



Live your best life!

BEEBE HEALTHCARE
TUNNELL CANCER CENTER
ANNUAL REPORT 2012-2013





Tunnell Cancer Center

The Robert & Eolyne Tunnell Cancer Center at Beebe Healthcare's mission 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. A cancer care coordinator follows each case. Research nurses review clinical trials for participation opportunities.

Since its inception in 1995, 11,490 newly diagnosed patients have received care at Tunnell Cancer Center.

WE ASKED OUR PATIENTS How do you live your best life?

We seek to live our best lives and to know what is most important to each of us. We seek meaning and a sense of accomplishment as we attain our goals. Many of us hope to share the joys we discover along the way with those around us and with those we most cherish.

Life is full of challenges, often placing obstacles before us. To survive and flourish, we learn how to create new paths and discover new joys. We learn to accept our lives and love ourselves.

Perhaps one of the greatest challenges in life is an experience with cancer. The obstacles cancer creates

may forever change familiar paths. Yet, those who have a diagnosis of cancer often are the very people who embody the strength to find what is most important and to live their best life.

We asked 12 cancer survivors to tell us how they live their best life. They left behind the lives they knew before cancer and live life anew. They found peace and joy as they share love with family, friends, and their communities. Their stories remind us that each day is important, and we have an opportunity to live our best life.



"I am a fight-for-life guy."

—Brian Barrows
Testicular Cancer Survivor

"You can't go back [after cancer]; you have to figure out what is in front of you."

—Melanie Bradley
Ovarian Cancer Survivor



CHAIRMAN'S MESSAGE 4

CASE STUDY: COLORECTAL CANCER..... 5

CASE STUDY: OVARIAN CANCER 7

CANCER REGISTRY 8

HIGHLIGHTING QUALITY CARE FOR OUR PATIENTS..... 10

TUNNELL CANCER CENTER TEAM

Top row: Andrejs V. Strauss, MD, radiation oncologist; Brian Costleigh, MD, radiation oncologist; Owen Thomas, MD, radiation oncologist; bottom row: Nouman Asif, MD, medical oncologist; Isabel Benson, NP-C, AOCNP, oncology nurse practitioner; Liz Wilson, FNP-BC, nurse practitioner; Srihari Peri, MD, Medical Director, medical oncologist; Jennifer Hung, MD, radiation oncologist; Aasim Sehbai, MD, medical oncologist; Muhammad Arif, MD, medical oncologist



"Our door is always open. We once had 30 family members staying the night."

—Mary Shenton
Ovarian Cancer Survivor

"I am going to enjoy life, as always. Cancer is not going to change that."

—William Knapp
Lung Cancer Survivor





Chairman's Message

BY BRIAN COSTLEIGH, MD

Radiation Oncologist

Chairman of the Beebe Healthcare Cancer Committee

This past year has been a significant one in regards to the advancement of cancer care and treatment at Beebe Healthcare. We have continued to increase and improve the radiation and chemotherapy treatment options we provide at Tunnell Cancer Center. These advancements include the implementation of Stereotactic Body Radiation Therapy for certain cases and the expansion of Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for ovarian and colorectal cancers. At the same time, we have introduced some of the latest technologies, such as MRI-guided breast biopsy and image-guided radiofrequency ablation for liver and kidney cancers. Our surgical oncologists have increased the complexity of the operations they perform at the Medical Center in Lewes, which has led to specialized treatment of pancreatic, biliary, and lung cancers. Our Breast Health Program is of particular note, as it is the only National Accreditation Program for Breast Centers (NAPBC) Breast Center of Excellence in Delaware.

Safety and quality in patient care have remained the most important focus of everything we do. Our clinical teams continually look at ways in which to improve patient care. Our efforts this past year were reflected when Tunnell Cancer Center earned the Quality Oncology Practice Initiative (QOPI®) Certification. Our focus on offering the best care to our patients also was reflected in our successful implementation of our electronic medical record system. This technology ensures that our patients receive consistent quality care, whether they are in the hospital, in their physician's office, or being treated at Tunnell Cancer Center.

