



We're in this  
**Together.**





**Members of the Tunnell Cancer Center Medical Staff** (left to right, back row) Andrejs V. Strauss, MD, radiation oncologist; Liz Wilson, FNP-BC, nurse practitioner; James Spellman, Jr., MD, surgical oncologist; Owen Thomas, MD, radiation oncologist; Brian Costleigh, MD, radiation oncologist; Nisarg Desai, MD, medical oncologist; Alec Chase, PA-C, oncology physician assistant; and Porselvi Chockalingam, MD, medical oncologist. (left to right, front and center) Carmen L. Pisc, MD, medical oncologist; Nataliya Melnyk, MD, medical oncologist; Jennifer Hung, MD, radiation oncologist; Srujitha Murukutla, MD, medical oncologist; and Srihari Peri, MD, medical oncologist. Not pictured: Isabel Benson, NP-C, AOCNP, oncology nurse practitioner

## TUNNELL CANCER CENTER

The mission of the Robert & Eolyne Tunnell Cancer Center at Beebe Healthcare is to provide both hope and cure. From diagnosis through treatment and beyond, the patients at the Tunnell Cancer Center are never alone. Physicians, nurses, and staff, as part of the multidisciplinary approach, are there to listen, support, and encourage.

Every patient is treated as an individual. A multidisciplinary team meets weekly to discuss each newly diagnosed case to consider treatment options and to establish the most appropriate treatment protocol. Research nurses review clinical trials for participation opportunities.

Since its inception in 1995, 13,188 newly diagnosed patients have received care at Tunnell Cancer Center.

**THANK YOU** We would like to thank each of you who have supported Beebe Healthcare's Tunnell Cancer Center and our multidisciplinary team.

Your donations have allowed us to purchase modern technologies and equipment so important to patient care and have also made it possible for us to help many of our patients with special needs incurred during their cancer journey.

Your generosity and commitment have made an important and welcome difference to all of us and to those we serve.

**BEEBE HEALTHCARE-TUNNELL CANCER CENTER**

### IN FISCAL YEAR 2016 (JULY 1, 2015-JUNE 30, 2016) YOU SHARED WITH TUNNELL CANCER CENTER:

- More than 450 donors contributed over \$318,000.
- Several donors have shared their intent to leave planned gifts (and entire estates).
- More than 200 donors gave gifts in memory or in honor of more than 50 loved ones.
- Four golf tournaments raised over \$150,000.



# CHAIRMAN'S MESSAGE

This past year has been a significant one for Tunnell Cancer Center. In September, we celebrated 10 years at our site at the Beebe Health Campus and 21 years since the original Tunnell Cancer Center was opened on the grounds of Beebe Healthcare in Lewes. Our team, led by our Medical Director Dr. Srihari Peri, participated in a national clinical trial to improve communication with our older patients so they participate more in their own care.

We have seen the number of patients increase as the older population of southern Delaware has continued to grow. While we also have young patients, the risk of cancer increases as we age. People are retiring to our area from cities throughout the Mid-Atlantic and even the Northeast regions. We at Tunnell Cancer Center have added oncologists, as well as other staff members, and have continued to make sure that our technologies and our treatment regimens are comprehensive and the latest in evidence-based medicine. Our patients have the opportunity, whenever they are eligible and receptive, to participate in clinical trials, and our enrollment of patients in clinical trials has increased substantially over the past year. We are proud of the care and treatment that we provide our patients and their families. Our multidisciplinary team meets regularly to discuss individualized treatment plans for each patient and to make sure that we provide our patients with the latest in cancer care. As an organization accredited by the American College of Surgeons Commission on Cancer, we are committed to improving survival and quality of life for our patients. In 2014, we began to implement a low-dose CT scan lung cancer screening program following the outcomes of a national

trial that showed their success in helping to diagnose lung cancers early. In 2015, through this program, we diagnosed eight patients, six of whom were in an early stage, allowing us to effectively treat patients that might not have otherwise known that they had lung cancer. We continue to expand the program and hope to help many more patients with lung cancer.

With the improvements in cancer care, more people are surviving cancer long term. It is in many cases being managed as a "chronic disease," requiring long-term monitoring and continued psychosocial support. To support our survivors and help them improve their quality of life, we have begun to implement a survivorship care plan program. Now in its infancy, it will continue to grow. Beebe Medical Foundation, the fundraising arm of Beebe Healthcare, continues to look for ways to help us expand our services. We thank the Foundation for its commitment to support us. We also thank our volunteers, our team members, our patients and their families, and those in the communities that we serve for supporting us.



