Table E-1. Comparative studies

Author, year, PMID, country, trial name	Study Design, study start date	Funding source/Conflict of interest	Duration of Intervention/ duration of washout period	Eligibility Criteria	Study Population
Baxheinrich, 2012, 22894911, Germany	Trial: Randomized Parallel, 2010 (approx.)	Industry funded/No conflict of interest (explicitly stated)	6 months	To be enrolled in the study, subjects had to meet the diagnosis criteria of the metabolic syndrome according to the definition of the International Diabetes Federation (Table 1). Exclusion criteria were CVD, severe illnesses such as renal failure or liver disease, food allergy or intolerance, pregnancy or lactation, smoking, alcohol abuse and insulin therapy or severe diabetic complications in case of diagnosed type 2 diabetes mellitus.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*

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Bosch, 2012, 22686415, Canada, ORIGIN	Trial: Randomized Factorial Design, 2003	Industry funded	2 years	At least 50 years old; a diagnosis of diabetes with receipt of no more than one oral glucose-lowering drug, impaired glucose tolerance (plasma glucose level at 2 hours, =7.8 mM [140 mg per deciliter] and <11.1 mM [200 mg per deciliter] after a 75-g oral glucose load), or impaired fasting glucose (range, =6.1 mM [110 mg per deciliter] to <7.0 mM [126 mg per deciliter]); a history of myocardial infarction, stroke, or revascularization; angina with documented ischemia; a ratio of urinary albumin to creatinine of more than 30 mg per gram; left ventricular hypertrophy; 50% or more stenosis of a coronary, carotid, or lower-limb artery on angiography; or an ankle brachial index of less than 0.9. Participants were excluded if they were unwilling to discontinue use of a nonstudy preparation of n 3 fatty acids, had a locally measured glycated hemoglobin level of 9% or more, had undergone coronary-artery bypass grafting within the previous 4 years with no intervening cardiovascular event, had severe heart failure, or had a cancer that might affect survival.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*; Hypertension; Cardiac disease; Cerebrovascular disease; Peripheral vascular disease; Arrhythmia

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Brinton, 2013, 23835245, US, ANCHOR	Trial: Randomized Parallel	Industry funded	12 weeks	>18 years of age at high risk for CVD (patients with clinical coronary heart disease [CHD] or CHD risk equivalents [10-year risk 20%]) as defined by the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) guidelines. On stable statin therapy (atorvastatin, rosuvastatin, or simvastatin with or without ezetimibe) for 4 weeks at doses expected to produce "optimal" LDLC levels for high-risk patients (40 and <100 mg/dL). Patients who had A1c >9.5% or were being treated with antidiabetes medication that had not been stable for 4 weeks at screening were excluded from the ANCHOR study.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease)
Brouwer, 2006, 16772624, Germany, Netherlands, Sweden, UK, Poland, Czech Republic, Belgium, Austria, SOFA trial	Trial: Randomized Parallel, 2001	No industry relationship reported (funding or affiliations reported)/No Data regarding conflict of interest	12 months	Men and women >=18 years old, experienced at least 1 true, confirmed, spontaneous VT or VF in the preceding year, and either had and ICD or were about to receive one. Exclusion: receipt of an ICD for prophylactic reasons; ICD as a "bridge" to heart transplantation; refractory supraventricular arrhythmia with rapid ventricular rates despite antiarrhythmic therapy; a projected life span of <1 year; use of supplemental omega-3 PUFA during the past 3 months or consumption >8g of omega-3 PUFAs from fish or seafood per month (267 mg/d) as judged by a seafood FFQ; pregnant women; women of childbearing age who did not use adequate contraception, and patients with a known history of recent drug or alcohol abuse.. excluded patients with high baseline omega-3 intake from supplements and/or foods	Secondary Prevention (history of CVD event): Arrhythmia (at least 1 true, confirmed, spontaneous VT or VF in the preceding year, and either had and ICD or were about to receive one.)

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Burr, 2003, 12571649, UK, DART2	Trial: Randomized Factorial Design, 1990	Industry only donated materials (eg, supplements)	9 years	Men <70 y/o who were being treated for angina. The following subjects were excluded from the trial: men who denied ever having exertional chest pain or discomfort (except for men who never hurried whose pain was brought on by stress); men awaiting coronary artery by-pass surgery; men who already ate oily fish twice a week; men who could not tolerate oily fish or fish oil; men who appeared to be unsuitable on other grounds (eg other serious illness, likelihood of moving out of the area).	Secondary Prevention (history of CVD event): Cardiac disease (Angina)
Burr, 1989, 2571009, UK	Trial: Randomized Factorial Design, 1987 (approx.)	Industry only donated materials (eg, supplements)	2 years	The subjects were men under 70 years of age, admitted to 21 hospitals with a diagnosis of acute MI according to World Health Organization criteria. Diabetic patients, men awaiting cardiac surgery, and men who already intended to eat one of the intervention diets were excluded.	Secondary Prevention (history of CVD event): Cardiac disease (Previous MI)
Carrepeiro, 2011, 21561620, Brazil	Trial: Randomized cross-over within subgroups based on existing statin use, 2008 (approx.)	No industry relationship reported (funding or affiliations reported)	6 weeks/90 days	Female, generally healthy, 40-80 y/o. Controlled or absent cholesterolemia and hypertension, absent or moderate alcohol consumption. Exclude DM, CV intervention, kidney failure, HRT, dietary supplements w/in 6 mo.	Primary Prevention, Healthy
Carter, 2012, 22707560, US	Trial: Randomized Parallel, 2010 (approx.)	No industry relationship reported (funding or affiliations reported)	8 weeks	Normotensive (resting systolic pressure < 120 mmHg and diastolic pressure <80 mmHg) and prehypertensive (resting systolic pressure of 120-139 mmHg and.or a diastolic pressure of 80-89 mmHg. Exclusion criteria included smoking, diabetes, hypertension, autonomic dysfunction, and use of blood pressure medication. Subjects confirmed they had not been taking any omega-3 fatty acid supplements for >= 2 mo before start of study.	Primary Prevention, Healthy

