

STS Launches Redesigned Website



On the homepage, users will find the latest Society information, including educational events, videos, and news releases.

STS members now have a more intuitive, modern website for accessing Society resources and maximizing their membership benefits. A redesigned website debuted in September.

The new www.sts.org was a collaborative effort that included input from all STS departments and focused on one main goal: Keeping the end user in mind.

Along with improved navigation, an updated color palette, and more prominent photos, the site is now mobile responsive, so that no matter what device is being used, the experience will be seamless.

On the homepage, users will find quick access to the latest educational offerings, videos, news releases, and Society tweets. A prominent navigation bar directly below the redesigned STS logo groups related information in tabs by category:

- **Learning Center** offers STS Annual Meeting Online, webinars, and information on claiming CME credit.

- **Meetings** groups registration and program information for the STS Annual Meeting, standalone educational courses, and educational collaborations.

- **Quality & Safety** provides access to the Society's performance measures (including National Quality Forum-endorsed measures), patient safety materials, and surgical checklists.

- **Registries & Research Center** includes information and resources related to the STS National Database, STS Research Center programs, and the STS/ACC TVT Registry.

- **Advocacy** facilitates direct contact with legislators through the Legislative Action Center and contributions to STS-PAC; it also has a sign-up form that will enable you to become an STS Key Contact.

- **Publications** offers access to STS News, STS National Database News, and other Society newsletters.

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Innovative Research, Videos, and Debates in Store at STS 2018

If you want to stay at the forefront of what's new in cardiothoracic surgery, mark your calendar now for the STS 54th Annual Meeting.

"The meeting will be an unparalleled educational experience," said STS President Richard L. Prager, MD. "This is an opportunity to meet colleagues and friends from around the world, hear new ideas and concepts, and learn from each other."

The meeting will be held Jan. 27-31 in Fort Lauderdale, Fla., and several changes are in store.

"We've focused our efforts on making this a more edgy meeting," said Himanshu Patel, MD, Chair of the Workforce on Annual Meeting. "For example, instead of having several sessions consisting only of scientific abstracts, we encouraged our program committee to incorporate not only the very best abstracts—of which there were many—but also lively debates and surgical videos."

HOT TOPICS IN EACH SUBSPECIALTY

All members of the cardiothoracic surgery team will find educational programming relevant to their everyday practice.

Three "How To" video sessions will be held on Sunday—one for each subspecialty. These extremely popular sessions will

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The Benefits of a Diverse Specialty

Richard L. Prager, MD, President

Recognizing the growing diversity of the population and the patients that we serve, STS recently created a Special Ad Hoc Task Force on Diversity and Inclusion. Inclusion was one of the founding principles when our Society was formed in 1964 for all cardiothoracic surgeons; creating this Task Force was a natural and comfortable move to maintain that tradition.

The mission of the Task Force is to cultivate an environment of inclusion and diversity within the Society, as well as the cardiothoracic surgery specialty. David T. Cooke is the Task Force Chair. Task Force members are of diverse ethnicity, practice geography within the US, and career stage. They include Leah M. Backhus, Melanie A. Edwards, Anthony L. Estrera, Luis A. Godoy, Douglas J. Mathisen, Jacqueline Olive, Ourania A. Preventza, Jennifer C. Romano, Vinod H. Thourani, and myself.

SURVEY ON DIVERSITY AND INCLUSION

To benchmark perceptions about diversity and inclusion in cardiothoracic surgery and within The Society of Thoracic Surgeons, the Task Force has developed a survey for US-based members. A link to that survey will be available in a few weeks, and it is critically important to the specialty that we get a good response rate.

The data and preliminary conclusions from this survey will be presented at a special session during the STS Annual Meeting in Fort Lauderdale, Florida. The session, "Diversity and Inclusion in Cardiothoracic Surgery: What's In It for

Me?," will be held on Monday, January 29, following my Presidential Address. (You can see the entire Annual Meeting program at a glance on page 14.)

Once we have analyzed the survey data and identified ways in which we can make positive changes, the Society will begin developing programs and resources that we hope will not only further diversify the cardiothoracic surgery workforce, but also lead to a better understanding of health care disparities among cardiothoracic surgery patients and, ultimately, better patient outcomes.

We know that we have some huge hurdles ahead of us; some of the disparities that are evident in our specialty begin well before residency. They are symptoms of disparities in our early education system. A lack of diversity starts before college, continues into college and medical school, and appears evident in the mid-to-senior cardiothoracic surgeons in the United States. If we can participate in ways to affect the demographic makeup in the earlier educational years, it will only be a matter of time before our cardiothoracic surgery workforce diversifies.

THE BONUSES OF DIVERSITY

In the business world, diversity has been shown to increase innovation and group performance, improve financial

performance, and enhance marketplace reputation. Other "bonuses of diversity" include better decision making by leaders, a more robust talent pool, and deeper

engagement and loyalty from consumers, members, and other constituencies.

My colleague, Scott E. Page, from the University of Michigan's College of Literature, Science, and the Arts, has been promoting diversity for many years. His landmark book, *The Difference: How the Power of Diversity Creates Better Groups, Films, Schools, and Societies*, describes how teams of diverse people can find better solutions than teams of like individuals. The best group decisions are those that draw upon "cognitive diversity"; they rely upon the qualities and perspectives that make each of us unique.

NEXT STEPS

For STS, the initial step is recognizing where we are today. Data from the survey on diversity and inclusion will help in that regard. The next steps will be to expand the pathways into our specialty workforce and to create resources that will help us provide better quality care for patients who are culturally or linguistically different than we are.

Many other societies and medical organizations are embarking on similar courses of demographic reviews, including the American College of Cardiology, the American Surgical Association, and the American Society of Clinical Oncology. The Association of American Medical Colleges also is taking a look at foundational demographic data for medical schools across the United States and Canada.

By helping ourselves, we will be helping our patients. I sincerely believe that by creating a more diverse cardiothoracic surgery workforce, we will be able to better address the health care needs of our diverse population and improve the quality of care for our patients. ■

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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In this edition of STS News, Dr. Raymond Singer describes his personal journey through changes that have affected our entire profession. Many of us may find similarities with our own career experiences.

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

Working with Cardiologists: From Heresy to Dogma

Raymond L. Singer, MD, MMM, CPE, Physician in Chief, Institute for Special Surgery
Lehigh Valley Health Network, Allentown, Penn.

After completing my cardiothoracic surgery training in 1992, I joined a private practice cardiac surgery group in Pennsylvania. As the 90s progressed, the challenges to private practice began to mount.

In November 1992, the Pennsylvania Health Care Cost Containment Council published its first cardiac surgery report card. Although public reporting is now commonplace, it was a shock to surgeons at the time. Collegiality became strained as surgeons recognized the potential benefits and risks of receiving a report card, often published on the front page of the local newspaper.

Another challenge was steep Medicare cuts circa 1996. Young surgeons faced the risk of not becoming a partner in the practice. New grads were often dismissed after 2 years of service or kept on as perennial employees so that senior partners' compensation would not diminish.

In addition, the elimination of the Certificate of Need in Pennsylvania led to the opening of multiple small heart surgery programs, which typically recruited senior partners to lead these startups. Small hospitals had visions of renewed financial stability and competed to recruit experienced heart surgeons to get their programs off the ground.

