

# ARREST registry: Amsterdam resuscitation studies

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| <b>Submission date</b><br>08/12/2016   | <b>Recruitment status</b><br>Recruiting         | <input type="checkbox"/> Prospectively registered<br><input checked="" type="checkbox"/> Protocol            |
| <b>Registration date</b><br>08/12/2016 | <b>Overall study status</b><br>Ongoing          | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                       |
| <b>Last Edited</b><br>14/08/2019       | <b>Condition category</b><br>Circulatory System | <input type="checkbox"/> Individual participant data<br><input type="checkbox"/> Record updated in last year |

## Plain English summary of protocol

### Background and study aims

Sudden cardiac arrest (SCA) is a serious medical condition in which the heart suddenly stops beating. It is commonly caused by cardiac arrhythmia (heart rhythm disorder) and is the most common cause of death in the developed world. These heart rhythm disorders are caused by complex interactions between various factors such as inherited factors, lifestyle factors and environmental factors. A SCA is lethal within minutes if left untreated, in particular, rapid defibrillation (a shock to the chest to get the heart pumping again) and resuscitation are crucial to increase chances of survival. This, along with prevention strategies are the best ways for preventing death from SCA. The difficulty with these strategies lies in the fact that SCA generally occurs unexpectedly and out-of-hospital. Because of this, it is usually very difficult to obtain clear information about all the factors that have caused the SCA in that particular person. The ARREST registry is designed to resolve these difficulties by improving understanding of the causes of SCA in the community and by evaluating the most effective treatments of SCA. To achieve this aim, the ARREST registry includes all out-of-hospital SCA cases in a particular region of the Netherlands, collecting information of the factors that may underlie SCA occurrence, along with detailed data on the ways in which resuscitation was performed. The aim of this study is to evaluate the ARREST registry and its use in understanding the causes of SCA and the best treatments.

### Who can participate?

All individuals in the ARREST region (North-Holland province of the Netherlands) who suffer out-of-hospital SCA.

### What does the study involve?

Information about sudden cardiac arrest (SCA) patients is collected from the emergency medical services, hospital, general practitioner, public pharmacy, and public registries; DNA is collected from residual material taken for the sake of patient care (e.g., blood samples). Patients are enrolled in this study when they suffer SCA. They cannot provide informed consent prior to enrolment, because occurrence of SCA is presently unpredictable. Informed consent can also not be obtained during SCA, because SCA is a medical emergency, in which the patients are unconscious. Therefore, informed consent can only be obtained afterwards. Survivors of SCA are therefore contacted after they have recovered sufficiently to have regained their ability to make

an informed decision to provide written consent to participate in this study. If they decide not to participate, the patient is withdrawn from the study and DNA samples will be destroyed.

What are the possible benefits and risks of participating?

A possible benefit is that this study improves the ability to prevent SCA (SCA victims are at increased risk of suffering SCA again), and to develop more effective treatments for out-of-hospital SCA. There are no risks involved with participating.

Where is the study run from

Department of Cardiology, Heart Center, Academic Medical Center (Netherlands)

When is study starting and how long is it expected to run for?

June 2005 to December 2031

Who is funding the study?

1. European Commission: Horizon 2020 (Belgium)
2. Netherlands CardioVascular Research Initiative (Netherlands)
3. Netherlands Organization for Scientific Research (Netherlands)
4. Dutch Medicines Evaluation Board (Netherlands)
5. Dutch Heart Foundation (Netherlands)
6. Zoll Medical (Netherlands)
7. Cardiac Science (USA)
8. ZonMW (Netherlands)
9. Laerdal Foundation (Netherlands)

Who is the main contact?

1. Dr Hanno Tan (scientific)
2. Dr Marieke Blom (scientific)

## Contact information

### Type(s)

Scientific

### Contact name

Dr Hanno Tan

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### Type(s)

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### Contact name

Dr Marieke Blom

**ORCID ID**

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

1

## Study information

**Scientific Title**

ARREST registry: AmsteRdam RESuscitation STudies

**Acronym**

ARREST

**Study objectives**

1. Sudden cardiac arrest may be prevented by understanding the interactions between the underlying causative factors
2. Sudden cardiac arrest may be better treated by designing more effective out-of-hospital treatment strategies

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

1. Medical Ethics Committee Academic Medical Center Amsterdam, 28/03/2007, ref: 07.17.0430
2. Biobank Ethics Committee Academic Medical Center Amsterdam, 27/03/2016, ref: 2015\_125

**Study design**

Observational prospective cohort study

**Primary study design**

Observational

**Secondary study design**

Cohort study

**Study setting(s)**

Community

**Study type(s)**

Other

**Participant information sheet**

Not available in web format, please use contact details to request a participant information sheet.

