

Health Update

HCHC'S
learning to live well

MOUNT PLEASANT, IOWA
FEBRUARY / MARCH 2010

Medical community opposes task force mammography recommendations



Dr. Steven Davis, Radiologist

Medical professionals across the nation were alarmed in November when the U.S. Preventive Services Task Force (USPSTF) announced mammography recommendations that differed dramatically from the universally accepted American

Cancer Society (ACS) recommendations.

The federal government-funded committee advised against annual screening mammograms for women ages 40-49 years, recommended mammograms every other year for women ages 50-74, and for women over 74 suggested no breast cancer screening at all. However, physicians are speaking out against these guidelines.

LOCAL PROFESSIONAL VIEWS

HCHC Radiologist Dr. Steven Davis and HCHC General Surgeon Dr. Michelle Tansey are among those medical professionals who fear that these guidelines will have a negative impact on women's healthcare for years to come.

"These recommendations make no sense. The data the task force reviewed is data that the medical community reviewed 10-15 years ago. We started regular screening mammograms in the 1990's, but it was around 2000 when we went through these major studies. Of the thousands of women studied, every single medical group agreed uniformly that women 50 and older should screen once a year. This

was endorsed by the American College of Radiology, American Cancer Society, American College of Gynecology, and American College of Surgeons. There is no data to suggest that the task force's new recommendations are valid," explained Dr. Davis.

According to past studies, the recommendation that women under 50 do not need to be screened at all is also inaccurate. When the data was reviewed, there was still some difference in opinion on how often women should be screened between the ages of 40 and 50, but it was never suggested that they not be screened. Women in this age group should receive mammograms every year or two, depending on family history and other criteria.

"Part of that screening decision was based on cost. If we took into consideration how many lives we would save, that data tells us that women under the age of 50 should be screened every six months. The task force said they shouldn't be screened at all, when in all actuality, the research data shows just the opposite; women should be screened more frequently. The issue is that the more you screen, exponentially the cost grows. That's

There is proven information that receiving a mammogram every year reduces the risk of dying from cancer.

why the American College of Radiology came to the conclusion that women should have a mammogram once a year over the age of 40. There is no new data to suggest that recommendation should change," said Dr. Davis.

He also pointed out that the task force consists of a group of physicians, none of whom are radiologists or oncologists, so the people who

WOMEN'S HEALTH.....	2
WOMEN'S HEALTH.....	3
FOUNDATION.....	4
TECHNOLOGY AT HCHC.....	5
HCHC IN THE COMMUNITY.....	6
WOMEN'S HEALTH CON'T.....	7
UPCOMING EVENTS.....	8



Women's Health

AMERICAN CANCER SOCIETY GUIDELINES

The following breast cancer screening guidelines are recommended for those people at average risk for cancer (unless otherwise specified) and without any specific symptoms.

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exam (CBE) should be part of a periodic health exam, about every 3 years for women in their 20s and 30s and every year for women 40 and over.
- Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at high risk (greater than 20% lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15% to 20% lifetime risk) should talk with their doctors about MRI screening. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%. People who are at increased risk for certain cancers may need to follow a different screening schedule. Those with symptoms that could be related to cancer should see their doctor right away.

actually diagnose and treat breast cancer were not even represented.

“In addition, since we started routine screenings, over the last 15-20 years there has been a 30% reduction in mortality for women over the age of 50. For women under the age of 50 there has been a 10-15% mortality reduction. So if these new task force guidelines are utilized, women will die. If you take these recommendations back in time 20 years there would be tens of thousands of women who would be dead now because of these guidelines,” he said.

The task force also talked about the anxiety some women suffer at having mammograms, the amount of false positives, and the cost and morbidity associated with having unnecessary biopsies. However, as Dr. Davis points out, the biopsies are not unnecessary until they find out that they are benign.

“Using that data in retrospect is inappropriate science. No one has ever conducted a study on anxiety associated with mammograms, and no one has conducted a study on the cost or morbidity associated with false positives. Those are personal beliefs on their part and there is no science to support those statements. What we do have is hard, fast, well-done scientific data showing a reduction in deaths,” he said. “The task force didn’t do a new study; they went back in time, and looked at all the data that’s already been reviewed. That’s the problem with doing retrospective studies – there’s bias in how you look at the data, and you can put a spin on that information any way you want.”

