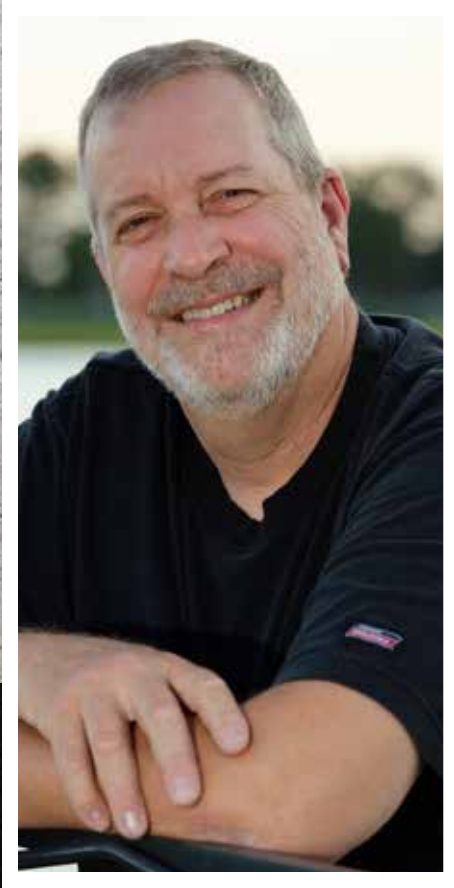


Robert Puddy  
Prostate Cancer Survivor



Sheila Mickles  
Colon Cancer Survivor



Sheryl Miller  
Melanoma Cancer Survivor



Getting Through Cancer With

# GRIT & Grace

ANNUAL REPORT 2016-2017

# Tunnell Cancer Center

The mission of the Robert & Eolyne Tunnell Cancer Center at Beebe Healthcare is to provide both hope and a 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 here 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, more than 14,089 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 also have 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 2017 (JULY 1, 2016-JUNE 30, 2017) YOU SHARED WITH TUNNELL CANCER CENTER:

- More than 290 donors contributed over \$285,907.
- Several donors have shared their intent to leave planned gifts (and entire estates).
- More than 196 donors gave gifts in memory or in honor of more than 41 loved ones.
- Four golf tournaments raised over \$135,000.

**Members of the Tunnell Cancer Center Medical Staff** (left to right): Andrejs V. Strauss, MD, radiation oncologist; Nataliya Melnyk, MD, medical oncologist; James Spellman, Jr., MD, surgical oncologist; Selvi Lingam, MD, medical oncologist; Nisarg Desai, MD, medical oncologist; Owen Thomas, MD, radiation oncologist; Srujitha Murukutla, MD, medical oncologist; Brian Costleigh, MD, radiation oncologist; M. Lisa Attebery, DO, general surgeon, specializing in breast surgical oncology; Jennifer Hung, MD, radiation oncologist; and Carmen L. Pisc, MD, medical oncologist. Not pictured: Isabel Benson, NP-C, AOCNP, oncology nurse practitioner; Alec Chase, PA-C, oncology physician assistant; and Liz Wilson, FNP-BC, nurse practitioner.



# Chairman's Message

This year marks an especially exciting one with the announcement by Beebe Healthcare's Board of Directors plans to expand the Tunnell Cancer Center in the South Coastal region in the coming years. This expansion will allow us to more conveniently serve our patients in the most southern part of our county, providing better accessibility to those in need.

Also of note, after 26 years of dedicated service and leadership as Tunnell Cancer Center's Medical Director of Medical Oncology, Dr. Srihari Peri retired this past fall. We are grateful for Dr. Peri's exemplary vision, leadership, and practice; he was instrumental in helping Tunnell Cancer Center grow from a small staff of five at its inception in 1995 to our now robust, multidisciplinary team of nearly 100. While Dr. Peri will certainly be missed, he leaves the Center in capable hands. We are pleased to announce that Barry Hamp has accepted the role of Executive Director at Tunnell Cancer Center.

In addition, this year brought the formation of clinical performance groups designed to formulate clinical pathways to best serve our patients with specific diagnoses. Our clinical performance groups continue to expand, now offering groups for thoracic and breast cancer, and with future plans of adding a gastrointestinal group. Also noteworthy, Tunnell Cancer Center's clinical trial accrual for 2016 was 12 percent, which far exceeds the national average of 3–5 percent. The Center has been part of an NCI Community Oncology Research Program with Christiana Care's Helen F. Graham Cancer Center for more than 20 years. This program allows patients to participate in national clinical trials within their community. Our Center was recognized nationally as one of the top accrualers for a study attempting to improve communication for cancer treatment and addressing the concerns of older cancer patients and caregivers.

In the area of breast health, Beebe Healthcare's Breast Center Accreditation was granted a three-year/full-accreditation designation by the National Accreditation Program for

Breast Centers, a program administered by the American College of Surgeons. The Breast Health Program offers treatment for breast cancer and fully accredited breast imaging services, including 3D mammography, which is the latest advance in digital mammography technology leading to earlier detection and ultimately better outcomes. We were also pleased to gain the expertise of M. Lisa Attebery, MD, who joined the Beebe Medical Group this past spring as a Board Certified general surgeon, Fellowship Trained in Breast Surgical Oncology.

Our nurse navigators continue to provide better pathways for our patients; and, of significance, Debbie Campbell, RN, Cancer Screening Nurse Navigator, reports that from July 1, 2016, to June 30, 2017, we screened 1,105 patients. From these screenings, 20 patients were diagnosed with lung cancer, which is key to identifying next steps for treatment plans. Through screenings and early detection, we see increased positive prognosis for our patients.

