**Table F-2. Study characteristics table for KQ 2 comparisons—initial conservative approach for UA/NSTEMI**

| **Study** | **Study Details** | **Intervention (N)** | **Comparator (N)** | **Cointerventions** | **Timing**  **Outcomes Reported** | **Quality** |
| --- | --- | --- | --- | --- | --- | --- |
| Angkasuwapala, 200789  Thai ACS Registry | Observational  17 sites in Asia  Funding: NR  Timeframe: 08/2002–10/2005  Population  33% UA  67% NSTEMI  PCI NR  Total N: 3,963  Mean Age: NR  Female: 48%  Race: NR | LMWH  Dosage not specified  (N=3,341) | UFH  Dosage not specified  (N=622) | ASA 96%  GPI  6% LMWH, 4% UFH  Dosage not specified | Timing: Not specified  Individual  Total mortality | Poor |
| Anonymous, 199890  PURSUIT | RCT  726 international sites  Funding: Industry  Timeframe: 11/1995–01/1997  Population  54% UA  46% NSTEMI  Angiography timing at discretion of investigator  24% PCI  Total N: 10,948  Median Age: 64  Female: 35%  Race: 89% White | Eptifibatide 180 mcg/kg bolus, 2.0 mcg/kg/min infusion  (N=4722)  Third treatment arm: Eptifibatide 180 mcg/kg bolus, 1.3 mcg/kg/min infusion  (N=1487)  Duration: 72–96 hr | Placebo  (N=4739)  Duration: 72–96 hr | ASA 80–325 mg daily  Thienopyridine use NR  UFH 5000 unit bolus, 1000 units/hr infusion | Timing: 96 hr, 7 days, 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Major bleeding  Minor bleeding  Length of hospital stay | Good |
| Anonymous, 199891  PRISM | RCT  128 international sites  Funding: Industry  Timeframe: 03/1994–10/1996  Population  100% UA/NSTEMI  21% PCI  Total N: 3232  Mean Age: 62 to 63  Female: 32%  Race: 5% Hispanic, 5% Black, 2% Asian, 84% White | Tirofiban 0.6 mcg/kg/min x 30 min bolus, 0.15 mcg/kg/min infusion  (N=1616)  Duration: 48 hr | UFH 5000 unit bolus, 1000 unit infusion  (N=1616)  Duration: 48 hr | ASA 300–325 mg daily | Timing: 48 hr, 7 days, 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Refractory angina  (secondary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Refractory ischemia | Good |
| Anonymous, 199892  PRISM-PLUS | RCT  72 international sites  Funding: Industry  Timeframe: 11/1994–09/1996  Population  55% UA  45% NSTEMI  Angiography performed after 48 hr  31% PCI  Total N:1875  Mean Age: 63  Female: 33%  Race: 86% White, 4% Black | Tirofiban 0.4 mcg/kg bolus, 0.1 mg/kg/min infusion + UFH  (N=773)  Duration 48–96 hr | Placebo + UFH  (N=797) | ASA 325 mg daily | Timing: in-hospital, 48 hr, 7 days, 30 days, 6 mo  Composite  (primary)  Total mortality  Nonfatal MI  Rehospitalization  Refractory ischemia  (secondary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Major bleeding  Transfusion | Good |
| Antman, 19994  TIMI 11B | RCT  200 international sites  Funding: Industry  Timeframe: 08/1996–03/1998  Population  59% UA  38% NSTEMI  Total N: 3,910  Median Age: 65 to 66  Female: NR  Race: NR | Enoxaparin 30 mg IV loading dose, 1 mg/kg every 12 hr during hospitalization  (N=1953)  Duration: until discharge or days 8 | UFH 70 units/kg bolus, 15 units/kg/hr infusion with goal aPTT 50–70 sec during hospitalization  (N=1957)  Duration: 3–8 days | ASA 100–325 mg daily | Timing: 48 hr,72 hr, 8 days, 14 days, 43 days  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  (secondary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Major bleeding  Minor bleeding | Good |
