

Supplementary Methods

Definitions

- Visible occlusion (VO): any occluded artery visualized on baseline computed tomography angiography (CTA) including all large vessel occlusions (intracranial internal carotid artery [ICA] occlusion, M1 segment of the middle cerebral artery [MCA], or functional M1 occlusion of the MCA) and occlusions in the cervical ICA, vertebrobasilar system, M2 segment, and more distal vessels such as the M3/M4 segments of the MCA, the posterior cerebral artery, and anterior cerebral artery.
- No visible occlusion (NVO): those patients who did not have any intracranial occlusion on initial CTA.
- Symptomatic intracerebral hemorrhage (sICH): any ICH that was temporally related to and directly responsible for a worsening of a patient's neurological condition and in the investigator's opinion was the most important factor for the neurological worsening.

Heidelberg Bleeding Classification¹

- Hemorrhagic infarction type 1 (HI1): scattered small petechia, no mass effect

- Hemorrhagic infarction type 2 (HI2): confluent petechia, no mass effect
- Parenchymal hematoma type 1 (PH1): hematoma within infarcted tissue, occupying less than 30%, no substantive mass effect
- Parenchymal hematoma type 2 (PH2): hematoma occupying 30% or more of the infarcted tissue, with obvious mass effect
- Remote parenchymal hematoma type 1 (rPH1): hematoma outside the infarcted tissue with no substantive mass effect
- Remote parenchymal hematoma type 2 (rPH2): hematoma outside the infarcted tissue, with obvious mass effect
- Intraventricular hemorrhage (IVH)
- Subarachnoid hemorrhage (SAH)
- Subdural hemorrhage (SDH)

Supplementary Reference

1. von Kummer R, Broderick JP, Campbell BC, Demchuk A, Goyal M, Hill MD, et al. The Heidelberg bleeding classification: classification of bleeding events after ischemic stroke and reperfusion therapy. *Stroke* 2015;46:2981–2986.