ICH Progression: Minimum, Preferred, and Optional Dataset Recommendations.

Dataset	Minimal	Preferred	Optional
Demographics	• Age • Sex	• Ethnicity	
Index event, Acute Therapies & Baseline function	• Interval from onset to admission • Admission GCS • Any acute surgical intervention • Type of acute surgical intervention • Haemostatic therapy (and subtype) • Acute BP lowering therapy • Anticoagulant reversal • Osmotic therapy (and subtype)	• Pre-morbid mRS • Baseline NIHSS • Pre-stroke dementia	• Temperature on admission • Systolic BP • Diastolic BP • Interval from stroke onset to initiation of BP-lowering therapy • Interval from initiation of BP-lowering therapy to guideline target BP • Guideline target BP achieved <1 hour • SBP reduction >70mmHg <1 hour
Medical History	• Diabetes Mellitus • Previous ICH • Hypertension	• Prior ischaemic stroke • Smoking status • Hyperlipidaemia • Height & weight (to calculate BMI) • Prior history of coronary artery disease	• AF • Prior ischaemic stroke
Medication Use (pre-event)	• Antiplatelet • Anticoagulant	• Statin	
Baseline Imaging†	• Interval from onset to imaging • Interval from onset to subsequent scan(s) • ICH location • ICH Volume on initial and subsequent imaging • IVH	• Multiple ICH • CHARTS location • Radiological markers of haematoma expansion (e.g. Spot sign) • Haematoma shape (irregular, spheroid) • GRAEB Score • Perihaematomal oedema volume on diagnostic scan • Perihaematomal oedema volume on subsequent brain scan(s) • Subarachnoid haemorrhage on diagnostic scan • Subdural haemorrhage on diagnostic scan • CAA diagnostic criteria met using Boston[26] or Edinburgh[14] Criteria (+/- individual components e.g. CMBs, siderosis)	

Outcomes*	• Functional outcome (mRS)	• Recurrent ICH • Ischaemic stroke • Myocardial infarction • All-cause death • Cardiovascular death • MACE‡ • Non-cardiovascular death • Dementia • Cognitive impairment • Other neuropsychiatric symptoms (e.g. depression and anxiety)	

The interval from index event to biomarker measurement is considered a minimum dataset item. † Information regarding the imaging modality used should always be collected. * For each outcome, the time interval between index event and outcome should be reported. ‡ It is recommended that MACE should always at a minimum include the individual components of recurrent non-fatal stroke (ischaemic or ICH), non-fatal myocardial infarction, and cardiovascular death. AF, atrial fibrillation; BP, blood pressure; CAA, cerebral amyloid angiopathy; CHARTS, Cerebral Haemorrhage Anatomical RaTing inStrument;; CMBs, cerebral microbleeds; CT, computerised tomography; GCS, Glasgow Coma Scale; ICH, intra-cerebral haemorrhage; IVH, intra-ventricular haemorrhage; MACE, major adverse cardiovascular and cerebrovascular events; MRI, magnetic resonance imaging; mRS, modified Rankin scale; NIHSS, National Institute for Health Stroke Scale.