

1 **PED procedure**

2 All patients were treated with standard dual-antiplatelet therapy (100 mg aspirin and 75
3 mg clopidogrel) at least 5 days before the procedure. Platelet function test
4 (Thromboelastography and Genotype of CYP2C19) was assessed to identify the
5 hyporesponders and the antiplatelet regimen would be further adjusted in these patients.

6 All procedures were performed under general anesthesia, and fully procedural
7 heparinization was used to achieve a targeted activated clotting time of 250–300 s. We
8 adopted a triaxial supporting system to access the aneurysm. The PED was introduced
9 through the Marksman microcatheter, delivered to the parent artery defect, and then
10 deployed. Several endovascular techniques (included use of wires, catheters or balloon
11 angioplasty) would be performed if the device was inadequately expanded. Following
12 stent delivery, control angiography was performed in the working angles for treatment,
13 as well as anterior-posterior and lateral angiography. After the procedure, dual
14 antiplatelet therapy was continued for 3-6 months followed by indefinite aspirin
15 monotherapy.

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