

The Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

June 11, 2025



STS National Database[™]
Trusted. Transformed. Real-Time.

Agenda

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

STS Updates

- Fall 2025 Harvest (Includes Surgery dates July 1, 2022 – June 30, 2025)
 - Harvest close is September 5, 2025
 - Opt out is September 9, 2025
- GTSD Analysis Overview – Friendly Reminder - Current version is dated May 28, 2025
 - Updated all references where “Star Ratings” were mentioned
 - Added additional clarification/detail to the Missing Data: Participant Level Exclusion section
Specifically, added the dates to be included in the Fall 2025 analysis
 - Esophagectomy Exclusion Criteria Verbiage update to second bullet point
 - Updated the verbiage to be consistent with the same exclusion applied in the Lung Resection
- July Training Manual will be available next week (7/14)

STS Updates

- GTSD Audit Update
 - Notification letters will be sent to selected sites on **Monday, July 14th**
 - Audit webinar will be held on **Monday, July 21st** at 12:00 PM Central, 1:00PM Eastern
 - STS staff will discuss the purpose of the GTSD audit along with the STS National Database Audit Policy and the variables.
 - CRS will cover the audit process, how to upload data, how to bookmark etc.

AQO 2025

- **GTSD and CHSD Sessions: Thursday, September 25th**
- ACSD Session: Friday, September 26th
- Intermacs and Pedimacs Session: Tuesday, September 23rd VIRTUAL
- Grand Hyatt San Antonio Riverwalk
- Both In Person (ACSD, CHSD, GTSD) and Virtual options (all databases) will be available



Event

2025 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.



Date(s)

Sep 25—26, 2025



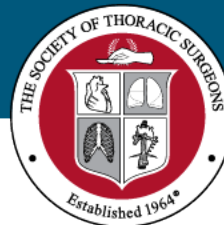
Location

San Antonio, TX



Audience

Allied Health
Data Manager



AQO Registration Now Open



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

SEPTEMBER 25-26, 2025 • SAN ANTONIO, TX

Register now at sts.org/AQO





STS Education
Ruth Raleigh
(GTSD Consultant)



What Cases are Analyzed?

Question:

The surgeons would like ALL procedures they complete entered into the STS database so that they may compare themselves to the National benchmarks. I know that Primary Lung and Esophageal cancer cases are analyzed and Mediastinal, Hiatal hernia and Tracheotomy cases will be analyzed if included. I am questioning whether some of them will or will not be analyzed such as VATS or Thoracotomy for Blebectomy, or Mechanical Pleurodesis and Pleurovac catheter placement so they may compare themselves to the national standard.

Answer:

The only cases that are analyzed are lung resections for lung cancer and esophagectomy for esophageal cancer. 'Analyzed' means that the cases are risk adjusted so that you know how your site performs compared to other sites after accounting for differences in patients selected for surgery.

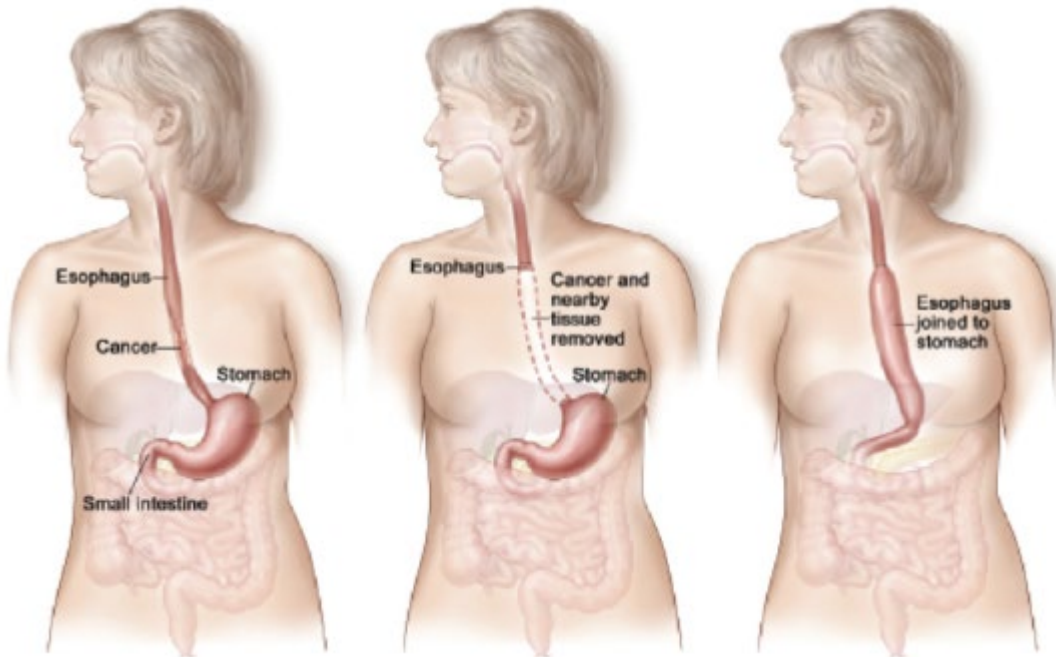
All other procedures are only included in benchmark/legacy reports which are not risk adjusted. In other words, while you will know how your site compares to some of the STS participants you will not know if your patients are similar which makes the comparison very different than for analyzed procedures.

