

# Advances Right at Home

ANNUAL REPORT 2013–2014



 **Beebe  
Healthcare**  
**Tunnell Cancer Center**  
HEALING BODIES, MINDS, AND SPIRITS EVERY DAY.

 Commission on Cancer  
ACCREDITATION WITH  
COMMENDATION

# 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, 12,356 newly diagnosed patients have received care at Tunnell Cancer Center.



## ON THE COVER

*Kelly Lathbury is a happy and carefree 44-year-old woman. The Millsboro resident loves to go to the beach and ride on her husband A.J.'s motorcycle with him. She adores her little dog, Snickers, and always has a smile and a kind word for a friend or stranger.*

*Kelly was diagnosed with cervical cancer when she was 18 years old. At 24, she was diagnosed with a very rare synovial sarcoma and was treated with experimental protocols through the National Institutes of Health. In July 2013, she was surprised to be diagnosed with breast cancer. After extensive surgery, her chemotherapy and radiation were completed the following April. She is "thankful for her physicians and their commitment and dedication to her treatment plan and the caring nurses who supported her." Kelly says she will always be grateful for the support of her "amazing" husband, her "wonderful" son Trent, her loving family, her friends, and those at work.*

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**TUNNELL CANCER CENTER TEAM**

(Left to right) Liz Wilson, FNP-BC, nurse practitioner; Nouman Asif, MD, medical oncologist; 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; Muhammad Siddique, MD, medical oncologist; Andrejs V. Strauss, MD, radiation oncologist; and Isabel Benson, NP-C, AOCNP, oncology nurse practitioner*





# Chairman's Message

BY BRIAN COSTLEIGH, MD

*Radiation Oncologist*

*Chairman of the Beebe Healthcare Cancer Committee*

I am proud to have the opportunity to share with you some examples of the efforts our team continues to make to improve the care we provide cancer patients at Beebe Healthcare, whether in the Medical Center in Lewes or at Tunnell Cancer Center. Our oncologists, surgeons, nurses, technicians, pharmacists, and others focus on the comfort and safety of our patients, while at the same time investigating new ways to improve care. This year we continue to see advances in cancer treatment as we grow our staff and our services.

As a certified Quality Oncology Practice Initiative (QOPI) site, Tunnell Cancer Center regularly engages in process improvement initiatives. Team members representing different disciplines come together to identify, analyze, and take action to improve processes. Last year, Tunnell Cancer Center introduced stereotactic body radiation therapy (SBRT), which is a technique that allows the treatment of tumors that are either inaccessible or unsuitable for open surgery. This year, Beebe's Chief Dosimetrist Paul R. Mayercsik, CMD, RT(R)(T), was named one of the Top 50 Radiation Planners in the nation by the American Association of Physics in Medicine (AAPM) for planning a SBRT case. We are proud of Paul and his team for being leaders in this advanced cancer treatment technology that is improving the care we provide our patients.

One of the highlights of this past year was obtaining 3D mammography, a screening technology that improves our ability to identify breast cancer in its early stages so that we may begin treatment early. We also expanded the clinical trial options in which our patients can participate, allowing us to provide the latest advances in cancer care.

This year, we welcomed three fellowship-trained medical oncologists and are looking forward to working together with them. I want to thank all of our team members for their dedication, our volunteers who tirelessly and unselfishly provide such loving care, and those in the community who support us in all that we do.

Dr. Brian Costleigh

## Beebe Healthcare Cancer Committee Roster 2014

NOUMAN ASIF, MD  
DEBORAH CAMPBELL, RN  
BRANDI CARR, RN  
ALLISON CLOBES, RN  
KATHY COOK, RN  
BRIAN COSTLEIGH, MD  
JOSEPH DEPENBUSCH, MD  
ALLISON GIL  
REV. KEITH GOHEEN

CLARA HIGGINS, DO  
LUANNE HOLLAND  
JENNIFER HUNG, MD  
CAROL HUNT  
JUDE JOHNSON-SHUPE  
CHEYENNE LUZADER  
ROSE MARESE-SMITH, PHARM D  
DONNA MISKIN, RN  
HELEN MOODY, CTR

RICHARD PAUL, MD  
DARETH PENUEL, RN  
SRIHARI PERI, MD  
MARGARET PORTER, RN  
JUDITH RAMIREZ, EdD  
MICHAEL RAMJATTANSINGH, MD  
CHERRIE RICH, RN  
ANIS SALIBA, 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



# Breast Cancer

BY PHILOMENA COLUCCI, DO, *Medical Oncologist*  
 PORSELVI CHOCKALINGAM, MD, *Medical Oncologist*

Breast cancer is the most common cancer in women, excluding skin cancers. It is rare but men can also be diagnosed with breast cancer. It also is the second leading cause of cancer deaths in women, following lung cancer. About one in every eight women will have breast cancer in her lifetime.

