

BEEBE MEDICAL CENTER

TUNNELL CANCER CENTER

TUNNELL



ANNUAL REPORT 2010-2011

Building a Healthier Community

Healing bodies, minds, and spirits every day.



Beebe Medical Center

ROBERT & EOLYNE

**Tunnell
Cancer
Center**



ACCREDITATION WITH
COMMENDATION



TUNNELL CANCER CENTER

The Robert & Eolyne Tunnell Cancer Center at Beebe Medical Center'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.

More than 25,000 patients have received care at Tunnell Cancer Center since its inception in 1995.

TUNNELL CANCER CENTER TEAM

Top row: Nouman Asif, MD, medical oncologist; Brian Costleigh, MD, radiation oncologist; and Muhammad Arif, MD, medical oncologist | Bottom row: Srihari Peri, MD, medical oncologist; James Spellman, Jr., MD, surgical oncologist; Isabel Benson, NP-C, AOCNP, oncology nurse practitioner; Aasim Sehbai, MD, medical oncologist; and Liz Wilson, FNP-BC, nurse practitioner



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“As a therapist, I give my heart and hugs to our patients and it helps them build hope and encouragement for their healthier futures.”

—Kristen Rahn, RT(RT),
Radiation Oncology
Manager



“I strive to keep our Radiation Physics Department up to date with the constantly changing technology and higher levels of complexity.”

—Paul Mayercsik,
CMD, Clinical
Physicist/Chief
Dosimetrist





CHAIRMAN'S MESSAGE

BY BRIAN COSTLEIGH, MD

Radiation Oncologist

Chairman of the Beebe Medical Center Cancer Committee

At this time of year, we at Tunnell Cancer Center pause to look at what we have accomplished and at how we plan to continue to bring the highest standards of care to our patients.

This year the American College of Surgeons Commission on Cancer granted Tunnell Cancer Center a Three-Year Accreditation with Commendation. It is the third time that Tunnell Cancer Center has gained the coveted Commendation designation, although Tunnell Cancer Center has consistently received Commission accreditation. We are also happy to announce that we now have two fellowship-trained oncologists on our team with the arrival of Chia-Chi Wang, DO, who has joined the Beebe Medical Staff.

The need for our services has grown as our local population increases. Because of this demand, we committed to expanding our Radiation Oncology program and are now installing a second radiation therapy system. This new system will allow us to schedule appointments more conveniently for our patients, and will mean there will be no interruption in treatments because of maintenance or repair. It will be available in 2012.

We continue to offer our patients many of the latest treatment options, whether on-site or through our referral process. Each new patient receives an individualized treatment plan developed by our multidisciplinary team of oncologists, surgeons, radiologists, pathologists, and pharmacists. We also continue to offer our eligible patients opportunities to take part in clinical trials and to have genetic counseling.

With the knowledge that early diagnosis and treatment can lead to better outcomes, we expanded our outreach and screening programs. The Sharing Our Stories, Saving Our Sisters (SOS²) program, funded by a grant from the Susan G. Komen for the Cure, Philadelphia Affiliate, focuses on breast cancer prevention in underserved populations. Our cancer screening nurse navigators and lay health navigators touched more than 3,700 women and cultivated partnerships with several community organizations. They also attended events and visited churches, schools, and community centers, spreading the word about the importance of screenings.

This past year we introduced a patient resource guide that gives detailed information to help patients, their families, and their caregivers understand the emotional impact of being newly diagnosed and to prepare them for chemotherapy treatment. This education coincides with our "What Color Is Your Ribbon" seminars where patients, their families, and caregivers can have their questions answered by members of the Tunnell Cancer Center clinical team. I do not want to forget our WellCoach program that supports our patients, both physically and emotionally, as they travel their survivorship journey.

We at Tunnell Cancer Center—our physicians, staff, and volunteers, and our philanthropic supporters—are committed to our patients and making sure that they receive the best care that is available. I want to thank all of you who have supported us in this endeavor.

