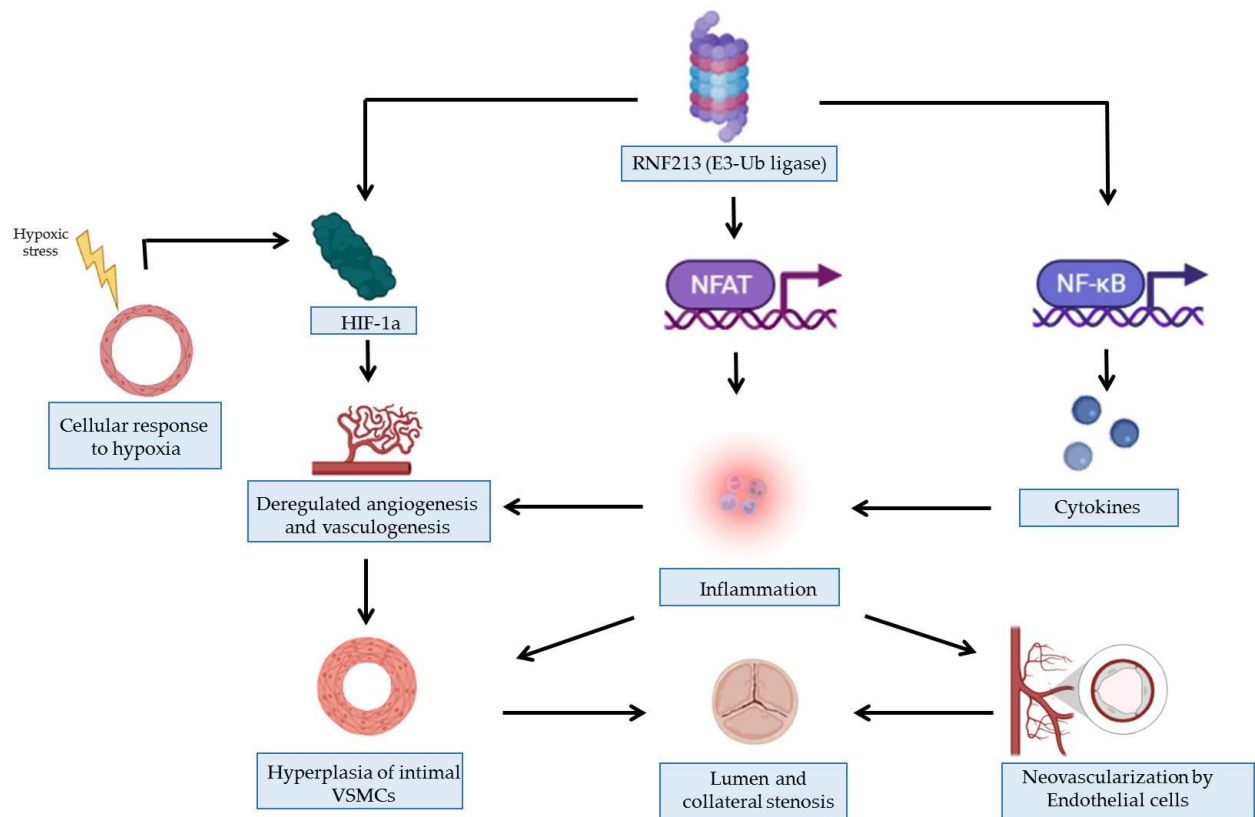


ID		Age	Gender	CVD type	NIHSS	U-B	Suzuki grading	Vascular risk factors	Pharmacological therapy
MA	3	43	F	IS	4	U	I	-	AG, ASA,ST, AE
MA	5	44	F	HS	5	B	IV	H	AE, AD
MA	9	54	M	TIA	0	B	IV	DL	AG, ASA,AD
MA	10	59	M	IS	4	B	IV	HoS	AG, ASA
MA	11	37	F	HS	0	U	IV	HT	AG, ASA
MA	14	15	F	TIA	0	U	IV	-	AG, ASA
MA	15	47	F	IS	8	B	IV	H, PI,	AG, ASA, ST, AE
MA	19	42	F	IS	2	B	IV	HT	AG, ASA, ST, AE
MA	20	46	F	Other	0	U	III	-	AG, ASA
MA	21	50	F	HS	1	B	IV	-	AD
MA	23	71	F	IS	7	U	III	DL	AG, ASA, ST, AE
MA	24	51	F	TIA	0	B	III	HoS, ET	AG, ASA, ST, AE
MA	25	54	F	Other	0	U	III	HoS	-
MA	30	30	F	TIA	-	U	III	-	AG, ASA
MA	31	49	M	IS	3	U	IV	DM, DL, HoS	AG, ASA, Other
MA	33	70	F	Other	0	U	-	H, DL, HoS	AG, ASA
MA	34	22	F	TIA	10	B	IV	H	-
MA	35	30	M	Other	0	B	V	DL, AA	-
MA	37	28	F	Other	0	U	IV	PI	AG
