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General Thoracic Surgery Database

Monthly Webinar

November 11, 2026

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Today's Agenda

01 Welcome & Introduction

02 **STS Updates**

03 Data Manager Education

04 Questions & Answers

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AQO 2026: Access & What's Next

Advances in Quality and Outcomes

- All AQO recordings are available on the virtual platform.
- Recorded content moves to the STS Learning Center after December.
- Attendee access continues until AQO 2027.
- Virtual access remains available for purchase through December 21, 2026.
- AQO 2027 will be virtual for all.



New Orleans • Sept. 30–Oct. 2, 2026

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Claim Your CE/CEU Credit

1

View all AQO content

Complete the available content before starting the evaluation.

2

Complete the evaluation

Finish it in one sitting. You cannot leave and return.

!

Meet the deadline

Claim credit by Monday, January 4, 2027.

Best practice: set aside uninterrupted time before opening the evaluation.

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STS Updates

AQO Hot Topics

AQO attendees only
Thursday, Nov. 19
12:00–2:00 p.m. CT

Training Manual

November Training Manual posting this week

Fall 2026 Analysis

Release scheduled for early December
Updated Analysis Overview in the IQVIA Library

NEW

Quality Metric: Invasive Mediastinal Staging

Applies to NSCLC tumors ≥ 3 cm; Will be included in the Fall 26 report
For more information, please revisit the October Monthly webinar.

View webinar

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GTSD 2027 Harvest Schedule

Term	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting	Comments
Spring 2027	March 12	March 16	December 31, 2026	Summer 2027	
Fall 2027	September 17	September 21	June 30, 2027	Winter 2027	

Submission timing

Data submission remains open continuously. Each harvest closes at 11:59 p.m. Eastern on the date listed.

Analysis for each harvest is based on a 36-month window.

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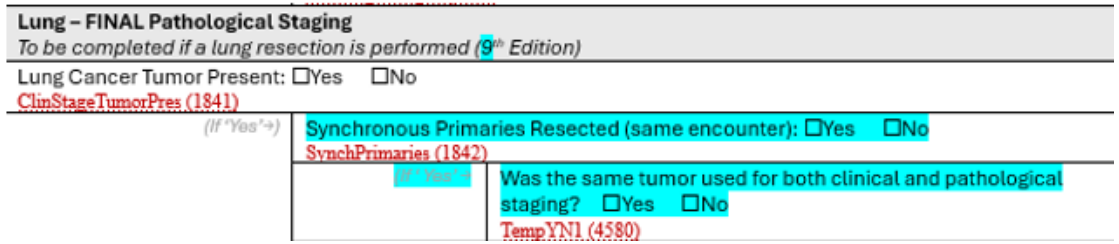
Data Collection & Public Reporting

Updated Data Collection Forms

NEW VARIABLE

Was the same tumor used for both clinical and pathological staging?

- Added Seq. 4580 (TempYN1), Temp Yes/No Field #1.
- Parent field: Seq. 1842 (SynchPrimaries) = Yes.
- Collection begins with surgery dates September 1, 2026 and forward.



GTSD Public Reporting

Next update

January 2027

Questions

publicreporting@sts.org

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Augmented Abstraction

Certified, harvest-compliant software vendors may offer expanded automated abstraction, subject to STS requirements.

Vendor certification confirms database-specification compliance, not abstraction accuracy.

Sites remain responsible for accuracy, and every case requires human review before submission.

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Augmented Abstraction: Roles & Accountability

AI AND ABSTRACTION SUPPORT

Augmented Abstraction:

New Tools to Support Data Managers

What the tools do

Effective Oct. 1, 2026, STS-certified/harvest-compliant software vendors may offer expanded automated abstraction tools to participating sites, subject to STS requirements. These tools can extract information from electronic health records and pre-populate data collection forms for data manager review—helping reduce repetitive manual work and create more time for validation, quality improvement, and outcomes analysis.

Who stays accountable

These tools assist—not replace—data managers. Participating sites remain responsible for reviewing, validating, and ensuring the accuracy of submitted data. STS vendor certification addresses compliance with software specifications; it does not validate or endorse a vendor's automated abstraction tool or its accuracy.

For more details - Review the full Augmented Abstraction webinar on the STS YouTube channel.

