

SUPPLEMENTAL MATERIAL

Optimal Duration of Aspirin plus Clopidogrel After Ischemic Stroke or TIA: A Systematic Review and Meta-Analysis

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Studies	Randomization	Allocation concealment	Blinding	Deviation from intended intervention	Outcome assessment bias	Free of other biases
POINT 2018 ¹	Green	Green	Green	Green	Green	Green
COMPRESS 2016 ²	Green	Green	Green	Green	Green	Green
He et al 2014 ³	Green	Green	Red	Green	Green	Green
Yi et al 2014 ⁴	Green	Green	Red	Green	Green	Green
CHANCE 2013 ⁵	Green	Green	Green	Green	Green	Green
SPS 3 2012 ⁶	Green	Green	Green	Green	Green	Green
CLAIR 2010 ⁷	Green	Green	Red	Green	Green	Green
FASTER 2007 ⁸	Green	Green	Green	Green	Green	Green
CHARISMA 2006 ⁹	Green	Green	Green	Green	Green	White
CARESS 2005 ¹⁰	White	Green	Green	Green	Green	Green
Low risk=Green; Unclear risk=White; High risk= Red						

Study	Major bleeding criteria
POINT 2018 ¹	Symptomatic intracranial hemorrhage, intraocular bleeding causing vision loss, transfusion of 2 or more units of red cells or an equivalent amount of whole blood, hospitalization or prolongation of an existing hospitalization, or death due to hemorrhage
COMPRESS 2016 ²	Intraocular hemorrhage, significant disability by bleeding, or requiring the transfusion of ≤ 3 units of blood
He et al 2014 ³	Not mentioned
Yi et al 2014 ⁴	Any symptomatic intracranial hemorrhage or any hemorrhage requiring blood transfusion or prolonged hospitalization was considered as serious hemorrhage
CHANCE 2013 ⁵	Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Coronary Arteries (GUSTO) definition
SPS 3 2012 ⁶	Requiring transfusion of red cells or surgery or resulting in permanent functional sequelae or death
CLAIR 2010 ⁷	Any symptomatic intracranial hemorrhage or any hemorrhage requiring blood transfusion or prolonged stay in hospital.
FASTER 2007 ⁸	Life threatening, resulting in hemodynamic compromise or hypovolemic shock, requiring inotropic support or other means to maintain cardiac output, requiring blood transfusion of more than 2 units of packed red blood cells, or associated with a fall in hemoglobin greater than or equal to 5 g/L
CHARISMA 2006 ⁹	Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Coronary Arteries (GUSTO) definition
CARESS 2005 ¹⁰	Not mentioned

Endpoints	Studies (<i>n</i>)	RD (95 % CI)	p-value
Short-term outcomes			
Recurrent Ischemic Stroke	6	-0.035 (-0.047, -0.023)	<0.001
Major bleeding	7	0.001 (-0.001, 0.002)	0.42
Major adverse cardiovascular events	5	-0.026 (-0.037, -0.015)	<0.001
All-cause mortality	4	-0.000 (-0.003, 0.004)	0.82
Mid-term outcomes			
Recurrent Ischemic Stroke	2	-0.018 (-0.031, -0.006)	0.004
Major bleeding	2	0.012 (-0.006, 0.030)	0.21
Major adverse cardiovascular events	2	-0.016 (-0.029, -0.004)	0.01
All-cause mortality	2	0.003 (-0.001, 0.007)	0.20
Long-term outcomes			
Recurrent Ischemic Stroke	2	-0.006 (-0.033, 0.022)	0.69
Major bleeding	2	0.024 (0.003, 0.044)	0.02
Major adverse cardiovascular events	1	-0.015 (-0.037, 0.007)	0.19
All-cause mortality	1	0.023 (0.006, 0.041)	0.01