**OWEN THOMAS, MD**  
*Radiation Oncologist,  
Chairman of the Beebe  
Healthcare Cancer  
Committee*

Dr. Owen Thomas

## BEEBE HEALTHCARE CANCER COMMITTEE ROSTER 2016

MARTIN BLOOD  
DEBORAH CAMPBELL, RN  
ALEXANDER CHASE, PA-C  
XIAOLI CHEN, MD  
PORSELVI CHOCKALINGAM, MD  
ALLISON CLOBES, RN  
KATHY COOK, RN  
BRIAN COSTLEIGH, MD  
NISARG DESAI, MD

ALLISON GIL  
REV. KEITH GOHEEN  
LISA HENDERSON  
LUANNE HOLLAND  
JENNIFER HUNG, MD  
CAROL HUNT  
JUDE JOHNSON-SHUPE  
LINDA LOVE  
CHEYENNE LUZADER

NATALIYA MELNYK, MD  
DONNA MISKIN, RN, OCN  
HELEN MOODY, CTR  
DIANE MULKHEY  
SRUJITHA MURUKUTLA, MD  
RICHARD PAUL, MD  
DARETH PENUEL, RN  
SRIHARI PERI, MD  
CARMEN PISC, MD

MARGARET PORTER, RN  
KRISTEN RAHN  
JUDITH RAMIREZ, EDD  
MICHAEL RAMJATTANSINGH, MD  
CHERRIE RICH, RN  
ANIS SALIBA, MD  
JAMES SPELLMAN, JR., MD  
ANDREJS STRAUSS, MD  
OWEN THOMAS, MD

LYNNE VAN PELT, RN  
CASEY WALSH, FNP  
KIM WESTCOTT, MS, RD  
CLARE WILSON, RN  
ELIZABETH WILSON, FNP



# PETE HOVIS

HEAD AND NECK  
CANCER SURVIVOR

"I LOVE MY WIFE MORE; I LOVE LIFE MORE."

In 2009, soon after Pete Hovis, 77, had retired from Cape Henlopen High School, he noticed a lump on his neck. As a former science teacher, he knew the lump was a bad sign. Since there was no pain, he immediately feared that it was cancer. He was correct, and that diagnosis began a journey that may have been one of the most difficult in his life.

The cancer was located at the back of his tongue. Through surgery, chemotherapy, and radiation treatments he could not eat solid food for months. He lost his sense of smell and his sense of taste and regularly threw up. There were 33 days of radiation where he had to wear a plastic mask during the treatments. Luckily, Tunnell Cancer Center was not far away and he could return home in the evening.

"I got depressed and I never get depressed." But Pete's love of life and luck won out. He and his wife Nancy have been married since 1962, and with her by his side, he survived and has returned to enjoying his family and flying model airplanes with Lewes R.C. Club, a non-profit organization chartered by the Academy of Model Aeronautics.



## HEAD AND NECK CANCER

OWEN THOMAS, MD *Radiation Oncologist*

Head and neck cancers represent about 3% of the cancers in the United States, according to the National Institutes of Health. In 2015, they accounted for 2.1% (19) of the 902 analytic cancers diagnosed at Tunnell Cancer Center. They develop in the moist mucous squamous cells inside the mouth, nose and throat. They are typed by the specific area in which they begin:<sup>1</sup>

- **LARYNGEAL AND HYPOPHARYNGEAL CANCER:** These cancers affect the larynx and hypopharynx, an area important for breathing, talking, and swallowing.
- **NASAL CAVITY AND PARANASAL SINUS CANCER:** These affect the area just behind the nose and surrounding sinus areas.
- **NASOPHARYNGEAL CANCER:** The air passageway at the upper part of the throat is affected.

- **ORAL AND OROPHARYNGEAL CANCER:** These cancers develop in the mouth, on the tongue, and the area of the throat from the tonsils to the larynx.
- **SALIVARY GLAND CANCER:** This cancer develops in the salivary glands.

OTHER TYPES OF CANCER CAN BE DIAGNOSED IN THE HEAD AND NECK THAT ARE NOT CATEGORIZED AS HEAD AND NECK CANCERS. THEIR TREATMENT IS DIFFERENT. THEY INCLUDE: BRAIN TUMORS; ESOPHAGEAL, EYE, PARATHYROID, AND THYROID CANCERS; AND SARCOMA.

Survival rates on these cancers are specific to each, and to the stage at which they are diagnosed. Incidence and mortality rates for these cancers have been declining since 2003, and clinical research into new treatments

robust, including in the area of immunology and genomic technologies, according to the National Cancer Institute.

## RISK FACTORS

Head and neck cancers are more common in men than in women, and people over the age of 40 are at a higher risk. They have been linked to smoking, with statistics showing that about 75% of cases are linked to tobacco use, including smoking and smokeless tobacco.<sup>2</sup> Heavy consumption of alcohol also has been linked with cancers in the mouth and throat. Prolonged sun exposure has been linked to cancers of the mouth, as well as to skin cancer.

