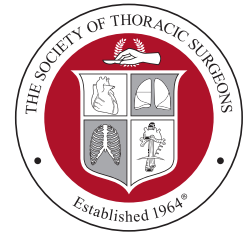


STS | News



“This is an exhilarating time to run a journal of this caliber.”

Joanna Chikwe, MD, FRCS



► Joanna Chikwe, MD, FRCS, has been appointed Editor-in-Chief of *The Annals of Thoracic Surgery*.

Joanna Chikwe Takes Over as Editor-in-Chief of *The Annals*

For only the sixth time in the 56-year history of *The Annals of Thoracic Surgery*, the journal is welcoming a new Editor-in-Chief.

Cardiac surgeon Joanna Chikwe, MD, FRCS, has been charged with leading the publication and the soon-to-be-launched open access journal, *Annals Short Reports*, effective January 1.

“It’s rather like moving from the passenger seat of a carefully driven Bentley GT to the driver’s seat, seeing a perfect stretch of open road and putting your foot on the gas,” said Dr. Chikwe, from Cedars-Sinai Medical Center in Los Angeles, California. “This is an exhilarating time to run a journal of this caliber, simply because gentle shifts in editorial and digital strategy can be transformative.”

With an impressive vision for *The Annals*, Dr. Chikwe plans to work toward making the journal a “must-read”—the first choice for “the best research, most thought-provoking editorials, and authoritative content in cardiac and thoracic surgery—a pocket plenary session,” she said.

Dr. Chikwe detailed key strategic goals that include streamlining editorial processes and further increasing the impact factor in order to help expand *The Annals’* relevance and readership engagement.

Also important will be enhancing the journal’s digital footprint. Readers of *The Annals* are looking for unlimited, 24/7/365 access to robust, relevant articles and other high-quality content, according to Dr. Chikwe. She

explained that her senior partners prefer stacks of paper editions, her peers access almost everything online, and her residents stay updated through social media channels.

“I believe none of the specialty organizations have fully realized their potential to provide global education and the highest impact science in a 24/7/365 environment across all these platforms, and *The Annals*, with STS support, is superbly placed to do this,” Dr. Chikwe said.

A recognized leader in the fields of robotic mitral valve repair and coronary revascularization, Dr. Chikwe is the founding chair of the Department of Cardiac Surgery in the Smidt Heart Institute at Cedars-Sinai. She also serves as the Irina and George Schaeffer Distinguished Chair in Cardiac Surgery and professor of cardiac surgery.



CONTINUED ON PAGE 6

The Society's mission is to advance cardiothoracic surgeons' delivery of the highest quality patient care through collaboration, education, research, and advocacy.

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STS News is a quarterly publication for members of The Society of Thoracic Surgeons. If you have a comment regarding the content of this publication or story ideas for future issues, please contact us. *STS* is not responsible for the opinions expressed by its writers and/or editors.

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Popular Podcast Series Is Back

"Just gave it a listen. A+ job!"

"What an inspiring story! Totally relatable to me."

"If you haven't been listening, do it!"

Same Surgeon, Different Light—originally launched in October 2020—truly resonated with listeners, as suggested by this feedback from Season 1. The program focuses on demystifying cardiothoracic surgery and presenting the extraordinary backstories of cardiothoracic surgeons from a variety of backgrounds and in various career stages. So far, the podcast has had more than 16,000 downloads.

Hosts David Tom Cooke, MD, and Thomas K. Varghese Jr., MD, MS, are at it again, helping listeners get to know the guests—the obstacles, success stories, tradeoffs, and pivotal moments that have shaped their personal missions and careers.

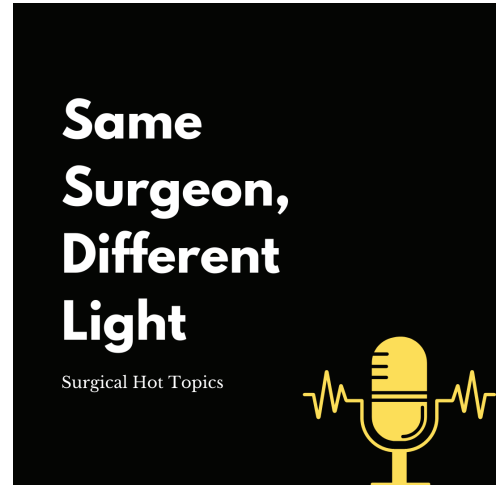
Season 2 kicked off in December 2021 with cardiothoracic surgery superstar Valerie W. Rusch, MD. Additional guests include Joseph A. Dearani, MD, Susan D. Moffatt-Bruce, MD, PhD, MBA, Jacques Kpodonu, MD, Gail E. Darling, MD, Edward P. Chen, MD, Jennifer C. Romano, MD, MS, Allan Pickens, MD, and many more.

Listeners will discover fascinating personal details, like why Dr. Kpodonu considers himself an "international gentleman." He was born in Paris, France—his mom's home city, but at 8 years old, moved to his dad's country of Ghana. Throughout his childhood years, the family moved back and forth between the two countries several times. In Ghana, Dr. Kpodonu's dad served as the country's first cardiologist, and today, at 84 years old, he is still practicing.

Dr. Rusch shares that powerful lessons from her mom about being a strong woman and a summer job as a surgical scrub tech are what sparked her interest in medicine. While she understood that it wouldn't be an easy path, she never allowed obstructions to hold her back and went on to become one of the most respected general thoracic surgeons of all time.

These are the types of inspirational stories and experiences that are shared during the Same Surgeon, Different Light episodes.

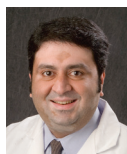
New episodes will be added regularly. Subscribe to Surgical Hot Topics via your favorite podcast app, or find the episodes at sts.org/podcast. Social media postings about the series include the hashtag **#TheFaceofCTsurgery**. ■



Scan the QR code for a list of episodes.

SCAN ME

Member News



Parekh Selected as Interim Chair in Iowa

Kalpaj Parekh, MBBS, has been appointed interim chair and executive officer of the Department of Cardiothoracic Surgery in the University of Iowa Carver College of Medicine in Iowa City. He has led the Cardiothoracic Surgery Division within the Department of Surgery since 2016, serves as the surgical director of the lung transplant program, and is professor of cardiothoracic surgery. Dr. Parekh has been an STS member since 2009 and is on the Editorial Board of *The Annals of Thoracic Surgery*.



Darling Leads Team at Dalhousie University

Gail E. Darling, MD, has been named the head of surgery at Dalhousie University in Nova Scotia, Canada, and surgeon-in-chief for the Central Zone (Halifax) of the Nova Scotia Health Authority. Most recently, she served as professor of thoracic surgery at the University of Toronto in Canada. An STS member since 1994, Dr. Darling is the senior editor of general thoracic surgery for the *STS Cardiothoracic Surgery E-Book*.



Lytle Presents ACS Gibbon Lecture

Bruce W. Lytle, MD, gave the prestigious John H. Gibbon Jr. Lecture at the 2021 American College of Surgeons Clinical Congress in October, presented in honor of the pioneering cardiothoracic surgeon who invented the heart-lung machine. In his address, titled "Coronary Bypass Surgery: An Operation Like No Other," Dr. Lytle discussed the pathophysiology of coronary artery disease (CAD) and the continued relevance of coronary bypass surgery in the prevention of CAD death. An STS member since 1984, he is the chairman of cardiovascular strategic development and planning for cardiovascular medicine and surgery at Baylor Scott & White The Heart Hospital in Plano, Texas.



