

FOR IMMEDIATE RELEASE 15 April 2015

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Mechanical versus Manual Chest Compression for Out-of-Hospital Cardiac Arrest (PARAMEDIC)

Selected by the Society for Clinical Trials as the 2014 Trial of the Year

Mechanical versus Manual Chest Compression for Out-of-Hospital Cardiac Arrest (PARAMEDIC): a pragmatic, cluster randomised controlled trial, has been selected by the Society for Clinical Trials (SCT) as the 2014 Trial of the Year. The PARAMEDIC study team will be awarded the 2014 Trial of the Year at the Society's 36th Annual Meeting.

The PARAMEDIC study team comprising trial investigators, a trial manager, a paramedic and patient/public representative will discuss the trial following the award ceremony at the Hyatt Regency Crystal City in Arlington, Virginia during a plenary session on Tuesday, May 19, 2015 at 4:30 PM. Visit www.sctweb.org for more information on the meeting.

Survival after out of hospital cardiac arrest is very poor, with only around 5-10% of patients for whom resuscitation is attempted surviving to discharge from hospital. Moreover, there has been little improvement in survival rates, and effective treatments are limited. It is known that provision of early, high quality chest compressions to maintain blood flow are key to improving the chance of survival. However, it is very difficult for a rescuer to maintain manual chest compressions of adequate depth and frequency for a prolonged period. To address this problem, mechanical chest compression devices have been developed, which can provide chest compressions of standard depth and frequency without fatigue, and free emergency service personnel to attend to other tasks. The PARAMEDIC trial evaluated use of one such device, the LUCAS-2, during resuscitation attempts by UK ambulance services.

The study was conducted between 2010 and 2013 in four ambulance services in the UK. It enrolled 4,471 patients who had suffered out of hospital cardiac arrest. Ambulance service vehicles were randomly assigned (1:2) to cardiopulmonary resuscitation (CPR) using LUCAS-2 or manual chest compression in a cluster randomization, and patients received LUCAS-2 mechanical or manual chest compressions according to the first trial vehicle to arrive on scene. The results did not show a survival advantage to the use of the LUCAS-2, and fewer patients in the LUCAS-2 group survived without neurological impairment than in the control group.

Society for Clinical Trials

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The Trial of the Year has always attracted great interest to SCT Annual Meeting attendees. Each year since 2008, it has been awarded to a randomized, controlled trial published (either electronically or in print) in the previous calendar year that best fulfills the following standards:

- It improves the lot of humankind.
- It provides the basis for a substantial, beneficial change in health care.
- It reflects expertise in subject matter, excellence in methodology, and concern for study participants.
- It overcomes obstacles in implementation.
- The presentation of its design, execution, and results is a model of clarity and intellectual soundness.

Nominations came from Society members, investigators, and interested scholars from around the world. The 2014 Trial of the Year selection committee, headed by Kay Dickersin, included Janet Wittes, Christopher Coffey, Marion Campbell, Tianjing Li, Scott Evans and Wendy Parulekar.

Attendees at the SCT 36th Annual Meeting will have the opportunity to learn more about this exciting study. The 2015 Trial of the Year Selection Committee will issue a call for nominations in fall, 2015. Visit www.sctweb.org for updates.

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About the Society for Clinical Trials: The Society for Clinical Trials, created in 1978, is an international professional organization dedicated to the development and dissemination of knowledge about the design, conduct and analysis of government and industry-sponsored clinical trials and related health care research methodologies. Visit www.sctweb.org.

About the Trial of the Year: Find a list of past Trials of the Year on www.sctweb.org.