Supplementary Online Content

Diederichsen SZ, Frederiksen KS, Xing LY, et al. Severity and etiology of incident stroke in patients screened for atrial fibrillation vs usual care and the impact of prior stroke: a post hoc analysis of the LOOP randomized clinical trial. *JAMA Neurol*. Published online August 29, 2022. doi:10.1001/jamaneurol.2022.3031

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

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│ 6205 Persons aged ≥70 years AND     │
│   diagnosed with ≥1 of hypertension,│
│   diabetes, heart failure, previous │
│   stroke were screened for inclusion│
│   (From 31 Jan 2014 to 17 May 2016) │
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201 Were ineligible
   22 Did not fullfil inclusion criteria
   179 Had exclusion criteria
      83 History of AF or AF on ECG
      4 Anticoagulation treatment
      4 Contraindication to anticoagulation
      1 Pacemaker
      69 Unwilling to participate
      18 Other (short life expentancy, etc.)

6004 were randomized to implantable loop recorder (ILR) vs. usual care (Control)

4503 were assigned to the Control group

1501 were assigned to the ILR group

4503 received usual care
0 received ILR

1420 received ILR
81 did not receive ILR

4503 had known outcome status at end of follow-up and were included in the analysis

1501 had known outcome status at end of follow-up and were included in the analysis

550 were diagnosed with AF
   476 initiated anticoagulation
249 had incident stroke
   223 had available NIHSS score at admission
   249 had available mRS score following discharge
   36 were diagnosed with AF
      32 were diagnosed before admission
      28 had initiated anticoagulation
      4 were diagnosed on the day of admission

477 were diagnosed with AF
   434 initiated anticoagulation
66 had incident stroke
   56 had available NIHSS score at admission
   66 had available mRS score following discharge
   18 were diagnosed with AF
      17 were diagnosed before admission
      16 had initiated anticoagulation
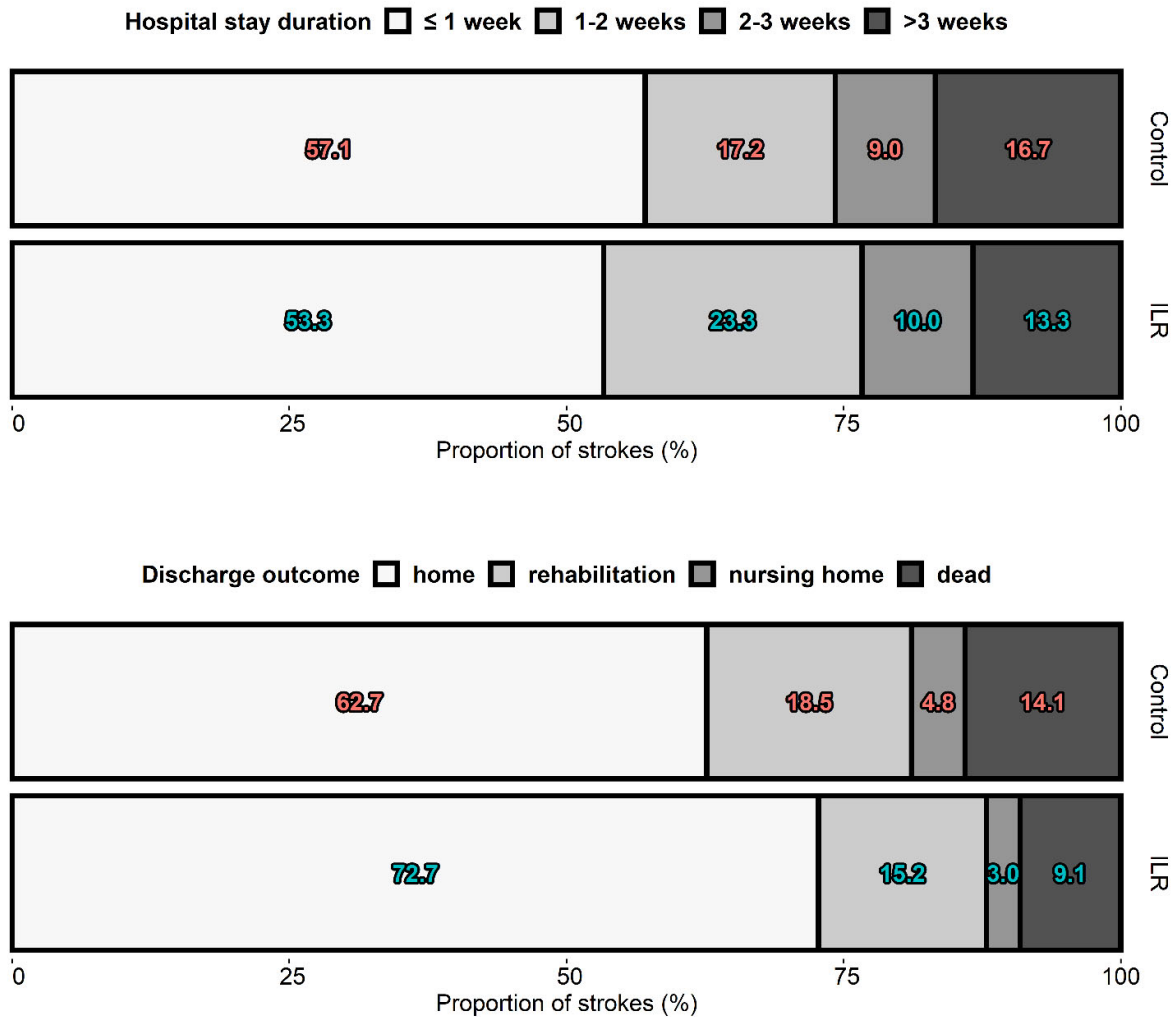   1 were diagnosed on the day of admission

