**Appendix Table E47. Study design characteristics of studies assessing the predictive ability of VASP in patients with ischemic heart disease**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author****Year** **PMID****Country****Study Name** | **Study design**  | **Multicenter (yes/no)** | **Recruitment method** | **Sampling population** | **Enroment period**  | **Mean or median (state which follow up duration)** | **Setting**  | **A Priori power analysis performed? (if yes, was accrual 80% of target or higher)** | **Funding** |
| Freynhofer 2011{Freynhofer, 2011 1 /id}21614416AustriaNR | Prospective, registry data | NO | Consecutive | Adults undergoing PCI and coronary stenting with no contraindication for dual antiplatelet therapy for up to one year | May 2009 to February 2010 | Total 6 month, mean/SD 189/68 days | Inpatient, then outpatient visits after discharge, at 1 mo and 6 mo | YES [YES] | Non-industry only |
| Siller-Matula,2009{Siller-Matula, 2009 234 /id}19135705AustriaNR | Prospective observational study | NO | NR | Patients undergoing PCI for coronary artery disease  | Aug 2007-Apr 2008 | 1 day | followup after intervention | YESAccrual=100% | Non-industry [grant from the Jubiläumsfond of the Austrian National Bank (Nr. 12565)] |
| Blindt, 2007{Blindt, 2007 189 /id}18064332 GermanyNR | prospective Cohort  | No  | Selected sample? | Patients with an elevated risk to develop ST acute MI within 48 hours undergoing emergency or elective PCI | NR | 6 months | Department of cardiology in University Hospital Aachen inpatient | NR | NR |
| Kalantzi, 2011{Kalantzi, 2011 19 /id}21255245GreeceNR | prospective observational study | NO | NR | Patients with acute coronary syndromes (ACS), including those who have had a NSTEMI or have unstable angina) | NR | 30 days f/u after discharge | Inpatient | NO | NR |
| Siller-Matula, 2010{Siller-Matula, 2010 89 /id}19943879AustriaNR | Prospective observational | NO | Consecutive | Adults with CAD undergoing PCI with stenting (most elective) with clopidogrel and aspirin therapy | NR | Total, 6 months | Inpatient with followup after discharge (contacted patients at 3 and 6 mo after) | YES (YES—80%) | Nonindustry only |
| Bjelland, 2010{Bjelland, 2010 42 /id}20727659NorwayNR | Prospective observational study | YES | Other (Patients were recruited through screening for participation in an RCT comparing two protocols for sedation analgesia in patients treated with therapeutic hypothermia) | Patients with suspected ACS treated with therapeutic hypothermia | Apr 2008 – May 2009 | Max 3 days | Inpatient (Emergency room) | NO | Non-industry (Grant from the medical student research programme at the Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Norway & grant from Trondheim University Hospital, Trondheim, Norway.) |
| Bonello, 2007{Bonello, 2007 199 /id}17488353FranceNR | prospective cohort | No  | Consecutive  | Patients admitted for PCI | Nov 2004-Nov 2005 | 6-month | Cardiology department of the university hospital | NR | NR |
| Djukanovic, 2008{Djukanovic, 2008 163 /id}18719318SerbiaNR | Prospective observational study | NO | NR | Patients with ischemic heart disease, undergoing elective PCI | NR | I year | NR | NR | non-industry (Ministry of Science, Republic of Serbia) |
| El Ghannudi, 2011{El, 2011 3 /id}21524751France NR | Prospective | NO | Consecutive | Patients undergoing PCI with stenting | Sept 2007-Dec 2008 | Mean/SD 9/2 mo Range 6-14 mo(end of study June 30, 2009) | Inpatient for stenting and then outpatient followup via questionnaire and phone | NR | NR |
| El Ghannudi, 2010{El, 2010 74 /id}20630458FranceNR | prospective Cohort  | No  | Consecutive patients  | Patients undergoing PCI for ACS or stable CAD | Sep 2007, Dec 2008 | Mean 9 months | Hospital inpatient | NR | NR |
| Morel, 2011{Morel, 2011 187 /id}21251579FranceNR | Prospective | NO | Consecutive | Patients undergoing percutaneous coronary intervention (PCI) for ACS & CAD | Sep 2007 – dec 2008 | mean:9± 2 months | followup after intervention | NR | NR [Authors report no conflict] |
| Palmerini, 2010{Palmerini, 2010 81 /id}19604542ItalyDOUBLE | Prospective; 2 arms of an RCT are separate cohorts | NO | RCT | Patients with STEMI | NR | Max 1 month | Followup after intervention | YES; Accrual > 80% | Non-industry [Fondazione Fanti Melloni, Bologna, Italy] |
| Schafer, 2011{Schafer, 2011 11 /id}21655677GermanyNR | Prospective | NO | Consecutive | patients with acute STEMI admitted for coronary intervention | November 2008 and May 2009 | Total 12 months | Inpatient for PCI; outpatient followup for 1 yr afterward | NO | NR but one author has a COI from funding from industry |
| Frere, 2007{Frere, 2007 193 /id}17938809FranceNR | Prospective observational | No  | Selected patients with coronary stenting | Patients had undergone successful coronary stenting | March 2005-may 2006 | 1 month follow up | Department of Cardiology | NR | NR |
| Kalantzi, 2012{Kalantzi, 2012 18174 /id} 21806493GreeceNR | prospective | no | NR | patients with ACS with or without ST elevation | NR | 30 days | single center | NR | NR |
| Siller-matula, 2012{Siller-Matula, 2012 18177 /id}22260716AustriaPEGASUS-PCI | prospective cohort | no | consecutive | patients undergoing PCI | March 2007-Nov, 2009 | 12 months | inpatient and then followup | yes, 80% | Austrian National Bank |
| Tselepis, 2011 {Tselepis, 2011 1 /id}22008470GreeceNR | NR | no | consecutive | ACS patients underwent PCI  | NR | 30 days | NR | NR | NR |
| Gaglia, 2012{Gaglia, 2011 18244 /id}21919956USANR | prospective | no | NR | PCI-STENT for ACS and CAD | October 2009 to September 2010 | 3 days | inpatient | no | NR |
| Cuisset, 2011{Cuisset, 2011 18245 /id}21872198FranceNR | prospective | no | consecutive | PCI-STENT for ACS | June 2008 to January 2011 | 1 month | followup after intervention | no | NR |

ACS = acute coronary syndrome; AMI = acute myocardial infarction; CAD = coronary artery disease; MI = myocardial infarction; NSTE = non-ST-elevation; PAD = peripheral artery disease; PCI = percutaneous coronary intervention; STEMI = ST-elevation MI; DES=drug eluting stent; CABG=coronary artery bypass grafting; AA= arachidonic acid; SD=standard deviation; RCT=randomized controlled trial; NR=not reported;