# *Supplementary Material*

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## 2 List of all BEYOND-SWIFT Investigators

BEYOND-SWIFT (Bernese-European Registry for Ischemic Stroke Patients Treated Outside Current Guidelines With Neurothrombectomy Devices Using the SOLITAIRE FR With the Intention for Thrombectomy) investigators: Leonidas Panos, MD, Department of Neurology, University Hospital Bern, Inselspital, University of Bern, Bern, Switzerland; Panagiotis Chaloulos-Iakovidis, MD, Department of Neurology, University Hospital Bern, Inselspital, University of Bern, Bern, Switzerland; Alex Brehm, MD, Department of Neuroradiology, Clinic of Radiology & Nuclear Medicine, University Hospital Basel, Basel, Switzerland; Marc Ribo, MD, and Manuel Requena, MD, Department of Neurology, Vall d'Hebron University Hospital, Barcelona, Spain; Steven D. Hajdu, MD, Department of Radiology, CHUV Lausanne, Laussane, Switzerland; Amel Benali, MSc, Department of Neuroradiology, CHU Montpellier, Montpellier, France; Benjamin Friedrich, MD, Department of Diagnostic and Interventional Neuroradiology, Klinikum rechts der Isar, Technical University Munich, Munich, Germany; Joanna Schaafsma, MD, Department of Neurology, Toronto Western Hospital, Ontario, Canada; Matthias Gawlitza, MD, Department of Neuroradiology, CHU Reims, Reims, France; Jan Liman, MD, Department of Neurology, University Medical Center Gottingen, University of Gottingen, Gottingen, Germany.

## 3 Supplementary Table 1 BEYOND-SWIFT Registry Overview

| **Center** | N | Time period | LVO anterior circulation (ICA, M1, M2) | Lost to follow- up (mRS day 90) | ASPECTS available (LVO anterior circulation) | % MRI as initial imaging modality | ASPECTS grading | Admission and 24h NIHSS | mRS at 90 days | TICI grading | EC approval | Responsible EC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inselspital Bern, University Hospital Bern, University of Bern, Bern, Switzerland | 1317 | 2010-2018 | 90.8% (1195/1317) | 6.1% (80/1317) | 97.7% (1168/1195) | 48.5% (637/1317) | Research fellow blinded to clinical data | Board certified stroke neurologists | Stroke neurologists on scheduled clinical visits. Structured telephone interviews if the patient was unable to attend (either by physician or mRS certified stroke nurse). | Operator-measured | Yes | Kantonale Ethik Kommission Bern |
| Toronto Western Hospital - University Health Network, University of Toronto, Toronto, Canada | 60 | 2014-2017 | 88.3% (53/60) | 0% (0/60) | 53/53 | 1.7% (1/60) | Prospective, by neuroradiologist | Board certified stroke neurologists | Clinical visits at the university hospital. For patients still in rehabilitation facilities, a mRS certified nurse schedules telephone interviews. | Operator-measured | Yes | IRB Toronto |
| Klinikum rechts der Isar, Technical University Munich, Munich, Germany | 206 | 2009-2017 | 74.3% (153/206) | 18.4% (38/206) | 151/153 | 2.4% (5/206) | Rerospective by neuroradiologist | Board certified stroke neurologists | mRS was evaluated either by face-to-face assessments (by stroke neurologists) or standardized telephone interviews (by certified study nurses). | Operator Measured | Yes | Ethikkommission der medizinischen Fakultät der Technischen Universität München |
| University Hospital Vall d'Hebron, Barcelona, Spain | 418 | 2010-2017 | 85.7% (359/419) | 20.0% (84/419) | 319/360 | 0% (0/491) | Prospective, by neurologist/neuroradiologist on call | Board certified stroke neurologists | Stroke neurologists on scheduled clinical visits. Structured telephone interviews if unable to attend. | Operator Measured | Yes | CEIC H. Vall d'Hebrond |
| CHUV, Lausanne University Hospital, Lausanne, Switzerland | 139 | 2012-2017 | 124/139 (89.2%) | 26.6% (37/139) | 113/124 | 0.1% (1/139) | Consensus stroke neurologist and neuroradiologist (not blinded) | Board certified stroke neurologists | mRs was assessed by Rankin-certified physicians at 3 months in the outpatient clinic, or alternatively through a structured telephone interview by Rankin-certified personnel. | Operator-measured | Yes | Commission Ethique de Recherche, Canton de Vaud |
| Montpellier CHU, University Hospital Montpellier, Montpellier, France | 149 | 2015-2017 | 97.3% (145/149) | 4.0% (6/149) | 109/145 | 82.1% (96/117) | Operator-measured | Board certified stroke neurologists | Stroke neurologists on scheduled clinical visits. Structured telephone interviews if unable to attend. | Operator-measured | (Yes) | Consent was waived owning to the retrospective design (favorable opinion by CNIL) |
| CHU Reims, University Hospital Reims, Reims, France | 108 | 2013 - 2017 | 90.7% (98/108) | 0% (0/108) | 96/98 | 92.6% (100/108) | Retrospective, certified neuroradiologist | Board certified stroke neurologists | Stroke physician on clinical visits at university hospital or remote outpatient center. | Retrospective, certified neuroradiologist | (Yes) | Consent was waived owning to the retrospective design |
| **Non-BEYOND center in this publication** | | | | | | | | | | | | |
| University Hospital Göttingen, Göttingen, Germany | 547 | 2015-2019 | 88.7% (477/547) | 15.4% (84/547) | 89.1% (425/477) | 0% (0/547) | Retrospective certified neuroradiologist | Board certified stroke neurologists | Stroke physician on clinical visits at university hospital or telephone interview | Retrospective, certified neuroradiologist | Yes | Ethik Kommission (UMG) |
| **Total** | **2944** | | | | | | | | | | | |