eFigure 1. Trial Flow Chart

The figure shows the flow of and diagnoses of included participants. AF, atrial fibrillation; ECG, electrocardiogram; ILR, implantable loop recorder; mRS, modified Rankin scale; NIHSS, National Institutes of Health Stroke Scale.
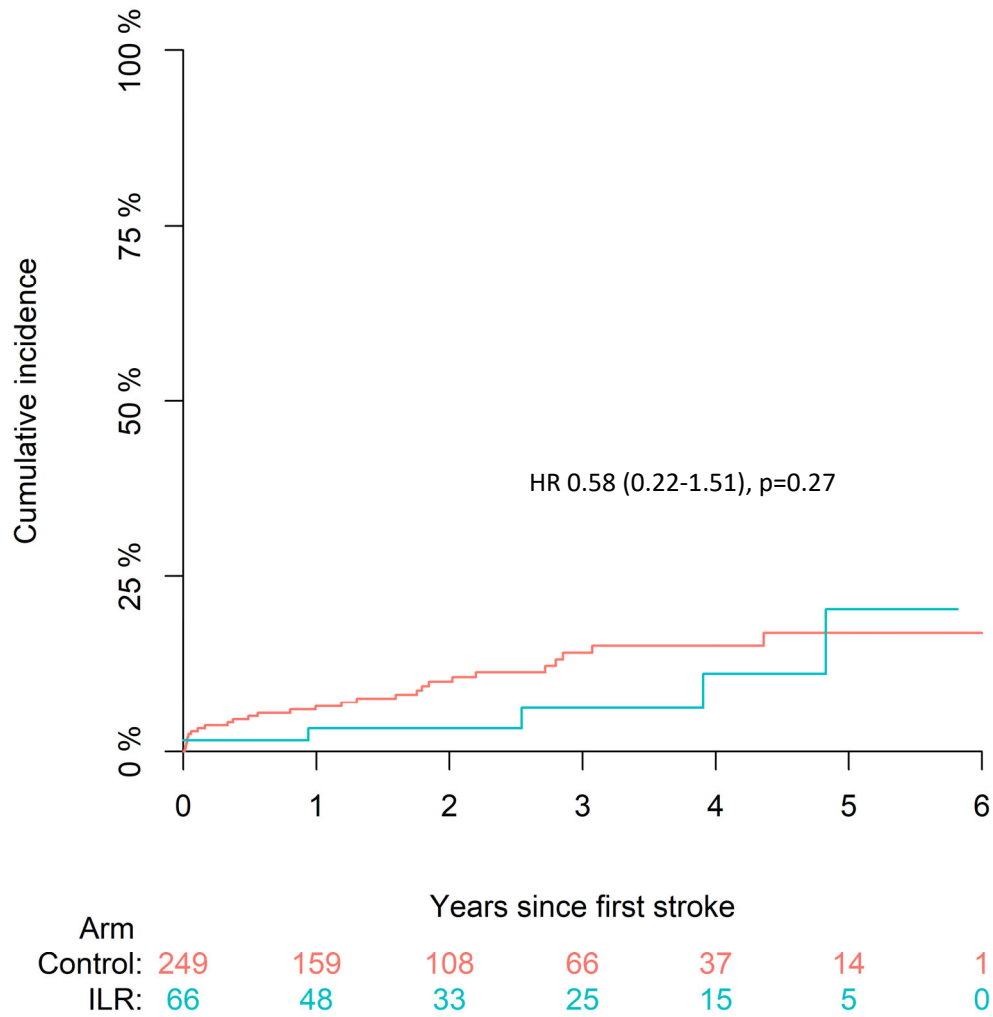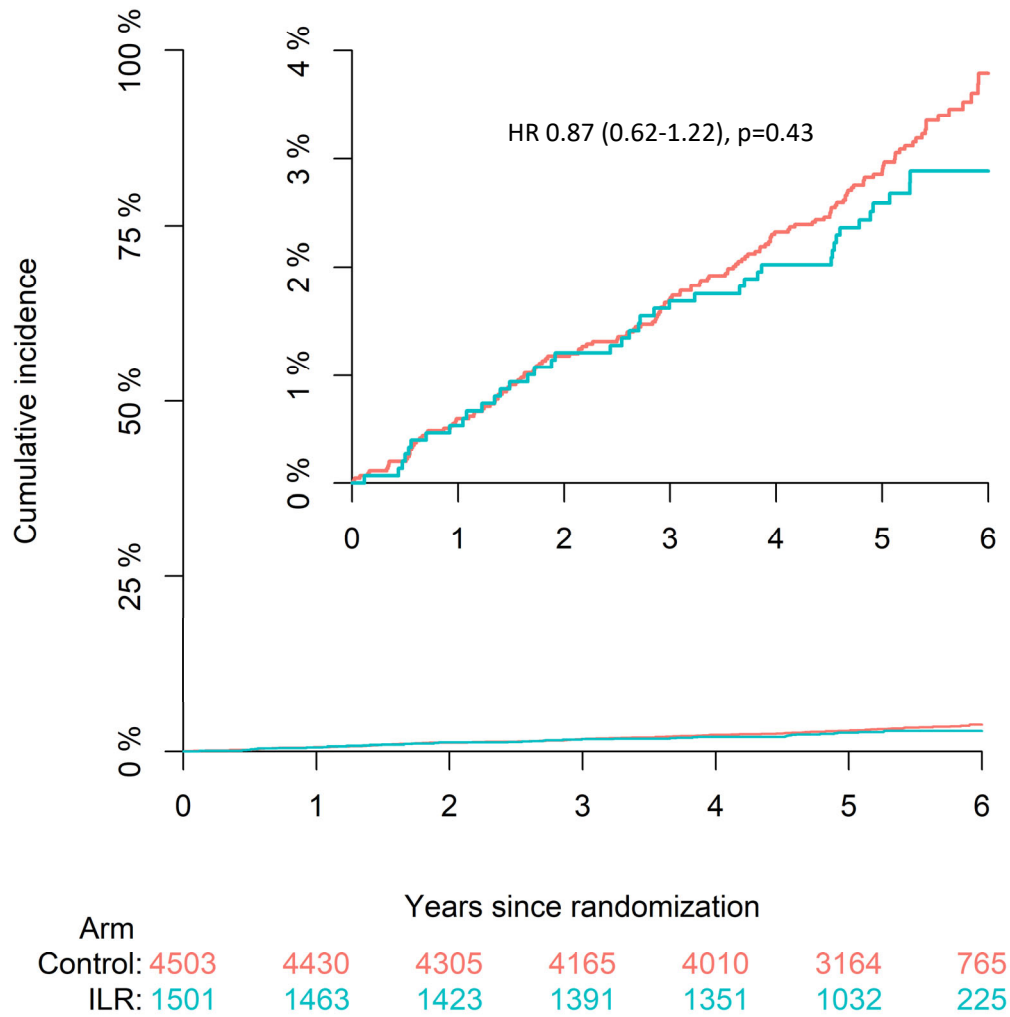
eFigure 2. Cumulative Incidence of Recurrent Stroke on Patients With Incident Stroke

