

**The Society of Thoracic Surgeons
General Thoracic Surgery Database
Data Collection Form Version 5.21.1**



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

** - Risk Model variable

BLUE Underlined Fields – Required for record inclusion

6/21/2021

A. Demographics			
Patient ID: _____		Medical Record #: _____	
First Name: _____	Middle Name: _____	Last Name: _____	
SSN/National Identifier Known <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pt. Refused (If Yes →)		SSN: _____	
Permanent Street Address: _____		City: _____	State/ Region: _____
Country: _____		Patient Postal Code: _____	
Patient participating in STS-related clinical trial: <input type="checkbox"/> None <input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2 <input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4 <input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6 (If not None →) Clinical trial patient ID: _____			
Date of Birth: ___/___/___		<u>Age:</u> ** _____	<u>Gender:</u> ** <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Is the Patient's Race Documented?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient Declined to Disclose (If Yes, select all that apply ↓)			
<u>Race</u> **:	<input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Black/African American **
	<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Other
Hispanic or Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented			

B. Admission			
<u>Admission Status:</u> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient / Observation		(If Inpatient →)	Admission Date: ___/___/___ (mm/dd/yyyy)
<u>Payor:</u> Indicate the Primary Payor:		(If Primary Payor is not None/Self ↓) Indicate the Secondary (supplemental) Payor:	
<input type="checkbox"/> None/Self		<input type="checkbox"/> None/Self	
<input type="checkbox"/> Medicare (includes commercially managed options)		<input type="checkbox"/> Medicare (includes commercially managed options)	
(If Medicare →)	Commercially Managed Medicare Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No ↓)	(If Medicare →)	Commercially Managed Medicare Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No ↓)
	HICN/MBI Known: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)		HICN/MBI Known: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)
	HICN/MBI: _____		HICN/MBI: _____
	Primary Payor Medicare Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No		Secondary Payor Medicare Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medicaid (includes commercially managed options) <input type="checkbox"/> Military Health <input type="checkbox"/> Commercial Health Insurance <input type="checkbox"/> Health Maintenance Organization <input type="checkbox"/> Non U.S. Plan <input type="checkbox"/> Other		<input type="checkbox"/> Medicaid (includes commercially managed options) <input type="checkbox"/> Military Health <input type="checkbox"/> Commercial Health Insurance <input type="checkbox"/> Health Maintenance Organization <input type="checkbox"/> Non U.S. Plan <input type="checkbox"/> Other	

Surgeon Name: _____	Surgeon's National Provider ID _____
Taxpayer ID# : _____	
Hospital Name: _____ (If Hospital Name →)	Hospital Region: _____
	Hospital Postal Code: _____
Hospital National Provider ID: _____	

C. Pre-Operative Evaluation

Did the patient have a laboratory confirmed diagnosis of Covid-19?

No (Harvest Code 10)

Yes, prior to hospitalization for this surgery (Harvest Code 11)

Yes, in hospital prior to surgery (Harvest Code 12)

Yes, in hospital after surgery (Harvest Code 13)

Yes, after discharge within 30 days of surgery (Harvest Code 14)

Date of Positive Covid-19 Test (closest to OR date) ____/____/____ (mm/dd/yyyy)

Height: ** _____ (cm) Weight: ** _____ (kg) Calculated BMI (system calculation) _____

Prior Surgical History in Planned Operative Field Yes No

Cardiopulmonary History

[History of Cardiopulmonary Disease](#) (Select all that apply or 'None' ↓)

<input type="checkbox"/> None	<input type="checkbox"/> Hypertension **	<input type="checkbox"/> Coronary Artery Disease (CAD) **
<input type="checkbox"/> Atrial Fibrillation within the last year; with or without treatment	<input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Congestive Heart Failure (CHF) ** (If CHF →) EF _____%
<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Aortic Valve Disease	<input type="checkbox"/> Mitral Valve Disease
<input type="checkbox"/> Tricuspid Valve Disease	<input type="checkbox"/> Pulmonic Valve Disease	<input type="checkbox"/> Interstitial Fibrosis/ Interstitial Lung Disease

Vascular History

[History of Vascular Disease](#) (Select all that apply or 'None' ↓)

<input type="checkbox"/> None
<input type="checkbox"/> Major Aortic or Peripheral Vascular Disease (PVD) **
<input type="checkbox"/> Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE)
<input type="checkbox"/> Transient Ischemic Attack (TIA)
<input type="checkbox"/> Cerebrovascular Accident (CVA)
(If CVA →) Permanent Neurologic impairment <input type="checkbox"/> Yes <input type="checkbox"/> No

Endocrine / GI / Renal History

[History of Endocrine/GI/Renal Disease](#) (Select all that apply or 'None' ↓)

<input type="checkbox"/> None
<input type="checkbox"/> Diabetes ** (If Diabetes →) Type of therapy: <input type="checkbox"/> None <input type="checkbox"/> Diet Only <input type="checkbox"/> Oral <input type="checkbox"/> Insulin <input type="checkbox"/> Other Subcutaneous Medication <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<input type="checkbox"/> Liver Dysfunction
<input type="checkbox"/> Dialysis **

Cancer History

[History of Cancer](#) (Select all that apply or None ↓)

<input type="checkbox"/> None			
<input type="checkbox"/> Coexisting Cancer			
<input type="checkbox"/> Preoperative Chemotherapy/ Immunotherapy ** (If Preop chemo/immunotherapy - Select all that apply →)	When and for what disease: **	<input type="checkbox"/> Same disease, ≤ 6 months <input type="checkbox"/> Same disease, > 6 months <input type="checkbox"/> Unrelated disease, ≤ 6 months ** <input type="checkbox"/> Unrelated disease, >6 months	
<input type="checkbox"/> Preoperative Thoracic Radiation Therapy (If Preop Thoracic Radiation - Select all that apply →)	When and for what disease:	<input type="checkbox"/> Same disease, ≤ 6 months <input type="checkbox"/> Same disease, > 6 months <input type="checkbox"/> Unrelated disease, ≤ 6 months <input type="checkbox"/> Unrelated disease, >6 months	
Preoperative Medication History			
<u>Preoperative Medication History</u> (Select all that apply or None↓)			
<input type="checkbox"/> None			
<input type="checkbox"/> Chronic Immunosuppressive Therapy **			
<input type="checkbox"/> Chronic anticoagulation (defined as any anticoagulation medication other than ASA)			
<input type="checkbox"/> Home Oxygen Therapy (Home O2)			
Pre-Operative Testing			
Creatinine level measured <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →)	Last creatinine level _____		
Hemoglobin level measured <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →)	Last hemoglobin level _____		
<u>Pulmonary Function Tests performed?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)	<u>FEV1 % predicted:</u> ** _____		
	DLCO test performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (If Yes→)	Lowest DLCO % predicted: _____	
Psychosocial History			
<u>History of Substance Abuse</u> (Select all that apply or None↓)			
<input type="checkbox"/> None			
<input type="checkbox"/> Cigarette smoking: **			
(If Cigarette Smoking →)	<u>Smoking History:</u> <input type="checkbox"/> Past smoker (stopped >1 month prior to operation) ** <input type="checkbox"/> Current smoker **		
	Pack Year Known or can be estimated: <input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) Pack-Years _____	
<input type="checkbox"/> Substance Dependency/Abuse of Non-Prescription Medications or Illicit Drugs			
<input type="checkbox"/> Alcohol Abuse			
Dementia/neurocognitive dysfunction: <input type="checkbox"/> Yes <input type="checkbox"/> No		Major Psychiatric Disorder: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Status: <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with family or friend <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home			
Functional Status: <input type="checkbox"/> Independent <input type="checkbox"/> Partially Dependent <input type="checkbox"/> Totally Dependent <input type="checkbox"/> Unknown			
<u>ECOG Score:</u> **	<input type="checkbox"/> 0 - Fully active, able to carry on all pre-disease performance without restriction	<input type="checkbox"/> 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work	<input type="checkbox"/> 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
	<input type="checkbox"/> 3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	<input type="checkbox"/> 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	

D. Diagnosis (Category of Disease)

Note: Diagnosis is based on final pathology report.

