The Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

August 26, 2026

STS National Database™
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Agenda

- Welcome and Introduction
- STS Updates
- Data Manager Education
- Q&A

STS Updates

- August Training Manual posting this week!!!
- GTSD Public Reporting
  - Next update scheduled for January 2027

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 – GTSD Agenda

7 – 8 a.m.	**Breakfast**
8 – 8:05 a.m.	**Welcome** Carole Krohn, MPH, BSN, RN, LSSBGLeigh Ann Jones, and Ruth Raleigh, BSN, RN
8:05 – 8:30 a.m.	**Overview of the General Thoracic Surgery Database** Christopher W. Seder, MD
8:30 – 8:50 a.m.	**Esophageal Cancer: Back to Basics** Andrew Feczko, MD, MA
8:50 – 9:15 a.m.	Esophageal Cancer: Case Scenarios Sue Schneeberger
9:10 – 9:35 a.m.	**Surgeon Perspective: Using Your STS Data for Internal Reporting, Dashboards etc.** Andrew Popoff, MD
9:35 – 10 a.m.	**Data Managers Perspective: Using Your STS Data for Internal Reporting, Dashboards etc.** Mary Elise Hollenbeck, BSN, RN, and Heather Brown, BSN, RN, CFRN
10 – 10:30 a.m.	**Break**
10:30 - 10:55 a.m.	**Lung Cancer: Back to Basics** David D Shersher, MD
10:55 – 11:15 a.m.	**Lung Cancer: Case Scenarios** Erin McCabe, BSN, RN
11:15 – 11:45 a.m.	**Clinical Staging** Gillian Alex, MD
11:45 a.m. – 12:10 p.m.	**Clinical Staging: Case Scenarios** Kellie Knabe, MSN, RN, CCRN
12:10 – 1 p.m.	**Lunch**

AQO 2026 – GTSD Agenda

1 – 1:35 p.m.	**Molecular Testing and Beyond** Gavitt A. Woodard, MD, FACS
1:35 – 2 p.m.	**Molecular Testing and Beyond: Case Scenarios** Ruth Raleigh, BSN, RN
2 – 2:40 p.m.	**Understanding Pathology Reports** Whitney Weimer, RN, and Aaron Bungum
2:40 p.m. – 2:50 p.m.	**Reducing Lobectomy Mortality at a Community Hospital Through Professional Peer Engagement and an Enhanced Preoperative Evaluation (EPE) Protocol** Rachel Logan, ASN
2:50 – 3 p.m.	**Early Outcomes and Implementation Findings Following a Newly Established General Thoracic Surgery Registry Program** Marinna Melchor, MS, BSN, RN
3 – 3:30 p.m.	**Break**
3:30 – 3:55 p.m.	**CT Chest Scan: Pushing Data Managers over the Tipping Point** Jeffrey Velotta, MD, FACS
3:55 – 4:20 p.m.	**CT Chest Scan: Case Scenarios** Ann Herold, RN
4:20 - 5 p.m.	**Complex Case Scenarios** Katie Lothrop
5 p.m.	Session Adjourns & Networking Reception

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 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

- GTSD Office Hours will be held during the September 9th Monthly Webinar.
- Bring any last minute questions prior to harvest close.
- 2:30ET -3:30ET
- Open forum – no agenda – pop in anytime during the hour.

