Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

February 14, 2024

STS National Database™
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Agenda

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

STS Updates

- January Training Manual available
  - February training manual to be posted by end of week (2/16)
  - Supplemental Neoadjuvant Training Manual to be posted end February
- GTSD Public Reporting
  - Public Reporting website has been updated to include results from the Fall 23 analysis. Official communication was sent to Participants January 18th.
- Spring 24 Harvest is underway and harvest close is quickly approaching
  - Surgery dates 1/1/2021 – 12/31/2023
  - Harvest close is March 8th
  - Opt Out is March 10th
  - Feb 28th webinar to review data cleanup prior to harvest close

GTSD					
Harvest	Close	Opt-Out	Includes procedures performed through	Report Posting	Comments
Spring 2024	March 8	March 12	December 31,2023	Summer 2024	Star Rating
Fall 2024	September 6	September 10	June 30, 2024	Winter 2024	Star Rating

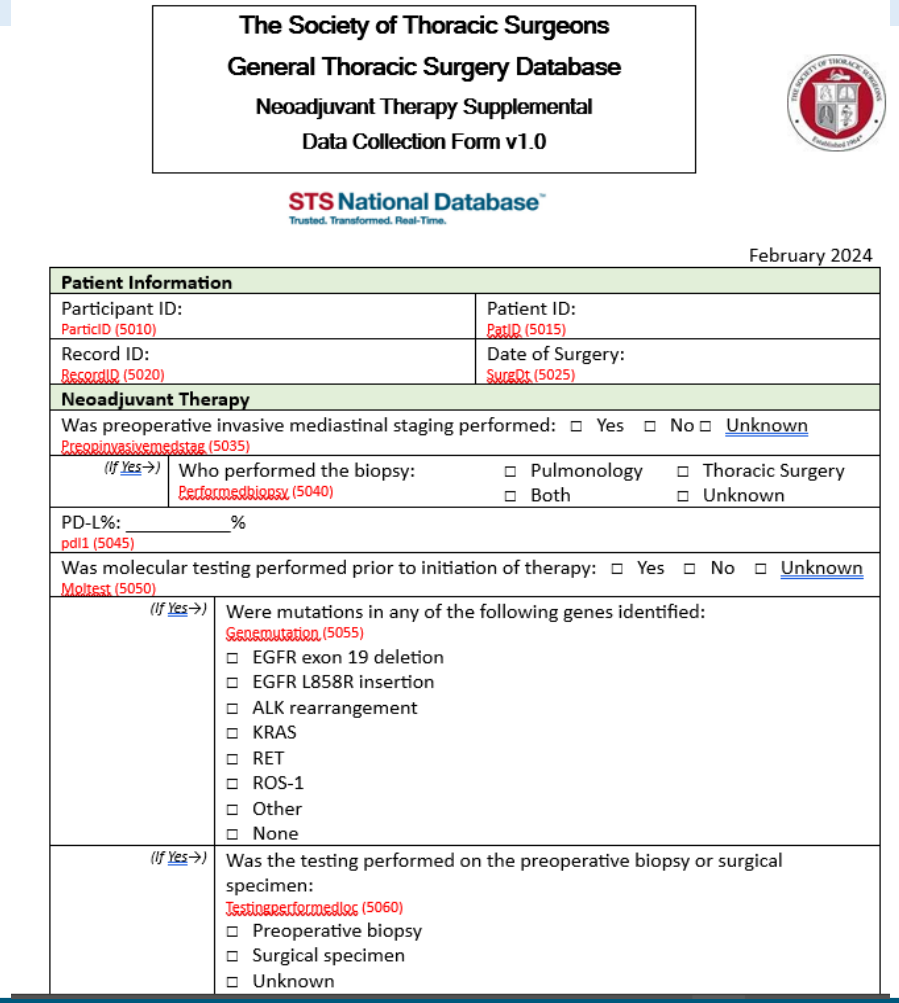
2024 Harvest Schedule

STS Temp Fields and REDCap

- Due to an increased use of neoadjuvant therapy, including preoperative immunotherapy and targeted therapy for patients with clinical stage 1b and higher non-small cell lung cancer, the STS began capturing the type and frequency of neoadjuvant therapy being utilized.
- Effective October 1, 2023: Sites began collecting this data using two temporary fields (TempY/N1 and TempText).
  - TempY/N1 (Seq. 4580) : Did the patient receive preoperative immunotherapy or a targeted agent directed at the lung cancer of interest?
  - TempText (Seq.4620): If yes, what agent?

