

Dear York Region EMS Paramedics:

I would like to take this opportunity to clear up any misunderstandings that arose from the recent Toronto Star article. Overall, I thought the article provided great publicity for York EMS, Southlake and the trial. However, I know there has been concern regarding the quote that paramedic ECG interpretation alone cannot be used for prehospital fibrinolysis. While I was explaining how the wireless ECG transmission technology worked, the reporter asked why we don't just use paramedic ECG interpretation, as they do in Ottawa (for STEMI bypass). I explained that we do use paramedic ECG interpretation very successfully in our primary PCI program. However, from a medico-legal standpoint, physician interpretation of the ECG is required when fibrinolysis is to be administered. My quote (which was paraphrased and taken out of context) has been misinterpreted by some as implying that paramedic ECG interpretation is not reliable. I would like to state unequivocally that this is absolutely not the case. I have always been and continue to be a very strong advocate of using paramedic interpretation (as opposed to wireless ECG transmission or computer algorithm interpretation) for primary PCI. I am convinced that this is the best model for our regional primary PCI program, and our data supports this. Out of the first 101 York Region EMS STEMI bypass cases, the false positive rate was only 13%. This is lower than what has been reported in Ottawa, and is almost identical to the false positive cath lab activation has been reported when emergency physicians interpret the ECG (see attached slides). I presented this data at the international Transcatheter Cardiovascular Therapeutics meeting in San Francisco in September, and the audience and panel members (including widely recognized international experts in primary PCI) were very impressed with our program.

During the interview with the Toronto Star reporter, I spoke very highly of York Region EMS and the paramedics. She questioned why such an important trial would be carried out in York Region as opposed to Toronto. I emphasized that we were only able to participate because of the outstanding ability of York Region paramedics to rapidly diagnose and treat STEMI in the prehospital setting, and the strong partnership that exists between York EMS and Southlake. Unfortunately, the reporter chose not to include these comments in the article.

In summary, I strongly believe that paramedic 12-lead ECG interpretation, particularly within York Region, is very reliable and is the standard of care for rapidly diagnosing and treating STEMI in the prehospital setting. If the STREAM trial demonstrates that prehospital fibrinolysis is beneficial for patients who cannot reach the cath lab quickly, then 12-lead ECG wireless transmission will augment our STEMI program by enabling us to administer prehospital fibrinolysis for these patients but it will not replace paramedic ECG interpretation for patients who can undergo primary PCI in a timely manner.

I hope this helps to clarify any misunderstandings. I am very appreciative and grateful for all the support of the York Region paramedics for the STREAM trial and the EMS STEMI bypass program. Our collaboration has led to international recognition of our regional STEMI program and has provided the very best care for all STEMI patients in York region. I am confident we will continue to be leaders in this field. I would be glad to speak with you or any of the York EMS paramedics about STREAM or the Toronto Star article in more detail if this would be helpful.

Best regards,

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