MA	38	63	M	HS	0	B	IV	H, DM, DL, IHH, HT	ST, CCB
MA	40	47	F	TIA	3	B	IV	H, HoS, PI	AG, ASA, Other
MA	41	52	F	Other	0	B	V	PI	-
MA	42	39	F	HS	0	B	III	DL, HoS, PI	ST
MA	43	45	F	IS	0	B	IV	PI, HHC	AG,ASA
MA	45	60	F	IS	4	B	V	H, DL	AG, ASA ST
MA	48	52	F	HS	0	U	IV	-	-
MA	49	36	F	Other	-	U	VI	PI, ET, HT	Other
MA	51	56	F	IS	0	B	III	H, DL, HoS, HHC	AG, ASA, ST
MA	52	37	F	IS	2	B	VI	H, DL, ET. HT	AG, ASA, ST, Other
MA	53	45	M	TIA	-	B	VI	DL, HoS, AA, HT	AG, ASA,ST
MA	54	53	M	TIA	0	U	IV	H, DL	AG, ASA, ST, Other
MA	56	53	F	TIA	-	B	-	-	AG, ASA, Other
MA	58	30	F	IS	5	B	III	HoS	AG, ASA
MA	59	56	F	TIA	0	B	IV-V	H, DL	AG, ASA, ST, AE
MA	61	38	F	TIA, Other	0-2	B	IV	HoS,PI	AG, ASA, Other
MA	63	53	F	HS	0	U	-	HT	ST, AE
MA	66	43	F	IS	2	U	-	HoS	AG, ST
MA	68	40	F	HS	-	U	-	HoS, PI	-
MA	70	27	F	Other	-	B	-	H, PI	AG, ASA, AE
MA	71	47	F	IS	4	B	-	H, HoS, PI	AG, ASA,Other