The human papillomavirus (HPV) is a common risk factor of some types of head and neck cancer, as it is passed through sexual activity. For example, HPV type 16 (HPV16) and HPV type 18 (HPV18), are linked to more than half of the cases of oropharyngeal cancer.<sup>3</sup> It is not known whether the FDA-approved HPV vaccines will prevent head and neck cancer.

Other risk factors include: exposure to Epstein-Barr virus (EBV); consumption of certain preserved or salted foods in childhood; exposure to certain inhalants such as asbestos and paint fumes; poor nutrition and poor oral hygiene; and marijuana use.

## SYMPTOMS

Not all patients have symptoms, and the symptoms listed here can also signal other medical issues.

- Red or white patches in the mouth
- Lump in the head or neck area, often with no pain
- Hoarseness or persistent sore throat
- Double vision or difficulty breathing
- Frequent nose bleeds or blood in the saliva
- Unexplained weight loss

## BEEBE HEALTHCARE HEAD + NECK—TREATMENT BY AJCC STAGE

	In Situ	I	II	III	IV
<b>Diagnosed Only</b>	0	1	0	0	0
<b>Chemo</b>	0	0	0	1	0
<b>Radiation</b>	0	0	0	0	0
<b>Radiation/Biological Modifier</b>	0	0	0	0	1
<b>Radiation/Chemo</b>	0	0	0	3	6
<b>Surgery</b>	0	1	2	0	0
<b>Surgery/Radiation</b>	0	3	0	1	0
<b>Surgery/Radiation/Chemo</b>	0	0	0	0	1



*Radiation patient Mitch Geasler receives radiation therapy from Jacki McCabe, RT (R) (T), and Katie Cox, RT (MR) (T).*

## DIAGNOSIS AND TREATMENT

Diagnosis and treatment methods vary according to the cancer. Diagnosis methods can include lab tests and image scans, such as those performed by positron emission tomography (PET), magnetic resonance imaging (MRI), computed tomography (CT), and/or barium esophagogram.

Treatment for hypopharyngeal cancer, for example, can include surgery to remove the larynx and part of the pharynx (laryngopharyngectomy), or a partial surgery, which would prevent loss of voice, or neck dissection to remove lymph nodes only. A treatment plan also could include external radiation and/or chemotherapy to shrink the tumor before surgery. The use of chemotherapy depends upon the stage the cancer was diagnosed.

## REHABILITATION

Rehabilitation is an important part of an overall treatment plan for head and neck cancers so that the patient may resume function and normal activities as soon as possible. The goal of rehabilitation depends upon the extent of the disease and treatments performed. Patients may need physical and/or speech therapy and dietary counseling. Patients who have had treatment for cancers of the oral cavity may need reconstructive surgery, or prostheses, so that speech and the ability to swallow is restored.

1. American Society of Clinical Oncology: <http://www.cancer.net/cancer-types/head-and-neck-cancer/overview>

2. U.S. National Library of Medicine: <https://medlineplus.gov/headandneckcancer.html>

3. National Cancer Institute: <https://www.cancer.gov/research/progress/snapshots/head-and-neck>





Dr. Melnyk and Denise Martin discuss how Denise is feeling and her future plans with her recovery.



## BLADDER CANCER

**BRIAN COSTLEIGH, MD** Radiation Oncologist

Bladder cancer represents about 5% of all new cancer cases in the United States, and the average age of diagnosis is 73 years old, according to the American Cancer Society. Nationally, bladder cancer represents the fourth most common cancer in men. The risk to men is one in 26 and the risk to women is one in 88.

The 50 cases of bladder cancer diagnosed in 2015 at Tunnell Cancer Center parallel the national trend, with bladder cancer being the fourth most common cancer in men after prostate, lung, and melanoma, and with 72% of all cases being diagnosed in patients 70 years of age and older. The 50 cases also represented about 5% of Tunnell Cancer Center's 902 analytic cases.

Usually, bladder cancer begins in transitional epithelial cells that make up the inner lining of the bladder. As

tumors grow, they can invade surrounding muscle. Later-stage tumors spread to nearby lymph nodes and metastasize to other organs.