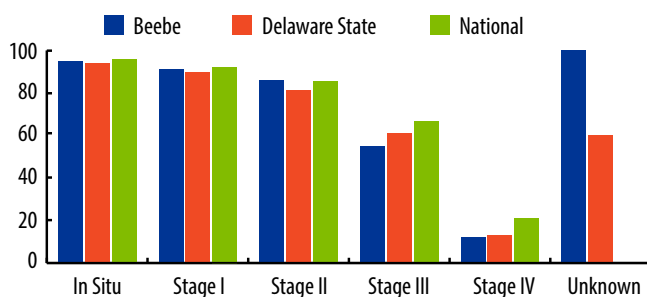
The good news is that mortality rates have been declining since 1989. From 1996–2000 compared with 2006–2010, breast cancer mortality rates declined 14.2% among African Americans and 18.5% among Caucasians. In Delaware, by comparison, breast cancer mortality rates declined 38.8% among African Americans, more than double the national rate, and 24.8% among Caucasians. The decreases are believed to be the result of early detection through screening and education. In Delaware’s case, there has been a strong focus on early detection and funding care for those who can’t afford it.

Breast cancer incidence rates nationwide dropped by 7% from 2002 to 2003. This dramatic decrease appeared to be connected to the reduced use of hormone replacement therapy (HRT) following the well-publicized results of the Women’s Health Initiative in 2002 linking HRT with heart disease and breast cancer.

Between 2006–2010, there were 3,371 women in Delaware treated for breast cancer, of which 869 were in Sussex County. In 2013, Beebe screened more than 14,000 women, of which 175 were diagnosed with breast cancer. Five men also were diagnosed with breast cancer.

## BREAST 5-YEAR SURVIVAL 2002–2009

Observed Percentage Rates Overall



^ = Standard error was > 10% or fewer than 10 cases used for calculations  
 Data Source: Beebe Healthcare, Diagnosed 2002–2009 ■ Delaware State Cancer Registry, Diagnosed 2002–2009  
 National numbers NCD, Commission on Cancer, ACoS, Diagnosed in 2003–2006  
 Data reported from all States, 1,489 Programs (National)



Leslie Boslet, RT, uses 3D mammography to screen for breast abnormalities.

## RISK FACTORS

A majority of women who have one or more risk factors for breast cancer do not develop it, while many diagnosed with breast cancer do not have any obvious risk factors. Therefore, preventive screenings (mammography) and education are critical for early diagnosis, which leads to better survival rates.

Some risk factors include:

- Two to five alcoholic drinks daily
- Obesity or overweight after menopause
- High-fat diet with a low intake of fruits and vegetables
- Smoking and exposure to second-hand smoke
- Reproductive history—Risk increases for women who have not had children or who have their first child after the age of 30
- Hormone replacement therapy
- Family history and gene defects or mutations
- Dense breasts
- Exposure to chemical compounds in the environment that have estrogen-like properties



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

## TREATMENT

There are diverse treatment regimen options for breast cancer depending upon the type of cancer, the stage, the genetic make-up of the cancer cells and the age and health of the patient. The first step to treatment is the diagnosis, which is usually made with the aid of a breast biopsy. Beebe also provides patients the option to have the less invasive stereotactic breast biopsy.

Most patients have surgery to remove a malignancy. Lymph node dissection is commonly performed at the time of a lumpectomy. Of the women who had surgery at Beebe in 2013, 73.3% had breast conservation surgery

Research nurses at Tunnell Cancer Center Donna Miskin, RN, left, and Mary Vanbergen, RN, discuss a patient case with medical oncologist Nouman Asif, MD.



in situ and in stages I, II and III rather than mastectomy.

Surgeries also can be preceded by neoadjuvant therapy to shrink tumors, and/or are followed by a treatment regimen that can include radiation, chemotherapy, or both, and/or hormone therapies.