Lee Earns JD, Passes Bar Exam

Richard Lee, MD, JD, MBA, recently earned his Juris Doctorate (JD) from Saint Louis University School of Law in Missouri, passed the Missouri Bar Exam, and was admitted to the Missouri Bar. He intends to use his law degree to explore the intersection between medicine and law and assist his surgical colleagues with legal matters. Dr. Lee is the chief of the Division of Cardiothoracic Surgery in the Department of Surgery at the Medical College of Georgia at Augusta University. An STS member since 2005, he has served on the STS Workforce on Annual Meeting, Tech-Con Task Force, and STS-PAC Board of Advisors.



Watson Is System Chief in Detroit

Thomas J. Watson, MD, is the new system chief of thoracic surgery for Beaumont Health in Detroit, Michigan. In this role, he will lead the thoracic surgical service line across the system's eight hospitals while overseeing recruitment, expansion, and interdisciplinary collaborations. Previously, Dr. Watson was system chair of surgery and chief of thoracic surgery for MedStar Health in Washington, DC, and Maryland, and professor of surgery at the Georgetown University School of Medicine. He has been an STS member since 2002.



Woo Awarded AHA Clinical Research Prize

Joseph Woo, MD, received the 2021 Clinical Research Prize from the American Heart Association. He was recognized for his innovative work that has advanced the field of complex valve repair through new techniques, technologies, and approaches to patient-centered care. An STS member since 2003, Dr. Woo is the chair of the Department of Cardiothoracic Surgery at Stanford University School of Medicine in California, professor of cardiothoracic surgery, and associate director of the Stanford Cardiovascular Institute.



Miller Begins Position in Georgia

Daniel L. Miller, MD, is now the chief of thoracic surgery at the Medical College of Georgia and surgical director of the Georgia Cancer Center, both at Augusta University. Previously, he was chief of thoracic surgery at the Cancer Treatment Centers of America in Atlanta, Georgia. Dr. Miller also is the 2022 president of the Southern Thoracic Surgical Association. He has been an STS member since 1994.



Send news about yourself or a colleague to stsnws@sts.org. Submissions will be printed based on content, membership status, and space available.



Embracing International Collaboration

Sean C. Grondin, MD, MPH, FRCSC

Expanding collaborative activities with our international colleagues and associations has been a key priority.

The Society of Thoracic Surgeons has a longstanding history of impactful interactions and collaborations with surgeons and associations based outside North America. These partnerships include, but are not limited to, providing global leadership in cardiothoracic surgery education, research, and quality initiatives.

As a means of recognizing and enhancing these partnerships, the STS Board currently includes a Canadian Director (Dr. Marc Rue), as well as two international Directors (Drs. Alan Sihoe and Rafa Sádaba). These Board members provide invaluable perspectives that help guide STS in developing educational curricula and directing patient care initiatives. Expanding collaborative activities with our international colleagues and associations has been a key priority in 2021, leading to consideration of adding a third International Director position to the STS Board in 2022.

Great examples of STS efforts to expand global educational relationships come from the STS Workforce on International Meetings (chaired by Dr. Wilson Szeto). Populated by surgeon leaders with diverse international backgrounds, this Workforce has provided exemplary leadership in developing cardiothoracic surgery educational content addressing the specific needs of surgeons, trainees, and allied health professionals around the globe.

The following is a brief overview of several important activities currently occurring in conjunction with our valued international partner organizations.

Europe

The European Society of Cardio-Thoracic Surgeons (EACTS) and STS share a commitment to professional excellence in the field of cardiothoracic surgery.

This joint commitment to cardiothoracic surgeons, allied health professionals, and patients, led STS and EACTS to forge a 5-year strategic partnership in 2019. The agreement seeks to provide joint innovative educational programming during both organization's annual meetings, as well as participation by STS in the inaugural EACTS Aortic Forum that was held in Bologna, Italy, during November 2021. In addition, the two organizations also are exploring collaboration on quality initiatives involving outcomes registry coordination and/or variable harmonization.

STS and the European Society of Thoracic Surgeons (ESTS) also have exchanged programs at their respective annual meetings for several years. These well-attended sessions have led to stimulating discussions on patient care. Future meetings with ESTS leadership are planned to expand our collaborations in other areas such as online teaching.

Asia

We highly value our collaborations with Asian cardiothoracic surgery organizations such as the Asian Society for Cardiovascular and Thoracic Surgery (ASCTVS). Participation in our respective meetings has been strong, with co-sponsored programs planned for the STS Annual Meeting in Miami Beach and the ASCVTS Annual Meeting in Nara, Japan.

In the fall of 2021, a virtual meeting co-sponsored by STS and Chinese cardiothoracic surgery associations was hugely successful, with additional webinars and meetings planned for 2022.

Latin America

Through the STS leadership of Drs. Joe Bavaria and Vinod Thourani and EACTS representatives, successful Latin America Cardiovascular Conferences were held annually from 2017-2020. Due to COVID concerns, the 2020 meeting was postponed and subsequently shifted to a free virtual meeting in 2021, which was highly regarded and involved 459 participants from 63 countries. The organizing team looks forward to presenting an in-person meeting in late 2022.

The in-person 2020 STS/EACTS/ESTS Latin America General Thoracic Surgery Conference also was postponed due to COVID. Despite this minor setback, the desire to collaborate remained strong, resulting in a highly attended virtual Latin America Thoracic Surgery Symposium this past November, attracting 452 attendees from 71 countries.

Africa

Along with the American Association for Thoracic Surgery, ASCVTS, EACTS, and the World Heart Federation, STS was a founding member of the Cardiac Surgery Intersociety Alliance (CSIA), which was established as a result of the 2018 Cape Town Declaration. The Declaration called for significantly expanding access to rheumatic heart disease treatment in developing countries. CSIA has identified two pilot sites in Africa that it hopes to nurture into sustainable programs where underserved patients can receive surgical therapies for rheumatic heart disease.

Canada

Interactions between STS and the two cardiothoracic organizations in Canada, the Canadian Association of Thoracic Surgeons (CATS) and Canadian Society of Cardiac Surgeons (CSCS) continue to grow.

The three organizations have exchanged distinguished speakers at their respective society meetings and have co-sponsored traveling fellowships for both attending staff and trainees. CATS also has been working with STS to harmonize variables in their respective outcomes databases and further expand the power of these registries to improve patient care.

Furthermore, efforts by STS leaders and major cardiothoracic surgery centers in Canada seek to expand the footprint of the STS Adult Cardiac Surgery Database in Canada. These ongoing collaborations will remain strong under the current leadership of these organizations, with additional collaborations on the way such as the STS Coronary Congress, which is planned to take place in Ottawa in the spring of 2022.

Summary

In alignment with one of the key priorities in the STS Strategic Plan, expanding educational and research/quality collaborations with our valued international surgical colleagues has been an ongoing Society emphasis. I invite you to look out for future co-sponsored meetings, joint webinars, and shared programming at association meetings, as well as collaborations that involve the writing of clinical practice guidelines, expert consensus documents, and editorials.

I also invite you to join me and our colleagues from around the world at the STS Annual Meeting, January 29-31, in Miami Beach, Florida (see page 12). I look forward to this opportunity to be together again, sharing our global experiences, interactions, and perspectives; I hope you do, too.

It has been a pleasure serving you as STS President. ■

Joanna Chikwe Takes Over as Editor-in-Chief of *The Annals*

▶▶
CONTINUED FROM COVER

“Dr. Chikwe is an accomplished cardiac surgeon with an impressive record of academic scholarship, effective leadership, and clinical achievement,” said STS President Sean C. Grondin, MD, MPH, FRCSC. “With significant editorial experience, she has proposed exciting strategies to make *The Annals* the most impactful and engaging journal in cardiothoracic surgery. We are thrilled to welcome her to the leadership team and are looking forward to continuing our work together to provide a high-quality journal for our specialty.”

