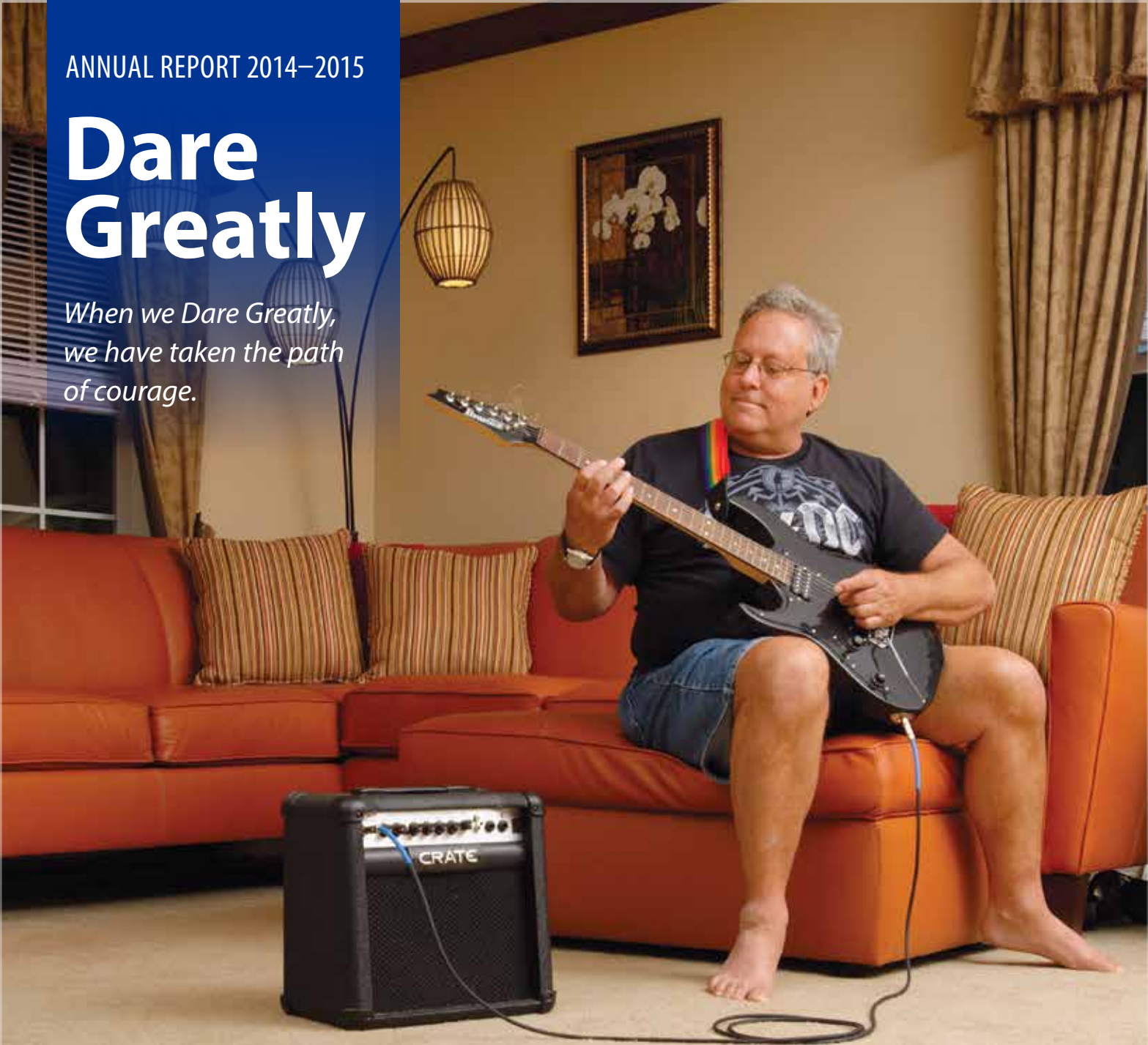


ANNUAL REPORT 2014–2015

Dare Greatly

*When we Dare Greatly,
we have taken the path
of courage.*



100 Since 1916 YEARS OF CARING

Tunnell Cancer Center

HEALING BODIES, MINDS, AND SPIRITS EVERY DAY.



Commission on Cancer ACCREDITATION WITH COMMENDATION





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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. Research nurses review clinical trials for participation opportunities.

Since its inception in 1995, 12,356 newly diagnosed patients have received care at Tunnell Cancer Center.

ON THE COVER

Craig Reidinger, 56, grew up loving rock 'n' roll. His favorite bands include AC/DC, Led Zeppelin, and Aerosmith. While he started playing guitar in his teens, life moved on, and by his 50s he hardly picked up the instrument he once loved. When he was diagnosed with prostate cancer in 2014, Craig knew it was time to start playing again. "I get this adrenaline rush when I play. It helps me feel more like myself," he says.

