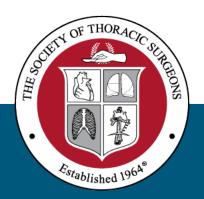
Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

May 14, 2025





Agenda

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

STS Updates

- 2025 Harvest Schedule
 - Spring 2025 analysis reports released on Monday, April 28th
 - Reporting period includes OR dates 1/1/2022 12/31/2024
 - Fall 2025 close date: September 5, 2025
 - Reporting period includes OR dates 7/1/2022 6/30/2025
- May Training Manual has been posted
 - FAQ Summary includes updates for March/April/May
- GTSD Executive Dashboard released Monday, April 28th
- Report Related Questions??? Please email the Helpdesk: stsdb helpdesk@sts.org
 - Refer to the Analysis Overview
 - Always Include your Participant ID
 - Indicate the Reporting time period (Fall 24, Spring 25 etc.)
 - Screenshots are helpful!!

AQO 2025 – NEW DATES!!

- 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
- Abstract Submission Deadline is
 - Monday, June 2nd at 11:59pmET
 - Abstract Submission Information and Guidelines
- Both In Person (ACSD, CHSD, GTSD) and Virtual options (all databases) will be available
- Cost information will be shared as soon as it's available



Discussions on valuable research and important clinical findings with the goal of improving data collection and patient outcomes.

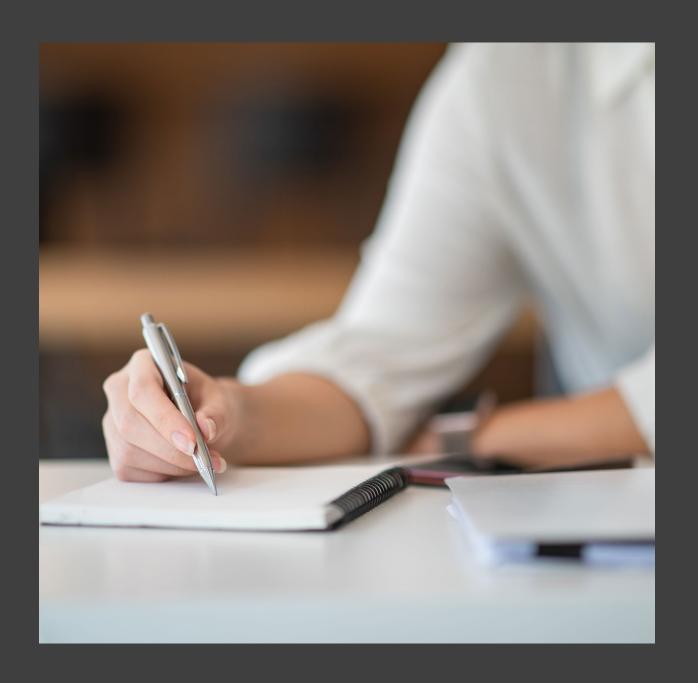












STS Education Ruth Raleigh (GTSD Consultant)

Seq 690: History of Pre-Op Meds

Capture chronic immunosuppressive therapy in Seq 690 only if medications are being prescribed with the intended effect of suppressing the patient's immune system. Many medications have immunosuppressive side effects, these should not be captured as chronic immunosuppressive therapy. For example, Prolia injections would not be captured here.



Problem List Modified 03/26/18 Problem Status Asthmatic bronchitis Active T. Active Decreased hearing Ŧ Active Eczema Ŧ Active Migraine aura without headache Active Otitis media Ŧ Active Foreig Ŧ Foreign body - finger Foreign body in ear Foreign body in eye Foreign body in left cornea

Seq 840: PsychDisorder

Do not code 'yes' to seq 840 based only on the inclusion of a psychiatric disorder on a patient problem list. Problem lists are not the same as a medical history as outlined in an H&P.

