Supplementary material to Breet et al. “The impact of renal function on platelet reactivity and clinical outcome in patients undergoing percutaneous coronary intervention with stenting” (Thromb Haemost 2014; 112.5)

Analysis using the 20 µM-stimulated LTA
Using LTA 20 patients with CKD had a significantly higher magnitude of platelet reactivity as compared to those without CKD (59.7 ± 14.4 vs. 57.2 ± 14.8, p=0.03). The incidence of HPR was similar between both groups (OR= 1.24 [0.89–1.72, p=0.21] vs OR=0.95 [0.65–1.37, p=0.78]).

Suppl. Figure 1: ANOVA demonstrated slightly higher values of platelet reactivity in patients with moderate/severe CKD as compared to those with a normal renal function. In contrast, no differences in platelet reactivity were observed between patients with a mildly decreased GFR as compared to those with moderate/severe CKD a normal renal.
Suppl. Figure 2: When the composite endpoint is plotted against the presence of HCPR for patients with and without moderate/severe CKD, in accordance with 5 μM-stimulated LTA as well as the VerifyNow, using 20 μM-stimulated LTA the cumulative event-rate was the highest in patients with both HCPR and moderate/severe CKD. In addition, the combined endpoint occurred significantly more often in patients with HCPR, both in patients with and without moderate/severe CKD.