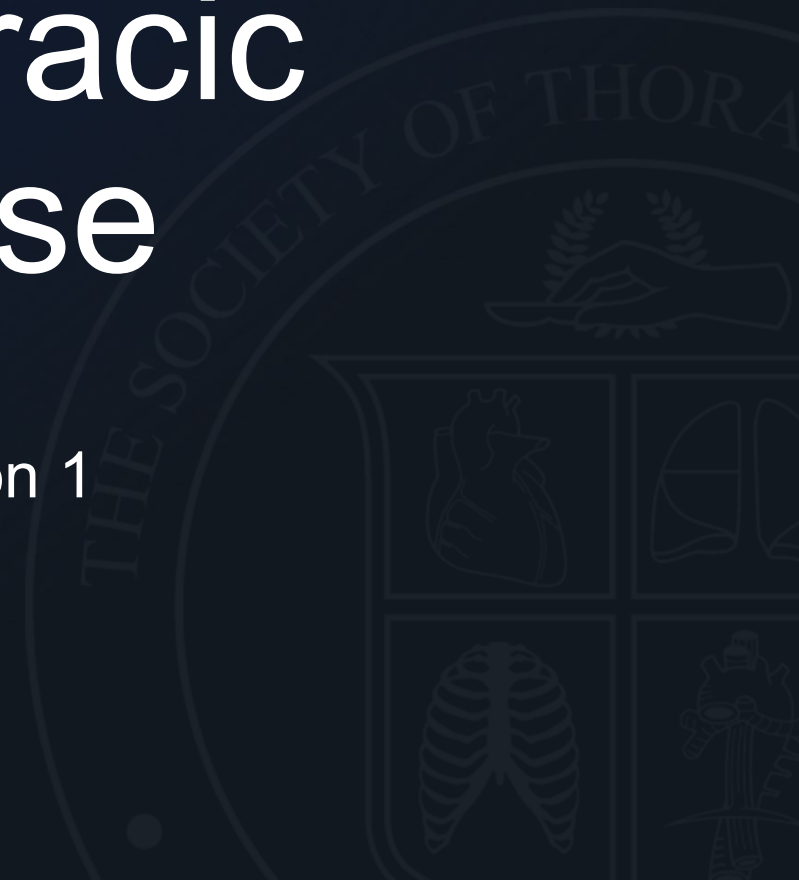


STS General Thoracic Surgery Database

New Data Manager Training – Session 1



STS General Thoracic Surgery Database

New Data Manager Training – Session 1

- Navigating the STS Website
- Data Manager Resources
- Data Collection Form Review – Case Inclusion and General Guidance, Sections A, B

GTSD New Data Manager Training Webinars

Session 1 – October 7th at 1:00 p.m. ET – Navigating the STS Website, Data Manager Resources, and DCF Sections A, B

Session 2 – October 21st at 1:00 p.m. ET – DCF Sections C, D, E

Session 3 – November 4th at 1:00 p.m. ET – DCF Sections F, G

Session 4 – November 18th at 1:00 p.m. ET – DCF Sections H, I

Session 5 – December 2nd at 1:00 p.m. ET – DCF Sections J, K

Session 6 – December 16th at 1:00 p.m. ET – DCF Sections L, M

Data Manager Resources



STS Website – sts.org



Data Manager Training Sessions



Monthly Webinars



Advances in Quality Outcomes Conference (AQO)



Database News newsletter

STS National Database Website



The Society
of Thoracic
Surgeons

EducationNewsResourcesResearch & DataMembershipAdvocacyAbout



STS President Vinay Badhwar, MD: STS Presidential
ThoracicSurgeons

From an accredited US
healthcare educator



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Advocacy
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Registries

STS National
Database

For Data
Managers

STS/ACC TVT
Registry

Research

STS Research
and Analytic
Center

Research
Programs & Data
Access

Current Projects

Published
Research

Public Reporting

STS Public
Reporting

STS/ACC TVT
Public Reporting

STS Database
Participant Media
Toolkit



[Home](#) > [For Data Managers](#)

Resources for Data Managers

Tips, training, and key deadlines for data abstraction

[Access the Database](#)

[Access Intermacs](#)

[IQVIA Access](#)

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- Data Manager Guidance
- Clinical Question Request Form
- Contact and Support

