A New Class of Radially-Adjustable Stentrievers for Acute Ischemic Stroke: Primary Results of the Multicenter Tiger Trial

SUPPLEMENTAL MATERIAL

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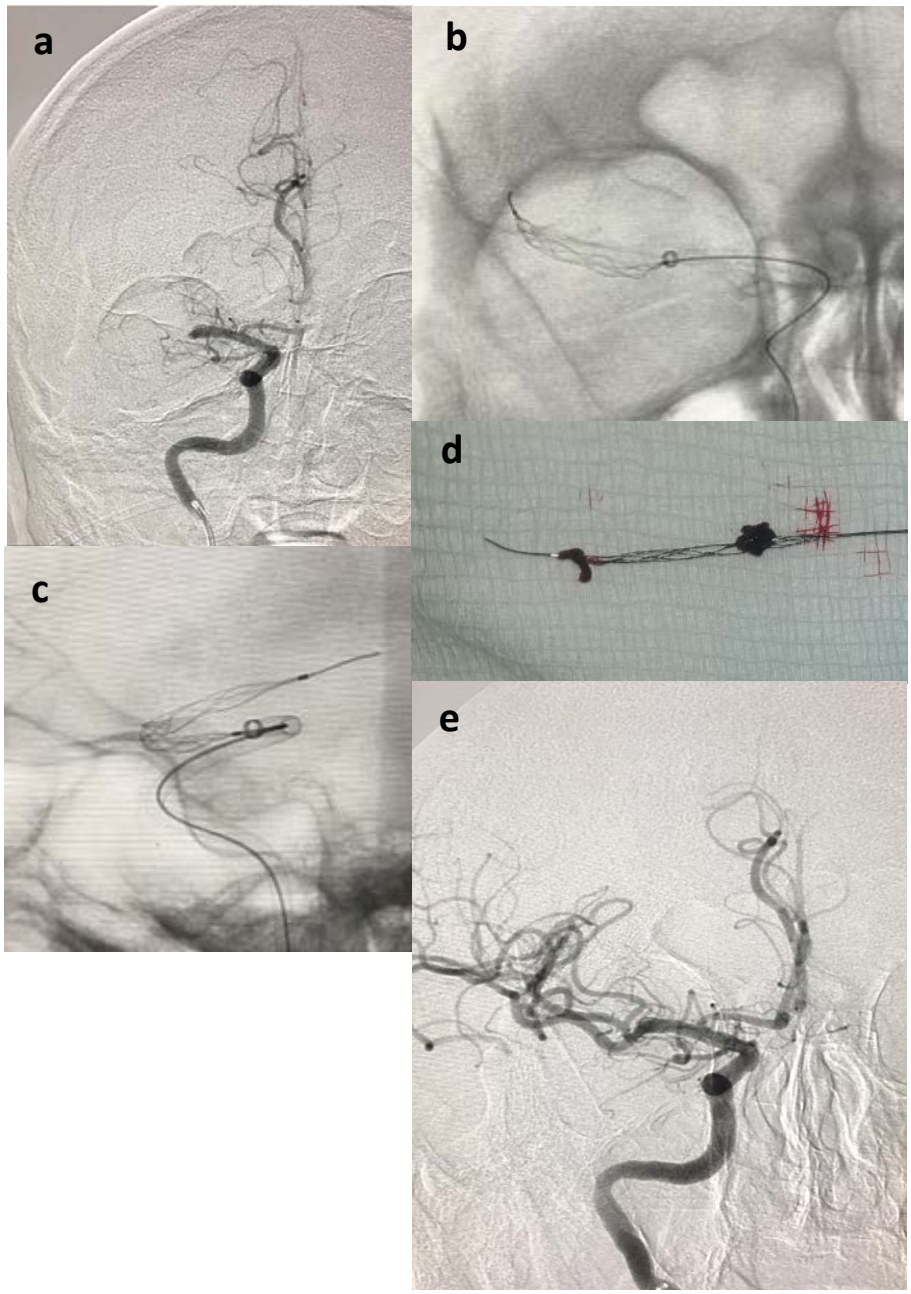
Supplemental Materials