As you review this year's Annual Report, it is my wish that you recognize the Grit & Grace of our patients on their cancer journeys, and the promise and hope we at Tunnell Cancer Center aspire to offer them. Lastly, 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. We also thank our dedicated volunteers, team members, patients and their families, and those in the communities that we serve for supporting us.



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



## Beebe Healthcare Cancer Committee Roster 2017

MARTIN BLOOD  
DEBORAH CAMPBELL, RN  
ALEXANDER CHASE, PA-C  
XIAOLI CHEN, MD  
SELVI LINGAM, MD  
ALLISON CLOBES, RN  
KATHY COOK, RN  
BRIAN COSTLEIGH, MD

NISARG DESAI, MD  
ALLISON GIL  
REV. KEITH GOHEEN  
BARRY HAMP  
LISA HENDERSON  
LUANNE HOLLAND  
JENNIFER HUNG, MD  
CAROL HUNT

JUDE JOHNSON-SHUPE  
LINDA LOVE  
NATALIYA MELNYK, MD  
DONNA MISKIN, RN, OCN  
HELEN MOODY, CTR  
SRUJITHA MURUKUTLA, MD  
RICHARD PAUL, MD  
SRIHARI PERI, MD

CARMEN PISC, MD  
MARGARET PORTER, RN  
KRISTEN RAHN  
JUDITH RAMIREZ, EDD  
MICHAEL RAMJATTANSINGH, MD  
ANIS SALIBA, MD  
JAMES SPELLMAN, JR., MD  
ANDREJS STRAUSS, MD

OWEN THOMAS, MD  
LYNNE VAN PELT, RN  
KIM WESTCOTT, MS, RD  
CLARE WILSON, RN  
ELIZABETH WILSON, FNP

# Melanoma

NATALIYA MELNYK, MD  
Medical Oncologist

JAMES E. SPELLMAN, JR., MD  
Surgical Oncologist



## CANCER OF THE SKIN IS BY FAR THE MOST COMMON OF ALL CANCERS.

Melanoma accounts for only about 1 percent of skin cancers but causes a large majority of skin cancer deaths, according to the American Cancer Society.

Melanoma represents about 5.2 percent of new cancer cases in the United States, cites the National Institutes of Health. In 2016, melanoma accounted for 7.7 percent (66) of the 862 analytic cases diagnosed at Tunnell Cancer Center. The number of people diagnosed with melanoma has risen sharply over the past 30 years, reports the American Cancer Society.

According to Cancer.net, before age 50, more women are diagnosed with melanoma than men. However, by age 65, the rate is more than two times higher in men. By age 80, the rate in men is nearly three times higher than in women. Although there is an increase of new melanoma cases, the pace of melanoma research is moving quickly, especially over the last five years.

## Risk Factors

Melanoma is most common in adults, but it is sometimes found in children and adolescents.<sup>1</sup>

The risk of melanoma increases as people age. The average age of people when it is diagnosed is 63. However, melanoma is not uncommon even among those younger than 30. In fact, it's one of the most common cancers in young adults (especially young women).<sup>2</sup>

### Risk factors for melanoma include:

- Having a fair complexion, which includes: fair skin that freckles and burns easily, does not tan, or tans poorly; blue or green or other light-colored eyes; red or blond hair.
- Being exposed to natural sunlight or artificial sunlight (such as from tanning beds) over long periods of time.
- Being exposed to certain factors in the environment (in the air, your home or workplace, and your food and water). Some of the environmental risk factor for melanoma are radiation, solvents, vinyl chloride, and polychlorinated biphenyls (PCBs).
- Having a history of many blistering sunburns, especially as a child or teenager.
- Having several large or many small moles.
- Having a family history of unusual moles (atypical nevus syndrome).
- Having a family or personal history of melanoma.
- Being white.
- Having a weakened immune system.
- Having certain changes in the genes that are linked to melanoma.

## Melanoma Cancer Survivor

**SHERYL MILLER** "90 PERCENT OF HEALING IS YOUR ATTITUDE. I TRY TO BE VERY POSITIVE WITH EVERYTHING, EVEN THOUGH IT CAN BE HARD."

Sheryl Miller recounts when Dr. James Spellman, Jr. removed melanoma from her right shin last May of 2016. Her lymph nodes were also removed as precautionary. Since she had a primary spot on her back years ago, Dr. Spellman instructed her to go to Tunnell Cancer Center so that she could be a part of their clinical trials; however, because she also has MS, they said she could not be part of the trial, as it could make her MS worse. Instead, they monitored her lungs by chest X-rays every three months. Her lungs were clear in November 2016.

Sheryl had to stop her MS drugs, because she got lymphedema in her leg. Later in February, Sheryl had a chest X-ray; Dr. Spellman's office said she needed a CT scan ASAP due to pulmonary nodules. After that, she saw Dr. Carmen Pisc. While the MRI found it was not in the brain, it showed up in the lungs this time in the PET scan and was then confirmed by a lung biopsy. After discussing treatment options, Sheryl started immunotherapy in March of 2017. As part of her cancer treatment, she also takes medication.

"I used to work as a respiratory therapist for 16 years at Beebe; I was freaked out at first with the discovery, because I know what pulmonary nodules are. . . But I have faith that everything is going to be okay."

They feel the reason it didn't show up right away in her lungs is because her MS drugs (interferon) had been masking it. Sheryl feels very fortunate she was still going to Dr. Spellman; it was caught very early, and they were very surprised it even showed up on an X-ray.

She remembers burning in the sun in her earlier years, but is now very careful with protecting her skin, using 50 SPF all the time.

