Supplementary Material

**Supplementary Table 1.** Demographics of physicians participating in the survey

| Specialty – n (%) |        |
|------------------|--------|
| Interventional neurology | 43 (14.9) |
| Interventional neuroradiology | 79 (27.3) |
| Neurology | 129 (44.6) |
| Neurosurgery | 35 (12.1) |
| Other | 3 (1.0) |

| Sex – n (%) |        |
|------------|--------|
| Female | 48 (16.6) |
| Male | 241 (83.4) |

| World region – n (%) |        |
|----------------------|--------|
| North America | 74 (25.6) |
| Oceania | 7 (2.4) |
| Europe | 103 (35.6) |
| South America | 7 (2.4) |
| Asia | 98 (33.9) |

| Career stage – n (%) |        |
|----------------------|--------|
| Resident | 12 (4.2) |
| Fellow | 15 (5.2) |
| Junior staff (within 5 years of board certification) | 44 (15.2) |
| Senior staff (>5 years from board certification) | 218 (75.4) |

| Age – n (%) |        |
|------------|--------|
| < 45 years | 148 (51.2) |
| ≥ 45 years | 141 (48.8) |

| Experience in neurointervention – n (%) |        |
|----------------------------------------|--------|
| 0-5 years | 99 (34.3) |
| 6-10 years | 64 (22.2) |
| 11-15 years | 57 (19.7) |
| 16-20 years | 20 (6.9) |
| >20 years | 49 (17.0) |
Complete survey

(Response options were always “Direct to EVT” or “IVT+EVT”)

**Q1. Patient [Scenario] 1:**
Age: 72  
Sex: Male  
NIHSS: 12  
Time from onset: 180 mins  
ASPECTS: 7  
Occlusion site: distal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

**Scenario:** Patient underwent hip replacement surgery 16 days ago without complications and is healing well.

What would you have done prior to publication of the direct to EVT trials?

**Q2. What would you do now?**

**Q3. Patient [Scenario] 2:**
Age: 65  
Sex: Female  
NIHSS: 7  
Time from onset: 120 mins  
ASPECTS: 8  
Occlusion site: proximal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

**Scenario:** Patient has history of GI bleed 4 weeks prior, which required blood transfusion.

What would you have done prior to publication of the direct to EVT trials?

**Q4. What would you do now?**

**Q5. Patient [Scenario] 3:**
Age: 88  
Sex: Female  
NIHSS: 18  
Time from onset: 90 mins  
ASPECTS: 5, <1/3 involvement of the MCA territory  
Occlusion site: proximal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

**Scenario:** Older patient (85 years) with borderline ASPECTS (5, involvement of <1/3 of the MCA territory) who was previously functionally independent.
What would you have done prior to publication of the direct to EVT trials?

Q6. What would you do now?

Q7. Patient [Scenario] 4:
Age: 68  
Sex: Male  
NIHSS: 15  
Time from onset: 100 mins  
ASPECTS: 8  
Occlusion site: dominant proximal M2

Scenario: Patient had fall because of stroke and admission CT reveals minimal sulcal SAH.

What would you have done prior to publication of the direct to EVT trials?

Q8. What would you do now?

Q9. Patient [Scenario] 5:
Age: 72  
Sex: Male  
NIHSS: 23  
Time from onset: 70 mins  
ASPECTS: 9  
Occlusion site: ICA-T

Patient arrives at your CSC, EVT team and infrastructure is available.

Scenario: ICA-T occlusion with long M1 clot measuring 15mm.

What would you have done prior to publication of the direct to EVT trials?

Q10. What would you do now?

Q11. Patient [Scenario] 6:
Age: 76  
Sex: Female  
NIHSS: 12  
Time from onset: 84 mins  
ASPECTS: 8  
Occlusion site: distal M1

Scenario: The EVT team is present and available, the patient is cooperative with healthy (non-tortuous) cervical vasculature. You feel confident that you will be able to recanalize in ≤ 30 mins.

What would you have done prior to publication of the direct to EVT trials?

