

Louisiana has the highest cancer mortality rate in the nation.

One person in Louisiana dies every hour from cancer related causes.

One person is diagnosed with cancer every twenty minutes.



Why there's hope

Louisiana Cancer Research Consortium
2006 Annual Report





Louisiana Cancer Research Center

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A vision for hope

Cancer is becoming the single largest health expense in the U.S. Twenty percent of every healthcare dollar in 2001 was spent on cancer. According to American Cancer Society statistics, Louisiana has the highest cancer mortality rate in the nation. Annually, the state loses approximately \$400 million in lost productivity due to early death from cancer.

Because of these trends, and the fact that there is no National Cancer Institute (NCI)-Designated Cancer Center in Louisiana, Mississippi, or Arkansas, the Louisiana Legislature took a bold step and passed Senate Bill 73 during the 2002 Special Session. This landmark legislation created the Louisiana Cancer Research Consortium in New Orleans, a 501(c)(3) corporation that can accept both public and private funds to support cancer research.

The Consortium provides a structure in which Louisiana State University Health Sciences Center-New Orleans and Tulane University Health Sciences Center —the state's two leading health sciences research institutions — work closely together and coordinate research efforts.

During the 2002 Regular Legislative Session, the Louisiana Legislature continued to demonstrate its generous commitment to the fight against cancer by increasing the tax on a pack of cigarettes. Three cents of the 12-cent increase is dedicated to fund infrastructure and program development for the consortium. House Bill 157, sponsored by Representatives Mitch Landrieu, Karen Carter, and Senators John Hainkel and Diana Bajoie, has an effect of more than \$10 million annually and created a bondable revenue stream to further our cause for innovative cancer research and patient care.

Building the Cancer Center

There are many components to achieving designation as a National Cancer Institute (NCI) Cancer Center and key among them is ensuring that Louisiana cancer researchers have a state-of-the-art facility where they can conduct the critical research that will one day provide new therapies to benefit everyone.

The Consortium is planning to construct a 160,000 sq. ft., 9 floor building for cancer research that will combine the cancer programs of LSU Health Sciences Center – New Orleans and Tulane University. The Center will include three bottom floors for parking, five research floors, and an administrative and vivarium floor.

The Center will be located on Tulane Avenue next to the St. Joseph's Church. This central location will provide convenient access for researchers from both universities and patients involved in clinical trials, and will stand as a major landmark in the New Orleans medical district.

The Consortium received approval from the New Orleans City Council for a map change request after several meetings with neighborhood groups and city council members. In March 2005, the final piece of land was acquired by the Consortium for the cancer center site.

In May 2005, the LCRC Board approved the Schematic Design and Cost Estimate for the 160,000 square foot cancer center, and authorized starting the Design Development Phase. Just prior to Hurricane Katrina, the Design Development Phase was completed and Hillier Architects was to begin the Construction Document Phase, which would have allowed the Consortium to begin construction in October or November 2005.

Although the storm impacted the building schedule and a recent construction cost estimate by the general contractor shows the cost to build has increased by 44%, the project will soon be back on track and construction is expected to start in 2007.



Fundraising/Community Awareness

Cancer Crusaders Contribute \$277K to Tulane/LSU Cancer Centers

At their recent Summer Luncheon, Edith Catching and Donell Zeringue, immediate past co-presidents of the Cancer Crusaders, presented Consortium partners, Tulane Cancer Center and LSU's Stanley S. Scott Cancer Center, with a check for \$277,060 representing the results of the organization's fundraising efforts for 2005. Each institution received just over \$138,500 for the continued development of their cancer research programs.



“Considering the personal and professional loss that every member of this organization has had to contend with since Hurricane Katrina, this record-breaking fundraising result is astonishing,” said Augusto Ochoa, M.D., co-director of the LCRC.

“These funds are vitally important to our progress and so are the continued interest, support and enthusiasm of this incredible organization,” said Roy S. Weiner, M.D., co-director of the LCRC.

Cancer Crusaders is a non-profit, all volunteer organization with no administrative overhead, consisting of approximately 500 members who are dedicated to raising funds for cancer research here in New Orleans. In the three decades since they were founded, the Crusaders have raised an incredible \$2 million by organizing and hosting a number of annual fundraising programs and events.

NOPB Golf Tournament Sets New Fundraising Record

Proceeds from the Third Annual New Orleans Public Belt Railroad (NOPB) Golf Tournament reached \$40,000 this year - a new event record. This year's result will provide vital support for the Consortium's cancer research programs and brings the three-year total impact of this event to \$95,000.

Held on Monday, May 15, 2006, at English Turn Golf & Country Club, this year's tournament attracted more than 120 golfers, who enjoyed 18 holes on the PGA course and an awards dinner in the English Turn Clubhouse. A buffet-style luncheon and beverages on the course were generously provided compliments of Portobello's Catering, The Louisiana Coca-Cola Bottling Company, Abita Beer, and Crescent Crown Distributing. Crown Buick GMC and Lakeside Toyota provided automobiles as prizes for a hole-in-one on par-three holes. We didn't have a winner this year, but we thank them all the same.

