

Supplemental Table 1. Univariable, multivariable logistic regression, and IPTW evaluation of FI or RoR at 90 days by pre-stroke mRS: sensitivity analyses

	Event (%)	Univariable model		Multivariable model		IPTW model	
		OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P
FI or RoR at 90 days (n=2,231)							
0-1 (n=1,667)	735 (44.1)	1.00 (Ref)		1.00 (Ref)		1.00 (Ref)	
2-4 (n=564)	173 (30.7)	0.56 (0.35-0.90)	0.016	0.76 (0.50-1.15)	0.189	0.73 (0.43-1.25)	0.253
Sensitivity analysis 1* (n=2,195)							
0-1 (n=1,636)	725 (44.3)	1.00 (Ref)		1.00 (Ref)		1.00 (Ref)	
2-4 (n=559)	173 (31.0)	0.56 (0.35-0.90)	0.017	0.76 (0.50-1.15)	0.197	0.75 (0.44-1.29)	0.296
Sensitivity analysis 2† (n=2,161)							
0-1 (n=1,653)	721 (43.6)	1.00 (Ref)		1.00 (Ref)		1.00 (Ref)	
2-4 (n=508)	117 (23.0)	0.39 (0.30-0.50)	<0.001	0.53 (0.40-0.70)	<0.001	0.51 (0.39-0.66)	<0.001
Sensitivity analysis 3‡ (n=2,230)							
0-1 (n=1,667)	735 (44.1)	1.00 (Ref)		1.00 (Ref)		1.00 (Ref)	
2-4 (n=563)	172 (30.6)	0.56 (0.35-0.89)	0.014	0.78 (0.52-1.17)	0.222	0.73 (0.42-1.24)	0.245
Sensitivity analysis 4§ (n=2,127)							
0-1 (n=1,586)	705 (44.5)	1.00 (Ref)		1.00 (Ref)		1.00 (Ref)	
2-4 (n=541)	166 (30.7)	0.55 (0.34-0.89)	0.015	0.76 (0.51-1.12)	0.159	0.69 (0.41-1.17)	0.166

The multivariable model and IPTW analysis accounted for the following variables: age, sex, baseline NIHSS score, atrial fibrillation, intravenous thrombolysis, ASPECTS, occlusion, and time last known well prior to treatment.

IPTW, inverse probability of treatment weighting; mRS, modified Rankin Scale; OR, odds ratio; CI, confidence interval; FI, functional independence; RoR, return of Rankin; NIHSS, National Institutes of Health Stroke Scale; ASPECTS, Alberta Stroke Program Early CT Score.

*Sensitivity analysis 1: excluding patients with basilar artery occlusion from the model; †Sensitivity analysis 2: excluding patients with improvement in mRS at 90 days; ‡Sensitivity analysis 3: adding hypertension and diabetes to the model; §Sensitivity analysis 4: adding hypertension, diabetes, transfer, and imaging modality to the model.