

Collaboration for Better Lung Cancer Surgery Outcomes



Collaboration between The Society of Thoracic Surgeons (STS) and the European Society of Thoracic Surgery (ESTS) is expected to help improve the quality of patient care by linking outcomes data on chest procedures, beginning with lung cancer surgery. A draft manuscript and data have already been circulated and the outcomes are expected to be presented during the STS 51st Annual Meeting in January, in San Diego. An article about the project is published in the January 2015 issue of *The Annals of Thoracic Surgery*

“Our hope is that this collaboration will help identify best practices in lung cancer care in the U.S. and Europe for better patient care worldwide,” said Felix G. Fernandez, MD, from Emory University, who is spearheading the effort with Alessandro Brunelli, MD, from St James’s University Hospital in Leeds, England. “This collaboration has the potential to serve as an exemplar for global standardisation of data collection.”

Data from the STS General Thoracic Surgery Database (GTSD) and the ESTS Database will be used for the project. The GTSD is part of the STS National Database and is especially renowned for an Adult Cardiac Surgery Database (ACSD) that is considered to be the gold standard for outcomes database in the U.S. while the ESTS Database is a joint activity with the European Association for Cardio-Thoracic Surgery.

An advantage with these two databases is the fact that the outcomes are risk-adjusted, which is important when measuring a facility’s or a surgeon’s performance. It is also useful when identifying which patients will be best treated by a particular procedure.

The first task is for the STS and ESTS databases to standardise the definitions and terminology used within their respective databases. According to Dr. Brunelli, this is a huge undertaking and requires the setting up of a common language regarding collection of clinical information.

“By establishing a common language, we are combining our experiences to better understand each other’s processes and outcomes, which will foster clinical research collaboration across the continents and disseminate important findings faster,” added Dr. Fernandez.

Dr. Brunelli also points out that the project will be especially important for a speciality like thoracic surgery since it is a smaller community compared to other larger specialties. The only way to assess practices and produce guidelines for improved patient care is by increasing the pool of patient data to be able to perform in-depth analyses. He is confident that the collaboration and integration of the two databases could generate new knowledge and could help boost the quality of care initiatives.

The STS is also preparing another milestone with the GTSD – public reporting. GTSD participants will publicly report outcomes on lobectomy in early 2015 and have already reported ACSD outcomes since 2010. They also plan to include CABG, AVR and AVR with CABG. 25 Congenital Heart Surgery Database participants have also signed up to publicly report their risk-adjusted operative mortality results in January 2015.

Source: Society of Thoracic Surgeons

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