The figure shows the cumulative incidence curves for recurrent stroke comparing the Control and ILR group. HR, hazard ratio; ILR, implantable loop recorder.

Hospital stay duration ☐ ≤ 1 week ☐ 1-2 weeks ☐ 2-3 weeks ☐ >3 weeks

Discharge outcome ☐ home ☐ rehabilitation ☐ nursing home ☐ dead

eFigure 3. Stroke Hospital Stay Duration and Discharge Outcome Grouped by Randomization Group

The figure shows the distribution of hospital stay duration (**upper panel**) and discharge outcome (**lower panel**) across stroke admissions in the Control and ILR group, respectively. A total of 18 stroke admissions (5.7%) lasted longer than 40 days. Wilcoxon rank sum test revealed no difference in hospital stay duration (p=0.86), and chi-squared tests revealed no significant difference in discharge strategy (p=0.47) or in discharge to home or not (p=0.12). ILR, implantable loop recorder.
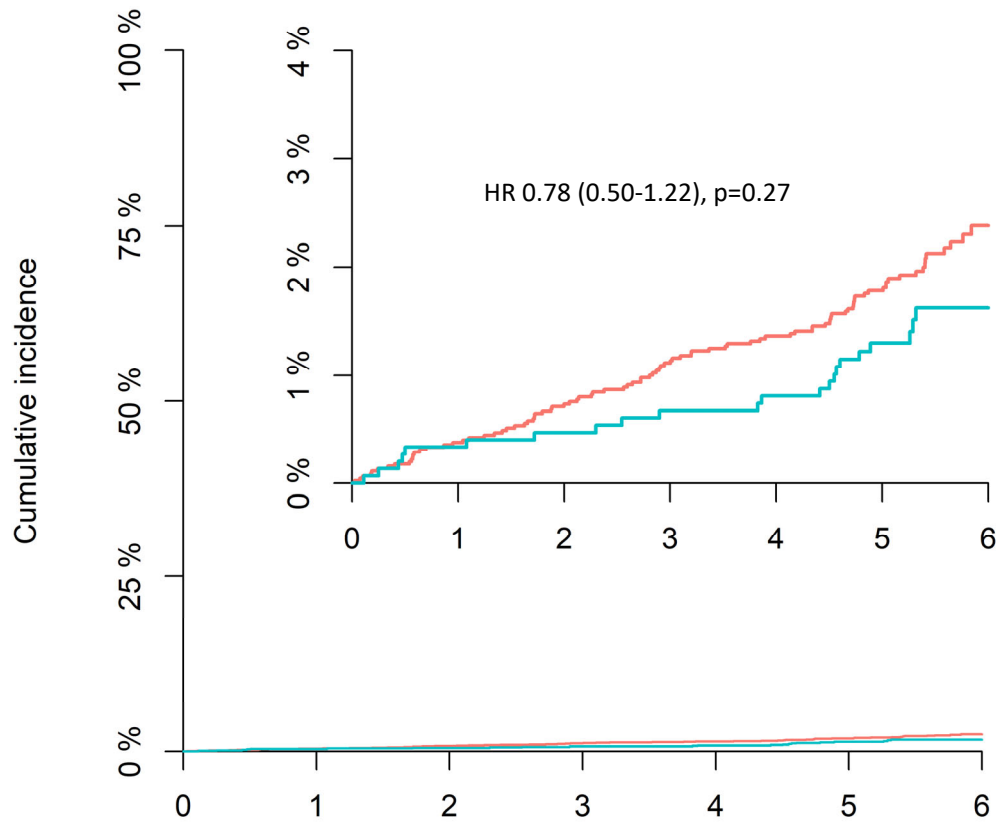
eFigure 4. Cumulative Incidence of Mild Stroke

