Supplementary Table 2. Results of Delphi consensus

Recommendations	Delphi round achieving consensus	Agreement (score 7–9) (%)	Uncertainty (score 4–6) (%)	Disagreement (score 1–3) (%)
Questions				
Is it necessary to update the recommendations of ERT between 6–24 hours from last known normal time considering current clinical practice in Korea?	First round	97.6	0.0	2.4
Could multimodal imaging available on-site, other than the RAPID software program, be used to select patients eligible for ERT between 6–24 hours?	First round	82.9	9.8	7.3
ERT				
Recommendation 5: Option #1 5. In selected patients with acute ischemic stroke due to large vessel occlusion in the anterior circulation presenting within 6 to 24 hours from last seen normal, ERT is recommended when the patients meet the DAWN or DEFUSE 3 eligibility criteria (LOE Ib, GOR A)	First round	29.3	31.7	36.6
Recommendation 5: Option #2 5. In selected patients with acute ischemic stroke due to large vessel occlusion in the anterior circulation presenting within 6 to 24 hours from last seen normal, ERT can be recommended when the patients have target mismatch assessed by multimodal imaging and/or clinical deficit & when reperfusion by ERT is expected to improve the outcome of patients. For patient selection, each institution is recommended to have its own criteria, which aids in the timely and reasonable identification of patients with target mismatch in the late time window (LOE III, GOR C).	First round	80.5	17.1	2.4
6. In selected patients with acute ischemic stroke due to large vessel occlusion in the posterior circulation presenting after 6 hours, ERT can be considered for patients having favorable multimodal imaging profiles in consideration of risks and benefits. Each center is encouraged to define its own patient selection criteria (LOE IV, GOR C).	First round	92.7	7.3	0.0
Neuroimaging evaluation				
1. Non-contrast CT or MRI should be conducted to exclude hemorrhagic stroke or other non-stroke etiologies (LOE III, GOR C).	First round	95.1	4.9	0.0
2. Non-invasive vascular imaging (CT angiography or MR angiography) is recommended to confirm acute large artery occlusion for patients with major ischemic stroke (LOE III, GOR C).	First round	95.1	4.9	0.0
5. In selected patients who present within 6 to 24 hours from last seen normal, multimodal imaging for assessing collaterals, infarct core, or perfusion (or clinical)-diffusion mismatch is recommended to select eligible patients for ERT. Each center is encouraged to define its own imaging modality to timely identify target mismatch (LOE III, GOR C).	First round	85.4	4.9	7.3

ERT, endovascular recanalization therapy; DAWN, Clinical Mismatch in the Triage of Wake Up and Late Presenting Strokes Undergoing Neurointervention with Trevo; DEFUSE 3, Endovascular Therapy Following Imaging Evaluation for Ischemic Stroke 3; LOE, level of evidence; GOR, grade of recommendation; CT, computed tomography; MRI, magnetic resonance imaging; MR, magnetic resonance.