

Quality Report Card



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CANCER CARE

The Role of a Lung Cancer Nurse Navigator

Cancer occurs when normal cell growth is disrupted or damaged by mutations in genes that control cell growth and behavior. Lung cancer occurs when abnormal cells grow uncontrollably in the lungs or when cancer spreads to the lungs from other areas of the body. Lung cancer is the third most diagnosed cancer. It is the leading cause of death for men and women in the United States. Smoking is the most common cause of lung cancer, but it can also be caused by using other types of tobacco, secondhand smoke, exposure to substances such as radon or asbestos, certain gene mutations, or family history.

Many people who are diagnosed with lung cancer often do not experience symptoms, and the disease is often discovered in an advanced stage. However, there are numerous cases of lung cancer that have been detected early because of tests that were ordered for another health condition. Individuals who have symptoms they suspect may be lung cancer should visit their physician right away. Symptoms of lung cancer may include:

- A cough that does not go away
- Shortness of breath
- Chest pain
- Hoarseness
- Wheezing
- Recurring pneumonia
- Unexplained weight loss
- Bloody or rust-colored sputum
- Bronchitis

There are a variety of tests and procedures that are used to diagnose lung cancer. Imaging tests, such as X-ray, computed tomography (CT), and positron emission tomography (PET) scans, can reveal abnormal masses, nodules, and small lesions. A biopsy can also be performed using a bronchoscopy or endobronchial ultrasound procedure.

Diagnosing and staging lung cancer requires expertise from a medical specialist and numerous tests. The process of getting a biopsy and the necessary scans can take several days, and sometimes weeks. This waiting period can cause patients to feel overwhelmed, anxious, and scared. A nurse navigator can assist in bridging the gap between diagnosis and treatment. The nurse navigator strives to connect with the patient to provide comfort, education, and information for establishing a course of action.

A lung cancer nurse navigator (LCNN) is a clinically trained individual responsible for guiding the patient through the cancer care continuum while identifying and addressing any barriers, such as difficulty coordinating care, lack of health insurance coverage, financial challenges, lack of caregiver support, and language barriers.

The LCNN is a great point of contact for the cancer care team and a valuable resource that patients can rely on for support during their cancer journey. The LCNN provides education about the

patient's diagnosis and treatment plan so they may make informed decisions about their care. Patients can have multiple specialists as part of their cancer care team, including a pulmonologist, cardiothoracic surgeon, medical oncologist, and radiation oncologist. Coordinating care and treatment can be an overwhelming task for a patient and their caregivers to do alone. An LCNN can assist with referrals, scheduling appointments, and utilization to available resources. These actions can help relieve a patient's anxiety so they can begin to focus their attention on fighting their cancer.

The LCNN works closely with physicians on the cancer care team to ensure the best outcomes for the patient. LCNNs inform physicians if something may prevent the patient from adhering to their treatment plan or anything that may impact the treatment plan negatively. Their clinical and technical expertise allow them to gather all the medical information needed to help the patient throughout their treatment.

Treatment and management of lung cancer is complex and can be overwhelming for patients to handle alone. LCNNs are an invaluable resource for lung cancer patients by playing the role of patient advocate, educator, medical professional, and emotional support person. Their goal is to provide a positive experience for the patient throughout their cancer journey.

Patient Story – Jack Otter

After graduating from college, Jack Otter began a career in television as a production assistant at the National Broadcasting Company (NBC) in New York City. He worked his way up through the company, becoming a producer on the Today Show with Dave Garroway, then moving to the sales department. At the age of 31, he became the youngest person to be appointed as a Vice President at NBC. Jack left the network to work for an advertising company, and went on to launch his own international company working for broadcast networks all over the world. Following his retirement, Jack and his wife, Susan, moved to Savannah, Georgia, but in 2019, they decided it was time to downsize. Jack and Susan moved to Granville, Ohio to be closer to their youngest son, Bob, and his family.