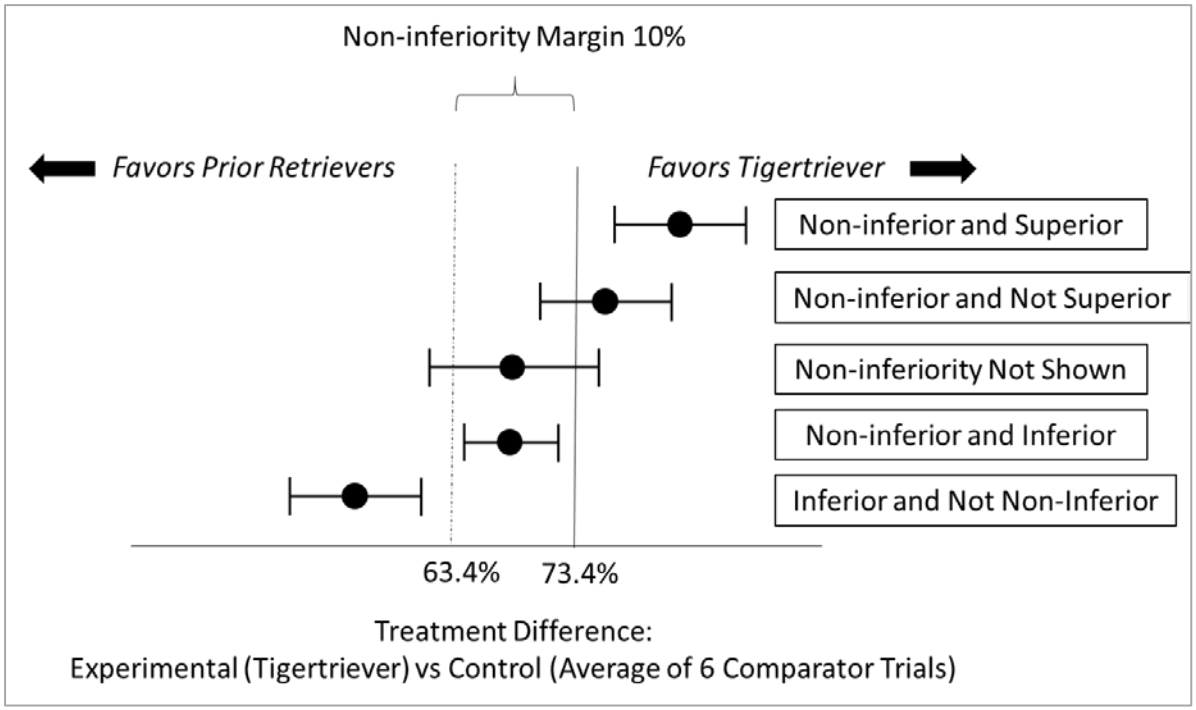
Supplementary Figure I. Tigertriever example case.



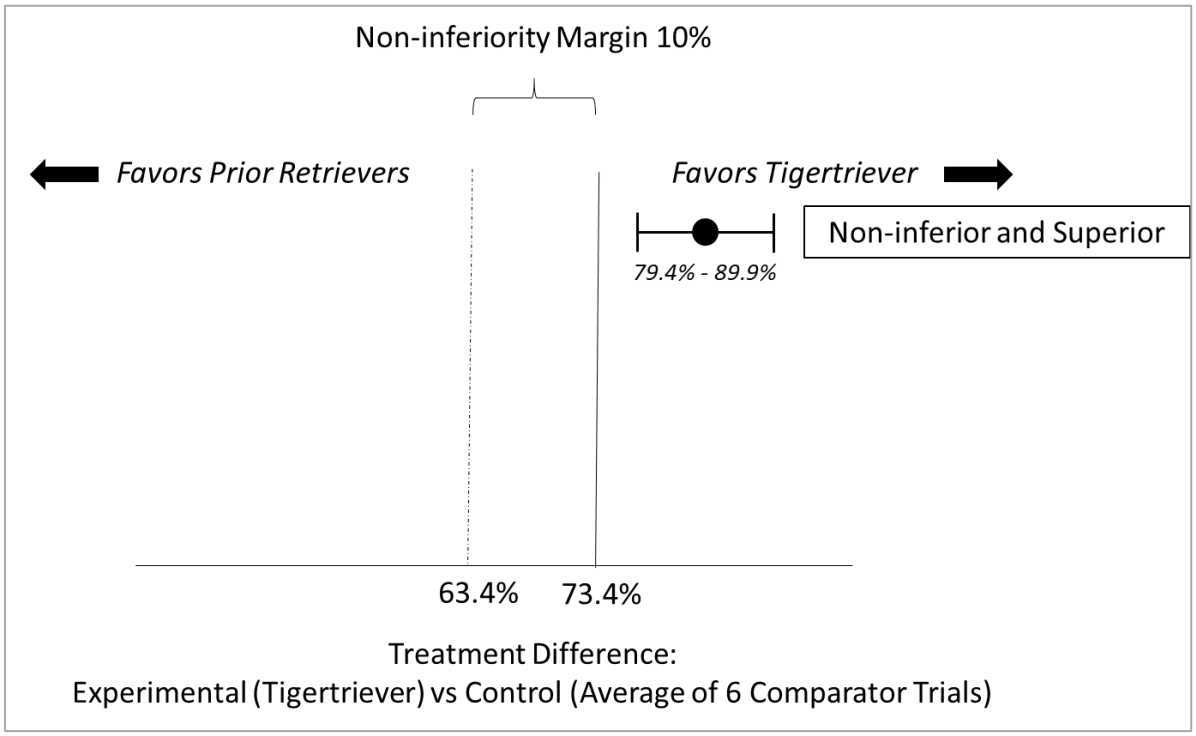
Case example: A 77-year-old male with a right distal M1 middle cerebral artery occlusion. NIHSS 10 at presentation. Received IV tPA with no improvement. a) Initial occlusion of the distal M1; b) Tigertriever device initially device inserted; c) Tigertriever device advanced so that the clot is placed proximal to the mesh; d) Thrombus attached to Tigertriever after withdrawal from body; e) mTICI 3 reperfusion after one pass. NIHSS was 1 at discharge.

