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Original research

Time to treatment with bridging intravenous alteplase before endovascular treatment: subanalysis of the randomized controlled SWIFT-DIRECT trial

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ABSTRACT

Background We hypothesized that treatment delays might be an effect modifier regarding risks and benefits of intravenous thrombolysis (IVT) before mechanical thrombectomy (MT).

Methods We used the dataset of the SWIFT-DIRECT trial, which randomized 408 patients to IVT+MT or MT alone. Potential interactions between assignment to IVT+MT and expected time from onset-to-needle (OTN) as well as expected time from door-to-needle (DTN) were included in regression models. The primary outcome was functional independence (modified Rankin Scale (mRS) 0–2) at 3 months. Secondary outcomes included mRS shift, mortality, recanalization rates, and (symptomatic) intracranial hemorrhage at 24 hours.

Results We included 408 patients (IVT+MT 207, MT 201, median age 72 years (IQR 64–81), 209 (51.2%) female). The expected median OTN and DTN were 142 min and 54 min in the IVT+MT group and 129 min and 51 min in the MT alone group. Overall, there was no significant interaction between OTN and bridging IVT assignment regarding either the functional (adjusted OR (aOR) 0.76, 95% CI 0.45 to 1.30) and safety outcomes or the recanalization rates. Analysis of in-hospital delays showed no significant interaction between DTN and bridging IVT assignment regarding the dichotomized functional outcome (aOR 0.48, 95% CI 0.14 to 1.62),

but the shift and mortality analyses suggested a greater benefit of IVT when in-hospital delays were short.

Conclusions We found no evidence that the effect of bridging IVT on functional independence is modified by overall or in-hospital treatment delays. Considering its low power, this subgroup analysis could have missed a clinically important effect, and exploratory analysis of secondary clinical outcomes indicated a potentially favorable effect of IVT with shorter in-hospital delays. Heterogeneity of the IVT effect size before MT should be further analyzed in individual patient meta-analysis of comparable trials.

Trial registration number URL: <https://www.clinicaltrials.gov>; Unique identifier: NCT03192332

INTRODUCTION

Whether mechanical thrombectomy (MT) alone can be regarded as equally effective as MT combined with bridging intravenous thrombolysis (IVT+MT) for patients admitted directly to centers with endovascular treatment capability remains controversial.^{1,2} Two trials in Chinese patients demonstrated non-inferiority of MT alone,^{3,4} whereas three other trials failed to show non-inferiority.^{5–7} All these trials used generous non-inferiority margins, which

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Overall, the randomized controlled trials on bridging thrombolysis before mechanical thrombectomy did not report any clear subgroup effects related to the time from symptom onset to randomization.

WHAT THIS STUDY ADDS

⇒ This study found no clear evidence that patients with short onset-to-needle times benefited more from bridging thrombolysis. Exploratory analysis of secondary clinical outcomes indicated a potentially favorable effect of IVT associated with shorter in-hospital delays.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ This study sets methodological benchmarks for analyzing the heterogeneity of bridging thrombolysis effect size before mechanical thrombectomy in a meta-analysis of all randomized controlled trials on this topic. Neither onset-to-needle times nor door-to-needle times should influence treatment decisions regarding bridging thrombolysis until this meta-analysis is available.

are considerably less conservative than the proposed minimal clinically important difference or the margin considered to constitute reasonable comparability⁸. The expedited recommendation of the European Stroke Organisation currently advises that patients admitted to MT-capable centers should undergo IVT+MT if eligible for both treatments.⁹

None of the individual subgroup analyses of these trials showed a significant difference regarding time from onset of symptoms to randomization (OTR). However, the point estimates indicated a potential time-dependent relationship between bridging IVT and functional outcome (table 1). In unselected stroke patients, the efficacy of IVT is known to be highly time-dependent.¹⁰ Therefore, we hypothesized that treatment delays might be an effect modifier regarding risks and benefits of IVT in patients enrolled in the SWIFT-DIRECT trial⁷ and that a more beneficial effect of IVT would be seen in patients with shorter treatment delays.

This analysis aimed to assess a potential treatment effect heterogeneity of IVT+MT versus MT alone according to the overall delay (onset-to-needle, OTN) and in-hospital delays (door-to-needle, DTN) in terms of functional outcome, technical efficacy and safety outcomes. Additionally, if a heterogeneity of treatment effect was found, we intended to characterize the

extent to which modification occurs and the time period during which adding IVT might confer significant benefits.

METHODS**Reporting, data sharing, ethics**

For this post-hoc sub-analysis of the randomized controlled SWIFT-DIRECT study (<https://clinicaltrials.gov/NCT03192332>), we followed the CONSORT (Consolidated Standards of Reporting Trials) guidelines. The SWIFT-DIRECT dataset is not publicly available. However, de-identified data, together with a data dictionary, will be made accessible after ethics clearance and on submission of a reasonable request with a research plan to the corresponding author. Written informed consent was obtained from patients or their next of kin, with selected countries allowing delayed informed consent due to emergency circumstances. Approval was obtained from all relevant local ethics committees (central ethics Bern, ID 2017–00974).

Study design and patients

SWIFT-DIRECT was an international, multicenter, randomized, open label, blinded endpoint (PROBE) trial assessing the non-inferiority of MT alone versus IVT+MT in patients presenting directly to one of 48 participating MT-capable stroke centers in Europe and Canada. The trial protocol¹¹ and main results, including details of the methodology, have already been published.⁷ Patients were eligible if they had imaging-confirmed occlusion of the intracranial carotid artery and/or the first segment (M1) of the middle cerebral artery; were eligible to receive alteplase within 4.5 hours after they were last seen well; could undergo MT within 75 min of randomization; and had severe neurological deficits, defined as a National Institutes of Health Stroke Scale (NIHSS) score of ≥ 5 . Patients with advanced dementia, significant pre-existing disabilities, and early severe tissue damage (Alberta Stroke Programme Early CT Score (ASPECTS) < 5) were excluded. A total of 408 patients fulfilling those criteria were randomized (1:1 ratio) to undergo MT alone or IVT+MT (intravenous alteplase, 0.9 mg/kg of body weight). We included all patients in this post-hoc analysis.

