

## Supplemental Online Content

Shahjouei S, Li J, Koza E, et al. Risk of subsequent stroke among patients receiving outpatient vs inpatient care for transient ischemic attack: a systematic review and meta-analysis. *JAMA Netw Open*. 2022;5(1):e2136644. doi:10.1001/jamanetworkopen.2021.36644

### **eAppendix.** Search Protocols

**eTable 1.** Mixed-Effect Models Considering Different Possible Moderators

**eTable 2.** Mixed-Effect Model Considering ABCD<sup>2</sup> Scores

**eTable 3.** Excluded Studies

**eTable 4.** Heterogeneity and Risk of Stroke Assessment Based on Different Estimators

**eTable 5.** Comparison of Risk Estimates

**eTable 6.** Publication Bias Assessment

**eTable 7.** Risk-of-Bias Assessment Based on ROBINS-E Tool

**eFigure 1.** Funnel Plots

**eFigure 2.** Risk of Subsequent Ischemic Stroke Within 2 Days

**eFigure 3.** Risk of Subsequent Ischemic Stroke Within 30 Days

**eFigure 4.** Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 2 Days

**eFigure 5.** Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 7 Days

**eFigure 6.** Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 30 Days

**eFigure 7.** Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 90 Days

**eReferences.**

This supplemental material has been provided by the authors to give readers additional information about their work.

- 1. Medline via Ovid**
- 2. and All EBM reviews via Ovid**

**Statement 1 AND statement 2 AND statement 3 AND statement 4**

**Statement 1: Transient Ischemic Attack**

(exp Ischemic Attack, Transient/) or (transient isch?emic attack\$.mp.) or (TIA.mp.) or (transient neurologic\$ attack\$.mp.) or (TNA.mp.) or (mini-stroke.mp.) or (minor adj2 stroke.mp.) or (transient focal neurologic\$ symptom\$.mp.) or (transient focal neurologic\$ dysfunction\$.mp.)

**Statement 2: Care Setting - Format search as Part 1 or Part 2 or Part 3**

**Part 1**

(exp ambulatory care facilities/) or (ambulatory care facilit\$.mp.) or (clinic\$.mp.) or (exp Ambulatory Care/) or (exp Outpatient Clinics, Hospital/) or (exp Outpatients/) or (exp Mobile Health Units/) or (exp Outpatients/) or (exp Outpatient Clinics, Hospital/) or (exp Emergency Service, Hospital/) or (exp Monitoring, Ambulatory/) or (exp Self-Care Units/) or (exp Clinical Observation Units/) or (exp Secondary Prevention/) or ((initial or urgent or rapid or semi?urgent or emergency) adj3 (evaluation\$ or assessment\$ or care))

**Part 2**

(initial adj3 management\$.mp.) or (primary adj3 management\$.mp.) or ((rapid or urgent or semi?urgent) adj3 diagnos\$.mp.) or (model adj2 care\$.mp.) or (exp Triage/) or (post?TIA care.mp.) or (TIA adj2 consult\$.mp.) or (stroke adj2 specialist\$.mp.) or (stroke adj2 clinician\$) or (service location.mp.) or (service modification\$.mp.) or (service configuration.mp.) or (prevention\$ clinic\$.mp.) or (acute care.mp.) or (exp subacute care/) or (acute adj2 management.mp.) or (exp Disease Management/)

**Part 3**

(care resource\$.mp.) or (structure\$ adj2 program\$.mp.) or (exp referral and consultation/) or (disposition adj2 TIA.mp.) or (disposition adj2 transient isch?emic attack\$.mp.) or (disposition adj2 ED.mp.) or (disposition adj2 emergency department\$.mp.) or (exp caregivers/) or (care?giv\$.mp.) or (care?giver\$ effort\$.mp.) or (care?giver\$ guide\$.mp.) or (care?giver\$ practice\$.mp.) or (care?giver\$ team\$.mp.) or (pathway\$.mp.) or (pre?hospital\$.mp.) or (ambu\$lance\$.mp.) or (para?medic\$.mp.) or (risk\$ stratification\$.mp.)

**Statement 3: Outcomes - Subsequent Cerebral Ischemia, LOS, mortality, readmission**

(exp cerebrovascular disorders/) or (Hypoxia-Ischemia, Brain/) or (exp Brain Ischemia/) or (exp stroke/) or (exp cerebral infarction/) or (exp Brain Infarction/) or (Brain adj2 Infarct\$.mp.) or (endovascular.mp.) or (cerebr\$ artr\$ occlusion\$.mp.) or (cerebr\$ vascul\$infarct\$.mp.) or (cerebrovasc\$ infarct\$.mp.) or (cerebr\$ vasc\$ event\$.mp.) or (cerebral artr\$ infarct\$.mp.) or (cerebrovasc\$ event\$.mp.) or (cerebr\$ vasc\$ accident\$.mp.) or (cerebrovasc\$ accident\$.mp.) or (cva.mp.) or (cerebr\$ infarct\$.mp.) or (cerebr\$ isch?emia\$.mp.) or (medullary infarct\$.mp.) or (subsequent adj2 stroke.mp.) or (recur\$ adj2 stroke.mp.) or (minor adj2 stroke) or (recur\$ adj2 isch?emia.mp.) or (length adj3 stay) or (exp mortality/) or (exp death/) or (re?admission\$ adj2 stroke) or exp patient readmission/ or exp length of stay/ or (exp Survival/) or survival.mp

**Statement 4: Methods of measuring/assessing – Format search as: Part 1 or Part 2 or Part 3 or Part 4 or Part 5 or Part 6 or Part 7**

**Part 1**

(evaluation studies/) or (evaluation studies as topic/) or ("evaluation studies".pt.) or ("validation studies".pt.) or (exp evaluation studies as topic/) or (Pilot projects/) or (program evaluation/) or (validation studies as topic/) or (Intervention Studies/) or (((pre- adj5 post-) or (pretest adj5 posttest)) and (program\$ adj6 evaluat\$))

**Part 2**

comparative study.pt or (before adj3 after) or prognos\$ or prediction\$ or predictor\$ or (disease adj3 (course or progression))

#### Part 3

(modifier\$1) or (mediator\$1) or (natural histor\$) or ((precision or individuali?ed or personali?ed or stratified or systems) adj3 medicine) or (exp models, statistical/) or cohort\$ or (follow-up\$ adj3 stud\$) or case?control or case?controlled

#### Part 4

((prospective\$ or longitudinal or observation\$) adj3 stud\$) or time series.mp or (exp incidence/) or (exp follow-up studies/) or registries/ or (systematic review) or (structured review.ti.) or (exp Clinical Trials as Topic/) or (clinical trial\$) or (randomised controlled trial\$) or (randomised trial\$) or (workgroup\$) or (Practice Guideline/) or (standard\$ adj3 reporting)

#### Part 5

congresses.pt or Delphi Technique/ or (consensus development conference.pt) or (priorit\$ symptom\$) or (endpoint determination/) or (consensus development conference/) or (patient participation/) or consensus.mp or workshop or (Consensus Development Conferences, NIH as Topic/) or outcome\$ or (end point\$) or (core adj3 set) or (treatment emergent problem\$) or (exp outcome Assessment Health Care/) or (Treatment Outcome/) or (Quality of Life/) or (patient\$ adj2 perspective\$)

#### Part 6

(clinical trial) adj 4 design\$ or (exp patient outcome assessment/) or (exp delivery of health care/) or (exp epidemiologic studies/) or (exp clinical pathway/) or (exp clinical protocol/) or (exp consensus/) or (exp consensus development conference/) or (exp consensus development conferences as topic/) or (critical pathways/) or (exp guideline/) or (guidelines as topic/) or (exp practice guideline/) or (practice guidelines as topic/) or (health planning guidelines/) or (exp treatment guidelines/) or (guideline or practice guideline or consensus development conference or consensus development conference, NIH).pt

#### Part 7

position statement\$ or policy statement\$ or practice parameter\$ or best practice\$ or standards or guideline\$ or consensus\$ or ((critical or clinical or practice) adj2 (path or paths or pathway or pathways or protocol\$)) or recommendation\$ or (care adj2 (standard or path or paths or pathway or pathways or map or maps or plan or plans)) or (algorithm\$ adj4 (screening or examination or test or tested or testing or assessment\$ or diagnos?s or pharmacotherap\$ or chemotherap\$ or chemotreatment\$ or therap\$ or treatment\$ or intervention\$)) or (predict\$.mp.) or (scor\$.tw.)

### 3. Web of Science via Clarivate Analytics

**Refined by: WEB OF SCIENCE CATEGORIES:** (CLINICAL NEUROLOGY OR PERIPHERAL VASCULAR DISEASE OR NEUROSCIENCES OR RADIOLOGY NUCLEAR MEDICINE MEDICAL IMAGING OR NEUROIMAGING OR REHABILITATION)

#### Statement 1 AND Statement 2 AND Statement 3

##### Statement 1: Transient Ischemic Attack

("Transient Ischemic Attack") OR ("transient isch?emic attack\*") OR (TIA) OR ("transient neurologic\* attack\*") OR (TNA) OR (mini?stroke) OR (minor stroke) OR ("transient focal neurologic\* symptom\*") OR ("transient focal neurologic\* dysfunction\*")

##### Statement 2: Care Setting - Part 1 OR Part 2 OR Part 3

###### Part 1

("ambulatory care facilit\*") OR (clinic\*) OR ("Ambulatory Care") OR ("Outpatient Clinic\*") OR (Outpatients) OR ("Mobile Health Unit\*") OR ("Emergency Service") OR ("Ambulatory Monitoring") OR ("Clinical Observation\* Unit\*") OR ((initial OR urgent OR rapid OR semi?urgent OR emergency) AND (evaluation\* OR assessment\* OR care))

###### Part 2

(initial management\*) OR (primary management\*) OR (rapid diagnosis) OR (urgent diagnosis) OR (semi?urgent diagnosis) OR (Triage) OR ("post?TIA care") OR ("prevention\* clinic\*") OR ((acute OR sub?acute OR Urgent OR semi?urgent OR rapid OR fast OR initial) AND (care OR management)) OR ("Disease Management")

#### Part 3

("care resource\*") OR (structure\* W/2 program\*) OR (referral) OR (consultation) OR (disposition W/2 TIA) OR (disposition AND ("transient isch?emic attack\*" OR ED OR "emergency department\*")) OR (caregivers) OR (pathway\*) OR (pre?hospital\*) OR (ambu\*lance\*) OR (para?medic\*) OR (risk\* stratification\*)

### **Statement 3: Outcomes - Subsequent Cerebral Ischemia, LOS, mortality, readmission**

("cerebrovascular disorder\*") OR ("Brain Ischemia") OR ("ischemic brain injury") OR (stroke) OR ("cerebral infarction") OR ("Brain Infarction\*") OR ("cerebr\* artr\* occlusion\*") OR ("cerebr\* vascul\*infarct\*") OR ("cerebrovasc\* infarct\*") OR ("cerebr\* vasc\* event\*") OR ("cerebral artr\* infarct\*") OR ("cerebrovasc\* event\*") OR ("cerebr\* vasc\* accident\*") OR ("cerebrovasc\* accident\*") OR (cva) OR ("cerebr\* infarct\*") OR ("cerebr\* isch?emia\*") OR ("medullary infarct\*") OR ((subsequent OR recur\* OR minor) AND (stroke OR isch?emia)) OR (length ? stay) OR (mortality) OR (death) OR (re?admission\* ? stroke) OR ("patient readmission") OR ("length of stay") OR (Survival)

## **4. EMBASE**

### **Statement 1 AND statement 2 AND statement 3 AND statement 4**

#### **Statement 1: Transient Ischemic Attack**

transient AND ischemic AND attack OR (transient AND ischemic AND attack.mp.) OR tia.mp. OR tna.mp. OR 'mini stroke.mp.' OR (minor AND stroke) OR (transient AND focal AND neurologic AND symptom.mp.) OR (transient AND focal AND neurologic AND dysfunction.mp.)