Supplementary Figure II. Graphical Depiction of TIGER Trial Design and Results

IIA. Potential Outcomes within the Non-Inferiority Design Framework for Primary Endpoint of mTICI 2b-3 within three Tigertriever passes



IIB.



Supplementary Table I. Listing of TIGER Trial Sites and Investigators

Trial Principal Investigators	Jeffrey Saver
	Rishi Gupta
Trial Steering Committee	Dileep Yavagal
	Elad Levy
	Sam Zaidat
	Ashutosh Jadhav
Data Safety Monitoring Board	Vineeta Singh (chairperson)
	Colin P. Derdeyn
	M. Shazam Hussain
	Scott Hamilton (biostatistician)
Clinical Events Committee	M. Shazam Hussain (Chairperson)
	Colin P. Derdeyn
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Imaging Core lab	David Liebeskind

Site Name	Role	First Name	Last Name	Patients Enrolled
Wellstar, Marietta, GA	TIGER Study National Principal Investigator	Rishi	Gupta	31
	Sub-investigator	Ahmad	Khaldi	
	Sub-investigator	William	Humpries	
	Sub-investigator	Joao McOniel	Plancher	
	Sub-investigator	Raisa	Martinez	
	Study coordinator	Marianne	Bain	
	Study coordinator	Rebecca	McConnell	
UPMC	Principal Investigator	Bradley	Gross	27
	TIGER Study Steering Committee Member	Ashutosh	Jadhav	
	Sub-investigator	Kavit	Shah	
	Sub-investigator	Merritt	Brown	
	Sub-investigator	Danoushka	Tememe	
	Sub-investigator	Christine	Hawkes	
	Sub-investigator	Maryam	Zulfiqar	
	Sub-investigator	Shashvat	Desai	
	Sub-investigator	Bradley	Molyneaux	
	Sub-investigator	Brian	Jankowitz	
	Sub-investigator	Sandra	Narayanan	
	Study coordinator	Cathy	Van Every	
UBNS, Buffalo, NY	Principal Investigator	Kenneth	Snyder	19
	Sub-investigator	Adnan	Siddiqui	
	Steering Committee Member, Sub-investigator	Elad	Levy	
	Sub-investigator	Jason	Davies	
	Sub-investigator	Kunal	Vakharia	
	Sub-investigator	Michael	Tso	

	Sub-investigator	Stephan	Munich	
	Sub-investigator	Matthew	Mcphators	
	Study coordinator	Staci	Smith	
	Study coordinator	Jennifer	Gay	
Mercy St. Vincent's Medical Center, Toledo, OH	Principal Investigator, Steering Committee Member	Sam	Zaidat	13
	Sub-investigator	Eugene	Lin	
	Sub-investigator	Mohamad	Ezzeldin	
	Sub-investigator	Bader	Alenzi	
	Study coordinator	Anthony	Sopko	
VBMC Harlingen, Harlingen, TX	Principal Investigator	Ameer	Hassan	11
	Sub-investigator	Wondwossen	Tekle	
	Study coordinator	Rani	Rabah	
	Study coordinator	Olive	Sanchez	
Palmetto General Hospital, Hialeah, FL	Principal Investigator	Ritesh	Kaushal	10
	Sub-investigator	Ali	Malek	
	Sub-investigator	Nils	Mueller	
	Study coordinator	Nancy	Carbera	
	Research Manager	Lisa	Wettermann	
Baptist Medical Center Jacksonville, Jacksonville, FL	Principal Investigator	Ricardo	Hanel	10
	Sub-investigator	Eric	Sauvageau	
	Sub-investigator	Amin	Aghaebrahim	
	Study coordinator	Lanaya	Lewis	
	Study coordinator	Nancy	Ebreo	
University of Miami Medical Center, Miami, FL	Principal Investigator, Steering Committee Member	Dileep	Yavagal	9
	Sub-investigator	Eric	Peterson	
	Sub-investigator	Robert	Starke	
	Sub-investigator	Sebastian	Koch	
	Sub-investigator	Vasu	Saini	

