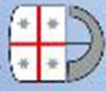


Con il patrocinio di



REGIONE LIGURIA

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**IRC**

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**13-14 OTTOBRE**

DALL'EVIDENZA AI TRATTAMENTI FUTURI  
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# IRC & ESCAPE- NET

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framework programme  
of the European Union

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## ESCAPE-NET:

European Sudden Cardiac Arrest network - towards Prevention,  
Education and New Effective Treatment



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# Obiettivo principale

- Prevenzione dell'arresto cardiaco
- Sviluppo di nuove strategie terapeutiche

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Sopravvivenza in Europa

solo 5-20%

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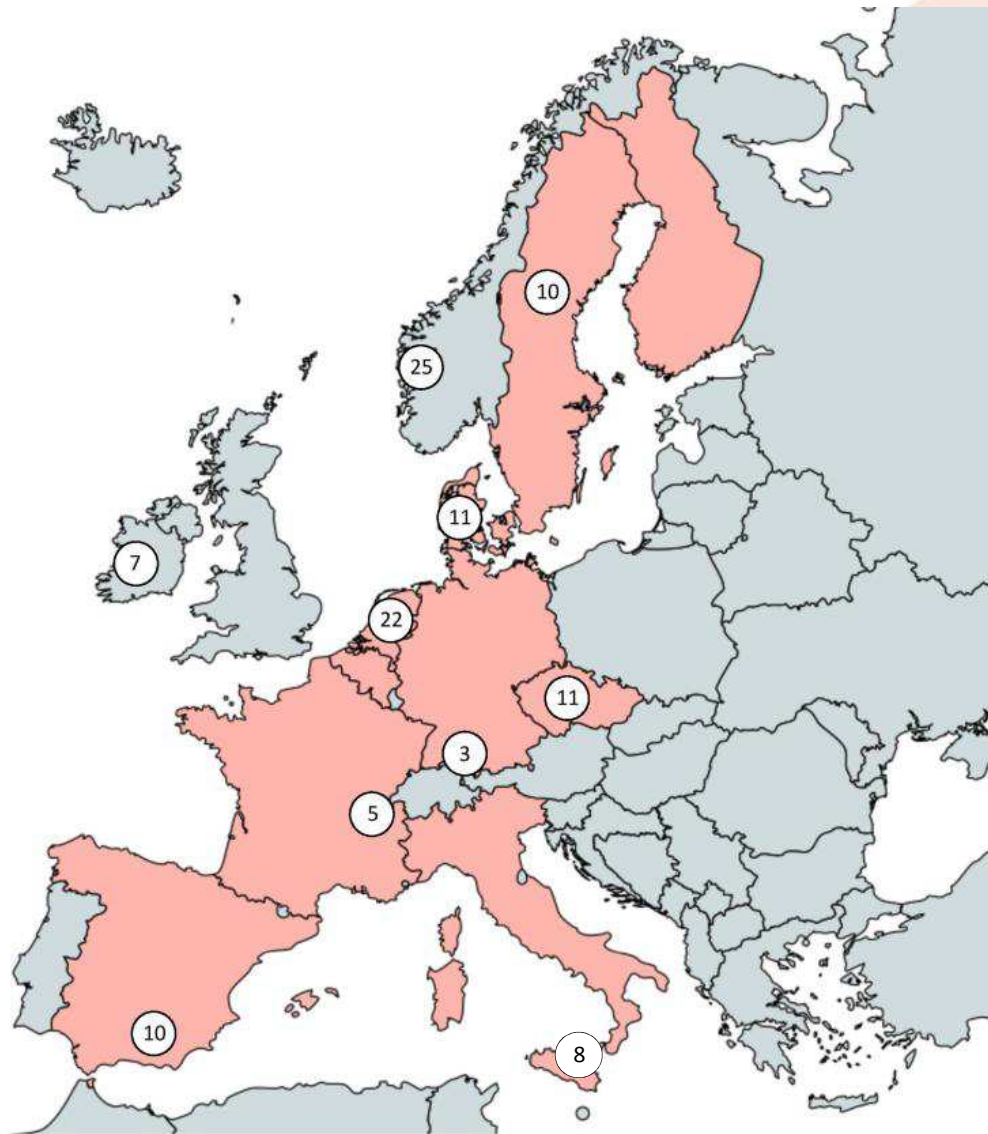
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## Survival after cardiac arrest in Europe



-  Countries participating in ESCAPE-NET
-  % survival after out-of-hospital sudden cardiac arrest

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# Prevenzione

- Opportunità per ridurre la mortalità
- Richiede il riconoscimento di **FATTORI DI RISCHIO** a livello individuale.

