Supplementary Material

Catheter ablation for ventricular tachycardia after myocardial infarction: a reconstructed individual patient data meta-analysis of randomised controlled trials

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Section I – Search strategies

Cochrane

- ID SearchHits
- #1 MeSH descriptor: [Tachycardia, Ventricular] explode all trees
- #2 Ventricular tachycard*
- #3 VT
- #4 V TACH
- #5 Ventricular Tachyarrhythmia*
- #6 premature ventricular complex
- **#7** premature ventricular beat*
- #8 ventricular ectopic
- #9 ventricular fibrillation
- #10 VA
- #II PVC
- #12 PVE
- #13 PVB
- #14 heart ventricular tachycard*
- #15 cardiac ventricular tachycard*
- #16 heart ventricular tachycard*
- #17 #1 or #2 or #3 or #4 or #5 #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 #15 or #16
- #18 ablation or radioablation
- #19 MeSH descriptor: [Catheter Ablation] explode all trees
- #20 MeSH descriptor: [Ablation Techniques] explode all trees
- #21 #19 or #20
- #22 #17 and #21

<u>Embase</u>

- I exp heart ventricle tachycardia/
- 2 Ventricular tachycard*.mp.
- 3 VT.mp.
- 4 V TACH.mp.

- 5 Ventricular Tachyarrhythmia*.mp.
- 6 premature ventricular complex.mp.
- 7 premature ventricular beat*.mp.
- 8 ventricular ectopic.mp.
- 9 ventricular fibrillation.mp.
- 10 VA.mp.
- II PVC.mp.
- 12 pve.mp.
- 13 pvb.mp.
- 14 heart ventricular tachycard*.mp.
- 15 cardiac ventricular tachycard*.mp.
- 16 heart ventricular tachycard*.mp.
- 17 I or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16
- 18 (ablation or radioablation).mp.
- 19 exp catheter ablation/
- 20 exp radiofrequency ablation/
- 21 18 or 19 or 20 191377
- 22 exp randomized controlled trial/
- 23 ((random or randomly or randomized or randomised) adj3 (study or trial or allocation or assignment)).mp.
- 24 ((noninferiority or "non inferiority") adj3 (trial or study)).mp.
- 25 (superiority adj3 (trial or study)).mp.
- 26 RCT.mp.
- 27 (controlled clinical adj3 (trial or study)).mp.
- 28 exp controlled clinical trial/
- 29 22 or 23 or 24 or 25 or 26 or 27 or 28
- 30 17 and 21 and 29
- 31 limit 30 to english language

Medline

- I exp Tachycardia, Ventricular/
- 2 Ventricular tachycard*.mp.
- 3 VT.mp.

- 4 V TACH.mp.
- 5 Ventricular Tachyarrhythmia*.mp.
- 6 premature ventricular complex.mp.
- 7 premature ventricular beat*.mp.
- 8 ventricular ectopic.mp.
- 9 ventricular fibrillation.mp.
- 10 VA.mp.
- II PVC.mp.
- 12 PVE.mp.
- 13 PVB.mp.
- 14 heart ventricular tachycard*.mp.
- 15 cardiac ventricular tachycard*.mp.
- 16 heart ventricular tachycard*.mp.
- 17 I or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16
- 18 (ablation* or radioablation).mp.
- 19 exp Catheter Ablation/
- 20 exp Ablation Techniques/
- 21 18 or 19 or 20
- 22 randomized controlled trial.pt.
- 23 controlled clinical trial.pt.
- 24 clinical trial.pt.
- 25 exp Randomized Controlled Trial/
- 26 ((random or randomly or randomized or randomised) adj3 (study or trial or allocation or assignment)).mp.
- 27 exp Randomized Controlled Trials as Topic/
- 28 ((noninferiority or "non inferiority") adj3 (trial or study)).mp.
- 29 (superiority adj3 (trial or study)).mp.
- 30 RCT.mp.
- 31 exp Clinical Trial/
- 32 (controlled clinical adj3 (trial or study)).mp.
- 33 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32
- 34 17 and 21 and 33
- 35 exp Animals/

- exp Humans/ 35 not 36 36
- 37
- 38 34 not 37
- limit 38 to english language 39

Section 2 – Supplementary tables Table SI. Characteristics of recruited patients

Study	Year*	Region	Ν	Age**	% Male	LVEF %	% MI ***
Name				_			
SMASH-VT	2007	USA					
			128	66.5	86.5	31.8	100
VTACH	2010	Europe (Germany, Switzerland, Czech Republic, Denmark)	107	66,1	93.5	34.1	100
CALYPSO	2014	USA					
			27	64.5	93.0	24.0	100
VANISH	2016	North America, Europe, Australia	259	68.7	93.1	31.2	100
SMS	2017	Europe (Germany, Czech Republic, Denmark)					
			111	67.2	84.0	31.2	97

ERASE VT	2017	UK					
			51	69.0	98.0	32.0	100
PARTITA	2022	Europe (Italy, Switzerland,					
		Portugal, France,					
		Germany)					
			47	(0.4	05.0	22.2	
			4/	68.4	85.0	32.2	81
SURVIVE	2022	Spain					
VI							
			144	70.5	69.0	34.0	100
PAUSE	2022	Asia (China, Japan, South					
SCD		Korea, Taiwan)					
			121	55.0	010	40.0	12
			121	33.0	01.0	40.0	1 42