Genetic testing may have to be done to establish the genetic makeup of the cancer cells so that appropriate treatments can be established using drugs that target specific gene action. For example, medications are available to treat cancer cells that produce too much of the growth-promoting protein called HER-2.

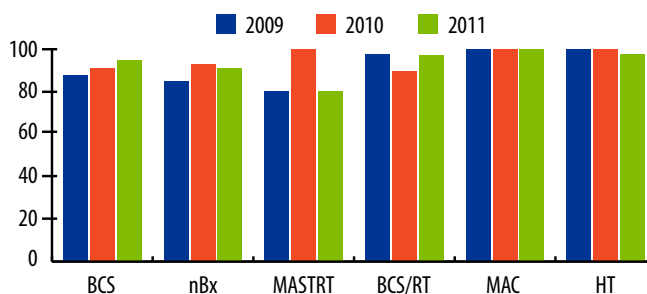
Hormone therapy is indicated when patients are hormone receptor positive. In those cases, tamoxifen or an aromatase inhibitor represent treatment options. Clinical trials for breast cancer care are ongoing and available at Tunnell Cancer Center. Interested patients are encouraged to ask their physician to determine if they meet criteria.

## OUTCOMES

Five-year survival rates for patients at Beebe Healthcare parallel those of both Delaware and the nation. Between 2002–2009, cases diagnosed in early stages exhibited better survival rates. For Beebe, cases diagnosed in stage I had a five-year survival rate of 91%. Cases diagnosed in stage IV had a five-year survival rate of 12%.

## BREAST CASES—FACILITY MEASURES

Cancer Program Practice Profile Reports (CP3R)



**BCS**—Breast Conservation Surgery for women w/AJCC Clinical Stage 0, I, or II

**nBx**—Needle Bx is performed (Core of FNA) to establish diagnosis

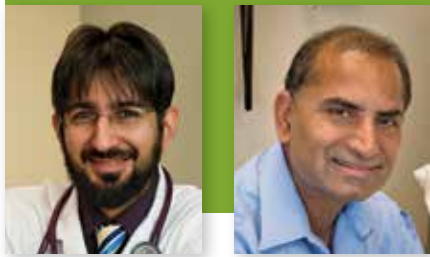
**MASTRT**—Radiation therapy is considered/administered following mastectomy within one year of dx with  $\geq$  four positive regional lymph

**BCS/RT**—Radiation administered within one year of dx for women under age of 70, receiving breast conservation

**MAC**—Combination Chemo considered/administered within four months of diagnosis for women under 70, AJCC T1c, N0 or Stage IB–III hormone receptor positive

**HT**—Tamoxifen or third-generation aromatase inhibitor considered/administered within one year of dx, with AJCC T1c or Stage IB–III hormone receptor positive

Source: CoC, ACoS Datalinks, CP3R



# Myelodysplastic Syndromes (MDS)

BY NOUMAN ASIF, MD, *Medical Oncologist*  
SRIHARI PERI, MD, *Medical Oncologist*

Myelodysplastic syndromes (MDS) are diverse disorders of the bone marrow that do not produce enough healthy blood cells. MDS is primarily diagnosed in people 65 years of age and older. Nationwide, about 13,000 new cases occur each year. The number appears to be increasing as the population ages, and it is diagnosed in men more than in women. Between 2009 and 2013, Tunnell Cancer Center diagnosed 50 patients with MDS, 36 men and 14 women. Of those, four were between the ages of 65 and 69. The remaining were 70 years of age and older.

The World Health Organization (WHO) classification system recognizes seven different types of MDS, each requiring different treatment options.

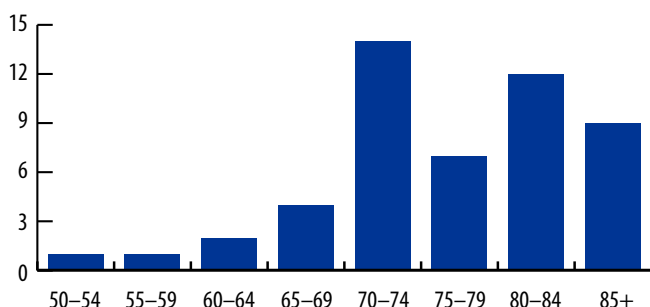
- Refractory cytopenia with unilineage dysplasia (RCUD)
- Refractory anemia with ringed sideroblasts (RARS)
- Refractory cytopenia with multilineage dysplasia (RCMD)
- Refractory anemia with excess blasts-1 (RAEB-1)
- Refractory anemia with excess blasts-2 (RAEB-2)
- Myelodysplastic syndrome, unclassified (MDS-U)
- Myelodysplastic syndrome associated with isolated del(5q)