| Bertel, 20109  ZEUS | RCT  Single site in Europe  Funding: NR  Timeframe: NR  Population  14% UA/NSTEMI  12% STEMI  74% Stable angina  100% PCI  Total N: 876  Mean Age: 64  Female: 24%  Race: NR | Enoxaparin 0.75 mg/kg IV bolus at time of PCI  (N=436) | UFH 60 units/kg bolus at time of PCI  (N=440) | ASA 500 mg IV bolus  Clopidogrel 300–600 mg loading dose, 75 mg daily after PCI  20% of patients received GPI | Timing: 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  Major bleeding  (secondary)  Major bleeding  Minor bleeding  Thrombocytopenia  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Minor bleeding  Stent thrombosis | Fair |
| Bhatt, 200310  CRUISE | RCT  12 sites in U.S.  Funding: NR  Timeframe: NR  Population  45% ACS  Total N: 261  Mean Age: 63 to 64  Female: 24%  Race: NR | Enoxaparin 0.75 mg/kg IV bolus at time of PCI  (N=129) | UFH 60 units/kg bolus  (N=132) | ASA 325 mg daily  Clopidogrel loading dose at discretion of operator, then 75 mg daily  Eptifibatide 180 ug/kg IV double bolus, 2 ug/kg/min infusion (in all patients) | Timing: 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Minor bleeding | Fair |
| Bhattacharya, 201011 | RCT  Single site in Asia  Funding: NR  Timeframe: 06/2007–05/2009  Population  100% UA/NSTEMI  No PCI  Total N: 301  Mean Age: 63  Female: 54%  Race: NR | Tirofiban 0.1 mcg/kg bolus, 0.1 mcg/kg/min infusion  (N=136)  Duration: 48 hr | Placebo  (N=165) | None reported | Timing: 7 days, 14 days, 30 days, 3 mo  Individual  Death due to unknown causes  Nonfatal MI  Fatal MI  Refractory ischemia  Major bleeding | Good |
| Blazing, 200412  A to Z Trial | RCT  240 international sites  Funding: Industry  Timeframe: 12/1999–05/2002  Population  100% UA/NSTEMI  80% positive biomarkers  60% PCI  Total N: 3,987  Median Age: 61  Female: 29%  Race: 3% Black, 4% Asian, 85% White | Enoxaparin 1 mg/kg every 12 hr during hospitalization  (N=2026)  Duration: 48–120 hr, until PCI | 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  (N=1961)  Duration: 48–120 hr, until PCI | ASA 150–325 mg initially, 75–325 mg daily  Tirofiban 10 mcg/kg over 30 min, infusion 0.1 mcg/kg/min for 12 hr post-PCI | Timing: 7 days  Composite  (primary)  Total mortality  Nonfatal MI  Refractory ischemia  (secondary)  Total mortality  Nonfatal MI  Revascularization  Refractory ischemia  Clinical ischemia  Individual  Total mortality  Nonfatal MI  Revascularization  Refractory ischemia  Major bleeding  Major or minor bleeding | Good |
| Brieger, 200715 | Observational  113 international sites  Funding: Industry  Timeframe: 04/1999–03/2005  Population  52% UA  48% NSTEMI  25% PCI  Total N: 17,659  Median Age: 67 to 68  Female: 35%  Race: NR | LMWH  89% enoxaparin  (N=10,839) | UFH  (N=6820) | 93%ASA  6% warfarin  21% GPI  40% thienopyridine | Timing: In-hospital  Individual  Total mortality  Major bleeding | Fair |
| Chen, 200618 | RCT  Single site in Asia  Funding: NR  Timeframe: 10/2003–02/2005  Population  29% UA/NSTEMI  18% Stable angina  47% PCI  Total N: 966  Mean Age: 55 to 57  Female: 29%  Race: NR | Enoxaparin 1 mg/kg injection every 12 hr, at least twice before catheterization  (N=484) | UFH 25 mg IV before angiography, additional 65 mg if PCI performed  (N=482) | None reported | Timing: In-hospital, 30 days  Composite  Total mortality  Nonfatal MI  Revascularization  Individual  Stent thrombosis  Nonfatal MI | Poor |
