

STS Relocates Its Headquarters Office



Visitors are greeted by a large, backlit STS logo and a pedestal that features the President's Gavel.

After a chaotic few weeks immediately following the STS Annual Meeting, the Society opened its doors to a newly constructed headquarters office on February 20.

The street address is the same (the American College of Surgeons building in Chicago at 633 N. Saint Clair St.), but the difference between the old space on the 23rd floor and the new space on the 21st floor is significant.

“We worked with some terrific architects and a team that included an experienced project manager, contractors, and building management to create a workplace that is both attractive and, what is most important to our members, conducive to employee satisfaction and productivity,” reported STS Executive Director & General Counsel Rob Wynbrandt.

“We [created] a workplace that is both attractive and, what is most important to our members, conducive to employee satisfaction and productivity.”

— Rob Wynbrandt

“The design utilizes every square inch effectively, such that we have increased the number of ‘seats’ by 19 and still enlarged key common areas like our new Boardroom and café. Special recognition is due to Director of Finance and Administration

Keith Bura and Administrative Manager & Executive Assistant Cheryl Wilson for their contributions to this long-term project.”

The process actually started in 2015 when STS surgeon leaders and senior staff looked ahead

to an April 2018 lease end date and began considering how to accommodate the Society’s continued expansion; the number of STS employees had grown significantly—from 9.5 full-time employees in 2002 to what is now a budgeted 76 in 2018. After working with real estate brokers to review a few other locations in downtown Chicago, the decision was made to stay at the ACS building.

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New Officers, Directors Elected

New STS officers and directors were elected during the Annual Membership (Business) Meeting on Monday, January 29, at the 54th Annual Meeting in Fort Lauderdale.

The membership elected **Keith S. Naunheim, MD** as STS President for 2018-2019.

Additionally, **Robert S.D. Higgins, MD, MSHA** was elected First Vice President, and **Joseph A. Dearani, MD** was elected Second Vice President.

The following also were elected or reelected by the STS voting membership at the Annual Meeting:

SECRETARY

Joseph F. Sabik III, MD

TREASURER

Thomas E. MacGillivray, MD

DIRECTORS-AT-LARGE

Kevin D. Accola, MD

Vinod H. Thourani, MD

Ara A. Vaporciyan, MD ■

Submit Abstracts and Tech-Con Proposals

STS 55th Annual Meeting abstract submission opens soon; visit sts.org/abstracts for details. In addition, you will soon be able to submit proposals for STS/AATS Tech-Con 2019; the form will be available at sts.org/tech-con.



If You Are Not Part of the Solution...

Keith S. Naunheim, MD

There are many longstanding issues afflicting our cardiothoracic surgical specialty, including threats to reimbursement, liability issues, and burdensome regulation. The profession has addressed and continues to address these issues; however, just recently, a chronic but previously unrecognized danger to the specialty and our patients was identified—the national epidemic of opioid abuse.

The opioid epidemic is a real phenomenon with devastating consequences in the US. The

number of overall deaths from overdoses has more than doubled in the last decade, peaking at about 64,000 fatalities in 2016 and exceeding the deaths from traffic accidents or gun violence. Fully, two-thirds of those deaths were related to opioid overdose. The etiology of this problem is multifactorial and involves many health care players. Pharmaceutical companies intentionally downplayed the addiction risk of new pain medications while engaging in morally indefensible sales and distribution practices. In the 1990s, the American Pain Society, funded by the same pharmaceutical companies, touted pain as “the fifth vital sign,” insisting on visual pain scales with aggressive management that included narcotics. The Joint Commission published a pain management guideline in 2001 encouraging this pain management strategy, and in fact published a continuing education booklet (again funded by drug companies) citing studies suggesting “there is no evidence that addiction is a significant issue when persons are given opioids for pain control.” The Federation of State Medical Boards called for the punishment of doctors who inadequately treated patients’ pain, while simultaneously accepting pharmaceutical company money to produce drug prescribing guidelines. Hospitals implemented patient satisfaction scores specifically addressing inadequate pain management issues and threatened to

downgrade physicians’ performance assessment for poor scores. Even the US legal system was involved, with physicians found financially liable for inadequate pain management practices (*Bergman v. Chin*).

Despite these facts, it is the physician community that has been vilified by the media for wanton and irresponsible prescribing practices.

While it is true that there are unscrupulous doctors at “pill mills” who are guilty of unethical

As surgeons, we need to ... take action directly addressing the issue of postthoracotomy narcotic usage.

practices, it is also true that a portion of the blame could be assigned to responsible and caring physicians misled by the above-mentioned authorities and institutions. This group includes cardiothoracic surgeons who, for decades, have utilized thoracotomy incisions to achieve intrathoracic access. This approach produces a combination of muscular, skeletal, mesothelial, and neuropathic pain, which arguably makes thoracotomy the most painful incision one can undertake, both with regard to the immediate postoperative period and in the long term. A paper presented in January at the STS Annual Meeting reported that 14% of patients undergoing thoracoscopy or open thoracotomy were still filling opiate prescriptions 6 months after surgery. As surgeons, we need to be conscious of such results and take action directly addressing the issue of post-thoracotomy narcotic usage.

