

Retrograde Chronic Total Occlusion Percutaneous Coronary
Intervention Through Ipsilateral Collateral Channels

Supplementary material

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Table 3. Procedural data.

Variable	n=126
Vascular access	
Femoral and femoral	61 (48%)
Femoral and radial	47 (37%)
Radial and radial	1 (1%)
Single femoral	2 (2%)
Single radial	15 (12%)
One guiding / ping-pong technique	101 (80%) / 25 (20%)
Size (Fr) of the guiding catheter used for the initial approach	
6	13 (10%)
7	68 (54%)
7.5	2 (2%)
8	43 (34%)
Size (Fr) of the second catheter*	
5	2 (3%)
6	31 (47%)
7	28 (42%)
8	5 (8%)
Guidewire used to cross the collateral	
Sion / Sion Blue / Sion Black	114 (90%)
Fielder XT / Fielder XT-A / Fielder XT-R	11 (9%)
Suoh	1 (1%)
Microcatheter used to cross the collateral	
Corsair	81 (64%)
Finecross	28 (22%)
Turnpike / Turnpike LP	14 (11%)
Others	3 (2%)
Tip injection performed	68 (54%)
Mother-and-child catheter	10 (8%)
Retrograde guidewire advanced to distal cap through an ipsilateral collateral	102 (81%)
Intravascular imaging	34 (27%)
Externalization technique	

Conventional (e.g., RG3)	73 (80%)
Tip-in	8 (9%)
Rendez-vous	6 (7%)
Snaring	4 (4%)
Final crossing technique	
Retrograde true-to-true	46 (36%)
Reverse CART	40 (32%)
Kissing wires	12 (9%)
Antegrade true-to-true**	6 (5%)
Parallel wires**	6 (5%)
IVUS-guided antegrade re-entry**	1 (1%)
Failure	15 (12%)
Technical success	110 (87%)
Procedural success	103 (82%)
Total stent length (mm)	71±29
Contrast volume (ml)	365±158
Radiation dose (Gy·cm ²)	202±133
Fluoroscopy time (min)	76±36
Total procedure time (min)	158±76

* This refers to the diagnostic or guiding catheter used for contralateral injection (when the latter was performed), or to the second guiding catheter used for the ping-pong technique. ** after retrograde failure. Reasons for retrograde failure and use of bailout antegrade techniques include: failure to wire the collateral (n=11), failure to advance the microcatheter over the guidewire through the collateral (n=2). Abbreviations: CART, controlled antegrade and retrograde subintimal tracking; CTO, chronic total occlusion; IVUS, intravascular ultrasound.