Time definitions

The goal of our study was to assess whether time to treatment was an effect modifier—that is, it would have an impact on the effect of IVT plus MT versus MT alone—with the idea that, depending on the time to treatment, additional IVT might show a benefit compared with MT alone. The time interval analyzed for the overall time delay was hence the expected OTN. This

Table 1 Subgroup analysis of published randomized controlled trials

Study	Source	Outcome	Subgroup	aOR/aOR point estimate (95% CI)
MRCLEAN-NoIV ⁵	online supplemental figure S3	Ordinal mRS score	OTR 13–77 min OTR 77–124 min OTR 124–734	0.75 (0.43 to 1.31) 0.67 (0.39 to 1.15) 1.00 (0.58 to 1.73)
DIRECT-MT ¹⁸	online supplemental figure S4	Ordinal mRS score	OTR ≤ 125 min OTR 126–171 min OTR 172–210 min OTR > 210 min	0.93 (0.54 to 1.61) 0.94 (0.54 to 1.64) 1.28 (0.74 to 2.22) 1.38 (0.79 to 2.40)
DEVT ¹⁹	online supplemental eFigure 6	mRS 0–2	OTR < 169 min OTR ≥ 169 min	0.97 (0.41 to 2.3) 2.25 (0.88 to 6.05)
SKIP ⁶	Main paper figure 3	mRS 0–2	OTR < 120 min OTR ≥ 120 min	0.77 (0.33 to 1.78) 1.33 (0.61 to 2.87)

In all trials a higher aOR/aOR favors withholding bridging IVT, while a lower aOR/aOR favors administering IVT before MT. aOR, adjusted common OR; aOR, adjusted OR; IVT, intravenous thrombolysis; mRS, modified Rankin Scale; OTR, onset-to-randomization time.

Table 2 Selected baseline characteristics according to time from symptom onset to needle

	Time from symptom onset to needle				P value
	0–3 hours (n=316)		>3 hours (n=92)		
	N*		N*		
Age at inclusion (years), median (IQR)	316	72 (64–81)	92	74 (67–81)	0.27
Female sex, no. (%)	316	159 (50.3%)	92	50 (54.3%)	0.55
NIHSS, median (IQR)	316	17 (13–20)	92	17 (12–20)	0.8
Pre-stroke mRS, no. (%)	316		92		0.8
		269 (85.1%)		77 (83.7%)	
		46 (14.6%)		15 (16.3%)	
		1 (0.3%)		0 (0.0%)	
Weight (kg), median (IQR)	293	75 (65–85)	89	75 (68–85)	0.81
Systolic blood pressure (mmHg), median (IQR)	312	147 (130–160)	91	149 (135–163)	0.58
Diastolic blood pressure (mmHg), median (IQR)	310	80 (70–90)	90	80 (71–90)	0.99
Heart rate (beats/min), median (IQR)	309	75 (64–88)	88	74 (63–86)	0.86
Previous ischemic stroke, no. (%)	304	30 (9.5%)	90	11 (12.0%)	0.55
Previous transient ischemic attack, no. (%)	300	14 (4.4%)	89	7 (7.6%)	0.28
History of hypertension, no. (%)	306	185 (58.5%)	92	54 (58.7%)	1
History of atrial fibrillation, no. (%)	299	28 (8.9%)	88	11 (12.0%)	0.42
History of hypercholesterolemia, no. (%)	298	98 (31.0%)	89	33 (35.9%)	0.38
Previous intracerebral hemorrhage, no. (%)	307	2 (0.6%)	90	0 (0.0%)	1
Prior myocardial infarction, no. (%)	301	37 (11.7%)	89	4 (4.3%)	0.047
Warfarin or other anticoagulant, no. (%)	316	11 (3.5%)	92	5 (5.4%)	0.37
Aspirin, no. (%)	316	84 (26.6%)	92	21 (22.8%)	0.5
Statin or other lipid lowering agent, no. (%)	316	91 (28.8%)	92	28 (30.4%)	0.79
Blood glucose level (mmol/L), median (IQR)	303	6.5 (5.7–7.5)	82	6.6 (5.9–7.6)	0.46
INR, median (IQR)	253	1.0 (1.0–1.1)	67	1.0 (1.0–1.1)	0.62
Platelet count ($\times 10^9/L$), median (IQR)	314	225 (187–268)	91	228 (192–280)	0.28
Hemoglobin (g/L), median (IQR)	316	137 (125–146)	92	137 (123–147)	0.84
Glomerular filtration rate (mL/min), median (IQR)	316	76 (62–90)	92	74 (60–90)	0.89
Baseline imaging, no. (%)	316		92		<0.001
CT		177 (56.0%)		28 (30.4%)	
MRI		137 (43.4%)		63 (68.5%)	
Both		2 (0.6%)		1 (1.1%)	
ASPECTS (core lab), median (IQR)	315	8.0 (7.0–9.0)	92	8.0 (6.0–8.5)	0.004
Baseline intracranial occlusion site, no. (%)	316		92		0.99

Continued

Table 2 Continued

	Time from symptom onset to needle				P value
	0–3 hours (n=316)		>3 hours (n=92)		
	N*		N*		
Distal ICA - I	12 (3.8%)		4 (4.3%)		
Distal ICA - I and M1	2 (0.6%)		0 (0.0%)		
Distal ICA - L	41 (13.0%)		13 (14.1%)		
Distal ICA - T	37 (11.7%)		8 (8.7%)		
Distal M1	96 (30.4%)		29 (31.5%)		
Distal M2	3 (0.9%)		1 (1.1%)		
Proximal M1	110 (34.8%)		34 (37.0%)		
Proximal M2	15 (4.7%)		3 (3.3%)		
Tandem lesion, no. (%)	316	45 (14.2%)	92	18 (19.6%)	0.25

ASPECTS, Alberta Stroke Programme Early CT Score; ICA, internal carotid artery; INR, International normalized ratio; mRS, modified Rankin Scale; N*, number of patients with non-missing data; NIHSS, National Institutes of Health Stroke Scale.

was defined as time from symptom onset or last known well to expected IVT bolus. It was calculated by adding the mean randomization-to-bolus-time to the onset-to-randomization value, for each patient in both the MT alone and the IVT+MT treatment groups.

For the in-hospital delay, the expected DTN was analyzed. This was defined as the time from arrival at the emergency department of the study hospital to the expected IVT bolus. It

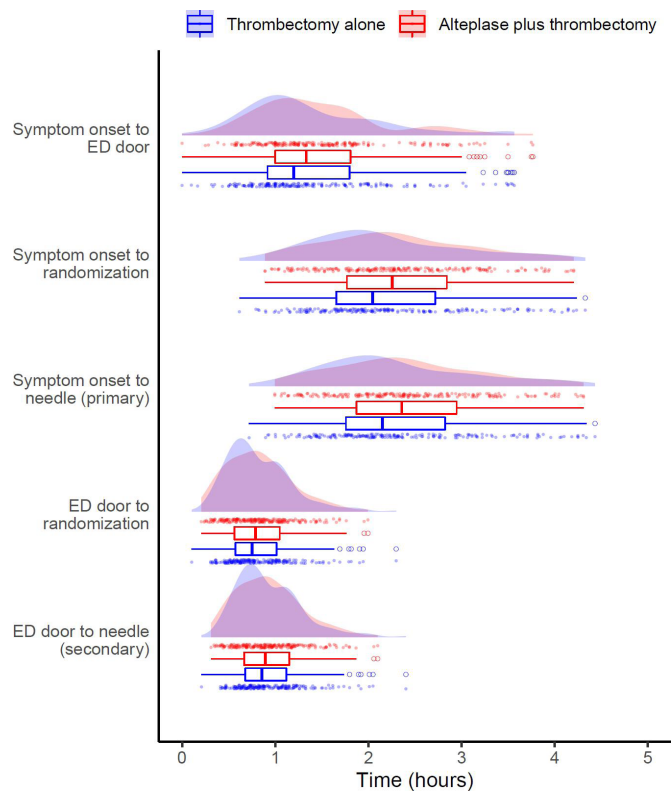


Figure 1 Distribution of time to treatment variables by randomization group. The median expected onset-to-needle time was 135 min (IQR 107–176) and the median expected door-to-needle time 53 min (IQR 40–69), without significant differences between both arms. The expected times were calculated as specified in the methods. For one patient the randomization date was interpolated. ED, emergency department.