"There is no cure for it, but as Dr. Pisc put it to me, 'There is no cure for high-blood pressure, but you get medication for that.'" Sheryl plans to keep taking her medicine as long as it's helping her.

Sheryl believes that 90 percent of healing is attitude, and she always tries to remain positive, even though at times it's admittedly hard. Dr. Pisc encourages her: "Please don't ever lose your positive outlook, as once you do, you do yourself in." To combat the fatigue from treatment, she tries to get plenty of rest, even though she stays active and regularly looks after three of her grandchildren. She tries to eat healthy, drink plenty of fluids, and take good care of herself. "That's very important, because you have to keep your strength up or else you won't be able to help anyone else," Sheryl acknowledges.

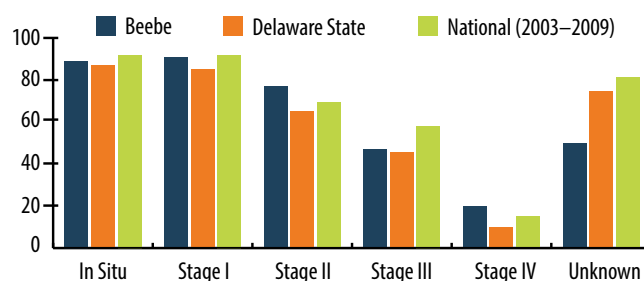
"Tunnell Cancer Center has the most wonderful people in the world. Through my cancer journey, they've been so accommodating, supportive, and compassionate," reflects Sheryl. "It's been an experience, and it makes you appreciate a lot of things."

*As of Sept. 2017, Sheryl received an uplifting call from Dr. Pisc; after her last test, her lungs are clear, with only a spot on the liver. She feels encouraged that the medicine is doing its job.*



## Beebe Healthcare Melanoma 5-Year Survival (2008–2012)

Observed Percentage Rates by Best AJCC Stage



Source: Beebe Healthcare Diagnosed 2008–2012 • Delaware State Cancer Registry, Diagnosed 2008–2012 • Nat'l #s NCD, Commission on Cancer, ACoS, Diagnosed in 2003–2009  
Data reported from all States, 1,432 Programs (National)

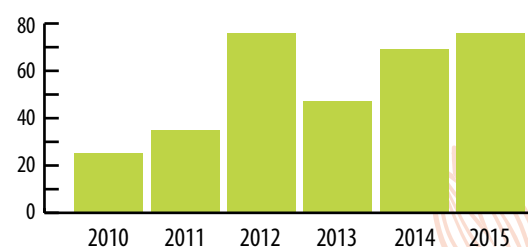
It is important that abnormal areas of the skin not be shaved off or cauterized (destroyed with a hot instrument, an electric current, or a caustic substance) because cancer cells that remain may grow and spread.<sup>5</sup>

Early-stage melanomas can often be treated with surgery alone, but more advanced cancers often require other treatments. Sometimes more than one type of treatment is used. The type of treatment depends on the stage and location of the melanoma as well as the patient's overall health.

Some doctors may recommend a sentinel lymph node biopsy, especially if the melanoma is stage IB or has other characteristics that make it more likely to have spread to the lymph nodes. Other possible treatments might include targeted therapy, immunotherapy, chemotherapy, or a combination of immunotherapy and chemotherapy. Immunotherapy, drugs, called checkpoint inhibitors, such as pembrolizumab (Keytruda), nivolumab (Opdivo), and ipilimumab (Yervoy) have been shown to help some people with advanced melanoma live longer. It's important to carefully consider the possible benefits and side effects of any recommended treatment before starting it.<sup>6</sup>

1. National Cancer Institute: <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0032763/>
2. American Cancer Society: <https://www.cancer.org/cancer/melanoma-skin-cancer/about/key-statistics.html>
3. National Cancer Institute: <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0032763/>
4. American Cancer Society: <https://www.cancer.org/cancer/melanoma-skin-cancer/detection-diagnosis-staging/signs-and-symptoms.html>
5. National Cancer Institute: <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0032763/>
6. American Cancer Society: <https://www.cancer.org/cancer/melanoma-skin-cancer/treating/by-stage.html>

## Beebe Healthcare Melanoma Cancer Cases (2010–2015)



Source: Tumor Registry, Rocky Mountain Cancer Database System  
Beebe Medical Center, CoPath Program (basal & squamous)

Being white or having a fair complexion increases the risk of melanoma, but anyone can have melanoma, including people with dark skin.<sup>3</sup>

## Symptoms

The most important warning sign of melanoma is a new spot on the skin or a spot that is changing in size, shape, or color. Another important sign is a spot that looks different from all of the other spots on your skin.

The **ABCDE rule** is another guide to the usual signs of melanoma. Be on the lookout and tell your doctor about spots that have any of the following features:

- **Asymmetry:** One half of a mole or birthmark does not match the other.
- **Border:** The edges are irregular, ragged, notched, or blurred.
- **Color:** The color is not the same all over and may include different shades of brown or black, or sometimes with patches of pink, red, white, or blue.
- **Diameter:** The spot is larger than 6 millimeters across (about ¼ inch—the size of a pencil eraser), although melanomas can sometimes be smaller than this.
- **Evolving:** The mole is changing in size, shape, or color.