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**Supplementary Table 2 Cohort and Outcome Characteristics Stratified by Diagnosis of Atrial Fibrillation.**

| Variable | | Missing n(%) | Overall | Without AF | With AF | p |
|---|---|---|---|---|---|---|
| N (%) | | | 2,941 | 1,594 (54.2) | 1,347 (45.8) | |
| Age on admission (median [IQR]) | | | 74 [62, 82] | 70 [58, 79] | 78 [69, 84] | <0.001 |
| Sex (Female %) | | | 1487 (50.6) | 726 (45.5) | 761 (56.5) | <0.001 |
| Type of admission (Direct %) | | 3 (0.1) | 1714 (58.3) | 942 (59.1) | 772 (57.4) | 0.361 |
| Pre-stroke independence (mRS ≤ 2) | | 348 (11.8) | 2341 (90.3) | 1318 (92.1) | 1023 (88.0) | 0.001 |
| NIHSS on admission (median [IQR]) | | 46 (1.6) | 16 [10, 20] | 15 [9, 19] | 16 [11, 20] | <0.001 |
| Anticoagulation (%) | None | 156 (5.3) | 2336 (83.9) | 1392 (92.9) | 944 (73.4) | <0.001 |
| | DOAC | | 111 (4.0) | 44 (2.9) | 67 (5.2) | |
| | VKA | | 338 (12.1) | 63 (4.2) | 275 (21.4) | |
| Antiplatelet (%) | None | 150 (5.1) | 1909 (68.4) | 1040 (9.4) | 869 (67.3) | 0.486 |
| | Mono | | 834 (29.9) | 434 ( 29.0) | 400 (31.0) | |
| | Dual | | 48 ( 1.7) | 25 (1.7) | 23 (1.8) | |
| Statins (Yes %) | | 362 (12.3) | 777 (30.1) | 391 (28.4) | 386 (32.1) | 0.044 |
| Diabetes (Yes %) | | 44 (1.5) | 566 (19.5) | 281 (18.0) | 285 (21.3) | 0.029 |
| Hypertension (Yes %) | | 42 (1.4) | 1997 (68.9) | 1008 (64.7) | 989 (73.8) | <0.001 |
| Dyslipidemia (Yes %) | | 59 (2) | 1416 (49.1) | 798 (51.5) | 618 (46.4) | 0.006 |
| Smoking (Yes %) | | 131 (4.5) | 702 (25.0) | 479 (31.6) | 223 (17.3) | <0.001 |
| Previous stroke (Yes %) | | 464 (15.8) | 344 (13.9) | 170 (12.4) | 174 (15.7) | 0.018 |
| Systolic blood pressure on admission (mmHg) (median [IQR]) | | 779 (26.5) | 150 [131, 168] | 150 [130, 168] | 150 [133, 167] | 0.464 |
| Diastolic blood pressure on admission (mmHg) (median [IQR]) | | 786 (26.7) | 80 [70, 92] | 80 [70, 90] | 81 [70, 94] | 0.001 |
| Glucose on admission (mmol/L) (median [IQR]) | | 727 (24.7) | 7.1 [6.0, 10.3] | 7 [5.9, 10.1] | 7.4 [6.1, 10.7] | <0.001 |
| INR on admission (median [IQR]) | | 968 (32.9) | 1.02 [1, 1.1] | 1 [1, 1.1] | 1.06 [1, 1.2] | <0.001 |
| Platelet count on admission (median [IQR]) | | 823 (28) | 219 [176, 267] | 223 [182, 269] | 212 [171, 264] | 0.007 |
| IVT (Yes %) | | | 1432 (48.7) | 800 (50.3) | 632 (46.9) | 0.075 |
| Final TICI score | 0 – 2a | | 476 (16.2) | 192 (14.3) | 284 (17.9) | 0.032 |
| | 2b - 3 | | 2452 (83.7) | 1152 (85.7) | 1300 (82.0) | |
| OUTCOME | | | | | | |
| sICH (Yes %) | | 31 (1.1) | 163 ( 5.6) | 91 ( 5.8) | 72 ( 5.4) | 0.733 |
| mRS score 0-2 at 3 months (Yes %) | | 652 (22.2) | 968 (42.3) | 550 ( 44.8) | 418 ( 39.4) | 0.012 |
| Mortality (Yes %) | | 1113 (37.8) | 462 (25.3) | 256 (25.4) | 206 (25.1) | 0.914 |

