

Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

June 11, 2025



STS National Database[™]
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Agenda

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

STS Updates

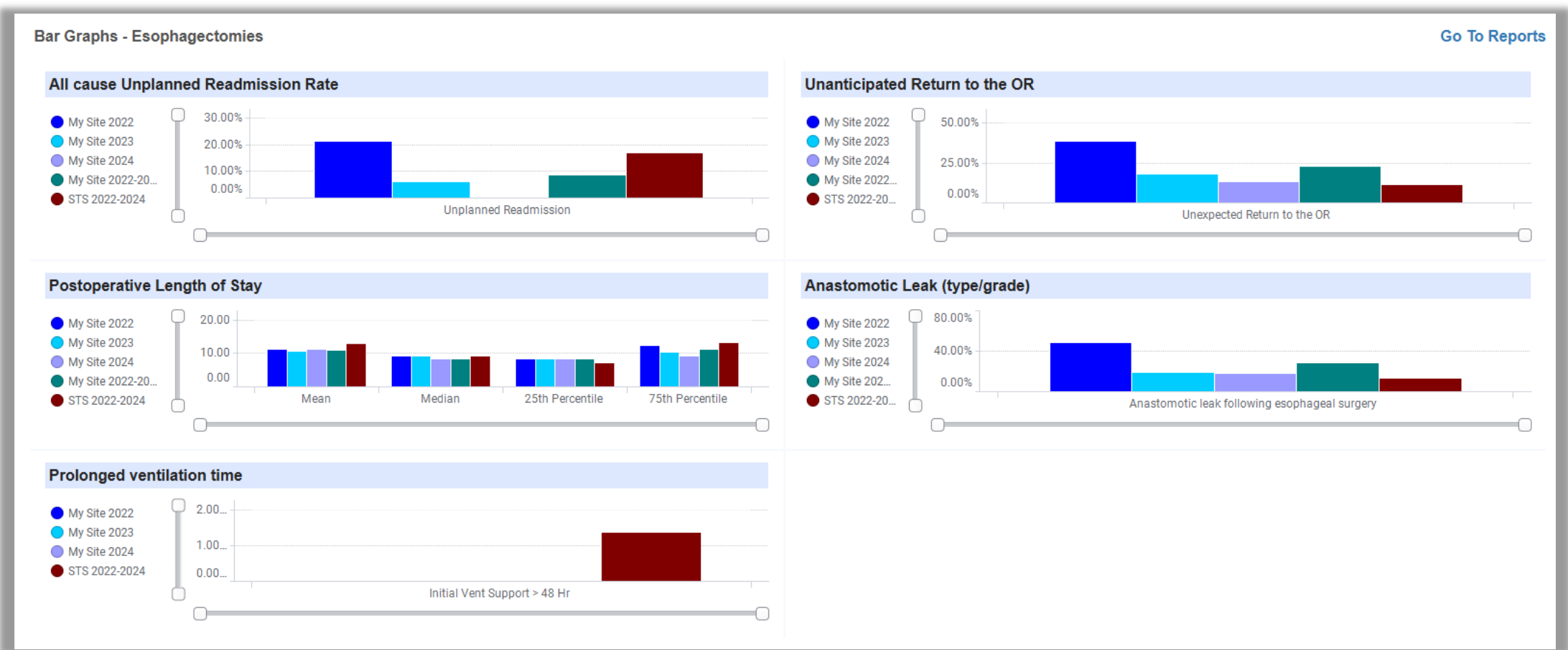
- Fall 2025 Harvest (Includes Surgery dates July 1, 2022 – June 30, 2025)
 - Harvest close is September 5, 2025
 - Opt out is September 9, 2025
- GTSD Analysis Overview - Current version is dated May 28, 2025
 - Updated all references where “Star Ratings” were mentioned
 - Added additional clarification/detail 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
- June Training Manual will be available on the website this afternoon (6/11)

