



**Supplementary Figure 4.** Comparison of software-estimated and manually segmented infarct volumes in patients undergoing diffusion-weighted image before endovascular treatment (n=35). (A) Ground truth infarct volume by manual segmentation vs. the infarct volume estimated by RAPID MRI (red) and JBS-01K (blue). The gray-shaded (<30 mL) area is enlarged in the lower-right figure. Black dotted lines indicate lesion volume cutoffs of 21, 31, and 51 mL. The green dotted line and shared areas indicate a lesion volume cutoff of 70 mL. Thresholds of 21, 31, or 51 mL were used in the DAWN trial<sup>3</sup> (DWI or CTP Assessment With Clinical Mismatch in the Triage of Wake-Up and Late Presenting Strokes Undergoing Neurointervention With Trevo) for the inclusion of patients, whereas the 70 mL threshold was used in the DEFUSE-3<sup>2</sup> (Endovascular Therapy Following Imaging Evaluation for Ischemic Stroke) and EXTEND-IA<sup>4</sup> (Extending the Time for Thrombolysis in Emergency Neurological Deficits With Intra-Arterial Therapy) trials. (B) Bland-Altman plot between the ground truth infarct volume and the infarct volume estimated by JBS-01K. (C) Bland-Altman plot between the ground truth infarct volume and estimated infarct volume by RAPID MRI. The green and black dotted lines indicate the mean percentage difference and 95% limit, respectively. If the software did not find an infarct, the percentage difference was calculated as 200%. DWI, diffusion-weighted imaging; CTP, computed tomography perfusion.