AF: Atrial Fibrillation; NIHSS*:* National Institutes of Health Stroke Scale; DOAC: Direct Oral Anticoagulants; VKA: Vitamin-K Antagonists; INR: International Normalized Ratio; IVT: Intravenous Thrombolysis; TICI: Thrombolysis in Cerebral Infarction; sICH: symptomatic intracranical hemorrhage; mRS: modified Rankin Scale.

**5 Supplementary Table 3 Baseline Factors of Patients Who Have and Did Not Have Follow-Up Examination Three Months After the Indexed Event**

| | | | 90-Day Mortality | | | | 90-Day mRS 0-2 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Variable** | | **Missing n (%)** | **Overall** | **Have Follow-Up** | **Do Not Have Follow-Up** | **p** | **Overall** | **Have Follow-Up** | **Do Not Have Follow-Up** | **p** |
| N | | | 1,347 | 821 | 526 | | 1,347 | 1,060 | 287 | |
| Age on admission (median [IQR]) | | | 78 [69, 84] | 77.36 [68, 83] | 79 [70, 85] | 0.01 | 78 [69, 84] | 78 [69, 84] | 79 [70, 85] | 0.107 |
| Sex (Female %) | | | 761 (56.5) | 450 (54.8) | 311 (59.1) | 0.133 | 761 (56.5) | 600 (56.6) | 161 (56.1) | 0.931 |
| NIHSS on admission (median [IQR]) | | 16 (1.2) | 16 [11, 20] | 17 [12, 21] | 15 [10, 20] | 0.001 | 16 [11, 20] | 17 [11, 20] | 16 [10, 20] | 0.118 |
| Anticoagulation (%) | None | 61 (4.5) | 944 (73.4) | 575 (75.0) | 369 (71.1) | 0.002 | 944 (73.4) | 746 (74.4) | 198 (70.0) | 0.302 |
| | DOAC | | 67 ( 5.2) | 49 ( 6.4) | 18 ( 3.5) | | 67 ( 5.2) | 49 ( 4.9) | 18 ( 6.4) | |
| | VKA | | 275 (21.4) | 143 (18.6) | 132 (25.4) | | 275 (21.4) | 208 (20.7) | 67 (23.7) | |
| Antiplatelet (%) | None | 55 (4.1) | 869 (67.3) | 513 (66.7) | 356 (68.1) | 0.087 | 869 (67.3) | 669 (66.5) | 200 (69.9) | 0.126 |
| | Mono | | 400 (31.0) | 247 (32.1) | 153 (29.3) | | 400 (31.0) | 322 (32.0) | 78 (27.3) | |
| | Double | | 23 ( 1.8) | 9 ( 1.2) | 14 ( 2.7) | | 23 ( 1.8) | 15 ( 1.5) | 8 ( 2.8) | |
| Statin (Yes %) | | 145 (10.8) | 386 (32.1) | 221 (32.4) | 165 (31.8) | 0.884 | 386 (32.1) | 300 (32.6) | 86 (30.5) | 0.554 |
| Diabetes ( Yes %) | | 10 (0.7) | 285 (21.3) | 145 (17.8) | 140 (26.9) | <0.001 | 285 (21.3) | 226 (21.5) | 59 (20.7) | 0.838 |
| Hypertension (Yes %) | | 7 (0.5) | 989 (73.8) | 579 (70.9) | 410 (78.4) | 0.003 | 989 (73.8) | 781 (74.0) | 208 (73.2) | 0.866 |
| Dyslipidemia (Yes %) | | 14 (1) | 618 (46.4) | 383 (47.1) | 235 (45.3) | 0.564 | 618 (46.4) | 493 (47.0) | 125 (44.0) | 0.408 |