Watch webinar

LEARNING PATHWAY

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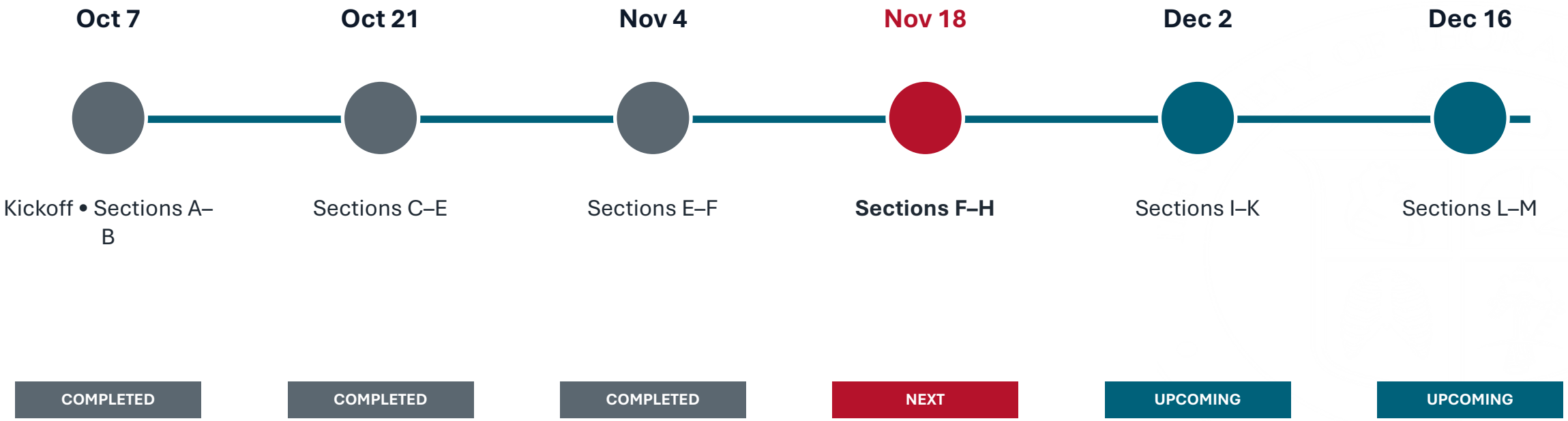
New Data Manager Webinar Series



All sessions: 1:00–2:00 p.m. ET

STS EDUCATION

Data Manager Education

Ruth Raleigh
GTSD Clinical Consultant

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Seq 1810 – Lung Cancer T-Stage

In March of 2026, the STS made a change to the long-standing guidance for coding Seq 1810. The reason for this was to align the coding of Seq 1810 with Seq 1800 (Lung Cancer Tumor Size).

In October of 2026, the STS reconsidered the decision to align the coding of Seq 1810 with Seq 1800.

Why the change back?

- Clinical staging is not based only on information contained on the CT
- Data managers had worked for many years to have surgeon's document clinical stage
- Data mangers were inappropriately documenting disparate clinical stages from what their surgeons had documented

So what am I supposed to be doing now?



No change to guidance for sequence 1800.

You are still documenting largest tumor size from the ‘tipping point’ CT



Code seq 1810 based on surgeon/oncologists documented clinical T-stage

If your surgeon did not document clinical stage, please WAIT and see if oncology will document clinical T-stage in a post-op visit note

If you must document clinical T-stage without documentation, revert to using imaging

Remind Me: What is the Tipping Point CT?

- The “Tipping Point” CT is the CT where the patient transitions from watching/waiting to work-up.

For Example:

Calcium Score → Chest CT w/ Contrast → PET

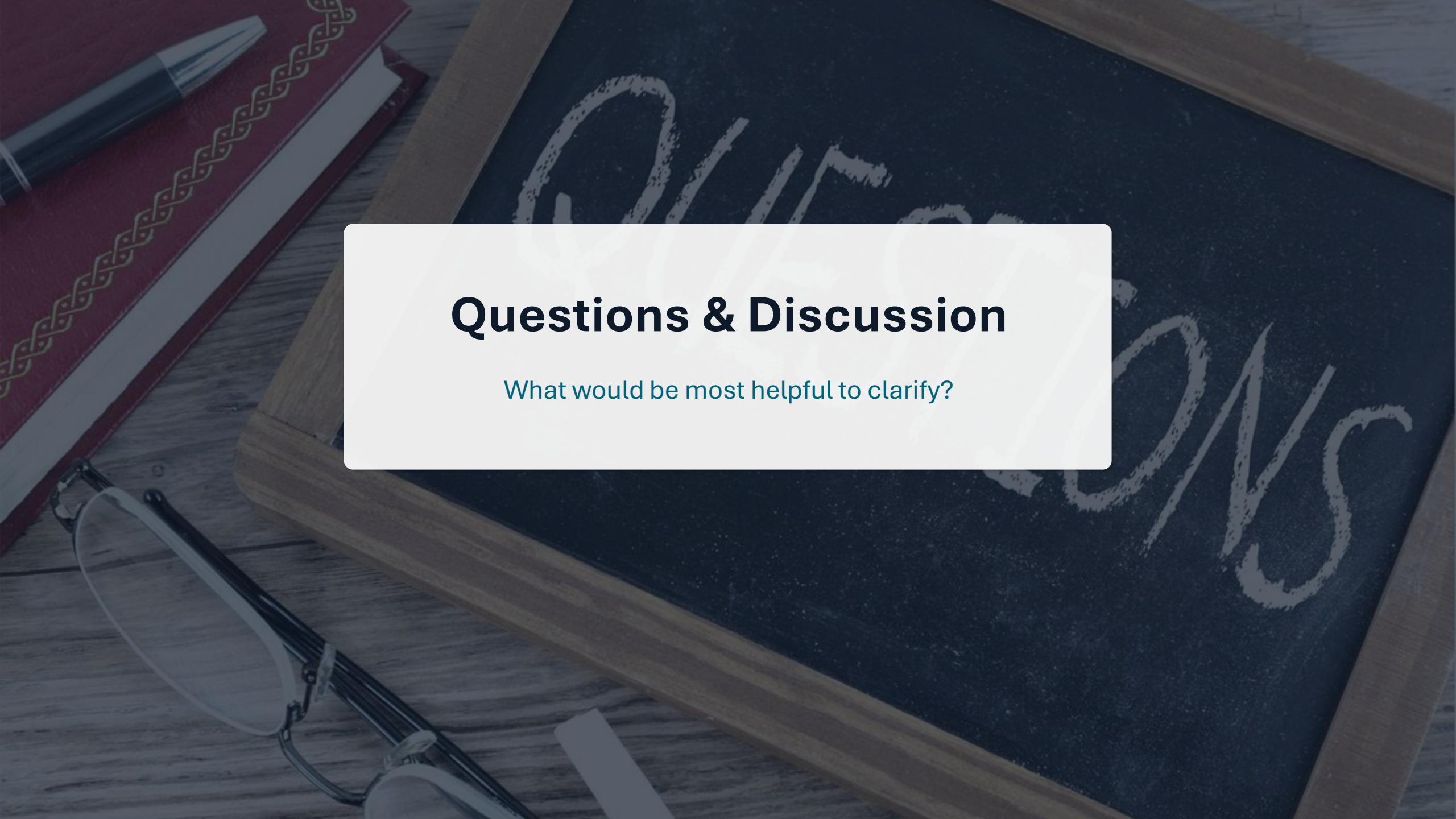
- The tipping point CT is the Chest CT w/ Contrast

Annual Lung Screening CT → 3 mo. Follow-up CT → PET

- The tipping point CT is the 3 mo. Follow-up CT

Annual Lung Screening CT → PET

- The tipping point CT is the Annual Screen



Questions & Discussion

What would be most helpful to clarify?

SAVE THE DATE

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Upcoming GTSD Webinars

Monthly Webinars

Dec 9	2:30 p.m. ET • 1:30 p.m. CT
Jan 13	2:30 p.m. ET • 1:30 p.m. CT

New Data Manager Series

Nov 18	1:00 p.m. ET • 12:00 p.m. CT
Dec 2	1:00 p.m. ET • 12:00 p.m. CT
Dec 16	1:00 p.m. ET • 12:00 p.m. CT

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Database Operations

Participation & Contracts

Database participation, contracts, and operational questions

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Thank you for joining!

General Thoracic Surgery Database Monthly Webinar

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