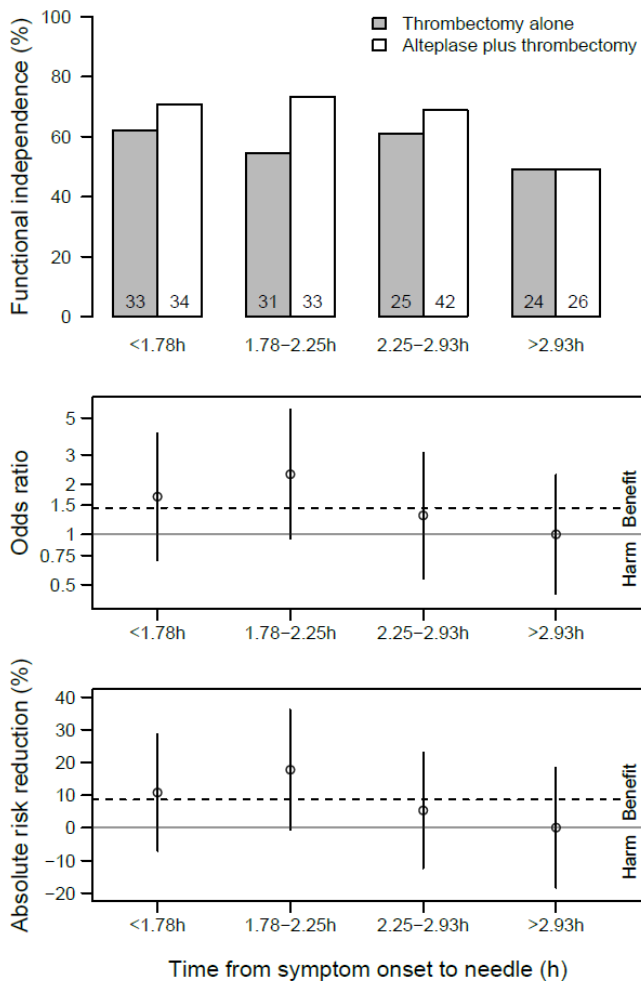


Figure 2 Benefit according to quartiles of expected time from symptom onset to last known well to IVT bolus. (Top panel) Event rates of functional independence (%), (N). (Middle panel) Odds ratios of IVT+MT versus MT alone with the dashed line indicating the marginal effect over all categories and the gray line the zero effect. (Bottom panel) Absolute risk reduction for IVT+MT versus MT alone. Benefit and harm refer to combination of IVT+MT versus MT alone. IVT, intravenous thrombolysis; MT, mechanical thrombectomy.

was calculated by adding to the door-to-randomization value, for each patient in both the MT alone and IVT+MT groups, the study mean for the randomization to bolus time. Those somewhat artificial time intervals were chosen since they represent the clinical scenario outside randomized controlled trials better than onset-to-randomization and door-to-randomization times. They are therefore easier to interpret and applicable to stroke centers. The study mean of DTN time was used due to the small sample sizes at individual centers and because there was little variation across sites. As a post-hoc sensitivity analysis, we used the individual time to IVT bolus administration for patients who received this treatment.

Outcomes

Detailed definitions are available in the statistical analysis plan that was finalized and deposited¹² before the analysis. The primary endpoint was functional independence, defined as modified Rankin Scale (mRS) ≤ 2 at 90 days. Secondary outcomes included mRS shift analysis, all-cause mortality, and time-to-reperfusion defined as expanded Thrombolysis In Cerebral

Infarction (eTICI $\geq 2b$). We also analyzed pharmacological efficacy (pre-interventional cross-sectional eTICI $\geq 2a$ (cs-eTICI), technical efficacy (eTICI $\geq 2b$ following device use) and safety outcomes (any and symptomatic intracranial hemorrhage, with the latter defined as ≥ 4 points worsening on the NIHSS within 24 hours).¹³

Statistical analysis

An independent statistician (LB) organized, cleaned and analyzed the data according to the prespecified statistical analysis plan (see the online supplemental material). The intention-to-treat population was analyzed for a potential time- and IVT-arm-assignment interaction by comparing the outcomes in the IVT arm to the outcomes in the no IVT arm. Participant characteristics at randomization by time intervals from onset/last-seen-well to randomization were described using medians with IQR for continuous variables and proportions for discrete variables including all variables employed in any subsequent model.

The interaction was analyzed using logistic, linear or flexible parametric survival models for binary, continuous or time-to-event outcomes, respectively. For rare binary outcome, penalized maximum likelihood logistic regression (Firth method) was used. For the primary analysis, we analyzed the interaction term of the time interval (continuous variable)*IVT assignment. A linear relationship was used as default, but more flexible approaches (ie, fractional polynomials and linear splines) were also considered. For a secondary analysis, predefined time cut-offs were used with the rationale of the ‘golden hour’ for IVT (OTN 0–60 min vs 61–270 min),¹⁴ the Food and Drug Administration label for alteplase (0–180 min vs 181–270 min), and according to quartiles of OTN.¹⁵ Models were compared using Akaike and Bayesian information criteria. Interaction terms are reported with 95% confidence intervals (95% CI) and p values. Interpretation of p values of the interaction was based on the recommendations of the Instrument for assessing the Credibility of Effect Modification Analyses (ICEMAN) tool.¹⁶

Models were adjusted by the binary stratification variables and sex. Further covariate adjustments for baseline differences between early and late presenting patients were considered.

RESULTS

Cohort characteristics

Between November 2017 and May 2021, 423 patients at 42 centers were randomized and 15 patients were excluded after randomization. Altogether, 201 patients were assigned to MT alone and 207 to IVT+MT. The allocated intervention was received by 402/408 patients with three crossovers in each treatment arm. Data completeness was almost perfect for mRS (one missing) and >95% for all other outcomes (see online supplemental figure S1 for the CONSORT flow-chart). The median age was 72 years (IQR 64–81), 209 (51.2%) were female, and the median NIHSS was 17 (13–20). The median OTN was 135 min (IQR 107–176) and the median DTN was 53 min (IQR 40–69). The expected median OTN and DTN were 142 (112–177) min and 54 (40–69) min in the IVT+MT group, and 129 (106–170) min and 51 (41–67) min in the MT alone group.

