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Serving Our Healthcare Partners *N*ationwide



**New Tool for Diagnosing Uterine Disorders**

*Up to 50% of all women are plagued by abnormal uterine bleeding. Each year these irregularities will account for approximately 15 million visits to the doctor. The flexible office hysteroscope is helping gynecologists make an informative diagnosis, right in the office.*

**See page 4 for full story.**

# Screening Program Reduces Colorectal Cancer by 22%

Northern California Kaiser Permanente

*Colorectal cancer is the fourth most common cancer in the United States and the second leading cause of cancer death.<sup>1</sup> An American's lifetime risk of developing colorectal cancer is nearly 6%, with more than 90% of the cases occurring after age 50.<sup>2</sup>*

**National Screening Rates Remain Low**

Screening can prevent colorectal cancer by detecting and removing precancerous polyps and by diagnosing disease at an early stage when it can be effectively cured.<sup>2</sup> In spite of the evidence pointing to the benefits of screening, recent findings from the CDC's state-based Behavioral Risk Factor Surveillance System (BRFSS) indicate that only 44% of adults aged 50 and older had at least one of the recommended screening tests (Fecal Occult Blood Test [FOBT], colonoscopy or flexible sigmoidoscopy) within the appropriate time interval.<sup>3</sup>

A big part of the problem, according to Albert Palitz, MD, Director of the Colorectal Cancer Prevention Program (CoCaP) for Northern California Kaiser Permanente, is the lack of widespread availability of testing. "There are many strategies that will lower the



**Albert Palitz, MD**

incidence of colon cancer and lower colon cancer mortality," he says, "but what has been missing in American medicine is delivering the screening, and delivering it on a very large scale."

**Kaiser's Winning Approach Mass Delivery**

In 1994, mass delivery was the challenge facing Kaiser when it officially began offering CoCaP screening to its Northern California membership, age 50 and older — a population that currently exceeds 800,000. Kaiser's solution was to equip all 30 of its Northern California medical centers with high-quality endoscopy units. To staff these units, Kaiser enlisted the aid of its gastroenterologists and



**Diane McConnell, RN, CGRN**

generalist physicians along with a number of non-physicians. "Follow-up studies show this route to be highly successful, with the non-physicians reaching 60-70 cm during sigmoidoscopy the majority of the time," says Diane McConnell, RN, CGRN, Clinical Charge Nurse of GI/Endoscopy for Kaiser's Walnut Creek Medical Center and a vital participant in the program's development and implementation.<sup>4</sup>

*continued on page 6 ...*

**FREE LOUPE**  
See page 8.



## Serving Our Healthcare Partners Nationwide

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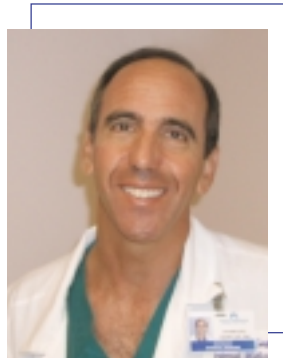
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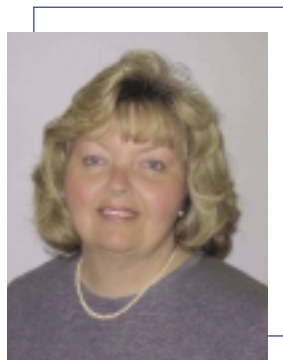
At Olympus, quality means always keeping patient safety in mind, whether we're developing innovative solutions, delivering superior customer service or performing certified repairs. *What does it mean to you?*



*I feel that I am doing a better endoscopy today with the new Olympus 160 series endoscopes. We're getting excellent visualization and the scopes are easy to handle. The transition of putting in the new equipment went*

*very smoothly and our Olympus sales representative's level of support was wonderful. He was instantly available to problem solve any issues.*

**Stanford Gertler, MD, Chief of Endoscopy**  
Kaiser Permanente, Anaheim, California



*In my book, a product is only as good as the service that goes along with it. That's why I go way back with*

*Olympus. My feelings are pretty strong about the company and the excellent support I've received since 1980.*

**Pam Fieler, CGRN, Endoscopy Manager**  
University of Cincinnati Medical Center, Cincinnati, Ohio

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The Quality inside Olympus.  
THE Q INSIDE THE O<sup>SM</sup>

# University Hospital in Cincinnati Selects Olympus Quality

*The University Hospital in Cincinnati was one of the first hospitals in the United States founded primarily for teaching purposes. For more than 179 years, it has continued to be a major research and educational institution with many of its physicians serving on the faculty of the University of Cincinnati College of Medicine. In addition, the University Hospital participates in clinical trials, allowing its various departments to offer patients innovative new treatments and technologies.*

## **Proven Reliability**

The Hospital's Digestive Disease Center is no exception. "As a teaching hospital, we're always looking for the best treatment options," says Norman Gilinsky, MD, the Center's Medical Director and an Associate Professor at the University. "When the Center's endoscopy equipment started showing its age, we decided to replace it with equipment from a vendor with proven reliability." In June 2002, after nearly a decade using another product line, the Digestive Disease Center replaced all of its endoscopy equipment with Olympus instruments.

