Top Ten Things to Know
ILCOR COSCA (Core Outcome Set for Cardiac Arrest) in Adults

1. In the United States, approximately 360,000 cardiac arrests are attended by emergency services each year, with only 10.6% of patients surviving to hospital discharge.

2. Clinical trials provide essential evidence of the relative benefit of an intervention for stakeholders as diverse as clinicians, patients, and policy makers.

3. A lack of consistency in outcome reporting between trials limits the opportunities to pool results for meta-analysis.

4. The Core Outcome Set for Cardiac Arrest (COSCA) initiative, a partnership between patients, their partners, clinicians, research scientists, and the International Liaison Committee on Resuscitation, sought to develop a consensus core outcome set for cardiac arrest for effectiveness trials.

5. The consensus process involved four steps – (1) systematic review of the literature and interviews with patients (2) Delphi process involving clinicians and patients (3) international expert and patient panel meeting (4) synthesis of findings and recommendations for measurement tools.

6. Consensus emerged that a core outcome set for reporting on effectiveness studies of cardiac arrest (COSCA) in adults should include survival, neurologic function, and health-related quality of life.

7. Should be reported as survival status and modified Rankin scale score at hospital discharge, at 30 days, or both.

8. Health-related quality of life should be measured by using one or more tools from Health Utilities Index version 3, Short-Form 36-Item Health Survey, EuroQol 5D-5L at 90 days and at periodic intervals up to 1 year after cardiac arrest, if resources allow.

9. Further research is needed to identify better measurement tools to capture relevant outcomes following cardiac arrest and refine the most efficient statistical approaches to analysis.

10. The use of a core outcome set for cardiac arrest comprised of survival, neurological function and health related quality of life should improve consistency of reporting and analysis of cardiac arrest effectiveness trials.