

# Sharing Hope

*Healing bodies, minds, and spirits every day.*



TUNNELL CANCER CENTER  
**ANNUAL REPORT 2009-2010**



ROBERT & EOLYNE  
***Tunnell  
Cancer  
Center***

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## 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 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. It was the first multidisciplinary cancer center in southern Delaware.



# SOS<sup>2</sup> Sharing Our Stories, Saving Our Sisters



This past year, thanks to a grant from the Philadelphia Affiliate of Susan G. Komen for the Cure Foundation, a group of breast cancer survivors are reaching into minority and underserved communities where mortality rates are high from cancer to educate women about breast cancer and to urge them to get mammograms. These “lay navigators” are taking part in the program called “Sharing Our Stories, Saving Our Sisters” (SOS<sup>2</sup>), which is based at Tunnell Cancer Center. They are giving of their time as volunteers to make sure that women who cannot afford a mammogram or who know nothing about breast cancer and the potential for survival with early diagnosis will have the opportunity to be screened and to receive treatment in a timely manner. SOS<sup>2</sup> pays for the mammogram and other necessary diagnostic tests. If a woman is diagnosed with cancer, Tunnell Cancer Center will help her enroll in the Delaware Cancer Program, which pays for cancer treatment for eligible Delaware residents.



## Tunnell Cancer Center Team

Top row: Nouman Asif, M.D., medical oncologist; Brian Costleigh, M.D., radiation oncologist; and Muhammad Arif, M.D., medical oncologist

Bottom row: Srihari Peri, M.D., medical oncologist; James Spellman, Jr., M.D., surgical oncologist; Janete Mills, M.D., radiation oncologist; Aasim Sehbai, M.D., medical oncologist; and Isabel Benson, NP-C, AOCNP, oncology nurse practitioner





# Chairman's Message

BY BRIAN COSTLEIGH, M.D.  
*Radiation Oncologist*

Our mission at Tunnell Cancer Center is to provide hope and cure for our patients and their families and loved ones. We do not take this mission lightly. We continually strive for quality in the care and treatment that we bring to our patients. We continually stay up to date with the latest treatments available, as well as ongoing National Cancer Institute-supported clinical trials. Our multidisciplinary team of physicians, surgeons, nurses, pharmacists, and other medical professionals at Beebe Medical Center and at Tunnell Cancer Center regularly meet to discuss newly diagnosed patients and how we can best develop individualized treatment plans to meet the needs of each one of them.

To keep up with the demands for cancer care from our growing communities, this past year we added two experienced medical oncologists and two nurses to our team. Three more of our nurses earned their oncology certifications, increasing the number of certified oncology nurses on our team to 15 and bolstering the level of expertise of our entire staff.

This past year we also expanded our educational outreach efforts with the goal of getting more people screened for breast, colon, prostate, and cervical cancers because we know that early detection translates into better outcomes. A highlight of this effort is the Sharing Our Stories, Saving Our Sisters (SOS<sup>2</sup>) program funded by a grant from the Susan G. Komen for the Cure Foundation, Philadelphia Affiliate. It focuses on providing free breast cancer screening and education to women in minority and underserved populations throughout Sussex County who might otherwise not receive the healthcare that they need. Our outreach team, with the help of volunteer lay screening navigators, has educated and screened women throughout the county at schools, churches, and community centers.

Our battle against cancer has brought us closer to our team members, to our patients, and to many of you in the community. Together we can make a difference as we work to accomplish our mission of providing hope and cure.

Dr. Brian Costleigh

*This past year we also expanded our educational outreach efforts with the goal of getting more people screened for breast, colon, prostate, and cervical cancers because we know that early detection translates into better outcomes.*

## Beebe Medical Center Cancer Committee Roster 2010

ISABEL BENSON, RN, OCN, NP  
KATHY COOK, RN  
BRIAN COSTLEIGH, M.D.  
PEGGY DIEHL, RN  
COLLEEN GLASCO, RN  
REV. KEITH GOHEEN  
CLARA HIGGINS, M.D.