Studies	Arms	n	Age (years)	Male (%)	Presentation		HTN (%)	IHD (%)	DM (%)	Smoking (%)	Prior Stroke (%)	Prior Aspirin use (%)	Prior Clopidogrel use (%)
					TIA (%)	Stroke (%)							
POINT 2018 ¹	A+C	2432	65.0	54.9	43.4	56.6	69.9	10.6	28.0	20.4	-	58.3	2.0
	A	2449	65.0	55.2	43.0	57.0	68.9	9.8	27.1	20.8	-	57.0	1.7
COMPRESS 2016 ²	A+C	174	68.0	65.5	0.0	100	64.4	4.6	33.3	40.8	11.5	-	-
	A	175	67.0	61.7	0.0	100	68.0	4.6	31.4	36.0	9.1	-	-
He et al 2014 ³	A+C	321	62.9	57	6.8	93.2	66.4	27.4	43.0	50.2	32.4	-	-
	A	326	61.5	56.7	4.9	95.1	68.7	28.2	39.3	50.6	35.9	-	-
Yi et al 2014 ⁴	A+C	284	69.2	54.9	-	100	71.8	1.4	37.0	39.4	-	0.0	0.0
	A	286	70.1	54.9	-	100	73.4	1.0	38.5	40.6	-	0.0	0.0
CHANCE 2013 ⁵	A+C	2584	63.0	67.0	27.7	72.3	66.4	1.7	21.3	43.2	20.0	21.4	0.5
	A	2586	62.0	65.3	28.2	71.8	65.1	2.0	21.0	42.7	20.0	22.1	0.5
SPS 3 2012 ⁶	A+C	1517	63.0	62.0	3.0	97.0	76.0	10.0	35.0	20.0	15.0	28.0	-
	A	1503	63.0	64.0	3.0	97.0	74.0	11.0	38.0	21.0	15.0	28.0	-
CLAIR 2010 ⁷	A+C	46	59.2	78.0	-	-	60.0	7.0	46.0	46.0	-	-	-
	A	52	56.4	77.0	-	-	69.0	6.0	31.0	58.0	-	-	-
FASTER 2007 ⁸	A+C	198	68.0	57.6	-	-	46.5	5.6	12.1	27.3	6.1	-	-
	A	194	68.2	48.4	-	-	54.6	4.1	9.3	24.7	8.8	-	-
CHARISMA 2006 ⁹	A+C	7802†	64.0	70.3	-	-	73.3	34.2	42.3	20.1	24.9	-	-
	A	7801†	64.0	70.2	-	-	73.9	34.9	41.7	20.3	24.3	-	-
CARESS 2005 ¹⁰	A+C	51	66.4	68.6	37.3	62.7	74.5	11.8	31.4	-	5.9	90.2	-
	A	56	62.8	69.6	42.6	57.4	55.4	17.9	32.1	-	7.1	92.9	-

† Total trial population

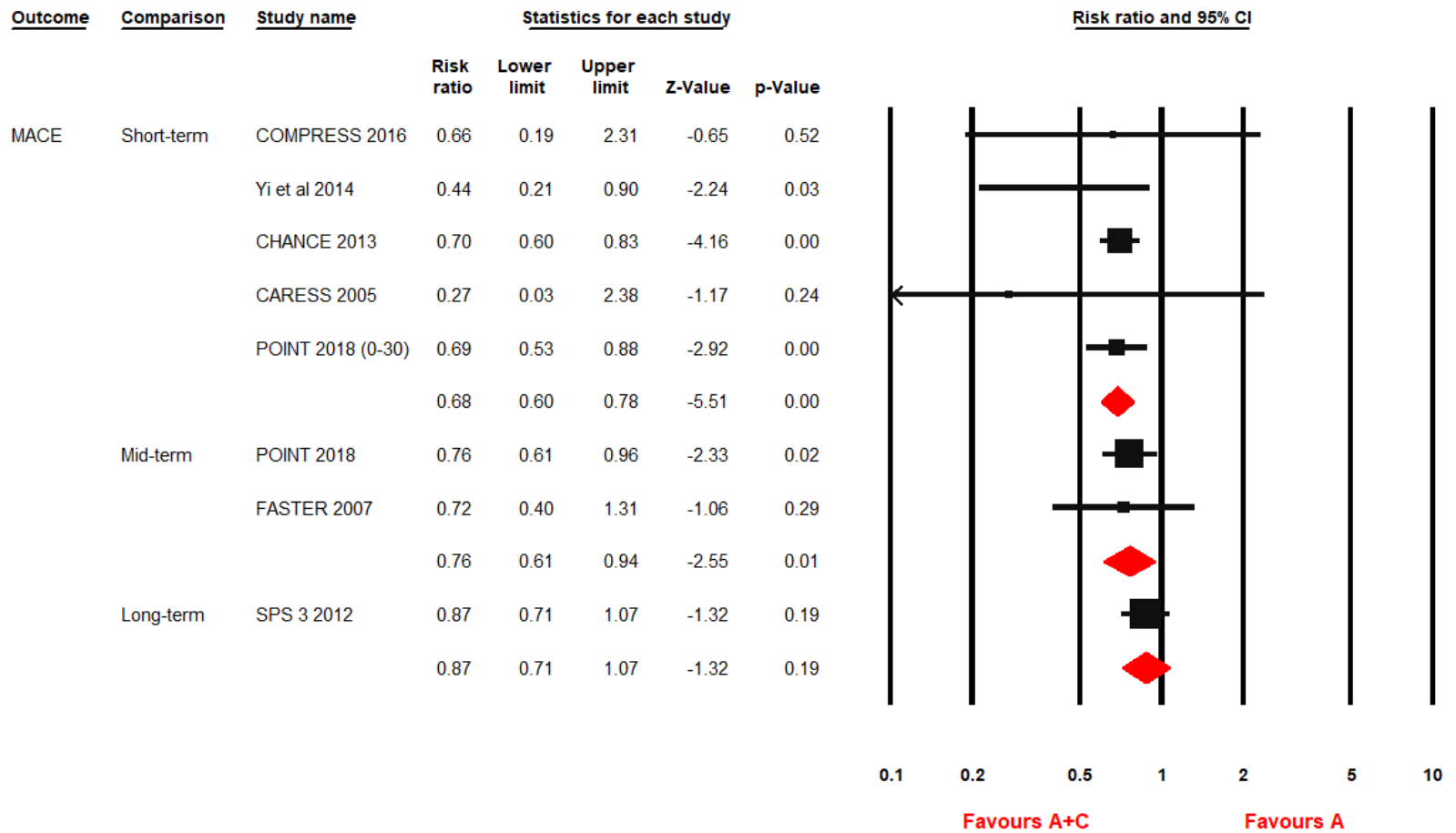
Abbreviations: A, aspirin; C, clopidogrel; DM, diabetes mellitus; HTN, hypertension; IHD, ischemic heart disease; n, number of patients; TIA, transient ischemic attack.