Indicate the **Primary** Diagnosis (Category of Disease) **(ICD-10)**.**Lung Cancer**

<input type="checkbox"/> Lung cancer, main bronchus, carina (C34.00)	<input type="checkbox"/> Lung cancer, lower lobe (C34.30)
<input type="checkbox"/> Lung cancer, upper lobe (C34.10)	<input type="checkbox"/> Lung cancer, location unspecified (C34.90)
<input type="checkbox"/> Lung cancer, middle lobe (C34.2)	

Esophagus Cancer

<input type="checkbox"/> Esophageal cancer, esophagogastric junction (cardia) (C16.0)	<input type="checkbox"/> Esophageal cancer, lower third (C15.5)
<input type="checkbox"/> Esophageal cancer, upper third (C15.3)	<input type="checkbox"/> (Stomach Cancer) Malignant neoplasm stomach unspecified (C16.9)
<input type="checkbox"/> Esophageal cancer, middle third (C15.4)	<input type="checkbox"/> (Esophageal Cancer) Malignant neoplasm of the esophagus, unspecified (C15.9)

Thymoma/Thymectomy/Myasthenia Gravis/Mediastinal Mass

<input type="checkbox"/> Malignant neoplasm of thymus (thymoma, thymic carcinoma) (C37)	<input type="checkbox"/> Benign neoplasm thymus (D15.0)
<input type="checkbox"/> Myasthenia gravis (G70.00)	<input type="checkbox"/> Mediastinal nodes, metastatic (C77.1)
<input type="checkbox"/> Anterior/Posterior mediastinal tumor; metastatic (C78.1)	<input type="checkbox"/> Non-Hodgkin Lymphoma, intrathoracic lymph nodes (C85.92)
<input type="checkbox"/> Posterior mediastinal malignant tumor primary (C38.2)	<input type="checkbox"/> Mediastinal abscess (J85.3)
<input type="checkbox"/> Anterior mediastinal malignant tumor primary (germ cell cancer, seminoma) (C38.1)	<input type="checkbox"/> Disease of the mediastinum, not otherwise classified (J98.5)
<input type="checkbox"/> Mediastinal Mass/Neoplasm of uncertain behavior of pleura, thymus, mediastinum (D38.2-D38.4)	<input type="checkbox"/> Mediastinal nodes, benign (D36.0)
<input type="checkbox"/> Anterior/Posterior mediastinal tumor; benign (i.e. teratoma) (D15.2)	<input type="checkbox"/> Unspecified disease of thymus gland (E32.9)

Trachea

<input type="checkbox"/> Tracheal tumor, malignant (C33)	<input type="checkbox"/> Tracheal stenosis, congenital (Q32.1)
<input type="checkbox"/> Tracheal tumor, benign (D14.2)	<input type="checkbox"/> Subglottic stenosis-congenital (Q31.1)
<input type="checkbox"/> Tracheal tumor, metastatic (C78.30)	<input type="checkbox"/> Subglottic stenosis-acquired (post intubation) (J38.6)
<input type="checkbox"/> Tracheal stenosis, acquired (J39.8)	<input type="checkbox"/> Tracheostomy related stenosis (J95.03)

Diaphragmatic Hernia / GERD

<input type="checkbox"/> Esophageal reflux (GERD) (K21.9)	<input type="checkbox"/> Diaphragmatic Hernia with obstruction (K44.0)
<input type="checkbox"/> Reflux esophagitis (K21.0)	<input type="checkbox"/> Diaphragmatic Hernia with gangrene (K44.1)
<input type="checkbox"/> Barrett's esophagus (K22.70)	<input type="checkbox"/> Diaphragmatic Hernia without obstruction or gangrene (K44.9)
<input type="checkbox"/> Barrett's esophagus with High Grade Dysplasia (K22.711)	

Cardiovascular

<input type="checkbox"/> Cardiac tamponade (I31.4)	<input type="checkbox"/> SVC Syndrome (I87.1)
<input type="checkbox"/> Pericardial effusion, malignant (I31.3)	<input type="checkbox"/> Pericardial disease (I31)
<input type="checkbox"/> Pericarditis with effusion (I30.9)	<input type="checkbox"/> Unspecified disease of the pericardium (I31.9)
<input type="checkbox"/> Pericarditis, constrictive (I31.1)	

Chest Wall

<input type="checkbox"/> Pectus carinatum (Q67.7)	<input type="checkbox"/> Rib tumor, metastatic (C79.51)
<input type="checkbox"/> Pectus excavatum (Q67.6)	<input type="checkbox"/> Thoracic outlet syndrome (G54.0)
<input type="checkbox"/> Rib tumor, benign (e.g., fibrous dysplasia) (D16.7)	<input type="checkbox"/> Chest wall abscess (L03.31)
<input type="checkbox"/> Rib tumor, malignant (e.g., osteosarcoma, chondrosarcoma) (C41.3)	

Diaphragm	
<input type="checkbox"/> Diaphragm tumor, benign (D21.3)	<input type="checkbox"/> Diaphragmatic paralysis (J98.6)
<input type="checkbox"/> Diaphragm tumor, malignant (C49.3)	
	(Diaphragm hernias are captured in the hernia section ↑)
Esophagus - Other	
<input type="checkbox"/> Achalasia of esophagus (K22.0)	<input type="checkbox"/> Other disease of the esophagus (K22.8)
<input type="checkbox"/> Acquired absence of esophagus (post esophagectomy) (Z90.89)	<input type="checkbox"/> Foreign body esophagus (T18.108a)
<input type="checkbox"/> Dyskinesia/spasm of esophagus (K22.4)	<input type="checkbox"/> Gastric outlet obstruction, pyloric stenosis, acquired (K31.1)
<input type="checkbox"/> Epiphrenic diverticulum (K22.5)	<input type="checkbox"/> Mallory Weiss tear (K22.6)
<input type="checkbox"/> Esophageal perforation (K22.3)	<input type="checkbox"/> Tracheoesophageal fistula (J95.04)
<input type="checkbox"/> Esophageal stricture (K22.2)	<input type="checkbox"/> Ulcer esophagus with bleeding (K22.11)
<input type="checkbox"/> Esophageal tumor-benign (i.e., leiomyoma) (D13.0)	<input type="checkbox"/> Ulcer esophagus without bleeding (K22.10)
<input type="checkbox"/> Esophagitis (K20.9)	
Lung – Other	
<input type="checkbox"/> Acute respiratory failure (ARDS) (J96.00)	<input type="checkbox"/> Chronic respiratory failure (J96.1)
<input type="checkbox"/> Aspergillosis (B44.9)	<input type="checkbox"/> Lung tumor, benign (e.g., hamartoma) (D14.30)
<input type="checkbox"/> Bronchiectasis (J47.9)	<input type="checkbox"/> Pneumonia (J18.9)
<input type="checkbox"/> Cystic fibrosis (E84.0)	<input type="checkbox"/> Post inflammatory pulmonary fibrosis (J84.89)
<input type="checkbox"/> COPD/Emphysema (J44.9/J43.8)	<input type="checkbox"/> Primary pulmonary hypertension (I27.0)
<input type="checkbox"/> Emphysematous bleb (J43.9)	<input type="checkbox"/> Postprocedural Respiratory Failure (J95.82)
<input type="checkbox"/> Lung abscess (J85.2)	<input type="checkbox"/> Pulmonary sequestration (Q33.2)
<input type="checkbox"/> Interstitial lung disease/fibrosis (J84.1)	<input type="checkbox"/> Transplanted lung complication(s) (T86.8XX)
<input type="checkbox"/> Pneumothorax (J93.1)	<input type="checkbox"/> Gangrene and necrosis of lung (J85.0)
<input type="checkbox"/> Solitary pulmonary nodule (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct) (R91.1)	<input type="checkbox"/> Hemothorax (J94.2)
<input type="checkbox"/> Atelectasis (J98.11)	<input type="checkbox"/> Lung tumor, metastatic (C78.00)
<input type="checkbox"/> Bronchopleural fistula (J98.09)	<input type="checkbox"/> Lung nodule/Mass/Other disorders of lung (J98.4)
Pleura	
<input type="checkbox"/> Empyema with fistula (J86.0)	<input type="checkbox"/> Pleural tumor, metastatic/Secondary malignant neoplasm of pleura (C78.2)
<input type="checkbox"/> Empyema without fistula (J86.9)	<input type="checkbox"/> Malignant neoplasm of pleura; other than mesothelioma (C38.4)
<input type="checkbox"/> Pleural effusion, malignant (J91.0)	<input type="checkbox"/> Mesothelioma (C45)
<input type="checkbox"/> Pleural effusion sterile (J90)	<input type="checkbox"/> Pleural effusion, TB; (Tuberculous pleurisy) (A15.6)
<input type="checkbox"/> Pleural thickening (J94.9)	<input type="checkbox"/> Fibrothorax (J94.1)
<input type="checkbox"/> Pleural tumor, benign (D19.0)	
Trachea & Larynx	
<input type="checkbox"/> Dysphagia, unspecified (R13.10)	<input type="checkbox"/> Vocal cord paralysis unspecified (J38.00)
<input type="checkbox"/> Tracheomalacia-congenital (Q32.0)	<input type="checkbox"/> Vocal cord paralysis , unilateral (J38.01)
<input type="checkbox"/> Tracheostomy-hemorrhage (J95.01)	<input type="checkbox"/> Vocal cord paralysis, bilateral (J38.02)
Trauma	
<input type="checkbox"/> Flail chest (S22.5)	<input type="checkbox"/> Sternal fracture (S22.20)
<input type="checkbox"/> Rib fracture (S22.39xa)	<input type="checkbox"/> Tracheal injury (S12.8)
<input type="checkbox"/> Rib fractures, multiple (S22.49)	<input type="checkbox"/> Traumatic pneumothorax (S27.0)
Miscellaneous	
<input type="checkbox"/> Abnormal radiologic finding (R91)	<input type="checkbox"/> Lymphadenopathy (R59.9)

