

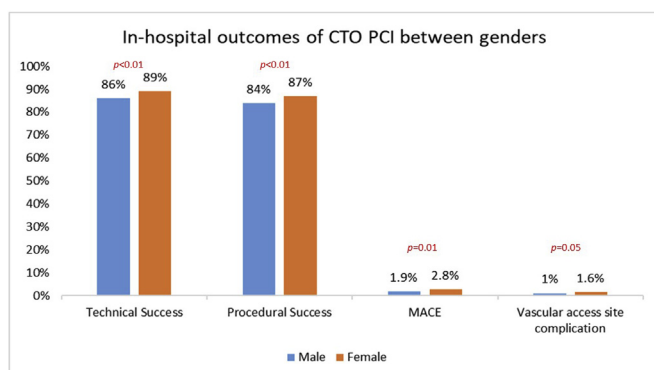
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Background: There are limited data about gender differences among patients undergoing percutaneous coronary interventions (PCI) for chronic total occlusion (CTO).

Methods: We compared baseline clinical and angiographic characteristics and procedural outcomes between men and women among 9,055 CTO PCIs performed at 38 centers between 2012 and 2021.

Results: A total of 7,364 (81%) men and 1,691 (19%) women were treated. Women were older (66 ± 11 vs. 64 ± 10 ; $p < 0.01$), more likely to have comorbidities such as diabetes (49% vs. 41%; $p < 0.01$), hypertension (92% vs. 90%; $p < 0.01$) and peripheral arterial disease (17% vs. 14%; $p < 0.01$), and had higher left ventricular ejection fraction (53% vs. 50%; $p < 0.01$). The most common CTO target vessel was the right coronary artery for both men (51%) and women (50%), although the left anterior descending artery was more frequently the target vessel among women (29% vs. 24%; $p < 0.01$). The J-CTO score (2.4 ± 1.3 vs. 2.2 ± 1.2 ; $p < 0.01$) as well as the PROGRESS-CTO score (1.3 ± 1 vs. 1.1 ± 1 ; $p < 0.01$) were higher among men. Interventions in men required longer procedure time (116 [75,172] min vs 108 [71,160] min; $p < 0.01$) and higher contrast volume (220 [155,300] ml vs. 200[140,270] ml; $p < 0.01$). Technical (89% vs. 86%; $p < 0.01$) and procedural (87% vs. 84%; $p < 0.01$) success rates were higher among women. In-hospital major adverse cardiovascular events (MACE) were also higher in women (2.8% vs. 1.9%; $p = 0.012$).

Conclusions: Women undergoing CTO PCI were more likely to have higher technical and procedural success rates, but also higher in-hospital MACE compared with men.



Disclosures: K. Alaswad: *consultant and speaker for Boston Scientific, Abbott Cardiovascular, Teleflex, and CSI; Consulting*; M. B. Basir: *consultant for Abbott Vascular, Abiomed, Cardiovascular Systems, Chiesi, and Zoll; Consulting*; R. E. Davies: *Medtronic: Speaker Bureau; Asahi Intec: Speaker*

