ONLINE SUPPLEMENT

Association of Blood Pressure with Outcomes in Acute Stroke Thrombectomy

Short title: BP and Outcomes in MT-Treated Strokes

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Supplemental Methods

Complete search algorithm used in MEDLINE search

((mechanical[All Fields] AND ("thrombectomy"[MeSH Terms] OR "thrombectomy"[All Fields])) OR (endovascular[All Fields] AND ((("ischemia"[MeSH Terms] OR "ischemia"[All Fields] OR "ischemic"[All Fields]) AND ("stroke"[MeSH Terms] OR "stroke"[All Fields])) OR (large[All Fields] AND ("blood vessels"[MeSH Terms] OR ("blood"[All Fields] AND "vessels"[All Fields]) OR "blood vessels"[All Fields] OR "vessel"[All Fields]) AND ("vessel occlusion"[MeSH Terms] OR ("vessel"[All Fields] AND "occlusion"[All Fields]) OR "vessel occlusion"[MeSH Terms] OR ("vessel"[All Fields] AND "occlusion"[All Fields]) OR "vessel occlusion"[All Fields] OR "occlusion"[All Fields])) OR ("brain ischemia"[MeSH Terms] OR ("brain"[All Fields] AND "ischemia"[All Fields]) OR "brain ischemia"[All Fields] OR ("cerebrovascular"[All Fields] AND "ischemia"[All Fields]) OR "cerebrovascular ischemia"[All Fields]) OR ("stroke"[MeSH Terms] OR "stroke"[All Fields])) AND "blood pressure") OR blood pressure [MeSH Terms] OR "systolic") OR pressure, systolic [MeSH Terms]) OR "diastolic") OR pressure, diastolic [MeSH Terms]))

Supplementary References

- 1. Lowhagen Henden P, Rentzos A, Karlsson JE, Rosengren L, Sundeman H, Reinsfelt B, Ricksten SE. Hypotension during endovascular treatment of ischemic stroke is a risk factor for poor neurological outcome. *Stroke*. 2015;46:2678-2680
- 2. Mulder M, Ergezen S, Lingsma HF, Berkhemer OA, Fransen PSS, Beumer D, van den Berg LA, Lycklama ANG, Emmer BJ, van der Worp HB, Nederkoorn PJ, Roos Y, van Oostenbrugge RJ, van Zwam WH, Majoie C, van der Lugt A, Dippel DWJ. Baseline blood pressure effect on the benefit and safety of intra-arterial treatment in mr clean (multicenter randomized clinical trial of endovascular treatment of acute ischemic stroke in the netherlands). *Stroke*. 2017;48:1869-1876
- 3. Mundiyanapurath S, Stehr A, Wolf M, Kieser M, Mohlenbruch M, Bendszus M, Hacke W, Bosel J. Pulmonary and circulatory parameter guided anesthesia in patients with ischemic stroke undergoing endovascular recanalization. *Journal of neurointerventional surgery*. 2016;8:335-341
- 4. Pikija S, Trkulja V, Ramesmayer C, Mutzenbach JS, Killer-Oberpfalzer M, Hecker C, Bubel N, Fussel MU, Sellner J. Higher blood pressure during endovascular thrombectomy in anterior circulation stroke is associated with better outcomes. *Journal of stroke*. 2018;20:373-384
- 5. Treurniet KM, Berkhemer OA, Immink RV, Lingsma HF, Ward-van der Stam VMC, Hollmann MW, Vuyk J, van Zwam WH, van der Lugt A, van Oostenbrugge RJ, Dippel DWJ, Coutinho JM, Roos Y, Marquering HA, Majoie C. A decrease in blood pressure is associated with unfavorable outcome in patients undergoing thrombectomy under general anesthesia. *Journal of neurointerventional surgery*. 2018;10:107-111
- 6. Eker OF, Saver JL, Goyal M, Jahan R, Levy EI, Nogueira RG, Yavagal DR, Bonafe A. Impact of anesthetic management on safety and outcomes following mechanical thrombectomy for ischemic stroke in swift prime cohort. *Frontiers in neurology*. 2018;9:702
- 7. Alcaraz G, Chui J, Schaafsma J, Manninen P, Porta-Sanchez A, Pereira VM, Venkatraghavan L. Hemodynamic management of patients during endovascular treatment of acute ischemic stroke under conscious sedation: A retrospective cohort study. *Journal of neurosurgical anesthesiology*. 2019;31:299-305
- 8. Zhang YB, Su YY, He YB, Liu YF, Liu G, Fan LL. Early neurological deterioration after recanalization treatment in patients with acute ischemic stroke: A retrospective study. *Chinese medical journal*. 2018;131:137-143
- 9. Takahashi CE, Brambrink AM, Aziz MF, Macri E, Raines J, Multani-Kohol A, Hinson HE, Lutsep HL, Clark WM, Fields JD. Association of intraprocedural blood pressure and end tidal carbon dioxide with outcome after acute stroke intervention. *Neurocrit Care*. 2014;20:202-208
- 10. Sivasankar C, Stiefel M, Miano TA, Kositratna G, Yandrawatthana S, Hurst R, Kofke WA. Anesthetic variation and potential impact of anesthetics used during endovascular management of acute ischemic stroke. *Journal of neurointerventional surgery*. 2016;8:1101-1106
- 11. Athiraman U, Sultan-Qurraie A, Nair B, Tirschwell DL, Ghodke B, Havenon AD, Hallam DK, Kim LJ, Becker KJ, Sharma D. Endovascular treatment of acute ischemic stroke under general anesthesia: Predictors of good outcome. *Journal of neurosurgical anesthesiology*. 2018;30:223-230
- 12. Whalin MK, Halenda KM, Haussen DC, Rebello LC, Frankel MR, Gershon RY, Nogueira RG. Even small decreases in blood pressure during conscious sedation affect clinical outcome after stroke thrombectomy: An analysis of hemodynamic thresholds. *AJNR. American journal of neuroradiology*. 2017;38:294-298
- 13. Jumaa MA, Zhang F, Ruiz-Ares G, Gelzinis T, Malik AM, Aleu A, Oakley JI, Jankowitz B, Lin R, Reddy V, Zaidi SF, Hammer MD, Wechsler LR, Horowitz M, Jovin TG. Comparison of safety and clinical and radiographic outcomes in endovascular acute stroke therapy for

proximal middle cerebral artery occlusion with intubation and general anesthesia versus the nonintubated state. *Stroke*. 2010;41:1180-1184

- Mattle HP, Kappeler L, Arnold M, Fischer U, Nedeltchev K, Remonda L, Jakob SM, Schroth G. Blood pressure and vessel recanalization in the first hours after ischemic stroke. *Stroke*. 2005;36:264-268
- 15. Nogueira RG, Liebeskind DS, Sung G, Duckwiler G, Smith WS. Predictors of good clinical outcomes, mortality, and successful revascularization in patients with acute ischemic stroke undergoing thrombectomy: Pooled analysis of the mechanical embolus removal in cerebral ischemia (merci) and multi merci trials. *Stroke*. 2009;40:3777-3783
- Sweid A, Atallah E, Saad H, Bekelis K, Chalouhi N, Dang S, Li J, Kumar A, Turpin J, Barsoom R, Tjoumakaris S, Hasan D, DePrince M, Labella G, Rosenwasser RH, Jabbour P. Correlation between pre-admission blood pressure and outcome in a large telestroke cohort. *Journal of clinical neuroscience : official journal of the Neurosurgical Society of Australasia*. 2019;62:33-37
- 17. de Havenon A, Bennett A, Stoddard GJ, Smith G, Wang H, Wold J, Chung L, Tirschwell DL, Majersik JJ. Increased blood pressure variability is associated with worse neurologic outcome in acute anterior circulation ischemic stroke. *Stroke research and treatment*. 2016;2016:7670161
- 18. Anadani M, Orabi MY, Alawieh A, Goyal N, Alexandrov AV, Petersen N, Kodali S, Maier IL, Psychogios MN, Swisher CB, Inamullah O, Kansagra AP, Giles JA, Wolfe SQ, Singh J, Gory B, De Marini P, Kan P, Nascimento FA, Freire LI, Pandhi A, Mitchell H, Kim JT, Fargen KM, Al Kasab S, Liman J, Rahman S, Allen M, Richard S, Spiotta AM. Blood pressure and outcome after mechanical thrombectomy with successful revascularization. *Stroke*. 2019:Strokeaha118024687
- 19. Abou-Chebl A, Zaidat OO, Castonguay AC, Gupta R, Sun CH, Martin CO, Holloway WE, Mueller-Kronast N, English JD, Linfante I, Dabus G, Malisch TW, Marden FA, Bozorgchami H, Xavier A, Rai AT, Froehler MT, Badruddin A, Nguyen TN, Taqi M, Abraham MG, Janardhan V, Shaltoni H, Novakovic R, Yoo AJ, Chen PR, Britz GW, Kaushal R, Nanda A, Issa MA, Nogueira RG. North american solitaire stent-retriever acute stroke registry: Choice of anesthesia and outcomes. *Stroke*. 2014;45:1396-1401
- 20. Anadani M, Orabi Y, Alawieh A, Chatterjee A, Lena J, Al Kasab S, Spiotta AM. Blood pressure and outcome post mechanical thrombectomy. *Journal of clinical neuroscience : official journal of the Neurosurgical Society of Australasia*. 2019;62:94-99
- 21. Bennett AE, Wilder MJ, McNally JS, Wold JJ, Stoddard GJ, Majersik JJ, Ansari S, de Havenon A. Increased blood pressure variability after endovascular thrombectomy for acute stroke is associated with worse clinical outcome. *Journal of neurointerventional surgery*. 2018;10:823-827
- 22. Cernik D, Sanak D, Divisova P, Kocher M, Cihlar F, Zapletalova J, Veverka T, Prcuchova A, Ospalik D, Cerna M, Janousova P, Kral M, Dornak T, Prasil V, Franc D, Kanovsky P. Impact of blood pressure levels within first 24 hours after mechanical thrombectomy on clinical outcome in acute ischemic stroke patients. *Journal of neurointerventional surgery*. 2019;11:735-739
- 23. Chang JY, Jeon SB, Lee JH, Kwon OK, Han MK. The relationship between blood pressure variability, recanalization degree, and clinical outcome in large vessel occlusive stroke after an intra-arterial thrombectomy. *Cerebrovascular diseases (Basel, Switzerland)*. 2018;46:279-286
- 24. Chang JY, Jeon SB, Jung C, Gwak DS, Han MK. Postreperfusion blood pressure variability after endovascular thrombectomy affects outcomes in acute ischemic stroke patients with poor collateral circulation. *Frontiers in neurology*. 2019;10:346
- 25. Cho BH, Kim JT, Lee JS, Park MS, Kang KW, Choi KH, Lee SH, Choi SM, Kim BC, Kim MK, Cho KH. Associations of various blood pressure parameters with functional outcomes

after endovascular thrombectomy in acute ischaemic stroke. *European journal of neurology*. 2019;26:1019-1027