Dr. Brian Costleigh

BEEBE MEDICAL CENTER CANCER COMMITTEE ROSTER 2011

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ALLISON CLOBES, RN, OCN

KATHY COOK, RN

BRIAN COSTLEIGH, MD

REV. KEITH GOHEEN

CHERYL HOECHNER, MS, BCOP

CHEYENNE LUZADER

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CLARE WILSON, RN, MS

MELANOMA

BY LAWRENCE CHANG, MD | AASIM SEHBAI, MD | JAMES SPELLMAN, JR., MD



Public awareness has grown when it comes to the prevalence of skin cancer, especially understanding that melanoma can be deadly. Most of us know to keep an eye out for the tell-tale sign of melanoma—the irregular mole that increases in size or changes in color. We also know that the major risk factor for any skin cancer is the ultraviolet radiation from the sun. Many of us are not aware that tanning beds are just as dangerous.

Yet, the number of cases of skin cancer is on the upswing. Despite the use of sunscreens, skin cancer is the No. 1 diagnosed cancer in the nation, and more melanomas are being diagnosed each year. Tunnell Cancer Center has seen a 53% increase in the number of patients treated for melanoma in the last five years alone (15 in 2005 to 23 in 2010). Though the incidence of melanoma at Tunnell Cancer Center in 2010 represented only 3.3% of the cancers diagnosed, patients diagnosed with late stage (stage IV) melanoma between 2001 and 2005 did not survive five years. On the other hand, those diagnosed in the early stage (stage I) during the same time period had a 90.6% survival rate.

According to the American Cancer Society, melanoma is diagnosed in people of all ages, though the highest incidence is in older adults. At Tunnell Cancer Center, over the past 10 years, 66% of patients diagnosed with melanoma were 60 years of age and older. The highest rate was in the age 70-to-74 range (38 patients).

This past year a Tunnell Cancer Center patient met the guidelines for the new drug Ipilimumab (Yervoy), which the U.S. Food and Drug Administration approved in March 2011 and which is available by prescription. Bristol-Myers Squibb, the product manufacturer, reports that study data indicates that while patients in late stages of melanoma lived about a year longer using the drug.

Medical oncologists at Tunnell Cancer Center will be looking at the new drug Zelboraf, manufactured by Genetech, which was approved by the FDA in August 2011. Studies indicate that it can extend survival for the 50% of melanoma patients whose tumors carry the BRAF mutation.

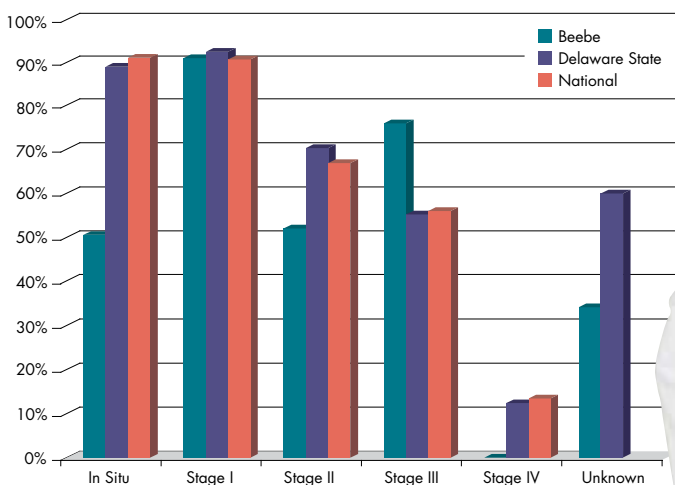
“Education is an essential tool we provide our patients for use throughout their cancer journey.”

—Brandi Carr, BSN, RN,
OCN, Manager of
Oncology Nursing and
Research



MELANOMA 5-YEAR SURVIVAL 2001–2005

Observed Percentage Rates by Best AJCC Stage



Data Source: Beebe Medical Center, Diagnosed 2001–2005
Delaware State Cancer Registry, Diagnosed 2001–2005
Nat'l #1's NCDB, Commission on Cancer, ACoS, Diagnosed in 1998–2002
Data reported from all States, 1,377 Programs (National)

WHAT IS SKIN CANCER?

