

STS 2019 Offers Dynamic Program, Improved Attendee Experience



Members of the Program Task Force selected abstracts and exciting invited talks for the Annual Meeting program.

The schedule for the upcoming STS 55th Annual Meeting at the San Diego Convention Center has been reorganized to help attendees spend fewer days away from their patients—without sacrificing the dynamic, interactive experience that they’ve come to expect.

“It will be an outstanding meeting, and if you’re not there, you’re going to miss out,” said STS President Keith S. Naunheim, MD. “It’s a meeting jam-packed with regard to new content; the present and future of cardiothoracic surgery will be on display.”

Instead of the traditional Sunday through Wednesday schedule, the meeting will now be held Sunday through Tuesday. The meeting will kick off on Sunday morning with STS

University followed by an opening plenary session, featuring the J. Maxwell Chamberlain Memorial Papers and the Thomas B. Ferguson Lecture by Laurie H. Glimcher, MD, President and CEO of the Dana-Farber Cancer Institute

in Boston. Following the lecture, an Opening Reception will be held in the Exhibit Hall, and the President’s Reception—open to all attendees—will be at the historic Hotel del Coronado (see page 13).

Monday’s program will include Dr. Naunheim’s Presidential Address, and Tuesday’s schedule will include the C. Walton Lillehei Lecture by Eric Topol, MD, a cardiologist and geneticist specializing in the use of artificial intelligence, “deep” data, and smart technology for individualized treatment approaches.

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“It’s a meeting jam-packed with regard to new content; the present and future of cardiothoracic surgery will be on display.”

—Keith S. Naunheim, MD

AHRQ Grant Leads to Important Findings on Lung Cancer Survival, Surgical Approach

Three years into an R01 grant, researchers have made a number of discoveries that will help cardiothoracic surgeons improve patient outcomes after lung cancer surgery.

In 2015, the Agency for Healthcare Research and Quality awarded STS nearly \$1 million to study lung cancer survival, surgical approach, and resource use. The research team, led by Felix G. Fernandez, MD, MSc, from Emory University in Atlanta, has completed work on the first two aims; results from the third aim are expected in July 2019.

“This research has leveraged two complementary national datasets to produce a unique cross-linked data infrastructure of individual patient clinical characteristics and longitudinal outcomes that could not otherwise be replicated,” said Dr. Fernandez. “Results from these studies have identified those patients at risk for poor long-term survival following lung cancer surgery and helped determine the optimal surgical strategies and associated costs in such patients.”

LONG-TERM SURVIVAL

The grant’s first aim was to develop a risk model for long-term survival following lung cancer resection. To accomplish this, the researchers linked data from the STS General Thoracic Surgery Database (GTSD) with Medicare

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What Do I Get Out of My STS Membership?

Keith S. Naunheim, MD

On occasion, a graduating resident or STS member will ask me if membership in the Society is really “worth the money.” It’s true that \$750 is more than just pocket change, and it can cover the purchase of many cool things:

1. A summer-weight suit from Brooks Brothers (winter-weight will run another \$300)
2. Drinks and dinner for six at a fine steakhouse (with an inexpensive California varietal)
3. Three opening day box seats at Fenway, Wrigley, or Dodger Stadium (get ready for \$12 beers)
4. One year of Active Member dues in The Society of Thoracic Surgeons

Many, if not most, cardiothoracic surgeons would splurge for the first three items listed above without a second thought; yet some question the value of that last item and balk at the idea of paying those annual dues. The common question is “What the heck does that get me?”

Yeah, we all know that your dues get you a subscription to *The Annals of Thoracic Surgery* (currently \$509 alone for non-members), an opportunity for substantial savings on participation in the STS National Database, free quality measure reporting to CMS that prevents reimbursement penalties, complimentary subscriptions to *STS News* and other newsletters, as well as discounted registration rates for the Annual Meeting and other educational programs. Yet some wonder if that is enough, and the question is still asked: “Am I getting real value for my annual dues?”

As the current President and former Secretary, I have been on the “inside” for many years, so some would accuse me of bias and being a “homer.” Still, while I have no doubt that we get the full bang for our bucks, I also am certain there are those who remain skeptical. To them, I would suggest:

Come to the STS offices in Chicago (21st floor at Erie and Saint Clair). Spend a day watching 65

people working at hundreds of tasks, all of which are designed to make your practice more successful. The ongoing education you require to stay at the forefront of care is among their highest priorities. Go ahead and shadow STS staff for the week before the Annual Meeting to appreciate the thousands of hours of effort devoted to providing you a streamlined and integrated educational experience, along with unparalleled networking opportunities. Watch throughout the year as they help provide both live and electronic education for all of us in structural heart disease, coronary revascularization, mechanical circulatory assistance, critical care, and thoracic oncology—just to name a few. If we don’t continue to learn and evolve, we will be left in the dust. They make that learning possible.

Go to Washington, DC, to participate in an STS Legislative Fly-In. Get educated about how government really works—not only the fantasies we were taught in high school civics class, but also the reality of *Realpolitik* Congressional legislation. Watch our staff and volunteer leaders attend meetings with Congressional staffers, as well as officials from CMS, the FDA, and the NIH. They are working to defend the best interests of you and your patients, whether it is regarding continued funding for cardiothoracic research, coverage for lung cancer screening, or the negotiation of fair reimbursement for new procedures. Thousands of hours of staff and volunteer time are spent each year pursuing these objectives on your behalf.

Accompany STS volunteer leaders (there are more than 400, many donating hundreds of volunteer hours annually) to Medicare headquarters for a day and watch them fight on your behalf against the increasing regulatory burden. Listen as they argue against contrived, inexact quality measures like MIPS or Meaningful Use and instead convince CMS to utilize real, objective, clinical data from our own Database to make determinations regarding the quality of care.

Attend a joint meeting between volunteer leaders of STS and international sister societies from Asia, Europe, and Latin America (there are more than a dozen such meetings annually). Find out how we are all collaborating internationally to address the standardization of technology such as valve sizing, the optimization of ongoing education, and the delivery of care both in our own countries and to the world’s underserved populations.

Review the effort and output of the 200 cardiothoracic surgeons whose research has been supported by The Thoracic Surgery Foundation, the Society’s charitable arm. Those research efforts range from blood cardioplegia and hypothermic arrest to percutaneous valve implantation, arrhythmia surgery, and minimally invasive surgery of all types. What you do all day and every day is at least partially the product of research funded by our Society. This is where we forge the tools needed to ensure our continued relevance in health care.

The reality is that the \$750 you pay for dues each year goes to support the efforts of a complex organization that solely exists to serve you and your patients; and thanks to careful financial management and the Society’s success in generating non-dues revenue, that dues number has not gone up since 2002. That

money supports ongoing research to keep our specialty relevant.