	Sub-investigator	Stephanie	Chen	
	Sub-investigator	Victor	Del Brutto Andrade	
	Sub-investigator	Luis	Torres	
	Sub-investigator	Muhammad	Memon	
	Sub-investigator	Marie-Christine	Brunet	
	Study coordinator	Paramjot	Kaur	
Oregon Health & Science University, Portland, OR	Principal Investigator	Hormozd	Bozorgchami	8
	Sub-investigator	Gary	Nesbit	
	Sub-investigator	Wayne	Clark	
	Sub-investigator	Ryan	Priest	
	Sub-investigator	Stewart	Weber	
	Sub-investigator	Scott	Rewinkel	
	Sub-investigator	Masahiro	Horikawa	
	Sub-investigator	Jesse	Liu	
	Sub-investigator	Micki	Stacey	
	Study coordinator	Natasha	Barnhill	
Riverside Methodist Hospital, Columbus, OH	Principal Investigator	Ronald	Budzik	6
	Sub-investigator	Peter	Pema	
	Sub-investigator	Thomas	Davis	
	Sub-investigator	Nirav	Vora	
	Sub-investigator	William	Hicks	
	Sub-investigator	Brian	Katz	
	Sub-investigator	Omran	Kaskar	
	Sub-investigator	Aaron	Loochtan	
	Sub-investigator	Vivek	Rai	
	Study coordinator	Katy	Groezinger	
Vascular Neurology of Southern California, Los Robles, Thousand Oaks, CA	Principal Investigator	Asif	Taqi	5
	Study coordinator	Anastasia	Vechera	
	Principal Investigator	Edgar	Samaniego	3

University of Iowa Medical Center, Iowa City	Sub-investigator	Sami	Al Kasab	
	Sub-investigator	Khaled	Asi	
	Sub-investigator	Sudeepta	Dandapat	
	Sub-investigator	David	Hansan	
	Sub-investigator	Minako	Hayakawa	
	Sub-investigator	Enrique	Leira	
	Sub-investigator	Kaustubh	Limaya	
	Sub-investigator	Santiago	Ortega	
	Sub-investigator	James	Ronm	
	Sub-investigator	Amir	Shaban	
	Sub-investigator	Hyungsub	Shim	
	Sub-investigator	Emily	Jaksich	
	Sub-investigator	Allison	Voss	
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	Sub-investigator	Dennys	Reyes	
	Study coordinator	Yudmila	Tamayo	
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	Principal Investigator	Qingliang Tony	Wang	
	Sub-investigator	Rozvan	Buciuc	
	Sub-investigator	Arkadiy	Baumval	
	Sub-investigator	Alice	Hong	
	Sub-investigator	Brenda	Cean	
	Sub-investigator	Ariel	Sionov	
	Study coordinator	Gene	Sobol	
University of Massachusetts , MA, Worcester	Principal Investigator	Ajit	Puri	2
	Study coordinator	Babba Baiden	Asare	
	Study coordinator	Noelle	Bodkin	
	Principal Investigator	Sidney	Starkman	1

UCLA Medical Center, Los Angeles, CA	TIGER Study National Principal Investigator, Sub investigator	Jeffrey	Saver	
	Sub-investigator	Kunakorn	Atchaneeyasakul	
	Sub-investigator	Adrian	Burgos	
	Sub-investigator	Geoffrey	Colby	
	Sub-investigator	Gary	Duckwiler	
	Sub-investigator	Jason	Hinman	
	Sub-investigator	Reza	Jahan	
	Sub-investigator	Kyle	Kern	
	Sub-investigator	Zuolu	Liu	
	Sub-investigator	May	Nour	
	Sub-investigator	Neal	Rao	
	Sub-investigator	Radoslav	Raychev	
	Sub-investigator	Latisha	Sharma	
	Sub-investigator	Viktor	Szeder	
	Sub-investigator	Satoshi	Tateshima	
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Rambam Health Care Campus	Principal Investigator	Eitan	Abergel	1
	Study coordinator	Viktoria	Lasker	
Hackensack University Medical Center, Hackensack, NJ	Principal Investigator	Daniel	Walzman	
	Sub-investigator	Reza	Karimi	0
	Sub-investigator	Bruce	Zablow	
	Study coordinator	David	Lai	
Advocate Research Institute, Park Ridge	Principal Investigator	Demetrius	Lopes	
	Sub-investigator	Scott	Geraghty	0
	Sub-investigator	Thomas	Grobelny	
	Sub-investigator	Bridget	Cantrell	
	Sub-investigator	Kiffon	Keigher	
	Study coordinator	Gina	Littlejohn	

Supplementary Table II. TIGER trial inclusion and exclusion criteria

TIGER Inclusion Criteria
1. New focal neurologic deficit consistent with being of acute cerebral ischemia origin.
2. Age 18-85 years old (inclusive).
3. Interventionalist estimates that treatment with the Tigertriever (first deployment in target vessel) can be achieved within 8 hours of symptom onset.
4. Patient either: a) eligible for, and received, IV t-PA within 3 hours of symptom onset, at the correct 0.9 mg/kg dose, or b) ineligible for IV t-PA.
5. NIH Stroke Scale score of 8-29.
6. No known significant pre-stroke disability (prestroke mRS 0 or 1).
7. Catheter angiographic confirmation of a large vessel occlusion in the intracranial internal carotid artery, the M1 or M2 segments of the middle cerebral artery, the intracranial vertebral artery, or the basilar artery that is accessible to Tigertriever device.
8. For strokes in the anterior circulation, the following imaging criteria should also be met: a. MRI criterion: volume of diffusion restriction visually assessed ≤50 mL, OR b. b. CT criterion: ASPECTS 6 to 10 on baseline NCCT or CTA-source images,
9. For strokes in the posterior circulation, the following imaging criterion should also be met: pcASPECTS score 8 to 10 on baseline NCCT, CTA-source images, or DWI MRI.
10. Anticipated life expectancy of at least 6 months.
11. A signed informed consent by patient or a Legally Authorized Representative or independent physician in case of oral consent.

