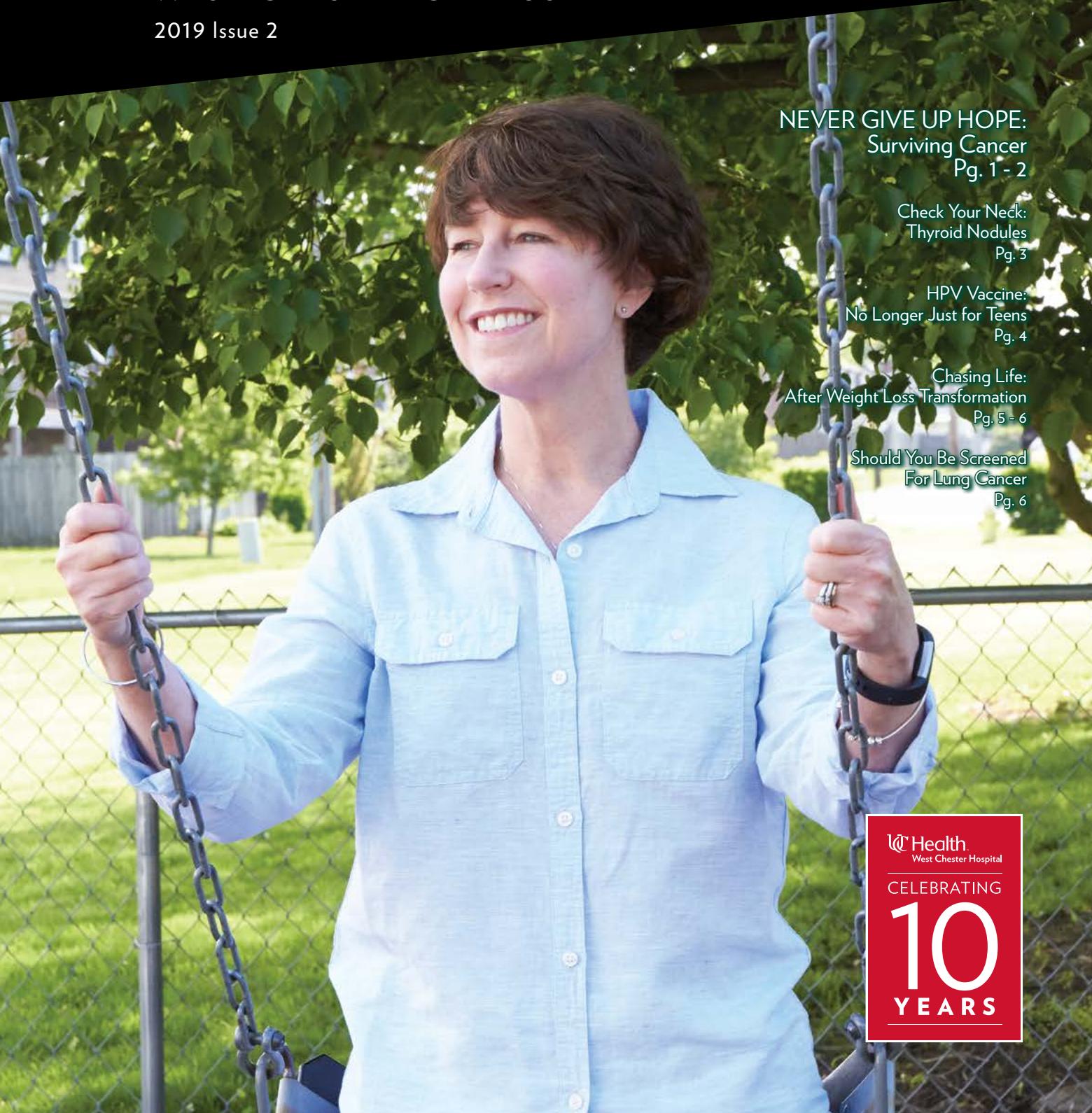




# Discover Health

WEST CHESTER CAMPUS

2019 Issue 2



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WCH Health  
West Chester Hospital

CELEBRATING

**10**  
**YEARS**

# NEVER GIVE UP HOPE

*"I decided that even though I had cancer, cancer didn't have me."*

*Melissa Stammen, Cancer Survivor*

An afternoon of horseback riding was Melissa Stammen's first tip that something was wrong. She felt unusually sore immediately after, and then began to notice abnormalities with bowel movements.

