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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Health Tips – Screening Tests for Common Cancers

Although many cancers are very treatable in the early stages, cancer remains the second most common cause of death, according to the American Cancer Society (ACS). The following list indicates some of the most common types of cancer in the U.S., along with screening tests that are available at Licking Memorial Health Systems (LMHS) to detect them in the early stages.

Cancer site	LMHS screening tests
Breast	Clinical breast exams and mammograms – The ACS recommends most women begin screening at age 40.
Colorectal	Colonoscopy – Most patients should have a screening test beginning at age 50. Earlier screening is recommended for patients with a family history of colorectal cancer.
Melanoma	Clinical examination – Patients should consult a physician for changes in the skin or moles and for moles that are larger than 1/4-inch in diameter.
Cervical	Pap test – Between the ages of 21 and 65, women who have not had removal of the cervix and uterus should receive regular Pap tests to screen for cervical cancer.

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 2009	LMH 2010	LMH 2011	Goal
Percentage of cancers correctly identified by the mammogram	NA[1]	NA[1]	96.5%	**78%[2]**
Percentage of patients without cancer correctly identified by the mammogram	NA[1]	NA[1]	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 2009	LMH 2010	LMH 2011	Goal
Percentage of cases with radiologist recommended biopsy that actually had cancer	NA[1]	NA[1]	35.1%	**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 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 2009	LMH 2010	LMH 2011	Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	3.0	4.2	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 2009	LMH 2010	LMH 2011	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 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 2009	LMH 2010	LMH 2011	Goal
Cancer patients with follow-up	92%	94%	90%	**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 2009	LMH 2010	LMH 2011	Goal
Newly diagnosed and/or treated patients in clinical trials	3.7%	5.6%	5.1%	**greater than 2%**

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

Cancer Care – How do we compare? (continued from outside 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 2009	LMHP 2010	LMHP 2011	National Average[5]
LMHP patients who received screening tests for:				
Breast cancer	85%	85%	84%	**64%**
Cervical cancer	85%	85%	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 TI, 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 – Katie Leibas

Twenty-seven-year-old Katie Leibas walked into the mobile PET testing unit next to Licking Memorial Hospital (LMH) with a heavy heart in July 2009. She had been diagnosed with Stage 3B Hodgkin's lymphoma one year earlier and received six months of chemotherapy treatment. Fortunately, her first two follow-up scans revealed no remaining traces of cancer, but this time she had a feeling that she was going to receive unfavorable news. "I did not have any real symptoms, but I know my body, and I just felt like the cancer had returned," Katie remembered. Then she received the crushing report that she did, in fact, have a renewed growth in her chest. If only she could have known then how miraculously her life would turn around in a short time!

Christmas 2012 at the Leibas home. Pictured are (left to right): Katie holding Asher, Cooper holding Cruz, and Adrian holding Bodie.

After this second cancer diagnosis, Katie and her husband, Adrian, promptly consulted with Jacqueline J. Jones, M.D., of Licking Memorial Hematology/Oncology. "Dr. Jones had a long discussion with us about treatment options, and she thought that my best course of action would be a very aggressive stem cell transplant," Katie said.

"Katie was certainly worried about the new cancer diagnosis and how it might affect her family – especially her young son," Dr. Jones said. "A stem cell transplant is difficult for the patient, but I knew that Katie is a fighter, and the stem cell transplant offered the best prognosis."

After careful consideration, Katie agreed and saw an oncology specialist who performs stem cell transplants at The James Cancer Hospital and Solove Research Institute in Columbus. He assured Katie that her prognosis for recovery was good, however, he cautioned her that the intensive treatment would most likely destroy her fertility.

Katie and Adrian had not given a lot of thought to expanding their family. Their son, Cooper, was born just a few months before Katie's cancer ordeal first began in 2008, and their attention had been monopolized by new parents' responsibilities and cancer treatments. Now, they had just two weeks to decide whether to plan for additional children.

The Leibases decided to take the necessary steps to expand their family. They found a Cleveland fertility specialist who focuses on helping cancer patients. Through in vitro fertilization, the couple produced viable embryos that were frozen for future implantation. Katie was then ready to begin the long process of fighting the cancer in her body.

Fortunately, the cancer had not spread to her bone marrow, so Katie was able to use her own blood tissue for transplantation. First, she had a 10-week series of high-dose chemotherapy treatments at LMH to destroy the cancer cells. Then her body's blood supply was filtered eight times to collect the stem cells, which were reserved and frozen.

"Many patients are surprised to learn that they can combine oncology services at LMH with other hospitals," Dr. Jones said. "Even though patients may need to receive some treatment in Columbus, they are relieved that they can have the rest of their services at LMH which is much more convenient for them."

In November 2009, Katie arrived at the James Cancer Hospital for the stem cell transplant. The high-dose chemotherapy had severely compromised her immune system, so she was required to stay in a sterile room, with limited in-person contact with family members. The treatment's side effects were severe, and she missed 18-month-old Cooper so much that she sometimes lost hope. Katie said, "I was on heavy pain medication, so I do not remember much. I do remember standing in the shower one day and asking God to either take me then and there, or heal my pain, because it was getting unbearable."

