

Letters to the Editor

A Clinical Risk Scoring Tool to Predict Readmission After Cardiac Surgery: A Methodological Issue



To the Editor:

We read with interest the article published recently in the *Canadian Journal of Cardiology* entitled “A Clinical Risk Scoring Tool to Predict Readmission After Cardiac Surgery: An Ontario Administrative and Clinical Population Database Study.” The aim of the authors was to develop a predictive risk score for readmission after discharge in cardiac surgery.¹

We congratulate the authors for their valuable work, but there are some issues in this article that should be reviewed. In providing prediction models, all details of the model must be met. These models are the basis for predicting the future and will not be limited to estimating available data. In prediction studies, data from 2 different cohorts should be used, and if we only have access to a cohort, we need to divide it into 2 parts. The prediction model is developed in the first part, and the second part will be used for validation. If the validity of the prediction model fails, the main results of the research will be misleading.

It is also important to consider the interaction of modeling. Excluding interactions in the model when these effects exist reduces the power of the model.^{2,3}

Given these comments about prediction models, the authors should have interpreted the results with caution.

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Disclosures

The authors have no relevant conflicts of interest to disclose.

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