STS recognizes its role and that of its members in confronting this ongoing epidemic. Our first action is to better understand the current state of practice and, therefore, the Society has undertaken an electronic member survey requesting specific information regarding the routine practice of opioid administration and prescription following cardiothoracic surgery. Information regarding standard dosage, number of pills, and duration of treatment has been requested both from

surgeons and associated providers who have been asked to participate (physician assistants, advanced practice nurses, anesthesiologists). This information will help form the foundation for the Society’s response to this nationwide problem. It is hoped that the results of this survey will help STS identify best practices and then issue expert clinical opinion regarding optimal perioperative utilization of both opioid medication and nonnarcotic pain control methods and medications.

In addition, the Society will undertake ongoing education initiatives to help guide the membership in future practice. This will include emphasis of ERATS (Enhanced Recovery After Thoracic Surgery) protocols, a topic that was highlighted at the recent Fort Lauderdale meeting (see page 8 for information on how to access a related video roundtable and podcast). ERATS also will be addressed specifically at the upcoming STS Critical Care Conference in October, and it is expected that next year’s Annual Meeting in San Diego will highlight the issue of perioperative pain management and responsible perioperative opioid utilization in breakout sessions.

It is unrealistic to expect that cardiothoracic surgeons will be able to forgo narcotic medication completely given the nature of our operative incisions. However, both you the members and our patients can and should expect the Society to help guide practitioners in the measured and judicious approach to opioid usage in both inpatient and outpatient arenas. Such an approach will help minimize the risk of addiction for our patients and help address the ongoing epidemic.

It seems that this scourge caught most of America flat-footed in 2017, and our specialty was no exception. But now I believe we all recognize that the problem exists and it is one in which cardiothoracic surgeons have unwittingly played a role, however unintended. Yes, we have a problem, but now we pledge that—together—we will become part of the solution. ■

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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Take Advantage of Practice Resources on STS.org

Your technical skills in the operating room are, of course, essential to developing a thriving cardiothoracic surgical career. But understanding how your procedures should be coded,

navigating contract negotiations, and finding a good mentor also are important elements in ensuring your success. To assist cardiothoracic surgeons with all aspects of practice management, the Society offers a wealth of tools on its website, which you can find at sts.org/resources. Offerings in this section of the website include:

CODING AND REIMBURSEMENT RESOURCES

Access a series of webinars on ICD-10 coding or submit specific coding questions to the Coding Help Desk. These tools are designed to assist STS members and their staffs with coding, billing, and reimbursement challenges.

RISK CALCULATORS

Risk calculators provided by the Society can be valuable resources for patient consultations. The STS Short-Term Risk Calculator allows you to calculate a patient's risk of mortality and morbidities following coronary artery bypass grafting (CABG) surgery, aortic valve replacement, mitral valve replacement, and more, based upon data from the STS National Database; the ASCERT Long-Term Survival Probability Calculator, based upon data from the STS Adult Cardiac Surgery Database and the Centers for Medicare & Medicaid Services, allows you to calculate survival probability following isolated CABG in patients aged 65 years and older.

CLINICAL PRACTICE GUIDELINES AND EXPERT CONSENSUS STATEMENTS

Take advantage of these clinical decision-making aids. Sixteen cardiothoracic surgical topics are covered in the Society's clinical practice guidelines, which are based on an exhaustive review of scientific evidence published in the medical literature. STS Expert Consensus Statements represent the collective opinions of expert panels on clinical topics; the most recent statement



focuses on resuscitation of patients who arrest after cardiac surgery.

PRACTICE MANAGEMENT COLUMNS

Access an archive of Practice Management columns from

past issues of STS News and read about topics such as the importance of collaborating with cardiologists, how to navigate an employment model environment, and bundled payments for CABG.

CAREER RESOURCES

Get career advice, especially if you are in your first 7 years of practice:

- An extensive document provides answers to frequently asked questions on topics such as clinical interactions, program development, personal finances, contracting, and research.
- A new blog offers practical tips on all aspects of early career development. Topics include how to obtain research funding as a new investigator, balancing clinical, academic, and administrative responsibilities, and communicating with referring physicians; new posts are planned monthly.
- Find out how to connect with your fellow cardiothoracic surgeons on social media. You can access a feed of the @CTSurgCareers Twitter account, as well as learn about upcoming TweetChats.
- A just-released video roundtable features STS members Vinay Badhwar, MD, Shanda H. Blackmon, MD, MPH, Melanie A. Edwards, MD, and David D. Odell, MD, MMSc discussing the importance of mentorship, what the Society is doing to promote mentorship for early career surgeons, and defining the relationship between mentor and mentee. ■

If you have suggestions on additional practice management resources that you'd like to see from STS, contact Darcy Sengewald, Senior Manager, E-Learning, at dsengewald@sts.org.





On Image

Robert A. Wynbrandt, Executive Director & General Counsel

Most readers of STS News will not independently remember this, but there was a time when physician advertising was banned in the United States. It was not so long ago when the American Medical Association, then boasting a membership that actually included a majority of US licensed physicians, maintained and enforced such a ban. However, in the wake of a 1975 US Supreme Court decision that declared Virginia's ban on lawyer advertising unconstitutional, the Federal Trade Commission filed a complaint against the AMA for its analogous misdeeds in the medical profession. By 1980, my first year in legal practice, a federal appellate court had rejected the AMA's challenge and upheld an FDA Order that it "cease and desist from promulgating, implementing and enforcing restraints on advertising ... by physicians ..." except when such advertising was false or deceptive. That ruling was finally upheld by the Supreme Court in 1982.

