Healthy Living

Robotic-assisted surgery has arrived
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News and information to help you get and stay healthy

UPMC Altoona
Eat breakfast, be healthier

Raise your spoon if you eat breakfast every morning. Anyone?

Who makes breakfast a priority?

UPMC Altoona clinical dietitian Pam Sepp says breakfast may be more important than you think. “If you’re skipping breakfast, you’re missing out on good food with important health benefits,” she explained.

Adults who eat a healthy breakfast are more likely to:

• Eat more vitamins and minerals
• Eat less fat and cholesterol
• Have better concentration and productivity throughout the morning
• Control their weight
• Have lower cholesterol, which may reduce the risk of heart disease

“Studies have shown the chances of you overeating at lunch are higher when you don’t eat breakfast,” Pam said. “Plus, your hunger might lead you to choose fast and unhealthy options.”

So what constitutes a healthy breakfast? Pam suggests choosing one or two options from each of the following categories:

1. Whole grains — breads, rolls, bagels, muffins, cereals
2. Healthy proteins — peanut butter, lean meat (Canadian bacon), cottage cheese, Greek yogurt, and hard-cooked eggs
3. Low-fat dairy — milk, yogurt, cheeses
4. Fruits and vegetables — fresh or frozen, 100 percent juice beverages without added sugar

“These combinations can provide you with needed complex carbohydrates, fiber, protein, and a small amount of fat,” she said. “They refuel your body for the day and keep you feeling full until it’s time for lunch.”

Pam gives French toast as one example of a traditional breakfast item that has a healthier version. “The typical recipe calls for heavy cream and eggs,” she said. “Use skim milk instead and a combination of eggs and egg whites.”

Similarly, Pam says there are now healthy recipes for pancakes that call for whole-wheat flour, skim milk, and flaxseed meal, which gives you an extra fiber boost.

“If you start looking around, you can find plenty of healthy substitutions to make,” she said. “If you’re craving bacon, try Canadian or turkey bacon instead. If you like cream cheese on your bagel, make that bagel whole wheat and use low-fat cream cheese or Neufchatel.”

If a tight schedule is keeping you from eating a healthy breakfast, Pam says a little planning can go a long way. “Figure out what you want to eat the night before,” she said. “Some dishes could be prepared and then reheated in the morning.

“Just remember: Breakfast doesn’t have to be time-consuming to be healthy.”

THE SCOOP ON CEREALS

Cereal topped off with skim milk and fresh fruit can be a quick (and healthy) option for breakfast. When choosing a cereal, though, Pam reminds you to read the nutrition label.

FIBER — At least 3 grams of fiber per serving (aim for 5 grams per serving if possible)

SUGAR — 5 or fewer grams of sugar per serving (this figure can contain naturally occurring and added sugar)

CALORIES — Ideally less than 120 calories per serving, although some can have more and still be healthy choices

“On the cover
The team behind the robot includes (from left):
front — Jennifer Craine, surgical tech;
Pamela England, RN;
Neil Kaneshiki, MD;
Jocelyn Divido, CRNA; and Kimberly Barley, CRNA;
back — Michael Burggraf, PA-C;
Melissa Piazek, surgical tech;
Tara Vukmanovich, surgical tech;
Scott Currie, DO;
Matthew Newlin, MD;
Howard Black, MD, and
Denise Strittmatter, RN.
Erin Chandler, RN, is also a team member.
Ryan Zlupko, MD, has also performed robotic-assisted surgery.

Photo lower left:
Dr. Kaneshiki controls the robot from the surgical console.

Program Alert!
Healthy Choices for a Healthier You in 2014
See calendar insert for details, dates, and times
Total control

Surgeons using robotic assistance to deliver a better patient experience

UPMC Altoona surgeons continue to expand the use of robotic-assisted, minimally invasive surgery.

The first to use the da Vinci® system at UPMC Altoona were general surgeons Matthew Newlin, MD, and Neil Kaneshiki, MD. Three more quickly followed: general surgeon Scot Currie, DO; general and colon and rectal surgeon Howard Black, MD, and gynecologist Ryan Zlupko, MD. (All are board-certified in their respective specialties.)

And interest is spreading.

“It’s a growing technology, and plans are to expand its use to procedures where it can benefit patients and outcomes,” said Dr. Newlin, medical director for Robotic Surgery. “Our robotic system supports the specialties of gynecologic, cardiac, thoracic (chest surgery), urologic, and head and neck surgery.”