Dr. Chikwe grew up in Birmingham, England, and after high school, she spent 2 years studying art in Florence, Italy. This experience helped her realize that art was “always going to be a great hobby,” but medicine was her lifetime passion. Dr. Chikwe also credits watching a documentary featuring the pioneering work of Sir Magdi Habib Yacoub, MD, for inspiring her to be a cardiac surgeon.

She went on to complete her medical degree at the University of Oxford in the United Kingdom, cardiothoracic surgery residency at the Royal Brompton and Harefield Hospitals in London, and cardiac surgery fellowship at Mount Sinai Hospital in New York. She remained on the Mount Sinai faculty for more than a decade before being recruited to lead the Department of Cardiac Surgery at Cedars-Sinai.

For *The Annals*, Dr. Chikwe previously served as deputy editor for adult cardiac surgery and associate editor for feature articles. In addition, she has published more than 200 peer-reviewed contributions and three surgery textbooks, as well as led six expert consensus writing groups.

“When I think of where I find most joy in my work, it’s doing complex surgery beautifully, the astonishing accomplishments that come from developing great teams and collaborations, and those moments when you or your residents recognize a really impactful research idea or finding that will change minds and practice,” said Dr. Chikwe. “I enjoy teaching and writing, and the exciting thing about *The Annals* is the opportunity to bring the scientific and educational impact of the journal and STS to a new audience and new heights.”

Dr. Chikwe’s appointment follows the departure of G. Alexander Patterson, MD, FRCS(C), who served as Editor-in-Chief since 2015. The first issue under Dr. Chikwe’s editorship is expected to publish in mid-2022. ■

The Annals Recognizes Reviewers of the Year

Year after year, manuscript after manuscript, *The Annals of Thoracic Surgery* continues to rely on the valuable contributions and hard work of its peer reviewers—who in 2021, reviewed approximately 2,500 submissions.

“The best reviewers can take a manuscript from good to great. *The Annals of Thoracic Surgery* is deeply indebted to the more than 900 global cardiothoracic experts who provided peer reviews this year,” said Editor-in-Chief Joanna Chikwe, MD, FRCS.

In recognition of those who consistently provided a combination of high-quality, thorough, and professional reviews in a timely manner, *The Annals* presented “Reviewer of the Year” awards to the following outstanding recipients:



General Thoracic
Olugbenga T. Okusanya, MD,
from Thomas Jefferson
University in Philadelphia,
Pennsylvania



Adult Cardiac
Masashi Kawabori, MD,
from Tufts University School
of Medicine in Boston,
Massachusetts



Congenital
Fawwaz R. Shaw, MD, from
Emory University School of
Medicine in Atlanta, Georgia



Trainee
**Makoto Hibino, MD, MPH,
PhD,** from the University of
Toronto and St. Michael’s
Hospital in Toronto, Canada

“Last year, *The Annals* received nearly 4,000 new submissions, selected the best for peer review, and published the top 15% or so. The intellectual contribution of peer reviewers to the journal is invaluable. A detailed review takes time and thought, and these award winners have performed the most highly rated reviews this year,” said Dr. Chikwe.

This award is presented to four reviewers on an annual basis. All peer reviewers are eligible, and the criteria include the number of completed reviews, average review rating (1-5 scale), and reviews submitted on time (within 14-day deadline). Feedback from the deputy editors also is considered.



If you are interested in joining the *Annals* Reviewer Volunteer program, contact theannals@sts.org.

Work-Related Pressures, Clinical Relevance Remain Top Professional Concerns

Learning how to manage professional challenges such as workload and remaining up to date on clinical advances are more important than ever for STS members, according to the most recent triannual member needs assessment.

Conducted online for 5 weeks during June and July 2021, the survey generated responses from 745 members (10%).

Compared to previous surveys, an even higher percentage of members were employed by universities and hospitals, 81% in 2021, a percentage that has grown steadily from 66% in 2012.

This shift away from private practice into employment arrangements may be one of the reasons why an increasing percentage of members identified “managing work-related pressures” such as workload and work-life balance as their top professional challenge. In the current survey, 38% of members selected this challenge, compared to 33% in 2015. Other high-scoring concerns included staying up to date on clinical advances (31%), career progression (29%), and competition from other specialties (25%).

General thoracic surgeons were the most concerned about work-related pressures when compared to their counterparts, while cardiac surgeons were the most concerned about competition from other specialties. Congenital heart surgeons and trainee members were the most concerned about career progression; staying updated clinically was a major concern for Candidate Members and International Members. In addition, trainees also were very concerned about learning how to conduct and apply research.

“We appreciate everyone who took the time to complete this important survey,” said STS President Sean C. Grondin, MD, MPH, FRCS. “We are listening to our members and are focusing on enhancing current programs and developing new ones that will help ensure that cardiothoracic surgeons remain essential leaders of the care team. These programs include timely, relevant education in multiple formats and wellness efforts that support the mental and physical wellbeing of our members.”

Satisfaction with Membership, Benefits

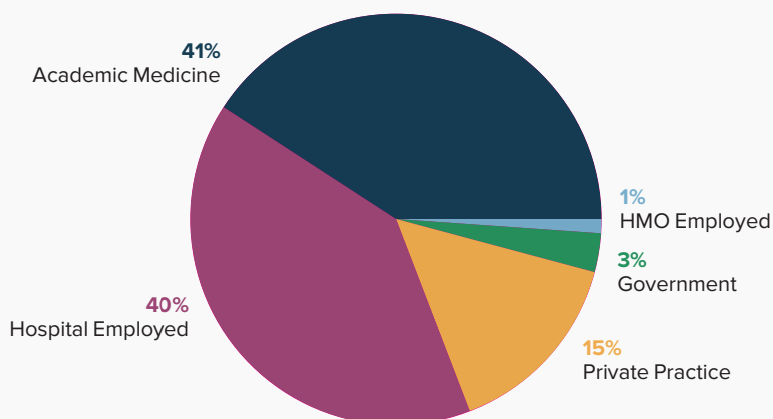
STS members remain happy with the Society and their benefits of membership. Four out of five members (81%) reported being satisfied or very satisfied with their membership, which is similar to the results in 2018 (78%) and 2015 (79%). Of note, Candidate and Pre-Candidate Members were the most likely of any membership type to report being very satisfied with their membership, followed by senior members.

The membership benefits valued by the majority were *The Annals of Thoracic Surgery* (87%), followed by STS newsletters (75%), and live educational courses such as the STS Annual Meeting (75%).

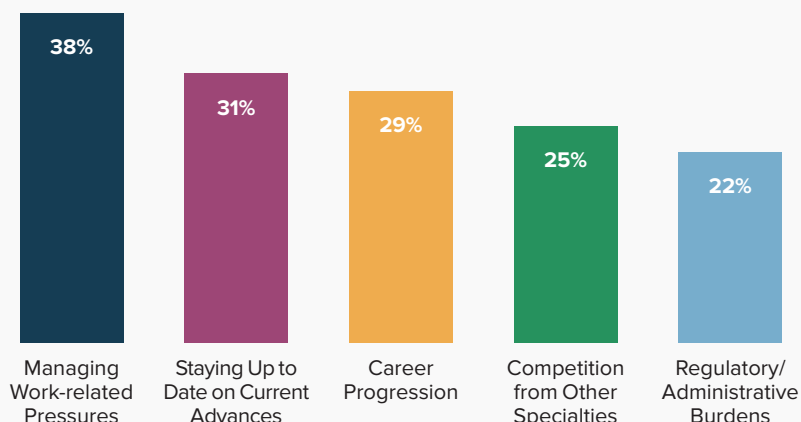
“We are confident that with Dr. Joanna Chikwe taking over as our new *Annals* editor, she will continue to improve the content, presentation, and impact of the publication, as well as make it even more valuable to our members and the medical profession,” said Dr. Grondin (see cover story).

