

Supplemental Material

To ensure independent interpretation of clinical study results, Boehringer Ingelheim grants all external authors access to all relevant material, including participant-level clinical study data, and relevant material as needed by them to fulfill their role and obligations as authors under the ICMJE criteria.

Furthermore, clinical study documents (e.g. study report, study protocol, statistical analysis plan) and participant clinical study data are available to be shared after publication of the primary manuscript in a peer-reviewed journal and if regulatory activities are complete and other criteria met per the BI Policy on Transparency and Publication of Clinical Study Data: https://trials.boehringer-ingelheim.com/transparency_policy.html

Prior to providing access, documents will be examined, and, if necessary, redacted and the data will be de-identified, to protect the personal data of study participants and personnel, and to respect the boundaries of the informed consent of the study participants.

Clinical Study Reports and Related Clinical Documents can be requested via this link: https://trials.boehringer-ingelheim.com/trial_results/clinical_submission_documents.html All such requests will be governed by a Document Sharing Agreement.

Bona fide, qualified scientific and medical researchers may request access to de-identified, analysable participant clinical study data with corresponding documentation describing the structure and content of the datasets. Upon approval, and governed by a Data Sharing Agreement, data are shared in a secured data-access system for a limited

period of 1 year, which may be extended upon request.

Researchers should use <https://clinicalstudydatarequest.com> to request access to study data.

Supplementary Table I Major inclusion and exclusion criteria

Main inclusion criteria

Diagnosis of acute ischemic stroke

Aged 18-80 years

Study drug administration could be initiated within 3 to 4.5 hr after stroke onset

Main exclusion criteria

Intracranial hemorrhage on the cerebral computed tomographic (CT) or magnetic resonance imaging (MRI) or symptoms suggestive of subarachnoid hemorrhage, even if the CT/MRI scan was normal

Significant trauma or major surgery within the previous 3 months

Severe stroke as assessed clinically (e.g. National Institutes of Health Stroke Scale [NIHSS] >25) and/or imaging demonstrates stroke involving >1/3 cerebral hemisphere

Symptoms rapidly improving or only minor before start of infusion

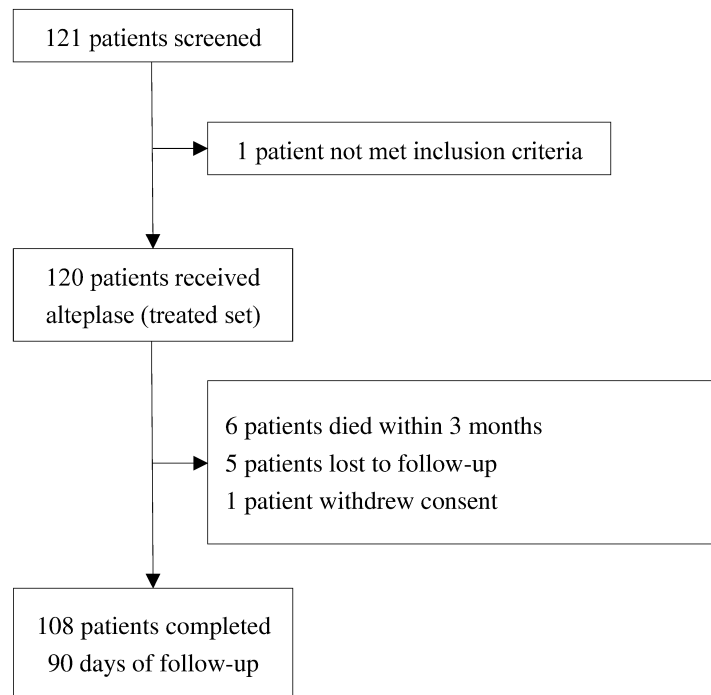
Severe uncontrolled arterial hypertension, e.g., systolic blood pressure >185 mmHg or diastolic blood pressure >110 mmHg, or aggressive management (intravenous medication) necessary to reduce BP to these limits

Blood glucose <50 mg/dL or >400 mg/dL

Prior stroke within the previous 3 months or prior stroke with concomitant diabetes

Seizure at stroke onset

Any known disorders associated with an increased risk of bleeding



Supplementary Figure I Patient disposition

Caption : Comparison of the function outcome by the 3-mon mRS in this trial to the matched ECASS III trial arms using PSM method at a 1:1:1 ratio. The proportion of favorable outcome was 63.3% in this trial, as compared to 61.7% in the matched ECASS III trial alteplase arm (OR 1.07, 95% CI, 0.64–1.81) and 56.7% in the matched placebo arm (OR 1.32, 95% CI, 0.79–2.22). mRS, modified Rankin Scale; PSM, Propensity Score Matching