



Licking Memorial Health Systems

1320 West Main Street
Newark, OH 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!

Visit us at www.LMHealth.org

A publication of the LMHS Public Relations Department at (740) 348-1572. Please contact the Public Relations Department to receive future mailings.

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Quality Report Card Licking Memorial Health Systems

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Volume 9, Issue 10

October 2008

Signs and Symptoms of Cancer

Each type of cancer may have different symptoms based upon its location, size and which organs are affected. The American Cancer Society has compiled a list of general signs and symptoms of cancer. Please remember, there are many other conditions that may cause these symptoms as well:

- Unexplained weight loss
- Fever
- Fatigue
- Pain
- Skin changes
- Change in bowel or bladder function
- Sores that do not heal
- Unusual bleeding or discharge
- Thickening or lump in breast or other part of the body
- Indigestion or trouble swallowing
- Recent change in a wart or mole
- Nagging cough or hoarseness

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 health care choices.

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

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 2005	LMH 2006	LMH 2007	Goal ⁽¹⁾
Specificity	98%	98%	99%	greater than 90%
Sensitivity	96%	92%	96%	greater than 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 diagnoses – called the positive predictive value. This helps monitor the accuracy of the radiology interpretations.

	LMH 2005	LMH 2006	LMH 2007	Goal ⁽¹⁾
Positive predictive value	42%	30%	39%	25% to 40%

3 LMH follows a rigorous five-step safety procedure to prevent chemotherapy medication errors. LMH administers approximately 4,200 doses of chemotherapy each year.

	LMH 2005	LMH 2006	LMH 2007	Goal
# Chemotherapy medication errors	0	0	0	0

4 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.

	LMH 2005	LMH 2006	LMH 2007	Goal
Cancer patients with follow-up	92%	95%	94%	greater than 90%

5 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 2005	LMH 2006	LMH 2007	Goal
Newly diagnosed and/or treated patients in clinical trials	4.9%	2.9%	2.6%	greater than 2%

6 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 2006	LMHP 2007	National Average ⁽²⁾
LMHP patients who received screening tests for:			
Breast cancer	79%	85%	76%
Cervical cancer	76%	85%	84%
Colorectal cancer	57%	61%	40% ⁽³⁾
Prostate cancer	74%	76%	54%

Data footnotes: (1) *Quality Determinates of Mammography, Clinical Practice Guide #13, AHCPH Publication No. 95-0632.* (2) *National Statistics Center for Disease's Behavioral Risk Factor Surveillance System.* (3) *The Behavioral Risk Factor Surveillance System (BRFSS) national average for adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy is 54 percent, while the average for those who have had an occult blood stool test is 27 percent. We compare ourselves to the average of the two national statistics which is 40 percent.*

Patient Story – Katie Leibas

As everyone around her was preparing for Fourth of July celebrations, Katie Leibas of Newark was facing her own personal agony. At only 25 years of age, with a loving husband and four-month-old baby at home, Katie had just been diagnosed with Stage 3B Hodgkin lymphoma.

“July 3 is a day that will be forever ingrained in my mind,” Katie recalled. “For months I had not been feeling well, but my symptoms coincided with many of the same symptoms of hormonal changes from having a baby. It was a shock to learn I had cancer at my age.”

Katie and her husband, Adrian, were still newlyweds, married for one and one-half years when they welcomed their son, Cooper, into the world this past winter. He was born at Licking Memorial Hospital (LMH), weighing in at 7 pounds, 15 ounces, and had blue eyes and jet black hair. “He looks just like his father,” Katie marveled.

Katie’s pregnancy had gone smoothly. Her pre-existing anemia was managed with medication, and she developed no complications. Cooper was born on February 3 in excellent health, but Katie began having trouble. “When I had Cooper I lost a lot of blood. I had to have two blood transfusions within weeks of one another, and then my iron levels would not stabilize. I eventually had to have iron infusions.”

Once Katie was home, she was excited to begin her role as a new mother, but found she was not able to function as well as she had hoped. “That first few months, I was so fatigued. It was difficult to care for Cooper, work full-time and try to do household tasks,” she remembered. “I suffered night sweats, was losing weight, and my hair was falling out. All of a sudden, the second week of June, I discovered a small bump that felt like a small frozen pea under my left armpit. A few days later, it felt like the size of a golf ball.” A CT scan was performed at LMH that revealed enlarged lymph nodes around Katie’s neck, armpit, chest and abdomen. Jacqueline Jones, M.D., of Licking Memorial Hematology/Oncology, had already been caring for Katie’s anemia and now recognized that something much more serious had developed. Dr. Jones ordered a biopsy to be performed on one of the largest lymph nodes. The positive diagnosis came back on July 3. Through a whirlwind of activity over the next week, the oncology team at LMH had Katie headed toward



The Leibas family – Adrian, Cooper and Katie.

recovery. A bone marrow test revealed no cancerous cells in that area. A port was inserted to facilitate chemotherapy administration and frequent lab draws. Katie was prepared to begin receiving her lifesaving chemotherapy on July 11.

