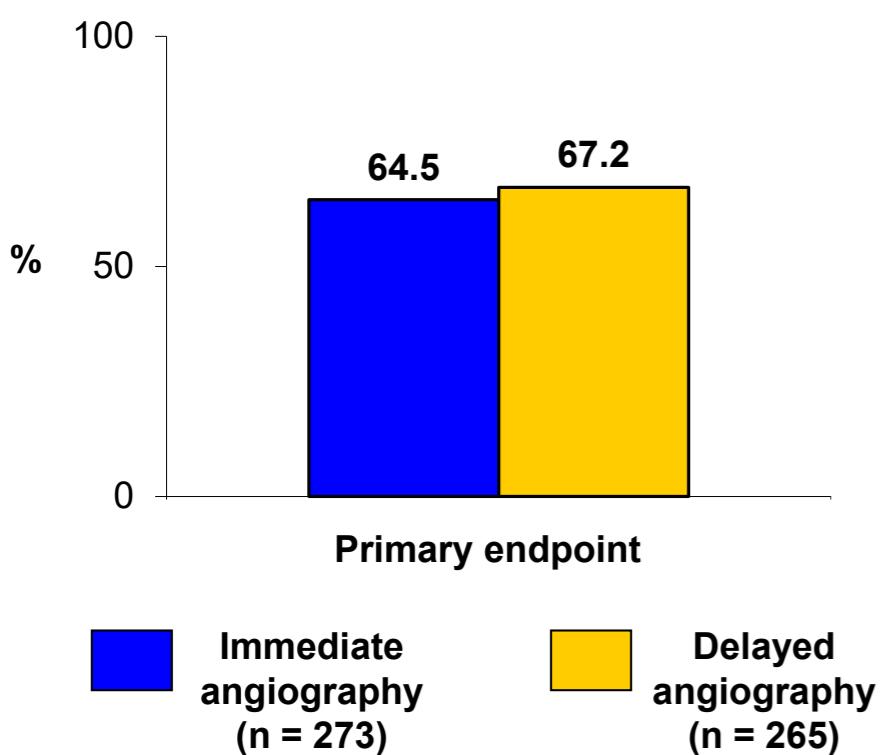




**Trial Description:** Patients presenting with out-of-hospital cardiac arrest (OOHCA) secondary to a shockable rhythm with no evidence of ST elevations on post-ROSC ECG were randomized 1:1 to either emergent or delayed angiography. They were followed for 90 days.

( $p = 0.51$ )



## RESULTS

- Primary endpoint: survival to 90 days for immediate vs. delayed angiography: 64.5% vs. 67.2%,  $p = 0.51$
- Survival with good cerebral performance or mild/moderate disability: 62.9% vs. 64.4%,  $p > 0.05$ ; survival to hospital discharge: 65.2% vs. 68.7%,  $p > 0.05$
- TIMI major bleeding: 2.6% vs. 4.9%

## CONCLUSIONS

- Immediate angiography with an intent to revascularize is not superior to delayed angiography (with initiation of cooling first) among patients with OOHCA secondary to a shockable rhythm, and with no ECG evidence of ST elevations post-ROSC
- Only 5% of patients had evidence of a true thrombotic lesion on angiography
- These are very important findings and will likely influence guidelines on this topic

Lemkes JS, et al. N Engl J Med 2019;Mar 18:[Epub]