**Appendix Table E55. Results from studies assessing the ability of VASP to predict major adverse cardiovascular events in patients with ischemic heart, cerebrovascular and peripheral vascular 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)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reny, 2012{Reny, 2012 18240 /id}22615340France and SwitzerlandADRIE | Clopidogrel+aspirin | VASP | MACE | acute MI, unstable angina, hospitalizationfor revascularization, acute limb ischemia, ischemic stroke,TIA, or CV death | 6 months | HOPRn=226 | MACE | 44 | HR=1.06 | 0.73-1.53 | 0.77 (HOPR vs normal PR)[cox regression] | NR | NR | K-M curve in Fig 2 |
|  |  |  |  |  |  | normal PRn=221 |  | 43 |  |  |  |  |  |  |