In the face of the chaos created by splintering private practice surgical groups, many heart surgeons, including myself, sought job security and referrals by joining private cardiology practices—a move that was considered heresy at the time.

As this played out across the country, tensions rose. Surgeons who did not join such arrangements found their referrals dropping off. This resulted in many complaints at meetings and even lawsuits. I recall being at the 2003 STS Annual Meeting in San Diego where a surgeon stepped to the microphone and suggested that “any cardiac surgeon who joined a cardiology group should not be in The Society of Thoracic Surgeons.”

I remained in the cardiology group for 5 years, leaving in 2004 to become part of the multispecialty hospital-employed practice where I work today.

Looking back, my experience in a cardiology group, ironically, would be a preview of what is now considered clinical dogma—that is, the importance of collaboration, forming multispecialty teams, service lines, and sharing hybrid technologies.

To adopt hybrid procedures, such as TAVR, cardiologists and cardiac surgeons literally need to stand side-by-side.

With cardiologists as my partners in the 90s, I had direct access to educate them about the importance of early referral for patients needing mitral repair. We developed team-based clinics that might have taken longer to adopt had we been on competing teams.

Fast forward to 2017. The key buzzword is “collaboration.” As technologies continue to advance, it has become clear that to adopt hybrid procedures, such as TAVR, cardiologists and cardiac surgeons literally need to stand side-by-side.

Today, traditional academic departments are being remodeled into service lines and multidisciplinary clinics. The truth is, cardiac surgeons have more in common with cardiologists than they do with other surgical specialties; however, in the traditional academic model, cardiac surgeons are in the department of surgery, while cardiologists are in the department of medicine. New silos attempt to better align physicians along service lines, often within the same practice or institute.

Some may say that the modern alliance is a shift from financial motivation to improving quality and value for patients. I would suggest that financial stability and growth need to remain a necessary part of any hospital's value equation. Whether it's hybrid procedures or clinical pathways, we strive to provide the best value to our patients; in turn, our hospitals are financially rewarded, allowing for further capital investments to improve patient care.

While teaming up with cardiologists was criticized in the past, it is seen as the critical foundation for success today. Perhaps at our next Annual Meeting, a surgeon will rise to the microphone and suggest that “any cardiac surgeon not working with a cardiologist should not be in The Society of Thoracic Surgeons!” ■

To view previous practice management columns, visit www.sts.org/practicemanagement.



On a (Charitable) Mission

Robert A. Wynbrandt, Executive Director & General Counsel
Priscilla S. Kennedy, TSF Executive Director

On a late December day in 1988, I received a call from my client, The Society of Thoracic Surgeons. A prospective benefactor wished to make a charitable donation of stock to the Society, but the Society's federal tax exemption was such that its donors were not legally entitled to treat donations made to STS as charitable contributions. My challenge was to set up a corporation by year-end that would be affiliated with the Society and could receive such charitable donations—and so the STS Education and Research Foundation, now known as The Thoracic Surgery Foundation, was born. In this guest column, TSF Executive Director Priscilla Kennedy describes some of the terrific work of the Foundation, with special emphasis on some of the charitable missions that it supports. Priscilla joined the STS staff as the Foundation's Executive Director in 2012 and has played a starring role in its subsequent successes. Prior to her recruitment into the wonderful world of thoracic surgery, Priscilla served in various capacities at the Northwestern Memorial Foundation across the street, eventually as Administrator of the Lynn Sage Cancer Research Foundation.

Over the past 29 years, the TSF mission has remained the same: fostering the development of surgeon-scientists in cardiothoracic surgery and increasing knowledge and innovation for the benefit of patients; however, the scope of the Foundation's work has expanded tremendously. Awards programs that originally focused on cardiothoracic surgeons in North America now touch cardiothoracic surgeons and their patients around the world.

To date, TSF has funded more than 180 research and education grants, 283 Alley-Sheridan Scholarships, and 25 travel awards. This year alone, the Foundation has provided \$700,000 in awards, including six TSF/Edwards Life-sciences Foundation Every Heartbeat Matters Awards for surgical outreach missions to underserved areas. These missions, to countries including Peru, Rwanda, Nepal, Nigeria, Uganda, and Cambodia, require meticulous organization and close collaboration with local governments and not-for-profit entities.

In addition to helping patients in need of health care, an important component of each mission is to utilize a "See One, Do One, Teach One" approach. This helps educate local health care providers on techniques and treatments, as well as teach them how to share that knowledge with their colleagues. In most cases, both the "teachers" and the "students" say that their experiences were life-altering and set the stage for sustainable cardiothoracic surgery programs in areas where patients often die from treatable conditions. Two examples are outlined below.

- Dr. Reza Khodaverdian, from Stanford University in California, leads efforts with the VOOM Foundation to care for adult and pediatric patients in Nigeria. Patients suffering from heart ailments in that West African nation historically have either traveled out of the country for surgery or suffered grave outcomes. In April, Dr. Khodaverdian's team treated its 156th patient and noted progress in building a sustainable

cardiothoracic surgery program. "The support we have received through TSF will truly impact the cardiac education program at the University of Nigeria Teaching Hospital. We have seen huge improvements in the Nigerian medical staff's ability to understand, perform cardiac surgery, and provide standardized perioperative care," Dr. Khodaverdian wrote in his post-mission summary.

- Dr. Morton Bolman, from the University of Vermont Medical Center in Burlington, leads efforts with the Team Heart organization to provide cardiac surgery services in Rwanda, where fewer than 750 physicians and 6,000 nurses provide care to more than 12 million people. In addition to developing a program that involves identifying and triaging patients with heart disease (primarily rheumatic heart disease), Dr. Bolman and his team plan to build a much-needed treatment facility and expand the number of available health care providers. "This will require the education of the next generation of nurses and physicians, as well as working with the medical school at the University of Rwanda to increase the human resources for health care delivery. It will also involve improving the available facilities for the delivery of cardiac care throughout the country in order to improve access to care," he said.

NEW AWARDS, 2018 PORTFOLIO

New this year, TSF offered 25 travel scholarships for surgeons who care for underserved patients and wanted to attend the STS/EACTS Latin America Cardiovascular Surgery Conference in Cartagena, Colombia (see page 10). The

scholarship recipients practice at hospitals and clinics in Argentina, Brazil, Chile, Colombia, Ecuador, Mexico, Paraguay, Peru, the United States, and Venezuela. They had an opportunity to learn from global experts and ask questions

in a forum that is not usually available to them.

The 2018 TSF Awards portfolio includes 16 grant offerings for cardiothoracic surgeons specializing in

every discipline and at every career level. Applications and deadline dates can be found at thoracicsurgeryfoundation.org/awards.

SURGEON MATCH CHALLENGE

In May, the STS Board of Directors approved the launch of a Surgeon Match Challenge campaign, whereby the Society agreed to match all subsequent surgeon donations made to the Foundation in 2017, up to \$200,000. As of this writing, matching funds were still available; consequently, readers of *STS News* are urged to make their contributions today at thoracicsurgeryfoundation.org/donate. The Surgeon Match Challenge ends on December 31, 2017.

Since the Society covers all of the Foundation's administrative expenses, 100% of those contributions will be devoted solely to TSF awards.

You also can give to the specialty by providing your time and expertise to the Foundation. Please feel free to contact pkennedy@sts.org for more information.

