SUPPLEMENTAL MATERIAL

for

'Study of Two Dose Regimens of Ticagrelor Compared with Clopidogrel in

Patients Undergoing Percutaneous Coronary Intervention for Stable Coronary

Artery Disease (STEEL-PCI)'

by Orme RC et al

Supplementary material for 'Study of Two Dose Regimens of Ticagrelor Compared with Clopidogrel in Patients Undergoing Percutaneous Coronary Intervention for Stable Coronary Artery Disease (STEEL-PCI)'

Influences of genetic variation on effects of clopidogrel and ticagrelor

Genetic variation in the activity of key cytochrome P450 (CYP) enzymes partly explains

limited efficacy of clopidogrel in some individuals, including loss-of-function alleles in

CYP2C19 that have been associated with reduced clopidogrel active metabolite

formation and increased risk of stent thrombosis.¹⁻⁵

Genetic variants affecting ticagrelor and AR-C124910XX levels are uncommon and

have limited effect on the levels as well as no detectable impact on efficacy or safety of ticagrelor.⁶

Inclusion and exclusion criteria for the study

Inclusion criteria

For inclusion in the study, subjects should fulfill the following criteria:

- 1. Provision of informed consent prior to any study specific procedures
- 2. Male or female aged greater than 18 years
- 3. Previous invasive coronary angiography with plan for PCI with coronary stent implantation for stable coronary artery disease

Exclusion criteria

Subjects should not enter the study if any of the following exclusion criteria are fulfilled:

- Requirement for a chronic total occlusion to be crossed in order for *any* stent implantation to proceed
- 2. Plan for coronary angiography with a view to PCI if appropriate (i.e. current coronary anatomy not known)

- 3. Intention to use platelet function tests or genotyping to guide antiplatelet therapy
- 4. Known allergy to or intolerance of aspirin, clopidogrel or ticagrelor
- Treatment with antiplatelet medication apart from aspirin or clopidogrel that cannot be stopped 10 days prior to PCI (e.g. ticagrelor, prasugrel, dipyridamole, ticlopidine, abciximab, tirofiban), for example because of continuing indication
- 6. Planned treatment or consideration of treatment with oral antiplatelet medication other than aspirin or clopidogrel following PCI
- 7. Planned use of a glycoprotein IIb/IIIa antagonist for the PCI procedure
- 8. Myocardial infarction within the past 12 months
- 9. Current or planned use of an oral anticoagulant (e.g. warfarin, dabigatran, rivaroxaban, apixaban)
- 10. Previous history of intracranial haemorrhage or other intracranial pathology associated with increased bleeding risk
- 11. Haemoglobin < 100 g/L or other evidence of active bleeding
- Peptic ulceration documented by endoscopy within the last 3 months unless healing proven by repeat endoscopy
- 13. History of acute or chronic liver disease (e.g. cirrhosis)
- 14. Treatment in the last 10 days or requirement for ongoing treatment with a strong CYP3A4 inhibitor (e.g. ketoconazole, itraconazole, voriconazole, telithromycin,clarithromycin, nefazadone, ritonavir, saquinavir, nelfinavir, indinavir, atanazavir, or over 1 litre daily of grapefruit juice) or inducer (e.g. rifampin/rifampicin, rifabutin, phenytoin, carbamazepine, phenobarbital)
- 15. Requirement for ongoing treatment with simvastatin or lovastatin at a dose greater than 40 mg per day

- 16. Treatment with a CYP3A4 substrate with a narrow therapeutic index (e.g. cyclosporine, quinidine)
- 17. Requirement for ongoing treatment with a moderate-or-strong CYP2C19 inhibitor that is known to or predicted to impair the response to clopidogrel (omeprazole, esomeprazole, fluconazole, fluvoxamine, fluoxetine, moclobemide, voriconazole ciprofloxacin, cimetidine, carbamazepine, oxcarbazepine, or chloramphenicol)
- 18. End-stage renal failure requiring dialysis
- 19. History of alcohol or drug abuse in the last year
- 20. Co-morbidity associated with life expectancy less than 1 year
- 21. Females of child-bearing potential unless negative pregnancy test at screening and willing to use effective contraception (i.e. established use of oral, injected or implanted hormonal methods of contraception *or* placement of an intrauterine device (IUD) or intrauterine system (IUS) *or* barrier methods of contraception with spermicide *or* sole male partner with prior vasectomy and confirmed absence of sperm in ejaculate) for the duration of treatment with study medication
- 22. Any other condition deemed by the investigator to place the patient at excessive risk of bleeding with ticagrelor