Table 2 reports the baseline characteristics according to time delays of OTN; see online supplemental data table 1 for comparison according to DTN. Figure 1 depicts the distribution of time to treatment variables by randomization group.

Table 3 Interaction analysis regarding primary and secondary outcomes according to overall and in-hospital delays

Time	Outcome category	Outcome	aOR for MT alone per 1 hour delay with 95% CI	aOR of interaction per 1 hour delay with 95% CI*
Onset-to-needle* time: Expected time from symptom onset or last known well to IVT bolus	Efficacy	mRS 0–2 (primary), day 90	0.86, 0.60 to 1.23	0.76, 0.45 to 1.30
		mRS decrease (better outcome), day 90	0.82, 0.60 to 1.12	0.90, 0.58 to 1.39
		Mortality, day 90	1.57, 0.91 to 2.70	0.98, 0.42 to 2.32
	Safety	Any ICH on 24 hours imaging	1.35, 0.93 to 1.97	1.33, 0.78 to 2.27
		Symptomatic ICH on 24 hours imaging	1.15, 0.42 to 3.17	0.66, 0.17 to 2.65
	Pharmacological efficacy	Pre-interventional reperfusion success (cs-eTICI ≥2a)	0.99, 0.40 to 2.42	1.56, 0.54 to 4.49
		Time-to-reperfusion	0.73, 0.60 to 0.89	1.24, 0.94 to 1.62,
		Final reperfusion success (cs-eTICI ≥2b)	0.78, 0.44 to 1.37	1.04, 0.36 to 3.02
Door-to-needle* time: Expected time from arrival at the emergency department door to IVT bolus	Efficacy	mRS 0–2 (primary), day 90	1.47, 0.60 to 3.56	0.48, 0.14 to 1.62
		mRS decrease (better outcome), day 90	1.88, 0.91 to 3.88	0.36, 0.13 to 0.99
		Mortality, day 90	0.11, 0.02 to 0.66	17.8, 1.8 to 174.9
	Safety	Any ICH on 24 hours imaging	0.99, 0.40 to 2.43	0.95, 0.28 to 3.24
		Symptomatic ICH on 24 hours imaging	0.73, 0.05 to 10.74	4.60, 0.19 to 114.10
	Pharmacological efficacy	Pre-interventional reperfusion success (cs-eTICI ≥2a)	2.26, 0.36 to 14.38	0.63, 0.07 to 6.06
		Time-to-reperfusion	0.40, 0.26 to 0.63	0.88, 0.47 to 1.64
		Final reperfusion success (cs-eTICI ≥2b)	1.69, 0.37 to 7.81	0.56, 0.05 to 6.83

*The aOR indicates the interaction term of assignment to IVT+MT (as compared with MT alone) and 1 hour delay and group assignment assuming a linear effect. The OR for MT alone gives the change in the odds for functional independence per additional hour delay. The interaction refers to change in the treatment effect (odds for functional independence of IVT plus MT vs MT alone) per additional hour delay.
aOR, adjusted OR; cs-eTICI, cross-sectional expanded Thrombolysis In Cerebral Infarction; ICH, intracranial hemorrhage; IVT, intravenous thrombolysis; mRS, modified Rankin Scale; MT, mechanical thrombectomy.

Delay from onset (OTN)

We found no evidence that the effect of bridging IVT on functional independence was modified by the delay of OTN. The odds for functional independence in patients treated with alteplase plus thrombectomy versus thrombectomy alone numerically decreased by 0.76 (95% CI 0.45 to 1.30, p=0.32) per hour of OTN delay. Similar results were obtained when assuming a dichotomous effect (adjusted odds ratio (aOR) of >3 hours vs 0–3 hours 0.64, 95% CI 0.24 to 1.72, p=0.37), across quartiles (see figure 2) or when using linear splines. Models fitted best when OTN was included as a linear effect and consistent with the sensitivity analysis using the individual times to IVT bolus administration (see online supplemental table S2).

There was no significant interaction of OTN and bridging IVT assignment in terms of the safety outcomes or the pharmacological and technical efficacy (see table 3).

In-hospital delay (DTN)

We also found no evidence that the effect of bridging IVT on functional independence is modified by the in-hospital delay. No heterogeneity was observed, including when assuming a dichotomous effect of DTN (aOR of >1 hour vs 0–1 hour 1.37, 95% CI 0.74 to 2.53). Similarly, across quartiles, there was no interaction of DTN and IVT assignment in terms of the primary outcome.

The adjusted odds for a favorable mRS shift numerically increased by 1.88 (95% CI 0.91 to 3.88) per 1 hour decrease of DTN resulting in a significant interaction with IVT assignment (aOR 0.36, 95% CI 0.13 to 0.99, p=0.047). In parallel,

the mortality analysis (aOR 17.8, 95% CI 1.8 to 174.9, p for interaction 0.011) provided some evidence for a more beneficial effect of IVT when in-hospital delays were short (table 3).

DISCUSSION

This post-hoc analysis of the SWIFT-DIRECT trial found no clear evidence that patients with short OTN benefited more from bridging IVT. Exploratory analysis of secondary clinical outcomes indicated a potentially favorable effect of IVT associated with shorter in-hospital delays.

For patients qualifying for IVT without MT, earlier treatment is associated with increased proportional benefits, with potential harms only evident beyond the established 4.5 hour limit.¹⁷ For patients who received bridging IVT before MT, the randomized controlled trials on this topic have reported no clear subgroup effects related to the time from symptom onset to randomization. Also, our nuanced sub-analysis of the randomized SWIFT-DIRECT trial detected no heterogeneity of treatment effect. Our model fit was best when OTN was handled as a continuous variable (ie, assumption of a linear effect). The point estimate (aOR 0.76, 95% CI 0.45 to 1.30) crossed the zero effect line indicating potential harm at around 4 hours after symptom onset for the dichotomized functional independence and beyond 4 hours for the mRS shift analysis (aOR 0.90, 95% CI 0.58 to 1.39). Nevertheless, given the point estimates of all trials on this topic,^{5 6 18 19} the pathophysiology of ischemic stroke and IVT, as well as the low power of the subgroup analysis,¹⁵ it is possible that we missed a clinically important effect. Hence, this analysis should

be repeated in an individual patient meta-analysis of comparable trials on bridging IVT.

