STS National Database™
Trusted. Transformed. Real-Time.

STS General Thoracic Surgery Database

New Data Manager Training – Session 3

STS GENERAL THORACIC SURGERY DATABASE

New Data Manager Training

SESSION 3

GTSD New Data Manager Webinar Series

Today's Focus

Data Collection Form Review

A guided review of key fields, definitions, and abstraction guidance across three DCF sections.

D	E	F
SECTION D	SECTION E	SECTION F
Neoadjuvant Therapy	Diagnosis	Operative

Review • Clarify • Apply

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 Section C

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

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

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

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

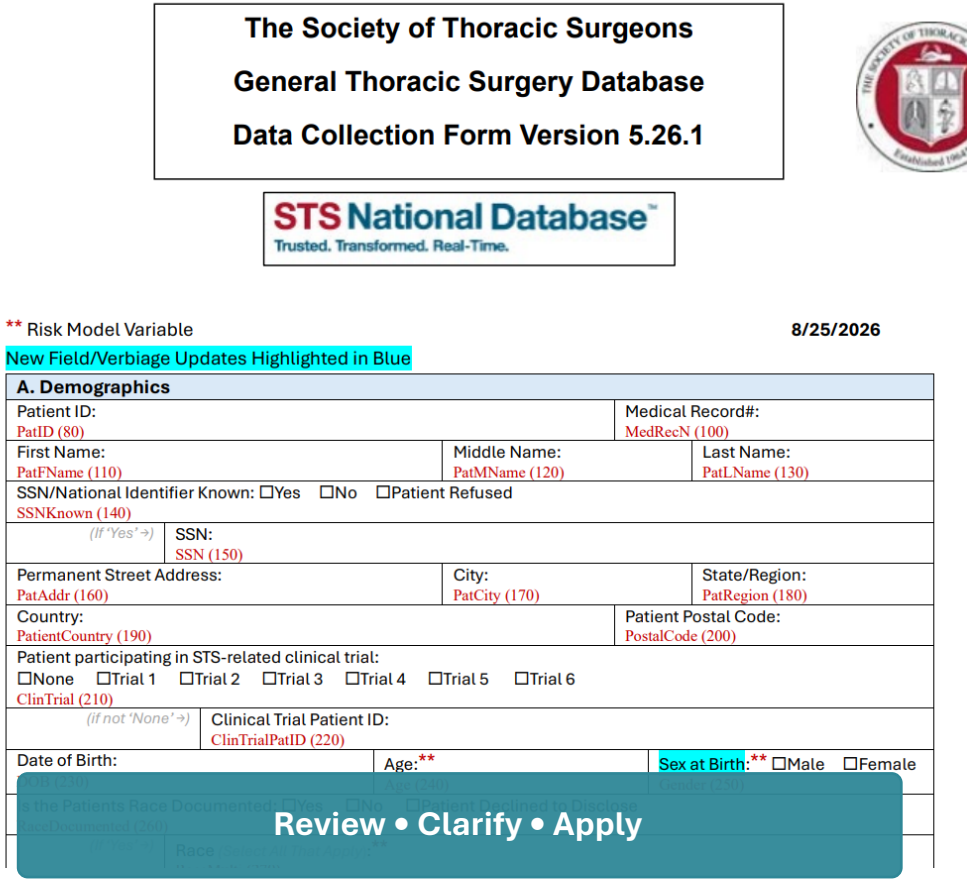
TODAY'S SESSION

Data Collection Form Review, continued

Today's session will focus on reviewing the GTSD Data Collection Form and applying key abstraction guidance to support complete, consistent data entry.

1. Navigate the form structure
2. Review field definitions and coding guidance
3. Discuss questions and practical examples

GTSD DATA COLLECTION FORM



The Society of Thoracic Surgeons

General Thoracic Surgery Database

Data Collection Form Version 5.26.1

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** Risk Model Variable 8/25/2026