Next year marks the 30th Anniversary of TSF. Remarkable progress has been made in the specialty over the last three decades. Through continued support from STS and its members, the Foundation's work will have a lasting impact on cardiothoracic surgeons and their patients. ■

Member News



RICH TAPPED FOR CLEVELAND CLINIC ROLE

STS Past President **Jeffrey B. Rich, MD** has been appointed Chair of Operations and Strategy for the Cleveland Clinic's Miller Family Heart & Vascular Institute. In this new role, Dr. Rich will promote quality initiatives, work on developing innovative payment initiatives, and engage in strategic growth for the institute. He previously practiced at Sentara Norfolk General Hospital, led the Virginia Cardiac Services Quality Initiative, and directed the Center for Medicare Management within CMS. Dr. Rich has been an STS member since 1994.



THOURANI MOVES TO MEDSTAR GEORGETOWN

Vinod H. Thourani, MD is now Chair of Cardiac Surgery at MedStar Heart & Vascular Institute in Washington, DC. Previously, Dr. Thourani served as Chief of Cardiothoracic Surgery at Emory University Hospital Midtown in Atlanta and Co-Director of Emory's Structural Heart and Valve Center. He is a Director-at-Large on the STS Board of Directors and has been a member of the Society since 2008.



KANE MOVES TO ROCHESTER

Lauren C. Kane, MD has moved to the University of Rochester in New York where she is an Associate Professor in the Division of Cardiac Surgery, Congenital Heart Surgery, and Associate Surgeon at Golisano Children's Hospital. Previously, Dr. Kane was an Assistant Professor in the Division of Congenital Heart Surgery at Baylor College of Medicine and an Associate Surgeon at Texas Children's Hospital in Houston. She has been an STS member since 2012.



ROBBINS LEADS UNIVERSITY OF ARIZONA

Robert C. Robbins, MD is the new President of the University of Arizona. Previously, Dr. Robbins was President and CEO of the Texas Medical Center. Before that, he was Professor and Chair of Cardiothoracic Surgery at Stanford University School of Medicine and Founding Director of the Stanford Cardiovascular Institute. Dr. Robbins has been an STS member since 1998.



ROUGHNEEN MOVES UP AT UTMB

Patrick T. Roughneen, MD has been named Associate Chief Medical Officer and Professor of Surgery at The University of Texas Medical Branch in Galveston. Previously, Dr. Roughneen served as Associate Professor of Surgery in the Division of Cardiothoracic Surgery at UTMB. He has been an STS member since 1994.



KAPPETEIN JOINS MEDTRONIC

A. Pieter Kappetein, MD, PhD has been named Chief Medical Officer, Structural Heart, at Medtronic. He will provide medical leadership for the company's heart valve therapies and extracorporeal therapies businesses. Dr. Kappetein also is a Professor of Cardiothoracic Surgery at Erasmus Medical Center in Rotterdam, The Netherlands. He served as an International Director on the STS Board of Directors from 2014 until earlier this year and has been a member of the Society since 2007.

CONTE IS CHIEF AT PENN STATE HERSHEY

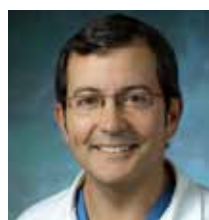


John V. Conte, MD is now Chief of the Division of Cardiac Surgery and Associate Director of the Heart and Vascular Institute at Penn State University Hershey Medical Center. Previously, Dr. Conte was Director of Mechanical Circulatory Support and Surgical Director of the Structural Heart Disease Program at The Johns Hopkins Hospital in Baltimore. He is a former Chair of the Society's Council on Education and Member Services and has been an STS member since 1999.



CAMACHO RECEIVES NUSSBAUM AWARD

Margarita T. Camacho, MD is a recipient of the American Heart Association (AHA)/American Stroke Association's Harvey E. Nussbaum, MD, Distinguished Service Award for her outstanding commitment to building healthier communities and the mission of the AHA. She is the first woman to win this award. Dr. Camacho is Surgical Director of Cardiac Transplantation and Assist Devices at Newark Beth Israel Medical Center. She has been an STS member since 2004.



HORVATH TAKES ASSOCIATION ROLE

Keith A. Horvath, MD is now the Senior Director, Clinical Transformation at the Association of American Medical Colleges. Previously, Dr. Horvath was Director of the Cardiothoracic Surgery Research Program at the National Heart, Lung, and Blood Institute and Chief of Cardiothoracic Surgery at the National Institutes of Health Heart Center. He has been an STS member since 1997.

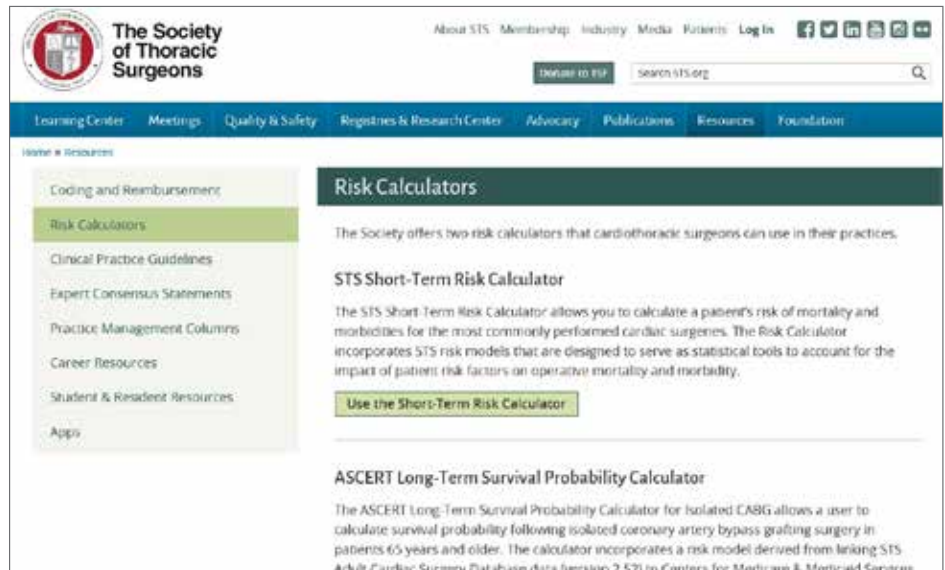
Submit news about yourself or a colleague to stsnews@sts.org. Submissions will be printed based on content, membership status, and space available.

STS Launches Redesigned Website

→ continued from cover



The website is now mobile responsive, providing a seamless experience for every device.



Users can easily find important resources, such as risk calculators and clinical practice guidelines.

- **Resources** provides a wealth of tools for managing a cardiothoracic surgical practice, including quick access to coding and reimbursement tips, STS risk calculators, clinical practice guidelines, and an archive of practice management columns.
- **Foundation** links to the Society's charitable arm, The Thoracic Surgery Foundation, where the user can make an online donation or apply for one of the many scholarships and fellowships available.

Above the main navigation bar, a **Membership** link at the top of the homepage allows STS members to easily renew their membership, update their contact information, or search for colleagues in the membership directory. Potential members can learn about the different membership types and fill out an online application.

Media houses the latest news releases related to the Society, *The Annals of Thoracic Surgery*, and STS meeting abstracts, as well as a toolkit to help National Database participants publicize their STS Public Reporting star ratings and composite results.

