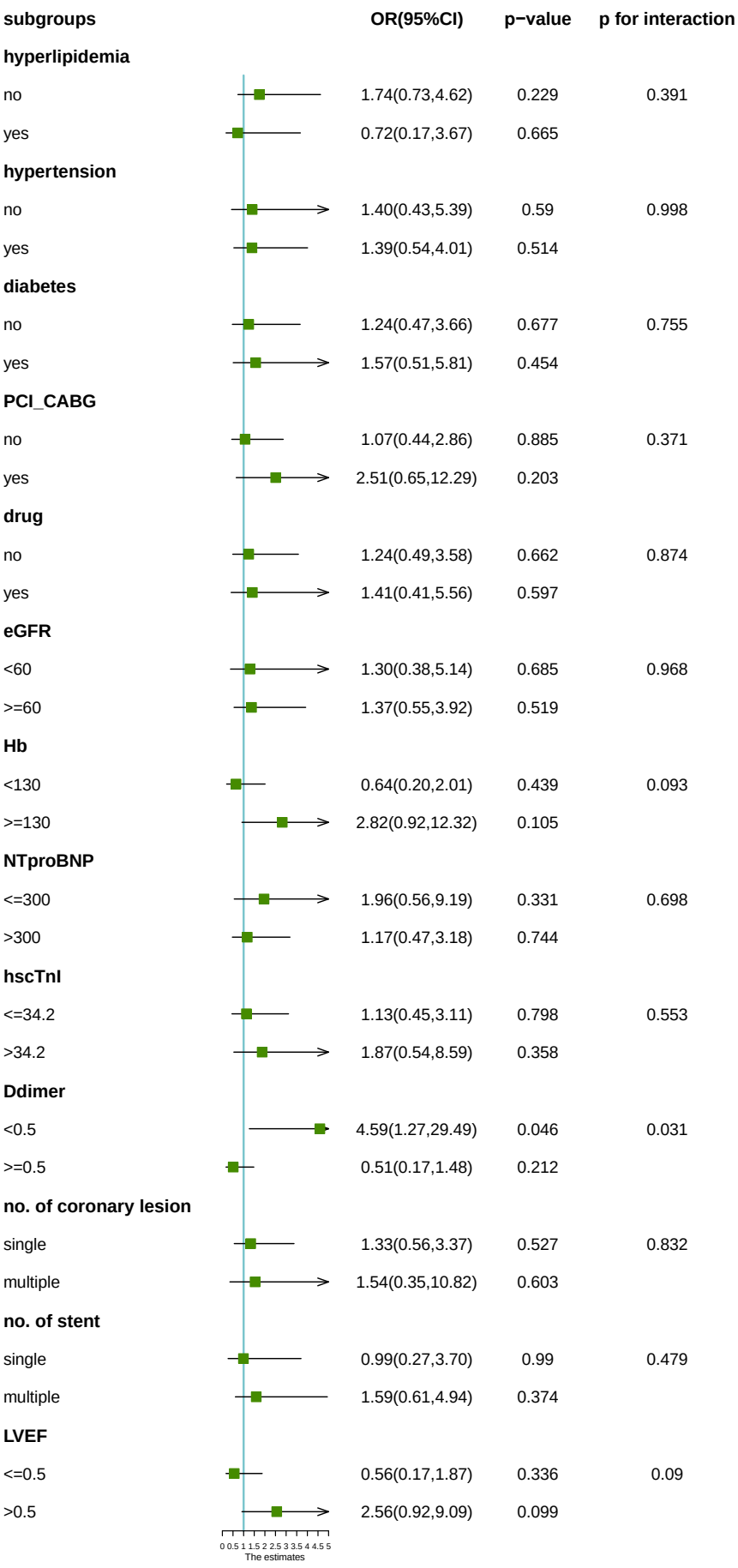
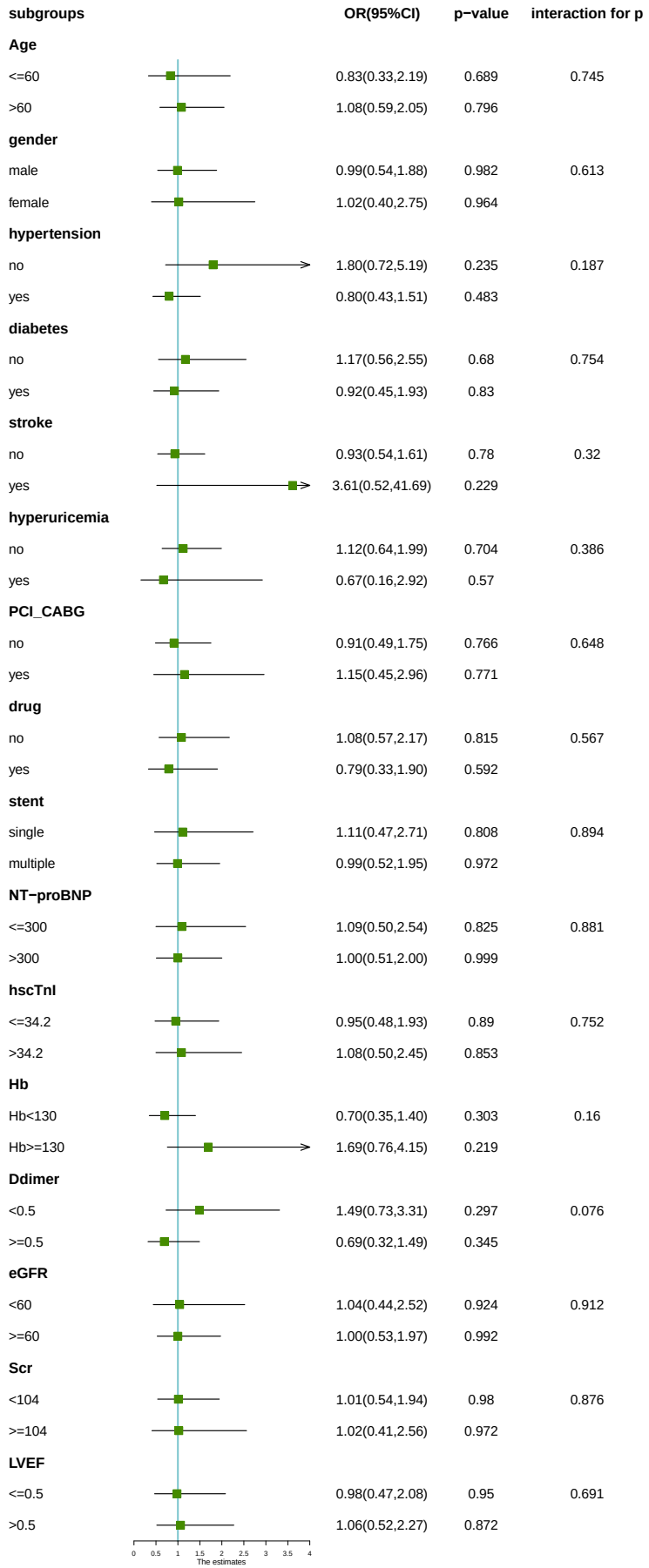
Additional file 1


subgroups
OR(95%CI)
p−value
p for interaction
hyperlipidemia
no
1.74(0.73,4.62)
0.229
0.391
yes
0.72(0.17,3.67)
0.665
hypertension
no
1.40(0.43,5.39)
0.59
0.998
yes
1.39(0.54,4.01)
0.514
diabetes
no
1.24(0.47,3.66)
0.677
0.755
yes
1.57(0.51,5.81)
0.454
PCI_CABG
no
1.07(0.44,2.86)
0.885
0.371
yes
2.51(0.65,12.29)
0.203
drug
no
1.24(0.49,3.58)
0.662
0.874
yes
1.41(0.41,5.56)
0.597
eGFR
<60
1.30(0.38,5.14)
0.685
0.968
>=60
1.37(0.55,3.92)
0.519
Hb
<130
0.64(0.20,2.01)
0.439
0.093
>=130
2.82(0.92,12.32)
0.105
NTproBNP
<=300
1.96(0.56,9.19)
0.331
0.698
>300
1.17(0.47,3.18)
0.744
hscTnI
<=34.2
1.13(0.45,3.11)
0.798
0.553
>34.2
1.87(0.54,8.59)
0.358
Ddimer
<0.5
4.59(1.27,29.49)
0.046
0.031
>=0.5
0.51(0.17,1.48)
0.212
no. of coronary lesion
single
1.33(0.56,3.37)
0.527
0.832
multiple