Besides igniting his spirit through music, Craig finds strength through his wife Barb. "When I start worrying, she lifts me up," Craig says. "She tells me not to worry about what I can't control." This is Craig's second cancer diagnosis. In 2006, surgery removed cancer from his colon. This time around he couldn't have surgery, so he had 44 treatments of radiation at Tunnell. "The girls at Tunnell were my shining light. They saved my life," Craig says. "I can't ever repay the gift they have given me."



TUNNELL CANCER CENTER TEAM

(Left to right) Liz Wilson, FNP-BC, nurse practitioner; Chia-Chi Wang, DO, surgical oncologist; Alec Chase, PA-C, oncology physician assistant; Philomena Marie Colucci, DO, MS, medical oncologist; Owen Thomas, MD, radiation oncologist; Porselvi Chockalingam, MD, medical oncologist; Brian Costleigh, MD, radiation oncologist; Nataliya Melnyk, MD, medical oncologist; James Spellman, Jr., MD, surgical oncologist; and Srihari Peri, MD, Medical Director, medical oncologist

Not pictured: Jennifer Hung, MD, radiation oncologist; Andrejs V. Strauss, MD, radiation oncologist; and Isabel Benson, NP-C, AOCNP, oncology nurse practitioner



Chairman's Message

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

As the new chairman of the Beebe Healthcare Cancer Committee, I look forward to highlighting the outstanding accomplishments our team is making to continually improve the care we provide to our patients and their families.

Early in 2015, we were proud to learn that the Commission on Cancer® had chosen us for the 2014 Outstanding Achievement Award. This award was announced shortly after we received the Commission's Three-Year Accreditation with Commendation, representing the fourth time in a row that we had received that level of accreditation. The recognition from the Commission on Cancer, an American College of Surgeons program, reflects the commitment to the care of cancer patients that exists throughout the Beebe organization. Whether our patients are having surgery, receiving care at the hospital, or are coming to Tunnell Cancer Center for their outpatient tests and treatments, they are receiving a standard of care based on best practice protocols and evidence compiled from years of research at major medical institutions and results compiled in the National Cancer Data Base.

Our efforts also were recognized in November 2015 with the recertification of our Quality Oncology Practice Initiative (QOPI®) Certification. We earned the certification for the first time in 2013 after a lengthy assessment process. The QOPI® program, an affiliate of the American Society of Clinical Oncology (ASCO), analyzes individual practice data and compares these to more than 160 evidence-based and consensus quality measures. We are proud that we not only met this standard of care in 2013, but that we have continued to be recognized for maintaining this standard.

One example of Tunnell Cancer Center providing patient care based on the latest medical evidence was our implementation this year of screening high-risk people for lung cancer through the use of low-dose computed tomography (CT) scans.

Lung cancer takes the lives of more people than any other cancer. It often is aggressive and difficult to diagnose in early stages when treatment could be more effective. The National Lung Screening Trial (NLST), which included more than 53,000 participants, found that low-dose CT scan is more effective than X-ray in identifying early stage cancer in the lungs. Because of this, we joined with the Delaware Lung Cancer Screening Initiative to work with local physicians to provide this screening to people with a high risk for lung cancer.

Safety and quality in patient care have remained the most important focus of everything we do. Our clinical team continually meets to discuss ways to improve our practices and to adopt the latest treatments and advances. We provide our patients with access to clinical trials, genetic counseling, and supportive programs.

We are thankful for our volunteers who are here every day, and for a community always available when needed to help us provide compassionate and evidence-based care.

Dr. Owen Thomas

Beebe Healthcare Cancer Committee Roster 2015

ELLEN BAHTIARIAN, MD
SUSAN CADWALLADER, CTR
DEBORAH CAMPBELL, RN
BRANDI CARR, RN
ALEXANDER CHASE, PA-C
PORSEELVI CHOCKALINGAM, MD
ALLISON CLOBES, RN
PHILOMENA COLUCCI, DO, MS
KATHY COOK, RN
BRIAN COSTLEIGH, MD

JOSEPH DEPENBUSCH, MD
ALLISON GIL
REV. KEITH GOHEEN
CLARA HIGGINS, DO, MS
LUANNE HOLLAND
JENNIFER HUNG, MD
CAROL HUNT
JUDE JOHNSON-SHUPE
CHEYENNE LUZADER
ROSE MARESE-SMITH

NATALIYA MELNYK, MD
DONNA MISKIN, RN, OCN
HELEN MOODY, CTR
RICHARD PAUL, MD
DARETH PENUEL, RN
SRIHARI PERI, MD
MARGARET PORTER, RN
KRISTEN RAHN
JUDITH RAMIREZ, EdD
CHERRIE RICH, RN

ANIS SALIBA, MD
JAMES 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

Tony Caputo

has loved to travel for as long as he can remember. When Tony was diagnosed with prostate cancer in 2009, he and his wife Lora were worried their travels might be over. But, cutting-edge treatments at Tunnell Cancer Center slowed the cancer, allowing Tony and Lora to take “chemo holidays” to enjoy theater performances both in London and locally. “Watching a musical or play really keeps me young and cheers me up,” Tony says. “I am not going to let this cancer stop me from doing what I love.”