<input type="checkbox"/> Chylothorax (I89.8)	<input type="checkbox"/> Malignant poorly differentiated neuroendocrine carcinoma, any site (C74.1)
<input type="checkbox"/> Disruption of internal operation, surgical wound (T81.32)	<input type="checkbox"/> Other complication of procedure, not elsewhere specified (i.e. Non-healing surgical wound) (T81.89)
<input type="checkbox"/> Hemorrhage complicating a procedure (multiple codes)	<input type="checkbox"/> Other post- op infection (T81.4XXA)
<input type="checkbox"/> Hematoma complicating a procedure (multiple codes)	<input type="checkbox"/> Persistent post-op fistula not otherwise classified (T81.83)
<input type="checkbox"/> Hemoptysis unspecified (R04.2)	<input type="checkbox"/> Post-operative air leak (J95.812)
<input type="checkbox"/> Hyperhidrosis, focal axilla (L74.510)	<input type="checkbox"/> Secondary malignant neoplasm of other specified sites (C79.89)
<input type="checkbox"/> Hyperhidrosis, focal, face (L74.511)	<input type="checkbox"/> Shortness of breath (R06.02)
<input type="checkbox"/> Hyperhidrosis, focal, palms (L74.512)	<input type="checkbox"/> Other unlisted category of disease
(If other unlisted category of disease →)	Other Primary Specify: _____ (Refer to Diagnosis list)
	Other Primary ICD: _____ (Refer to Diagnosis list)

E. Operative						
<u>Date of Surgery:</u> ** ____/____/____						
<u>OR Entry Time:</u> ____:____		Anesthesia Start Time: ____:____		<u>Procedure Start Time:</u> ____:____		
<u>OR Exit Time:</u> ____:____		Anesthesia End Time: ____:____		<u>Procedure End Time:</u> ____:____		
Multi-Day Operation (operation continued through midnight) <input type="checkbox"/> Yes <input type="checkbox"/> No						
Status of Operation ** <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Elective ** <input type="checkbox"/> Palliative						
Assisted by Robotic Technology: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Unanticipated Surgical Approach Conversion: <input type="checkbox"/> Yes, VATS→ Open <input type="checkbox"/> Yes, Robotic → VATS <input type="checkbox"/> Yes, Robotic→ Open <input type="checkbox"/> No						
	(If Conversion any 'Yes'→)	Unanticipated Conversion Type: <input type="checkbox"/> Elective <input type="checkbox"/> Emergent				
		Conversion Reason: <input type="checkbox"/> Vascular <input type="checkbox"/> Anatomy <input type="checkbox"/> Lymph Nodes <input type="checkbox"/> Other				
Blood transfusion intraoperatively (packed red blood cells) <input type="checkbox"/> Yes <input type="checkbox"/> No				(If Yes→) #Red Blood Cell Units: _____		
<u>ASA Classification:</u> **	<input type="checkbox"/> I Normal, healthy	<input type="checkbox"/> II Mild systemic disease	<input type="checkbox"/> III Severe systemic disease	<input type="checkbox"/> IV Life threatening severe systemic disease	<input type="checkbox"/> V Moribund, not expected to survive without operation	<input type="checkbox"/> VI Declared brain dead, organ donor

Check ALL of the procedures performed. Indicate (circle) the Primary Procedure**

Major/Analyzed Procedures (must complete required fields that are <u>underlined and in blue</u>)		
Lung Cancer Resection (Required) Weight = 60		
Analyzed Cases	<input type="checkbox"/> Thoracoscopy, surgical; with lobectomy (32663) **	<input type="checkbox"/> Removal of lung, two lobes (bilobectomy) (32482) **
	<input type="checkbox"/> Thoracoscopy with therapeutic wedge resection (eg mass or nodule) initial, unilateral (32666) **	<input type="checkbox"/> Removal of lung, single segment (segmentectomy) (32484) **
	<input type="checkbox"/> Thoracoscopy with removal of a single lung segment (segmentectomy) (32669) **	<input type="checkbox"/> Removal of lung, sleeve lobectomy (32486) **
	<input type="checkbox"/> Thoracoscopy with removal of two lobes (bilobectomy) (32670) **	<input type="checkbox"/> Removal of lung, completion pneumonectomy (32488) **

	<input type="checkbox"/> Thoracoscopy with removal of lung, pneumonectomy (32671) **	<input type="checkbox"/> Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (32501) **
	<input type="checkbox"/> Thoracotomy with therapeutic wedge resection (eg mass nodule) initial (32505) **	<input type="checkbox"/> Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, without chest wall reconstruction(s) (32503)
	<input type="checkbox"/> Removal of lung, total pneumonectomy; (32440) **	<input type="checkbox"/> Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, with chest wall reconstruction (32504)
	<input type="checkbox"/> Removal of lung, sleeve (carinal) pneumonectomy (32442) **	<input type="checkbox"/> Resection of lung with resection of chest wall
	<input type="checkbox"/> Removal of lung, single lobe (lobectomy) (32480) **	
Concomitant Procedures Weight = 20	<input type="checkbox"/> Thoracoscopy with therapeutic wedge resection (eg mass or nodule) each additional resection, ipsilateral (32667) List separately in addition to primary procedure code	<input type="checkbox"/> Thoracotomy with diagnostic wedge resection followed by anatomic lung resection (+32507), List separately in addition to primary proc code
	<input type="checkbox"/> Thoracoscopy with mediastinal and regional lymphadenectomy (+32674) List separately in addition to primary procedure code	<input type="checkbox"/> Thoracoscopy with diagnostic wedge resection followed by anatomic lung resection (32668), List separately in addition to primary procedure code
	<input type="checkbox"/> Thoracotomy with therapeutic wedge resection (eg mass nodule) each additional resection, ipsilateral (+32506) List separately in addition to primary procedure code	
Esophagus Resection (Required) Weight = 70		
<input type="checkbox"/> Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagogastrostomy (43107) **	<input type="checkbox"/> Partial esophagectomy, distal two-thirds, with thoracotomy only (43121) **	
<input type="checkbox"/> Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction (43108) **	<input type="checkbox"/> Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach (43122) **	
<input type="checkbox"/> Three Incision -Total esophagectomy with thoracotomy; with cervical esophagogastrostomy (43112) **	<input type="checkbox"/> Partial esophagectomy, thoracoabdominal with colon interposition or small intestine (43123) **	
<input type="checkbox"/> Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction (43113) **	<input type="checkbox"/> Total or partial esophagectomy, without reconstruction with cervical esophagostomy (43124)	
<input type="checkbox"/> Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis (43116)	<input type="checkbox"/> Minimally invasive three incision esophagectomy (McKeown) (43288)	
<input type="checkbox"/> Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision (43117) **	<input type="checkbox"/> Minimally invasive esophagectomy, Ivor Lewis approach (43287) **	
<input type="checkbox"/> Partial esophagectomy, with thoracotomy and separate abdominal incision with colon interposition or small intestine (43118) **	<input type="checkbox"/> Minimally invasive esophagectomy, Abdominal and neck approach (43286) **	
Hiatal Hernia / GERD Procedures (Optional) Weight = 30		
<input type="checkbox"/> Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (43280)	<input type="checkbox"/> Repair, paraesophageal hiatal hernia via laparotomy with mesh (43333)	
<input type="checkbox"/> Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) without mesh (43281)	<input type="checkbox"/> Repair, paraesophageal hiatal hernia via thoracotomy without mesh (43334)	
<input type="checkbox"/> Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) with mesh (43282)	<input type="checkbox"/> Repair, paraesophageal hiatal hernia via thoracotomy with mesh (43335)	
<input type="checkbox"/> Nissen fundoplasty- laparotomy (includes partial fundoplication/wrap) (43327)	<input type="checkbox"/> Repair, paraesophageal hiatal hernia via thoracoabdominal approach without mesh (43336)	
<input type="checkbox"/> Transthoracic Fundoplication- open thoracotomy (includes Belsey/Nissen) (43328)	<input type="checkbox"/> Repair, paraesophageal hiatal hernia via thoracoabdominal approach with mesh (43337)	
<input type="checkbox"/> Repair, paraesophageal hiatal hernia via laparotomy without mesh (43332)	<input type="checkbox"/> LINX Procedure (43284)	
Tracheal Resection (Optional) Weight = 40		
<input type="checkbox"/> Carinal reconstruction (31766)	<input type="checkbox"/> Tracheal tumor or carcinoma excision; cervical (31785)	
<input type="checkbox"/> Excision tracheal stenosis, cervical (31780)	<input type="checkbox"/> Tracheal tumor or carcinoma excision; thoracic (31786)	
<input type="checkbox"/> Excision tracheal stenosis, thoracic (31781)		

