

Supplemental Appendix

Supplementary Tables

Supplementary Table I Trials used to characterize respondent participation in different categories of randomized trials

| Trial Description | List of Trials |
|--|---|
| Intravenous alteplase compared to placebo | NINDS Part 1 NINDS Part 2 ECASS I ECASS II ATLANTIS A ATLANTIS B ECASS III (NCT00153036) EPITHET (NCT00238537) IST-3 (ISRCTN25765518) TEMPIS |
| Endovascular treatment + best medical treatment compared to best medical treatment alone | MR CLEAN (NTR1804) ESCAPE (NCT01778335) REVASCAT (NCT01692379) SWIFT PRIME (NCT01657461) EXTEND-IA (NCT01492725) PISTE (NCT01745692) MR THRACE (NCT01062698) RESILIENT (NCT03680040) |
| Endovascular treatment alone compared to intravenous alteplase plus endovascular treatment | MR CLEAN NO IV (ISRCTN80619088) DIRECT MT (NCT03469206) DIRECT SAFE (NCT03494920) DEVT (ChiCTR-IOR-17013568) SWIFT DIRECT (NCT03192332) SKIP (UMIN000021488) |

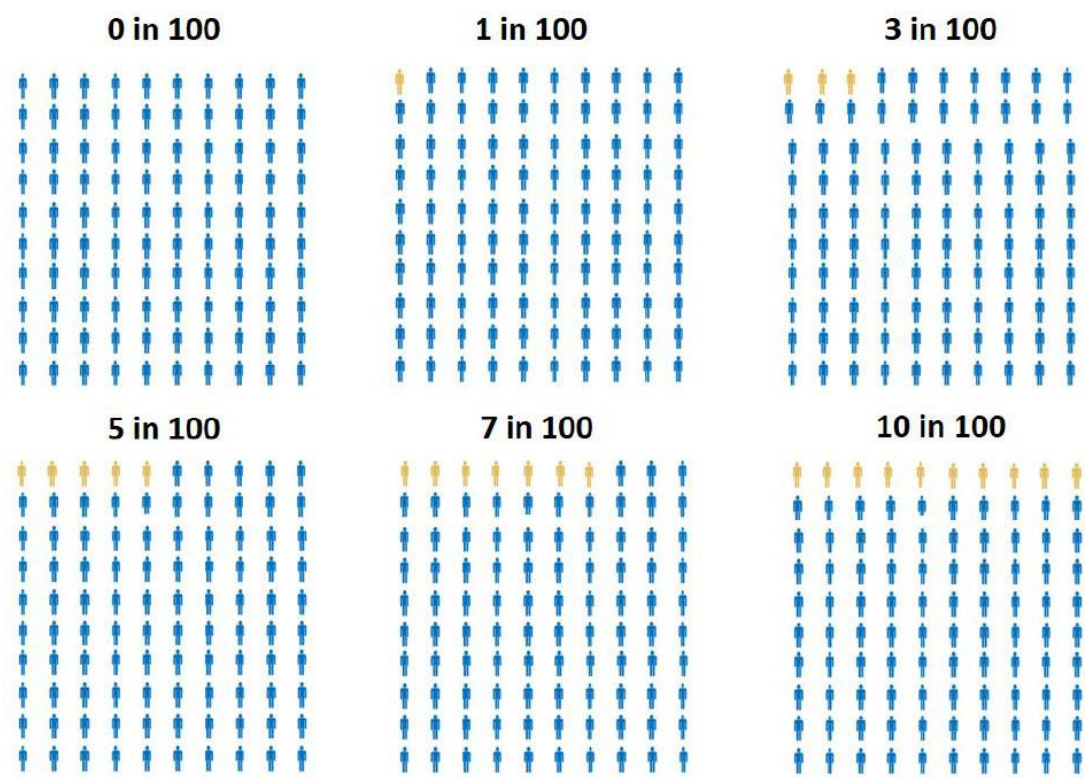
Supplementary Table II Subcohort analysis of characteristics of early responders against late and incomplete responders

