

# Surgical Trial In Traumatic intraCerebral Haemorrhage (STITCH): a randomised controlled trial of Early Surgery compared with Initial Conservative Treatment

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## Plain English summary

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## Plain English summary

**T**raumatic intracerebral haemorrhage affects almost a million patients each year worldwide, but the role of surgery and its timing remain uncertain. This Surgical Trial In Traumatic intraCerebral Haemorrhage [STITCH(TRAUMA)] has given a strong signal that earlier surgery is advantageous in some patients. The primary outcome revealed that there is a 10.5% absolute benefit from surgery, but this difference did not reach statistical significance. This analysis was premature because, at 170 patients, the sample size was smaller than was originally planned ( $n = 840$ ) because the study was stopped early by the funding agency as almost all the study patients were from outside the UK. The effect on mortality was statistically significant, with the mortality reduced from 33% to 15% ( $p = 0.007$ ). The other secondary outcome measures that did reach statistical significance using a trend analysis were the Rankin Scale ( $p = 0.043$ ) and the Extended Glasgow Outcome Scale ( $p = 0.047$ ). This analysis suggests that over 80,000 of these 1 million patients might have their lives saved and have improved outcomes with Early Surgery, but this urgently needs to be confirmed with a larger trial. The implication for UK patients is that almost 1000 may be more disabled or die each year than is necessary. The need for another trial is therefore urgent.



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