

The Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

June 10, 2026



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

Agenda

- Welcome and Introduction
- STS Updates
- Data Manager Education
- Q&A

STS Updates

2026 Harvest Dates

2026 Harvest



Term	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting	Comments
Spring 2026	March 13	March 17	December 31, 2025	Summer 2026	
Fall 2026	September 18	September 22	June 30, 2026	Winter 2026	
Analysis for each harvest is based on a 36-month window.					

Data Submission Open is continuous for all harvest terms. Data Submission Close occurs at 11:59 p.m. Eastern on the date listed.

AQO 2026 – New Orleans

- **September 30 - October 2, 2026**
- **Hilton Riverside New Orleans**
- GTSD & CHSD Sessions will be held Sept 30th (full day) and October 1st (half day)
- Intermacs & Pedimacs-Live Virtual Forum-September 24th
- ACSD Sessions will be held October 1st (full day) and October 2nd (half day)
- Half day sessions will include breakout discussions for the on-site databases
- Abstract Submission Form and Guideline:
 - [Abstract Submission Form](#)
 - **Abstract submission deadline: June 12th**



Waiting on an FAQ Response?

- June Core Group call originally scheduled for 6/12 has been moved to 6/26
- Some responses will be longer than 30 days due to this Core Group reschedule



STS Education

Ruth Raleigh, GTSD
Clinical Consultant



GTSD Training Manual

Updates May & June 2026

Seq 370: Primary Payor

- May 2026: Health insurance purchased through the 'marketplace' is offered by private insurance companies. The government regulates the marketplace, but is not the insurer.



Seq 550: Weight in KG

- **May 2026:** When using the anesthesia record, find a source that is not linked to a field that updates with each patient weight obtained. If this does not exist in your sites anesthesia record, use any fixed weight closest to the OR. Pre-op weight should be taken from the same place for nearly every case abstracted.

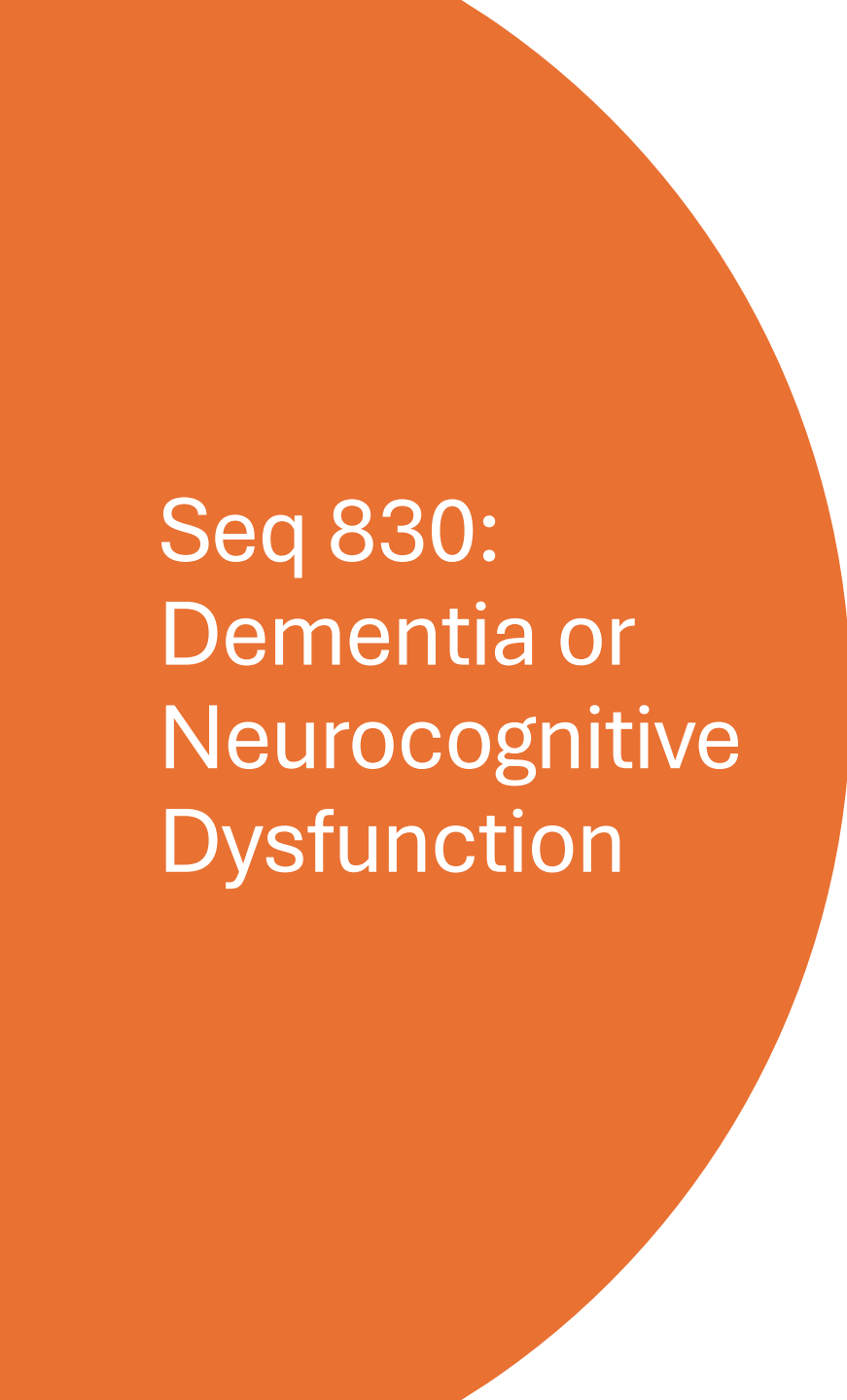
Seq 690: Preoperative Medication History

