STS General Thoracic Data Specifications

Version 2.081

This document current as of: September 5, 2008

Note: **- ALL fields defined in these specifications with "Core: Yes" are to be collected by all sites.**

- Fields with "RequiredForRecordInclusion : Yes" must contain a value for entire record to be accepted into the analysis database.

- A Data Collection Form must be created for each trip a patient takes to the Operating Room.

- Fields indicated with a gray background are no longer being collected.

Field Name: **Operations Table Record Identifier** *SeqNo:* 10
Short Name: RecordID *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: An arbitrary, unique number that permanently identifies each record in the participant's database (note that unlike the PatID value, this does not identify the individual patient). Once assigned to a record, this number can never be changed or reused. The value by itself can be used to identify the record in the participant's database. When used in conjuction with the ParticID value, it can identify the record in the data warehouse database. The data warehouse will use this value to communicate issues about individual records with the participant. This value may also be used at the warehouse to link to other clinical data.

Harvest Coding:

Valid Data: Assigned value, automatically inserted by software

Usual Range: *Parent Field:*
Format: Integer *ParentShortName:*
Data Source: Automatic *ParentValue:*

Field Name: **Procedures Table Record Identifier** *SeqNo:* 20
Short Name: RecordID *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Procedures *RequiredForRecordInclusion:* No

Definition: This field is the foreign key that links this record with the associated records in the "Operations" table.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*
Format: Integer *ParentShortName:*
Data Source: Automatic *ParentValue:*

Field Name: **Software Vendor's Identification** *SeqNo:* 30
Short Name: VendorID *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Software vendor's identification assigned by the STS.

Harvest Coding:

Valid Data: Assigned value, automatically inserted by software

Usual Range: *Parent Field:*
Format: Text *ParentShortName:*
Data Source: Automatic *ParentValue:*

Field Name: **Vendor's Software Version Number** *SeqNo:* 40
Short Name: SoftVrsn *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Vendor's software product version number identifying the software which created this record. Vendor controls the value in this field. Version passing certificiation/harvest testing will be noted at the data warehouse.

Harvest Coding:

Valid Data: Assigned value, automatically inserted by software

Usual Range: *Parent Field:*
Format: Text *ParentShortName:*
Data Source: Automatic *ParentValue:*

Field Name: **Version Of STS Data Specification** *SeqNo:* 50
Short Name: DataVrsn *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Version number of the STS Data Specifications/Dictionary, to which the record conforms. The value will identify which fields should have data, and what are the valid data values for those fields. It must be the version implemented in the software at the time the record was created. The value must be entered into the record automatically by the software.

Harvest Coding: 2.081

Valid Data: Assigned value, automatically inserted by software

Usual Range: *Parent Field:*
Format: Text *ParentShortName:*
Data Source: Automatic *ParentValue:*

Field Name: **Record complete** *SeqNo:* 60
Short Name: RecComp *Core:* No
DCFSection: 1. Database Administration *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the record data is complete or not. This entry is made by the software data quality check process. This field does not impact a procedure's harvest status. It is intended as an internal quality control field for data managers at site.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: Calculated *ParentValue:*

Field Name: **Participant ID** *SeqNo:* 70
Short Name: ParticID *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Participant ID is a unique number assigned to each database Participant by the STS. A database Participant is defined as one entity that signs a Participation Agreement with the STS, submits one data file to the harvest, and gets back one report on their data. The ParticipantID must be entered into each record.

Harvest Coding:

Valid Data: Value assigned by the STS
Usual Range: *Parent Field:*
Format: Text length 5 *ParentShortName:*
Data Source: Automatic or User *ParentValue:*

Field Name: **Operations Table Patient Identifier** *SeqNo:* 80
Short Name: PatID *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: The foreign key that links this record with the associated records in the "Demographics" table.

Harvest Coding:

Valid Data: Assigned value, automatically inserted by software
Usual Range: *Parent Field:*
Format: Integer *ParentShortName:*
Data Source: Automatic *ParentValue:*

Field Name: **Demographics Table Patient Identifier** *SeqNo:* 90
Short Name: PatID *Core:* Yes
DCFSection: 1. Database Administration *Harvest:* Yes
TableName: Demographics *RequiredForRecordInclusion:* No

Definition: An arbitrary number that uniquely identifies this patient in the database. This field is the primary key that links this record with the associated records in the "Operations" table. The value in this field can not be a value that would identify the patient outside of the database (such as Medical Record Number or Social Security Number). Once a value is assigned to a patient, it can never be changed or reused.

Harvest Coding:

Valid Data: Assigned value, automatically inserted by software
Usual Range: *Parent Field:*
Format: Integer *ParentShortName:*
Data Source: Automatic *ParentValue:*

Field Name: **Demographics Table Data Version** *SeqNo:* 100
Short Name: DemogDataVrsn *Core:* Yes

DCFSection: 1. Database Administration *Harvest:* Yes

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Version number of the STS Data Specifications/Dictionary, to which the Demographics record conforms. The value will identify which fields should have data, and what are the valid data for those fields. It must be the version implemented in the software at the time the record was created. The value must be entered into the record automatically by the software. Note that the data version of the demographics record does not necessarily need to match the data version ofall of the associated operation records for that patient. This is because new data versions might be implemented in the software and used for the creation of operation records after a demographics record has been created for a patient.

Harvest Coding: 2.081

Valid Data: Assigned value, automatically inserted by software

Usual Range: *Parent Field:*

Format: Text *ParentShortName:*

Data Source: Automatic *ParentValue:*

Field Name: **Medical Record #** *SeqNo:* 110

Short Name: MedRecN *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Optional

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the patient's medical record number at the hospital where surgery occurred. This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text length 11 *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Patient's First Name** *SeqNo:* 120

Short Name: PatFName *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Optional

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the patient's first name documented in the medical record. This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Patient's Middle Initial** *SeqNo:* 130

Short Name: PatMInit *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Optional

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the patient's middle initial documented in the medical record.

Leave "blank" if no middle name. This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text length 1 *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Patient's Last Name** *SeqNo:* 140

Short Name: PatLName *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Optional

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the patient's last name documented in the medical record. This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Social Security Number** *SeqNo:* 150

Short Name: SSN *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Optional

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the nine-digit Patient’s Social Security Number (SSN). Although this is the Social Security Number in the USA, other countries may have a different National Patient Identifier Number. For example in Canada, this would be the Social Insurance Number. This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text length 11 *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **STS Trial Link Number** *SeqNo:* 160

Short Name: STSTLink *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Yes

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: The unique identification number assigned by the STS indicating the clinical trial in which this patient is participating. This field should be left blank if the patient is not participating in a clinical trial associated with the STS.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Date Of Birth** *SeqNo:* 170

Short Name: DOB *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Optional

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the patient's date of birth using 4-digit format for year. This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data: Date value in mm/dd/yyyy format

Usual Range: *Parent Field:*

Format: Date in mm/dd/yyyy format *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Age At Time Of Surgery** *SeqNo:* 180

Short Name: Age *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the patient's age in years, at time of surgery. This should be calculated from the date of birth and the date of surgery, according to the convention used in the USA (the number of birth date anniversaries reached by the date of surgery). If patient is less than one year old, enter the value 1.

Harvest Coding:

Valid Data: 1 - 110

Usual Range: *Parent Field:*

Format: Integer *ParentShortName:*

Data Source: Automatic or User *ParentValue:*

Field Name: **Zip Code** *SeqNo:* 190

Short Name: PostalCode *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Optional

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the ZIP Code of the patient's residence. Outside the USA, this data may be known by other names such as Postal Code (needing 6 characters). Software should allow sites to collect at least up to 10 characters to allow for Zip+4 values.

This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text length 10 *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Gender** *SeqNo:* 200

Short Name: Gender *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Yes

TableName: Demographics *RequiredForRecordInclusion:* Yes

Definition: Indicate the patient's gender at birth as either male or female.

Harvest Coding: 1 = Male
2 = Female

Valid Data: Male; Female

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Race - Caucasian** *SeqNo:* 210

Short Name: RaceCaucasian *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Yes

TableName: Demographics *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the patient's race, as determined by the patient or family, includes Caucasian. This includes a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity : The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Race - Black / African American** *SeqNo:* 220

Short Name: RaceBlack *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Yes

TableName: Demographics *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the patient's race, as determined by the patient or family, includes Black / African American. This includes a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity : The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Patient's race includes Hispanic** *SeqNo:* 230
Short Name: RaceHispanic *Core:* No
DCFSection: 1. Demographics *Harvest:* No
TableName: Demographics *RequiredForRecordInclusion:* No
Definition: Indicate whether the patient's race, as determined by the patient or family, includes Hispanic.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No
Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Race - Asian** *SeqNo:* 240
Short Name: RaceAsian *Core:* Yes
DCFSection: 1. Demographics *Harvest:* Yes
TableName: Demographics *RequiredForRecordInclusion:* Yes
Definition: Indicate whether the patient's race, as determined by the patient or family, includes Asian. This includes a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity : The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No
Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Race - American Indian / Alaskan Native** *SeqNo:* 250
Short Name: RaceNativeAm *Core:* Yes
DCFSection: 1. Demographics *Harvest:* Yes
TableName: Demographics *RequiredForRecordInclusion:* Yes
Definition: Indicate whether the patient's race, as determined by the patient or family, includes American Indian / Alaskan Native. This includes a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity : The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Race - Native Hawaiian / Pacific Islander** *SeqNo:* 260

Short Name: RacNativePacific *Core:* Yes

DCFSection: 1. Demographics *Harvest:* Yes

TableName: Demographics *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the patient's race, as determined by the patient or family, includes Native Hawaiian / Pacific Islander. This includes a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity : The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Patient's race includes any other race** *SeqNo:* 270

Short Name: RaceOther *Core:* No

DCFSection: 1. Demographics *Harvest:* No

TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient's race, as determined by the patient or family, includes any other race.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Hispanic Or Latino Ethnicity** *SeqNo:* 280
Short Name: Ethnicity *Core:* Yes
DCFSection: 1. Demographics *Harvest:* Yes
TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate if the patient is of Hispanic or Latino ethnicity as determined by the patient / family. Hispanic or Latino ethnicity includes patient report of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Admission Status** *SeqNo:* 290
Short Name: AdmissionStat *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the procedure was an Inpatient or Outpatient / Observation procedure.

Harvest Coding: 1 = Inpatient
2 = Outpatient / Observation

Valid Data: Inpatient; Outpatient / Observation

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Admission Date** *SeqNo:* 300
Short Name: AdmitDt *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the date of admission. For those patients who originally enter the hospital in an out-patient capacity, the admit date is the date the patient's status changes to in-patient.

Harvest Coding:

Valid Data: Date value in mm/dd/yyyy format

Usual Range: *Parent Field:* Admission Status
Format: Date in mm/dd/yyyy format *ParentShortName:* AdmissionStat
Data Source: User *ParentValue:* Inpatient

Field Name: **Payor - Government Health Insurance** *SeqNo:* 310
Short Name: PayorGov *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether government insurance was used by the patient to pay for part or all of this admission. Government insurance refers to patients who are covered by government-reimbursed care. This includes Medicare, Medicaid, Military Health Care (e.g., TriCare), State-Specific Plan, and Indian Health Service.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Payor - Government Health Insurance - Medicare** *SeqNo:* 320

Short Name: PayorGovMcare *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the government insurance used by the patient to pay for part or all of this admission included Medicare.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Payor - Government Health Insurance

Format: Text (categorical values specified by STS) *ParentShortName:* PayorGov

Data Source: User *ParentValue:* Yes

Field Name: **Medicare Fee For Service** *SeqNo:* 330

Short Name: MedicareFFS *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient is a Medicare Fee For Service (FFS) patient.

Medicare FFS = Medicare Part B.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Payor - Government Health Insurance - Medicare

Format: Text (categorical values specified by STS) *ParentShortName:* PayorGovMcare

Data Source: User *ParentValue:* Yes

Field Name: **Health Insurance Claim Number** *SeqNo:* 340

Short Name: HICNumber *Core:* Yes
DCFSection: 2. Admission *Harvest:* Optional
TableName: Demographics *RequiredForRecordInclusion:* No

Definition: Indicate the Health Insurance Claim (HIC) number of the primary beneficiary. The HIC number consists of the Social Security number and an alpha-numeric identifier (usually one digit but may be two digits). It is the number found on a patient's Medicare card.

This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*
Format: Text *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Payor - Government Health Insurance - Medicaid** *SeqNo:* 350
Short Name: PayorGovMcaid *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the government insurance used by the patient to pay for part or all of this admission included Medicaid

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Payor - Government Health Insurance
Format: Text (categorical values specified by STS) *ParentShortName:* PayorGov
Data Source: User *ParentValue:* Yes

Field Name: **Payor - Government Health Insurance - Military Health Care** *SeqNo:* 360
Short Name: PayorGovMil *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the government insurance used by the patient to pay for part or all of this admission included Military Health Care.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Payor - Government Health Insurance
Format: Text (categorical values specified by STS) *ParentShortName:* PayorGov
Data Source: User *ParentValue:* Yes

Field Name: **Payor - Government Health Insurance - State-Specific Plan** *SeqNo:* 370

Short Name: PayorGovState *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the government insurance used by the patient to pay for part or all of this admission included State-Specific Plan.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:

Parent Field: Payor - Government Health Insurance

Format: Text (categorical values specified by STS)

ParentShortName: PayorGov

Data Source: User

ParentValue: Yes

Field Name: **Payor - Government Health Insurance - Indian Health Service** *SeqNo:* 380

Short Name: PayorGovIHS *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the government insurance used by the patient to pay for part or all of this admission included Indian Health Service.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:

Parent Field: Payor - Government Health Insurance

Format: Text (categorical values specified by STS)

ParentShortName: PayorGov

Data Source: User

ParentValue: Yes

Field Name: **Payor - Commercial Health Insurance** *SeqNo:* 390

Short Name: PayorCom *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether commercial insurance was used by the patient to pay for part or all of this admission. Commercial insurance refers to all indemnity (fee-for-service) carriers and Preferred Provider Organizations (PPOs), (e.g., Blue Cross and Blue Shield).

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:

Parent Field:

Format: Text (categorical values specified by STS)

ParentShortName:

Data Source: User

ParentValue:

Field Name: **Payor - Health Maintenance Organization** *SeqNo:* 400

Short Name: PayorHMO *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Health Maintenance Organization (HMO) insurance was used by the patient to pay for part or all of this admission. HMO refers to a Health Maintenance Organization characterized by coverage that provides health care services for members on a pre-paid basis.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Payor - Non-U.S. Insurance** *SeqNo:* 410
Short Name: PayorNonUS *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether any non-U.S. insurance was used by the patient to pay for part or all of this admission.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Payor - None / Self** *SeqNo:* 420
Short Name: PayorNS *Core:* Yes
DCFSection: 2. Admission *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether no insurance was used by the patient to pay for this admission. None refers to individuals with no or limited health insurance; thus, the individual is the payor regardless of ability to pay. Only mark "None" when "self" or "none" is denoted as the first insurance in the medical record.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Surgeon's Name** *SeqNo:* 430

Short Name: Surgeon *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the surgeon's name. This field must have controlled data entry where a user selects the SurgeonName from a user list. This will remove variation in spelling, abbreviations and punctuation within the field.

Harvest Coding:

Valid Data: (elements of user list) Not free text. User maintains list of valid values. New values are made available through a utility that is separate from entering data record.

Usual Range: *Parent Field:*

Format: Text (categorical values specified by user) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Surgeon's UPIN number** *SeqNo:* 440

Short Name: UPIN *Core:* No

DCFSection: 2. Admission *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Surgeon's UPIN Number. This value is automatically inserted into the record when the user selects the surgeon. The list of surgeons and associated UPIN values are maintained by the user.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text length 9 (categorical values specified by User) *ParentShortName:*

Data Source: Automatic or User *ParentValue:*

Field Name: **Surgeon's National Provider Identifier** *SeqNo:* 450

Short Name: SurgNPI *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the individual-level National Provider Identifier of the surgeon performing the procedure.

Harvest Coding:

Valid Data: (elements of user list)

Usual Range: *Parent Field:*

Format: Text (categorical values specified by User) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Taxpayer Identification Number** *SeqNo:* 460

Short Name: TIN *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the group-level Taxpayer Identification Number for the Taxpayer holder of record for the

Surgeon's National Provider Identifier that performed the procedure.

Harvest Coding:

Valid Data: (elements of user list)

Usual Range: *Parent Field:*

Format: Text (categorical values specified by User) *ParentShortName:*

Data Source: Lookup *ParentValue:*

Field Name: **Hospital Name** *SeqNo:* 470

Short Name: HospName *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate he full name of the facility where the procedure was performed. Values should be full, official hospital names with no abbreviations or variations in spelling for a single hospital. Values should also be in mixed-case.

Harvest Coding:

Valid Data: (elements of user list) Not free text. User maintains list of valid values. New values are made available through a utility that is separate from entering data record.