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Caslake, 2008, 18779276, UK, FINGEN	Trial: Randomized Cross-over, 2003	Industry funded/Conflict of interest stated (CMW is a consultant to Pepsico UK and Unilever Plc. PCC is a consultant to Equazen, Royal Dutch Numico, and Mead Johnson Nutritionals and accepts speaking fees from Solvay Healthcare, Solvay Pharmaceuticals, B Braun Melsungen, and Fresenius Kabi. None of the other authors had a personal or financial conflict of interest.)	three 8-weeks intervention period separated by two 12-weeks washout periods/12 weeks	The volunteers were generally fit and healthy. Exclusion criteria for participation in the study were diagnosed diabetes or fasting glucose concentrations of >6.5 mmol/L; liver or other endocrine dysfunction; a myocardial infarction in the previous 2 y; hypolipidemic therapy or any other medication known to interfere with lipid metabolism; consumption of FA supplements or oily fish >1 time/wk; current use of a weight-reducing diet; body mass index (in kg/m2) of <18.5 or >30; or fasting total cholesterol (TC) and TAG concentrations of >8.0 and 3.0 mmol/L, respectively.	Primary Prevention, Healthy
Damsgaard, 2008, 18492834, Denmark	Trial: Randomized Factorial Design, 2005	Industry only donated materials (eg, supplements)/No conflict of interest (explicitly stated)	8 weeks	Healthy males, aged 18-40 y, with no chronic diseases, no regular medication, and no strong allergies who were smoking <5 cigarettes/week, exercising strenuously <7 h/wk, eating homemade meals >5 d/wk, and consumed butter/margarine/or oil daily.	Primary Prevention, Healthy

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Derosa, 2009, 19397392, Italy	Trial: Randomized Parallel	Industry only donated materials (eg, supplements)/No conflict of interest (explicitly stated)	6 months	Caucasian patients aged 18 years of either sex were eligible for inclusion in the study if they had combined dyslipidemia (defined by the International Lipid Information Bureau), identified by total cholesterol (TC) > 200 mg/dl and triglycerides (Tg) > 200 mg/dl, and who had never previously taken lipid-lowering medications. Patients were excluded if they had a genetic condition affecting lipid metabolism (e.g., familial hypercholesterolemia, type III hyperlipidemia, LPL deficiency, etc.); a history of microalbuminuria or nephrotic syndrome; an impaired hepatic function (defined as plasma aminotransferase and/or -glutamyltransferase level higher than the upper limit of normal for age and sex); an impaired renal function (defined as serum creatinine level higher than the upper limit of normal for age and sex); thyroid diseases; endocrine or metabolic disease; a history of alcohol or drug abuse; a neoplastic, infectious or autoimmune disease; poor mental condition or if they were taking any other drug that was able to influence lipid metabolism. Patients with serious cardiovascular disease (e.g., New York Heart Association class I IV congestive heart failure or a history of myocardial infarction or stroke) or cerebrovascular conditions in 6 months before study enrollment were also excluded.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (total cholesterol (TC) > 200 mg/dl and triglycerides (Tg) > 200 mg/dl)

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Earnest, 2012, 22811376, US	Trial: Randomized Parallel, 2009 (approx.)	No Data on funding or affiliations	12 weeks	Inclusion criteria for this study necessitated that participants have a HCY concentration > 8.0 mmol/L. We excluded pregnant or lactating women from participation. Postmenopausal women both on and off hormone replacement therapy were accepted into the trial. We asked those on hormone replacement therapy to remain on their current medication and dosage schedule and notify us if the regimen was changed. Participants currently on standard medical therapy (for conditions such as hypertension, hypercholesterolemia, diabetes, arthritis, or other chronic diseases) were allowed to enter the study if they had been taking any medications for at least 6 months and agreed to remain on their current therapy during the trial.	Primary Prevention, Healthy; Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*; Hypertension; Dyslipidemia
Ebrahimi, 2009, 19593941, Iran	Trial: Randomized Parallel, 2007 (approx.)	No industry relationship reported (funding or affiliations reported)	6 months	People with metabolic syndrome but who had not previously taken n-3 fatty acid capsules or other nutritional supplements. People who were <40 or >70 years old were excluded from the study.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*

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Einvik, 2010, 20389249, Norway, DOIT	Trial: Randomized Factorial Design, 1997	No industry relationship reported (funding or affiliations reported)/No Data regarding conflict of interest	3 years	The basis for recruitment in the DOIT was the 910 survivors from a population of 1232 healthy men with hypercholesterolemia (> 6.45 mmol/l) participating in the Oslo Diet and Antismoking Study, carried out from 1972 to 1977. Exclusion factors in the DOIT were: total cholesterol greater than 8mmol/l, blood pressure levels greater than 170/100mmHg, specific disease states or practical causes thought to influence longevity, or compliance (cancer, end-stage renal failure, chronic alcoholism or travel distance>200km). A total of 82 individuals were excluded and 10 individuals were unwilling to participate.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (hypercholesterolemia (> 6.45 mmol/l)
Eritsland, 1996, 8540453, Norway, SHOT	Trial: Randomized Factorial Design, 1989	Industry funded/No Data regarding conflict of interest	1 year	Consecutive patients admitted for coronary artery bypass grafting without concomitant cardiac surgery, such as valve implantation or aneurysmectomy. Exclusion criteria: medical contraindications to any of the treatment principles (n = 109), refused participation (n = 57), early (~2 days) perioperative death (n = 13) or complications (n = 32), presumed lack of compliance (n = 29), indication for anticoagulation (n = 27), and administrative reasons (n = 38).	Secondary Prevention (history of CVD event): Cardiac disease (coronary artery bypass grafting without concomitant cardiac surgery)

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Finnegan, 2003, 12663273, UK	Trial: Randomized Parallel, 1998	Industry funded/No Data regarding conflict of interest	6 months	Moderately hyperlipidemic but otherwise healthy adults aged 25-72 y. Exclusion criteria for participation in the study were evidence of cardiovascular disease, including angina; diagnosed diabetes or a fasting glucose concentration > 6.5 mmol/L; liver or other endocrine dysfunction; pregnancy or lactation; smoking > 15 cigarettes/d; exercising strenuously > 3 times/wk; body mass index (in kg/m2) < 20 or > 32; and a hemoglobin concentration < 130 g/L in men or 120 g/L in women. Individuals who were prescribed hypolipidemic or antiinflammatory medication, took fatty acid or antioxidant supplements regularly, or consumed > 2 portions of oily fish/wk were excluded. Vegetarians and nonconsumers of margarine were also excluded. Moderate hyperlipidemia was defined as a fasting total cholesterol concentration between 4.6 and 8.0 mmol/L and a triacylglycerol concentration between 0.8 and 3.2 mmol/L.	Primary Prevention, Healthy: Dyslipidemia
Galan, 2010, 21115589, France, SU.FOL.OM3	Trial: Randomized Parallel, 2003	Industry funded	Median 4.7 years (mean 4.2, SD 1.0)	History of CVD (acute coronary event, including ACS, or cerebral ischemic event, excluding TIA, within 12 mo), 45-80 y. Exclude disease or treatment that might interfere with metabolism of homocysteine or n-3 FA (eg, methotrexate), SCr >200 mcmol/L, CrCl <40 ml/min.	Secondary Prevention (history of CVD event): Cardiac disease (Coronary event w/in 12 mo, including MI, ACS or suspected ACS); Cerebrovascular disease (CVA (not TIA))

