



OPEN ACCESS

Original research

Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care

Ansaar T Rai ,¹ Paul S Link,² Jennifer R Domcio¹

► Additional supplemental material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/jnis-2022-019777>).

¹Interventional Neuroradiology, West Virginia University Rockefeller Neuroscience Institute, Morgantown, West Virginia, USA

²Stryker Neurovascular, Fremont, California, USA

Correspondence to

Dr Ansaar T Rai, Interventional Neuroradiology, West Virginia University Rockefeller Neuroscience Institute, Morgantown, WV 26505, USA; ansaar.raai@gmail.com

Received 30 October 2022

Accepted 2 December 2022

ABSTRACT

Background A study was undertaken to determine the incidence of acute ischemic stroke (AIS) and strokes related to large (LVO) and medium (MVO) vessel occlusions, and to estimate annual mechanical thrombectomy (MT) volume, past trends and future growth.

Methods A population-based analysis was performed to estimate the rate of AIS, LVOs (internal carotid artery terminus, M1 branch of the middle cerebral artery, basilar artery) and MVOs (M2 and M3 branches of the middle cerebral artery, anterior and posterior cerebral arteries). MT estimates were determined from multiple governmental data sources. Annual US numbers were adjusted for population growth.

Results The incidence of AIS is estimated at 216 (95% CI 199 to 238)/100 000 persons/year or 718 191 (95% CI 661 483 to 791 121) AIS/year in the USA. A vascular occlusion was observed in 21% of patients with AIS (95% CI 15 to 29). The rate of LVO was 24/100 000 persons/year (95% CI 19 to 31) or 80 075 (95% CI 62 457 to 104 375) LVOs/year, and the rate of MVO was 20/100 000 persons/year or 65 798 (95% CI 45 555 to 95 110) MVOs/year. MT estimates for 2021 are 39 164 procedures with a flattening of the growth curve from 2019 (9%, 2020–2021; 4%, 2019–2020) as opposed to initial steep growth from 2015 to 2018. Current MT procedures represent 5% of all AIS, 27% of all vascular occlusions (LVO+MVO) and 38% of all LVO and M2 occlusions. The current trajectory indicates a future growth of 5–10%/year for the next several years.

Conclusion A decline in MT growth is observed. The incidence of LVO+MVO is estimated at 44/100 000 persons/year or almost 144 000 large and medium vessel strokes annually. Of these, currently an estimated 27% undergo an MT procedure, indicating an opportunity for growth. Further expansion may require focusing on the elderly, medium vessel strokes and workflow efficiencies from diagnosis to treatment.

INTRODUCTION

The 'Heart disease and stroke statistics—2022 update' published by the American Heart Association (AHA) continues to list about 795 000 people having a stroke annually, of which 87% are estimated as ischemic.¹ The AHA publishes this

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ The incidence of large vessel occlusions has been reported in prior population studies. The mechanical thrombectomy volume has, however, not been studied.

WHAT THIS STUDY ADDS

⇒ The current study provides population-based estimates of all acute ischemic stroke and strokes related to intracranial vascular occlusions. The study also charts the annual volumes and growth of mechanical thrombectomy procedures from 2015 to 2021 and provides estimates for future trends.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The information provided from the study can be useful for research on distal and medium vessel occlusions and for planning workflow and systems of endovascular stroke care.

comprehensive report every year, but the 795 000 estimate has not changed since 2010 despite the change in the US population. In particular, the 65 years and older population per the US Census Bureau grew by about 34% over the past decade (<https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>) and accounts for the majority of patients suffering from a stroke.¹ As endovascular therapy becomes more available with more hospitals and physicians offering this treatment, a review of the current landscape regarding disease burden and thrombectomy estimates can help define future directions.

Accurate measurement of disease incidence in a target population is built on three important parameters: (1) a well-defined population; (2) access to most if not all of the population; and (3) a reliable marker for diagnosing the disease. When determining large or medium vessel strokes as a percentage of all acute ischemic strokes (AIS), defining the denominator is also critical as heterogeneous definitions can lead to variable results.^{2 3} For example, the percentage of large vessel occlusions (LVOs) in patients with a National Institutes



© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Rai AT, Link PS, Domcio JR. *J NeuroIntervent Surg* Epub ahead of print: [please include Day Month Year]. doi:10.1136/jnis-2022-019777

of Health Stroke Scale (NIHSS) score of >6 would be much higher than the rate of LVOs in all patients with suspected AIS.

The objective of this paper is to provide an updated population-based estimate of large and medium vessel strokes meeting the three key parameters of a well-defined target population, access to almost all of the population and vascular neuroimaging to localize the intracranial occlusion. The denominator is defined as all AIS using the same ICD codes on which the AHA estimates are based.⁴ This was done to maintain consistency and to allow repeatability of the study in different geographic settings. The paper also presents an estimate of the current endovascular stroke procedures, the rate of growth of these procedures over the past 5 years, and a projected volume based on different growth rates for the next 5 years.

METHODS

Estimating the incidence and rate of large and medium vessel strokes

The methodology uses county level data for AIS coupled with vascular neuroimaging at admission to generate the disease incidence for the target population, similar to previous studies.^{5,6} Patients with AIS were identified using ICD codes (433.xx, 434.xx and 435.xx) from a well-defined four-county target population, defined as the primary service area, served by a single comprehensive stroke center which received 85% of all patients with AIS from that catchment population. The 85% estimate is based on a comparison of a patient's domicile and the location of the treatment facility for the given ICD codes. The data were obtained for a 3-year period to smooth out variations.

A total of 2798 patients with AIS were identified over the 3-year period. Of these, 2739 (98%) had a vascular neuroimaging study at admission. The neuroimaging study was a CT angiogram in 2490 (91%) patients and an MR angiogram in 249 (9%) patients. An intracranial large vessel occlusion (LVO) was defined as involvement of the internal carotid artery terminus (ICA-T), middle cerebral artery (MCA) mainstem with or without involvement of a bifurcation branch (M1) or the basilar artery (BA). A medium vessel occlusion (MVO) was defined as an isolated proximal occlusion of a MCA bifurcation branch (M2), isolated occlusion of an M3 branch (M3), isolated occlusion of the posterior cerebral artery (PCA), and isolated occlusion of the anterior cerebral artery (ACA) A1 or A2 segments.

The incidence of LVO and MVO was calculated for the target population primary service area per 100 000 people per year. The results were extrapolated to the US population as of January 1, 2022 and stratified by age.

Estimating thrombectomy numbers

Data sources

We used the Medicare Severity–Diagnosis Related Group (MS-DRG) codes 23 and 24 to extract the thrombectomy numbers from three data sources. These sources were the Standard Analytic File (SAF), the Healthcare Utilization Project (HCUP) National Inpatient Sample (NIS), and the Medicare Provider Analysis and Review (MEDPAR) files.

Standard Analytic File (SAF)

The Medicare inpatient data were drawn from 2015 to 2021 Medicare 100% inpatient SAFs. These contain all hospital inpatient claims paid with dates of service during that time period for traditional Medicare fee-for-service beneficiaries. Beneficiaries enrolled in a Medicare Advantage managed care plan are not included, which accounted for 34% of all Medicare

beneficiaries in 2017, 36% in 2018, 37% in 2019, 40% in 2020, and 43% in 2021. The 2017–2019 values come from 2018, 2019, 2020, 2021, and 2022 publications of the Annual Report of The Boards of Trustees of The Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

Inpatient SAFs were used to find the total Medicare fee-for-service (FFS) discharge volume based on the code groups listed on each code group worksheet. Discharges from facilities in US territories were excluded (Puerto Rico, Guam, Virgin Islands, American Samoa, Northern Marianas Islands, etc). Only short-term and critical access hospitals are included.

Healthcare Utilization Project (HCUP) National Inpatient Sample (NIS)

The national payer estimates were drawn from the calendar years 2017, 2018 and 2019 HCUP NIS data files. The HCUP NIS is a 20% sample of discharges from all community hospitals participating in HCUP, excluding rehabilitation and long-term acute care hospitals. The NIS covers all patients including individuals covered by Medicare, Medicaid or private insurance, as well as those who are uninsured.

Medicare Provider Analysis and Review (MEDPAR) files

The MEDPAR file contains records for 100% of Medicare beneficiaries who use hospital inpatient services (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/MEDPAR>). The following MEDPAR sources were used:

- MedPAR FY 2015 final rule file (FY 2013 data) and 2012 HCUP
- MedPAR FY 2016 final rule file (FY 2014 data) and 2013 HCUP
- MedPAR FY 2017 final rule file (FY 2015 data) and 2014 HCUP
- MedPAR FY 2018 final rule file (FY 2016 data) and 2015 HCUP
- MedPAR FY2019 final rule file (FY2017 data) and 2016 HCUP
- MedPAR FY2020 final rule file (FY2018 data) and 2017 HCUP
- MedPAR FY2021 final rule file (FY2019 data) and 2017 HCUP
- MedPAR FY2022 final rule file (FY2020 data) and 2018 HCUP
- MedPAR FY2023 final rule file (FY2021 data) and 2019 HCUP

All-payer total volume calculations

The total market volume is equal to the estimate of total US discharges that include the specified procedure codes (online supplemental table 1) and/or diagnosis codes (online supplemental table 2) related to mechanical thrombectomy (MT) and AIS, respectively. In the first step the Medicare fee-for-service (FFS) beneficiary discharges are increased by the percent of Medicare Advantage (HMO) patients to get an estimate of the total Medicare FFS and Medicare HMO discharges. In the second step, the total market all-payer volume is calculated by inflating the total Medicare count (Medicare FFS+Medicare HMO) by the NIS proportion of Medicare to all discharges for that procedure type or condition. The final calculation is thus (Medicare FFS and HMO estimate)/NIS Medicare percent.

