

# The Permanente Journal

**Mission:** *The Permanente Journal* advances knowledge in scientific research, clinical medicine, and innovative health care delivery.

**Circulation:** 25,000 print readers per quarter, 6900 eTOC readers, and in 2014, *TPJ* content had 1 million page views—760,000 of those on *TPJ* articles on PubMed. Viewers visited from 187 countries/territories.



**ON THE COVER:**  
**The Breast Cancer Research Stamp—a sampling of stamp images from around the world.**

The stamp depicts Artemis (Diana in Roman mythology), goddess of the hunt and protector of young girls, bringing and relieving disease in women. She is depicted reaching for an arrow in her quiver to fend off an enemy of women: breast cancer. The position she assumes is also the position for breast self and

clinical examination, a subtle reminder for women. The right breast has been removed and replaced with the words "Fund The Fight. Find A Cure." The rainbow of colors represents the fact that it is a disease of women that affects women of all colors. The rainbow is also thought of as the symbol for hope: in this case, the hope for a cure.

The stamp was originally released in the US in 1998 at a rate of 40 cents (standard first-class letter rate was 32 cents); the balance was allocated to the National Institutes of Health and the Department of Defense to fund breast cancer research. The stamp is now available in 23 countries in various iterations: most based on this design, some completely different. More than \$90 million has been raised in the US through the sale of 985 million stamps. There is no way to know how much money has been raised in other countries, but with the funds raised, some countries have set up Cancer Registries and others have purchased mobile mammogram units. Those countries with no research infrastructure use the funds for education, outreach, and treatment. All funds raised in a country stay in that country.

This year's goal, with fewer than 15 million to sell, is to reach 1 billion stamps sold.

## ORIGINAL RESEARCH & CONTRIBUTIONS

**4 The Panel Management Questionnaire: A Tool to Measure Panel Management Capability.** Elizabeth Ann Rogers, MD, MAS; Danielle Hessler, PhD; Kate Dube; Rachel Willard-Grace, MPH; Reena Gupta, MD; Thomas Bodenheimer, MD, MPH; Kevin Grumbach, MD

Primary care practices are turning toward team-based strategies such as panel management, in which nonclinicians address routine preventive and chronic disease care tasks for a group of patients. No known validated instruments have been published for measuring panel management implementation. The authors developed the 12-item Panel Management Questionnaire (PMQ) measuring 4 domains. Data were assembled from self-administered cross-sectional surveys of 136 staff and 204 clinicians in 9 county and 5 university adult primary care clinics. Staff and clinician PMQ scores in each clinic were correlated. The clinic-level median PMQ score was positively associated with a composite clinic quality measure.

**10 Hand-Assisted versus Straight-Laparoscopic versus Open Proctosigmoidectomy for Treatment of Sigmoid and Rectal Cancer: A Case-Matched Study of 100 Patients.** Fazli C Gezen, MD; Erman Aytac, MD; Meagan M Costedio, MD; Jon D Vogel, MD; Emre Gorgun, MD

To assess the efficacy of laparoscopic proctosigmoidectomy for cancer treatment, 25 patients who underwent hand-assisted laparoscopic resection during the study period (9/2006 – 7/2012) were matched to 25 straight-laparoscopic and 50 open-surgery cases. The patients who underwent hand-assisted resection had higher rates of preoperative cardiac disease and hypertension than did the straight-laparoscopy and open-surgery groups. Straight-laparoscopic surgery seems to provide faster convalescence compared with open surgery and hand-assisted laparoscopic surgery.

**CME**  
**15 Big Data, Miniregistries: A Rapid-Turnaround Solution to Get Quality Improvement Data into the Hands of Medical Specialists.** Lisa J Herrinton, PhD; Liyan Liu, MD, MS; Andrea Altschuler, PhD; Richard Dell, MD; Violeta Rabrenovich, MHA; Amy L Compton-Phillips, MD

The cost to build and to maintain traditional registries for many dire, complex, low-frequency conditions is prohibitive. The authors used accessible technology to develop a platform that would generate miniregistries (small, routinely updated datasets) for surveillance, to identify patients who were missing elected utilization and to influence clinicians to change practices to improve care. The platform, tested in 5 medical specialty departments, enabled the specialists to rapidly and effectively communicate clinical questions, knowledge of disease, clinical workflows, and improve opportunities. Each miniregistry required 1 to 2 hours of collaboration by a specialist. Turnaround was 1 to 14 days.