Loved ones were quick to console Melissa, saying her symptoms were normal—probably caused by a minor irritation or hemorrhoids—nothing to worry about.

Melissa remained disconcerted, however. She had recently turned 50, and therefore asked her primary care physician to schedule a routine colonoscopy. Melissa's intuition-led decision most likely saved her life.

July 24, 2017 was a surreal day. Melissa remembers waking up from the colonoscopy—still dazed from the anesthesia—and being taken into a consultation room.

"I thought I had hemorrhoids or a fissure, but the doctors were showing me images of what they said was a cancerous colorectal tumor," said Melissa. "I was groggy, and I thought to myself, 'Am I still asleep? This can't be happening.'"

Melissa was referred to Olugbenga Olowokure, MD UC Health medical oncologist at West Chester Hospital and assistant professor of medicine for the University of Cincinnati College of Medicine, and to Janice Rafferty, MD, chief of the UC Health Division of Colon and Rectal Surgery and professor of surgery for UC College of Medicine.

"Within 20 minutes of meeting Dr. Rafferty, I trusted her with my entire care plan," said Melissa. "She treated me with such kindness and compassion, gave me a sense of peace and put me in touch with the best doctors for my needs. She took care of everything."

Five weeks of radiation and chemotherapy treatments were added to Melissa's already-full schedule working in human resources at a Dayton-area school. Throughout her treatment, she never missed a day of work.

"I knew I had to get through it, so I set my mind to getting the treatments done, just like anything else," she said. "I decided that, even though I had cancer, cancer didn't have me—I wasn't going to let it win, and I would do whatever it took to live a normal life."

Melissa received chemotherapy via a small, portable infusion bag that she wore five days a week. She adjusted her working hours so her husband, Brett, could drive her to her radiation treatments at UC Health's Radiotherapy Center located on the UC Health West Chester Campus.



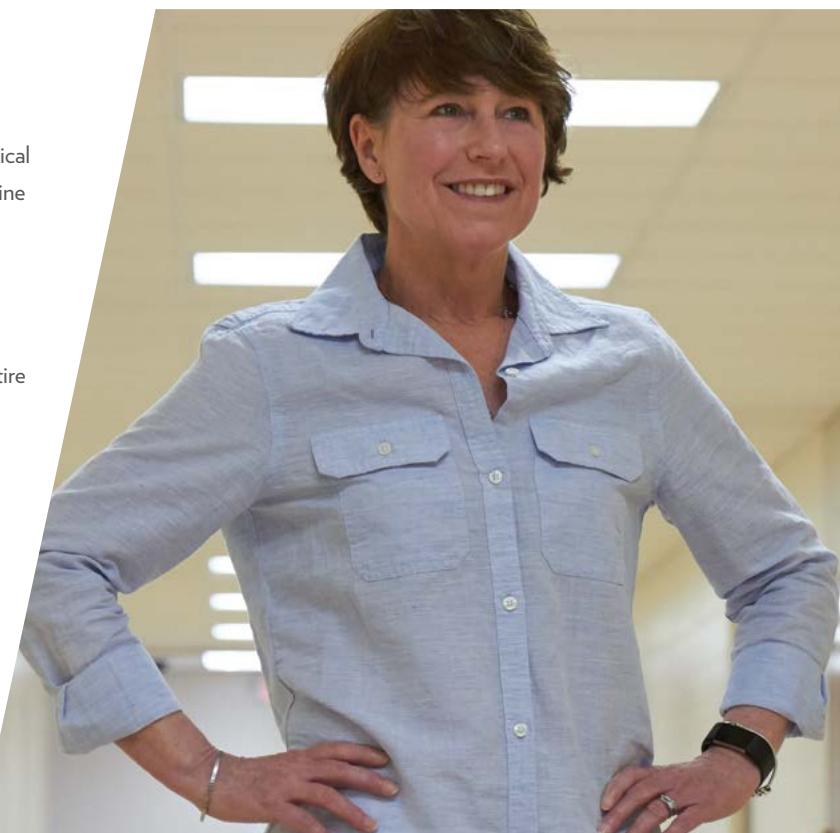
**Olugbenga Olowokure, MD**  
Medical Oncologist