“It is gratifying to see how this event has grown over the years,” said Roy S. Weiner, M.D.,

co-director of the Consortium. “It has made its mark both as a premiere golf tournament and as a significant fundraiser for cancer research here in Louisiana.”

“We would once again like to thank Jim Bridger, general manager of the New Orleans Public Belt Railroad, for supporting this event,” said Augusto Ochoa, M.D., co-director of the Louisiana Cancer Research Consortium. “The Golf Tournament is a first-class event, reflecting his high standards. We are very fortunate to have Jim and his capable team of dedicated employees working so diligently on our behalf.”

Saks Fifth Avenue Grand Re-Opening Benefits the Louisiana Cancer Research Consortium

The Consortium was one of five beneficiaries of the sale of tickets to the Saks Fifth Avenue New Orleans Grand Re-Opening Gala, which took place on the evening of Wednesday, November 15, 2006.

Saks New Orleans, located at The Shops at Canal Place, 301 Canal St., was severely damaged by a fire that broke out in the days immediately following Hurricane Katrina. It took months to repair the damage and the store was completely remodeled.

Carolyn Elder, vice president and general manager of the store felt it was important that the store’s rebirth trigger similar progress among several local non-profit organizations. The LCRC was one of five beneficiaries of the Grand Re-Opening Gala

Elder, a member of Tulane Cancer Center’s Community Advisory Board and the Louisiana Cancer Research Consortium’s Co-Directors’ Council, has been an ardent supporter of local cancer research efforts for years. In fact, Saks Fifth Avenue has raised over \$416,000 for cancer research here in New Orleans since 2001. Their annual cancer research fundraiser, Key to the Cure, took place at Saks Fifth Avenue locations nationwide in early October 2006, but repairs to the New Orleans store were not yet complete, preventing Key to the Cure from taking place here. In lieu of that, Elder named the LCRC as one of the beneficiaries of their Grand Re-Opening Gala.

“The team at Saks Fifth Avenue New Orleans has demonstrated their deep commitment to local cancer research time and again,” said Roy S. Weiner, M.D., co-director of the LCRC. “Their Grand Re-Opening not only signals the vibrant rebirth of retail business in New Orleans, but also celebrates the recovery of the scientific community here.”

“The cancer researchers of the LCRC are proud to count Saks Fifth Avenue as a valued partner in pursuing our mission of bringing an NCI-designated Cancer Center to New Orleans,” said Augusto Ochoa, M.D., co-director of the LCRC.



Roy S. Weiner, M.D.

Augusto Ochoa, M.D.
Pediatrics

Scientific Co-Directors
Dr. Roy Weiner and
Dr. Augusto Ochoa

Scientific Highlights

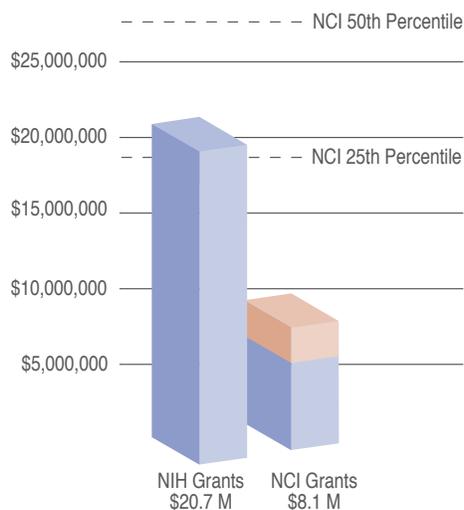
2005-2006 A Year of Trials and of Success

The mission of the Louisiana Cancer Research Consortium is to develop a coordinated cancer research and education program that will optimize discovery and development of innovative cancer therapies; lead to innovative clinical treatment programs offering new opportunities for early detection, treatment, and prevention of cancer in our region; and promote regional economic growth. An important step in achieving this mission is to prepare us to compete successfully for National Cancer Institute (NCI) designation, a status that would provide us with access to many funding, research, and clinical opportunities available only to such centers. NCI designation requires, among other things, a substantial number of highly competitive grants from the National Institutes of Health and the National Cancer Institutes. Prior to Hurricane Katrina the LCRC had increased its NIH grant funding consistently since its inception in 2002 and was close to \$8 million in NCI funding in September of 2005. However the road to success is never easy.

Almost immediately after Hurricane Katrina some of our most successful investigators and mentors moved to other institutions driven mostly by the need to resolve family issues of schools and housing and the general uneasiness about the future of New Orleans. This exodus impacted the number of grants and the magnitude of our grant portfolio and threatened our ability to recover. However, Hurricane Katrina also forced us to become more productive and maximize our ability to compete for grants, which in turn demanded excellence from the faculty that remained committed to the success of the LCRC and New Orleans.

The huge task of starting to rebuild the LCRC was jump started by the rapid response of the National Cancer Institute leadership who provided us with \$1 million to replace expensive equipment damaged during the storm. Inspired by our leaders at the LSU Health Sciences Center and Tulane University Health Sciences Center, and with the encouragement of our faculty and supporters we started the process of rebuilding.

