

Tech-Con Amps Up the Wow Factor

When STS/AATS Tech-Con was introduced in 2002, its goal was to provide a platform for presenting innovative techniques, concepts, and devices for cardiothoracic surgery. In short, Tech-Con was conceived with the wow factor in mind. Fourteen years later, the Tech-Con Task Force has come up with new ways to provide the wow factor.

Beginning in 2016, Tech-Con will focus on new devices and procedures that have yet to be approved by the US Food and Drug Administration, but could be available (with FDA approval) within 1-3 years from the time of presentation.

"We thought that this timeframe allows industry to introduce near-ready products so that surgeons can begin to prepare," said Tech-Con Task Force Co-Chair Shanda H. Blackmon, MD, MPH. "The advantage of this approach is that it will not overlap with what we are seeing at the main STS Annual Meeting."

"There is no other conference that's open to all surgeons where new, cutting-edge technologies are openly shared," added Tech-Con Task Force Co-Chair Gorav Ailawadi, MD.

Despite the expanding focus on not-yet-released technology, Tech-Con will still feature information that attendees immediately can put into action.



Tech-Con 2016 will feature an increased emphasis on new technology in the pipeline.

Tech-Con will focus on new devices and procedures that have yet to be approved.

"We still want the audience to go home with something they can use tomorrow in their next case," Dr. Ailawadi said. "A part of the program will certainly still focus on techniques or devices that are available now, but are not yet adopted by all cardiothoracic surgeons."

Proposals for presentation topics were accepted earlier this summer. For the first time, anyone involved in the field of

cardiothoracic surgery—including surgeons, allied health care professionals, engineers, and industry representatives—could submit a proposal.

"Allowing industry to present will enable attendees to see more of the product than what an individual surgeon may typically be exposed to," said Dr. Blackmon. "Sometimes, limiting the talks to what is already out there is far less than what industry

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Attend New Structural Heart and Valve Surgery Symposium

STS is hosting a new symposium this August that will provide interactive education on traditional and evolving technologies for structural heart and valve surgery.

"Masters in Structural Heart and Valve Surgery: A Case-Based and Hands-On Symposium" will be held August 28-29 near Chicago O'Hare International Airport and will be co-chaired by Vinay Badhwar, MD, Michael J. Mack, MD, Wilson Y. Szeto, MD, and Vinod H. Thourani, MD.

"We'll cover both traditional surgical techniques and new technologies for aortic valve, mitral valve, and tricuspid valve pathologies," Dr. Thourani said. "We'll also discuss important management strategies and therapies for atrial fibrillation."

He said that the symposium is important, especially for cardiothoracic surgeons who must maintain excellent outcomes in valvular therapies, either by minimally invasive techniques or those requiring a sternotomy.

"We now have more opportunities than ever before to treat patients with transcatheter heart therapies, especially transcatheter aortic valve replacement and transcatheter mitral valve replacement," said Dr. Thourani. "It's important to know your options and understand the decision-making process that will lead to the most appropriate treatment choice for your patient."

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Let's Lead the Charge to Ease Health Care Disparities

Mark S. Allen, MD, President

Improving the quality of cardiothoracic surgery has been a major STS goal for decades. Reducing racial and socioeconomic disparities is central to this goal.

In 2003, Brian D. Smedley, et al. wrote a report, titled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," for the Institute of Medicine. In the report, they described their findings that African Americans, other minorities, and patients with low incomes had higher risk-adjusted in-hospital mortality from coronary artery bypass grafting surgery than whites and were more likely to be treated at low-volume hospitals. When controlling for hospital volume, there were still discrepancies, leading to the conclusion that racial, ethnic, and economic discrepancies exist in cardiothoracic surgical care.

They hypothesized that the causes of these discrepancies might be poor access to care and different referral patterns, as well as quality issues in hospitals.

In a 2006 report examining quality outcomes in more than 19,000 patients treated in Italy, similar disparities emerged, with patients in the lowest income quintile having a much higher mortality rate from cardiovascular disease.

These findings prompted an effort by the US Department of Health and Human Services to address health care disparities. The federal agency developed an action plan, released in 2011, with the goal of "a nation free of disparities in health and health care" by 2020.

In the past decade, the health of all Americans has improved through better lifestyle, improved detection, and superior surgical care; however, cardiovascular mortality has declined more slowly for black individuals than for whites and is still the largest factor in the life expectancy gap. Addressing this gap is crucial to improving the quality of cardiovascular care.

CONSISTENT QUALITY IN HOSPITALS IS KEY

Efforts to improve quality are aimed at expanding access to high-quality hospitals, but many racial and ethnic minorities live in areas that have limited access to such hospitals. Furthermore, traveling to a distant hospital is not possible with limited economic resources. Referral to higher quality hospitals is another possible means

to improve outcomes, but it is extremely difficult to change referral patterns.

A more feasible method to improve

outcomes for racial and ethnic minorities is to improve the quality of all hospitals, so that every local hospital and all referrals can have outstanding results.

Measurement of adherence to standardized, high-quality clinical practice guidelines, such as the ones that STS and others have developed, has been shown to improve outcomes. Following evidence-based guidelines for treatment of cardiothoracic disease could improve quality in all hospitals, especially ones that are currently underperforming. By using the data accumulated in the STS National Database, we can document the areas of poor performance and institute measures for improvement; however, adherence to

guidelines and Database participation may not be enough, since there are other social factors that may influence outcomes.

Minorities are known to have a higher risk of diabetes and obesity, perhaps due to a high-carbohydrate, low-protein diet. Control of hypertension has been shown to be worse in minorities, leading to a higher rate of stroke, heart disease, and end-stage renal disease. These problems may be helped by what has been described as "culturally tailored interventions."

Nurse outreach, peer mentors, or faith-based organizations can offer valuable assistance in delivering culturally tailored interventions at the community level. These individuals and organizations can be educated by simulation or e-learning so that they can deliver quality care to minorities in a cost-effective manner.

THE ROLE FOR CARDIOTHORACIC SURGEONS

Health care disparities signify a fundamental problem with our health care system. If we are to improve the overall quality of medical care delivered, enhancements in cardiovascular surgical care will need to be a big component of the effort; almost half of Americans have or will develop cardiovascular disease during their lifetime.

As cardiothoracic surgeons, we need to develop a deeper understanding about the relationship between health care outcomes and social, cultural, biological, behavioral, economic, and geographic factors. We should participate in the STS National Database and become more familiar with recommendations offered in clinical practice guidelines so that we can help further close the health outcomes gap.

All patients, regardless of race, religion, or socioeconomic status, should be able to receive excellent cardiothoracic care, and we, as STS members, should be the leaders in the efforts to remedy any existing disparities. ■

If we are to improve the overall quality of medical care delivered, enhancements in cardiovascular surgical care will need to be a big component of the effort.