Table 1 Rate of intracranial vascular occlusion in patients with acute ischemic stroke (AIS) for the target population (n=1361)

| Occlusion site | All AIS (n=1361) | Percentage | Lower CI | Upper CI |
|---|------------------|------------|----------|----------|
| None | 1079 | 79.3% | 76.8% | 81.5% |
| Any intracranial vascular occlusion | 282 | 21% | 15.3% | 29% |
| Breakdown of vascular occlusion by site | | | | |
| M1 | 120 | 9% | 7.3% | 10.6% |
| M2 | 41 | 3% | 2.2% | 4.2% |
| M3 | 35 | 2.6% | 1.8% | 3.7% |
| PCA | 33 | 2.4% | 1.7% | 3.5% |
| BA | 24 | 1.7% | 1.1% | 2.7% |
| ACA | 15 | 1.1% | 0.7% | 1.9% |
| ICA-T | 8 | 0.6% | 0.3% | 1.2% |
| Other* | 6 | 0.4% | 0.2% | 1.0% |

*Other: superior cerebellar artery, posterior inferior cerebellar artery, anterior inferior cerebellar artery.
ACA, anterior cerebral artery; BA, basilar artery; ICA-T, internal carotid artery terminus; M1, M2, M3, branches of middle cerebral artery; PCA, posterior cerebral artery.

RESULTS

There were 1361 patients with a diagnosis of AIS over the 3-year period in the target population. Of these, 53% were women. The mean±SD age of the cohort was 69±15.6 years and the median was 71 years (IQR 57–82). The majority of patients (n=1079, 79%) did not have an identifiable intracranial vascular occlusion. Any vascular occlusion was seen in 282 (21%) of the patients with AIS. There were 152 patients (11%, 95% CI 8.7% to 14.5%) with a LVO (M1, ICA-T, BA) and 125 patients (9%,

95% CI 6% to 13%) with a MVO. A breakdown of all the occlusion sites is shown in [table 1](#).

The incidence of AIS was estimated at 216 (95% CI 199 to 238) per 100 000 persons per year. This extrapolates to 718 191 (95% CI 661 483 to 791 121) AIS per year in the USA, based on the US population as of January 1, 2022 (n=332 403 650) obtained from the US Census Bureau (<https://www.census.gov/popclock/>). [Figure 1](#) shows an estimated incidence of 44/100 000 persons/year (95% CI 33 to 60) for all intracranial vascular occlusions or 145 873 (95% CI 108 102 to 199 485) LVOs and MVOs in the USA per year. The incidence of LVOs is estimated at 24/100 000 persons/year (95% CI 19 to 31) or 80 075 annual LVOs in the USA (95% CI 62 547 to 104 375). The incidence of MVO is estimated at 20/100 000 persons/year (95% CI 14 to 29) or 65 798 MVOs per year in the USA (95% CI 45 555 to 95 110). The incidence of LVO+M2 would be 31/100 000 persons/year or 101 801 LVOs per year that include M1, M2, ICA-T, and BA (95% CI 78 225 to 134 381). Different permutations of these can be obtained from the occlusion site breakdown in [figure 1](#).

The majority of patients (63%) were in the ≥65 year age group. A vascular occlusion (LVO or MVO) was seen in 23% of patients in the ≥65 age group compared with 17% in the <65 age group (p=0.04; OR 0.73, 95% CI 0.54 to 0.99). The median NIHSS score was 16 (IQR 9–23) for patients with an LVO, 6 (IQR 3–12) for patients with an MVO, and 4 (IQR 2–9) for patients without an identifiable vascular occlusion (p<0.0001).

The estimated MT volume from 2015 to 2021 and year-over-year growth is shown in [figure 2](#). The compound annual growth rate from 2015 to 2021 was 24%. A relative flattening of the growth curve is seen from 2018 to 2021. The regional distribution of 2021 MT volume in the USA in [figure 3](#) shows that the North and the Southeast regions account for almost half of all

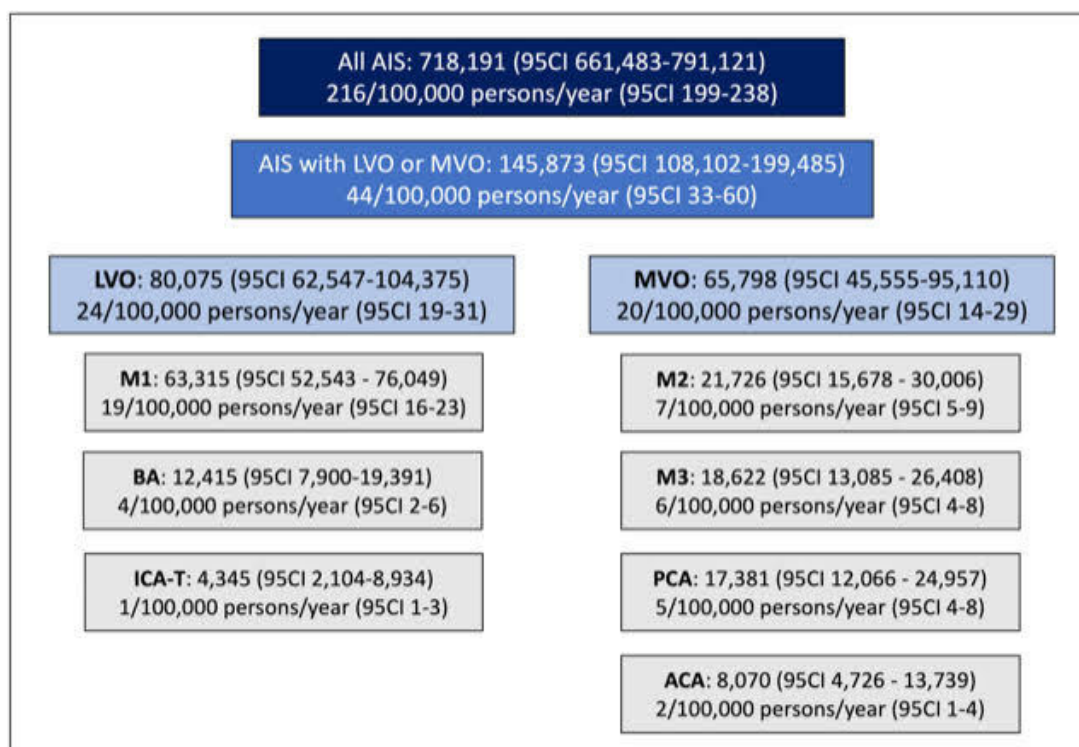


Figure 1 Population incidence of acute ischemic stroke and large and medium vessel strokes. The incidence is listed as rate per 100 000 persons per year and also as estimated total strokes per year. ACA, anterior cerebral artery; BA, basilar artery; ICA-T, internal carotid artery terminus; LVO, large vessel occlusion; MVO, medium vessel occlusion; PCA, posterior cerebral artery.

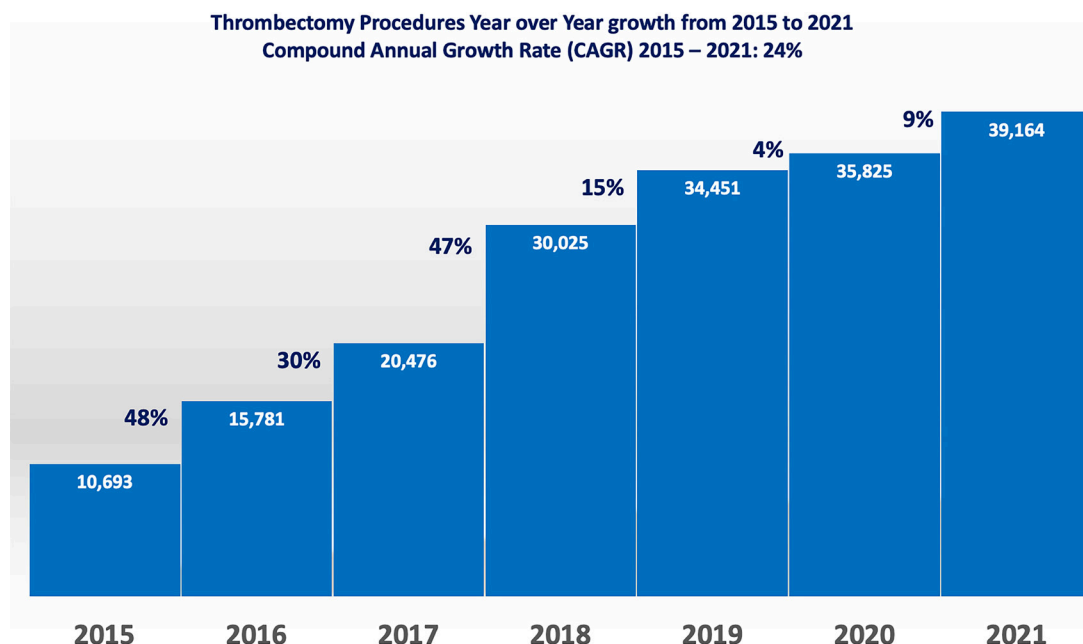


Figure 2 Estimates of mechanical thrombectomy procedures per year. The percentages above the bars show the growth rate from the previous year.