*Year of publication

**Mean age of recruited participants

***Proportion of recruited patients with prior MI

Table S2. Risk of bias assessment

Trial	Risk of bias arising from the randomisation process	Risk of bias due to deviations from intended intervention	Risk of bias due to missing outcome data	Risk of bias in measurement of the outcome	Risk of bias in selection of the reported result	Overall Quality
SMASH-VT	Low risk Randomisation process not specified Sealed, pre- numbered envelopes	Some concerns Un-blinded	Low risk Appropriate management of minimal loss to follow up	Unclear Not specified but stated to be an unblinded trial	Low risk All endpoints on CT.gov reported	High An appropriately conducted open-label trial.
VTACH	Low risk Stratified permuted blocks from pseudo random numbers Centralised allocation with sealed opaque envelopes	Some concerns Un-blinded	Low risk Appropriate management of minimal loss to follow up	Low risk External validation of EGMs with further external independent adjudicator	Low risk All endpoints on CT.gov reported	Unclear Unclear if ICD programming differed in groups
CALYPSO	High risk Un-blinded randomisation	Some concerns Un-blinded	Low risk No loss to follow up	Some concerns Not specified but stated to be an unblinded trial	Low risk All endpoints on CT.gov reported	High An appropriately conducted open-label trial
VANISH	Some concerns Block randomisation with randomly permuted block sizes of 2 and 4 from	Some concerns Un-blinded	Low risk Appropriate management of minimal loss to follow up and crossover	Low risk Blinded adjudication of clinical events	Low risk All endpoints on CT.gov reported	High An appropriately conducted and reported open-label trial

	computerised random-number generator. Sequentially numbered, opaque, sealed envelopes					
SMS	Some concerns Stratified by medication (BB/Amiodarone) but otherwise unspecified	Some concerns Un-blinded	Low risk Appropriate management of minimal loss to follow up	Low risk External validation of EGMs	Low risk All endpoints on CT.gov reported	High An appropriately conducted open-label trial
ERASE-VT	High risk Computer- generated sequence Open label	Some concerns Un-blinded	Low risk Minimal loss to follow up. Cardiovascular outcomes reported for all randomised participants in intention to treat fashion.	Low risk All endpoints analysed in a blinded fashion	Low risk All endpoints on CT.gov reported on request from authors.	High An appropriately conducted open-label trial
PARTITA	Some concerns Details of randomization, allocation concealment not stated	Some concerns Un-blinded	Low risk Appropriate management of minimal loss to follow up	Some concerns Not stated	Low risk All endpoints on CT.gov reported	Intermediate An overall well conducted open-label trial but details of randomisation, allocation concealment and endpoint adjudication unclear
SURVIVE VT	Low risk Permuted blocks of size 4 from random-number generator Sealed opaque envelopes	Some concerns Un-blinded	Low risk Appropriate management of minimal loss to follow up	Low risk Blinded adjudication of clinical events	Low risk All endpoints on CT.gov reported	High An appropriately conducted open-label trial
PAUSE SCD	Some concerns 25 patients prior to 10/12/16 table randomisation, then central electronic randomisation for all subsequent patients	Some concerns Un-blinded	Low risk Appropriate management of minimal loss to follow up	Some concerns Not stated	Low risk All endpoints on CT.gov reported	Intermediate An overall well conducted open-label trial but initial randomisation and allocation were less robust

Table S3. Details of discrepancies between reported event counts and events extracted from Kaplan-Meier curves

Trial	Event counts reported in manuscript tables	Event counts obtained by digitisation of Kaplan-Meier curves	Event counts obtained by visually inspecting steps in Kaplan-Meier curves
VANISH	Ablation – 36	Ablation – 33	Ablation – 33
	Control – 35	Control – 31	Control – 31
SMASH VT	Control – I I	Control – 9	Control – 9

Section 3 – Supplementary figures for further analyses on the primary endpoint of all-cause mortality using reconstructed individual patient data

Figure S1. Effect of VT ablation on mortality over 48 months of follow-up

Kaplan-Meier plot for the primary analysis of all-cause mortality at 48 months using reconstructed individual patient data.



Figure S2 – Effect of VT ablation on mortality at 24 months

Forest plot for all-cause mortality using trial-level data including the trials that published Kaplan-Meier plots to allow comparison with the reconstructed individual patient data results.



Figure S3. Effect of VT ablation on mortality at 48 months

Forest plot for all-cause mortality using trial-level data including the trials that published Kaplan-Meier plots to allow comparison with the reconstructed individual patient data results.



Section 4 – Supplementary figures for subgroup analyses examining trials that used substrate modification alone and those that used substrate modification and VT mapping

Figure S4. Effect of VT ablation on mortality

Forest plots for all-cause mortality for trials that used substrate modification alone



Figure S5 Effect of VT ablation on VT recurrence

Forest plots for VT recurrence for trials that used substrate modification alone



Figure S6 Effect of VT ablation on mortality

Forest plots for all-cause mortality for trials that used substrate modification and VT mapping



Figure S7 Effect of VT ablation on VT recurrence

Forest plots for VT recurrence for trials that used substrate modification and VT mapping

Study and Year	Ablat	ion	Medical t	herapy						Rel	ative risk [95% Cl]
	Events	N	Events	N	Weight (%)						
Relative risk of VT recurrence											
SMASH VT, 2007	8	64	21	64	6.0			-			0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	35.6			-			0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	6.0			—			1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	26.2						0.86 [0.60, 1.22]
SMS, 2017	25	54	26	57	20.1			ц.			1.01 [0.68, 1.52]
PARTITA, 2022	7	23	12	24	6.1						0.61 [0.29, 1.27]
REML Model for All Studies (Q = 8.3	6, df = 5, p for he	terogeneity =	0.14; I ² = 0.0%)					٠			0.82 [0.68, 0.98]
Prediction interval -0.380.02										p for o	verall effect = 0.029
							I	i			
						0.04	0.2	1	5	25	
						Favours abla	tion < Rel:	ative Risk >	Eavours m	edical therany	

Figure S8 Effect of VT ablation on ICD shocks

Forest plots for ICD shocks for trials that used substrate modification and VT mapping



Figure S9 Effect of VT ablation on all-cause hospitalisation

Forest plots for all-cause hospitalisation for trials that used substrate modification and VT mapping

