Infrapopliteal Anatomic Severity and Delayed Wound Healing in Patients With Chronic Limb-Threatening Ischemia in the Era of the Global Limb Anatomic Staging System (GLASS) Yosuke Hata et al. *J Endovasc Ther*. 2020;27(4).

Supplemental Table 1. Procedure Characteristics in the 639 Treated Limbs.[a]

Target vessels for BTK lesions	
Anterior tibial artery	324 (51)
Posterior tibial artery	207 (32)
Peroneal artery	192 (30)
Number of treated vessels in BTK lesions	
0	59 (9)
1	444 (70)
2	128 (20)
3	8 (1)
Target vessels in BTA lesions	
Dorsalis pedis artery	106 (17)
Plantar artery	77 (12)
Number of treated vessels in BTA lesions	
0	460 (72)
1	160 (25)
2	19 (3)

Abbreviations: BTA, below the ankle; BTK, below the knee.

[a]Data are given as the number (percentage).

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Supplemental Table 2. Association of Wound Healing With Variables Other Than Anatomic Factors.[a]

Age, per 1-year increase	1.01 (1.00 to 1.02) p=0.063
Female sex	1.15 (0.93 to 1.43) p=0.20
Body mass index, per 1-kg/m^2 increase	0.76 (1.00 to 1.06) p=0.076
Ambulatory status	1.61 (1.28 to 2.00) p<0.001
Diabetes mellitus	1.08 (0.85 to 1.36) p=0.53
Hemodialysis	0.69 (0.56 to 0.85) p=0.001
Coronary artery disease	0.94 (0.76 to 1.17) p=0.60
Congestive heart failure	0.94 (0.65 to 1.35) p=0.72
WIfI clinical stage,[b] per 1-stage increase	0.83 (0.74 to 0.94) p=0.003

[a]Data are presented as the unadjusted hazard ratios (95% confidence intervals).

[b]The wound, ischemia and foot infection (WIfI) classification is used to predict 1-year amputation risk.[5]

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Supplemental Table 3. Logistic Regression Analysis of Confounding Between Infrapopliteal (IP) Calcification, Poor Below-the-Ankle (BTA) Runoff, Diabetes Mellitus, and Hemodialysis.

	IP Calcification Grade	Poor BTA Runoff
Diabetes mellitus	1.29 (0.96 to 1.62) p=0.082	0.76 (0.54 to 1.07) p=0.12
Hemodialysis	1.93 (1.56 to 2.28) p<0.001	0.86 (0.63 to 1.12) p=0.36

Data are presented as the hazard ratios (95% confidence intervals).

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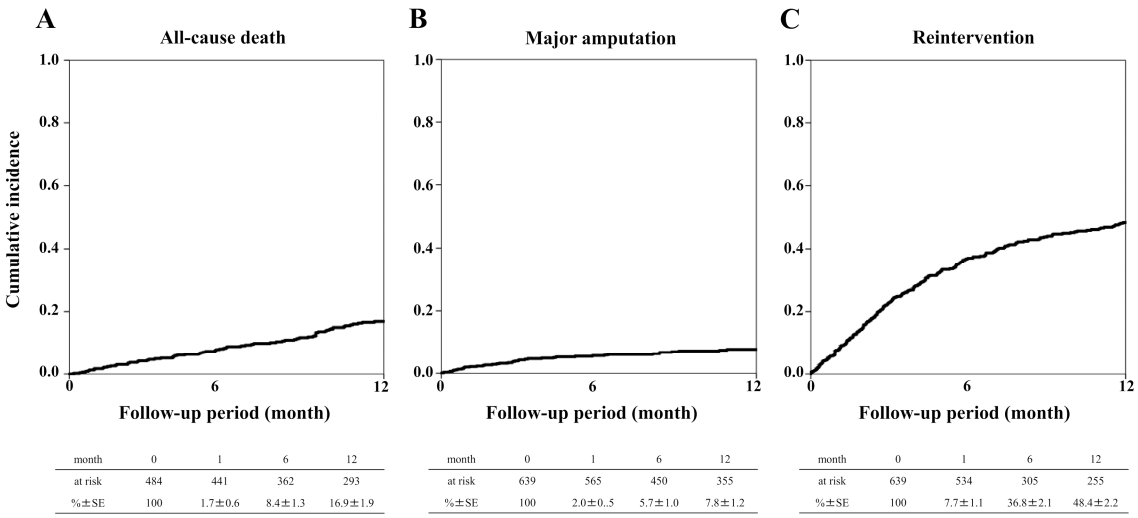
Supplemental Figure 1. Kaplan-Meier curves for (A) all-cause mortality, (B) major amputation, and (C) reintervention rate. SE, standard error.