MT procedures. The per capita rate shows a lower MT volume per population in the western USA compared with the east.

Figure 4A shows MT procedures as a proportion of all patients with AIS and patients with underlying vascular occlusions. The percentage of all patients with AIS undergoing MT increased from 2% in 2015 to 5% in 2021. For patients with a vascular occlusion, MT procedures increased from 8% in 2015 to 27% in 2021 (figure 4). MT as a percentage for all LVOs and M2 occlusions are shown separately.

Using the 2021 MT numbers as a baseline, figure 5 shows the projected MT estimates for the next 6 years at year-over-year

growth rates of 5%, 10% and 15%, respectively, with a likely growth rate between 5% and 10%. The proportion of patients with AIS undergoing MT could double from 5% in 2021 to 10% in 2028 if MT volume grows at 10% per year (figure 4B).

DISCUSSION

Our data indicate a steep growth in MT procedures in the first few years (2015–2018) and relative flattening of the curve in recent years (2019–2021). This incidentally coincides with the onset of the COVID-19 pandemic. The impact of the pandemic

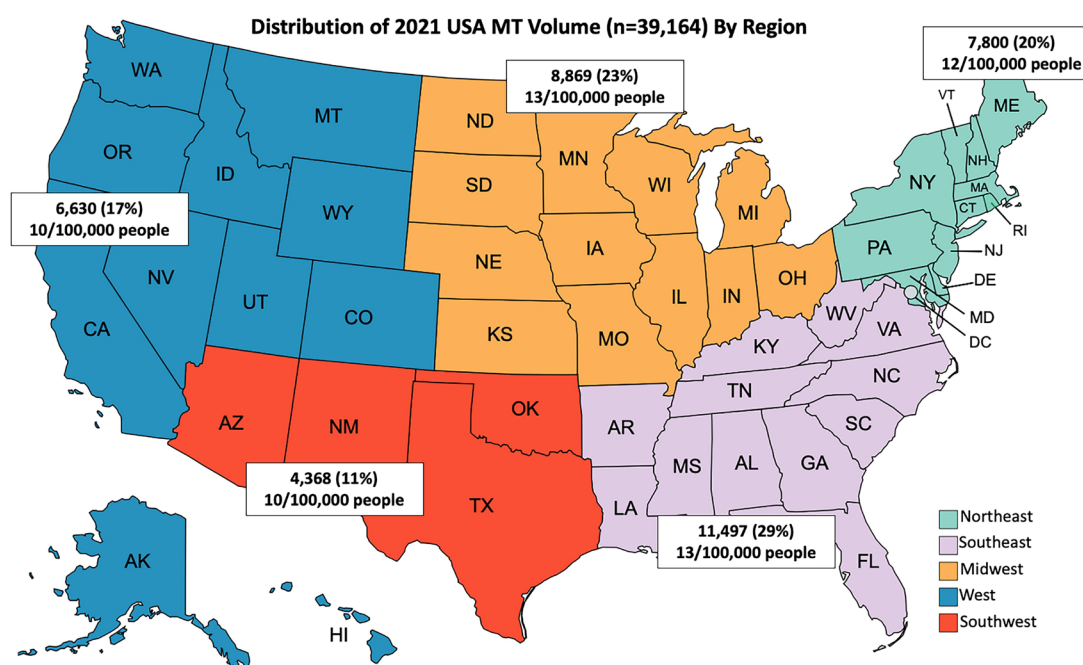


Figure 3 Distribution of 2021 mechanical thrombectomy (MT) procedures in the USA by region. The estimated MT procedures for each region are shown with the percentage of the total 2021 MT volume in parentheses. The rate of these procedures for the population in each region is listed as MT procedures per 100 000 people.

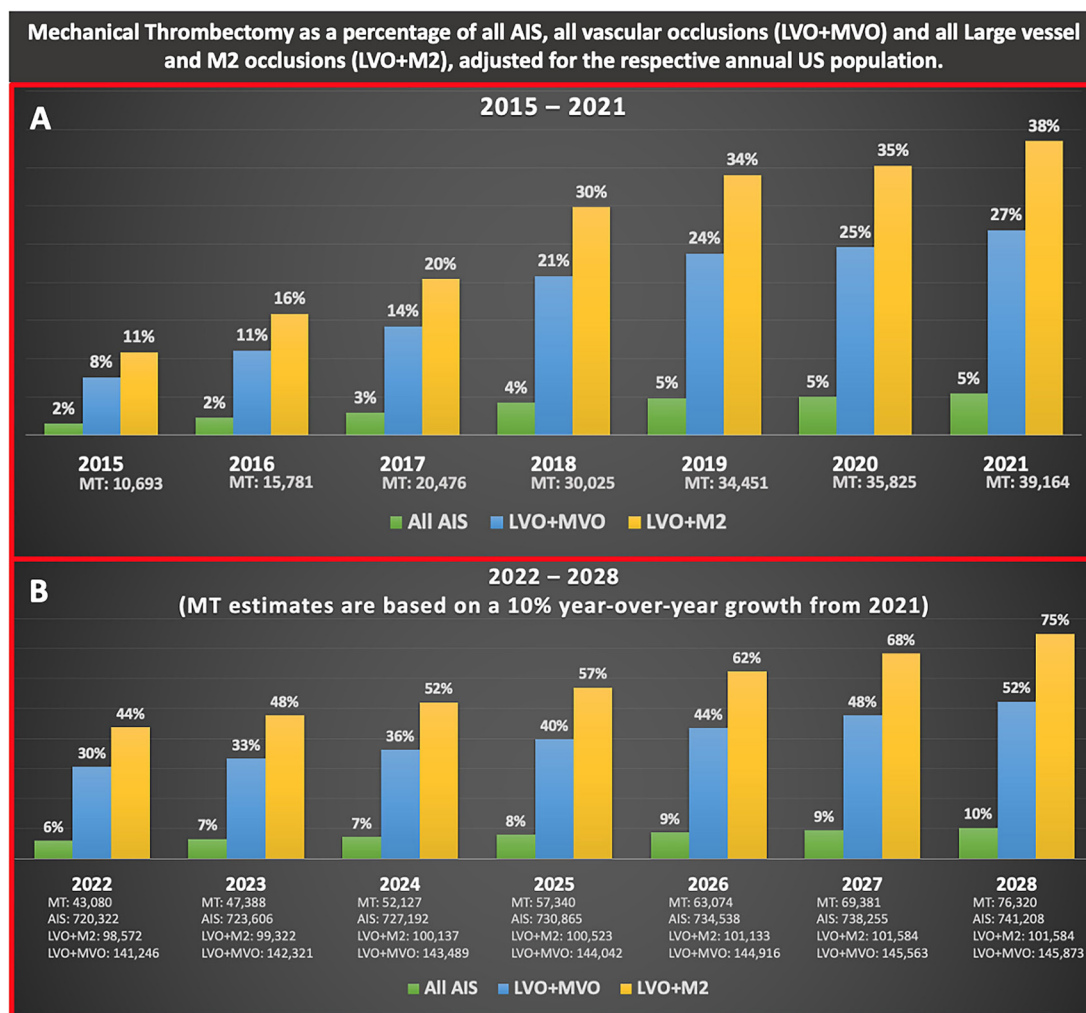


Figure 4 Annual mechanical thrombectomy (MT) procedures in the USA as a percentage of all acute ischemic stroke (AIS), all large and medium vessel strokes (LVO+MVO) and all large vessel (LVO) and M2 occlusions. The disease incidence is adjusted for the expected year-over-year change in the US population. (A) Data presented from 2015 to 2021 with MT estimates derived from the methodology described in this paper. (B) Future estimated growth in MT procedures from 2022 to 2028 based on a 10% annual growth rate from the 2021 MT volume.

on the epidemiology of AIS is difficult to quantify because the literature is mixed. One recent meta-analysis showed an increased risk of ischemic stroke,⁷ other studies describing regional experiences in emergent stroke care showed a decline in acute stroke admissions and reperfusion rates,⁸ while another regional study did not show any differences in the treatment metrics between pandemic and pre-pandemic cases.⁹ A few studies showed a disruptive effect of the pandemic on stroke care¹⁰ with a significant decline in acute stroke presentations.^{11,12} Other studies have shown an increased incidence and severity of LVOs in patients with COVID-19.^{13–16} It is reasonable to assume that there was some disruptive effect of COVID-19 on acute stroke care, but it may be a stretch to attribute the entire decrease in MT growth since 2018 to the pandemic. Supply chain issues related to a shortage of iodinated contrast^{17,18} have impacted radiology departments throughout the country, but there are no reports—and it is unlikely—that this affected emergent care.

