



**Cancer research is  
changing the way  
Louisiana looks at  
the future.**

LOUISIANA CANCER RESEARCH CONSORTIUM  
2008 ANNUAL REPORT



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# Louisiana Cancer Research Consortium 2008 Annual Report

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**LCRC has invested \$2,672,579 in Bridge, Competitive Advantage, Seed, and Post doctoral Support Funds generating \$19,968,247 in grants.**

**A 737% return on investment.**

## The State's cancer investment is yielding high returns

**T**he Louisiana Cancer Research Consortium (LCRC) was created with the goal of combining the strengths of the state's two leading academic medical institutions, Louisiana State University Health Sciences Center and Tulane University School of Medicine, to develop a cancer center that would build successful programs in cancer prevention and control, cultivate state-of-the-art basic research and treatment options, and create cancer educational programs for the citizens of Louisiana. These goals need to be achieved in the context of careful investment of LCRC funds with the objective of obtaining a larger return that supports program growth and creates new and permanent jobs for Louisiana.

In 2008, the major achievements occurred through the simultaneous growth and focusing of our programs. This was the result of aggressive recruitment of new faculty, judicious investment in key programs, as well as establishment and growth of partnerships. The results shown in this report are tangible, measurable and successful outcomes of the efforts of the LCRC investigators and the supporters of this endeavor.

### State Appropriations Hard at Work – Yielding High Return on Investment

Increasing our funding for cancer programs through the peer-reviewed federal agencies is a hallmark of any successful cancer center in the United States. However, in today's difficult economic times, funding from these agencies is only provided to mature research programs that are likely to yield important advances in the fight against cancer.

At the LCRC we have established a careful plan for investing moneys in the most promising research programs. Our investigators compete for these funds through the LCRC internal grant program. If awarded, they are carefully followed by the program leaders and are required to present their advances on a regular basis. This has resulted in highly productive and competitive research projects that have been recognized with large federal grants, effectively increasing our capacity to develop projects that will benefit the citizens of Louisiana. In summary, the



Scientific Co-Directors  
Augusto Ochoa, M.D. (L)  
and Dr. Prescott  
Deining, Ph.D. (R)

*Our ultimate goal is to compete for the coveted designation by the National Cancer Institute as one of the premier cancer centers in the United States.*

LCRC has invested \$2,672,579 over the last five years, and as a result has received \$19,968,247 in new grant funding. This represents a 737% return on investment! Of these grants, 10 are from the National Institutes of Health, with eight of those directly from the National Cancer Institute.

Through recruitment of talented new faculty as well as modest investments in our existing faculty, we have increased our overall cancer research funding. In addition to the grants resulting from internal investment described above, the LCRC investigators have obtained an additional \$9 million in external, direct grant funds. This represents a total cancer research base of \$29 million annually.

Approximately \$25 million of the total \$29 million comes from peer-reviewed, NCI-recognized sources, like the National Institutes of Health, and an additional \$4 million from industry and other funding agencies. Prior to Hurricane Katrina, in 2004, the LCRC research base totaled \$21.5 million. Despite the many challenges of such a large-scale recovery, in 2008, three years post-Katrina, the research base has grown to \$29 million in direct funding dedicated to cancer research.

Our ultimate goal is to compete for the coveted designation by the National Cancer Institute (NCI) as one of the premier cancer centers in the United States. The continued growth in funding is critical for us to compete for this, the gold standard in cancer research and care.

#### **LCRC Spearheads Cancer Prevention and Control in Louisiana**

Cancer experts agree that the highest impact in eliminating cancer comes from the prevention of cancer or the early detection and treatment of the disease. This is achieved through regular examination by trained personnel and through the testing of samples of blood, urine or other biologic specimens. Members of the LCRC have led the way

for developing regional and statewide cancer screening programs in Louisiana.

The statewide screening programs for breast, cervical and colon cancer, led by LCRC researcher Donna Williams, M.S., M.P.H., from the School of Public Health at LSU, screened over 26,000 patients in 2008 at clinics throughout the state. Additional LCRC programs have provided screening and education on the prevention and early diagnosis of melanoma (the most aggressive form of skin cancer) to over 100 individuals and free PSA (prostate specific antigen) screening for prostate cancer to more than 170 men in New Orleans.

Furthermore, our investigators have helped re-establish screening facilities in the Medical Center of Louisiana at New Orleans (MCLNO). Through a federal grant obtained by LCRC researchers at LSU, we were able to purchase over \$1 million in upgraded digital mammography, ultrasound, and biopsy equipment, as well as gastro and colonoscopes for the new screening clinics at the MCLNO, where our physicians are again evaluating patients.

Although screening efforts are important in reducing the mortality of cancer, it is far superior to prevent the onset of cancer. The Tobacco-Free Living Program is a major endeavor funded by LCRC monies. Through it, legislators, medical personnel and the public at large have been educated on the ill effects of tobacco use and secondhand smoke. This has resulted in the passage of strong legislation that will in the long run decrease the deleterious effects of smoking in our population. In addition, LCRC investigators continue to aid in efforts to develop new and better anti-smoking campaigns as well as to implement free anti-smoking workshops for smokers. An expanded report on this program is contained later in this report.

CANCER RESEARCH HELPS THE LOUISIANA ECONOMY

**National Institutes of Health grant funding has a multiplier effect. In Louisiana every million dollars in research grants generates 21 new jobs.**

**LCRC's \$25M in NIH grants has added 525 new jobs to Louisiana.**

Multiplier effect source: Families USA Global Health Initiative using the Regional Input-Output modeling System developed by the US Department of Commerce Bureau of Economic Analysis

## Advances in Cancer Clinical Research and Clinical Cancer Activities

Clinical trials provide patients cutting-edge investigational treatment / prevention options that are not yet widely available but are often the precursors to tomorrow's standards of clinical cancer care. The LCRC clinical trials activity has significantly increased this past year. From January 1, 2008, through December 31, 2008, LCRC members placed a total of 520 patients on clinical trials. This represents a 400% increase in enrollment activity as compared to 2007. There are currently 108 clinical trials active under the LCRC and available to the patient population.

### **Minority Based – Community Clinical Oncology Program (MB-CCOP)**

For the past 15 years, LCRC oncologists provided access to cutting-edge clinical trials through the MB-CCOP, a program funded by the National Cancer Institute that allows physicians at member institutions to open national clinical trials for the treatment of their patients. There are only 13 MB-CCOP sites in the country. LCRC oncologists participated in this program at Charity Hospital and Baptist Memorial Hospital (then a Tenet Hospital), until Hurricane Katrina forced the closure of both

institutions, restricting options for patients and placing the MB-CCOP program in danger of being closed by the National Cancer Institute. However, through partnership with community physicians, this important cancer treatment program was not only maintained, but expanded throughout South Louisiana.

In the Fall of 2007, leaders of community oncology groups from South Louisiana, including Baton Rouge and Lafayette, met to discuss opportunities for partnerships. A program was proposed through which the clinical trials office at LSU would provide access to multiple clinical trials supported by the National Cancer Institute, as well as provide regulatory, data management, and nursing support.

The new MB-CCOP partners include Mary Bird Perkins Cancer Center, Baton Rouge General Hospital and Earl K. Long Medical Center in Baton Rouge; Lallie Kemp Medical Center in Independence, Louisiana; Children's Hospital and Hematology and Oncology Specialists in New Orleans; and the River Parishes Clinic (Sorrento Clinic). This resulted in a rapid expansion of NCI-approved clinical trials at these sites, with

an increase in patient accruals from less than 40 patients in 2006 to more than 170 patients in 2008.

The success of these partnerships provided the basis for the successful application for a five-year renewal of the MB-CCOP grant to the National Cancer Institute. Bobby Veith, M.D., a community oncologist, and Augusto Ochoa, M.D. one of the LCRC co-directors, teamed up as director and associate director, respectively, for the new MB-CCOP. The application was reviewed and was awarded a very high score for its innovative approaches to cancer clinical programs. If fully funded, this program would bring considerable funding to support the development of clinical programs in cancer. It is expected that the continued growth of this program will further expand the capabilities of our clinicians to provide access to cutting-edge clinical trials to the cancer patients of Louisiana.

### **Minority Accruals Highlight of Clinical Research Recovery for LCRC Partner**

The LCRC-supported Office of Clinical Research (OCR) located at Tulane provides our clinical research faculty with protocol management from concept through accrual and has made significant progress toward full recovery following Hurricane Katrina.

At the end of 2008, 38 clinical research trials covering 12 cancer sites were open to accrual. Fourteen of these were new studies opened in 2008. Twenty-one of the 38 trials were cooperative group studies, 11 were investigator-initiated studies, and 6 were pharmaceutical industry studies.

Of particular note, minority participation in these clinical research protocols is 42% of total patients accrued — a significantly higher rate than the national average.

### **LCRC Investigators Benefit from New Clinical Research “Partner”**

Clinical research faculty and trainees in health sciences at Tulane and Louisiana State universities now have a partner to assist in the development of innovative, investigator-initiated clinical trials. Barbara E. Kurth, Ph.D., new clinical research navigator, joined the team in 2008. She will assist trainees and junior faculty in pursuing investigator-initiated clinical research from conception to analysis and publication of data. She is also a critical resource to the established investigators who serve as mentors at both institutions. It is hoped that Kurth’s assistance will result in an increase in the number of investigator-initiated cancer clinical trials being spearheaded by LCRC faculty in the years to come.

The progress of the LCRC partner institutions in clinical research and patient care provides new cutting-edge treatment opportunities for cancer patients in South Louisiana and has strengthened the bonds between the community and the academic centers.

#### **CANCER RESEARCH HELPS PATIENTS**

**LCRC has 108 active clinical trials. Members placed a total of 520 patients on clinical trials this year.**

**In 2008 LCRC increased clinical trial enrollment by 400%.**

## **Prostate Cancer: The statistics are alarming:**

**Approximately one in every six men will develop prostate cancer in his lifetime.**

**3,640 new prostate cancer cases were diagnosed in Louisiana in 2007.**

**420 of Louisiana's fathers, brothers, and husbands died of the disease last year.**

**Prostate cancer is the second leading cause of death in men.**



## Teams of Excellence make LCRC a powerhouse in cancer research and treatment

**P**rostate cancer is a formidable opponent. But in 2008 the Louisiana Cancer Research Consortium focused intently on developing a collaborative, active and effective Prostate Cancer Program. Because the care of cancer patients is inherently multidisciplinary, the key to providing Louisiana's men with the best possible options is to involve a team of experts from all disciplines in the process.

Our Prostate Cancer Teams include widely recognized basic science researchers and clinicians who work closely together and focus solely on translating laboratory discoveries into cutting-edge clinical trials and possible new treatments for the disease.