Our team, led by Srihari Peri, MD, Medical Director of Medical Oncology, has been actively involved in advancing the quality of cancer care by participating in research efforts, both nationally and statewide, to improve the care of patients with breast and colorectal cancer. Our research nurses also spend countless hours investigating available clinical trials in order to support our oncologists in determining the best treatment options for our patients.

This year, again, I applaud the commitment our team makes every day to our patients. I am proud to be a member of this team that brings quality cancer care to our friends, our families, our neighbors, and to all of you.

Dr. Brian Costleigh

BEEBE HEALTHCARE CANCER COMMITTEE ROSTER 2013

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JUDITH RAMIREZ, EdD
MICHAEL RAMJATTANSINGH, MD
CHERRIE RICH, RN
ANIS SALIBA, MD
AASIM SEHBAI, MD
JAMES E. SPELLMAN, JR., MD

ANDREJS STRAUSS, MD
OWEN THOMAS, MD
MARY VAN BERGEN, RN
LYNNE VAN PELT, RN
KIM WESTCOTT, MS, RD
CLARE WILSON, RN
ELIZABETH WILSON, FNP-BC



Colorectal Cancer

BY NOUMAN ASIF, MD, *Medical Oncologist*

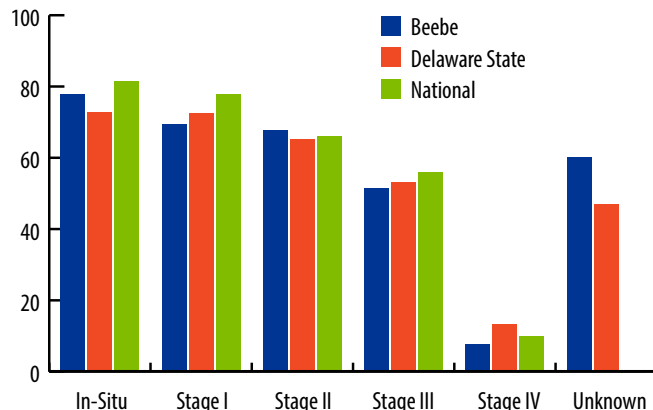
Colorectal cancer is among the top 5 cancers in both Delaware and in the United States and offers the most opportunity for prevention and cure. Yet, colorectal cancer is the third-leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second-leading cause when both sexes are combined, both in the United States and in Delaware. It is expected to cause about 50,830 deaths during 2013. The American Cancer Society estimates that in 2013, there would be 102,480 new cases of colon cancer and 40,340 cases of rectal cancer.

Healthcare organizations throughout the nation have enacted public education efforts to encourage people to have preventive colorectal screenings in the form of colonoscopies. These screenings are important because they can identify polyps in the rectum and colon before they develop into cancer. Men and women are encouraged to have these tests performed at the age of 50, unless there is a family history, in which case they are encouraged to speak to their physician and to have a colonoscopy earlier. Delawareans who cannot afford a colonoscopy, may qualify for the state's Screening for Life program which will pay for this test and subsequent treatment.

Beebe Healthcare has an active cancer education and outreach program that encourages people to have colonoscopies. Cancer screening nurse navigators at Tunnell Cancer Center provide information at health

COLORECTAL 5-YEAR SURVIVAL 2001–2008

Observed Percentage Rates Overall



^ = Standard error was > 10% or fewer than 10 cases used for calculations
 Data Source: Beebe Healthcare, Diagnosed 2001–2008 ■ Delaware State Cancer Registry, Diagnosed 2001–2008
 National numbers NCD, Commission on Cancer, ACoS, Diagnosed in 2003–2006
 Data reported from all States, 1,490 Programs (National)



Gastroenterologist Harry Anagnostakos, DO, and Laura Hood, RN, prepare a patient for a colonoscopy.

fairs and other events throughout Sussex County and facilitate enrollment into the Screening for Life program when necessary.