As any casual reader of an airline inflight magazine can attest, the AMA's former ban on physician advertising is now as antiquated as all those Disney VHS videotapes I bought when my kids were young. And not only is physician advertising alive and well, but information about physicians is abundant and readily available through the internet and all forms of social media.

In this world of plentiful information available to the public about physicians, as a function of both advertising and other promotional vehicles created by physicians, as well as numerous sources of information generated by third parties, cardiothoracic surgeons are wise to pay attention to their public images, e.g., by periodically "googling themselves" and learning about how they are depicted on the internet, which can be a source of false and misleading information. Some fortunate STS members may work at hospitals where this task is performed for them by marketing professionals. Such due

diligence might strike some as a waste of time, if not narcissistic, but nothing can put a damper on one's professional image—and potentially one's career—like false or misleading information disseminated to the public. And while it's true that some false or misleading information is virtually impossible to eliminate or correct in the virtual public square, just the knowledge of what your colleagues, administrators, and patients may be hearing and reading about you will at least arm you with information that you can affirmatively counteract in your dealings with them.

Medical specialties and their national societies also have to be mindful of their images. A negative image of a specialty impacts the interests of prospective trainees (i.e., the lifeblood of a profession), how its health policy positions are perceived by legislators and regulators, and most importantly how they are viewed by patients and prospective patients—the ultimate consumers of their services. Lest we forget, it was also not that long ago when the image of cardiothoracic surgery was not so rosy (see declining numbers of residency applications, William Hurt in "The Doctor," etc.).

In furtherance of its image, not to mention its organizational mission for which "the highest quality patient care" is the endgame, the Society recently began to address a number of broad social issues that have significance for the well-being of the specialty. STS action in three such arenas started with important member surveys: on diversity and inclusion, on opioid use in cardiothoracic surgical procedures (see page 2), and on gender bias and sexual harassment. While some of our members might deem such issues as counterintuitive—or even inappropriate—for focus by an organization

such as ours, STS is not alone among national medical specialty societies in taking an active interest in these topics; a specialty society that is sensitive to cultural norms and alert to its own culture serves its public image, reflects well on its members, and is emblematic of the STS core value of professionalism. To that end, this column is both a thank you note to those who have participated in these surveys and a plea for the time and attention of all our readers for participation in our

future surveys of this nature. You will be hearing much more on all of these fronts.

One final comment about image that you're likely to hear

Cardiothoracic surgeons are wise to pay attention to their public images.

consistently from public relations professionals: the image that one seeks to cultivate must be authentic or it will lack credibility. Thus, astute readers of this space will note that the photographic image accompanying this column no longer reflects the 40-something-year-old me, but rather the 60-something-year-old me, thanks largely to the public shaming to which I was subjected by then-First Vice President Keith Naunheim prior to our 2018 Annual Meeting. This updated headshot is provided to enhance my own credibility ("if he's misleading us about what he looks like, who knows if he's otherwise misleading us?") and as a commercial for a terrific innovation introduced by STS Director of Marketing and Communications Natalie Boden on the exhibition floor in Fort Lauderdale. If you did not take advantage of this free opportunity at our 2018 Annual Meeting, please be assured that we will repeat it next year in San Diego; I encourage you to stop by. In fact, you can consider your free headshot an STS return on your membership investment, to the benefit of your image. ■

Member News



PRAGER NAMED INTERIM CHAIR

STS Immediate Past President **Richard L. Prager, MD** has been appointed Interim Chair of the Department of Cardiac Surgery at the University of Michigan. He is stepping in as the department launches its search for a permanent replacement for STS member

Edward L. Bove, MD. Dr. Prager has served as Director of the university's Frankel Cardiovascular Center since 2003. He has been an STS member since 1982.



KHOYNEZHAD MOVES TO MEMORIALCARE

Ali Khoynzhad, MD, PhD is now Director of Cardiovascular Surgery at MemorialCare Heart & Vascular Institute at the Long Beach Medical Center in Los Angeles, as well as Clinical Professor of Surgery at the David Geffen School of Medicine at UCLA.

Previously, Dr. Khoynzhad served as Director of Thoracic Aortic Surgery, Co-Director of the Integrated Atrial Fibrillation Program, Director of the Advanced Cardiac and Aortic Surgery Fellowship Program, and Professor of Cardiothoracic Surgery at Cedars-Sinai Medical Center in Los Angeles. He has been an STS member since 2004.



CHOMIAK HEADS TO SARASOTA

Paul N. Chomiak, MD has been named Director of Thoracic Surgical Oncology at Sarasota Memorial Health Care System/Sarasota Memorial Cancer Institute in Florida. Previously, Dr. Chomiak was Chief of Thoracic Surgical Oncology at Sacred Heart Healthcare System in Pensacola. He has been an STS member since 2005.



