Original research

Poor clinical outcome despite successful basilar occlusion recanalization in the early time window: incidence and predictors

Raoul Pop ,[1,2,3] Stephanos Nikolaos Finitsis ,[4] Caroline Arquizan,[5] Mahmoud Elhorany,[6] Olivier Naggara,[7] Jean Darcourt,[8] Frédéric Clarençon,[9,10] Sébastien Richard ,[11] Gaultier Marnat ,[12] Romain Bourcier,[13] Igor Sibon,[14] Cyril Dargazanli,[15] Raphaël Blanc ,[16] Bertrand Lapergue,[17,18] Arturo Consoli ,[19,20] Francois Eugene ,[21] Stephane Vannier,[22] Jildaz Caroff ,[23] Christian Denier,[24] Marion Boulanger,[25] Maxime Gauberti,[26] Aymeric Rouchaud ,[27,28] Francisco Macian,[29] Charlotte Rosso,[30] Guillaume Turc ,[31] Ozlem Ozkul-Wermester,[32] Jean François Albucher,[33] Anthony Le Bras ,[34,35] Sarah Evain,[36] Valerie Wolff,[37] Serge Timsit,[38] Jean-Christophe Gentric,[39] Frédéric Bourdain,[40] Louis Veunac,[41] Chrysanthi Papagiannaki ,[42] Benjamin Gory,[43,44] the ETIS Registry Investigators

► Additional supplemental material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/neurintsurg-2022-018769).

For numbered affiliations see end of article.

Correspondence to
Dr Raoul Pop, Interventional Neuroradiology, University Hospitals Strasbourg, Strasbourg, France; pop.raoul@gmail.com

Received 2 February 2022
Accepted 3 April 2022
Published Online First 15 April 2022

To cite: Pop R, Finitsis SN, Arquizan C, *et al*. *J NeuroIntervent Surg* 2023;**15**:415–421.

ABSTRACT

Background Endovascular treatment (EVT) for basilar artery occlusions (BAO) is associated with a higher rate of futile recanalization compared with anterior circulation procedures. We aimed to identify the incidence and predictors of poor clinical outcome despite successful reperfusion in current clinical practice.

Methods We used data from the ETIS (Endovascular Treatment in Ischemic Stroke) registry, a prospective multicenter observational registry of stroke treated with EVT in France. Patients undergoing EVT for acute BAO from January 2014 to May 2019 successfully treated within 8 hours from onset were included. Predictors of 90-day poor outcome (modified Rankin Scale (mRS) 4–6) were researched within patients with successful (modified Thrombolysis In Cerebral Infarction (mTICI 2b-3)) and excellent (mTICI 2c-3) reperfusion.

Results Among 242 patients treated within 8 hours, successful reperfusion was achieved in 195 (80.5%) and excellent reperfusion in 120 (49.5%). Poor outcome was observed in 107 (54.8%) and 60 (50%) patients, respectively. In patients with successful early reperfusion, age, higher initial National Institutes of Health Stroke Scale (NIHSS) score, lower posterior circulation Alberta Stroke Programme Early CT Score (pc-ASPECTS), and absence of prior intravenous thrombolysis were independent predictors of poor outcome. The only treatment factor with an independent predictive value was first-pass mTICI 2b-3 reperfusion (adjusted OR 0.13, 95% CI 0.05 to 0.37, p<0.001). In patients with excellent early reperfusion, independent predictors were age, initial NIHSS score, first-pass mTICI 2c-3 reperfusion, and hemorrhagic transformation on post-interventional imaging.

Conclusions Early successful reperfusion with EVT occurred in 80.5% of patients, and the only treatment-related factor predictive of clinical outcome was first pass mTICI 2b-3 reperfusion. Further research is warranted to identify the optimal techniques and devices associated with first pass reperfusion in the posterior circulation.

Key messages

What is already known on this topic

⇒ The proportion of patients with basilar artery occlusion who achieve favorable clinical outcome after endovascular therapy remains relatively low, despite high rates of arterial recanalisation within the early time window.

What this study adds

⇒ First pass reperfusion is a strong predictor of clinical outcome after endovascular treatment of basilar occlusions. In this study, it was the only treatment related factor with independent predictive value.

How this study might affect research, practice or policy

⇒ Further research is warranted to identify the optimal techniques and devices associated with first pass reperfusion in the posterior circulation.

INTRODUCTION

Basilar artery occlusion (BAO) stroke is associated with high rates of functional dependency and mortality.[1 2] Endovascular treatment (EVT) is the standard of care for large vessel occlusion in the anterior circulation; however, conclusive evidence of clinical benefit in posterior circulation strokes is still lacking because these patients were excluded from the pivotal thrombectomy trials.[3]

Two randomized clinical trials[4 5] failed to demonstrate a clinical benefit of EVT for BAO. In both of these trials—BASICS (Basilar Artery International Cooperation Study) and BEST (Basilar Artery Occlusion Endovascular Intervention Versus Standard Medical Treatment)—there was a relatively low proportion of good clinical outcome despite treatment in the early time window (up to 6 hours from symptom onset in BASICS, up to 8 hours in BEST) and relatively high reperfusion rates achieved in the EVT arms (Thrombolysis In Cerebral Infarction (TICI) 2b-3: 72% in BASICS, 71% in BEST). Good outcome, defined as 90-day modified Rankin Scale (mRS) score 0–3, was obtained in 44.2% and 44% of cases, respectively.

Similar clinical results have been observed in retrospective studies. Zi *et al*[6] reported a large prospective multicentric cohort including 647 patients treated with EVT for BAO. Most patients were treated in the early time window (71.6% within 6 hours, 87.1% within 9 hours), and TICI 2b-3 reperfusion was obtained in 80.7% of patients; however, a good outcome was observed in only 32% of cases.

Moreover, when compared with anterior circulation procedures, EVT for BAO could be associated with a higher rate of futile recanalization.[7] Therefore, a better understanding of baseline and procedural factors associated with futile recanalization could potentially improve patient selection for future clinical trials and provide guidance in current clinical practice.

The ETIS (Endovascular Treatment in Ischemic Stroke) registry is a prospective multicentric observational cohort of patients treated with EVT for acute stroke in French comprehensive stroke centers. We aimed to investigate the incidence and predictors of poor outcome despite successful reperfusion of BAO with EVT, with or without prior thrombolysis, in patients treated within 8 hours after onset.