Study and Year	Ablat Events	lion N	Medical t Events	herapy N	Weight (%)					Relative risk [95% CI]
Relative risk of hospitalisation										
VTACH, 2010	17	52	30	55	26.7		F			0.60 [0.38, 0.95]
CALYPSO, 2014	5	13	7	14	7.5					0.77 [0.32, 1.83]
VANISH, 2016	33	127	39	132	36.1					0.88 [0.59, 1.30]
SMS, 2017	21	54	25	57	28.4					0.89 [0.57, 1.38]
PARTITA, 2022	1	23	4	24	1.3	-				0.26 [0.03, 2.16]
REML Model for All Studies (Q = 2.9	97, df = 4, p for he	terogeneity =	0.56; l ² = 0.0%)					•		0.78 [0.61, 0.98]
Prediction interval -0.490.02										p for overall effect = 0.036
							I			
						0.04	0.2	1	5	25

Section 5 – Supplementary figures for jackknife analyses with sequential removal of trials

Figure SI0. Effect of VT ablation on mortality

Forest plots for all-cause mortality using trial-level data with sequential removal of trials in the following order: CALYPSO, ERASE-VT, PARTITA, SMASH-VT, SMS, SURVIVE-VT, VANISH, VTACH

Study and Year	Ablat	ion	Medical t	herapy			Relative rick [95% CI]
	Events	N	Events	Ν	Weight (%)		
Relative risk of all-cause mortality							
SMASH VT, 2007	6	64	11	64	11.0	·	0.55 [0.21, 1.39]
VTACH, 2010	5	52	4	55	6.1		1.32 [0.38, 4.66]
VANISH, 2016	36	127	35	132	58.4		1.07 [0.72, 1.59]
SMS, 2017	9	54	11	57	15.0		0.86 [0.39, 1.92]
ERASE VT, 2017	2	26	4	25	3.7		0.48 [0.10, 2.40]
PARTITA, 2022	0	23	8	24	1.2		0.06 [0.00, 1.00]
SURVIVE VT, 2022	3	71	4	73	4.5	·	0.77 [0.18, 3.32]
REML Model for All Studies (Q = 6.38,	df = 6, p for he	terogeneity =	0.38; I ² = 1.0%)			-	0.90 [0.66, 1.23]
Prediction interval -0.43 - 0.22							p for overall effect = 0.502

0.04 0.2 1 5 25 Favours ablation < Relative Risk > Favours medical therapy

Study and Year	Abla Events	tion N	Medical t Events	herapy N	Weight (%)		Relative risk [95% CI]
Relative risk of all–cause mortality							
SMASH VT, 2007	6	64	11	64	10.8		0.55 [0.21, 1.39]
VTACH, 2010	5	52	4	55	5.9		1.32 [0.38, 4.66]
CALYPSO, 2014	2	13	2	14	2.9		1.08 [0.18, 6.57]
VANISH, 2016	36	127	35	132	60.0		1.07 [0.72, 1.59]
SMS, 2017	9	54	11	57	14.8	, = ,	0.86 [0.39, 1.92]
PARTITA, 2022	0	23	8	24	1.2		0.06 [0.00, 1.00]
SURVIVE VT, 2022	3	71	4	73	4.4	⊢	0.77 [0.18, 3.32]
REML Model for All Studies (Q = 5.79	9, df = 6, p for he	eterogeneity =	0.45; l ² = 0.0%)			-	0.93 [0.68, 1.26]
Prediction interval -0.38 - 0.23							p for overall effect = 0.638

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Study and Year	Abla	tion	Medical	therapy			Belative risk [95% CI]	
Study and fear	Events	N	Events	N	Weight (%)		Relative fisk [95% CI]	
Relative risk of all-cause mortality								
SMASH VT, 2007	6	64	11	64	10.6		0.55 [0.21, 1.39]	
VTACH, 2010	5	52	4	55	5.8	F4	1.32 [0.38, 4.66]	
CALYPSO, 2014	2	13	2	14	2.8		1.08 [0.18, 6.57]	
VANISH, 2016	36	127	35	132	58.5		1.07 [0.72, 1.59]	
SMS, 2017	9	54	11	57	14.4		0.86 [0.39, 1.92]	
ERASE VT, 2017	2	26	4	25	3.6	 (0.48 [0.10, 2.40]	
SURVIVE VT, 2022	3	71	4	73	4.3	F	0.77 [0.18, 3.32]	
REML Model for All Studies (Q = 2.80	, df = 6, p for h	eterogeneity =	0.83; l ² = 0.0%)			+	0.94 [0.69, 1.27]	
Prediction interval -0.37 - 0.24							p for overall effect = 0.674	
							-	



Favours ablation < Relative Risk > Favours medical therapy

Study and Vear	Ablat	tion	Medical	therapy						Re	ative rick [95% CI]
	Events	N	Events	N	Weight (%)					ne	
Relative risk of all-cause morta	ality										
VTACH, 2010	5	52	4	55	6.4		+				1.32 [0.38, 4.66]
CALYPSO, 2014	2	13	2	14	3.1						1.08 [0.18, 6.57]
VANISH, 2016	36	127	35	132	64.6						1.07 [0.72, 1.59]
SMS, 2017	9	54	11	57	15.9		F				0.86 [0.39, 1.92]
ERASE VT, 2017	2	26	4	25	3.9		·	-	4		0.48 [0.10, 2.40]
PARTITA, 2022	0	23	8	24	1.3						0.06 [0.00, 1.00]
SURVIVE VT, 2022	3	71	4	73	4.8			-			0.77 [0.18, 3.32]
REML Model for All Studies (Q =	5.13, df = 6, p for he	eterogeneity =	: 0.53; l ² = 0.0%)					•			0.96 [0.70, 1.32]
Prediction interval -0.36 - 0.28										p for c	verall effect = 0.818
							1	i	1		
						0.04	0.2	1	5	25	