Neoadjuvant Therapy Module

- STS Temp Y/N1 (Seq 4580):
  - Did the patient receive preoperative immunotherapy or a targeted agent directed at the lung cancer of interest?
  - If Yes, please complete the module to capture more granular data
  - https://redcap.sts.org/surveys/?s=X4HHM89XWPHMFPHW
- VOLUNTARY MODULE
  - Surgery dates Nov 1, 2023 forward



The Society of Thoracic Surgeons
General Thoracic Surgery Database
Neoadjuvant Therapy Supplemental
Data Collection Form v1.0

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February 2024

Patient Information	
Participant ID: ParticID (5010)	Patient ID: PatID (5015)
Record ID: RecordID (5020)	Date of Surgery: SurgDt (5025)

Neoadjuvant Therapy

Was preoperative invasive mediastinal staging performed: ☐ Yes ☐ No ☐ Unknown
Preopinvasivemedstag (5035)

(If Yes→) Who performed the biopsy: ☐ Pulmonology ☐ Thoracic Surgery ☐ Both ☐ Unknown
Performedbiopsy (5040)

PD-L%: _____%
pdl1 (5045)

Was molecular testing performed prior to initiation of therapy: ☐ Yes ☐ No ☐ Unknown
Moltest (5050)

(If Yes→) Were mutations in any of the following genes identified:
Genemutation (5055)
☐ EGFR exon 19 deletion
☐ EGFR L858R insertion
☐ ALK rearrangement
☐ KRAS
☐ RET
☐ ROS-1
☐ Other
☐ None

(If Yes→) Was the testing performed on the preoperative biopsy or surgical specimen:
Testingperformedloc (5060)
☐ Preoperative biopsy
☐ Surgical specimen
☐ Unknown

2024 AQO: A Data Managers Meeting

- Join us in Music City: Nashville, Tennessee
- September 11 - 13

STS Education
Ruth Raleigh
(GTSD Consultant)