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# Sviluppo di nuove strategie terapeutiche

## Nuovi approcci terapeutici per ridurre la mortalità

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# ESCAPE- NET

- Ampio database di >100.000 campioni (DNA) provenienti da >20.000 pazienti con arresto cardiaco, combinando i database europei già esistenti.
- Identificare i fattori di rischio ( ereditari, acquisiti, ambientali) e le strategie di trattamento che possano spiegare le differenze nell'incidenza e nella sopravvivenza dell'arresto cardiaco tra i diversi paesi della comunità europea.
- Modificare la prastica clinica sulla base dei risultati ottenuti mediante l'interazione con le grandi società scientifiche europee allo scopo di migliorare la sopravvivenza.

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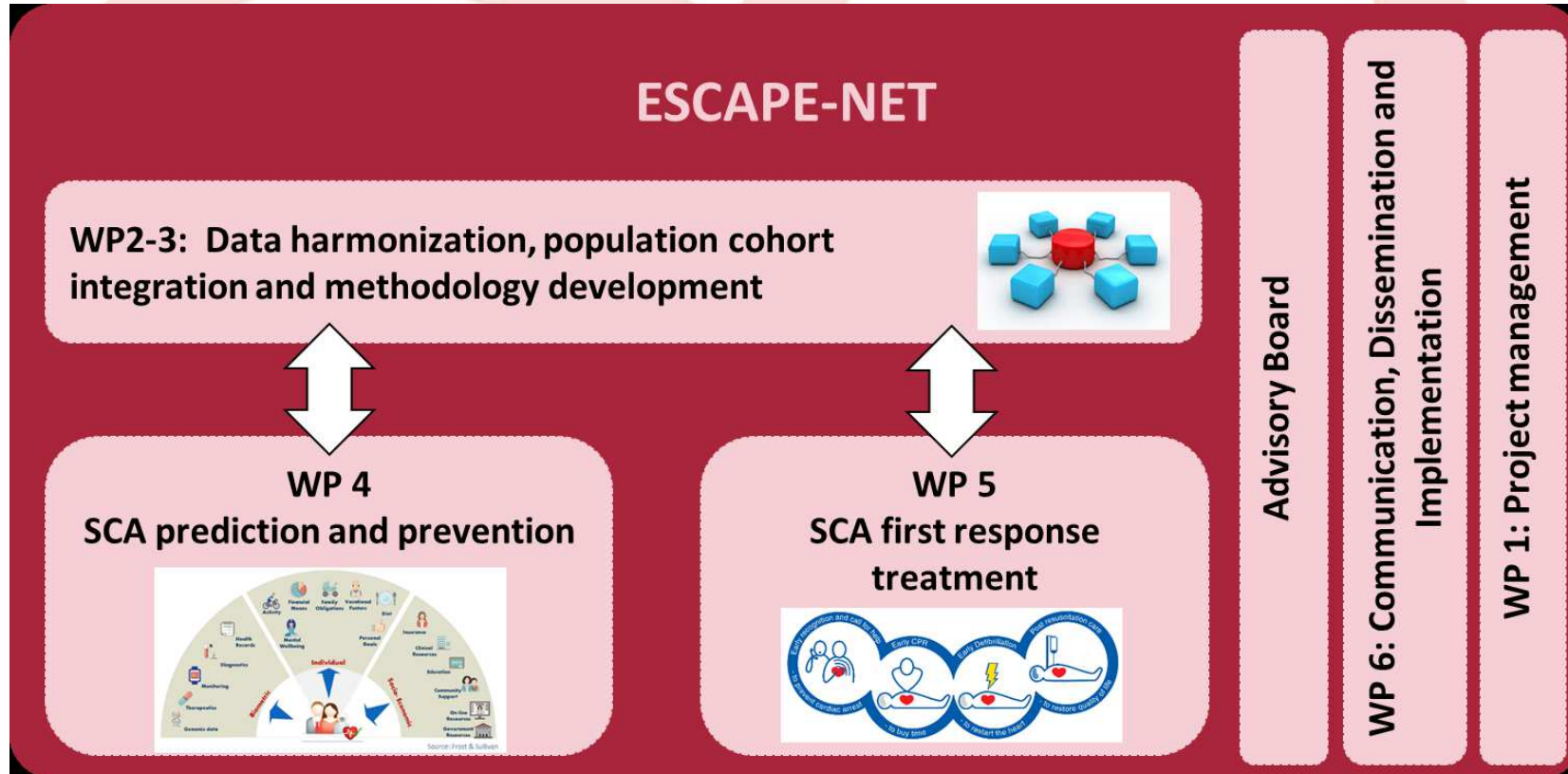
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# Metodi