New Field/Verbiage Updates Highlighted in Blue

A. Demographics			
Patient ID: PatID (80)			Medical Record#: MedRecN (100)
First Name: PatFName (110)	Middle Name: PatMName (120)		Last Name: PatLName (130)
SSN/National Identifier Known: ☐Yes ☐No ☐Patient Refused SSNKnown (140)			
(If 'Yes' →)	SSN: SSN (150)		
Permanent Street Address: PatAddr (160)	City: PatCity (170)		State/Region: PatRegion (180)
Country: PatientCountry (190)			Patient Postal Code: PostalCode (200)
Patient participating in STS-related clinical trial: ☐None ☐Trial 1 ☐Trial 2 ☐Trial 3 ☐Trial 4 ☐Trial 5 ☐Trial 6 ClinTrial (210)			
(if not 'None' →)	Clinical Trial Patient ID: ClinTrialPatID (220)		
Date of Birth:	Age:**		Sex at Birth:** ☐Male ☐Female

Review • Clarify • Apply

Section D:
Neoadjuvant Therapy

The What & Why of Neoadjuvant Therapy?



Cancer treatment given BEFORE surgery to improve outcomes.



May include immunotherapy, chemotherapy + immunotherapy, targeted therapy, chemotherapy alone, radiation therapy alone or in conjunction with other treatment.



Goals: shrink tumor, treat microscopic disease early, and improve likelihood of complete resection.



Used primarily for resectable Stage II-IIIA and selected Stage IB-III lung cancers.

Examples: Nivolumab + platinum doublet, Pembrolizumab + platinum doublet, Osimertinib for EGFR-mutated disease.



Benefits: higher pathologic response rates and potential improvement in event-free survival.

Unpacking Systemic Therapies: The Engine of Treatment

1 TARGETED THERAPY



ANALOGY A precision-guided missile that hits only specific cancer cells.

2 IMMUNOTHERAPY



ANALOGY Boosting your body's own defense army to fight cancer.

3 CHEMOTHERAPY



ANALOGY A broad-spectrum general attack to eliminate fast-growing cells.

These therapies may be used alone or in combination, depending on the type and stage of cancer, patient factors, and treatment goals.

Seq 900: Neoadjuvant Therapy Administered

Definition: Indicate type of neoadjuvant (pre-surgical) therapy administered.

- Coding Options:

  1=Immunotherapy Alone

  2=Chemo + Immunotherapy

  3=Targeted Therapy

- Parent: NeoAdjTherLungEsophCa = Yes
  - NOTE: If a patient had ONLY pre-operative chemotherapy or radiation, please code ‘no’ to the parent sequence (seq 686). Do not code this sequence.
- Code the most inclusive therapy given.
  - If therapy changes, code the most inclusive combined regimen used regardless of what made up the majority of treatment provided.

Seq 910: Specific Immunotherapy Used

- Parent: neoadjtype = Immunotherapy Alone
- Options: Atezolizumab, Durvalumab, Nivolumab, Pembrolizumab, Nivolumab+Ipilimumab, Durvalumab+Tremelimumab, Sintilimab, Other
- If a mixed combination not listed, code 'Other' and use Seq 920 to specify combination.
  - This is true even if a portion of the mixed combination is administered. For example, you would not code ‘Nivolumab’ & ‘Other’. You would code only ‘Other’ for a combination not listed above that included Nivolumab.

Seq 920: Immunotherapy Other Specify

- Specify the name of the Other immunotherapy.
- Parent: immunotx = Other
- Use SEER Rx or tool in appendix to identify as needed

Immunotherapy Agents for Lung Cancer

Source: Cancer Therapy Advisor – Immunotherapy for Lung Cancer: A List of Treatments

1. PD-1 Inhibitors (Programmed Death-1 Blockers)

Help T-cells recognize and attack cancer cells by blocking the PD-1 receptor.

- **Nivolumab (Opdivo)**
- **Pembrolizumab (Keytruda)**
- **Cemiplimab (Libtayo)**

2. PD-L1 Inhibitors (Programmed Death-Ligand 1 Blockers)

Block PD-L1 on tumor cells, preventing them from shutting down T-cells.

- **Atezolizumab (Tecentriq)**
- **Durvalumab (Imfinzi)**
- **Avelumab (Bavencio)**

3. CTLA-4 Inhibitors

Enhance T-cell activation by blocking the CTLA-4 checkpoint.

- **Ipilimumab (Yervoy)**
- **Tremelimumab (Imjudo)**

4. Combination Immunotherapy Regimens

Used in specific lung cancer settings to enhance immune response.

