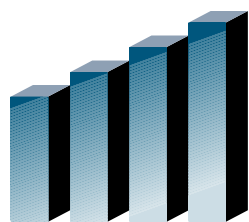


Intermacs Registry Joins the STS National Database



STS National Database™

Using data to drive quality

The STS National Database now has a fourth component. The Interagency Registry for Mechanically Assisted Circulatory Support, or Intermacs, became part of the STS National Database on January 1, 2018, joining the Adult Cardiac Surgery Database, the Congenital Heart Surgery Database, and the General Thoracic Surgery Database.

Established at the University of Alabama at Birmingham (UAB) in 2005 as a joint effort of the National Heart, Lung, and Blood Institute, the Food and Drug Administration, the Centers for Medicare & Medicaid Services, and others, Intermacs is a North American registry for patients who receive an FDA-approved mechanical circulatory support (MCS) device to treat advanced heart failure. Participation in Intermacs is required by the Joint Commission for all US centers implanting MCS devices for destination therapy.

“We are very excited about this new chapter for Intermacs and STS. We believe Intermacs will continue to advance through the recognition of the STS National Database in the arenas of

quality and improvement methodologies and National Quality Forum metrics, as well as our understanding of treatments,” said STS President Richard L. Prager, MD. “By including Intermacs as a component of the STS National Database, the Society will expand the scope of its registry activity, while providing

Intermacs with a foundation for its future.”

SMOOTH TRANSITION FOR PARTICIPANTS

The Society is taking a number of steps to help ensure that current Intermacs participants experience a smooth transition. Participants will submit data in the same manner as they have in the past, and UAB will continue serving as the registry’s data warehouse and analytics center.

“By including Intermacs as a component of the STS National Database, the Society will expand the scope of its registry activity, while providing Intermacs with a foundation for its future.”

– Richard L. Prager, MD

Don't Wait: Register Today for the Annual Meeting

The STS 54th Annual Meeting is just a few weeks away, but it's not too late to join your colleagues in Fort Lauderdale, Florida, for one of the largest cardiothoracic surgery meetings in the world. Save \$100 from onsite pricing by registering on or before January 25 at sts.org/annualmeeting.

Registration provides access to all educational sessions on Sunday, January 28, Monday, January 29, and Tuesday, January 30. Additionally, you will receive complimentary access to Annual Meeting Online, a web-based video presentation of most sessions offered at the Annual Meeting. Separate tickets are required to attend the President's Reception (Sunday, January 28) and STS University courses (Wednesday, January 31). Registration also is separate for STS/AATS Tech-Con 2018, which will be held on Saturday, January 27.

Browse the educational program, save favorite sessions/presentations to your custom itinerary, read scientific abstracts, and more by downloading the STS Meetings app. Search for “STS Meetings” in the Apple App or Google Play stores, or visit sts.org/mobileapp.

You can view all of the abstracts for the scientific oral and poster presentations via the



Seeing STS Through a New Lens

Richard L. Prager, MD, President

As my STS presidential term draws to a close, I have had the opportunity to reflect on the experiences that this unique role has offered. A year of weekly calls with surgeon and staff leaders, monthly Executive Committee calls, tri-annual Board meetings, and many other STS and related association meetings throughout the world have allowed me to gain further perspectives on the impact that a professional medical specialty society has—not only on its members, but also on the health care profession, the government, and the general public.

Inherent in its core mission, STS works on behalf of cardiothoracic surgeons. It must always be aware of and understand the opportunities and the responsibilities of our specialty, the education that we need to stay relevant, how to work with governmental agencies, and the need to improve data acquisition and database efficiencies—all while being ever mindful of our overriding obligations to our patients.

These are complicated times worldwide and, over the past year, it has become very clear to me that professional societies have many of the same challenges—challenges that involve the realities of post-graduate education, relationships with industry and other health care entities, efforts to enhance quality and efficiency in health care, and providing benefits of value to their members.

VISIBILITY IN WASHINGTON

This past year, STS remained a highly visible and important society in Washington, DC, strengthened by the STS National Database, the Society's reputation for quality measurement, and our development of a quality-based payment program. Our voice as the leader in the cardiothoracic surgical community, as well as the medical community at large, was heard during Congressional hearings, physician reimbursement meetings, and member "Fly-Ins" facilitated by our Government Relations staff (see pages 14-15).

Speaking on behalf of myself and many of my colleagues, we are most appreciative of the attention that our Government Relations staff gives to the myriad issues that cardiothoracic surgeons face. We also are grateful to all of the STS members who take time to meet with their elected officials so that the health care we provide will benefit our patients and be fairly quantified and valued.

RELEVANT EDUCATION

The Society's educational platform both in the US and worldwide continues to expand. With our EACTS colleagues, we held a very successful fall educational meeting in Cartagena, Colombia, and are planning additional meetings in South America with EACTS and ESTS for both cardiac and general thoracic surgeons. Our ECMO and robotics meetings remain successful, and we took a very important step into the critical care arena by offering our first multidisciplinary cardiovascular and thoracic critical care conference in Washington, DC, last fall. This critical care meeting included surgeons and advanced practice teams of nurse practitioners, physician assistants, nurse first assistants, perfusionists, and clinical pharmacists—all of whom play a critical role in the care and management of our patients and will play an increasingly larger role in our Society's workforces and task forces.

DATABASE EXPANSION

We also are thrilled about adding the InterMACs Database to our portfolio (see cover story). Our colleagues at NHLBI and UAB greatly facilitated discussions about the registry and its future, and plans are under way for an InterMACs meeting in Chicago this spring.

The importance of our databases to you, our patients, our federal partners, and our institutions cannot be underscored enough.

Understanding the effort required to obtain and enter data, the Society is looking at new technologies for easier data acquisition and entry, as well as for Database version upgrades and data field improvements.

This past November in Boston, STS surgeon and staff leaders met with congenital heart surgery leaders to discuss updates and enhancements for the Congenital Heart Surgery Database, as well as to discuss public reporting. We also are working with the Task Force on Quality Initiatives to share methodologies used by three-star composite programs that could help other sites improve their own composite scores.

