Supplemental Table 1. Results of Delphi Consensus

Questions and recommendations	Delphi round achieving consensus	Agreement (score 7–9) (%)	Uncertainty (score 4–6) (%)	Disagreement (score 1–3) (%)
2.3.4 Antiplatelet agents				
Q1-1. Do you think that the recommendation of dual antiplatelet therapy in minor ischemic stroke or high-risk TIA patients is necessary to be added in Korean stroke guidelines based on the results of recent clinical trials (CHANCE and POINT)?	First round	97.1	0.0	2.9
Q1-2. If yes, do you agree with this new recommendation? Recommendation 5. In patients presenting with acute minor ischemic stroke (NIHSS score 0–3) or high-risk TIA ($ABCD_2$ score ≥4), dual antiplatelet therapy with aspirin and clopidogrel initiated within 24 hours from the onset and maintained for up to 21–30 days is recommended to further reduce the risk of early recurrent stroke and major ischemic event (LOE: Ia, GOR: A).	First round	80.0	14.7	2.9
Q2-1. Is it necessary to add a new recommendation of triple antiplatelet therapy in patients with acute ischemic stroke patients?	First round	51.4	17.1	31.4
Q2-2. If yes, do you agree with this new recommendation? Recommendation 6. In patients presenting with acute ischemic stroke or TIA, triple antiplatelet therapy with a combination of aspirin, clopidogrel, and dipyridamole for the first 1 month is not recommended (LOE: Ib, GOR: A).	First round	51.4	0.0	0.0
Q3-1. Do you think that the recommendation whether to use ticagrelor for acute ischemic stroke patients is necessary to be included in the current guideline?	First round	51.4	14.3	34.3
Q3-2. If yes, do you agree with this new recommendation? Recommendation 7. Ticagrelor is not recommended over aspirin in patients with acute ischemic stroke or TIA until more data become available (LOE: Ib, GOR: A).	First round	51.4	0.0	0.0
Q4-1. Do you think that the recommendation of avoidance of aspirin within 24 hours after intravenous thrombolysis needs to be revised? Recommendation 3. Aspirin should not be taken within 24 hours of thrombolysis (LOE: Ia, GOR: A).	First round	88.6	8.6	2.9
Q4-2. If yes, do you agree with the revised recommendation? Recommendation 3. For patients treated with intravenous thrombolysis, it is generally recommended to delay antithrombotic therapy up to 24 hours. However, when the benefit is expected to outweigh the risk, antithrombotic therapy may be initiated within 24 hours after intravenous thrombolysis (LOE: III, GOR: B).	First round	88.6	0.0	0.0
Q5. Do you have any idea about other recommendations on antiplatelet therapy in the acute phase of ischemic stroke patients?				
1. In the hemorrhage-excluded, acute ischemic stroke patients, the oral administration of aspirin should start within 24 to 48 hours of onset (the loading dose 160–300 mg) (LOE: Ia, GOR: A).	No new opinion			
2. Aspirin cannot replace acute interventions including IVT (LOE: Ia, GOR: A).	No new opinion			
4. Intravenous injection of the glycoprotein IIb/IIIa receptor antagonists, including abciximab, is not recommended in patients with acute ischemic stroke (LOE: Ib, GOR: A).	Second round	91.4	5.7	2.9
2.3.5 Anticoagulants				
Q6-1. Do you think that the recommendation of early initiation of anticoagulants in AF-related ischemic stroke patients could be added?	First round	88.5	5.7	5.7
Q6-2. If yes, do you agree with this new recommendation? Recommendation 4. For patients with acute ischemic stroke and atrial fibrillation, it is recommended to start oral anticoagulation when the risk of hemorrhagic transformation is expected to be low. It may be reasonable to start oral anticoagulation between 4 and 14 days after stroke onset. However, in patients with high risk of recurrent stroke and low risk of hemorrhagic transformation, oral anticoagulation might be initiated within 5 days from stroke onset (LOE: III, GOR: B).	First round	96.7	3.2	0.0
Q7. Do you have any idea about other recommendations on anticoagulant therapy in the acute phase of ischemic stroke patients?	No new opinion			
1. There is no scientific evidence on the usefulness of heparin used within 48 hours of ischemic cerebral infarction. It might increase the risk of bleeding, compared with aspirin (LOE: Ia, GOR: A).				
2. LMWH or heparinoids is not recommended as an early treatment of cerebral infarction (LOE: Ia, GOR: A).				
3. Use of anticoagulants within 24 hours of rt-PA administration is not recommended (LOE: IIa, GOR: B).				

Q, question; TIA, transient ischemic attack; CHANCE, The Clopidogrel in High-Risk Patients with Acute Nondisabling Cerebrovascular Events; POINT, The Platelet-Oriented Inhibition in New TIA and Minor Ischemic Stroke; NIHSS, National Institutes of Health Stroke Scale; LOE, level of evidence; GOR, grade of recommendation; IVT, intravenous thrombolysis; AF, atrial fibrillation; LMWH, low molecular weighted heparin; rt-PA, recombinant tissue plasminogen activator.

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