The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

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Managing Editor
Heather Watkins

Editorial Advisors
Natalie Boden, MBA
Robert A. Wynbrandt

STS News
633 N. Saint Clair St.
Floor 23
Chicago, IL 60611
Phone (312) 202-5800
E-mail stsnews@sts.org

A central aspect of sweeping new reforms in American health care is the departure from traditional episodic and procedure-based care toward an emphasis on quality, outcomes, cost, and overall coordinated disease management. As cardiothoracic surgeons, we have a unique complement of skill, training, and experience to add value in this new paradigm. Dr. Paul Levy outlines how CT surgeons can take the lead in transforming health care delivery.

Frank L. Fazzalari, MD, MBA, Chair, Workforce on Practice Management

Transforming Health Care: The Cardiothoracic Surgeon's Role

Paul S. Levy, MD, MBA, Chief of Surgical Services, Northeast Arkansas Baptist Hospital & Clinic, Jonesboro

We are now living in a value-based health care world. The new normal is predicated upon quality, access, appropriateness, and cost of care. How will this shift affect our practices and compensation? Will hospital employment become a requisite? The answers to these questions are complex.

As a cardiothoracic surgeon, you bring many special attributes to the health care table—in particular, a cognitive and disciplined approach to problem solving. CT surgeons rely heavily upon teamwork and a robust database to guide patient care. But providing quality CT surgical services is not enough. We now have to understand the business side of our specialty, such as value-based purchasing, bundled payments, severity of illness adjustment, and production-side costs.

The good news is that we are well suited for this transformation. Change cannot be forged by one individual, but requires collaboration among hospital administration, CT surgeons, and staff. Any change strategies must address the business of medicine and require clarity of goals, competency in job performance, and the authority to self-start. Every member of the team must be able to, in effect, stop the line for production defects. The workplace culture has to be transformative.

Focusing on waste is a good place to start. Waste can be found in time, motion, inventory, processing, defects, and overproduction. Eliminating waste is an essential component to continuous process

improvement on a daily and incremental basis that will lead to measurable change.

Our team started with the frequency of postoperative CABG chest x-rays (CXRs) as a way to reduce production side waste. We had been performing routine CXRs on a daily basis. After ordering CXRs on an as-needed basis, we reduced average postop CXRs by 31% with no change in patient outcomes. Additional benefits to this change were limiting unnecessary radiation exposure (patient safety) and a savings of \$15,701 per 100 cases (contribution margin). Did our efforts generate value for the patient, staff, surgeon, hospital, and health care system? You bet!

We then set out to optimize our overall CABG production costs. Working with our administration, we delineated actionable CABG cost buckets (pharmacy, laboratory, general supplies, OR time, and room and board), identified the low-hanging fruit, and employed the appropriate waste-reduction strategies. After 20 months of continuous process improvement, our CABG production cost went down by 28%—\$1,000,000 per 100 cases.

A transparent and collaborative approach was essential to our success, and I encourage you to follow suit and lead the charge at your institution. The following books can help guide you: *Transforming Health Care* by Charles Kenney, *Toyota Kata* by Mike Rother, and *Turn the Ship Around!* by L. David Marquet. ■

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On Perseverance

Robert A. Wynbrandt, Executive Director & General Counsel

It is often said that sports provide great metaphors for life in general. And sports are a hot topic around STS headquarters in Chicago these days, as I prepare this column in mid-June for the Summer 2015 edition of STS News. The Chicago Blackhawks have just won the National Hockey League's Stanley Cup, their third championship in the past 6 years, to the delight of many STS employees. On the other side of the coin, my own beloved Cleveland Cavaliers have just lost their bid for the National Basketball Association crown, which would have been a first in the 45-year history of the franchise—not to mention my hometown's first national sports championship since December 27, 1964. As in many compelling sports matches, each series had a plethora of subplots, often on the theme of perseverance (e.g., the Blackhawks' 40-year-old defenseman Kimmo Timonen finally holding the Stanley Cup that he had been chasing for 2 decades, after having missed most of his final season in professional hockey due to the appearance of blood clots in his lower right leg and in both lungs; the Cavaliers making it all the way to an NBA Finals Game 6 despite a host of injuries, including the loss of All-Stars Kyrie Irving and Kevin Love).

Of course, inspiring stories of perseverance are not unique to the world of sports. In fact, I recently came upon such a story that pertained to the world of STS. On June 2, a special ceremony was held in the White House during which Army Sgt. William Shemin was posthumously awarded the Medal of Honor—the nation's highest military decoration—for his heroism during World War I, specifically for acts of bravery performed on August 9, 1918, at the age of 19. Sgt. Shemin, a relative of UCLA Chief of Cardiac Surgery and ABTS Chair Richard Shemin (who was in attendance at the June 2 White House ceremony), previously was denied this honor on the basis of his religion.

And in an interesting twist, it turns out that the story of Sgt. Shemin's posthumous receipt of the Medal of Honor is as much about the perseverance of his remarkable, now 86-year-old daughter, Elsie Shemin-Roth, as it is a story of his own noble deeds. For the full story, see www.bit.ly/1SrCBBN.

As an organization, the Society often must persevere in order to attain its strategic objectives, particularly in the policy arena. Perhaps the most notable example of this phenomenon in STS history occurred just a few months ago with the passage of the Medicare Access and CHIP Reauthorization Act of 2015, a major achievement that reflected more than a decade of hard work by STS members and staff (see page 15) and a shining example of how our American membership's involvement in Key Contact activities, STS-PAC contributions, and even simple letter-writing tasks are of such vital significance to the specialty and its patients.

Another great story of perseverance in the specialty arose in late April. The STS Board of Directors was meeting in Seattle when Shanda Blackmon alerted the Board to a call for assistance that had just been received from Emily Farkas, a member of the Society's special ad hoc Task Force on Charitable Outreach Initiatives. An earthquake had just hit Nepal the previous day, and a team of surgeons and nurses, led by Emily and supported in part by an Edwards Lifesciences Foundation/TSFRE Every Heartbeat Matters grant, was slated to initiate a cardiac surgery program at the University of Kathmandu later that week. STS President Mark Allen exercised the prerogative of the chair, interrupting an already tightly scheduled meeting to address

Emily's request for supplies and funding as the team had decided to persevere in the wake of this human tragedy; the original Nepal mission would be rescheduled for later in the year while team members proceeded with their travel plans so that they could provide general medical relief and assistance to the citizens of Nepal. All relevant players stepped up: the STS Board, Edwards Lifesciences, TSFRE, and especially Emily's team. A fuller story of this mission will appear in the Fall 2015 issue of STS News.

Virtually everyone reading this column has his or her own personal and professional stories of perseverance to draw on. For the cardiothoracic surgeon component of our readership, the attainment of Board certification (or its equivalent) alone requires an uncommon degree of perseverance in light of the arduous education and training requirements

involved. I have long believed that the special dedication exhibited by our staff to this organization is largely rooted in its deep respect and

admiration for such perseverance in the membership that we serve.