| Characteristics | Overall | Early responders (<2 weeks) | Late responders (>2 weeks) or incomplete responders | p |
|------------------------------------|------------|-----------------------------|---|-------|
| N (%) | 180 | 128 | 52 | |
| Sex = Male (%) | 132 (73.3) | 95 (74.2) | 37 (71.2) | 0.814 |
| Geography (%) | | | | 0.164 |
| North America | 25 (13.9) | 20 (15.6) | 5 (9.6) | |
| South America | 5 (2.8) | 1 (0.8) | 4 (7.7) | |
| Europe | 122 (67.8) | 87 (68.0) | 35 (67.3) | |
| Africa | 1 (0.6) | 1 (0.8) | 0 (0.0) | |
| Middle East | 2 (1.1) | 2 (1.6) | 0 (0.0) | |
| Asia | 10 (5.6) | 6 (4.7) | 4 (7.7) | |
| Australia | 15 (8.3) | 11 (8.6) | 4 (7.7) | |
| Appointment (%) | | | | 0.397 |
| Junior | 11 (6.1) | 9 (7.0) | 2 (3.9) | |
| Mid Career | 29 (16.2) | 23 (18.0) | 6 (11.8) | |
| Senior | 139 (77.7) | 96 (75.0) | 43 (84.3) | |
| Medical training (%) | | | | 0.001 |
| Vascular stroke neurologists | 96 (53.3) | 68 (53.1) | 28 (53.8) | |
| Interventional stroke neurologists | 7 (3.9) | 4 (3.1) | 3 (5.8) | |
| Diagnostic neuroradiologists | 18 (10.0) | 14 (10.9) | 4 (7.7) | |
| Interventional neuroradiologists | 59 (32.8) | 42 (32.8) | 17 (32.7) | |

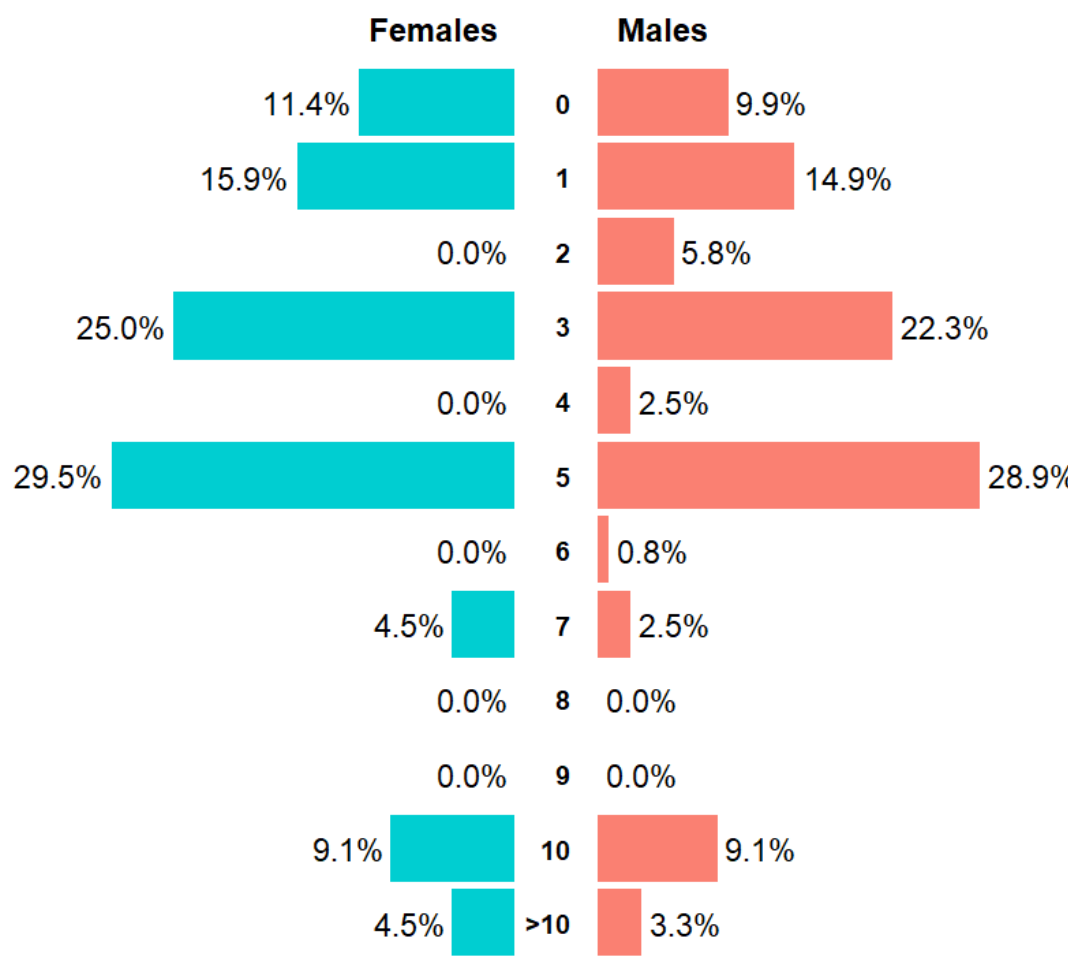
Supplementary Table III Individual associations of different variables with acceptable uncertainty rates