#### **Statement 2: Care Setting- Format search as Part 1 or Part 2 or Part 3**

##### Part 1

(exp ambulatory care facilities/) or (ambulatory care facilit\$.mp.) or (clinic\$.mp.) or (exp Ambulatory Care/) or (exp Outpatient Clinics) or (exp Outpatients/) or (exp Outpatients/) or (exp Outpatient Clinics/) or (exp Emergency Service/) or (exp Clinical Observation Units/) or ((initial or urgent or rapid or semi?urgent or emergency) adj3 (evaluation\$ or assessment\$ or care))

##### Part 2

(initial adj3 management\$.mp) or (primary adj3 management\$.mp.) or ((rapid or urgent or semi?urgent) adj3 diagnos\$.mp) or (model adj2 care\$.mp.) or (exp Triage/) or (post?TIA care.mp.) or (TIA adj2 consult\$.mp.) or (stroke adj2 specialist\$.mp.) or (stroke adj2 clinician\$) or (service location.mp.) or (service modification\$.mp.) or (service configuration.mp.) or (prevention\$ clinic\$.mp) or (acute care.mp.) or (exp subacute care/) or (acute adj2 management.mp.) or (exp Disease Management/)

##### Part 3

(care resource\$.mp) or (structure\$ adj2 program\$.mp.) or (exp referral and consultation/) or (disposition adj2 TIA.mp.) or (disposition adj2 transient isch?emic attack\$.mp.) or (disposition adj2 ED.mp.) or (disposition adj2 emergency department\$.mp.) or (exp caregivers/) or (care?giv\$.mp.) or (care?giver\$ effort\$.mp) or (care?giver\$ guide\$.mp.) or (care?giver\$ practice\$.mp.) or (care?giver\$ team\$.mp.) or (pathway\$.mp) or (pre?hospital\$.mp.) or (ambu\$lance\$.mp.) or (para?medic\$.mp.) or (risk\$ stratification\$.mp.)

### **Statement 3: Outcomes - Subsequent Cerebral Ischemia, LOS, mortality, readmission**

(exp cerebrovascular disorders/) or (exp Brain Ischemia/) or (exp stroke/) or (exp cerebral infarction/) or (exp Brain Infarction/) or (Brain adj2 Infarct\$.mp.) or (endovascular.mp.) or (cerebr\$ artr\$ occlusion\$.mp.) or (cerebr\$ vascul\$infarct\$.mp) or (cerebrovasc\$ infarct\$.mp.) or (cerebr\$ vasc\$ event\$.mp.) or (cerebral artr\$ infarct\$.mp.) or (cerebrovasc\$ event\$.mp.) or (cerebr\$ vasc\$ accident\$.mp.) or (cerebrovasc\$ accident\$.mp.) or (cva.mp.) or (cerebr\$

infarct\$.mp) or (cerebr\$ isch?emia\$.mp.) or (medullary infarct\$.mp.) or (subsequent adj2 stroke.mp.) or (recur\$ adj2 stroke.mp) or (minor adj2 stroke) or (recur\$ adj2 isch?emia.mp.) or (length adj3 stay) or (exp mortality/) or (exp death/) or (re?admission\$ adj2 stroke) or exp patient readmission/ or exp length of stay/ or (exp Survival/) or survival.mp

**Statement 4: Methods of measuring/assessing – Format search as: Part 1 or Part 2 or Part 3 or Part 4 or Part 5 or Part 6 or Part 7**

Part 1

(evaluation studies/) or (evaluation studies as topic/) or ("evaluation studies".pt.) or ("validation studies".pt.) or (exp evaluation studies as topic/) or (Pilot projects/) or (program evaluation/) or (validation studies as topic/) or (Intervention Studies/) or (((pre- adj5 post-) or (pretest adj5 posttest)) and (program\$ adj6 evaluat\$))

Part 2

comparative study.pt or (before adj3 after) or prognos\$ or prediction\$ or predictor\$ or (disease adj3 (course or progression))

Part 3

(modifier\$1) or (mediator\$1) or (natural histor\$) or ((precision or individuali?ed or personali?ed or stratified or systems) adj3 medicine) or cohort\$ or (follow-up\$ adj3 stud\$) or case?control or case?controlled

Part 4

((prospective\$ or longitudinal or observation\$) adj3 stud\$) or time series.mp or (exp incidence/) or (exp follow-up studies/) or registries/ or (systematic review) or (structured review.ti.) or (exp Clinical Trials as Topic/) or (clinical trial\$) or (randomised controlled trial\$) or (randomised trial\$) or (workgroup\$) or (Practice Guideline/) or (standard\$ adj3 reporting)

Part 5

congresses.pt or Delphi Technique/ or (consensus development conference.pt) or (priorit\$ symptom\$) or (endpoint determination/) or (consensus development conference/) or (patient participation/) or consensus.mp or workshop or (Consensus Development Conferences, NIH as Topic/) or outcome\$ or (end point\$) or (core adj3 set) or (treatment emergent problem\$) or (exp outcome Assessment Health Care/) or (Treatment Outcome/) or (Quality of Life/) or (patient\$ adj2 perspective\$)

Part 6

(clinical trial) adj 4 design\$ or (exp patient outcome assessment/) or (exp delivery of health care/) or (exp epidemiologic studies/) or (exp clinical pathway/) or (exp clinical protocol/) or (exp consensus/) or (exp consensus development conference/) or (exp consensus development conferences as topic/) or (critical pathways/) or (exp guideline/) or (guidelines as topic/) or (exp practice guideline/) or (practice guidelines as topic/) or (health planning guidelines/) or (exp treatment guidelines/) or (guideline or practice guideline or consensus development conference or consensus development conference, NIH).pt

Part 7

position statement\$ or policy statement\$ or practice parameter\$ or best practice\$ or standards or guideline\$ or consensus\$ or ((critical or clinical or practice) adj2 (path or paths or pathway or pathways or protocol\$)) or recommendation\$ or (care adj2 (standard or path or paths or pathway or pathways or map or maps or plan or plans)) or (algorithm\$ adj4 (screening or examination or test or tested or testing or assessment\$ or diagnos?s or pharmacotherap\$ or chemotherap\$ or chemotreatment\$ or therap\$ or treatment\$ or intervention\$)) or (predict\$.mp.) or (scor\$.tw.)

## 5. Scopus via Ebsco

### TITLE-ABS-KEY (Statement 1 AND Statement 2 AND Statement 3)

#### Statement 1: Transient Ischemic Attack

{Transient Ischemic Attack} OR {TIA} OR {transient neurological attack} OR {TNA} OR {minor stroke} OR {transient focal neurological symptom}

#### Statement 2: Care Setting

{clinic} OR {outpatient} OR {out-patient} OR {ambulatory care}

#### Statement 3: Outcomes

{Brain ischemia} OR {Brain infarction} OR {Stroke} OR {cerebral infarction} OR {ischemic brain injury} OR {death} OR {length of stay}

## 6. International Clinical Trials Registry Platform (ICTRP) search portal

("Transient ischemic attack" OR TIA OR "transient neurologic attack" OR TNA OR "mini stroke" OR "minor stroke") AND (outpatient OR "out patient" OR "clinic") AND ("cerebral infarction" OR "brain ischemia" OR stroke OR "cerebrovascular accident" OR death)

## 7. Clinicaltrial.gov

("Transient ischemic attack" OR TIA OR "transient neurologic attack" OR TNA OR "mini stroke" OR "minor stroke") AND (outpatient OR "out patient" OR "clinic")

## 8. Trip database

P: "Transient ischemic attack" OR TIA OR "transient neurologic attack" OR TNA OR "mini stroke" OR "minor stroke"

I: outpatient OR "out patient" OR "clinic"

C: inpatient OR admit OR hospitalization

O: "cerebral infarction" OR "brain ischemia" OR stroke OR "cerebrovascular accident" OR death)

## 9. CINAHL Complete

("Transient ischemic attack" OR TIA OR "transient neurologic attack" OR TNA OR "mini stroke" OR "minor stroke") AND (outpatient OR "out patient" OR "clinic" ) AND ("cerebral infarction" OR "brain ischemia" OR stroke OR "cerebrovascular accident" OR death)

**eTable 1. Mixed-Effect Models Considering Different Possible Moderators**

<i>Estimate</i> <i>Moderator</i>	<b>\$b</b> Outcome Estimate	<b>\$se</b> Standard Error	<b>\$zval</b> Z-value	<b>\$pval</b> P-value	<b>\$ci.lb</b> Lower Border of Confidence Interval	<b>\$ci.ub</b> Upper Border of Confidence Interval	<b>\$I2</b> Residual Heterogeneity / Unaccounted Variability	<b>\$H2</b> Unaccounted Variability / Sampling Variability
<i>No Moderator</i>	0.1818	0.0056	32.609	<.0001	0.1709	0.1927	96.03%	25.22
<i>Evaluation Interval</i>	0.0006	0.0001	4.4624	<.0001	0.0003	0.0009	95.15%	20.63
<i>Study Design</i>	-0.0242	0.0137	-1.7628	0.0779	-0.051	0.0027	95.71%	23.29
<i>Patient Recruitment</i>	-0.0438	0.0074	-5.898	<.0001	-0.0584	-0.0293	95.36%	21.54
<i>ABCD2 Score</i>	0.0015	0.0006	2.5058	0.0122	0.0003	0.0026	89.66%	9.67
<i>Setting of Management</i>	0.0292	0.0046	6.3724	<.0001	0.0202	0.0381	94.01%	16.69

Evaluation interval was considered within 2, 7, 30, and 90 days; Study design was defined as prospective vs. retrospective; Patient recruitment was defined as before 2007, between 2007 and 2007, and after 2007; ABCD2 score was defined as percentage of patients in each cohort who had score of <4 vs. ≥4; Setting of Management was defined as specified and unspecified. Restricted Maximum Likelihood (REML) was considered as estimator of all models.

**eTable 2. Mixed-Effect Model Considering ABCD<sup>2</sup> Scores**

Setting	Test	Parameter	Among all cohorts*	Within 2 days †	Within 7 days	Within 30 days	Within 90 days
TIA Clinic	Omnibus Test	QM	0.3430	...	0.0218	0.0957	2.8608
		df	1	...	2	2	1
		Pvalue	0.5581	...	0.8826	0.7570	0.0908
	Mixed-Effect Model	K	13	6	3	3	5
		τ <sup>2</sup> estimator	REML	REML	REML	REML	REML
		τ <sup>2</sup>	0.0008 (SE = 0.0007)	0.0009 (SE = 0.0016)	0.0006 (SE = 0.0098)	0 (SE = 0.0008)	0.0004 (SE = 0.0008)
		I <sup>2</sup>	59.10%	37.57%	9.36%	0.00%	41.51%
		H <sup>2</sup>	2.45	1.60	1.10	1.00	1.71
		R <sup>2</sup>	0.00%	...	0.00%	0.00%	48.17%
	Model result	Zval	0.5856	4.1091	-0.1477	0.3094	1.6914
		Pvalue	0.5581	<.0001	0.8826	0.7570	0.0908
	Residual Heterogeneity	QE	26.4096	6.8685	1.1033	0.1859	4.5864
		df	11	5	1	1	2
		Pvalue	0.0056	0.2306	0.2935	0.6663	0.2047
	Inpatient	Omnibus Test	QM	1.0958	0.9162	0.0004	1.7145
df			1	1	1	1	2
Pvalue			0.2952	0.3385	0.9841	0.1904	0.0161
Mixed-Effect Model		K	15	4	3	4	4
		τ <sup>2</sup> estimator	REML	REML	REML	REML	REML
		τ <sup>2</sup>	0.0021 (SE = 0.0012)	0.0014 (SE = 0.0024)	0 (SE = 0.0082)	0.0030 (SE = 0.0037)	0 (SE = 0.0007)
		I <sup>2</sup>	72.32%	58.28%	0.00%	81.25%	0.00%
		H <sup>2</sup>	3.61	2.40	1.00	5.33	1.00
		R <sup>2</sup>	4.62%	10.55%	0.00%	27.48%	100.00%
Model result		Zval	-1.0468	-0.9572	0.0200	-1.3094	-2.4069
		Pvalue	0.2952	0.3385	0.9841	0.1904	0.0161
Residual Heterogeneity		QE	49.0157	0.0878	0.0147	11.4143	0.7443
		df	13	2	1	2	2
		Pvalue	< .0001	4.8661	0.9034	0.0033	0.6893

\* All cohorts evaluated in different intervals were entered to the model.