Usual Range: *Parent Field:*

Format: Text (categorical values specified by user) length must be sufficient to hold full hospital name *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Hospital code = AHA number** *SeqNo:* 480

Short Name: HospCode *Core:* No

DCFSection: 2. Admission *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the Hospital code or AHA number. Values are automatically inserted into the record when the user selects the hospital name. The list of hospital names and associated hospital codes are maintained by the user.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text length 30 (categorical values specified by user) *ParentShortName:*

Data Source: Automatic or User *ParentValue:*

Field Name: **Hospital Postal Code** *SeqNo:* 490

Short Name: HospZIP *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the ZIP Code of the hospital. Outside the USA, this data may be known by other names such as "Postal Code".

Software should allow sites to collect up to 10 characters to allow for Zip+4 values.

This field should be collected in compliance with state/local privacy laws.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text length 10 *ParentShortName:*

Data Source: Automatic or User *ParentValue:*

Field Name: **Hospital State** *SeqNo:* 500

Short Name: HospStat *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the abbreviation of the state or province in which the hospital is located.

Harvest Coding:

Valid Data:

Usual Range: *Parent Field:*

Format: Text - Length exactly 2 *ParentShortName:*

Data Source: Lookup *ParentValue:*

Field Name: **Hospital National Provider Identifier** *SeqNo:* 510

Short Name: HospNPI *Core:* Yes

DCFSection: 2. Admission *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the hospital's National Provider Identifier (NPI). This number, assigned by the Center for Medicare and Medicaid Services (CMS), is used to uniquely identify facilities for Medicare billing purposes.

Harvest Coding:

Valid Data: (elements of user list)

Usual Range: *Parent Field:*

Format: Text (categorical values specified by User) *ParentShortName:*

Data Source: Lookup *ParentValue:*

Field Name: **Height In Centimeters** *SeqNo:* 520

Short Name: HeightCm *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the height of the patient in centimeters.

Harvest Coding:

Valid Data: 10 - 250

Usual Range: *Parent Field:*

Format: Real *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Height in inches** *SeqNo:* 530
Short Name: HeightIn *Core:* No
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate the height of the patient in inches.
Harvest Coding:
Valid Data: 3.9 - 98.4
Usual Range: *Parent Field:*
Format: Real number 3.1 digits e.g. 999.9 *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Weight In Kilograms** *SeqNo:* 540
Short Name: WeightKg *Core:* Yes
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate the weight of the patient in kilograms.
Harvest Coding:
Valid Data: 1 - 250
Usual Range: *Parent Field:*
Format: Real *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Weight in pounds** *SeqNo:* 550
Short Name: WeightLbs *Core:* No
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate the weight of the patient in pounds.
Harvest Coding:
Valid Data: 2.2 - 551.2
Usual Range: *Parent Field:*
Format: Real number 3.1 digits e.g. 999.9 *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Weight Loss In Past Three Months** *SeqNo:* 560
Short Name: WtLoss3Kg *Core:* Yes
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate by the number of kilograms lost in the last three months. Enter “0” if there was no weight loss.

Harvest Coding:

Valid Data: 0 - 250

Usual Range: *Parent Field:*

Format: Real *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Comorbidities** *SeqNo:* 570

Short Name: Comorb *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has comorbid factors.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Hypertension** *SeqNo:* 580

Short Name: Hypertn *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a diagnosis of hypertension, documented by one of the following:
a. Documented history of hypertension diagnosed and treated with medication, diet and/or exercise
b. Prior documentation of blood pressure >140 mmHg systolic or 90 mmHg diastolic for patients without diabetes or chronic kidney disease, or prior documentation of blood pressure >130 mmHg systolic or 80 mmHg diastolic on at least 2 occasions for patients with diabetes or chronic kidney disease
c. Currently on pharmacologic therapy to control hypertension

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Steroids** *SeqNo:* 590

Short Name: Steroid *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient was taking oral or IV steroids within 24 hours of surgery. This does not include a one-time dose related to prophylaxis therapy (i.e., IV dye exposure for cath procedure or surgery pre-induction), or non-systemic medications (i.e., nasal sprays, inhalers, topical creams).

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Congestive Heart Failure** *SeqNo:* 600

Short Name: CHF *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether, within 2 weeks prior to the primary surgical procedure, a physician has diagnosed that the patient is currently in congestive heart failure (CHF). CHF can be diagnosed based on a careful history and physical exam, or by one of the following criteria:

1. Paroxysmal nocturnal dyspnea (PND)
2. Dyspnea on exertion (DOE) due to heart failure
3. Chest X-Ray (CXR) showing pulmonary congestion
4. Pedal edema or dyspnea and receiving diuretics or digoxin

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Coronary Artery Disease** *SeqNo:* 610

Short Name: CAD *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of coronary artery disease (CAD) as evidenced by one of the following:

1. Currently receiving medical treatment for CAD
2. History of Myocardial Infarction
3. Prior CV intervention including, but not limited to, CABG and/or PCI

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Peripheral Vascular Disease** *SeqNo:* 620

Short Name: PVD *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has Peripheral Vascular Disease, as indicated by claudication either with exertion or rest; amputation for arterial insufficiency; aorto-iliac occlusive disease reconstruction; peripheral vascular bypass surgery, angioplasty, or stent; documented AAA, AAA repair, or stent; positive non-invasive testing documented. Does not include procedures such as vein stripping, carotid disease, or procedures originating above the diaphragm.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Prior Cardiothoracic Surgery** *SeqNo:* 630
Short Name: PriorCTS *Core:* Yes
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has undergone any prior cardiac and/or general thoracic surgical procedure that required a general anesthetic and an incision into the chest or mediastinum. A thoracotomy, median sternotomy, anterior mediastinotomy or thoracoscopy would be included here. A cervical mediastinoscopy or tube thoracostomy would not be included.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **When Prior CT Surgery Was Performed** *SeqNo:* 640
Short Name: WhenPrior *Core:* No
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate when the prior cardiac and/or general thoracic surgery was done. If patient has history of more than one prior cardiac and/or general thoracic surgery, indicate the time frame for the most recent procedure.

Harvest Coding: 1 = Prior admission
2 = Current admission

Valid Data: Prior admission; Current admission

Usual Range: *Parent Field:* Prior Cardiothoracic Surgery
Format: Text (categorical values specified by STS) *ParentShortName:* PriorCTS
Data Source: User *ParentValue:* = "Yes"

Field Name: **Preoperative chemotherapy** *SeqNo:* 650
Short Name: PreopChemo *Core:* No
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient has received preoperative chemotherapy for any reason prior to this operation. May be included as a component of a chemotherapy radiation induction therapy. This item should also be selected if the medical oncologist gave the patient chemotherapy prior to sending the patient for any surgical evaluation, if the intent of the medical oncologist was to "shrink the tumor" prior to surgical intervention.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Comorbidities

Format: Text (categorical values specified by STS) *ParentShortName:* Comorb

Data Source: User *ParentValue:* = "Yes"

Field Name: **Preoperative chemotherapy - When** *SeqNo:* 660
Short Name: PreopChemoWhen *Core:* No
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the prior chemotherapy treatment was:
1 = received any time prior to this hospitalization to treat this occurance or any previous occurance of the same primary disease process that is being treated during this hospitalization
2 = received within 6 months of this hospitalization to treat an unrelated disease
3 = received more than 6 months prior to this hospitalization to treat an unrelated disease.

Harvest Coding: 1 = Any time prior to hospitalization to treat the same primary disease
2 = Within 6 months to treat an unrelated disease
3 = More than 6 months prior to hospitalization to treat an unrelated disease

Valid Data: Any time prior to hospitalization to treat the same primary disease; Within 6 months to treat an unrelated disease; More than 6 months prior to hospitalization to treat an unrelated disease

Usual Range: *Parent Field:* Preoperative chemotherapy

Format: Text (categorical values specified by STS) *ParentShortName:* PreopChemo

Data Source: User *ParentValue:* = "Yes"

Field Name: **Preoperative Chemo - Current Malignancy** *SeqNo:* 670
Short Name: PreopChemoCur *Core:* Yes
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient received preoperative chemotherapy for a current thoracic malignancy. Do not report treatment for prior cancers.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:
Parent Field:

Format: Text (categorical values specified by STS)
ParentShortName:

Data Source: User
ParentValue:

Field Name: **Preoperative Chemo - Current Malignancy - When** *SeqNo:* 680

Short Name: PreopChemoCurWhen *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate when the patient received preoperative chemotherapy for the current thoracic malignancy.

Harvest Coding: 1 = <= 6 Months
2 = > 6 Months

Valid Data: <= 6 Months; > 6 Months

Usual Range:
Parent Field: Preoperative Chemo - Current Malignancy

Format: Text (categorical values specified by STS)
ParentShortName: PreopChemoCur

Data Source: User
ParentValue: Yes

Field Name: **Preoperative Thoracic Radiation Therapy** *SeqNo:* 690

Short Name: PreopXRT *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient has received preoperative radiation therapy to the chest for any reason prior to this operation. May be included as a component of a chemotherapy radiation induction therapy. This item should also be selected if the radiation oncologist gave the patient radiation therapy prior to sending the patient for any surgical evaluation, if the intent of the radiation oncologist was to "shrink the tumor" prior to surgical intervention.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:
Parent Field:

Format: Text (categorical values specified by STS)
ParentShortName:

Data Source: User
ParentValue:

Field Name: **Preoperative Thoracic Radiation Therapy - When** *SeqNo:* 700

Short Name: PreopXRTWhen *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the prior radiation therapy was:
1 = received any time prior to this hospitalization to treat this occurance or any previous occurance of the same primary disease process that is being treated during this hospitalization

2 = received within 6 months of this hospitalization to treat an unrelated disease
3 = received more than 6 months prior to this hospitalization to treat an unrelated disease.

Harvest Coding: 1 = Any time prior to hospitalization to treat the same primary disease
2 = Within 6 months to treat an unrelated disease
3 = More than 6 months prior to hospitalization to treat an unrelated disease

Valid Data: Any time prior to hospitalization to treat the same primary disease; Within 6 months to treat an unrelated disease; More than 6 months prior to hospitalization to treat an unrelated disease

Usual Range: | *Parent Field:* Preoperative Thoracic Radiation Therapy

Format: Text (categorical values specified by STS) | *ParentShortName:* PreopXRT

Data Source: User | *ParentValue:* = "Yes"

Field Name: **Preoperative Thoracic Radiation Therapy - Disease And When Treated** *SeqNo:* 710

Short Name: PreopXRTDisWhe
n *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate when the patient received preoperative thoracic radiation therapy and for what disease.

Harvest Coding: 1 = Same disease, <= 6 months
2 = Same disease, > 6 months
3 = Unrelated disease, <= 6 months
4 = Unrelated disease, > 6 months

Valid Data: Same disease, <= 6 months; Same disease, > 6 months; Unrelated disease, <= 6 months; Unrelated disease, > 6 months

Usual Range: | *Parent Field:* Preoperative Thoracic Radiation Therapy

Format: Text (categorical values specified by STS) | *ParentShortName:* PreopXRT

Data Source: User | *ParentValue:* Yes

Field Name: **Cerebrovascular History** *SeqNo:* 720

Short Name: CerebroHx *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of cerebrovascular disease, documented by any one of the following: Unresponsive coma > 24 hrs; CVA (symptoms > 72 hrs after onset); RIND (recovery within 72 hrs); TIA (recovery within 24 hrs); Non-invasive carotid test with > 79% occlusion; or prior carotid surgery. Does not include neurological disease processes such as metabolic and/or anoxic ischemic encephalopathy.

Harvest Coding: 1 = No CVD history
2 = Any reversible event
3 = Any irreversible event

Valid Data: No CVD history; Any reversible event; Any irreversible event

Usual Range: | *Parent Field:*

Format: Text (categorical values | *ParentShortName:*

specified by STS)

Data Source: User *ParentValue:*

Field Name: **Pulmonary Hypertension** *SeqNo:* 730

Short Name: PulmHypertn *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether Pulmonary Artery Pressure (PAP) is >=45.

Harvest Coding:
1 = Yes
2 = No
3 = Not applicable (not documented)

Valid Data: Yes; No; Not applicable (not documented)

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Diabetes** *SeqNo:* 740

Short Name: Diabetes *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of diabetes, regardless of duration of disease or need for anti-diabetic agents. Does not include gestational diabetes

Harvest Coding:
1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Diabetes Control** *SeqNo:* 750

Short Name: DiabCtrl *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the diabetic control method. Patients placed on a preoperative diabetic pathway of insulin drip, then were controlled with “None”, diet or oral methods, are not coded as insulin dependent.

Choices are :
None = No treatment for diabetes
Diet = Diet treatment only
Oral = Oral agent or other non-insulin treatment only
Insulin = Insulin treatment (includes any combination with insulin)

Harvest Coding:
1 = None
2 = Diet
3 = Oral or other non-insulin

4 = Insulin

Valid Data: None; Diet; Oral or other non-insulin; Insulin

Usual Range: *Parent Field:* Diabetes

Format: Text (categorical values specified by STS) *ParentShortName:* Diabetes

Data Source: User *ParentValue:* Yes

Field Name: **Renal insufficiency history** *SeqNo:* 760

Short Name: RenalHx *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has:
1. a documented history of renal failure and/or
2. a history of creatinine > 2.0.

Prior renal transplant patients are not included as pre-op renal failure unless since transplantation their creatinine has been or currently is > 2.0.

Harvest Coding:
1 = No renal insufficiency
2 = Creatinine >= 2
3 = Dialysis of any type

Valid Data: No renal insufficiency; Creatinine >=2; Dialysis of any type

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Creatinine Level Measured** *SeqNo:* 770

Short Name: CreatMeasured *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the creatinine level was measured prior to the surgical procedure.

Harvest Coding:
1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: Automatic *ParentValue:*

Field Name: **Last Creatinine Level** *SeqNo:* 780

Short Name: CreatLst *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the creatinine level closest to the date and time prior surgery.

Harvest Coding:

Valid Data: 0.1 - 30.0

Usual Range: 0.1 - 9.0 *Parent Field:* Creatinine Level Measured

Format: Real *ParentShortName:* CreatMeasured

Data Source: User *ParentValue:* Yes

Field Name: **Currently On Dialysis** *SeqNo:* 790

Short Name: Dialysis *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient is currently undergoing dialysis. This includes ultrafiltration.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Hemoglobin Level Measured** *SeqNo:* 800

Short Name: HemoglobinMeasu
red *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient's hemoglobin level was measured prior to this surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Last Hemoglobin Level** *SeqNo:* 810

Short Name: HemoglobinLst *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the hemoglobin level closest to the date and time prior surgery.

Harvest Coding:

Valid Data: 5.0 - 20.0

Usual Range: 8.0 - 16.0 *Parent Field:* Hemoglobin Level Measured

Format: Real *ParentShortName:* HemoglobinMeasured

Data Source: User *ParentValue:* Yes

Field Name: **COPD** *SeqNo:* 820
Short Name: COPD *Core:* Yes
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of chronic obstructive pulmonary disease (COPD) as evidenced by previous diagnosis, treatment, and/or spirometric evidence.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Interstitial Fibrosis** *SeqNo:* 830
Short Name: InterstitialFib *Core:* Yes
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a diagnosis of interstitial fibrosis.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Tobacco Use** *SeqNo:* 840
Short Name: Tobacco *Core:* No
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has used any form of tobacco at any time in the past.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Smokeless tobacco use** *SeqNo:* 850
Short Name: TobChew *Core:* No
DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of using smokeless tobacco.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Tobacco Use

Format: Text (categorical values specified by STS) *ParentShortName:* Tobacco

Data Source: User *ParentValue:* = "Yes"

Field Name: **Cigarette use** *SeqNo:* 860

Short Name: TobCig *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of using cigarettes.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Tobacco Use

Format: Text (categorical values specified by STS) *ParentShortName:* Tobacco

Data Source: User *ParentValue:* = "Yes"

Field Name: **Pipe or cigar use** *SeqNo:* 870

Short Name: TobPipe *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of using pipe or cigars.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Tobacco Use

Format: Text (categorical values specified by STS) *ParentShortName:* Tobacco

Data Source: User *ParentValue:* = "Yes"

Field Name: **Other tobacco use** *SeqNo:* 880

Short Name: TobOther *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has a history of any other tobacco or tobacco related product use.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Tobacco Use

Format: Text (categorical values specified by STS) *ParentShortName:* Tobacco

Data Source: User *ParentValue:* = "Yes"

Field Name: **When Patient Quit Smoking** *SeqNo:* 890

Short Name: QuitSmoking *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate how many days prior to the operation the patient quit smoking. Choose “0-14 days pre-op” of the patient is a current smoker.

