Author, date	Patient group	Study type	Outcomes	Key results	Study Weaknesses
Yusuf, 2002	12562 pt (CURE) with ACS, without ST↑, present < 24h in hospital. **Clopidogrel** vs Placebo.	Placebo controlled RCT (PRCT)	% cardiovasc †, MI & strokes (= cardiovasc events) at 30 days and >30 days (3-9 months)	**Clopidogrel significantly reduces risk of ischemic vascular events.** (<30d: 5.4% vs 4.3%.) (>30d: 6.3% vs 5.2%.) Cardiovasc † wasn't sign decreased. **Sign increase in major bleedings** (>30d 1.18% vs 1.75% RR 1.48)**, but not in life-treatening bleedings.**	*Funded by the Pharmaceutical Companies.* Retrospective Other treatments (like heparin / revasc. etc) differs and can be an important co-founder.
Yusuf, 2001	12562 pt (CURE) with ACS, without ST↑, present <24h in hospital. Aspirin with or without **Clopidogrel**.	PRCT	% cardiovasc †, MI & strokes (3-9 months)	**Clopidogrel has beneficial effects for ischemic vasc events.** (9.3% vs 11.45 RR 0.80) **Major bleeding sign increased** (3.7% vs 2.7% RR 1.38)**, no sign increase in life-threatening bleedings.**	* Same patients as previous study!!!
Ho, 2008	3137 pt with ACS, treated with clopidogrel after discharge & with no event during **clopidogrel** treatment.	Retrospective Cohort study	% † or MI (mean follow-up was 196 days).	After stopping of clopidogrel 17.1% developed MI or †. **Most (60.8%) events were is the first 90 days after stopping!**	Retrospective Predominantly male veterans No data on cause-specific mortality & reasons for stopping clopidogrel *This study gives no information on the initial efficiency of clopidogrel in ACS!*
Mehta, 2010	17263 pt (CURRENT-OASIS 7) with ACS and early PCI. Double-dose vs standard-dose **clopidogrel** & high- vs low-dose aspirin.	Randomized Factorial Trial	% Cardiovasc †, MI & stroke at 30 days.	**Double-dose clopidogrel** (600mg → 150mg → after 1 week 75 mg) **reduced the rate of the primary outcome significantly** (3.9% vs 4.5% CI 0.74-0.99) & definite stent trombosis (0.7 vs 1.3%)/ **Major bleeding was more common** (1.6 vs 1.1%), no more fatal bleeding.	*Funded by the Pharmaceutical Companies!* Aspirin dose was open-label Outcome only for first 30 days This study gives no information on the initial efficiency of clopidogrel in ACS!
Gurbel, 2009	123 pt with stable coronary artery disease and taking aspirin. **Ticragelor vs. high-dose clopidogrel** vs placebo.	Randomized Double-blinded study	Platelet function (after 0.5, 1, 2, 4, 8, 24h & 6 weeks / 24h, 3, 5, 7 days after stopping)	**Ticagrelor has a faster on- and offset effect on platelet inhibition than clopidogrel.**	*Funded by the Pharmaceutical Companies!* No ACS-pt. No clinical outcome.
Cannon, 2010	13408 pt (PLATO) with ACS who were planned to undergo invasive stategy (CAG/PCI/CABG). **Ticragelor vs. Clopidogrel**	Prospective, Double-blind, Double-dummy Study (PDDS)	% Cardiovasc †, MI or stroke (max follow-up 360d)	**Ticragelor had sign fewer ischemic vasc events (9.0% vs 10.7%).** No difference in major bleeding.	*Funded by Pharmaceutical Companies!* Only half had max follow-up
Wiviott, 2007	13608 pt (TRITON-TIMI) with moderate-high risk ACS scheduled for PCI. **Prasugrel vs. Clopidogrel**	RCT	% Cardiovasc †, MI or stroke (median follow-up: 14.5 months)	Overall mortality no sign difference. **Prasugrel (due to bleeding) no benefit in: previous stroke/TIA, >75y or <60kg. (with previous stroke/TIA worse outcome!) Without these RF sign less † (10.2 vs 12.2%)**	*Funded by Pharmaceutical Companies!* Low-dose clopidogrel used. Lots of results (in non-stroke pt) were from post hoc subgroup analyses.
