**Supplemental Table.1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age/sex** | **Type of AF** | **Type of Anticoagulation** | **Procedure** | **Anticoagulation stopped (days)** | **Type of stroke/TIA** | **Extracranial disease** | **Echocardiogram** |
| 63 M | Non-valvular AF | Dabigatran | Colonoscopy and polypectomy  | 10 days for post polypectomy bleed | Rt MCA stroke /Rt M2 occlusion | No carotid disease  | Mod/severe LA dilation  |
| 82 M | Non-valvular AF | Dabigatran | Colonoscopy  | 3 Days  | Left-sided TIA  | No carotid disease | Dilated Cardiomyopathy |
| 84 F | Non-valvular AF | Apixaban | Breast Lumpectomy | 3 Days | Confusion/TIA | No carotid disease | Moderate LA dilation |
| 55 M | Non-valvular AF | Dabigatran | Total Thyroidectomy  | 5 days  | Rt Occipital stroke  | No carotid disease | Severe LA dilation, EF 50%, LV thrombus  |
| 59 M | Valvular AF | Warfarin | Colonoscopy | 4 days  | Rt sided TIA | No carotid disease | Mitral and aortic valvereplacement |
| 66 F | Non-valvular AF | Rivaroxaban | Total Knee Arthroplasty  | 6 days | Left Frontal stroke | No carotid disease | Severe LA dilation  |
| 71 M | Valvular AF | Warfarin | Aortic valve replacement | 5 days preoperatively | Bilateral watershed infraction and small left PICA infarction | No carotid disease | Severe aortic stenosis |

**Supplemental Table.1** Characterizes the patients who had a stroke. The table includes information about the patients such as their age, type of anticoagulant, the reasons for discontinuation, duration of discontinuation, type of procedure, location of ischemic stroke/TIA, and other factors such as extracranial diseases and trans-echocardiogram findings.

**Supplemental Table.2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age/Sex** | **Type of AF** | **Anticoagulants** | **Anticoagulation discontinued due to bleeding** | **Location of Stroke** | **Resume Anticoagulation treatment** | **Extracranial disease** |
| 54 M | Non-valvular AF | Rivaroxaban | Hip bleed | Left MCA/Parietal stroke  | Rivaroxaban resumed | No carotid disease |
| 74 M | Non-valvular AF | Warfarin | SAH/SDH dural AVM s/p embolization | Left PCA stroke | None | No carotid disease |
| 88 F | Non-valvular AF | Warfarin | Rt Thalamic hemorrhage  | Rt MCA stroke/M1 occlusion  | Apixaban | No carotid disease |
| 85 M | Non- valvular AF | Rivaroxaban | ITP and SDH | Rt MCA stroke | Rivaroxaban resumed | No carotid disease |
| 66 M | AF | Warfarin | Rt SDH | Rt MCA | Apixaban | No carotid disease  |

**Supplemental Table.2** Characterizes the patients who had discontinued anticoagulation due to bleeding complications and had a stroke. The table includes information about the patients such as their age, type of anticoagulant used, location of bleeding complication, the location of the ischemic stroke due to discontinuation of anticoagulation, and other factors such as extracranial diseases.

**Supplemental Table.3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age/Sex** | **Anticoagulation** | **Reason of discontinuation** | **Location of stroke** | **Resume AC** |
| 75 F | Rivaroxaban | Non-compliant due toRash | Left MCA stroke/ Rt MCA prior stroke | Resumed Rivaroxaban Deceased CAP |
| 91 F | Apixaban | Noncompliance for 2 weeks | Rt MCA/frontal infract | Resumed Apixaban  |
| 79 M | Rivaroxaban | Switch to edoxabanpatient’s preference | Left MCA stroke | Resumed Rivaroxaban |
| 86 M | Dabigatran  | Dose reduced for impaired renal function and later discontinued by the patient | Rt occipital stroke | Unknown  |

**Supplemental Table.3** Characterizes the patients who had discontinued anticoagulation due to either patient preference or physician’s preference and later had a stroke. The table includes information about the patients such as their age, type of anticoagulant used, reason of discontinuation, the location of the ischemic stroke after discontinuation, and later resumption of anticoagulant.