May 2026: Aspirin taken for chronic anticoagulation is captured in seq 690 regardless of dose.



Seq 770: DLCO Test Performed

May 2026: If only a corrected DLCO value is reported, code 'yes' to seq 770 and leave seq 781 blank.

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Seq 830: Dementia or Neurocognitive Dysfunction

May 2026: The intent is to capture patients with true dementia, not mild memory loss. Dementia is not to be inferred based on documentation of memory loss or mild cognitive dysfunction.

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Seq 1000: Pathological Response Upon Resection

May 2026: If some portion of tumor remains, but it is unclear what percentage, please code 'unknown' for seq 1000. For example, the following report would be coded as 'unknown': "Grossly there are multiple separate nodules with the measurements above. For staging purposes, the nodule with epicenter located above the GEJ is used. Carcinoma shows areas of fibrosis suggestive of a measure of tumor regression, although the vast majority of tumor consists of viable malignant cells."

Seq 1510: Resection Performed for New Lung Cancer

June 2026: The STS would like to begin capturing data for salvage pulmonary resections. If a patient has previously had curative intent chemo and/or radiation therapy and subsequently undergoes a therapeutic intent pulmonary resection for the same disease, please code 'yes' to seq 1530 and enter the case.

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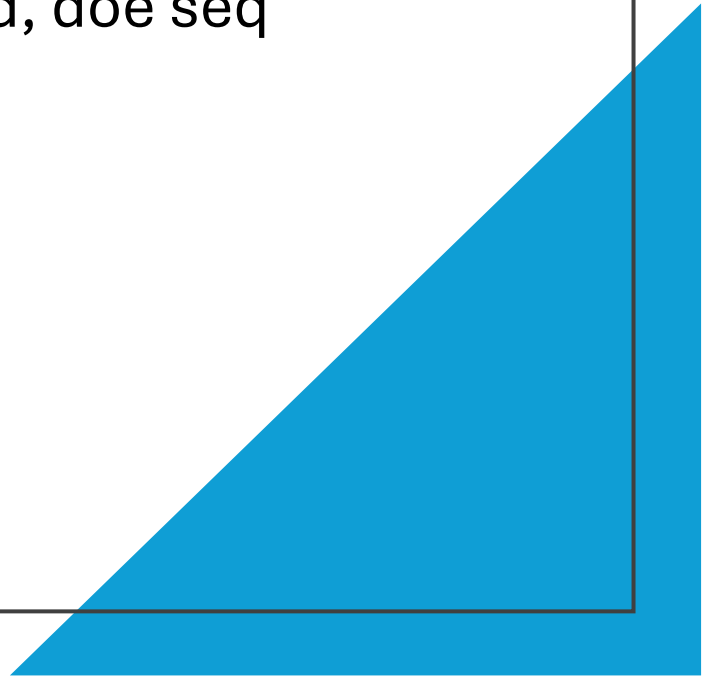
Seq 1530: Resection Performed For New Primary Esophageal Cancer

June 2026: The STS would like to begin capturing data for salvage esophagectomies. If a patient has previously had curative intent chemo and/or radiation therapy and subsequently undergoes a therapeutic esophagectomy for the same disease, please code 'yes' to seq 1530 and enter the case.

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Seq 1851: Lung Cancer Tumor Size

May 2026: If pathological staging for a tumor is Tis and there is no invasive tumor size listed, do seq 1851 as '0'.



