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| March 30, 2025 Volume 1 |
| ACRA NEWS |
| THE OFFICIAL NEWSLETTER FOR ALABAMA CANCER REGISTRARS’ ASSOCIATION |

***From Our President***

Howdy Partners!

We are partners, right?  Thank you all for taking the time to participate in the 2025 ACRA Survey! We had a tremendous turnout!  Bonnie and I presented your thoughts to the Board.  We heard you! The results will be in the next newsletter. The **Southeast Region** had the biggest turnout of participants. We will have something special for you at the annual meeting so don’t miss it!

We want a successful association that you will be proud of and brag about.  It takes everyone’s involvement. This is what we need from you to make this a successful year...

* Response to emails even if it's…A comment...Got it... Received… or Hey!
* Volunteer: We are all busy and probably stressed trying to keep Registries current, retaining new information and keeping our health and home front in order.  I GET IT!  We still need you; I need you too! Step in and offer assistance to the Board.
  + NCRW week is coming soon.  The Board and I wanted to gather members from different regions to meet and renew colleague relationships and hopefully build new ones.  I asked for volunteers...I received 4 of which 3 were pretty much in the same region.  We can't make this a dynamic organization without you.

As time goes on, more and more Seasoned ODS-C are retiring, and we need to grow our profession.  We need ODS-C Superheroes to put on their capes and go into the community and spread the word.  Educate high school Counselors and Principals about our profession. Visit junior colleges on career days and provide handouts to students and let them know what it takes to become ODS-C.  Recruit, recruit, recruit!

We are a unique set of professionals, who, like no other, care about the information we read, input and relay to our Hospital Administrator, ASCR, NAACR, CDC, and Research and Pharmaceutical Companies.  Do you realize we indirectly make money for our facilities?  I know you probably haven’t thought about it but ask your managers.  There are a lot of checks and balances behind the scenes that administrators need our information to grow the hospital.  Cancer is not going away. Let’s work together to become more visible and get the right information out there.  Trust me...I'm working on it too!

Let's work together, meet online and talk about subjects that matter.  The subjects may not always be category “A” worthy, but it may be something you need to keep you inspired to be an Oncology Data Specialist-Certified. Help us to help you!!!

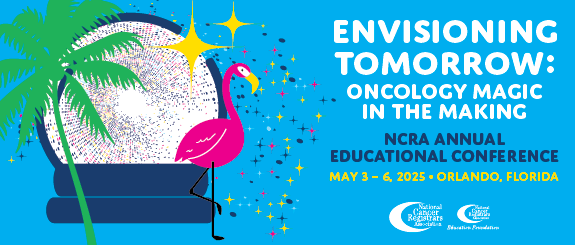
In Kind Regards,

Your ACRA President Sheila Grant

ATTENTION!

Remember NCRA Annual Educational Meet and make your reservations A.S.A.P.





<https://www.ncra-usa.org/Conference/2025-NCRA-Annual-Conference/2025-Online-Registration>

**Headquarters Hotel   
Renaissance Orlando at SeaWorld®**  
6677 Sea Harbor Drive   
Orlando, Florida, 32821

The Renaissance Orlando at SeaWorld® resort is within walking distance of SeaWorld®, and all of Orlando's most celebrated attractions are just a quick shuttle ride away. Be captivated by the hotel’s soaring atrium, enjoy the light-filled comforts of the guest rooms and suites, and savor the fine cuisine and artistic cocktails available at the on-site restaurants and bars.

**Make Hotel Reservations   
Reserve Online:**[**www.ncra-usa.org/Hotel**](https://www.ncra-usa.org/Hotel)**; Mention NCRA Conference; Phone: 1-800-380-7917**  
Rate: $240 (single/double)  
Deadline: NCRA Rate is available on a first come-first served basis until sold out or April 1, 2025, whichever comes first.

The rate includes the following amenities:

* Daily Scheduled Shuttle Service to: Magic Kingdom, Hollywood Studios, Epcot, Animal Kingdom, Disney Springs, Universal Studios
* Daily Enhanced Wireless Internet in Guest Room
* One Time Welcome Resort Beverage, two coupons per room, per stay (to include a selection of spirits, wine, beer or soft drinks)
* Daily Basic Wireless Internet in Convention & Meeting Space

**Travel and Transportation**

The Orlando International Airport (MCO) is the main airport servicing Orlando and is only 13 miles to the conference hotel, making transportation to and from the conference hotel quick and inexpensive. Ride share, taxi and reserved shuttles are all conveniently available. MCO is a world-class global connector, serving more than 57 million annual passengers across its three terminals.