† Data were sparse for outcome of TIA clinic cohort within 2 days

There were inadequate data for running a model for outcome of patients treated in TIA clinics within two days of index TIA. DL, DerSimonian and Laird. QM, indicates test statistic for the omnibus test of coefficients; df, degree of freedom; K, number of outcomes included in the model fitting; τ<sup>2</sup>, estimated amount of residual heterogeneity; I<sup>2</sup> statistic, residual heterogeneity / unaccounted variability; H<sup>2</sup>, unaccounted variability / sampling variability; R<sup>2</sup>, amount of heterogeneity accounted.

Setting	Test	Parameter	Among all cohorts	Within 2 days	Within 7 days	Within 30 days	Within 90 days
Emergency Department	Omnibus Test	QM	9.6061	3.5343	7.2329	1.4271	1.8490
		df	2	1	1	2	1



		<b>Pvalue</b>	0.0019	0.0601	0.0072	0.2322	0.1739
	<b>Mixed-Effect Model</b>	<b>K</b>	13	4	3	3	3
		<b><math>\tau^2</math> estimator</b>	REML	REML	REML	REML	REML
		<b><math>\tau^2</math></b>	0.0002 (SE = 0.0004)	0 (SE = 0.0011)	0.0001 (SE = 0.0014)	0 (SE = 0.0014)	0 (SE = 0.0014)
		<b>I2</b>	15.24%	0.00%	9.37%	0.00%	0.00%
		<b>H2</b>	1.18	1.00	1.10	1.00	1.00
		<b>R2</b>	76.65%	100.00%	97.38%	100.00%	100.00%
	<b>Model result</b>	<b>Zval</b>	3.0994	1.8800	2.6894	1.1946	1.3598
		<b>Pvalue</b>	0.0019	0.0601	0.0072	0.2322	0.1739
	<b>Residual Heterogeneity</b>	<b>QE</b>	10.4228	0.7267	1.1033	0.7898	0.4800
		<b>df</b>	11	2	1	1	1
		<b>Pvalue</b>	0.4928	0.6953	0.2935	0.0711	0.4884
<b>Unspecified Setting</b>	<b>Omnibus Test</b>	<b>QM</b>	0.6934	9.3576	2.1743	5.9495	0.0016
		<b>df</b>	1	2	1	1	1
		<b>Pvalue</b>	0.4050	0.0022	0.1403	0.0147	0.9686
	<b>Mixed-Effect Model</b>	<b>K</b>	22	4	2	3	9
		<b><math>\tau^2</math> estimator</b>	REML	REML	REML	REML	REML
		<b><math>\tau^2</math></b>	0.0058 (SE = 0.0020)	0.0000 (SE = 0.0003)	0.0042 (SE = 0.0033)	0 (SE = 0.0005)	0.0089 (SE = 0.0051)
		<b>I2</b>	94.34%	0.70%	91.78%	0.00%	95.21%
		<b>H2</b>	17.67	1.01	12.16	1.00	20.87
		<b>R2</b>	0.00%	99.86%	23.55%	100.00%	0.00%
	<b>Model result</b>	<b>Zval</b>	0.8327	3.0590	1.4746	2.4392	0.0394
		<b>Pvalue</b>	0.4050	0.0022	0.1403	0.0147	0.9686
	<b>Residual Heterogeneity</b>	<b>QE</b>	252.4444	1.9189	28.7424	0.0518	93.2917
		<b>df</b>	20	2	4	1	7
		<b>Pvalue</b>	< .0001	0.3831	< .0001	0.8200	< .0001

\* All cohorts evaluated in different intervals were entered to the model.

There were inadequate data for running a model for outcome of patients treated in TIA clinics within two days of index TIA. DL, DerSimonian and Laird. QM, indicates test statistic for the omnibus test of coefficients; df, degree of freedom; K, number of outcomes included in the model fitting;  $\tau^2$ , estimated amount of residual heterogeneity; I2 statistic, residual heterogeneity / unaccounted variability; H2, unaccounted variability / sampling variability; R2, amount of heterogeneity accounted.

**eTable 3. Excluded Studies**

<b>Study</b>	<b>Reason for exclusion</b>	<b>Replaced study</b>
<b>Akijian et al., 2017<sup>1</sup></b>	Duplicate Data (North Dublin Stroke Study)	Sheehan et al., 2010 <sup>2</sup>
<b>Amarenco et al., 2012<sup>3</sup></b>	Duplicate Data (SOS-TIA)	Lavallée et al., 2017 <sup>4</sup>
<b>Amarenco et al., 2016<sup>5</sup></b>	No Outcome of Interest	
<b>Amarenco et al., 2018<sup>6</sup></b>	No Outcome of Interest	
<b>Amort et al., 2011<sup>7</sup></b>	Duplicate Data (Basel Stroke Unit Program)	Engelter et al., 2012 <sup>8</sup>
<b>Arhami Dolatabadi et al., 2013<sup>9</sup></b>	Evaluation Time Not Available	
<b>Arling et al., 2019<sup>10</sup></b>	No Outcome of Interest	
<b>Baker et al., 1968<sup>11</sup></b>	Evaluation Time Not Available	
<b>Banerjee et al., 2009<sup>12</sup></b>	No Outcome of Interest	
<b>Barber et al., 2016<sup>13</sup></b>	No Outcome of Interest	
<b>Barton et al., 2017<sup>14</sup></b>	No Outcome of Interest	
<b>Benavente et al. 2013<sup>15</sup></b>	No Outcome of Interest	
<b>Birns et al. 2006<sup>16</sup></b>	No Outcome of Interest	
<b>Boden-Albala et al., 2019<sup>17</sup></b>	No Outcome of Interest	
<b>Bose et al., 2017<sup>18</sup></b>	Review Article	
<b>Bots et al., 1997<sup>19</sup></b>	Evaluation Time Not Available	
<b>Boulanger et al., 2018<sup>20</sup></b>	Guideline or Study Design Descriptions	
<b>Bradley et al., 2013<sup>21</sup></b>	No Outcome of Interest	
<b>Brainin et al., 1995<sup>22</sup></b>	Stroke Diagnosis Prior to Index Event	
<b>Bravata et al., 2018<sup>23</sup></b>	No Outcome of Interest	
<b>Bravata et al., 2019<sup>24</sup></b>	No Outcome of Interest	
<b>Burn et al., 1994<sup>25</sup></b>	Duplicate Data (OCSP)	Johnston et al., 2007 <sup>26</sup>
<b>Calvet et al., 2007<sup>27</sup></b>	Duplicate Data	Calvet et al., 2009 <sup>28</sup>
<b>Cameron et al., 2011<sup>29</sup></b>	No Outcome of Interest	
<b>Candelise et al., 1986<sup>30</sup></b>	Evaluation Time Not Available	
<b>Chandratheva et al., 2010<sup>31</sup></b>	Duplicate Data (OXVASC)	Johnston et al., 2007 <sup>26</sup>
<b>Chang et al., 2017<sup>32</sup></b>	Review Article	
<b>Clissold et al., 2020<sup>33</sup></b>	Review Article	
<b>Cosker et al., 2015<sup>34</sup></b>	No Outcome of Interest	
<b>Couillard et al., 2009<sup>35</sup></b>	Review Article	
<b>Coull et al., 2004<sup>36</sup></b>	Duplicate Data (OXVASC)	Johnston et al., 2007 <sup>26</sup>
<b>Cruz-Flores et al., 2017<sup>37</sup></b>	Guideline or Study Design Descriptions	
<b>Dawson et al., 2008<sup>38</sup></b>	No Outcome of Interest	
<b>Dennis et al., 1989<sup>39</sup></b>	Review Article	
<b>Dennis et al., 1990<sup>40</sup></b>	Duplicate Data (OCSP)	Johnston et al., 2007 <sup>26</sup>
<b>Dennis et al., 1989<sup>39</sup></b>	Duplicate Data (OCSP)	Johnston et al., 2007 <sup>26</sup>
<b>Dolmans et al. 2019<sup>41</sup></b>	Review Article	
<b>Dutta et al. 2016<sup>42</sup></b>	No Outcome of Interest	
<b>Edlow et al., 2018<sup>43</sup></b>	Guideline or Study Design Descriptions	
<b>Eliasziw et al., 1995<sup>44</sup></b>	Evaluation Time Not Available	
<b>Evans et al., 1994<sup>45</sup></b>	Evaluation Time Not Available	
<b>Falke et al., 1994<sup>46</sup></b>	Evaluation Time Not Available	
<b>Feigin et al., 2000<sup>47</sup></b>	No Outcome of Interest	
<b>Ferro et al. 1994<sup>48</sup></b>	Outcome Reported as TIA or Stroke Recurrence	
<b>Fiorelli et al., 1995<sup>49</sup></b>	No Outcome of Interest	
<b>Floßmann et al., 2003<sup>50</sup></b>	Review Article	
<b>Fratiglioni et al., 1989<sup>51</sup></b>	No Outcome of Interest	
<b>Fratiglioni et al., 1991<sup>52</sup></b>	No Outcome of Interest	
<b>Friday et al., 1997<sup>53</sup></b>	Evaluation Time Not Available	