Although the member needs assessments provide a great opportunity for members to provide feedback to the Society, members are welcome to contact STS at any time during the year at sts@sts.org. ■

STS Members by Practice Arrangement



Top 5 Professional Challenges



Physician-Modified Endografts for Endovascular Repair of Thoracoabdominal Aortic Aneurysm

By Chandler A. Long, MD, and G. Chad Hughes, MD,
from Duke University Medical Center in Durham, North Carolina

Endovascular repair of thoracoabdominal aortic aneurysm (TAAA)—a concept which seemed like pie in the sky less than a decade ago—is now an increasingly utilized technique in a growing number of centers worldwide, especially for patients with atherosclerotic TAAA.

To this point, a recent multicenter population-based study of patients undergoing TAAA repair between 2006 and 2017 in Ontario, Canada, found that endovascular repairs comprised >50% of all TAAA repairs in the province since 2011. Total endovascular approaches to TAAA repair have been developed to minimize the known risks associated with open repair and allow safer repair in the typical high-risk patient population presenting with atherosclerotic TAAA.

Although devices such as the Cook T-Branch stent graft, which is available outside the US, and the investigational Gore Excluder Thoracoabdominal Branch Endoprosthesis, which is currently being evaluated in a pivotal clinical trial, have been developed specifically for endovascular TAAA repair, neither is yet commercially available in the US.

This lack of a commercially available option has given rise to the use of so-called physician-modified endografts (PMEGs). PMEGs involve the modification of commercially available endografts, most commonly the Zenith Alpha and TX2 thoracic devices, whereby the devices are unsheathed in the operating room under sterile conditions and customized with reinforced fenestrations that correspond precisely to the patient's visceral anatomy.

Temporary diameter-reducing ties are likewise created, allowing for partial deployment of the device without engaging the aortic wall, and thereby provide maneuverability of the endograft in cranial/caudal and rotational directions. Once the

device has been fully modified *ex vivo*, it is then re-sheathed into its original delivery system and deployed endovascularly, subsequently allowing for delivery of branch stents grafts into the visceral vessels to complete the repair as described below.



► This 3D reconstruction CTA image shows a completed endovascular Extent IV TAAA repair using a four-branch PMEG device.

standardized and enable the measurement of the exact coordinate locations of the target vessels to reflect the way in which the endograft is predicted to lie within the aorta due to any associated tortuosity.

The stent graft fenestration is performed on the back table by several members of the operating team during the induction of anesthesia and while other members of the team gain vascular access. We typically obtain open surgical access of one common femoral artery to allow delivery of the large bore PMEG delivery system, while percutaneous access of the contralateral femoral vessel is obtained using a “pre-close” technique.

Further, we prefer to introduce the branch stents antegrade, which is usually done via open surgical access of the infraclavicular left axillary artery. This access site allows the patient to be positioned with both arms at the side and gives more room for the operators positioned at the patient's left shoulder to deliver the branch stents.

The fenestration holes are created in the stent graft using an ophthalmic cautery device and reinforced with a running locked 5-0 braided polyester suture incorporating a highly radiopaque gold gooseneck snare device wire.

Once the PMEG has been fully modified and re-sheathed, the device orientation with regards to the location of the fenestrations is checked under fluoroscopy and the device then partially deployed in the patient's aorta down to the level of the celiac fenestration. The celiac fenestration is cannulated from above, and the device is then serially deployed to expose each fenestration for cannulation, adjusting the alignment of the PMEG device as needed to optimize target vessel alignment. This technique greatly simplifies the cannulation of the fenestrations and branch vessels.

Likewise, the use of fusion imaging allows the patient's preoperative CTA imaging to be overlaid on the fluoroscopic image during the procedure, creating a three-dimensional map of the visceral vessel locations to assist with their cannulation and thereby minimizing contrast administration and fluoroscopy time.

Once all four visceral vessels have been cannulated, the PMEG device is fully deployed and the target vessels stented using balloon-expandable covered stents with the proximal ends of the branch stents post-dilated to flare them and prevent type III endoleak.

When this is complete, the seal zones of the PMEG device are post-dilated and the abdominal endografts, if they are being utilized, are then deployed using standard endovascular abdominal aortic repair techniques. Completion angiography is then performed to assess the patency of the visceral branches and rule out any endoleak.

In summary, endovascular repair is rapidly evolving to now becoming the first line option for most patients with atherosclerotic/degenerative TAAA outside of the connective tissue population. The technique has been demonstrated to be safe and effective and is transforming, for the better, the way TAAA is treated in the majority of patients. ■



Scan the QR code to view videos that support techniques described in this article.

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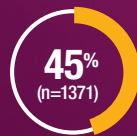
MOST COMPLETELY RESECTED
PATIENTS RECUR OR DIE
WITHIN 5 YEARS¹

CAN WE DO
MORE



Despite successful surgery, rates of disease recurrence are high in resectable NSCLC¹

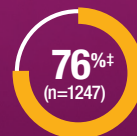
Recurrence or death within
5 years after surgery^{1*†}:



Stage 1B



Stage 2



Stage 3



EGFR MUTATION TESTING IS GUIDELINE-RECOMMENDED IN YOUR PATIENTS WITH RESECTABLE STAGE IB-III A NSCLC. THE ONLY WAY TO KNOW EGFR MUTATION STATUS IS TO TEST FOR IT.² DISCOVER HOW AT [PostResectionPlan.com](https://www.postresectionplan.com)

*Based on Pignon et al (2008), a pooled clinical analysis of postoperative cisplatin-based chemotherapy vs no chemotherapy or cisplatin-based chemotherapy plus postoperative radiotherapy (administered sequentially) vs postoperative radiotherapy alone in 4584 patients with completely resected NSCLC.¹

†In a separate study, the 2016 IASLC database shows that 5-year survival rates in NSCLC are as follows: stage I, 68-92%; stage II, 53-60%; stage III, 13-36%; stage IV, 0-10%.³

‡In stage III resectable patients.

EGFR, epidermal growth factor receptor; IASLC, International Association for the Study of Lung Cancer; NSCLC, non-small cell lung cancer.

References: **1.** Pignon JP, Tribodet H, Scagliotti GV, et al; LACE Collaborative Group. Lung Adjuvant Cisplatin Evaluation: a pooled analysis by the LACE Collaborative Group. *J Clin Oncol.* 2008;26(21):3552-3559. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Non-Small Cell Lung Cancer V.6.2021. ©National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed September 30, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **3.** Goldstraw P, Chansky K, Crowley J, et al; IASLC. The IASLC Lung Cancer Staging Project: proposals for revision of the TNM stage groupings in the forthcoming (eighth) edition of the TNM classification for lung cancer. *J Thorac Oncol.* 2016;11(1):39-51.



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AQO Featured Record Attendance, Data Manager Excellence

A record-breaking 1,403 registrants came together virtually for the 2021 Advances in Quality & Outcomes (AQO): A Data Managers Meeting last October.

Designed to showcase the latest advancements in quality research through the STS National Database, AQO provided on-demand content, live presentations, e-posters, and a virtual resource library for data managers.

Each day of the conference was dedicated to a component of the Database. Popular sessions included “What Data Managers Want to Know,” which enabled participants to have their most pressing questions answered by expert panelists.

The Dorothy Latham Award was presented to data manager Lisa M. Hartman, MSN, RN, from Premier Health in Covington, Ohio, for her poster, “Transitioning to Paperless Cardiac Abstraction in the Remote Work Environment,”

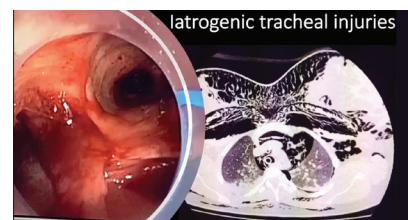
and Beth Dinicola, RN, BSN, from Newark Beth Israel Medical Center in New Jersey, was recognized with the Sherril Ann Wissman Memorial Excellence Award for her commitment to patients and the profession.