### **Focused Recruitment Strengthens the LCRC's Prostate Cancer Team**

Recently, the LCRC recruited several distinguished basic science researchers who focus on prostate cancer. These researchers work closely with the cancer clinicians at their respective institutions as well as their basic research colleagues at LSU, Tulane and Xavier to translate laboratory discoveries into possible new therapeutic approaches to the disease.

**Haitao Zhang, Ph.D.**, an assistant professor of pathology, and **Yan Dong, Ph.D.**, an assistant professor of structural and cellular biology, work together to investigate selenium's effect on prostate cancer. Supplementation with selenium, an essential trace mineral, has been shown not only to reduce the incidence of prostate cancer by approximately 50%, but also to slow prostate cancer growth. The two scientists also believe it has the potential to be used for preventing or delaying prostate cancer relapse after androgen deprivation therapy, a common form of treatment for the disease.

**Wanguo Liu, Ph.D.**, associate professor of genetics, started his research career ten years ago, with an eye toward identifying and testing genes that are altered in prostate cancer, as these might be useful targets for diagnosis and treatment of the disease. Today, Dr. Liu studies how changes in the signaling pathways of prostate cancer cells, either through mutation or changes in gene expression, could lead to the development of cancerous tumors. His findings indicate that these aberrant signaling pathways represent ideal targets for therapeutic intervention in translational prostate cancer research.



Assistant professor of structural and cellular biology **Zongbing You, M.D., Ph.D.**, joined the LCRC from the University of California-Davis to study the role of the interleukin-17 family of cytokines, their receptors, and their molecular signaling pathways in prostate cancer formation and progression. He is also initiating research programs on inflammation and stem cells in prostate cancer.

**Nick Makridakis, Ph.D.**, an assistant professor of epidemiology, came from USC to work with genetic biomarkers for cancer. He has focused his research on understanding how random mutations in the human genome in conjunction with the environment produce prostate cancer. He hopes to find a way to use those mutations as a monitoring system for tumors.

**Jovanny Zabaleta, Ph.D.**, an assistant professor in pediatrics, joined the LCRC as leader of the new Illumina Genomics system. His work has helped researchers to better understand the effect of genes and the environment in the inflammation that precedes the development of prostate cancer in most patients, and he has identified genetic markers that indicate which individuals may develop more aggressive forms of the disease. He and his colleagues have been invited to present a major grant proposal to the Roswell Park Cancer Institute in Buffalo, NY.

These new prostate cancer recruits join an impressive team of veteran LCRC prostate cancer researchers.

**Shahriar Koochekpour, M.D., Ph.D.**, assistant professor of microbiology and immunology, discovered a new protein, Saposin C, which makes prostate cancers grow and become more aggressive. His discovery has resulted in two issued patents and multiple publications. His work with clinician **Sean Collins, M.D.**, is aimed at developing powerful new inhibitors for this unique protein to control the growth of advanced prostate cancer, which currently has few treatment options. Dr. Koochekpour's research has benefited greatly from the recently established LCRC Biorepository, as he was the first recipient of tumor samples.

**Diptasri Mandal, Ph.D.**, associate professor of genetics, focuses on genetic studies of complex human traits and diseases, especially cancers. She is collaborating with **Marilyn M. Li, M.D.**, assistant professor of pediatrics and director of the Clinical Cytogenetics Laboratory and Molecular Diagnosis Laboratory at the Hayward Genetics Center, on an LCRC seed grant exploring the possible genetic causes of familial prostate cancer.

**Joseph Su, Ph.D.**, an associate professor of public health, has led LCRC's participation in the multi-institutional Prostate Cancer Program (PCaP), which combines the efforts of scientists from the University of North Carolina and Roswell Park Cancer Center in understanding the multiple effects of race, genes and the environment on the development of prostate cancer.

**Asim Abdel-Mageed, D.V.M., Ph.D.**, an associate professor of urology, has enjoyed continuous funding from the American Cancer Society since 2001 in support of his research into the genetic basis for racial disparities in the incidence and severity of prostate cancer. His team re-

cently discovered that prostate cancer cells in African Americans overproduce two proteins involved in the relationship between hormones and the progression of the disease, a finding that could eventually lead to new clinical screening methods offering earlier detection of prostate cancer in at-risk populations.

This project has involved a multi-year collaboration with Shubha Ireland, Ph.D., department chair of biology, that has been funded by pilot programs from both a Department of Defense (DoD) Prostate Cancer Faculty Training grant and an NCI P20 planning grant developing research and education programs.

Dr. Abdel-Mageed recently received a \$556,000 Idea Development Award from the Department of Defense to explore the role of nuclear matrix proteins in the disparity of prostate cancer. He is also co-investigator with LCRC researcher **Debasis Mondal, Ph.D.**, assistant professor of pharmacology, on a second \$556,000 Idea Development Award evaluating the potential of adipose-tissue derived mesenchymal stem cells to act as anticancer gene delivery vehicles to bone-metastasized prostate cancers.

**Suresh Sikka, Ph.D.**, associate professor of urology, and the LCRC Prostate Cancer Team have been serving as mentors/collaborators for Gurdial Arora, Ph.D., department chair and professor of mathematics, to develop mathematical models of the differential expression of biomarkers for prostate cancer in African American men. This project is closely linked with Dr. Asim Abdel-Mageed's research program and is an example of the cross-discipline approaches developing among the multiple institutions in the LCRC.

The LCRC's Prostate Team also includes the drug discovery project of **Cheryl L. Stevens, Ph.D.**, chair of the department of chemistry. Her project, funded by a DoD Prostate Cancer Research grant, involves the

use of computer modeling and “virtual screening” to identify novel therapeutic leads that may bind and inhibit Her-2/neu. This project has developed pharmacophore and quantitative structure-activity relationship models of known quinazoline, pyrimidine, quinoline, and typhostin inhibitors of ErbB2 and then used these models to screen numerous databases containing hundreds of thousands of available drug-like compounds. The resulting hits are then sorted in a screening process that involves ligand-receptor “docking” simulations with a homology model of the ErbB2 protein to identify hits that are most likely to bind. She is currently refining her models and virtual screening process, while at the same time more than 20 hits are currently being tested for the ability to inhibit the proliferation of cancer cell lines regulated by Her-2/neu in the laboratory of LCRC member **Thomas Wiese, Ph.D.**

In 2008, Drs. Asim Abdel-Mageed, Suresh Sikka, Cheryl Stevens and Thomas Wiese, have served and/or continue to serve as LCRC mentors for six Xavier undergraduates supported by both the DoD Prostate Cancer Research Program and the NCI P20 Planning Grant. The fact that all of these students are working towards careers in cancer research is a testament of how these LCRC researchers provide important leadership and role models for the African American cancer researchers of tomorrow.

Drug formulation and delivery is a vital step in translating discoveries made by LCRC researchers in basic science laboratories into new treatments for cancer patients. **Tarun Mandal, Ph.D.**, endowed professor of pharmaceuticals, is working with his LCRC colleagues to develop new and innovative drug delivery techniques for cancer. One



Photo: Tulane University

technique that holds particular promise is called a nanoparticle, which can be engineered in a variety of ways to carry and deliver cancer drugs in a controlled and targeted manner. Depending on the targeted organ, these drugs can be delivered via oral, parenteral, or pulmonary routes. This approach is being used to develop targeted therapy for prostate cancer.

Joining forces with the talented basic scientists who are members of the LCRC's Prostate Cancer Team are several highly acclaimed prostate cancer clinicians.

**Oliver Sartor, M.D.**, the new Piltz Professor of Cancer Research in the Departments of Medicine and Urology at Tulane University School of Medicine, is a renowned expert in prostate cancer. After Hurricane Katrina he accepted a brief post at Dana-Farber Cancer Institute / Harvard Cancer Center in Boston, but returned to New Orleans and to the LCRC early in 2008. Dr. Sartor joins forces with **Raju Thomas, M.D.**, an accomplished urologic surgeon whose program was the first in the Gulf South to use the DaVinci™ robot to perform robotic radical prostatectomy in 2003. **Benjamin R. Lee, M.D.**, professor of urology, is a recent addition to this clinical prostate team. He came to New Orleans from New York's Albert Einstein School of Medicine and brings extensive experience in minimally invasive approaches to the surgical treatment of prostate cancer as well as other urologic diseases. Today, this team provides state-of-the-art treatment for prostate cancer and education to young trainees.

A clinical program in urological malignancies was also initiated with the recruitment of **Sean Collins, M.D.** Dr. Collins, a graduate of LSU, trained in minimally invasive urologic oncology (robotic surgery) at the prestigious Columbia University in New York. Dr. Collins and the chair of urology at LSU, **Christian Winters, M.D.**, have recruited an additional six urologic surgeons, including **Harold Fuselier, M.D.** former chair-

man of urology at Ochsner clinic, and have established a state-of-the-art robotic surgery program with the purchase of the latest DaVinci S Robotic System at East Jefferson Hospital, where they provide treatment to prostate cancer patients. Dr. Collins has also successfully established strong research partnerships with **Drs. Shahriar Koochekpour, Jovanny Zabaleta and Joseph Su.**

## LCRC clinicians and scientists establish a National Referral Site for neuroendocrine tumors

**T**hrough collaboration, LCRC basic and clinical researchers have established one of the nation's leading programs in the treatment of neuroendocrine tumors. Neuroendocrine tumors arise from specialized stem cells in the gastrointestinal tract and produce large amounts of hormones creating major problems for patients. They require the intervention of highly specialized teams of surgeons and oncologists. LCRC members, **Eugene Woltering, M.D.**, and **Lowell Anthony, M.D.**, lead a team of surgeons and clinicians at the Ochsner Kenner Hospital, which has become one of the nation's specialized referral centers for this type of malignancy. Patients from around the United States and the world seek their help in the treatment of neuroendocrine tumors. In collaboration with **David Coy, Ph.D.**, they have obtained 15 patents from the United States government and have developed (and are testing) two completely new drugs for this disease. This outstanding work has resulted in over 150 peer-reviewed publications and four funded grants.

The LCRC teams provide a world-class, cutting-edge, multi-disciplinary approach to prostate cancer and neuroendocrine tumors using

revolutionary basic science research, as well as state-of-the-art clinical and surgical care. We firmly believe that our team approach, with basic science researchers and clinicians working closely together, is the only way to better understand and clinically address the complexities of cancer. The basic research scientists help us to better understand the biology of the disease, and their discoveries will potentially translate from the laboratory to new clinical trials and options for patients in the clinical setting.