CHERYL HOECHNER, MS, BCOP  
CHEYENNE LUZADER  
LAURA MARTIN  
JERRY McLAMB, RN  
JANETE MILLS, M.D.  
DONNA MISKIN, RN, OCN  
HELEN MOODY, CTR

RICHARD PALMER, M.D.  
RICHARD PAUL, M.D.  
SRIHARI PERI, M.D.  
JUDITH RAMIREZ, EdD  
MICHAEL RAMJATTANSINGH, M.D.  
CHERRIE RICH, RN, DIRECTOR  
ANIS SALIBA, M.D.

AASIM SEHBAL, M.D.  
JAMES SPELLMAN, M.D.  
LYNN VAN PELT, RN  
KIM WESTCOTT, MS, RD  
BARBARA WHITE  
CLARE WILSON, RN



# Bladder Cancer

BY RICHARD PAUL, M.D.  
Urologist

*Bladder cancer is the fourth-leading cancer in patients treated at Beebe Medical Center, where treatment modalities parallel the national average.*

Bladder cancer is the fourth most common type of cancer in men and the eighth most common type in women in the United States. Nearly 90 percent of people with this cancer are over the age of 55.

Bladder cancers typically form in tissues of the bladder. Because the tissues that line the bladder contain the same cells that line the entire urinary tract, bladder cancer can be diagnosed throughout the tract.

## Risks

The highest incidence of bladder cancers occurs in industrialized countries. The bladder, which stores the urine that carries the waste from the body, can be exposed to relatively toxic substances. Exposure to carcinogens is likely the cause of these cancers; and byproducts of cigarette smoking are the most notorious of these carcinogens. Smokers have twice the risk of developing bladder cancer. Other risks include:

- Increasing age
- Chemical exposure: Exposure to certain chemicals, including arsenic and chemicals used in the manufacture of dyes, rubber, leather, textiles, and paint products
- Chronic bladder inflammation
- Family history

The most common symptom of bladder cancer is blood in the urine. Increased frequency or urgency and irritation during urination are other possible symptoms.

## Screening

Currently, there is no screening method recommended for individuals at normal risk. Microscopic examination of cells are used to screen people at high risk due to occupational exposure.

## Treatment

Surgical intervention is the treatment of choice in a majority of cases, depending upon the state at presentation.

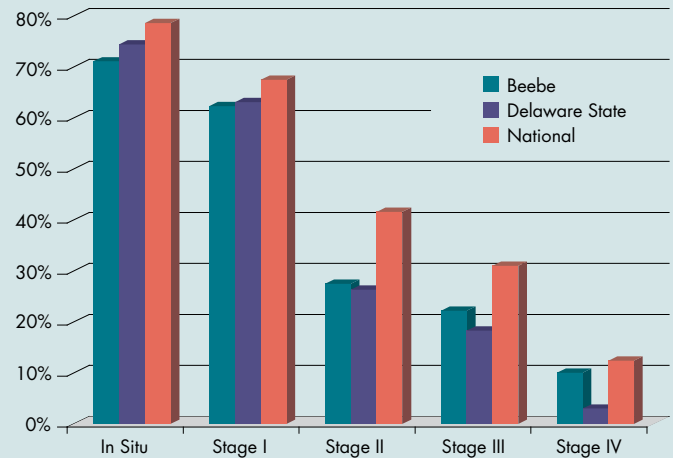
Chemotherapy and radiation therapy are reserved as an adjunct to surgery if the patient has more advanced disease or is not a medical candidate for surgery.

## Beebe Medical Center

Bladder cancer is the fourth-leading cancer in patients treated at Beebe Medical Center, where treatment modalities parallel the national average. At Beebe, patients with Stage I cancer had a five-year survival of 62.3 percent, a 27.5 percent with Stage II, a 22.2 percent with Stage III, and a 10 percent with Stage IV. These rates are in alignment with the state of Delaware, but slightly inferior to the national average, where patients are diagnosed at a younger age. At Beebe, the average age is between 70 to 84, and nationwide the average age is between 60 to 70.