- **Nivolumab + Ipilimumab**
- **Durvalumab + Tremelimumab**

5. Notes on Use in Lung Cancer

- **These agents are used across NSCLC and SCLC, depending on tumor markers, stage, and prior treatments.**
- **Many are used first-line when PD-L1 expression is high.**
- **Others are used after chemotherapy or in maintenance settings.**

Seq 930: Chemo + Immunotherapy Used

- Parent: neoadjtype = Chemo + Immunotherapy
- Options include Atezolizumab, Nivolumab, Durvalumab, Toripalimab, or Pembrolizumab all paired with a platinum doublet
- Code 'Other' if regimen not listed.

Common Platinum Doublets for NSCLC

Platinum Agent	Partner Drug	Common Clinical Use
Cisplatin	**Pemetrexed**	Nonsquamous NSCLC (adenocarcinoma)
Carboplatin	**Pemetrexed**	Nonsquamous NSCLC when cisplatin not tolerated
Cisplatin	**Gemcitabine**	Squamous NSCLC
Carboplatin	**Paclitaxel**	Squamous or nonsquamous NSCLC
Carboplatin	**Nab-paclitaxel**	Alternative to paclitaxel, especially if avoiding steroid premedication
Cisplatin	**Docetaxel**	Less common but established regimen
Carboplatin	**Docetaxel**	Alternative regimen
Cisplatin	**Vinorelbine**	Historically common in adjuvant settings
Cisplatin	**Etoposide**	More commonly used with thoracic radiation or in locally advanced disease

Seq 940: Chemo + Immunotherapy Other

- Specify 'Other' chemo + immunotherapy regimen.
- Parent: chemoimmunotx = Other

Seq 950: Specific Targeted Therapy Used

- Parent: neoadjtype = Targeted Therapy
- Options: Osimertinib, Crizotinib, Other
- Use SEER Rx or appendix tool for support.

Targeted Therapies for Lung Cancer

Source: American Lung Association – Targeted Therapies for Lung Cancer

1. EGFR Inhibitors (Epidermal Growth Factor Receptor)

Used for tumors with EGFR mutations.

- **Erlotinib (Tarceva)**
- **Gefitinib (Iressa)**
- **Afatinib (Gilotrif)**

Seq 960: Targeted Therapy Other

Specify the name of the Other targeted therapy.

Parent: targetedtx = Other

Seq 970: Number of Cycles Completed

Codeing options: 1, 2, 3, 4, 5+, Unknown

Count total cycles across all neoadjuvant systemic therapy.

For example, a patient receiving 1 cycle of chemo/immunothearapy and 2 additional cycles of immunotherapy alone would be coded as ‘3’.

For oral therapy, determine cycle length before coding.

Google and AI are your friends!

Seq 980: Completed Prescribed Treatment

Codes: Yes, No, Unknown

Switching from combo therapy to single-agent therapy = No

Dose reduction with completion = Yes.

Seq 981: Last Treatment to Surgery Known

- Codes: Yes / No
- Need precise treatment completion date.
- If exact date unavailable, code No.
- Time in days from last treatment to surgery known' should be measured from the last day of any systemic therapy if more than one systemic therapy is administered.

Seq 990: Days from Last Treatment to Surgery

- Integer 1-365 days
- Last treatment day = Day 0
- Use final systemic therapy date if multiple therapies given.

Seq 1000: Pathologic Response Upon Resection

- Codes: None; ≤10%; Partial (>10%-≤90%); >90%-≤99%; Complete(100%); Unknown
- Near complete response = >90%-≤99%
- If report says partial/complete without %, code from text.
- If some portion of tumor remains, but it is unclear what percentage, please code ‘unknown’ for seq 1000.

Thank You!

We appreciate you joining us for Session 3 and look forward to continuing the series together.

STAY CONNECTED

- STS Website – sts.org
- Data Manager Training Sessions
- Monthly Webinars
- Advances in Quality Outcomes Conference (AQO)
- Database News newsletter



Upcoming Sessions

All sessions at 1:00 p.m. ET

Nov 18	**Session 4**	DCF Sections G, H
Dec 2	**Session 5**	DCF Sections I, J, K
Dec 16	**Session 6**	DCF Sections L, M