Thymus / Mediastinal Mass Resection (Optional)	
Weight = 50	
<input type="checkbox"/> Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass (32662)	<input type="checkbox"/> Thymectomy, transcervical approach (60520)
<input type="checkbox"/> Thymus, resection via Thoracoscopy unilateral or bilateral (32673)	<input type="checkbox"/> Thymectomy, transthoracic approach (60521)
<input type="checkbox"/> Mediastinal tumor, excision, open, Transthoracic approach (39220)	<input type="checkbox"/> Thymectomy, transthoracic approach, with radical mediastinal dissection (60522)
Minor/Non-Analyzed Procedures (Concomitant Procedures)	
Weight = 10	
Trachea, Bronchi, Larynx	
<input type="checkbox"/> Laryngectomy, partial (31370)	<input type="checkbox"/> Tracheostomy replacement (tube change) prior to est. of fistula tract (31502)
<input type="checkbox"/> Tracheal wound or injury suture repair; cervical (31800)	<input type="checkbox"/> Tracheostomy, planned (31600)
<input type="checkbox"/> Tracheal wound or injury suture repair; intrathoracic (31805)	<input type="checkbox"/> Tracheostomy revision simple, without flap (31613)
<input type="checkbox"/> Unlisted procedure, trachea, bronchi (31899)	<input type="checkbox"/> Tracheostomy revision complex, with flap (31614)
<input type="checkbox"/> Bronchopleural fistula closure (32906)	<input type="checkbox"/> Tracheoplasty; cervical (31750)
<input type="checkbox"/> Bronchogenic cyst removal	<input type="checkbox"/> Tracheoplasty; intrathoracic (31760)
<input type="checkbox"/> Bronchial laceration suture	<input type="checkbox"/> Bronchial sleeve resection
<input type="checkbox"/> Bronchoplasty, graft repair (31770)	<input type="checkbox"/> Tracheostomy mediastinal
<input type="checkbox"/> Bronchoplasty; excision stenosis and anastomosis (31775)	<input type="checkbox"/> Rigid stent removal
Bronchoscopy	
<input type="checkbox"/> Tracheobronchoscopy through established tracheostomy incision (31615)	<input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632)
<input type="checkbox"/> Endobronchial ultrasound (EBUS) during bronchoscopy diagnostic or therapeutic intervention(s) (31620)	<input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633)
<input type="checkbox"/> Bronchoscopy, diagnostic, with or without cell washing (31622)	<input type="checkbox"/> Bronchoscopy, with removal of foreign body (31635)
<input type="checkbox"/> Bronchoscopy, with brushing or protected brushings (31623)	<input type="checkbox"/> Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636)
<input type="checkbox"/> Bronchoscopy, with bronchial alveolar lavage (BAL) (31624)	<input type="checkbox"/> Bronchoscopy, each additional major bronchus stented (31637)
<input type="checkbox"/> Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625)	<input type="checkbox"/> Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous session (31638)
<input type="checkbox"/> Bronchoscopy, with placement of Fiducial markers (31626)	<input type="checkbox"/> Bronchoscopy, with excision of tumor (31640)
<input type="checkbox"/> Bronchoscopy, navigational (31627)	<input type="checkbox"/> Bronchoscopy, with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy) (31641)
<input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), single lobe (31628)	<input type="checkbox"/> Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643)
<input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629)	<input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (drainage of lung abscess) (31645)
<input type="checkbox"/> Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630)	<input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646)
<input type="checkbox"/> Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631)	
Pleural Space and Lung	
<input type="checkbox"/> Thoracostomy; with rib resection for empyema (32035)	<input type="checkbox"/> Insertion indwelling tunneled pleural catheter (32550)
<input type="checkbox"/> Thoracostomy; with open flap drainage for empyema (32036)	<input type="checkbox"/> Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601)
<input type="checkbox"/> Thoracotomy with biopsy(s) lung infiltrate(s) (e.g. wedge), unilateral (32096)	<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung infiltrate(s) (e.g. wedge), unilateral (32607)
<input type="checkbox"/> Thoracotomy with biopsy(s) lung nodule(s) or masses (e.g. incisional), unilateral (32097)	<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung nodule(s) or mass(es) (eg incisional), unilateral (32608)
<input type="checkbox"/> Thoracotomy with biopsy(s) of pleura (32098)	<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of pleura (32609)
<input type="checkbox"/> Thoracotomy, with exploration (32100)	<input type="checkbox"/> Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650)

<input type="checkbox"/> Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear (32110)	<input type="checkbox"/> Thoracoscopy, surgical; with partial pulmonary decortication (32651)
<input type="checkbox"/> Thoracotomy, major; for postoperative complications (32120)	<input type="checkbox"/> Thoracoscopy, surgical; with total pulmonary decortication (32652)
<input type="checkbox"/> Pneumolysis, any approach (32124)	<input type="checkbox"/> Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653)
<input type="checkbox"/> Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure (32140)	<input type="checkbox"/> Thoracoscopy, surgical; with control of traumatic hemorrhage (32654)
<input type="checkbox"/> Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure (32141)	<input type="checkbox"/> Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (32655)
<input type="checkbox"/> Thoracotomy, major; with removal of intrapleural foreign body or hematoma (32150)	<input type="checkbox"/> Thoracoscopy, surgical; with parietal pleurectomy (32656)
<input type="checkbox"/> Thoracotomy with cardiac massage (32160)	<input type="checkbox"/> Thoracoscopy with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction- LVRS, unilateral including any pleural procedure (32672)
<input type="checkbox"/> Decortication, pulmonary, total (32220)	<input type="checkbox"/> Repair lung hernia through chest wall (32800)
<input type="checkbox"/> Pleural scarification for repeat pneumothorax (32215)	<input type="checkbox"/> Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810)
<input type="checkbox"/> Decortication, pulmonary, partial (32225)	<input type="checkbox"/> Total lung lavage (for alveolar proteinosis) (32997)
<input type="checkbox"/> Pleurectomy, parietal (32310)	<input type="checkbox"/> Radio-frequency ablation (RFA) lung tumor (32998)
<input type="checkbox"/> Decortication and parietal pleurectomy (32320)	<input type="checkbox"/> Removal of lung, total pneumonectomy; extrapleural (32445)
<input type="checkbox"/> Removal of lung, excision-plication of emphysematous lung(s) for lung volume reduction (LVRS) (32491)	
Lung Other Procedures	
<input type="checkbox"/> Open closure of major bronchial fistula (32815)	<input type="checkbox"/> Pulmonary artery arterioplasty (33926)
<input type="checkbox"/> Single lung transplant (32851)	<input type="checkbox"/> Double lung transplant (32853)
<input type="checkbox"/> Single lung transplant with CPB (32852)	<input type="checkbox"/> Double lung transplant with CPB (32854)
<input type="checkbox"/> Cryoablation (32994)	<input type="checkbox"/> Unlisted procedure, lung (32999)
Mediastinum and Diaphragm	
<input type="checkbox"/> Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606)	<input type="checkbox"/> Diaphragmatic hernia repair (other than neonatal), traumatic; acute (39540)
<input type="checkbox"/> Mediastinotomy with exploration or biopsy; cervical approach (39000)	<input type="checkbox"/> Diaphragmatic hernia repair (other than neonatal), traumatic; chronic (39541)
<input type="checkbox"/> Mediastinotomy with exploration or biopsy; transthoracic approach (39010)	<input type="checkbox"/> Diaphragm imbrication (i.e., plication) of (39545)
<input type="checkbox"/> Mediastinal cyst, excision, open, Transthoracic approach (39200)	<input type="checkbox"/> Diaphragm; resection with simple repair (e.g., primary suture) (39560)
<input type="checkbox"/> Mediastinoscopy, with or without biopsy (39400)	<input type="checkbox"/> Diaphragm; resection with complex repair (e.g., prosthetic material, local muscle flap) (39561)
<input type="checkbox"/> Unlisted procedure, mediastinum (39499)	<input type="checkbox"/> Unlisted procedure, diaphragm (39599)
<input type="checkbox"/> Diaphragm, laceration repair, any approach (39501)	
Esophagoscopy	
<input type="checkbox"/> Esophagoscopy (43200)	<input type="checkbox"/> Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237)
<input type="checkbox"/> Esophagoscopy with biopsy (43202)	<input type="checkbox"/> Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238)
<input type="checkbox"/> Esophagoscopy with removal of foreign body (43215)	<input type="checkbox"/> Upper gastrointestinal endoscopy with biopsy (43239)
<input type="checkbox"/> Esophagoscopy with insertion of stent (43219)	<input type="checkbox"/> Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245)
<input type="checkbox"/> Esophagoscopy with balloon dilation (43220)	<input type="checkbox"/> Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246)
<input type="checkbox"/> Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226)	<input type="checkbox"/> Upper gastrointestinal endoscopy with removal of foreign body (43247)
<input type="checkbox"/> Esophagoscopy with ablation of tumor (43228)	<input type="checkbox"/> Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248)
<input type="checkbox"/> Esophagoscopy with endoscopic ultrasound examination (EUS) (43231)	<input type="checkbox"/> Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249)