### Bladder Cancer 5-Year Survival 1999–2005

Observed Percentage Rates by Best AJCC Stage



Data Source: Beebe Medical Center, Diagnosed 1999–2005  
Delaware State Cancer Registry, Diagnosed 1999–2005  
National #’s NCD, Commission on Cancer, ACoS, Diagnosed 1998–2002  
Data reported from all states, 1,400 facilities



# Colon Cancer

MICHELE D. THOMAS, M.D., FACS, FASCRS  
Medical Oncologist

*When colorectal cancer is found early and treated, the five-year relative survival rate is 90 percent. Because screening rates are low, less than 40 percent of colorectal cancers are found early.\**

Colorectal cancer is the most preventable visceral cancer, and its incidence makes it one of the most important. It affects nearly one million people worldwide annually. It is the fourth most frequently diagnosed cancer in the United States with approximately 147,000 new cases and 57,000 deaths annually. It accounts for 11 percent of cancers and is the second most common cause of cancer death. Over the last decade there appears to be a reduced incidence of colorectal cancer. Mortality is also decreasing, which suggests greater awareness and improved detection with screening. There should be an obvious reduction in mortality due to early detection and removal of polyps. When the disease is diagnosed at an early stage or localized, the five-year survival rate approaches 90 percent. The overall five-year survival for CRC is 63 percent, making it a “survivable cancer.” Nevertheless, 65 percent of cancers are diagnosed at an advanced stage.

## Etiology/Risk

Environmental factors (mostly dietary) are considered to play a major role in the disease. The role of diet has long

been speculated. It is difficult to determine whether certain dietary components (high in fruits, vegetables, and fiber and low in fats and red meat) may be responsible for decreasing risk. Alcohol consumption holds a possible role by altering folate absorption. Evidence indicates that two or more drinks per day are associated with increased risk. Other possible risk factors include:

- Obesity in men and premenopausal women
- Lack of physical activity
- Smoking
- Inflammatory bowel disease (IBD)
- Family history

## Screening

**Average risk individuals** include those with no symptoms or personal or family history. The family physician often is the one who suggests a patient’s screening strategy. In 2001, Medicare began authorization for reimbursement for screening colonoscopy for average-risk patients.

**Colonoscopy** remains the only screening test that allows detection and removal of pre-malignant lesions.

**CT Colography (virtual colonoscopy)** was developed as a screening option but has not gained great favor as the accuracy for detection of polyps has not been shown to be as good as colonoscopy.

## Surgical Treatment

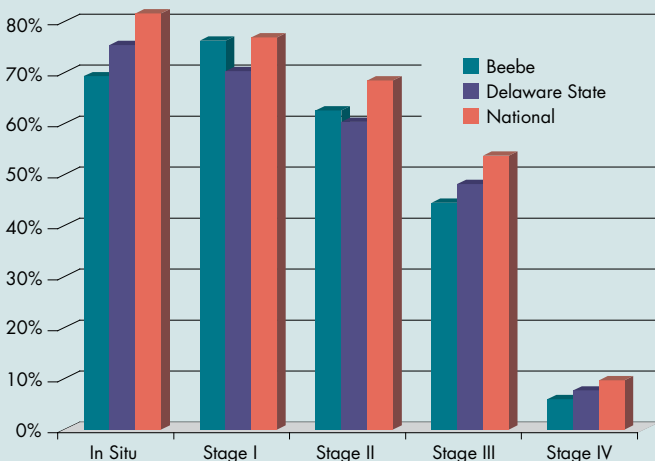
The primary treatment of cancer of the colon is surgical resection. The standard “open” surgical technique has long been the mainstay of therapy. However, over the last decade a number of techniques have been examined for efficacy. The most popular is laparoscopic or **minimally invasive surgery**. Adherence to standard cancer resection techniques can result in acceptable outcomes.

Other surgical methods that have gained some popularity over the last decade include Transanal Endoscopic Microsurgery (TEMs) and Natural Orifice Transluminal Endoscopic Surgery (NOTES).

