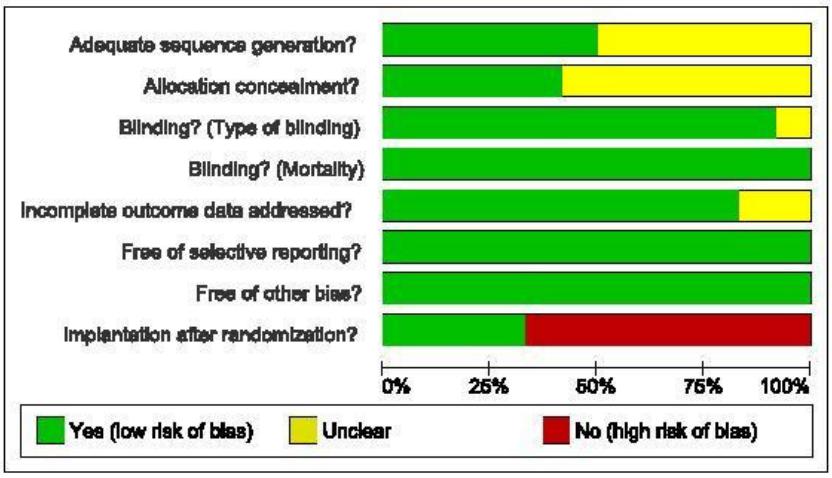
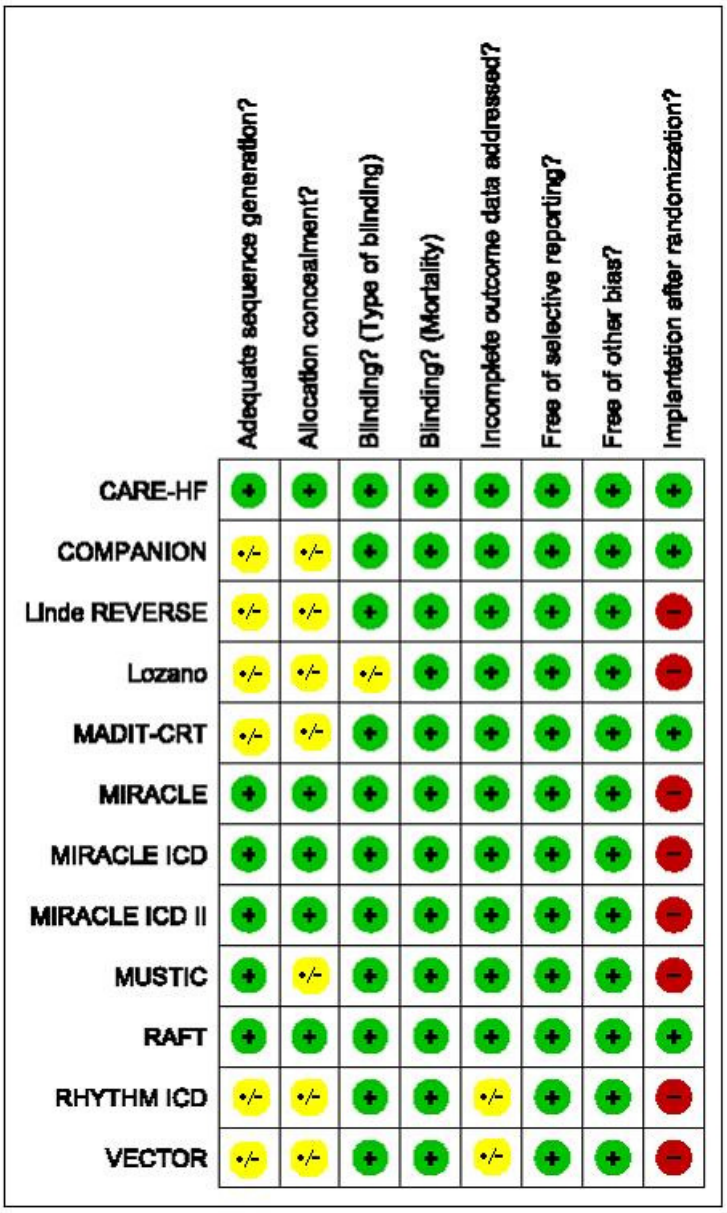
Appendix 5 (as supplied by the authors): Risk of bias assessment of included studies*

Reporting bias was assessed using the Cochrane risk of bias tool.(15) Half the trials described the sequence generation in the randomization process (14,20–23,26); the remainder of the studies were unclear in their description. Similarly, allocation concealment was unclear across seven of the studies.(14,21–23,26) The majority of the studies were double blinded, with the exception of CARE-HF(26), COMPANION(24), Lozano et al(19), and MUSTIC SR(20). The three former studies, although not blinded, did have endpoint evaluation performed by a blinded committee, while MUSTIC SR was single blinded. The blinding methodology was unspecified in Lozano et al (19). Eight trials randomized patients after the device was implanted (19–23,25,27,28), introducing a systematic bias prior to the randomization process as patients who did not have a successful implant were systematically excluded from the study. The majority of the studies were funded by industry, with the exception of RAFT(14) and MUSTIC(20), which received funding from peer-reviewed agencies.



Appendix to: Wells G, Parkash R, Healey JS, et al. Cardiac resynchronization therapy: a meta-analysis of randomized controlled trials. *CMAJ* 2011. DOI:10.1503/cmaj.101685.



Appendix to: Wells G, Parkash R, Healey JS, et al. Cardiac resynchronization therapy: a meta-analysis of randomized controlled trials. *CMAJ* 2011. DOI:10.1503/cmaj.101685.

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*Reference numbers correspond to those in the main article.

