



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 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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Quality Report Card Licking Memorial Health Systems

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Health Tips – Patient Navigator Services Can Help Ease the Stress of Being a Cancer Patient

Cancer patients often find that the combination of appointments, treatments, paperwork, fatigue and emotional issues can be overwhelming. Licking Memorial Hospital (LMH) partners with the American Cancer Society (ACS) to provide the Licking County community with a Patient Navigator to assist patients and their families through this difficult time.

The ACS Patient Navigator can help ease the stress of cancer diagnosis, treatment and recovery by:

- Helping to locate possible financial aid and insurance resources
- Assisting with disability applications
- Helping to locate resources for transportation or the cost of transportation to medical appointments
- Providing educational material about cancer and cancer treatments
- Providing information about local services, such as wig fitting or home medical supplies
- Providing cancer support information and resources

The Patient Navigator's office is located at LMH. For information about services or support programs, call Patient Navigator Katherine Schorr at (740) 348-1996, toll free at (888) 227-6446 extension 8069, or by e-mail at kschorr@cancer.org. ACS Patient Navigator services are funded by charitable contributions to the ACS.

Cancer Care – How do we compare?

At Licking Memorial Health Systems (LMHS), 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 healthcare choices.

Check out our Quality Report Cards online at www.LMHealth.org.

1 Statistics are collected for all screening mammograms to assess the accuracy of the testing. Some parameters that are determined include the probability that any individual case of breast cancer will be identified by the mammogram and the probability of the mammogram correctly identifying patients that do not have cancer.

	LMH 2008	LMH 2009	LMH 2010	Goal ⁽¹⁾
Percentage of cancers correctly identified by the mammogram	99%	97%	99%	greater than 90%
Percentage of patients without cancer correctly identified by the mammogram	96%	98%	97%	greater than 85%

2 So as not to miss cancers, mammography can suggest malignancy when in fact no cancer is present. If the mammogram is suggestive of cancer, the radiologist may recommend a biopsy and many biopsies subsequently are negative for cancer. Because of this, another parameter we measure is the percentage of cases for which biopsy is recommended that are positive for cancer.

	LMH 2008	LMH 2009	LMH 2010	Goal ⁽¹⁾
Percentage of cases with radiologist recommended biopsy that actually had cancer	28%	38%	41%	25% to 40%

3 Screening mammograms are conducted to detect breast cancer before the patient has any noticeable symptoms. Breast cancer is most easily and most effectively treated when it is diagnosed in its early stages. Although the results from most screening mammograms are negative, meaning no cancer was detected, for patients who are found to have breast cancer, the screening mammogram may have been life-saving technology. Licking Memorial Hospital (LMH) tracks the number of screening mammograms that have positive interpretations, meaning that the tests detected cancer that may have remained unnoticed until it was more advanced.

	LMH 2008	LMH 2009	LMH 2010	National Average ⁽²⁾
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	3.0	3.0	4.2	4.1

4 Chemotherapy drugs are toxic and could be dangerous if not prepared correctly. Therefore, LMH follows a rigorous five-step safety procedure to prevent chemotherapy errors.

	LMH 2008	LMH 2009	LMH 2010	Goal
Number of chemotherapy medication errors negatively impacting patients	0	0	0	0

Cancer Care – How do we compare? (continued on inside page)

Patient Story – Lew Mounts

Lew Mounts thought he had a pretty good idea of what he was facing in 2010 when he was diagnosed with cancer. Through the years, he had talked with friends and relatives who had been through cancer treatments, so he believed his life would soon be consumed with fatigue and nausea. However, as Lew soon discovered, cancer treatment has progressed significantly in recent years, with a strong emphasis on minimizing the side effects.

During the summer of 2010, 81-year-old Lew was enjoying his retirement from plastics packaging research and development at Dow Chemical. Despite some problems with his left hip, he played golf four to six times each week, volunteered with Meals on Wheels and was treasurer at the Second Presbyterian Church in Newark. He and his wife, Sue, enjoyed their large combined family that included seven grown children and many grandchildren.



Lew Mounts underwent surgery and chemotherapy at Licking Memorial Hospital in 2010 to treat non-Hodgkin lymphoma.

On August 14, 2010, Lew was scheduled to volunteer in the kitchen during the Newark Maennerchor’s annual Ox Roast. “When I woke up that morning, I was not feeling well,” he recalled. “Sue took my temperature and it was 103 degrees, so she took me to the ER at Licking Memorial Hospital (LMH) where I was admitted as an outpatient that evening. Three days later I met with Oncologist/Hematologist Jacqueline J. Jones, M.D., of Licking Memorial Oncology. After several tests that week and the following week, a PET (positron emission tomography) scan was performed, and the results showed eight ‘hot spots’ and a tumor on my right hip. I was diagnosed with non-Hodgkin lymphoma, stage 4, which affects the lymph nodes or lymph glands. Dr. Jones outlined a series of six chemotherapy treatments that I started on August 27.”