- 26. Ding X, Xu C, Zhong W, Gong X, Zhou Y, Chen Z, Lou M. Association of maximal systolic blood pressure with poor outcome in patients with hyperattenuated lesions on immediate ncct after mechanical thrombectomy. *Journal of neurointerventional surgery*. 2019
- 27. Goyal N, Tsivgoulis G, Pandhi A, Chang JJ, Dillard K, Ishfaq MF, Nearing K, Choudhri AF, Hoit D, Alexandrov AW, Arthur AS, Elijovich L, Alexandrov AV. Blood pressure levels post mechanical thrombectomy and outcomes in large vessel occlusion strokes. *Neurology*. 2017;89:540-547
- 28. Goyal N, Tsivgoulis G, Iftikhar S, Khorchid Y, Fawad Ishfaq M, Doss VT, Zand R, Chang J, Alsherbini K, Choudhri A, Hoit D, Alexandrov AV, Arthur AS, Elijovich L. Admission systolic blood pressure and outcomes in large vessel occlusion strokes treated with endovascular treatment. *Journal of neurointerventional surgery*. 2017;9:451-454
- 29. Goyal N, Tsivgoulis G, Pandhi A, Dillard K, Alsbrook D, Chang JJ, Krishnaiah B, Nickele C, Hoit D, Alsherbini K, Alexandrov AV, Arthur AS, Elijovich L. Blood pressure levels post mechanical thrombectomy and outcomes in non-recanalized large vessel occlusion patients. *Journal of neurointerventional surgery*. 2018;10:925-931
- 30. Jagani M, Brinjikji W, Rabinstein AA, Pasternak JJ, Kallmes DF. Hemodynamics during anesthesia for intra-arterial therapy of acute ischemic stroke. *Journal of neurointerventional surgery*. 2016;8:883-888
- 31. John S, Hazaa W, Uchino K, Toth G, Bain M, Thebo U, Hussain MS. Lower intraprocedural systolic blood pressure predicts good outcome in patients undergoing endovascular therapy for acute ischemic stroke. *Interventional neurology*. 2016;4:151-157
- 32. John S, Hazaa W, Uchino K, Hussain MS. Timeline of blood pressure changes after intraarterial therapy for acute ischemic stroke based on recanalization status. *Journal of neurointerventional surgery*. 2017;9:455-458
- 33. Kim TJ, Park HK, Kim JM, Lee JS, Park SH, Jeong HB, Park KY, Rha JH, Yoon BW, Ko SB. Blood pressure variability and hemorrhagic transformation in patients with successful recanalization after endovascular recanalization therapy: A retrospective observational study. *Annals of neurology*. 2019;85:574-581
- 34. Maier B, Gory B, Taylor G, Labreuche J, Blanc R, Obadia M, Abrivard M, Smajda S, Desilles JP, Redjem H, Ciccio G, Lukaszewicz AC, Turjman F, Riva R, Labeyrie PE, Duhamel A, Blacher J, Piotin M, Lapergue B, Mazighi M. Mortality and disability according to baseline blood pressure in acute ischemic stroke patients treated by thrombectomy: A collaborative pooled analysis. *Journal of the American Heart Association*. 2017;6(10):e006484;6
- 35. Maier B, Turc G, Taylor G, Blanc R, Obadia M, Smajda S, Desilles JP, Redjem H, Ciccio G, Boisseau W, Sabben C, Ben Machaa M, Hamdani M, Leguen M, Gayat E, Blacher J, Lapergue B, Piotin M, Mazighi M. Prognostic significance of pulse pressure variability during mechanical thrombectomy in acute ischemic stroke patients. *Journal of the American Heart Association*. 2018;7:e009378
- 36. Maier IL, Tsogkas I, Behme D, Bahr M, Knauth M, Psychogios MN, Liman J. High systolic blood pressure after successful endovascular treatment affects early functional outcome in acute ischemic stroke. *Cerebrovascular diseases (Basel, Switzerland)*. 2018;45:18-25
- 37. McCarthy DJ, Ayodele M, Luther E, Sheinberg D, Bryant JP, Elwardany O, Kimball J, Starke RM. Prolonged heightened blood pressure following mechanical thrombectomy for acute stroke is associated with worse outcomes. *Neurocrit Care*. 2019;10.1007/s12028-019-00803-7.
- 38. Mistry EA, Mistry AM, Nakawah MO, Khattar NK, Fortuny EM, Cruz AS, Froehler MT, Chitale RV, James RF, Fusco MR, Volpi JJ. Systolic blood pressure within 24 hours after thrombectomy for acute ischemic stroke correlates with outcome. *Journal of the American Heart Association*. 2017;6(5):e006167;6

- 39. Panni P, Gory B, Xie Y, Consoli A, Desilles JP, Mazighi M, Labreuche J, Piotin M, Turjman F, Eker OF, Bracard S, Anxionnat R, Richard S, Hossu G, Blanc R, Lapergue B. Acute stroke with large ischemic core treated by thrombectomy. *Stroke*. 2019;50:1164-1171
- 40. Petersen NH, Ortega-Gutierrez S, Wang A, Lopez GV, Strander S, Kodali S, Silverman A, Zheng-Lin B, Dandapat S, Sansing LH, Schindler JL, Falcone GJ, Gilmore EJ, Amin H, Cord B, Hebert RM, Matouk C, Sheth KN. Decreases in blood pressure during thrombectomy are associated with larger infarct volumes and worse functional outcome. *Stroke*. 2019;50:1797-1804
- 41. Rasmussen M, Espelund US, Juul N, Yoo AJ, Sorensen LH, Sorensen KE, Johnsen SP, Andersen G, Simonsen CZ. The influence of blood pressure management on neurological outcome in endovascular therapy for acute ischaemic stroke. *British journal of anaesthesia*. 2018;120:1287-1294
- 42. Schonenberger S, Uhlmann L, Ungerer M, Pfaff J, Nagel S, Klose C, Bendszus M, Wick W, Ringleb PA, Kieser M, Mohlenbruch MA, Bosel J. Association of blood pressure with shortand long-term functional outcome after stroke thrombectomy: Post hoc analysis of the siesta trial. *Stroke*. 2018;49:1451-1456
- 43. Whalin MK, Lopian S, Wyatt K, Sun CH, Nogueira RG, Glenn BA, Gershon RY, Gupta R. Dexmedetomidine: A safe alternative to general anesthesia for endovascular stroke treatment. *Journal of neurointerventional surgery*. 2014;6:270-275

Supplemental Tables

Adjudicating study	Definition
NINDS	Any ICH that had not been seen on a previous CT scan but there was subsequently either a suspicion of hemorrhage or any decline in neurologic status. To detect intracranial hemorrhage, CT scans were required at 24 hours and 7 to 10 days after the onset of stroke and when clinical findings suggested hemorrhage.
ECASS 2	Any ICH with neurological deterioration (≥4 points increase on the NIHSS) from baseline or death within 22 to 36 hours. Establishment of a causal relationship between the hemorrhage and clinical deterioration or death was not a requirement.
ECASS 3	In addition to definition of ECASS 2, the hemorrhage must have been identified as the predominant cause of the neurologic deterioration.
SITS-MOST	Large or remote parenchymal ICH (type 2, defined as greater than 30% of the infarct area affected by hemorrhage with mass effect or extension outside the infarct) combined with neurological deterioration (≥4 points increase on the NIHSS) from baseline or death within 22 to 36 hours.

Table S1. Definitions of symptomatic intracranial hemorrhage utilized by included studies

NINDS, National Institute of Neurological Disorders and Stroke; ICH, intracranial hemorrhage; CT, computed tomography; ECASS, European Cooperative Acute Stroke Study; NIHSS, National Institutes of Health Stroke Scale; SITS-MOST, Safe Implementation of Thrombolysis in Stroke-Monitoring Study.

Table S2. Excluded studies with reasons for exclusion

Study	Reason for exclusion
Lowhagen et al, 2015 ¹	Data available for MAP; No SBP/DBP data available
Mulder et al, 2017 ²	Dichotomous SBP available; No continuous SBP/DBP available
Mundiyanapurath et al, 2016 ³	SBP available in median (IQR); No mean or maximum SBP/DBP available
Pikija et al, 2018 ⁴	SBP available in median (IQR); No mean or maximum SBP/DBP available
Treurniet et al, 2018 ⁵	Data available for MAP; No SBP/DBP data available
Eker et al, 2018 ⁶	No mean or maximum SBP/DBP available
Alcaraz et al, 2019 ⁷	Dichotomous SBP available; No continuous SBP/DBP available
Zhang et al, 2018 ⁸	Dichotomous SBP available; No continuous SBP/DBP available
Takahashi et al, 2014 ⁹	Dichotomous SBP available; No continuous SBP/DBP available
Sivasankar et al, 2016 ¹⁰	Data available for MAP; No SBP/DBP data available
Athiraman et al, 2018 ¹¹	Dichotomous SBP available; No continuous SBP/DBP available
Whalin et al, 2017 ¹²	No continuous SBP/DBP available
Jumaa et al, 2010 ¹³	No intended outcome data (i.e. mortality/FI, sICH) reported
Mattle et al, 2005 ¹⁴	Endovascular treatment other than MT
Nogueira et al, 2009 ¹⁵	Endovascular treatment other than MT
Sweid et al, 2019 ¹⁶	Endovascular treatment other than MT
De Havenon et al, 2016 ¹⁷	Endovascular treatment other than MT
Anadani et al, 2019 ¹⁸	Providing overlapping data

Table S3. Overview on the characteristics of the included studies

First author, Year	Study design, registry	N Total	BP monitoring	sICH definitio n	Mean/ Median age	Median NIHSS	Female sex (%)	IV tPA (%)	Adjusted variables	Outcomes
Abou-Chebl, 2014 ¹⁹	Retrospective , NASA	281	Admission	-	68	18	48	45	Age, NIHSS, revascularization, and time from onset	1, 3*
Anadani, 2019 ²⁰	Retrospective	298	Admission, 24 hr after MT	ECASS	67	15	51	42	Age, sex, race, diabetes, HTN, AF, HLD, onset to groin, NIHSS, IVT, procedure time, TICI score complications, ASPECTS	1 [†] 1, 2 [*]
Bennett, 2018 ²¹	Retrospective	182	24 hr after MT	-	63	16	51	47	Age, NIHSS, AF, HLD, sICH, TICI score, admission INR and BUN, anterior circulation stroke, and history of prior clinical stroke	5*
Cernik, 2019 ²²	Retrospective	690	24 hr after MT	SITS- MOST	71	17	49	75	Age, HTN, DM, AF, NIHSS, IVT, admission glucose, recanalization time, sICH	1 [†] 1*
Chang, 2019 ²³	Retrospective	303	24 hr after MT	-	72	15	45	39	Age, male, BMI, NIHSS, HTN, DM, smoking, TICI	1, 4 [†] 1*
Chang (recanalized), 2019 ²⁴	Retrospective	90	Admission, 24 hr after IVT	ECASS 2	72	15	40	-	Age, sex, NIHSS, occlusion site	1 [†]

(1) functional independence (mRS 0-2), (2) sICH, (3) mortality, (4) recanalization, (5) mRS shift

BP, blood pressure; sICH, symptomatic intracranial hemorrhage; IVT, intravenous thrombolysis; MT, mechanical thrombectomy; IAT, intra-arterial treatment; SITS-MOST, Safe Implementation of Thrombolysis in Stroke-Monitoring Study; ECASS, European Cooperative Acute Stroke Study; ASPECTS,

Cho, 2019 ²⁵	Retrospective	378	Admission, 24 hr after IVT	SITS- MOST	70	12	46	58	Age, gender, baseline NIHSS, vascular risk factors, SBP	1, 2, 3, 4 [†] 1, 2, 3, 5 [*]
Ding, 2019 ²⁶	Retrospective	148	Admission, 24 hr after MT	ECASS 2	69	14	43	-	Age, NIHSS, HTN, previous antiplatelet usage, ASPECTS, and PH	1, 2 [†] 1, 2 [*]
Goyal (post- MT, recanalized), 2017 ²⁷	Retrospective	217	24 hr after MT	SITS- MOST	62	16	50	65	Age, sex, race, HTN, DM, HLD, AF, smoking, admission SBP/DBP levels, NIHSS, admission serum glucose, IVT, ASPECTS, onset to groin puncture time, complete reperfusion	1, 2, 3 [†] 1, 3, 5 [*]
Goyal (pre- MT), 2017 ²⁸	Retrospective	116	Admission	SITS- MOST	63	17	49	65	Age, sex, race, vascular risk factors, admission DBP, admission NIHSS and serum blood glucose, IVT, onset to groin time, collateral score and successful revascularization	1, 2, 3, 4 [†] 1 [*]
Goyal (post- MT, non- recanalized), 2018 ²⁹	Retrospective	88	24 hr after IVT	SITS- MOST	62	16	52	64	age, gender, race, HTN, DM, HLD, AF, CAD, CHF, current smoking, admission SBP/DBP levels, NIHSS, admission serum glucose and LDL levels, IVT, ASPECTS, onset to groin puncture time, type of anesthesia, brain edema, good collaterals	1, 2, 3 [†] 1, 3, 5 [*]
Jagani, 2016 ³⁰	Retrospective	99	During MT	-	66	17	24	25	Preoperative SBP and DBP, age, DM, morbid obesity, location of vessel occlusion, NIHSS	1^{\dagger}
John, 2016 ³¹	Retrospective	147	During MT	-	67	16	55	36	age, sex, anesthesia type, maximum SBP, initial NIHSS, IVT, ASPECTS, ICA terminus occlusion, successful recanalization, time to recanalization, and sICH	1 [†] 1 [*]

John, 2017 ³²	Retrospective	62	24 hr after MT	-	69	15	60	39	-	4^{\dagger}
Kim, 2019 ³³	Retrospective	211	24 hr after MT	SITS- MOST	67	16	43	54	Age, NIHSS, fasting glucose level, GFR, platelets, and lesion location	2 [†] 2 [*]
Maier B, 2017 ³⁴	Retrospective , ETIS	1332	Admission	ECASS 2	68	16	48	63	Age, sex, HTN, DM, NIHSS, and prior use of thrombolysis	1, 2, 3 [†] 1, 3 [*]
Maier B, 2018 ³⁵	Retrospective , ETIS	343	During MT	ECASS 2	67	16	48	64	Age, HTN, DM, pre-stroke mRS, NIHSS, general anesthesia, recanalization, IVT	1, 2, 3, 5*
Maier IL, 2018 ³⁶	Retrospective	168	24 hr after MT	-	74	15	43	71	Age, HTN, CKD, NIHSS, baseline mRS, ASPECTS, collateral score, IVT, ICH, hospital days, onset-to- reperfusion,	1 [†] 1 [*]
McCarthy, 2019 ³⁷	Retrospective	212	24 hr. after MT	ECASS 2	71	17	49	53	Age, recanalization success, various comorbidities, baseline NIHSS, hemorrhagic conversion, onset to reperfusion time	1, 3 [†] 1, 2, 3*
Mistry, 2017 ³⁸	Retrospective	228	24 hr after MT	SITS- MOST	66	16	54	52	Age, HTN, DM, AF, NIHSS, vessel occlusion, IVT, onset-to-groin puncture, mTICI, anti-HTN drip use, ICH, disposition	2, 5*
Panni, 2019 ³⁹	Retrospective , ETIS	216	Admission:	-	66	20	41	58	-	1, 3 [†]