Nationally, the rate of bladder cancer has dropped in both men and women. When analyzing years of data from the National Cancer Institute's SEER database, it is estimated that the average five-year survival rate for all bladder

### BEEBE HEALTHCARE 2015 BLADDER CASES—TREATMENT

	In Situ	I	II	III	IV
<b>Diagnosis Only</b>	0	0	0	0	1
<b>Surgery</b>	18	13	2	0	1
<b>Surgery/Chemotherapy</b>	0	1	4	1	1
<b>Surgery/Radiation</b>	0	0	4	0	0
<b>Surgery/Radiation/Chemo</b>	0	0	4	0	0

Source: Tumor Registry, Rocky Mountain Cancer Database System

cancers is 77%, with the 10-year average being at 70%. Cancers diagnosed in early stages that are within the inner layer of the bladder have shown on average to have the best survival rates.<sup>1</sup> Bladder cancers are known to reoccur, so patients are kept under close surveillance, even in cases of early diagnosed cancers.

## RISK FACTORS

Cigarette smoking appears to be the dominate risk factor for bladder cancer, with smokers being at triple the risk of being diagnosed with bladder cancer than non-smokers.

People exposed to certain industrial chemicals, such as those in the manufacturing of textiles, rubber, leather, and paint products also are at risk, especially if they also smoked cigarettes in the workplace while being exposed to the chemicals. It has been noted that there has been a higher risk of bladder cancer in areas such as New England where arsenic was found in private wells.<sup>2</sup>

People who have had cancer of the lining of the urinary tract are at a higher risk for bladder cancer, even after treatment. Genetics also may play a part in the risk of bladder cancer, whether from changes in genes or the fact that family members are exposed to the same cancer-causing chemicals. Gene syndromes that increase the risk of bladder cancer include: a mutation of the retinoblastoma gene; Cowden disease; and Lynch syndrome.

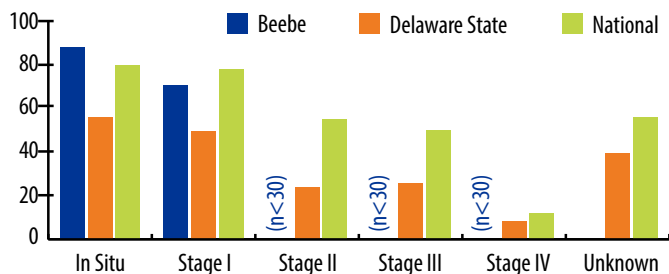
## DIAGNOSIS AND TREATMENT

A symptom of bladder cancer is blood in the urine. People may also experience changes in urination, though those symptoms also can be as a result of infection, overactive bladder, or, in the case of men, an enlarged prostate.

Tests to diagnose bladder cancer can begin with urine tests. As a result, if bladder cancer is suspected, a cystos-

### BEEBE HEALTHCARE BLADDER 5-YEAR SURVIVAL 2010-2014

Analytic Cases



Insufficient Beebe cases (n<30)

Data Source: Beebe Healthcare, Diagnosed 2010-2014 | Delaware State Cancer Registry, Diagnosed 2010-2014

Nat'l #s NCD, Commission on Cancer, ACoS, Diagnosed in 2010-2014 | Data reported from all States, 1,450 Programs (National)



*Kenneth Senk, an infusion patient at Tunnell Cancer Center, talks with Jordan Warrington, RN, BSN, while she checks his port and prepares him for an infusion treatment.*

copy may be ordered to view any abnormality on the lining of the bladder. A biopsy will then be performed if abnormal cells are found. Because mutations in bladder cancer cells can be identified through biopsy, new individualized treatment plans are becoming options. The most common form of bladder cancer is transitional cell carcinoma, or urothelial cell carcinoma, which is a type of cancer that occurs throughout the urinary system.

There are different treatment regimen options for bladder cancer that can include surgery, radiation therapy, chemotherapy, and/or biologic therapy.

- **TRANSURETHRAL RESECTION OF THE TUMOR:** For early stage cancers still contained in the bladder wall, a transurethral resection of the tumor (TURBT) may include a biologic treatment called Bacillus Calmette-Guérin (BCG) to stimulate the patient's immune system. Research is ongoing in this field of immunotherapy to improve treatment for bladder cancer.<sup>3</sup>
- **SURGERY:** For more advanced stages of bladder cancer, part or all of the bladder may be removed as well as nearby lymph nodes and/or other organs.
- **RADIATION:** For patients who cannot have surgery, or as part of a total treatment regimen, external beam radiation treatment can be performed.
- **CHEMOTHERAPY:** Treatment using chemotherapy can be either intravesical—directly into the bladder as an early stage treatment, or systemic—when the cancer has spread into other areas of the body.

