



Improving Outcomes from Pre-hospital and Emergency Care across the Asia-Pacific

STUDY PROPOSAL REQUEST FORM

Please complete the form and email to PAROS secretariat at patricia.tay@scri.edu.sg by the stipulated date. You will be notified in due time on whether your study has been accepted for presentation.

Reminder: Please check the list of existing proposals and publications from <https://www.scri.edu.sg/crn/pan-asian-resuscitation-outcomes-study-paros-clinical-research-network-crn/paros-publications/> to avoid duplications of proposals. Abstract and manuscript must be sent to PAROS chairs for approval before submission for presentation/publication.

1. BASIC INFORMATION

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2. TYPE OF REQUEST (Please select one)

New Study Proposal (initial)

Secondary Analyses

Explanatory Analyses

3. STUDY TITLE

The impact of early coronary angiography on clinical outcomes in out-of-hospital cardiac arrest

4. ABSTRACT OF STUDY PROPOSAL

In **no more than 350 words**, describe the study under the given headings below.

Objectives/Hypotheses

Coronary artery disease (CAD) is the leading cause of out-of-hospital cardiac arrest (OHCA) and up to 70% of patients undergoing coronary angiography after OHCA are found to have obstructive CAD. The timing of coronary angiography (CAG) remains controversial.

Methodology

Consecutive adult subjects resuscitated from OHCA of presumed cardiac etiology from January 2019 to December 2021 will be eligible for this prospective study. Subjects who fail to achieve return of spontaneous circulation in the emergency department and those with a non-cardiac etiology of OHCA will be excluded. Details on cardiac catheterization and pertinent laboratory data will be collected. These are merged with data from PAROS registry, for complete pre-hospital and outcomes data.

The primary outcome is survival to hospital discharge. Secondary outcome measures reflecting functional outcome at hospital discharge will include cerebral performance category and discharge destination. Adverse events such as severe acute kidney injury and bleeding will be documented.

Local data suggest better survival rates for those who underwent early CAG. Assuming 35% survival rate in those with early CAG versus 12% in those without, a sample size of 70 in each arm will be able to reject the null hypothesis with a Type I error of 0.05 and power of 90%. A larger sample size of 200 is projected for this, in order to better characterize the epidemiology in the region.

Secretariat

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For any enquiries, please contact PAROS secretariat at paros.secretariat@yahoo.com

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