No interaction could be detected with the secondary safety outcomes, and pharmacological and technical efficacy. However, a sub-analysis of the DEVT trial recently reported an association of bridging IVT with increased early reperfusion when MT was delayed more than approximately half an hour.²⁰

Analysis of in-hospital delays revealed a potential heterogeneity of treatment effect of IVT regarding mortality and mRS shift analysis, with a larger proportional benefit seen when DTN was shorter. However, the credibility of those subgroup effects is unclear because of multiple testing and hence, this finding might be due to chance.¹⁶ Nevertheless, since the anticipated direction of the effect and the pathophysiology support such heterogeneity, we suggest a re-analysis in an individual patient meta-analysis of the trials mentioned above. In a bigger dataset, potentially relevant subgroups such as tandem lesions should be specifically addressed.²

The meta-analysis of the trials on MT²¹ also found a time-to-treatment interaction for in-hospital delays, but not for overall delays from symptom onset. Possible reasons include a stronger association of in-hospital delays with outcome, the time-reset effect of imaging-based inclusion,²² uncertain trustworthiness of pre- versus in-hospital time workflow information, and non-linear ischemic core growth over time.^{23 24}

Strengths and limitations

Strengths include good overall data quality within the setting of the randomized prospective international multicenter SWIFT-DIRECT trial and a prespecified, deposited statistical analysis plan with defensive interpretation according to recommendations for subgroup analysis of randomized trials. Limitations are mainly related to the fact that the study was neither designed nor powered to detect an interaction effect—that is, assuming the observed correlations from the main study, odds ratios lower than 0.6 would be necessary to reach a power of 80%. Since imaging selection (ASPECTS) was used in the enrolled patients, the time effects observed are likely to be less pronounced than those that would occur in the overall population of patients with large-vessel occlusion in the absence of imaging selection.

CONCLUSIONS

This subgroup analysis found no evidence that the effect of bridging IVT on functional independence is modified by overall or in-hospital treatment delays. Considering the low statistical power of this subgroup analysis, a clinically important effect could have been missed. Nevertheless, exploratory analysis regarding secondary clinical outcomes indicated a potentially favorable effect of IVT associated with shorter in-hospital delays. Until further evidence regarding potential heterogeneity of the IVT effect size before MT becomes available from individual patient meta-analysis of comparable trials, IVT should be given to eligible patients and neither OTN nor DTN should influence treatment decisions regarding bridging IVT.

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REFERENCES

- Lin C-H, Saver JL, Ovbiagele B, *et al*. Endovascular thrombectomy without versus with intravenous thrombolysis in acute ischemic stroke: a non-inferiority meta-analysis of randomized clinical trials. *J Neurointerv Surg* 2022;14:227–32.
- Anadani M, Marnat G, Consoli A, *et al*. Endovascular therapy with or without intravenous thrombolysis in acute stroke with tandem occlusion. *J Neurointerv Surg* 2022;14:314–20.
- Zi W, Qiu Z, Li F, *et al*. Effect of endovascular treatment alone vs intravenous alteplase plus endovascular treatment on functional independence in patients with acute ischemic stroke. *JAMA* 2021;325:234–43.
- Yang P, Zhang Y, Zhang L, *et al*. Endovascular thrombectomy with or without intravenous alteplase in acute stroke. *N Engl J Med* 2020;382:1981–93.
- LeCouffe NE, Kappelhof M, Treurniet KM, *et al*. A randomized trial of intravenous alteplase before endovascular treatment for stroke. *N Engl J Med* 2021;385:1833–44.
- Suzuki K, Matsumaru Y, Takeuchi M, *et al*. Effect of mechanical thrombectomy without vs with intravenous thrombolysis on functional outcome among patients with acute ischemic stroke: the SKIP randomized clinical trial. *JAMA* 2021;325:244–53.
- Fischer U, Kaesmacher J, Strbian D, *et al*. Thrombectomy alone versus intravenous alteplase plus thrombectomy in patients with stroke: an open-label, blinded-outcome, randomised non-inferiority trial. *Lancet* 2022;400:104–15.
- Kaesmacher J, Mujanovic A, Treurniet K, *et al*. Perceived acceptable uncertainty regarding comparability of endovascular treatment alone versus intravenous thrombolysis plus endovascular treatment. *J Neurointerv Surg* 2022. doi:10.1136/neurintsurg-2022-018665. [Epub ahead of print: 01 Mar 2022].
- Turc G, Tsigoulis G, Audebert HJ, *et al*. European Stroke Organisation – European Society for Minimally Invasive Neurological Therapy expedited recommendation on indication for intravenous thrombolysis before mechanical thrombectomy in patients with acute ischaemic stroke and anterior circulation large vessel occlusion. *Eur Stroke J* 2022;7:1–XXVI.
- Emberson J, Lees KR, Lyden P, *et al*. Effect of treatment delay, age, and stroke severity on the effects of intravenous thrombolysis with alteplase for acute ischaemic stroke: a meta-analysis of individual patient data from randomised trials. *Lancet* 2014;384:1929–35.
- Fischer U, Kaesmacher J, Plattner P S. SWIFT DIRECT: Solitaire™ with the intention for thrombectomy plus intravenous t-PA versus DIRECT Solitaire™ stent-retriever thrombectomy in acute anterior circulation stroke: methodology of a randomized, controlled, multicentre study. *Int J Stroke* 2021;0:1–8.
- Meinel TR, Fischer U, Bütikofer L. Data analysis plan. Available: <https://osf.io/4npxr/>
- Liebeskind DS, Bracard S, Guillemin F, *et al*. eTICI reperfusion: defining success in endovascular stroke therapy. *J Neurointerv Surg* 2019;11:433–8.
- Ebinger M, Kunz A, Wendt M, *et al*. Effects of golden hour thrombolysis: a prehospital acute neurological treatment and optimization of medical care in stroke (PHANTOM-S) substudy. *JAMA Neurol* 2015;72:25–30.
- Kent DM, Steyerberg E, van Klaveren D. Personalized evidence based medicine: predictive approaches to heterogeneous treatment effects. *BMJ* 2018;363:k4245.
- Schandelmaier S, Briel M, Varadhan R, *et al*. Development of the instrument to assess the credibility of effect modification analyses (ICEMAN) in randomized controlled trials and meta-analyses. *CMAJ* 2020;192:E901–6.
- Emberson J, Lees KR, Lyden P, *et al*. Effect of treatment delay, age, and stroke severity on the effects of intravenous thrombolysis with alteplase for acute ischaemic stroke: a meta-analysis of individual patient data from randomised trials. *Lancet* 2014;384:1929–35.
- Yang P, Zhang Y, Zhang L, *et al*. Endovascular thrombectomy with or without intravenous alteplase in acute stroke. *N Engl J Med* 2020;382:1981–93.
- Zi W, Qiu Z, Li F, *et al*. Effect of endovascular treatment alone vs intravenous alteplase plus endovascular treatment on functional independence in patients with acute ischemic stroke: the DEVT randomized clinical trial. *JAMA* 2021;325:234–43.
- Zhou Y, Zhang L, Ospel J, *et al*. Association of intravenous alteplase, early reperfusion, and clinical outcome in patients with large vessel occlusion stroke: post hoc analysis of the randomized DIRECT-MT trial. *Stroke* 2022;53:1828–36.
- Saver JL, Goyal M, van der Lugt A, *et al*. Time to treatment with endovascular thrombectomy and outcomes from ischemic stroke: a meta-analysis. *JAMA* 2016;316:1279–88.
- Fiehler J. The time-reset effect: thrombectomy trials challenge the existence of a time window. *Clin Neuroradiol* 2017;27:3–5.
- Saver JL. Time is brain—quantified. *Stroke* 2006;37:263–6.
- Jung S, Gilgen M, Slotboom J, *et al*. Factors that determine penumbral tissue loss in acute ischaemic stroke. *Brain* 2013;136:3554–60.

