**Supplementary Table 1.** Distribution of DOAC type and dose stratified by region

| | Total (n=1,975) | Asian (n=245) | Non-Asian (n=1,730) | *P* |
|---|---|---|---|---|
| DOAC reduction* | 365 (18.5) | 106 (43.3) | 259 (15.0) | <0.01 |
| Type of DOAC–no dose reduction | n=1,592 | n=133 | n=1,459 | 0.03 |
| Dabigatran 150 mg twice daily | 251 (15.8) | 20 (15.0) | 231 (15.8) | |
| Rivaroxaban 20 mg once daily | 94 (5.9) | 9 (6.8) | 85 (5.8) | |
| Apixaban 5 mg twice daily | 1,055 (66.3) | 77 (57.9) | 978 (67.0) | |
| Edoxaban 60 mg once daily | 192 (12.1) | 27 (20.3) | 165 (11.3) | |
| Type of DOAC–dose reduction | n=365 | n=106 | n=259 | <0.01 |
| Dabigatran 110 mg twice daily | 89 (24.4) | 4 (3.8) | 85 (32.8) | |
| Rivaroxaban 15 mg once daily (protocol 2.0 only) | 5 (1.4) | 2 (1.9) | 3 (1.2) | |
| Apixaban 2.5 mg twice daily | 163 (44.7) | 36 (34.0) | 127 (49.0) | |
| Edoxaban 30 mg once daily | 108 (29.6) | 64 (60.4) | 44 (17.0) | |

Data are presented as number (percentage).
DOAC, direct oral anticoagulant.
*Data on DOAC dose reduction were missing in 18 patients (0.9% overall), including 6 Asian patients (2.4%) and 12 non-Asian patients (0.7%).

**Supplementary Table 2.** Missing data for baseline characteristics in Asian and non-Asian patients

| | Asian | | | Non-Asian | | |
|---|---|---|---|---|---|---|
| | Total (n=245) | Early (n=124) | Late (n=121) | Total (n=1,730) | Early (n=860) | Late (n=870) |
| Female sex | 0 | 0 | 0 | 0 | 0 | 0 |
| Age (yr) | 0 | 0 | 0 | 0 | 0 | 0 |
| Prestroke mRS score | 0 | 0 | 0 | 2 | 1 | 1 |
| NIHSS score at admission | 0 | 0 | 0 | 49 | 25 | 24 |
| NIHSS score before randomization | 0 | 0 | 0 | 0 | 0 | 0 |
| Classification of stroke | 0 | 0 | 0 | 0 | 0 | 0 |
| Medical history | | | | | | |
| Prior stroke | 2 | 1 | 1 | 7 | 4 | 3 |
| TIA prior to index stroke | 5 | 3 | 2 | 18 | 9 | 9 |
| Prior systemic embolism | 4 | 3 | 1 | 13 | 7 | 6 |
| Hypertension | 5 | 2 | 3 | 14 | 9 | 5 |
| Prior myocardial infarction | 3 | 2 | 1 | 17 | 8 | 9 |
| Prior heart failure classified according to the NYHA | 27 | 16 | 11 | 106 | 51 | 55 |
| Peripheral-artery disease | 6 | 4 | 2 | 60 | 30 | 30 |
| Large vessel diseases of supraortic vessels | 5 | 3 | 2 | 98 | 52 | 46 |
| Diabetes mellitus | 2 | 0 | 2 | 13 | 10 | 3 |
| Dyslipidemia | 1 | 0 | 1 | 55 | 30 | 25 |
| Sleep disordered breathing | 42 | 21 | 21 | 219 | 120 | 99 |
| Smoking status | 7 | 4 | 3 | 104 | 48 | 56 |
| Antithrombotic drug | | | | | | |
| Aspirin | 0 | 0 | 0 | 0 | 0 | 0 |
| Other antiplatelet drug | 0 | 0 | 0 | 0 | 0 | 0 |
| Treatment | | | | | | |
| Thrombolysis | 0 | 0 | 0 | 40 | 20 | 20 |
| Thrombectomy | 0 | 0 | 0 | 40 | 20 | 20 |

Data are presented as number.
mRS, modified Rankin Scale; NIHSS, National Institutes of Health Stroke Scale; TIA, transient ischemic attack; NYHA, New York Heart Association.