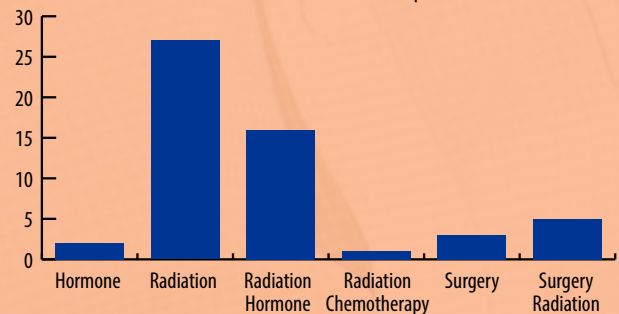
BEEBE HEALTHCARE YEAR 2014 PROSTATE CASES—TREATMENT

Treatment Totals

	In Situ	I	II	III	IV	N/A
Hormone	0	0	0	0	2	0
Radiation	0	11	15	0	0	1
Radiation/Hormone	0	0	13	1	2	0
Radiation/Chemotherapy	0	0	0	0	1	0
Surgery	0	2	1	0	0	0
Surgery/Radiation	0	2	1	2	0	0

Source: Tumor Registry, Rocky Mountain Cancer Database System

Overall Treatment Total Comparison





Prostate Cancer

BRIAN COSTLEIGH, MD, *Radiation Oncologist*

Prostate cancer is the most commonly diagnosed cancer among men in Delaware and in the United States. It is the second leading cause of cancer death among men following lung cancer, and during the years 2007 through 2011, about 9.5 percent of all male cancer deaths in Delaware were from prostate cancer.

Though Delaware's overall prostate incidence rate during 2007 to 2011 was higher than the U.S. rate (168.4 per 100,000 compared to 147.8 per 100,000), Delaware's prostate mortality rate was not significantly different from the U.S. rate (23.4 per 100,000 compared to 22.3 per 100,000).*

RISKS

It is known that there is greater risk for African American men to be diagnosed with prostate cancer, and that risk increases between the ages of 65 and 74, but decreases after age 74.

Otherwise, possible risks include:

- Family history and/or gene mutations
- Diets high in red meat and/or high-fat dairy products and low in fruits and vegetables
- Employment in industries where men were exposed to certain toxic chemicals

SCREENINGS

Early prostate cancer usually has no warning signs. In later stages, symptoms include:

- Problems with urination
- Blood in the urine
- Erectile dysfunction
- Pain in hips, spine, and ribs

Prostate cancer can often be diagnosed in early stages by testing for the amount of prostate-specific antigen (PSA) in a man's blood. Another screening test is the digital rectal exam (DRE) performed by a physician.

There is discussion within the nation's cancer community regarding the benefit of these tests and when and

why they should be performed. Research has not established a causal relationship between early screenings and improved survival rates. Instead, there is



Beebe physicians, surgeons, nurses, and other clinical specialists meet at the weekly Tumor Conference to discuss new cancer cases at the Tunnell Cancer Center.

some evidence that early screenings can lead to over treatment with no benefit to the patient.

The Delaware Cancer Consortium recommends that men should be educated about prostate cancer and that screenings should be done based on individual risks. Generally, screenings should begin at age 40 for those in high-risk categories, and at age 50 for those with average-risk categories.

TREATMENTS

Because most prostate cancer is slow growing, some men may never need treatment. Standard treatment protocols are surgical removal of the prostate or radiation therapy, or both, depending upon the stage and aggressiveness of the cancer and the health and wishes of the patient.

Radiation treatment options

- **Intensity modulated radiation therapy (IMRT):** With IMRT, the intensity of radiation beams can be adjusted across the treatment area as needed with greater accuracy than traditional radiation therapy methods. IMRT may be a treatment option for patients who have reached the maximum allowable dose of conventional radiation therapy and have a recurrent tumor in the treated area.
- **Stereotactic body radiation therapy (SBRT):** It is a specially designed radiation treatment that pinpoints the exact location of the tumor and delivers a high dose of radiation to the tumor, while limiting the dose to surrounding organs. This technique allows the treatment of tumors that are either inaccessible or unsuitable for open surgery.
- **Brachytherapy (internal radiation therapy):** Small, radioactive pellets are placed directly into the prostate. Brachytherapy can offer a treatment option in early stage prostate cancer that is relatively slow growing.

Hormone (androgen deprivation) therapy

The goal of this option is to reduce the male hormones affecting the growth of the cancer cells and provides another choice as part of a treatment regimen.