| Variable | Acceptable uncertainty [Median (IQR)] | P value |
|--|--|------------|
| Appointment level | | 0.062 |
| Junior | 5 (3-5) | |
| Mid Carrier | 5 (3-5) | |
| Senior | 3 (1-5) | |
| Annual mechanical thrombectomy volume | | 0.682 |
| ≤ 200 | 3 (2-5) | |
| > 200 | 3 (1-5) | |
| Training | | 0.045 |
| Interventionists | 5 (3-5) | |
| Non- Interventionists | 3 (1-5) | |
| Dedicated stroke patient caretime | | 0.635 |
| ≤ 50% | 3 (1-5) | |
| > 50% | 3 (2-5) | |
| Trial participation | | |
| IVT vs placebo | | 0.085 |
| No | 4 (2-5) | |
| Yes | 3 (1-5) | |
| MT+IVT vs IVT | | 0.909 |
| No | 3 (1-5) | |
| Yes | 3 (2-5) | |
| MT vs MT + IVT | | 0.826 |
| No | 3 (2-5) | |
| Yes | 3 (1-5) | |

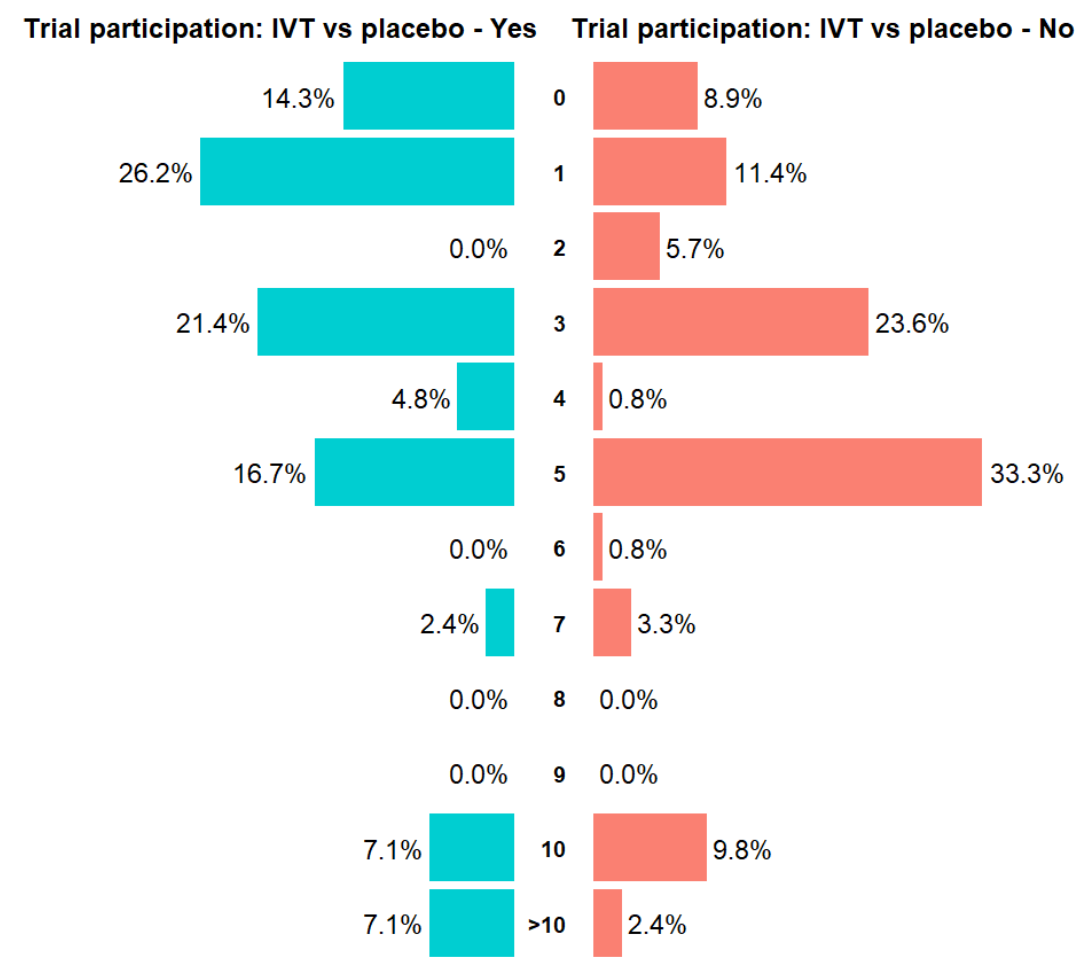
Supplementary Figure I Visual depiction of potential acceptable uncertainty values