<input type="checkbox"/> Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232)	<input type="checkbox"/> Upper gastrointestinal endoscopy with transendoscopic stent placement (43256)
<input type="checkbox"/> Upper gastrointestinal endoscopy, diagnostic (43235)	<input type="checkbox"/> Upper gastrointestinal endoscopy with ablation of tumor (43258)
<input type="checkbox"/> Endoflip endoluminal balloon (91040)	
Esophagus Other Procedures	
<input type="checkbox"/> Thoracoscopy, surgical; with esophagomyotomy (Heller type) (32665)	<input type="checkbox"/> Esophagostomy, fistulization of esophagus, external; cervical approach (43352)
<input type="checkbox"/> Cricopharyngeal myotomy (43030)	<input type="checkbox"/> Gastrointestinal reconstruction for previous esophagectomy with stomach (43360)
<input type="checkbox"/> Excision esophageal lesion with primary repair, cervical approach (43100)	<input type="checkbox"/> Gastrointestinal reconstruction for previous esophagectomy with colon interposition or small intestine (43361)
<input type="checkbox"/> Excision Esophageal lesion with primary repair, thoracic approach (eg: leiomyoma) (43101)	<input type="checkbox"/> Suture of esophageal wound or injury; cervical approach (43410)
<input type="checkbox"/> Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130)	<input type="checkbox"/> Suture of esophageal wound or injury; transthoracic or transabdominal approach (43415)
<input type="checkbox"/> Diverticulectomy of esophagus, with or without myotomy; thoracic approach (43135)	<input type="checkbox"/> Closure of esophagostomy or fistula; cervical approach (43420)
<input type="checkbox"/> Laparoscopic esophageal myotomy (Heller Myotomy, with or without fundoplication) (43279)	<input type="checkbox"/> Total gastrectomy with esophagoenterostomy (43620)
<input type="checkbox"/> Laparoscopy, surgical, esophageal lengthening procedure (Collis) (43283) Secondary Procedure code	<input type="checkbox"/> Total gastrectomy with Roux-en-Y reconstruction (43621)
<input type="checkbox"/> Unlisted laparoscopy, esophagus (43289)	<input type="checkbox"/> Conduit revision s/p esophagectomy
<input type="checkbox"/> Esophagoplasty with repair of TEF, cervical approach (43305)	<input type="checkbox"/> Per oral endoscopic myotomy (POEM)
<input type="checkbox"/> Esophagoplasty with repair TEF, thoracic approach (43312)	<input type="checkbox"/> Trans oral fundoplication
<input type="checkbox"/> Esophagomyotomy (Heller type); thoracic approach (43331)	<input type="checkbox"/> Esophageal lengthening procedure - open (Collis) Secondary Procedure code (43338)
<input type="checkbox"/> Free jejunum transfer with microvascular anastomosis (43496)	<input type="checkbox"/> Ligation or stapling at gastroesophageal junction for esophageal perforation (43405)
<input type="checkbox"/> Unlisted procedure, esophagus (43499)	
Chest Wall and Neck	
<input type="checkbox"/> Muscle flap, neck (15732)	<input type="checkbox"/> Radical resection of sternum (21630)
<input type="checkbox"/> Muscle flap; trunk (i.e., intercostal, pectoralis or serratus muscle) (15734)	<input type="checkbox"/> Radical resection of sternum; with mediastinal lymphadenectomy (21632)
<input type="checkbox"/> Excision of chest wall tumor including ribs (19260)	<input type="checkbox"/> Hyoid myotomy and suspension (21685) secondary procedure code
<input type="checkbox"/> Excision of chest wall tumor involving ribs, with reconstruction (19271)	<input type="checkbox"/> Division of scalenus anticus; without resection of cervical rib (21700)
<input type="checkbox"/> Excision tumor, soft tissue of neck or thorax; subcutaneous (21555)	<input type="checkbox"/> Division of scalenus anticus; with resection of cervical rib (21705)
<input type="checkbox"/> Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular (21556)	<input type="checkbox"/> Reconstructive repair of pectus excavatum or carinatum; open (21740)
<input type="checkbox"/> Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax (21557)	<input type="checkbox"/> Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), without thoracoscopy (21742)
<input type="checkbox"/> Excision of rib, partial (21600)	<input type="checkbox"/> Open treatment of sternum fracture with or without skeletal fixation (21825)
<input type="checkbox"/> Excision first and/or cervical rib (21615)	<input type="checkbox"/> Removal of sternal wire(s)
<input type="checkbox"/> Excision first and/or cervical rib; with sympathectomy (21616)	<input type="checkbox"/> Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), with thoracoscopy (21743)
<input type="checkbox"/> Major reconstruction, chest wall (posttraumatic) (32820)	<input type="checkbox"/> Intercostal nerve block (64220-1)
<input type="checkbox"/> Unlisted procedure, neck or thorax (21899)	
Miscellaneous	
<input type="checkbox"/> Thoracoscopy, diagnostic pericardial sac, with biopsy (32604)	<input type="checkbox"/> SVC resection and reconstruction (34502)
<input type="checkbox"/> Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (32658)	<input type="checkbox"/> Ligation thoracic duct (38381)
<input type="checkbox"/> Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (32659)	<input type="checkbox"/> Omental flap (49904)
<input type="checkbox"/> Thoracoscopy, surgical; with total pericardiectomy (32660)	<input type="checkbox"/> Transthoracic thyroidectomy (60270)

<input type="checkbox"/> Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass (32661)	<input type="checkbox"/> Removal substernal thyroid, cervical approach (60271)
<input type="checkbox"/> Thoracoscopy, surgical; with thoracic sympathectomy (32664)	<input type="checkbox"/> Application of wound vac (97605, 97606)
<input type="checkbox"/> Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT),surgeon participation (32701)	<input type="checkbox"/> Pericardial window (33025)
<input type="checkbox"/> Tube pericardiostomy (33015)	<input type="checkbox"/> Other Minor Procedure
<input type="checkbox"/> Insertion of Tunneled CV Catheter (36561)	<input type="checkbox"/> Robotic-Assisted Surgery (capture as an additional code) (S2900)
<input type="checkbox"/> Other	
<i>(If "Other Minor Procedure", "Other" or one of the "unlisted" procedures→)</i>	Enter Name of unlisted Procedure(s): _____
	Enter 5 digit CPT code(s) of unlisted procedure, if known: _____
Procedure Laterality: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Not applicable	
Primary Lung Cancer Resection Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete Section F)</i>
Esophageal Cancer Resection Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete Section G)</i>
Thymus / Mediastinal Mass Resection/ Myasthenia Gravis	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete Section H)</i>
Tracheal Resection	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete Section I)</i>
Hiatal Hernia / Diaphragmatic Hernia / GERD	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete Section J)</i>

F. Lung Cancer <i>(If Primary Lung Cancer Resection Performed is Yes↓)</i>		
Diagnosis:		
Clinical Staging Done	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes ↓)</i>	
Clinical Staging Methods: <i>(Select all that apply ↓)</i>		
Clinical Staging:	<input type="checkbox"/> PET/CT <input type="checkbox"/> CT <input type="checkbox"/> Brain CT <input type="checkbox"/> Brain MRI <input type="checkbox"/> Invasive mediastinal staging performed	
	Method of Mediastinal Lymph Node Sampling: <input type="checkbox"/> EBUS <input type="checkbox"/> IR Needle Biopsy <input type="checkbox"/> EUS <input type="checkbox"/> Chamberlain <input type="checkbox"/> Mediastinoscopy <input type="checkbox"/> VATS/Lymph Node Biopsy <input type="checkbox"/> Other	
	<i>(If Invasive mediastinal staging performed - select all that apply →)</i>	
Lung CA tumor size in cm (the dominant/most concerning lesion per CT Scan) _____ cm <i>(ex. 2.3cm)</i>		
Lung CA T Stage (tumor stage) <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4		
Lung CA Nodes:	<input type="checkbox"/> N0 <i>No regional lymph node metastasis</i>	<input type="checkbox"/> N1 <i>Metastasis in ipsilateral peribronchial or hilar and intrapulmonary nodes. Includes direct extension.</i>
	<input type="checkbox"/> N2 <i>Metastasis in ipsilateral mediastinal and/or subcarinal lymph nodes</i>	<input type="checkbox"/> N3 <i>Metastasis in contralateral mediastinal or contralateral hilar nodes, ipsilateral or contralateral scalene or supraclavicular nodes</i>
Lung CA Metastases:	<input type="checkbox"/> M0 <i>No distant metastasis</i>	<input type="checkbox"/> M1 <i>Distant Metastasis</i>
Lung - FINAL Pathological Staging <i>To be completed if lung resection performed. (8th Edition)</i>		
Lung Cancer Tumor Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes ↓)</i>	
Indicate Final Pathological Tumor Staging		