High-performance liquid chromatography (HPLC) methods

Samples with stop solution were centrifuged at 1500*g* and the supernatant deproteinised by the addition of ice-cold 70% perchloric acid before further centrifugation at 13000*g* and storage of the supernatant at -80°C. HPLC was performed using a Waters 2695 HPLC analyser and a Waters 2487 Ultra-Violet/Visible (UV/Vis) detector with wavelength 258 nm. Data was collected by DataApex Clarity software. The column was a Waters Xbridge C18 5um (250mm x 4.6mm id) at a

temperature of 23°C. The mobile phase was 2% acetonitrile in aqueous ammonium hydroxide (0.1%) for 35 mins ramping to 98% acetonitrile after 36 mins until 40 mins (1mL/min). The injection volume was 100uL. The lower limit of quantification for adenosine was 0.01 μ mol/L.

Genetic analysis methods

DNA was extracted from whole blood samples using Chemagen Chemagic 10k kits (Perkin Elmer, Baesweiler, Germany) followed by elution in Tris-EDTA buffer. The DNA was quantified using Quantifluor® dsDNA System (Promega, Madison, WI, USA). Genotyping was done using Taqman assays (Applied Biosystems, Life Technologies, Pleasanton, CA, USA) using an Applied Biosystems 7900HT Real-Time PCR System. The alleles genotyped included: *CYP2C19* loss-of-function alleles *2 (rs4244285), *3 (rs4986893), *4 (rs28399504), *5 (rs56337013), *6 (rs72552267) *7 (rs72558186) and *8 (rs41291556); *CYP2C19* gain-of-function allele *17 (rs12248560); *CYP3A43* (rs62471956); *UGT2B7* (glucuronosyl transferase family 2 member B7) (rs61361928); and *SLC01B1* (solute carrier organic anion transporter family member 1B1 (rs4149056).

Excluded patient on strong CYP3A inducer

One patient randomized to ticagrelor 60mg bid was subsequently found to have been taking a strong CYP3A inducer throughout the study and was, therefore, included in error. Their pharmacodynamic and pharmacokinetic data were excluded from the main analyses to avoid misleading comparison of the groups. It was confirmed that no other patients in the study received excluded medication. The patient was informed of this error and agreed for their individual data to be presented anonymously in view of the scientific interest. After ticagrelor 180-mg loading dose, their VerifyNow P2Y12 assay

showed PRU 220 and percentage inhibition 21%. Pre- and post-maintenance dose of ticagrelor 60mg at 1 month, these values were 223 and 4% pre-dose and 208 and 21% post-dose, respectively. LTA results were consistent with these values. Corresponding to these low levels of platelet P2Y₁₂ inhibition, plasma levels of ticagrelor and AR-C124910XX were also low, indicating ultra-rapid metabolism of ticagrelor and its active metabolite: following ticagrelor 180-mg loading dose, levels were 55 and 105 ng/mL, respectively; pre-maintenance dose, levels were 7.5 and 36.4 ng/mL, respectively, and post-maintenance dose, levels were 18.6 and 60 ng/mL, respectively. These findings illustrate the importance of checking on relevant CYP3A-mediated drug interactions when using ticagrelor and avoiding the use of ticagrelor in patients receiving strong CYP3A inducers.

Supplementary genetic analyses

The presence of a gain-of-function allele for CYP2C19 did not influence the relationship between clopidogrel and either of the ticagrelor doses (Supplementary Table 4 and 5).