## SYMPTOMS

There are no symptoms in the early stages of MDS. As the disease progresses, patients may complain of lethargy. Outward symptoms can include nose bleeds, bruising, and low resistance to infections that can lead to lung infections and urinary tract infections. A blood test may reveal reduced red cells, low hematocrit, neutropenia, and/or thrombocytopenia. There are no special tests recommended for early detection in the general population.

## MYELODYSPLASTIC SYNDROME CASES

By Age 2009–2013



Source: Beebe Healthcare, Tunnell Cancer Center, Tumor Registry, Rocky Mt. Cancer Database

## CAUSES

Specific causes have not been identified. MDS is not contagious nor is it inherited. However, radiation and chemotherapy in a small percentage of cases are among known triggers. Follow-up physical exams and blood tests help find some types of MDS. Long-term exposure to certain industrial chemicals also can be a trigger.

## TREATMENT

Treatment options are based on several factors including the type of MDS, the patient's age and general health, and the progression of the disease and whether the MDS occurred following chemotherapy or radiation treatment. There are three types of standard treatments being used: supportive care; drug therapy; and in some cases chemotherapy with stem cell transplant. Participation in clinical trials can be an option for patients who meet the criteria.

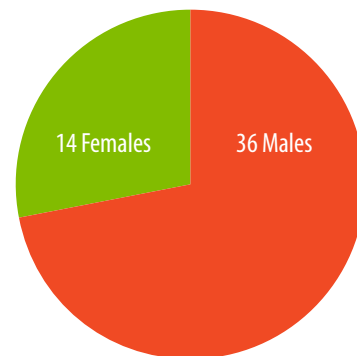
Supportive care includes the use of transfusions to help alleviate some symptoms, and the use of erythropoiesis-stimulating agents to lessen the impact of anemia. Drug therapies include the use of lenalidomide to lessen the need for red blood cell transfusions; antithymocyte globulin (ATG) to increase the number of red blood cells; and azacitidine and decitabine to kill cells that are dividing rapidly. These two drugs also help genes involved in cell growth.

## OUTCOMES

The failing of the bone marrow in MDS can occur gradually so that patients often live for years. Survival rates are based on the type of MDS, the chromosome abnormality and the necessity for blood transfusions and can vary from nine months to 12 years. In about 30% of patients, the MDS will progress into acute myeloid leukemia (AML).

## MYELODYSPLASTIC SYNDROME CASES

by Gender 2009–2013



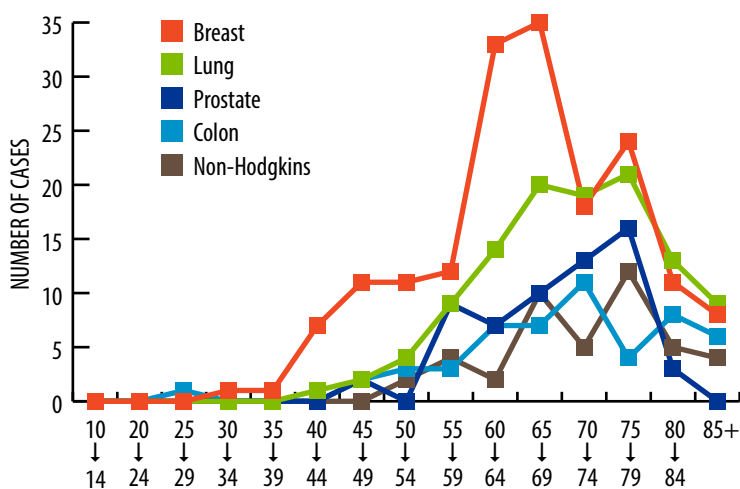
Data Source: Beebe Healthcare, Tunnell Cancer Center, Tumor Registry, Rocky Mt. Cancer Database