In addition, we are continuing discussions with the Department of Defense for

potential participation in the Adult Cardiac Surgery Database, as well as with the health care analytics company Avant-Garde (see

None of these accomplishments would have occurred without physician voices.

Spring 2017 issue) so that ACS-D participants have an opportunity to learn more about costing methodologies at their institutions.

As I step back to review this past year, I must thank my physician colleagues for their time and commitment, noting that none of these accomplishments would have occurred without physician voices. I also thank the STS staff in Chicago and Washington for keeping the lights on all of the time so that we could accomplish goals that often require long hours of administrative leadership. Having societies such as STS facilitate cardiothoracic surgeons' ambitious goals greatly enhances our specialty.

My thanks to all who help STS and other societies throughout the world, and I wish everyone a happy and healthy new year.

I look forward to seeing you in Fort Lauderdale at our 54th Annual Meeting. ■

The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

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Recent surveys have shown that physician professional and personal dissatisfaction and burnout rates are at all-time highs. Increasing financial pressures, as well as the rapidly accelerating rate of technological change in medicine, have taken their toll on physicians of all specialties, including ours. In this edition of STS News, Dr. Paul Levy, a member of the Workforce on Practice Management, discusses the topic of physician burnout.

Frank L. Fazzalari, MD, MBA, Chair, Workforce on Practice Management

Can Physician Leadership Cure the Burnout Epidemic?

Paul S. Levy, MD, MBA

Chief of Surgical Services and Physician Operational Lead, Physician/Administrator Dyad
NEA Baptist Memorial Hospital, Jonesboro, Ark.

I've read that US health care is facing a "new" workplace epidemic—physician burnout. This phenomenon is most certainly real and may best be characterized organizationally by a lack of physician engagement. According to a Medscape Physician Lifestyle Survey conducted in 2017, burnout now affects 51% of physicians—up from 40% in 2013.

Burnout stifles innovation and can wreak havoc on your medical staff. What causes burnout? Could it be change fatigue or career choice toxicity? Are some personality types more susceptible, or is the practice environment at fault?

Finding answers to these questions has become a priority. America's health care system clearly is at its precipice, and managing meaningful change is near impossible with a disenfranchised/dysfunctional workforce.

Recognizing burnout is difficult because it manifests in myriad ways. It has been described as "an erosion of the soul caused by the deterioration of one's values, dignity, spirit, and will." It can reveal itself via exhaustion, depersonalization, and/or self-doubt. I bet that most of us have experienced at least one of these negative drivers during our training.

The trajectory of health care's change has evoked workplace emotional barriers—confusion, anxiety, resistance, and frustration. This transformation has pushed many physicians into a lonely place. Some colleagues have left medicine, while others just sadly soldier on. How can physician engagement be fostered in such an environment? It can't.

FINDING A SOLUTION

What would happen if physicians were placed at the center of health care's change? When health

care organizations included physicians early on in value-based care design, buy-in and implementation were improved. In addition, adding physicians to the organizational leadership mix has been another strategic countermeasure. Physician leadership was demonstrated to significantly reduce physician burnout by improving

well-being and satisfaction.

It boils down to fostering a culture of engagement—effective interpersonal communication, professional camaraderie, decision-making inclusivity, and operational efficiency.

At our institution, we have managed change through

experimentation with physician/administrator leadership dyads. These dyads promote new avenues for understanding the voice of the physician. Physician and administrative leadership teams efficiently address point-of-care concerns by ensuring open and timely communication. Physician leaders help to rapidly "decode" the issues that trigger a physician's angst; this leaves more time to do what they do best—patient care.

So far, we have had great success with this dyad model, which puts relationships first. We now have tangible evidence that our culture is shifting. Regardless of the physician burnout cause, we have found that physician leadership can be effective in treating it. The evolution of health care rests on us—lead, follow, or be forgotten.

The author would like to recognize NEA Baptist CEO Brad Parsons, MBA and Administrator Dyad Partner Scott Pippin, MA for their leadership and insight. ■

To view previous practice management columns, visit sts.org/practicemanagement.





On the Move

Robert A. Wynbrandt, Executive Director & General Counsel

And now for a change of pace. Regular readers of this space know that I typically devote its Winter edition version to an STS year in review/sneak peek at the year ahead from the staff's perspective. Since Rich Prager has done such a great job referencing 2017 STS highlights and achievements, however (see page 2), I'm going to take this opportunity to adjust the rearview mirror and look all the way back to 2002, a milestone year for the Society. This was the year when STS radically modified its Bylaws and its governance structure; when STS hired its very first employees; and the last time that STS moved its headquarters office—from 401 N. Michigan Ave. to 633 N. Saint Clair St. (the American College of Surgeons Building) in Chicago.

As we all transition from 2017 to 2018, the STS staff is also readying itself for a different kind of transition: the Society's first headquarters move since 2002. As of this writing, we are on schedule to relocate to our new office space over the Presidents' Day weekend in February. And while this headquarters relocation is only an elevator ride (or two flights of stairs) away, from the 23rd floor to the 21st floor, we may as well be moving to Cleveland.

This mega-project began with a recognition back in 2015 that the April 2018 expiration of our current lease would be coinciding with a time when our present office design would soon be stretched to the limit if the Society's growth trajectory were to continue. And so began a journey that included the retention of real estate brokers at CBRE, office visits throughout Chicago, the retention of architects from GREC so that "test fits" could



be performed with respect to competing locations, the critical assessment of economic and other considerations by senior management and ultimately the STS Board of Directors, the negotiation of a new lease with the College (once the Board concluded that "there's no place like home"), the retention of contractors, the current demolition and construction project on 21 (the noise from which has made STS the darling of the building with ACS staff and other tenants, including the Hyatt hotel and its guests), and a massive document purging and digitization project now in gear (see my personal dumpster in the accompanying photo), etc., etc., etc.

There is much to look forward to in the new STS headquarters space on 21: a redesigned configuration that should accommodate further growth over an 11-year lease term, while retaining an open and spacious feel within identical square footage; efficiently designed work space that promotes employee health and collaboration; and an attractive, more colorful décor with enhanced STS branding.