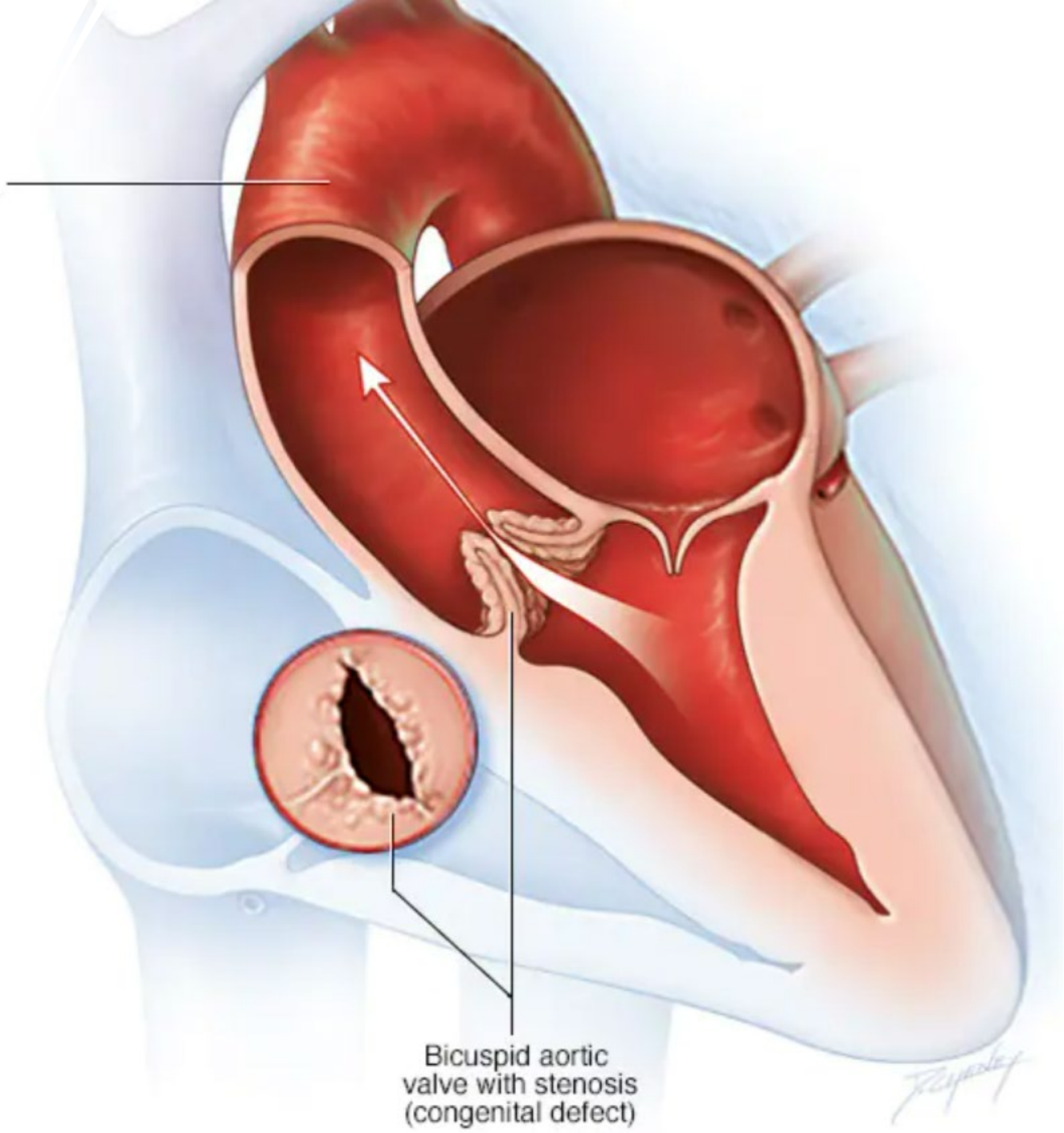
Sequence 590

Question:

If a patient has a bicuspid aortic valve do we capture this as yes in Seq #590? Or is there another place in the history where would we capture a bicuspid aortic valve?

Answer:

A bicuspid aortic valve in isolation is not captured. If the patient has documented sequela (i.e. insufficiency, stenosis) secondary to the bicuspid valve, this would be captured under aortic valve disease.



Sequence 1470: Procedure

Question:

How do I code a case where 10/5 went to OR for wedge resection. Intra op detailed granuloma. Final pathology report showed cancer-adenocarcinoma. 11/1 readmitted for lobectomy. Will it be entered as 2 separate cases since it was 2 separate trips to the OR?

Answer:

Yes, it will be two separate entries if you choose to enter both. However, the first case turned out to be a diagnostic wedge resection and is not required for entry. It is required that you enter the ‘curative’ lobectomy.

Sequence 1470

Question:

What do you want us to do in the situation where a hiatal hernia case was attempted but aborted in the patient's best interest per the op note. Do we even capture the case?

Answer:

With the exception of cases where the patient dies on the OR table, you code procedures as they occur not as they were planned. If the procedure that actually occurs is not required for entry, then you don't need to enter it. You are not required to enter an exploratory laparotomy with repair of a perforation.

Sequence 1560

Question:

Is a Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (43280), which has an AP in front of it saying it is analyzed, actually analyzed and to be included in the hernia section seq 1560. It was done alone no hernia was involved. It is confusing if we are to include GERD only cases in addition to hernias in this section.

Answer:

Only hiatal hernia repairs are part of the optional module, you do not need to enter this case. None of the cases in the optional modules are analyzed, they are benchmarked.

