

Non-Profit Org.
U.S. Postage
PAID
Newark, Ohio
Permit No. 39

Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

Return Service Requested

*Please take a few minutes to read
this month's report on patient
care quality. You'll soon discover
why Licking Memorial Hospital
is measurably different
for your health!*

Visit us at www.lmhealth.org

*Call our Health Line at
740-348-4YOU.*



**Licking Memorial
Health Systems**

September 2002
Volume 3
Number 9

**Cancer
Care**

measurably
different
for your
health!



HEALTH TIPS

Research has shown that making healthy lifestyle choices can help prevent numerous forms of cancer. The American Institute for Cancer Research offers these cancer-prevention tips:

- Eat plenty of vegetables and fruits; select foods that are low in fat and salt.
- Maintain a healthy weight; be physically active.
- If you drink alcohol, do so in moderation.
- Do not use tobacco in any form.

...a community report on patient care quality.



Cancer care:

How do we compare?

At Licking Memorial Hospital, 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 2000	LMH 2001	National ⁽¹⁾
Specificity	96%	95%	>90%
Sensitivity	98%	100%	>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 2000	LMH 2001	National Recommended Range ⁽¹⁾
Positive predictive value	31%	45%	25-40%

3 Cancers of the lung, mouth, larynx, bladder, kidney, cervix, esophagus and pancreas can be related to tobacco use, and smoking alone causes one-third of all cancer deaths. One way to measure the effectiveness of a smoking cessation program is to monitor smoke-free rates of participants after one year.

	LMH 2001	LMH 1/02-6/02	National ⁽²⁾	LMH Goal
% smoke-free at one year	43%	20%	29%	>45%

4 LMH follows a rigorous five-step safety procedure to prevent chemotherapy medication errors. LMH gives approximately 4500 doses of chemotherapy per year.

	LMH 2001	LMH 1/02-6/02	LMH Goal
Number of chemotherapy medication errors	0	0	0

5 For a cancer care program to be approved by the American College of Surgeons Commission on Cancer, the hospital must hold multidisciplinary, patient-oriented treatment planning conferences at least monthly. The goal of this requirement is to increase the number of cases that are reviewed while patient care can still be influenced.

	LMH 2001	LMH 1/02-6/02	Standard
Number of meetings monthly	2	4	1
% cases reviewed while patient care can still be influenced	95%	95%	>51%

6

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.

% cancer patients followed up annually		
LMH 2001	LMH 1/02-6/02	Standard
88%	95%	>90%

7

Another requirement for cancer care program approval is that a hospital have a minimum percentage of its newly diagnosed and/or treated cancer patients entered in clinical trials.

% newly diagnosed and/or treated patients in clinical trials		
LMH 2000	LMH 2001	Standard
3%	3.9%	>2%

Data Footnotes:

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

(2) American Lung Association of Ohio.

Fighting hard against **Cancer**

A PATIENT'S STORY



After battling non-Hodgkin's lymphoma, 29-year-old Carol Skeese is back to enjoying life -- including taking frequent bike rides. Since early this year, her health has improved greatly, and she is cancer-free.

**// When I went to see
Dr. Schram,
I mentioned the chest pain.
He sent me to LMH for
chest X-rays, which revealed
I had three masses. //**

Carol Skeese was kickboxing in late November 2000 when she felt pain in her chest. In January 2001, the Frazeysburg resident was diagnosed with non-Hodgkin's lymphoma, a disease in which cancer cells are found in the lymph system.

"We wanted to start having kids, so I already had an appointment scheduled with my primary care physician," Carol said, referring to a health check-up with Licking Memorial Health Professional (LMHP) Douglas Schram, D.O. "When I went to see him, I mentioned the chest pain. He sent me to LMH for chest X-rays, which revealed three masses."

Dr. Schram referred Carol to LMHP William Rawlinson, M.D., a pulmonologist. A short time later, Carol started to notice swollen lymph glands on her neck, and she was frequently becoming short of breath. She went to the LMH Emergency Department, where doctors prescribed steroids. In January 2001, Carol began seeing oncologist Jacqueline Jones, M.D., of Licking Memorial Oncology/Hematology.

In late January, Carol began six cycles of CHOP chemotherapy. CHOP refers to the four drugs injected into her bloodstream. "I had a really good response to the chemo," she said. However, a small mass remained. After completing 21 days of radiation therapy in late July, she was cancer-free. But Carol soon began having

severe back pain, and in early August, CT scans revealed a tumor in her abdomen. She was referred to the Cleveland Clinic for stem cell transplant. Marrow in certain bones contains stem cells that produce blood cells. High-dose chemotherapy treatments destroy abnormal stem cells and blood cells but also damage normal cells. After high-dose chemotherapy, healthy stem cells can be transplanted to restore normal stem cell function.

