

Supplementary Table 1. Multivariable binary logistic regression to predict good clinical outcome (mRS at 90-day follow-up 0–3) in patients with an ASPECTS ≤ 5 using good mechanical recanalization (TICI 2b/2c/3) as independent variable

Independent variable	aOR	95% CI	P
Age (per yr)	0.97	0.92–1.03	0.321
Male sex	2.78	0.69–12.39	0.157
Admission NIHSS (per point)	0.85	0.74–0.97	0.023
ASPECTS (per point)	3.30	1.45–10.19	0.014
Arterial collateral Maas score (per point)	0.80	0.24–2.52	0.710
COVES (per point)	2.13	1.15–4.34	0.022
Administration of tPA (yes)	0.73	0.17–2.91	0.655
Good mechanical recanalization (TICI 2b/2c/3)	2.15	0.57–9.53	0.279

In comparison to Table 3, the independent predictor of mechanical recanalization is defined as good mechanical recanalization (TICI 2b/2c/3) instead of excellent mechanical recanalization (TICI 2c/3). Ninety-eight patients included. AIC=81.67. $R^2=0.56$. Statistical significance: $P<0.05$.

mRS, modified Rankin Scale; ASPECTS, Alberta Stroke Program Early CT Score; TICI, thrombolysis in cerebral infarction; aOR, adjusted odds ratio; CI, confidence interval; NIHSS, National Institutes Health Stroke Scale; COVES, Collateral Venous Opacification Score; tPA, tissue plasminogen activator.

Supplementary Table 2. Multivariable binary logistic regression to predict good clinical outcome (mRS at 90-day follow-up 0–3) in patients with an ASPECTS of ≤ 5 without COVES as independent variable

Independent variable	aOR	95% CI	P
Age (per yr)	0.97	0.91–1.02	0.322
Male sex	4.04	1.05–18.04	0.050
Admission NIHSS (per point)	0.82	0.71–0.93	0.005
ASPECTS (per point)	2.85	1.31–7.91	0.020
Arterial collateral Maas score (per point)	1.77	0.61–5.60	0.306
Administration of tPA (yes)	0.55	0.13–2.13	0.391
Excellent mechanical recanalization (TICI 2c/3)	5.67	1.50–25.49	0.015

A nested model without COVES as independent variable was built for comparison of model quality (by Akaike Information Criterion [AIC]) and goodness of fit (by R squared [R^2]). Note that the full model shown in Table 3 had better AIC (77.25 vs. 81.13) and R^2 (0.56 vs. 0.50). Ninety-eight patients included. AIC=81.13. $R^2=0.50$. Statistical significance: $P<0.05$.

mRS, modified Rankin Scale; ASPECTS, Alberta Stroke Program Early CT Score; COVES, Collateral Venous Opacification Score; aOR, adjusted odds ratio; CI, confidence interval; NIHSS, National Institutes Health Stroke Scale; tPA, tissue plasminogen activator; TICI, thrombolysis in cerebral infarction.

Supplementary Table 3. Multivariable binary logistic regression to predict good clinical outcome (mRS at 90-day follow-up 0–3) in patients with an ASPECTS of ≤ 5 using baseline ischemic core volume (CBF $<30\%$) as independent variable

Independent variable	aOR	95% CI	P
Age (per yr)	0.97	0.91–1.03	0.306
Male sex	2.52	0.57–12.67	0.235
Admission NIHSS (per point)	0.86	0.73–0.99	0.042
Baseline ischemic core volume (CBF $<30\%$) (per mL)	1.00	0.99–1.02	0.624
Arterial collateral Maas score (per point)	2.00	0.51–8.09	0.313
COVES (per point)	2.37	1.24–4.99	0.014
Administration of tPA (yes)	0.42	0.09–1.74	0.244
Excellent mechanical recanalization (TICI 2c/3)	6.69	1.66–33.67	0.011

In comparison to the model shown in Table 3, ASPECTS was replaced by baseline ischemic core volume (CBF $<30\%$). Admission NIHSS, COVES and excellent mechanical recanalization were still independently associated with good clinical outcomes. Ninety-one patients included. Akaike Information Criterion=76.29. $R^2=0.52$. Statistical significance: $P<0.05$.

mRS, modified Rankin Scale; ASPECTS, Alberta Stroke Program Early CT Score; CBF, cerebral blood flow; aOR, adjusted odds ratio; CI, confidence interval; NIHSS, National Institutes Health Stroke Scale; COVES, Collateral Venous Opacification Score; tPA, tissue plasminogen activator; TICI, thrombolysis in cerebral infarction.