In June of 2015, Sturdy Memorial Hospital's oncology program became certified in oncology rehabilitation through adoption of the STAR (Survivorship, Training, and Rehabilitation) Program. The STAR Program is an evidence-based, multidisciplinary service founded by Oncology Rehab Partners, a nationally recognized organization and industry leader in cancer rehabilitation and survivorship care. Cancer survivorship has become a distinct phase of cancer care. This last phase completes the continuum of oncology services from cancer prevention and early detection through diagnosis and treatment to cancer survivorship and beyond.

The goal of the STAR Program is to identify, through screening, physical and functional impairments that may be present at baseline or at any time during or following cancer treatment. STAR screening also helps to discover those elements of psychosocial distress that often worsen physical impairments and can inhibit returning to one's normal level of functioning.
Physical Impairments after Diagnosis
July 2015-Dec 2015

Most Common Impairments Identified

- Fatigue & Weakness
- Pain & Swelling
- Numbness
- Trouble Moving
- Concentration & Memory

Screening for Psychosocial Distress after Diagnosis

Average distress score = 3.5 on distress thermometer

Screening Process

- 164 psychosocial distress screenings were received
- 123 patients reported psychosocial distress issues
- 123 patients identified 1009 problems
- Average number of problems per person = 8

Problems reported after diagnosis

- Total number of problems reported = 1009
  July 2015 - December 2015

Top 5 Problems Identified

- Fatigue
- Worry
- Nervousness
- Pain
- Tingling in hands/feet

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Lymphedema Therapy

Swelling related to surgical procedures for cancer treatment is frequently reported. This side effect often produces much physical, functional and psychosocial distress if left untreated. In August 2014, Sturdy Memorial Hospital's Rehabilitation Department became certified in lymphedema therapy.

Through screening for physical and functional impairments, lymphedema has been identified earlier and more often in our cancer survivor population. From July 1, 2015 through December 31, 2015, there were 12 cancer related lymphedema patients referred for treatment. Of the 12 patients treated, 11 gained functional improvement to 92%. One remained the same. (Overall improvement is measured using the Lymphedema Life Impact Scale).

Sturdy Memorial Hospital also offers a lymphedema support group open to the public. The purpose of the group is to provide information and education, as well as peer support.

Nutrition

Cancer treatment, whether surgery, chemotherapy or radiation, can have a major effect on nutrition. Not infrequently, appetite, taste and ability to eat, drink or chew can be altered. Mouth soreness and difficulty swallowing may also be side effects of cancer treatment. Through STAR screening these problems are identified early and referrals are made to the dietician for nutrition consultation and counseling. From July 2015 to December 2015, eating problems were identified 23% of the time in those patients screened. There were 78 dietician visits in an effort to help patients cope with the distress related to eating problems.

Pulmonary Rehabilitation

Breathing problems have consistently been reported at 22%, through STAR screening, using The National Comprehensive Cancer Network (NCCN) distress management tool. Often patients not only have their cancer to cope with, but also many other co-morbid conditions which can enhance treatment related side effects and negatively impact quality of life. Respiratory problems such as Chronic Obstructive Pulmonary Disease (COPD) and emphysema are often present, contributing to breathing difficulties.

From July 2015 to December 2015, four cancer patients with co-morbid conditions were referred to pulmonary rehabilitation. These patients have accounted for 113 visits during this time period and have demonstrated remarkable functional improvements ranging from 60 - 290%.
Goal: Cancer Related Fatigue (CRF)

Part A - To screen all cancer patients seen in the Outpatient Oncology Clinic for CRF.

Part B - Utilize three simple questions extrapolated from the ICD-10 criteria for CRF during the initial screening:
1. Do you have significant fatigue?
2. Do you have diminished energy?
3. Do you have an increased need to rest, disproportionate to any recent change in activity level?

Part C -
- If all three symptoms are present, then the patient has CRF and will be referred to the nurse navigator for a more in-depth screening and referral if necessary.
- If one or two symptoms are present, then the nurse navigator will complete the ICD-10 criteria and make appropriate referrals as necessary.
- If none of the three symptoms are present, then the patient does not have CRF.

RESULTS FOLLOWING IN DEPTH SCREENING:
- 21 patients were referred to physical therapy.
- 3 patients were referred to pulmonary rehabilitation
- 1 patient was referred to cardiac rehabilitation
- 1 patient was referred to Healthy Steps
- 1 patient was referred for palliative care
- 16 patients that screened in declined referral for treatment
- 7 patients opted to delay treatment due to their medical condition

Technology advances continue to enhance our diagnostic capabilities allowing Sturdy Memorial Hospital to offer state-of-the-art cancer care.
In January 2015, Sturdy introduced 3D mammography to its radiology practice. 3D mammography (or tomosynthesis) converts digital breast images into a stack of very thin layers or “slices”, building what is essentially a 3-dimensional (3D) mammogram. This allows radiologists to look at the breast tissue in far greater detail than traditional mammograms. 3D mammography provides doctors with a cleaner, more detailed view of breast tissue and can lead to easier and earlier breast cancer detection. This technology is utilized when the breast tissue is very dense, as this is when 3D mammography is most helpful.

