

Quality Report Card

Licking Memorial Health Systems



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CANCER CARE

Preventative Care to Lower the Risk of Cancer

Preventative care including screenings, checkups and patient counseling are used to lower the risks of all types of cancer or to detect such at an early stage when treatment is likely to work best. The federal Affordable Care Act (ACA) includes a special focus on providing required coverage for a wide range of preventive services, including some cancer screenings, that must be covered without the enrollee having to pay a copayment or co-insurance or meet a deductible. This applies to those with employer and marketplace health plans. Regular screening tests may lead to early detection of breast, cervical, and colorectal (colon) cancers which provides the best opportunity for effective treatment.

Breast cancer mammography screenings are among the ACA-covered preventive services for women. In addition to the standard mammogram, Licking Memorial Health Systems (LMHS) offers digital breast tomosynthesis (DBT), also known as 3D mammography exams. A DBT exam is far more accurate in earlier breast cancer detection than any other mammogram. Similar to a traditional 2D mammogram, the technologist positions the patient, compresses the breast and takes images from different angles. The DBT exam captures multiple images of the breast, creating a layered 3D image that allows the radiologist and physician to view more details. Minor radiation dose is used during the DBT exam – approximately the same amount as a traditional film mammogram and well within the FDA safety standards for mammography.

With colorectal cancer screenings, physicians often are able to detect precancerous polyps and early-stage malignant tumors when they are the most easily treated. Patients who do not have symptoms or an increased risk of colorectal cancer are usually advised to begin regular screenings at age 50. LMHS offers four types of colorectal screening tests: colonoscopy, flexible sigmoidoscopy,

high-sensitivity fecal occult blood test and Cologuard® at-home kits that tests the patient's DNA and detects the presence of blood in the stool. Colonoscopy allows the gastroenterologist to view the entire large intestine while the patient usually is sedated. It is considered to be the "gold standard" of colon cancer screening methods because the physician is able to see any abnormalities directly. In addition, the physician may be able to remove polyps, if present, during the procedure.

Yearly lung cancer screening is recommended for people who are at high risk, including anyone between 55 and 80 years old who is a heavy smoker or has quit within the past 15 years. A heavy smoker is defined as someone who has smoked an average of one pack of cigarettes per day over a 30-year period or two packs a day over a 15-year period. Licking Memorial Hospital (LMH) offers low-dose computed tomography (LDCT), a procedure that utilizes an X-ray machine and low-dose radiation to make a series of very detailed pictures of the lungs by scanning the body in a spiral path. The LDCT has been shown to decrease the risk of death from lung cancer in current and former heavy smokers.

Hereditary cancers, including breast, ovarian, colorectal and prostate cancer, are caused in part by gene mutations passed from parents to children. Although only 10 percent of cancer cases are considered hereditary, these types of cancers can be more deadly. The cancer usually begins to develop in a patient at a younger age than the more common sporadic forms of cancer. Through genetic testing, researchers can determine if someone carries a specific mutation that puts them at an increased risk

for developing hereditary cancers. LMH offers a risk assessment and genetic testing to allow staff to implement strategies for earlier detection. The process begins with a family history risk assessment questionnaire. A physician reviews the questionnaire to determine if there is a possible risk, at which time the patient would be provided information about the testing process and asked if they would be interested in the testing. A blood sample is sent to a reference laboratory considered to be a leader in genetic and molecular diagnostic testing. The results are then sent to the patient's physician who helps the patient understand the results. Genetic testing may be appropriate for individuals with the following characteristics:

- Family members who had a cancer diagnosis at an unusually young age
- Personal history of multiple types of cancer
- Several close blood relatives with the same type of cancer
- Being a member of a racial/ethnic group that is known to be associated with genetically inherited cancers



Patient Story – Pat Argyle



When Pat Argyle received the news of an abnormality in her left breast in July 2015, she and her husband, Lynn, were living in Westerville. In spite of the distance, she wanted the lumpectomy procedure performed at Licking Memorial Hospital (LMH). Howard Reeves, D.O., who also had performed her husband's gall bladder surgery a few years earlier, was recommended for the procedure. "We were completely amazed with him. I could not have been treated any better. LMH is an exceptional hospital," said Pat.

