Appendix Table F6. Assessment of risk of bias for studies assessing effect modification by platelet reactivity status

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author** **Year****Country****PMID****Study name (if available)** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Q11** | **Q12** | **Q13** | **Q14** | **Q15** | **Q16** | **Q17** |
| Montalescot2009France20062936ACAPULCO | Unclear | Low | Low (93% of eligible patients received baseline testing) | Low | Low | Low | Unclear | High(2 w on each treatment) | High (only 73% of patients completed the trial) | Low | Unclear | Unclear | Low | Low | High(incomplete outcome reporting for items relevant to this review) | High | High(study terminated early with unequal number of terminated subjects in each arm) |
| Capranzano\*2012USA22431415 | High(selected patients from an RCT) | Low | High (23% of patients in the parent trial withdrew after randomization and were not included in the analysis of reactivity) | Low | Low (literature based; consensus recommendations) | High | Unclear | High (2 periods of 14 d) | Low (among those included in reactivity substudy) | Low | Unclear | Unclear | Low | Low | Low | Low | Low |
| Sibbing†Germany201222682553ISAR-REACT 4 | High(selected patients from an RCT) | Low | High (only included 33% of the patients in the parent trial) | Low | Low (literature based; consensus recommendations) | Low | Unclear | High (30 d) | Low | Low | Unclear | Low (“sealed opaque envelopes”) | Low | Low | Low | Low | Unclear (patients for the platelet substudy were enrolled “at the core times of the central laboratory” and not at night or outside the core times) |

\*Some information extracted from Angiolillo et al. 2011 [PMID = 21614414].
†Some information extracted from Sibbing et al. 2011 [PMID = 22077909]
**Quality items**Q1: Consecutive sample of patients enrolled
Q2: Case-control design avoided
Q3: Study avoided inappropriate exclusions and post-hoc exclusions were <5%
Q4: Index test results interpreted without knowledge of outcomes?
Q5: If a test threshold was used, was it prespecified?
Q6: Reference standard likely to correctly classify the target condition (low if at least one clinical outcome assessed)?
Q7: Reference standard results interpreted without knowledge of index test results?
Q8: Appropriate interval between index test and reference standard (at least 12 mo of followup)?
Q9: All patients received a reference standard (outcome data for >90% of patients)?
Q10: All patients received the same reference standard?
Q11: Random sequence generation
Q12: Allocation concealment
Q13: Blinding of participants and personnel
Q14: Blinding of outcome assessment
Q15: Incomplete outcome data (do they report enough data to estimate uncertainty for the primary outcome)
Q16: Selective reporting bias (do they report numerical results on the primary and secondary outcome; and are these identified in the methods)
Q17: Other bias (e.g., extreme numerical errors and inconsistencies