Patient Story – Lew Mounts (continued on inside page)

5 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. Cancer Registry staff may also contact the primary care physician to ensure the health of the patient.

	LMH 2008	LMH 2009	LMH 2010	Goal
Cancer patients with follow-up	93%	92%	94%	greater than 90%

6 Clinical research ensures that patient care approaches the highest possible level of quality. There is no minimum requirement for how many patients are placed in cancer-related clinical trials in a community hospital cancer program; however, to provide maximum service, LMH offers access to national clinical trials to patients as a member of the Columbus Community Clinical Oncology Program.

	LMH 2008	LMH 2009	LMH 2010	Goal
Newly diagnosed and/or treated patients in clinical trials	3.1%	3.7%	5.6%	greater than 2%

7 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 2008	LMHP 2009	LMHP 2010	National Average ⁽³⁾
LMHP patients who received screening tests for:				
Breast cancer	84%	85%	85%	75%
Cervical cancer	85%	85%	85%	81%
Colorectal cancer	64%	64%	64%	41% ⁽⁴⁾
Prostate cancer	77%	75%	75%	54%

Data footnotes: (1) D’Orsi CJ, Bassett LW, Berg WA, et al. *BI-RADS: Mammography, 4th edition* in: D’Orsi CJ, Mendelson EB, Ikeda DM, et al: *Breast Imaging Reporting and Data System: ACR BI-RADS – Breast Imaging Atlas*, Reston, VA, American College of Radiology, 2003. (2) National Cancer Institute Breast Cancer Surveillance Consortium. (3) Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010. (4) The Behavioral Risk Factor Surveillance System (BRFSS) national average for adults aged 50 and over who have had a sigmoidoscopy or colonoscopy is 64 percent, while the average for those who have had an occult blood stool test is 17 percent. We compare ourselves to the average of the two national statistics, which is 41 percent.

Patient Story – Lew Mounts (continued from outside page)

In September, Lew had 14 blood transfusions to bring up his hemoglobin levels. In response to Lew’s transfusions, the Second Presbyterian Church and Twentieth Century Club (Lew is a volunteer, and Sue is a member.) organized a blood drive in November 2010. Thirty donors participated in his honor.

Some well-intentioned friends suggested to Lew that he should seek treatment at a larger hospital in Columbus, but Lew was confident that LMH would provide the care he needed. “I knew that LMH has one of the best Oncology Departments available, right here in Newark,” Lew said. “The cancer diagnosis certainly was not welcome, but after talking with Dr. Jones, I knew I was in good hands. I felt that I was going to be okay.”

Following the initial four chemotherapy treatments at LMH, Lew had a second PET scan performed. “All eight hot spots were gone,” Lew said, “but it looked like there were four new ones.” Dr. Jones reassured Lew that his cancer had responded well to chemotherapy. She analyzed his PET scan results and concluded that the four new spots that appeared were actually areas of bone marrow regeneration after the chemotherapy, which was a very good sign. Bolstered with optimism, Lew had the remaining two chemotherapy treatments, completing the series in January. A follow-up PET scan found no cancer.

Before the customized chemotherapy treatments began, Lew braced himself for what he thought was going to be an arduous experience. His late wife, Joyce, had a mastectomy and chemotherapy for breast cancer during the 1980s, and he had witnessed the nausea and fatigue that the powerful drugs caused. “I remember how completely exhausted she would be for two days after each treatment,” Lew recalled. “Still,

I was not really worried. I figured that if having chemotherapy was what I needed, I would do it. Dr. Jones assured me that chemotherapy treatment had come a long way since the 1980s, so I tried to go in with a positive attitude.”

“I received very good treatment. Everyone, from the receptionists to the nurses and Dr. Jones, were all very professional,” Lew said. “One of the first things they gave me was medication for nausea. The nurses were careful to communicate to me every step of the way what they were doing and what side effects I might experience. With the very first chemotherapy treatment, I had some chills and shakes, which were what the nurse said might occur, so it did not scare me when it happened. After that, I had no reactions or sickness at all. In fact, while I had my treatments, I usually enjoyed a delicious lunch that was sent up from the Hospital’s Café.”

Sue was gratified by the excellent care Lew received. As a member of LMH TWIGS fund-raising organizations for more than 50 years, she was impressed by the staff’s warmth and professionalism toward patients. “She has always been a strong supporter of the Hospital,” Lew said, “She was so proud to see how the staff interacted with patients and with each other. The friendly environment made us feel like one big, happy family. I definitely received care that was just as good, if not better, than I would have in Columbus.”

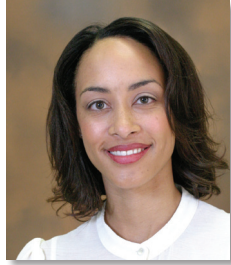
Lew believes that the good communications between LMH staff members and patients benefitted his care. “I had no fear of the ‘unknown’ because they explained things so well every step of the way,” he said. Lew now returns to LMH every month for blood work and every three months for a checkup with Dr. Jones.