Harvest Coding:
1 = Never smoked (<100 cigarettes/lifetime)
2 = 0-14 days pre-op (current smoker)
3 = >14 days and <=1 month pre-op
4 = >1 month and <=12 months pre-op
5 = >12 months pre-op

Valid Data: Never smoked (<100 cigarettes/lifetime); 0-14 days pre-op (current smoker); >14 days and <=1 month pre-op; >1 month and <=12 months pre-op; >12 months pre-op

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Cigarette Smoking** *SeqNo:* 900

Short Name: CigSmoking *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the patient's history of smoking cigarettes.

Harvest Coding:
1 = Never smoked
2 = Past smoker (stopped more than 1 month prior to operation)
3 = Current smoker

Valid Data: Never smoked; Past smoker (stopped more than 1 month prior to operation); Current smoker

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Pack-Years Of Cigarette Use** *SeqNo:* 910

Short Name: PackYear *Core:* Yes

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the number of pack-years by multiplying the average number of packs of cigarettes smoked per day by the number of years of smoking. For example if the patient smoked 1 ppd for 10 years and 3 ppd for the next 10 years, the average ppd would be 2 ppd x 20 years = 40 pack-years of

smoking.

Harvest Coding:

Valid Data: 1 - 210

Usual Range:

Parent Field: Cigarette smoking

Format: Integer

ParentShortName: CigSmoking

Data Source: User

ParentValue: "Past smoker (stopped more than 1 month prior to operation)" or "Current smoker"

Field Name: **Other comorbidity** *SeqNo:* 920

Short Name: OtherComorb *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient had one or more other co-morbidities not listed above.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:

Parent Field: Comorbidities

Format: Text (categorical values specified by STS)

ParentShortName: Comorb

Data Source: User

ParentValue: = "Yes"

Field Name: **Lung Infection Type** *SeqNo:* 930

Short Name: Infection *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the type of lung or pleural infection.

Harvest Coding: 1 = Gram-(+) bacteria
2 = Gram-(-) bacteria
3 = Fungal
4 = Mycobacterium Tuberculosis
5 = Multi-drug resistant tuberculosis
6 = Mycobacterium other than tuberculosis
7 = Culture (-)

Valid Data: Gram-(+) bacteria; Gram-(-) bacteria; Fungal; Mycobacterium Tuberculosis; Multi-drug resistant tuberculosis; Mycobacterium other than tuberculosis; Culture (-)

Usual Range:

Parent Field: Category of disease

Format: Text (categorical values specified by STS)

ParentShortName: Category

Data Source: User

ParentValue: = "Lung - Infection" or "Pleura Infection"

Field Name: **Trauma Requiring OR Intervention** *SeqNo:* 940

Short Name: TraumaOR *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a recent trauma resulted in a primary diagnosis that required operating room intervention during this hospitalization.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Category of disease

Format: Text (categorical values specified by STS) *ParentShortName:* Category

Data Source: User *ParentValue:* = "Trauma"

Field Name: **Trauma Type** *SeqNo:* 950

Short Name: TraumaTy *Core:* No

DCFSection: 3. Pre-Operative Risk Factors *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the type of trauma that resulted in a primary diagnosis that required operating room intervention during this hospitalization.

Harvest Coding: 1 = Penetrative (i.e. gun shot wound, stabbing)
2 = Non-penetrative (i.e. motor vehicle accident)

Valid Data: Penetrative (i.e. gun shot wound, stabbing); Non-penetrative (i.e. motor vehicle accident)

Usual Range: *Parent Field:* Trauma Requiring OR Intervention

Format: Text (categorical values specified by STS) *ParentShortName:* TraumaOR

Data Source: User *ParentValue:* = "Yes"

Field Name: **Pulmonary Function Tests Performed** *SeqNo:* 960

Short Name: PFT *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate whether pulmonary function tests (PFT's) were performed prior to this operation. PFT's done more than 12 months prior to the primary surgical procedure should not be included here.

PFTs are part of the NQF measure set and are required before any major anatomic lung resection.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Forced Vital Capacity Test Done** *SeqNo:* 970

Short Name: FVC *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Forced Vital Capacity (FVC) Test was done.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **FVC actual** *SeqNo:* 980

Short Name: FVCAct *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the actual FVC obtained for the patient.

Harvest Coding:

Valid Data: 0.00 - 10.00

Usual Range: *Parent Field:* FVC Test Not Done

Format: Real number 2.2 digits e.g. 99.99 *ParentShortName:* FVCND

Data Source: User *ParentValue:* <> "Yes"

Field Name: **FVC predicted** *SeqNo:* 990

Short Name: FVCPred *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the % predicted FVC obtained for the patient.

Harvest Coding:

Valid Data: 0 - 200

Usual Range: *Parent Field:* FVC Test Not Done

Format: Integer *ParentShortName:* FVCND

Data Source: User *ParentValue:* <> "Yes"

Field Name: **Forced Expiratory Volume Test Performed** *SeqNo:* 1000

Short Name: FEV *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate whether a Forced Expiratory Volume at 1 second (FEV1) test was performed. FEV1 test should be performed for a major lung resection (e.g., wedge resection, segmentectomy, lobectomy, sleeve lobectomy, bilobectomy, or pneumonectomy). Select "Not applicable" ONLY if none of these procedures was performed.

Harvest Coding: 1 = Yes
2 = No
3 = Not applicable

Valid Data: Yes; No; Not applicable

Usual Range: | *Parent Field:* Pulmonary Function Tests Performed

Format: Text (categorical values specified by STS) | *ParentShortName:* PFT

Data Source: User | *ParentValue:* Yes

Field Name: **FEV1 actual** *SeqNo:* 1010

Short Name: FEVAct *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the actual FEV1 obtained for the patient.

Harvest Coding:

Valid Data: 0.00 - 10.00

Usual Range: | *Parent Field:* FEV1 Test Not Done

Format: Real number 2.2 digits e.g. 99.99 | *ParentShortName:* FEVND

Data Source: User | *ParentValue:* <> "Yes"

Field Name: **FEV1 Predicted** *SeqNo:* 1020

Short Name: FEVPred *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the % predicted actual FEV1 obtained for the patient.

Harvest Coding:

Valid Data: 10 - 150

Usual Range: | *Parent Field:* Forced Expiratory Volume Test Performed

Format: Integer | *ParentShortName:* FEV

Data Source: User | *ParentValue:* Yes

Field Name: **DLCO Test Performed** *SeqNo:* 1030

Short Name: DLCO *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a lung diffusion test (DLCO) was performed. DLCO test should be collected for a major lung resection (e.g., wedge resection, segmentectomy, lobectomy, sleeve lobectomy, bilobectomy, or pneumonectomy). Select "Not applicable" ONLY if none of these procedures was collected.

Harvest Coding:
1 = Yes
2 = No
3 = Not applicable

Valid Data: Yes; No; Not applicable

Usual Range: | *Parent Field:* Pulmonary Function Tests Performed

Format: Text (categorical values | *ParentShortName:* PFT

specified by STS)

Data Source: User *ParentValue:* Yes

Field Name: **DLCO Predicted** *SeqNo:* 1040

Short Name: DLCOPred *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the % predicted DLCO value obtained for the patient.

Harvest Coding:

Valid Data: 10 - 150

Usual Range: *Parent Field:* DLCO Test Performed

Format: Integer *ParentShortName:* DLCO

Data Source: User *ParentValue:* Yes

Field Name: **Zubrod Score** *SeqNo:* 1050

Short Name: Zubrod *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: The Zubrod performance scale should be marked to indicate the level of the patient's performance measured within two weeks of the surgery date. The Zubrod performance scale is a measure of the patients function. Select the one description that best fits the patient.

Harvest Coding:
0 = Normal activity, no symptoms
1 = Symptoms, fully ambulatory
2 = Symptoms, in bed <= 50% of time
3 = Symptoms, in bed >50% but less than 100% of time
4 = Bedridden
5 = Moribund

Valid Data: Normal activity, no symptoms; Symptoms, fully ambulatory; Symptoms, in bed <= 50% of time; Symptoms, in bed >50% but less than 100% of time; Bedridden; Moribund

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: Automatic or User *ParentValue:*

Field Name: **Category of disease** *SeqNo:* 1060

Short Name: Category *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate to which disease category the patient’s primary disease process belongs. Indicate the disease category if known preoperatively, if unknown preoperatively, may enter postoperatively.

Harvest Coding:
05 = Trachea - Malignant
08 = Trachea - Benign
10 = Lung - Primary
20 = Lung - Benign
30 = Lung - Infection
40 = Mediastinum

50 = Metastases - Lung
60 = Metastases - Other
70 = Pleura -- Neoplastic
80 = Pleura -- Infection
90 = Pleura -- Other
100 = Esophagus - Primary
110 = Esophagus - Benign
120 = Primary Chest Wall
130 = Trauma
777 = Other

Valid Data: Trachea - Malignant; Trachea - Benign; Lung - Primary; Lung - Benign; Lung - Infection; Mediastinum; Metastases - Lung; Metastases - Other; Pleura -- Neoplastic; Pleura -- Infection; Pleura -- Other;Esophagus - Primary; Esophagus - Benign; Primary Chest Wall; Trauma; Other

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Category Of Disease - Primary** *SeqNo:* 1070

Short Name: CategoryPrim *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the PRIMARY category of disease for which the procedure was performed.

For the majority of cases, there will be only one condition treated (i.e., lung cancer treated by lobectomy and lymph node disection). Rarely, there will be cases where two unrelated conditions are treated at one time (i.e., a thymoma and a lung cancer). In these rare cases, indicate the primary or most important diagnosis in this "Category of Diesease - Primary" field, followed by the secondary or lesser diagnosis treated in the "Category of Disease - Secondary". For example, in the case of lung cancer with incidental thymoma, the primary category of disease = lung cancer, and the secondary category of disease = thymoma.

Harvest Coding:
10 = Tracheomalacia-congenital-748.3
20 = Tracheomalacia-acquired-519.1
30 = Tracheostenosis-congenital-748.3
40 = Tracheostenosis-acquired (postintubation)-519.1
50 = Tracheostomy-hemorrhage-519.09
60 = Tracheostomy related stenosis-519.02
70 = Tracheal tumor, malignant-162.0
80 = Tracheal tumor, benign-212.2
90 = Tracheal tumor, metastatic-197.3
100 = Subglottic stenosis-congenital-748.3
110 = Subglottic stenosis-acquired (postintubation)-478.74
120 = Vocal cord paralysis-478.3
130 = Lung tumor, metastatic-197.0
140 = Lung tumor, benign-212.3
150 = Lung cancer, main bronchus, carina-162.2
160 = Lung cancer, upper lobe-162.3
170 = Lung cancer, middle lobe-162.4
180 = Lung cancer, lower lobe-162.5
190 = Lung cancer, location unspecified-162.9
200 = Lung abscess-513.0
210 = Pneumothorax-512.8
220 = Bronchiectasis-494.0

230 = Empyema with fistula-510.0
240 = Empyema without fistula-510.9
250 = Emphysema-492.8
260 = Emphysematous bleb-492.0
270 = Interstitial lung disease/fibrosis-516.3
280 = Pneumonia-486
290 = Pulmonary insufficiency following surgery/trauma (ARDS)-518.5
300 = Hemothorax-511.8
310 = Lung nodule, benign (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct)-518.89
320 = Mediastinitis-519.2
330 = Mediastinal nodes, metastatic-196.1
340 = Mediastinal nodes, benign-229.0
350 = Anterior mediastinal tumor primary (germ cell cancer, seminoma)-164.2
360 = Anterior mediastinal tumor-metastatic-197.1
370 = Anterior mediastinal tumor-benign-(e.g., teratoma)-212.5
380 = Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma)-164.0
390 = Lymphoma, intrathoracic-202.82
400 = Posterior mediastinal malignant tumor- primary-164.3
410 = Posterior mediastinal tumor-metastatic-197.1
420 = Posterior mediastinal tumor-benign (i.e., neurogenic tumor)- 212.5
430 = Myasthenia gravis-358.0
440 = Mediastinal cyst, Bronchogenic-519.3
450 = Mediastinal cyst, Foregut duplication-519.3
460 = Mediastinal cyst, Pericardial-519.3
470 = Mediastinal cyst, Thymic-519.3
480 = Pleural effusion (sterile)-511.9
490 = Pleural effusion, infected- (empyema)-511.1
500 = Pleural effusion, malignant-197.2
510 = Pleural tumor, malignant (e.g., mesothelioma)-163.9
520 = Pleural tumor, metastatic-197.2
530 = Pleural tumor, benign-212.4
540 = Pleural thickening-511.0
550 = Pectus excavatum-754.81
560 = Pectus carinatum-754.82
570 = Sternal tumor, malignant-170.3
580 = Sternal tumor, metastatic-198.5
590 = Sternal tumor, benign-213.3
600 = Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma)-170.3
610 = Rib tumor, metastatic-198.5
620 = Rib tumor, benign-(e.g., fibrous dysplasia)-213.3
630 = Thoracic outlet syndrome-353.0
640 = Diaphragmatic paralysis-519.4
650 = Diaphragm tumor, malignant-171.4
660 = Diaphragm tumor, metastatic-198.89
670 = Diaphragm tumor, benign-215.4
680 = Esophageal cancer-lower third-150.5
690 = Esophageal cancer, middle third-150.4
700 = Esophageal cancer, upper third-150.3
710 = Esophageal cancer, esophagogastric junction (cardia)-151.0
720 = Esophageal tumor-benign (i.e., leiomyoma)-211.0
730 = Esophageal stricture-530.3
740 = Barrett's esophagus-530.85
750 = Achalasia of esophagus-530.0
760 = Esophageal perforation-530.4
770 = Zenkers diverticulum-530.6
780 = Epiphrenic diverticulum-530.4
790 = Gastroesophageal reflux (GERD)-530.81

800 = Tracheoesophageal fistula-530.84
810 = Acquired pyloric stenosis-537.0
820 = Acquired absence of esophagus (i.e., post esophagectomy)-V45.79
830 = Goiter, nodular-241.9
840 = Thyroid neoplasm, malignant-193
850 = Thyroid neoplasm, benign-226
860 = Rib fracture-807.0
870 = Sternal fracture-807.2
880 = Flail chest-807.4
890 = Tracheal injury-807.5
900 = Traumatic pneumothorax-860.0
910 = Traumatic hemothorax-860.2
920 = Traumatic hemopneumothorax-860.4
930 = Lung contusion-861.21
940 = Lung laceration-861.22
950 = Diaphragm injury-862.0
960 = Esophageal injury-862.22
970 = Bronchus injury-862.21
980 = Pericarditis with effusion-420.90
990 = Pericardial effusion, malignant-198.89
1000 = SVC Syndrome-459.2
1010 = Hyperhidrosis, focal (e.g., palmaror axillary hyperhidrosis)-705.21
1020 = Lymphadenopathy-785.6
1030 = Abnormal radiologic finding-793.1

Valid Data: Tracheomalacia-congenital-748.3; Tracheomalacia-acquired-519.1; Tracheostenosis-congenital-748.3; Tracheostenosis-acquired (postintubation)-519.1; Tracheostomy-hemorrhage-519.09; Tracheostomy related stenosis-519.02; Tracheal tumor, malignant-162.0; Tracheal tumor, benign-212.2; Tracheal tumor, metastatic-197.3; Subglottic stenosis-congenital-748.3; Subglottic stenosis-acquired (postintubation)-478.74; Vocal cord paralysis-478.3; Lung tumor, metastatic-197.0; Lung tumor, benign-212.3; Lung cancer, main bronchus, carina-162.2; Lung cancer, upper lobe-162.3; Lung cancer, middle lobe-162.4; Lung cancer, lower lobe-162.5; Lung cancer, location unspecified-162.9; Lung abscess-513.0; Pneumothorax-512.8; Bronchiectasis-494.0; Empyema with fistula-510.0; Empyema without fistula-510.9; Emphysema-492.8; Emphysematous bleb-492.0; Interstitial lung disease/fibrosis-516.3; Pneumonia-486; Pulmonary insufficiency following surgery/trauma (ARDS)-518.5; Hemothorax-511.8; Lung nodule, benign (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct)-518.89; Mediastinitis-519.2; Mediastinal nodes, metastatic-196.1; Mediastinal nodes, benign-229.0; Anterior mediastinal tumor primary (germ cell cancer, seminoma)-164.2; Anterior mediastinal tumor-metastatic-197.1; Anterior mediastinal tumor-benign-(e.g., teratoma)-212.5; Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma)-164.0; Lymphoma, intrathoracic-202.82; Posterior mediastinal malignant tumor- primary-164.3; Posterior mediastinal tumor-metastatic-197.1; Posterior mediastinal tumor-benign (i.e., neurogenic tumor)- 212.5; Myasthenia gravis-358.0; Mediastinal cyst, Bronchogenic-519.3; Mediastinal cyst, Foregut duplication-519.3; Mediastinal cyst, Pericardial-519.3; Mediastinal cyst, Thymic-519.3; Pleural effusion (sterile)-511.9; Pleural effusion, infected-(empyema)-511.1; Pleural effusion, malignant-197.2; Pleural tumor, malignant (e.g., mesothelioma)-163.9; Pleural tumor, metastatic-197.2; Pleural tumor, benign-212.4; Pleural thickening-511.0; Pectus excavatum-754.81; Pectus carinatum-754.82; Sternal tumor, malignant-170.3; Sternal tumor, metastatic-198.5; Sternal tumor, benign-213.3; Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma)-170.3; Rib tumor, metastatic-198.5; Rib tumor, benign-(e.g., fibrous dysplasia)-213.3; Thoracic outlet syndrome-353.0; Diaphragmatic paralysis-519.4; Diaphragm tumor, malignant-171.4; Diaphragm tumor, metastatic-198.89; Diaphragm tumor, benign-215.4; Esophageal cancer-lower third-150.5; Esophageal cancer, middle third-150.4; Esophageal cancer, upper third-150.3; Esophageal cancer, esophagogastric junction (cardia)-151.0; Esophageal tumor-benign (i.e., leiomyoma)-211.0; Esophageal stricture-530.3; Barrett's esophagus-530.85; Achalasia of esophagus-530.0; Esophageal perforation-530.4; Zenkers diverticulum-530.6; Epiphrenic

diverticulum-530.4; Gastroesophageal reflux (GERD)-530.81; Tracheoesophageal fistula-530.84; Acquired pyloric stenosis-537.0; Acquired absence of esophagus (i.e., post esophagectomy)-V45.79; Goiter, nodular-241.9; Thyroid neoplasm, malignant-193; Thyroid neoplasm, benign-226; Rib fracture-807.0; Sternal fracture-807.2; Flail chest-807.4; Tracheal injury-807.5; Traumatic pneumothorax-860.0; Traumatic hemothorax-860.2; Traumatic hemopneumothorax-860.4; Lung contusion-861.21; Lung laceration-861.22; Diaphragm injury-862.0; Esophageal injury-862.22; Bronchus injury-862.21; Pericarditis with effusion-420.90; Pericardial effusion, malignant-198.89; SVC Syndrome-459.2; Hyperhidrosis, focal (e.g., palmaror axillary hyperhidrosis)-705.21; Lymphadenopathy-785.6; Abnormal radiologic finding-793.1

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Category Of Disease - Secondary** *SeqNo:* 1080

Short Name: CategorySecond *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the SECONDARY category of disease for which the procedure was performed.