METHODS

Data were extracted from the ETIS (NCT03776877) registry, a prospective, open, multicenter, observational registry for endovascular stroke interventions performed at 18 participating tertiary stroke centers in France. Patients were selected for EVT using local institutional protocols, without prespecified inclusion or exclusion criteria. Patients who underwent EVT for acute BAO from January 2014 to May 2019 were included in the study if: (1) BAO was angiographically proven; (2) femoral puncture was performed within 480 min from symptom onset; and (3) successful reperfusion was achieved at the end of EVT. Early treatment window was defined as the time from symptom onset to femoral puncture ≤8 hours. Successful reperfusion and excellent reperfusion were defined as modified TICI (mTICI) scales of 2b-3 and 2c-3, respectively, at the end of the procedure. Procedures and follow-up were carried out using standard-of-care recommendations. Patients' baseline clinical and radiologic characteristics, procedure details, and outcomes were collected using standardized definitions.

Outcomes

The primary outcome was clinical status at 90 days. Poor outcome was defined as mRS 4–6. Hemorrhagic transformation at day 1 was quantified according to ECASS criteria (European Cooperative Acute Stroke Study). Functional outcome at 3 months was assessed by board-certified vascular neurologists during a routinely scheduled clinical visit or by a study nurse certified in administering the mRS during a standardized telephone interview if the patient was unable to attend a clinic visit. Imaging variables, including mTICI scores, were adjudicated by interventionists in the respective centers.

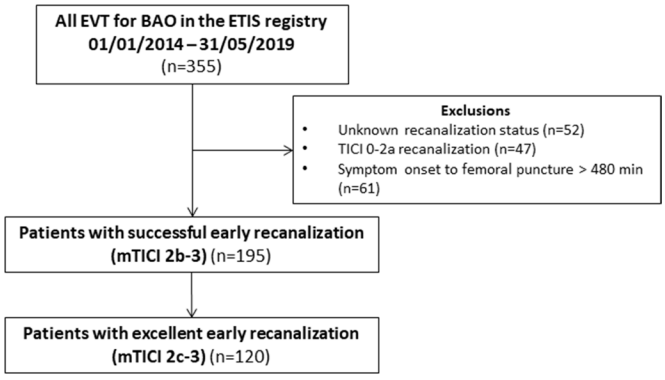


Figure 1 Patient selection flowchart. BAO, basilar artery occlusions; ETIS, Endovascular Treatment in Ischemic Stroke; EVT, endovascular treatment; mTICI, modified Thrombolysis In Cerebral Infarction.

Statistical analysis

Quantitative variables are expressed as mean (SD) in case of normal distribution or median (IQR) otherwise. Categorical variables are expressed as numbers (percentage). Patients with successful reperfusion at the end of the procedure were divided into two groups according to clinical outcome at 3 months (mRS 4–6 vs mRS 1–3). Baseline characteristics were compared between these study groups using the Student t-test for Gaussian continuous variables, the Mann-Whitney U test for non-Gaussian continuous variables, or the χ^2 test (or Fisher exact test when the expected cell frequency was <5) for categorical variables, as appropriate. For identification of outcome predictors, multiple regression models were fitted using the Akaike and Bayesian information criterion (AIC and BIC). All baseline characteristics and procedural metrics were included in the multivariable analyses.[8] The same analyses were then performed in the group of patients with excellent reperfusion. Statistical testing was conducted at the two-tailed α level of 0.05. Data were analyzed using STATA software version 17 (StataCorp, TX).

RESULTS

Population

During the studied period, 355 patients who underwent EVT for BAO were identified in the ETIS registry. Figure 1 illustrates the flow chart of patient selection. Among patients with known reperfusion status, successful reperfusion was achieved in 84.4% (256/303). Successful reperfusion led to improved clinical outcomes: 45.1% of patients had favorable clinical outcome at 3 months compared with only 21% in case of failed (mTICI 0 to 2a) reperfusion (p=0.006). The rate of favorable clinical outcome was numerically lower in patients with mTICI 2b reperfusion compared with patients with excellent reperfusion (37.3% vs 50%); however, the difference did not reach statistical significance (p=0.103).

Contact aspiration was used as first line technique in the majority of cases (72.1%). Clinical outcome at 3 months was not significantly different according to the first line thrombectomy strategy: 44.1% favorable clinical outcome in the contact aspiration group versus 56.2% for stent retriever and 51.5% for combined technique (p=0.538).

EVT was initiated in the early time window (within 8 hours from symptom onset) and resulted in successful reperfusion in 80.5% (195/242) and excellent reperfusion in 49.5% (120/242). These two patient groups were included in the present study.

Baseline characteristics and procedural metrics according to clinical outcome are listed in table 1 for patients with successful

Table 1 Baseline characteristics and procedural metrics in patients with successful reperfusion (mTICI 2b-3)