Online Supplement

**Time to Treatment With Bridging Intravenous Alteplase Prior to Endovascular
Treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial**

Table S1 - Baseline characteristics by dichotomized time from ED door to needle (DTN).

	Time from ED door to needle		P-value
	0-1 h (N = 255)	>1 h (N = 153)	
	N*	N*	
Age at inclusion - median (IQR)	255	153	0.36
Female sex - no. (%)	255	153	0.13
NIHSS - median (IQR)	255	153	0.11
Pre-stroke mRS - no. (%)	255	153	0.45
0			
1	212 (83.1%)	134 (87.6%)	
4	42 (16.5%)	19 (12.4%)	
Weight (kg) - median (IQR)	234	148	0.76
Systolic blood pressure (mmHg) - median (IQR)	251	152	0.10
Diastolic blood pressure (mmHg) - median (IQR)	248	152	0.92
Heart rate (beats per minute) - median (IQR)	246	151	0.84
Previous ischemic stroke - no. (%)	243	151	1.00
Previous transient ischemic attack - no. (%)	239	150	1.00
History of hypertension - no. (%)	249	149	0.60
History of atrial fibrillation - no. (%)	238	149	0.16
History of hypercholesterolemia - no. (%)	238	149	1.00
Previous intracerebral hemorrhage - no. (%)	247	150	0.53
Prior myocardial infarction - no. (%)	241	149	0.87
Warfarin or other anticoagulant - no. (%)	255	153	0.30
Aspirin - no. (%)	255	153	0.24
Statine or other lipid lowering agent - no. (%)	255	153	1.00
Blood glucose level (mmol/L) - median (IQR)	245	140	0.57
International normalized ratio (INR) - median (IQR)	216	104	0.045
Platelet count x 10 ⁹ /L - median (IQR)	254	151	0.25
Hemoglobin (g/L) - median (IQR)	255	153	0.65
Glomerular filtration rate (mL/min) - median (IQR)	255	153	0.75
Baseline imaging - no. (%)	255	153	<0.001
CT	164 (64.3%)	41 (26.8%)	
MRI	90 (35.3%)	110 (71.9%)	
both	1 (0.4%)	2 (1.3%)	
ASPECTS (core lab) - median (IQR)	254	153	0.20
Baseline intracranial occlusion site - no. (%)	255	153	0.53
Distal ICA - I	10 (3.9%)	6 (3.9%)	
Distal ICA - I and M1	1 (0.4%)	1 (0.7%)	
Distal ICA - L	29 (11.4%)	25 (16.3%)	
Distal ICA - T	31 (12.2%)	14 (9.2%)	
Distal M1	72 (28.2%)	53 (34.6%)	
Distal M2	3 (1.2%)	1 (0.7%)	
Proximal M1	97 (38.0%)	47 (30.7%)	
Proximal M2	12 (4.7%)	6 (3.9%)	
Tandem lesion - no. (%)	255	153	0.21

N*: number of patients with non-missing data

Table S2 - Sensitivity analysis using individual time to IVT bolus for patients who received IVT.

Time	Outcome category	Outcome	aOR for MT alone per 1-hour delay with 95%-CI*	aOR of interaction per 1-hour delay with 95%-CI**
Onset-to-Needle time: Time from symptom onset or last known well to IVT bolus for patients receiving IVT and expected time for those not receiving IVT	Efficacy	mRS 0-2 (primary), day 90	0.85, 0.60 - 1.22	0.72, 0.43 - 1.22
		mRS decrease (better outcome), day 90	0.80, 0.59 - 1.10	0.86, 0.56 - 1.33
		Mortality, day 90	1.61, 0.95 - 2.73	1.01, 0.43 - 2.37
	Safety	Any ICH on 24h imaging	1.31, 0.91 - 1.90	1.42, 0.83 - 2.42
		Symptomatic ICH on 24h imaging	1.15, 0.43 - 3.11	0.67, 0.17 - 2.61
	Pharmacological efficacy	Preinterventional reperfusion success (cs-eTICI \geq 2a)	0.99, 0.41 - 2.43	1.66, 0.57 - 4.77
		Time-to-reperfusion	0.73, 0.60 - 0.89	1.14, 0.87 - 1.51
		Final reperfusion success (cs-eTICI \geq 2b)	0.78, 0.45 - 1.37	0.94, 0.33 - 2.73
	Door-to-Needle time: Time from arrival at the emergency department door to IVT bolus for patients receiving IVT and expected time for those not receiving IVT	Efficacy	mRS 0-2 (primary), day 90	1.39, 0.57 - 3.39
mRS decrease (better outcome), day 90			1.70, 0.82 - 3.52	0.35, 0.14 - 0.91
Mortality, day 90			0.19, 0.03 - 1.01	12.4, 1.4 - 110.5