STS First Vice President Keith Naunheim maintains a set of slides that illustrate the enormous increase in the population of health care administrators—as distinct from

cardiothoracic surgeons and other physicians—over the past few decades, and I always get a little squeamish when he trots them out in light of the significant growth in the size of the STS staff since that last office move in 2002; the last thing that any of us want is the image of the Society's staff as a bloated bureaucracy. I then remind myself that the number of STS employees has grown steadily over the course of the past

15+ years, from 9.5 to a budgeted 76 in 2018, solely as a function of the organization's track record of successfully fulfilling its corporate mission: to "enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research and advocacy." It is this level of success that has allowed us, among other things, to maintain annual membership dues at 2002 levels while the dues of other medical specialty organizations have skyrocketed.

And so, as Keith prepares to succeed Rich at the helm in the year ahead, I will resist the temptation to feel guilty about those slides and the STS staff growth that has prompted our forthcoming headquarters move. Instead, on behalf of the entire STS staff that works hard every day to fulfill that STS mission, I will express our gratitude for a terrific organization that employs us, our personal pride in its enormous achievements, and our best wishes to you and your families for good health and happiness throughout the year ahead. We look forward to seeing you in Fort Lauderdale at what promises to be a special 54th Annual Meeting, and also to welcoming you to your new headquarters space soon thereafter. ■

In Memoriam

W. GERALD RAINER, MD

STS FOUNDER MEMBER AND PAST PRESIDENT (1989-1991)



One of the Society's most dedicated members passed away on November 14, the day after his 90th birthday.

W. Gerald Rainer, MD was a Founder Member, Secretary (1979-1984), President (1989-1991), and Historian (1992-2007), whose legacy with the Society includes development of the STS seal, the President's gavel, and

the famous STS tie. He received the Society's Distinguished Service Award in 1998.

Born in Alabama, Dr. Rainer earned his medical degree from the University of Tennessee in 1948 before completing an internship at Wesley Memorial Hospital in Chicago. He then served in the Korean War as a First Lieutenant in the Army Medical Corp, receiving the Bronze Star and Combat Medical Badge.

Following his military service, Dr. Rainer moved to Colorado, where he would spend the remainder of his life. He completed residencies in surgery and thoracic surgery at the Denver VA Hospital. In 1959, he was the first to complete a fellowship in thoracic and cardiovascular surgery at the University of Colorado. He ascended through the ranks at the University of Colorado, where he was active in the operating room and had a thriving research practice.

STS Past President Frederick L. Grover, MD had a long friendship with Dr. Rainer, beginning when Dr. Grover was a general and cardiothoracic surgery resident in the 1960s.

"I remember well one of my first procedures was closing a patent ductus with Jerry as the faculty attending assisting me, and he made it a very easy operation," Dr. Grover said. "Jerry was not only a superb surgeon and leader within his institution, but also made time to be an important leader in STS and other professional societies. This takes a very special effort by someone with a very busy private practice."

In his 1991 Presidential Address, "Profiles of Leadership in Thoracic Surgery," Dr. Rainer outlined the characteristics shared by the Society's leaders, including loyalty, excellence in clinical practice and education, adaptability, dignity, and compassion.

"Compassion is a trait that should accompany us certainly from the time we enter medical school and should serve as one of the strongest forces directing our relationships with others. This involves not only the compassion that we should have for our patients but for all of humanity," Dr. Rainer said. "We, as physicians and thoracic surgeons, cannot afford to look the other way when there are such compelling social issues facing us at every turn." ■

Intermacs Registry Joins the STS National Database

→ continued from cover

Although current Intermacs participants are now entering into new participation agreements with STS, the documents are familiar to them; they are modeled after those currently provided for STS National Database participants.

Another way the Society is helping to provide a seamless transition is through a new STS Intermacs Database Task Force, chaired by Robert L. Kormos, MD. He has been an Intermacs co-investigator since 2005 and is very familiar with the registry.

With nearly 30 years of experience and a designation as a Qualified Clinical Data Registry, the STS National Database offers Intermacs an opportunity to become an even more valuable resource for participants, their institutions, and ultimately, their patients. "We will use the STS experience to help grow Intermacs into a resource for quality measurement and patient safety," said Dr. Kormos.

STS Intermacs Database Task Force members were chosen to represent the multidisciplinary nature of MCS teams. "This Task Force is uniquely designed—some of its members are cardiologists," Dr. Kormos said. "A lot of the data that are collected within Intermacs come from work performed by cardiologists. So we've made sure to incorporate leadership from all areas."

Among other responsibilities, the Task Force will help define how Intermacs stakeholders can best benefit from the available data. The process for reviewing and approving data licensing requests is under development; details will be communicated to participating institutions and industry when available.

The addition of the Intermacs registry represents a new chapter in the history of the STS National Database in light of the registry's collection of longitudinal data. Intermacs collects longitudinal data throughout the life of a patient with an MCS device; the other components of the STS National Database track patients only for 30 days postoperatively. "The Intermacs metrics for long-term follow-up are very good. Adverse events, quality of life variables, device malfunctions, and several other data points are tracked, along with risk modeling for survival," Dr. Kormos said.

The Society will be communicating with participants, researchers, government, industry, and other stakeholders in the weeks and months ahead about this new chapter for Intermacs. Additional information can be found at sts.org/intermacs.

"Everyone is very excited, and we look forward to being able to take Intermacs to the next level," Dr. Kormos said. ■

Member News



MOFFATT-BRUCE NAMED EXECUTIVE DIRECTOR

Susan D. Moffatt-Bruce, MD, PhD, MBA has been named Executive Director of the University Hospital at The Ohio State University Wexner Medical Center in Columbus. Previously, Dr. Moffatt-Bruce was the Chief Patient Safety and Quality Officer

at OSU. She also is a Professor of Surgery and Biomedical Informatics. Dr. Moffatt-Bruce has been an STS member since 2006.