Study and Year	Ablatior Events	N N	Medical the Events	apy N	Weight (%)		Relative risk [95% CI]
Relative risk of all-cause mortality							
SMASH VT, 2007	6	64	11	64	15.1		0.55 [0.21, 1.39]
VTACH, 2010	5	52	4	55	8.6	·	1.32 [0.38, 4.66]
CALYPSO, 2014	2	13	2	14	4.3		1.08 [0.18, 6.57]
VANISH, 2016	36	127	35	132	58.2	► — —	1.07 [0.72, 1.59]
ERASE VT, 2017	2	26	4	25	5.4		0.48 [0.10, 2.40]
PARTITA, 2022	0	23	8	24	1.8		0.06 [0.00, 1.00]
SURVIVE VT, 2022	3	71	4	73	6.5	F	0.77 [0.18, 3.32]
BEMI Model for All Studies (Q = 6.39.	df = 6. p for heter	ogeneity = 0.3	8: 1 ² = 7.0%)				0.88 [0.60, 1.28]
Prediction interval $-0.62 - 0.35$	ai – 0, p 101 110101	ogonony – olo					n for overall effect = 0.494
1 rediction merval =0.02 = 0.03]

0.04 0.2 1 5 25 Favours ablation < Relative Risk > Favours medical therapy

Study and Year	Abla	ation	Medical	therapy			Deletive rick [05%/ CI]
Study and fear	Events	Ν	Events	N	Weight (%)		Relative fisk [95% CI]
Relative risk of all-cause mortality							
SMASH VT, 2007	6	64	11	64	10.9		0.55 [0.21, 1.39]
VTACH, 2010	5	52	4	55	6.0		1.32 [0.38, 4.66]
CALYPSO, 2014	2	13	2	14	2.9		1.08 [0.18, 6.57]
VANISH, 2016	36	127	35	132	60.4		1.07 [0.72, 1.59]
SMS, 2017	9	54	11	57	14.9		0.86 [0.39, 1.92]
ERASE VT, 2017	2	26	4	25	3.7		0.48 [0.10, 2.40]
PARTITA, 2022	0	23	8	24	1.2		0.06 [0.00, 1.00]
REML Model for All Studies (Q = 6.36, df = 6, p for heterogeneity = 0.38; $I^2 = 0.0\%$)						-	0.91 [0.67, 1.24]
Prediction interval -0.40 - 0.22							p for overall effect = 0.569



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	Events	N	Events	Ν	Weight (%)		Helalive lisk [95% C
Relative risk of all–cause mort	tality						
SMASH VT, 2007	6	64	11	64	24.8	———————— ————————————————————————————	0.55 [0.21, 1.39
VTACH, 2010	5	52	4	55	13.6		1.32 [0.38, 4.66
CALYPSO, 2014	2	13	2	14	6.6		1.08 [0.18, 6.57
SMS, 2017	9	54	11	57	33.8		0.86 [0.39, 1.92
ERASE VT, 2017	2	26	4	25	8.4		0.48 [0.10, 2.40
PARTITA, 2022	0	23	8	24	2.8		0.06 [0.00, 1.00
SURVIVE VT, 2022	3	71	4	73	10.1	·	0.77 [0.18, 3.32
DEMI Madal for All Studios (O	4.96 df - 6 p for bo	torogonoitu	0.56:12-0.08/)				0.70.50.40.4.45
REMIL Model for All Studies (Q =	4.86, at = 6, p for ne	terogeneity =	= 0.56;1 = 0.0%)			-	0.73 [0.46, 1.15
Prediction interval -0.79 - 0.14							p for overall effect = 0.17

Study and Year	Ablati Events	on N	Medical t Events	herapy N	Weight (%)		Relative risk [95% CI]
Relative risk of all–cause mort	ality						
SMASH VT, 2007	6	64	11	64	11.1	⊢∎ i	0.55 [0.21, 1.39]
CALYPSO, 2014	2	13	2	14	2.9	·	1.08 [0.18, 6.57]
VANISH, 2016	36	127	35	132	61.4		1.07 [0.72, 1.59]
SMS, 2017	9	54	11	57	15.1	⊢	0.86 [0.39, 1.92]
ERASE VT, 2017	2	26	4	25	3.7	·	0.48 [0.10, 2.40]
PARTITA, 2022	0	23	8	24	1.2		0.06 [0.00, 1.00]
SURVIVE VT, 2022	3	71	4	73	4.5	·	0.77 [0.18, 3.32]
FE Model for All Studies (Q = 6.0	5, df = 6, p for hetero	geneity = 0.4	42; I ² = 0.8%)			+	0.89 [0.65, 1.21]
							p for overall effect = 0.450

0.04 0.2 1 5 25 Favours ablation < Relative Risk > Favours medical therapy

Figure SII. Effect of VT ablation on VT recurrence

Forest plots for VT recurrence using trial-level data with sequential removal of trials in the following order: CALYPSO, ERASE-VT, PARTITA, SMASH-VT, SMS, SURVIVE-VT, VANISH, VTACH

Study and Veer	Abla	ation	Medical	therapy			Polotivo viek (05%/ Cl)
Study and fear	Events	Ν	Events	Ν	Weight (%)		Relative fisk [95% Ci]
Relative risk of VT recurrence							
SMASH VT, 2007	8	64	21	64	5.2		0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	31.0		0.76 [0.56, 1.03]
VANISH, 2016	38	127	46	132	22.8		0.86 [0.60, 1.22]
SMS, 2017	25	54	26	57	17.5		1.01 [0.68, 1.52]
ERASE VT, 2017	10	26	14	25	8.0	·	0.69 [0.38, 1.25]
PARTITA, 2022	7	23	12	24	5.3	·	0.61 [0.29, 1.27]
SURVIVE VT, 2022	19	71	21	73	10.2		0.93 [0.55, 1.58]

REML Model for All Studies (Q = 6.58, df = 6, p for heterogeneity = 0.36; l^2 = 0.0%)

Prediction interval -0.40 - -0.06



Favours ablation < Relative Risk > Favours medical therapy

Study and Year	Abla	tion	Medical 1	therapy			Balative rick [05% CI]
Study and Tear	Events	Ν	Events	N	Weight (%)		Heldlive lisk [95% Cij
Relative risk of VT recurrence							
SMASH VT, 2007	8	64	21	64	5.4	·	0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	31.9		0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	5.3	·	1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	23.4		0.86 [0.60, 1.22]
SMS, 2017	25	54	26	57	18.0		1.01 [0.68, 1.52]
PARTITA, 2022	7	23	12	24	5.4		0.61 [0.29, 1.27]
SURVIVE VT, 2022	19	71	21	73	10.5		0.93 [0.55, 1.58]
REML Model for All Studies (Q = 8.57,	•	0.83 [0.70, 0.98]					