(If Cancer Tumor Present →) **	<input type="checkbox"/> TX <i>Primary Tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy</i>		<input type="checkbox"/> T0 <i>No evidence of primary tumor</i>													
	<input type="checkbox"/> Tis <i>Carcinoma in situ; squamous cell carcinoma in situ (SCIS); Adenocarcinoma in situ (AIS): adenocarcinoma with pure lepidic pattern, ≤3 cm in greatest dimension</i>		<input type="checkbox"/> T1mi <i>Minimally invasive adenocarcinoma: adenocarcinoma (≤3 cm in greatest dimension) with a predominantly lepidic pattern and ≤5 mm invasion in greatest dimension.</i>													
	<input type="checkbox"/> T1a <i>Tumor ≤1 cm in greatest dimension. A superficial, spreading tumor of any size whose invasive component is limited to the bronchial wall and may extend proximal to the main bronchus also is classified as T1a, but these tumors are uncommon.</i>		<input type="checkbox"/> T1b <i>Tumor > 1 cm but ≤ 2 cm in greatest dimension</i>													
	<input type="checkbox"/> T1c <i>Tumor > 2 cm but ≤ 3 cm in greatest dimension</i>															
	<input type="checkbox"/> T2a <i>Tumor > 3 cm but ≤ 4 cm at greatest dimension, or having any of the following features: 1. involves the main bronchus regardless of distance to the carina, 2. but without involvement of the carina; invades visceral pleura (PL1 or PL2); 3. associated with atelectasis or obstructive pneumonitis that extends to the hilar region, involving part or all of the lung.</i>		<input type="checkbox"/> T2b <i>Tumor > 4 cm but ≤ 5 cm at greatest dimension</i>													
	<input type="checkbox"/> T3 <i>Tumor > 5 cm but ≤ 7 cm in greatest dimension or directly invading any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium; or separate tumor nodule(s) in the same lobe as the primary</i>		<input type="checkbox"/> T4 <i>Tumor > 7 cm or tumor of any size invading one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, or carina; separate tumor nodule(s) in an ipsilateral lobe different from that of the primary</i>													
			<i>(If tumor is T2a or T2b →)</i> Visceral Pleura Invasion <input type="checkbox"/> Yes <input type="checkbox"/> No													
	Invasion of Adjacent Structures (Select all that apply or None↓) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Phrenic nerve</td> <td><input type="checkbox"/> Chest wall</td> </tr> <tr> <td><input type="checkbox"/> Esophagus</td> <td><input type="checkbox"/> Heart</td> <td><input type="checkbox"/> Pericardium</td> </tr> <tr> <td><input type="checkbox"/> Diaphragm</td> <td><input type="checkbox"/> Recurrent Laryngeal Nerve</td> <td><input type="checkbox"/> Great Vessels</td> </tr> <tr> <td><input type="checkbox"/> Vertebral Body</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> None	<input type="checkbox"/> Phrenic nerve	<input type="checkbox"/> Chest wall	<input type="checkbox"/> Esophagus	<input type="checkbox"/> Heart	<input type="checkbox"/> Pericardium	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Recurrent Laryngeal Nerve	<input type="checkbox"/> Great Vessels	<input type="checkbox"/> Vertebral Body		
	<input type="checkbox"/> None	<input type="checkbox"/> Phrenic nerve	<input type="checkbox"/> Chest wall													
	<input type="checkbox"/> Esophagus	<input type="checkbox"/> Heart	<input type="checkbox"/> Pericardium													
<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Recurrent Laryngeal Nerve	<input type="checkbox"/> Great Vessels														
<input type="checkbox"/> Vertebral Body																
Lung CA Nodes Assessed: <input type="checkbox"/> Yes <input type="checkbox"/> No																
(If Nodes Assessed Yes →)	Node Station:															
	1 (N3)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	2 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	3 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	4 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	5 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	6 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	7 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	8 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														
	9 (N2)	<input type="checkbox"/> Not Sampled <input type="checkbox"/> Malignant <input type="checkbox"/> Benign														

	10 (N1) (Hilar)	<input type="checkbox"/> Not Sampled	<input type="checkbox"/> Malignant	<input type="checkbox"/> Benign	
	11 (N1) (Interlobar)	<input type="checkbox"/> Not Sampled	<input type="checkbox"/> Malignant	<input type="checkbox"/> Benign	
	12-14 (N1) (Lobar)	<input type="checkbox"/> Not Sampled	<input type="checkbox"/> Malignant	<input type="checkbox"/> Benign	
	Contralateral (N3)	<input type="checkbox"/> Not Sampled	<input type="checkbox"/> Malignant	<input type="checkbox"/> Benign	
	Total number malignant nodes: _____				
	Total number of all nodes assessed: _____				
	Lung CA Nodes: **	<input type="checkbox"/> N0 No regional lymph node metastasis/All benign <input type="checkbox"/> N1 Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, includes involvement by direct extension/No N2 or N3 marked malignant <input type="checkbox"/> N2 Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)/No N3 marked malignant <input type="checkbox"/> N3 Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph node(s)/Any N3 marked malignant <input type="checkbox"/> NX Regional lymph nodes cannot be assessed/Not Sampled			
	Lung CA Metastases:	<input type="checkbox"/> M0 No distant metastasis	<input type="checkbox"/> M1a Malignant pleural or pericardial effusion; pleural or pericardial nodules or separate tumor nodule(s) in contralateral lobe	<input type="checkbox"/> M1b Single extrathoracic metastasis	<input type="checkbox"/> M1c Multiple extrathoracic metastases (1 or >1 organ)
	Lung CA Histology:	<input type="checkbox"/> Adenocarcinoma	<input type="checkbox"/> Squamous cell	<input type="checkbox"/> Large cell	
<input type="checkbox"/> Small cell		<input type="checkbox"/> Mixed	<input type="checkbox"/> Low Grade Neuroendocrine (typical carcinoid)		
<input type="checkbox"/> Intermediate grade neuroendocrine, atypical carcinoid		<input type="checkbox"/> Carcinoma in situ	<input type="checkbox"/> Other		
	Grade:	<input type="checkbox"/> Low grade (well differentiated)	<input type="checkbox"/> Intermediate grade	<input type="checkbox"/> High grade (poorly differentiated)	<input type="checkbox"/> Unknown / Not reported
	Lung CA Resection Margins Positive:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(If Margins Positive Yes→)	Lung CA Resection Margins Positive Pathology:	<input type="checkbox"/> R1 (microscopic residual tumor present)	<input type="checkbox"/> R2 (macroscopic (gross) residual tumor present)	

G. Esophageal Cancer (If Esophageal Cancer Resection Performed is Yes↓)					
Clinical Staging: Pre-treatment Esophageal cancer staging. - Clinical staging determines the treatment plan.					
Pre-Operative Evaluation					
Has the patient lost 10% of body weight in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented					
Staging Procedures					
Clinical Staging Done (Select all that apply or 'None'↓)					
<input type="checkbox"/> None		<input type="checkbox"/> PET/CT		<input type="checkbox"/> CT	
<input type="checkbox"/> VATS – for staging		<input type="checkbox"/> Laparoscopy – for staging		<input type="checkbox"/> Endoscopic Mucosal/Submucosal Resection	
		<input type="checkbox"/> Bronchoscopy		<input type="checkbox"/> EUS	
		<input type="checkbox"/> Other			
(If Clinical Staging Done is not 'None' →)	Esophageal Tumor:	<input type="checkbox"/> T0 No evidence of primary tumor		<input type="checkbox"/> Tis High grade dysplasia	
		<input type="checkbox"/> T1 Tumor invades lamina propria, mucosa or submucosa		<input type="checkbox"/> T1a	<input type="checkbox"/> T1b
		<input type="checkbox"/> T2 Tumor invades muscularis propria		<input type="checkbox"/> T1 unspecified	

	<input type="checkbox"/> T3 <i>Tumor invades adventitia</i>	<input type="checkbox"/> T4 <i>Tumor invades adjacent structures</i>
Clinical Diagnosis of Nodal Involvement:	<input type="checkbox"/> Yes (N1, N2 or N3) <input type="checkbox"/> No	
Esophageal CA Metastases	<input type="checkbox"/> M0 No <i>Distant Metastasis</i> <input type="checkbox"/> M1 <i>Distant Metastasis</i>	
Tumor Location (<i>Select all that apply</i>):		
	<input type="checkbox"/> Cervical Esophagus (15 – < 20 cm)	
	<input type="checkbox"/> Upper Thoracic (20 - < 25 cm)	
	<input type="checkbox"/> Middle Thoracic (25 - < 30 cm)	
	<input type="checkbox"/> Lower Thoracic, including EG Junction (30 – 42 cm)	
<i>(If Esophageal Cancer Resection Performed is Yes)</i>		
Planned, staged procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neck Approach:	<input type="checkbox"/> None <input type="checkbox"/> Open <input type="checkbox"/> Cervicoscopic <input type="checkbox"/> Robotic	
	<i>(If Neck Approach is not 'None' →)</i>	Neck lymphadenectomy performed? <input type="checkbox"/> Yes – With Neck dissection <input type="checkbox"/> Yes – Without Neck dissection <input type="checkbox"/> No
Thorax Approach:	<input type="checkbox"/> None <input type="checkbox"/> Thoracotomy <input type="checkbox"/> Thoracoscopic <input type="checkbox"/> Robotic <input type="checkbox"/> Thoracoabdominal	
Abdomen Approach:	<input type="checkbox"/> None <input type="checkbox"/> Laparotomy <input type="checkbox"/> Laparoscopic <input type="checkbox"/> Robotic	
	<i>(If 'Laparoscopic' or 'Robotic' →)</i>	Hand Assist: <input type="checkbox"/> Yes <input type="checkbox"/> No
Anastomotic Method:	<input type="checkbox"/> Stapled <input type="checkbox"/> Partial hand-sewn <input type="checkbox"/> Hand-sewn	
Esophageal Conduit:	<input type="checkbox"/> Stomach <input type="checkbox"/> Small bowel <input type="checkbox"/> Colon <input type="checkbox"/> Supercharged Small Bowel <input type="checkbox"/> Supercharged Colon	
Pylorus Management:	<input type="checkbox"/> None <input type="checkbox"/> Botox Injection <input type="checkbox"/> Balloon Dilation <input type="checkbox"/> Pyloroplasty <input type="checkbox"/> Pyloromyotomy	
<i>(Select all that apply or 'None' →)</i>		
J-Tube Placement:	<input type="checkbox"/> None <input type="checkbox"/> Pre-existing <input type="checkbox"/> During Surgery <input type="checkbox"/> Post Surgery	
Pathological Staging - Esophagus		
Esophagus to be completed if esophageal cancer documented AND esophageal resection performed (Pre-Operative Evaluation – Esophageal Cancer = Yes) (8th Edition)		
Esophageal Cancer Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If Cancer</i>	Esophageal Tumor: **	<input type="checkbox"/> T0 <i>No evidence of primary tumor</i> <input type="checkbox"/> Tis