Petersen, 2019 ⁴⁰	Retrospective	390	During MT	-	71	17	56	68	-	1 [†]
Rasmussen, 2018 ⁴¹	Post-hoc RCT, GOLIATH	128	During MT	-	71	17	49	75	-	1, 5*
Schönenberger et al, 2018 ⁴²	Post-hoc RCT, SIESTA	150	Admission, post- recanalization	-	71	17	40	64	Age, heart rate, baseline SBP/DBP, baseline NIHSS	1†
Whalin, 2014 ⁴³	Retrospective	83	During MT	-	66	19	50	53	-	1 [†]

Alberta stroke program early CT score; NIHSS, National Institutes of Health Stroke Scale; HTN, hypertension; HLD, hyperlipidemia; AF, atrial fibrillation; DM, diabetes mellitus; SBP, systolic blood pressure; RCT, randomized controlled trial; eGFR, estimated glomerular filtration rate; BMI, body mass index; TICI, thrombolysis in cerebral infarction; NASA, North American SOLITAIRE Stent-Retriever Acute Stroke; ETIS, Endovascular Treatment in Ischemic Stroke; GOLIATH, General or Local Anesthesia in Intra Arterial Therapy

[†]Unadjusted descriptive data; ^{*}Adjusted multivariable data

Table S4. Quality assessment of included studies with the Newcastle-Ottawa Scale

First author, YearSelectionComparabilityOutcomeOr	Overall
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Abou-Chebl, 2014 ¹⁹	***	**	***	8/9
Anadani, 2019 ²⁰	****	**	**	8/9
Bennett, 2018 ²¹	****	**	***	9/9
Cernik, 2019 ²²	****	**	**	8/9
Chang, 2019 ²³	****	**	**	8/9
Chang (recanalized), 2019 ²⁴	****	**	**	8/9
Cho, 2019 ²⁵	****	**	***	9/9
Ding, 2019 ²⁶	****	**	***	9/9
Goyal (post-MT, recanalized), 2017 ²⁷	****	**	***	9/9
Goyal (pre-MT), 2017 ²⁸	****	**	***	9/9
Goyal (post-MT, non-recanalized), 2018 ²⁹	****	**	***	9/9
Jagani, 2016 ³⁰	***	**	***	8/9
John, 2016 ³¹	****	**	**	8/9
John, 2017 ³²	****	**	***	9/9
Kim, 2019 ³³	****	**	***	9/9
Maier B, 2017 ³⁴	****	**	**	8/9
Maier B, 2018 ³⁵	****	**	**	8/9
Maier IL, 2018 ³⁶	****	**	***	8/9

McCarthy, 2019 ³⁷	****	**	***	9/9
Mistry, 2017 ³⁸	****	**	**	8/9
Panni, 2019 ³⁹	****	**	**	8/9
Petersen, 2019 ⁴⁰	****	**	**	8/9
Rasmussen, 2018 ⁴¹	****	**	***	9/9
Schönenberger et al, 2018 ⁴²	****	**	***	9/9
Whalin, 2014 ⁴³	***	**	***	8/9
Total	97/100	50/50	66/75	213/225

Table S5. Quality assessment of included studies with the Risk of Bias in Non-randomized Studies of Exposures (ROBINS-E) Scale

First author, Year	Confounding	Selection of participants into the study	Classification of exposures	Departures from intended exposures	Missing Data	Measurement of outcomes	Selection of the reported result	Overall Bias
Abou-Chebl, 2014	**	**	*	*	**	**	*	**
Anadani, 2019	*	*	*	*	*	**	*	*
Bennett, 2018	*	*	*	*	**	**	*	**
Cernik, 2019	*	*	*	*	*	**	*	*
Chang, 2019	*	*	*	*	*	**	*	*
Chang (recanalized), 2019	*	*	*	*	**	*	*	*
Cho, 2019	*	*	*	*	**	*	*	*
Ding, 2019	*	*	*	*	**	*	*	*
Goyal (post-MT, recanalized), 2017	*	*	*	*	**	*	*	*
Goyal (pre-MT), 2017	*	*	*	*	**	*	*	*
Goyal (post-MT, non- recanalized), 2018	*	*	*	*	**	*	*	*
Jagani, 2016	*	**	*	*	**	**	*	**

John, 2016	*	*	*	*	**	**	*	**
John, 2017	**	*	*	*	**	*	*	**
Kim, 2019	*	*	*	*	**	*	*	*
Maier B, 2017	*	*	*	*	*	**	*	*
Maier B, 2018	*	*	*	*	*	**	*	*
Maier IL, 2018	*	*	*	*	**	*	*	*
McCarthy, 2019	*	*	*	*	**	*	*	*
Mistry, 2017	*	*	*	*	*	**	*	*
Panni, 2019	*	*	*	*	**	*	*	*
Petersen, 2019	*	*	*	*	**	*	*	*
Rasmussen, 2018	*	*	*	*	*	*	*	*
Schonenberger, 2018	*	*	*	*	*	*	*	*
Whalin, 2014	*	*	*	*	**	**	*	**

*Low, **Medium, and ***High risk of bias

Table S6. Overview of primary and secondary analyses of during-treatment BP association with available outcomes

Clinical outcome	BP level		Unadjusted and	alyses		Adjusted analyses					
outcome		Studies	SMD (95% CI)	Р	Heterogeneity (I ² , <i>P</i> for Cochran Q)	Studies	OR (95% CI)	Р	Heterogeneity (I ² , <i>P</i> for Cochran Q)		
	Max SBP	4	-0.37 (-0.62 to -0.12)	0.004	55%, 0.08	2	0.93 (0.90 to 0.96)	<0.001	0%, 0.78		
FI	Min SBP	3	0.07 (-0.30 to 0.44)	0.71	67%, 0.05	-	-	-	-		
	Max DBP	3	-0.16 (-0.49 to 0.16)	0.32	54%, 0.12	-	-	-	-		
	Min DBP	2	0.25 (-0.35 to 0.84)	0.42	73%, 0.05	-	-	-	-		

BP, blood pressure; SMD, standardized mean difference; CI, confidence interval; OR, odds ratio; SBP, systolic blood pressure; DBP, diastolic blood pressure; FI, functional independence (mRS 0–2)

Supplemental Figures

Figure S1. Flow-chart diagram presenting the selection of eligible studies.

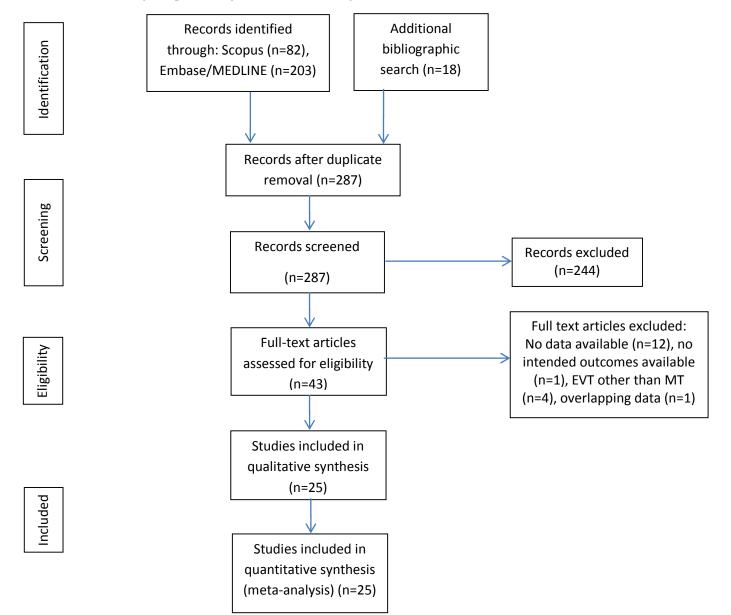


Figure S2. Forest plots evaluating the associations of pre-treatment mean (A) systolic blood pressure levels and (B) diastolic blood pressure levels with 3-month functional independence. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	m	RS 0-2		m	RS 3-6			Std. Mean Difference	Std. Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI		
Anadani, 2019	143.9	21.7	131	148.4	25.4	167	13.4%	-0.19 [-0.42, 0.04]			
Cho, 2019	133.6	21.3	149	139	23.6	229	16.4%	-0.24 [-0.44, -0.03]			
Ding, 2019	147.2	23.4	47	153.8	28.6	101	5.8%	-0.24 [-0.59, 0.10]			
Goyal (pre-MT), 2017	151	24	38	165	28	78	4.5%	-0.52 [-0.91, -0.13]			
Maier B, 2017	145	24	497	152	27	545	47.1%	-0.27 [-0.40, -0.15]			
Panni (ETIS), 2019	145	26	55	150	24	161	7.5%	-0.20 [-0.51, 0.10]			
Schönenberger (SIESTA), 2018	161.4	25.57	40	166.9	26.51	101	5.2%	-0.21 [-0.58, 0.16]			
Total (95% CI)			957			1382	100.0%	-0.26 [-0.34, -0.17]	◆		
Heterogeneity: $Tau^2 = 0.00$; Chi	$i^2 = 2.35$	5, df = 6	5 (P = 0)	.88); I ²	= 0%						
Test for overall effect: $Z = 6.00$	(P < 0.0	0001)							-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]		

	m	RS 0-2		m	RS 3-(6		Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Cho, 2019	83.6	13.1	149	86.3	15.7	229	18.9%	-0.18 [-0.39, 0.02]	
Ding, 2019	80.4	15.1	47	84.7	20.7	101	6.7%	-0.22 [-0.57, 0.12]	
Goyal (pre-MT), 2017	88	18	38	89	22	78	5.4%	-0.05 [-0.44, 0.34]	
Maier B, 2017	80	15	497	82	18	545	54.5%	-0.12 [-0.24, 0.00]	
Panni (ETIS), 2019	80	15	55	83	16	161	8.6%	-0.19 [-0.50, 0.12]	
Schönenberger (SIESTA), 2018	88.88	13.21	40	95.9	18.2	101	5.9%	-0.41 [-0.78, -0.04]	
Total (95% CI)			826			1215	100.0%	-0.16 [-0.25, -0.07]	•
Heterogeneity: Tau ² = 0.00; Ch	i ² = 2.73	8, df = 5	5 (P = 0)).74); I ²	= 0%				
Test for overall effect: Z = 3.45	(P = 0.0	006)							-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]

Figure S3. Forest plots evaluating the association of pre-treatment mean (A) systolic blood pressure levels and (B) diastolic blood pressure levels with successful recanalization. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	Recar	nalizat	ion	No rec	analiza	tion	9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	135.9	22.8	313	141.5	22.4	65	66.6%	-0.25 [-0.51, 0.02]	
Goyal (pre-MT), 2017	157	26	73	163	29	43	33.4%	-0.22 [-0.60, 0.16]	
Total (95% CI)			386			108	100.0%	-0.24 [-0.46, -0.02]	
Heterogeneity: Tau ² = Test for overall effect: 2				= 1 (P =	0.91); l ⁱ	$^{2} = 0\%$			-0.5 -0.25 0 0.25 0.5 Favours recanalization Favours No recanalization

	Reca	nalizat	tion	No rec	analiza	tion	9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	84.5	14.7	313	88.8	14.6	65	57.8%	-0.29 [-0.56, -0.02]	_
Goyal (pre-MT), 2017	88	20	73	87	20	43	42.2%	0.05 [-0.33, 0.43]	
Total (95% CI)			386			108	100.0%	-0.15 [-0.48, 0.18]	
Heterogeneity: Tau ² =	0.03; Ch	$i^2 = 2.$	10, df =	= 1 (P =	0.15); I	$^{2} = 52\%$	6		-0.5 -0.25 0 0.25 0.5
Test for overall effect:	Z = 0.88	(P = O)).38)						Favours recanalization Favours No recanalization

Figure S4. Forest plots evaluating the association of pre-treatment mean (A) systolic blood pressure levels and (B) diastolic blood pressure levels with 3-month mortality. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	Мо	Mortality No mortality						Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (pre-MT), 2017	166	35	36	156	23	80	9.9%	0.36 [-0.03, 0.76]	
Maier B, 2017	151	28	220	148	25	822	70.3%	0.12 [-0.03, 0.27]	+∎
Panni (ETIS), 2019	152.6	24.6	75	146.5	24.03	141	19.7%	0.25 [-0.03, 0.53]	
Total (95% CI)			331			1043	100.0%	0.17 [0.04, 0.29]	•
Heterogeneity: Tau ² = Test for overall effect:				= 2 (P =	= 0.42);	$I^2 = 0\%$			-1 -0.5 0 0.5 1 Favours [no mortality] Favours [mortality]

