

## Supplementary data

**Supplementary Table 1. Incidence of coronary artery perforation in each centre.**

<b>Center 1</b>	9.3%
<b>Center 2</b>	8.9%
<b>Center 3</b>	8.6%
<b>Center 4</b>	7.2%
<b>Center 5</b>	5.8%
<b>Center 6</b>	5.3%
<b>Center 7</b>	4.6%
<b>Center 8</b>	4.4%
<b>Center 9</b>	4.3%
<b>Center 10</b>	4.1%
<b>Center 11</b>	3.7%
<b>Center 12, 13</b>	3.6%
<b>Center 14</b>	3.1%
<b>Center 15</b>	3.0%
<b>Center 16</b>	2.6%
<b>Center 17, 18</b>	2.5%
<b>Center 19</b>	2.4%
<b>Center 20</b>	2.3%
<b>Center 21, 22</b>	2.1%
<b>Center 23</b>	1.8%

<b>Center 24</b>	1.7%
<b>Center 25</b>	1.6%
<b>Center 26</b>	1.5%
<b>Center 27, 28</b>	1.4%
<b>Center 29, 30</b>	1.2%
<b>Center 31, 32</b>	1.0%
<b>Center 33</b>	0.7%
<b>Center 34</b>	0.5%
<b>Center 35, 36, 37, 38</b>	0%

**Supplementary Table 2. A calculator incorporating the variables in the final prediction model.**

<b>Variables</b>	<b>Logistic regression beta coefficients</b>				
Age	0.0331748				
Moderate-severe calcification (Y/N)	0.5653086	Yes	0.565309	No	0
Crossing strategy (1 for ADR, 2-if retrograde is used)					
1	0.8438278	Yes	0.843828	No	0
2	1.375603	Yes	1.375603	No	0
Constant	-6.814339				
Stump (Blunt/No)					
0		0			
1		0.373537			

ADR = antegrade dissection and re-entry.

**Supplementary Table 3. Perforation type according to the crossing strategy that caused the perforation.**

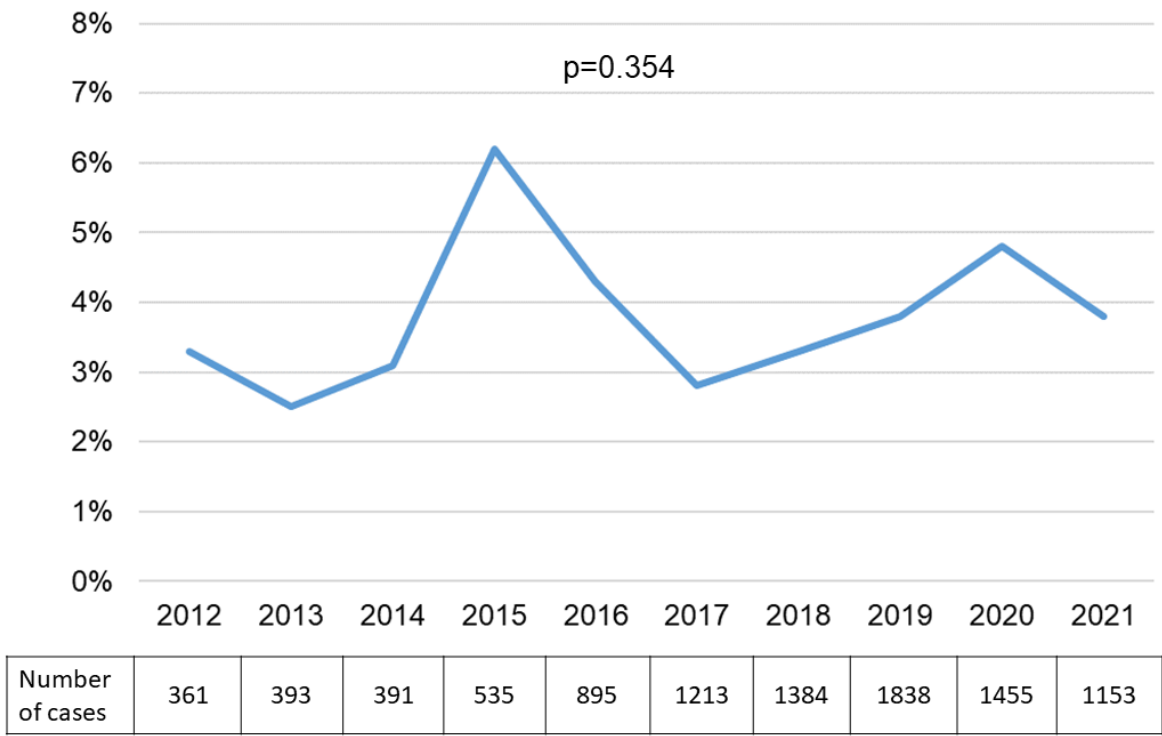
	AWE (n=133)	ADR (n=46)	Retrograde (n=118)
Large vessel, n (%)	62 (50)	31 (72)	41 (35)
Distal vessel, n (%)	61 (50)	12 (28)	11 (9)
Septal collateral, n (%)	0	0	26 (22)
Epicardial collateral, n (%)	0	0	40 (34)

AWE = antegrade wire escalation; ADR = antegrade dissection and re-entry.