Harvest Coding:
10 = Tracheomalacia-congenital-748.3
20 = Tracheomalacia-acquired-519.1
30 = Tracheostenosis-congenital-748.3
40 = Tracheostenosis-acquired (postintubation)-519.1
50 = Tracheostomy-hemorrhage-519.09
60 = Tracheostomy related stenosis-519.02
70 = Tracheal tumor, malignant-162.0
80 = Tracheal tumor, benign-212.2
90 = Tracheal tumor, metastatic-197.3
100 = Subglottic stenosis-congenital-748.3
110 = Subglottic stenosis-acquired (postintubation)-478.74
120 = Vocal cord paralysis-478.3
130 = Lung tumor, metastatic-197.0
140 = Lung tumor, benign-212.3
150 = Lung cancer, main bronchus, carina-162.2
160 = Lung cancer, upper lobe-162.3
170 = Lung cancer, middle lobe-162.4
180 = Lung cancer, lower lobe-162.5
190 = Lung cancer, location unspecified-162.9
200 = Lung abscess-513.0
210 = Pneumothorax-512.8
220 = Bronchiectasis-494.0
230 = Empyema with fistula-510.0
240 = Empyema without fistula-510.9
250 = Emphysema-492.8
260 = Emphysematous bleb-492.0
270 = Interstitial lung disease/fibrosis-516.3
280 = Pneumonia-486
290 = Pulmonary insufficiency following surgery/trauma (ARDS)-518.5
300 = Hemothorax-511.8
310 = Lung nodule, benign (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct)-518.89
320 = Mediastinitis-519.2
330 = Mediastinal nodes, metastatic-196.1
340 = Mediastinal nodes, benign-229.0

350 = Anterior mediastinal tumor primary (germ cell cancer, seminoma)-164.2
360 = Anterior mediastinal tumor-metastatic-197.1
370 = Anterior mediastinal tumor-benign-(e.g., teratoma)-212.5
380 = Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma)-164.0
390 = Lymphoma, intrathoracic-202.82
400 = Posterior mediastinal malignant tumor- primary-164.3
410 = Posterior mediastinal tumor-metastatic-197.1
420 = Posterior mediastinal tumor-benign (i.e., neurogenic tumor)- 212.5
430 = Myasthenia gravis-358.0
440 = Mediastinal cyst, Bronchogenic-519.3
450 = Mediastinal cyst, Foregut duplication-519.3
460 = Mediastinal cyst, Pericardial-519.3
470 = Mediastinal cyst, Thymic-519.3
480 = Pleural effusion (sterile)-511.9
490 = Pleural effusion, infected- (empyema)-511.1
500 = Pleural effusion, malignant-197.2
510 = Pleural tumor, malignant (e.g., mesothelioma)-163.9
520 = Pleural tumor, metastatic-197.2
530 = Pleural tumor, benign-212.4
540 = Pleural thickening-511.0
550 = Pectus excavatum-754.81
560 = Pectus carinatum-754.82
570 = Sternal tumor, malignant-170.3
580 = Sternal tumor, metastatic-198.5
590 = Sternal tumor, benign-213.3
600 = Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma)-170.3
610 = Rib tumor, metastatic-198.5
620 = Rib tumor, benign-(e.g., fibrous dysplasia)-213.3
630 = Thoracic outlet syndrome-353.0
640 = Diaphragmatic paralysis-519.4
650 = Diaphragm tumor, malignant-171.4
660 = Diaphragm tumor, metastatic-198.89
670 = Diaphragm tumor, benign-215.4
680 = Esophageal cancer-lower third-150.5
690 = Esophageal cancer, middle third-150.4
700 = Esophageal cancer, upper third-150.3
710 = Esophageal cancer, esophagogastric junction (cardia)-151.0
720 = Esophageal tumor-benign (i.e., leiomyoma)-211.0
730 = Esophageal stricture-530.3
740 = Barrett's esophagus-530.85
750 = Achalasia of esophagus-530.0
760 = Esophageal perforation-530.4
770 = Zenkers diverticulum-530.6
780 = Epiphrenic diverticulum-530.4
790 = Gastroesophageal reflux (GERD)-530.81
800 = Tracheoesophageal fistula-530.84
810 = Acquired pyloric stenosis-537.0
820 = Acquired absence of esophagus (i.e., post esophagectomy)-V45.79
830 = Goiter, nodular-241.9
840 = Thyroid neoplasm, malignant-193
850 = Thyroid neoplasm, benign-226
860 = Rib fracture-807.0
870 = Sternal fracture-807.2
880 = Flail chest-807.4
890 = Tracheal injury-807.5
900 = Traumatic pneumothorax-860.0
910 = Traumatic hemothorax-860.2
920 = Traumatic hemopneumothorax-860.4

930 = Lung contusion-861.21
940 = Lung laceration-861.22
950 = Diaphragm injury-862.0
960 = Esophageal injury-862.22
970 = Bronchus injury-862.21
980 = Pericarditis with effusion-420.90
990 = Pericardial effusion, malignant-198.89
1000 = SVC Syndrome-459.2
1010 = Hyperhidrosis, focal (e.g., palmaror axillary hyperhidrosis)-705.21
1020 = Lymphadenopathy-785.6
1030 = Abnormal radiologic finding-793.1

Valid Data: Tracheomalacia-congenital-748.3; Tracheomalacia-acquired-519.1; Tracheostenosis-congenital-748.3; Tracheostenosis-acquired (postintubation)-519.1; Tracheostomy-hemorrhage-519.09; Tracheostomy related stenosis-519.02; Tracheal tumor, malignant-162.0; Tracheal tumor, benign-212.2; Tracheal tumor, metastatic-197.3; Subglottic stenosis-congenital-748.3; Subglottic stenosis-acquired (postintubation)-478.74; Vocal cord paralysis-478.3; Lung tumor, metastatic-197.0; Lung tumor, benign-212.3; Lung cancer, main bronchus, carina-162.2; Lung cancer, upper lobe-162.3; Lung cancer, middle lobe-162.4; Lung cancer, lower lobe-162.5; Lung cancer, location unspecified-162.9; Lung abscess-513.0; Pneumothorax-512.8; Bronchiectasis-494.0; Empyema with fistula-510.0; Empyema without fistula-510.9; Emphysema-492.8; Emphysematous bleb-492.0; Interstitial lung disease/fibrosis-516.3; Pneumonia-486; Pulmonary insufficiency following surgery/trauma (ARDS)-518.5; Hemothorax-511.8; Lung nodule, benign (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct)-518.89; Mediastinitis-519.2; Mediastinal nodes, metastatic-196.1; Mediastinal nodes, benign-229.0; Anterior mediastinal tumor primary (germ cell cancer, seminoma)-164.2; Anterior mediastinal tumor-metastatic-197.1; Anterior mediastinal tumor-benign-(e.g., teratoma)-212.5; Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma)-164.0; Lymphoma, intrathoracic-202.82; Posterior mediastinal malignant tumor- primary-164.3; Posterior mediastinal tumor-metastatic-197.1; Posterior mediastinal tumor-benign (i.e., neurogenic tumor)- 212.5; Myasthenia gravis-358.0; Mediastinal cyst, Bronchogenic-519.3; Mediastinal cyst, Foregut duplication-519.3; Mediastinal cyst, Pericardial-519.3; Mediastinal cyst, Thymic-519.3; Pleural effusion (sterile)-511.9; Pleural effusion, infected-(empyema)-511.1; Pleural effusion, malignant-197.2; Pleural tumor, malignant (e.g., mesothelioma)-163.9; Pleural tumor, metastatic-197.2; Pleural tumor, benign-212.4; Pleural thickening-511.0; Pectus excavatum-754.81; Pectus carinatum-754.82; Sternal tumor, malignant-170.3; Sternal tumor, metastatic-198.5; Sternal tumor, benign-213.3; Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma)-170.3; Rib tumor, metastatic-198.5; Rib tumor, benign-(e.g., fibrous dysplasia)-213.3; Thoracic outlet syndrome-353.0; Diaphragmatic paralysis-519.4; Diaphragm tumor, malignant-171.4; Diaphragm tumor, metastatic-198.89; Diaphragm tumor, benign-215.4; Esophageal cancer-lower third-150.5; Esophageal cancer, middle third-150.4; Esophageal cancer, upper third-150.3; Esophageal cancer, esophagogastric junction (cardia)-151.0; Esophageal tumor-benign (i.e., leiomyoma)-211.0; Esophageal stricture-530.3; Barrett's esophagus-530.85; Achalasia of esophagus-530.0; Esophageal perforation-530.4; Zenkers diverticulum-530.6; Epiphrenic diverticulum-530.4; Gastroesophageal reflux (GERD)-530.81; Tracheoesophageal fistula-530.84; Acquired pyloric stenosis-537.0; Acquired absence of esophagus (i.e., post esophagectomy)-V45.79; Goiter, nodular-241.9; Thyroid neoplasm, malignant-193; Thyroid neoplasm, benign-226; Rib fracture-807.0; Sternal fracture-807.2; Flail chest-807.4; Tracheal injury-807.5; Traumatic pneumothorax-860.0; Traumatic hemothorax-860.2; Traumatic hemopneumothorax-860.4; Lung contusion-861.21; Lung laceration-861.22; Diaphragm injury-862.0; Esophageal injury-862.22; Bronchus injury-862.21; Pericarditis with effusion-420.90; Pericardial effusion, malignant-198.89; SVC Syndrome-459.2; Hyperhidrosis, focal (e.g., palmaror axillary hyperhidrosis)-705.21; Lymphadenopathy-785.6; Abnormal radiologic finding-793.1

Usual Range:		*Parent Field:*	Category Of Disease - Primary
Format:	Text (categorical values	*ParentShortName:*	CategoryPrim

specified by STS)

Data Source: User *ParentValue:* Not null

Field Name: **Organ system** *SeqNo:* 1090
Short Name: OrgSys *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Procedures *RequiredForRecordInclusion:* No
Definition: Indicate the organ system on which the surgical procedure is being performed.

Harvest Coding:
1 = Chest Wall
2 = Mediastinum/Neck
3 = Tracheobronchial
4 = Pulmonary
5 = Esophagogastric
6 = Cardiac/Pericardium/Great Vessels
7 = Diaphragm
8 = Pleura
9 = Air Leak Control Measures

Valid Data: Chest Wall; Mediastinum/Neck; Tracheobronchial; Pulmonary; Esophagogastric; Cardiac/Pericardium/Great Vessels; Diaphragm; Pleura; Air Leak Control Measures

Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Date Of Surgery** *SeqNo:* 1100
Short Name: SurgDt *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes
Definition: Indicate the date of surgery, which equals the date the patient enters the operating room.

Harvest Coding:

Valid Data: Date value in mm/dd/yyyy format

Usual Range: *Parent Field:*
Format: Date in mm/dd/yyyy format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **OR Entry Time** *SeqNo:* 1110
Short Name: OREntryT *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes
Definition: Indicate to the nearest minute (using 24 hour clock) the time the patient enters the operating room.

Harvest Coding:

Valid Data: Time of day in 24 hour clock hh:mm format

Usual Range: *Parent Field:*
Format: Time in 24-hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **OR Exit Time** *SeqNo:* 1120
Short Name: ORExitT *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes
Definition: Indicate to the nearest minute (using 24 hour clock) the time the patient exits the operating room.
Harvest Coding:
Valid Data: Time of day in 24 hour hh:mm format
Usual Range: *Parent Field:*
Format: Time in 24-hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Anesthesia Start Time** *SeqNo:* 1130
Short Name: AnesthStartT *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate the time of anesthesia induction (includes conscious sedation).
Harvest Coding:
Valid Data:
Usual Range: *Parent Field:*
Format: Time in 24-hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Anesthesia End Time** *SeqNo:* 1140
Short Name: AnesthEndT *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate the time of extubation or conclusion of anesthesia.
Harvest Coding:
Valid Data:
Usual Range: *Parent Field:*
Format: Time in 24-hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Time Of Skin Opening** *SeqNo:* 1150
Short Name: SIStartT *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate to the nearest minute (using 24 hour clock) the time the skin incision was made.
Harvest Coding:
Valid Data: Time of day in 24 hour clock hh:mm format
Usual Range: *Parent Field:*

Format: Time in 24 hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Time Of Skin Closure** *SeqNo:* 1160
Short Name: SIStopT *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate to the nearest minute (using 24 hour clock) the time the skin incision was closed. If patient leaves the operating room with an open incision , collect the time the dressings were applied to the incision.

Harvest Coding:

Valid Data: Time of day in 24 hour hh:mm format
Usual Range: *Parent Field:*
Format: Time in 24 hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Procedure Start Time** *SeqNo:* 1170
Short Name: ProcStartT *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes
Definition: Indicate the time the procedure started.

Harvest Coding:

Valid Data:
Usual Range: *Parent Field:*
Format: Time in 24-hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Procedure End Time** *SeqNo:* 1180
Short Name: ProcEndT *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes
Definition: Indicate the time the procedure ended.

Harvest Coding:

Valid Data:
Usual Range: *Parent Field:*
Format: Time in 24-hour hh:mm format *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Multi-Day Operation** *SeqNo:* 1190
Short Name: MultiDay *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether the operation continued through midnight from one day to the next.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Status** *SeqNo:* 1200

Short Name: Status *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the status that best describes the clinical status of the patient at the time of the primary surgical procedure.

1. Emergent: The surgical procedure must be performed within 24 hours of presentation.
2. Urgent: All of the following conditions are met:
   a. Not elective status
   b. Not emergent status.
   c. Procedure required during same hospitalization in order to minimize chance of further clinical deterioration.
3. Elective: The patient has been stable in the days or weeks prior to the operation. The procedure could be deferred without increased risk of compromise to cardiac outcome.

Harvest Coding: 1 = Emergent
2 = Urgent
3 = Elective

Valid Data: Emergent; Urgent; Elective

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Reoperation** *SeqNo:* 1210

Short Name: Reop *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether this is a cardiac or thoracic re-operation that affects this operative field (i.e., patient has had a previous surgical procedure in the same cavity or organ).

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Robotic Technology Assisted** *SeqNo:* 1220

Short Name: Robotic *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the thoracic surgery was assisted by robotic technology.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Blood transfusion - Intraop** *SeqNo:* 1230

Short Name: TransIntraop *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient received a blood transfusion intraoperatively. Intraop is defined as any blood started inside of the operating room.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Intraoperative Packed Red Blood Cells** *SeqNo:* 1240

Short Name: IntraopPRBC *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient received packed Red Blood Cells intraoperatively.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Intraoperative Packed Red Blood Cells - Number** *SeqNo:* 1250

Short Name: IntraopPRBCNum *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the number of units of packed Red Blood Cells the patient received intraoperatively.