REML Model for All Studies (Q = 8.57, df = 6, p for heterogeneity = 0.20; ${\rm I}^2$ = 0.0%)

Prediction interval -0.36 - -0.02

1 Favours ablation < Relative Risk > Favours medical therapy

5

25

0.04

0.2

p for overall effect = 0.031

Study and Veer	Abla	tion	Medical	therapy			Polotive rick [05%/ Cl]
Study and Tear	Events	N	Events	N	Weight (%)		Relative fisk [95% CI]
Relative risk of VT recurrence							
SMASH VT, 2007	8	64	21	64	5.3	F	0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	31.0	H B -1	0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	5.2	F	1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	22.8		0.86 [0.60, 1.22]
SMS, 2017	25	54	26	57	17.5		1.01 [0.68, 1.52]
ERASE VT, 2017	10	26	14	25	8.0	·	0.69 [0.38, 1.25]
SURVIVE VT, 2022	19	71	21	73	10.2	⊢	0.93 [0.55, 1.58]
REML Model for All Studies (Q = 8.27	, df = 6, p for h	eterogeneity =	0.22; l ² = 0.0%)			•	0.83 [0.70, 0.98]
Prediction interval -0.360.02							p for overall effect = 0.030



0.04 0.2 1 5 25 Favours ablation < Relative Risk > Favours medical therapy

Study and Year	Abla	tion	Medical 1	therapy		Relative risk [95% CI]	
Study and Teal	Events	Ν	Events	Ν	Weight (%)		neialive fisk [55% Ci]
Relative risk of VT recurrence							
VTACH, 2010	28	52	39	55	31.0	+ -	0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	5.2		1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	22.8	⊢_ ∎ -1	0.86 [0.60, 1.22]
SMS, 2017	25	54	26	57	17.5		1.01 [0.68, 1.52]
ERASE VT, 2017	10	26	14	25	8.0	F	0.69 [0.38, 1.25]
PARTITA, 2022	7	23	12	24	5.3		0.61 [0.29, 1.27]
SURVIVE VT, 2022	19	71	21	73	10.2	—	0.93 [0.55, 1.58]
REML Model for All Studies (Q = 4	1.59, df = 6, p for he	eterogeneity =	0.60; l ² = 0.0%)			•	0.85 [0.72, 1.01]
Prediction interval -0.33 - 0.01							p for overall effect = 0.060

Study and Year	Abla Events	tion N	Medical Events	herapy N	Weight (%)		Relative risk [95% CI]
Relative risk of VT recurrence							
SMASH VT, 2007	8	64	21	64	6.0	·	0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	35.4		0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	5.9	·	1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	26.0	⊢ ∎-i	0.86 [0.60, 1.22]
ERASE VT, 2017	10	26	14	25	9.1	⊢ ∎_1	0.69 [0.38, 1.25]
PARTITA, 2022	7	23	12	24	6.0	 1	0.61 [0.29, 1.27]
SURVIVE VT, 2022	19	71	21	73	11.7		0.93 [0.55, 1.58]
REML Model for All Studies (Q = 7.58, df = 6, p for heterogeneity = 0.27;			0.27; I ² = 0.0%)			*	0.78 [0.65, 0.94]
Prediction interval -0.430.07							p for overall effect = 0.008





Study and Year	Ablat	tion	Medical t	herapy			Belative risk [95% CI]	
Study and Tear	Events	Ν	Events	N	Weight (%)		Heldlive lisk [35% Ci]	
Relative risk of VT recurrence								
SMASH VT, 2007	8	64	21	64	5.5		0.38 [0.18, 0.80]	
VTACH, 2010	28	52	39	55	32.6	+ 	0.76 [0.56, 1.03]	
CALYPSO, 2014	8	13	6	14	5.5	·	1.44 [0.68, 3.02]	
VANISH, 2016	38	127	46	132	24.0	⊨ _	0.86 [0.60, 1.22]	
SMS, 2017	25	54	26	57	18.4	·	1.01 [0.68, 1.52]	
ERASE VT, 2017	10	26	14	25	8.4		0.69 [0.38, 1.25]	
PARTITA, 2022	7	23	12	24	5.5		0.61 [0.29, 1.27]	
REML Model for All Studies (Q = 8.66	, df = 6, p for he	eterogeneity =	0.19; l ² = 0.0%)			+	0.81 [0.68, 0.96]	
Prediction interval -0.390.04							p for overall effect = 0.014	



Study and Year	Ablat	tion	Medical t	therapy		Relative risk (95% Cl		olativo rick [95% CI]			
Study and Teal	Events	N	Events	N	Weight (%)						leiauve nak [35 % Ci]
Relative risk of VT recurrence											
SMASH VT, 2007	8	64	21	64	7.0						0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	34.4						0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	6.9			—			1.44 [0.68, 3.02]
SMS, 2017	25	54	26	57	21.3						1.01 [0.68, 1.52]
ERASE VT, 2017	10	26	14	25	10.4		F				0.69 [0.38, 1.25]
PARTITA, 2022	7	23	12	24	7.0						0.61 [0.29, 1.27]
SURVIVE VT, 2022	19	71	21	73	13.1						0.93 [0.55, 1.58]
REML Model for All Studies (Q = 8 Prediction interval –0.47 – 0.03	3.82, df = 6, p for he	eterogeneity =	= 0.18; I ² = 7.8%)					•		p for	0.80 [0.66, 0.98] overall effect = 0.032
							1	i	I		
						0.04	0.2	1	5	25	

