

Quality Report Card

Licking Memorial Health Systems



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CANCER CARE

Emotions and Cancer Recovery

The cancer recovery process can be stressful on the mind and body. Cancer treatments require patients to take time away from work, family, household tasks or other important activities, thus creating more stress. Patients may have depression or anxiety concerning cancer recurrence or length of recovery. The effect that cancer treatment can have on a person's body also may create negative self-perception. All of these negative emotions can affect the recovery process by potentially increasing the severity of symptoms, such as nausea and vomiting. Patients who receive cancer treatment at Licking Memorial Hospital (LMH) receive tests that gauge their stress-levels and assistance from clinical staff to manage a high stress level.

Cancer patients at LMH are provided a distress screening at their initial chemotherapy infusion or during their education for their oral chemotherapy agents, and then given another screening at the last treatment. Distress screenings are used to monitor a patient's emotions and struggles during treatment. On average, patients tend to have a higher stress level during the distress screening at their first treatment than at their final treatment. Knowing these stress levels may help the patient discover effective coping methods to

manage their emotions during treatment, including:

- Social support – discuss emotions with friends, family, or the cancer care team. Expressing emotions and talking to an effective listener can help the patient to feel less burdened and provide relief of emotions.
- Exercise and proper diet – recommended exercise and dietary changes can help to relieve stress and maintain strength throughout treatments.
- Self-encouragement to boost positive emotions and confidence.
- Consider meditation, prayer or spiritual reflections.
- Engage in activities that bring joy, including reading, watching a favorite show or movie, creating art or other enjoyable activities.

- Seek help from a professional counselor for relief from negative emotions. Medication can be administered to help decrease negative emotions or mood swings that may be a side effect from the cancer treatment.

It is important to note that feeling negative emotions during cancer treatment is normal for patients. Discussing emotions with the oncologist providing care can help to determine a course of action for treating negative emotions. Providing help may be based on whether the negative emotions are side effects from cancer treatment or due to the stress of treatment. The oncologist works alongside the patient to provide the best, most appropriate treatment to reduce stress and negative emotions during a difficult time of life.



Patient Story – Laura Lewis



Laura Lewis, Senior Vice President of Human Resources and Marketing and Communication at Park National Bank (PNB), has battled cancer twice. She received surgery and cancer treatments for two different types of breast cancer, facing both situations with faith, perseverance and humor. For Laura, regular mammograms and self-examination were key to detecting the cancer at an early stage, which greatly increased the success of treatment.

Laura was born and raised in Licking County. She graduated from Newark Catholic High School and earned a degree from The Ohio State University. A PNB customer since she was a child, Laura joined the Bank after college as a management associate. She has worked for the Bank ever since. Along with her family, her friends and coworkers have been a much-needed support system during the cancer treatments.

As recommended, when Laura turned 40, she began receiving yearly mammograms at Licking Memorial Hospital (LMH). In 2006, she was told the 3D technology had detected an anomaly. The small lesion was diagnosed as the very earliest stage of breast cancer, also known as Ductal Carcinoma in Situ (DCIS). The physicians recommended a mastectomy to make sure the cancer was completely removed. Laura underwent surgery at a hospital in Columbus, and visited a specialist there for several years to continue monitoring for a recurrence.

After years of care in Columbus, Laura discussed with her primary physician, Tayla R. Greathouse, M.D., of Licking Memorial Family Practice – West Main, about having her continued follow-up

care at LMH. Several months after her yearly mammogram at LMH, Laura found a lump while performing a self-exam. She immediately contacted Dr. Greathouse about her concerns. “Dr. Greathouse was amazing. She knew about my past diagnosis and was apprehensive about how soon after a negative mammogram that I had found the lump,” Laura said. “She quickly scheduled me for tests and a biopsy.” Laura was diagnosed with triple-negative breast cancer in April 2019.

A diagnosis of triple-negative breast cancer means that the three most common types of receptors known to fuel most breast cancer growth – estrogen, progesterone and the hormone epidermal growth factor receptor 2 (HER2) protein – are not present in the cancer tumor. As a result, the tests for the three receptors is considered negative. It differs from other types of invasive breast cancer in that the cell growth is more aggressive. Hormonal and HER2-targeted therapies disrupt the effects of estrogen, progesterone and the HER2 protein on breast cancer, which can slow or even stop the growth of breast cancer cells.

Hormones do not fuel the growth of the cancer cells in triple-negative breast cancer, nor is there an excess of HER2 protein; therefore, there are fewer targeted medicines to treat triple-negative breast cancer. However, Laura was told chemotherapy would be beneficial. “I was referred to Aruna G. Gowda, M.D., of Licking Memorial Hematology/Oncology, for treatment. Dr. Gowda and the nurses were wonderful. They explained everything to me and made me feel so comfortable,” Laura said. Again, her physicians were encouraged that she had found the lump before the cancer had progressed too far to be treatable.