Patient benefits

The robotic-assisted system provides the surgeon with enhanced vision, precision, dexterity, and control compared to unassisted laparoscopic surgery. It may lessen a patient’s time under anesthesia and reduce blood loss. Most of all, patients greatly appreciate smaller incisions and shorter recovery times.

Surgeons performed robotic-assisted surgery for gallbladder removal and colon resection at UPMC Altoona within the first three months of the program. Dr. Kaneshiki said he gives patients a choice of the full range of procedures, including traditional open incision, multi-port laparoscopic, and robotic-assisted. Most people who require gallbladder removal are candidates for the robotic, single-incision surgery, but not all might choose it.

“Some patients, recovery is quicker with multi-port laparoscopic surgery.”

For other patients, limiting scars is very important. So, if all other medical factors are equal for the patient’s safety, I follow the patient’s preference. I would encourage all patients to discuss the various options with their surgeon to see which is the safest and most appropriate for their situation.”

Dr. Black uses robotics because it allows him to do minimally invasive surgery in situations where traditional laparoscopic surgery is not appropriate. In addition, it allows him to complete other colorectal procedures more easily because of the improved optics and wristed instruments.

“With robotics technology, I’m now able to see in three dimensions instead of two, have greater dexterity and range of motion,” he said, “and the delicate finger tools and foot pedals allow for more-delicate, complicated maneuvers.”

Patient’s story

Regardless of the type of procedure, the important factor is the outcome. Megan McCahan, 29, of Duncansville, opted for robotic-assisted gall bladder surgery, becoming the first robotics patient of Dr. Newlin and the first at UPMC Altoona.

When tests determined that her abdominal pain stemmed from a diseased gall bladder, she researched local surgeons to see which were qualified to perform laparoscopic surgery that avoided a large, unsightly incision.

She chose Dr. Newlin and the robotic-assisted laparoscopic technique using just four small incisions.

“Megan’s surgery went very smoothly. I was very pleased with the technology, with the operative experience in the OR, and especially with Megan’s excellent results,” Dr. Newlin said.

Megan has no regrets about her choice. The results exceeded her expectations.

“I definitely had a great recovery,” Megan said. “I was shopping within hours of surgery. I had very little pain, so the first two days afterward I used a couple of extra-strength acetaminophen. And, best of all, the stomach pain is gone. I returned to eating a normal diet in four days and returned to work in a week.”

The benefits of robotic-assisted surgery

• Robotic-assisted laparoscopic surgery uses new technology to help laparoscopic surgeons.
• In real-time, the system translates the surgeon’s hand, wrist, and finger movements into more precise movements of the miniaturized instruments inside the patient.
• True high-definition, three-dimensional viewing provides greatly improved depth perception.
• Multi-port robotic-assisted laparoscopic surgery allows for articulated instruments, which is invaluable to the laparoscopic surgeon. It’s like having your hands and wrists inside the operative field without making a large incision.
• It’s more comfortable at the console. Standard laparoscopy sometimes requires the surgeon to be placed in somewhat awkward positions throughout the case. At the console, he or she is in a very comfortable position, lessening fatigue.

“IT'S A GROWING TECHNOLOGY, AND PLANS ARE TO EXPAND ITS USE TO PROCEDURES WHERE IT CAN BENEFIT PATIENTS AND OUTCOMES.”

PROGRAM ALERT!
Surgery Today: Robotic, Laparoscopic, Traditional
See calendar insert for details, dates, and times

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With its new Elekta Infinity® linear accelerator, UPMC CancerCenter Radiation Oncology at UPMC Altoona, along with its partner, the University of Pittsburgh Cancer Institute, provides world-class radiation therapy close to home.

“This equipment keeps us on the cutting edge of cancer treatment,” said Jack Schocker, MD, UPMC CancerCenter Radiation Oncology. “We can treat a patient in such a fashion that is second to none.”

Traditional radiation therapy calls for imaging studies to be done several days before treatment. However, organs may shift naturally — during breathing, for example — affecting the exact location of the tumor or target. The Elekta Infinity can obtain 4D images just before treatment, with the patient in the exact position he or she will be treated in.

‘Meticulous’ tumor tracking

“This allows us to track tumor movement, growth, or shrinkage on a daily basis and instantly account for variations,” Dr. Schocker explained. “The result is meticulous tumor localization prior to treatment.”

The Elekta Infinity also uses highly advanced VMAT (volume modulated arc therapy) technology to lock onto the tumor and deliver radiation accurately and effectively, protecting healthy surrounding tissue.