Q12. What would you do now?
Q13. Patient [Scenario] 7:
Age: 76
Sex: Female
NIHSS: 12
Time from onset: 84 mins
ASPECTS: 8
Occlusion site: distal M1

Scenario: Identical to previous scenario (patient cooperative, healthy vasculature), except the EVT team is currently performing an aneurysm coiling and there is no other angio suite available. The expected earliest procedure start time is in approximately 70 mins.

What would you have done prior to publication of the direct to EVT trials?

Q14. What would you do now?

Q15. Patient [Scenario] 8:
Age: 88
Sex: Male
NIHSS: 13
Time from onset: 42 mins
ASPECTS: 10
Occlusion site: proximal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

Scenario: Patient presenting in "golden hour" (< 60 mins from onset)

What would you have done prior to publication of the direct to EVT trials?

Q16. What would you do now?

Q17. Patient [Scenario] 9:
Age: 69
Sex: Male
NIHSS: 17
Time from onset: 220 mins
ASPECTS: 9
Occlusion site: proximal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

Scenario: Blood pressure upon arrival was 210/100 mmHg; 10 minutes following administration of antihypertensive medication, it was 190/90 mmHg. (Please note that the tPA guidelines state that a persistent blood pressure elevation of systolic ≥185 mmHg is an exclusion criterion.)

What would you have done prior to publication of the direct to EVT trials?

Q18. What would you do now?
Q19. Patient [Scenario] 10:
Age: 75
Sex: Female
NIHSS: 11
Time from onset: 260 mins
ASPECTS: 9
Occlusion site: dominant M2

Patient arrives at your CSC, EVT team and infrastructure is available.

Scenario: By the time you give tPA, it is possible that it will be just slightly beyond 4.5 hours; there is no MRI or CTP available for advanced imaging.

What would you have done prior to publication of the direct to EVT trials?

Q20. What would you do now?

Q21. Patient [Scenario] 11:
Age: 56
Sex: Female
NIHSS: 11
Time from onset: 71 mins
ASPECTS: 10
Occlusion site: distal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

Scenario: Patient has known unruptured Acom aneurysm (approx. 5mm) and strong family history of ruptured aneurysms.

What would you have done prior to publication of the direct to EVT trials?

Q22. What would you do now?

Q23. Patient [Scenario] 12:
Age: 79
Sex: Male
NIHSS: 14
Time from onset: 100 mins
ASPECTS: 8
Occlusion site: proximal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

Scenario: Patient with pre-stroke modified Rankin scale (mRS) score of 3, however patient and family want to be aggressive with treatment to give the patient the best opportunity for a reasonable outcome.

What would you have done prior to publication of the direct to EVT trials?

Q24. What would you do now?
**Q25. Patient [Scenario] 13:**
Age: 31
Sex: Female
NIHSS: 13
Time from onset: 110 mins
ASPECTS: 9
Occlusion site: distal M1

Patient arrives at your CSC, EVT team and infrastructure is available.

**Scenario:** Woman who is 5-months pregnant (18 weeks), no known coagulopathies.

What would you have done prior to publication of the direct to EVT trials?

**Q26. What would you do now?**

**Q27. Patient [Scenario] 14:**
Age: 68
Sex: Female
NIHSS: 18
Time from onset: 164 mins
ASPECTS: 8
Occlusion site: intracranial ICA

Patient arrives at your CSC, EVT team and infrastructure is available.

**Scenario:** Known multiple (7-8) micro-hemorrhages from previous MRI performed the year prior.

What would you have done prior to publication of the direct to EVT trials?

**Q28. What would you do now?**

**Q29. Patient [Scenario] 15:**
Age: 83
Sex: Male
NIHSS: 16
Time from onset: 103 mins
ASPECTS: 8
Occlusion site: dominant M2

Patient arrives at your CSC, EVT team and infrastructure is available.

**Scenario:** Foreseeable long EVT procedure due to extensive vessel tortuosity of the cervical vasculature and bad aortic arch, as well as peripheral vascular disease (the femoral pulses are not palpable).

What would you have done prior to publication of the direct to EVT trials?

**Q30. What would you do now?**