Cancer Care – How do we compare?

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

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.

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 who do not have cancer.

	LMH 2010	LMH 2011	LMH 2012	Goal
Percentage of cancers correctly identified by the mammogram	NA[1]	96.5%	97.1%	**78%[2]**
Percentage of patients without cancer correctly identified by the mammogram	NA[1]	99.7%	99.7%	**90%[3]**

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 2010	LMH 2011	LMH 2012	Goal
Percentage of cases with radiologist recommended biopsy that actually had cancer	NA[1]	35.1%	37.0%	**24 to 40%[4]**

3 Screening mammograms are conducted to detect breast cancer before the patient has any noticeable symptoms. Breast cancer is most easily and 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 2010	LMH 2011	LMH 2012	Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	4.2	3.0	3.0	**2 to 10[4]**

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 2010	LMH 2011	LMH 2012	Goal
Number of chemotherapy medication errors negatively impacting patients	0	0	0	**0**

5 When a person is either diagnosed with or treated for cancer, the person is entered into the Cancer Registry. It then is 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 2010	LMH 2011	LMH 2012	Goal
Cancer Registry patients with annual follow-up	94%	90%	93%	**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 2010	LMH 2011	LMH 2012	Goal
Newly diagnosed and/or treated patients in clinical trials	5.6%	5.1%	11.3%	**greater than 2%**

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

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

	LMHP 2010	LMHP 2011	LMHP 2012	National Average[5]
LMHP patients who received screening tests for:				
Breast cancer	85%	84%	84%	**64%**
Cervical cancer	85%	83%	83%	**73%**
Colorectal cancer	64%	64%	64%	**58%**

Data footnotes: *(1) While LMH has been tracking this information for many years, data collection guidelines changed in 2011. As a result, data collected prior to 2011 cannot be used for comparison purposes. (2) Kolb TM, Lichy J, Newhouse JH. Comparison of the performance of screening mammography, physical examination, and breast ultrasound and evaluation of factors that influence them: an analysis of 27,825 patient evaluations. Radiology. 225(1):165-75, 2002. Oestreicher N, Lehman CD, Seger DJ, Buist DS, White E. The incremental contribution of clinical breast examination to invasive cancer detection in a mammography screening program. AJR Am J Roentgenol. 184(2):428-32, 2005. (3) Bassett LW, Hendrick RE, Bassford Tl, et al, Quality determinants of mammography: Clinical practice guidelines, No. 13. Agency for Health Care Policy and Research Publication No. 95-0632. Rockville, MD: Agency for Health Care Policy and Research, Public Health Services, US Department of Human Services, 1994. (4) 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. (5) Percentages are compiled by averaging Commercial, Medicare and Medicaid data as reported in "The State of Health Care Quality 2012," Healthcare Effectiveness Data and Information Set, "Measures of Care."*

Patient Story – Bob Hunt

For most of their lives, John R. (Bob) and LaDonna Hunt have worked together – first as coworkers, then as husband and wife. So it was only natural that when Bob was diagnosed with lung cancer in late 2012, that LaDonna would be by his side as a caregiver in addition to the medical professionals at Licking Memorial Health Systems who dedicated themselves to providing his care with compassion.

Bob Hunt

Bob and LaDonna met at Newark Stove Company where he was a tool and die maker, and she was a typist. They married in 1955, and had a daughter. Bob later worked at Owens Corning, and then accepted a post-retirement position at Meijer. Back in those days, Bob smoked cigarettes, and occasionally a pipe, just as many of his friends and coworkers did.

At the age of 79, Bob had recurrent back pain around his left shoulder along with shortness of breath, and made an appointment with his family physician, Richard E. Simon, M.D., of Licking Memorial Family Practice. Dr. Simon first ordered a chest X-ray, then a nuclear medicine study and a CT scan at Licking Memorial Hospital (LMH) to check Bob's heart and lungs.

Bob was shocked to learn that the tests indicated that he had two tumors in his left lung that appeared to be malignant. "I had given up smoking many years ago, so I did not even consider cancer as a possibility," he said. "It came completely out of the blue."