\*Source: Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))

## Colon Cancer 5-Year Survival 1999–2005

Observed Percentage Rates by Best AJCC Stage



Data Source: Beebe Medical Center, Diagnosed 1999–2005  
Delaware State Cancer Registry, Diagnosed 1999–2005  
National #’s NCCDB, Commission on Cancer, ACoS, Diagnosed 1998–2002  
Data reported from all states, 1,400 facilities

## Medical Treatment

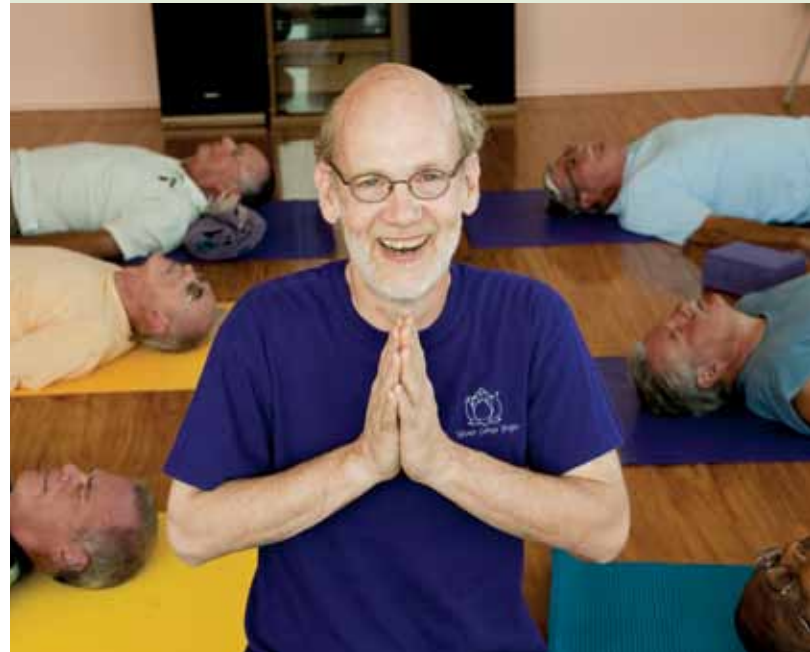
**Adjuvant chemotherapy** is post-resection treatment.

The purpose is to destroy microscopic residual disease, thereby preventing later development of metastatic disease. Most new chemotherapeutic agents are tested in randomized trials with patients with known metastatic disease. If they are beneficial in this patient population, they are then used in clinical trials in patients with nonmetastatic disease.

## Beebe Medical Center Data

Throughout the United States, there is a greater proportion of males to females with colon cancer. The majority of cases were detected between the ages of 60 and 84 years. A nearly equal distribution of patients underwent surgery alone and surgery plus chemotherapy as the modality of treatment at Beebe Medical Center. A higher proportion of patients were treated with chemotherapy in addition to surgery at the state level. The number of cases diagnosed at Beebe Medical Center seems to have declined, matching the national trend. At Beebe, patients with Stage I cancer had a five-year survival rate of 76 percent, a 62.6 percent with Stage II, a 44.6 percent with Stage III, and a 5.8 percent with metastatic disease. These rates are in alignment with state and national averages.

*An unedited version of this story can be viewed at our website, [www.beebemed.org](http://www.beebemed.org).*



## Through the Patient's Eyes

REBER WHITNER, COLON CANCER SURVIVOR

*“My life is not about me, but about what I can do to help.”*

As a department manager in a local supermarket, Reber Whitner was wrapped up in the daily grind of making money and focusing on the material world. Then, in 2006, he was diagnosed with Stage 3 colon cancer. He faced a long, slow road to recovery. “My faith blossomed,” he says. “I learned that life is not my plan; it is God’s plan.”

