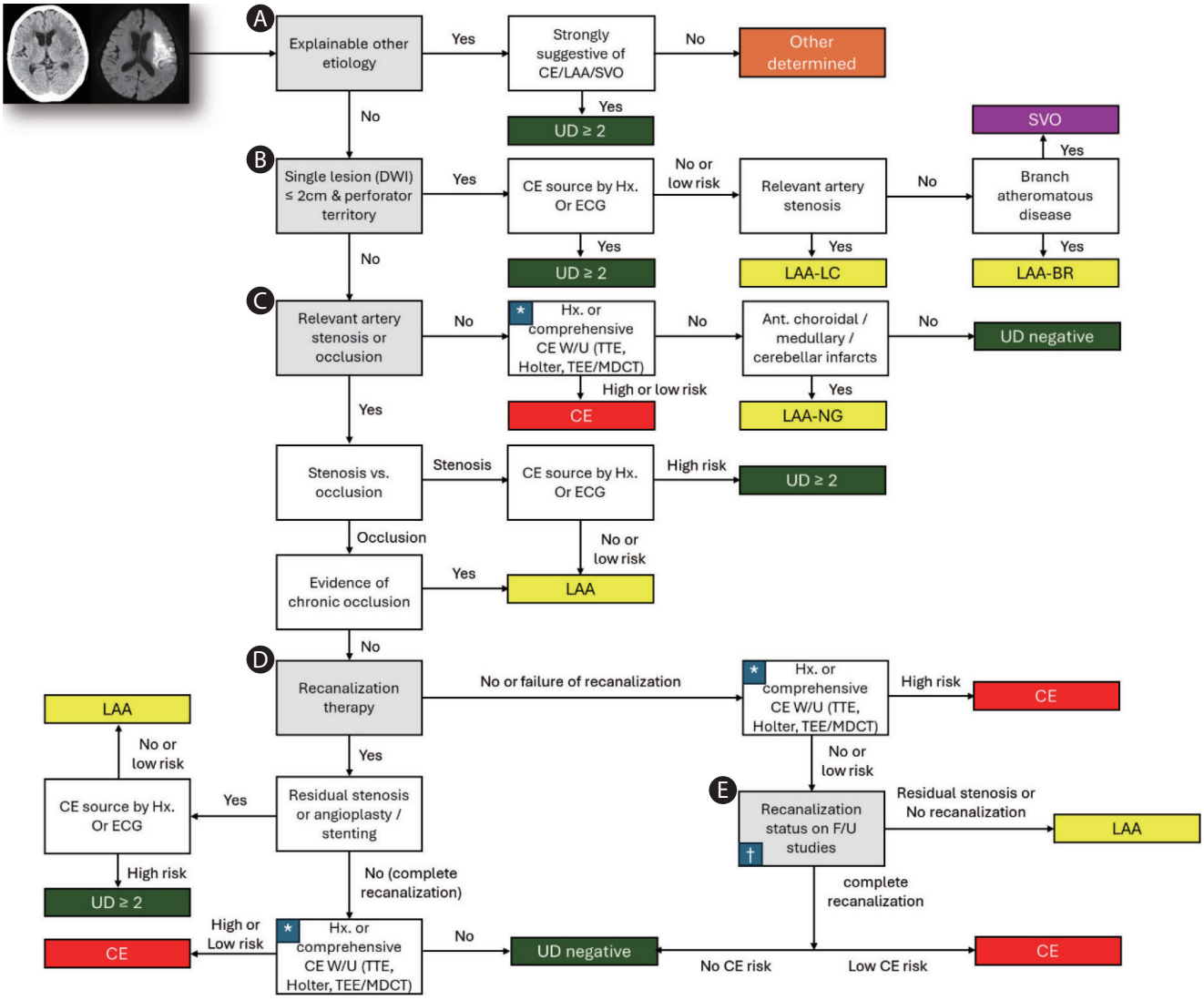

Supplementary Figure 2. MRI-based algorithm for subtype classification of ischemic stroke. (A) Step 1: consideration of other determined etiology of stroke. (B) Step 2: screening for SVO using MRI. (C) Step 3: consideration of relevant artery stenosis or occlusion. (D) Step 4: consideration of recanalization status of occluded artery after recanalization therapy. (E) Step 5: consideration of follow-up recanalization status of occluded artery without recanalization therapy. *If one of three examinations (TTE, 24-hr Holter monitoring, and TEE [or MDCT]) was not performed, then the patient was classified as 'undetermined incomplete'; †The follow-up vascular status would be evaluated by MR/CT angiography or transcranial Doppler. If no examinations are performed, then the patient should be classified as 'undetermined incomplete.' LAA, large artery atherosclerosis; SVO, small vessel occlusion; CE, cardioembolism; UD, undetermined cause; UD ≥2, undetermined with two or more causes; DWI, diffusion weighted imaging; Hx, history; ECG, electrocardiography; LAA-LC, large artery atherosclerosis with lacunae; LAA-BR, branch atheromatous disease; W/U, work-up; TTE, transthoracic echocardiography; TEE, transesophageal echocardiography; MDCT, multi-detector row computed tomography; Ant, Anterior; LAA-NG, large artery atherosclerosis with normal angiography; F/U, follow-up; MRI magnetic resonance imaging. Modified with permission from Ko et al. *J Stroke* 2014;16:161-172.[7]