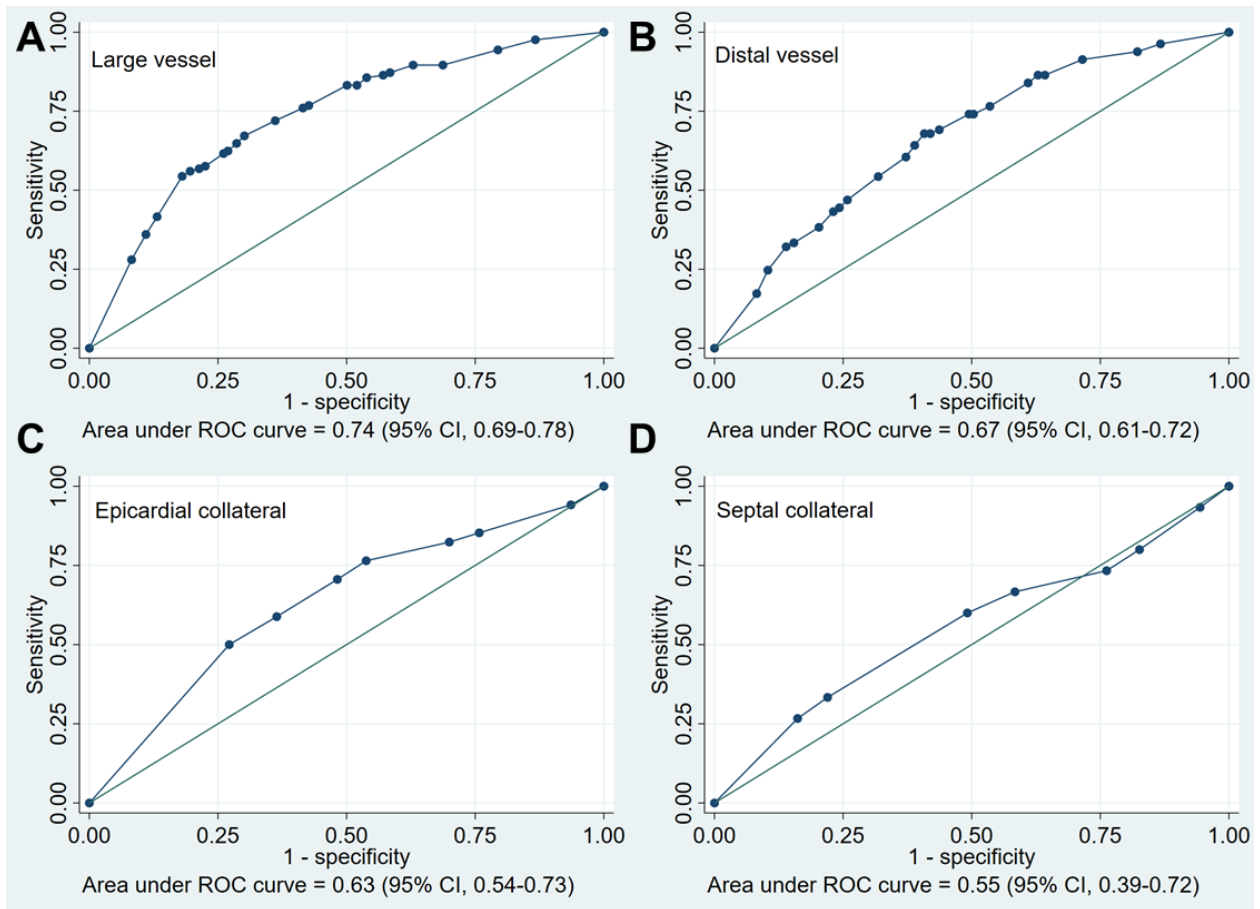
**Supplementary Table 4.** Simulated patient: an 80-year-old patient, moderate-severe calcification, tapered stump, retrograde strategy (9.8% perforation risk).

<b>Clinical perforation % risk calculator</b>	
Age (continuous)	80
Crossing strategy (0AWE, 1ADR, 2Retrograde)	2
Mod-sev calcification (no/yes)	yes
Blunt/no stump (0/1)	0
% perforation risk	9.8018

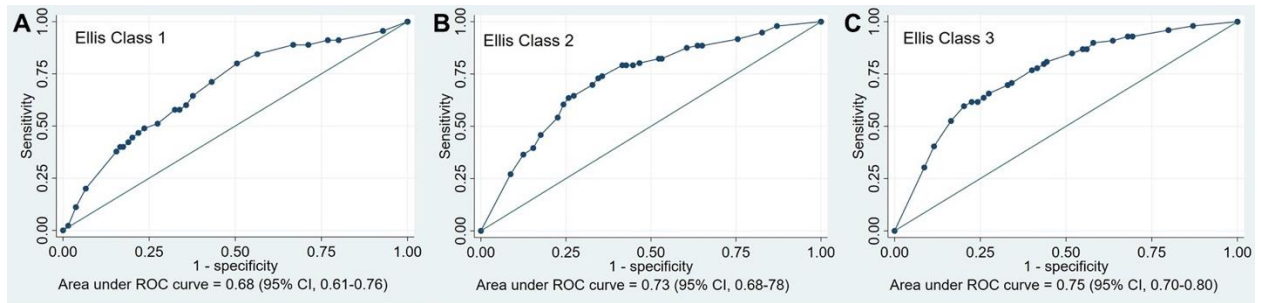
AWE = antegrade wire escalation; ADR = antegrade dissection and re-entry.



**Supplementary Figure 1.** Temporal trend on clinical coronary perforation.



**Supplementary Figure 2.** Validation of the PROGRESS-CTO perforation score on the different types of clinical perforations.



**Supplementary Figure 3.** Validation of the PROGRESS-CTO perforation score on perforation severity (Ellis Class).