Our first action was to invest an additional \$1 million of LCRC funds to purchase the sensitive reagents our members lost as a result of the prolonged power outage in the aftermath of Katrina. We also met with our investigators and empowered them to restart their work and take leadership positions to fill in the gaps left by those who sought opportunity elsewhere. The results were much better than we ever expected. Over the last year we have seen great success stories.



Overall, our total NIH-relevant funding decreased after Katrina. However through the recruitment of new cancer center members with grants and competing successfully for new grants our research base has recovered significantly. Prior to Katrina, LCRC NIH funding levels were at \$21.1M with NCI funding levels at \$7.7M.

Currently we have \$20.7M in NIH funding and \$8.1M in NCI funding, \$2.4 million, however, represents one time funds to rebuild from the ravages of Katrina. Additionally, non-NIH grants in the form of state awards, clinical and research contracts, industry sponsored research, institutional funds, and private awards that support the overall cancer research enterprise have steadily increased. Non-NIH competitive grant support toward the cancer research mission of the LCRC exceeds \$5 million. This

not only demonstrates the excellence of our faculty's work and its importance in the eyes of the community and our benefactors, but also shows the endurance of our investigators who wrote grants when their personal lives were severely disrupted. Our current faculty is working hard at increasing the number of NCI funded grants which were the hardest hit by the departure of some of our members.

A major advantage of Centers is the availability of research cores. The cores provide the researchers with equipment and technology that would be impossible for an individual investigator to obtain, maintain, and staff. Following Katrina, we restructured our cores and activated several new Core Laboratories needed to support our productive investigators. The Core reorganization and enhancement were priorities for our current faculty and were important to position us favorably to attract faculty members to New Orleans. We currently have Core facilities in Immunology/Cell Analysis with state of the art equipment and expert staff used heavily by researchers at both institutions. We have also inaugurated a Biospecimen Repository Core that will collect samples needed to conduct our research from cancer patients at hospitals in our region. This Core is supported by a novel electronic records system that will allow the investigators to access information on the samples used in their research. It is through this initiative that the LCRC is now a member of CaBIG (Cancer BioInformatics Grid) which will provide us access to information on multiple aspects of cancer research. We have also enhanced our Genomics capabilities with the purchase of two major platforms for genetic research, an Illumina System (at LSU HSC) and an Agilent System (at TUHSC). In addition, LCRC has invested in institutional Cores in Proteomics, Imaging and Biostatistics/Bioinformatics that provide resources to our researchers at discount rates.

We are greatly enhancing our ability to conduct clinical research through the joint purchase with the Ochsner Clinic Foundation, of a clinical trials electronic management system that will allow us to store patient information securely and position us to interact

with other clinical research organizations through Cancer BioInformatics Grid.

Clinical Services and Clinical Trials have already started at both Tulane University Health Sciences Center and at LSU Health Sciences Center. Tulane Cancer Center resumed caring for patients 5 weeks after Katrina hit our region, albeit at Tulane's Lakeside Hospital in Metairie and in temporary quarters in Covington. By February 2006 we were able to admit our patients to Tulane University Hospital and Clinics. Tulane Cancer Center Comprehensive Clinic re-opened August, 2006 with updated technology in patient services and radiation therapy. The clinical research records of over 700 patients on active clinical trials or in follow-up were destroyed by Katrina's aftermath. Through a monumental effort by our staff and emergency funding from the NCI, we recovered primary data to reconstitute research records, continue care, and maintain research evaluability. By July of 2006, Tulane and its network of community oncologists in Pensacola, Pascagoula, Gulfport, Slidell, Lafayette, Thibodeaux, Baton Rouge, and Alexandria were once again offering clinical research options to their patients. Innovative clinical trials authored by Tulane faculty members have been approved and are open for accrual of eligible patients.

The Stanley S. Scott Cancer Center restructured its clinical activities following Hurricane Katrina. In association with community oncologists we have now been able to start offering cancer care in the MCLNO clinics. Furthermore, in collaboration with community oncologists from New Orleans and southeast Louisiana we have reopened clinical trials through the NCI funded Minority Based - Community Clinical Oncology Program (MB-CCOP). Holding a CCOP is an important step in our drive towards NCI designation. Previously our MB-CCOP was mostly based at the Charity Hospital. However with the closure of the Charity Hospital and the loss of most of the clinical faculty, the leadership at the Cancer Center decided to establish partnerships with community oncologists from New Orleans, Baton Rouge and Lafayette. Today approximately 30 community oncologists are now members of the LSU MB-CCOP which allows them to enroll patients in the latest clinical trials organized by the cooperative groups including SWOG, ECOG, GOG, RTOG, COG and others. This has resulted in a rapid increase in the numbers of patients enrolled in clinical trials.