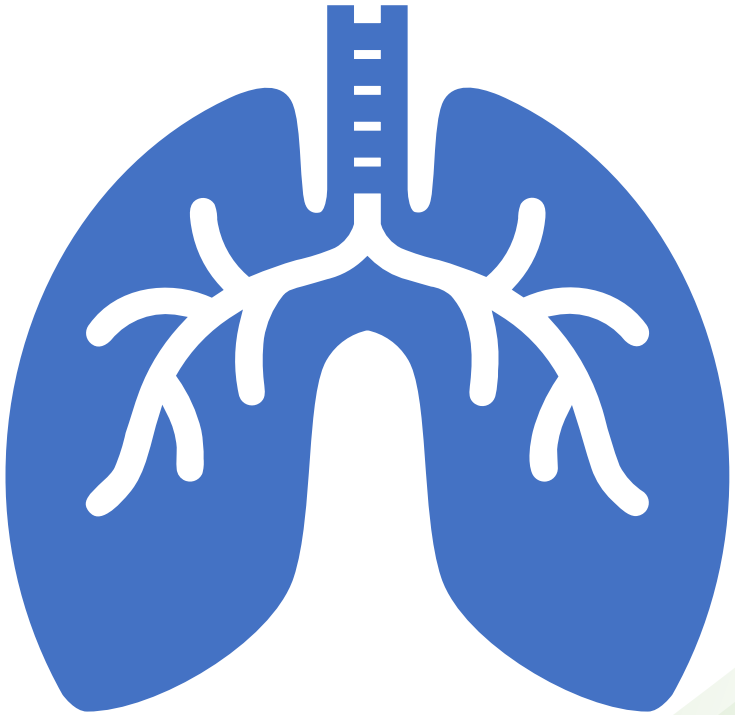
Sequence 1800: Tumor Size

Question:

For Lung, Right Lower Lobe & Lung, Right Upper Lobe, being resected at the same time what should be the tumor size? The larger lesion 1.5 x 1.3cm RLL with solid part of 0.5cm and RLL 0.6cm. Can we put 0.6 since it is the largest one?

Answer:

Indicate the tumor size of the dominant/most concerning lesion in centimeters. This will depend upon size, histology, grade etc.



Sequence 3830/3850: Atrial and Ventricular Arrythmias

Question:

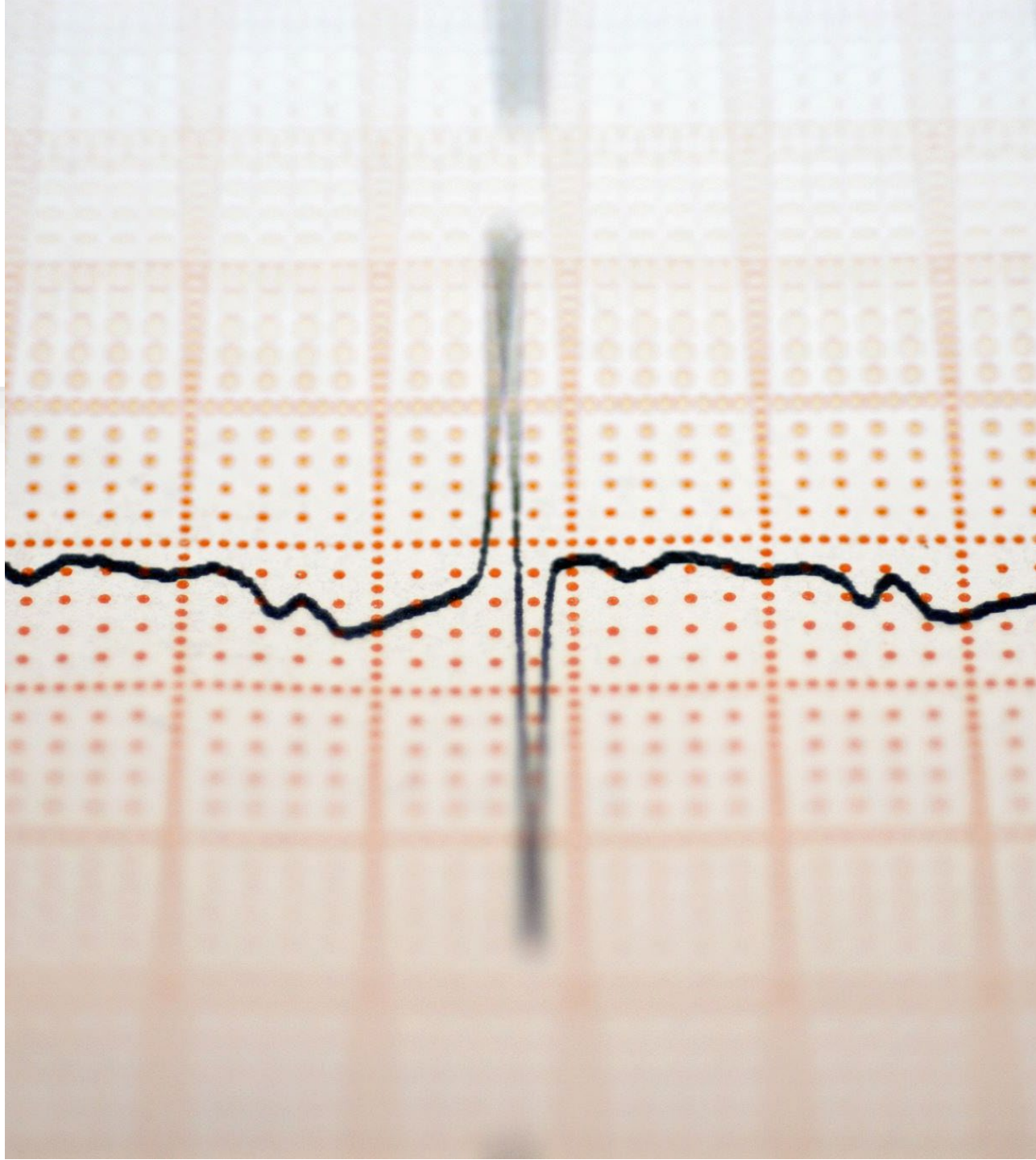
What is the difference between 3830 and 3850 for new SVT that is treated with medication?