	Mo	ortalit	У	No m	orta	lity	9	Std. Mean Difference	Std. Mean Difference			
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI			
Goyal (pre-MT), 2017	91	24	36	86	18	80	10.0%	0.25 [-0.15, 0.64]				
Maier B, 2017	83	19	220	81	16	822	70.3%	0.12 [-0.03, 0.27]	+∎-			
Panni (ETIS), 2019	84.6	16.1	75	80.7	15	141	19.7%	0.25 [-0.03, 0.53]				
Total (95% CI)			331			1043	100.0%	0.16 [0.03, 0.28]	◆			
Heterogeneity: Tau ² = Test for overall effect: 2				= 2 (P =	= 0.64	4); I ² =	0%		-1 -0.5 0 0.5 1 Favours [no mortality] Favours [mortality]			

Figure S5. Forest plots evaluating the association of pre-treatment mean (A) systolic blood pressure levels and (B) diastolic blood pressure levels with symptomatic intracranial hemorrhage. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	:	sICH		no	sICH		:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Ding, 2019	152.1	25.8	49	151.6	27.9	99	28.2%	0.02 [-0.32, 0.36]	
Goyal (pre-MT), 2017	148	23	17	161	28	99	13.8%	-0.47 [-0.99, 0.05]	
Maier B, 2017	147	26	98	149	25	925	58.0%	-0.08 [-0.29, 0.13]	
Total (95% CI)			164			1123	100.0%	-0.11 [-0.31, 0.10]	-
Heterogeneity: Tau ² = 0 Test for overall effect: 2				= 2 (P =	= 0.29)); $I^2 = 1$.9%		-1 -0.5 0 0.5 1 Favours [no sICH] Favours [sICH]

	:	sICH		no	sICH		9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Ding, 2019	86.6	17.5	49	81.7	19.8	99	24.0%	0.26 [-0.09, 0.60]	
Goyal (pre-MT), 2017	90	22	17	87	20	99	10.7%	0.15 [-0.37, 0.66]	
Maier B, 2017	81	15	98	81	17	925	65.3%	0.00 [-0.21, 0.21]	
Total (95% CI)			164			1123	100.0%	0.08 [-0.09, 0.25]	
Heterogeneity: $Tau^2 = 0$			-	= 2 (P =	= 0.44	(); $I^2 = 0$	0%	-	-0.5 -0.25 0 0.25 0.5
Test for overall effect: 2	Z = 0.90	(P = 0)	0.37)						Favours [no sICH] Favours [sICH]

Figure S6. Forest plots evaluating the association of during treatment (A) maximum systolic blood pressure levels and (B) minimum systolic blood pressure levels with 3-month functional independence. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; IV, Inverse Variance; CI, confidence interval.

A)

	m	RS 0-2	2	m	RS 3-6	5	:	Std. Mean Difference	Std. Mean Difference			
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% Cl			
Jagani, 2016	158	28	28	162	23	66	19.0%	-0.16 [-0.60, 0.28]				
John, 2016	164.6	27.6	25	180.9	18.3	122	19.2%	-0.81 [-1.25, -0.36]	e			
Petersen, 2019	183	33	96	189	31	198	32.3%	-0.19 [-0.43, 0.06]	— • +			
Whalin, 2014	148.5	27.1	80	159.9	26.7	134	29.5%	-0.42 [-0.70, -0.14]	_			
Total (95% CI)			229			520	100.0%	-0.37 [-0.62, -0.12]	\bullet			
Heterogeneity: Tau ² = Test for overall effect					= 0.0	8); I ² =	55%					
rest for overall effect	. 2 – 2.0)) (F –	0.004	,					Favours [mRS 0–2] Favours [mRS 3–6]			

	ml	RS 0-2	2	ml	RS 3-6	5	9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Jagani, 2016	117	25	28	107	26	66	29.0%	0.39 [-0.06, 0.83]	
John, 2016	103.1	23.6	25	111.5	23.6	122	29.7%	-0.35 [-0.79, 0.08]	
Petersen, 2019	114	25	96	110	27	198	41.3%	0.15 [-0.09, 0.40]	+
Total (95% CI)			149			386	100.0%	0.07 [-0.30, 0.44]	
Heterogeneity: Tau ² Test for overall effect				f = 2 (P	= 0.0	5); I ² =	67%		-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]

Figure S7. Forest plots evaluating the association of during treatment (A) maximum diastolic blood pressure levels and (B) minimum diastolic blood pressure levels with 3-month functional independence. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; IV, Inverse Variance; CI, confidence interval.

A)

mF	RS 0-2	2	ml	RS 3-6	5	9	Std. Mean Difference	Std. Mean Difference			
Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI			
99	14	28	95	20	66	28.5%	0.22 [-0.23, 0.66]				
89.9	15.7	25	98.4	22.4	122	29.2%	-0.39 [-0.83, 0.04]				
80.1	16.2	80	84.3	16	134	42.3%	-0.26 [-0.54, 0.02]				
		133			322	100.0%	-0.16 [-0.49, 0.16]				
				P = 0.1	L2); I ² =	= 54%		-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]			
	Mean 99 89.9 80.1 0.04; C	Mean SD 99 14 89.9 15.7 80.1 16.2 0.04; $Chi^2 =$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	Mean SD Total Mean 99 14 28 95 89.9 15.7 25 98.4 80.1 16.2 80 84.3 133	MeanSDTotalMeanSD991428952089.915.72598.422.480.116.28084.316 133 0.04; $Chi^2 = 4.31$, $df = 2$ (P = 0.1	Mean SD Total Mean SD Total 99 14 28 95 20 66 89.9 15.7 25 98.4 22.4 122 80.1 16.2 80 84.3 16 134 133 322 0.04; Chi ² = 4.31, df = 2 (P = 0.12); l ² =	MeanSDTotalMeanSDTotalWeight99142895206628.5%89.915.72598.422.412229.2%80.116.28084.31613442.3%133322100.0%0.04; Chi ² = 4.31, df = 2 (P = 0.12); $I^2 = 54\%$	MeanSDTotalMeanSDTotalWeightIV, Random, 95% CI99142895206628.5% 0.22 [- 0.23 , 0.66]89.915.72598.422.412229.2% -0.39 [- 0.83 , 0.04]80.116.28084.31613442.3% -0.26 [- 0.54 , 0.02]I33322100.0% 0.04 ; Chi ² = 4.31, df = 2 (P = 0.12); l ² = 54%			

	m	mRS 0-2 mRS 3-6					5	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Jagani, 2016	64	15	28	56	14	66	49.4%	0.55 [0.11, 1.00]	_
John, 2016	52.3	15.9	25	53.1	13.8	122	50.6%	-0.06 [-0.49, 0.37]	
Total (95% CI)			53			188	100.0%	0.25 [-0.35, 0.84]	
Heterogeneity: Tau ² = Test for overall effect			-		P = 0.0)5); I ² =	= 73%		-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]

Figure S8. Forest plots evaluating the association of post-treatment maximum systolic blood pressure levels with 3-month functional independence. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

	ml	RS 0-2	2	m	RS 3-6	5		Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Anadani, 2019	147.9	20.5	131	152.5	18.3	167	16.1%	-0.24 [-0.47, -0.01]	
Cernik, 2019	161	22	332	172	24	358	20.2%	-0.48 [-0.63, -0.33]	_ _
Cho, 2019	154.5	31.5	149	160.4	20.7	229	17.2%	-0.23 [-0.44, -0.02]	_
Goyal (post-MT, non-recanalized), 2018	160	19	22	179	23	59	6.7%	-0.86 [-1.36, -0.35]	
Goyal (post-MT, recanalized), 2017	163	20	97	179	23	120	13.8%	-0.73 [-1.01, -0.46]	_
Maier IL, 2018	157.9	20.7	74	169.9	18.1	94	12.3%	-0.62 [-0.93, -0.31]	.
McCarthy, 2019	153	21	84	163	26	128	13.7%	-0.41 [-0.69, -0.13]	-
Total (95% CI)			889			1155	100.0%	-0.47 [-0.62, -0.31]	◆
Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 15.35$, df = 6	(P=0.	02); I ²	= 61%				-	
Test for overall effect: $Z = 5.96$ (P < 0.00	001)								-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]

Figure S9. Forest plots evaluating the association of post-treatment A) maximum diastolic blood pressure levels and B) mean diastolic blood pressure levels with 3-month functional independence. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

-,	ml	RS 0-2	2	ml	RS 3-6	6		Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Anadani, 2019	86.2	23.3	131	85.8	17.9	167	21.4%	0.02 [-0.21, 0.25]	_
Cernik, 2019	90	15	332	93	15	358	29.5%	-0.20 [-0.35, -0.05]	
Cho, 2019	87.7	12.6	149	92.3	12.9	229	23.4%	-0.36 [-0.57, -0.15]	_
Goyal (post-MT, non-recanalized), 2018	88	22	22	96	22	59	7.8%	-0.36 [-0.85, 0.13]	
Goyal (post-MT, recanalized), 2017	91	15	97	97	14	120	18.0%	-0.41 [-0.68, -0.14]	
Total (95% CI)			731			933	100.0%	-0.24 [-0.39, -0.09]	•
Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 8.25$, Test for overall effect: Z = 3.09 (P = 0.002)		P = 0.0)8); I ² =	= 51%					-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]

	ml	RS 0-2	2	m	RS 3-(6	:	Std. Mean Difference	Std. Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI		
Anadani, 2019	63.8	10.2	131	62.8	11	167	16.9%	0.09 [-0.14, 0.32]			
Cernik, 2019	69	9	332	70	10	358	22.9%	-0.10 [-0.25, 0.04]			
Chang (recanalized), 2019	73.1	10.1	49	73.5	9	41	8.3%	-0.04 [-0.46, 0.37]			
Cho, 2019	68.6	7.6	149	71.9	9	229	18.4%	-0.39 [-0.60, -0.18]	-		
Goyal (post-MT, non-recanalized), 2018	71	11	22	72	12	59	6.5%	-0.08 [-0.57, 0.41]			
Goyal (post-MT, recanalized), 2017	70	17	97	71	13	120	14.5%	-0.07 [-0.33, 0.20]			
Maier IL, 2018	64.6	9.1	74	63.5	11.3	94	12.5%	0.11 [-0.20, 0.41]			
Total (95% CI)			854			1068	100.0%	-0.08 [-0.22, 0.06]			
Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 12.02$	df = 6	(P = 0)	.06); I ²	= 50%							
Test for overall effect: $Z = 1.19$ (P = 0.24)									-0.5 -0.25 0 0.25 0.5 Favours [mRS 0-2] Favours [mRS 3-6]		

Figure S10. Forest plots evaluating the association of post-treatment A) minimum systolic blood pressure levels and B) minimum diastolic blood pressure levels with 3-month functional independence. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	mł	RS 0-2	2	mRS 3-6			:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Anadani, 2019	97.8	12.1	131	99.5	14	167	31.0%	-0.13 [-0.36, 0.10]	
Goyal (post-MT, non-recanalized), 2018	119	12	22	108	25	59	15.3%	0.49 [-0.01, 0.98]	
Goyal (post-MT, recanalized), 2017	113	17	97	109	17	120	28.1%	0.23 [-0.03, 0.50]	
Maier IL, 2018	92.9	18.8	74	93.7	18.4	94	25.6%	-0.04 [-0.35, 0.26]	
Total (95% CI)			324			440	100.0%	0.09 [-0.15, 0.33]	
Heterogeneity: $Tau^2 = 0.04$; $Chi^2 = 7.51$,		P = 0.0)6); I ² =	= 60%					-1 -0.5 0 0.5 1
Test for overall effect: $Z = 0.73$ (P = 0.47)									Favours [mRS 0-2] Favours [mRS 3-6]

	m	RS 0-2	2	mR	S 3-	6	5	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Anadani, 2019	97.8	12.1	131	99.5	14	167	51.3%	-0.13 [-0.36, 0.10]	
Goyal (post-MT, non-recanalized), 2018	54	11	22	55	12	59	11.2%	-0.08 [-0.57, 0.41]	
Goyal (post-MT, recanalized), 2017	54	11	97	53	12	120	37.5%	0.09 [-0.18, 0.35]	
Total (95% CI)			250			346	100.0%	-0.04 [-0.21, 0.12]	-
Heterogeneity: Tau ² = 0.00; Chi ² = 1.46,	df = 2 (F	P = 0.4	18); 1 ² =	- 0%					-1 -0.5 0 0.5 1
Test for overall effect: $Z = 0.51$ (P = 0.61)									Favours [mRS 0-2] Favours [mRS 3-6]

Figure S11. Forest plots evaluating the association of post-treatment A) maximum systolic blood pressure and B) mean systolic blood pressure levels with successful recanalization. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; IV, Inverse Variance; CI, confidence interval.