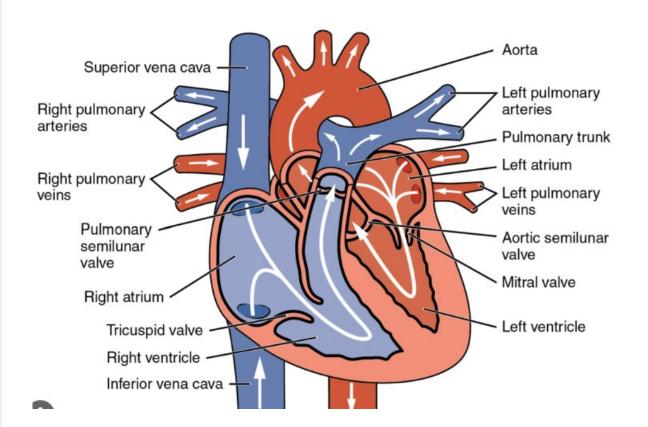
Seq 870: ECOG Score

- If an ECOG score is assigned by a clinician using a range, capture the lowest value provided in the range. For example, a documented ECOG of 0-1 would be coded as 0.
- There is no crosswalk for sites reporting METs for functional capacity to ECOG.

Karnofsky Status	Karnofsky Grade	ECOG Grade	ECOG Status
Normal, no complaints.	100	0	Fully active, able to carry on all pre- disease performance without restrictio
Able to carry on normal activities. Minor signs or symptoms of disease.	90	1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
Normal activity with effort.	80		
Care for self. Unable to carry on normal activity or to do active work.	70	2	Ambulatory and capable of all selfcan but unable to carry out any work activities. Up and about more than 50% of waking hours.
Requires occasional assistance, but able to care for most of his needs.	60		
Requires considerable assistance and frequent medical care.	50	3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours.
Disabled. Requires special care and assistance.	40		
Severly disabled. Hospitalisation indicated though death nonimminent.	30	4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair.
Very sick. Hospitalisation necessary. Active supportive treatment necessary.	20		
Moribund.	10		
Dead.	0	5	Dead.

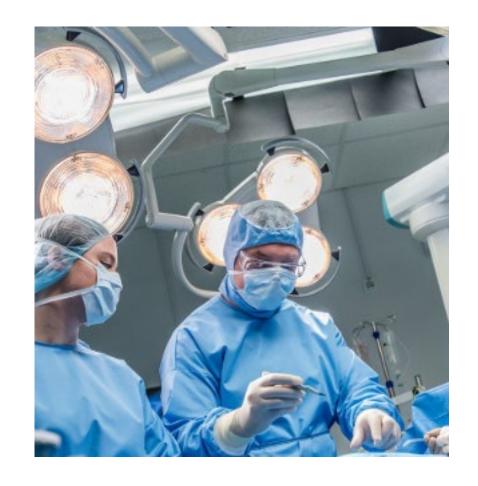
Seq 1875: Invasion of Adjacent Structures

Apr 2025: The IASLC defines the great vessels as: aorta, superior/inferior vena cava and intrapericardial pulmonary arteries/veins.



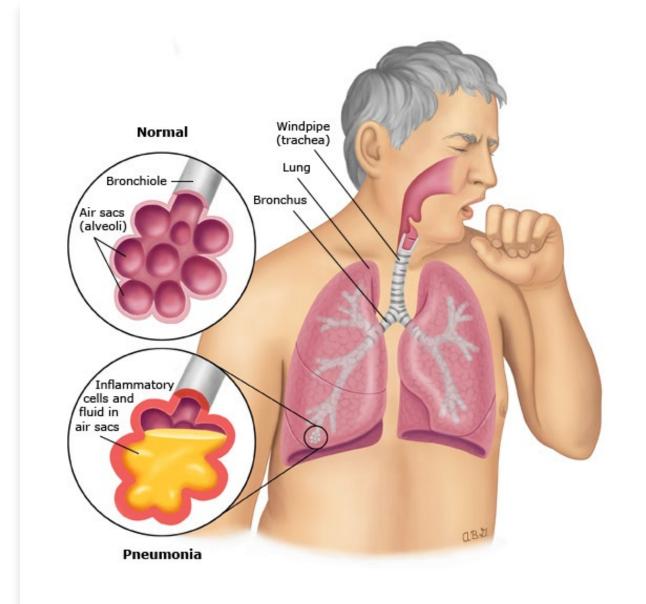
Seq 3670: Post Op Procedure Through New or Existing Incision

