

**Supplemental Table S8. Evidence linking *CYP2C19* genotype with phenotype (CLOPIDOGREL DOSE ESCALATION)**

<b>Study Endpoints</b>	<b>Major Findings</b>	<b>References</b>	<b>Level of Evidence*</b>
<i>Ex vivo</i> platelet aggregation	Higher-dose clopidogrel can increase the degree of platelet inhibition in healthy subjects heterozygous for <i>CYP2C19</i> LOF alleles	Simon, <i>et al.</i> 2011 (57)	High
<i>Ex vivo</i> platelet aggregation	Higher-dose clopidogrel can increase the degree of platelet inhibition in patients heterozygous for <i>CYP2C19</i> LOF alleles but less so in patients homozygous for LOF alleles	Gladding, <i>et al.</i> 2008 (154), Gladding, <i>et al.</i> 2009 (40), Barker, <i>et al.</i> 2010 (155), Bonello, <i>et al.</i> 2010 (156), Alexopoulos, <i>et al.</i> , 2011 (157), Collet, <i>et al.</i> 2011 (114), Cuisset, <i>et al.</i> 2011 (122), Mega, <i>et al.</i> 2011 (158)	High
Clinical: composite end point of cardiovascular death, MI and ST	Higher dose clopidogrel on the basis of platelet function monitoring does not result in clinical benefit among ACS/PCI patients.	Price, <i>et al.</i> 2011 (159), Collet, <i>et al.</i> 2012 (160)	High

ACS: acute coronary syndrome; LOF: loss-of-function; PCI: percutaneous coronary intervention.

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