GRUBB JOINS EMORY

Kendra J. Grubb, MD, MHA is now Surgical Director of the Structural Heart and Valve Center and Assistant Professor of Cardiovascular Surgery at Emory University in Atlanta. Previously, she was Director of Minimally Invasive Cardiac Surgery and

Assistant Professor of Cardiac Surgery at the University of Louisville. She has been an STS member since 2010. ■

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

Staff Updates

Corey Burbridge joined STS on January 10 as its Senior Financial Analyst. He supports the Society's budget process and oversees the financials related to the five organizations for which STS provides management services. Previously, Corey was a Financial Analyst at the Chicago Family Health Center. He is a Certified Public Accountant and holds a master of science degree in accountancy from DePaul University in Chicago, as well as a bachelor of science degree in computer science from Truman State University in Kirksville, Missouri. To contact Corey, email cburbridge@sts.org.

Kathryn Hollifield joined the Society on February 26 as its STS National Database Manager - Intermacs. She manages the clinical and operational aspects of the STS Intermacs Database, including data collection and specification upgrades, data manager training, and Core Group support. Previously, Kathryn was Director, Clinical Affairs, for the Intermacs Data Coordinating Center at the University of Alabama-Birmingham (UAB). She holds a bachelor of science degree in nursing from UAB. To contact Kathryn, email khollifield@sts.org.

Lauren Nordmann joined STS on April 2 as its Information Technology Manager. She is responsible for the day-to-day maintenance and monitoring of the Society's internal and remote computer network architecture, connectivity setup, servers, local workstations, and web infrastructure. Previously, Lauren was an IT Support Specialist at Centro in Chicago. She holds a bachelor of science degree in game design from DePaul University in Chicago. To contact Lauren, email lnordmann@sts.org.

Saviano Hatcher joined the Society on April 10 as its Senior Coordinator, Information Technology. He helps configure, maintain, and enhance the membership databases, websites, and web applications of the Society and organizations for which STS provides management services. Previously, Saviano was a System Administrator at the Gateway Foundation in Chicago. He holds a bachelor's degree in information systems technology from Southern Illinois University in Carbondale. To contact Saviano, email shatcher@sts.org. ■

2018 STS INTERMACS MEETING

May 11-12, 2018 · Hilton Rosemont Chicago O'Hare
sts.org/intermacsmeeting

Symposium on Robotic Thoracic Surgery

May 18-19, 2018
Chicago, IL

sts.org/roboticthoracic

STS/ELSO ECMO MANAGEMENT SYMPOSIUM

July 13-15, 2018
TAMPA, FLORIDA

sts.org/ecmo

STS Relocates Its Headquarters Office

→ continued from cover

STS then retained an architectural firm to design a space that not only would fit the growing staff over the course of a new 11-year lease term, but also have a modern and sophisticated appeal. The final design includes a gray, white, and blue color scheme, accented with wood tones and glass that allows in a lot of natural light.

In the weeks leading up to the move, after initiating a document digitization process that still continues, staff packed up dozens of orange moving crates, recycled hundreds of pounds of paper, shredded hard copies of sensitive documents, and sent boxes of files to offsite storage in an effort to reduce clutter in the new space.

The entire move was completed in just one long weekend.

“I can’t deny it; for some of us on the staff who are admitted dinosaurs—wedded to paper—the lead-up to our move was time-consuming and stressful,” said Wynbrandt. “Now that we’re through the hardest part, though, it was all worth it. And we even benefitted from the secondary gain of team-building that comes with any difficult shared experience.”

An important goal for the new design was to make the Society’s branding more prominent. Upon entering the reception area, visitors

are greeted by a large, backlit STS logo and a pedestal that features the President’s Gavel made from a cherry tree on the Michigan estate of John Alexander, MD, recognized by many as the founder of American thoracic surgery. Photos of all STS Presidents, past and present, will be featured on nearby walls.

Just beyond the reception desk is a large Boardroom with exterior windows (something the previous headquarters office lacked), which will host STS surgeon leaders for important meetings such as the Annual Meeting program planning meeting in September. A new and improved Founders Room still pays homage to the past by memorializing the surgeons involved in the formative activities of the Society, while a redesigned Library houses a complete collection of *The Annals of Thoracic Surgery* and other important STS documents; all of the conference rooms, including three new “huddle rooms,” have advanced IT capabilities.

The entire Chicago staff looks forward to greeting members and showing off the new headquarters space. The next time you are in Chicago, staff would be happy to give you a tour! ■



- 1 The café features a wall of windows and ample space for employees to enjoy their breaks and lunches.
- 2 The redesigned Library houses a complete collection of *The Annals of Thoracic Surgery* and other important STS documents.
- 3 The Boardroom is now large enough to host surgeon leaders for important meetings.

Take a video tour of the new space at sts.org/HQvideo, and see more photos at sts.org/HQphotos.



Annals Debuts Updated Website

Many online readers of *The Annals of Thoracic Surgery* will have an enhanced experience the next time they visit annalsthoracicsurgery.org. The homepage has been streamlined, and the Table of Contents (TOC) now features thumbnail images for most articles. Articles that provide continuing medical education (CME) credit also will be easier to find, with identifying icons in the TOC and article widgets pointing readers to the CME activity. A subscription to *The Annals* is one of many STS member benefits. ■

Symposium Fills a Void in Robotics Education

To address patient desires for minimally invasive valve surgery, STS held a Symposium on Robotic Cardiac Surgery: Mitral Valve Repair, Coronary Bypass, and More, March 23-24 in Chicago. In addition to learning the essentials of robotic arterial and valvular procedures, attendees gained an overview of proper prerequisites, individual and team skills, supplies and equipment, training, and administrative elements. Breakout sessions featured live demonstrations and hands-on opportunities with multiple simulators. ■



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 seven press releases from January 19 to March 31, 2018. Brief recaps can be found below. To read the full press releases, visit sts.org/media.

