



2013 ^{3rd quarter} NEWSLETTER

Alabama Cancer Registrars Association 2012-2013 Officers and Committee Chairs

President-Lou Ellen Marchman

President Elect-Joanne Powers

Vice President-Paula Wyatt

Secretary-Wendy Richardson

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Treasurer-Elect-Kelly Evers

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Education-Pamela Tillman

Bylaws-Judy Smith

Ways & Means-Joanne Powers

Membership-Connie Jensen

Donation-Priscilla Foster

Nominating-Sheila Grant

Ballot-Joan Baucom

Website-Shantel Dailey

Greeting from Lou Ellen Marchman, ACRA President 2012-13

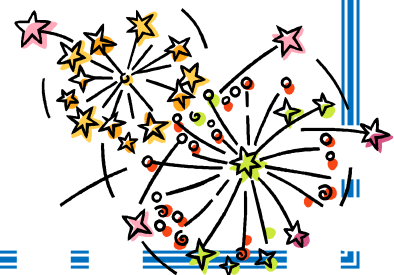
I look forward to seeing everyone at our 34th Annual Educational Conference, September 26 and 27th in Daphne, AL. This year's conference is titled **"Taming the Jungle of Data."** NCRA's Program Recognition Committee has approved our conference for 9 CE hours.

The conference registration form and other conference related information are included in this newsletter. Please take time to check everything out.

Diane Hadley recently stepped down as ballot committee chairman due to other commitments. I am going to miss having Diane on the board. She has been great to work with.

Thankfully, I was able to find a new chairman and committee to assist her. Joan Baucom from St. Vincent's has agreed to be the new chairman. All of the registry staff members at St. Vincent's were quick to say they would help. I really appreciate their quick response and willingness to help.

I hope to see you all in September!





New release! CTR Exam Online Practice Test

<http://www.cancerregistryeducation.org/>



CTR Certification Examination

FALL TESTING WINDOW

September 7 – 21, 2013

Application Due: July 31, 2013

FYI



**The NCRA Program Recognition Committee has determined
“Alabama Cancer Registrar's Association 34th Annual
Educational Conference” program supports 9 CE hours.**

ASCR has updated the website to include valuable abstracting information. In the training section of the webpage, a link to the Florida Cancer Data System Training Page has been added. This will enable abstractors to test their abstracting knowledge through an online database established by the Florida Cancer Registry. It requires you to set up a log in and abstracting tests are available among other training opportunities

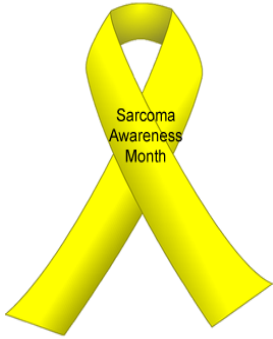
Reminder: 2012 Close-out letters will be going out soon to all hospitals. Please get all 2012 cases to the ASCR as soon as possible.

The NAACCR Webinar schedule has been updated for the 2013-2014 series and also available in the training section of the website. Following each webinar a short test will be given that awards a 3 hour CEU certificate. The Hospital Resources and Non-Hospital resources have been updated with a NAACCR recommended abbreviation listing and text documenting tips to assist in your day to day activities.

These resources can be accessed through our website, <http://www.adph.org/ascr/>.

Soft Tissue Sarcoma

What is a soft tissue sarcoma?



A sarcoma is a type of cancer that develops from certain tissues, like bone or muscle. There are 2 main types of sarcoma: bone sarcomas and soft tissue sarcomas. Soft tissue sarcomas can develop from soft tissues like fat, muscle, nerves, fibrous tissues, blood vessels, or deep skin tissues. They can be found in any part of the body. Most of them develop in the arms or legs. They can also be found in the trunk, head and neck area, internal organs, and the area in back of the abdominal cavity (known as the *retro-peritoneum*). Sarcomas are not common tumors, and most cancers are the type of tumors called *carcinomas*.

What are the key statistics about soft tissue sarcomas?