“These teams represent the beginning of a new era in Louisiana, when patients with prostate cancer or neuroendocrine malignancies do not need to travel out of town to seek the latest treatment options available. New Orleans is where you want to be,” said Prescott Deininger, Ph.D., interim director of the Tulane Cancer Center and co-director of the LCRC. “The LCRC partners offer the latest surgical equipment and techniques, innovative basic and clinical research, and the world's foremost experts in the biology, prevention and treatment of these diseases,” said Augusto Ochoa, M.D., director of the LSU Cancer Center and co-director of the LCRC.

*Our team approach is the only way to better understand and clinically address the complexities of cancer.*

## LCRC funding assists with cancer education / community outreach efforts

Community outreach and education is a major component of any Cancer Center's mission and vision. The LCRC funded several events in 2008 designed to educate the community and raise awareness about cancer, its causes and prevention, early detection, and treatment options. Several outreach efforts were also aimed at providing important psychological support to cancer patients, their family members, and their caregivers, both at home and in the clinic.

### **LCRC Invited Speaker Series:**

The LCRC funds a very successful Speaker Series through which national and international experts in various aspects of cancer research or cancer treatment are invited to present their work and interact with our investigators. The series is rotated through each of the partner universities, with seminars taking place on LSU, Tulane, and Xavier campuses. During the last year we had 39 invited speakers, including notables like Mona Fouad, M.D., M.P.H., director of the Minority Health and Research Center at the University of Alabama; William Stratford May, M.D., Ph.D., director of Shands Cancer Center at the University of Florida; and Milton Brown, M.D., Ph.D., director of the

Drug Discovery Program at Lombardi Comprehensive Cancer Center, Georgetown University. On average, 80-100 attendees are present at each seminar, with many more benefiting from interaction with these experts. The LCRC has made these presentations available to clinicians and researchers at other medical and academic institutions in New Orleans and Baton Rouge through live video-linkage. We are exploring the possibility of using the Louisiana Optical Network Initiative (LONI) lines, funded through EPSCoR, to facilitate access to these presentations to all higher education institutions in our state. Many of these guest speakers have become mentors to our young investigators, have established joint grants with our researchers and have overall become our ambassadors of good will with the funding agencies. We expect this to result in increased funding opportunities for our investigators. These important seminars also serve as continuing education opportunities to help our physicians and basic scientists to stay current with the latest medical advances and basic research approaches.

### **LCRC Student Internship Programs:**

Improving education in post-Karina New Orleans is vital to the rebirth

of the city. Providing unique, enriching educational opportunities for young people is central to that effort. Through two grants from the National Cancer Institute, Alfredo Lopez, M.D., Ph.D., and Paula Gregory, Ph.D., have established programs that allow high school and medical students to spend six weeks working with cancer researchers during the summer. Dr. Lopez's program has been continuously running for 20 years, making it the second longest existing program at the National Cancer Institute.

The LCRC has also started a popular Summer Internship Program spearheaded by Dr. Roy Weiner for talented students from the New Orleans Charter Science and Mathematics High School. The program provides a powerful learning experience for the kids by pairing them with faculty mentors from the LCRC for the summer. The researchers help expose these promising young men and women to the challenges and rewards of a career in science.

Students are matched with their faculty mentors based on research interests and complete research projects under their mentors' supervision. In addition to laboratory work, interns attend weekly seminars where they enjoy scientific presentations, as well as learn the basics of responsible conduct in research. They are also taught how to give a poster presentation and participate in a poster competition at the end of the summer. LCRC's summer interns work closely with student interns participating in Paula Gregory's program.

"The goal of these types of programs is to cultivate an interest among Louisiana students in research careers," Gregory says. "We hope we are nurturing the interests of some of Louisiana's best students to stay here and continue their careers in their home state." Gregory adds that this program will address the national need for diversity among scientists by exposing minority students to cutting-edge research taking place right here in New Orleans.

By the end of the summer, student interns will gain professional work experience, learn practical skills for work in a scientific field, interact and create relationships with professionals in the community, and perhaps most importantly be exposed to something different.

This last year was the third year of another collaborative undergraduate student training program within the LCRC in which six Xavier undergraduate students were integrated into LCRC cancer research laboratories full time during the summer and part time in the school year. These students, designated the Xavier NCI Fellows, are selected based on their academic performance and motivation in

developing a career in cancer research. The students also are involved in various pre-graduate school training sessions and seminars and then informed about cancer biology-focused graduate programs at LCRC institutions and others around the country while they are assisted in the graduate application process. The support for this program comes from the NCI P20 planning grant to develop cancer research and education programs that will increase the number of minority cancer researchers in the future.



## Cores support our critical mission

The scientific programs of the LCRC are supported by core facilities and shared resources. The cores provide the researchers with equipment and technology that would otherwise be impossible for an individual investigator to obtain, maintain, and staff.

We currently have core facilities in Immunology/Cell Analysis, with state-of-the-art equipment and expert staff used by researchers at both institutions. Among its many other uses, this equipment helps clinicians characterize the types of leukemias and lymphomas, and helps researchers separate normal cells from malignant cells, which can then be used in their studies. Capabilities have also been enhanced in the two Genomics Cores with the purchase of two major platforms for genetic research, an Illumina System and an Agilent System.

The development of a new LCRC core in Molecular Structure and Modeling started in 2008 by leveraging existing infrastructure and expertise at Xavier University. This core will assist LCRC scientists with the development of new cancer drugs that target specific cellular pathways currently under study in LCRC research programs.

An additional core, the Adult Stem Cell Core, was developed to further improve our researchers' understanding of molecular factors that contribute to cancer and that may lead to prevention and early detection. The core fulfills this mission by supplying high quality samples of normal human mesenchymal stem cells (hMSC's) from in vitro cultures with appropriate quality control assurances to LCRC investigators who are studying any aspect of hMSC's in relationship to cancer.

Researchers are able to advance their biomedical research programs in the LCRC through the use of the Proteomics Core's mass spectrometry and 2-D gel electrophoresis services. The core is in the process of adding LC/tandem mass spectrometry liquid chromatographic analysis to the services available to our researchers. In the Genetics Core a broad set of applications are designed to meet our researcher's needs using the Agilent Microarray Platform, including gene expression and comparative genomic hybridization (oligo aCGH). Investigators also have access to cytogenetic analysis of blood, bone marrow, tissues, and cell lines and molecular cytogenetic studies on metaphase

chromosomes, interphase nuclei, and paraffin-embedded tissues.

Researchers using the Genomics Core Facility have several avenues of service available to them. In addition to the DNA sequencing and genome scans, the Genomics Core houses the Affymetrix Core that caters to the growing need of incorporating microarray technology via the most up-to-date instrumentation, including the Nanodrop and the Agilent Bioanalyzer 2100 to assess RNA quality. The recent upgrade to the GCOS server 1.4 system includes a complete laboratory information management system (LIMS), which gives users direct access to their raw data, allowing for organization of data and management of projects, as well as the ability to use GeneChip Operating Software (GCOS ver 1.4), Expression Console, or other third-party data analysis packages on their own computers to analyze and query gene expression data. Researchers have access to the additional genomic studies, such as SNP analysis, gene expression and methylation patterns through the Illumina section of this core.

The LCRC has leveraged funds by investing in existing institutional cores located at the partner institutions that serve the many needs of our cancer researchers. Through university, institutional commitments and LCRC investments, these cores are fully operational and are staffed with expert scientific technicians. Investing LCRC funds in these cores provides our members with access to needed services at a considerable discount.

### **Biospecimen Core Experiences Exponential Growth**

Of particular note for 2008 is the significant progress made by our Biospecimen Core. The mission of the Biospecimen Core is to collect high-quality samples of normal and diseased human material (e.g., whole blood, cellular blood components, plasma, urine, body fluids, DNA, and tumor tissue and cells) with appropriate clinical data. This material is made available to qualified researchers at LCRC, while ensuring that informed consent, safety, donor anonymity, and

all regulatory safeguards are in place. The core, which was activated in September 2007, has been collecting surgical specimens and fluids for the past 12 months, with 270 cases resulting in 9,073 specimens collected from January 1, 2008, to December 31, 2008. Overall, the Biospecimen Core has experienced an increase in specimen volumes well over 100% during the past year. We have reviewed five specimen request applications through the Tissue Utilization Review Committee, with our first release of specimens going to members of our Prostate Team – Shahriar Koochekpour, M.D., Ph.D. and Augusto Ochoa, M.D.

A complete emergency disaster plan has been successfully implemented and fully tested this hurricane season with the live evacuation for Hurricane Gustav in August 2008. Disaster preparation includes a bi-monthly splitting of all specimens and having duplicate freezers maintained in two locations, one in New Orleans and a second one at the Pennington Biomedical Research Center in Baton Rouge. We have also made preparations for the specimens stored in New Orleans to be preserved without power for an extended period of time by using a Cryoplus3 with backup liquid nitrogen access.

An NCI-derived software package, caTissue Core, has been implemented by the LCRC and manages the complex data storage and tracking needs required by the core. CaTissue Core is caBIG's tissue bank repository tool for biospecimen inventory, tracking, and basic annotation. caTissue permits users to track the collection, storage, quality assurance, and distribution of specimens, as well as the derivation and aliquotting of new specimens from existing ones (e.g., for DNA analysis).



Krzysztof Moroz, MD, co-Director of the Biospecimen Core and Jennifer Abadie, MS, Biospecimen Core manager, examine one of the 9,073 tissue specimens collected in 2008.



We anticipate this core to continue growing at an accelerated pace, as initiatives are underway to activate specimen collection sites where a number of our surgeons practice, including the New Orleans VA, LSU in Baton Rouge, East Jefferson Hospital and Ochsner Healthcare System.

### **Other Milestones in LCRC Research Information Management**

The LCRC has actively enhanced its relationship with the National Cancer Institute's cancer bioinformatics group (caBIG) technology initiatives. The Consortium is not only a dynamic participant of different working groups, but is also now a model to other cancer centers in the

successful implementation of caBIG's technology. The LCRC was awarded caBIG Enterprise Adopter Program status, through which system upgrade support and training is provided to guarantee a successful implementation and usage of caBIG's tissue banking solutions. Additionally, the LCRC hosted for the second time in New Orleans the caBIG's Tissue Banking and Pathology Tools Conference in 2008, demonstrating the Consortium's commitment to the NCI's IT initiatives.

Furthermore, the LCRC has implemented other technologies that will help its members by facilitating collaborative activities and streamlining administration. They include the implementation of a virtual infrastructure that will prevent data loss and provide mobility during hurricane seasons and the deployment of a LISTSERV solution to enhance communication among interest groups within the Consortium.

