



Salina Pathology News

VOLUME VII

ISSUE I I

SUMMER 2011

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UP FRONT

Pancreatic Cancer and New Onset Diabetes: An Early Indication of Disease? Linda J. Szymanski, DO

Pancreatic carcinoma is the fourth leading cause of cancer death in the USA, and it continues to have a dismal five-year survival of about 5%. The median age at diagnosis is 69 years in whites and 65 years in African Americans. At the time of diagnosis most cases of pancreatic cancer have distant metastasis (50%) or local or regional spread (29%). Only 3% have tumors that are confined to the pancreas. Less than 15% have surgically resectable disease with the overall five-year survival rate being directly correlated with the size and the stage of the tumor (30 mm: 10-20%; <20mm: 30-60%; <10mm: >75%). The remaining 85 % of cases are unresectable with an average mean survival of four to six months.

Clinically, most cases of pancreatic cancer are detected with symptom onset such as painless jaundice, shoulder or abdominal pain, and a concurrent increase in serum CA19-9. Unfortunately, symptom onset corresponds to radiological features of unresectability (metastasis) and poor prognosis. Studies have shown,

through examination by radiology, that as little as six months prior to symptom onset, most cases of pancreatic cancers are resectable. In order to detect pancreatic cancer earlier and to improve long-term survival, modalities that enable us to screen asymptomatic individuals will facilitate early detection and increase survival.

In recent literature, a temporal association of new-onset diabetes prior to diagnosis of pancreatic carcinoma has been established. It has been proposed that new-onset diabetes is one of the manifestations of pancreatic carcinoma. The pathogenesis of pancreatic cancer has not yet been clarified; however, pancreatic cancer is associated with a diabetic state that may resolve with surgical resection. Evidence supporting this relationship shows that patients with new-onset diabetes have a higher probability than general population of subsequently being diagnosed with pancreatic cancer, and that 74% to 88% of pancreatic cancer patients have new-onset diabetes occurring 24 months prior to diagnosis. Thus new onset sporadic diabetes could be

used as a surrogate marker for the screening of early, otherwise asymptomatic cancer.

There is a substantial window of opportunity for clinicians to suspect pancreatic cancer between the time that individuals meet the biochemical diabetes and the time of evaluation for potential cancer. Proposed strategies that rely on physician-diagnosed, new-onset diabetes might capture up to 25% of cancers in the >50-year age group. Clinicians with patients, particularly in the >60-year age group who have new onset diabetes and who are without a family history of diabetes, should pursue further clinical evaluation to exclude potential pancreatic cancer. Current clinical workup includes assessment of serum tumor markers (CEA, CA19.9, CA125), CT scan of the abdomen, or endoscopic ultrasonography. Early detection is dependent on future development of more sensitive and specific biomarkers for pancreatic carcinoma.

NEWS AND NOTES

DR. HALDER JOINS PETERSON LABORATORY

Please make welcome Dr. Anirudha Halder who will be joining the pathology staff at Salina Pathology Laboratory May 9, 2011. Dr. Halder received his Doctor of Medicine and Pathology residency from King George's Medical College in Lucknow, India. He completed his Anatomic and Clinical Pathology residency at the University of Missouri Kansas City School of Medicine.

Prior to joining Salina Pathology Laboratory, Dr. Halder completed fellowships in Surgical Pathology at the University of Massachusetts Medical School and Pediatric Pathology at Children's Mercy Hospital in Kansas City. He has served as staff pathologist and assistant professor for Chariton Laboratory Services in Kirksville, Missouri. He is a Diplomate American Board of Pathology in Anatomic and Clinical Pathology.

Dr. Halder and his wife, Dr. Valdana Halder, have two daughters. Ritika is graduating from high school this spring and Nimisha will be entering 8th grade this fall.

RESULT DELIVERY OPTIONS

Salina Pathology Laboratory has always been committed to delivering the highest quality testing services in the shortest period of time, in a format that is convenient to you.

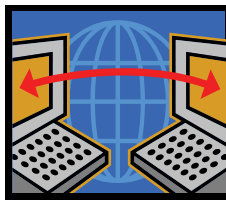
To meet your needs, we have recently added the ability to order tests and view results online, and/or receive your results through AutoFax. Hard copy delivered via courier or mailed to your facility is still available. What works best for your facility?

We are sensitive to the environmental impact of paper usage:

- It takes more than 1½ cups of water to make one sheet of paper (picture a typical soda can).
- Reducing paper use reduces greenhouse gases: comparable to 3/4 acre of pine forest absorbing carbon for every office worker

Are you interested in receiving your results in an electronic format? If you currently receive your results electronically, do you have use of the hard copies you also receive? For more information on online ordering, autofax or result options, let Maureen know or give her a call, 565-8738.

KANSAS HEALTH INFORMATION NETWORK



Its here! You may have heard that states are required to implement a health information exchange. The Kansas program officially took off when the contract for the technology provider (ICA, Nashville) was signed January 25th. The 2016 goal is to achieve state-wide use (75% of the population) with 80% of providers participating.

KHIN is a collaboration of organizations led by the Kansas Medical Society, the Kansas Hospital Association, the Wichita Health Information Exchange, and eHealthAlign in Kansas City.

The health exchange will provide instant access to a patient's medical history on a subscription basis, enabling physicians to make more informed treatment decisions and avoid duplicate tests, adverse drug reactions, etc. A landmark 2010 survey of organizations working on health information exchange conducted by the eHealth Initiative found significant cost reductions for physicians, hos-

pitals, payers and patients are possible. For example, 50 percent of respondents reported a reduction in cost of clerical administration time from 2009 to 2010; 30 percent saw a reduction in lab and radiology staff time; 75 percent reported a reduction in redundant tests; 78 percent realized a reduction in medical errors; and 133 percent reported a reduction in write-offs or accounts receivables for providers.

KHIN is looking for providers to participate in this planning period. For more information about the rural health information network and how your facility can participate, contact Laura McCrary, KHIN Executive Director, at (785) 861-7490.

HELP US HELP YOUR PATIENTS

Have you noticed the explosive adoption of electronic medical records, practice management systems and vendor applications in the last two years? We have - - and the benefits are exciting.

Just a quick reminder though: if orders are created on your system in advance of the patient visit, would you please verify that no information has changed at the time the patient presents? We are receiving returned mail, patient notification letters, statements, etc. We know how hectic your days are and are sorry when we have to call back for information and interrupt your day. Because we don't see the patient, could you please have a nurse (or a system that works best for you) verify information with the patient? A copy of the current demographic sheet and insurance card would be great.

