higher long-term mortality compared with quintile 1 (p=0.0004) (Abstract 045 figure 1). Age-adjusted Cox analysis showed an increase in the hazard of death for quintile 5 compared to quintile 1 (HR 1.18 (95% CIs 1.01 to 1.39) and this was maintained with multiple adjustment (HR 1.62 (95% CIs 1.13 to 2.33).

Abstract 045 Figure 1 Kaplan–Meier curve showing cumulative probability of all-cause mortality after PCI comparing quintiles of socioeconomic status.

Conclusions Lower SES is associated with higher long-term mortality following PCI and is independent of other recognised risk factors.

046 IMPACT OF INCOMPLETE REVASCULARISATION IN PATIENTS UNDERGOING PCI FOR UNPROTECTED LEFT MAIN STEM STENOSIS
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Aims To assess the impact of completeness of revascularisation upon outcome after PCI for unprotected left main stem (LMS) PCI in the “real world”.

Methods and Results We studied 348 consecutive patients with LMS disease treated by PCI by a single operator with a policy of maximal feasible revascularisation between 2000 and 2011. The SYNTAX score was calculated before and after PCI (the residual SYNTAX (rSYNTAX) score) to gauge the completeness of revascularisation. The endpoint was mortality and repeat revascularisation. Average age was 68 ± 10 years, baseline SYNTAX score was 33.6 ± 15.2, 51% were non-elective, 10% were in cardiogenic shock and 49% were not surgical candidates. The LMS bifurcation was involved in 73% and 2.0 ± 0.9 other vessels were diseased. Complete revascularisation was achieved in 49% and was associated with reduced mortality compared with incomplete, at 30 days, 1 year and 3 years (2.9% vs 13%, 5% vs 19%, 8% vs 26%; all p<0.0001). Median rSYNTAX score was 1 (0–11), 1-year survival for the lowest, middle and highest tertiles of rSYNTAX were 1.5%, 2.8% & 6.5% (p<0.0001), respectively. In multi-variate analysis, post procedure rSYNTAX score independently predicted outcome but pre-procedural SYNTAX score did not.

Conclusions In this single centre, “real world” series of patients with LMS disease treated by PCI, complete revascularisation was associated with superior survival vs incomplete. The rSYNTAX score, a novel index of completeness of revascularisation, independently predicted survival and the baseline SYNTAX score did not.

Abstract 046 Figure 1

047 TRENDS IN ACCESS SITE CHOICE AND PCI OUTCOMES: INSIGHTS FROM THE UK NATIONAL PCI DATASET
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