John Patterson , BS, Biospecimen Core technician, and Arnold Zea, Ph.D, co- director of the Biospecimen Core Lab, review blood products that have come out of the centrifuge

## **Developing New Partnerships**

### **Xavier University Joins the LCRC**

A major development in the expansion of our partnerships has been the addition of Xavier University of Louisiana as a member of the LCRC. Xavier has a strong tradition of educating African American students in preparation for medical, pharmacy and other careers in biomedical science research.

Numerous joint research projects and programs between Xavier and Tulane or LSUHSC have built a strong tradition of research collaboration over the last 25 years. In the last 4 years, this tradition continued with a cancer research focus through DoD prostate and breast cancer programs involving joint research projects for seven Xavier faculty and six LCRC members, as well as research experiences for Xavier students. These programs formed the basis for the development of the Xavier-Tulane NCI P20 grant awarded in 2005 to plan and develop additional research collaborations and more formal student research and training experiences. This planning grant has produced several joint initiatives: two collaborative LCRC research projects; the NCI Fellows undergraduate research training program an inter-university, cross-discipline course entitled *Cancer: Causes, Treatment and Disparities*; and a partnership to integrate cultural competence and health disparities education into the professional programs at the Xavier College of Pharmacy and the Tulane School of Medicine.

While these programs led the way for Xavier LCRC membership in 2007, the Xavier LCRC presence has grown in 2008 to 16 Xavier LCRC member faculty, including the Xavier LCRC Associate Director (Thomas Wiese, Ph.D.) and two Xavier LCRC program leaders (Maureen Shuh, Ph.D.) for Immunology and Thomas Wiese, Ph.D.) for Signaling). With the focus of the Xavier component of the LCRC on new faculty recruitment, six cancer researchers were hired at Xavier in 2008, with

each receiving multi-year LCRC startup packages. It is notable that five of the new faculty are already developing collaborations with Tulane or LSU LCRC members and each has integrated into an LCRC program. LCRC membership has spawned cancer research-discussion meetings and seminars as well as expanded the cancer research infrastructure at Xavier. The Xavier presence in the LCRC also adds significant expertise in drug modeling, design, synthesis and delivery that is already translating across the LCRC programs.

### **LCRC – Mary Bird Perkins Cancer Center (MBPCC)**

The strength of our intrastate partnerships was demonstrated when LSU joined Our Lady of the Lake and the Mary Bird Perkins Cancer Center (MBPCC) as the academic partner in a successful joint application to the NCI for inclusion in the National Community Clinical Oncology Program (NCCCP). This pilot program provides \$1.5 million in support over three years. The Louisiana site is one of only 16 community hospitals in the United States selected to participate. NCCCP is designed to extend the reach of NCI research into more U.S. states, cities and towns, including rural areas and inner-cities. As with the MB-CCOP, the focus of the NCCCP is to bring more Americans into a system of high-quality cancer care, increase participation in clinical trials, and reduce cancer healthcare disparities. The program is unique in that it is designed to operate in community hospitals in geographically diverse areas where NCI can learn directly from the communities it serves. This program benefits patients by increasing their access to medical, surgical, and radiation oncology services and to NCI-sponsored clinical trials. In addition, patients are assisted by NCI-trained patient navigators. Last year, the diagnosis and treatment aspects of the program touched approximately 2,500 new cancer patients.

### **Ochsner Clinic**

Ochsner has also teamed up with the LCRC in 2008 through a partnership agreement with the LSU Cancer Center. This agreement brings together the largest clinical cancer program (Ochsner provides medical

services to approximately 60% of cancer patients in South Louisiana) with a strong research partner. John Cole, M.D., an oncologist trained at the prestigious Columbia University Cancer Center, is the director of oncology at Ochsner and has taken a leadership role in the hematology/oncology activities of the LCRC. He has partnered with Augusto Ochoa, M.D., in the development of joint programs that will help bring together the clinical and research strengths of the LCRC and Ochsner. It is expected that this partnership will further strengthen the ability of LCRC investigators to identify and test new forms of treatment for the cancer patients of Louisiana.

### **LCRC and LSU Baton Rouge**

The laboratories of Shulin Li, Ph.D., and Gus Kousoulas, Ph.D., have partnered with Paulo Rodriguez, Ph.D., and Augusto Ochoa, M.D., to test if the production of the enzyme arginase I can be inhibited through gene therapy approaches. Initial data have encouraged continuation of this research, supported through pilot funds from the LCRC. The results of these projects are being used to compete for federal funding.

Additionally, Prescott Deininger, Ph.D., has collaborated with LSU Department of Chemistry's Steve Soper, Ph.D., on a major NIH-funded grant to explore new tools for the development of cancer drugs.

## **Scientific collaborations and interactions result in many publications**

The NCI uses publication data to measure the level of productive collaborations. Joint publications are the crux of NCI focus for purposes of measuring collaborative productivity.

In 2008 our members produced a substantial number of scientific articles directly related to cancer research. Our faculty members at LSUHSC, Tulane University, and Xavier University published a total of **233 articles**. Of these, **72 are collaborative publications**, resulting from productive research collaborations and co-authorship by LSU, Tulane and Xavier faculty.

## Faculty Recruitment

### A Major Focus and Our Largest Investment

There are aggressive recruitment initiatives underway at each of the LCRC member universities. University leaders are currently recruiting across the country to attract key scientists to become members of the LCRC. During this past year, 32 new faculty were recruited to the LCRC.

**Victoria Perepelitsa Belancio, Ph.D.**, did her postdoctoral training with Prescott Deininger, Ph.D., and became a faculty member in the Department of Structural and Cellular Biology at Tulane in 2008. Her primary research interests are genetic instability and cellular responses associated with the activity of mammalian retroelements. She received funding from both the National Institutes of Health and the prestigious Ellison Foundation to help her establish her laboratory.

**Partha Bhattacharjee, Ph.D.**, is an assistant professor in Xavier's Biology Department. His current research focuses on a novel peptide inhibitor of inflammatory angiogenesis. He is currently collaborating with James M. Hill, professor, Department of Ophthalmology, LSU Health Sciences Center, New Orleans.

**Hector Biliran, Ph.D.**, is an assistant professor in Xavier's Biology Department. His current research focuses on the potential role of anoikis effector Bit1 (Bcl-2 inhibitor of transcription 1) in tumorigenesis and metastasis, and he

is currently collaborating with Brian Rowan, Ph.D., at the Tulane Cancer Center.

**David Blask, Ph.D., M.D.**, professor of practice in the Department of Structural and Cellular Biology at Tulane, is a widely acclaimed expert on cancer biology, circadian rhythms and the health implications of nighttime exposure to light. His groundbreaking research helped to lay the groundwork for a scientific working group appointed by the World Health Organization to add shift work and exposure to light at night to its list of possible carcinogens.

**Dr. Brian Boulemay**, assistant professor in Hematology and Oncology at LSUHSC, is a native of New Orleans, completed his training at the University of Florida and has helped establish a very active program in the treatment of head and neck cancers.

**Clay Boyd, M.D.**, joined as associate professor of Urology at LSUHSC. His interest is in bladder cancer.

**Christopher Chermansky, M.D.**, joined as assistant professor of Urology at LSUHSC. Dr. Chermansky has extensive research experience and will have an active laboratory to study neurological regeneration of the urinary tract.

**John Cole, M.D.**, is the acting clinical chief of Hematology/Oncology at LSUHSC. Dr. Cole is also the director of Hematology and Oncology at Ochsner Medical and has been pivotal in the development of the LSUHSC-Ochsner partnership.

**Bridgette Collins-Burow, M.D., Ph.D.**, joined Tulane's faculty as an assistant professor of medicine in 2008. Her research focuses on breast cancer therapy, with long-term objectives of identifying molecular mechanisms of breast cancer resistance and metastasis and implementing novel therapeutic strategies that can target and overcome altered gene networks involved in controlling breast cancer progression.

**Stacy Drury, M.D., Ph.D.**, assistant professor in the Department of Psychiatry and Neurology at Tulane, explores the relationship between early development, parent-child relationships, and gene x environment interactions in seriously medically ill children, most specifically children with cancer.

**Melanie Edwards, M.D.**, is a cardiothoracic surgeon recruited to LSUHSC from St. Louis University Medical Center in Missouri. Dr. Edwards's clinical research interests are focused on thoracic cancer and minimally invasive esophageal surgery.

**Mohamed Elmongy, M.D.**, was recruited to LSUHSC from Shands Cancer Center in Florida. Dr. Elmongy is highly experienced in bone marrow transplantation and led the bone marrow transplant program at Baptist Memorial Hospital in New Orleans prior to Hurricane Katrina. He is actively working through the LSU-Ochsner partnership to develop a program for the comprehensive treatment of hematologic malignancies and is leading the Bone Marrow Transplant Team.

**Mini Elnaggar, M.D.**, joined the Tulane Radiation Oncology team early in 2008. She received her M.D. from Louisiana State University Health Sciences Center-New Orleans in 2002 and completed her Radiation Oncology Residency at Rush Medical Center in Chicago, Illinois, in 2007.

**Ilana Fortgang, M.D.**, assistant professor of pediatrics in the Section of Gastroenterology at Tulane, studies inflammatory bowel diseases and their associated increased risk for colon cancer.

**Harold Fuselier, M.D.**, professor of urology at LSUHSC, was the chair of urology at Ochsner Clinics. He is a highly experienced urologic surgeon with an interest in urologic malignancies.

**Kelly Johanson, Ph.D.**, is an assistant professor in Xavier's Chemistry Department. Her current research focus is defining the role of FOXO1a in Pax3-FOXO1 DNA binding, and she is currently collaborating with Andrew Hollenbach, Ph.D., LSU New Orleans.

**Steven LaCour, MD**, assistant professor of urology at LSUHSC, has joined the prostate cancer teams with the goal of developing innovative diagnostic and treatment approaches to this malignancy.

**KiTani Parker-Johnson, Ph.D.**, is an assistant professor in the Department of Basic Pharmaceutical Sciences at Xavier. Her current research focuses on evaluation of biomarkers in breast and prostate cancers with an emphasis on health disparities. She is currently collaborating with John McLachlan, Ph.D., and Matt Burow, Ph.D., at the Tulane Cancer Center.

**Saju Joseph, M.D.**, is a surgical oncologist working on developing an hepatobiliary service at the LSU Interim Hospital and at the Ochsner Kenner facility. Dr Joseph trained in general surgery at the Beth Israel Deaconess Medical Center at Harvard University and completed a fellowship in transplant and hepatobiliary and pancreatic surgery at the Royal Infirmary of Edinburgh (Scotland).

**Benjamin Lee, M.D.**, a new professor of Urology at Tulane, develops novel laparoscopic techniques to decrease the morbidity of resection of renal cell carcinoma. He is also very active in laparoscopic education and robotics.

