



Society of Thoracic Surgeons

General Thoracic Surgery Database
User Group Call

April 27, 2022

GTSD User Group Call

- Welcome and Introductions
- STS Update
- STS Education (Ruth Raleigh, GTSD Consultant)
- IQVIA Update
- User Feedback
 - Include Ticket Number/Case Number



STS Updates

- **Training Manual for April posted – May Training Manual coming next week**
- **Data Collection Resources (DCF's, Training Manual, Data Specifications, etc.)**
 - Will soon be password protected
 - Participants will be required to log into STS website to access
 - Same credentials used to access AQO
- **GTSD Public Reporting**
 - Next update is scheduled for this Spring
 - Will utilize results from Fall 2021 Harvest (July 1, 2018 – June 30, 2021)
 - Questions should be directed to Sydney Clinton (sclinton@sts.org)
- **IQVIA Platform Access**
 - Adding new user accounts or deactivating current user access
 - Complete the STS Participant Contact Form (<https://www.sts.org/sts-participant-contact-form>)
 - Contact STSDB@sts.org for assistance
- **AQO 2022**
 - AQO Abstract submission opening May/early June

STS Updates

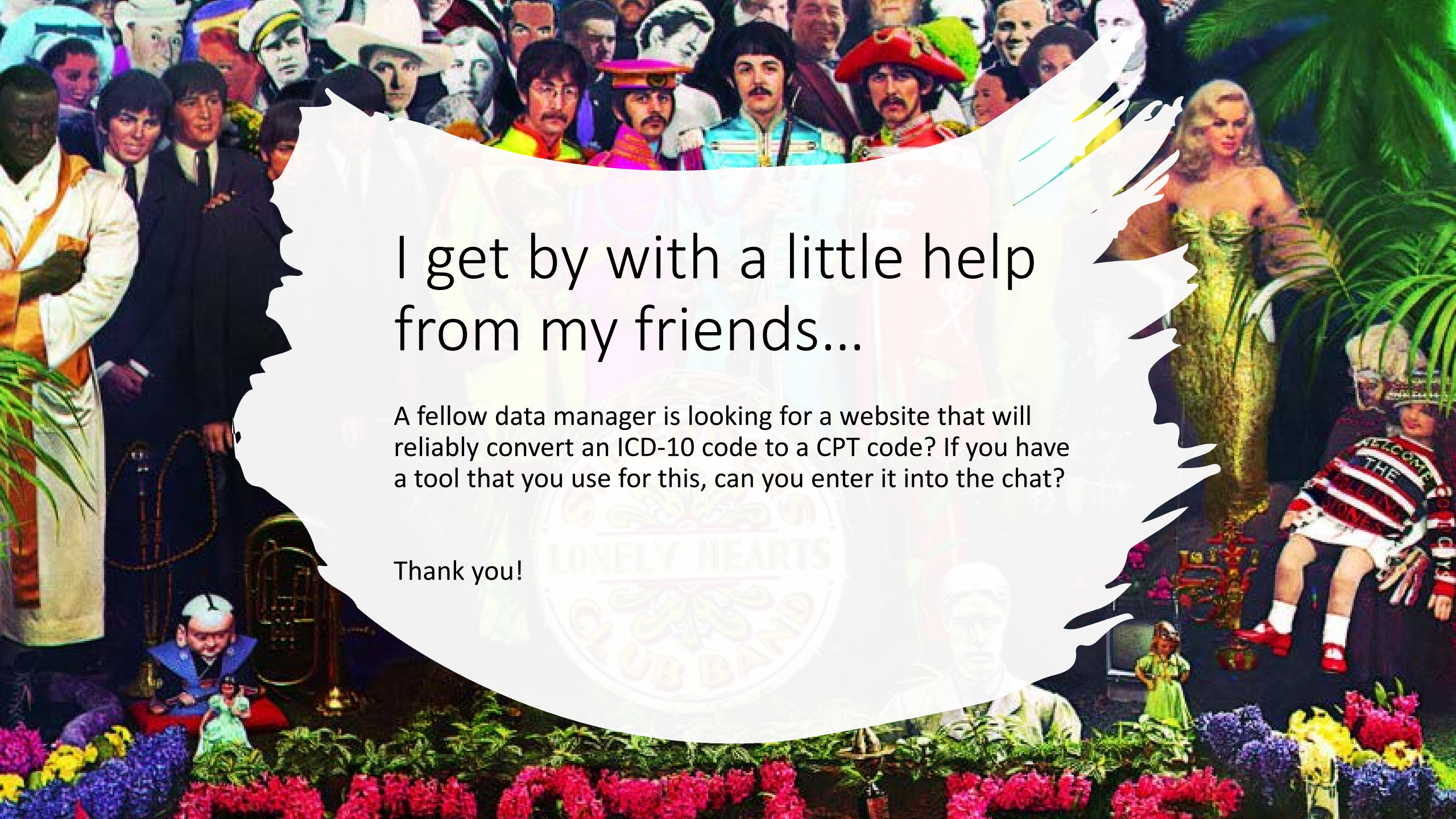
General Thoracic Surgery Database - 2022