Seq 1852: Molecular Test Performed



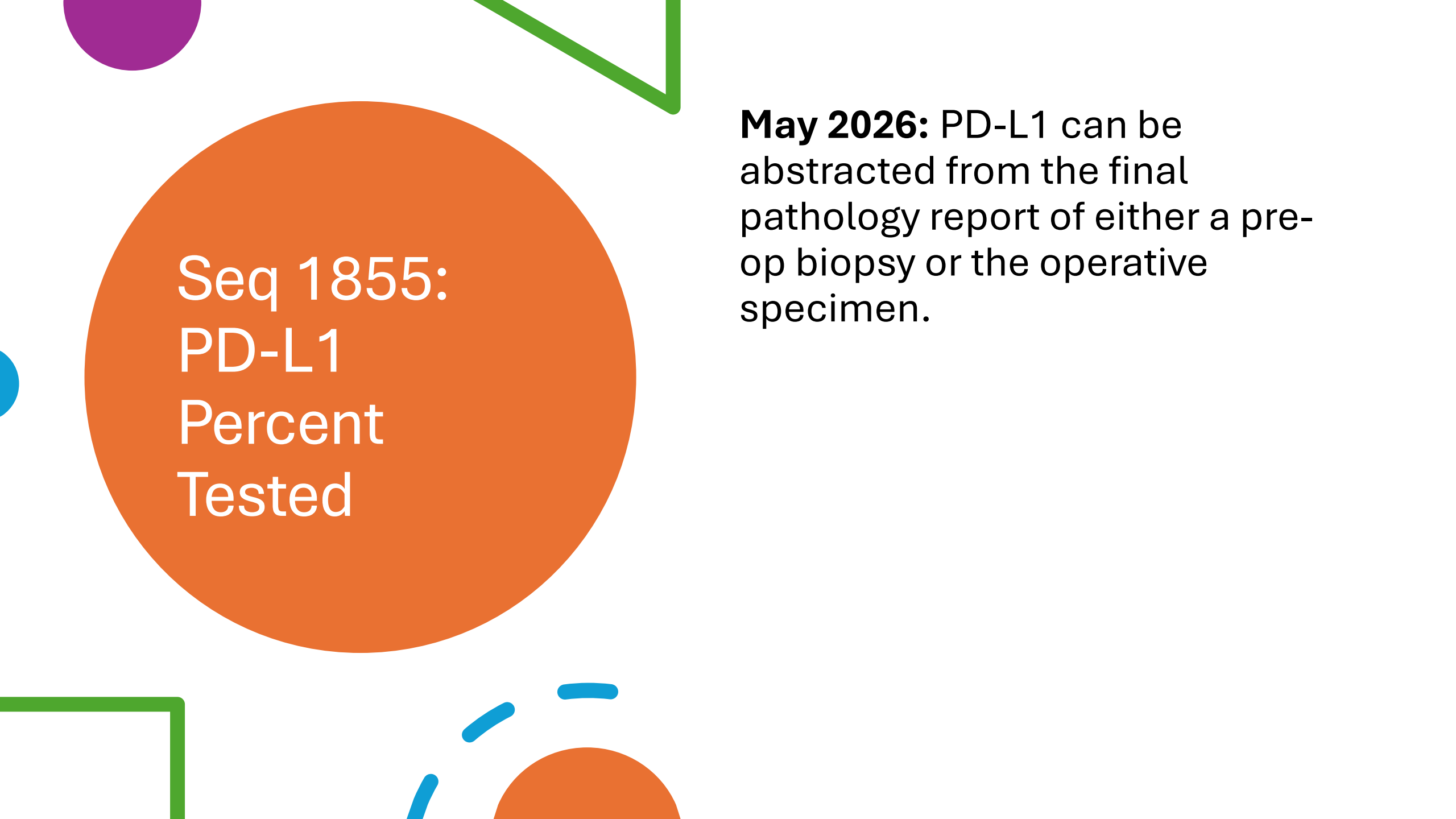
May 2026: The intention is to capture only in-house molecular testing or NGS testing in seq 1852. Do not capture FISH or IHC testing in seq 1852.



May 2026: The source for molecular testing can be the final pathology report of either pre or post-op specimens.



Jun 2026: If molecular testing was order within 30 days, go back and enter results. Recommend leaving seq 1852 blank if this happens and then using the harvest clean-up report as a reminder to do a final lookback prior to harvest.



Seq 1855:
PD-L1
Percent
Tested

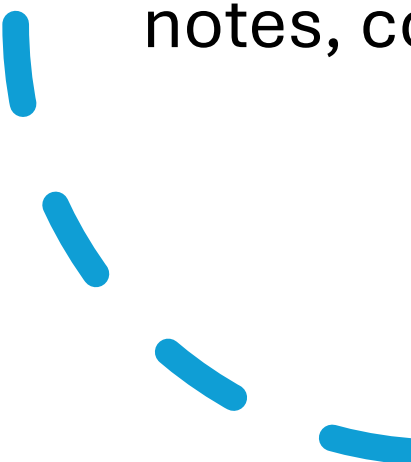
May 2026: PD-L1 can be abstracted from the final pathology report of either a pre-op biopsy or the operative specimen.

Seq 2071: Primary Histologic Pattern Present

May 2026: Please leave sequence 2071 blank if not reported and pathology is unable to clarify.



Seq 2463: Her2 Neu Status

- **May 2026:** Use the final pathology report from any specimen collected.
 - **Jun 2026:** If multiple disparate results for Her2Neu are available, code based on treatment. If you do not have access to treatment notes, code based on EGD not EUS.
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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 Webinars

- August 8 @ 2:30ET (1:30CT)
- ~~July 8 @ 2:30ET (1:30CT) CXD~~

Quality Improvement Series

- ~~June 25 @ 3:00ET (2:00CT) –~~ will be rescheduled
- October 29 @ 3:00ET (2:00CT)



Contact Information

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Report Questions)

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

- STSDB@sts.org



THANK YOU FOR JOINING!