Non-melanomas: Most skin cancers are classified as non-melanomas, which are located at the base of the outer layer of the skin and are noticeable. They rarely spread to other parts of the body but need to be treated. They can be cured if treated early. Most are caused by ultraviolet radiation from the sun or from tanning booths.

Melanoma: Melanoma is a cancer that begins in the melanocytes—the cells that produce the skin coloring or pigment known as melanin. There are four types of melanoma: **Superficial spreading melanoma**—the most common. It is usually flat and irregular in color and shape; **Nodular melanoma**—starts as a raised area; **Lentigo melanoma**—occurs in older people and is most common on sun-damaged skin; **Acral lentiginous melanoma**—the least common, occurs on the palms of the hands and soles of the feet. UV radiation causes about 65% of melanoma cases.

PREVENTION AND SCREENING FOR EARLY DIAGNOSIS AND TREATMENT

The good thing about skin cancers, whether in the case of the common, non-melanoma skin cancers—such as basal cell and squamous cell—as well as melanoma, is that we

“I am a member of a team and rely on the team. I defer to it and sacrifice for it, because the team, not the individual, is what’s best for the patient.”

—Patricia Holland,
Operation/
Practice
Manager



have the opportunity to find them early and to treat them. We also can have some impact on their onset by taking preventive action.

SIGNS

It is important to visit a healthcare provider if any of these signs or symptoms are present:

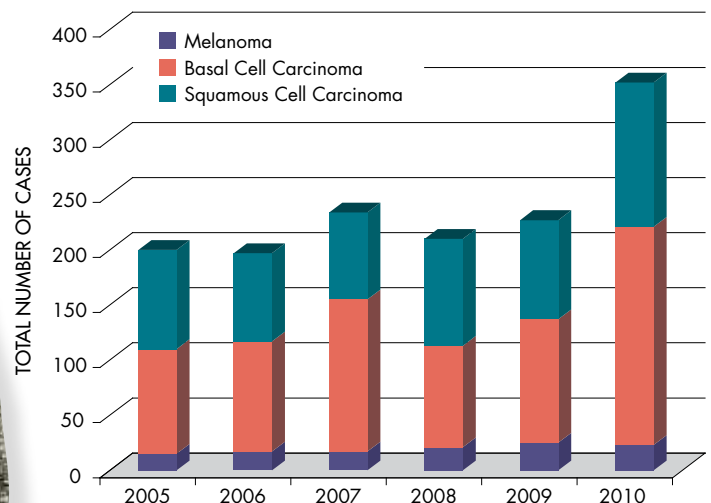
- Any change on the skin, especially in the size or color of a mole or other darkly pigmented growth or spot, or a new growth
- Scaliness, oozing, bleeding, or change in the appearance of a bump or nodule
- The spread of pigmentation beyond its border such as dark coloring that spreads past the edge of a mole or mark
- A change in sensation, itchiness, tenderness, or pain

It also is important to have a full-body examination by a healthcare provider or dermatologist if any of the following risk factors are present:

RISK FACTORS

- Excessive exposure to ultraviolet (UV) radiation
- Sunburns in childhood
- Family history
- Fair or redheaded complexion
- Many atypical moles
- Occupational exposures to carcinogens