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# Link tra ESCAPE-NET e le iniziative Europee esistenti

SILNE	experiments) project focused on socio-economic and psychosocial factors that impact on smoking. He also coordinates its successor, the EU-Horizon2020 funded project SILNE-R, which extends the SILNE project by using 'realist' methods borrowed from social sciences.
RIAC	Dr. Giuseppe Ristagno is the Coordinator of Scientific Committee of Italian Resuscitation Council (IRC). IRC has recently created the Italian Registry of Cardiac arrest – RIAC (Registro Italiano Arresti Cardiaci), a national database for a structured and standardized data collection on both out-of-hospital and in-hospital cardiac arrests. RIAC is an online accessible and free of charge database hosted by IRC ( <a href="http://riac2014.ircouncil.it">http://riac2014.ircouncil.it</a> ), that is involved in the wider data collection from the European Registry of Cardiac Arrest hosted by ERC (EuReCa). At present, more than 60 centers nationwide have requested to be part of RIAC, including both emergency medical systems and hospital intensive care units.
RODAM,	

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## Registro Italiano Arresti Cardiaci Italian Resuscitation Council

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EURECA  
TWO  
European Registry  
of Cardiac Arrest

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**AMplitude Spectrum Area to guide  
defibrillation during cardiopulmonary  
resuscitation in out-of-hospital  
cardiac arrest patients**

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## Real Time Amplitude Spectrum Area to Guide Defibrillation (AMSA)

This study is **not yet open for participant recruitment**.

See [▶ Contacts and Locations](#)

Verified August 2017 by *Mario Negri Institute for Pharmacological Research*

### Sponsor:

Mario Negri Institute for Pharmacological Research

ClinicalTrials.gov Identifier:

NCT03237910

First Posted: August 3, 2017

Last Update Posted: August 4, 2017

**⚠** The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. [Know the risks and potential benefits](#) of clinical studies and talk to your health care provider before participating. Read our [disclaimer](#) for details.

### Collaborators:

European Commission

Zoll Medical Corporation

### Information provided by (Responsible Party):

Mario Negri Institute for Pharmacological Research

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# Centri

- Milano
- Monza
- Bologna
- Trieste

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**Enrolling centers:** Milano, Monza, Bologna, Trieste

**Training period:** A 4-month training period will be conducted in the study centers

***Enrollment phase***

**Central randomization:** patients will be randomized into one of the 2 interventions:

- AMSA-CPR: the professional rescuer decides to deliver the defibrillation attempt based on the AMSA value displayed in the defibrillator
- Standard-CPR: the defibrillation is delivered based on the 2015 European Resuscitation Council guidelines

**Primary endpoint:** The efficacy of the AMSA-CPR: termination of VF/VT with achievement of ROSC for an AMSA  $\geq 15.5$  mV-Hz

