



## PRESS RELEASE

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### **Latest Heart and Lung Surgery Research Presented at STS 45<sup>th</sup> Annual Meeting**

The newest technologies and techniques, the latest trends, and current thinking on important issues in heart and lung surgery will be presented at The Society of Thoracic Surgeons 45th Annual Meeting, January 26-28, 2009, at the Moscone Center West in San Francisco, California. Thousands of cardiothoracic surgeons from around the world are expected to attend, making this meeting the pre-eminent educational event for cardiothoracic surgeons in 2009.

With more than 100 educational sessions on an expansive array of topics, The Society of Thoracic Surgeons Annual Meeting provides a forum for cardiothoracic surgeons, the specialists who treat disorders of the heart, lungs, esophagus and major blood vessels of the chest cavity, to learn the most up-to-date information on research, surgical techniques, patient management and ethical and political issues.

This year's STS Annual Meeting will feature leading experts from around the world addressing such timely topics as new treatments for lung cancer, the recent SYNTAX trial comparing bypass surgery with stenting, aggressive treatment of tuberculosis, care of adults with congenital heart problems and much more. STS/AATS Tech-Con 2009, held January 24-25, will focus on the most innovative therapies and their applications, including robotics.

As the focus on quality health care increases, the meeting will also include several sessions on the STS National Database. Launched in 1989, the STS National Database has more than 3.7 million patient records, is the largest cardiothoracic surgery outcomes and quality improvement program in the world, and is recognized by many organizations, including the National Quality Forum, as a leader in cardiothoracic health care quality.

For more information about the Annual Meeting, specific presentations, or The Society of Thoracic Surgeons, visit [www.sts.org](http://www.sts.org). For press registration information, [click here](#).

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### **Debate on Financial Incentives to Increase Organ Donation at The Society of Thoracic Surgeons (STS) Annual Meeting in San Francisco**

Each year, more than 6,000 patients die due to the acute shortage of organs for transplantation. Despite years of focused attempts to increase organ donor registries, there are currently almost 100,000 patients on wait lists. While Federal law prohibits financial incentives and many ethicists agree, economists predict that modest financial incentives could increase organ donations, wipe out waiting lists, and markedly reduce deaths in just a few years.

This topic will be explored in depth at the STS 45<sup>th</sup> Annual Meeting, Jan. 26-28, in San Francisco, CA, when two well-known physician-ethicists will square off for the 2009 Ethics Debate: Savings Lives is More Important Than Abstract Moral Concerns: Financial Incentives Should be Used to Increase Organ Donation.

“This particular topic was selected for a number of reasons, including the significance the issue holds for cardiothoracic surgeons due to a growing shortage of donated hearts and lungs for transplantation,” said Robert Sade, MD, Chair of the STS Standards and Ethics Forum. “More than 500 patients die or become too sick to transplant every year waiting for a heart, and another 400 waiting for a lung. Providing financial incentives for organ donation could save many lives.”

One of the debaters, Benjamin Hippen, MD, a transplant nephrologist and at-large member of the United Network for Organ Sharing/Organ Procurement and Transplant Network Ethics Committee, serves as an associate editor of the *American Journal of Transplantation*, and has written extensively in support of financial incentives for organ donation. Representing the opposite viewpoint is Lainie Friedman Ross, MD, a widely published academic pediatrician at the University of Chicago who argues that financial incentives for organ donation are morally wrong.

The debate, “Saving Lives is More Important Than Abstract Moral Concerns: Financial Incentives Should be Used to Increase Organ Donation,” will be held from 12:40 pm to 1:40 pm on Tuesday, Jan. 27, at Moscone Center West in San Francisco.

For more information about the Annual Meeting, specific presentations, or STS, visit [www.sts.org](http://www.sts.org).

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### **Lung Cancer Survival Improves for Patients Treated by Board Certified General Thoracic Surgeons**

Lung cancer patients had an 11 percent lower hazard of death when treated by general thoracic surgery specialists compared to those treated by surgeons without board certification in thoracic surgery, according to a recent study.

This study on surgeon specialty and long-term survival following pulmonary resection for lung cancer will be presented at the upcoming Society of Thoracic Surgeons 45th Annual Meeting, held January 26-28 in San Francisco. The study of almost 20,000 patients over a 10-year period was selected as one of the top three papers from more than 700 submitted for presentation at the meeting.

While previous studies have shown that patients cared for by board certified general thoracic surgeons have better short-term outcomes, such as fewer complications, shorter length of stay and less mortality immediately following surgery, now there is evidence that the long-term survival rate is also improved for those operated on by these board-certified specialists.

“There have long been studies which show that specialists have better outcomes than generalists,” said Douglas E. Wood, MD, one of the paper’s authors and a professor at the University of Washington. “But this is the first study of outcomes that shows a significant impact on lung cancer survival.”

The study does not answer the question of why board-certified general thoracic surgeons have better long-term survival outcomes for their patients, and Dr. Wood believes this could be an important area for further investigation.

“If general thoracic surgeons provide better processes of care, more complete surgery, or more multi-disciplinary management, this could provide strategies for us to improve survival for all lung cancer patients,” Dr. Wood said.

Dr. Wood believes that this is an important study for payors and policy makers who make decisions about cancer treatment for insurance companies, state and national government. It is also important for patients on an individual level; but to achieve these better outcomes, lung cancer patients need to do some research prior to surgery.