AQO registrants now can access meeting content in the STS Learning Center, to catch up on sessions they missed and examine the latest research findings and recommendations for quality improvement initiatives. The meeting content is available until October 26, 2022. Visit sts.org/aqo for more details.

The next AQO meeting is scheduled for October 26-28, 2022, in Providence, Rhode Island.



► Data managers and surgeons benefited from one another's insights at AQO 2021.



► Participants glimpsed new research findings, quality recommendations, and coding guidance.

Promising Trainees to Experience Cutting Edge of Cardiothoracic Surgery

The STS Annual Meeting is an incomparable way for trainees to learn what the cardiothoracic surgery specialty has to offer. Through the Society's Looking to the Future (LTF) Scholarship Program, 30 general surgery residents and 30 medical students will have that experience this year at STS 2022.

The scholarship enables an exclusive group of trainees to attend the Annual Meeting, where they'll get a glimpse into what it's like to be a cardiothoracic surgeon, informing their decisions as they forge their career paths.

Designed to identify and encourage general surgery residents and medical students considering, but not yet committed to, a career in cardiothoracic surgery, the LTF scholarship is highly competitive and represents some of the best and brightest. More than 215 students and residents applied for the 2022 scholarships.

Awardees receive complimentary registration, housing, and travel stipends for the STS Annual Meeting. An event designed for scholarship awardees will present insights on cardiothoracic surgery as a profession, life as a cardiothoracic surgeon, and the application processes for training programs. In addition, each scholar will receive one-on-one mentoring from a cardiothoracic surgeon who can share advice on building a successful and rewarding career.

Since the program's inception in 2006, the Society has awarded 725 scholarships. To view a list of the 2022 recipients, visit sts.org/lfff.



New Leadership Events Launch at STS 2022

The application deadline has passed for the capstone event in the STS Leadership Institute being held during the 58th Annual Meeting, but the cycle begins anew for attendees who wish to apply for the 2022-2023 series. Applications for the new leadership program will open during STS 2022 and close at the end of February.

Decisions will be made and applicants notified in mid-March, with the first event being held in April 2022. Visit the STS Booth in the Exhibit Hall during STS 2022 to learn more about the program and apply. The webinars included in the current Leadership Series are available at sts.org/leadershipseries.

Latin America Surgery Symposia Showcased World-Class Insights

Two virtual collaborative events in the fall demonstrated the latest advances in thoracic and cardiovascular surgery and featured faculty from across the globe.

Thoracic Symposium Demonstrated Making the Most of Resources

Hosted by STS, the European Association for Cardio-Thoracic Surgery (EACTS), and the European Society of Thoracic Surgeons, the Latin America Thoracic Surgery Symposium in November was attended by 452 registrants from 71 countries. The symposium—which boasted an internationally representative lineup of world-class faculty—offered new data and insights on managing patients with COVID, starting a lung cancer screening program, and treating patients with chest wall trauma.

Highlights included international panel discussions on COVID-19 from thoracic surgeons' perspectives and on making the most of limited resources to initiate lung cancer screening programs. A "Clash of the Titans" debate addressed lobectomy versus segmentectomy for early-stage non-small cell lung cancer, and a session on rib fixation surgery explored new data, novel technology, pros and cons of the procedure, and issues surrounding pricing and payment.

Cardiovascular Symposium Showed Experts in Action

In December, the STS/EACTS Latin America Cardiovascular Surgery Symposium highlighted the latest developments and best treatment practices for coronary artery disease, mitral valve repair, atrial fibrillation, and the surgical management of heart failure. The symposium was attended by 459 registrants representing 63 countries, and the program featured nine "Meet the Experts: How I Do It" video sessions, interspersed with panel discussions.

Internationally celebrated surgeons demonstrated mitral valve repair, aortic valve repair and valve-sparing aortic root replacement, transcatheter aortic valve replacement (TAVR), and tricuspid valve repair and replacement.

Both Latin America symposia were presented in English, with simultaneous translation in Spanish and/or Portuguese. The lectures and live discussions were recorded and now are available in the STS Learning Center.



AstraZeneca Partnership Tackles Lung Cancer Treatment, Health Care Disparities

In November, STS entered a partnership with biopharmaceutical company AstraZeneca to produce educational offerings and research funding to help improve lung cancer treatment and address disparities in health care.

Together, STS and AstraZeneca will seek to increase patient access to innovative therapies and to generate clinical trial data that represent real-world patient populations, said Nabil Chehab, PhD, AstraZeneca's US Medical Franchise Head of Lung Cancer.

"AstraZeneca believes that every lung cancer patient deserves the best available treatment option—regardless of their background," Dr. Chehab said. "Through our partnership with STS, we will be able to strengthen our relationships with the community of thoracic surgeons and ultimately be able to serve patients better."

This strategic collaboration will help facilitate a series of educational programs that range from conducting advanced skills courses to helping early career surgeons design optimal clinical trials. In addition, AstraZeneca will help fund two awards offered by The Thoracic Surgery Foundation—one grant supporting investigators involved in lung cancer research and another supporting those exploring minority health disparities.

AstraZeneca has committed \$1.5 million for these programs.

The first partnered offering was a free webinar, "Surgeons and Comprehensive Biomarker Testing for Lung Cancer Patients," available now in the STS Webinar Series. Additional programs will follow in 2022.

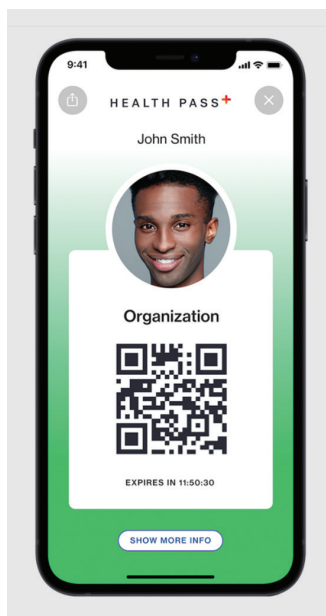
App Makes COVID Monitoring Easy on STS 2022 Attendees

STS is closely following the latest developments in COVID-19 safety protocols and legal requirements for those attending the 58th Annual Meeting in Miami Beach, Florida.

To make it simpler for attendees to provide their proof of COVID vaccination and/or negative test results, STS will employ the CLEAR Health Pass app, which allows touchless verification onsite at the meeting—and also can come in handy at airports where CLEAR stations are used.

When attendees arrive at STS 2022, they can use the app to confirm their status quickly, seamlessly, and securely.

As the meeting approaches, look for more information from STS on signing up to use the app. Meanwhile, find the latest COVID protocols at sts.org/AMCovid.





January 29 - February 1

Miami Beach, Florida



STS 2022 Will Celebrate Surgical Discovery, Surgeon Humanity

With in-person registration numbers on track to rival those of STS 2019 and 2020—and with hundreds more attendees joining virtually—the STS 58th Annual Meeting promises to be a congress of both professional excellence and human connection.

STS 2022, taking place January 29–31 in Miami Beach, Florida, will feature more than 40 educational sessions, late-breaking research, nearly 200 electronic posters, industry presentations, and more. Social offerings and resident events will give attendees unique opportunities to have meaningful interactions with colleagues.

“Whether you join us in Miami or tune in from across the world, the cardiothoracic surgical community has the chance to experience STS 2022,” said John D. Mitchell, MD, chair of the STS Workforce on Annual Meeting. “We’re excited to be together again, and we’re proud of the phenomenal program the meeting has to offer.”

The Thomas B. Ferguson Lecture on Saturday, January 29, will be presented by Amy C. Edmonson, PhD, Novartis Professor of Leadership and Management at Harvard Business School. Dr. Edmonson, author of *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth*, will share insights from her groundbreaking work on psychological safety in the workplace and its relevance to cardiothoracic surgery.

