

# Licking Memorial Health Systems Quality Report Card



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CANCER CARE

## Prostate Cancer Screenings

Prostate cancer is the most common cancer and the second-leading cause of cancer death among men in the United States. One in eight men will be diagnosed with prostate cancer during his lifetime. The prostate is a small gland of the male reproductive system that helps produce semen and is located just below the bladder and in front of the rectum. Prostate cancer is the abnormal growth of cells that originates in the prostate. Prostate cancer screening is testing that looks for cancer in an individual who does not have symptoms. The goal of the screening is to detect cancer early before it spreads and when it is easier to treat.

There is no standard test to screen for prostate cancer; however, the two tests commonly used to screen for prostate cancer are the prostate-specific antigen (PSA) test and the digital rectal exam (DRE). Individuals should discuss the benefits and risks of prostate cancer screening with a healthcare professional to determine if it is appropriate. The American Cancer Society recommends screenings for men aged 50 and above with an average risk of prostate cancer and are expected to live at least 10 more years. Men who are at high risk for developing prostate cancer should begin screening at age 45.

The PSA test is a blood test that uses a sample of blood to detect a protein made by the prostate gland. The body normally contains small amounts of PSA in the bloodstream, but a higher level than normal could indicate prostate cancer.

A PSA above 4.0 ng/mL is considered abnormal for prostate cancer; however, high PSA levels do not necessarily signify that a person has prostate cancer. Other reasons for high PSA levels include urinary tract infections, recent vigorous exercise, prostate stimulation, or an enlarged prostate.

During a DRE, a healthcare professional inserts a gloved, lubricated finger into the rectum to feel the prostate for abnormalities in the texture, shape, or size of the gland. While the DRE is less effective than the PSA test, this exam can detect some cancers that are not associated with a high PSA level. Combining the two tests can improve early detection of prostate cancer.

Risk factors for prostate cancer include age, race, family history, and genetic mutations associated with the disease. The risk of prostate cancer increases with age, especially after age 50, but most cases are diagnosed between the ages of 60 and 79. Men are twice as likely to develop prostate cancer if they have a father or brother who was diagnosed with the disease. The risk is also higher for those with a family history of breast or ovarian cancer. African American men have a higher risk of developing prostate cancer than Caucasian and Hispanic men.

Some people inherit changes, or mutations, in certain genes that increase their risk of prostate cancer and other cancers. Genetic testing can detect mutations in some genes that cause cancer

and can help people better understand their risk for certain diseases.

Licking Memorial Health Systems offers a hereditary cancer screening tool for patients to determine if they may be eligible for genetic testing for certain cancers. Patients who complete a hereditary cancer assessment form and answer yes to any of the questions may receive free genetic education from a board-certified genetic counselor. The counselor will help the patient determine if they are at risk for a gene mutation that can cause cancer, and if genetic testing is appropriate.

Once a patient has received counseling, they may choose to receive genetic testing, in which a blood or saliva sample is collected. The sample is sent to a laboratory that specializes in genetic testing to detect biomarkers that provide information about certain cancers. If the test is positive, patients can discuss the next steps with their genetic counselor and physician.

It is important to note that genetic testing is a tool that can help to evaluate a person's cancer risk. It does not diagnose cancer and is not a substitute for regular cancer screenings. Individuals who have questions about genetic testing and their risk for cancer should consult their physician.

# Patient Story – Larry\*

Aware that family history placed him at high risk for prostate cancer, Larry has been diligent about yearly physicals and testing. In February 2024, Larry's family physician contacted him after discovering high levels of the prostate-specific antigen (PSA) present in a recent blood test. PSA is a protein produced by normal, as well as malignant, cells of the prostate gland. Both prostate cancer and several benign conditions may cause PSA levels in the blood to rise. The physician recommended that Larry visit Roy R. Brown, Jr., M.D., of Licking Memorial Urology for further testing. Dr. Brown performed a biopsy and confirmed that Larry did have prostate cancer.