TIGER Exclusion Criteria
1. Subject already participating in another study of an investigational treatment device or treatment.
2. Use of any other intra-arterial recanalization drug or device prior to the Tigertriever (Tigertriever not as first choice device).
3. Angiographically evident excessive arterial tortuosity precluding device access to the thrombus.
4. For all patients, severe sustained hypertension with SBP >220 and/or DBP >120; for patients treated with IV tPA, sustained hypertension despite treatment with SBP >185 and/or DBP > 110.
5. Glucose < 50 mg/dl (2.78 mmol/L) or > 400 mg/dl (22.20 mmol/L).
6. Known hemorrhagic diathesis.
7. Coagulation factor deficiency or oral anti-coagulant therapy with an international normalized ratio (INR) of more than 3.0.
8. Treatment with heparin within 48 h with a partial thromboplastin time more than two times the laboratory normal.
9. Patients who have received a direct thrombin inhibitor within the last 48 hours; must have a partial thromboplastin time (PTT) less than 1.5 times the normal to be eligible.
10. Platelet count of less than 50,000/uL.
11. History of severe allergy to contrast medium, nickel, or Nitinol.
12. Intracranial hemorrhage.
13. Significant mass effect with midline shift.
14. Intracranial tumor (apart from small meningioma, ≤ 2 cm in diameter).
15. Stenosis or any occlusion in the deployment site or in a proximal vessel requiring treatment or preventing device access to the thrombus (for example, stenosis or occlusion in the cervical internal carotid artery).
16. Females who are pregnant or breastfeeding.
17. Known current use of cocaine at time of treatment.
18. Prior recent stroke in the past 3 months.

19. Renal failure with serum creatinine >3.0 or Glomerular Filtration Rate (GFR) <30.
20. Known cerebral vasculitis.
21. Rapidly improving neurological status defined as improvement of greater than 8 points on the NIHSS or improvement to NIHSS of < 6 prior to procedure
22. Clinical symptoms suggestive of bilateral stroke or stroke in multiple territories.
23. Ongoing seizure due to stroke.
24. Evidence of active systemic infection.
25. Known cancer with metastases.
26. Suspicion of aortic dissection, septic embolus, or bacterial endocarditis.
27. Evidence of dissection in the extra or intracranial cerebral arteries.
28. Occlusions in multiple vascular territories (e.g., bilateral anterior circulation, or anterior/posterior circulation).
29. Aneurysm in target vessel.

Supplementary Table III: Patient characteristics for lead-in cohort.

	TIGER Lead-In (n=43)
Age, y; mean (SD)	66 (14)
Male sex, n (%)	20 (46.5%)
Race, n (%)	
White	35 (81.4%)
Black	7 (16.3%)
Asian	1 (2.3%)
Hispanic ethnicity, n (%)	8 (18.6%)
NIHSS Score	
Mean (SD)	18.3 (5.7)
Median (IQR)	18 (15-22)
Baseline CT ASPECT score	
Mean (SD)	8.6 (1.3)
Median (IQR)	9 (8-10)
Prestroke mRS, n (%)	(n=40)
0-1	39 (97.5%)
0	34 (85.0%)
1	5 (12.5%)
Body mass index, median (IQR)	30.4 (25.7-36.3)
Medical history, n (%)	
Hypertension	37 (86%)
Diabetes mellitus	16 (37.2%)
Atrial fibrillation	13 (30.2%)
Dyslipidemia	24 (55.8%)
Previous MI/CAD	11 (25.6%)
Previous ischemic stroke/transient ischemic attack	4 (9.3%)
Intravenous tPA failure	34 (79.1%)
Proximal occlusion location, n (%)	
Internal carotid artery	7 (16.3%)
M1 middle cerebral artery	20 (46.5%)
M2 middle cerebral artery	14 (32.6%)
Basilar artery	2 (4.7%)
Occlusion side (left)	21 (48.8%)
Last known well to arterial puncture, min; median (IQR)	212 (124.3-316.3)
Procedure aspects	
General anesthesia	24 (55.8%)
Balloon guide catheter (BGC) use only	18 (41.9%)
BGC+ Intermediate catheter use	21 (48.8%)
Intermediate catheter use only	7 (16.3%)