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Grieger, 2014, 24454276, Australia	Trial: Randomized Parallel, 2011	Industry funded/No conflict of interest (explicitly stated)	8 weeks	Community dwelling men and women >= 64 years of age, Inclusion criteria were: BMI >= 18.5 kg/m2 usual consumption of <=1 serving of fish/seafood per week, willing to consume eight servings of fish or red meat per fortnight. Exclusion criteria were: allergies to fish/seafood, vegetarian, intake of lipid-lowering medications; intake of lipid-lowering supplements (e.g. psyllium, fish oil capsules, soy lecithin, phytoestrogens or to cease 3 weeks prior to study commencement), use of anti-inflammatory medications on a regular basis or if experiencing an acute episode within 1 week of the screening visit, presence of diabetes, liver, kidney, thyroid diseases (unless controlled and stable on replacement medication), presence of other endocrine disorders from self-reported medical history, weight loss or gain of 10% body weight in the prior 6 months, or clinically diagnosed depression or dementia..	Primary Prevention, Healthy
Grimsgaard, 1998, 9665096, Norway	Trial: Randomized Parallel, 1993	No Data on funding or affiliations/No Data regarding conflict of interest	2 months	They reported being healthy nonsmokers, did not use non-prescribed or prescribed drugs, and consumed less than four fish dishes per week in their usual diet. They also had serum cholesterol concentrations < 8.0 mmol/L, diastolic blood pressure < 95 mm Hg, and systolic blood pressure < 160 mm Hg.	Primary Prevention, Healthy

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Harrison, 2004, 15853118, UK	Trial: Randomized Factorial Design, 2001	Industry only donated materials (eg, supplements)	5 weeks	Men and women aged 45-59 with a total serum cholesterol >=5.7mmol/l or a mean SBP >= 130 mmHg or both. Exclusions: Those taking existing medications for blood pressure or cholesterol. Participants randomly selected from 12 general practices on the Islands of Lewis and Harris, whose inhabitants have high cholesterol.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Hypertension (SBP >= 130 mmHg); Dyslipidemia (Total cholesterol >= 5.7 mmol/l)
Holman, 2009, 19002433, UK, AFORRD	Trial: Randomized Factorial Design, 2004	Industry funded	4 months	Patients with type 2 diabetes for at least 3 months, aged 18 years, with no known CVD events, and not thought by their general practitioner to be at high enough CVD risk to require immediate lipid-lowering therapy.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*

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Jones, 2014, 24829493, Canada, COMIT	Trial: Randomized Cross-over, 2010	Industry funded/Conflict of interest stated (All authors report having received grants and funding from food companies)	4 weeks/4 weeks	Inclusion: any of the following: triglyceride level (TG) 1.7 mmol/L, high density lipoprotein cholesterol level (HDL) <1 mmol/L (males) or <1.3 mmol/L (females), blood pressure 130 mmHg (systolic) and/or 85 mmHg (diastolic) and glucose level 5.5 mmol/L, waist circumference 94 cm for men and 80 cm for women. Exclusion: thyroid disease (unless controlled by medication), diabetes mellitus, kidney disease, liver disease, current smokers, or those consuming more than two alcoholic drinks per week, or medications known to affect lipid metabolism or endothelial function (including aspirin or other non-steroidal anti-inflammatory drugs), cholestyramine, colestipol, niacin, clofibrate, gemfibrozil, probucol, or 3-hydroxy-3-methyl-glutaryl-CoA (HMG-CoA) reductase inhibitors.. At the beginning of the study, the Adult Treatment Panel III (ATP III) metabolic syndrome criteria for waist circumference (>102 cm for men and >88 cm for women) were followed [28]. As the trial progressed, the International Diabetes Federation (IDF) metabolic syndrome criteria for waist circumference (94 cm for men and 80 cm for women) were adopted to identify individuals in the initial stages of abdominal obesity who might benefit from dietary intervention.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Hypertension (blood pressure 130 mmHg (systolic) and/or 85 mmHg (diastolic)); Dyslipidemia (TG 1.7 mmol/L, HDL <1 mmol/L (males) or <1.3 mmol/L (females)); Obesity/Overweight (waist circumference 94 cm for men and 80 cm for women); Other (glucose level 5.5 mmol/L)

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Kastelein, 2014, 24528690, US, Denmark, Netherlands, India, Hungary, Ukraine, Russia, EVOLVE	Trial: Randomized Parallel, 2011	Industry funded/Conflict of interest stated (The authors acknowledge that they have either received research grant funding from, or are employees of, or have ownership in Omthera Pharmaceuticals, Inc, the manufacturer of the product studied. The relationship of authors Dr Kastelein, Mr Machielse, Mr Kling, and Dr Davidson to Omthera are considered significant according to the definitions used by the Food and Drug Administration. The following authors further disclose that they have other modest relationships with industry that might pose a potential conflict of interest(s): Dr Kastelein (Amarin), Dr Maki (Abbott, Amarin, DSM, GSK, Pharmavite, Trygg Pharma), Dr Susekov (Abbott, Actavis, Amarin, Amgen, AstraZeneca, Gedeon-Richter, Genzyme, KRKA, Merck, Novartis, Pfizer, Promed,	12 weeks	Participants included men and women (nonpregnant, nonlactating) >=18 years of age with average serum TG concentrations >=500 mg/dL but <2000 mg/dL at screening (1 and 2 weeks before random assignment) who were either untreated for dyslipidemia or were using a stable (for at least 6 weeks before the first qualifying lipid measurement) dosage of a statin, CAI, or their combination. Subjects were also required to have a body mass index (calculated as weight divided by height squared; kg/m2) >=20 and be willing to maintain their customary activity level, follow the TLC diet with weight maintenance, and restrict their consumption of fish to no more than twice per week throughout the study. Persons with known lipoprotein lipase impairment or deficiency, apolipoprotein (Apo) CII deficiency, or familial dysbetalipoproteinemia were excluded from the study, as were persons with a history of pancreatitis, symptomatic gallstone disease (unless treated with cholecystectomy), uncontrolled diabetes (glycosylated hemoglobin $9%), or cancer in the past 2 years (basal cell carcinoma was not exclusionary). Persons with a recent history (past 6 months) of a cardiovascular event (ie, myocardial infarction, acute coronary syndrome, new onset angina, stroke, transient ischemic attack, or unstable congestive heart failure that required a change in treatment); revascularization procedure; aortic aneurysm; nephrotic syndrome; or pulmonary, hepatic, biliary, gastrointestinal, or immunologic disease were also excluded. Persons with uncontrolled hypothyroidism, thyroid-stimulating hormone >5 mIU/L, or poorly controlled hypertension (resting blood pressure >=160 mm Hg systolic or >=100 mm Hg diastolic) at 2	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (average serum TG concentrations 500-2000 mg/dL); Obesity/Overweight (body mass index >=20)