Early Detection of Breast and Prostate Cancers

During an average year in Licking County, 138 women are diagnosed with breast cancer, according to a report by the American Cancer Society (ACS). Following lung cancer, breast cancer is the second leading cause of cancer death for women, nationwide. However, with early detection and aggressive treatment, Licking County residents who are diagnosed with breast cancer can join the 2.5 million breast cancer survivors living in the U.S., today.

Breast Cancer Risk Factors and Detection

Although breast cancer also affects men, it is 100 times more common in women. “The ACS estimates that at some point in their lives, approximately one out of every eight women in the United States will develop breast cancer,” commented Janae Davis, M.D., an obstetrician/gynecologist at Licking Memorial Women’s Health in Newark. “Some, but not all of these women will have identifiable risk factors before their diagnoses.”



Janae Davis, M.D.

Identifiable risk factors for breast cancer include:

- Increased age
- Genetic risk factors
- Family history
- Previous breast cancer
- Race – Caucasian and African American women have higher risk.
- Dense breast tissue
- Early menses or late menopause – Women who began menstruation before the age of 12, or menopause after the age of 55, have a slightly higher risk.
- Not having children, or having first child past the age of 30
- Diethylstilbestron (DES) – Women who received the drug, once used to prevent miscarriage, have a slightly higher risk
- Not breastfeeding
- Use of hormone therapy after menopause
- Smoking or use of alcohol
- Being overweight
- Lack of exercise

Most women have no signs or symptoms of breast cancer, which is why getting regular mammograms is so important. When symptoms are present, the most common one is a new lump or mass on the breast or under the arm. Other warning signs include: swelling in the breast, skin irritation or “dimpling,” breast pain, unusual nipple inversion, redness or thickening of skin on the breast, and discharge (not including breast milk).

When breast cancer is detected in its early stages, the patient has a wider range of treatment options and a greater likelihood of a positive outcome. The ACS recommends that women should begin annual self breast exams during their 20s, and have clinical breast exams by a healthcare provider every three years during their 20s and 30s. Beginning at age 40, women should have a clinical breast exam every year, according to ACS guidelines.

High-tech digital mammography, available at Women’s Imaging at Licking Memorial Hospital (LMH) and Licking Memorial Women’s Health, has been proven to be more accurate in identifying malignancies at an earlier stage than they can be detected by physical examination. Although experts agree that screening mammograms save lives, studies have

shown varying results in regard to the most advantageous screening schedule. Beginning at age 40, women should check with their physicians to learn at what age to receive their first screening mammogram and how often the test should be repeated. Women with a higher risk for developing breast cancer may be advised to begin screening mammograms at an earlier age or to receive magnetic resonance imaging tests (MRI).

LMH and Licking Memorial Women’s Health, in conjunction with Tri-County Radiologists, are offering free screening mammograms on Thursday, October 20, and Friday, October 21, in recognition of National Mammography Day, to qualifying low-income women who reside in Licking County. In addition, LMH partners with the Licking County Health Department’s Screening and Survivor Support (SASS) for Breast Cancer program to provide screening mammograms to women who are at least 40 years old and are uninsured or under-insured. For more information about LMH’s National Mammography Day screenings, call (740) 348-4722. For more information about the Health Department’s SASS program, call (740) 349-6535. SASS is also funded by Susan G. Komen for the Cure, Columbus, and the Public Health Partnership of Licking County.

Prostate Cancer Risk Factors and Detection

In Licking County, 106 men are diagnosed with prostate cancer during an average year, as reported by the ACS. Nationwide, it affects approximately one of every six men, and is the second leading cause of cancer deaths for men. However, with early detection and aggressive treatment, men who are diagnosed with prostate cancer can join the 2 million-plus prostate cancer survivors living in the U.S., today.

William A. Stallworth, M.D., of Licking Memorial Urology, said, “I recommend that men, age 50 to 80 years, should be screened for prostate cancer at least annually. Men who are at an increased risk, should consider screenings beginning at the age of 45 years. Some men neglect to get a prostate exam because they are anxious, and some men do not have easy access to health care. It is important for them to remember that they will have more treatment options if their cancer is detected at an early stage.”



William A. Stallworth, M.D.

Factors that place men at a higher risk for developing prostate cancer include:

- Age – Prostate cancer is rare in men younger than 40 years.
- Race – African-American men have higher risk.
- Nationality – Men living in North America, northwestern Europe, Australia and the Caribbean Islands have a higher risk.
- Family history – Men with fathers or brothers diagnosed with prostate cancer have a higher risk.
- Smoking
- Diet – Men who eat a lot of high-fat foods have a higher risk.

Prostate cancer usually causes no noticeable symptoms in the early stages. It is most often diagnosed after a routine prostate specific antigen (PSA) blood test or a digital rectal exam.

Prostate cancer is often a very slow-growing disease. In some cases, the physician may recommend a wait-and-see approach for treatment to determine if the cancer is likely to stay localized, without presenting a danger to the patient’s general health.