| Smoking (Yes %) | | 55 (4.1) | 223 (17.3) | 155 (19.9) | 68 (13.2) | 0.002 | 223 (17.3) | 180 (17.8) | 43 (15.4) | 0.388 |
| Previous stroke (Yes %) | | 238 (17.7) | 174 (15.7) | 115 (14.1) | 59 (20.3) | 0.002 | 174 (15.7) | 126 (14.9) | 48 (18.4) | 0.258 |
| Systolic blood pressure on admission (mmHg) (median [IQR]) | | 358 (26.6) | 150 [133, 167] | 150 [133, 167] | 150 [133, 168.] | 0.865 | 150 [133, 167] | 150 [133, 167] | 150 [134, 168] | 0.57 |
| Diastolic blood pressure on admission (mmHg) (median [IQR]) | | 361 (26.8) | 81 [70, 94] | 81 [70, 93] | 80 [70, 95] | 0.637 | 81 [70, 94] | 80 [70, 93] | 83 [70, 95] | 0.264 |
| Glucose on admission (mmol/L) (median [IQR]) | | 335 (24.9) | 7.40 [6.11, 10.67] | 6.80 [5.90, 8.30] | 12.90 [6.80, 124.00] | <0.001 | 7.40 [6.11, 10.67] | 7.50 [6.20, 11.70] | 7.10 [6.00, 9.00] | 0.014 |
| INR on admission (median [IQR]) | | 437 (32.4) | 1.06 [1.00, 1.20] | 1.06 [1.00, 1.19] | 1.08 [1.00, 1.20] | 0.842 | 1.06 [1.00, 1.20] | 1.06 [1.00, 1.20] | 1.07 [1.00, 1.17] | 0.133 |
| Platelet count on admission (median [IQR]) | | 379 (28.1) | 212 [171, 264] | 206 [167, 254] | 224 [176, 280] | <0.001 | 212 [171, 264] | 210 [168, 262] | 224 [178, 279] | 0.027 |

mRS: modified Rankin Scale; NIHSS*:* National Institutes of Health Stroke Scale; DOAC: Direct Oral Anticoagulants; VKA: Vitamin-K Antagonists; INR: International Normalized Ratio.

**6 Supplementary Table 4 Unadjusted Analysis With Symptomatic Intracranial Hemorrhage as the Outcome Variable**

| Variable | sICH | |
|---|---|---|
| | OR [95% CI] | P-value |
| Age | 0.99 [0.98 – 1.00] | 0.167 |
| Sex (Male) | 1.14 [0.83 – 1.57] | 0.409 |
| NIHSS on admission | 1.04 [1.02 – 1.06] | **<0.001** |
| Diabetes | 1.23 [0.83 – 1.78] | 0.289 |
| Hypertension | 0.82 [0.59 – 1.14] | 0.233 |
| Dyslipidemia | 0.79 [0.57 – 1.10] | 0.17 |
| Smoking | 0.96 [0.65 – 1.41] | 0.863 |
| DOAC | 1.08 [0.42 – 2.32] | 0.852 |
| VKA | 1.58 [1.00 – 2.43] | **0.041** |
| IVT | 1.19 [0.86 – 1.64] | 0.281 |
| AF | 0.93 [0.67 – 1.28] | 0.673 |

sICH: symptomatic intracranial hemorrhage; OR: Odds Ratios; CI: confidence interval; NIHSS: National Institutes of Health Stroke Scale; DOAC: Direct Oral Anticoagulants; VKA: Vitamin K Antagonists; IVT: Intravenous Thrombolysis; AF: Atrial Fibrillation.