OUTCOMES

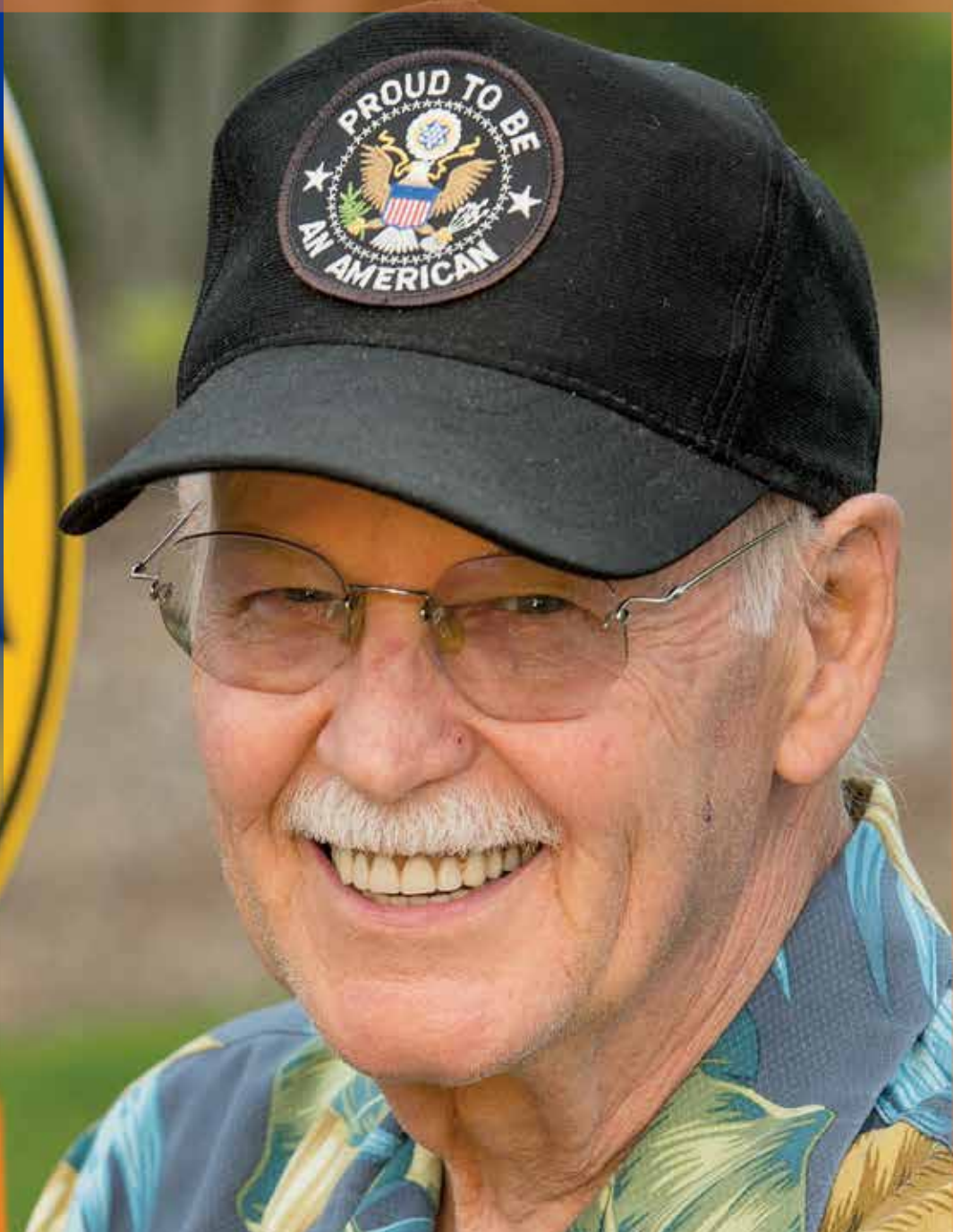
Since 2000, the racial disparity in Delaware between African Americans and Caucasians has narrowed. However, the mortality rate among the African American population is still double that of the Caucasian population (44.7 per 100,000 compared to 20.9 per 100,000).

According to the American Cancer Society, five-year survival rates for prostate cancer in the United States are nearly 100% for those diagnosed in the early stages and 28% for those that have metastasized.

*Delaware Health and Social Services, Division of Public Health, *Cancer Incidence and Mortality in Delaware, 2007–2011*. 2015.

William Knapp

enjoys life. "I live for my family, and for helping other people." He enjoys spending time with his wife and daughter, going out to dinner, taking cruises, and watching professional sports. He was an active member in the Milton Lions Club. He drove the Lions Club train in Milton's park, took part in other fundraisers, and helped build ramps for the handicapped. A diagnosis of lung cancer slowed him down, he admits. He had to have surgical procedures, radiation, and chemotherapy. "I was totally exhausted during the first six months," he says. "And I don't have the strength to drive the train. But I still enjoy life, like always," he says, adding that he is blessed for the treatment he received from physicians and staff at Tunnell Cancer Center.