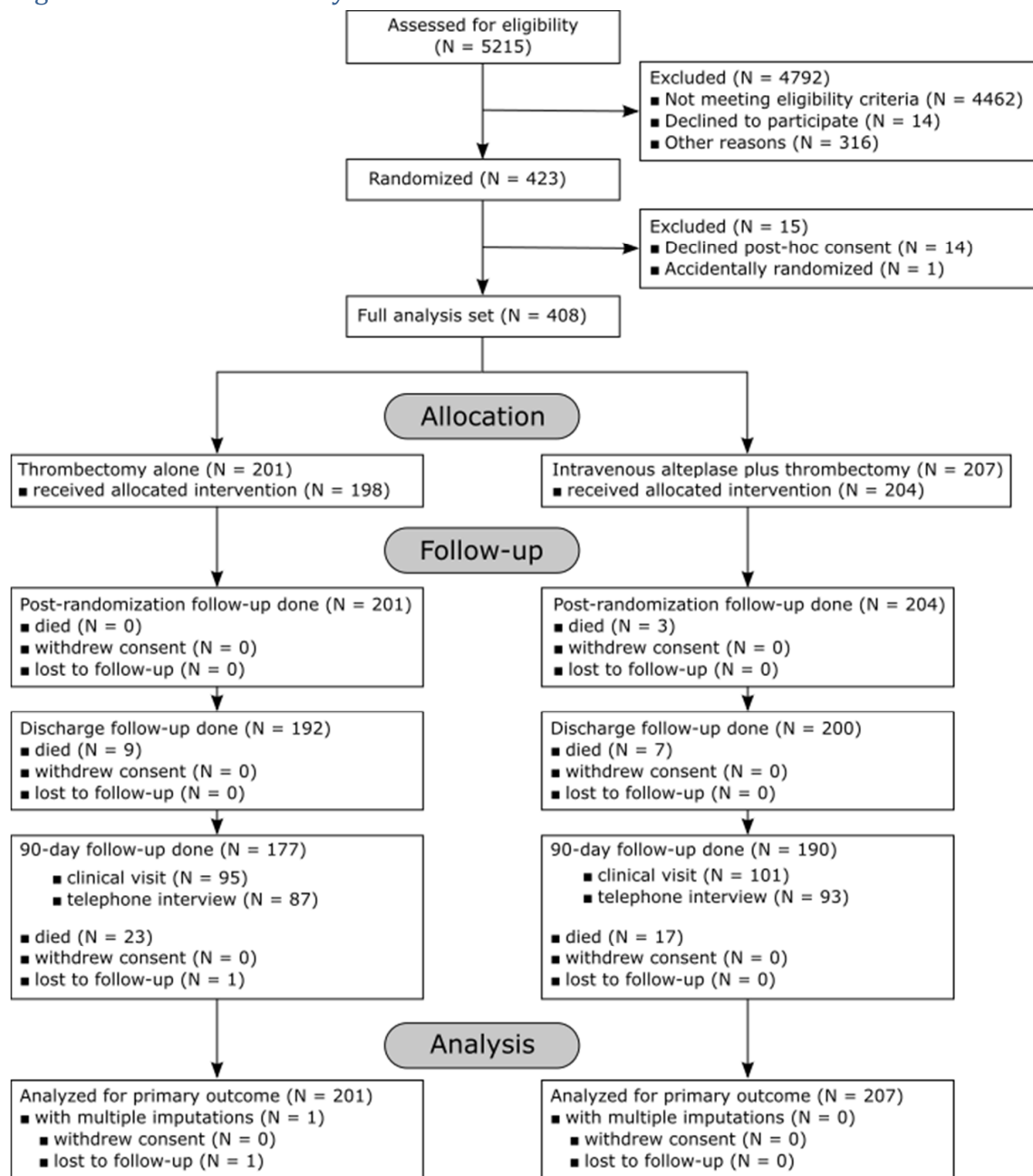
	Safety	Any ICH on 24h imaging	0.87, 0.35 - 2.17	1.18, 0.36 - 3.80
		Symptomatic ICH on 24h imaging	0.71, 0.05 - 11.03	3.75, 0.16 - 85.94
	Pharmacological efficacy	Preinterventional reperfusion success (cs-eTICI \geq 2a)	2.30, 0.36 - 14.55	0.71, 0.08 - 5.98
		Time-to-reperfusion	0.39, 0.25 - 0.61	0.88, 0.48 - 1.60
		Final reperfusion success (cs-eTICI \geq 2b)	1.75, 0.37 - 8.22	0.39, 0.04 - 3.91

mRS: modified Rankin Scale; aOR: adjusted odds ratio; ICH: intracranial hemorrhage

*The aOR for MT alone indicates the effect of one hour delay on the outcome in the MT group assuming a linear effect.

**The aOR indicates the interaction term of assignment to IVT+MT (as compared to MT alone) and one hour delay and group assignment assuming a linear effect.

Figure S1 – CONSORT study flow-chart



Other reasons for exclusion were absence of the study team (n=237), inclusion in a competing trial (n=10), deemed not suitable for Solitaire stent-retriever/thrombectomy by the local operator (n=23), out of working hours presentation (n=41), and an individual decision by the stroke consultant to prioritize thrombolysis (n=5).

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Date: 7/5/2022

Your Name: Jean François Albucher

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Date: 7/5/2022

Your Name: Marcel Arnold

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

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Date: 7/5/2022

Your Name: Charlotte Barbier

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Date: 7/5/2022

Your Name: Simon Escalard

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

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Date: 7/5/2022

Your Name: Marti Boix

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months									
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Marion Boulanger

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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		<input type="text"/>	<input type="text"/>
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Romain Bourcier

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Lukas Bütikofer

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Emmanuel Carrera

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		grants from the Swiss Heart Foundation and Swiss National Science Foundation, not related to present study	
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Date: 7/5/2022

Your Name: René Chapot

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Christoph Cognard

Manuscript Title: **Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial**

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Arturo Consoli

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Guillaume Costentin

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Jean Darcourt

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Lucie Della Schiava

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Sandro Deppeler

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Hans-Christoph Diener

Manuscript Title: **Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial**

Manuscript Number (if known): neurintsurg-2022-019207.R1

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		Abbott,	Novo-Nordisk,
		BMS,	Pfizer,
		Boehringer Ingelheim,	Portola and
		Daiichi Sankyo,	WebMD Global
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		research grants from the German Research Council (DFG) and German Ministry of Education and Research (BMBF).	
		editor of <i>Neurologie up2date</i> , <i>Info Neurologie & Psychiatrie</i> , <i>Arzneimitteltherapie</i> , as co-editor of <i>Cephalalgia</i> and on the editorial board of <i>Lancet Neurology and Drugs</i> .	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Omer Faruk Eker

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Marielle Ernst

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Simon Escalard

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Urs Fischer

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
		financial support for the present study from Medtronic. SWIFT DIRECT is an investigator-initiated trial. The sponsor was not involved in the final study design, protocol, conduct, evaluation of results or preparation of the manuscript	Swiss Heart Foundation
		Medtronic BEYOND SWIFT registry,	
		Swiss National Science Foundation,	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Medtronic,	Idorsia,;
		Siemens, Genentech,	Vesalio
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Medtronic,	
		Stryker and	
		CSL Behring	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		IN EXTREMIS trial	
		TITAN trial and	
		Portola (Alexion)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Vice Presidency of the Swiss Neurological Society	
		UF is a member of the editorial board of JNIS.	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Michael T Froehler

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: Since the initial planning of the work															
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Medtronic,</td><td>Idorsia,;</td></tr> <tr><td>Siemens,</td><td>Vesalio</td></tr> <tr><td>Genentech,</td><td></td></tr> </table>	Medtronic,	Idorsia,;	Siemens,	Vesalio	Genentech,		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
Medtronic,	Idorsia,;														
Siemens,	Vesalio														
Genentech,															
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Genentech,	
		Balt USA,	
		Cerenovus,;	
		Oculus Imaging	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Balt USA,..	
		Jacobs Institute,	
		Imperative Care	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Anthony J. Furlan

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
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		<input type="text"/>	<input type="text"/>
		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Alvaro Garcia-Tornel

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Jean Christophe Gentric

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Benjamin Gory

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Jan Gralla

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Benoit Guillon

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Kevin Janot

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Johannes Kaesmacher

Manuscript Title: **Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial**

Manuscript Number (if known): neurintsurg-2022-019207.R1

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		financial support for the present study from Medtronic. SWIFT DIRECT is an investigator-initiated trial. The sponsor was not involved in the final study design, protocol, conduct, evaluation of results or preparation of the manuscript	Swiss Academy of Medical Sciences research grant supporting MRI research (fees paid to institution);
		Medtronic for the BEYOND SWIFT Registry (fees paid to institution);	Swiss Heart Foundation research grant supporting cardiac MRI in the etiological workup of stroke patients (fees paid to institution).
		research grant from the Swiss National Science Foundation supporting the TECNO trial (fees paid to institution);	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Zsolt Kulcsar

