

Combating Tragedy with Connection

ATLANTA – Jessica DeLuca was still celebrating the birth of her daughter when an unexpected illness began presenting itself in her 2-year-old son Nicholas.

17 years ago, DeLuca took toddler Nicholas to his pediatrician because he had been suffering from frequent vomiting. He tested positive for strep, but despite DeLuca diligently treating him with his prescribed antibiotics, the sickness persisted. After another doctor's visit and another round of a different antibiotic, nothing had changed. This was DeLuca's first sign that something larger was afflicting Nicholas.

"It took us a long time to figure out, but never in our wildest dreams did we think that that was what we were going to be finding out," said DeLuca.

Nicholas' symptoms lingered for a little over two months before doctors discovered he had a brain tumor and he was in an operating room within hours of the discovery. But, DeLuca touts that Nicholas and the rest of their family have persevered this tragedy like warriors and even found ways to spread some positivity in the process.

Patricia Cornwell has been the lead social worker of the Hematology/Oncology (Hem/Onc) Department at the Children's Aflac Cancer and Blood Disorder Centers since 1999. She spoke about the pace of cancer treatment and the speed at which parents must make decisions.

"Most parents want to research, plan and have an opportunity to do their due diligence of being a good parent and knowing information, and we're really putting them in a position of moving pretty quickly to make decisions," said Cornwell. "We're giving a lot of information very quickly, but trying to shape the experience so they can build on the information we're giving them from the beginning."

As a social worker, Cornwell completes a psychosocial assessment of patients and their families within 72 hours of a leukemia or lymphoma diagnosis. Cornwell's responsible for determining the present and future needs of patients and their families throughout cancer treatment, which is difficult enough without a 72-hour deadline.

When cancer afflicts a family member, it can take a huge toll on the whole family; more than just making complex decisions extremely quickly, and especially when the patient is a child. According to the National Cancer Institute, cancer is responsible for the most disease-related deaths beyond infancy for children in the United States. The American Cancer Society says cancer is second only to accidents in cause of death for children one to 14 years of age.

"We talk about our great survival rates in pediatric oncology being 80 percent overall, but it still means one out of every five children die," said pediatric oncologist and hematologist Dr. Karen Wasilewski. "It doesn't go along with what we think of as being normal and natural in life."

2023 marks Wasilewski's 21st year as a fellow of Emory University School of Medicine where she has primarily focused on solid tumor oncology at the Aflac Center. Over her tenure, Wasilewski has also served as the Aflac Center's cross-campus medical director, has published over 60 articles in medical journals covering bone sarcomas, palliative care and transition of care, and has worked as a member of Aflac's Cancer Survivor Program team.

Over the years, parenting became a real challenge for DeLuca as Nicholas' condition demanded more attention. DeLuca still wishes she could have given her daughter more attention and recalls possibly being overly lenient with Nicholas at times. Statistics from the Children's webpage for the Cancer Survivor Program seem to suggest a no-win scenario for DeLuca, stating

that 85 percent of childhood cancer survivors develop a chronic health condition during, or after, the agonizing treatment.

“A typical solid tumor case requires two things to happen. One is chemotherapy and the second is local control, which can either be surgery, radiation, or a combination of those two things,” said Wasilewski. “Our definition of a good outcome is that they are functional at the end, and that is often a misconception with bone tumors, as an example. People think keeping a limb intact is a measure of success, when, in fact, doing an amputation or another type of surgery may actually give them better function moving forward.”

Cornwell confirms that the kind of family disruption the DeLucas experienced is quite common and is one aspect of what she and the other Hem/Onc social workers help families with. Cornwell and her colleagues emphasize the importance of open and honest communication between parents and their children, both the patients and the siblings, and encourage intentionally spending time with patients’ siblings in an attempt to combat sibling guilt.

“Depending on their developmental age, of course, some of them [Hem/Onc patients] are able to adjust quite well. Some of them are mature beyond their years. They have insight,” said Cornwell. “They do understand the effect it has on them, their lives, their parents and their siblings. Those are lessons that kids usually don’t have to really learn that early.”

But everyone reacts to cancer differently, partially depending on severity and prognosis. Many oncologists choose the field due to losing a loved one to the disease. As part of an eight-week pediatric internship, between her first and second years of medical school at Vanderbilt, Wasilewski spent a week at Tennessee’s Camp Horizon, a cancer camp similar to Camp Sunshine in Georgia, that set her career course.

“I met the kids and they were resilient and awesome, and I fell in love with the children,” said Wasilewski when asked why she chose Hem/Onc. “My motivation for doing it is wanting to take care of sick patients, wanting continuity, but also the children in and of themselves and how cancer makes them wise beyond their years.”

Another reaction to cancer is community outreach. 17 years after his diagnosis, Nicholas still has lengthy stints in the hospital. During his most recent stay, which was over five weeks long, the DeLucas found themselves on the receiving end of such outreach. They received a care package, prompting Jessica to pay it forward.

“In the midst of all the chaos, I found somebody on Facebook ... I said to her, ‘I see we both have something in common. We’re both parents of warriors,’” recounted DeLuca.

The Facebook user had started a non-profit organization dedicated to her own son, a cancer survivor who is now in remission. DeLuca filled out a short application online and, before they were out of the hospital, a care package of toothpaste, tissues, crossword puzzles, magazines and even cash for the hospital vending machines arrived at their front door.

“I didn’t even remember filling out the application,” said DeLuca. “Then I got home, because we [DeLuca and her husband] were tag-teaming and I got to go home once in a while, and found a care package on my front porch and had forgotten all about it.”

DeLuca decided, right then and there, to start her own care package project and, in less than a month, produced 600 care packages for hospital patients and their families or caregivers. For her actions, DeLuca was chosen to win a \$500 prize from 104.7 The Fish’s Home Town Hero contest, which will go back to the community in DeLuca’s future philanthropic endeavors.

DeLuca’s care packages have been split and delivered to Children’s Egleston Hospital and Children’s Scottish Rite Hospital, where DeLuca has relinquished control. According to

DeLuca, the hospitals will decide which warriors and their caregivers will receive the care packages.

DeLuca has added her name onto the list of people who come together on a daily basis to support the kids and families of Metro-Atlanta.

“The work is very hard, but I think that we have fairly cohesive teams with really good communication with our providers. There’s a real respect and understanding that it takes all of us to take care of these kids,” concluded Cornwell. “Providers [such as Wasilewski], nurse practitioners, social workers, child-life specialists, music therapists, our new therapy dog Blanche; everybody is work to take care of these kids.”

Life isn’t always easy, but, alongside their teams and communities, Wasilewski, Cornwell, and DeLuca look travesty in the eyes and smile.

Quote Timestamps

DeLuca Quotes (In order they appear in the story)

2:26, 6:31, 7:52

Wasilewski and Cornwell Quotes

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