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Kromhout, 2010, 20929341, Netherlands, DART	Trial: Randomized Factorial Design, 2002	Industry only donated materials (eg, supplements)/No conflict of interest (explicitly stated)	40 months	Men and women 60 to 80 years of age, who had had a clinical diagnosed MI up to 10 years before randomization. Exclusion criteria: daily consumption of <10 10 g of margarine, use of n-3 fatty-acid supplements, unintended weight loss of >5 kg in the previous year, and a diagnosis of cancer with an estimated life expectancy of <1 year.	Secondary Prevention (history of CVD event): Cardiac disease (myocardial infarction)
Kuhnt 2014, 24553695, Germany	Trial: Randomized Parallel, 2011	No conflict of interest (explicitly stated)	8 weeks	Normolipidemic and normal-weight (BMI 18-25) individuals were recruited for 2 age groups: group I, 20-35 y; and group II 49-69 y. Older overweight individuals were recruited for echium oil (EO) intervention only (49-69 y; BMI >25 with markers of metabolic syndrome or BMI >= 30). Patients with markers of metabolic syndrome were mainly enlisted from the diabetes research center. This subgroup - EO III (older overweight individuals who were recruited for echium oil intervention only; 49-69 y; BMI >25 with markers of metabolic syndrome) was not included in this systematic review.	Primary Prevention, Healthy
Leaf, 2005, 16267249, US	Trial: Randomized Parallel, 1999	Industry only donated materials (eg, supplements)/No Data regarding conflict of interest	1 year	Subjects were included who had an ICD implanted because of a history of cardiac arrest, sustained ventricular tachycardia (VT), or syncope with inducible, sustained VT or ventricular fibrillation (VF) during electrophysiologic studies. The qualifying ICD implantation was required to have occurred within 12 months before entry into the study or if the patient had experienced at least 1 spontaneous ICD event for VT/VF in the preceding 12 months.. -	Secondary Prevention (history of CVD event): Arrhythmia (ICD implanted)

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Liu, 2003, no PMID, Sweden	Trial: Randomized Parallel, 2001 (approx.)	No Data on funding or affiliations	12 weeks	Patients with hyperlipidemia, fasting TC>6.2 mmol/L and/or fasting TG>1.8 mmol/L, were studied. The subjects had their first diagnosis of hyperlipidemia. Subjects with previously known lipid changes undergoing treatment were excluded, as well as subjects with allergy to statins, or with diabetes mellitus, liver, or renal disease, or other diseases that might influence lipid metabolism, and pregnant women. Participation in another drug study during the last month, and treatment with antimycotic drugs or antibiotics that might interfere with the effects of statins, or with other drugs that may influence lipid metabolism, were further reasons for exclusion. Patients with cancer or other serious diseases were also excluded. Subjects with obesity, high BMI, high blood pressure or insulin resistance were not excluded.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (fasting TC>6.2 mmol/L and/or fasting TG>1.8 mmol/L)
Lungershausen, 1994, 7852747, Australia	Trial: Randomized Cross-over, 1992 (approx.)	Industry only donated materials (eg, supplements)	6 weeks/4-6 weeks	Volunteers with uncomplicated essential hypertension controlled by monotherapy with a beta-blocker or diuretic, or a combination of the two. Excluded if with history of unstable heart, renal, or liver disease, or with DBP >105mmHg, consumed more than 20 cigs or 40g EtOH per day, or exercised erratically. Any variation in antihypertensive drug therapy would necessitate withdrawal of the individual from the study.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Hypertension (Treated for hypertension, on medication)

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Macchia, 2013, 23265344, Italy, Argentina, FORWARD	Trial: Randomized Parallel, 2008	Industry funded/No conflict of interest (explicitly stated)	12 months	Patients with previous persistent AF (>=2 symptomatic episodes of documented AF in the 6 months before randomization, with last episode occurring within 3 to 90 days before randomization (paroxysmal AF); or successful electrical or pharmacological cardioversion for persistent AF performed within 3 to 28 days before randomization.	Secondary Prevention (history of CVD event): Arrhythmia

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Maki, 2010, 20451686, US, COMBOS	Trial: Randomized Parallel, 2005	Industry funded	8 weeks	Eligible patients were men or women between the ages of 18 and 79 years who had been receiving a stable dose of a statin for the control of LDL-C levels for =>8 weeks before screening and were judged to be in good health on the basis of a medical history, physical examination, electrocardiogram, and laboratory tests, including serum chemistry, hematology, and urinalysis. Major inclusion criteria included a mean fasting TG level >=200 and <500 mg/dL, and a mean LDL-C level below or within 10% of the patient's NCEP ATPIII goal. Major exclusion criteria included poorly controlled diabetes mellitus (glycosylated hemoglobin [HbAlc] >8.0% at screening); history of a cardiovascular event, a revascularization procedure, or an aortic aneurysm or resection within 6 months of screening; history of pancreatitis; sensitivity to statins or omega-3 fatty acids; poorly controlled hypertension (resting blood pressure =>160 mm Hg systolic and/or =>100 mm Hg diastolic at 2 consecutive visits); serum creatinine level =>2.0 mg/dL; serum transaminase (aspartate aminotransferase lAST] or alanine aminotransferase [ALT]) >1.5 times the upper limit of normal (ULN) (45 U/L for ALT, 31 U/L for AST); or creatine kinase (CK) level >2 times the ULN.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (mean fasting TG level _>200 and <500 mg/dL, and a mean LDL-C level below or within 10% of the patient's NCEP ATP III goal.)