None of the patients carried the rare alleles for *CYP3A43* (rs62471956) or *UGT2B7* (rs61361928). There were no consistent effects of the variant of *SLC01B1* (rs4149056) on platelet reactivity or plasma ticagrelor levels (Supplementary Tables 6 to 9).

| | Clopidogrel | Ticagrelor 60mg | Ticagrelor 90mg |
|------------------------------------|---------------|--------------------|---------------------------------------|
| | n=60 | n=60 | n=60 |
| Age, years, mean (SD) | 63.7 (11.9) | 67 (8.6) | 64.9 (8.3) |
| Male sex, n (%) | 47 (78.3%) | 50 (85.2%) | 50 (85.2%) |
| Body weight, kgs, median | | · · · · | , , , , , , , , , , , , , , , , , , , |
| (interquartile range) | 85.5 (77-102) | 87.5 (73-96) | 85 (79-98) |
| Body mass index, mean (SD) | 30.3 (5.7) | 28.8 (3.7) | 30 (4.9) |
| Race, n (%) | | | |
| White | 59 (98.3%) | 59 (98.3%) | 58 (96.7%) |
| Black | 1 (1.7%) | 0 (0%) | 1 (1.7%) |
| Asian | 0 (0%) | 1 (1.7%) | 1 (1.7%) |
| Cardiovascular risk factors, n (%) | | | |
| Current smoker | 7 (11.7%) | 3 (5%) | 7 (11.7%) |
| Hypertension | 42 (70%) | 37 (61.7%) | 41 (68.3%) |
| Dyslipidemia | 54 (90%) | 54 (90%) | 58 (96.6%) |
| Diabetes mellitus | 13 (21.7%) | 8 (13.3%) | 13 (21.7%) |
| Medical history, n (%) | | | |
| Myocardial infarction | 9 (15%) | 7 (11.7%) | 4 (6.7%) |
| PCI | 6 (10%) | 7 (11.7%) | 8 (13.3%) |
| CABG | 3 (5%) | 5 (8.3%) | 3 (5%) |
| Cardiac failure | 5 (8.3%) | 2 (3.3%) | 2 (3.3%) |
| Transient ischemic attack | 3 (5%) | 3 (5%) | 3 (5%) |
| Non-hemorrhagic stroke | 1 (1.7%) | 0 (0%) | 2 (3.3%) |
| Peripheral arterial disease | 7 (11.6%) | 5 (8.3%) | 3 (5%) |
| COPD | 6 (10%) | 6 (10%) | 3 (5%) |
| Concomitant medication, n (%) | | · · · | |
| Aspirin 75mg daily | 60 (100%) | 60 (100%) | 60 (100%) |
| Beta-blocker | 53 (88.3%) | 45 (75%) | 41 (68.3%)* |
| ACE inhibitor | 16 (26.7%) | 19 (31.7%) | 18 (30%) |
| Statin | 54 (90%) | 54 (90%) | 52 (86.7%) |

Supplementary Table 1. Characteristics of all randomised patients

*All comparisons between the groups are not significant other than treatment with beta-blocker (p=0.03). SD: standard deviation.

