Common practice of underreporting and downplaying adverse events in patients undergoing percutaneous coronary intervention of chronic total occlusions. Time for accountability. Inerta is not an option with duties of cardiology journals to educate physicians

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Letter to Editor:

With great interest, I read the manuscript entitled: "The Retrograde Approach to Chronic Total Occlusion (CTO) Percutaneous Coronary Interventions: Technical Analysis and Procedural Outcomes." (1) that was published in JACC Cardiovascular Intervention. The authors unfortunately underreported true major adverse cardiac events (MACE). They describe an MACE of 3.5% even though coronary perforation alone occurred in 5.8% of their cases. It is not clear why such an important adverse event is not included in the MACE. Due to the enormous negative impact of coronary perforations occurring during percutaneous coronary interventions (PCI), in every institution, it will trigger immediate peer review from the hospital peer review committee like death. Furthermore, any single perforation will raise troponin so their procedural

myocardial infarction rate should be at least 5.8% which should raise the MACE rate much higher than the reported MACE rate of 3.5%. There are now plenty of studies showing no improvement in mortality in patients undergoing CTO never improves with CTO intervention and other soft points are also in question (2-4). We have published the largest CTO outcome data involving 259,574 CTO interventions showing higher all-cause inpatient mortality and complications in patients undergoing CTO PCI compared to other PCIs. (5) The CTO cohort had a 3.17% mortality rate in comparison to a mortality rate of 2.57% of other PCIs. (OR:1.24; CI]: 1.18-1.31; $P < .001$). Compared to other PCIs, all postprocedural complications were more than 3 times higher in CTO PCI patients. Therefore, there should be a word of caution and CTO PCI should only be performed in a patient with resistant limiting angina despite maximal medical therapy and is aware that CTO PCI does not improve long-term mortality and that PCI CTO is a high-risk procedure. We recently alerted physicians about this problem. (6) Being inertia is not an option and we need Journals like JACC intervention to be more active in this regard. We need accountability for too many unnecessary CTO PCIs that are being performed leading to great harm. (7)

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