Bob was referred to Pulmonologist Eric R. Pacht who ordered a minimally invasive CT guided needle biopsy performed by Radiologist Joseph Fondriest, M.D. The biopsy confirmed that the tumors were malignant, and Bob underwent a series of tests to determine the extent of the cancer. With each test, the Hunts had more questions, so LaDonna began taking careful notes to keep track of the high-tech details that were quickly consuming their lives.

"The doctors and their staff spent a lot of time talking to us about what was going to happen at each step," LaDonna said, "but there were times that we were back home, and Bob did not understand something. It helped that I could find the answer in my notes."

Bob and LaDonna met with Jacqueline J. Jones, M.D., of Licking Memorial Hematology/Oncology. Together, they developed a 15-week treatment plan for Bob that included a combination of radiation and chemotherapy to shrink the tumors.

From the beginning, the Hunts felt the Hospital staff was going above and beyond to provide compassionate, professional care. "In our opinion, Bob would not have gotten along as well as he did without Dr. Jones and the Oncology staff. At Bob's first chemotherapy session, we were there pretty late into the evening. He had a transfusion port surgically implanted earlier in the day. We were so tired, and Bob was pretty nervous about the treatment. One of the nurses came in and stayed with us for a long time. It was so comforting to have her there to reassure Bob that everything that he was feeling was normal. Another time, Bob and I were in the Café, and a member of the Pharmacy staff greeted us and carried our trays for us. Everyone at the Hospital paid so much attention to Bob and me. I do not know where you can go elsewhere and receive better care."

In addition to the excellent patient care, LaDonna felt that she also received special attention as a caregiver. "The staff always made me feel welcome and that I was an important part of Bob's team," she said. "Being a caregiver is pretty much a full-time job, and it made me feel good to have their support."

Bob tolerated the treatments well. "Chemotherapy was a little rough, " he said. "Dr. Jones prescribed medicine to control nausea, but I did not need to take it very often."

Throughout his treatment, Bob had periodic tests that showed the tumors were shrinking. He continues to visit Dr. Jones every eight weeks to monitor his progress, with LaDonna by his side to learn more about his condition and take more careful notes.

Colorectal Cancer Screenings Save Lives by Enabling Early Detection and Treatment

Jacqueline J. Jones, M.D.

Colorectal cancer is the second leading cause of cancer deaths in Licking County. It is also among the most common causes of cancer deaths in the nation, affecting men and women of all ages, although it is most often diagnosed in patients over the age of 50. "Any loss of life is tragic, but these deaths are all the more distressing because an estimated 60 percent of them could have been prevented through regular screening and early treatment," stated Jacquenline J. Jones, M.D., a hematologist/oncologist at Licking Memorial Oncology.

Colorectal cancer occurs when abnormal cells grow uncontrollably in the colon and rectum, which together make up the large intestine. Nearly all colorectal cancers begin as non-cancerous polyp growths that frequently bleed and may eventually become malignant. Left untreated, malignancies in the large intestine can spread to other parts of the body.

The cause of colorectal cancer is not known, however many studies indicate that a high-fat diet, lack of exercise, chemical exposure, smoking, and heredity may play a role. Individuals who are at increased risk of developing colorectal cancer include:

- Those with a strong family history of colorectal cancer
- Those who have certain conditions, such as ulcerative colitis, Crohn's disease, cancer of the breast, ovaries or uterus
- Those who have had a previous colorectal cancer diagnosis
- Those who consume more than four alcoholic drinks per week

In many cases, colorectal cancer does not cause noticeable symptoms until it has grown to an advanced stage. (See Health Tips on back page for possible symptoms.) Patients who do not have symptoms or increased risk of colorectal cancer are usually advised to begin regular screenings at age 50. LMHS offers three types of colorectal screening tests: colonoscopy, flexible sigmoidoscopy (FOPS) and the high-sensitivity fecal occult blood test (FOBT).

