ONLINE SUPPLEMENT

Clevidipine Rapidly and Safely Reduces Blood Pressure in Acute Intracerebral Hemorrhage; The ACCELERATE* Trial

Carmelo Graffagnino[1], Sergio Bergese[2], James Love[3], Dietmar Schneider[4], Christos Lazaridis[5], Marc LaPointe[6], Kiwon Lee[7], Gwendolyn Lynch[8] Ming-yi Hu,[9] Gregory C. Williams,[9]

[1]Duke University Medical Center, Durham, NC; [2]Ohio State University, Columbus, OH; [3]Moses H. Cone Health System, Greensboro, NC; [4]University of Leipzig, Leipzig, Germany; [5]Medical University of South Carolina, Charleston, SC; [6]South Carolina College of Pharmacy, Charleston, SC; [7]Columbia University Medical Center, New York, NY; [8]Cleveland Clinic Hospitals, Cleveland, OH [9]The Medicines Company, Parsippany, NJ

* The ev**A**luation of patients with a**C**ute hypertension and intra**C**er**E**bra**L** h**E**mor**R**hage with intr**A**venous clevidipine **T**reatm**E**nt (**ACCELERATE**)

Supplemental Methods

Inclusion/Exclusion Criteria for the ACCELERATE clinical trial

Inclusion Criteria

Patients were included in the study if they met all of the following criteria:

1. CT evidence of intracerebral hemorrhage (diagnosis and treatment within 12 hours of symptom onset)
2. Age 18 years or older
3. Baseline SBP >160 mm Hg immediately prior to initiation of clevidipine, measured using an arterial line (under Protocol Amendment 2, ICP-monitored patients could be enrolled with SBP ≤160 mm Hg if transitioning from an IV antihypertensive agent)
4. Required antihypertensive therapy to achieve SBP ≤160 mm Hg
5. Written informed consent from the patient or their legal representative before initiation of any study-related procedures

Exclusion Criteria

Patients were excluded from the study if any of the following exclusion criteria applied prior to randomization:

1. Decision for early surgical evacuation prior to 30 minutes of clevidipine infusion
2. Receipt of an oral antihypertensive within 2 hours prior to initiation of clevidipine
3. Treatment with a continuous infusion of an IV antihypertensive agent prior to initiation of clevidipine (Bolus treatment with urapidil [Germany only], labetalol or hydralazine was permitted. ICP-monitored patients enrolled under Protocol Amendment 2 could be enrolled with a continuous infusion of an IV antihypertensive agent prior to the initiation of clevidipine)
4. Intracerebral hematoma considered to be related to trauma by the neurologist or neurosurgeon
5. Aneurysmal subarachnoid hemorrhage
6. Glasgow coma score of <5 and fixed dilated pupils
7. Expectation that the patient would not tolerate or require intravenous antihypertensive therapy for a minimum of 30 minutes
8. Known or suspected aortic dissection
9. Acute myocardial infarction
10. Positive pregnancy test or known pregnancy
11. Intolerance or allergy to calcium channel blockers
12. Allergy to soybean oil or egg lecithin
13. Known liver failure, cirrhosis or pancreatitis
14. Prior directives against advanced life support
15. Participation in other clinical research studies involving the evaluation of other investigational drugs or devices within 30 days of enrollment