**Secondary endpoints:** Number of defibrillation attempts and duration of CPR prior to ROSC; high sensitive cardiac troponin T release; short-term survival (sustained ROSC and 24 h survival); long-term outcome (survival and neurological function at 1 and 6 months); effects of quality of CPR on AMSA

**Sample size:** A total of 412 patients are expected to be enrolled

**Duration of the study (enrollement):** 24 months, starting from October 2017

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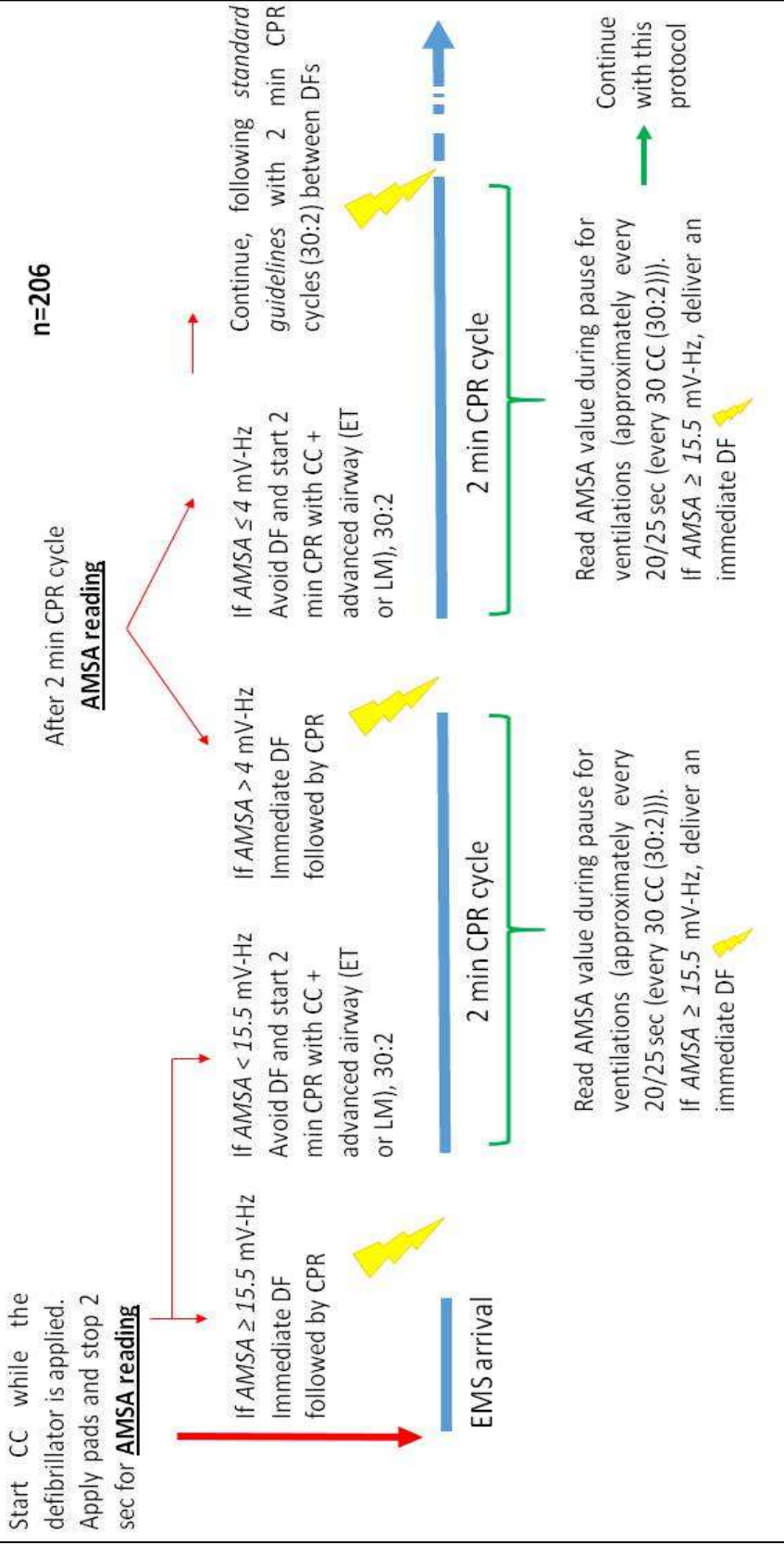
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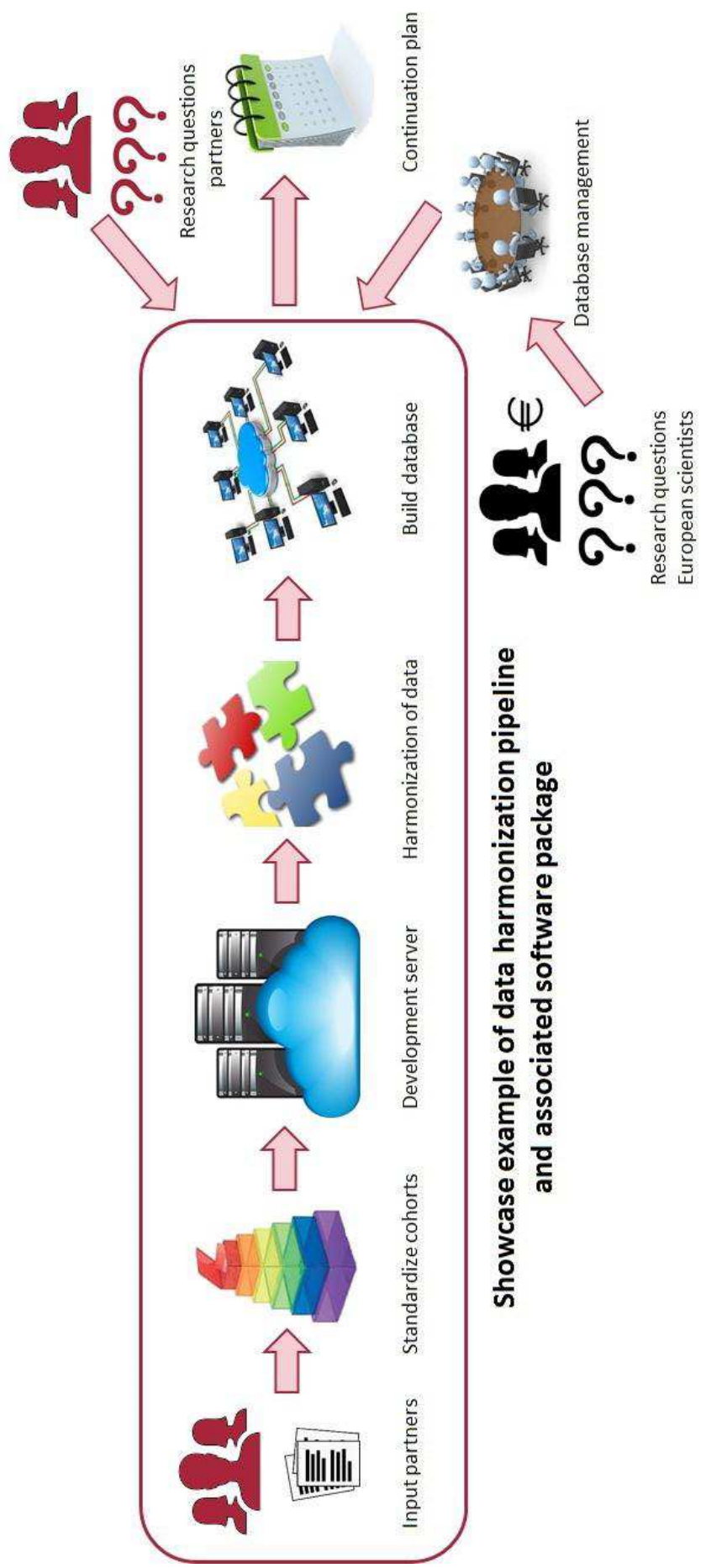


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**AMSA algorithm to guide CPR intervention (CC or DF first) in the first 2 CPR cycles (using the low threshold for DF failure prediction to avoid futile attempts after the second CPR cycle) and to anticipate DF during the following CPR cycles**





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Grazie

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