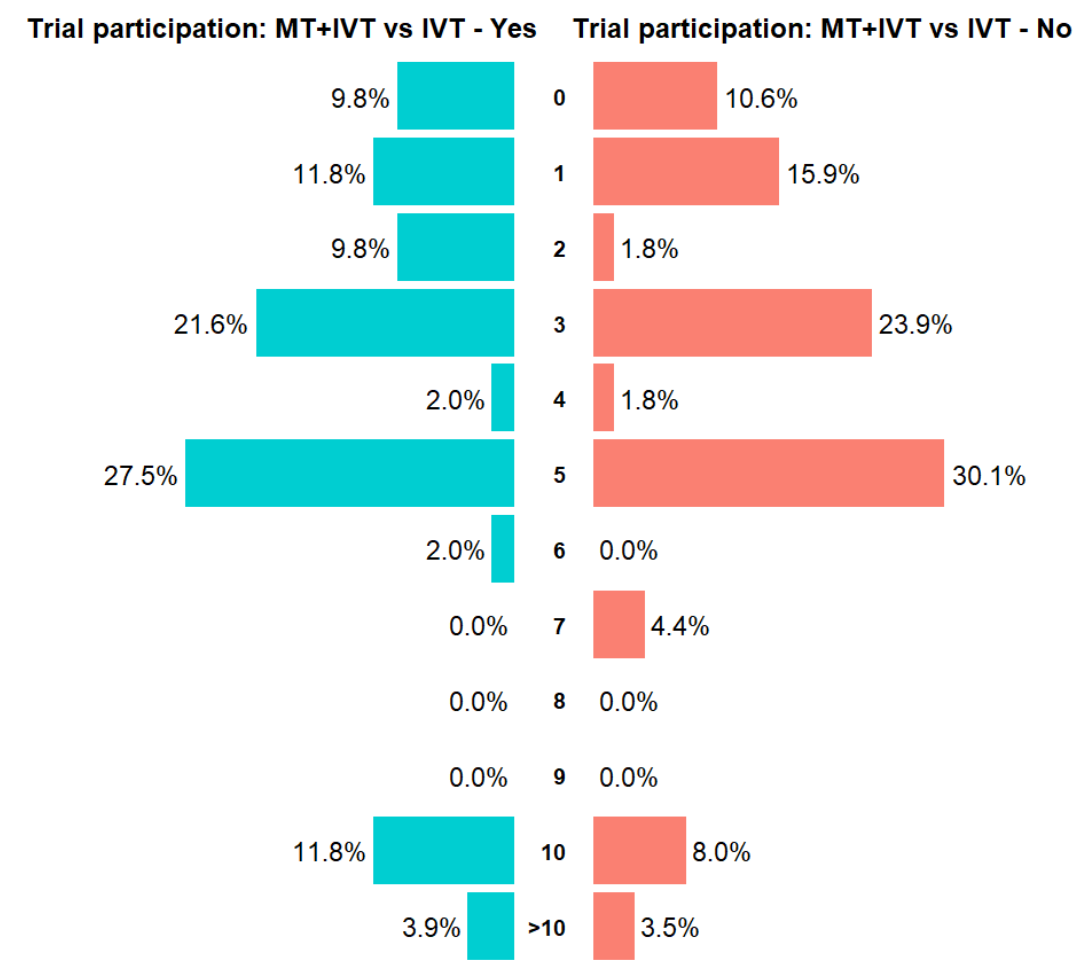
The following figure was provided as visual assistance for the question on perceived acceptable level of uncertainty. Responders could input any integer value as the answer, including 0 value as well. Framework had a base of 100 (see Methodology).

Supplementary Figure II Distribution of acceptable uncertainty values stratified by sex