# 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—2013 TOP 5 SITES

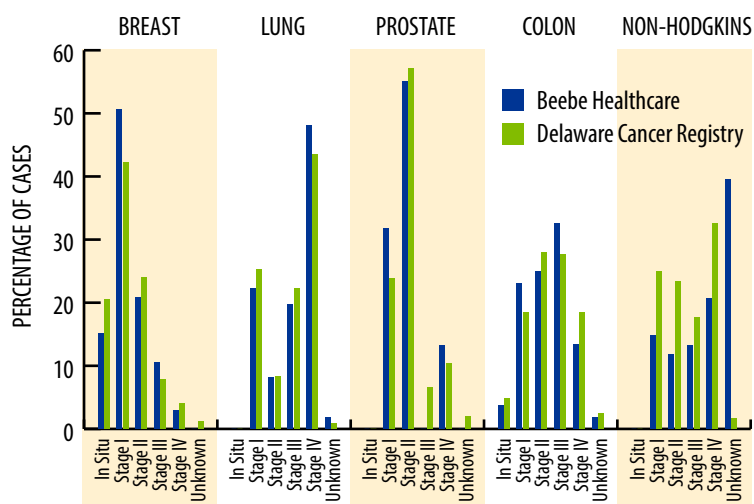
Analytical Cases



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—2013 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 2014

Total patients in registry since reference date	9,114
Less foreign residents	8
Less patients over 100 years of age not contacted in 12 months	3
Subtotal	9,103
Less number expired	4,044
Subtotal (number living)	5,059
Number living with current follow-up (within 15 months)	4,088
Patients lost to follow-up	971
<b>Percent of successful follow-up rate</b>	<b>89.3%</b>

Cases Diagnosed within 5 Years through October 2013

Total patients in registry for last 5 years	3,278
Less foreign residents	0
Less patients over 100 years of age not contacted in 12 months	1
Subtotal	3,277
Less number expired	890
Subtotal (number living)	2,387
Number living with current follow-up (within 15 months)	2,156
Patients lost to follow-up	231
<b>Percent of successful follow-up rate</b>	<b>93.0%</b>