| Cohen, 199793  ESSENCE | RCT  176 international sites  Funding: Industry  Timeframe: 10/1994–05/1996  Population  100% UA/NSTEMI  Total N: 3,171  Mean Age: 63 to 64  Female: 34%  Race: NR | Enoxaparin 1 mg/kg every 12 hr during hospitalization  (N=1607)  Duration: 2.6 days (median), 8 days (max) | UFH 5000 unit bolus, infusion with goal aPTT 55–85 sec during hospitalization  (N=1564)  Duration: 2.6 days (median), 8 days (max) | ASA 100–325 mg daily | Timing: 48 hr, 14 days, 30 days, 1 yr  Composite  (primary)  Total mortality  Nonfatal MI  Recurrent angina  (secondary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Recurrent angina  Length of hospital stay  Revascularization  Stroke  Major bleeding  Minor bleeding | Good |
| Cohen, 200294  ACUTE II | RCT  54 international sites  Funding: Industry  Timeframe: NR  Population  38% UA  46% NSTEMI  30% PCI  21% stent  Total N: 525  Mean Age: 64 to 65  Female: 34%  Race: NR | UFH 5000 unit bolus, 1000 units/hr infusion during hospitalization  (N=210)  Duration: 24–96 hr | Enoxaparin 1 mg/kg every 12 hr during hospitalization  (N=315)  Duration: 24–96 hr | ASA 160–325 mg daily  Tirofiban 0.4 mcg/kg/min x 30 min, 0.1 mcg/kg/min infusion for 12 hr post PCI | Timing: 30 days  Individual  Total mortality  Nonfatal MI  Rehospitalization  Length of hospital stay  Major bleeding  Minor bleeding | Fair |
| Ferguson, 200429  SYNERGY | RCT  467 international sites  Funding: Industry  Timeframe: 08/2001–12/2003  Population  100% UA/NSTEMI  100% early invasive strategy; Median time from admission to angiography = 21 hr  Total N: 10,027  Median Age: 68  Female: 34%  Race: 5% Hispanic, 6% African American, 1% Asian, 86% White | Enoxaparin 1 mg/kg every 12 hr during hospitalization  0.3 mg/kg IV prior to PCI if last dose was >8 hr before  (N=4993)  Duration: until PCI | 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  (N=4985)  Duration: 48–120 hr, until PCI | 95% of patients were administered ASA  63% of patients were administered clopidogrel  Use of GPI was 56.5% in group 1, 58.2% in group 2 | Timing: In-hospital, 48 hr, 14 days, 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Major bleeding  Stroke  Recurrent ischemia | Good |
| Goodman, 200335  INTERACT | RCT  50 sites in Canada  Funding: Industry  Timeframe: 09/2000–12/2001  Population  83% NSTEMI  Angiography and PCI left to discretion of investigator  63% underwent angiography; 29% PCI  Total N: 746  Median Age: 64  Female: 31%  Race: NR | Enoxaparin 1 mg/kg every 12 hr during hospitalization  (N=380)  Duration: 48 hr | UFH 70 units/kg bolus, 15 units/kg/hr infusion with goal aPTT 50–70 sec during hospitalization  (N=366)  Duration: 48 hr | ASA >160 mg loading dose, 80–325 mg daily  15% received clopidogrel  Eptifibatide 180 ug/kg IV double bolus, 2 ug/kg/min infusion for 48 hr | Timing: 48 hr, 30 days, 300 days, 600 days, 900 days  Composite  (secondary)  Total mortality  Nonfatal MI  Revascularization  (secondary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Recurrent ischemia | Good |
| Gore, 200795 | Observational  111 sites in U.S., Canada, Europe, S. America, Australia/NZ  Funding: NR  Timeframe: 04/1999-12/2005  Population  100% UA/NSTEMI  19.1% of LMWH group received PCI; 23.2% of UFH group received PCI; 34.8% of crossover group received PCI; 20% of no heparins group received PCI  Total N: 23172  Median Age: 66 to 67  Female: 35%  Race: NR | LMWH  (N=8791)  UFH  (N=4076)  Crossover  (N=7352) | No heparin  (N=2953) | 94% received ASA, 19% GPI, 46% Ticlopidine/clopidogrel, 3% Fibrinolytic | Timing: In-hospital  Composite  Total mortality  Nonfatal MI  Recurrent ischemia  Individual  Total mortality  Major bleeding | Fair |