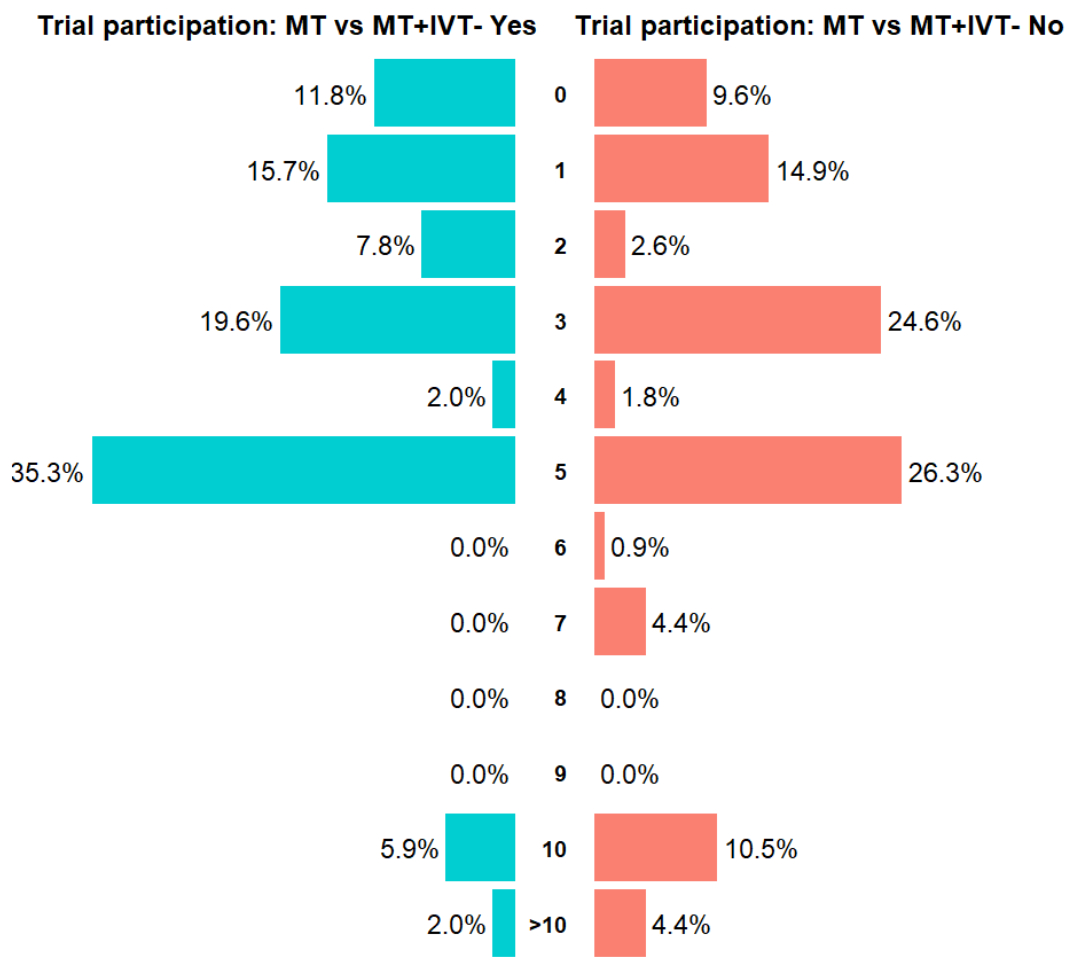
Supplementary Figure III Distribution of acceptable uncertainty values stratified by participation in IVT vs placebo trials



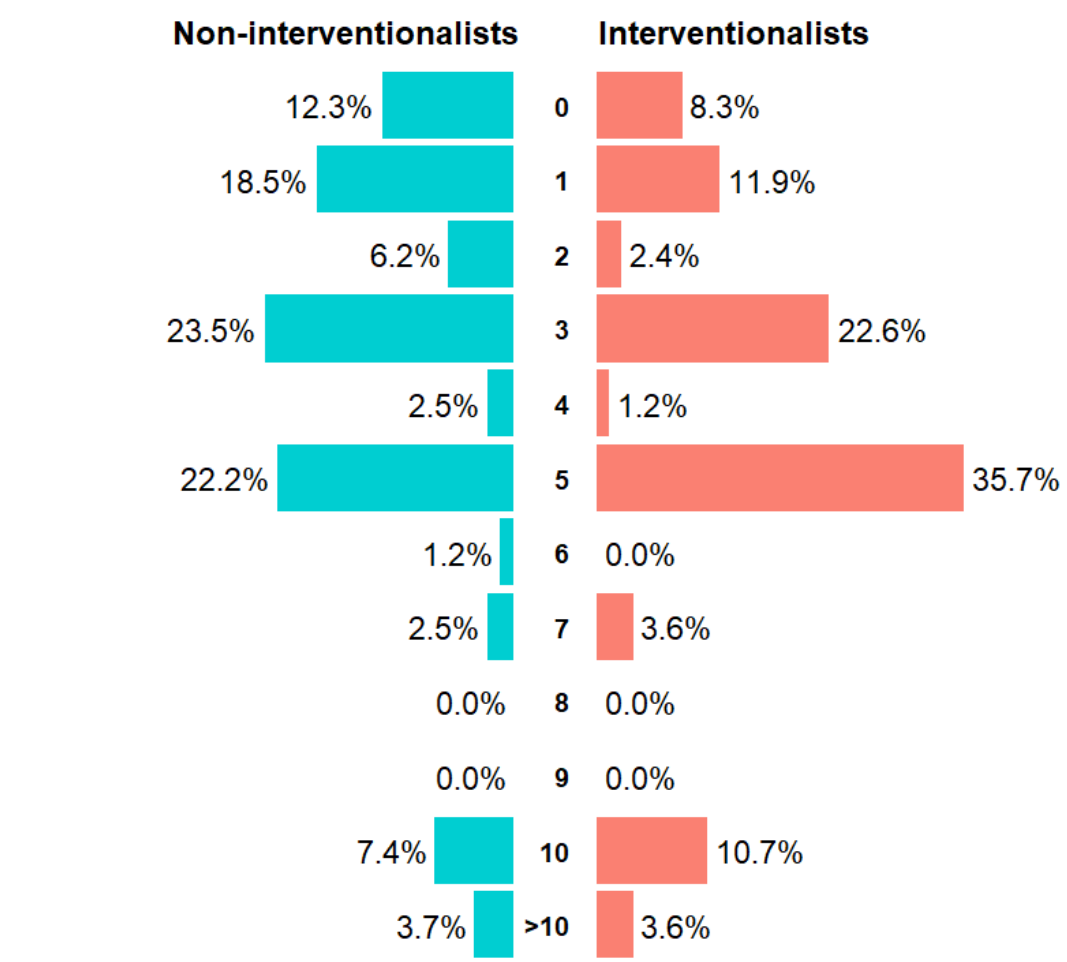
Supplementary Figure IV Distribution of acceptable uncertainty values stratified by participation in MT+IVT vs IVT trials