The **Patients** link offers resources for cardiothoracic surgery patients, including access to the Society's patient information website, ctsurgerypatients.org.

In August, the Society unveiled a special microsite, publicreporting.sts.org, that houses STS Public Reporting Online results for all three STS National Database components. On this microsite, users have a number of search and filter options, including hospital/participant name, year, state, and star ratings. Clicking on a particular institution's name provides an in-depth look at the statistics. The microsite also includes explanations of star ratings and public reporting consent forms.

GIVE US YOUR FEEDBACK

To help ensure that the new website fulfills your needs, please provide your feedback at marketing@sts.org. ■

New Blog Posts on STS Patient Website

The Society's patient website, ctsurgerypatients.org, features several blog posts written by cardiothoracic surgeons for patients. Recent posts include "What Is Recovery from Heart Surgery Really Like? A Patient's Experience" by Paul K. Minifee, MD, "Complications After Cardiothoracic Surgery: What Went Wrong?" by Robbin G. Cohen, MD, MMM, and "The Most Important Lesson I Learned From a Patient: Optimism Leads to Achievement" by Brendon M. Stiles, MD. Like most other pages on the patient website, these blog posts are available in English and Spanish. Please share this valuable resource with your patients. If you have questions or would like to contribute to the site, contact Jennifer Bagley, Media Relations Manager, at jbagley@sts.org for more details.

Health Policy Scholarship Encourages Physician Leadership

Rob Headrick, MD, MBA saw the ongoing health care crisis in the United States and realized he needed a deeper education.

“My health policy experience had been limited to meeting with state legislators regarding local issues and superficial conversations with my US senator and congressman,” he said. “I lacked the knowledge of how health policy and legislation is made, along with a true understanding of how complicated health care reform can be.”

To expand his understanding, Dr. Headrick attended the intensive Executive Leadership Program in Health Policy and Management at Brandeis University as the 2017 recipient of the STS/ACS Health Policy Scholarship, a joint offering from STS and the American College of Surgeons.

During the weeklong course this past June, Dr. Headrick joined surgeons from a variety of specialties for a week of lectures and small group discussions on health care policy, health care finance, leadership, operations management, and conflict negotiation.

“Two of the most valuable topics covered in this course were leadership development and operating room efficiency,” said Dr. Headrick, who is Chief of Thoracic Surgery and Co-Director of the Rees Skillern Cancer Institute at CHI Memorial Hospital in Chattanooga, Tenn. “We learned how standardization, reducing surgical variability, and synchronizing our teams can help improve efficiency.”



Dr. Headrick said that his attendance at the course had an immediate impact on his career. “This leadership course has already improved my confidence in being a leader within my institution,” he said. “It also has made me an expert in health care policy within my community. I’ve been

asked to give lectures at the Civitan Club and Rotary Club, as well as be an expert commentator on our local news during the national health care policy debate. And I’ve been able to interact with my elected officials in a more meaningful way.”

As a scholarship recipient, Dr. Headrick will be appointed to serve a 3-year term on the STS/AATS Workforce on Health Policy, Reform, and Advocacy, starting in January 2018.

Applications for the 2018 scholarship will be accepted later this year. Applicants must be members of both STS and ACS and between the ages of 30 and 55. Application materials, which include a curriculum vitae and a

one-page essay discussing why a candidate wishes to receive the scholarship, are due by February 1, 2018. The scholarship will help cover the costs of tuition, travel, and accommodations during the course.

For more information, visit www.sts.org/healthpolicyscholarship or contact Grahame Rush, Director of Information Services, at grush@sts.org or (312) 202-5848. ■

“This leadership course has already improved my confidence in being a leader within my institution.”

— Rob Headrick, MD, MBA

Staff Updates

Kristin Mathis joined the Society on June 26 as its STS Research Center Coordinator after filling the role on a temporary basis since March. In this position, she assists with the Access & Publications Task Force, the Participant User File Research Program, and other Research Center initiatives. Previously, Kristin was an Assistant Trainer at the Chicago Board of Elections and a Marketing Communications Specialist at the Institute for Diversity in Health Management. She holds a bachelor of arts degree in English from the University of Illinois at Urbana-Champaign. To contact Kristin, e-mail kmathis@sts.org.

Bridget Carney joined STS on July 17 as its E-Learning Coordinator. In this position, she coordinates activities related to the creation, development, and implementation of initiatives to improve residency and postgraduate e-learning education in cardiothoracic

surgery. Previously, Bridget was a School Support Specialist at SchoolMint. She holds a bachelor of fine arts degree in visual effects and motion graphics from the Illinois Institute of Art Chicago. To contact Bridget, e-mail bcarney@sts.org.

Maricruz Carreno joined the Society on August 7 as its Affiliate Organizations Coordinator. In this position, she supports organizations for which STS provides administrative management services, including the Southern Thoracic Surgical Association, the Thoracic Surgery Directors Association, The Thoracic Surgery Foundation, and Women in Thoracic Surgery. Previously, Maricruz was a Membership Services Assistant at the American Institute of Steel Construction. She holds a bachelor of science degree in business administration from Illinois State University. To contact Maricruz, e-mail mcarreno@sts.org.



New International Director Selected

Domenico Pagano, MD, FRCS(C-Th), FETCS has been appointed by the STS Board of Directors as an International Director to fulfill the remainder of the 3-year term vacated on August 1 by A. Pieter Kappetein, MD, PhD (see page 5).

Dr. Pagano is a Consultant Cardiothoracic Surgeon and Clinical Director of the Quality and Outcomes Research Unit at the University Hospital Birmingham in England. He previously served on the STS Workforce on National Databases and the STS Quality, Research, and Patient Safety Council Operating Board. As International Director, Dr. Pagano will work with fellow International Director Haiquan Chen, MD, PhD and other members of the STS Board of Directors to advance the Society's role and relationships within the international cardiothoracic surgery community. ■

Dedicated CT Surgeons and Their Teams

Hurricanes Harvey and Irma couldn't stop cardiothoracic surgeons and their team members from providing care to their patients and sharing information on current trends in the specialty. (Bottom) Jeffrey P. Jacobs, MD (in white coat on right), Chair of the STS Workforce on National Databases, and his colleagues at Johns Hopkins All Children's Hospital in St. Petersburg, Florida, camped out in the Cardiovascular ICU to make sure patients and their families received the care they needed. (Right) Despite travel problems because of Hurricane Irma and lingering cleanup from Hurricane Harvey, cardiothoracic surgeons gathered in Houston September 8-9 for the 11th Current Trends in Aortic, Cardiac, and General Thoracic Surgery conference. Speakers included (from left) Drs. Shanda H. Blackmon and Joseph E. Bavaria, both members of the STS Board of Directors, as well as Drs. Ourania Preventza and Steven Lansman. ■



NEW!