In addition, the implied risks associated with radiation exposure are also invalid because the radiation women receive from a mammogram is negligible. There is also no science to suggest that women should not have mammograms over the age of 75. Data proves that a woman’s risk of breast cancer increases with age, which suggests

that women need to have a mammogram once a year after 40 and continue indefinitely.

A GENERAL SURGERY PERSPECTIVE

Dr. Tansey, HCHC Board Certified General Surgeon

who specializes in breast health, also disagrees with the task force recommendations. “The American Cancer Society sets up guidelines of when we should have preventive medicine to find cancer and for cancer surveillance. The ACS recommendation for the last 20 years has been yearly mammograms starting at age 40. That is important because they looked at the evidence, at how many women are getting breast cancer, when they are getting it, and the usefulness of mammograms.”

The ACS determined after thousands of women studied and after 20 years of collected data, that age 40 is the tipping point where more women are going to have breast cancer. The national recommendation is age 40 to start yearly mammograms, which is proper standard of care cancer prevention for breast health.

“The task force is looking to save money. Getting a mammogram doesn’t prevent breast cancer. But the reason mammograms are so important is because there is proven information that receiving a screening mammogram every year reduces the risk of dying from cancer. When women don’t get a yearly screening test all that does is delay a cancer diagnosis. If you’re going to get breast cancer, you’re going to get it, but we want to find it in stage 1 or stage 2. We want to find it before we feel it, and even if that’s only one woman in 1,000 that’s a big deal. And



Dr. Michelle Tansey

continued on page 7

Women's Health

New recommendations for cervical cancer screening

The American College of Obstetrics and Gynecology (ACOG) released new recommendations in November advising women to begin cervical cancer screenings at age 21 rather than age 18, and also recommending waiting longer between screenings.

Dr. Robert Smith, HCHC Board Certified Obstetrician/Gynecologist, realizes that the recent recommendation can be confusing because of previous guidelines for Pap tests.

“This new recommendation is based on the fact that precancerous and cancerous changes almost never occur in women before the age of 21. Their immune systems will clear their bodies of the HPV virus or will keep it from causing problems. We have discovered that performing Pap tests prior to age 21 can result in the inappropriate treatment of these young women. These treatments run the risk of making it more difficult to get pregnant, to carry a pregnancy, or to have normal labor,” said Dr. Smith.

RESEARCH AND RECOMMENDATIONS
Since the inception and widespread use of the Pap test, the incidence of deaths caused by cervical cancer has fallen dramatically.

“The vast majority of cervical cancer is caused by a virus called Human Papilloma Virus (HPV), a virus which is acquired environmentally through sexual intercourse, not by some familial predisposition. As we learned more about HPV and its relation to cervical cancer, we have discovered that screening intervals can be adjusted by a number of factors. The ACOG recently published new recommendations concerning when Pap tests should first

be performed, how frequently, and when it is appropriate to stop having Pap tests,” explained Dr. Smith.

Instead of being performed yearly, it is now recommended that Pap tests be performed every two years in women between the ages of 21 and 29. The reason for this change is that the viral progression is very slow and the likelihood that a Pap test result will progress from negative to truly precancerous is very rare. It is also recommended that women age 30 and older who have had three consecutive negative Pap tests will not need another Pap test for three years. According to Dr. Smith, this recommendation is not new and has been recommended by other health organizations for a number of years.

“These recommendations are based on the ‘normal’ population, but there are certain women who should have more frequent Pap tests. This includes those infected with HIV; those who are immunosuppressed; women who were exposed to diethylstilbestrol (DES) in utero; and women previously treated for precancerous cervical changes or for cervical cancer,” Dr. Smith said.

He explained that these recommendations are based on numerous studies performed over the years, and are the result of the medical community’s increased understanding of HPV and how it interacts with the skin of the cervix in exposed women.