	Good outcome (n=88)	Poor outcome (n=107)	All patients (n=195)	P value	Missing data/n (%)
Age, mean (SD)	62 (18)	68 (13)	65 (16)	0.013	0/195 (0.0)
Female sex, n (%)	39 (44.3)	38 (35.5)	77 (39.5)	0.211	0/195 (0.0)
Hypertension, n (%)	47 (53.4)	69 (65.7)	116 (60.1)	0.082	2/195 (1.0)
Hypercholesterolemia, n (%)	28 (31.8)	50 (48.1)	78 (40.6)	0.022	3/195 (1.5)
Diabetes mellitus, n (%)	13 (14.8)	28 (26.7)	41 (21.2)	0.044	2/195 (1.0)
Smoking, n (%)	21 (24.1)	26 (26.8)	47 (25.5)	0.679	11/195 (5.6)
Previous antiplatelet treatment, n (%)	14 (17.5)	23 (25.0)	37 (21.5)	0.232	23/195 (11.7)
Previous oral anticoagulants, n (%)	8 (10.0)	12 (13.0)	20 (11.6)	0.535	23/195 (11.7)
Baseline systolic BP, mean (SD)	149 (25)	152 (31)	150 (28)	0.529	58/195 (29.7)
Baseline diastolic BP, mean (SD)	84 (16)	81 (16)	82 (16)	0.256	59/195 (30.2)
Baseline glycemia (mmol/L), mean (SD)	8 (3)	8 (3)	8 (3)	0.892	67/195 (34.3)
Pre-stroke mRS ≤2, n (%)	12 (13.6)	19 (17.8)	31 (15.9)	0.434	0/195 (0.0)
Initial NIHSS score, median (IQR)	11 (12)	25 (29)	17 (22)	0.000	8/195 (4.1)
Admission mode, n (%)					
Drip and ship	49 (61.3)	58 (63.0)	107 (62.2)	0.809	23/195 (11.7)
Mothership	31 (38.8)	34 (37.0)	65 (37.8)		
Initial imaging modality, n (%)					
CT	16 (20.0)	39 (42.4)	55 (32.0)	0.002	23/195 (11.7)
MRI	64 (80.0)	53 (57.6)	117 (68.0)		
pc-ASPECTS score, median (IQR)	8 (2)	7 (2)	7 (3)	0.001	23/195 (11.7)
Stroke etiology, n (%)					
TOAST 1 (atheroma)	28 (56.0)	37 (47.4)	65 (50.8)	0.647	67/195 (34.3)
TOAST 2 (cardioembolic)	1 (2.0)	3 (3.8)	4 (3.1)		
TOAST 4 (dissection)	3 (6.0)	3 (3.8)	6 (4.7)		
TOAST 5 (unknown)	18 (36.0)	35 (44.9)	53 (41.4)		
Positive FLAIR MRI, n (%)	25 (43.1)	32 (66.7)	57 (53.8)	0.015	89/195 (45.6)
Intravenous thrombolysis, n (%)	48 (54.5)	35 (32.7)	83 (42.6)	0.002	0/195 (0.0)
First-line thrombectomy strategy, n (%)					
Contact aspiration	56 (68.3)	71 (75.5)	127 (72.2)	0.538	19/195 (9.7)
Stent retriever	9 (11.0)	7 (7.4)	16 (9.1)		
Combined	17 (20.7)	16 (17.0)	33 (18.8)		
Adjunctive treatment, n (%)					
None	74 (86.0)	72 (71.3)	146 (78.1)	0.080	8/195 (4.1)
Balloon angioplasty	2 (2.3)	10 (9.9)	12 (6.4)		
Intraprocedural antiplatelet treatment	1 (1.2)	5 (5.0)	6 (3.2)		
Antiplatelets and balloon angioplasty	6 (7.0)	11 (10.9)	17 (9.1)		
Stenting	3 (3.5)	3 (3.0)	6 (3.2)		
Number of passes, median (IQR)	1 (0)	2 (2)	1 (2)	0.000	10/195 (5.1)
Anesthesia type, n (%)					
General anesthesia	36 (40.9)	36 (33.6)	72 (36.9)	0.573	0/195 (0.0)
Conscious sedation	48 (54.5)	66 (61.7)	114 (58.5)		
Local anesthesia	4 (4.5)	5 (4.7)	9 (4.6)		
Onset to puncture (min), median (IQR)	268 (118)	289 (166)	270 (145)	0.170	0/195 (0.0)
Onset to imaging (min), median (IQR)	127 (77)	145 (95)	133 (90)	0.397	24/195 (12.3)
Imaging to puncture (min), median (IQR)	125 (96)	146 (118)	138 (107)	0.163	23/195 (11.7)

Continued

Table 1 Continued

	Good outcome (n=88)	Poor outcome (n=107)	All patients (n=195)	P value	Missing data/n (%)
Puncture to reperfusion (min), median (IQR)	40 (37)	48 (52)	45 (46)	0.042	1/195 (0.5)
mTICI 2c-3, n (%)	60 (68.2)	60 (56.1)	120 (61.5)	0.084	0/195 (0.0)
mTICI 3, n (%)	54 (61.4)	51 (47.7)	105 (53.8)	0.056	0/195 (0.0)
First pass mTICI 2b-3, n (%)	65 (77.4)	44 (44.9)	109 (59.9)	0.000	13/195 (6.6)
First pass mTICI 3, n (%)	43 (50.6)	28 (26.4)	71 (37.2)	0.001	4/195 (2.0)
Procedural complications, n (%)	17 (19.3)	13 (12.1)	30 (15.4)	0.167	0/195 (0.0)
Early neurological improvement, n (%)	61 (69.3)	45 (42.1)	106 (54.4)	0.000	0/195 (0.0)
Any hemorrhagic transformation, n (%)	10 (12.3)	32 (34.8)	42 (24.3)	0.001	22/195 (11.2)
PH hemorrhagic transformation, n (%)	3 (3.8)	11 (12.5)	14 (8.3)	0.040	27/195 (13.8)
Mortality at 90 days, n (%)	0 (0.0)	73 (69.5)	73 (37.8)	0.000	2/195 (1.0)

BP, blood pressure; FLAIR, fluid attenuated inversion recovery; mRS, modified Rankin Scale; mTICI, modified Thrombolysis In Cerebral Infarction; NIHSS, National Institutes of Health Stroke Scale; pc-ASPECTS, posterior circulation Alberta Stroke Programme Early CT Score ; PH, parenchymal hematoma.

reperfusion and in table 2 for patients with excellent reperfusion. Poor outcome was observed in 107 (54.8%) patients with successful early reperfusion and 60 (50%) patients with excellent early reperfusion. Mortality rates in the two groups were 73/195 (37.5%) and 42/120 (35%), respectively. Predictors of poor outcome in patients with successful and excellent reperfusion groups are detailed in table 3.

Predictors of poor outcome

In patients with successful early reperfusion, the following baseline characteristics were identified as independent predictors of poor clinical outcome: increasing age, higher initial NIHSS score, lower pc-ASPECTS score and absence of prior intravenous thrombolysis. The only treatment factor with independent predictive value was first pass mTICI 2b-3 reperfusion.

In patients with excellent early reperfusion, the following baseline characteristics were identified as independent predictors of poor clinical outcome: increasing age and higher initial NIHSS score. The only treatment factor with independent predictive value was first pass mTICI 2c-3 reperfusion. In addition, hemorrhagic transformation on post-interventional imaging was predictive of poor outcome in this group of patients.

DISCUSSION

In the present large cohort of patients treated with early EVT, first pass mTICI 2b-3 reperfusion was the only treatment-related factor identified as an independent predictor of clinical outcome, in addition to several unmodifiable baseline characteristics.

The ETIS collaboration recently explored the effect of first pass reperfusion in posterior circulation strokes. In a multicentric cohort of 280 patients, Aubertin *et al*[9] showed that both first pass mTICI 2b-3 and mTICI 2c-3 reperfusion were associated with improved clinical outcome, compared with cases where the same degree of reperfusion was obtained after multiple passes or with the help of adjunctive treatments. Abdullayev *et al*[10] studied a small retrospective cohort of 56 patients with complete (TICI 3) reperfusion and observed that first pass reperfusion was an independent predictor of favorable clinical outcome.

