Acadiana Research Foundation is committed to the wellness of the people of Acadiana through research and prevention of Cancer.

PRESIDENTS MESSAGE

For the first time in many years, the Foundation is not holding its Jazz Brunch and Membership Drive. We determined it appropriate to give our dedicated volunteers a much needed sabbatical from their efforts.

AMRF is a non-profit organization which relies upon community support to continue its projects. As you are well aware, the Acadiana Tumor Registry continues to expand its effort in the eight parish Acadiana area.

I solicit your continued support of the foundation by asking you to make a donation. Forms are located at the bottom of page 2 of this Newsletter for your consideration.

Remember, with your donation, you are helping to further the fight against cancer here in Acadiana and are helping your family, friends and neighbors.

AMRF PRESENTS SERVICE AWARD

Recently, AMRF awarded Lane and Betty Roy with a plaque thanking them for their many years of dedicated service. The Roys have both been on the Board of Directors since AMRF began and have played a major role in developing AMRF into what it is today.

The entire Board and all AMRF staff and members again thank you both and wish you well in the future.
Dear AMRF Members:

As a present member of the Acadiana Medical Research Foundation, you may not be aware of all the responsibilities AMRF and the Tumor Registry have. AMRF is responsible for the Acadiana Tumor Registry. The Tumor Registry is responsible for collecting data on the cancer incidence in the eight parishes of Acadiana. With this information, the Tumor Registry, AMRF, area hospitals and physicians have the potential to identify factors which contribute to the increased incidence of cancer and to develop successful types of programs for intervention.

AMRF is a non-profit organization which relies on community support to continue its research projects. This year, AMRF decided to postpone the Jazz Brunch and the Annual Membership Drive and give all the dedicated volunteers a much needed break. But AMRF is still in need of funds to continue its projects.

Please help support The Acadiana Medical Research Foundation and The Acadiana Tumor Registry by making a donation and filling out the form at the bottom of the page. With your donation, you will be helping further cancer research here in Acadiana and helping your family, friends and neighbors.

Sincerely,

John N. Chappuis

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**DONATION CARD**

I wish to give the following donation to be used for Cancer Research and Prevention here in Acadiana:

Donor Information:

Name ____________________________ $10.00 $25.00 $50.00

Address ____________________________ Other ___________
To continue our discussion of the basics of the Tumor Registry and its functions, we'll start at the beginning. Someone is diagnosed with cancer, usually after being admitted to a hospital. Information is gathered on the case and submitted to the Tumor Registry where we in turn 'enter' this case into our database. A few of the larger hospitals in our region have their own in-house tumor registry and staff to compile the needed information and submit the data to us. The Acadiana Tumor Registry has two 'field abstractors' who go into the remaining hospitals in our region to collect data. All information is strictly confidential, with the main focus being on the diagnosis and treatment of the cancer. Identifying information is essential in that we are looking at the roles that family history may play along with factors that may be related to sex, race, age, demographics, etc.

Once this data is submitted to our office, the cases are edited for accuracy and completeness. Many data items are checked in the editing process, the most important being the primary site and histology of the cancer. The cancer data and all treatment given to the patient are coded using schemes that are accepted nationwide. This assures that our studies and statistics will be compatible with other regions.

The Acadiana Tumor Registry, in turn, submits these cases to the Louisiana Tumor Registry, a division of the Department of Health and Hospitals, Office of Public Health. This state agency is responsible for compiling all the information from our regional registry along with the data from the other regional registries in the state. The Louisiana Tumor Registry can then perform statistical studies along the same lines as the Acadiana Tumor Registry, just on a much broader scale.
CONGRATULATIONS! CONGRATULATIONS!

Pictured above from left to right: (Standing) Michelle Crouch, Rhonda Delaney, (Sitting) Christine Millett, Elaine Vondenstein

Congratulations to Christine Millet who has been appointed as the new Acadiana Tumor Registry Assistant Director. She has recently graduated from USL with a degree in Medical Records. While in her Senior year, Christine attended the Florida Tumor Registrars Association Conference in Florida to help her prepare for the position she was about to fill. She also interned at Parkland Hospital in Dallas, Texas, for one month. As you can see, Christine was a very busy college student!

