

Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

June 16, 2024



STS National Database[™]
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Agenda

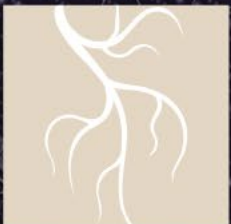
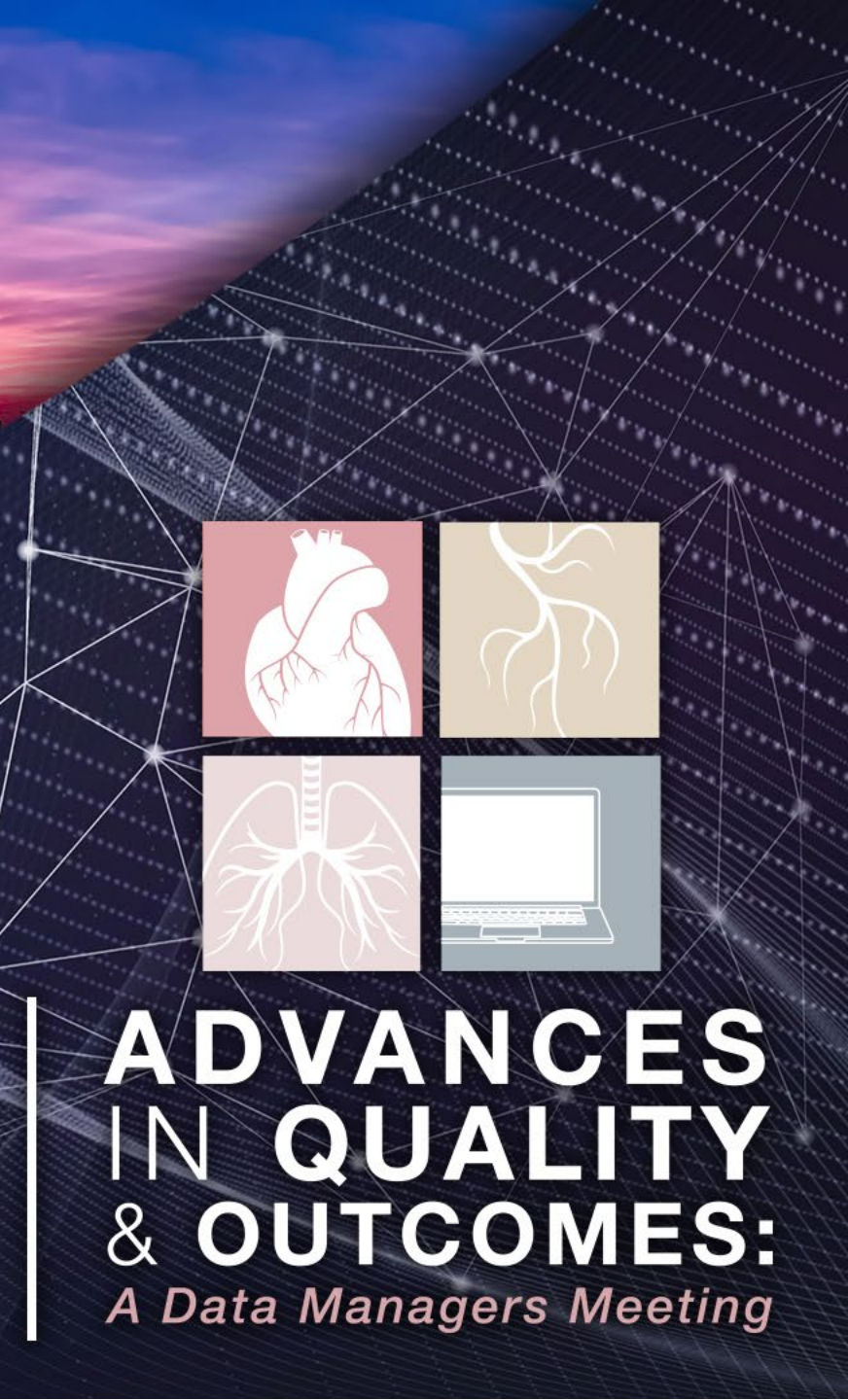
- Welcome and Introduction
- STS Updates
- Education (Ruth Raleigh, GTSD Consultant)
- Q&A