Cardiothoracic surgeons and those who serve them are a competitive lot. We tend to focus on the winning and the losing (Blackhawks status or Cavs status), with a wide swing in emotional response hanging in the balance. At times like these, however, this Cleveland Cavaliers fan chooses to remember what Doug Mathisen talked about in his 2011 Presidential Address that focused on the journey. When all is said and done, there is a lot to be said for simply persevering. ■

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Member News



HIGGINS HEADS SURGERY AT HOPKINS

Robert S.D. Higgins, MD, MSHA has joined Johns Hopkins Medicine in Baltimore as the William Stewart Halsted Professor of Surgery, Director of the Department of Surgery at The Johns Hopkins University School of Medicine, and Surgeon-in-Chief of The Johns Hopkins Hospital. Previously,

Dr. Higgins held a number of positions at The Ohio State University, including Chair of the Department of Surgery, Surgeon-in-Chief of the Medical Center, and Director of the Comprehensive Transplant Center. An STS member since 1997, he serves as the Society's Treasurer, in addition to serving on the Board of Directors, the Executive Committee, and the Workforce on Media Relations and Communications.



IKONOMIDIS CHAIRS NIH STUDY SECTION

John S. Ikonomidis, MD, PhD has been appointed Chair of the Bioengineering, Technology, and Surgical Sciences Study Section of the National Institutes of Health Center for Scientific Review. He had previously served as a member of that study section. Dr. Ikonomidis is Chief of the

Division of Cardiothoracic Surgery at the Medical University of South Carolina. An STS member since 2003, he serves as Chair of the Society's Workforce on Adult Cardiac and Vascular Surgery.



SALZANO LEADS GRIFFIN HOSPITAL SURGERY

Richard P. Salzano Jr., MD has been named Chair of the Department of Surgery at Griffin Hospital in Derby, Conn. He previously was Chief of Cardiothoracic Surgery at the Hospital of St. Raphael in New Haven, Conn.

He has been an STS member since 1996.



CHITWOOD NAMED DIRECTOR OF SURGEON RELATIONS

W. Randolph Chitwood Jr., MD is the new Director of Surgeon Relations at Direct Flow Medical, a company that develops transcatheter heart valve technology.

Dr. Chitwood most recently was Emeritus Chairman in the Department of Surgery at the East Carolina University Brody School of Medicine in Greenville, N.C., where he earlier served as Founding Director of the East Carolina Heart Institute and also founded the institution's cardiac surgery program and Robotic Surgical Center. He is internationally known as a pioneer in minimally invasive and robotic mitral valve surgery and has received many honors in this area. Dr. Chitwood is an STS Past President and has been an STS member since 1988.



TWEDDELL MOVES TO CINCINNATI

James S. Tweddell, MD has been named Executive Co-Director of the Heart Institute at Cincinnati Children's Hospital in Ohio.

Dr. Tweddell previously was Chief of Cardiothoracic Surgery and the S. Bert Litwin Chair in Pediatric Cardiothoracic Surgery at the Medical College of Wisconsin. An STS member since 1998, he serves as Chair of the Society's Workforce on Congenital Heart Surgery.



VARGHESE BECOMES SECTION CHIEF AT UTAH

Thomas K. Varghese Jr., MD, MS has been named Head of the Section of General Thoracic Surgery within the Division of Cardiothoracic Surgery at the University of Utah. Previously, Dr. Varghese was an Associate Professor in the Department of Surgery at the University of

Washington and Director of the Thoracic Surgery Program at Harborview Medical Center in Seattle. An STS member since 2006, he serves on the STS University Task Force and the Workforce on Clinical Education.

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

Staff Updates

Mary Jedlicka joined STS on April 6 as Editorial Assistant for *The Annals of Thoracic Surgery*. She coordinates the journal's continuing medical education activities and assists with the peer review process, among other editorial duties. Previously, Mary was an Editorial Assistant at the American Nuclear Society. She holds a bachelor's degree in English from Northern Illinois University. To contact Mary, e-mail mjedlicka@sts.org.

Ming Chan joined STS on May 11 as an Accounting Assistant. He provides accounting operations support for the Society's Finance Department. Previously, Ming was an Operations Coordinator at the OEC Group. He holds a bachelor's degree in accounting from the University of Illinois at Chicago. To contact Ming, e-mail mchan@sts.org.



**The Society
of Thoracic
Surgeons**

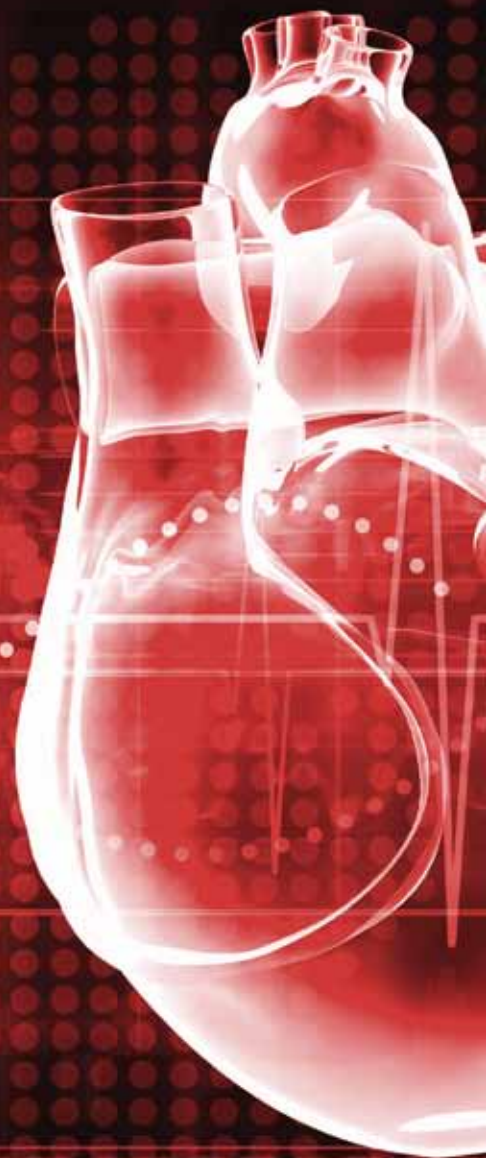
MASTERS IN STRUCTURAL HEART AND VALVE SURGERY:

*A Case-Based and
Hands-On Symposium*

AUGUST 28–29, 2015

Chicago

Loews Chicago O'Hare Hotel



COURSE DIRECTORS

Vinod H. Thourani, Atlanta, GA

Michael J. Mack, Dallas, TX

Vinay Badhwar, Pittsburgh, PA

Wilson Y. Szeto, Philadelphia, PA

www.sts.org/structuralheart

Attend New Structural Heart and Valve Surgery Symposium

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Dr. Badhwar added that the symposium will include approximately 5 hours for hands-on learning. "It will be a unique way for surgeons to test their proficiency with new procedures."