COMMUNICATE WITH STS MEMBERS AND MEETING REGISTRANTS BY BLAST E-MAIL

The Society is now offering you, your colleagues, and your institution the ability to share news about your events, clinical trials, or other information directly with STS members and/or Annual Meeting registrants by e-mail. For a royalty, STS will distribute the pre-approved message on behalf of the sender. Learn more about the new STS eBlast Communication program, which complements the existing mailing list license program, at www.sts.org/maillinglists. If you have any questions about these programs, contact Samantha McCarthy, Industry Relations Manager, at smccarthy@sts.org. ■

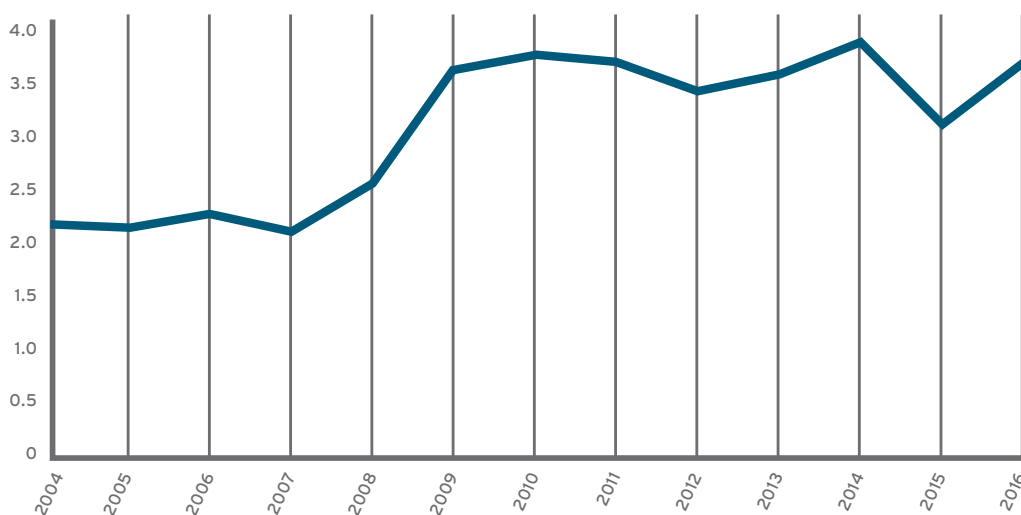
ANNALS IMPACT FACTOR RISES

Thomson Reuters has released its 2016 Journal Citation Reports® data, and the impact factor for *The Annals of Thoracic Surgery* has increased to 3.700.

The impact factor measures the frequency with which the average article in a scholarly or technical journal has been cited over a 2-year period.

A subscription to *The Annals* is a benefit of STS membership. To view the journal online, go to www.annalsthoracicsurgery.org. ■

THE ANNALS OF THORACIC SURGERY IMPACT FACTOR



STS Engages the General Public via Press Release Program

As part of its continuing effort to raise public awareness about STS, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, the Society issued four press releases July 27-September 28. Brief recaps can be found below. To read the full press releases, visit www.sts.org/media.

July 27: **“STS Opposes Current Health Care Reform Efforts”** urged members of the Senate to ensure that any new health care legislation would not only provide patients with access to health care, but also would protect essential health benefits.

August 10: **“Obese Heart Surgery Patients Require Significantly More ICU Resources”** described a study in *The Annals*

of Thoracic Surgery which found that obese patients tend to require additional intensive care unit services and longer recovery times when compared to non-obese patients, resulting in more expensive, more labor-intensive care.

August 22: **“Largest Study of Its Kind Reveals Women Have Superior Response to Esophageal Cancer Treatment”** highlighted an *Annals* study showing that female patients with locally advanced esophageal cancer that is treated with chemotherapy and radiation therapy before surgery are more likely than male patients to have a favorable response to the treatment. It also concluded that women are less likely to experience cancer recurrence.

September 28: **“Delayed Diagnosis, Not Gender, Affects Women’s Treatment for Heart Disease”** noted that delayed diagnosis of coronary artery disease may explain why women typically receive less complete surgical revascularization with arterial grafts than men do, according to a study in *The Annals*. ■

For more information on the Society’s press release program and other public outreach efforts, please contact media@sts.org.

Latin America Enthusiastically Welcomes STS/EACTS Conference



The STS/EACTS Latin America Conference featured a faculty of experts from three continents.

A series of hurricanes, an earthquake, and an airline pilot strike didn't stop more than 230 people representing 23 countries from attending the STS/EACTS Latin America Cardiovascular Surgery Conference in Cartagena, Colombia, September 21-22.

"Surgeons came from all over Latin America—Mexico, Paraguay, Costa Rica, Panama, Brazil—and for the first time, they actually felt that they had a forum where they could participate and feel important," said Juan P. Umana, MD, from Bogota, Colombia, who directed the program along with Jose Luis Pomar, MD, PhD, from Barcelona, Spain, Vinod H. Thourani, MD, from Washington, DC, and Joseph E. Bavaria, MD, from Philadelphia, Pennsylvania.

Surgeons also traveled from Europe, the United States, and Canada to participate. "Everyone was extremely happy and said it felt like they were at an international meeting—not a local meeting in Colombia," explained Dr. Pomar, who is an EACTS past president.

The 2-day conference was packed with invited talks, scientific abstract presentations, and videos on a wide range of topics,

including valve disease, heart failure, atrial fibrillation, and quality improvement in cardiac surgery.

In addition to the enthusiastic feedback received from surgeons who have been in practice for many years, Dr. Thourani said the conference also was incredibly important for trainees. "Every resident I talked to loved it. They don't always have opportunities to attend meetings in the US," he said. "This conference not only allowed them to participate in an international meeting, but it also allowed them to have one-on-one interactions with luminaries in the specialty. That's huge."

For some of the trainees, it was

their first exposure to how data and papers are presented at international medical meetings. For experienced surgeons, the quality of the data presented, as well as the lessons learned from quality improvement projects, had them asking for more.

"Paraphrasing Nestor Sandoval from Bogota: Once you get involved in data-driven quality improvement projects, it's like an addiction," said Dr. Bavaria, STS Immediate Past President. "We had an incredible session on the STS National



Program Directors (from left) Joseph E. Bavaria, MD, Juan P. Umana, MD, Vinod H. Thourani, MD, and Jose Luis Pomar, MD, PhD

Database and regional outcomes initiatives. We want to provide more opportunities for our colleagues worldwide to participate in registries and share information from their own quality improvement projects. This meeting provides that forum.”

With the first STS/EACTS Latin America meeting completed, the four program directors are already starting to plan the next conference. Stay tuned for details.

To see photos from the meeting, go to the STS Flickr album at www.sts.org/LatinAmericaPhotos. ■



Fabio B. Jatene, MD, PhD gave the Legend of South America talk on “The History of Cardiac Surgery in Latin America.”



The Thoracic Surgery Foundation offered 25 scholarships to attend the conference. This photo depicts seven of the scholars.

Learn How to Maximize Your Reimbursement

Keep yourself and your office at the forefront of coming changes to physician coding and reimbursement. Register yourself and/or your billing manager for the STS Coding Workshop, November 16-18 in Hollywood, Calif.

Attendees will learn about new and revised codes for 2018, as well as other important reimbursement changes, through scenario-based questions, problematic coding examples, extensive Q&A, and attendee interaction.

New for 2017:

- **Video Challenge:** Watch narrated videos of various procedures to identify the codes for the services. Faculty will then provide the recommended codes and associated documentation supporting the service.
- **Stump the Experts:** Ask questions or present complex coding questions to faculty for open discussion.

See the full agenda and register at www.sts.org/codingworkshop. ■

A promotional graphic for a symposium. The background is dark red with a glowing heart and a stethoscope. The text reads: "MASTERS IN INNOVATIVE STRUCTURAL HEART AND VALVE THERAPY: A Case-Based and Hands-On Symposium". Below that, it says "Dec. 1-2, 2017 Chicago SWISSÔTEL CHICAGO". At the bottom, the website "sts.org/structuralheart" is listed.