Carol was given high-dose chemotherapy treatments last fall in preparation for stem cell transplantation using her own stem cells.

Following the procedure, she remained in the clinic until her blood counts improved to a safe level. Carol was released on December 11, but returned on December 15 because of an infection. Upon her return to Frazeysburg, Carol began receiving IV antibiotics and other follow-up care from LMH Home Care Services. Since early this year, her health has improved greatly, and she is again cancer-free.

"I've had a lot of support," Carol said. Her husband, Heath, tops her list of supporters. "He's kept me laughing, and he's real spiritual," she said. Carol also credits their church – Perryton Church of Christ in Frazeysburg – friends, and family with helping them cope. Nearly two years after Carol's battle with cancer began, she and Heath still hope to start a family. "We'll just have to wait and see," she said. Meanwhile Carol is living well after fighting hard.

Cancer Resource Center Patient Navigator



Patient Navigator Katherine Schorr began working at the Licking Memorial Health Systems Cancer Resource Center in August.

Funded through the American Cancer Society (ACS), the patient navigator can help cancer patients perform a variety of tasks – including find funding sources for travel costs associated with cancer treatment, select wigs, and research specific illnesses. Services also are available to survivors and family members of cancer patients.

Since 2000, LMHS and ACS have been working together to provide an accessible location in Licking County to provide information about cancer. The Cancer Resource Center – located on the fourth floor of Licking Memorial Hospital, in Room 425 – is available to the public, patients, families, caregivers, physicians and allied health care professionals.

Hours of operation are 9 a.m. to 5 p.m. Monday through Friday, or by appointment by calling 740-348-4468 or 800-783-4677, ext. 4468. Schorr can be reached at 740-348-4468.



Facing Your Risks for Breast Cancer

MOST WOMEN WHO ARE DIAGNOSED WITH BREAST CANCER HAVE NO APPARENT RISK FACTORS, THE ACS REPORTS, AND SOME RISK FACTORS FOR BREAST CANCER, SUCH AS THOSE LISTED BELOW, CANNOT BE CHANGED.

- Being a woman is the main risk factor for breast cancer since women have more breast cells than men do.
- Aging increases a woman's risk for developing the disease. Approximately 77 percent of breast cancer diagnoses are made in women older than 50, according to American Cancer Society (ACS) statistics.
- Compared to women who do not drink alcohol, those who consume one alcoholic beverage a day have a very small increase in risk. Women who drink two to five such beverages daily have 1.5 times the risk of those who do not drink.

Symptoms of Breast Cancer

Early on, a woman with breast cancer may see no symptoms. However, the National Cancer Institute warns that as the disease grows, the following changes may be noticed:

- When a woman begins and stops menstruating also is a factor. Those who began having menstrual periods before age 12 or went through menopause after 50 have a slightly higher risk.
- A woman who as a child or young adult had chest area radiation therapy as treatment for another cancer is at a significantly increased risk.
- Having a previous breast biopsy result of atypical hyperplasia increases a woman's risk four to five times.
- Genetic risk factors, a family history of breast cancer and a personal history of breast cancer are other risk factors which cannot be changed.
- a lump or thickening in or near the breast or in the underarm; a change in the size or shape of the breast; nipple discharge or tenderness, or seeing the nipple inverted into the breast; ridges or pitting of the breast; and a change in the way the skin of the breast, areola or nipple looks or feels – such as becoming warm, swollen, red and/or scaly.

If you notice any of these symptoms, contact your doctor immediately so that proper diagnosis and treatment can take place as soon as possible.

Early Detection

According to the American College of Obstetricians and Gynecologists (ACOG), early detection is the best protection against breast cancer.

ACOG recommends monthly personal breast exams, a minimum of one annual breast exam from your physician, and beginning mammograms at age 40.

ACOG and the National Cancer Institute recommend that women in their 40s who have no risk factors for breast cancer have a mammogram at least once every two years.

Women age 50 and older should receive mammograms more frequently, following their physician's recommendation.

Reducing Your Risk

However, certain risks for breast cancer can be reduced by making basic diet and lifestyle changes.

- Obesity and eating a diet that is high in fat increase a woman's risk for developing breast cancer. Switch to a diet rich in fruits and vegetables and low in high-fat and processed meats.
- Even moderate physical activity can lower breast cancer risk and improve your health.
- If and when a woman has a child affects her risk for breast cancer. Women who have had no children or had their first child after 30 have a slightly higher risk.