**Appendix Table F5. Assessment of risk of bias for comparative studies assessing test-and-treat strategies using phenotypic testing for platelet reactivity**

| **Author**  **Year**  **Country**  **PMID**  **Study Name (if available)** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Q11** | **Q12** | **Q13** | **Q14** | **Q15** | **Q16** | **Q17** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Wang  2011  China  21538380 | Low | Low | Low | Low | Low | Low | Unclear | Low | Low | Low | Unclear | Unclear | High | Low | Low | Low | High  (numerous discrepancies between results and reported methods) |
| Bonello  2009  Italy  19101221 | Unclear | Low | Low | Low | Low | Low | Unclear | High | Low | Low | Unclear | Unclear | High | Low | Low | Low | Unclear |
| Bonello  2008  Italy  18387444 | Low | Low | Low | Low | Low | Low | Unclear | High | Low | Low | Unclear | Unclear | High | Low | Low | Low | High  (statistically significant difference between groups in time-to-PCI may impact results) |
| Tousek  2011  Czech Republic  21663983 | Low | Low | Low | Low | Low | Low | Unclear | High | Low | Low | Unclear | Unclear | Unclear | Unclear | Low | Low | Unclear |
| Aleil  2008  France  19463377  VASP-02 | Unclear | Low | Low | Unclear  (timing of outcomes and testing NR) | Low | Low | Unclear | High | Low | Low | Low  (sequence provided by central lab) | Unclear (no details reported on how the random assignment information was provided to investigators) | High  (“open”) | High  (“open”) | High | High | Unclear |
| Hazarbasanov  2012  Bulgaria  22249353 | Low | Low | Low | Low | Low (literature based; consensus recommendations) | Low | Unclear | High (6 mo) | Low | Low | Unclear | Low (“sealed envelopes”) | High (“open-label”) | High (“open-label”) | Low | Low | Unclear |
| Siller-Matula  2012  Austria  22656044  MADONNA | Unclear | Low | Low | Low (“technicians” were blinded to outcomes) | Low (based on published literature) | Low | Unclear | High (30d) | Low | Low | High (not randomized) | High (not randomized; assignment based on treating center) | High (not blinded) | High (not blinded) | Low | Low | High (each intervention was used at a different research center) |

NR=not reported, PCI=percutaneous coronary intervention.

**Quality items**

Q1: Consecutive sample of patients enrolled

Q2: Case-control design avoided

Q3: Study avoided inappropriate exclusions and post-hoc exclusions were <5%

Q4: Index test results interpreted without knowledge of outcomes?

Q5: If a test threshold was used, was it prespecified?

Q6: Reference standard likely to correctly classify the target condition (low if at least one clinical outcome assessed)?

Q7: Reference standard results interpreted without knowledge of index test results?

Q8: Appropriate interval between index test and reference standard (at least 12 mo of followup)?

Q9: All patients received a reference standard (outcome data for >90% of patients)?

Q10: All patients received the same reference standard?

Q11: Random sequence generation

Q12: Allocation concealment

Q13: Blinding of participants and personnel

Q14: Blinding of outcome assessment

Q15: Incomplete outcome data (do they report enough data to estimate uncertainty for the primary outcome)

Q16: Selective reporting bias (do they report numerical results on the primary and secondary outcome; and are these identified in the methods)

Q17: Other bias (e.g., extreme numerical errors and inconsistencies)