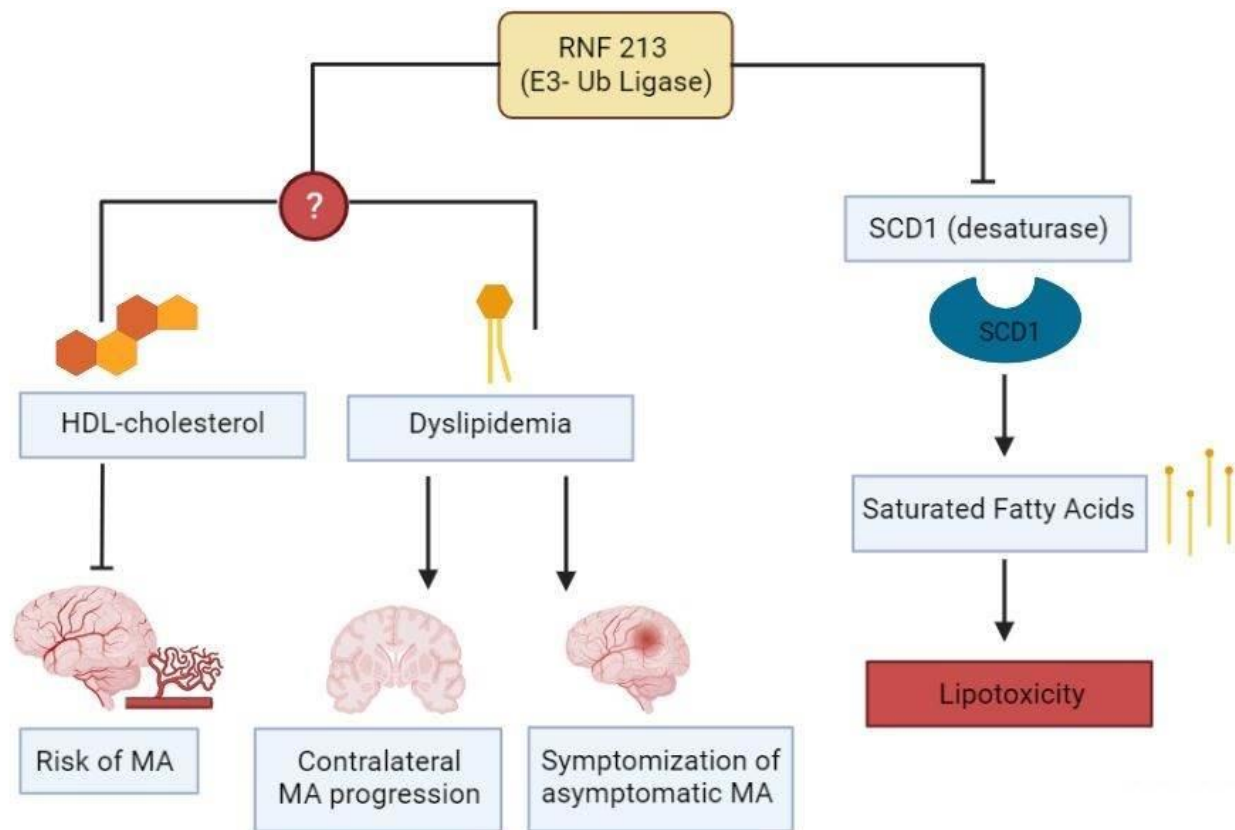
Supplementary Table S1: Demographic, clinical and neuro-radiological features of 40 MA patients whose plasma samples were included in biological analyses (AA, alcohol abuse; AD, antidepressant; AE, antiepileptic; AG, antiaggregants; AH, antihypertensive; AHHC, anti-hyperhomocysteinemia; ASA, acetylsalicylic acid; B, bilateral; CCB, calcium channel blockers; CVD, cerebrovascular disease; DL, dyslipidemia; DM, diabetes mellitus; ET, estroprogestinic therapy; f, female; H, hypertension; HHC, hyperhomocysteinemia; HoS, history of smoking; HS, hemorrhagic stroke; HT, head trauma; IHH, ischemic heart disease; IS, ischemic stroke; m, male; MA, moyamoya arteriopathy; NIHSS, National Institute of Health scale; PI, physical inactivity; PSY, psychiatric disorder; ST, statins; TIA, transient ischemic attack; U, unilateral).

ID		Age	Gender	CVD type	NIHSS	U-B	Suzuki grading	Vascular risk factors	Pharmacological therapy
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MA	21	50	F	HS	1	B	IV	-	AD
MA	24	51	F	TIA	0	B	III	HoS, ET	AG, ASA, ST, AE
MA	34	22	F	TIA	10	B	IV	H	-
MA	40	47	F	TIA	3	B	IV	H, HoS, PI	AG, ASA, Other
MA	41	52	F	Other	0	B	V	PI	-
MA	42	39	F	HS	0	B	III	DL, HoS, PI	ST
MA	43	45	F	IS	0	B	IV	PI, HHC	AG, ASA
MA	45	60	F	IS	4	B	V	H, DL	AG, ASA ST
MA	51	56	F	IS	0	B	III	H, DL, HoS, HHC	AG, ASA, ST
MA	52	37	F	IS	2	B	VI	H, DL, ET, HT	AG, ASA, ST, Other
MA	59	56	F	TIA	0	B	IV-V	H, DL	AG, ASA, ST, AE
MA	61	38	F	TIA, Other	0-2	B	IV	HoS, PI	AG, ASA, Other

Supplementary Table S2: Demographic, clinical and neuroradiological features of 15 MA patients (AA, alcohol abuse; AD, antidepressant; AE, antiepileptic; AG, antiaggregants; AH, antihypertensive; AHHC, anti-hyperhomocysteinemia; ASA, acetylsalicylic acid; B, bilateral; CVD, cerebrovascular disease; DL, dyslipidemia; DM, diabetes mellitus; ET, estroprogestinic therapy; f, female; H, hypertension; HHC, hyperhomocysteinemia; HoS, history of smoking; HS, hemorrhagic stroke; HT, head trauma; IHH, ischemic heart disease; IS, ischemic stroke; m, male; MA, moyamoya arteriopathy; NIHSS, National Institute of Health scale; PI, physical inactivity; PSY, psychiatric disorder; ST, statins; TIA, transient ischemic attack; U, unilateral).



Supplementary Figure S1. Implications of RNF213 in vasculogenic/angiogenic/inflammatory pathways.



Supplementary Figure S2. Putative effects of RNF213 in lipid metabolism.