Jordan Kharofa, MD, radiation oncologist at the UC Health Radiotherapy Center and assistant professor of radiation oncology for the UC College of Medicine, led Melissa's treatment plan. He was inspired by her outlook.



**Jordan Kharofa, MD**  
Radiation Oncologist

"Melissa was extremely optimistic no matter how difficult her treatments were—she approached it all with a level of enthusiasm that was infectious to everyone around her," Dr. Kharofa said.



Discover more at [uchealth.com/cancer](http://uchealth.com/cancer).

# When Should I Have A Colonoscopy Screening Exam?

"Cancer just wasn't on my agenda," Melissa said. "In hindsight, though, I'm kind of amazed at myself sometimes."

After chemotherapy and radiation treatment, she took an eight-week break to let her body recover. The next step during a cancer journey is typically surgery; however, treatment was so successful that the tumor was entirely eradicated.

"It's what we hope for every patient with a colorectal cancer diagnosis," said Dr. Rafferty. "Melissa had a multidisciplinary treatment team reviewing her case, carefully planning her course and delivering therapy before she ever made it to the operating room. Fortunately, she had complete tumor regression."

Complete tumor regression occurs in approximately one in five patients, said Dr. Kharofa.

"It improves the long-term local control, and as Melissa is in remission, the risk of tumor recurrence is decreased."

To improve her long-term outcome, Dr. Rafferty performed a low anterior resection—a surgical procedure that involves removing the affected portion of the intestine.

Melissa quickly recovered from the surgery and is in remission. She hopes that sharing her story will illustrate the importance of talking to your doctor as soon as you notice abnormalities in your health. She also has a message for anyone who has been diagnosed with cancer:

"Follow your doctors' orders and keep living your life. Don't let it get you down. If you allow cancer to become all-consuming in your life, it will absolutely take over,"

said Melissa.

"Never give up hope!"



**Janice Rafferty, MD**  
Colon and Rectal  
Surgeon

The current recommendation for an American at average risk is to have a screening colonoscopy at 45 years of age. Screening exams help doctors look for disease when there are no symptoms.

Those who have symptoms should be carefully examined regardless of their age. Higher numbers of young people (defined as those under age 50) are being diagnosed with colorectal cancer.

No matter the age, if you have a change in bowel habits that persists, bleeding with or between bowel movements, anal or rectal pain, cramping, bloating or weight loss—seek an evaluation.

To connect with a gastroenterologist at West Chester Hospital, please call 513-298-DOCS (3627).



## UC Health Radiotherapy Center: Compassionate Care Saves Lives

Cancer truly disrupts the lives of the patient and their loved ones. Navigating the long list of appointments, treatments, challenging side effects and weathering the overall stress can take an emotional toll. The UC Health Radiotherapy Center team is dedicated to lessening patients' emotional burdens in any way possible.

The Radiotherapy Center is a smaller, more intimate space. The goal of the immense support its staff provides patients is that their care will ultimately improve their overall quality of health.

Compassion is also a central theme of the Radiotherapy Center. The team focuses on the fact that each patient has a life, a family and a set of experiences that have brought them to this point.

Radiation oncologists at the center possess humanity and generosity in their spirit, and seek each patient's input. Patients participate in their own decision-making and overall health.

Learn more at [uchealth.com/services/radiation-oncology](http://uchealth.com/services/radiation-oncology).