"We were very impressed with what Olympus had to offer and the breadth of the organization's experience," says Dr. Gilinsky. "We made inquiries at other hospitals and ambulatory endoscopy centers around the city and the response was overwhelmingly in favor of Olympus. That was the deciding factor for us."

"We also needed quality equipment that could stand up to the rigors of our demanding schedule and meet the needs of our doctors," says Pam Fieler, CGRN,

the Center's Endoscopy Manager. The seven-room Center has a full time staff of 25 nurses, technicians and medical assistants and serves as the procedural headquarters for 30 area physicians. Averaging 500-600 endoscopic procedures per month, including 35-40 ERCPs (Endoscopic Retrograde Cholangiopancreatography), the Center is an important resource for delivering endoscopic care to the Greater Cincinnati region.

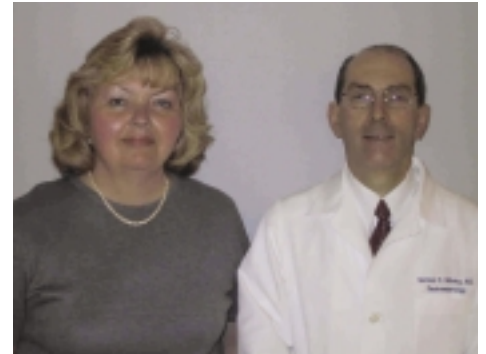
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*"We've been very happy with the equipment and Olympus' prompt response to requests and queries. The service and attention to detail we've received has simply been terrific."*

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## **Exceptional Service**

Another factor in the Center's vendor selection was service. "I think your product is only as good as your service," says Fieler. "We had become discouraged by the lack of reliable assistance from our previous supplier. Throughout my career, I've had an ongoing relationship with Olympus and have always found the organization's service to be exceptional."



*(L to R) Pam Fieler, CGRN; Norman Gilinsky, MD.*

Dr. Gilinsky concurs. "We have Olympus equipment at our Department of Internal Medicine's ambulatory endoscopy center and have been absolutely delighted with the equipment and great service we receive from Olympus and our sales rep, Greg Rugani," he says.

In spite of the center's large staff and huge user base, the transition in June to the new equipment went very smoothly. "We literally converted over one weekend. All the scopes came down on Friday night and 42 new Olympus scopes were installed and operational by Monday morning," says Fieler. The equipment has been in place for a couple of months now and Dr. Gilinsky says they are quite pleased. "We've been very happy with the equipment and Olympus' prompt response to requests and queries. The service and attention to detail we've received has simply been terrific."

For more information on the University Hospital, visit <http://www.health-alliance.com/university.html>. **IS**

*Dr. Gilinsky and Charge Nurse Pam Fieler were interviewed by Cathy Henley. Article and photos printed with permission.*



## Attention Gynecologists & All Women

# Flexible Office Hysteroscopy Offers Convenient, Immediate Diagnosis of Uterine Disorders

**Up to 50% of all women are plagued by abnormal uterine bleeding.<sup>1</sup> Each year these irregularities will account for approximately 15 million visits to the doctor.<sup>2</sup>**

There are several causes for this condition, including everything from fibroids to polyps. Without visual examination of the uterine cavity, many such premenopausal patients are treated hormonally or given a blind procedure such as a D&C or endometrial biopsy — and, if those measures fail, a hysterectomy.

For doctors, there's no substitute for a clear and close look at a medical problem. It is one of the most important steps toward cost-effective therapy — allowing the doctor to treat the problem rather than the symptom. Various forms of ultrasonography are frequently used for imaging, but misdiagnosis and false positive findings make these modalities far from optimal.

Direct visualization of the uterine cavity via office hysteroscopy is proving to be a powerful diagnostic tool. With the newest evolution in Olympus flexible office hysteroscopes, the HYF-XP provides better visualization than ever before with images twice as bright and more natural looking. The flexible office hysteroscope lets doctors view the actual pathology, rather than forcing them to interpret an image. That means an informative diagnosis, right in the office.

### Optimized Design, Practice-Friendly Modality. The Olympus HYF-XP.

- Ultra slim 3.1mm insertion tube and optimized design for smoother insertion and greater flexibility.
- Superior resolution and brightness for larger, clearer images and less eye fatigue.
- Wider field of view for observation of both tubal ostia.
- Digital image capture for simultaneous viewing of the procedure by patient and doctor.
- Practice friendly with improved reimbursement rates for in-office hysteroscopy, training through Olympus preceptor programs and direct financing options including cost-per-procedure and lease agreements.