1. American Cancer Society <http://www.cancer.org/cancer/bladdercancer/index> U.S. National

Library of Medicine: <https://medlineplus.gov/bladdercancer.html>

2. National Cancer Institute: <https://www.cancer.gov/news-events/press-releases/2016/bladder-cancer-risk-arsenic-private-wells>

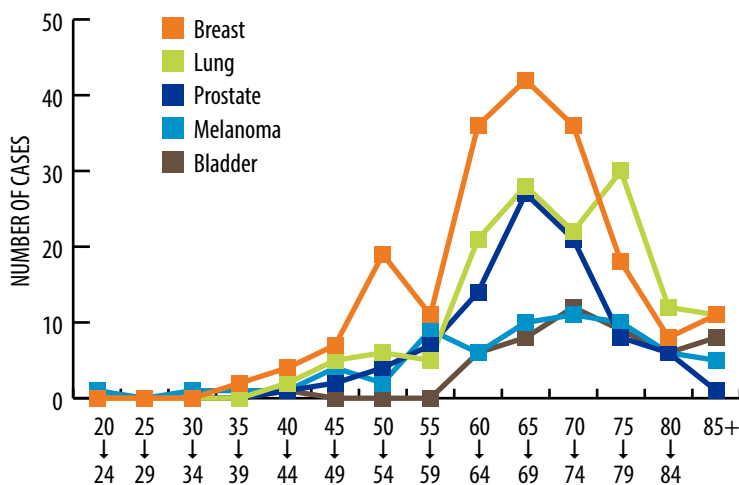
3. Cancer Research Institute: <http://www.cancerresearch.org/cancer-immunotherapy/impacting-all-cancers/bladder-cancer>

# CANCER REGISTRY

Data on cancer incidence, type, stage at diagnosis, treatment, and survival is collected by the Cancer Registry and reported to the Delaware State Central Registry. Registry data is also submitted to the National Cancer Data Base, which uses this information to monitor cancer trends, plan cancer prevention programs, help set priorities, and advance medical research efforts.

## COMPARISON REPORT BY AGE BEEBE HEALTHCARE—2015 TOP 5 SITES

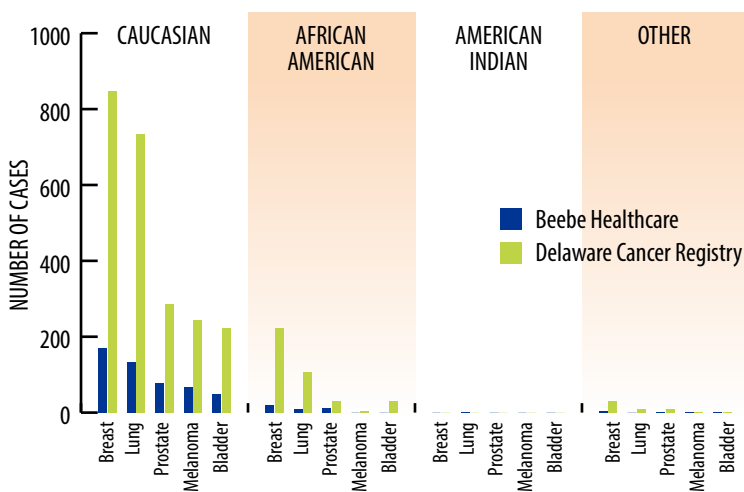
Analytical Cases



Source: Beebe Healthcare Tumor Registry Database, Rocky Mountain Cancer Program, Delaware Cancer Registry, RMCDS software program (counts < 6 are suppressed)

## COMPARISON REPORT BY RACE BEEBE HEALTHCARE/DELAWARE STATE 2015 TOP 5 SITES BY RACE

Analytical Cases



Source: Beebe Healthcare, Tumor Registry Database, Rocky Mountain Cancer Data program Delaware Cancer Registry, RMCDS software program (counts < 6 are suppressed)



Marie Michael, Tumor Registrar; Helen Moody, CTR; and Susan Cadwallader, CTR, enter Beebe's patient data into the Tumor Registry so it can be compared with state and national outcomes.

## BEEBE HEALTHCARE CANCER REGISTRY FOLLOW-UP

Cases Diagnosed since reference  
January 2000 through August 2016

Total patients in registry since reference date	10,599
Less foreign residents	8
Less patients over 100 years of age not contacted in 12 months	3
Subtotal	10,588
Less number expired	5,075
Subtotal (number living)	5,513
Number living with current follow-up (within 15 months)	4,884
Patients lost to follow-up	629
<b>Percent of successful follow-up rate</b>	<b>94.1%</b>

Cases Diagnosed within 5 Years  
through August 2016

Total patients in registry for last 5 years	3,424
Less foreign residents	0
Less patients over 100 years of age not contacted in 12 months	0
Subtotal	3,424
Less number expired	1,024
Subtotal (number living)	2,400
Number living with current follow-up (within 15 months)	2,279
Patients lost to follow-up	121
<b>Percent of successful follow-up rate</b>	<b>96.5%</b>