“Adhering to these new recommendations will not result in greater danger of cervical cancer in women, but will prevent inappropriate treatment which carries the risk of

interfering with the ability of women to become pregnant or carry a pregnancy. Continuing research is pointing to other environmental factors which can lead to enhanced cancer formation due to HPV infection, especially tobacco use,” he said.

Even though most women do not need to have a yearly Pap test, Dr. Smith does stress the importance of women having a yearly pelvic examination.

“A pelvic examination is an exam of the female pelvic organs, while a Pap test may be performed during a pelvic examination or may be performed without the complete pelvic examination. Pelvic examination should be performed approximately yearly, but Pap test interval may vary as I previously mentioned,” he explained.

ACOG RECOMMENDATION MET WITH APPROVAL

Dr. Julie Wagner, Family Practice with Obstetrics Physician and member of HCHC’s Medical Staff, also agrees with the new ACOG decision for fewer Pap smears.

“We now know that sexual intercourse is the only way to be exposed to HPV, which is the virus that causes abnormal Pap smears and ultimately cervical



Dr. Robert Smith



Dr. Julie Wagner

continued on page 5

Walmart Foundation Donates \$33,000 to the Henry County Health Center Foundation

FUNDS HELP CREATE A HEALTH EDUCATION LIBRARY AND INCREASE ACCESS TO SERVICES FOR CANCER PATIENTS

The Henry County Health Center Foundation recently received a \$33,000 contribution to help with the Infusion/Chemotherapy Department. The program aims to provide high quality, seamless care to cancer patients residing in Southeast Iowa through collaboration with the University of Iowa Outreach Oncology Clinic. The grant was given to the non-profit organization through the Walmart Foundation's State Giving Program.

"We are very excited about the Walmart Foundation's donation to help cancer and infusion patients throughout southeast Iowa," said Michelle Rosell, Henry County Health Center Foundation Director. "Last year our Infusion and Chemotherapy Department served 194 patients.

This donation will enable us to assist even more people in need of those services during the next year."

This donation will help Henry County Health Center increase the use of venous ultrasound technology, provide additional cancer related surgical procedures, and aid in development of a health education library in the waiting room that will provide patients and families with access to health information, computers and educational materials.

"Walmart is happy for the opportunity to support Henry County Health Center in expanding their programs," said Ryan Irsik of Walmart Public Affairs. "We are committed to helping those in need in the communities we serve and this is one way we can give back to the Mt. Pleasant area."

The contribution to the Henry County Health Center Foundation was made possible through the Walmart Foundation's Iowa State Giving Program (SGP). Through this program, the Walmart Foundation supports organizations that create opportunities for people to live better. The Walmart Foundation State Giving Program strives to award grants that have a long-lasting, positive impact on communities across the U.S.



Enhance Henry County Community Foundation

PROVIDING COMFORT TO HCHC INFUSION PATIENTS

Thanks to a gracious contribution from Enhance Henry County Community Foundation, the Infusion and Chemotherapy Services at Henry County Health Center will be getting some new reclining chairs to be used during patient treatments. The new recliners are specifically designed to provide comfortable seating for individuals undergoing lengthy infusion treatments. Thick cushions, extended leg rests and attached side tables are just a few of the chair features.

Thanks to the numerous donations from individuals, businesses, and grant funders like Enhance Henry County Community Foundation, the HCHC Infusion and Chemotherapy Services renovations are nearly complete. The newly expanded facility will offer state-of-the-art services and amenities to patients and visitors. This project could not have been possible without the generous community support. Thank you again.

Technology at HCHC

HCHC launches new website

WEBSITE SERVES AS ONLINE HEALTHCARE RESOURCE

Henry County Health Center recently launched a newly designed website, which ultimately serves as an internet resource for HCHC services, on-line patient education and health information.

HCHC's website offers an Adult and Pediatric English and Spanish Health Library, Physician Finder, Condition Finder, illustrations and photos, interactive body animations of medical conditions and procedures with audio explanations, information on tests and procedures, Check-Up Personal Health Manager, interactive health tools, and much more!

