

Supplementary Table 1. Definitions of symptomatic intracranial hemorrhage utilized by included studies

Adjudicating study	Definition
NINDS ¹	Any ICH that had not been seen on a previous CT scan but there was subsequently either a suspicion of hemorrhage or any decline in neurologic status. To detect intracranial hemorrhage, CT scans were required at 24 hours and 7 to 10 days after the onset of stroke and when clinical findings suggested hemorrhage.
ECASS 2 ²	Any ICH with neurological deterioration (≥ 4 points increase on the NIHSS) from baseline or death within 22 to 36 hours. Establishment of a causal relationship between the hemorrhage and clinical deterioration or death was not a requirement.
ECASS 3	In addition to definition of ECASS 2, the hemorrhage must have been identified as the predominant cause of the neurologic deterioration.
SITS-MOST	Large or remote parenchymal ICH (type 2, defined as greater than 30% of the infarct area affected by hemorrhage with mass effect or extension outside the infarct) combined with neurological deterioration (≥ 4 points increase on the NIHSS) from baseline or death within 22 to 36 hours.

NINDS, National Institute of Neurological Disorders and Stroke; ICH, intracranial hemorrhage; CT, computed tomography; ECASS, European Cooperative Acute Stroke Study; NIHSS, National Institutes of Health Stroke Scale; SITS-MOST, Safe Implementation of Thrombolysis in Stroke-Monitoring Study.