“This machine has the highest full-field resolution available in the industry,” Dr. Schocker said. “It is more ‘conformal,’ meaning we can better sculpt the radiation fields around the tumor.

“It also has a hexapod table, which gives us the ability to position the patient for treatment in a very sophisticated, six-dimensional way. All of these things help us preserve surrounding tissue and reduce treatment-related side effects.”

Fewer treatments

Another advantage of the Elekta Infinity is its ability to allow higher dose rates for treatments typically requiring longer periods of time.

“Many times this can mean fewer treatments,” Dr. Schocker said. “Certain tumors might be treated now in three or four sessions as opposed to 30 or more, because we can deliver such a high dose so quickly.

“We’re committed to excellence and to providing a better experience for our patients,” he added. “By treating patients more quickly, we can also make them more comfortable.”

“New technology keeps cancer center on leading edge

“We can treat a patient in such a fashion that is second to none.”

Jack Schocker, MD, (left) and radiation therapist Dave Fraundorfer prepare a patient for treatment on the new Elekta Infinity® linear accelerator at UPMC Altoona.
Fiscal 2013* was historic for Altoona Regional. It was the period of time when, after months of intense investigation and thoughtful deliberations, our board of directors decided to affiliate with UPMC, a world-class academic medical center.

The decision was made with the overwhelming support of our medical staff and hospital leadership.

Board members concluded that being part of the UPMC system would allow us not only to continue our existing services but to offer more specialized medicine, advanced treatments, and sophisticated technology. UPMC is No. 10 in the prestigious U.S. News and World Report rankings of all U.S. hospitals and No. 1 in Pennsylvania.

This means our patients can receive an even higher level of care in our region for years to come. And they will receive this care from the very same physicians and caregivers they have come to know and trust.

Although the events leading up to our UPMC affiliation grabbed most of the headlines in fiscal 2013, there was much more happening, especially in the areas of clinical quality and patient safety.

The hospital received a Consumer Choice Award from National Research Corp. of Lincoln, Neb. The award goes to hospitals that health care consumers have chosen as having the highest quality and image in over 300 markets throughout the U.S.

Our Cancer Center earned a three-year accreditation with commendation from the Commission on Cancer of the American College of Surgeons, something less than one-third of hospital cancer programs in the U.S. and Puerto Rico attain.

In still more recognition for clinical quality, the hospital’s Regional Stroke Center staff earned the Get With The Guidelines–Stroke Gold Plus Quality Achievement Award from the American Heart Association for having a higher standard of stroke care.

And CT Scanning earned a three-year gold seal accreditation from the American College of Radiology, representing the highest level of image quality and patient safety.

Speaking of safety, registering as a patient became safer thanks to the use of state-of-the-art biometric technology that identifies patients by their palm prints. It reduces the risk of misidentification and ends the practice of asking for personal identifying information, such as a Social Security number.

One of many important clinical advancements came when our team of interventional radiologists began offering uterine fibroid embolization, an alternative to hysterectomy or myomectomy surgery for treating uterine fibroids. The procedure met a medical need for women in the community.

Another clear need is treatment and education for people with diabetes, a particularly prevalent disease here. To address it, we formed a multi-disciplinary team whose members are dedicated to helping newly diagnosed or long-term diabetics. (You can read more about this on Page 10.)

And our Emergency Medicine Department began an initiative to enhance the quality of care for sexual assault patients, with staff learning comprehensive care, documentation, evidence collection, and courtroom testimony techniques.

In summary, it was quite a year. And we expect bigger and better things for the community as we move forward with UPMC, always faithful to a heritage that goes back more than 100 years to the founding of Altoona Hospital and Mercy Hospital.

I hope you share our excitement about the future of health care in Central Pennsylvania.

The affiliation took effect July 1, 2013, technically one day beyond the scope of this annual report.
JULY 2012
The Healthy Blair County Coalition, partially funded by Altoona Regional, begins conducting a community health needs assessment. The assessment will identify areas that need to be addressed by health care providers, and Altoona Regional will target those areas with existing or new services.

AUGUST
A team of interventional radiologists at Altoona Regional begins offering uterine fibroid embolization, or UFE, a highly successful, safe, noninvasive choice to treat uterine fibroids of any size. UFE is an alternative to hysterectomy or myomectomy surgery.