One possible explanation for the recent decline in growth is that the initial rapid adoption of MT after 2015 captured the ‘low hanging fruit’. There had been a significant slump in endovascular stroke care following the publication of the negative MT trials in 2013,^{19,20} but from an infrastructure perspective many centers maintained comprehensive endovascular capabilities,

neurointerventional staffing, and established referral pathways. Once the efficacy of endovascular stroke therapy was proven, these centers rapidly geared up to treat large vessel strokes. With time, other centers opened up and MT procedures not only grew as a whole but care was distributed among more hospitals. The relatively sluggish growth in the last 3 years may be due to some degree of market saturation and the need for different measures to overcome the logistical barriers in providing endovascular care. Similar trends were observed in cardiology following the revolution in percutaneous coronary interventions (PCI). The Global Registry of Acute Coronary Events (GRACE) showed that, from 1999 to 2006, primary PCIs for patients with ST-elevation myocardial infarction (STEMI) grew at about 30% for the first 2 years, 19% for the next 2 years, and fell to an average of 9% for the 2 years after that.²¹ In the same Registry, only 30% of patients admitted for acute coronary syndrome (ACS) received a PCI in the first 12 hours.²² The highest reported percentage of patients with ACS receiving a primary PCI is 75%.²³ A more recent paper reported a primary PCI rate of 46% for patients with STEMI.²⁴

We estimate 718 191 (95% CI 661 483 to 791 121) AIS per year, which is higher than the AHA estimate perhaps because we adjusted it for population growth. LVOs or MVOs are estimated

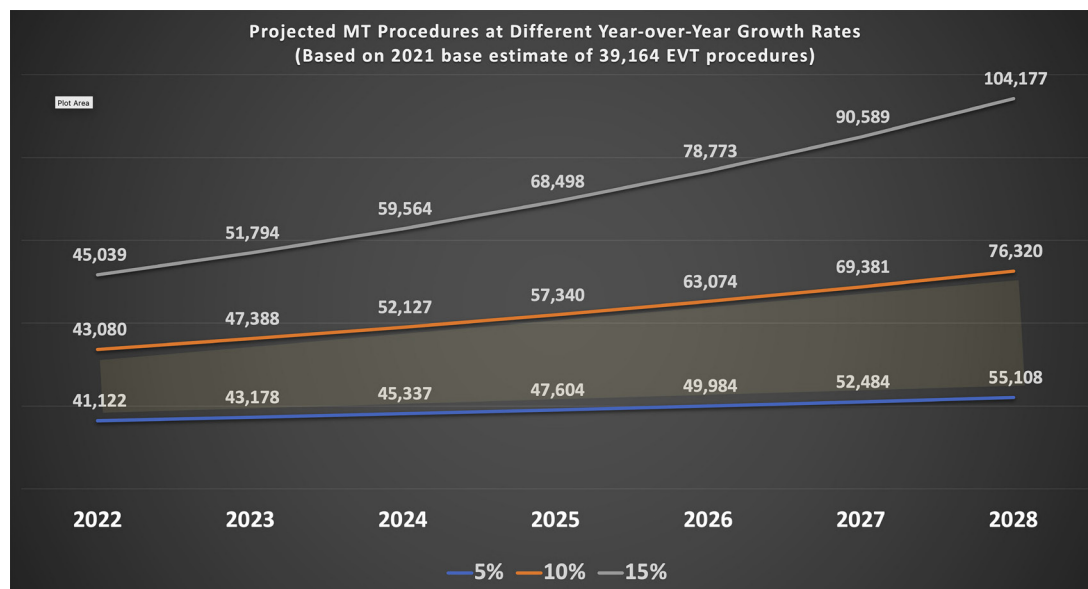


Figure 5 Future annual mechanical thrombectomy (MT) estimates projected at different year-over-year growth rates. The 2021 MT numbers of 39 164 are used as the base estimate for 2022.

to be around 144 000 per year. The proportion of disease treated is an important metric when determining the penetration of a treatment. The percentage of STEMI cases treated by acute coronary interventions can serve as a guide for MT infiltration in LVOs and MVOs. Figure 3 indicates that the proportion of all AIS and vascular occlusion strokes treated with MT has been increasing. The 2021 MT numbers represent almost 40% of all LVOs+M2 occlusions and 27% of all LVOs and MVOs. We have included M2 occlusions with LVOs as proximal M2 occlusions are currently being treated at most centers. If acute coronary interventions are a guide, then it is unlikely that MT will capture more than 60–70% of all treatable strokes. About 75 000 annual MT procedures represent 75% of all M1, M2, ICA-T and BA occlusions and 50% of all LVOs and MVOs. Endovascular treatment of 75% of all vascular occlusions gives about 110 000 annual MT procedures but this is probably an unlikely target, at least in the next several years. These percentages are independent of the infarct core size, which means that inclusion of large core strokes may not have a meaningful impact on the percentage of disease treated.

Inclusion of small and medium vessel strokes could help expand the MT numbers faster but does not significantly change the market cap of MT procedures, even accounting for the change in annual population. A variable that could increase the overall disease burden is the growth in the population aged >60 years, which accounts for the bulk of AIS. Expansion of MT in this population could be enhanced by acute detection, efficient transfer and early arrival at stroke centers. Endovascular stroke care may have pushed past the initial organic growth following the sudden surge in demand. Future growth may require a sustained methodical approach targeting infrastructure and workflow barriers in acute endovascular stroke care.

Study limitations

The incidence of AIS and LVOs and MVOs can vary geographically. The data presented here are from counties in a rural setting in the traditional ‘stroke belt’. As such, our estimates likely represent the upper limits of the total disease burden. It is possible that smaller hospitals or those in an urban environment have different rates, so universal application of these statistics could

be misleading unless other variables are homogeneously taken into account and similar methodology is followed. We have mitigated these variations by following previously published methodologies for population studies and have provided our own detailed methodology so others can replicate if needed. We have also provided individual rates of vascular occlusion by location, allowing for permutations of LVOs or MVOs based on varying definitions of the occlusion sites. Our calculation of the MT estimates is dependent on the accuracy of procedural coding and data availability from different federal sources. As such, inherent inaccuracies are possible and an analysis based on other data sources may yield different numbers. We hope that the detailed description of our methodology will help critical evaluation of the data and any replication if desired.

CONCLUSION

We estimate 718 191 (95% CI 661 483 to 791 121) AIS per year in the USA, of which 21% (95% CI 15% to 29%) have an underlying vascular occlusion (LVOs: 11%, MVOs: 10%). The majority (63%) of the AIS are estimated in the ≥65 year age group. There has been a relative flattening of the MT growth curve in recent years compared with the initial rapid growth. Almost 40 000 MT procedures were performed in 2021, accounting for 5% of all AIS and 27% of all AIS with an underlying vascular occlusion. A double digit year-over-year growth over the next 10 years is probably unlikely, but a 5–10% growth may be possible given the current trajectory. Factors that could escalate the growth curve are a heightened focus on the ageing population, inclusion of distal and medium vessel occlusions if a benefit is shown in trials, improved early detection methods, workflow efficiencies and neuroprotective therapies that may retard infarct growth or improve treatment outcomes. These efforts may lead to MT volumes in the USA of between 67 000 and 76 000 by 2028.

Twitter Ansaar T Rai @Ansaar_Rai

Contributors ATR and PSL contributed to the study design, data analysis and manuscript preparation. JRD and PSL contributed to data collection. ATR is the guarantor of the paper.

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.

Map disclaimer The inclusion of any map (including the depiction of any boundaries therein), or of any geographic or locational reference, does not imply the expression of any opinion whatsoever on the part of BMJ concerning the legal status of any country, territory, jurisdiction or area or of its authorities. Any such expression remains solely that of the relevant source and is not endorsed by BMJ. Maps are provided without any warranty of any kind, either expressed or implied.