Some melanomas don't fit these rules. Other warning signs are:

- A sore that doesn't heal.
- Spread of pigment from the border of a spot into surrounding skin.
- Redness or a new swelling beyond the border of the mole.
- Change in sensation, such as itchiness, tenderness, or pain.
- Change in the surface of a mole—scaliness, oozing, bleeding, or the appearance of a lump or bump.<sup>4</sup>

## Diagnosis and Treatment

If a mole or pigmented area of the skin changes or looks abnormal, the following tests and procedures can help find and diagnose melanoma:

- **Skin exam:** A care provider checks the skin for moles, birthmarks, or other pigmented areas that look abnormal in color, size, shape, or texture.
- **Biopsy:** A procedure to remove the abnormal tissue and a small amount of normal tissue around it. A pathologist looks at the tissue under a microscope to check for cancer cells. It can be hard to tell the difference between a colored mole and an early melanoma lesion. Patients may want to have the sample of tissue checked by a second pathologist. If the abnormal mole or lesion is cancer, the sample of tissue may also be tested for certain gene changes.

## Beebe Healthcare Melanoma Cases—Treatment

	In Situ	I	II	III	IV	Unkn
<b>Surgery</b>	11	38	7	2	0	4
<b>Surgery/Chemotherapy</b>	0	1	0	1	0	0
<b>Surgery/Radiation</b>	0	0	0	1	0	0
<b>Surgery/BRM</b>	0	0	0	1	0	0

Source: Tumor Registry, Rocky Mountain Cancer Database System

# Central Nervous System (CNS) Lymphoma

OWEN THOMAS, MD  
Radiation Oncologist



ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH, BRAIN AND OTHER NERVOUS SYSTEM CANCERS REPRESENT 1.4 PERCENT OF ALL NEW CANCER CASES IN THE UNITED STATES. Primary central nervous system lymphoma (PCNSL) is particularly rare, accounting for approximately 4 percent of all primary brain tumors and 3 percent of all non-Hodgkin lymphomas. This equates to approximately 0.47 cases per 100,000 person-years.<sup>1</sup>

Primary central nervous system (CNS) lymphoma is a disease in which malignant (cancer) cells form in the lymph tissue of the brain and/or spinal cord. It can start in the brain, spinal cord, or meninges (the layers that form the outer covering of the brain). It may also originate within the eye (called ocular lymphoma).<sup>2</sup>

## Risk Factors

Age and an impaired immune system are the primary risk factors for CNS lymphoma. The median age of diagnosis is 55, with the median age of AIDS-infected patients being 35. Aside from AIDS, immunosuppressive drugs used in transplant patients are a common cause of a weakened immune system.<sup>3,4</sup>

## Symptoms

Symptoms are dependent on the location and extent of lymphoma. About a third of people will have more than one focus of lymphoma in the brain. Symptoms are similar to other brain tumors and may include:

- muscle weakness in a particular area, for instance in one limb
- seizures (fits)
- headache

- loss of sensation in a particular area
- changes in vision or a partial loss of vision
- nausea and vomiting
- problems with balance

Less definite symptoms that can come on gradually and may be difficult to pick up at first, include:

- vague confusion
- a change in personality
- increased irritability
- poor attention (decreased ability to concentrate)
- difficulty finding the right word even though this might be something quite simple (known as “expressive dysphasia”).

If lymphoma forms in certain areas of the brain, it may block the flow of cerebrospinal fluid (CSF). This can lead to a build-up of CSF around the brain and an increase in its pressure, known as “intracranial hypertension.” The symptoms of intracranial hypertension include:

- a change in consciousness (becoming drowsy and unresponsive)
- headaches
- vomiting

This complication of CNS disease is important because it needs to be treated urgently.<sup>5</sup>

## Diagnosis

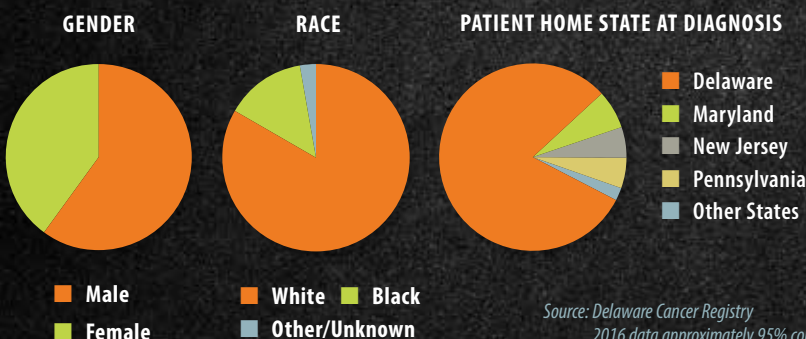
Diagnosis typically involves obtaining a tissue specimen (either a part of a tumor or cells within the fluid in the CNS) and having the pathologist assign the diagnosis based on the appearance and molecular characteristics of the tissue.

The following tests are often employed to help establish a diagnosis as well as to determine the extent of disease.

- **Patient History and Physical Exam:** A history of the patient’s symptoms, health habits, and past illnesses is taken. An exam of the body is performed to check for signs of disease, including changes in vision, strength, coordination, and mental awareness.

## Beebe Healthcare Central Nervous System Lymphoma Cases

Diagnosed 1995–2016 | Includes Out-of-State Residents



Years	Total Patient Count by Diagnosis Years
1995–2000	15
2001–2005	35
2006–2010	24
2011–2016	51
<b>TOTAL</b>	<b>151*</b>

\*Counts < 6 have been suppressed

Age	Total Patient Count 1995–2016
35–39	6
40–44	0
45–49	8
50–54	9
55–59	11
60–64	18
65–69	21
70–74	17
75–79	25
80–84	14
<b>TOTAL</b>	<b>151*</b>

