**Appendix Table E96. Results from studies assessing the ability of PFA-100 to predict death 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, 2010  20179285  Netherlands  POPULAR | maintaining Clopidogrel 75 mg daily + aspirin 80-100 mg daily | PFA 100 collagen/ ADP | Death | death, | 1-year | High OTPR | Death | 10/506  (2) | OR=1.21 | 0.41-3.58 | 0.73 | No | NR |  |
|  |  |  |  |  |  | Normal  OTPR |  | 5/306  (1.6) |  |  |  |  |  |  |
|  | maintaining Clopidogrel 75 mg daily + aspirin 80-100 mg daily | Innovance PFA P2Y | Death | death, | 1-year | High OTPR | Death | 6/147  (4.1) | OR=4.65 | 1.29-16.7 | 0.01 | No | NR |  |
|  |  |  |  |  |  | Normal  OTPR |  | 4/441  (0.9) |  |  |  |  |  |  |
| Foussas,  2007  17892990  Greece  None | 300 or 600 mg LD and 75mg MD Clopidogrel + 100-325 mg/day aspirin | PFA-100 | Cardiac death | Cardiac death | 1 yr | Nonresponder | Cardiac death | 6.5% | HR 2.5 | 1.1-6.1 | 0.04 (non-responder vs. responder, Cox regression) |  |  |  |
|  |  |  |  |  |  | Responder |  | 2.7% |  |  |  |  |  |  |
|  | 300 or 600 mg LD and 75mg MD Clopidogrel + 100-325 mg/day aspirin | PFA-100 | In-hospital death | In-hospital death |  | Responder | In-hospital death | 0.8% |  |  | 0.13 non-responder vs. responder |  |  |  |
|  |  |  |  |  |  | Nonresponder |  | 2.4% | HR 3.1 | 0.7-8.3 |  |  |  |  |
|  | 300 or 600 mg LD and 75mg MD Clopidogrel + 100-325 mg/day aspirin | PFA-100 | Cardiac death | Cardiac death | 1 yr | Q1 of CEPI-CT (shortest time, least responsive) | Cardiac death | 6.5% | HR 4.1 | 1.2-13.9 | 0.02 for HR Q1 vs. Q4,  0.03 across Q1-Q4 |  |  |  |
|  |  |  |  |  |  | Q2 |  | 5.6% |  |  |  |  |  |  |
|  |  |  |  |  |  | Q3 |  | 1.6% |  |  |  |  |  |  |
|  |  |  |  |  |  | Q4 (most responsive) |  | 1.7% |  |  |  |  |  |  |
| Huczek,  2008  18301358  Poland  NR | Clopidogrel 75 mg | Combination of CT-EPI and CT-ADP by PFA-100 | Cardiac death | cardiac death | 6 months | Group I (complete platelet function inhibition) | cardiac death | 1 | NR | NR | P=0.038  P for trend  [ANOVA] | NO | NR |  |
|  |  |  |  |  |  | Group II (partial platelet function inhibition) |  | 1 |  |  |  |  |  |  |
|  |  |  |  |  |  | Group III (no platelet function inhibition). |  | 5 |  |  |  |  |  |  |