Authors' reply

Respuesta de los autores

To the Editor,

We thank Pollet *et al.*[1] for their interest in our subanalysis of the SYMEVECA study.[2] That subanalysis examined respiratory outcomes and complications according to the ventilation strategy used during out-of-hospital cardiac arrest.

Not only do we agree with Pollet et al. regarding the interpretation of this respiratory analysis, but the limitation they describe—namely, the lack of autopsy studies in patients who died before diagnostic tests could be performed—was already identified by us as the main limitation in our article. Similarly, in our conclusions we reiterated the lack of statistical significance in the comparison. In that sense, the letter emphasizes an aspect already described, although it does not address its correlation with final outcomes in the full cohort of 521 patients included in the study.

Publication of the study by Kopra *et al.*[3] was particularly encouraging, and indeed we have already had the opportunity to reply to their letter[4,5] concerning our original article.[6] We should not forget that the Finnish group's results in their porcine study also had an important limitation: the differences in thoracic anatomy and chest compression technique between pigs and humans.

In any event, beyond intermediate analyses such as those of the clinical course and respiratory complications—which we consider very important—in our main article the entire survival analysis was conducted on all patients included in the study (who, we recall, were only those without early, sustained return of spontaneous circulation), regardless of their outcomes, and therefore also included patients who died at the scene. Even in this unfavorable study setting, a good clinical outcome (survival with CPC 1–2) was achieved in 16% of patients receiving chest compression–synchronized ventilation (CCSV), 12.4% of those receiving intermittent positive-pressure ventilation (IPPV), and 9.4% of those receiving bag-mask ventilation in the overall sample; the corresponding percentages in patients with a shockable rhythm were 41.9%, 29.8%, and 20.5%, respectively. Clearly, these results also have a limitation because the study was conducted in a single out-of-hospital emergency service that consistently achieves a higher survival rate than other published series. We hope that a multicenter study will soon continue this line of research and resolve the questions that remain.

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