STS Updates

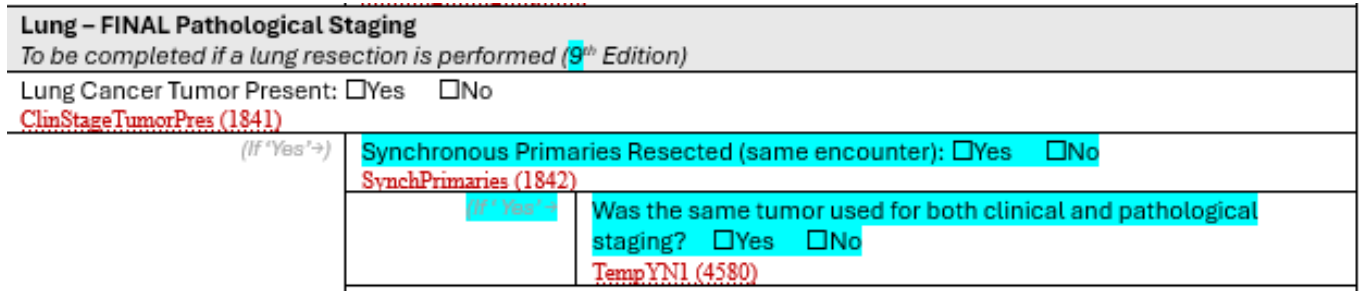
New Data Manager Webinar Series

- October 7th 1:00 - 2:00ET Kick off call – DCF Sections A,B,C
- October 21st 1:00 - 2:00ET DCF Sections D,E
- November 4th 1:00 - 2:00ET DCF Sections F,G
- November 18th 1:00 - 2:00ET DCF Sections H,I
- December 2nd 1:00 - 2:00ET DCF Sections J,K
- December 16th 1:00 - 2:00ET DCF Sections L,M

STS Updates

New Temporary Field Activation

- **Seq. 4580 (TempYN1) Temp Yes/No Field #1**
- Parent field: Seq.1842 (SynchPrimaries) Synchronous primaries Resected (same encounter) = Yes
- Variable: Was the same tumor used for both clinical and pathological staging?



  - Data collection for the new temp field will begin with surgery dates September 1, 2026 and forward
  - Updated Data Collection form will be posted on STS website

STS Updates

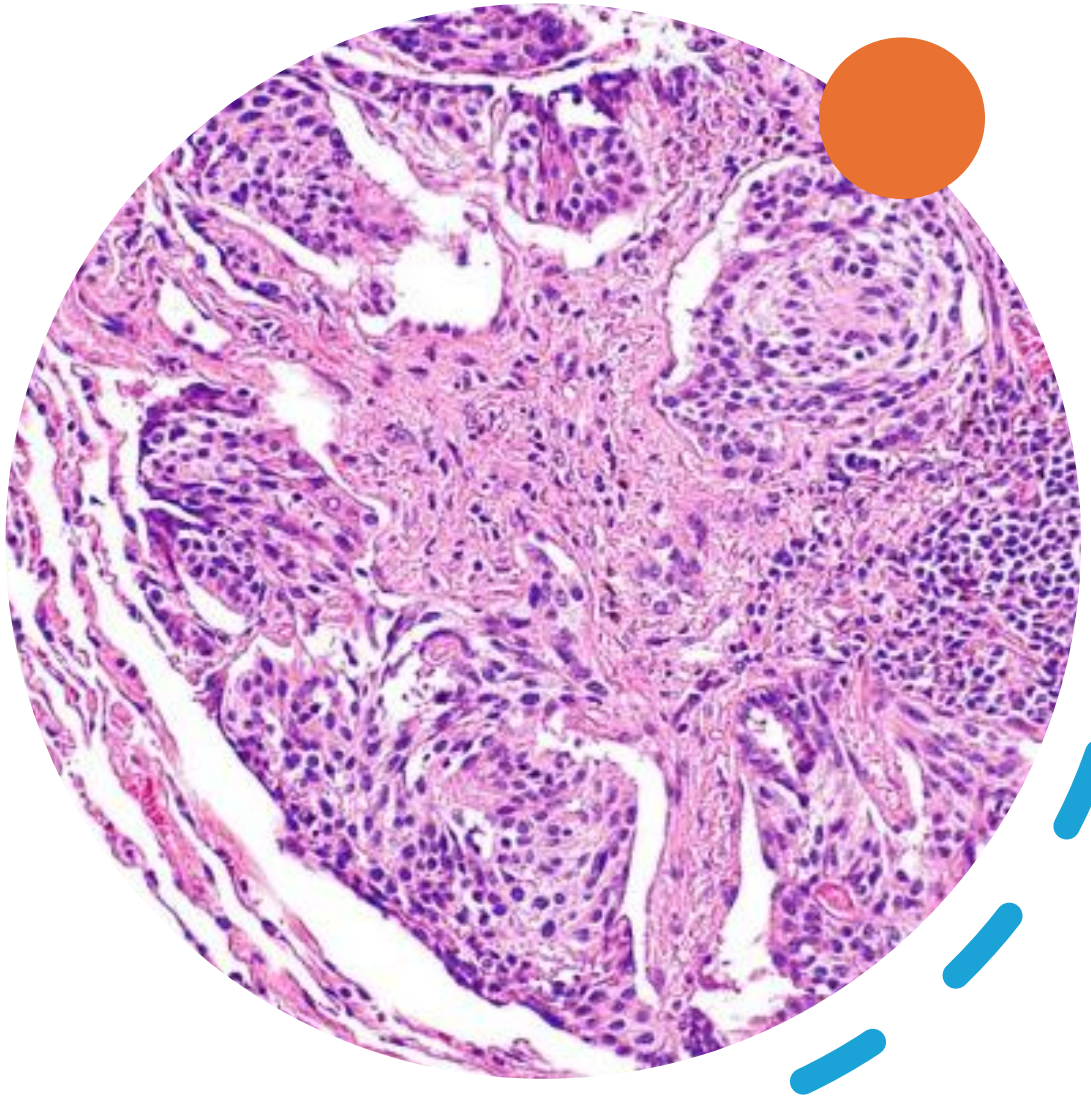
- Longer than usual Length of Stay values
- Review your Admission Date (AdmitDt) and Hospital Discharge Date (HospDischDt) values
- Seeing Patient DOB being entered for Admit Dates
- Correct data entry errors and resubmit