STS Updates

- June Training Manual to be posted no later than 6/14
- Spring 24 Harvest Reports were released on Monday, April 29th
 - Official notification was sent to Participants on Friday, April 26th
- Fall 24 Harvest close is scheduled for September 6th
 - Surgery dates 7/1/2021 – 6/30/2024
 - Opt out date is September 10th
- GTSD Audit Update
 - Official notifications sent to selected sites on Wednesday, June 29th
 - Audit related questions should be directed to CRS at genthoracic@cardiacregistrysupport.com
 - Audit webinar to be posted on the STS website

STS Updates

- New NPI validation for sites using third-party vendor software
 - Ensures only cases for surgeons or anesthesiologists on your contact list are accepted into the database
 - If a case(s) is uploaded for a physician not on your contact list, the record(s) will fire a critical error, and will not be accepted into the Data Warehouse
- Official communication regarding this new NPI check was sent to Participants on May 10
- Review your contact lists to verify the surgeons and anesthesiologists STS has on file for your sites.
 - Access your Contact List Report - located within IQVIA Platform under Operational Reports
- If you find that any of your surgeons or anesthesiologists are missing from STS's records, please complete the required documentation.
 - Contractual requirement and must be done as physicians join your site
 - To add new physicians, submit a [participant contact form](#) with a signed [Schedule A](#) for surgeons or a signed [Schedule B](#) for anesthesiologists.



JOIN US IN MUSIC CITY!

September 11-13 Nashville, TN
Register at sts.org/AQO

**ADVANCES
IN QUALITY
& OUTCOMES:**
A Data Managers Meeting

AQO
Registration
Now Open

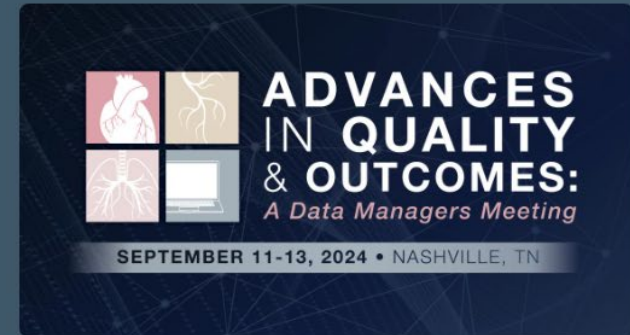
Event

2024 Advances in Quality & Outcomes: A Data Managers Meeting

Discussions on valuable research and important clinical findings with the goal of improving data collection and patient outcomes.

Register Now

Reserve Housing



Date(s)
Sep 11–13, 2024

Location
Nashville, TN
Loews Vanderbilt Hotel

Audience
Data Manager

AQO Pricing (In-Person and Virtual)

In-Person Pricing

Category	Early Bird Discounts (through May 16)	Standard Rate (May 17 - September 14, 2024)
STS Member - One Day	\$700	\$800
STS Member - Two Day	\$1,050	\$1,250
STS Member - Three Day	\$1,300	\$1,600
Non-Member - One Day	\$800	\$900
Non-Member - Two Day	\$1,250	\$1,450
Non-Member - Three Day	\$1,600	\$1,900
Industry Employee	\$750	\$750

You'll need your STS Member ID to receive the discounted member rate. Database participation differs from STS membership (e.g., Surgeon or Associate Membership). Your 6-digit STS Member ID is not your site or Database participant ID. For help with your STS Member ID, please contact [Member Services](#).

