

## Ischaemic Stroke Progression: Minimum, Preferred, and Optional Dataset Recommendations.

Dataset	Minimal	Preferred	Optional
<b>Demographics</b>	<ul style="list-style-type: none"> <li>Age</li> <li>Sex</li> <li>Ethnicity</li> </ul>		
<b>Index event, Acute Therapies &amp; Baseline function</b>	<ul style="list-style-type: none"> <li>Baseline NIHSS (including sub item detail)</li> <li>Pre-morbid mRS</li> <li>TOAST classification</li> <li>IVT administered (and interval to treatment)</li> <li>EVT performed (and interval to treatment)</li> </ul>	<ul style="list-style-type: none"> <li>Interval from stroke onset</li> <li>Acute interventions other than recanalisation (e.g. BP-lowering interventions, anticoagulant reversal)</li> <li>Craniectomy performed</li> <li>Independent vs dependent pre-stroke</li> <li>Dementia prior to stroke</li> <li>Socioeconomic status</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure variability</li> </ul>
<b>Medical History</b>	<ul style="list-style-type: none"> <li>AF</li> <li>Smoking status</li> <li>Prior history of coronary artery disease</li> <li>Diabetes Mellitus</li> <li>Hyperlipidaemia</li> <li>Alcohol intake (g/week)</li> <li>Hypertension</li> <li>Previous ischaemic stroke</li> <li>Previous TIA</li> </ul>	<ul style="list-style-type: none"> <li>Height &amp; weight (to calculate BMI)</li> <li>Charlson Co-morbidity index<sup>6</sup></li> <li>Infection</li> <li>Peripheral arterial disease</li> </ul>	<ul style="list-style-type: none"> <li>Frailty status (e.g. Clinical Frailty Scale)<sup>7</sup></li> <li>Systolic BP</li> <li>Diastolic BP</li> </ul>
<b>Medication Use (pre-event)</b>		<ul style="list-style-type: none"> <li>Antiplatelet</li> <li>Anticoagulant</li> <li>Statin</li> <li>Anti-hypertensive medication use</li> </ul>	
<b>Baseline Imaging†</b>	<ul style="list-style-type: none"> <li>LVO</li> <li>MeVO/DVO<sup>3</sup></li> <li>mTICI score (in patients undergoing EVT)</li> </ul>	<ul style="list-style-type: none"> <li>ASPECTS<sup>4</sup> (at baseline)*</li> <li>Collateral status on baseline imaging<sup>8</sup></li> <li>Core volume on perfusion imaging<sup>5</sup></li> <li>Mismatch volume on perfusion imaging<sup>5</sup></li> <li>White matter hyperintensities (Fazekas scale)<sup>9</sup></li> </ul>	<ul style="list-style-type: none"> <li>Penumbra volume on baseline perfusion imaging<sup>5</sup></li> <li>Clot imaging features</li> <li>Brain network imaging biomarkers</li> <li>Blood brain barrier integrity imaging markers</li> <li>Venous drainage markers on imaging<sup>10</sup></li> <li>Perivascular spaces (number on MRI)<sup>11</sup></li> <li>Chronic lacunar infarcts<sup>12</sup></li> <li>Chronic non-lacunar infarcts<sup>12</sup></li> <li>CAA diagnostic criteria met using Boston<sup>13</sup> or Edinburgh<sup>14</sup> Criteria (+/- individual components e.g. CMBs, siderosis)</li> </ul>

<p><b>Baseline Laboratory. Electroencephalogram &amp; histological Variables</b></p>	<ul style="list-style-type: none"> <li>• Glucose (baseline)</li> </ul>	<ul style="list-style-type: none"> <li>• eGFR</li> <li>• White blood cell count</li> </ul>	<ul style="list-style-type: none"> <li>• Thrombus histological findings (H&amp;E, MSB)</li> <li>• Troponin T/I</li> <li>• BD-Tau</li> <li>• Procalcitonin</li> <li>• Neurofilament light chain</li> <li>• CRP (or High-sensitivity CRP)</li> <li>• cfDNA, DNase activity, MPO histone complexes</li> <li>• Serum LDH</li> <li>• Glial Fibrillary Acidic Protein</li> <li>• Copeptin</li> <li>• Cortisol</li> <li>• BNP/NTproBNP</li> <li>• Electroencephalogram biomarkers</li> </ul>
<p><b>Outcomes‡</b></p>	<ul style="list-style-type: none"> <li>• Infarct volume at 24h</li> <li>• Functional outcome (mRS 90 days)</li> <li>• All-cause death</li> </ul>	<ul style="list-style-type: none"> <li>• NIHSS at 24 hours</li> <li>• NIHSS at 7 days or discharge</li> <li>• Dementia</li> <li>• Haemorrhagic transformation (ECASS or Heidelberg)<sup>15</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Post-stroke fatigue (using a standardised tool)<sup>16,17</sup></li> <li>• Anxiety and depression (using a standardised tool)<sup>17,18</sup></li> <li>• EQ-5D-5L (patient reported quality of life questionnaire)<sup>19</sup></li> <li>• MACE**</li> <li>• Post-stroke neurological complications (malignant edema, haemorrhagic transformation)</li> <li>• Post-stroke systemic complications (eg. post-stroke pneumonia, VTE, acute decompensated heart failure)</li> </ul>
<p>The interval from index event to biomarker measurement is considered as a minimum item of information. †The imaging modality in all instances should be captured. *Although ASPECTS was developed on, and is best validated for, non-contrast CT, it could also be assessed on MRI if MRI is obtained as the primary baseline imaging modality. ‡ 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 3-point MACE: recurrent non-fatal stroke (ischaemic or ICH), non-fatal myocardial infarction, and cardiovascular death. AF, atrial fibrillation; ASPECTS, Alberta Stroke Program Early CT Score; BMI, body mass index; BNP, brain natriuretic peptide; BP, blood pressure; CAA, cerebral amyloid angiopathy; cfDNA, cell-free deoxyribonucleic acid; CMBs, cerebral microbleeds; CRP, C-reactive protein; CT, computerised tomography; DNase, deoxyribonuclease; DVO, distal vessel occlusion; eGFR, estimated glomerular filtration rate; LDH, lactate dehydrogenase; IVT, intra-venous thrombolysis; LVO, large vessel occlusion; MeVO, medium vessel occlusion; mTICI, modified Thrombolysis in Cerebral Infarction score; MPO, myeloperoxidase; MRI, magnetic resonance imaging; mRS, modified Rankin scale; NIHSS, National Institute for Health Stroke Scale; NTproBNP, N-terminal prohormone of brain natriuretic peptide; TIA, transient ischaemic attack; TOAST, The Trial of Org 10172 in Acute Stroke Treatment.</p>			