<b>Study</b>	<b>Reason for exclusion</b>	<b>Replaced study</b>
<b>Genesseaux et al.,</b> <sup>54</sup>	Guideline or Study Design Descriptions	
<b>Giles et al., 2006</b> <sup>55</sup>	Review Article	
<b>Giles et al., 2007</b> <sup>56</sup>	Review Article	
<b>Gilles et al. 2007</b> <sup>57</sup>	Study Cohort Includes Patients without Cerebral Ischemia	
<b>Gommans et al. 2009</b> <sup>58</sup>	Guideline or Study Design Descriptions	
<b>Graham et al. 2019</b> <sup>59</sup>	Study Cohort Includes Patients without Cerebral Ischemia	
<b>Griffith et al. 2014</b> <sup>60</sup>	Study Cohort Includes Patients without Cerebral Ischemia	
<b>Gulli et al., 2013</b> <sup>61</sup>	Evaluation Time Not Available	
<b>Hankey et al., 1991</b> <sup>62</sup>	Evaluation Time Not Available	
<b>Hankey et al., 1992</b> <sup>63</sup>	Evaluation Time Not Available	
<b>Hayashi et al. 2014</b> <sup>64</sup>	Evaluation Time Not Available	
<b>Hier et al., 1991</b> <sup>65</sup>	No Outcome of Interest	
<b>Holzer et al., 2010</b> <sup>66</sup>	Evaluation Time Not Available	
<b>Hörer et al., 2011</b> <sup>67</sup>	Outcome Reported as TIA or Stroke Recurrence	
<b>Hoshino et al., 2013</b> <sup>68</sup>	Stroke Diagnosis Prior to Index Event	
<b>Hoshino et al., 2013</b> <sup>69</sup>	Stroke Diagnosis Prior to Index Event	
<b>Hosier et al. 2016</b> <sup>70</sup>	No Outcome of Interest	
<b>Howard et al., 1987</b> <sup>71</sup>	Evaluation Time Not Available	
<b>Jeerakathil et al., 2014</b> <sup>72</sup>	Guideline or Study Design Descriptions	
<b>Johnson et al. 1986</b> <sup>73</sup>	Evaluation Time Not Available	
<b>Johnston et al., 2000</b> <sup>74</sup>	Duplicate Data (KMPCP)	Johnston et al., 2007 <sup>26</sup>
<b>Joundi et al. 2017</b> <sup>75</sup>	Review Article	
<b>Kandiyali et al. 2017</b> <sup>76</sup>	Review Article	
<b>Karpal et al. 2016</b> <sup>77</sup>	Outcome Reported as TIA or Stroke Recurrence	
<b>Kernan et al., 2000</b> <sup>78</sup>	No Outcome of Interest	
<b>Kimura et al., 2004</b> <sup>79</sup>	Evaluation Time Not Available	
<b>Kokubo, 2014</b> <sup>80</sup>	Review Article	
<b>Lai et al. 1990,</b> <sup>81</sup>	No Outcome of Interest	
<b>Lavallée et al., 2007</b> <sup>82</sup>	Duplicate Data(SOS-TIA)	Lavallée et al., 2017 <sup>4</sup>
<b>Lee et al. 2015</b> <sup>83</sup>	No Outcome of Interest	
<b>Lesenskyj et al. 2016</b> <sup>84</sup>	No Outcome of Interest	
<b>Levi et al., 2019</b> <sup>85</sup>	Guideline or Study Design Descriptions	
<b>Loeb et al. 1978</b> <sup>86</sup>	Evaluation Time Not Available	
<b>Lovette et al. 2003</b> <sup>87</sup>	Duplicate Data(OCSP)	Johnston et al., 2007 <sup>26</sup>
<b>Luengo-Fernandez et al. 2013</b> <sup>88</sup>	No Outcome of Interest	
<b>Madsen et al. 2019</b> <sup>89</sup>	Commentary	
<b>Magin et al. 2013</b> <sup>90</sup>	No Outcome of Interest	
<b>Martí-Vilalta et al., 1979</b> <sup>91</sup>	Evaluation Time Not Available	
<b>Mas et al., 1995</b> <sup>92</sup>	Evaluation Time Not Available	
<b>Mendelowitz et al., 1981</b> <sup>93</sup>	Outcome Reported as TIA or Stroke Recurrence	
<b>Merwick et al. 2011</b> <sup>94</sup>	Review Article	
<b>Mettinger et al., 1984</b> <sup>95</sup>	Evaluation Time Not Available	
<b>Miller et al., 1975</b> <sup>96</sup>	Evaluation Time Not Available	
<b>Mortel et al., 1996</b> <sup>97</sup>	Evaluation Time Not Available	
<b>Muuronen et al., 1982</b> <sup>98</sup>	Evaluation Time Not Available	
<b>Noris et al., 1991</b> <sup>99</sup>	Review Article	
<b>O'Brien et al., 2015</b> <sup>100</sup>	Evaluation Time Not Available	
<b>Ois et al., 2019</b> <sup>101</sup>	Evaluation Time Not Available	
<b>Ong et al. 2010</b> <sup>102</sup>	No Outcome of Interest	
<b>Park et al. 2017</b> <sup>103</sup>	No Outcome of Interest	
<b>Pendlebury et al., 2009</b> <sup>104</sup>	Review Article	

<b>Study</b>	<b>Reason for exclusion</b>	<b>Replaced study</b>
<b>Purroy et al., 2012</b> <sup>105</sup>	Evaluation Time Not Available	
<b>Purroy et al., 2013</b> <sup>106</sup>	Duplicate Data (PROMAPA)	Purroy et al., 2014 <sup>107</sup>
<b>Redgrave et al., 2007</b> <sup>108</sup>	Review Article	
<b>Rhoads et al., 1980</b> <sup>109</sup>	Evaluation Time Not Available	
<b>Rooji et al. 2012</b> <sup>110</sup>	Guideline or Study Design Descriptions	
<b>Rothwell et al., 2003</b> <sup>111</sup>	Review Article	
<b>Rothwell et al., 2005</b> <sup>112</sup>	Duplicate Data (OXVASC, OCSP)	Johnston et al., 2007 <sup>26</sup>
<b>Rothwell et al., 2005</b> <sup>113</sup>	Duplicate Data (OXVASC, OCSP)	Johnston et al., 2007 <sup>26</sup>
<b>Sales et al. 2015</b> <sup>114</sup>	No Outcome of Interest	
<b>Sanossian et al., 2008</b> <sup>115</sup>	Review Article	
<b>Shah et al., 2008</b> <sup>116</sup>	Review Article	
<b>Shah et al., 1995</b> <sup>117</sup>	No Outcome of Interest	
<b>Simonsen et al., 1981</b> <sup>118</sup>	Evaluation Time Not Available	
<b>Sobel et al., 1989</b> <sup>119</sup>	Evaluation Time Not Available	
<b>Stead et al., 2009</b> <sup>120</sup>	Duplicate Data (EDOU)	Stead et al., 2011 <sup>121</sup>
<b>Streifler et al., 1995</b> <sup>122</sup>	Evaluation Time Not Available	
<b>Terént et al., 1980</b> <sup>123</sup>	Evaluation Time Not Available	
<b>Terént et al., 1989</b> <sup>124</sup>	Evaluation Time Not Available	
<b>Thacker et al., 2010</b> <sup>125</sup>	Stroke Diagnosis Prior to Index Event	
<b>Tomari et al. 2020</b> <sup>126</sup>	No Outcome of Interest	
<b>Toole et al., 1978</b> <sup>127</sup>	Evaluation Time Not Available	
<b>Torres Macho et al. 2011</b> <sup>128</sup>	Outcome Reported as TIA or Stroke Recurrence	
<b>Tsuda et al., 1983</b> <sup>129</sup>	Evaluation Time Not Available	
<b>Ueda et al., 1987</b> <sup>130</sup>	Evaluation Time Not Available	
<b>Valls et al., 2017</b> <sup>131</sup>	Review Article	
<b>Vandenbussche et al. 2017</b> <sup>132</sup>	Outcome Reported as TIA or Stroke Recurrence	
<b>Vilanova et al., 2015</b> <sup>133</sup>	Evaluation Time Not Available	
<b>Vrethem et al., 1990</b> <sup>134</sup>	Evaluation Time Not Available	
<b>Walker et al. 2012</b> <sup>135</sup>	No Outcome of Interest	
<b>Warrior et al. 2011</b> <sup>136</sup>	Review article	
<b>Weber et al. 2009</b> <sup>137</sup>	Review Article	
<b>Webster et al. 2011</b> <sup>138</sup>	No Outcome of Interest	
<b>Weimar et al., 2010</b> <sup>139</sup>	Evaluation Time Not Available	
<b>Weisberg et al., 1991</b> <sup>140</sup>	Evaluation Time Not Available	
<b>Whisnant et al., 1987</b> <sup>141</sup>	Evaluation Time Not Available	
<b>Widjaja et al. 2004</b> <sup>142</sup>	No Outcome of Interest	
<b>Wijk et al., 2005</b> <sup>143</sup>	Evaluation Time Not Available	
<b>Wu et al., 2007</b> <sup>144</sup>	Review Article	
<b>Zhong et al. 2016</b> <sup>145</sup>	Review Article	

**eTable 4. Heterogeneity and Risk of Stroke Assessment Based on Different Estimators**

Setting	Estimator	Within 2 Days						Within 7 Days					
		Q	P	I2	Risk	Lower CI	Upper CI	Q	P	I2	Risk	Lower CI	Upper CI
TIA Clinic	DL	6.868	0.231	27.204	0.003	0.000	0.011	7.411	0.284	19.041	0.010	0.003	0.019
TIA Clinic	HE	6.868	0.231	0.000	0.004	0.001	0.009	7.411	0.284	0.000	0.011	0.005	0.017
TIA Clinic	HS	6.868	0.231	8.601	0.003	0.000	0.009	7.411	0.284	3.803	0.010	0.005	0.017
TIA Clinic	ML	6.868	0.231	22.436	0.003	0.000	0.010	7.411	0.284	16.479	0.010	0.003	0.018
TIA Clinic	REML	6.868	0.231	37.571	0.003	0.000	0.012	7.411	0.284	29.266	0.010	0.003	0.020
TIA Clinic	SJ	6.868	0.231	36.995	0.003	0.000	0.012	7.411	0.284	44.292	0.010	0.002	0.022
TIA Clinic	EB	6.868	0.231	17.697	0.005	0.001	0.009	7.411	0.284	11.569	0.011	0.005	0.020
Inpatient	DL	20.430	0.085	36.367	0.005	0.001	0.010	16.410	0.127	32.966	0.011	0.005	0.020
Inpatient	HE	20.430	0.085	0.000	0.004	0.001	0.007	16.410	0.127	0.000	0.010	0.005	0.016
Inpatient	HS	20.430	0.085	30.387	0.005	0.001	0.010	16.410	0.127	24.471	0.011	0.005	0.019
Inpatient	ML	20.430	0.085	37.020	0.005	0.001	0.010	16.410	0.127	36.406	0.012	0.004	0.021
Inpatient	REML	20.430	0.085	40.637	0.005	0.001	0.011	16.410	0.127	44.119	0.012	0.004	0.022
Inpatient	SJ	20.430	0.085	38.184	0.005	0.001	0.010	16.410	0.127	46.253	0.012	0.004	0.022
Inpatient	EB	20.430	0.085	23.593	0.005	0.001	0.009	16.410	0.127	30.550	0.011	0.005	0.020
Emergency Department	DL	6.390	0.495	0.000	0.019	0.013	0.026	15.919	0.044	49.745	0.034	0.023	0.047
Emergency Department	HE	6.390	0.495	0.000	0.019	0.013	0.026	15.919	0.044	18.572	0.034	0.025	0.044
Emergency Department	HS	6.390	0.495	0.000	0.019	0.013	0.026	15.919	0.044	42.138	0.034	0.024	0.046
Emergency Department	ML	6.390	0.495	0.000	0.019	0.013	0.026	15.919	0.044	41.539	0.034	0.024	0.046
Emergency Department	REML	6.390	0.495	7.018	0.019	0.012	0.027	15.919	0.044	48.384	0.034	0.023	0.047
Emergency Department	SJ	6.390	0.495	35.904	0.018	0.009	0.028	15.919	0.044	61.739	0.034	0.021	0.049
Emergency Department	EB	6.390	0.495	0.000	0.019	0.013	0.026	15.919	0.044	47.502	0.034	0.023	0.047
Unspecified Settings	DL	582.641	0.000	96.739	0.022	0.011	0.035	707.647	0.000	96.467	0.034	0.021	0.048
Unspecified Settings	HE	582.641	0.000	94.005	0.022	0.013	0.031	707.647	0.000	94.523	0.034	0.023	0.045
Unspecified Settings	HS	582.641	0.000	95.570	0.022	0.012	0.033	707.647	0.000	95.340	0.034	0.023	0.046
Unspecified Settings	ML	582.641	0.000	93.422	0.022	0.014	0.031	707.647	0.000	94.112	0.033	0.024	0.045
Unspecified Settings	REML	582.641	0.000	93.784	0.022	0.013	0.031	707.647	0.000	94.363	0.034	0.023	0.045
Unspecified Settings	SJ	582.641	0.000	93.991	0.022	0.013	0.031	707.647	0.000	94.530	0.034	0.023	0.045
Unspecified Settings	EB	582.641	0.000	93.828	0.022	0.013	0.031	707.647	0.000	94.434	0.034	0.023	0.045

DL, DerSimonian and Laird estimator; HS, Hunter and Schmidt estimator; Hedges (HE) ML, Maximum Likelihood estimator; REML, Restricted Maximum Likelihood estimator; SJ, Sidik and Jonkman estimator; EB, empirical Bayes, estimator; Q, Cochran's Q test ( $\chi^2$  test for heterogeneity); p, p-value for Q; I2, I2 statistic; Risk, risk of subsequent stroke following index event.