**Health condition(s) or problem(s) studied**

Out-of-hospital cardiac arrest

**Interventions**

No interventions will be conducted specifically for the sake of this study. Data of the sudden cardiac arrest (SCA) patients will be collected from the emergency medical services, hospital, general practitioner, public pharmacy, and public registries; DNA will be collected from residual material taken for the sake of patient care (e.g., blood samples).

Patients are enrolled in this study when they suffer SCA. They cannot provide informed consent prior to enrolment, because occurrence of SCA is presently unpredictable. Informed consent can also not be obtained during SCA, because SCA is a medical emergency, in which the patients are unconscious. Therefore, informed consent can only be obtained afterwards. Survivors of SCA will therefore be contacted after they have recovered sufficiently to have regained their ability to make an informed decision to provide written consent to participate in this study. If they decide not to participate, the patient will be withdrawn from the study and DNA samples will be destroyed.

**Intervention Type**

Other

**Primary outcome measure**

1. Causes of SCA are measured by studying genetic material, medication history from the patient's pharmacist, medical data retrieved from the patient's general practitioner and/or treating hospital and (social) environmental data retrieved from the national statistics agency.
2. Survival after out-of-hospital SCA, measured at hospital discharge using hospital records, and 30-day survival using basic civic registry

**Secondary outcome measures**

Quality of life after surviving SCA is measured using score on Cerebral Performance Category at hospital discharge.

**Overall study start date**

01/01/2005

**Completion date**

01/01/2031

# Eligibility

## Key inclusion criteria

All patients who suffer out-of-hospital cardiac arrest in the ARREST study region

## Participant type(s)

Patient

## Age group

All

## Sex

Both

## Target number of participants

15,000

## Key exclusion criteria

There are no exclusion criteria

## Date of first enrolment

01/06/2005

## Date of final enrolment

01/01/2030

# Locations

## Countries of recruitment

Netherlands

## Study participating centre

### Academic Medical Center

Department of Cardiology

Meibergdreef 9

1105 AZ Amsterdam

The Netherlands

Amsterdam

Netherlands

1105 AZ

# Sponsor information

## Organisation

Academic Medical Center (AMC)

**Sponsor details**

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**Sponsor type**

Research organisation

**ROR**

<https://ror.org/03t4gr691>

**Funder(s)****Funder type**

Government

**Funder Name**

European Commission: Horizon 2020

**Funder Name**

Netherlands CardioVascular Research Initiative: The Dutch Heart Foundation, Dutch Federation of University Medical Centres, the Netherlands Organisation for Health Research and Development, and the Royal Netherlands Academy of Sciences (PREDICT project)

**Funder Name**

Netherlands Organization for Scientific Research (NWO)

**Funder Name**

Dutch Medicines Evaluation Board (MEB/CBG)

**Funder Name**

BBMRI-NL

**Funder Name**

Dutch Heart Foundation

**Funder Name**

Physio-Control Inc

**Funder Name**

Zoll Medical

**Funder Name**

Cardiac Science

**Funder Name**

ZonMW

**Funder Name**

Laerdal Foundation

## Results and Publications

**Publication and dissemination plan**

Planned publication in a high-impact peer reviewed journal, yearly throughout the study.

**Intention to publish date**

08/12/2017

**Individual participant data (IPD) sharing plan**

Not expected to be available, because of privacy considerations: risk of exposing patient identifying information. Data are held at Academic Medical Center, Amsterdam.

**IPD sharing plan summary**

Not expected to be made available

**Study outputs**

| Output type                      | Details  | Date created | Date added | Peer reviewed? | Patient-facing? |
|----------------------------------|----------|--------------|------------|----------------|-----------------|
| <a href="#">Protocol article</a> | protocol | 06/08/2014   | 14/08/2019 | Yes            | No              |