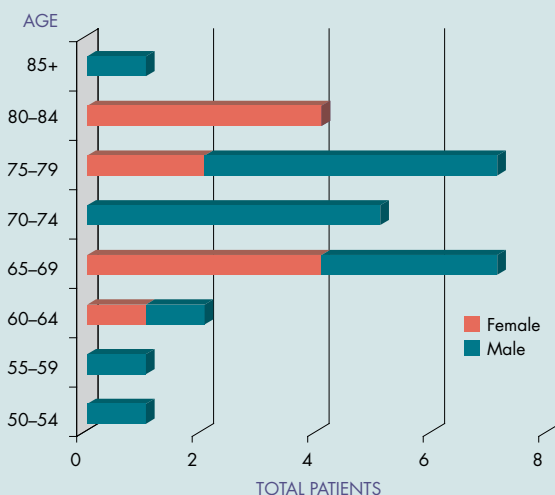
Reber found his peace in yoga. “The breath work . . . it helps you cope and deal with situations . . . it gets you in touch with your inner self.”

Two years ago Reber started Stiff Man’s Yoga: a free yoga class at the Delaware Wellness Community in Rehoboth. It’s available weekly to cancer survivors and their partners, spouses, and caregivers.

“Cancer was a gift. It made me realize what is important.”

### Colon Cancer by Age and Gender

Analytic Cases 2009



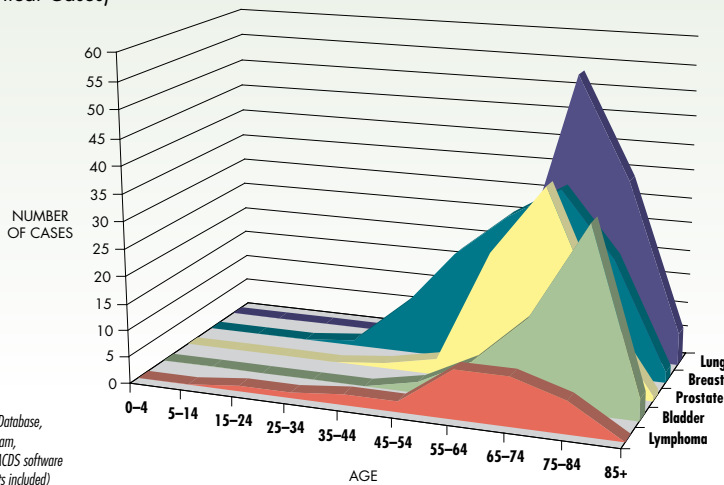
Source: BMC, Tunnell Cancer Center, Tumor Registry, RMCDS program

# 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 2009 Comparison of Top 5 Sites

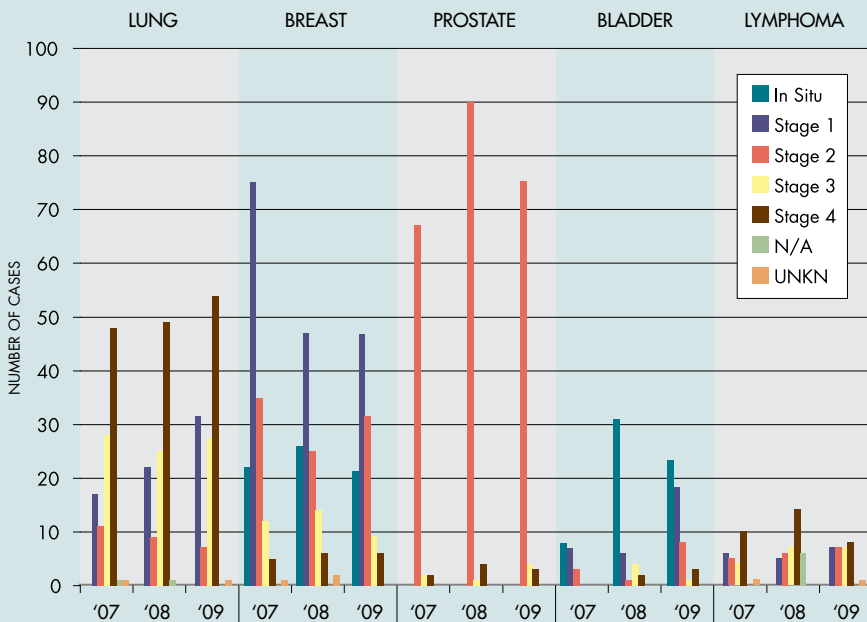
by Age (Analytical Cases)