1.54(0.35,10.82)
0.603
no. of stent
single
0.99(0.27,3.70)
0.99
0.479
multiple
1.59(0.61,4.94)
0.374
LVEF
<=0.5
0.56(0.17,1.87)
0.336
0.09
>0.5
2.56(0.92,9.09)
0.099
0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5
The estimates

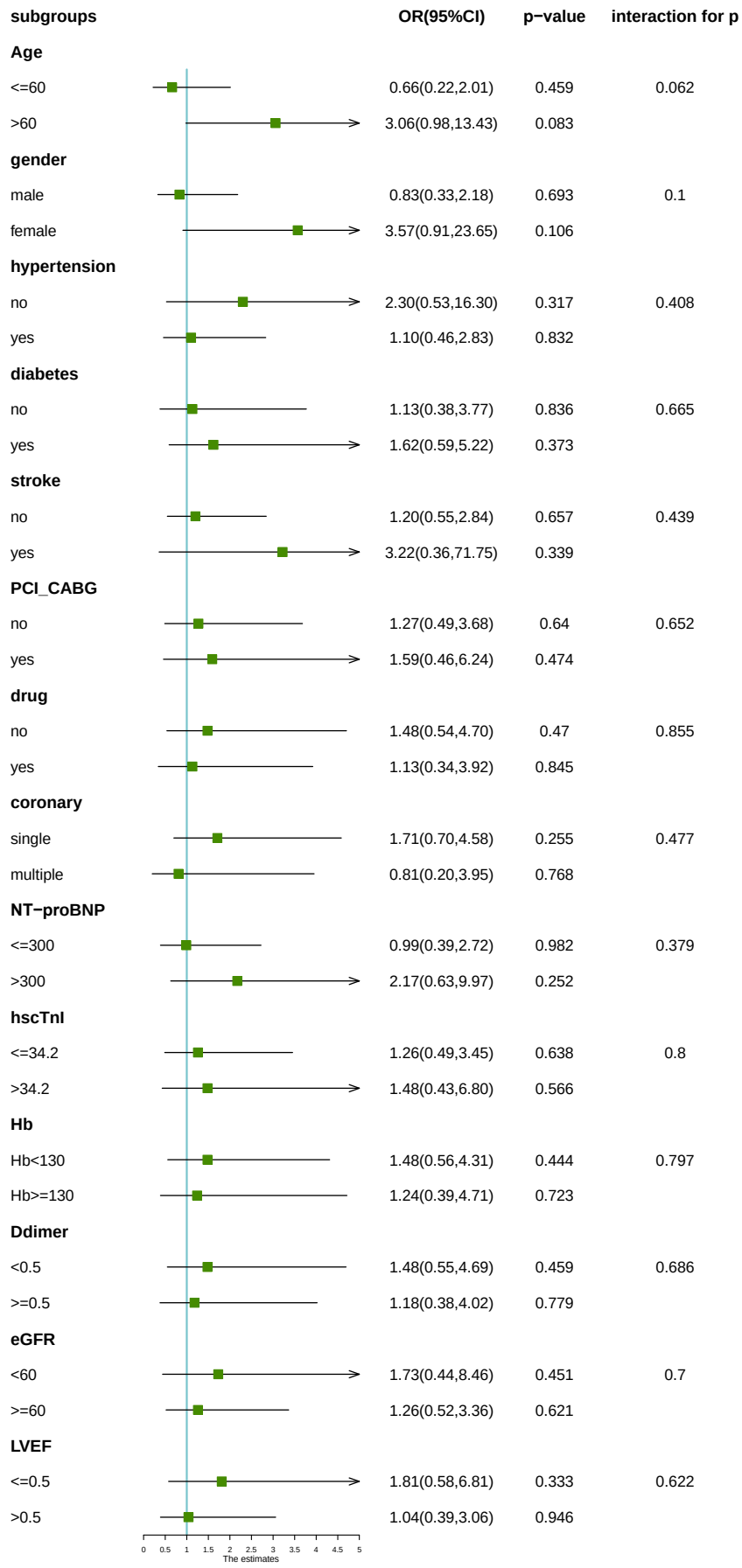
Supplementary Figure 1. Forest plot of subgroup anaylsis for MACCE. Patients were grouped by hyperlipidemia, hypertension, diabetes, PCI or CABG history, oral antiplatelet or anticoagulant drugs, number of target vessels, number of stents, the level of NT-proBNP, hscTnI, Hb, D-dimer, eGFR and LVEF. Odds ratio (OR) with 95% confidence intervals (CI) and p for interaction for MACCE of tirofiban in subgroups were shown.

MACCE: major adverse cardiac and cerebrovascular events; PCI: percutaneous coronary intervention; CABG: coronary artery bypass grafting; NT-proBNP (pg/ml): N-terminal pro brain natriuretic peptide; hscTnI (pg/ml): hypersensitive cardiac troponin I; Hb: hemoglobin (g/L); D-dimer (g/ml FEU); eGFR: estimated glomerular filtration rate (ml/(min·1.73m2)); LVEF: left ventricular ejection fraction (%).


subgroups
OR(95%CI)
p−value
interaction for p
Age
<=60
0.83(0.33,2.19)
0.689
0.745
>60
1.08(0.59,2.05)
0.796
gender
male
0.99(0.54,1.88)
0.982
0.613
female
1.02(0.40,2.75)
0.964
hypertension
no
1.80(0.72,5.19)
0.235
0.187
yes
0.80(0.43,1.51)
0.483
diabetes
no
1.17(0.56,2.55)
0.68
0.754
yes
0.92(0.45,1.93)
0.83
stroke
no
0.93(0.54,1.61)
0.78
0.32
yes
3.61(0.52,41.69)
0.229
hyperuricemia
no
1.12(0.64,1.99)
0.704
0.386
yes
0.67(0.16,2.92)
0.57
PCI_CABG
no
0.91(0.49,1.75)
0.766
0.648
yes
1.15(0.45,2.96)
0.771
drug
no
1.08(0.57,2.17)
0.815
0.567
yes
0.79(0.33,1.90)
0.592
stent
single
1.11(0.47,2.71)
0.808
0.894
multiple
0.99(0.52,1.95)
0.972
NT−proBNP
<=300
1.09(0.50,2.54)
0.825
0.881
>300