RISK FACTORS

- Age—most cases are diagnosed in people 50 years of age and older
- History polyps or colorectal cancer
- History of inflammatory bowel disease
- Family history of colorectal cancer or adenomatous polyps
- Racial background
 - African American
 - Jews of Eastern European descent (Ashkenazi)
- Type 2 diabetes
- Lifestyle-related factors
 - A diet that is high in red meats
 - Physical inactivity
 - Obesity
 - Smoking
 - Heavy alcohol use

<http://seer.cancer.gov/statfacts/html/colorect.html>

“Growing old is mandatory. Growing up is optional.”

—Tom Trader
 Prostate Cancer Survivor





Oncology pharmacist Cheryl Hoechner, left, works with pharmacy technician Kari Schreffler to formulate chemotherapy prescriptions.

SYMPTOMS

While most people do not experience symptoms in the early stages of colorectal cancer, symptoms can include:

- A change in bowel habits, including diarrhea or constipation
- Rectal bleeding
- Persistent abdominal discomfort
- A feeling that the bowel doesn't empty completely
- Weakness or fatigue
- Unexplained weight loss

TREATMENT

Treatment regimens are based on staging. Surgery is the first and primary treatment, whether to remove a polyp or tumor that has not spread. Colon resection may

be needed if the tumor is too big to be removed by local excision. If the tumor has grown through the wall of the colon, adjuvant chemotherapy may be recommended.

At stage III, when the cancer has reached the lymph nodes, standard treatment includes a partial colectomy followed by adjuvant chemotherapy. Radiation therapy also may be added.

In stage IV, if the tumors cannot be surgically removed because they are too large or there are too many of them, chemotherapy may be tried first to shrink the tumors to allow for surgery. Another option may be to destroy tumors in the liver with radiofrequency ablation, which can be performed at Beebe Healthcare by a radiologist.

Beebe Healthcare is among the cancer centers in the United States that includes in its treatment programs a regimen of performing cytoreductive surgery with hyperthermic intraperitoneal chemotherapy (HIPEC). Beebe Healthcare has joined the American Society of Peritoneal Surface Malignancies (ASPSM) in supporting the standardization of this regimen where the colorectal cancer patient has peritoneal dissemination of the disease. There is growing evidence that shows benefit to these patients.

OUTCOMES

Delaware has led the nation in tackling disparities among the African-American population diagnosed with colorectal cancer. For the first time, colorectal cancer incidence was significantly lower among African Americans in Delaware than nationally, for both sexes. Attributed to active education and early detection efforts in Delaware, the colorectal cancer rate declined 22.6% during 1995–1999 and through 2005–2009, surpassing the national decline during that same period of 16.6%.* During the same period, Delaware's colorectal cancer mortality rates also dropped 29.4% and 31.7% for males and females respectively, while the U.S. rate dropped 23.2% and 23.0% for males and females.

*Delaware Health and Social Services "Cancer Incidence and Mortality Rate in Delaware 2013."



"I'm always doing something."

—Joseph Bennett
Bladder Cancer Survivor

"It is important to live each day to its fullest."

—Barbara Evans
Breast Cancer Survivor





Ovarian Cancer

BY SRIHARI PERI, MD, *Medical Oncologist*
JAMES E. SPELLMAN, JR., MD, *Surgical Oncologist*

Ovarian cancer causes more deaths than any other cancer of the female reproductive system, though it accounts for only about 3% of all cancers in women. Nearly 22,240 women in the United States were estimated to be diagnosed with ovarian cancer in 2013, and 14,230 will die during the same period, according to the American Cancer Society.

Ovarian cancer is primarily a disease of postmenopausal women, with the large majority of cases occurring between 50 and 75 years old. The incidence increases with age and peaks in the 75- to 79-year-old age range.