Mar 2025: All returns to the OR related to the index procedure should be captured as 'yes' in seq 3680. This includes index procedures where a portion of the surgery was performed by a surgeon other than the cardiothoracic surgeon. This also includes cases where the return to the OR is entirely secondary to an unrelated procedure occurring at the same time as the primary procedure being abstracted. For example, if a patient has a lung resection and a leg amputation performed at the same time and the patient returns to the OR for bleeding from their leg – this would be capture as a return to the OR and 3680 would also be coded as 'yes'.



Seq 3720: Pneumonia

Mar 2025: A patient that has three of five characteristics and physician documentation of 'likely pneumonia' that is not later specifically determined not to have pneumonia, should be capture as 'yes' in seq 3720.



Seq 3800: Pneumothorax Requiring CT

Mar 2025: Pneumothorax requiring CT for any pneumothorax not present preoperatively is capture in seq 3800 regardless of surgical approach.



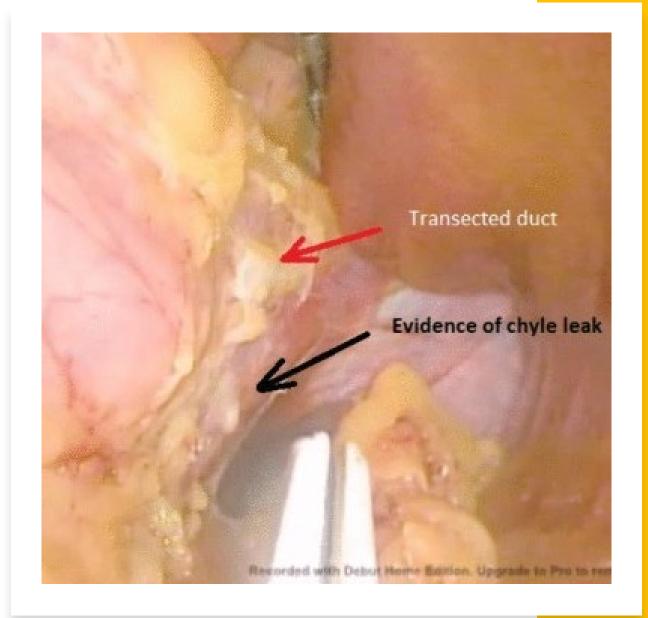
Pneumothorax

Abnormal collection of air in pleural space

"Collapsed Lung"

Seq 4180: Post-Operative Chyle Leak Grade

Apr 2025: A bedside talc pleurodesis performed to manage a post-op chyle leak should be captured as type III. Seq 4190 and seq 4191 would subsequently be coded as 'no'.



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!

Monthly Webinars

- June 11 @ 2:30ET (1:30CT)
- July 9 @ 2:30ET (1:30CT)

Upcoming GTSD Webinars

Quality Improvement

- May 29 @ 3pm ET (2pmCT)
 - Kelly Rubino, Hackensack Meridian Health
- June 26 @ 3pmET (2pmCT)
 - TBD



Contact Information

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- 312-202-5822

Helpdesk Support
(Harvest Questions/Analysis
Report Questions)

STSDB_helpdesk@sts.org

Database Operational Questions

(Database Participation, Contracts, etc.)

• STSDB@sts.org



THANK YOU FOR JOINING!