Innovative Research, Videos, and Debates in Store at STS 2018

→ continued from cover

feature video presentations on common cardiothoracic surgical procedures, with speakers offering unique insights. Other sessions on Sunday include the Practice Management Summit, the STS/AATS Critical Care Symposium, and the Adult Congenital Heart Disease Symposium.

On Monday and Tuesday, sessions for adult cardiac surgery will cover arrhythmia/atrial fibrillation, ischemic disease, mitral and tricuspid valves, and more.

“Cardiothoracic surgery is moving at a rapid clip. Some of our operations are moving from large, open procedures to small, minimally invasive, transcatheter, and other less invasive procedures to improve the health of our patients,” said STS Secretary Joseph F. Sabik III, MD. “It’s a very exciting time to be in heart surgery, and we’ll explore all of these topics at the meeting.”

The general thoracic surgery sessions will feature presentations on robotic surgery, esophageal disease, lung cancer, and more. Monday’s “Lung Cancer I” session will have content that tackles the current opioid epidemic in the United States, with an abstract on factors associated with new persistent opioid use after lung resection and an invited talk on the thoracic surgeon’s role in addressing the issue.

“Additionally, for the first time, we’ll have a session on Tuesday dedicated to health services research and database analyses,” said David Tom Cooke, MD, a member of the Workforce on Annual Meeting. “We’ll also have sessions highlighting innovative clinical general thoracic surgery research, including lung cancer, esophageal cancer, and lung transplantation.”

Congenital heart surgeons can expect a mix of scientific abstracts, invited talks, debates, and videos covering disease processes in both children and adults.

“We’re going to have sessions on management of Ebstein’s anomaly from the newborn to the adult, complex two-ventricle repairs in patients with heterotaxy syndrome, and systemic atrioventricular valve repair in children with congenital heart disease,” said James S. Tweddell, MD, a member of the Workforce on Annual Meeting.

SPOTLIGHT ON IMPROVING DIVERSITY

A new session on Monday will tackle the topic of diversity and inclusion in cardiothoracic surgery. Speakers will discuss how a diverse cardiothoracic surgery workforce can improve patient outcomes through increasing cultural competency and mitigating unconscious provider bias.

“The session will enable you to best interact with your communities and provide care for your patients in a culturally competent manner,” said Dr. Cooke, who also chairs the new STS Task Force on Diversity & Inclusion, which planned the session.

Other new offerings include a collaborative session with the International Society for Heart & Lung Transplantation, STS University courses on peroral endoscopic myotomy and minimally invasive aortic and mitral valve surgery, and a session explaining how physician documentation drives reimbursement.

TECH-CON PULLS BACK THE CURTAIN

Tech-Con 2018 will be held immediately prior to the Annual Meeting, on Saturday, January 27, focusing on cutting-edge technologies and new developments in

cardiothoracic surgery, with separate tracks for adult cardiac and general thoracic surgery.

A highlight of the day will be the Shark Tank session, in which entrepreneurs pitch their innovative cardiothoracic surgery products to the audience, as well as a panel of experts in medical device development. Representatives of several companies developing robotic technology also have been invited to present.

“I think not attending Tech-Con leaves you a bit antiquated,” said Tech-Con Task Force Co-Chair James D. Luketich, MD. “So many new techniques and technologies will be coming out at Tech-Con. You may not be doing these procedures today, but they’re what we’re going to be doing tomorrow.”

You can view the program in more detail at www.sts.org/annualmeeting and clicking on Advance Program. ■

Register for the meeting and reserve housing today at www.sts.org/annualmeeting or see page 13 for more information.

The Society of Thoracic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

STS 54th Annual Meeting: The Society of Thoracic Surgeons designates this live activity for a maximum of 26.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SUBMIT LATE-BREAKING ABSTRACTS

Do you have late-breaking research that you’d like to present at the Annual Meeting? The Society’s late-breaking abstract submission site is open now through Friday, December 8.

Visit www.sts.org/abstracts, review the instructions and policies, and submit your abstract.

“You may not be doing these procedures today, but they’re what we’re going to be doing tomorrow.”

—James D. Luketich, MD



ANNUAL MEETING ONLINE INCLUDED WITH MEETING REGISTRATION

Access to the STS 54th Annual Meeting Online is included with Annual Meeting registration. With such a full meeting schedule, it's impossible to attend every presentation of interest. This web-based video presentation will provide an opportunity to review sessions of special interest and earn CME credit for sessions that you were unable to attend—all from the comfort of your home or office. The Online product will be available approximately 1 month after the conclusion of the Annual Meeting and will be accessible for up to a year.

As a reminder, content from the STS 53rd Annual Meeting Online is still available at learningcenter.sts.org. Access is free if you attended the meeting in Houston earlier this year; those who did not attend can purchase access and earn up to 105.75 AMA PRA Category 1 Credits™ through January 31, 2018. ■

Take Advantage of Early Bird Rates

Register and reserve your housing for the STS 54th Annual Meeting at www.sts.org/annualmeeting. Early bird registration rates are good through Sunday, November 19, 2017. Additionally, you must register by Thursday, January 4, 2018, to reserve housing at the special Annual Meeting rates.

STS/AATS Tech-Con 2018 and the STS 54th Annual Meeting require separate registration. Tech-Con registration provides access only to the educational sessions on Saturday, January 27. Annual Meeting registration provides access only to the educational sessions on Sunday, January 28, through Tuesday, January 30. You also will

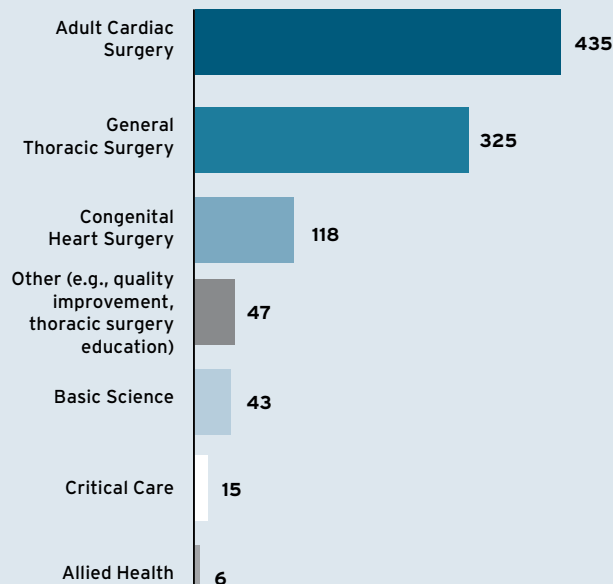
receive complimentary access to Annual Meeting Online with your Annual Meeting registration (see above).

Tickets to attend the President's Reception at the Fort Lauderdale Marriott Harbor Beach Resort & Spa (Sunday evening, January 28) and STS University courses (Wednesday, January 31) require separate purchases with Annual Meeting registration.

