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July 29, 2013

Dear President DeTienne,

I am writing to you as a leader with the NASEMSO in the hope that your organization will be able to provide support for the Resuscitation Outcomes Consortium (ROC). Since its inception nearly 10 years ago, we believe that ROC has become one of the most successful clinical research networks ever created by the National Institutes of Health (NIH) and other funding partners. Our principal focus and charge are unique—to conduct large scale, definitive clinical trials testing promising new therapies at the earliest possible (usually pre-hospital) opportunity to improve survival and functional outcome from cardiopulmonary arrest and life-threatening traumatic injury.

ROC's extraordinary success is attributable to its unprecedented collaborative partnership between pre-hospital emergency medical service providers, dedicated physician scientists and clinicians, hospital systems in communities across the United States and Canada and your support. **The enclosed document provides a summary of what we've accomplished and the impact ROC's work is having on clinical care worldwide.**

ROC has already completed five large, randomized controlled trials (RCTs) in the prehospital setting, including two of the largest out-of-hospital cardiac arrest trials ever performed. Four more RCTs and one prospective observational study are ongoing. We also continue to analyze and publish results from the wealth of data contained in our epidemiological cardiac arrest registry (termed "Epistry"), which is now the world's largest data repository of out-of-hospital cardiac arrest cases. **The impact of these many accomplishments is seen in the latest clinical resuscitation guidelines, many of which have been significantly influenced by ROC studies.** Of equal importance, ROC has followed a system's approach to high quality pre-hospital care that has resulted in sustained improved survival from out-of-hospital cardiac arrest in every one of its participating research communities. Moreover, we believe our application of high quality, integrated community emergency care can and should be achievable in "non-ROC" communities. Put simply, ROC's discoveries and example will undoubtedly translate into even

more lives saved wherever they are applied.

Going forward, our mission remains to save even more lives from cardiac arrest and severe trauma by integrating the best known science and technologies into the highest quality pre-hospital and early hospital care. Five potential future ROC clinical trials are presently in the advanced planning stages. These will address optimal fluid resuscitation and the utility of agents that prevent clot dissolution in traumatic shock; coordinating chest compressions with cardiac systole during cardiac arrest due to pulseless electrical activity, the optimal deployment of vasoactive drugs, and rapid noninvasive induction of in-field hypothermia with high flow intranasal air. Given opportunity for their proper evaluation, these novel management strategies may well reshape our future approaches to resuscitation. But to bring these goals to fruition and to continue to fulfill ROC's mission, we need your assistance.

Unless a compelling case can be made for continued support both at NIH as well as from our partner supporting organizations, NIH funding support for ROC is scheduled to sunset at the end of calendar year 2015. This will result in dismantling a highly successful network, a decade in the making that is poised to make even greater contributions going forward, and once gone is unlikely to be recreated. Therefore we urgently need your help, and ask you to become one of ROC's partner supporting organizations. Please send a support letter from the NASEMSO addressed to:

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Thanks for this opportunity to share our story of success as well as our concerns with you. We would be delighted to discuss next steps and to answer any questions you might have.

Best personal wishes,



Myron L. Weisfeldt, MD  
Study Chair, ROC