Source: Delaware Cancer Registry  
2016 data approximately 95% complete

- **Neurological exam:** This is the portion of the physical exam that focuses on a person's mental status, coordination, ability to walk normally, and how well the muscles, senses, and reflexes work.
- **Slit-lamp eye exam:** An exam that uses a special microscope with a bright, narrow slit of light to check the outside and inside of the eye.
- **MRI (magnetic resonance imaging):** A procedure that uses a magnet, radio waves, and a computer to make a series of detailed pictures of areas inside the brain and spinal cord. A substance called gadolinium is injected into the patient through a vein. The gadolinium collects around the cancer cells so they show up brighter in the picture. This procedure is also called nuclear magnetic resonance imaging (NMRI).
- **PET scan (positron emission tomography scan):** A procedure to find malignant tumor cells in the body. A small amount of radioactive glucose is injected into a vein. The PET scanner takes a picture of the body, which reveals where and roughly how much glucose is being used in the body. Malignant tumors show up brighter in the picture than normal tissue because cancer cells are more metabolically active and take up more glucose than normal cells.
- **Lumbar puncture:** A procedure used to collect cerebrospinal fluid (CSF) from the spinal column. This is done by placing a needle between two bones in the spine and into the CSF around the spinal cord and removing a sample of the fluid. The sample of CSF is checked under a microscope for signs of tumor cells. The sample may also be checked for the amounts of protein and glucose.
- **Stereotactic biopsy:** A procedure that uses a computer and a 3-D scanning device to find a tumor site and guide the removal of tissue so it can be viewed under a microscope to check for signs of cancer.

When a tissue specimen is obtained by biopsy, the following tests are often performed:<sup>6</sup>

- Flow cytometry
- Cytogenetic analysis
- Immunohistochemistry

## Treatment

While there is no standard treatment for CNS lymphoma, there are a number of treatment options. Your doctor will discuss the best treatment option for you. As CNS lymphoma only affects a small number of people, it is important to be treated by a hematologist/oncologist who is knowledgeable about CNS lymphoma.

Chemotherapy is almost always considered for those patients who can tolerate such treatment. Methotrexate-based combinations have been the most successful for CNS lymphoma and are typically given at high doses. This sort of treatment requires that the patient be hospitalized while receiving chemotherapy. Radiation to the brain may be considered for younger patients in order to help make the response



*Dr. Brian Costleigh consults with patient Stephan Ondrus.*



*Melanie Hudson, RN, comforts and preps a patient for radiation treatment.*

to chemotherapy more durable. Radiation is sometimes given alone in patients who are too frail to receive chemotherapy.

Treatment options for CNS lymphoma not related to AIDS include:

- Chemotherapy
- Chemotherapy followed by radiation therapy
- Whole-brain radiation therapy
- Steroid therapy
- A clinical trial of high-dose chemotherapy with stem cell transplant

Treatment options for AIDS-related CNS lymphoma include:

- Steroids with or without radiation
- Radiation
- Chemotherapy followed by radiation therapy

Treatment for recurrent CNS lymphoma includes:

- Chemotherapy or radiation (if not received as first-line treatment)
- Chemotherapy and radiation
- A clinical trial

For some patients, taking part in a clinical trial may be the best treatment choice. There are also several clinical trials available nationally that are examining the role of radiation and the role of bone marrow transplantation for the treatment of primary CNS lymphoma. Patients should discuss with their doctor(s) if these clinical trials are appropriate or available.<sup>7</sup>

## Prognosis/Outcomes

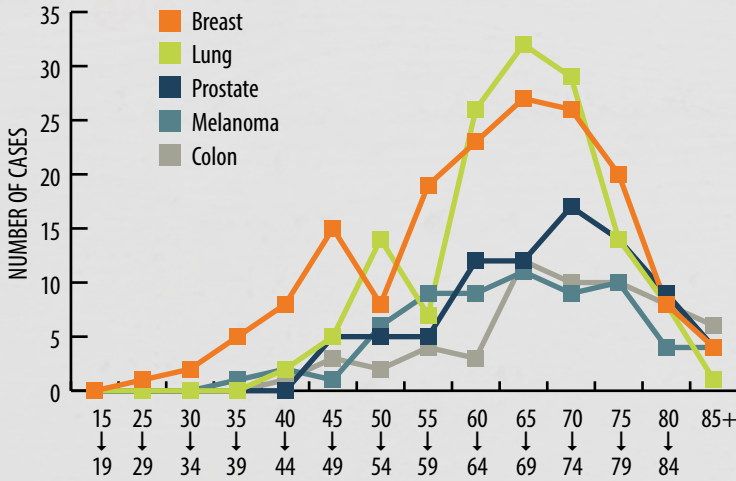
Treatment of primary CNS lymphoma works best for those patients who have a limited amount of disease, are younger than age 60, have intact immune systems, and are able to carry out most daily activities. A significant number of these patients survive five years after their diagnosis.<sup>8</sup>

1. Clinical Oncology News: <http://www.clinicaloncology.com/Hematologic-Malignancies/Article/07-16/How-I-Manage-Primary-Central-Nervous-System-Lymphoma/37069/ses=ogst>
2. National Cancer Institute: <https://www.cancer.gov/types/lymphoma/patient/primary-cns-lymphoma-treatment-pdq>; <https://seer.cancer.gov/statfacts/html/brain.html>
3. The Leukemia & Lymphoma Society: <https://www.lls.org/lymphoma/non-hodgkin-lymphoma/treatment/treatment-for-aggressive-nhl-subtypes/central-nervous-system-cns-lymphoma>
4. The Lymphoma Association: <https://www.lymphomas.org.uk/about-lymphoma/types/central-nervous-system-lymphoma>
5. The Lymphoma Association: <https://www.lymphomas.org.uk/about-lymphoma/types/central-nervous-system-lymphoma>
6. National Cancer Institute: <https://www.cancer.gov/types/lymphoma/patient/primary-cns-lymphoma-treatment-pdq>
7. Leukemia & Lymphoma Society: [www.lls.org/lymphoma/non-hodgkin-lymphoma/treatment/treatment-for-aggressive-nhl-subtypes/central-nervous-system-cns-lymphoma](http://www.lls.org/lymphoma/non-hodgkin-lymphoma/treatment/treatment-for-aggressive-nhl-subtypes/central-nervous-system-cns-lymphoma)
8. National Cancer Institute: <https://www.cancer.gov/types/lymphoma/patient/primary-cns-lymphoma-treatment-pdq>