The faculty for the symposium will include cardiac surgery pioneers and leaders from across the United States, who will be able to share information about their own difficult cases and provide a global perspective to the changing landscape for treatment of valve disease, including aortic stenosis and regurgitation, mitral regurgitation, and atrial fibrillation.



Sessions will be structured for cardiothoracic surgeons of all experience levels. "Whether they already have an established practice and want to learn about new technology or are early in their careers and want their first glimpse of the field, this symposium will be beneficial," said Dr. Thourani.

Space is limited for this important course, so view the agenda and register today at www.sts.org/structuralheart. If you have questions, contact STS Education staff at education@sts.org. ■

Peter K. Smith Appointed RUC Chair

STS member Peter K. Smith, MD is the new Chair of the American Medical Association/ Specialty Society Relative Value Scale Update Committee (RUC), an important body that is the physician community's primary vehicle for communication with the Centers for Medicare & Medicaid Services regarding payment policy.

His 2-year term, which is renewable for an additional two terms, began on June 1.

"This is a big opportunity, but also a big challenge. I feel that I've developed the skills necessary to make progress in the area of accurate physician payment," said Dr. Smith, who is Chief of the Division of Thoracic and Cardiovascular Surgery at Duke University Medical Center. "In this role, I will work for all of medicine,

and that will be to the benefit of STS members and their patients."

The RUC is composed of representatives from the entire medical profession, and its chief task is to make recommendations to CMS on the relative value of all new CPT codes, as well as periodic refinements for more than 8,000 codes that make up the Physician Fee Schedule.

"The RUC helps ensure that the value of a physician's work, as well as things like practice expenses and liability insurance, are properly allocated to the CPT codes," Dr. Smith said. "Accurate, relative balance of values for codes is incredibly important, since physician payment issues ultimately affect patient access to medical services and also influence how medical students choose their specialty."

Dr. Smith has served as the Society's representative on the RUC since 2006. He has held a variety of roles, including Chair or Vice Chair of several RUC subcommittees and workgroups.

His nomination for RUC Chair was widely supported across the medical community, with 17 specialty societies signing letters of support.

Verdi J. DiSesa, MD, MBA will now serve as the STS representative on the RUC, with Joseph C. Cleveland Jr., MD serving as alternate.

To learn more about the Society's efforts to address physician coding and reimbursement issues, visit www.sts.org/advocacy. ■

Tech-Con Amps Up the Wow Factor

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really has in development. We hope to share potentially practice-changing technology that may be under development from surprising sources."

Members of the Tech-Con Task Force are now reviewing proposals and developing the program. More information on program details will be shared in the fall 2015 issue of STS News.

"Our specialty has changed in the last several years, and we, as surgeons, need to be adaptable to change and embrace it. Tech-Con will open our eyes to what is on the horizon," Dr. Ailawadi said.

STS/AATS Tech-Con will be held January 23-24, 2016, in conjunction with the STS 52nd Annual Meeting in Phoenix, Arizona. For more information, contact the STS Education Department at education@sts.org. Continuing medical education credit will not be offered for Tech-Con programming. ■

Jacobs Gives Database Lecture at Mayo

Jeffrey P. Jacobs, MD, Chair of the STS Workforce on National Databases, was the 2015 David J. Driscoll Visiting Lecturer at the Mayo Clinic in Rochester, Minn. His April 10 talk discussed how the STS National Database can be used for quality reporting. ■



Dr. Jacobs (left) with Dr. Driscoll

SUBMIT A 2015 PQRS CONSENT FORM

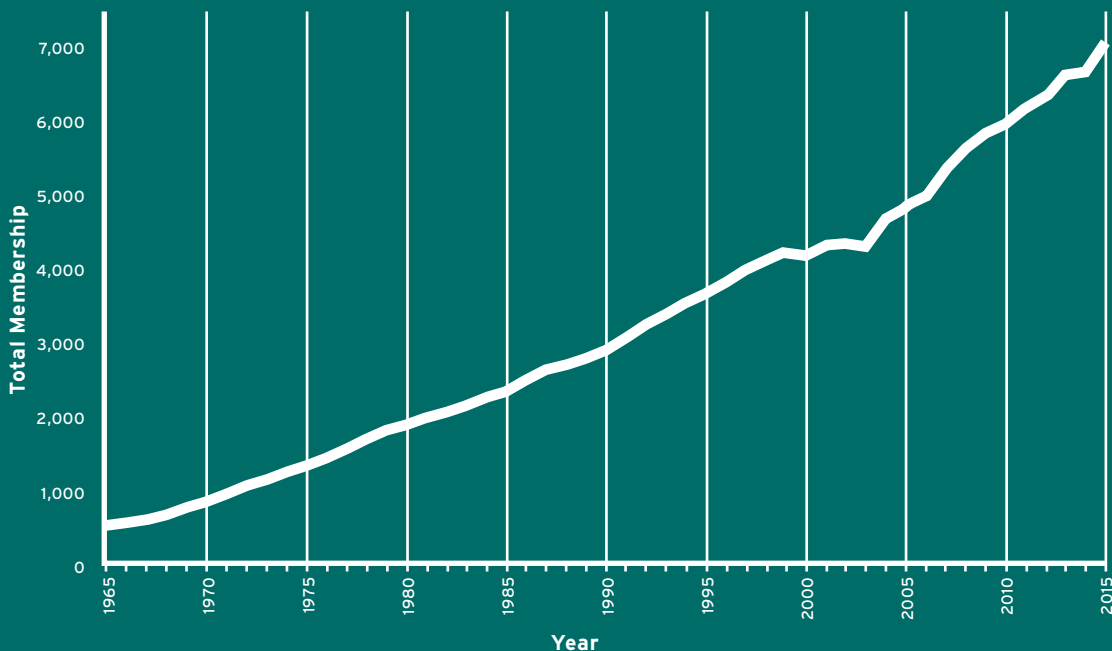
The STS National Database has once again been designated as a Qualified Clinical Data Registry for the Physician Quality Reporting System, and individual surgeons participating in the Adult Cardiac Surgery component of the Database are eligible to reap the benefits of this designation. In order to do so, those individuals must sign a consent form by October 31, 2015, that will allow STS to submit data on 16 different measures to the Centers for Medicare & Medicaid Services on their behalf. Surgeons who report these data for 2015 will avoid a 2% payment cut in 2017.

Visit www.sts.org/PQRS to download the consent form and learn more about the measures that STS will be reporting to CMS, including a new measure on patient-centered surgical risk assessment and communication. Plans are under way to extend PQRS benefits to participants in the General Thoracic Surgery component of the Database.

