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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!

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Community Report Card

Licking Memorial Health Systems

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Cancer Care ...

a community report on patient care quality.

HEALTH FACTS

Secondhand smoke can be harmful in many ways. According to the American Cancer Society, in the United States alone, each year it is responsible for:

- An estimated 35,000 to 40,000 deaths from heart disease in people who are not current smokers;
- About 3,000 lung cancer deaths in nonsmoking adults;
- Other respiratory problems in nonsmokers, including coughing, phlegm, chest discomfort and reduced lung function;
- Approximately 150,000 to 300,000 lower respiratory tract infections (such as pneumonia and bronchitis) in children younger than 18 months of age, which result in 7,500 to 15,000 hospitalizations; and
- Increases in the number and severity of asthma attacks in about 200,000 to one million asthmatic children.

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 2002	LMH 2003	LMH 2004	National (1)
Specificity	95%	98%	99%	greater than 90%
Sensitivity	98%	97%	95%	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 diagnosis – called the positive predictive value. This helps monitor the accuracy of the radiology interpretations.

	LMH 2002	LMH 2003	LMH 2004	National Recommended Range (1)
Positive Predictive Value	38%	28%	30%	25% to 40%

3 LMH follows a rigorous five-step safety procedure to prevent chemotherapy medication errors. LMH administers approximately 2,462 doses of chemotherapy each year.

	LMH 2003	LMH 2004	LMH 1/05-6/05	LMH Goal
# Chemotherapy medication errors	0	0	0	0

4 For a community 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 2003	LMH 2004	LMH 1/05-6/05	Standard
# of meetings monthly	3	4	4	1
% Cases reviewed while patient care can still be influenced	93%	100%	97%	greater than 51%

5 When a person is either diagnosed with or treated for cancer, the person's name 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 advise the patient to do this.

	LMH 2003	LMH 2004	LMH 1/05-6/05	Standard
% Cancer patient follow-up	92%	88%	92%	greater than 90%

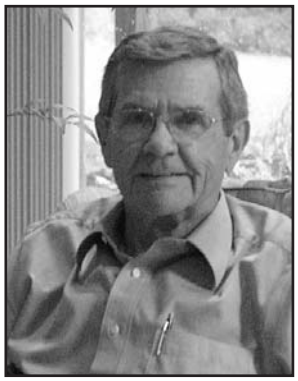
6 Another requirement for cancer care program accreditation is that a hospital has a minimum percentage of its newly diagnosed and/or treated cancer patients entered in clinical trials.

	LMH 2003	LMH 2004	LMH1/05-6/05	Standard
Newly diagnosed and/or treated patients in clinical trials	6.3%	3.5%	5.3%	greater than 2%

Data Footnotes:

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

Living With Lung Cancer - Two Patients Share Their Experience



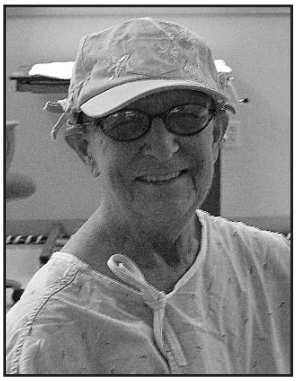
Bill Moore is living a healthy life, after a bout with lung cancer in 1999.

Bill Moore

In 1999, Bill Moore went to his family physician for what he thought was a bad cold. His physician thought it was a virus, but to be sure he ordered a chest X-ray. The X-ray showed a mass in one of Bill's lungs. Bill was referred to a pulmonologist and then to a thoracic surgeon in Columbus, Ohio. Bill was diagnosed with lung cancer. Bill immediately had surgery to remove the tumor from his lung and then was referred to Jacqueline Jones, M.D., Licking Memorial Oncology/Hematology, to continue his care. "I went to see Dr. Jones routinely after my surgery – at first monthly, then every three months, every six months, and now I have a check-up with her yearly," said Bill. "I am glad that I am getting monitored by Dr. Jones for my peace of mind," Bill continued. "She always takes the time with me to answer any questions and never rushes through my visits."

Dr. Jones says that Bill's case shows the importance of early detection. "Mr. Moore was very fortunate because his disease was found very early and was treated with surgery. We have been following him for the past six years with no recurrences," said Dr. Jones.

Bill is happy that he chose Licking Memorial for his cancer care. "Dr. Jones and the staff are wonderful. I have been very pleased," said Bill. He is feeling great, and his health continues to be good. Bill and his wife, Sue, have been married for nearly 48 years. They have three daughters and seven grandchildren. After many years of service, Bill retired from the City of Newark. However, he remains very active in the county, volunteering for numerous civic organizations. "The community has been good to me, and now is my time to give back to the community," said Bill. He and his wife have also volunteered their time outside of the United States in Poland, Hungary, the Czech Republic and Russia.



JoAnn Sesser is currently receiving chemotherapy for lung cancer.

JoAnn Sesser

JoAnn Sesser kept getting the nagging feeling that something was in her throat. "It hurt to swallow … anything, even a tiny pill, hurt my throat," said JoAnn. After a few visits with her physician, she was referred to Shounan Yao, M.D., an otolaryngologist with Licking Memorial Hospital (LMH). Dr. Yao performed surgery on JoAnn, a lymph node was removed and tested positive for small cell carcinoma. Due to this, a Computed Tomography scan (CAT scan) of chest and abdomen was ordered and lung cancer was diagnosed. "I just knew that there was something in there and was so relieved when Dr. Yao found it," said JoAnn.

