SUPPLEMENTAL MATERIAL

Study Period and Contribution per Institution:

Emory University/Grady Memorial Hospital (Atlanta-US):

- 18 patients
- Study period: July 2014 to October 2017

University of Miami/Jackson Memorial Hospital (Miami-US):

- 2 patients
- Study period: January 2015 to October 2017

Centre Hospitalier Régional Universitaire de Nancy (Nancy, France):

- 2 patients
- Study period: January 2015 to October 2017

Riverside Neurovascular Specialists (Newport News-US):

- 1 patient
- Study period: July 2012 to October 2017

Valley Baptist Medical Center (Harlingen-US):

- 1 patient
- Study period: July 2012 to Oct 2017

Definition of Cryptogenic Stroke:

TOAST defines cryptogenic strokes as events that are not attributable to definite cardioembolism, large artery atherosclerosis, or small artery disease despite vascular, cardiac and serologic evaluation. We utilized the AHA/ASA healthcare professional guide to diagnosis of cryptogenic strokes, which defined a "minimum workup" including noncontrast brain CT or MRI, blood glucose, oxygen saturation, serum electrolytes, renal function tests, complete blood count (including platelet count), markers of cardiac ischemia, coagulation tests, and electrocardiogram. All patients in the current series have also undergone at minimum a CT angiogram of the neck, trans-thoracic echocardiogram, either non-invasive or invasive (digital subtraction angiogram) vascular imaging of the cranial vasculature, and inpatient telemetry. Only patients in whom 1 plausible etiology was present were included.

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