**Tara Lin, M.D.**, is an assistant professor in Hematology / Oncology at LSUHSC. A native of Metairie, Louisiana, Dr. Lin completed her training at Johns Hopkins University Cancer Center and then spent two years at UCLA, where she studied leukemia stem cells. Her interests focus on stem cell research as it relates to leukemias and the development of novel therapies for hematologic malignancies.

**Paulo Rodriguez, Ph.D.**, completed his training in genetics at LSUHSC. He is an assistant professor at LSUHSC since November of 2008 and has already obtained funding from the Ladies Leukemia League and the Translational Research Initiative at LSU. Dr. Rodriguez works closely with John Cole, M.D., as a clinical mentor and Dr. Jong Sung Choi from Ochsner.

**Miroslav Sarac, Ph.D.**, is an assistant professor in the Department of Basic Pharmaceutical Sciences at Xavier. He is currently researching chemoprevention of cancer through the LSUHSC – Xavier University Collaborative Research Plan with Madhwa H.G. Raj, Ph.D., and Allal Ouhtit, Ph.D., M.P.H.

**Oliver Sartor, M.D.**, is a medical oncologist working through both the Urology Department and the section of Hematology/Oncology at Tulane with a strong focus in prostate cancer from both a basic and clinical perspective. His current research interests include clinical trials in advanced prostate cancer with novel agents and novel combinations of agents.

**Maureen Shuh, Ph.D.**, is an associate professor in the Department of Basic Pharmaceutical Sciences at Xavier. Her current research focuses on transcriptional regulation of the serum response pathway by the human T-cell lymphotropic virus type 1 (HTLV-1) tax protein. She is currently collaborating with Robert Blake, Ph.D., Xavier University; Susan Marriott, Ph.D., Baylor College; and Andrew Sharrocks, Ph.D., University of Manchester, UK.

**Nancy Vander Velde, M.D.**, is a new medical oncologist in the Section of Hematology and Medical Oncology at Tulane. She comes to New Orleans from the Internal Medicine Department at Johns Hopkins, where she was head of the Section of Genitourinary Malignancies.

**Rohan Walvekar, M.D.**, is an assistant professor in the Department of Otolaryngology at LSU. He completed his training at the University of Pittsburgh and has started a very active head and neck cancer surgery program at Earl K. Long Hospital. His research interests include head and neck cancer therapy, salivary gland disorders, and salivary endoscopy.

**Jane Wey, M.D.**, is a surgical oncologist recruited to LSU who trained at the University of Pittsburgh Medical Center. Dr. Wey's clinical interests include colorectal, pancreatic, and other gastrointestinal tumors.

**Zongbing You, M.D., Ph.D.**, assistant professor of structural and cellular biology at Tulane, was a gynecologic surgeon in China before deciding to pursue basic research. He studies signaling proteins and their role in helping prostate cancers to thrive.

**Jovanny Zabaleta, PhD**, completed his training in genetics at LSU and is now an assistant professor of pediatrics there. He is the core leader for the new Illumina System in the Genomics Core. He has already obtained funding from the Translational Research Initiative and the COBRE grant (A. Ochoa P.I.). He works closely with Joseph Su, Ph.D., and Sean Collins, M.D.

**Haitao Zhang, Ph.D.**, assistant professor in the Department of Pathology, came to Tulane from Roswell Park Cancer Institute in Buffalo. He studies selenium's ability to reduce prostate cancer incidence, as well as prevent or delay prostate cancer relapse.

**Vladimir Zuzukin, M.D.** is a surgical oncologist recruited to LSUHSC from the University of Texas. Dr. Zuzukin's clinical interests are head and neck oncology and skull-based surgeries.

## Our Members Are Serving the Community with Distinction

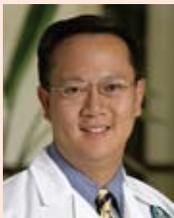
Some of our investigators have achieved great recognition by their peers, the financial community and the federal government. In this section we highlight a few of their achievements.



**Elizabeth Fontham, Dr. P.H.**, the dean of the LSUHSC School of Public Health, has been named the new president of the American Cancer Society (ACS), making her the first woman and the first non-physician to lead one of the two largest cancer research organizations in the United States. Dr. Fontham made major contributions in demonstrating the link between secondhand smoke exposure and the development of lung cancer.



The work of **Shahriar Koochekpour, M.D., Ph.D.**, on prosaposin as a marker of prostate cancer development has resulted in two patents and multiple publications. Several biotechnology companies have expressed interest in licensing the technology for the development of diagnostic tests or possibly new treatments for the disease.



**Benjamin Lee, M.D.**, received the international “Arthur Smith Award” for the urologist who has made significant contributions to the field of minimally invasive urology, robotic surgery, laparoscopic surgery and endourology in first ten years of their career. This award was presented at the World Congress of Endourology in Shanghai, China.



**Eboni Price, M.D., M.P.H.**, has been awarded a Robert Wood Johnson Fellowship to pursue her research in promoting effective communications between physicians and patients. She will focus on the communication of cancer risk and the promotion of positive behavior change to manage risk among high-risk patients. She is particularly interested in exploring methods for increasing colon cancer screening rates in the African American community.



**Oliver Sartor, M.D.**, is chairman-elect of the U.S. Department of Defense Prostate Cancer Integration Panel, which oversees an annual budget of \$80 million for prostate cancer research. He was also named co-editor-in-chief of the journal *Clinical Genitourinary Cancer*.



The pioneering work of **Eugene Woltering, M.D.**, on the mechanisms of angiogenesis (growth of blood vessels) by tumor cells and his novel treatments for neuroendocrine tumors have brought him recognition. He also developed technology that can evaluate responses in tumors to all known cancer drugs and therapies in an effort to determine the best course of treatment for individual patients based upon their particular tumor responses. *CityBusiness* of New Orleans recognized Dr. Woltering as one of the Innovators of the Year (2008) for his novel work.

## Fundraising Activities and Community Events

**A**s the Louisiana Cancer Research Consortium continues to progress, so does our involvement in the community we serve. Through participation in cancer research fundraising and educational outreach programs, the LCRC raises awareness about cancer, its causes, the importance of screening and early detection, and the vital role research plays in the effort to find a cure.

The Louisiana Cancer Research Consortium (LCRC) participated in the following fundraising/community events in 2008:

### **Cancer Crusaders**

The members of the Cancer Crusaders, a non-profit, all volunteer group, have worked tirelessly since the organization's founding in 1976 to support the cancer research programs at Tulane Cancer Center and LSU's Stanley S. Scott Cancer Center. Because of Louisiana's high cancer mortality rate, the organization feels it is imperative that priority be placed on research funded, conducted and supported by those who will ultimately benefit. They have a remarkable record of support, raising \$2 million since 1978, with no administrative overhead, and they have

been vocal champions for the importance of research in finding a cure for cancer to the local community.

The Cancer Crusaders sponsor several fundraising events and programs each year -- Celebration of Life Luncheon, Jazz Brunch, Golf and Tennis tournaments, the honorial/memorial program -- to raise the funds they donate to Tulane and LSU. Outgoing Co-Presidents Barbara Ballard and Jean Rice announced recently that 2008 was a record-setting year for the organization, as they raised over \$250,000 for the cancer research efforts of the Consortium partners, despite the downturn in the national economy.

On behalf of the citizens of Louisiana who will benefit from their tireless efforts, the partners of the LCRC would like to express our deep appreciation to the Cancer Crusaders for their invaluable support and for the faith they have placed in our research programs.

The Cancer Crusaders welcomes new members to join them in their fight against cancer. For more information on joining, please contact the LCRC's central administrative office at (504) 598-1557.



Photo: Jeff Strout Photography

(from left) Dr. Augusto Ochoa; Charlotte Bollinger, 2008 Key to the Cure co-chair; Sandra Pulitzer, 2008 Key to the Cure co-chair; Carolyn Elder, vice president and general manager of Saks Fifth Avenue New Orleans; and Dr. Prescott Deininger attend the gala Sak's Fifth Avenue Key to the Cure event.

### **Saks Fifth Avenue's Key to the Cure**

October 15, 2008

This year's Key to the Cure Gala was special for several reasons. In addition to being the 10th Annual Key to the Cure event sponsored by Saks Fifth Avenue nationwide, it also marked the 25th Anniversary of Saks Fifth Avenue New Orleans. But even more significant to the LCRC's cancer research programs, this year's event was also special because it was a record setter, raising approximately

\$190,000. This is the second consecutive record-setting KTTC since Hurricane Katrina forced the cancellation of the 2005 event. Last year, Key to the Cure raised approximately \$182,000. Over the past 10 years, Saks stores nationwide have raised a total of \$28 million for women's cancer charities through Key to the Cure. The New Orleans event has generated just over \$970,000, every penny of which went into cancer research right here at home. The LCRC would like to extend special thanks not only to the phenomenal team at Saks Fifth Avenue New Orleans for their hard work and effort in hosting this first-class event, but also to the 2008 Key to the Cure co-chairs, Charlotte Bollinger and Sandra Pulitzer, and their committee of 160 community supporters who made the event the success that it was.

### **New Orleans Public Belt Railroad Golf Tournament**

April 7, 2008

The Fifth Annual Louisiana Cancer Research Consortium Golf Classic was held at Chateau Estates Golf & Country Club in Kenner, Louisiana. Representatives from the LCRC displayed an informational poster outlining the vision and mission of the LCRC and distributed literature to the nearly 150 attendees. The New Orleans Public Belt Railroad team

worked tirelessly on our behalf to raise \$50,000 for the cancer research programs of the LCRC through this year's event, bringing the five-year total impact of the Golf Classic to \$195,000. Many thanks to the good people at the Public Belt for their invaluable support.

### **Louisiana Breast Cancer Task Force (LBCTF) Pink Fling**

August 23, 2008

Drs. Prescott Deininger and Augusto Ochoa were once again invited to serve as honorary chairs of this annual fundraising event for the LBCTF. The LCRC sponsored a table at the event, which took place at The Cricket Club in New Orleans. Approximately 200 people attended. The LBCTF supports breast cancer research and education efforts throughout the area.

### **American Cancer Society Hope Gala**

August 23, 2008

The annual Hope Gala is one of the American Cancer Society's largest fundraisers. This year, the ACS honored LCRC faculty members Eboni Price, M.D., M.P.H., and Vivien Chen, M.P.H., Ph.D., as recipients of its 2008 "Spirit Award" distributed annually to individuals in the local community who have distinguished themselves in the fight against cancer. Ten individuals were recognized in 2008. Elizabeth T.H. Fontam, Dr. P.H. and dean of Louisiana State University's School of Public Health, was also recognized for her work as a member of the local ACS Executive Leadership Council, the Mid-South Board, and more recently for her election as national president of the American Cancer Society. The LCRC was a sponsor of the 2008 Hope Gala, which was held at Canal Place. Several hundred people were in attendance. Proceeds from the Hope Gala benefit the American Cancer Society's programs in research, education, advocacy and service.

