**Appendix Table E27. Baseline characteristics of patients with ischemic heart disease in studies assessing the predictive ability of VerifyNow**

| **Author, year [ref]****UID****Country****Study Name** | **Demographics****Total N Enrolled** **Race (% by group)****Male (%)****Age\*** | **Vascular disease history****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(%)** | **Vascular risk factors****Dyslipidemia (%)****Smokers (%)****BP(mmHg diastolic/systolic** **HTN (%)****Diabetes (%)** | **Prior medications****(pre-study)****Vitamin K antagonist(%)****Clopidogrel(%)****Aspirin(%)****PPI(%)** | **Procedural data****Stent implantation(%)****Type of stent(%)****Multi-or single vessel(%)**  | **Current indication for clopidogrel treatment** | **Current antiplatelet regimen** | **Co-medication** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cotton, 201020406238UKNR | 49NR6763±11 | NRNR0CABG 6NRNRNR29NR | hyper 59Ex-smoker 29current 31HTN 6124 | NR1009439 | NRNRone vessel 45two vessel 10three vessel 0 | ACS | at least 300 mg clopidogrel loading dose if >12 prior to angiography followed by 75 mg daily as maintenance, or 600 mg loading if <12 h prior to angiography with 75 mg daily maintenance | NR |
| Angiolillo, 200718312754USAOPTIMUS | 34NR22 (64.7)64.5±9 | NRNRNRCABG 6(17.6)NRNRNR14 (41.2)NR | 31 (91.2)10 (29.4)31 (91.2)100 | NR100100NR | NRNR27(79.4) | Patients underwent PCI and were treated with standard clopidogrel | Clopidogrel 75 mg/day, and 1 month after clopidogrel 150 mg/day. Thereafter, all patients resumed the standard 75 mg/day maintenance dose. | None |
| Breet, 201020179285NetherlandsPOPULAR | 1069NR7564±10.6 | NRNRNRNRNRNRNR54.5NR | 80.311.1HTN 76.918.6 | NR10089.427.8 | 100DES 63.5NR | coronary artery disease scheduled for elective PCI with stent | clopidogrel treatment (a maintenance of 75 mg/d therapy for>5 days or a loading dose of 300 mg ≥24 hours before PCI or 600 mg ≥4 hours before PCI) and aspirin (80-100 mg/d ≥10 days). | unless they were receiving long-term anticoagulation with warfarins |
| Kim, 201020449634KoreaNR | 1058NR70.162.2±11.2 | 62.2±11.2NR3.6%PCI 30.4%NRNRNR20.9%NR | 19%39.8%52%29% | NR25.3%NRNR | NRNR27.6% | Patients treated with coronary stenting for symptomatic coronary artery disease, including acute myocardial infarction (AMI) and on chronic clopidogrel therapy | scheduled coronary stenting procedures, 300-mg loading-dose (LD) of clopidogrel at least 12 h before procedure. In AMI patients, all received a 600-mg LD of clopidogrel immediately after emergency room arrival, followed by a maintenance dose of 75 mg daily.  | If use of glycoprotein IIb/IIIa inhibitor (GPI) was deemed necessary, only tirofiban, which has a short half-life, was administered. |
| Ko, 201121315223KoreaNR | 222?Asian 152 (69)63.3 ± 10 | 100NRCVA: 14.9PCI: 37 (16.7); CABG: 1 (0.5)NRNRNR5.9NSTEMI: 10.1 | Hypercholesterolemia: 46.8Current: 12.2HTN: 72.132 | NR72.189.6NR | 100Drug elutingMulti-vessel; Stents/pt: 1.8±1 | Patients undergoing percutaneous coronary intervention (PCI) for CAD | All patients were pretreated with aspirin (100 mg/d) and clopidogrel (75 mg/d) at least 5 days before PCI or received oral loading doses of 250 mg aspirin and 300 mg clopidogrel 12 to 24 hours before PCI.Maintenance doses of 100 mg aspirin and 75 mg clopidogrel after PCIAfter PCI, dual antiplatelet therapy with 100 mg/d aspirin and 75 mg/d clopidogrel was continued for at least 6 months | NR |
| Campo, 20102095132010 sites in Italy, Belgium, France, Spain3T/2R trial | total 468NR349 (74.6)67±10.5 | NRNRNRPCI 195 (41.7); CABG 44 (9.4)152 (32.5)NRNR196 (41.9)NR | 268 (57.3)120 (25.6)346 (73.9)111 (23.7) | NR396 (84.6)NRNR | NR362 (77.4)multi 301 (64.3) | Patients scheduled for coronary angiography or PCI | clopidogrel 600 mg at least 2 h before or 300 mg at least 6 h before or 75 mg/day for at least 7 days. Aspirin (100 mg/day) was given to all patients indefinitely. Clopidogrel (75 mg/day) was given for at least 1 month to patients with stable disease as an indication for PCI and receiving bare metal stent implantation, whereas it was given for at least 1 year to patients with unstable angina and/or who were receiving drug-eluting stent implantation. | In poor responders, which were included in the 3T/2R main study, the use of tirofiban was randomized as previously reported . Conversely, in other patients, the use and type of glycoprotein (GP) IIb/IIIa inhibitors were according to the operator’s choice. |
| Campo, 201121679849ItalyNR | 300NR231 (77%)66 ± 13 mean±SD | NRNRNRPCI, 47 (16%); CABG, 34 (11%)NRNRNR81 (27%)Non-STEMI ACS 184 (61%) | Hyperlipidemia 153 (51%)71 (24%)HTN 215 (72%)71 (24%) | NR100%; at 6 mo, 290 (97%)100%; at 6 mo, 298 (99%)158 (53%) | NRDES 214 (71)Multivessel PCI 109 (36) | Patients undergoing PCI for ischemic heart disease  | All patients were treated with 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. |
| Cuisset, 200818549843BelgiumNR | 122NR95 (77.9%)67.2 | NRNRNRPrevious PCI/MI: 37%NRNRNRPrevious PCI/MI: 37%NR | 65.6%29%HTN: 61.5%30.3% | NRNRNRNR | NRNRNR | Patients undergoing PCI for ACS | loading doses of clopidogrel 600 mg and aspirin 500 mg the day before the procedure | All pts: received intravenous heparin to achieve a target activated clotting time of 250 to 350 seconds. |
| De Miguel Castro, 200919232185SpainNR | 161NR120 (75%)67.6 ± 1.9 | NRNRNRPCI: 12%; CABG: 7%NRNRNR21%NR | 53Current: 19%HTN: 59%27% | NR14%NRNR | NRNRLAD: 2%Multivessel: 54% | Patients with acute NSTE ACS undergoing coronary angiography | clopidogrel 300 mg LD + followed by 75 mg/d MD for 9 -12 monthsAspirin: 250 mg LD followed by 100 mg/d MD. |  |
| Gladding, 200819463375New ZealandSecondary (but not subgroup) analysis of PRINC (Plavix Response in Coronary Intervention) Trial | 60Caucasian: 57 (95%)50 (83%)68 (10) mean (SD) | NRCHF 2 (3%)NRPrior PCI: 12 (20%); Prior CABG: 6 (10%)NRNRNRNR3 (5%)/4 (7%) | NR6 (10%)HTN 34 (57%)11 (18%) | NR0% [exclusion criterion]59 (98%)NR | NRMultiple stents 9 (15%); DES 21 (35%)NR | 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. |  |
| Huczek, 201121443410PolandNR | 374NR230 (61.5%)66.6 ± 11.3 | NRNREjection fraction: 47.5±10.1; Killip>I: 65 (17.4)NRNRNRNRNRNRSTEMI: 44.9 | 222 (59.4)48.1%HTN: 67.1%19.8% | NRNRNR69.5% | NR; No. of stents 1.47±0.8Drug-eluting stents: 16 (4.3%)Multi-vessel disease: 83 (22.2%) | Patients undergoing PCI for ACS | **Clopidogrel**: 600mg loading dose before PCI and 75mg daily for 30 days after PCI**Aspirin**: 300mg oral dose before PCI and 75mg daily after PCI | Unfractionated heparin was administered as weight adjusted bolus (70 IU/kg) and if needed additional boluses were given under the guidance of activated clotting time (ACT) in order to reach the range of 300–350 |
| Kim, 201121786434South KoreaCiLostazol administration before pErcutaneous coronAry intervention for Reduction of periprocedural myonecrosis trial (CLEAR trial) | 110NR53 (48%)Mean +/-SD66+/-9 yr | NRNRPrevious stroke 3%PCI 5%/CABG 0%NRNRNR2%NR | Hyperlipidemia 21.814%HTN 68%42% | NR100%99%NR | 100%DES 100%NR but no. of diseased vessels,1—45%2—31%3—24% | patients with typical angina, not on statins and without elevated levels of cardiac enzymes scheduled for drug-eluting stent (DES) implantation in de novo coronary artery lesions | All patients received daily aspirin 100-200 mg and clopidogrel 75 mg starting from 7 days before the elective PCI. Patients were randomized to also receive cilostazol 200 mg/day for 7 days (Cilostazol group) or no pretreatment (control). All patients received clopidogrel 75 mg/day for at least 6 months in addition to continued aspirin (100 mg/day). | Before PCI, all patients received a 60 IU/kg intravenous bolus of unfractionated heparin. Glycoprotein IIb/IIIa inhibitors were administered at the operator’s discretion. |
| Lee, 200920049136South KoreaNR | 237NR160 (68%)65.2±10.3 years mean±SD | NRNRNRPCI 10%NR162 (68%)NR8%NSTEMI 75 (32%) | NRCurrent smoker 21%HTN 51%29% | NR100%100%NR | 100%DES 100%NR | ACS patients undergoing DES stenting | Prior to stent insertion, all the patients received a pre-treatment using 600 mg clopidogrel and 300 mg aspirin. In patients who received a DES, 100 mg aspirin was administered for life and 75 mg clopidogrel was administered for at least 6 months in principle. |  |
| Mangiacapra, 201020298992ItalyNR | 250NR200 (80%)65.6 | NRNRNRPCI:40.4%;CABG: 5%16%84%NR27.2%NR | hyperlipidemia: 73.6%Current: 21.2%HTN: 75.2%33.2% | NR11.2%100%28% | NRNRNR | Patients undergoing elective PCI | 600-mg clopidogrel LD or were on therapy with clopidogrel 75 mg/day for at least 5 days.Chronic aspirin treatment (dose NR) | Procedural anticoagulation with unfractionated heparin (100 U/kg) |
| Mangiacapra, 201020129566BelgiumNR | 338NR274 (81%)67±10 | NRNRNRmultivessel PCI: 18%NRNRNR25%NR | 74%19%HTN: 72%37% | NRNR100%26% | Direct stenting: 37%Drug eluting: 43%NR | Patients undergoing angiography for stable angina or have stenotic coronary artery | clopidogrel 600 mg and aspirin 500 mg loading doses at least 12 h before PCI |  |
| Mangiacapra, 201020723634ItalyNR | 285NR224 (78.5%)66.4 | NRNRNRPCI: 38.6%/CABG: 5.6%NRNRNR30.9%NSTEMI: 54% | hypercholesterolemia: 75.4%Current: 18.9%HTN (>140/90 mm Hg): 79.3%NR | NR24.9%100%30.2% | NRNRNR | Patients undergoing elective PCI for stable angina or non–ST-elevation acute coronary syndromes | clopidogrel 600 mg LD + 75 mg MDAspirin 100 md LD + 100 mg MD | Procedural anticoagulation: unfractionated heparin (100 U/kg) |
| Marcucci, 200919118249ItalyNR | 683NR517 (75.6)69 (range 29-94) | NRLVEF <40%: 25.5%NRNRNRNRNRNRSTEMI: 28% | 52.3%30.8%HTN: 67.3%26% | NRNRNR92.9% | NRDES: 17.7%NR | Patients with ACS who underwent PCI | clopidogrel 600 mg LD + daily dose of 75 mg MDASA 500 mg IV LD + daily dose of 100 to 325 mg PO MD | unfractionated heparin 70 IU/kg during the procedure |
| Patti, 200818804738ItalyARMYDA-PRO (Antiplatelet therapy for Reduction of MYocardial Damage during Angioplasty-Platelet Reactivity Predicts Outcome) | 160NR129 (81)66 ± 9 | NRNR;Left ventricular ejection fraction (%): 56± 7NRPrevious coronary intervention: 39%NRNRNR28%ACS/NSTEMI: 54% | Hypercholesterolemia: 74%NRNRNR | NRChronic clopidogrel therapy: 40 (25%); everyone received clopidogrel before PCI100NR | 149 (93%)Drug eluting: 41 (26%)Multivessel: 28 (18%) | Patients undergoing PCI for ACS, including those who have had a myocardial infarction | Clopidogrel before PCI: 600 mg loading dose approximately 6 h before intervention (n=120); 75 mg/day for ≥ 5 days (n=40) Post PCI: continued for 1 month after PCI (dose NR, presumable 75 mg/day)Aspirin: Dose NR |  |
| Patti, 201121256470ItalyAntiplatelet Therapy for Reduction of Myocardial Damage During Angioplasty (ARMYDA)–Bleeding Study (ARMYDA-BLEEDS) | 310NR243 (78%)67+/-10 (mean SD) | NRNR10 (3%)PCI 123 (40%)210 (68%)UA or non-STEMI 100 (32%)NR91 (29%)NR | Hypercholesterolemia (>200 mg/dl) : 220 (71%)NRNR115 (37%) | 0% (exclusion criterion)100%NRNR | NRDES 95 (31%)NR | clopidogrel-treated patients who underwent PCI | Patients receiving long-term clopidogrel therapy were not reloaded in the catheterization laboratory. Clopidogrel was continued (75 mg/day) for 1 month after PCI, except in patients receiving drug-eluting stents or treated for ACS, in whom the drug was discontinued 1 year after intervention. Aspirin was given to all patients and continued indeﬁnitely. | All interventions were performed using the femoral approach, with weight-adjusted intravenous unfractionated heparin (70 IU/kg body weight). During PCI, bivalirudin was used instead of unfractionated heparin in patients considered at high bleeding risk (age >75 years, history of previous bleeding, renal failure, low body weight); periprocedural use of glycoprotein IIb/IIIa inhibitors was left to the operator’s discretion according to the presence of thrombus at the site of the index stenosis, occurrence of no reﬂow, or vessel closure. |
| Price, 201121406646USAGauging Responsiveness with A VerifyNow assay—Impact on Thrombosis And Safety (GRAVITAS) | 1691White race: 1652 (97.7%)1193 (70.1%)Mean: 63.1 | NRNRNRPCI: 45.5%;CABG: 20.7%58.5%UA without ST-segment depression or elevated biomarker levels: 25.5%NR29.8%NR | Hyperlipidemia: 85.9%Current (smoker within previous 7 days): 16%HTN: 82.4%40.7% | NR600-mg loading dose: 52.5%; 75 mg/d >7 d: 37.3%; Loading dose ≥300 mg, followed by 75 mg/d >7 d: 10.2%88.4%26.2% | NRNRNR | PCI for ACS and MI | Before randomization: If not exposure before, clopidogrel 300-600 mg LD givenOnly Standard dose subjects included for KQ2b: loading dose of placebo followed by a dose of 75 mg and placebo tablet daily.Aspirin: 75 to 162 mg daily |  |
| Price, 200818263931USANR | 380NR292 (76.8)68±11 | NRNRNRNR356 (93.7)NRNR120 (31.6)NR | NR34 (8.9)335 (88.2)110 (28.9) | NR100328 (86.3)NR | NRNRNR | Patients with one lesion ≥50% diameter stenosis requiring PCI. | All patients received aspirin 325 mg on the day of the procedure. Patients not previously on clopidogrel: 600 mg loading dose at the conclusion of the procedure. Patients were instructed to take aspirin 325 mg indefinitely and clopidogrel 75 mg daily for a minimum of 3 months post-procedure. |  |
| Saw, 200819463380CanadaBRIEF-PCI | 209NR169 (80.9)NR | NRNRNRPCI: 47 (22.5)/CABG: 10 (4.8)NRNR11(5.2)64 (30.6)NR | 165 (78.9)48 (23%)120 (57.4)31 (14.8) | NR100100NR | NRDES 77(36.8)NR | Patients underwent PCI | aspirin (≥81 to 325 mg daily for at least 5 days) and clopidogrel (received 75 mg/day for ≥5 days or 300-mg loading dose ≥6 h prior or 600-mg loading dose ≥2 h prior) |  |
| Valgimigli, 20091952833710 sites in Europe (Italy, Belgium, France, Spain)Tailoring Treatment With Tirofiban in Patients Showing Resistance to Aspirin and/or Resistance to Clopidogrel (3T/2R) study | 263 (including aspirin nonresponders, who are not of interest)NR193 (73%)68+/-10 yr | NRNR14 (5%)PCI 103 (39%)/CABG 17 (6%)110 (42%)86 (33%)NR113 (43%) | Hyperlipidemia 161 (61%)Current cigarette use 40 (15%)HTN 188 (71%)69 (26%) | NR81 (31%)248 (94%)NR | NRNRNR | Adults with stable or troponin-negative non-STEMI ACS undergoing coronary angiography or PCI | Clopidogrel loading dose (300 or 600 mg) 2-6 hr before PCI except in those who’d been on clopidogrel for at least 7 days previously at a dose of 75 mg/day. IV aspirin was permitted at the time of angioplasty. | Patients were randomized to tirofiban (50 ml) or placebo. Heparin or bivalirudin was permitted. |
| Vavuranakis, 201121712606GreeceNR | 74NR60 (81.1%)60.9 ± 11.9 | 27%Impaired Killip class (≥ III): 20.3%NRPrevious PCI: 13.5%/Previous CABG: 4.1%NRNRNRNRSTEMI: 100% | 47.3%73%HTN: 45.9%21.6% | NR10.8%24.3%NR | NRNRNR | Patients undergoing PCI for ACS (NSTEMI) | 600 mg clopidogrel LD (300 mg LD in those already receiving it >1 week) + 75 mg MD325 mg of acetylsalicylic acid from day 1-7 + 100 mg MD from day 7 | glycoprotein IIb/IIIa inhibitor only in patients with total occlusion after successful crossing of the lesion with the guide wireIntravenous bolus unfractionated heparin (100 IU/kg) was given during PCI β-blockers and statins were given to all patients after PCI |
| Breet, 201121478385The NetherlandsPOPular | 951NR717 (75.4)64±10.6 | NRNRNRNRNRNRNR519 (54.6)NR | Hyper 769 (80.9)107 (11.3)737 (77.5)175 (18.4) | NR489 (51.4)NR270 (28.4) | Total length 28.3±17.1DES 604 (63.8)NR | Patients scheduled for PCI with stent implantation | All patients on aspirin 80-100 mg daily for >0 days unless they were on long-term anticoagulation with coumarin derivatives; clopidogrel - chronic maintenance therapy of 75 mg for >5 days or a clopidogrel loading dose of 300 mg at least 24 h before PCI or 600 mg at least 4 h before PCI. Aspirin 80-100 mg daily for ≥10 days unless they were on long-term anticoagulation with coumarin derivatives. |  |
| Suh, 201121232664KoreaCILON-T | 915NR68.564.4±13 | NRNRNRPCI 7.5; CABG 2.3 39.245.2NR10.2NR | 173/915 (18.9%)25.3SBP 128; DBP 78.8; HTN 65.7% 33.8 | NRNR98.42.3 | NRTAXUS 50.4; ENDEAVOR 4534.9 | patients had angina pectoris or native coronary artery lesions | All patients were given aspirin and clopidogrel before coronary intervention. Loading doses of aspirin (300 mg) and clopidogrel (300 to 600 mg) were given to patients who had not taken aspirin or clopidogrel before. Aspirin (100 mg daily) and clopidogrel (75 mg daily) were given for at least 6 months.  | The decision of pre-dilation or direct stenting was made by the operator, as was the use of glycoprotein IIb/IIIa inhibitor. |
| Price, 201121875913USAGauging Responsiveness with A VerifyNow assay—Impact on Thrombosis And Safety (GRAVITAS) | 2553NRNRNR | NRNRNRNRNRNRNRNRNR | NRNRNRNRNR | NRNRNRNR | NRNRNR | PCI for ACS and MI | Highdoseclopidogrel : 600 mg LD + 150 mg daily MDStandard-doseClopidogrel: 75 mg/day MDAspirin: 75 to162 mg daily |  |
| Park, 201122152948KoreaNR | 900NR71.161.7±9.7 | NRNR4.91855.6NRNR5.9NR | hyper 6125HTN 58.928.5 | NR65.5NR2.6 | 100NR51.6 | patients undergone PCI with at least 1 DES for stable angina or ischemia, or non-ST-segment elevation ACS | clopidogrel LD 300 or 600 mg>=12h before PCI, MD 75mg/dayaspirin LD 200mg, MD 100-200 mg/day | NR |
| Park, 201121880289KoreaCROSS-VERIFY | 809NR (?Asian-100%)67%63.9y | NRNRPrevious CVD: 6%NR63.9%NR7%NR | 46%Current: 18%HTN: 66%31% | NRNRNR1.7% | 98%DES:100%3 vessels: 32% | PCI with stenting for CAD | Clopidogrel LD: 300 mg / 600 mg (if PCI < 6 hrs); MD: 75 mg/day x 6 months; Aspirin 100 mg/day x 6 months |  |