LOBDELL TO HEAD REGIONAL QUALITY EFFORTS

Kevin W. Lobdell, MD is now Director of Regional Cardiovascular Quality, Education, and Research at the Carolinas HealthCare System in Charlotte, North Carolina. Previously, he was Director of Quality at the

Sanger Heart and Vascular Institute within the Carolinas HealthCare System. Dr. Lobdell has been an STS member since 2007.



MIHALJEVIC TO LEAD CLEVELAND CLINIC

Tomislav "Tommy" Mihaljevic, MD has been named President and CEO of the Cleveland Clinic. Dr. Mihaljevic has held various roles with the Clinic, including CEO of the Cleveland Clinic Abu Dhabi, since he joined the organization in 2004.

He has been an STS member since 2004.



WOOD ELECTED TO BOARD OF REGENTS

Douglas E. Wood, MD, FRCSEd has been elected to serve on the American College of Surgeons Board of Regents. The Board of Regents formulates policy and directs the affairs of the College. Dr. Wood, an STS Past President, is the Henry N. Harkins

Professor and Chair of the Department of Surgery at the University of Washington in Seattle. He has been an STS member since 1995.



ROBICSEK RECEIVES HUMANITARIAN AWARD

Francis Robicsek, MD, PhD, a retired surgeon from Charlotte, North Carolina, was a recipient of an American College of Surgeons Surgical Humanitarian Award. He received the award for more than 50 years of

work in providing cardiothoracic surgical services and establishing a medical infrastructure in Central America. Dr. Robicsek, cofounder of a humanitarian aid organization that is now known as the International Medical Outreach Program, was the first to perform open heart operations in Honduras and Guatemala. He has been an STS member since 1966.



REEMTSEN APPOINTED HEART INSTITUTE DIRECTOR

Brian L. Reemtsen, MD has been named Director of the Heart Institute at Arkansas Children's Hospital in Little Rock. Dr. Reemtsen also holds the Log-a-Load for Kids of Arkansas Endowed Chair for Pediatric Cardiovascular Surgery. Previously, he was Chief of Congenital Heart

Surgery and Pediatric Heart Transplant at UCLA Mattel Children's Hospital. Dr. Reemtsen has been an STS member since 2011.



BLACKWELL NAMED CHIEF

Ray A. Blackwell, MD has been appointed Chief of Cardiac Surgery at Christiana Care Health System's Center for Heart & Vascular Health in Newark, Delaware. He also has been named the W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery.

Dr. Blackwell has been an STS member since 2003.



ODUNTAN MOVES TO FLORIDA

Olusola Oduntan, MD has joined the University of Florida in Gainesville as an Associate Professor in the Division of Thoracic and Cardiovascular Surgery. He directs the thoracic oncology program with an emphasis on esophageal surgery. Dr. Oduntan previously

was an Associate Professor at West Virginia University in Morgantown. He has been an STS member since 2012.



FINLEY HONORED FOR SERVICE

Richard J. Finley, MD has received the Distinguished Service Award of the American College of Surgeons. He was recognized for "his leadership as a driving force for change to better train future surgeons by electronic means and skills learning modules."

Dr. Finley, an Emeritus Professor in the Department of Surgery at the University of British Columbia and Vancouver Hospital and Health Sciences Centre, has been an STS member since 1985.



SHEMIN ON BOARD OF GOVERNORS

Richard J. Shemin, MD has been elected to the American College of Surgeons Board of Governors as a Surgical Specialty Society Governor. Specialty Society Governors serve as communication links between ACS Fellows and the Board of Governors. Dr. Shemin holds

the Robert and Kelly Day Chair in Cardiothoracic Surgery and is Chief of the Division of Cardiothoracic Surgery at the University of California Los Angeles. He has been an STS member since 1986. ■

Submit news about yourself or a colleague to stsnews@sts.org. Submissions will be printed based on content, membership status, and space available.

STS Leaders Join European and Chinese Colleagues at CSTCVS Meeting

Several STS surgeon leaders, along with their counterparts from the European Association for Cardio-Thoracic Surgery, attended the Chinese Society for Thoracic and Cardiovascular Surgery's Annual Meeting in Hangzhou, China, this past November. One of the Society's strategic plan goals is to foster collaboration and connection worldwide. Participating in international cardiothoracic surgery meetings is an important part of this initiative. ■



STS Historian and Past President Douglas J. Mathisen, MD was a meeting presenter.



Members of the STS and EACTS delegations visit the largest children's hospital in the region. From left: Shuben Li, PhD (First Affiliated Hospital of Guangzhou Medical University), Pala Babu Rajesh, FRCS (EACTS Council), Thomas E. MacGillivray, MD (STS Treasurer), Hon Chi Suen, MD (STS Workforce on International Meetings), Qiang Shu, MD (President, The Children's Hospital of Zhejiang University School of Medicine), Joseph E. Bavaria, MD (STS Immediate Past President), Douglas J. Mathisen, MD (STS Historian and Past President), Peter B. Licht, MD, PhD (EACTS Council), and XiangMing Feng, MD, PhD (Zhejiang University School of Medicine).



MILESTONE ANNIVERSARY OF FIRST HUMAN HEART TRANSPLANT CELEBRATED

STS Immediate Past President Joseph E. Bavaria, MD (right) and STS Second Vice President Robert S.D. Higgins, MD, MSHA traveled to Cape Town, South Africa, in early December to celebrate a landmark anniversary—50 years since the world's first human heart transplant, which was performed by Professor Christiana Barnard on December 3, 1967. ■

Educational Courses Span All Aspects of CT Surgery

Fall is always a busy time at STS, with planning well under way for the Annual Meeting in January. But the last quarter of 2017 particularly was eventful, with five educational courses taking place October through December.

Things kicked off with the 14th Annual Multidisciplinary Cardiovascular and Thoracic Critical Care Conference, held October 5-7 in Washington, DC. The conference brought together health care teams to explore the complex nature of cardiovascular and thoracic critical care cases, including their unique physiology, array of procedures, and potential complications.

Later that month, data managers and surgeons participating in the STS National

Database gathered in Chicago for Advances in Quality and Outcomes: A Data Managers Meeting, October 18-20. Speakers addressed all aspects of data collection, including spec upgrades for the Adult Cardiac Surgery Database and the General Thoracic Surgery Database.

