

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Kastrati A, Neumann F-J, Mehilli J, et al. Bivalirudin versus unfractionated heparin during percutaneous coronary intervention. *N Engl J Med* 2008;359:688-96.

Supplementary Online Table: Exclusion Criteria for the Trial

ST-segment elevation myocardial infarction within the last 48 hours

troponin T > 0.03 µg/L or CK-MB > upper limit of the norm

cardiogenic shock

malignancy or other comorbid conditions (for example severe liver, renal, and pancreatic disease) with a life expectancy less than one year or that might be anticipated to require non-compliance with protocol

active bleeding

bleeding diathesis

history of gastrointestinal or genitourinary bleeding within the last 6 weeks

presence of diseases which have a high probability of vascular lesions and subsequent bleeding such as active gastric ulcer or active ulcerous colitis

trauma or major surgery in the last month

ophthalmic or brain surgery in the last month

any history of intracranial bleeding or structural abnormalities

aortic dissection

pericarditis

subacute bacterial endocarditis

refusal to accept a blood transfusion

oral anticoagulation therapy within the last 7 days

treatment with unfractionated heparin or low-molecular weight heparin in the previous 6 hours with an activated clotting time of 150 seconds or greater

treatment with bivalirudin within 24 hours of randomization

severe uncontrolled hypertension >180/110 mmHg unresponsive to therapy

a planned staged percutaneous coronary intervention within 30 days or a percutaneous coronary intervention within the prior 30 days

hematologic abnormalities (hemoglobin <100 g/L, platelet count <100 x 10⁹ /L)

serum creatinine >30 mg/L or dependence on renal dialysis

allergy to aspirin, clopidogrel, unfractionated heparin or bivalirudin

history of heparin-induced thrombocytopenia

prior enrollment in this trial

pregnancy (current or planned)

recent or planned peridural and epidural anesthesia

inability to fully cooperate with the study protocol.
