

Supplementary Table 19. Overview of the study characteristics and reported prevalence of CAA according to the Boston criteria in patients with lobar intracerebral hemorrhage

Author	Year	Country	Area	Definition domain	Study acronym/ name of cohort	n	Age: mean (SD) or median (range)	Female (%)	Hypertension (%)	MRI parameters (field strength [T]/sequence/ slice thickness [mm])	Prevalence CAA (probable/ possible)	QA
Charidimou ¹⁸⁹	2013	UK; Belgium	West	Strictly lobar ICH	4 Stroke centers in UK and Belgium	76	71.1	46.1	64.5	1.5/T2*/5	53/23	6
Greenberg ¹⁹⁵	1996	USA	West	Spontaneous LICH	4 Hospitals in USA	45	75.3	51.1	64.4	1.5/T2*/NR	27/12	6.5
Jamieson ¹⁹⁶	2012	UK	West	Spontaneous LICH	European Basic Stroke Register	53	77 (8)	49.1	56.6	NR/NR/NR	6/47	2.5
Renard ¹⁸⁵	2020	France	West	Spontaneous LICH	Nimes University Hospital	68	74	48.5	NR	1.5 T (n=56) and 3.0 T (n=13)/T2*/NR	51/NR	2
Schwarz ¹⁶⁸	2022	UK	West	Spontaneous LICH	CROMIS-2 (ICH) and SIGNaL register	140	72.5	57.9	58.6	NR/either T2* or SWI/NR	54/NR	4.5
Viguiet ¹⁸⁷	2019	France	West	Spontaneous LICH	University Hospital Toulouse	165	70.5 (13.9)	46.1	49.7	1.5/T2*/5	72/NR	3

Prevalence of CAA according to Boston criteria shows the prevalence of probable and possible CAA.

CAA, cerebral amyloid angiopathy; CROMIS-2, Clinical Relevance of Microbleeds In Stroke; SIGNaL, Stroke InvestiGation in North and Central London; LICH, lobar intracerebral hemorrhage; MRI, magnetic resonance imaging; NR, not reported; SD, standard deviation; ST, slice thickness; UK, United Kingdom; USA, United States of America.