# The TAME Trial

Targeted Therapeutic Mild Hypercapnia after Resuscitated Cardiac Arrest

August 2017



### Background

- For patients admitted to the ICU after a cardiac arrest, neurological injury leading to the withdrawal of life support or neurological impairment are the most common outcomes following cardiac arrest.
- Even after the heart has been restarted, poor blood flow to the brain continues and can cause more brain injury.
- A likely reason for this loss of blood flow after the heart has been restarted is the loss of the normal ability of brain blood vessels to adjust blood flow (autoregulation): a process controlled by carbon dioxide in the blood.
- However, an increased partial pressure of carbon dioxide (PaCO2) in the blood (hypercapnia) could increase brain blood flow in these patients and reduce brain damage.

## Aim

The primary objective of this study is to determine whether targeted therapeutic mild hypercapnia (TTMH) improves neurological outcome at 6 months compared to standard care (targeted normocapnia) (TN).

### **Methods**

- A 1700 patient, an international, multi-centre, parallel-group, phase III, non-commercial, randomised, controlled trial (RCT).
- Eligible patients will be randomised 1:1 to receive targeted therapeutic mild hypercapnia (TTMH) treatment with the target PaCO2 range of 50-55 mmHg for 24 hours, or standard care (targeted normocapnia [TN]) with the target PaCO2 range of 35-45 mmHg for 24 hours.

#### Endorsement

Australian and New Zealand Intensive Care Society Clinical Trials Group (ANZICS-CTG) and the Irish Critical Care Clinical Trials Group (ICC-CTG).

### **Coordinating centre**

The ANZIC-RC, School of Public Health and Preventative Medicine, Monash University.

Find out more: http://spinnakersoftware.co.nz/TAME





An out-of-hospital cardiac arrest has an estimated incidence of approximately 1 in 1,000 persons per year.

For each resuscitated cardiac arrest patient admitted to ICU who survives to hospital discharge, admission costs alone exceed \$120,000.

The estimated ongoing community-based costs for each patient with moderate cerebral injury is AUD\$34,000/year.

## Contact

To find out more about Spinnaker Software, used in this study, contact owner and CEO of Spiral, Audrey Shearer +64 21 395316 audrey@spiral.co.nz