OCTOBER
Eighteen registered nurses volunteer to help improve quality of care for inpatients who have diabetes. The nurses educate staff, assist with patient education, and facilitate process improvement.

DECEMBER
The American Cancer Society selects Altoona Regional’s Radiation Oncology Department for its Division Citation Award. This high honor recognizes the efforts of the Radiation Oncology staff in providing outstanding cooperation in carrying out the overall mission of the American Cancer Society in Pennsylvania.

UPMC LIFE CHANGING MEDICINE
NOVEMBER
After nearly a year of exploring affiliation options with various partners, the boards of directors of Altoona Regional and parent company Central Pennsylvania Health Services Corp. announce their decision to pursue affiliation discussions with UPMC. The affiliation goal is to enhance and expand the exceptional care the health system provides, while addressing the significant challenges and financial pressures in health care.

JANUARY 2013
Effective Jan. 1, all tobacco product use is prohibited on any property owned or leased by the health system. The system also announces it will not hire tobacco users.

Surgical Services and Information Technology unveil a surgical patient tracking system. It allows families to track their relative’s progress through his or her procedure by checking information screens at various hospital campus locations.

FEBRUARY
Altoona Regional takes the next step toward an affiliation with UPMC, signing a nonbinding letter of intent to negotiate an agreement. Hospital President and CEO Jerry Murray calls this “an exciting and significant step toward a formal affiliation between two outstanding medical institutions.”

MARCH
Altoona Regional’s Emergency Medicine Department begins an initiative to improve the quality of care provided to patients seen for sexual assault, in collaboration with Family Services Inc., the Altoona Police Department, and the Blair County District Attorney’s office. Registered nurses learn comprehensive care, documentation, and evidence collection, as well as referrals and courtroom testimony techniques.

APRIL
Altoona Regional receives the Get With The Guidelines-Stroke Gold Plus Quality Achievement Award from the American Heart Association. The award recognizes commitment and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines.

MAY
CT Scanning receives a three-year accreditation after a review by the American College of Radiology. The gold seal of accreditation represents the highest level of image quality and patient safety.

JUNE
Altoona Regional announces an agreement to affiliate with UPMC on July 1. The relationship will enable Altoona Regional to further enhance its quality of care and breadth of medical services, while gaining new access to capital and outstanding technology, science, innovation, and expertise.

Patient Access staff begins using cutting-edge biometric technology to identify patients by their palm prints. This reduces the chance of misidentification, and patients no longer need to share personal identifying information, such as a Social Security number.

HIGHLIGHTS: Clinical and community service
July 1, 2012, through June 30, 2013
When a serious rotator cuff injury plagued Cresson resident Bonnie Kos, she turned to David Junkin, MD, of UPMC Altoona affiliate Southern Alleghenies Elite Orthopedics. “I didn’t think I’d ever be able to move my arm again,” Bonnie said. “It was scary not being able to move it forward or backward. But I had to get better. I had a little over a year until retirement and didn’t want to have to slow down, or be on ‘light duty’ due to a disability.”

Bonnie, 59, had surgery Feb. 28, nearly a month after being injured on the job. “The shoulder has a greater range of motion than any other joint in the body,” Dr. Junkin explained. “The ball-and-socket joint is held together by a group of muscles and tendons called the ‘rotator cuff.’ A healthy rotator cuff keeps the ball in the socket and aids in movement in many directions, but overuse or injury can disrupt normal stability of the shoulder, causing symptoms.

‘Major injury’

“In Bonnie’s case, this was a major injury. She practically had a complete tear of her rotator cuff.”

Dr. Junkin offered these signs and symptoms of possible rotator cuff injuries:

- Shoulder weakness and/or loss of range of motion
- Pain and tenderness in your shoulder, especially when reaching overhead, reaching behind your back, lifting, pulling, or sleeping on the affected side
- Inclination to keep your shoulder inactive

“The most common symptom is pain,” he said, “especially when lying on the affected shoulder. If it wakes you up at night and/or causes you to reposition, there could definitely be a problem.”

As you get older, Dr. Junkin said, your risk of a rotator cuff injury increases. In fact, tears are most common in people over 40.

Risk factors

“Athletes who regularly use repetitive motions, such as baseball pitchers, also have greater risk for injury,” he said. Other factors that may increase your risk include:

- Working in the construction trades (painting or anything else with repetitive motions).
- Having poor posture. A forward-shoulder posture can cause a muscle or tendon to become irritated.
- Having weak shoulder muscles.