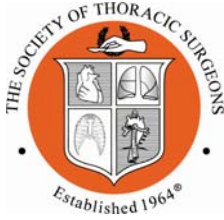
“Patients are not necessarily aware of the difference between a general surgeon who says he does thoracic surgery and a board-certified general thoracic surgeon,” Dr. Wood said. “They need to ask their doctor if they are board certified in cardiothoracic surgery and then what percent of their practice focuses on lung cancer. If that figure is more than 20

percent, the surgeon has a major interest and experience in lung cancer that can lead to these improved survival rates.”

Surgeon Specialty and Long-Term Survival Following Pulmonary Resection for Lung Cancer will be presented at 8:40 a.m. on Monday, January 26, during the STS 45th Annual Meeting.

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### **Students to Learn About Cardiothoracic Surgery at STS Annual Meeting**

High school and college students interested in medical careers, specifically in the specialty of cardiothoracic surgery, will be talking with surgeons, attending a lecture and visiting exhibits at the Annual Meeting of The Society of Thoracic Surgeons (STS) in San Francisco on Jan. 26.

Plan to join approximately 50 students from Harker Academy, Pinewood School, and Stanford University, along with their tour guides, heart and lung surgeons, as they explore the STS Exhibit Hall which showcases the latest in fiber optics, heart valves, titanium specialty instruments and other medical devices. The students will then attend a lecture on congenital heart surgery, followed by a question and answer period.

“This will give these students a great introduction to the field of cardiothoracic surgery,” said Dr. James Fann, associate professor of cardiothoracic surgery at Stanford University. “Some of these classes, like AP biology, are already studying the heart. This is an opportunity to see what we do at a convention and to put a human face on a cardiothoracic surgeon.”

The tour is part of the Society’s efforts to introduce those interested in a career in medicine to the specialty of cardiothoracic surgery. For the past five years, the number of applicants for cardiothoracic surgery residency positions has fallen short of those needed. Compounding this problem is research predicting that half of the current cardiothoracic surgeons will retire in less than 10 years. These factors are expected to create a shortage which will have enormous implications for those suffering from America’s top killers—heart disease and lung cancer. It is hoped that introducing young people to this exciting specialty at an earlier age may trigger their interest.

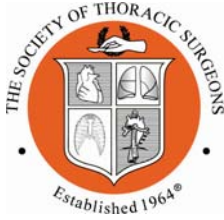
“What we do in cardiothoracic surgery is so advanced; you just can’t let a student operate on the heart, so medical students really have little contact with our specialty early in their training,” said Dr. Fann. “The sooner students get that exposure, the better. Then they see what a very satisfying specialty this is.”

Below is Monday’s schedule for the school group. Print and broadcast media are invited. To cover this event, please contact Sharon Porta, STS Manager of Marketing and Communications, at [sporta@sts.org](mailto:sporta@sts.org), or register at Moscone West Convention Center. For more information about The Society of Thoracic Surgeons, visit [www.sts.org](http://www.sts.org).

#### **School Group Tour: Monday, January 26**

- 1:00-2:30 p.m. Tour of the exhibits
- 2:30-3:00 p.m. Lecture on congenital heart surgery
- 3:00-3:15 p.m. Question and answer session

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### **Study Finds Drug-Eluting Stents to be Inferior to Bypass Surgery**

The results of a significant study comparing percutaneous coronary intervention (PCI) with coronary artery bypass graft (CABG) surgery as treatment options for patients with multivessel or left main coronary artery disease, will be discussed during The Society of Thoracic Surgeons 45th Annual Meeting.

The SYNTAX (synergy between percutaneous coronary intervention with Taxus and cardiac surgery) trial of 1,800 patients found that drug-eluting stent (DES) placement was inferior to CABG as a treatment option for sicker patients with multivessel or left main disease. Specifically, the study found that at the one-year endpoint, PCI is inferior to CABG for major adverse cardiovascular or cerebrovascular events (death, heart attack, stroke or repeat revascularization), 17.8 percent vs. 12.1 percent for multivessel and left main disease. The study results also showed that CABG had a strong trend toward better survival at one year with a 23 percent relative mortality benefit, consistent with other studies of DES vs. CABG.

On Monday, Jan. 26, at 9 a.m., Michael J. Mack, MD, of Medical City Hospital Dallas, one of the study's investigators, will discuss the results, which have created a landmark shift in the cardiovascular community. Prior to the study, many patients with multivessel and left main disease who would benefit more from bypass surgery were instead choosing stent therapy with the assumption that both treatments are equally effective and survival outcomes with the same. The SYNTAX study is clear evidence that this is not the case, showing that patients who choose stenting instead of coronary bypass as a first procedure have a 20 to 40 percent higher chance of dying within three years.

“In previous trials, trial design and eligibility criteria prevented high-risk patients who would benefit most from CABG from participating; therefore no definitive conclusion could be made for the effectiveness of CABG in real world patients who had complex coronary disease,” said Dr. Mack. “With these new results, it is critical that before stenting is performed, clinicians provide patients with full and complete disclosure of the risks and benefits of both drug-eluting and bare metal stents, including the possibilities of decreased survival and increased reintervention.”

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