STS Updates

- GTSD Participant Dashboard (non-analyzed) Updates Released to Production on 31May
 - Conversion type added
 - PLOS added (Mean, Median, 25th and 75th percentiles)
 - Procedures Parameter choice “None” updated to “All Other Procedures”
- GTSD Executive Dashboard Enhancements scheduled to be released June 12
 - Air leak greater than 5 days graph removed for Esophagectomies
 - Added drop down to Lung Cancer Resection bar graph
 - Added a new column to represent 3-year rolling harvest time frame, and #N to bar graphs, Display STS with an * when the harvest period includes a partial year. Ex: *STS 2022-2025
 - Added Still in Hospital metric to Current Harvest Missing Summary
 - New footnote added to Composite Quality Ratings Summary Widget
- GTSD Risk Adjusted Report
 - Update to the Lung Cancer Staging Procedures Graph
 - Clinical Staging procedures to now display all years’ data (did not include partial years)

GTSD Executive Updates – Air leak Graph Removed

STS-10908 - Air leak greater than 5 bar chart should not display for Esophagectomies

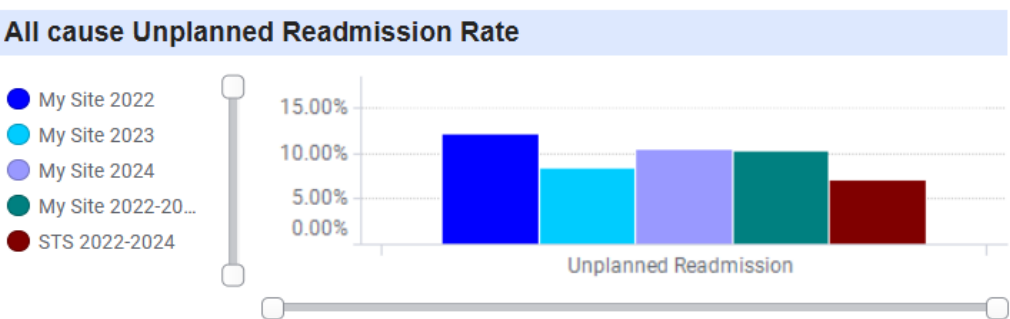
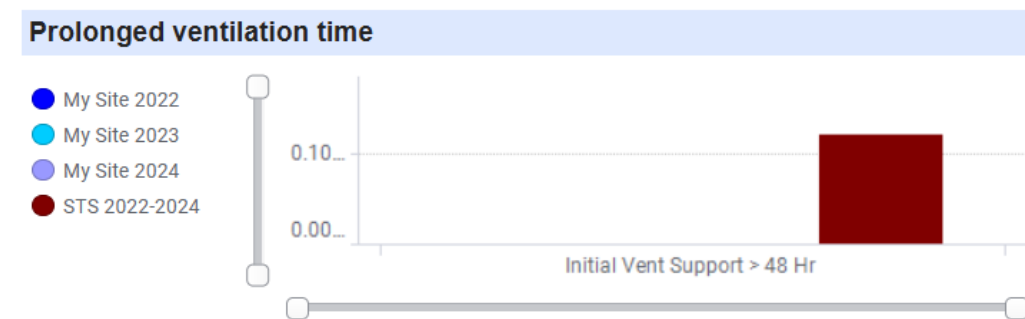
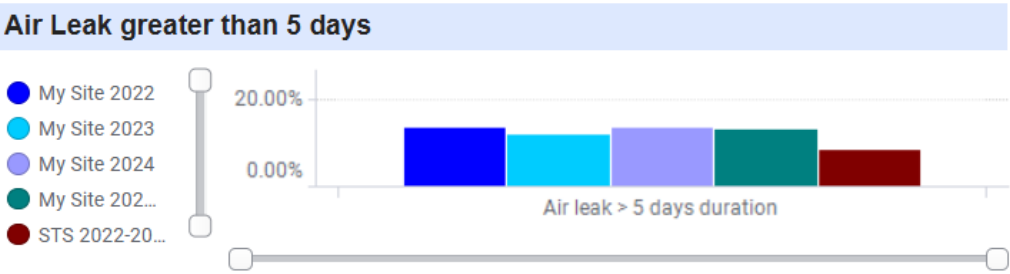
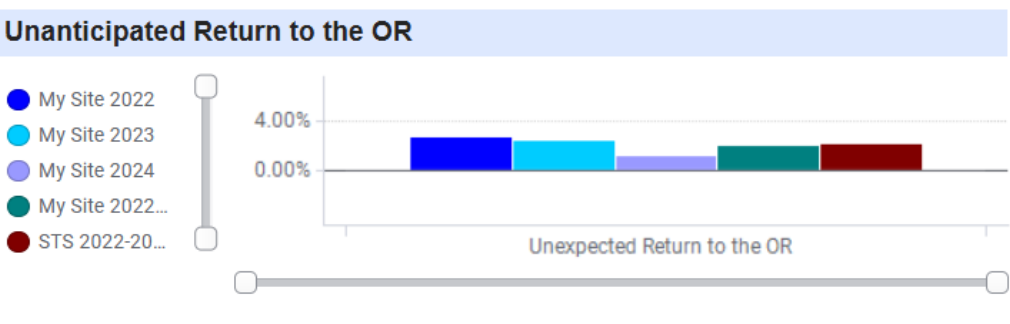
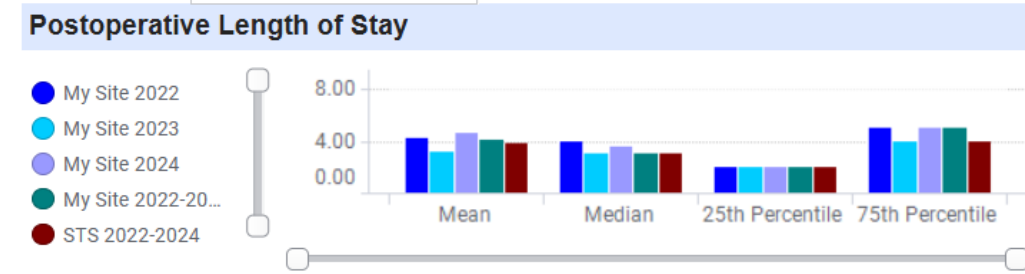
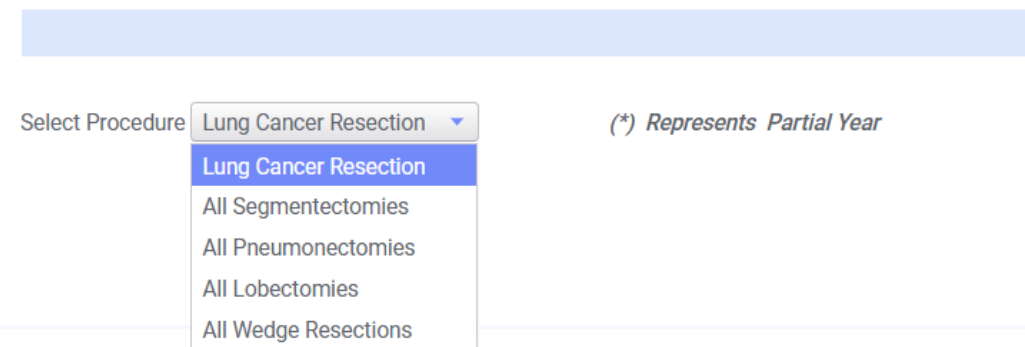


