



**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**.

You'll soon discover why  
Licking Memorial Hospital is  
measurably different ... for your health!

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1998, 1999, 2000, 2001,  
2002, 2003, 2005, 2006



# Community Report Card

## Licking Memorial Health Systems

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## A Community Report on Cancer Care

### Health Tips – Reduce Your Risk

Making healthy choices can help you reduce your risk for cancer. Talk to your primary care physician about ways to do the following to enjoy a healthier life:

- **Attain and/or maintain a healthy weight.** Aim for a healthy body mass index (BMI) between 18.5 and 24.9.
- **Consume a healthy diet.** In your daily diet, include at least five servings of vegetables and fruits and three servings of whole grains. Limit your intake of processed and red meats, as well as high-fat dairy products.
- **Be active.** Regardless of whether you need to lose weight, get physical. Exercising for at least 30 minutes a day most days of the week will lead to increased energy and improved fitness.

# Cancer Care Statistics – 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 2004 | LMH 2005 | LMH 2006 | Goal(1)<br>greater than 90%<br>greater than 85% |
|-------------|----------|----------|----------|---|
| Specificity | 99%      | 98%      | 98%      |   |
| Sensitivity | 95%      | 96%      | 92%      |   |

- 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 diagnoses – called the positive predictive value. This helps monitor the accuracy of the radiology interpretations.

|                           | LMH 2004 | LMH 2005 | LMH 2006 | Goal(1)<br>25% to 40% |
|---------------------------|----------|----------|----------|-----------------------|
| Positive Predictive Value | 41%      | 42%      | 30%      |                       |

- 3 LMH follows a rigorous five-step safety procedure to prevent chemotherapy medication errors. LMH administers approximately 4,200 doses of chemotherapy each year.

|                                  | LMH 2004 | LMH 2005 | LMH 2006 | Goal<br>0 |
|----------------------------------|----------|----------|----------|-----------|
| # Chemotherapy medication errors | 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 2006 | Goal<br>greater than 90% |
|----------------------------|----------|----------|----------|--------------------------|
| % Cancer patient follow-up | 88%      | 92%      | 95%      |                          |

- 5 Clinical research ensures that patient care approaches the highest possible level of quality. There is no minimum required percentage of patients placed on cancer-related clinical trials in a Community Hospital Cancer Program; however, to provide maximum service, Licking Memorial Hospital offers access to national clinical trials to patients as a member of the Columbus Community Clinical Oncology Program.

|  | LMH 2004 | LMH 2005 | LMH 2006 | Goal<br>greater than 2% |
|--|----------|----------|----------|-------------------------|
| % Newly diagnosed and/or treated patients in clinical trials | 3.5%     | 4.9%     | 2.9%     |                         |

- 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 breast cancer, cervical cancer, colorectal cancer and prostate cancer for all active patients. Active patient population is defined as patients seen within the last three years.

|                   | LMHP 2006 | LMHP as of July 1, 2007 | National Measure Average (2) |
|-------------------|-----------|-------------------------|------------------------------|
| Breast Cancer     | 79%       | 83%                     | 75%                          |
| Cervical Cancer   | 76%       | 81%                     | 86%                          |
| Colorectal Cancer | 57%       | 57%                     | 40% (blended average)        |
| Prostate Cancer   | 74%       | 73%                     | 54%                          |

#### Data Footnotes:

(1) Quality Determinates of Mammography, Clinical Practice Guide #13, AHCPR Publication No. 95-0632.

(2) National Statistics Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System.

# A Patient Story – William T. Morgan

Fifty-nine-year-old William T. Morgan has received two cancer diagnoses in the past five years, but he is not feeling sorry for himself. “I’m just fortunate to be here and tell you about it,” William said.



William Morgan meets regularly with Kaye Linke, M.D., for treatment of his prostate cancer.

Although the Newark resident displayed no symptoms when he was diagnosed with prostate cancer a few years ago, William wasn’t too surprised to learn he had the disease.

“I think my grandfather probably had prostate cancer. He died in the late 1950s. Back then, not as much was known about cancer,” William said.

Following a routine checkup in 2002, former Newark area Family Practice Physician Paul Simmons, M.D., referred William to Urologist Donald Lewis, M.D., who is on staff at Licking Memorial Hospital (LMH). Dr. Lewis diagnosed William’s prostate cancer following a standard office screening which included a prostate-specific antigen (PSA) blood test. “Dr. Lewis is fantastic. He gets right to the point of what’s going on,” William said. “He’s straightforward and spelled out my options.”

