

Supplementary Table 1. The characteristics of five trials included in the network meta-analysis

Study	Trial Name	No. of participants	Intervention	Population	LVEF, %	NYHA class	Diabetes, %	Hypertension, %	Follow-up, years
McMurray 2019	DAPA-HF	4744	Dapagliflozin	Patients with NYHA class II, III, or IV HF and an LVEF \leq 40%	31	II, 67%; III, 32%; IV, 1%	42	NR	1.5
Packer 2020	EMPEROR-Reduced	3730	Empagliflozin	Patients with NYHA class II, III, or IV HF and an LVEF \leq 40%	27	II, 75%; III, 24%; IV, 1%	50	72.4	1.3
Pitt 2003	EPHESUS	6632	Eplerenone	patients with acute myocardial infarction complicated by left ventricular dysfunction and HF	33	NR	32	60	1.3
Zannad 2011	EMPHASIS	2737	Eplerenone	patients with NYHA class II HF and an LVEF \leq 35%	26	NR	32	67	1.75
Pitt 1999	RALES	1663	spironolactone	patients who had severe HF and an LVEF \leq 35%	25	II, 1%; III, 70%; IV, 29%	NR	NR	2

NYHA, New York Heart Association; HF, heart failure; LVEF, Left ventricular ejection fraction; NR, not reported

Supplementary Table 2. Results from Network meta-analysis (risk ratio with 95% confidence interval)

Outcomes	MRAs vs Placebo	SGLT2i vs Placebo	MRAs vs SGLT2i
Any-cause death	0.81(0.74-0.88)	0.88(0.78-1.00)	0.91(0.78-1.06)
CV death-HHF	0.80 (0.68-0.95)	0.78(0.66-0.92)	1.04(0.82-1.31)
CV death	0.79(0.73-0.87)	0.87(0.77-0.99)	0.91(0.78-1.07)
HHF	0.76(0.61-0.86)	0.72(0.61-0.86)	1.05(0.84-1.31)

MRAs, mineralocorticoid antagonists; SGLT2i, Sodium-glucose cotransporter 2 inhibitors; CV, cardiovascular; HHF, hospitalization for heart failure.