**SUPPLEMENTARY MATERIAL**

**Appendix: Scenarios posed to respondents in the UNMASK-EVT study**

For all scenarios, responds were asked the following question:

Please choose one treatment for each question.

1. Which treatment would you choose in your current practice *(under current resources)*?
2. Which treatment should be done *(assuming ideal conditions)*?
* Antiplatelet therapy
* Anticoagulation
* Intravenous alteplase
* Endovascular therapy
* Intravenous alteplase + Endovascular therapy

**Comorbidity-based scenarios**

|  |  |  |
| --- | --- | --- |
| **ID** | **Comorbidity** | **Full Scenario** |
| **A** | **Metastatic prostate cancer** | An 85-year-old, right-handed man has arrived at your hospital at 1 AM with left hemiparesis and dysarthria. Symptom onset was 3 hours ago. His stroke severity as measured by NIHSS is 10. ASPECTS on non-contrast CT is 7. Baseline CTA shows a proximal right M1 MCA segment occlusion. He has Stage IV prostate cancer with metastatic disease.  |
| **B** | **Cardiac, Respiratory, Renal Disease** | A 67-year-old, right-handed man has arrived at your hospital at 10 AM with left hemiparesis. Symptoms are 2 hours from onset. His stroke severity as measured by NIHSS is 18. ASPECTS on non-contrast CT is 7. Baseline CTA shows a proximal right M1 MCA segment occlusion. He has a history of heart failure, COPD, and renal insufficiency. He is on dialysis.  |
| **C** | **Non-metastatic prostate cancer** | A 79-year-old, right-handed man has arrived at your hospital at 4 PM with right hemiparesis and global aphasia. Symptoms are 2 hours from onset. His stroke severity as measured by NIHSS is 12. ASPECTS on non-contrast CT is 9. Baseline CTA reveals a left ICA occlusion in the neck with crossflow to the left M1 MCA segment via small posterior and anterior communicating arteries. He has a history of prostate cancer, and is on hormonal therapy. |
| **D** | **Mild cognitive impairment** | An 85-year-old, right-handed woman has arrived at your hospital at 11 PM with left hemiparesis. Symptoms are 3 hours from onset. Her stroke severity as measured by NIHSS is 9. ASPECTS on non-contrast CT is 6. Baseline CTA shows a proximal right M2 MCA segment occlusion. She has a history of mild cognitive impairment. |
| **E** | **Physically dependent in nursing home** | An 80-year-old, right-handed woman has arrived at your hospital at 5 AM with right hemiparesis and dysarthria. Symptoms are 3 hours from onset. Her stroke severity as measured by NIHSS is 11. ASPECTS on non-contrast CT is 8. Baseline CTA shows a proximal left M1 MCA segment occlusion. She lives in a nursing home due to rheumatoid arthritis and has no cognitive impairment. |

**Non-comorbidity-related scenarios with level 1A evidence per current guidelines**

|  |  |
| --- | --- |
| **ID** | **Scenario Description** |
| 1A | A 99-year-old, right-handed woman has arrived at your hospital at 1 PM with left hemiparesis and dysarthria. Symptoms are 1 hour from onset. Her stroke severity as measured by NIHSS is 18. ASPECTS on non-contrast CT is 7. Baseline CTA reveals a proximal right M1 MCA segment occlusion. She lives independently. |
| 1A | A 69-year-old, right-handed man has arrived at your hospital at 9 AM with left hemiparesis, hemisensory loss, and hemineglect. Symptoms are 2 hours from onset. His stroke severity as measured by NIHSS is 18. ASPECTS on non-contrast CT is 6. Baseline CTA shows a proximal right M1 MCA segment occlusion. His family tells you that he has a living will in place stipulating that he does not wish to live disabled. |
| 1A | A 69-year-old, left-handed woman has arrived at your hospital at 10 AM with left hemiparesis, hemisensory loss, and hemineglect. Symptoms are 2 hours from onset. Her stroke severity as measured by NIHSS is 18. ASPECTS on non-contrast CT is 9. Baseline CTA shows a proximal right M1 MCA segment occlusion. Her family tells you that she has a living will in place stipulating that she does not wish to live disabled. |
| 1A | A 72-year-old, right-handed woman has arrived at your hospital at 11 AM with left hemiparesis and dysarthria. Symptoms are 3 hours from onset. Her stroke severity as measured by NIHSS is 12. ASPECTS on non-contrast CT is 7. Baseline CTA shows a right M1 MCA segment occlusion. She has an INR of 2.8 due to anticoagulation for atrial fibrillation.  |
| 1A | A 55-year-old, right-handed man has arrived at your hospital at 8 AM with right hemiparesis and aphasia. Symptoms are 3 hours from onset. His stroke severity as measured by NIHSS is 20. ASPECTS on non-contrast CT is 7. Baseline CTA shows a left M1 MCA segment occlusion. The patient is agitated; however, anaesthesia is not immediately available. |
| 1A | A 72-year-old, right-handed woman has arrived at your hospital at 9:30 AM with left hemiparesis and dysarthria. Symptoms are 2 hours from onset. Her stroke severity as measured by NIHSS is 24. ASPECTS on non-contrast CT is 9. Baseline CTA shows a cervical carotid - right M1 MCA segment occlusion. She cannot provide consent and there is no family available. |

