



**PUBLIC REPORTING DATA SHARING/CONSENT FORM**  
**The Society of Thoracic Surgeons National Database**

**General Thoracic Surgery Database**

On behalf of the STS National Database Surgeon Participant and the hospital identified below (whether or not an STS National Database Hospital Participant), and based upon the public reporting selections made herein, we hereby give permission to The Society of Thoracic Surgeons (“STS”) and the Duke Clinical Research Institute (“DCRI”) to publish the following surgical outcomes and demographic information derived from the data submitted by Participant (whether a combined Surgeon and Hospital Participant or a Surgeon Participant alone) to the STS National Database (the “Information”) via the **STS website**.

**Surgical Outcomes Information**

Scores and ratings (expressed in stars or other graphics) are reported for each composite and its respective domains as described in the table below.

Composite Measure Name	Quality Domains	Time Period
Lobectomy for Lung Cancer	(1) Absence of mortality, and (2) Absence of major complication†	3 years
Esophagectomy for Esophageal Cancer	(1) Absence of mortality, and (2) Absence of major complication*	3 years

† Pneumonia, Acute respiratory distress syndrome, Bronchopleural fistula, Pulmonary embolus, Initial ventilator support >48 hours, Reintubation/respiratory failure, Tracheostomy, Myocardial infarction, Unexpected return to the operating room.

\* Defined as one or more of any of the following: Unexpected return to OR, Anastomotic leak req. medical Rx, Reintubation/Respiratory failure, Initial vent support > 48 hrs, Pneumonia, New renal failure per RIFLE criteria, Recurrent laryngeal nerve paresis.

and

**Demographic Information**

Name of Surgeon Participant (either individual or group); and name, city and state of the consenting hospital where services are provided by the relevant Surgeon Participant.

**THE INFORMATION WILL BE PUBLISHED ON A SURGEON PARTICIPANT BASIS, WHICH MAY INVOLVE A COMBINATION OF INFORMATION PERTAINING TO THE HOSPITAL IDENTIFIED BELOW WITH INFORMATION PERTAINING TO ONE OR MORE ADDITIONAL HOSPITALS. NAMES OF THE HOSPITAL(S) ASSOCIATED WITH THE SURGEON PARTICIPANT’S SURGICAL OUTCOMES ANALYSIS WILL BE LISTED ON THE STS WEBSITE. SCORES AND RATINGS OF THE SURGEON PARTICIPANT IDENTIFIED BELOW MAY DIFFER FROM THE AGGREGATE OUTCOMES OF THE HOSPITAL IDENTIFIED BELOW.**

The Information may also include:

- i. Time interval represented by the data; and
- ii. Confidence limits for composite score and domain measures.

We hereby agree to hold STS, DCRI, and their respective representatives, harmless in connection with their actions taken in good faith reliance on this Data Sharing/Consent Form.

We also agree that STS may publicly identify the hospital identified below as the source(s) of the information disseminated to the public as contemplated herein. **We understand that NO patient identifying data OR individual surgeon-level data (unless Surgeon Participant is a single surgeon) will be published and/or shared.**

We represent and warrant that we have full right and authority to act on behalf of the Surgeon Participant and the hospital identified below in this matter as set forth above.

We authorize STS to accept this signed form via hard copy, fax, or e-mail as and for counterparts of hard copy originals, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. It will remain in effect until terminated by the Surgeon Participant and/or the hospital identified below.

GENERAL THORACIC SURGERY DATABASE PUBLIC REPORTING SELECTIONS		
Surgeon Participant consents to publicly report the surgical outcomes information specified above by marking: “Yes” for the procedure(s) which the Surgeon Participant chooses to publicly report. “No” for the procedure(s) which the Surgeon Participant chooses <b>not</b> to publicly report.		
<b>Lobectomy for Lung Cancer</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Esophagectomy for Esophageal Cancer</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Five (5) digit Participant ID (PID) #	Ten (10) digit Hospital NPI#:	
For the PID # indicated above, please print the <b>exact, consumer-friendly Surgeon Participant name</b> you wish to have published by STS (typically a group name, e.g., “ABC Heart Surgical Associates”):		
Surgeon Participant Representative Name*:	Surgeon Participant Representative Signature:	Date:
Hospital Representative Name**:	Hospital Representative Title:	
Hospital Representative Signature:	Date:	
(*) CT surgeon authorized to sign on behalf of all surgeons who comprise the “Surgeon Participant” (**) Representative authorized to sign on behalf of the hospital named above <b>Fax completed form to STS at 312-202-5867.</b>		

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_