**Table 1. Evidence profile tables** for Emergent or early CAG with PCI (if indicated) compared to Delayed CAG or no CAG for Unresponsive adults (> 18 years old) with ROSC after cardiac arrest

| **Certainty assessment** | | | | | | | | | | | **№ of patients** | | | | | | **Effect** | | | | **Certainty** | **Importance** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№ of studies** | **Study design** | | **Risk of bias** | | **Inconsistency** | | **Indirectness** | **Imprecision** | | **Other considerations** | **[Emergent or early CAG with PCI if indicated]** | | | | **[Delayed CAG or no CAG]** | | **Relative (95% CI)** | | **Absolute (95% CI)** | |
| **POST ROSC No STEMI all rhythms** | | | | | | | | | | | | | | | | | | | | | | | |
| **Survival at Hospital Discharge – POST ROSC No STEMI all rhythms - RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1  Kern 2020 | randomized trial | serious | not serious | not serious | serious | Stopped early for futility | 27/49 (55.0%) | 24/50 (48%) | OR 1.33 (0.60 to 2.93) | **71 more per 1,000** (from 122 fewer to 257 more) | ⨁⨁◯◯ LOW | CRITICAL | | | | | | | | | | | | | | | | | | | | | | | | |
| **Functional Survival at Hospital Discharge (CPC < 2).- POST ROSC No STEMI all rhythms - RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1  Kern 2020 | randomized trial | serious | not serious | not serious | serious | Stopped for futility | 25/49 (51.0%) | 23/50 (46.0%) | OR 1.22 (0.56 to 2.69) | **50 more per 1,000** (from 142 fewer to 237 more) | ⨁⨁◯◯ LOW | CRITICAL | | | | | | | | | | | | | | | | | | | | | | | | |
| **Survival at 30 days – POST ROSC No STEMI all rhythms - RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 2  Kern 2020  Desch 2021 | randomized trials | not serious | not serious | not serious | very serious | Kern study stopped for futility | 149/314(47.5%) | 166/315(52.7%) | 0.93 (0.49-1.76) | **18 fewer per 1,000** (from 174 fewer to 135 more) | ⨁⨁◯◯ LOW | CRITICAL | | | | | | | | | | | | | | | | | | | | | | | | |
| **Functional Survival at 30 days (CPC < 2) – POST ROSC No STEMI all rhythms - RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 2  Kern 2020  Desch 2021 | randomized trials | serious | not serious | not serious | serious | Kern study stopped for futility | 110/314 (35.0%) | 126/315 (40.0%) | **OR 0.88** (0.51 to 1.52) | **30 fewer per 1,000** (from 146 fewer to 103 more) | ⨁⨁◯◯ LOW | CRITICAL | | | | | | | | | | | | | | | | | | | | | | | | |
| **Survival at 180 days – POST ROSC No STEMI all rhythms - RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1  Kern 2020 | randomized trial | serious | not serious | not serious | serious | Stopped for futility | 22/44 (50.0%) | 20/50 (40.0%) | OR 1.50 (0.66 to 3.40) | **100 more per 1,000** (from 98 fewer to 288 more) | ⨁⨁◯◯ LOW | CRITICAL | | | | | | | | | | | | | | | | | | | | | | | | |
| **Functional Survival at 180 days (CPC < 2) – POST ROSC NO STEMI all rhythms - RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1  Kern 2020 | randomized trial | serious | not serious | not serious | serious | Stopped for futility | 16/49 (50.0%) | 13/50 (40.0%) | OR 1.38 (0.58 to 3.29) | **67 more per 1,000** (from 111 fewer to 239 more) | ⨁⨁◯◯ LOW | CRITICAL | | | | | | | | | | | | | | | | | | | | | | | | |
| **Survival at 24 hours- POST-ROSC No STEMI all rhythms- RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| 1  Elfwen 2019 | randomised trials | | serious a | | not serious | | not serious | very serious c,d | | none | 35/38 (92.1%) | | | | 34/40 (85.0%) | | **OR 2.06** (0.48 to 8.90) | | **71 more per 1,000** (from 80 fewer to 221 more) | | ⨁◯◯◯ VERY LOW | IMPORTANT | |
| **PCI ITT-RCTs** | | | | | | | | | | | | | | | | | | | | | | | |
| 2  Kern 2020  Desch 2021 | randomised trials | not serious | | not serious | | not serious | | | not serious | none | 108/314 (0.34%) | | | | 79/315 (0.25%) | | OR 1.57  (1.11 to 2.21) | | 94 more per 1,000 (from 20 more to 174 more | | ⨁⨁⨁⨁ High | IMPORTANT | |
| **PCI PP-RCTs** | | | | | | | | | | | | | | | | | | | | | | | |
| 2  Kern 2020  Desch 2021 | randomised trials | not serious | | not serious | | not serious | | | seriousc | none | 108/299 (36.1%) | | | | 79/186 (42.5%) | | 0.77  (0.53 to 1.12) | | **62 fewer per 1,000** (from 143 fewer to 28 more) | | ⨁⨁⨁◯ Moderate | IMPORTANT | |