**Non-comorbidity-related scenarios without Level 1A evidence per current guidelines**

|  |  |
| --- | --- |
| **Level of Evidence** | **Case description** |
| 2B | An 88-year-old, right-handed man has arrived at your hospital at 10 AM with right hemiparesis and aphasia. Symptom onset was 3 hours ago. His stroke severity as measured by NIHSS is 14. ASPECTS on non-contrast CT is 7. Baseline CTA reveals a proximal left M2 MCA segment occlusion. |
| 2B | A 76-year-old, right-handed woman has arrived at your hospital at 2 PM with mild hemiparesis and aphasia. Symptom onset was 3 hours ago. Her stroke severity as measured by NIHSS is 2. ASPECTS on non-contrast CT is 10. Baseline CTA reveals a proximal M1 MCA segment occlusion. |
| 2B | A 45-year-old, left-handed man has arrived at your hospital at 1 PM with left hemiparesis and visual field defect. He was last seen normal 12 hours ago. His stroke severity as measured by NIHSS is 15. ASPECTS on non-contrast CT is 8. Baseline CTA shows a proximal right M2 MCA segment occlusion. |
| 2B | A 94-year-old, left-handed woman has arrived at your hospital at 2 AM with right hemiparesis and aphasia. Symptom onset was 3.5 hours ago. Her stroke severity as measured by NIHSS is 12. ASPECTS on non-contrast CT is 7. Baseline CTA shows a proximal left M2 MCA segment occlusion. |
| 2B | A 72-year-old, right-handed woman has arrived at your hospital at 9 AM with left hemiparesis and global aphasia. Symptom onset was 2 hours ago. Her stroke severity as measured by NIHSS is 16. ASPECTS on non-contrast CT is 3. Baseline CTA shows a proximal right M1 MCA segment occlusion.  |
| 2B | A 33-year-old, right-handed woman has arrived at your hospital at 8 AM with right hemiparesis and aphasia. Symptoms are 2.5 hours from onset. Her stroke severity as measured by NIHSS is 16. ASPECTS on non-contrast CT is 2. Baseline CTA shows a proximal left M1 MCA segment occlusion. She is postpartum. |
| Unknown | A 14-year-old, left-handed boy has arrived at your hospital at 11 AM with right hemiparesis and aphasia. Symptoms are 3 hours from onset. His stroke severity as measured by NIHSS is 18. ASPECTS on non-contrast CT is 7. Baseline CTA shows a proximal left ICA dissection with an ICA/M1 MCA segment occlusion. |
| 2B | A 40-year-old, right-handed man has arrived at your hospital at 3 AM with right hemiparesis and left gaze deviation. Symptoms are 3 hours from onset. His stroke severity as measured by NIHSS is 18. ASPECTS on non-contrast CT is 4. Baseline CTA shows a left ICA/T occlusion. |
| Unknown | A 68-year-old, right-handed man who is already admitted in the hospital has developed a new left-MCA syndrome at 10 AM. This is revealed to be due to a left-MCA occlusion. His stroke severity as measured by NIHSS is 18. The previous week, he had suffered a left-MCA occlusion (NIHSS of 6, 50 cc of infarction). The current non contrast CT reveals no changes to suggest an extension of the previous infarction. |
| 2B | A 56-year-old, right-handed man has arrived at your hospital at 3 PM with global aphasia. Symptoms are 3 hours from onset. His stroke severity as measured by NIHSS is 8. ASPECTS on non-contrast CT is 9. Baseline CTA reveals a small branch left M2 MCA segment occlusion. |
| Unknown | A 71-year-old, right-handed man has arrived at your hospital at 2 PM with mild right hemiparesis. Symptoms are 3 hours from onset. His stroke severity as measured by NIHSS is 6.  ASPECTS on non-contrast CT is 8. Baseline CTA shows an isolated left intracranial segment internal carotid artery occlusion. The ipsi-lesional M1 MCA segment is open with good blood flow through the ACOM ACA willisian collaterals. |