In the spring of 2021, Jack began experiencing discomfort while using the bathroom. He visited his primary physician to discuss the issue, hoping it was nothing serious, and something that could be remedied with over-the-counter medications or products. The physician discovered several polyps and referred Jack to an oncologist in Columbus. Jack was diagnosed with anal cancer, a disease in which malignant cells form in the tissues of the anus. During the procedure to remove the polyps, the surgeon discovered that the cancer had spread further than first believed.

Jack and Susan had many conversations, weighing the options for treatment. A Columbus radiation oncologist, a highly trained physician who specializes in radiation therapy to eradicate cancer cells, suggested that Jack receive radiation treatment twice a day for 30 days. Having already undergone a similar treatment for prostate cancer, Jack was not enthusiastic

about receiving that much radiation and suffering through the side effects.

“I was 90 years old at the time, and I thought, at my age, how much radiation can I take?” Jack wondered. “Plus, I would have to drive back and forth from Columbus every day. The travel and treatments would take 6 hours a day. I did not feel as though the therapy was worth the trials.”

Susan and Bob wanted Jack to carefully consider all options and continue to search for a cure for his cancer. Jack’s primary care physician suggested that Jack visit Radiation Oncologist Chuck C. Cho, M.D., of Newark Radiation Oncology, for a second opinion. Dr. Cho agreed that radiation therapy was necessary, and offered to administer the treatment once a day for 30 days. Jack was still not convinced that the remedy would cure his cancer. After more discussions and another referral, Jack agreed to visit with Oncologist D’Anna Mullins, M.D., Ph.D., of Licking Memorial Hematology/Oncology.

“When we met with Dr. Mullins, it was a whole new experience,” Jack shared. “She was patient with us and gave the appearance that she had the entire day to discuss my disease and answer questions. My wife and son were with me for the appointment, and she included them in the conversation, addressing their questions as well. While at times she was stern about the treatments, she was also very gentle.”

“My biggest concern was my age. Dr. Mullins assured me that she had treated patients older than me. She said she just had a 96-year-old complete radiation therapy with a positive prognosis,” Jack said. “Dr. Mullins was very convincing,

and I decided to move forward with the treatments.”

Beginning at the end of October, Jack underwent 30 days of radiation therapy and chemotherapy. He was given a few days off from the treatments including Thanksgiving and his 91st birthday. Dr. Mullins continued to meet with Jack to discuss his care plan and make sure his medications were not causing harsh side effects. On December 9, 2021, Jack completed the regimen and was told that there was no detectable cancer in his body. Follow-up positron emission tomography (PET) scans in March 2022 and 2023 have confirmed that Jack remains cancer-free.

“From the moment I walked into the oncology clinic, I was well cared for by all the staff. Each one of them takes the time to talk to you and answer questions. They are professional and so gentle. Even when I became irritable due to the treatments, the nurses and assistants smiled and took care of me with kindness,” Jack remembered. “The most significant element of my care was that no one was dismissive. At my age, it is so important to be seen as worthy of consideration. Oftentimes, seniors are overlooked. I felt special, even though I know the staff treats everyone the same way.”

Jack exudes a positive attitude and enjoys talking with others about his life experiences. With the treatments behind him, he looks forward to spending time with his family. He and Susan celebrated 63 years of marriage last year, and he is grateful that she and their son, Bob, insisted that he continue the search for a cure.

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 to benchmark measures. Then, we publish the information 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 2020	LMH 2021	LMH 2022	LMH Goal
Percentage of cancers correctly identified by the mammogram	100%	95%	94%	78% ⁽¹⁾
Percentage of patients without cancer correctly identified by the mammogram	98%	92%	92%	90% ⁽²⁾

2. 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 2020	LMH 2021	LMH 2022	LMH Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	6	9	7	2 to 10 ⁽³⁾

3. Wait time is defined as the number of days between the completion of the first procedure and the second scheduled procedure. The amount of time between testing and the procedure is significant to enabling physicians to more quickly identify and diagnose breast cancer and begin patient treatment.

