**Supplementary material**

*Recanalization therapies*

MT was performed with stent retrievers with a bi-axial system consisting of a guiding catheter with a tip balloon and coaxially a micro-catheter as a standard or a tri-axial system by adding an intermediate catheter to achieve more stability and a possibility to distal aspiration. In some cases, (4%) only aspiration through a distal access catheter was performed to clear the clot. Intravenous thrombolysis was administered as bridging therapy to patients with no contraindications. If the delay from the symptom onset to groin puncture was expected to be minimal, i.e. in the case of an inpatient during office hours, IVT was not necessarily given. Patients coming from an outside hospital received IVT according to drip-and-ship protocol. **In case of severe stenosis of the carotid artery, PTA was performed if the flow through the lesion was evaluated to be insufficient. If the PTA result was unsatisfying, we proceeded with stenting the lesion. The majority of patients, however, were referred to the vascular surgeons for urgent surgical treatment of the residual stenosis. MT was done before definitive treatment of the stenosis**

*Imaging parameters*

CT scans were obtained using a 64-row multidetector CT scanner (General Electric LightSpeed VCT, GE Healthcare, Milwaukee, WI, USA). Brain NCCT was performed using the parameters 120 kV with AUTO mA and SMART mA technique, noise index 3.3, collimation 4x5 mm, 40% adaptive statistical iterative reconstruction (ASIR), and rotation 0.5 s. Images were obtained axially (0.625mm thick slices) and then contiguous axial slices were reconstructed to the thickness of 5mm and coronal slices to the thickness of 2 mm. CTA was performed with helical technique using a scanning range from the aortic arch to the vertex of the skull. The imaging parameters were 100 kV, AUTO mA and SMART mA, noise index 9, 40% ASIR, collimation 40x0.625 mm, rotation 0.5 s, pitch factor 0.984. The contrast agent (iomeprol, 350 mg I/ml, IOMERON, Bracco, Milan, Italy) was administered via an antecubital vein with 18-gauge cannula using a double-piston power injector with a flow rate of 5ml/s using 70 ml contrast agent followed by a 50 ml saline flush. Automatic bolus triggering from the aortic arch was used. CTP was performed using the parameters 80 kV, 250 mA, 50% ASIR, collimation 8x5 mm, and rotation 0.4s. 272 slices covering a range of 80 mm were generated in 46 s using alternating toggle table protocol to increase the z-axis coverage. Contiguous slices were reconstructed to a thickness of 5 mm at even intervals. The contrast agent (IOMERON 350 mg I/ml) was administered via an antecubital vein with an 18-G cannula using a double-piston power injector with flow rate of 5ml/s using 40 ml of contrast agent followed by a 40 ml saline flush. Digital subtraction angiographic images were obtained using the Artis Z angiographer (Siemens, Munich, Germany) using the parameters 102 kV, AUTOmA and SMARTmA.