A)

	Recar	nalizat	ion	No rec	analiza	tion	9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	Mean SD Total Mean SD T				Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	156.5	20.5	313	165.5	41.8	65	50.7%	-0.35 [-0.62, -0.09]	_
Goyal (post-MT, recanalized), 2017	174	174 21 140 170 22 6						0.19 [-0.11, 0.48]	
Total (95% CI)			453			130	100.0%	-0.09 [-0.62, 0.44]	
Heterogeneity: $Tau^2 = 0.13$; $Chi^2 = 7$		= 1 (P =	= 0.008	5); $I^2 = 86$	5%				
Test for overall effect: $Z = 0.32$ (P =	0.75)								Favours recanalization Favours no recanalization

	Recar	Recanalization No recanalization						Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	I IV, Random, 95% CI
Chang, 2019	124.97	12.76	231	133.33	14.16	53	55.9%	-0.64 [-0.94, -0.34]	
John, 2017	136.3	12.8	37	136.8	17	25	44.1%	-0.03 [-0.54, 0.47]	
Total (95% CI)			268			78	100.0%	-0.37 [-0.96, 0.22]	
Heterogeneity: Tau ² = Test for overall effect				= 1 (P = 0).04); I ²	= 75%			-2 -1 0 1 2 Favours recanalization Favours no recanalization

Figure S12. Forest plots evaluating the association of post-treatment A) maximum diastolic blood pressure levels and B) mean diastolic blood pressure levels with 3-month mortality. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	Мо	ortalit	y	No n	nortal	lity	9	Std. Mean Difference	Std. Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI		
Cho, 2019	94.3	15.5	32	90.2	12.7	346	29.2%	0.32 [-0.05, 0.68]			
Goyal (post-MT, non-recanalized), 2018	105	20	31	89	18	54	20.4%	0.85 [0.39, 1.31]	_		
Goyal (post-MT, recanalized), 2017	98	13	56	93	16	161	36.6%	0.33 [0.02, 0.63]			
Kim, 2019	96.3	16.3	12	89.9	12.4	199	13.8%	0.50 [-0.08, 1.09]			
Total (95% CI)			131			760	100.0%	0.45 [0.22, 0.69]	•		
Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 4.01$,	df = 3 (F	P = 0.2	26); I ² =	= 25%				_	-1 -0.5 0 0.5 1		
Test for overall effect: $Z = 3.80 (P = 0.000)$	01)								Favours [no mortality] Favours [mortality]		

	Мо	rtali	ty	No n	nortal	ity	:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	74.1	9.3	32	70.3	8.5	346	28.6%	0.44 [0.08, 0.81]	
Goyal (post-MT, non-recanalized), 2018	74	14	31	71	10	54	21.7%	0.26 [-0.19, 0.70]	
Goyal (post-MT, recanalized), 2017	71	12	56	71	14	161	35.5%	0.00 [-0.30, 0.30]	+
Kim, 2019	79.3	8.6	12	74.3	10.1	199	14.1%	0.50 [-0.09, 1.08]	
Total (95% CI)			131			760	100.0%	0.25 [0.01, 0.49]	
Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 4.33$, Test for overall effect: $Z = 2.05$ ($P = 0.04$)		P = 0	.23); I ²	= 31%					
restron overall effect. $Z = 2.05$ (F = 0.04,	,								Favours [no mortality] Favours [Mortality]

Figure S13. Forest plots evaluating the association of post-treatment mean systolic blood pressure levels with 3-month mortality. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

	Mortality						9	Std. Mean Difference	Std. Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI		
Cho, 2019	130.4	18.5	32	127.4	13.8	346	28.5%	0.21 [-0.15, 0.57]			
Goyal (post-MT, non-recanalized), 2018	142	17	31	140	15	54	22.4%	0.13 [-0.32, 0.57]			
Goyal (post-MT, recanalized), 2017	136	17	56	137	13	161	34.1%	-0.07 [-0.37, 0.23]			
Kim, 2019	143.7	13.1	12	131.2	19.3	199	15.0%	0.65 [0.07, 1.24]			
Total (95% CI)			131			760	100.0%	0.16 [-0.10, 0.42]			
Heterogeneity: $Tau^2 = 0.03$; $Chi^2 = 4.94$, Test for overall effect: $Z = 1.23$ (P = 0.22)		9 = 0.1	8); I ² =	39%				-	– – – – – – – – – – – – – – – – – – –		

Figure S14. Forest plots evaluating the association of post-treatment A) minimum systolic blood pressure levels and B) minimum diastolic blood pressure levels with 3-month mortality. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	Mo	ortality	/	No n	nortal	ity	:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Goyal (post-MT, non-recanalized), 2018	102	28	31	115	16	54	33.2%	-0.61 [-1.06, -0.16]	_
Goyal (post-MT, recanalized), 2017	112	18	56	111	16	161	38.4%	0.06 [-0.24, 0.36]	
Kim, 2019	116.3	17.9	12	108.8	19.8	199	28.4%	0.38 [-0.20, 0.96]	
Total (95% CI)			99			414	100.0%	-0.07 [-0.59, 0.45]	
Heterogeneity: Tau ² = 0.16; Chi ² = 8.46, Test for overall effect: Z = 0.27 (P = 0.79)		P = 0.0	1); I ² =	76%					-1 -0.5 0 0.5 1
restron overall effect: $Z = 0.27$ (P = 0.79)	est for overall effect: $Z = 0.27$ (P = 0.79)								Favours [No mortality] Favours [Mortality]

	Мо	rtalit	y	No r	nortal	ity	:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (post-MT, non-recanalized), 2018	55	14	31	55	10	54	27.2%	0.00 [-0.44, 0.44]	
Goyal (post-MT, recanalized), 2017	53	12	56	54	11	161	57.3%	-0.09 [-0.39, 0.22]	
Kim, 2019	63.7	9.3	12	60.4	10.5	199	15.6%	0.31 [-0.27, 0.90]	
Total (95% CI)			99			414	100.0%	-0.00 [-0.23, 0.23]	-
Heterogeneity: Tau ² = 0.00; Chi ² = 1.44, Test for overall effect: Z = 0.01 (P = 0.99)		P = 0.	.49); I ²	= 0%					-1 -0.5 0 0.5 1 Favours no Mortality Favours Mortality

Figure S15. Forest plots evaluating the association of post-treatment A) maximum, B) minimum and C) mean systolic blood pressure levels with symptomatic intracranial hemorrhage. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	:	sICH		no	sICH	l	:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	155.6	19.4	60	158.5	26.6	318	38.0%	-0.11 [-0.39, 0.16]	
Goyal (post-MT, non-recanalized), 2018	183	31	8	173	22	79	14.7%	0.43 [-0.30, 1.16]	
Goyal (post-MT, recanalized), 2017	173	25	14	171	22	203	21.7%	0.09 [-0.45, 0.63]	
Kim, 2019	167.2	24	20	155	24.2	191	25.7%	0.50 [0.04, 0.97]	_
Total (95% CI)			102			791	100.0%	0.17 [-0.16, 0.50]	
Heterogeneity: $Tau^2 = 0.06$; $Chi^2 = 5.98$, Test for overall effect: $Z = 1.00$ ($P = 0.32$)		9 = 0.1	1); I ² =	50%				-	-1 -0.5 0 0.5 1 Favours [no sICH] Favours [sICH]

	:	SICH		No	sICH		:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (post-MT, non-recanalized), 2018	105	18	8	111	22	79	18.9%	-0.27 [-1.00, 0.45]	
Goyal (post-MT, recanalized), 2017	115	17	14	111	17	203	34.1%	0.23 [-0.31, 0.78]	
Kim, 2019	114.5	19.9	20	108.6	19.7	191	47.0%	0.30 [-0.16, 0.76]	
Total (95% CI)			42			473	100.0%	0.17 [-0.15, 0.48]	-
Heterogeneity: Tau ² = 0.00; Chi ² = 1.78, e Test for overall effect: $Z = 1.04$ (P = 0.30)		= 0.4	1); I ² =	0%					-1 -0.5 0 0.5 1 Favours [no sICH] Favours [sICH]

	:	sICH		no	sICH		9	Std. Mean Difference	Std. Mean Difference	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI	
Cho, 2019	127.1	12.7	60	127.7	14.5	318	40.2%	-0.04 [-0.32, 0.23]		
Goyal (post-MT, non-recanalized), 2018	139	18	8	141	15	79	13.7%	-0.13 [-0.86, 0.60]		
Goyal (post-MT, recanalized), 2017	141	18	14	137	15	203	20.8%	0.26 [-0.28, 0.80]		
Kim, 2019	141.2	19.2	20	130.9	18.9	191	25.3%	0.54 [0.08, 1.01]		
Total (95% CI)			102			791	100.0%	0.16 [-0.15, 0.46]		
	Total (95% Cl)102791100.0%0.16 [-0.15, 0.46]Heterogeneity: Tau ² = 0.04; Chi ² = 5.23, df = 3 (P = 0.16); I ² = 43%Test for overall effect: Z = 1.00 (P = 0.32)									

Figure S16. Forest plots evaluating the association of post-treatment A) minimum and B) mean diastolic blood pressure levels with symptomatic intracranial hemorrhage. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	s	ICH		no	sICH		9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Goyal (post-MT, non-recanalized), 2018	51	9	8	55	12	79	18.8%	-0.34 [-1.07, 0.39]	
Goyal (post-MT, recanalized), 2017	54	8	14	54	11	203	34.1%	0.00 [-0.54, 0.54]	
Kim, 2019	60.3	8.3	20	60.6	10.6	191	47.1%	-0.03 [-0.49, 0.43]	
Total (95% CI)			42			473	100.0%	-0.08 [-0.39, 0.24]	
Heterogeneity: Tau ² = 0.00; Chi ² = 0.61, o	df = 2 (F	P = 0	.74); I ²	= 0%					
Test for overall effect: $Z = 0.48$ (P = 0.63)									Favours [no sICH] Favours [sICH]

	s	SICH		no	sICH		9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	70.6	7.6	60	70.6	8.8	318	56.8%	0.00 [-0.28, 0.28]	
Goyal (post-MT, non-recanalized), 2018	74	12	8	72	12	79	8.2%	0.17 [-0.56, 0.89]	
Goyal (post-MT, recanalized), 2017	72	8	14	71	15	203	14.7%	0.07 [-0.47, 0.61]	
Kim, 2019	76.5	9.1	20	74.4	10.2	191	20.3%	0.21 [-0.25, 0.67]	
Total (95% CI)			102			791	100.0%	0.07 [-0.14, 0.27]	-
	Heterogeneity: Tau ² = 0.00; Chi ² = 0.65, df = 3 (P = 0.88); $I^2 = 0\%$ Test for overall effect: Z = 0.62 (P = 0.54)								

Figure S17. Forest plot evaluating the association of post-treatment A) maximum and B) mean systolic blood pressure levels with 3-month functional deterioration. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

			Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	0.157 0.04	18 50.0%	1.17 [1.08, 1.27]	
Goyal (post-MT, non-recanalized), 2018	0.2852 0.09	75 18.9%	1.33 [1.10, 1.61]	
Goyal (post-MT, recanalized), 2017	0.2852 0.06	81 31.0%	1.33 [1.16, 1.52]	_
Total (95% CI)		100.0%	1.25 [1.13, 1.37]	•
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 3.38$, Test for overall effect: $Z = 4.54$ (P < 0.00)		%		0.5 0.7 1 1.5 2 Favours [mRS decrease] Favours [mRS increase]

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Bennett, 2018	0.198	0.099	21.6%	1.22 [1.00, 1.48]	
Cho, 2019	0.3365	0.0649	38.4%	1.40 [1.23, 1.59]	_
Goyal (post-MT, non-recanalized), 2018	0.077	0.1214	15.6%	1.08 [0.85, 1.37]	
Goyal (post-MT, recanalized), 2017	0.239	0.0917	24.3%	1.27 [1.06, 1.52]	
Total (95% CI)			100.0%	1.27 [1.15, 1.41]	
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 4.09$, Test for overall effect: $Z = 4.60$ (P < 0.000		= 27%			0.7 0.85 1 1.2 1.5 Favours [mRS decrease] Favours [mRS increase]

Figure S18. Forest plot evaluating the association of post-treatment A) maximum and B) mean diastolic blood pressure levels with 3-month functional deterioration. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

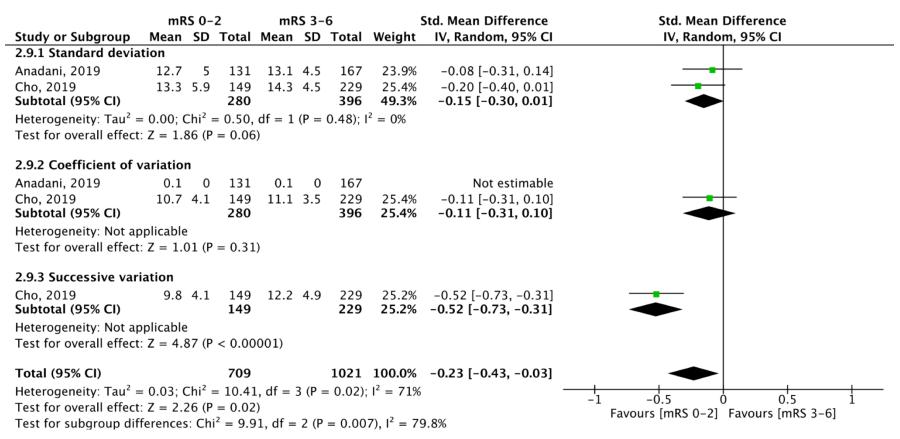
A)

			Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio] S	E Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	0.2776 0.07	2 48.5%	1.32 [1.15, 1.52]	
Goyal (post-MT, non-recanalized), 2018	0.3001 0.114	6 19.1%	1.35 [1.08, 1.69]	· · · · · · · · · · · · · · · · · · ·
Goyal (post-MT, recanalized), 2017	0.1989 0.088	1 32.4%	1.22 [1.03, 1.45]	
Total (95% CI)		100.0%	1.29 [1.17, 1.43]	•
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0.66$, Test for overall effect: $Z = 5.11$ (P < 0.000				0.5 0.7 1 1.5 2 Favours [mRS decrease] Favours [mRS increase]

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Cho, 2019	0.3784 0.	.1152	31.8%	1.46 [1.16, 1.83]	_
Goyal (post-MT, non-recanalized), 2018	0.3001 0.	.2538	13.8%	1.35 [0.82, 2.22]	
Goyal (post-MT, recanalized), 2017	0.239 0.	.1305	29.0%	1.27 [0.98, 1.64]	↓
Mistry, 2017	-0.101	0.152	25.4%	0.90 [0.67, 1.22]	
Total (95% CI)			100.0%	1.23 [0.99, 1.53]	
Heterogeneity: $Tau^2 = 0.03$; $Chi^2 = 6.47$, Test for overall effect: $Z = 1.84$ (P = 0.07)	,	54%			0.5 0.7 1 1.5 2 Favours [mRS decrease] Favours [mRS increase]

Figure S19. Forest plots evaluating the association of post-treatment A) systolic blood pressure variability and B) diastolic blood pressure variability with 3-month functional independence. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; IV, Inverse Variance; CI, confidence interval.

