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| **Supplementary Material 1. Evidence Table of RCTs Comparing Pharmacological Therapy for Fluid Overload and Ultrafiltration in Patients with Acute Decompensated HF** |
| **Study** | **Subjects,**  | **Study Protocol** | **Primary End Point** | **Population Inclusion Criterion** | **Clinical outcomes** | **Adverse effects due to therapy** |
| RAPID-CHF (1) | 40 | Standard of Care vs UF + standard of care  | Weight loss at 24 h post enrollment | CHF with >2 signs of edema of the lower extremities plus one sign of pulmonary injury  | NS increase of weight loss in UF group, more improvement of HF symptoms at 24 and 48h in UF group | No SAE's due to treatment  |
| UNLOAD (2) | 200 | Diuretic vs UF | Weight loss and dyspnea at 48 h | HF with > or =2 signs of hypervolemia | NS Scr increase in either trial, lower rates of HF hospitalization in UF group | NS difference in SAE's between groups |
| CARRESS-HF (5) | 188 | Prespecified stepped pharmological care vs UF  | Change in SCr and weight loss at 96 h | ADHF, persistent congestion, worsening renal function of >0.3 mg/dL | Significant increase in SCr with UF  | Higher SAEs in UF group  |
| CUORE (3) | 56 | Intravenous loop diuretics vs UF  | Rehospitalizations for congestive HF during a 1-year follow-up | Severe congested HF  | Longer time to rehospitalization for HF in UF group. Significant increase in SCr with diuretic at 6 mo. (2.3 vs 1.8 mg/dL)  | NS difference in SAE's between groups |
| AVOID-HF (4) | 224 | Prespecified algorithm diuretics vs UF | Time to first HF event <90  | ADHF presentation for hospitalization | NS difference on renal function, 62 days vs 34 days to first HF event (UF vs Diuretic). | Higher Cardiac Adverse effects in UF group  |
| DOSE-AHF (6) | 308 | Randomized, double-blind, 2x2 factorial, comparative trial, 2x2 Bolus vs continuous and low vs high dose loop diuretic | Symptom improvement of renal function at 72 hours | ADHF or history of Chronic HF  | NS improvement of renal function, NS in bolus vs continuous treatment | More Cardiac AE (30% low dose vs. 22% high dose) |

﻿AVOID-HF (Aquapheresis Versus Intravenous Diuretics Hospitalizations for Heart Failure; CARRESS-HF, Cardiorenal Rescue Study in Acute Decompensated Heart Failure; CUORE, Continuous Ultrafiltration for Congestive Heart Failure; RAPID-CHF, Relief for Acutely Fluid Overloaded Patients With Decompensated Congestive Heart Failure; and UNLOAD, Ultrafiltration Versus Intravenous Diuretics for Patients Hospitalized for Acute Decompensated Heart Failure. Trial HF, heart failure; NS, not significant; SAE, serious adverse event; SCr, serum creatinine; UF, ultrafiltration;

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