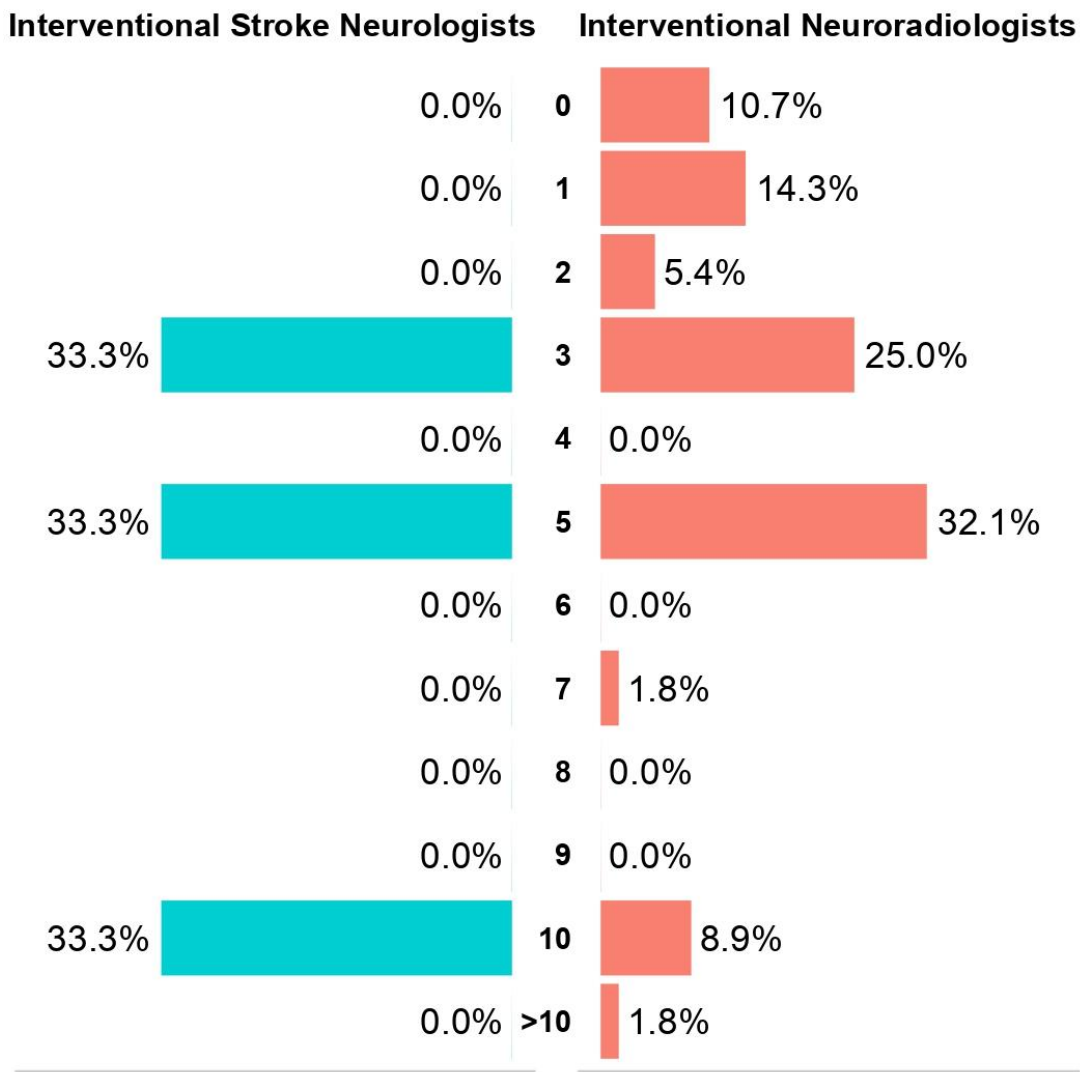
Supplementary Figure V Distribution of acceptable uncertainty values stratified by participation in MT vs MT+IVT trials