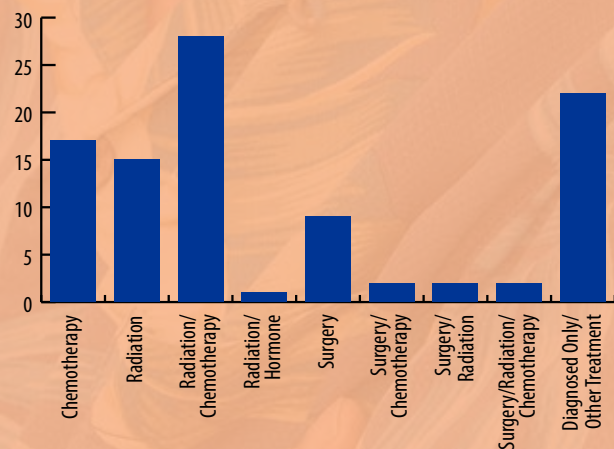
BEEBE HEALTHCARE YEAR 2014 LUNG CASES—TREATMENT

Treatment Totals

	In Situ	I	II	III	IV
Chemotherapy	0	0	0	2	15
Radiation	0	9	2	3	1
Radiation/Chemotherapy	0	0	3	12	13
Radiation/Hormone	0	0	0	0	1
Surgery	0	8	1	0	0
Surgery/Chemotherapy	0	0	1	0	1
Surgery/Radiation	0	0	1	0	1
Surgery/Radiation/Chemotherapy	0	0	1	1	0
Diagnosed Only/Other Treatment	0	3	0	4	15

Source: Tumor Registry, Rocky Mountain Cancer Database System

Overall Treatment Total Comparison





OWEN THOMAS, MD, *Radiation Oncologist*

Lung Cancer

Lung cancer is the most frequently diagnosed cancer in the United States and the most common cause of cancer deaths. During 2007–2011, nearly 30% of all cancer deaths in Delaware were from lung cancer. When men and women are considered separately, lung cancer is the second most common cancer diagnosed following prostate cancer for men and breast cancer for women.

There are two main types of lung cancer: non–small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). Non–small cell is the most common with about 85% of lung cancers. Its subtypes are squamous cell carcinoma, found in the lining of the bronchial tubes; adenocarcinoma, found in the periphery of the lungs; and large cell carcinoma, a fast-growing NSCLC that can be found anywhere in the lungs.

SCLC is the less common but more aggressive type of lung cancer and represents about 15% of cases. It metastasizes in a shorter period of time and often is diagnosed in the distant stage (such as in the brain, liver, or bones).

RISK/DIAGNOSIS

Tobacco smoking is the most common cause of lung cancer. Research has shown that lung cancer incidence and mortality rates have paralleled historic smoking patterns. The U.S. Department of Health and Human Services estimates that between 85% and 90% of all lung cancer cases are caused by tobacco use.

In Delaware in 2013, the rate of current smokers was higher than in the United States (19.6% compared to 17.8%). The rate was higher in the African American population in Delaware at 23%. The mortality rate from lung cancer in Delaware also is higher when compared to U.S. rates. During 2007–2011, Delaware’s overall lung cancer mortality rate was 54.7 per 100,000 compared to the U.S. rate of 48.4 per 100,000.

Other lung cancer risks include:

- Exposure to secondhand smoke
- Exposure to environmental toxins such as radon, asbestos, arsenic
- Family history

Lung cancer often causes no symptoms in the early stages, with chronic coughing and pain appearing later in the progression of the disease. Because of this, and of the results of the National Lung Screening Trial (NLST), the American Cancer Society in 2013 published new lung cancer screening guidelines for those patients who meet specific high-risk criteria based on smoking habits over a period of years. The guidelines stipulate that the screening be performed with a low-dose computed tomography (CT)

scan. NLST results showed that there were between 15% to 20% fewer deaths from lung cancer in the trial participants who had the CT scan compared to those who were screened with X-ray.

The low-dose CT scan guidelines were implemented at Beebe in 2015. At the same time, Beebe initiated the use of navigational bronchoscopy as another method to diagnose lung cancer in early stages. Navigational bronchoscopy is a minimally invasive procedure that with electromagnetic navigation and 3D imaging, aids a pulmonologist in locating lesions in the periphery of the lungs where bronchi are too narrow for a standard bronchoscope.

TREATMENT

Treatment is based on the stage of the cancer and the health of the patient. For patients with early stage lung cancer, surgical removal of the tumor and the lung tissue surrounding the tumor is the standard of care.

- **Stereotactic body radiation therapy (SBRT)** may be recommended to treat very early stage lung cancers when surgery isn’t an option due to the patient’s health, or if the patient declines surgery.

If the tumor is too large for surgery at diagnosis, many lung cancer patients will receive radiation and/or adjuvant chemotherapy to shrink the tumor before the surgery is performed. In many circumstances, chemotherapy and/or radiation is recommended after surgery.

