Society of Thoracic Surgeons
Adult Cardiac Surgery
Database

Monthly Webinar

September 6, 2023
• Welcome and Introductions
• STS Updates
  ▪ Education:
    ▪ Immunocompromised Present
    ▪ Cancer Within 5 Years
STS Updates

- September Training Manual Posted
- H3 closed – data in analysis
- AQO Registration is Open
Important Dates for Adult Cardiac

- **Sep 6**: ACSD Monthly Webinar @ 2pmCT
- **Sep 20**: STS NDB Quality Improvement Series @ 2pmCT
- **Sep 26-29**: AQO!!
  - ACSD is on Thursday, Sep 28
- **Oct 4**: ACSD Monthly Webinar @ 2pmCT
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• **AQO 2023: September 26 – 29**
  • Tuesday, September 26 – Intermacs/Pedimacs
  • Wednesday, September 27 – General Thoracic
  • Thursday, September 28 – Adult Cardiac
  • Friday, September 29 – Congenital
• Abstract submissions open (Deadline July 5)
• Registration Open

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MONTHLY EDUCATION

Risk Factors

- Immunocompromised Present
- Cancer Within 5 Years
RISK FACTORS

Immunocompromised Present
And Cancer Within 5 Years are in the Risk Model

Immunocompromised Present
And Cancer Within 5 Years were Audit fields in 2022
QUESTION #1

Patient has a medical history of immune thrombocytopenic purpura (ITP) and received IVIG daily 5/18/23 – 5/21/23 prior to surgery. Is this abstracted as yes to immunocompromised?

A. Yes
B. No
Patient has a medical history of immune thrombocytopenic purpura (ITP) and received IVIG daily 5/18/23 – 5/21/23 prior to surgery. Is this abstracted as yes to immunocompromised?

A. Yes
B. No

Indicate whether immunocompromise is present due to immunosuppressive medication therapy within 30 days preceding the operative procedure or existing medical condition.

Patient receiving IVIG to treat ITP.
Pt has history of chronic Hepatitis B and takes Entecavir daily. Does this classify as Immunosuppressed due to the medication and Hep B?

A. Yes
B. No
ANSWER #2

Pt has history of chronic Hepatitis B and takes Entecavir daily. Does this classify as Immunosuppressed due to the medication and Hep B?

A. Yes
B. No

Entecavir is an anti-viral medication.

Hepatitis B is not an immunocompromised condition and would be coded in seq 485 Liver disease.
QUESTION #3

Patient has a history of a Partial Splenectomy. Would I code “Yes” to Immunocompromised?

A. Yes
B. No
ANSWER #3

Patient has a history of a Partial Splenectomy. Would I code “Yes” to Immunocompromised?

A. Yes
B. No

Patients who have had splenectomy are considered immunocompromised.

Partial Splenectomy - partial splenectomy may reduce both short and long-term mortality by preserving immune system functioning.
Patient receiving radiation for prostate cancer. The patient is on no other treatment. Do you code “Yes” to immunocompromised?

A. Yes
B. No
ANSWER #4

Patient receiving radiation for prostate cancer. The patient is on no other treatment. Do you code “Yes” to immunocompromised?

A. Yes
B. No

Examples of patients who are not considered immunocompromised include:

➢ Splenic sequestration
➢ Partial
➢ Patient with IgG4 related sclerosing disease
➢ Update Jan 2023 – Patients receiving only radiation therapy.
Patient takes Plaquenil QD for rheumatoid arthritis. Can this be considered immunocompromise?

A. Yes
B. No
Patient takes Plaquenil QD for rheumatoid arthritis. Can this be considered immunocompromise?

A. Yes
B. No

RA is an immune disease much like lupus and it is being treated with Plaquenil.

Patients with systemic lupus Update Sept 2023 and rheumatoid arthritis taking Plaquenil QD are considered immunocompromised.
QUESTION #6

Patient is a weight-lifter who admits to using long term injections of anabolic steroids. Is this abstracted as yes to immunocompromised?

A. Yes
B. No
Patient is a weight-lifter who admits to using long term injections of anabolic steroids. Is this abstracted as yes to immunocompromised?

A. Yes
B. No

Immunosuppressive medication therapy does not include topical steroid applications, one-time systemic therapy, inhaled steroid therapy, pre-procedure protocol, or Update Sept 2021 steroidal back or knee injections for chronic pain or Update April 2022 anabolic steroids.
Uncontrolled diabetes is classified as a secondary immunodeficiency. Since uncontrolled diabetes fits this classification should we code this condition (if explicitly documented in the patient record) as immunocompromised?

A. Yes
B. No
ANSWER #7

Uncontrolled diabetes is classified as a secondary immunodeficiency. Since uncontrolled diabetes fits this classification should we code this condition (if explicitly documented in the patient record) as immunocompromised?