These previous studies were designed to specifically assess the effect of first pass reperfusion, whereas in the present study we employed a different approach. In order to identify predictors of poor clinical outcome despite successful reperfusion, all available baseline variables were included, without prespecified criteria. In addition, the analysis was focused exclusively on patients treated within the early time window, in order to reduce the influence of time to treatment on clinical outcomes. By fitting multiple regression models, which included all baseline and procedural variables, we aimed to evaluate the relative importance of these factors and retain the ones with the best predictive value. The fact that first pass reperfusion emerged as the sole procedural factor with independent predictive value reinforces the role of this metric for EVT of BAO.

Of note, first pass complete (mTICI 3) reperfusion (also called true first pass effect) was included in our initial univariate analyses, but did not add additional predictive value compared with first pass mTICI 2b-3 and mTICI 2c-3 reperfusion, when the subsequent multivariable models were constructed.

One previous study[7] researched predictors of futile recanalization (defined as mRS 3–6 at 3 months despite successful reperfusion) in a multicentric cohort of 165 patients treated with EVT for BAO. Age, baseline NIHSS score, and intracranial stenting were identified as independent predictors, whereas the number of device passes and pc-ASPECTS score did not remain significant in the multivariate analysis, possibly due to the smaller cohort size. Rates of first pass reperfusion were not reported and thus the predictive value of this variable was not explored.

The detrimental effect of repeated retrieval attempts on functional outcome has not yet been explained. Possible explanations include less distal emboli, intimal lesions, or the introduction of thrombus into perforator vessels.[11] Pending the results of the future pc-ASTER trial, to date, data in the literature are insufficient to support a technical recommendation for a specific thrombectomy technique which might improve first-pass reperfusion rates. For anterior circulation occlusions, a recent large multicentric study[12] found significantly higher first pass excellent reperfusion rates when combined stent retriever (SR)+contact aspiration (CA) technique was used as a frontline strategy, in conjunction with a balloon guide catheter, but this result was not replicated in other retrospective studies[13 14] nor in the two ASTER (Contact Aspiration vs Stent Retriever for Successful Revascularization) randomized clinical trials (ASTER1[15] and ASTER2[16]). For posterior circulation thrombectomies, a recently published multicentric cohort of 128 patients[17] compared outcomes according to front-line technique (SR, CA, combined SR+CA). The highest numerical proportion of first pass complete reperfusion (mTICI 3) was observed in the combined SR+CA group;

Table 2 Baseline characteristics and procedural metrics in patients with excellent reperfusion (mTICI 2c-3)

	Good outcome (n=60)	Poor outcome (n=60)	All patients (n=120)	P value	Missing data/n (%)
Age, mean (SD)	64 (19)	69 (13)	67 (16)	0.141	0/120 (0.0)
Female sex, n (%)	24 (40.0)	17 (28.3)	41 (34.2)	0.178	0/120 (0.0)
Hypertension, n (%)	34 (56.7)	38 (65.5)	72 (61.0)	0.324	2/120 (1.6)
Hypercholesterolemia, n (%)	22 (36.7)	26 (44.8)	48 (40.7)	0.367	2/120 (1.6)
Diabetes mellitus, n (%)	11 (18.3)	11 (19.0)	22 (18.6)	0.930	2/120 (1.6)
Smoking, n (%)	14 (23.7)	13 (23.2)	27 (23.5)	0.948	5/120 (4.1)
Previous antiplatelet treatment, n (%)	10 (17.5)	15 (25.4)	25 (21.6)	0.302	4/120 (3.3)
Previous oral anticoagulants, n (%)	7 (12.3)	8 (13.6)	15 (12.9)	0.837	4/120 (3.3)
Baseline systolic BP, mean (SD)	151 (25)	149 (30)	150 (27)	0.764	29/120 (24.1)
Baseline diastolic BP, mean (SD)	85 (16)	81 (15)	83 (16)	0.289	30/120 (25.0)
Baseline glycemia (mmol/L), mean (SD)	8 (2)	7 (3)	7 (3)	0.482	34/120 (28.3)
Pre-stroke mRS ≤2, n (%)	6 (10.0)	5 (8.3)	11 (9.2)	0.752	0/120 (0.0)
Initial NIHSS score, median (IQR)	11 (12)	23 (31)	14 (20)	0.000	5/120 (4.1)
Admission mode, n (%)					
Drip and ship	33 (57.9)	35 (59.3)	68 (58.6)	0.876	4/120 (3.3)
Mothership	24 (42.1)	24 (40.7)	48 (41.4)		
Initial imaging modality, n (%)					
CT	10 (17.5)	26 (44.1)	36 (31.0)	0.002	4/120 (3.3)
MRI	47 (82.5)	33 (55.9)	80 (69.0)		
pc-ASPECTS score, median (IQR)	8 (2)	7 (2)	7 (3)	0.013	16/120 (13.3)
Stroke etiology, n (%)					
TOAST 1 (atheroma)	18 (62.1)	13 (33.3)	31 (45.6)	0.043	52/120 (43.3)
TOAST 4 (dissection)	2 (6.9)	2 (5.1)	4 (5.9)		
TOAST 5 (unknown)	9 (31.0)	24 (61.5)	33 (48.5)		
Positive FLAIR MRI, n (%)	18 (42.9)	19 (61.3)	37 (50.7)	0.119	47/120 (39.1)
Intravenous thrombolysis, n (%)	30 (50.0)	15 (25.0)	45 (37.5)	0.005	0/120 (0.0)
First-line thrombectomy strategy, n (%)					
Contact aspiration	40 (70.2)	42 (71.2)	82 (70.7)	0.993	4/120 (3.3)
Stent retriever	4 (7.0)	4 (6.8)	8 (6.9)		
Combined	13 (22.8)	13 (22.0)	26 (22.4)		
Adjunctive treatment, n (%)					
None	51 (86.4)	50 (84.7)	101 (85.6)	0.835	2/120 (1.6)
Balloon angioplasty	2 (3.4)	2 (3.4)	4 (3.4)		
Intraprocedural antiplatelet treatment	1 (1.7)	2 (3.4)	3 (2.5)		
Antiplatelets and balloon angioplasty	4 (6.8)	5 (8.5)	9 (7.6)		
Stenting	1 (1.7)	0 (0.0)	1 (0.8)		
Number of passes, median (IQR)	1 (0)	1 (2)	1 (1)	0.003	4/120 (3.3)
Anesthesia type, n (%)					
General anesthesia	23 (38.3)	17 (28.3)	40 (33.3)	0.416	0/120 (0.0)
Conscious sedation	34 (56.7)	41 (68.3)	75 (62.5)		
Local anesthesia	3 (5.0)	2 (3.3)	5 (4.2)		
Onset to puncture (min), median (IQR)	272 (134)	284 (184)	277 (156)	0.215	0/120 (0.0)
Onset to imaging (min), median (IQR)	128 (84)	138 (76)	131 (79)	0.661	5/120 (4.1)
Imaging to puncture (min), median (IQR)	115 (112)	150 (126)	137 (111)	0.145	4/120 (3.3)
Puncture to reperfusion (min), median (IQR)	35 (29)	45 (46)	40 (37)	0.107	1/120 (0.8)