CAUSE

The cause of ovarian cancer remains unknown. High dietary fat has been associated with an increased incidence of the disease, while environmental factors have not been shown to have a major influence on risk. There is a clear association between certain hormonal and reproductive factors and the risk of developing the disease.

It has been recognized for years that women with a family history of breast or ovarian cancer are themselves at increased risk for ovarian cancer. These inherited traits are passed along as an autosomal dominant pattern of inheritance and include the Lynch II Syndrome and the Breast-Ovarian Cancer Syndrome. Mutations in the BRCA tumor suppressor genes increase the risk of both breast and ovarian cancer to about 90% and 65% respectively.

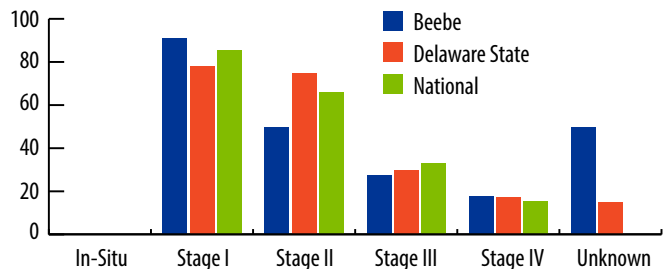
TREATMENT

Surgery plays a crucial role in all phases of the therapy of ovarian cancer. For most patients, surgery is not curative due to dissemination of tumor cells throughout the abdominal cavity. Therefore, successful management generally includes additional treatment. The use of postoperative chemotherapy has been standard for all advanced patients and many early staged patients. Adjuvant chemotherapy significantly prolongs survival, particularly when platinum and paclitaxel based regimens are used. Comprehensive surgical staging is necessary to properly identify patients with stage I or II disease.

The treatment of patients with advanced stage disease, usually stage III, is tedious and requires a true multidisciplinary approach. We have found improved

OVARIAN 5-YEAR SURVIVAL 2001–2008

Observed Percentage Rates Overall



^ = Standard error was > 10% or fewer than 10 cases used for calculations
Data Source: Beebe Healthcare, Diagnosed 2001–2008 ■ Delaware State Cancer Registry, Diagnosed 2001–2008
National numbers NCDB, Commission on Cancer, ACoS, Diagnosed in 2003–2006 ■ Data reported from all States, 1,490 Programs (National)

results with preoperative IV chemotherapy, hyperthermic intraperitoneal chemotherapy (HIPEC), which circulates a heated dialysis solution with the chemotherapy through the abdominal cavity, followed by surgical debulking.

In patients who are deemed poor candidates for complete debulking, preoperative chemotherapy followed by interval debulking seems to provide a significant survival advantage compared to patients not receiving interval debulking.

OUTCOMES

When ovarian cancer is found in its early stages, treatment is most effective. An estimated 92% of those cases have survival rates of more than 5 years, according to the National Cancer Institute. Based on 2003–2009 statistics,* the 5-year survival rate was 44.2%. The 5-year survival rate for patients treated at Beebe Healthcare parallel those of state and national averages. With the advent of innovative treatments in recent years, such as HIPEC, survival rates for these late-stage diagnoses are improving.

*National Cancer Institute Surveillance, Epidemiology, and End Results Program (SEER)
<http://seer.cancer.gov/statfacts/html/ovary.html>

"I am very positive and I am moving forward with my life."
—Brenda Dorchak
Ovarian Cancer Survivor