GTSD Executive Dashboard Updates

STS-10897 - Added drop down to Lung cancer bar graphs

Bar Graphs - Lung Resection

[Go To Reports](#)



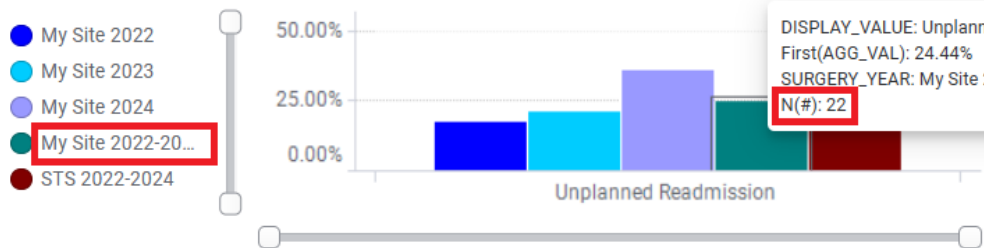
GTSD Executive Dashboard Updates

STS-10897 - Added a new column to represent 3-year rolling harvest time frame, and #N to bar graphs, Display STS with an * when the harvest period includes a partial year. Ex: *STS 2022-2025

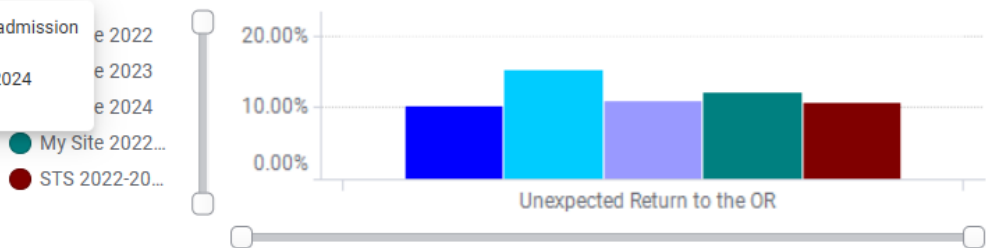
Bar Graphs - Esophagectomies

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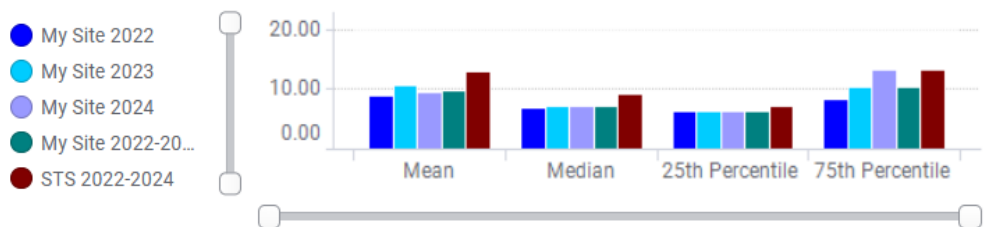
All cause Unplanned Readmission Rate



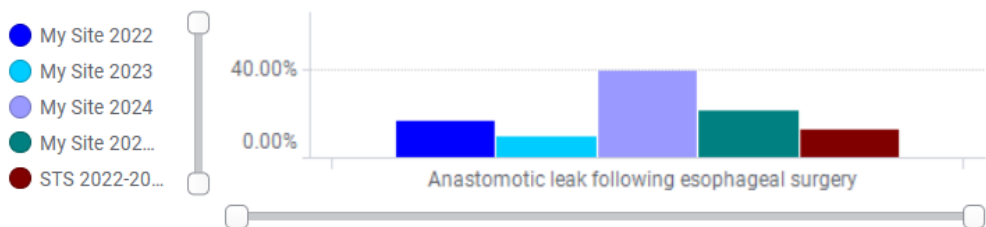
Unanticipated Return to the OR



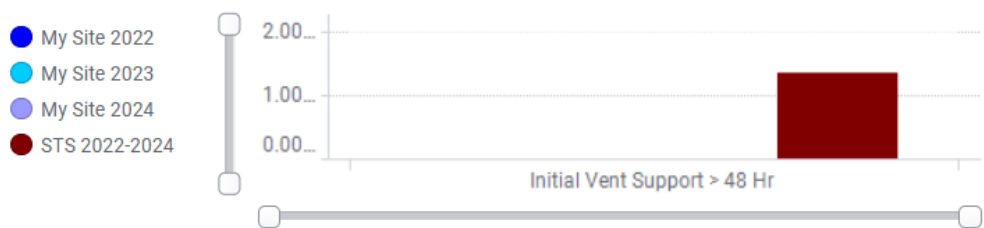
Postoperative Length of Stay



Anastomotic Leak (type/grade)



Prolonged ventilation time



GTSD Executive Dashboard

STS-10911 - Added Still in Hospital metric to Current Harvest Missing Summary widget

Current Harvest Missing/Unknown Summary

Procedure	Variables		Surgical Date Range	#Missing or Unknown	#Eligible	%Missing or Unknown
Primary Esophageal Cancer or Lung Cancer Resection Procedures	Hospital Discharge Status		07/01/2022 - 06/30/2023	0	102	0.00
			07/01/2023 - 06/30/2024	0	126	0.00
			07/01/2024 - 06/30/2025	0	62	0.00
	30-day Status		07/01/2022 - 06/30/2023	0	102	0.00
			07/01/2023 - 06/30/2024	0	126	0.00
			07/01/2024 - 06/30/2025	0	62	0.00
All Procedures	Number of cases still in Hospital		All years	-	0	0.00

GTSD Executive Dashboard Updates

STS – 10897 - Composite Quality Ratings - Add to the footnote - Effective with the Spring 2025 Harvest, Star rating graphics were removed from the lung and esophageal composite measures. Moving forward, only the three category analytic descriptions will be displayed.