Championing the spirit of community and solidarity, Henri R. Ford, MD, MHA, will lend his expertise to the Vivien T. Thomas Lecture on Saturday evening. Dr. Ford, a Haitian-American pediatric surgeon who serves as dean of the University of Miami Miller School of Medicine, has returned to Haiti multiple times to offer his services at underfunded hospitals and provide emergency surgeries to children at field facilities following the January 2010 earthquake.

On Sunday, Sean C. Grondin, MD, MPH, FRCS, will deliver his Presidential Address at 11:00 a.m. ET.

“Army War Surgery: A Surgeon’s Journey and Lessons Learned” is this year’s C. Walton Lillehei Lecture, presented by Colonel (ret) Cameron D. Wright, MD, Army Medical Corps, USAR, on Monday. Dr. Wright will offer his perspectives on the process of entering the Army Medical Corps, the deployment process, aspects of modern war surgery, lessons learned through his experience, and a reflection on the cost of war.

Resident Offerings Teach Networking and Negotiation

The STS Annual Meeting remains an unparalleled opportunity for residents, fellows, medical students, and early-career surgeons to build their network, learn from mentors, and explore undiscovered career paths. The Residents Luncheon at noon on Saturday during STS 2022 gives trainees a forum to meet their peers and hear insights from surgeon leaders. Later on Saturday, the Residents Symposium

will provide valuable perspectives on transitioning from training to practice, including job searches and negotiations, investing in the future, the utility of social media, and taking care of oneself and one’s family.

Wellness, Inclusion Topics Bring Surgeon Suffering Out of the Dark

Emotional health and resiliency have become household topics for most, but the trope of the stoic, adaptable surgeon persists in engendering resistance when it comes to surgeons looking out for their own wellness. Simultaneously, uncomfortable truths about disparities in the treatment of different patient populations and surgeon recruitment have led to robust diversity initiatives, but the specialty still faces barriers to ensuring that underrepresented individuals are part of the conversation. STS 2022 offers a rich array of sessions that illuminate these issues, from pandemic aftershocks and work-life balance to careers in global surgery and representation of non-white populations in randomized trials.

Presentations, Protocols Keep Pace with COVID

As the medical community adapts to a continual influx of new discoveries around COVID variants and their consequences, STS 2022 offerings stay abreast of the latest management techniques. Dozens of sessions, presentations, and posters cover COVID-focused topics, including ECMO, transplantation, ethical dilemmas, racial disparities, and COVID’s effect on operative outcomes.

STS Database Audits Confirm ‘Phenomenal’ Accuracy, National Representation

Audit results for the STS Adult Cardiac Surgery Database (ACSD) are set to be released in January 2022, and a Database audit policy now formalizes expectations for all Database components and helps participating sites complement their internal quality controls.

“It’s important to note the high bar we set for these data—sites are expected to have greater than 98% accuracy in outcome measures of operative mortality and major complications,” said Felix G. Fernandez, MD, MSc, who chairs the STS Workforce on National Databases and leads the audit initiative. “Early results show that the data managers have done an amazing job despite the challenges brought by COVID. Some were reassigned, many were working remotely or even furloughed.”

Through two external auditing partners, STS periodically evaluates data to ensure that patients, participants, stakeholders, and oversight bodies receive data that are accurate, complete, consistent, and high-quality, Dr. Fernandez said. “Right now, for the ACSD, we’re seeing greater than 97% agreement rates in the cardiac audit, which is phenomenal. And, with 97% of sites contributing across the country, it’s truly nationally representative.”

The Society also recently published the STS National Database Audit Policy, detailing expectations for all four Database components—not only to monitor accuracy but also to alert sites to any dips in accuracy and give them the guidance they need to get back on track. The policy doesn’t contain anything particularly “new,” Dr. Fernandez explained. “It has really just formalized the standards that STS has had in place for years.”

Each year, approximately 10% of participating sites are selected at random for audit. To be included in the audit pool, a site must be an active Database participant for all 12 months of the audited time period, have not successfully completed an audit in the past 3 years, and must have performed a specified number of procedures during that period.

“All the wonderful things that we do with the Database—risk models, research, performance measures that are reported to the public—are practice changing,” said Dr. Fernandez. “Data used for device surveillance impact policy on the national level. But these attributes are really of no value if the data are not high quality.” And this is why the audit is critical, he explained—the backbone of the Database is the quality of the data, and the assurances provided by the audit are what give the community confidence.

“We have made tremendous enhancements to the Database over the years, with a cloud-based platform, interactive dashboards, real-time access, and greater ease in data entry—and we have many more coming,” said Dr. Fernandez. “All these wonderful features help our participants improve their practice and make care safer for their patients.” ■

Database	Minimum Number of Procedures/Admissions
Adult Cardiac Surgery Database	20 isolated CABG procedures and 10 valve or valve + CABG procedures
Congenital Heart Surgery Database	30 index operations
General Thoracic Surgery Database	20 cases total of lobectomy or esophagectomy for primary cancer
Intermacs Database	10 patients implanted
Pedimacs Database	3 patients implanted

► Audited sites must capture the minimum number for each procedure specified.



Scan the QR code to read the published Database Audit Policy.

SCAN ME

And as the pandemic stretches on, STS continues to monitor and update the guidance for attendees joining STS 2022 in Florida. The latest safety protocols are posted at sts.org/AMcovid.

Social Events Bring Community ‘Together Again’

In addition to wellness activities each morning, STS 2022 will provide several events for attendees to socialize, unwind, and learn from each other. The STS-PAC Reception on Saturday evening is open to donors who have contributed to STS-PAC efforts in 2021. The

President’s Reception on Saturday night, which requires an additional ticket, offers attendees the opportunity to meet and catch up over hors d’oeuvres and cocktails. Sunday night’s Exhibit Hall Reception and Poster Event is the best opportunity to experience the exhibit floor in the company of fellow cardiothoracic surgery and meet with industry representatives.

“The scientific content, venue, and social program are first rate, and we encourage all who can to come to the live meeting in Miami,” Dr. Mitchell said. “The educational and professional synergy for cardiothoracic surgeons, after 2 years apart, will be incredible!”

If you haven’t registered yet, there still is time to secure your spot. A virtual option also is available. STS members receive discounted rates, and Candidate and Pre-Candidate Members can register for free. Registration also includes complimentary access to Annual Meeting Online, a web-based video presentation of most sessions offered at STS 2022. More information is available at sts.org/annualmeeting. ■

Setting Boundaries, Demanding Equity Give STS Member Edge in the Face of Loss

Amidst personal suffering, one STS member's introspection allowed her to prioritize what she needs from her career and her life—and to recognize that her talent gives her the leverage to say so.

Sharon Ben-Or, MD, a thoracic surgeon specializing in robotics at the University of Kansas Health System (UKHS) in Kansas City, Kansas, recalls feeling her plans and goals slipping from her grasp when she received a breast cancer diagnosis in 2017. It was detected on her first mammogram—ever—at age 40, and she'd set it up with a radiologist friend. It was this friend who delivered the news.

Thus began a cycle of surgery, complications, and chemotherapy, during which Dr. Ben-Or returned to work intermittently, then at Greenville Health System in South Carolina. Understandably, her illness contributed to strained relationships with friends and family, though she was sometimes surprised at which individuals were supportive and which were not.

Over the course of her treatment and recovery, Dr. Ben-Or found herself growing weary of the “You’ve got this!” attitude she encountered from her loved ones and health care providers. She discovered that what she needed wasn’t toxic positivity and cheerleading, but for her peers to understand that the process was painful, exhausting, and fraught with grief. Ultimately, she articulated this to her surgeon.

