1 Supplemental methods:

6

Using π_{si} and π_{di} to denote the underlying risks of stroke and DWI+ in the *i*th treatment group and *N_i*, *S_i* and *D_i* to denote the observed numbers of patients, patients suffering a stroke and patients classified as DWI+ in that group respectively, the model is specified by the following three equations.

$$S_i \sim Binomial(N_i, \pi_{si})$$
 (1)

7
$$D_i - S_i \sim Binomial(N_i - S_i, ((\pi_{di} - \pi_{si})/(1 - \pi_{si})))$$
 (2)

8
$$\begin{pmatrix} \log(\pi_{di}/(1-\pi_{di})) \\ \log(\pi_{si}/(1-\pi_{si})) \end{pmatrix} \sim N \begin{pmatrix} \mu_d \\ \mu_s \end{pmatrix}, \begin{pmatrix} \sigma_d^2 & r\sigma_d\sigma_s \\ r\sigma_d\sigma_s & \sigma_s^2 \end{pmatrix} \end{pmatrix}$$
(3)

9 Equation (1) states that the number of strokes in the *i*th treatment group follows a binomial 10 distribution. Equation (2) states that the number of DWI+ cases among those not suffering a stroke 11 also follows a binomial distribution whose mean is chosen such that the overall risk of being DWI+ 12 in that treatment group is π_{di} ($\pi_{di} = \pi_{si} + (1 - \pi_{si}) \times (\pi_{di} - \pi_{si})/(1 - \pi_{si})$). Equation (3) states 13 that the underlying log odds of the two types of event follow a bivariate normal distribution. This 14 model was fitted using PROC NLMIXED in SAS software, version 9.2 (copyright, SAS Institute 15 Inc., Cary, NC, USA), with 95% confidence intervals for r (the correlation coefficient for the 16 association between the two log odds) constructed using the profile likelihood, and the p-value 17 from a likelihood ratio test. Secondary analyses restricted to treatment groups of patients receiving 18 CEA or CAS respectively were also attempted.

To illustrate the effect of imprecision in the two observed risks (DWI+ and stroke) on the association between them we performed a simulation (figure 2). Data from 30 treatment groups with sample sizes typical of those in our data were simulated using the model defined above with parameters taken to be similar to the parameter estimates from the model using all includedstudies.

24 To estimate the change in sample size requirements for a future clinical trial that can be achieved 25 by switching the primary outcome from stroke risk to DWI+ risk it is necessary to convert a 26 postulated effect on stroke risk to one on DWI+ risk. For example, if it is anticipated that a new 27 drug or interventional technique will reduce the risk of procedural stroke from 6% to 3% it is 28 necessary to convert each of these anticipated underlying stroke risks to anticipated underlying 29 DWI+ risks. The sample size of a phase II trial investigating proof of concept of such an 30 intervention could then be calculated to demonstrate the anticipated reduction in DWI+ risk. 31 Estimation of the parameters in the bivariate random effects logistic regression model allows such 32 conversions to be made because equation (3) implies that there is a linear relationship between 33 the underlying log odds of a stroke and the underlying log odds of being DWI+. Specifically, with 34 the underlying log odds of being DWI+ as the dependent variable and the underlying log odds of a stroke the predictor the line passes through the point $\binom{\mu_d}{\mu_s}$ and its slope is $r\sigma_d/\sigma_s$. 35

Supplementary Table 1:

List of all included studies investigating carotid artery stenting (CAS) for carotid stenosis. CAS treatment groups of comparative studies (CEA vs. CAS) are also included (see supplementary table 2 for CEA treatment groups from the same study). The total number of treatment groups in each study is provided (i.e. n=2 if CAS subgroup is part of a comparative study (CAS vs. CEA or CAS vs. CAS); N/A: information not available. Outcome data are provided per study including all CAS treatment groups.

