

Table S1 Literature Review Form				
Literature Review Form				
Reviewer		No.		
Title				
Authors				
Country				
Citation [Journal, Year; volume (issue); Page]				
Methods	<input type="checkbox"/> Case Report <input type="checkbox"/> Family Study <input type="checkbox"/> GWAS <input type="checkbox"/> Other: _____			
Selection	Reported a causal mutation for cerebrovascular disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Described the detailed phenotype of the patients:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Contained functional verification or prediction for the mutations:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Study Objects	<input type="checkbox"/> Patients <input type="checkbox"/> Animal objects			
Results	Sample size		Participants included, No:	
	Demographic characteristics (Ethnicity)			
	Diseases (%)			
	Exposure (Genetic mutations)	Gene:		
		Type of Mutation:		