Through community based clinics at St. Thomas and Covenant House, LSU and Tulane faculty have provided access to care to the underserved population, as New Orleans health care infrastructure is being reconstituted. Generous support from the Susan B. Komen Foundation, the Leukemia and Lymphoma Society, the American Cancer Society, and the Avon Foundation has facilitated the recovery of clinical services. In addition, the implementation of an electronic clinical trials management system (VELOS) by the LCRC in partnership with Ochsner Cancer Center will facilitate patient screening and data management and assure that a catastrophic loss of data is a thing of the past.

One of the most outstanding responses to the effects of Hurricane Katrina was that of our young faculty who in spite of having lost some of their most respected mentors to other institutions, decided to stay and establish themselves into research teams. Today the LCRC has working research teams in Prostate Cancer, Tumor Immunology, DNA Repair, Cancer Stem Cells and Apoptosis and Cell Survival. Many of these are organized and led by junior faculty members. In addition, they initiated a highly successful Speaker's Series that started in September 2006 and brings in renowned scientists and clinicians from around the country, who give a major presentation and meet with individual researchers to discuss their work and establish new collaborations. The response from the investigators in the United States has been overwhelming to the point that we have speakers scheduled until December of 2007.

In facing the challenge of bringing our NIH funded research base to the level expected of NCI designated centers we are exploring the contributions that our academic neighbors can make to our research programs. Xavier and Tulane have competed successfully for a planning grant from the NIH to establish a partnership between a Historically Black University and a Cancer Research Center. As this newly funded research partnership between Tulane and Xavier faculty expands to include LSU faculty, so will the mentorship opportunities for Xavier expand to include LSU. New Program members from Pennington and LSU School of Veterinary Medicine have also been identified through their research collaborations with LCRC investigators. The LCRC Board recently took the forward looking step of approving investment of LCRC funds to support joint scientific projects between LCRC members and faculty in nearby institutions who can make contributions to the LCRC mission within the established scientific programs. Through this mechanism investigators can become affiliated with the LCRC and gain access to research funds (seed and bridge funds) and Core Laboratories. We have great expectations for the ability of this program to bring together the best minds of these regional centers of education to enhance our mission and to accelerate the realization of our vision.

We are on the road to recovery and are prepared for a long, but exciting recovery phase. We must keep our focus squarely on building an NCI Designated Cancer Center. Our region's health needs demand it, and our citizens expect it. The most pressing need at this time continues to be the recruitment of highly qualified and experienced investigators and clinicians to expand our shrunken post-Katrina base of excellence and to increase the NCI funded cancer research base. We are encouraged by the responses to our initial forays into the recruitment process. We are also proud of the tremendous effort that our current faculty has demonstrated by the number and quality of the grants they have submitted for funding. We are hopeful of the future, but realize that our success will require careful investment of our LCRC funds into faculty and research programs that are well linked by scientific themes and which result in innovative and productive clinical trials.

\$10.6 Million COBRE Grant Establishes Translational Research Center of Excellence

A COBRE grant to establish a mentoring program in translational research was recently awarded to **Augusto Ochoa, MD**, interim co-director of the LCRC.

“The major goal of this program is to train promising young faculty members in the science of translational research, a relatively new clinical discipline which *translates* knowledge gained in our basic research laboratories into new methods for diagnosing, treating or preventing disease,” said Dr. Ochoa.

Like Dr. Deininger’s program, Dr. Ochoa’s COBRE grant will pair promising young faculty members with successful senior investigators to develop a research project. The grant will fund their work for five years, but it is expected that they will be proposing their own independent grants to the NIH and other federal funding agencies within the first three years. The grant also provides support to bring in speakers, send the investigators to meetings, create core resource facilities, and develop a career plan in academic medicine and research. “The strength and stability of the LCRC partnership and the opportunity for collaboration with LCRC researchers, both now and in the future, no doubt played a role in the award of this very significant funding,” said Dr. Ochoa.

Featured Research

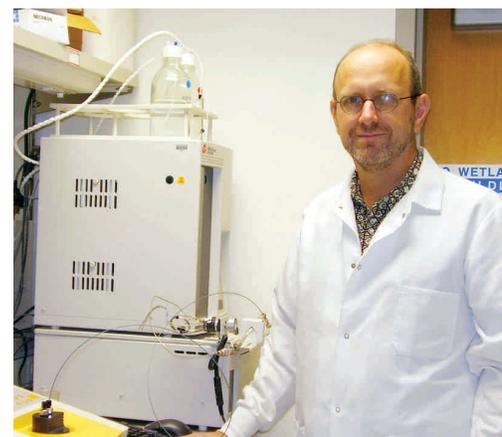
LCRC Researcher Explores Breast Cancer Treatment Options

Brian Rowan, Ph.D., associate professor of structural and cellular biology at Tulane University Health Sciences Center, is studying ways to improve the effectiveness of the breast cancer drug tamoxifen.

Breast cancer is a hormone-dependent cancer; the hormone estrogen binds to receptors in breast cancer cells and causes tumors to grow. One strategy for treating breast cancer is to use drugs which compete with estrogen for binding to receptors. If the drug binds to the receptor, estrogen can’t and the tumor can’t grow. Tamoxifen is one such drug.