Virtual Pricing

Virtual Pricing

For those unable to travel to Nashville, STS offers a virtual registration option. Registrants who choose the "virtual pass" will gain access to on-demand content and e-posters online before AQO and the recorded archive of all sessions following the conclusion of the meeting. (the virtual pass does not include live streaming.)

In the months after the meeting, each registry will host an AQO Hot Topics webinar. We will bring back meeting speakers and give virtual attendees a chance to ask questions. Conversations will touch on valuable research and best practices from STS National Database professionals, all to improve data collection and patient outcomes.

Category	Early Bird Discounts (through May 16)	Standard Rate (May 17 - September 14, 2024)
STS Member - Multi-Day	\$300	\$400
Non-Member - Multi-Day	\$400	\$500



Call for Abstracts

Submit an Abstract

Abstract submissions are now being accepted. Accepted submissions will be presented as e-posters while a small number also may be selected for oral presentation. Submitted abstracts must use STS National Database Core Fields and Participating Sites Custom Fields to produce results. Review the guidelines below.

Deadline: Monday, June 24, 2024 at 11:59 p.m. ET

[Submit an Abstract](#)

[Review Guidelines](#)



Abstract Submission Information & Guidelines

Abstracts will soon be accepted for presentation consideration at The Society of Thoracic Surgeons 2024 Advances in Quality & Outcomes (AQO): A Data Managers Meeting. Accepted submissions will be presented as e-posters; however, some selected abstracts also may be presented orally.

Important

Abstracts submitted for presentation consideration at the AQO Meeting must use STS National Database Core Fields and Participating Sites Custom Fields to achieve results. Two types of abstracts will be considered:

- Scientific Abstracts: Use of evidence-based practice to improve outcomes
- Quality Improvement (QI) Abstracts: Any hospital/system QI activity demonstrating change in behavior or outcome

Preliminary Agenda Topics

- Lung Cases Case Scenarios
- Esophageal Case Scenarios
- Neoadjuvant Therapy Module
- GTSD Revised Risk Models/Short & Long Term Risk Calculators
- Post Op Events
- Division of Responsibility: Data Manager vs. Surgeon
- Using STS Data for Quality Improvement
- Interpreting Harvest Reports/STAR Ratings
- On Demand Topics: Harvest Prep/Operative Techniques/Hernia/Mediastinal Mass/Tracheal Resection



AQO ASK:

- WE NEED YOUR PFT REPORTS
 - Please submit examples to rraleigh@sts.org
- WE NEED PATHOLOGY REPORTS
 - Please submit examples to rraleigh@sts.org
- We would love to have these examples by July 12



STS Education
Ruth Raleigh
(GTSD Consultant)

Case Inclusion

- The STS **requires** the inclusion of all cases that are primary resections of new lung cancer & primary resections of new esophageal cancer