Setting	Estimator	Within 30 Days						Within 90 Days					
		Q	P	I2	Risk	Lower CI	Upper CI	Q	P	I2	Risk	Lower CI	Upper CI
TIA Clinic	DL	11.699	0.069	48.715	0.014	0.005	0.026	17.317	0.138	30.705	0.021	0.015	0.028
TIA Clinic	HE	11.699	0.069	0.000	0.016	0.010	0.023	17.317	0.138	0.000	0.023	0.018	0.028
TIA Clinic	HS	11.699	0.069	34.036	0.014	0.006	0.024	17.317	0.138	23.464	0.021	0.016	0.027
TIA Clinic	ML	11.699	0.069	44.971	0.014	0.005	0.025	17.317	0.138	34.516	0.021	0.015	0.028
TIA Clinic	REML	11.699	0.069	52.824	0.013	0.004	0.026	17.317	0.138	40.560	0.021	0.014	0.028
TIA Clinic	SJ	11.699	0.069	44.334	0.014	0.005	0.025	17.317	0.138	43.473	0.021	0.014	0.028
TIA Clinic	EB	11.699	0.069	36.133	0.016	0.006	0.030	17.317	0.138	25.078	0.028	0.021	0.035
Inpatient	DL	60.791	0.000	78.615	0.016	0.007	0.027	47.407	0.003	49.375	0.027	0.021	0.035
Inpatient	HE	60.791	0.000	75.010	0.016	0.007	0.026	47.407	0.003	0.000	0.026	0.022	0.030
Inpatient	HS	60.791	0.000	11.759	0.011	0.008	0.015	47.407	0.003	45.887	0.027	0.021	0.034
Inpatient	ML	60.791	0.000	86.053	0.016	0.006	0.030	47.407	0.003	51.626	0.028	0.021	0.035
Inpatient	REML	60.791	0.000	87.280	0.016	0.006	0.031	47.407	0.003	54.495	0.028	0.021	0.035
Inpatient	SJ	60.791	0.000	86.316	0.016	0.006	0.031	47.407	0.003	65.554	0.028	0.020	0.037
Inpatient	EB	60.791	0.000	85.419	0.016	0.006	0.030	47.407	0.003	52.756	0.028	0.021	0.035
Emergency Department	DL	22.936	0.001	73.840	0.036	0.017	0.061	4.337	0.631	0.000	0.035	0.025	0.045
Emergency Department	HE	22.936	0.001	74.317	0.036	0.016	0.061	4.337	0.631	0.000	0.035	0.025	0.045
Emergency Department	HS	22.936	0.001	67.302	0.036	0.019	0.059	4.337	0.631	0.000	0.035	0.025	0.045
Emergency Department	ML	22.936	0.001	73.451	0.036	0.017	0.061	4.337	0.631	0.000	0.035	0.025	0.045
Emergency Department	REML	22.936	0.001	78.470	0.035	0.015	0.063	4.337	0.631	0.000	0.035	0.025	0.045
Emergency Department	SJ	22.936	0.001	80.112	0.035	0.014	0.064	4.337	0.631	40.154	0.033	0.020	0.048
Emergency Department	EB	22.936	0.001	78.469	0.035	0.015	0.063	4.337	0.631	0.000	0.035	0.025	0.045
Unspecified Settings	DL	240.300	0.000	92.926	0.042	0.029	0.058	1230.686	0.000	97.562	0.060	0.047	0.075
Unspecified Settings	HE	240.300	0.000	94.114	0.042	0.028	0.059	1230.686	0.000	98.343	0.060	0.044	0.078
Unspecified Settings	HS	240.300	0.000	91.884	0.042	0.030	0.056	1230.686	0.000	96.225	0.060	0.049	0.072
Unspecified Settings	ML	240.300	0.000	93.329	0.042	0.029	0.058	1230.686	0.000	98.250	0.060	0.045	0.077
Unspecified Settings	REML	240.300	0.000	93.753	0.042	0.028	0.059	1230.686	0.000	98.310	0.060	0.045	0.078
Unspecified Settings	SJ	240.300	0.000	94.047	0.042	0.028	0.059	1230.686	0.000	98.332	0.060	0.045	0.078
Unspecified Settings	EB	240.300	0.000	93.933	0.042	0.028	0.059	1230.686	0.000	98.325	0.060	0.045	0.078

DL, DerSimonian and Laird estimator; HS, Hunter and Schmidt estimator; Hedges (HE) ML, Maximum Likelihood estimator; REML, Restricted Maximum Likelihood estimator; SJ, Sidik and Jonkman estimator; EB, empirical Bayes, estimator; Q, Cochran's Q test ( $\chi^2$  test for heterogeneity); p, p-value for Q; I2, I2 statistic; Risk, risk of subsequent stroke following index event.

**eTable 5. Comparison of Risk Estimates**

Comparison	Day Two			Day Seven			Day Thirty			Day Ninety		
	QE	QEP	I <sup>2</sup>	QE	QEP	I <sup>2</sup>	QE	QEP	I <sup>2</sup>	QE	QEP	I <sup>2</sup>
<b>Meta-Analysis of All Cohorts</b>												
<b>TIA Clinic versus Inpatient</b>	0.14	0.71	0.00	0.09	0.76	0.00	0.12	0.73	0.00	1.94	0.16	48.49
TIA Clinic versus Emergency Department	7.26	0.01	86.22	9.72	0.00	89.71	3.05	0.08	67.24	5.40	0.02	81.49
TIA Clinic versus Unspecified Setting	8.74	0.00	88.56	10.21	0.00	90.20	8.93	0.00	88.81	23.42	0.00	95.73
Inpatient versus Emergency Department	9.42	0.00	89.39	8.22	0.00	87.83	2.04	0.15	51.07	1.23	0.27	18.74
Inpatient versus Unspecified Setting	11.20	0.00	91.07	8.64	0.00	88.43	6.21	0.01	83.88	14.62	0.00	93.16
Emergency Department versus Unspecified Setting	0.24	0.62	0.00	0.00	0.96	0.00	0.21	0.65	0.00	7.13	0.01	85.97
<b>Sensitivity Meta-Analysis of Prospective Cohorts</b>												
<b>TIA Clinic versus Inpatient</b>	0.01	0.94	0.00	0.06	0.81	0.00	0.00	1.00	0.00	0.55	0.46	0.00
TIA Clinic versus Emergency Department	2.28	0.13	56.19	7.61	0.01	86.86	1.52	0.22	34.03	2.70	0.10	62.96
TIA Clinic versus Unspecified Setting	5.88	0.02	83.01	7.28	0.01	86.26	3.98	0.05	74.90	10.85	0.00	90.78
Inpatient versus Emergency Department	2.71	0.10	63.13	12.62	0.00	92.07	1.46	0.23	31.67	1.26	0.26	20.66
Inpatient versus Unspecified Setting	9.01	0.00	88.90	13.78	0.00	92.74	3.38	0.07	70.44	8.31	0.00	87.96
Emergency Department versus Unspecified Setting	0.17	0.68	0.00	0.15	0.70	0.00	0.10	0.75	0.00	2.42	0.12	58.67

Comparisons were conducted under restricted maximum likelihood (REML) estimator. Sensitivity Analysis included the prospective cohorts recruited after 2000. QE indicates test statistics for the tests of heterogeneity; QEP, p-values for the tests of heterogeneity; I<sup>2</sup>, I<sup>2</sup> statistic.

**eTable 6. Publication Bias Assessment**

<b>Interval</b>	<b>Setting</b>	<b>Egger Bias Test</b>	<b>Begg-Mazumdar Rank Correlation</b>
<b>Within 2 Days</b>	TIA Clinic	z = 0.470, p = 0.638	Kendall's $\tau$ = -0.200, p = 0.719
	Inpatient	z = 0.768, p = 0.442	Kendall's $\tau$ = -0.033, p = 0.914
	Emergency Room	z = -1.408, p = 0.159	Kendall's $\tau$ = -0.357, p = 0.275
	Unspecified Settings	z = 1.088, p = 0.277	Kendall's $\tau$ = -0.116, p = 0.501
<b>Within 7 Days</b>	TIA Clinic	z = 0.773, p = 0.440	Kendall's $\tau$ = 0.143, p = 0.773
	Inpatient	z = 0.192, p = 0.848	Kendall's $\tau$ = 0.000, p = 1.000
	Emergency Room	z = -1.050, p = 0.294	Kendall's $\tau$ = -0.167, p = 0.612
	Unspecified Settings	z = 1.449, p = 0.148	Kendall's $\tau$ = -0.052, p = 0.727
<b>Within 30 Days</b>	TIA Clinic	z = -0.152, p = 0.879	Kendall's $\tau$ = -0.143, p = 0.773
	Inpatient	z = 0.355, p = 0.723	Kendall's $\tau$ = -0.055, p = 0.830
	Emergency Room	z = -0.883, p = 0.378	Kendall's $\tau$ = 0.047, p = 1.000
	Unspecified Settings	z = 0.857, p = 0.392	Kendall's $\tau$ = 0.164, p = 0.370
<b>Within 90 Days</b>	TIA Clinic	z = -1.6887, p = 0.091	Kendall's $\tau$ = -0.128, p = 0.590
	Inpatient	z = 0.0990, p = 0.921	Kendall's $\tau$ = 0.070, p = 0.624
	Emergency Room	z = -1.4499, p = 0.147	Kendall's $\tau$ = -0.619, p = 0.069
	Unspecified Settings	z = 1.0821, p = 0.279	Kendall's $\tau$ = 0.015, p = 0.920



**eTable 7. Risk-of-Bias Assessment Based on ROBINS-E Tool**

Study	Confounding	Participants	Classification of Intervention	Deviation from Intended Intervention	Missing Data	Measurement of Outcome	Report of Result	Overall
Ahmad et al., <sup>146</sup> 2013	Low	Low	Low	Low	No information	Low	Low	Moderate
Al-Khaled et al., <sup>147</sup> 2013	Low	Low	Low	Low	Low	Low	Low	Low
Al-Khaled et al., <sup>148</sup> 2014	Low	Low	No information	Low	Low	Low	Low	No information
Appelros et al., <sup>149</sup> 2017	Moderate	Moderate	No information	Low	Low	Low	Low	No information
Arsava et al., <sup>150</sup> 2011	Low	Low	Low	Low	Low	Low	Low	Low
Ay et al., <sup>151</sup> 2009	Low	Low	Low	Low	Low	Low	Low	Low
Bonifati et al., <sup>152</sup> 2011	Low	Low	Low	Low	Low	Low	Low	Low
Bos et al., <sup>153</sup> 2007	Low	Low	No information	Low	Low	Low	Low	No information
Calvet et al., <sup>28</sup> 2009	Low	Low	Low	Low	Low	Low	Low	Low
Cancelli et al., <sup>154</sup> 2011	Low	Low	No information	Low	Low	Low	Low	No information
Chang et al., <sup>155</sup> 2019	Low	Low	Low	Low	Low	Low	Low	Low
Cheong et al., <sup>156</sup> 2019	Low	low	Low	Moderate	Low	Low	Moderate	Moderate
Correia et al., <sup>157</sup> 2015	Low	Low	Low	Low	Low	Low	Low	Low
Coutts et al., <sup>158</sup> 2008	Low	Low	Low	Low	Low	Low	Low	Low
Cucchiara et al., <sup>159</sup> 2009	Low	Low	Low	Low	Low	Low	Low	Low
Dahlquist et al., <sup>160</sup> 2019	Low	Low	Low	Low	Low	Low	Low	Low
De Marchis et al., <sup>161</sup> 2014	Low	Low	Low	Low	Low	Low	Low	Low
Delgado et al., <sup>162</sup> 2011	Low	Low	Low	Low	Low	Low	Low	Low
Dutta et al., <sup>42</sup> 2016	Low	Low	Low	Low	Low	Low	Low	Low
Eliasziv et al., <sup>163</sup> 2004	Low	Low	No information	Low	Low	Low	Low	No information
Engelter et al., <sup>164</sup> 2012	Low	Low	Low	Moderate	Moderate	Moderate	Low	Moderate
Felgueiras et al., <sup>165</sup> 2019	Low	Low	No information	Low	Low	Low	Low	No information