**Supplementary Table 2.** Proportion of responses favouring EVT (with/without alteplase) in each of the five comorbidity-related scenarios, as compared to the six scenarios with level-1A evidence

|  |  |  |
| --- | --- | --- |
|  | Under current resources | Under assumed ideal conditions |
| Scenario  | Proportion favouring EVT in the given scenario (%) | Proportion favouring EVT in 1A scenarios (%) | Absolute difference (%) | Proportion favouring EVT in the given scenario (%) | Proportion favouring EVT in 1A scenarios (%) | Absolute difference (%) |
| A. Metastatic prostate cancer | 200/275 (72.7) | 1,510/1,657 (91.1) | -18.4 | 210/275 (76.4) | 1,575/1,657 (95.1) | -18.7 |
| B. Heart failure, COPD, renal disease on dialysis | 254/276 (92.0) |  | +0.9 | 260/276 (94.2) |  | -0.9 |
| C. Non-metastatic prostate cancer on hormonal therapy | 223/277 (80.5) |  | -10.6 | 233/277 (84.1) |  | -11.0 |
| D. Mild cognitive impairment | 172/276 (62.3) |  | -28.8 | 175/276 (63.4) |  | -31.7 |
| E. Dependent in a nursing home from RA | 248/275 (90.2) |  | -0.9 | 262/275 (95.3) |  | +0.2  |

COPD – chronic obstructive pulmonary disease, EVT – endovascular therapy

**Supplementary Table 2.** Proportion of responses favouring alteplase (with/without EVT) in each of the five comorbidity-related scenarios, as compared to the six scenarios with level-1A evidence

|  |  |  |
| --- | --- | --- |
|  | Under current resources | Under assumed ideal conditions |
| Scenario  | Proportion favouring alteplase in the given scenario (%) | Proportion favouring alteplase in 1A scenarios (%) | Absolute difference (%) | Proportion favouring alteplase in the given scenario (%) | Proportion favouring alteplase in 1A scenarios (%) | Absolute difference (%) |
| A. Metastatic prostate cancer | 143/275 (52.0) | 1,197/1,657 (72.2) | -20.2 | 143/275 (52.0) | 1,152/1,657 (69.5) | -17.5 |
| B. Heart failure, COPD, renal disease on dialysis | 214/276 (77.5) |  | +5.3 | 207/276 (75.0) |  | +5.5 |
| C. Non-metastatic prostate cancer on hormonal therapy | 217/277 (78.3) |  | +6.1 | 210/277 (75.8) |  | +6.3 |
| D. Mild cognitive impairment | 210/276 (76.1) |  | +3.9 | 198/276 (71.7) |  | +2.2 |
| E. Dependent in a nursing home from RA | 250/275 (90.9) |  | +18.7 | 237/275 (86.2) |  | +16.7 |

COPD – chronic obstructive pulmonary disease, EVT – endovascular therapy, RA – Rheumatoid arthritis.

**Supplementary Table 3.** Multivariable logistic regression for the association of comorbidity-related factors (bolded) with the decision to pursue EVT under current resources and under assumed ideal conditions, adjusted for key scenario characteristics, including only the five comorbidity-related scenarios and six remaining scenarios with level-1A evidence per current guidelines.

