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, 200617291930USANR | 100Caucasian male 60African-American male 12 66±11 | NRNRNRCABG 31NR13NR40NR | 8356HTN 74; systolic 145±22; diastolic 76±1644 | NR100100NR | 100DES 75BMS 24NR | 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, 201020406238UKNR | 49NR6763±11 | NRNR0CABG 6NRNRNR29NR | hyper 59Ex-smoker 29current 31HTN 6124 | NR1009439 | NRNRone vessel 45two vessel 10three 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, 2010211266640KoreaOPCABG | 99NR7265±7 | NRNR3NRNRNRNR6NR | NRNR6541 | NRNRNRNR | NRNRNR | 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, 201020691842USAPREPARE POST-STENTING | 225White male: 54African American male: 1366±12 | NRNRCVA 12PTCA 35;CABG 24NRNR833NR | hyper 8055Systolic BP, mm Hg: 144 ± 25 Diastolic BP, mm Hg 75 ± 17;HTN: 7441 | NRNRNR34 | NRNRNR | 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, 200516286165USAPREPARE POST-STENTING | 182White: 115 (59%)108 (56)65±12 | NRNRNRPTCA:39.6/CABG:24.5%NRNRNR36.9%NR | Hyperlipidemia: 66.7%43.8%HTN: 66.2%42.2% | NR100NRNR | 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, 2012ChinaNR | 90NR48.963 | NRNR1.1PCI 10/CABG 036.735.6NR11.116.7/8.9 | hyper 22.263.347.821.1 | NRNRNRNR | NRNRNR | 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.