STS Education

Ruth Raleigh, GTSD
Clinical Consultant

Carcinoid Tumors of the Lung

- Uncommon neuroendocrine cancers arising from pulmonary neuroendocrine cells
- Belong to a class of tumors known as NETs or Neuroendocrine Tumors
- Approximately 1-2% of all primary lung tumors
- Generally, exhibit slower growth rate than other types of lung carcionomas
- Peak incidence: 40-60 years of age, although typical carcinoids may occur in younger patients
- Not strongly associated with smoking (unlike high grade neuroendocrine tumors)
- Can be classified by their aggressiveness:
    - Typical carcinoid – least aggressive type of pulmonary neuroendocrine tumors. Rarely spread outside of the lungs. Often detected as a localized tumor.
    - Atypical carcinoid – slightly more aggressive than typical carcinoids. Will grow faster and tend to spread beyond the lungs.



Carcinoid Tumors of the Lung

WHO Classification of Pulmonary Neuroendocrine Tumors (NETs)

Low Grade	Intermediate Grade	High Grade
Typical Carcinoid (TC)	Atypical Carcinoid (AC)	Large Cell Neuroendocrine Carcinoma (LCNEC)
		Small Cell Lung Carcinoma (SCLC)

Clinical Presentation of Carcinoid Tumors of the Lung

Central Tumors (Most Common)	Cough
	Hemoptysis
	Wheezing
	Recurrent pneumonia
Peripheral Tumors	Frequently asymptomatic
	Incidentally detected on imaging performed for other reasons or on lung screening CT
Carcinoid Syndrome (Very Rare)	Flushing
	Diarrhea
	Bronchospasm
	Usually occurs with metastatic disease

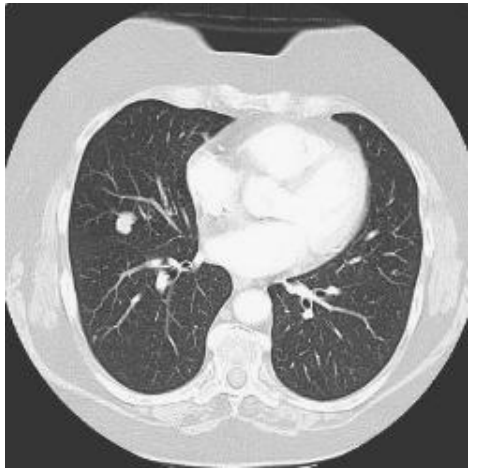
Imaging Findings Typical for Carcinoids

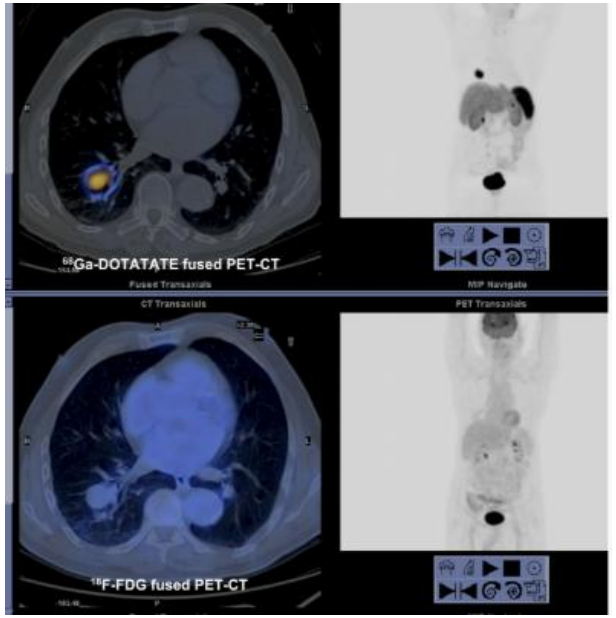
Chest CT

- Well-defined, round or oval pulmonary nodules/masses
- Endobronchial location is common
- Associated with obstructive atelectasis or post-obstructive pneumonia