Competing interests None declared.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement All data relevant to the study are included in the article or uploaded as supplementary information.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iD

Ansaar T Rai <http://orcid.org/0000-0001-9864-4805>

REFERENCES

- 1 Tsao CW, Aday AW, Almarazooq ZI, *et al.* Heart disease and stroke statistics—2022 update: a report from the American Heart Association. *Circulation* 2022;145.
- 2 Waqas M, Rai AT, Vakharia K, *et al.* Effect of definition and methods on estimates of prevalence of large vessel occlusion in acute ischemic stroke: a systematic review and meta-analysis. *J Neurointerv Surg* 2020;12:260–5.
- 3 Lakomkin N, Dhamoon M, Carroll K, *et al.* Prevalence of large vessel occlusion in patients presenting with acute ischemic stroke: a 10-year systematic review of the literature. *J Neurointerv Surg* 2019;11:241–5.
- 4 Broderick J, Brott T, Kothari R, *et al.* The Greater Cincinnati/Northern Kentucky Stroke Study: preliminary first-ever and total incidence rates of stroke among blacks. *Stroke* 1998;29:415–21.
- 5 Rai AT, Seldon AE, Boo S, *et al.* A population-based incidence of acute large vessel occlusions and thrombectomy eligible patients indicates significant potential for growth of endovascular stroke therapy in the USA. *J Neurointerv Surg* 2017;9:722–6.
- 6 Rai AT, Domico JR, Buseman C, *et al.* A population-based incidence of M2 strokes indicates potential expansion of large vessel occlusions amenable to endovascular therapy. *J Neurointerv Surg* 2018;10:510–5.
- 7 Katsanos AH, Palaioodimou L, Zand R, *et al.* The impact of SARS-CoV-2 on stroke epidemiology and care: a meta-analysis. *Ann Neurol* 2021;89:380–8.
- 8 Hsiao J, Sayles E, Antzoulatos E, *et al.* Effect of COVID-19 on emergent stroke care: a regional experience. *Stroke* 2020;51:e2111–4.
- 9 Agarwal S, Scher E, Rossan-Raghunath N, *et al.* Acute stroke care in a New York City comprehensive stroke center during the COVID-19 pandemic. *J Stroke Cerebrovasc Dis* 2020;29:105068.
- 10 Montaner J, Barragán-Prieto A, Pérez-Sánchez S, *et al.* Break in the stroke chain of survival due to COVID-19. *Stroke* 2020;51:2307–14.
- 11 Uchino K, Kolikonda MK, Brown D, *et al.* Decline in stroke presentations during COVID-19 surge. *Stroke* 2020;51:2544–7.
- 12 Saban M, Reznik A, Shachar T, *et al.* The effect of the COVID-19 pandemic on ED referrals and care for stroke patients: a four-year comparative study. *J Crit Care* 2021;62:230–4.
- 13 Oxley TJ, Mocco J, Majidi S, *et al.* Large-vessel stroke as a presenting feature of Covid-19 in the young. *N Engl J Med* 2020;382:e60.
- 14 Kihira S, Schefflein J, Mahmoudi K, *et al.* Association of coronavirus disease (COVID-19) with large vessel occlusion strokes: a case-control study. *AJR Am J Roentgenol* 2021;216:150–6.
- 15 Escalard S, Chalumeau V, Escalard C, *et al.* Early brain imaging shows increased severity of acute ischemic strokes with large vessel occlusion in COVID-19 patients. *Stroke* 2020;51:3366–70.
- 16 Escalard S, Maier B, Redjem H, *et al.* Treatment of acute ischemic stroke due to large vessel occlusion with COVID-19: experience from Paris. *Stroke* 2020;51:2540–3.
- 17 Eibschutz LS, Gholamrezanezhad A. How low can we go? Strategies and recommendations to combat the iodinated contrast shortage. *Emerg Radiol* 2022;29:925–8.
- 18 Grist TM, Canon CL, Fishman EK, *et al.* Short-, mid-, and long-term strategies to manage the shortage of iohexol. *Radiology* 2022;304:289–93.
- 19 Broderick JP, Palesch YY, Demchuk AM, *et al.* Endovascular therapy after intravenous t-PA versus t-PA alone for stroke. *N Engl J Med* 2013;368:893–903.
- 20 Kidwell CS, Jahan R, Gornbein J, *et al.* A trial of imaging selection and endovascular treatment for ischemic stroke. *N Engl J Med Overseas Ed* 2013;368:914–23.
- 21 Eagle KA, Nallamothu BK, Mehta RH, *et al.* Trends in acute reperfusion therapy for ST-segment elevation myocardial infarction from 1999 to 2006: we are getting better but we have got a long way to go. *Eur Heart J* 2008;29:609–17.
- 22 Goodman SG, Huang W, Yan AT, *et al.* The expanded Global Registry of Acute Coronary Events: baseline characteristics, management practices, and hospital outcomes of patients with acute coronary syndromes. *Am Heart J* 2009;158:193–201.
- 23 Ryan J, Linde-Zwirble W, Engelhart L, *et al.* Temporal changes in coronary revascularization procedures, outcomes, and costs in the bare-metal stent and drug-eluting stent eras: results from the US Medicare program. *Circulation* 2009;119:952–61.
- 24 McManus DD, Gore J, Yarzebski J, *et al.* Recent trends in the incidence, treatment, and outcomes of patients with STEMI and NSTEMI. *Am J Med* 2011;124:40–7.

Supplemental Table-1

Mechanical Thrombectomy Procedure Codes

| Px code | Description |
|---------|---|
| 03CG3ZZ | Extirpation of Matter from Intracranial Artery, Percutaneous Approach |
| 03CG3Z7 | Extirpation of Matter from Intracranial Artery using Stent Retriever, Percutaneous Approach |
| 03CG3Z6 | Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Approach |
| 03CH3ZZ | Extirpation of Matter from Right Common Carotid Artery, Percutaneous Approach |
| 03CH3Z7 | Extirpation of Matter from Right Common Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CJ3ZZ | Extirpation of Matter from Left Common Carotid Artery, Percutaneous Approach |
| 03CJ3Z7 | Extirpation of Matter from Left Common Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CK3ZZ | Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Approach |
| 03CK3Z7 | Extirpation of Matter from Right Internal Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CL3ZZ | Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Approach |
| 03CL3Z7 | Extirpation of Matter from Left Internal Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CM3ZZ | Extirpation of Matter from Right External Carotid Artery, Percutaneous Approach |
| 03CM3Z7 | Extirpation of Matter from Right External Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CN3ZZ | Extirpation of Matter from Left External Carotid Artery, Percutaneous Approach |
| 03CN3Z7 | Extirpation of Matter from Left External Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CP3ZZ | Extirpation of Matter from Right Vertebral Artery, Percutaneous Approach |
| 03CP3Z7 | Extirpation of Matter from Right Vertebral Artery using Stent Retriever, Percutaneous Approach |
| 03CQ3ZZ | Extirpation of Matter from Left Vertebral Artery, Percutaneous Approach |
| 03CQ3Z7 | Extirpation of Matter from Left Vertebral Artery using Stent Retriever, Percutaneous Approach |
| 03CS3ZZ | Extirpation of Matter from Right Temporal Artery, Percutaneous Approach |
| 03CT3ZZ | Extirpation of Matter from Left Temporal Artery, Percutaneous Approach |
| 03CY3ZZ | Extirpation of Matter from Upper Artery, Percutaneous Approach |

Supplemental Table-2

Stroke Diagnosis Codes

| | |
|--------|--|
| G450 | Vertebro-basilar artery syndrome |
| G451 | Carotid artery syndrome (hemispheric) |
| G452 | Multiple and bilateral precerebral artery syndromes |
| G454 | Transient global amnesia |
| G458 | Other transient cerebral ischemic attacks and related syndromes |
| G459 | Transient cerebral ischemic attack, unspecified |
| G460 | Middle cerebral artery syndrome |
| G461 | Anterior cerebral artery syndrome |
| G462 | Posterior cerebral artery syndrome |
| G463 | Brain stem stroke syndrome |
| G464 | Cerebellar stroke syndrome |
| G465 | Pure motor lacunar syndrome |
| G466 | Pure sensory lacunar syndrome |
| G467 | Other lacunar syndromes |
| G468 | Other vascular syndromes of brain in cerebrovascular diseases |
| I6300 | Cerebral infarction due to thrombosis of unspecified precerebral artery |
| I63011 | Cerebral infarction due to thrombosis of right vertebral artery |
| I63012 | Cerebral infarction due to thrombosis of left vertebral artery |
| I63013 | Cerebral infarction due to thrombosis of bilateral vertebral arteries |
| I63019 | Cerebral infarction due to thrombosis of unspecified vertebral artery |
| I6302 | Cerebral infarction due to thrombosis of basilar artery |
| I63031 | Cerebral infarction due to thrombosis of right carotid artery |
| I63032 | Cerebral infarction due to thrombosis of left carotid artery |
| I63033 | Cerebral infarction due to thrombosis of bilateral carotid arteries |
| I63039 | Cerebral infarction due to thrombosis of unspecified carotid artery |
| I6309 | Cerebral infarction due to thrombosis of other precerebral artery |
| I6310 | Cerebral infarction due to embolism of unspecified precerebral artery |
| I63111 | Cerebral infarction due to embolism of right vertebral artery |
| I63112 | Cerebral infarction due to embolism of left vertebral artery |
| I63113 | Cerebral infarction due to embolism of bilateral vertebral arteries |
| I63119 | Cerebral infarction due to embolism of unspecified vertebral artery |
| I6312 | Cerebral infarction due to embolism of basilar artery |
| I63131 | Cerebral infarction due to embolism of right carotid artery |
| I63132 | Cerebral infarction due to embolism of left carotid artery |
| I63133 | Cerebral infarction due to embolism of bilateral carotid arteries |
| I63139 | Cerebral infarction due to embolism of unspecified carotid artery |
| I6319 | Cerebral infarction due to embolism of other precerebral artery |
| I6320 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries |
| I63211 | Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery |

| | |
|--------|--|
| I63212 | Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery |
| I63213 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries |
| I63219 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery |
| I6322 | Cerebral infarction due to unspecified occlusion or stenosis of basilar artery |
| I63231 | Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries |
| I63232 | Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries |
| I63233 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries |
| I63239 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery |
| I6329 | Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries |
| I6330 | Cerebral infarction due to thrombosis of unspecified cerebral artery |
| I63311 | Cerebral infarction due to thrombosis of right middle cerebral artery |
| I63312 | Cerebral infarction due to thrombosis of left middle cerebral artery |
| I63313 | Cerebral infarction due to thrombosis of bilateral middle cerebral arteries |
| I63319 | Cerebral infarction due to thrombosis of unspecified middle cerebral artery |
| I63321 | Cerebral infarction due to thrombosis of right anterior cerebral artery |
| I63322 | Cerebral infarction due to thrombosis of left anterior cerebral artery |
| I63323 | Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries |
| I63329 | Cerebral infarction due to thrombosis of unspecified anterior cerebral artery |
| I63331 | Cerebral infarction due to thrombosis of right posterior cerebral artery |
| I63332 | Cerebral infarction due to thrombosis of left posterior cerebral artery |
| I63333 | Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries |
| I63339 | Cerebral infarction due to thrombosis of unspecified posterior cerebral artery |
| I63341 | Cerebral infarction due to thrombosis of right cerebellar artery |
| I63342 | Cerebral infarction due to thrombosis of left cerebellar artery |
| I63343 | Cerebral infarction due to thrombosis of bilateral cerebellar arteries |
| I63349 | Cerebral infarction due to thrombosis of unspecified cerebellar artery |
| I6339 | Cerebral infarction due to thrombosis of other cerebral artery |
| I6340 | Cerebral infarction due to embolism of unspecified cerebral artery |
| I63411 | Cerebral infarction due to embolism of right middle cerebral artery |
| I63412 | Cerebral infarction due to embolism of left middle cerebral artery |
| I63413 | Cerebral infarction due to embolism of bilateral middle cerebral arteries |
| I63419 | Cerebral infarction due to embolism of unspecified middle cerebral artery |
| I63421 | Cerebral infarction due to embolism of right anterior cerebral artery |
| I63422 | Cerebral infarction due to embolism of left anterior cerebral artery |
| I63423 | Cerebral infarction due to embolism of bilateral anterior cerebral arteries |
| I63429 | Cerebral infarction due to embolism of unspecified anterior cerebral artery |
| I63431 | Cerebral infarction due to embolism of right posterior cerebral artery |
| I63432 | Cerebral infarction due to embolism of left posterior cerebral artery |
| I63433 | Cerebral infarction due to embolism of bilateral posterior cerebral arteries |
| I63439 | Cerebral infarction due to embolism of unspecified posterior cerebral artery |
| I63441 | Cerebral infarction due to embolism of right cerebellar artery |
| I63442 | Cerebral infarction due to embolism of left cerebellar artery |
| I63443 | Cerebral infarction due to embolism of bilateral cerebellar arteries |

| | |
|--------|---|
| I63449 | Cerebral infarction due to embolism of unspecified cerebellar artery |
| I6349 | Cerebral infarction due to embolism of other cerebral artery |
| I6350 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery |
| I63511 | Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery |
| I63512 | Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery |
| I63513 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries |
| I63519 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery |
| I63521 | Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery |
| I63522 | Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery |
| I63523 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries |
| I63529 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery |
| I63531 | Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery |
| I63532 | Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery |
| I63533 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries |
| I63539 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery |
| I63541 | Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery |
| I63542 | Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery |
| I63543 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries |
| I63549 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery |
| I6359 | Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery |
| I636 | Cerebral infarction due to cerebral venous thrombosis, nonpyogenic |
| I638 | Other cerebral infarction |
| I639 | Cerebral infarction, unspecified |
| I6501 | Occlusion and stenosis of right vertebral artery |
| I6502 | Occlusion and stenosis of left vertebral artery |
| I6503 | Occlusion and stenosis of bilateral vertebral arteries |
| I6509 | Occlusion and stenosis of unspecified vertebral artery |
| I651 | Occlusion and stenosis of basilar artery |
| I6521 | Occlusion and stenosis of right carotid artery |
| I6522 | Occlusion and stenosis of left carotid artery |
| I6523 | Occlusion and stenosis of bilateral carotid arteries |
| I6529 | Occlusion and stenosis of unspecified carotid artery |
| I658 | Occlusion and stenosis of other precerebral arteries |
| I659 | Occlusion and stenosis of unspecified precerebral artery |
| I6601 | Occlusion and stenosis of right middle cerebral artery |
| I6602 | Occlusion and stenosis of left middle cerebral artery |
| I6603 | Occlusion and stenosis of bilateral middle cerebral arteries |
| I6609 | Occlusion and stenosis of unspecified middle cerebral artery |
| I6611 | Occlusion and stenosis of right anterior cerebral artery |
| I6612 | Occlusion and stenosis of left anterior cerebral artery |
| I6613 | Occlusion and stenosis of bilateral anterior cerebral arteries |
| I6619 | Occlusion and stenosis of unspecified anterior cerebral artery |
| I6621 | Occlusion and stenosis of right posterior cerebral artery |

| | |
|--------|---|
| I6622 | Occlusion and stenosis of left posterior cerebral artery |
| I6623 | Occlusion and stenosis of bilateral posterior cerebral arteries |
| I6629 | Occlusion and stenosis of unspecified posterior cerebral artery |
| I663 | Occlusion and stenosis of cerebellar arteries |
| I668 | Occlusion and stenosis of other cerebral arteries |
| I669 | Occlusion and stenosis of unspecified cerebral artery |
| I672 | Cerebral atherosclerosis |
| I674 | Hypertensive encephalopathy |
| I677 | Cerebral arteritis, not elsewhere classified |
| I6781 | Acute cerebrovascular insufficiency |
| I6782 | Cerebral ischemia |
| I67841 | Reversible cerebrovascular vasoconstriction syndrome |
| I67848 | Other cerebrovascular vasospasm and vasoconstriction |
| I6789 | Other cerebrovascular disease |
| I679 | Cerebrovascular disease, unspecified |
| I680 | Cerebral amyloid angiopathy |
| I682 | Cerebral arteritis in other diseases classified elsewhere |
| I688 | Other cerebrovascular disorders in diseases classified elsewhere |
| I6901 | Cognitive deficits following nontraumatic subarachnoid hemorrhage |
| I69020 | Aphasia following nontraumatic subarachnoid hemorrhage |
| I69021 | Dysphasia following nontraumatic subarachnoid hemorrhage |
| I69022 | Dysarthria following nontraumatic subarachnoid hemorrhage |
| I69023 | Fluency disorder following nontraumatic subarachnoid hemorrhage |
| I69028 | Other speech and language deficits following nontraumatic subarachnoid hemorrhage |
| I6911 | Cognitive deficits following nontraumatic intracerebral hemorrhage |
| I69120 | Aphasia following nontraumatic intracerebral hemorrhage |
| I69121 | Dysphasia following nontraumatic intracerebral hemorrhage |
| I69122 | Dysarthria following nontraumatic intracerebral hemorrhage |
| I69123 | Fluency disorder following nontraumatic intracerebral hemorrhage |
| I69128 | Other speech and language deficits following nontraumatic intracerebral hemorrhage |
| I6921 | Cognitive deficits following other nontraumatic intracranial hemorrhage |
| I69220 | Aphasia following other nontraumatic intracranial hemorrhage |
| I69221 | Dysphasia following other nontraumatic intracranial hemorrhage |
| I69222 | Dysarthria following other nontraumatic intracranial hemorrhage |
| I69223 | Fluency disorder following other nontraumatic intracranial hemorrhage |
| I69228 | Other speech and language deficits following other nontraumatic intracranial hemorrhage |
| I6931 | Cognitive deficits following cerebral infarction |
| I69320 | Aphasia following cerebral infarction |
| I69321 | Dysphasia following cerebral infarction |
| I69322 | Dysarthria following cerebral infarction |
| I69323 | Fluency disorder following cerebral infarction |
| I69328 | Other speech and language deficits following cerebral infarction |
| I6981 | Cognitive deficits following other cerebrovascular disease |

| | |
|--------|--|
| I69820 | Aphasia following other cerebrovascular disease |
| I69821 | Dysphasia following other cerebrovascular disease |
| I69822 | Dysarthria following other cerebrovascular disease |
| I69823 | Fluency disorder following other cerebrovascular disease |
| I69828 | Other speech and language deficits following other cerebrovascular disease |
| I6991 | Cognitive deficits following unspecified cerebrovascular disease |
| I69920 | Aphasia following unspecified cerebrovascular disease |
| I69921 | Dysphasia following unspecified cerebrovascular disease |
| I69922 | Dysarthria following unspecified cerebrovascular disease |
| I69923 | Fluency disorder following unspecified cerebrovascular disease |
| I69928 | Other speech and language deficits following unspecified cerebrovascular disease |

ICMJE DISCLOSURE FORM

Date: 11/29/2022

Your Name: JENNIFER DOMICO

Manuscript Title: Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care.