For more information about the Olympus HYF-XP, select **[B]** on the Request Form on page 8, visit [www.olympusamerica.com](http://www.olympusamerica.com), call 800-548-5515 or contact your Olympus sales representative.

### Fibroid or Polyp?



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visualization  
with blind  
procedures

Dilation and Curettage  
or Endometrial Biopsy

### Fibroid. Definitively.



Olympus HYF-XP  
In-Office Hysteroscopy

## Seeing is Diagnosing

**The Olympus HYF-XP: Sharp. Clear. Definitive.**

*"I prefer using in-office hysteroscopy as a diagnostic tool because, unlike other in-office modalities, I can achieve a very accurate diagnosis. What I find bizarre is that urologists always scope in order to obtain a good image whereas gynecologists don't. It really makes no sense."*

Elizabeth Ginsburg, MD, Medical Director of the In-Vitro Fertilization Program, Brigham & Women's Hospital; Associate Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Boston, MA

*"By providing an accurate view of a patient's overall condition, flexible hysteroscopy helps me determine the best treatment option. Saline infusion sonography, on the other hand, makes it difficult to differentiate between a fibroid or a polyp and to determine if there is more than one."*

Joseph R. Feste, MD, Clinical Associate Professor, Baylor College of Medicine, Houston, TX

*"I encourage all gynecologists to master this simple diagnostic procedure. Flexible hysteroscopy is easy, efficient and one of the best tools for evaluating women with bleeding disorders."*

Linda D. Bradley, MD, Director of Hysteroscopic Services, Cleveland Clinic Foundation, Cleveland, OH

<sup>1</sup> The Cleveland Clinic Foundation: New Treatments for Abnormal Uterine Bleeding. October 1999

<sup>2</sup> Bradley, Linda D.: Office Hysteroscopy. See What You're Missing. OBG Management, September 2001



## SAVE ON MEDICAL SYSTEMS TRAINING IN 2003

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# Olympus Customers Listed Among Top Medical Centers for Digestive Disorders

Olympus America extends its congratulations to the following 37 Olympus customers that made U.S. News and World Report's latest top 50 list of U.S. medical centers for digestive disorders.

**(Listed in alphabetical order)**

- Abbott Northwestern Hospital, Minneapolis, MN
- Allegheny General Hospital, Pittsburgh, PA
- Augusta Health Care, Fishersville, VA
- Barnes-Jewish Hospital, St. Louis, MO
- Baylor University Medical Center, Dallas, TX
- Beth Israel Deaconess Medical Center, Boston, MA
- Brigham and Women's Hospital, Boston, MA
- Clarian Health Partners (IU and Methodist Hospitals), Indianapolis, IN
- Cleveland Clinic, Cleveland, OH
- E.G. McGaw Hospital at Loyola University, Maywood, IL
- Florida Hospital Medical Center, Orlando, FL
- Hospital of the University of Pennsylvania, Philadelphia, PA
- Johns Hopkins Hospital, Baltimore, MD
- Loma Linda University Medical Center, Loma Linda, CA
- Mayo Clinic, Rochester, MN
- Medical University of South Carolina, Charleston, SC
- Memorial Sloan-Kettering Cancer Center, New York, NY
- Mount Sinai Medical Center, New York, NY
- New York Presbyterian Hospital, New York, NY
- Northwestern Memorial Hospital, Chicago, IL
- Parkland Memorial Hospital, Dallas, TX
- Providence Hospital, Southfield, MI
- Rush North Shore Medical Center, Skokie, IL
- Shands Hospital at the University of Florida, Gainesville, FL
- Spectrum Health-Butterworth Campus, Grand Rapids, MI
- St. Joseph's Hospital, Tampa, FL
- Stanford University Hospital, Stanford, CA
- Summa Health System, Akron, OH
- University Hospitals of Cleveland, Cleveland, OH
- University of Chicago Hospitals, Chicago, IL
- University of Miami, Jackson Memorial Hospital, Miami, FL
- University of North Carolina Hospitals, Chapel Hill, NC
- University of Virginia Health Sciences Center, Charlottesville, VA
- University of Washington Medical Center, Seattle, WA
- West Jefferson Medical Center, Marrero, LA
- William Beaumont Hospital, Royal Oak, MI
- Yale-New Haven Hospital, New Haven, CT

## Screening Program

... continued from page 1

### Pragmatic Program Design

Key to the program's success was the implementation of a stratified screening approach utilizing sigmoidoscopy for average risk patients, and colonoscopy or FOBT for those with higher risk factors. Sigmoidoscopy was selected as the base protocol for average-risk patients because of the procedure's high rate of success and low risk as a diagnostic tool.