Data Manager Guidance

Advances in Quality Outcomes: 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. The premier gathering of STS National Database professionals will take place Sept. 30 - Oct. 2 in New Orleans, where attendees will share valuable research and important clinical findings with hundreds of peers. Details coming

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Advances in Quality Outcomes: A Data Managers Meeting

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Regional Groups

STS National Database regional groups offer a collaborative networking environment for peer-to-peer support and non-clinical guidance related to data abstraction. [Learn more.](#)

STS National Database News

This monthly e-newsletter offers news and updates about the STS National Database. STS data managers and surgeon participants receive a free subscription, which includes updates for each registry in which they participate. Do you have colleagues who should be receiving *STS National Database News*? Or would you like to receive a copy? [Fill out this form](#) to be added to the mailing list for future issues.



The Society
of Thoracic
Surgeons

[Education](#)[News](#)[Resources](#)[Research & Data](#)[Membership](#)[Advocacy](#)[About](#)

[Home](#) > [Calendar of Events](#) > 2026 Advances in Quality & Outcomes: A 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.



Data Manager Guidance

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Clinical Question Request Form

Are you struggling with a clinical question regarding data abstraction? Fill out the Clinical Question Request Form and get a response within 30 days.

[Submit a Request](#)

Contact and Support

STS is available to help you with questions regarding the STS National Database.

If you have specific questions regarding the platform or participant reports, contact the [STS National Database helpdesk](#). You will receive a helpdesk ticket, and STS will aim to follow up with you within 2 business days. Note: Heavy call and email volumes are anticipated as harvest deadlines approach. We appreciate your patience.

For general questions (like invoicing, updating contacts, or harvest schedules), contact the [STS National Database staff team](#). For public reporting questions, contact [STS Public Reporting](#).

[Contact Helpdesk](#)

[Chat with CORA](#) 1

Data Manager Guidance

STS National Database News

This monthly e-newsletter offers news and updates about the STS National Database. STS data managers and surgeon participants receive a free subscription, which includes updates for each registry in which they participate.



May 2024

Quick Links

[ACSD Update](#)

[GTSD Update](#)

[CHSD Update](#)

[Intermacs/Pedimacs Update](#)

This bimonthly e-newsletter offers news and updates about the STS National Database, with a separate issue for each of the four registries. STS data managers receive a free subscription for each registry in which they participate.

Note: All Primary and Backup Data and File Contacts, Surgeon Participants, Data Quality Report Recipients, and National Report Recipients are already on the email list for this newsletter.

<https://www.sts.org/subscribe-sts-national-database-news>

Resources for Data Managers

Contact and Support:

- Ask a Clinical Question – FAQ Mailbox
 - stsdb-faq@sts.org
- STS Help Desk
 - stsdb_helpdesk@sts.org
- STS Database Operations
 - stsdb@sts.org



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Essential Forms and Resources

- [Database participant role descriptions](#)
- [Database participant and platform roles](#)
- [Participant contact form](#)
- [Schedule A](#)
- [Schedule B](#)
- [Database software and vendors](#)
- [STS National Database audits](#) (*login required*)
- [List of mortality status fields](#)
- [STS/IQVIA uploader instructions](#)
- [Minor data requests for quality improvement](#)
- [2025 Adult Cardiac Data Manager Survey](#)
- [2025 Congenital Data Manager Survey](#)
- [2025 General Thoracic Data Manager Survey](#)
- [2025 Intermacs Data Manager Survey](#)

How-To Videos



Resources for Data Managers

AKA - The FAQ Mailbox

Clinical Question Request Form

Are you struggling with a clinical question regarding data abstraction? Fill out the Clinical Question Request Form and get a response within 30 days.

Submit a Request

STS FAQ – stdb_FAQ@sts.org

“Clinical Questions”

- Coding questions
- Clinical questions/concerns
- Data Specs / Training manual questions

Ask a Clinical Question



Full Name *

Email *

Phone *

Participant ID #

Database Version *

- Select -

State/Province *

- Select -

Sequence # (Numbers and Letters Only): *

Short Field Name:

Lung CA Tumor Size (the dominant/most concerning lesion per CT scan):** _____ cm
LungCaTumSz (1800) (ex. 2.34cm)

If LungCaTumSz is not null =>

CT Chest Scan Date: ____/____/____ (mm/dd/yyyy)
TempDt (4600)

Lung CA T Stage (tumor stage):** ☐Tis ☐T1 ☐T2 ☐T3 ☐T4
ClinStageLungTumor (1810)

Lung CA Nodes:** ☐N0 ☐N1 ☐N2 ☐N3
ClinStageLungN (1820)

IMPORTANT: FOR HIPAA COMPLIANCE PURPOSES, PLEASE NOTE THAT ANY PATIENT IDENTIFYING INFORMATION SHOULD BE REDACTED FROM THIS SUBMISSION.