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Alexander Luft

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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		Cerenovus,.	Rapid Medical
		Genentech,	
		Medtronic, Stryker	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Jan Liman

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Alexander Luft

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

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Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Bayer AG;	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Moleac Pte, Singapore.	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Paolo Machi

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							Click the tab key to add additional rows.
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Gautier Marnat

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Stryker Neurovascular;	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medtronic	
		Microvention Europe	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Laura Mechtouff

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Thomas R Meinel

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Pasquale Mordasini

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1"> <tr> <td>Swiss National Science Foundation,</td> <td></td> </tr> <tr> <td>Swiss Heart Foundation</td> <td></td> </tr> <tr> <td>and Medtronic Research Grant</td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Swiss National Science Foundation,		Swiss Heart Foundation		and Medtronic Research Grant	Click the tab key to add additional rows.
Swiss National Science Foundation,								
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and Medtronic Research Grant	Click the tab key to add additional rows.							
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Medtronic,;	
		Stryker	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medtronic	
		Stryker	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Microvention	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Solène Moulin

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months			
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Omid Nikoubashman

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>							

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Phenox	
		Stryker	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Microvention	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Paolo Pagano

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Chrysanthi Papagiannaki

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Vitor Mendes Pereira

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Waltraud Pfeilschifter

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		LAERDAL medical,	Stryker Neurovascular
		Alexion,	
		Pfizer-BMS,	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		LAERDAL medical,	Stryker Neurovascular
		Alexion,	
		Pfizer-BMS	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Aleksandra Pikula

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months			
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		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Michel Piotin

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Raoul Pop

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Silja Rätty

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Arno Reich

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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		<input type="text"/>	<input type="text"/>

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Manuel Requena

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None													
		<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None													
		<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None													
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Medtronic,	Apta Targets
		Stryker,	
		Cerenovus, Philips and	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Ischemia View	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Sensome	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Anaconda Biomed,	
		CVAid and	
		Methinks	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Sébastien Richard

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Suzana Saleme

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Guillaume Saliou

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 70%; height: 20px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Jeffrey Saver

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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funding for the present manuscript from Medtronic											
Time frame: past 36 months											
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>					<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Cerenovus	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		MIVI	
		Phillips	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Rapid Medical	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Gerli Sibolt

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Igor Sibon

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> <small>Click the tab key to add additional rows.</small>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Sanofi Synthé-Labo,	Novonordisk and
		Servier,	Medtronic
		Boheringer Ingelheim, AstraZeneca,	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Sanofi Synthé-Labo,	AstraZeneca and.
		Medtronic,	BMS-Pfizer
		Boheringer Ingelheim,	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Adnan H. Siddiqui

Manuscript Title: **Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial**

Manuscript Number (if known): neurintsurg-2022-019207.R1

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		NIH - 1R01EB030092-01, Project Title: High Speed Angiography at 1000 frames per second; Mentor for Brain Aneurysm Foundation Carol W. Harvey Chair of Research, Sharon Epperson Chair of Research, Project Title: A Whole Blood RNA Diagnostic for Unruptured Brain Aneurysms: Risk Assessment Prototype Development and Testing	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None Amnis Therapeutics, Apellis Pharmaceuticals, Inc., Boston Scientific, Canon Medical Systems USA, Inc., Cardinal Health 200, LLC, Cerebrotech Medical Systems, Inc., Cerenovus, Cerevatech Medical, Inc., Cordis, Corindus, Inc., Endostream Medical, Ltd, Imperative Care, InspireMD, Ltd., Integra, IRRAS AB, Medtronic, MicroVention, Minnetronix Neuro, Inc., Peijia Medical, Penumbra, Q'Apel Medical, Inc., Rapid Medical, Serenity Medical, Inc., Silk Road Medical, StimMed, LLC, Stryker Neurovascular, Three Rivers Medical, Inc., VasSol , Viz.ai, Inc (payments made to AHS);	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		Adona Medical, Inc., Amnis Therapeutics, Bend IT Technologies, Ltd., BlinkTBI , Inc , Cerebrotech Medical Systems, Inc., Cerevatech Medical, Inc., Cognition Medical, CVAID Ltd., E8, Inc., Endostream Medical, Ltd, Galaxy Therapeutics, Inc., Imperative Care, Inc., InspireMD, Ltd., Instylla , Inc., International Medical Distribution Partners, Launch NY, Inc., NeuroRadial Technologies, Inc., NeuroTechnology Investors, Neurovascular Diagnostics, Inc., Peijia Medical, PerFlow Medical, Ltd., Q'Apel Medical, Inc., QAS.ai, Inc., Radical Catheter Technologies, Inc., Rebound Therapeutics Corp. (Purchased 2019 by Integra Lifesciences, Corp), Rist Neurovascular, Inc. (Purchased 2020 by Medtronic), Sense Diagnostics, Inc., Serenity Medical, Inc., Silk Road Medical, Sim & Cure, SongBird Therapy, Spinnaker Medical, Inc., StimMed , LLC, Synchron , Inc., Three Rivers Medical, Inc., Truvic Medical, Inc., Tulavi Therapeutics, Inc., Vastrax , LLC, VICIS, Inc., Viseon, Inc. (payments made to AHS)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Secretary – Board of the Society of NeuroInterventional Surgery 2020-2021 (unpaid) Chair – Cerebrovascular Section of the AANS/CNS 2020-2021 (unpaid); : National PI/Steering Committees: Cerenovus EXCELLENT and ARISE II Trial; Medtronic SWIFT PRIME, VANTAGE, EMBOLISE and SWIFT DIRECT Trials; MicroVention FRED Trial & CONFIDENCE Study; MUSC POSITIVE Trial; Penumbra 3D	

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Separator Trial, COMPASS Trial, INVEST Trial, MIVI neuroscience EVAQ Trial; Rapid Medical SUCCESS Trial; InspireMD C-GUARDIANS IDE Pivotal Trial (payments made to AHS).	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Daniel Strbian

Manuscript Title: **Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial**

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: David Weisenburger Lile

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Martin Wiesmann

Manuscript Title: **Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial**

Manuscript Number (if known): neurintsurg-2022-019207.R1

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Stryker Neurovascular															
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4	Consulting fees	<input type="checkbox"/> None	
		Stryker Neurovascular	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Stryker Neurovascular, Bracco Imaging	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Ab medica,	Cerenovus,
		Acandis,	Kaneka Pharmaceuticals,
		Bracco Imaging,	Medtronic,
		Mentice AB,	Phenox,
Stryker Neurovascular			
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		German Society of Neuroradiology (DGNR) Board member	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Liqun Zhang

Manuscript Title: Time to treatment with bridging intravenous alteplase prior to endovascular treatment – subanalysis of the randomized controlled SWIFT-DIRECT trial

Manuscript Number (if known): neurintsurg-2022-019207.R1

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