“I realized that I resented him,” Dr. Ben-Or said. “And what I needed was for him to acknowledge that, yeah, this does suck. When I admitted that to him, he respected it and thanked me for telling him.”

That admission was a milestone move in a series of assertions, through which Dr. Ben-Or found that she has the prerogative to dictate what she will and will not accept in the course of her professional and personal life.



► Dr. Ben-Or completed her final chemotherapy session on December 11, 2017.



► Dr. Ben-Or's renewed empathy for patients manifests in moments such as “prescribing” a puppy.



► In January 2021, Dr. Ben-Or joined the UKHS team, accepting the position on her own terms.

What she did accept was her current position at UKHS in January 2021. She was “aggressively recruited” by her former attending surgeon, Nirmal K. Veeramachaneni, MD, who emphasized that he’d wanted her to join his team for years.

Armed with the knowledge that she was in high demand, Dr. Ben-Or negotiated a contract that made her expectations clear—allowing for flexibility should she need to take time away for her health, as well as to welcome an adopted child, a process she started in 2020.

The team at UKHS maintains what they call a “break your hip fund,” Dr. Ben-Or explained. “The surgeons put their money in a kind of slush fund, so that if someone requires medical leave we’re able to compensate for that. We also had a long conversation about reproductive issues and taking time off for parental leave, and the departmental stance on that was great.”

She recalls feeling for the first time that she wasn’t being interviewed, but that she was interviewing the institution, and that sense of being “wanted” gave her influence.

“I made that clear before I signed the contract,” she said. “It’s just a job. There’s no emotionality to it—I don’t have a problem saying no.”

The first US-born member of her family, Dr. Ben-Or is the daughter of a Mexican concert pianist and an Israeli veteran who carved out a business niche in electronics stores. She discovered her knack for medicine while keeping her uncle company on a ski trip as he studied for the MCAT.

Growing up in Baltimore and training in Philadelphia, she experienced a unique melting pot of cultures, but until she joined the Greenville staff those experiences were distinctly Northern. She’s since had her share of adjustment to lingering cultural perceptions.

“I’ve been fired by patients because they don’t want a female surgeon; I’ve had a patient tell me I’m going to hell because I’m Jewish. And when it comes to time off, the concept of ‘parental leave’ isn’t widely accepted—only maternity leave,” she said.

But with the vast majority of procedures she performs being lobectomies for lung cancer, Dr. Ben-Or has had unique opportunities to connect more deeply. “I’m from the North, so I don’t know how to bless your heart,” she said. “And I don’t always tell patients I’ve had cancer, but with some I do share because it helps them take the next step in healing. I may not understand exactly what they’re going through, but I can acknowledge the feelings of fear, anger, and loss of control, and treat them the way I wanted to be treated when I got my diagnosis.”

In addition to her OR duties and her interest in outcomes research, Dr. Ben-Or dedicates time to teaching medical students and residents about burnout, work/life balance, the doctor-patient relationship, and gender inequity.

In March, she will be a guest on the STS “Same Surgeon, Different Light” podcast, in which she shares her personal and professional insights with host David Tom Cooke, MD (see page 2). ■



If you know of a unique member experience that should be featured in *STS News*, contact stsnews@sts.org.

TSF Investigator Infuses New Life into Donor Hearts with Novel Preservation Approach

Projects funded through the Society's charitable arm, The Thoracic Surgery Foundation (TSF), are igniting discoveries that improve the lives of patients and keep cardiothoracic surgeons at the helm of research.

TSF research grant recipient Paul Chun Yung Tang, MD, PhD, is utilizing the lab at the University of Michigan Frankel Cardiovascular Center in Ann Arbor, to explore a better way to ensure that donor hearts serve their recipients well after transplant.



► Paul Chun Yung Tang, MD, PhD, received the Southern Thoracic Surgical Association Resident Research Award.

“Currently—and this has been the case for decades—when you want to preserve hearts, you use a specific formulation of electrolytes and buffers to keep them cold and stop it from beating,” Dr. Tang said. “We stop the heart from beating so it’s using less energy, and we hope that we’ve achieved a state of cryostasis. Our research has shown that’s probably not entirely the case. There are a lot of molecular events slowly happening while in ice and the heart may be programmed to misbehave even before you put it in.”

During transport and cold storage, donor hearts may suffer from the stress of lost blood flow, and consequentially from deprivation of oxygen and nutrients. This stress can result in oxidative stress and the release of inflammatory molecules that may inhibit the heart’s function once blood flow is restored.

Dr. Tang’s team proposed that infusing valproic acid (VPA), a histone deacetylase inhibitor, into donor hearts during the harvesting process could reduce oxidative stress and inhibit the release of inflammatory molecules during storage, resulting in improved function when the heart resumes beating.

To explore this proposition, Dr. Tang needed a laboratory, he needed hearts, and he needed funding. The Frankel Cardiovascular Center has an excellent environment for the development of clinical and translational science programs, Dr. Tang explained in his TSF grant proposal.

He identified The Gift of Life Michigan organ procurement facility in Ann Arbor, a 15-minute drive from the lab, as a resource that could provide approximately 50 human donor hearts per year for research purposes. And in 2018, Dr. Tang was awarded a TSF Southern Thoracic Surgical Association Resident Research Award, which supplied \$25,000 toward the project.

Dr. Tang’s team worked on pig hearts and also collected human donor hearts with a left ventricular ejection fraction between 50% and 65%, but not suitable for clinical transplantation due to issues such as advanced donor age or cardiac hypertrophy. They then preserved the hearts with either traditional histidine-tryptophan-ketoglutarate (HTK) solution alone or with HTK plus VPA.

At various points during cold preservation and mechanical arrest, the investigators collected left ventricular (LV) and right ventricular (RV) tissue samples, and they performed RNA sequencing and differential gene analysis to characterize gene expression and regulation in the two groups. They examined responses related to muscle contraction, cardiac conduction, and gluconeogenesis, as well as cellular apoptosis, innate immune responses, and metabolomic processes.

“We discovered that VPA was able to intervene in some of the metabolic processes and selectively harness the protective metabolites that make the heart more resilient to ischemic injury,” Dr. Tang said.

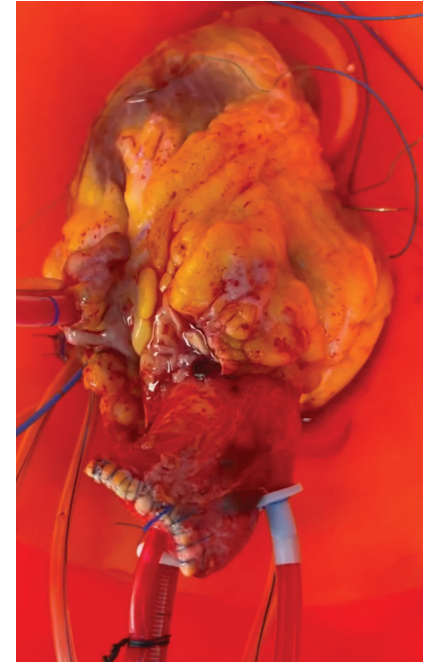
“VPA treatment downregulated the expression of apoptosis-related genes and the expression transcripts related to immune activation during the hypothermic preservation. And it was able to upregulate antioxidant proteins, which would predict improved cardiac function,” continued Dr. Tang. “So VPA appears to have highly beneficial effects in terms of gene expression.”

For measuring cardiac performance after revival, the team used human and pig hearts, perfused with HTK solution with or without VPA. “Our experiments showed that, in the heart that was only cold preserved with HTK solution for a prolonged period, there was poor contractility and frequent arrhythmias,” Dr. Tang noted. “It required multiple shocks throughout the ex-vivo perfusion run because we had repeated episodes of ventricular fibrillation and tachycardia. After 2 to 3 hours, this heart was unable to maintain a sinus rhythm and continually fibrillated.”

