Effect of Metformin on Left Ventricular Mass and Functional Parameters in Non-Diabetic Patients: A Meta -analysis of Randomized Clinical Trials

Ahmed M. Kamel, MSc a, Nirmeen Sabry, PhD a, Samar Farid, PhD a

^a Clinical Pharmacy Department, Faculty of Pharmacy Cairo University, Cairo, 11562, Egypt

*Corresponding author

Ahmed Mohamed Kamel, MSc

Cairo University, College of Pharmacy, Department of Clinical Pharmacy, Egypt.

E-mail addresses: ahmedm.kamel@pharma.cu.edu.eg

Tel: +010-0676-6275

Fax: +011-202-25320005

ORCID ID:

Ahmed M. Kamel: 0000-0002-3791-5998

Nirmeen Sabry: 0000-0003-0478-0772

Samar Farid: 0000-0002-6048-847X

Appendix 3: Risk of Bias assessment in the Effect of Metformin on Left Ventricular Ejection Fraction (LVEF)

Unique ID	LVMI-Mohan	Study ID	Mohan 2019	Assessor	Ahmed
Ref or Label	2	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	Journal article(s)
Outcome	LVEF	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?		Y	Randomization was carried out by Tayside Pharmaceuticals using a validated block randomization method	
Bias arising from the randomization process	1.2 Was the allocation sequence concealed unt	l participants were enrolled and a	assigned to interventions?	Y	(www.randomization.com). The IMP supply was sequentially numbered and the randomization key held in sealed envelopes by Tayside Pharmaceuticals, Ninewells Pharmacy.
	1.3 Did baseline differences between intervention	on groups suggest a problem with	n the randomization process?	N	The investigating team did not have access to the key until after analysis had taken place
	Risk of bias judgement			Low	and analysis had taken blace
	2.1 Were participants aware of their assigned in	tervention during the trial?		N	DB-RCT
	2.2 Were carers and people delivering the inter-	ventions aware of participants' as	ssigned intervention during the trial?	N	The investigating team did not have access to the key until after analysis had taken place
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Wer	e important non-protocol interver	ntions balanced across intervention groups?	NA	
Bias due to deviations from intended interventions	2.4. [If applicable:] Were there failures in implen	nenting the intervention that could	d have affected the outcome?	PN	Drop out rates were similar across groups
	2.5. [If applicable:] Was there non-adherence to	the assigned intervention regime	en that could have affected participants' outcomes?	PN	Drop out rates were similar across groups
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5:	Was an appropriate analysis use	d to estimate the effect of adhering to the intervention?	NA	
	Risk of bias judgement			Low	
	3.1 Were data for this outcome available for all,	or nearly all, participants randon	nized?	Y	Data analyzed using miTT and per-protocol and similar results were found
	3.2 If N/PN/NI to 3.1: Is there evidence that resi	ult was not biased by missing out	tcome data?	NA	11010.100110
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the out	come depend on its true value?		NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness	s in the outcome depended on its	true value?	NA	
	Risk of bias judgement			Low	
	4.1 Was the method of measuring the outcome	inappropriate?		N	DB-RCT and the protocol and method of assessment were pre- specified
	4.2 Could measurement or ascertainment of the	outcome have differed between	intervention groups?	PN	
Bias in measurement of	4.3 Were outcome assessors aware of the inter	vention received by study partici	pants?	N	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the	outcome have been influenced by	y knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment	of the outcome was influenced l	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analoutcome data were available for analysis?	ysed in accordance with a pre-sp	pecified analysis plan that was finalized before unblinded	Y	The protocol and method of analysis were published and no deviations occured
Bias in selection of the	5.2 multiple eligible outcome measurements	(e.g. scales, definitions, time poi	nts) within the outcome domain?	N	Change from baseline was defined a priori

reported result	5.3 multiple eligible analyses of the data?	N	Change from baseline only
	Risk of bias judgement	Low	
Overall bias	Risk of bias judgement	Low	

Unique ID	LVMI-Larsen	Study ID	LVMI-Larsen	Assessor	Ahmed
Ref or Label	3	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	Journal article(s)
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			Y	The unequal treatment assignment (19vs. 17 patients) was due
Bias arising from the	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			PY	to a pre-established computer-generated sequence equally balanced at 40 patients to account for dropouts.
randomization process	1.3 Did baseline differences between intervention grou	ps suggest a problem with the	randomization process?	N	
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned intervention during the trial?			PN	
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			PN	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			PN	Dropout rates were similar
Bias due to deviations from intended interventions	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			PN	Dropout rates were similar
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	Pill count showed good compliance
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			Y	ITT used
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or nea	rly all, participants randomized	?	Y	All 36 patients initially randomized were analysed
	3.2 If N/PN/NI to 3.1: Is there evidence that result was	not biased by missing outcome	e data?	NA	
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome	depend on its true value?		NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	outcome depended on its true	NA		
	Risk of bias judgement			Low	
	4.1 Was the method of measuring the outcome inappr	opriate?		N	
	4.2 Could measurement or ascertainment of the outco	me have differed between inter	vention groups?	PN	DB-RCT
Bias in measurement of	4.3 Were outcome assessors aware of the intervention	received by study participants	?	PN	DB-RCT
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outcom	e have been influenced by know	wledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	outcome was influenced by kno	owledge of intervention received?	NA	
	Risk of bias judgement			Low	