A)



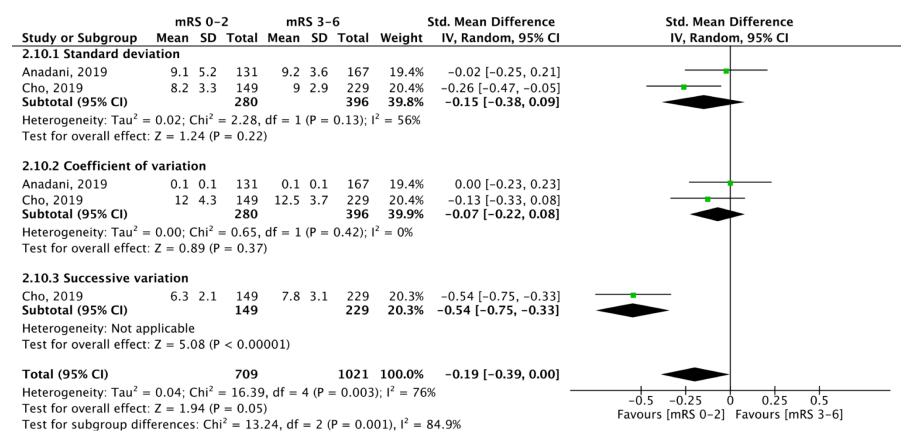
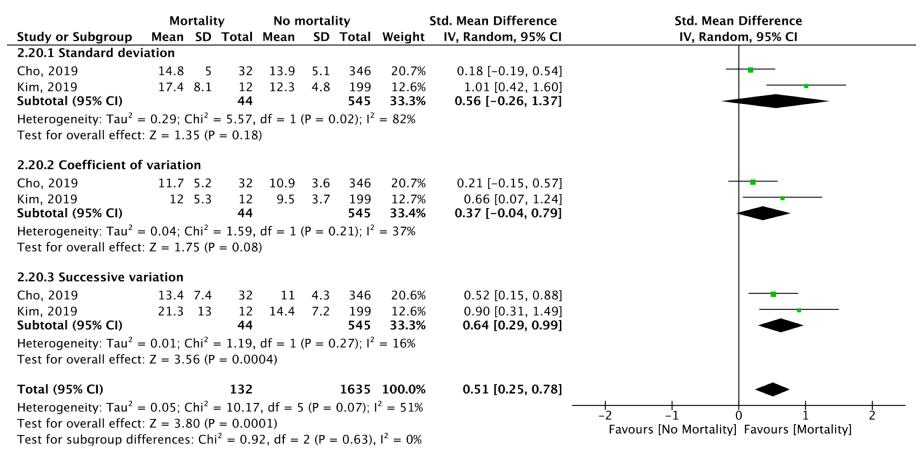


Figure S20. Forest plots evaluating the association of post-treatment A) systolic blood pressure variability and B) diastolic blood pressure variability with 3-month mortality. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; IV, Inverse Variance; CI, confidence interval.

A)



	Мо	rtali	ty	No I	Morta	lity	:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
2.21.1 Standard dev	iation								
Cho, 2019	9.9	3.6	32	8.6	3	346	24.1%	0.42 [0.06, 0.79]	
Kim, 2019 Subtotal (95% Cl)	9.5	5.5	12 44	7.7	2.9	199 545		0.58 [-0.01, 1.17] 0.47 [0.16, 0.78]	•
Heterogeneity: Tau ² = Test for overall effect					(P = (0.66); I ²	= 0%		
2.21.2 Coefficient of	f variati	on							
Cho, 2019	13.3	5.1	32	12.2	3.8	346	24.2%	0.28 [-0.08, 0.64]	+
Kim, 2019 Subtotal (95% Cl)	11.8	5.7	12 44	10.5	4	199 545		0.32 [-0.27, 0.90] 0.29 [-0.02, 0.60]	
Heterogeneity: Tau ² = Test for overall effect					(P = ().92); I ²	= 0%		
2.21.3 Successive va	ariation								
Cho, 2019	8.8	4.7	32	7.1	2.5	346	23.9%	0.62 [0.25, 0.98]	
Kim, 2019 Subtotal (95% CI)	12.1	6.3	12 44	9.8	5.1	199 545		0.44 [-0.14, 1.03] 0.57 [0.26, 0.88]	
Heterogeneity: Tau ² = Test for overall effect					(P = (0.62); I ²	= 0%		
Total (95% CI)			132			1635	100.0%	0.44 [0.26, 0.62]	•
Heterogeneity: Tau ² = Test for overall effect					(P = ().84); I ²	= 0%	-	-2 -1 0 1 2 Favours [No Mortality] Favours [Mortality]
Tost for subgroup dif	fforonco	. Ch	² _ 1 6	1 df_	Э (р.	- 0 4E)	$1^2 - 0^{0/2}$		ravours [no mortanty] ravours [mortanty]

Test for subgroup differences: $Chi^2 = 1.61$, df = 2 (P = 0.45), $I^2 = 0\%$

Figure S21. Forest plots evaluating the association of post-treatment A) systolic blood pressure variability and B) diastolic blood pressure variability with symptomatic intracranial hemorrhage. mRS, modified Rankin Scale; Std., standardized; SD, standard deviation; IV, Inverse Variance; CI, confidence interval.

A)

	5	sICH		no s	ІСН		Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean S	5D Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
2.30.1 Standard devi	iation							
Cho, 2019	13.3	4.2	60	14.1 5	.3 318	20.8%	-0.16 [-0.43, 0.12]	
Kim, 2019	15.2	7.1	20	12.3 4	.9 191	12.5%	0.56 [0.10, 1.03]	
Subtotal (95% CI)			80		509	33.3%	0.18 [-0.52, 0.88]	
Heterogeneity: Tau ² =	= 0.22; 0	Chi ² =	6.79, d	f = 1 (P = 1)	= 0.009);	$l^2 = 85\%$		
Test for overall effect	Z = 0.5	50 (P =	= 0.62)					
2.30.2 Coefficient of	variatio	on						
Cho, 2019	10.5	3.1	60	11 3	.8 318	20.8%	-0.13 [-0.41, 0.14]	
Kim, 2019	10.7	4.5	20	9.5 3	.8 191	12.5%	0.31 [-0.15, 0.77]	+
Subtotal (95% CI)			80		509	33.4%	0.05 [-0.38, 0.47]	
Heterogeneity: Tau ² =	= 0.06; 0	Chi ² =	2.62, d	f = 1 (P = 1)	= 0.11); I ²	² = 62%		
Test for overall effect	: Z = 0.2	22 (P =	= 0.83)					
2.30.3 Successive va	riation							
Cho, 2019	11.5	4.1	60	11.2 4	.8 318	20.8%	0.06 [-0.21, 0.34]	
Kim, 2019	16.7	11.2	20	14.6 7	.4 191	12.6%	0.27 [-0.19, 0.73]	
Subtotal (95% CI)			80		509	33.4%	0.12 [-0.12, 0.35]	•
Heterogeneity: Tau ² =	= 0.00; 0	Chi ² =	0.55, d	f = 1 (P = 1)	= 0.46); I ²	$^{2} = 0\%$		
Test for overall effect	Z = 0.9	97 (P =	= 0.33)					
Total (95% CI)			240		1527	100.0%	0.10 [-0.11, 0.30]	•
Heterogeneity: Tau ² =	= 0.03; 0	Chi ² =	10.60,	df = 5 (P	= 0.06);	$I^2 = 53\%$		
Test for overall effect					-,,			
Test for subgroup dif			,	df = 2	$\mathbf{P} = \mathbf{O} \mathbf{O} \mathbf{A}$	12 00/		Favours [no sICH] Favours [sICH]

B)

	s	ICH		no	sICI	4		Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
2.31.1 Standard devi	iation								
Cho, 2019	8.8	3.2	60	8.7	3	318	21.0%	0.03 [-0.24, 0.31]	_ _
Kim, 2019 Subtotal (95% CI)	9.8	4.7	20 80	7.6	2.9	191 509	12.3% 33.3%	0.71 [0.24, 1.17] 0.34 [-0.31, 1.00]	
Heterogeneity: Tau ² =	= 0.19; C	:hi² =	= 5.93,	df = 1	(P =	0.01);	$ ^2 = 83\%$		
Test for overall effect	Z = 1.0)2 (P	= 0.31	.)					
2.31.2 Coefficient of	variatio	on							
Cho, 2019	12.5	3.7	60	12.3	4	318	21.0%	0.05 [-0.23, 0.33]	_ _
Kim, 2019 Subtotal (95% CI)	12.7	5.2	20 80	10.3	4	191 509	12.4% 33.3%	0.58 [0.12, 1.04]	
Heterogeneity: Tau ² =	= 0.10; C	:hi² =	= 3.70,	df = 1	(P =	0.05);	$ ^2 = 73\%$		
Test for overall effect						.,			
2.31.3 Successive va	riation								
Cho, 2019	7.6	2.9	60	7.2	2.8	318	20.9%	0.14 [-0.13, 0.42]	- +
Kim, 2019 Subtotal (95% CI)	11.7	6.2	20 80	9.8	5.1	191 509		0.36 [-0.10, 0.83] 0.20 [-0.04, 0.44]	•
Heterogeneity: Tau ² =	= 0.00; C	:hi² =	= 0.65,	df = 1	(P =	0.42);	$ ^2 = 0\%$		
Test for overall effect	: Z = 1.6	65 (P	= 0.10))					
Total (95% CI)			240			1527	100.0%	0.25 [0.05, 0.46]	◆
Heterogeneity: Tau ² = Test for overall effect Test for subgroup dif	: Z = 2.4	10 (P	= 0.02)					-2 -1 0 1 2 Favours [no sICH] Favours [sICH]

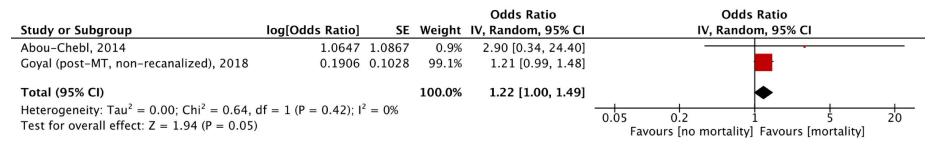
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Figure S22. Forest plot evaluating the adjusted association of pre-treatment mean systolic blood pressure levels and 3-month functional independence. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

Study or Subgroup	log[Odds Ratio]	SE	Weight	Odds Ratio IV, Random, 95% Cl	Odds Ratio IV, Random, 95% Cl
Abou-Chebl, 2014	-0.6931	0.9674	0.3%	0.50 [0.08, 3.33]	· · · · ·
Goyal (post-MT, non-recanalized), 2018	-0.1165	0.1263	16.5%	0.89 [0.69, 1.14]	
Goyal (pre-MT), 2017	-0.4463	0.1796	9.0%	0.64 [0.45, 0.91]	.
Maier B, 2017	-0.1165	0.0279	74.1%	0.89 [0.84, 0.94]	•
Total (95% CI)			100.0%	0.86 [0.77, 0.96]	•
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 3.64$, Test for overall effect: Z = 2.61 (P = 0.009)		= 18%			0.1 0.2 0.5 1 2 5 10 Favours [mRS 0-2] Favours [mRS 3-6]

Figure S23. Forest plot evaluating the adjusted association of pre-treatment mean A) systolic blood pressure levels and B) diastolic blood pressure levels with 3-month mortality. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)



			Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE Weight	IV, Random, 95% CI	IV, Random, 95% CI
Abou-Chebl, 2014	1.5041 1.3	5.1%	4.50 [0.33, 60.70]	
Maier B, 2017	0.1044 0.0	94.9%	1.11 [1.01, 1.22]	
Total (95% CI)		100.0%	1.19 [0.65, 2.18]	•
Heterogeneity: Tau ² =		= 1 (P = 0.29)); $I^2 = 10\%$	0.02 0.1 1 10 50
Test for overall effect:	Z = 0.57 (P = 0.57)			Favours [no mortality] Favours [mortality]

Figure S24. Forest plot evaluating the adjusted association of during-treatment maximum systolic blood pressure levels and 3-month functional independence. SE, standard error; IV, Inverse Variance; CI, confidence interval.