### **Susan G. Komen Race for the Cure**

October 19, 2008

The Louisiana Cancer Research Consortium sponsored this annual City Park event that attracts approximately 5,000 breast cancer survivors, their family members and friends. LCRC personnel manned an information booth beneath a tent emblazoned with the LCRC logo, answered questions and provided race participants and other guests with sun screen and literature on cancer prevention and clinical trials. Booth visitors also had the chance to register to win an assortment of gift items sporting the LCRC logo.

### **Leukemia/Lymphoma Society Light the Night Walk**

November 15, 2008

Representatives from the Tulane Cancer Center, LSU's Stanley S. Scott Cancer Center, and the central administrative office of the Louisiana Cancer Research Consortium participated as an LCRC team in this walk honoring leukemia/lymphoma patients and survivors. Several hundred people attended.

### **Ladies Leukemia League Fete De Noel**

December 4, 2008

The Louisiana Cancer Research Consortium doubled its support of this year's luncheon fundraiser by sponsoring two tables at the event, which recognizes and honors local leukemia survivors of all ages. The LLL is an organization of 225 women who have dedicated themselves to the purpose of raising funds for leukemia research in the Gulf South. Over the years, they have raised over \$2.2 million in pilot or seed money for cancer scientists working in leukemia or lymphoma research or in related fields, and several LCRC researchers have been the recipients of LLL support.



**Over the past few years, members of the  
community have raised over  
\$3.4 million  
in support of cancer research in Louisiana.**



Every year in Louisiana, nearly 6,400 adults die from smoking.

**Tobacco use costs the state \$1.47 billion in healthcare costs each year.**

There is more work to be done.

## A healthier Louisiana through 100% tobacco-free living

The Louisiana Campaign For Tobacco-Free Living's mission is to implement and evaluate comprehensive tobacco control initiatives that prevent and reduce tobacco use and exposure to secondhand smoke.

FY 07/08 was the most productive year for The Louisiana Campaign for Tobacco-Free Living (TFL). The progress made toward reducing tobacco's toll on our citizens reflects how far TFL has come in a relatively short period of time. Specifically, in Louisiana:

- Smoking prevalence has decreased from 26.5% in 2003 to 22.6% in 2007.
- Cigarette consumption has decreased by 6% from 10.44 packs per capita monthly in FY 2004-05 to 9.77 packs per capita.
- Louisiana has effectively maintained the integrity of The Louisiana Smoke-Free Air Act (Act 815) through two legislative sessions where it was threatened.

Although TFL has made great progress, there is more work to be done.

In Louisiana, nearly 6,400 adults die annually from smoking. In addition to the toll in human lives, tobacco use costs the state \$1.47 billion in healthcare costs, \$663 million of which are absorbed by the Medicaid program.

The impact of tobacco use is also reflected in the health status of the state's residents; Louisiana is ranked 50 in the nation. Heart disease, the leading cause of death in Louisiana accounts for 27% of deaths annually and 30% of all lung cancers in the state are directly attributable to tobacco use. These grim statistics are the confluence of poverty, prevalence of chronic illnesses and higher rates of tobacco use among low income populations—populations most often served through the state's public hospital system, located within the LSU Health Care Services Division (HCSD).

The Tobacco industry is a formidable opponent in the struggle to improve the health of Louisianans. Each year in Louisiana:

- The tobacco industry invests over \$291 million dollars to market its

*The evidence is clear: TFL is having a significant impact on tobacco use in Louisiana.*

deadly products.

- Tobacco-related health care expenditures, both direct and indirect, cost Louisiana over \$3 billion dollars.
- Tobacco is the cause of death of over 6,400 smokers and nearly 1,000 non-smokers due to secondhand smoke exposure.

While the dollars invested in Louisiana to combat tobacco are very small in comparison to the dollars spent by the industry to attract new smokers, TFL has achieved tremendous success by investing in programs proven to work elsewhere and personally engaging thousands of Louisianans in the fight against tobacco.

These investments, when coupled with empowered Louisianans, are and will continue to achieve success in saving lives and reducing tobacco's toll on our state.

Smoking prevalence and cigarette consumption has decreased. The new Louisiana Smoke-Free Air Act (Act 815) withstood legislative challenges and is now an integral part of our culture. TFL and the Department of Health and Hospitals (DHH) now work cooperatively in a statewide tobacco prevention and control program. New programs and ideas from the National Centers for Disease Control and Prevention (CDC) have been incorporated in our effort. Continued evaluation methods to measure our successes (and failures) are in place to guide all we do. The most needed new measures are an increase in the excise tax on a package of cigarettes, and further extension of Act 815 to include no smoking in bars and casinos.

This is our future challenge. Tobacco use exerts a tremendous adverse effect on the health and economy of our state and requires an ongoing effort to continue changing the social norm about tobacco use. We believe the playing field is beginning to level.

### **TFL's efforts are saving lives and making Louisiana a healthier place to live, work and play.**

Through our efforts here in Louisiana to reach our five goals, we are seeing our citizens and state reap the benefits of having the most efficient and coordinated tobacco prevention and control movement ever in Louisiana as a result of our strategic alignment with the Tobacco Control Program (TCP) of DHH. We are seeing Louisiana youth come together and organize against big tobacco. We are seeing college students take action against tobacco by passing policies to protect nonsmokers on their campus. We are seeing Communities of Color mobilize to combat the tobacco industry in their backyard. We are seeing Louisianans call the Quitline in an attempt to stop smoking.

The evidence is clear: TFL is having a significant impact on tobacco use in Louisiana. To ensure that continued positive strides are made in tobacco prevention and control, TFL will continue to rely on evidence-based practices. As such, TFL is firmly grounded in the Best Practices for Comprehensive Tobacco Control Programs as outlined by the National Centers for Disease Control and Prevention (CDC) Office of Smoking and Health (OSH). In addition to the CDC Best Practices, TFL's model relies on CDC's Guide to Community Preventive Services for Tobacco Control Programs that provides additional evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) preventing tobacco product use initiation; 2) increasing cessation; and 3) reducing exposure to secondhand smoke.

CDC OSH's Best Practices were originally released in 1999 following the Master Settlement Agreement (MSA) in an effort to help ensure wise investment of the then rapidly emerging tobacco control funding. In the fall of FY 07/08, CDC OSH released revised best practices reflecting the updated evidence-base from the 8 years since the MSA.

Resultant findings established that:

- Comprehensive and integrated tobacco prevention and control programs—such as TFL— influence social norms, systems and networks.
- The more a state invests in their program, the greater the reduction in smoking prevalence and consumption.
- The longer that states invest, the greater and faster the impact on their tobacco burden.

For example, according to the Campaign for Tobacco-Free Kids, if Louisiana had funded its tobacco prevention and control programs at the CDC-recommended funding level for 1999-2003, by the end of 2003, Louisiana would have:

- Realized 51,137-132,897 fewer smokers
- Saved 16,364-42,527 lives
- Saved \$485,800,000-\$1,262,500,000 in health care costs

Across all states, the recommended level of investment is CDC's best approximation of what it would cost, based on each state's specific characteristics, to implement the evidence-based components of a comprehensive tobacco prevention and control program. According to the 2007 CDC Best Practices, the recommended annual funding for Louisiana is \$53.5 million, or \$12.46 per capita.

Although a daunting figure, \$53 million dollars does not approach the \$291.5 million dollars spent each year in Louisiana by the tobacco industry to market its deadly products, and the \$3.38 billion cost of direct and indirect health care costs resulting from tobacco use in Louisiana each year. The CDC recommended funding level makes the FY 07/08 TFL funding level of just over \$7.2 million a number we need to increase in order to continue decreasing tobacco use.

TFL has done well maximizing the funds available to them. This has required leveraging resources with TCP and other statewide partners. It is through this collaboration and stewardship that TFL has achieved its present success.

### **TFL's Comprehensive And Integrated Program Components**

In addition to the CDC OSH recommended tobacco prevention and control goals and the level of annual investment to effectively reduce the tobacco burden, 2007 Best Practices placed particular emphasis on individual components working together to achieve maximum results.

These changes have resulted in the following updated recommendations for each of TFL's five components:

#### *1) Statewide and Community Interventions*

- a. Louisiana must have grassroots support to change the social norms by making tobacco use less desirable, less accepted and less accessible.
- b. Community resources must be the foundation to combat tobacco use.
- c. Louisiana must have more explicit integration of policy interventions.

These policy interventions must focus on:

- i. Comprehensive Smoke-Free Air Laws to protect all Louisianans.
- ii. Increasing the Tobacco Excise Tax to above the national average.
- iii. Ensure continued funding of tobacco prevention and control programming.

#### *2) Health Communication Interventions*

- a. Health Communication Interventions are powerful tools to prevent initiation, promote cessation, and shape social norms in Louisiana.
- b. Effective messages can stimulate public support and create a supportive climate for much needed policy change in Louisiana, as was seen with The Louisiana Smoke-Free Air Act.



### 3) Cessation Interventions

a. Louisiana must sustain, expand and promote evidence-based cessation interventions such as The Louisiana Tobacco Quitline and the Tobacco Control Initiative (TCI) in the HCSD.

b. Louisiana needs to continue the cessation recommendations regarding health care systems change.

### 4) Surveillance, Evaluation and Research

Louisiana must continue to monitor key tobacco prevention and control outcome measures through the Adult Tobacco Survey (ATS), the

Youth Tobacco Survey (YTS) and other relevant data sources. In addition, special studies must be done to guide program development and policy efforts. This will result in studies that will monitor and document short term, intermediate and long-term intervention outcomes; inform program and policy direction; and ensure accountability to those with fiscal oversight.

### 5) State-Level Coordination

a. As one of eleven states with more than one comprehensive, statewide tobacco prevention and control program, it is critical that TFL continues to work with the Department of Health and Hospitals(DHH) in order to maximize our resources and impact. This is particularly true as our nation and public health system continue to be negatively affected by the worsening economy.

### Cessation Interventions: Helping Louisianans Quit

It is widely understood that interventions that effectively promote cessation can decrease premature mortality, unnecessary morbidity and corresponding health care costs. “Quitting by age 30 eliminates nearly

all risks associated with smoking, and smokers who quit smoking before age 50 cut in half their risk of dying in the next 15 years.” Furthermore, CDC OSH Best Practices indicate that state tobacco control programs such as TFL should also include the following elements:

- Sustaining, expanding, and promoting services available through population-based counseling and treatment programs, such as cessation quitlines
- Covering treatment for tobacco use under both public and private insurance, including individual, group, and telephone counseling and all FDA-approved medications.
- Eliminating cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use.