Composite Quality Rating

[Go To Reports](#)

Procedure and Domain	Spring 2025	Fall 2024	Spring 2024	Fall 2023	Spring 2023	Fall 2022
Overall Lung Cancer Resection Composite Quality Rating	As Expected	★★	★★★★	★★	★★	★★
Overall Esophagectomy Composite Quality Rating	As Expected	★★	★★	★★	★★	★★

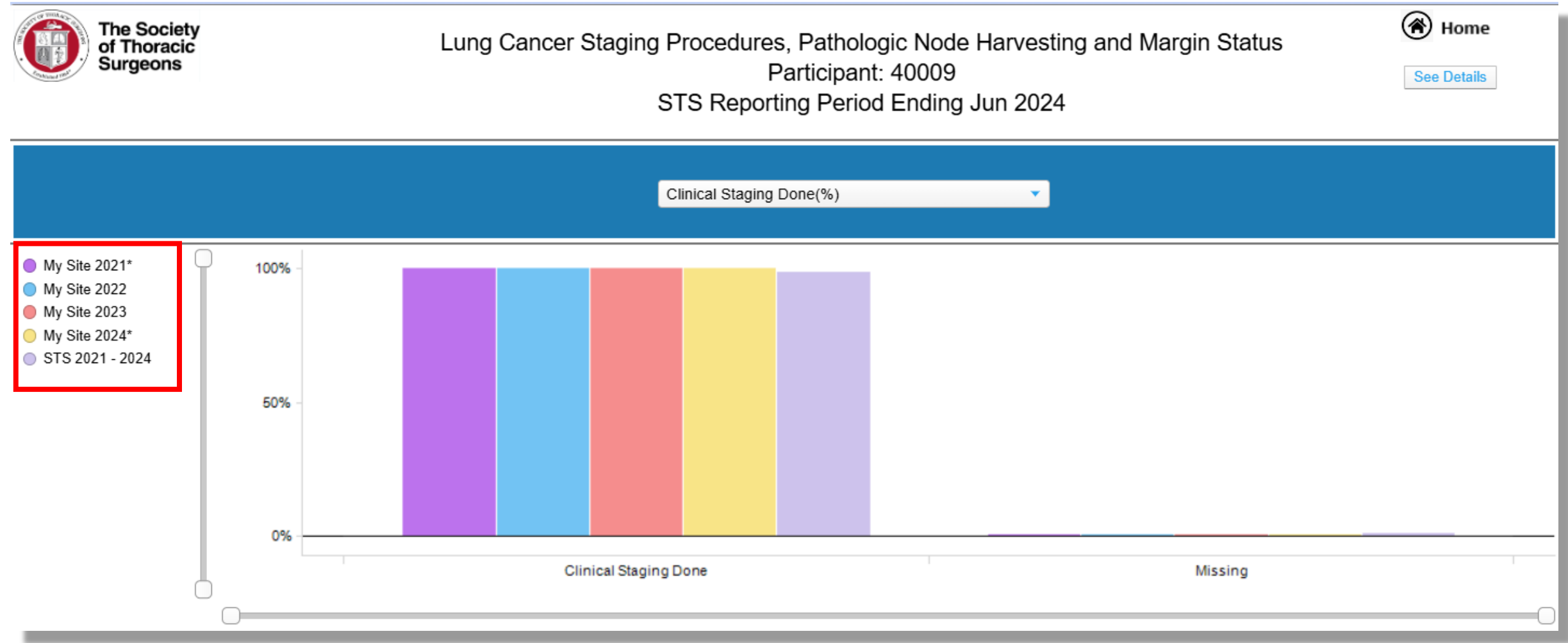
Worse than Expected (★) - Participant's performance is significantly worse than expected for their specific case-mix.
As Expected (★★) - Participant's performance is not statistically different than expected for their specific case-mix.
Better than Expected (★★★★) - Participant's performance is significantly better than expected for their specific case-mix.