Start improving your health today with your free copy of CheckUp: The Complete Personal Health Manager. CheckUp is a software program that helps track your health information

securely on your personal computer. HCHC's website also offers interactive tools like risk assessments, health calculators and quizzes that give important information for managing one's health, and featured educational multimedia can be accessed by website users. In addition, patients are able to pay bills and preregister for services through the website.

Find out how HCHC compares to other area hospitals by clicking on "How We Compare" to find information on patient satisfaction, quality measures and pricing. HCHC is committed to providing patients with an exceptional healthcare experience, and we rely on patient satisfaction surveys that reflect our patients' personal experiences and overall levels of satisfaction with our hospital and staff. The compiled data



from inpatient surveys is known as HCAHPS data (Hospital Consumer Assessment of Healthcare Providers and Systems) and is available as public information. HCHC's website shows the current results for HCHC as compared to the State of Iowa average and the National average.

HCHC's website is filled with all of this valuable information and so much more, so we invite you to visit our site frequently and use www.hchc.org as your online healthcare resource.

continued from page 3 **New recommendations for cervical cancer screening**

cancer. I already follow these guidelines, but find that some women become sexually active before age 21 and want to have a Pap smear and I do provide this for them," she explained. "A Pap smear is always done at the start of pregnancy, regardless of age. I also follow the recommendation that Pap smears may be done less frequently, as in every two to three years, so long as the woman is in a mutually monogamous sexual relationship with no new exposures to HPV. However, even though women do not get a Pap smear every year, they still need to come in for a yearly checkup."

Dr. Wagner reminds women that Pap smears are important only for screening for cervical cancer, but does not screen for sexually transmitted diseases,

endometrial cancer, or ovarian cancer. In addition, ACOG recommendations state that excessive screening, any screening that is done more often than recommended, could potentially cause a host of other problems.

"The downside of over-screening is that you may find a result that is not clinically significant. The problem could be temporary, transient, or not problematic. An example would be abnormal cells that are not cancerous that could be found on a Pap smear of a 16 year old, which leads to more invasive procedures and testing like cervical colposcopy or cryotherapy. These further procedures can be embarrassing to the patient, and may make her extremely anxious or shy about having Paps in the future," she said.

Dr. Wagner went on to explain that women of this age are usually healthy and at very low risk for cervical cancer. Their immune systems frequently can "clear" abnormal cells successfully over time without the added anxiety or embarrassment.

"Pap smear testing is very specific now, and with fairly 'new' testing for HPV included in pap smears, we can now tell which women carry HPV strains that are considered high risk for development of cervical cancer and we can be more aggressive as needed in that particular population only. Also, the Gardasil vaccine for HPV that is now available is a spectacular development which has potential to make abnormal Pap smears even more rare," she explained.

continued on page 7

HCHC in the Community

HCHC trains First Responders

CLASS TRAINS FIRST RESPONDERS TO MEET EMERGENCY HEALTH NEEDS OF HENRY COUNTY

Henry County Health Center's mission of advancing the health of individuals and communities is taking a different direction and one of those is leading into the county's smaller communities. HCHC held a 10-week class of First Responder training designed to help communities combat a long-term decline in attracting volunteers to this service.

The traditional pattern of providing ambulance service and emergency care in rural America is under attack, says HCHC's Emergency Medical Services Manager Jerry Johnston. That pattern consists of regionally-based ambulance services (some volunteer-based and some employment-based) supplemented by First Responders in local communities. First Responders are local citizens who volunteer for training and typically are the first on the scene to provide stabilizing care until an ambulance and paramedics arrive. The model was created as a practical and cost effective means of extending emergency services into outlying communities. But recent changes in demographics, employment patterns, and volunteer trends have sharply reduced First Responder volunteers in many outlying communities.

"The dwindling number of individuals interested in volunteering as First Responders for their local communities is not limited to Henry County, but is a problem experienced nationally," explained Johnston. "Henry County formed a task force to look at short and long term strategies to remedy this situation. While each community needs to take ownership of this, it is recognized that HCHC as the EMS provider in the county must take a leading role in addressing this issue."