At Louisiana’s current funding level — specifically under 10 million for FY 07/08 as compared to CDC recommended funding level of over 50 million—it is not possible for TFL to allocate the recommended \$3.94 per capita to cessation services. Even if TFL invested every single dollar into cessation services, we would still remain significantly under this recommended funding amount for a state with our population and tobacco prevalence.

### The Louisiana Tobacco Quitline

One of the major elements of TFL’s Cessation Interventions component is The Louisiana Tobacco Quitline, administered through a contract with the American Cancer Society (ACS). The Louisiana Tobacco Quitline offers free, evidence-based, individualized and proactive tobacco cessation counseling to any Louisiana resident aged 13 and above, regardless of insurance status or any other eligibility requirements. Although the Louisiana Tobacco Quitline is primarily for people who are ready to make a quit attempt, it also serves as a cessation

TFL’s Community Program Grantees and Partnership Awards provided youth-focused interventions to 3,703 Louisiana youth during FY 07/08. TFL awarded 21 grants to Community Program Grantees across the state for a total of \$515,516.00

resource center for family, friends and providers of tobacco users.

All callers go through an initial assessment, depending upon caller type (tobacco user or family/friend/provider), during which Quitline Counselors collect information about the callers’ tobacco use history, previous quit attempts, relapse, and life experiences that may affect the quit attempt. These counselors also provide supportive information materials, begin working with callers to develop a quit plan, and establish a schedule for follow up calls. For callers who are ready to quit within the next 30 days and are interested in utilizing individual phone counseling, the Quitline counselor initiates a five session phone counseling intervention. Counseling services are available in English and Spanish, and through a translation service, in over 150 additional languages.

Callers are able to contact the Quitline at any time for general information without a predetermined counseling session. If the caller wishes to try a face-to-face cessation counseling program, the Quitline maintains a list of alternate local resources. Specifically the Quitline promotes other cessation services provided through TFL, including American Lung Association’s Freedom From Smoking Clinics and Tobacco Control Initiative (TCI), a program in the state-run hospital system. The Quitline also provides callers with information on cessation medications and nicotine replacement therapy (NRT).

Finally, the Louisiana Tobacco Quitline provides modified counseling services and materials for special populations, including pregnant women, visually and hearing impaired, youth (13-17 years of age), and smokeless tobacco users.

### FY 07/08 Budget Allocation

The FY 07/08 funds were allocated and expended as follows:

TFL Budget Components	Total Spent	% of Total
Administrative/Core/State-Level Coordination	\$708,715	9.3%
Cessation Services	\$1,386,712	18.2%
Community and Statewide Programs	\$2,575,055	33.7%
Media and Communications	\$2,341,287	30.6%
Evaluation and Research	\$626,240	8.2%
<b>Actual Total Spent In FY 07/08</b>	<b>\$7,638,009</b>	<b>100%</b>

In addition to the above budget for TFL in FY 07/08, the state’s Tobacco Control Program subcontracted with TFL for an additional \$607,220 to merge efforts regarding Cessation and Media. Such pooled resources are of huge benefit to both TFL and TCP.

### Health Communication Interventions

According to CDC OSH Best Practices, “Health communication interventions can be powerful tools for preventing smoking initiation, promoting and facilitating cessation, and shaping social norms related to tobacco use.” Furthermore, “Effective messages that are targeted appropriately can stimulate public support for tobacco control interventions and create a supportive climate for policy and programmatic community efforts.” In addition to having sufficient reach, frequency and duration, these media strategies must be strategic, culturally relevant and integrated into the overarching state programming. TFL’s media and communication efforts strive to do just that. Ongoing media campaigns are essential components of TFL’s overall tobacco control program and are a combination of both paid and earned media efforts. All TFL media campaigns have grounding in audience and market research

to ensure we are utilizing tailored messages that result in knowledge, attitude and behavior change regarding tobacco in Louisiana.

Above and beyond decreasing tobacco use prevalence and consumption, Louisiana data suggest that our media messaging is having the intended impact:

- ATS data show 74.3% of current smokers recalled seeing or hearing advertisements about what smokers can do for help with quitting smoking.
- Additionally, the number of people who recalled advertising (TV, billboards, newspaper, or radio) about the dangers of SHS increased to 80% from 63% reported at baseline in 2006.

During FY 07/08, TFL and the State's Tobacco Control Program (TCP) made significant progress in aligning our media resources and unifying our messaging.

Through a subcontract from TCP to TFL, these two programs set out on three joint campaigns: 1) Let's Be Totally Clear (SHS), 2) Quit With Us, LA (Cessation), and 3) Ex Relearn (Cessation).

## Summary

Smoking prevalence and cigarette consumption has decreased. The new Louisiana Smoke-Free Air Act (Act 815) withstood legislative challenges and is now an integral part of our culture. TFL and DHH now work cooperatively in a statewide tobacco prevention and control program. New programs and ideas from the CDC have been incorporated in our effort. Continued evaluation methods to measure our successes (and failures) are in place to guide all we do. The most needed new measures are an increase in the excise tax on a package of cigarettes, and further extension of Act 815.

This is our challenge. It is our hope that continued improvements will

be reported next year. Tobacco use exerts a tremendous adverse effect on the health and economy of our state and requires an ongoing effort to continue changing the social norm. **We believe the playing field is beginning to level.**

## TFL Advisory Bodies

TFL has two major guiding bodies: the National Scientific Advisory Board and the Statewide Steering Committee. Both of these bodies are critical to the our ongoing development and success.

The Scientific Advisory Board is comprised of tobacco control experts from throughout the US, who bring their expertise to the State of Louisiana. The Scientific Advisory Board meets on an annual basis to review progress and challenges of the previous fiscal year, and to make recommendations for the future fiscal year. The guidance of the Scientific Advisory Board is largely focused on maintaining TFLs grounding in best practices. The FY 07/08 TFL Scientific Advisory Board Members were:

### **Michael Cummings, Ph.D.**

Chair, Department of Health Behavior  
Roswell Park Cancer Institute

### **Colleen Stevens, M.S.W.**

Chief, Media Campaign Unit Tobacco Control Section  
California Department of Health Services

### **Sherri Watson Hyde, MPH**

Co-Partner, Co- Founder  
Echo Village Hope

### **John P. Pierce, Ph.D.**

Professor, Cancer Center/Family and Preventative Medicine  
Associate Director, Division of Population Sciences, Morris Cancer Center

**Karla Sneegas, M.P.H.**

Executive Director  
Indiana's Tobacco Use Prevention and Cessation Program

**Gregory Connolly, D.M.D., M.P.H.**

Professor of the Practice of Public Health  
Director of the Tobacco Control Research Program  
Harvard School of Public Health

**Brick Lancaster, MA, CHES**

Chief, Program Services Branch  
Office on Smoking & Health, Centers for Disease Control & Prevention

The statewide Steering Committee is comprised of multidisciplinary representatives from Louisiana who serve as experts on Louisiana. This committee meets as a group, in a teleconference four times a year. Their guidance is largely tactical in terms of Louisiana application of best practices in tobacco control. The FY 07/08 Steering Committee members are:

**Charles L. Brown, Jr., M.D.,** Committee Chair

Professor of Public Health  
Louisiana State University School of Public Health

**Honorable Martha Woodard Andrus, M.S. T.**

Mayor, City of Grambling

**Michael Kaiser, M.D.**

Associate Chief Medical Officer  
Louisiana State University Health Sciences Center

**Theodore B. Callier, M.A.**

Assistant Vice President Research and Sponsored Programs  
Dillard University

**Tom Farley, M.D., M.P.H.**

Professor and Department Chair  
Department of Community Health Sciences  
Tulane University School of Public Health and Tropical Medicine

**Elizabeth T. H. Fontham, Dr.P.H.**

Dean, School of Public Health  
Associate Director, Stanley S. Scott Cancer Center  
Louisiana State University School of Public Health

**Donna Nola Ganey**

Assistant Superintendent  
Office of School and Community Support  
Louisiana Department of Education

**Carolyn Johnson, Ph.D., N.C.C., L.P.C.**

Clinical Associate Professor  
Department of Community Health Sciences  
Tulane University School of Public Health and Tropical Medicine

**Kathleen Kennedy, Pharm.D.**

Associate Dean, College of Pharmacy  
Xavier University of Louisiana

**Jerry McLarty, Ph.D.**

Professor of Medicine  
Director, Cancer Prevention and Control Feist-Weiller Cancer Center  
LSU Health Sciences Center-Shreveport

**Honorable Marc Mouton**

Lafayette City-Parish Council  
District 7

**Sarah Moody-Thomas, Ph.D. (Ex Officio)**

Professor and Program Director  
School of Public Health  
LSU Health Sciences Center – New Orleans

**Joseph D. Kimbrell, M.A., L.C.S.W. (Ex Officio)**

Chief Executive Officer  
Louisiana Public Health Institute

**Ashley Ross, M.P.H.(Ex Officio)**

Director, The Louisiana Campaign for Tobacco-Free Living



LOUISIANA CANCER RESEARCH

## Building a home where researchers can work side-by-side

The Louisiana Cancer Research Consortium building will be a ten-story, state-of-the-art cancer research center designed around the needs of researchers developing the most up-to-date technologies for cancer treatments and tools for cancer diagnosis and prevention.

Located on the corner of Tulane and S. Claiborne avenues in downtown New Orleans, the center will allow many LCRC cancer researchers to collaborate together easily as they seek a deeper understanding of the biology of cancer.

Three of the floors will be dedicated to cancer research laboratories for the LCRC's Immunology, Molecular Signaling and Molecular Genetics research programs. One floor will house a vivarium and LCRC's executive offices, and four floors will be dedicated to parking. The two remaining floors will be shelled out for future growth as lab spaces, office space, or clinical services as needed.

Research collaboration will be enhanced by advanced information

technology systems throughout the facility, including: Wireless networking, television and video-conferencing capabilities, card readers or biometrical reader access control, and digital video surveillance cameras to guarantee security.

The interior design choices will create a pleasant working environment and encourage free-flowing ad hoc research discussions.

Eight workstations will “float” in the middle of the main corridor on each floor. Niches have been created for file and copier locations. Corridors will also serve as areas for additional filing/storage space.

Each office will have a “work wall” with storage, files, and a freestanding table with two guest chairs. Medium warm wood for the casework will complement the walnut doors on the office side, with medium grey countertops, and white shelving.