# Cancer Registry

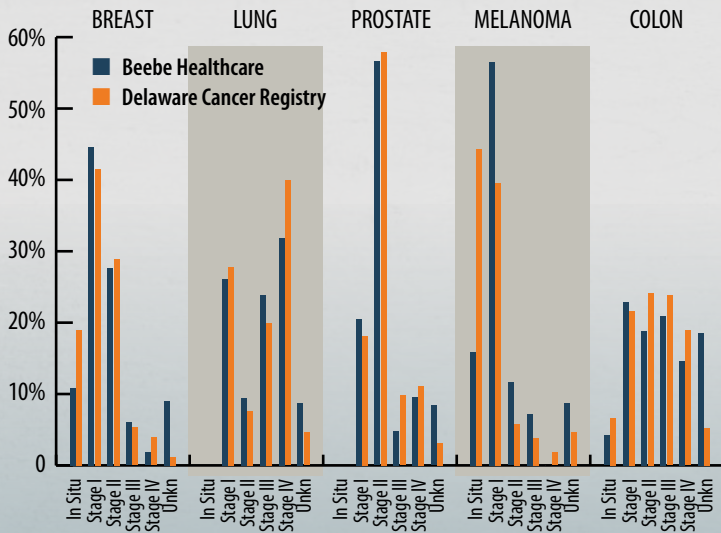
## Comparison Report by Age Beebe Healthcare—2016 Top 5 Sites

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 Beebe Healthcare/Delaware State 2016 Top 5 Sites by AJCC Stage/Percentages



Source: Beebe Healthcare Tumor Registry Database, Rocky Mountain Cancer Program  
UNKN= Dx only, and/or not staged • Delaware State #'s with 85% of 2016 cases reported

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.

## Beebe Healthcare Cancer Registry Follow-up

### Cases Diagnosed Since Reference Date 2000

Total patients in registry since reference date	11,566
Less benign and borderline (except CNS > 2003)	0
Less carcinoma in situ cervix	0
Less all basal and squamous cell carcinoma of skin (except Stage III and IV before 2003)	0
Less foreign residents	8
Less patients over 100 years of age not contacted in 12 months	6
Less nonanalytic class of case	0
Less Class of Case 0 after 2005	0
<b>Subtotal</b>	<b>11,552</b>
Less number expired	5,492
<b>Subtotal (number living)</b>	<b>6,060</b>
Number living with current follow-up (within 15 months)	5,202
Patients lost to follow-up	858
<b>Percent of successful follow-up rate</b>	<b>92.60%</b>

### Cases Diagnosed Within 5 Years

Total patients in registry for last 5 years	3,574
Less benign and borderline (except CNS > 2003)	0
Less carcinoma in situ cervix	0
Less all basal and squamous cell carcinoma of skin (except Stage III and IV before 2003)	0
Less foreign residents	0
Less patients over 100 years of age not contacted in 12 months	2
<b>Subtotal</b>	<b>3,572</b>
Less number expired	960
<b>Subtotal (number living)</b>	<b>2,612</b>
Number living with current follow-up (within 15 months)	2,429
Patients lost to follow-up	183
<b>Percent of successful follow-up rate</b>	<b>94.90%</b>

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



(left to right) 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 2016 Case Distribution

(All Sites—Analytic Cases Only)

