

**ON-LINE APPENDIX**

**Methods**

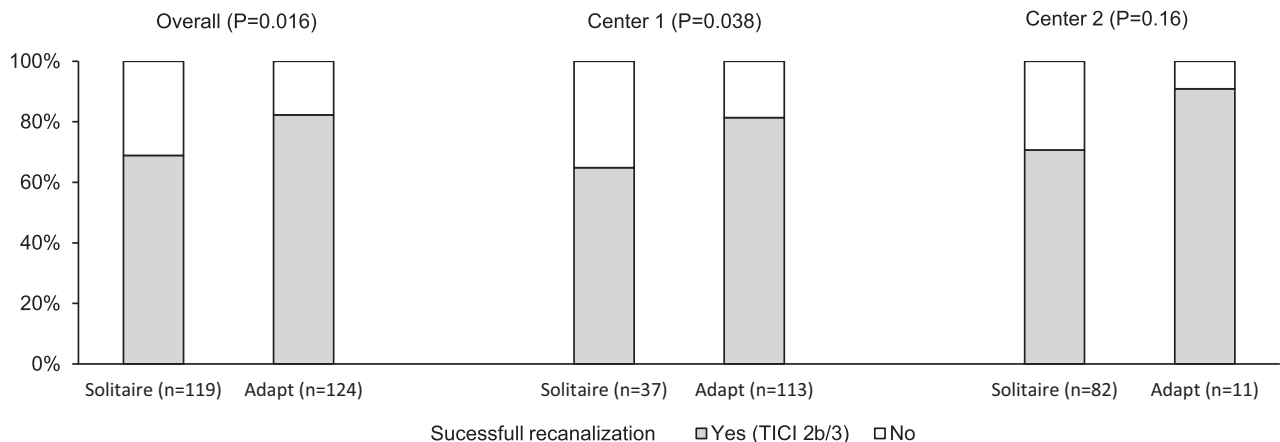
In the present study, both techniques were used by the 2 comprehensive stroke centers. However, the number of ADAPT and Solitaire first-line procedures differed between centers. In center 1 (Rothschild Foundation), the stent-retriever technique was systematically used in the first instance between January 2012 and September 2013. Thereafter, the ADAPT technique was systematically used as the first-line technique. In center 2 (Foch Hospi-

tal), the stent retriever technique was used in the first instance between January 2012 and March 2014. Then, only 1 operator used the ADAPT technique in the first instance, while the other operators continued to use the stent retriever.

The choice of the technique was not based on age, site of occlusion, or baseline characteristics of the patients, as shown by the similar characteristics of the patients included (Table 1). To minimize recruitment bias in the registry, we included all consecutive procedures for analysis.

**On-line Table: Adjunctive therapy use after ADAPT or Solitaire front-line endovascular procedures**

	ADAPT Front-Line Approach Group	Stent Retriever Front-Line Approach Group
Percentage (No.)	45.2 (56)	13.5 (16)
Combined stent retriever (Solumbra technique) (No.)	52	0
Intra-arterial abciximab (No.)	3	1
Intracranial angioplasty	2	1
Intra-arterial rtPA	0	4
Separator (Penumbra)	0	6
Stent retriever (other than Solitaire)	0	3
Distal aspiration	—	4 Alone
		3 Combined stent retriever/ADAPT (Solumbra technique)



**ON-LINE FIG.** Successful recanalization rates after ADAPT and first-line Solitaire stent retriever approach, overall and according to the center.