The American Cancer society's for soft tissue sarcomas in the United States for 2013 are (these statistics include both adults and children):

- About 11,410 new soft tissue sarcomas will be diagnosed (6,290 cases in males and 5,120 cases in females).
- 4,390 Americans (2,500 males and 1,890 females) are expected to die of soft tissue sarcomas.

The most common types of sarcoma in adults are malignant fibrous histiocytoma, liposarcoma, and leiomyosarcoma. Certain types are more common in certain areas of the body than others. For example, leiomyosarcomas are the most common abdominal sarcoma, while liposarcomas and malignant fibrous histiocytomas are most common in legs. But pathologists (doctors who specialize in diagnosing cancers by how they look under the microscope), may not always agree on the exact type of sarcoma. Sarcomas of uncertain type are very common.

What are the risk factors for soft tissue sarcomas?

Different cancers have different risk factors. For example, unprotected exposure to strong sunlight is a risk factor for skin cancer. Smoking is a risk factor for cancers of the lung, and many other cancers. But risk factors don't tell us everything. Having a risk factor, or even several, doesn't mean that you will get the cancer. Also, many people get cancer without having a risk factor.

Scientists have found a few risk factors that make a person more likely to develop soft tissue sarcomas.

Radiation exposure

Patients might develop sarcomas from radiation given to treat other cancers, like breast cancer or lymphoma. The sarcoma often starts in the area of the body that had been treated with radiation. The average time between radiation exposure and diagnosis of a sarcoma is about 10 years. Radiation exposure accounts for less than 5% of sarcomas.

Signs and symptoms of soft tissue sarcomas

When sarcomas start on the arms or legs, most people simply notice a lump that has grown over a period of time (weeks to months). It can be painful, but generally, it doesn't hurt. More than half of sarcomas begin in an arm or leg.

When sarcomas grow in the retroperitoneum (the back wall inside the abdomen), the symptoms they cause more often come from other problems. Sometimes the tumors cause pain. They may also cause blockage or bleeding of the stomach or bowels. They may grow large enough for the tumor to be felt in the abdomen. About 20% of sarcomas begin in the abdomen (stomach) area.

Sarcomas can also begin on the outside of the chest or abdomen (about 10%) or in the head or neck area (around 10%).

If you have any of the following problems, see a doctor right away:

- A new lump or a lump that is growing anywhere on your body
- Abdominal pain that is getting worse
- Blood in your stool or vomit
- Black, tarry stools (when bleeding happens in the stomach or bowels, the blood can turn black as it is digested, and it may make the stool look very black and tarry)

Since symptoms of soft tissue sarcomas often do not appear until the disease is advanced, only about 50% of soft tissue sarcomas are found in the early stages, before they have spread.



How are soft tissue sarcomas staged?

In sarcoma staging, doctors also evaluate the appearance of the tumor under the microscope and judge how fast the cancer seems to be growing. The stage of a sarcoma is the most significant factor in determining each patient's prognosis (the course of the disease and the chances of survival) and in selecting treatment options.

The information needed to stage sarcomas includes biopsies, imaging tests of the main tumor (usually with CT or MRI scans), and imaging tests of other parts of the body where the cancer may have spread.

Survival by stage of soft tissue sarcoma

Some patients with cancer may want to know the survival statistics for people in similar situations, while others may not find the numbers helpful, or may even not want to know them.

The 5-year survival rate (or *observed* survival rate) refers to the percentage of patients who live at least 5 years after their cancer is diagnosed. Of course, many people live much longer than 5 years (and many are cured).

Five-year *relative* survival rates assume that some people will die of other causes and compare the observed survival with that expected for people without the cancer. This is a better way to see the effect of the cancer on survival.

