Antegrade Dissection and Reentry as Part of the Hybrid Chronic Total Occlusion Revascularization Strategy A Subanalysis of the RECHARGE Registry (Registry of CrossBoss and Hybrid Procedures in France, the Netherlands, Belgium and United Kingdom) Link

Supplementary material

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Reference (Published version):
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SUPPLEMENTAL MATERIAL

Supplemental Figures

First strategy
n = 88/292 (30%)
Mean J-CTO = 2.7 ± 1.1

Failure, stop
n = 3/88

ADR success
n = 59/88 (67%)

Underwent further strategies
n = 26/88

Retrograde
n = 20/26

ADR
n = 3/9

Success
n = 3/3 (100%)

ADR success
n = 101/154 (66%)

ADR Failure
n = 53/154

ADR success
n = 10/20 (50%)

ADR Failure
n = 10/20

Second strategy
n = 174/292 (60%)
Mean J-CTO = 2.8 ± 1.1

AWE failure
n = 154/174

Retrograde failure
n = 20/174

ADR success
n = 13/23 (57%)

ADR Failure
n = 10/23

Third strategy
n = 30/292 (10%)
Mean J-CTO = 2.4 ± 1.1

AWE + Retrograde failure
n = 23/30

Retrograde + AWE failure
n = 7/30

ADR success
n = 4/7

ADR Failure
n = 10/23

Total success
n = 78/88 (89%)

Total success
n = 133/174 (76%)

Total success
n = 18/30 (60%)
Figure Legends

*Supplemental Figure 1: Schematic overview of the outcomes achieved with ADR, classified according to the application stage during the procedure.* (ADR, antegrade dissection and re-entry; AWE, antegrade wire escalation)