Contact and Support

Contact and Support

STS is available to help you with questions regarding the STS National Database.

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For general questions (like invoicing, updating contacts, or harvest schedules), contact the [STS National Database staff team](#). For public reporting questions, contact [STS Public Reporting](#).

Contact Helpdesk

Resources for Data Managers

STS Database Helpdesk – stsd_helpdesk@sts.org

- Login/Access issues
- Data submission issues – including Direct Data Entry
- Report/Analysis questions/issues/concerns
- Vendor questions/issues
- RedCap questions



Resources for Data Managers

STS DB – stsdb@sts.org

"Official Business"

- Contract questions
- Database sign up – including anesthesia module
- Invoice questions



Resources for Data Managers

The Society of Thoracic Surgeons believes that the public has a right to know the quality of surgical outcomes.

To further this goal, the Society has established the STS Public Reporting initiative, which allows participants in the [STS National Database](#) to voluntarily report their surgical outcomes to the public on the STS website.



**Public
Reporting**

For public reporting questions, contact [STS Public Reporting](#).

GTSD Data Collection Resources

General Thoracic Surgery Database

The GTSD data collection forms and training manual require a participant login. *(If you need assistance with your login credentials, [contact STS Member services](#).)*

[Access Data Collection Resources](#)

- › [Sample Data Analysis Report](#)
- › [GTSD Harvest Deadlines](#)

GTSD Webinars

[View Past GTSD Webinars](#)

Not receiving notices about weekly webinars? [Add your name to the interest list](#).



Data Collection Resources

The General Thoracic Surgery Database is currently operating under version 5.21.1 (as of July 1, 2021). Data collection forms, training manuals, and additional resources are available to assist in data collection.



✓ Version for 5.26.1 - Effective January 1, 2026

Training Manual - *Updated August 2026*

- [Training Manual](#)
- [FAQ Summary](#)

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 \(Word\)](#)



Data Collection Resources

Additional Resources

[Data Specifications v5.26.1](#)

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

[Change Summary v5.26.1](#)

- › [Version 5.21.1](#)
- › [Neoadjuvant Therapy Module Data Collection Resources](#)
- › [Version 2.41](#)
- › [Version 2.3](#)
- › [Previous Versions](#)

If you need assistance, contact the [Database Helpdesk](#) for data collection resources.



Data Collection Form Review

- Case Inclusion and General Guidance
- Section A - Demographics
- Section B - Admission



Let's Start At The Very Beginning...

- **What cases are required for inclusion?**
 - Therapeutic pulmonary resections for new lung cancer
 - Does not include metastatic disease to the lung
 - Does not include non-lung chest cancers (i.e. mesothelioma)
 - Intent of the surgeon is not the primary factor in determining 'therapeutic', operative outcome is the KEY! For example:
 - A small lung cancer that is incidentally resected and cured is considered therapeutic
 - A lung cancer that is unfortunately not able to be completely resected, despite the intention to do so going into the OR is NOT considered therapeutic
 - Therapeutic esophageal resections for any esophageal cancer
 - Esophageal cancers no longer have to be 'new' as we are collection salvage esophagectomy cases
 - Does not include gastric cancers





What is Salvage Esophagectomy?

- Definition: Surgical removal of the esophagus after definitive chemoradiation when persistent, residual, or recurrent localized cancer remains.
- Indications: Residual tumor, local recurrence without metastases, medically fit patient, curative intent.
- Key Considerations: Prior radiation causes fibrosis and scarring; higher risk of anastomotic leak, pulmonary complications, and nerve injury.
- Clinical Importance: May provide the best opportunity for long-term survival or cure in carefully selected patients.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4037416/>

Text Field Guidance

- For fields where there is no option to choose yes/no/not documented/unknown, leave the field blank if you do not have an answer.
- For example, for Total number of Lymph Nodes sampled/harvested, if you do not have the total number, leave the field blank.



