

Quality Report Card

Licking Memorial Health Systems



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CANCER CARE

Skin Cancer Is Highly Treatable When Detected Early

The recently released Community Health Assessment by the Licking County Health Department shows that melanoma, a type of skin cancer, remains one of the most diagnosed malignancies in Licking County. Fortunately, melanoma and other skin cancers are highly treatable when detected in the early stages – but the outcomes may be more somber for individuals who delay diagnosis and medical treatment.

“Ultraviolet (UV) radiation contributes to the development of most skin cancers,” stated Thomas J. Hagele, M.D., of Licking Memorial Dermatology. “UV radiation exposure can occur naturally from sunlight or artificially from the type of lights that are found in tanning beds.”

Skin cancer occurs when the skin cells’ DNA is damaged, frequently by UV radiation, and the cells begin multiplying uncontrollably to form tumors. Although all skin cancers have the potential to be deadly if left untreated, melanoma is particularly dangerous because it spreads easily and resists some forms of treatment.

Dr. Hagele said, “Patients can play an active role in preventing some skin cancer. We advise our patients that whenever they are outdoors, they should wear broad spectrum sunscreen with an SPF of at least 30, or wear a wide-brimmed hat, along with sun protective clothing.”

He continued, “It is vitally important to avoid indoor tanning beds. Many individuals believe that occasional use

of tanning beds is harmless, especially to prepare for a vacation or special event. However, even infrequent tanning bed use increases the risk of developing skin cancer in the future. There is no safe amount of tanning, whether it occurs naturally or artificially. Any tan indicates the skin has sustained UV radiation damage.”

Those at risk of skin cancer include individuals with:

- A history of extensive exposure to sunlight (without sunscreen)
- Any exposure to indoor tanning beds
- Fair skin
- Blue or gray eyes
- Blond or red hair
- Many moles (more than 50)
- A family history of skin cancer
- A history of radiation treatment for any type of cancer
- A weakened immune system

Symptoms of skin cancer may include:

- A mole or skin lesion that has changed size, shape or color
- A mole that has a diameter greater than ¼ inch
- A mole that bleeds
- A mole with an irregular shape

Treatment for skin cancer depends upon the type of cancer and extent of the malignancy. If detected early, it may be possible to treat the cancer successfully by removing only a small amount of tissue. Skin cancers that have spread often require a larger excision area, along

with the possibility of chemotherapy and radiation therapy. Individuals who have any of the symptoms of skin cancer are urged to consult their family physician or dermatologist for evaluation.



Moles that are larger than this ¼-inch dot should be evaluated by a physician for the possibility of skin cancer.

Licking Memorial Dermatology offices

Licking Memorial Dermatology providers are located in several offices, including:

Heath

Bethany Wyles, M.D.
687 Hopewell Drive, Building 2
phone (220) 564-1755

Newark

Thomas Hagele, M.D.
120 McMillen Drive
phone (220) 564-7955

Kathleen Rogers, M.D.

1272 West Main Street, Building 2
phone (220) 564-1760

Pataskala

Laurie Schaeffer, D.O.
One Healthy Place
phone (220) 564-1930
or (740) 964-3330

Patient Story – Barb Crider



As she was transported through Licking Memorial Hospital (LMH), Barb Crider sensed the inquisitive gaze from the Hospital technician who was pushing her wheelchair. “You look familiar. Do I know you?” the technician asked. Barb responded, “Did you go to school at Garfield Elementary in Heath? I taught kindergarten, first grade and Title 1 reading there for 35 years.”

Even though they had not seen each other for decades, there was an undeniable recognition between the two. “This actually happens pretty often,” Barb said. “Someone will be staring at me with a quizzical look, and I know they’re trying to pinpoint how they know me. I usually recognize them, too, even though they’re adults now. Their little faces don’t change – their bodies just get bigger.”

In 2016, Barb had the opportunity to reconnect with a few of her former students who now are employed at LMH. She was flattered that they remembered her, and very proud that she had played a role in the education that led them to their healthcare careers – especially now that they were working to help her beat breast cancer.

Barb’s cancer journey began mid-year. “I knew that I was at increased risk for breast cancer because my mother had it,” Barb said, “so I was diligent about receiving a screening mammogram regularly. My family physician, Kevin T. Graham, M.D., (of Licking Memorial Family Practice – Granville) was very good about reminding me that it was time to get the mammogram. It was very routine for me, and I was used to the results coming back

negative. This time, I received a letter shortly afterward in August that the mammogram needed to be repeated. I just assumed that I had moved a little during the screening or something like that.”

Barb returned to LMH’s Women’s Imaging Center for a follow-up mammogram, which confirmed the presence of a mass in each breast. On August 31, Radiologist Joseph Fondriest, M.D., performed biopsies on both of Barb’s breasts.

Barb and her late husband, Mike, had six children between them. Even though the children all live nearby and she babysits daily for two of her nine grandchildren and step-grandchildren, she had not told her family about the biopsies. She simply mentioned to her daughter-in-law that she would not be able to babysit on that particular day. Barb said, “Evidently, that was enough to make her suspicious, and she used the ‘granny tracker’ app on my phone. While I was in the waiting room before the biopsies, she called me and asked, ‘What are you doing at Licking Memorial Hospital?’”

Later, Dr. Graham discussed the biopsy report with Barb – it was both good and bad. The bad news was that both masses were malignant. The good news was that the cancers had been detected early, giving Barb favorable treatment options. Dr. Graham explained that although there were several facilities within driving distance that could provide the comprehensive medical care she needed, he recommended LMH. Barb recalled, “He said he thought LMH would take really good care of me, and he was absolutely right.”

She met with General Surgeon Victor F. Ferrini, M.D., and Hematologist/Oncologist D’Anna N. Mullins, M.D. Barb’s case was discussed further at LMH’s multidisciplinary Tumor Board. Newark Radiation Oncology staff

members recommended that Barb could have radiation therapy safely to both breasts without overlap, and she was deemed an excellent candidate for lumpectomy instead of more extensive surgery, such as radical mastectomy. Barb also consulted with a dear friend who had opted for a lumpectomy in the past to treat breast cancer. The friend affirmed that the lumpectomy to conserve as much breast tissue as possible had been the right course of action for her. “My mother’s breast cancer had been diagnosed when she was 69 years old, and it struck me that I also was being diagnosed at the age of 69. However, my mother did not have the treatment options that are available today,” Barb said.

Confident that she was making a well-informed decision, Barb chose to have a lumpectomy on both breasts to remove only the tumors and a small margin of surrounding breast tissue. Dr. Ferrini cautioned her that it may be necessary to remove a larger amount of tissue, depending upon the findings during surgery, but he was optimistic that the cancer had not spread very much. He ordered a magnetic resonance imaging (MRI) scan to check for any additional tumors. Then, on the morning of October 4, Barb arrived at LMH for her outpatient surgery.

“Everyone at the Hospital was really professional, highly skilled, and compassionate. From the moment I walked through the front doors, I felt that I was in good hands,” Barb remarked. “Everyone was so kind and did everything they could to support my family and me.”

During surgery, Dr. Ferrini was able to excise the tumors while conserving most of Barb’s breast tissue. The cancer on one side was limited to a duct and had not invaded deeper into the surrounding breast tissue (stage 0), while the cancer on the other side was slightly larger and had spread a minimal amount (stage 1). In both

cases, the malignancies had been detected at an early stage. By evening, Barb was able to return home with one of her children along to keep her company. Her family rallied around her, bringing her food and checking on her often. Within a few days, she had recovered enough that she was able to resume the babysitting duties that she loves.

Dr. Mullins told Barb that her type of breast cancer is driven by the estrogen in her body and ordered a tumor-specific test to help decide whether chemotherapy would be beneficial. Based on those test results, Dr. Mullins did not recommend chemotherapy, and Barb was able to proceed with radiation therapy five days each week for six weeks. After the radiation, she would take an oral medication to block estrogen effects in her body for five years.

During the course of radiation treatments, Barb reported that she was tolerating the therapy at Newark Radiation Oncology quite well. She said, "It takes me longer to drive there and park the car than to have the treatment. Dr. Maier (Adam C. Maier, D.O.) used a CT scan to create a 3D map of my body to plan my treatment. The staff places marks on my skin to allow them to line up the equipment within millimeter precision before delivering the radiation each time. It is painless, and I am at the office for only 15 minutes or so. Then I am free to do other things throughout the day. I am so grateful to be able to have a normal life and enjoy my grandchildren."

Barb has revived her role as educator, although the focus has shifted away from elementary school basics. Today, she teaches the importance of screening mammography to detect

breast cancer as early as possible. "It absolutely saved my life," she declared. "A routine mammogram caught my breast cancer before I had any symptoms, early enough that there was something we could do about it. I'm feeling good, and am confident that everything's going to be okay. I want to tell every woman to remember to get your screening mammogram. It saves lives."

Mammography procedures are available in the Women's Imaging Center on LMH's first floor, and also at Licking Memorial Women's Health, located at 15 Messimer Drive in Newark. Appointments can be scheduled through a physician's office, or by calling LMH Central Scheduling at (220) 564-4722 with a physician's order.

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 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 2013	LMH 2014	LMH 2015	LMH Goal
Percentage of cancers correctly identified by the mammogram	96.5%	95.0%	91.4%	78%⁽¹⁾
Percentage of patients without cancer correctly identified by the mammogram	99.7%	99.4%	99.2%	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 2013	LMH 2014	LMH 2015	LMH Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	3.3	5.6	7.3	2 to 10⁽³⁾

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



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3. 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 2013	LMH 2014	LMH 2015	LMH Goal
Number of chemotherapy medication errors negatively impacting patients	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 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 2013	LMH 2014	LMH 2015	LMH Goal
Cancer Registry patients with annual follow-up	94%	93%	93%	greater than 80%

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 2013	LMH 2014	LMH 2015	LMH Goal
Newly diagnosed and/or treated patients in clinical trials	9%	8%	11%	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 and colorectal cancer for all active patients. Active patient population is defined as patients seen within the last three years.

	LMHP 2013	LMHP 2014	LMHP 2015	LMHP Goal
LMHP active patient population that received screening tests for: Cervical cancer (female patients, age 21 to 65)	83%	83%	81%	75%
Breast cancer (female patients, age 40 to 75)	84%	83%	83%	National ⁽⁴⁾ 68%
Colorectal cancer (all patients, age 50-75)	65%	64%	64%	National ⁽⁴⁾ 61%

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 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.

(3) 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.

(4) Percentages are compiled by averaging Commercial, Medicare and Medicaid data as reported in “The State of Health Care Quality 2014,” *Healthcare Effectiveness Data and Information Set, “Measures of Care.”*



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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