A. Yes
B. No

Do not capture as immunosuppressed.
There is a separate field SEQ 360 (Diabetes) to capture Diabetes and that is where the Diabetes Risk Factor will be captured.
Would Immuno Complex from endocarditis be captured as “yes” to SEQ 492 (ImmSupp)? The patient is on no immunosuppressant medications. Patient has active strep species endocarditis.

A. Yes
B. No
Would Immuno Complex from endocarditis be captured as “yes” to SEQ 492 (ImmSupp)? The patient is on no immunosuppressant medications. Patient has active strep species endocarditis.

A. Yes
B. No

Do not code this patient as immunosuppressed in SEQ 492 (ImmSupp).
Capture endocarditis as a pre-op risk factor in SEQ 385 (InfEndo).
If a patient was diagnosed with prostate cancer in 2017. Had SBRT from July through Sept 2022, and then again, this March 2023. He is currently taking Eligard. If the diagnosis was more than 5 years ago but treatment is continuing would that be considered cancer within 5 years?

A. Yes
B. No
If a patient was diagnosed with prostate cancer in 2017. Had SBRT from July through Sept 2022, and then again, this March 2023. He is currently taking Eligard. If the diagnosis was more than 5 years ago but treatment is continuing would that be considered cancer within 5 years?

A. Yes

B. No

The intent is to capture if the patient has cancer within 5 years of the procedure.

Patient actively receiving treatment for cancer at time of surgery.
QUESTION #10

I have a patient with melanoma skin cancer. The doctor excises the melanoma in his office in April of 2019. Do I capture melanoma as cancer in SEQ 500?

A. Yes
B. No
I have a patient with melanoma skin cancer. The doctor excises the melanoma in his office in April of 2019. Do I capture melanoma as cancer in SEQ 500?

A. Yes

B. No

Yes, capture SEQ 500 (Cancer) in this scenario. Melanoma is not considered a ‘low-grade’ skin cancer.

Capture cancers excluding low grade basal cell or squamous cell carcinoma that have or may require surgical intervention, chemotherapy and or radiation therapy.
Myelodysplastic syndrome actively being treated. Seen by HemeOnc regularly. Should we code this as cancer?

A. Yes
B. No
Myelodysplastic syndrome actively being treated. Seen by HemeOnc regularly. Should we code this as cancer?

A. Yes
B. No

Capture patients with Myelodysplastic Syndrome.
**QUESTION #12**

During CABG a biopsy of an enlarged parasternal lymph node was positive for metastatic poorly differentiated carcinoma. Do we code “Yes” to cancer?

| A. Yes |
| B. No  |
During CABG a biopsy of an enlarged parasternal lymph node was positive for metastatic poorly differentiated carcinoma. Do we code “Yes” to cancer?

A. Yes
B. No

Code "Yes" for patients who are diagnosed intraoperatively.
QUESTION #13

If a patient has a cancer that is treated and was in remission, however now, within 5 years of surgery he has a recurrence. Is this a yes or no to seq 500?

A. Yes
B. No
ANSWER #13

If a patient has a cancer that is treated and was in remission, however now, within 5 years of surgery he has a recurrence. Is this a yes or no to seq 500?

A. Yes
B. No

If the patient had a recurrence within 5 years of surgery, then code yes to seq 500.
I have a patient who has Chronic lymphocytic leukemia but is not currently on medication for this. Can I code as cancer within 5 years?

A. Yes
B. No
ANSWER #14

I have a patient who has Chronic lymphocytic leukemia but is not currently on medication for this. Can I code as cancer within 5 years?

A. Yes

B. No

Capture patients with chronic lymphocytic leukemia.
Resources

- STS National Database Webpage
- STSDB_Helpdesk@sts.org (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
- STS National Database Feedback Form
- Resource Documents
  - Contact Information
  - Webinar Information
  - FAQ Document
  - Go-Live Checklist
  - Tiered-level Support Document
  - Training Videos
  - Link to IQVIA
- ckrohn@sts.org
Contact Information

- Carole Krohn, Director, STS National Database
  - CKrohn@sts.org
  - 312-202-5847

- STSDB_Helpdesk@sts.org
  - IQVIA/Database Platform Questions (Uploader, DQR, Missing Variable, Dashboard, Password and Login)

- STSDB@sts.org
  - Database Operational Questions (Billing, Contracts, Contacts)

- STSDB_Helpdesk@sts.org
  - IQVIA/Database Platform Questions (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
Open Discussion

Please use the raise-hand function.

Please use the Q&A Function.

We will answer as many questions as possible.

We encourage your feedback and want to hear from you!