William received radiation and hormonal manipulation treatments and was impressed with the level of care available locally. “They’ve always treated me really well here,” William said of LMH. “It’s a terrific hospital. A lot of people think you have to travel to Columbus for cancer care. That’s just not so. We have a fine facility in Licking Memorial, and the drugs are the same. That trip back from Columbus would add to the discomfort of treatment.”

In 2005, William received a second cancer diagnosis. He had been receiving regular colonoscopies due to a history of colon polyps. The latest test results showed that William had colon cancer; he was referred by Licking Memorial Internal Medicine Physician Gerald Ehram, M.D., to Licking Memorial Hematology/Oncology. Additionally, both General Surgeon Howard Reeves, D.O., and Licking Memorial Health Professionals Gastroenterologist David Subler, M.D., were among the

specialists involved in William’s care. Following surgery, he received chemotherapy, and during part of his treatment for colon cancer, William was able to continue working as a machine tender at Owens Corning in Newark. Medication was administered through an infusion pump as William remained on the job.

Licking Memorial Health Professionals Oncologist Kaye Linke, M.D., has

treated William during his bout with colon cancer and has seen him for follow-up care. “She’s wonderful,” he said. “I just can’t say enough good things about her.” William also is complimentary of the nurses in the Oncology Department at LMH. “I give credit to the nurses on the unit,” he said. “That is a hard job – administering chemotherapy. I’m one of the more fortunate ones, because I’m still around to talk about it.”

William is known for sharing encouraging words and hugs with his health care providers – especially the oncology nurses and Dr. Linke. “I try to keep their morale up because it’s a tough job,” William said. He wants Licking County residents to know that high-quality cancer care is available from compassionate individuals at Licking Memorial. “This cancer is bad news. If I can help just one person, I’m all for it,” he said.

# Educational Article – Risk Factors for Prostate Cancer

The cause of most cases of prostate cancer is unknown, but certain risk factors have been identified. “Unfortunately, age and family history are included among risk factors that cannot be controlled,” said Licking Memorial Health Professionals Urologist William Stallworth, M.D. “What men can do is take a proactive role in their own health so that prostate cancer can be diagnosed and treated as soon as possible.”



Men are encouraged to take a proactive role in their health so that prostate cancer can be diagnosed and treated early.

## **Risk factors that cannot be controlled include the following:**

- **Age** – The chance of getting prostate cancer increases as a man ages. About two out of every three prostate cancers are found in men older than age 65.
- **Race** – For unknown reasons, prostate cancer is more common among black men than among Caucasian men. Prostate cancer occurs less often in Asian men than in Caucasian men.
- **Family History** – Men with a father or brother who has had prostate cancer are more likely to get it themselves, especially if their relatives were young when they got the disease.

Located in the male pelvis, the prostate is a variable-sized gland, usually the size of a walnut, measuring 3 to 5 centimeters long by 3 to 5 centimeters in width. On average, the gland weighs about 20 grams. The prostate surrounds the urethra (which is the channel that carries urine from the bladder). The prostate can put pressure on the urethra, causing: decreased force of the urinary stream; a feeling as if the bladder is not emptying; intermittent stopping and starting of urinary stream; a need to “push” the urine out; and/or increased urinating during nighttime.

A man with advanced-stage prostate cancer might have blood in his urine and/or experience impotence. Because the disease commonly spreads to the bones, he also may have pain in his hips, spine and ribs. If the cancer has spread to the spine, pressure on the spinal nerves can cause weakness and/or numbness in the legs and/or feet,

as well as loss of bladder and bowel control. If you experience any of these symptoms, contact your primary care physician immediately. “Early in the disease, there may be no symptoms whatsoever,” said Dr. Stallworth. “Consequently, it’s good for men ages 50 and older to be screened regularly for prostate cancer.”

The American Cancer Society (ACS) recommends that men age 50 and older receive an annual prostate-

specific antigen (PSA) blood test and digital rectal exam (DRE). Men at high risk for prostate cancer – including black men and men who have a close relative who had prostate cancer before age 65 – should begin such testing at age 45. Men at highest risk – because they have several close relatives with prostate cancer at an early age – should have their first PSA at age 40.

In addition to receiving regular screenings, men can take steps to decrease their risk for prostate cancer. Since men who eat a lot of red meat or high-fat dairy products may have a greater chance of developing prostate cancer, consumption of these foods should be limited. Additionally, eating five or more servings of vegetables and fruits daily may help reduce the risk. Finally, a recent study found that men older than 65 who regularly exercised vigorously had a lower rate of prostate cancer. Before beginning any exercise program or making major dietary changes, consult your physician.