**Validation of the BCIS CHIP score in the Auckland population**

**Background**

Risk stratification prior to complex high-risk indicated percutaneous coronary intervention (CHIP) is of benefit in aiding consent and procedural planning. The British Cardiovascular Interventional Society (BCIS) CHIP score is an effective tool which uses clinically available patient and procedural co-variates (**Panel A**). This score has previously been validated in a North American population, and we sought to determine its performance in New Zealand patients.

**Methods**

All patients who underwent PCI at Auckland City Hospital, a tertiary centre in New Zealand, were identified during a 12-month period. Patients presenting with STEMI or those in cardiogenic shock were excluded. The BCIS-CHIP score was derived (**Panel A**) and patients stratified in four groups (BCIS-CHIP score 0, 1-2, 3-4 and ≥5). The primary outcome was a composite of myocardial infarction, stroke or all-cause death (MACCE). Logistic regression models were used to estimate the odds ratio of the primary outcome.

**Results**

A total of 444 patients were included (68 years (IQR 58-75), 25% female, 20% Māori/Pasifika). MACCE occurred in 9.5% (42/444), with the BCIS-CHIP score providing good discrimination (AUC 0.68, 95% CI 0.60-0.76). Compared to those in the lowest risk category, those with a BCIS-CHIP score ≥5 had the highest rate of the primary outcome (26.7% versus 2.9%, odds ratio 11.8, 95%CI 3.8-44.5, P<0.001, **Panel B**).

**Conclusion**

The BCIS-CHIP score appears to perform well in a New Zealand population which included a high prevalence of Māori and Pasifika patients, who are often underrepresented in clinical trials. 