Continued

Table 2 Continued

	Good outcome (n=60)	Poor outcome (n=60)	All patients (n=120)	P value	Missing data/n (%)
mTICI 3, n (%)	54 (90.0)	51 (85.0)	105 (87.5)	0.408	0/120 (0.0)
First pass mTICI 2b-3, n (%)	47 (82.5)	37 (62.7)	84 (72.4)	0.017	4/120 (3.3)
First pass mTICI 3, n (%)	43 (75.4)	28 (47.5)	71 (61.2)	0.002	4/120 (3.3)
Procedural complications, n (%)	6 (10.0)	6 (10.0)	12 (10.0)	1.000	0/120 (0.0)
Early neurological improvement, n (%)	41 (68.3)	19 (31.7)	60 (50.0)	0.000	0/120 (0.0)
Any hemorrhagic transformation, n (%)	6 (10.9)	21 (41.2)	27 (25.5)	0.000	14/120 (11.6)
PH hemorrhagic transformation, n (%)	1 (1.8)	8 (15.7)	9 (8.5)	0.010	14/120 (11.6)
Mortality at 90 days, n (%)	0 (0.0)	42 (71.2)	42 (35.3)	0.000	1/120 (0.8)

BP, blood pressure; FLAIR, fluid attenuated inversion recovery ; mRS, modified Rankin Scale; mTICI, modified Thrombolysis In Cerebral Infarction; NIHSS, National Institutes of Health Stroke Scale; pc-ASPECTS, posterior circulation Alberta Stroke Programme Early CT Score ; PH, parenchymal hematoma.

Table 3 Predictors of poor outcome despite early reperfusion

Successful reperfusion (mTICI 2b-3)	aOR (95% CI)	P value
Age	1.05 (1.02 to 1.08)	<0.001
Initial NIHSS score	1.09 (1.05 to 1.14)	<0.001
pc-ASPECTS score	0.76 (0.59 to 0.97)	0.032
Intravenous thrombolysis	0.34 (0.14 to 0.84)	0.019
First pass mTICI 2b-3 reperfusion	0.13 (0.05 to 0.37)	<0.001
Excellent reperfusion (mTICI 2c-3)	**aOR (95% CI)**	**P value**
Age	1.04 (1.01 to 1.08)	0.011
Initial NIHSS score	1.11 (1.05 to 1.18)	<0.001
First pass mTICI 2c-3 reperfusion	0.25 (0.07 to 0.88)	0.032
Any hemorrhagic transformation	6.03 (1.57 to 23.08)	0.009

aOR, adjusted OR; mTICI, modified Thrombolysis In Cerebral Infarction; NIHSS, National Institutes of Health Stroke Scale; pc-ASPECTS, posterior circulation Alberta Stroke Programme Early CT Score.

however, the differences did not reach statistical significance. The rates of first pass successful or excellent reperfusion were not reported in this study.

In a large multicentric cohort of 345 patients with posterior circulation occlusions,[18] the use of CA was associated with higher rates of functional independence (mRS 0–2) compared with SR or combined techniques; however, the rates of first pass reperfusion were not reported. In the present study we did not find a significant correlation between first line thrombectomy technique and clinical outcomes.

There were several differences in predictors of outcome between the groups of patients with successful versus excellent reperfusion. Intravenous thrombolysis and pc-ASPECTS score did not remain significant in the group of patients with excellent reperfusion. It is possible that the importance of these variables was reduced by the achievement of excellent reperfusion in the early time window in this specific subgroup of patients. Conversely, one post-procedural factor emerged as significant predictor—the presence of hemorrhagic transformation on post-interventional imaging. This is concordant with previous studies both for posterior[19] and anterior[20] circulation thrombectomies.

The two main strengths of the present study are a dataset acquired through a multicentric registry of consecutive thrombectomy procedures, and the systematic independent 90-day follow-up with adjudication of clinical outcomes. There are, however, several limitations: the analysis was conducted retrospectively, treatment protocols and patient selection criteria varied between participating centers, and imaging data (including mTICI scoring) were not adjudicated by an independent core laboratory.

CONCLUSION

In this large cohort of BAO successfully treated with early EVT, the sole treatment-related factor predictive of clinical outcome was first pass reperfusion. Further research is warranted to identify the optimal techniques and devices associated with first pass reperfusion in the posterior circulation.