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

## Beebe Medical Center 2009 Comparison of Top 5 Sites

Years 2007, 2008, 2009 (Analytic Cases)



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



Helen Moody, CTR (seated), Ann Moore, LPN, CTR (left), and Sue 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 1995 through September 2010

Total patients in registry since reference date	9,570
Less benign and borderline (except CNS > 2003)	8
Less carcinoma in situ cervix	11
Less all basal and squamous cell carcinoma of skin (except Stage III and IV before 2003)	15
Less foreign residents	18
Less patients over 100 years of age not contacted in 12 months	3
Less nonanalytic class of case	707
Less class of case 0 after 2005	158
<b>Subtotal</b>	<b>8,650</b>
Less number expired	4,369
<b>Subtotal (number living)</b>	<b>4,281</b>
Number living with current follow-up (within 15 months)	3,514
Patients lost to follow-up	767
<b>Percent of successful follow-up rate</b>	<b>91.1%</b>

Cases Diagnosed within 5 Years through September 2010

Total patients in registry since reference date	3,086
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	0
Less nonanalytic class of case	53
Less class of case 0 after 2005	158
<b>Subtotal</b>	<b>2,872</b>
Less number expired	932
<b>Subtotal (number living)</b>	<b>1,940</b>
Number living with current follow-up (within 15 months)	1,820
Patients lost to follow-up	120
<b>Percent of successful follow-up rate</b>	<b>95.8%</b>

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

## Beebe Medical Center 2009 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>	113	16.1%	1	112	21	46	31	9	6	0	0
<b>Respiratory</b>	129	18.4%	62	67	4	31	9	28	56	0	1
Larynx	8	1.1%	6	2	4	0	2	1	1	0	0
Lung	119	17.0%	55	64	0	31	7	27	53	0	1
Pleura	1	0.1%	1	0	0	0	0	0	1	0	0
Pyriform Sinus	1	0.1%	0	1	0	0	0	0	1	0	0
<b>Digestive</b>	95	13.6%	56	39	1	19	26	13	28	8	0
Esophagus	6	0.9%	3	3	0	1	3	0	2	0	0
Stomach	7	1.0%	5	2	0	4	0	0	3	0	0
Small Intestine	3	0.4%	1	2	0	1	0	0	1	1	0
Colon	28	4.0%	17	11	1	3	7	4	13	0	0
Rectum/Rectosigmoid	17	2.4%	11	6	0	6	4	2	3	2	0
Anus/Anal Canal	4	0.6%	1	3	0	1	2	1	0	0	0
Liver/Gallbladder	9	1.3%	6	3	0	3	2	4	0	0	0
Pancreas	16	2.3%	12	4	0	0	8	2	6	0	0
Peritoneum	5	0.7%	0	5	0	0	0	0	0	5	0
<b>Male Organs</b>	87	12.4%	87	0	2	2	74	5	3	1	0
Prostate	81	11.6%	81	0	0	0	74	4	3	0	0
Penis	2	0.3%	2	0	2	0	0	0	0	0	0
Testis	4	0.6%	4	0	0	2	0	1	0	1	0
<b>Female Organs</b>	42	6.0%	0	42	1	17	7	10	4	1	2
Cervix Uteri	6	0.9%	0	6	1	0	1	3	1	0	0
Corpus Uteri	27	3.9%	0	27	0	13	6	5	0	1	2
Ovary	5	0.7%	0	5	0	2	0	0	3	0	0
Other Female	4	0.6%	0	4	0	2	0	2	0	0	0
<b>Urinary</b>	74	10.6%	44	30	23	28	10	6	7	0	0
Bladder	53	7.6%	37	16	23	18	8	1	3	0	0
Kidney/Renal Pelvis	21	3.0%	7	14	0	10	2	5	4	0	0
<b>Lymphoma</b>	44	6.3%	27	17	0	7	7	7	8	14	1
Hodgkin's	2	0.3%	2	0	0	0	2	0	0	0	0
Non-Hodgkin's	28	4.0%	17	11	0	7	5	7	8	0	1
Multiple Myeloma	14	2.0%	8	6	0	0	0	0	0	14	0
<b>Melanoma</b>	26	3.7%	18	8	2	13	5	5	0	0	1
<b>Head &amp; Neck</b>	13	1.9%	9	4	0	1	0	2	8	0	2
Tongue	6	0.9%	4	2	0	0	0	0	4	0	2
Parotid Gland	1	0.1%	1	0	0	0	0	1	0	0	0
Tonsil	3	0.4%	1	2	0	0	0	1	2	0	0
Palate	1	0.1%	1	0	0	1	0	0	0	0	0
Mouth & Gum	2	0.3%	2	0	0	0	0	0	2	0	0
<b>Leukemia</b>	25	3.6%	17	8	0	0	0	0	0	25	0
<b>Other Blood</b>	14	2.0%	9	5	0	0	0	0	0	14	0
<b>Thyroid</b>	9	1.3%	2	7	0	6	1	1	1	0	0
<b>Bone &amp; Connective Tissue</b>	4	0.6%	2	2	0	1	0	0	1	1	1
Bone	1	0.1%	0	1	0	0	0	0	1	0	0
Connective Tissue	3	0.4%	2	1	0	1	0	0	0	1	1
<b>Brain/CNS</b>	8	1.1%	3	5	0	0	0	0	0	8	0
<b>Other Skin Cancer</b>	4	0.6%	2	2	0	1	0	0	1	2	0
<b>All Other/Undefined</b>	14	2.0%	7	7	0	0	0	0	0	14	0
<b>Total Analytic Cases</b>	701	100%	346	355	54	172	170	86	123	88	8
<b>Total Non-Analytic Cases</b>	39										
<b>Total Cases Abstracted</b>	740										