One problem with tamoxifen, though, is that many women become resistant to it. “The receptor sites in the tumor cells can be modified by enzymes called kinases,” said Rowan. “Once these receptor sites are modified, tamoxifen may behave like an estrogen rather than an anti-estrogen and is therefore no longer effective as a treatment.” Dr. Rowan and his team are looking at ways to combine tamoxifen with drugs that act as kinase inhibitors so that tamoxifen can continue to be effective at preventing the growth of breast tumors.

Dr. Rowan is also working on combining tamoxifen with the nutritional supplement selenium in an effort to boost the drug’s effectiveness. “When we added organic selenium



Brian Rowan, Ph.D.

to tamoxifen in the laboratory, we were able to kill breast cancer cells in culture in greater number than by using tamoxifen alone,” said Rowan. His team has similar results in animal models. He is currently working with collaborators in Buffalo and Chicago to initiate a clinical trial of the combination therapy. “This is clearly an example of the benefits of translational research,” said Rowan. “We can use information gained in the basic research laboratory and hopefully translate it into new therapeutic options for patients in the clinic.”

A third project Rowan is very excited about is a new collaborative effort between the Louisiana Cancer Research Consortium and the Louisiana Gene Therapy Consortium which will look at the role of adult bone marrow stem cells in breast cancer metastasis to the bone. “Breast cancer metastasis to bone is the leading cause of breast cancer mortality and also results in a variety of painful complications that significantly impact patient quality of life,” said Rowan. Although there are multiple treatment options for primary breast tumors, there are no effective therapies for the prevention or treatment of breast cancer bone metastases. According to Rowan, each of us carry adult stem cells in our bone marrow that give rise to many different cell types. There is now evidence that these adult stem cells actually play a role in attracting breast cancer cells to the bone and then help to create a fertile environment for the cancer cells to grow and multiply. “Combining the strengths of the gene therapy program with the cancer research program holds great potential for understanding how adult stem cells interact with cancer cells and may help us to identify new therapeutic targets for intervention of breast cancer metastasis to the bone,” said Rowan. “We are excited about these possibilities.”

LCRC Researcher Explores a Novel Molecule’s Role in Prostate Cancer

When **Shahriar Koochekpour, M.D., Ph.D.**, assistant professor of microbiology and immunology at Louisiana State University Health Sciences Center (LSUHSC), first started his independent research career in 2002, he was a bit of a rebel in the scientific world.

He had a hunch about the involvement of a particular molecule in the development of prostate cancer. The molecule, prosaposin, wasn’t new to science or literature. It had been studied for approximately 40 years and was known to play a role in the normal growth and development of the central and peripheral nervous system, but no one was looking at its possible involvement in cancer.

His interest in this molecule was sparked by the publication of a research article illustrating that the total deficiency of the prosaposin gene or protein in mice leads to premature death and abnormal development of the nervous system and the male reproductive organs, including atrophy of the prostate gland.

In a pilot study, he examined a number of tissue samples from patients with high-grade prostate tumors and found this molecule to be present in much higher amounts in the cancerous tissues than in normal prostate tissue or even tissue from patients who have a type of non-cancerous prostate condition called BPH (benign prostatic hyperplasia). Continued examination showed that prosaposin is exclusively expressed at higher levels in advanced metastatic or clinically incurable hormone-refractory prostate tumors compared to the low grade or less aggressive tumor cell lines. Additionally, he found that prosaposin or its active molecular derivatives stimulate proliferation, survival, motility, and the metastatic potential of prostate cancer cells.

Dr. Koochekpour next examined 22 different type of tumors (cell lines and tissues) and found an elevated expression level for prosaposin in breast, lung, ovarian, brain, skin, bladder, cervical, pancreatic, and uterine cancers, as well as lymphomas and leukemias. He became more confident that the involvement of this molecule is not limited to prostate cancer and extends to almost all other types of tumors.

“When I began my research, other than my own work, there was no clear scientific basis for looking at prosaposin’s involvement in cancer, and so my manuscripts were returned unpublished and my requests for funding were repeatedly denied,” said Koochekpour. “No one was willing to support the notion that this molecule might play a role in cancer. If it weren’t for the support I received from **LSUHSC, the Stanley S. Scott Cancer Center,** and from the **Louisiana Cancer Research Consortium,** I could never have come this far. The encouragement I received is very important to young scientists and for new discoveries. Now, we can say that this molecule’s potential relationship to cancer in general and to prostate cancer in particular was discovered for the first time here in New Orleans, and we are producing unique data that other scientists around the world will follow.”

Dr. Koochekpour has presented his findings at national meetings and has published several peer-reviewed original research articles. He filed a patent in 2004 for the possible uses of prosaposin in the treatment of cancer, and he recently received two NCI/NIH grants to fund pilot studies to look more closely at the biological function of prosaposin in the development of prostate tumors and how it can be used as a molecular target or as a tumor marker for prostate cancer.

Dr. Koochekpour is also pursuing research which might indicate that prosaposin plays a role in infectious diseases, including HIV, influenza, Bacillus anthracis, salmonella, shigella, spirochetes, and malaria.



