Supplemental Table 1. Baseline patient characteristics at the time of CEA

	Carotid Mild (<50%) Stenosis (N=32)
Age (years)	72.0 (65.5-76.0)
Female - no. (%)	8 (25.0)
BMI (kg/m^2)	30.0 ± 4.4
Systolic blood pressure (mmHg)	133.5 ± 19.1
Diastolic blood pressure (mmHg)	71.7 ± 12.3
Cardiovascular risk factors	
Smoking history - no. (%)	20 (62.5)
Hyperlipidemia - no. (%)	27 (84.3)
Hypertension - no. (%)	27 (84.3)
Diabetes mellitus - no. (%)	8 (25.0)
Laboratory parameters	
Haemoglobin (g/dL)	13.6 (12.4-14.2)
White blood cell count (x 10^9/L)	6.9 (5.9-8.6)
Glucose (mg/dL)	105.5 (96.2-132.5)
Hb A1C (%)	5.9 (5.4-6-6)
Creatinine (mg/dL)	1.0 (0.8-1.1)
Total cholesterol (mg/dL)	148.5 (135.0-177.5)
LDL cholesterol (mg/dL)	78.5 (64.7-106.2)
HDL cholesterol (mg/dL)	43.0 (36.7-56.0)

Triglycerides (mg/dL)	122.0 (78.0-162.5)
Uric acid (mg/dL)	6.2 (4.3-7.2)
hs-CRP (mg/L)	2.2 (0.4-22.4)
Cardiovascular history	
Ischemic stroke - no. (%)	18 (56.2)
TIA - no. (%)	9 (28.1)
Amaurosis fugax - no. (%)	5 (15.6)
Recurrent ischemic cerebrovascular events related to ipsilateral carotid disease - no. (%)	23 (71.8)
Number of recurrent events/patient	4 (3-5)
Time between cerebrovascular ischemic event and CEA (days)	39.0 (6.0-124.0)
Time between cerebrovascular ischemic event and CEA ≤6 mo. -no. (%)	26.0 (81.2)
Medications at the surgical evaluation	
Antiplatelet therapy - no. (%)	32 (100)
Monotherapy antiplatelet - no. (%)	17 (53.1)
Dual/triple antiplatelet therapy - no. (%)	15 (46.8)
Aspirin - no. (%)	30 (93.7)
Clopidogrel - no. (%)	16 (50.0)
Warfarin - no. (%)[a]	2 (6.2)

Statin - no. (%)	25 (78.1)
B-blocker - no. (%)	13 (40.6)
ACE-inhibitor - no. (%)	6 (18.7)
Ca-channel blocker - no. (%)	3 (9.3)
AT II-receptor blocker - no. (%)	8 (25.0)
Diuretic - no. (%)	7 (21.8)
Nitrate - no. (%)	5 (15.6)
Allopurinol - no. (%)	1 (3.1)

[a]Two patients were on Warfarin due to recurrent strokes prior to CEA. These patients were treated prior to the results of the RESPECT-ESUS and NAVIGATE ESUS trials.[1, 2]

Values are presented as means (standard deviations) or median (interquartile range) for continuous variables and percentages for dichotomous or categorical variables.

BMI, body mass index; Hb A1C, hemoglobin A1C; LDL, low-density lipoprotein; HDL, high-density lipoprotein; hs-CRP, high-sensitivity C-reactive protein; TIA, transient ischemic attack; CEA, carotid endarterectomy; ACE-inhibitor, angiotensin-converting enzyme-inhibitors; Ca-channel, Calcium-channel; AT II-receptor blocker, angiotensin II-receptor blocker; RESPECT-ESUS, Randomized, Double-Blind, Evaluation in Secondary Stroke Prevention Comparing the Efficacy and Safety of the Oral Thrombin Inhibitor Dabigatran Etexilate Versus Acetylsalicylic Acid in Patients With Embolic Stroke of Undetermined Source; NAVIGATE-ESUS, New Approach Rivaroxaban Inhibition of Factor Xa in a Global Trial versus ASA to Prevent Embolism in Embolic Stroke of Undetermined Source

References

1. Hart RG, Sharma M, Mundl H, et al. Rivaroxaban for Stroke Prevention after Embolic Stroke of Undetermined Source. *N Engl J Med* 2018;378(23):2191-201. doi: 10.1056/NEJMoa1802686 [published Online First: 2018/05/17]

2. Diener HC, Sacco RL, Easton JD, et al. Antithrombotic Treatment of Embolic Stroke of Undetermined Source: RE-SPECT ESUS Elderly and Renally Impaired Subgroups. *Stroke* 2020;51(6):1758-65. doi: 10.1161/STROKEAHA.119.028643 [published Online First: 2020/05/15]