Conclusions: Intravascular ultrasound effectively differentiates between various GW induced vessel injuries and depicts subintimal GW tracking. GW crossing with the retrograde approach was associated with IVUS and angiographic coronary injuries, which increased the procedural complications. The long term clinical and angiographic outcomes were, however, comparable between the antegrade and retrograde approaches

TCT-203

12-month Clinical Outcomes of Biodegradable everolimus-eluting Vascular Scaffold for the Treatment of Chronic Total Occlusions: CTO ABSORB pilot study
Beatriz Vaquerizo1, Antonio Barros2, Sandra Pujadas1, Ester Bajo1, Beatriz EEM1, Beatriz EEM1, Kasumi Ishibuchi1, Yorisho Higashino1

Conclusions: The “hybrid” approach to coronary chronic total occlusion (CTO) crossing was developed to optimize procedural efficacy, ethical considerations and patient benefit.

TCT-205

Mid-term angiographic and clinical outcomes of controlled antegrade and retrograde subintimal tracking (CART) or reverse CART technique for the recanalization of chronic total occlusions
Akiho Fujino1, Satoru Otsuji2, Katsumi Iwasho3, Shin Takashima1, Katsuki Asano1, Yuta Yamamoto1, Hironori Hori1, Akiko Fujino1, Shinya Nagayama1, Kasumi Ishibuchi1, Yorisho Higashino1

Conclusions: Of the “hybrid” approach to CTO crossing resulted in high success and low complication rates among a varied operator group and hospital structure, supporting its expanding use in CTO PCI.

TCT-204

Application of the “Hybrid Approach” to Chronic Total Occlusions in a Multicenter Coronary Phantom Study
Rohan V. Menon1, Georgios Christopoulos2, Dimitri Karpmaulis3, R. Michael Wyman1, Khalidoun Alouzid4, William Lombardi1, J. Aaron Grantham1, Nicholas Lemos5, David Kandzari1, James Lee6, Kalyonch An7, Harold Carlson8, Santiago Garcia1, Subhash Banerjee1, Craig Thompson1, Emmanouil Brilakis9, Katsuaki Asano1, Munemitsu Ibuki1, Shinya Nagayama1, Kasumi Ishibuchi1, Yorihiko Higashino1

Conclusions: BVS for CTO recanalization demonstrates excellent feasibility, safety and long-term patency with no MACE at 10 months. At the time of the meeting completed angiographic follow-up with OCT will be available.

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