The figure shows the cumulative incidence curves for mild (mRS<3) stroke comparing the Control and ILR group. HR, hazard ratio; ILR, implantable loop recorder; mRS, modified Rankin Scale.
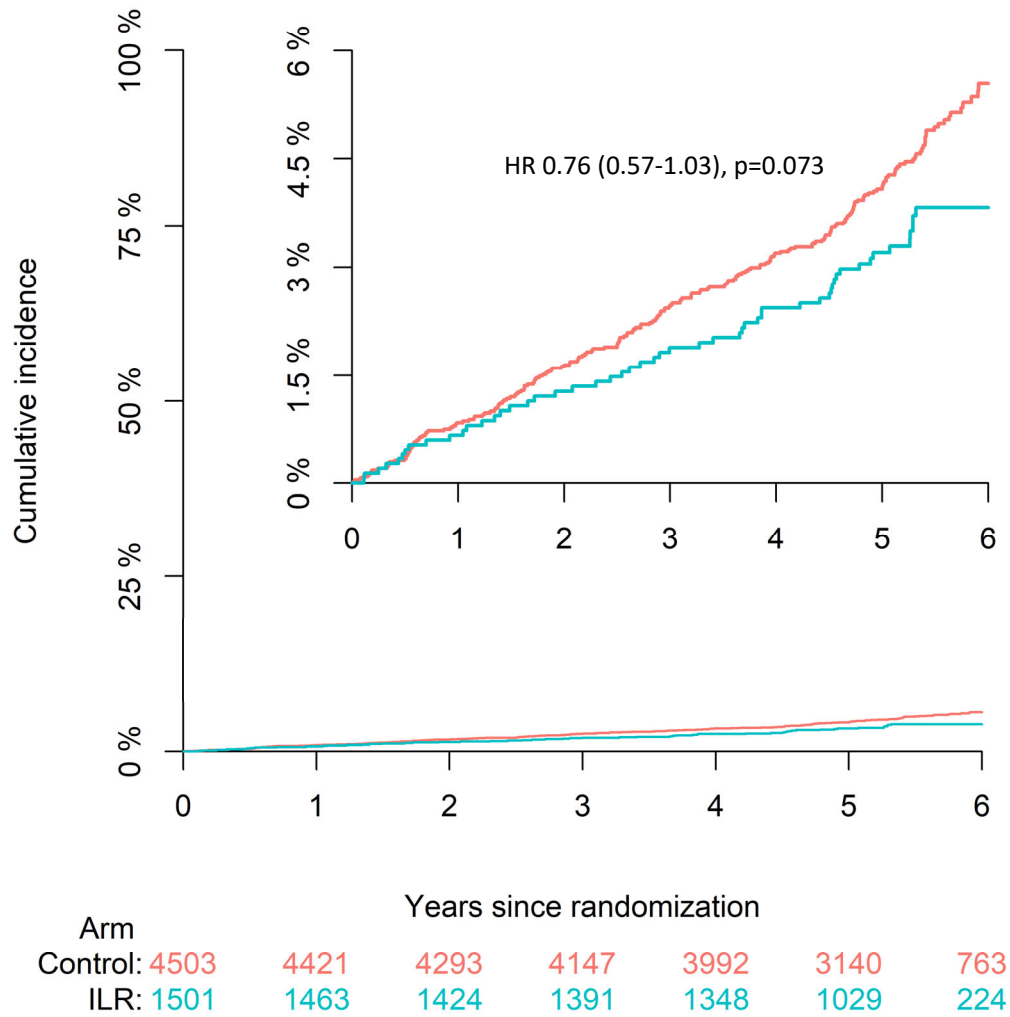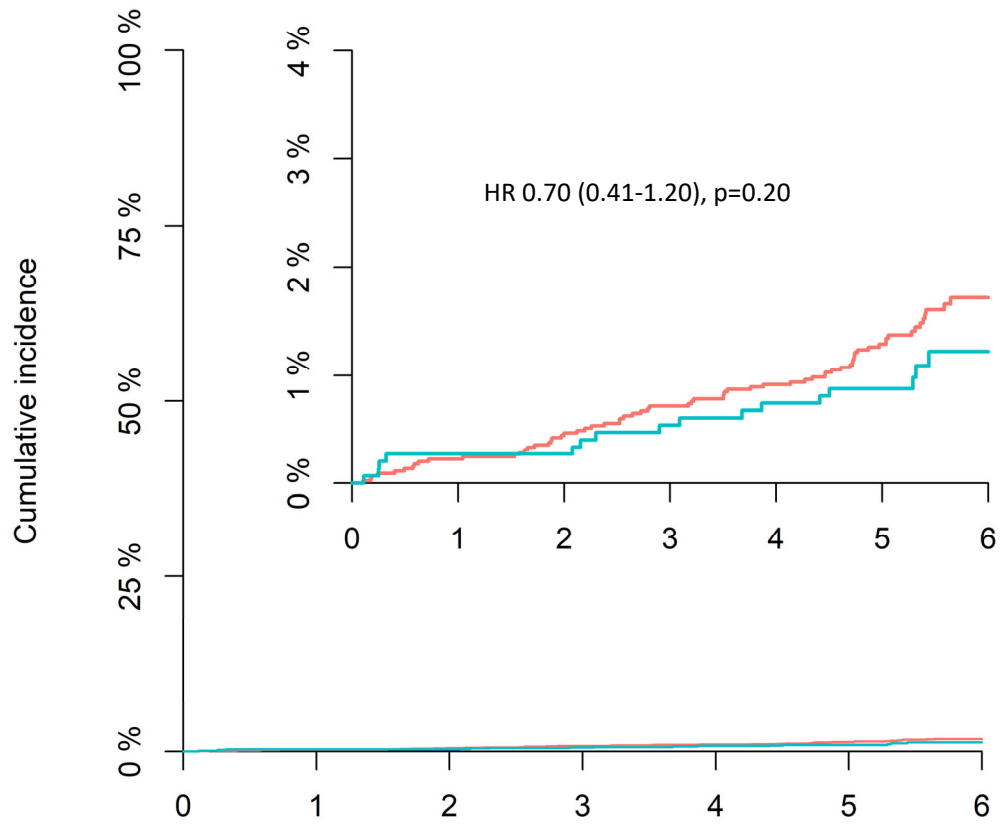
eFigure 5. Cumulative Incidence of Ischemic Stroke