If you have questions about PQRS, contact Donna McDonald, Senior Manager, STS National Database and Patient Safety, at dmcDonald@sts.org or (312) 202-5842. ■

STS MEMBERSHIP EXCEEDS 7,000

The Society has reached a significant milestone with more than 7,000 members! STS membership provides numerous benefits, including a free subscription to *The Annals of Thoracic Surgery*, discounted admission to the STS Annual Meeting and other educational events, discounted participation in the STS National Database, and networking with the most influential cardiothoracic surgeons in the world. If you know someone who is not yet a member, encourage him or her to visit www.sts.org/membership.



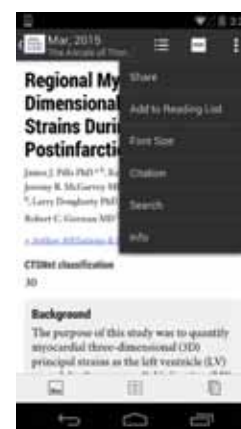
*2015 number as of 6/29/2015

Download *The Annals* App for Android Devices—New!



The Annals of Thoracic Surgery now has a version of its mobile app for Android devices. The free app allows you to

personalize your experience by creating a reading list, adding notes, and saving articles for offline viewing. The app also includes interactive figures, tables, multimedia presentations, and supplementary content. Download the app from the Google Play store and log in with the same username and password that grants you access to the full journal content on annalsthoracicsurgery.org. For help with your username or password, contact membership@sts.org. An app also is available for iPhones and iPads in the Apple App Store. ■



Helping Patients Recognize Reliable Clinical Data Is Vital as Public Reporting Increases

Public reporting of health care quality and patient safety information has reached unprecedented levels, allowing patients to play an increasing role in their own health care decisions; however, as access to information becomes easier, it is important for patients to know where to look for the most accurate and reliable data.

STS continues to set the gold standard through its world-renowned STS National Database. Cardiothoracic surgeons play an important role by participating in any of the three STS National Database component databases and volunteering to publicly report their risk-adjusted outcomes through STS Public Reporting Online.

Adult Cardiac Surgery Database participants can report outcomes for coronary artery bypass grafting (CABG) surgery, aortic valve replacement (AVR), and CABG combined with AVR. Congenital Heart Surgery Database participants can report 4-year observed, expected, and risk-adjusted operative mortality rates. Public reporting for General Thoracic Surgery Database participants will be available next year.

SIFTING THROUGH THE DATA

“While there are other health care ‘report cards’ publicly available to patients, many are based solely on billing and administrative data and use

methodologies that are not transparent to the public,” said David M. Shahian, MD, Chair of the STS Council on Quality, Research, and Patient Safety and Vice President of the Massachusetts General Hospital Center for Quality and Safety. “STS public reporting uses detailed clinical registry data and outcomes that have been risk adjusted, meaning that the results take into account the condition of the patient at the time of surgery and whether or not there were other health problems, such as diabetes.”

Surgeons can direct their patients to the STS website for a more complete explanation of the risk-adjusted data. “We are completely transparent about how we measure hospital performance, which assures patients that our data are accurate and reliable,” said Dr. Shahian.

The star ratings system used to indicate performance also helps patients understand the results. Participants receive a 3-star, 2-star, or 1-star rating. “Three-star programs perform better than average, an STS rating that is very difficult to achieve. Patients should understand that an STS 2-star program is also performing well; three quarters of the programs in the country fall into this category,” said Dr. Shahian. “Our star ratings provide a guide, but do not always indicate a hospital’s exact performance. A patient should use the star rating as a way to open discussion with his or her surgeon about the recommended procedure and expected outcomes.”

U.S. NEWS RECOGNIZES VALUE OF STS DATA

The new “Best Hospitals for Common Care” ratings released May 20 by U.S. News & World Report highlight the importance of public reporting. One of the quality measures in the U.S. News methodology rewards hospitals that participate in STS Public Reporting Online for CABG, AVR, and CABG+AVR. U.S. News provided hospitals with credit after reviewing information available on STS Public Reporting Online at www.sts.org/publicreporting.

“Patients deserve access to the best possible information when researching where to go for treatment, and they are increasingly looking to public reporting websites, including U.S. News, because they know that’s where they’ll find authoritative data,” said Ben Harder, Chief of Health Analysis at U.S. News & World Report.

“Transparency initiatives, such as STS public reporting, help reporters and news outlets provide better information to patients, enabling them to make more well-informed decisions on where to look for treatment.”

The next round of STS public reporting results will be available on www.sts.org/publicreporting later this summer. If you have not yet volunteered to participate, sign the consent form at www.sts.org/publicreportingconsent. ■

In Memoriam

ANTHONY R.C. DOBELL, MD

STS PAST PRESIDENT (1981-1982)



One of the first physicians to perform open-heart surgery in Canada passed away on June 17 at the age of 88.

Anthony R.C. Dobell, MD earned his bachelor's and medical degrees from McGill University in Montreal. After training in general surgery and thoracic surgery at Jefferson Medical College in Philadelphia,

he returned to Canada in 1956 and developed the pediatric open-heart surgery program at Montreal Children's Hospital.

Dr. Dobell soon began working with adult patients as well and participated in one of the first successful heart transplant operations in Canada. In 1968, he was appointed Director of the Montreal Children's Hospital's Pediatric Cardiovascular Surgery Division and later became Surgeon-in-Chief at Children's and Director of McGill's Cardiovascular and Thoracic Surgery Division.

"We all mourn a giant in our field of cardiac surgery and a great human who has touched many lives," said Hani Shennib, MD, who worked under Dr. Dobell at McGill. "He reminded us that communication between cardiac surgeons and their patients is a vital link and a vital responsibility that cannot be shirked."

The first Canadian to serve as STS President, Dr. Dobell received the prestigious Order of Canada in 1997 for his contributions to medicine. ■

STS Leadership Self-Nomination Process Opens in September

All members are invited to participate in the Society's self-nomination process for standing committee and workforce appointments. Submissions will be accepted September 1–30. You will receive an e-mail with further information on how to self-nominate.

A full list of the Society's standing committees and workforces can be found at www.sts.org/leadershipstructure.

Leadership appointments are approved by the STS Executive Committee each year, usually at its December meeting.

Leadership appointments for 2016–2017 will commence after the STS 52nd Annual Meeting in Phoenix, January 23–27, 2016. The majority of open positions are for 3-year terms, renewable on a one-time basis.