Patients in late stage lung cancer may be eligible for a clinical trial where new treatments are being studied.

OUTCOMES

Survival rates for lung cancer depend upon whether the cancer has remained in the lungs or spread to other parts of the body. The five-year survival rate for localized lung cancer is 54%, and if metastasized, 4%, according to data compiled by the Centers for Disease Control and Prevention.



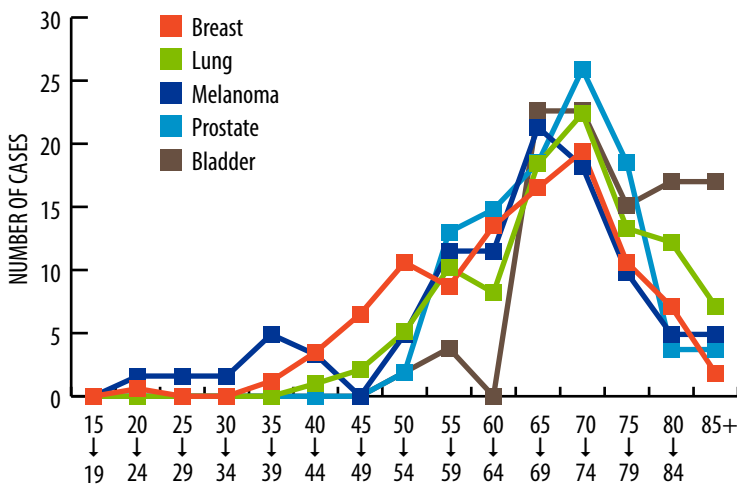
Paul R. Mayercsik, CMD, RT(R)(T), adjusts the 4-D camera that is used with this CT scanner to monitor the inner-body movement caused by the patient’s breathing. Radiation oncologists use this information to pinpoint tumor in lung for radiation therapy treatment. Also pictured are radiation oncologist Brian Costleigh, MD, and Radiation Oncology Manager Kristen Rahn, RT(R)(T).

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—2014 TOP 5 SITES

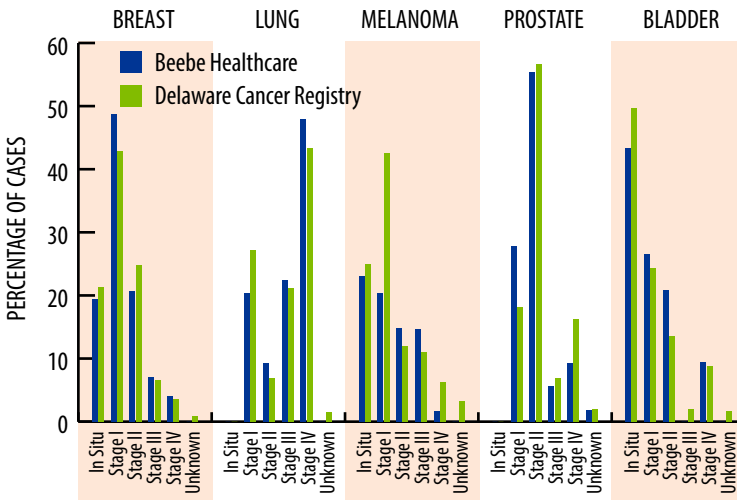
Analytical Cases



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/DELAWARE STATE REGISTRY—2014 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) / Delaware State #'s with 90% of 2014 cases reported UNKN= Dx only, and/or not staged



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 July 2015

Total patients in registry since reference date	9,782
Less foreign residents	8
Less patients over 100 years of age not contacted in 12 months	4
Subtotal	9,770
Less number expired	4,427
Subtotal (number living)	5,323
Number living with current follow-up (within 15 months)	4,542
Patients lost to follow-up	780
Percent of successful follow-up rate	92.0%

Cases Diagnosed within 5 Years through July 2015

Total patients in registry for last 5 years	3,343
Less foreign residents	0
Less patients over 100 years of age not contacted in 12 months	1
Subtotal	3,342
Less number expired	915
Subtotal (number living)	2,427
Number living with current follow-up (within 15 months)	2,252
Patients lost to follow-up	175
Percent of successful follow-up rate	94.8%