Coding Values Outside an Acceptable Range

- When entering values into the DCF, if the values are outside of the maximum or minimum allowable range (specified as the low or high values in the Data Specifications) for the field an illegal value message will appear in the vendor tool. In this situation, enter the highest / lowest allowable value for that field. For example, the patient is 111 years old. The maximum allowable value for age is 1 to 110 per the Training Manual. In this situation code 110. Before using the highest or lowest allowable values, please verify the unit for the value is correct.



Tracking 30 Day Mortality/ 30 Day Readmission Status

Data Managers need to keep some type of log to include verification source, date assessed, status of mortality, and readmit. For example, this can be done on an excel spreadsheet or a document attached to DCF such as John Doe - Surgery 1/1/20 - Discharge 1/5/20 - checked with MD office and checked Medical Record on 2/6/20 and alive with no post-op events or readmit.

Absence of documentation in the EMR is not sufficient to prove that the patient is still alive and was not readmitted. A search of CareEverywhere is not sufficient to prove that the patient was not readmitted, may hospitals do not use Epic.

Highlights From Section A: Demographics

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SEQ 140: Social Security Number Known

- Many sites choose not to submit SSN's.
- In that instance, please code 'no', not 'patient refused.'
- If you don't have a complete SSN, please also code 'no.'



Seq 160: Permanent Street Address

For a patient with more than one home address, use the address where they spend the majority of their time for all of the address sequences.



Seq 220: Patient Participating in STS- Related Clinical Trial

Currently, no clinical trials
underway.

This would be a major
announcement, details would be
added to the TM at that time.





Be **very** careful to ensure you have the correct YEAR when entering DOB. Patient age is important when calculating risk.

Seq 230: Date of Birth



Seq 260: Race Documented

- Race must be self-reported by the patient/family.
- Do not assume based on patient name, EMR photo etc.
- If your facility documents, 'multi-race' for patients that self-report more than one race, code 'no' to seq 260 and work with your surgeon/hospital to obtain detailed race information.
- If a patient only reports 'Hispanic, Latino or Spanish' that is an ethnicity category and not a racial category. Race would be coded as 'Patient declined to disclose/N/A'



