**Appendix Table D3. Descriptive characteristics of included studies**

|  | **Demographics** | **Vascular disease history** | **Vascular risk factors** | **Prior medications (pre-study)** | **Procedural data** | **Current indication for clopidogrel treatment** | **Current antiplatelet regimen** | **Co-medication** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, year****UID****Country****Study name** | **Total N Enrolled****Race (% by group)****Male (%)****Age†** | **Previous CAD (%)****Previous heart failure (%)****Previous TIA/stroke (%)****History of PCI or CABG (%)****Stable angina (%)****Unstable angina (%)****Previous PAD (%)****History of MI (%)****STEMI/non-STEMI (%)** | **Dyslipidemia (%)****Smokers (%)****BP(mmHg diastolic/systolic****HTN (%)****Diabetes (%)** | **Vitamin K antagonist (%)****Clopidogrel (%)****Aspirin (%)****PPI (%)** | **Stent implantation (%)****Type of stent (%)****Multi-or single vessel (%)** |  |  |  |
| Collet, 200919108880FranceAFIJI (Appraisal of risk Factors in young Ischemic patients Justifying aggressive Intervention) registry | 25978% White European 16.6% North African3.1% Black2.3% Asian 92.3% 40.1 (± 5.1) | NRNRNR73% PCI ; 8% CABG NRNRNRNR78.8% STEMI; 21.2% NSTEMI | 54%56%NR20.1% HTN10.4%  | 3.1%Clopidogrel: 83.4% initiated at first event; 19.9% not on clopidogrelNRNR | 86%32% DES54% BMS | Survivors of AMI enrolled in a multicenter registry; followup was on an outpatient basis | Clopidogrel MD = 75 mg for at least 1 mo | Low dose aspirin (dose NR)  |
| Fontana, 200817681590SwitzerlandNR | 81100% Caucasian79%65.9± 12.2 | NRNRNRNRNRNRNR50.6% ACSNR | 71.6% Hyperlipidemia30.9%59.3% HTN18.5% | NRNR98.8%13.6% | 100%NRNR | PCI with stent placement | Clopidogrel LD=300 mgMD = 75 mg | 99% Aspirin maintenance (dose NR) |
| Giusti, 200718004210ItalyNR | 1419NR73%Median= 69 (range: 27-94) | NRNRNRNRNRNRNRNRNR | 56.1% Dyslipidemia40.9% “Smoking habit”65% HTN21.1% | NRNRNRNR | NRNRNR | PCI for ACS | LD: clopidogrel 600 mg (orally) + 500 mg ASA (IV); MD: clopidogrel 75 mg and ASA 100 mg (both daily) | None |
| Giusti, 200919268736ItalyRECLOSE study(Low Responsiveness to Clopidogrel and Sirolimus- or Paclitaxel-Eluting Stent Thrombosis) | 804 (of whom 772 consented to participation in the genetics substudy)NR74.6%NR | NRLVEF = 47% ±12%NR20.9% PCI 7.5% CABG33.9%40.2%NR25.5%NR | 59.7% Dyslipidemia; 89.4% on statins34.4%65.4% HTN22.2% | NRNRNR94.8% | 100%100% DES (sirolimus or paclitaxel)439 (56.8%) had multi-vessel disease; NR if all received multiple stents | PCI | All patients received aspirin (loading dose = 325 mg; maintenance dose = 325 mg per day) and clopidogrel (loading dose = 600 mg; 75 mg maintenance). Loading dose was administered before the procedure  | UFH was used during the procedure as the anticoagulant. |
| Gladding, 200919926050New ZealandNR | 4088% Caucasian78%67±11 | 18%5%NR88% NRNRNRNR | 43%10%NR50%20% | NR100%NR33% | NRNRNR | PCI>2 wk previously | All patients had a 600-mg clopidogrel loading dose, followed by clopidogrel 150 mg once daily for 7 days | NR |
| Jinnai, 200919531897JapanPartly industry funded | 30100% East Asian73.3%70 ± 8.3  | NRNRNRNRNRNRNR12%NR | 64% Hyperlipidemia; 72% on statin16% Current smokers68% HTN16% | NRNRNR20% | NRNRNR | Elective PCI, for symptoms or based on stress testing | Patients were on low-dose Aspirin (81-100 mg/day) at study enrollment; They received clopidogrel 300 mg loading dose on the first day and then 75 mg daily maintenance. | None |
| Mega, 200919106084MultinationalGenetics substudy of TRITON-TIMI 38 [Therapeutic Outcomes by Optimizing Platelet Inhibition with Prasugrel-Thrombolysis in Myocardial Infarction] | 1477Caucasian, 1442 (97.6%);Hispanic, 18 (1.2%);African, 10 (0.7%);Asian, 5 (0.3%)Other, 2 (0.1%)1044 (70.7%)60.1 ± 11.1 | NRNR51 (3.5%)NRNRNRNR240 (16.2%)NR | 725 (49.1)562 (38.1%)HTN=972 (65.8%)322 (21.8%) | NRNRNRNR | 1389 (1389 of the 1459 subjects with analyzable data = 95% of all included in analyses)NRNR | ACS with planned PCI | Clopidogrel 300 mg loading dose, followed by a 75 mg daily maintenance dose.  | All decisions regarding concomitant medications were left to the treating physician. It was recommended that long-term aspirin therapy be 75 to 162 mg. Patients may receive unfractionated heparin, low–molecular-weight heparin, any approved direct thrombin inhibitor, and/or GPIIb/IIIa receptor antagonist. Because of a lack of information regarding the safety of thienopyridines in combination with warfarin, blinded study drug is discontinued in patients requiring anticoagulation with warfarin, and open-label thienopyridine use is left to the discretion of the treating physician. (source: Wiviott et al., American Heart Journal, Volume 152, Issue 4, Pages 627-635, PMID = 16996826) |
| Shuldiner, 200919706858USASinai Hospital of Baltimore Study | 227White=140 (61.7%); African-American=83 (36.6%); other=4 (1.8%)139 (59.9%)64.3 ± 11.5 | 100% (all undergoing non-emergent PCI)NRNRNRNRNRNRNRAll patients underwent non-emergent PCI | 183 (80.6%)58 (25.6%) [current smoker]SBP = 140.7 ± 20.2;DBP = 72.3± 14.1; HTN=174 (76.7%)83 (36.6%) | NR90 (39.6%) at the time of study entry227(100%)NR | NRNRNR | Non-emergent PCI | On the day of PCI patients received clopidogrel 600 mg (n=112) or 300 mg (n=25) loading dose; 90 subjects already on clopidogrel maintenance therapy with 75 mg daily at the time of PCI were not reloaded. All patients received 81-325 mg aspirin daily for ≥1 week prior to PCI and 325 mg on the day of the procedure. Aspirin 325 mg per day and clopidogrel 75 mg per day was prescribed to all patients at discharge.  | Patients were also treated with bivalirudin or heparin, with (n=107) or without (n=120) eptifibatide. Anticoagulant therapy was discontinued at the completion of the procedure.  |
