

2014 AHA/ACC Guideline for the Management of Patients With Non–ST-Elevation Acute Coronary Syndromes

- Antiplatelet therapy based on routine platelet function testing has not been beneficial in reducing ischemic complications
- Routine genetic phenotype testing has not been beneficial and thus is not recommended

(A more detailed discussion of these issues and current recommendations about platelet function testing and genetic testing are in the 2011 PCI CPG)

2011 ACCF/AHA Focused Update of the Guidelines for the Management of Patients With Unstable Angina/Non–ST-Elevation Myocardial Infarction

- Platelet Function Testing. Class IIb. Platelet function testing to determine platelet inhibitory response in patients with UA/NSTEMI (or, after ACS and PCI) on thienopyridine therapy may be considered if results of testing may alter management. (Level of Evidence: B)
- Genetic Testing Class IIb Genotyping for a CYP2C19 loss of function variant in patients with UA/NSTEMI (or, after ACS and with PCI) on clopidogrel therapy might be considered if results of testing may alter management. (Level of Evidence: C)

2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention

- Platelet Function Testing Class IIb 1. Platelet function testing may be considered in patients at high risk for poor clinical outcomes. (Level of Evidence: C) 2. In patients treated with clopidogrel with high platelet reactivity, alternative agents, such as prasugrel or ticagrelor, might be considered. (Level of Evidence: C) Class III: no benefit 1. The routine clinical use of platelet function testing to screen patients treated with clopidogrel who are undergoing PCI is not recommended. (Level of Evidence: C)

2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention (Cntd)

- Genetic Testing Class IIb 1. Genetic testing might be considered to identify whether a patient at high risk for poor clinical outcomes is predisposed to inadequate platelet inhibition with clopidogrel. (Level of Evidence: C) 2. When a patient predisposed to inadequate platelet inhibition with clopidogrel is identified by genetic testing, treatment with an alternate P2Y12 inhibitor (e.g., prasugrel or ticagrelor) might be considered. (Level of Evidence: C) Class III: no benefit 1. The routine clinical use of genetic testing to screen patients treated with clopidogrel who are undergoing PCI is not recommended. (Level of Evidence: C)

ESC Guidelines for the Management of Acute Coronary Syndromes in Patients Presenting Without Persistent ST-Segment Elevation

- Platelet Function and Genetic Testing Class IIb 1. Increasing the maintenance dose of clopidogrel based on platelet function testing is not advised as routine, but may be considered in selected cases. (Level of Evidence: B) 2. Genotyping and/or platelet function testing may be considered in selected cases when clopidogrel is used. (Level of Evidence: B)