The Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

July 8, 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.

STS Updates

- June Training Manual and FAQ Summary available on STS Website
- July Training Manual to be posted by Friday (7/10)
- GTSD Public Reporting
  - Next update scheduled for January 2027

- Database Enhancements
  - Do you have suggestions on new reporting features? Is there a new metric you would like to see that's not currently reported?
  - Email your idea(s) to stsdb_helpdesk@sts.org

AQO 2026 – New Orleans

- **September 30 - October 2, 2026**
- **Hiton 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

AQO 2026 – A Data Managers Meeting

- Registration is NOW OPEN!!!

- https://www.sts.org/calendar-of-events/2026-advances-quality-outcomes-data-managers-meeting

Event

2026 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.

Register Now

Date(s)
Sep 30 – Oct 2, 2026

Location
New Orleans, LA

Audience
Allied Health
Data Manager

Chat with COR

AQO 2026 – A Data Managers Meeting

AQO 2026 will offer a unique opportunity to explore techniques for optimizing data collection, using case scenarios, and driving quality improvement. Head for New Orleans this September to attend the premier gathering of STS National Database professionals as they share valuable research and important clinical findings with hundreds of peers.

Request a justification letter.

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Schedule

- **Thursday, Sept. 24**
  Intermacs/Pedimacs Virtual Forum: 9 a.m. – 5 p.m.
- **Wednesday, Sept. 30**
  General Thoracic Surgery Database: 8 a.m. – 5 p.m.
  Congenital Heart Surgery Database: 8 a.m. – 5 p.m.
- **Thursday, Oct. 1**
  General Thoracic Surgery Database: 8 a.m. – 11 a.m.
  Congenital Heart Surgery Database: 8 a.m. – 11 a.m.
  Adult Cardiac Surgery Database: 8 a.m. – 5 p.m.
- **Friday, Oct. 2**

AQO 2026 – A Data Managers Meeting

In-Person Registration	Registration Fee	Late Registration Fee (after Aug. 31, 2026)
STS Member — One Registry (CHSD or GTSD or ACSD)	$700	$800
STS Member — Two Registries ((CHSD or GTSD) AND (ACSD))	$1,100	$1,200
Non-Member — One Registry (CHSD or GTSD or ACSD)	$800	$900
Non-Member — Two Registries ((CHSD or GTSD) AND (ACSD))	$1,200	$1,300
Industry Employee	$1,200	$1,300

AQO 2026 – A Data Managers Meeting

Virtual-Only Registration	Early Bird Registration Fee (through July 31, 2026)	Standard Registration Fee
STS Member Virtual Pass + Intermacs Forum	$450	$550
STS Member Virtual Pass Only (no Intermacs Forum)	$350	$450
Non-Member Virtual Pass + Intermacs Forum	$550	$650
Non-Member Virtual Pass Only (no Intermacs Forum)	$450	$550

*An STS Member ID (6 digits) is required to receive the discounted member rate. Database participation differs from STS membership (e.g., Surgeon or Associate Membership). Your 6-digit STS Member ID is not your site or Database participant ID. For help retrieving your STS Member ID, contact Member Services.

Download a printable form for registration.

AQO 2026 – A Data Managers Meeting

Hotel Arrangements

A block of rooms has been reserved at the Hilton New Orleans Riverside (2 Poydras Street, New Orleans, LA 70140). The special AQO group rate of $259, plus state and local taxes, is guaranteed **through Tuesday, Sept. 8**, or until the group block is sold out. Guest rooms reserved after the cutoff date or when the room block is sold out are subject to hotel availability. Reserve your room online.

