**Table E-2. Quality and applicability table for KQ 2 studies—initial conservative approach for UA/NSTEMI**

| **Study** | **Intervention/Comparator** | **Study Quality** | **Limitations to Applicability** |
| --- | --- | --- | --- |
| Angkasuwapala, 200789  Thai ACS Registry | * LMWH * UFH | Poor | * Study did not report participants' baseline characteristics * Study interventions (active arm) were not similar to interventions used in routine clinical practice * Study conducted solely outside the US |
| Anonymous, 199890  PURSUIT | * Eptifibatide 180 mcg/kg bolus, 2.0 mcg/kg/min infusion * Placebo | Good | * None |
| Anonymous, 199891  PRISM | * Tirofiban 0.6 mcg/kg/min x 30 min bolus, 0.15 mcg/kg/min infusion * UFH 5000 unit bolus, 1000 unit infusion | Good | * None |
| Anonymous, 199892  PRISM-PLUS | * Tirofiban 0.4 mcg/kg bolus, 0.1 mg/kg/min infusion + UFH * Placebo + UFH | Good | * Diagnostic or therapeutic advances have been made in routine practice since the study was conducted |
| Antman, 19994  TIMI 11B | * Enoxaparin 30 mg IV loading dose, 1 mg/kg every 12 hr during hospitalization * UFH 70 units/kg bolus, 15 units/kg/hr infusion with goal aPTT 50–70 sec during hospitalization | Good | * Study interventions (active arm) were not similar to interventions used in routine clinical practice * Diagnostic or therapeutic advances have been made in routine practice since the study was conducted * Use of substandard alternative therapy (e.g., standard of treatment not from current practice) |
| Bertel, 20109  ZEUS | * Enoxaparin loading dose 0.75 mg/kg * Unfractionated heparin loading dose 60 units/kg | Fair | * Study did not report participants’ baseline characteristics * Study did not report participants’ comorbid conditions. * Study prohibited interventions that are routinely used in clinical practice * Study conducted solely outside the US * Study was conducted only at a single center. |
| Bhatt, 200310  CRUISE | * Enoxaparin loading dose 0.75 mg/kg IV * Unfractionated heparin loading dose 60 units/kg IV | Fair | * None |
| Bhattacharya, 201011 | * Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion at hospital admission * Placebo | Good | * Study's cointerventions did not adequately reflect routine clinical practice (e.g., use of medical therapy for secondary prevention – antiplatelet agents, HTN/DM/lipid control) * Duration of participant followup was inadequate. * Study conducted solely outside the US * Study was conducted only at a single site |
| Blazing, 200412  A to Z Trial | * Enoxaparin 1 mg/kg every 12 hr during hospitalization * UFH 60 units/kg bolus (max 4000 units), 12 units/kg/hr infusion (max 900 units/hr) with goal aPTT 50–70 sec during hospitalization | Good | * None |
| Brieger, 200715 | * LMWH 89% enoxaparin * UFH | Fair | * Duration of participant followup was inadequate. |
| Chen, 200618 | * Enoxaparin 1 mg/kg injection every 12 hr, at least twice before catheterization * UFH 25 mg IV before angiography, additional 65 mg if PCI performed | Poor | * Study did not report participants' comorbid conditions. * Study exclusion criteria were poorly described or not appropriate * Study interventions (active arm) were not similar to interventions used in routine clinical practice * Study's cointerventions did not adequately reflect routine clinical practice (e.g., use of medical therapy for secondary prevention – antiplatelet agents, HTN/DM/lipid control) * Study conducted solely outside the US * Study was conducted only at a single site |
| Cohen, 199793  ESSENCE | * Enoxaparin 1 mg/kg every 12 hr during hospitalization * UFH 5000 unit bolus, infusion with goal aPTT 55–85 sec during hospitalization | Good | * Diagnostic or therapeutic advances have been made in routine practice since the study was conducted |
| Cohen, 200294  ACUTE II | * UFH 5000 unit bolus, 1000 units/hr infusion during hospitalization * Enoxaparin 1 mg/kg every 12 hr during hospitalization | Fair | * None |
| Ferguson, 200429  SYNERGY | * Enoxaparin 1 mg/kg every 12 hr during hospitalization, 0.3 mg/kg IV prior to PCI if last dose was >8 hr before * UFH 60 units/kg bolus (max 5000 units), 12 units/kg/hr infusion (max 1000 units/hr) with goal aPTT 50–70 sec during hospitalization | Good | * None |
| Goodman, 200335  INTERACT | * Enoxaparin 1 mg/kg every 12 hr during hospitalization * UFH 70 units/kg bolus, 15 units/kg/hr infusion with goal aPTT 50–70 sec during hospitalization | Good | * Diagnostic or therapeutic advances have been made in routine practice since the study was conducted * Study conducted solely outside the US |