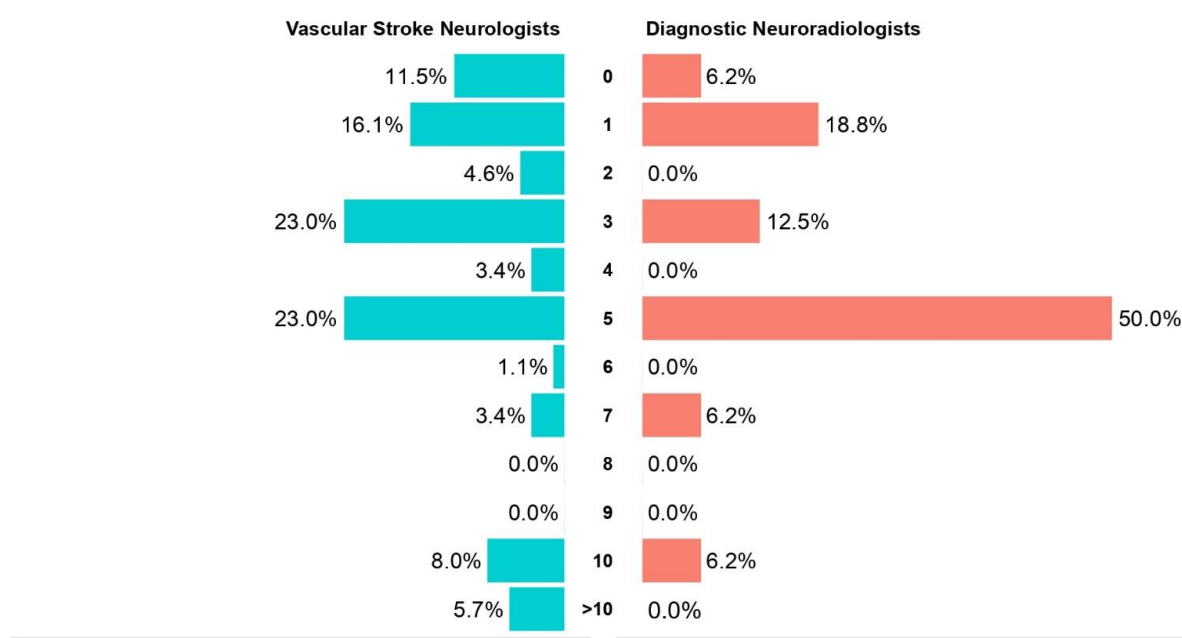
Supplementary Figure VI Distribution of acceptable uncertainty values stratified by interventional and non-interventional training