| James, 201196  Wallentin, 200982  PLATO Substudy | RCT  862 international sites  Funding: Industry  Population  16.7% UA  42.7% NSTEMI  37.6% STEMI  72% underwent early invasive strategy  64% received PCI  Total N: 18,624  Median Age: 62  Female:28%  Race: 92% White, 6% Asian, 1% Black | Ticagrelor 180 mg loading dose, 90 mg twice daily  (N=9,333)  Duration: 277 days (median) | Clopidogrel 300 mg or 600 mg loading dose, 75 mg daily  (N=9,291)  Duration: 277 days (median) | ASA use (97%) during hospitalization was similar between groups  UFH (56%) and LMWH (51%) used during hospitalization was similar between groups  GPI use was similar between groups (26%) | Timing: 30 days, 1 yr  Composite  (primary)  CV mortality  Nonfatal MI  Stroke  (secondary)  Total mortality  Nonfatal MI  Stroke  (secondary)  CV mortality  Nonfatal MI  Stroke  Recurrent ischemia  Other arterial thrombotic event  Individual  Total mortality  CV mortality  Nonfatal MI  Stroke  Stent Thrombosis  Major Bleeding  Minor Bleeding  Adverse drug reactions | Good |
| Kovar, 200297 | Observational  1508 sites in U.S.  Funding: Industry  Timeframe: 04/1998–09/2000  Population  % UA NR  5% NSTEMI (of 16,459)  4% PCI (of 18,901)  Total N: 37,320  Mean Age: 62 to 66  Female: 30%  Race: 3% Hispanic, 0.5% Black, 5.4% Asian, 85% White | Enoxaparin  (N=2482) | UFH  (N=34,838) | 100% GPI | Timing: In-hospital  Composite  (primary)  Total mortality  Nonfatal MI  Major bleeding  Recurrent ischemia  Individual  Total mortality  Nonfatal MI  Major bleeding  Recurrent ischemia | Fair |
| LaPointe, 200798 | Observational  332 sites in U.S.  Funding: Industry  Timeframe: 01/2001–12/2005  Population  100% UA/NSTEMI  36% PCI within 48 hr  Total N: 10,687  Median Age: 66 to 78  Female: 41%  Race: 82% White | Enoxaparin >10 mg above recommended dose  (N=2002)  Third arm: Enoxaparin >10 mg below recommended dose  (N=3116) | Enoxaparin recommended dose (2 mg/kg for creatinine clearance >30 mL/min, 1 mg/kg for <30 mL/min)  (N=5569) | 97% ASA  55% clopidogrel  46% GPI | Timing: In-hospital  Individual  Total mortality  Major bleeding | Good |
| Li, 201299  KAMIR | Observational  41 sites in Asia  Funding: Other  Timeframe: 11/2005-12/2007  Population  100% NSTEMI  Total N: 2,397  Mean Age: 64 to 68  Female: 32%  Race: NR | Enoxaparin 1mg/kg twice daily  (N=1,178)  Duration: 3-5 days | UFH 24,000 units/day  (N=1,219)  Duration: 48 hr | ASA 100 mg daily  Clopidogrel 75 mg daily | Timing: In-hospital, 8 mo  Composite  (secondary)  Total mortality  CV mortality  Repeat revascularization  Individual  Total mortality  Nonfatal MI  CV mortality  Major bleeding  Minor bleeding | Good |
| Malhotra, 2001100  ESCAPEU | RCT  Single site in Asia  Funding: NR  Timeframe: 08/1998–09/1999  Population  95% ACS  Total N: 98  Mean Age: 59 to 61  Female: 34%  Race: NR | UFH 70 units/kg bolus, infusion during hospitalization, adjusted for therapeutic aPTT  (N=42)  Duration: 72 hr | Enoxaparin 1 mg/kg every 12 hr during hospitalization  (N=51)  Duration: 72 hr | ASA 162.5 mg daily | Timing: In-hospital  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  Recurrent angina  Individual  Total mortality  Recurrent angina  Length of hospital stay | Fair |