	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting	Comments
Spring 2022	3/4/2022	3/8/2022	12/31/2021	Summer 2022	Star Rating
Fall 2022	9/9/2022	9/13/2022	6/30/2022	Winter 2022	Star Rating

- 2022 Harvest Schedule
- Spring 2022 Harvest is currently underway
 - Submit your data early and often



Ruth Raleigh
GTSD Consultant/Core Group
St. Joseph Mercy Hospital



I get by with a little help from my friends...

A fellow data manager is looking for a website that will reliably convert an ICD-10 code to a CPT code? If you have a tool that you use for this, can you enter it into the chat?

Thank you!

Seq 1250: Primary Category of Disease

Q: The training manual states, 'Choose the primary diagnosis or reason for the procedure....for cases where a pathology report is available, use the final diagnosis on the pathology report.' My patient had esophageal cancer of the lower third of the esophagus with a complete response to pre-op chemo/RT and the final pathology report after esophagectomy shows no cancer: ypT0ypNo. What is my primary category of disease?



- a. Malignant Neoplasm of the esophagus, unspecified (C15.9)
- b. Esophageal Cancer, lower third (C15.5)
- c. Esophageal tumor, benign (D13.0)
- d. Other disease of the esophagus (K22.8)
- e. I wouldn't enter this case – it's not required
- f. I'm really glad my site doesn't perform esophagectomies right now

Seq 1470: Procedure

A site enters all cases performed and wants to capture a therapeutic VATS lobectomy performed for a solitary metastatic lesion. Lung tumor, metastatic C78.00 is selected as the primary category of disease. Lobectomy is listed under the 'Lung Cancer Resection'. Can it be used to enter this case?



- a. Yes
- b. No
- c. I have no idea
- d. I like multiple choice questions!
Just not this one!

Code:	Value:
Lung Cancer Resection (Required) Weight = 60	
2800	Thoracoscopy, surgical; with lobectomy (32663)
	This is therapeutic procedure to remove an anatomic lobe of the lung requiring vascular and bronchial dissection done via small incisions (approximately 1 to 3 cm.) with a scope and other instruments. A rib spreader is not used.
4070	Thoracoscopy with therapeutic wedge resection (e.g., mass or nodule) initial, unilateral (32666)
	Minimally invasive removal of a section of diseased (typically cancerous) lung tissue. Thoracoscopy, sometimes abbreviated as 'VATS' (video assisted thoracoscopy) is performed through several small openings rather than a large chest wall incision.

Seq 3660: Postoperative Events

My patient went to the OR for a VATS lobectomy and was readmitted 5 days after discharge. They return to the OR for repair of herniated lung. If I choose to enter the second OR case on it's own DCF, can I say 'no' to 3660 for the index procedure?

- a. Yes – as long as you still capture the readmission in seq 4270 'Readm30Dis'
- ★ b. No – you have to capture at least the return to OR in 3670 'PostOpProc'
- c. I'm not sure

Seq 1600: Clinical Staging Done for Lung Cancer

Are there specific types of clinical staging that must be completed in order to code 'yes' to Seq 1600 – Clinical Staging Done for Lung Cancer?



- a. No - Clinical staging is based on evidence/testing gathered prior to therapeutic surgery for primary treatment. This includes all types of testing.
- b. Yes – The specific types are listed in Seq 1620 – Clinical Staging Methods
- c. I've been wondering about this for a long time! Looking forward to the answer.

Seq 1560 – Hiatal Hernia/Diaphragmatic Hernia or GERD

My patient had a diaphragmatic hernia that was repaired. How do I code Seq 1560 - HiatalHerniaData?

a. Code 'yes' – data for all hiatal hernias, diaphragmatic hernias and procedures for GERD are collected. Code 'yes' to open section J.



