

Intracerebral haemorrhage

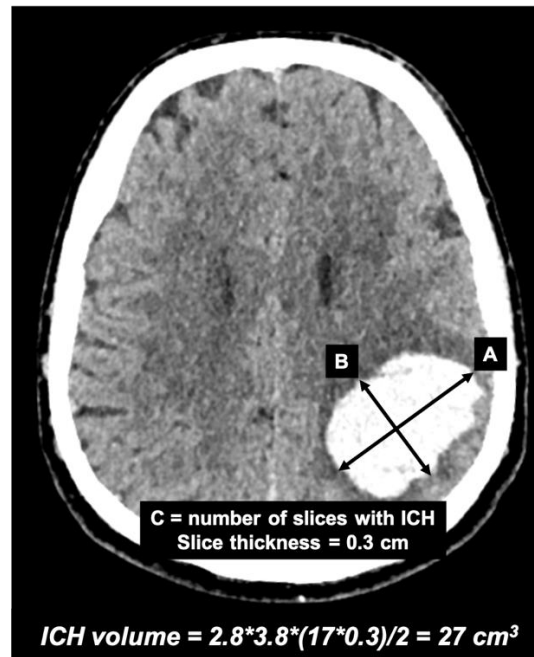
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Supplementary Box 1. Diagnostic criteria for sporadic cerebral amyloid angiopathy.

Edinburgh CT scan-based criteria

These criteria include three predictors: subarachnoid extension, apolipoprotein E (APOE) ϵ 4 status, and the presence of bleeding elongated projections arising from the ICH (described as finger-like projections).² To exclude the diagnosis of moderate or severe CAA, the absence of subarachnoid extension, and APOE ϵ 4 status is associated with a very high sensitivity (100%, 95% CI 88–100). To affirm the diagnosis of moderate or severe CAA, the presence of subarachnoid extension, and either finger-like projections or APOE ϵ 4 status is associated with a very high specificity (96%, 95% CI 78–100).

Supplementary Figure 1. Example of intracerebral haemorrhage volume estimation using the ABC/2 formula.



CT scan of a 71 year old patient with a lobar intracerebral haemorrhage (ICH). The formula is based on the assumption that the ICH volume can be approximated by an ellipsoid. Formula = $A \times B \times (C \times \text{slice thickness}) / 2$.³

Supplementary references

1. Charidimou, A., *et al.* The Boston criteria version 2.0 for cerebral amyloid angiopathy: a multicentre, retrospective, MRI-neuropathology diagnostic accuracy study. *Lancet Neurol.* **21**, 714–725 (2022).
2. Rodrigues, M.A., *et al.* The Edinburgh CT and genetic diagnostic criteria for lobar intracerebral hemorrhage associated with cerebral amyloid angiopathy: model development and diagnostic test accuracy study. *Lancet Neurol.* **17**, 232–240 (2018).
3. Kothari, R.U. *et al.* The ABCs of measuring intracerebral hemorrhage volumes. *Stroke* **27**, 1304–1305 (1996).