| Sibbing, 200919193675GermanyNR | 2661 fulfilled the study inclusion criteria; of those 2485 had DNA available for genotypingNR539 (78.3%)66.5 ± 10.2 | NRNRNRPrevious CABG 325 (13%)NRUA = NR; Total ACS = 846 (34%)NR801 (32%)NR | Hypercholesterolemia = 1204 (48%)402 (16%)HTN = 1563 (63%)881 (35%) | NRNRNRNR | 100%DES = 623 (25%); BMS = 1862 (75%)2006 (81%) | Patients undergoing planned PCI | Clopidogrel LD= 600 mg before stent placement. | None |
| Sibbing, 201020083681Germany Part of a prospective study of the Multiplate analyzer | 1608 patients were included in a study of platelet function; 1524 (95%) of those had samples available for inclusion in the genetic study.NR1180 (77.4%)67.4 ± 10.5 | All patients had known CADNR [ejection fraction = 54.7± 11.1]NRCABG = 223 (14.6%)NRNRNR483 (31.7%)NSTE MI = 169 (11.1%) of all included patients | Hypercholesterolemia = 1068 (70.1%)Active smokers = 207 (13.6%)Arterial HTN = 1392 (91.3%)430 (28.2%) | 164 (10.8%)On any thienopyridine = 644 (42.3%)1155 (75.8%)270 (18.1%) | 100%DES = 100% (planned)1292 (84.8%) | CAD and planned DES placement | All patients received a loading dose of clopidogrel 600 mg; After PCI patients received clopidogrel 75 mg (1/d) and aspirin 100 mg (2/d) maintenance | UFH was used as the anticoagulant (“in the majority of patients”) and bivalirudin was used for “only some of the patients”. <5% of patients received abciximab |
| Varenhorst, 200919429918SwedenGenetic sub-study | 110 patients in parent study; 98 consented to inclusion in the genetics sub-study; of these 47 were on the clopidogrel groupWhite = 47 (100%)96%65 ± 5.7 | NRNRNRNRNRNRNRNRNR | NR“Yes” = 4 (9%);”No” = 43 (91%)NRYes = 8 (17%) | NRNRAll patients were aspirin treated9 (19%) | NRNRNR | Stable CAD | Patients were aspirin treated. The group relevant to this KQ received clopidogrel LD= 600 mg, followed by MD= 75 mg | None |
| Frere, 200818394438FranceNONE | 603NR456 (75.7%)64.7± 12.2 | NRExcluded NYHA IV heart failureNRNRNRNRNRNR100% NSTE-ACS | NR [56.4% on statin treatment]266 (44.1%)Hypertensive = 339 (56.3%)169 (28%) | NRNRNRNR | NRNRNR | NSTE-ACS undergoing angiography | clopidogrel LD= 600 mg Aspirin LD= 250 mg ≥12 hours before coronary angiography | None; patients receiving IIb/IIIa inhibitors before the procedure were excluded. |
| Frere, 200919496924FrancePart of larger observational study | 598NR453 (76%)64.7±12 (NR if SD or SE) | NRNRNRNRNRNRNRNR100% NSTE-ACS | Dyslipidemic = 321 (54%); On statin = 336 (45%)Current smokers=263 (44%)HTN = 332 (56%)169 (28%) | NRNRNRNR | NRNRNR | NSTE-ACS | clopidogrel LD= 600 mg; no additional details reported | NR |
| Bonello-Palot 200919932784FranceNR | 73NR59 (80.8%)62.8 ± 12.4 | ACS: 40%NR (Left ventricular ejection fraction in %: 54.6 ± 9.8)NRNRNRNRNRPrevious MI: 40.1%NR | Hypercholesterolemia(tot chol >250 mg/dL): 61.1%38.4%HTN (>140/90 mm Hg at rest): 58.9%31.5% | NRNR (Though all patients received clopidogrel during the study)NROmeprazole: 5% | NRNRNR | PCI for ACS  | Clopidogrel LD=600 mg; for pts with high on treatment platelet reactivity :up to 3 additional LDs of 600 mg were prescribed 24 hours after the previous dose till a VASP index <50% was obtained. | None |
| Harmsze 201019934793NetherlandsNR | 428NR335 (78.2%)62.9 | 65.2%NRNRNRNRNRNR47.2%NR | 82%12%79.4%19% | NR69.4%100%23% | NRNRNR | PCI for ACS | Chronic clopidogrel maintenance: 75 mg/day for more than 5 days beforethe coronary stent implantationClopidogrel loading dose (LD): Loading dose of 300 mg clopidogrel 24 h to 5 days before the coronary stent implantation followed by 75mg/day.All patients received aspirin (80–100mg daily) for >5 days before the coronary stent implantation. | None |
| Trenk 200818482659GermanyEXCELSIOR (Impact of Extent of Clopidogrel-Induced Platelet Inhibition During Elective Stent Implantation on Clinical Event Rate) | 802NR627 (78%)66.4 ± 9.1 | NRNR [LVEF<55%: 35.8%NRPrevious balloon angioplasty:34.2%; previous CABG: 14%CANADIAN Cardiovascular Society angina class III or IV: 24.8%NRNR22.9%NR | NRActive smokers: 10.8%arterial hypertension (definition NR): 82.3%24.8% | NRNR100%NR | 36.4%100% DESmultivessel PCI: 22.2% | CAD, elective PCI with stent implantation | **Pretreatment:** with pre-treatment with 600 mg of clopidogrel & aspirin (100 mg per day for at least 5 days); **After PCI:** All patients received aspirin (≥100 mg per day) lifelong & clopidogrel (75 mg per day) for 30 days after placement of bare-metal stents or for 6 months after placement of at least 1 drug-eluting stent. | **During procedure:** All patients received an intra-arterial dose of 100 to 140 U/kg heparin; |
| Tantry 201021079055Multicountry - North America and EuropeGenetic substtudy of ONSET/OFFSET and RESPOND | 82 (clopidogrel group, from RESPOND and ONSET/OFFSET)White 74 (90%)Black 6 (7%)62 (76%)65± 8 | NRNRNRCABG 32 (39%)NRNRNR41 (50%)NR | Dyslipidemia including hypercholesterolemia 79 (96%)8 (10%)HTN 60 (73%)17 (21%) | NRNR100%17 (21%) | NRNANA | Stable CAD receiving aspirin who consented to genotyping | All patients received 75 to 100 mg/d aspirin clopidogrel (600-mg load, 75 mg/d thereafter) | None |
