**Appendix Table E45. Baseline characteristics of patients with ischemic heart disease in studies assessing the predictive ability of VASP**

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Freynhofer, 2011  21614416  Austria  NR | 300  NR  205  62±16 | 43.3  NR  NR  PCI 24.3  NR  see UA/NSTEMI  10  22.7  29.7/34.3 | hyper 69.3  27.3  HTN 74.7  27.3 | NR  100  100  81.3 | 100  DES 65.3  multi-vessel 58.7 | PCI and coronary stenting | Clopidogrel-naïve patients received a 300 or 600 mg loading dose (LD). Patients on chronic clopidogrel therapy with 75 mg clopidogrel of at least seven consecutive days did not receive an additional LD. | According to actual evidence, all patients received in parallel ASA (100 mg daily dose). The use of GP-IIb/IIIa-blockers during PCI as well as the choice of the anticoagulant depended on the individual situation and the thrombus load at angiography, and was left to the discretion of the operator |
| Siller-Matula,  2009  19135705  Austria  NR | 30  NR  63±10 | 100  NR  CVD 7  PCI 43  NR  NR  10  37  NR | hyper 77  57  HTN 77  33 | NR  100  100  NR | NR  NR  NR | Patients undergoing PCI for coronary artery disease | Patients had been on chronic aspirin (100 mg/day) and clopidogrel (75 mg/day) treatment for three months on average. | All patients received unfractionated heparin and 250 mg of injectable acetyl-salicylic acid during PCI |
| Blindt, 2007  18064332  Germany  NR | 99  NR  74 (74.7)  63.7±11.2 | NR  NR  NR  PCI 47 (47.5)  35 (35.4)  NR  NR  47 (47.5)  22(22.2)/29 (29.3) | 58 (58.6)  42 (42.4)  70 (70.1)  16 (16.2) | NR  100  100  NR | NR  DES 65 (65.7); BMS 34 (34.3)  NR | Patients with an elevated risk to develop ST acute MI within 48 hours undergoing emergency or elective PCI | All patients were given 75 mg clopidogrel and 100 mg aspirin once a day at least five days prior to PCI. Only in case of emergency PCI, patients received a loading dose of 600 mg before the intervention. Dual antiplatelets for 6 months. |  |
| Kalantzi,2011  21255245  Greece  NR | 61  NR  47 (77)  58.8 ± 11.5 | NR  NR  NR  NR  NR  NR  NR  NR  NR | NR  NR  NR  NR | NR  NR  NR  NR | NR  NR  NR | Patients with acute coronary syndromes (ACS), including those who have had a NSTEMI or have unstable angina) | Loading dose of 325 mg aspirin followed by 100 mg per day  Loading dose of 600 mg clopidogrel, followed by 75 mg per day | Low-molecular-weight heparin (enoxaparin) given sc at 1 mg/kg x12 h until discharge  Atorvastatin (40 mg/d) started at admission & continued on discharge |
| Siller-Matula, 2010  19943879  Austria  NR | 416  NR  76  64±12 | 100  NR  NR  47  NR  NR  13  33  NR | hyper 76  55  85  32 | NR  100  100  77 | 99  NR  NR | PCI with stenting | Clopidogrel loading dose at least 2 hr before PCI (600 mg); thereafter, a daily dose of 75 mg, with planned treatment with clopidogrel and aspirin for at least 6 months. | Also all patients received unfractionated heparin (100 IU per kg) during PCI and 250 mg aspirin intravenously immediately after stent placement (and daily dose of 100 mg thereafter). |
| Bjelland, 2010  20727659  Norway  NR | 25  NR  19 (76%)  59.7 ± 14.6 | 8%  8%  NR  PCI: 52%  NR  NR  NR  56%  STEMI: 40%; NSTEMI: 16% | NR  NR  NR  8% | NR  0%  88%  64% | NR  NR  NR | Patients with suspected ACS treated with therapeutic hypothermia | Clopidogrel: enteral LD 300mg (600mg if urgent coronary angiography planned); MD of 75 mg/day | NR |
| Bonello, 2007  17488353  France  NR | 144  NR  114 (79)  68±10 | 56 (39)  NR  NR  NR  NR  NR  NR  NR  NR | 76 (53)  94 (50)  72 (50)  58 (40) | NR  100  100  NR | NR  NR  NR | Patients admitted for PCI | pretreatment with a loading dose of clopidogrel (300-mg initial oral bolus) 24 h before the procedure, followed by 75 mg per day for at least 6 months + aspirin 160 mg daily, starting at least 12 h before stenting. |  |
| Djukanovic, 2008  18719318  Serbia  NR | 32 (only 17 included in final analysis as others were not given clopidogrel)  NR  27 (84.3%)  57.1 ±8.5 | Previous vascular event: 81.3%  NR  NR  NR  NR  NR  NR  68.8%  NR | NR  NR  NR  NR | NR  NR  NR  NR | NR  NR  NR | Patients with ischemic heart disease, undergoing elective PCI | Aspirin 100 mg x 3 days followed by aspirin (100 mg/day) + clopidogrel (75 mg/day) from 7 days before stent implantation up to 12 months after the intervention | All patients received unfractioned heparin (5000 – 6000 IU or 700 IU/kg, i.v.) and antibiotic (1 g ceftazidim or 1.5 g cefuroxim, i.v.) before PCI  The use of other cardiovascular drugs (beta-blockers, ACE inhibitors, Ca2+-channel blockers, diuretics) was allowed. |