**22 Expanding Access to Care and Improving Quality in the Mid-Atlantic States Safety-Net Clinics: Kaiser Permanente's Community Ambassador Program.** Jared Lane K Maeda, PhD, MPH; Jacqueline J Bradley, MSN, CRNP; Sarah R Eissler, MSN, CPNP; Marcia LoBrano, MD, MPH; Mindy R Rubin; Maritha Gay; Michael A Horberg, MD, MAS, FACP, FIDSA; Bernadette C Loftus, MD

The Community Ambassador Program (CAP) in the Mid-Atlantic States Region places Kaiser Permanente-employed nurse practitioners, midwives, and physician assistants to work in the safety-net clinics and share best practices through a long-term community collaboration. The authors conducted an evaluation of 18 safety-net clinics that participated in the CAP in 2012. The Community Ambassadors provided an estimated 32,249 encounters to 11,988 patients. Performance was at or near 90% for 2 adult quality measures (weight screening and tobacco use assessment). For breast cancer screenings, however, performance among the Community Ambassadors was much lower (48%). The program expanded access and improved quality of care.



CME



Our new Web mobile CME application is now available.

- Read articles.
- Take quizzes.
- Earn credit.
- Get your CME certificate.

[www.tjpcme.org](http://www.tjpcme.org)

**28 Alcohol Intake, Beverage Choice, and Cancer: A Cohort Study in a Large Kaiser Permanente Population.**

**CME** Arthur L Klatsky, MD; Yan Li, MD, PhD; H Nicole Tran, MD, PhD; David Baer, MD, PhD; Natalia Udaltsova, PhD; Mary Anne Armstrong, MA; Gary D Friedman, MD, MS

The authors studied incident cancer risk from 1978 to 1985 and through follow-up in 2012 relative to light-to-moderate and heavy drinking and to the choice of alcoholic beverage in a cohort of 124,193 persons. With lifelong abstainers as referent, heavy drinking ( $\geq 3$  drinks per day) was associated with increased risk of 5 cancer types: upper airway/digestive tract, lung, female breast, colorectal, and melanoma, with light-to-moderate drinking related to all but lung cancer.

**36 Maintenance of Certification Part IV Quality-Improvement Project for Hypertension Control: A Preliminary Retrospective Analysis.**

**CME** Vallerie A Kolasinski, MPH, CHES; David W Price, MD, FAFP

Fifty-two American Board of Family Medicine and 19 American Board of Internal Medicine certified physicians completed projects to increase the percentage of hypertensive patients on their patient panels who had controlled blood pressure. Mean panel blood pressure control improved from 79.49% to 84.64%. The choice of improvement option was not associated with the level of improvement or with the participant's perception of the workload related to completing the project.

**41 Use of ERC-1671 Vaccine in a Patient with Recurrent Glioblastoma Multiforme after Progression during Bevacizumab Therapy: First Published Report.**

Daniela A Bota, MD, PhD; Daniela Alexandru-Abrams, MD; Chrystel Pretto, PhD; Florence M Hofman, PhD; Thomas C Chen, MD, PhD; Beverly Fu, NP; Jose A Carrillo, MD; Virgil EJC Schijns, PhD; Apostolos Stathopoulos, MD, PhD

Glioblastoma multiforme is a highly aggressive tumor that recurs despite resection, focal beam radiation, and temozolamide chemotherapy. ERC-1671 is an experimental treatment strategy that uses the patient's own immune system to attack the tumor cells. The authors report preliminary data on the first human administration of ERC-1671 vaccination under a single-patient, compassionate-use protocol. The patient survived for ten months after the vaccine administration without any other adjuvant therapy and died of complications related to his previous chemotherapies.

*Special Report*

**48 Breast Cancer Survivorship: A Comprehensive Review of Long-Term Medical Issues and Lifestyle Recommendations.**

Balazs I Bodaj, MD, FACS; Phillip Tuso, MD, FACP, FASN

As breast cancer becomes a chronic condition rather than a life-threatening illness, survivors not only have the challenge of dealing with multiple long-term side effects of treatment protocols, but may also be forced to address the preexisting comorbidities of their therapies, which often include multiple other issues. It is imperative that the information available regarding survivorship issues be accessible in an organized and useful format. This article is a modest attempt to provide a comprehensive review of the long-term medical issues.