| | Clopidogrel | Ticagrelor 60mg | Ticagrelor 90mg |
|--|---------------|--------------------------|--------------------|
| | n=53 | n=53 | n=48 |
| Age, years, mean (SD) | 65.0 (8.4) | 66.6(8.4) | 66(7.747) |
| Male sex, n (%) | 43 (81.1%) | 45 (84.9%) 68.2(60.6- | 40 (83.3%) |
| Body weight, kgs, median (IQR) | 87.0 (77-102) | 72.2) | 85(79-98) |
| Body mass index, mean (SD) | 30.51(5.75) | 28.85(3.7) | 30.07 (4.738) |
| Race, n (%) | | | |
| White | 52 (98.1%) | 52 (98.1%) | 46 (95.8%) |
| Black | 1 (1.9%) | 0 (0%) | 1 (2.1%) |
| Asian | 0 (0%) | 1 (1.9%) | 1 (2.1%) |
| Cardiovascular risk factors, n (%) | · · · | | , <u>,</u> |
| Current smoker | 6 (11.3%) | 2 (3.8%) | 4 (8.3%) |
| Hypertension | 37 (69.8%) | 31 (58.5%) | 31 (64.6%) |
| Dyslipidemia | 37 (69.8%) | 47 (88.7%) | 46 (95.8%) |
| Diabetes mellitus | 11 (20.8%) | 7 (13.2%) | 11 (22.9%) |
| Medical history, n (%) | | | |
| Myocardial infarction | 8 (15.1%) | 7 (13.2%) | 4 (8.3%) |
| PCI | 5 (9.4%) | 7 (13.2%) | 7 (14.6%) |
| CABG | 3 (5.7%) | 4 (7.5%) | 1 (1.9%) |
| Cardiac failure | 5 (9.4%) | 1 (1.9%) | 0 (0%) |
| Transient ischemic attack | 3 (5.7%) | 3 (5.7%) | 2 (3.8%) |
| Non-hemorrhagic stroke | 1 (1.9%) | 0 (0%) | 1 (1.9%) |
| Peripheral arterial disease | 5 (9.4%) | 3 (5.7%) | 3 (6.25%) |
| COPD | 4 (7.6%) | 1 (1.9%) | 2 (4.2%) |
| Concomitant medication, n (%) | | | |
| Aspirin 75mg daily | 53 (100%) | 53 (100%) | 47 (97.9%) |
| Beta-blocker | 46 (86.8%) | 40 (75.5%) | 31 (64.6%) |
| ACE inhibitor | 15 (28.3%) | 18 (34.0%) | 11 (22.9%) |
| Statin | 47 (88.7%) | 47 (88.7%) | 41 (85.4%) |
| CYP2C19 LOF carrier, n (%) | 17 (32.1%) | 18 (34.0%) | 9 (18.8%) |
| Procedural characteristics | | | |
| Number of vessels treated, mean | | | |
| (SD) | 1.2 (0.45) | 1.23 (0.42) | 1.25 (0.48) |
| Number of lesions treated, mean | 1.51 (0.78) | 1.53 (0.7) | 1.44 (0.68) |
| (SD) Total start length mm maan (SD) | · · · | · · · | · / |
| Total stent length, mm, mean (SD) Minimum stent diameter, mm, | 37.5 (25.4) | 39.2 (23.4) | 36.7 (24.4) |
| mean (SD) | 3.03 (0.53) | 2.98 (0.49) | 3.03 (0.48) |
| Bifurcation treated, n (%) | 1 (1.9%) | 4 (7.5%) | 2 (4.2%) |
| Left main stem treated, n (%) | 1 (1.9%) | 3 (5.7%) | 2 (4.2%) |
| Chronic total occlusion treated, n | . (| | - (/ / / / / / |
| (%) | | | |
| Arterial Access, n (%) | | | |

Supplementary Table 2. Baseline demographic and procedural characteristics and medications at 1 month

| Radial | 41 (77.4%) | 40 (75.5%) | 35 (72.9%) |
|-------------------|------------|------------|------------|
| Femoral | 10 (18.9%) | 13 (24.5%) | 12 (25%) |
| Radial-to-femoral | 2 (3.8%) | 0 (0%) | 1 (2.1%) |
| Brachial | 0 (0%) | 0 (0%) | 0 (0%) |

SD: standard deviation. PCI: percutaneous coronary intervention. CABG: coronary artery bypass graft surgery. COPD: chronic obstructive pulmonary disease. ACE: angiotensin-converting enzyme. CYP2C19 LOF: loss-of-function allele carrier for cytochrome P450 2C19.

