## Prognostic value of the 24-hour neurologic examination in anterior circulation ischemic stroke:

Post-hoc analysis of two randomized controlled stroke trials.

Srikant Rangaraju, MD<sup>1</sup>; Michael Frankel, MD<sup>1</sup>; Tudor G. Jovin, MD<sup>2</sup>

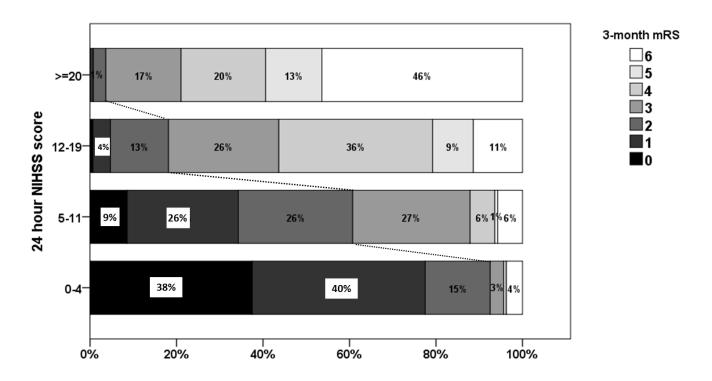
<sup>1</sup>Emory University, Atlanta; <sup>2</sup>University of Pittsburgh Medical Center, Pittsburgh

## **SUPPLEMENT**

eTable 1. Multivariable logistic regression: IMS3

Variable	p value	Odds <sup>#</sup> Ratio	95% Confidence Interval	
24-hour NIHSS	<0.001	0.75	0.71	0.79
Age (years)	<0.01	0.96	0.94	0.99
Parenchymal hemorrhage	0.15	0.34	0.08	1.46
Baseline NIHSS	0.41	0.97	0.91	1.04
Atrial fibrillation	0.51	1.24	0.65	2.36
Race (Black vs. others)	0.55	1.27	0.58	2.76
Treatment arm (IV vs IA)	0.56	0.84	0.46	1.52
Diabetes mellitus	0.61	0.83	0.40	1.71
Time to randomization	0.69	1.00	0.99	1.01
Baseline ASPECTS	0.73	0.98	0.87	1.10
Hypertension	0.78	1.10	0.55	2.22

<sup>\*</sup>Odds for a good functional outcome (mRS 0-2 at 3 months). Variables entered in this analysis were selected based on prior published literature that identified these as significant predictors of clinical outcome in stroke patients.



eFigure 1. 3-month clinical outcomes (mRS) observed in IMS3 across 24-hour NIHSS risk quartiles.