Dr. Koochekpour’s laboratory team (from left): Dae-Young Kim, M. Sc.; Shahriar Koochekpour, M.D., Ph.D.; Nathalie Delorme, Ph.D.; Jone Garai, M.Sc.; and Joshua Shraberg, B. Sc.

Louisiana Cancer Research Consortium faculty members are serving the scientific community with distinction:

Recent Publications

Bhattacharyya M, Lustig AJ. Telomere dynamics in genome stability. *TIBS*, 31: 112-12, 2006.

Cormier SA, Lomnicki S, Backes W, Dellinger B. Origin and health impacts of emissions of toxic by-products and fine particles from combustion and thermal treatment of hazardous wastes and materials. *Environmental Health Persp*, 114: 1-10, 2006.

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Kahn MJ. As I see it: What types of information do medical schools need from residency programs to better advise medical students in their selection of an appropriate medical specialty and residency program? *GSA (Group on Student Affairs) Reporter*, 3:6, 2006.

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Naresh A., Long W., Vidal GA, Wimley WC, Marrero L, Sartor CI, Tovey S, Cooke TG, Bartlett JMS, Jones FE. The ERBB4/HER4 intracellular domain 4ICD is a BH3-only protein promoting apoptosis of breast cancer cells. *Cancer Res*, 66: 6412-6420, 2006.

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Shah Y, Kaul A, Dong Y, Ip C, Rowan BG. Selenium inhibits estrogen receptor signaling in breast cancer through decreased expression of estrogen receptor a mRNA. *Breast Cancer Research and Treatment*, 92(3):239-50, 2005.

Shah Y, Rowan BG. The Src Kinase Pathway Promotes Tamoxifen Agonist Action through Phosphorylation-Dependent Stabilization of Estrogen Receptor a Promoter Interaction and Elevated SRC-1 Activity. *Molecular Endocrinology*, 19(3):732-48, 2005.

Zhu Y, Sullivan LL, Nair SS, Williams CC, Pandey A, Marrero L, Vadlamudi RK, Jones FE. Coregulation of estrogen receptor by estrogen-inducible ERBBr/HER4 establishes a growth promoting autocrine signal in breast cancer. *Cancer Res*, 66:7991-98, 2006.

*Joint LSU/Tulane publication

Recent Presentations

Wayne Backes, Ph.D., How are NADPH-cytochrome P450 reductase and multiple cytochromes P450 organized in membranes? *Experimental Biology*, San Francisco, April 2006.

Frank Jones, Ph.D., Therapeutic Implications of Novel ERBB/HER Signaling Mechanisms in Breast Cancer, Department of Cellular Biology, University of Georgia at Athens, February 2006, and Moffitt Cancer Center, University of Southern Florida, March 2006.

Marc J. Kahn, M.D., Panel Chair -Faculty Development on Research and Panel Discussant - Students in Crisis—Hurricane Katrina and Disaster Plans for Student Records: When

the Unthinkable Happens, Group on Student Affairs (AAMC) National Meeting, Philadelphia, PA, April 2006.

Panel Discussant - Disaster Planning 101: Lessons from Katrina. Southern Group on Educational Affairs Annual Meeting, Galveston, TX, May 2006.

Shahriar Koochekpour, M.D., Ph.D., Cross-talk between androgen receptor and prosaposin in prostate cancer and stromal cells supports a potential mechanism for antiandrogen withdrawal syndrome, American Urological Association Annual Meeting, Atlanta, May 2006.

Arthur Lustig, Ph.D., Telomere Dynamics and Genomic Stability, Northwestern University, Evanston, IL, March 2006 and University of Illinois at Chicago, April 2006.

Kim O'Connor, Ph.D., Computer-Aided Tissue Engineering: Predicting Self-Assembly of Prostate Cancer Spheroids, Society for In Vitro Biology, Minneapolis, June 2006.

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Dr. Roy Weiner, Co-Director

Tulane University Health Sciences Center

Dr. Rhonda Yusuff, Associate Director for Scientific Administration

Independent Auditor's Report

Board of Directors

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

We have audited the accompanying statement 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 "Center") as of June 30, 2006, and the related statements of activities and cash flows for the year ended. These financial statements are the responsibility of the Center's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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, 2006, 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 18, 2006 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 or on compliance. That 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 audit was performed for the purpose of forming an opinion 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 combining Statement of Activities 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.