**7 Supplementary Table 5 Analysis With Symptomatic Intracranial Hemorrhage as the Outcome Variable Unadjusted for Oral Anticoagulants**

| | sICH | | |
|---|---|---|---|
| Predictor | Adjusted Odds Ratios | 95% CI | P-Value |
| Age | 1.00 | 0.98 – 1.01 | 0.513 |
| Sex | 1.24 | 0.87 – 1.75 | 0.233 |
| NIHSS On Admission | 1.04 | 1.02 – 1.07 | **<0.001** |
| Diabetes | 1.32 | 0.85 – 2.00 | 0.207 |
| Hypertension | 0.75 | 0.50 – 1.12 | 0.157 |
| Dyslipidemia | 0.79 | 0.55 – 1.13 | 0.197 |
| Smoking | 0.86 | 0.55 – 1.29 | 0.473 |
| IVT | 1.08 | 0.68 – 1.72 | 0.736 |
| AF | 0.91 | 0.55 – 1.50 | 0.704 |
| AF*IVT interaction | 1.13 | 0.57 – 2.25 | 0.716 |
| $\Delta R^2$ | 0.01 | | |

sICH: symptomatic intracranial hemorrhage; CI: confidence interval; NIHSS: National Institutes of Health Stroke Scale; IVT: Intravenous Thrombolysis; AF: Atrial Fibrillation.

**8 Supplementary Table 6 Sensitivity Analysis of International Normalized Ratio on Outcome of Patients Under Vitamin-K Antagonist Therapy**

| | sICH | | |
|---|---|---|---|
| Predictor | Adjusted Odds Ratios | 95% CI | P-Value |
| Age | 1.05 | 0.97 – 1.16 | 0.284 |
| Sex | 0.47 | 0.03 – 4.88 | 0.547 |
| NIHSS On Admission | 1.12 | 0.97 – 1.31 | 0.128 |
| Diabetes | 0.43 | 0.02 – 3.65 | 0.489 |
| Hypertension | 0.29 | 0.02 – 7.64 | 0.376 |
| Dyslipidemia | 1.21 | 0.14 – 12.98 | 0.860 |
| Smoking | 27.12 | 2.15 – 667.52 | **0.017** |
| INR per 0.1 increase (INR up to, and with, 1.6 included in this analysis) | 1.28 | 0.71 – 2.49 | 0.414 |
| $\Delta R^2$ | 0.11 | | |

sICH: Symptomatic Intracranial Hemorrhage; CI: confidence interval; NIHSS: National Institutes of Health Stroke Scale; INR: International Normalized Ratio.

**9 Supplementary Table 7 Ordinal Regression With Modified Rankin Scale Score at 3 months as the Outcome Variable**

| | Modified Rankin Scale Score at 3 months | | |
|---|---|---|---|
| Predictor | Adjusted Odds Ratios | 95% CI | P-Value |
| Age | 1.04 | 1.03 – 1.05 | **<0.001** |
| Sex | 1.06 | 0.85 – 1.32 | 0.617 |
| NIHSS On Admission | 1.09 | 1.08 – 1.11 | **<0.001** |
| Diabetes | 1.68 | 1.28 – 2.22 | **<0.001** |
| Hypertension | 0.94 | 0.72 – 1.24 | 0.676 |
| Dyslipidemia | 0.74 | 0.59 – 0.93 | **0.008** |
| Smoking | 1.17 | 0.87 – 1.59 | 0.292 |
| DOAC | 0.66 | 0.39 – 1.09 | 0.109 |
| VKA | 1.22 | 0.91 – 1.64 | 0.175 |
| IVT | 0.74 | 0.58 – 0.93 | **0.011** |

CI: confidence interval; NIHSS: National Institutes of Health Stroke Scale; DOAC: Direct Oral Anticoagulants; VKA: Vitamin K Antagonists; IVT: Intravenous Thrombolysis.

**10 Supplementary Table 8 Main Outcomes of Interest With Excluded Patients From One Center Which Was Not Part of the BEYOND-SWIFT Registry**