Author affiliations
[1]Interventional Neuroradiology, University Hospitals Strasbourg, Strasbourg, France
[2]Interventional Radiology, Institut de Chirurgie Guidée par l'Image, Strasbourg, France
[3]University of Strasbourg, INSERM UMR-S1255, Strasbourg, France
[4]Radiology, University General Hospital of Thessaloniki AHEPA, Thessaloniki, Central Macedonia, Greece
[5]Neurology, Hôpital Gui de Chauliac, Montpellier, Languedoc-Roussillon, France
[6]Interventional Neuroradiology, Hopital Universitaire Pitie Salpetriere, Paris, France
[7]Radiology, Saint Anne Hospital Centre, Paris, Île-de-France, France
[8]Radiology, Hôpital Purpan, Toulouse, Midi-Pyrénées, France
[9]Sorbonne Universite, Paris, Île-de-France, France
[10]Neuroradiology, Hopital Universitaire Pitie Salpetriere, Paris, Île-de-France, France
[11]Neurology Stroke Unit, University Hospital Centre Nancy, Nancy, France
[12]Interventional and Diagnostic Neuroradiology, University Hospital Centre Bordeaux, Bordeaux, Aquitaine, France
[13]Neuroradiology, Université de Nantes, Nantes, France
[14]CHU de Bordeaux, Bordeaux, France
[15]Neuroradiology, Centre Hospitalier Regional Universitaire de Montpellier, Montpellier, Languedoc-Roussillon, France
[16]Departement of interventional neuroradiology, Fondation Rothschild, Paris, Île-de-France, France
[17]Neurology, Hopital Foch, Suresnes, Île-de-France, France
[18]Université de Versailles Saint-Quentin-en-Yvelines, Versailles, Île-de-France, France
[19]Diagnostic and Interventional Neuroradiology, Hospital Foch, Suresnes, France
[20]Interventional Neurovascular Unit, Azienda Ospedaliero Universitaria Careggi, Firenze, Italy
[21]Radiologie, CHU Rennes, Rennes, France
[22]Department of Neurology, CHU Rennes, Rennes, Bretagne, France
[23]Department of Interventional Neuroradiology - NEURI Brain Vascular Center, Bicêtre Hospital, APHP, Le Kremlin Bicêtre, France
[24]Neurology, Hopital Bicetre, Le Kremlin-Bicetre, France
[25]Department of Neurology, Centre Hospitalier Universitaire de Caen, Caen, Basse-Normandie, France
[26]Neuroradiology, Centre Hospitalier Universitaire de Caen, Caen, Basse-Normandie, France
[27]Interventional neuroradiology, Centre Hospitalier Universitaire de Limoges, Limoges, France
[28]CNRS, XLIM, UMR 7252, Limoges University, Limoges, Nouvelle-Aquitaine, France
[29]Department of Neurology, Centre Hospitalier Universitaire de Limoges, Limoges, Limousin, France
[30]Urgences cérébro-vasculaires, Hopital Universitaire Pitie Salpetriere, Paris, Île-de-France, France

[31]Neurology, Groupe Hospitalier Universitaire Paris psychiatrie & neurosciences, Paris, Île-de-France, France
[32]Department of Neurology, University Hospital Centre Rouen, Rouen, Normandie, France
[33]Neurology, University Hospital Centre Toulouse, Toulouse, Midi-Pyrénées, France
[34]Department of Radiology, Centre Hospitalier Bretagne Atlantique, Vannes, Bretagne, France
[35]CHU Rennes Service de radiologie et d'imagerie médicale, Rennes, France
[36]Department of Neurology, Centre Hospitalier Bretagne Atlantique, Vannes, Bretagne, France
[37]Neurology, University Hospitals Strasbourg, Strasbourg, Alsace, France
[38]Department of Neurology, Centre Hospitalier Universitaire de Brest, Brest, Bretagne, France
[39]Neuroradiology, Centre Hospitalier Universitaire de Brest, Brest, Bretagne, France
[40]Department of Neurology, Centre Hospitalier de la Cote Basque, Bayonne, Aquitaine, France
[41]Department of Neuroradiolology, Centre Hospitalier de la Cote Basque, Bayonne, Aquitaine, France
[42]Interventional Neuroradiology, Centre Hospitalier Universitaire de Rouen, Rouen, Normandie, France
[43]Department of Diagnostic and Interventional Neuroradiology, Centre Hospitalier Universitaire de Nancy, Nancy, Lorraine, France
[44]IADI, INSERM U1254, Universite de Lorraine, Nancy, Lorraine, France

Twitter Raoul Pop @RaoulPop25 and Jildaz Caroff @jildazz

Collaborators ETIS Registry Investigators: The names of all investigators are listed in the Appendix.

Contributors RP, SNF, BG: conception and design of the work, analysis and interpretation of data, drafting the manuscript, final approval of the version to be published, agreement to be accountable for all aspects of the work. CA, ME, ON, JD, FC, SR, GM, RB, IS, CD, RB, BL, AC, FE, SV, JC, CD, MB, MG, AR, FM, CR, GT, OO-W, J-FA, ALB, SE, VW, ST, J-CG, FB, LV, CP: acquisition and interpretation of data, critical revision of the manuscript, final approval of the version to be published, agreement to be accountable for all aspects of the work. Guarantor: BG.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests FC: Consulting fees from Medtronic, Stryker, Balt. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Penumbra, Balt, Medtronic. Participation on a Data Safety Monitoring Board or Advisory Board – Clinsearch. J-CG: Consulting fees from Medtronic, Stryker, Balt. Support for attending meetings and/or travel from Balt. Participation on a Data Safety Monitoring Board or Advisory Board – Intradys. AR: Consulting fees from Balt. IS: Consulting fees from Sanofi Synthé-Labo, Servier, Boheringer Ingelheim, Astra-Zeneca, Novonordisk, Medtronic. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Sanofi Synthé-Labo, Medtronic, Boheringer Ingelheim, Astra-Zeneca, BMS-Pfizer. GM: Consulting fees from Stryker. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Medtronic, Microvention.

Patient consent for publication Not applicable.

Ethics approval This study involves human participants. We used data from the ETIS Registry (ClinicalTrials. gov Identifier: NCT03776877). Local institutional review boards in all participating centers approved data collection and analyses. Participants gave informed consent to participate in the study.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available upon reasonable request.

ORCID iDs
Raoul Pop http://orcid.org/0000-0003-4417-1496
Stephanos Nikolaos Finitsis http://orcid.org/0000-0003-2140-7881
Sébastien Richard http://orcid.org/0000-0002-0945-5656
Gaultier Marnat http://orcid.org/0000-0002-7611-7753
Raphaël Blanc http://orcid.org/0000-0002-3975-3865
Arturo Consoli http://orcid.org/0000-0001-6640-8541
Francois Eugene http://orcid.org/0000-0001-7367-8793
Jildaz Caroff http://orcid.org/0000-0002-0029-1835
Aymeric Rouchaud http://orcid.org/0000-0003-0902-3375
Guillaume Turc http://orcid.org/0000-0001-5059-4095
Anthony Le Bras http://orcid.org/0000-0001-5691-3894
Chrysanthi Papagiannaki http://orcid.org/0000-0002-9473-9644