It ensures education and training opportunities throughout the year to keep surgeons, perfusionists, and nurses current. It supports our societal efforts to prevent unfair

pay adjustments and to minimize burdensome regulations. And through the Database, surgeons and hospitals receive accurate, specific clinical outcomes allowing for effective quality assessment and improvement. Without your dues supporting these efforts, our modern-day surgical practices likely would not exist—and neither would our careers.

So how do I answer the “Is it worth it?” question?

It’s the best damn bargain you’ll get all year. ■

**It’s the best
damn bargain
you’ll get all year.**

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
Grahame Rush
Robert A. Wynbrandt

STS News

633 N. Saint Clair St.
Suite 2100
Chicago, IL 60611

Phone 312-202-5800

Email stsnews@sts.org

In the last 10 years, much light has been shed on the function of high-reliability organizations. Most of the research has centered around groups in aviation, the military, and first responders. In this article, Dr. Paul Levy highlights useful ideas applicable in the cardiothoracic surgery arena.

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

The Surgeon's Role in Building Reliable and High-Functioning Surgical Teams

Paul S. Levy, MD, MBA, Chief of Surgical Services and Physician Operational Lead, Physician/Administrator Dyad
NEA Baptist Memorial Hospital, Jonesboro, Ark.

If you want to go fast, go alone. If you want to go far, go together. — African Proverb

Having very challenging surgical cases is nothing new for cardiothoracic surgeons. We recently had one such case. I say “we” because most surgeons understand that surgery is a team sport. Teamwork is at the core of high performance and consistency. Good teams function as a whole—its members helping out where needed and stepping up when required. In our specialty, this behavior can save lives.

But how are high-functioning teams put together? What role does leadership play in fostering teamwork? Answers to these key questions may depend on market size, program size, and administrative support, but never upon mere chance.

THE IMPORTANCE OF LEADERSHIP

Team building is predicated upon a common vision. High-fidelity teams possess members that understand the vision, work in a collaborative manner, hold each other accountable, and share a relationship of trust. Leadership is the linchpin to team building.

A strong leader encourages point-of-service stakeholder input and adaptation—a “can do” attitude. Ideal heart team members are self-starters, innovators, quick thinkers, and possess thick skin. A traditional command and control leadership style can stifle these important attributes. Strong leaders must be able to clearly articulate important team goals and identify educational gaps in teammates that are preventing them from accomplishing these goals. After filling educational gaps, leaders must trust their people and processes.

Creating an environment promoting team camaraderie is the job of a surgeon leader and cannot be delegated to a manager. High-functioning and reliable teams have to feel that their leaders stand shoulder to shoulder with them.

HOW TO STRENGTHEN YOUR TEAM

Building a strong heart team has been a priority at our institution. The importance of teammate engagement has led to some impressive and sustainable dividends. Over the past 5 years, we have not only experienced decreased heart team staff turnover, but we also have cut our production costs significantly while increasing overall case volume. Additionally, our STS performance quality metrics have improved.

How did we do it? We gave each team member a voice and showed them that we cared. Monthly heart team “get-togethers” serve to fill educational

gaps and promote camaraderie. We begin each meeting with personal life catch-ups and then follow with talks regarding pertinent surgical topics, discuss the surgical “whats and whys” using videos, identify different surgical instruments, discuss anatomy, and end with an inspirational team-building video. This is our formula,

High-fidelity teams possess members that understand the vision, work in a collaborative manner, hold each other accountable, and share a relationship of trust.

and it works. I encourage you to give it a try at your institution. Alone or together, fast or far—it's your choice. ■

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





On Fire

Robert A. Wynbrandt, Executive Director & General Counsel

Late one afternoon in 1989, a team of lawyers descended on the executive offices of the American Library Association to make a pitch for the ALA's "business" in response to a recently issued Request for Proposals. Details of the experience are somewhat fuzzy 29 years later, but two things stand out: (a) the youngest member of the team was mostly preoccupied with keeping his lunch down, as he was more nervous about making a good showing in front of his senior partners – especially a newly recruited senior partner participating in the pitch – than he was about impressing the ALA management team; and (b) said newly recruited senior partner, Paul Gebhard, used an expression that day that was unfamiliar to his gastrointestinally challenged younger partner, but remains memorable decades later. Specifically, Paul tried to convey to the prospective client a special quality he perceived among his new colleagues in the firm's Association Practice Group that would serve the Association well if it were to retain the firm, stating that they practiced law "with a fire in the belly." (In hindsight, Paul's use of that term bordered on omniscient, given the younger lawyer's nervous stomach. One other factoid about Paul that may be of interest to readers of STS News is that he was the individual credited with having coined a term – in a 1957 brief written on behalf of his longstanding client, the American College of Surgeons – that became quite famous within the surgical community: "informed consent.")

Based on 22 years of work that exposed me to the operations of more than 200 associations before I was employed by The Society of Thoracic Surgeons, I can report with confidence that cardiothoracic surgeons and their teams possess a fire in the belly, both on matters of patient care and on matters of engagement with their medical special society.



Recent cases in point with respect to the latter: earlier this year, more than 1,100 abstracts were submitted for consideration in connection with the upcoming 55th STS Annual Meeting, when only 137 could be accepted for oral presentation (see page 14 for important information regarding the opportunity to submit "late-breaking abstracts"); 74 self-nominations were submitted in September for consideration of appointment to STS governance positions, in a context where we are fortunate to be able to accommodate 20 self-nominees in a typical year; and our charitable arm, The Thoracic Surgery Foundation, received 203 applications for its various awards in calendar year 2018, when associated funding will only support a total of approximately 60 awards.

And if it's true that STS members tend to come equipped with a fire in the belly, then it's also the case that a constant stream of STS surgeon leaders has emerged, year after year since 1964, with a five-alarm fire. Of course not all leaders express their passion for the specialty and this organization in the same way. For every Bob Replogle and Joe Bavaria (both among the more "demonstrative" in the pantheon of STS leaders) there is a Fred Grover or a Mark Allen who gets the job done more quietly; the common denominator is the fire. And our job on the staff is to match that fire in our respective areas of expertise and execution so that the organization can successfully achieve its mission of enhancing the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

STS President Keith Naunheim is one of those individuals who appeared on the STS scene, in 1989 as a member of what was then called the "Ad Hoc Committee for Cardiothoracic Surgical Practice Guidelines," with a roaring fire in the belly. That fire later

spread to the entire range of Society activities, most notably in the realms of coding, reimbursement, and broader matters of health care policy.

Keith brought some of that fire with him to a special "unveiling" ceremony with the staff on September 28, as we dedicated a new Presidents Wall at our headquarters office in Chicago (see photo). After first paying homage to the 53 STS Presidents who preceded him, he turned his attention to the staff and acknowledged its critical contributions to STS success, identifying specific individuals by name as examples: a terrific way to fan the flames and motivate the team. (As all successful leaders know, recognition is a powerful accelerant.)