|  |  |  |
| --- | --- | --- |
|  | **Under current resources** | **Under assumed ideal conditions** |
| Factor | aOR(95%CI) | aOR(95%CI) |
| **Cancer** |  |  |
| * No cancer
 | Reference | Reference |
| * Non-metastatic (on hormonal therapy)
 | 1.35 (0.02-112) | 0.52 (0.001-277) |
| * Metastatic prostate cancer
 | 1.87 (0.03-122) | 0.75 (0.003-193) |
| **Heart failure, COPD, renal disease on dialysis** | 1.45 (0.67-3.14) | 1.07 (0.33-3.48) |
| **Mild cognitive impairment** | 0.16 (0.07-0.36) | 0.08 (0.02-0.25) |
| **Dependent in a nursing home from RA (normal cognition)** | 1.11 (0.17-7.33) | 0.80 (0.06-9.72) |
| ASPECTS | 0.79 (0.29-2.16) | 0.95 (0.23-3.96) |
| NIHSS | 0.92 (0.81-1.03) | 0.90 (0.74-1.09) |
| Onset-to-presentation time | 0.40 (0.12-1.32) | 0.50 (0.12-2.10) |
| Age | 0.92 (0.82-1.03) | 0.92 (0.81-1.05) |
| Sex – Female | 5.27 (0.32-87.1) | 4.59 (0.10-205) |
| Occlusion location |  |  |
| * ICA
 | Reference | Reference |
| * M1
 | Omitted due to collinearity | Omitted due to collinearity |
| * Proximal M2
 | Omitted due to collinearity | Omitted due to collinearity |
| N | 3,036 | 3,036 |
| P>chi2 | <0.0001 | <0.0001 |

ASPECTS – Alberta Stroke Program Early CT Score, COPD – chronic obstructive pulmonary disease, EVT –endovascular therapy, ICA – Internal Carotid Artery, M1 – proximal MCA, M2 – subsequent branching of MCA, NIHSS – National Institutes of Health Stroke Scale score, RA – Rheumatoid arthritis

**Supplementary Table 4.** Multivariable logistic regression for the association of comorbidity-related factors (bolded) with the decision to pursue alteplase under current resources and under assumed ideal conditions, adjusted for key scenario characteristics, including only the five comorbidity-related scenarios and six remaining scenarios with level-1A evidence per current guidelines.

|  |  |  |
| --- | --- | --- |
|  | **Under current resources** | **Under assumed ideal conditions** |
| Factor | aOR(95%CI) | aOR(95%CI) |
| **Cancer** |  |  |
| * No cancer
 | Reference | Reference |
| * Non-metastatic (on hormonal therapy)
 | 2.79 x 10-9 (3.27 x 10-11 – 2.37 x 10-7) | 2.40 x 10-8 (3.59 x 10-10 – 1.61 x 10-6) |
| * Metastatic prostate cancer
 | 4.42 x 10-7 (8.28 x 10-9 – 0.00002) | 5.46 x 10-6 (1.42 x 10-7 – 0.0002) |
| **Heart failure, COPD, renal disease on dialysis** | 0.01 (0.005-0.02) | 0.02 (0.007-0.04) |
| **Mild cognitive impairment** | 79.2 (32.6-192) | 183 (61.9-543) |
| **Dependent in a nursing home from RA (normal cognition)** | 0.13 (0.02-0.76) | 0.40 (0.09-1.85) |
| ASPECTS | 126 (45.2-350) | 82.6 (30.8-221) |
| NIHSS | 0.73 (0.66-0.82) | 0.78 (0.71-0.86) |
| Onset-to-presentation time | 2.56 (0.90-7.30) | 1.33 (0.53-3.35) |
| Age | 1.36 (1.23-1.50) | 1.30 (1.19-1.42) |
| Sex – Female | 1.51 x 10-6 (8.96 x 10-8 – 0.0003) | 4.52 x 10-6 (2.83 x 10-7 – 0.001) |
| Occlusion location |  |  |
| * ICA
 | Reference | Reference |
| * M1
 | Omitted due to collinearity | Omitted due to collinearity |
| * Proximal M2
 | Omitted due to collinearity | Omitted due to collinearity |
| N | 3,036 | 3,036 |
| P>chi2 | <0.0001 | <0.0001 |

ASPECTS – Alberta Stroke Program Early CT Score, COPD – chronic obstructive pulmonary disease, ICA – Internal Carotid Artery, M1 – proximal MCA, M2 – subsequent branching of MCA, NIHSS – National Institutes of Health Stroke Scale score, RA – Rheumatoid arthritis