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

BEEBE HEALTHCARE 2014 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	170	21.1%	0	170	33	83	35	12	7	0	0
RESPIRATORY	114	14.2%	49	65	0	26	9	26	52	0	1
Larynx	7	0.9%	5	2	0	2	0	1	4	0	0
Lung	106	13.2%	43	63	0	24	9	25	48	0	0
Pleura (Malig. Mesothelioma)	0	0.0%	0	0	0	0	0	0	0	0	0
Nasal Cavity Sinus	1	0.1%	1	0	0	0	0	0	0	0	1
DIGESTIVE	155	19.3%	87	68	10	29	27	29	54	0	6
Esophagus	13	1.6%	10	3	0	3	3	2	5	0	0
Stomach	6	0.7%	5	1	0	1	2	1	2	0	0
Small Intestine	3	0.4%	2	1	0	0	2	0	1	0	0
Other Digestive Organs	4	0.5%	1	3	0	0	0	0	3	0	1
Colon	53	6.6%	27	26	4	14	13	10	11	0	1
Rectum/Rectosigmoid	22	2.7%	13	9	4	4	2	7	3	0	2
Anus/Anal Canal	5	0.6%	3	2	1	2	0	1	1	0	0
Liver/Gallbladder	15	1.9%	11	4	0	4	1	6	2	0	2
Pancreas	33	4.1%	15	18	1	1	4	2	25	0	0
Peritoneum	1	0.1%	0	1	0	0	0	0	1	0	0
MALE ORGANS	55	6.8%	55	0	0	15	30	3	5	0	2
Prostate	55	6.8%	55	0	0	15	30	3	5	0	2
Penis	0	0.0%	0	0	0	0	0	0	0	0	0
Testis	0	0.0%	0	0	0	0	0	0	0	0	0
FEMALE ORGANS	37	4.6%	0	37	0	17	3	7	8	0	2
Cervix Uteri	2	0.2%	0	2	0	1	0	1	0	0	0
Corpus Uteri	21	2.6%	0	21	0	11	3	1	5	0	1
Ovary	11	1.4%	0	11	0	3	0	4	3	0	1
Other Female (vulva)	3	0.4%	0	3	0	2	0	1	0	0	0
URINARY	72	9.0%	52	20	23	24	12	4	8	0	1
Bladder	54	6.7%	42	12	23	14	12	0	5	0	0
Kidney/Renal Pelvis	18	2.2%	10	8	0	10	0	4	3	0	1
LYMPHOMA	25	3.1%	15	10	0	7	4	3	11	0	0
Hodgkin's	5	0.6%	4	1	0	1	1	0	3	0	0
Non-Hodgkin	20	2.5%	11	9	0	6	3	3	8	0	0
MULTIPLE MYELOMA	11	1.4%	5	6	0	0	0	0	0	11	0
MELANOMA	61	7.6%	36	25	14	28	9	9	1	0	0
HEAD & NECK	20	2.5%	13	7	1	3	1	4	7	0	4
Tongue	7	0.9%	5	2	1	1	1	1	3	0	0
Tonsil	5	0.6%	5	0	0	1	0	2	2	0	0
Pharynx	4	0.5%	4	0	0	0	0	0	0	0	4
Lip	1	0.1%	0	1	0	1	0	0	0	0	0
Salivary Glands	2	0.2%	1	1	0	0	0	1	1	0	0
Mouth & Gum	1	0.1%	1	0	0	0	0	0	1	0	0
LEUKEMIA	23	2.9%	14	9	0	0	0	0	0	23	0
THYROID	11	1.4%	2	9	0	8	1	1	1	0	0
BONE & CON. TISSUE	8	1.0%	4	4	0	3	0	4	1	0	0
Connective Tissue	8	1.0%	4	4	0	3	0	4	1	0	0
BRAIN/CNS	7	0.9%	2	5	0	0	0	0	0	7	0
Other Skin Cancer	4	0.5%	3	1	0	0	1	2	0	0	1
All Other/Undefined/Unkn	31	3.9%	23	8	0	0	0	1	1	29	0
Total Analytic Cases	804	100.0%	360	444	81	243	132	105	156	70	17
Total Non-Analytic	28										
TOTAL CASES ABSTRACTED	832										

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

Highlighting Quality Care for Our Patients

TUNNELL CANCER CENTER RECEIVES NATIONAL OUTSTANDING ACHIEVEMENT AWARD

In the spring of 2015, the Commission on Cancer® (CoC) of the American College of Surgeons (ACS) presented Tunnell Cancer Center with the 2014 Outstanding Achievement Award. Tunnell was one of a select group of only 75 U.S. healthcare facilities out of 588 CoC-accredited



Comprehensive Community Cancer Centers to receive this national honor for surveys performed in 2014. The award acknowledges

cancer programs that achieve excellence in providing quality care to cancer patients.

The purpose of the award is to raise awareness of the importance of providing quality cancer care at healthcare institutions throughout the United States. Tunnell Cancer Center was evaluated on 34 program standards, and further evaluated on seven commendation standards. To be eligible, all award recipients must have received commendation ratings in all seven commendation standards in addition to receiving a compliance rating for each of the 27 other standards.

Earlier in 2015, Tunnell Cancer Center was granted the CoC's Three-Year Accreditation with Commendation for the fourth time. Tunnell has consistently received CoC accreditation.

QOPI® RECOGNIZES AND RECERTIFIES TUNNELL

Tunnell Cancer Center has received reaccreditation by the Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO). The QOPI® Certification Program (QCP™) provides a three-year certification for outpatient hematology-oncology practices that meet nationally recognized standards for quality cancer care.