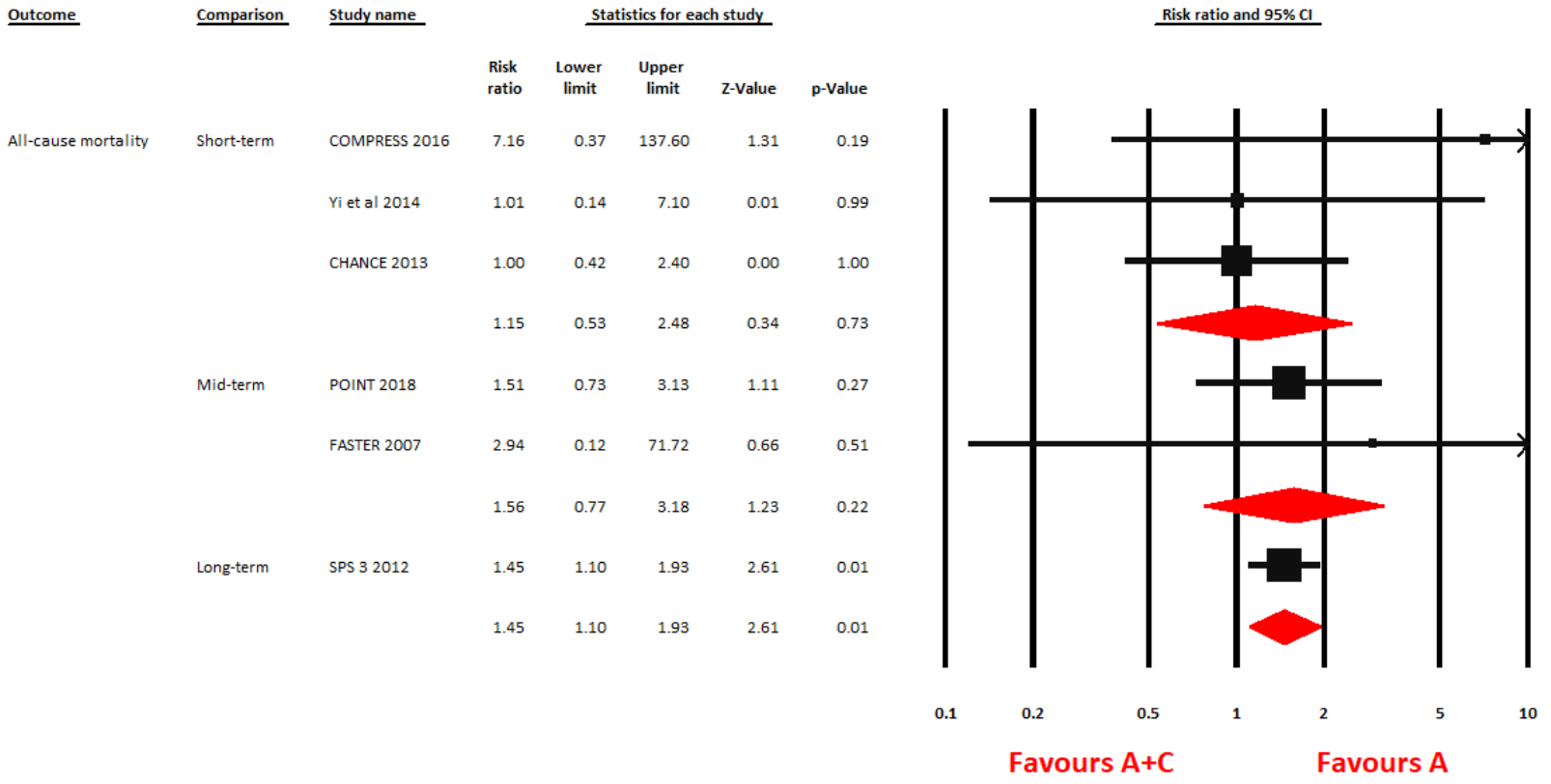
Variables	Slope (95 % Confidence Interval)	P-value
Recurrent Ischemic Stroke		
Year	0.001 (-0.043, 0.045)	0.97
Age (years)	-0.037 (-0.118, 0.045)	0.37
Male (%)	0.003 (-0.020, 0.027)	0.79
Hypertension (%)	0.010 (-0.014, 0.034)	0.41
Diabetes Mellitus	0.001 (-0.014, 0.017)	0.88
Ischemic Heart Disease (%)	0.002 (-0.019, 0.024)	0.84
Current Smoking (%)	-0.006 (-0.016, 0.004)	0.26
Major Bleeding		
Year	0.013 (-0.091, 0.117)	0.80
Age (years)	-0.069 (-0.289, 0.151)	0.54
Male (%)	0.036 (-0.037, 0.108)	0.33
Hypertension (%)	0.030 (-0.040, 0.099)	0.40
Diabetes Mellitus	0.001 (-0.066, 0.068)	0.98
Ischemic Heart Disease (%)	-0.001 (-0.032, 0.029)	0.93
Current Smoking (%)	-0.006 (-0.027, 0.015)	0.57

