**Appendix Table E89. Quality assessment of studies assessing the predictive ability of TEG in patients with ischemic heart disease**

| **Author, year [ref]****UID****Country****Study Name** | **Patients selection** |  |  |  |  | **Index test** |  |  |  | **Reference standard** |  |  |  | **Flow and timing** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **ROB****(selection)** | **Applicability****(selection)** | **4** | **5** | **ROB****(index)** | **Applicability****(index)** | **6** | **7** | **ROB****(reference)** | **Applicability****(reference)** | **8** | **9** | **10** | **11** | **ROB****(flow & timing)** |
| Bliden,200617291930USANR | yes  | yes  | yes  | low  | low  | NR | yes  | unclear | high  | yes  | NR | unclean  | low  | yes  | yes  | yes  | yes  | low  |
| Cotton,201020406238UKNR | no  | yes  | yes  | low  | low | NR | No | high  | low  | yes  | NR | yes  | low  | yes  | yes  | yes  | yes  | low  |
| Gurbel, 201020691842USAPREPARE POST-STENTING | yes | yes | yes | low | low | NR | NO | high | high | yes | yes | low | low | yes | yes | yes | yes | low  |
| Kwak,2010211266640KoreaOPCABG | no | yes | yes  | low | low | NR | no | high | low | yes | yes | low | low | no | yes | yes | yes | low  |
| Gurbel, 200516286165USAPREPARE POST-STENTING | Yes | No | No | High | Low | NR | NR | Unclear | High | Yes | Yes  | Low | Low | No [6 months] | yes  | yes  | yes  | low |
| Tang, 2012 ChinaNR | yes | yes | yes | low | low | NR | NR | unclear | high | yes | NR | unclear | yes | yes | yes | yes | yes | low |

1. Consecutive or random sample of patients enrolled.
2. Case-control design avoided
3. Study avoided inappropriate exclusions

Risk of bias: could the selection of patients have introduced bias ( If ≥2 of the above 3 questions are YES, give LOW here; if ≥2 are NO give HIGH; otherwise, give UNCLEAR)

Concerns that the included patients do not match the review question?

1. Index test results interpreted without knowledge of results of reference standard?
2. If a threshold used, was it prespecified?

Risk of bias: Could the conduct or interpretation of the index test have introduced bias?

(If both of the above questions are YES, give LOW here; if one or both are NO, give HIGH; otherwise, give UNCLEAR)

Concerns that the index test, its conduct, or its interpretation differ from the review question?

1. Reference standard likely to correctly classify the target condition?
2. Reference standard results interpreted without knowledge of index test results?

 Could the reference standard, its conduct, or its interpretation have introduced bias?

(If both of the above questions are YES, give LOW here; if one or both are NO, give HIGH; otherwise, give UNCLEAR)

Are there concerns that the target condition as defined by the reference standard does not match the review question?

1. Appropriate interval between index test and reference standard?
2. All patients received a reference standard?
3. All patients received the same reference standard?
4. Were all patients included in the analysis?

Could the patient flow have introduced bias? (If ≥3 of the above 4 questions are YES, give LOW here; if ≥2 are NO give HIGH; otherwise, give UNCLEAR)