Study and Year	Ablation Events N		Medical therapy Events N		Weight (%)		Relative risk [95% CI]
Relative risk of VT recurrence							
SMASH VT, 2007	8	64	21	64	7.1	·	0.38 [0.18, 0.80]
CALYPSO, 2014	8	13	6	14	7.0		1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	30.7	⊢ ∎+	0.86 [0.60, 1.22]
SMS, 2017	25	54	26	57	23.6	i− ≣ −1	1.01 [0.68, 1.52]
ERASE VT, 2017	10	26	14	25	10.8	⊢ ∎	0.69 [0.38, 1.25]
PARTITA, 2022	7	23	12	24	7.1	FF	0.61 [0.29, 1.27]
SURVIVE VT, 2022	19	71	21	73	13.8		0.93 [0.55, 1.58]
REML Model for All Studies (Q = 8.60, df = 6, p for heterogeneity = 0.20; $i^2 = 0.0\%$)				★	0.84 [0.69, 1.02]		
Prediction interval -0.37 - 0.02				p for overall effect = 0.086			

p for overall effect = 0.086 ٦ Т 0.04 0.2 1 5 25



Figure S12. Effect of VT ablation on ICD shocks

Forest plots for ICD shocks using trial-level data with sequential removal of trials in the following order: PARTITA, SMASH-VT, SMS, SURVIVE-VT, VANISH, VTACH



Favours ablation < Relative Risk > Favours medical therapy

Study and Voar	Ablat	ion	Medical t	herapy						Polativo rick [05% (cn
	Events	N	Events	N	Weight (%)					Helalive lisk [55/6 C	21]
Relative risk of ICD shocks											
VTACH, 2010	14	52	26	55	17.8			-		0.57 [0.34, 0.9	97]
VANISH, 2016	56	127	54	132	61.8			⊨∎⊣		1.08 [0.81, 1.4	13]
SMS, 2017	8	54	14	57	8.1		·	•		0.60 [0.28, 1.3	32]
PARTITA, 2022	2	23	10	24	2.5			_		0.21 [0.05, 0.8	35]
SURVIVE VT, 2022	12	71	13	73	9.8		٠	-		0.95 [0.47, 1.9	94]
FE Model for All Studies (Q = 9.52, df	= 4, p for hetero	geneity = 0.05	5; I ² = 58.0%)					•		0.87 [0.70, 1.0)9]
										p for overall effect = 0.2	.20
						-	1	i	1		
						0.04	0.2	1	5	25	

Study and Voar	Ablation Medical therapy Bolativ		Polativo rick [95% CI]				
	Events	Ν	Events	Ν	Weight (%)		neialive liak [35% ci]
Relative risk of ICD shocks							
SMASH VT, 2007	6	64	20	64	7.1	 ,	0.30 [0.13, 0.70]
VTACH, 2010	14	52	26	55	18.0	⊢_ ∎(0.57 [0.34, 0.97]
VANISH, 2016	56	127	54	132	62.5	⊢ ≣ -1	1.08 [0.81, 1.43]
PARTITA, 2022	2	23	10	24	2.5		0.21 [0.05, 0.85]
SURVIVE VT, 2022	12	71	13	73	9.9		0.95 [0.47, 1.94]
			04.1 ² 70.70()				
FE Model for All Studies (Q = 14.64, 0	at = 4, p for hete	rogeneity = 0.	UI;I = 72.7%)			*	0.83 [0.66, 1.04]
							p for overall effect = 0.106

0.04 0.2 1 5 25 Favours ablation < Relative Risk > Favours medical therapy

Study and Year	Ablati	on	Medical 1	therapy		Polativo rick [0]		
Study and Teal	Events	Ν	Events	N	Weight (%)	netalive its		
Relative risk of ICD shocks								
SMASH VT, 2007	6	64	20	64	7.2		0.30 [0.13, 0.70	
VTACH, 2010	14	52	26	55	18.4		0.57 [0.34, 0.97	
VANISH, 2016	56	127	54	132	63.6	⊢ ∎-1	1.08 [0.81, 1.43	
SMS, 2017	8	54	14	57	8.3		0.60 [0.28, 1.32	
PARTITA, 2022	2	23	10	24	2.6	·	0.21 [0.05, 0.85	
FE Model for All Studies (Q = 15	5.03, df = 4, p for heter	ogeneity = 0	.00; I ² = 73.4%)			•	0.80 [0.64, 1.00	
							p for overall effect = 0.05	
						0.04 0.2 1 5	25	

Study and Vear	Ablat	tion	Medical 1	herapy			Belative rick [95% CI]
	Events	Ν	Events	Ν	Weight (%)		ficialitie flak [35% of]
Relative risk of ICD shocks							
SMASH VT, 2007	6	64	20	64	15.4		0.30 [0.13, 0.70]
VTACH, 2010	14	52	26	55	39.5	⊨∎→	0.57 [0.34, 0.97]
SMS, 2017	8	54	14	57	17.9		0.60 [0.28, 1.32]
PARTITA, 2022	2	23	10	24	5.6	·	0.21 [0.05, 0.85]
SURVIVE VT, 2022	12	71	13	73	21.6		0.95 [0.47, 1.94]
FE Model for All Studies (Q = 6.12,	df = 4, p for heter	ogeneity = 0.1	9; I ² = 34.7%)			*	0.55 [0.40, 0.77]
							p for overall effect < 0.001
						0.04 0.2 1 5	25

Study and Year	Ablat	tion	Medical therapy			Belative rick [95% C				
	Events	N	Events	N	Weight (%)		neialive lisk [53/8 C			
Relative risk of ICD shocks										
SMASH VT, 2007	6	64	20	64	7.8	·	0.30 [0.13, 0.70			
VANISH, 2016	56	127	54	132	69.4	⊨ ∎⊣	1.08 [0.81, 1.43			
SMS, 2017	8	54	14	57	9.0		0.60 [0.28, 1.32			
PARTITA, 2022	2	23	10	24	2.8	ا	0.21 [0.05, 0.85			
SURVIVE VT, 2022	12	71	13	73	11.0		0.95 [0.47, 1.94			
FE Model for All Studies (Q = 13.1	6, df = 4, p for hete	rogeneity = 0.	01; I ² = 69.6%)			•	0.87 [0.69, 1.10			
							p for overall effect = 0.25			
						0.04 0.2 1 5	25			