REFERENCES

1 Lindsberg PJ, Mattle HP. Therapy of basilar artery occlusion: a systematic analysis comparing intra-arterial and intravenous thrombolysis. *Stroke* 2006;37:922–8.
2 Schonewille WJ, Wijman CAC, Michel P, *et al*. Treatment and outcomes of acute basilar artery occlusion in the basilar artery international cooperation study (BASICS): a prospective registry study. *Lancet Neurol* 2009;8:724–30.
3 Goyal M, Menon BK, van Zwam WH, *et al*. Endovascular thrombectomy after large-vessel ischaemic stroke: a meta-analysis of individual patient data from five randomised trials. *The Lancet* 2016;387:1723–31.
4 Liu X, Dai Q, Ye R, *et al*. Endovascular treatment versus standard medical treatment for vertebrobasilar artery occlusion (BEST): an open-label, randomised controlled trial. *Lancet Neurol* 2020;19:115–22.
5 Langezaal LCM, van der Hoeven EJRJ, Mont'Alverne FJA, *et al*. Endovascular therapy for stroke due to basilar-artery occlusion. *N Engl J Med* 2021;384:1910–20.
6 Zi W, Qiu Z, Wu D, *et al*. Assessment of endovascular treatment for acute basilar artery occlusion via a nationwide prospective registry. *JAMA Neurol* 2020;77:561–73.
7 Meinel TR, Kaesmacher J, Chaloulos-Iakovidis P, *et al*. Mechanical thrombectomy for basilar artery occlusion: efficacy, outcomes, and futile recanalization in comparison with the anterior circulation. *J Neurointerv Surg* 2019;11:1174–80.
8 Burnham KP, Anderson DR. Multimodel Inference: understanding AIC and BIC in model selection. *Sociological Methods & Research* 2004;33:261–304.
9 Aubertin M, Weisenburger-Lile D, Gory B, *et al*. First-pass effect in basilar artery occlusions: insights from the endovascular treatment of ischemic stroke registry. *Stroke* 2021;52:3777–85.
10 Abdullayev N, Maus V, Behme D, *et al*. True first-pass effect in basilar artery occlusions: first-pass complete reperfusion improves clinical outcome in stroke thrombectomy patients. *J Clin Neurosci* 2021;89:33–8.
11 García-Tornel Álvaro, Requena M, Rubiera M, *et al*. When to stop. *Stroke* 2019;50:1781–8.
12 Okuda T, Arimura K, Matsuo R, *et al*. Efficacy of combined use of a stent retriever and aspiration catheter in mechanical thrombectomy for acute ischemic stroke. *J Neurointerv Surg* 2022;14:892–7.
13 Delgado Almandoz JE, Kayan Y, Young ML, *et al*. Comparison of clinical outcomes in patients with acute ischemic strokes treated with mechanical thrombectomy using either Solumbra or ADAPT techniques. *J Neurointerv Surg* 2016;8:1123–8.
14 Hafeez MU, Kan P, Srivatsan A, *et al*. Comparison of first-pass efficacy among four mechanical thrombectomy techniques: a single-center experience. *World Neurosurg* 2020;144:e533–40.
15 Ducroux C, Piotin M, Gory B, *et al*. First pass effect with contact aspiration and stent retrievers in the aspiration versus stent retriever (ASTER) trial. *J Neurointerv Surg* 2020;12:386–91.
16 Lapergue B, Blanc R, Costalat V, *et al*. Effect of thrombectomy with combined contact aspiration and stent retriever vs stent retriever alone on revascularization in patients with acute ischemic stroke and large vessel occlusion. *JAMA* 2021;326:1158–69.
17 Abdelrady M, Ognard J, Cagnazzo F, *et al*. Frontline thrombectomy strategy and outcome in acute basilar artery occlusion. *J Neurointerv Surg* 2023;15:27–33.
18 Alawieh AM, Eid M, Anadani M, *et al*. Thrombectomy technique predicts outcome in posterior circulation stroke—Insights from the STAR collaboration. *Neurosurgery* 2020;87:982–91.
19 Ravindren J, Aguilar Pérez M, Hellstern V, *et al*. Predictors of outcome after endovascular thrombectomy in acute basilar artery occlusion and the 6hr time window to recanalization. *Front Neurol* 2019;10.
20 Olivot J-M, Heit JJ, Mazighi M, *et al*. What predicts poor outcome after successful thrombectomy in early time window? *J Neurointerv Surg* 2022;14:1051–5.

APPENDIX:

On behalf of the Endovascular Treatment in Ischemic Stroke (ETIS) Investigators:

Rothschild Foundation: Michel Piotin, Raphael Blanc, Hocine Redjem, Simon Escalard, Jean-Philippe Desilles, François Delvoye, Stanislas Smajda, Benjamin Maïer, Solène Hebert, Mikael Mazighi, Mikael Obadia, Candice Sabben, Pierre Seners, Igor Raynouard, Ovide Corabianu, Thomas de Broucker, Eric Manchon, Guillaume Taylor, Malek Ben Maacha, Laurie-Anne Thion, Augustin Lecler, Julien Savatovsjy.

Foch Hospital: Adrien Wang, Serge Evrard, Maya Tchikviladze, Nadia Ajili, Bertrand Lapergue, David Weisenburger-Lile, Lucas Gorza, Géraldine Buard, Oguzhan Coskun, Arturo Consoli, Federico Di Maria, Georges Rodesh, Sergio Zimatore, Morgan Leguen, Julie Gratieux, Fernando Pico, Haja Rakotoharinandrasana, Philippe Tassan, Roxanna Poll, Sylvie Marinier.

CHU Bordeaux: Gaultier Marnat, Florent Gariel, Xavier Barreau, Jérôme Berge, Patrice Menegon, Igor Sibon, Ludovic Lucas, Stéphane Olindo, Pauline Renou, Sharmila Sagnier, Mathilde Poli, Sabrina Debruxelles, François Rouanet, Thomas Tourdias, Jean-Sebastien Liegey, Pierre Briau, Nicolas Pangon.

CHU Nantes: Romain Bourcier, Lili Detraz, Benjamin Daumas-Duport, Pierre-Louis Alexandre, Monica Roy, Cédric Lenoble, Hubert Desal, Benoît Guillon, Solène de Gaalon, Cécile Preterre.

CHRU-Nancy: Benjamin Gory, Serge Bracard, René Anxionnat, Marc Braun, Anne-Laure Derelle, Liang Liao, François Zhu, Emmanuelle Schmitt, Sophie Planel, Sébastien Richard, Lisa Humbertjean, Gioia Mione, Jean-Christophe Lacour, Marian Douarinou, Gérard Audibert, Marcela Voicu, Ionel Alb, Marie Reitter, Madalina

Brezeanu, Agnès Masson, Adriana Tabarna, Iona Podar, Sarah Guy, Valérie Georges, Fatiha Bechiri.

CHU Limoges: Francisco Macian-Montoro, Suzanna Saleme, Charbel Mounayer, Aymeric Rouchaud, Laetitia Gimenez, Alexandre Cosnard.