Harvest Coding:

Valid Data: 1 - 50

Usual Range: 1 - 10 *Parent Field:* Intraoperative Packed Red Blood Cells

Format: Integer *ParentShortName:* IntraopPRBC

Data Source: User *ParentValue:* Yes

Field Name: **ASA Classification** *SeqNo:* 1260

Short Name: ASA *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the patient's American Society of Anesthesiologists Risk Scale for this surgical procedure. This information can be found in the operating room Anesthesia Record.

Harvest Coding:
1 = I
2 = II
3 = III
4 = IV
5 = V

Valid Data: I; II; III; IV; V

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Procedure** *SeqNo:* 1270

Short Name: Proc *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Procedures *RequiredForRecordInclusion:* Yes

Definition: Indicate the general thoracic procedures being performed during this operating room visit. Please note: A separate data collection form should be completed for each general thoracic operating room or endoscopy suite visit.

Harvest Coding:
2000 = Muscle flap, neck (15732)
2010 = Muscle flap; trunk (i.e., intercostal, pectoralis or serratus muscle) (15734)
2020 = Excision of chest wall tumor including ribs (19260)
2030 = Excision of chest wall tumor involving ribs, with reconstruction (19271)
2040 = Excision tumor, soft tissue of neck or thorax; subcutaneous (21555)
2050 = Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular (21556)
2060 = Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax (21557)
2070 = Excision of rib, partial (21600)
2080 = Excision first and/or cervical rib (21615)
2090 = Excision first and/or cervical rib; with sympathectomy (21616)
2100 = Radical resection of sternum (21630)
2110 = Radical resection of sternum; with mediastinal lymphadenectomy (21632)
2120 = Hyoid myotomy and suspension (21685)
2130 = Division of scalenus anticus; without resection of cervical rib (21700)
2140 = Division of scalenus anticus; with resection of cervical rib (21705)
2150 = Reconstructive repair of pectus excavatum or carinatum; open (21740)
2160 = Reconstructive repair of pectus, minimally invasive approach (Nuss procedure),

without thoracoscopy (21742)
2170 = Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), with thoracoscopy (21743)
2180 = Open treatment of sternum fracture with or without skeletal fixation (21825)
2190 = Unlisted procedure, neck or thorax (21899)
2200 = Tracheoplasty; cervical (31750)
2210 = Tracheoplasty; intrathoracic (31760)
2220 = Carinal reconstruction (31766)
2230 = Bronchoplasty; excision stenosis and anastomosis (31775)
2240 = Excision tracheal stenosis and anastomosis; cervical (31780)
2250 = Excision tracheal stenosis and anastomosis; cervicothoracic (31781)
2260 = Excision of tracheal tumor or carcinoma; cervical (31785)
2270 = Excision of tracheal tumor or carcinoma; thoracic (31786)
2280 = Suture of tracheal wound or injury; cervical (31800)
2290 = Suture of tracheal wound or injury; intrathoracic (31805)
2300 = Unlisted procedure, trachea, bronchi (31899)
2310 = Thoracostomy; with rib resection for empyema (32035)
2320 = Thoracostomy; with open flap drainage for empyema (32036)
2330 = Thoracotomy, limited, for biopsy of lung or pleura (i.e.; open lung biopsy) (32095)
2340 = Thoracotomy, major; with exploration and biopsy (32100)
2350 = Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear (32110)
2360 = Thoracotomy, major; for postoperative complications (32120)
2370 = Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure (32140)
2380 = Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure (32141)
2390 = Thoracotomy, major; with removal of intrapleural foreign body or hematoma (32150)
2400 = Thoracotomy with cardiac massage (32160)
2410 = Pleural scarification for repeat pneumothorax (32215)
2420 = Decortication, pulmonary, total (32220)
2430 = Decortication, pulmonary, partial (32225)
2440 = Pleurectomy, parietal (32310)
2450 = Decortication and parietal pleurectomy (32320)
2460 = Biopsy, pleura; open (32402)
2470 = Removal of lung, total pneumonectomy; (32440)
2480 = Removal of lung, sleeve (carinal) pneumonectomy (32442)
2490 = Removal of lung, total pneumonectomy; extrapleural (32445)
2500 = Removal of lung, single lobe (lobectomy) (32480)
2510 = Removal of lung, two lobes (bilobectomy) (32482)
2520 = Removal of lung, single segment (segmentectomy) (32484)
2530 = Removal of lung, sleeve lobectomy (32486)
2540 = Removal of lung, completion pneumonectomy (32488)
2550 = Removal of lung, excision-plication of emphysematous lung(s) for lung volume reduction (LVRS) (32491)
2560 = Removal of lung, wedge resection, single or multiple (32500)
2570 = Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (32501)
2580 = Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, without chest wall reconstruction(s) (32503)
2590 = Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, with chest wall reconstruction (32504)
2600 = Extrapleural enucleation of empyema (empyemectomy) (32540)
2610 = Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601)
2620 = Thoracoscopy, diagnostic lungs and pleural space, with biopsy (32602)
2630 = Thoracoscopy, diagnostic pericardial sac, without biopsy (32603)
2640 = Thoracoscopy, diagnostic pericardial sac, with biopsy (32604)

2650 = Thoracoscopy, diagnostic mediastinal space, without biopsy (32605)
2660 = Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606)
2670 = Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650)
2680 = Thoracoscopy, surgical; with partial pulmonary decortication (32651)
2690 = Thoracoscopy, surgical; with total pulmonary decortication (32652)
2700 = Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653)
2710 = Thoracoscopy, surgical; with control of traumatic hemorrhage (32654)
2720 = Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (32655)
2730 = Thoracoscopy, surgical; with parietal pleurectomy (32656)
2740 = Thoracoscopy, surgical; with wedge resection of lung, single or multiple (32657)
2750 = Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (32658)
2760 = Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (32659)
2770 = Thoracoscopy, surgical; with total pericardiectomy (32660)
2780 = Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass (32661)
2790 = Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass (32662)
2800 = Thoracoscopy, surgical; with lobectomy, total or segmental (32663)
2810 = Thoracoscopy, surgical; with thoracic sympathectomy (32664)
2820 = Thoracoscopy, surgical; with esophagomyotomy (Heller type) (32665)
2830 = Insertion indwelling tunneled pleural catheter (32550)
2840 = Repair lung hernia through chest wall (32800)
2850 = Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810)
2860 = Open closure of major bronchial fistula (32815)
2870 = Major reconstruction, chest wall (posttraumatic) (32820)
2880 = Thoracoplasty with closure of bronchopleural fistula (32906)
2890 = Total lung lavage (for alveolar protenosis) (32997)
2900 = Radio-frequency ablation (RFA) lung tumor (32998)
2910 = Single lung transplant (32851)
2920 = Single lung transplant with CPB (32852)
2930 = Double lung transplant (32853)
2940 = Double lung transplant with CPB (32854)
2950 = Unlisted procedure, lung (32999)
2960 = Tracheobronchoscopy through established tracheostomy incision (31615)
2970 = Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (31620)
2980 = Bronchoscopy, diagnostic, with or without cell washing (31622)
2990 = Bronchoscopy, with brushing or protected brushings (31623)
3000 = Bronchoscopy, with bronchial alveolar lavage (BAL) (31624)
3010 = Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625)
3020 = Bronchoscopy, with transbronchial lung biopsy(s), single lobe (31628)
3030 = Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629)
3040 = Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630)
3050 = Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631)
3060 = Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632)
3070 = Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633)
3080 = Bronchoscopy, with removal of foreign body (31635)
3090 = Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636)
3100 = Bronchoscopy, each additional major bronchus stented (31637)
3110 = Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous

session (31638)
3120 = Bronchoscopy, with excision of tumor (31640)
3130 = Bronchoscopy, with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy) (31641)
3140 = Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643)
3150 = Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (V2_0_17, drainage of lung abscess) (31645)
3160 = Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646)
3170 = Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (38746)
3180 = Mediastinotomy with exploration or biopsy; cervical approach (39000)
3190 = Mediastinotomy with exploration or biopsy; transthoracic approach (39010)
3200 = Excision of mediastinal cyst (39200)
3210 = Excision of mediastinal tumor (39220)
3220 = Mediastinoscopy, with or without biopsy (39400)
3230 = Unlisted procedure, mediastinum (39499)
3240 = Repair, laceration of diaphragm, any approach (39501)
3250 = Repair of paraesophageal hiatus hernia, transabdominal with or without fundoplasty (39502)
3260 = Repair, diaphragmatic hernia (other than neonatal), traumatic; acute (39540)
3270 = Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic (39541)
3280 = Imbrication (i.e., plication) of diaphragm (39545)
3290 = Resection, diaphragm; with simple repair (e.g., primary suture) (39560)
3300 = Resection, diaphragm; with complex repair (e.g., prosthetic material, local muscle flap) (39561)
3310 = Unlisted procedure, diaphragm (39599)
3320 = Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagogastrostomy (43107)
3330 = Three hole-Total esophagectomy with thoracotomy; with cervical esophagogastrostomy (43112)
3340 = Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision (43117)
3350 = Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach (43122)
3360 = Minimally invasive esophagectomy, Ivor Lewis approach (43XXX)
3370 = Minimally invasive esophagectomy, Abdominal and neck approach (43XXX)
3380 = Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction (43108)
3390 = Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction (43113)
3400 = Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis (43116)
3410 = Partial esophagectomy, with thoracotomy and separate abdominal incision with colon interposition or small intestine (43118)
3420 = Partial esophagectomy, distal two-thirds, with thoracotomy only (43121)
3430 = Partial esophagectomy, thoracoabdominal with colon interposition or small intestine (43123)
3440 = Total or partial esophagectomy, without reconstruction with cervical esophagostomy (43124)
3450 = Cricopharyngeal myotomy (43030)
3460 = Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130)
3470 = Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach (43135)
3480 = Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (43280)
3490 = Laparoscopic esophageal myotomy (432XX)

3500 = Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedures) (43324)
3510 = Esophagogastric fundoplasty; with gastroplasty (e.g., Collis) (43326)
3520 = Esophagomyotomy (Heller type); thoracic approach (43331)
3530 = Esophagostomy, fistulization of esophagus, external; cervical approach (43352)
3540 = Gastrointestinal reconstruction for previous esophagectomy with stomach (43360)
3550 = Gastrointestinal reconstruction for previous esophagectomy with colon interposition or small intestine (43361)
3560 = Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation (43405)
3570 = Suture of esophageal wound or injury; cervical approach (43410)
3580 = Suture of esophageal wound or injury; transthoracic or transabdominal approach (43415)
3590 = Closure of esophagostomy or fistula; cervical approach (43420)
3600 = Free jejunum transfer with microvascular anastomosis (43496)
3610 = Total gastrectomy with esophagoenterostomy (43620)
3620 = Total gastrectomy with Roux-en-Y reconstruction (43621)
3630 = Unlisted procedure, esophagus (43499)
3640 = Esophagoscopy (43200)
3650 = Esophagoscopy with biopsy (43202)
3660 = Esophagoscopy with removal of foreign body (43215)
3670 = Esophagoscopy with insertion of stent (43219)
3680 = Esophagoscopy with balloon dilation (43220)
3690 = Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226)
3700 = Esophagoscopy with ablation of tumor (43228)
3710 = Esophagoscopy with endoscopic ultrasound examination (EUS) (43231)
3720 = Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232)
3730 = Upper gastrointestinal endoscopy, diagnostic (43235)
3740 = Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237)
3750 = Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238)
3760 = Upper gastrointestinal endoscopy with biopsy (43239)
3770 = Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245)
3780 = Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246)
3790 = Upper gastrointestinal endoscopy with removal of foreign body (43247)
3800 = Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248)
3810 = Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249)
3820 = Upper gastrointestinal endoscopy with transendoscopic stent placement (43256)
3830 = Upper gastrointestinal endoscopy with ablation of tumor (43258)
3840 = Thymectomy, transcervical approach (60520)
3850 = Thymectomy, transthoracic approach (60521)
3860 = Thymectomy, transthoracic approach, with radical mediastinal dissection (60522)
3870 = VATS thymectomy (605XX)
3880 = Partial laryngectomy (31370)
3890 = Ligation thoracic duct (38381)
3900 = Intraoperative jejunostomy (44015)
3910 = Omental flap (49904)
3920 = Transthoracic thyroidectomy (60270)
3930 = Removal substernal thyroid, cervical approach (60271)
3940 = Tube pericardiostomy (33015)
3950 = Pericardial window (33025)
3960 = SVC resection and reconstruction (34502)
3970 = Other (XXXX)

Valid Data: Muscle flap, neck (15732); Muscle flap; trunk (i.e., intercostal, pectoralis or serratus muscle) (15734); Excision of chest wall tumor including ribs (19260); Excision of chest wall tumor involving ribs, with reconstruction (19271); Excision tumor, soft tissue of neck or thorax; subcutaneous (21555); Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular (21556); Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax (21557); Excision of rib, partial (21600); Excision first and/or cervical rib (21615); Excision first and/or cervical rib; with sympathectomy (21616); Radical resection of sternum (21630); Radical resection of sternum; with mediastinal lymphadenectomy (21632); Hyoid myotomy and suspension (21685); Division of scalenus anticus; without resection of cervical rib (21700); Division of scalenus anticus; with resection of cervical rib (21705); Reconstructive repair of pectus excavatum or carinatum; open (21740); Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), without thoracoscopy (21742); Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), with thoracoscopy (21743); Open treatment of sternum fracture with or without skeletal fixation (21825); Unlisted procedure, neck or thorax (21899); Tracheoplasty; cervical (31750); Tracheoplasty; intrathoracic (31760); Carinal reconstruction (31766); Bronchoplasty; excision stenosis and anastomosis (31775); Excision tracheal stenosis and anastomosis; cervical (31780); Excision tracheal stenosis and anastomosis; cervicothoracic (31781); Excision of tracheal tumor or carcinoma; cervical (31785); Excision of tracheal tumor or carcinoma; thoracic (31786); Suture of tracheal wound or injury; cervical (31800); Suture of tracheal wound or injury; intrathoracic (31805); Unlisted procedure, trachea, bronchi (31899); Thoracostomy; with rib resection for empyema (32035); Thoracostomy; with open flap drainage for empyema (32036); Thoracotomy, limited, for biopsy of lung or pleura (i.e.; open lung biopsy) (32095); Thoracotomy, major; with exploration and biopsy (32100); Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear (32110); Thoracotomy, major; for postoperative complications (32120); Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure (32140); Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure (32141); Thoracotomy, major; with removal of intrapleural foreign body or hematoma (32150); Thoracotomy with cardiac massage (32160); Pleural scarification for repeat pneumothorax (32215); Decortication, pulmonary, total (32220); Decortication, pulmonary, partial (32225); Pleurectomy, parietal (32310); Decortication and parietal pleurectomy (32320); Biopsy, pleura; open (32402); Removal of lung, total pneumonectomy; (32440); Removal of lung, sleeve (carinal) pneumonectomy (32442); Removal of lung, total pneumonectomy; extrapleural (32445); Removal of lung, single lobe (lobectomy) (32480); Removal of lung, two lobes (bilobectomy) (32482); Removal of lung, single segment (segmentectomy) (32484); Removal of lung, sleeve lobectomy (32486); Removal of lung, completion pneumonectomy (32488); Removal of lung, excision-plication of emphysematous lung(s) for lung volume reduction (LVRS) (32491); Removal of lung, wedge resection, single or multiple (32500); Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (32501); Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, without chest wall reconstruction(s) (32503); Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, with chest wall reconstruction (32504); Extrapleural enucleation of empyema (empyemectomy) (32540); Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601); Thoracoscopy, diagnostic lungs and pleural space, with biopsy (32602); Thoracoscopy, diagnostic pericardial sac, without biopsy (32603); Thoracoscopy, diagnostic pericardial sac, with biopsy (32604); Thoracoscopy, diagnostic mediastinal space, without biopsy (32605); Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606); Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650); Thoracoscopy, surgical; with partial pulmonary decortication (32651); Thoracoscopy, surgical; with total pulmonary decortication (32652); Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653); Thoracoscopy, surgical; with control of traumatic hemorrhage (32654); Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (32655); Thoracoscopy, surgical; with parietal pleurectomy (32656); Thoracoscopy, surgical; with wedge resection of lung, single or multiple (32657); Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (32658);

Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (32659); Thoracoscopy, surgical; with total pericardiectomy (32660); Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass (32661); Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass (32662); Thoracoscopy, surgical; with lobectomy, total or segmental (32663); Thoracoscopy, surgical; with thoracic sympathectomy (32664); Thoracoscopy, surgical; with esophagomyotomy (Heller type) (32665); Insertion indwelling tunneled pleural catheter (32550); Repair lung hernia through chest wall (32800); Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810); Open closure of major bronchial fistula (32815); Major reconstruction, chest wall (posttraumatic) (32820); Thoracoplasty with closure of bronchopleural fistula (32906); Total lung lavage (for alveolar protenosis) (32997); Radio-frequency ablation (RFA) lung tumor (32998); Single lung transplant (32851); Single lung transplant with CPB (32852); Double lung transplant (32853); Double lung transplant with CPB (32854); Unlisted procedure, lung (32999); Tracheobronchoscopy through established tracheostomy incision (31615); Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (31620); Bronchoscopy, diagnostic, with or without cell washing (31622); Bronchoscopy, with brushing or protected brushings (31623); Bronchoscopy, with bronchial alveolar lavage (BAL) (31624); Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625); Bronchoscopy, with transbronchial lung biopsy(s), single lobe (31628); Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629); Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630); Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631); Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632); Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633); Bronchoscopy, with removal of foreign body (31635); Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636); Bronchoscopy, each additional major bronchus stented (31637); Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous session (31638); Bronchoscopy, with excision of tumor (31640); Bronchoscopy, with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy) (31641); Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643); Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (V2_0_17, drainage of lung abscess) (31645); Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646); Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (38746); Mediastinotomy with exploration or biopsy; cervical approach (39000); Mediastinotomy with exploration or biopsy; transthoracic approach (39010); Excision of mediastinal cyst (39200); Excision of mediastinal tumor (39220); Mediastinoscopy, with or without biopsy (39400); Unlisted procedure, mediastinum (39499); Repair, laceration of diaphragm, any approach (39501); Repair of paraesophageal hiatus hernia, transabdominal with or without fundoplasty (39502); Repair, diaphragmatic hernia (other than neonatal), traumatic; acute (39540); Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic (39541); Imbrication (i.e., plication) of diaphragm (39545); Resection, diaphragm; with simple repair (e.g., primary suture) (39560); Resection, diaphragm; with complex repair (e.g., prosthetic material, local muscle flap) (39561); Unlisted procedure, diaphragm (39599); Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagogastrostomy (43107); Three hole-Total esophagectomy with thoracotomy; with cervical esophagogastrostomy (43112); Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision (43117); Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach (43122); Minimally invasive esophagectomy, Ivor Lewis approach (43XXX); Minimally invasive esophagectomy, Abdominal and neck approach (43XXX); Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction (43108); Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction (43113); Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis (43116); Partial esophagectomy, with thoracotomy and separate abdominal incision with colon interposition or small intestine (43118); Partial esophagectomy, distal two-thirds, with thoracotomy only

(43121); Partial esophagectomy, thoracoabdominal with colon interposition or small intestine (43123); Total or partial esophagectomy, without reconstruction with cervical esophagostomy (43124); Cricopharyngeal myotomy (43030); Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130); Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach (43135); Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (43280); Laparoscopic esophageal myotomy (432XX); Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedures) (43324); Esophagogastric fundoplasty; with gastroplasty (e.g., Collis) (43326); Esophagomyotomy (Heller type); thoracic approach (43331); Esophagostomy, fistulization of esophagus, external; cervical approach (43352); Gastrointestinal reconstruction for previous esophagectomy with stomach (43360); Gastrointestinal reconstruction for previous esophagectomy with colon interposition or small intestine (43361); Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation (43405); Suture of esophageal wound or injury; cervical approach (43410); Suture of esophageal wound or injury; transthoracic or transabdominal approach (43415); Closure of esophagostomy or fistula; cervical approach (43420); Free jejunum transfer with microvascular anastomosis (43496); Total gastrectomy with esophagoenterostomy (43620); Total gastrectomy with Roux-en-Y reconstruction (43621); Unlisted procedure, esophagus (43499); Esophagoscopy (43200); Esophagoscopy with biopsy (43202); Esophagoscopy with removal of foreign body (43215); Esophagoscopy with insertion of stent (43219); Esophagoscopy with balloon dilation (43220); Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226); Esophagoscopy with ablation of tumor (43228); Esophagoscopy with endoscopic ultrasound examination (EUS) (43231); Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232); Upper gastrointestinal endoscopy, diagnostic (43235); Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237); Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238); Upper gastrointestinal endoscopy with biopsy (43239); Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245); Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246); Upper gastrointestinal endoscopy with removal of foreign body (43247); Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248); Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249); Upper gastrointestinal endoscopy with transendoscopic stent placement (43256); Upper gastrointestinal endoscopy with ablation of tumor (43258); Thymectomy, transcervical approach (60520); Thymectomy, transthoracic approach (60521); Thymectomy, transthoracic approach, with radical mediastinal dissection (60522); VATS thymectomy (605XX); Partial laryngectomy (31370); Ligation thoracic duct (38381); Intraoperative jejunostomy (44015); Omental flap (49904); Transthoracic thyroidectomy (60270); Removal substernal thyroid, cervical approach (60271); Tube pericardiostomy (33015); Pericardial window (33025); SVC resection and reconstruction (34502); Other (XXXX)

Usual Range:

Parent Field:

Format: Text (categorical values specified by STS)

ParentShortName:

Data Source: User

ParentValue:

Field Name: **Primary Procedure** *SeqNo:* 1280

Short Name: Primary *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Procedures *RequiredForRecordInclusion:* No

Definition: Indicate whether this is the primary surgical procedure.

Harvest Coding:
1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Thoracoscopy** *SeqNo:* 1290

Short Name: ApprThcscpy *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Thoracoscopy approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Thoracotomy** *SeqNo:* 1300

Short Name: ApprThctmy *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Thoracotomy approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Thoracoabdominal** *SeqNo:* 1310

Short Name: ApprThcabdml *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Thoracoabdominal approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Median Sternotomy** *SeqNo:* 1320
Short Name: ApprMedStern *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether a Median Sternotomy approach was used for the primary surgical procedure.
Harvest Coding: 1 = Yes
2 = No
Valid Data: Yes; No
Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Approach - Partial Sternotomy** *SeqNo:* 1330
Short Name: ApprPartStern *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether a Partial Sternotomy approach was used for the primary surgical procedure.
Harvest Coding: 1 = Yes
2 = No
Valid Data: Yes; No
Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Approach - Transverse Sternotomy** *SeqNo:* 1340
Short Name: ApprTranStern *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether a Transverse Sternotomy approach was used for the primary surgical procedure.
Harvest Coding: 1 = Yes
2 = No
Valid Data: Yes; No
Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Approach - Laparotomy** *SeqNo:* 1350
Short Name: ApprLptomy *Core:* No
DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Laparotomy approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Laparoscopy** *SeqNo:* 1360

Short Name: ApprLpscpy *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Laparoscopy approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Cervical** *SeqNo:* 1370

Short Name: ApprCerv *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Cervical approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Subxyphoid** *SeqNo:* 1380

Short Name: ApprSubx *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a Subxyphoid approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Approach - Other Approach** *SeqNo:* 1390

Short Name: ApprOther *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether any other approach was used for the primary surgical procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Lung Resection Performed** *SeqNo:* 1400

Short Name: LungResect *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether a lung resection procedure was performed.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Laterality** *SeqNo:* 1410

Short Name: Laterality *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: For lung resections only, indicate the laterality of the primary surgical procedure.

Harvest Coding: 1 = Right
2 = Left
3 = Bilateral (i.e., bilateral VATS)
4 = Not applicable (i.e., median sternotomy, clam shell incisions)

Valid Data: Right; Left; Bilateral (i.e., bilateral VATS); Not applicable (i.e., median sternotomy, clam shell incisions)

Usual Range: *Parent Field:* Lung Resection Performed

Format: Text (categorical values specified by STS) *ParentShortName:* LungResect

Data Source: User *ParentValue:* Yes

Field Name: **Patient Disposition** *SeqNo:* 1420
Short Name: PatDisp *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the location to where the patient was transferred after leaving the OR.

Harvest Coding:
1 = ICU
2 = Intermediate Care Unit
3 = Regular floor bed
4 = Not applicable (expired in OR)

Valid Data: ICU ; Intermediate Care Unit; Regular floor bed; Not applicable (expired in OR)

Usual Range: *Parent Field:* Admission Status

Format: Text (categorical values specified by STS) *ParentShortName:* AdmissionStat

Data Source: User *ParentValue:* Inpatient

Field Name: **Total Number Of ICU Days** *SeqNo:* 1430
Short Name: ICUDays *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the TOTAL number of days patient spent in the ICU during this entire admission (include any unplanned return to ICU days in total number).

Note: <24 hours= 1 day.

Harvest Coding:

Valid Data: 0 - 200

Usual Range: 0 - 30 *Parent Field:* Admission Status

Format: Integer *ParentShortName:* AdmissionStat

Data Source: User *ParentValue:* Inpatient

Field Name: **Clinical Staging** *SeqNo:* 1440
Short Name: ClinStage *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether clinical staging is applicable.

Harvest Coding:
1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Category of disease

Format: Text (categorical values specified by STS) *ParentShortName:* Category

Data Source: User *ParentValue:* = "Trachea - Malignant", "Lung - Primary", "Mediastinum", "Metasteses - Lung", "Metastases - Other",

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Field Name: **Clinical stage T** *SeqNo:* 1450
Short Name: ClinT *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for tumor based on all the clinical staging characteristics of the tumor. (See Apendix A for full description.)

Harvest Coding:
1 = 1
2 = 2
3 = 3
4 = 4
5 = X
6 = O
7 = S

Valid Data: X; O; S; 1; 2; 3; 4
Usual Range: *Parent Field:* Clinical stage n/a
Format: Text (categorical values specified by STS) *ParentShortName:* ClinNA
Data Source: User *ParentValue:* <> "Yes"

Field Name: **Clinical stage N** *SeqNo:* 1460
Short Name: ClinN *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for nodes based on all the clinical staging characteristics of the lymph nodes. (See Apendix A for full description.)

Harvest Coding:
1 = 1
2 = 2
3 = 3
4 = X
5 = O

Valid Data: X; O; 1; 2; 3
Usual Range: *Parent Field:* Clinical stage n/a
Format: Text (categorical values specified by STS) *ParentShortName:* ClinNA
Data Source: User *ParentValue:* <> "Yes"

Field Name: **Clinical stage M** *SeqNo:* 1470
Short Name: ClinM *Core:* No
DCFSection: 4. Procedures *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for metastases based upon all the clinical staging characteristics of the metastases. (See Apendix A for full description.)

Harvest Coding: 1 = 1
2 = X
3 = O

Valid Data: X; O; 1

Usual Range: *Parent Field:* Clinical stage n/a

Format: Text (categorical values specified by STS) *ParentShortName:* ClinNA

Data Source: User *ParentValue:* <> "Yes"

Field Name: **Clinical stage Ma, b** *SeqNo:* 1480

Short Name: ClinMAB *Core:* No

DCFSection: 4. Procedures *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate for esophagus procedures only the clinical staging of Ma, b. (See Apendix A for full description.)

Harvest Coding: 1 = M1a
2 = M1b

Valid Data: M1a; M1b

Usual Range: *Parent Field:* Clinical stage n/a

Format: Text (categorical values specified by STS) *ParentShortName:* ClinNA

Data Source: User *ParentValue:* <> "Yes"

Field Name: **Lung Cancer** *SeqNo:* 1490

Short Name: LungCancer *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the patient has lung cancer documented with one of the following Categories of Disease:
150 = Lung cancer, main bronchus, carina-162.2
160 = Lung cancer, upper lobe-162.3,
170 = Lung cancer, middle lobe-162.4
180 = Lung cancer, lower lobe-162.5
190 = Lung cancer, location unspecified-162.9

AND,

was treated with one of the following Procedures:
2450 = Removal of lung, total pneumonectomy; (32440)
2480 = Removal of lung, single lobe (lobectomy) (32480)
2490 = Removal of lung, two lobes (bilobectomy) (32482)
2500 = Removal of lung, single segment (segmentectomy) (32484)
2510 = Removal of lung, sleeve lobectomy (32486)
2520 = Removal of lung, completion pneumonectomy (32488)
2540 = Removal of lung, wedge resection, single or multiple (32500)
2560 = Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, without chest wall reconstruction(s) (32503)
2570 = Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, with chest wall reconstruction (32504)
2720 = Thoracoscopy, surgical; with wedge resection of lung, single or multiple (32657)

2780 = Thoracoscopy, surgical; with lobectomy, total or segmental (32663).

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Esophageal Cancer** *SeqNo:* 1500

Short Name: EsophCancer *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the patient has esophageal cancer documented with one of the following Categories of Disease:

690 = Esophageal cancer-lower third-150.5
700 = Esophageal cancer, middle third-150.4
710 = Esophageal cancer, upper third-150.3
720 = Esophageal cancer, esophagogastric junction (cardia)-151.0

AND was treated with one of the following Procedures:

3280 = Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagogastrostomy (43107)
3290 = Three hole-Total esophagectomy with thoracotomy; with cervical esophagogastrostomy (43112)
3300 = Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision (43117)
3310 = Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach (43122)
3320 = Minimally invasive esophagectomy, Ivor Lewis approach (43XXX)
3330 = Minimally invasive esophagectomy, Abdominal and neck approach (43XXX)
3340 = Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction (43108)
3350 = Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction (43113)
3360 = Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis (43116)
3370 = Partial esophagectomy, with thoracotomy and separate abdominal incision with colon interposition or small intestine (43118)
3380 = Partial esophagectomy, distal two-thirds, with thoracotomy only (43121)
3390 = Partial esophagectomy, thoracoabdominal with colon interposition or small intestine (43123)

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Clinical Staging - Lung Cancer - T** *SeqNo:* 1510

Short Name: ClinStageLungT *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the lung cancer primary tumor. Stage both non-small cell and small cell lung cancer the same.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding:
1 = T1a (Tumor <= 2cm, surrounded by lung, not in the main bronchus)
2 = T1b (Tumor >2cm, <= 3cm, surrounded by lung, not in the main bronchus)
3 = T2a (Tumor > 3cm, <= 5 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung)
4 = T2b (Tumor > 5 cm, <=7 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung)
5 = T3 (Tumor > 7 cm or invasion of chest wall, diaphragm, phrenic nerve, mediastinal pleura, pericardium; or tumor in the main bronchus <= 2 cm from carina, or atelectasis of the entire lung, or separate tumor nodules in the same lobe)
6 = T4 (Tumor of any size that invades mediastinum, heart, great vessels, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule in a different ipsilateral lobe)

Valid Data: T1a (Tumor <= 2cm, surrounded by lung, not in the main bronchus); T1b (Tumor >2cm, <= 3cm, surrounded by lung, not in the main bronchus); T2a (Tumor > 3cm, <= 5 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung); T2b (Tumor > 5 cm, <=7 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung); T3 (Tumor > 7 cm or invasion of chest wall, diaphragm, phrenic nerve, mediastinal pleura, pericardium; or tumor in the main bronchus <= 2 cm from carina, or atelectasis of the entire lung, or separate tumor nodules in the same lobe); T4 (Tumor of any size that invades mediastinum, heart, great vessels, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule in a different ipsilateral lobe)

Usual Range: *Parent Field:* Lung Cancer

Format: Text (categorical values specified by STS) *ParentShortName:* LungCancer

Data Source: User *ParentValue:* Yes

Field Name: **Clinical Staging - Lung Cancer - N** *SeqNo:* 1520

Short Name: ClinStageLungN *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the lung cancer nodal metastases.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding:
1 = N0 (No nodal metastases)
2 = N1 (Nodal metastases to ipsilateral hilar or peribronchial nodes)
3 = N2 (Nodal metastases to ipsilateral mediastinal and/or subcarinal nodes)
4 = N3 (Nodal metastases to contralateral mediastinal, contralateral hilar, and either ipsilateral or contralateral scalene or supraclavicular nodes)

Valid Data: N0 (No nodal metastases); N1 (Nodal metastases to ipsilateral hilar or peribronchial nodes); N2 (Nodal metastases to ipsilateral mediastinal and/or subcarinal nodes); N3 (Nodal

metastases to contralateral mediastinal, contralateral hilar, and either ipsilateral or contralateral scalene or supraclavicular nodes)

Usual Range: *Parent Field:* Lung Cancer
Format: Text (categorical values specified by STS) *ParentShortName:* LungCancer
Data Source: User *ParentValue:* Yes

Field Name: **Clinical Staging - Lung Cancer - M** *SeqNo:* 1530
Short Name: ClinStageLungM *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the lung cancer distant metastases.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding: 1 = M0 (No distant metastases)
2 = M1a (Separate tumor nodule in a contralateral lobe, tumor with pleural nodules or malignant pleural or pericardial effusion)
3 = M1b (Distant metastases)

Valid Data: M0 (No distant metastases); M1a (Separate tumor nodule in a contralateral lobe, tumor with pleural nodules or malignant pleural or pericardial effusion); M1b (Distant metastases)

Usual Range: *Parent Field:* Lung Cancer
Format: Text (categorical values specified by STS) *ParentShortName:* LungCancer
Data Source: User *ParentValue:* Yes

Field Name: **Clinical Staging - Esophageal Cancer - T** *SeqNo:* 1540
Short Name: ClinStageEsophT *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer primary tumor.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding: 1 = T0 (No evidence of tumor)
2 = Tis (High grade dysplasia-HGD)
3 = T1a (Tumor invades lamina propria or muscularis mucosae)
4 = T1b (Tumor invades submucosa)
5 = T2 (Tumor invades muscularis propria)
6 = T3 (Tumor invades adventitia)
7 = T4a (Tumor invades adjacent structures-pleura, pericardium, diaphragm)
8 = T4b (Tumor invades other adjacent structures)