# CHECK YOUR NECK

## What You Should Know About Thyroid Nodules

Questions & Answers with Tammy Holm, MD, PhD, UC Health surgical endocrinologist at West Chester Hospital and assistant professor of surgery, University of Cincinnati College of Medicine

### What are thyroid nodules, and how common are they?

The thyroid gland is part of your endocrine system, which produces hormones that coordinate many of your body's functions. Nodules are lumps of tissue in the thyroid gland, or clusters of normal cells in the thyroid that are multiplying. While nodules are common, the vast majority are benign. In fact, 50% of people over age 60 have at least one thyroid nodule and may not know it.

### What causes nodules?

It is not clear why nodules form. We do not know how the body sends a signal to trigger a growth. We tend to see them more when the body is low in iodine, an element needed for the production of thyroid hormone. The body does not produce its own iodine, so it is an essential part of our diet. We also know that women and older adults are more susceptible to thyroid nodules. Nodules are also more likely to be cancerous in patients under 30 years of age, and in those above age 60.

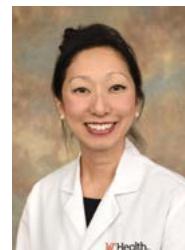
### How are thyroid nodules detected?

When a nodule grows to about two inches, it is often prominently visible. When touching your neck, you may be able to feel a nodule. You may also feel something pushing on your windpipe, making it more difficult to get a full breath, or an uncomfortable feeling when swallowing. Most nodules don't cause symptoms and may not be diagnosed unless found during a thyroid exam by a doctor. Nodules are most commonly discovered during an imaging scan being performed for a different medical reason for a problem occurring in the neck or chest area.

### Can nodules occur even when all tests are normal?

Yes. Thyroid dysfunction isn't related to cancerous nodules most of the time. If a nodule is "warm," that means it is producing an excess amount of thyroid hormone, which would show up in bloodwork. However, cancerous thyroid nodules are "cold" and are not found in bloodwork. This can cause confusion to people who think that since

their thyroid has been functioning normally—no symptoms, thyroid levels are normal—they do not have cancerous nodules. However, those two things are completely different—cancerous nodules do not produce extra hormone in the thyroid.



**Tammy Holm MD, PhD**  
Surgical Endocrinologist

### How do you determine if nodules are cancerous or benign?

First, we perform an ultrasound. We look at the size of the nodule, and whether it has calcification, or a growth of calcium. We look at the border of the nodule and whether it seems to be invading and affecting surrounding tissue. Based on the ultrasound results, we will have a better understanding about whether the nodule is malignant, or cancerous. Using ultrasound guidance, we use small needles to sample cells within the nodules. Those cells are sent to the laboratory to be studied, so we know the specific type of nodule that we are dealing with.

### Is it true that thyroid cancer is one of the most curable cancers?

Thyroid cancer is generally more easily curable than some other cancers. Around 95 percent of patients diagnosed with cancerous nodules have what is called differentiated thyroid cancer, or DTC. There are two types of DTC—papillary carcinoma and follicular carcinoma—and both have high survival rates.

### What are treatment options?

The treatment is generally a combination of surgery, radioactive iodine and hormone replacement medication. Surgery provides a great deal of information about the specific type of cancer. We then have a better understanding that helps us figure out next steps in treatment.

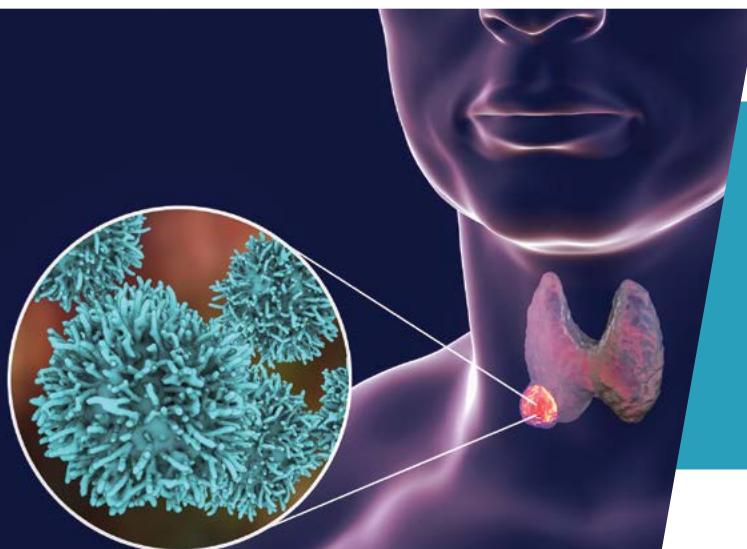
### What do you hope to see in the future of endocrine surgery?