| | Clopidogrel N= 60 | Ticagrelor 60mg N = 56 | Ticagrelor 90mg N = 58 |
|--------------------------------|----------------------|---------------------------|---------------------------|
| Serious Adverse Events | N (%) | N (%) | N (%) |
| Procedural | | | |
| Arterial access site bleeding | 2 (3.3) | 2 (3.6) | 0 (0) |
| Arterial access site haematoma | 0 (0) | 1 (1.8) | 2 (4) |
| Pericardial effusion | 0 (0) | 1 (1.8) | 0 (0) |
| Radial artery dissection | 0 (0) | 0 (0) | 1 (1.7) |
| Non-procedural | | | |
| Chest pain | 2 (3.3) | 2 (3.6) | 0 (0) |
| Palpitations | 0 (0) | 0 (0) | 1 (1.7) |
| Vasovagal syncope | 0 (0) | 1 (1.8) | 1 (1.7) |
| Systemic thromboembolism | 0 (0) | 0 (0) | 1 (1.7) |
| Venous thromboembolism | 1 (1.7) | 0 (0) | 0 (0) |
| Adverse Events | N (%) | N (%) | N (%) |
| Procedural | | | |
| Coronary artery haematoma | 0 (0) | 1 (1.8) | 0 (0) |
| Non-procedural | | | |
| Hypertension | 0 (0) | 0 (0) | 1 (1.7) |
| Palpitations | 0 (0) | 1 (1.8) | 0 (0) |
| Oedema | 0 (0) | 1 (1.8) | 0 (0) |
| Pre-syncope or syncope | 0 (0) | 2 (3.6) | 1 (2) |
| Dyspnoea | 0 (0) | 4 (7.1) | 11 (19.0)** |
| Anaemia | 0 (0) | 1 (1.8) | 0 (0) |
| Bruising | 2 (3.3) | 1 (1.8) | 1 (1.7) |
| Epistaxis | 0 (0) | 0 (0) | 1 (1.7) |
| Fatigue | 0 (0) | 2 (3.6) | 0 (0) |
| Gastrointestinal symptoms | 3 (5.0) | 3 (5.4) | 2 (3.4) |
| Gout | 1 (1.7) | 1 (1.8) | 0 (0) |
| Haematospermia/haematuria | 0 (0) | 0 (0) | 2 (3.4) |
| Non-cardiac chest pain | 2 (3.3) | 3 (5.4) | 6 (10.3) |
| Rash | 0 (0) | 1 (1.8) | 1 (1.7) |
| Shingles | 1 (1.7) | 0 (0) | 1 (1.7) |

Supplementary Table 3. Adverse events

Group comparisons performed using Fisher's exact test: ** P < 0.001 vs clopidogrel. All other P

> 0.05.

| CYP2C19 genotype status | Clo | opidogrel | Т | icagrelor | P value |
|-------------------------|-----|-----------|----|-----------|---------|
| | n | Mean ± SD | n | Mean ± SD | |
| LOF | | | | | |
| % inhibition | 18 | 17 ± 24 | 31 | 83 ± 24 | <0.001 |
| PRU | 18 | 200 ± 72 | 31 | 35 ± 49 | <0.001 |
| No LOF | | | | | |
| % inhibition | 41 | 32 ± 25 | 79 | 87 ± 16 | <0.001 |
| PRU | 41 | 166 ± 66 | 79 | 30 ± 33 | <0.001 |

Supplementary Table 4. VerifyNow P2Y₁₂ results following standard loading regimens of clopidogrel or ticagrelor at the time of PCI according to CYP2C19 loss-of-function allele carrier status

LOF: CYP2C19 loss-of-function allele carrier. PRU: P2Y₁₂ reaction units.

Supplementary Table 5. VerifyNow $P2Y_{12}$ results following one month of clopidogrel or ticagrelor according to CYP2C19 carrier status