The pig heart treated with both HTK and VPA, on the other hand, stayed strong after revival, maintaining a sinus rhythm. “It was shocked once at the very beginning of ex-vivo perfusion and reanimation, and it maintained a good rhythm and contractility for the perfusion period,” said Dr. Tang.

These promising initial results have spurred additional experiments. Also, Dr. Tang is assembling a proposal for further funding from the National Institutes of Health, and he emphasizes that receiving initial seed funding from programs like TSF—and having intriguing preliminary research funded through this pathway—make him a more attractive candidate for larger-scale grants.

“It’s critical to seek out a program that’s supportive of translational research, and that’s willing to provide the initial funds to at least get your lab started,” Dr. Tang added. “If research is a worthwhile avenue for you, any dedicated research time you can get will help you advance your goals.”



► Scan the QR code to watch the researchers' videos of reanimated hearts with and without molecular modulation.

SCAN ME

Virtual Fun Run Merges Charity with Camaraderie

The TSF Virtual Fun Run & Walk, held in conjunction with STS 2022 in Miami Beach, Florida, gives attendees and supporters an exciting way to support the Foundation and compete with colleagues. This virtual race allows participants to join the fun from anywhere in the world, anytime from January 21–February 1.

Runners and walkers can complete the challenge solo or as part of a team—and teams can be groups of patients, hospital employees, friends, family, exhibitors, or corporate staff. All are welcome.

Individuals can register for \$50 USD, and a Team Captain Sponsorship of \$500 USD may include up to 11 registrations. All proceeds will benefit TSF cardiothoracic research programs.

Participants can track their time and compete with other individuals and teams, or complete the course at their own pace.

Race results will be displayed on the STS leaderboard and shared on social media with the **#STS2022** and **#TSF5K** hashtags. ■



To sign up for the Fun Run, visit thoracicsurgeryfoundation.org/5k.

Comprehensive, Nonstop Efforts Help Impact Change in Washington

Over the past several years, STS member involvement in advocacy has grown considerably. In fact, advocacy participation in nearly every category of grassroots activity has increased by more than 40% since 2018. The Society also is active in a number of coalitions, including the Surgical Care Coalition, of which STS is a founding member.

The result? Increased opportunities for the Society and its members to make a meaningful impact in Washington on behalf of cardiothoracic surgery and its patients. As more members get involved, the specialty earns a bigger seat at the table in Washington, ultimately leading to better outcomes for patients.

	2018	2019	2020	2021
Fly-in participants	24	32	N/A	49
Fly-in meetings	60	68	N/A	96 (virtual)
Messages/calls to legislators	5	301	761	528
New STS advocates	1	36	148	119
Social Media: impressions	45,535	23,548	66,101	65,211
Social Media: new followers	80	87	128	124

STS Surgeon Participation Facilitates Advocacy Wins

In 2021, the Society—thanks to the help of STS members from across the country—made measurable progress on four of the five advocacy priorities established by the Workforce on Health Policy, Reform, and Advocacy. These priorities include:



STS was instrumental in the introduction of the Meaningful Access to Federal Health Plan Claims Data Act of 2021 (H.R. 5394). The bill, introduced by Rep. Larry Bucshon, MD (R-IN) and Kim Schrier, MD (D-WA), guarantees clinician-led clinical data registry access to federal health plan claims data and preserves the authority of the Centers for Medicare & Medicaid Services (CMS) to require coverage with evidence development. The language also was included in the 21st Century Cures Act 2.0 package, recently introduced by Rep. Diana DeGette (D-CO) and Rep. Fred Upton (R-MI), which is expected to pass next year.

The Society consistently has worked to avoid cuts to Medicare reimbursement for cardiothoracic surgeons. Congress passed legislation in December that will mitigate a nearly 10% cut to Medicare reimbursement for the specialty. Instead, cardiothoracic surgeons will experience a phased reduction in reimbursement over the next 6 months, averaging out to a 2% cut for 2022. This is a critical victory for the specialty and cardiothoracic surgery patients. The goal was to eliminate 100% of the pending cuts; the Society succeeded in reducing the anticipated cuts by 80% and carved a path for future engagement with legislators.

Other advocacy victories include:

- ▶ Sustained funding for the Agency for Healthcare Research and Quality
- ▶ Increased funding for the National Institutes of Health and Centers for Disease Control and Prevention
- ▶ Preservation of coverage with evidence development
- ▶ 1,000 additional Medicare-supported graduate medical education slots
- ▶ Reversal of payment cuts for extracorporeal membrane oxygenation
- ▶ Tobacco purchasing age raised to 21 years old
- ▶ Reauthorized funding for the Patient-Centered Outcomes Research Institute
- ▶ STS Adult Cardiac Surgery Database quality measures added to the Bundled Payments for Care Improvement Advanced model
- ▶ Improved aortic grafting procedure coding

STS, in collaboration with the Surgical Care Coalition, continues to push Congress and CMS for a long-term solution that does not pit physicians against each other and ensures access to care for patients across the country.

Launching in 2022: Key Contact Leaders Program

In 2022, the STS Government Relations team plans to launch a new program to help STS members further enhance their relationships with Members of Congress. The Key Contact Leaders Program will recognize top advocates from each state to serve as leaders in cardiothoracic surgery advocacy. Key Contact leaders will have many opportunities to build their skills as advocates and serve as the faces of STS in Washington. They also will serve as mentors for newer advocates and help with recruitment and coordination to ensure participation in advocacy continues to strengthen and expand.

More information about the Key Contact Leaders Program will be available soon. Interested in getting involved in the program? Contact advocacy@sts.org.

Advocate for Your Passions

The Society always is looking for advocates to bring their own interests to the table. Meetings with legislators are not only an opportunity to highlight the advocacy priorities of STS, but also a chance for STS members to share their personal experiences. If you have experienced something that is impacting your practice and believe it needs to see action from Congress, speak up! The Government Relations team can help you investigate issues and effectively discuss potential solutions with legislators.

All STS Members Can Be Advocates

No matter where you are in your career, there is a place for you in advocacy. Congress handles issues that impact every aspect of cardiothoracic surgery and its patients—from graduate medical education to access to care. Because of this wide range of issues, legislators value hearing from as many constituents in the specialty as possible.

STS encourages you to get involved in any way that you can. For more information, visit sts.org/grassroots. ■

Get Involved Now

STS can help you with scheduling and provide briefing materials.



Schedule a phone call with your representatives or members of their health care policy teams to discuss important issues impacting the specialty and patients.



Sit down with your lawmakers at their district offices and discuss potential legislative solutions that they can support.



Invite your legislators to visit your workplace and show them the value of the services that you and your team provide. Once scrubbed in, it's impossible to ignore your message.

Contact advocacy@sts.org for more information and assistance.

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Mark Your Calendar

Upcoming STS Educational Events

▶ STS Leadership Capstone Event

Miami Beach, Florida · Jan. 28, 2022

▶ STS 58th Annual Meeting

Miami Beach, Florida · Jan. 29–31, 2022

▶ 2022 STS Coding Workshop

Virtual · Feb. 18–19, 2022

▶ 2022 STS Robotic Cardiac Surgery Workshop

Atlanta, Georgia · Apr. 21–22, 2022

▶ 2022 STS Coronary Congress

Ottawa, ON, Canada · Jun. 3–5, 2022

▶ STS 19th Annual Perioperative and Critical Care Conference

Denver, Colorado · Sep. 8–10, 2022

▶ 2022 STS Boot Camp

Chicago, Illinois · Sep. 29–Oct. 2, 2022

▶ 2022 Advances in Quality & Outcomes: A Data Managers Meeting

Providence, Rhode Island · Oct. 26–28, 2022

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Thank You!

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