We strive for a precise balance between giving the patient the right amount of treatment. For example, removing the entire thyroid can cause uncomfortable side effects. A treatment strategy of "less is more" has shown to be a positive approach for most patients with smaller nodules. In addition, clinical research is ongoing. Our goal is to measure outcomes ahead of time in order to better address patients' needs.

### How to Fuel Your Thyroid

*It is important to eat foods that contain iodine, an element necessary for production of thyroid hormone. Fish, such as cod and tuna, seaweed, shrimp and other seafood, are generally rich in iodine. Dairy products, including milk, yogurt and cheese, as well as products made from grains, like breads and cereals, are major sources of iodine.*

To connect with an endocrinologist, please call 513-298-DOCS (3627). For more information, visit [uchealth.com/services/diabetes-endocrinology](http://uchealth.com/services/diabetes-endocrinology).



# HPV Vaccine: No Longer Just for Teens

By Caroline Billingsley, MD, UC Health gynecologic oncologist at West Chester Hospital

Human papillomavirus (HPV), the most common sexually transmitted infection in the U.S., affects 1 in 4 people—many of whom are teenagers. While many people believe that teens are the only segment of the population impacted by this virus, new reports indicate that it can infect people from every walk of life, race, gender and demographic, up to age 45.

The reason? HPV takes a long time to turn a healthy cell into a cancer cell—sometimes 10 years or longer. And despite being in a monogamous relationship, adults up to age 45 can still be diagnosed with the infection. Further, HPV has the potential to cause cancers of the cervix, penis, anus and larynx, as well as precancerous diseases.

Fortunately, a safe, effective vaccination significantly decreases the risk for all of these age groups.

“People are being diagnosed with HPV-related cancers as early as their 20s, through their 40s and 50s, and even later. The FDA recently approved the expanded use of the HPV vaccine to include individuals through age 45,” said Caroline Billingsley, MD, gynecologic oncologist at West Chester Hospital and assistant professor of obstetrics and gynecology at the University of Cincinnati College of Medicine.

The good news is that while the numbers of cervical cancer cases are not increasing, UC Health physicians are seeing a reduction in the number of infections and HPV pre-cancers in young people since the vaccination became available.

“The goal is to reduce the HPV virus and prevent, or lessen, the incidence of related cancers in males and females of current and future generations,” Dr. Billingsley said.

*“The HPV vaccine is no longer just recommended for teenagers. Even adults in monogamous relationships can benefit from the HPV vaccination.”*

**– Caroline Billingsley, MD**

## Dispelling the Myths



**Caroline Billingsley, MD**  
Gynecologic Oncologist

### Is the vaccine safe?

Yes, it is safe and effective. Like any medication, the HPV vaccine can cause minor injection related side effects (fever, swelling and discomfort at injection site). However, any side effects should subside quickly.

### Should I be worried about my teen being more sexually promiscuous after receiving this vaccine?

Studies have shown that receiving the HPV vaccine does not make teenagers more likely to start having sex.

### Can this vaccine cause infertility?

There is no evidence to suggest that receiving this vaccine will have an effect on future fertility.

Discover more at [uhealth.com/cancer](http://uhealth.com/cancer).



# CHASING LIFE

## After Weight Loss Transformation

Not that long ago, a short walk used to exhaust Shane Vicars. Now, just a couple of years later—Shane has completed 10 marathons within 12 months. And he's not planning to take his running shoes off anytime soon.