In February 2005, JoAnn began treatment for her cancer with Kaye Linke, M.D., Licking Memorial Oncology/Hematology. She was treated with radiation and chemotherapy. Currently, JoAnn has begun a new round of chemotherapy because the cancer seemed to be coming back. "Dr. Linke said that we are going to get this now before it comes back any worse," said JoAnn.

"Obviously, it was very devastating for JoAnn to be diagnosed with lung cancer, but she has tolerated her treatment very well and has had a positive attitude about her treatment," said Dr. Linke. She continued, "JoAnn has been very careful about following our guidelines during her treatments, which is very helpful in her care."

"The care and the staff have been very good," said JoAnn. She has come to know many of the staff well in the LMH Oncology Department and enjoys talking and joking around with them. "Being able to joke with them helps keep me going sometimes," said JoAnn. "She hasn't been nauseated and is always in such good spirits," said Carol Kimble, R.N. Carol has been with JoAnn throughout her surgery and chemotherapy process. "I feel pretty good, and I am fighting this thing with everything I have," said a smiling JoAnn, while she was receiving her latest chemotherapy treatment.

JoAnn is a resident of Newark. She and her husband, John, have four children and seven grandchildren.

Lung Cancer Overview

Lung cancer has been in the forefront of the news lately with the recent high-profile death of Peter Jennings (who died in August from lung cancer) and Dana Reeve's, actor Christopher Reeve's widow, recent lung cancer diagnosis. Dana's diagnosis was considered a surprise because she is not a smoker.

Lung cancer is the leading cause of cancer deaths in both men and women. Lung cancer can start anywhere in the lungs and affect any part of the respiratory system. According to the American Cancer Society, most lung cancers are related to the use of tobacco. It is estimated that 85 to 90 percent of lung cancers are caused by tobacco smoke, and one out of every four adults smoke cigarettes, which significantly increases the risk of lung cancer. Even secondhand smoke is a risk factor for lung cancer.

What types of lung cancer are there?

There are two main types of lung cancer – non-small cell and small cell lung cancer. The cancer cells of these two types of lung cancer look different under a microscope, grow and spread in different ways.

Non-small cell lung cancer is the most common. More than 80 percent of all lung cancers are this type. It generally grows and spreads more slowly. There are three types of non-small cell lung cancer:

- Adenocarcinoma – begins near the outside surface of the lung and may vary in both size and how quickly it grows. It is likely to spread to lymph nodes and other organs. Adenocarinoma is more common than other types of lung cancer in women, nonsmokers or former smokers.
- Squamous cell carcinoma (also called epidermoid carcinoma) typically begins in one of the larger airway tubes, generally grows slowly, and can vary in size from very small to very large. Squamous cell carcinoma may spread to nearby lymph nodes or other organs.
- Large cell carcinoma – often begins near the surface of the lung and is large when diagnosed. It is likely to spread to the lymph nodes and other organs.

Small cell lung cancer (sometimes referred to as oat cell cancer) is less common than non-small cell lung cancer. Small cell lung cancer grows very fast and in more than 80 percent of cases has already spread to other organs in the body by the time the cancer is diagnosed, according to the American Cancer Society. Small cell lung cancer is strongly linked to smoking.

How is lung cancer diagnosed?

Lung cancer rarely causes symptoms, however, in the advanced stages (extent of disease), it may interfere with normal lung functions and cause respiratory problems such as coughing, wheezing or shortness of breath. Your physician will evaluate your symptoms, medical health history, smoking history and family history to determine whether lung cancer may be the cause of your respiratory problems. A chest X-ray may then be ordered. If a malignancy is detected, then tests to determine whether it is non-small cell lung cancer or small cell lung cancer and the stage your cancer is in are performed.

How is lung cancer treated?

Treatment of lung cancer depends on the stage of your cancer and may include surgery to remove the cancer, radiation therapy, high-dose X-rays to kill cancer cells or chemotherapy medication to kill cancer cells. Overall treatment of lung cancer is successful if discovered in the early stages.

If you have symptoms, family history or a history of smoking, be sure to talk to your physician about your risks of developing lung cancer.

The Benefits of Quitting Smoking Over Time

According to the American Cancer Society, it is never too late to quit smoking. Some of the benefits to your health can take place immediately. Below is a list of some of the health benefits that can take place over time.

Twenty minutes after quitting – Your blood pressure drops to a level close to that before the last cigarette. The temperature of your hands and feet increases to normal.

Eight hours after quitting – The carbon monoxide level in your blood drops to normal.

Twenty-four hours after quitting – Your chance of a heart attack decreases.

Two weeks to three months after quitting – Your circulation improves and your lung function increases up to 30 percent.

One to nine months after quitting – Coughing, sinus congestion, fatigue and shortness of breath decrease; cilia (tiny hair-like structures that move mucous out of the lungs) regain normal function in the lungs, increasing the ability to handle mucous, clean the lungs and reduce infection.

One year after quitting – The excess risk of coronary heart disease is one-half that of a person who smokes.

Five years after quitting – Your stroke risk is reduced to that of a nonsmoker five to 15 years after quitting.

Ten years after quitting: The lung cancer death rate is about half that of a continuing smoker. The risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decrease.

Fifteen years after quitting: The risk of coronary heart disease is that of a nonsmoker's.