STS also partnered with the American College of Surgeons on CT Surgery in the Future, a hands-on course designed specifically for general surgery residents and medical students held during the ACS Clinical Congress in San Diego on October 23. Participants were able to interact with leading cardiothoracic surgeons and practice specific CT surgery procedures.

On November 16-18, the Coding Workshop in Hollywood, California,

provided surgeons, cardiothoracic surgery coders, and other billing professionals with information on new and revised codes for 2018, as well as other changes that will affect reimbursement.

And, on December 1-2 in Chicago, Masters in Structural Heart and Valve Therapy: A Case-Based and Hands-On Symposium highlighted the latest innovations in aortic, mitral, and tricuspid valve therapies for structural heart disease, including traditional, minimally invasive, and catheter-based therapies. ■

To get the latest information on STS educational courses in 2018, visit sts.org/meetings.



The Critical Care Conference gave attendees hands-on experience with the devices used to manage these complex patients.



STS President Richard L. Prager, MD welcomed attendees to AQO.



Masters in Structural Heart and Valve Therapy showcased the newest technology.



CT Surgery in the Future included stations for practicing aortic valve replacement, vessel suturing, mitral valve repair, VATS lobectomy, esophageal anastomosis, and more.



Coding Workshop attendees learned how to navigate the changes in store for 2018 coding and reimbursement.

Patient Safety E-Learning Program Available for Purchase

STS is offering an e-learning program on the science and practice of patient safety. “Fundamentals of Patient Safety for the Cardiothoracic Surgery Team” is a series of online modules covering topics such as the epidemiology of error, systems thinking, human factors, the culture of safety, fundamentals of quality improvement, communication, and methods and tools for evaluating safety events. By completing the entire program,

learners can earn 4.5 AMA PRA Category 1 Credits™, as well as self-assessment credits toward Part II of the American Board of Surgery Maintenance of Certification Program.

Visit sts.org/patientsafetymodules to purchase the program, and contact education@sts.org with any questions. ■

Staff Updates

Emily Robinson joined the STS staff on October 30 as the new CTSNet Web Coordinator. She assists with CTSNet’s editorial content and social media presence. Previously, Emily was an Administrative Assistant at the American College of Healthcare Executives, as well as a freelance writer and copyeditor. She holds a bachelor’s degree in journalism and electronic media from the University of Tennessee. To contact Emily, email erobinson@sts.org.

Kevin Gilmartin joined the Society on December 4 as its Senior Manager, Information Technology. Kevin leads the IT department, overseeing the maintenance and ongoing enhancement of the Society’s network, key databases, websites, web applications, and mobile applications. Previously, he was an Information System Manager at the Gateway Foundation. Kevin holds a master of

business administration degree in management information systems and a bachelor of science degree in network technologies from DePaul University in Chicago. To contact him, email kjilmartin@sts.org.

Andrea Maurey joined STS on December 11 as its Marketing Manager. Andrea develops and executes marketing plans for many of the Society’s endeavors, including its patient website, the STS National Database, and in-person educational meetings. Previously, she was a Marketing Specialist at Lions Club International. Andrea holds a bachelor of business administration degree in advertising and promotions from Western Michigan University in Kalamazoo. To contact her, email amaurey@sts.org. ■

Symposium on
**Robotic Cardiac Surgery:
Mitral Valve Repair,
Coronary Bypass, and More**
March 23-24, 2018
Chicago, Illinois
sts.org/roboticcardiac

Symposium on
Robotic Thoracic Surgery
May 18-19, 2018
Chicago, Illinois
sts.org/roboticthoracic

New for 2018!

STS/ELSO
ECMO
MANAGEMENT SYMPOSIUM

July 12-15, 2018
TAMPA, FLORIDA

sts.org/ecmo

CT Surgery Residents Prepare to Win Jeopardy Title

Cardiothoracic surgery residents from Europe and the United States will face off at the STS 54th Annual Meeting in the ultimate cognitive challenge—the STS Cardiothoracic Surgery Jeopardy Championship.

Qualifying competitions were held at the European Association for Cardio-Thoracic Surgery Annual Meeting in October 2017



Priyadharshanan Ariyaratnam, MRCS and Joshil Lodhia, MRCS from Castle Hill Hospital in Cottingham, United Kingdom (third and fourth from left, respectively), won the EACTS Jeopardy competition.

and the Southern Thoracic Surgical Association Annual Meeting in November 2017. The winners from each meeting will compete for international bragging rights on Sunday, January 28, in the Exhibit Hall at the Greater Fort Lauderdale/Broward County Convention Center in Fort Lauderdale, Florida. ■



Terry Shih, MD and Stephanie G. Worrell, MD (center) from the University of Michigan won the STSA Jeopardy competition.

STS Engages the General Public via Press Release Program

As part of its continuing effort to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued four press releases October 5–November 30, 2017. Brief recaps can be found below. To read the full press releases, visit sts.org/media.

October 5: **“Simple Urine Test After Heart Surgery Detects Patients at Risk for Kidney Injury”** described an abstract presented at the 14th Annual Multidisciplinary Cardiovascular and Thoracic Critical Care Conference on a new, inexpensive urine test that accurately identifies patients at risk for kidney damage after open heart surgery.

October 26: **“More Early Stage Lung Cancer Patients Survive the Disease”** explained how the advancement of surgical and radiation therapy strategies for stage 1 non-small-cell lung cancer has led to more patients being treated, resulting in higher survival rates, according to a study in *The Annals of Thoracic Surgery*.

November 9: **“Older Donor Lungs Should Be Considered For Transplantation”** outlined how the use of lungs from donors older than age 60 has been shown to achieve reasonable outcomes and should be considered as a viable option, according to research published in *The Annals*.

November 30: **“Aggressive’ Surgery Is Best Treatment Option for Early Stage Lung Cancer”** described an *Annals* study showing that patients with early stage lung cancer live longer when they receive a lobectomy, rather than a less extensive operation or radiation treatment. ■

For more information on the Society’s press release program and other public outreach efforts, please contact media@sts.org.