Note: Each participant's overall site performance is an estimate of their performance for their specific case-mix (e.g., patient acuity and severity) compared with overall, national STS outcomes for a similar mix of patients. Because a participant's overall performance apply only to their case- mix, they cannot be directly compared with the overall performance of another participant with a different case-mix.

Overall site performance for previous time periods reflect the results obtained at that time

GTSD Risk Adjusted Dashboard Report

STS-10543 - GTSD RADR display all years' data on the Clinical staging procedures report



STS has requested to add the partial year (indicated by an asterisk next to the year entry) to the graphs, and to the STS numbers.

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**
- **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

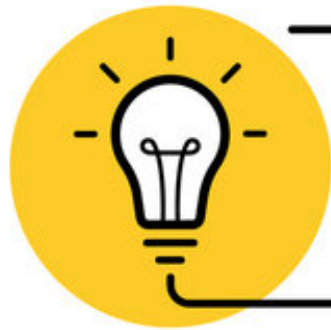
SEPTEMBER 25-26, 2025 • SAN ANTONIO, TX

Register now at sts.org/AQO





STS Education
Ruth Raleigh
(GTSD Consultant)



**DID YOU
KNOW?**

- Not all pre-operative risk factors are rolled into risk adjustment?
- Not all lung resections for lung cancer are included in your site analysis?
- Not all post-op events are considered a 'major morbidity' and accounted for in star-rating (quality rating) assignment?