The figure shows the cumulative incidence curves for ischemic stroke comparing the Control and ILR group. HR, hazard ratio; ILR, implantable loop recorder.

**eFigure 6.** Cumulative Incidence of Cardioembolic Stroke or ESUS

The figure shows the cumulative incidence curves for cardioembolic stroke or ESUS comparing the Control and ILR group. ESUS, embolic stroke of undetermined source HR, hazard ratio; ILR, implantable loop recorder.
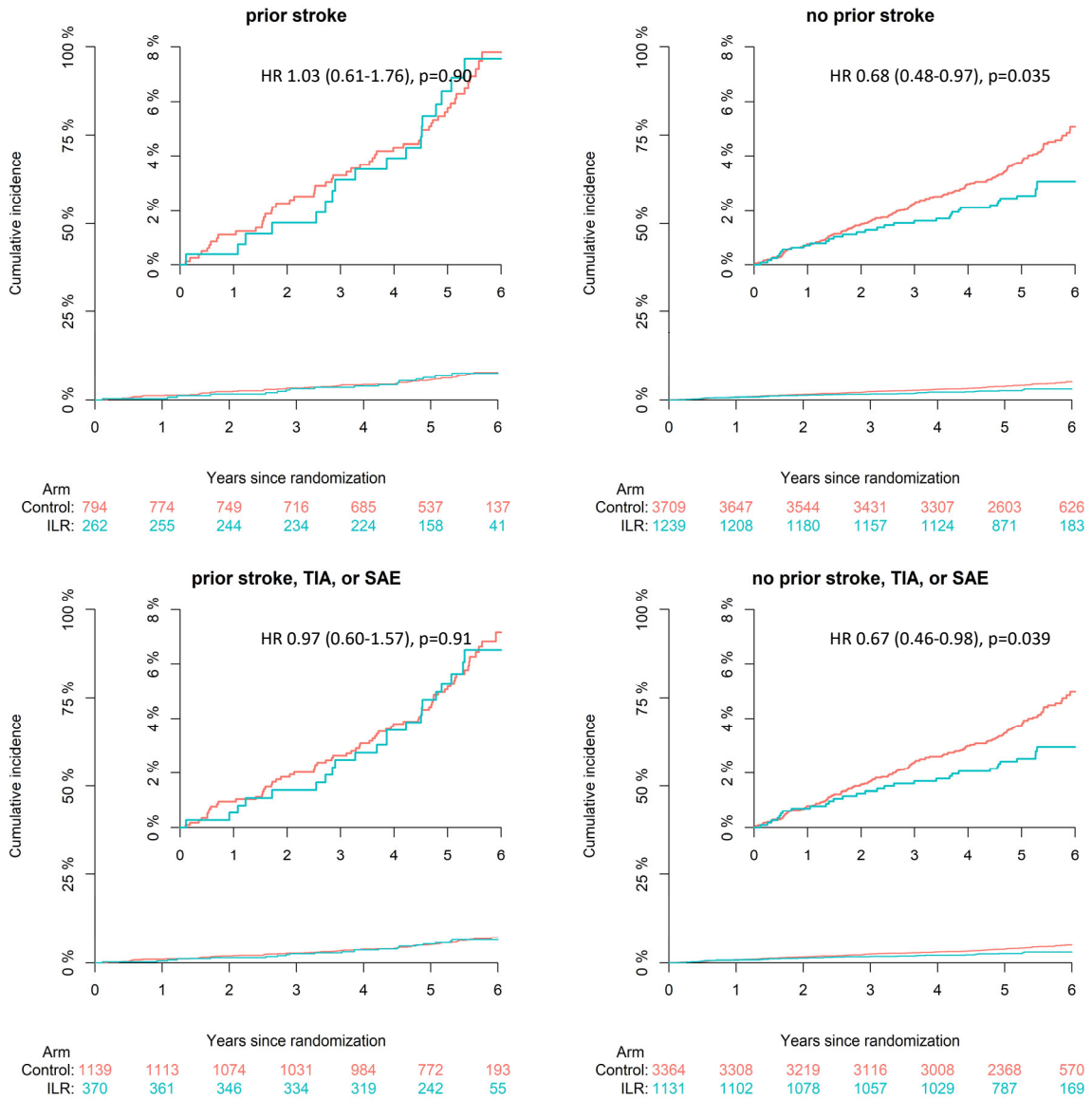
eFigure 7. Cumulative Incidence of Severe Cardioembolic Stroke or ESUS