Author	Year of first publicati on	Number of treatment groups included in Study, N	Number of CAS treatment groups included	Number of CEA treatment groups included	CAS Procedure s included in study, N	Symptomati c carotid stenoses, N	Number of reported ischaemic strokes, N (%)	Relative Risk of Ischaemic Stroke (%)	Number of reported DWI +, N (%)	Relative Risk of DWI+ (%)	Use of any Protection Device (Yes / No / both)
Loevblad 116	2000	1	1	0	19	N/A	2	10.5	4	21.1	No
Jaeger 120	2001	1	1	0	20	13	0	0.0	5	25.0	Yes
Jaeger 117	2002	1	1	0	70	52	1	1.4	22	31.4	No
Корр 164	2003	3	3	0	80	13	3	3.8	23	28.8	Both
Schlueter 121	2003	1	1	0	44	13	1	2.3	10	22.7	Yes
Flach 166	2004	2	1	1	21	21	1	4.8	9	42.9	Yes
Garcia-Sanchez 167	2004	2	1	1	10	10	0	0.0	4	40.0	No
Gauvrit 158	2004	2	2	0	23	12	1	4.3	2	8.7	Both
Cosottini 159	2005	2	2	0	52	23	1	1.9	16	30.8	Both
Roh 168	2005	2	1	1	22	18	2	9.1	8	36.4	No
du Mesnil de Rochemont ¹²²	2006	1	1	0	50	50	0	0.0	19	38.0	Yes
lihara 169	2006	2	1	1	92	33	7	7.6	32	34.8	Yes
Maleux 123	2006	1	1	0	53	17	0	0.0	22	41.5	Yes
McDonnell 124	2006	1	1	0	110	81	8	7.3	23	20.9	Both
Pinero 125	2006	1	1	0	162	122	1	0.6	28	17.3	Yes
Poppert 170	2006	2	1	1	41	18	1	2.4	22	53.7	No
Rosenkranz 118	2006	1	1	0	27	27	0	0.0	8	29.6	No
Grunwald 128	2006	1	1	0	10	N/A	0	0.0	4	40.0	Yes
Schillinger 129	2006	1	1	0	14	0	0	0.0	1	7.1	Yes
Asakura 126	2006	1	1	0	45	21	0	0.0	20	44.4	Both
Asakura 127	2006	1	1	0	11	7	0	0.0	2	18.2	Yes
El-Koussy 161	2007	2	2	0	44	25	2	4.5	13	29.5	Yes
Faraglia 172	2007	2	1	1	35	11	2	5.7	12	34.3	Yes
Kim ¹⁶²	2007	2	2	0	71	47	3	4.2	28	39.4	Yes
Lacroix 171	2007	2	1	1	61	21	2	3.3	26	42.6	Yes
Peynirciouglu 119	2007	1	1	0	13	13	0	0.0	1	7.7	No
Rapp 130	2007	1	1	0	54	29	2	3.7	36	66.7	Yes

Tedesco 173	2007	2	1	1	34	18	3	8.8	24	70.6	Yes
Kastrup 160	2008	2	2	0	243	134	14	5.8	144	59.3	Both
Palombo 132	2008	1	1	0	98	30	3	3.1	20	20.4	Yes
Faggioli 134	2008	1	1	0	59	0	0	0.0	34	57.6	Yes
Schofer 133	2008	1	1	0	59	8	0	0.0	19	32.2	Yes
Faraglia ¹³⁷	2008	1	1	0	43	N/A	1	2.3	6	14.0	Yes
Ghorab 131	2008	1	1	0	50	31	2	4.0	6	12.0	Yes
Skjelland 174	2009	2	1	1	28	N/A	2	7.1	6	21.4	Yes
Tedesco 135	2009	1	1	0	20	9	0	0.0	7	35.0	Yes
Zhou 175	2009	2	1	1	68	N/A	2	2.9	31	45.6	Yes
Taha 136	2009	1	1	0	98	51	3	3.1	42	42.9	Yes
Bonati 176	2010	2	1	1	124	124	9	7.3	62	50.0	Both
Kim ¹⁶⁵	2010	1	1	0	32	32	0	0.0	17	53.1	Both
Palombo 138	2010	1	1	0	111	N/A	4	3.6	33	29.7	Yes
Rosenkranz 115	2010	1	1	0	147	147	6	4.1	43	29.3	No
Wasser 177	2010	2	1	1	21	N/A	2	9.5	15	71.4	Both
Yamada 178	2011	2	1	1	56	34	2	3.6	23	41.1	Yes
Grunwald 114	2011	1	1	0	194	133	2	1.0	67	34.5	No
Mitsuoka 183	2011	2	1	1	20	17	0	0	10	50	Yes
Uchiyama 140	2011	1	1	0	19	19	1	5.3	15	78.9	Yes
Pinter 139	2011	1	1	0	31	N/A	1	3.2	5	16.1	Yes
Tulip 141	2012	1	1	0	34	17	1	2.9	17	50.0	Yes
Felli 179	2012	2	1	1	150	12	3	2.0	51	34.0	Yes
Leal 142	2012	2	2	0	64	44	0	0.0	15	23.4	Yes
Capoccia 180	2012	2	1	1	28	0	1	3.6	6	21.4	Yes
Palombo 143	2012	1	1	0	34	9	0	0.0	8	23.5	Yes
Akutsu 182	2012	2	1	1	41	19	1	2.4	14	34.1	Yes
Bijuklic 163	2012	2	2	0	62	25	1	1.6	41	66.1	Yes
Zhou 181	2012	2	1	1	16	8	0	0.0	8	50.0	Yes
Takayama ¹⁴⁴	2013	2	2	0	61	28	2	3.3	25	41.0	Yes
Tanemura ¹⁵¹	2013	1	1	0	47	23	1	2.1	26	55.3	Yes
Castro-Afonso ¹⁵⁰	2013	2	2	0	40	33	0	0	13	32.5	Yes
Cano 145	2013	2	2	0	60	15	1	1.7	39	65.0	Yes
Pini 146	2013	1	1	0	20	13	0	0.0	18	90.0	Yes
Park 147	2013	2	2	0	91	76	1	1.1	36	39.6	Both
Patti 148	2013	4 (2x2 design)	2	0	156	22	5	6.4	40	33.3	Yes
Bijuklic 149	2013	1	1	0	728	N/A	8	1.1	241	33.1	Yes
Gunduz ¹⁵²	2014	1	1	0	52	39	2	3.8	33	63.5	Yes

