

Supplemental Table S6. Evidence linking *CYP2C19* genotype with clopidogrel response.

Type of Experimental Model	Major Findings	References	Level of Evidence*
In vitro	<i>CYP2C19</i> *2 (c.681G>A; rs4244285) is a common polymorphism that results in a splicing defect and non-functional <i>CYP2C19</i> protein.	de Morais, <i>et al.</i> 1994 (96)	High
In vitro	The <i>CYP2C19</i> *3 - *8 variant alleles result in loss-of-function.	de Morais, <i>et al.</i> 1994 (97), Xiao, <i>et al.</i> 1997 (98), Ferguson, <i>et al.</i> 1998 (99), Ibeanu, <i>et al.</i> 1998 (100), Ibeanu, <i>et al.</i> 1998 (101), Ibeanu, <i>et al.</i> 1999 (102)	High
In vitro/In vivo	<i>CYP2C19</i> *17 (c.-806C>T; rs12248560) is a common polymorphism that results in increased activity as a consequence of enhanced transcription.	Sim, <i>et al.</i> 2006 (103), Rudberg, <i>et al.</i> 2008 (104), Li-Wan-Po, <i>et al.</i> 2010 (105)	High
In vitro	<i>CYP1A2</i> , <i>CYP2B6</i> , <i>CYP2C9</i> , <i>CYP2C19</i> and <i>CYP3A4/5</i> are involved in the hepatic metabolism of clopidogrel.	Savi, <i>et al.</i> 1992 (107), Savi, <i>et al.</i> 2000 (108), Clarke, <i>et al.</i> 2003 (109), Farid, <i>et al.</i> 2007 (110), Kazui, <i>et al.</i> 2010 (111), Abell and Liu, 2011 (112)	High
In vitro	<i>CYP2C19</i> contributes substantially to both oxidative steps of clopidogrel metabolism during the formation of its active metabolite.	Kazui, <i>et al.</i> 2010 (111)	High
Clinical	<i>CYP2C19</i> *2 is associated with reduced formation of active metabolites (pharmacokinetics) in healthy subjects treated with clopidogrel.	Brandt, <i>et al.</i> 2007 (32), Kim, <i>et al.</i> 2008 (82), Umemura, <i>et al.</i> 2008 (83), Mega, <i>et al.</i> 2009 (2), Simon, <i>et al.</i> 2011 (57), Gong, <i>et al.</i> 2012 (52),	High

		Kelly, <i>et al.</i> 2012 (113)	
Clinical	<i>CYP2C19*2</i> is associated with reduced formation of active metabolites (pharmacokinetics) in ACS/PCI patients treated with clopidogrel.	Varenhorst, <i>et al.</i> 2009 (84), Collet, <i>et al.</i> 2011 (114)	High
Clinical	<i>CYP2C19*2</i> is associated with higher on-treatment platelet reactivity (pharmacodynamics) in healthy subjects treated with clopidogrel.	Hulot, <i>et al.</i> 2006 (1), Brandt, <i>et al.</i> 2007 (32), Fontana, <i>et al.</i> 2007 (115), Chen, <i>et al.</i> 2008 (116), Kim, <i>et al.</i> 2008 (82), Umemura, <i>et al.</i> 2008 (83), Mega, <i>et al.</i> 2009 (2), Shuldiner, <i>et al.</i> 2009 (3), Simon, <i>et al.</i> 2011 (57)	High
Clinical	<i>CYP2C19*2</i> is associated with higher on-treatment platelet reactivity (pharmacodynamics) in ACS/PCI patients treated with clopidogrel.	Giusti, <i>et al.</i> 2007 (73), Frere, <i>et al.</i> 2008 (33), Geisler, <i>et al.</i> 2008 (31), Trenk, <i>et al.</i> 2008 (30), Jinnai, <i>et al.</i> 2009 (117), Shuldiner, <i>et al.</i> 2009 (3), Varenhorst, <i>et al.</i> 2009 (84), Harmsze, <i>et al.</i> 2010 (41), Hochholzer, <i>et al.</i> 2010 (118), Jeong, <i>et al.</i> 2010 (119), Kang, <i>et al.</i> 2010 (120), Sibbing, <i>et al.</i> 2010 (106), Bouman, <i>et al.</i> 2011 (121), Collet, <i>et al.</i> 2011 (114), Cuisset, <i>et al.</i> 2011 (122), Gurbel, <i>et al.</i> 2011 (36), Hwang, <i>et al.</i> 2011 (123), Jeong, <i>et al.</i> 2011 (124), Maeda, <i>et al.</i> 2011 (125), Ono, <i>et al.</i> 2011 (126),	High

