More people than ever before took advantage of free or low-cost screenings at HealthFest June 4. A record number of people registered for blood work.

Each year, hundreds of people come to HealthFest for many of the same reasons: to save money on their health care, sample healthy foods and get vital health information. The annual event offers a variety of health screenings and information. Here’s what some participants said about their experience:

Love having a place to get bloodwork done! Stopped by several booths.

I was able to get a medical power of attorney and other information that was a big help.

I think this is a wonderful event and attend every year! Thank you.

Enjoy this every year. Very beneficial. Keep up the good work.

Been coming since the beginning. Great service to the community.

This is a wonderful event for which I am very grateful.

Very organized. People were very friendly and helpful.

Much appreciated. Saved a lot of money. Love the pre-registration.

Hundreds of middle and high school students also took advantage of free sports physicals.

Mark your calendars for HealthFest 2017, Saturday, June 3.
Planning Health care decisions helps patients, families

Living wills and advance medical directives (AMDs) are things you might not think about often, but are important to discuss with your loved ones. Taking the time to have this conversation and make decisions while you are healthy can add even more stress to a dire health situation.

“It’s important to communicate with your family members about the kind of health care you wish to receive if you are ever un-able to make your own decisions, and what quality of life is acceptable to you,” said Kenneth Wright, MD, chair of the medical ethics forum and medical director of rehabilitation at CAMC.

There are several forms you can fill out when it comes to your health wants and needs:

A **living will** is a legal document that tells your physician how you want to be treated if you cannot make decisions for yourself due to being terminally ill or permanently unconscious.

A **medical power of attorney** allows a person that you designate to make health care decisions on your behalf if you are unable. Most West Virginians choose to fill out a combined living will/medical power of attorney form.

A **POST form** is for those with a serious illness and is issued by your physician to a person you designate, who will be your proxy and decide about your wishes for treatment. A POST form follows you after you leave the hospital. You can also fill out a do-not-resuscitate (DNR) card. This informs medical staff and first responders not to perform CPR.

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**Food as medicine**

Charleston Area Medical Center executive chef Bill Dodson and representatives from the West Virginia University School of Medicine provide an interactive healthy cooking class for Charleston Area Medical Center executive chef Bill Dodson and representatives from the West Virginia University School of Medicine provide an interactive healthy cooking class for Charleston Area Medical Center.

Benjamin Smith, MS4; Nirmita Shah, MD; and Suzanne Kemper, MPH.

“**This gets into the art of medicine. You do the best you can.**”

McJunkin said. “We tightened up on opioid use in 2010,” said Brittain McJunkin, MD, FACP, Professor of Internal Medicine, West Virginia University Health Sciences Center, Charleston Division. “It helped us know what we’re doing and what we could do to improve patient care.”

This outpatient care center clinic is a cooperative effort between the Robert C. Byrd Health Sciences Center of West Virginia University-Charleston Division and Charleston Area Medical Center.

Since revising the policies, doctors in the outpatient clinics try to vet patients carefully and document their pain syndromes.

“We carefully choose patients who need opioids to control their pain,” said Brittain McJunkin, MD, FACP, Professor of Internal Medicine, West Virginia University Health Sciences Center, Charleston Division. “It helped us know what we’re doing and what we could do to improve patient care.”

But he says there are a lot of gray areas in assessing and treating pain.

“**This gets into the art of medicine. You do the best you can.**”

McJunkin said. “We try that first, and then use low-dose opioids if we feel it to be appropriate. Based on current guidelines, I hope we are managing pain satisfactorily and safely.”

Others participating in the study included Baby Kodak, MD; Sivani Churchula, MD; Benjamin Smith, MS4; Nirmita Shah, MD; and Suzanne Kemper, MPH.

One conclusion of the researchers was that the findings of this study emphasized the continued necessity for refinement of current pain management approaches.

Researchers take a look at outpatient opioid use

It’s a problem that has been brewing since the late 1990s due to several factors, including legitimate concerns regarding inadequate management of non-cancer pain, but with over-aggressive marketing of opioids and lack of appropriate knowledge of opioids as well. In 2001, the Federation of State Medical Boards established a policy of no regulatory action for opioid prescribing, and for the first time, recommended that under-treatment of pain may be punishable. Subsequent opioid prescribing for chronic non-cancer pain became accepted and mainstream in primary care.

The greater use of prescription opioids benefitted a large subset of patients, but also led to the unexpected epidemic of dependency, addiction and overdose deaths.

Opioid prescribing has quadrupled since 1999. In 2014, the rate of US drug overdose deaths attributed to morphine, codeine and hydrocodone increased 9 percent. West Virginia had the highest rate of overdose deaths, primarily involving opioids.

In 2010, physicians practicing in the Outpatient Care Center clinics at CAMC Memorial Hospital took a closer look at the assessment and use of opioids to treat patients with chronic pain. The review led to policy changes.

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**Run for Your Life**

The 5-mile run, 2.5-mile walk begins at Haddad Riverfront Park, takes participants through the streets of Charleston and up the large hill into the historic Spring Hill Cemetery before returning to the park.

Hundreds of runners took to the streets and hills of Charleston to literally run for their and their loved ones’ lives with the unified goal of fighting colorectal cancer.

The CAMC Foundation’s Run for Your Life is held each June in conjunction with FestivALL. The 5-mile run, 2.5-mile walk begins at Haddad Riverfront Park, takes participants through the streets of Charleston and up the large hill into the historic Spring Hill Cemetery before returning to the park.