The figure shows the cumulative incidence curves for disabling or lethal (mRS≥3) cardioembolic stroke or embolic stroke of undetermined source comparing the Control and ILR group. HR, hazard ratio; ILR, implantable loop recorder; mRS, modified Rankin Scale.
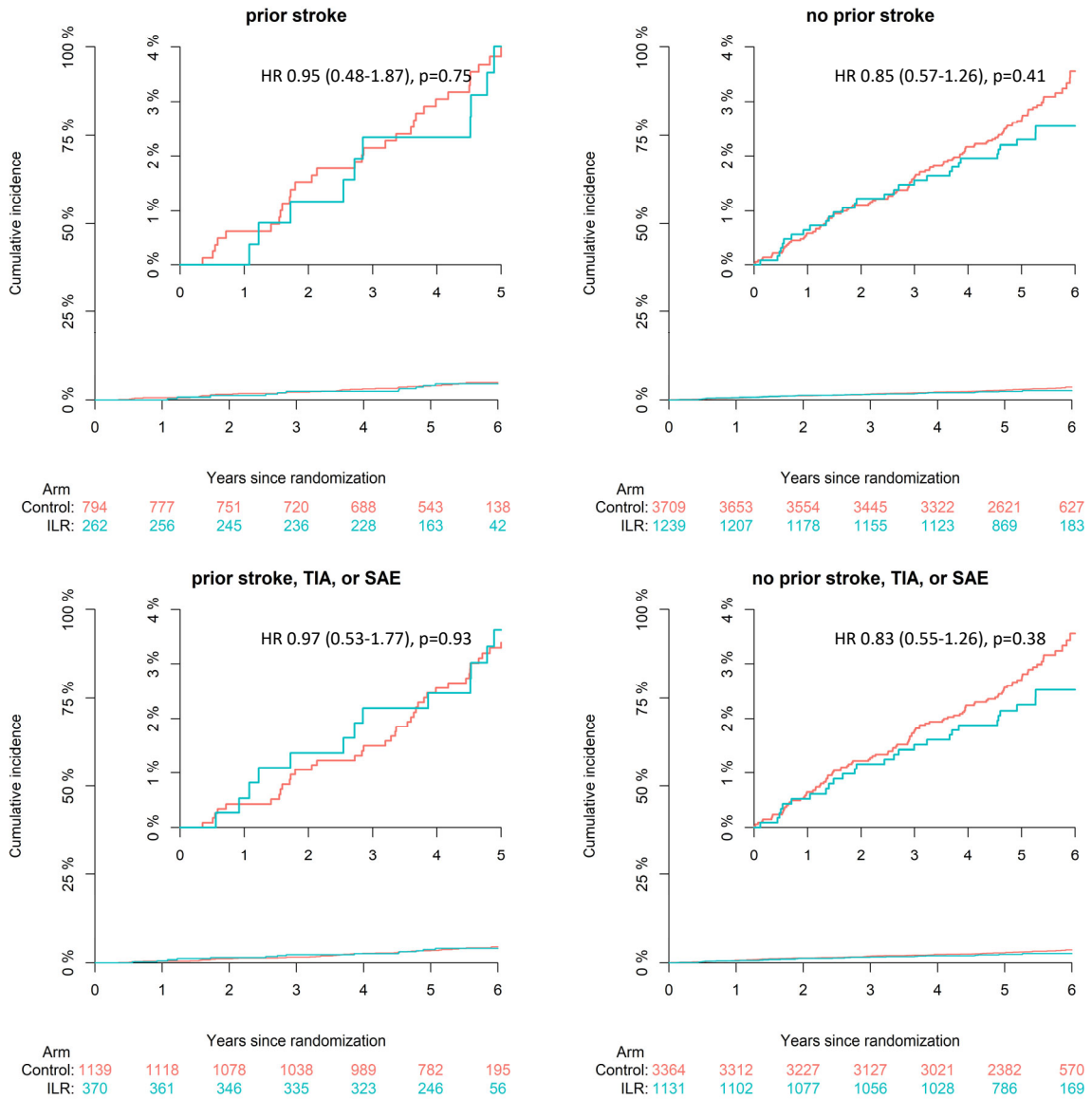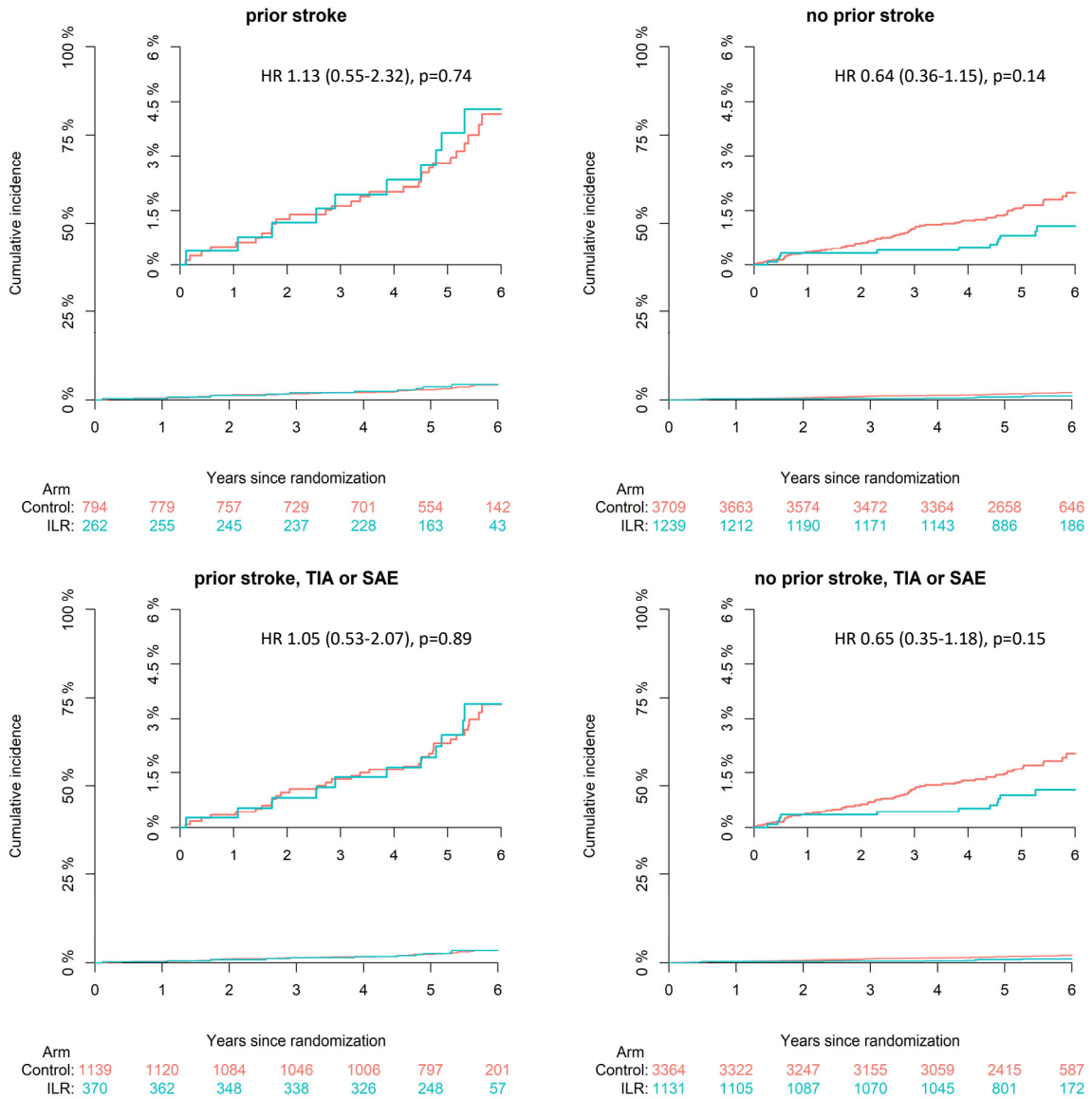
eFigure 8. Cumulative Incidence of Mild Stroke by Stroke History

