Substrate Mapping and Ablation in Sinus rhythm to Halt Ventricular Tachycardia

Submission date	Recruitment status No longer recruiting	Prospectively registered		
19/09/2006		Protocol		
Registration date 25/09/2006	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	[] Individual participant data		
06/08/2008	Circulatory System			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Acronym

SMASH VT

Study objectives

This study examines the hypothesis that prophylactic catheter ablation, that is ablation before Implantable Cardioverter Defibrillator (ICD) shocks, can safely decrease the possibility of subsequent ICD therapy in post-Myocardial Infarction (MI) patients receiving a defibrillator after surviving a life-threatening ventricular arrhythmic event.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Partners Institutional Review Board (protocol: 2000p-000884).

Study design

Randomised, non-blinded, controlled study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Ventricular tachycardia

Interventions

Randomisation between:

- 1. Implantable defibrillator
- 2. Implantable defibrillator plus catheter ablation of ventricular tachycardia

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

Defibrillator events (shocks and anti-tachycardia therapy)

Secondary outcome measures

- 1. Mortality
- 2. ICD shocks
- 3. Left ventricular ejection fraction
- 4. Heart failure status

Overall study start date

01/08/2000

Completion date

01/10/2003

Eligibility

Key inclusion criteria

Men and women who were at least 18 years old were eligible for the study if they had a history of an MI as documented by an electrocardiogram or cardiac imaging and had a planned or recent (within six months) implantation of an ICD for either:

- 1. Ventricular Fibrillation (VF) arrest
- 2. Hemodynamically-unstable Ventricular Tachycardia (VT)
- 3. Syncope and inducible VT during invasive electrophysiologic testing (for this group, syncope is assumed to be the qualifying spontaneous arrhythmic event)
- 4. Patients who had received an ICD for primary prophylaxis and then experienced a single appropriate ICD therapy

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

128

Key exclusion criteria

- 1. Treated with a Class I/III antiarrhythmic drug
- 2. The substrate for the ventricular arrhythmia was thought not to be due to the myocardial infarction
- 3. Active ongoing cardiac ischemia was felt to be the cause of the ventricular arrhythmia;
- 4. Incessant or multiple VT episodes necessitating some form of treatment drugs or ablation
- 5. Unable to give informed consent

- 6. If the patient had experienced a stroke within 30 days
- 7. Contraindication to anticoagulation
- 8. Any medical/non-medical condition likely to prevent completion of the trial

Date of first enrolment

01/08/2000

Date of final enrolment

01/10/2003

Locations

Countries of recruitment

Czech Republic

United States of America

Study participating centre Chief, Cardiovascular Division

Boston, Massachusetts United States of America 02215

Sponsor information

Organisation

Beth Israel - Deaconess Hospital (USA)

Sponsor details

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Sponsor type

Hospital/treatment centre

ROR

https://ror.org/04drvxt59

Funder(s)

Funder type

Other

Funder Name

Investigator funded and initiated trial

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

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?
Results article	Results:	27/12/2007		Yes	No