| Mangiacapra, 201222440493Italy & BelgiumARMYDA-PROVE | 732NR73%66±10 | 100%NRNRPCI:33%100%NRNR30%NR | Hyperlipidemia: 75%Current smoker: 20%HTN: 78%30% | NR12%100%34% | NRNRMultivessel: 43% | PCI with stenting for CAD | Clopidogrel LD: 600 mg loading dose ≥6 h before PCI or 75 mg/d x 5 daysClopidogrel MD: 75 mg/d from 4 weeks to 12 monthsAspirin 80-100 mg/day | Unfractionated heparin till activated clotting time of 250-300 secs |
| Jin, 201222682702KoreaNR | 181NR83.461.3 | NRNRNRNRNRNRNR3.9NR | NR51.438.124.9 | NRNRNR7.7 | NR1st generation 53.62nd generation 46.4multi vessel 12.2 | ST-segment elevation MI for PCI | 600 mg 600 mg clopidogreland 300 mg aspirin LD, 75 mg clopidogrel wascontinued for at least 12 months and 100 mg aspirin was prescribed as MD | heparin during the procedure to maintain an activated clottingtime of ≥250 s. |
| Yu, 201222787468KoreaNR | 186NR66.162.7 | NRNR5.423.79.762.4NR21.58.6/19.4 | hyper 21.532.8HTN52.738.2 | NRNRNR1.1 | 1 VD 30.62 VD 41.43 VD 28.0NR | CAD patients undergone PCI with drug-eluting stent implantation | LD 300mg aspirin and 300 mg clopidogrel,  | NR |
| Saraf, 201020447533UKNR | NRNRNR NR | NRNRNRNRNRNRNRNRNR | NRNRNRNR | NRNRNRNR | NRNRNRNR | ACS patients undergoing PCI, CABG or medical treatment | LD 300mg aspirin and 300 mg clopidogrel, MD 75 mg aspirin and 75 mg clopidogrel for 1 year | unfractionated or low molecular weight heparin (LMWH) |
| Ari, 201121239075TurkeyEFFICIENT | 192NR79.757.6 | NRNRNRNRNRNRNRNRNR | NR69.3NR24.5 | NRNRNR25 | NRNR1 vessel 882 vessels 11.9  | PCI | clopidogrel 75mg/day or 150 mg/day for 1 month  | NR |
| Aradi, 201221902692HungaryNR | 200NR60.761.9 | NRNR3.1PCI 7.7; CABG 10.2NR100NRNRNR | 52.636.785.238.3 | NRNRNR24.5 | NRDES 68.4NR | stable angina patients with de novo stenosis feasible for as hoc coronary stent implantation | LD clopidogrel 600 mg, 300 mg aspirin. MD clopidogrel 75 mg or 150 mg for 4 weeks | NR |
| Gaglia, 201221919956USANR | 20069.572.563.5 | NR17.5NRPCI=39.9/CABG-23%NRNR14.6NRNR | NR29.587.434.8 | NRNRNRNR | NRNRNR | CAD and ACS patients undergoing PCI & stenting | LD: 600 mg loading clopidogrel or 75-mg for 5 days MD: Aspirin + clopidogrel 75 mg for 1 month in patients with BMS and 12 months in patients receiving DES | NR |
| Codner, 201222534051IsraelNR | 57NR9154.5 | 7NRNRPCI-16/CABG-7%NRNRNR18NR | 58394519 | NRNRNRNR | NRNRNR | PCI for ACS | LD: clopidogrel 600 mg and aspirin 100 mg MD: clopidogrel 75 mg/d and aspirin 100 mg/d | heparin, bivalirudin, and/or glycoprotein IIb/IIIa inhibitors |

\*Mean (standard deviation), unless otherwise stated.
**Abbreviations:** ACS = acute coronary syndrome; AMI = acute myocardial infarction; BMS=Bare metal stents; BP = blood pressure; CABG = coronary artery bypass grafting; PTCA=percutaneous transluminal coronary angioplasty; CVA=cerebrovascular accident; CVD=cerebrovascular disease; CAD = coronary artery disease; VD, vessel disease; DES=Drug eluting stent; BMS=bare metal stent; HTN = hypertension, IHD: Ischemic heart disease; MI = myocardial infarction; NSTEMI = non-ST-elevation MI; LVEF=left ventricle ejection fraction; PAD = peripheral artery disease; PCI = percutaneous coronary intervention; STEMI = ST-elevation MI; TIA = transient ischemic attack; PPI=proton pump inhibitor; UFH= Unfractionated Heparin; BP=blood pressure; hyper=hypercholesterolemia; LD=loading dose; MD= maintain dose; ASA=aspirin; GP IIb/IIIa inhibitors =Glycoprotein IIb/IIIa inhibitors