Ongoing trials
The THALES (Acute STroke or Transient IscHemic Attack Treated with TicAgrelor and ASA for PrEvention of Stroke and Death; ClinicalTrials.gov Identifier: NCT03354429) comparing ticagrelor and aspirin combination with aspirin alone in patients with acute IS or TIA to evaluate the composite of stroke and death at 30 days.
The CSPS.com trial (Cilostazol Stroke Prevention Study for Antiplatelet Combination; ClinicalTrials.gov Identifier: NCT01995370) comparing the efficacy and safety of aspirin and cilostazol with aspirin or clopidogrel monotherapy in high risk stroke patients.
The ATAMIS (Antiplatelet Therapy in Acute Mild-Moderate Ischemic Stroke) (ClinicalTrials.gov Identifier: NCT02869009) comparing efficacy and safety of dual-antiplatelet therapy versus aspirin monotherapy in patients with acute mild-moderate ischemic stroke ($4 \leq \text{NIHSS} \leq 10$)

Search Strategy:

((("ischemia"[MeSH Terms] OR "ischemia"[All Fields] OR "ischemic"[All Fields]) AND ("stroke"[MeSH Terms] OR "stroke"[All Fields])) OR ("cerebral infarction"[MeSH Terms] OR ("cerebral"[All Fields] AND "infarction"[All Fields]) OR "cerebral infarction"[All Fields]) OR ("cerebrovascular disorders"[MeSH Terms] OR ("cerebrovascular"[All Fields] AND "disorders"[All Fields]) OR "cerebrovascular disorders"[All Fields] OR ("cerebrovascular"[All Fields] AND "disease"[All Fields]) OR "cerebrovascular disease"[All Fields]) OR ("transient ischaemic attacks"[All Fields] OR "ischemic attack, transient"[MeSH Terms] OR ("ischemic"[All Fields] AND "attack"[All Fields] AND "transient"[All Fields]) OR "transient ischemic attack"[All Fields] OR ("transient"[All Fields] AND "ischemic"[All Fields] AND "attacks"[All Fields]) OR "transient ischemic attacks"[All Fields]) OR ("aspirin"[MeSH Terms] OR "aspirin"[All Fields]) OR ("clopidogrel"[Supplementary Concept] OR "clopidogrel"[All Fields]) OR (("aspirin"[MeSH Terms] OR "aspirin"[All Fields]) AND ("clopidogrel"[Supplementary Concept] OR "clopidogrel"[All Fields]) AND combination[All Fields]) OR antiplatelets[All Fields] OR ("randomized controlled trial"[Publication Type] OR "randomized controlled trials as topic"[MeSH Terms] OR "randomized controlled trials"[All Fields] OR "randomized controlled trials"[All Fields]))





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