**Appendix Table E97. Results from studies assessing the ability of PFA-100 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)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Breet, 201120179285NetherlandsNR | maintaining Clopidogrel 75 mg daily + aspirin 80-100 mg daily  | PFA 100 collagen/ ADP | MI | MI  | 1-year  | High OTPR | MI | 4/506(6.7) | OR=1.31 | 0.71-2.41 | 0.39 high OTPR vs. normallogistic regression  | No  | NR |  |
|  |  |  |  |  |  | Normal OTPR |  | 16/306 (5.2) |  |  |  |  |  |  |
|  | maintaining Clopidogrel 75 mg daily + aspirin 80-100 mg daily | Innovance PFA P2Y | MI | MI  | 1-year  | High OTPR | MI | 11/147(7.5) | OR=1.7 | 0.8-3.64 | 0.17 high OTPR vs. normallogistic regression | No  | NR |  |
|  |  |  |  |  |  | Normal OTPR |  | 20/441(4.5) |  |  |  |  |  |  |
| Foussas, 200717892990GreeceNone | 300 or 600 mg LD and 75mg MD Clopidogrel + 100-325 mg/day aspirin | PFA-100 | Rehospitalization for MI | Rehospitalization for MI |  | Nonresponder | Rehospitalization for MI | 12.2% | HR 2.7 | 1.4-5.2 | 0.002 non-responder vs. responder (Cox regression) |  |  |  |
|  |  |  |  |  |  | Responder |  | 4.9% |  |  |  |  |  |  |
|  | 300 or 600 mg LD and 75mg MD Clopidogrel + 100-325 mg/day aspirin | PFA-100 | MI | MI | 1 yr | Q1 of CEPI-CT (shortest time, least responsive) | MI | 12.2% | HR, 3.2  | 1.4-7.3 | 0.006 Q1 vs Q4 for HR0.02 across Q1-Q4 |  |  |  |
|  |  |  |  |  |  | Q2 |  | 7.1% |  |  |  |  |  |  |
|  |  |  |  |  |  | Q3 |  | 4% |  |  |  |  |  |  |
|  |  |  |  |  |  | Q4 (most responsive) |  | 4.2% |  |  |  |  |  |  |
| Huczek, 200818301358PolandNR | Clopidogrel 75 mg | Combination of CT-EPI and CT-ADP by PFA-100 | nonfatal reinfarction | nonfatal reinfarction | 6 months | Group I (complete platelet function inhibition) | nonfatal reinfarction | 0 | NR | NR | P=0.026P for trend[ANOVA] | NO | NR |  |
|  |  |  |  |  |  | Group II (partial platelet function inhibition) |  | 1 |  |  |  |  |  |  |
|  |  |  |  |  |  | Group III (no platelet function inhibition). |  | 4 |  |  |  |  |  |  |
| Moerenhout, 201020211306Belgium NR | aspirin 160 mg LD + 450 mg LD of clopidogrel + Clopidogrel 75 mg MD x 6 weeks to 6 months | PFA-100 | Myocardial infarction post PCI | CK-MB increase of >3× ULN post-PCI | 6 months | nonresponder (PFA value <71 seconds) | MI post PCI | 2/17 (12%) | OR=3.2 (calculate) | 0.6-16.2 | P=0.2(between nonresponder and responder)Chi Square test | NO | NR | Secondary endpoint |
|  |  |  |  |  |  | responder (PFA value >71 seconds) |  | 9/225 (4%) |  |  |  |  |  |  |
| Malek, 200717295159PolandNR | Clopidogrel LD 300 or 600mg and maintaining 75mg daily  | PFA-100 | Re-infarction | Re-infarction | In-hospital 6 days | Groups 1-3 | Re-infarction | 2/29 (6.9) | OR=4.5 (calculate) | 0.4-52 | p=0.23 | NR | NR | Bar graph showed cardiovascular events by group. Figure 1 |
|  |  |  |  |  |  | Control  |  | 1/62 (1.6) |  |  |  |  |  |  |
|  | Clopidogrel LD 300 or 600mg and maintaining 75mg daily | PFA-100 | Cardiac arrest  | Cardiac arrest | In-hospital 6 days | Groups 1-3 | Cardiac arrest | 2/29 (6.9) | OR=1.5 (calculate) | 0.2-9.2 | p=0.69groups 1-3 vs controlFisher’s exact test | NR | NR |  |
|  |  |  |  |  |  | Control  |  | 3/62 (4.8) |  |  |  |  |  |  |