"Several members of my family were diagnosed with prostate cancer, so I was not really surprised," Larry shared. "But it was still difficult to process, and I was angry. I spent much time thinking about what I should do and how to handle the situation. There were long nights and conversations with my wife and children. Family support was very important to me in making a decision about the next steps. It was my daughter who finally convinced me to have the surgery to remove the cancer by reminding me of the need to be there for my grandchildren."

In May, Larry underwent surgery to remove the cancer. Despite being uncomfortable and dealing with the side effects of treatment, Larry was able to make a quick recovery and return to work in four weeks. By August, he felt much like himself, healthy and eager to spend time with his grandchildren. The results of his six-month PSA test were very good, and his care team is optimistic about his future. He plans to continue with follow-up appointments and PSA testing to ensure he is cancer free.

While Larry already knew there was a family history of prostate cancer, he wanted to better understand the familial link and how it may affect his children. A small percentage of prostate cancers are hereditary and associated with inherited gene variants. Hereditary prostate cancer tends to develop earlier in life than non-inherited cases. Through genetic testing, researchers can determine if someone carries a specific mutation that places them at an increased risk for developing hereditary cancers.

After meeting with Dr. Brown, Larry was informed that Licking Memorial Health Systems employs a Genetics Navigator. Susan Bracken, M.S., C.L.S., CGRA, is a certified genetics navigator who works to educate patients and staff about the hereditary cancer risk assessment program. She met with Larry to discuss genetic testing. She explained to Larry that women can carry the gene as well and pass it on to their children.

"Susan was very knowledgeable and offered so much information about the process and how determining if I carried the gene would be helpful to my family," Larry said. "I wanted to make sure my children and grandchildren understood the risks and help them to take action toward prevention. I agreed to the testing and discovered that I do indeed carry the gene that causes prostate cancer. I want them all to be aware of the possibilities for the future."

With a packet of information provided by Susan, Larry discussed genetic testing with his children. His children agreed to be tested for the gene. One child has already completed the testing and discovered the results were negative. His other child plans to have the testing completed soon. Larry is hopeful that all his grandchildren

will be spared the worry of passing on the gene to their children.

In addition to educational information, Susan shared vital resources that Larry could use throughout the cancer treatment process. Larry also received a Brave Box, a box created by Brave Men Inc. as a care package of items that men may need along the prostate cancer journey. Brave Men Inc. is a foundation started by Dimitrious Stanley, a former Ohio State wide receiver who was diagnosed with prostate cancer in 2019 at the age of 45. Stanley and his wife, Jessica, formed the foundation to offer a community where men and their families could openly discuss health concerns and find comfort in sharing experiences with others.

"The Brave Box was very helpful because there was information about what to expect," Larry explained. "When you are going through the process, it is hard to know what is normal and what is concerning. The information provided was an amazing resource. It was also helpful knowing I was not alone in my fight, that other men, including Dimitrious, an athlete, experienced the same fears and doubts as I have."

Larry expressed his gratitude for the support and care he was offered by his family and from the staff at LMHS. He highly recommends genetic testing to assist in knowing the risks and preventive measures. It is important to note that genetic testing is a tool that can help to evaluate a person's cancer risk. It does not diagnose cancer and is not a substitute for regular cancer screenings. Individuals who have questions about genetic testing and their risk for cancer should consult their physician.

*\*Larry is not the patient's real name.*

# 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 2021	LMH 2022	LMH 2023	LMH Goal
Percentage of cancers correctly identified by the mammogram	95%	94%	97%	87% <sup>(1)</sup>
Percentage of patients without cancer correctly identified by the mammogram	92%	92%	90%	92% <sup>(1)</sup>

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 2021	LMH 2022	LMH 2023	LMH Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	9	7	6	5.8 <sup>(1)</sup>

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 the procedure is significant to enabling physicians to more quickly identify and diagnose breast cancer and begin patient treatment.

