



**Licking Memorial
Health Systems**

1320 West Main Street
Newark, OH 43055

Please take a few minutes to read this month's

Report on **Cancer Care**.

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Community Report Card

Licking Memorial Health Systems

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Cancer Care ... A Community Report on Patient Care Quality

Health Facts

While we do not know the exact cause of most cases of colorectal cancer, there are certain known risk factors. A risk factor is something that increases a person's chance of getting a disease. Some risk factors, like smoking, can be controlled. Others, such as a person's age, can't be changed. Researchers have found several risk factors that increase a person's chance of getting colorectal cancer.

Risk Factors for Colorectal Cancer

- Age. Your chance of having colorectal cancer goes up after age 50.
- Having had colorectal cancer before. Even if a colorectal cancer has been completely removed, new cancers could start in other areas of your colon and rectum.
- Having a history of polyps.
- Having a history of bowel disease (ulcerative colitis or Crohn's disease).
- Family history of colorectal cancer.
- Diet high in fat, especially fat from animal sources, can increase the risk of colorectal cancer.
- Lack of exercise.
- Being overweight.
- Smoking.
- Consuming alcohol.

Cancer Care – How Do We Compare?

At Licking Memorial Hospital (LMH), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your health care choices.

- 1** If you have a mammogram, you want to be confident that it is interpreted accurately. Specificity is a measure of the accuracy of mammography interpretation related to normal (negative) results. Sensitivity is a measure of the accuracy of mammography interpretation related to abnormal (positive) results.

	LMH 2003	LMH 2004	LMH 2005	Goal ⁽¹⁾
Specificity	98%	99%	98%	greater than 90%
Sensitivity	97%	95%	96%	greater than 85%

- 2** Sometimes a radiologist will recommend a biopsy after a mammogram is read. To be accredited for mammography, health care organizations are required to look at the number of cases recommended for biopsy that result in cancer diagnosis – called the positive predictive value. This helps monitor the accuracy of the radiology interpretations.

	LMH 2003	LMH 2004	LMH 2005	Goal ⁽¹⁾
Positive predictive value	28%	30%	35%	25% - 40%

- 3** LMH follows a rigorous five-step safety procedure to prevent chemotherapy medication errors. LMH administers approximately 3,700 doses of chemotherapy each year.

	LMH 2004	LMH 2005	LMH 1/06-6/06	Goal
# Chemotherapy medication errors	0	0	0	0

- 4** When a person is either diagnosed with or treated for cancer, the person is entered into the Cancer Registry. It is then the responsibility of the accredited organization to follow up with the person for the rest of his/her life on an annual basis to encourage appropriate care. The staff in the Cancer Registry may contact the primary care physician or the patient to do this.

	LMH 2004	LMH 2005	LMH 1/06-6/06	Goal
% Cancer patient follow-up	88%	92%	95%	greater than 90%

- 5** Another requirement for cancer care program accreditation is that a hospital has a minimum percentage of its newly diagnosed and/or treated cancer patients entered in clinical trials.

	LMH 2004	LMH 2005	LMH 1/06-6/06	Goal
% of newly diagnosed and/or treated patients in clinical trials	3.5%	4.9%	3.9%	greater than 2%

- 6** In an effort to prevent and promote early detection and treatment of cancer, the physician offices of Licking Memorial Health Professionals (LMHP) measure and track results of cancer screening tests for colon cancer, prostate cancer, breast cancer and cervical cancer for all active patients. An active patient is considered any patient who appears for an office visit in a three-year period. National benchmarks were researched for each cancer measure and goals were established to compare our statistics to others across the country.

	LMHP 2006 ⁽²⁾	Goal ⁽³⁾
Colon Cancer	50%	greater than 40%
Breast Cancer	77%	greater than 75%
Cervical Cancer	69%	greater than 80%
Prostate Cancer	69%	greater than 54%

Through technology, the above figures should improve since patient-specific information regarding each cancer screening is now available to the physicians in their practice settings. Having patient-specific information available allows the physician to focus on offering preventive services, including cancer screening, which can significantly improve the health status of our community population.

Data Footnotes:

1. *Quality Determinates of Mammography, Clinical Practice Guide #13, AHCPR Publication No. 95-0632.*
2. *Data reflects all active patients as of July 1, 2006.*
3. *USPSTF – United States Preventative Services Task Force , NQF – National Quality Forum Ambulatory Care Guidelines, ACOG , American Cancer Society.*

Patient Feature: James McCullough



James
McCullough

It was Father’s Day weekend, and James McCullough was helping his daughter move. After a long day of moving, James woke up in the middle of the night not feeling well. He realized there was a problem when he noticed blood in his stool. “Typically, early colon cancer does not have symptoms. Warning signs, such as rectal bleeding, blood in the stool, change in bowel habits or cramp-

ing in the lower abdomen, occur with more advanced stages of the disease,” said Jacqueline Jones, M.D., a Licking Memorial Health Professionals oncologist.