The figure shows the cumulative incidence curves for mild (mRS<3) stroke comparing the Control and ILR group, stratified by prior stroke (**upper panels**) and prior stroke, TIA, or SAE (**lower panels**), respectively. HR, hazard ratio; ILR, implantable loop recorder; mRS, modified Rankin Scale; SAE, systemic arterial embolism; TIA, transient ischemic attack.
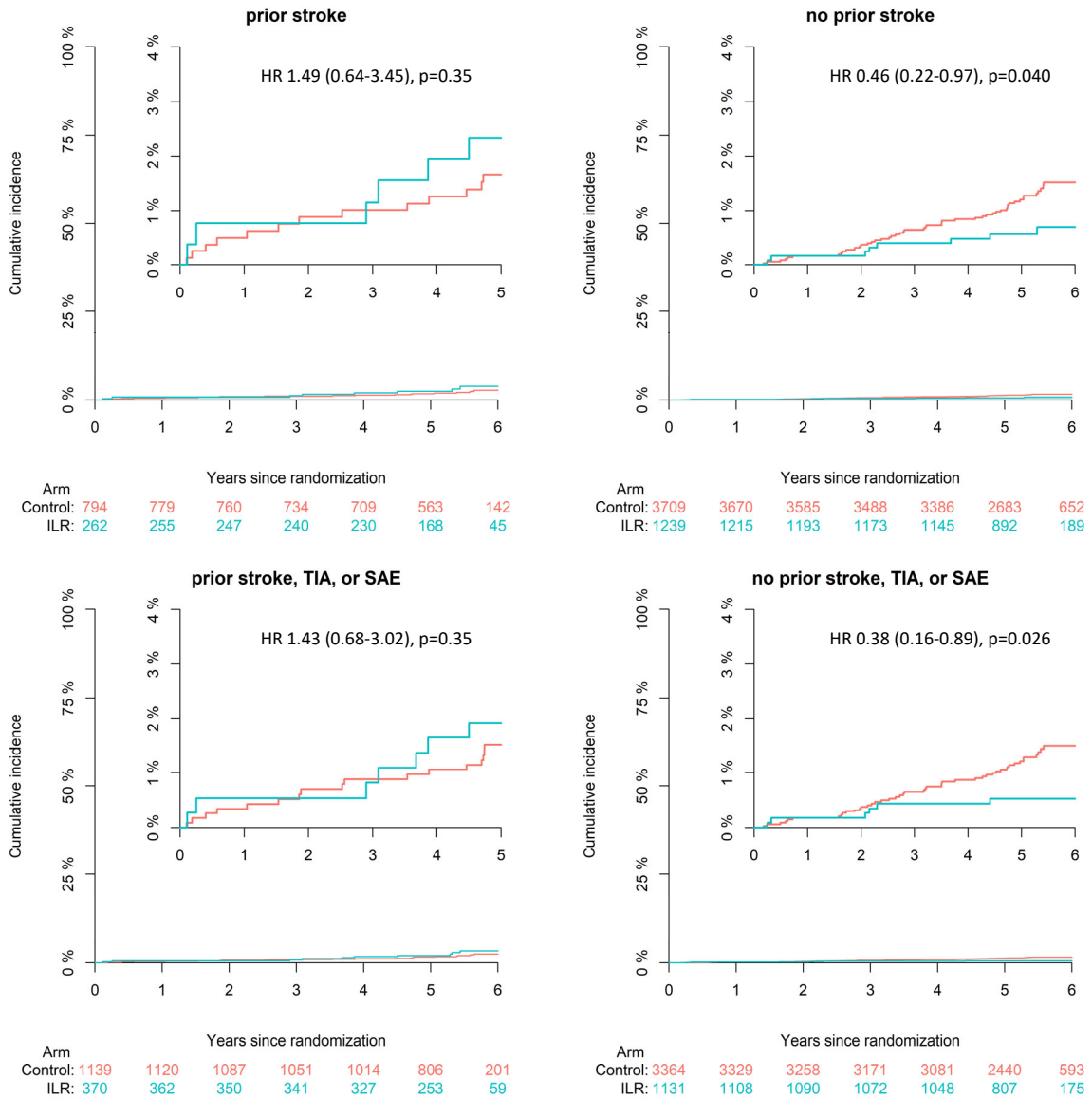
eFigure 9. Cumulative Incidence of Ischemic Stroke by Stroke History