Wallentin, 2009	18624 pt (PLATO) with ACS. **Ticragelor vs. Clopidogrel**	PDDS	% Cardiovasc †, MI or stroke (follow-up: 12	**Ticragelor had sign fewer ischemic vasc events (9.9% vs 11.7%).** Rate of death from any cause was also reduced (4.5% vs 5.9%)	*Funded by Pharmaceutical Companies!* Lots of post hoc subgroup analyses

			months)	More major bleeding not trelated to CABG were seen (4.5 vs 3.8%)	
Montalescot, 2009	3534 pt (TRITON-TIMI38) with STEMI undergoing PCI. **Prasugrel vs Clopidogrel**	Double-blind RCT	% Cardiovasc †, MI or stroke (follow-up: 15 months)	**Prasugrel had fewer ischemic vasc events (after 30 days and) 15 months 10.0% vs 12.4%** Only sign more major bleeding in prasugrel group after CABG (2.7% vs 18.8%)	*Funded by Pharmaceutical Companies!* Clopidogrel was not given in double-dose.
Steg, 2010	7544 pt (PLATO) with ACS wit ST↑ or LBTB, planned for PCI. **Ticagrelor vs Clopidogrel**.	Double-blind RCT	% Cardiovasc †, MI or stroke (follow-up: 12 months)	**Ticagrelor had a non sign decrease in ischemic vasc events (10.8% vs. 9.4%)** CV†/MI sign lower & stroke higher with ticagrelor. **Stent trombosis was sign lower (1.6% vs 2.4%)**	*Funded by Pharmaceutical Companies!* Not all pt underwent PCI Lots of post-hoc analysis
Koul, 2011	13847 pt (SCAAR) with STEMI who underwent for PCI. **Clopidogrel** upstream.	Retrospective Cohort Study	% Cardiovasc † or MI (follow-up: 12 months)	After adjustment **clopidogrel has sign lower primary outcome (HR: 0.82). Only 1y † was sign reduced by itself (HR 0.76)** No sign bleeding difference. (<60kg no benefit)	Retrospective Heterogeneously in other treatments ↑use of clopidogrel coincided with ↑ use of PCI (→ better outcome could be because of better PCI)
Dörler, 2011	5955 pt with STEMI going for acute PCI. **Clopidogrel** pretreatment vs. after PCI.	Prospective Cohort Study	% In-hospital †	On multipvariable analysis **clopidogrel pretreatment sign reduced in-hospital mortality (OR=0.6), especially in pt with GPIIb/IIIa antagonist in cad-lab (OER=0.4)**	Inbalance in baseline characteristics. No specific loading dose. Exact timing of dose unknown.
Wiviott, 2007	201 pt (PRINCIPAL-TIMI 44) scheduled for CAG with planned PCI. **Prasugrel vs. high dose Clopidogrel.**	Randomized, Double-blind, 2-phase cross-over study	Platelet function (IPA) at 6h and during maintenance-dose phase after 14 / 29 days	**IPA with Prasugrel was consistently higher than clopidogrel** (sign difference emerged after 30 min), **both after loading dose (6h: 74.8% vs 31.8%) as during maintanance.**	*Funded by Pharmaceutical Companies!* Only little more than half went on to go for PCI. No clinical outcome.
Aradi, 2013	107473 pt (COMMIT, PLATO, TRITON TRILOGY) **clopidogrel vs placebo** (64027pt) & **clopidogrel vs ticagrelor/prasugrel** (43446pt)	Review	% Cardiovasc †, MI or stroke	**Clopidogrel reduces risk for cardiovasc † (OR 0.93) MI (OR 0.8) and stroke (OR 0.84) significantly, without influencing ICH. Pasugrel/Ticagrelor provides additional benefit over clopidogrel** regarding cardiovasc † (OR 0.86), MI (OR 0.83) without advantage in stroke or ICH.	*Sponsored by the Pharmaceutical Companies!* Different patient groups in studies reviewed. In clopidogrel vs placebo rate of PCI was very low. Prasugrel & Ticagrelor were taken in 1 group.