
Page 1

Q1 Faculty Information:

Last name: **komarnicky**
First name: **lydia**
Faculty Position: **Prof and Chair**
Department: **Rad Onc**
Institution: **DUCOM**
Phone: **215 762 4984**
Email Address: **lydia.komarnicky-kocher@drexelmed.edu**

Q2 Type of Research? **Clinical Research**

Q3 Please describe your research interests:

breast cancer
eye cancer

Q4 Please provide a brief description of research opportunity/project(s):

1) Title of project(s): **Collaborative with Wills Eye Data base**
Brief Description: **tumors of the eye treated with radiation**
Time commitment: **2-3 hours per week**
Funded or unfunded (yes or no): **no**

Q5 Please indicate the specific level of experience required, if applicable: **First year medical student** ,
Second year medical student