1.00(0.51,2.00)
0.999
hscTnI
<=34.2
0.95(0.48,1.93)
0.89
0.752
>34.2
1.08(0.50,2.45)
0.853
Hb
Hb<130
0.70(0.35,1.40)
0.303
0.16
Hb>=130
1.69(0.76,4.15)
0.219
Ddimer
<0.5
1.49(0.73,3.31)
0.297
0.076
>=0.5
0.69(0.32,1.49)
0.345
eGFR
<60
1.04(0.44,2.52)
0.924
0.912
>=60
1.00(0.53,1.97)
0.992
Scr
<104
1.01(0.54,1.94)
0.98
0.876
>=104
1.02(0.41,2.56)
0.972
LVEF
<=0.5
0.98(0.47,2.08)
0.95
0.691
>0.5
1.06(0.52,2.27)
0.872
0
0.5
1
1.5
2
2.5
3
3.5
4
The estimates

Supplementary Figure 2. Forest plot of subgroup anaylsis for NACCE. Patients were grouped by age, gender, hypertension, diabetes, hyperuricemia, stroke history, PCI or CABG history, oral antiplatelet or anticoagulant drugs, number of stents, the level of NT-proBNP, hscTnI, Hb, D-dimer, Scr, eGFR and LVEF. Odds ratio (OR) with 95% confidence intervals (CI) and p for interaction for bleeding events of tirofiban in subgroups were shown.