| Gore, 200795 | * LMWH in first 24 hours * UFH in first 24 hours * No heparin in first 24 hours | Fair | * Comparator(s) not well described |
| James, 201196  PLATO Substudy | * Ticagrelor loading dose 180 mg, maintenance dose 90 mg twice daily * Clopidogrel loading dose 300-600 mg, maintenance dose 75 mg daily | Good | * None |
| Kovar, 200297 | * Enoxaparin * UFH | Fair | * Study's cointerventions did not adequately reflect routine clinical practice (e.g., use of medical therapy for secondary prevention – antiplatelet agents, HTN/DM/lipid control) * Comparator(s) not well described |
| LaPointe, 200798 | * Enoxaparin >10 mg above recommended dose * Enoxaparin >10 mg below recommended dose * Enoxaparin recommended dose (2 mg/kg for creatinine clearance >30 mL/min, 1 mg/kg for <30 mL/min) | Good | * Study exclusion criteria were poorly described or not appropriate * Study centers and/or clinicians were not selected on the basis of their skill or experience. * Duration of participant followup was inadequate. |
| Li, 201299  KAMIR | * Enoxaparin 1mg/kg twice daily * UFH 24,000 units/day | Good | * None |
| Malhotra, 2001100  ESCAPEU | * UFH 70 units/kg bolus, infusion during hospitalization, adjusted for therapeutic aPTT * Enoxaparin 1 mg/kg every 12 hr during hospitalization | Fair | * None |
| Mehta, 200554  ASPIRE | * Unfractionated heparin loading dose 100 units/kg (without GPI) and 65 u/kg (with GPI) * Fondaparinux loading dose 2.5 mg IV * Fondaparinux loading dose 5.0 mg IV | Fair | * None |
| Momtahen, 200957 | * Eptifibatide 180 mcg/kg double bolus, 2 mcg/kg/min infusion at hospital admission * Placebo | Fair | * None |
| Okmen, 2003101 | * Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion at hospital admission * No tirofiban | Fair | * Study's cointerventions did not adequately reflect routine clinical practice (e.g., use of medical therapy for secondary prevention – antiplatelet agents, HTN/DM/lipid control) * Study was conducted only at a single site |
| Roe, 2012102 | * Prasugrel 30 mg loading dose, 10 mg daily * Clopidogrel 300 mg loading dose, 75 mg daily | Good | * None |
| Schiele, 2010103 | * Enoxaparin 1mg/kg every 12 hr * UFH 60 units/kg bolus (max 5000 units), 12–15 units/kg/hr maintenance (max 1000 units/hr) to aPTT 50-75 sec * Fondaparinux 2.5 mg/day | Good | * Comparator(s) not well described * Study conducted solely outside the US |
| Simoons, 2001104  GUSTO-IV | * Abciximab 0.25 mg/kg bolus, 0.125 mg/kg/min maintenance * Placebo | Good | * None |
| Singh, 200671 | * LMWH * UFH | Fair | * None |
| Song, 2007105 | * Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion at hospital admission * Placebo | Good | * None |
| Spinler, 2003106 | * Enoxaparin 1 mg/kg SC * UFH * Goal aPTT of 55–85 sec | Fair | * Study did not report participants' baseline characteristics * Study did not report participants' comorbid conditions. * Diagnostic or therapeutic advances have been made in routine practice since the study was conducted * Use of substandard alternative therapy (e.g., standard of treatment not from current practice) |
| Stone, 200673  ACUITY | * Bivalirudin 0.1 mg/kg bolus, 0.25 mg/kg/hr infusion * UFH 60 units/kg bolus, 12 units/kg/hr infusion at hospital admission, goal ACT 200–250 sec during PCI * Enoxaparin 1 mg/kg SC twice daily at hospital admission, 0.3 mg/kg IV bolus if needed at time of PCI+ GPI use was randomly assigned to upstream or deferred use at time of PCI * Bivalirudin + GPI | Good | * None |
| Stone, 200774  ACUITY TIMING | * Upstream GPI * In-lab GPI | Good | * None |
| van den Brand, 1995107 | * Abciximab 0.25 mg/kg bolus, 10 mcg/kg/min infusion * Placebo | Fair | * Study interventions (active arm) were not similar to interventions used in routine clinical practice * Study's cointerventions did not adequately reflect routine clinical practice (e.g., use of medical therapy for secondary prevention – antiplatelet agents, HTN/DM/lipid control) |
| Yusuf, 200688  OASIS-5 | * Enoxaparin 1 mg/kg SC every 12 hr at hospital admission, additional dose of UFH if >6 hr since last dose during PCI * Fondaparinux 2.5 mg SC daily at hospital admission, additional dose of IV fondaparinux based on timing of last dose and intended use of GPI at time of PCI | Good | * None |

Abbreviations: ACT=activated clotting time; aPTT=activated partial thromboplastin time;DM=diabetes mellitus; GPI=glycoprotein IIb/IIIa inhibitor; hr=hour/hours; HTN=hypertension; IV=intravenous; kg=kilogram/kilograms; LMWH=low molecular weight heparin; mcg=microgram/micrograms; mg=milligram/milligrams; min=minute/minutes; mL=milliliter/milliliters; PCI=percutaneous coronary intervention; sec=second/seconds; SC=subcutaneous; UFH=unfractionated heparin