The analyses overview located in the IQVIA library contains a list of all benchmark/legacy reports available.

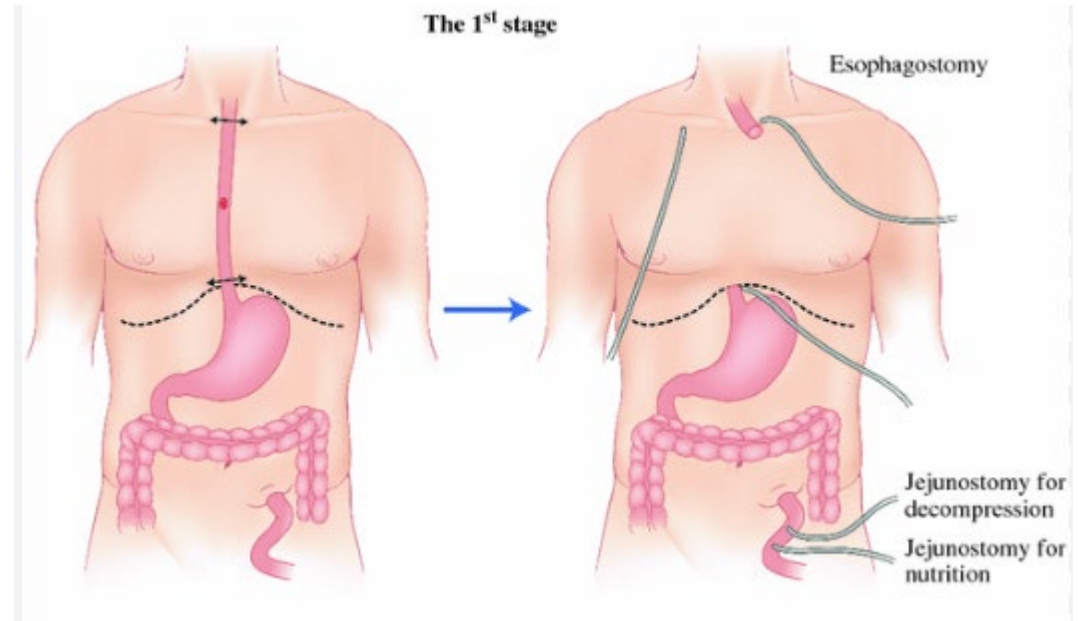
Esophagectomy: Bipolar Exclusions

Defined: Surgical separation and sealing off of the esophagus. Sometimes, but not always, a spit fistula will be created.

Esophagectomy

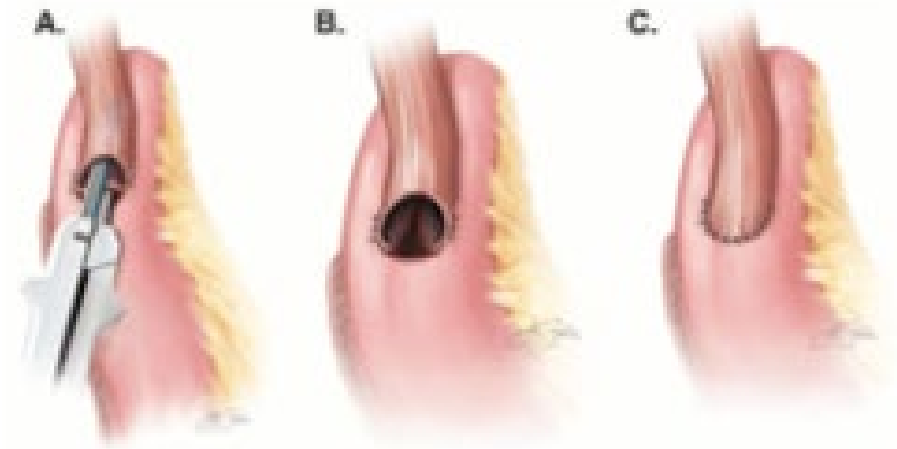


The 1st stage



Esophagectomy: Bipolar Exclusions

In these cases, leave both seq 2360 (anastomotic method) and seq 2370 (esophageal conduit) blank. They do not apply.



Esophagus is aligned along the gastric conduit (A) with enough overlap to accommodate the anvil and caudal end of the esophagus and a gastrostomy. Firing the stapler creates a common channel to form to back wall closed with suturing (shown) or stapler (not depicted) (C). The gastrostomy should be positioned equidistant to the lesser and greater curvature to decrease the incidence anastomotic ischemia.

Polling Question: Lymph Node Documentation

How are your pathologists documenting lymph node resections in your pathology reports?

- A. Precise number of stations only
- B. Precise number of lymph nodes only
- C. Precise number of both lymph nodes and stations

(If your site is lumping together fragments and lymph nodes into a single count, please choose 'A').

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!

Upcoming GTSD Webinars

Monthly Webinar

- August 13 @ 2:30ET (1:30CT)

Quality Improvement

- July 31 @ 3pmET (2pmCT)



Contact Information

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Database Operational
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(Database Participation,
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THANK YOU FOR JOINING!