In September, Laura underwent another mastectomy surgery to remove the cancer cells. It was discovered that the cancer had not spread to her lymph nodes, and there was a very minimal amount of residual cancer cells in the removed tissue. Despite the positive outcome, the physicians felt it would be necessary for Laura to undergo radiation treatment and continue oral chemotherapy for a period of time. “It is a long process, but

I just keep looking forward to my return to good health so that I can ride my bike again and participate in the Pelotonia,” Laura said.

Laura also enjoys traveling to various places several times a year. She had hoped for a quick getaway in May 2019 during a two-week break in her treatment plan. Unfortunately, her husband, Ed, began having breathing problems and had to have open heart surgery. “I have learned none of us are promised tomorrow, so live well every day,” Laura mused. She is grateful that both she and her husband continue to recover so that they can spend more time with their grown sons, Matthew and Michael. During Laura’s cancer battles, she found her faith, family and friends were vital to her recovery. “It is so important to have a support network. My friends and family helped me to laugh and stay positive, and my coworkers and leaders were very supportive,” she said. “My faith kept me going.”

Having battled cancer twice, Laura advocates for regular wellness check-ups and breast self-exams. While 3-D mammography is an excellent tool to detect cancer, women should know their own body and try to detect when something is not right. Laura also feels that women with dense breasts should advocate for an ultrasound or MRI in addition to a mammogram. Dense breast tissue appears as a solid white area on a mammogram which makes it difficult to see through.

Early detection is the best defense against breast cancer. LMH has an accredited mammography suite within the Hospital. For your convenience, a mammography unit also is available at Licking Memorial Women’s Health, located at 15 Messimer Drive. The Hematology/Oncology Department at LMH has been continuously accredited by the American College of Surgeons’ Commission on Cancer since 2000. The Clinic also is a 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 2016	LMH 2017	LMH 2018	LMH Goal
Percentage of cancers correctly identified by the mammogram	96.9%	89.5%	93.4%	78%⁽¹⁾
Percentage of patients without cancer correctly identified by the mammogram	98.6%	98.6%	98.5%	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 2016	LMH 2017	LMH 2018	LMH Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	5.4	5.3	5	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.

Wait times:	LMH 2016	LMH 2017	LMH 2018	National ⁽⁵⁾
Screening to diagnostic mammogram	5.6 days	5.5 days	5.2 days	6.24 days
Diagnostic mammogram to needle/core biopsy	7.2 days	6.6 days	6.7 days	6 days
Biopsy to initial breast cancer surgery	10 days	13 days	9 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 2016	LMH 2017	LMH 2018	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 2016	LMH 2017	LMH 2018	LMH Goal
Cancer Registry patients with annual follow-up	93%	92%	91%	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 2016	LMH 2017	LMH 2018	LMH Goal
Newly diagnosed and/or treated patients in clinical trials	9%	7%	7%	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 2016	LMHP 2017	LMHP 2018	LMHP Goal
LMHP active patient population that received screening tests for:				
Cervical cancer (female patients, age 21 to 65)	77%	74%	73%	75%
Breast cancer (female patients, age 50 to 75)	LMHP 2016 81%	LMHP 2017 81%	LMHP 2018 80%	National ⁽⁴⁾ 69%
Colorectal cancer (all patients, age 50-75)	LMHP 2016 66%	LMHP 2017 67%	LMHP 2018 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 Tips for Chemotherapy

Chemotherapy can cause numerous side effects that may further decrease overall health, including nausea, vomiting, diarrhea, constipation, dry mouth, mouth pain, poor appetite, early fullness, taste changes and fatigue. Complying with the following health tips during chemotherapy treatment can help to alleviate symptoms and manage stress:

- Consume six to eight small healthy meals and snacks throughout the day with foods that are easy to prepare and eat.
- If meats are not tasteful, try consuming chopped or ground meats mixed with a healthy sauce or casserole. Tastes may change during chemotherapy, and flavors can be adjusted depending on preference.
- Fruits and juices are easy to consume and may increase taste for other foods.
- Allow friends and family to shop and prepare food based on preference.
- Eat a larger breakfast to maintain energy.
- Consume foods with mild flavor to decrease nausea or vomiting triggers from high-flavor foods.
- Consume cooler foods, as warm or hot foods can increase aromas that cause nausea or vomiting. Cool foods also can help to soothe mouth sores caused by chemotherapy.
- It is important to consume proteins and carbohydrates for energy and to aid the healing process.
- Eat whole wheat bread, oats, brown rice, or other whole grains and cereals, which contain nutrients such as complex carbohydrates, vitamins, minerals, and fiber, provide energy and can help to relieve constipation from chemotherapy treatment.

The oncologist providing chemotherapy or a dietitian can provide further food and nutrient recommendations based on the intensity of treatment and symptoms.



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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