Valid Data: T0 (No evidence of tumor); Tis (High grade dysplasia-HGD); T1a (Tumor invades lamina propria or muscularis mucosae); T1b (Tumor invades submucosa); T2 (Tumor invades muscularis propria); T3 (Tumor invades adventitia); T4a (Tumor invades adjacent structures-pleura, pericardium, diaphragm); T4b (Tumor invades other adjacent structures)

Usual Range: *Parent Field:* Esophageal Cancer
Format: Text (categorical values *ParentShortName:* EsophCancer

specified by STS)

Data Source: User *ParentValue:* Yes

Field Name: **Clinical Staging - Esophageal Cancer - N** *SeqNo:* 1550
Short Name: ClinStageEsophN *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer regional lymph nodes.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding:
1 = N0 (No nodal metastases)
2 = N1a (Nodal metastases to 1 or 2 nodes)
3 = N1b (Nodal metastases to 3 to 5 nodes)
4 = N2 (Nodal metastases to 6 to 9 nodes)
5 = N3 (Nodal metastases to 10 or more nodes)

Valid Data: N0 (No nodal metastases); N1a (Nodal metastases to 1 or 2 nodes); N1b (Nodal metastases to 3 to 5 nodes); N2 (Nodal metastases to 6 to 9 nodes); N3 (Nodal metastases to 10 or more nodes)

Usual Range: *Parent Field:* Esophageal Cancer

Format: Text (categorical values specified by STS) *ParentShortName:* EsophCancer

Data Source: User *ParentValue:* Yes

Field Name: **Clinical Staging - Esophageal Cancer - M** *SeqNo:* 1560
Short Name: ClinStageEsophM *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer distant metasteasis.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding:
1 = M0 (No distant metastases)
2 = M1 (Distant metastases)

Valid Data: M0 (No distant metastases); M1 (Distant metastases)

Usual Range: *Parent Field:* Esophageal Cancer

Format: Text (categorical values specified by STS) *ParentShortName:* EsophCancer

Data Source: User *ParentValue:* Yes

Field Name: **Clinical Staging - Esophageal Cancer - H** *SeqNo:* 1570
Short Name: ClinStageEsophH *Core:* Yes
DCFSection: 4. Procedures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer histopathologic type.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include

CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding: 1 = H1 (Squamous carcinoma)
2 = H2 (Adenocarcinoma)

Valid Data: H1 (Squamous carcinoma); H2 (Adenocarcinoma)

Usual Range: *Parent Field:* Esophageal Cancer

Format: Text (categorical values specified by STS) *ParentShortName:* EsophCancer

Data Source: User *ParentValue:* Yes

Field Name: **Clinical Staging - Esophageal Cancer - G** *SeqNo:* 1580

Short Name: ClinStageEsophG *Core:* Yes

DCFSection: 4. Procedures *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer histologic grade.

Clinical staging is based on the PREOPERATIVE ESTIMATED staging workup which may include CT scan, PET scan, endoscopic ultrasound, etc.

Harvest Coding: 1 = GX (Grade cannot be assessed)
2 = G1 (Well differentiated)
3 = G2 (Moderately differentiated)
4 = G3 (Poorly differentiated)
5 = G4 (Undifferentiated)

Valid Data: GX (Grade cannot be assessed); G1 (Well differentiated); G2 (Moderately differentiated); G3 (Poorly differentiated); G4 (Undifferentiated)

Usual Range: *Parent Field:* Esophageal Cancer

Format: Text (categorical values specified by STS) *ParentShortName:* EsophCancer

Data Source: User *ParentValue:* Yes

Field Name: **Unexpected Return To The OR** *SeqNo:* 1590

Short Name: ReturnOR *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient was unexpectedly returned to the OR during this hospital visit.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Patient Disposition

Format: Text (categorical values specified by STS) *ParentShortName:* PatDisp

Data Source: User *ParentValue:* "ICU", "Intermediate Care Unit" or "Regular floor bed"

Field Name: **Reop For Bleeding** *SeqNo:* 1600

Short Name: BleedOperate *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether bleeding was the reason for returning to the OR.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No
Usual Range: *Parent Field:* Unexpected Return To The OR
Format: Text (categorical values specified by STS) *ParentShortName:* ReturnOR
Data Source: User *ParentValue:* Yes

Field Name: **Postoperative Events Occurred** *SeqNo:* 1610
Short Name: POEvents *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* Yes
Definition: Indicate whether the patient experienced a postoperative event at any time during this hospital visit regardless of length of stay, and/or events that occur within 30 days of surgery if discharged from the hospital.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No
Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Air Leak Greater Than Five Days** *SeqNo:* 1620
Short Name: AirLeak5 *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether the patient experienced a postoperative air leak for more than five days.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No
Usual Range: *Parent Field:* Postoperative Events Occurred
Format: Text (categorical values specified by STS) *ParentShortName:* POEvents
Data Source: User *ParentValue:* Yes

Field Name: **Atelectasis Requiring Bronchoscopy** *SeqNo:* 1630
Short Name: Atelectasis *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether the patient experienced atelectasis requiring a bronchoscopy in the postoperative

period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Pneumonia** *SeqNo:* 1640

Short Name: Pneumonia *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient experienced pneumonia in the postoperative period. Pneumonia is defined as meeting three of five characteristics: fever, leucocytosis, CXR with infiltrate, positive culture from sputum, or treatment with antibiotics.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Adult Respiratory Distress Syndrome** *SeqNo:* 1650

Short Name: ARDS *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has evidence of ARDS (Adult respiratory distress syndrome). According to the American-European consensus conference, a diagnosis of ARDS is assigned if all of the following criteria are present:

1. Acute onset
2. Arterial hypoxemia with PaO2/FIO2 lower than 200 (regardless of PEEP level)
3. Bilateral infiltrates seen on chest radiograph
4. Pulmonary artery occlusive pressure lower than 18 mm Hg or no clinical evidence of left atrial hypertension
5. Compatible risk factors

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Bronchopleural Fistula** *SeqNo:* 1660

Short Name: Bronchopleural *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient experienced a documented bronchopleural fistula in the postoperative period. Bronchopleural fistula is defined as a major bronchial air leak requiring intervention such as a chest tube, operation, or other procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Pulmonary Embolus** *SeqNo:* 1670

Short Name: PE *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced a Pulmonary Embolus in the postoperative period as experienced by a V/Q scan, angiogram or spiral CT.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Pneumothorax** *SeqNo:* 1680

Short Name: Pneumo *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced a postoperative pneumothorax requiring chest tube REinsertion.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Initial Vent Support >48 Hours** *SeqNo:* 1690

Short Name: Vent *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient initially was ventilated greater than 48 hours in the postoperative period.

If the patient is reintubated, select the postoperative event "Reintubation" and do not select this element even if the reintubation ventilator support is > 48 hours. Ventilator support ends with the removal of the endotracheal tube or if the patient has a tracheostomy tube, until no longer ventilator dependent.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Reintubate** *SeqNo:* 1700

Short Name: Reintube *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient was reintubated during the initial hospital stay after the initial extubation. This may include patients who have been extubated in the operating room and require intubation in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Tracheostomy** *SeqNo:* 1710

Short Name: Trach *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient required a tracheostomy in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Other Pulmonary Event** *SeqNo:* 1720

Short Name: OtherPul *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether another pulmonary event occurred in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Atrial Arrhythmia Requiring Treatment** *SeqNo:* 1730

Short Name: AtrialArryth *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient had a new onset of atrial fibrillation/flutter (AF) requiring treatment. Does not include recurrence of AF which had been present preoperatively.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Ventricular Arrhythmia Requiring Treatment** *SeqNo:* 1740

Short Name: VentArryth *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient, in the postoperative period, experienced sustained ventricular tachycardia and/or ventricular fibrillation that has been clinically documented and treated with any of the following treatment modalities:

1. ablation therapy
2. AICD
3. permanent pacemaker
4. pharmacologic treatment
5. cardioversion

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Myocardial Infarct** *SeqNo:* 1750
Short Name: MI *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient experienced a MI postoperatively as evidenced by:

1. Transmural infarction: Defined by the appearance of a new Q wave in two or more contiguous leads on ECG, or
2. Subendocardial infarction: (non-Q wave) Infarction, which is considered present in a patient having clinical, angiographic, electrocardiographic, and/or
3. Laboratory isoenzyme evidence of myocardial necrosis with an ECG showing no new Q waves

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **DVT Requiring Treatment** *SeqNo:* 1760
Short Name: DVT *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient has experienced a deep venous thrombosis (DVT) confirmed by doppler study, contrast study, or other study that required treatment.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Other Cardiovascular Event** *SeqNo:* 1770
Short Name: OtherCV *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether any other CV event occurred including distal arterial embolism in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Gastric Outlet Obstruction** *SeqNo:* 1780
Short Name: GastricOutlet *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced a gastric outlet obstruction requiring intervention (e.g., IV for dehydration, endoscopy and dilation, reoperation, etc.) in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Ileus** *SeqNo:* 1790
Short Name: Ileus *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced an ileus lasting > 3 days as defined by limited GI motility requiring treatment (e.g., nasogastric tube insertion for decompression, etc.) in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Anastomosis Requiring Medical Treatment Only** *SeqNo:* 1800
Short Name: AnastoMed *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced an esophageal anastomosis leak that required medical management only (i.e., interventional radiation (IR) drainage, NPO, antibiotics, etc.) If a leak occurs on Barium Swallow only and does not require surgical intervention/drainage, (i.e., treated with NPO and delay in oral intake), then code this element as “Yes”.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Anastomosis Requiring Surgical Treatment** *SeqNo:* 1810
Short Name: AnastoSurg *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient in the postoperative period experienced an esophageal anastomosis leak that required surgical intervention or manipulation, (i.e., reoperation in the operating room or requiring general anesthesia, repeat thoracotomy for drainage and control of the leak) for the esophageal anastomotic leak. Opening the neck incision for drainage at the bedside would be included.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Dilation Of The Esophagus** *SeqNo:* 1820
Short Name: DilationEsoph *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient required dilation of the esophagus within the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Any Other GI Event** *SeqNo:* 1830
Short Name: OtherGI *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient experienced any other GI events in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Blood Transfusion - Postop** *SeqNo:* 1840
Short Name: TransPostop *Core:* No
DCFSection: 5. Post-Operative Events *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient received a blood transfusion postoperatively. Postop is defined as any blood started after the initial surgery, including blood transfused after the initial surgery and any blood transfused during a reoperative surgery.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* = "Yes"

Field Name: **Postoperative Packed Red Blood Cells** *SeqNo:* 1850
Short Name: PostopPRBC *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient received packed Red Blood Cells (RBC) postoperatively.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Postoperative Packed Red Blood Cells - Units** *SeqNo:* 1860
Short Name: PostopPRBCUnits *Core:* Yes
DCFSection: 5. Post-Operative Events *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the number of packed RBC units the patient received postoperatviely prior to discharge.

Harvest Coding:

Valid Data: 1 - 50

Usual Range: 1 - 10 *Parent Field:* Postoperative Packed Red Blood Cells

Format: Integer *ParentShortName:* PostopPRBC

Data Source: User *ParentValue:* Yes

Field Name: **Other hematology or bleeding event requiring treatment** *SeqNo:* 1870
Short Name: OtherHema *Core:* No
DCFSection: 5. Post-Operative Events *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if any other hematology/bleeding event requiring treatment occurred in the post-operative period such as Heparin Induced Thrombocytopenia.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* = "Yes"

Field Name: **Urinary Tract Infection** *SeqNo:* 1880

Short Name: UTI *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate if the patient experienced a urinary tract infection (with positive urine cultures postoperatively) requiring treatment.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Empyema Requiring Treatment** *SeqNo:* 1890

Short Name: Empyema *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced an empyema requiring treatment in the postoperative period (i.e., chest tube drainage by interventional radiology, etc.).

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Wound Infection** *SeqNo:* 1900

Short Name: WoundInfect *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced a wound infection in the postoperative period as evidenced

by meeting two of the following criteria:
1. Wound opened with excision of tissue (I&D)
2. Positive culture
3. Treatment with antibiotics

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Sepsis** *SeqNo:* 1910

Short Name: Sepsis *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced sepsis (septicemia) requiring positive blood cultures in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Other Infection Requiring IV Antibiotics** *SeqNo:* 1920

Short Name: OtherInfect *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Inidicate whether the patient experienced any other infection requiring IV antibiotics.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **New Central Neurological Event** *SeqNo:* 1930

Short Name: CentNeuroEvt *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced any of the following neurological events in the postoperative period that was not present preoperatively:

1. A central neurologic deficit persisting postoperatively for > 72 hours.
2. A postoperatively transient neurologic deficit (TIA recovery within 24 hours; RIND recovery within 72 hours).
3. New postoperative coma that persists for at least 24 hours secondary to anoxic/ischemic and/or metabolic encephalopathy, thromboembolic event or cerebral bleed.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Recurrent Laryngeal Nerve Paresis** *SeqNo:* 1940

Short Name: RecLarynParesis *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced in the postoperative period a recurrent laryngeal nerve paresis or paralysis that was not identified during the preoperative evaluation.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Delirium** *SeqNo:* 1950

Short Name: Delirium *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced delirium in the postoperative period marked by illusions, confusion, cerebral excitement, and having a comparatively short course.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Other Neurological Event** *SeqNo:* 1960

Short Name: OtherNeuro *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced any other neurologic event in the postoperative period.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **New Renal Failure** *SeqNo:* 1970

Short Name: NewRenalFail *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced renal failure in the postoperative period as documented by one or more of the following:
1. Increase of serum creatinine to > 2.0, and 2x the creatinine level closest to the date and time prior surgery,
2. A new requirement for dialysis postoperatively

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Chylothorax Requiring Drainage/Medical Treatment Only** *SeqNo:* 1980

Short Name: ChyloMed *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced a chylothorax in the postoperative period that required drainage and medical intervention only (i.e., NPO, TPN, etc.).

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Chylothorax Requiring Surgical Intervention** *SeqNo:* 1990

Short Name: ChyloSurg *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced a chylothorax in the postoperative period requiring surgical intervention (i.e., thoracotomy, laparotomy, thoracoscopy, reoperation and ligation of thoracic duct, etc.)

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Other events requiring medical treatment** *SeqNo:* 2000

Short Name: OtherMed *Core:* No

DCFSection: 5. Post-Operative Events *Harvest:* No

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced any other medical events in the post-operative period requiring medical treatment, including endoscopy.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* = "Yes"

Field Name: **Other events requiring OR with general anesthesia** *SeqNo:* 2010

Short Name: OtherSurg *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient experienced any other surgical events in the post-operative period requiring a procedure with general anesthesia.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Postoperative Events Occurred

Format: Text (categorical values specified by STS) *ParentShortName:* POEvents

Data Source: User *ParentValue:* Yes

Field Name: **Unexpected Admission To ICU** *SeqNo:* 2020

Short Name: UnexpectAdmitIC
U *Core:* Yes

DCFSection: 5. Post-Operative Events *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether there was an unplanned transfer of the patient to the ICU due to deterioration in the condition of the patient.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Admission Status

Format: Text (categorical values specified by STS) *ParentShortName:* AdmissionStat

Data Source: User *ParentValue:* Inpatient

Field Name: **Discharge Date** *SeqNo:* 2030

Short Name: DischDt *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate the date the patient was discharged from the hospital (acute care). If the patient expired in the hospital, the discharge date is the date of death.

Harvest Coding:

Valid Data: Date value in mm/dd/yyyy format

Usual Range: *Parent Field:* Admission Status

Format: Date in mm/dd/yyyy format *ParentShortName:* AdmissionStat

Data Source: User *ParentValue:* Inpatient

Field Name: **Discharge Status** *SeqNo:* 2040

Short Name: MtDCStat *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the patient was alive or dead at discharge from the hospitalization in which the primary surgery procedure occurred.

Harvest Coding: 1 = Alive
2 = Dead

Valid Data: Alive; Dead

Usual Range: *Parent Field:*

Format: Text (categorical values specified by STS) *ParentShortName:*

Data Source: User *ParentValue:*

Field Name: **Discharge Location** *SeqNo:* 2050

Short Name: DisLoctn *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the location to where the patient was discharged.