Despite Katie's despair, her stem cells were quietly taking hold, and her white blood cell count was increasing to restore her body's immune system. After 19 days, she showed

remarkable improvement, and her appetite returned. She was able to leave The James to continue recuperating at home in Newark, making frequent trips to LMH for blood tests to monitor her progress. "I really appreciated the cooperation between LMH and The James," Katie commented. "I still was not feeling well, and I had my hands full just taking care of my toddler. Any test that could be done at LMH, saving me from having to travel to Columbus, was such a blessing."

In December 2011, Katie reached an important milestone. It had been just over two years since her stem cell transplant, and her oncologist in Columbus declared her to be cancer-free. "At that meeting, Adrian and I asked about implanting the embryos, and the doctor said I was healthy enough to proceed," Katie said.

The fertility specialist in Cleveland implanted two embryos into Katie's uterus to improve her chances of success. Unfortunately, the attempt was not successful, and Katie returned for another try. Two additional embryos were implanted, but they were also unsuccessful. Katie returned to Cleveland to have two embryos implanted for a third time, and in April 2012, she discovered that she was pregnant. Elated, she immediately made an appointment with Janae Davis, M.D., of Licking Memorial Women's Health.

"During the initial ultrasound, the technologist was taking longer than usual, and she was really studying the screen," Katie recalled. "Adrian and I got nervous, and I asked, 'Are you having trouble finding a heartbeat?' She looked at me and said, 'I know that you put in two embryos, but I am seeing three!' She called Dr. Davis in to consult, and Dr. Davis was amazed when she saw the screen. We were all so excited!"

Only two early-stage embryos had been implanted, but one divided in half, creating a total of three fetuses, with two of them being identical and the third being a fraternal triplet. Because triplet pregnancies are considered higher risk, Katie had the babies delivered at OSU Medical Center where a neonatology intensive care unit was available.

The three boys, Asher, Bodie and Cruz, were born two months premature on November 15, 2012, weighing between 3.2 and 4.2 pounds. There were all healthy, except for slightly underdeveloped lungs, which required them to remain in the hospital for three weeks.

Now that everyone is back at home and healthy, Katie and Adrian are still adjusting to triplets' demanding schedule. "We have lots of help from family and friends," she explained. "Cooper, who is now 5 years old, is a big help. It has been an adjustment for him, but he loves the babies and is very protective of them."

Even though Katie's life veered into a positive direction, her fight with cancer has permanently impacted her life. Her fingers and toes have neuropathic numbness from the high-dosage chemotherapy, and she is keenly aware of any changes in her body.

Katie has a mission to help other cancer patients to "pay forward" the care that she received. "You are not given the choice if you are going to have cancer. You need to make a choice if you are going to take charge of living your life," she tells them. She is active in the Mike Radabaugh Relay for Life, and operates the Beautiful You Boutique, a shop at LMH that offers wigs and other speciality items for cancer patients.

LMH Cancer Patients Have Clinical Trial Options

Jacqueline J. Jones, M.D.

Through its participation in the Columbus Community Clinical Oncology Program (CCOP), Licking Memorial Hospital (LMH) is able to offer cancer clinical trials. The clinical trials are performed on patients who have cancer or are at a high risk of developing cancer due to a previous diagnosis or family history.

Cancer clinical trials include different phases of research. LMH participates in Phase II and III cancer clinical trials. Phase II tests a small number of patients to see if a new treatment has any effect on a specific type of malignancy. Phase III studies a large number of patients who receive a new treatment to compare results against the current standard treatment. Cancer clinical trial treatments are the same throughout the Columbus CCOP's 15 consortium hospitals, including other facilities such as Mount Carmel Health East and West, Riverside Methodist Hospital, Grant Medical Center and Genesis Healthcare System.

Jacqueline J. Jones, M.D., of Licking Memorial Hematology/Oncology, explained, "With every new cancer diagnosis, our staff checks to see if there are any applicable clinical trials that are likely to benefit the patient. The pros and cons of the clinical trial are presented to the patient, who makes the decision whether or not to participate. The patient also has the option of discontinuing the clinical trial at any time."

Patients in cancer clinical trials receive treatment, but they may not know if they are receiving the new trial treatment or the current standard treatment. Most standard cancer treatments developed from cancer clinical trials. According to regulations, a cancer clinical trial may be proposed to a patient only if it is expected to provide benefits to the patient that are equal to, or superior to, the standard treatment.

"Many of our patients who participate in clinical trials, tell us they like to have a more active role in their care and to be at the forefront of new treatments," Dr. Jones said. "Others say they like knowing that their participation is furthering cancer treatment research, and may help future cancer patients."

Some innovative treatments, such as the breast cancer drugs Tamoxifen® and Herceptin®, were tested at LMH before they became an important part of modern treatment protocols. "In some instances, we have been able to offer new treatments through the cancer clinical trials even before they were available at the Cleveland Clinic," Dr. Jones said.

Patients' eligibility is determined by the individual cancer clinical trial's criteria, such as the type of cancer diagnosis, symptoms or the patient's previous therapies. For more information about cancer clinical trials, please call Licking Memorial Hematology/Oncology at (740) 348-4595.