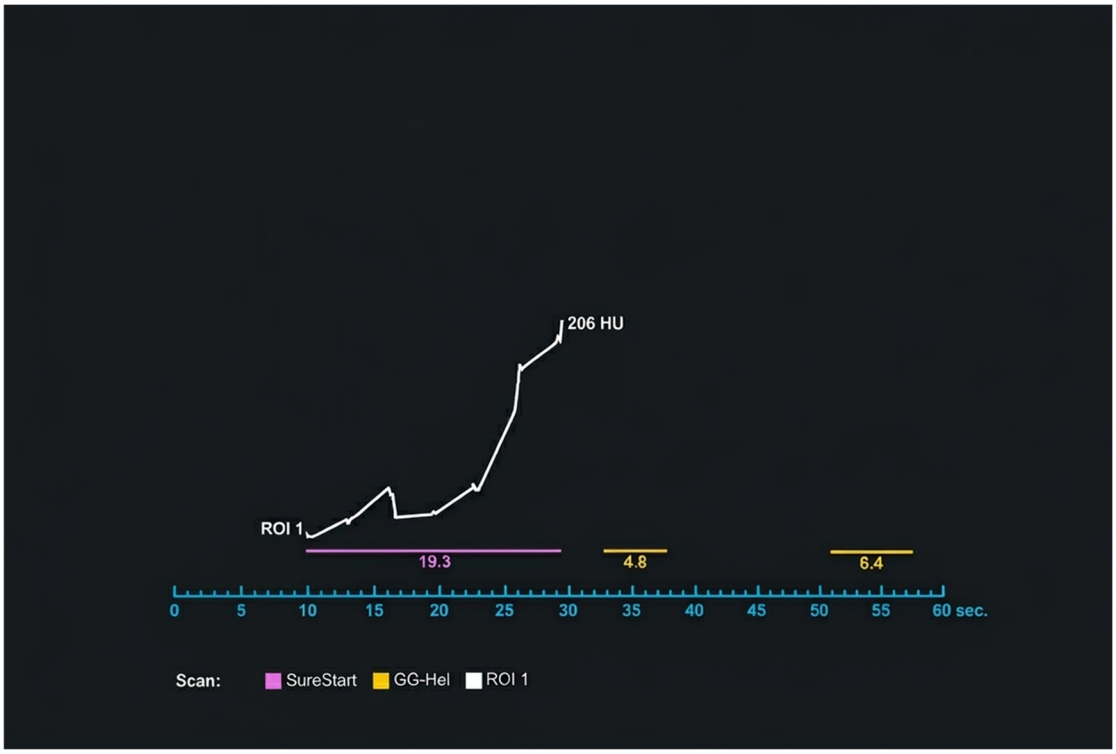
Supplementary file S1

Supplementary Table S1. Institutional Criteria for ECPR Team Activation

Category	Criteria Details
Inclusion Criteria *(MUST meet ALL conditions)*	• **Age:** Actual or estimated age between 18–70 years *(patients >70 years require attending physician evaluation)*. • **Rhythm / Witness Status:** Witnessed collapse with immediate bystander CPR, **OR** an initial shockable rhythm (Ventricular Fibrillation [VF] or Pulseless Ventricular Tachycardia [pVT]). • **Pre-hospital Transit Time:** Time elapsed from the emergency call (119) to arrival at the hospital ED is <30 minutes. • **Etiology:** Non-traumatic cardiac arrest.
Exclusion Criteria *(Do NOT activate if ANY apply)*	• **Baseline Functional Status:** Inability to perform activities of daily living (e.g., long-term care or nursing home residents). • **Severe Comorbidities:** End-stage malignancy, chronic stroke with coma or paralysis, severe COPD, end-stage liver cirrhosis, or known history of AIDS. • **Contraindications to Anticoagulation:** Severe trauma, suspected or confirmed aortic dissection, or acute intracranial hemorrhage. • **Legal & Social Status:** Valid Do Not Resuscitate (DNR) status, or unaccompanied/homeless patients with no family present. • **Futility:** Favorable neurological prognosis assessed as futile by the attending resuscitation physician.



Supplementary Figure S1.
Time-density curve and scan acquisition timing for the dual-phase chest CTA. The horizontal axis represents elapsed time in seconds, with 0 seconds marking the onset of peripheral intravenous contrast administration. Bolus tracking was performed by placing a region of interest (ROI 1) in the aortic arch (pink bar, SureStart phase). Image acquisition was automatically triggered when attenuation exceeded the institutional threshold (>180 HU, reaching 206 HU at 29.5 seconds). The first scan phase (early arterial phase, indicated by the first yellow line at approximately 33–38 seconds) was performed immediately post-triggering. The second scan phase (indicated by the second yellow line at approximately 51–57 seconds) was initiated at a fixed delay of 45 seconds post-injection without dynamic ROI tracking. Because this second acquisition was performed at a predetermined time rather than tailored to delayed contrast wash-in dynamics, it may not represent a true delayed venous phase, thereby limiting its reliability in definitively differentiating true intimal flaps from flow-layering pseudo-flaps.