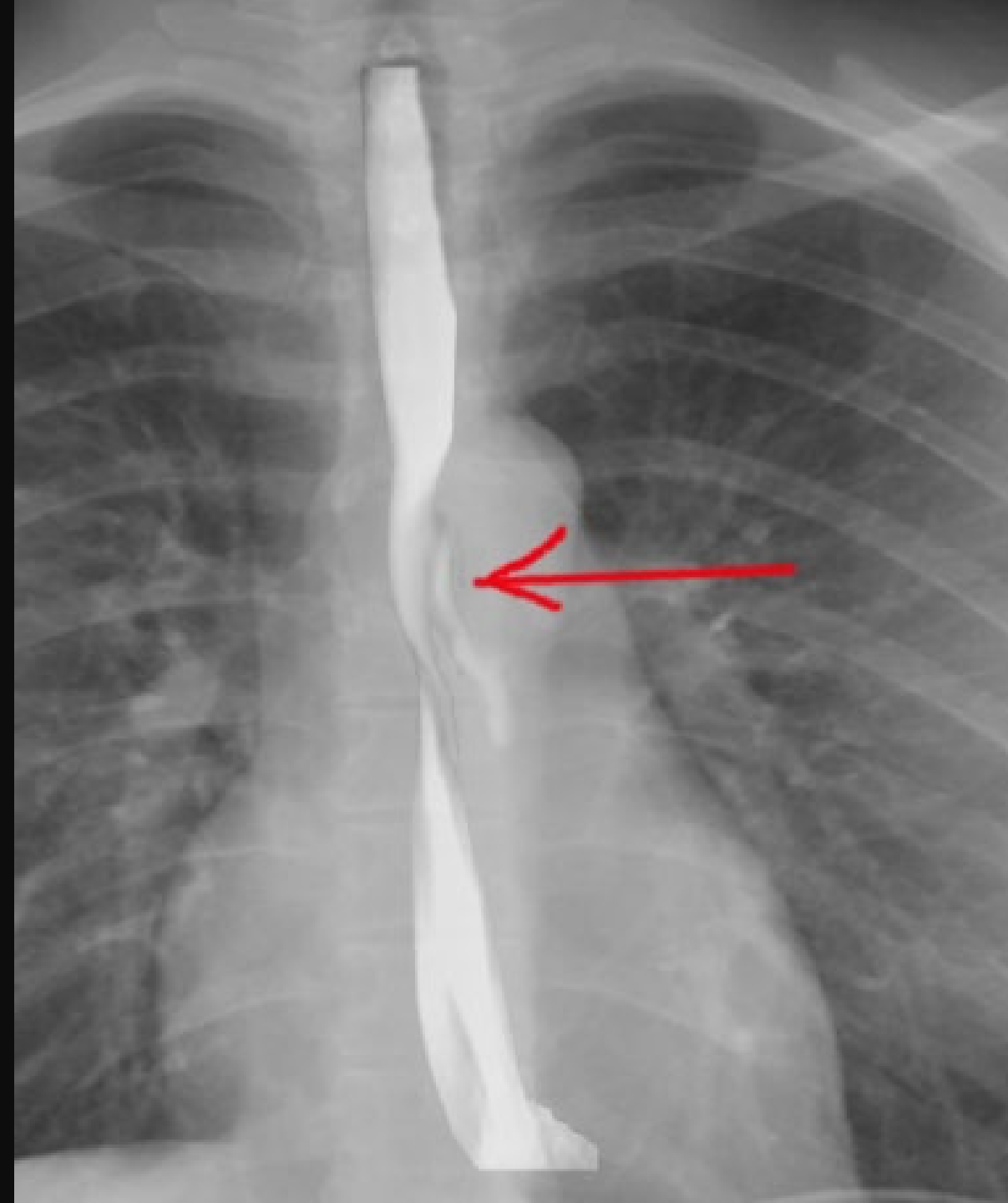
Case Exclusion

Lung resections not for new lung cancer

- Benign Lung Disease (Sarcoidosis, Hamartoma etc.)
- Metastatic Lung Disease (Ovarian Cancer, Renal Cancer etc.)
- Recurrent lung cancer
- Diagnostic resections

Esophagectomy not for esophageal cancer

- Esophageal perforation
 - Esophageal fistula repair
 - Recurrent Esophageal Cancer
-





Example 1: Excluded Lung Case

- Patient has biopsy of LUL nodule, clinically staged T1aN0M0 adenocarcinoma
- Plan: OR for Left Upper Lobectomy, Lymphadenectomy
- Intraoperatively, unable to complete left upper lobectomy but completed two lower lobe wedge resections and lymph node dissection.

Example 1: Continued

Final Pathologic Diagnosis

(A). LUNG, LEFT LOWER LOBE, WEDGE RESECTION:

-HYALINIZED GRANULOMA.

-NEGATIVE SPECIAL STAINS FOR ACID-FAST (AFB, FLUORESCENT AFB) AND FUNGAL (GMS) ORGANISMS.

