The benefit of immediate coronary angiography (CAG) in patients with out-of-hospital cardiac arrest (OHCA) without ST-elevation (STE) remains unclear. We performed an updated meta-analysis to evaluate the benefit of immediate, delayed, and no CAG in patients with cardiac arrest without STE.

**Methods**

Literature search through Pubmed/MEDLINE, Embase, and Cochrane library was done by two reviewers from the databases’ inception to September 2021. Studies that compared immediate CAG to delayed or no CAG in the setting of cardiac arrest without STE were included. The clinical outcomes include mortality rate and a Cerebral Performance Category (CPC) score of 1–2 at the longest follow-up period in these studies.

**Results**

15 studies were included in the final analysis; totaling 5,088 patients. The mean age was 65.9±8.6 years. Immediate and delayed CAG were associated with lower long-term mortality when compared to no CAG (OR 0.14; 95% CI 0.06–0.29) and (OR 0.11; 95% CI 0.05–0.23), respectively. In addition, immediate and delayed CAG were associated with a significantly higher score of patients with a CPC score of 1–2 compared with no CAG (OR 6.34; 95% CI 2.01–22.08) and (OR 9.86; 95% CI 2.77–36.08)), respectively. However, there was no significant mortality and neurological outcome difference between immediate and delayed CAG.

**Conclusion**

Among patients who survived OHCA without STE on the post-ROSC ECG, both immediate and delayed CAG had better survival and neurological outcomes compared with no CAG. However, there was no significant benefit in performing the CAG emergently.