**EVIDENCE FOR BENEFITS FOR CHRONIC TOTAL OCCLUSION INTERVENTIONS IN 2016**

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Chronic total occlusion (CTO) is present in 15-30% of patients undergoing coronary angiography. CTOs are the most technically challenging lesions to vascularize by percutaneous approach, hence their presence has a major influence on the decision and referral for coronary artery bypass grafting. Complete functional revascularization of ischemic myocardium has better outcomes than incomplete. CTO percutaneous intervention (PCI) attempt rates have not changed in past five years. When one faces with patients with a CTO for whom surgery appears high risk, CTO PCI of viable myocardium can only be expected if ischemia is present and to improve the function of hibernating myocardium, if its continuing dysfunction is causing symptoms. Physicians are reluctant to refer for CTO PCI, because of perceived notion that well collateralized CTO is a benign condition and CTO PCI has inherent high risk. There are several recent advances in procedural success, safety with a considerable body of evidence supporting a survival benefit following successful revascularization. CTO PCI does improve ischemia and left ventricular dysfunction and quality of life and prognosis.