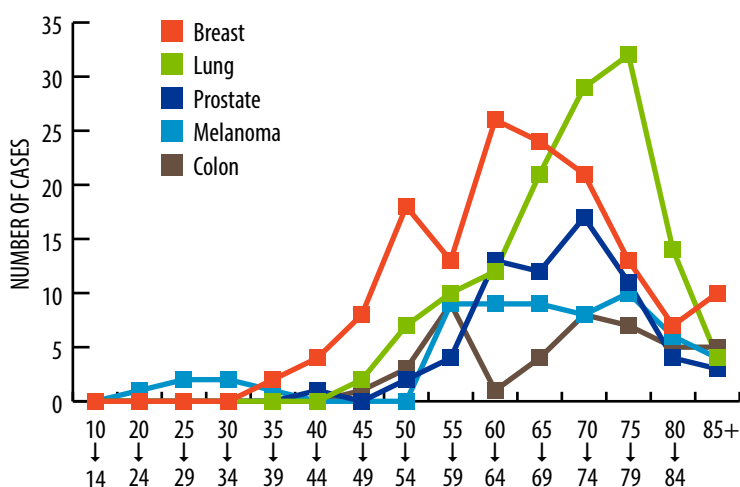


Cancer Registry

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—2012 TOP 5 SITES

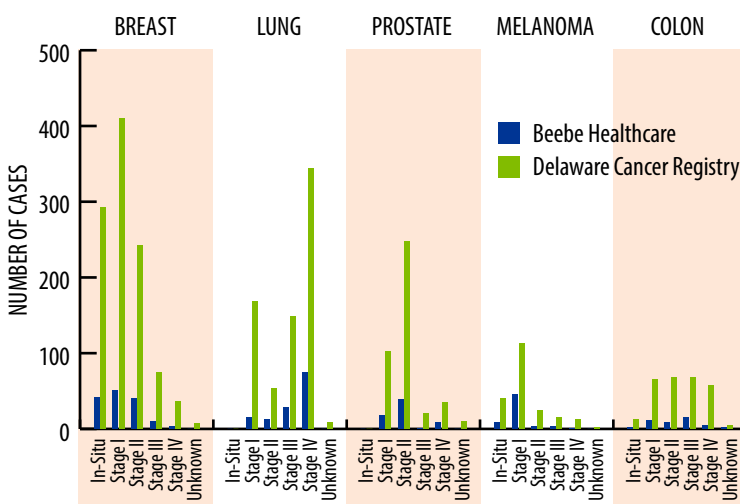
Analytical Cases



Source: Beebe Healthcare, Tumor Registry Database, Rocky Mountain Cancer Program Delaware Cancer Registry, RMCDS software program (out-of-state residents included)

COMPARISON REPORT BY AJCC STAGE BEEBE HEALTHCARE—2012 TOP 5 SITES

Analytical Cases



Source: Beebe Healthcare, Tumor Registry Database, Rocky Mountain Cancer Program Delaware State Cancer Registry (BH cases are included in the State numbers)



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 date 2000 through October 2013

Total patients in registry since reference date	8,432
Less foreign residents	8
Less patients over 100 years of age not contacted in 12 months	3
Subtotal	8,421
Less number expired	3,740
Subtotal (number living)	4,681
Number living with current follow-up (within 15 months)	3,947
Patients lost to follow-up	734
Percent of successful follow-up rate	91.3%

Cases Diagnosed within 5 Years through October 2013

Total patients in registry for last 5 years	3,131
Less foreign residents	0
Less patients over 100 years of age not contacted in 12 months	1
Subtotal	3,130
Less number expired	894
Subtotal (number living)	2,236
Number living with current follow-up (within 15 months)	2,066
Patients lost to follow-up	170
Percent of successful follow-up rate	94.6%

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

BEEBE HEALTHCARE 2012 CASE DISTRIBUTION (ALL SITES)

