

# STS | News



“We are including content and immersion features throughout the meeting that will provide an ongoing storyline and dialog that will keep attendees engaged.”

Tom C. Nguyen, MD

**STS 2021**  
January 29–31  
**EMBRACING  
INNOVATION**



► STS 2021 is expected to be unlike any other meeting that cardiothoracic surgery has ever experienced.

## A Virtual STS 2021 Promises to be an ‘Amazing Experience’

Without a COVID vaccine or an end to the pandemic firmly on the horizon, the Society made the difficult decision to forgo an in-person STS Annual Meeting in Austin, Texas, next January and, instead, create an all-digital meeting that will educate, inspire, and bring together members of the cardiothoracic surgery team from around the world.

“I’ve seen the sessions and features that have been planned, and I think it will be an amazing experience,” said STS President Joseph A. Dearani, MD. “Our surgeon leaders and STS staff are using their intellect and ingenuity to design a meeting that is unlike any other that we’ve seen to date in our specialty.”

STS 2021, planned Friday, January 29 to Sunday, January 31, is being built on an existing foundation of excellence, combined with the innovations of both today and tomorrow.

In expanding the reach of this event, the Society is creating an immersive digital experience that offers a blend of content and community: Sessions will be a mix of on-demand and broadcast content that will include prerecorded and live elements, panel discussions, attendee chat features, 360-degree videos, networking events, and more.

“We are developing sessions that utilize technology and offer enough variety that our attendees will remain engaged without experiencing the ‘virtual fatigue’ that has become common over the past few months,” explained Juan A. Crestanello, MD, chair of the Workforce on Annual Meeting.

Each day of the 2.5-day meeting will feel similar to an interactive television broadcast, starting with a brief overview of what attendees can expect and a rundown of what they shouldn’t miss and concluding with a recap and highlights.



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The Society's mission is to advance cardiothoracic surgeons' delivery of the highest quality patient care through collaboration, education, research, and advocacy.

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## STS Transforms Its Learning Platform

The unplanned, massive shift in knowledge dissemination over the past several months—triggered by the COVID-19 pandemic—has revealed the increasing importance of an innovative learning platform and superior education technology.

So in many ways, the long-awaited STS Learning Center is the right system at the right time, offering a reimagined model of education and a reinvented learning experience. This new learning management system, which debuted earlier this summer, will allow the Society to greatly expand and diversify its virtual offerings.

“With the new Learning Center, we can deliver a wider breadth of content, both curated and intelligently filtered, to the learner,” said Ara A. Vaporciyan, MD, MHPE, former chair of the STS Workforce on Thoracic Surgery Resident Issues, and currently a director-at-large on the STS Board of Directors and member of the STS Workforce on E-Learning and Educational Innovation. “The recent events related to the pandemic and the changes it has produced means that online learning will take an even greater role in how we train throughout our careers.”

STS members may not be attending live meetings and conferences right now, but the need for continued learning with content, activities, and modules that are relevant and easy to access is as important as ever.

The Society's educational programs—always designed to provide the most up-to-date information on research, surgical techniques, and patient management, as well as relevant social, ethical, and political issues—remain intensive, compelling, and high quality; other aspects such as the delivery and the look and feel have changed.

The Learning Center leverages the latest education strategies, learning technology, and delivery methods, while offering improved navigation, functionality, and searchability. The result? A personalized, intuitive learner journey and a better overall user experience.

“Online education always has been more of a learner-centric model in which the learner identifies the desired content and pace of delivery,” said Dr. Vaporciyan. “The STS Learning Center offers this type of platform—the ability to have information you need, at the level of detail you want, and delivered when you are ready. This is efficient for all involved, especially the learner.”



CONTINUED ON PAGE 8

## Member News



### Higgins Guides Diversity and Inclusion at Johns Hopkins

**Robert S.D. Higgins, MD, MSHA**, has been named senior associate dean for diversity and inclusion for The Johns Hopkins University School of Medicine in Baltimore, Maryland. He also will continue in his current positions as surgeon-in-chief at The Johns Hopkins Hospital and director of the Department of Surgery at the School of Medicine. An STS member since 1997, Dr. Higgins is the Society's Immediate Past President.



### Medalion Is Cardiothoracic Surgery Chair

**Benjamin Medalion, MD**, is the new chair of cardiothoracic surgery at VCU Health in Richmond, Virginia. Most recently, he was an attending surgeon and the director of mechanical circulatory support and lung transplantation at University Hospitals in Cleveland, Ohio. Dr. Medalion also previously served as director of heart and lung transplantation and mechanical circulatory support at the Rabin Medical Center in Israel. He has been an STS member since 2016.



### LeMaire Chairs NIH Committee

**Scott A. LeMaire, MD**, has been appointed chair of the Literature Selection Technical Review Committee (LSTRC) for the National Library of Medicine within the National Institutes of Health (NIH). The LSTRC reviews and recommends journals for inclusion in MEDLINE. Dr. LeMaire is professor and vice chair of research at Baylor College of Medicine in Houston, Texas. He serves on the Board of Directors for The Thoracic Surgery Foundation, the Society's charitable arm, and has been an STS member since 2004.



### Lobdell Joins Army Reserves

**Kevin W. Lobdell, MD**, was commissioned into the US Army Reserves, with the rank of Lieutenant Colonel. He will receive monthly battle assembly training through Fort Bragg in North Carolina, while the Direct Commissioning Course will be in Fort Sill, Oklahoma, and the Basic Officer Leadership Course will be at Sam Houston in San Antonio, Texas. Dr. Lobdell is the director of regional cardiovascular quality, education, and research at Atrium Health in Charlotte, North Carolina. An STS member since 2007, he currently chairs the Workforce on Research Development and is a member of the Workforce on Quality and the Workforce on Health Policy, Reform, and Advocacy.



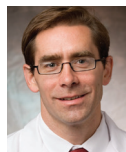
### D'Cunha Leads Team at Mayo

**Jonathan D'Cunha, MD, PhD**, has joined the Mayo Clinic in Arizona as the inaugural chair of the Department of Cardiothoracic Surgery, as well as consultant and professor. He previously served as chief of the Division of Lung Transplant/Lung Failure and vice chair of the Department of Cardiothoracic Surgery at the University of Pittsburgh. Dr. D'Cunha has been an STS member since 2006.



### Park Appointed President of Two Pennsylvania Hospitals

**Chong S. Park, MD**, was named president of Jefferson Hospital in Jefferson Hills, Allegheny County and Canonsburg Hospital, Washington County, both in Pennsylvania. A longtime Allegheny Health Network cardiothoracic surgeon, he previously served as medical director of the Cardiovascular Institute at Jefferson and as the hospital's chief medical officer. Dr. Park has been an STS member since 2000.



### Boffa Promoted to Division Chief at Yale

**Daniel J. Boffa, MD**, has been named chief of the Division of Thoracic Surgery at Yale University in New Haven, Connecticut. Since joining Yale in 2007, he has served as professor of thoracic surgery and director of clinical affairs for the thoracic surgery program. Dr. Boffa also developed a leading program for the minimally invasive treatment of esophageal and lung cancers. He succeeds his longtime mentor and friend, Frank C. Detterbeck, MD, who started the Division of Thoracic Surgery at Yale. Dr. Boffa has been an STS member since 2009 and serves on the Society's Workforce on Health Policy, Reform, and Advocacy, as well as *The Annals of Thoracic Surgery* Editorial Board.



