



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:

- transfer to Consumers Union of United States, Inc., doing business as Consumer Reports (“CR”), 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”) for publication via print, wireless and electronic media, including the **CR website**, as well as third-party websites to whom CR sublicenses small samples of the Information;
 and/or
- 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 print, wireless and electronic media, including the **STS website**.

Surgical Outcomes Information

Discharge mortality rate and median postoperative length of stay for lobectomy procedures for lung cancer, as defined in the semiannual feedback reports provided to STS General Thoracic Surgery Database Participants, performed by the Surgeon Participant during the most recent 3-year time period, including scores and ratings (expressed in stars or other graphics) for the composite measure and its domains as described in the table below, along with the STS General Thoracic Surgery Database aggregate outcomes for that procedure during that time period and the National Inpatient Sample results for those outcomes for that procedure during the most recent 1-year time period available.

Composite Measure Name	Quality Domains	Time Period
Lobectomy for Lung 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.

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 (lobectomy procedures for lung cancer performed during that interval); and
- ii. Confidence limits for discharge mortality rates, postoperative length of stay, composite score and domain measures.

We hereby agree to hold STS, DCRI and CR (if applicable), 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 and/or CR 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 with CR.***

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 SELECTION		
Surgeon Participant consents to publicly report the surgical outcomes information specified above by marking “Yes” in the indicated public reporting media. “No” should be specified for public reporting media through which the Surgeon Participant chooses not to publicly report.		
STS <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Five (5) digit Participant ID (PID) #	Ten (10) digit Hospital NPI#	
For the PID # indicated above, please print the exact , consumer-friendly Surgeon Participant name you wish to have published by STS and/or CR (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		
Fax completed form to STS at 312-202-5867.		

Submitted by: _____

Phone: _____