Rebow & Company

August 18, 2006

Statement of Financial Position

Louisiana Cancer Research Center of LSU Health Sciences Center in
New Orleans / Tulane Health Sciences Center
June 30, 2006

	2006	2005
ASSETS		
Current Assets		
Cash	\$ 16,517,899	\$ 13,413,324
Receivables		
Grants	16,763,385	17,850,000
Other	52,561	
Contractual Services Advance	-	320,982
Total Current Assets	\$ 33,333,845	\$ 31,584,306
Property and Equipment - Net	5,417,533	4,988,258
Total Assets	\$ 38,751,378	\$ 36,572,564
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable	\$ 1,808,188	\$ 2,852,583
Accrued Liabilities	24,935	16,700
Total Current Liabilities	1,833,123	2,869,283
Net Assets		
Unrestricted	160,191	35,432
Temporarily Restricted	36,758,064	33,667,849
Total Net Assets	\$ 36,918,255	\$ 33,703,281
Total Liabilities and Net Assets	\$ 38,751,378	\$ 36,572,564

Statement of Activities

Louisiana Cancer Research Center of LSU Health Sciences Center in
New Orleans / Tulane Health Sciences Center
For the Year Ended June 30, 2006

	Unrestricted	Temporarily Restricted	2006	Totals 2005
REVENUE				
Grants	\$ -	\$ 16,763,385	\$ 16,763,385	\$ 17,850,000
Interest	-	331,648	331,648	160,416
Fund Raising	152,250	-	152,250	-
Other	5,354	-	5,354	22,079
Net Assets Released from Restrictions	14,004,818	(14,004,818)	-	-
Total Revenue	14,162,422	3,090,215	17,252,637	18,032,495
EXPENSES				
Salaries & Related Expenses	4,055,564	-	4,055,564	2,506,071
Professional Services	144,143	-	144,143	457,479
Operating Services	128,240	-	128,240	544,591
Supplies	1,422,131	-	1,422,131	701,140
Travel	57,323	-	57,323	179,465
Other Expenses	6,777	-	6,777	13,941
Fund Raising Expenses	32,845	-	32,845	6,523
Depreciation	402,983	-	402,983	184,084
Cessation Expenses	7,768,441	-	7,768,441	6,624,129
Total Expenses	14,037,663	-	14,037,663	11,257,216
INCREASE IN NET ASSETS	124,759	3,090,215	3,214,974	6,775,279
Net Assets, Beginning of Year	35,432	33,667,849	33,703,281	26,928,002
Net Assets, End of Year	\$ 160,191	\$ 36,758,064	\$ 36,918,255	\$ 33,703,281



THE LOUISIANA CAMPAIGN FOR
**TOBACCO-FREE
L I V I N G**

The Louisiana Campaign for Tobacco-Free Living

This report outlines the major accomplishments and activities of The Louisiana Campaign for Tobacco-Free Living (TFL) from January 1, through December 31, 2006. As with many if not all public health programs in Louisiana, 2006 was a year of significant change, including the loss of nearly all its leadership. Despite the challenges and growth that followed the 2005 hurricanes, 2006 was a year of rebirth. TFL. Since January 2006, TFL has refined and rejuvenated its leadership, staff and programmatic structure and markedly improved its systems, partnership, accountability, efficiency and impact.

Perhaps the greatest 2006 example of these strides is the successful and historic passage of Act 815, the **Louisiana Smoke-Free Air Act**.

This historic act protects Louisiana citizens from the dangers of secondhand smoke in most public places, and empowers communities with the legal right to pass local ordinances that are stronger than this new statewide law. The Act is a magnificent example of Louisiana Tobacco Control at its finest — it is the result of years of constant and effective tobacco control partnerships, strategic population-level advocacy campaigns, community capacity and mobilization, and evidence-based programming. In the midst of trying times for the state of Louisiana, this law signifies Louisiana's commitment to progressive public health policy and its citizens' physical, emotional and economic well-being.

During the 2002 Legislative Session, with Louisiana Act 19, the state created a statewide comprehensive tobacco control program to be housed within the Louisiana Cancer Research Consortium and funded by a 2 cent allocation of the 36 cents tobacco excise tax. LCRC in turn elected to subcontract this program through LPHI in July 2003. In July 2006, LCRC and LPHI entered into a second three-year contract (through June 2009) for the ongoing administration of TFL.

To assist in achieving the four campaign goals — reducing secondhand smoke exposure, preventing youth tobacco initiation, promoting adult and youth tobacco cessation, and eliminating tobacco-related disparities — TFL revisited its mission and vision statements

TFL History during 2006. Furthermore, TFL created a series of guiding principles to support its revised mission and vision, revisited philosophy and corresponding programming. These TFL statements of mission, vision and guiding principles were crafted with input from TFL Leadership, community partners, community members and the expertise of the TFL Statewide Steering Committee. The guiding principles provide further elucidation of the philosophy and values that TFL holds. These strategic tools as revised in 2006 are:

Vision TFL envisions a healthier Louisiana through 100% tobacco-free living.

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

Guiding Principles ***Collaborative Leadership*** – TFL effectively engages partners in facilitated processes that enhance trust and distribute power among stakeholders.

Community Mobilization – TFL prepares and organizes communities to take action in tobacco control specifically toward their own development, meeting their own needs, and caring for their own people by accepting full responsibility of their duties.

Comprehensive, Coordinated and Integrated Programming – TFL aims to effectively and efficiently coordinate and integrate its comprehensive services to prevent and reduce tobacco use and exposure to second-hand smoke.

Evidence-Based, Data-Driven Decision-Making – TFL's approach to tobacco control encourages programs based on best available research that follow practices with proven results, and that provide the best opportunity for success.