In 2016, Shane Vicars was tired of feeling uncomfortable in his own body. Weighing 374 pounds, he decided to overhaul his lifestyle and undergo weight loss surgery.

"My wake-up call came when I realized that if I continued down this path, my quality of life would decline, or worse—I could lose my life," said Shane. The decision came easily. "I know that UC Health is the best in the country, and I'm lucky enough to have West Chester Hospital practically in my backyard."

Shane attended an information seminar offered by the UC Health Weight Loss Center and immediately decided that he wanted to take steps toward a healthier life.

Brad Watkins, MD, medical director of the UC Health Weight Loss Center, performed Shane's gastric sleeve surgery.

"Weight loss patients are some of the happiest people I have ever met in my life. It's thrilling to offer them this powerful tool for weight loss and see them do incredible things with it," said Dr. Watkins. "We have so many extraordinary success stories like Shane because our patients put in the hard work to change their behaviors."

Each visit to the Weight Loss Center boosted Shane's resolve to stick to his new lifestyle.

"The whole team is amazing. They keep you on track in every way," says Shane. "I have sent many emails, asked many questions, and their responses are always encouraging. I am blessed to have these people in my life."

### Establishing Goals

After his surgery in 2016, Shane adopted a healthy diet and an exercise program—and the momentum inspired him. Weight loss relieved the burden on his joints, and Shane took up running. He decided to set a goal: run the Flying Pig marathon in 2018.

"When I first started, I could literally only run about 10 feet," said Shane. "I applied what I could and would run 10 feet, walk 20, run another 10—building up my endurance one day at a time."

Shane successfully completed the 2018 Flying Pig, and that accomplishment sparked an unstoppable outlook on the future.

"Something got to me and I could not stop running. I signed up for another marathon two weeks later, and another one after that, until it spiraled out of control," said Shane, laughing.

So far, Shane has lost 169 pounds, and he has run 10 marathons in 12 months, wrapping up the year where he started—finishing the 2019 Flying Pig.

Now his sights are set on a mammoth goal.

"I want to run 100 marathons before my 50th birthday," he said. That means Shane plans to tackle 90 marathons in the next five years.

Shane has advice for anyone contemplating weight loss surgery: "I believe that you have to first want to do it for yourself. If you're not 100% dedicated to the program, you won't get 100% results. I will never be overweight again. UC Health has given me the tools to control my weight for the rest of my life—and I'm running away with them!"



**Brad Watkins, MD**  
Medical Director,  
UC Health Weight  
Loss Center



Shane Vicars preparing for the Flying Pig.

Before surgery in 2016.

Discover more and sign up for a weight loss information seminar at [uchealth.com/weightloss](http://uchealth.com/weightloss) or call 513-939-2263.

*“Surgery is safer than remaining obese.”*

- Brad Watkins, MD,  
Bariatric Surgeon

## Weight Loss Surgery & The Obesity Epidemic

The obesity epidemic continues to grow, affecting nearly 40 percent of the population, according to new data published in *The State of Obesity: Better Policies for a Healthier America 2018*. In 2016, the Centers for Disease Control and Prevention reported 93.3 million U.S. adults were affected by obesity.

Obesity is categorized as a body mass index (BMI) of greater than 30. Surgical interventions are especially recommended for BMIs of 40 or higher, and especially if a patient has other conditions such as hypertension, diabetes, heart disease or sleep apnea.

“Weight loss surgery has shown to be the most effective treatment for obesity, especially for those people who need to lose 100 pounds or more,” said Dr. Watkins.

“If you have tried to lose weight on your own and are unable to maintain a healthy weight, and have diabetes, high blood pressure or high cholesterol, weight loss surgery can increase your chances of living longer. It can also reduce the risks of many health conditions.”



Shane Vicars at the Flying Pig finish line.

