



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.cris.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

<http://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		
Name: Kentaro Kajino		Designation:
Email: kajihanapu@yahoo.co.jp		Country: Japan
2. TYPE OF REQUEST (Please select one)		
<input checked="" type="checkbox"/> New Study Proposal (initial)	<input type="checkbox"/> Secondary Analyses	<input type="checkbox"/> Explanatory Analyses
3. STUDY TITLE		
Universal termination of resuscitation (TOR) rule predicts neurologically favorable outcome in Asian countries.		
4. ABSTRACT OF STUDY PROPOSAL		
In no more than 350 words, describe the study under the given headings below.		
Objectives It is unclear whether the universal termination of resuscitation (TOR) rule developed in North America can be applied successfully to patients with out-of-hospital cardiac arrest (OHCA) in other countries. This study objective is to assess the performance of the universal TOR in Asian countries related with PAROS.		
Methodology (To include sample size, settings, inclusion & exclusion criteria, etc. For secondary & explanatory Population: All cardiac arrest patients who visited emergency department in the PAROS participating Asian countries. Data source: An international, multi-area registry of cardiac arrest patients, PAROS Outcome Variable: Prehospital ROSC, ROSC, hospital administration, one month survival, Neurologically favorable outcome with one month) Adjusting factors: patient's characteristics (age, gender, arrest origin, PAD, witness, initial rhythm, location, etc.), EMS activities (Advanced airway management, drug administration, defibrillation etc.), country, year Statistical analysis: χ^2 test, Mann-Whitney test, Multivariable logistic regression using SPSS		
Significance of the study (e.g. provide brief description on how the study can improve current In many countries, prehospital termination of resuscitation (TOR) for OHCA have been implemented to allow for better utilization of hospital care resources. AHA and ERC 2020 cardiopulmonary resuscitation (CPR) guidelines recommend that emergency medical services (EMS) personnel consider TOR for OHCA patients that have failed to respond to BLS and/or ALS treatment efforts. TOR is preferred instead of transporting these patients to the hospitals for ongoing resuscitation because of their poor survival and heavy economic burden. Recently, universal TOR rule was originally developed in North America and this rule have a high specificity and positive predictive value (PPV) and performed well. However, we thought that it was important to evaluate whether this 'Universal TOR rule' was acceptable in not only the different EMS system but also areas where difference races lived. We already analyzed the efficacy of universal TOR rule using Japanese data set. Next step, we hope to analyze the countries' difference and seek optimal TOR rule for Asian countries. (Kajino K et al, Resuscitation 84(2013)54-59, Onoe A et al, Resuscitation 162 (2021) 245-250)		

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