| VerifyNow P2Y12 assay | С | lopidogrel | Tica | agrelor 60mg | Tica | agrelor 90mg | P value Clop vs | P value Clop vs | P value T60mg vs |
|---------------------------|----|------------|------|--------------|------|--------------|--------------------|--------------------|---------------------|
| - | n | Mean ± SD | n | Mean ± SD | n | Mean ± SD | T60mg | T90mg | T90mg |
| LOF | | | | | | | | | |
| PRU Pre dose | 16 | 187 ± 47 | 16 | 77 ± 67 | 8 | 22 ±18 | 0.0003 | 0.0001 | 0.023 |
| PRU Post dose | 16 | 176 ± 60 | 16 | 35 ± 25 | 8 | 8 ± 3 | <0.0001 | <0.0001 | 0.003 |
| % inhibition Pre dose | 16 | 19 ± 19 | 16 | 67 ± 27 | 8 | 90 ± 9 | 0.0002 | <0.0001 | 0.038 |
| % inhibition Post dose | 16 | 22 ± 24 | 16 | 86 ± 10 | 8 | 97 ±1 | <0.0001 | <0.0001 | 0.003 |
| No LOF | | | | | | | | | |
| PRU Pre dose | 34 | 178 ± 43 | 34 | 55 ± 34 | 36 | 42 ± 39 | <0.0001 | <0.0001 | 0.11 |
| PRU Post dose | 36 | 155 ± 49 | 35 | 32 ± 32 | 39 | 27 ± 22 | <0.0001 | <0.0001 | 0.64 |
| % inhibition Pre dose | 34 | 22 ± 17 | 34 | 75 ± 15 | 36 | 82 ± 17 | <0.0001 | <0.0001 | 0.03 |
| % inhibition Post dose | 36 | 37 ± 20 | 35 | 86 ± 15 | 39 | 89 ± 10 | <0.0001 | <0.0001 | 0.56 |

LOF: CYP2C19 loss-of-function allele carrier. PRU: P2Y₁₂ reaction units.

Supplementary Table 6. VerifyNow $P2Y_{12}$ results following standard loading regimens of clopidogrel or ticagrelor at the time of PCI according to CYP2C19 gain of function allele carrier status

| VerifyNow results according to CYP2C19 genotype | C | lopidogrel | т | Ticagrelor | | |
|--|----|------------|----|------------|---------|--|
| | n | Mean ± SD | n | Mean ± SD | | |
| GOF | | | | | | |
| % inhibition | 18 | 30 ± 23 | 34 | 86 ± 19 | <0.0001 | |
| PRU | 18 | 164 ± 60 | 34 | 29 ± 36 | <0.0001 | |
| No GOF | | | | | | |
| % inhibition | 41 | 26 ± 26 | 76 | 85 ± 19 | <0.0001 | |
| PRU | 41 | 181 ± 73 | 76 | 33 ± 39 | <0.0001 | |

Supplementary Table 7. VerifyNow P2Y12 assay results following one month of clopidogrel or ticagrelor according to *CYP2C19* gain-of-function carrier status

| VerifyNow P2Y12 assay | C | Clopidogrel | ogrel Ticagrelor 60mg Ticagrelor 90mg | | P value Clop vs T60mg | P value Clop vs T90mg | P value T60mg vs T90mg | | |
|---------------------------|----|-------------|---------------------------------------|-----------|-----------------------------|-----------------------------|------------------------------|---------|--------|
| | n | Mean ± SD | n | Mean ± SD | n | Mean ± SD | - | - | - |
| GOF | | | | | | | | | |
| PRU Pre dose | 15 | 170 ± 50 | 12 | 61 ± 39 | 16 | 47 ± 47 | <0.0001 | <0.0001 | 0.3067 |
| PRU Post dose | 16 | 148 ± 58 | 12 | 35 ± 41 | 17 | 28 ± 26 | <0.0001 | <0.0001 | 0.7027 |
| % inhibition Pre dose | 15 | 19 ± 19 | 12 | 67 ± 27 | 16 | 90 ± 9 | <0.0001 | <0.0001 | 0.4419 |
| % inhibition Post dose | 16 | 37 ± 23 | 12 | 85 ± 19 | 17 | 88 ± 11 | <0.0001 | <0.0001 | 0.8525 |
| No GOF | | | | | | | | | |
| PRU Pre dose | 35 | 185 ± 41 | 38 | 62 ± 51 | 28 | 34 ± 29 | <0.0001 | <0.0001 | 0.0119 |
| PRU Post dose | 37 | 163 ± 57 | 39 | 33 ± 26 | 30 | 21 ± 19 | <0.0001 | <0.0001 | 0.0659 |
| % inhibition Pre dose | 35 | 21 ± 17 | 38 | 73 ± 21 | 28 | 85 ± 13 | <0.0001 | <0.0001 | 0.0026 |
| % inhibition Post dose | 37 | 30 ± 22 | 39 | 86 ± 11 | 30 | 91 ± 18 | <0.0001 | <0.0001 | 0.04 |

