**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, 201121614416AustriaNR | 300NR20562±16 | 43.3NRNRPCI 24.3NRsee UA/NSTEMI1022.729.7/34.3 | hyper 69.327.3HTN 74.727.3 | NR10010081.3 | 100DES 65.3multi-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,200919135705AustriaNR | 30NR63±10 | 100NRCVD 7PCI 43NRNR1037NR | hyper 7757HTN 7733 | NR100100NR | NRNRNR | 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, 200718064332 GermanyNR | 99NR74 (74.7)63.7±11.2 | NRNRNRPCI 47 (47.5)35 (35.4)NRNR47 (47.5)22(22.2)/29 (29.3) | 58 (58.6)42 (42.4)70 (70.1)16 (16.2) | NR100100NR | NRDES 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,201121255245GreeceNR | 61NR47 (77)58.8 ± 11.5 | NRNRNRNRNRNRNRNRNR | NRNRNRNR | NRNRNRNR | NRNRNR | 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 dayLoading 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 dischargeAtorvastatin (40 mg/d) started at admission & continued on discharge |
| Siller-Matula, 201019943879AustriaNR | 416NR7664±12 | 100NRNR47NRNR1333NR | hyper 76558532 | NR10010077 | 99NRNR | 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, 201020727659NorwayNR | 25NR19 (76%)59.7 ± 14.6 | 8%8%NRPCI: 52%NRNRNR56%STEMI: 40%; NSTEMI: 16% | NRNRNR8% | NR0%88%64% | NRNRNR | 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, 200717488353FranceNR | 144NR114 (79)68±10 | 56 (39) NRNRNRNRNRNRNRNR | 76 (53)94 (50)72 (50)58 (40) | NR100100NR | NRNRNR | 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, 200818719318SerbiaNR | 32 (only 17 included in final analysis as others were not given clopidogrel)NR27 (84.3%)57.1 ±8.5 | Previous vascular event: 81.3%NRNRNRNRNRNR68.8%NR | NRNRNRNR | NRNRNRNR | NRNRNR | 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 PCIThe use of other cardiovascular drugs (beta-blockers, ACE inhibitors, Ca2+-channel blockers, diuretics) was allowed. |
| El Ghannudi, 201121524751France NR | 436NRNRMean/SD 65.0/12.4 yr | NRNRPrior stroke 4.6%Prior CABG 8.3%Stable angina or silent ischemia, 25.5%8.5%Peripheral vascular disease 6.9%NR32.8%/33.3% | Hyperlipidemia 51.6%48.9HTN 54.6%32.4% | NR100%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, 201020630458FranceNR | 461NRNR65.4(55.8-75.4) | NRNRStroke 20 (4.3)CABG 40 (8.7); PCI 130 (28.2)NRNRNRNR81 (17.6) / 27 (5.9) | NRNRStroke 20 (4.3)CABG 40 (8.7); PCI 130 (28.2)NRNRNRNR81 (17.6) / 27 (5.9) | NR100100314 (83.7) | NRNRNR | Patients undergoing PCI for ACS or stable CAD | loading dose (300 or 600 mg) of clopidogrel. |  |
| Morel, 201121251579FranceNR | 440NR333 (75.7%)mean: 65.3 | NRNRStroke: 4.5%NRNR9.3NRNRSTEMI: 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% | NRNRNR | Patients undergoing percutaneous coronary intervention (PCI) for ACS & CAD | clopidogrel. loading dose (300 or 600 mg) |  |
| Palmerini, 201019604542ItalyDOUBLE | 48NR43 (90%)63 | NRNRNRNRNRNRNR100%STEMI: 100% | hyperlipidemia: 44%present or previous: 67%HTN: 48%17% | NRNR100%46% | NRNRMultivessel; 59% | Patients with STEMI | Clopidogrel: LD 300 mg; MD – 75 or 150 mg | Abciximab in the periprocedural period |
| Schafer, 201121655677GermanyNR | 54NR46 (85%)64 ± 1 years (mean/SD) | NRNRNRNRNRNRNR100% AMI; Family history of MI, 28%NR | NR37%HTN 64%17% | NRNRNRNR | 93%DES 13%; BMS 80%NR | patients with acute STEMI admitted for coronary intervention | loading dose, 600 mg clopidogrel |  |
| Frere, 200717938809FranceNR | 195 NR158 (81)63.4±11.1 | NRNRNRNRNRNRNRNRNR | 107 (54.9)96 (49.2)111(56.9)68 (34.9) | NR100100NR | NRNRNR | 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 dailyduring 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, 201221806493GreeceNR | 40NR7057.6±10.8 | NRNRNRNRNRNRNRNRNR | hyper 4057.5HTN 600 | NRNRNRNR | NRNRNRNR | patients with ACS with or without ST elevation | LD 325 mg aspirin+MD 100mg/dayheparin 1mg/kg every 12 hLD 600mg clopidogrel+MD 75 mg/day | atorvastatin 40mg/day |
| 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 |
| Tselepis, 201122008470GreeceNR | 74NR7063.3±8.6 | NRNRNRNRNRNRNRNRNR | NRNRNRNR | NRNRNRNR | NRNRNR | 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, 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 |
| Cuisset, 201121872198FranceNR | 689NR80.664.9 | NRNRNRNRNRNRNRNRNR | 55.937.257.928.4 | NRNRNR87.2 | NRDES: 46.53 vessel: 20.8 | PCI-STENT for ACS | LD: 250 mg aspirin and 600 mg clopidogrelMD: aspirin 75 mg and clopidogrel 150mg/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