Version 21.02.2023

Inclusion criteria	Age: 18-100
	Consent possible
	cSDH located at the convexities
	Patients with asymptomatic large chronic/subacute hematoma after 6 weeks of failed conservative treatment
Exclusion criteria	Consent not possible
	Pregnancy
	Prisoner
	Angiography contraindication
	Patient from whom follow-up is problematic
	Previous surgery for cSDH

Arm	1
	2
	3
	4

				Admission	At discharge	At 6-weeks post-treatment	At 6-months post-treatment
Medical history	Comorbidities						
	Use of steroids						
	Use of antithrombotic medication						
	Smoking status						
	Alcohol abuse						
	History of trauma						
	COVID vaccination status						
	Time of COVID vaccination						
	Charleston comorbidity index score						
CT parameters	Unilateral cSDH	Hematoma volume (ml^3)					
		Maximum hematoma axial size (mm)					
		Maximum hematoma coronal size (mm)					
		Degree of midline shift (mm)					
		Recurrence					
	Bilateral cSDH	Hematoma volume (ml^3)					
		Maximum hematoma sagital size (mm)					
		Maximum hematoma coronal size (mm)					
		Recurrence					
Glasgow Coma Scale (GCS)	Eye opening response	Spontaneously	4				
		To speech	3				
		To pain	2				
		No response	1				
		Not testable	0				
	Verbal response	Oriented to time, person and place	5				
		Confused	4				
		Inappropriate words	6				
		Incomprehensible sounds	2				
		No response	1				
	Motor response	Obeys command	6				
		Moves to localised pain	5				
		Flex to withdraw from pain	4				
		Abnormal flexion	3				
		Abnormal extension	2				
		No response	1				
modified Ranking Scale (mRS)	No symptoms		0				
	No significant disability. Able to carry out all usuak activities, despite some symptoms.		1				
	Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities.		2				
	Moderate disability. Requires some help, but able to walk unassisted.		3				
	Moderate severe disability. Unable to attend to own bodily needs without assitance, and unable to walk unassisted.		4				
	Severe disability. Requires constant nursing care and attention, bedridden, incontinent.		5				
	Dead		6				
Markwalder Grading Scale (MGS)	Patient neurologically normal.		0				
	Patient alert and oriented; mild symptoms such as headache; absent or mild neurological deficit, such as reflex asymmetry.		1				
	Patient drowsy or disoriented with variable neurological deficit, such as hemiparesis.		2				
	Patient stuporous but responding appropriately to noxious stimuli; severe focal signs such as hemiplegia.		3				
	Patient comatose with absent motor responses to painful stimuli; decerebrate or decorticate posturing.		4				
Glasgow Outcome Scale - Extended (GOS-E)	Dead.		1				
	Vegetative state. Absence of awateness of self and environement.		2				
	Lower severe disability. Needs full assistance in acitivities of daily living.		3				
	Upper severe disability. Needs partial assistance in acitivities of daily living.		4				
	Lower moderate disability. Indeoendent, but cannot resume work/school or all previous social activities.		5				
	Upper moderate disability. Some disability exists, but can partly resume work or previous activities.		6				
	Lower good recovery. Minor physiocal or mental deficits that affects daily life.		7				
	Upper good recovery. Full recovery or minor symptoms that do not affect daily life.		8				
Karnofsky Performance Score (KPS)	Normal, no complains, no evidence of disease.		100				
	Able to carry on normal activity; minor signs or symptoms of disease.		90				
	Normal activity with effort, some signs or symptoms of disease.		80				
	Cares of self; unable to carry on notmal activity or to do active work.		70				
	Requires occasional assistance, but is able to care for most of his/her personal needs.		60				
	Requires considerable assistance and frequent medical care.		50				
	Disabled; requires special care and assistance.		40				
	Severely disabled; hospital admission is indicated although death not imminent.		30				
	Very sick; hospital admission necessary: active supportive treatment necessary.		20				
	Moribund; fatal processes progressing rapidly.		10				
	Dead.		0				
Therapy-Disability-Neurology grading system (TDN)	Any adverse event without the need for a treatment or an intervention, which does not impact daily life activities, and does not result in any new neurological deficit. Allowed therapeutic modalities are drugs, such as antiemetics, antipyretics, analgetics, diuretics, electrolytes, physiotherapy, and bedside opening of wound infections.		Grade 1				
	Any adverse event requiring pharmacological treatment (including blood transfusions and total parenteral nutrition) or hindering at least one activity of daily living, or resulting in a new neurological deficit.		Grade 2				
	Any adverse event requiring an invasive procedure or hindering walking, or preventing the patient from attending his own bodily needs.		Grade 3				
	Any life-threatening adverse event requiring a management in intensive care or leaving the patient bedridden, [or] in need of constant help, [or] incontinent.		Grade 4				
	Any adverse event resulting in the death of a patient.		Grade 5				
Re-admission for the same disease							
Mortality							
Recommencement of anti-thrombotic treatment							
SAE	SAE information	Participant ID					
		Year of birth					
		Sex	F/M				
		SAE onset date					
		SAE stop date					
		Date of SAE awareness					
		Report type	Initial / Follow-up / final				
		Narrative: describe the SAE and the connection to project procedures (including relevant test/lab data)					
		Study participant died	Yes/No				
		requires inpatient treatment not envisaged in the protocol or extends a current hospital stay	Yes/No				
		is life-threatening	Yes/No				
		causes a congenital anomaly or birth defect	Yes/No				
	Evaluation of event	Severity	mild / moderate /severe				
		Was this an unexpected SAE?	Yes/No				
		Outcome	recovered-resolved / recovered -resolved with sequelae / study participant died / continuing / unknow / other				
		Did reaction abate after stopping the drug (or lowering the dose)?	Yes/No/NA				
		Did reaction reappear after reintroduction?	Yes/No/NA				
	Suspected drug(s) information	Suspected drug(s)					
		Route(s) of administration					
		Indication(s) for use					
		Daily dose(s)					
		Therapy dates and duration					
	SAE causality	Relationship of event to intervention	Not related / Unlikely / Possible / Probably / Definitely				
	Concomittant drug(s) and history	Concomitant drug(s) and dates of administration (exclude those used to treat event)					
		Other relevant history (e.g. diagnostics, allergies, etc.)					
	General ans reporter information	Title of research project (short title)					
		BASEC research project number					
		EC name (concerned EC)					
		EC name (lead EC, if applicable)					
		Sponsor name and address (if different from investigator)					
		Contact details of the site of SAE occurrence					
		Name and contact information of investigator					
		Place, date and signature of investigator					