PET

- Variable uptake on FDG PET
- DOTATATE PET/CT demonstrates high sensitivity for well-differentiated carcinoids





Carcinoid Tumor Case Scenario

- Patient that presented for worsening SOB.
- CTA CAP done on 10/27/2025 showed a 1.6 cm LUL nodule.
- Due to lab abnormalities patient was admitted for additional workup. Patient was diagnosed with kappa myeloma in December of 2025 and started treatment with rituximab and daratumumab on 01/21/26.
- A PET scan was done on 1/19/26 that showed "Well-circumscribed, mildly FDG avid 1.6 cm LEFT upper lobe nodule is indeterminate. This could reflect a benign nodule versus extra medullary involvement with myeloma versus poorly FDG avid pulmonary malignancy such as carcinoid tumor."
- Patient recommended to have a biopsy of LUL to rule out second primary or metastatic disease. IR needle biopsy was done on 06/10/26 findings are compatible with low-grade neuroendocrine tumor/typical carcinoid.
- Patient was referred to CTS for segmentectomy on 6/18/26 where final path showed well differentiated neuroendocrine tumor.

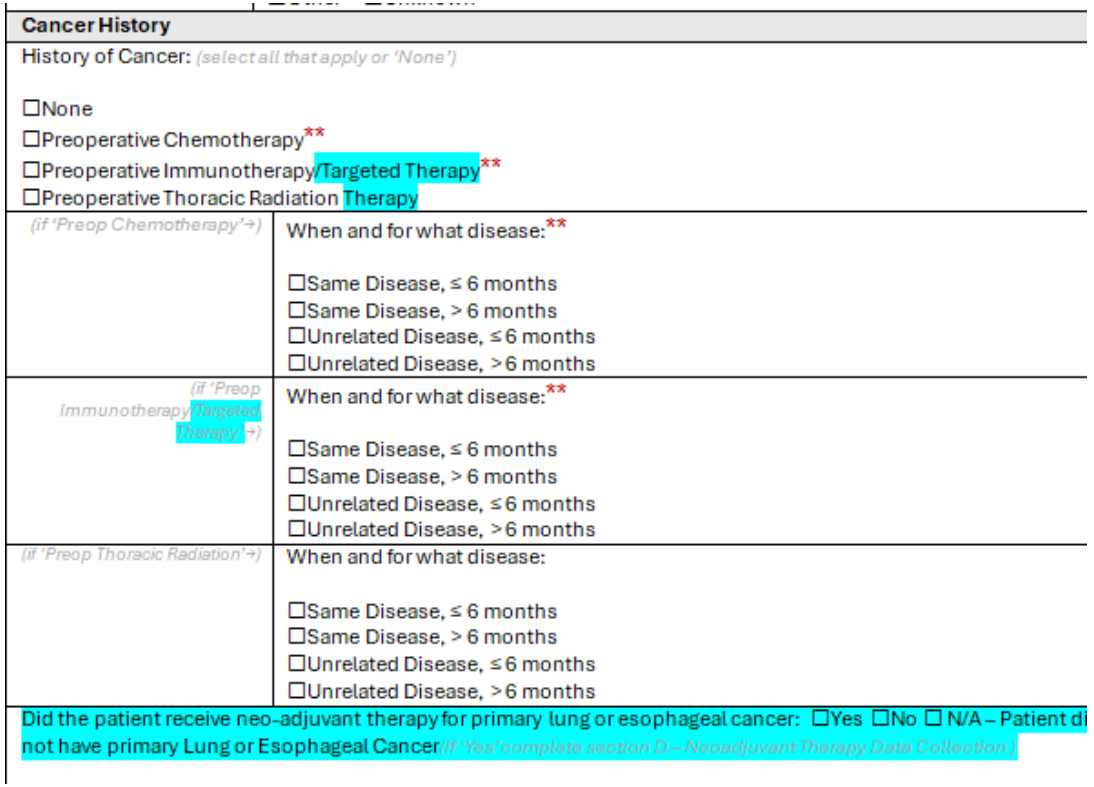
Carcinoid Tumor Case Scenario – Case Inclusion

Start by asking, ‘Is this case a pulmonary resection for a primary new lung cancer or an esophageal resection for primary esophageal cancer?’