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



## BEEBE HEALTHCARE 2013 CASE DISTRIBUTION (ALL SITES)

PRIMARY SITES	ANALYTIC CASES	CASE Mix %	GENDER		AJCC STAGE DISTRIBUTION						
			M	F	0	I	II	III	IV	N/A	X
<b>BREAST</b>	180	20.8%	5	175	26	87	37	18	5	0	7
<b>RESPIRATORY</b>	124	14.3%	68	56	0	30	13	23	55	0	3
<b>Lung</b>	110	12.7%	58	52	0	25	9	22	53	0	1
<b>Trachea Pleura</b>	2	0.2%	2	0	0	0	0	0	0	0	2
<b>Larynx</b>	12	1.4%	8	4	0	5	4	1	2	0	0
<b>DIGESTIVE</b>	145	16.7%	87	58	7	29	37	31	29	0	12
<b>Esophagus</b>	7	0.8%	6	1	0	3	2	0	1	0	1
<b>Stomach</b>	11	1.3%	7	4	0	2	5	2	2	0	0
<b>Small Intestine</b>	4	0.5%	1	3	0	2	2	0	0	0	0
<b>Other Biliary</b>	2	0.2%	0	2	0	0	1	0	1	0	0
<b>Colon</b>	53	6.1%	32	21	2	12	13	17	7	0	2
<b>Rectum/Rectosigmoid</b>	23	2.7%	11	12	3	4	4	5	5	0	2
<b>Anus/Anal Canal</b>	7	0.8%	4	3	2	1	2	2	0	0	0
<b>Liver</b>	16	1.8%	12	4	0	4	2	1	3	0	6
<b>Pancreas</b>	22	2.5%	14	8	0	1	6	4	10	0	1
<b>MALE ORGANS</b>	69	8.0%	69	0	0	20	34	2	8	0	5
<b>Prostate</b>	65	7.5%	65	0	0	19	34	0	8	0	4
<b>Penis</b>	1	0.1%	1	0	0	1	0	0	0	0	0
<b>Testis</b>	3	0.3%	3	0	0	0	0	2	0	0	1
<b>FEMALE ORGANS</b>	48	5.5%	0	48	1	18	2	16	9	0	2
<b>Cervix Uteri</b>	6	0.7%	0	6	0	0	0	5	1	0	0
<b>Corpus Uteri</b>	19	2.2%	0	19	1	13	1	3	0	0	1
<b>Ovary</b>	21	2.4%	0	21	0	4	1	8	7	0	1
<b>Other Female (vulva)</b>	2	0.2%	0	2	0	1	0	0	1	0	0
<b>URINARY</b>	74	8.5%	56	18	21	27	8	9	4	0	5
<b>Bladder</b>	37	4.3%	25	12	18	8	8	1	2	0	0
<b>Kidney/Renal Pelvis</b>	35	4.0%	31	4	2	19	0	8	2	0	4
<b>Ureter</b>	2	0.2%	0	2	1	0	0	0	0	0	1
<b>LYMPHOMA</b>	44	5.1%	20	24	0	10	8	9	14	3	0
<b>Non-Hodgkins</b>	44	5.1%	20	24	0	10	8	9	14	3	0
<b>MULTIPLE MYELOMA</b>	12	1.4%	7	5	0	0	0	0	0	12	0
<b>MELANOMA</b>	38	4.4%	22	16	9	21	3	4	1	0	0
<b>HEAD &amp; NECK</b>	16	1.8%	15	1	0	5	1	2	8	0	0
<b>Tongue</b>	7	0.8%	7	0	0	2	0	1	4	0	0
<b>Salivary Gland</b>	1	0.1%	1	0	0	0	0	1	0	0	0
<b>Lip</b>	0	0.0%	0	0	0	0	0	0	0	0	0
<b>Nasopharynx/Hypo/Oro</b>	5	0.6%	4	1	0	2	1	0	1	0	0
<b>Mouth &amp; Gum</b>	3	0.3%	3	0	0	0	0	0	3	0	0
<b>LEUKEMIAS</b>	27	3.1%	20	7	0	0	0	0	0	27	0
<b>OTHER BLOOD</b>	0	0.0%	0	0	0	0	0	0	0	0	0
<b>THYROID</b>	10	1.2%	0	10	0	6	3	1	0	0	0
<b>SOFT TISSUE</b>	7	0.8%	4	3	0	3	0	1	1	0	2
<b>BRAIN/CNS</b>	7	0.8%	5	2	0	0	0	0	0	7	0
<b>Other Skin</b>	2	0.2%	2	0	0	0	0	2	0	0	0
<b>All Other/Undefined/Unkn</b>	63	7.3%	45	18	0	0	0	0	0	63	0
<b>Total Analytic &amp; Non-Analytic Cases</b>	866	100%	425	441	64	256	146	118	134	112	36
<b>Total Non-Analytic</b>	36										

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

# Highlighting Quality Care for Our Patients

## PROCESS IMPROVEMENT EFFORTS LEAD TO QUALITY CARE

Tunnell Cancer Center, a certified Quality Oncology Practice Initiative (QOPI) site, continually engages in process improvement efforts. This past year, we looked at several processes to evaluate and improve our quality. Two processes that were evaluated and improved were:

- **The hospital admission rate of active chemotherapy patients:** Our goal was to decrease or eliminate the need for these patients to seek emergency medical care for health problems related to their chemotherapy. We evaluated patient records and, based on our findings, developed an action plan that includes additional follow-up care with patients and expanded patient education protocols.
- **The regimen ordering process in the EMR system:** We reviewed our system to find that our chemotherapy regimens were ordered in the electronic medical record (EMR) system without pre-built “pre-meds” included in the regimen. Based on the review, we altered the existing EMR regimens to include the ordering of pre-medications, which is a protocol under the National Comprehensive Network (NCCN) guidelines. This enabled the standardization of these processes and the elimination of potential omissions.

## RADIATION THERAPY ONCOLOGY TRIALS INTRODUCED

Since its inception, Tunnell Cancer Center has offered its eligible patients the opportunity to participate in clinical trials through its affiliation with the Delaware/Christiana Care Community Clinical Oncology Program Network (CCOP), a program now replaced by the NCI Community Oncology Research Program (NCORP). This past year, Tunnell expanded the clinical trials available to its patients to include radiation trials through NCI-funded Radiation Therapy Group (RTOG). This has given Tunnell more care options for its patients. Primary areas of RTOG research include brain tumors, head and neck cancer, lung cancer, sarcomas, pancreatic cancer, prostate and gynecologic cancers, and breast cancer.