STS Education

Ruth Raleigh, GTSD
Clinical Consultant

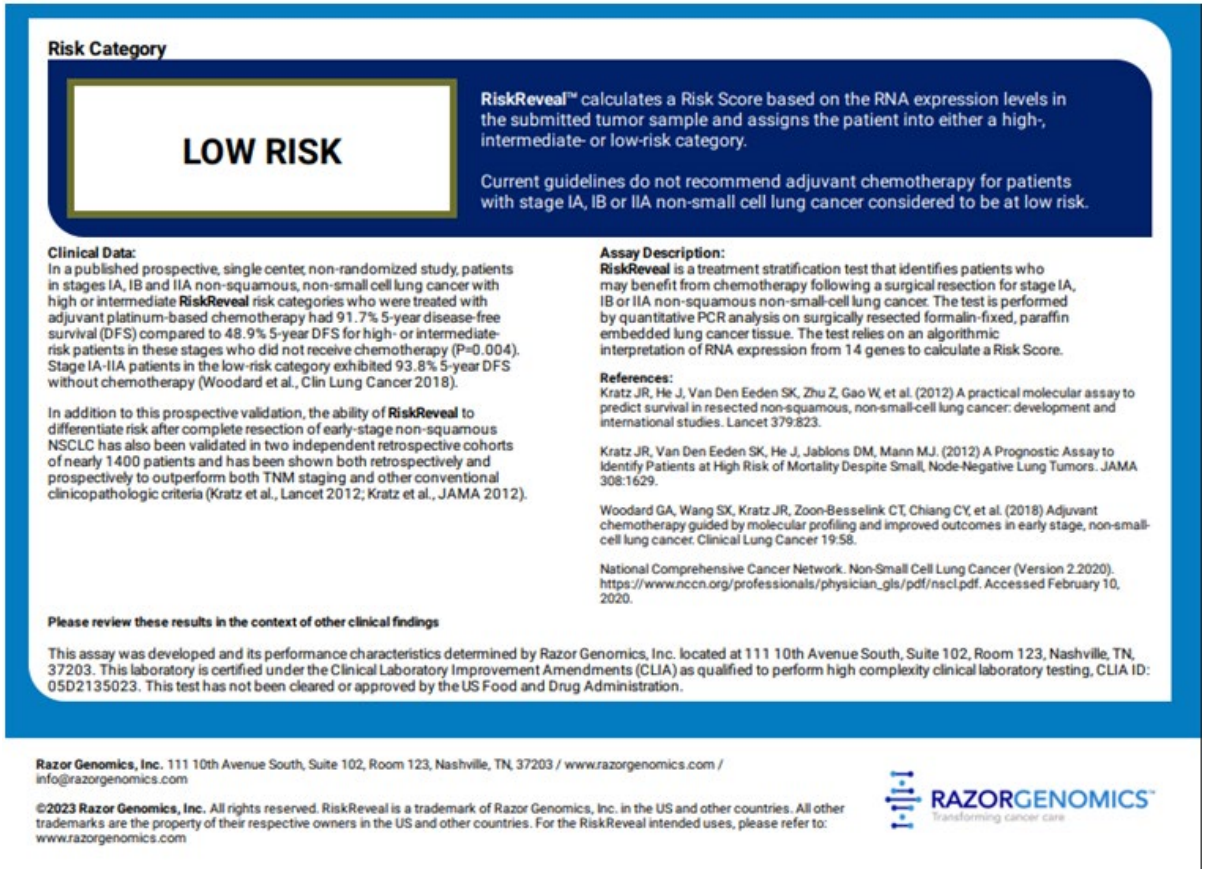
Lesion Type	Guidance on Documentation
Solid Nodule(s) or Mass(es)	Enter the largest size in cm. If a mean size is given in addition to length/width, enter the largest size: i.e. a 10 x 7 mm lesion with an 8mm mean diameter should be coded as '1'cm.

Seq 1800: Lung Cancer Tumor Size

Lung nodules identified in CT reports as 'spiculated' are assumed to be solid unless otherwise stated in the radiology report.

Seq 1852: Molecular Test Performed

Code ‘no’ if only risk reveal or razor genomic testing was performed.



Risk Category

LOW RISK

RiskReveal™ calculates a Risk Score based on the RNA expression levels in the submitted tumor sample and assigns the patient into either a high-, intermediate- or low-risk category.

Current guidelines do not recommend adjuvant chemotherapy for patients with stage IA, IB or IIA non-small cell lung cancer considered to be at low risk.

Clinical Data:
In a published prospective, single center, non-randomized study, patients in stages IA, IB and IIA non-squamous, non-small cell lung cancer with high or intermediate **RiskReveal** risk categories who were treated with adjuvant platinum-based chemotherapy had 91.7% 5-year disease-free survival (DFS) compared to 48.9% 5-year DFS for high- or intermediate-risk patients in these stages who did not receive chemotherapy (P=0.004). Stage IA-IIA patients in the low-risk category exhibited 93.8% 5-year DFS without chemotherapy (Woodard et al., Clin Lung Cancer 2018).

