

TITLE (SHORT, 200 CHARACTERS MAX.):

THE INFLUENCE OF MITOCHONDRIAL GENETICS ON SURVIVAL AFTER CARDIAC ARREST

MAIN HYPOTHESES TESTED (2 MAX)

We hypothesize that patients with immunosuppressed status will have decreased survival following cardiac arrest (CA) as compared to other patients.

SINGLE CENTER [] , MULTICENTER [X] PICO

Patients: Patients included in the TTM2 trail with any immunosuppression defined as:

1. neutropenia (absolute neutrophil count < 1000 neutrophils/ μ l)
2. patient receiving corticosteroid treatment (prednisolone or equivalent > 0.5 mg/kg/day) for > 3 months prior to study inclusion
3. solid organ transplant patient receiving immunosuppressive treatment
4. bone marrow transplant patient receiving immunosuppressive treatment
5. administration of chemotherapy within one year prior to study inclusion
6. administration of radiotherapy within one year prior to study inclusion
7. patient with autoimmune disease receiving immunosuppressive treatment
8. HIV, AIDS

Prognostic factor: Prognostic relevance of immunosuppression on outcome after CA.

Comparison: patients with immunosuppression compared to non-immunocompromised patients

Outcome: Primary outcome: Mortality 180 days post-CA. Secondary Outcome: Glasgow Outcome Scale-extended (GOS-E) at 180 days

DATA NEEDED FOR THE ANALYSIS

(SPECIFY VARIABLES AND MOTIVATE ANY PROPOSED ADDITIONS TO THE ECRF)

The eCRF should include the information of included patients' comorbidity per the above definitions of immune suppression.

LOGISTICS – HOW WILL ADDITIONAL DATA BE GATHERED?

In the eCRF

BRIEF STATISTICAL ANALYSIS PLAN AND SAMPLE SIZE ESTIMATE

The two groups (immunosuppressed non-immunosuppressed) will be analysed with regards to outcome. This is an exploratory sub study of TTM2 so no power calculation has been performed.

FUNDING (IF APPLICABLE)

CORRESPONDING AUTHORS NAME, INSTITUTION & E-MAIL ADDRESS:

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