<b>Fujinami et al.,<sup>166</sup> 2014</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Geil et al.,<sup>167</sup> 2008</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Ghia et al.,<sup>168</sup> 2011</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Gladstone et al.,<sup>169</sup> 2004</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Gon et al.,<sup>170</sup> 2015</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Guarino et al.,<sup>171</sup> 2015</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Harrison et al.,<sup>172</sup> 2010</b>	Low	Low	Low	No information	No information	Low	Low	No information
<b>Hill et al.,<sup>173</sup> 2004</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Ildstat et al.,<sup>174</sup> 2019</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Johnston et al.,<sup>175</sup> 2007</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Jove et al.,<sup>176</sup> 2014</b>	Low	Low	Low	No information	Low	Low	Low	Moderate

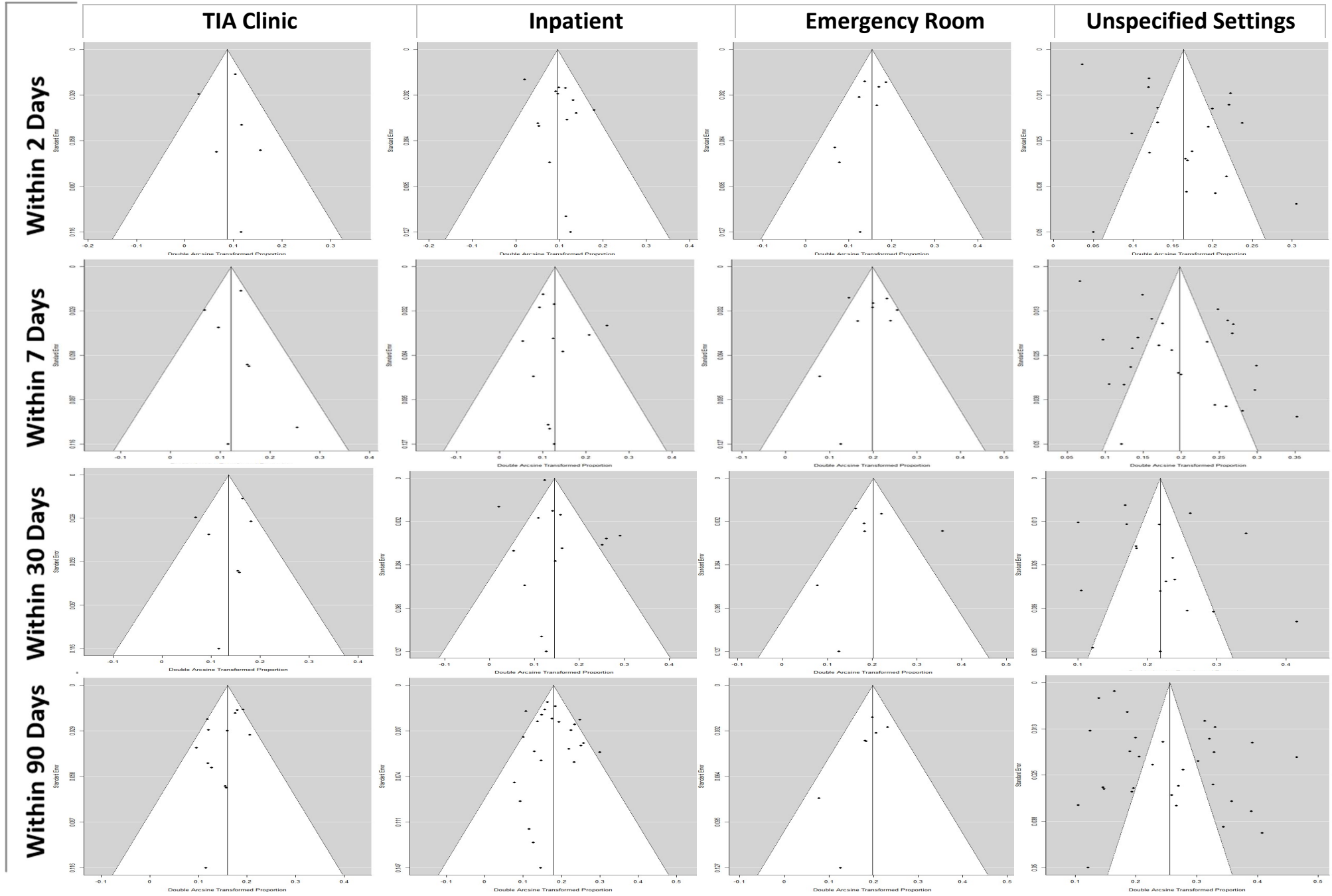
Study	Confoundings	Participants	Classification of Intervention	Deviation from Intended Intervention	Missing Data	Measurement of Outcome	Report of Result	Overall
Kiyohara et al., <sup>177</sup> 2014	Low	Low	No information	Low	Low	Low	Low	No information
Kleindorfer et al., <sup>178</sup> 2005	Low	Low	No information	Low	Low	Moderate	Low	No information
Lavallée et al., <sup>4</sup> 2017	Low	Low	Low	Low	Low	Low	Low	Low
Lichtman et al., <sup>179</sup> 2009	Moderate	Low	Low	Low	Low	Low	Low	Moderate
Lim et al., <sup>180</sup> 2015	Low	Low	No information	Low	Low	Low	Low	No information
Lisabeth et al., <sup>181</sup> 2004	Low	Low	No information	Low	Low	Low	Low	No information
Majidi et al., <sup>182</sup> 2017	Low	Low	Low	Low	Low	Low	Low	Low
Montassier et al., <sup>183</sup> 2013	Low	Low	Low	Low	Low	Low	Low	Low
Mowla et al., 2021	Low	Low	Low	Low	Low	Low	Low	Low
Nahab et al., <sup>184</sup> 2012	Low	Low	Low	Low	Low	Low	Low	Low
Nguyen et al., <sup>185</sup> 2010	Low	Low	Low	Low	Low	Low	Low	Low
Ohara et al., <sup>186</sup> 2015	Low	Low	No information	Low	Low	Low	Low	No information
Ohara et al., <sup>187</sup> 2019	Moderate	Low	No information	Low	Low	Low	Low	No information
Olivot et al., <sup>188</sup> 2011	Low	Low	low/No information*	Low	Low	Low	Low	low/No information*
Ottaviani et al., <sup>189</sup> 2016	Low	Low	Low	Low	Low	Low	Low	Low
Ovbiagele et al., <sup>190</sup> 2008	Low	Low	No information	Low	Low	Low	Low	No information
Palomeras Soler et al., <sup>191</sup> 2015	Low	Low	Low	Low	Low	Low	Low	Low
Perry et al., <sup>192</sup> 2014	Low	Moderate	No information	Low	Low	Low	Low	No information
Purroy et al., <sup>193</sup> 2014	Low	Low	No information	Low	Low	Low	Low	No information
Raposo et al., <sup>194</sup> 2018	Low	Low	Low	Low	Low	Low	Low	Low
Raser et al., <sup>195</sup> 2012	Low	Low	Low	Low	Low	Low	Low	Low

<b>Ricci et al.,<sup>196</sup> 1991</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Ross et al.,<sup>197</sup> 2007</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Rothwell et al.,<sup>198</sup> 2007</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Sanders et al.,<sup>199</sup> 2012</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Sciolla et al.,<sup>200</sup> 2008</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Selvarajah et al.,<sup>201</sup> 2008</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Sheehan et al.,<sup>2</sup> 2010</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Song et al.,<sup>202</sup> 2013</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Stead et al.,<sup>120</sup> 2009</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Stead et al.,<sup>203</sup> 2011</b>	Low	Low	Low	Low	Low	Low	Low	Low
<b>Sundararajan et al.,<sup>204</sup> 2014</b>	Low	Low	No information	Low	Low	Low	Low	No information
<b>Tsivgoulis et al.,<sup>205</sup> 2010</b>	Low	Low	No information	Low	Low	Low	Low	No information

Study	Confound ing	Part icip ant s	Classificatio n of Intervention	Deviation from Intended Intervention	Mis sing Data	Measure ment of Outcome	Repo rt of Result	Ove rall	
Vigen et al., <sup>206</sup> 2018	Low	Low	Low	Low	Low	Low	Low	Low	
Vora et al., <sup>207</sup> 2015	Low	Low	low/ No information	Low	Low	Low	Low	low/ No information*	
Wasserman et al., <sup>208</sup> 2010	Low	Low	Low	Low	Low	Low	Low	Low	
Weimar et al., <sup>209</sup> 2009	Low	Mod erate	No information	Low	Low	Low	Low	No information	
Weitzel-Mudersbach et al., <sup>210</sup> 2011	Low	Low	Low/ No information*	Low	Low	Low	Low	low/ No information*	
Wu et al., <sup>211</sup> 2009	Low	Low	Low	Low	Low	Low	Low	Low	
Risk of bias by considering the distinct cohorts in each study	Lo w	98 (97.0%)	98 (97.0%)	64 (63.30%)	96 (95.0%)	98 (97.0%)	99 (98.0%)	99 (98.0%)	58 (57.4%)†
	Mo derate	3 (3.0%)	3 (3.0%)	0 (0.0%)	3 (3.0%)	1 (1.0%)	2 (2.0%)	2 (2.0%)	6 (5.9%)
	Hig h	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	No Information	0 (0.0%)	0 (0.0%)	37 (36.6%)	2 (2.0%)	2 (2.0%)	0 (0.0%)	0 (0.0%)	37 (36.6%)