Lumpectomy is a surgical procedure to remove cancer or other abnormal tissue from the breast. Lumpectomy also is called breast-conserving because – unlike a mastectomy – only a portion of the breast is removed. Doctors also may refer to lumpectomy as an excisional biopsy. A one centimeter lump and three lymph nodes were removed during Pat's lumpectomy procedure, and pathology reports confirmed stage 1 breast cancer. In stage 1 breast cancer, cancer is evident, but it is contained to the area where the first abnormal cells began to develop. Detected in the early stages, breast cancer can be very effectively treated. A mastectomy was recommended for assurance of complete cell removal, after positive margins were noted, but Pat obtained a second opinion and subsequently underwent two breast re-excisions, followed by recommended chemotherapy and antibody therapy.

While at an appointment in the LMH Hematology/Oncology Department for a possible blood clot in her leg, Pat and her husband noticed that her physician D'Anna Mullins, M.D., Ph.D., not only treats hematology related issues, but also is an oncologist. "We were so pleased with the care we had been receiving and it was one of those moments when things just clicked and fell into place," she explained. "We realized we were in the right place, and I decided to receive my cancer treatments at LMH. The entire process seemed to go very quickly. For an unfortunate and challenging situation, everything was handled so positively. It was a wonderful experience," Pat shared.

Pat began her chemotherapy in mid-November 2015. She received four cycles of

chemotherapy – every three weeks. She received her treatments through a port (also known as a port-a-cath), a small device that is implanted under the skin to allow easy access to the bloodstream to draw blood and infuse medications such as chemotherapy. A port is most often inserted during a same-day surgical procedure, performed with a local anesthetic. "Having the port was wonderful as it eliminated the necessity for me to have an IV placed at each treatment," Pat explained. "I did not experience any problems and it was removed upon completion of my treatments."

During her chemotherapy sessions, Pat always was kept comfortable. She enjoyed custom-made breakfast meals through LMH Culinary Services and relaxing massages from LMH licensed massage therapists. To help protect her from infection, Pat was equipped with a Neulasta® Onpro® on-body injector. The patch-like device was applied after chemotherapy and automatically delivered a medication the following day to reduce the risk of infection, allowing her to recuperate in the comfort of her own home without having to return to the Hospital. She was able to remove the patch herself when the dose was finished.

Upon completing chemotherapy in February 2016, Pat began radiation treatments for approximately six weeks. Each week she received daily radiation therapy lasting only a few minutes. She also was able to participate in a research trial during her radiation treatments and met regularly with two research nurses during the process. She was given a cream to apply to her skin to decrease any burning effects from the radiation.

The LMH Oncology Navigation Team assists patients through all facets of their recovery. One of the key members of this team, the Oncology Nurse Navigator, is dedicated to providing resources and support for patients throughout the cancer journey. The Nurse Navigator referred Pat to a specialized wig shop and recommended a "Look Good, Feel Better" class. The two-hour class, organized and presented by a local spa owner, offered a variety of tips to help patients feel good about themselves and their appearance and provided a 25-piece makeup kit. During her treatment, Pat also received anti-nausea medication and was provided ideas to combat changes in her taste, such as using plastic silverware and eating hard candy. Staff prepared her for the possibility of fatigue and recommended drinking Ensure or Boost to provide energy and needed protein. "I was given so much help and offered ample support. I cannot say enough about the staff,"

Pat commented. "They were always very upbeat and happy, while trying to ensure that each patient had the best experience possible. They are very passionate about the care they provide patients and it is evident that they enjoy getting to know each individual."

About a year after receiving her original diagnosis, a follow-up mammogram revealed Pat was cancer free, however, she has continued to follow up with Dr. Mullins for breast cancer surveillance. As it has been over two years since her diagnosis and treatments, her visits are now every six months for checkups. "I am very grateful for the care I received. Each time I go back the visit is filled with hugs and happy greetings. The staff is so pleasant and interested in how I am doing." Throughout and since her cancer journey, Pat has shared her experience with friends and other patients who were not treated at LMH. "People are continually impressed with the level of care I received. I told them, 'You missed it all because you did not come to LMH.'"

Very active in their church, Pat and Lynn serve regularly and teach self-reliance and personal finance classes. They enjoy gardening and spending time with their family – they have twelve grandchildren, two great grandchildren and are expecting a third in April. Pat and her husband have recently moved to Licking County to be near Licking Memorial Health Systems (LMHS) for needed healthcare services. "LMHS is very involved in the community and we appreciate that," she remarked. "We are active in the senior community here and attend and enjoy many LMHS events, as well as the Active•Senior events."

A routine mammogram can detect breast cancer before any symptoms are noticed. Mammography procedures are available in the Women's Imaging Center on the LMH 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.

LMH offers a comprehensive cancer program unique for a community hospital, providing major forms of cancer care, including surgery and chemotherapy. The Hematology/Oncology Department at LMH has been continuously accredited by the American College of Surgeons' Commission on Cancer since 2000 and also is a Quality Oncology Practice Initiative (QOPI) Certified Practice.

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 2015	LMH 2016	LMH 2017	LMH Goal
Percentage of cancers correctly identified by the mammogram	91.4%	96.9%	88.24%	78%⁽¹⁾
Percentage of patients without cancer correctly identified by the mammogram	99.2%	98.6%	98.6%	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 2015	LMH 2016	LMH 2017	LMH Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	7.3	5.4	5.3	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 2015	LMH 2016	LMH 2017	National ⁽⁵⁾
Screening to diagnostic mammogram	8.1 days	5.6 days	5.5 days	6 days
Diagnostic mammogram to needle/core biopsy	15.4 days	7.2 days	6.6 days	6 days
Biopsy to initial breast cancer surgery	NA	10 days	13 days	21 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 2015	LMH 2016	LMH 2017	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 2015	LMH 2016	LMH 2017	LMH Goal
Cancer Registry patients with annual follow-up	93%	93%	92%	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 2015	LMH 2016	LMH 2017	LMH Goal
Newly diagnosed and/or treated patients in clinical trials	11%	9%	7%	greater than 2%

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



Check out our Quality Report Cards online at www.LMHealth.org.

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 2015	LMHP 2016	LMHP 2017	LMHP Goal
LMHP active patient population that received screening tests for:				
Cervical cancer (female patients, age 21 to 65)	81%	77%	74%	75%
Breast cancer (female patients, age 50 to 75)	83%	81%	81%	National ⁽⁴⁾ 69%
Colorectal cancer (all patients, age 50-75)	64%	66%	67%	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 – Age Recommendations for Screenings

Screening tests are used to find cancer in people who have no symptoms. Screening offers the best chance of finding cancer as early as possible – while the disease is treatable and has not spread. Age often is considered a risk factor for many types of cancers; however, family history or genetic disorders can place people at a higher risk for cancers such as colon, breast and cervical. Patients may be an appropriate candidate for genetic testing if a family member has had any of the following conditions:

- Uterine (endometrial) cancer before age 50
- Colon or rectal cancer before age 50
- Two or more of the following cancers: colon, uterine (endometrial), ovarian, stomach, small bowel, brain, kidney/urinary, ureter, renalpelvis
- Breast cancer before age 50
- Ovarian cancer at any age
- Two or more relatives diagnosed with breast cancer
- Male breast cancer diagnosed at any age
- Pancreatic cancer
- Any family member with known BRCA gene
- Two or more relatives with melanomas
- Prostate cancer

If it is determined that a patient is at higher than average risk, screenings for colon and breast cancer should begin as early as age 21.

If not at a higher risk for cancer, follow the below age recommendations for cancer screenings:

Men				
Age	Colon Cancer	Lung Cancer	Prostate Cancer	
45	Begin screenings		Begin screenings if higher than average risk	
50			Begin screenings if average risk	
55		Heavy smokers		

Women				
Age	Colon Cancer	Lung Cancer	Breast Cancer	Cervical Cancer
21				Begin Pap test every 3 years
30				Pap test every 5 years
40-44			Annual mammogram if patient chooses	
45	Begin screenings		Annual mammograms	
55		Heavy smokers	Mammogram every 2 years	



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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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