Appendix Table E79. Baseline characteristics of patients with ischemic heart disease in studies assessing the predictive ability of TEG

| **Author, year [ref]**  **UID**  **Country**  **Study Name** | **Total N Enrolled**  **Race (% by group)**  **Male (%)**  **Age\*** | **Previous CAD (%)**  **Previous heart failure(%)**  **Previous TIA/stroke(%)**  **History of PCI or CABG(%):**  **Stable angina(%)**  **Unstable angina(%)**  **Previous PAD(%)**  **History of MI(%)**  **STEMI/non-STEMI(%)** | **Dyslipidemia (%)**  **Smokers (%)**  **BP(mmHg diastolic/systolic**  **HTN (%)**  **Diabetes (%)** | **Vitamin K antagonist(%)**  **Clopidogrel(%)**  **Aspirin(%)**  **PPI(%)** | **Stent implantation(%)**  **Type of stent(%)**  **Multi-or single vessel(%)** | **Current indication for clopidogrel treatment** | **Current antiplatelet regimen** | **Co-medication** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bliden, 2006  17291930  USA  NR | 100  Caucasian male 60  African-American male 12  66±11 | NR  NR  NR  CABG 31  NR  13  NR  40  NR | 83  56  HTN 74; systolic 145±22; diastolic 76±16  44 | NR  100  100  NR | 100  DES 75  BMS 24  NR | Non-emergent coronary stenting | Clopidogrel therapy (75 mg qd) for ≥1 month before undergoing non-emergent coronary stenting were enrolled after giving informed consent. A clopidogrel loading dose was not administered. All patients had received at least 81 mg aspirin for 7 days before the procedure. | Eptifibatide was administered at the discretion of the treating physician with the ESPRIT study protocol as a double bolus (180 ug/kg) followed by an infusion (2 ug/kg/min) for 18 to 24 h after procedure. Unfractionated heparin was administered according to the ESPRIT dosing regimen (60 U/kg) as a bolus to all patients in the catheterization laboratory immediately before stenting. |
| Cotton, 2010  20406238  UK  NR | 49  NR  67  63±11 | NR  NR  0  CABG 6  NR  NR  NR  29  NR | hyper 59  Ex-smoker 29  current 31  HTN 61  24 | NR  100  94  39 | NR  NR  one vessel 45  two vessel 10  three vessel 0 | ACS | at least 300 mg clopidogrel loading dose if >12 prior to angiography followed by 75 mg daily as maintenance, or 600 mg loading if <12 h prior to angiography with 75 mg daily maintenance | NR |
| Kwak, 2010  211266640  Korea  OPCABG | 99  NR  72  65±7 | NR  NR  3  NR  NR  NR  NR  6  NR | NR  NR  65  41 | NR  NR  NR  NR | NR  NR  NR | patients scheduled for CABG | Dual antiplatelet therapy consisting of aspirin 100 mg and clopidogrel 75 mg was started 24 h after the surgery as adequate. | NR |
| Gurbel, 2010  20691842  USA  PREPARE POST-STENTING | 225  White male: 54  African American male: 13  66±12 | NR  NR  CVA 12  PTCA 35;CABG 24  NR  NR  8  33  NR | hyper 80  55  Systolic BP, mm Hg: 144 ± 25  Diastolic BP, mm Hg 75 ± 17;HTN: 74  41 | NR  NR  NR  34 | NR  NR  NR | Patients undergoing percutaneous coronary intervention (PCI) from ACS | Clopidogrel: 300 (n=73) to 600 mg (n=75) LD + 75 mg/d MD; no LD for pts on clopidogrel (n=77)  Aspirin: 325 mg LD + 81-325 mg MD | Eptifibatide (n=123)  Unfractionated heparin to achieve a clotting time of 200 to 250 seconds (for those given GPIIb/IIIa inhibitor) and >300 seconds (all other patients) |
| Gurbel, 2005  16286165  USA  PREPARE POST-STENTING | 182  White: 115 (59%)  108 (56)  65±12 | NR  NR  NR  PTCA:39.6/CABG:24.5%  NR  NR  NR  36.9%  NR | Hyperlipidemia: 66.7%  43.8%  HTN: 66.2%  42.2% | NR  100  NR  NR | 96%  DES: 69.8%/BMS: 28.1%  NR | PCI for ACS | Clopidogrel (loading dose of 300 or 600 mg or continuation of pre-enrollment maintenance dose; maintenance dose 75 mg daily) + aspirin (81- to 325-mg daily dose for seven days before the procedure, and 325 mg on day of procedure and daily thereafter) |  |
| Tang, 2012  China  NR | 90  NR  48.9  63 | NR  NR  1.1  PCI 10/CABG 0  36.7  35.6  NR  11.1  16.7/8.9 | hyper 22.2  63.3  47.8  21.1 | NR  NR  NR  NR | NR  NR  NR | PCI | LD 300 mg of clopidogrel and aspirin;  MD 100 mg aspirin plus 75 mg clopidogrel or LD 200 mg aspirin and 150 mg clopidogrel | NR |

\* Mean (standard deviation), unless otherwise stated  
**Abbreviations:** ACS = acute coronary syndrome; AMI = acute myocardial infarction; BMS=Bare metal stents; BP = blood pressure; CABG = coronary artery bypass grafting; PTCA=percutaneous transluminal coronary angioplasty; CVA=cerebrovascular accident; CVD=cerebrovascular disease; CAD = coronary artery disease; DES=Drug eluting stent; BMS=bare metal stent; HTN = hypertension, IHD: Ischemic heart disease; MI = myocardial infarction; NSTEMI = non-ST-elevation MI; LVEF=left ventricle ejection fraction; PAD = peripheral artery disease; PCI = percutaneous coronary intervention; STEMI = ST-elevation MI; TIA = transient ischemic attack; PPI=proton pump inhibitor; UFH= Unfractionated Heparin; BP=blood pressure; hyper=hypercholesterolemia; LD=loading dose; MD= maintain dose; ASA=aspirin; GP IIb/IIIa inhibitors =Glycoprotein IIb/IIIa inhibitors  
Add headings for additional subgroups. Data are means unless otherwise indicated; estimated is noted if reported as an estimate.