

# The TTM2 Trial

Targeted Hypothermia vs. Targeted Normothermia  
after Out-of-Hospital Cardiac Arrest

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## 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.
- Many interventions have been tested in order to lower mortality and improve neurologic function in patients resuscitated after out-of-hospital cardiac arrest. Despite promising results in experimental models, all but one have failed in clinical trials. To date, induced hypothermia is the only intervention that has shown promising results in preliminary clinical trials.

## Aim

The TTM2 study aims to investigate the beneficial and harmful effects of post-ischaemic hypothermia (33°C) when compared with normothermia and early treatment of fever (37.8°C) in unconscious adults after out-of-hospital cardiac arrest.

## Methods

- A 1900 patient, an international, multi-centre, parallel-group, phase III, non-commercial, randomised, controlled trial (RCT).
- Participants with out-of-hospital cardiac arrest will be randomised to targeted temperature management with hypothermia at 33°C or normothermia and early treatment of fever equal to, or greater than 37.8°C.

## Sponsor

Region Skåne – Skånevård SUND – Helsingborgs Hospital, S Vallgatan 5, 251 87 Helsingborg, Sweden.

## Coordinating centre

Lund University Hospital, Lund, Sweden.

Find out more: <http://spinnakersoftware.co.nz/TTM2>



## Facts

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

Australian mortality rates for heart attack range between 87-94%.

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

**Spinnaker**  
SOFTWARE

## Contact

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