

SUPPLEMENTAL MATERIAL**Thrombectomy Aspiration Post-Market Study in Acute Stroke with the Q Aspiration Catheter: The TAPAS Study****SUPPLEMENTAL TABLES****Supplemental Table 1. Comparison between baseline characteristics of TAPAS population and other populations of large bore catheter studies.**

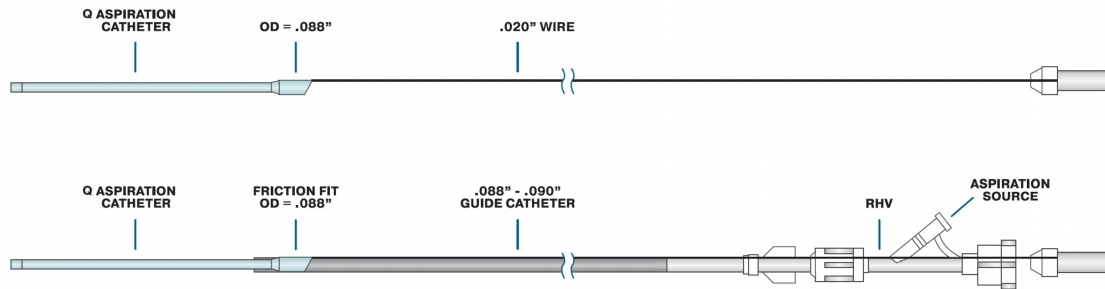
	BRETZNER 2019	MARNAT 2019	BILGIN 2021	TAPAS	t	FD	Sig (bilateral)
AGE	68	69,5	63,8	72,4	-1,553	2	0,261
MEN	42	50,7	54,7	53,3	-0,556	2	0,634
HYPERTENSION	62	54,9	67,5	71,1	-1,321	2	0,317
DIABETES	12	17,4	24,3	28,9	-1,545	2	0,262
DYSLIPEMIA	38	32,7		59,1	-5,174	1	0,122
TOBACCO	27	25,7		47,7	-18,964	1	0,034
ADMISSION NIHSS	17	16	14	14,2	0,832	2	0,493
M1-OCCLUSION	61,7	41,9		55,5	-0,216	1	0,865
M2-OCCLUSION	11,7	13,5		15,6	-1,925	1	0,305
ICA-OCCLUSION	16,7	18,2	31,7	22,2	0,000	2	1,000
BASILAR- OCCLUSION	10	13,2	10,8	6,7	2,409	2	0,138

Supplemental Table 2. Procedural anesthesia details by center.

SITE	POPULATION	GENERAL ANESTHESIA	CONSCIOUS SEDATION
Center 1	19	19	0
Center 2	14	2	12
Center 3	7	5	2
Center 4	5	5	0
TOTAL	45	31 (68.9%)	14 (31.1%)

Supplemental Table 3. Other devices used (cases in which navigation could not be achieved by the combination of Q Catheter and SR, and/or cases in which initial recanalization was not considered satisfactory). Several devices could be used in the same patient if considered necessary.

DEVICES	N
ACE 68	5
3 MAX	3
Solitaire	4
Catch	4
Embotrap	2
Trevo	3
Intracranial stent	3

SUPPLEMENTAL FIGURES**Supplemental Figure 1: Q Catheter design, shown with and without 8F guide catheter.**

Supplemental Figure 2: Q Catheter flow chart of study participants.