Author (date)	N	Study type	LVEF (%)	Age	Success	Follow-up	Outcomes
Li et al. (2020)	37	PO/HC	28.8 ± 4.5	57.5 ± 9.8	81.1%	6 months	- Postprocedural LVEF: 44.3 ± 8.7 vs. 35.0 ± 10.5 ; p < 0.001
1	54		27.2 ± 4.9	58.5 ± 8.5			- Paced QRS duration: 121.8 ± 10.8 ms vs 158.2 ± 21.5 ms; p< 0.001
							- Echocardiographic response*: 88.9% vs. 66.7%, p = 0.035
							- Super response [†] : 44.4% vs. 16.7% , p = 0.007
							- HF-related hospitalization: 0% vs. 0%
Wu et al.	32	RO	30.9 ± 7.3	67.2 ± 13	100%	12 months	- Change in LVEF: $24.0\% \pm 10.9$ vs $16.7\% \pm 14.6$; p= 0.015
$(2021)^2$	54		30.0 ± 6.2	68.3 ± 10	88.5%		- Super response [†] : 70% vs. 44.9%; p=0.004
							- Postprocedural NYHA Class: 1.3 ± 0.5 vs 1.9 ± 0.9 ; p=0.002
							- Paced QRS duration: $104.3 \pm 8.1 \text{ ms} \text{ vs } 135.8 \pm 20.2 \text{ ms}; \text{ p NR}$
Wang et al.	10	PO	26.8 ± 3.85	64.8 ± 7.25	100%	6 months	- Postprocedural LVEF: $45.66 \pm 9.22\%$ vs $39.35 \pm 12.29\%$; p < 0.001
$(2020)^3$	30		26.38 ± 5.27	62.9 ± 10.33	61.2%		- Postprocedural NYHA: 1.5 ± 0.55 vs. 1.97 ± 0.61 p < 0.001
							- Paced QRS duration: 122.8 ± 17.24 ms vs 141.6 ± 15.38 ms p < 0.001
Guo et al.	21	PO	30.0 ± 5.0	66.1 ± 9.7	87,00%	14.3 ± 7.2	- Postprocedural LVEF: $50.9 \pm 10.7\%$ vs. 44.4 ± 13.3 ; p= 0.12
(2020) 4	21		29.8 ± 4.1	65.1 ± 7.5	NA^a	months	- Postprocedural NYHA: 1.3 ± 0.9 vs. 1.5 ± 0.7 p=0.06
							- Paced QRS duration: 111.7 ± 12.3 ms vs. 130.1 ± 14.0 ms; p < 0.001
							- Echocardiographic response*: 90.5% vs 80.9%; p= 0.43
							- Super response*: LBBP group 80.9% vs 57.1%; p= 0.09
Zu et al. (2021)	13	РО	30.62 ± 6.98	61.77 ± 12.37	100%	12 months	- Postprocedural LVEF: $48.92 \pm 8.06\%$ vs. $42.53 \pm 4.89\%$; p < 0,05
5	19		29.11 ± 4.82	59.32 ± 5.41	89%		- Paced QRS: 117.15 ± 9.91 ms vs 130.32 ± 12.41 ms; $p = 0.002$
Chen et al.	49	PO	29.05 ± 5.09	67.14 ± 8.88	98%	12 months	- Postprocedural LVEF: $47.58 \pm 12.02\%$ vs. $41.24 \pm 10.56\%$; p= 0.008
(2022) ⁶	51		28.36 ± 5.30	64.37 ± 8.74	91%		- Paced QRS duration: 102.61 ± 9.66 ms vs 126.54 ± 11.67 ms; p < 0.001.
Liu et al. (2021)	27	PO	29.9 ± 4.8	65.5 ± 8.8	79,00%	4.0 ± 1.4	- Change in LVEF: $17.2 \pm 9.3\%$ vs $13.7 \pm 11.5\%$; p= 0.113
7	35		29.5 ± 4.9	64.3 ± 8.4	NR	months	- Change NYHA: -1.6 ± 0.6 vs. -0.9 ± 0.8 ; p= 0.001
							- Change in QRS duration: $-64.1 \pm 18.9 \text{ ms vs.} -32.5 \pm 22.3 \text{ms; p} < 0.001$
							- Echocardiographic response [§] : 88.9% vs 68.6%; p NR
Ivanovski et al.	10	RO	28 [20-42]	69 [67-78]	100%	2 months [1–	- Change in LVEF: 40% [31-44] vs. 37% [35-41]; p= 0.041
(2022) 8	13		38 [35-40]	70 [67-73.5]	100%	3.25]	- Paced QRS duration: 127 ± 13 ms vs 172 ± 13 ms; p < 0.001
						5 months	
						[3.5–6]	
Wang et al.	20	RCT	28.3±5.3	62.3±11.2	90%	6 months	- Change in LVEF: $21.08\% \pm 1.91$ vs $15.62\% \pm 1.94$; p =0.039
(2022) 9	20		31.1±5.5	65.3±10.6	80%		- Change in NYHA: -1.22 ± 0.11 vs -1.10 ± 0.11 ; p NS
							- Paced QRS duration: 131.5 ± 12.5 ms vs 136.6 ± 12.9 ms; p NS