Katie said she is tolerating the chemotherapy very well with minimal side effects; in fact, she is actually feeling better than she has in a long time. “Since I started chemotherapy, my anemia has improved, so I have noticed a big increase in energy. I have more strength to care for my family, and I am able to help my husband again with household chores. I have also been able to maintain my normal work schedule and have received a tremendous amount of support from my employer, State Farm.” Katie’s treatment plan includes a possible six to eight months of chemotherapy. Frequent CT scans will determine the effectiveness of treatment and if further treatment is necessary.

After becoming overwhelmed with the amount of paperwork involved, Katie and Adrian found help through the American Cancer Society’s patient navigator, Katherine Schorr, who has an office at LMH. “It is frustrating to have all the bills coming in,” Katie said. “It is nice to have Katherine there to help sort through the papers. She has helped me to gather any information I need.”

Katie is committed to sharing her story. “I want people to pay attention to their bodies,” she said, “and I would like my peers to know that it is not uncommon for Hodgkin lymphoma to affect people our age. Sometimes Hodgkin has no symptoms at all, but if anyone does develop a lump that does not go away, it should be checked by a doctor.”

The American Cancer Society’s patient navigator services are available to cancer patients and their families. The services include advice on: completing insurance forms, applying for disability, receiving possible reimbursement for transportation to medical appointments or various other tasks. To contact Katherine Schorr, patient navigator, call (740) 348-1996, or (888) 227-6446, ext. 8069. She can also be reached by e-mail at kschorr@cancer.org.

Lymphoma Treatment Requires Expert Care

Although people commonly refer to cancer as though it were a specific disease, it is actually a group of diseases. Cancers vary according to where they started in the body, how they spread and how they can be treated. One form of cancer, lymphoma, affects the lymph system which uses lymph fluid throughout the body to fight infections and carry waste products from tissues. Lymphoma is identified by two main types, Hodgkin lymphoma and non-Hodgkin lymphoma, named after the 19th Century British pathologist Dr. Thomas Hodgkin.

Although the cause of lymphoma is unknown, there is an increased risk among people who have a weakened immune system, especially transplant recipients and those who have been exposed to radiation. It occurs more often in men than women. Non-Hodgkin lymphoma is most commonly diagnosed among people 15 to 35 and 50 to 70 years old. The American Cancer Society estimates that in the United States, a person has a 1 in 50 chance of developing non-Hodgkin lymphoma.

The symptoms of Hodgkin and non-Hodgkin lymphoma are very similar. They include: swelling of the lymph nodes in the neck, armpits or groin; fatigue; fever; night sweats; unintentional weight loss; and loss of appetite. The two lymphomas are so similar that it usually requires a biopsy under a microscope to make a precise diagnosis.

“Lymphoma is a challenging disease to treat, partly because it comes in so many different forms,” explained Jacqueline Jones, M.D., department head of Hematology/Oncology at Licking Memorial Hospital (LMH). “In addition to the two main categories, Hodgkin and non-Hodgkin, there are many more specific subcategories of lymphoma. The advantage of having a very precise diagnosis is that each subcategory of lymphoma has its specific treatment protocol, so our patients receive the exact customized treatment needed for their individual condition. Many unwanted side effects can be avoided by eliminating any unnecessary treatments.”

The treatments and prognoses for lymphoma patients vary according to the type of lymphoma and how much their cancer has advanced. The most common treatments are chemotherapy, radiation, bone marrow or stem cell transplants and antibody therapy. A new form of treatment that is currently being tested in clinical trials



Jacqueline Jones, M.D. and Kaye Linke, M.D., provide compassionate and expert care to every cancer patient they see at Licking Memorial Hospital.

involves a vaccine that will bolster a person’s immune system to fight the cancer itself.

LMH Hematology/Oncology is affiliated with the Columbus Community Clinical Oncology Program (CCOP), established by the National Cancer Institute to bring the latest cancer treatment and prevention to patients at a community level. The Columbus CCOP is made up of 15 hospitals and 130 health professionals in central and southern Ohio. Affiliation with the Columbus CCOP allows LMH to continue treating cancer patients locally as they participate in clinical trials.

“As researchers learn more about the way lymphoma develops and how to treat it, we continuously re-evaluate our treatment procedures here at LMH,” Dr. Jones said. “We want to be aggressive in addressing this dangerous disease, but at the same time, we want to make sure each patient remains as strong and healthy as possible during the treatment process. Cancer treatment has made huge improvements in the past decade, and our patients are living longer, healthier lives as a result.”

The LMH Cancer Program is accredited by the Commission on Cancer (COC) of the American College of Surgeons. In 2006, the COC commended LMH’s program, indicating that LMH demonstrates compliance with all mandatory standards for organizational and operational elements. More information about cancer and the LMH Hematology/Oncology Department are available online at www.LMHealth.org.