If you have questions about registration, contact the Society's official registration partner, Experient, at (800) 424-5249 (toll free), 00-1-847-996-5829 (for international callers), or sts@experient-inc.com. ■

Abstract Notification Letters Sent

If you submitted an abstract and/or surgical video for Annual Meeting presentation consideration, peer-reviewed selection results recently were distributed. Approximately 1,000 abstracts and videos were submitted in the following categories:



MINGLE OCEANSIDE AT THE PRESIDENT'S RECEPTION

Network with STS surgeon leaders and fellow meeting attendees at the President's Reception on Sunday evening, January 28. This high-profile event will be held on an oceanfront terrace at the luxurious Fort Lauderdale Marriott Harbor Beach Resort & Spa. While a tropical-themed band plays in the background, enjoy gourmet food stations and an open bar. Colorful tropical birds will be on hand to help set the mood. This reception takes the place of the STS Social Event, which previously had been held on Monday evening, leaving the night open for industry-sponsored events or socializing with your colleagues. Tickets can be purchased for \$95. Don't miss this opportunity to connect with leaders in cardiothoracic surgery in a picturesque, informal setting.

JANUARY 27-31, 2018 | FORT LAUDERDALE, FL

STS Annual Meeting Program at a Glance

FRIDAY, JANUARY 26, 2018

3:00 p.m. – 6:00 p.m.
Registration

SATURDAY, JANUARY 27, 2018

6:30 a.m. – 6:00 p.m.
Registration

7:00 a.m. – 6:30 p.m.
Tech-Con Exhibits

7:00 a.m. – 8:00 a.m.
BREAKFAST—Visit Tech-Con Exhibits

8:00 a.m. – 9:30 a.m.
Tech-Con Adult Cardiac Track I:
Innovations in Aortic Valve and Aortic Aneurysm Management

Tech-Con General Thoracic Track I:
Emerging and/or Game-Changing Technologies in the Management of Lung Cancer

9:30 a.m. – 10:15 a.m.
BREAK—Visit Tech-Con Exhibits

10:15 a.m. – 12:00 p.m.
Tech-Con Adult Cardiac Track II:
Cutting-Edge Surgery for Heart Failure and Coronary Artery Disease

Tech-Con General Thoracic Track II:
Emerging and/or Game-Changing Technologies in the Management of Esophageal Diseases

12:00 p.m. – 1:00 p.m.
LUNCH—Visit Tech-Con Exhibits

1:00 p.m. – 2:30 p.m.
Tech-Con Adult Cardiac Track III:
Contemporary and Future Mitral Valve and Atrial Fibrillation Practice

Tech-Con General Thoracic Track III:
Emerging and/or Game-Changing Minimally Invasive Surgery and Other Technologies

2:30 p.m. – 3:00 p.m.
BREAK—Visit Tech-Con Exhibits

3:00 p.m. – 5:00 p.m.
Tech-Con Joint Session: Robotic Cardiothoracic Innovations and “Shark Tank”—Rapid-Fire Pitches of Revolutionary Technology

5:00 p.m. – 6:30 p.m.
Tech-Con Reception

SUNDAY, JANUARY 28, 2018

7:00 a.m. – 6:30 p.m.
Registration

8:00 a.m. – 12:00 p.m.
Adult Congenital Heart Disease Symposium: Surgical Management of Hypertrophic Cardiomyopathy and Anomalous Aortic Origin of a Coronary Artery in Children and Adults

Practice Management Summit

STS/AATS Critical Care Symposium: When Things Go Wrong in the CTICU and What to Do About It

CHEST @ STS: Advanced Bronchoscopy and Surgical Airway Symposium

SCA @ STS: Integrating Perioperative Echocardiography Into Cardiac Surgical Clinical Decision Making

8:00 a.m. – 4:30 p.m.
Multidisciplinary Innovations in Cardiothoracic Patient Care

10:00 a.m. – 4:30 p.m.
“My Tube” Adult Cardiac How-To Video Session

12:00 p.m. – 1:00 p.m.
BREAK

1:00 p.m. – 4:00 p.m.
Residents Symposium: Transitioning From Residency to a Successful Practice

1:00 p.m. – 4:30 p.m.
How-To Video Session: Technical Tips to Avoid Pitfalls and Simplify Congenital and Pediatric Cardiac Surgical Procedures

How-To Video Session: Tips and Tricks to Maximize Efficiency in Minimally Invasive General Thoracic Surgery

2:00 p.m. – 6:30 p.m.
Scientific Posters

4:30 p.m. – 6:30 p.m.
Opening Reception in STS Exhibit Hall

7:00 p.m. – 10:00 p.m.
President’s Reception 

MONDAY, JANUARY 29, 2018

6:30 a.m. – 5:30 p.m.
Registration

9:00 a.m. – 4:30 p.m.
Exhibit Hall
Scientific Posters

7:00 a.m. – 7:15 a.m.
Opening Remarks

7:15 a.m. – 8:15 a.m.
J. Maxwell Chamberlain Memorial Papers

8:15 a.m. – 9:00 a.m.
Abstract Presentations

9:00 a.m. – 9:40 a.m.
BREAK—Visit Exhibits and Scientific Posters

9:40 a.m. – 9:50 a.m.
Introduction of the President:
Keith S. Naunheim

9:50 a.m. – 10:50 a.m.
Presidential Address: Richard L. Prager

10:50 a.m. – 11:30 a.m.
BREAK—Visit Exhibits and Scientific Posters

11:30 a.m. – 12:30 p.m.
Adult Cardiac: Arrhythmia/Atrial Fibrillation

Basic Science Research: Adult Cardiac

Basic Science Research: General Thoracic

Congenital: Adult Congenital

Critical Care

NEW! Diversity and Inclusion in Cardiothoracic Surgery: What’s In It for Me?

General Thoracic: New Technology

STS/CATS/CSCS: Difficult Decisions in Thoracic Surgery—Advice From Canadian and American Experts

12:30 p.m. – 1:30 p.m.
BREAK—Visit Exhibits and Scientific Posters

1:15 p.m. – 5:15 p.m.
Clinical Scenarios: Cardiologists and Surgeons Working Together

1:30 p.m. – 3:30 p.m.

Adult Cardiac: Aorta I

Adult Cardiac: Ischemic

Congenital: Pediatric Congenital I

General Thoracic: Lung Cancer I

General Thoracic: Lung Transplantation

International Symposium: Confronting Infectious Diseases in Young Adults

Undergoing Cardiac Surgery

SVS @ STS: Sharing Common Ground for Cardiovascular Problems

3:30 p.m. – 4:15 p.m.
BREAK—Visit Exhibits and Scientific Posters

4:15 p.m. – 5:15 p.m.
Adult Cardiac: VAD Transplant/ECMO

Ethics Debate: Neighborly Help or Itinerant Surgery?