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

# 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.

## Prevention/Early Detection

Tunnell Cancer Center has expanded its focus on outreach education and early diagnosis with the goal of improving outcomes through the treatment of cancer at an early stage. Outreach efforts are under the direction of Judith Ramirez, EdD, Manager of Psychosocial Services and Outreach. The focus over the past year has included several free health forums with information and screenings targeted on breast and prostate cancers.

The most significant single effort this past year has been the program Sharing Our Stories, Saving Our Sisters (SOS<sup>2</sup>), made possible by a grant from the Susan G. Komen for the Cure Foundation, Philadelphia Affiliate. It focuses 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. Lay screening navigators tell their stories to encourage women to get screened for breast cancer.

Cancer Screening Nurse Navigator Kathy Cook, MSN, RN,

encouraged people throughout the community to have cancer screenings for colon, breast, prostate, and cervical cancers in compliance with American Cancer Society guidelines. She helped people access financial, transportation, translation, and other related resources.

Mrs. Cook worked closely with Clare Wilson, RN, cancer care coordinator at Tunnell Cancer Center, and community organizations, schools, and churches. She initiated the “Early Detection Connection” campaign, which reaches out to physicians and offers case management services to their patients who are in need of screenings they cannot afford.

## Nurses Earn Oncology Certification

Three nurses at Tunnell Cancer Center earned their Oncology Nursing Certification (OCN) during the past year, signifying their advanced education in cancers and cancer treatments. There are now a total of 15 OCNs at Tunnell Cancer Center. The nurses who gained their certifications this past year were Bevann Kubala, RN, BSN, OCN; Lucy Ositko, RN, OCN; and Kim Willoughby, RN, OCN.

## Oncology Nursing Society Chapter Established

The Southern Delaware Chapter of the Oncology Nursing Society was established at Tunnell Cancer Center.

The Chapter, open to all oncology nurses in Sussex and Kent counties, allows nurses in the area an opportunity to take part in the Society’s educational support and other programs.