| | sICH | | | mRS 0-2 at 90-Days | | |
|---|---|---|---|---|---|---|
| **Predictors** | Adjusted Odds Ratios | 95% CI | P-Value | Adjusted Odds Ratios | 95% CI | P-Value |
| **Age** | 1.00 | 0.98 – 1.01 | 0.727 | 0.96 | 0.95 – 0.97 | **<0.001** |
| **Sex (Male)** | 1.47 | 1.00 – 2.20 | 0.053 | 0.93 | 0.75 – 1.16 | 0.530 |
| **NIHSS on Admission** | 1.04 | 1.01 – 1.06 | **0.004** | 0.91 | 0.90 – 0.93 | **<0.001** |
| **Diabetes** | 1.43 | 0.86 – 2.31 | 0.150 | 0.56 | 0.41 – 0.76 | **<0.001** |
| **Hypertension** | 0.72 | 0.46 – 1.12 | 0.138 | 1.34 | 1.03 – 1.75 | **0.030** |
| **Dyslipidemia** | 0.79 | 0.53 – 1.17 | 0.242 | 1.48 | 1.18 – 1.86 | **0.001** |
| **Smoking** | 0.83 | 0.52 – 1.31 | 0.436 | 1.08 | 0.84 – 1.39 | 0.542 |
| **DOAC** | 1.00 | 0.30 – 2.57 | 0.993 | 1.41 | 0.79 – 2.50 | 0.240 |
| **VKA** | 2.45 | 1.35 – 4.29 | **0.002** | 0.69 | 0.47 – 1.00 | **0.050** |
| **IVT** | 1.26 | 0.76 – 2.11 | 0.368 | 1.46 | 1.09 – 1.95 | **0.012** |
| **AF** | 0.70 | 0.38 – 1.26 | 0.239 | 1.33 | 0.96 – 1.85 | 0.086 |
| **AF*IVT interaction** | 1.32 | 0.60 – 2.89 | 0.488 | 1.07 | 0.69 – 1.67 | 0.756 |
| **$\Delta R^2$** | 0.01 | | | 0.18 | | |

sICH: symptomatic intracranial hemorrhage; mRS: Modified Rankin Scale; CI: confidence interval; NIHSS: National Institutes of Health Stroke Scale; ; DOAC: Direct Oral Anticoagulants; VKA: Vitamin K Antagonists; IVT: Intravenous Thrombolysis; AF: Atrial Fibrillation.

## 11 Supplementary Table 9 Regression Models for Main Outcomes of Interest With Added TICI Score

| | sICH | | | mRS 0-2 | | |
|---|---|---|---|---|---|---|
| **Predictors** | Adjusted Odds Ratios | 95% CI | P-Value | Adjusted Odds Ratios | 95% CI | P-Value |
| **Age** | 1.00 | 0.98 – 1.01 | 0.700 | 0.96 | 0.95 – 0.97 | **<0.001** |
| **Sex (Male)** | 1.55 | 1.04 – 2.31 | **0.031** | 0.88 | 0.70 – 1.11 | 0.282 |
| **NIHSS on admission** | 1.04 | 1.01 – 1.06 | **0.006** | 0.91 | 0.90 – 0.93 | **<0.001** |
| **Diabetes** | 1.37 | 0.82 – 2.21 | 0.211 | 0.58 | 0.42 – 0.79 | **0.001** |
| **Hypertension** | 0.71 | 0.46 – 1.12 | 0.135 | 1.35 | 1.04 – 1.78 | **0.027** |
| **Dyslipidemia** | 0.81 | 0.54 – 1.21 | 0.298 | 1.50 | 1.19 – 1.90 | **0.001** |
| **Smoking** | 0.85 | 0.53 – 1.34 | 0.501 | 1.06 | 0.82 – 1.38 | 0.637 |
| **DOAC** | 1.08 | 0.32 – 2.77 | 0.889 | 1.25 | 0.70 – 2.24 | 0.451 |
| **VKA** | 2.30 | 1.27 – 4.03 | **0.005** | 0.71 | 0.47 – 1.05 | 0.087 |
| **TICI 2b-3** | 0.44 | 0.29 – 0.69 | **<0.001** | 3.93 | 2.79 – 5.62 | **<0.001** |
| **IVT** | 1.27 | 0.76 – 2.14 | 0.352 | 1.47 | 1.09 – 1.98 | **0.013** |
| **AF** | 0.75 | 0.41 – 1.35 | 0.340 | 1.29 | 0.92 – 1.80 | 0.141 |
| **AF*IVT interaction** | 1.31 | 0.60 – 2.87 | 0.504 | 1.06 | 0.67 – 1.66 | 0.813 |
| **$\Delta R^2$** | 0.02 | | | 0.23 | | |

sICH: symptomatic intracranial hemorrhage; mRS: Modified Rankin Scale; CI: confidence interval; NIHSS: National Institutes of Health Stroke Scale; ; DOAC: Direct Oral Anticoagulants; VKA: Vitamin K Antagonists; TICI: Thrombolysis in Cerebral Infarction; IVT: Intravenous Thrombolysis; AF: Atrial Fibrillation.