

Quality Report Card

Licking Memorial Health Systems



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CANCER CARE

Oral Chemotherapy

Chemotherapy is a treatment that is designed to destroy or slow the growth of cancer cells in the body. Traditionally, patients receive chemotherapy intravenously, which requires many hours spent at a hospital or clinic. Advances in cancer treatments over the past decade have made oral chemotherapy more widely used and a convenient choice among cancer patients. Currently, there are a number of oral cancer therapy drugs that treat a variety of cancers, including breast, ovarian, colorectal and lung cancer.

Oral chemotherapy is a cancer-fighting drug that is taken by mouth in tablet, capsule or liquid form. Prescribed by a physician, this form of cancer treatment works similarly to intravenous (IV) chemotherapy, is less invasive, and can be taken at home requiring fewer in-office visits. Although convenience and flexibility are advantages to receiving oral chemotherapy, patients must understand that it is a serious treatment and will be taking their medication with little or no supervision from an oncology expert. It is critical that patients receive the appropriate education regarding taking and handling the drug and understand its benefits and risks, including side effects and cost.

Patients who are prescribed an oral chemotherapy treatment are given clear instructions from their physician on the correct dosage, how often to take the medication, and whether it can be taken with food, vitamins, supplements or other medications. Because oral chemotherapy doses are designed to ensure the same amount of chemo remains in the body to destroy cancer cells, it is essential

that patients take the exact dosage as directed for as long as prescribed. If used incorrectly, chemotherapy pills can have harmful outcomes. It is important that patients adhere to their treatment plan and take their chemotherapy drugs accordingly. Failing to take the medication on time or forgetting to take their drugs may result in a treatment that is less effective, worsening side effects, or a dangerously high dosage in their body from taking pills too closely together.

Because chemotherapy pills are considered hazardous, patients must understand how to properly handle their medication. The high potency of some pills require the use of gloves for handling. Patients also need to adhere to specific storage instructions. Chemotherapy pills must be stored in the original prescription container and not mixed with other medications. The medication must be kept out of reach of children and pets and stored in location away from heat, moisture and sunlight. Oral chemotherapy pills should not be flushed down the toilet or thrown into the garbage. Any pills left over after treatment should be returned to the pharmacy where originally received to be safely disposed.

Side effects from oral chemotherapy vary depending on the type of drug being taken. General side effects may include fatigue, skin changes, nausea or vomiting, flu-like symptoms, and changes to the mouth, hair and nails. Patients who experience negative side effects from taking oral chemotherapy should call their oncology team to discuss any medications that may be taken to alleviate symptoms. Patients also should inform

their primary care physician, dentist and other healthcare providers that they are taking oral chemotherapy.

Cancer patients who are considering taking oral chemotherapy should check with their insurance provider to determine if the medication is covered under their plan. Some insurance companies regard oral chemotherapy as a pharmacy benefit instead of a medical benefit, which may increase out-of-pocket expenses for the patient.

Oral cancer therapy treatments may not be appropriate for every patient. The effectiveness of the drug depends on many factors, including the type of cancer, whether the cancer has spread, age, overall health, and how well a person's body responds to the treatment. Patients should discuss with their oncologist to determine if oral chemotherapy is suitable for them.



Patient Story – Sherry Selfe



Sherry Selfe moved to Licking County in 2001 to be closer to her aging parents who live in Buckeye Lake. She had been living in Massachusetts with her husband, Robert, and four children, Theresa, Andrew, Kathryn and Elizabeth Erin. As the family settled in, they formed strong bonds within the Newark community.

After emergency surgery to remove a kidney stone, Sherry visited her primary care physician, Charles L. Geiger, D.O., of Licking Memorial Family Practice. During the visit, she told Dr. Geiger she would like to schedule her follow-up thyroid ultrasound. During the ultrasound, the technician noted several enlarged lymph nodes in the right side of Sherry's neck. After a needle biopsy was performed, Sherry was diagnosed with Hodgkin's lymphoma in May 2019.

Hodgkin's lymphoma is a cancer of the lymphatic system, which is part of the immune system that helps fight infections. The lymphatic system also assists in controlling the flow of fluids in the body and is made up mainly of cells called lymphocytes, a type of white blood cell. Hodgkin's lymphoma causes cells in the lymphatic system to grow abnormally and can start almost anywhere in the body. The abnormal cells are most often discovered in lymph nodes in the upper part of the body. The most common sites include the chest, neck or under the arms. Hodgkin's lymphoma typically spreads through the lymph vessels between lymph nodes.

Sherry's cancer had been detected in the early stages of the disease, and she was hopeful that treatment would be successful. She began visiting Aruna C.

Gowda, M.D., at the Licking Memorial Hematology/Oncology clinic. "At first, the treatments seemed easy and everything went well," Sherry said. "Dr. Gowda was amazing to me. She explained the process and was very kind and encouraging." However, after six months of ABVD chemotherapy, the cancer remained. "Dr. Gowda felt I needed a stem cell transplant. She contacted The Ohio State University (OSU) Comprehensive Cancer Center and collaborated with their staff to schedule the procedure."

Sherry was admitted to OSU on March 27, 2020, just after stay-at-home orders were issued. At that time, many hospitals changed visitation policies to stop the spread of COVID-19; therefore, she had to undergo the entire transplant process without a support person or visitors. "Dr. Gowda and many of the staff members from the Oncology Department called regularly to check on me and get updates on my progress. Even though it was difficult being isolated, I felt the support of the people who had been so integral in my care," Sherry said. "Dr. Gowda worked hand-in-hand with the healthcare professionals at OSU, and I was able to return to Licking Memorial Hospital for follow-up care and laboratory tests."

During a maintenance chemotherapy treatment in August, Sherry became extremely ill. She was admitted to the LMH Intensive Care Unit (ICU) where they discovered she was having a toxic reaction to the medication. "The Oncology Department staff are an absolutely remarkable team. They were always by my side, checking on me and visiting me in the ICU. I know they saved my life."

Sherry is working part-time now and continuing her recovery. "I have hair again and am feeling better," she said. She had to wait until December to receive a scan to determine the results of the stem cell transplant and maintenance chemotherapy. At that time, Sherry was told the cancer was not progressing, but she was not in remission. Dr. Gowda and the Oncology team continue monitoring Sherry's health.

Sherry's friends, Megan Weaver and Amy Gartner, understood that medical bills could quickly become overwhelming to Sherry as she continued to receive care for cancer. Three of Sherry and Robert's children are attending college in different states adding to the financial concerns of the family. Megan and Amy rallied the Licking Valley community, hosting a virtual cake auction due to the pandemic to raise money to pay for insurance premiums and other expenses. The women also obtained assistance for Sherry through Volley for the Cure – a volleyball-based fundraising organization that focuses on local families fighting cancer. "My friends and the Licking Valley community have been incredibly supportive. I was overwhelmed and grateful for the outpouring of support and generosity," Sherry said.

LMH, through a relationship with the Columbus NCI Community Oncology Program (NCORP), offers a comprehensive cancer treatment program and long-term follow-up care for adults with cancer which is unique for a community hospital. The Hematology/Oncology Department has been continuously accredited by the American College of Surgeons' Commission on Cancer (CoC) since 2000. In 2018, the CoC granted a three-year approval with commendations to the program, indicating that LMH demonstrates compliance with all mandatory standards for organizational and operational elements. The Department also is a proud recipient of the Commission on Cancer's Outstanding Achievement Award.

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 2017	LMH 2018	LMH 2019	LMH Goal
Percentage of cancers correctly identified by the mammogram	89.5%	93.4%	98.5%	78%⁽¹⁾
Percentage of patients without cancer correctly identified by the mammogram	98.6%	98.5%	98.7%	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 2017	LMH 2018	LMH 2019	LMH Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	5.3	5	6	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 procedure is significant to enabling physicians to more quickly identify and diagnose breast cancer and begin patient treatment.

	LMH 2017	LMH 2018	LMH 2019	National ⁽⁵⁾
Wait times:				
Screening to diagnostic mammogram	5.5 days	5.2 days	4.8 days	6.24 days
Diagnostic mammogram to needle/core biopsy	6.6 days	6.7 days	5.1 days	6 days
Biopsy to initial breast cancer surgery	19.7 days	26.6 days	20.3 days	22 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 2017	LMH 2018	LMH 2019	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 2017	LMH 2018	LMH 2019	LMH Goal
Cancer Registry patients with annual follow-up	92%	91%	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 2017	LMH 2018	LMH 2019	LMH Goal
Newly diagnosed and/or treated patients in clinical trials	7%	7%	8%	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 2017	LMHP 2018	LMHP 2019	
LMHP active patient population that received screening tests for:				LMHP Goal
Cervical cancer (female patients, age 21 to 65)	74%	73%	73%	75%
Breast cancer (female patients, age 50 to 75)	81%	80%	78%	National⁽⁴⁾
Colorectal cancer (all patients, age 50-75)	67%	69%	67%	69%
				National⁽⁴⁾
				66%

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, US 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) Percentages are compiled by averaging Commercial, Medicare and Medicaid data as reported in “The State of Health Care Quality Report,” 2017 Screening Rates.
- (5) National Quality Measures for Breast Centers (NQMBC) www.nqmbc.org database.

Health Tips – Nutrition for Cancer Survivors

Nutrition is an important part of cancer treatment and recovery. During treatment, many cancer patients lose weight because of side effects from radiation or chemotherapy, and some medications can prevent the body’s ability to absorb nutrients. A nutritious diet, physical activity and maintaining a healthy weight can help survivors regain their health after treatment and improve their quality of life. These factors also may prevent cancer from recurring. Experts recommend that cancer survivors follow these guidelines for a healthy diet:

- Eat at least two and a half cups of colorful fruits and vegetables every day. Fruits and vegetables contain antioxidants, such as beta-carotene, lycopene, and vitamins A, C and E, which prevent cell damage. Plant-based foods also contain phytochemicals – compounds that may prevent the action of cancer-causing substances and aid cells in blocking the development of cancer.
- Eat three or more servings of high-fiber foods, such as whole grains, nuts and legumes. These foods contain nutrients that may help prevent cancer, and they also help to reduce the risk of heart disease.
- Choose nonfat or low-fat dairy products, including low-fat milk, cheese and yogurt.
- Select protein that is low in saturated fat, such as poultry, fish and eggs.
- Try low-fat cooking methods, such as air frying, baking, broiling and steaming, instead of frying or charbroiling.
- Limit alcohol consumption to one drink per day for women and two drinks per day for men.
- Exercise for at least 150 minutes per week. Physical activity at moderate intensity will help individuals maintain a healthy weight and increases energy.

Patients may wish to consult with a dietitian to determine the best diet and exercise plan that suits their needs. Licking Memorial Hospital (LMH) offers inpatient and outpatient nutrition counseling for cancer patients and may be referred to an LMH dietitian by a member of their oncology team.



Licking Memorial Health Systems

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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!

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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