**Appendix Table E52. Results from studies assessing the ability of VASP to predict myocardial infarction in patients with ischemic heart disease**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author,year****UID****Country****Study name** | **Treatment** | **Phenotypic Test Used [index test]** | **Clinical Outcome** | **Outcome Definition** | **Timing of measurement** | **Index test result: category (e.g., HPR+) – ONE ROW PER PHENOTYPE GROUP** | **Outcome status (e.g., bleeding or no bleeding)** | **No. with outcome status within phenotype group** | **Comparative metric (OR, RR, HR)** | **95% CI** | **P (between which groups?)****[statistical test]** | **Adjusted?****[YES/NO/NR]****If YES, for what factors?** | **Procedures for multiple comparisons [YES, NO, NR]** | **Comments (e.g., additional data in figures)** |
| Freynhofer, 2011{Freynhofer, 2011 1 /id}21614416AustriaNR | Clopidogrel+aspirin | VASP | STEMI | STEMI | 6 months | PRI>60.2% (high reactivity, poor response)N=186 | STEMI | 3 | OR (calculated)=4.37 | 0.2-85.3 | P=0.33(>60.2 vs ≤ 60.2)[Fisher’s exact] |  |  | Get n’s from Fig 1 (pasted in on last page of this form) |
|  |  |  |  |  |  | VASP result: PRI≤60.2% (low reactivity, good response)N=114 |  | 0 |  |  |  |  |  | Get n’s from Fig 1 (pasted in on last page of this form) |
| Djukanovic, 2008{Djukanovic, 2008 163 /id}18719318SerbiaNR | clopidogrel 75 mg + Aspirin 100 mg | VASP phosphorylation | Periprocedural MI | NR | 1 year | Bad responderN=17 | Periprocedural MI | 0 | OR( calculated)= 1 | NR | P= 1.0(bad vs good responder)[Fisher’s exact] | NR | NR | NR |
|  |  |  |  |  |  | Good responderN=17 |  | 0 | NR | NR | NR | NR | NR | NR |
|  | clopidogrel 75 mg + Aspirin 100 mg | VASP phosphorylation | Myocardial Infarction | NR | 1 year | Bad responderN=17 | Myocardial Infarction | 0 | OR( calculated)= 1 | NR | P= 1.0(bad vs good responder)[Fisher’s exact] | NR | NR | NR |
|  |  |  |  |  |  | Good responderN=17 |  | 0 | NR | NR | NR | NR | NR | NR |
| El Ghannudii, 2011{El, 2011 3 /id}21524751France NR | Clopidogrel + aspirin | VASP | STEMI |  |  | non-diabetic responders (NDM-R) (PRI <61%) |  | 1 (1.1%) |  |  | 0.86 across this and next 3 rows (log rank) |  |  |  |
|  |  |  |  |  |  | non-diabetic low responders (NDM-LR) (PRI≥61%) |  | 3 (1.7%) |  |  |  |  |  |  |
|  |  |  |  |  |  | diabetic responders (DM-R) (PRI<61%) |  | 2 (2.4%) |  |  |  |  |  |  |
|  |  |  |  |  |  | diabetic low responders (DM-LR) (PRI≥61%) |  | 2 (2.7%) |  |  |  |  |  |  |
|  |  |  | NSTEMI |  |  | non-diabetic responders (NDM-R) (PRI <61%) |  | 6 (6.3%) |  |  | 0.41 across this and next three rows (log rank) |  |  |  |
|  |  |  |  |  |  | non-diabetic low responders (NDM-LR) (PRI≥61%) |  | 5 (2.9%) |  |  |  |  |  |  |
|  |  |  |  |  |  | diabetic responders (DM-R) (PRI<61%) |  | 6 (7.1%) |  |  |  |  |  |  |
