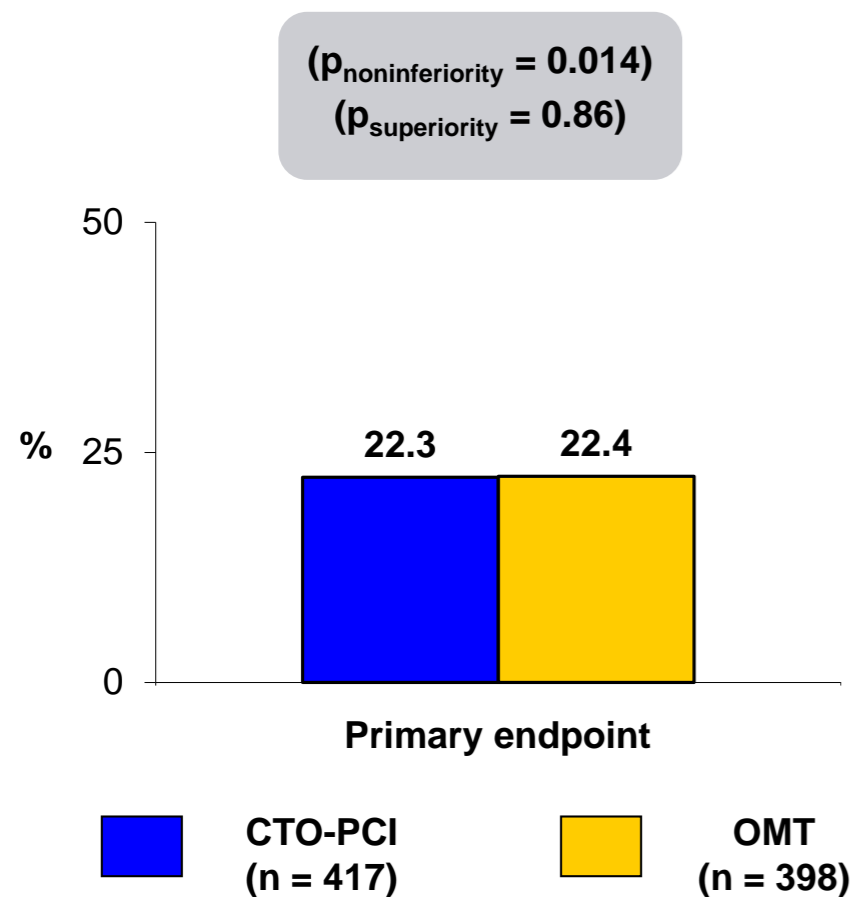


Trial Description: Patients with ≥ 1 chronic total occlusion (CTO) were randomized to receive CTO-PCI or optimal medical therapy (OMT). They were followed for 4 years.



RESULTS

- Primary endpoint for CTO-PCI + OMT vs. OMT, MACE at 4 years: 22.3% vs. 22.4%, p for noninferiority = 0.014, p for superiority = 0.86
- Death at 4 years: 3.6% vs. 5.3%, $p = 0.3$, MI: 11.3% vs. 8.5%, $p = 0.14$, any revascularization: 11.0% vs. 10.6%, $p = 0.55$
- QOL measures, including SAQ for angina, were similar

CONCLUSIONS

- Routine CTO-PCI + OMT is not superior to OMT alone in reducing CV outcomes among patients with ≥ 1 CTO
- Although negative, this is a landmark trial for the field of CTO-PCI; it is one of the first to systematically compare the two therapies

Lee SW, et al. *Circulation* 2019;139:1674-83