In addition to this prospective validation, the ability of **RiskReveal** to differentiate risk after complete resection of early-stage non-squamous NSCLC has also been validated in two independent retrospective cohorts of nearly 1400 patients and has been shown both retrospectively and prospectively to outperform both TNM staging and other conventional clinicopathologic criteria (Kratz et al., Lancet 2012; Kratz et al., JAMA 2012).

Assay Description:
RiskReveal is a treatment stratification test that identifies patients who may benefit from chemotherapy following a surgical resection for stage IA, IB or IIA non-squamous non-small-cell lung cancer. The test is performed by quantitative PCR analysis on surgically resected formalin-fixed, paraffin embedded lung cancer tissue. The test relies on an algorithmic interpretation of RNA expression from 14 genes to calculate a Risk Score.

References:

Kratz JR, He J, Van Den Eeden SK, Zhu Z, Gao W, et al. (2012) A practical molecular assay to predict survival in resected non-squamous, non-small-cell lung cancer: development and international studies. Lancet 379:823.

Kratz JR, Van Den Eeden SK, He J, Jablons DM, Mann MJ. (2012) A Prognostic Assay to Identify Patients at High Risk of Mortality Despite Small, Node-Negative Lung Tumors. JAMA 308:1629.

Woodard GA, Wang SX, Kratz JR, Zoon-Besselink CT, Chiang CY, et al. (2018) Adjuvant chemotherapy guided by molecular profiling and improved outcomes in early stage, non-small-cell lung cancer. Clinical Lung Cancer 19:58.

National Comprehensive Cancer Network. Non-Small Cell Lung Cancer (Version 2.2020). https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed February 10, 2020.

Please review these results in the context of other clinical findings

This assay was developed and its performance characteristics determined by Razor Genomics, Inc. located at 111 10th Avenue South, Suite 102, Room 123, Nashville, TN, 37203. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing, CLIA ID: 05D2135023. This test has not been cleared or approved by the US Food and Drug Administration.

Razor Genomics, Inc. 111 10th Avenue South, Suite 102, Room 123, Nashville, TN, 37203 / www.razorgenomics.com / info@razorgenomics.com

RAZORGENOMICS
Transforming cancer care

Seq 1854: Mutation Identified

Q: How are suspicious findings to be coded?

A: Suspicious findings are not captured in seq 1854. Code ‘None’.

RESULT:

BRAF: NEGATIVE
EGFR: NEGATIVE
ERBB2: NEGATIVE
KRAS: SUSPICIOUS (PLEASE SEE COMMENT)

COMMENTS:
Please note that this specimen is suspicious for KRAS p.G12A. This mutation was detected in duplicate at ~1.5% variant allele frequency. This is below the reporting cutoff of 2.5% variant allele frequency for this test. This indicates the molecular tumor percentage of the specimen is likely less than 5%. Due to the small size of the specimen and low tumor cellularity, the possibility that other mutations in EGFR, KRAS, BRAF, or ERBB2 are present, but not detectable cannot be completely excluded.

Seq 1855: PDL1 Percent Tested

PD-L1 (22c3) - Negative, TPS: 0%

PD-L1 (SP 142) - Negative, IC: 1%; Negative, TC: 0%

Q: Is there a certain type of PD-L1 that should be preferentially abstracted?
A: If values for tumor cells (TC) and immune cells (IC) are given, use the TC value. If more than one TC value is given, use the highest or positive TC value.

Seq 2112: Adjuvant Therapy Given

Code this sequence based on information known at 30 days after discharge.

For example:

- If today is day 30 and a patient is scheduled for their first round of adjuvant therapy next week, it would be captured.

- If that same exact adjuvant therapy was scheduled to be given on the exact same date, but not until day 32, it would not be captured.

Seq 4600: Temp Date for ‘Tipping Point’ CT

- IPN identified on PET 9/13/22
- Same day CT confirmed 2.3 cm part-solid nodule
- Surgical consult 9/28/22
- RULx scheduled for 11/22/22 - canceled by patient based on negative biopsy result
- Surgery occurred on 2/26/26 after a repeat biopsy was positive. Multiple refusals over the years by patient to schedule surgery despite continuous slow growth of lesion.

Q: What is the date of the ‘tipping point’ CT?

A: Not the 2022 CT scan. Use the CT prior to the repeat positive biopsy.

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

Quality Improvement Series

- October 29 @ 3:00ET (2:00CT)

Contact Information

Leigh Ann Jones, STS National Database Manager, Congenital and General Thoracic

- Ljones@sts.org
- 312-202-5822

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!