*Special Report*

**80 Nutrition Reconciliation and Nutrition Prophylaxis: Toward Total Health.**

**CME** Phillip Tuso, MD, FACP, FASN; Sam Beattie, PhD

Malnutrition by definition may be an abnormality in either under- or overnutrition. Nutrition reconciliation means that all patients have their nutritional status reconciled on admission to and discharge from the hospital. Nutrition reconciliation is defined as the process of maximizing health by helping align an individual's current diet to the diet prescribed for him or her by the health care team. Nutrition prophylaxis is a proactive intervention to prevent a medical complication.

**SOUL OF THE HEALER**

**35 Lake Bled**

Samuel H Glassner, MD

**47 Summer Storm at Myrtle Beach**

John Davenport, MD, JD

**87 Captive Souls**

Philip R Brunner, MD, FAAP

**91 Sol Duc Falls**

David L Shenson, MD

**COMMENTARY**

**88 The First International Congress on Whole Person Care—A Report.**

Gary Huffaker, MD, MA; David Petrie, MD, FRCP; Joel Kreisberg, DC, CCH

This report on the First International Congress on Whole Person Care, sponsored by McGill University, is based on the experiences of two attending authors who developed a poster of Integral Theory that emphasized the importance of taking multiple perspectives in all areas of human inquiry to allow a "big picture" perspective on medicine. Interiors (thoughts, intentions, will) of both physician and patient are as important as the exteriors (measurable parameters, such as lab results) which are often emphasized.

**92 Changing Medicine and Building Community: Maine's Adverse Childhood Experiences Moment.**

Leslie Forstadt, PhD; Sally Cooper, MD; Sue Mackey Andrews

Physicians are instrumental in community education, prevention, and intervention for adverse childhood experiences. In Maine, a statewide effort is focusing on education about adverse childhood experiences and ways that communities and physicians can approach childhood adversity. This article describes how education about adversity and resilience can positively change the practice of medicine and related fields. It exemplifies the collective impact model by increasing community knowledge, affecting medical practice, and improving lives.

**ONLINE ONLY**



See page 2 for additional content from *The Permanente Journal* available online only.

ONLINE  
ONLY



Available at: [www.thepermanentejournal.org/Issues/2015/Spring.html](http://www.thepermanentejournal.org/Issues/2015/Spring.html)

## CASE REPORTS

### Ruptured Intracranial Lipoma— A Fatty Outburst in the Brain.

Vinod Chaubey, MD; Ganesh Kulkarni, MD; Lovely Chhabra, MD

Intracranial lipomas are rare congenital lesions that occur because of abnormal differentiation of embryogenic meninges. These lipomas are usually seen incidentally on brain imaging, and are usually asymptomatic and do not require treatment. The authors present a case of ruptured intracranial lipoma, discovered in an elderly patient presenting with dizziness and episodes of falls.

### Atrial Fibrillation and Cor Triatriatum Sinister: A Case Report.

Hoa Jeannie Tran, MD; Robert Gordon, MD; Thomas Alloggiamento, MD, MS; Sukhvinder Kaur Nagi, MD, PhD; Ashok Krishnaswami, MD, MAS

A 29-year-old man presented to our hospital with palpitations, shortness of breath, and orthopnea. After being admitted, he progressed to cardiogenic shock and respiratory failure, which required ventilator support and cardioversion. Subsequent evaluation revealed a fibromuscular membrane across the left atrium, requiring urgent corrective surgery.

### Rare Case of Myocardial Infarction in a 19-Year-Old Caused by a Paradoxical Coronary Artery Embolism.

Jonathan Kei, MD, MPH; Jennifer Kiss Avilla, MD; Jeffrey J Cavendish, MD

This case focuses on a 19-year-old man who developed an inferior ST-segment elevation myocardial infarction as a result of a previously undetected large atrial septal defect. This cardiac anomaly facilitated the transport of a paradoxical embolism that occluded the right coronary artery.

## CLINICAL MEDICINE

### Image Diagnosis: Arachnoid Cyst.

Andrew C Karnazes; Jonathan Kei, MD, MPH; Minh V Le, MD

A 14-year-old boy presented with 3 months of generalized headache that had increased in intensity and frequency with associated light-headedness. Primary arachnoid cysts result from developmental abnormalities; more rare secondary cysts develop as a result of head injury, meningitis, tumors, or as a complication of brain surgery.

