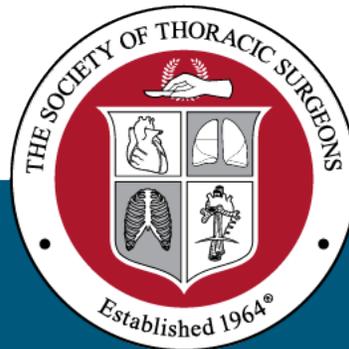


The Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

February 11, 2026



STS National Database™
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Agenda

- Welcome and Introduction
- STS Updates
- Data Manager Education
 - Training Manual Updates
 - Temporary Field Activation
- 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.

STS Updates

✓ Version for 5.26.1 - Effective January 1, 2026

Data Collection Forms (DCF) - Effective January 1, 2026

- [Highlighted and Annotated DCF \(pdf\)](#)
- [Highlighted and Non-Annotated DCF \(pdf\)](#)
- [Highlighted and Annotated \(Word\)](#)
- [Annotated DCF \(Word\)](#)

To view annotation in Word document DCF versions, select File — Options — Display — Hidden Text — Print Hidden Text, and then click OK. If you need further assistance, please contact your IT Department or do an internet search for your specific version of Office on ways to view hidden text.

Additional Resources

[Data Specifications v5.26.1](#)

[Itemized Changes from 5.21.1 to v5.26.1](#)

[Change Summary v5.26.1](#)

- Should only be used with OR dates January 1, 2026, forward
- Vendor Certification has been completed
 - Please contact your vendor directly regarding your software update for v5.26.1

AQO 2026 – New Orleans

- **September 30 - October 2, 2026**
- 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
- [AQO 2026 Session Proposal Form | STS](#)



AQO 2026 Working Groups

If you are interested in volunteering an AQO Working Group, let us know!

AQO Planning Group

Members wanted who are willing to be involved in AQO on the day of the event

- giving a talk in person or working with an experienced speaker to do a presentation,
- facilitating a break-out discussion
- reviewing content that someone else made to make sure it is correct
- presenting on-demand content
- helping a surgeon speaker

AQO Abstract Review

- Members wanted who have experience or knowledge in reviewing abstracts.
- Members will receive 3-5 abstracts to review prior to AQO and provide feedback to authors