Survival rates are often based on previous outcomes of large numbers of people who had the disease, but they cannot predict what will happen in any individual's case. Many other factors might affect a person's outlook, like the type of sarcoma, the location of the tumor, and the age of the patient. For example, sarcomas of the arms or legs have a better outcome than those found in other places. Also, older patients tend to have worse outcomes than younger people. The overall relative 5-year survival rate of people with soft tissue sarcomas is around 50% according to statistics from the National Cancer Institute (NCI). These statistics include people with Kaposi sarcoma, which has a poorer outlook than many sarcomas. The NCI doesn't use the AJCC staging system. Instead, they group sarcomas only by whether they are still confined to the primary site (called *localized*) have spread to nearby lymph nodes or tissues (called *regional*); or have spread (metastasized) to sites away from the main tumor (called *distant*). The corresponding 5-year relative survival rates were:

- 83% for localized sarcomas (56% of soft tissue sarcomas were localized when they were diagnosed)
- 54% for regional stage sarcomas; (19% were in this stage)
- 16% for sarcomas with distant spread (16% were in this stage)

The 10-year relative survival rate is only slightly worse for these stages, meaning that most people who survive 5 years are probably cured.

For sarcomas of the arms and legs, Memorial Sloan-Kettering Cancer Center has survival rates broken down by AJCC stage (these are for observed, not relative survival):

Stage	5-year observed survival rate	
I	90%	
II	81%	
III	56%	
IV	Not available	

Survival is worse when the sarcoma has developed somewhere other than the arms or legs. For example, the 5-year survival for retroperitoneal sarcomas is around 40% to 60%.

The 5-year survival rates for soft tissue sarcomas have not changed much for many years.

How is soft tissue sarcomas treated?

This information represents the views of the doctors and nurses serving on the American Cancer Society's Cancer Information Database Editorial Board. These views are based on their interpretation of studies published in medical journals, as well as their own professional experience.

The treatment information in this document is not official policy of the Society and is not intended as medical advice to replace the expertise and judgment of a cancer care team.

General treatment information

After a sarcoma is found and staged, the cancer care team will recommend one or several treatment options. This is an important decision, so take time and think about all of the choices. In choosing a treatment plan, factors to consider include the type, location, and stage of the cancer, as well as your overall physical health.

The main types of treatment for soft tissue sarcoma are:

- Surgery
- Radiation
- Chemotherapy
- Targeted therapy

More treatment information for soft tissue sarcomas

For more details on treatment options— including some that may not be addressed in this document— the National Comprehensive Cancer Network (NCCN) and the National Cancer Institute (NCI) are good sources of information.



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This information was provided by the American Cancer Society official website. The following the link below for more information regarding soft tissue sarcomas.

<http://www.cancer.org/cancer/sarcoma-adultsofttissuecancer/detailedguide/sarcoma-adult-soft-tissue-cancer-treating-more-info>



"Taming the Jungle of Data"
ACRA's 34th ANNUAL EDUCATIONAL CONFERENCE
Thursday and Friday, September 26 and 27, 2013

REGISTRATION FORM

REGISTRANT INFORMATION:

(Please print clearly)

Don't forget!

Name and Credentials: _____

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Please check one of the following:

☐ Member

☐ Non-member

☐ Interested in Membership

CONFERENCE FEES (Make Checks Payable to ACRA):

Register early and save \$15.00 by submitting your form and payment by 8-31-13

Early Bird Registration (must be postmarked by 8-31-13 no exceptions)

Full Meeting (2 days) – Members	\$85.00
Full Meeting (2 days) – Nonmembers, Physicians and Nurses	\$135.00
One Day-Member	\$60.00
One Day-Nonmember	\$85.00
Students	\$30.00

Registration beginning September 1, 2013

Full Meeting – Member	\$100.00
Full Meeting – Nonmember	\$150.00
One Day –Member	\$75.00
One Day – Nonmember	\$100.00
Students	\$30.00

REGISTRATION DEADLINE FRIDAY, SEPTEMBER 12, 2013

MAIL REGISTRATION FORM AND PAYMENT TO:

Belinda Limbaugh
1200 Thrasher Dr
Hueytown, AL 35023
belinda.limbaugh@bhsala.com

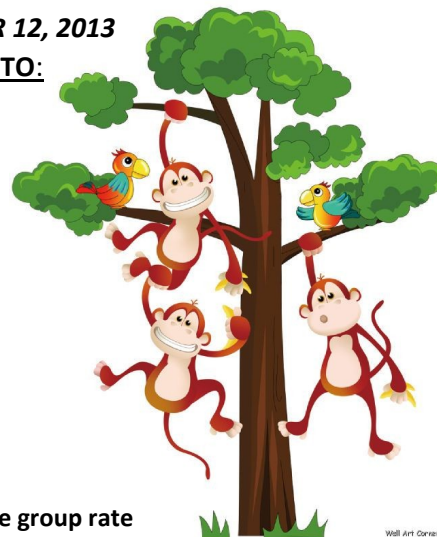
Conference Location and Host Hotel:

Hilton Garden Inn Mobile East Bay/Daphne
29546 North Main Street
Daphne, AL 36526
(251) 625-0020
Rooms are \$109 per night

www.hgidaphne.com

Group Code – ALC

Reservations must be made by August 28, 2013 to ensure group rate



Wall Art Corner

Going Bananas with a Buzzing Great Raffle



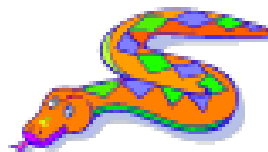
Hop Into the Great Opportunity of Providing
Items for our Yearly Raffle

It's a great opportunity for our association to **net**
money, which will make us



Roar with excitement but we can't do it without you.

Raffle items do not necessarily need to be a basket; any
item can be used which will make everyone **hiss** with
anticipation.



Be creative and provide 1 or more items so we
can have another successful raffle.



Contact Joanna Banana if you are interested—jpowers@flowershospital.com

ways and Means

ALABAMA CANCER REGISTRAR ASSOCIATION

Going Bananas with a Buzzing Great Raffle In 2013



What: Our annual drawing to win fantastic items will be taking place again this year. However, we need your help by donating these great items. This year we are doing things different. Your donations do not have to be just a basket; just 1 item is acceptable. It's up to you.

Drawing: September 27, 2013 (at our annual fall meeting)

Where: Mobile, Alabama

Please complete this form and return it to Joanne Powers at
jpowers@flowershospital.com or by fax at 334-615-7289 or just send Joanne
an e-mail with your donation information.

Hospital/Individual Name _____

Contact Name _____

Contact Phone Number _____

Type of Basket/Item(s) _____

Thank you!!!

Joanna "Banana" Powers-2012/2013 Ways and Means Committee

Nominations

What's missing from this puzzle?

You, a ACRA member
with a particular set of skills like no other waiting to be
exposed!



2013-2014 ACRA NOMINATIONS IS COMING SOON!

If you have someone in mind to complete the puzzle, contact Sheila Grant,
(205)837-2936 or msdelawn@yahoo.com by July 31st, 2013.

**Separate email will be sent and will include a list of
responsibilities as well as a spot to list your nominations to
send back to the committee!!**

Donations

Donations Committee Needs Your Help

Hello ACRA membership;

We are working on getting donations from various organizations and vendors. We also need your help in securing donations for our fall meeting. We ask that you would ask your hospitals to help us by securing donations that they may have for the goodie bags for ACRA's fall meeting. Once you have the donations could you contact committee chair Priscilla Foster at (pawfoster@bellsouth.net). This will give the committee a count of what we will have for the bags.

If you are planning to attend the meeting and are staying in the hotel, would you please bring the donations with you so we can add your donations to the bags the night prior to the meeting? If you do not plan to attend the fall meeting but have secured donations please email Priscilla Foster pawfoster@bellsouth.net, so she can arrange to obtain the donations prior to the meeting. Thank you in advance for your help.



Happy Birthday!



July

8-Shirley Williams
19-Barbara Roberts
and Xuejun Shen
23- Carol Kennemur
28-Shri Merriweather



August

2-Jacqueline Miles
8-Lelia Edwards
9-Joyce Thompson
12-Kathy Hawkins
17-Barbara Yarber
27-Connie Jensen



September

15-Joan Baucom
19-Tracy Flanagan
22-Cindy Johnson
28-Cynthia Dixon



October

2-Mark Jackson
3-Chammie Katz
5-Patricia Jamieson
9-Lou Ellen Marchman
10- Teisha Robertson
17-Jennifer Ballard
23-Sherry Attaway