month	0	1	6	12
at risk	484	441	362	293
%±SE	100	1.7±0.6	8.4±1.3	16.9±1.9

month	0	1	6	12
at risk	639	565	450	355
%±SE	100	2.0±0.5	5.7±1.0	7.8±1.2

month	0	1	6	12
at risk	639	534	305	255
%±SE	100	7.7±1.1	36.8±2.1	48.4±2.2

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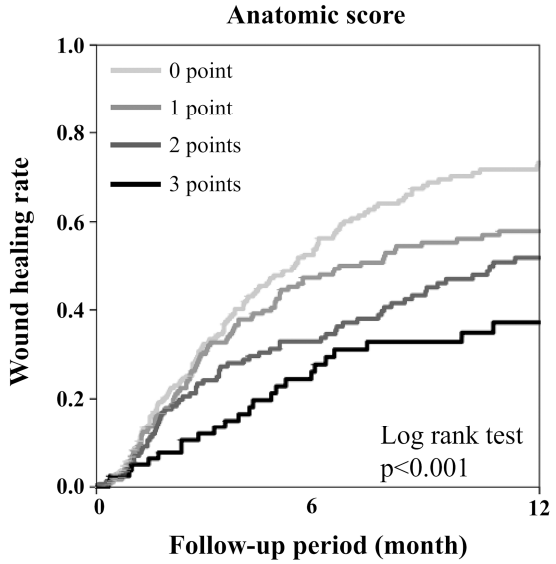
Supplemental Figure 2. Kaplan-Meier analysis of wound healing after endovascular therapy stratified according to the anatomic score, which is a predictive model of wound healing combining infrapopliteal calcification grade (score 0–2) and poor below-the-ankle runoff (score 0 or 1). The 1-year wound healing rate in cases with an anatomic score of 0 points was 73.3%, while the corresponding rate in wounds with an anatomic score of 3 points was 37.2% (log rank p<0.001). SE, standard error.



	month	0	6	12
Score 0	at risk	221	74	34
	%±SE	100	53.8±3.7	73.3±3.5
Score 1	at risk	183	74	48
	%±SE	100	47.2±4.0	57.9±4.1
Score 2	at risk	148	79	47
	%±SE	100	32.9±4.0	51.9±4.6
Score 3	at risk	83	44	27
	%±SE	100	27.7±5.5	37.2±6.2

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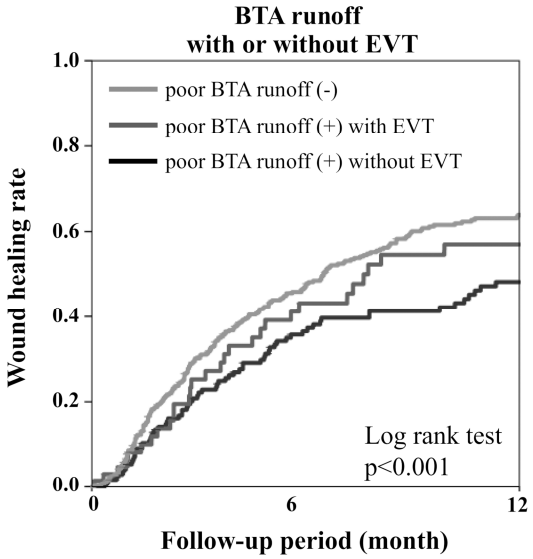
Supplemental Figure 3. Kaplan-Meier analysis of wound healing after endovascular therapy stratified by below-the-ankle (BTA) runoff with or without endovascular therapy (EVT). Patients with chronic limb-threatening ischemia and poor BTA runoff undergoing BTA EVT had a higher wound healing rate than those without BTA EVT, but they had a wound healing rate comparable to patients with normal BTA runoff. SE, standard error.



	month	0	6	12
poor BTA runoff (-)	at risk	391	163	88
	%±SE	100	46.5±2.7	63.9±2.7
poor BTA runoff (+) with EVT	at risk	64	26	16
	%±SE	100	43.2±6.9	56.9±7.1
poor BTA runoff (+) without EVT	at risk	181	81	52
	%±SE	100	36.5±4.0	48.2±4.4