Mark your calendar. February 22 is
National Heart Valve Disease Awareness Day.

ValveDiseaseDay.org

Scholarships Encourage CT Surgery Careers

The Society's Looking to the Future Scholarship Program will welcome 60 medical students and general surgery residents to the upcoming STS 54th Annual Meeting in Fort Lauderdale.

Initiated in 2006, the program was developed to identify and encourage general surgery residents who are considering, but not yet committed to, a career in cardiothoracic surgery. In 2011, medical students became eligible. Since its inception, the program has awarded 490 scholarships.

Nearly 150 medical students and residents applied for the 2018 scholarship.

"The LTFF applicants seem to be an interesting reflection of the cardiothoracic surgery field," said Elizabeth A. David, MD, Chair of the Looking to the Future Scholarship Task Force. "The quality of the applicants continues to improve year after year, likely reflecting improvements in the job market and young people being encouraged and inspired to pursue careers in cardiothoracic surgery."

During the meeting, programs for medical students and residents provide targeted information about cardiothoracic surgery as a profession, life as a cardiothoracic surgeon, and the application processes for training programs. In addition, each scholarship recipient is assigned a surgeon mentor to provide one-on-one insights.

"The scholarship recipients have direct access to leaders and mentors in cardiothoracic surgery throughout the Annual Meeting, and for recipients who do not have access to local mentorship, this

is absolutely key," Dr. David said.

"One of the particular strengths of our program is the ability to identify talented applicants who may not be training at traditional 'powerhouse' programs and provide them with access to mentorship."

The recipients aren't the only ones who benefit from the LTFF program.

"One of the particular strengths of our program is the ability to identify talented applicants who may not be training at traditional 'powerhouse' programs and provide them with access to mentorship."

– Elizabeth A. David, MD

"I have been inspired by my own mentees and their enthusiasm for cardiothoracic surgery," Dr. David said. "The experience of being a mentor is very rewarding, as you get to share the uniqueness and challenges of our specialty and know that you are influencing the next generation of cardiothoracic surgeons." ■

To view a list of the 2018 scholarship recipients, visit sts.org/lfff. For information regarding the LTFF program, contact Rachel Pebworth, Senior Coordinator, Affiliate Organizations, at rpebworth@sts.org or 312-202-5835.

New Guideline on Anticoagulation During Cardiopulmonary Bypass Available Soon

STS, the Society of Cardiovascular Anesthesiologists, and the American Society of ExtraCorporeal Technology will soon release a new clinical practice guideline on anticoagulation during cardiopulmonary bypass (CPB).

Despite more than a half century of "safe" CPB, the evidence base surrounding the conduct of anticoagulation therapy for CPB had not been organized into a succinct guideline, leading to enormous practice variability. The new guideline offers practice recommendations, including heparin dosing and monitoring for initiation and maintenance of CPB, heparin contraindications and heparin alternatives, and reversal of anticoagulation during cardiac operations.

The guideline will be posted on *The Annals of Thoracic Surgery* website, annalsthoracicsurgery.org, on Friday, January 19, at 5:00 p.m. EST.

It also will be available at sts.org/guidelines and via the STS Clinical Practice Guidelines mobile app. ■

Don't Wait: Register Today for the Annual Meeting

→ continued from cover

STS 54th Annual Meeting Abstract Book that is available as a PDF at sts.org/abstractbook; please note that printed copies will not be distributed onsite.

HEAR FROM EXPERTS AROUND THE GLOBE

A session to be presented on Monday, January 29, by STS, the Canadian Association of Thoracic Surgeons, and the Canadian Society of Cardiac Surgeons will provide information on the management of airway injuries post-esophagectomy, management of N2 disease in non-small cell lung cancer, and more. Also on Monday, surgeons at the International Symposium will explain their treatment approaches, challenges, and ethical dilemmas related to dealing with infectious heart disease in young adults—especially in light of the current opioid epidemic.

On Tuesday, January 30, the Society will team up with the European Association for Cardio-Thoracic Surgery in a session on the treatment options available for bicuspid aortic valve disease associated with pure aortic valve insufficiency and root dilation. In the afternoon, STS will partner with the International Society for Heart and Lung Transplantation in a new session on contemporary experience with left ventricular assist device therapy around the globe. Finally, STS will join with the European Society of Thoracic Surgeons to discuss controversial issues in general thoracic surgery, including surgical management of pulmonary metastases, management of malignant pleural mesothelioma, surgery in small cell lung cancer, and chest wall tumors.

THE BEST FORUM FOR SCIENTIFIC RESEARCH

The general session on Monday morning will include presentation of the J. Maxwell Chamberlain Memorial Papers, which represent some of the top-rated abstracts at the meeting.

The Chamberlain Paper for adult cardiac surgery examines whether surgical atrial fibrillation ablation improves long-term survival. The congenital heart surgery paper takes a look at congenital heart surgery referral patterns in the United States. And the general thoracic surgery paper reviews an enhanced recovery protocol that decreases pulmonary and cardiac complications following thoracotomy for primary lung cancer.

The Richard E. Clark Memorial Papers highlight research utilizing data from the STS National Database. Rather than being presented en masse during Monday's general session, as has been customary, two of the papers will be featured during specialty-specific parallel sessions.

The Clark Paper for adult cardiac surgery looks at outcomes of elective hybrid arch debranching with endograft exclusion versus total arch replacement procedures. The congenital heart surgery paper outlines the development of a congenital heart surgery composite quality measure, and the general thoracic surgery paper evaluates the use of invasive mediastinal staging for lung cancer.

And that's just the tip of the iceberg. The Annual Meeting will feature dozens of oral abstract presentations, along with invited talks by renowned speakers, lively debates, and surgical videos. Don't miss this opportunity! ■

Registration and housing are available at sts.org/annualmeeting. If you have questions about registration, contact the Society's official registration partner, Experient, at 800-424-5249 (toll free), 00-1-847-996-5829 (for international callers), or sts@experient-inc.com.

