Risk stratification

- Development of a Radiomic-clinical Nomogram for Prediction of Survival in Patients with Nasal Extranodal Natural Killer/T-cell Lymphoma
- Depression after aneurysmal subarachnoid hemorrhage: development of a screening tool and discharge user interface
- Hospital frailty risk score in predicting outcomes after simultaneous colon and liver resection for colorectal cancer liver metastasis in older adults: Evidence from the Nationwide Inpatient Sample 2015-2018
- Transcriptomic analysis reveals novel targets in benign schwannoma using machine learning
- Lipid peroxidation metabolites as biomarkers in patients with aneurysmal subarachnoid hemorrhage and cerebral vasospasm or delayed cerebral ischemia: a systematic review
- Prospective insights into pediatric neurosurgery: transforming care through adverse event analysis
- Use of carotid web angioarchitecture in stratification of stroke risk
- Machine learning-based prediction of 6-month functional recovery in hypertensive cerebral hemorrhage: insights from XGBoost and SHAP analysis

In healthcare, risk stratification involves assessing patients based on their health status, medical history, and other factors to identify those at a higher risk of certain health outcomes or complications. This process helps healthcare providers allocate resources more efficiently, target interventions, and personalize care plans based on individual patient needs.

Risk stratification uses a mix of objective and subjective data to assign risk levels to patients. Practices can systematically use patient risk levels to make care management decisions, such as providing greater access and resources to patients at higher risk levels.

Is the determination of the quantitative or qualitative value of risk related to a concrete situation and a recognized threat (also called hazard). Quantitative risk assessment requires calculations of two components of risk (R):, the magnitude of the potential loss (L), and the probability (p) that the loss will occur. Acceptable risk is a risk that is understood and tolerated usually because the cost or difficulty of implementing an effective countermeasure for the associated vulnerability exceeds the expectation of loss.

Since preoperative risk assessment on the basis of standard anatomical imaging alone is often insufficient, noninvasive identification and visualization of eloquent areas in the preoperative work-up is becoming increasingly important in brain tumor surgery [1].

Preoperative risk stratification

see Preoperative risk stratification.

Perioperative risk assessment

Perioperative risk assessment

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Chang EF, Clark A, Smith JS, et al. Functional mapping–guided resection of low-grade gliomas in eloquent areas of the brain: improvement of long-term survival. J Neurosurg 2011;114(3):566-573.