SKIN CANCER CASES 2005–2010



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

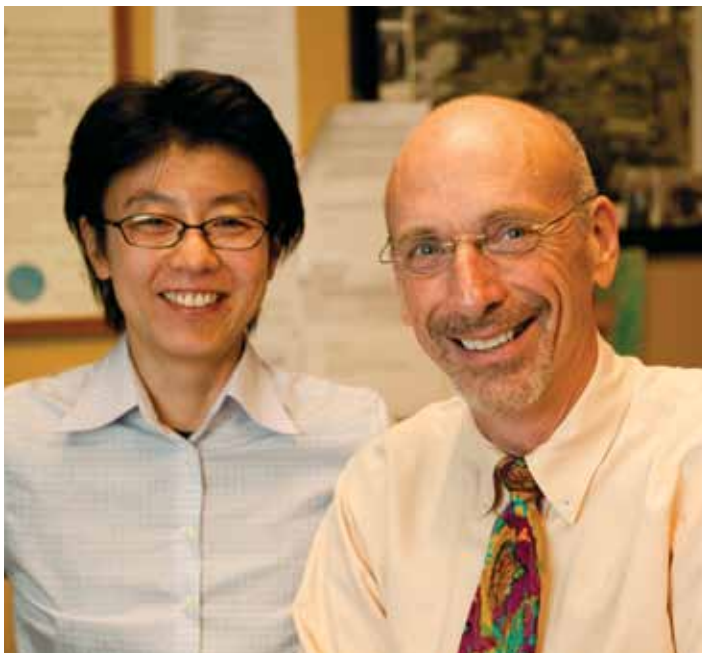
BEEBE EXPANDS SURGICAL PROCEDURES FOR TREATING CANCER

With the arrival of a second fellowship-trained surgical oncologist, Beebe Medical Center has expanded the surgical procedures, especially in the GI arena, that it offers cancer patients.

Chia-Chi Wang, DO, surgical oncologist, completed her fellowship training at Roswell Park Cancer Institute in Buffalo, New York, and has joined Beebe Physician Network. She is sharing an office with fellowship-trained surgical oncologist James E. Spellman, Jr., MD, who has long been associated with Beebe Medical Center. Dr. Wang's interests lie in the cancers of the liver, pancreas, biliary system, and upper GI. She says she is looking forward to working alongside Dr. Spellman during the specialized GI operations that require two surgeons.

Dr. Wang and Dr. Spellman, together with Beebe's GI physicians, are part of Beebe Medical Center's overall team approach to patient care. Fellowship-trained gastroenterologist Jon Brendan Wiggins, MD, who joined Beebe Medical Center last year, will work closely with Dr. Wang. Dr. Wiggins specializes in using the latest endoscopic ultrasound (EUS) tests, which allow him to stage several GI cancers, including pancreatic cancer.

Surgical oncologists Chia-Chi Wang, DO, and James E. Spellman, Jr., MD



PEOPLE IN THE NEWS

Chia-Chi Wang, DO, a board-certified surgeon and fellowship-trained surgical oncologist, has joined Beebe Medical Center. She earned her medical degree and completed her residency at the University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine. She completed her fellowship at Roswell Park Cancer Institute in Buffalo, New York.

Jennifer Hung, MD, a board-eligible radiation oncologist, has joined Tunnell Cancer Center. Dr. Hung earned her medical degree at the University of Michigan. She completed an internship in internal medicine at St. Joseph Mercy Hospital in Ann Arbor, Michigan, and a residency in Radiation Oncology at the University of Alabama in Birmingham.

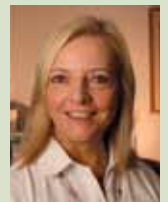
Allison Clobes, RN, OCN, was named the Performance Improvement Registered Nurse. Clobes, a graduate of Beebe School of Nursing, began working at Beebe Medical Center in 1997. She joined Tunnell Cancer Center in 2002 and earned her Oncology Certification in Nursing (OCN) in 2009.



Mary VanBergen, RN, was named a clinical trials research coordinator and works with clinical trials research coordinator Donna Miskin, RN, OCN, to manage the clinical research projects taking place at Tunnell Cancer Center that are under the authority of a principal investigator.



Clare Wilson, RN, MS, Cancer Care Coordinator, received the Health and Wellness Life Coach certification from the American College of Sports Medicine. In her role as Cancer Care Coordinator, Clare collaborates with patients—as well as with caregivers—to define their vision of living their best life and meeting their personal goals as they move forward following the completion of their treatment.