### Reyes Begins Position in Florida

**Karl Michael G. Reyes, MD**, is now chief of pediatric and congenital cardiac surgery at St. Joseph's Children's Hospital in Tampa, Florida. This appointment is through an affiliation with the University of Pittsburgh Medical Center Children's Hospital of Pittsburgh in Pennsylvania, where he is an associate professor. Previously, Dr. Reyes was an associate professor in pediatric cardiac surgery at Baylor College of Medicine/The Children's Hospital of San Antonio in Texas. He has been an STS member since 2013.



Additional Member News items are available online at [sts.org/membernews](https://sts.org/membernews).



Send news about yourself or a colleague to [stsnews@sts.org](mailto:stsnews@sts.org). Submissions will be printed based on content, membership status, and space available.



# Getting Jazzed

Joseph A. Dearani, MD

“As we explored the options for a virtual meeting and I saw what was possible, I thought ‘that’s incredible!’”

Fall has arrived, which means the Program Planning Committee and the STS staff are concentrating on developing the upcoming STS Annual Meeting.

This year hasn't been typical, though, so the planning has been different than anything we've ever experienced.

We had hoped that the COVID pandemic would have subsided and a vaccine would have been available to the masses. That hasn't happened yet, so we made the difficult decision to change STS 2021 into a virtual meeting, rather than an in-person meeting in Austin, Texas.

At first, I was disappointed that I wouldn't have the opportunity to see many of my friends and colleagues and other STS members. But as we explored the options for a virtual meeting and I saw what was possible, I thought "that's incredible!"

I realized that we could put together a meeting that would welcome more cardiothoracic surgeons and their team members than ever before AND that we still could offer high-quality science, interactive presentations, networking and mentoring opportunities, and a chance to interact with our colleagues in industry and learn about new medical devices and technologies—we just had to embrace every side of innovation.

And that's what we are doing. We are taking advantage of the latest virtual platform innovations to create an immersive experience that will allow attendees to engage, learn new things, be inspired, and have an amazing experience. See our cover story for more details.

Behind the scenes, we also are embracing device, product, and process innovations from industry representatives and expanding our educational programs to include an online robotics curriculum, a transformed Learning Center, a new cardiothoracic surgery e-book, and a new podcast series that will help us—

and the world—get to know the people behind the surgical mask better. This new series, "Same Surgeon, Different Light," is part of our growing efforts to embrace diversity, equity, and inclusion, and help build a strong cardiothoracic surgical specialty that reflects the patient population it serves.

You can learn about the new podcast series and many of the other new initiatives throughout this publication.

## Fighting for You and Our Future

The COVID pandemic has put a strain on all of us. We have served on the front lines during the height of the crisis. We have worked extraordinarily long hours, been exposed to physical and emotional trauma, and thrust into very difficult circumstances.

The cessation of elective surgery by state governments, salary reductions to help compensate for hospital and health care institutional losses, and illnesses as a result of COVID-19 have devastated many practices. Now, as we work to rebuild our practices and prepare for a potential surge in new COVID cases this fall and winter, we face the additional burden of an impending 9% Medicare reimbursement cut beginning on January 1.

I want to assure you that STS is doing everything it can to fight these proposed cuts, and we thank everyone who has made the effort to contest these reimbursement reductions. Please continue battling with us; our voices are stronger together. More information on how you can get involved is available on page 19.

## Managing Stress

Few career paths require relentless tests of resolve and commitment as the path to becoming a cardiothoracic surgeon. That's why – especially now – we all need to take the time and conduct regular self-assessment checks and maintain a good balance between our personal and professional lives.

One way that I help manage my own stress is through music. I played piano during grade school and began playing the saxophone in college. Every morning before work, I play my saxophone for an hour in a soundproof room—"the 4:30 room"—in my home.

I love rhythm and blues and classical standards, and I also have a passion for jazz. Playing music helps put me in the right frame of mind to handle the obstacles that I may find later in the day.

Many parallels exist between the bandstand and the operating room—team members are able to exercise leading or supporting roles, as well as develop communication and listening skills. In addition, studies have shown that music not only helps a surgeon perform better in the OR, but also can calm a patient's nerves before an operation.

Music is an important part of my life for a number of reasons, and whether you are a musician or just an avid listener, I hope that music is an important part of your life as well.

So as we adapt and evolve because of the COVID pandemic, let's remember that although we face many new challenges, I am confident that we will prevail—as a specialty and as a community of health care workers around the world that always will face challenges with purpose and passion.

Each day I count my blessings and reflect on the silver linings from this pandemic. And as I see how the Society is adapting and changing with the times, I'm getting jazzed about sharing that experience with you through content, collaboration, and community during the STS 2021 meeting. Although I won't be wearing my cowboy boots or enjoying barbeque with you in Austin, I look forward to the new year, the growth of our Society, and the evolution of our specialty.

Be well and be safe. ■

# A Virtual STS 2021 Promises to be an ‘Amazing Experience’

»»  
CONTINUED FROM COVER

The meeting will showcase the latest research and practice in all major cardiothoracic surgery disciplines via high-scoring abstracts, invited sessions, and e-posters. Tracks for residents/trainees and non-surgeon members of the health care team also will be available.

“STS 2021 will be very inclusive and intentionally laid out to avoid screen and mental fatigue,” said Tom C. Nguyen, MD, a member of the Workforce on Annual Meeting and its Program Task Force. “We are including content and immersion features throughout the meeting that will provide an ongoing storyline and dialog that will keep attendees engaged and offer opportunities for connection and mentorship.”

Mara B. Antonoff, MD, co-chair of the Virtual Meeting Task Force agreed that the meeting will be a standout experience. “The combination of preproduced elements and live content will provide attendees with access to cutting-edge research and global expertise in our field. The programmed tracks will be complemented by a wide range of on-demand content, giving trainees and early academicians opportunities to share their

best work. We are embracing innovation and making the most out of this situation,” she said.

The virtual platform and on-demand content will make it easier than ever for attendees to join whenever from wherever—no matter their time zone or location. But despite an expected record attendance, the meeting will offer opportunities for meaningful engagement and feel very intimate.

“We are planning a series of small-group sessions in which experts will interact with participants,” explained Dr. Crestanello. “For example, we’ll have a mitral valve repair expert talk about his or her techniques, offer tips, and answer questions. The immediacy and personal nature of the exchange will be invaluable for many people who never would have had the opportunity to interact with that expert.”

While the exact program schedule is still in the works, Saturday morning will be set aside for Dr. Dearani’s Presidential Address. “It’s not going to be me standing at a podium going through a bunch of PowerPoint slides; it will be a very different experience,” he promised.