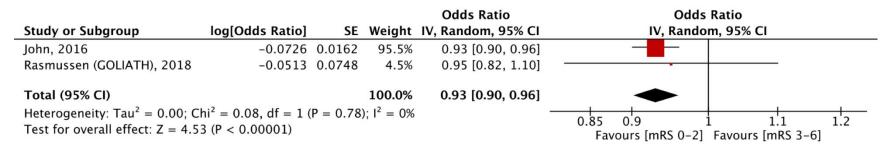


Figure S25. Forest plot evaluating the adjusted association of post-treatment maximum A) diastolic blood pressure levels and B) systolic blood pressure levels with 3-month functional independence. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

Study or Subgroup	log[Odds Ratio]	SE	Weight	Odds Ratio IV, Random, 95% CI	Odds Ratio IV, Random, 95% Cl
Cernik, 2019	-0.233	0.103	31.5%	0.79 [0.65, 0.97]	
Cho, 2019	0.0198		19.0%	1.02 [0.76, 1.36]	_
Ding, 2019	-0.478	0.1844	13.1%	0.62 [0.43, 0.89]	
Goyal (post-MT, non-recanalized), 2018	-0.0619	0.1732	14.6%	0.94 [0.67, 1.32]	
Goyal (post-MT, recanalized), 2017	-0.1863	0.1343	21.8%	0.83 [0.64, 1.08]	
Total (95% CI)			100.0%	0.83 [0.72, 0.96]	•
Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 5.19$, Test for overall effect: $Z = 2.51$ (P = 0.01)		= 23%			0.5 0.7 1 1.5 2 Favours [mRS 0-2] Favours [mRS 3-6]

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Anadani, 2019	-0.051	0.077	14.8%	0.95 [0.82, 1.11]	
Cernik, 2019	-0.101	0.046	17.5%	0.90 [0.83, 0.99]	
Cho, 2019	0.0583	0.0717	15.3%	1.06 [0.92, 1.22]	- +
Ding, 2019	-0.3567	0.1339	10.0%	0.70 [0.54, 0.91]	
Goyal (post-MT, non-recanalized), 2018	-0.5978	0.1848	6.9%	0.55 [0.38, 0.79]	
Goyal (post-MT, recanalized), 2017	-0.3567	0.1109	11.8%	0.70 [0.56, 0.87]	
Maier IL, 2018	-0.408	0.157	8.4%	0.66 [0.49, 0.90]	
McCarthy, 2019	-0.1625	0.0726	15.2%	0.85 [0.74, 0.98]	
Total (95% CI)			100.0%	0.82 [0.73, 0.93]	•
Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 25.13$	df = 7 (P = 0.000)	7); $I^2 = 7$	2%		
Test for overall effect: $Z = 3.21$ (P = 0.00)	L)	.,			0.5 0.7 1 1.5 2 Favours [mRS 0-2] Favours [mRS 3-6]

Figure S26. Forest plot evaluating the adjusted association of post-treatment A) minimum systolic blood pressure levels and B) mean diastolic blood pressure levels with 3-month functional independence. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

Study or Subgroup	log[Odds Ratio] S	E Weight	Odds Ratio IV, Random, 95% CI	Odds Ratio IV, Random, 95% CI
Ding, 2019	0.0198 0.161	6 56.5%	1.02 [0.74, 1.40]	-+-
Goyal (post-MT, non-recanalized), 2018	0.4947 0.235	1 43.5%	1.64 [1.03, 2.60]	
Total (95% CI)		100.0%	1.25 [0.79, 1.99]	
Heterogeneity: $Tau^2 = 0.07$; $Chi^2 = 2.77$, c Test for overall effect: Z = 0.96 (P = 0.34)		5		0.2 0.5 1 2 5 Favours [mrS 0-2] Favours [mRS 3-6]

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Chang, 2019	-0.0202	0.1709	35.2%	0.98 [0.70, 1.37]	
Cho, 2019	-0.462	0.1647	36.6%	0.63 [0.46, 0.87]	_
Ding, 2019	-0.1744	0.2069	28.2%	0.84 [0.56, 1.26]	
Total (95% CI)			100.0%	0.80 [0.61, 1.05]	
Heterogeneity: Tau ² =	= 0.03; Chi ² = 3.56	, df = 2 ((P = 0.17)	; $I^2 = 44\%$	
Test for overall effect	Z = 1.63 (P = 0.1)	0)			Favours [mRS 0-2] Favours [mRS 3-6]

Figure S27. Forest plot evaluating the adjusted association of post-treatment A) maximum diastolic blood pressure levels and B) mean systolic blood pressure levels 3-month mortality. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

			Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio] SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (post-MT, non-recanalized), 2018	0.4824 0.1963	37.3%	1.62 [1.10, 2.38]	_
Goyal (post-MT, recanalized), 2017	0.2311 0.1498	62.7%	1.26 [0.94, 1.69]	
Total (95% CI)		100.0%	1.38 [1.09, 1.76]	
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 1.04$, Test for overall effect: $Z = 2.67$ ($P = 0.008$				0.5 0.7 1 1.5 2 Favours [no mortality] Favours [mortality]

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Cho, 2019	0.01	0.0149	49.0%	1.01 [0.98, 1.04]	
Kim, 2019	0.0296	0.0146	51.0%	1.03 [1.00, 1.06]	
Total (95% CI)			100.0%	1.02 [1.00, 1.04]	◆
Heterogeneity: Tau ² = Test for overall effect			(P = 0.35)	; $I^2 = 0\%$	0.85 0.9 1 1.1 1.2
rest for overall effect	. 2 - 1.52 (1 - 0.0	0)			Favours [No mortality] Favours [mortaily]

Figure S28. Forest plot evaluating the adjusted association of post-treatment A) maximum, B) minimum and C) mean systolic blood pressure levels and symptomatic intracranial hemorrhage. SE, standard error; IV, Inverse Variance; CI, confidence interval.

A)

Study or Subgroup	log[Odds Ratio]	SE	Weight	Odds Ratio IV, Random, 95% CI	Odds Ratio IV, Random, 95% Cl
Cho, 2019	0	0.0101	33.4%	1.00 [0.98, 1.02]	•
Ding, 2019	0.0247	0.0101	33.4%	1.03 [1.00, 1.05]	•
Goyal (post-MT, non-recanalized), 2018	0.5539	0.3863	0.1%	1.74 [0.82, 3.71]	
Goyal (post-MT, recanalized), 2017	0.2624	0.166	0.8%	1.30 [0.94, 1.80]	+
Kim, 2019	0.01	0.0149	28.1%	1.01 [0.98, 1.04]	+
McCarthy, 2019	0.2044	0.0992	2.1%	1.23 [1.01, 1.49]	
Mistry, 2017	0.198	0.099	2.1%	1.22 [1.00, 1.48]	
Total (95% CI)			100.0%	1.02 [0.99, 1.05]	•
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 14.45$		$l^2 = 58\%$			0.2 0.5 1 2 5
Test for overall effect: $Z = 1.52$ (P = 0.13)					Favours [no sICH] Favours [sICH]

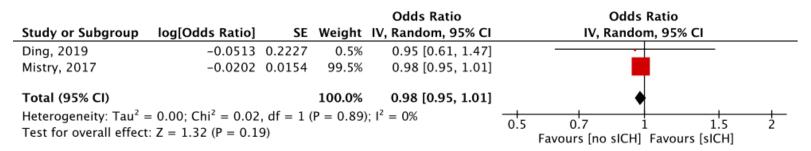
Study or Subgroup	log[Odds Ratio]	SE	Weight	Odds Ratio IV, Random, 95% CI	Odds Ratio IV, Random, 95% Cl
Ding, 2019	-0.2231	0.1436	27.4%	0.80 [0.60, 1.06]	
Mistry, 2017	-0.0101	0.0102	72.6%	0.99 [0.97, 1.01]	•
Total (95% CI)			100.0%	0.93 [0.78, 1.12]	
Heterogeneity: Tau ² = Test for overall effect			P = 0.14)	; $I^2 = 54\%$	0.5 0.7 1 1.5 2 Favours [no sICH] Favours [sICH]

C)

Study or Subgroup	log[Odds Ratio]	SE Weight	Odds Ratio IV, Random, 95% CI	Odds Ratio IV, Random, 95% CI
Cho, 2019	0 0.010)1 78.6%	1.00 [0.98, 1.02]	
Ding, 2019	0.0583 0.138	0.4%	1.06 [0.81, 1.39]	
Goyal (post-MT, non-recanalized), 2018	0.1222 0.346	68 0.1%	1.13 [0.57, 2.23]	
Kim, 2019	0.0198 0.019	6 20.9%	1.02 [0.98, 1.06]	+
Total (95% CI)		100.0%	1.00 [0.99, 1.02]	•
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 1.07$, Test for overall effect: $Z = 0.50$ ($P = 0.62$)				0.5 0.7 1 1.5 2 Favours [no sICH] Favours [sICH]

Figure S29. Forest plot evaluating the adjusted association of post-treatment A) minimum and B) mean diastolic blood pressure levels and symptomatic intracranial hemorrhage. SE, standard error; IV, Inverse Variance; CI, confidence interval.

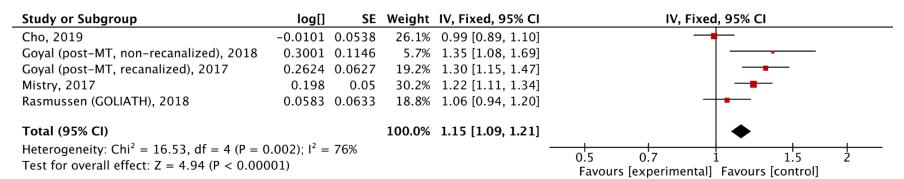
A)



			Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio] SE	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Ding, 2019	0.2546 0.1894	82.1%	1.29 [0.89, 1.87]	
Goyal (post-MT, non-recanalized), 2018	0.1655 0.405	17.9%	1.18 [0.53, 2.61]	
Total (95% CI)		100.0%	1.27 [0.91, 1.78]	-
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0.04$, or Test for overall effect: $Z = 1.39$ (P = 0.16)				0.2 0.5 1 2 5 Favours [no sICH] Favours [sICH]

Figure S30. Forest plot evaluating the adjusted association of post-treatment A) maximum and B) mean systolic blood pressure levels with 3-month functional deterioration. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)



				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Bennett, 2018	0.1	0.1	17.2%	1.11 [0.91, 1.34]	
Cho, 2019	0.3365	0.0649	37.5%	1.40 [1.23, 1.59]	
Goyal (post-MT, non-recanalized), 2018	0.239	0.1548	7.5%	1.27 [0.94, 1.72]	
Goyal (post-MT, recanalized), 2017	0.239	0.0917	20.2%	1.27 [1.06, 1.52]	│ ──
Mistry, 2017	0.198	0.099	17.6%	1.22 [1.00, 1.48]	
Total (95% CI)			100.0%	1.28 [1.17, 1.39]	•
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 4.32$, Test for overall effect: Z = 5.69 (P < 0.000		² = 7%			0.5 0.7 1 1.5 2 Favours [mRS decrease] Favours [mRS increase]

Figure S31. Forest plot evaluating the adjusted association of post-treatment A) maximum and B) mean diastolic blood pressure levels with 3-month functional deterioration. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	0.01	0.1128	24.0%	1.01 [0.81, 1.26]	_
Goyal (post-MT, non-recanalized), 2018	0.207	0.1468	14.2%	1.23 [0.92, 1.64]	
Goyal (post-MT, recanalized), 2017	0.1655	0.098	31.8%	1.18 [0.97, 1.43]	+
Mistry, 2017	0	0.101	30.0%	1.00 [0.82, 1.22]	
Total (95% CI)			100.0%	1.09 [0.98, 1.21]	◆
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 2.52$, Test for overall effect: $Z = 1.53$ (P = 0.13)		= 0%			0.5 0.7 1 1.5 2 Favours [mRS decrease] Favours [mRS increase]