PRIMARY SITES	ANALYTIC CASES	CASE Mix %	GENDER		AJCC STAGE DISTRIBUTION						
			M	F	0	I	II	III	IV	N/A	X
Breast	146	17.9%	0	146	42	51	40	10	3	0	0
Respiratory	133	16.3%	82	51	0	16	13	28	76	0	0
Lung	131	16%	80	51	0	15	13	28	75	0	0
Larynx	2	0.2%	2	0	0	1	0	0	1	0	0
Digestive	125	15.3%	79	46	4	28	25	26	36	0	6
Esophagus	12	1.5%	11	1	0	1	4	4	3	0	0
Stomach	10	1.2%	9	1	0	2	1	0	6	0	1
Small Intestine	7	0.9%	3	4	0	2	2	1	2	0	0
Other Biliary	1	0.1%	1	0	0	0	0	0	1	0	0
Colon	43	5.3%	25	18	2	11	8	15	5	0	2
Rectum/Rectosigmoid	14	1.7%	8	6	2	3	3	2	4	0	0
Anus/Anal Canal	4	0.5%	1	3	0	2	2	0	0	0	0
Liver	7	0.9%	7	0	0	3	0	2	0	0	2
Pancreas	26	3.2%	13	13	0	3	5	2	15	0	1
Gallbladder	1	0.1%	1	0	0	1	0	0	0	0	0
Male Organs	73	8.9%	73	0	2	20	40	2	9	0	0
Prostate	67	8.2%	67	0	0	18	39	1	9	0	0
Penis	3	0.4%	3	0	2	0	1	0	0	0	0
Testis	3	0.4%	3	0	0	2	0	1	0	0	0
Female Organs	47	5.8%	0	47	1	26	1	11	7	0	1
Cervix Uteri	2	0.2%	0	2	0	1	0	1	0	0	0
Corpus Uteri	29	3.5%	0	29	0	22	1	5	1	0	0
Ovary	14	1.7%	0	14	0	2	0	5	6	0	1
Other Female (vulva)	2	0.2%	0	2	1	1	0	0	0	0	0
Urinary	57	7.0%	43	14	22	15	10	2	5	0	3
Bladder	34	4.2%	26	8	19	6	4	1	1	0	3
Kidney/Renal Pelvis	20	2.4%	16	4	0	9	6	1	4	0	0
Ureter	3	0.4%	1	2	3	0	0	0	0	0	0
Lymphoma	44	5.4%	24	20	0	7	5	12	20	0	0
Non-Hodgkin	44	5.4%	24	20	0	7	5	12	20	0	0
Multiple Myeloma	13	1.6%	8	5	0	0	0	0	0	13	0
Melanoma	68	8.3%	45	23	11	48	5	3	1	0	0
Head & Neck	13	1.6%	6	7	0	1	2	2	8	0	0
Tongue	2	0.2%	1	1	0	0	0	0	2	0	0
Salivary Gland	1	0.1%	1	0	0	0	0	1	0	0	0
Lip	1	0.1%	1	0	0	1	0	0	0	0	0
Nasopharynx/Hypopharynx	4	0.5%	2	2	0	0	0	1	3	0	0
Mouth & Gum	2	0.2%	0	2	0	0	0	0	2	0	0
Tonsil	3	0.4%	1	2	0	0	2	0	1	0	0
Leukemias	37	4.5%	24	13	0	0	0	0	0	37	0
Other Blood	35	4.3%	24	11	0	0	0	0	35	0	0
Thyroid	10	1.2%	10	0	0	8	0	2	0	0	0
Soft Tissue	3	0.4%	1	2	0	2	0	1	0	0	0
Brain/CNS	4	0.5%	3	1	0	0	0	0	0	4	0
Other Skin	2	0.2%	1	1	0	0	1	0	0	0	1
All Other/Undefined/Unkn	7	0.9%	4	3	0	0	0	0	0	0	7
Total Analytic Cases	817	100%	427	390	82	222	142	99	200	54	18
Total Non-Analytic Cases	43										
Total Cases Abstracted	857										

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

Highlighting Quality Care for Our Patients

QOPI® RECOGNIZES TUNNELL

Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO) certified Tunnell Cancer Center in 2013. This prestigious certification means that Tunnell Cancer Center meets the highest quality standards for cancer care. QOPI analyzes individual practice data and compares these to more than 100 evidence-based and consensus quality measures. This lengthy process evaluates all areas of treatment including:

- Treatment planning
- Staff training and education
- Chemotherapy orders and drug preparation
- Patient consent and education
- Safe chemotherapy administration
- Monitoring and assessment of patient well-being

The certification reflects Tunnell Cancer Center's commitment to its patients and to the quality of their care.