Proceeds from Run for Your Life benefit colorectal cancer awareness and screening initiatives to help people who cannot otherwise afford critical screening procedures.

This disease is preventable and treatable with screenings and awareness. Colorectal cancer is the third most common cancer in both men and women. Even though the number of deaths from colorectal cancer has decreased due to increased screenings and improvements in cancer treatment, the need for education and awareness is still important.

It’s a cause that this year’s honorary chairman is passionate about.

“I am grateful to be asked to be the honorary chair of the CAMC Foundation’s Run for Your Life race because after being diagnosed with Stage IV colon cancer at the age of 48 during a colonoscopy, I realize how serious and critical regular screening is for diagnosing colorectal cancer for those over 50 or even younger for those with a family history,” said Erin Magee, an attorney with Jackson Kelly.

The CAMC Foundation thanks all of the sponsors, runners, walkers and especially the honorary run chairman.

**Think First for kids**

Debbie Toney, RN, CNRN, SCRN, charge nurse in the neuroscience intensive care unit, visits elementary schools to teach students about brain and spine injuries, a program sponsored by the CAMC Foundation called Think First for Kids Safety. After the students complete the class, they receive a helmet, bike and shoe reflectors and other goodies to remind them to think first when playing outside. Third-grade students at Ruffner Elementary were the most recent graduates.
Living donors give the ultimate gift to family members

The bond between family members is special, but for Deanza Phillips, Ben Wilson and Tyler Weaver, the relationships go much deeper. This year, Wilson and Phillips each donated a kidney to their brother, and Weaver to his mother, restoring their quality of life, and establishing a lifelong link between them.

Phillips said she and her brother, James Gibson, were always close, and when she found out he had EIA nephropathy and would need dialysis three days a week just to survive, she immediately wanted to help. She started the process of becoming a living donor, and luckily, she and Gibson were a match.

“I didn’t want him to spend the rest of his days on dialysis,” she said. “It’s been a blessing to be able to help him.”

The transplant took place March 19, and Phillips said the first few days after surgery were rough, but the hand runner is back to walking at least 20 miles a week already and hopes to resume running soon.

“It’s so rewarding to know you have been able to help and it makes you more thankful for your own health,” Phillips said.

Ben Wilson, a nurse in Overland Park, Kansas, decided to donate to his brother, Joseph Wilson, after finding out their mother was not a match.

“Ultimately, I wanted to improve my brother’s quality of life,” Wilson said.

His surgery also took place March 19, and by two months post-op, Wilson said he felt no different from before the surgery.

“The transplant team did a wonderful job of answering any questions I had, and thoroughly explained the procedure to me,” he said. “I am grateful to the Lord the kidney is working inside my brother and seems to have already improved his quality of life.”

On May 21, 20-year-old Tyler Weaver of Princeton donated a kidney to his mother. The college senior who plays various superheroes for events at the local library was able to help make his mother’s wish come true.

“Weaver, transplant recipient and Tyler’s mom. A living donation from one family member to another usually decreases the risk of rejection because of the genetic match. However, living donors don’t have to be family members or friends—and individuals can elect to donate to anyone who is a match. More than 6,000 living donations take place each year, and only 25 percent of those are biologically related to the recipient.

“None of this would have been possible without the God given talents and abilities of Dr. Africa and Dr. Chueh, along with the rest of the transplant team and staff that took care of my brother and I before, during and after the surgery,” Wilson said. “They are all the ones that took the offer of donation to my brother and made it a reality.”

To learn more about the Kidney Transplant Center or becoming an organ donor, visit www.canc.org.

Low-dose CT scans help find lung cancer earlier

Lung cancer is the most commonly diagnosed cancer in West Virginia, and it causes more deaths than breast, colon and prostate cancers combined. In the past, lung cancer was often not found until it had reached a late- and incurable—stage. Programs like the CAMC Lung Cancer Screening Program are working to change that.

The goal of the program is to detect lung cancer early, by providing low-dose radiation CT scans for patients who are at risk of developing lung cancer. When lung cancer is found early, patients can undergo minimally-invasive surgery and have less lung tissue removed.

You may be eligible for the low-cost screening program if you:

• Are between the ages of 50 and 77
• Are a current or ex-smoker who has quit in the last 15 years
• Are not showing any signs or symptoms of lung cancer
• Have a smoking history equal to:
  – Smoking one pack per day or more for 30 years
  – Smoking two packs per day for 15 years
• Have additional risk factors, such as occupational exposures, a personal or family history of lung cancer or prior radiation therapy in the chest area.

These guidelines are based on the results of the National Lung Screening Trial (NLST), which found that deaths from lung cancer were reduced by 20 percent in people who were screened by yearly low-dose CT scans versus screening with chest X-rays.

If patients meet the screening guidelines, they may be referred to the program by their physician. The CT scan takes just a few minutes, and patients also receive education and ongoing smoking. The patient’s scan is then reviewed by a radiologist, and results are sent back to the patient’s physician.

For many patients, lung cancer will not be found. If any follow-up is needed, the team will work with the patient and physician to determine the best plan. Our expert team of physicians and nurse navigators provides comprehensive and individualized care to help patients through the process of screening, diagnosis and treatment.

To learn more, visit camc.org/lung-screening.

CAMC Imaging Center—Southridge has been designated a Lung Cancer Screening Center by the American College of Radiology (ACR). The ACR Lung-Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals at the highest risk for lung cancer.

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