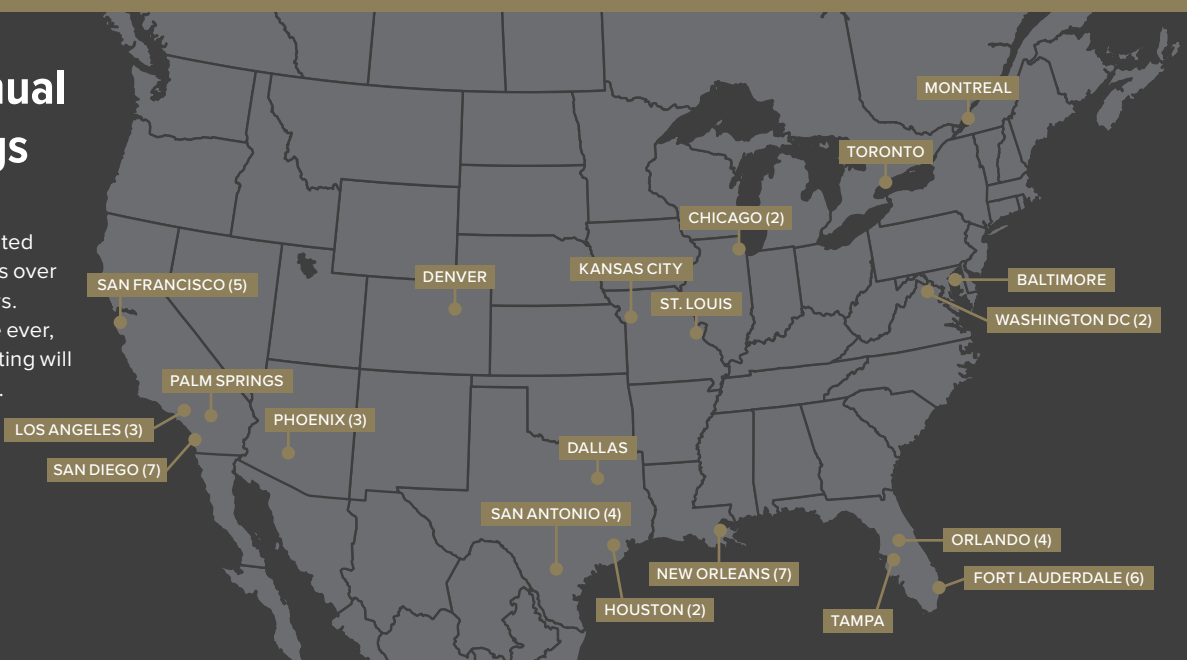
A cornerstone of the meeting will continue to be STS University, which traditionally has been a hands-on course. Instead of touching, feeling, and conducting various procedures, STS 2021 participants will be brought right into an operating room experience using narrated, immersive videos that display actual operative techniques. In addition, attendees will be able to see who’s in the room, how they are positioned, and what equipment they are using—all without traveling to another hospital.

STS 2021 also will include an exhibit hall in a digital platform, where industry representatives will be virtually staffing their booths, while showcasing the latest products and services for cardiothoracic surgery. During the exhibit hall open hours, attendees can participate in video chats with industry, take part in a scavenger hunt for prizes, and attend social and wellness events.

Up-to-date information about STS 2021 will be available at [sts.org/annualmeeting](https://sts.org/annualmeeting). Registration is expected to open in November, and early bird rates will be available with additional discounts for STS members. ■

## STS Annual Meetings

The STS Annual Meeting has visited 21 different cities over the past 56 years. For the first time ever, the Annual Meeting will be held virtually.





# STS E-Book Is the 'Next Generation' of CT Surgery Education

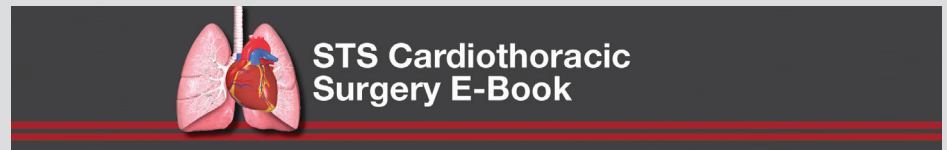
The STS Cardiothoracic Surgery E-Book is being touted as the most complete and authoritative online resource of cardiothoracic surgical information in the world.

More than 600 leading surgeons from around the globe have authored and edited approximately 330 interactive chapters included in the two volumes of the e-book—*Pearson's General Thoracic* and *Cardiac & Congenital*. The general thoracic volume is an update and expansion of the popular *Pearson's Thoracic & Esophageal Surgery* textbook, while the adult cardiac and congenital volume is all new.

Rich with multimedia content, this comprehensive resource showcases more than 2,000 photographs, charts, figures, and surgical videos. In addition, hundreds of high-quality, hand-drawn medical illustrations were commissioned. Both volumes will be updated continuously to reflect the most current information.

"The e-book represents the next generation of cardiothoracic surgical education," said Jeffrey P. Jacobs, MD, e-book senior editor for congenital heart surgery, and professor of surgery at the University of Florida Congenital Heart Center in Gainesville. "I find it particularly exciting that the STS e-book will allow hyperlinks to intraoperative photographs and videos and that chapters can be updated much more rapidly than the current process to update conventional paper-based textbooks."

Gail E. Darling MD, e-book senior editor for general thoracic surgery, and professor of thoracic surgery at the University of Toronto in Canada, agreed. "With knowledge expanding faster than ever, the old form of a published textbook with new editions released every 3 to 5 years is woefully inadequate to keep up with the rapidity of change. The new e-book allows us to update a chapter in almost real time."



► More than 330 interactive chapters across two volumes soon will be available in the STS Cardiothoracic Surgery E-Book.

In fact, the e-book eventually will allow for a Wiki-like experience that leverages the end user. In the works is a system similar to that of Wikipedia which will permit users to provide comments on the content that they are reading. If a section or even a paragraph requires updating or is no longer relevant, they will be able to point that out..

The e-book also will be available in online and mobile platforms, offering home, office, or point-of-care reference 24/7/365.

"The modern online format presents information that is remotely accessible. This increases the potential for global use of the e-book in the classroom, hospital, operating room, and anywhere really," said Dr. Jacobs.

Most of the cardiac and general thoracic chapters will be available soon, while the

remaining chapters in those disciplines plus all of the congenital chapters are expected to be released in early 2021.

Cardiothoracic surgery programs and residents currently have free access to the e-book through the STS Learning Center (see page 2); future access may be contingent on purchase of the Thoracic Surgery Curriculum. The e-book also will be available for purchase by hospitals, clinical practices, and individuals. Special introductory member pricing will be offered.

"The STS e-book will become the gold standard for education and training of current and future cardiothoracic surgeons at all levels, including medical students, interns, residents, fellows, and attending level faculty," said Dr. Jacobs. ■



For more information about the e-book, visit [sts.org/ebook](https://sts.org/ebook).

# STS Transforms Its Learning Platform



CONTINUED FROM PAGE 2

Considered the perfect vehicle to achieve the broader objective of integrating virtual and live education, the new educational platform greatly expands the Society's ability to host a varied set of content via a wide range of modalities. STS members now can easily view live or recorded webinars, participate in online interactive courses, listen to audio-based content, complete e-learning modules, and review other valuable educational content. The Society also is able to support live activities with completion certificates and online resource pages in a way that was not possible with the previous system.

In addition, the Learning Center content is optimized to display on any web-enabled device such as a smart phone or tablet. STS members are able to quickly launch any course from anywhere and easily pick up later with course and video bookmarking.

## One Platform, Two Purposes

Importantly, the STS Learning Center brings together two previous systems—cardiothoracic surgery residency training and surgeon continuing medical education (CME)—into one integrated platform.

According to Dr. Vaporciyan, the new Learning Center is like an encyclopedia of cardiothoracic surgical knowledge. “We now *all* have access to *all* levels of content. The Learning Center is not just for the early learners or those who are starting their journeys into cardiothoracic surgery, but also for the intermediate learners who crave more advanced content and the established practitioners who want the most up-to-date information and may need to go back and refresh their knowledge on certain subjects,” he said.

On the training side, the new Learning Center houses the Thoracic Surgery Curriculum, offering a centralized learning hub that allows program directors and faculty to design and assign packages and courses of content developed from a variety of sources. Trainees also are able to build tailored quizzes from a bank of more than 1,000 knowledge questions that cover all domains of cardiothoracic surgery, track those quizzes over time, and share results with their program directors.

This new platform also offers options to organize and deliver content through

personalized learning paths or customized packages that are built around specific topics. The learning is trackable through dynamic tests, self-assessments, and evaluations to help learners assess their progress, knowledge, and skills gaps.

In addition, the training side of the Learning Center will allow streamlined access with a single sign-on. This updated authentication scheme will permit users to log in with one ID and password to multiple applications, including the Learning Center. Previously, users had different credentials for various platforms, so the single sign-on option is expected to ease the management of usernames and passwords.

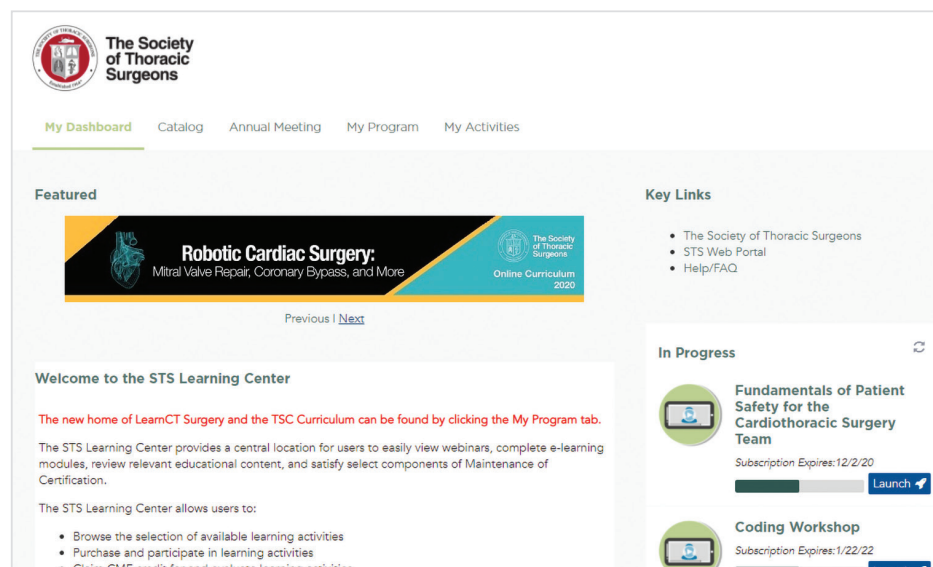
**“With the new Learning Center, we can deliver a wider breadth of content, both curated and intelligently filtered, to the learner.”**

Ara A. Vaporciyan, MD, MHPE

One important content resource now available to trainees and programs throughout the curriculum is the recently released STS Cardiothoracic Surgery E-Book. The first volume, *Pearson's General Thoracic*, will be available soon to a wider audience, as will the second volume, *Cardiac & Congenital*. The new STS e-book is a comprehensive collection of more than 330 interactive chapters featuring photographs, charts, figures, surgical videos, and original medical illustrations (see page 7).

“The new platform will allow greater flexibility to merge content from courses and programs with the richer, more detailed content that we are creating through the e-book,” said Dr. Vaporciyan. “This opens up new educational opportunities that previously we were unable to provide.”

It's important to note that CT surgery programs and residents currently have free access to the e-book, but future access may be contingent on program purchase of the Thoracic Surgery Curriculum.



► The new STS Learning Center will continue to be upgraded and enhanced over the next several months.



## CME for Surgeons

On the surgeon CME side of the Learning Center is a seamless, cohesive learning environment that will benefit STS members as individual learners.

Annual Meeting Online is available here, and the new system also offers many enhanced features in terms of video content, including support for closed captioning, transcripts for learners, and insertion of “test your knowledge” questions right alongside the video content. These capabilities were not available on the previous platform.

Also, courses such as the “Robotic Cardiac Surgery: Mitral Valve, Coronary Bypass, and More,” which feature prerecorded, narrated video lectures and demonstrations, as well as live, interactive panel discussions led by world-renowned instructors, have a home in the Learning Center (after purchase).

The first session of the Robotic Cardiac Surgery course, Building & Maintaining a Robotic Cardiac Surgery Program, was released in September. Five additional sessions will be available over the next few months. The complete course or individual sessions are available for purchase. A similar program for general thoracic robotic surgery is expected soon.

Over the coming months, additional features and activities in the new Learning Center will be introduced and the interface steadily improved to help ensure the best learner experience possible. ■

The screenshot displays the 'The Society of Thoracic Surgeons' Learning Center interface. At the top, there is a navigation bar with links: 'My Dashboard', 'Catalog' (highlighted), 'Annual Meeting', 'My Program', and 'My Activities'. Below the navigation bar is a search section with a 'Search' input field, a 'Filter By' dropdown menu set to 'Course Type', and buttons for 'Search' and 'Clear'. A '0 Item(s)' indicator is visible in the top right corner. The main content area shows a grid of course cards. The first row contains four cards: '2020 STS CODING WORKSHOP' (In Progress), 'SHARED DECISION MAKING' (Hours: 0.5, CME: 0.5), 'ETHICS' (Hours: 0.5, CME: 0.5), and 'CULTURAL COMPETENCIES' (Hours: 0.5, CME: 0.5). Each card has a 'View Details' link and a 'Launch' button. The second row features a larger card for 'STS Patient Safety Modules' (CME: 4.5) with the subtitle 'Fundamentals of Patient Safety for the Cardiothoracic Surgery Team', also including 'View Details' and 'Launch' options.

► Users are able to access interactive educational programs and earn CME anytime, anywhere via the STS Learning Center.



For more information or to review the Getting Started Guides, visit [sts.org/learningcenter](https://sts.org/learningcenter).

## New Strategic Plan Creates Path to Better Serve Members' Day-to-Day Needs

"A living document and an ongoing conversation." That's how the Society's new Strategic Plan is described.

The initial brainstorming session for the plan took place last fall, but the real work began in the spring, just as COVID-19 was about to surge in the US. STS President Joseph A. Dearani, MD, led a 2-day strategic planning retreat in early March that included Board members, other surgeon leaders, the staff management team, and an outside consultant.

"When I accepted the position as STS President, I promised to do everything possible to advance the specialty for all members, no matter their discipline, geography, or practice setting," said Dr. Dearani. "I believe this new strategic plan sets us on the right track to do that."

The STS Board approved the plan in June, recognizing that the Society has both the capacity and the capability to do things differently and even more successfully than in the past, especially in the areas of member engagement, virtual education, diversity, and advocacy — ultimately making it easier for members "to improve the lives of patients with cardiothoracic diseases."

### Member Engagement, Virtual Education

One priority of the new plan addresses the user experience of members, which has changed considerably due to COVID and will continue to look different in this new era.

Because the investment and framework were already in place, STS quickly was able to expand its online educational opportunities, providing meaningful and targeted information to audiences around the world. The offerings have included interactive webinars and podcasts addressing clinical topics, as well as financial and wellness-related ones.

These early experiences with virtual education are helping the Society identify the key features and technologies that are most successful and engaging so that when STS 2021 is held as a virtual meeting in January, the experience will be unforgettable for all participants — physicians, trainees, allied health, and exhibitors (see cover).

Earlier this summer, the Society launched its new Learning Center (see page 2) through which users can access interactive educational programs and have opportunities to earn CME and other credit anytime, anywhere. Programs include the new robotic surgery online curriculum, Annual Meeting Online, and various other learning modules. Soon to come will be the long awaited STS Cardiothoracic Surgery E-Book (see page 7).

### Diversity, Equity, and Inclusion

Another key priority of the strategic plan reaffirms the Society's commitment to diversity, equity, and inclusion.

"The Board fully recognized the need for the specialty to become much more reflective of the population it serves, which is, of course, especially relevant in this era where there is a strong and understandable push toward addressing racial injustice," said Dr. Dearani. "We also recognized how important it is to confront racial health disparities and help develop a diverse pipeline of residents coming into the specialty."

Recently, a special task force on diversity and inclusion was elevated into a workforce, and members of that workforce helped to develop a statement condemning racism and racial inequities in health care.

The new workforce also is developing content for the Vivien Thomas Symposium at STS 2021, the Society's new podcast series, "Same Surgeon, Different Light," and a diversity resources page on the STS website (see page 13).

### Advocacy

For the first time, advocacy has been listed as a key focus of the strategic plan. This is extremely important in the current environment where COVID has caused financial strain on hospitals and health care systems around the world. In addition, cardiothoracic surgeons in the United States are facing Medicare reimbursement cuts of up to 9% in January (see page 18).

### Moving Forward

Although fully immersed in expanding education, diversity, and advocacy initiatives, the Society also remains committed to ensuring that its newly transformed STS National Database and STS Research Center are important parts of members' day-to-day practices. Just as important is leveraging technologies such as artificial intelligence and machine learning in enhancing the Society's quality improvement initiatives.

"We are going to be even more relevant to our members at a time when they seek community, education, resources, research, and data," said STS CEO and Executive Director Elaine Weiss. "That's what the legacy of STS is, and that's what its future is."

She emphasizes that the Society has a responsibility to keep this new plan alive and make sure that it doesn't become a document that just sits on a shelf.

"Our goal in creating this plan is to ensure that it is not just a list of activities and boxes to check off," Weiss said. "We have developed detailed goals and objectives with actionable and measurable strategies. We will bring the plan back to the Board on a regular basis and ask, 'Are we doing it right?' and 'Is it still relevant?'" ■



To learn more details about the plan and its goals and objectives, visit [sts.org/strategicplan](https://sts.org/strategicplan).

# Mission

Advance cardiothoracic surgeons' delivery of the highest quality patient care through collaboration, education, research, and advocacy

# Vision

Improving the lives of patients with cardiothoracic diseases

# Core Values

Leadership

Quality

Diversity, Equity, and Inclusion

Professionalism

Innovation

Collaboration

## Renew Now for Full, Uninterrupted Access to STS Member Benefits

The due date for annual membership dues is fast approaching.

Dues for 2021 must be paid by December 31, 2020, in order to ensure that you will enjoy uninterrupted access to exclusive membership benefits, which include:

- Complimentary subscriptions to the Society's prestigious peer-reviewed journal, *The Annals of Thoracic Surgery*, and other print and online publications
- Access to Cardiothoracic Surgery News, an exclusive daily email briefing
- Opportunities to join leadership in developing and implementing programs to advance the interests of the specialty
- Special registration rates for the STS Annual Meeting, live educational programs, webinars, and other e-learning products
- Access to CME and other types of continuing education and participation credits
- Opportunities for discounted participation fees for the STS National Database
- Networking with the largest group of cardiothoracic surgeons worldwide

The Society recognizes that some members have faced furloughs, pay cuts, job losses, and uncertain futures due to the COVID pandemic. STS does not take these hard times lightly, and membership dues—which have not increased since 2002—remain the same.

To make the process as convenient as possible, you can securely pay your dues online to help save time, resources, and postage at [sts.org/dues](https://sts.org/dues). Another option is to pay your dues by mail. Printed invoices will be sent in November; invoices also will be accessible through the membership portal.



For more information, contact [membership@sts.org](mailto:membership@sts.org).



## Study on Mobile Lung Cancer Screening Draws Prominent Media Coverage

Important research featured in an STS press release issued this past quarter found that developing a commercially viable and financially sound mobile program for lung cancer screening is feasible. The study also showed the impact of bringing powerful screening tests directly to patients, including underserved rural areas where rates of new lung cancer cases tend to be higher.

"This study shows that if you bring it, they will come," said lead author Rob Headrick, MD, MBA, from CHI Memorial Chest and Lung Cancer Center in Chattanooga, Tennessee. "People across the country have not been traveling to medical centers to get scans that they don't know they need. Every 3 minutes, someone in the US dies of lung cancer. We believed that if we took the technology to the people, especially those most at risk, it would be an important educational experience and lives would be saved."

The study was published in *The Annals of Thoracic Surgery*.

### Lung Screening Bus Brings High-Tech Health Care Directly to Patients

- **Researchers:** Rob Headrick, MD, MBA, from CHI Memorial Chest and Lung Cancer Center in Chattanooga, Tennessee, and colleagues
- **Main finding:** A commercially viable bus and a financially sound mobile program can be developed.
- **Featured in:** *US News & World Report*, HealthDay, Drugs.com, Doctor Radio (Sirius XM radio), Physician's Briefing, Medical Xpress, and HemOnc Today



Find more details on this and other press releases at [sts.org/media](https://sts.org/media).



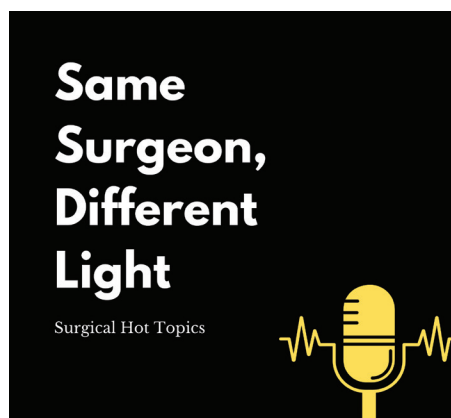
## New Podcast Series Expected to Offer ‘Driveway Moments’

The Society has expanded its Surgical Hot Topics podcast series with an exciting new program called Same Surgeon, Different Light.

The program—launched in early October—will focus on demystifying cardiothoracic surgery and presenting the remarkable backstories of cardiothoracic surgeons from a variety of backgrounds and in various career stages.

Hosts David Tom Cooke, MD, and Thomas K. Varghese Jr., MD, MS, will help listeners get to know the guests—their obstacles, success stories, tradeoffs, and pivotal moments that have shaped their personal missions and their careers so far in cardiothoracic surgery.

The first few guests include Robert S.D. Higgins, MD, MSHA, Joanna Chikwe, MD, Richard L. Prager, MD, Leah M. Backhus, MD, MPH, and Douglas J. Mathisen, MD.



Listeners will discover fascinating personal details, like when Dr. Mathisen was 5 years old and in the hospital, his surgeon—who was “larger than life”—inspired young Doug to become a surgeon. Dr. Mathisen describes knowing what he wanted to do so early as his “greatest gift.”

Dr. Chikwe shares that she grew up in Birmingham, England, with a Nigerian father who “came to Britain with coins in his pocket and a lot of ambition” and a Welsh mother from

a coal mining town. Knowing that she wanted to be a heart surgeon since she was 6 years old, Dr. Chikwe looks at the cardiothoracic surgery specialty that she is now a part of and finds it “refreshing” that “most of us are not born into a suit and tie.”

Listeners also will learn that Dr. Backhus almost became a neurosurgeon, but found cardiothoracic surgery to be a better fit. This experience helped her realize that mentors “do not have to look like you, they just need to get you.”

According to Dr. Varghese, Same Surgeon, Different Light is guaranteed to offer listeners “driveway moments” like these—stories that keep you in the car after you’ve reached your destination, just to listen.

Subscribe to Surgical Hot Topics via your favorite podcast app, or find the episodes at [sts.org/podcast](https://sts.org/podcast). New episodes will be added regularly and social media postings about the series will include the hashtag **#FaceofCTsurgery**.

## Virtual AQO 2020 Meeting Attracts Record-Breaking Attendance

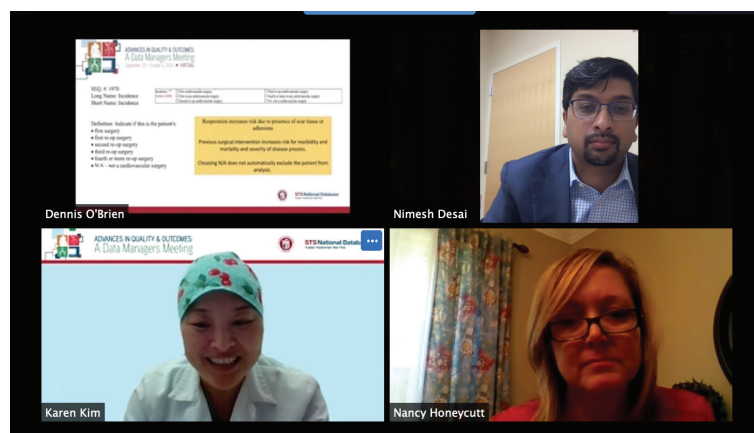
For the first time in its 23-year history, the Advances in Quality & Outcomes (AQO): A Data Managers Meeting attracted approximately 850 participants. It also was the first time that the meeting took place completely online.

Each day of the 4-day meeting focused on one of the four registries that make up the STS National Database, providing data managers with relevant platform updates, tips on data abstraction, information on cardiothoracic disease processes, and a chance to ask questions.

“It was great to attend the virtual sessions this year, and I would love to see the remote option for future conferences. Many thanks to STS leaders for providing this learning forum,” said one attendee.

The meeting also offered e-posters, virtual networking and wellness events, and an exhibit hall.

Next year’s AQO Meeting is scheduled as a live event in Denver, Colorado, October 13–15, 2021.



► Karen M. Kim, MD, MS, Nimesh D. Desai, MD, PhD, and Nancy Honeycutt, BSN, RN, led the “Aortic Valve, Aortic Root & Arch Procedures” session during AQO 2020.





## New 8 in 8 Videos Cover Critical Care Topics

The Society has added four new short videos to its new 8 in 8 Series.

Each informative video is narrated by expert(s), who provide easy-to-understand explanations of various cardiothoracic surgery subjects. One topic is covered per video via eight slides in approximately 8 minutes.

The most recent 8 in 8 videos feature the following critical care topics:

### **Opioid Reduction Strategies in Cardiac Surgery**

Michael C. Grant, MD, MSE, from Johns Hopkins Medicine in Baltimore, Maryland

### **ECMO Circuit Monitoring: The Essentials of Pressure and Flow**

Rita Karianna Milewski, MD, PhD, MSEd, from the University of Pennsylvania in Philadelphia, and Cory M. Alwardt, PhD, from the Mayo Clinic in Phoenix, Arizona

### **Diagnostic Ultrasound for Postop Hypotension**

Jeffrey R. Kangas, MD, from Detroit Medical Center in Michigan, and Frank A. Baciewicz Jr., MD, from Wayne State University in Detroit, Michigan

### **Toxicity of Inadequate Pericardial Drainage After Surgery: Implications for Patient Recovery**

Spencer J. Melby, MD, from Washington University School of Medicine in St. Louis, Missouri

More videos are expected to be added to the series soon, including one on right ventricular failure in cardiac surgery and another on left ventricular assist device implantation via thoracotomy.



The collection is free and available at [sts.org/8in8](https://sts.org/8in8), as well as on the STS YouTube channel.

## New Webpage Highlights Diversity and Inclusion Resources

Diversity, equity, and inclusion always have been important to the Society and now play a more prominent role in the STS Strategic Plan (see page 10).

In these times of heightened awareness, a new webpage was added to the STS website ([sts.org/diversity](https://sts.org/diversity)) that includes key information related to Society efforts for increasing diversity in the specialty and fostering an inclusive workforce. The page also features member perspectives on the issues, lists members who have been recognized for their diversity and inclusion efforts, and shares relevant peer-reviewed articles.

The page will be updated regularly, and STS social media posts related to diversity and inclusion will carry the hashtag **#TheFaceofCTSurgey**.



## Critical Care Conference Moves Online with Great Success

The Society's 17th Annual Perioperative and Critical Care Conference in September looked different than in past years, as approximately 450 cardiothoracic surgeons, physician assistants, nurses, perfusionists, and other medical professionals from around the globe attended the meeting virtually.

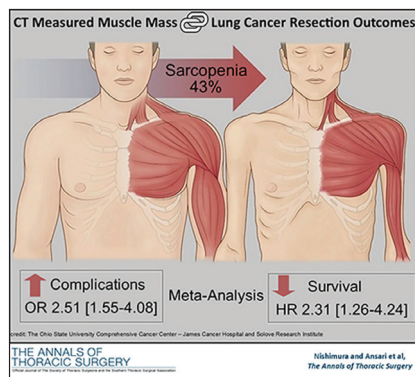
The 3-day event offered 18 interactive live sessions, 27 on-demand presentations, original scientific abstracts, and an exhibit hall.

"This was very well done. I hope even after COVID has resolved that there remains a virtual way to attend STS meetings," said one attendee. "The critical care meeting has always had great value."

If you missed the conference, the meeting content will be available for purchase in November through the new STS Learning Center.

► Respiratory Therapist Kiley Hodge, RRT-ACCS, from Emory University Hospital in Atlanta, Georgia, presents during day 2 of the conference.

## New *Annals* Feature Available to Amp Up Articles



► This visual abstract illustrates results from research that examined sarcopenia in patients who underwent lung cancer resection.

The Society's peer-reviewed journal, *The Annals of Thoracic Surgery*, recently launched an online template center to help authors create visual abstracts to include with their research articles.

A visual abstract—often described as a “movie trailer” to the full manuscript—uses plain language explanations of concepts to offer a graphic, at-a-glance summary of an article's key findings. While this graphical element is not a substitute for reading the article, it can help draw attention and readership to the manuscript. In addition, a visual abstract often is used on social media when promoting research.

Some early reports and data indicate that the use of visual abstracts can be transformative. Articles that feature a visual abstract have been shown to receive five times more exposure, and the full article is visited twice as often.

This online resource can be accessed at [annalsthoracicsurgery.org](http://annalsthoracicsurgery.org). In the main menu, select “For Authors” and then “Visual Abstracts: Online Resource.” Detailed information and step-by-step instructions are available via the Table of Contents in the *Annals*-specific primer, as are downloadable PowerPoint files of visual abstract templates. A list of articles with visual abstracts can be found in the “Digital Media” section of the website.

Authors who submit full original research articles to *The Annals* are encouraged, but not required, to submit a visual abstract. Select other article types also support these visual summaries. Visual abstracts are displayed in online search results, as well as with the online article and its content page.

## In Memoriam: George C. Kaiser, MD STS Past President (1997–1998)



A cardiothoracic surgeon described as “beyond remarkable” passed away on July 1 at the age of 91.

George C. Kaiser, MD, became the Society's 32nd President in 1997 after having served 5 years as Secretary. An STS member for more than 40 years, he also held positions on numerous committees and workforces. In addition, Dr. Kaiser was president of both the Southern Thoracic Surgical Association and the Saint Louis Thoracic Surgical Society.

Dr. Kaiser was born in New York and raised in New Jersey. After graduating from Lehigh University and The Johns Hopkins University School of Medicine, he completed his residencies in general and thoracic surgery at Indiana University Health. He eventually joined the faculty at the Saint Louis University (SLU) School of Medicine, rising to national prominence during his 35 years there.

STS Past President Keith S. Naunheim, MD, had a long friendship with Dr. Kaiser, beginning with their early days at SLU. “George Kaiser began his career at the dawn of cardiac surgery and, thus, like others of his generation, had to be an intrepid and innovative pioneer in the operating room. He once told me, ‘We just had to make it up as we went along.’”

While at SLU, Dr. Kaiser was chief of surgery at the Veterans Administration Hospital, director of the Perfusion Technology School, and chief of cardiac surgery at St. Mary's Health Center. He also established the SLU Division of Cardiothoracic Surgery and served as its chief. Perhaps most notable during his long and rewarding career at SLU, Dr. Kaiser was a part of the team that performed the first heart transplant operation west of the Mississippi in 1972.

A master storyteller, Dr. Kaiser taught his students and colleagues by sharing stories of his childhood, college, medical school, marriage, family, and medical practice. He was known for often saying, “If you do what you love, you never have to work.” And he did exactly that, performing surgeries until age 70.

“Dr. Kaiser was able to assemble a world class division of cardiothoracic surgeons from the ground up,” said Dr. Naunheim. “His department was productive clinically, academically, and educationally. He directed both the CT surgery and perfusion training programs, produced hundreds of articles and book chapters, and kept a grueling operative schedule day in and day out. It was like watching a world class juggler keeping six balls in the air at once. And he did it all with a wink and a smile.”

## TSF Award Helps Advance AI, Machine Learning Research



► Arman Kilic, MD, received the TSF Research Award in 2019.

Through its charitable arm, The Thoracic Surgery Foundation (TSF), the Society grants several awards and scholarships each year that support research and education in cardiothoracic surgery and advance treatment options for patients with heart, lung, and other chest diseases.

One such award is the TSF Research Award, which offers operational support for original research efforts by early career cardiothoracic surgeons. Recipients are awarded up to \$40,000 per year for 2 years.

In 2019, Arman Kilic, MD, from the University of Pittsburgh in Pennsylvania, received the award, which he's currently using to research artificial intelligence (AI) and machine learning in cardiothoracic surgery in the hope of improving risk prediction and patient outcomes.

### AI and Its Place in CT Surgery

AI is part of a growing field that incorporates a variety of algorithms to model data and predict outcomes. Machine learning is a form of AI that refers to the ability of systems to learn from data, identify patterns, and automate analytic model building.

According to Dr. Kilic, there is a huge and largely untapped potential for both in clinical medicine. He has a longstanding interest in clinical risk modeling and big data, and the rapidly expanding application of AI and machine learning to health care spurred his interest in applying these tools to cardiac surgery, where risk modeling plays an important role.

The alignment between Dr. Kilic's research background and experience, and the growing potential of AI in medicine was further augmented by the collaborative environment in which Dr. Kilic found himself. "I've been fortunate to have world-class collaborators who are internationally recognized experts in AI," he said.

Risk prediction in adult cardiac surgery is important because it can have profound implications. For example, the current STS National Database risk models are able to accurately state that 10% of a certain population will have operative mortality, but cannot identify specifically which patients are included in that percentage, Dr. Kilic explained. This is an area in which AI and machine learning may be able to make a difference.

This research examines machine learning algorithms to help identify risk prediction in adult cardiac surgery. Dr. Kilic said he hopes that, through the use of machine learning, surgeons will be able to provide individualized counseling to cardiac patients and determine whether there are more sophisticated methods of risk modeling in adult cardiac surgery.

Dr. Kilic envisions AI and machine learning impacting cardiothoracic surgery in several other ways as well, particularly how it relates to predictive analytics, automated imaging interpretation, and natural language processing.

According to Dr. Kilic, the ability to improve the predictive performance of imaging tests using AI and machine learning will be worthwhile. Chest x-rays, echocardiograms, and angiography routinely are used in cardiothoracic surgery, thus the ability to develop AI algorithms and software to interpret these representations with acceptable accuracy and improved efficiency would be appealing, especially from a triaging perspective. "There would likely be financial, logistical, and patient care benefits," he said.

In the project's first year of research, the team has collected and analyzed data from more than 11,000 patients undergoing cardiac surgical operations. The initial findings culminated in a manuscript published in *The Annals of Thoracic Surgery*, but more is to come.

"We continue to work on refining and working with these algorithms, and applying them to various outcomes," Dr. Kilic said. The STS National Database—considered the gold standard in clinical outcomes registries—has served as a major data source for subsequent research.

### Importance of TSF Award

Being awarded the TSF Research Award has played an important role in helping Dr. Kilic develop his research career.

"It's provided the funds and support to lay the groundwork for my research," he said. "And it's allowed me to initiate, not just the funded project, but other research projects, as well. This award not only allowed me to compile preliminary data, but perhaps, more importantly, helped solidify collaboration with AI experts and national leaders in cardiothoracic surgery."

Dr. Kilic encourages other cardiothoracic surgeons to apply for the TSF awards and scholarships. "This type of funding and support can be integral when trying to initiate research projects or focus, and it provides you recognition in the world of cardiothoracic surgery," he said. "It's a premier funding mechanism for thoracic surgery, and in that focused space, it gives you recognition among your peers." ■



For more on the TSF awards program, visit [thoracicsurgeryfoundation.org/awards](https://thoracicsurgeryfoundation.org/awards).

## Double Your Impact: Donate to TSF Today

The Thoracic Surgery Foundation (TSF) 2020 Surgeon Match Challenge is under way, and—to date—\$70,311 has been raised toward research, education, and philanthropic initiatives that advance cardiothoracic surgery.

For every dollar donated by surgeons during the challenge, STS will match contributions up to \$200,000.

So far this year, the Society's charitable arm has awarded approximately \$1.1 million in funding to support surgeon-scientists in cardiothoracic surgery.

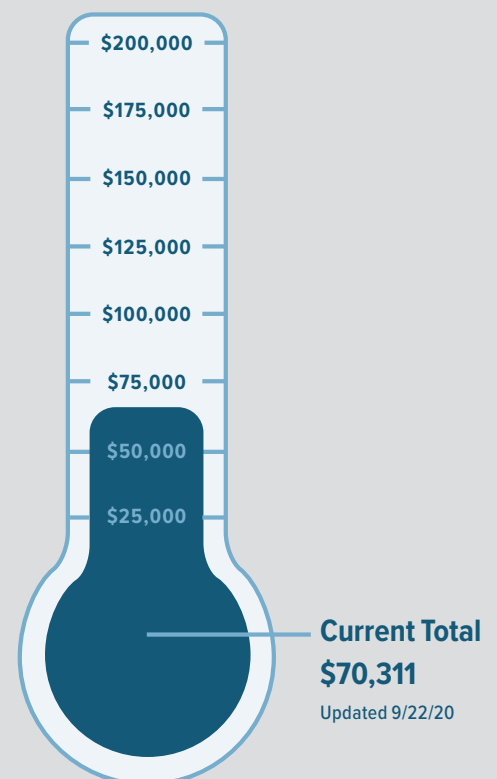
Award recipients are investigating topics such as the predictive utility of machine learning algorithms in adult cardiac surgery, functionality of T cells in advanced lung cancer, and sphingosine-targeted therapies in heart transplants. They're training with experts to learn new skills, including robotic

esophageal surgery, cone repair, valve sparing root replacement, the Bentall procedure, and complex tracheal surgery.

The funding also has allowed surgeons to provide lifesaving care to underserved patients in developing countries, including Armenia, Honduras, India, Kenya, Nepal, Nigeria, Pakistan, and South Africa.

In addition to matching surgeon donations, the Society covers all of TSF's administrative expenses so that 100% of each donation is applied to award programs. Plus, TSF donations are tax-deductible to the extent permitted by law.

If you have not given to the Foundation recently, please consider a gift at this time when your donation will have double the impact. For more information, visit [thoracicsurgeryfoundation.org/donate](https://thoracicsurgeryfoundation.org/donate).



## STS Advocacy Efforts Tackle Bundled Payments, Medicare Cuts

The Society has fought hard over the last few years not only to ensure that cardiothoracic surgeons could participate in Advanced Alternative Payment Models (APMs), but also that these APMs appropriately measured quality and performance for the specialty.

As a result, STS members who participate in the Adult Cardiac Surgery Database (ACSD) and the Bundled Payments for Care Improvement (BPCI) Advanced Model—an APM—now have an opportunity to increase their Medicare reimbursement. The Society worked closely with the Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare & Medicaid Innovation to make sure that data submitted to the STS National Database are an integral part of BPCI Advanced.

“The importance of this critical linking of the STS National Database with a Medicare bundled payment program is monumental.”

Keith A. Horvath, MD

Why? BPCI Advanced is a new initiative that supports health care providers who invest in practice innovation to improve patient care while reducing expenditures. This model, which ties payment to relevant quality measures within 35 clinical episodes, rewards providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care.

“The importance of this critical linking of the STS National Database with a Medicare bundled payment program is monumental,” said Keith A. Horvath, MD, who is a member of the STS Workforce on Health Policy, Reform, and Advocacy. “For the first time, the quality outcomes achieved by cardiac surgeons will directly impact not only the patients’ well-being, but also the reimbursement for their care.”

In addition, the model shifts payment incentives away from fee for service (which focuses on volume) to value. Participation in BPCI Advanced offers many potential benefits, including a 5% bonus and exclusion from the Merit-Based Incentive Payment System.

Hospitals and physician group practices that already are enrolled in BPCI Advanced can elect to use the Alternate Quality Measures Set for various clinical episodes. This addition allows participants in BPCI Advanced to have more choices regarding how the quality of care is measured in the model.

STS has been a vital part of these updates, providing extensive input to CMS and making sure that the quality measures used within these episodes are relevant, applicable, and appropriate for real-world care delivery. Additional Alternate Quality Measures are on the way.

“In this transition to value-based care, use of the STS National Database for the assessment of quality finally puts the metric of valuation in the hands of the surgeons and not claims administrators,” explained Dr. Horvath who also is senior director, clinical transformation at the Association of American Medical Colleges. “Additionally, this is just the crucial first step in the eventual goal of establishing the true value of cardiothoracic surgery as defined collaboratively by the STS and payers.”



The Society encourages Database participants to take advantage of BPCI Advanced by selecting the Alternate Quality Measures Set when classifying clinical episodes such as coronary artery bypass grafting and cardiac valve through the BPCI Advanced model. Under the program, data submitted to the ACSD can be reported via the new Alternate Quality Measures Set, which, in turn, results in reporting more meaningful and accurate quality measures and potentially increasing Medicare reimbursement payments for surgery. Selecting Alternate Quality Measures also can help reduce the administrative burden associated with quality measure data capture for BPCI Advanced participants and help demonstrate a return on your investment in the STS National Database quality improvement efforts.

## Fight Continues for CT Surgery Reimbursement

In early August, CMS released its proposed Medicare Physician Fee Schedule (PFS) rule for 2021. The rule, scheduled to go into effect on January 1, slashes Medicare payments by as much as 9% for the specialty, threatening the value of evaluation and management (E/M) services provided by cardiothoracic surgeons.

Under this new rule, CMS would set the 2021 PFS conversion factor at \$32.26 when accounting for the budget neutrality adjustment—down \$3.83, or more than 10%, from the conversion factor of \$36.09 in 2020. This is due largely to changes in Relative Value Units for E/M codes.

The final rule will be delayed until December, but policymakers already are working to implement the proposed changes. As a result, STS already has submitted its formal comments and is working with members of Congress to ensure that the final rule is fair to cardiothoracic surgeons and their patients.

In addition to working with the Surgical Care Coalition in the battle against Medicare payment cuts, the Society is fighting the proposed cuts separately by meeting with elected officials, facilitating grassroots advocacy, and signing onto various letters and meeting with stakeholders who are involved with Medicare reimbursement decisions.

## How You Can Help

STS strongly encourages you to take action by connecting with your members of Congress and explaining how the proposed reimbursement cuts and a weakened health care system as a result of COVID-19 will hurt your patients. These meetings will allow you to share your personal story, which can have a lasting impact on advocacy efforts.

At this time, all meetings with lawmakers are virtual, presenting a unique opportunity for you to engage with your legislators without having to travel. STS can help you schedule a meeting and provide you with talking points. The time commitment would be less than 30 minutes.

Another course of action would be to write an opinion piece or letter to the editor in your local newspaper. Recently, the *San Antonio Express-News* published a commentary written by John Calhoun, MD, STS Second Vice President, on why Medicare reimbursement cuts will hurt patients. ■

## Take Action Now

Urge your legislators to reverse these reimbursement cuts! Even during this difficult time, there are still many ways to get involved virtually. STS can help you with scheduling and provide briefing materials.



**Schedule** a phone call or virtual meeting with your representatives or members of their health care teams to provide details on how these cuts may impact patient care.



**Become a Key Contact.** This program is a great way to stay informed while building relationships and advocating for the specialty. Get access to timely legislative updates and opportunities to engage.



**Encourage** your STS colleagues to become involved. STS members are the heart of our grassroots advocacy efforts. The more participation we have, the greater impact STS can make.



For more information on how you can help, email [advocacy@sts.org](mailto:advocacy@sts.org) or visit [sts.org/keycontact](https://sts.org/keycontact).

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For more information on the STS Board of Directors, visit [sts.org/BOD](http://sts.org/BOD).



# Mark Your Calendar

## Upcoming STS Educational Events

### ► STS 2021

**Virtual** — Jan. 29–31, 2021

Facebook: The Society of Thoracic Surgeons (STS)

Twitter: STS\_CTSurgery

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# Thank You!

STS gratefully acknowledges **Edwards Lifesciences** and **Medtronic** for being Platinum Benefactors (provided \$50,000 or more) of the STS 56th Annual Meeting in New Orleans.