| **Adverse Event - Stroke-ICH- POST-ROSC no STEMI all rhythms- RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| 2  Elwen 2019  Desch 2021 | randomised trials | | not serious | | not serious | | not serious | very serious | | none | 4/296(1.4%) | | | | 6/282(2.1%) | | OR 0.67  (0.20 to 2.28) | | **7 fewer per 1000**  (From 17 fewer to 26 more) | | ⨁⨁◯◯ LOW | IMPORTANT | |
| **Adverse Event – Acute kidney failure leading to renal-replacement therapy – POST ROSC No STEMI all rhythms- RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| 1  Desch 2021 | Randomized trial | | not serious | | not serious | | not serious | Very serious | |  | 49/251(19.5%) | | | | 38/241(15.8%) | | OR 1.25  (0.78 to 1.99) | | **32 more per 1000** (from 30 fewer to 114 more) | | ⨁⨁◯◯ LOW | IMPORTANT | |
| **Adverse Event – Moderate to severe bleeding – POST ROSC No STEMI all rhythms- RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| 1  Desch 2021 | Randomized trial | | Not serious | | Not serious | | Not serious | Very serious | |  | 12/260 (4.6%) | | | | 8/232 (3.4%) | | 1.35  (0.54 to 3.37) | | **12 more per 1000** (from 16 fewer to 73 more) | | ⨁⨁◯◯ LOW | IMPORTANT | |
| **POST ROSC NO STEMI Shockable Initial Rhythm** | | | | | | | | | | | | | | | | | | | | | | | |
| **Survival to hospital discharge/ 30 days- POST ROSC No STEMI shockable- RCTs** | | | | | | | | | | | | | | | | | | | | | | | |
| 2  Lemkes 2019  Desch 2021 | randomised trials | | not serious | | not serious | | not serious | very serious | | none | | | 255/399(63.9%) | 281/407(69%) | | 0.79 (0.59 to 1.06) | | **52 fewer per 1000 (from 122 fewer to 12 more)** | | ⨁⨁◯◯ LOW | | | CRITICAL |
| **Survival at 90 days- POST ROSC No STEMI shockable- RCT** | | | | | | | | | | | | | | | | | | | | | | | |
| 1  Lemkes 2019 | randomised trials | | not serious | not serious | | serious f | | | serious c | none | | 176/273 (64.5%) | | 178/265 (67.2%) | | **OR 0.89** (0.62 to 1.27) | | **26 fewer per 1,000** (from 113 fewer to 50 more) | | ⨁⨁◯◯ LOW | | | CRITICAL |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Survival at 1 year- POST ROSC No STEMI shockable- RCTs** | | | | | | | | | | | | | | | | | | | | | | |
| 1  Lemkes 2021 | | | | randomised trials | | not serious | | | not serious | | serious f | | serious | | none | | 162/264 | 165/258 | **OR 0.90**  **(0.63 to 1.28)** | **25 fewer per 1,000** (from 112 fewer to 55 more) | ⨁⨁◯◯ LOW | CRITICAL |
| **Functional Survival (CPC ≤ 2) at ICU discharge – POST ROSC No STEMI shockable- RCT** | | | | | | | | | | | | | | | | | | | | | |
| 1  Lemkes 2019 | | | | randomised trials | | | not serious | | not serious | | serious f | | serious c | | none | 133/258 (51.6%) | 142/249 (57.0%) | **OR 0.80** (0.56 to 1.14) | **55 fewer per 1,000** (from 144 fewer to 32 more) | ⨁⨁◯◯ LOW | CRITICAL |
| **Functional Survival (CPC ≤ 2) at 90 days- POST ROSC No STEMI shockable- RCT** | | | | | | | | | | | | | | | | | | | | | | |
| 1  Lemkes 2019 | | | randomised trials | | | | not serious | | | not serious | | serious f | | serious c | | none | 176/273 (64.5%) | 178/265 (67.2%) | **OR 0.94** (0.66 to 1.33) | **14 fewer per 1,000** (from 97 fewer to 60 more) | ⨁⨁◯◯ LOW | CRITICAL |
| **Quality of life RAND-36 Physical** | | | | | | | | | | | | | | | | | | | | | | |
| Lemkes 2021 | | randomised trials | | | | serious | | | not serious | | serious | | serious | | none | | Median 49.2  (IQR 42.2 to 55.3) | Median 50.4  (IQR 44.9 to 55.2) | **Difference not significant at p=0.05** |  | ⨁◯◯◯ VERY LOW | ? |
| **Quality of life RAND-36 Mental** | | | | | | | | | | | | | | | | | | | | | | |
| Lemkes 2021 | | randomised trials | | | | serious | | | not serious | | serious | | serious | | none | | Median 51.3  (IQR 42.4 to 56.4) | Median 50  (IQR 42.8 to 56.2) | **Difference not significant at p=0.05** |  | ⨁◯◯◯ VERY LOW | ? |
| **Successful PCI ITT- POST ROSC No STEMI shockable- RCT** | | | | | | | | | | | | | | | | | | | | | | |
| 1  Lemkes 2019 | | | randomised trials | | | | not serious | | | not serious | | serious f | | not serious | | none | 90/273 (33.0%) | 64/265 (24.2%) | **OR 1.54** (1.06 to 2.25) | **88 more per 1,000** (from 11 more to 176 more) | ⨁⨁⨁◯ MODERATE | IMPORTANT |
| **Successful PCI Per Protocol- POST ROSC No STEMI shockable- RCT** | | | | | | | | | | | | | | | | | | | | | | |
| 1  Lemkes 2019 | | | randomised trials | | | | not serious | | | not serious | | not serious f | | serious c | | none | 90/265 (34.0%) | 64/172 (37.2%) | **OR 0.87** (0.58 to 1.30) | **32 fewer per 1,000** (from 116 fewer to 63 more) | ⨁⨁⨁◯ MODERATE | IMPORTANT |

