



OHSU SIREN NETWORK NEWS

Issue: Dec 2023/Jan 24

CALENDAR

12/5 1pm ET: Study Coordinator Meeting – [Zoom Link \(Meeting ID: 959 9800 0564 Passcode: 113257\)](#)

12/20 noon ET: Steering Committee Meeting – [Zoom](#)

1/2/24 1pm ET: Study Coordinator Meeting – [Zoom Link \(Meeting ID: 959 9800 0564 Passcode: 113257\)](#)

1/3 1pm: ET Monthly SIREN Fellow Didactics – [Zoom Link \(Meeting ID: 950 8157 4770 Passcode: 898235\)](#)

1/17 1pm Journal Club: [Zoom Link \(Meeting ID: 927 2287 6863 Passcode: 808062\)](#) ([Speaker Link](#))

1/24 noon ET: Steering Committee Meeting – [Zoom](#)

Contact us:

Jenny Cook, Hub Project Manager, 503.494.1230 cookjen@ohsu.edu [OHSU SIREN Website](#)

OHSU Co-PI's: Dr. Mo Daya, Dr. Bory Kea

OHSU Finance & Contracts: Denise Griffiths griffitd@ohsu.edu

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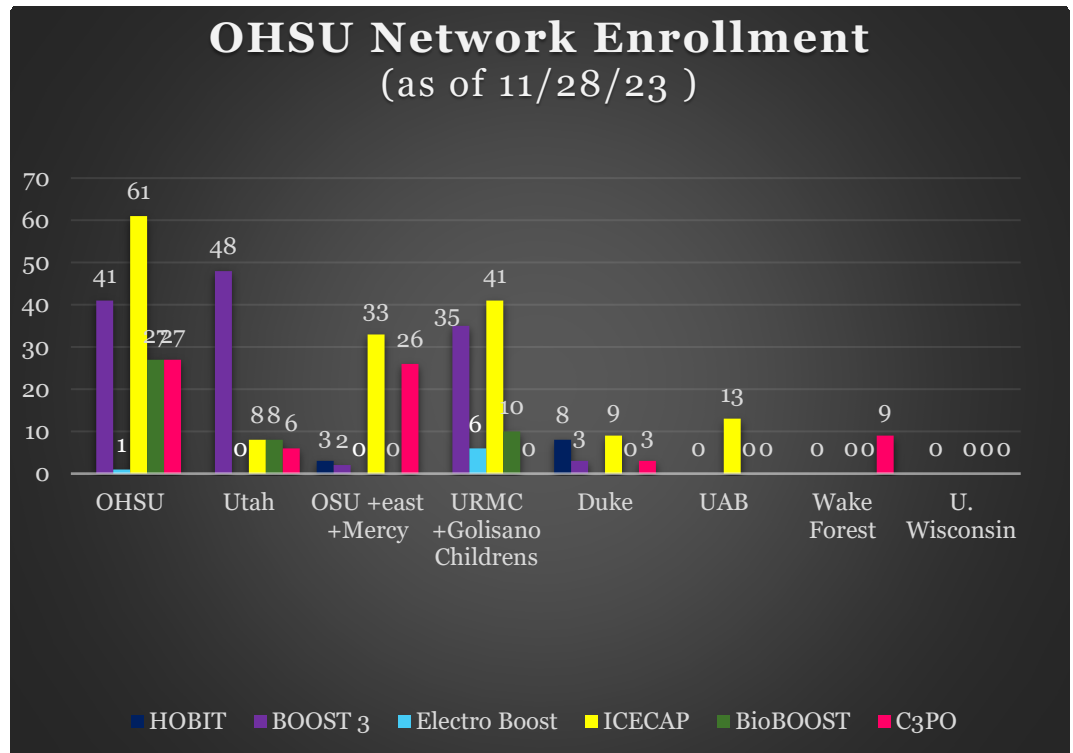
NETWORK NEWS

Jenny will be on vacation from Dec 20-Jan 2. We'll be back with our next issue of the network news in Feb! Thank you all for your contributions to our annual NIH report. Your help in compiling the excellent achievements within our network is invaluable and deeply appreciated We would like to wish everyone a Happy Hanukkah, Merry Christmas and a Happy New Year. We look forward to continuing collaborations and successes within our Hub community in 2024.

Reminder! Save the date for our next Quarterly team meeting

- **Monday, January 22, 2024 @noon Pacific ([Meeting Link](#))**

Total OHSU Network enrollment: 405



STANDARD OPERATING PROCEDURE (SOP) SPOTLIGHT

As a part of the new SIREN award notice, we will help facilitate the DCC efforts to distribute the SIREN general SOPs and training for our spoke sites.

Your site can access all SIREN SOPs at any time here: <https://siren.network/nett-resources/standard-operating-procedures>. We will also spotlight a monthly SOP in our newsletter for your review.

This month, please review the [Conflicts of Interest](#) SOP

BOOST 3 NEWS & UPDATES

Brain Oxygen Optimization in Severe Traumatic Brain Injury Phase 3

- BOOST 3 enrollments: 561; 51% of target (Target enrollment: 1094)
- **OHSU Network Enrollment: 129**
- Bio-BOOST enrollments: 128; **OHSU Network: 45**
 - See all BioBOOST site action item below!