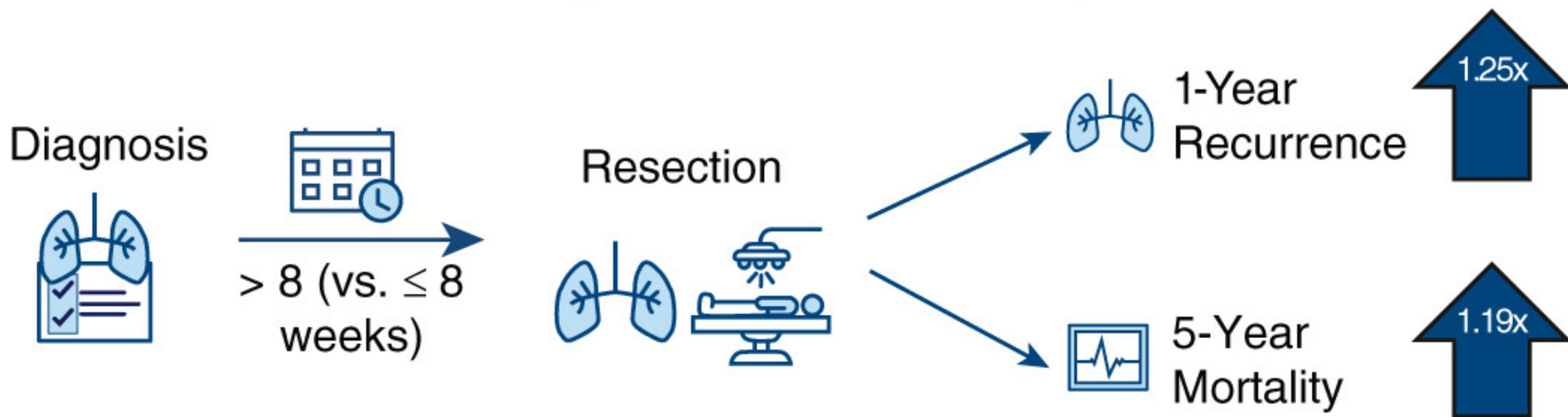
STS Education

Ruth Raleigh, GTSD
Clinical Consultant

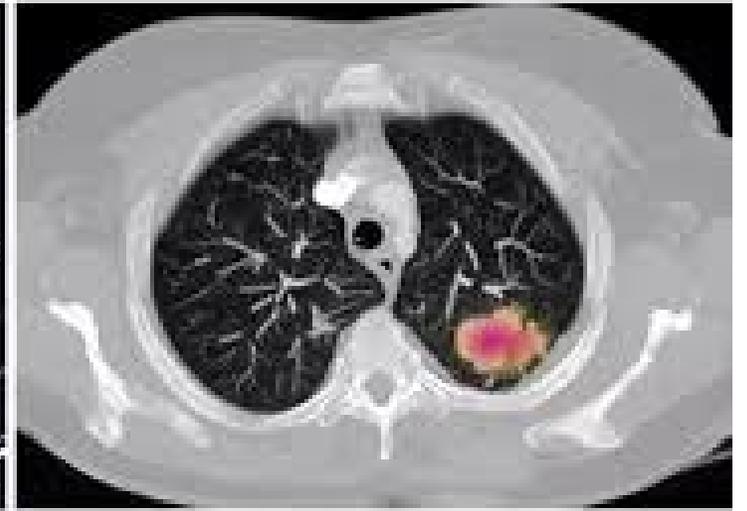
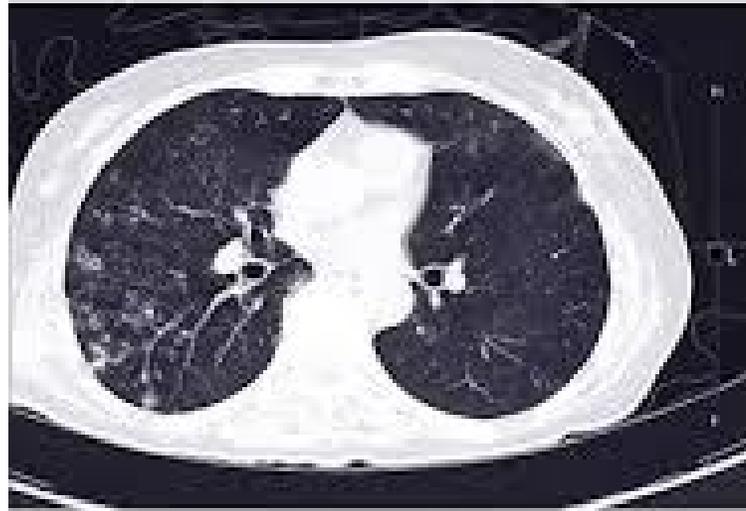
Dr. Jeffrey Velotta
Kaiser Permanente
Northern California
Thoracic Surgery
UCSF Dept of Surgery



Does Time from Diagnosis-to-Resection Impact Outcomes?



Diagnostic CT Chest Scan Date



Diagnostic CT Chest scan DATE Definition: Uniformly defined as **date of the computed tomography (CT) scan Chest** that prompted a diagnostic workup and/or caused the clinician to act on proceeding to pulmonary resection.

Seq. Number 4600 - TempDt

- Collected for v5.26.1 cases only
- Mandatory data collection for surgery dates March 1, 2026, forward
- Sites can choose to retroactively collect this information for January and February surgery dates

Diagnosis	
Clinical Staging Done: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>ClinStaeDoneLung (1600)</i>	
<i>(If "Yes"→)</i> Clinical Staging Methods: (Select all that apply) <i>ClinStaeMeth (1620)</i>	
<input type="checkbox"/> PET/CT <input type="checkbox"/> CT <input type="checkbox"/> Brain CT <input type="checkbox"/> Brain MRI <input type="checkbox"/> Invasive Mediastinal Staging Performed	
<i>(If "PET/CT"→)</i>	SUV Max of Primary Lesion: _____ <i>SUVMax (1621)</i>
Lung CA Tumor Size (the dominant/most concerning lesion per CT scan):** _____ cm <i>LungCaTumSz (1800)</i> (ex. 2.34cm)	
<i>(If "LungCaTumSz"→)</i>	CT Chest Scan Date: ____/____/____ (mm/dd/yyyy) <i>TempDt (4600)</i>
Lung CA T Stage (tumor stage):** <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <i>ClinStageLungTumor (1810)</i>	
Lung CA Nodes:** <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <i>ClinStageLungN (1820)</i>	
<i>(If "N2"→)</i>	N2 Classification: <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> Unknown <i>N2Classification (1821)</i>
Lung CA Metastases:** <input type="checkbox"/> M0 <input type="checkbox"/> M1 <i>ClinStageLungM (1830)</i>	
Lung – FINAL Pathological Staging	
<i>To be completed if a lung resection is performed (9th Edition)</i>	
Lung Cancer Tumor Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>ClinStageTumorPres (1841)</i>	
<i>(If "Yes"→)</i>	Synchronous Primaries Resected (same encounter): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>SynchPrimaries (1842)</i>