| Mehta, 200554  ASPIRE | RCT  22 sites in U.S., Canada, Europe  Funding: Industry  Timeframe: 06/2003–11/2003  Population  79% UA/NSTEMI  1% STEMI  20% Stable angina  Total N: 350  Mean Age: 62 to 64  Female: 23%  Race: NR | UFH 100 units/kg IV bolus (65 units/kg if GPI intended) at time of PCI  (N=117)  Duration: terminated at end of PCI | Fondaparinux 2.5 mg (low dose)  (N=118)  or  5.0 mg (high dose)  (N=115)  IV at time of PCI  Duration: terminated at end of PCI | ASA  Clopidogrel (pre-PCI) = 88%. Clopidogrel (>3 hr pre-PCI)=35%  Use of GPI was 56% in UFH group, and 59% in both fondaparinux groups | Timing: 48 hr  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  Bailout GPI Use  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Minor bleeding | Fair |
| Momtahen, 200957 | RCT  Setting: NR  Funding: NR  Timeframe: 02/2006–NR  Population  100% UA/NSTEMI  76% vs. 66% PCI in Eptifibatide and Placebo groups  Total N: 196  Mean Age: 51 to 55  Female: 43%  Race: NR | Eptifibatide 180 mcg/kg double bolus, 2 mcg/kg/min infusion at hospital admission  (N=98)  Duration: 72 hr | Placebo  (N=98) | ASA 160 mg daily  All patients received clopidogrel (dose and timing NR)  UFH 5000 unit bolus, infusion to achieve therapeutic aPTT | Timing: 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Minor bleeding | Fair |
| Okmen, 2003101 | RCT  Single site in Europe  Funding: NR  Timeframe: NR  Population  61% UA  39% NSTEMI  No PCI  Total N: 83  Mean Age: 55 to 57  Female: 25%  Race: NR | Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion at hospital admission  (N=41)  Duration: at least 48 hr | No tirofiban  (N=42) | ASA 325 mg loading dose, 100–300 mg daily  UFH 5000 unit bolus, infusion to maintain therapeutic aPTT for >48 hr | Timing: In-hospital  Composite  (secondary)  Total mortality  Nonfatal MI  Revascularization  Refractory angina  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Minor bleeding  Recurrent angina | Fair |
| Roe, 2012102 | RCT  966 international sites  Funding: Industry  Timeframe: 6/2008-9/2011  Population  100% UA/NSTEMI  Total N: 7243  Median Age: 62  Female: 36%  Race: NR | Prasugrel 30 mg loading dose, 10 mg daily (N=3620)  Duration: up to 30 months | Clopidogrel 300 mg loading dose, 75 mg daily (N=3623)  Duration: up to 30 months | aspirin recommended at a daily dose of 100mg or less | Timing: 17 mo  Composite  (primary)  Cardiovascular mortality  Nonfatal MI  Stroke (any kind)  (secondary)  Cardiovascular mortality  Nonfatal MI  (secondary)  Total mortality  Nonfatal MI  Stroke (any kind)  Individual  Rehospitalization  Cardiovascular mortality  Nonfatal MI  Stroke (any kind)  Total mortality  Major bleeding  Major or minor bleed | Good |
| Schiele, 2010103 | Observational  10 sites in Europe  Funding: NR  Timeframe: 01/2006–12/2007  Population  8% UA  55% NSTEMI  75% PCI  Total N: 2,874  Mean Age: 65 to 76  Female: 33%  Race: NR | Enoxaparin 1mg/kg every 12 hr  (N=1694)  Third treatment arm: Fondaparinux 2.5 mg/day  (N=426)  Duration: at least 2 days | UFH  60 units/kg bolus (max 5000 units), 12–15 units/kg/hr maintenance (max 1000 units/hr) to aPTT 50-75 sec  (N=754)  Duration: at least 2 days | 99% ASA  97% clopidogrel  54% GPI for NSTEMI patients | Timing: In-hospital, 30 days  Individual  Total mortality  Major bleeding  Transfusion | Good |