As for Bonnie, she was able to return home on the same day that Dr. Junkin repaired her rotator cuff. And after completing a physical therapy program, she reports her shoulder is “healed.”

“I have better range of motion now,” Bonnie said. “I still have a little pain, but that was to be expected after such a big tear.

“Dr. Junkin gave me the confidence and ability I needed to return to full duty at work. He really did a good job and I still get to retire in 2014.”

If you’re experiencing severe shoulder pain or weakness, are unable to use your arm, or have pain that has lasted more than a week, Dr. Junkin advises you to seek help from a physician.
Accurate information about diabetes is crucial for controlling the disease and enjoying life, according to a certified diabetes educator (CDE) at UPMC Altoona. Pat Rose, RN, says although diabetes is life-changing, it needn't take over your life. "Diabetes can be managed with education, the right tools, and a lot of support from health professionals and family," she said. "Diabetes no longer has to control your life, but it takes education and effort daily."

UPMC Altoona has a full team of professionals helping newly diagnosed or long-term diabetics. The team is led by the patient’s endocrinologist or family physician, who oversees care and treatment. Along with the physician and Pat, team members include Monica Richers-Kelly, RD, LDN, clinical dietitian, and 18 RNs who volunteered to be Diabetic Nurse Champions.

Pat, a registered nurse for 35 years, served in different capacities for 11 years at the hospital before becoming its first certified diabetes educator. To earn that title, a nurse must train, pass an initial written exam, and be re-certified annually through continuing education in diabetes management. "Pat’s years of experience as the inpatient diabetic educator enable her to share her knowledge and skills with the diabetic champions and staff," said Kathryn Terlinsky, director of Education and Pat’s supervisor.

To put the need into perspective, consider that about one-fourth of the approximately 20,000 patients discharged here during fiscal year 2008 had diabetes. And the number is rising.

Specially trained team available on every inpatient unit

Outpatient help also available

To make it easier for nurses to find satisfactory substitutes, a chart is now posted in each unit’s kitchen.

In addition, Monica and Pat tell patients they are both available through outpatient programs after discharge. With a referral from a physician, most people with diabetes may consult with a registered dietitian annually. "Each person with diabetes is unique," Pat said, "but with a treatment plan and goal-setting, complications from diabetes can be minimized. It’s no longer the devastating diagnosis it was decades ago. And we are here to help."

Special training required
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‘Champions’ on every unit
In the past 14 months, the Diabetic Nurse Champions began covering every inpatient unit.

"A registered nurse from each unit volunteered to become more highly educated in diabetes," Pat said. "Each Diabetic Nurse Champion provides improved care and support to inpatients, raises awareness, and assists other staff by being a visible and accessible source of reliable information."

The 18 nurses also provide valuable feedback to the Diabetic Committee, which oversees standards of procedure and processes related to nursing care for diabetics.

Monica, the team dietitian, assisted the Diabetic Nurse Champions with carbohydrate counting and substituting. "We noticed the staff nurses overall were grappling with the issue of patients wanting to switch snacks," Monica said, “but the nurses weren’t sure if the new snack ‘fit’ with the carbohydrate count the patient was to eat.

"Diabetes no longer has to control your life…”
FOUNDATION AWARDS GRANTS FOR MEDICAL EQUIPMENT

New treatment for asthma
The Holiday Splendor Gala and Auction held Nov. 8 at The Calvin House raised $57,000 toward the purchase of bronchial thermoplasty equipment for Pulmonary Services at UPMC Altoona.

This annual fundraising event includes both a silent and live auction, featuring gift items, baskets, gift certificates, art pieces, holiday gift items, and beautifully decorated holiday trees. Each year, proceeds are used to update programs, services, and equipment at UPMC Altoona for the benefit of our local community.

Bronchial thermoplasty is a safe outpatient treatment for severe persistent asthma. Patients treated with bronchial thermoplasty have reported improved quality of life, fewer asthma attacks, fewer ER visits and hospitalizations, and fewer days lost from work and school.

“UPMC Altoona is excited to offer this cutting-edge therapy to our community,” said Mehrdad Ghaffari, MD, medical director of the Department of Pulmonary Services, “thanks to the support of Holiday Splendor and the Foundation for Life.”

Helping hearing-impaired children
The Foundation for Life has awarded $2,500 from the Ethel Mallery Trust Fund toward the purchase of iPads and flashcards for the education of hearing-impaired children.

