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# Substrate Mapping and Ablation in Sinus rhythm to Halt Ventricular Tachycardia

| Submission date | Recruitment status | [_] Prospectively registered |
|---|---|---|
| 19/09/2006 | No longer recruiting | [_] Protocol |
| **Registration date** | **Overall study status** | [_] Statistical analysis plan |
| 25/09/2006 | Completed | [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

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## Additional identifiers

## 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

### Study type(s)
Treatment

### 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(s)
Defibrillator events (shocks and anti-tachycardia therapy)

### Key secondary outcome(s))
1. Mortality
2. ICD shocks
3. Left ventricular ejection fraction
4. Heart failure status

### 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

### Healthy volunteers allowed
No

### Age group
Adult

### Lower age limit
18 years

### Sex
All

### 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
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# Sponsor information

**Organisation**
Beth Israel - Deaconess Hospital (USA)

**ROR**
https://ror.org/04drvxt59

# Funder(s)

**Funder type**
Other

**Funder Name**
Investigator funded and initiated trial

# 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? |
|---|---|---|---|---|---|
| Results article | Results: | 27/12/2007 | | Yes | No |