UC San Diego Health

UCSD Emergency Physician to Describe Large Clinical Trial For Heart Attack and Trauma Victims

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"Improving Survival from Cardiac Arrest and Severe Trauma" will be the topic of a series of community meetings being held around the county in February.

Daniel Davis, MD, a specialist in emergency medicine at the University of California San Diego Medical Center, will describe a five-year countywide research project that is part of a major U.S.-Canadian initiative to improve survival from cardiac arrest and severe trauma. Davis is the principal investigator of the San Diego area component of the bi-national study, the Resuscitation Outcomes Consortium (ROC).

Times and locations of the San Diego County community meetings will be:

- **Chula Vista**--Tuesday, February 6, from 6:30 p.m. to 7:30 p.m., at the Chula Vista Library, Civic Center Branch, 365 F Street, Chula Vista
- **Poway**--Friday, February 9, 9:30 a.m. to 10:30 a.m., at the San Diego Library Poway Branch, 13137 Poway Road, Poway
- **Carlsbad**--Friday February 9, 1:30 p.m. to 2:30 p.m., at the Carlsbad Library, Dove Branch, 1775 Dove Lane, Carlsbad
- **El Cajon**--Monday, February 12, 3:30 p.m. to 4:30 p.m., at the El Cajon Main Library, 201 E. Douglas, El Cajon

He will discuss a part of the study set to begin this spring. Its purpose is to evaluate the efficacy of a new method and device used for cardiopulmonary resuscitation (CPR) in treating victims of cardiac arrest and trauma and will involve San Diego County Emergency Medical Services (EMS), including many fire departments and hospitals. Many people in the county who suffer a serious injury or cardiac arrest and require San Diego's 911 services will be included in the clinical trial, unless they decline to participate.

In his talk, Davis will describe the upcoming CPR study, named ROC PRIMED (Prehospital Resuscitation using an IMpedance valve and Early vs. Delayed analysis).

One part of the study will be a double-blind trial to test the effectiveness of an Impedance Threshold Device (ITD) to enhance blood flow within the chest during chest compressions. The device, which resembles a lemon in shape, size and color, attaches easily to regular CPR airway equipment. Its purpose is to promote a change in the pressure within the chest, resulting in increased blood flow to the heart and lungs.

The second part of the ROC study will compare two methods of CPR by varying the length of time the first responder does chest compressions. One, the standard used today, involves chest compressions and ventilations for only 30 seconds while setting up the equipment needed to analyze and shock the heart. This will be compared with a newer method, in which chest compressions and ventilations are performed for 3 minutes before analysis and shock.

The U.S./Canadian consortium that is sponsored by the National Institutes of Health (NIH) is creating an extensive and unique database of trauma resuscitation and cardiac arrest information that is expected to expand the understanding of resuscitation and develop new, more effective treatments. By studying new and promising drugs, technologies and techniques, researchers hope to identify treatments most likely to benefit the public and improve outcomes for patients who experience cardiac arrest or a traumatic injury. The goal is to decrease mortality, improve outcomes, and help return patients to their prior functional capacity. The initial funding commitment last year of $50 million supports research in eight regions throughout the U.S. and two Canada. The University of Washington in Seattle is the coordinating center for the program and assists with the coordination with the NIH.

UCSD received a $2.3 million grant last year to participate in ROC and lead the San Diego component, which is named the San Diego Resuscitation Research Center (SDRRC). The SDRRC integrates pre-hospital care providers, trauma centers, and cardiac arrest-receiving hospitals into an organized network to conduct ROC-sponsored studies. The SDRRC also trains paramedics in protocol implementation and supports a data system to track patient outcomes.

The initial ROC study, which is about to begin, is assessing the effectiveness of initial resuscitation of severe trauma patients using hypertonic saline fluid, a highly concentrated form of saline solution. This trial will compare the use of a high concentration salt solution to a high concentration salt solution with a type of sugar added to the regular saline solution currently being used with severe trauma patients.

Every ROC study undergoes rigorous review and approval. The initial review is done by an independent group of scientists and ethicists retained by the NIH. Subsequent review occurs by the FDA as well as state and regional EMS authorities. ROC studies must also be reviewed and approved by the Institutional Review Boards (IRBs) of each of the participating hospitals. Since these trials will address patients in life-threatening situations who are often unconscious, the federal government employs stringent FDA guidelines to govern their safe conduct. Individuals

wishing to exempt themselves from participation have the option of wearing a wristband indicating their choice not to participate. Wristbands will be provided through the SDRRC and can be obtained by calling 619-471-0616.

Pamphlets in English or Spanish describing ROC will be available at the community meetings and attendees who wish to answer a questionnaire can complete it at the end of the meeting or drop it in the mail.

More information about the public meetings or the study is available at 619-471-0616. In addition, information is on the Internet at www.uwctc.org, then clicking on ROC.

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