Supplemental Material

Table S1: The number of patients included from each participating center.

- Lausanne	72
- Pavia	66
- Reggio Emilia	50
- Daegu	40
- L'Aquila	38
- Dresden	28
- Mantova	25
- Cesena	20
- Ferrara	20
- Bologna	19
- Piraeus	19
- Siena	15
- Empoli	15
- Rome (Tor Vergata)	14
- Basel	13
- Thessaloniki	13
- Verona	10
- Athens	10
- Palermo	10
- La Spezia	10
- Rome (Gemelli)	10
- Genova (ASL3)	10
- Rome (Umberto I)	9
- Novi Sad	8
- Larissa	7
- Parma	7
- Kyiv	7
- Milan	6
- Perugia	6
- Brescia	6
- Homburg	6
- Massa Carrara	5
- Genova (San Martino)	5
- Ioannina	5
- Rimini	5
- Florence	4
- Antwerp-Kortrijk	3
- Pisa	2
- Frosinone	2
- Rome (Campus Bio-Medico)	2
- Novosibirsk	2
- Turin	2
- Pietra Ligure	1

Table S2. Characteristics of the patients treated with or without bridging therapy

	Bridging therapy N=255	**No bridging therapy (warfarin interruption) N=271**	**No bridging therapy (warfarin continuation) N=77**
Age (mean, years)	68.9±13.3	70.1±12.3	69.4±11.3
NIHSS on admission (mean)	10.1±7.4	7.7±6.8	5.5±5.1
Sex M	156 (61.2%)	139 (51.3%)	41 (53.2%)
Diabetes Mellitus	64 (25.1%)	60 (22.1%)	18 (23.4%)
Hypertension	178 (69.8%)	196 (72.3%)	55 (71.4%)
Hyperlipidemia	130 (51.0%)	110 (40.6%)	41 (53.2%)
Atrial fibrillation	118 (46.3%)	156 (57.6%)	42 (54.5%)
History of stroke /TIA	69 (27.1%)	97 (35.8%)	29 (37.7%)
Smoking (ongoing)	53 (20.8%)	42 (15.5%)	16 (20.8%)
Alcoholism	34 (13.3%)	23 (8.5%)	6 (7.8%)
Congestive heart failure	52 (20.4%)	63 (23.2%)	12 (15.6%)
History of myocardial infarction	46 (18.0%)	48 (17.7%)	14 (18.2%)
Peripheral artery disease	31 (12.1%)	27 (10.0%)	4 (5.2%)
Pacemaker	32 (12.5%)	38 (14.0%)	10 (13.0%)
Lesion size			
Small	96 (37.6%)	128 (47.2%)	54 (70.1%)
Medium	91 (35.7%)	85 (31.4%)	16 (20.8%)
Large	68 (26.7%)	58 (21.4%)	7 (9.1%)
Creatinine clearance	77.2±36.6	64.9±22.2	79.7±32.1
Timing of anticoagulant therapy initiation (mean, days)	3.3±2.6	3.7±5.3	-

Table S3. Outcome events in patients treated with or without bridging therapy

	Bridging therapy N=255	**No bridging therapy N=271***	**Odds Ratio (95% CI)**	**p**
Combined outcome events	36 (14.1%)	23 (8.5%)	1.77 (1.02-3.08)	0.04
			adj. 1.89 (1.03-3.47)**	0.03
Ischemic outcome events	13 (5.1%)	10 (3.9%)	1.56 (0.66-3.72)	0.3
			adj. 1.41 (0.56-3.58)**	0.4
Hemorrhagic outcome events	23 (9.0%)	13 (4.8%)	1.97 (0.97-3.97)	0.055
			adj. 2.17 (1.03-4.60)**	0.04

*Excluding 77 patients who had continued warfarin without interruption after the index stroke
** Adjusted for age, sex, history of hyperlipidemia, atrial fibrillation, history of stroke, lesion size, smoking and alcoholism.

Table S4. Characteristics of the patients treated with or without bridging therapy after PSM

	Bridging therapy N=254	**No bridging therapy N=254**	**p**
Age (mean, years)	69.0±13.3	70.0±12.0	0.2
NIHSS on admission (mean, median)	10.1±7.0	8.0±7.0	0.02
Sex male	155 (61.0%)	146 (57.0%)	0.4
Diabetes Mellitus	64 (25.2%)	55 (21.7%)	0.3
Hypertension	177 (69.7%)	184 (72.4%)	0.5
Hyperlipidemia	129 (50.8%)	110 (43.3%)	0.1
Atrial fibrillation	118 (46.5%)	120 (47.2%)	0.8
History of stroke	68 (26.8%)	75 (29.5%)	0.5
Smoking (ongoing)	53 (21.0%)	46 (18.1%)	0.4
Alcoholism	34 (13.5%)	21 (8.7%)	0.06
Congestive heart failure	52 (20.6%)	45 (17.8%)	0.4
History of myocardial infarction	46 (18.1%)	41 (16.1%)	0.6
Peripheral artery disease	31 (12.2%)	27 (10.6%)	0.6
Lesion size			0.02
Small	96 (37.8%)	121 (47.6%)	
Medium/large	158 (62.2%)	133 (52.4%)	
Hemorrhagic transformation (24-72 h)	44 (17.1%)	40 (15.7%)	0.7
rtPA	43 (16.9%)	25 (9.8%)	0.02
Mechanical thrombectomy	74 (29.1%)	40 (15.7%)	0.003
Creatinine clearance	77.0±37.0	71.0±26.0	0.06
Mortality or disability	109 (43.4%)	103 (40.6%)	0.6
Mortality	24 (9.6%)	18 (7.1%)	0.3

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	4	
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	4	
		Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5	
Objectives	3	State specific objectives, including any prespecified hypotheses	5	
		Methods		
Study design	4	Present key elements of study design early in the paper	5-6	
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	5	
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	5-7	
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case		
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	8	
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	5-6	
Bias	9	Describe any efforts to address potential sources of bias	5,13	
Study size	10	Explain how the study size was arrived at	9	

Continued on next page

Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	5
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	5-9
		(*b*) Describe any methods used to examine subgroups and interactions	5-9
		(*c*) Explain how missing data were addressed	
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	9
		(*e*) Describe any sensitivity analyses	
		Results	
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	9
		(b) Give reasons for non-participation at each stage	9
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	10
		(b) Indicate number of participants with missing data for each variable of interest	
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	8
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	10
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	
		Cross-sectional study—Report numbers of outcome events or summary measures	
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	11-12
		(*b*) Report category boundaries when continuous variables were categorized	11
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	

Continued on next page

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	11
Discussion			
Key results	18	Summarise key results with reference to study objectives	12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	13-14
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	12-14
Generalisability	21	Discuss the generalisability (external validity) of the study results	12-14
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	15

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.