Bureau; Shockwave: Advisory Board/Board Member; Siemens healthineers/Corindus: Speaker Bureau; Boston Scientific Corp.: Speaker Bureau; J. Khatri: Medtronic, Abbott, Boston, Terumo, Asahi speaker/proctor.: Consulting; F. A. Jaffer: *sponsored research support from Kowa, Canon, Siemens, Teleflex, Shockwave, and Amarin; consultant for Boston Scientific, Abbott Vascular, Siemens, Magenta Medical, Asahi Intec and IMDS; has an equity interest in Intravascular Imaging, Inc. and DurVena, I. Consulting*; B. Jefferson: *honoraria/consulting/speaking fees from Abbott, Boston Scientific, CSI, Medtronic: Consulting*; M. N. Burke: *MHI Ventures, stockholder. Egg Medical, stockholder: Consulting*; S. Garcia: *Edwards Lifesciences: Consulting and Principal Investigator for a Research Study; Medtronic: Consulting*; A. Elguindy: *Honoraria: Medtronic, Boston Scientific, Asahi Intec, Abbott Proctorship fees: Medtronic, Boston Scientific, Asahi Intec, Terumo Educational grants: Medtronic: Consulting*; E. S. Brilakis: *Abbott: Consulting and Speaker Bureau; AMgen: Consulting and Speaker Bureau; Asahi Intec: Speaker Bureau; Biotronik: Consulting and Speaker Bureau; Boston Scientific Corp.: Consulting, Principal Investigator for a Research Study and Speaker Bureau; ControlRad: Speaker Bureau; CSI: Consulting and Speaker Bureau; GE Healthcare: Consulting, Principal Investigator for a Research Study and Speaker Bureau; Hippocrates LLC: Ownership Interests: Stocks, Stock Options; MHI Ventures: Ownership Interests: Stocks, Stock Options; Cleerly Health: Ownership Interests: Stocks, Stock Options; Stallion Medical: Ownership Interests: Stocks, Stock Options; S. Kostantinis: Nothing to disclose. M. Prasad: Nothing to disclose. B. Simsek: Nothing to disclose. J. Karacsonyi: Nothing to disclose. M. S. Megaly: Nothing to disclose. Ş. Görgülü: Nothing to disclose. O. Krestyaninov: Nothing to disclose. D. Khelinskii: Nothing to disclose. S. M. Benton Jr.: Nothing to disclose. P. Poommipanit: Nothing to disclose. T. N. Patel: Nothing to disclose. P. Dattilo: Nothing to disclose. M. Koutouzis: Nothing to disclose. I. Tsifoutis: Nothing to disclose. Ö. Göktekin: Nothing to disclose. N. Abi Rafeh: Nothing to disclose. O. C. Mastrodemos: Nothing to disclose. B. V. Rangan: Nothing to disclose.*

Journal of the Society for Cardiovascular Angiography & Interventions 1 (2022) 100269

<https://doi.org/10.1016/j.jscai.2022.100275>

E-16 | Contemporary In-Hospital Outcomes of Chronic Total Occlusion Interventions: Update from MENATA (Middle East, North Africa, Turkey and Asia) Chapter of the PROGRESS-CTO Registry



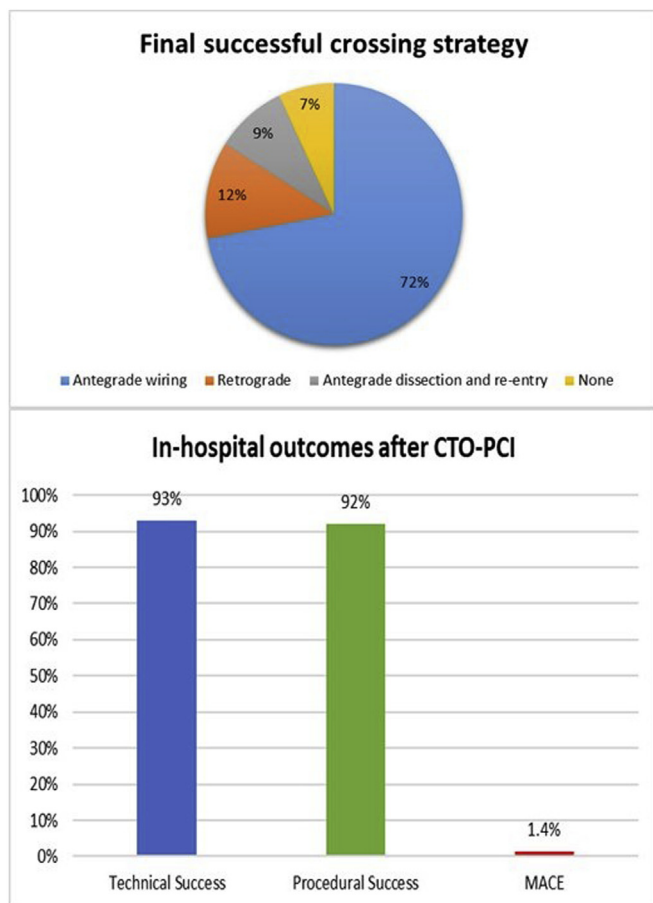
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Background: Chronic total occlusion (CTO) percutaneous coronary intervention (PCI) has been rapidly evolving in different parts of the world.

Methods: We examined the clinical and angiographic characteristics, and procedural outcomes of 720 CTO PCIs performed at 8 centers located in the MENATA region between 2018 and 2022.

Results: Mean age was 60 ± 10 years and 82% of the patients were men. The prevalence of hypertension (68%), diabetes mellitus (48%), current smoking (37%) and prior PCI (53%) was high. The most common target vessel was the right coronary artery (51%), followed by the left anterior descending artery (35%) and circumflex artery (14%). Mean J-CTO score was 2.1 ± 1.2 and mean PROGRESS-CTO score was 1.2 ± 0.9 . Technical and procedural success rates were high (93% and 92%, respectively) with a low incidence (1.4%) of in-hospital major adverse cardiac events. Compared to patients with technical success, patients with technical failure were more likely to have lesions with complex characteristics such as moderate to severe calcification (55% vs 25%; $p < 0.001$), moderate to severe proximal vessel tortuosity (36% vs 21%; $p = 0.01$) and proximal cap ambiguity (57% vs 38%; $p < 0.01$). Median contrast volume, air kerma radiation dose and procedure time were 290 (200, 400) ml, 3.84 (2, 6.7) Gray and 82 (55, 124) minutes, respectively.

Conclusions: Consistent with the growing expertise in CTO PCI, the MENATA region demonstrated that with use of a combination of crossing strategies, high success and acceptable complication rates are currently being achieved in CTO PCI at high volume centers.



Disclosures: A. Elguindy: Honoraria: Medtronic, Boston Scientific, Asahi Intecc, Abbott Proctorship fees: Medtronic, Boston Scientific, Asahi Intecc, Terumo Educational grants: Medtronic: Consulting; E. S. Brilakis: Abbott Consulting and Speaker Bureau; AMgen: Consulting and Speaker Bureau; Asahi Intecc: Speaker Bureau; Biotronik: Consulting and Speaker Bureau; Boston Scientific Corp.: Consulting, Principal Investigator for a Research Study and Speaker Bureau; ControlRad: Speaker Bureau; CSI: Consulting and Speaker Bureau; GE Healthcare: Consulting, Principal Investigator for a

Research Study and Speaker Bureau; Hippocrates LLC: Ownership Interests: Stocks, Stock Options; MHI Ventures: Ownership Interests: Stocks, Stock Options; Cleerly Health: Ownership Interests: Stocks, Stock Options; Stallion Medical: Ownership Interests: Stocks, Stock Options; S. Kostantinis Nothing to disclose. Ö. Göktekin Nothing to disclose. B. Simsek Nothing to disclose. J. Karacsonyi Nothing to disclose. Ş. Görgülü Nothing to disclose. N. Kalay Nothing to disclose. A. Samir Nothing to disclose. F. Abou Jaoudeh Nothing to disclose. A. Maalouf Nothing to disclose. K. Soylu Nothing to disclose. U. Yildirim Nothing to disclose. M. K. Tigen Nothing to disclose. A. Cincin Nothing to disclose. A. Kalyanasundaram Nothing to disclose. N. Aygul Nothing to disclose. B. B. Altunkeser Nothing to disclose. C. Shelton Nothing to disclose. K. Jbara Nothing to disclose. E. Vemmou Nothing to disclose. I. Nikolakopoulos Nothing to disclose. O. C. Mastrodemos Nothing to disclose. B. V. Rangan Nothing to disclose. N. Abi Rafeh Nothing to disclose.

Journal of the Society for Cardiovascular Angiography & Interventions 1 (2022) 100270

<https://doi.org/10.1016/j.jsc.2022.100276>

E-17 | Contemporary In-Hospital Outcomes of Chronic Total Occlusion Interventions: Update from the PROGRESS-CTO (PROspective Global REGiSTRy for the Study of Chronic Total Occlusion Intervention) International Registry



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Background: Chronic total occlusion (CTO) percutaneous coronary intervention (PCI) has been rapidly evolving.

Methods: We examined the clinical and angiographic characteristics and procedural outcomes of 10,249 CTO PCIs performed in 10,019 patients at 40 centers between 2012 and 2022.

Results: Mean age was 64 ± 10 years and 81% of the patients were men. The prevalence of prior PCI (62%), prior coronary artery bypass graft surgery (29%) and diabetes mellitus (43%) was high. Median ejection fraction was 55% (43%, 60%). The most common target vessel was the right coronary artery (53%), followed by the left anterior descending artery (26%) and left circumflex artery (19%). The target CTOs were highly complex with mean J-CTO score of 2.4 ± 1.3 and PROGRESS-CTO