Figure SI3. Effect of VT ablation on all-cause hospitalisation

Forest plots for all-cause hospitalisation using trial-level data with sequential removal of trials in the following order: CALYPSO, PARTITA, SMS, SURVIVE-VT, VANISH, VTACH

Study and Year	Ablati	ion	Medical th	nerapy							Relative risk [95% CI]
	Events	N	Events	N	weight (%)						
Relative risk of hospitalisation											
VTACH, 2010	17	52	30	55	24.7		-				0.60 [0.38, 0.95]
VANISH, 2016	33	127	39	132	30.8						0.88 [0.59, 1.30]
SMS, 2017	21	54	25	57	25.8						0.89 [0.57, 1.38]
PARTITA, 2022	1	23	4	24	1.5	-					0.26 [0.03, 2.16]
SURVIVE VT, 2022	13	71	27	73	17.2			—			0.50 [0.28, 0.88]
REML Model for All Studies (Q = 4.95,	df = 4, p for het	terogeneity =	0.29; I ² = 19.5%)					•			0.71 [0.55, 0.93]
Prediction interval -0.71 - 0.03										p fe	or overall effect = 0.011
								İ	I		
						0.04	0.2	1	5	25	

Favours ablation < Relative Risk > Favours medical therapy

Study and Yoar	Ablation		Medical 1	therapy			Polativo rick [95% CI]
	Events	N	Events	Ν	Weight (%)		neialive fisk [55% Ci]
Relative risk of hospitalisation							
VTACH, 2010	17	52	30	55	23.1	⊢_∎ :	0.60 [0.38, 0.95]
CALYPSO, 2014	5	13	7	14	7.1	⊢−− −	0.77 [0.32, 1.83]
VANISH, 2016	33	127	39	132	30.1	⊨∎⊣	0.88 [0.59, 1.30]
SMS, 2017	21	54	25	57	24.4	⊢ ∎	0.89 [0.57, 1.38]
SURVIVE VT, 2022	13	71	27	73	15.3		0.50 [0.28, 0.88]
REML Model for All Studies (Q = 4.06,	df = 4, p for he	terogeneity =	0.40; l ² = 9.7%)			+	0.73 [0.58, 0.92]

Prediction interval -0.60 - -0.03

p for overall effect = 0.009

Study and Vear	Abla	ition	Medical	therapy	rapy		Belative rick [95		Belative risk [95% CI]	
	Events	Ν	Events	Ν	Weight (%)					Telalive Tak [55/6 Ol]
Relative risk of hospitalisation										
nelative lisk of hospitalisation										
VTACH, 2010	17	52	30	55	29.9		H	-		0.60 [0.38, 0.95]
CALYPSO, 2014	5	13	7	14	10.3		F	-		0.77 [0.32, 1.83]
VANISH, 2016	33	127	39	132	37.1					0.88 [0.59, 1.30]
PARTITA, 2022	1	23	4	24	1.9	-				0.26 [0.03, 2.16]
SURVIVE VT, 2022	13	71	27	73	20.9					0.50 [0.28, 0.88]
REML Model for All Studies (Q = 3	.96, df = 4, p for h	eterogeneity =	0.41; l ² = 16.5%)					•		0.67 [0.50, 0.90]
Prediction interval -0.790.00										p for overall effect = 0.007
									1	
						0.04	0.2	1	5	25

Study and Vear	Ablat	ion	Medical therapy		Polativo rick [05% (
	Events	N	Events	N	Weight (%)					Helative Hak [55% Olj
Relative risk of hospitalisation										
VTACH, 2010	17	52	30	55	26.7		F			0.60 [0.38, 0.95]
CALYPSO, 2014	5	13	7	14	7.5		F			0.77 [0.32, 1.83]
VANISH, 2016	33	127	39	132	36.1					0.88 [0.59, 1.30]
SMS, 2017	21	54	25	57	28.4					0.89 [0.57, 1.38]
PARTITA, 2022	1	23	4	24	1.3	-				0.26 [0.03, 2.16]
REML Model for All Studies (Q = 2	2.97, df = 4, p for he	terogeneity =	: 0.56; I ² = 0.0%)					•		0.78 [0.61, 0.98]
Prediction interval -0.490.02										p for overall effect = 0.036
						Γ	I	i	I	
						0.04	0.2	1	5	25

Study and Year	Abla	tion	Medical therapy				Polativo rick [95% (
	Events	Ν	Events	Ν	Weight (%)		nelative lisk [55% Ci]	
Relative risk of hospitalisation								
VTACH, 2010	17	52	30	55	32.2	⊢ ∎–i	0.60 [0.38, 0.95]	
CALYPSO, 2014	5	13	7	14	10.3	⊢	0.77 [0.32, 1.83]	
SMS, 2017	21	54	25	57	33.9	⊨∎⇒	0.89 [0.57, 1.38]	
PARTITA, 2022	1	23	4	24	1.8		0.26 [0.03, 2.16]	
SURVIVE VT, 2022	13	71	27	73	21.8	-	0.50 [0.28, 0.88]	
REML Model for All Studies (Q = 3.6	67, df = 4, p for he	eterogeneity =	0.45; l ² = 9.8%)			•	0.66 [0.50, 0.88]	
Prediction interval -0.760.06							p for overall effect = 0.005	
						0.04 0.2 1 5	25	

Polativo rick [95% CI]			Medical therapy		tion	Abla	Study and Year		
helalive hak [50% of				Weight (%)	N	Events	N	Events	
									Relative risk of hospitalisation
0.77 [0.32, 1.83]		·=		8.9	14	7	13	5	CALYPSO, 2014
0.88 [0.59, 1.30]	∎⇒			38.9	132	39	127	33	VANISH, 2016
0.89 [0.57, 1.38]	∎	⊢∎		31.3	57	25	54	21	SMS, 2017
0.26 [0.03, 2.16]		<u>_</u>	-	1.5	24	4	23	1	PARTITA, 2022
0.50 [0.28, 0.88]	-			19.4	73	27	71	13	SURVIVE VT, 2022
0.77 [0.50, 0.00]						- 0.20: 1 ² - 5.1%)	otorogopoity -	4.00 df = 4 p for h	PEMI Model for All Studies (O -
0.77 [0.59, 0.99]		•				- 0.35, 1 = 5.1%)	sterogeneity =	4.05, ui = 4, p 10i 16	TILIVIL WOULD IN All Studies (Q =
p for overall effect = 0.044									Prediction interval -0.56 - 0.03
			Γ						
5 25	1 5	0.2	0.04						

Section 6 – Supplementary figures for trials recruiting only patients with prior myocardial infarction

Figure SI4. Effect of VT ablation on mortality

Forest plots for all-cause mortality using trial-level data.