	LMH 2021	LMH 2022	LMH 2023	National <sup>(2)</sup>
<b>Wait times:</b>				
Screening to diagnostic mammogram	5.9 days	7.7 days	9.1 days	6.5 days
Diagnostic mammogram to needle/core biopsy	10.2 days	6.4 days	5.5 days	5.1 days
Biopsy to initial breast cancer surgery	24.2 days	23.4 days	23.9 days	24 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 2021	LMH 2022	LMH 2023	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 2021	LMH 2022	LMH 2023	LMH Goal
Cancer Registry patients with annual follow-up	95%	94%	95%	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 2021	LMH 2022	LMH 2023	LMH Goal
Newly diagnosed and/or treated patients in clinical trials	8%	9%	22%	greater than 2%

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



Check out our Quality Report Cards online at [LMHealth.org](https://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 2021	LMHP 2022	LMHP 2023	LMHP Goal
LMHP active patient population who received screening tests for:				
Breast cancer (female patients, age 50 to 75)	69%	75%	77%	National <sup>(3)</sup> 69%
Colorectal cancer (all patients, age 45-75)	57%	57%	61%	National <sup>(3)</sup> 63%

**8.** Hereditary cancers, such as breast cancer, are caused in part by gene mutations passed from parents to children, and generally begin to develop in a person at a younger age. Through genetic testing, researchers can determine if someone carries a specific mutation that puts them and their family members at an increased risk and need for early screenings. LMH offers genetic testing to newly diagnosed patients with breast cancer who meet certain qualifications in order to equip them with the knowledge to make the best choices for themselves and their families.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Breast cancer diagnoses that met criteria and received genetic testing	74%	85%	92%	90%

**Data Footnotes:**

- (1) Lee, C. I., Abraham, L., Miglioretti, D. L., O'neal, T., Kerlikowske, K., Lee, J. M., Sprague, B. L., Tosteson, A. N. A., Rauscher, G.H., Bowles, E. J. A., diFlorio-Alexander, R. M., Henderson, L. M., & Breast Cancer Surveillance Consortium (2023). National Performance Benchmarks for Screening Digital Breast Tomosynthesis: Update from the Breast Cancer Surveillance Consortium. *Radiology*, 307(4), e222499. <https://doi.org/10.1148/radiol.222499>
- (2) National Quality Measures for Breast Cancer (NQMBC) Database, [www.nqmbc.org](http://www.nqmbc.org).
- (3) Percentages are compiled by averaging Commercial, Medicare, and Medicaid data.

# Breast Cancer Screening Options at LMH

Breast cancer screenings play a crucial role in early detection and improved treatment outcomes. There are several screening methods available, each with its own benefits and limitations. Licking Memorial Health Systems offers the following screening options for patients:

## Mammogram

A mammogram is a test used to obtain images of the breast. These images can show growths, lumps, tumors, and other structural issues within the breast that cannot be felt by an individual. 90 percent of breast cancers can be detected by mammograms. Different types of mammograms include:

- **Digital Screening Mammogram**

This is a screening tool recommended for women at the age of 40 to obtain on an annual basis. Screening can help find breast cancer early when it is easier to treat.

- **Digital Diagnostic Mammogram**

A diagnostic mammogram provides a more detailed image than a screening mammogram. This is used to evaluate abnormalities in the breast and is the next step in diagnosis should there be a finding on the screening exam or if there is a symptom.

LMH recently began offering self-referred screening mammograms. A woman can refer herself for a screening, and she does not require a physician order. She must be at least 40 years old and have no breast symptoms. The self-referred mammogram only applies to screening mammograms and can be performed once per year.

## Automated Whole Breast Ultrasound (ABUS)

Automated whole breast ultrasound is a noninvasive procedure used in addition to mammograms to increase the accuracy of breast cancer screening in women with dense breast tissue.

## Abbreviated Breast MRI

Abbreviated breast MRI is beneficial for patients with moderate risk for breast cancer, dense breast tissue, who have been diagnosed with certain genetic mutations, or have a strong family history of breast cancer. The abbreviated breast MRI uses radiofrequency waves and a strong magnetic field to provide a detailed view of breast tissue, detecting tissue abnormalities, as well as vascular function within the breast that can show blood flow to and from a tumor. Abbreviated breast MRI is not intended to replace a traditional screening mammogram or a standard breast MRI, but studies have shown it is an effective supplement for detecting invasive breast cancers. This exam is not covered by insurance, and an out-of-pocket fee of \$350 is collected at the time of service.

Please take a few minutes to read this month's report on **Cancer Care**. You will 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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