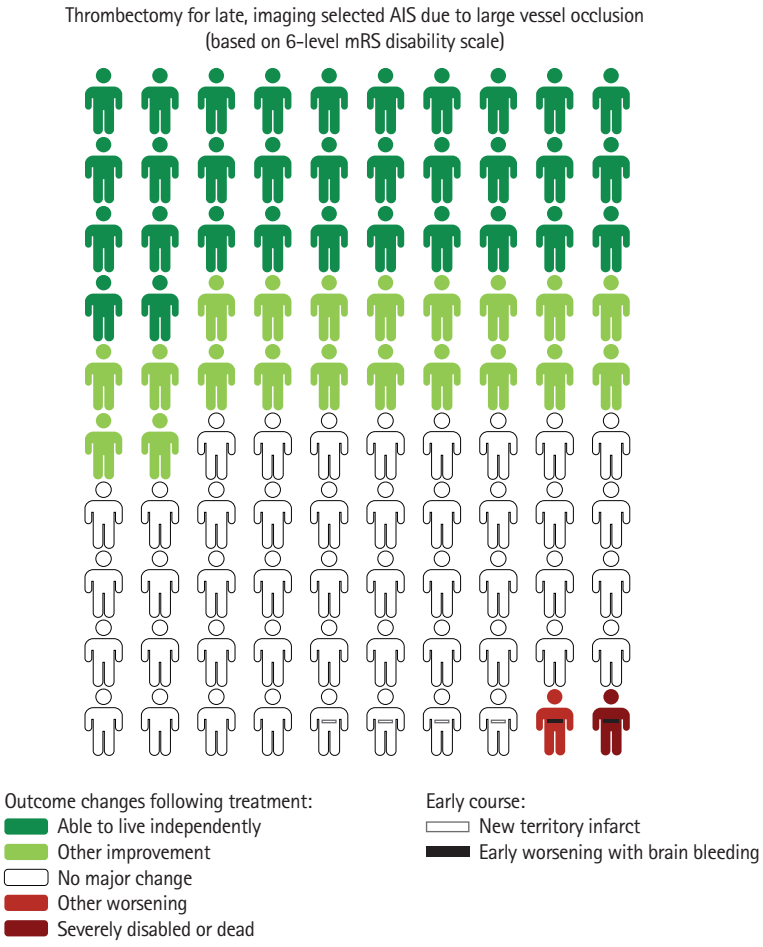

Supplementary Figure 1. Choice Consequence Matrix type visual decision aid depicting the benefits and risks of endovascular thrombectomy (EVT) in late-presenting, imaging-selected patients. Colors indicate changes in 3-month level of global disability that occur as a result of EVT, considering 6 of the levels of the modified Rankin Scale (mRS) with mRS levels 5 and 6 combined into a single worst outcome level. Dark green, attainment of functional independence (mRS 0–2) as a result of thrombectomy; light green, improved disability outcome (other than excellent outcome) as a result of thrombectomy; dark red, severely disabled, or dead outcome (mRS 5–6) as a result of thrombectomy; light red, worse disability outcome (other than severely disabled/dead) as a result of thrombectomy; closed dash, symptomatic intracranial hemorrhage as a result of thrombectomy; and open dash, new territory infarct as a result of thrombectomy. Personographs based on outcomes among patients enrolled in the DAWN (Clinical Mismatch in the Triage of Wake Up and Late Presenting Strokes Undergoing Neurointervention With Trevo) and DEFUSE 3 (Endovascular Therapy Following Imaging Evaluation for Ischemic Stroke 3) randomized trials. Imaging selection strategies in those trials were: DAWN (clinical-core mismatch at 6 to 24 hours, indicated by: age ≥80, National Institutes of Health Stroke Scale [NIHSS] ≥10, and ischemic core <21 mL; age <80, NIHSS ≥10, and ischemic core <31 mL; or age <80, NIHSS ≥20, and ischemic core <51 mL); DEFUSE 3 (perfusion-diffusion mismatch at 6 to 16 hours, indicated by: ischemic core <70 mL, ratio of perfusion to core volumes 1.8, and penumbra volume ≥15 mL). AIS, acute ischemic stroke.