THE BREAST HEALTH PROGRAM

Beebe Healthcare offers a comprehensive breast cancer care program. It is the only program in Delaware to have received 3-year accreditation from the National Accreditation Program for Breast Centers (NAPBC) as a Breast Center of Excellence. Our program seamlessly provides diagnostic services with surgery and out-patient treatment services and survivorship programs throughout the Beebe Healthcare system. More than 17,000 people have trusted their breast care to the breast-care experts at the Beebe Breast Health Center. Our breast-care experts provide comprehensive breast care, for both women and men, and treat a wide range of breast conditions, including breast cancer and benign breast disease. We also follow women who are at increased risk for developing breast cancer.



Right, Kathy Cook, MSN, RN, Nurse Navigator at the Beebe Breast Health Center, guides patients who have received a positive diagnosis for cancer through the process of scheduling appointments, treatments, and surgery.

Nurse Navigator

When there is a cancer diagnosis, the Beebe Breast Health Center's Nurse Navigator guides the patient in the process of making appointments for further testing and appropriate next steps in the diagnostic and treatment process. She counsels and supports the patient, listening to concerns and answering questions.

Advanced Breast Imaging

The start of excellent breast care begins with state-of-the-art imaging and experienced radiologists to interpret the images. Our emphasis on quality in breast imaging has earned us designation as a Breast Imaging Center of Excellence by the American College of Radiology's (ACR®) Commission on Quality and Safety and the Commission on Breast Imaging.

Multidisciplinary Care

Medical specialists from different areas work together to provide comprehensive treatment for our patients. They include medical and radiation oncologists, dedicated breast surgeons, radiologists, plastic surgeons, nurse practitioners, genetic counselors, dietitians, clinical trial specialists, and wellness coaches.



"I am not going to let cancer define me."

—Joe LoBiondo
Non-Hodgkin Lymphoma
Cancer Survivor

"The girls of the Cape Henlopen High School field hockey team have inspired me."

—Barbara Dougherty
Primary Peritoneal
Cancer Survivor



Breast Health Education, Prevention, Early Detection

We are proud that our breast cancer education, prevention, and early detection efforts have been recognized by the Susan G. Komen for the Cure, Philadelphia. In 2013, Beebe Healthcare's Tunnell Cancer Center received a grant for the third time. This generous grant also has allowed Tunnell, working in conjunction with Nanticoke Health Services in Seaford, to reach out to thousands of women, most of whom are in underserved populations.

STEREOTACTIC BODY RADIATION THERAPY (SBRT)

In 2013, Tunnell Cancer Center introduced SBRT, a specially designed radiation treatment system that pinpoints the exact location of the tumor in the body and delivers a high dose of radiation to that tumor, while limiting the dose to the surrounding organs. Radiation exposure for the patient is minimized due to a decreased number of treatments necessary. This technique allows the treatment of tumors that are either inaccessible or unsuitable for open surgery and provides Tunnell Cancer Center's patients another option for treatment.

ELECTRONIC MEDICAL RECORD (EMR)

In 2013, Tunnell Cancer Center implemented a new EMR system that our staff uses to access patient records, whether at the center or in the hospital. This means that physicians, nurses, and others providing care have the latest information available about the patient when needed during and after treatment.

CLINICAL TRIALS SUPPORT BREAST CANCER CARE

Breast cancer care is enriched with the local availability of National Cancer Institute-supported clinical trials. Through the Delaware/Christiana Clinical Oncology Program (CCOP), the physicians at Tunnell Cancer Center are able to collaborate with physicians and scientists across the country, translating research findings into future cancer treatments. Every medical oncologist and radiation oncologist at Beebe Healthcare is registered

with the National Cancer Institute to enroll patients in clinical trials, and every new patient with a cancer diagnosis is screened for clinical trial eligibility.

