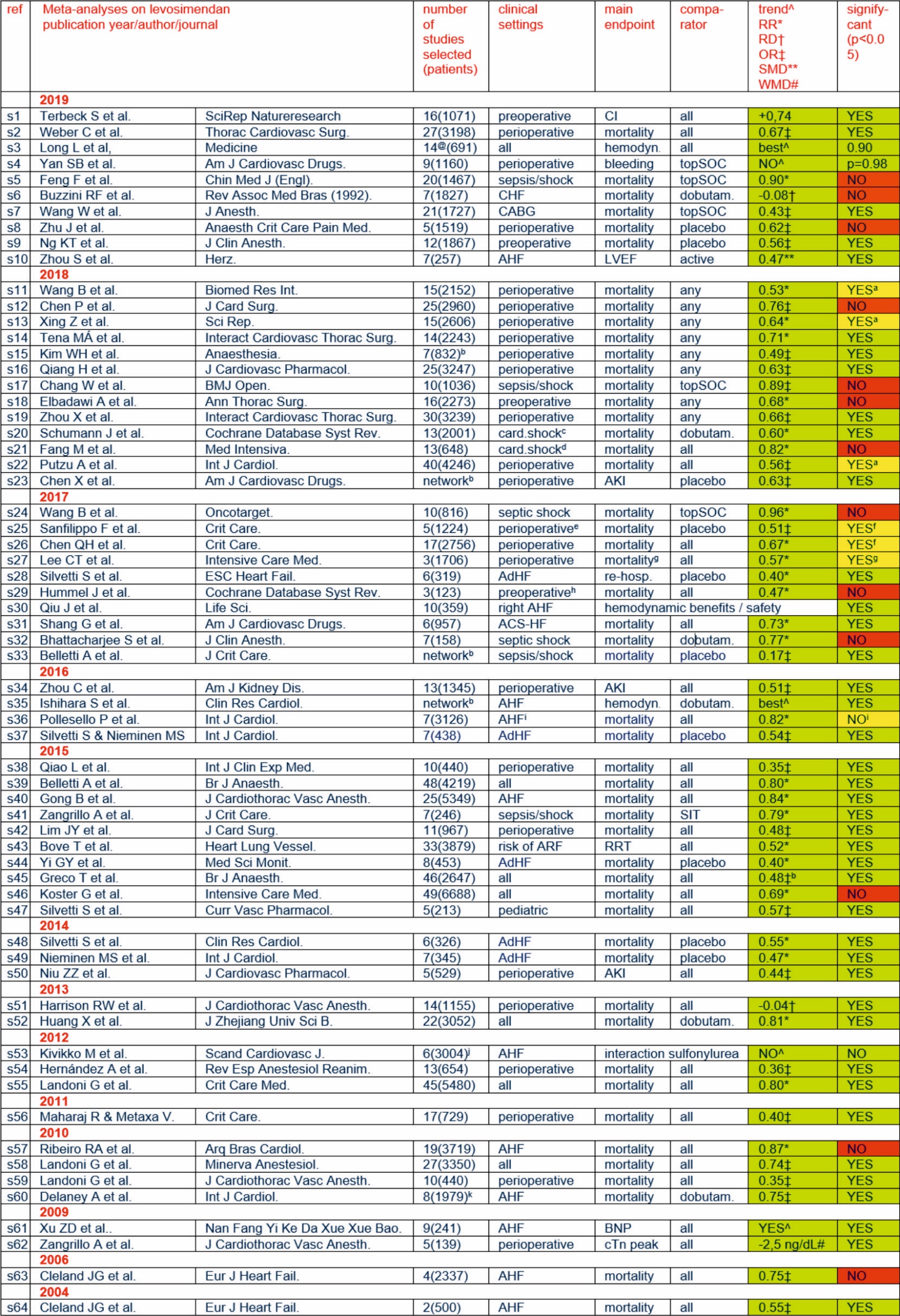
**Supplementary materials**

**Supplementary Table 1:** results of 64 meta-analyses on levosimendan clinical trials in specified clinical scenarios from 2004 to 2019. RR, risk reduction; RD, relative difference; OR, odds ratio; SMD, standard mean difference; WMD, weighted mean difference; CI, cardiac index; @network meta-analysis; hemodyn., hemodynamic effects; SOC, Standard of Care; topSOC, on top of Standard of Care; dobutam., dobutamine; CHF, congestive heart failure; CABG, coronary artery bypass surgery; LCOS, low cardiac output syndrome; LVEF, left ventricular ejection fraction; AKI, acute kidney injury; AdHF, Advanced Heart Failure; re-hosp, re-hospitalization for acute heart failure; ACS-HF, heart failure complicating acute coronary syndrome; SIT, standard inotropic therapy; ARF, acute renal failure; RRT, renal replacement therapy; BNP. brain natriuretic peptide; cTn peak, postoperative release of cardiac troponin. atrial sequential analysis (TSA), non-unequivocal; bBayesian analysis; cpatients with cardiogenic shock and/or low cardiac output syndrome; dpatients with cardiogenic shock complicating myocardial infarction; ein patients with severely reduced left ventricular systolic function; fin a sub-analysis of low bias RCTs only, the significance was lost; glong term mortality for patients with LVEF≤30%, as from the paper supplements (when all the 5 studies with long term mortality data were considered, the significance was lost); hpaediatric settings; imeta-analysis of the regulatory studies described in the authorization dossier, the cumulative data on mortality show a borderline statistical significance (p=0.054); jpooled analysis to study the influence of concurrent sulfonylurea treatment to the levosimendan effects; kin the same meta-analysis, a comparison of levosimendan versus placebo on 6 studies and 1678 patients yielded an OR of 0.83 in favour of levosimendan without reaching formal statistical significance.

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