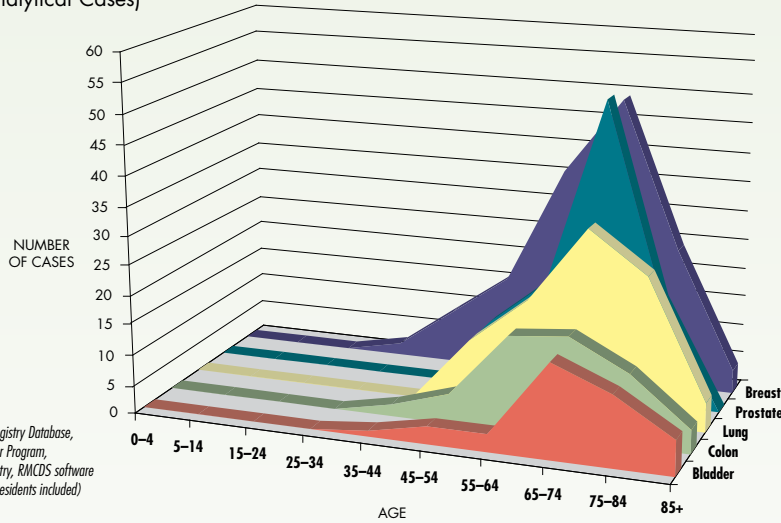


CANCER REGISTRY

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.

BEEBE MEDICAL CENTER 2010 COMPARISON OF TOP 5 SITES

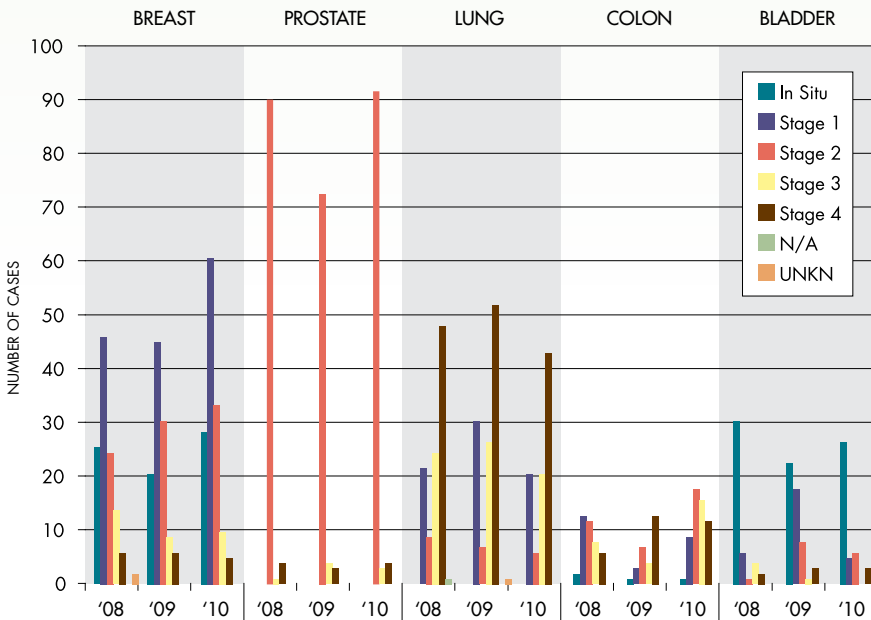
by Age (Analytical Cases)



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

BEEBE MEDICAL CENTER 2010 COMPARISON OF TOP 5 SITES

Years 2008, 2009, 2010 (Analytic Cases)



Source: BMC Tumor Registry Database, Rocky Mountain Cancer Program
N/A represents no staging scheme; Unkn represents Dx only



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 MEDICAL CENTER CANCER REGISTRY FOLLOW-UP

Cases Diagnosed since reference date 2000 through October 2011

Total patients in registry since reference date	7,828
Less benign and borderline (except CNS > 2003)	6
Less carcinoma in situ cervix	10
Less all basal and squamous cell carcinoma of skin (except Stage III and IV before 2003)	10
Less foreign residents	10
Less patients over 100 years of age not contacted in 12 months	3
Less nonanalytic class of case	439
Less class of case 0 after 2005	194
Subtotal	7,156
Less number expired	3,139
Subtotal (number living)	4,017
Number living with current follow-up (within 15 months)	3,310
Patients lost to follow-up	707
Percent of successful follow-up rate	90.1%

Cases Diagnosed within 5 Years through October 2011

Total patients in registry since reference date	3,116
Less benign and borderline (except CNS > 2003)	1
Less carcinoma in situ cervix	1
Less all basal and squamous cell carcinoma of skin (except Stage III and IV before 2003)	1
Less foreign residents	0
Less patients over 100 years of age not contacted in 12 months	1
Less nonanalytic class of case	54
Less class of case 0 after 2005	155
Subtotal	2,903
Less number expired	868
Subtotal (number living)	2,035
Number living with current follow-up (within 15 months)	1,855
Patients lost to follow-up	180
Percent of successful follow-up rate	93.8%

Source: Beebe Medical Center, Tumor Registry, RMCDS database cancer program

BEEBE MEDICAL CENTER 2010 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	140	19.8%	1	139	29	62	34	10	5	0	0
Respiratory	106	15.0%	53	53	2	26	8	23	47	0	0
Larynx	9	1.3%	5	4	2	3	1	1	2	0	0
Lung	92	13.0%	43	49	0	21	6	21	44	0	0
Pleura (Malig. Mesothelioma)	4	0.6%	4	0	0	2	1	0	1	0	0
Pyriform Sinus	1	0.1%	1	0	0	0	0	1	0	0	0
Digestive	122	17.3%	68	54	1	18	31	29	40	2	1
Esophagus	8	1.1%	6	2	0	1	1	5	1	0	0
Stomach	7	1.0%	6	1	0	0	0	1	6	0	0
Small Intestine	3	0.4%	1	2	0	0	0	0	2	1	0
Other Biliary	1	0.1%	1	0	0	0	0	0	1	0	0
Colon	56	7.9%	29	27	1	9	18	16	12	0	0
Rectum/Rectosigmoid	8	1.1%	3	5	0	1	3	4	0	0	0
Anus/Anal Canal	5	0.7%	2	3	0	2	2	0	0	0	1
Liver/Gallbladder	13	1.8%	11	2	0	5	3	1	4	0	0
Pancreas	20	2.8%	8	12	0	0	4	2	13	1	0
Peritoneum	1	0.1%	1	0	0	0	0	0	1	0	0
Male Organs	107	15.2%	107	0	0	5	95	3	4	0	0
Prostate	99	14.0%	99	0	0	0	92	3	4	0	0
Penis	1	0.1%	1	0	0	0	1	0	0	0	0
Testis	7	1.0%	7	0	0	5	2	0	0	0	0
Female Organs	30	4.2%	0	30	1	11	1	11	5	0	1
Cervix Uteri	4	0.6%	0	4	0	1	0	1	2	0	0
Corpus Uteri	13	1.8%	0	13	0	9	1	2	1	0	0
Ovary	10	1.4%	0	10	0	0	0	8	2	0	0
Other Female (vulva)	3	0.4%	0	3	1	1	0	0	0	0	1
Urinary	60	8.5%	45	15	27	15	7	4	7	0	0
Bladder	41	5.8%	29	12	27	5	6	0	3	0	0
Kidney/Renal Pelvis	19	2.7%	16	3	0	10	1	4	4	0	0
Lymphoma	30	4.2%	18	12	0	8	8	6	8	0	0
Hodgkin's	2	0.3%	2	0	0	1	0	0	1	0	0
Non-Hodgkin's	28	4.0%	16	12	0	7	8	6	7	0	0
Multiple Myeloma	10	1.4%	6	4	0	0	0	0	0	10	0
Melanoma	23	3.3%	14	9	2	13	2	4	2	0	0
Head & Neck	17	2.4%	12	5	0	4	2	3	8	0	0
Tongue	4	0.6%	4	1	0	1	1	1	1	0	0
Parotid Gland	1	0.1%	0	1	0	0	0	0	1	0	0
Tonsil	2	0.3%	0	2	0	0	1	0	1	0	0
Nasopharynx/Hypopharynx	3	0.4%	3	0	0	0	0	1	2	0	0
Mouth & Gum	7	1.0%	5	2	0	3	0	1	3	0	0
Leukemia	19	2.7%	11	8	0	0	0	0	0	19	0
Thyroid	17	2.4%	5	12	0	12	2	2	0	0	1
Bone & Connective Tissue	4	0.6%	2	2	0	2	1	1	0	0	0
Connective Tissue	4	0.6%	2	2	0	2	1	1	0	0	0
Brain/CNS	6	0.8%	5	1	0	0	0	0	0	6	0
Other Skin Cancer	5	0.7%	3	2	0	3	0	2	0	0	0
All Other/Undefined/Unkn	10	1.4%	5	5	0	0	0	0	0	0	10
Total Analytic Cases	706	100%	355	351	62	179	191	98	126	37	13
Total Non-Analytic Cases	35										
Total Cases Abstracted	741										