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| **CABG ITT- POST ROSC No STEMI shockable- RCT** | | | | | | | | | | | | |
| 1  Lemkes 2019 | randomised trials | not serious | not serious | not serious f | serious c | none | 17/223 (7.6%) | 23/265 (8.7%) | **OR 0.87** (0.45 to 1.67) | **10 fewer per 1,000** (from 46 fewer to 50 more) | ⨁⨁⨁◯ MODERATE | IMPORTANT |
| **POST ROSC STEMI** | | | | | | | | | | | | |
| **Survival to hospital discharge- POST ROSC STEMI-NRCTs** | | | | | | | | | | | | |
| 1  Garcia 2016 | observational studies | serious g | not serious | serious e | very serious c,d | none | -/101  Numerator missing as Unadjusted raw data vs adjusted OR presented | 7/11 (63.6%) | **Adj OR 1.89** (0.48 to 7.43) | **131 more per 1,000** (from 180 fewer to 292 more) | ⨁◯◯◯ VERY LOW | CRITICAL |
| **Functional Survival at hospital discharge (CPC <2) – POST ROSC STEMI-NRCTs** | | | | | | | | | | | | |
| 1  Garcia 2016 | observational studies | serious g | not serious | serious e | very serious c,d | none | -/101  Numerator missing as Unadjusted raw data vs adjusted OR presented | 7/11 (63.6%) | **Adj OR 1.12** (0.30 to 4.19) | **26 more per 1,000** (from 292 fewer to 244 more) | ⨁◯◯◯ VERY LOW | CRITICAL |
| **POST ROSC All ECGs (Undifferentiated) All initial rhythm** | | | | | | | | | | | | |
| **Survival at 30 days- POST ROSC all ECGs NRCTs** | | | | | | | | | | | | |
| 1  Geri 2015 | observational studies | very serious g | not serious | not serious | not serious | none | -/1094  Numerator missing as Unadjusted raw data vs adjusted OR presented | 129/628 (20.5%) | **Adj OR 1.43** (1.12 to 1.83) | **64 more per 1,000** (from 19 more to 116 more) | ⨁⨁◯◯ LOW | CRITICAL |
| **Survival at 1 -3 years- POST ROSC all ECGs NRCTs** | | | | | | | | | | | | |
| 1  Geri 2015 | observational studies | very serious g | not serious | not serious | serious c | none | -/1094  Numerator missing as Unadjusted raw data vs adjusted OR presented | 76/628 (12.1%) | **Adj OR 1.79** (0.93 to 3.45) | **77 more per 1,000** (from 8 fewer to 201 more) | ⨁◯◯◯ VERY LOW | CRITICAL |

**CI:** Confidence interval; **OR:** Odds ratio

#### Explanations

a. Carers or people delivering the interventions were aware of intervention groups during the trial AND (ii) There were deviations from intended interventions that arose because of the trial context AND (iii) These deviations were likely to have affected the outcome AND (iv) These deviations were unbalanced between the intervention group

b. Only patients without STEMI

c. CI crosses the clinical decision threshhold

d. Small number of events; CIs about effect include appreciable benefit and appreciable harm

e. Only patients with arrest due to shockable rhythm

f. Exclusion of patients with shock

g. All studies at moderte risk f bias due to confounding

h. I2 at least substantial

i. 1/3 studies included only witnessed arrest; Anther study included only patients with arrest due to shockable rhythm

j. Outcome absent in the majority of studies in the SR

k. Only patiets with witnessed arrest included

l. I2 at least substantial