Supplementary Table 8. VerifyNow P2Y12 assay results following standard loading regimens of clopidogrel or ticagrelor at the time of PCI according to SLC01B1 genotype carrier status

| VerifyNow results according to | C | Clopidogrel | Г | p value | |
|--------------------------------|----|-------------|----|-----------|--------|
| SLC01B1 genotype | | | | | |
| | n | Mean ± SD | n | Mean ± SD | |
| Carrier | | | | | |
| % inhibition | 15 | 22 ± 22 | 25 | 86 ± 20 | <0.000 |
| PRU | 15 | 191 ± 53 | 25 | 37 ± 56 | <0.000 |
| Non-carrier | | | | | |
| % inhibition | 44 | 29 ± 26 | 84 | 96 ± 16 | <0.000 |
| PRU | 44 | 171 ± 74 | 84 | 30 ± 31 | <0.000 |

Supplementary Table 9. VerifyNow P2Y12 assay results following one month of clopidogrel or ticagrelor according to SLC01B1 genotype carrier status

| SLC01B1 genotype | C | lopidogrel | Tic | agrelor 60mg | Tica | agrelor 90mg | P value Clop vs T60mg | P Value Clop vs T90mg | P value T60mg vs T9 |
|---------------------|----|------------|-----|-------------------------|------|--------------|-----------------------------|-----------------------------|---------------------------|
| | n | Mean ± SD | n | Mean ± SD | n | Mean ± SD | | | |
| Carrier | | | | | | | | | |
| PRU Pre dose | 14 | 193 ± 31 | 14 | 39 ± 21 | 10 | 45 ± 54 | <0.0001 | <0.0001 | 0.594 |
| PRU Post dose | 10 | 172 ± 37 | 14 | 23 ± 19 | 10 | 22 ± 23 | <0.0001 | <0.0001 | 0.965 |
| % inhibition | 14 | 20 ± 17 | 14 | 83 ± 9 | 10 | 79 ± 26 | <0.0001 | <0.0001 | 0.635 |
| Pre dose | 14 | 20 ± 17 | 14 | 63 ± 9 | 10 | 79±20 | <0.0001 | <0.0001 | 0.035 |
| % inhibition | 40 | 00 + 40 | | 04 + 0 | 40 | 00 + 40 | 10,0004 | 10,0004 | 0.704 |
| Post dose | 10 | 32 ± 18 | 14 | 91 ± 8 | 10 | 90 ± 10 | <0.0001 | <0.0001 | 0.784 |
| Non-carrier | | | | | | | | | |
| PRU Pre dose | 36 | 176 ± 48 | 36 | 71 ± 52 | 34 | 37 ± 30 | <0.0001 | <0.0001 | 0.0023 |
| PRU Post dose | 39 | 159 ± 58 | 37 | 37 ± 32 | 37 | 24 ± 22 | <0.0001 | <0.0001 | 0.0622 |
| % inhibition | 20 | 00 + 40 | 20 | <u> </u> | 24 | 05 + 40 | -0.0004 | -0.0001 | 0.0000 |
| Pre dose | 36 | 22 ± 18 | 36 | 69 ± 22 | 34 | 85 ± 13 | <0.0001 | <0.0001 | 0.0006 |
| % inhibition | | / | | • • • • • | | | | | |
| Post dose | 39 | 33 ± 24 | 37 | 84 ± 15 | 37 | 90 ± 9 | <0.0001 | <0.0001 | 0.0681 |