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

SURVIVORSHIP: *After Ringing the Bell*

Upon completion of treatment, patients at the Tunnell Cancer Center ring a bell to signal the milestone; it is a sound which is heard more than 1,000 times yearly. Patients ring the bell to celebrate courage, hope, triumph, strength, faith, and love. The bell-ringing is a very special event, one which attracts attention from families, patients, and staff because it signifies a patient's move into the survivorship phase of cancer treatment.

According to the National Cancer Institute Office of Cancer Survivorship, "An individual is considered a cancer survivor from the time of cancer diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also affected by the survivorship experience."

Patients often have many questions about what happens "after ringing the bell" because up until then they have been actively engaged in cancer treatment. Often patients fear that the cancer will return. Additionally, many patients experience mixed emotions after completing treatment. While ringing the bell marks the celebration of personal strengths it also may trigger a sense of uncertainty or fear of the unknown. Also, questions arise about late effects of cancer treatments, follow-up care and screening, cancer prevention, and healthier living.

"The experience of having cancer changes the lives of many patients.

I enjoy developing programs to help our patients live their personal best and know

that they are cared

for by a supportive

and compassionate care team."

—Judith Ramirez,
EdD, Manager,
Outreach and
Psychosocial
Services



Clare Wilson, RN, MS, cancer care coordinator and certified life coach, is Carol Cavallero's wellness coach at Tunnell Cancer Center. Wellness coaches help patients reach their best health and well-being by inspiring and challenging them to go beyond what they would do alone.

In 2006, the Institute of Medicine issued a report recommending that cancer patients receive an individualized survivorship care plan that includes guidelines for monitoring and maintaining their health and wellness. In response to that report, and to the 2012 American College of Surgeons Survivorship Care Standards, the Tunnell Cancer Center is moving forward with offering patients a personalized survivorship care plan. The survivorship care plan will provide patients a written summary of their treatment, direction for future care, and a list of supportive resources.

Currently, the center offers a WellCoach program to help improve survivors' quality of care as they move beyond their cancer treatment. The WellCoach program at Tunnell Cancer Center is designed to help survivors achieve personal wellness goals. After completing cancer treatment, many survivors want to make lifestyle changes, such as quitting smoking, eating healthier, and increasing physical activity to regain a sense of balance and well-being after treatment. Clare Wilson, RN, MS, a certified WellCoach at the Tunnell Cancer Center, helps survivors establish a personal wellness vision and goals to achieve that vision. She then works individually with patients to support them in meeting their goals.