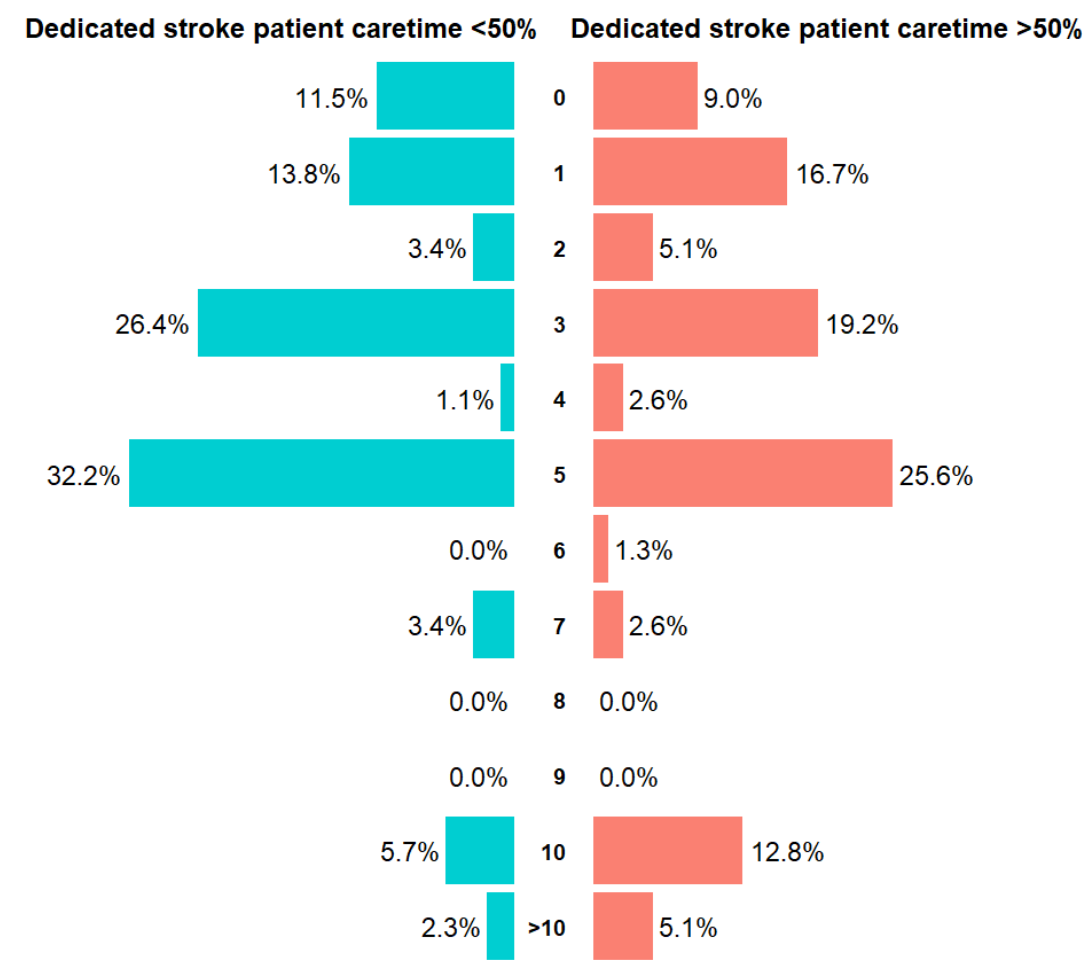
Supplementary Figure VII Distribution of acceptable uncertainty values stratified by interventional medical training



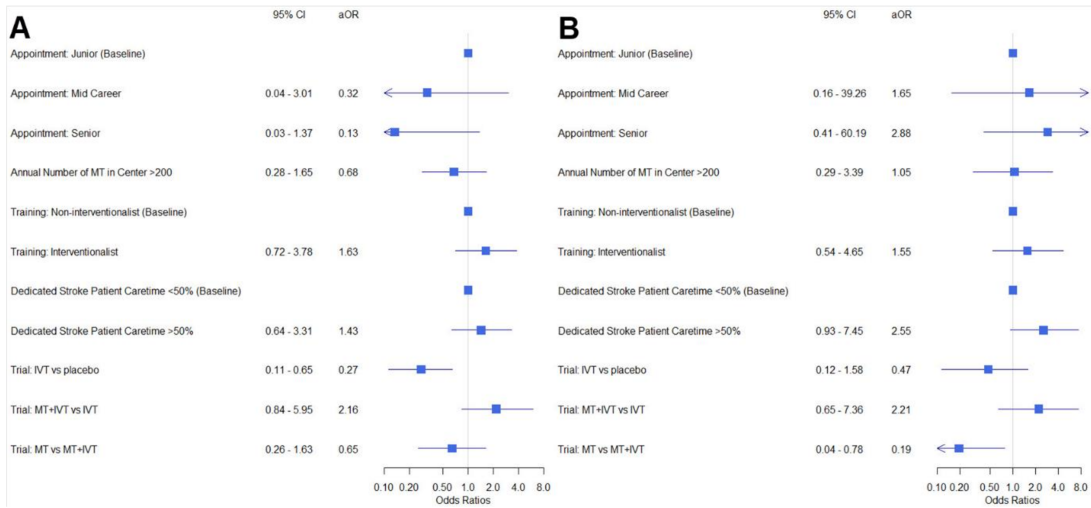
Supplementary Figure VIII Distribution of acceptable uncertainty values stratified by non-interventional medical training



Supplementary Figure IX Distribution of acceptable uncertainty values stratified by dedicated stroke patient care time dichotomized at 50%



Supplementary Figure X Logistic regression analysis for first and fourth quartile of uncertainty values



Logistic regression analyses with interquartile split, dichotomized acceptable uncertainty margins defined as dependent outcome was performed to evaluate associations between baseline characteristics and lower/higher chosen acceptable uncertainty margins. A, split after first quartile, B, split before fourth quartile. Odds Ratio >1/<1 indicate association with higher/lower acceptable uncertainty values, respectively.