**Southwest Airlines Promotion**  
Eligible travelers attending the conference can take advantage of discounted fares on tickets booked at [www.swabiz.com](https://www.swabiz.com/) for travel dates between April 30, 2025-May 9,2025, to/ from Orlando. Use Company ID: 99263581 to redeem discount.

**Plans are underway for the 46th annual Educational Conference of the Alabama Cancer Registrars Association**

Your ACRA Board members are working on the Meeting Agenda and Speakers. More information will be forthcoming as we complete plans for the conference.

When? Thursday and Friday, Oct. 2-3, 2025

Where? Montgomery, AL

**American Cancer Society**

**Cancer Facts & Figures 2025**

Breast Cancer

**Breast New cases and deaths**: In the US in 2025, there will be an estimated 316,950 new cases of invasive breast cancer diagnosed in women and 2,800 cases in men, with an additional 59,080 cases of ductal carcinoma in situ (DCIS) diagnosed in women (Table 1; Figure 3). An estimated 42,680 breast cancer deaths (42,170 in women, 510 in men) will occur in 2025. Incidence trends: Invasive female breast cancer incidence has been increasing since the mid-2000s; from 2012 to 2021, the rate increased by 1% per year overall; 1.4% per year in women younger than 50 years; and by 0.7% per year in those 50 and older. The rising trend is at least in part attributed to changing risk factors, such as increased excess body weight, later age at first birth, and decreased number of childbirths. For more information on incidence trends, see Breast Cancer Statistics 2024. Mortality trends: The female breast cancer death rate peaked in 1989 and has declined by 44% as of 2022 because of improved treatment and earlier detection through screening mammography and increased awareness, translating to approximately 517,900 fewer breast cancer deaths than would have been expected if mortality had remained at its peak. However, progress could be accelerated by eliminating racial disparities in early detection and treatment; for example, the death rate has remained unchanged over these 3 decades in American Indian and Alaska Native women and is 38% higher in Black women than in White women, despite lower incidence. Risk factors: Increasing age and being born female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include having excess body weight or gaining weight during adulthood (postmenopausal breast cancer only); drinking alcohol; and being physically inactive. Breastfeeding for at least one year decreases risk. Nonmodifiable factors that increase risk include a personal or family history of breast cancer, especially related to inherited genetic mutations in breast cancer susceptibility genes (e.g., BRCA1 or BRCA2). BRCA1 or BRCA2 mutations are most common among people with a strong family history of breast, ovarian, and/or some other cancers. Additional medical-related risk factors include certain benign breast conditions (e.g., atypical hyperplasia), a history of DCIS or lobular carcinoma in situ (LCIS), high breast tissue density (the amount of glandular and connective tissue relative to fatty tissue measured on a mammogram), and high-dose radiation to the chest before age 30 (e.g., for treatment of lymphoma). Reproductive and hormonal factors that increase risk include using menopausal hormone therapy (combined estrogen and progestin), previously referred to as hormone replacement therapy (HRT); a long menstrual history (menstrual periods that start early and/or end late in life); not having children or having a first child after age 30; high natural levels of estrogen or testosterone; and recent use of hormonal contraceptives. Prevention: In addition to reducing risk through previously mentioned lifestyle choices, some women at high risk because of a strong family history or inherited genetic mutations may consider medicines (e.g., tamoxifen) or surgery (prophylactic mastectomy, or removal of the breasts). Women taking tamoxifen should be made aware of a small increased risk of blood clots and uterine cancer and report any abnormal vaginal bleeding, discharge, or spotting to their clinician immediately. Early detection: Early diagnosis reduces the risk of death from breast cancer and increases treatment options. Mammography is a low-dose x-ray procedure used to detect breast cancer before it becomes symptomatic and is most effective when done regularly. However, like all screening tests, it is not perfect. Mammography can sometimes miss cancer (a false negative result) or appear abnormal in the absence of cancer (a false-positive result); about 12% of women who are screened have results that require further evaluation, but only 5% of women with an abnormal mammogram have cancer. Other potential harms of screening include detection and treatment of breast cancers and in situ lesions (e.g., DCIS) that would not have progressed or caused harm over the woman’s lifetime (i.e., overdiagnosis resulting in overtreatment). Although radiation exposure from mammograms is cumulative over time, it does not meaningfully increase breast cancer risk or outweigh the benefits of screening. For the American Cancer Society breast cancer screening guidelines, see page 44 and cancer.org/ health-care-professionals/american-cancer-society-preventionearly-detection-guidelines/breast-cancer-screening-guidelines. Signs and symptoms: The most common signs/ symptoms of breast cancer are a lump or mass in the breast; other persistent changes to the breast, including swelling or skin redness or thickening; and nipple abnormalities, such as spontaneous discharge (especially if bloody), scaliness, or retraction (drawing back within itself). Treatment: There are two general types of treatment for breast cancer – local therapy (surgical and radiation treatments to the breast and/or nearby lymph nodes and chest) and systemic therapy (such as hormone therapy, chemotherapy, immunotherapy, and targeted therapy). Treatment to the breast usually involves either breast-conserving surgery (surgical removal of the tumor and a rim of surrounding normal tissue) combined with radiation or mastectomy (surgical removal of the entire breast). One or more underarm lymph nodes are usually removed and evaluated to determine whether the tumor has spread beyond the breast. For early-stage breast cancer (no spread to the skin, chest wall, or distant organs), breast-conserving surgery plus radiation therapy results in long-term survival that is equivalent to mastectomy. Patients undergoing mastectomy may also need radiation if the tumor is large or there is lymph node involvement. Women undergoing mastectomy who elect breast reconstruction have several options, including the type of tissue or implant used to restore breast shape. Reconstruction may be performed at the time of mastectomy or later, but often requires more than one surgery. Depending on cancer stage, subtype, and sometimes other test results, such as tumor gene expression profiling (e.g., Oncotype DX), treatment may also involve chemotherapy (before and/or after surgery), hormone (anti-estrogen) therapy, targeted therapy, and/or immunotherapy (e.g., immune checkpoint inhibitors). Survival: The 5- and 10-year relative survival rates are 91% and 86%, respectively, for invasive breast cancer, mostly because two-thirds of women are diagnosed with localized-stage disease. Five-year survival ranges from 84% in Black women to 93% in White women, partly because Black women are least likely to be diagnosed with localized-stage disease and most likely to be diagnosed with aggressive breast cancer subtypes; however, Black women have the lowest survival for every subtype and stage, except localized stage. **See Breast Cancer Facts & Figures at cancer.org/statistics for more information on breast cancer.**