Answer: Yes! “final path showed well differentiated neuroendocrine tumor”

Carcinoid Tumor Case Scenario – Cancer History

- Patient was diagnosed with kappa myeloma in December of 2025 and started treatment with rituximab and daratumumab on 01/21/26. Surgery was on 6/18/2026.



Cancer History	
History of Cancer: *(select all that apply or 'None')* ☐None ☐Preoperative Chemotherapy** ☐Preoperative Immunotherapy/Targeted Therapy** ☐Preoperative Thoracic Radiation Therapy	
(if 'Preop Chemotherapy'→)	When and for what disease:** ☐Same Disease, ≤ 6 months ☐Same Disease, > 6 months ☐Unrelated Disease, ≤ 6 months ☐Unrelated Disease, > 6 months
(if 'Preop Immunotherapy/Targeted Therapy'→)	When and for what disease:** ☐Same Disease, ≤ 6 months ☐Same Disease, > 6 months ☐Unrelated Disease, ≤ 6 months ☐Unrelated Disease, > 6 months
(if 'Preop Thoracic Radiation'→)	When and for what disease: ☐Same Disease, ≤ 6 months ☐Same Disease, > 6 months ☐Unrelated Disease, ≤ 6 months ☐Unrelated Disease, > 6 months
Did the patient receive neo-adjuvant therapy for primary lung or esophageal cancer: ☐Yes ☐No ☐ N/A – Patient di not have primary Lung or Esophageal Cancer *(If 'Yes' complete section D – Neoadjuvant Therapy Data Collection)*	

Carcinoid Tumor Case Scenario – Primary Diagnosis

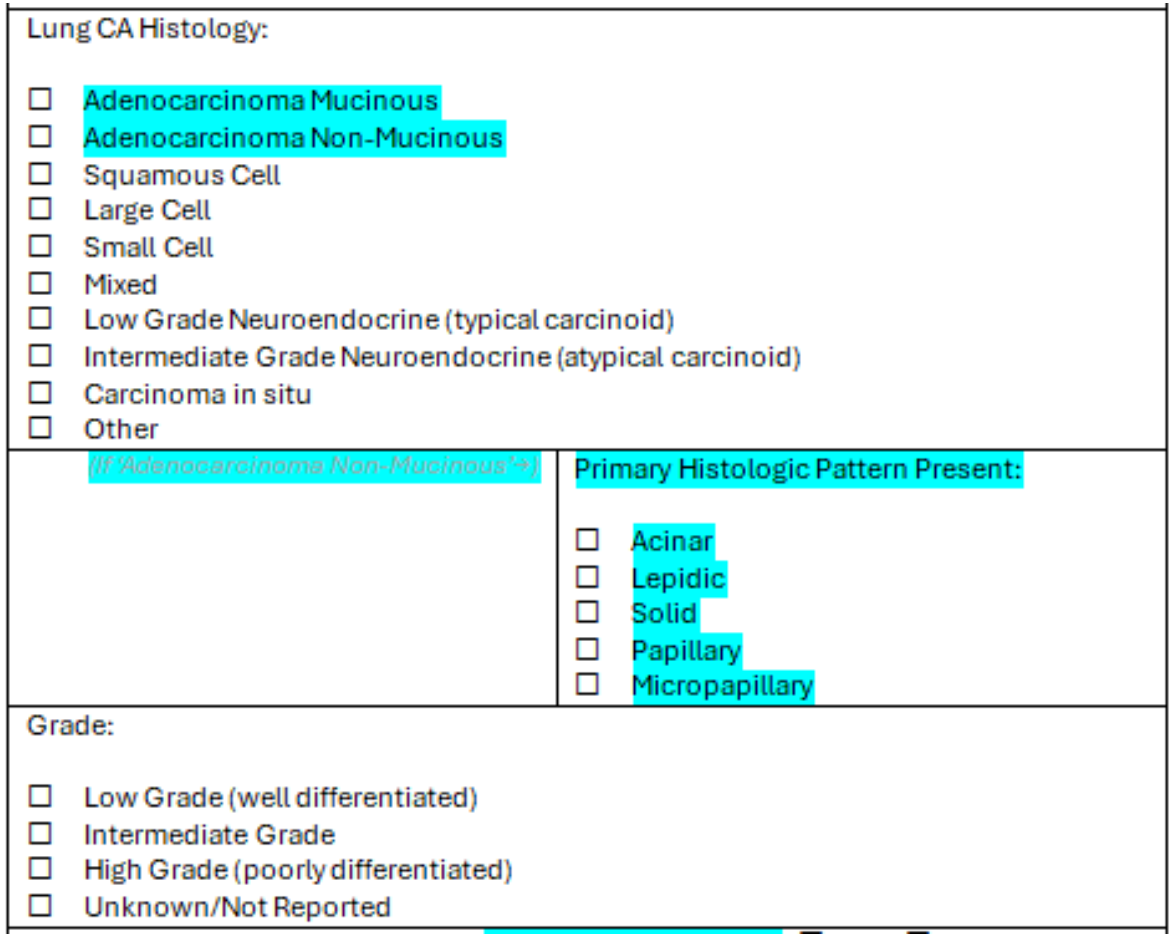
Lung – Other	
☐Acute respiratory failure (ARDS) (J96.00)	☐Chronic respiratory failure (J96.1)
☐Aspergillosis (B44.9)	☐Lung tumor, benign (e.g., hamartoma) (D14.30)
☐Bronchiectasis (J47.9)	☐Pneumonia (J18.9)
☐Cystic fibrosis (E84.0)	☐Post inflammatory pulmonary fibrosis (J84.89)
☐COPD/Emphysema (J44.9/J43.8)	☐Primary pulmonary hypertension (127.0)
☐Emphysematous bleb (J43.9)	☐Postprocedural Respiratory Failure (J95.82)
☐Lung abscess (J85.2)	☐Pulmonary sequestration (Q33.2)
☐Interstitial lung disease/fibrosis (J84.1)	☐Transplanted lung complication(s) (T86.8XX)
☐Pneumothorax (J93.1)	☐Gangrene and necrosis of lung (J85.0)
☐Solitary pulmonary nodule (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct) (R91.1)	☐Hemothorax (J94.2)
☐Atelectasis (J98.11)	☐Lung tumor, metastatic (C78.00)
☐Bronchopleural fistula (J98.09)	☐Lung nodule/Mass/Other disorders of lung (J98.4)

