

STEM: SQUID Trial for the Embolization of the Middle Meningeal Artery for Treatment of Chronic Subdural Hematoma

RESULTS: In participants with symptomatic chronic subdural hematoma (CSDH), the addition of middle meningeal artery embolization (MMAE) with SQUID™ resulted in reduced treatment failure rate compared to standard management alone.

PURPOSE: To investigate the safety and effectiveness of MMAE with SQUID™ non-adhesive liquid embolic agent for the management of CSDH compared to standard management (surgical or non-surgical).

TRIAL DESIGN: pivotal, international, multi-center, prospective, randomized (1:1) controlled trial (n=310).

	Standard Management	Standard Management + MMAE with SQUID™	OR (95%CI)	P value
Primary Effectiveness Endpoint				
Residual/re-accumulation of the SDH (≥10 mm) on 180-day scan from intervention, re-operation/surgical rescue or any new, major disabling stroke, MI or death from any (neurological) cause within 180-days of randomization.	39.2% Failure Rate	15.2% Failure Rate	3.60 (1.91-6.78)	0.0001
Primary Safety Endpoint				
All cause death	5 (3.1%)	4 (2.7%)		

Key Takeaways: Incorporating MMAE with SQUID™ into both surgical and non-surgical management of CSDH could potentially enhance treatment outcomes.