

**Appendix 3 (as supplied by the authors): Management options for left ventricular outflow tract obstruction**

CLINICAL PRESENTATION	THERAPY	LEVEL OF EVIDENCE
Asymptomatic		Expert opinion; Septal reduction therapy is not recommended in truly asymptomatic patients no matter how severe the obstruction. <sup>1,2</sup>
Symptomatic	Beta Blocker	Mainly uncontrolled small trials and cohort studies <sup>3,4</sup>
	Verapamil	One small randomized-controlled trial; Observational cohort data <sup>5-7</sup>
	BB & Verapamil, Combined	No current data to support
	Disopyramide	Mainly observational data with limited controls and no placebo <sup>8-10</sup>
	PPM	3 RCTs indicate general lack of efficacy, with improvement seen in observational studies mainly the result of placebo effect. Possible utility in elderly patients refractory to maximal medical therapy <sup>11-13</sup>
	ASA	No prospective controlled data, lack of complete follow-up, variable technique, shorter follow up periods compared with myectomy <sup>14-24</sup>
	Myectomy	No prospective controlled data, lack of complete follow-up, variable technique, longer follow up periods compared with ASA <sup>25-30</sup>
	ASA vs Myectomy	No prospective data. Isolated retrospective cohort data suggest equivalency in early outcomes <sup>31-33</sup>

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