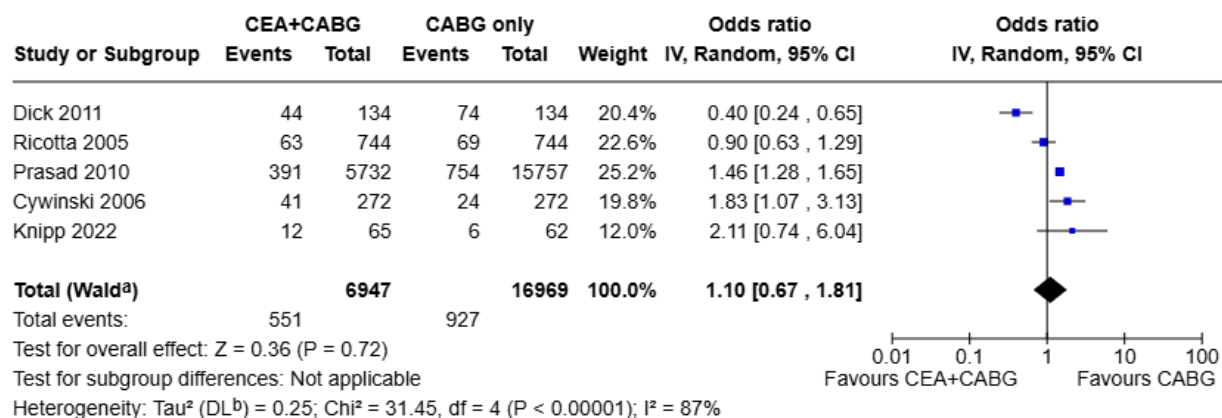


Full search strategy

("carotid endarterectomy" OR CEA OR "carotid stenosis" OR "carotid artery surgery" OR "carotid surgery" OR "carotid revascularization" OR "carotid revascularisation") AND ("coronary artery bypass grafting" OR CABG OR "coronary bypass" OR "coronary artery bypass" OR "myocardial revascularization" OR "myocardial revascularisation" OR "cardiac bypass surgery") AND ("isolated coronary artery bypass" OR "isolated CABG" OR "CABG alone" OR "grafting alone" OR "CABG without CEA" OR "bypass alone" OR "standalone CABG")

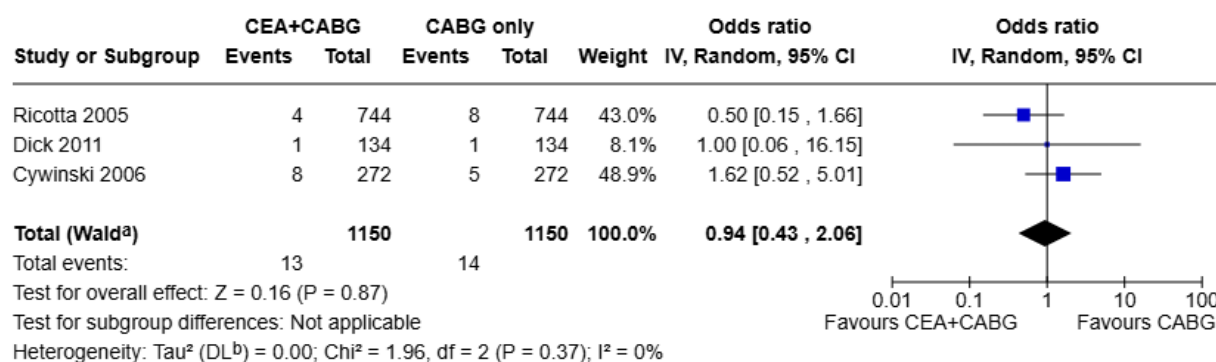
Supplementary Figure 1 Composite MACE – No significant difference in major adverse cardiovascular events (MACE) between CEA+CABG and CABG alone [OR 1.1; 95% CI 0.7 to 1.8; $p = 0.72$; $I^2 = 87\%$].

**Footnotes**

^aCI calculated by Wald-type method.

^b Tau^2 calculated by DerSimonian and Laird method.

Supplementary Figure 2 Myocardial Infarction – No significant difference in perioperative myocardial infarction risk between CEA+CABG and CABG alone [OR 0.9; 95% CI 0.4 to 2.1; $p = 0.87$; $I^2 = 0\%$].

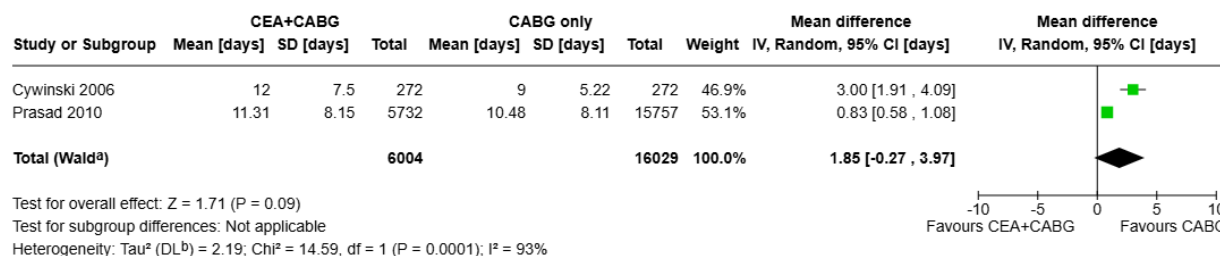


Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by DerSimonian and Laird method.

Supplementary Figure 3 Length of Hospital Stay – CEA+CABG showed a non-significant trend towards longer hospital stay [MD 1.9 days; 95% CI -0.27 to 4.0; p = 0.09; I² = 93%].



Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by DerSimonian and Laird method.