| El Ghannudi, 2011  21524751  France  NR | 436  NR  NR  Mean/SD 65.0/12.4 yr | NR  NR  Prior stroke 4.6%  Prior CABG 8.3%  Stable angina or silent ischemia, 25.5%  8.5%  Peripheral vascular disease 6.9%  NR  32.8%/33.3% | Hyperlipidemia 51.6%  48.9  HTN 54.6%  32.4% | NR  100%  100%  72.2% | 100%  DES 47.9%  Three vessel 31.0% | Patients undergoing PCI with stenting | Everyone received a loading dose (300 or 600 mg) of clopidogrel and aspirin |  |
| El Ghannudi, 2010  20630458  France  NR | 461  NR  NR  65.4(55.8-75.4) | NR  NR  Stroke 20 (4.3)  CABG 40 (8.7); PCI 130 (28.2)  NR  NR  NR  NR  81 (17.6) / 27 (5.9) | NR  NR  Stroke 20 (4.3)  CABG 40 (8.7); PCI 130 (28.2)  NR  NR  NR  NR  81 (17.6) / 27 (5.9) | NR  100  100  314 (83.7) | NR  NR  NR | Patients undergoing PCI for ACS or stable CAD | loading dose (300 or 600 mg) of clopidogrel. |  |
| Morel, 2011  21251579  France  NR | 440  NR  333 (75.7%)  mean: 65.3 | NR  NR  Stroke: 4.5%  NR  NR  9.3  NR  NR  STEMI: 16.8% | Hyperlipidemia: 52.5%  Current: 40.3%  HTN: 54.3%  37.5% | oral anticoagulants: 6.1%  clopidogrel & aspirin: 100%  clopidogrel & aspirin: 100%  69.8% | NR  NR  NR | Patients undergoing percutaneous coronary intervention (PCI) for ACS & CAD | clopidogrel. loading dose (300 or 600 mg) |  |
| Palmerini, 2010  19604542  Italy  DOUBLE | 48  NR  43 (90%)  63 | NR  NR  NR  NR  NR  NR  NR  100%  STEMI: 100% | hyperlipidemia: 44%  present or previous: 67%  HTN: 48%  17% | NR  NR  100%  46% | NR  NR  Multivessel; 59% | Patients with STEMI | Clopidogrel: LD 300 mg; MD – 75 or 150 mg | Abciximab in the periprocedural period |
| Schafer, 2011  21655677  Germany  NR | 54  NR  46 (85%)  64 ± 1 years (mean/SD) | NR  NR  NR  NR  NR  NR  NR  100% AMI; Family history of MI, 28%  NR | NR  37%  HTN 64%  17% | NR  NR  NR  NR | 93%  DES 13%; BMS 80%  NR | patients with acute STEMI admitted for coronary intervention | loading dose, 600 mg clopidogrel |  |
| Frere, 2007  17938809  France  NR | 195  NR  158 (81)  63.4±11.1 | NR  NR  NR  NR  NR  NR  NR  NR  NR | 107 (54.9)  96 (49.2)  111(56.9)  68 (34.9) | NR  100  100  NR | NR  NR  NR | Patients had undergone successful coronary stenting | All patients received a 600 mg loading dose of clopidogrel and a 250 mg loading dose of aspirin administered at least 12 h before stenting.  After PCI, patients received clopidogrel and aspirin 75 mg daily  during one-month follow-up. | Anticoagulation was performed with low-molecular-weight heparin (enoxaparin), or unfractionated heparin if age over 75 years or in case of renal insufficiency (creatinin clearance < 60 ml/min). |
| Kalantzi, 2012  21806493  Greece  NR | 40  NR  70  57.6±10.8 | NR  NR  NR  NR  NR  NR  NR  NR  NR | hyper 40  57.5  HTN 60  0 | NR  NR  NR  NR | NR  NR  NR  NR | patients with ACS with or without ST elevation | LD 325 mg aspirin+MD 100mg/day  heparin 1mg/kg every 12 h  LD 600mg clopidogrel+MD 75 mg/day | atorvastatin 40mg/day |
| Siller-Matula, 2012  22260716  Austria  PEGASUS-PCI | 416  NR  76  64±12 | NR  NR  NR  PCI 47  NR  NR  13  31  18/NR | hyper 76  55  htn 84  32 | NR  100  100  76 | 100  DES 99  NR | CAD patients undergoing PCI | clopidogrel LD 600mg, MD 75mg | NR |
| Tselepis, 2011  22008470  Greece  NR | 74  NR  70  63.3±8.6 | NR  NR  NR  NR  NR  NR  NR  NR  NR | NR  NR  NR  NR | NR  NR  NR  NR | NR  NR  NR | patients with ACS | aspirin LD 325 mg, MD 100mg per day; clopidogrel LD 600mg, MD 75mg per day. | low-molecular-weight heparin (enoxaparin) was givin subcutaneously (s.c) at a dose of 1mg kg every 12 h until hospital discharge. |
| Gaglia, 2012  21919956  USA  NR | 200  69.5  72.5  63.5 | NR  17.5  NR  PCI=39.9/CABG-23%  NR  NR  14.6  NR  NR | NR  29.5  87.4  34.8 | NR  NR  NR  NR | NR  NR  NR | 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 |
| Cuisset, 2011  21872198  France  NR | 689  NR  80.6  64.9 | NR  NR  NR  NR  NR  NR  NR  NR  NR | 55.9  37.2  57.9  28.4 | NR  NR  NR  87.2 | NR  DES: 46.5  3 vessel: 20.8 | PCI-STENT for ACS | LD: 250 mg aspirin and 600 mg clopidogrel  MD: aspirin 75 mg and clopidogrel 150  mg/day | unfractionnated heparin or 2.5 mg/day fondaparinux subcutaneously plus additional unfractionated heparin during PCI; glycoprotein IIb/IIIa antagonist |

\*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; 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