View of the lobby area looking toward the conference center.



On the left is a view of a typical laboratory; on the right a view of the workstations that 'float' in the middle of the main corridor on each floor.

The general paint palette for the building includes a majority of white and grey paints with punches of blue, red, and lime green. Doors will be painted to match the adjacent wall. Lab doors will be painted grey. The accent wall paint in the offices will be one of three different hues of blue so that from the exterior of the building a random pattern of different blues will be visible.

The design includes a large theater-style meeting facility to be located on the first floor of the building. This facility will seat 250 people and can be used not only for scientific meetings and retreats, but also for community events and fundraisers.

The Center will provide Louisiana the essential research facility needed to obtain designation as a National Cancer Institute-Designated Cancer Center.

During the 2008 legislative session, the LCRC continued to receive tremendous support from the Legislature and administration for the \$102M for construction of the 175,000-square-foot facility. The \$38 million in cash and the remaining \$64 million in HB 2 were approved for authorization by the Legislature and the Governor.

The Cancer Center project did suffer a brief setback in early February when the Louisiana Division of Administration placed a hold on all capital projects. The State had approved more capital spending on projects than was available, and no projects could move forward until the administration could review all capital projects across the state.

In early April 2008, the Louisiana Office of Facilities Planning and Control (OFPC) released the hold on the LCRC project, and the Commissioner allowed it to move forward at the end of April. During the Legislative Session, the project approval was further reinforced by the new administration when they supported moving \$56M to a non-cash line of credit and \$8M to a cash line of credit.

As a cost saving measure, Builders Risk Insurance was secured in April prior to the start of hurricane season when the rates would have been much higher.

As LCRC moves into the construction phase of the Louisiana Cancer Research Center, it is helpful to look back and note the activity that has taken place to get to this point. Throughout these challenges, there were many victories.

Below is a breakdown of a few of the major construction-related accomplishments over the past 12 months:

- Successfully worked through the challenge in January 2008 of designing Vivarium space to meet the needs of two different research groups (LSU and Tulane).
- Foundation Release Letter was received from New Orleans Safety and Permits on January 11, 2008.
- In April, LCRC's attorney began extensive contract negotiations with Brice Construction. The Construction Management Agreement has reached final stages of negotiation and will be executed soon, allowing

construction to begin.

- Established the project budget allowing incorporation of a meeting/conference room into the scope of the project (approved by the Board on May 7, 2008). The conference space will be a large theater-style meeting facility located on the first floor of the building with a 250 seat capacity that can be used not only for scientific meetings and retreats, but also for community events and fundraisers.
- Discussions began with the City of New Orleans to start the process of converting S. Derbigny into a two-way street to ease traffic flow once construction begins.
- Work began in June with the City of New Orleans to begin the process of obtaining permission to remove several parking meters around the perimeter of the site.
- Design documents were completed and submitted for pricing.
- Facility operating portion of the LCRC Business Plan was updated.
- On March 20, 2008, the construction permitting process was begun with the preparation and delivery of a response and appeal letters to the City of New Orleans.

In February 2008, a potential vibration issue was discovered and testing was conducted to analyze the impact of road vibration from the interstate as well as vehicles circulating in the parking garage itself.

The results of the testing led to the recommendation for complete structural separation of the parking garage facility from the laboratories to mitigate vibration due to the circulating vehicles in the garage. Separate columns will support the lab and parking structures, but the columns may share common foundations.

The Information Technology (IT) Design Team successfully completed Phase II of the IT requirements and design review for the building on

February 29, 2008. Several of the areas addressed and revised were:

- Changes to the locations of data drops to accommodate voice over internet protocol (VoIP) and network connectivity throughout the facility.
- Additional data drop locations to accommodate digital video surveillance cameras in specific areas of the building to guarantee the security of the facility.
- Additional data drop locations to accommodate access control systems, such as card readers or biometrical readers.
- Additional data drop locations to accommodate data wireless network capability for the facility.
- Cable television drop locations to accommodate television capabilities in different locations in the facility.
- Defined the data and voice network design and standards to be utilized, specifically, the cabling standards, labeling, and connectivity equipment that will be required.
- Defined the locations of manholes on the property where data and voice service providers will connect to the building.

Construction should be completed and researchers should be able to move into the new laboratories within 36 months.

## Administration & Governance

**D**uring the First Extraordinary Session of 2002, the Legislature of Louisiana created the Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center (LCRC) with the primary function of conducting research and promoting education in the diagnosis, detection, and treatment of cancer in its pursuit of obtaining National Cancer Institute (NCI) designation. NCI-designation is the recognized “gold” standard for comprehensive cancer care.

Subsequently, during the 2002 Regular Legislative Session, the Louisiana State Legislature passed a 12-cent increase tax on a pack of cigarettes, three cents of which funds infrastructure and cancer research program development at the LCRC.

During 2008, a number of strategic decisions and accomplishments related to enhancing the research base and construction of the cancer research center have been reached. The LCRC has also successfully completed critical milestones related to the construction of its cancer research center.

An authorization letter from the Commissioner of the Division of Administration was received in January 2008, which approved the selection process and hiring of a general contractor. In the same letter, the Commissioner exempted LCRC from the public bid process to avoid significant delays in starting the actual construction.

On January 23, 2008, the Ground Lease Agreement with the LSU Board of Supervisors was successfully approved by the Board of Supervisors and signed after five months of negotiations. The 50-year lease allows the LCRC to build and operate the 175,000-square-foot facility with LSU, Tulane, and Xavier universities as tenants.

Also in January 2008, leadership from the LCRC presented the design to the Board of Regents who approved the design and the lease with LSU.

LCRC hired a Capital Projects Manager, Adrian Rodriguez. Mr. Rodriguez comes from the Tulane National Primate Research Center, where he managed daily construction management processes. Mr. Rodriguez has an excellent and extensive background in Biosafety in Microbiological and Biomedical Laboratories (BMBL), as well as BSL-2, BSL-3 and ABSL-3 laboratory and containment environments. Adrian will be working closely with all parties involved as LCRC moves into the construction phase.

During the calendar year, Dr. Alan Miller of Tulane and Dr. Byron Harrell resigned from the LCRC Board of Directors. Dr. Miller was replaced by L. Lee Hamm, M.D., executive vice dean, Tulane University School of Medicine; and Dr. Harrell by Laura Levy, Ph.D., associate senior vice-president for research, Tulane University School of Medicine.

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## Independent Auditor's Report

Board of Directors  
Louisiana Cancer Research Center of LSU Health Sciences Center in  
New Orleans / Tulane Health Sciences Center  
New Orleans, Louisiana

We have audited the accompanying Statements of Financial Position of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center (a non-profit organization) (the "Research Center") as of June 30, 2008, and the related Statement of Activities and Cash Flows for the year then ended. These financial statements are the responsibility of the Research Center's management. The prior year summarized comparative information has been derived from the Research Center's 2007 financial statements and, in our report dated August 31, 2007, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center as of June 30, 2008 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated August 29, 2008 on our consideration of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. The report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audits were performed for the purpose of forming opinions on the basic financial statements of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center taken as a whole. The accompanying Schedule of Revenues and Expenses by Program for the year ended June 30, 2008 and the other supplementary information required by the State of Louisiana is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

*Rebowe & Company*

August 29, 2008

## STATEMENT OF FINANCIAL POSITION

For the year ended June 30, 2008 (with comparative totals for 2007)

	2008	2007
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash	\$13,466,667	\$22,743,310
Investments	10,827,071	10,321,226
Receivables		
Grants	9,667,704	4,602,891
Other	-	663,840
Prepaid expenses	20,342	-
<b>Total Current Assets</b>	<b>33,981,784</b>	<b>38,331,267</b>
Property and equipment - net	3,270,689	3,408,007
Construction in progress	6,299,707	2,887,835
<b>Total Assets</b>	<b>\$43,552,180</b>	<b>\$44,627,109</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable	\$2,159,344	\$3,903,999
Construction payables	17,850	24,011
Accrued liabilities	50,701	40,985
<b>Total Current Liabilities</b>	<b>2,227,895</b>	<b>3,968,995</b>
<b>Net Assets</b>		
Unrestricted	535,139	234,056
Temporarily restricted	40,789,146	40,424,058
<b>Total Net Assets</b>	<b>41,324,285</b>	<b>40,658,114</b>
<b>Total Liabilities and Net Assets</b>	<b>\$43,552,180</b>	<b>\$44,627,109</b>

## STATEMENT OF ACTIVITIES

For the year ended June 30, 2008 (with comparative totals for 2007)

	Unrestricted	Temporarily Restricted	Total 2008	Total 2007
<b>OPERATING REVENUE</b>				
Grants	-	\$17,666,870	\$17,666,870	\$18,411,563
Interest	-	734,733	734,733	846,931
Fund raising	301,083	-	301,083	68,090
Other	-	-	-	5,775
Net assets released from restrictions	18,542,359	-18,542,359	-	-
<b>Total</b>	<b>18,843,442</b>	<b>-140,756</b>	<b>18,702,686</b>	<b>19,332,359</b>
<b>OPERATING EXPENSES</b>				
Cessation expenses	7,559,124	-	7,559,124	7,758,708
Salaries and related expenses	6,236,169	-	6,236,169	4,333,418
Supplies	2,640,119	-	2,640,119	2,540,802
Depreciation expense	569,724	-	569,724	431,834
Travel	429,786	-	429,786	220,683
Operating services	421,939	-	421,939	241,566
Professional services	345,372	-	345,372	132,591
Fundraising expenses	251,498	-	251,498	169,206
Other expenses	42,117	-	42,117	23,187
Marketing	31,416	-	31,416	50,621
Business expenses	15,095	-	15,095	11,110
<b>Total</b>	<b>18,542,359</b>	<b>-</b>	<b>18,542,359</b>	<b>15,913,726</b>
<b>OPERATING INCOME (LOSS)</b>	<b>301,803</b>	<b>-140,756</b>	<b>160,327</b>	<b>3,418,633</b>
<b>Non-operating revenues</b>				
Investment income	-	508,496	508,496	306,171
Net change in unrealized gain on investments	-	-2,652	-2,652	15,055
<b>Total</b>	<b>-</b>	<b>505,844</b>	<b>504,844</b>	<b>321,226</b>
<b>INCREASE IN NET ASSETS</b>	<b>301,083</b>	<b>365,088</b>	<b>666,171</b>	<b>3,739,859</b>
Net assets, beginning of year	234,056	40,424,058	40,658,114	36,918,255
Net assets, end of year	<b>\$535,139</b>	<b>\$40,789,146</b>	<b>\$41,324,285</b>	<b>\$40,658,114</b>