**SOLID TUMOR RULES UPDATE**

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| The updated Solid Tumor Rules may be accessed at: [https://seer.cancer.gov/tools/solidtumor/](https://seer.cancer.gov/tools/solidtumor/?fbclid=IwAR2I5TR3Smgi9oAaY_WAdilwwK--O_SHtKZJHewWOwan9fIMGRwVxJT19zA) |

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* The purpose of the Solid Tumor Rules is to determine the number of primaries to abstract and the histology to code. **The most recent Solid Tumor Rules update should be used as soon as it is released** and can be applied to 2018+ cases (see General Instructions for start years for each Site Group). If a specific code or instruction has an effective year later than 2018, it will be noted in the text.
* The Solid Tumor Rules are revised annually to reflect new terminology, ICD-O codes, and other changes to keep in step with current clinical practice. It is important to review the current change log as it will provide helpful information on changes made to the annual update.
* Beginning with the 2025 Solid Tumor Update, the rules will be available in a combined file only. Individual site-specific sections will no longer be provided.
* [**Download the Solid Tumor Rules 2025 Update**](https://seer.cancer.gov/tools/solidtumor/current/STM_Combined.pdf)**(PDF, 7.9 MB)** (December 9, 2024)

## Revision History

* See change log for updates made in [November 2024](https://seer.cancer.gov/tools/solidtumor/revisions.html). Please see the [Revision Archive](https://seer.cancer.gov/tools/solidtumor/revisions-dec2023.html) for earlier changes.

## Histology Coding Clarifications

* On occasion, data collection requirements of AJCC and NCI SEER have resulted in conflicting cancer coding instructions for cancer registrars. For more information and specific instructions about reviewing cases already coded, please visit the [Histology Coding Clarifications](https://seer.cancer.gov/tools/solidtumor/clarifications.html) page.

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AI-generated content may be incorrect.  
If anyone has experience with websites who would be willing to assist with the Alabama Cancer Registrars Association website, we could use some help in updating it and ensuring our newsletters, registration forms, etc. are uploaded in a timely manner. If you have experience in this area and would like to volunteer your time, please contact me or one of our Boad members as soon as possible.