	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?	PY	a total of 36 patients were required to detect a relative WMI difference of 0.6 mL·mmHg·m-2·106 between the two treatment groups (a 2-sided ?? of 0.05 at 80% power) while allowing for 17% dropout. Data
reported result	5.2 multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?	N	
	5.3 multiple eligible analyses of the data?	N	
	Risk of bias judgement	Low	
Overall bias	Risk of bias judgement	Low	

Unique ID	LVMI-Sardu	Study ID	Sardu 2021	Assessor	Ahmed
Ref or Label	6	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			PY	The authors used a computer-generated randomization scheme, and the randomization was performed by calling the
Bias arising from the randomization process	1.2 Was the allocation sequence concealed until partici	pants were enrolled and assig	PY	IVRS. Finally, the medications were dispensed using bottle numbers assigned by the IVRS.	
	1.3 Did baseline differences between intervention group	os suggest a problem with the	randomization process?	N	
	Risk of bias judgement		Low		
	2.1 Were participants aware of their assigned intervent	ion during the trial?		PN	Double blinded
	2.2 Were carers and people delivering the interventions	s aware of participants' assign	PN	- Double billided	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were impor	tant non-protocol interventions	NA		
Bias due to deviations from intended interventions	2.4. [If applicable:] Were there failures in implementing	the intervention that could have	PN		
	2.5. [If applicable:] Was there non-adherence to the ass	signed intervention regimen th	PN		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an	appropriate analysis used to	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or near	ly all, participants randomized	1?	Y	All patients were analyzed
	3.2 If N/PN/NI to 3.1: Is there evidence that result was	not biased by missing outcome	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome d	lepend on its true value?	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	outcome depended on its true	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inappro	ppriate?		N	
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	The examination was performed at baseline and after 12 months, according to the American Society of Echocardiography recommendations
Bias in measurement of the outcome	4.3 Were outcome assessors aware of the intervention	received by study participants	N		
ano outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome	e have been influenced by kno	owledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	outcome was influenced by kn	nowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed in outcome data were available for analysis?	accordance with a pre-specifi	ied analysis plan that was finalized before unblinded	PY	

Bias in selection of the	5.2 multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?	N	
reported result	5.3 multiple eligible analyses of the data?	N	
	Risk of bias judgement	Low	
Overall bias	Risk of bias judgement	Low	

Unique ID	LVMI-Velázquez	Study ID	Velázquez 2015	Assessor	
Ref or Label	7	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	soc	Source	
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			PN	Nina in dinana d
Bias arising from the	1.2 Was the allocation sequence concealed until partic	cipants were enrolled and ass	NI	Not indicated	
randomization process	1.3 Did baseline differences between intervention grou	ips suggest a problem with th	PN	All were comparable	
	Risk of bias judgement		Some concerns		
	2.1 Were participants aware of their assigned interver	ition during the trial?		Y	
	2.2 Were carers and people delivering the intervention	ns aware of participants' assig	Y	No placebo	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were impo	ortant non-protocol intervention	Y		
Bias due to deviations from intended interventions	2.4. [If applicable:] Were there failures in implementing	g the intervention that could ha	PN		
nom mienaea miervemions	2.5. [If applicable:] Was there non-adherence to the a	ssigned intervention regimen t	that could have affected participants' outcomes?	PN	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was a	n appropriate analysis used to	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or nea	arly all, participants randomize	ed?	Y	
	3.2 If N/PN/NI to 3.1: Is there evidence that result was	not biased by missing outcor	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome	depend on its true value?	NA		
outcome data	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	outcome depended on its tru	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inapport	opriate?		N	
	4.2 Could measurement or ascertainment of the outco	me have differed between int	ervention groups?	N	No, objective measurment
Bias in measurement of	4.3 Were outcome assessors aware of the intervention	n received by study participan	nts?	PY	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outcom	ne have been influenced by kr	nowledge of intervention received?	N	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	outcome was influenced by k	knowledge of intervention received?	NA	1
	Risk of bias judgement		Low		
	5.1 Were the data that produced this result analysed i outcome data were available for analysis?	n accordance with a pre-spec	ified analysis plan that was finalized before unblinded	N	No specified protocol. However, no direct comparison between groups
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g. s	cales, definitions, time points)	within the outcome domain?	N	GIVUDS
reported result	5.3 multiple eligible analyses of the data?			N	

	Risk of bias judgement	Some concerns	
Overall bias	Risk of bias judgement	Some concerns	