| Simoons, 2001104  GUSTO-IV | RCT  458 sites in 24 countries  Funding: Industry  Timeframe: 07/1998–04/2000  Population  72% UA  28% NSTEMI  19% underwent PCI (Angiography was not permitted within ~60 hr of study drug)  Total N: 7800  Mean Age: 65  Female: 38%  Race: NR | Abciximab 0.25 mg/kg bolus, 0.125 mg/kg/min maintenance  (Group 2 N=2590, Group 3 N=2612)  Duration: 24 hr (Group 2) and 48 hr (Group 3) | Placebo  (N=2598) | UFH 70 units/kg bolus, 10 units/kg/hr to goal aPTT 50–70 sec  Duration: 48 hr after starting study drug | Timing: in-hospital, 48 hr, 7 days, 30 days, 1 yr  Composite  (primary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Major bleeding  Transfusion | Good |
| Singh, 200671 | Observational  407 sites in U.S.  Funding: Industry  Timeframe: 01/2002–06/2003  Population  100% UA/NSTEMI  65% PCI  Total N: 11,358  Median Age: 62 to 63  Female: 33%  Race: NR | LMWH  (N=4477) | UFH  (N=6881) | 58% clopidogrel  95% ASA | Timing: In-hospital  Composite  Total mortality  Nonfatal MI  Individual  Total mortality  Transfusion | Fair |
| Song, 2007105 | RCT  3 sites in Asia  Funding: NR  Timeframe: NR  Population  100% UA/NSTEMI  No PCI  Total N: 204  Mean Age: NR  Female: NR  Race: NR | Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion at hospital admission  (N=101)  Duration: 2–5 days | Placebo  (N=99) | ASA 50 mg daily  UFH  (1) Placebo group: 5000 unit bolus with 1000 units/hr infusion  (2)Tirofiban group: 0.4 mcg/kg/min for 30 min, 0.1 mcg/kg/min infusion | Timing: 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Refractory ischemia  Individual  Total mortality  Nonfatal MI  Refractory ischemia | Good |
| Spinler, 2003106 | Observational  Setting: NR  Funding: NR  Timeframe: 10/1994–03/1998  Population  100% UA/NSTEMI  PCI NR  Total N: 7,081  Mean Age: NR  Female: NR  Race: NR | Enoxaparin 1 mg/kg  (N=NR) | UFH  Goal aPTT of 55–85 sec  (N=NR) | ASA, IV anticoagulants, oral anticoagulants, SC anticoagulants NR | Timing: 43 days  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Any bleeding | Fair |
| Stone, 200673  ACUITY | RCT  450 international sites  Funding: Industry  Timeframe: 08/2003–12/2005  Population  41% UA  59% NSTEMI  Median time from admission to angiography = 20 hr  56% PCI  65% DES  Total N: 13,819  Median Age: 63  Female: 30%  Race: NR | Bivalirudin 0.1 mg/kg bolus, 0.25 mg/kg/hr infusion  (N=4612)  Duration: terminated at end of procedure | UFH 60 units/kg bolus, 12 units/kg/hr infusion at hospital admission, goal ACT 200–250 sec during PCI (48% of nonbivalirudin-treated patients received UFH)  Or  Enoxaparin 1 mg/kg SC twice daily at hospital admission, 0.3 mg/kg IV bolus if needed at time of PCI (47% of nonbivalirudin-treated patients received LMWH)  +  GPI use was randomly assigned to “upstream” or deferred use at time of PCI  (N=4603)  Third treatment arm: Bivalirudin + GPI  (N=4604)  Duration: terminated at the end of procedure | ASA 300–325 mg orally or 250–500 mg IV during hospitalization, 75–325 mg orally daily after hospitalization  Clopidogrel 300 mg loading dose was recommended (no later than 2 hr after PCI) but clopidogrel dose and timing left to discretion of operator (64% of patients received pretreatment) 75 mg daily x 1 yr | Timing: 30 days, 1 yr  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  (secondary)  Total mortality  Nonfatal MI  Revascularization  Major bleeding  Individual  Total mortality  Nonfatal MI  Revascularization  Major Bleeding  Minor Bleeding  Thrombocytopenia  Stent thrombosis  Length of hospital stay | Good |
| Stone, 200774  ACUITY TIMING\*  \*This population is a subset of ACUITY73 | RCT  450 international sites  Funding: Industry  Timeframe: 08/2003–12/2005  Population  59% NSTEMI  56% PCI  All patients underwent early invasive treatment  56% PCI  Total N: 9207  Median Age: 63  Female: 30%  Race: NR | Upstream GPI  (N=4605)  Eptifibatide 180 mcg/kg double bolus, 2 mcg/kg/min infusion OR  Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion  Duration: 12–18 hr after PCI | In-lab GPI  (N=4602)  Eptifibatide 180 mcg/kg double bolus, 2 mcg/kg/min infusion OR  Abciximab 0.25 mg/kg bolus, 0.125 mcg/kg/min infusion  Duration: 12 hr for abciximab, 12–18 hr for eptifibatide after PCI | ASA 300–325 mg orally or 250–500 mg IV loading dose, 75–325 mg daily indefinitely  Clopidogrel >300 mg recommended but left to discretion of investigator, occurred within 2 hr after PCI (64% had upstream use); 75 mg daily  UFH goal ACT of 200–250 sec during PCI | Timing: 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Revascularization  (secondary)  Total mortality  Nonfatal MI  Revascularization  Major bleeding  (secondary)  Total mortality  Nonfatal MI  Individual  Total mortality  Nonfatal MI  Revascularization  Major bleeding | Good |
| Van den Brand, 1995107 | RCT  6 sites in Europe  Funding: NR  Timeframe: 09/1991–07/1992  Population  100% UA  100% PCI  PCI delayed for 18–24 hr after angiography  Total N: 60  Median Age: 60 to 61  Female: 27%  Race: NR | Abciximab 0.25 mg/kg bolus, 10 mcg/min infusion after initial angiogram  (N=30)  Duration: 1 hr after PCI | Placebo  (N=30) | ASA 250 mg loading dose, minimum of 80 mg daily  UFH infusion with therapeutic aPTT 2–2.5x control value | Timing: 30 days  Composite  (primary)  Total mortality  Nonfatal MI  Recurrent ischemia  Individual  Total mortality  Nonfatal MI  Recurrent ischemia | Fair |
| Yusuf, 200688  OASIS-5 | RCT  576 international sites  Funding: Industry  Timeframe: NR  Population  45% UA  55% NSTEMI  63% of patients underwent angiography during hospitalization  31% PCI  Total N: 20,078  Mean Age: 67  Female: 38%  Race: NR | Enoxaparin 1 mg/kg SC every 12 hr at hospital admission, additional dose of UFH if >6 hr since last dose during PCI  (N=10,021)  Duration: 2–8 days | 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  (N=10,057)  Duration: hospital discharge or 8 days | ASA and clopidogrel recommended 6 hr pre PCI  Use of GPI not specified | Timing: 9 days, 30 days, 6 mo  Composite  (primary)  Total mortality  Nonfatal MI  Refractory ischemia  (secondary)  Total mortality  Nonfatal MI  (secondary)  Total mortality  Nonfatal MI  Refractory ischemia  Major bleeding  Individual  Total mortality  Nonfatal MI  Stroke  Refractory ischemia  Major bleeding | Good |

Abbreviations: ACS=acute coronary syndrome; ACT=activated clotting time; aPTT=activated partial thromboplastin time; ASA=aspirin; CV=cardiovascular; GPI=glycoprotein IIb/IIIa inhibitor; hr/h=hour/hours; IV=intravenous; kg=kilogram/kilograms; LMWH=low molecular weight heparin; max=maximum; mcg=microgram/micrograms; mg=milligram/milligrams; MI=myocardial infarction; min=minute/minutes; mL=milliliter/milliliters; mo=month/months; N=number of patients; NR=not reported; NSTEMI=non-ST elevation myocardial infarction; NZ=New Zealand; PCI=percutaneous coronary intervention; RCT=randomized controlled trial; SC=subcutaneous; sec=second/seconds; STEMI=ST elevation myocardial infarction; UA=unstable angina; UA/NSTEMI=unstable angina/non-ST elevation myocardial infarction; UFH=unfractionated heparin; ug=microgram; U.S./US=United States; yr=year/years