Diaz et al.	128	PO	25.2±8.3	69.8±10.1	84.4%**	340 days	- Composite (All-cause mortality and HF hospitalization): 24.2% vs
$(2023)^{10}$	243		26.7 ± 7.2	69.8 ± 11.8	94.7%	[205.5-476.5]	42.4% (HR: 0.621, 95% CI: 0.415-0.93; p= 0.021)
							- HF-related hospitalization: 22.6% vs 39.5% (HR: 0.607, 95% CI: 0.397-
							0.927; p = 0.021)
							- All-cause mortality: 5.5% vs 11.9%; p = 0.19
							- Paced QRS: 123.7 ± 18.8 ms vs 149.3 ± 29.1 ms; p < 0.001.
							- Postprocedural LVEF
							- Change in LVEF: $8.04 \pm 9.9\%$ vs $3.9 \pm 7.9\%$; p < 0.001
							- Complications: 9.4% vs 15.2%; p= 0.146
Vijayaraman et	797	RO	27±6	69±12	NR	33 ± 16	- Composite (All-cause mortality and HF hospitalization): 21% vs 28%
al. (2023) 11	981		26±6	68±12	NR	months.	(HR: 1.495, 95% CI 1.213-1.842; p < 0.001)
							- HF-related hospitalization: 12% vs 19% (HR: 1.494, 95% CI 1.159
							1.927; p=0.002)
							- All-cause mortality: 12% vs. 17% (HR: 1.144, 95% CI 0.881-1.485;
							p=0.303)
							- Change in LVEF: $13\pm12\%$ vs $10\pm12\%$; p<0.001
							- Postprocedural NYHA: 2.01 ± 0.7 vs 2.19 ± 0.8 ; p<0.001
							- Paced QRS duration: 128 ± 19 vs 144 ± 23 ; p < 0.001
							- Complications: 3.8% vs 7.5%; p <0.001

Supplementary Table. Characteristics of studies comparing LBBAP with BIVP in patients with HF. Abbreviations as in text.

- Li X, Qiu C, Xie R, Ma W, Wang Z, Li H, Wang H, Hua W, Zhang S, Yao Y, Fan X. Left bundle branch area pacing delivery of cardiac resynchronization therapy and comparison with biventricular pacing. ESC Heart Fail Aug 2020;7:1711-1722.
- 2. Wu S, Su L, Vijayaraman P, Zheng R, Cai M, Xu L, Shi R, Huang Z, Whinnett ZI, Huang W. Left Bundle Branch Pacing for Cardiac Resynchronization Therapy: Nonrandomized On-Treatment Comparison With His Bundle Pacing and Biventricular Pacing. The Canadian journal of cardiology Feb 2021;37:319-328.

^{*} Echocardiographic response was defined as at least 5% increase vs baseline.

[†] Super response was defined as an increase in the LVEF to $\geq 50\%$.

^{*} Super response was defined as NYHA functional class I or II + improvement in LVEF for at least 15% or a final LVEF>45%, And a decrease in LVESD>15%.

[§] Echocardiographic response was defined as ≥10% absolute increase in LVEF.

^{*} Procedural success was defined as capture of the LBB. In all patients, LBBAP was achieved.

^a Controls were patients with successful BiVp, and as such the success rate is not available.

- Wang Y, Gu K, Qian Z, Hou X, Chen X, Qiu Y, Jiang Z, Zhang X, Wu H, Chen M, Zou J. The efficacy of left bundle branch area pacing compared with biventricular pacing in patients with heart failure: A matched case-control study. J Cardiovasc Electrophysiol Aug 2020;31:2068-2077.
- **4.** Guo J, Li L, Xiao G, Ye T, Huang X, Meng F, Li Q, Chen S, Cai B. Remarkable response to cardiac resynchronization therapy via left bundle branch pacing in patients with true left bundle branch block. Clinical cardiology Dec 2020;43:1460-1468.
- Zu L, Wang Z, Hang F, Jiang Y, Wang X, Cheng L, Zhang J, Wu Y. Cardiac resynchronization performed by LBBaP-CRT in patients with cardiac insufficiency and left bundle branch block. Annals of noninvasive electrocardiology: the official journal of the International Society for Holter and Noninvasive Electrocardiology, Inc Nov 2021;26:e12898.
- 6. Chen X, Ye Y, Wang Z, et al. Cardiac resynchronization therapy via left bundle branch pacing vs. optimized biventricular pacing with adaptive algorithm in heart failure with left bundle branch block: a prospective, multi-centre, observational study. Europace May 3 2022;24:807-816.
- 7. Liu W, Hu C, Wang Y, Cheng Y, Zhao Y, Liu Y, Zheng S, Chen H, Shu X. Mechanical Synchrony and Myocardial Work in Heart Failure Patients With Left Bundle Branch Area Pacing and Comparison With Biventricular Pacing. Frontiers in cardiovascular medicine 2021;8:727611.
- 8. Ivanovski M, Mrak M, Mežnar AZ, Žižek D. Biventricular versus Conduction System Pacing after Atrioventricular Node Ablation in Heart Failure Patients with Atrial Fibrillation. Journal of cardiovascular development and disease Jul 1 2022;9.
- **9.** Wang Y, Zhu H, Hou X, et al. Randomized Trial of Left Bundle Branch vs Biventricular Pacing for Cardiac Resynchronization Therapy. J Am Coll Cardiol Sep 27 2022;80:1205-1216.
- **10.** Diaz JC, Sauer WH, Duque M, et al. Left Bundle Branch Area Pacing Versus Biventricular Pacing as Initial Strategy for Cardiac Resynchronization. JACC Clinical electrophysiology May 19 2023.
- 11. Vijayaraman P, Sharma PS, Cano Ó, et al. Comparison of Left Bundle-Branch Area Pacing to Biventricular Pacing in Candidates for Resynchronization Therapy. J Am Coll Cardiol May 10 2023.