**Supplementary Table 5.** Proportion of responses favouring EVT in each of the five comorbidity-related scenarios, as compared to all other scenarios

|  |  |  |
| --- | --- | --- |
|  | Under current resources | Under assumed ideal conditions |
| Scenario  | Proportion favouring EVT in the given scenario (%) | Proportion favouring EVT in all other scenarios (%) | Absolute difference (%)  | Proportion favouring EVT in the given scenario (%) | Proportion favouring EVT in all other scenarios (%) |  Absolute difference (%) |
| A. Metastatic prostate cancer | 200/275 (72.7) | 4,386/5,795 (75.7) | -3.0 | 210/275 (76.4) | 4,583/5,795 (79.1) | -2.7 |
| B. Heart failure, COPD, renal disease on dialysis | 254/276 (92.0) | 4,332/5,794 (74.8) | +17.2 | 260/276 (94.2) | 4,533/5,794 (78.2) | +16.0 |
| C. Non-metastatic prostate cancer on hormonal therapy | 223/277 (80.5) | 4,363/5,793 (75.3) | +5.2 | 233/277 (84.1) | 4,560/5,793 (78.7) | +5.4 |
| D. Mild cognitive impairment | 172/276 (62.3) | 4,414/5,794 (76.2) | -13.9 | 175/276 (63.4) | 4,618/5,794 (79.7) | -16.3 |
| E. Dependent in a nursing home from RA | 248/275 (90.2) | 4,338/5,795 (74.9) | +15.3 | 262/275 (95.3) | 4,531/5,795 (78.2) | +17.1 |

Significant p-values are marked by an asterisk (\*). COPD – chronic obstructive pulmonary disease. RA – Rheumatoid arthritis.

**Supplementary Table 6.** Proportion of responses favouring alteplase in each of the five comorbidity-related scenarios, as compared to all other scenarios

|  |  |  |
| --- | --- | --- |
|  | Under current resources | Under assumed ideal conditions |
| Scenario  | Proportion favouring alteplase in the given scenario (%) | Proportion favouring alteplase in all other scenarios (%) | Absolute difference (%) | Proportion favouring alteplase in the given scenario (%) | Proportion favouring alteplase in all other scenarios (%) | Absolute difference (%) |
| A. Metastatic prostate cancer | 143/275 (52.0) | 3,723/5,795 (64.3) | -12.3 | 143/275 (52.0) | 3,574/5,795 (61.7) | -9.7 |
| B. Heart failure, COPD, renal disease on dialysis | 214/276 (77.5) | 3,652/5,794 (63.0) | +14.5 | 207/276 (75.0) | 3,510/5,794 (60.6) | +14.4 |
| C. Non-metastatic prostate cancer on hormonal therapy | 217/277 (78.3) | 3,649/5,793 (63.0) | +15.3 | 210/277 (75.8) | 3,507/5,793 (60.5) | +15.3 |
| D. Mild cognitive impairment | 210/276 (76.1) | 3,656/5,794 (63.1) | +13.0 | 198/276 (71.7) | 3,519/5,794 (60.7) | +11.0 |
| E. Dependent in a nursing home from RA | 250/275 (90.9) | 3,616/5,795 (62.4) | +28.5 | 237/275 (86.2) | 3,480/5,795 (60.1) | +26.1 |

COPD – chronic obstructive pulmonary disease, RA – Rheumatoid arthritis

**Supplementary Table 7.** Multivariable logistic regression for the association of comorbidity-related factors (bolded) with the decision to pursue alteplase under current resources and under assumed ideal conditions, adjusted for key scenario characteristics, and including all scenarios.

|  |  |  |
| --- | --- | --- |
|  | **Under current resources** | **Under assumed ideal conditions** |
| Factor | aOR(95%CI) | aOR(95%CI) |
| **Cancer** |  |  |
| * No cancer
 | Reference | Reference |
| * Non-metastatic (on hormonal therapy)
 | 0.35 (0.25-0.49) | 0.35 (0.25-0.48) |
| * Metastatic prostate cancer
 | 0.26 (0.19-0.36) | 0.32 (0.24-0.43) |
| **Heart failure, COPD, renal disease on dialysis** | 0.47 (0.34-0.64) | 0.51 (0.37-0.68) |
| **Mild cognitive impairment** | 2.07 (1.45-2.94) | 1.89 (1.34-2.64) |
| **Dependent in a nursing home from RA (normal cognition)** | 6.29 (4.16-9.50) | 4.59 (3.25-6.47) |
| ASPECTS | 1.43 (1.37-1.49) | 1.43 (1.37-1.50) |
| NIHSS | 1.04 (1.02-1.05) | 1.04 (1.03-1.06) |
| Onset-to-presentation time | 0.60 (0.56-0.65) | 0.62 (0.58-0.66) |
| Age | 1.01 (1.01-1.02) | 1.01 (1.01-1.02) |
| Sex – Female | 0.28 (0.23-0.34) | 0.29 (0.24-0.35) |
| Occlusion location |  |  |
| * ICA
 | Reference | Reference |
| * M1
 | 1.36 (1.13-1.64) | 1.24 (1.04-1.47) |
| * Proximal M2
 | 2.71 (1.84-3.98) | 2.54 (1.77-3.63) |
| * Distal M2
 | 3.24 (1.87-5.60) | 2.70 (1.65-4.43) |
| N | 5,792 | 5,792 |
| P>chi2 | <0.0001 | <0.0001 |