|  |  |  |  |  |  | diabetic low responders (DM-LR) (PRI≥61%) |  | 5 (5.4%) |  |  |  |  |  |  |
| El Ghannudi, 2010{El, 2010 74 /id}20630458FranceNR | Clopidogrel LD 300 or 600mg | VASP | STEMI  | STEMI  | 9 months | Low respondersN=178 | STEMI  | 3 (1.7%) | NR | NR | 1.00 (low responder vs responder) | NR | NR |  |
|  |  |  |  |  |  | RespondersN=275 |  | 5 (1.8%) |  |  |  |  |  |  |
|  | Clopidogrel LD 300 or 600mg | VASP | NSTEMI  | NSTEMI  | 9 months | Low respondersN=178 | NSTEMI  | 11(6.2%) | NR | NR | 0.39 (low responder vs responder) | NR | NR |  |
|  |  |  |  |  |  | RespondersN=275 |  | 12 (4.4%) |  |  |  |  |  |  |
| Morel, 2011{Morel, 2011 187 /id}21251579FranceNR | clopidogrel 300-600 mg LD | VASP | STEMI | new or presumably new ST-segment elevation in 2 consecutive leads associated with an increase in biochemical markers of myocardial necrosis | mean 9±2 months | low responders (PRI≥ 61%) | STEMI | 3 (1.7%) | NR | NR | P=1(low vs normal)chi square | NO | NR | primary |
|  |  |  |  |  |  | normal responders (PRI<61%) |  | 5 (1.9%) |  |  |  |  |  |  |
|  | clopidogrel 300-600 mg LD | VASP | STEMI | new or presumably new ST-segment elevation in 2 consecutive leads associated with an increase in biochemical markers of myocardial necrosis | mean 9±2 months | Quartile 1 (<40.30%) | STEMI | 1 (3%) | NR | NR | P=1(low vs normal)fishers exact | NO | NR | primary |
|  |  |  |  |  |  | Quartile 2 (40.30%–55.83%) |  | 1 (3.3%) |  |  |  |  |  |  |
|  |  |  |  |  |  | Quartile 3 (55.84%–70.25%) |  | 1 (3.1%) |  |  |  |  |  |  |
|  |  |  |  |  |  | Quartile 4 (>70.25%) |  | 1 (3.4%) |  |  |  |  |  |  |
|  | clopidogrel 300-600 mg LD | VASP | NSTEMI | occurrence of ischemic symptoms, STsegmentdepression and/or T-wave abnormalities, and an increase of biochemical markers of myocardial necrosis | mean 9±2 months | low responders (PRI≥ 61%) | NSTEMI | 11 (6.4%) | NR | NR | P=0.513(low vs normal)chi square | NO | NR | primary |
|  |  |  |  |  |  | normal responders (PRI<61%) |  | 12 (4.6%) |  |  |  |  |  |  |
|  | clopidogrel 300-600 mg LD | VASP | NSTEMI | occurrence of ischemic symptoms, STsegmentdepression and/or T-wave abnormalities, and anincrease of biochemical markers of myocardial necrosis | mean 9±2 months | Quartile 1 (<40.30%) | NSTEMI | 1 (3%) | NR | NR | P=0.906(low vs normal)fishers exact | NO | NR | primary |
|  |  |  |  |  |  | Quartile 2 (40.30%–55.83%) |  | 1 (3.3%) |  |  |  |  |  |  |
|  |  |  |  |  |  | Quartile 3 (55.84%–70.25%) |  | 2 (6.3%) |  |  |  |  |  |  |
|  |  |  |  |  |  | Quartile 4 (>70.25%) |  | 1 (3.4%) |  |  |  |  |  |  |
| Schafer, 2011{Schafer, 2011 11 /id}21655677GermanyNR | Clopidogrel | VASP | nonfatal myocardial infarction |  |  | >57% |  | 3 | OR (calculate)= 2.71 | 0.1-55.7 | P=0.52(>57% vs ≤57%)[Fisher's exact] | NR | NR | NR |
|  |  |  |  |  |  | </=57% |  | 0 | NR | NR | NR | NR | NR | NR |