

Hydrogel Coils

HydroCoil™ Embolic System (HES)



RAGE - Ruptured Aneurysms Treated with HydroGEL Coils

Fiorella D., Toth G., White T.G. et al. Final results of the Ruptured Aneurysms Treated with HydroGEL Coils (RAGE) study: a multicenter study of 771 patients. J NeuroIntervent Surg 2026; published online 2 April 2026; DOI: 10.1136/jnis-2026-025097

Superior rate of adequate occlusion⁶ compared to bare platinum

86.0% Adequate Occlusion
RROC I or II

Statistically better than 80.4% CLARITY¹ based performance goal ($p=0.0004$)

Very low rebleeding rate⁶

0.5% Aneurysm Rebleeding

Rebleeding rate in bare platinum coil studies: 1% per year in CARAT⁶, and 2.4% early rebleeding in ISAT²⁻⁵

Favorable functional independence⁶

88.0% mRS ≤ 2 , at 18-month follow up

Compared to 76.7% at 6 months in CLARITY¹, and 76.3% at 1 year in ISAT²⁻⁵

45

North
American sites

771

Patients

100%

ruptured
aneurysms

A proven solution for ruptured aneurysms, as demonstrated in RAGE

Study Overview

The largest prospective, core lab adjudicated study on ruptured aneurysms in North America.




Final results	Population & Methods
Adequate occlusion at 18±6 months: 86%; superior to 80.4% CLARITY benchmark (p=0.0004)	100% ruptured saccular aneurysms 2–15 mm; Hunt-Hess I–III.
Functional independence (mRS 0–2): 75.6% at 30 days; 87.5% at 18 months	99.9% 2nd generation hydrogel coil usage by length
Target aneurysm rebleed: 0.3% within 30 days; 0.2% from 31 days to 18 months	99.6% of patients had a single coiling procedure
30 day procedure or disease related death: 2.6% (procedure related 0.3%)	48.4% adjunctive balloon usage and 2.7% stent assisted coiling
30 day major stroke: 4.2%	Number of coils per subject: 3.7 ± 2.4 (Mean ± SD)
Major ipsilateral stroke within 18 months: 2.5%	Follow up: clinical at 30 days & 18±6 months
Neurological death within 18 months: 2.8%	Core lab angiography adjudicated at 18±6 months

REFERENCES

1. Pierot L, Cognard C, Anxionnat R, et al. Endovascular treatment of ruptured intracranial aneurysms: factors affecting midterm quality anatomic results: analysis in a prospective, multicenter series of patients (CLARITY). *AJNR Am J Neuroradiol* 2012;33:1475–80.
2. Molyneux A, Kerr R, Stratton I, et al. International Subarachnoid Aneurysm Trial (ISAT) of neurosurgical clipping versus endovascular coiling in 2143 patients with ruptured intracranial aneurysms: a randomised trial. *Lancet* 2002;360:1267–74.
3. Molyneux AJ, Birks J, Clarke A, et al. The durability of endovascular coiling versus neurosurgical clipping of ruptured cerebral aneurysms: 18 year follow-up of the UK cohort of the International Subarachnoid Aneurysm Trial (ISAT). *Lancet* 2015;385:691–7.
4. Molyneux AJ, Kerr RSC, Birks J, et al. Risk of recurrent subarachnoid haemorrhage, death, or dependence and standardised mortality ratios after clipping or coiling of an intracranial aneurysm in the International Subarachnoid Aneurysm Trial (ISAT): long-term follow-up. *Lancet Neurol* 2009;8:427–33.
5. Molyneux AJ, Kerr RSC, Yu L-M, et al. International subarachnoid aneurysm trial (ISAT) of neurosurgical clipping versus endovascular coiling in 2143 patients with ruptured intracranial aneurysms: a randomised comparison of effects on survival, dependency, seizures, rebleeding, subgroups, and aneurysm occlusion. *Lancet* 2005;366:809–17.
6. Fiorella D., Toth G., White T.G. et al. Final results of the Ruptured Aneurysms Treated with HydroGEL Coils (RAGE) study: a multicenter study of 771 patients. *J NeuroIntervent Surg* 2026; published online 2 April 2026; DOI: 10.1136/jnis-2026-025097.

Class III

 Legal Manufacturer: MicroVention, Inc.
EU Authorized
0297 Representative: MicroVention Europe S.A.R.L.

INDICATIONS FOR USE / INTENDED PURPOSE:

The HydroCoil™ Embolic System (HES) is intended for the endovascular embolization of intracranial aneurysms and other neurovascular abnormalities such as arteriovenous malformations and arteriovenous fistulae. The HES is also intended for vascular occlusion of blood vessels within the neurovascular system to permanently obstruct blood flow to an aneurysm or other vascular malformation and for arterial and venous embolizations in the peripheral vasculature. The device should only be used by physicians who have undergone pre-clinical training in all aspects of HES procedures as prescribed by Terumo Neuro.

RX Only: Federal (USA) law restricts this device to sale by or on the order of a physician.

For Healthcare Professional Use Only. Please refer to IFU for the full list of risks, contraindications, warnings, and precautions.

HYDROCOIL™ is a trademark of MicroVention, Inc. registered in the United States and other jurisdictions. All brand names are trademarks or registered trademarks owned by TERUMO CORPORATION, its affiliates, or unrelated third parties. All third-party products are trademarks™ or registered® trademarks and remain the property of their respective holders.

© 2026 MicroVention, Inc. MM2284 WW 04/26

To read the full report, scan the QR code





Terumo Neuro Worldwide
Innovation Center
(MicroVention, Inc.)

35 Enterprise
Aliso Viejo, CA 92656
USA

PH: +1.714.247.8000
PH: +1.800.990.8368

terumoneuro.com