Source: Beebe Healthcare, Tumor Registry, RMCDS database cancer program



## BEEBE HEALTHCARE 2015 CASE DISTRIBUTION

(All Sites—Analytic Cases Only)

PRIMARY SITES	ANALYTIC CASES	CASE Mix %	GENDER		AJCC STAGE DISTRIBUTION						
			M	F	0	I	II	III	IV	N/A	X
<b>BREAST</b>	194	21.5%	1	193	31	88	47	15	8	0	5
<b>RESPIRATORY</b>	147	16.3%	87	60	0	29	15	24	77	1	1
Larynx	4	0.4%	1	3	0	0	3	0	1	0	0
Lung	142	15.7%	85	57	0	29	12	24	76	0	1
Trachea Pleura	1	0.1%	1	0	0	0	0	0	0	1	0
<b>DIGESTIVE</b>	140	15.5%	87	53	5	30	33	21	45	0	6
Esophagus	8	0.9%	8	0	0	1	1	2	4	0	0
Stomach	13	1.4%	9	4	0	4	3	1	1	0	4
Small Intestine	8	0.9%	3	5	0	2	2	2	2	0	0
Colon	48	5.3%	28	20	1	14	15	7	11	0	0
Rectum/Rectosigmoid	15	1.7%	10	5	3	3	2	5	2	0	0
Anus/Anal Canal	7	0.8%	4	3	1	2	2	1	1	0	0
Liver/Gallbladder	11	1.2%	6	5	0	2	2	1	5	0	1
Pancreas	27	3.0%	18	9	0	2	6	2	17	0	0
Other Digestive Organs	3	0.3%	1	2	0	0	0	0	2	0	1
<b>MALE ORGANS</b>	94	10.4%	94	0	0	24	55	4	10	0	1
Prostate	91	10.1%	91	0	0	22	55	4	10	0	0
Testis	3	0.3%	3	0	0	2	0	0	0	0	1
<b>FEMALE ORGANS</b>	37	4.1%	0	37	1	19	2	7	7	0	1
Cervix Uteri	3	0.3%	0	3	0	0	0	1	2	0	0
Corpus Uteri	25	2.8%	0	25	0	17	1	3	3	0	1
Ovary	5	0.6%	0	5	0	0	0	3	2	0	0
Other Female Genital/Vulva	4	0.4%	0	4	1	2	1	0	0	0	0
<b>URINARY</b>	68	7.5%	58	10	18	25	16	2	7	0	0
Bladder	50	5.5%	45	5	18	13	15	1	3	0	0
Kidney/Renal Pelvis	18	2.0%	13	5	0	12	1	1	4	0	0
<b>LYMPHOMA</b>	39	4.3%	17	22	0	11	6	8	14	0	0
Hodgkin's	2	0.2%	0	2	0	0	1	0	1	0	0
Non-Hodgkin's	37	4.1%	17	20	0	11	5	8	13	0	0
<b>MULTIPLE MYELOMA</b>	15	1.7%	8	7	0	0	0	0	0	15	0
<b>MELANOMA</b>	67	7.4%	46	21	16	34	11	3	2	0	1
<b>HEAD &amp; NECK</b>	19	2.1%	11	8	0	5	1	4	7	0	2
Tongue	4	0.4%	3	1	0	0	0	2	2	0	0
Parotid Gland/Salivary Gland	5	0.6%	2	3	0	3	1	1	0	0	0
Nasopharynx/Hypopharynx/Tonsil	9	1.0%	5	4	0	1	0	1	5	0	2
Mouth & Gum	1	0.1%	1	0	0	1	0	0	0	0	0
<b>LEUKEMIA</b>	25	2.8%	17	8	0	0	0	0	0	25	0
<b>OTHER ENDOCRINE</b>	2	0.2%	0	2	0	0	0	0	0	2	0
THYROID	13	1.4%	5	8	0	7	2	3	0	0	1
URETER	2	0.2%	2	0	2	0	0	0	0	0	0
<b>BONE &amp; CON. TISSUE</b>	4	0.4%	1	3	0	2	2	0	0	0	0
<b>BRAIN/CNS</b>	1	0.1%	0	1	0	0	0	0	0	1	0
Other Skin	1	0.1%	1	0	0	0	0	0	0	0	1
All Other/Undefined/Unkn	34	3.8%	21	13	0	0	2	0	1	31	0
<b>Total Analytic Cases</b>	<b>902</b>	<b>100.0%</b>	<b>456</b>	<b>446</b>	<b>73</b>	<b>274</b>	<b>192</b>	<b>91</b>	<b>178</b>	<b>75</b>	<b>19</b>
<b>Total Non-Analytic</b>	<b>27</b>										
<b>TOTAL CASES ABSTRACTED</b>	<b>929</b>										