Put Knowledge into Practice at STS University

Cap off your Annual Meeting experience by attending STS University, which will be held on Wednesday, January 31. STS U is a series of hands-on courses that allow attendees to gain experience with a wide variety of cardiothoracic surgical procedures.

Each STS U course will be offered twice on Wednesday morning, and you must purchase separate tickets in addition to your Annual Meeting registration. Please note that STS U features only hands-on learning, and attendees are strongly encouraged to review the didactic lectures for those courses in advance. View course materials at sts.org/stsuniversity.

Course 1: Essentials of TAVR

Course 2: TEVAR and Aortic Arch Debranching Procedures

Course 3: Mitral Valve Repair

Course 4: Valve-Sparing Aortic Root Replacement

Course 5: Aortic Root Enlargement Procedures and Aortic Valve Leaflet Reconstruction

Course 6: VATS Lobectomy

Course 7: Advanced Open Esophageal and Tracheal Procedures

Course 8: Chest Wall Resection, Reconstruction, and Pectus Surgery

NEW! Course 9: Minimally Invasive Aortic and Mitral Valve Surgery

NEW! Course 10: POEM Skills

The Society of Thoracic Surgeons gratefully acknowledges the following companies for providing educational grants for the STS 54th Annual Meeting.

This list is accurate as of December 22, 2017.

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Get the Most out of the Annual Meeting

Whether it's your first time attending the STS Annual Meeting or your 20th, making the most of your time in Fort Lauderdale will require planning and a good dose of flexibility. Three veteran meeting attendees share their best advice to help you maximize your experience.

PLAN YOUR SCHEDULE

"I first check out the weekend sessions, such as Tech-Con, followed by the specialty symposia. That's how I plan my flights for arriving and departing," said Robbin G. Cohen, MD, MMM, Associate Professor of Cardiothoracic Surgery at the University of Southern California in Los Angeles.

The *Advance Program*, available at sts.org/annualmeeting, offers detailed descriptions and agendas for the entire meeting. The STS Meetings app, available at sts.org/mobileapp, also can help you plan ahead. You can save sessions and presentations to your personal itinerary, then set alerts so that you're reminded when they're about to begin.

GET A WELL-ROUNDED EXPERIENCE

While many Annual Meeting sessions offer in-depth science, technology, and hands-on learning, others address the practice management side of cardiothoracic surgery. For the 2018 Annual Meeting, these sessions include the Practice Management Summit (Sunday), Diversity and Inclusion in Cardiothoracic Surgery: What's In It for Me? (Monday), and The Importance of Physician Documentation in Reimbursement (Monday).

Kevin D. Accola, MD, a cardiothoracic surgeon at Cardiovascular Surgeons PA in Orlando, encourages his colleagues to attend the STS Key Contacts session on Monday and the Health Policy Forum on Tuesday so that they can advocate for the specialty.

"It's essential that cardiothoracic surgeons and others in our field become knowledgeable about changes in our health care system, as they impact our daily practice," he said.

Dr. Accola also strongly encourages attendees to participate during sessions, whether it's during the Q&A portion of a session or via polling software available in select sessions. "The discussion opportunities are very informal and provide ample opportunity for further interaction and exchange of new ideas," he said.

VISIT THE EXHIBIT HALL

In addition to offering insightful information about Annual Meeting sessions, the *STS Meeting Bulletin*, which is available in bins throughout the convention center, offers a map of the Exhibit Hall and descriptions about what companies are offering at their booths.

"I frequently find a new instrument or idea that I hadn't thought of," Dr. Cohen said.

"Visiting the Exhibit Hall also helps you establish relationships with salespeople and their managers who might be good resources in the future."

The Society has a booth in the Exhibit Hall (#807) where

attendees can learn about everything STS, such as membership, *The Annals of Thoracic Surgery*, and the STS National Database.

Data managers and surgeons participating in the STS National Database should take time to visit the STS Regional Data Managers booth (#1112). "It's a great way to find out what's going on around the country and how to become more involved with local efforts,"

said Syma Prince, RN, BSN, AACC, Director of Cardiovascular Outcomes at HCA North Texas in Dallas. "These regional initiatives are where some of the strongest networks are built."

BUILD YOUR NETWORK

Networking is an essential component of the Annual Meeting experience.

"People I've met at the Annual Meeting have remained mentors throughout my career and become close friends," Dr. Accola said.

Dr. Cohen agreed. "I would advise new and young members to not be shy about attending social events and approaching even the most famous members in our field," he said. "I think STS is a really inclusive organization that is welcoming of young talent."



Kevin D. Accola, MD asks a question during the 2017 Annual Meeting.

One of the highlights of the meeting is the President's Reception, which will be held on Sunday evening at the Fort Lauderdale Marriott Harbor Beach Resort & Spa. On the other evenings, industry-sponsored satellite activities feature expert talks and oftentimes a free meal (find a list in the *Program Guide* or *STS Meeting Bulletin*).

"Many surgeons have been invited to industry dinners in advance by their local reps," Dr. Cohen said. "These are not part of the STS educational program, but can be another good way to learn about new technology in development."

RECHARGE YOUR BATTERIES

Relaxing in your hotel room with room service can be a refreshing option after days filled with learning and socializing.

"The meeting can be a lot to take in. There's nothing wrong with getting in some downtime so that you're ready to go tomorrow," Prince advised. ■

STS Works for Appropriate CT Surgeon Reimbursement

The old adage that “if you don’t have a seat at the table, you could wind up on the menu” perhaps could not be more relevant than when considering physician reimbursement.

Determining appropriate payment for cardiothoracic surgical services is a complicated process, and STS has worked tirelessly to help ensure that the procedures performed by its members are fairly quantified and valued. Two important ways in which the Society has had a seat at the table have been through its work with the American Medical Association’s CPT® Editorial Panel and with the AMA/ Specialty Society Relative Value Scale Update Committee (RUC).

ACCURATE CODES ARE ESSENTIAL

The CPT Editorial Panel is where all the codes for the procedures performed by cardiothoracic surgeons originate. CPT terminology is the most widely accepted medical nomenclature for reporting medical procedures and services to both governmental and commercial health insurance programs.