Manuscript Number (if known): jnis-2022-019777.R1

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

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | | | |
|----|--|---|---|--|---------------------------------|--|--|--|--|--|--|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Payments to self for consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | Payments to self for consulting | | | | | | |
| | Payments to self for consulting | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | | | | | | | |

ICMJE DISCLOSURE FORM

Date: 11/29/2022

Your Name: PAUL LINK

Manuscript Title: Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care.

Manuscript Number (if known): jnis-2022-019777.R1

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

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | | | |
|----|--|--|---|---------------------------------|--|--|--|--|--|--|--|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Payments to self for consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Payments to self for consulting | | | | | | | |
| | Payments to self for consulting | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | | | | | | | |

ICMJE DISCLOSURE FORM

Date: 11/29/2022

Your Name: Ansaar T. Rai

Manuscript Title: Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care.

Manuscript Number (if known): jnis-2022-019777.R1

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

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | | | |
|-----------------------|--|--|---|-----------------------|---------------------------------|-----------|---------------------------------|--|--|--|--|
| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Stryker Neurovascular</td> <td>Payments to self for consulting</td> </tr> <tr> <td>Cerenovus</td> <td>Payments to self for consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Stryker Neurovascular | Payments to self for consulting | Cerenovus | Payments to self for consulting | | | | |
| Stryker Neurovascular | Payments to self for consulting | | | | | | | | | | |
| Cerenovus | Payments to self for consulting | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1"> <tr> <td>Cerenovus</td> <td>Advisory Board</td> </tr> <tr> <td>Delphi</td> <td>DSMB</td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Cerenovus | Advisory Board | Delphi | DSMB | | | | |
| Cerenovus | Advisory Board | | | | | | | | | | |
| Delphi | DSMB | | | | | | | | | | |
| | | | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | | | | | | | |

Supplemental Table-1

Mechanical Thrombectomy Procedure Codes

| Px code | Description |
|---------|---|
| 03CG3ZZ | Extirpation of Matter from Intracranial Artery, Percutaneous Approach |
| 03CG3Z7 | Extirpation of Matter from Intracranial Artery using Stent Retriever, Percutaneous Approach |
| 03CG3Z6 | Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Approach |
| 03CH3ZZ | Extirpation of Matter from Right Common Carotid Artery, Percutaneous Approach |
| 03CH3Z7 | Extirpation of Matter from Right Common Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CJ3ZZ | Extirpation of Matter from Left Common Carotid Artery, Percutaneous Approach |
| 03CJ3Z7 | Extirpation of Matter from Left Common Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CK3ZZ | Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Approach |
| 03CK3Z7 | Extirpation of Matter from Right Internal Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CL3ZZ | Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Approach |
| 03CL3Z7 | Extirpation of Matter from Left Internal Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CM3ZZ | Extirpation of Matter from Right External Carotid Artery, Percutaneous Approach |
| 03CM3Z7 | Extirpation of Matter from Right External Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CN3ZZ | Extirpation of Matter from Left External Carotid Artery, Percutaneous Approach |
| 03CN3Z7 | Extirpation of Matter from Left External Carotid Artery using Stent Retriever, Percutaneous Approach |
| 03CP3ZZ | Extirpation of Matter from Right Vertebral Artery, Percutaneous Approach |
| 03CP3Z7 | Extirpation of Matter from Right Vertebral Artery using Stent Retriever, Percutaneous Approach |
| 03CQ3ZZ | Extirpation of Matter from Left Vertebral Artery, Percutaneous Approach |
| 03CQ3Z7 | Extirpation of Matter from Left Vertebral Artery using Stent Retriever, Percutaneous Approach |
| 03CS3ZZ | Extirpation of Matter from Right Temporal Artery, Percutaneous Approach |
| 03CT3ZZ | Extirpation of Matter from Left Temporal Artery, Percutaneous Approach |
| 03CY3ZZ | Extirpation of Matter from Upper Artery, Percutaneous Approach |

Supplemental Table-2

Stroke Diagnosis Codes

| | |
|--------|--|
| G450 | Vertebro-basilar artery syndrome |
| G451 | Carotid artery syndrome (hemispheric) |
| G452 | Multiple and bilateral precerebral artery syndromes |
| G454 | Transient global amnesia |
| G458 | Other transient cerebral ischemic attacks and related syndromes |
| G459 | Transient cerebral ischemic attack, unspecified |
| G460 | Middle cerebral artery syndrome |
| G461 | Anterior cerebral artery syndrome |
| G462 | Posterior cerebral artery syndrome |
| G463 | Brain stem stroke syndrome |
| G464 | Cerebellar stroke syndrome |
| G465 | Pure motor lacunar syndrome |
| G466 | Pure sensory lacunar syndrome |
| G467 | Other lacunar syndromes |
| G468 | Other vascular syndromes of brain in cerebrovascular diseases |
| I6300 | Cerebral infarction due to thrombosis of unspecified precerebral artery |
| I63011 | Cerebral infarction due to thrombosis of right vertebral artery |
| I63012 | Cerebral infarction due to thrombosis of left vertebral artery |
| I63013 | Cerebral infarction due to thrombosis of bilateral vertebral arteries |
| I63019 | Cerebral infarction due to thrombosis of unspecified vertebral artery |
| I6302 | Cerebral infarction due to thrombosis of basilar artery |
| I63031 | Cerebral infarction due to thrombosis of right carotid artery |
| I63032 | Cerebral infarction due to thrombosis of left carotid artery |
| I63033 | Cerebral infarction due to thrombosis of bilateral carotid arteries |
| I63039 | Cerebral infarction due to thrombosis of unspecified carotid artery |
| I6309 | Cerebral infarction due to thrombosis of other precerebral artery |
| I6310 | Cerebral infarction due to embolism of unspecified precerebral artery |
| I63111 | Cerebral infarction due to embolism of right vertebral artery |
| I63112 | Cerebral infarction due to embolism of left vertebral artery |
| I63113 | Cerebral infarction due to embolism of bilateral vertebral arteries |
| I63119 | Cerebral infarction due to embolism of unspecified vertebral artery |
| I6312 | Cerebral infarction due to embolism of basilar artery |
| I63131 | Cerebral infarction due to embolism of right carotid artery |
| I63132 | Cerebral infarction due to embolism of left carotid artery |
| I63133 | Cerebral infarction due to embolism of bilateral carotid arteries |
| I63139 | Cerebral infarction due to embolism of unspecified carotid artery |
| I6319 | Cerebral infarction due to embolism of other precerebral artery |
| I6320 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries |
| I63211 | Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery |

| | |
|--------|--|
| I63212 | Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery |
| I63213 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries |
| I63219 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery |
| I6322 | Cerebral infarction due to unspecified occlusion or stenosis of basilar artery |
| I63231 | Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries |
| I63232 | Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries |
| I63233 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries |
| I63239 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery |
| I6329 | Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries |
| I6330 | Cerebral infarction due to thrombosis of unspecified cerebral artery |
| I63311 | Cerebral infarction due to thrombosis of right middle cerebral artery |
| I63312 | Cerebral infarction due to thrombosis of left middle cerebral artery |
| I63313 | Cerebral infarction due to thrombosis of bilateral middle cerebral arteries |
| I63319 | Cerebral infarction due to thrombosis of unspecified middle cerebral artery |
| I63321 | Cerebral infarction due to thrombosis of right anterior cerebral artery |
| I63322 | Cerebral infarction due to thrombosis of left anterior cerebral artery |
| I63323 | Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries |
| I63329 | Cerebral infarction due to thrombosis of unspecified anterior cerebral artery |
| I63331 | Cerebral infarction due to thrombosis of right posterior cerebral artery |
| I63332 | Cerebral infarction due to thrombosis of left posterior cerebral artery |
| I63333 | Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries |
| I63339 | Cerebral infarction due to thrombosis of unspecified posterior cerebral artery |
| I63341 | Cerebral infarction due to thrombosis of right cerebellar artery |
| I63342 | Cerebral infarction due to thrombosis of left cerebellar artery |
| I63343 | Cerebral infarction due to thrombosis of bilateral cerebellar arteries |
| I63349 | Cerebral infarction due to thrombosis of unspecified cerebellar artery |
| I6339 | Cerebral infarction due to thrombosis of other cerebral artery |
| I6340 | Cerebral infarction due to embolism of unspecified cerebral artery |
| I63411 | Cerebral infarction due to embolism of right middle cerebral artery |
| I63412 | Cerebral infarction due to embolism of left middle cerebral artery |
| I63413 | Cerebral infarction due to embolism of bilateral middle cerebral arteries |
| I63419 | Cerebral infarction due to embolism of unspecified middle cerebral artery |
| I63421 | Cerebral infarction due to embolism of right anterior cerebral artery |
| I63422 | Cerebral infarction due to embolism of left anterior cerebral artery |
| I63423 | Cerebral infarction due to embolism of bilateral anterior cerebral arteries |
| I63429 | Cerebral infarction due to embolism of unspecified anterior cerebral artery |
| I63431 | Cerebral infarction due to embolism of right posterior cerebral artery |
| I63432 | Cerebral infarction due to embolism of left posterior cerebral artery |
| I63433 | Cerebral infarction due to embolism of bilateral posterior cerebral arteries |
| I63439 | Cerebral infarction due to embolism of unspecified posterior cerebral artery |
| I63441 | Cerebral infarction due to embolism of right cerebellar artery |
| I63442 | Cerebral infarction due to embolism of left cerebellar artery |
| I63443 | Cerebral infarction due to embolism of bilateral cerebellar arteries |

