

Supplemental Table 1. Definitions of stroke events and vascular events

Stroke	Acute symptoms and signs of neurologic defect caused by sudden abnormality of the blood supply. Damage of focal or whole brain, spinal or retinal vascular damage, which is related to cerebral circulation disorder.
Ischemic stroke	Definitions: (1) Symptoms or imaging evidence of acute newly onset focal neurologic deficit last for more than 24 hours after excluding other non-ischemic reasons, such as brain infection, head trauma, brain tumor, epilepsy, severe metabolic diseases, degeneration diseases or adverse effect of medications; or (2) Acute brain or retinal ischemic event with focal symptoms or signs lasts for less than 24 hours after excluding other causes with imaging evidence of new infarction; or (3) Progression of original vascular ischemic stroke (NIHSS increased ≥ 4 from baseline score after excluding hemorrhagic transformation or symptomatic intracerebral hemorrhage after cerebral infarction) lasts over 24 hours with new ischemic lesion on brain MRI or CT. Which would be classified by TOAST etiology standard.
Transient ischemic attack	A brief episode of neurological dysfunction caused by focal brain or retinal ischemia, with clinical symptoms typically lasting less than 24 hours, and without evidence of acute infarction, after excluding other non-ischemic reasons, such as brain infection, head trauma, brain tumor, epilepsy, severe metabolic diseases, degeneration diseases or adverse effect of medications.
Hemorrhagic stroke	Hemorrhagic stroke was defined as focal or whole brain or spine damage caused by non-traumatic bleeding into the brain parenchyma, intraventricular or subarachnoid.
Hemorrhagic transformation after infarction	<p>Any kind of non-traumatic extravascular bleeding in the area of brain tissue of existing acute/subacute infarction. Which could lead to relevant neurologic symptoms(symptomatic) or not (asymptomatic).</p> <p>1. To determine a symptomatic hemorrhagic transformation, the following two conditions must be met, (1) Image evidence of extravascular bleeding in the area of infarction on brain CT or MRI; (2) Clinical symptoms are relevant to hemorrhagic transformation. Hemorrhagic transformation can partly explain patients' neurological symptoms, for example: (a) The area and location of infarction can't explain the symptoms; (b) Clinically deterioration means NIHSS increased ≥ 4 from original ischemic event or causing death directly from hemorrhagic transformation; (c) a large space-occupying hematoma develops secondary to hemorrhagic transformation.</p> <p>2. To determine an asymptomatic hemorrhagic transformation, the following two conditions must be met, (1) Image evidence of extravascular bleeding in the area of infarction on brain CT or MRI; (2) No symptoms are caused by hemorrhagic transformation or an neurologic deterioration that lead to a less than 4 increase of</p>

	NIHSS score.
Myocardial infarction	<p>Third universal definition of myocardial infarction (Thygesen 2012)</p> <p>The term acute myocardial infarction (MI) should be used when there is evidence of myocardial necrosis in a clinical setting consistent with acute myocardial ischemia. Under these conditions any one of the following criteria meets the diagnosis for MI:</p> <ol style="list-style-type: none"> 1、 Detection of a rise and/or fall of cardiac biomarker values [preferably cardiac troponin (cTn)] with at least one value above the 99th percentile upper reference limit (URL) and with at least one of the following: <ol style="list-style-type: none"> (1) Symptoms of ischemia. (2) New or presumed new significant ST-segment–T wave (ST–T) changes or new left bundle branch block (LBBB). (3) Development of pathological Q waves in the ECG. (4) Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality (5) Identification of an intracoronary thrombus by angiography or autopsy. 2、 Cardiac death with symptoms suggestive of myocardial ischemia and presumed new ischemic ECG changes or new LBBB, but death occurred before cardiac biomarkers were obtained, or before cardiac biomarker values would be increased. 3、 Percutaneous coronary intervention (PCI) related MI is arbitrarily defined by elevation of cTn values (>5×99th percentile URL) in patients with normal baseline values (≤99th percentile URL) or a rise of cTn values >20% if the baseline values are elevated and are stable or falling. In addition, either (1) symptoms suggestive of myocardial ischemia or (2) new ischemic ECG changes or (3) angiographic findings consistent with a procedural complication or (4) imaging demonstration of new loss of viable myocardium or new regional wall motion abnormality are required. 4、 Stent thrombosis associated with MI when detected by coronary angiography or autopsy in the setting of myocardial ischemia and with a rise and/or fall of cardiac biomarker values with at least one value above the 99th percentile URL. 5、 Coronary artery bypass grafting (CABG) related MI is arbitrarily defined by elevation of cardiac biomarker values (>10×99th percentile URL) in patients with normal baseline cTn values (≤99th percentile URL). In addition, either <ol style="list-style-type: none"> (1) new pathological Q waves or new LBBB, or (2) angiographic documented new graft or new native coronary artery occlusion, or (3) imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Vascular death	<p>Vascular death include death due to stroke, cardiac sudden death, death caused by acute myocardial infarction, death caused by heart failure, death caused by pulmonary embolism, death caused by cardiac/cerebral interventions or operations (not caused by myocardial infarction) and death caused by other cardiovascular diseases. (Arrhythmia irrelevant to cardiac sudden death, rupture of aortic aneurysm or peripheral artery disease).</p> <p>Unexplained death happened within 30 days after stroke, myocardial infarction or cardiovascular/cerebral vascular operation will be considered as stroke, myocardial infarction and accidental death caused by operation separately.</p>
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