BioBOOST PIs and PSCs:

Any day now your site will receive an automated reminder from Advarra regarding the BioBOOST Continuing Review. ***Please do not respond to these emails and do not complete the Continuing Review in Advarra.*** As with all SIREN trials, the University of Michigan SIREN CCC will complete and submit the individual site Continuing Reviews. **The key point is to ignore the Advarra emails** and reach out to Ruth o me with any questions.

ACTION ITEM: What we need you to do:

Please complete the Site Continuing Renewal form in WebDCU by following these steps:

- Login to WebDCU,
- Select the Central IRB tab,
- Select Site Continuing Renewal tab,
- Click on the blue number in the far-left column to open the BioBOOST SCR form,
- If there isn't a CR form for your site, please select 'Add New' in the upper right corner of the screen to add the form,
- Click Edit Record in the top right corner of the page,
- Update the fields that are not greyed out, and
- Click Save Record at the bottom of the page when the form is completed.

Please let me know if you have any questions about this process.

Ruth R R Lewis, MS, RN rrlewis@umich.edu

- **ELECTROBOOST** enrollment: 79 **OHSU Network: 7**

ICECAP NEWS & UPDATES

Influence of Cooling Duration on Efficacy in Cardiac Arrest Patients

- ICECAP Enrollments: 824; 46% of target (Target enrollment: 1800)
- **OHSU Network Enrollment: 165**



ICECAP Virtual Investigator Meeting

- **VIRTUAL INVESTIGATOR MEETING: Do you have this meeting saved on your calendar? 12/12 @ 8am Pacific (morning caffeine please!)**

POST ICECAP NEWS



Currently, only PSC, PI and hub members have access to the POST-ICECAP WebDCU database, remaining team members will be granted access at a later date. Please note that this database will be separate from the ICECAP database in WebDCU.

Some of you may have been receiving WebDCU alerts for overdue or missing regulatory documents for the POST-ICECAP study. **Please ignore these emails at this time.** We are finalizing the Regulatory Parameters Document and will be sharing communication about next steps soon.

- Questions? Or think you should have access to the database and don't see it yet? Contact Liz (odonohue@musc.edu) or Natalie (brownnat@umich.edu).

PEDS ICECAP NEWS & UPDATES

Pediatric Influence of Cooling Duration on Efficacy in Cardiac Arrest Patients

- P-ICECAP Enrollments: 113 13% (Goal: 900)
- OHSU Network Enrollment: 8

HOT OFF THE PRESS

Kudos to Drs. Youngquist (Utah), and Wang (OSU) for their work that was presented at the 2023 AHA ReSS meeting related to IM Epinephrine in OHCA.

Accelerated Intramuscular Epinephrine and Survival in Adult, Non-Traumatic Out-of-Hospital Cardiac Arrest: A Before-After Study

Helen N Palatinus, Univ of Utah, Salt Lake City, UT; Michael Johnson, Univ of Utah, Holladay, UT; Henry E Wang, The Ohio State Univ, Columbus, OH; Scott T Youngquist, Univ of Utah, Salt Lake City, UT

Introduction: Survival after out-of-hospital cardiac arrest is poor. Treatment with early epinephrine is associated with improved survival but delays in vascular access may impact its timely delivery. Outcomes may be improved by novel methods to administer epinephrine prior to vascular access. We previously established that intramuscular epinephrine reduced time from 911 call to drug administration. **Aim:** To determine whether accelerated intramuscular epinephrine (IM-Epi) is associated with improved OHCA survival compared with standard IV/IO epinephrine. **Methods:** We conducted a before-after analysis of the implementation of an IM-Epi EMS protocol. We included adult OHCAs treated by the Salt Lake City Fire Department. Interventions were: pre-IM Epi (Jan 2010-Nov 2019), standard care IV or IO epinephrine; post-IM Epi (Dec 2019-Mar 2023), a single dose of 5 mg IM epinephrine prior to the initiation of IV/IO access. All other care followed standard ACLS, including additional dosing of epinephrine via IV/IO. Using multivariable logistic regression, we determined the association between IM-Epi and hospital survival, ROSC, and good neurologic function adjusted for Utstein variables. **Results:** Among 1,283 OHCAs, 307 (23.9%) received IM-Epi and 976 (76.1%) received usual care. Groups had similar sex, witnessed arrest, arrest location, initial rhythm, and response time, but younger age (57.3 vs. 59.5 years old; $p=0.05$) and higher bystander CPR (68.3% vs. 56.0%; <0.001) in the IM-Epi group. Time to epinephrine administration was faster for the IM-Epi group (12.0 vs. 15.3 min; <0.001). IM-Epi was associated with improved hospital survival (adjusted OR, 1.87; 95% CI, 1.12-3.10) and good neurologic outcome at discharge (adjusted OR, 1.76; 95% CI 1.02-3.01). IM-Epi first was not associated with differential rates of ROSC (adjusted OR, 1.02; 95% CI, 0.78-1.35) when compared to standard IV/IO first administration. **Conclusion:** In this before-and-after analysis, IM-Epi was associated with increased survival to hospital discharge and favorable neurologic function compared to standard care IV and IO epinephrine. Prospective randomized trials are needed to determine whether the observed effects of IM-Epi in OHCA improves outcomes.