**Appendix Table E98. Results from studies assessing the ability of PFA-100 to predict stent thrombosis 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 80-100mg daily | PFA 100 collagen/ ADP | Stent thrombosis  | Stent thrombosis  | 1-year  | High OTPR | Stent thrombosis  | 5/506(1) | OR=0.75 | 0.20-2.83 | 0.67high OTPR vs. normallogistic regression  | No  | NR |  |
|  |  |  |  |  |  | Normal OTPR |  | 4/306(1.3) |  |  |  |  |  |  |
|  | maintaining Clopidogrel 75 mg daily + aspirin 80-100mg daily | Innovance PFA P2Y | Stent thrombosis  | Stent thrombosis  | 1-year  | High OTPR | Stent thrombosis  | 1/147(0.7) | OR=0.75 | 0.08-6.75 | 0.8 high OTPR vs. normal logistic regression  | No  | NR |  |
|  |  |  |  |  |  | Normal OTPR |  | 4/441(0.9) |  |  |  |  |  |  |
| Gori,200819132241Italy RECLOSE | 600mg LD and 75mg/day MD Clopidogrel+325 mg aspirin | CADP PFA-100 among patients at high risk for AEs | Stent thrombosis | definite or probable: ACS + either angiographic confirmation of thrombosis or pathological confirmation of thrombosis; or unexplained death or MI in the territory supplied by a stented vessel without angiographic confirmation | 6 mo | residual platelet reactivity RPR (n=196) | Stent thrombosis | NA | * 100% sensitivity
* 52% (47-57%) specificity
 |  | For sensitivity and specificity, <0.001 vs CEPI–PFA-100 | NR | NR |  |
|  | 600mg LD and 75mg/day MD Clopidogrel+325 mg aspirin | CEPI PFA-100 | Stent thrombosis | see above | 6 -month | residual platelet reactivity RPR | Stent thrombosis |  | OR 3.97 | 1.61-9.79 | 0.003 logistic regression Univariate analysis | NR | NR |  |
|  | 600mg LD and 75mg/day MD Clopidogrel+325 mg aspirin | CEPI PFA-100 | Stent thrombosis | see above | 6-month | residual platelet reactivity RPR | Stent thrombosis | NR | OR 3.25 | 1.26-8.39 | 0.025 logistic regresssion Multivariate analysis |  | NR |  |
|  | 600mg LD and 75mg/day MD Clopidogrel + 325 mg aspirin | CEPI PFA-100 | Stent thrombosis | see above | 6-month | residual platelet reactivity RPR (n=133) | Stent thrombosis | 9 | OR=3.97 (calculated)  | 1.6-9.8 | p=0.002RPR vs. no RPRFisher’s exact test | NR | NR |  |
|  |  |  |  |  |  | No RPR (n=613) |  | 11 |  |  |  | NR | NR |  |
|  | 600mg LD and 75mg/day MD Clopidogrel + 325 mg aspirin | CEPI PFA-100 | Stent thrombosis | see above | 6 -month | residual platelet reactivity RPR (n=133) | Stent thrombosis | NA | Cutoff from AUC 238 sec45% (23-69%) sensitivity83% (80-86%) specificity |  | For specificity, <0.01 vs. LTA-ADP and <0.0001 vs. LTA-collagen | NR | NR |  |
|  | 600mg LD and 75mg/day MD Clopidogrel + 325 mg aspirin | CEPI PFA-100 among patients at high risk for AEs | Stent thrombosis | see above | 6-month | residual platelet reactivity RPR (n=238) | Stent thrombosis | NA | 40% (19-61%) sensitivity81% (78-89%) specificity |  | For specificity, <0.0001 vs. LTA-ADP | NR | NR |  |