“On Monday, I immediately called my doctor and made an appointment,” said James. He then had a colonoscopy done that showed blockage in his colon. A colonoscopy is an internal examination of the colon (large intestine), using an instrument called a colonoscope. It was then that James was diagnosed with colon cancer. Colorectal cancer develops in the colon or rectum, which are parts of the digestive tract. It typically starts with a polyp – a small growth on the lining of the colon or rectum. Over

time, these polyps can turn into cancerous tumors. Since this usually takes a long period to develop, there is usually time to find the growths and remove them before they become cancerous if screening is done.

James then had surgery to remove the blockage. Immediately following surgery, James began seeing Dr. Jones for chemotherapy treatments. He received chemotherapy for more than six months. “At first I was really sick from the chemo, but Dr. Jones worked with me to adjust my medication so I wasn’t so sick,” said James.

“Dr. Jones and the staff are excellent – and then some. They have a tough job, but the staff always have a smile and offer encouragement,” said James.

It has been more than three years since James was diagnosed with colon cancer. “At my last check-up with Dr. Jones in June, I was cancer-free,” said James. He is back to enjoying time with his family. James and his wife, Kelly, have three children and five grandchildren.

Preventing Colorectal Cancer

By: James DeSapri, D.O., Licking Memorial Family Practice



James DeSapri,
D.O.

Colorectal cancer is the nation’s second leading cancer killer for both men and women, yet it is one of the most preventable cancers. Thousands of Americans die needlessly from this disease each year. Despite the fact that it is highly preventable, it is estimated that more than 145,000 new cases of colorectal cancer were diagnosed last year and more than 56,000 people died from the disease.

Colorectal cancer is one of the few cancers in which a screening test cannot only detect the disease early, it can actually prevent the disease. Approximately 90 percent of colorectal cancers and deaths are thought to be preventable.

Many people say they don’t screen because they don’t have any bowel problems. Colon cancers develop from

polyps which take years to change into cancer. By the time you experience symptoms such as blockage or obvious bleeding, the cancer may be too far along to cure. Many people also say that no one in their family has had colon cancer. However, most people who get colon cancer have no family history. The disease can be present without you knowing. The keys with this cancer are early detection and prevention.

Colonoscopy is considered to be the “gold standard” for colorectal cancer evaluation. There are several advantages colonoscopy has over other screening tests. A negative finding means that no further studies would have to be performed for approximately 5 to 10 years. Also, if an abnormality is found, a biopsy could be obtained or polyps could be removed during the procedure.

The risk of developing colorectal cancer increases with age. Since most colon cancers occur in men and women

Preventing Colorectal Cancer (continued from previous page)

who are 50 or older, it is recommended those in that age category be screened for colorectal cancer.

You owe it to yourself and the people who love you to take care of yourself. If you are 50 or older and you have

not been screened for colorectal cancer, see your doctor. Colorectal cancer is preventable, treatable and beatable!

Seven-year-old Tends to Cancer Patients

Since the beginning of 2006, 7-year-old Tiffany Nelson has joined her father, David, in accompanying her mother, Ruth, to regular visits to the Oncology Department at Licking Memorial Hospital (LMH). Ruth was diagnosed with breast cancer in December 2005 and the Nelsons have made it a priority to fight the disease as a team.

One day as Tiffany was quietly waiting for Ruth's infusion treatment, she noticed that some of the other patients did not have someone there to offer moral support to them. She talked to David about her concerns, and together they devised a plan to have Tiffany offer the patients a teddy bear to help cheer them through their difficult time.

"At first she wanted to give them flowers, but I didn't think that would be good. So we thought of a teddy bear for each person," David recalled. However, finances are limited for the Nelsons who do not have medical insurance coverage. "Tiffany had been looking forward all summer to going to Kings Island for a weekend," David said. "I told her we wouldn't be able to do both; she had to choose between Kings Island and the teddy bears. She chose the teddy bears."

"She's got a big heart," Ruth said. "At first I didn't know about her plan. My husband asked me how many patients there were in the infusion room. I asked him why he wanted to know and he told me that Tiffany decided to buy the bears instead of going to Kings Island. She's got a big heart – she's stood by me during all my treatments."



As Tiffany Nelson (center) passed out colorful teddy bears to LMH oncology patients, she also gave a bear to her mother, Ruth (left) and Jacqueline Jones, M.D., a Licking Memorial Health Professional Oncologist (right).

A second grader at Thornville Elementary School, Tiffany is short on words about her project but was obviously flattered by the reaction she received from the recipients. "They asked me if I could think of a name for the bears. One of them even used my name for the bear," she said. "I thought the bears might help them feel happy."

"She's quite an impressive young lady," LMH Oncology Department Manager Patty Banks-Chester complimented. "She gave a bear to everyone in an infusion chair. Everyone left with a bear and a smile. That kind of thoughtfulness can really make a difference in how a patient is feeling that day."

Tiffany's generosity did not end with presents for the patients. She even had bears to give to nurses and to her mother's physician, Jacqueline Jones, M.D., a Licking Memorial Health Professionals oncologist.