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Maki, 2013, 23998969, US, ESPRIT TRIAL	Trial: Randomized Parallel, 2011	Industry funded	6 weeks	Participants included men and non pregnant, nonlactating women 18 years of age with fasting triglyceride (TG) levels 200 mg/dL and <500 mg/dL(after 4 weeks of the statin/diet lead-in) and at high risk for a future cardiovascular event.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia ((TG) levels 200 mg/dL and <500 mg/dL)
Marchioli, 2002, 11997274, Italy, GISSI-Prevention	Trial: Randomized Factorial Design, 1993	No Data on funding or affiliations	3.5 years	Patients surviving recent (< 3 months) myocardial infarction. Patients with no contraindications to supplements, provide written consent, have no unfavorable short-term outlook	Secondary Prevention (history of CVD event): Other (myocardial infarction)
Natvig, 1968, 5756076, Norway, The Norwegian Vegetable Oil Experiment of 1965-66	Trial: Randomized Parallel, 1965	Industry funded	1 year	Eligibility: male patients of industrial physicians working part time in Norway. Exclusion criteria: none.	Primary Prevention, Healthy
Nilsen, 2001, 11451717, Norway	Trial: Randomized Parallel, 1995	No Data on funding or affiliations/No Data regarding conflict of interest	6 weeks	Eligibility was based on 1) verified MI by World Health Organization criteria (29), 2) age > 18 y, 3) discontinuation of a regular supplementation of other fish-oil products, and 4) signed informed consent. Exclusion criteria consisted of 1) assumed noncompliance to protocol; 2) expected survival <2 y because of severe heart failure (New York Heart Association class IV), malignancy, or other reasons; 3) ongoing gastrointestinal bleeding or verified stomach ulcer; 4) thrombocytopenia or blood platelets <100 x10^9 /L; 5) liver insufficiency; 6) participation in any other study; and 7) residence outside the recruitment area of this study. All patients were included between the fourth and the eighth day after an acute MI	Secondary Prevention (history of CVD event): Other (MI)

Author, year, PMID, country, trial name	Study Design, study start date	Funding source/Conflict of interest	Duration of Intervention/ duration of washout period	Eligibility Criteria	Study Population
Nodari, 2011, 21844082, Italy	Trial: Randomized Parallel, 2006	No industry relationship reported (funding or affiliations reported)	1 year	Eligibility was determined at a screening visit that included medical history, physical examination, 12-lead ECG, chest x-ray, and 2-dimensional Doppler echocardiography, plus complete blood count, routine chemistry, thyroid function tests, and pregnancy test in fertile women.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Arrhythmia
Nodari, 2011, 21215550, Italy	Trial: Randomized Parallel, 2007	No Data on funding or affiliations/No Data regarding conflict of interest	12 months	Patients aged between 18 and 75 years with a diagnosis of NICM, LV systolic dysfunction (defined as an EF 45%), and stable clinical conditions with minimal or no symptoms for at least 3 months on evidence-based medical treatment at maximum tolerated target doses for at least 6 months were considered eligible for the study. The following criteria were grounds for exclusion: presence of symptoms or evidence of coronary artery disease diagnosed through noninvasive tests, peripheral arterial disease, presence of congenital or primary valvular heart disease, persistent atrial fibrillation, inability to perform bicycle ergometry for noncardiac causes, moderately to severely reduced functional capacity, NYHA functional class IV, poor acoustic windows limiting the ability to assess echocardiographic measurements, chronic lung disease, advanced renal disease (estimated glomerular filtration rate [eGFR] <= 30 ml/min/1.73 m^2), advanced liver disease; any disease limiting life expectancy to <=1 year, contraindications to study drugs, and concomitant participation in other research studies.	Secondary Prevention (history of CVD event): Other (mild and moderate heart failure (HF) due to nonischemic dilated cardiomyopathy (NICM))

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Oh, 2014, 25147070, Korea	Trial: Randomized Parallel	No industry relationship reported (funding or affiliations reported)/No conflict of interest (explicitly stated)	2 months	We recruited patients from a primary care setting in the Vascular Medicine and Atherosclerosis Unit, Cardiology, Gil Medical Center, Gachon University. We excluded patients with moderate or severe hypertension, uncontrolled diabetes (HbA1c N 9%), nephrotic syndrome, hypothyroidism, coronary artery disease, or peripheral vascular disease. No patient had taken any cholesterol-lowering agent, hormone replacement therapy, or antioxidant vitamin supplements during the 2 months preceding study enrollment.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (hypertriglyceridemia)
Olano-Martin, 2010, 19748619, UK	Trial: Randomized Cross-over, 2007 (approx.)	Industry funded/No Data regarding conflict of interest	3*4 weeks intervention/10 weeks wash out	Inclusion criteria for participation were as follows: male, between 18 and 70 years old, body mass index (BMI) 18.5 32 kg/m2, plasma TG 1.0 4.0 mmol/l, plasma total cholesterol (TC) <8 mmol/l, fasting glucose <7 mmol/l, haemoglobin >11 g/dl, and an E3/E3 or E3/E4 genotype. Volunteers were excluded if they had been diagnosed with cardiovascular disease (CVD), diabetes, liver disease or any other endocrine disorder, were taking medication that would affect lipoprotein metabolism, were taking fish oil supplements or consumed more than one portion of oily fish per week, had restrictions on their diet, or were competitive athletes.	Primary Prevention, Healthy

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Pase, 2015, 25565485, Australia	Trial: Randomized Parallel, 2010	Industry funded//Conflict of Interest: Swisse Wellness Pty Ltd., funded this trial; The National Institute of Integrative Medicine, of which Professor Avni Sali is currently director, receives financial support from Swisse Wellness Pty Ltd. Andrew Pipingas and Avni Sali are currently members of the Scientific Advisory Panel for Swisse Wellness Pty Ltd. Aside from oversight of study design and provision of supplements, Swisse Wellness Pty Ltd. was not involved in any other aspects of the conduct of the trial, including analysis or interpretation of the trial findings.	16 weeks	Participants were eligible if they did not have a diagnosis of dementia, diabetes, neurological or psychiatric disease, or cardiovascular disease. Participants taking medications, cognitive-enhancing supplements, multivitamins, or fish oil supplements were excluded. Current smokers and those with a history of drug abuse (including alcohol) were also excluded.	Primary Prevention, Healthy