-NEGATIVE FOR MALIGNANCY.

(B). LUNG, LEFT LOWER LOBE, WEDGE RESECTION #2:

-CALCIFIED AND OSSIFIED NODULE, CONSISTENT WITH A REMOTE GRANULOMA.

-NEGATIVE SPECIAL STAINS FOR ACID-FAST (AFB, FROZEN AFB) AND FUNGAL (GMS) ORGANISMS.

-NEGATIVE FOR MALIGNANCY.

(C). LYMPH NODE, LEVEL 5 SUBAORTIC, EXCISION:

-BENIGN LYMPH NODE.

-NEGATIVE FOR MALIGNANCY.

(D). LYMPH NODE, LEVEL 6 PERIAORTIC, EXCISION:

-BENIGN LYMPH NODE.

-NEGATIVE FOR MALIGNANCY.

(E). LYMPH NODE, LEVEL 7 SUBCARINAL, EXCISION:

-BENIGN LYMPH NODE WITH HYALINIZED GRANULOMATOUS INFLAMMATION.

-NEGATIVE FOR MALIGNANCY.

(F). LYMPH NODE, LEVEL 9 PULMONARY LIGAMENT, EXCISION:

-BENIGN LYMPH NODE WITH NONNECROTIZING GRANULOMATOUS INFLAMMATION.

-NEGATIVE FOR MALIGNANCY.

(G). LYMPH NODE, LEVEL 10 HILAR, EXCISION:

-BENIGN LYMPH NODE WITH NONNECROTIZING GRANULOMATOUS INFLAMMATION.

-NEGATIVE FOR MALIGNANCY.

(H). LYMPH NODE, LEVEL 11 INTERLOBAR, EXCISION:

-BENIGN LYMPH NODE.

-NEGATIVE FOR MALIGNANCY.

Example 2: Excluded Lung Case

Patient Y has a history of rectal cancer (within last 2 years) and received chemotherapy. Their current admission is for a lung nodule and they had a wedge resection where the pathology report shows metastatic rectal cancer...



Example 3: Excluded Lung Cases

Q: I have a patient that had a "right VATS excisional biopsy right upper lobe adenocarcinoma colon metastatic deposit." Is this case to be included or would it be considered a concomitant procedure?

A: The case is excluded

Example

4:

Excluded Lung Case

Patient Z with prior squamous cell in RUL in 2020 now with LUL mass. Intraoperative surgeon notes "I elected to not proceed with any surgical resection of the mass as previously stated, it was attached to the phrenic and lower current laryngeal making it a T4 lesion." Pathology does not include a T score or any other information such as tumor size, T stage or histology grade. Pathologist notes that no pathology synoptic protocol will be completed due to insufficient material.

Example 5: Excluded Esophageal Case

Patient with Crohn's disease who has developed multiple fistulas between the distal esophagus and the left lung.

Procedure #1: Left thoracotomy to sever the fistula and resect the non-functioning portion of the lung. Fistula repair failed, patient continued to have leaking of the lower pleural space.

Procedure #2: Resection of the distal esophagus with an Ivor Lewis esophagectomy

Upcoming GTSD Webinars

Monthly Webinars

- July 10 @ 2:30pmET (1:30pm CT)
- August 14@ 2:30 ET (1:30CT)



Open Discussion



Please use the Q&A Function.



We will answer as many questions as possible.



We encourage your feedback and want to hear from you!

Contact Information

Leigh Ann Jones, STS National
Database Manager, Congenital
and General Thoracic

- Ljones@sts.org
- 312-202-5822

Helpdesk Support
(Harvest Questions/Analysis
Report Questions)

- STSDB_helpdesk@sts.org

Database Operational
Questions
(Database Participation,
Contracts, etc.)

- STSDB@sts.org



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THANK YOU FOR JOINING!