Huang ¹⁵³	2014	1	1	0	126	47	4	3.2	33	26.2	Yes
Kuliha ¹⁸⁴	2015	2	1	1	77	39	1	1.3	38	49.4	Yes
Matsukawa ¹⁵⁴	2015	1	1	0	36	24	0	0	11	30.6	Yes
Adhikari ¹⁵⁵	2016	1	1	0	35	N/A	2	5.7	10	28.6	Yes
Kuliha ¹⁵⁶	2016	1	1	0	81	32	0	0	46	56.8	Yes
Ruffino ¹⁵⁷	2016	1	1	0	23	14	0	0	7	30.4	Yes

Supplementary Table 2:

List of all included studies investigating CEA for carotid stenosis. CEA subgroups of comparative studies (CEA vs. CAS) are included (see supplementary table 1 for corresponding CAS subgroups). Number of treatment groups displays the total number of subgroups in each study, i.e. n=2 if CEA subgroup is part of a comparative study (CAS vs. CEA or CEA vs. CEA); N/A: information not given

Author	Year of fist publication	Number of treatment groups included in study, N	Number of CEA treatment groups included, N	Number of CAS treatment groups included, N	CEA Procedures included in study, N	Symptoma tic carotid stenoses, N	Number of reported ischaemic strokes, N (%)	Relative Risk of Ischaemic Stroke (%)	Number of reported DWI +, N (%)	Relative Risk of DWI + (%)	Type of Anaesthesia (Local or General or Both)
Feiwell 100	2001	1	1	0	25	N/A	0	0	1	4	Local
Tomczak 101	2001	1	1	0	51	33	2	3.9	6	11.8	N/A
Mueller 102	2003	1	1	0	33	22	1	3.0	9	27.3	General
Flach 166	2004	2	1	1	23	23	1	4.3	2	8.7	General
Garcia-Sanchez 167	2004	2	1	1	10	10	1	10.0	1	10.0	General
Roh 168	2005	2	1	1	26	19	0	0.0	1	3.8	General
lihara 169	2006	2	1	1	139	92	3	2.2	13	9.4	General
Inoue 103	2006	1	1	0	72	32	1	1.4	3	4.2	General
Poppert 170	2006	2	1	1	93	44	2	2.2	16	17.2	General
Faraglia 172	2007	2	1	1	40	8	0	0.0	3	7.5	Both
Lacroix 171	2007	2	1	1	60	41	2	3.3	7	11.7	General
Tedesco 173	2007	2	1	1	30	22	0	0.0	1	3.3	General
Ogasawara 104	2008	1	1	0	163	118	2	1.2	28	17.2	General
Soinne 105	2008	1	1	0	44	21	0	0.0	2	4.5	General
Skjelland 174	2009	2	1	1	30	N/A	1	3.3	2	6.7	General
Zhou 175	2009	2	1	1	100	N/A	2	2.0	12	12.0	General
Bonati 176	2010	2	1	1	107	107	3	2.8	18	16.8	Both
Hebb 106	2010	1	1	0	50	18	0	0.0	0	0.0	General
Wasser 177	2010	2	1	1	28	N/A	0	0.0	1	3.6	General
Mitsuoka ¹⁸³	2011	2	1	1	25	22	0	0	0	0	N/A

Yamada ¹⁷⁸	2011	2	1	1	25	16	0	0.0	2	8.0	General
Felli 179	2012	2	1	1	150	138	2	1.3	6	4.0	Local
Capoccia 180	2012	2	1	1	32	0	0	0.0	1	3.1	Local
Akutsu ¹⁸²	2012	2	1	1	63	34	0	0.0	11	17.5	General
Zhou 181	2012	2	1	1	35	19	0	0.0	3	8.6	General
Oikawa ¹⁰⁷	2013	1	1	0	101	101	2	2.0	9	8.9	General
Yoshida 108	2013	2	1	0	67	36	0	0.0	7	10.4	General
Cho ¹⁰⁹	2013	1	1	0	45	31	0	0.0	4	8.9	Local
Sfyroeras 110	2013	1	1	0	66	17	0	0.0	5	7.6	General
Akpinar ¹¹¹	2015	1	1	0	51	28	0	0	8	15.7	General
Kuliha ¹⁸⁴	2015	2	1	1	73	48	1	1.4	18	24.7	General
Bourke ¹¹²	2016	1	1	0	206	149	4	1.9	27	13.1	Local
Zhang ¹¹³	2016	1	1	0	36	25	0	0.0	0	0	General