January 19: **“New Clinical Practice Guideline Addresses Use of Blood Thinners During Heart Surgery”** described a new clinical practice guideline from STS, the Society of Cardiovascular Anesthesiologists, and the American Society of ExtraCorporeal Technology that offers practice recommendations, including heparin dosing and monitoring for initiation and maintenance of cardiopulmonary bypass, heparin

contraindications and heparin alternatives, and reversal of anticoagulation during cardiac operations.

January 30: **“Refusing Surgery for Esophageal Cancer May Cause Severe Consequences for Patients”** featured an Annual Meeting abstract showing that patients with esophageal cancer who refuse surgery when it is recommended are less likely to survive long term than similar groups of patients who undergo an operation.

January 30: **“1 in 7 Lung Surgery Patients at Risk for Opioid Dependence”** explained how many patients who weren't prior opioid users continued to take the medication for several months after their lung operations, becoming dependent and

persistent opioid users, according to an abstract presented at the Annual Meeting.

January 30: **“Durability of Open Heart Surgery Offers Younger Patients Superior Long-Term Results”** described an Annual Meeting abstract challenging the validity of stenting as the go-to approach for treating coronary artery disease in patients younger than age 50.

Three additional press releases were issued recognizing the Society's new President and the recipients of the Earl Bakken Scientific Achievement and STS Distinguished Service Awards. See page 11 for more information. ■

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



WATCH OR LISTEN TO STS ROUNDTABLE DISCUSSIONS

Visit the Society's YouTube channel at youtube.com/thoracicsurgeons to view several roundtable discussions filmed at the STS 54th Annual Meeting. Leading experts discuss a wide range of topics, including the opioid epidemic in the US, diversity and inclusion in cardiothoracic surgery, catheter-based mitral valve repair and replacement, and emerging technologies in lung cancer. New for 2018—listen to the audio at sts.org/podcast, or subscribe to the Surgical Hot Topics podcast on iTunes, Google Play, Stitcher, or wherever you access your podcasts. ■

Latest in Heart Failure, MCS Devices in Store at Intermacs Meeting

Clinical trials in durable mechanical circulatory support (MCS), the use of these devices in children, and challenges to the paradigm of durable continuous-flow rotary pumps are just a few of the topics that will be explored at the 2018 STS Intermacs Meeting.

With the addition of the STS Intermacs Database as the fourth component of the STS National Database (see Winter 2018 issue of *STS News*), the Society is continuing a tradition by planning a 1.5-day conference that will be held May 11-12 in Rosemont, Illinois, near O'Hare International Airport.

The meeting is designed not only for STS Intermacs Database participants, but also for anyone involved in the care of heart failure patients, including cardiothoracic surgeons, cardiologists, nurse specialists, and other members of the multidisciplinary health care team.

"The meeting will be informative and enlightening," said Robert L. Kormos, MD, Chair of the STS Intermacs Database Task Force. "We'll provide snapshots of research performed with Intermacs data, discussion of controversial topics, debates, and presentations on new technology that's still in development."

The program begins Friday afternoon, May 11, with experts reviewing quality of life measures, as well as discussing data input and data use for the STS Intermacs Database.

Presentations will cover isolated durable right ventricular assist devices (VADs), de novo aortic insufficiency on left VAD support, continuous-flow VADs in pediatric patients, VAD implants for children with congenital heart disease, and biventricular assist devices in children. In addition, a focus will be placed on how to use

Intermacs data for quality improvement and developing quality measures in one's institution. The Friday session ends with poster abstract presentations and a wine and cheese reception.

On Saturday, the meeting will begin with an outline of where the STS Intermacs Database is going in the future and details of new initiatives, such as data requests for research purposes. Other sessions will cover clinical trials in durable MCS, adverse events, MCS in the pediatric population, engineering better pumps and electronics, and new MCS devices.

View the full agenda and register for the meeting at sts.org/intermacsmeeting. ■

Read New Blog Posts on CTSurgeryPatients.org



The Society's patient website features a blog through which surgeons offer a wide variety of information to patients about their most frequently asked questions. Check out several recent posts, including "How We Balance Motherhood and Cardiothoracic Surgery" by Mara B. Antonoff, MD and Leah M. Backhus, MD, MPH. Drs. Antonoff and Backhus write that "carrying these two titles simultaneously is not only possible, but enormously rewarding." Read the full story at ctsurgerypatients.org/blog. ■

Leah M. Backhus, MD, MPH (left) and Mara B. Antonoff, MD describe the challenges of being both mothers and cardiothoracic surgeons.

STS Promotes Awareness of Heart Valve Disease

STS members participated in a variety of activities to celebrate the second annual Heart Valve Disease Awareness Day on February 22. STS Past President Joseph E. Bavaria, MD was among those ringing the New York Stock Exchange closing bell to recognize the day. In addition, Alan M. Speir, MD participated in a reception at the Inova Heart and Vascular Institute that highlighted the campaign and raised awareness about valve disease. Other STS members participated in similar events across the country. To learn more about this important national day of recognition, visit valvediseaseday.org. ■



Joseph E. Bavaria, MD (fourth from right) represented STS at the New York Stock Exchange bell ringing.



GTSC Scholarships Awarded

Residents Stephanie G. Worrell, MD, from Michigan Medicine, and Daniel H. Buitrago, MD, MPH, from Beth Israel Deaconess Medical Center, received STS Scholarship Awards at the March 8-11 General Thoracic Surgical Club Annual Meeting in Arizona. They were presented with their awards by STS Past President Mark S. Allen, MD (left) and STS member Dennis A. Wigle, MD (right), both from the Mayo Clinic. ■

Refer a Colleague to STS Membership

Urge your partners and staff who have not yet joined the Society to submit an application for membership. As STS members, they'll receive many valuable benefits such as a free subscription to *The Annals of Thoracic Surgery*, reduced rates for educational events and activities, and networking opportunities with the most influential cardiothoracic surgeons in the world.

The STS Board of Directors votes on pending applications for Active and International Membership three times per year (January, Spring, and Fall). The application deadlines for 2018 and the corresponding Board of Directors meetings are outlined in the chart below. Associate, Candidate, and Pre-Candidate Members are admitted on a rolling basis throughout the year.

Potential members can find more information and an application at sts.org/membership. Contact membership@sts.org with any questions. ■

APPLICATION DEADLINE	BOARD OF DIRECTORS MEETING
September 26, 2018	November 10, 2018
December 3, 2018	January 27, 2019

TSF AWARDS \$857,500 IN CARDIOTHORACIC SURGERY GRANTS

The Thoracic Surgery Foundation (TSF) distributed 23 grants as part of its 2018 Awards Program in support of research and education in cardiothoracic surgery.

These grants will help advance treatment options for patients with heart and lung diseases and offer much-needed assistance to underserved patients. View a list of the award winners at sts.org/TSF2018Awards. Applications for the 2019 TSF Awards Program will be available on July 15, 2018, and are due by September 15, 2018; visit thoracicsurgeryfoundation.org/awards for more information. ■



HIGHLIGHTS OF THE 54TH ANNUAL MEETING

More than 4,200 people, including more than 2,100 cardiothoracic surgeons and allied health care professionals, gathered in Fort Lauderdale January 27-31 for the STS 54th Annual Meeting. To view meeting photos, program content, and daily editions of the *STS Meeting Bulletin*, visit sts.org/annual-meeting-archive.



Access STS 54th Annual Meeting Online

STS Annual Meeting Online provides access to more than 100 hours of recorded sessions. Access to Annual Meeting Online was included with Annual Meeting registration. Non-attendees can purchase the online product at sts.org/AMonline.

Embracing Failures Serves as a Catalyst to Success

Drawing from both the profession and the sport that he loves, Richard L. Prager, MD encouraged attendees of his Presidential Address at the STS 54th Annual Meeting to “see their realities” and “make seeing and knowledge continuous with each other.”

“Professional innovation is our responsibility, and recognizing we are a creative specialty, I would offer that we—as surgeons—and our professional societies must be the leaders in accountability and transparency. To do so, we must embrace and advance performance measurement and analytics, performance feedback, and performance improvement,” he said.

Dr. Prager’s work with quality improvement initiatives has been his professional calling, according to Keith S. Naunheim, MD, who introduced Dr. Prager. It was therefore fitting that the focus of Dr. Prager’s address was the vital role of performance measurement and feedback in achieving success.

Dr. Prager took attendees on a journey of quality improvement initiatives in cardiovascular surgery, highlighting the STS National Database and the Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative, the latter of which he now directs.

As one example of the Quality Collaborative’s power in improving



Richard L. Prager, MD highlighted the importance of performance measurement.

outcomes, Dr. Prager described an initiative to increase the use of the internal mammary artery in coronary bypass surgery. Its success resulted from identifying rates of use at various sites, offering educational sessions, creating an exclusion form for operating surgeons who chose not to use the internal mammary artery, and providing feedback.

Subsequent Quality Collaborative initiatives were successful in reducing ventilator time, decreasing unnecessary blood transfusions, and identifying when the critical or sentinel thought process or care process occurred leading to a patient’s death.

“Cardiac and thoracic surgeons have a unique opportunity with the data we have from our registries in the United States and worldwide to explore our outcomes and comparative performances, and—with understanding and feedback, discussion, and resetting of approaches and goals—create improvements, knowledge, and benefit for patients and our national health care systems,” he said.

Dr. Prager then reinforced the integral role of performance analysis and feedback for success in the sport he loves: tennis. Through short video clips of interviews with players and coaches, attendees heard how performance measurement, performance feedback style and timing, and personal qualities lead to improvement and success.

Dr. Prager captured the essence of the interviews by noting that cardiothoracic surgeons must embrace their failures, as that is the path to greatness, and should always think about getting better—not winning, but getting better—in order to be successful.

“The commitment of [tennis] players is unwavering and the recognition that performance feedback is essential is understood by every player at every level. Perhaps we can learn from their commitment and approaches,” said Dr. Prager.