Note: N/A represents no staging scheme or no staging scheme done; X represents DX only

# CELEBRATING QUALITY CARE PUTTING OUR PATIENTS FIRST

## TUNNELL CANCER CENTER CELEBRATES!

In 2016, Tunnell Cancer Center celebrates 10 years at the location at Beebe Health Campus in Rehoboth Beach and 21 years since it was created through a generous gift of \$1 million from W. Robert Tunnell, Sr., and his wife Eolyne Tunnell. The Center has grown from a staff of five team members in 1995 to nearly 100, including 11 oncologists, who come together to provide compassionate care for our patients. Tunnell's medical expertise and programs have continued to grow. At an open house that took place in September, patients and their families from around southern Delaware came to celebrate with the Tunnell team.

## PARTICIPATING IN A NATIONAL CLINICAL TRIAL IMPROVES PATIENT CARE

To improve communication and decision-making by senior cancer patients, Tunnell Cancer Center Medical Director Dr. Srihari Peri, with support from the Tunnell team, has been participating in the collection of patient experiences for the clinical trial URCC 13070 *Association of patient age, function and cognition with cancer treatment decisions: a University of Rochester NCORP Study*. Dr. Peri represents the Delaware/Christiana Care National Cancer



*Nisarg Desai, MD, speaks with visitors during the 10-year celebration open house.*

Institutes' Community Oncology Research Program, of which Tunnell Cancer Center is a member. These efforts reflect the team's focus on continually improving communication with patients and supporting them in sharing care decisions.

## A SUCCESSFUL LUNG SCREENING PROGRAM

Tunnell Cancer Center, in 2014, initiated a low-dose, CT lung cancer screening program in an effort to detect and diagnose lung cancer in its early stages. The decision was based on the findings of the National Lung Screening Trial that showed low-dose CT scans decrease the risk of dying from lung cancer by up to 20%, when compared with standard chest X-rays. Cancer screening nurse navigator Debbie Campbell, RN, MSN, reported that in 2015, out of 372 at-risk people screened, eight were diagnosed with lung cancer. Of those, six were diagnosed in Stage 1, which meant care and treatment would begin in an early stage where survival rates have been shown to be the highest. The program was expanded in 2016.

### ASSOCIATION OF PATIENT AGE, FUNCTION, AND COGNITION WITH CANCER TREATMENT DECISIONS: A UNIVERSITY OF ROCHESTER NCORP STUDY

By: KP Loh<sup>1</sup>, A Magnuson<sup>1</sup>, W Dale<sup>2</sup>, C Velarde<sup>1</sup>, C Pandya<sup>1</sup>, M McKillip<sup>1</sup>, C Heckler<sup>1</sup>, A Hurria<sup>3</sup>, K Mustian<sup>1</sup>, J Hopkins<sup>4</sup>, JJ Liu<sup>5</sup>, D King<sup>6</sup>, S Peri<sup>7</sup>, G Morrow<sup>1</sup>, S Mohile<sup>1</sup>

<sup>1</sup>University of Rochester Medical Center; <sup>2</sup>UChicago; <sup>3</sup>City of Hope; <sup>4</sup>Southeast Clinical Oncology Research (SCOR) Consortium NCORP; <sup>5</sup>Heartland NCORP; <sup>6</sup>Metro Minnesota Community Oncology Research Consortium; <sup>7</sup>Delaware/Christian Care NCORP

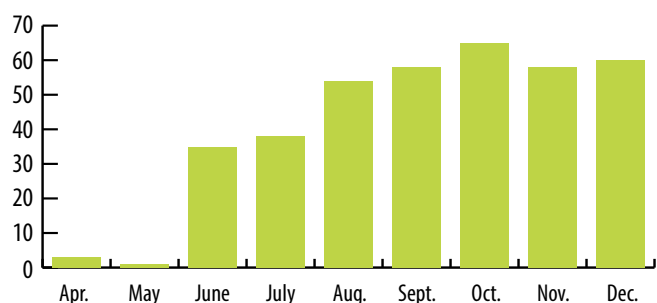
### CLINICAL TRIAL RESULTS

- Physician response rate: 57% (n=251/438)
- Mean age: 48.9 years (range 31–76)
- Gender: 74% male
- Ethnicity: 67% white, 30% Asian
- 21% reported using geriatric assessment tools in practice to help with treatment decision-making
- Mean number of patients seen per day: 17 (range 2–45)

Go to [www.beebehealthcare.org/beebe-publications](http://www.beebehealthcare.org/beebe-publications) to review the full report.

