population-based study of delays in carotid imaging and surgery and the risk of recurrent stroke. *Neurology*. 2005;65(3):371-375. doi:10.1212/01.WNL.0000170368.82460.b4
- 3. Ois A, Cuadrado-Godia E, Rodríguez-Campello A, Jimenez-Conde J, Roquer J. High risk of early neurological recurrence in symptomatic carotid stenosis. *Stroke*. 2009;40(8):2727-2731. doi:10.1161/STROKEAHA.109.548032