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Pieters, 2015, 25226826, Netherlands	Trial: Randomized Cross-over, 2011	Industry funded/ No conflict of interest (explicitly stated)	6 weeks/>= 2 weeks	Healthy, overweight or slightly obese subjects with a BMI between 25 and 35 kg/m2 and aged between 18 and 70 years, who participated in earlier studies at the department. Inclusion criteria were mean serum Tg <3.0 mmol/l, stable body weight (weight gain or loss <2 kg in the previous 3 months), no indications for treatment of hyperlipidemia, no use of medication or a diet known to affect serum lipid or glucose metabolism, no active CVD, no drug or alcohol abuse, no use of an investigational product within the previous 30 days and willing to sop the consumption of vitamin supplements, fish oil capsules, fatty fish and products rich in plant stanol or sterol esters 3 weeks before the start of the study.	Primary Prevention, Increased CVD Risk: Dyslipidemia, BMI 25-35 kg/m2
Raitt, 2005, 15956633, US	Trial: Randomized Parallel, 2001	No industry relationship reported (funding or affiliations reported)	718 days (median)	Patients were eligible for entry if they were receiving an implantable cardioverter defibrillator (ICD) for an electrocardiogram-documented episode of sustained ventricular tachycardia (VT) or ventricular fibrillation (VF) that was not the result of acute myocardial infarction or a reversible cause or who had a preexisting ICD and had received ICD therapy for an episode of electrogramdocumented VT/VF within the previous 3 months.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Arrhythmia

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Ras, 2014, 25122648, Sweden	Trial: Randomized Parallel, 2011	Industry funded/conflict of interest: Ras, Demonty, Zebregs, and Trautwein were employed by Unilever Research and Development at the time of study conduct. Unilever markets food products enriched with plant sterols.	4 weeks	Apparently healthy; aged 25–75 y; fasting TC concentration between 5 and 8 mmol/L; BMI between 18 and 30 kg/m2; systolic blood pressure >=160 mm Hg, diastolic blood pressure >=90 mm Hg and heart rate between 50 and 100 beats/min; no use of medication that could influence the study outcomes; no use of nicotine-containing products; 10-y cardiovascular disease risk >=10 according to the Systematic Coronary Risk Evaluation (SCORE); willing to comply with the study protocol; and having signed the informed and biobank consents	Primary Prevention, Healthy
Rasmussen, 2006, 16469978, Denmark, Finland, Italy, Sweden, Australia, KANWU	Trial: Randomized Parallel, 2009 (approx.)	No industry relationship reported (funding or affiliations reported)	3 months	Healthy, aged 30-65 years with normal or moderately increased body weight (BMI 22-32 kg/m^2). Subjects with impaired glucose tolerance but without diabetes included. Excluded if: specific eating habits due to culture/religion, high habitual physical activity, high alcohol intake (>40 g/day), hepatic/cardiac/thyroid/disabling diseases. Body weight during the past 3 mo should not have changed	Primary Prevention, Healthy
Rauch, 2010, 21060071, Germany, OMEGA	Trial: Randomized Parallel, 2003	Industry funded	1 YEAR	Minimum age of 18 who were admitted to hospital for acute STEMI or non-STEMI and gave written informed consent to participate in the study.	Secondary Prevention (history of CVD event): Cardiac disease (Myocardial infarction)

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Rodriguez-Leyva, 2013, 24126178, Canada, FlaxPAD	Trial: Randomized Parallel, 2008	Industry funded	6 months	Patients must be >40 years old, had PAD(peripheral artery disease) for > 6 months with ankle brachial index <0.9.. exclusion criteria: inability to walk, bowel disease, moderate to severe renal failure, life expectancy <2 years with high baseline cardiac risk, allergies to any ingredient in the study product, patients who plan to undergo surgery during the course of the trial, and no more than 2 fish meals per week	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Peripheral vascular disease (nd)
Roncaglioni, 2013, 23656645, Italy	Trial: Randomized Parallel, 2004	No Data on funding or affiliations/No Data regarding conflict of interest	median 5 years	Participants with at least one of the following: multiple cardiovascular risk factors, clinical evidence of atherosclerotic vascular disease, or any other condition putting the patient at high cardiovascular risk in opinion of patient's general practitioner. multiple cardiovascular risk factors defined as at least four of the following(or for diabetic patients, one of the following): age >65 years, male sex, hypertension, hypercholesterolemia, current smoker, obesity, family history cardiovascular disease	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease)
Sacks, 1994, 8021472, US, TOHP	Trial: Randomized Parallel, 1987	No industry relationship reported (funding or affiliations reported)/No Data regarding conflict of interest	6 months	Age 30-54 years, mean diastolic blood pressure <95 mmHg, serum cholesterol <26o mg/dl and non-fasting serum glucose <200 mg/dl.	Primary Prevention, Healthy

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Sacks, 1995, 7759696, US	Trial: Randomized Parallel, 1993 (approx.)	No industry relationship reported (funding or affiliations reported)/No Data regarding conflict of interest	2.4 years	Eligible patients had narrowing of =>30% lumen diameter of a major coronary artery, as shown by diagnostic coronary angiography at either Brigham and Women's or Beth Israel Hospitals, a total cholesterol concentration <250 mg/dl (6.43 mmol/liter) and triglyceride level <350 mg/dl (4.0 mmol/liter) and were between the ages of 30 and 75 years. Patients with congestive heart failure; liver, renal or serious gastrointestinal disease; insulin dependent diabetes mellitus; current cigarette smoking or alcohol intake >14 drinks/week were excluded.	Secondary Prevention (history of CVD event): Dyslipidemia (total cholesterol concentration <250 mg/dl (6.43 mmol/liter) and triglyceride level <350 mg/dl (4.0 mmol/liter)); Cardiac disease (narrowing of =>30% lumen diameter of a major coronary artery)
Sanders, 2011, 21865334, UK, MARINA trial	Trial: Randomized Parallel, 2008	Industry only donated materials (eg, supplements)/No conflict of interest (explicitly stated)	12 months	Nonsmokers (confirmed by cotinine testing) men and women aged 45 70 y. Exclusions: a medical history of CVD; overall risk of cardiovascular disease >20% over the next 10 y; cancer (excluding basal cell carcinoma) in the previous 5 y; type 1 DM; uncontrolled type 2 DM; chronic renal, liver, or inflammatory bowel disease; history of substance abuse or alcoholism; pregnancy; weight change of >3 kg in preceding 2 mo; and BMI <20 and >35.	Primary Prevention, Healthy