## SHOULD YOU BE SCREENED FOR LUNG CANCER? Early detection could save your life.



Did you know that lung cancer is the leading cause of cancer death in the U.S.? Yet, if detected early, lung cancer has cure rates as high as 80-90 percent.

Early detection with screening, smoking cessation and personalized treatment before the cancer has spread are essential to improving survival.

If you are 55-80 years old and are a current or former smoker, you may be eligible for a screening at the UC Health Lung Cancer Screening Program.

### How Does it Work?

1. Individuals who meet the eligibility criteria receive a low-dose CT scan that is read and interpreted by a dedicated chest radiologist, which ensures the most-accurate results.
2. Nurse coordinators help patients navigate the screening process and discuss results with each patient.
3. A multidisciplinary lung cancer team – the only team of its kind in the region – discuss screening results in a group format each week and develop a personalized care plan for each patient.

### Is There A Cost?

Lung cancer screening is now covered by most insurance programs, including Medicare, for eligible patients. If insurance does not cover screening, UC Health offers a discounted self-pay rate.

The Lung Cancer Screening Program is available on the UC Health West Chester Campus and at University of Cincinnati Medical Center.

Discover more at [uchealth.com/cancer](http://uchealth.com/cancer). To schedule an appointment, call 513-584-LUNG and select option 1.



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*Discover Health* is published by UC Health to provide accurate and timely health information. It is offered as a health education tool featuring news and stories centered on academic-based, discovery-driven healthcare. It is not a substitute for consultation with a personal physician. The UC Health West Chester Campus is located at 7700 University Drive, West Chester, Ohio, 45069. For information, call 513-298-3000 or visit [uchealth.com](http://uchealth.com). If you do not want to receive future issues of this publication, please email [wch@uchealth.com](mailto:wch@uchealth.com).

## Health Events Calendar

The UC Health West Chester Campus is a health information resource for people in its surrounding communities. Events and activities listed are held within West Chester Hospital, 7700 University Drive, West Chester, Ohio 45069, unless otherwise noted.

### Free Community Seminar Series

#### • Digestive Health Seminar

Wednesday, Sept. 25 (7–8:30 p.m.) Saturday, Sept. 28 (9–10:30 a.m.)  
This seminar will focus on common disorders and diseases that affect the upper and lower gastrointestinal tract.

#### • Brain Health Seminar

Wednesday, Oct. 23 (7–8:30 p.m.) and Saturday, Oct. 26 (9–10:30 a.m.)  
Join us for a free educational seminar presented by physician specialists who will discuss mental acuity and aging, memory disorders and stroke.

#### • Joint Pain Seminar

Wednesday, Nov. 13 (7–8:30 p.m.) and Saturday, Nov. 16 (9–10:30 a.m.)  
This free seminar will feature the region's leading orthopaedic specialists who will provide the information you need about prevention, causes and treatment options for joint pain.

Register for the events above online at [uchealth.com/wchevents](http://uchealth.com/wchevents) or by calling 513-298-3000. Seminars are held in the plaza conference room located on level A of the hospital.



### Education, Support & More

#### • Ready to Win at Weight Loss?

Free informational seminars are available for surgical and nonsurgical weight loss programs. To learn more or register, visit [uchealth.com/weightloss](http://uchealth.com/weightloss) or call 513-939-2263 to register.

#### • Diabetes: With Knowledge, Comes Control

A free diabetes seminar is offered on Saturday, Nov. 2 (9 a.m.–noon). To register, visit [uchealth.com/wchevents](http://uchealth.com/wchevents) or call 513-298-FAST (3278). A monthly diabetes support group is offered at 6 p.m. on the first Tuesday of each month. Registration is not required. Call 513-475-7400 for more information.

#### • Childbirth Education Classes & Tours

Maternity unit tours are complimentary, and childbirth education classes are available at a minimal cost. To register, visit [uchealth.com/wchevents](http://uchealth.com/wchevents). A free Baby Café breastfeeding support group is also available weekly. Learn more: [wchchildbirthed@uchealth.com](mailto:wchchildbirthed@uchealth.com).

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