The Ethel Mallery Trust Fund was established in 1982 through the last will and testament of Ethel P. Mallery, who designated funds to be used for the care and treatment of young people who may be deaf or hard of hearing.

Through this trust fund and others like it, the Foundation for Life can continue to award grants to UPMC Altoona to benefit our patients and the community.

DONOR PROFILE:
Joseph Antonowicz, MD

The Foundation for Life recognizes Joseph Antonowicz, MD, for his outstanding leadership as a donor to UPMC Altoona.

Dr. Antonowicz has been the medical director of Behavioral Health Services at UPMC Altoona since 2000 and is board-certified in adult and geriatric psychiatry and addiction medicine.

Through donations to our employee campaign, annual appeals, and fundraising events, Dr. Antonowicz has excelled as a leader in providing support for hospital programs and services.

Dr. Antonowicz understands the importance of charitable giving.

“As a physician and member of the medical staff, I believe I have a responsibility to support the charitable mission of our hospital,” he said.

“Insurances, be they public or private, do not pay for the true costs of health care, and the Foundation is critical to the very survival of the hospital.

“Without donations, we simply cannot obtain equipment and develop services necessary to achieve the goal of world-class health care.”

HOW to give
To make a gift in love, tribute, or remembrance, contact the Foundation for Life at 814-889-6406, or send a check with a note providing background on the reason for your gift. You can also make your gift at www.altoonaregional.org/gift_giving.

The Foundation will notify the person of your tribute gift with an appropriate card, and you will receive a receipt and letter thanking you for your generosity and thoughtfulness.
Lung cancer is the second most-diagnosed cancer in men and women, killing more than 150,000 Americans a year. With less than a 16 percent five-year survival rate, it accounts for 30 percent of all cancer deaths in America. Recently, low-dose computed tomography (CT) screening became a recommended screening tool for detecting early-stage lung cancer in people considered to be at high risk for the disease.

How do you know if you are at risk for lung cancer and should have a low-dose CT screening?

Discuss your health history with your physician to see if the benefits of screening outweigh the risks. Your doctor will consider these criteria for screening established by the U.S. Preventive Task Force:

• Current or former smoker
• Age 55-74
• A smoking history of 30 “pack years” (number of packs a day times number of years of smoking)
• Exposure to radon
• Exposure to cancer-causing agents, such as silica, cadmium, asbestos, arsenic, beryllium, chromium, diesel fumes, or nickel
• Having had lung cancer before or radiation to the chest
• A family history of lung cancer
• COPD or emphysema

What are possible symptoms of lung cancer?

A visible sign or symptom of lung cancer may be shortness of breath, chronic cough, coughing up blood, or chronic bronchitis. If a patient tells a primary care physician he is experiencing one or more of these problems, the family physician is likely to order a CT scan.

What is the difference between low-dose CT and a chest x-ray?

Cancer research studies have shown that lung cancer can be detected earlier using a low-dose CT scan. Earlier detection and earlier treatment produce better survival rates, in most cases. Unlike a chest x-ray, which produces flat, two-dimensional images of the lungs, a CT scanner can explore the entire lung area by taking a continuing series of x-rays in a spiral around the chest. These images can be examined on a computer in “slices” and reconstructed in three dimensions, giving detailed information about the volume and shape of lung nodules.

Do I need a physician’s order to have the CT screening performed?

Yes, a physician’s order for a low-dose CT scan must be obtained to verify that benefits from the scan outweigh the risk of radiation exposure. Radiation exposure is cumulative, so patients need to be aware of lifetime exposures. However, one low-dose CT scan gives you one-eighth the radiation of a regular CT, almost equal to the radiation exposure received during a mammogram, and with the potential to be just as lifesaving. This is the tool we have needed to reverse the odds of beating lung cancer and turn them more in our favor.

If the scan comes back “negative,” do I ever have to be re-screened?

Yes. A “negative” result means no abnormal findings at this screening. It does not mean you absolutely do not have lung cancer or that you will never get lung cancer. Because needs are individualized, a screening schedule should be discussed with your doctor.

Will my health insurance cover the test?

Since this is a recommendation approved by the U.S. Preventive Task Force and based on the Affordable Care Act, health insurances should cover all screenings, but it is best to check with your plan administrator to be certain.

Where can I get more information?

The American Lung Association has information at www.lung.org. Do a search for “CT screening.”

Does UPMC Altoona offer the screening?

Yes. After obtaining an order from your doctor, call 814-889-4222 to schedule your lung cancer screening.