Congratulations is also due Rhonda Delaney and Elaine Vondenstein who have been promoted to full-time Registry employees. Rhonda and Elaine recently graduated from USL also. The combination of these three valuable people has helped Michelle Crouch, the Acadiana Tumor Registry Director, better organize the registry to where they are able to keep up with the ever increasing work load.

LUNG CANCER — 1990

by Dr. John Rainey

Lung cancer is responsible for more deaths than any other form of cancer in the United States. Almost one third of the cancer deaths are from cancer of the lung. This means that 142,000 people will die from this disease nationwide in 1990; 2700 of which will be from Louisiana, and approximately 315 will be from Acadiana. Prior to 1985, deaths in women from breast cancer exceeded those of lung cancer. Since then, total deaths and the rate of increase in lung cancer has continued to rise in women and shows no sign of slowing down. In men, it appears that the incidence has peaked and may be slowing down.

The increasing number of deaths from lung cancer is related not only to the increasing incidence of the disease but also to the low cure rate. Most patients have advanced disease at the time of diagnosis. Based on present statistics, the probability at birth of eventual death from lung cancer is eight percent in males and four percent in females.
Cigarette smoking is strongly associated with lung cancer. In most cancer registries, 90-95 percent of the patients with lung cancer were cigarette smokers. It has also been shown that smoking marijuana poses an even greater risk. Other factors which increase the risk of lung cancer include asbestos, ionizing radiation, mustard gas, arsenic, nickel, chromates, and certain petrochemicals. Exposure to sidestream smoke increases the risk in non-smokers. Radon exposure increases the risk in smokers. The risk of lung cancer has also been correlated with deficiencies of certain micronutrients such as beta-carotene, Vitamins A and E, and selenium. There are studies in progress evaluating dietary manipulation in preventing lung cancer.

Unquestionably the number one deterrent to lung cancer is to not smoke. Cessation of smoking lowers the risk of developing cancer but it takes fifteen years to approach the levels of non-smokers. Even if all cigarette smoking were to cease in 1990, at least one million more deaths from lung cancer would occur in the United States by the year 2000.

Lung cancer can be divided into two broad categories, small cell lung cancer and non-small cell lung cancer. This distinction is based on how the malignant cells look under the microscope and is useful because the rapidity of growth and long term prognosis are different in these two categories. Non-small cell lung cancer can be further divided into three sub-categories; squamous cell carcinoma, adenocarcinoma, and large cell carcinoma. Treatment is based on the type and stage of the cancer at the time of diagnosis. Surgery if feasible is preferred in non-small cell carcinoma. Radiation therapy and chemotherapy are used increasingly earlier in the course of the disease in an attempt to shrink the cancer and possibly make it operable. Small cell carcinoma is primarily treated with chemotherapy and radiotherapy. In selected cases, surgery might also be used.

Despite advances in the availability and types of treatment, the overall survival has changed little in the past 20 years. The 5-year relative survival rate is only 13 percent in all patients, regardless of the stage at diagnosis. In patients with localized disease, the rate is 36 percent, but only 21 percent of the lung cancers are discovered early.

Symptoms of lung cancer often don’t appear until late in the course of the disease, and thus early detection is usually not possible. Symptoms such as an unremitting cough, bloody sputum, increasing shortness of breath, chest pain, or a non-resolving pneumonia suggest the possibility of lung cancer. Chest x-ray, examination of the sputum for malignant cells, and bronchoscopy are the primary methods for diagnosis.

What can be done to decrease the rate of lung cancer? If you smoke, QUIT, and encourage those around you to do the same.
DONATION CARD

I would like to support the Cancer and Infectious Disease research conducted by the Acadiana Medical Research Foundation by:

_____ Making a tax deductible contribution in the amount of _____________.
_____ Becoming a volunteer to assist with some of the Foundations’ projects.

Name ___________________________ Phone ___________________________
Address ___________________________ Home ___________________________

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Please send acknowledgement to Donor Information

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