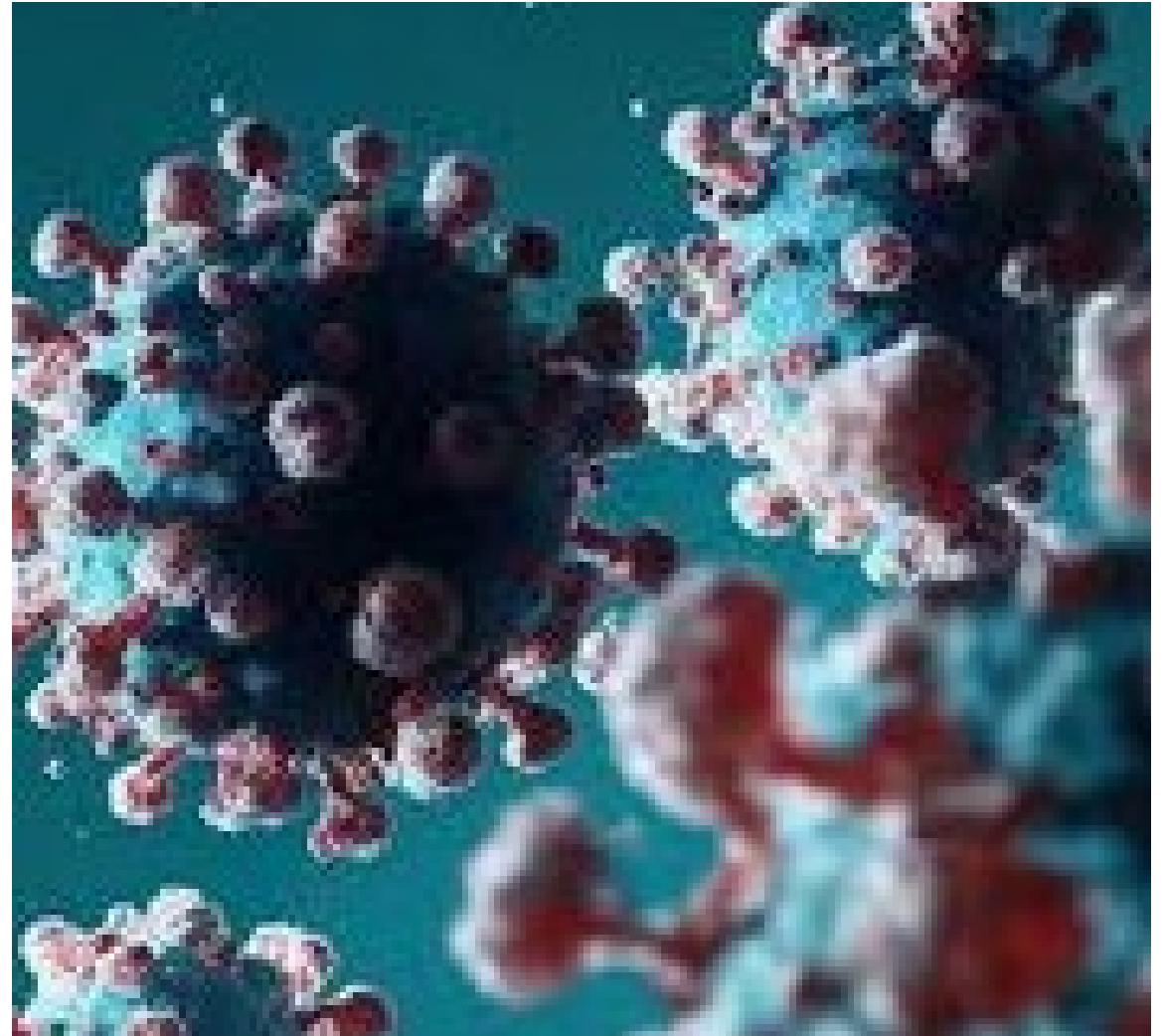


Analysis Overview Document

Analysis Overview Document

Includes:

- Descriptions on how unique scenarios are managed
 - COVID
 - Re-Operations
- Missing Data: Participant Level Exclusion
- Risk Adjusted Outcomes: Overview
 - How to interpret your results
 - How your results are calculated etc.



Analysis Overview Document

Includes

- STS Defined Populations for Lung Cancer and Esophageal Cancer Resections
- Quality Domains and Study Endpoints

Major complication was defined as any of the following codes:

Major complication endpoint	Seq. no 5.21.1
Acute Respiratory Distress Syndrome	3740
Bronchopleural Fistula	3770
Initial Ventilator Support > 48 hours	3810
Myocardial Infarction	3870

- Risk Model Variables

Analysis Overview Document

In Short...

You can not excel in your role as a data manager without being familiar with the analysis overview document!

It is located in the IQVIA Library, please check it out today and reference liberally.

Talk about it with your surgeons, it is key to understanding their harvest reports.



Training Manual Updates

Summary Table Added to Seq 1880

	LN Counted in Seq 1890-2000	Notes
LN removed prior to induction therapy	No	
LN removed prior to index operation but after any induction therapy or induction therapy did not occur	Yes	Can be removed via VATS or Mediastinoscopy. Descriptive terms for removal include but are not limited to: 'sampled', 'harvested', 'removed' or 'resected'
LN biopsied via EBUS at any time	No	
LN removed during index operation	Yes	
Tissue that turns out not to be a LN on final path	No	

Clinical Staging: The Four Month Rule

The only lung cancer sequence that requires clinical staging be performed within four months to capture data is seq 1620 – clinical staging methods.

If clinical staging was performed, but all was performed more than four months ago. You would:

1. Code 'yes' to 1600 (clinical staging done for lung cancer)
2. Leave seq 1620 (clinical staging methods) blank
3. Seq 1630 (mediastinal lymph node sampling staging method) will not open because 1620 was blank
4. Seq 1800 (clinical staging lung cancer tumor size in cm) will be answered using CT if you have both a CT and PET available.

A Quick Word on Harvest Codes

Harvest codes are numbers, for some sequences the answers are also a number.

For example, if you have a clinical stage T1 lung cancer you would want to select harvest code 2 which corresponds to T1.

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Tis
2	T1
3	T2
4	T3
5	T4

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

- July 9 @ 2:30ET (1:30CT)
- August 13 @ 2:30ET (1:30CT)

Quality Improvement

- June 26 @ 3pmET (2pmCT) – cancelled
- July 31 @ 3pmET (2pmCT)



Contact Information

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and General Thoracic

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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!