## NURSING RESEARCH & PRACTICE

### Workplace Violence in the Emergency Department: Giving Staff the Tools and Support to Report.

Julie Stene, MHA, MSN, RN; Erin Larson, MSN, RN; Maria Levy, RN; Michon Dohman, MSN, RN

Workplace violence is increasing across the nation's Emergency Departments, and nurses often perceive it as part of their job. Reporting processes were inconsistent, and nurses often did not know what acts constitute violence and underreported it. A staff nurse-led workgroup developed an initial survey and a reporting tool, and education was provided. A posteducation survey documented the reporting of violent acts has increased, and staff perceived the Emergency Department to be a safer environment.

## BOOK REVIEW

### 40 Years in Family Medicine.

Review by Robert W Hogan, MD

## EDITORIAL & PUBLISHING OFFICE

*The Permanente Journal*, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232, USA; phone: 503-813-3286; fax: 503-813-2348; E-mail: [permanente.journal@kp.org](mailto:permanente.journal@kp.org).

## THE PERMANENTE JOURNAL ONLINE

*The Permanente Journal* is available online at [www.thepermanentejournal.org](http://www.thepermanentejournal.org).

## INSTRUCTIONS FOR AUTHORS

Instructions for Authors and Manuscript Submission Instructions are available along with a link to our manuscript submission center at [www.thepermanentejournal.org/authors.html](http://www.thepermanentejournal.org/authors.html).

## ARTWORK SUBMISSIONS

Instructions for Artists and Artwork Submission Instructions are available along with a link to our submission center at [www.thepermanentejournal.org/authors/artwork.html](http://www.thepermanentejournal.org/authors/artwork.html).

## LETTERS TO THE EDITOR

Send your comments to: *The Permanente Journal*, Letters to the Editor, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232, Fax: 503-813-2348, E-mail: [permanente.journal@kp.org](mailto:permanente.journal@kp.org).

## PERMISSIONS AND REPRINTS

To obtain permission to republish, reprint, or adapt material published in *The Permanente Journal*, please access and complete the Reprint Permission Form available at: [www.thepermanentejournal.org/about-us/5818-reprint-permissions.html](http://www.thepermanentejournal.org/about-us/5818-reprint-permissions.html). If you have questions, please contact Max McMillen, ELS, by e-mail: [max.l.mcmillen@kp.org](mailto:max.l.mcmillen@kp.org).

## ADVERTISING/ANNOUNCEMENTS

For rates and information about advertising in *The Permanente Journal*, contact Amy Eakin, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232; phone: 503-813-2623; E-mail: [amy.eakin@kp.org](mailto:amy.eakin@kp.org).

## SUBSCRIPTION RATES AND SERVICE

Subscription rates are shown in the table below. Subscriptions are entered for the calendar year. Advance payment in US dollars is required. For information about subscriptions, missing issues, billing, subscription renewal, and back issues, E-mail: [permanente.journal@kp.org](mailto:permanente.journal@kp.org).

	USA	Other Countries
Institutional	\$70.00	\$85.00
Individual	\$40.00	\$55.00

## ADDRESS CHANGES

Send all address changes to *The Permanente Journal*, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232; E-mail: [permanente.journal@kp.org](mailto:permanente.journal@kp.org). Please include both old and new addresses.

*The Permanente Journal* (ISSN 1552-5767) is published quarterly by The Permanente Press. *The Permanente Journal* is available online (ISSN 1552-5775) at [www.thepermanentejournal.org](http://www.thepermanentejournal.org). Periodicals postage paid at Portland and at additional mailing offices. POSTMASTER, send all address changes to *The Permanente Journal*, 500 NE Multnomah Street, Suite 100, Portland, Oregon, 97232.

The Editorial Staff have disclosed that they have no personal, professional, or financial involvement in any of the manuscripts they might judge. Should a conflict arise in the future, the Editorial Staff have agreed to recuse themselves regarding any specific manuscripts. The Editorial Staff also will not use the information gained through working with manuscripts for private gain.

Copyright © 2015 *The Permanente Journal*

CME

## ANNOUNCEMENT:

# CME Credits Now Available for Reviewers

*The Permanente Journal* is happy to offer Continuing Medical Education credits for completing manuscript reviews for *The Permanente Journal*. Physicians are eligible to receive up to 15 AMA PRA Category 1 Credits per year (3 AMA PRA Category 1 Credits per manuscript).

For more information, please visit our *For Reviewers* home page on our Web site: [www.thepermanentejournal.org/reviewers.html](http://www.thepermanentejournal.org/reviewers.html).