Keith's appearance in our office for that unveiling ceremony coincided with the Society's Annual Meeting program planning session held the following day, with approximately 30 volunteer leaders and staff in attendance and setting the table for the call to action that follows. Under the leadership of Annual Meeting Workforce Chair Rick Lee, STS volunteer leaders and staff have joined forces to create an innovative and exciting STS 55th Annual Meeting program (see page 1). And if Keith's 2010 STSA Presidential Address is any indication, his presentation alone on Monday morning will be worth the price of admission. Registration is now open, so make your plans to join us in San Diego; it will be the hottest event of the year! ■

Member News



KOUCHOUKOS HONORED WITH EMERITUS PROFESSORSHIP

Nicholas T. Kouchoukos, MD has been named the first John M. Shoenberg Emeritus Professor of Cardiothoracic Surgery by The Foundation for Barnes-Jewish Hospital and the Washington University School of Medicine, both in St. Louis. Dr. Kouchoukos

previously served as the John M. Shoenberg Endowed Professor of Cardiothoracic Surgery and Surgeon-in-Chief at the Jewish Hospital of St. Louis prior to its merger with the Barnes Hospital, as well as Vice Chairman of the Department of Surgery at the School of Medicine. An STS Past President and Historian, Dr. Kouchoukos has been an STS member since 1973.



ALSOUFI APPOINTED DIVISION CHIEF

Bahaaldin Alsoufi, MD is the new Chief of the Division of Pediatric Cardiac Surgery at the University of Louisville and Norton Children's Hospital. Previously, Dr. Alsoufi was an Associate Professor in the Section of Pediatric Cardiothoracic Surgery at Emory

University in Atlanta. He has been an STS member since 2007.



CALDARONE MOVES TO HOUSTON

Christopher A. Caldarone, MD has been named Chief of Congenital Heart Surgery at Texas Children's Hospital and Professor of Congenital Heart Surgery at Baylor College of Medicine in Houston. Previously, he was Surgeon-in-Chief at The Hospital for Sick

Children in Toronto. Dr. Caldarone has been an STS member since 2004 and previously served as Canadian Director on the STS Board of Directors.

VARGHESE LEADS VALUE-BASED CARE



Thomas K. Varghese Jr., MD, MS is now the Chief Value Officer at the University of Utah's Huntsman Cancer Institute in Salt Lake City, where he also is Head of the Section of General Thoracic Surgery and Program Director of the Cardiothoracic Surgery Fellowship program. Dr. Varghese has been

an STS member since 2006 and recently was appointed as the Deputy Editor for Digital Media and Digital Scholarship for *The Annals of Thoracic Surgery*.



COOKE BECOMES VP OF FACULTY DEVELOPMENT

David Tom Cooke, MD has been appointed Vice Chair for Faculty Development at the University of California, Davis Department of Surgery in Sacramento. Dr. Cooke will continue in his role as Head of the Section of General Thoracic Surgery at UC Davis.

He has been an STS member since 2010 and currently chairs the Society's Task Force on Diversity and Inclusion.



SELZMAN BECOMES ENDOWED CHAIR

Craig H. Selzman, MD has been named the inaugural Dr. Russell M. Nelson and Dantzel W. Nelson Presidential Endowed Chair in Cardiothoracic Surgery at the University of Utah in Salt Lake City. Dr. Selzman currently is Chief of the Division of Cardiothoracic Surgery

at Utah, as well as Surgical Director of the Cardiac Mechanical Support and Heart Transplant Program. He has been an STS member since 2005.



CERFOLIO ADDS EXECUTIVE LEADERSHIP DUTIES

Robert J. Cerfolio, MD, MBA has been named Senior Vice President and Vice Dean, Chief of Hospital Operations, at NYU Langone Health Systems in New York City. Dr. Cerfolio, who will remain Chief of Clinical Thoracic Surgery, will now oversee

all patient care activity. He has been an STS member since 1995.



WEHBERG MOVES TO DELAWARE

Kurt E. Wehberg, MD has been named Co-Chief of Cardiothoracic Surgery, Chief of Robotics, and Vice President of Clinical Innovation at Beebe Healthcare in Lewes, Delaware. Previously, Dr. Wehberg served as Medical Director of Thoracic Oncology,

Chief of Cardiothoracic Surgery, and Director of Robotic Cardiothoracic Surgery at Peninsula Regional Medical Center in Salisbury, Maryland. He has been an STS member since 2004. ■

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

Staff Updates

Scott Bradbury joined STS on August 20 as its Director of Education. He oversees all of the Society's educational endeavors, including the STS Annual Meeting and other live courses, e-learning modules, and webinars. Previously, Scott was the Director of the Division of E-Learning at the American Academy of Pediatrics. He holds a master of science degree in library and information science and a bachelor of science degree in teaching of social studies from the University of Illinois at Urbana-Champaign. To contact Scott, email sbradbury@sts.org.

AHRQ Grant Leads to Important Findings on Lung Cancer Survival, Surgical Approach

→ continued from cover

claims data, which allowed for long-term follow-up on approximately 26,000 patients aged 65 or older who had undergone lung cancer resection.

“The GTSD, as great as it is, is limited to 30-day clinical outcomes,” Dr. Fernandez said. “What really matters to patients, besides the safety of the surgery, is how long they are likely to live after surgery.”

Following the data linkage, the researchers found that although mortality was 2.2% at 30 days, it increased to 2.6% at 90 days. In addition, 90-day mortality for sublobar and lobar resection was at least double that of the GTSD-reported mortality and also was higher for bilobectomy and pneumonectomy.

Building upon these findings, the researchers then created a long-term survival model, which determined that cancer stage and a patient’s age are strong predictors of survival following lung cancer resection. This model also adjusts for other clinical variables in estimating predicted long-term survival. Results from this study can inform clinical practice by helping lung cancer patients understand their expected survival following surgery based on their unique characteristics.

Other discoveries included:

- A center’s short-term outcomes didn’t necessarily correlate with its long-term results.

“Results from these studies have identified those patients at risk for poor long-term survival following lung cancer surgery.”

—Felix G. Fernandez, MD, MSc

- Delirium, blood transfusion, reintubation, and pneumonia had a negative impact on survival 3-18 months after surgery, while sepsis and blood transfusion were

associated with a greater risk of mortality after 18 months.

- Perioperative lobectomy outcomes for GTSD participants were superior to outcomes from non-GTSD participants.

SURGICAL APPROACH AND RESECTION EXTENT

With work from the first aim completed, the team then started examining survival based on surgical approach, as well as the extent of lung resection in lung cancer patients.

Performing a comparative effectiveness analysis, the researchers found that minimally invasive surgical techniques for lung cancer resection did not lead to worse outcomes.