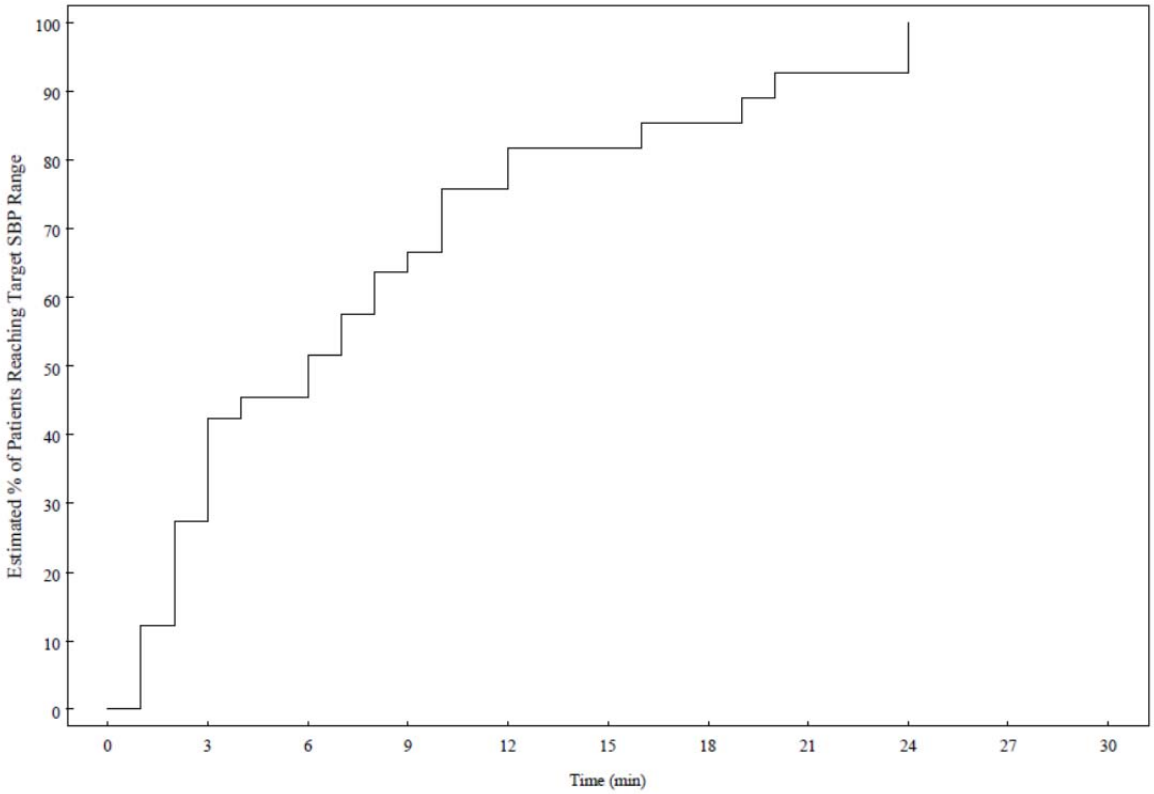
Patients excluded for any of the above reasons were allowed to be re-screened for participation at any time if the exclusion characteristic had changed.

Supplemental Results - Tables and Figures

Table S1 Locations of intracerebral hemorrhage lesions

Location	All Patients N=31 n (%)
Right frontal	2 (6.3)
Right parietal	1 (3.1)
Right occipital	1 (3.1)
Right deep gray (basal ganglia, thalamus)	15 (46.9)
Left frontal	1 (3.1)
Left occipital	1 (3.1)
Left deep gray (basal ganglia, thalamus)	7 (21.9)
Pons	2 (6.3)
Midbrain	1 (3.1)

Figure S1: Kaplan-Meier curve for time to SBP target range (≤160 mm Hg to ≥140 mm Hg) within 30 minutes after clevidipine initiation (mITT population)



Legend: The estimated probability of success in attaining the initial SBP target range was plotted over time as a Kaplan-Meier plot and shows that an estimated 93% of patients reached the target SBP range within 20 minutes from study drug initiation, with 42% at 3 minutes, 82% at 15 minutes.

Supplemental Appendix

Principle investigators and study coordinators

Site Name	Principle Investigator	Study Coordinator
Cleveland Clinic Hospitals	Lynch, Gwendowlyn	Forkapa, Rebecca; Strozniak, Lori
Columbia University Medical Center	Lee, Kiwon	Ostapkovich, Noleen
Duke University Medical Center	Graffagnino, Carmelo (James Eastwood & Carmelo Graffagnino - blinded CT scan readers)	Drake, Weiying, Stoner, Joanna
Guilford Neurologic Associates & Moses H. Cone Memorial Hospital	Love, James	Hammonds, Shirely; Harbison, Wesley; Johnson, Tamika
Henry Ford Hospital	Abdelhak, Tamer	Mays-Wilson, Kathleen
Intermountain Medical Center	Zurasky, John F.	Balling, Kyle
Medical Maine Center	Ricker, Richard	Letourneau's, Michele; Violette, Becca
Medical University South Carolina	Lazaridis, Christos	LaPointe, Marc; Neyens, Ron;
The Ohio State University	Bergese, Sergio D.	Beck, Alison; Bonaventura, Bridget; Puente, Erica;
The Queen's Medical Center	Chang, Cherylee W. J.	Oshita, Lyle K.; Stern, Tracy
Universitatsklinikum Erlangen	Schwab, Stefan	Schickert-Schleicher, Andrea-Maria
Universitatsklinikum Heidelberg	Steiner, Thorsten	Beck, Perdita
Universitatsklinikum Leipzig	Schneider, Dietmar	Gerhardt, Ines; Urban, Daniela
Washington Hospital Center	Herr, Daniel L.	Bolouri, Nazli