Clinical trials offer cutting-edge treatment options for patients who are diagnosed with cancer, as well as the opportunity to participate in research that may improve the cancer care of others in the future. Research findings from clinical trials are integral in the advancement of therapies directed at improving survival and quality of life in patients with breast cancer. Every trial teaches physicians and nurses superior ways to fight the battle against breast cancer.

Over a decade ago, Beebe Healthcare participated in a clinical trial for the drug trastuzumab (Herceptin), which has now become the standard of care for HER2 receptor-positive breast cancer tumors, a very aggressive form of invasive breast cancer. Currently, the clinical research team at Beebe has several trials available to patients with breast cancer, as well as with other cancer types.

IMPROVING CANCER CARE STANDARDS



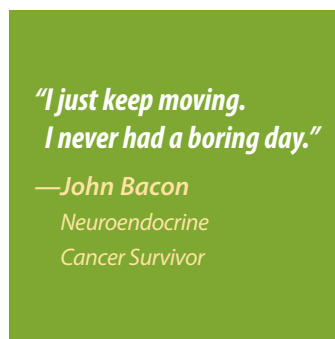
James E. Spellman, Jr., MD, Beebe Healthcare surgical oncologist, has been in the forefront of raising standards of cancer care in Delaware and nationally. As a member of the Beebe Medical Staff, Dr. Spellman joined the American Society

of Peritoneal Surface Malignancies in an effort to standardize the use of hyperthermic intraperitoneal chemotherapy (HIPEC) for colorectal cancer patients. During this past year Dr. Spellman has been working with the Delaware Cancer Consortium and the Delaware Division of Public Health to improve the care of breast cancer patients statewide by standardizing the measure of how treatment protocols are being met. Dr. Spellman is an active member of the Beebe Healthcare multidisciplinary team that meets weekly to discuss and oversee the care of all Tunnell Cancer Center patients.



"I want to share my personal experience because it is so important that if you are having pain, tell someone!"

—Henrietta Belcher-Stack
Ovarian Cancer Survivor



"I just keep moving. I never had a boring day."

—John Bacon
Neuroendocrine
Cancer Survivor



Survivorship

Tunnell Cancer Center understands and focuses on the road cancer survivors take as they move forward following their diagnosis. The center employs wellness coaches who inspire and guide survivors in setting goals and designing personal wellness blueprints. These coaches help patients harness their strengths as they overcome their obstacles. Tunnell Cancer Center continues its Komen Philadelphia grant funded Sharing Our Stories Saving Our Sisters (SOS²) program that provides opportunities for breast cancer survivors to share their stories and encourage underserved and/or uninsured women to participate in mammography screening. In 2013, Tunnell Cancer Center, as part of the Sussex County Survivorship Coalition, hosted the After Ringing the Bell Cancer Survivorship conference, which invited cancer survivors to be inspired and live their best lives after the cancer experience. In 2013, Tunnell Cancer Center also celebrated its 10th anniversary of the Miracle Mile, an event in June that brings survivors, caregivers, family members, and friends together to celebrate survival. In 2013, the Spirit of Hope award was presented to members of the Sussex County Cancer Survivors Fund (SCCSF) for its support of local cancer patients.



2013 Spirit of Hope award



2013 Miracle Mile

Telephone Directory

Medical Oncology	(302) 645-3770
Radiation Oncology	(302) 645-3775
Clinical Trials	(302) 645-3770
Integrative Health Programs	(302) 645-3528
Nutrition Services	(302) 645-3100 (ext. 2636)
Psychosocial Services	(302) 645-3100 (ext. 2720)
Support Groups	(302) 645-3087
Delaware Chapter of the Leukemia & Lymphoma Society	(302) 661-7300
Cancer Support Community, Delaware	(302) 645-9150
Delaware Breast Cancer Coalition	(302) 778-1102
American Cancer Society	(800) 227-1102
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, and look under Patient Care Services for cancer care.



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