Seq 690 - HistPreopMeds

DCF updated. Change communicated to vendors, STS requested they update their software but not required to do so.

Preoperative Medication History

Preoperative Medication History: ** (select all that apply or 'None')

HistPreopMeds (690)

None

Chronic Immunosuppressive Therapy **

Chronic anticoagulation (defined as any anticoagulation medication other than aspirin)

Home Oxygen Therapy (Home O2)

Seq 1470: Proc

Mediastinoscopy was updated on DCF, TM correction made to align with DCF.

Old:

3220	Mediastinoscopy, with or without biopsy (39400)
	This refers to a commonly performed cervical mediastinoscopy (video-assisted also being performed). This procedure is used to sample/biopsy mediastinal lymph nodes most frequently to stage lung cancer but also to diagnose conditions with enlarged mediastinal lymph nodes both benign (histoplasmosis/sarcoidosis) and malignant (Lymphoma/Metastatic cancer from other sites than lung). Applies to any kind of cervical mediastinoscopy.

New:

4840	Mediastinoscopy, with biopsy of mediastinal mass (e.g. lymphoma) (39401)
	This refers to a mediastinoscopy that includes biopsy(ies) of a mediastinal mass (such as a lymphoma or tumor), when performed. This minimally invasive procedure involves inserting a lighted camera through a small neck incision to view and sample tissue in the chest space between the lungs.
4850	Mediastinoscopy, with lymph node biopsy (39402)
	This refers to a mediastinoscopy with lymph node biopsy(ies). It is a surgical, endoscopic procedure used to examine and biopsy lymph nodes in the mediastinum (central chest cavity), frequently used for staging lung cancer or diagnosing conditions like lymphoma and infections. While 39401 covers mediastinoscopy with biopsy of a mediastinal mass only, 39402 specifically includes the sampling of lymph nodes.

Feb 2026: The format of this field is an integer, meaning you can only enter a whole number. SUV is commonly reported as a decimal value. The STS would like you to round to the nearest whole number. Whole numbers with a decimal value of .5 are rounded up. For example, an SUV_{max} of 2.5 should be coded as 3 while an SUV_{max} of 2.4 should be coded as 2 and so on and so forth.

Feb 2026: SUV Max should be captured for the relevant PET regardless of PET scan date.

Seq 1621: SUV Max of Primary Lesion

Seq 1800: LungCaTumSz

Document the largest tumor size from the pre-operative CT that led the surgeon/treatment team to work the patient up for possible lung cancer and ultimately led to treatment (either surgery or neoadjuvant therapy). For example, if a patient had a LDCT scan on 1/19/2026 and a 3 month follow-up CT scan on 4/20/2026 that showed increasing tumor size that led to a PET on 6/1/2026, EBUS on 7/5/2026 and ultimately surgical resection on 8/15/2026 – please capture largest tumor size from the CT scan on 4/20/2026.

Seq 2070: LungCAHist

If the pathology report does not indicate whether adenocarcinoma is mucinous or non-mucinous, please code as non-mucinous. It is very important that mucinous adenocarcinoma only be coded if specified in the pathology report.





Seq 4140: POEscCare



This POE is captured only for the index admission. Only capture unexpected admissions to the ICU. An unexpected ICU admission would be captured if either a physical change in location or change in ADT status for flex beds.

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

- March 11 @ 2:30ET (1:30CT)
- April 8 @ 2:30ET (1:30CT)



Contact Information

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and General Thoracic

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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!