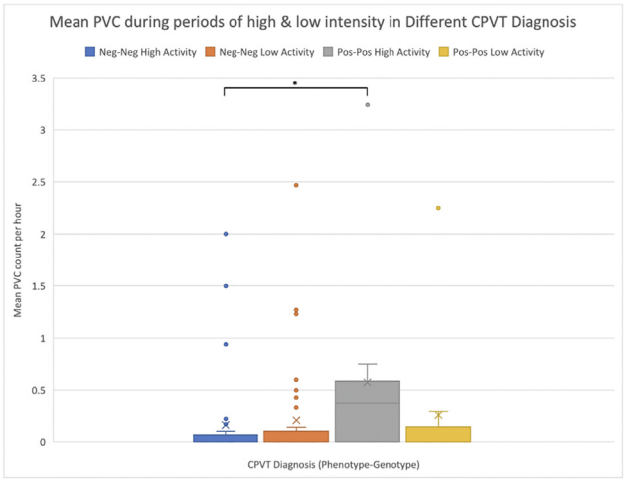
Parameter		Patient Cohort	
		CPVT-Affected	Healthy Controls
Median Age		45	44
Male-Female Ratio		0.48	0.61
Major ETT Arrythmia		Mono/poly PVC	None (No Ventricular Ectopy)
Average Holter Reported max HR		151.7 ± 45.4	144.1±17.27
Mean Holter PVC Burden		1.4 ± 2.6 %	0.05 ± 0.22 %
Major PVC Morphology		Polymorphic	Monomorphic
Referral Reason	% Symptomatic	61.3	3.5
	% Asymptomatic	38.7	96.5
IQR for PVC during Adrenergic Stress (Above 0.76 max HR)	Min	0.00	0.00
	1st Quartile	0.00	0.00
	Median	0.37	0.00
	Mean	0.58	0.16
	3rd Quartile	0.42	0.05
	Max	3.24	2.00
IQR for PVC during Non-adrenergic Stress (Below 0.76 max HR)	Min	0.00	0.00
	1st Quartile	0.00	0.00
	Median	0.00	0.00
	Mean	0.26	0.21
	3rd Quartile	0.10	0.08
	Max	2.25	2.47



P073
EFFICACY AND SAFTEY OF SUPRACLAVICULAR AND PECTORALIS NERVE BLOCKS AS PRIMARY PERI-PROCEDURAL ANALGESIA FOR CARDIAC ELECTRONIC DEVICE IMPLANTATION: A PILOT STUDY

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BACKGROUND: Cardiac implantable electronic devices (CIED) are routinely implanted using intravenous drugs for sedation. However, some patients are poor candidates for intravenous sedation. We present a case series that demonstrates the safety and efficacy of a novel, ultrasound-guided nerve block technique that allows for pre-pectoral CIED implantation in high-risk patients. The targets are the supraclavicular nerve (SCN) and pectoral nerve (PECs1).

METHODS AND RESULTS: We enrolled 20 patients who were planned for a new CIED implantation at LHSC. Following ultrasound guided-localization of the SCN and PECS1, local anesthetic (LA) was instilled at least 30-60 minutes pre-procedure. Successful nerve block was determined if less than 5ml local anesthetic was used intraprocedurally, in addition to lack of sharp sensation with skin (SCN) and deep tissue pin-prick (PECS1). The majority of patients (n=17, 85%) had successful periprocedural nerve block, with only 3 patients exceeding 5ml of LA. SCN and PECS1 success occurred in 19 (95%) and 19 (95%) patients, respectively. Only 8 patients (40%) received IV midazolam (mean dose 1.07 mg, SD ± 0.6) and fentanyl (mean dose 35.7mcg, SD ± 13.3) With the exception of 1 patient, all patients reported a low Visual Analogue Score (0-2) immediately after, at 1 hr and 1 day post-procedure. There were no reported major adverse effects.

CONCLUSION: SCN and PECS1 nerve block is safe and effective for patients undergoing CIED implantation to minimize or eliminate the use of intravenous sedation. A comparison study with the standard of care is needed to assess whether routine use of this technique improves patient outcomes.

P074
FEMALE SEX IS NOT ASSOCIATED WITH INCREASED SURVIVAL AFTER NON-TRAUMATIC OUT OF HOSPITAL CARDIAC ARREST: A SYSTEMATIC REVIEW AND META-ANALYSIS

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BACKGROUND: Survival after out of hospital cardiac arrest (OHCA) remains low and there is increasing interest to determine if female sex is an important prognostic factor. Large prospective studies have demonstrated that females compared to males do not have improved survival to discharge. However, systematic reviews have reported significant survival benefits for females compared to males. The findings of these reviews may not be generalizable due to restricted inclusion criteria and pooling of adjusted and unadjusted effect estimates. This systematic review evaluates the relative and absolute associations of female sex with survival to discharge and survival to 30 days after non-traumatic OHCA.

METHODS AND RESULTS: We searched Medline, Embase, CINAHL, Web of Science, Cochrane Central Register of Controlled Trials, and Cochrane Database of Systematic Reviews from inception through June 2021 for published studies that evaluated female sex as a primary predictor or covariate in multivariable models of survival in adult patients with non-traumatic OHCA. Random-effects inverse variance meta-analyses were performed to calculate pooled odds ratios (ORs) with 95% confidence intervals (CI). The GRADE approach was used to assess evidence quality. Thirty studies with 1,068,788 patients were included in the meta-analyses. The proportion of female patients was 41% with an overall range of 19% to 56% and mean age of 65 ± 25 years. The pooled effect estimate did not demonstrate an association for female compared to male sex with survival to discharge (OR 1.03, 95% CI 0.95-1.12; I2=89%). Subgroup analysis of low risk of bias studies demonstrated an association between female sex and increased survival to discharge (OR 1.20, 95% CI 1.18-1.23; I2=0%) (Table 1). With high certainty in the evidence,