PRESIDENT'S MESSAGE

The year 1989 was a year of steady growth for AMRF and 1990 holds the same promise. I extend my sincere thanks to all the volunteers whose contributions make the foundation what it is today.

We welcome Kevin Laborde, vice-president with First National Bank of Lafayette, who has assumed the position of treasurer. Kevin brings with him a solid background in finance and we look forward to putting his considerable business acumen to use.

The Dr. Warner C. LeBlanc memorial scholarship trust, established in 1983, has the accumulated funds in excess of $11,000.00. The trust was established to provide a cash grant to a college student who is pursuing a Masters Degree and who establishes the need for financial assistance. We look forward to a selection of an appropriate candidate in the next several months.

The foundation is most fortunate in having been selected as one of the beneficiaries of the 1990 Louisiana Open. As one of several worthwhile charities involved in the 1989 tournament, the foundation recently received a check in the amount of $10,000.00. We extend our special thanks to Herb and Leslie Schilling, Bill Kallam, and the Board of Louisiana Open, Inc.

NEWSFLASH

AMRF recently received a $10,000 donation from The Louisiana Open Golf Tournament. Mr. Hebert E. Schilling, III, President of the Tournament, presented John Chappuis, AMRF President, with the check. Two other charities which also received a donation from the Louisiana Open were The Mental Health Association in Lafayette Parish and the Civitan International. A big THANKS goes out to all those who were involved in the 1989 Louisiana Open Golf Tournament and who helped make it such a huge success! AMRF is also pleased to say that we have again been selected as one of the charities for next years LOUISIANA OPEN GOLF TOURNAMENT.
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### AMRF Officers
- John Chappuis, President
- Vince Saitta, Vice President
- Dr. Paul Breaux, Secretary
- Kevin Laborde, Treasurer
- Dick Flower, Past President

An integral part of cancer research today is through data collection of cancer incidence. With information gathered we can guide, shape, facilitate and set parameters on cancer surveillance. The Tumor Registry is involved in this type of cancer research and with the cooperation of our hospitals and physicians in our region we have the potential to identify high-risk groups, identify factors which may contribute to increased incidence of cancer and successful types of programs for intervention. At the Acadiana Tumor Registry, our region covers an eight parish area which consists of 21 hospitals and all physicians, pathology laboratories, and radiation clinics. Any facility where a cancer patient may receive services is vital to our program to help us in collecting ALL cancers from our area. As there are approximately 2000 new cases of cancer diagnosed each year in our area, the Acadiana Tumor Registry has a tremendous job in keeping abreast of all of these cases to assure as much accuracy in our data as possible. The reason being goes back to the main reason for our existence — to monitor various aspects of cancer such as the relationship of the changes in the outcome of cancer that may relate to stage of disease at diagnosis, screening procedures (which can heavily influence the stage of cancer), treatment modalities and so much more that help in this aspect of cancer research.
AMRF AND THE GREATER LAFAYETTE HEALTH CARE FORM ATTEND LEADERSHIP SEMINAR

On January 6, 7, and 8, Acadiana Medical Research Foundation and The Greater Lafayette Health Care Forum together attended a Leadership Seminar held in the Lafayette General Burdin/Riehl Sports Medicine Center presented by Sharon and Dick Haab from the Mentor Group.

Both groups spent 3 days looking at specific problems that each was facing and ways to overcome them. One topic of discussion was common problems in most organizations. Here is an excerpt from Dick and Sharon Haab: "In the face of most commitments breakdowns occur. Breakdowns are simply those things that need to be handled in realizing your commitment. When breakdowns occur we’re faced with a choice (although we seldom see the choice clearly). We can either allow the breakdown to return us to the status quo... the way it was before the commitment or we can use the breakdown as an opportunity to break through... to move us forward in our commitment."

During the seminar, we were able to brain-storm and come up with possible future fund-raisers and directions for each organization to take. This seminar was so productive! It was a session that continued on until decisions were made.

Both AMRF and The Greater Lafayette Health Care Forum:

1. Recognized problems
2. Cause of problems
3. Brain Stormed new ideas
4. Reviewed new ideas and their feasibility
5. Plan of action to implement new ideas

In attendance for Acadiana Medical Research Foundation were: Amy Steidley, Michelle Crouch, Dr. John Rainey. In attendance for The greater Lafayette Health Care Forum:

Danny Domingue
Dr. Evelyn Redding
Dr. John Rainey
Rhonda Dean
Ken O'Rourke
Dr. Earl Washington
John Reedy
Janice Prejean
Dr. Margaret Longo
Connie Koury
Dr. Dan Dunlap
Carol Ross
Dr. Jim Domingue
Judy Allen
Dr. Wayne Denton
Larry Darby
Elaine Guidroz
The Sixth International Conference on the Adjuvant Therapy of Cancer was held in Tucson, Arizona on March 7-10, 1990. It brought together over 600 cancer scientists and physicians from all over the world to discuss the present status and leads in cancer chemotherapy. I thought it might be useful to summarize this conference, since world renowned scientists presented state of the art cancer treatment.