“There had been prior data suggesting that perhaps a minimally invasive approach was inferior in terms of lymph node staging

compared to a thoracotomy and that this could potentially adversely impact long-term survival,” Dr. Fernandez said. “This comparative effectiveness analysis, however, showed no difference in the two approaches.”

Results from a similar study on outcomes for segmentectomy versus lobectomy for early stage lung cancer will be presented at the STS 55th Annual Meeting in January.

RESOURCE USE AND COSTS

For the final aim of the project, the research team will compare resource use and costs according to surgical approach and extent of resection, but Dr. Fernandez said that there’s still a major query that needs to be addressed in future research.

“We want to know how our care impacts patient quality of life through patient-reported outcomes,” he said. “That’s a big interest of mine and a potential future topic for a follow-up grant. We know how long patients live, what their complications are, and what the costs are. But what we really don’t know is what impact the therapies have on their quality of life.” ■

For more information on this grant or other STS-led research projects, contact Robert Habib, Director of the STS Research Center, at rhabib@sts.org.

Annals Impact Factor Rises

Clarivate Analytics has released its 2017 Journal Citation Reports® data, and the impact factor for *The Annals of Thoracic Surgery* has increased to 3.779. 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. *The Annals* also is ranked 21st of 200 surgery journals.

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

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Health Policy Scholarships Foster Physician Leadership

Cardiothoracic surgeon Daniel J. Boffa, MD is the recipient of the 2018 STS/ACS Health Policy Scholarship, a joint offering from STS and the American College of Surgeons that enables a member surgeon to attend the intensive Executive Leadership Program in Health Policy and Management at Brandeis University near Boston.

During the weeklong course this past June, Dr. Boffa 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.

“I learned something from every session. The hospital finance session was the most shockingly high-yield,”

said Dr. Boffa, who is Director of Clinical Affairs for Yale Medicine’s thoracic surgery program and a Professor of Thoracic Surgery at Yale University School of Medicine in New Haven, Connecticut. “I came into the topic with very little experience (or interest), but knew it was important. I am now much more comfortable with hospital spreadsheets.”

“I learned something from every session. The hospital finance session was the most shockingly high-yield. ... I am now much more comfortable with hospital spreadsheets.”

—Daniel J. Boffa, MD

He also learned about the mechanics of persuasion, particularly in those frustrating situations where there seems to be a preponderance of uncontested data supporting a decision, yet the opposing side persists in supporting movement in the opposite direction.

“What I was missing was that my resistant audience was making critical assumptions and accepting them as facts, making the data seem less convincing,” Dr. Boffa said.

“Only when you get your counterparts to recognize the distinction between

assumptions and facts can you unlock them from their position.”

As a scholarship recipient, Dr. Boffa will be appointed to serve a 3-year term on the STS/AATS Workforce on Health Policy, Reform, and Advocacy, starting in January 2019.

Applications for the 2019 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 the candidate wishes to receive the scholarship, are due by February 1, 2019. The scholarship will help cover the costs of tuition, travel, and accommodations during the course.

The Thoracic Surgery Foundation (TSF) also

offers scholarships that partially cover the cost of attending the course. Applications for TSF’s Alley-Sheridan Scholarship will open December 1 and are due by February 15, 2019. ■

For more information on the STS/ACS scholarship, visit sts.org/healthpolicyscholarship or contact Grahame Rush, Associate Executive Director, at grush@sts.org or 312-202-5848.

For more information on the TSF scholarship, visit thoracicsurgeryfoundation.org/awards or contact Priscilla Kennedy, TSF Executive Director, at pkennedy@sts.org or 312-202-5868.

STS ENGAGES THE GENERAL PUBLIC VIA PRESS RELEASE PROGRAM

As part of its continuing effort to raise public awareness about the Society, cardiothoracic surgery, and the role that cardiothoracic surgeons play in the health care arena, STS issued two press releases August 3-October 11. Brief recaps can be found below. To read the full press releases, visit sts.org/media.

August 3: “**Leading Heart Surgery Societies Call for Improved Strategies to Treat Rheumatic Heart Disease**” described the Cape Town Declaration, a joint statement from STS, the American Association for Thoracic Surgery, the Asian Society for Cardiovascular and Thoracic Surgery, and the European Association for Cardio-Thoracic Surgery, calling for urgent action to develop and implement effective strategies for treating rheumatic heart disease.

October 11: “**Day of Discharge Does Not Influence Heart Surgery Patient Readmissions**” outlined a study in *The Annals of Thoracic Surgery* showing that while preoperative beta blocker therapy, tobacco use, and surgical site infections were independent predictors of rehospitalization within 30 days, day of discharge was not. ■

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

View Photos from AQO 2018 and Purchase Online Meeting Access

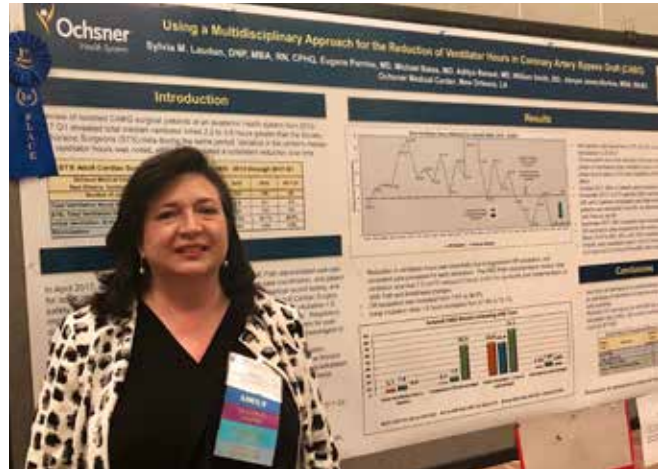
More than 400 data managers and surgeons participating in the STS National Database recently gathered in Hollywood for Advances in Quality and Outcomes: A Data Managers Meeting, September 26-28. Speakers addressed all aspects of data collection, including the recently launched spec upgrade for the General Thoracic Surgery Database, the spec upgrade planned for the Congenital Heart Surgery Database, and hot topics related to the Adult Cardiac Surgery and Intermacs Databases. See more photos from the meeting at sts.org/2018AQOphotos.



STS President Keith S. Naunheim, MD welcomed attendees via video and highlighted the importance of their contributions to the Database. See Dr. Naunheim's remarks at sts.org/NaunheimAQOwelcome.

If you or your data manager weren't able to attend AQO, experience the exceptional content delivered during the meeting by purchasing AQO Online. This year's online product features unlimited on-demand viewing and—new for 2018—the ability to earn CE or CEU credit. Visit sts.org/AQOOnline to place your order. ■

Note: Meeting attendees will be given free online access to the sessions for which they were registered.



Sylvia M. Laudun, DNP, MBA, RN, from Ochsner Medical Center in New Orleans, won the best poster award for her abstract on using a multidisciplinary approach for the reduction of ventilator hours in coronary artery bypass grafting surgery.

