

## RESPONSE TO REVIEWERS

*ESPS manuscript No. 29645*

### **Reviewer 01277682**

#### Comment 1

The authors defined the experienced operator as an operator with a success rate of at least 80% in CTO PCI. However, they did not define regular operator and non-experienced operator. Please define them in detail.

Thank you for this comment we chose to use the definition of an experienced operator based on the EuroCTO club's consensus document on CTO recanalization 2012 where an experienced operator was classified as an operator with a success rate of at least 80%(1). All other operators were considered regular or non-experienced operators. To avoid confusion all operators are referred to as experienced or non-experienced operators throughout the paper. We have modified the sentence in the methods section to reflect this.

*The EuroCTO club definition of an operator with a success rate of at least 80% in CTO PCI was used to identify experienced operators<sup>1</sup>, all other operators were considered non-experienced operators.*

#### Comment 2

This reviewer thinks that retrograde approach substantially increases the overall success rate of CTO revascularization. However, retrograde approach was performed only 14.1%. Why not performed more retrograde approach for re-PCI CTO?

Thank you for this comment, while we agree that the retrograde approach is a very useful technique in revascularising CTO's not all cases are suitable for a retrograde approach. The rate of the retrograde approach in this case reflects the anatomy of the cases.

### **Reviewer 00161889**

#### Comment 1

Methods, pp5, para 2: definition of CTO needs a reference (e.g. Circulation 2005; 112:2364)

Thank you for this observation we have added a reference to this section.

#### Comment 2

Limitations: the authors may wish to review their limitations and state that harsh endpoints (death, renal impairment, MI) were obtained in-hospital;

therefore long term outcomes of these patients require confirmation in prospective larger scale investigation.

Thank you for this comment we have revised our commentary to reflect this.

*First, it is a descriptive and retrospective study designed only to look at the angiographic success rates and immediate in hospital outcomes of reattempt PCI. Long-term clinical and angiographic outcomes require evaluation in large-scale prospective clinical trials.*

Comment 3

Correct the typo in the flow chart (23 pts with unsuccessful procedure instead of 13)

Thank you for this observation we have corrected it.