The FOBT uses a tiny stool sample that the patient can prepare at home and mail for laboratory testing for traces of blood. Although many patients prefer the convenience and privacy of the FOBT over other screening methods, it has limitations. If the test results are positive, the FOBT cannot determine the origin of the bleeding which may include a number of benign conditions, such as hemorrhoids, peptic ulcers and Crohn's disease. The FOBT will not detect the presence of polyps if they have not recently caused bleeding, and in cases where the test results point to the possibility of polyps, a follow-up colonoscopy will be required to identify, remove and biopsy the growths. The Centers for Disease Control and Prevention (CDC) recommends an annual FOBT screening for average-risk patients between the ages of 55 and 75.

The FOPS checks the condition of the lower gastrointestinal (GI) tract. It is often performed as a diagnostic tool for patients who have lower GI problems and those who have had an abnormality detected through X-rays. It is also used as a screening tool for colorectal cancer on patients with no symptoms. At LMH, the FOPS is performed, with or without sedation, on an outpatient basis in the GI Lab and takes approximately 15 minutes. During the procedure, the gastroenterologist uses an endoscope, which is a narrow, flexible tube with a tiny video camera, to view the lower portion of the large intestine. Biopsies and polyp removals can be performed during the FOPS, if necessary. For patients who choose FOPS screenings, the CDC's recommendation is to have the test repeated every five years, from age 50 to 75, combined with FOBT home screenings every three years.

Colonoscopy, another procedure that is performed on an outpatient basis in LMH's GI Lab, allows the gastroenterologist to view the entire large intestine. For this reason, it is considered the "gold standard" in colorectal cancer screening. During a colonoscopy, the patient is usually sedated while the gastroenterologist uses an endoscope. The length of the procedure varies, but it typically takes 30 to 40 minutes. Like the flexible sigmoidoscopy, a colonoscopy allows the gastroenterologist to remove any polyps and take additional tissue samples for biopsies. The CDC recommends colonoscopy screenings every 10 years for average-risk patients between the ages of 50 and 75.

Dr. Jones said, "One of the main reasons that patients neglect to have colorectal screenings performed is due to their fear of embarrassment or physical discomfort. They can be assured that many patients find that the most unpleasant part of the FOPS or colonoscopy experience is the preparation they do at home to cleanse their large intestine before the procedure. The GI team is very sensitive to patients' concerns about privacy and is very skilled in making patients feel comfortable."

Treatment procedures for colorectal cancer include surgery, chemotherapy and radiation. Patients whose malignancies are detected in early stages have more options in treatment plans than patients whose cancer has spread beyond the original site.

"Patients with late-stage malignancies have told me that they delayed colorectal cancer screening because they were anxious that a tumor might be found and could require a permanent colostomy (an opening that is made in the patient's abdomen after a portion of the large intestine is removed)," Dr. Jones said. "This is so sad because they may have had the option for a simple polyp removal, if only they had been screened much earlier. Even if patients do need to have colostomies, there have been so many innovations in the surgery and post-surgical products that it is probably not nearly as daunting as previously imagined." Dr. Jones added, "The most compelling reason that I can give patients for regular screening is that 90 percent of patients in the U.S. whose colorectal cancer was detected and treated at an early stage are still alive after five years."

The LMH GI Lab is located on the second floor of the John and Mary Alford Pavilion. Patients who have questions about their own colorectal cancer risk and recommended screening schedule should consult with their family physician.

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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!

Visit us at www.LMHealth.org.

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Health Tips – Possible Signs and Symptoms of Colorectal Cancer That You Should Never Ignore

Colorectal cancer often has no obvious symptoms until it has spread and becomes more difficult to treat. However, in some cases, there are symptoms that patients disregard, hoping that they will go away on their own. Colorectal cancer usually can be successfully treated in its early stages, so it is important to get regular screenings from age 50 to 70, unless otherwise advised by your physician. Do not wait to consult with your physician if you have any of the following signs or symptoms:

- Pain or cramping in the abdomen
- Blood in or on the stools
- Rectal bleeding
- Reduced-size or ribbon-like stools
- Diarrhea for more than two weeks
- Constipation for more than two weeks
- Change in bowel movements
- Feeling of fullness, even after evacuating bowels
- Nausea or vomiting
- Loss of appetite
- Bloating
- Excessive flatulence
- Tiredness
- Unexplained weight loss
- Anemia
- Jaundice