STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1	Title: "Real-world comparison of tirofiban versus aspirin in acute non-large-vessel occlusion ischemic stroke: A retrospective cohort study". Abstract: "This retrospective controlled study collected clinical data..."
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1	Abstract includes background, objectives, methods (n=55, n=58), results (NIHSS, mRS, mortality 1.7% vs 3.6%, sICH 3.4% vs 5.5%), conclusion.
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	1-2	"Acute non-large-vessel occlusive ischemic stroke (ANLVOIS) is an important subtype... aspirin is widely used... but 15-30% still have poor prognosis. Tirofiban is a highly selective GP IIb/IIIa antagonist..."
Objectives	3	State specific objectives, including any prespecified hypotheses	2	"this study used a retrospective cohort study method... compare the therapeutic effect and safety of tirofiban and aspirin, aiming to verify the clinical application value..."
Methods				
Study design	4	Present key elements of study design early in the paper	2	"This was a retrospective clinical study... 113 cases were finally included. Patients were divided into two groups based on treatment: aspirin (Group A, n=55) and tirofiban (Group B, n=58)."
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure,	2	"Wuqiao County People's

		follow-up, and data collection		Hospital between January 2023 and December 2024"
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	2-3	Inclusion criteria (i-iv, baseline NIHSS≥5, no LVO) and exclusion criteria (1-8) detailed. "Basis for selecting treatment plan" explains physician judgment.
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	-	No matching performed.
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	3-4	Operational definition of ANLVOIS; exposure: tirofiban vs aspirin; outcomes: NIHSS, mRS, mortality, sICH, adverse events.
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	4	"NIHSS score... mRS score... medical electronic sphygmomanometer (HEM-907, Omron)... fully automatic blood cell analyzer (dxh 800, Beckman Coulter)... MedDRA..."
Bias	9	Describe any efforts to address potential sources of bias	6	Bonferroni correction for multiple comparisons; discussion of residual confounding, retrospective design, small sample size. No propensity score matching.
Study size	10	Explain how the study size was arrived at	4	"G*Power software... effect size 0.7, α=0.05, power=0.95 → 45 per group, total 90; finally included 113."

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	4	"Continuous variables... mean±SD, independent t-test or Mann-Whitney U; categorical variables n(%), χ^2". No further grouping described.
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	4	"SPSS 26.0... Independent sample t-test, paired t-test, repeated measures ANOVA with Bonferroni, χ^2". No multivariate adjustment reported.
		(*b*) Describe any methods used to examine subgroups and interactions	-	None described.
		(*c*) Explain how missing data were addressed	2 (inclusion)	Inclusion criterion 1 "Have complete clinical data" – implies no missing data.
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	-	Retrospective study, no loss to follow-up mentioned; 90-day outcomes presumed available for all included.
		(*e*) Describe any sensitivity analyses	-	None reported.
Results				
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	2 & Fig.1	"124 patients initially identified... 113 finally included." Fig.1 flow chart provided.
		(b) Give reasons for non-participation at each stage	-	Not explicitly given; only total excluded (11) without reasons.
		(c) Consider use of a flow diagram	Fig.1	Figure 1 is provided.
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	5 (Table 1)	Table 1 shows age, sex, smoking, blood pressure, medical history, baseline NIHSS/mRS with P-values.
		(b) Indicate number of participants with missing data for each variable of interest	-	No missing data reported.
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	5	90-day outcomes reported; average follow-up time not given.
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	5-7 (Tables 2-5)	NIHSS at 1 week and 3 months (Table 2); mRS at 3 months (Table 3); mortality and sICH (Table 4); adverse events (Table 5).
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	5-7 (Tables 2-5)	NIHSS at 1 week and 3 months (Table 2); mRS at 3 months (Table 3); mortality and sICH (Table 4); adverse events (Table 5).

		Cross-sectional study—Report numbers of outcome events or summary measures	5-7 (Tables 2-5)	NIHSS at 1 week and 3 months (Table 2); mRS at 3 months (Table 3); mortality and sICH (Table 4); adverse events (Table 5).
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	5 (Table 1), 6 (Table 2)	Unadjusted comparisons only (95% CI for some baseline variables). No adjusted estimates.
		(b) Report category boundaries when continuous variables were categorized	-	No categorization.
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	-	Not applicable.

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	-	None reported.
Discussion				
Key results	18	Summarise key results with reference to study objectives	6	"As the primary efficacy outcome, NIHSS scores showed that the reduction in NIHSS was significantly greater in group B than in the aspirin group at 1 week and 3 months after treatment (P<0.001)..."
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	9	"First, this study uses a retrospective design and has a relatively small sample size, which may introduce selection bias. Although baseline characteristics were balanced..."
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	9	"findings should be considered exploratory... require validation in larger prospective studies."
Generalisability	21	Discuss the generalisability (external validity) of the study results	9	Discusses generalisability to secondary care, Chinese population, higher NIHSS, complementing RCTs.
Other information				
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	9	"Cangzhou Key Research and Development Plan Guidance Project (NO. 23244102261)" – role not stated.

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.