The figure shows the cumulative incidence curves for ischemic stroke comparing the Control and ILR group, stratified by prior stroke (**upper panels**) and prior stroke, TIA, or SAE (**lower panels**), respectively. HR, hazard ratio; ILR, implantable loop recorder; SAE, systemic arterial embolism; TIA, transient ischemic attack.

eFigure 10. Cumulative Incidence of Cardioembolic Stroke or ESUS by Stroke History

The figure shows the cumulative incidence curves for cardioembolic stroke or ESUS comparing the Control and ILR group, stratified by prior stroke (**upper panels**) and prior stroke, TIA, or SAE (**lower panels**), respectively. ESUS, embolic stroke of undetermined source; HR, hazard ratio; ILR, implantable loop recorder; SAE, systemic arterial embolism; TIA, transient ischemic attack.

eFigure 11. Cumulative Incidence of Severe Cardioembolic Stroke or ESUS by Stroke History

The figure shows the cumulative incidence curves for disabling or lethal (mRS≥3) cardioembolic stroke or ESUS comparing the Control and ILR group, stratified by prior stroke (**upper panels**) and prior stroke, TIA, or SAE (**lower panels**), respectively. ESUS, embolic stroke of undetermined source; HR, hazard ratio; ILR, implantable loop recorder; mRS, modified Rankin Scale; SAE, systemic arterial embolism; TIA, transient ischemic attack.
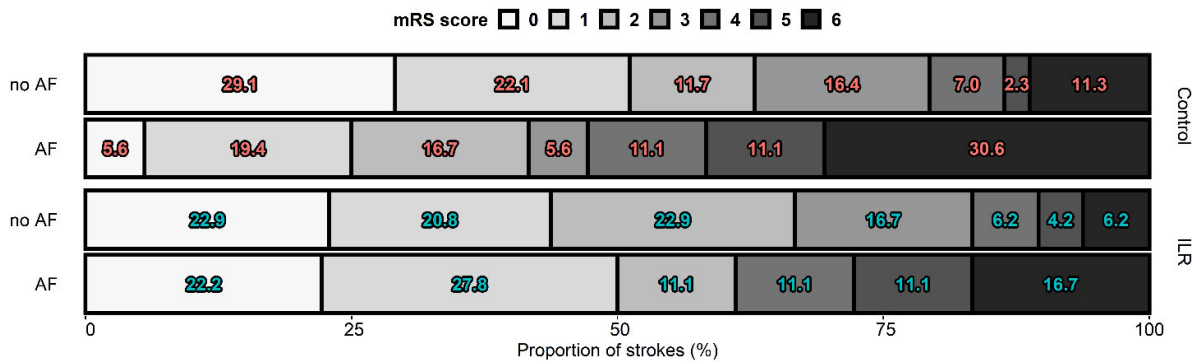
eFigure 12. Stroke Severity Grouped by AF Diagnosis and Randomization Group

The figure shows the distribution of mRS scores following discharge from stroke admission according to diagnosis of AF before or on the day of admission vs no AF in the Control and ILR group, respectively. Wilcoxon rank sum test revealed a significantly higher mRS score among AF-patients compared to patients without AF within the Control group (p<0.0001), but not the ILR group (p=0.63). AF, atrial fibrillation; ILR, implantable loop recorder; mRS, modified Rankin Scale.