| | |
|--------|---|
| I63449 | Cerebral infarction due to embolism of unspecified cerebellar artery |
| I6349 | Cerebral infarction due to embolism of other cerebral artery |
| I6350 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery |
| I63511 | Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery |
| I63512 | Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery |
| I63513 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries |
| I63519 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery |
| I63521 | Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery |
| I63522 | Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery |
| I63523 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries |
| I63529 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery |
| I63531 | Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery |
| I63532 | Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery |
| I63533 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries |
| I63539 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery |
| I63541 | Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery |
| I63542 | Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery |
| I63543 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries |
| I63549 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery |
| I6359 | Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery |
| I636 | Cerebral infarction due to cerebral venous thrombosis, nonpyogenic |
| I638 | Other cerebral infarction |
| I639 | Cerebral infarction, unspecified |
| I6501 | Occlusion and stenosis of right vertebral artery |
| I6502 | Occlusion and stenosis of left vertebral artery |
| I6503 | Occlusion and stenosis of bilateral vertebral arteries |
| I6509 | Occlusion and stenosis of unspecified vertebral artery |
| I651 | Occlusion and stenosis of basilar artery |
| I6521 | Occlusion and stenosis of right carotid artery |
| I6522 | Occlusion and stenosis of left carotid artery |
| I6523 | Occlusion and stenosis of bilateral carotid arteries |
| I6529 | Occlusion and stenosis of unspecified carotid artery |
| I658 | Occlusion and stenosis of other precerebral arteries |
| I659 | Occlusion and stenosis of unspecified precerebral artery |
| I6601 | Occlusion and stenosis of right middle cerebral artery |
| I6602 | Occlusion and stenosis of left middle cerebral artery |
| I6603 | Occlusion and stenosis of bilateral middle cerebral arteries |
| I6609 | Occlusion and stenosis of unspecified middle cerebral artery |
| I6611 | Occlusion and stenosis of right anterior cerebral artery |
| I6612 | Occlusion and stenosis of left anterior cerebral artery |
| I6613 | Occlusion and stenosis of bilateral anterior cerebral arteries |
| I6619 | Occlusion and stenosis of unspecified anterior cerebral artery |
| I6621 | Occlusion and stenosis of right posterior cerebral artery |

| | |
|--------|---|
| I6622 | Occlusion and stenosis of left posterior cerebral artery |
| I6623 | Occlusion and stenosis of bilateral posterior cerebral arteries |
| I6629 | Occlusion and stenosis of unspecified posterior cerebral artery |
| I663 | Occlusion and stenosis of cerebellar arteries |
| I668 | Occlusion and stenosis of other cerebral arteries |
| I669 | Occlusion and stenosis of unspecified cerebral artery |
| I672 | Cerebral atherosclerosis |
| I674 | Hypertensive encephalopathy |
| I677 | Cerebral arteritis, not elsewhere classified |
| I6781 | Acute cerebrovascular insufficiency |
| I6782 | Cerebral ischemia |
| I67841 | Reversible cerebrovascular vasoconstriction syndrome |
| I67848 | Other cerebrovascular vasospasm and vasoconstriction |
| I6789 | Other cerebrovascular disease |
| I679 | Cerebrovascular disease, unspecified |
| I680 | Cerebral amyloid angiopathy |
| I682 | Cerebral arteritis in other diseases classified elsewhere |
| I688 | Other cerebrovascular disorders in diseases classified elsewhere |
| I6901 | Cognitive deficits following nontraumatic subarachnoid hemorrhage |
| I69020 | Aphasia following nontraumatic subarachnoid hemorrhage |
| I69021 | Dysphasia following nontraumatic subarachnoid hemorrhage |
| I69022 | Dysarthria following nontraumatic subarachnoid hemorrhage |
| I69023 | Fluency disorder following nontraumatic subarachnoid hemorrhage |
| I69028 | Other speech and language deficits following nontraumatic subarachnoid hemorrhage |
| I6911 | Cognitive deficits following nontraumatic intracerebral hemorrhage |
| I69120 | Aphasia following nontraumatic intracerebral hemorrhage |
| I69121 | Dysphasia following nontraumatic intracerebral hemorrhage |
| I69122 | Dysarthria following nontraumatic intracerebral hemorrhage |
| I69123 | Fluency disorder following nontraumatic intracerebral hemorrhage |
| I69128 | Other speech and language deficits following nontraumatic intracerebral hemorrhage |
| I6921 | Cognitive deficits following other nontraumatic intracranial hemorrhage |
| I69220 | Aphasia following other nontraumatic intracranial hemorrhage |
| I69221 | Dysphasia following other nontraumatic intracranial hemorrhage |
| I69222 | Dysarthria following other nontraumatic intracranial hemorrhage |
| I69223 | Fluency disorder following other nontraumatic intracranial hemorrhage |
| I69228 | Other speech and language deficits following other nontraumatic intracranial hemorrhage |
| I6931 | Cognitive deficits following cerebral infarction |
| I69320 | Aphasia following cerebral infarction |
| I69321 | Dysphasia following cerebral infarction |
| I69322 | Dysarthria following cerebral infarction |
| I69323 | Fluency disorder following cerebral infarction |
| I69328 | Other speech and language deficits following cerebral infarction |
| I6981 | Cognitive deficits following other cerebrovascular disease |

| | |
|--------|--|
| I69820 | Aphasia following other cerebrovascular disease |
| I69821 | Dysphasia following other cerebrovascular disease |
| I69822 | Dysarthria following other cerebrovascular disease |
| I69823 | Fluency disorder following other cerebrovascular disease |
| I69828 | Other speech and language deficits following other cerebrovascular disease |
| I6991 | Cognitive deficits following unspecified cerebrovascular disease |
| I69920 | Aphasia following unspecified cerebrovascular disease |
| I69921 | Dysphasia following unspecified cerebrovascular disease |
| I69922 | Dysarthria following unspecified cerebrovascular disease |
| I69923 | Fluency disorder following unspecified cerebrovascular disease |
| I69928 | Other speech and language deficits following unspecified cerebrovascular disease |

ICMJE DISCLOSURE FORM

Date:11/29/2022

Your Name:JENNIFER DOMICO

Manuscript Title:Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care.

Manuscript Number (if known):jnis-2022-019777.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. | <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table> | | | | | | Click the tab key to add additional rows. |
| | | | | | | | | |
| | | | | | | | | |
| | 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). | <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 | Royalties or licenses | <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | | | |
|----|--|--|---|---------------------------------|--|--|--|--|--|--|--|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Payments to self for consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Payments to self for consulting | | | | | | | |
| | Payments to self for consulting | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | | | | | | | |

ICMJE DISCLOSURE FORM

Date: 11/29/2022

Your Name: PAUL LINK

Manuscript Title: Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care.

Manuscript Number (if known): jnis-2022-019777.R1

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

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | | | |
|----|--|--|---|---------------------------------|--|--|--|--|--|--|--|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td>Payments to self for consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Payments to self for consulting | | | | | | | |
| | Payments to self for consulting | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | | | | | | | |

ICMJE DISCLOSURE FORM

Date: 11/29/2022

Your Name: Ansaar T. Rai

Manuscript Title: Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care.

Manuscript Number (if known): jnis-2022-019777.R1

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

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | | | |
|-----------------------|--|--|---|-----------------------|---------------------------------|-----------|---------------------------------|--|--|--|--|
| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Stryker Neurovascular</td> <td>Payments to self for consulting</td> </tr> <tr> <td>Cerenovus</td> <td>Payments to self for consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Stryker Neurovascular | Payments to self for consulting | Cerenovus | Payments to self for consulting | | | | |
| Stryker Neurovascular | Payments to self for consulting | | | | | | | | | | |
| Cerenovus | Payments to self for consulting | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1"> <tr> <td>Cerenovus</td> <td>Advisory Board</td> </tr> <tr> <td>Delphi</td> <td>DSMB</td> </tr> <tr> <td></td> <td></td> </tr> </table> | | Cerenovus | Advisory Board | Delphi | DSMB | | | | |
| Cerenovus | Advisory Board | | | | | | | | | | |
| Delphi | DSMB | | | | | | | | | | |
| | | | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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.