COMPLEXITIES OF CVT CRITICAL CARE EXPLORED

The multifaceted nature of cardiovascular and thoracic critical care cases—including their unique physiology, array of procedures, and potential complications—was the focus of the 15th Annual Multidisciplinary Cardiovascular and Thoracic Critical Care Conference, held October 4-6 in Washington, DC. More than 200 cardiothoracic surgeons, cardiologists, anesthesiologists, nurses, pulmonologists, and other medical professionals learned about new concepts, management protocols, and clinical experiences from a multidisciplinary faculty. In addition, STS Past President Richard L. Prager, MD delivered a special keynote address on "The End of Average." View more photos at sts.org/2018criticalcarephotos. ■



GROVER RECEIVES PRESTIGIOUS HONOR

The Frederick and Carol Grover Endowed Chair in Surgery has been established at the University of Colorado (CU) School of Medicine in honor of STS Past President **Frederick L. Grover, MD** and his wife Carol. Dr. Grover served as Chair of the University's Department of Surgery from 2002 to 2012 and has been a leader in clinical outcomes measurement, clinical research, and heart and lung transplantation. He has been an STS member since 1974 and served as the Society's President from 2006 to 2007. **Joseph C. Cleveland Jr., MD**, a Professor of Cardiothoracic Surgery and Director of the Heart Transplant, Ventricular Assist Device, and Extracorporeal Membrane Oxygenation Programs at CU, has been appointed the first recipient of the Chair. He has been an STS member since 2003 and is a Director-at-Large on the STS Board of Directors. ■



Joseph C. Cleveland Jr., MD (left) with Frederick L. Grover, MD



G. Alexander Patterson, MD, FRSC(C) (left) with Daniel Kreisel, MD, PhD

ENDOWED CHAIR NAMED AFTER PATTERSON

G. Alexander Patterson, MD, FRCS(C) has been honored for his work in advancing the field of lung transplantation through the establishment of the G. Alexander Patterson, MD/Mid-America Transplant Endowed Distinguished Chair in Lung Transplantation at Washington University in St. Louis. He is the Joseph C. Bancroft Professor of Cardiothoracic Surgery at WashU, as well as Editor of *The Annals of Thoracic Surgery*, and has been an STS member since 1986. **Daniel Kreisel, MD, PhD** is the first Chair recipient. He is Surgical Director of the Lung Transplant Program and Scientific Director of the Transplant Center at WashU, and has been an STS member since 2009. ■

HIGGINS RECEIVES RCSED FELLOWSHIP

Robert S.D. Higgins, MD, MSHA was honored with the Fellowship ad hominem of the Royal College of Surgeons of Edinburgh earlier this month. The Fellowship ad hominem is awarded to current or former practitioners or other individuals of distinction whose professional status is of a high order and who are deemed worthy of the honor. Dr. Higgins is Surgeon-in-Chief of The Johns Hopkins Hospital, as well as the William Stewart Halsted Professor of Surgery and Director of the Department of Surgery at Johns Hopkins University School of Medicine in Baltimore. He currently serves as the Society's First Vice President and has been an STS member since 1997. ■



Robert S.D. Higgins, MD, MSHA (left) with Professor Michael Lavelle-Jones, President of the Royal College of Surgeons of Edinburgh

Take Part in the 2018 TSF/STS Surgeon Match Challenge



For the third year in a row, STS has pledged to match surgeon contributions to The Thoracic Surgery Foundation (TSF), which means your donation will have double the impact—up to \$100,000! For example, if you donate \$5,000, the Society will match the contribution and \$10,000 would be available to fund cardiothoracic surgery research initiatives. In addition, STS supports TSF's

administrative expenses, assuring that every dollar you donate goes directly to support TSF-sponsored research programs, and all donations to TSF are tax deductible to the extent provided by the law. The 2018 Surgeon Match Challenge will end on December 31—so rise to the challenge and make your contribution today by visiting thoracicsurgeryfoundation.org/donate. ■

MATHISEN DELIVERS KEYNOTE ADDRESS

STS Historian and Past President Douglas J. Mathisen, MD gave the prestigious Royal College Gallie Lecture at the Canadian Surgery Forum in St. John's, Newfoundland, on September 15. The forum was organized by the Canadian Association of Thoracic Surgeons and several other societies. His talk was titled "Surgeon Scientist in an Era of Declining Revenue, RVUs, and Work Hours." ■



STS LEADERS JOIN EUROPEAN AND CHINESE COLLEAGUES AT CSTCVS MEETING



Several STS surgeon leaders, including President Keith S. Naunheim, MD, Past President Joseph E. Bavaria, MD, Canadian Director Sean C. Grondin, MD, MPH, Ram Kumar Subramanian, MD, PhD, and James S. Tweddell, MD, joined their counterparts from the European Association for Cardio-Thoracic Surgery at the Chinese Society for Thoracic and Cardiovascular Surgery's Annual Meeting in Shenyang, China, this October. All presented during the meeting, and Drs. Naunheim and Bavaria gave keynote lectures on lung volume reduction and the STS/ACC TVT Registry, respectively. One of the Society's strategic plan goals is to foster collaboration and connection worldwide. Participating in international cardiothoracic surgery meetings is an important part of this initiative. ■



Society Co-Sponsors General Thoracic Conference in China



Several STS members joined colleagues from the European Association for Cardio-Thoracic Surgery, the European Society of Thoracic Surgeons, and the Shanghai Medical Association at the “5th Oriental Congress of Thoracic Surgery” in Shanghai, China, in September. John D. Mitchell, MD (sixth from left), Ara A. Vaporciyan, MD (seventh from left), Valerie W. Rusch, MD (sixth from right), and STS Past President Douglas J. Mathisen, MD (fourth from right) represented the Society and gave presentations on topics such as the management of tracheal stenosis, neoadjuvant therapy for stage III cancer, and extended resection for thymic malignancy. ■

SUBMIT YOUR PROPOSAL FOR STS FUNDING

The Society recently revised its spending policy formula, with a goal of making more money available for reinvestment in the specialty (see the Summer issue of *STS News*). As a result, more than \$1.1 million will be available in 2019 for cardiothoracic surgery projects, programs, and affiliated organizations (apart from regular STS operations).

STS members are invited to submit proposals for 2019 spending policy funding consideration by emailing a letter to STS Finance Committee Chair Mark S. Allen, MD via kbura@sts.org.

Proposals should be no more than 900 words and include the amount of the request, a detailed description of how and when the funds would be used, and an explanation of how the proposed funding would constitute a reinvestment in the specialty. ■

THE DEADLINE FOR SUBMISSIONS IS NOVEMBER 15, 2018.