The experience of having cancer changes the lives of many patients. Relationships with family, friends, and work may seem different as cancer survivors explore how to move forward with their lives. Survivorship care focuses on improving well-being so that after completing cancer treatment survivors continue to move forward with their lives, live their personal best, and know they continue to be cared for by a supportive and compassionate care team.

NEWS AND ACCOMPLISHMENTS

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

THREE-YEAR ACCREDITATION WITH COMMENDATION

For the third time in a row, the American College of Surgeons Commission on Cancer has granted Tunnell Cancer Center a Three-Year Accreditation with Commendation. The Commission grants this coveted designation to a cancer facility following an on-site evaluation by a physician surveyor during which the facility must demonstrate a Commendation level of compliance with one or more standards that represent the full scope of the cancer program. These standards include cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement. Tunnell Cancer Center has consistently received accreditation from the Commission on Cancer.

ORGANIZATION-WIDE BREAST CENTER OF EXCELLENCE

In 2010, the Beebe Medical Center Board approved the development of an organization-wide Breast Center of Excellence. Breast cancer is one of the top-two cancers treated at Beebe Medical Center. This initiative is a multi-site, multidisciplinary approach to assist patients in moving seamlessly through the breast health continuum of care by enhancing collaborative networking of providers across multiple sites and services. This will improve the quality and accessibility of mammography, biopsy, and treatment processes, leading to overall patient satisfaction.

GROUNDBREAKING FOR THE SECOND LINEAR ACCELERATOR

Construction began at Tunnell Cancer Center to facilitate the installation of the second linear accelerator. This new radiation therapy system, to be available soon, will allow the center to meet the community's growing need for cancer treatment. The Radiation Oncology Department treats between 40 to 50 patients a day, which has led to radiation treatments having to be delivered into the evening hours. A second system will mean that all patients will be scheduled during daytime hours when it is safer for elderly patients to travel.

PATIENT EDUCATION

Personal Resource Guide

Education is an important part of the care of the patient, not only as a prevention and early diagnostic tool, but also to help the patient, family, friends, and caregivers understand their healing and recovery after cancer. Tunnell Cancer Center has taken great strides to educate the public about cancer and to educate patients about their individual cancer and treatment. This past year saw the launch of *A Personal Resource Guide to Cancer Recovery and Survivorship*. Each patient receives his or her own copy of the resource guide, which is a personalized informational and educational tool.

What Color is Your Ribbon Education Class

Tunnell Cancer Center also instituted a program called *What Color is Your Ribbon*, where patients and their family members and caregivers attend a presentation where together they learn about the patient's cancer, treatment, side effects, and local supportive resources. They have the opportunity to ask questions and learn how they can support each other.

SOS²

Prevention and early diagnosis also is a role for education—educating people about cancer, the importance of screenings, and how early diagnosis can lead to early treatment, which can improve patient outcomes. Over the past year the Tunnell Cancer Center's *Sharing Our Stories, Saving Our Sisters (SOS²)* program provided education to 3,749 women and referred 905 women for screening mammography, of which 205 received mammography services through a grant funded by the Philadelphia Affiliate of Susan G. Komen for the Cure Foundation. The program focused on providing free breast cancer screening and education to women in minority and underserved populations in Sussex County who might otherwise not receive the healthcare that they need.



The groundbreaking ceremony for the second linear accelerator took place in the fall of 2011.

TELEPHONE DIRECTORY

Medical Oncology	645-3770
Radiation Oncology	645-3775
Clinical Trials.	645-3770
Integrative Health Programs	645-3528
Nutrition Services.	645-3770
Screening Programs	645-3100 (ext. 2666)
Psychosocial Services.	645-3770
Support Groups	645-3171
Cancer Care Coordinator	645-3770
Cancer Screening Nurse Navigator	645-3169

For additional information about Tunnell Cancer Center, please visit our website, beebemed.org, and look under Patient Care Services for cancer care.



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