Dr. Samuel Broder, Director of the National Cancer Institute, started the conference with the most recent statistics of cancer incidence. This is similar to the data that the Acadiana Tumor Registry is presently collecting. The statistics show that cancers of the lung, malignant melanoma, non-Hodgkins lymphoma, and multiple myeloma are increasing, despite slow progress in these areas. Cancers of the colon, rectum, and stomach are stable overall with no significant increase in incidence. It appears that the majority of cancers of the testes and Hodgkins disease are curable with chemotherapy, as is acute lymphocytic leukemia in children. Dr. Broder also showed that the rates of the major cancers are much higher in blacks and other minority groups. He suggested that more emphasis and research needs to be done in areas of most need, i.e., the most frequent cancers and in minority groups. This may have special significance for us in Louisiana since we lead the nation in lung cancer and have a significant minority population. He also stressed the need (1) for more prevention studies and (2) to stop thinking of patients over the age of 65 as elderly and include them in ongoing studies.

Data presented also demonstrated that more than 50% of newly diagnosed cancers may be resistant to more than one chemotherapy drug at the time of diagnosis. This is the bad news. The good news is that we can modulate and increase the sensitivity of some of those resistant cells with other drugs such as calcium-channel blockers, a type of drug used in hypertension. There are also ongoing studies that might be able to induce or change the actual genes in some cells in the immune system so that the immune system may destroy cancer cells without the need of chemotherapy.

Researchers from the Dana Farber Cancer Center in Boston and the M.D. Anderson Hospital in Houston presented data to suggest that chemotherapy and radiotherapy may be all that is needed in laryngeal and other head and neck cancers, thus sparing patients from having to have a laryngectomy or other disfiguring facial surgery. Patients with masopharyngeal cancer, treated with chemotherapy and radiotherapy, responded over 80% of the time with long term remissions and cures. Analysis of the actual chromosomes in tumor specimens can predict those patients who will have long remissions.

Despite the continued increase in lung cancer incidence, only modest advances are being made by giving chemotherapy at the time of diagnosis. Chemotherapy ap-
pears to increase the number of patients who can undergo curative surgery, which is still the procedure of choice if at all possible.

A "dilemma" exists for some patients with testicular cancer. Treatment is so good for extensive disease that studies now suggest it may not be imperative to treat everyone who has a high chance of recurrence. Present day chemotherapy can cure 97% of the patients who relapse and thus it may not be reasonable to treat a group of patients with a 50% chance of relapse and expose half of the patients to therapy they don't need.

Esophageal cancer, common in Acadiana and generally incurable except in the early stages, responded quite will to an aggressive program of chemotherapy, concomitant radiotherapy, and surgery. This early data from the University of Michigan and John Hopkins was exciting because the three year survival rates were better than the one year survival rates of other reported studies.

Colon cancer is the second most common cancer and approximately one-half to two-thirds of the patients are cured with surgery. Recent data suggests that an old drug, 5-FU, when given in combination with leucovorin or levamisole, can prevent recurrence and prolong survival when compared to 5-FU alone. Data were first presented in September, 1989, and this study appears to confirm those preliminary results.

The main focus of the conference was on breast cancer. There is clear data that patients with early stage disease, i.e., small primary tumors and/or 1-3 positive axillary nodes, benefit from aggressive therapy. There is also a suggestion that patients with locally advanced disease, may benefit from more aggressive treatment such as bone marrow transplant after very aggressive chemotherapy and radiotherapy programs. Again there is emphasis on tailoring therapy to fit the individual prognostic factors, i.e. primary tumor size, number of positive axillary nodes, the number of chromosomes in the actual tumor cells, the percentage of cells actively undergoing replication, and the presence or absence of oncogenes. Hormonal manipulation with anti-estrogens such as Tamoxifen are useful and should be given long-term for maximum benefit.

There continues to be a need for patients to participate in cancer clinical trials so that new advances can be made. This requires that patients submit to treatments that should be at least equivalent to standard therapy and hopefully better. We physicians always want the new treatment to be better and thus there is sometimes, bias toward that new treatment. With trials such as those presented, we can continue to make progress in our fight against cancer.

This conference confirmed that the cancer care in our community is on line with ongoing national research and is as good as that being performed in larger centers. Thank you for your interest and continued participation in our project to rid Acadiana of one of its worst problems.
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