PRIMARY SITES	ANALYTIC CASES	CASE Mix %	GENDER		AJCC STAGE DISTRIBUTION						
			M	F	0	I	II	III	IV	UNKN	N/A
<b>BREAST</b>	166	19.3%	0	166	18	74	46	10	3	15	0
<b>RESPIRATORY</b>	133	15.4%	68	65	0	35	13	33	42	10	0
Larynx	6	0.7%	3	3	0	1	2	2	1	0	0
Lung	127	14.7%	65	62	0	34	11	31	41	10	0
Pleura (Malig. Mesothelioma)	0	0.0%	0	0	0	0	0	0	0	0	0
Pyriform Sinus	0	0.0%	0	0	0	0	0	0	0	0	0
<b>DIGESTIVE</b>	139	16.1%	78	65	4	25	35	22	28	25	0
Esophagus	18	2.1%	14	4	1	2	4	1	4	6	0
Stomach	9	1.0%	3	6	0	3	2	0	4	0	0
Small Intestine	4	0.5%	2	2	0	0	1	1	1	1	0
Other Biliary	1	0.1%	1	0	0	0	0	0	1	0	0
Colon	59	6.8%	30	29	2	14	13	12	8	10	0
Rectum/Rectosigmoid	21	2.4%	8	13	1	4	9	3	2	2	0
Anus/Anal Canal	3	0.3%	3	0	0	0	0	3	0	0	0
Liver	9	1.0%	7	2	0	1	2	1	3	2	0
Gallbladder	2	0.2%	0	2	0	1	0	1	0	0	0
Pancreas	13	1.5%	8	5	0	0	4	0	5	4	0
Peritoneum	0	0.0%	0	0	0	0	0	0	0	0	0
<b>MALE ORGANS</b>	88	10.2%	88	0	0	20	47	5	8	8	0
Prostate	83	9.6%	83	0	0	17	47	4	8	7	0
Penis	1	0.1%	1	0	0	0	0	0	0	1	0
Testis	4	0.5%	4	0	0	3	0	1	0	0	0
<b>FEMALE ORGANS</b>	33	3.8%	0	33	3	14	3	4	6	3	0
Cervix Uteri	4	0.5%	0	4	0	2	0	0	2	0	0
Corpus Uteri	16	1.9%	0	16	0	9	2	1	1	3	0
Ovary	10	1.2%	0	10	0	3	1	3	3	0	0
Other Female (vulva)	3	0.3%	0	3	3	0	0	0	0	0	0
<b>URINARY</b>	76	8.8%	56	20	17	38	4	4	7	6	0
Bladder	46	5.3%	37	9	15	20	3	1	2	5	0
Kidney/Renal Pelvis	27	3.1%	17	10	1	18	1	3	4	0	0
Ureter	3	0.3%	2	1	1	0	0	0	1	1	0
<b>LYMPHOMA</b>	33	3.8%	18	15	0	5	7	2	16	3	0
Hodgkin's	3	0.3%	2	1	0	0	1	0	1	1	0
Non-Hodgkin	30	3.5%	16	14	0	5	6	2	15	2	0
<b>MULTIPLE MYELOMA</b>	6	0.7%	5	1	0	0	0	0	0	0	6
<b>MELANOMA</b>	66	7.7%	42	24	11	36	8	5	0	6	0
<b>HEAD &amp; NECK</b>	22	2.6%	14	8	0	3	3	4	9	2	1
Tongue	10	1.2%	7	3	0	1	2	2	4	1	0
Oropharynx/Pharynx	2	0.2%	1	1	0	0	0	0	2	0	0
Tonsil	7	0.8%	5	2	0	0	1	2	3	1	0
Soft Palate	1	0.1%	0	1	0	1	0	0	0	0	0
Major Salivary Gland	1	0.1%	1	0	0	0	0	0	0	0	1
Mouth & Gum	1	0.1%	0	1	0	1	0	0	0	0	0
<b>LEUKEMIA</b>	28	3.2%	16	12	0	0	0	0	0	0	28
<b>THYROID</b>	20	2.3%	6	14	0	10	4	3	1	2	0
<b>BONE &amp; CON. TISSUE</b>	2	0.2%	2	0	0	0	0	2	0	0	0
Soft Tissue (inc heart)	0	0.0%	0	0	0	0	0	0	0	0	0
Connective Tissue	2	0.2%	2	0	0	0	0	2	0	0	0
<b>BRAIN/CNS</b>	8	0.9%	5	3	0	1	0	0	0	1	6
<b>OTHER SKIN CANCER</b>	5	0.6%	3	2	0	0	2	0	1	2	0
<b>ALL OTHER/UNDEFINED/UNKN</b>	37	4.3%	23	14	0	1	1	0	21	14	0
<b>Total Analytic Cases</b>	<b>862</b>	<b>100.0%</b>	<b>421</b>	<b>441</b>	<b>53</b>	<b>262</b>	<b>173</b>	<b>94</b>	<b>142</b>	<b>97</b>	<b>41</b>
<b>Total Non-Analytic</b>	<b>39</b>										
<b>TOTAL CASES ABSTRACTED</b>	<b>901</b>										

Note: N/A represents no staging scheme

# CELEBRATING QUALITY CARE Putting Our Patients First

## Tunnell Cancer Center: Families Caring for Families

Beebe Healthcare announced in June 2017 that its Board of Directors has approved plans for an expansion of the system over the next several years. This expansion will include both new facilities and new services on three campuses as Beebe Healthcare works to meet the needs of the growing region. Construction on the first phase of the expansion is expected to begin as early as the fall of 2018. As part of this expansion, south coastal residents will see the development of a Beebe Health Campus in Millville on Route 17, including a comprehensive satellite facility of Beebe's Tunnell Cancer Center to include radiation and chemotherapy treatment. This expansion will provide better access to medical care and treatment for cancer patients in that area within our ever-growing region.

## New Clinical Performance Groups

New in the past year, Tunnell Cancer Center established clinical performance groups for both lung cancer patients and breast cancer patients. These clinical performance groups incorporate expertise in the field, from primary care providers to radiologists, medical oncologists, and radiation oncologists. They use a team approach, looking at processes and guidelines for that specific patient population. Clinical performance groups help measure quality improvement and set standards. A gastrointestinal clinical performance group will be added in the future.

## Barry Hamp Named Executive Director

In September 2017, Barry Hamp, BS, MBA, who had been serving as Tunnell Cancer Center's interim Executive Director, was named Executive Director of the Oncology Service Line at Beebe Healthcare. Barry has extensive senior level administrative and management experience, including clinical as well as non-clinical operations throughout the country. Prior to his position at Tunnell Cancer Center, Barry served as the Interim Director of Oncology Services at Northern Arizona Healthcare. He earned his Masters of Business Administration from Bloomsburg University in Pennsylvania, and his Bachelors of Science from San Diego State University. Barry has gained the respect of the staff and patients as a thoughtful, compassionate, and forward-thinking leader with an authentic dedication to those he serves.

"Barry has done a fantastic job in the interim position, and will bring his years of experience in oncology as well as service line management to the role," says Rick Schaffner, Beebe Healthcare's Executive Vice President and COO. "We are thrilled he has accepted this role."