Present is 'Yes' →)			<i>High Grade dysplasia, defined as malignant cells confined to the epithelium by the basement membrane</i>			
		<input type="checkbox"/> T1a <i>Tumor invades lamina propria or muscularis mucosa</i>	<input type="checkbox"/> T1b <i>Tumor invades submucosa</i>			
		<input type="checkbox"/> T2 <i>Tumor invades muscularis propria</i>	<input type="checkbox"/> T3 <i>Tumor invades adventitia</i>			
		<input type="checkbox"/> T4a <i>Tumor invades pleura, pericardium, azygos vein, diaphragm or peritoneum</i>	<input type="checkbox"/> T4b <i>Tumor invades other adjacent structures such as aorta, vertebral body, or airway.</i>			
	Esophageal CA Nodes:	<input type="checkbox"/> NX <i>Regional lymph nodes cannot be assessed</i>	<input type="checkbox"/> N0 <i>No regional lymph node metastasis</i>	<input type="checkbox"/> N1 <i>Metastasis in 1-2 regional nodes</i>		
		<input type="checkbox"/> N2 <i>Metastasis in 3-6 regional lymph nodes</i>		<input type="checkbox"/> N3 <i>Metastasis in 7 or more regional lymph nodes</i>		
	Esophageal CA Metastases:	<input type="checkbox"/> M0 <i>No distant metastasis</i>		<input type="checkbox"/> M1 <i>Distant metastasis</i>		
Esoph Histopathologic Type: **	<input type="checkbox"/> H1 Squamous Carcinoma		<input type="checkbox"/> H2 Adenocarcinoma	<input type="checkbox"/> Other		
Esophageal CA Histologic Grade:	<input type="checkbox"/> GX <i>Grade cannot be assessed</i>	<input type="checkbox"/> G1 <i>Well differentiated</i>	<input type="checkbox"/> G2 <i>Moderately differentiated</i>	<input type="checkbox"/> G3 <i>Poorly differentiated, undifferentiated</i>		
Total # of Lymph Nodes sampled/harvested: _____						
Esophageal CA Resection Margins Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<i>(If Resection Margins Positive is 'Yes', select all that apply→)</i>		Location: <input type="checkbox"/> Proximal (Esophageal) <input type="checkbox"/> Distal (Gastric) <input type="checkbox"/> Radial			

H. Thymoma/Thymectomy/Mediastinal Mass Resection/Myasthenia Gravis			
<i>(If Thymus / Mediastinal Mass Resection/ Myasthenia Gravis is Yes,)</i>			
Preoperative			
Symptomatic myasthenia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If Yes, select all that apply) →</i>		Chronic Medical Treatment: <input type="checkbox"/> Mestinon <input type="checkbox"/> Steroids <input type="checkbox"/> Other Immunosuppressive Therapy	
Preoperative management			
IVIG: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Plasmapheresis: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Size of mass known: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>(If Size Known is 'Yes' →)</i>	Largest diameter in cm derived from preop axial, coronal or sagittal image _____ cm	
Operative			
Initial Surgical Approach			
<input type="checkbox"/> Full Sternotomy	<input type="checkbox"/> Clamshell or Hemiclamsell	<input type="checkbox"/> Transcervical	
<input type="checkbox"/> Partial Sternotomy	<input type="checkbox"/> Robotic	<input type="checkbox"/> VATS	<input type="checkbox"/> Thoracotomy

	(If 'Robotic', 'VATS', or 'Thoracotomy' →)	Location: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	
	(If 'Transcervical', 'Robotic' or 'VATS' →)	Conversion to open approach during procedure? <input type="checkbox"/> Yes, Planned <input type="checkbox"/> Yes, Unplanned <input type="checkbox"/> No	
		(If Yes, planned/unplanned →)	Conversion approach: <input type="checkbox"/> Sternotomy <input type="checkbox"/> Clamshell <input type="checkbox"/> Thoracotomy
Intentional resection of functioning phrenic nerve: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was a thymoma procedure performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Thymoma performed is 'Yes' →)	Pathologic Staging		
	<input type="checkbox"/> No Cancer Found	<input type="checkbox"/> Stage I <i>Grossly and microscopically encapsulated. Also called a noninvasive thymoma. That is, it has not spread beyond the thymus.</i>	
	<input type="checkbox"/> Stage II <i>The thymoma invades beyond the capsule (outer boundary of the thymus) and into the nearby fatty tissue or to the pleura (outer covering of the lung). Sometimes divided into:</i>	<input type="checkbox"/> Stage IIa <i>Microscopic transcapsular invasion</i>	<input type="checkbox"/> Stage IIb <i>Macroscopic capsular invasion</i>
	<input type="checkbox"/> Stage III <i>Macroscopic invasion of neighboring organs. The thymoma extends into the neighboring tissues or organs of the lower neck or upper chest area, including the pericardium (covering of the heart), the lungs, or the main blood vessels leading into or exiting from the heart.</i>		
	<input type="checkbox"/> Stage IVa <i>Pleural or pericardial dissemination. The thymoma has spread widely throughout the pleura and/or pericardium.</i>	<input type="checkbox"/> Stage IVb <i>Hematogenous or lymphatic dissemination. The thymoma has spread to distant organs.</i>	
(If not 'No cancer found' →)	WHO classification (from path report – Thymoma only)	<input type="checkbox"/> Type A	<input type="checkbox"/> Type AB
		<input type="checkbox"/> Type B1	<input type="checkbox"/> Type B2
		<input type="checkbox"/> Type B3	<input type="checkbox"/> Thymic Carcinoma or Type C
Completeness of resection (from operative note or pathology report): <input type="checkbox"/> R0 <input type="checkbox"/> R1 <input type="checkbox"/> R2			
Patient alive at 30 days post-op: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)	Myasthenic crisis requiring return to ICU or intervention (intubation, plasmapheresis) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Unintentional phrenic nerve palsy <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Patient alive at 90 days post-op: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If Yes →)	Adjuvant thoracic radiation <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Persistent unintentional phrenic nerve palsy <input type="checkbox"/> Yes <input type="checkbox"/> No		

I. Tracheal Resection (If Tracheal Resection is Yes)	
Pre-Operative	
Current Airway	<input type="checkbox"/> Native <input type="checkbox"/> Oral ETT <input type="checkbox"/> Trach <input type="checkbox"/> T-Tube
Prior tracheostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Tracheal Resection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Bronchoscopic Intervention (within 6 weeks) <input type="checkbox"/> Yes <input type="checkbox"/> No (includes: core out, dilation, ablation, stent)	
Recurrent nerves intact preoperatively <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(If Nerves Intact is 'No' →)	Which nerve? <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
Operative	
Airway management during resection (Select all that apply or 'None' ↓)	
<input type="checkbox"/> None <input type="checkbox"/> Cross – table ventilation <input type="checkbox"/> VA ECMO <input type="checkbox"/> Jet ventilation <input type="checkbox"/> VV ECMO <input type="checkbox"/> Cardiopulmonary bypass	

Incision <i>(Select all that apply, must have at least one indicated)</i>				
<input type="checkbox"/> Cervical	<input type="checkbox"/> Partial sternotomy	<input type="checkbox"/> Full sternotomy	<input type="checkbox"/> Right thoracotomy	<input type="checkbox"/> Clamshell
Length of tracheal resection _____ cm <i>(Surgical or pathological measurement acceptable)</i>				
Cricoid resection required <input type="checkbox"/> Yes <input type="checkbox"/> No				
Carinal resection required <input type="checkbox"/> Yes <input type="checkbox"/> No				
Release Maneuvers Type: <input type="checkbox"/> None <input type="checkbox"/> Suprahyoid <input type="checkbox"/> Suprathyroid <input type="checkbox"/> Hilar <input type="checkbox"/> Suprahyoid - Hilar <input type="checkbox"/> Suprathyroid - Hilar				
Additional Post-Operative Events <i>(Select all that apply or 'None')</i>				
<input type="checkbox"/> None				
<input type="checkbox"/> Anastomotic dehiscence requiring drainage, revision, stent, tracheostomy, T-tube				
<input type="checkbox"/> Anastomotic stricture requiring intervention				
<input type="checkbox"/> Airway obstruction requiring intervention (e.g., unscheduled bronchoscopy)				
<input type="checkbox"/> Recurrent nerve palsy				
	<i>(If Recurrent nerve palsy →)</i>	Which nerve?	<input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Bilateral
Did the patient leave the hospital with tracheal appliance? (tracheostomy, T-tube or stent) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient Died In Hospital				
Stent/tube free at 30 days post procedure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient died within 30 days of procedure				
	<i>(If No →)</i>	Stent/tube free at 90 days post procedure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient died within 90 days of procedure		