Tunnell first achieved QOPI certification in 2013. In applying for recertification, Tunnell Cancer Center participated in a voluntary comprehensive site assessment against clearly specified standards that are consistent with national guidelines and was successful in meeting the standards and objectives of the QOPI Certification Program.

QOPI® analyzes individual practice data and compares these to more than 160 evidence-based and consensus



QOPI Certification Program

Quality Cancer Care: Recognizing Excellence

participated in a voluntary comprehensive site assessment against clearly specified standards that are consistent with national guidelines and was successful in



Nationally certified pharmacy technician Michele Craft prepares each chemotherapy one at a time according to the strictest QOPI and USP standards. This ensures that each patient gets the right drug, in the right amount, at the right time. Sterility is of the utmost importance.

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.

EARLY CANCER DIAGNOSIS INITIATIVES

■ Low-dose Computed Tomography for Lung Cancer Screenings

Low-dose computed tomography (CT) lung cancer screenings were introduced at Beebe Healthcare during the year for people at risk for lung cancer due to smoking history.

Lung cancer is the leading cause of cancer-related deaths in men and women. Results from the National Lung Screening Trial (NLST) showed that those who received low-dose CT scans had a 20 percent lower risk of dying from lung cancer than those who received standard chest X-rays. This screening is approved only for high-risk individuals and is part of Beebe Healthcare's high-risk screening clinic initiative.

The cancer nurse navigator at Tunnell Cancer Center follows the patient's results through a multidisciplinary medical team review to assure that any follow-up care is appropriate and that needed care is offered.



■ Navigational Bronchoscopy

Beebe Healthcare also introduced navigational bronchoscopy in 2015 to help diagnose, stage, and treat early stage lung cancer. The navigational bronchoscopy system is an advanced technology that combines electromagnetic navigation and advanced 3D imaging to locate lesions in the small and narrow bronchi in the lung periphery where they often go undiagnosed in early stage lung cancer.

Other initiatives to either prevent cancer or support early diagnosis include: A new smoking cessation program at Tunnell Cancer Center in which four trained counselors work one-on-one with participants; and an annual free skin cancer screening event in May.

BEEBE BREAST HEALTH CENTER PATIENTS BENEFIT FROM EXPANDED TOMOSYNTHESIS TECHNOLOGY

Beebe Healthcare’s digital breast tomosynthesis (DBT) technology, also known as 3D mammography, was expanded this year to the Georgetown campus. DBT is now available both at Beebe’s Rehoboth Beach location and at the Georgetown location. Mammography is part of Beebe Healthcare’s Breast Health Program, the only one in Delaware to be accredited by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons.

Tomosynthesis is the latest advance in digital mammography technology. It takes multiple images of breast tissue using a low-dose scan, providing radiologists with greater clarity in identifying and characterizing individual breast structures. Radiologists are then able to better identify abnormalities in women with dense breast tissue. It improves diagnostic accuracy that leads to fewer call-backs and fewer biopsies.



Michael Ramjattansingh, MD, analyzes 3D mammography images.

SURVIVORSHIP

■ After Ringing the Bell: A Cancer Survivorship Conference

In January 2015, for the third year in a row, the Sussex County Survivorship Coalition hosted the inspirational one-day event that brought many cancer survivors and caregivers together to share in hope, support and resilience. The conference focuses on survivors’ transition from patient to survivor, teaching them how to identify post-treatment emotional concerns as they integrate mind-body medicine into cancer survivorship care.

The Coalition members are: Tunnell Cancer Center of Beebe Healthcare; Nanticoke Cancer Care Center of Nanticoke Memorial Hospital; Cancer Support Community–Delaware (formerly The Wellness Community Delaware); Delaware Breast Cancer Coalition; American Cancer Society; Leukemia–Lymphoma Society; Cancer Care Connection; and Susan G. Komen for the Cure–Philadelphia Affiliate.

■ 12th Annual Miracle Mile

In June, Tunnell Cancer Center hosted the 12th Annual Miracle Mile in Rehoboth Beach. This event recognizes the strength of cancer patients and the dedication of their caregivers.

More than 100 people take part in the event, which also celebrates National Cancer Survivors’ Day.



PEOPLE IN THE NEWS

■ **Carol Hunt**, a longtime employee at Tunnell Cancer Center, was promoted to Manager, Oncology Business and Support Services. Hunt has been instrumental in organizing the administrative functions at the Center for the past six years. In her new role, she will manage many of the financial responsibilities for the Center, including contract management, grant budgets, and the accreditation process. Hunt has a Bachelor of Arts degree in Education.



■ **Diane Mulkhey** joined Tunnell as the new Operations Manager. She has extensive radiation and medical oncology experience at Central Maine Medical Center. Mulkhey will oversee fiscal management, performance improvement, and compliance with policies and procedures.



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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Rehoboth Beach, Delaware

www.beebehealthcare.org