Unique ID	LVMI-Ali	Study ID	Ali 2016	Assessor	Ahmed
Ref or Label	8	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	Journal article(s)
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			Y	Block randomization. Manufacturing and packaging including
Bias arising from the randomization process	1.2 Was the allocation sequence concealed until part	cipants were enrolled and ass	Y	blinding wasperformed by Stichting Apotheek Haagse Ziekenhuizen, DenHaag, the Netherlands, according to the Good Manufacturing Practice standards of the European Union	
randomization process	1.3 Did baseline differences between intervention gro	ups suggest a problem with the	N		
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interve	ntion during the trial?		PN	
	2.2 Were carers and people delivering the intervention	ns aware of participants' assi	PN	Double blinded randomized RCT	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were imp	ortant non-protocol intervention	NA		
Bias due to deviations from intended interventions	2.4. [If applicable:] Were there failures in implementing	g the intervention that could h	PN		
nom menaca mervemons	2.5. [If applicable:] Was there non-adherence to the a	ssigned intervention regimen	PN		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was	an appropriate analysis used t	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or ne	arly all, participants randomiz	N	A total of 380 patients were randomized. However, only ~140 completed the study.	
	3.2 If N/PN/NI to 3.1: Is there evidence that result wa	s not biased by missing outco	PN	LVEF values were imputed in the original study and results did not differ	
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome	depend on its true value?	PN	Double blinded and missing proportions were similar across	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in th	e outcome depended on its tr	rue value?	NA	groups. Reasons for missingness were also indicated
	Risk of bias judgement			Low	
	4.1 Was the method of measuring the outcome inapp	ropriate?		N	Echocardiography
	4.2 Could measurement or ascertainment of the outc	ome have differed between in	ntervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervention	on received by study participa	ints?	PN	Double blinding but unblinding date not stated
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced by k	nowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	e outcome was influenced by	NA		
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed outcome data were available for analysis?	in accordance with a pre-spec	cified analysis plan that was finalized before unblinded	Y	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g.	scales, definitions, time points	s) within the outcome domain?	N	
	i selection of the				

reported result	5.3 multiple eligible analyses of the data?	N	
	Risk of bias judgement	Low	
Overall bias	Risk of bias judgement	Low	

Unique ID	LVMI-Wong	Study ID	Wong 2012	Assessor	Ahmed
Ref or Label	9	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	
Outcome	LVEF	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			Y	pre-established computer-generated sequence from study drug
Bias arising from the	1.2 Was the allocation sequence concealed until pa	articipants were enrolled and a	ssigned to interventions?	PY	provider
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem with	the randomization process?	N	Some differences were observed but possibly due to chance
	Risk of bias judgement		Low		
	2.1 Were participants aware of their assigned inter	vention during the trial?	N		
	2.2 Were carers and people delivering the interven	tions aware of participants' as	PN		
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were in	nportant non-protocol interven	NA		
Bias due to deviations from intended interventions	2.4. [If applicable:] Were there failures in implemen	ting the intervention that could	PN		
from intended interventions	2.5. [If applicable:] Was there non-adherence to the	assigned intervention regime	n that could have affected participants' outcomes?	PN	five patients discontinued due to GIT adverse effects
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Wa	s an appropriate analysis used	to estimate the effect of adhering to the intervention?	NA	
	Risk of bias judgement			Low	
	3.1 Were data for this outcome available for all, or	nearly all, participants random	ized?	Y	36/39 in metformin and 22/23 in placebo
	3.2 If N/PN/NI to 3.1: Is there evidence that result v	vas not biased by missing out	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcor	ne depend on its true value?	NA		
outcome data	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in	the outcome depended on its	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome ina	ppropriate?		N	
	4.2 Could measurement or ascertainment of the ou	tcome have differed between	intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the interver	ntion received by study particip	ants?	PN	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outo	come have been influenced by	knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of	the outcome was influenced b	NA		
	Risk of bias judgement		Low		
	5.1 Were the data that produced this result analyse outcome data were available for analysis?	d in accordance with a pre-sp	ecified analysis plan that was finalized before unblinded	Y	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time poin	ts) within the outcome domain?	N	
reported result	5.3 multiple eligible analyses of the data?			N	

	Risk of bias judgement	Low	
Overall bias	Risk of bias judgement	Low	

Unique ID	LVMI-Gupta	Study ID	Gupta 2020	Assessor	Ahmed
Ref or Label	EVIIII Gupta	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	soc	Source	Journal article(s)
Outcome	LVEF	Results		Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Random numbers Table and no method of concealment
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			PN	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			PN	Baseline balanced across groups but some differences were observed in gender, eGFR and HR
	Risk of bias judgement			Some concerns	
	2.1 Were participants aware of their assigned intervention during the trial?			Y	No placebo
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			Y	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			PY	
Bias due to deviations from intended interventions	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			PN	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			NI	All patients probably adhered to meds
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			N	
	Risk of bias judgement			High	
	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	Only 5 patients were excluded
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in	the outcome depended on its t	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inappropriate?			PN	
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	Echocardiography is objective
Bias in measurement of	4.3 Were outcome assessors aware of the intervention received by study participants?			Y	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			N	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PN	No pre-defined plan and the study was retrospectively registered on clinical trials.gov
Bias in selection of the reported result	5.2 multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 multiple eligible analyses of the data?			N	

	Risk of bias judgement	Some concerns	
Overall bias	Risk of bias judgement	High	