

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Lees KR, Zivin JA, Ashwood T, et al. NXY-059 for acute ischemic stroke. *N Engl J Med* 2006;354:588-600.

Supplementary Table — Selection criteria

INCLUSION

- Written informed consent from patient or approved surrogate.
- Males and females ≥ 18 years
- Clinical diagnosis of acute stroke involving limb weakness.
- Total NIHSS score of ≥ 6 , and NIHSS for limb weakness of at least 2 (i.e. mild weakness affecting 2 limbs or moderate weakness in at least one limb).
- Onset of symptoms within previous 6 hours (onset taken to be time last known to be well)
- In subjects receiving thrombolysis with alteplase, investigational product infusion must be initiated prior to, during or within 30 minutes of completion of alteplase infusion, but no later than 4 hours after onset of symptoms.
- Normal premorbid functional ability (i.e. modified Rankin Scale score of 0 or 1)

EXCLUSION

- Neuroimaging result incompatible with acute ischaemic stroke within last 6 hours.
- Unconscious (NIHSS score on item 1A of ≥ 2).
- Patients unlikely to complete 72 hour infusion or to undergo medical management, due to severe clinical condition at baseline.
- Severe concurrent illness with life expectancy < 6 months.
- Known severe renal disorder or estimated creatinine clearance < 30 ml/min.
- Alcohol or illicit drug abuse or dependence.
- Pregnancy or breast feeding. Pregnancy test to be undertaken in women of childbearing potential.
- Treatment with investigational drug including thrombolytic agent other than alteplase.
- Repeated treatment since stroke onset with medication for cerebral oedema.
- Treatment with acetazolamide or methotrexate during study drug infusion
- Concurrent inclusion in another clinical study with an investigational substance or device or previous inclusion in the SAINT study.

Concomitant use of alteplase for stroke was permitted within those countries that had approved such use; for European countries, concurrent participation in the SITS-MOST audit of alteplase use was then expected.

Supplementary Figure — Haemorrhagic transformation after treatment with alteplase.
All patients who received alteplase had a repeat scan conducted at approximately 72 h (n=249 placebo, n=240 NXY-059). Haemorrhagic transformation was classified centrally by individuals unaware of treatment allocation; symptomatic haemorrhage was defined as any neurological deterioration of at least 4 points on NIHSS within 36h, in combination with any blood on post-alteplase imaging.