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	0.3784	0.1152	31.8%	1.46 [1.16, 1.83]	_
Goyal (post-MT, non-recanalized), 2018	0.3001	0.2538	13.8%	1.35 [0.82, 2.22]	
Goyal (post-MT, recanalized), 2017	0.239	0.1305	29.0%	1.27 [0.98, 1.64]	
Mistry, 2017	-0.101	0.152	25.4%	0.90 [0.67, 1.22]	
Total (95% CI)			100.0%	1.23 [0.99, 1.53]	
Heterogeneity: $Tau^2 = 0.03$; $Chi^2 = 6.47$, Test for overall effect: $Z = 1.84$ (P = 0.07)		= 54%		-	0.5 0.7 1 1.5 2 Favours [mRS decrease] Favours [mRS increase]

Figure S32. Forest plot evaluating the association of post-treatment maximum A) systolic blood pressure levels and B) diastolic blood pressure levels with 3-month functional independence among recanalized patients. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	mR	S 0-	2	mR	S 3-	6	:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cernik, 2019	161	22	301	171	23	250	46.9%	-0.44 [-0.61, -0.27]	
Goyal (post-MT, recanalized), 2017	163	20	97	179	23	120	31.6%	-0.73 [-1.01, -0.46]	_
McCarthy, 2019	154	21	181	161	25	31	21.4%	-0.32 [-0.70, 0.06]	
Total (95% CI)			579			401	100.0%	-0.51 [-0.73, -0.30]	◆
Heterogeneity: Tau ² = 0.02; Chi ² = 3 Test for overall effect: Z = 4.65 (P <			P = 0.1	4); I ² =	50%				-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]

	mR	S 0-	2	mR	S 3-	6	:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cernik, 2019	90	14	301	93	15	250	63.7%	-0.21 [-0.38, -0.04]	
Goyal (post-MT, recanalized), 2017	91	15	97	97	14	120	36.3%	-0.41 [-0.68, -0.14]	
Total (95% CI)			398			370	100.0%	-0.28 [-0.48, -0.09]	◆
Heterogeneity: Tau ² = 0.01; Chi ² = 1 Test for overall effect: Z = 2.84 (P =		= 1 (P = 0.2	0); I ² =	38%				-1 -0.5 0 0.5 1 Favours [mRS 0-2] Favours [mRS 3-6]

Figure S33. Forest plot evaluating the association of post-treatment mean A) systolic blood pressure levels and B) diastolic blood pressure levels with 3-month functional independence among recanalized patients. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

,	mF	RS 0-2	2	m	RS 3-6	5	9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cernik, 2019	132	15	301	138	15	250	36.9%	-0.40 [-0.57, -0.23]	
Chang (recanalized), 2019	125.5	12.4	49	132.7	10.1	41	29.0%	-0.63 [-1.05, -0.20]	— —
Goyal (post-MT, recanalized), 2017	138	15	97	135	15	120	34.2%	0.20 [-0.07, 0.47]	+
Total (95% CI)			447			411	100.0%	-0.26 [-0.71, 0.19]	
Heterogeneity: $Tau^2 = 0.14$; $Chi^2 = 1$ Test for overall effect: $Z = 1.13$ (P =		= 2 (F	P = 0.00	002); I ²	= 88%				-2 -1 0 1 2 Favours [mRS 0-2] Favours [mRS 3-6]

	m	RS 0-2	2	mR	S 3-	6	9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cernik, 2019	68	9	301	69	10	250	64.2%	-0.11 [-0.27, 0.06]	
Chang (recanalized), 2019	73.1	10.1	49	73.5	9	41	10.5%	-0.04 [-0.46, 0.37]	
Goyal (post-MT, recanalized), 2017	70	17	97	71	13	120	25.3%	-0.07 [-0.33, 0.20]	
Total (95% CI)			447			411	100.0%	-0.09 [-0.22, 0.05]	
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0$ Test for overall effect: $Z = 1.30$ (P =			-0.5 -0.25 0 0.25 0.5 Favours [mRS 0-2] Favours [mRS 3-6]						

Figure S34. Forest plot evaluating the association of post-treatment mean A) systolic blood pressure levels and B) diastolic blood pressure levels with symptomatic intracranial hemorrhage among recanalized patients. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)

	:	SICH		nc	sICH		9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (post-MT, recanalized), 2017	141	18	14	137	15	203	42.2%	0.26 [-0.28, 0.80]	
Kim, 2019	141.2	19.2	20	130.9	18.9	191	57.8%	0.54 [0.08, 1.01]	
Total (95% CI)			34			394	100.0%	0.42 [0.07, 0.78]	
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0$ Test for overall effect: $Z = 2.36$ (P = 0		= 1 (P =	= 0.44)	; $I^2 = 0$	6				-1 -0.5 0 0.5 1 Favours [no sICH] Favours [sICH]

	S	ICH		nc	sICH		:	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (post-MT, recanalized), 2017	72	8	14	71	15	203	42.0%	0.07 [-0.47, 0.61]	
Kim, 2019	76.5	9.1	20	74.4	10.2	191	58.0%	0.21 [-0.25, 0.67]	
Total (95% CI)			34			394	100.0%	0.15 [-0.20, 0.50]	
Total (95% Cl)3439Heterogeneity: Tau ² = 0.00; Chi ² = 0.15, df = 1 (P = 0.70); I ² = 0%Test for overall effect: Z = 0.83 (P = 0.41)									-0.5 -0.25 0 0.25 0.5 Favours [no sICH] Favours [sICH]

Figure S35. Forest plot evaluating the association of post-treatment maximum A) systolic blood pressure levels and B) diastolic blood pressure levels with symptomatic intracranial hemorrhage among recanalized patients. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

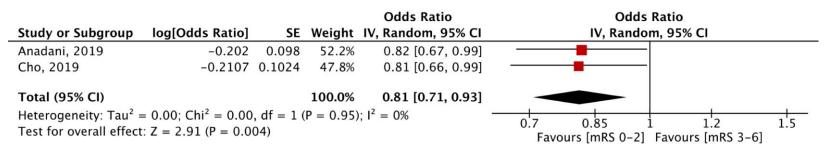
A)

	s	ICH		nc	sICH	ĺ	9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (post-MT, recanalized), 2017	173	25	14	171	22	203	44.0%	0.09 [-0.45, 0.63]	
Kim, 2019	167.2	24	20	155	24.2	191	56.0%	0.50 [0.04, 0.97]	
Total (95% CI)			34			394	100.0%	0.32 [-0.08, 0.72]	
Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 1$ Test for overall effect: $Z = 1.57$ (P = 0		-1 -0.5 0 0.5 1 Favours [no sICH] Favours [sICH]							

		sICH		no	sICH		9	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Goyal (post-MT, recanalized), 2017	100	18	14	94	15	203	42.0%	0.39 [-0.15, 0.94]	
Kim, 2019	93.7	13.8	20	90	12.5	191	58.0%	0.29 [-0.17, 0.75]	
Total (95% CI)			34			394	100.0%	0.33 [-0.02, 0.69]	
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0$ Test for overall effect: $Z = 1.86$ (P =		= 1 (P	= 0.78); $I^2 = 0$	%				-1 -0.5 0 0.5 1 Favours [no sICH] Favours [sICH]

Figure S36. Forest plot evaluating the adjusted association of post-treatment A) mean systolic blood pressure levels and B) maximum diastolic blood pressure levels with 3-month functional independence among recanalized patients. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

A)



				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cernik, 2019	-0.161	0.082	60.8%	0.85 [0.72, 1.00]	
Cho, 2019	0 (0.1569	16.6%	1.00 [0.74, 1.36]	
Goyal (post-MT, recanalized), 2017	-0.1863 (0.1343	22.6%	0.83 [0.64, 1.08]	
Total (95% CI)			100.0%	0.87 [0.77, 0.99]	
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0$ Test for overall effect: Z = 2.19 (P =			0.7 0.85 1 1.2 1.5 Favours [mRS 0-2] Favours [mRS 3-6]		

Figure S37. Forest plot evaluating the adjusted association of post-treatment maximum systolic blood pressure levels with 3-month functional independence among recanalized patients. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

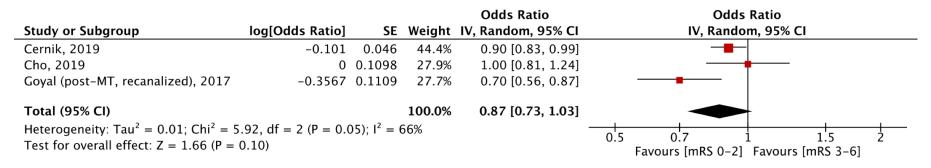
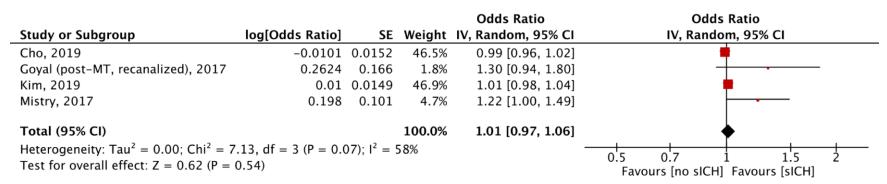


Figure S38. Forest plot evaluating the adjusted association of post-treatment maximum systolic blood pressure levels with 3-month mortality among recanalized patients. SE, standard error; MT, Mechanical Thrombectomy; IV, Inverse Variance; CI, confidence interval.

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Cho, 2019	0	0.02	44.5%	1.00 [0.96, 1.04]	+
Goyal (post-MT, recanalized), 2017	0.3988	0.1186	8.3%	1.49 [1.18, 1.88]	
Kim, 2019	0.0198	0.0148	47.2%	1.02 [0.99, 1.05]	• • • • • • • • • • • • • • • • • • •
Total (95% CI)			100.0%	1.04 [0.97, 1.12]	•
Heterogeneity: Tau ² = 0.00; Chi ² = 1 Test for overall effect: Z = 1.14 (P =			0.5 0.7 1 1.5 2 Favours [no mortality] Favours [mortality]		

Figure S39. Forest plot evaluating the adjusted association of post-treatment A) maximum systolic blood pressure levels and B) mean systolic blood pressure levels with symptomatic intracranial hemorrhage among recanalized patients. SE, standard error; IV, Inverse Variance; CI, confidence interval.

A)



				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI	IV, Random, 95% Cl
Cho, 2019	0.01	0.01	79.3%	1.01 [0.99, 1.03]	
Kim, 2019	0.0198	0.0196	20.7%	1.02 [0.98, 1.06]	
Total (95% CI)			100.0%	1.01 [0.99, 1.03]	•
Heterogeneity: Tau ² = Test for overall effect			P = 0.66)	; $I^2 = 0\%$	0.85 0.9 1 1.1 1.2 Favours [no sICH] Favours [sICH]

Figure S40. Funnel plot of the included studies evaluating the unadjusted associations of pre-treatment mean blood pressure variables with functional independence. SE, standard error; SMD, standardized mean difference; SBP, systolic blood pressure; DBP, diastolic blood pressure.

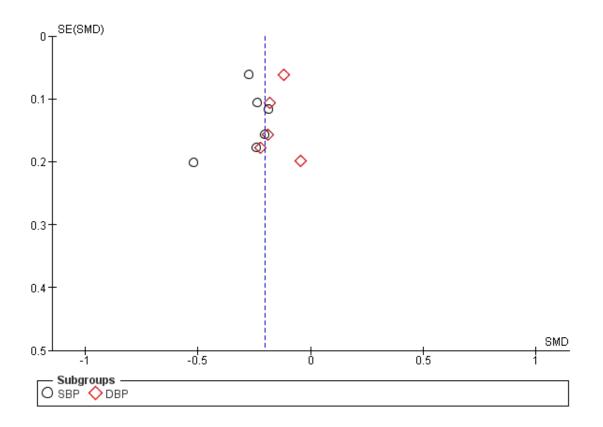


Figure S41. Funnel plot of the included studies evaluating the unadjusted association of post-treatment maximum blood pressure variables with functional independence. SE, standard error; SMD, standardized mean difference; SBP, systolic blood pressure; DBP, diastolic blood pressure.

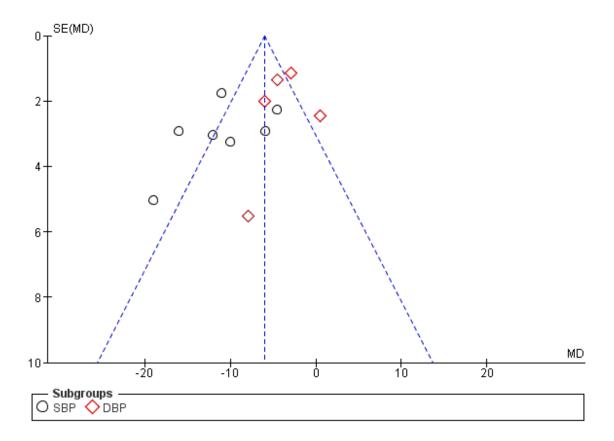


Figure S42. Funnel plot of the included studies evaluating the adjusted association of post-treatment maximum blood pressure variables with functional independence. SE, standard error; OR, odds ratio; SBP, systolic blood pressure; DBP, diastolic blood pressure.