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Shaikh, 2014, 25185754, Canada	Trial: Randomized Parallel	No Data on funding or affiliations/No Data regarding conflict of interest	8 weeks	Male and female study subjects >=18 years of age, with one or more risk factor for CVD, were deemed eligible for study enrollment if their fasting whole blood OS levels were 6.1 % by weight of total blood fatty acid levels, and their serum TG was between 1.02 and 5.65 mmol/L. Subjects were excluded from the study if they refused to provide informed consent, had a known allergy to fish, were premenopausal women, were currently taking hormone replacement therapy (HR), lipid-altering medication or LC n-PUFA supplements, had a history of alcohol abuse, were medically ill, had a history of ventricular arrhythmia, bleeding or clotting disorder, liver or kidney disease, autoimmune disorder or suppressed immune systems, myopathy or rhabdomyolysis, seizure disorder, or had an implantable cardioverter defibrillator. Subjects on a stable statin medication for a minimum of three months were eligible to enroll.	Primary Prevention, Increased CVD Risk (Diabetes, Hypertension)
Shidfar, 2003, 12847992, Iran	Trial: Randomized Factorial Design, 2001 (approx.)	No industry relationship reported (funding or affiliations reported)	10 weeks	Entry criteria included a serum total cholesterol and triglyceride > 200 mg/dl; body mass index <30; and no recent symptomatic diabetes, thyroid, liver, or renal disease. Patients taking sex hormones, diuretics, thyroid medications, corticosteroids, anti-hypertensives, vitamin C, oral contraceptive agents, and any medications that might interfere with the evaluation of results were excluded.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (serum total cholesterol and triglyceride > 200 mg/dl)

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Sirtori, 1997, 9174486, Italy	Trial: Randomized Parallel, 1995 (approx.)	Industry funded/No Data regarding conflict of interest	6 month	The study protocol allowed the selection of patients of both sexes, males aged 45-75 y and females aged 55-80 y, with hyperlipoproteinemias type IIB or IV (23) associated with at least one additional risk factor: impaired glucose tolerance, NIDDM, or arterial hypertension. Patients with severe intercurrent ailments, kidney or renal disease, intestinal malabsorption, duodenal ulcer not responsive to therapy, obese individuals with a body mass index (in kg/m2) 30, as well as noncompliant or unreliable patients were excluded from the study. All patients with a history of vascular or nonvascular brain disease (including epilepsy and alcoholism), severe hyperlipidemia needing drug treatment, severe hypertension (DBP > 1 10 mm Hg, SBP > 180 mm Hg under antihypertensive treatment), myocardial infarction in the preceding 3 mo, or unstable angina were excluded.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*; Hypertension (Patients treated with antihypertensive drugs or who on more than one occasion in the past year had had a systolic blood pressure (SBP) 160 mm Hg, a diastolic blood pressure (DBP) 95 mm Hg, or both, independent of drug treatment, were considered to have arterial hypertension.); Dyslipidemia (Patients with significant and stable triacylglycerol elevations (> 2.26 mmollL, or 200 mg/dL) were selected. These were defined as type IIB if serum total cholesterol was > 7.21 mmol/L (270 mg/dL) and type IV if cholesterol was 7.21 mmol/L (270 mg/dL). Patients with total cholesterol concentrations > 7.76 mmollL (300 mg/dL) with triacylglycerol concentrations 4.52 mmolIL (400 mg/dL) were excluded for ethical reasons.); Other (Impaired glucose tolerance)

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Soares, 2014, 24652053, Brazil	Trial: Randomized Factorial Design, 2011	No industry relationship reported (funding or affiliations reported)/No conflict of interest (explicitly stated)	3 months	The participants included men and women aged between 30 and 60 years who exhibited three or more of the findings indicated by the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III): an abdominal circumference (AC) of > 88 cm for women and > 102 cm for men, a systolic arterial pressure (SAP) of 130 mmHg and a diastolic arterial pressure of 85 mmHg, a fasting glucose level of 100 mg/dL, a triglyceride level of 150 mg/dL, and a high-density lipoprotein cholesterol (HDL-C) level of < 40 mg/dL for men and < 50 mg/dL for women. Patients with absolute contraindications for physical activity because of musculoskeletal, neurological, vascular, pulmonary, and cardiac problems; those on lipid-lowering medication; those on anticoagulant medication; those who exercised regularly (30 min twice a week or more); those with a psychiatric disorder; those on antidepressant medication; those diagnosed hypothyroidism; pregnant patients; those consuming omega 3 supplements or any other food or vitamin supplements; and those who were difficult to contact and/or were lost to follow-up were excluded.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*; Hypertension (systolic arterial pressure (SAP) of 130 mmHg and a diastolic arterial pressure of 85 mmHg); Dyslipidemia (a triglyceride level of 150 mg/dL, and a high-density lipoprotein cholesterol (HDL-C) level of < 40 mg/dL for men and < 50 mg/dL for women); Obesity/Overweight (abdominal circumference (AC) of > 88 cm for women and > 102 cm for men)

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Tardivo, 2015, 25394692, Brazil	Trial: Randomized Parallel	Industry funded/No conflict of interest (explicitly stated)	6 months	Women who had their last menstruation at least 12 months prior to this study, aged >= 45 years old and with three or more diagnostic criteria for MetS were included in the study. Exclusion criteria were: known high cardiovascular risk due to existing or pre-existing CHD, CAD, abdominal aortic stenosis or aneurysm, peripheral artery disease, chronic kidney disease, insulin-dependent diabetes; use of medications (statins, hormone therapy); history of liver disease, infection, chronic inflammatory disease, autoimmune diseases, cancer; intolerance or good allergy to fish.	Primary Prevention, Healthy

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Tatsuno, 2013, 24314359, Japan, ORL	Trial: Randomized Parallel, 2009	Industry funded; Authors report industry affiliation/Conflict of interest stated SUBVALUE(KK and JO are employees of Takeda Pharmaceutical Company; IT has acted as a consultant to Takeda, YS has acted as a consultant to Astellas and others)	1 year	Outpatients, aged 20 to 74 years undergoing lifestyle modification for hypertriglyceridemia, fasting triglyceride level >=150 mg/dL and < 750 mg/dL at weeks 4 and 2 during the screening period and a variation in fasting low-density lipoprotein cholesterol (LDL-C) level between weeks 4 and 2 of <25% from the highest value. All subjects were advised about lifestyle modifications (dietary or exercise or both) at all visits during the study. The main exclusion criteria were coronary artery disease, an aortic aneurysm, or significant hemorrhagic disease within 6 months before the study; pancreatitis; lipoprotein lipase deficiency, apolipoprotein C-II deficiency, and type III familial hyperlipidemia; Cushing syndrome, uremia, systemic lupus erythematosus, or serum dysproteinemia; type 1 or uncontrolled type 2 diabetes mellitus (hemoglobin A1c $8%); stage III hypertension; and hepatic impairment.. Use of concomitant medications that might affect the evaluation of efficacy was not permitted, such as fish oil supplements (including any other products, medications, or investigational drugs that contained EPA-E or DHA), insulin, androgens, estrogens, progesterones, and systemic steroids. Antihyperlipidemic drugs (with the exception of EPA-E) and antidiabetic drugs (except insulin) were allowed, provided they had been initiated at least 4 weeks before the study and the dose was not changed during the screening or treatment periods.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (fasting triglyceride level >=150 mg/dL and <750 mg/dL at weeks 4 and 2 during the screening period)