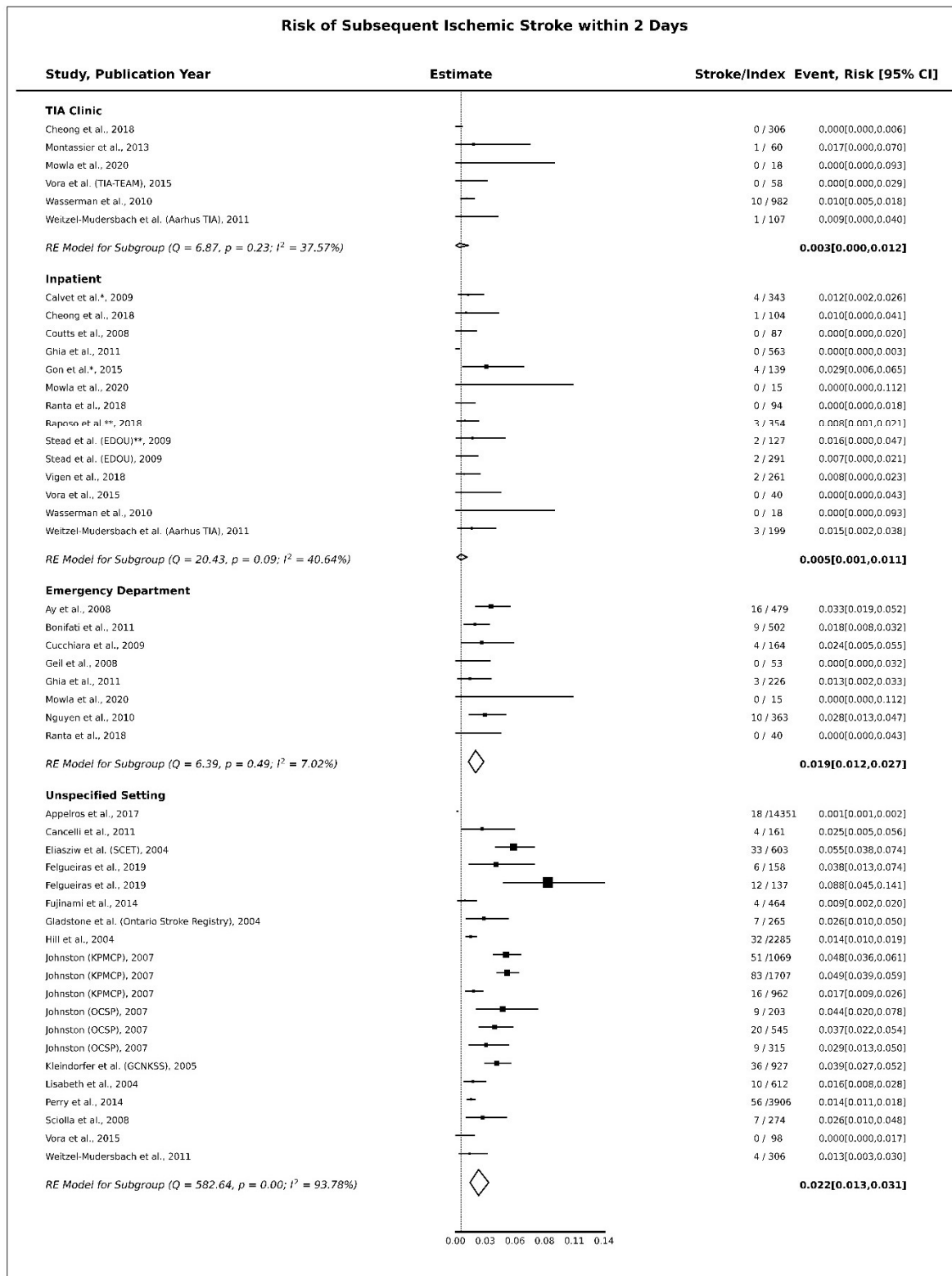
\* Some cohorts in this study had low risk of bias while there was no information regarding other cohort(s).

† This value is represented for all included cohorts in the study (110 cohorts). Among the 64 cohorts with specified setting (i.e. TIA clinic, inpatient, and ED) 58 (90.6%) cohorts had low and 6 (9.4%) cohorts had moderate overall risk of bias.



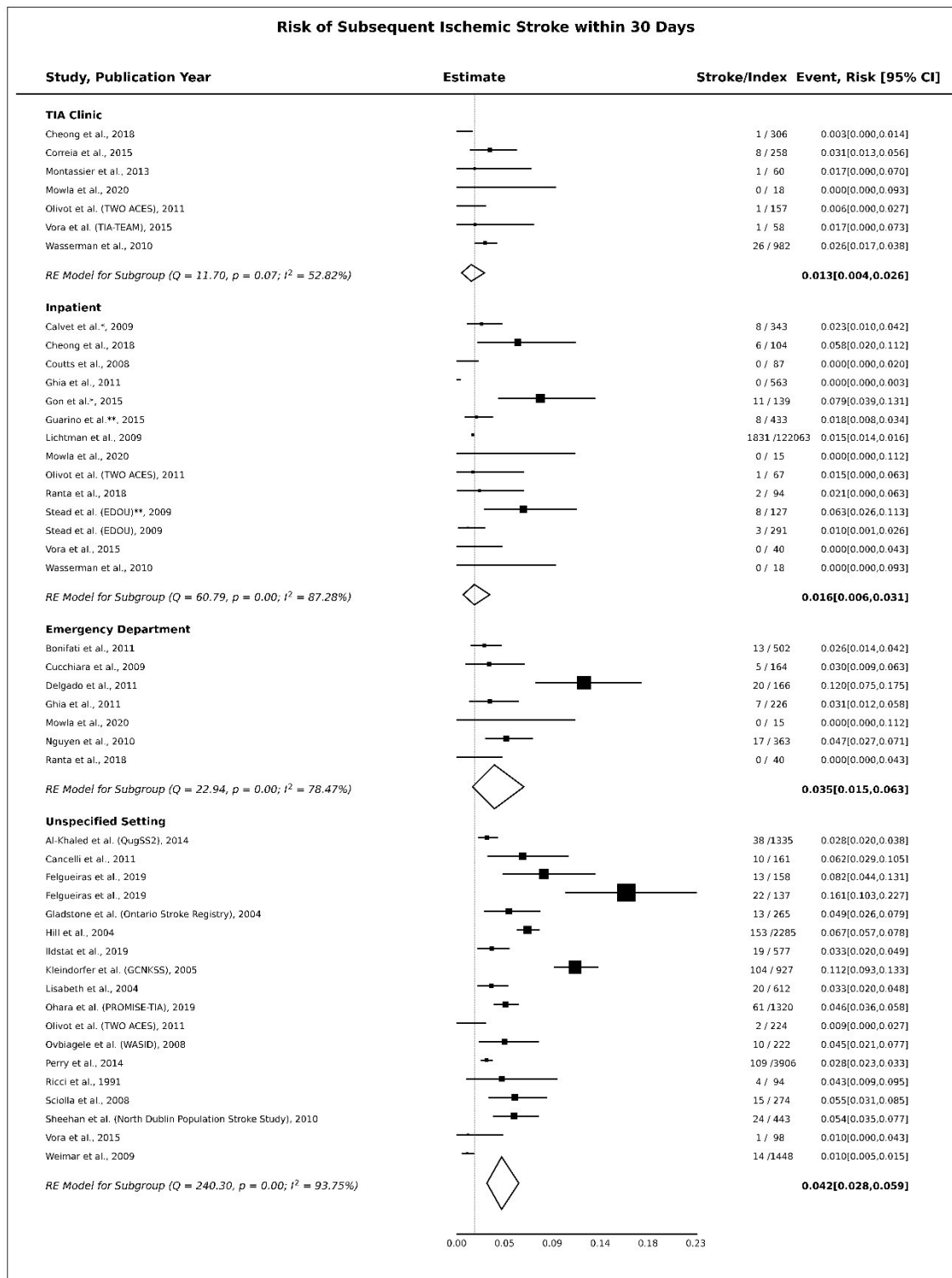
eFigure 1. Funnel Plots

# eFigure 2. Risk of Subsequent Ischemic Stroke Within 2 Days



The risk estimate for inpatients was considered as the reference line. \* indicates the Stroke Unit, \*\* indicates the Observation Unit.

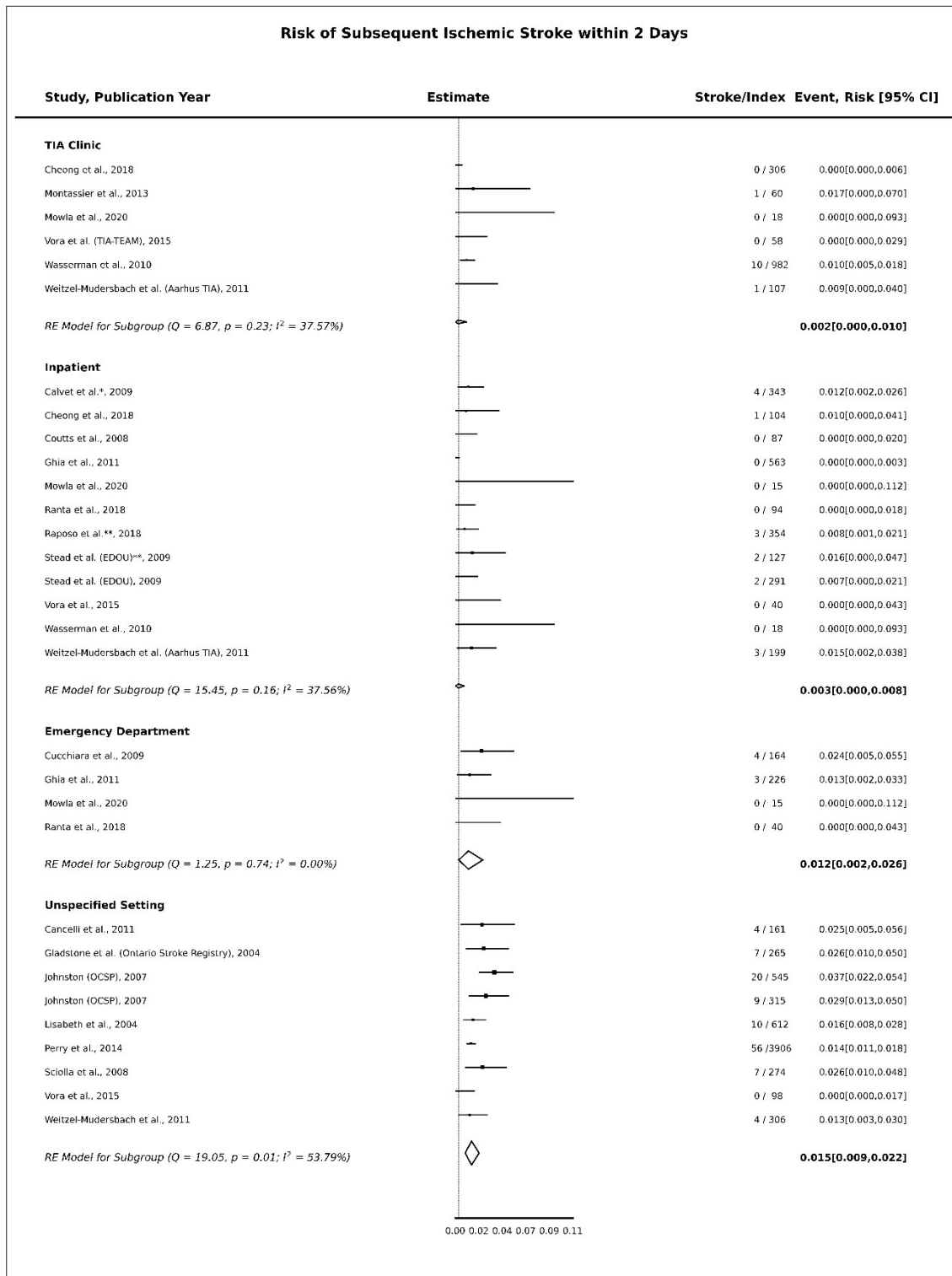
# eFigure 3. Risk of Subsequent Ischemic Stroke Within 30 Days



The risk estimate for inpatients was considered as the reference line. \* indicates the Stroke Unit, \*\* indicates the Observation Unit.



