

Supplementary Material 1. Explanation of the Saiseikei Stroke Database

This registry collected patient data and stroke profiles, including age, sex, and stroke type (ischemic stroke, hemorrhagic stroke, or subarachnoid hemorrhage). Collection of this database began in April 2013 and ended in March 2021 (27,691 cases); data from April 2017 onward were used in this study, as a new item was added in April 2017 on the presence or absence of in-hospital recurrence of stroke. This study was approved by the medical ethics board in each institute of the Saiseikai Stroke Research Group. Since we obtained general consent to use clinical data from each subject on admission, individual written informed consent was not obtained at the time of the study based on the Ethical Guideline for Medical and Health Research Involving Human Subjects outlined by the Ministry of Education, Culture, Sports, Science and Technology and the Ministry of Health, Labor and Welfare in Japan.

The datasheet contained more than 50 items such as patient characteristics, date of admission, past medical history, medication, time of transportation, consciousness at the time of admission, imaging findings, acute-phase treatment, surgical or endovascular intervention, mortality, and modified Rankin Scale at discharge, and in-hospital recurrence of stroke. Stroke diagnoses were classified according to the TOAST (Trial of Org 10172 in Acute Stroke Treatment) criteria [1]. The diagnosis of vascular risk factors (hypertension, diabetes mellitus, and dyslipidemia) was made according to the Japanese diagnostic criteria. Hypertension was defined as a history of hypertension or use of medication for hypertension, as were diabetes and dyslipidemia. Chronic kidney disease was defined as an estimated glomerular filtration rate <60 mL/min; proteinuria was not assessed. Congestive heart failure was defined as a history of heart failure and its current treatment. Smoking was defined as current smoking status or past smoker with smoking within one year. These parameters are collected by representative administrators of the hospital based on electric in-hospital charts.

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REFERENCE

1. Adams HP Jr, Bendixen BH, Kappelle LJ, et al. Classification of subtype of acute ischemic stroke. Definitions for use in a multicenter clinical trial. TOAST. Trial of Org 10172 in Acute Stroke Treatment. Stroke 1993;24:35–41.