Highlights From Section B: Admission

Seq 370: Primary Payor

The Parts of Medicare

by: Boomer Benefits

Part A

Hospital
Coverage



Part B

Medical
Coverage



Part C

Medicare
Advantage



Part D

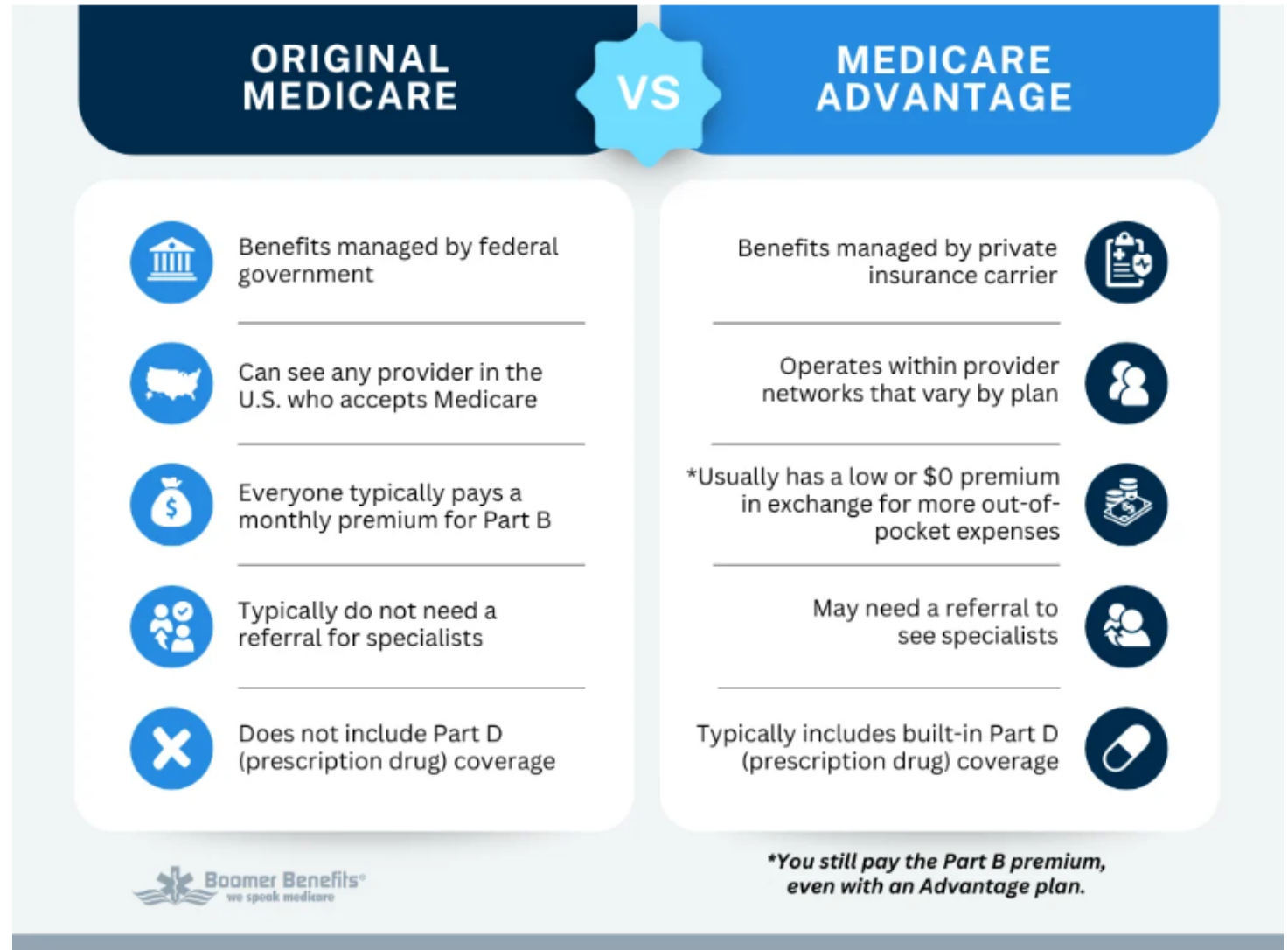
Prescription
Coverage



There are **four main parts of Medicare**. Many people confuse Medicare "parts" and "plans" but it is important to know they are different.

Seq 370: Primary Payor

Medicare Advantage Plans are coded as 'Medicare'



Seq 370: Primary Payor

A helpful website that pulls up Medicare advantage plans by state/county:

<https://www.medicare.org/medicare-advantage-plans/>

Aetna Medicare Elite

Aetna Medicare Elite Care

Aetna Medicare Value Care

Humana USAA Honor Giveback

HumanaChoice Giveback H7617-094

HumanaChoice H7617-092

HumanaChoice H7617-093

Seq 370: Primary Payor

PPO vs. HMO: Key Differences

How provider choice, costs and coverage compare side by side

PPO	HMO
 Higher costs	 Lower costs
 More provider options	 Limited provider options
 Nationwide networks	 Regional networks
 Out-of-network covered	 In-network only
 No referral required	 Referral needed

Seq 370: Primary Payor

None/Self: Includes Christian healthcare ministries and 'Medi-Share'

Military: Will be reported as 'VA insurance' or Tricare

Other: Includes healthcare paid for by prisons, charity care etc.

Marketplace Plans: Offered by private insurers not the government.

When in doubt, hospital registration or 'insurance verification' teams are a wealth of knowledge.

Seq 380: Commercially Managed Medicare Plan - Primary

If Medicare is coded as primary in seq 370, you will need to indicate if the medicare plan is commercially managed (i.e. a medicare advantage plan).

Another good resource to assist with understanding medicare plans:

[Understanding the Various Parts of Medicare](#)

Seq 410: Primary Payor Medicare Fee For Service

Primary Payor Medicare FFS is coded as “Yes” for patients with Medicare Part B.

If a patient has a medicare advantage plan, this sequence will always be coded as “No.”

Seq 420: Secondary Supplemental Payor

When there is more than one payor, the secondary payor pays after the primary payor.

For example, a patient could have traditional Medicare as primary and BCBS as secondary coverage. BCBS would provide additional coverage after Medicare has paid their portion.

A patient with Medicare plus Blue, a Medicare Advantage plan, has no secondary supplemental payor.

Seq 430: Commercially Managed Medicare Plan Secondary

This sequence is where you capture the difference between a patient with straight Medicare and a Medicare Advantage plan.

Code 'yes' to sequence 430 for patients with Medicare Advantage plans.

Seq 490: Taxpayer Identification Number (TIN)

The STS collects this information as it is linked to a Medicare program known as MIPS or Medicare Incentive Payment System, which links quality measures and reporting to enhanced payment.

How MIPS Works

