**Reviewer Comments**

Reviewer #1: The authors reported that the correlation between BI and outcomes after stroke.This article could be an informative for stroke physicians and interventionalists.  
However, There are major concerns associated with this original article which studied the value of BI for prognosis in patients with acute ischemic stroke.  
Because this study included anterior stroke patients. Also, TCD procedure has been already established in each stroke center and countries for stroke outcome.  
In addition, it is not clear whether it was evaluated only as an anterior stroke. Assessing vascular status after stroke with BI without evaluating pre-stroke vascular status is clearly limited.

Overall comments: Very interesting single-centre study. Please cite the research articles exactly where the claim was made rather than listing them at the end of multiple sentences all at once.

Abstract

* Confusing phrasing for the second-last sentence. Please explicitly mention right and left MCA PI rather than just saying “for 233 (33.14%) and 251 patients (35.70%)”.

Introduction

* 1st sentence: Adult stroke patients or childhood stroke patients? Please be explicit that you are referring to ND in adult stroke patients.
* 2nd sentence: specify “old age” by providing an age threshold based on past literature relating to ND and poor prognosis +/- mortality.
* “However, MCA PI is often unobtainable…”: For this statement, please explicitly describe who the elderly stroke patients are. What is the age group?
* Please describe the transforaminal window further.
* Explain whether the method of measuring BA PI is validated and reliable. If so, please describe what studies were conducted along with sample size and whether study design (RCT, case studies, etc.).

Methods

* Paragraph 1, final sentence: Please describe the average time (in hours) when NIHSS score was evaluated within your cohort and average time when the neurological symptoms worsened within your cohort.
* Paragraph 2, first sentence: Please include “at admission” if that was the case.
* “hyperintense” lesions not “hyperintensity” lesions.
* Was the stenosis score consensus-based, validated, reliability studies done? Who scored them and what was their role in this study (i.e., were they blinded)?
* Paragraph 2: Please rephrase the last sentence. Unclear.
* Statistical Analysis: Please state “NIHSS scores” rather than just “NIHSS”. Please explain the different NIHSS and CAS levels, which make them categorical variables.
  + Please explain how the continuous variables were determined to follow a normal distribution. Was Shapiro-Wilks’s test conducted?
  + Why weren’t results >0.05 and <0.10 regarded as trends?

Results

* Four subgroups but only provided 3 cut-off points which would mean the categories were 0-0.81, 0.82 to 0.94, 0.95 to 1.10, and >1.10? Please be more explicit about the four subgroups and do not leave it to an assumption made by the reader, as it may be wrong.
* Please rephrase sentence 4. Very difficult to follow along without losing track of what variables contributed to an increase in BA PI.
* Paragraph 2, sentence 2: high or low BA PI? High or low CAS and NIHSS at admission? Please explicitly state the direction of the relationship.
* Paragraph 3: Provide p-values for your claims and explicitly state the direction of relationship for NIHSS, BA PI, and CAS. For sex, please be explicit if female or male.
  + Last sentence is incomprehensible. Please review thoroughly.
* Please thoroughly review the last paragraph. Very distorted and unclear sentences 1 and 2.

Discussion

* Sentence 2: “adjusting for”.
* Please clarify sentence 3’s two numerical figures. Please refer to my abovementioned comment regarding the abstract.

Figures

* Axis label in figure 2 is misspelled.