HCHC took the opportunity to help and pledged staff time and resources to teach the First Responder course which began last fall. HCHC continues to work with the Henry County Board of Supervisors, local volunteer fire departments and city governments to assure that there is a sustain-

able plan for emergency response and ambulance services.

The First Responder course was designed for people in local communities who were interested in volunteering their time to take the course, and to respond to emergencies and provide aid to patients prior to EMS arrival. A First Responder must complete a 50-hour national curriculum, which culminates in written and practical completion. Once completed, they become certified by the Iowa Department of Public Health Bureau of EMS.

"Having paramedics and/or an ambulance in each community is not only cost prohibitive but impractical. First Responders are really the backbone of the EMS system. This level of First Responder training is focused on treating time sensitive emergencies and critical illnesses and injuries like heart attacks, shock from blood loss, and more, prior to EMS arrival. They are also trained to recognize signs and symptoms, and then provide appropriate treatment like oxygen administration, CPR, bleeding control, etc. It is vital that they provide this in the first few minutes after the onset or event; that's part of what makes these individuals so valuable," said Johnston.

"Without their commitment and dedication to their respective communities, we would not be able to provide the service we do. They provide this valuable service selflessly and by doing so, create a model that other counties and communities strive for."

Those enrolled in the First Responder course represented every community in Henry County with the exception of Olds. Upon completion of the training, these First Responders will provide coverage throughout the county except for the city of Mt. Pleasant and an area along the west side of the county.

HCHC ADDS NEW AMBULANCE TO FLEET

Henry County Health Center recently purchased a 2010 Ford ambulance. The \$127,000 ambulance replaces a 2000 Ford which was retired from service. HCHC maintains four ambulances which accumulate over 80,000 miles as a fleet annually. HCHC EMS has worked diligently in the past years to assure that both the ambulances and the equipment are maintained with the most modern technology available, providing Henry County residents with state-of-the-art emergency medical care. HCHC Emergency Medical Services responds to 170 calls a month, and was honored in 1998 as the Paramedic Ambulance Service of the Year by the National Association of EMTs and the Iowa EMS Association.



Women's Health, continued

continued from page 2 Medical community opposes task force mammography recommendations

we shouldn't miss diagnosing cancer because someone doesn't want to pay for it," she explained.

The suggestion that ultrasounds should be used for screening is also invalid. There is no science suggesting that ultrasounds be used for screenings. According to both Dr. Davis and Dr. Tansey, ultrasound is used as part of a breast health workup, but not as a screening tool. Screening ultrasound is not standard of care.

Dr. Tansey also disagrees with the task force recommendation for women to cease having mammograms after age 75 and views this as another cost issue for the group. After the age of 75, the risk for disease gets much higher and screening mammograms help diagnose breast cancer in the early stages. Dr. Tansey encourages her patients who are 75 years and older to get screening mammograms.

"Only 50% of the women in this country are getting these tests, which mean only half the population is utilizing the preventive healthcare that is available. Cancer is no longer a life sentence. People are living with it in all types of ways, but the social, emotional, and psychological ramifications for breast cancer at age 40 and 80 is different. To say we're not going to worry about those people age 40-50 and those over age 75 because it costs too much money is ill-advised and unethical," commented Dr. Tansey.

"The way these recommendations will affect general surgeons is that we will go from seeing women with early stage cancer to seeing women with late stage cancer. If that happens we will be going backwards in preventive cancer care," she explained.

SELF EXAMS — HELPFUL OR NOT?

Another controversy with the recommendations is the perceived value of breast self exams. The task force says self exams are not helpful, while the ACS recommends self exams as an important part of early detection. However, the task force does say that women should be "breast aware."

"There is evidence-based information that doing a self breast exam every month does not decrease the risk of cancer. However, women should know their own breasts, and the only way to know your own breasts is to examine them. If you wait for your doctor to feel a mass in your breast, then you are waiting too long," said Dr. Tansey.