“Accepting performance feedback and looking at our outcomes is as much about our character as our talent or ability as surgeons, and as our future tennis stars recognize, there always are ways to improve,” he added. “For all of us, while this may seem to be an aspirational narrative, the mastery of the approach, whether it is a hospital network, an individual hospital, or an individual surgeon, our professional innovation, our seeing, will create success.” ■

Award Winners Honored

The STS Annual Meeting offered the opportunity to recognize those who are making an impact on the organization and the specialty. The following were honored by the Society in Fort Lauderdale:



Richard L. Prager, MD with Distinguished Service Award winners (from left) Cameron D. Wright, MD, Francis C. Nichols III, MD, and Marshall L. Jacobs, MD



Bakken Award winner Robert H. Bartlett, MD (center) with Medtronic's A. Pieter Kappetein, MD, PhD and Richard L. Prager, MD

DISTINGUISHED SERVICE AWARD

Distinguished Service Awards recognize those who have made significant and far-reaching contributions to the Society. The 2018 recipients were Marshall L. Jacobs, MD, Francis C. Nichols III, MD, and Cameron D. Wright, MD.

EARL BAKKEN SCIENTIFIC ACHIEVEMENT AWARD

The Earl Bakken Scientific Achievement Award was presented to Robert H. Bartlett, MD, who is best known for developing the lifesaving heart-lung technology known as extracorporeal membrane oxygenation. The Bakken Award honors individuals who have made outstanding scientific contributions that have enhanced the practice of cardiothoracic surgery and patients' quality of life.

PRESIDENT'S AWARD

The President's Award was presented to David D. Odell, MD, MMSc from Northwestern University for his paper, "Significant Variation in Compliance With Lung Cancer Quality Measures Exists Across US Hospitals." Selected by the STS President, this award recognizes an outstanding scientific abstract by a lead author who is either a resident or a surgeon 5 years or less in practice.

POSTER AWARDS

ADULT CARDIAC SURGERY: Risk Model for In-Hospital Mortality in Aortic Surgery for Ascending Aortic Aneurysm in the United States Using the STS National Database (Makoto Mori, MD)

CARDIOTHORACIC SURGICAL EDUCATION: Preferences in Pathway to Becoming a Cardiothoracic Surgeon: A Survey of Current Cardiothoracic Surgery Residents (Trevor A. Davis)

CONGENITAL HEART SURGERY: Aortic Extension to Relieve Pulmonary Artery Compression Following Norwood Palliation (Luke M. Wiggins, MD)

CRITICAL CARE: Addressing Diaphragm Dysfunction in Cardiac Surgery Patients: Successful Therapeutic Use with Current Technology and Future Prophylactic Use of Temporary Diaphragm Pacing Utilizing Intramuscular Electrodes (Raymond P. Onders, MD)

GENERAL THORACIC SURGERY: Fabrication of a 3-Dimensional Bioprinted Tracheal Scaffold with Fibrous Cover and Cartilaginous Regeneration (David Zeltsman, MD)

QUALITY: Patient-Reported Experience After Cardiac Surgery: Identifying Areas for Improvement (Meghana Helder, MD)

Annual Meeting by the Numbers



2,149
professional registrants



130
exhibiting companies and organizations



60
countries represented by registrants. Countries with the most registrants: United States, Japan, Canada, United Kingdom, and Brazil and Germany (tie)



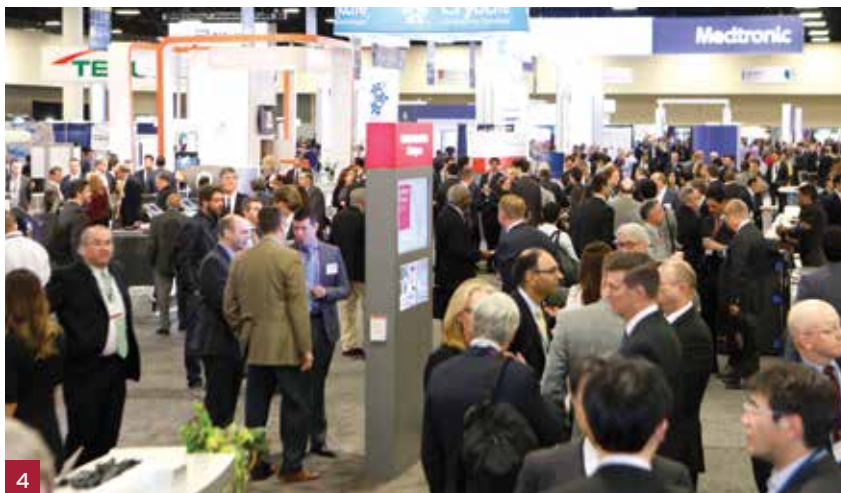
226
pieces of bovine and porcine tissue purchased for STS University

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1 Keith S. Naunheim, MD (right) was elected STS President during the Annual Membership Meeting. The gavel was presented by Richard L. Prager, MD, now Immediate Past President.

2 A new session explored the importance of diversity and inclusion in cardiothoracic surgery.

3 The Thomas B. Ferguson Lecture featured a panel discussion on health care reform following two invited presentations.

4 In the STS Exhibit Hall, attendees learned about products and services from more than 100 exhibiting companies.

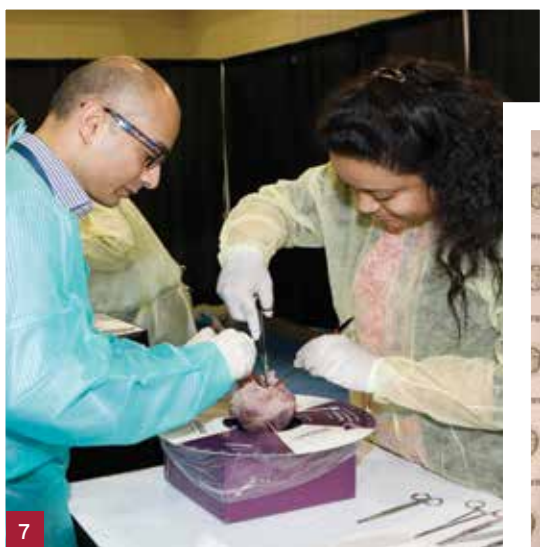
5 C. Walton Lillehei lecturer Robert H. Bartlett, MD provided an overview of the history and evolution of extracorporeal membrane oxygenation.

6 During the Jeopardy championship competition, residents from the University of Michigan emerged victorious over competitors from Castle Hill Hospital in Cottingham, United Kingdom.

7 Attendees received hands-on experience with several different cardiothoracic surgical procedures during STS University.

8 STS hosted press conferences on opioid addiction in lung surgery patients, CABG versus PCI, and the consequences of refusing surgery for esophageal cancer.

9 Tech-Con featured debates on the role of robotics in cardiothoracic surgery.



View more Annual Meeting photos at sts.org/54AMphotos.

STS Advocacy Helps Empower Surgeons Outside of the OR

For Mitchell J. Magee, MD, becoming involved in political advocacy was his way to influence patient care beyond the operating room and the health care setting.

“While we all derive immense satisfaction from providing the best care to each individual patient, we are often confronted with limitations that we and our patients feel powerless to impact,” he said. “It has been personally and professionally satisfying to learn through STS advocacy that we are not powerless, and we can make a difference.”

Dr. Magee, who is Surgical Director of Thoracic Oncology and the Minimally Invasive Therapy Institute for Lung and Esophagus at Medical City Dallas Hospital, recently received the Society’s Key Contact of the Year Award for his extraordinary efforts in advocating for the specialty.

He has attended many STS Legislative Fly-Ins in Washington, DC, and said his first Fly-In, in 2014, was the most enlightening.

“The STS staff provided all of the tools that I needed, including a planned schedule of

meetings with my representatives or their staffs, talking points for those meetings, and materials to leave behind. I also was grouped with other STS members, many of whom were Fly-In veterans. They showed me the ropes and made delivery of our messages more effective,” Dr. Magee said.

He said that he was impressed with how diligently the representatives and their staffs listened.

“It was apparent how much our opinions were respected and how genuinely interested the Congressional staff members were in understanding

our concerns and how these issues impact us and our patients as their constituents,” Dr. Magee said.

This initial positive

experience in Washington led to annual meetings with his representatives, either in DC or their local offices in Dallas. These meetings have helped Dr. Magee foster personal relationships with his representatives and their key staff.

One such relationship is with Rep. Pete Sessions (R-TX), Chairman of the House Rules Committee, who represents the Dallas area. Dr. Magee was invited to join the Congressman’s National Physicians’ Council for Healthcare Policy.

“Rep. Sessions regularly seeks my input, which reflects that of the Society,”



Mitchell J. Magee, MD met with Rep. Pete Sessions (left) at an STS Legislative Fly-In in Washington, DC, last fall.

Dr. Magee said. “He knows that STS is a data-driven resource.”

STS staff recently helped Dr. Magee create talking points about the benefits of accessing Medicare claims data for longitudinal research. Those talking points were then used during a Physicians’ Council meeting.

“By engaging policymakers to identify the issues impacting medicine and possible legislative solutions, Dr. Magee is helping physicians and patients across the country,” Rep. Sessions said. “His passion for advocacy is truly inspiring.”

Although some cardiothoracic surgeons fully support advocacy efforts, Dr. Magee acknowledges that others may have a cynical view of the political process and use it as an excuse for not participating; he urged them to reconsider.

“I certainly don’t agree with all of my representatives on every issue; with some of my representatives, I disagree on many issues,” Dr. Magee said. “Cardiothoracic surgeons share a desire to provide the best for our patients. Whether or not we agree with the process or like our representatives, we still must work to benefit our patients, the specialty, and the Society.”

To learn more about how you can become involved in STS advocacy efforts, visit sts.org/advocacy or contact the STS Government Relations office at advocacy@sts.org. ■



Mitchell J. Magee, MD received the Society’s Key Contact of the Year Award this past January (from left: Chair of the STS Council on Health Policy and Relationships Alan M. Speir, MD, Dr. Magee, and STS President Keith S. Naunheim, MD)

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Rosemont, Illinois

May 11-12, 2018

STS/ELSO ECMO

Management Symposium

Tampa, Florida

July 13-15, 2018

**15th Annual Multidisciplinary
Cardiovascular and Thoracic
Critical Care Conference**

Washington, DC

October 4-6, 2018

**STS 55th Annual Meeting
& STS/AATS Tech-Con 2019**

San Diego, California

January 26-29, 2019

**Symposium on Robotic
Thoracic Surgery**

Chicago, Illinois

May 18-19, 2018

**Advances in Quality &
Outcomes: A Data
Managers Meeting**

Hollywood, California

September 26-28, 2018

**STS/EACTS Latin America
Cardiovascular Surgery
Conference**

Cartagena, Colombia

November 15-17, 2018

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