Research Using the STS National Database

STS Key Contacts: Advocates for Cardiothoracic Surgery

The Annals Academy: Preparation and Interpretation of National Database Research

NEW! The Importance of Physician Documentation in Reimbursement

Women in Thoracic Surgery: How to Successfully Implement Surgical Innovations and New Technologies Into Practice

5:15 p.m. – 6:30 p.m.
Scientific Posters and Wine

5:30 p.m. – 6:30 p.m.
Business Meeting (STS Members Only)

TUESDAY, JANUARY 30, 2018

6:30 a.m. – 4:30 p.m.
Registration

9:00 a.m. – 3:30 p.m.
Exhibit Hall

9:00 a.m. – 5:00 p.m.
Scientific Posters

7:30 a.m. – 8:30 a.m.
Meet the Experts

7:30 a.m. – 8:30 a.m.
Health Policy Forum

9:00 a.m. – 10:00 a.m.
Thomas B. Ferguson Lecture

10:00 a.m. – 10:45 a.m.
BREAK—Visit Exhibits and Scientific Posters

10:45 a.m. – 11:00 a.m.
Award Presentations

11:00 a.m. – 12:00 p.m.
C. Walton Lillehei Lecture

12:00 p.m. – 1:00 p.m.
BREAK—Visit Exhibits and Scientific Posters

Residents Luncheon

1:00 p.m. – 3:00 p.m.
Adult Cardiac: General

Adult Cardiac: Mitral and Tricuspid Valves

Congenital: Pediatric Congenital II

EACTS @ STS: Bicuspid Aortic Valve Repair With Aortic Valve Insufficiency and Proximal Aortic Aneurysm Repair

NEW! STS/ISHLT Joint Symposium: LVAD Therapy in 2018 – Worldwide Perspectives

General Thoracic: Lung Cancer II

General Thoracic: Mediastinal/Pulmonary

1:00 p.m. – 5:30 p.m.
Patient Safety Symposium

3:00 p.m. – 3:30 p.m.
BREAK—Visit Exhibits and Scientific Posters

3:30 p.m. – 4:30 p.m.
Cardiothoracic Surgical Education

3:30 p.m. – 5:30 p.m.
Adult Cardiac: Aorta II

Adult Cardiac: Aortic Valve

Advanced Therapies for End-Stage Cardiopulmonary Disease

Congenital: Pediatric Congenital III


ESTS @ STS: Controversial Issues in General Thoracic Surgery—Perspectives From Europe and North America


General Thoracic: Esophageal

4:30 p.m. – 5:30 p.m.
Quality Improvement

WEDNESDAY, JANUARY 31, 2018

6:30 a.m. – 9:30 a.m.
Registration & Breakfast

7:00 a.m. – 9:00 a.m.
STS University 

9:30 a.m. – 11:30 a.m.
STS University (courses repeated) 



Indicates that a ticket is required to attend.

Grant Will Fund Lung Cancer Screening Programs at VA Facilities

A major program that will increase access to lung cancer screening for veterans is moving forward, thanks in part to advocacy efforts by STS surgeon leaders, staff, and Public Director Chris Draft.

The new VA-PALS Implementation Network (Veterans Administration-Partnership to increase Access to Lung Screening) will be funded through a grant from the Bristol Myers Squibb Foundation and will dedicate \$5.8 million over 3 years to implement

evidence-based lung cancer screening programs at 10 VA medical facilities.

Lung screening services will begin at the Phoenix VA Health Care System by December 2017 and expand to nine additional VA medical facilities starting in 2018.

“STS has had a critical role in helping to establish lung cancer screening as a new covered health benefit for both private and publicly insured patients,” said STS Past President Douglas E. Wood, MD, who has

been a tireless advocate for access to lung cancer screening. Dr. Wood is Vice-Chair of the National Lung Cancer Roundtable and Chair of the Lung Cancer Screening Panel for the National Comprehensive Cancer Network. “The VA-PALS project is an incredibly important program to improve access to lung cancer screening for one of our most vulnerable populations—our nation’s veterans, who have put their lives on the line to protect all of us.”

“The VA-PALS project is an incredibly important program to improve access to lung cancer screening for one of our most vulnerable populations.”

– Douglas E. Wood, MD

At an STS Legislative Fly-In this past June, Draft, who lost both his wife and an uncle—an Army veteran—to lung cancer, described the importance of low-dose computed tomography screening for veterans and urged members of Congress

to support the VA-PALS project.

“This program will dramatically increase the number of people screened,” Draft said. “We know that veterans have a higher smoking rate than other Americans. Prioritizing lung

cancer screening is the right thing to do because we’re serving the people who have served us. Catching lung cancer early can make a drastic difference in outcomes.”

Draft emphasized the efforts of many people in making the screening program a reality, including the VA leadership team, Drew Moghanaki, MD, MPH, who leads the Clinical Radiation Oncology Research program at Hunter Holmes McGuire Veterans Affairs Medical Center, and members of the International Early Lung Cancer Action Program, who are advising the VA on the program’s implementation.

The 10 sites chosen for the program account for nearly 1,200 of the 8,000 veterans nationally who are diagnosed with lung cancer each year. The program will focus on finding high-risk smokers and reaching out to them, as opposed to passively waiting for primary care providers to refer them. An emphasis also will be placed on reaching rural veterans.

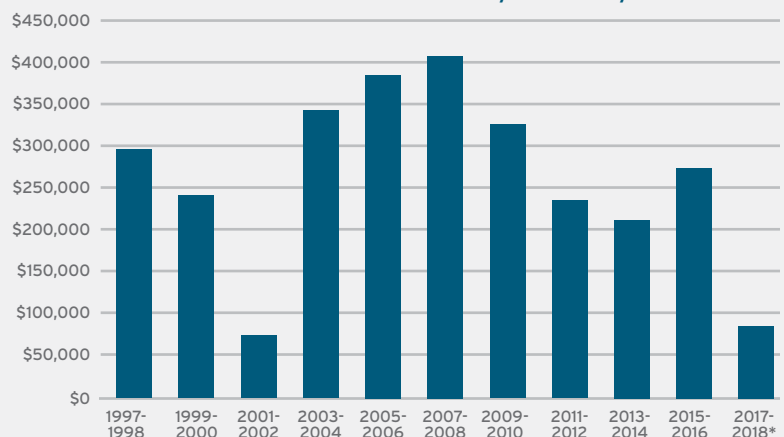
At the conclusion of the project, a formal evaluation will measure the impact rates of earlier detection, as well as quantify the opportunity for a reduction in mortality. ■

STS-PAC CELEBRATES 20 YEARS

STS-PAC—the only political action committee that exclusively represents cardiothoracic surgery—is celebrating a milestone. Over the past 20 years, STS-PAC has helped the specialty achieve significant victories, including repeal of the Sustainable Growth Rate, approval and coverage of transcatheter aortic valve replacement therapy, and preservation of 90-day surgical global payments.

Many STS members have consistently supported STS-PAC over the past two decades. However, support from every STS member who is a US citizen is needed to help mitigate the current challenges facing the cardiothoracic surgery workforce. So far this year, the PAC has raised \$95,930 from 249 STS members, with an average contribution of \$383. The STS-PAC Board of Advisors has set a goal of raising \$200,000 in 2017. If you would like more information about STS-PAC, contact the STS Government Relations office at advocacy@sts.org or (202) 787-1230. ■

Contributions to STS-PAC by Election Cycle



*As of August 31, 2017. Includes only contributions reported to the Federal Election Commission.

Contributions to STS-PAC have fluctuated over the years. An election cycle is the 2-year period leading up to a midterm or presidential election.

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MARK YOUR CALENDAR

Upcoming STS Educational Events

Coding Workshop

Hollywood, California
November 16-18, 2017

**Masters in Innovative Structural Heart
and Valve Therapy**

Chicago, Illinois
December 1-2, 2017

**STS 54th Annual Meeting &
STS/AATS Tech-Con 2018**

Fort Lauderdale, Florida
January 27-31, 2018

Find out more at
www.sts.org/meetings/live-courses.

Thank You!



**The Society
of Thoracic
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