		Park, <i>et al.</i> 2011 (127), Rideg, <i>et al.</i> 2011 (128), Yamamoto, <i>et al.</i> 2011 (129), Bonello, <i>et al.</i> 2012 (130), Harmsze, <i>et al.</i> 2012 (131), Kassimis, <i>et al.</i> 2012 (132), Kim, <i>et al.</i> 2012 (133), Kreutz, <i>et al.</i> 2012 (78), Oh, <i>et al.</i> 2012 (134), Price, <i>et al.</i> 2012 (56), Tang, <i>et al.</i> 2012 (135), Wu, <i>et al.</i> 2012 (136), Zou, <i>et al.</i> 2012 (137)	
Clinical	<i>CYP2C19</i> *2 is associated with adverse cardiovascular outcomes (e.g., cardiovascular death, myocardial infarction, stroke, stent thrombosis) in ACS/PCI patients treated with clopidogrel.	Trenk, <i>et al.</i> 2008 (30), Collet, <i>et al.</i> 2009 (28), Giusti, <i>et al.</i> 2009 (138), Mega, <i>et al.</i> 2009 (2), Shuldiner, <i>et al.</i> 2009 (3), Sibbing, <i>et al.</i> 2009 (4), Simon, <i>et al.</i> 2009 (5), Harmsze, <i>et al.</i> 2010 (139), Malek, <i>et al.</i> 2010 (140), Cayla, <i>et al.</i> 2011 (10), Jeong, <i>et al.</i> 2011 (124), Marcucci, <i>et al.</i> 2011 (141), Rideg, <i>et al.</i> 2011 (128), Yamamoto, <i>et al.</i> 2011 (129), Delaney, <i>et al.</i> 2012 (80), Oh, <i>et al.</i> 2012 (134), Teixeira, <i>et al.</i> 2012 (142), Wu, <i>et al.</i> 2012 (136), Zou, <i>et al.</i> 2012 (137)	High
Clinical	<i>CYP2C19</i> *3 (and possibly other loss-of-function alleles) is	Kim, <i>et al.</i> 2008 (82),	High

	associated with lower formation of active metabolites (pharmacokinetics) in healthy subjects treated with clopidogrel.	Umemura, <i>et al.</i> 2008 (83), Mega, <i>et al.</i> 2009 (2), Kelly, <i>et al.</i> 2012 (113)	
Clinical	<i>CYP2C19*3</i> (and possibly other loss-of-function alleles) is associated with higher on-treatment platelet reactivity (pharmacodynamics) in healthy subjects treated with clopidogrel.	Chen, <i>et al.</i> 2008 (116), Kim, <i>et al.</i> 2008 (82), Umemura, <i>et al.</i> 2008 (83), Mega, <i>et al.</i> 2009 (2)	High
Clinical	<i>CYP2C19*3</i> (and possibly other loss-of-function alleles) is associated with higher on-treatment platelet reactivity (pharmacodynamics) in ACS/PCI patients treated with clopidogrel.	Jinnai, <i>et al.</i> 2009 (117), Lee, <i>et al.</i> 2009 (143), Jeong, <i>et al.</i> 2010 (119), Kang, <i>et al.</i> 2010 (120), Hwang, <i>et al.</i> 2011 (123), Jeong, <i>et al.</i> 2011 (124), Maeda, <i>et al.</i> 2011 (125), Ono, <i>et al.</i> 2011 (126), Park, <i>et al.</i> 2011 (127), Yamamoto, <i>et al.</i> 2011 (129), Kim, <i>et al.</i> 2012 (133), Tang, <i>et al.</i> 2012 (135), Wu, <i>et al.</i> 2012 (136), Zou, <i>et al.</i> 2012 (137)	High
Clinical	<i>CYP2C19*3</i> (and possibly other loss-of-function alleles) is associated with adverse cardiovascular outcomes (e.g., cardiovascular death, myocardial infarction, stroke, stent thrombosis) in ACS/PCI patients treated with clopidogrel.	Collet, <i>et al.</i> 2009 (28), Mega, <i>et al.</i> 2009 (2), Simon, <i>et al.</i> 2009 (5), Harmsze, <i>et al.</i> 2010 (139), Jeong, <i>et al.</i> 2011 (124), Yamamoto, <i>et al.</i> 2011 (129), Wu, <i>et al.</i> 2012 (136), Zou, <i>et al.</i> 2012 (137)	High
Clinical	<i>CYP2C19*17</i> is associated with lower on-treatment platelet reactivity (pharmacodynamics) in ACS/PCI patients treated with clopidogrel.	Frere, <i>et al.</i> 2009 (144), Sibbing, <i>et al.</i> 2010 (29), Sibbing, <i>et al.</i> 2010 (106), Harmsze, <i>et al.</i> 2012 (131),	Moderate

		Li, <i>et al.</i> 2012 (35), Sorich, <i>et al.</i> 2012 (37), Subraja, <i>et al.</i> 2012 (145)	
Clinical	<i>CYP2C19*17</i> is associated with enhanced clopidogrel response and an increased bleeding risk in ACS/PCI patients treated with clopidogrel.	Sibbing, <i>et al.</i> 2010 (29), Tiroch, <i>et al.</i> 2010 (146), Harmsze, <i>et al.</i> 2012 (131), Li, <i>et al.</i> 2012 (35), Sorich, <i>et al.</i> 2012 (37)	Moderate
Clinical	<i>CYP2C19</i> loss-of-function alleles are not associated with adverse cardiovascular outcomes in coronary patients with low frequencies of PCI and with other indications (e.g., atrial fibrillation) treated with clopidogrel.	Pare, <i>et al.</i> 2010 (88), Wallentin, <i>et al.</i> 2010 (9)	High
Clinical	ACS/PCI patients with <i>CYP2C19</i> reduced metabolizer genotypes have reduced risks of primary outcome with prasugrel compared to clopidogrel. However, for <i>CYP2C19</i> EMs, the risks with prasugrel and clopidogrel are not significantly different.	Sorich, <i>et al.</i> 2010 (147)	High
Clinical	ACS/PCI patients with <i>CYP2C19</i> reduced metabolizer genotypes have reduced risks of primary outcome with ticagrelor compared to clopidogrel, which was less significant among <i>CYP2C19</i> EMs and most pronounced among patients undergoing PCI.	Wallentin, <i>et al.</i> 2010 (9), Hulot, <i>et al.</i> 2011 (90)	High

ACS: acute coronary syndrome; EM: extensive metabolizer; PCI: percutaneous coronary intervention

* See above for description of ‘**Levels of Evidence Linking Genotype to Phenotype**’.