

Supplementary Table 1. Participating study institutions across five countries

Germany	University Hospital Magdeburg University Medical Center Hamburg-Eppendorf University Hospital RWTH Aachen Hospital Bremen-Mitte
United Kingdom	The Royal London Hospital
Taiwan	Linkou Chang Gung Memorial Hospital
Sweden	Karolinska Institutet
Singapore	National University Hospital

Supplementary Table 2. Comparing 90-day functional outcomes of bridging IVT vs. direct MT in subgroup analyses

Outcome	Total	Bridging IVT	Direct MT	OR (95%CI)	<i>P</i>
LAA 90-Day mRS				3.23 (1.26–8.28)	0.013
0–3 (good)	25 (24.8)	16 (37.2)	9 (15.5)		
4–6 (poor)	76 (75.2)	27 (62.8)	49 (84.5)		
Non-LAA 90-day mRS				0.93 (0.53–1.61)	0.785
0–3 (good)	92 (41.6)	34 (40.5)	58 (42.3)		
4–6 (poor)	129 (58.4)	50 (59.5)	79 (57.7)		
Young (≤ 75 years) 90-day mRS				1.22 (0.69–2.16)	0.486
0–3 (good)	87 (41.0)	34 (44.2)	53 (39.3)		
4–6 (poor)	125 (59.0)	43 (55.8)	82 (60.7)		
Old (> 75 years) 90-day mRS				1.55 (0.67–3.59)	0.310
0–3 (good)	30 (27.3)	16 (32.0)	14 (23.3)		
4–6 (poor)	80 (72.7)	24 (68.0)	46 (76.7)		
Male 90-day mRS				1.30 (0.72–2.36)	0.384
0–3 (good)	71 (34.5)	28 (38.4)	43 (32.3)		
4–6 (poor)	135 (65.5)	45 (61.6)	90 (67.7)		
Female 90-day mRS				1.09 (0.52–2.29)	0.823
0–3 (good)	46 (39.7)	22 (40.7)	24 (38.7)		
4–6 (poor)	70 (60.3)	32 (59.3)	38 (61.3)		

Values are presented as number (%).

IVT, intravenous thrombolysis; MT, mechanical thrombectomy; OR, odds ratio; CI, confidence interval; LAA, large-artery atherosclerosis; mRS, modified Rankin Scale.