Early studies show that women who do monthly self breast exams can detect a mass, tumor or cyst in their breast at about 1.5 cm, about the size of a nickel. Statistically speaking, when most physicians conduct an annual exam, on average the detection is closer to 2 cm, the size of a quarter. Women who perform breast exams know their breasts differently and can detect abnormalities earlier than a physician.

Dr. Davis agrees that self exams are

beneficial as he sees many cases where breast cancer is detected by self exams.

"There are many false positives with women doing self breast exams, but to suggest they don't do exams is wrong. There is actually science to suggest that self exams are not helpful, but we have so much anecdotal evidence that women do detect breast cancer by self exams. Women should be told that if they feel something they should see their doctor and the physician has the training and knowledge to know whether or not to pursue testing," said Dr. Davis.

Dr. Tansey reminds the public that there is evidence-based data from studies showing that even though mammograms aren't perfect, it is a screening test that is so much better than screening that is available for other cancers.

"There are so many disease processes that we can't identify and can't do anything about. But for women we can give mammograms and do exams in our offices. It's troubling and disheartening to know that these task force recommendations will cost people their own health in order to save money," commented Dr. Tansey. "We won't see the outcome for years, but if women follow the recommendations given by this task force we will see breast cancer at later stages that will require more surgery and the results will be life threatening."

continued from page 5 New recommendations for cervical cancer screening

"The bottom line is that women still need to have their yearly physical, but consider your sexual history to determine your need for Pap frequency. Note that it is the patient's sexual history only that impacts the risk of cervical cancer, as family history is not thought to play a role in cervical cancer as it does in endometrial or ovarian cancer."

For more information on Pap tests, women are encouraged to talk with their physicians or call Dr. Smith at 319-385-6770 or Dr. Wagner at 319-385-6700 to schedule an appointment.



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Upcoming Events

CARDIAC/PULMONARY SUPPORT GROUP

Friday, February 19, Noon

Dr. Savage presents: Exercise in cardiopulmonary patients

Lunch provided

Health Education Center, HCHC

DIABETES SUPPORT GROUP

Tuesday, February 9, 2 p.m.

Recipe Exchange

Health Education Center, HCHC

DIABETES 2-HOUR FOLLOW-UP CLASS

Monday, March 8, 2:00-4:00 p.m.

Health Education Center, HCHC

DIABETES GROUP TRAINING

Tuesday, February 16 and

Tuesday, February 23

Call 385-6518 to register

Health Education Center, HCHC

Tuesday, March 23 and

Tuesday, March 30

Call 385-6518 to register

Health Education Center, HCHC

PRE-DIABETES CLASS

Thursday, March 4, 4:00-5:00 p.m.

Call 385-6518 to register

Health Education Center, HCHC

DIABETES COOKING/ DE-STRESS CLASS

Tuesday, March 2, 12:30-1:30 p.m.

Salem Congregate Meal Site

BOOK FAIR

Thursday, February 11,

9:00 a.m.-4:30 p.m.

Health Education Center, HCHC

HCHC AUXILIARY MEETING

Monday, February 8

9:00 a.m. Monthly Meeting

Classroom A1, HCHC

Monday, March 8

9:00 a.m. Monthly Meeting

Classroom A-1, HCHC

Henry County Health Center's Outreach Clinics

serving the primary healthcare needs of the
Winfield and Wayland Communities

WAYLAND COMMUNITY CLINIC

Sylvia Graber, ARNP

227 W. Main

319.256.7100

Clinic held on Mondays and Thursdays

8:30 a.m.–Noon and 1 p.m.–5 p.m.,

Wednesday 8:30–11:30 a.m.

WINFIELD COMMUNITY CLINIC

Tess Judge-Ellis, DNP, ARNP

110 W. Pine

319.257.6211

Clinic held on Tuesdays and Fridays

8:30 a.m.–Noon and 1 p.m.–5 p.m.,

Wednesday 1–4 p.m.

(Sylvia Graber to conduct clinic on Wednesdays)

This publication does not constitute professional medical advice. Although it is intended to be accurate, neither the publisher nor any other party assumes liability for loss or damage due to reliance on this material. If you have a medical question, consult your medical professional.

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