*Certified oncology nurses at Tunnell Cancer Center: (front left–right) Bevann Kubala, RN, BSN, OCN; Kathy Dillon, RN, OCN; Liz Wilson, RN, BSN, OCN; and Suzanne Vazzano, RN, OCN; (middle left–right) Lucy Ositko, RN, OCN; Isabel Benson, RN, NPC, AOCNP; Brandi Carr, BSN, RN, OCN; and Allison Clobes, RN, OCN; (back left–right) Lori Koyanagi, RN, OCN; Deb Crowell, RN, OCN; and Janie Wells, RN, OCN. Missing from the photo: Nancy Burd, RN, OCN; Carolyn Merryman, RN, OCN; Kari Souder, RN, OCN; Kim Willoughby, RN, OCN*

## Staff Members Earn Healthcare Access Associate Certification

Seven patient care registrars at Tunnell Cancer Center earned Healthcare Access Associate Certifications, representing their professionalism in providing such services as registration, administration, and patient relations. Certified staff members are Regina Batson, Gail Johnson, Marie Michael, Vicki Moore, Sandy Pappas, Pam Partsch, and Ruthanne Strickler.

## Clinical Trials

Beebe Medical Center's ability to offer patients a clinical trial as a treatment option is enhanced through its affiliation with the Delaware/Christiana Care Community Clinical Oncology Program (CCOP). Through the CCOP network, community physicians work with scientists to conduct National Cancer Institute-supported clinical trials. This collaboration helps to offer the latest research findings to the community level and provides quality care to participating communities. In 2009, 3.85 percent of Tunnell Cancer Center patients participated in clinical trials, which exceeds the national average of 3 percent. Tunnell Cancer Center research coordinators Donna Miskin, RN, and Kari Souder, RN, OCN, remained up to date on the ongoing National Cancer Institute-supported clinical trials. Miskin and Souder screen all newly diagnosed patients for their eligibility in these trials and discuss their evaluations with the medical oncologists. Tunnell Cancer Center participated in 60 open trials and had patients on about 20 trials at any one time.

## New Staff



**Muhammad Arif, M.D.**, a medical oncologist/hematologist. Dr. Arif is Board Certified in Medical Oncology, Hematology and Internal Medicine. He has more than 10 years of experience and has developed an interest in treating patients with multiple myeloma, lymphoma, and colon cancers. Dr. Arif earned his medical degree from Allama Iqbal Medical College in Lahore, Pakistan. He completed his residency in Internal Medicine at the College of Physicians and Surgeons of Columbia University at Harlem Hospital Center

in New York. Dr. Arif completed a fellowship in Hematology and Oncology at the Western Campus of Tufts University at Baystate Medical Center in Springfield, Massachusetts.



**Nouman Asif, M.D.**, a medical oncologist/hematologist. Dr. Asif earned his medical degree from Rawalpindi Medical College in Pakistan in 1997, completed residencies and internships in internal medicine in Pakistan and Saudi Arabia, and served as a medical officer in Pakistan. Dr. Asif completed a residency in Internal Medicine at UPMC Presbyterian/Shadyside Hospital in Pittsburgh, Pennsylvania, and a fellowship in Medical Oncology/Hematology at Washington Hospital Center/Georgetown.



**Brandi L. Carr, BSN, RN, OCN**, Manager of Oncology Nursing and Research. She oversees a nursing staff of 27 who are assigned to radiation oncology, medical oncology, and to oncology research and performance improvement. Ms. Carr, a registered nurse and a certified oncology nurse, joined Tunnell Cancer Center in March 2010 as Lead Clinical Trials Coordinator. She previously served as Manager of Clinical Oncology at Peninsula Regional Medical Center in Salisbury, Maryland. Ms. Carr earned her bachelor's degree in nursing at the University of Delaware.



**Kathy Cook, MSN, RN**, Cancer Screening Nurse Navigator. Mrs. Cook's primary focus is on improving survival through early diagnosis and treatment. Mrs. Cook earned her associate's degree in nursing and her master's degree in nursing with a focus on Health Promotion and Wellness from Wesley College in Dover. Before joining Beebe Medical Center, she worked as a nurse at Nanticoke Memorial Hospital in Seaford and taught courses in nursing at Wesley College.

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



ROBERT & EOLYNE  
**Tunnell  
Cancer  
Center**

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