SUPPLEMENTAL MATERIAL

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Table S1. Data in patients with TEE and those with TTE alone (n=4251)

	Patients with TEE (n=679)	Patients with TTE alone (n=3572)	*p* value	Missing data, n (%)
CRCS-K (South Korea), No. (%)	428 (63.0)	2747 (76.9)	<0.01	0 (0.00)
Age, median (IQR), years	73 (67–79)	76 (69–82)	<0.01	0 (0.00)
Women, No. (%)	264 (38.9)	1723 (48.2)	<0.01	0 (0.00)
Body weight, median (IQR), kg	60.1 (52.8–68)	60 (50.3–68)	0.08	30 (0.71)
Smoking, No, (%)	268 (39.5)	1057 (29.6)	<0.01	4 (0.09)
NVAF known prior to index event, No. (%)	365 (53.8)	1903 (53.3)	0.83	0 (0.00)
Congestive heart failure, No. (%)	73 (10.8)	330 (9.2)	0.22	0 (0.00)
Vascular risk factor, No. (%)				
Hypertension	491 (72.2)	2621 (73.4)	0.57	2 (0.05)
Diabetes mellitus	189 (27.8)	945 (26.5)	0.47	2 (0.05)
Hyperlipidemia	216 (31.8)	1129 (31.7)	0.92	5 (0.12)
Past clinical history, No. (%)				
Stroke prior to index event	143 (21.1)	868 (24.3)	0.06	3 (0.07)
Coronary heart disease	85 (12.5)	472 (13.2)	0.66	0 (0.00)
Prestroke oral anticoagulants, No. (%)	158 (23.3)	703 (19.7)	0.03	3 (0.07)
Prestroke antiplatelets, No. (%)	227 (33.4)	1330 (37.3)	0.06	3 (0.07)
Ischemic stroke as index event, No. (%)	632 (93.2)	3479 (97.5)	<0.01	4 (0.09)
Baseline NIHSS score, median (IQR)	4 (2–11)	8 (3–16)	<0.01	0 (0.00)
Laboratory data, median (IQR)				
White blood cell count, /μL	7100 (5750–8750)	7500 (6030–9500)	<0.01	1 (0.02)
Hemoglobin, g/dL	13.8 (12.5–14.9)	13.5 (12.1–14.7)	<0.01	2 (0.05)
Platelet count, x 10^3/μL	191 (158–230)	195 (160–237)	0.13	3 (0.07)
Glucose, mg/dL	121 (105–152)	124 (105–153)	0.67	14 (0.33)
PT-INR	1.03 (0.97–1.15)	1.06 (1–1.15)	<0.01	22 (0.52)
Renal dysfunction, No. (%) [*]	53 (7.9)	414 (11.7)	<0.01	36 (0.85)

[*] Renal dysfunction was defined as creatinine clearance <30 mL/min.

CRCS-K, Clinical Research Collaboration for Stroke in Korea; IQR, interquartile range; mRS, modified Rankin Scale; NIHSS, National Institutes of Health Stroke Scale; NVAF, non-valvular atrial fibrillation; PT-INR, prothrombin time/international normalized ratio; TEE, transesophageal echocardiography; and TTE, transthoracic echocardiography.

Table S2. Logistic regression models for intracardiac thrombus detection in patients who underwent TEE (n=679)

	Univariate		Multivariable (Model 1) [*]		Multivariable (Model 2) [†]	
	OR (95% CI)	*p* value	OR (95% CI)	*p* value	OR (95% CI)	*p* value
TTE	1.79 (0.63–5.11)	0.27	2.04 (0.69–5.97)	0.19	1.98 (0.69–5.74)	0.20
Age (per 10-year increase)	1.12 (0.83–1.49)	0.45	1.03 (0.76–1.39)	0.84	--	--
Women	1.45 (0.82–2.54)	0.19	1.49 (0.81–2.71)	0.19	--	--
NVAF known prior to index event	2.85 (1.49–5.43)	<0.01	--	--	2.16 (1.05–4.44)	0.03
Congestive heart failure	2.71 (1.35–5.43)	<0.01	2.51 (1.19–5.28)	0.01	2.18 (1.06–4.49)	0.03
Hypertension	0.66 (0.37–1.19)	0.16	0.52 (0.28–0.99)	0.04	--	--
Diabetes mellitus	0.83 (0.43–1.59)	0.57	0.84 (0.43–1.66)	0.62	--	--
Stroke prior to index event	1.38 (0.73–2.62)	0.32	1.11 (0.54–2.27)	0.77	--	--
Coronary heart disease	0.88 (0.37–2.13)	0.78	0.86 (0.35–2.13)	0.74	--	--
Prestroke oral anticoagulants	2.34 (1.31–4.19)	<0.01	2.38 (1.22–4.62)	0.01	1.51 (0.79–2.91)	0.21
Ischemic stroke as index event	0.67 (0.25–1.78)	0.42	--	--		

[*] Model 1: adjusted for TTE plus prespecified variables of age, sex, congestive heart failure, hypertension, diabetes mellitus, stroke prior to index event, coronary heart disease, and prestroke oral anticoagulants. The model showed a c-statistic of 0.68 and a Hosmer-Lemeshow chi-squared statistic of 6.25 (*p*=0.61). Number of observations=679; log likelihood ratio chi-squared test statistic=20.90 (*p*=0.01); and McFadden's R^2=0.06.

[†] Model 2: adjusted for TTE plus those variables showing P<0.05 on univariate models. The model showed a c-statistic of 0.66 and a Hosmer-Lemeshow chi-squared statistic of 0.22 (*p*=0.89). Number of observations=679; log likelihood ratio chi-squared test statistic=19.10 (*p*<0.01); and McFadden's R^2=0.05.

CI, confidence interval; CRCS-K, Clinical Research Collaboration for Stroke in Korea; NVAF, non-valvular atrial fibrillation; OR, odds ratio; SAMURAI-NVAF, Stroke Acute Management with Urgent Risk-Factor Assessment and Improvement-NonValvular Atrial Fibrillation; TEE, transesophageal echocardiography; and TTE, transthoracic echocardiography.