The unruptured intracranial aneurysm treatment score (UIATS) model includes and quantifies the key factors for clinical decision-making in the management of unruptured intracranial aneurysms (UIAs), developed based on relevance rating data from Delphi consensus rounds 1–4.[18] To calculate a management recommendation for a UIA, the number of points corresponding to each patient-, aneurysm-, or treatment-related feature on both management columns of the scoring form ("in favor of UIA repair" and "in favor of UIA conservative management") are added up. This will lead to 2 numerical values, 1 favoring aneurysm repair (surgical or endovascular), and 1 favoring conservative management. The definitions for each category and factor are found in the Methods section. For cases with a score difference of 3 points or more, the direction, i.e., the difference between the calculated numerical values on each side of the recommendation columns, will suggest an individual management recommendation (i.e., aneurysm repair or conservative management). For cases that have similar aneurysm treatment and conservative management scores (±2 point difference or less), the recommendation is "not definitive" and either management approach could be supported, as additional factors apart from those used in the development of UIATS may be considered in making a final decision regarding the management recommendation and long-term follow-up. For cases with multiple aneurysms, every aneurysm must be evaluated separately, which will then also result in separate recommendations for each aneurysm. *The minimal intervention-related risk is always added as a constant factor (5 points). AComA = anterior communicating artery; BasA = basilar artery; BP = blood pressure; multiple = multiple selection category; PComA = posterior communicating artery; SAH = subarachnoid hemorrhage; single = single selection category.

Figure 2 The unruptured intracranial aneurysm treatment score

				Favors UIA repair	Favors UIA conservative management
Patient	**Age** (single)	< 40 years	4	☐	
		40-60 years	3		
		61-70 years	2		
		71-80 years	1		
		> 80 years	0		
	Risk factor incidence (multiple)	Previous SAH from a different aneurysm	4		
		Familial intracranial aneurysms or SAH	3		
		Japanese, Finnish, Inuit ethnicity	2		
		Current cigarette smoking	3		
		Hypertension (systolic BP > 140 mm Hg)	2		
		Autosomal-polycystic kidney disease	2		
		Current drug abuse (cocaine, amphetamine)	2	☐	
		Current alcohol abuse	1		
	Clinical Symptoms related to UIA (multiple)	Cranial nerve deficit	4		
		Clinical or radiological mass effect	4		
		Thromboembolic events from the aneurysm	3	☐	
		Epilepsy	1		
	Other (multiple)	Reduced quality of life due to fear of rupture	2	☐	
		Aneurysm multiplicity	1		
	Life expectancy due to chronic and/or malignant Diseases (single)	< 5 years	4		☐
		5 - 10 years	3		
		> 10 years	1		
	Comorbid disease (multiple)	Neurocognitive disorder	3		☐
		Coagulopathies, thrombophilic diseases	2		
		Psychiatric disorder	2		
Aneurysm	**Maximum diameter** (single)	≤ 3.9 mm	0		
		4.0-6.9 mm	1		
		7.0-12.9 mm	2	☐	
		13.0-24.9 mm	3		
		≥ 25 mm	4		
	Morphology (multiple)	Irregularity or lobulation	3	☐	
		Size ratio > 3 or aspect ratio > 1.6	1		
	Location (single)	BasA bifurcation	5		
		Vertebral/basilar artery	4	☐	
		AcomA or PcomA	2		
	Other (multiple)	Aneurysm growth on serial imaging	4		
		Aneurysm de novo formation on serial imaging	3	☐	
		Contralateral stenoocclusive vessel disease	1		
Treatment	**Age-related risk** (single)	< 40 years	0		
		41-60 years	1		
		61-70 years	3		
		71-80 years	4		☐
		> 80 years	5		
	Aneurysm size-related risk (single)	< 6.0 mm	0		
		6.0-10.0 mm	1		
		10.1-20.0 mm	3		☐
		> 20 mm	5		
	Aneurysm complexity-related risk	High	3		☐
		Low	0		
	Intervention-related risk	Constant*			5