J. Hiatal Hernia / GERD <i>(If Hiatal Hernia / GERD is Yes)</i>				
Symptoms <i>(Select all that apply or None)</i>				
<input type="checkbox"/> None	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Regurgitation
<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Early satiety	<input type="checkbox"/> Reflux laryngitis	<input type="checkbox"/> Epigastric/chest pain
<input type="checkbox"/> Asthma				<input type="checkbox"/> Anemia
PPIs				
PPI use	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	PPI relief	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial <input type="checkbox"/> No
EGD				
EGD Done: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Esophagitis	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	LA Grade: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
<i>(If Yes →)</i>	Barrett's metaplasia	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Barrett's metaplasia grade: <input type="checkbox"/> Low grade dysplasia <input type="checkbox"/> Indeterminate for dysplasia <input type="checkbox"/> High grade dysplasia <input type="checkbox"/> Without dysplasia	
pH Testing <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>		DeMeester score _____		
Manometry				
Manometry performed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Motility: <input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Aperistalsis		
		LES resting pressure _____		
		% of failed swallows _____		
Radiology Imaging				
Imaging performed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If Yes, Select all that apply →)</i>	Type of imaging:	<input type="checkbox"/> Barium swallow / Upper GI <input type="checkbox"/> CT Scan <input type="checkbox"/> CXR
Hiatal hernia type: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV				
Hernia repair status		<input type="checkbox"/> Primary repair <input type="checkbox"/> Re-operation		
		<i>(If Re-operation →)</i> Surgical approach used in the initial procedure: <input type="checkbox"/> Laparoscopic <input type="checkbox"/> Laparotomy		

		<input type="checkbox"/> Thoracotomy	<input type="checkbox"/> LINX	<input type="checkbox"/> Not documented
Procedure Approach <i>(Select all that apply)</i>				
<input type="checkbox"/> Laparoscopic	<input type="checkbox"/> Robotic Chest	<input type="checkbox"/> Robotic Abdomen		
<input type="checkbox"/> Laparotomy	<input type="checkbox"/> Thoracotomy	<input type="checkbox"/> Thoracoscopic		
Fundoplication	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Type:	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
Gastroplasty	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mesh	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Relaxing incision	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Magnetic sphincter augmentation (LINX) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is patient alive at 30 days post – Op? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Patient alive at 30 days post-Op is Yes ↓→)</i>		Is patient alive at 1 year post – Op? <input type="checkbox"/> Yes <input type="checkbox"/> No		
30 Day Post-Operative Follow Up :		1 Year Post-Operative Follow Up:		
<i>(If Yes, Select all that apply or 'None' →)</i>	<input type="checkbox"/> None	<i>(If Yes, Select all that apply or 'None' →)</i>	<input type="checkbox"/> None	
	<input type="checkbox"/> Radiographic recurrence		<input type="checkbox"/> Radiographic recurrence	
	<input type="checkbox"/> Symptomatic recurrence		<input type="checkbox"/> Symptomatic recurrence	
	<input type="checkbox"/> Endoscopic Intervention		<input type="checkbox"/> Endoscopic Intervention	
	<input type="checkbox"/> Redo Operation		<input type="checkbox"/> Redo operation	

K. Post-Operative Events				
Indicate all adverse events that occurred within 30 days of surgery if discharged from the hospital <u>or</u> those that occur during the same admission, regardless of the length of stay.				
Postoperative Events? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No – Patient Died in OR				
<i>(If Post-Operative Events Yes →)</i>	Did the patient have another operation through a new or existing incision: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>(If Yes →)</i>		Was reoperation related to bleeding: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pulmonary			
	Air leak > 5 days duration	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Therapeutic Bronchoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Pleural Effusion requiring drainage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Grade →)</i>	Grade:	
			<input type="checkbox"/> Grade 2 – Moderate symptoms; oral intervention indicated (oral antibiotics, antifungal, or antiviral)	
			<input type="checkbox"/> Grade 3 – Invasive intervention indicated; IV antibiotic, antifungal, or antiviral intervention indicated	
			<input type="checkbox"/> Grade 4 – Urgent Intervention indicated; Life threatening consequences (escalation of care/intubation/hemodynamic support)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes,</i>	<input type="checkbox"/> Grade 5 - Death		
	<i>)</i>	Grade:		

Acute Respiratory Distress Syndrome (ARDS)	Grade →	<input type="checkbox"/> Grade 3 - Present with radiologic findings; intubation not indicated	
		<input type="checkbox"/> Grade 4 - Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	
		<input type="checkbox"/> Grade 5 - Death	
	Respiratory Failure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bronchopleural Fistula	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pulmonary Embolus	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Grade→)	Grade:
			<input type="checkbox"/> Grade 1 - Medical intervention not indicated
			<input type="checkbox"/> Grade 2 - Medical intervention indicated
			<input type="checkbox"/> Grade 3 - Urgent medical intervention indicated
			<input type="checkbox"/> Grade 4 - Life-threatening consequences with hemodynamic or neurologic instability
<input type="checkbox"/> Grade 5 - Death			
Pneumothorax req. CT reinsertion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Initial Vent Support > 48 Hr	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tracheostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cardiovascular			
Atrial arrhythmia	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →)	Discharged on Anticoagulation : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ventricular arrhythmia (Requiring Treatment) VentArrth (3850)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Myocardial infarct	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →)	Grade:	
		<input type="checkbox"/> Grade 2 - Asymptomatic and cardiac enzymes minimally abnormal and no evidence of ischemic ECG changes	
		<input type="checkbox"/> Grade 3 - Severe symptoms; cardiac enzymes abnormal; hemodynamically stable; ECG changes consistent with infarction	
		<input type="checkbox"/> Grade 4 - Life-threatening consequences; hemodynamically unstable	
<input type="checkbox"/> Grade 5 - Death			
Deep venous thrombosis (DVT) req. treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gastrointestinal			
Ileus	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Delayed conduit emptying requiring intervention (pyloric dilatation or botox) or maintenance of NG drainage > 7days post-op	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Esophagogastric leak from anastomosis, staple line or localized conduit necrosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Type:	<input type="checkbox"/> Type 1 - Local defect requiring no change in therapy or treated medically or with dietary modification
			<input type="checkbox"/> Type 2 - Localized defect requiring interventional but not surgical therapy
			<input type="checkbox"/> Type 3 - Localized defect requiring surgical therapy
Conduit necrosis/Failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Type:	<input type="checkbox"/> Type 1 - Identified endoscopically; additional monitoring or non-surgical therapy
			<input type="checkbox"/> Type 2 - Identified endoscopically; not associated w/ free anastomotic or conduit leak; surgical therapy w/out esophageal diversion
			<input type="checkbox"/> Type 3 - Extensive necrosis; conduit resection/diversion
Hematology			
Packed red blood cells	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	*transfusions documented here do not include blood given in OR*	# Units _____
Urologic			
Urinary tract infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary retention req. Catheterization	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Discharged with Foley catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infection			
Empyema requiring treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Surgical Site Infection	<input type="checkbox"/> None <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ space		
Sepsis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other infection requiring IV antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Neurology			
New central neurological event	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Event Type:	<input type="checkbox"/> Postoperative transient neurologic deficit (TIA recovery within 24 hours)

			<input type="checkbox"/> RIND recovery within 72 hours <input type="checkbox"/> Central neurologic deficit persisting postoperatively for > 72 hours <input type="checkbox"/> New postoperative coma that persists for at least 24 hours secondary to anoxic/ischemic and/or metabolic encephalopathy, thromboembolic event	
Recurrent laryngeal nerve paresis – new onset	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Severity:	<input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral	
		Grade:	<input type="checkbox"/> Medical Therapy/Dietary Modification Only <input type="checkbox"/> Elective Procedural Intervention <input type="checkbox"/> Emergent Procedural Intervention	
Delirium	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Miscellaneous				
New renal failure per RIFLE criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Discharged on Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient died in hospital		
Unexpected escalation of care	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Chyle Leak	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes →)</i>	Severity:	<input type="checkbox"/> < 1 liter per day maximum <input type="checkbox"/> >= 1 liter per day maximum	
		Grade:	<input type="checkbox"/> Type I - Enteric dietary modifications <input type="checkbox"/> Type II - TPN <input type="checkbox"/> Type III Treatment	
		<i>(If Type III →)</i>	IR Embolization	<input type="checkbox"/> Yes – Successful <input type="checkbox"/> Yes – Failed <input type="checkbox"/> No
			Surgical ligation	<input type="checkbox"/> Yes – Successful <input type="checkbox"/> Yes – Failed <input type="checkbox"/> No

L. Discharge/Mortality

Patient still in the hospital Yes No *(If No ↓)*

Hospital Discharge Date: ____/____/____

Status at Hospital Discharge: **

- Discharged Alive, last known status Alive (other than hospice)
- Discharged Alive, died after discharge
- Discharged to Hospice
- Died in Hospital

(If 'Discharge Alive, last known status alive' OR 'Discharged Alive, died after discharge' →)

Discharge location: Home Extended Care/Transitional Care Unit /Rehab
 Other Hospital Nursing Home Other

Discharged with chest tube: Yes No

Discharged with home O2 Yes No
(new; not using O2 pre-op)

(If Yes →)

On O2 at 30 days postoperative?

- Yes No Unknown
- Patient Died Within 30 Days Post Op

		Readmit to any hospital within 30 days of discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		Substance Use Screening and Counseling Performed (NQF 2597): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
	<i>(If Status at Hospital Discharge is 'Discharged Alive, Died after discharge' OR 'Discharged to Hospice'→)</i>	Mortality – Date ____/____/____ (mm/dd/yyyy)
<u>Status at 30 days after surgery (either discharged or in-hospital):</u> ** <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown		