

Cancer Care – How do we compare?

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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 2011	LMH 2012	LMH 2013	Goal
Percentage of cancers correctly identified by the mammogram	96.5%	97.1%	96.5%	78% ⁽¹⁾
Percentage of patients without cancer correctly identified by the mammogram	99.7%	99.7%	99.7%	90% ⁽²⁾

- 2** So as not to miss cancers, mammography can suggest malignancy when in fact no cancer is present. When mammograms are suggestive of cancer, radiologists may recommend biopsies, of which many subsequently prove negative for cancer. Because of this, another parameter we measure is the percentage of cases for which biopsy is recommended that are positive for cancer.

	LMH 2011	LMH 2012	LMH 2013	Goal
Percentage of cases with radiologist recommended biopsy that actually had cancer	35.1%	37.0%	34%	24 to 40% ⁽³⁾

- 3** 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 2011	LMH 2012	LMH 2013	Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	3.0	3.0	3.0	2 to 10 ⁽³⁾

- 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 2011	LMH 2012	LMH 2013	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 may also contact the primary care physician to ensure the health of the patient.

	LMH 2011	LMH 2012	LMH 2013	Goal
Cancer Registry patients with annual follow-up	90%	93%	94%	greater than 90%

- 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 2011	LMH 2012	LMH 2013	Goal
Newly diagnosed and/or treated patients in clinical trials	5.1%	11.3%	9.0%	greater than 2%

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 2011	LMHP 2012	LMHP 2013	National Average ⁽⁴⁾
LMHP patients who received screening tests for:				
Breast cancer	84%	84%	84%	64%
Cervical cancer	83%	83%	83%	73%
Colorectal cancer	64%	64%	65%	58%

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, 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 2012,” *Healthcare Effectiveness Data and Information Set, “Measures of Care.”*

Patient Story – Bill Stewart

Bill Stewart’s experience is a testament to the importance of regular colorectal cancer screenings for adults who are over the age of 50 or have a family history of the disease. In Bill’s case, early detection and treatment preserved his active lifestyle and may have saved his life.

Bill knew the American Cancer Society recommends that colorectal cancer screening begins at age 50 for most adults, and even sooner for individuals with a family history of colorectal cancer. “My mother died in 1960 from colon cancer,” Bill said, “and there have been other cases of family members with cancer. My doctor told me for years that I needed a colonoscopy, but I kept putting it off, partly because of my busy schedule as an account executive at Wells Fargo Insurance.”

At that time, Bill was living in Huntington, West Virginia. Finally, at the age of 67, he ran out of excuses to give to his physician. “My doctor said that he had made a colonoscopy appointment for me, and I would have to break the appointment if I did not want to go,” Bill remembered. The ultimatum worked, and Bill had his first colonoscopy shortly afterward.

During the colonoscopy, it was discovered that Bill had seven polyps. They were removed during the procedure and, fortunately, were benign. However, their presence indicated that Bill had a likelihood of additional polyp development and would require much more frequent monitoring.

Bill and his wife, Mary, retired to Newark in 2012, and he began seeing David E. Subler, M.D., of Licking Memorial Gastroenterology. During Bill’s annual colonoscopy screening in May 2013, Dr. Subler discovered 13 new polyps that needed to be removed. He successfully trimmed the 12 smaller growths that appeared to be benign, but the 13th polyp was much larger and presented more difficulties. Bill’s colon began to spasm during the procedure, forcing Dr. Subler to continue the polyp removal during another colonoscopy.



David E. Subler, M.D., performs screening colonoscopies at LMH.

When Bill returned in October 2013, Dr. Subler was able to remove part of the large polyp, but the remaining portion could not be trimmed through the scope. Dr. Subler was concerned that it appeared to be malignant, so he recommended Bill have open surgery to excise the unremoved portion. Bill wanted to postpone the surgery for three months, but Dr. Subler firmly advised that it should take place as soon as possible.

Bill had several options for hospitals to perform the surgery. Two of his daughters – who are a veterinarian and hospital administration major – compared performance data from Central Ohio hospitals, and found that Licking Memorial Hospital (LMH) scored very favorably. “When I look at hospitals, I pay attention to the MRSA (methicillin-resistant *Staphylococcus aureus*) reports,” Bill explained. “LMH’s rates were very good in comparison to Columbus hospitals.”

In early November 2013, Bill had surgery performed at LMH by General Surgeon Larry N. Pasley, M.D., to remove the remaining polyp. “We performed a partial right colectomy on the cecum, which is the upper portion of the large intestine,” Dr. Pasley explained. “Fortunately, the cancer was determined to be stage 1, meaning that it had not spread beyond the polyp, so we were able to resect the intestine without requiring a colostomy. If the cancer had been detected later at a more advanced stage, it is likely that more surgery would have been required.”

“Within two days, Dr. Pasley called me with good news,” Bill said. “The pathology report confirmed that the cancer had not spread, and I did not need any further treatment, such as chemotherapy or radiation.” (The American Cancer Society reports that the 5-year survival rate for patients who are treated for stage 1 colon cancer is better than 90 percent.)

Bill spent three nights at LMH after the surgery. He said, “I salute the Hospital. The care was great – I am a supporter.”

Patient Story – Bill Stewart (continued on next page)

Genetic Testing Reveals Cancer Trends in Families

Some families seem to be affected by a specific type of cancer. For example, multiple generations may have developed lung cancer, or a daughter, sister, and mother all may have experienced breast cancer. In most cases, these patterns of cancer can be attributed to lifestyle factors. However, medical researchers estimate that approximately 5 to 10 percent of all cancers result from inherited genetic mutations.

Every cell in the body contains thousands of genes that control the cells' functions – including growth. If genes mutate, they may allow certain cells to grow uncontrollably and become cancerous. Mutations are most commonly acquired throughout life when external factors, such as tobacco smoking, a high-fat diet or ultraviolet sunlight, damage genes. Less commonly, mutations can be present at birth because they are inherited from the parents.

Individuals who have a strong family history of specific types of cancer may be advised by their physician to have genetic testing to determine if they are affected by inherited genetic mutations. The Hematology/Oncology staff at Licking Memorial Hospital can assist in collecting the test samples (most commonly blood and saliva) and sending them to a specialized laboratory. For some analyses, such as for certain types of colon or breast cancer, grants may be available to defray the cost of genetic testing.

The genetic testing laboratory analyzes tissue samples by identifying repeated irregularities in the cells' structure. In some cases, the individual may not be experiencing any symptoms, but is at increased risk of developing cancer. That knowledge could influence steps to lower the risk, such as making healthy lifestyle changes, taking preventive medication, having preventive surgery (such as mastectomy to prevent breast cancer), and initiating screening tests earlier than the normal recommended age.



Aruna C. Gowda,
M.D.

“We recommend genetic counseling for patients who receive genetic testing to help them understand the test results,” Aruna C. Gowda, M.D., of Licking Memorial Hematology/Oncology explained. “A positive test result means that the patient is at high risk for developing a certain type of cancer. By identifying high-risk patients, we can implement surveillance strategies and hopefully prevent malignancies from happening. For patients who have already had a cancer diagnosis, genetic testing may help family members understand cancer trends and make adjustments in their cancer-prevention strategies.”

In contrast, a negative genetic test result does not indicate that the individual is safe from developing a specific type of cancer. Dr. Gowda said, “Although the medical community doesn't yet know precisely how most cancers begin, it's generally accepted that many malignancies are influenced by unhealthy lifestyle choices. Of course, it's a relief for patients to learn that they do not have an inherited predisposition for a specific type of cancer, but that does not give them impunity to smoke tobacco, lead a sedentary lifestyle or to forego sunblock at the beach without possible cancerous consequences.”

Licking Memorial Hematology/Oncology is affiliated with the Columbus NCI (National Cancer Institute) Community Oncology Research Program to bring the latest cancer treatment and prevention to patients at a community level.

Patient Story – Bill Stewart (continued from previous page)

Bill recovered well from the surgery and soon returned to his normal activities, including his senior bowling team. After several months, Mary read a story in the Newark Advocate about genetic testing for certain cancers. It included information about Lynch syndrome, which is a genetic condition that is estimated to cause 3 to 5 percent of all colorectal cancers. The description sounded similar to Bill's medical history, and Mary suggested that he seek genetic testing.

Bill consulted with Kenita Robinson-Keck, R.N., B.S.N., at LMH's Oncology Department. She determined that his medical history met the qualifications for free genetic testing under the Ohio Colorectal Cancer Prevention Initiative. Kenita then submitted Bill's blood and saliva samples for analysis.

Bill said, “Kenita told me that the genetic testing results would take several months. After six months, she called me at home

on a Sunday evening. She had stopped by her office and seen an e-mail with my results. She called me right away because she knew that I was concerned. The test results were negative – I did not have Lynch syndrome. That was nice to hear. For the sake of my four children and seven grandchildren, I was relieved not to have that genetic condition.”

Bill had another annual colonoscopy midway through 2014, and Dr. Subler removed an additional six small polyps. Bill regards his multiple polyp growths with a wry sense of humor, calling himself a “polyp farmer.” However, he is completely serious about the importance of colonoscopy screenings to detect any possible cancerous growths. He knows that early detection and treatment were essential to his well-being, and frequently encourages family members and friends to get regular colonoscopies. Even more importantly – Bill is vigilant about following his own lifesaving advice.



Licking Memorial Health Systems

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You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

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Health Tips – Should You Consider Genetic Testing for Cancer Risk?

Genetic testing can detect the presence of a familial predisposition to develop certain types of cancer, and with this information, an at-risk individual can take preventive action to lower the cancer risk.

Genetic testing may be appropriate for those who have the following characteristics:

- A personal or family history that includes multiple cases of similar malignancies
- A cancer diagnosis at an unusually young age
- Multiple diagnoses of cancer that are unrelated to each other
- Development of cancer in both of a pair of organs, such as bilateral breasts or ovaries
- Several close blood relatives with same type of cancer
- An unusual cancer diagnosis, such as breast cancer in a man
- The presence of a birth defect that is known to be associated with genetically inherited cancers
- Being a member of a racial/ethnic group that is known to be associated with genetically inherited cancers

Approximately 5 to 10 percent of cancers are estimated to be genetically linked. The majority of malignancies are believed to be caused by "acquired" factors, such as sedentary lifestyle, tobacco use, high-fat diet, ultraviolet light and viruses.