Appendix 1: Risk of bias table

Study	Random sequence generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete data	Baseline differences
MADIT-CRT [5,15,20]	The patients were randomly assigned in a 3:2 ratio with stratification according to clinical centre and ischaemic status with the use of an algorithm that ensured near balance in each stratum.	The random assignment was made by the Coordination and Data Center and transmitted to the enrolling clinical centres by logging on to a Web-based automated program or by telephone with hard copy to follow.	The treating physicians were aware of study-group assignments.	Adjudication of the end points was carried out by an independent mortality committee and by a heart-failure committee that was unaware of study-group assignments.	A total of 44 patients in the CRT–D group (4.0%) and55 in the ICD-only group (7.5%) declined to continue participating in the study, were withdrawn by a physician, or were lost to follow-up.	No significant differences.
MIRACLE [3,19]	Sealed envelopes were used for randomization.	The participants, treating physicians and study evaluators were unaware of the treatment assignment.	Neither the patients nor the physicians treating them for HF and performing the study evaluations were aware of the	Ascertainment of clinical outcomes unclear.	No patient was lost to follow-up for the analysis of death or worsening HF. In the control group, 24 did not complete 6 months follow up because of heart transplant, complications related to the device and	Similar with respect to age, gender, ethnicity, and NYHA functional class.

			treatment assignment.		missed visit. In the cardiac resynchronization group 13 did not complete 6 month follow up because of death or complications related to the device.	
CARE-HF [1,18]	Randomization was stratified according to theNYHA class and was carried out by Quintiles by an independent clinical-research organisation which maintained the database and used a minimization procedure.	Not blinded.	Not blinded.	The members of the end-points committee were unaware of patients' treatment assignments.	No loss to follow up for survival status.	The baseline demographic, clinical, and ECG characteristics of the two study groups were similar.
COMPANION [2]	Randomly assigned in a 1:2:2 ratio. .	Not blinded.	Not blinded.	End-points committee were unaware of the treatment assignments.	26% withdrew in the OMT arm as CRT had become commercially available.	No significant difference.
RAFT [4,12]	Randomly assigned in a1:1	Not specified.	The participants and the health	Not specified.	Five patients (0.6%) in the ICD group either	No significant difference.

	ratio with stratification according to clinical centre, atrial rhythm, and a planned implantation of a single- or dual-chamber ICD.		care providers were unaware of assignments. Only the arrhythmia team that performed the device implantation and device management were aware of study-group assignments.		withdrew (4 patients) or were lost to follow-up (1 patient); 10 patients (1.1%) in the CRT-D group either withdrew (8 patients) or were lost to follow-up (2 patients).	
REVERSE [6,14]	Randomization occurred in permuted blocks within centers.	During randomized phase, patients were randomized to their assignment and treatment was blinded to personnel.	During randomized phase, patients were randomized to their assignment and treatment was blinded to personnel.	An unblinded independent Data Monitoring Committee reviewed all adverse events, hospitalizations and mortality events.	Three patients the QRS morphology was unknown.	Differences were present between LBBB and non-LBBB for gender, ischemia, diabetes, intrinsic QRS duration, interventricular mechanical delay, 6-min hall walk, CRT-D implanted.