

# BCIS myocardial jeopardy score predicts post-PCI death

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The British Cardiovascular Intervention Society myocardial jeopardy score predicts mortality after percutaneous coronary intervention, according to research published in the Jan. 15 issue of *The American Journal of Cardiology*.

(HealthDay)—The British Cardiovascular Intervention Society myocardial jeopardy score (BCIS-JS) predicts mortality after percutaneous coronary intervention (PCI), according to research published in the Jan. 15 issue of *The American Journal of Cardiology*.

Kalpa De Silva, M.B.B.S., of King's College London, and colleagues conducted a retrospective study involving 660 patients who underwent PCI with previous left ventricular function assessment. Of these, 221 patients had previously undergone [coronary artery bypass](#) grafting (CABG). Blinded observers calculated the BCIS-JS before (BCIS-JS<sub>PRE</sub>) and after (BCIS-JS<sub>POST</sub>) PCI, and the extent of revascularization was quantified using the revascularization index (RI;  $RI = [BCIS-JS_{PRE} - BCIS-JS_{POST}] / BCIS-JS_{PRE}$ ).

The researchers found that both BCIS-JS<sub>PRE</sub> and BCISJS<sub>POST</sub> scores were directly related to all-cause mortality (hazard ratios [HRs], 2.96 and 4.02, respectively). Other independent predictors of mortality included having a RI of less than 0.67 (HR, 1.99), left ventricular dysfunction (HR, 2.03), and renal impairment (HR, 3.75), in multivariate analysis.

"The present findings have demonstrated that the BCIS-JS has prognostic significance in a contemporary cohort of patients undergoing PCI. Higher BCIS-JS<sub>PRE</sub> and BCIS-JS<sub>POST</sub> scores are associated with increased mortality and the BCIS-JS-derived RI is an independent predictor of mortality," the authors write. "Our findings confirm that the BCIS-JS is a highly reproducible, valid angiographic scoring tool and supports its use in [risk stratification](#) and guiding PCI in patients with [coronary artery disease](#), including patients who have undergone previous CABG."

**More information:** [Abstract](#)  
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