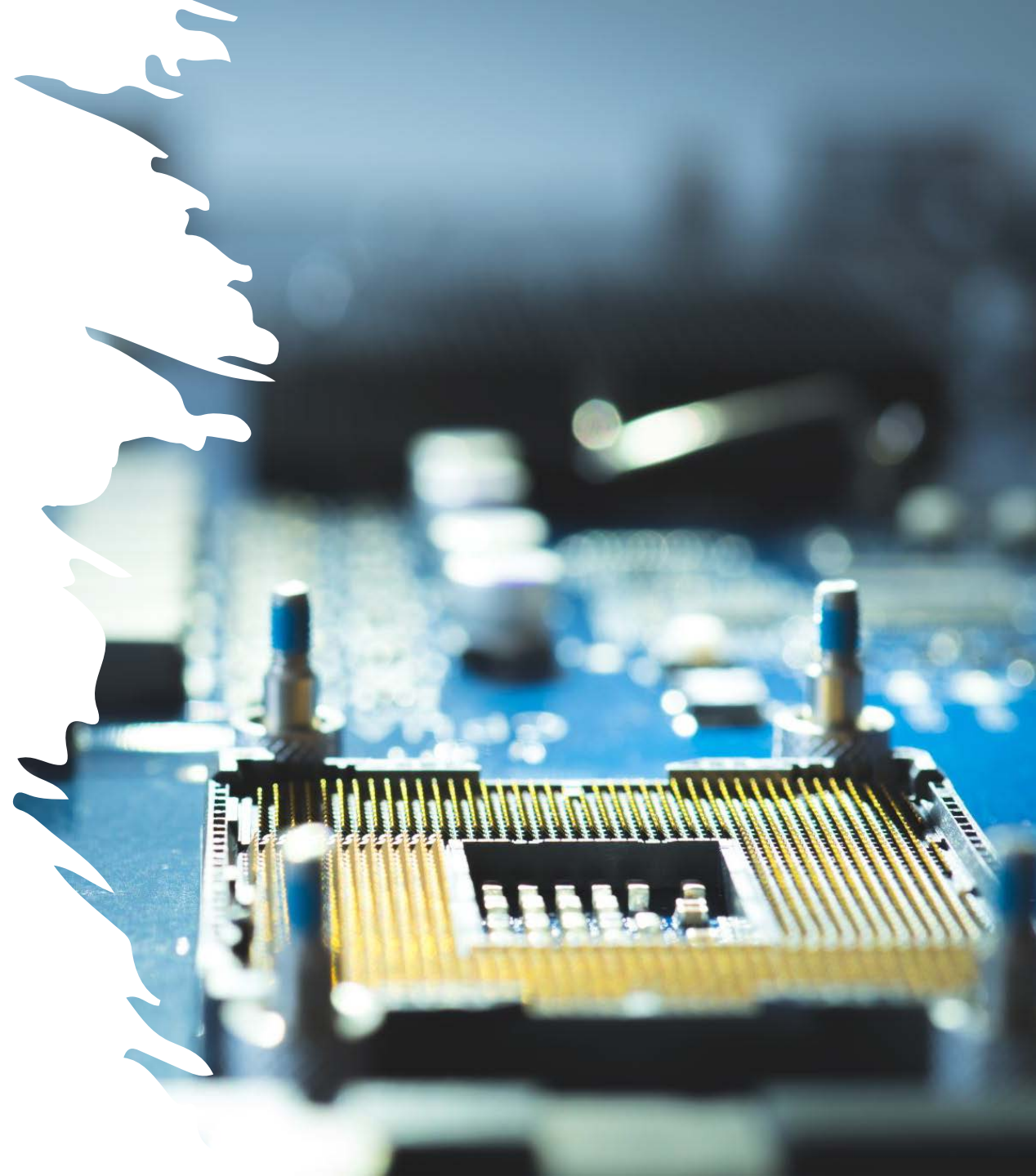
b. Code 'no' – only data for hiatal hernias (i.e. paraesophageal hernias) is intended to be captured in section J and this is the parent question that opens that section.

c. I'm not sure, but this question is giving me reflux.



IQVIA Update

Joe Brower



IQVIA Update

Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.

The IQVIA Team is currently reviewing items to be targeted for an upcoming release. Those items will be posted to the Notifications section.



Analysis Report Questions

- Please contact IQVIA Support
 - gtsdtechsupport@iqvia.com
- STS/DCRI will be looped in as needed when tickets are escalated to Tier 2

Contact Information

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

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

**Database Operational
Questions**

- STSDB@sts.org

Upcoming GTSD Webinars

User Group Call

- May 25 @ 2:30CT

Monthly Webinar

- May 11 @ 1:30CT



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!



THANK YOU FOR JOINING!