Supplementary Online Content

Nguyen TTM, van den Wijngaard IR, Bosch J, et al. Comparison of prehospital scales for predicting large anterior vessel occlusion in the ambulance setting. *JAMA Neurol*. Published online November 30, 2020. doi:10.1001/jamaneurol.2020.4418

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This supplementary material has been provided by the authors to give readers additional information about their work.

	Total No. (%) (n = 2449)	Patients with application data, No. % (n = 2007)	Patients without application data, No. % (n = 442)	P value .26	
Age, mean (SD), y	70.9 (14.7)	71.1 (14.9)	70.4 (14.3)		
Male sex	1247/2449 (50.9)	1021/2007 (50.0)	226/442 (51.1)	.92	
Hospital admission					
NIHSS score ^a , median (IQR)	4 (2–9)	4 (2–8)	4 (2–10)	.31	
sLAVO	198/2449 (8.1)	158/2007 (7.9)	40/442 (9.0)	.41	
Final diagnosis					
Ischemic stroke	978/2449 (39.9)	831/2007 (41.4)	147/442 (33.3)	<.001	
Intracerebral hemorrhage	202/2440 (8.2)	149/2007 (7.4)	53/442 (12.0)	1	
Transient ischemic attack	319/2449 (13.0)	274/2007 (13.7)	45/442 (10.2)	1	
Stroke mimic	950/2449 (38.8)	753/2007 (37.5)	197/442 (44.6)		
Abbreviations: NIHSS, National Institute ^a Only provided for stroke patients (i.e. is	of Health Stroke Scale; s	LAVO, symptomatic large	, ,	on.	

eTable 1. Comparing Patients With and Without Application Data

eTable 2. Stroke Logistics and In-Hospital Performance Metrics in PSC vs CSC Presented Patients

	Total, No. (%) (n = 158)	sLAVO presented in PSC, No. (%) (n = 32)	sLAVO presented in CSC, No. (%) (n = 126)	<i>P</i> value
Stroke logistics				
Transferred from PSC to CSC for EVT	26/158 (17)	26/32 (81)	NA	NA
In-hospital performance metrics				
DNT, median (IQR), min	24 (18–33)	26 (19–34)	24 (18–33)	.79
DGT, median (IQR), min	72 (54–105)	114 (103–140)	61 (51–81)	<.001
Abbreviations: sLAVO, symptomatic large anterior vess DNT, door-to-needle time; DGT, <i>first</i> -door-to-groin punc		er; CSC, comprehensive stroke center; N	IA, not applicable; EVT, endovascul	ar thrombectomy.

Prediction scale	Accuracy ^a	C-STAT ≥2	PASS ≥2	G-FAST ≥3	FAST-ED ≥4	RACE ≥5	LAMS ≥4
C-STAT ≥2	0.79 (0.77-0.81)	NA					
PASS ≥2	0.81 (0.79-0.83)	0.03	NA				
G-FAST ≥3	0.82 (0.81-0.84)	0.76	0.13	NA			
FAST-ED ≥4	0.83 (0.81-0.85)	0.06	0.49	0.19	NA		
RACE ≥5	0.88 (0.86-0.89)	<0.001	0.02	<0.001	0.001	NA	
LAMS ≥4	0.89 (0.87-0.90)	<0.001	<0.001	<0.001	<0.001	0.51	NA
speech-time; FAST-ED,	applicable; C-STAT, Cino Face-arm-speech-time- t: ([True positives + true	eye deviation-den	ial/neglect RACE	, Rapid arterial occl			

eTable 3. Comparing Accuracies of the Prediction Scales According to Prespecified Cut Points

Prediction scale	AUC (95% CI)	C-STAT	PASS	GACE	RACE	LAMS	G-FAST	FAST-ED	NIHSS
C-STAT	0.70 (0.64-0.76)	NA							
PASS	0.73 (0.68-0.78)	0.19	NA						
GACE	0.73 (0.69-0.78)	0.27	0.85	NA					
RACE	0.75 (0.69-0.82)	0.05	0.08	0.04	NA				
LAMS	0.76 (0.71-0.81)	0.05	0.07	0.18	0.40	NA			
G-FAST	0.77 (0.72-0.82)	0.04	0.01	0.01	0.51	0.48	NA		
FAST-ED	0.80 (0.74-0.85)	0.01	0.001	0.02	0.53	0.10	0.46	NA	
NIHSS	0.82 (0.78-0.85)	<0.001	<0.001	<0.001	0.001	0.01	0.001	0.20	NA
severity; GACE, Gace, fa	a under the curve; NA, no acial Asymmetry, level of aze-face-arm-speech-tim	Consciousnes	s, Extinction	/inattention;	RACE, Rap	id arterial or	clusion evalua	ation; LAMS, Lo	s Angeles

eTable 4. Comparison of Full Range Accuracy of the Prediction Scales

eFigure. Allocation of Acute Stroke Code Patients

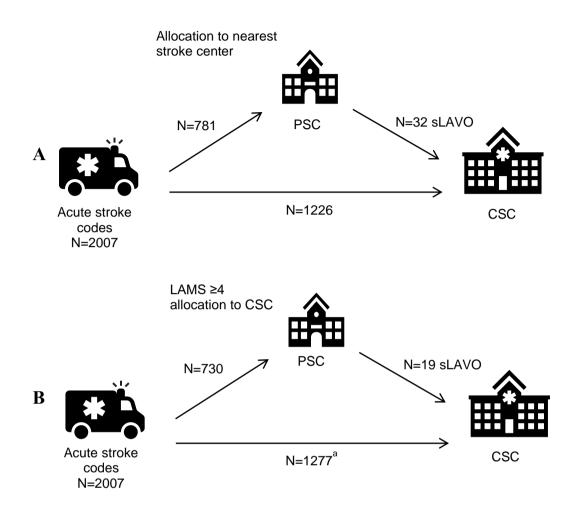


Figure legend

A: Real scenario of patient allocation in our cohort.

B: Hypothetical scenario for patient allocation based on LAMS score in our cohort.

^a13 patients with sLAVO would directly be allocated to a CSC, 17 IVT-treated patients would have unnecessary by-passed a PSC and 38 patients without sLAVO would have been allocated to a CSC (including 6 patients with clinically severe ICH).