	LMH 2020	LMH 2021	LMH 2022	National ⁽⁴⁾
Wait times:				
Screening to diagnostic mammogram	4.4 days	5.9 days	7.7 days	6.5 days
Diagnostic mammogram to needle/core biopsy	5.2 days	10.2 days	6.4 days	5.1 days
Biopsy to initial breast cancer surgery	18.4 days	24.2 days	23.4 days	24 days

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 2020	LMH 2021	LMH 2022	LMH 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 also may contact the primary care physician to ensure the health of the patient.

	LMH 2020	LMH 2021	LMH 2022	LMH Goal
Cancer Registry patients with annual follow-up	94%	95%	94%	greater than 80%

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 2020	LMH 2021	LMH 2022	LMH Goal
Newly diagnosed and/or treated patients in clinical trials	12%	8%	9%	greater than 2%

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



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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 2020	LMHP 2021	LMHP 2022	LMHP Goal
LMHP active patient population that received screening tests for:				
Cervical cancer (female patients, age 21 to 65)	73%	62%*	68%	75%
Breast cancer (female patients, age 50 to 75)	73%	69%*	75%	National⁽⁵⁾ 69%
Colorectal cancer (all patients, age 50-75)	67%	57%*	57%	National⁽⁵⁾ 66%

**Due to COVID-19 restrictions throughout 2020 and 2021, some patients were unable to obtain regular testing or attend in-person appointments.*

8. Hereditary cancers, such as breast cancer, are caused in part by gene mutations passed from parents to children, and generally begin to develop in a person at a younger age. Through genetic testing, researchers can determine if someone carries a specific mutation that puts them and their family members at an increased risk and need for early screenings. LMH offers genetic testing to newly diagnosed patients with breast cancer who meet certain qualifications in order to equip them with the knowledge to make the best choices for themselves and their families.

	LMH 2020	LMH 2021	LMH 2022	LMH Goal
Breast cancer diagnoses that met criteria and received genetic testing	61%	74%	85%	90%

Data Footnotes:

- (1) 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.
- (2) 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, U.S. Department of Human Services, 1994.
- (3) D’Orsi CJ, Bassett LW, Berg WA, et al, *BI-RADS: Mammography, 5th 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, 2013.*
- (4) *National Quality Measures for Breast Centers (NQMBC) www.nqmbc.org database.*
- (5) Percentages are compiled by averaging Commercial, Medicare and Medicaid data as reported in “The State of Health Care Quality Report,” 2017 Screening Rates.

LMH Offers Free Program to Quit Smoking

Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States. Smoking is the number one risk factor for lung cancer. People who smoke cigarettes are 15 to 30 times more likely to develop lung cancer than those who do not smoke. Quitting smoking lowers the risk of lung cancer and provides many other health benefits, such as a drop in heart rate, improved circulation and lung function, and a decrease in coughing and shortness of breath.

Quitting tobacco use is difficult for many people, and attempts to quit require

planning and support. Licking Memorial Hospital (LMH) offers the Quit for Your Health tobacco cessation program that is designed to help individuals stop using tobacco products such as cigarettes, vaping devices, snuff, and chewing tobacco. Certified tobacco treatment specialists use evidence-based techniques to help participants develop a plan that will offer an opportunity to become tobacco free.

Cessation aids used in the program include nicotine replacement therapy, motivational interviewing, self-management education, and relapse prevention strategies. Quit

for Your Health counselors work to form a one-on-one relationship with the patient to offer a support system that uses encouragement and accountability, and provides assistance in developing effective coping strategies. Individuals receive a follow-up phone call at 30, 90, and 180 days after completing the program.

Participation in the program is free for Licking County residents by self-enrollment or physician referral. Smokers who wish to quit can ask their primary care physician for more information or call (220) 564-QUIT (7448).

Please take a few minutes to read this month’s report on **Cancer Care**. You will soon discover why Licking Memorial Hospital is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1572 to receive future mailings.

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