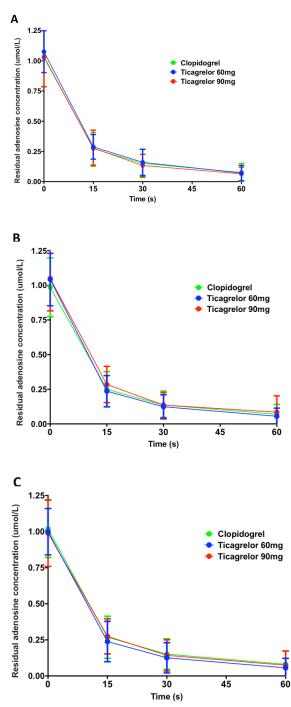
Supplementary Table 10. Plasma ticagrelor and AR-C124910XX results at time of PCI according to SLC01B1 carrier status

| | Carrier n Mean ± SD | | Ν | lon-carrier | Р |
|----------------------|------------------------|------------|--------------|-------------|-------|
| | | | n | Mean ± SD | value |
| Ticagrelor (ng/mL) | 26 | 1126 ± 658 | 84 | 1097 ± 516 | 0.976 |
| AR-C124910XX (ng/mL) | 26 223 ± 153 | | 84 218 ± 117 | | 0.687 |

Supplementary Table 11. Plasma ticagrelor and AR-C124910XX results at one month according to SLC01B1 carrier status

| | | Carrier | | Non-carrier | Р |
|-------------------------|----|-----------|----|-------------|-------|
| | n | Mean ± SD | n | Mean ± SD | value |
| Ticagrelor (ng/mL) | | | | | |
| T60 pre dose | 14 | 277 ± 152 | 36 | 280 ± 242 | 0.627 |
| T60 post dose | 14 | 521 ± 318 | 34 | 498 ± 272 | 0.912 |
| T90 pre dose | 10 | 342 ± 204 | 37 | 375 ± 187 | 0.626 |
| T90 post dose | 10 | 813 ± 433 | 37 | 764 ± 332 | 0.715 |
| AR-C124910XX (ng/mL) | | | | | |
| T60 pre dose | 14 | 94 ± 47 | 36 | 95 ± 60 | 0.737 |
| T60 post dose | 14 | 129 ± 59 | 34 | 130 ± 80 | 0.665 |
| T90 pre dose | 10 | 126 ± 51 | 37 | 132 ± 73 | 0.576 |
| T90 post dose | 10 | 208 ± 84 | 37 | 198 ± 101 | 0.461 |

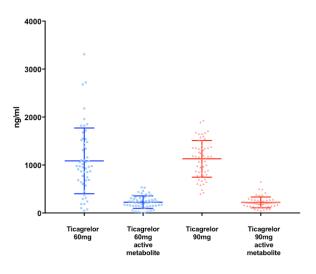
T60: Ticagrelor 60mg group; T90: Ticagrelor 90mg group



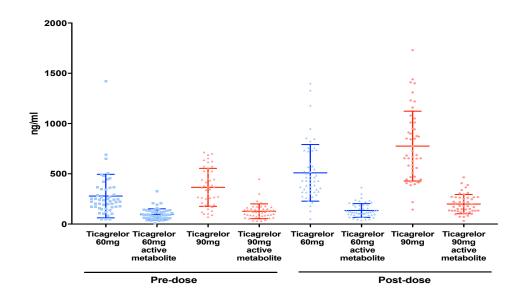
Supplementary Figure 1. Time course of whole blood adenosine uptake

Residual adenosine levels at 0 to 60 seconds after mixing adenosine 1 μ mol/L with blood samples obtained (A) at the time of PCI following a standard loading regimen of clopidogrel (n=54) or 180-mg loading dose of ticagrelor (n=50 and 54 for 60mg and 90mg groups, respectively); and after one month of treatment (B) pre-maintenance dose and (C) post-maintenance dose for each of the three treatment groups (clopidogrel 75mg qd: n=45; ticagrelor 60mg bid: n=46; and ticagrelor 90mg bid; n=43 & 45). Data are mean ± SD.

Supplementary Figure 2A. Post loading dose



Supplementary Figure 2B. At one month



Supplementary Figure 2. Ticagrelor and Active Metabolite AR-C124910XX Plasma Concentration

Individual results for plasma concentrations of ticagrelor and active metabolite AR-C124910XX (A) following a standard loading dose of ticagrelor and (B) after one month, pre-maintenance dose and post-maintenance dose with either ticagrelor 60 mg or ticagrelor 90 mg twice daily. Solid lines with error bars indicate mean ± SD.

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