For this case, it was a LUL tumor: code ‘lung cancer, upper lobe.’ Do not code anything in ‘Lung – Other’ as your primary category of disease for a therapeutic resection of a carcinoid tumor of the lung.

E. Diagnosis (Note: Diagnosis is based on the final pathology report)	
Indicate the **Primary** Diagnosis (Category of Disease) (ICD-10)	
Lung Cancer	
☐Lung cancer, main bronchus, carina (C34.00)	☐Lung cancer, lower lobe (C34.30)
☐Lung cancer, upper lobe (C34.10)	☐Lung cancer, location unspecified (C34.90)
☐Lung cancer, middle lobe (C34.2)	
Esophagus Cancer	

Lung Cancer Histology & Grade

Final path showed well differentiated neuroendocrine tumor



Lung CA Histology:

- ☐ Adenocarcinoma Mucinous
- ☐ Adenocarcinoma Non-Mucinous
- ☐ Squamous Cell
- ☐ Large Cell
- ☐ Small Cell
- ☐ Mixed
- ☐ Low Grade Neuroendocrine (typical carcinoid)
- ☐ Intermediate Grade Neuroendocrine (atypical carcinoid)
- ☐ Carcinoma in situ
- ☐ Other

(If Adenocarcinoma Non-Mucinous→)*

Primary Histologic Pattern Present:

- ☐ Acinar
- ☐ Lepidic
- ☐ Solid
- ☐ Papillary
- ☐ Micropapillary

Grade:

- ☐ Low Grade (well differentiated)
- ☐ Intermediate Grade
- ☐ High Grade (poorly differentiated)
- ☐ Unknown/Not Reported

Bonus Question: What is the ‘tipping point’ image?

- CTA CAP done on 10/27/2025 showed a 1.6 cm LUL nodule.
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Answer: CTA CAP from 10/27/2025 that kicked off the cancer work-up

Seq 1852 - Molecular Testing Performed

Harvest Codes:

Code:	Value:
1	Preoperative Biopsy
2	Surgical Specimen
4	Both
3	Unknown

Question: How should blood sent for molecular testing be captured?

Answer: Code ‘yes’ to 1852. For the child sequence of 1853, code ‘unknown’.

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

- September 9 @ 2:30ET (1:30CT) – Office Hours
- October 14 @ 2:30 ET (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!