If you would like to add/update your e-mail address on file, please contact Sarah Foreman, Membership Coordinator, at membership@sts.org. If you have questions about the STS leadership structure and the self-nomination process, contact Elisa Robles, Governance Coordinator, at erobles@sts.org. ■



STS Participates in AATS Annual Meeting

This past April, STS hosted a booth at the American Association for Thoracic Surgery Annual Meeting in Seattle to share information about the Society's many activities. Visitors received the latest updates on participation in the STS National Database (including international participation), public reporting initiatives, developments from the STS Research Center, political advocacy opportunities, and STS membership benefits. ■

Register Your Team for AQO

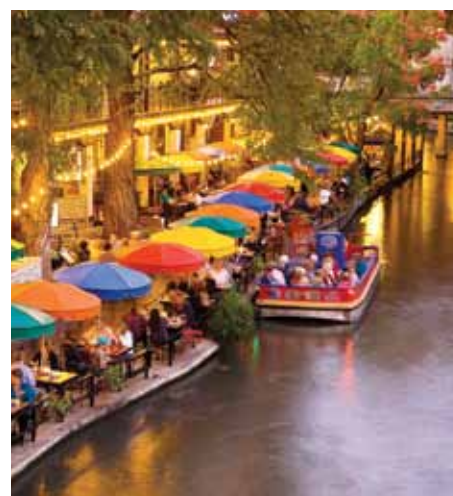
Registration for the 2015 Advances in Quality & Outcomes: A Data Managers Meeting is now under way at www.sts.org/AQO.

The meeting will be held at the San Antonio Marriott Rivercenter in San Antonio, Texas, from Tuesday, October 21, through Thursday, October 23.

AQO attendees will benefit from in-depth presentations by both surgeons and data managers, who will outline practical applications of data collection and provide helpful insights on achieving quality outcomes. Sessions will focus on each of the three STS National Database components—Adult Cardiac Surgery, General Thoracic Surgery, and Congenital Heart Surgery.

The AQO conference is designed for data managers of all experience levels. Primary data contacts and new data managers are strongly encouraged to attend. Surgeons also are urged to consider attending the conference along with their data managers. Register by Wednesday, September 23, for early bird pricing; after this date, registration fees will increase by \$100.

If you have questions about registration and housing, contact Amy Cacich, Meetings and Conventions Coordinator, at acacich@sts.org. If you have questions about the AQO program, contact Donna McDonald, Senior Manager, STS National Database and Patient Safety, at dmcDonald@sts.org. ■



The AQO Meeting site overlooks the famous San Antonio River Walk.

STS Engages the General Public via Press Release Program

As part of its continuing efforts to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued eight press releases February 25–May 31, 2015. Brief recaps can be found below. To read the full press releases, visit www.sts.org/media.

February 25: **“Heart Surgery Outcomes for Pediatric and Congenital Patients Now Online”** described the first-ever release of congenital public reporting outcomes from the STS National Database.

March 2: **“Heart Valve Repair Significantly Improves Emotional Wellbeing in Patients with Mitral Regurgitation”** featured a study from the March 2015 issue of *The Annals of Thoracic Surgery* about how mitral valve repair surgery can significantly improve psycho-emotional symptoms, such as depression and anxiety, for patients with severe mitral regurgitation.

March 2: **“Frequency of Blood Tests in Heart Surgery Patients May Lead to Anemia, Transfusions”** described a study in the March 2015 issue of *The Annals* that found laboratory testing among patients undergoing cardiac surgery can lead to

excessive bloodletting, which can increase the risk of developing hospital-acquired anemia and the need for blood transfusion.

March 24: **“New Expert Consensus Statement Provides Recommendations to Guide Minimally Invasive Valve Treatments for Children and Adults”** described an expert consensus paper released by The Society for Cardiovascular Angiography and Interventions (SCAI), American Association for Thoracic Surgery, American College of Cardiology (ACC), and STS, which provided guidance on transcatheter pulmonic valve replacement for children and adults who were previously treated for congenital heart disease.

April 1: **“Surgery Improves Survival in Diabetic Patients with Heart Disease”** discussed a paper in the April 2015 issue of *The Annals* that found coronary artery bypass grafting surgery is better than stenting at improving long-term survival and reducing the risk of adverse complications in diabetic patients with severe heart disease.

April 7: **“Leading Cardiovascular Societies Release New Guidance on Use of Heart Pumps”** featured an expert consensus paper by SCAI, ACC, the Heart Failure Society of America,

and STS on how to match patients with the right mechanical circulatory support device for treatment of heart failure. (Learn more on page 13.)

April 15: **“Congress Passes Repeal of Flawed Sustainable Growth Rate Formula”** expressed the Society’s support of legislation that repealed the SGR and derailed the Centers for Medicare & Medicaid Services’ plans to unbundle global surgical payments by 2018, among other STS advocacy priorities. (Learn more on page 15.)

April 30: **“Fresh Whole Blood Reduces Possible Complications in Pediatric Heart Surgery Patients”** found that using fresh whole blood from single donors is better than using component blood from multiple donors in pediatric heart surgery patients, according to a study in the May 2015 issue of *The Annals*.

For more information on the Society’s press release program and other public outreach efforts, please contact Cassie McNulty, Media Relations Manager, at cmcnulty@sts.org. ■

STS NATIONAL DATABASE EXPANDS TO INDIA AND UNITED ARAB EMIRATES

The STS National Database has welcomed its first participants from India and the United Arab Emirates, joining those from Australia, Brazil, Israel, Italy, and Turkey as international participants. Mohan Thanikachalam, MD, who practices at Harvey Hospital, Agada Hospital, and Sri Ramachandra Medical Center in Chennai, will participate in the Adult Cardiac Surgery

Database (ACSD). Johannes Bonatti, MD and his associates at the Cleveland Clinic Abu Dhabi will participate in the ACSD and General Thoracic Surgery Database.

International institutions that participate in the Database receive detailed risk models, an opportunity to compare surgical outcomes to STS North American

benchmarks, and valuable aid with the administrative aspects of participation. Encourage your international colleagues to visit www.sts.org/international-participation or contact Gerry Tarafa, Operations Manager, STS National Database, at gtarafa@sts.org or (312) 202-5858. ■



National Quality Forum Endorses Three STS Measures

The National Quality Forum (NQF) has endorsed three additional STS quality performance measures, bringing the Society's total NQF-endorsed measures to 33, more than any other medical specialty society.

The newly endorsed measures include the risk-adjusted coronary artery bypass grafting (CABG) surgery readmission rate, isolated aortic valve replacement (AVR) composite, and AVR+CABG composite.

NQF endorsement is the gold standard for health care quality, and NQF-endorsed measures are recognized by the national health care community as "best in class," evidence-based, and valid. NQF evaluates measures using four major criteria: importance to measure and report, scientific acceptability of measure properties, feasibility, and usability and use.

"Endorsement of a performance measure by the National Quality Forum signifies that it has passed the most rigorous national vetting process currently available. This differentiates our measures from those used by many proprietary, commercial report cards, which rarely, if ever, receive such endorsement," said David M. Shahian, MD, Chair of the Society's Council on Quality, Research, and Patient Safety.

