

Cryoablation of atrial flutter

Submission date 23/03/2012	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 03/04/2012	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 18/09/2014	Condition category Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Atrial flutter is an abnormality in the beating of the heart, also known as arrhythmias. This arrhythmia can be the cause of stroke, heart failure and eventually death. This heart condition is successfully treatable today with catheter ablation, which destroys a small area of heart tissue that is causing rapid and irregular heartbeats. The aim of this study was to compare two commonly used catheter ablation technologies, namely radiofrequency (burning of the tissue), which is the standard treatment, and cryoablation (freezing of the tissue), which is the alternative treatment.

Who can participate?

All patients regardless of age and gender with clear atrial flutter symptoms can participate in this study.

What does the study involve?

In order to evaluate heart function, patients undergo a clinical examination, ECG recording and echocardiography. Patients will then be randomly allocated to be treated with either radiofrequency or cryoablation. Six months after treatment all patients will be followed up with an out-patient visit and an ECG recording.

What are the possible benefits and risks of participating?

The possible benefits of participating are that cryoablation is practically painless and equally effective to standard treatment (radiofrequency). No risks have been shown in the clinical studies published so far.

Where is the study run from?

The study is run from Karolinska University Hospital, Stockholm, Sweden.

When is the study starting and how long is it expected to run for?

The study ran from January 2007 to November 2010.

Who is funding the study?

Financial support was provided through the regional agreement on medical training and clinical research (ALF) between Stockholm County Council and the Karolinska Institute (Sweden).

Who is the main contact?
Dr Hamid Bastani
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Cryothermal versus Radiofrequency Ablation as atrial Flutter Therapy: a randomized comparison

Acronym
CRAFT

Study objectives
Catheter ablation with cryothermal energy is non-inferior to ablation with radiofrequency energy for the treatment of cavotricuspid isthmus (CTI)-dependent atrial flutter (AFL)

Ethics approval required
Old ethics approval format

Ethics approval(s)
Regional Ethical Review Board, Stockholm, 2006, ref: 1006-31

Study design
Prospective single-blinded randomized controlled single-centre trial

Primary study design
Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Atrial flutter

Interventions

Cryo group:

Cryo was delivered with the use of a steerable 9F, 8-mm-tip catheter (Freezor MAX, CryoCath, Quebec, Canada), which was positioned on the TV annulus. Cryoablation was then performed using a sequential application technique point-by-point from the TV annulus to the inferior vena cava (IVC).

RF group:

RF was performed using a 7F 3.5-mm open-irrigated-tip catheter (Biosense-Webster Inc., Diamond Bar, CA. USA) to create an ablation line between the tricuspid valve and the IVC.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Clinical success defined as the freedom from atrial flutter evaluated at the 6-month follow-up.

Key secondary outcome(s)

1. Acute ablation success defined as bidirectional CTI-block safety assessed by the rate of periprocedural complications, procedure and fluoroscopy times and the level of pain experienced by the patient during the ablation procedure
2. To compare the utility of non-fluoroscopic mapping systems (Ensite NavX) with conventional mapping all patients were also randomized to either fluoroscopy only or Ensite NavX and fluoroscopy

Completion date

30/11/2010

Eligibility**Key inclusion criteria**

1. Consecutive patients referred to our institution for ablation therapy of ECG-documented typical CTI-dependent AFL
2. Patients above the age of 18 with symptomatic CTI-dependent AFL documented on a 12-lead ECG with typical ECG appearance of negative saw tooth waves in the inferior limb leads and positive deflections in V1 or positive saw tooth waves in the inferior limb leads and negative deflections in V1
3. Patients with a history of atrial fibrillation included if they had predominant atrial flutter under chronic treatment with class I or III antiarrhythmic agents

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Prior ablation for AFL
2. Atrial flutter related to recently undergone surgery, hyperthyroidism or other severe disease
3. Inability to adhere to the study protocol
4. Pregnancy
5. Predominant atrial fibrillation
6. Contraindication to warfarin

Date of first enrolment

01/01/2007

Date of final enrolment

30/11/2010

Locations

Countries of recruitment

Sweden

Study participating centre

Department of Cardiology

Stockholm

Sweden

14186

Sponsor information

Organisation

Karolinska University Hospital (Sweden)

ROR

Funder(s)

Funder type

Government

Funder Name

Stockholm County Council (Sweden)

Alternative Name(s)

Stockholm County Council

Funding Body Type

Government organisation

Funding Body Subtype

Local government

Location

Sweden

Funder Name

Karolinska Institute (Sweden)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes