

Figure 1: Dark grey bars – Crude numbers of coronary perforation during ACS-PCI 2007-14 in England and Wales ($p < 0.001$ for trend); Open circles – Annual incidence of coronary perforation during ACS-PCI 2007-14 in England and Wales ($p = 0.37$ for trend).

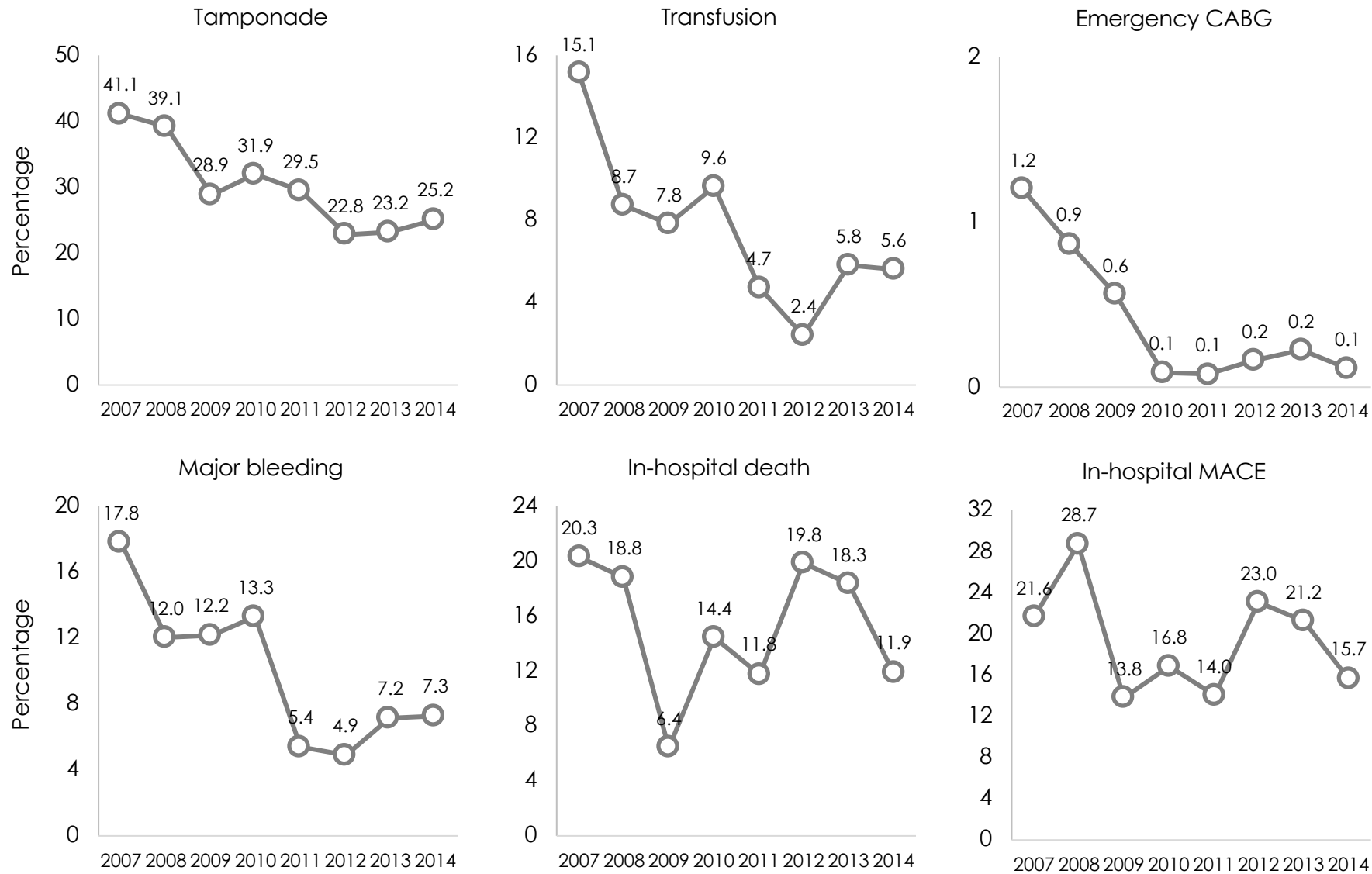


Figure 2: Upper row - Trends in the incidence of tamponade, transfusion and emergency CABG after coronary perforation during ACS-PCI 2007-14 in England and Wales ($p < 0.001$ for all trends); Lower row - Trends in the incidence in-hospital major bleeding, death and MACE after coronary perforation during ACS-PCI 2007-14 in England and Wales ($p < 0.001$ for major bleeding and MACE trends, trend non-significant for death)

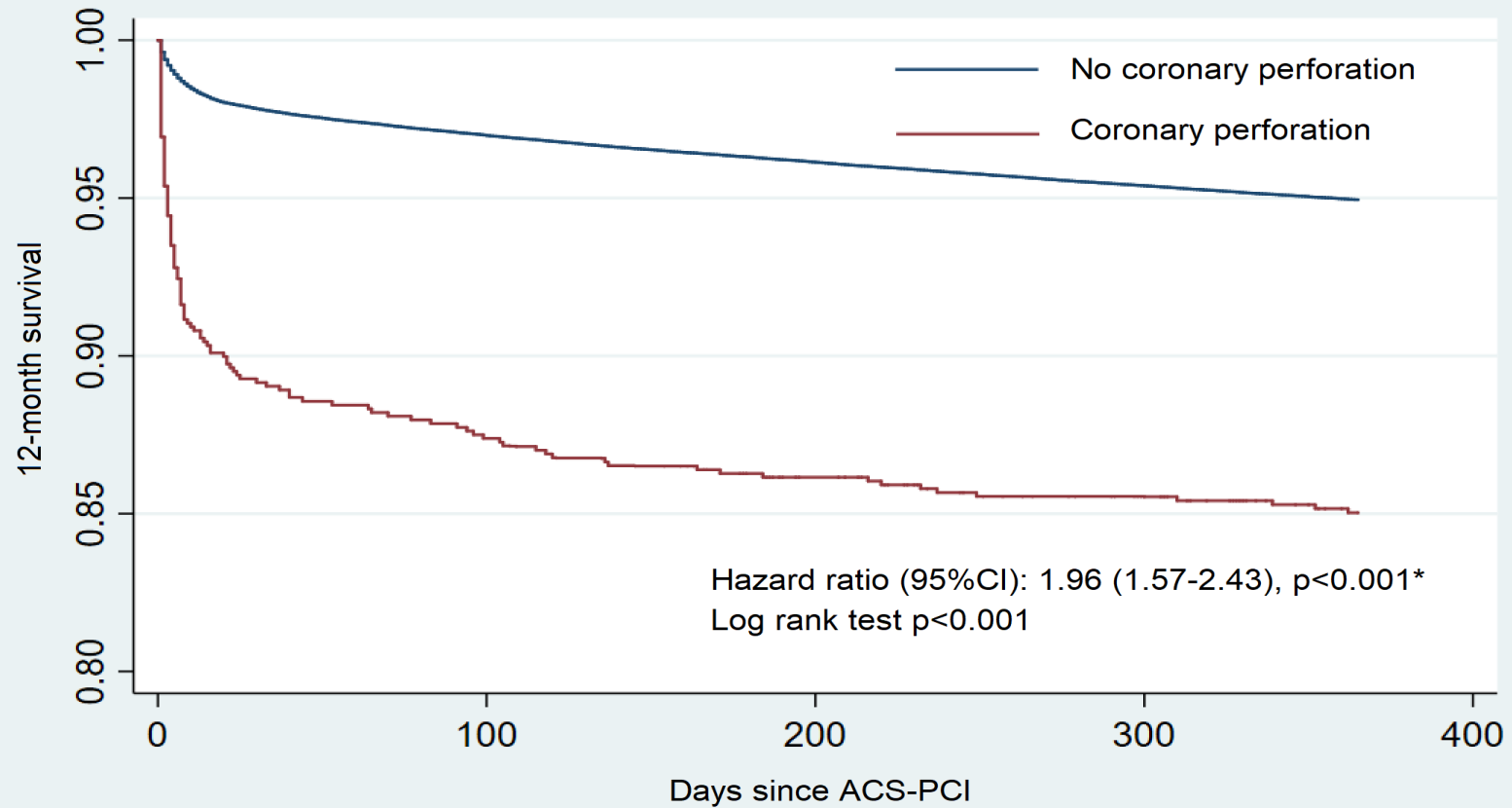


Figure 3: Kaplan-Meier curves for survival to 12-months for patients by coronary perforation status following ACS-PCI in England and Wales

*Adjusted for age, sex, cardiogenic shock, lysis, previous myocardial infarction, previous CABG, previous PCI, diabetes mellitus, ejection fraction, year, operator status, target vessel (graft, left main, LAD, left circumflex, right coronary artery, number of vessels attempted, number of CTO attempted, no stents, body mass index, smoking, hypertension, previous stroke, peripheral vascular disease, receipt of ventilation, Q waves of ECG, clopidogrel, prasugrel, ticagrelor, bivalirudin, radial access, dual access, largest balloon stent, longest balloon stent, embolic protection device, thrombectomy device, rotablation, imaging, tornus, laser and use of microcatheter.