ASPECTS – Alberta Stroke Program Early CT Score, COPD – chronic obstructive pulmonary disease, ICA – Internal Carotid Artery, M1 – proximal MCA, M2 – subsequent branching of MCA, NIHSS – National Institutes of Health Stroke Scale score, RA – Rheumatoid arthritis

**Supplementary Table 8.** Multivariable logistic regression for the association of respondent characteristics with the decision to pursue alteplase (with/without EVT) for the five comorbidity-related scenarios under current resources and under assumed ideal conditions.

|  |  |  |
| --- | --- | --- |
|  | **Under current resources** | **Under assumed ideal conditions** |
| **Factor** | **aOR (95%CI)** | **aOR (95%CI)** |
| **Age** | 0.99(0.95-1.03) | 0.98 (0.95-1.02) |
| **Sex** |  |  |
| * Male
 | Reference | Reference |
| * Not declared
 | 0.90 (0.21-3.92) | 1.10 (0.21-5.64) |
| * Female
 | 0.66 (0.45-0.99) | 0.76 (0.52-1.11) |
| **Speciality** |  |  |
| * Neurologist
 | Reference | Reference |
| * Interventional Neuroradiologist
 | 0.47 (0.29-0.76) | 0.54 (0.34-0.88) |
| * Neurosurgeon
 | 0.67 (0.39-1.16) | 0.80 (0.46-1.38) |
| * Geriatrician/internist
 | 0.52 (0.16-1.71) | 0.43 (0.15-1.27) |
| * Other
 | 0.54 (0.22-1.32) | 0.45 (0.20-1.02) |
| **Years of Experience** | 0.99 (0.96-1.03) | 1.00 (0.96-1.03) |
| **Region** |  |  |
| * North America
 | Reference | Reference |
| * Australia/New Zealand
 | 0.94 (0.54-1.62) | 0.85 (0.48-1.54) |
| * East Asia
 | 0.71 (0.43-1.16) | 0.89 (0.54-1.46) |
| * Europe
 | 0.71 (0.46-1.11) | 0.89 (0.58-1.37) |
| * Near East
 | 0.87 (0.38-1.98) | 0.55 (0.18-1.70) |
| * South America
 | 0.70 (0.38-1.30) | 0.85 (0.46-1.55) |
| * South Asia
 | 0.56 (0.29-1.07) | 0.65 (0.35-1.22) |
| **Hospital type** |  |  |
| * Teaching hospital
 | Reference | Reference |
| * Non-teaching
 | 0.69 (0.43-1.12) | 0.79 (0.49-1.26) |
| **Strokes/respondent/year** | 1.00 (0.99-1.00) | 1.00 (1.00-1.00) |
| **EVT/respondent/year** | 1.00 (0.99-1.01) | 1.00 (0.99-1.01) |
| **Alteplase cases/centre/year** | 1.001 (0.999-1.002) | 1.00 (1.00-1.00) |
| **EVT cases/centre/year** | 0.996 (0.993-0.999) | 1.00 (1.00-1.00) |
| N | 1,379 | 1,379 |
| P>chi2 | 0.0061 | 0.013 |

ASPECTS – Alberta Stroke Program Early CT Score, COPD – chronic obstructive pulmonary disease, EVT – endovascular therapy, ICA – Internal Carotid Artery, M1 – proximal MCA, M2 – subsequent branching of MCA, NIHSS – National Institutes of Health Stroke Scale score, RA – Rheumatoid arthritis