While seeking NQF endorsement is not required, STS dedicates significant resources to prepare its measures for NQF review. The STS Quality Measurement Task Force works with STS staff and Duke Clinical

Research Institute statisticians to prepare detailed measure submission forms for NQF review. This includes updating measure specifications, providing measure-specific data to demonstrate performance gaps, and conducting adequate reliability and validity testing to further support each measure. The Task Force on Quality Initiatives contributes information on clinical practice guidelines and other evidence to demonstrate that each measure focus is evidence-based.

Results for NQF-endorsed STS measures are provided to STS National Database participants in their database harvest reports, and composite measures are used in the voluntary STS public reporting initiative.

Major health care purchasers, including the Centers for Medicare & Medicaid Services, rely on NQF endorsement to ensure that measures are scientifically sound and meaningful. Receiving NQF endorsement of its measures has put the Society in a position to collaborate with CMS and other organizations.

"Because of this extensive external oversight and endorsement, STS members and others who use our measures can be confident that they represent the current state of the art in performance measurement," Dr. Shahian added.

For more information, contact Jane Han, Senior Manager, Quality Metrics and Initiatives, at jhan@sts.org. ■

STS/TSFRE Announce Michael J. Davidson Fellowship

The Society and its charitable arm, the Thoracic Surgery Foundation for Research and Education (TSFRE), have announced the creation of the Michael J. Davidson Traveling Fellowship for Cardiac Surgery Innovation.

The fellowship is named for Dr. Michael Davidson, an outstanding cardiothoracic surgeon and teacher who was murdered in January at Brigham and Women's Hospital in Boston. This tragedy profoundly affected the cardiothoracic surgery community, as well as the entire medical community, and brought to light Dr. Davidson's achievements in mastering sophisticated catheter skills and advocating for a future that would meld the cardiac catheterization lab with the operating theater.

The goals of this initiative are ambitious: to create a fellowship that is both a meaningful



tribute to Dr. Davidson and sustainable in perpetuity. To that end, the TSFRE Board of Directors recently initiated a fundraising campaign by earmarking \$10,000 toward this effort, and the STS Board of Directors followed suit with a \$100,000 donation. These gifts, while substantial, do not begin to cover the costs necessary in order to achieve the goals for

this initiative. Consequently, TSFRE is now accepting individual and corporate contributions. Online contributions can be made at www.tsfre.org/donation. Checks should be made out to TSFRE, with "Michael Davidson" written on the memo line, and mailed to TSFRE, 633 N. Saint Clair St., Floor 23, Chicago, IL 60611.

The first fellowship is expected to be awarded in 2016. Successful applicants will emulate Dr. Davidson's passion for integrated heart

teams that provide novel, improved, and less invasive solutions for complex heart patients.

Your gift to the Davidson Fellowship fund will both honor the memory of an innovative surgeon and help train the next generation of cardiothoracic surgeons.

For more information on the fellowship, go to www.tsfre.org/davidson. ■

TSFRE Award Applications Due in October

Applications are due October 15 for a number of research grants and fellowships from TSFRE. Visit www.tsfre.org/awards for information on the awards and to apply. If you have questions, contact Priscilla S. Kennedy, TSFRE Executive Director, at (312) 202-5868 or pkennedy@tsfre.org.

Expert Consensus Paper on Percutaneous Mechanical Circulatory Support Now Available

STS recently partnered with The Society for Cardiovascular Angiography and Interventions (SCAI), the American College of Cardiology (ACC), and the Heart Failure Society of America (HFSA) to provide guidance that will help physicians match the right percutaneous mechanical circulatory support device with the right patient.

Read the expert consensus paper, "SCAI/ACC/HFSA/STS Clinical Expert Consensus Statement on the Use of Percutaneous Mechanical Circulatory Support Devices in Cardiovascular Care," at www.sts.org/expertconsensus. ■

2016 LOOKING TO THE FUTURE SCHOLARSHIP APPLICATIONS AVAILABLE SOON

Help support the future of cardiothoracic surgery by encouraging general surgery

residents and medical students interested in the specialty to apply for a 2016 STS Looking to the Future Scholarship.

Scholarships include complimentary registration for the STS 52nd Annual Meeting and STS/AATS Tech-Con 2016 in Phoenix, a 3-night stay at an STS-designated hotel,

participation in exclusive events, an assigned mentor to help plan a schedule of educational programming and facilitate introductions, and reimbursement of up to \$500 in related travel expenses.

If you know of an aspiring cardiothoracic surgeon, encourage him or her to apply.

You also can offer to write a letter of recommendation on the applicant's behalf.

Applications will be available at www.sts.org/lttf in mid-August. For more information, contact Rachel Pebworth, Senior Coordinator, Affiliate Organizations, at rpebworth@sts.org. ■

STS Study Aims to Improve Patient Outcomes After Lung Cancer Surgery

The STS Research Center is overseeing a 4-year study that will help identify the best surgical approaches for older patients with lung cancer.

The Agency for Healthcare Research and Quality awarded STS a nearly \$1 million R01 grant for the project. Felix G. Fernandez, MD, MSc, Assistant Professor of Surgery at Emory University School of Medicine in Atlanta, is the principal investigator. Co-investigators include Joe B. Putnam Jr., MD, Anthony P. Furnary, MD, Mark W. Onaitis, MD, Cameron D. Wright, MD, Daniel J. Boffa, MD, and Jeffrey P. Jacobs, MD.

The first task is to develop a risk model for long-term survival following lung cancer resection. To do so, researchers will link data in the STS General Thoracic Surgery Database (GTSD) with longitudinal administrative data from the Centers for Medicare & Medicaid Services.

“While operative mortality for surgical resection of lung cancer is excellent at sites reporting to the GTSD, success for lung cancer surgery is better measured by cure of the cancer, which translates into long-term survival,” said Dr. Fernandez. “As the detection of early

stage lung cancer is expected to increase, excellent surgical results will be required to convert these cancers into non-morbid cures.”

Once the risk model is completed, researchers will move on to study survival based on surgical approach (video-assisted thoracic surgery versus thoracotomy). They also will examine how the extent of lung resection (sublobar resection versus lobectomy) affects survival.

“We hypothesize that minimally invasive approaches and limited pulmonary resection techniques are not associated with inferior long-term survival compared to open surgical approaches and standard resection techniques when applied in appropriate clinical scenarios and with excellent surgical technique,” Dr. Fernandez said.

In addition, the researchers will compare resource use and costs according to surgical approach and extent of resection.

“We hypothesize that minimally invasive approaches and limited pulmonary resection techniques are associated with more favorable economic outcomes than

standard thoracotomy and lobectomy,” said Dr. Fernandez.

Currently, the researchers are linking GTSD data with Medicare claims data. They plan to disseminate those findings early next year.

Ultimately, the study will identify patients at risk for poor long-term survival following lung

cancer surgery and determine the optimal surgical strategies for such patients. “These results will have a positive and significant impact on health care by helping physicians and patients focus on individual patient characteristics to make better informed treatment decisions, as well as guiding the development of future prospective trials,” Dr. Fernandez added.