## SRIHARI PERI, MD, RETIRES AFTER 26 YEARS OF SERVICE

Srihari Peri, MD, retired from his role as Medical Director of the Tunnell Cancer Center this past September after 26 years of leadership and service. During his tenure, the Center grew from a staff of five team members to nearly 100 team members. Dr. Paul Peet, President of the Medical Staff, commended Dr. Peri for "his gentle and humble leadership which is reflected by the love his patients and their families have for him." Mr. Jeffrey M. Fried, President and CEO of Beebe Healthcare, shared, "Dr. Peri has been the guiding force and vision for our cancer center since it was founded." Dr. Peri expressed his honor to serve and care for people fighting cancer during his tenure with Beebe Healthcare. He now looks forward to enjoying more quality time with his family and friends, confident that the team at the Tunnell Cancer Center is in place and ready to continue caring for families.



## Breast Center Accreditation Renewed

Beebe Healthcare's Breast Center Accreditation was granted a three-year/full-accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. The designation represents a renewal for Beebe Healthcare, which earned the accreditation in 2013 and was the first organization in Delaware to do so. Beebe's breast-care experts provide comprehensive breast care for women and men, and treat a wide range of breast conditions, including breast cancer and benign breast disease. The Breast Health Program offers treatment for breast cancer and fully accredited breast imaging services, including mammography, stereotactic breast biopsy, breast ultrasound, and ultrasound-guided breast biopsy. Beebe Healthcare offers 3D mammography, or breast tomosynthesis, which is the latest advance in digital mammography technology. 3D mammography means earlier detection and fewer unnecessary biopsies for women.

In addition, Beebe Healthcare welcomed M. Lisa Attebery, DO, FACOS, this past May, as she joined Beebe Medical Group's newly formed General Surgery practice. She is a Board Certified general surgeon, Fellowship Trained in Breast Surgery Oncology. Dr. Attebery performs a range of surgeries and operations. She earned her Doctor of Osteopathic Medicine from Kansas City University, graduating magna cum laude. She completed her residency at Lutheran Medical Center in Brooklyn, N.Y., as Chief Resident, and her Fellowship in Breast Surgery Oncology from Bryn Mawr Hospital in Pennsylvania.



## Tunnell Cancer Center Names Nurse Manager

Lisa Henderson, RN, OCN, assumed the position of Nurse Manager at Tunnell Cancer Center in October 2016. Prior to that, Lisa worked as a nurse in the infusion area. She has been an oncology nurse for more than 20 years and has her Oncology Nursing Certification. According to Barry Hamp, "If anyone qualifies as a 'servant leader,' it is Lisa; she is always focused on serving the patients and staff, and can step up and perform any function



of the roles for which she is responsible. Living by the Beebe Healthcare Values, Lisa has a passion for making sure the patients are treated right the first time and every time. Lisa is a true patient advocate."

## 2017 Nurse Excellence Award Winners

The purpose of the awards is to recognize nurses whose contributions have been exemplary in their field. The recipients were recognized at a special awards ceremony on May 9, 2017. Four of Tunnell Cancer Center's nurses were nominated for the 2017 Nurse Excellence Awards:

- **Marissa Setzer, RN**, was nominated for the Graduate Nurse Award.
- **Kim Willoughby, RN, OCN**, was nominated for the Bonnie Austin Nursing Leadership Award. Kim is currently the charge nurse in Radiation Oncology.
- **Lucy Ositko, RN, OCN**, was the recipient of the Eleanor Cordrey Nursing Excellence Award. Lucy was chosen as the winner. Lucy currently works in the Medical Oncology office as Dr. Carmen Pisc's primary nurse.
- **Elizabeth Wilson, APRN, FNP-BC, OCN**, was the recipient of the Holly Rader Advanced Practice Nursing Excellence Award. Liz was chosen as the winner. Liz is the nurse practitioner with the Medical Oncology practice.

## Nurse Navigators Provide Guidance to Patients

Tunnell Cancer Center's two nurse navigators help answer patients' questions and ease their experience. In the future, the center plans to add a thoracic nurse navigator.

- **Debbie Campbell, RN**, is the Cancer Screening Nurse Navigator at Tunnell Cancer Center. She answers patients' questions regarding what types of screenings they may need as well as questions about costs. From July 1, 2016, to June 30, 2017, Tunnell Cancer Center screened 1,105 patients, and 20 patients were diagnosed with lung cancer as a result of that screening.



- **Kathy Cook, MSN, RN**, is the Breast Health Program Nurse Navigator at Tunnell Cancer Center. She answers questions about patients' cancer diagnosis, next steps, and about upcoming biopsies or surgery at Beebe Healthcare.



# Telephone Directory

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

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

*(left to right) Andrejs V. Strauss, MD, radiation oncologist; Nisarg Desai, MD, medical oncologist; Nataliya Melnyk, MD, medical oncologist; Alec Chase, PA-C, oncology physician assistant; M. Lisa Attebery, DO, FACOS, general surgeon/Fellowship Trained in Breast Surgical Oncology; Owen Thomas, MD, radiation oncologist; Carmen L. Pisc, MD, medical oncologist; Brian Costleigh, MD, medical oncologist; Aaron Block, PA, physician assistant; and James Spellman, Jr., MD, surgical oncologist. Not pictured: Selvi Lingam, MD, medical oncologist; Srujitha Murukutla, MD, medical oncologist; and Jennifer Hung, MD, radiation oncologist.*



 **Beebe  
Healthcare**  
**Tunnell Cancer Center**

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

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

Healing bodies, minds,  
and spirits every day.

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Data follows the American College of Surgeons Commission on Cancer Standards, prepared November 2017. DDMGPC1500\_17