Supplementary Table IV: Patient characteristics in TIGER and comparator trials

	TIGER Main-Study (n=117)	TREVO 2 (n=88)	SWIFT (n=58)	MR CLEAN (n=233)	REVASCAT (n=103)	ESCAPE (n=165)	SWIFT PRIME (n=98)	ARISE II (n=227)
Age, y; mean (SD) or median (IQR)	65 (15)	67 (13.9)	67 (12)	65.8 (54.5-76)	66 (11.3)	71 (60-81)	65 (12.5)	68 (13)
Male sex, (%)	61.5%	45%	48%	57.9%	53.4%	47.9%	55%	45.8%
NIHSS Score								
Mean (SD)	17.4 (5.6)	18.3 (5.3)	17.3 (4.5)	NA	NA	NA	NA	15.8 (5)
Median (IQR)	17 (12-21)	19 (14-21.3)	18 (9-28)	17 (14-21)	17 (14-20)	16 (13-20)	17 (13-20)	16 (12-19)
Baseline CT ASPECT score								
Mean (SD)	8.9 (1.1)	NA	NA	NA	NA	NA	NA	9.2 (1.5)
Median (IQR)	9 (8-10)	NA	NA	9 (7-10)	7 (6-9)	9 (8-10)	9 (7-10)	19 (9-10)
Prestroke status, (%)								
Prestroke mRS 0-1 or nearest reported	99.2%	100%	0-2 96%	90.6%	100%	NA	98%	22%
Body mass index, mean (SD) or median (IQR)	29.5 (25-35)	30 (25.7-33.5)	29.3 (6.8)	NA	NA	NA	NA	27.4 (24.1-31.1)
Medical history, (%)								
Hypertension	76%	76%	72%	NA	60.2%	63.6%	67%	68.3%
Diabetes mellitus	30.8%	38%	24%	14.6%	21.4%	20%	12%	19.8%
Atrial fibrillation	40.2%	48%	45%	28.3%	34%	37%	36%	39.6%
Dyslipidemia	48.7%	63%	53%	NA	NA	NA	NA	43.2%
Previous MI/CAD	19.7%	33%	33%	NA	NA	NA	8%	19.8%
Previous ischemic stroke/transient ischemic attack	13.7%	28%	20%	12.4%	11.7%	NA	NA	18.9%
Intravenous tPA failure	65.8%	58%	33%	NA	68%	72.7%	100%	52.9%
Procedure aspects								
Balloon guide catheter (BGC) use only	21.4%	NA	NA	NA	NA	NA	NA	73.6%
BGC+ Intermediate catheter use	8.5%	NA	NA	NA	NA	NA	NA	NA
Intermediate catheter use only	17.9%	NA	NA	NA	NA	NA	NA	41%
Proximal occlusion location, (%)								
Internal carotid artery	20.5%	16%	21%	25.3%	25.5%	27.6%	18%	15.4%
M1 middle cerebral artery	57.3%	60%	66%	66.1%	64.7%	68.1%	67%	55.5%
M2 middle cerebral artery	19.7%	16%	10%	7.7%	9.8%	3.7%	14%	25.1%

Basilar artery	2.6%	8%	2%	NA	NA	NA	NA	4%
Occlusion side (left)	41%	53%	47%	49.8%	NA	NA	NA	45.5%
Last known well or symptom onset to arterial puncture, min; median (IQR)	172 (128.3-273)	282 (210-342)	293.5 (85.6)	260 (210-313)	269 (201-340)	NA	224 (165-275)	214 (155-266)

Supplementary Table V: Reperfusion and clinical efficacy and safety outcomes in TIGER and comparator trials

	TIGER Main-Study (n=117)	TREVO 2* (n=88)	SWIFT* (n=58)	MR CLEAN* (n=233)	REVASCAT* (n=103)	ESCAPE* (n=165)	SWIFT* PRIME (n=98)	ARISE II (n=227)
Successful reperfusion (mTICI 2b-3) within 3 passes without rescue	84.6%	78%	76%	59%	65.7%	73.8%	88%	80%
Use of rescue therapy	28.2%	18%	21%	NA	NA	NA	NA	19.4%
Successful reperfusion (mTICI 2b-3) at end of procedure, including after rescue	95.7%	92%	89%	59%	65.7%	73.8%	88%	92.5%
Embolization to new territory	2.6%	7%	NA	8.6%	4.9%	NA	NA	6.6%
Symptomatic intracranial hemorrhage	1.7%**	7%	1.7%	7.7%	4.9%	3.6%	0%	5.3%
Mortality by 90d	18.1%**	33%	17.2%	21%	18.4%	10.4%	9%	9%
Functional independence (mRS 0-2) at 90d	58%	40%	37%	32.6%	44%	53%	60%	67.3%
Time from puncture to reperfusion, minutes, median (IQR) or mean (±SD)	24 (16-38)	78.8 (±49.6)	N/A	N/A	59 (36–95)	30 (18-45.5)	32 (mean)	45 (24-61)

* The six pivotal trails used for historical control.