For more information about this study or the STS Research Center, contact Luis Vargas, Senior Research Manager, at lvargas@sts.org. ■



Felix G. Fernandez, MD, MSc

“These results will have a positive and significant impact on health care by helping physicians and patients ... make better informed treatment decisions.”

— Felix G. Fernandez, MD, MSc

ICD-10 Webinars Help Ease Coding Transition

The Society is offering a series of webinars designed to help cardiothoracic surgeons and their coding staffs navigate the transition to the 10th revision of the International Classification of Diseases (ICD-10), which is required as of October 1, 2015. Two webinars will be available on ICD-10 Clinical Modification for each discipline—

adult cardiac surgery, general thoracic surgery, and congenital heart surgery—with separate versions for surgeons and coders. A general webinar explaining the ICD-10 Procedure Coding System also will be available. For more information and to purchase access to the webinars, visit www.sts.org/webinars. ■

STS Achieves Major Policy Victories

With the help of STS members across the country, the Society recently was able to secure major policy victories that will not only benefit the cardiothoracic surgery community, but also will help preserve access to care for patients.

In April, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law after passing with strong bipartisan support in both the Senate and the House of Representatives. This historic legislation repeals the flawed Sustainable Growth Rate (SGR) formula governing physician payment. STS members sent their representatives and senators more than 300 messages urging them to vote for MACRA. In addition, the Society joined more than 750 health care and physician organizations in sending a letter to Congressional leadership encouraging the passage of Medicare payment reform legislation.

This legislation includes a number of other provisions that will impact cardiothoracic surgeons. Perhaps the most significant of these provisions preserves global surgical payments. The Centers for Medicare & Medicaid Services (CMS) had planned to eliminate global procedures by 2018. Instead, the agency will survey a physician sample to collect information on the value of surgical and postoperative services. Beginning in 2019, the Secretary of Health & Human Services may use the survey information to revalue surgical reimbursement.

MACRA also provides a pathway to alternative payment models (APMs). Future Medicare payments are scheduled as follows:

- June 2015-2019—Physicians will receive annual payment increases of 0.5%.
- 2020-2025—Rates will remain steady at the 2019 level; eligible physicians can receive additional payment adjustments through the Merit-Based Incentive Payment System,

which will consolidate the Physician Quality Reporting System, the Value-Based Modifier, and the Electronic Health Records Meaningful Use Program.

- 2026 and beyond—Professionals participating in APMs that meet certain criteria will receive annual increases of 0.75%; all others will receive annual increases of 0.25%. STS is working on an APM that would use the STS National Database as the foundation for team-based care.

In addition, the legislation lets Qualified Clinical Data Registries purchase Medicare claims information to augment the robust clinical information already housed in these registries. The STS National Database is a Qualified Clinical Data Registry, and this

provision will both further enhance the Society's quality improvement efforts and serve as the foundation for important research.

Finally, MACRA requires clarification of the Common Rule, specifically how human subjects research applies to data collection in clinical registries. Uncertainty surrounding the application of the Common Rule and other duplicative federal regulations have imposed unnecessary burdens on hospitals and other registry participants.

STS HOLDS LEGISLATIVE FLY-IN

A few days after MACRA was signed into law, 23 STS members attended the Society's first Legislative Fly-In of 2015, which coincided with the American College of Surgeons Leadership and Advocacy Summit. The Society provided scholarships for seven Candidate Members and three Active Members to attend both the ACS Summit and the STS Legislative Fly-In.

Fly-In participants thanked their representatives and senators for passing MACRA and also discussed other important STS advocacy priorities, including pending legislation regarding the "21st Century Cures" initiative and restoring access to crucial death information in the Social Security Death Master File.

STS advocacy achievements are a direct result of member engagement. Help keep up the momentum by visiting www.sts.org/advocacy to learn more about how you can contribute. ■



STS Member Walter F. DeNino, MD (right) met with Rep. Mick Mulvaney (R-SC).



STS Member Raymond L. Singer, MD, MMM (left) met with Rep. Charlie Dent (R-PA).



More than 20 STS members gathered in Washington to celebrate the initial successes in Medicare reform and begin helping Congress take the next steps.

THE SOCIETY OF THORACIC SURGEONS
633 N. Saint Clair St., Floor 23
Chicago, IL 60611-3658
Phone (312) 202-5800 | Fax (312) 202-5801
E-mail sts@sts.org | Web www.sts.org

PRESIDENT

Mark S. Allen, MD
allen.mark@mayo.edu

FIRST VICE PRESIDENT

Joseph E. Bavaria, MD
joseph.bavaria@uphs.upenn.edu

SECOND VICE PRESIDENT

Richard L. Prager, MD
rprager@umich.edu

SECRETARY

Keith S. Naunheim, MD
naunheim@slu.edu

TREASURER

Robert S.D. Higgins, MD, MSHA
robert.higgins@jhmi.edu

IMMEDIATE PAST PRESIDENT

David A. Fullerton, MD
david.fullerton@ucdenver.edu

INTERNATIONAL DIRECTORS

A. Pieter Kappetein, MD, PhD
a.kappetein@erasmusmc.nl

Shinichi Takamoto, MD, PhD
takamoto-cvs@umin.ac.jp

CANADIAN DIRECTOR

Sean C. Grondin, MD, MPH
sean.grondin@albertahealthservices.ca

RESIDENT DIRECTOR

Damien J. LaPar, MD, MSc
dlapar@virginia.edu

PUBLIC DIRECTOR

Tony Coelho
tony@onewharf.com

DIRECTORS-AT-LARGE

Emile A. Bacha, MD
eb2709@columbia.edu

Shanda H. Blackmon, MD, MPH
blackmon.shanda@mayo.edu

Bryan F. Meyers, MD, MPH
meyersb@wustl.edu

Joseph F. Sabik III, MD
sabikj@ccf.org

Vinod H. Thourani, MD
vthoura@emory.edu

Cameron D. Wright, MD
cdwright@partners.org

EDITOR

G. Alexander Patterson, MD, FRCS(C)
pattersona@wudosis.wustl.edu

HISTORIAN

Nicholas T. Kouchoukos, MD
ntkouch@aol.com

EXECUTIVE DIRECTOR &

GENERAL COUNSEL
Robert A. Wynbrandt
rwynbrandt@sts.org

MARK YOUR CALENDAR

Upcoming STS Educational Events

**Masters in Structural
Heart and Valve Surgery**
Chicago, Illinois
August 28-29, 2015

**Advances in Quality
& Outcomes**
San Antonio, Texas
October 21-23, 2015

Coding Workshop
San Antonio, Texas
November 12-14, 2015

STS/AATS Tech-Con 2016
Phoenix, Arizona
January 23-24, 2016

STS 52nd Annual Meeting
Phoenix, Arizona
January 23-27, 2016

Find out more at
www.sts.org/education-meetings.

Thank You!



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