3830 This field is intended to capture new onset of atrial arrhythmias (atrial fibrillation/flutter,
supraventricular tachycardia (SVT), or other atrial dysrhythmia) following surgery and requiring treatment.

3850: Indicate whether the patient, in the postoperative period, experienced sustained
ventricular tachycardia and/or ventricular fibrillation that has been clinically documented and treated with any of the following treatment modalities:
1. ablation therapy
2. AICD
3. permanent pacemaker
4. pharmacologic treatment

Answer:

SVT is an atrial arrythmia and is captured in sequence 3830. Sequence 3850 captures VFib and VT which are ventricular arrythmias.



Sequence 4140: Unexpected Escalation of Care

Question:

I am wondering if Unexpected Escalation of care would apply to this scenario: Pt had Robotic RLL lobectomy, goes to floor postop, on POD #2 returns to OR for
chylothorax and has a thoracic duct ligation and returns to floor postop.

The March 2023 update states it would not be captured. I am thinking this is covered under Return to OR.

Answer:

You are correct, a return to the OR is not captured as an unanticipated escalation of care when the patient returns to the same level of care post-operatively.

Sequence 4210: Hospital Discharge Date

Question:

Patient had a lung resection for cancer that was admitted to hospital on 01/25/24 and discharged per the notes on 01/26/24, but the patient developed throat swelling and was admitted to the ED at another hospital, chest tube placed etc on 01/26/24. The patient was then flown back to the original hospital where the surgery occurred on 01/26/2024. The hospital where surgery occurred shows that patient was never discharged but remained until 02/03/2024 per the summary. How do I count this? Do I use the discharge date in the Coding summary in Epic or the notes? On the account summary it does show: INPT and 01/25/2024-01/26/2024 and then another from 01/26/2024 to 02/03/2024. I am just not certain what to use for dc date?

Answer:

It is my understanding that at times, same day readmits are not counted as discharges in the ADT per insurance guidelines.

In this instance, you will use the discharge date in the dictated discharge note. For your case, this date is 1/26.

You will also capture the readmission.

Case Inclusion

Question:

If a patient has a right sided procedure for primary lung cancer, and then has a second procedure on the left side two months later, does the second procedure also need to be included?

Answer:

It will depend on what the procedures are and if it was for the same lung cancer.

Can you send me your op notes, pathology reports and discharge summaries for both procedures?

Case Inclusion

Question:

A patient had a lung cancer in 2020. Path showed III-A adenocarcinoma. Now with suspected reoccurrence. Had a wedge resection for lung cancer which is metastatic from the primary diagnosed 4 years ago. Would this be entered as a new case or not since it's metastatic?

Answer:

This scenario describes recurrent disease, only new lung cancer cases are required for entry.

“Multiple Complications” for Star Ratings

Question:

In determining STAR Rating, for the post op complication - Multiple Complications (1 or more of the above). Does this mean, #1 - one or more of the Post-Op Complication Counted in STAR Report, or #2 more than one post op complication listed in the DCF from?

Answer:

‘Multiple Complications’ refers to one or more of the post-op complications counted in the star report.

Monthly Webinars

Upcoming GTSD Webinars

- February 28 @ 2:30 – 3:30CT (Pre-Harvest Close Webinar)
- March 13 @ 2:30pm-3:30pm CT
- April 10 @ 2:30pm – 3:30pm CT

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

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- 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!