

Reviewer 2

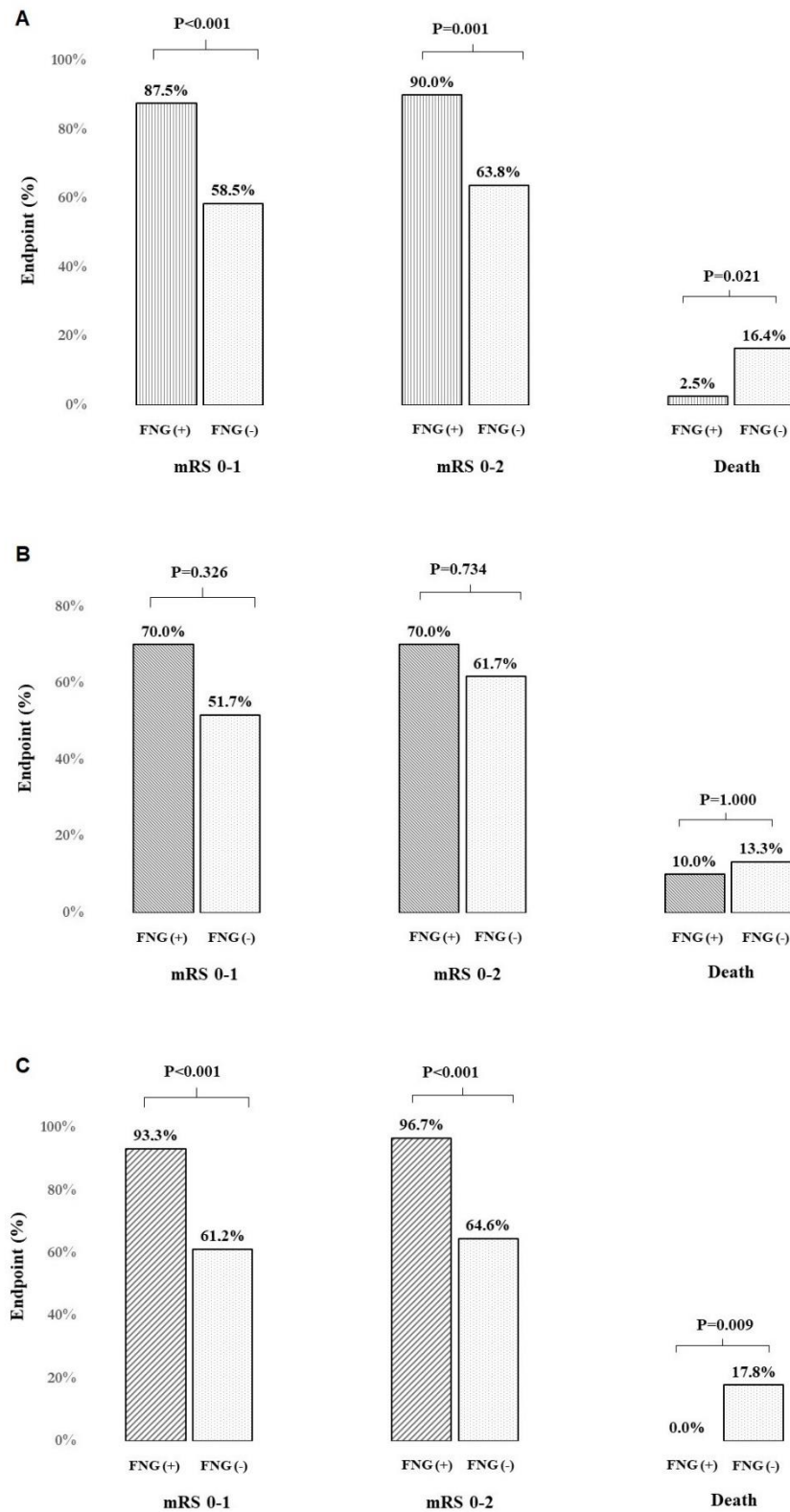
Thank you for your insightful comments and suggestions.

Comments and Suggestions for Authors

In this study the authors replied a their previous research performed in AIS patients treated with MT. In particular, this manuscript was focused on the role of fasting normoglycemia as predictor of outcome in AIS patients receiving alteplase. The authors enrolled 362 patients, but 108 of them were also treated with MT. As the authors well known, patients with LVO have worse outcomes than the remaining AIS subjects; thus, please, exclude patients undergoing MT from the analysis.

Admittedly, patients without DM who presented with FNG in comparison to those with fasting hyperglycemia more often underwent MT. However, in the multivariable analysis FNG, but not MT, was an independent predictor of favorable long-term outcome.

To address this issue, we have performed new analyses with 254 patients treated only with IVT and without MT (Supplemental Tables 2-4, Supplemental Figure 1). The results support observation on the association between FNG and 3-month neurological outcomes.



Supplemental Figure 1. Patients treated only with intravenous thrombolysis (without mechanical thrombectomy) with favorable (mRS 0-2) or excellent (mRS 0-1) outcome and those who died according to the presence of fasting normoglycemia in the whole group (A), in the subgroup with (B), and without diabetes mellitus (C).

The authors observed that patients with fasting normoglycemia had a better outcome after IVT. I consider this result not novel. In fact, several previous studies showed that stress-hyperglycemia, a parameter inversely related to fasting normoglycemia, predicted poor outcome in AIS patients receiving alteplase.

The novelty of our study, as stated at the beginning of the Discussion section, is that the association between fasting normoglycemia and long-term functional outcome after AIS treated with IVT is limited to the patients without pre-existent diabetes mellitus. We hypothesize that non-diabetic patients may be less adjusted to increased glucose levels than those with diabetes. Admittedly, previous studies showed that fasting hyperglycemia predicted poor outcome in the whole group of patients with AIS treated with IVT and this issue is discussed in detail in the second paragraph of the Discussion section.

Moreover, I suggest the authors to include SICH among the outcome measures of their study.

We have incorporated hemorrhagic brain complications (ECASS 1-3) into all multivariable models (Tables 2 and 3, Supplemental Tables 3 and 4). ECASS 1-3 was predictive of death but not neurological outcome. This observation was addressed in the section 3.4. *Association between FNG and mortality*.

(x) Moderate English changes required

The appropriate changes have been made to the manuscript.