NACCE: net adverse cardiac and cerebrovascular events; PCI: percutaneous coronary intervention; CABG: coronary artery bypass grafting; NT-proBNP (pg/ml): N-terminal pro brain natriuretic peptide; hscTnI (pg/ml): hypersensitive cardiac troponin I; Hb: hemoglobin (g/L); D-dimer (g/ml FEU); eGFR: estimated glomerular filtration rate (ml/(min·1.73m2)); Scr: serum creatinine (mol/L); LVEF: left ventricular ejection fraction (%).


subgroups
OR(95%CI)
p−value
interaction for p
Age
<=60
0.66(0.22,2.01)
0.459
0.062
>60
3.06(0.98,13.43)
0.083
gender
male
0.83(0.33,2.18)
0.693
0.1
female
3.57(0.91,23.65)
0.106
hypertension
no
2.30(0.53,16.30)
0.317
0.408
yes
1.10(0.46,2.83)
0.832
diabetes
no
1.13(0.38,3.77)
0.836
0.665
yes
1.62(0.59,5.22)
0.373
stroke
no
1.20(0.55,2.84)
0.657
0.439
yes
3.22(0.36,71.75)
0.339
PCI_CABG
no
1.27(0.49,3.68)
0.64
0.652
yes
1.59(0.46,6.24)
0.474
drug
no
1.48(0.54,4.70)
0.47
0.855
yes
1.13(0.34,3.92)
0.845
coronary
single
1.71(0.70,4.58)
0.255
0.477
multiple
0.81(0.20,3.95)
0.768
NT−proBNP
<=300
0.99(0.39,2.72)
0.982
0.379
>300
2.17(0.63,9.97)
0.252
hscTnI
<=34.2
1.26(0.49,3.45)
0.638
0.8
>34.2
1.48(0.43,6.80)
0.566
Hb
Hb<130
1.48(0.56,4.31)
0.444
0.797
Hb>=130
1.24(0.39,4.71)
0.723
Ddimer
<0.5
1.48(0.55,4.69)
0.459
0.686
>=0.5
1.18(0.38,4.02)
0.779
eGFR
<60
1.73(0.44,8.46)
0.451
0.7
>=60
1.26(0.52,3.36)
0.621
LVEF
<=0.5
1.81(0.58,6.81)
0.333
0.622
>0.5
1.04(0.39,3.06)
0.946
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
5
The estimates

Supplementary Figure 3. Forest plot of subgroup anaylsis for bleeding events. Patients were grouped by age, gender, hypertension, diabetes, stroke history, PCI or CABG history, oral antiplatelet or anticoagulant drugs, number of target vessels, the level of NT-proBNP, hscTnI, Hb, D-dimer, eGFR and LVEF. Odds ratio (OR) with 95% confidence intervals (CI) and p for interaction for bleeding events of tirofiban in subgroups were shown. PCI: percutaneous coronary intervention; CABG: coronary artery bypass grafting; NT-proBNP (pg/ml): N-terminal pro brain natriuretic peptide; hscTnI (pg/ml): hypersensitive cardiac troponin I; Hb: hemoglobin (g/L); D-dimer (g/ml FEU); eGFR: estimated glomerular filtration rate (ml/(min·1.73m2)); LVEF: left ventricular ejection fraction (%).