Harvest Coding: 1 = Home
2 = Extended Care/Transitional Care Unit/Rehab

3 = Other Hospital
4 = Nursing Home
5 = Hospice
777 = Other

Valid Data: Home; Extended Care/Transitional Care Unit/Rehab; Other Hospital; Nursing Home; Hospice; Other

Usual Range: *Parent Field:* Discharge status

Format: Text (categorical values specified by STS) *ParentShortName:* MtDCStat

Data Source: User *ParentValue:* Alive

Field Name: **Readmit Within 30 Days Of Procedure** *SeqNo:* 2060

Short Name: Readm30 *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient was unexpectedly readmitted to ANY hospital within 30 days of the procedure for a reason related to this procedure.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Discharge status

Format: Text (categorical values specified by STS) *ParentShortName:* MtDCStat

Data Source: User *ParentValue:* Alive

Field Name: **Status 30 Days After Surgery** *SeqNo:* 2070

Short Name: Mt30Stat *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* Yes

Definition: Indicate whether the patient was alive or dead at 30 days post surgery (whether in the hospital or not).

Harvest Coding: 1 = Alive
2 = Dead
3 = Unknown

Valid Data: Alive; Dead; Unknown

Usual Range: *Parent Field:* Admission Status

Format: Text (categorical values specified by STS) *ParentShortName:* AdmissionStat

Data Source: User *ParentValue:* Inpatient

Field Name: **Date Of Death** *SeqNo:* 2080

Short Name: MtDate *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the date the patient died (even after discharge, if known).

Harvest Coding:

Valid Data: Date value in mm/dd/yyyy format

Usual Range:
Parent Field:

Format: Date in mm/dd/yyyy format
ParentShortName:

Data Source: User
ParentValue:

Field Name: **Chest Tube Use** *SeqNo:* 2090

Short Name: CTubeUse *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient had one or more chest tubes in place during this admission.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:
Parent Field:

Format: Text (categorical values specified by STS)
ParentShortName:

Data Source: User
ParentValue:

Field Name: **Discharged With Chest Tube** *SeqNo:* 2100

Short Name: CTubeDis *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether the patient was discharged with a chest tube. If patient expired during this hospitalization with chest tube(s) in place, this field would appropriately be answered Yes.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range:
Parent Field: Chest tube use

Format: Text (categorical values specified by STS)
ParentShortName: CTubeUse

Data Source: User
ParentValue: Yes

Field Name: **Date Chest Tube Was Removed** *SeqNo:* 2110

Short Name: CTubeOutDate *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the date the last chest tube was removed prior to discharge.

Harvest Coding:

Valid Data: Date value in mm/dd/yyyy format

Usual Range:
Parent Field: Discharged with Chest Tube

Format: Date in mm/dd/yyyy format
ParentShortName: CTubeDis

Data Source: User
ParentValue: No

Field Name: **Pathological Staging Applicable** *SeqNo:* 2120
Short Name: PathStage *Core:* No
DCFSection: 6. Discharge *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether pathological staging is applicable.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No
Usual Range: *Parent Field:*
Format: Text (categorical values specified by STS) *ParentShortName:*
Data Source: User *ParentValue:*

Field Name: **Pathological stage T** *SeqNo:* 2130
Short Name: PathT *Core:* No
DCFSection: 6. Discharge *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate the appropriate descriptor for tumor based on the pathological staging characteristics of the tumor. (See Apendix A for full description.)

Harvest Coding: 1 = 1
2 = 2
3 = 3
4 = 4
5 = X
6 = O
7 = S

Valid Data: X; O; S; 1; 2; 3; 4
Usual Range: *Parent Field:* Pathological stage n/a
Format: Text (categorical values specified by STS) *ParentShortName:* PathNA
Data Source: User *ParentValue:* <> "Yes"

Field Name: **Pathological stage N** *SeqNo:* 2140
Short Name: PathN *Core:* No
DCFSection: 6. Discharge *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate the appropriate descriptor for nodes based on the pathological staging characteristics of the lymph nodes. (See Apendix A for full description.)

Harvest Coding: 1 = 1
2 = 2
3 = 3
4 = X
5 = 0

Valid Data: X; O; 1; 2; 3
Usual Range: *Parent Field:* Pathological stage n/a
Format: Text (categorical values *ParentShortName:* PathNA

specified by STS)

Data Source: User *ParentValue:* <> "Yes"

Field Name: **Pathological stage M** *SeqNo:* 2150
Short Name: PathM *Core:* No
DCFSection: 6. Discharge *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for metastasis based on the pathological staging characteristics of the metastasis(es). (See Apendix A for full description.)

Harvest Coding:
1 = 1
2 = X
3 = O

Valid Data: X; O; 1

Usual Range: *Parent Field:* Pathological stage n/a

Format: Text (categorical values specified by STS) *ParentShortName:* PathNA

Data Source: User *ParentValue:* <> "Yes"

Field Name: **Pathological stage Ma, b** *SeqNo:* 2160
Short Name: PathMAB *Core:* No
DCFSection: 6. Discharge *Harvest:* No
TableName: Operations *RequiredForRecordInclusion:* No

Definition: For esophageal carcinoma patients only. Please indicate the appropriate Metastasis descriptor based on the pathological staging of the metastasis(es). (See Apendix A for full description.)

Harvest Coding:
1 = M1a
2 = M1b

Valid Data: M1a; M1b

Usual Range: *Parent Field:* Pathological stage n/a

Format: Text (categorical values specified by STS) *ParentShortName:* PathNA

Data Source: User *ParentValue:* <> "Yes"

Field Name: **Pathologic Staging - Lung Cancer - T** *SeqNo:* 2170
Short Name: PathStageLungT *Core:* Yes
DCFSection: 6. Discharge *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the lung cancer primary tumor based on final pathology report.

Harvest Coding:
1 = T1a (Tumor <= 2cm, surrounded by lung, not in the main bronchus)
2 = T1b (Tumor >2cm, <= 3cm, suurrounded by lung, not in the main bronchus)
3 = T2a (Tumor > 3cm, <= 5 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung)
4 = T2b (Tumor > 5 cm, <=7 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung)
5 = T3 (Tumor > 7 cm or invasion of chest wall, diaphragm, phrenic nerve, mediastinal pleura, pericardium; or tumor in the main bronchus <= 2 cm from carina, or atelectasis of the entire lung, or separate tumor nodules in the same lobe)

6 = T4 (Tumor of any size that invades mediastinum, heart, great vessels, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule in a different ipsilateral lobe)

Valid Data: T1a (Tumor <= 2cm, surrounded by lung, not in the main bronchus); T1b (Tumor >2cm, <= 3cm, suurrounded by lung, not in the main bronchus); T2a (Tumor > 3cm, <= 5 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung); T2b (Tumor > 5 cm, <=7 cm, or invades visceral pleura, involves main bronchus > 2 cm from carina, associated with atelectasis that extends to the hilum but not the entire lung); T3 (Tumor > 7 cm or invasion of chest wall, diaphragm, phrenic nerve, mediastinal pleura, pericardium; or tumor in the main bronchus <= 2 cm from carina, or atelectasis of the entire lung, or separate tumor nodules in the same lobe); T4 (Tumor of any size that invades mediastinum, heart, great vessels, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule in a different ipsilateral lobe)

Usual Range: *Parent Field:* Lung Cancer

Format: Text (categorical values specified by STS) *ParentShortName:* LungCancer

Data Source: User *ParentValue:* Yes

Field Name: **Pathologic Staging - Lung Cancer - N** *SeqNo:* 2180

Short Name: PathStageLungN *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the lung cancer regional nodes based on final pathology report.

Harvest Coding:
1 = N0 (No nodal metastases)
2 = N1 (Nodal metastases to ipsilateral hilar or peribronchial nodes)
3 = N2 (Nodal metastases to ipsilateral mediastinal and/or subcarinal nodes)
4 = N3 (Nodal metastases to contralateral mediastinal, contralateral hilar, and either ipsilateral or contralateral scalene or supraclavicular nodes)

Valid Data: N0 (No nodal metastases); N1 (Nodal metastases to ipsilateral hilar or peribronchial nodes); N2 (Nodal metastases to ipsilateral mediastinal and/or subcarinal nodes); N3 (Nodal metastases to contralateral mediastinal, contralateral hilar, and either ipsilateral or contralateral scalene or supraclavicular nodes)

Usual Range: *Parent Field:* Lung Cancer

Format: Text (categorical values specified by STS) *ParentShortName:* LungCancer

Data Source: User *ParentValue:* Yes

Field Name: **Pathologic Staging - Lung Cancer - M** *SeqNo:* 2190

Short Name: PathStageLungM *Core:* Yes

DCFSection: 6. Discharge *Harvest:* Yes

TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the lung cancer metastases based on final pathology report.

Harvest Coding:
1 = M0 (No distant metastases)
2 = M1a (Separate tumor nodule in a contralateral lobe, tumor with pleural nodules or malignant pleural or pericardial effusion)
3 = M1b (Distant metastases)

Valid Data: M0 (No distant metastases); M1a (Separate tumor nodule in a contralateral lobe, tumor with

pleural nodules or malignant pleural or pericardial effusion); M1b (Distant metastases)

Usual Range:
Parent Field: Lung Cancer
Format: Text (categorical values specified by STS)
ParentShortName: LungCancer
Data Source: User
ParentValue: Yes

Field Name: **Pathologic Staging - Esophageal Cancer - T** *SeqNo:* 2200
Short Name: PathStageEsophT *Core:* Yes
DCFSection: 6. Discharge *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer primary tumor based on final pathology report.

Harvest Coding:
1 = T0 (No evidence of tumor)
2 = Tis (High grade dysplasia-HGD)
3 = T1a (Tumor invades lamina propria or muscularis mucosae)
4 = T1b (Tumor invades submucosa)
5 = T2 (Tumor invades muscularis propria)
6 = T3 (Tumor invades adventitia)
7 = T4a (Tumor invades adjacent structures-pleura, pericardium, diaphragm)
8 = T4b (Tumor invades other adjacent structures)

Valid Data: T0 (No evidence of tumor); Tis (High grade dysplasia-HGD); T1a (Tumor invades lamina propria or muscularis mucosae); T1b (Tumor invades submucosa); T2 (Tumor invades muscularis propria); T3 (Tumor invades adventitia); T4a (Tumor invades adjacent structures-pleura, pericardium, diaphragm); T4b (Tumor invades other adjacent structures)

Usual Range:
Parent Field: Esophageal Cancer
Format: Text (categorical values specified by STS)
ParentShortName: EsophCancer
Data Source: User
ParentValue: Yes

Field Name: **Pathologic Staging - Esophageal Cancer - N** *SeqNo:* 2210
Short Name: PathStageEsophN *Core:* Yes
DCFSection: 6. Discharge *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer regional lymph nodes based on final pathology report.

Harvest Coding:
1 = N0 (No nodal metastases)
2 = N1a (Nodal metastases to 1 or 2 nodes)
3 = N1b (Nodal metastases to 3 to 5 nodes)
4 = N2 (Nodal metastases to 6 to 9 nodes)
5 = N3 (Nodal metastases to 10 or more nodes)

Valid Data: N0 (No nodal metastases); N1a (Nodal metastases to 1 or 2 nodes); N1b (Nodal metastases to 3 to 5 nodes); N2 (Nodal metastases to 6 to 9 nodes); N3 (Nodal metastases to 10 or more nodes)

Usual Range:
Parent Field: Esophageal Cancer
Format: Text (categorical values specified by STS)
ParentShortName: EsophCancer
Data Source: User
ParentValue: Yes

Field Name: **Pathologic Staging - Esophageal Cancer - M** *SeqNo:* 2220
Short Name: PathStageEsophM *Core:* Yes
DCFSection: 6. Discharge *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer distant metastases based on final pathology report.

Harvest Coding: 1 = M0 (No distant metastases)
2 = M1 (Distant metastases)

Valid Data: M0 (No distant metastases); M1 (Distant metastases)

Usual Range: *Parent Field:* Esophageal Cancer
Format: Text (categorical values specified by STS) *ParentShortName:* EsophCancer
Data Source: User *ParentValue:* Yes

Field Name: **Pathologic Staging - Esophageal Cancer - H** *SeqNo:* 2230
Short Name: PathStageEsophH *Core:* Yes
DCFSection: 6. Discharge *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer histopathologic type based on final pathology report.

Harvest Coding: 1 = H1 (Squamous carcinoma)
2 = H2 (Adenocarcinoma)

Valid Data: H1 (Squamous carcinoma); H2 (Adenocarcinoma)

Usual Range: *Parent Field:* Esophageal Cancer
Format: Text (categorical values specified by STS) *ParentShortName:* EsophCancer
Data Source: User *ParentValue:* Yes

Field Name: **Pathologic Staging - Esophageal Cancer - G** *SeqNo:* 2240
Short Name: PathStageEsophG *Core:* Yes
DCFSection: 6. Discharge *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate the appropriate descriptor for the esophageal cancer histologic grade based on final pathology report.

Harvest Coding: 1 = GX (Grade cannot be assessed)
2 = G1 (Well differentiated)
3 = G2 (Moderately differentiated)
4 = G3 (Poorly differentiated)
5 = G4 (Undifferentiated)

Valid Data: GX (Grade cannot be assessed); G1 (Well differentiated); G2 (Moderately differentiated); G3 (Poorly differentiated); G4 (Undifferentiated)

Usual Range: *Parent Field:* Esophageal Cancer
Format: Text (categorical values specified by STS) *ParentShortName:* EsophCancer
Data Source: User *ParentValue:* Yes

Field Name: **IV Antibiotics Ordered Within One Hour** *SeqNo:* 2250
Short Name: IVAntibioOrdered *Core:* Yes
DCFSection: 7. Quality Measures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether an order for IV antibiotics within one hour of the skin incision was given.

Harvest Coding: 1 = Yes
2 = No

Valid Data: Yes; No

Usual Range: *Parent Field:* Admission Status
Format: Text (categorical values specified by STS) *ParentShortName:* AdmissionStat
Data Source: User *ParentValue:* Inpatient

Field Name: **IV Antibiotics Given Within One Hour** *SeqNo:* 2260
Short Name: IVAntibioGiven *Core:* Yes
DCFSection: 7. Quality Measures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether IV antibiotics were given within one hour of the skin incision.

Harvest Coding: 1 = Yes
2 = No
3 = Not indicated for procedure

Valid Data: Yes; No; Not indicated for procedure

Usual Range: *Parent Field:* IV Antibiotics Ordered Within One Hour
Format: Text (categorical values specified by STS) *ParentShortName:* IVAntibioOrdered
Data Source: User *ParentValue:* Yes

Field Name: **Cephalosporin Antibiotic Ordered** *SeqNo:* 2270
Short Name: CephalAntiOrdered *Core:* Yes
DCFSection: 7. Quality Measures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No

Definition: Indicate whether an order for first or second-generation cephalosporin antibiotic for prophylaxis was given.

Harvest Coding: 1 = Yes
2 = No
3 = Not indicated for procedure
4 = Not indicated due to documented allergy; another appropriate antibiotic given

Valid Data: Yes; No; Not indicated for procedure; Not indicated due to documented allergy; another appropriate antibiotic given

Usual Range: *Parent Field:* Admission Status
Format: Text (categorical values specified by STS) *ParentShortName:* AdmissionStat
Data Source: User *ParentValue:* Inpatient

Field Name: **Prophylactic Antibiotics Discontinuation Ordered** *SeqNo:* 2280
Short Name: AntibioticDiscOrdered *Core:* Yes
DCFSection: 7. Quality Measures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether an order to discontinue prophylactic antibiotics within 24 hours of the procedure was given.

Harvest Coding:
1 = Yes
2 = No
3 = No, due to documented infection

Valid Data: Yes; No; No, due to documented infection
Usual Range:
Parent Field: Admission Status
Format: Text (categorical values specified by STS)
ParentShortName: AdmissionStat
Data Source: User
ParentValue: Inpatient

Field Name: **DVT Prophylaxis Measures** *SeqNo:* 2290
Short Name: DVTProphylaxis *Core:* Yes
DCFSection: 7. Quality Measures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether prophylactic measures (TED stockings, pneumatic compression devices and/or subcutaneous heparin or low molecular weight heparin) were taken to prevent DVT. Select "Not applicable" if not indicated, or due to documented DVT or contraindications to all methods of prophylaxis.

Harvest Coding:
1 = Yes
2 = No
3 = Not applicable

Valid Data: Yes; No; Not applicable
Usual Range:
Parent Field: Admission Status
Format: Text (categorical values specified by STS)
ParentShortName: AdmissionStat
Data Source: User
ParentValue: Inpatient

Field Name: **Smoking Cessation Counseling** *SeqNo:* 2300
Short Name: SmokCoun *Core:* Yes
DCFSection: 7. Quality Measures *Harvest:* Yes
TableName: Operations *RequiredForRecordInclusion:* No
Definition: Indicate whether the patient received cigarette smoking cessation counseling (must include oral counseling, written material offered to patient, and offer of referral to smoking cessation program).

Harvest Coding:
1 = Yes
2 = No
3 = Patient refused

Valid Data: Yes; No; Patient refused
Usual Range:
Parent Field: Cigarette Smoking
Format: Text (categorical values
ParentShortName: CigSmoking

	specified by STS)		
Data Source:	User	*ParentValue:*	Current smoker