| Wallentin, 201020801498Multiple countries (43 countries in North America, South America, Europe, Asia, Australia)PLATO | 5148 (clopidogrel group)White 5058 (98%)3571 (69%)62.5 ±11.04 | NRNRNRNRNRNRNRNRNR | NRNon-smoker 2049 (40%)Ex-smoker 1270 (25%)Habitual smoker 829 (36%)NR1189 (23%) | NR2486 (48%)4946 (96%)2083 (40%) | NRNRNR | Hospitalization for ACS, with or without ST-segment elevation | 75 mg once daily (300–600 mg loading dose) | None |
| Hochholzer, 201020510210GermanyEXCELSIOR | 802NR72%66 | NRNRNRNRNRNRNRNRNR | NRNRNRNRNR | NRNRNRNR | 37%NRNR | Elective coronary stent placement | Pre-intervention: All patients received a LD of 600 mg of clopidogrel. After PCI: All patients received clopidogrel (75 mg/day) for 30 days after placement of bare-metal stents or for 6 months after placement of at least 1 drug-eluting stent.After PCI: All patients received aspirin (≥100 mg/day), lifelong, | None |
| Jeong 201020650435KoreaNR | 126 Whites: 0%85 (67.5)61.6±11 | NRNR6 (4.8)1 (0.8)28 (22.2)34 (27)NR70 (55.6)36 (28.6)/ 28(22.2) | 46 (36.5)35 (27.8)67(53.2)31 (24.6) | NR100NR1 (0.8) | 122 (96.8)4 (3.2)35 (27.8) | treated with PCI for symptomaticcoronary artery disease. | One-hundred and six patients were collected from a registry of the ACCEL (Adjunctive Cilostazol Versus High-MD Clopidogrel) studies , which were performed to compare the degree of platelet inhibition by adjunctive cilostazol versus high-MD clopidogrel in patients within a specific subset: HPPR, diabetes, drug-eluting stent implantation for complex lesions, and acute myocardial infarction. The high-MD group received a high-MD clopidogrel of 150 mg/day for 1 month. A minority (n = 20, 15.9%) of patients received high-MD clopidogrel for over 1 month after PCI at the attending physician’s discretion. | None |
| Barker, 201020965456USANR  | 41NR35 (85.3)66.6±10.6 | NRNRNR(>80%)NRNRNR13 (31.7)NR | 36 (87.8)NR36 (87.8)16 (39) | NRNRNR10 (24.3) | NRNRNR | CAD patients if they: 1) had received maintenance clopidogrel or a loading dose of clopidogrel ≥300 mg and 2) had high OTR, defined as Verifynow P2Y12 reaction units (PRU) ≥235. | Patients were administered clopidogrel 150 mg/day for 7 days, after which platelet reactivity was reassessed. | None |
| Bonello, 201020708365FranceNR | 411NR321 (78.1)62.9±12.2 | NRNRNRNRNRNRNRNRNR | 218 (53)154 (37.5)243 (59.1)143 (34.8) | NR100%100%65 (15.8) | NRNRNR | undergoing PCI for non–ST-segment elevation acute coronarysyndrome | All patients received oral LDs of 250 mg aspirin and 600 mg clopidogrel at least 6 h before the first VASP index measurement. Dose adjustment was performed before PCI in all patients. | None |
| Gurbel 201121392617USANR | 11894(63%)52 (35%)63± 11 | NRNRNR29 (21%)NRNRNR37 (31%)NR | 85(72%)History 23 (19%)Current 18 (15%)Systolic 135±18Diastolic 72±15HTN 93(79%)46 (39%) | NR100%100%22(29%) | NRNRNR | Established CAD | Maintenance clopidogrel for at least 2 weeks (Dose NR) | None |
| Hwang 201121075428South KoreaNR | 190Asian 100%71.662.6 ±11 | NRNR1.6PCI 8.9, CABG 2.6;NR40.5NR8.4NR | 22.641.1HTN 57.930 | NRNRNR2.1 | 97.9DES24.7 | Elective coronary stent implantation | All patients received a 300-mg loading dose (LD) of clopidogrel and aspirin at least 12 hours before PCI, followed by 200 mg/day maintenance dose of aspirin and 75 mg/day of clopidogrel thereafter. | None |
| Kang, 201020724801KoreaNR | 215Asian 100%136 (63.3)63.5±10.8 | NRNR3(1.4)PCI:21(9.8)/CABG: 3(1.4)NRNRNR14 (6.5)NR | 33(15.4)84 (39.1)127 (59.1)65 (30.2) | NR100%100%4 (1.9) | NRNR58 (27.5) | Scheduled coronary stenting | A 300-mg LD of clopidogrel and aspirin was administrated 12-24 hours before scheduled PCI, followed by 200 mg/day MD of aspirin and 75 mg/day clopidogrel | None |
| Liu 201021163112ChinaNR | 722Whites: 0568 (78.7)67.4±8.9 | NRNRNRPCI:139 (19.5)/ CABG: 37 (5.1)NRNRNR144 (19.9)NR | 281 (34.9)NR453 (62.7)187 (25.9) | NR100%100%NR | NRNRNR | Elective PCI for symptomatic stable CAD | A loading dose of 300 mg clopidogrel was given to all patients and a daily maintenance dose of 75 mg for a minimum of 12 months. | None |
| Maeda, 201121178986JapanNR | 97Asian 100%67 (69)67±10 | NRNRNRNRNRNRNRNRNR | NR12(12)NR6(18) | NRNRNRNR | NRNRNR | with CAD after percutaneouscoronary intervention | (i) aspirin (100 mg, q.d.), (ii) aspirin (100 mg, q.d.) plus clopidogrel (75 mg, q.d.; Plavix, Sanofi-Aventis, Tokyo, Japan), or (iii) aspirin (100 mg, q.d.) plus ticlopidine (100 mg, b.i.d.; | None |
| Malek, 201020924183PolandNR | 261NR67.460.4±10.9 | NR6.51.510.0NRNR9.217.778.5/NR | 72.739.8HTN 83.531.6 | NR10096.9NR | NRNRNR | AMI with or without STE; PCI with stenting was attempted. | Pre-hospital 300 or 600 mg loading dose followed by 75 mg daily for at least 1 month | None |
| Simon 201121262992FranceFAST-MI | 2353NR72.363.4±13.4 | NR2.93.2PCI 8, CABG 3.3;NRNRNR11.3NR | 44.434.652.331.7 | NR10094.9NR | NRNRNR | ACS patients undergoing PCI (<80%) | NR | NR |
| Yamamoto 201121168310JapanNR | 123Asian 100%81(66%)68.6 ± 10 | NRNRNRNRNRNRNRNRNR | 6116HTN 7849 | NR613926 | NRNRNR | Cardiac catheterization upon diagnosis of stable CAD | 300mg loading dose and 75mg/day clopidogrel maintenance dose plus 100mg aspirin | None |
| Park 201121345843KoreaCILON-T | 474NR69.663.3±8.7 | NR0.2NRPCI 10.5, CABG 3.6;47.746.6NR5.6NR | 44.320.7HTN 67.933.5 | NRNRNR0.8 | NRNRNR | Angina pectoris or positive stress test, native coronary artery lesions for which DES implantation was feasible. | Clopidogrel loading dose 300-600 mg and 75mg daily for at least 6 months | None |
| Tiroch, 201020826260GermanyNR | 928NR7564.8±12.9 | NRNRNRCABG 6.1NRNRNR13.9NR | 51.936.5HTN 74.524.1 | NRNRNRNR | 97.5NRNR  | ACS patients (M)I, >90% PCI with BMS | All patients received a loading dose of 600mg clopidogrel. Post procedural therapy consisted of aspirin (100mg twice daily, indefinitely) and clopidogrel ( 75mg once Daily for at least 6months). | None |
| Sorich, 201020492467707 sites in 30 countriesSubstudy of TRITON-TIMI 38 | 2943Caucasian 91.9Hispanic 4African 3Asian 0.9Other 0.27560.9±11.2 | NRNR2.7NRNRNRNR1874/30.2 | 55.638.3HTN 64.123.1 | NRNRNRNR | NRNRNR | Acute coronary syndromes (representative of the entire spectrum of those syndromes) with scheduled PCI | clopidogrel (300-mg loading dose and 75-mg daily maintenance dose) for 6–15 months. | None |
| Sibbing, 201020492469GermanyNR | 986NR77.267.3±10.3 | NRNRNR17NRNRNR40.2NR | 77.610.968.125.9 | NR100100NR | NRNRNR | CAD patients in a stable condition and were on dual antiplatelet treatment with aspirin and clopidogrel | Aspirin (dose NR) and clopidogrel (75 mg/day) | NR |
| Sawada, 201021099121JapanNR | 100NR8569.6±9.2 | NRNRNRNRNRNRNRNRNR | 6941HTN 8142 | NR100NR50 | NRNRNR | CAD, PCI with DES implantation | All patients with DES implantation received dual antiplatelet therapy consisting of aspirin and clopidogrel  | NR |
| Pare, 201020979470Multiple countriesCURE  | 2549 Whites: 86.258.863.8±11 | NRNRNRPCI=3.2% & CABG=9.8NR/NRNR/NRNR/NRNR/NRNR/NR | NR23.1135.5±22.3&78.6±13.6NR20.7 | NRNRNRNR | 15.5NRNR | ACS & Stroke | Clopidogrel (at a dose of 75 mg per day) | None |
| Pare, 201020979470Multiple countriesACTIVE-A | 570Whites: 10054.470.8±10.1 | NRNRNRNRNRNRNRNRNR | NR8.4136.6±19&80.9±11.5NR21.8 | NRNRNRNR | NRNRNR | ACS & Stroke | Clopidogrel (at a dose of 75 mg per day) | None |
| Mega, 201020801494707 sites in 30 countriesTRITON-TIMI 38 | 2932Whites: 97.672%60.2±10.9 | NRNRNRNRNRNRNR868 (30) 2064 (70) | NRNRNRNR | NRNRNRNR | NRNRNR | Patients with acute coronary syndromes undergoing planned percutaneous coronary interventions | clopidogrel (300-mg loading dose and 75-mg daily maintenance dose) for 6–15 months. | None |
| Bouman, 201121628721NetherlandsGenetic substudy of the Popular study | 1024NR75.1%64±11 | 100NRNRNRNRNRNRNRNR | NR 1.276.918.5 | NR41.1NR15.1 | 100DES 63.2BMS 36.8 | CAD patients undergoing PCI with stenting | pretreated with clopidogrel (75 mg daily for >5 days, or a loading dose of 300 mg ≥24 h or 600 mg ≥4 h before (PCI)) and aspirin (80-100 mg daily ≥10 days prior to PCI) unless on long-term anticoagulation with coumarin derivatives.All patients (after receiving drug-eluting or bare-metal stenting) were treated with clopidogrel for at least 1 year. Clopidogrel and aspirin maintenance doses were 75 mg and 80 to 100 mg daily, respectively.  | NR  |
| Campo, 201121679849Italy NR | 300NR7766 ± 13 | NRNRNRPCI 16, CABG 11NRNRNR27Non-STEMI ACS 61 | 5124HTN 7224 | NR100 at 6month 97100 at 6month 9953 | NRDES 71Multivessel PCI 36 | Patients with ischemic HD undergoing PCI with stenting | aspirin (300 mg as loading dose [LD] at hospital admission, followed by 100 mg daily, independently to previous or not chronic use). Clopidogrel 600 mg was given as LD at least 12 h before PCI. After intervention, clopidogrel 75 mg/day was continued for 12 months.  | Anticoagulant and glycoprotein IIb/IIIa inhibitors treatment was administered at the interventionalist’s discretion. |
| Fernando, 201121696537Australia NR | 31 NR9362 ± 11 | NRNRNRNRNR24NRSee next row41/34  | 763HTN 833 | NR0100NR | See next rowBMS 62DES 38NR | ACS patients undergoing PCI  | open label clopidogrel 75 mg daily and randomized to either esomeprazole 40 mg or placebo (sugar ﬁlled) capsule daily for a period of 6 weeks. All patients continued routine medications, including aspirin (100 mg). This was followed by a 2-week wash-out period after the ﬁrst treatment period where study medications were ceased. Patients then resumed clopidogrel 75 mg daily and the opposite therapy to which they were randomized in the ﬁrst 6-week period (crossed-over to alternative therapy). | NR |
| Geisler, 200818781853Germany NR | 237Caucasian 100 76.469(11.3) median and IQR | NRNRNRNRNRNRNRNR12.7/22.8 | 73.8NRHTN 85.234.6 | NRNRNRNR | NRNRNR  | CAD patients undergoing PCI  | Loading dose of 600 mg clopidogrel was given prior to PCI, followed by a daily dose of 75 mg; also 500 mg IV aspirin given PCI, followed by 100 mg orally per day after, unless contraindicated because of GI bleeding or allergy; 70 units per kg body weight of unfractionated heparin given before PCI | NR |
| Gladding, 200819463375New Zealand PRINC (Plavix Response in Coronary Intervention) Trial | 60Caucasian 958368 (10) | NRCHF 3NRPCI 20, CABG 10;NRNRNRNR5/7 | NR10HTN 5718 | NR098NR | Multi stent 15DES 35DESNR | CAD patients undergoing elective PCI  | All patients: 600-mg clopidogrel at the start of the PCI procedure. At 2 hours after, 37 patients received 600 mg clopidogrel and 23 received placebo. Starting the next day, all patients were separately randomized to receive clopidogrel 75 or 150 mg once daily for 1 week, followed by 75 mg once daily thereafter. | glycoprotein IIb/IIIa inhibitor and medications inhibiting CYP3A4. Patients on warfarin were eligible if the international normalized ratio was <1.5 at study entry and warfarin could be withheld for the 7-day study duration |
| Gurbel , 201019817997USANR | 36Whites: 70%NRNR | NRNRNRNRNRNRNRNRNR | NRNRNRNR | NRNRNRNR | NRNRNR | CAD patients undergoing PCI with stenting now in stable condition | chronic daily 75 mg clopidogrel and 81 mg aspirin therapy PLUS one 60-mg dose of elinogrel | NR |
| Harmsze, 201020833683Netherlands NR | 176 cases,334 controlsNR77.8, 79.564.1(10.5), 62.1(9.4) | NRNRNRNRNRNRNR23.9, 42.4;NR | 52.3, 50.5;22,2, 12.1;HTN 46.6, 49.5; 17.6, 16.4;  | NR10010029.0, 22.7; | 100, 100DES 31.3, 47.4; NR | CAD patients undergoing PCI with stenting | Cases: still on aspirin and clopidogrel at the time of stent thrombosis. All control subjects were on clopidogrel maintenance therapy and aspirin (80–100 mg) during the entire followup period. | NR |
| Kim. 201121511217South korea ACCELAMI2C19(High-dose clopidogrel group) | 62 pts on 150 mg clopidogrel dailyNR69.459.4±12.2 | NRNR3.2NRNRNRNR6.556.5/43.5 | 25.862.9NR45.224.2 | NR1001000 | 93.5, 96.9;DES 93.5, BMS 0;DES 95.3, BMS 1.6;Multivessel 25.820.3; | Patients with ACS (AMI undergoing PCI with stenting ) | all patients received a 600-mg loading-dose (LD) of clopidogrel, followed by a maintenance dose (MD) of 75 mg daily before randomization. All patients also took a 300-mg LD of aspirin, followed by aspirin 200 mg daily throughout the study period. After blood sampling pre-discharge, the patients were randomly assigned to high-MD clopidogrel of 150 mg daily (high-dose group) or adjunctive cilostazol 100 mg twice daily to clopidogrel 75 mg daily (standard dose + cilostazol group). | Use of low-molecular-weight heparin (enoxaparin) or unfractionated heparin was at the physician’s discretion, and only tiroﬁban with a short half-life was administered if needed. |
| Kim, 201121511217South korea ACCELAMI2C19(cilostazol group) | 64 pts on 75 mg clopidogrel +cilostazol daily NR 76.6 63.9±11.9 | NRNR7.8NRNRNRNR4.748.4/51.6 | 29.756.3NR48.431.3; | NR1001001.6 |  |  |  |  |
| Lee, 201121786436South korea NR | 166NR6964.4±11.6 | NRNRNRNRNRNRNRNRNR | NR49HTN 6830 | NRNRNRNR | NRNRNR | Patients with cerebrovascular disease | 75 mg clopidogrel daily for at least six days before platelet testing | NR |
| Malek, 200818577829Poland NR | 105NR7060.0±11.6 | NRNR410NRNR81682 | 3447HTN NR17 | NR100100NR | NRNRNR | Patients with ACS undergoing PCI | loading dose of 300 mg of aspirin followed by a daily regimen of 75 mg and a loading dose of either 300 or 600 mg of clopidogrel followed by 75 mg daily | NR |
| Pettersen, 201121426546Norway Aspirin and Clopidogrel non-responsiveness clinical Endpoint Trial (ASCET) | 219Caucasian 1007962 (8.5) | 100NRNRPCI 38, CABG 19;NRNRNR37 NR | NR16Diastolic 82.1±9.2/systolic 138.2±18.611 | NR10010014 | NRNRNR | CAD patients undergoing PCI (<80% PCI) | 75 mg/day clopidogrel; also possibly aspirin but details NR | NR |
| Sibbing, 201121527445Germany NR(cohort) | 1524NR7767.4±10.6 | NRNRNRCABG 14.6NRNRNR31.9NR | NR13.6NRHTN 91.328.2 | NR10010018.1 | 100NRNR | CAD pts undergoing PCI  | Pretreatment with a loading dose of 600 mg of clopidogrel prior to the procedure. The recommended pr-treatment interval was ≥ 2 h. | Excluded patients on GP IIb/IIa during the 10 days before the PCI |
| Sibbing, 201121527445Germany NR(case control) | 1566NR7867.6  | NRNRNR13NRNRNR32.3NR | NR14.6NR9029.1 | NR100100NR | NRNRNR | CAD pts undergoing PCI | Pretreatment with a loading dose of 600 mg of clopidogrel prior to the procedure. | Excluded patients on GP IIb/IIa during the 10 days before the PCI |
| Simon, 200919106083France FAST-MI | 2208NR7166.2/13.7 | 234TIA 3, stroke 5;PCI 14, CABG 5;NRNRNR9STEMI 53 | 49NRdiastolic 81/17, systolic 141/2832 | NR1423 at screening and 98 in hospital73 | NRNRNR | ACS patients undergoing PCI (<80% PCI) | Mean loading dose, 300 mg/day; mean maintenance dose at time of hospital discharge, 75 mg/day | NR |
| Hwang, 201020823393KoreaACCEL-RESISTANCE, DM, COMPLEX(High-dose clopidogrel group) | 65Whites:0 NR69.2±7.9 | NRNR6.218.4NRNRNR9.2 NR | 30.840NR58.526.2 | NR89.2NR15 | 96.9DES30.8 | CAD patients undergoing PCI | All patients received a 300-mg loading dose of clopidogrel at least 12 hours before PCI (n=98) or were receiving chronic clopidogrel therapy (75 mg daily for >=7 days, n=36). All patients received a 300-mg loading dose of aspirin, followed by 200 mg daily for 1 month. They were randomly assigned to adjunctive cilostazol (triple group) or high-MD clopidogrel (high-MD group). | The high-MD group received clopidogrel 150 mg daily for 30 days.  |
| Hwang, 201020823393KoreaACCEL-RESISTANCE, DM, COMPLEX(Triple antiplatelet therapy group) | 69Whites:0 NR63.4±9.4 | NRNR4.329NRNRNR17.4NR | 18.836.2NR55.128.9 | NR99.5NR4.3 | 95.7DES30.4 | CAD patients undergoing PCI | All patients received a 300-mg loading dose of clopidogrel at least 12 hours before PCI (n=98) or were receiving chronic clopidogrel therapy (75 mg daily for >=7 days, n=36). All patients received a 300-mg loading dose of aspirin, followed by 200 mg daily for 1 month. They were randomly assigned to adjunctive cilostazol (triple group) or high-MD clopidogrel (high-MD group). | The triple group (n=69) received adjunctive cilostazol 100 mg twice daily to clopidogrel 75 mg daily for 30 days |
| Price, 201222624833USGIFT (Genotype Information and Functional Testing) Study—a prespeciﬁed genetic substudy of GRAVITAS [Price 2011, PMID 21406646] | 1028100% white70.765.3 +/-10.5 years | CAD or ACS, 100NRNR100NRNRNRNRNR | NRNRNRNRNR | NR100NRNR | 100DES, 100NR | CAD or ACS patients undergoing PCI | Of the 578 patients with high on-treatment reactivity (OTR, PRU>=230), 285 randomized to high-dose clopidogrel and 293 randomized to standard-dose clopidogrel; of the remaining 450 patients with normal OTR (PRU<230), 163 given standard-dose clopidogrel and 287 were not followed in the study. | NR |
| Cuisset, 201121803320FranceNR | 346NR81.2mean 62.7±12 | 30.9NRNRNRNRNRNRNRNR | hyper 60.440.2HTN 60.428.6 | NRNRNR87.3 | NRNRNR | NSTE ACS patients undergone PCI | LD clopidogrel 600mg and aspirin 250mg, low responders received higher 150 mg MD clopidogrel | NR |
| Chen. 201222723959TaiwanCAPTAIN | 60Asian 10078mean 59.4±8 | NRNRNRNRNRNRNRNRNR | NR46.751.735 | NRNRNRNR | NRNRNR | CAD patients received PCI | clopidogrel  | NR |
| Gajos, 201222623230PolandOMEGA-PCI | 63NR24mean 63.8±9.4 | 60NRstroke 30.2PCI 23.3; CABG 3.3NRNR36.740NR | hyper 96.7active 20; previous 53.396.730 | NRNRNR26.7 | 100BMS 76.7DES 23.33.3 | stable CAD patients undergoing PCI | LD clopidogrel 600mg and MD 75mg daily+75 mg aspirin daily  | NR |
| Luo, 201122118006ChinaNR | 1738Asian 10067mean 71 | NRNRNRCABG 2.4NRNRNR12.4NR | hyper 39.12562.135.8 | NRNRNR7.6 | NRDES 75.5BMS 24.2NR | patients with CAD undergoing PCI | LD clopidogrel 300mg and MD 75mg/d and aspirin 300mg LD and MD 100mg/d | NR |
| Tello-Montoliu, 201222116003Spainstudy one of the paper | 40Caucasian 10090mean 65.8 | NRNRNRNRNRNRNRNRNR | hyper 59.518.9HTN 75.745.9 | NRNRNRNR | NRNRNR | stable ACS patients with stent  | 100mg AA and 75mg MD clopidogrel | NR |
| Tello-Montoliu, 201222116003Spainstudy two of the paper | 428Caucasian 10065mean 67.3 | NRNRNRNRNRNRNRNRNR | hyper 7022HTN 7042.4 | NRNRNRNR | NRNRNR | non-ST elevation acute coronary syndrome  | 100mg AA and 75mg MD clopidogrel | NR |
| Harmsze, 201121854540NetherlandsPOPular | 725NR7663.2 | NRNRNRNRNRNRNRNRNR | 80.69.575.317 | NRNRNRNR | NRNRNR | CAD for PCI | clopidogrel LD 600 mg and 75mg/d >5 days+aspirin 80-100 mg day | NR |
| Harmsze, 201222228204NetherlandsNR | 820NR74.463.3+/-10.5 | 100NRNR7.0 CABGNRNR42.1NR | 80.410.0NR76.018.2 | NR10010025.4 | 100NRNR | CAD patients undergoing elective stenting | All patients used clopidogrel during the entire followup period at a daily dose of 75 mg Before PCI, all patients were pretreated with clopidogrel (75 mg/day for >5 days, loading dose of 300 mg >24 hr before PCI, or 600 mg >4 hr before PCI) | Aspirin maintenance dose, 80-100 mg dailyAspirin loading dose, 80-100 mg/day for >10 days before PCI6.5% of patients received glycoprotein IIb/IIIa inhibitors after platelet function testing |
| Kreutz, 201222427735USNR | 151White 77African-American 236358.4±9.9 yr | 100NRNRPCI 36, CABG 17NRNR18NRNR | 9644NR9640 | NR10010034 | NRNRNR | CAD patients receiving clopidogrel | Before study, 81-325 mg clopidogrel and aspirin daily; clopsidogrel 75 mg/day at least 14 days before enrollment or 600 mg loading dose for PCI | Glycoprotein IIb/IIIa users during PCI excludedAll patients were on aspirin |
| Dai, 201222704413ChinaNR | 520Chinese 1005963.5± 10.7 | NRNRNR100 (all PCI)NRNRNR3913§ | NR26NR8527 | NR10010021 | 100NRNR | Patients undergoing PCI with stenting (some PCI was emergency for AMI)‡ | Pretreatment with loading dose of 300 mg clopidogrel and aspirin 12 hr before PCI; after, 300 mg/day of aspirin and clopidogrel for the first month and 75 mg/day for the next 11 months | For AMI patients undergoing emergency PCI, 0.4 ml Low-molecular-weight heparin calium every 12 hr on the first day, followed by clopidogrel 75 mg/day and aspirin twice/day |
| Ono, 201121862109JapanNR | 202Asian75.2mean 68.9  | NRNRNRNRNRNRNRNRNR | hyper 75.721.8HTN 80.740.1 | NRNRNR28.7 | NRNRNR | CAD patients undergoing PCI | clopidogrel LD 300mgand 75mg MDaspirin 100mg/day | NR |
| Delaney, 201222190063USA NR | 693European American 88.263.568.4 | NRNRNRNRNRNRNRNRNR | hyper 92.8current 16.2HTN 80.834.8 | NRNRNRNR | 95.1BMS 29.6; DES 62.9NR | patients started clopidogrel after an MI and/or PCI with stent placement | clopidogrel | NR |
| Bhatt, 201222450429USACHARISMA | 226610071.964 | NR7.410.4PCI 28.4NRNR20.841.1NR | NR20.1HTN71.243.8 | NRNRNRNR | NRNRNR | patient on clopidogrel for high atherothrombotic risk and ischemic stabilization | clopidogrel | NR |
| Fontana, 201121692977SwitzerlandADRIE | 548NR8261.9 | 73.4NRICD 9.1NRNRNR17.5NRNR | hyper 66.220.6HTN 56.221.1 | NR96.7NRNR | 80.3NRNR | ischemic atherothrombotic disease (CAD, ICD, PAD) | aspirin and clopidogrel | NR |
| Aleil, 200919624462FranceVASP-02 [genetic reanalysis thereof] | 153NR8264.9 | NRNRNR7NRNRNR11NR | 6516NR6324 | NR10010027 | 100NRNR | Adults without ACS undergoing elective stenting | 300-600 mg clopidogrel as loading dose day before stenting; subsequent randomization to 75 or 150 mg daily for 2 weeks; also 75 mg/day aspirin | NR |
| Chen, 201222071359ChinaNR | 654Chinese, 100%81.565.17 | 100NRNR20.3 (PCI, 15.7; CABG, 4.6)NRNRNRNRNR | NR (but 28.7 on statins)NR75.74/129.5856.419.4 | NR95.797.722.8 | 65.9NRNR (but triple vessel in 17.0) | Adults with CAD proven on angiography (ACS or stable angina) | Clopidogrel (details NR; in 95.7% of patients) Aspirin (details NR; in 97.7% of patients) | NR |
| Kreutz, 201222385219USANR | 96NR53.156.3 | 100NRNRCABG 16NRNR2082NR | 100NRNR9735 | NRNR10030 | NRNRNR | Adults with stable CAD receiving dual antiplatelet therapy | 75 mg clopidogrel daily and aspirin 81-325 mg daily, for at least 14 days prior to enrollment | NR |
| Marcucci, 201222390861ItalyNR | 1187NR7569 | NRNRNRNRNRNRNR100 (ACS)35 | 5437NR6524 | NR10010094 | 100DES 18%/BMS NRNR | Adults undergoing PCI and stenting for ACS | 600 mg clopidogrel loading dose followed by 75 mg daily doseASA IV 500 mg followed by 100-325 mg daily dose | “Unfractioned” heparin 70 IU/kg during PCI |
| Mega, 201122088980USAELEVATE-TIMI 56 | 333White 88.0, black 9.0, Asian 2.4, other 0.674.860.2 | NRNRNRPCI 97.3, CABG 17.7NRNRNR57.1NR | 94.60 (exclusion criterion)76.0/126.886.235.4 | NRNR1000 (exclusion criterion) | NRNRNR | Adults with stable CV disease (MI or PCI >=4 weeks or <=6 mo before enrollment) | \*2 noncarriers randomized to receive 75 mg clopidogrel daily for 14 days and then 150 mg daily for 14 days OR vice versa\*2 carriers randomized to receive 225 mg clopidogrel daily for 14 days and then 300 mg daily for 14 days OR vice versaPatients had been taking 81-325 mg aspirin daily and maintained a stable dose if medically indicated | NR |
| Nishio, 201222785462JapanNR | 160100 Japanese7669.7 | NRNRNRNRNRNRNRNRNR | 6839NR8347 | NRNRNR49 | 100DES 100NR | PCI with DES | Clopidogrel: 300 mg loading dose given at least 24 hr before PCI; maintenance dose, 75 mgAspirin: 100 mg maintenanceMaintenance doses given for at least 1 yr after | NR |
| Park, 201222507978KoreaACCEL-STATIN | 50NR6861 | NRNRNR100 PCI00NR68NR | 10032NR4818 | NR1001000 | 9492 DES, 2 BMSNR | Adults with HPR having had a PCI with >=6 mo of antiplatelet therapy | All patients had received clopidogrel (75 mg/day), atorvastatin (10 mg/day), and aspirin (100 mg/day) for at least 6 mo | NR |
| Teixeira, 201222377481PortugalNR | 95NR83.262.0 median | NRNRNRNRNR27.4NR72.637.9/34.7 | 62.120.0790/140.076.831.6 | NR16.840.0NR | NRNRNR | Patients <75 yr admitted for ACS and survived | 75 mg/day clopidogrel on discharge from hospitalAspirin 100 mg/day on discharge | NR |
| Parri, 201222727972ItalyNR | 105NR7860 | NRNRNR100 PCINRNRNR11100/0 | 5654NR5417 | NR100100NR | NRNRNR | Patients with STEMI and undergoing PCI | Aspirin 100 mg/day; clopidogrel loading dose 300 mg, then 75 mg/day | Periprocedural gp IIb/IIIa antagonists used at the discretion of investigators |
| Yamane, 201222472213JapanNR | 40NR82.567.8  | NRNRNRNRNRNRNR50NR | NR22.592.560 | NRNRNR62.5 | 100NRNR | PCI, stent | aspirin 82-162 mg/day and 75 mg/day clopidogrel daily | PPI (omeprazole or rabeprazole) |
| Hsu, 201121144850TaiwanNR | 165NR75.271.9 | NRNRNRNRNRNRNRNRNR | NR9.168.535.2 | NRNRNRNR | NRNRNR | atherosclerosis | clopidogrel 75 mg or 35.5 mg/day for 2 weeks | esomeprazole |
| Kim, 201222007612KoreaACCEL-TRIPLE | 127NR70.162.9 | NRNR3.13.125.231.5NR52.822.8/20.5 | hyper 25.244.153.535.4 | NRNRNR3.1 | 100DES 96.8BMS 1.6Ballooning only 1.6multi 29.1 | patients with PCI | cilostazol 100 mg twice a dayclopidogrel 75 mg once a dayaspirin 200mg once a day | none |
| Siller-matula, 201222260716AustriaPEGASUS-PCI | 416NR7664±12 | NRNRNRPCI 47NRNR133118/NR | hyper 7655htn 8432 | NR10010076 | 100DES 99NR | CAD patients undergoing PCI | clopidogrel LD 600mg, MD 75mg | NR |
| Bonello, 201222285300FranceNR | 498NR80Mean: 62±12 | NRNRNRNRNRNRNRNRNR  | 5342NR5429 | NRNRNR12 | NRNRNR | PCI for non-ST elevation Acute Coronary Syndrome (NSTEACS) | oral LD: 600 mg clopidogrel and 250 mg aspirin | NR |
| Simon, 201121918510FranceFAST-MI | 2208 (1538 who underwent PCI)NRNRNR | NRNRNRNRNRNRNRNRNR | NRNRNRNRNR | NRNRNRNR | NRNRNR | Patients with Acute MI (subgroup of patients with Acute MI who undergoing PCI) | Clopidogrel LD: 300-900 mg; MD 75 mg/d | NR |
| Collet, 201121511218FranceCLOVIS-2 | 106White European: 81.1%; North African 12.3%; Black 0.9%;Asian 5.6%100Mean 40.1 ± 4.8 | 38NRNRBypass: 5.6%; PCI:88.8%; Both:5.6%NRNRNR100NR | 68.956.9NRHTN:28.315.1 | NR82.192.144.3 | NRNRTriple vessel: 16.2 | CAD patients with a history of AMI | LD: Clopidogrel 300 or 900 mgMD: Aspirin 75 mg/d and/or clopidogrel 75 mg and | NR |
| Jaitner, 201222298798GermanyNR | 1474Caucasian: 100%78Weighted mean (from cases and control groups reported separately): 67.4 | NRNRNRCABG 14.1NRNRNR32.2STEMI:3.1 | 1714NRHTN 90.929 | NR100100NR | 100DES:100%NR | CAD pts undergoing PCI (from a cohort and a registry) | Pretreatment with a loading dose of 600 mg of clopidogrel prior to the procedure. The recommended pr-treatment interval was ≥ 2 h. | Excluded patients on GP IIb/IIa during the 10 days before the PCI |
| Hochholzer, 201121884870NREXCELSIOR | 765Caucasian: 100%NRNR | NRNRNRNRNRNRNRNRNR | NRNRNRNRNR | NRNR100NR | NRNRNR | Patients undergoing PCI | Pretreatment with LD of 600 mg of clopidogrel prior to PCI. After PCI, MD of aspirin (≥100 mg/d) and clopidogrel (75 mg/d) for 30days (bare-metal stents) or 6 months (at least 1 drug-eluting stent) | NR |
| Kassimis, 201221831410GreeceNR | 146NR91.8mean 62.02 ± 11.08 | NRNRNRPCI: 10.3NRNRNR11NR | 63.752.7NRHTN: 6133.6 | NR>7 days: 22.6NR95.9 | NRNRNR | CAD patients undergoing PCI with stenting | No clopidogrel LD for those on 75 mg/d MD; LD 600 mg before PCI (if no and <7 days pretreatment)Post PCI: Clopidogrel MD 75 mg/d and aspirin 100 mg/d | NR |
| Namazi, 201222265638IranNR | 112NR70mean 58 ± 11 | NRNRNRNRNRNRNRNRNR | 6842NRHTN: 5119 | 07 days before PCI: 07 days before PCI: 100NR | 100DES: 100NRMultivessel disease: 30% | CAD patients undergoing PCI with stenting | Clopidogrel LD: 600 mg Clopidogrel MD: 150 mg/day for two weeks and 75 mg/day for 12 monthsAspirin 80 mg/d | Unfractionated heparin (50–70 IU/kg) immediately before stenting |
| Rideg, 201121806387HungaryDOSER | 189NR61.4weighted mean 61.8 | NRNR2.6PCI-7.4/CABG-10.61000NRNRNR | 51.935.4NR85.237.5 | NR17.5NR23.2 | NRDES: 68.8NR | Stable angina patients for coronary stent implantation | LD: 600 mg clopidogrel & 300 mg aspirinRandomized to 4 weeks of 75 or 150 mg clopidogrelMD: 75 mg clopidogrel/day | NR |
| Jeong, 201122045970KoreaNR | 266East Asian: 10073.3mean 63±11.9 | NRNR2.6PCI: 7.5/CABG:0.8NRNRNR10052.6/47.4 | 26.753NR4726.3 | NRNRNR1.5 | 90.6DES: 89.8/BMS:0.8mulitvessel: 25.6 | AMI patients who underwent PCI/angiography | LD: 600 mg clopidogrel & 300 mg aspirinMD: 75 mg/d clopidogrel & aspirin 200 mg/d for 1 month and 100-200 mg/day for 1 year | Anticoagulation with low-molecular weightheparin (enoxaparin) or unfractionated heparinbefore angiography |
| Chan,201222462746SingaporeNR | 89Chinese: 61.8/Malay & Indian: 38.275.3weighted mean: 55.4 | 89.9NRNRNRNRNRNRNRNR | NR32.5NRNR40.4 | NR10010030.3 | NRNRNR | CAD patients undergoing PCI/angiography | LD: 300 mg clopidogrel MD: 75 mg/d clopidogrel for 5-7 days | NR |
| Goodman, 201222261200Multi-countryPLATO | 4,903NRNRNR | NRNRNRNRNRNRNRNRNR | NRNRNRNRNR | NRNRNRNR | NRNRNR | ACS patients undergoing PCI | Clopidogrel 300-mg loading dose, 75-mg daily maintenancedose | NR |
| Park, 201222735685KoreaCROSS-VERIFY | 1258East Asian: 10067.9mean: 64±9 | NRNRNRNR58.135.6NR5.1NR | 45.949.1NR6832.1 | NRNRNR2.5 | 100DES: 100NR | CAD and ACS patients undergoing PCI | LD: 300 -600 mg of clopidogrelAspirin 100 mg per day. | NR |
| Kreutz, 201222459907USANR | 55African American: 1380mean 62±9 | 6715NRNRNRNRNRNRNR | 9133NR9845 | NRNRNR42 | NRNRNR | CAD patients undergoing PCI | LD: 600 mg of clopidogrel | NR |
| Yan, 201121778720ChinaNR | 497East Asian:10082.765.2 | NRNRNRPCI:10.7/CABG:3.8NRNRNR37.8NR | NR60.8129.1±22.3/75.6±13.754.118.9 | NRNR40.4NR | NRNRNR | Adult ACS patients for PCI | Clopidogrel + Aspirin (Regimen and Dose NR) | β-Blockers, CCB, ACEI/ARB, Statin, PPI |
| Jeong, 201222837373KoreaACCEL-DM | 80NR68.863 | NRNR7.520/3.826.325NR13.848.8 | hyper 33.842.570NR | NRchronic use 58.8300 mg loading dose 41.3NR7.5 | NRDES 96.3ballooning 3.828.8 | type 2 diabetes undergoing PCI | elective patients LD clopidogrel 300mg.Acute MI clopidogrel LD 600 mg. after randomization, triple group receive cilostazol 100mg bid, clopidogrel 75mg MD, aspirin 200 mg/d, double group receive clopidogrel 150mg/d MD, and aspirin 200 mg/d. | NR |
| Cayla, 201122028352FranceONASSIST | 369Caucasian: 96.3/Black:0.4/Asian:3.380.562.7 | NRNRNR4.1 (CABG)NRNR11.443.9NR | 58.130.950.421.5 | 2.410010053.3 | NRDES: 51.53 vessel: 26.8 | Cases: Patients with stent thrombosis from a registryControls: Patients receiving dual antiplatelet therapy | clopidogrel or aspirin (Dose and frequency NR) | NR |
| Hulot, 201121972404FranceAFIJI | 371European: 94.8/Black 2.2/Asian 384.640.3 | NRNRNRPCI = 79.8; CABG = 8.1NRNRNR100NR | 56.151.523.210.5 | NRNRNRNR | NRNRNR | CAD patients with history of MI | MD clopidogrel 75 mg/d | NR |
| Hulot, 201121972404 FranceCLOVIS-2 | 106NR (~95% in parent registry)10040.1 | NRNRNRNRNRNRNR100NR | NRNRNRNR | NRNRNR | NRNRNRNR | CAD patients with history of MI | LD: 300 or 900 mg | NR |
| Roberts, 201222464343CanadaRAPID GENE | 187White: 94.778.160.2 | NRNRNRNRNRNRNR16NR | 81.33163.622.5 | 0NR9219.8 |  | Adult patients undergoing PCI for non- ST-elevation acute coronary syndrome or stable coronary artery disease | CYP2C19\*2 Carriers : 10 mgprasugrel dailyNon-carriers: 75 mg clopidogrel daily | NR |

† Mean (standard deviation), unless otherwise stated.
§This entry is intended to be for “STEMI/Non-STEMI” but the article reports “Non-STEMI/STEMI” given as a single percentage, so the meaning is unclear.
‡Patients were selected for “blood stasis syndrome” (a diagnosis in traditional Chinese medicine) but also for having undergone PCI with stent placement. Because patients were only eligible if they had undergone PCI and were enrolled after PCI, the study was included.
Data are means unless otherwise indicated; “estimated” is noted if reported as an estimate. ACS = acute coronary syndrome; AMI = acute myocardial infarction; BMS=Bare metal stents; BP = blood pressure; CABG = coronary artery bypass grafting; CAD = coronary artery disease; DES=Drug eluting stent; HTN = hypertension, IV=Intravenous; LD=Loading dose; MD=Maintenance dose; MI = myocardial infarction; NR=Not reported; NSTE = non-ST-elevation; NSTEMI = non-ST-elevation MI; PAD = peripheral artery disease; PCI = percutaneous coronary intervention; pts = patients; STEMI = ST-elevation MI; TIA = transient ischemic attack; UFH=Unfractionated Heparin; ICD, ischemic cerebrovascular disease.