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Tatsuno, 2013, 23725919, Japan	Trial: Randomized Parallel	Industry funded	12 weeks	Outpatients of either gender ages >=20 to ,75 years who were undergoing lifestyle modification for hypertriglyceridemia, defined as a fasting TG of between 150 and ,750 mg/dL at screening weeks 28, 24, and 22, and with ,30% variation from the greatest value. The main exclusion criteria were as follows: hepatic or renal impairment; serious cardiovascular, pancreatic, or hematological disorders; stage III hypertension; lipoprotein lipase deficiency, polipoprotein C-II deficiency and type III familial hyperlipidemia; type 1 or uncontrolled type 2 diabetes (hemoglobin A1c $8.0% at visit 1 [week –8]); drug abuse/dependency; and treatment with any investigational drug within 12 weeks of screening. Pregnant or lactating women and those of child-bearing age not practicing adequate contraception also were excluded	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (fasting triglyceride level >=150 mg/dL and <750 mg/dL at weeks 4 and 2 during the screening period)

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Tavazzi, 2008, 18757090, Italy, GISSI-HF	Trial: Randomized Parallel, 2002	Industry funded	3.9 years	Eligible patients were men and women aged 18 years or older, with clinical evidence of heart failure of any cause that was classified according to the European Society of Cardiology (ESC) guidelines as New York Heart Association (NYHA) class II IV, provided that they had had their LVEF measured within 3 months before enrolment. When LVEF was greater than 40%, the patient had to have been admitted at least once to hospital for heart failure in the preceding year to meet the inclusion criteria. Major exclusion criteria included specific indication or contraindication to n-3 PUFA; known hypersensitivity to study treatments; presence of any non-cardiac comorbidity (eg, cancer) that was unlikely to be compatible with a sufficiently long follow-up; treatment with any investigational agent within 1 month before randomisation; acute coronary syndrome or revascularisation procedure within the preceding 1 month; planned cardiac surgery, expected to be done within 3 months after randomisation; significant liver disease; and pregnant or lactating women or women of childbearing potential who were not adequately protected against becoming pregnant..	Secondary Prevention (history of CVD event): Cardiac disease (symptomatic heart failure of any cause and with any level of left ventricular ejection fraction (LVEF).)
Tierney, 2011, 20938439, Netherlands, Norway, Sweden, UK, Ireland, France, Poland, Spain, LIPGENE	Trial: Randomized Parallel, 2004	Authors report industry affiliation	3 months	3-5 characteristics of Metabolic Syndrome (see Comment about Eligibility Criteria). 1. fasting glucose conc 5.5-7 mmol/l, 2. serum TAG >1/5 mmol/l, 3. serum HDL conc <1.0 mmol/L (men) or <1.3 mmol/L (women), 4. BP : systolic >130 mm Hg, diastolic BP >85 mm, 5. Waist girth >102 cm(men) or >88 cm (women).	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*

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Vazquez, 2014, 24462043, Spain	Trial: Randomized Cross-over, 2011	Industry funded/No conflict of interest (explicitly stated)	8 weeks/0 weeks	Exclusion criteria were the following: patients taking n-3 LCFA supplements, fish allergy and positive antibodies to Anisakis spp., presence of a body mass index (BMI) 40 kg/m2, chronic kidney disease, liver failure, chronic psychopathy, neoplasia or refusal to participate in the study.	Primary Prevention, Healthy
Vecka, 2012, 23183517, Czech Republic	Non-randomized cross-over study, 2010 (approx.)	No Data on funding or affiliations	crossover trial (phase 1: 6 weeks; phase 2: 6 weeks)/not reported	The inclusion criteria were: met the IDF criteria for the metabolic syndrome, and fasting plasma triacylglycerols exceeded 1.7 mmol/l. The exclusion criteria were as follows: insulin dependent diabetes mellitus, age > 75 years, myocardial infarction or stroke in previous six months, chronic heart failure, renal or hepatic failure, obesity grade 2+ (BMI > 35 kg/m2), serious endocrinopathies, pregnancy and breastfeeding.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Diabetes and/or metabolic syndrome*
von Schacky, 1999, 10189324, Canada	Trial: Randomized Parallel, 1992	No industry relationship reported (funding or affiliations reported)/No Data regarding conflict of interest	-	1) stenosis > 20% in at least one vessel 2) revascularization, PTCA or coronary bypass performed in previous 6 months in no more than one vessel.	Secondary Prevention (history of CVD event)

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Yokoyama, 2007, 17398308, Japan, JELIS	Trial: Randomized Parallel, 1996	Industry funded/Conflict of interest stated ('M Yokoyama received travel costs from Mochida Pharmaceutical Co Ltd, Tokyo, Japan, to participate in the scientific meeting. Other authors have no conflicts of interest.')	5 years	Inclusion criteria: Total cholesterol concentration of 6 5 mmol/L or greater, which corresponded to a LDL cholesterol of 4 4 mmol/L or greater. Exclusion criteria: acute myocardial infarction within the past 6 months, unstable angina pectoris, a history or complication of serious heart disease (such as severe arrhythmia, heart failure, cardiomyopathy, valvular disease, or congenital disease), cardiovascular reconstruction within the past 6 months, cerebrovascular disorders within the past 6 months, complications of serious hepatic or renal disease, malignant disease, uncontrollable diabetes, hyperlipidaemia due to other disorders, hyperlipidaemia caused by drugs such as steroid hormones, haemorrhage (including haemo philia, capillary fragility, gastrointestinal ulcer, urinary tract haemorrhage, haemoptysis, and vitreous haemorrhage), haemorrhagic diathesis, hypersensitivity to the study drug formulation, patients intention to undergo surgery, and judgment by the physician in charge that a patient was inappropriate for the study.	Primary Prevention, Increased CVD Risk (ie, diabetes, metabolic syndrome*, hypertension, dyslipidemia, or chronic kidney disease): Dyslipidemia (total cholesterol concentration of 6 5 mmol/L or greater, which corresponded to a LDL cholesterol of 4 4 mmol/L or greater)