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Winkelmeier et al.   Venous Outflow Affects Outcome in Low ASPECTS Patients

Supplementary Figure 1. Flow chart with patient inclusion and exclusion criteria. EVT, endovascular thrombectomy; CTA, computed tomography angiography; ASPECTS, Alberta Stroke Program Early CT Score; NCCT, non-contrast computed tomography; ICA, internal carotid artery; MCA, medial cerebral artery; mRS, modified Rankin Scale; GCO, good clinical outcome; PCO, poor clinical outcome.
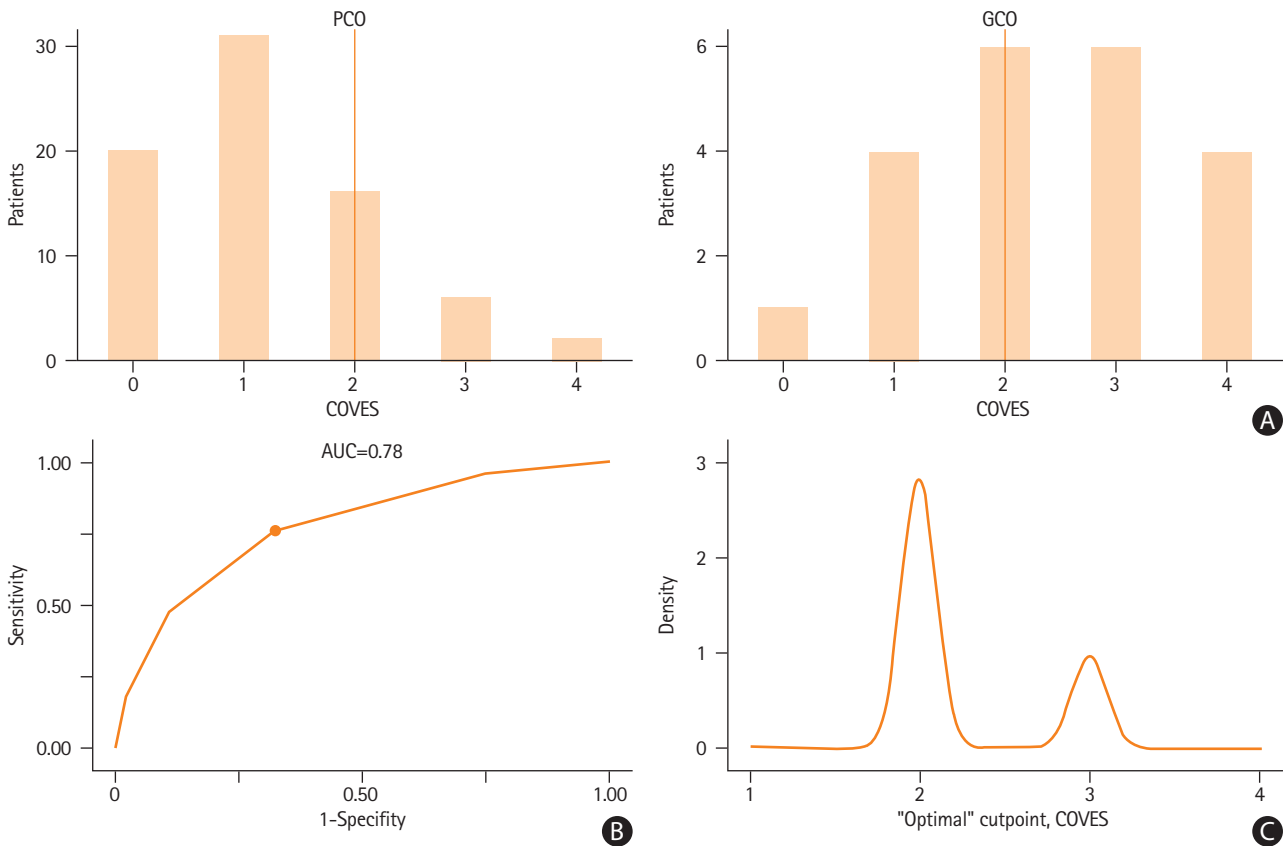
Supplementary Figure 2. Estimation and validation of "optimal" cutpoint for cerebral venous outflow. (A) Distribution of Cortical Opacification Venous Score (COVES) values in low Alberta Stroke Program Early CT Score (ASPECTS) patients dichotomized by clinical outcomes. Good clinical outcome (GCO) was defined as 90-day modified Rankin Scale (mRS) score of 0–3 and poor clinical outcome (PCO) as 90-day mRS score of 4–6. Red vertical lines indicate the "optimal" cutpoint derived from receiver operating characteristic (ROC) analysis in (B). (B, C) ROC curve analysis (B) illustrating the diagnostic ability of COVES to discriminate between GCO and PCO in low ASPECTS patients (area under the curve [AUC], 0.78; sensitivity, 0.70; specificity, 0.76). Visualization of cutpoint variability using bootstrapping (n=1,000 bootstrap samples) in (C). Calculations revealed a threshold of COVES ≥2 as "optimal" cutpoint with a 95% confidence interval of COVES ≥2–3.