The CPT Advisory Committee supports the Editorial Panel by suggesting revisions to the CPT code set, providing documentation regarding the medical appropriateness of various medical and surgical procedures under consideration for inclusion, and coming up with definitions for different procedures.

“Getting the terminology right and collaborating with other medical and surgical specialties are the first steps toward appropriate reimbursement and recognition by various external bodies of the work that we do,” said Francis C. Nichols III, MD, who serves as the STS representative on the CPT Advisory Committee. Dr. Nichols also chairs the STS Workforce on Coding and Reimbursement.

Recently, the Society worked with vascular surgeons to develop new “conduit creation”

codes that capture the extra work that is sometimes necessary in order to safely establish cardiopulmonary bypass. In addition, STS took the lead in creating new laparoscopic/thoracoscopic esophagectomy codes, commonly called minimally invasive esophagectomy codes.

“We all know there is nothing minimally invasive about esophagectomy, no matter what the approach, and we didn’t want the magnitude of these procedures misconstrued,” Dr. Nichols said. “We’ve been able to achieve so much because the Society has earned respect and credibility, which benefits all cardiothoracic surgeons. This credibility didn’t come overnight, but rather through detailed, honest, and realistic proposals.”

VALUING PHYSICIAN WORK

The RUC is the physician community’s primary vehicle for communicating with the Centers for Medicare & Medicaid Services about payment policy. The RUC works to quantify the resources required to provide physician services and then proposes value recommendations to CMS.

STS representatives regularly have provided evidence to the RUC on behalf of the specialty regarding CPT codes that have been identified as potentially misvalued, new codes being valued, or codes that require revaluation per RUC rules. For example, the Society’s proposed values for revised esophageal codes and artificial heart codes recently were accepted by the RUC, and ultimately CMS, subsequent to STS presentation.

In addition to presenting data that will help with the valuation of certain codes, STS has a representative on the RUC—

currently Verdi J. DiSesa, MD, supported by alternate Joseph C. Cleveland Jr., MD—who votes on codes and values brought up for review and participates in subcommittees and workgroups, including those which address practice expense and professional liability issues that impact physician work valuation.

Dr. DiSesa was appointed to the role after STS Member Peter K. Smith, MD was named RUC Chair in 2015. Dr. Smith had spent a decade representing cardiothoracic surgery on the RUC, prior to his appointment as Chair.

“The value of having a seat on the RUC can only be realized by developing critical relationships with AMA staff and other RUC members. In so doing, we have

become experts on the entire RUC process, which has allowed us to achieve a significant measure of success in physician reimbursement,” said Stephen J. Lahey, MD, Chair of the STS/AATS Workforce on

Health Policy, Reform, and Advocacy. “A certain trust is built over the years, and this indirectly helps our cause with any codes that STS brings forward.”

Drs. Nichols and Lahey both stressed the importance of the next generation learning the ins and outs of the CPT and RUC world. “Quite simply: It behooves us to become actively involved in this critical financial process,” Dr. Lahey said.

If you’d like to learn more about ways in which you can serve the specialty through these and other activities, contact the STS Government Relations office at advocacy@sts.org or 202-787-1230. ■

“Getting the terminology right and collaborating with other medical and surgical specialties are the first steps toward appropriate reimbursement.”

— Francis C. Nichols III, MD

STS Members Urge Support for Training Slots, Smoking Bans, Research

About two dozen cardiothoracic surgeons converged on Washington, DC, in November for the Society's latest Legislative Fly-In.

During their meetings on Capitol Hill, STS members urged support for the Resident Physician Shortage Reduction Act, which would expand the current cap on the number of Medicare-supported training slots for doctors and increase opportunities for physician training programs—a move essential to ensuring patient access to care. Research has shown that by 2035, cardiothoracic surgeons would have to increase their caseload by 121% in order to meet demand.

STS members also asked lawmakers to pass a bill that would immediately ban smoking inside Veteran Health Administration (VHA) facilities and would ban smoking outside VHA facilities within 5 years. Currently, VHA facilities have 971 outdoor spaces affirmatively designated for smoking and 15 indoor spaces designated for smoking, despite the fact that many veterans suffer from chronic obstructive pulmonary disease, hypertension, and coronary artery disease, all of which are exacerbated by secondhand smoke.

In addition, Fly-In participants urged restoration of funding for the Agency for Healthcare Research and Quality and requested more time to meet certain provisions in the Medicare Access and CHIP Reauthorization Act. ■



1. (From left) STS Political Affairs and Advocacy Manager Nicholas Beek, Omar M. Lattouf, MD, PhD, Kevin W. Lobdell, MD, Rep. David Rouzer (R-NC), and Peter N. Kane, MD discussed issues affecting the specialty.

2. Kristopher George, MD (left) and Amir Sarkeshik, MD sat down with staff members for Rep. Devin Nunes (R-CA).

3. Raymond Strobel, MD met with Rep. Debbie Dingell (D-MI).

4. Fly-In participants attended a dinner briefing the night before their meetings on Capitol Hill.

For more photos from the Fly-In, view the Flickr album at [sts.org/flyinphotos](https://www.flickr.com/photos/stsorg/flyinphotos/). Stay tuned for more details on the next Fly-In, as well as opportunities for you to connect with your lawmakers at home during Congressional recesses this year, by visiting [sts.org/advocacy](https://www.sts.org/advocacy).



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MARK YOUR CALENDAR

Upcoming STS Educational Events

STS 54th Annual Meeting & STS/AATS Tech-Con 2018

Fort Lauderdale, Florida
January 27-31, 2018

Symposium on Robotic Cardiac Surgery: Mitral Valve Repair, Coronary Bypass, and More

Chicago, Illinois
March 23-24, 2018

Symposium on Robotic Thoracic Surgery

Chicago, Illinois
May 18-19, 2018

STS/ELSO ECMO Management Symposium

Tampa, Florida
July 13-15, 2018

Advances in Quality & Outcomes: A Data Managers Meeting

Hollywood, California
September 26-28, 2018

Find out more at
sts.org/meetings/live-courses.

Thank You!



The Society of Thoracic Surgeons

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