In 2015, 10,463 screening mammograms were performed. Of those, 5,374 were 3D mammograms and 5,089 were traditional 2D. Seventy-one new breast cancer cases were diagnosed at Sturdy Memorial Hospital in 2015. The pictured graph reflects diagnosis by stage. Analyses of these data reflect the majority of breast cancer diagnoses (86%) were identified at an early stage (stage 0 - 2B).

**Screening Recommendations**

Screening recommendations according to the National Comprehensive Cancer Network (NCCN) Breast Cancer Screening and Diagnosis Guidelines (version January 2015):

For women at average risk:
- Age ≥ 25 but < 40 recommend: clinical breast exam every 1 to 3 years and breast awareness (i.e. women should be familiar with their breasts and promptly report changes to their health care provider).
- Age ≥ 40: annual clinical breast exam, annual screening mammogram, and breast awareness.

**Frequently Asked Questions (FAQs)**

*Is there more radiation dose?*
Very low X-ray energy is used during the exam, just about the same amount as a traditional mammogram done on film.

*Who can have a 3D mammography exam?*
It is approved for all women who would be undergoing a standard mammogram.

*What is the difference between a screening and diagnostic mammogram?*
A screening mammogram is your annual mammogram, meaning it is performed every year. Sometimes the radiologist may ask you to come back for follow-up images, which is called a diagnostic mammogram to rule out an unclear area in the breast. A diagnostic mammogram is also performed when there is an issue like breast pain or a breast mass that needs to be evaluated.
Lung cancer remains a serious health concern in our service area. A review of 47 new lung cancer diagnoses in 2015 reveals 38% were diagnosed with early stage disease (stage 1A - 2B), while 61.7% were diagnosed with late stage disease (stage 3A - 4). These data demonstrate the need to raise consciousness and promote prevention and early detection of lung cancer within our community. Several new programs were implemented in 2015 to help address this problem.

In April 2015, the Radiology Department at Sturdy Memorial Hospital was named a Designated Lung Cancer Screening Center by the American College of Radiology (ACR). The ACR Lung Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practicing safe, low radiation dose quality CT imaging. In order to receive this elite distinction, the Sturdy CT department submitted to a rigorous assessment of its lung cancer screening protocol. From April 2015 to December 2015, there were 127 low dose CT lung cancer screenings performed at Sturdy Memorial Hospital.

### Why screen for lung cancer?
Lung cancer is most successfully treated when it is identified in the earliest stages.

### What is lung cancer screening?
Lung cancer screening looks for signs of the disease before there are any symptoms in patients who are at high risk. Using advanced medical imaging equipment known as a CT scanner, a radiology department can take very detailed pictures of your lungs. A doctor will then examine these pictures to look for changes that could be signs of lung cancer. Cancer can look like a spot on your lung. A CT scan is the only proven effective way to screen for lung cancer.

### Who should consider lung cancer screening?
Adults who meet the following criteria:
- Current or former heavy smokers with at least a 30 pack year history of smoking.
- Between the ages of 55 - 80.
- Without any major health problems or conditions that would prevent one from receiving cancer treatments like surgery.

### HOW TO FIND YOUR PACK YEARS OF SMOKING

\[
\text{NUMBER OF YEARS SMOKED} \times \text{AVERAGE NUMBER OF PACKS PER DAY} = \text{PACK YEARS}
\]
On November 14, 2015, the Sturdy Memorial Hospital Oncology Department held a Lung Cancer Risk Assessment Screening and Respiratory Health Education Program. Ten men and women participated in this program.

**During the Lung Cancer Risk Assessment Screening:**
- Each participant was assessed individually utilizing the National Comprehensive Cancer Network Lung Cancer Screening Guideline algorithm by an oncology registered nurse (RN).
- The individuals were then counseled as to the findings and the next step for follow-up.
- A copy of the assessment as well as a fact sheet on lung cancer screening with low dose CT and the benefits of smoking cessation were reviewed and given to the individual.
- After answering any questions, the RN directed the participant to the educational portion of the program.
- A copy of the patient registration, assessment form, and screening fact sheet was sent to the participant’s primary care physician who would provide follow-up.

All participants evaluated were at risk for developing lung cancer. Two met Medicare criteria for low dose CT screening, and through our process they have also now been educated about the risks and benefits of this screening, and can go on to have a shared decision discussion with their physician. Of the remaining patients, four were at high risk but did not qualify for CT screening, and four were found to be at moderate risk. Follow-up remains ongoing.

**The purpose of the Respiratory Health Education Program was to help the participant:**
- Understand the risk factors for lung cancer.
- Understand the option of low dose CT for lung cancer screening.
- Make a plan to quit smoking, if still a smoker.

**The presenters provided information on respiratory health and lung cancer prevention which included:**
- Smoking cessation (QuitWorks)
- Secondhand smoke
- COPD and asthma
- Radon exposure
- Pulmonary rehabilitation
- Healthy nutrition

The participants had the opportunity not only to collect information, but to meet with a respiratory therapist who engaged them in a motivational dialogue about smoking cessation and help initiate a plan to quit smoking, if agreeable.