Supplementary Table VI. Rescue and Concomitant Therapies Employed

	Lead-In Phase (N=43) n (%)	Main-Study Phase (N=117) n (%)	All Patients (N=160) n (%)
Rescue therapy			
Any rescue therapy	18 (41.9%)	33 (28.2%)	51[*] (31.9%)
Mechanical thrombectomy device	17 (39.5%)[#]	29 (24.8%)	46 (28.8%)
Intra-arterial tPA	1 (2.3%)	4 (3.4%)	5 (3.1%)
Intracranial Stenting	1 (2.3%)	3 (2.6%)	4 (2.5%)
Angioplasty	1 (2.3%)	0	1 (0.6%)

*Patients might have more than one rescue therapy type used.

[+] All rescues passes used other stent retrievers with or without aspiration catheters.

[#] In two lead in cases another rescue stentriever was used for new occlusion (not original occlusion treated by Tigertriever).

Supplementary Table VII. Angiographic and clinical efficacy outcomes in lead-in patients.

	TIGER
	lead-in (n=43)
Primary efficacy endpoint	
Successful reperfusion (mTICI 2b-3) within 3 Tigertriever passes without rescue), n (%)	31 (72.1%)
Angiographic outcomes within 3 Tigertriever passes	
Excellent reperfusion (mTICI 2c-3 within 3 Tigertriever passes without rescue), n (%)	20 (46.5%)
0	8 (18.6%)
1	0
2a	4 (9.3%)
2b	11 (25.6%)
2c	2 (4.7%)
3	18 (41.9%)
Other angiographic and procedural outcomes	
Final successful reperfusion (mTICI 2b-3)	38 (88.4%)
Final excellent reperfusion (mTICI 2-3c)	22 (51.2%)
0	1 (2.3%)
1	0
2a	4 (9.3%)
2b	16 (37.2%)
2c	3 (7.0%)
3	19 (44.2%)
First-pass successful reperfusion (mTICI 2b-3)	22 (52.4%)
First-pass excellent reperfusion (mTICI 2-3c)*	18 (42.9%)
Use of rescue therapy[#]	18 (41.9%)
Time from puncture to mTICI 2b-3, median (IQR)	33 (201-56) N=36
Time from puncture to closure, median (IQR)	75 (40.5-103.5)
Clinical outcomes	
90-d good outcome (mRS, 0–2), n (%)	21/42 (50%)
EQ-5D at 90 days, median [IQR]	80 [50-95] (N=31)
ALDS at 90 days, median [IQR} Mean (SD)	93.3% [70.8%-100%] 80.0% (30.0%) (N=31)

*Angio after first pass was not available from one lead in patient.
[#] Stentriever, IA tPA angioplasty or stenting.

Supplementary Table VIII. Primary and Secondary Safety Endpoints in lead-in patients.

	TIGER
	Lead-In (n=43)
Primary safety composite endpoint, n (%)	
Symptomatic intracranial hemorrhage within 24h and 90d all-cause mortality*	10 (23.26%)
Secondary safety endpoints, n (%)	
Symptomatic intracranial hemorrhage within 24h**	1 (2.3%)
90d all-cause mortality	10 (23.3%)
Asymptomatic intracranial hemorrhage within 24h	14 (32.6%)
Neurological deterioration within 24h	5 (11.6%)
Embolization to new territory	1 (2.4%)

Supplementary Table IX: Radiologic classification of asymptomatic intracranial hemorrhages among lead-in, main-study, and all patients

Endpoint	Lead-In Phase Only (N=43)	**Main-Study Phase (N=116)**	All patients (N=159)†
Total	14 (32.6%)	**36 (31.0%)**	50 (31.4%)
HI total	4 (9.3%)	**14 (12%)**	18 (11.3%)
HI-1 Tiger only	1 (2.3%)	**10 (8.6%)**	11 (6.9%)
HI-1 Tiger + rescue	3 (7%)	**4 (3.4%)**	7 (4.3%)
HI-2 total	3 (7%)	**11 (9.5%)**	14 (8.8%)
HI-2 Tiger only	2 (4.7%)	**7 (6.0%)**	9 (5.6%)
HI-2 Tiger + rescue	1 (2.3%)	**4 (3.4)**	5 (3.1%)
PH-1 total	0	**0**	0
PH-2 total	0	**3 (2.6%)**	3 (1.8%)
PH-2 Tiger only	0	**3 (2.6%)**	3 (1.8%)
PH-2 Tiger + rescue	0	**0**	0
SAH total	6 (13.9%)	**5 (4.3%)**	11 (6.9%)
SAH Tiger only	4 (9.3%)	**3 (2.6%)**	7 (4.3%)
SAH Tiger + rescue	2 (4.7%)	**2 (1.7%)**	4 (2.5%)
SAH + HI-2	0	**2 (1.7%)**	2 (1.3%)
SAH + HI-2 Tiger only	0	**1 (0.9%)**	1 (0.6%)
SAH + HI-2 Tiger + rescue	0	**1 (0.9%)**	1 (0.6%)
SAH + PH-2	1 (2.3%)	**1 (0.9%)**	2 (1.2%)
SAH + PH-2 Tiger only	0	**1 (0.9%)**	1 (0.6%)
SAH + PH-2 Tiger + rescue	1 (2.3%)	**0**	1 (0.6%)

† Crosses indicate reduced sample size due to missing 24 hour CT or final angiogram

Supplementary Table X: Listing of cases of hemorrhages not meeting sICH criteria definition but adjudicated as SAEs.

Event number	NIHSS baseline	NIHSS 24 hours	Relationship to Target Vessels\ Index Procedure\ Tigertriever Device	ICH Type
1	21	10	Possible / Possible / Possible	SAH*
2	29	27	Possible / Definite / Possible	SAH
3	12	15	Possible / Possible / Possible	PH2/SAH
4	19	19	Possible / Possible / Unrelated	PH2
5	9	8	Definite / Definite / Possible	SAH
6	28	25	Unrelated/ Unrelated/ Unrelated	SAH/PH2
7	18	19	Unlikely / Unlikely / Unlikely	PH2
8	21	1	Unrelated/ Unrelated/ Unrelated	SAH
9	25	16	Definite / Unrelated/ Unrelated	HI-2
10	14	30	Unrelated/ Unrelated/ Unrelated	SAH
11	11	16	Possible / Possible / Unrelated	SAH/HI-2
(*) hemorrhage due a pseudoaneurysm at day 6. No other cases had late hemorrhage				

Supplementary Table XI. Serious Adverse Events in TIGER trial

System Organ Class (SOC)	Lead-In (N=43)	Post Lead-In (N=117)	Overall (N=160)
Blood and lymphatic system disorders	6 (14.0%)	11 (9.4%)	17 (10.6%)
Cardiac disorders	8 (18.6%)	23 (19.7%)	31 (19.4%)
Congenital, familial and genetic disorders	0	1 (0.9%)	1 (0.6%)
Ear and labyrinth disorders	1 (2.3%)	1 (0.9%)	2 (1.3%)
Endocrine disorders	0	2 (1.7%)	2 (1.3%)
Gastrointestinal disorders	13 (30.2%)	11 (9.4%)	24 (15.0%)
General disorders and administration site conditions	5 (11.6%)	7 (6.0%)	12 (7.5%)
Infections and infestations	9 (20.9%)	11 (9.4%)	20 (12.5%)
Infections and infestations|Infections and infestations	0	1 (0.9%)	1 (0.6%)
Injury, poisoning and procedural complications	7 (16.3%)	12 (10.3%)	19 (11.9%)
Injury, poisoning and procedural complications|Injury, poisoning and procedural complications	0	1 (0.9%)	1 (0.6%)
Injury, poisoning and procedural complications|Vascular disorders	1 (2.3%)	0	1 (0.6%)
Investigations	2 (4.7%)	8 (6.8%)	10 (6.3%)
Metabolism and nutrition disorders	9 (20.9%)	19 (16.2%)	28 (17.5%)
Metabolism and nutrition disorders|General disorders and administration site conditions	0	1 (0.9%)	1 (0.6%)
Musculoskeletal and connective tissue disorders	0	10 (8.5%)	10 (6.3%)
Musculoskeletal and connective tissue disorders|Musculoskeletal and connective tissue disorders	0	1 (0.9%)	1 (0.6%)
Musculoskeletal and connective tissue disorders|Psychiatric disorders	0	1 (0.9%)	1 (0.6%)

System Organ Class (SOC)	Lead-In (N=43)	Post Lead-In (N=117)	Overall (N=160)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	1 (2.3%)	1 (0.9%)	2 (1.3%)
Nervous system disorders	23 (53.5%)	41 (35.0%)	64 (40.0%)

Supplementary Results Text I: Reperfusion Rates with Tigertriever and Tigertriever 17 and in Each Target Artery

For the comparison between Tigertriever and Tigertriever 17, 129 patients who were treated with only one type of device were analyzed. For the primary efficacy endpoint, successful revascularization rates defined as mTICI ≥2b within three passes were similar for the Tigertriever (94/112, 83.9%) and the Tigertriever 17 (15/17, 88.2%), p = 1.00. For excellent reperfusion (mTICI 2c-3) within three passes, rates were also similar: Tigertriever 74/112, 66.1%; Tigertriever 17 – 11/17, 64.7%, p = 0.91. For the primary safety endpoint, rates of the composite of symptomatic intracranial hemorrhage and/or all-cause mortality by 90 days were also similar for the Tigertriever (21/111, 18.9%) and the Tigertriever 17 (4/17, 23.5%), p=0.74. These data suggest similar performance of the Tigertriever and Tigertriever 17 devices.

Reperfusion rates in all (combined Lead-In and Main Study Phase) patients and in Main Study Phase patients alone by target artery were: ICA - All 23/31 (74.2%), Main Study Phase 21/24 (87.5%); M1 MCA - All 71/87 (81.6%), Main Study Phase 55/67 (82.1%); M2 MCA: All 32/37 (86.5%), Main Study Phase 20/23 (87.0%).