## 2015 BEEBE LUNG SCREENING

Participants





## SURVIVORSHIP CARE PLANS

In 2015, Tunnell Cancer Center piloted a Cancer Survivorship Care program where 10% of the patient population treated curatively received Survivorship Care plans. The program provided patients with a record of their cancer history and recommendations for follow-up care. Cancer Survivorship Care plans define responsibilities of cancer-related, non-cancer-related, and psychosocial providers. Additionally, the Survivorship Care plan designates who is responsible for the various aspects of care—optimizing care coordination, avoiding unnecessary use of resources, and ensuring care does not “fall through the cracks.” A copy of the care plan is shared with a patient’s primary care providers. In 2016 all patients treated curatively will receive a Survivorship Care plan at the completion of treatment.



### DR. PERI HONORED

Beebe Healthcare and Beebe Medical Foundation recognized Srihari Peri, MD, Medical Director of the Tunnell Cancer Center, with the 2016 Philanthropy Award for his continued support of the Tunnell Cancer Center and the excellent care he provides his patients.

Dr. Peri, a Board Certified hematologist and medical oncologist, joined Beebe Healthcare in 1991 as the organization’s first full-time oncologist. When Tunnell Cancer Center was created in 1995, he was named its first Medical Director, and he continues to hold that position. In September 2016, the Cancer Support Community Delaware, a statewide organization, honored Dr. Peri with the 2016 Humanitarian of the Year Award for his humanitarian work in improving the quality of life and health for so many people.



### DR. SPELLMAN REAPPOINTED

Beebe Healthcare surgical oncologist James E. Spellman, Jr., MD, was reappointed as the Delaware State Chair of the American College of Surgeons Commission on Cancer (CoC) Cancer Liaison Program. He has held this position since 2009. Dr. Spellman, who has had his research published in medical journals, has been a member of the Beebe Medical Staff for nearly 20 years and has worked closely with the Oncology Team. He also serves as the Liaison Physician between the Commission on Cancer and Tunnell Cancer Center, which is a Commission on Cancer Approved Cancer Program.

## WELCOME THREE ONCOLOGISTS WHO JOINED OUR TEAM OVER THE PAST YEAR



**NISARG DESAI, MD**, earned his medical degree from Gujarat University Smt. N.H.L. Municipal Medical College in India in 2007. He completed a Research Fellowship at the Cleveland Clinic in 2008, an Internal Medicine residency at Staten Island University Hospital (New York City) in 2011, and a Hematology-Oncology Fellowship at University at Buffalo, Roswell Park Cancer Institute. He is published in international journals and has presented his research in various national conferences. Dr. Desai is Board Certified in Medical Oncology, Hematology, and Internal Medicine.



**SRUJITHA MURUKUTLA, MD**, earned her medical degree from Kakatiya Medical College, NTR University of Health Sciences in India in 2006. She completed a residency in Internal Medicine at Staten Island University Hospital in Staten Island, N.Y., and then was a Clinical Instructor of Medicine at University of Pittsburgh. She then completed a Fellowship in Hematology-Oncology at Staten Island University Hospital. She has authored several publications with emphasis on breast cancer research. She is Board Certified in Internal Medicine and Board eligible in hematology and medical oncology. She is a member of the American Society of Clinical Oncology and the American Society of Hematology.



**CARMEN PISC, MD**, earned her medical degree at Carol Davila Medical School in Bucharest, Romania. She completed a residency and Fellowship at UMass Medical School in Worcester, Mass. She also completed her Postdoctoral Fellowship at Mass General Hospital at Harvard Medical School and did extensive translational and basic science research. She is Board eligible in hematology and medical oncology. She is a member of the American College of Physicians, the American Society of Clinical Oncology, and the American Society of Hematology.

# TELEPHONE DIRECTORY

Medical Oncology .....	(302) 645-3770
Radiation Oncology .....	(302) 645-3775
Clinical Trials .....	(302) 645-3100 (ext. 2635)
Integrative Health Programs .....	(302) 645-3528
Nutrition Services .....	(302) 645-3100 (ext. 2636)
Psychosocial Services .....	(302) 645-3087
Support Groups .....	(302) 645-3087
Cancer Care Coordinator .....	(302) 645-3087
Breast Health Nurse Navigator .....	(302) 645-3630
Cancer Screening Nurse Navigator .....	(302) 645-3169

FOR ADDITIONAL INFORMATION ABOUT TUNNELL CANCER CENTER, PLEASE VISIT OUR WEBSITE, [WWW.BEEBEHEALTHCARE.ORG](http://WWW.BEEBEHEALTHCARE.ORG), AND LOOK UNDER PATIENT CARE SERVICES FOR CANCER CARE.



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