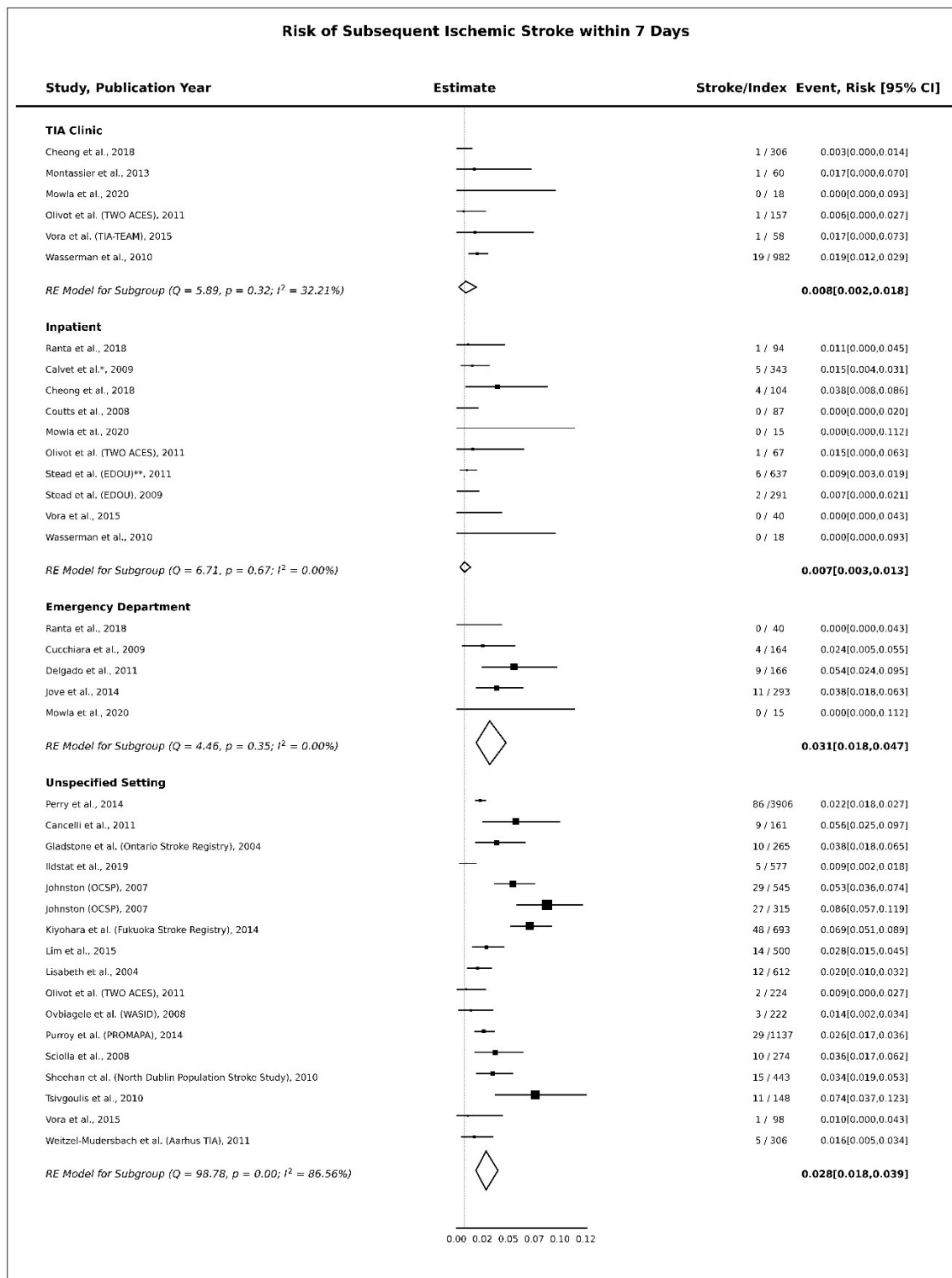
# eFigure 4. Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 2 Days



Sensitivity analysis included the prospective cohort of patients recruited after 2000.

The risk estimate for inpatients was considered as the reference line. \* indicates the Stroke Unit, \*\* indicates the Observation Unit.

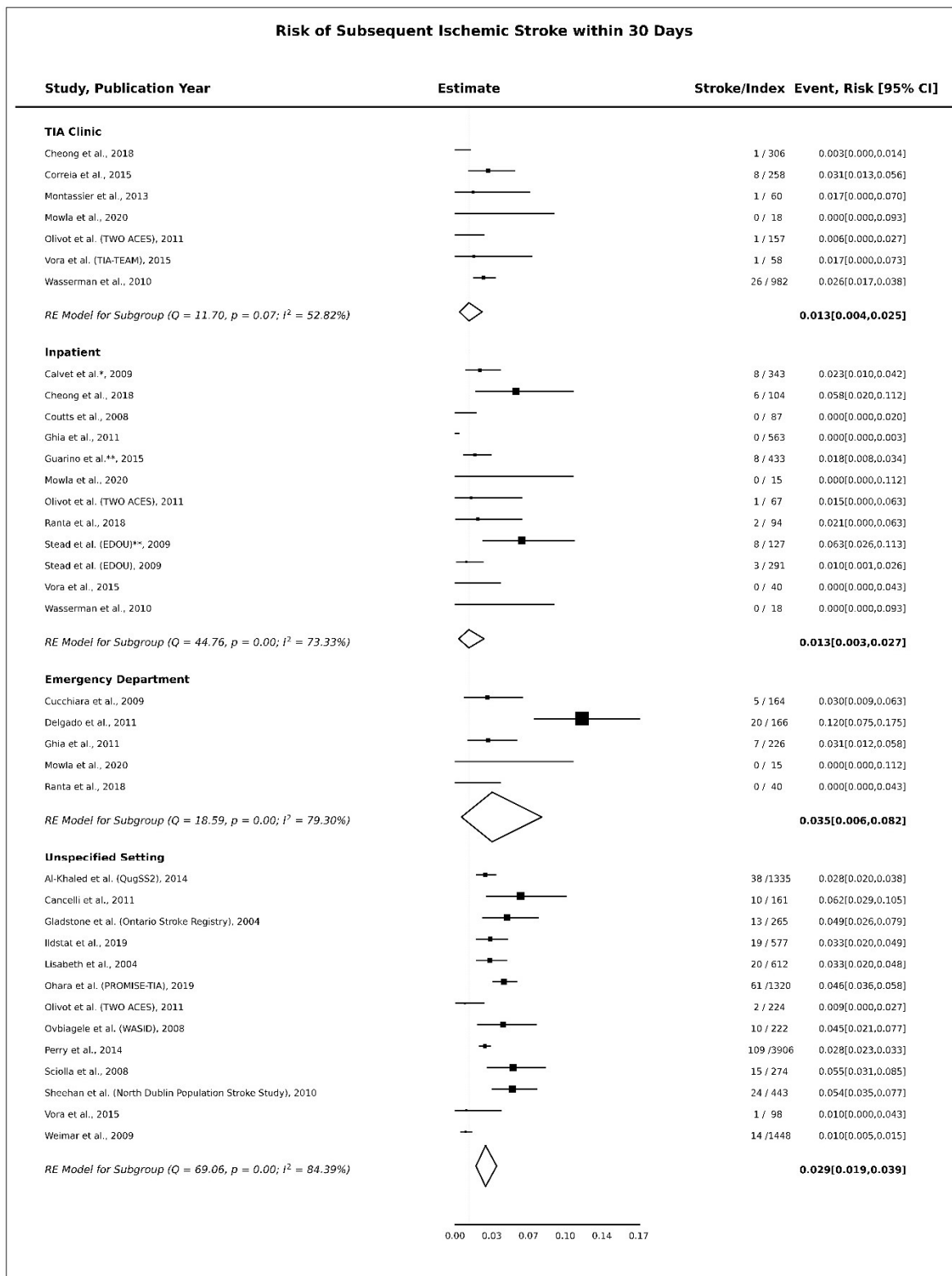
**eFigure 5. Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 7 Days**



Sensitivity analysis included the prospective cohort of patients recruited after 2000.

The risk estimate for inpatients was considered as the reference line. \* indicates the Stroke Unit, \*\* indicates the Observation Unit.

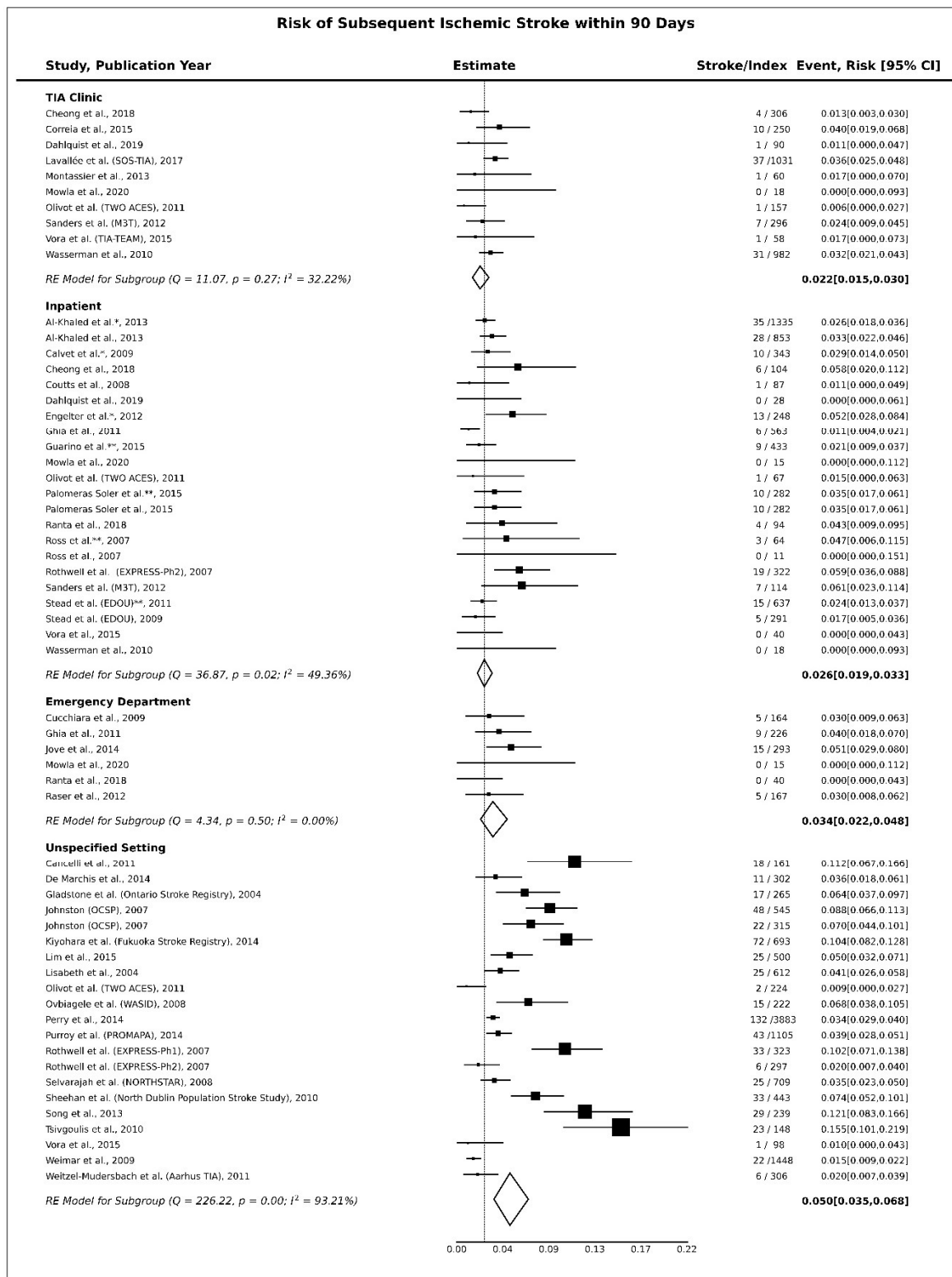
# eFigure 6. Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 30 Days



Sensitivity analysis included the prospective cohort of patients recruited after 2000.

The risk estimate for inpatients was considered as the reference line. \* indicates the Stroke Unit, \*\* indicates the Observation Unit.

# eFigure 7. Sensitivity Analysis: Risk of Subsequent Ischemic Stroke Within 90 Days



Sensitivity analysis included the prospective cohort of patients recruited after 2000.

The risk estimate for inpatients was considered as the reference line. \* indicates the Stroke Unit, \*\* indicates the Observation Unit.

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