The article includes the widespread use of risk models for predicting mortality in thoracic aortic surgery. EuroSCORE II is highly recommended for assessing risk in adult cardiac surgery. However, one must not forget that no risk model is perfect, nor do all risk factors appear in all models. EuroSCORE II now offers us the capacity to virtually create a reality. However, this issue must be addressed much more consistently. The variation in outcomes between centres and surgeons should calculate the risk-adjusted mortality ratio (RAMR) by dividing the actual mortality (observed) by the expected mortality. Then, the predicted mortality calculated by EuroSCORE II is multiplied by the unit's or the individual surgeon's RAMR. This reflects in a more fair manner the current mortality for a given patient in a given surgical unit. If, for example, the unit's RAMR for thoracic aortic surgery is 2, and the predicted mortality by EuroSCORE II is 7.4%, the corrected mortality rate for thoracic aortic surgery for this hypothetical unit would be 14.8%. In consequence, this is a more effective way to adapt the EuroSCORE II to the 'real world'.

Conflict of Interest: none declared

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