STS Heads to Milan for EACTS Meeting

The Society had an important presence at the European Association for Cardio-Thoracic Surgery (EACTS) Annual Meeting in Milan, Italy, in October. Several surgeon leaders gave presentations during the meeting, and staff promoted the benefits of STS membership at a booth in the Exhibit Hall. STS President Keith S. Naunheim, MD met with colleagues from around the world, including newly elected EACTS President Ruggero De Paulis, MD (left). ■



STS 2019 Offers Dynamic Program, Improved Attendee Experience

→ continued from cover

HOT TOPICS IN EACH SUBSPECIALTY

Sunday, Monday, and Tuesday also will feature an interesting selection of scientific abstracts and invited lectures that will appeal to every discipline and every member of the cardiothoracic surgery team.

“For the adult cardiac surgery sessions, we’ll look at some familiar topics—aortic valve disease, mitral valve disease, and ischemia—but we’ll also be focusing on the minimally invasive approaches to treatment,” said Richard Lee, MD, Chair of the Workforce on Annual Meeting.

The general thoracic surgery sessions will feature presentations on the esophagus, the mediastinum, and lung cancer, focusing on applications of new technology and therapies.

“Some of the very exciting papers we’ve chosen are related to immunotherapy in the tumor microenvironment,” said Mara B. Antonoff, MD, a member of the Program Task Force. “In addition, there are some great papers looking at disparities in the receipt of certain treatments, such as adjuvant therapy and the proper operation, and opioid use is a very hot topic with a focus on the types of perioperative care and prescriptions for opioids that are being delivered.”

Congenital heart surgeons can expect new information on hypoplastic left heart syndrome, heart transplantation, ventricular assist devices, and more.

“We’ll look at the management of single-ventricle patients with failing hearts who are in need of mechanical circulatory support, as well as how to decide the timing of transplantation and optimization of donor selection in order to improve overall outcomes,” said Christian Pizarro, MD, a member of the Program Task Force. “Presentations also will focus on the overarching challenge of neurodevelopmental outcomes and shed important light on how to manage these patients.”

FOCUS ON DIGITIZATION

In an effort to be more environmentally friendly, programs will no longer be printed. All attendees are highly encouraged to use the STS Meetings mobile app, which will be available for download in early December.

“The app is actually outstanding. You can read abstracts, interact on social media, and look at the entire schedule,” Dr. Naunheim said. “The app lets you individualize your own curriculum, and you can even set it to remind you when you’re supposed to be somewhere.”

In addition, all posters will now be electronic, allowing more abstracts to be included and offering greater flexibility for authors.

Several monitors will be available in the convention center for attendees to view the posters.

CODING WORKSHOP, TECH-CON KICK OFF ANNUAL MEETING

Immediately prior to the STS Annual Meeting, the Society will offer its annual Coding Workshop to provide surgeons, coders, and other billing professionals with the latest information about issues affecting reimbursement for their practices. The Coding Workshop will be held Friday and Saturday at the Marriott Marquis San Diego Marina, the headquarters hotel for the STS Annual Meeting. See page 13 for more information.

Also before the Annual Meeting, Tech-Con 2019 will be held at the San Diego Convention Center. See below for more information.

For details on how to register for the Annual Meeting, view the Registration & Housing brochure at sts.org/annualmeeting. ■

Prepare for What’s Next at Tech-Con

Stay ahead of the curve when it comes to cutting-edge developments in cardiothoracic surgery by attending Tech-Con, which will be held immediately prior to the Annual Meeting on Saturday, January 26.

“Everyone should attend Tech-Con because the future isn’t just coming; the future is here,” said Melanie A. Edwards, MD, Co-Chair of the Tech-Con Task Force. “We will highlight ways that surgeons can prepare and incorporate these innovations into their own practice.”

The adult cardiac sessions will explore advancements in ischemic disease, heart failure, atrial fibrillation surgery, and aortic and structural heart disease. Attendees at the general thoracic sessions can expect to learn about evolutions in lung and chest wall surgeries, as well as esophageal surgery.

An expanded general session will feature a keynote lecture on the role of artificial intelligence in medical technology, as well as a 2018 year in review summary of major research, innovations, and new technology. The day will conclude with the popular *Shark Tank* presentations, in which inventors pitch their ideas to a panel of experts and the audience. Devices on deck for discussion include a leakproof aortic anastomosis stapler and a valveless pulsatile-flow ventricular assist device.

Because information on new technologies provided by commercial interests will be included in Tech-Con, continuing medical education (CME) credit cannot be offered for this activity.

Tech-Con registration is separate from Annual Meeting registration, so make sure to register for both at sts.org/annualmeeting.

Take Advantage of Early Bird Rates

Register and reserve your housing for the STS 55th Annual Meeting at sts.org/annualmeeting. Early bird registration rates are good through November 19, 2018. Additionally, you must register by January 3, 2019, to reserve housing at the special Annual Meeting rates.

Tech-Con 2019 and the STS 55th Annual Meeting require **separate** registration.

TECH-CON SATURDAY, JANUARY 26	ANNUAL MEETING SUNDAY, JANUARY 27 - TUESDAY, JANUARY 29
REGISTRATION INCLUDES ACCESS TO:	
<ul style="list-style-type: none"> • Tech-Con educational sessions • Tech-Con exhibits 	<ul style="list-style-type: none"> • Annual Meeting educational sessions • Annual Meeting Exhibit Hall and Opening Reception • 2019 Annual Meeting Online

Tickets to attend STS University courses and the President's Reception at the Hotel del Coronado (both on Sunday, January 27) require separate ticket purchases with Annual Meeting registration.

The Society has engaged Experient as the only approved Official Registration and Housing Provider for the STS Annual Meeting. If you have questions about registration and/or housing, contact Experient at 800-424-5249 (toll free), 00-1-847-996-5829 (for international callers), or sts@experient-inc.com.

Please be wary of any other companies ostensibly offering registration and/or housing assistance for the STS Annual Meeting. Such companies typically imply that they are working with STS, but in reality are unauthorized. Please inform the Meetings & Conventions Department at meetings@sts.org if you are contacted by anyone other than Experient. ■

BONUS: ANNUAL MEETING ONLINE

Access to the STS 55th 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 more than 100 CME credits 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 54th Annual Meeting Online is still available at learningcenter.sts.org. Access is free if you attended the meeting in Fort Lauderdale earlier this year; those who did not attend can still purchase access and earn up to 108.75 AMA PRA Category 1 Credits™ through January 31, 2019! ■



EXPLORE AN ICONIC DESTINATION AT THE PRESIDENT'S RECEPTION

Join your colleagues for the STS President's Reception at the celebrated Hotel del Coronado on Sunday evening, January 27. Set on picturesque Coronado Island, just off the San Diego coastline, this National Historic Landmark hotel was built in 1888 and has been a popular destination for visiting celebrities, presidents, and dignitaries.