## RADIATION TREATMENT PLANNING EARNS NATIONAL RECOGNITION

Paul R. Mayercsik, CMD, RT(R)(T), Tunnell’s Clinical Physicist and Chief Dosimetrist, was named one of the



Paul R. Mayercsik, CMD, RT(R)(T), Clinical Physicist and Chief Dosimetrist

Top 50 Radiation Treatment Planners in the nation by American Association of Physics in Medicine (AAPM). The recognition came following Paul’s participation in AAPM’s 2014 Radiation Oncology Resources plan challenge focusing on a stereotactic body radiation therapy (SBRT) case. There were 250 entries from the United States and countries around the world.

## BEEBE BREAST HEALTH CENTER PATIENTS BENEFIT FROM TOMOSYNTHESIS TECHNOLOGY

Beebe Healthcare began offering digital breast tomosynthesis (DBT), also known as 3D mammography, this year at the Beebe Health Campus. Mammography is part of the Beebe Breast Health Program, which is 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 callbacks and fewer biopsies.



## BREAST HEALTH EDUCATION AND SCREENING EXPANDS WITH 2014 SUSAN G. KOMEN PHILADELPHIA® GRANT

For the third time since 2010, Tunnell Cancer Center received a grant from the Komen Philadelphia® Community Grants Program to fund its program Sharing Our Stories, Saving Our Sisters (SOS<sup>2</sup>), which focuses on prevention and diagnosis of breast cancer in minority and underserved populations in Sussex County. A cancer screening nurse navigator works in conjunction with a team of volunteer lay navigators to educate the people in their communities and to encourage them to have regular screenings for cancer. Patients who receive a positive diagnosis for breast cancer have the opportunity to work with a nurse navigator, who guides them through the care and treatment provided by the Breast Health Program.

## VOLUNTEERS MAKE A DIFFERENCE

Volunteerism plays an important part in cancer care. Thirty-two of Beebe Healthcare's volunteers work at Tunnell Cancer Center, though many more have requested to be there. They assist in capacities such as front desk greeters, patient aides, and clerical assistants. Eighteen of them serve as lay navigators, encouraging people throughout Sussex County to be screened for cancer. Many are survivors. All do what they can to make the cancer experience easier for our patients.



Beebe volunteers Susan Irise and William Woodhall

## Welcome to the Medical Staff



### *Philomena Colucci, DO*

Dr. Colucci joined Beebe Healthcare from Munson Medical Center in Traverse City, Michigan. She completed her Fellowship in Oncology and Hematology at Michigan State University, College of Human Medicine. In her third year, she was appointed Chief Fellow. Dr. Colucci earned her Doctor of Osteopathy in 2000 from Michigan State University. She is Board Certified in Internal Medicine, Hematology, and Oncology and has published several research articles in peer-reviewed medical publications.



### *Porselvi Chockalingam, MD*

Dr. Chockalingam (Selvi) is Board Certified in Internal Medicine, Oncology, and Hematology. She completed her Fellowship in Oncology and Hematology at Maimonides Medical Center in Brooklyn, New York. While there, her research focused on Kaposi's sarcoma in the toes, treatment of elderly patients with acute myeloid leukemia, and isolated sternal involvement in breast cancer. She served as Chief Fellow. Dr. Chockalingam joined Beebe with patient care experience at the Martinsburg VA Medical Center in West Virginia, and in private practice in Harrisburg, Pennsylvania.



### *Nataliya Melnyk, MD*

Dr. Melnyk joined Beebe following completion of her Fellowship in Hematology Oncology at Rutgers–Robert Wood Johnson University Hospital in New Brunswick, New Jersey. While there, she participated in several cancer research efforts, including those for advanced melanoma and infection. She is Board Certified in Internal Medicine.



### *Alexander (Alec) Chase, MS, PA-C*

Alec Chase, a physician assistant intern, joined Beebe following his completion of his Master of Science in Physician Assistant studies at Philadelphia College of Osteopathic Medicine. Before his graduation, he participated in clinical rotations at Tunnell Cancer Center. Alec is a certified physician assistant.

# 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](http://www.beebehealthcare.org), and look under Patient Care Services for cancer care.**



18947 John J. Williams Highway (Route 24)  
Rehoboth Beach, Delaware

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