Figure SI5. Effect of VT ablation on VT recurrence

Forest plots for VT recurrence using trial-level data.

Study and Year	Ablati Events	ion N	Medical th Events	nerapy N	Weight (%)					R	elative risk [95% CI]
Relative risk of VT recurrence											
SMASH VT, 2007	8	64	21	64	6.4		·	-			0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	37.6						0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	6.3			—	-		1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	27.6						0.86 [0.60, 1.22]
ERASE VT, 2017	10	26	14	25	9.7		F				0.69 [0.38, 1.25]
SURVIVE VT, 2022	19	71	21	73	12.4						0.93 [0.55, 1.58]
REML Model for All Studies (Q = 7.1	1, df = 5, p for he	terogeneity =	0.21; I ² = 0.0%)					•			0.79 [0.66, 0.96]
Prediction interval -0.420.04										p for	overall effect = 0.015
								1			
						0.04	0.2	1	5	25	
						Favoure ablat	ion - Rela	tivo Riek	Favoure m	edical therar	W

Figure S16. Effect of VT ablation on ICD shocks

Forest plots for ICD shocks using trial-level data.



Figure S17. Effect of VT ablation on all-cause hospitalisation

Forest plots for all-cause hospitalisation using trial-level data.

Study and Veer	Ablat	ion	Medical t	herapy		Relative r			Palativa riak (
	Events	Ν	Events	N	Weight (%)					Heldilive Hak [5	55 /8 CIJ
Relative risk of hospitalisation											
VTACH, 2010	17	52	30	55	30.5		н			0.60 [0.3	8, 0.95]
CALYPSO, 2014	5	13	7	14	10.4					0.77 [0.3	2, 1.83]
VANISH, 2016	33	127	39	132	37.9			⊢∎→		0.88 [0.5	9, 1.30]
SURVIVE VT, 2022	13	71	27	73	21.2					0.50 [0.2	.8, 0.88]
REML Model for All Studies (Q = 3.1	6, df = 3, p for he	terogeneity =	0.37; l ² = 19.5%)				-	•		0.68 [0.5	51, 0.91]
Prediction interval -0.77 - 0.01										p for overall effect	= 0.010
						[I	i			
						0.04	0.2	1	5	25	
						Favours ablation	< Relat	ive Risk >	Favours me	dical therapy	

Section 7 – Supplementary figures for trials containing patients with any proportion of prior myocardial infarction

Figure S18. Effect of VT ablation on mortality

Forest plots for all-cause mortality using trial-level data.



Figure S19. Effect of VT ablation on VT recurrence

Forest plots for VT recurrence using trial-level data.

Study and Year	Ablati Events	on N	Medical t Events	herapy N	Weight (%)				Relative risk [95% CI]
Relative risk of VT recurrence									
SMASH VT, 2007	8	64	21	64	4.4				0.38 [0.18, 0.80]
VTACH, 2010	28	52	39	55	25.9		⊢ ∎-		0.76 [0.56, 1.03]
CALYPSO, 2014	8	13	6	14	4.3			-	1.44 [0.68, 3.02]
VANISH, 2016	38	127	46	132	19.0		-		0.86 [0.60, 1.22]
SMS, 2017	25	54	26	57	14.6				1.01 [0.68, 1.52]
ERASE VT, 2017	10	26	14	25	6.7				0.69 [0.38, 1.25]
PARTITA, 2022	7	23	12	24	4.4	,			0.61 [0.29, 1.27]
SURVIVE VT, 2022	19	71	21	73	8.6		—		0.93 [0.55, 1.58]
PAUSE SCD, 2022	19	60	31	61	12.0				0.62 [0.40, 0.97]
REML Model for All Studies (Q = 10	.16, df = 8, p for he	eterogeneity :	= 0.25; I ² = 0.0%)				•		0.79 [0.68, 0.92]
Prediction interval -0.390.08									p for overall effect = 0.003
						I I I	1	1	
						0.04 0.2	1	5	25

Figure S20. Effect of VT ablation on ICD shocks

Forest plots for ICD shocks using trial-level data.



Figure S21. Effect of VT ablation on all-cause hospitalisation

Forest plots for all-cause hospitalisation using trial-level data.

Study and Year	Abla Events	tion N	Medical t Events	herapy N	Weight (%)		Relative risk [95% Cl]
Relative risk of hospitalisation							
VTACH, 2010	17	52	30	55	19.6	⊢_∎ i	0.60 [0.38, 0.95]
CALYPSO, 2014	5	13	7	14	5.5		0.77 [0.32, 1.83]
VANISH, 2016	33	127	39	132	26.5	⊢ ∎	0.88 [0.59, 1.30]
SMS, 2017	21	54	25	57	20.8	F	0.89 [0.57, 1.38]
PARTITA, 2022	1	23	4	24	0.9		0.26 [0.03, 2.16]
SURVIVE VT, 2022	13	71	27	73	12.5	⊢ ∎−−1	0.50 [0.28, 0.88]
PAUSE SCD, 2022	17	60	20	61	14.2	⊢ ∎1	0.86 [0.50, 1.48]
REML Model for All Studies (Q = 5.31, df = 6, p for heterogeneity = 0.50; I ² = 0.0%)							0.74 [0.61, 0.91]
Prediction interval -0.500.09							p for overall effect = 0.004

Г

0.04

0.2

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Favours ablation < Relative Risk > Favours medical therapy

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