CHRU Gui de Chauliac: Vincent Costalat, Caroline Arquizan, Cyril Dargazanli, Grégory Gascou, Pierre-Henri Lefèvre, Imad Derraz, Carlos Riquelme, Nicolas Gaillard, Isabelle Mourand, Lucas Corti, Federico Cagnazzo, Adrien ter Schiphorst.

CHU Rennes: Quentin Alias, Fakhreddine Boustia, Jean-Christophe Ferre, Hélène Raoult, Jean-Yves Gauvrit, Stéphane Vannier, Maud Guillen, Thomas Ronziere, Veronica Lassalle, Clément Tracol, Cécile Malrain, Soizic Boinet.

CHU Pitié-Salpêtrière: Frédéric Clarençon, Eimad Shotar, Nader Sourour, Stéphanie Lenck, Kévin Premat, Yves Samson, Anne Léger, Sophie Crozier, Flore Baronnet, Sonia Alamowitch, Laure Bottin, Mathon Yger, Vincent Degos.

CHU Kremlin-Bicêtre: Laurent Spelle, Christian Denier, Olivier Chassin, Vanessa Chalumeau, Jildaz Caroff, Olivier Chassin, Laura Venditti, Mariana Sarov, Nicolas Legris.

Hôpital Saint-Anne: Olivier Naggara, Wagih Ben Hassen, Grégoire Boulouis, Christine Rodriguez-Régent, Denis Trystram, Basile Kerleroux, Guillaume Turc, Valérie Domigo, Catherine Lamy, Julia Birchenall, Clothilde Isabel, François Lun.

CHU Toulouse: Alain Viguier, Christophe Cognard, Anne-Christine Januel, Jean-Marc Olivot, Nicolas Raposo, Fabrice Bonneville, Jean-François Albucher, Lionel Calviere, Jean Darcourt, Guillaume Bellanger, Philippe Tall.

CHU Caen: Emmanuel Touze, Charlotte Barbier, Romain Schneckenburger, Marion Boulanger, Julien Cogez, Sophie Guettier, Maxime Gauberti.

CHU Brest: Serge Timsit, Jean-Christophe Gentric, Julien Ognard, Francois Mathias Merrien.

CHU Rouen: Ozlem Ozku Wermester, Evelyne Massardier, Chrysanthi Papagiannaki, Aude Triquenot, Margeaux Lefebvre.

CH Bayonne: Frédéric Bourdain, Patricia Bernady, Laurent Lagoarde-Segot, Hélène Cailliez, Louis Veunac, David Higue.

CHU Strasbourg: Valérie Wolff, Veronique Quenardelle, Valerie Lauer, Roxana Gheoca, Irene Pierre-Paul, Raoul Pop, Remy Beaujeux, Dan Mihoc, Monica Manisor, Julien Pottecher, Alain Meyer, Thiên-Nga Chamaraux-Tran.

CH Vannes: Anthony Le Bras, Sarah Evain, Arnaud Le Guen.

ICMJE DISCLOSURE FORM

Date: 3/9/2022

Your Name: ALBUCHER jean francois

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Caroline ARQUIZAN

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: ARTURO CONSOLI

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Raphael BLANC

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Dr Marion Boulanger

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Romain BOURCIER

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Frédéric Bourdain

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

X 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: 3/9/2022

Your Name: Jildaz CAROFF

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Frederic CLARENCON

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☐ **None**	
		Medtronic	Payment made to me
		Stryker	Payment made to me
		Balt	Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Penumbra	Payment made to me
		Balt	Payment made to me
		Medtronic	Payment made to me
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Clinsearch	Payment made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Darcourt Jean

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Cyril DARGAZANLI

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Christian DENIER

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Mahmoud Elhorany

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Francois EUGENE

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Dr Evain Sarah

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.

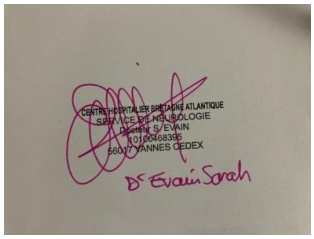
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Click or tap here to enter text.

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
Time frame: past 36 months		
2 Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3 Royalties or licenses	☒ **None**	
4 Consulting fees	☒ **None**	
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	☒ **None**	

educational events	
6 Payment for expert testimony	☒ None
7 Support for attending meetings and/or travel	☒ None
8 Patents planned, issued or pending	☒ None
9 Participation on a Data Safety Monitoring Board or Advisory Board	☒ None
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None
11 Stock or stock options	☒ None
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None
13 Other financial or non-financial interests	☒ None

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

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

Stephanos Kiniklis

ICMJE DISCLOSURE FORM

Date: 3/9/2022

Your Name: Maxime GAUBERTI

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Gentric JC

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	**None**	
		Medtronic	
		Stryker	
		Balt	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
		Balt	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
		Intradys	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

X 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: 3/9/2022

Your Name: Benjamin GORY

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Bertrand LAPERGUE

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Anthony LE BRAS

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Francisco MACIAN

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Gaultier Marnat

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☐ **None**	
		Stryker	Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
		Medtronic	Paid lecture
		Microvention	Paid lecture
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: NAGGARA

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Chrisanthi Papagiannaki

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Raoul Pop

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Sébastien RICHARD

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: ROSSO CHARLOTTE

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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

3 12/13/2021 ICMJE Disclosure Form

ICMJE DISCLOSURE FORM

Date: 3/9/2022

Your Name: Aymeric ROUCHAUD

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☐ **None**	
		Balt	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 9/3/2022

Your Name: SIBON Igor

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☐ **None**	
		Sanofi Synthé-Labo	Payment to me
		Servier	Payment to me
		Boheringer Ingelheim	Payment to me
		Astra-Zeneca	Payment to me
		Novonordisk	Payment to me
		Medtronic	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Sanofi Synthé-Labo	Payment to me
		Medtronic	Payment to me
		Boheringer Ingelheim	Payment to me
		Astra-Zeneca	Payment to me
		BMS-Pfizer	Payment to me
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Serge Timsit

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Guillaume TURC

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: Stephane VANNIER

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 3/9/2022

Your Name: louis veunac

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

X 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: 3/9/2022

Your Name: Ozlem OZKUL-WERMESTER

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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.

VICMJE DISCLOSURE FORM

Date: 3/9/2022

Your Name: Valerie WOLFF

Manuscript Title: POOR CLINICAL OUTCOME DESPITE SUCCESSFUL BASILAR OCCLUSION RECANALISATION IN THE EARLY TIME WINDOW: INCIDENCE AND PREDICTORS

Manuscript Number (if known): neurintsurg-2022-018769.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.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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.