The reception will be held in the Crown Room, an elegant space with a 33-foot domed ceiling made from Oregon sugar pine and crown-shaped chandeliers designed by L. Frank Baum, author of *The Wonderful Wizard of Oz*. Several notable events have been held in the Crown Room, including a celebration for Charles Lindbergh following his solo transatlantic flight. The resort also served as the backdrop for movies, including "Some Like It Hot," starring Marilyn Monroe, Tony Curtis, and Jack Lemmon.

Don't miss this opportunity to enjoy dinner, drinks, and conversation in a historic setting. Purchase a ticket when registering for the meeting at sts.org/annualmeeting. ■

Learn How to Maximize Your Reimbursement at STS Coding Workshop

Make your Annual Meeting travel plans early so that you and your team can attend the STS Coding Workshop, which will be held on Friday, January 25, and Saturday, January 26, at the Marriott Marquis San Diego Marina, one of the three hotels in the STS Annual Meeting block.

Cardiothoracic surgery coders, surgeons, and other billing professionals will learn about the latest coding and reimbursement updates affecting their practices. Sessions will cover new and revised codes specific to cardiothoracic surgery, with concentrations in adult cardiac surgery, congenital heart surgery, general thoracic surgery, and vascular surgery.

The program also will focus on reimbursement issues affecting the specialty as a whole, including global services, modifiers, bundling, evaluation and management coding, and alternative payment models. The workshop will conclude with a special session on the physician's role in documentation and reimbursement that was standing room only at the 2018 STS Annual Meeting. This session will not be part of the 2019 STS Annual Meeting.

See the full agenda and register yourself and/or your billing manager at sts.org/codingworkshop. ■

JANUARY 26-29, 2019 | SAN DIEGO, CA

STS Tech-Con and Annual Meeting Program at a Glance

FRIDAY, JANUARY 25

3:00 p.m. – 6:00 p.m.
Registration

TECH-CON

SATURDAY, JANUARY 26

7:00 a.m. – 5:00 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: New Technologies in Ischemic, Heart Failure, and Atrial Fibrillation Surgery

Tech-Con General Thoracic Track I: New Technologies in Lung and Chest Wall Surgery

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: New Technologies in Aortic and Structural Heart Disease

Tech-Con General Thoracic Track II: New Technologies in Esophageal Surgery

12:00 p.m. – 1:00 p.m.

LUNCH—Visit Tech-Con Exhibits

1:00 p.m. – 5:00 p.m.

Tech-Con Joint Session: The Future of Cardiothoracic Surgery Is Here

2:30 p.m. – 3:00 p.m.

BREAK—Visit Tech-Con Exhibits

5:00 p.m. – 6:30 p.m.


Tech-Con Reception

STS ANNUAL MEETING

SUNDAY, JANUARY 27

7:00 a.m. – 6:00 p.m.
Registration

7:00 a.m. – 12:00 p.m.
The Multidisciplinary Team: How We Do It

8:00 a.m. – 9:45 a.m. 
STS University (Session I)

8:00 a.m. – 12:00 p.m.

Adult Congenital Heart Disease Symposium: Planning for the Future—Aortic Arch Anomalies and the Failing Fontan

CHEST @ STS: Interventional Bronchoscopy


Critical Care Symposium: Cutting-Edge Strategies for Cardiothoracic Critical Care Emergencies and Evolving Technologies

Practice Management Summit

SCA @ STS: Integrating Perioperative Echocardiography in Cardiac Surgical Clinical Decision-Making for Challenging Cases

10:00 a.m. – 12:00 p.m.

Residents Symposium: Transitioning From Residency to a Successful Practice

10:15 a.m. – 12:00 p.m. 
STS University (Session II)

12:00 p.m. – 1:00 p.m.

LUNCH

Residents Luncheon

1:00 p.m. – 2:00 p.m.

Ethics Debate: Bespoke Babies—Genome Editing in Cystic Fibrosis Embryos

How to Write a Great Review: Essential Components of Outstanding Peer Reviews

Key Contacts: Advocates for Cardiothoracic Surgery

Research Using the STS National Database

STS/CATS/CSCS: Innovative Techniques in Thoracic Surgery

Unconscious Bias (organized by Women in Thoracic Surgery)

2:10 p.m. – 2:30 p.m.
Opening Session

2:30 p.m. – 3:30 p.m.

J. Maxwell Chamberlain Memorial Papers

3:30 p.m. – 4:30 p.m.

Thomas B. Ferguson Lecture:
Laurie H. Glimcher

4:30 p.m. – 6:30 p.m.

Opening Reception in STS Exhibit Hall

5:30 p.m. – 6:30 p.m.

Poster Presentations

5:30 p.m. – 6:30 p.m.

2019 Thoracic Surgery Foundation Awards Announcement and VIP Reception
By invitation only

7:00 p.m. – 10:00 p.m. 

President's Reception:
Hotel del Coronado

MONDAY, JANUARY 28

6:30 a.m. – 5:00 p.m.
Registration

7:15 a.m. – 9:15 a.m.
Career Navigation and Development

Congenital: Pediatric Congenital I

ECTS @ STS

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

STS/ISHLT Joint Symposium

8:15 a.m. – 9:15 a.m.

Basic Science Research: Adult Cardiac

Basic Science Research: General Thoracic

Diversity and Inclusion in Cardiothoracic Surgery—What Is the Real Value?

9:00 a.m. – 4:30 p.m.

Exhibit Hall

9:30 a.m. – 10:15 a.m.

Featured Abstract Presentations

10:15 a.m. – 11:00 a.m.

BREAK—Visit Exhibits and Scientific Posters

11:00 a.m. – 11:10 a.m.

Introduction of the President:
Robert S.D. Higgins

11:10 a.m. – 12:15 p.m.

Presidential Address: Keith S. Naunheim

12:15 p.m. – 1:15 p.m.

BREAK—Visit Exhibits and Scientific Posters

1:15 p.m. – 3:15 p.m.

Adult Cardiac: Aorta I

Adult Cardiac: Ischemic

Congenital: Pediatric Congenital II

General Thoracic: Lung Cancer I

General Thoracic: Lung Transplantation

SVS @ STS: Sharing Common Ground for Cardiovascular Problems

1:15 p.m. – 5:00 p.m.

Clinical Scenarios: Cardiologists and Cardiac Surgeons Working Together

3:15 p.m. – 4:00 p.m.

BREAK—Visit Exhibits and Scientific Posters

4:00 p.m. – 5:00 p.m.

Adult Cardiac: Arrhythmia/Atrial Fibrillation

Adult Cardiac: Contemporary Practices in Surgical Therapy for Advanced Heart Failure

Cardiothoracic Surgery Education

Congenital: Adult Congenital

Critical Care Research

Next-Generation General Thoracic Surgery

Quality Improvement in Cardiothoracic Surgery

5:15 p.m. – 6:15 p.m.

