

## Response to Reviewers

**1.the aim should be one (in the abstract I don't think that the analyses on hematoma should be reported).**

**A:** We thank the Reviewer for this observation. In accordance with the suggestion, we revised the Abstract to better focus on the main study objective and avoid reporting secondary exploratory analyses. Specifically, the section regarding hematoma volume analysis has been removed in order to improve clarity and maintain consistency with the primary aim of the study.

**2.The conclusions of the study should be coherent with the results. I think that the data show that the PDTA reduces time to consultation and indication of neurosurgical intervention (and this could be the reason for which the mortality for neurosurgical intervention is reduced), but the mortality of the population did not change.**

**A:** We thank the Reviewer for this important observation. We agree that the conclusions should remain fully aligned with the results of the study.

In accordance with the Reviewer's suggestion, we revised the Discussion and Conclusion sections to better emphasize that PDTA implementation was primarily associated with improvements in process-of-care measures, including earlier neurosurgical consultation, more standardized acute management, and improved selection and timing for neurosurgical intervention, rather than with a reduction in overall 30-day mortality.

We also clarified that the reduction in mortality observed among surgically treated patients may reasonably reflect improved neurosurgical triage and patient selection following PDTA implementation. At the same time, we explicitly acknowledge that no significant reduction in crude overall mortality was observed in the entire study population, likely also influenced by the greater baseline clinical and radiological severity of patients in the post-PDTA cohort.

Accordingly, the conclusions were revised to avoid overinterpretation of the mortality findings and to better reflect the real-world impact of the PDTA on organizational and multidisciplinary management aspects of intracerebral hemorrhage care.