A study published in 2000 showed that only 2.7% of patients screened had an advanced polyp above the reach of a sigmoidoscopy.<sup>5</sup> "That means," says Dr. Palitz, "a sigmoidoscopy is going to allow you to very safely assess the risk for colon cancer at a 97% accuracy. Compared with a PSA, a PAP smear or a mammogram, that's incredibly precise."

Theodore Levin, MD, FACP — a staff physician in Kaiser's gastroenterology department and a physician-scientist at Kaiser's independent Division of Research — says sigmoidoscopy is also attractive for average risk patients because its complication rates are extremely low (1 in 50,000 for perforations), even when using nurses and internists to perform the procedure. By comparison, a colonoscopy has a perforation rate ranging from 1 in 500 to 1 in 1,300.<sup>6</sup>



*Theodore Levin, MD, FACP*



*(L to R) Daniel Yu, MD, Staff Physician/Gastroenterology, Director of Technology and Innovation for Gastroenterology; Theodore R. Levin, MD, FACP, Staff Physician/Gastroenterology, Research Director for CoCaP; Terri Coleman, LVN, GI Research Nurse Coordinator.*



*(L to R) Standing: Wesley Boone, LVN, Endoscopy Nurse; Linda Mack, RN, CGRN, Nurse Endoscopist/Flexible Sigmoidoscopy; Albert Palitz, MD, Director of CoCaP; Silvia Quintana, MA, Reprocessing Coordinator. Sitting: Diane McConnell, RN, CGRN, Clinical Charge Nurse.*

### Successful Intervention

Today, Kaiser's age 50-plus population boasts an average screening rate of more than 70% (compared to the national average of 44%) and the group's incidence of colorectal cancer (both within and above the reach of a sigmoidoscope) has been reduced by an astounding 22%, and continues to decline. "As a preventive health organization, it's extremely gratifying to see these numbers," says McConnell.

### In Store for the Future

The medical community continues to debate the most effective way to examine and assess the colon. "Everyone would like to find a way to screen the whole colon safely, affordably, comfortably. Unfortunately, colonoscopy just doesn't quite meet those criteria," contends Dr. Palitz.

### Fecal DNA

One solution Drs. Palitz and Levin see as promising is fecal DNA testing. Kaiser's Division of Research is collaborating with the Mayo Clinic on one such study in an attempt to identify better and more specific markers relative to polyp and cancer growth. "The current markers are cumbersome to run, making it expensive and not necessarily an improvement over hemocult testing," says Dr. Levin. "As more is understood about the molecular biology of colon cancers, we'll be better able to determine which markers should be the target of analysis."

### Virtual Colonoscopy

Another encouraging development is virtual colonoscopy — a computer science application that utilizes CT scans to reconstruct a three-dimensional image of the colon. This technique enables clinicians to see the size and location of polyps and cancers to more accurately assess which patients would benefit from a colonoscopy. "If we can perform these scans quickly and read them reliably," says Dr. Levin, "we'll have a very powerful population screening tool resulting in more people being screened, more polyps being found, and more requisite colonoscopies being performed."

For more information about Kaiser's CoCaP program, contact Diane McConnell at 925-295-6210. **IS**

*Drs. Palitz and Levin and Charge Nurse Diane McConnell were interviewed by Cathy Henley. Article and photos printed with permission.*

<sup>1</sup> Colorectal Cancer Screening. What's New from the USPSTF. AHRQ Publication No. APPIP02-0023, June 2002. Agency for Healthcare Research and Quality, Rockville, MD <http://www.ahrq.gov/clinic/3rduspstf/colorectal/coloscwh.htm>

<sup>2</sup> Cancer Facts & Figures 2002, pg. 20. American Cancer Society, Atlanta, GA

<sup>3</sup> HHS Urges Colorectal Cancer Screening to Save Lives, HHS Press Release, March 13, 2002. U.S. Department of Health and Human Services, Washington, D.C. <http://www.hhs.gov/news/press/2002pres/20020313.html>

<sup>4</sup> Palitz AM, Selby JV, Grossman S, et al: The Colon Cancer Prevention Program (CoCaP): Rationale, Implementation and Preliminary Results. HMO Practice 11:5-12, 1997

<sup>5</sup> Lieberman DA, Weiss DG, Bond JH, et al: Use of Colonoscopy to Screen Asymptomatic Adults for Colorectal Cancer. Veterans Affairs Cooperative Study Group. New England Journal of Medicine 343:162-8, 2000

<sup>6</sup> Levin TR, Conell C, Shapiro JA, et al: Complications of Screening Flexible Sigmoidoscopy. Gastroenterology, in press for release December 2002



*Kaiser's Walnut Creek, California, hospital campus.*

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- Information on the Olympus quality commitment
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