Business Meeting (STS Members Only)

6:30 p.m. – 7:30 p.m.

STS-PAC Reception
Open to 2019 contributors

TUESDAY, JANUARY 29

6:30 a.m. – 1:00 p.m.
Registration

7:00 a.m. – 9:00 a.m.
Adult Cardiac: General

Adult Cardiac: Mitral and Tricuspid Valves

Congenital: Pediatric Congenital III

General Thoracic: Lung Cancer II

General Thoracic: Mediastinal/Pulmonary Pain Management

9:00 a.m. – 1:30 p.m.

Exhibit Hall

9:00 a.m. – 9:30 a.m.

BREAK—Visit Exhibits and Scientific Posters

9:30 a.m. – 9:45 a.m.

Award Presentations

9:45 a.m. – 10:45 a.m.

C. Walton Lillehei Lecture: Eric Topol

11:00 a.m. – 12:00 p.m.

Meet the Experts

Health Policy Forum

12:00 p.m. – 1:00 p.m.

BREAK—Visit Exhibits and Scientific Posters

1:00 p.m. – 3:00 p.m.

Adult Cardiac: Aorta II

Adult Cardiac: Aortic Valve/Novel Technologies

Advanced Therapies for End-Stage Cardiopulmonary Disease

General Thoracic: Esophageal

1:00 p.m. – 5:00 p.m.

How-To Video Session: Technical Tips to Avoid Pitfalls and Simplify Congenital and Pediatric Cardiac Surgery Procedures

How-To Video Session: General Thoracic

“My Tube” Adult Cardiac How-To Video Session

Patient Safety Symposium: Innovation and Safety in the Digital Era—From EHRs to Cybersecurity

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 7.

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



Indicates that a ticket is required to attend.

CMS Reviews Volume Requirements for New TAVR NCD

The Centers for Medicare & Medicaid Services is reevaluating the scientific evidence supporting volume requirements for hospitals and heart team members who perform transcatheter aortic valve replacement (TAVR) procedures.

The current TAVR National Coverage Determination (NCD), which was released in 2012, requires that hospital programs and heart team members perform a certain number of surgical aortic valve replacements and percutaneous coronary interventions in order to begin or maintain a TAVR program.

On July 25, a Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) panel met in Washington, DC, to hear recommendations regarding procedural volume requirements. Among the presenters were Joseph E. Bavaria, MD, David M. Shahian, MD, and Thoralf M. Sundt, MD. During the presentation, Dr. Bavaria stressed that programmatic

TAVR volume requirements are essential: “Quality cannot be reliably determined at low-volume centers—good or bad. That is the conundrum.”

The MEDCAC panel will now advise CMS as the agency prepares a new TAVR NCD due for release in June 2019. In addition, CMS will consider written comments, including those in a joint letter from STS, the American Association for Thoracic Surgery (AATS), the American College of Cardiology (ACC), and the Society for Cardiovascular Angiography and Interventions (SCAI).

Prior to the MEDCAC meeting, the four societies published an expert consensus document on TAVR in each of their respective peer-reviewed journals, including *The Annals of Thoracic Surgery*. The writing

committee for the “2018 AATS/ACC/SCAI/STS Expert Consensus Systems of Care Document: Operator and Institutional

Recommendations and Requirements for Transcatheter Aortic Valve Replacement” was co-chaired by Dr. Bavaria and Carl L. Tommaso, MD. The document updates a 2012 version and identifies criteria for

performing TAVR procedures safely, while optimizing patient outcomes. A related editorial, “TAVR 2.0: Collaborating to Measure, Assure, and Advance Quality,” by Dr. Shahian and colleagues, also was published in *The Annals*. ■

To read the multisociety comment letter, the expert consensus document, the editorial, and slide decks from the MEDCAC meeting, visit sts.org/TAVR-NCD.

“Quality cannot be reliably determined at low-volume centers—good or bad. That is the conundrum.”

—Joseph E. Bavaria, MD

MEET YOUR LAWMAKERS AT HOME

One of the best times to connect with your legislators is when they're at home in their districts. Take advantage of their proximity and schedule time to advocate for cardiothoracic surgery. Read about the different opportunities available to you below, and then contact Madeleine Stirling, Government Relations Coordinator, at mstirling@sts.org to get the ball rolling.

FACILITY TOUR

Site visits are a great way to provide your legislators with firsthand knowledge about the challenges you face delivering high-quality patient care. Once they've scrubbed in, it's impossible for them to ignore your message as you proceed to show them around your facility. This is the most hands-on way to make an impression on your elected officials.

Time Commitment: 1 hour or more

FUNDRAISING EVENT

Members of Congress rely on contributions, both big and small, to run their campaigns and continue working for you. If you believe your representative is doing a great job, a huge way to show your support is to participate in or host a political event. Depending on the circumstances of your district, STS staff may be able to arrange your participation.

Time Commitment: 1 hour

DISTRICT OFFICE MEETING

A one-on-one meeting at your legislator's local office is an excellent way to bring important issues to the forefront.



Larry L. Shears, MD, Chief of Cardiothoracic Surgery at Erlanger Heart and Lung Institute in Chattanooga, Tennessee (left), gave Rep. Chuck Fleischmann a tour of his facility.

STS can help you schedule the meeting and can thoroughly prepare you with relevant materials.

Time Commitment: 30 minutes

TOWN HALL

If your schedule makes daytime meetings difficult, attending a town hall might be perfect for you. Town halls, which are often held in the evening, allow constituents to gather in a public space and speak with their Senators and Representatives. The presence of a physician is always welcome, and your perspective is sure to be respected. STS staff can help you prepare a question and reasonable argument in advance.

Time Commitment: variable

PHONE CALL

If you can't make it out to a district office but really want to educate your member of Congress on your priorities, a phone call may fit the bill. Just like a meeting, STS staff will handle scheduling and briefing materials so that you're prepared.

Time Commitment: 20 minutes ■

THE SOCIETY OF THORACIC SURGEONS
633 N. Saint Clair St., Suite 2100
Chicago, IL 60611-3658
Phone 312-202-5800 | Fax 312-202-5801
Email sts@sts.org | Web sts.org

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MARK YOUR CALENDAR

Upcoming STS Educational Events

**STS/EACTS Latin America
Cardiovascular Surgery Conference**
Cartagena, Colombia
November 15-17, 2018

Coding Workshop
San Diego, California
January 25-26, 2019

Tech-Con 2019
San Diego, California
January 26, 2019

STS 55th Annual Meeting
San Diego, California
January 27-29, 2019

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

Thank You!



**The Society
of Thoracic
Surgeons**

The Society of Thoracic Surgeons gratefully acknowledges the following **Platinum Benefactors** for providing educational grants for the STS 54th Annual Meeting in Fort Lauderdale.

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