Health Equity and Social Justice – TFL is committed to equity of service and protecting the health of non-smokers while providing resources and support for smokers in their efforts. TFL is also committed to identifying and working to reduce tobacco-related disparities that impact non-smokers and smokers alike.

Information and Technology Transfer – TFL provides leadership in the collection and dissemination of tobacco control information and strategies.

Institutional and Organizational Capacity-Building and Enhancement – TFL strengthens capacity among our partners, ensuring that people, organizations and communities have the resources that aid them in being more in charge of their own well-being.

Population-Level Focus – TFL’s community and state level programs maintain a population-level approach to tobacco control.

Public Health Policy and Environmental Change – TFL advocates policies that create smoke-free environments, support access to tobacco cessation services, and prevent tobacco use.

Strategic Thinking – TFL works cooperatively with other public and private organizations to support joint efforts that use funds efficiently and effectively, and provide opportunity for sustained activity.

Targeted Evaluation – TFL is committed to process, impact and outcome evaluation of Louisiana tobacco control efforts in an effort to constantly strengthen our programmatic efficacy and value to the state of Louisiana.

Communications Support: Administrative/Core

To ensure that all TFL communication activities are tightly aligned with programmatic work, the Communications team works closely with the Administrative/Core Component in supporting all goals of prevention, cessation, and change in social/health policies. TFL’s media campaign serves as the public face and driving force in this social marketing campaign to change Louisiana’s social norms and corresponding policies. The Communications Team effectively reaches out to Louisiana individuals, institutions and businesses with information about the dangers of secondhand smoke and tobacco use, and more importantly, with tools to address those dangers.

The TFL Communications Component has positioned TFL as the major tobacco control resource for Louisiana, with vehicles including: traditional media (i.e., television, radio, outdoor, and print), and media advocacy (i.e., inspiring policy change through grassroots letter writing campaigns and other public relations tactics such as media tours, editorial board visits, and statewide special events).

Evaluation and Research Support: Administrative/Core

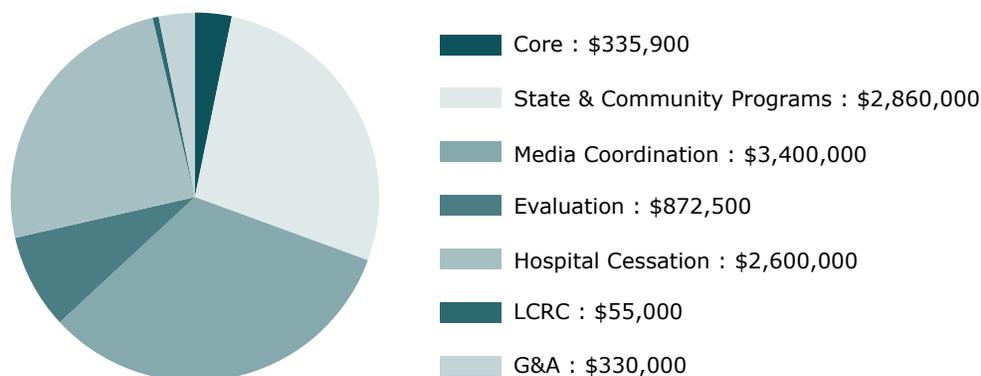
Much of LPHI’s Evaluation and Research unit’s efforts in 2006 centered around strengthening TFL’s Administrative/Core functions. The Evaluation Team focused on building TFL’s evaluation infrastructure and systems, and has helped restructure all of TFL’s grants and contracts to ensure that evaluation data is accurate, relevant, and readily available. In addition, TFL is in the process of formally adopting the CDC-recommended key outcome indicators identified as most appropriate for TFL programs. This investment in TFL’s evaluation systems will result in more focused program planning, greater capacity for continual improvement of programs, and continued increase in accountability.

Budget: Administrative/Core

TFL's contract with LCRC follows a government fiscal year structure; therefore although programmatically the report describes activities for January 1, 2006 through December 31, 2006, these budgetary descriptions correspond with the governmental fiscal year of July 1, 2006-June 30, 2007.

TFL's state appropriations budget for FY 06/07 (July 1, 2006-June 30, 2007) is \$7,466,912. Including the additional funds that TFL requested from its LCRC reserves, TFL's total LCRC allocation this year is \$10,441,400.

Based on the LCRC budget, TFL's current budget allocation is presented in the following chart:



In addition to the LCRC allocations, TFL receives funding through other related contracts including: a contract from Louisiana Office of Public Health for the Make Yours a Fresh Start Family; and partial salary coverage for three TFL Regional Coordinators from the Louisiana Cancer Control Partnership and the Louisiana Cancer and Lung Trust Fund Board Rapides Contract to support their regional tobacco control initiative.

Next Steps: Administrative/Core

In line with the recommendations of TFL's Scientific Advisory Board, during 2007, TFL will continue with:

- Solidification of strategic plan, evaluation, work plan for FY 07/08
- Solidification of Working Groups, particularly towards the realization of Statewide Coordinating Council
- Solidification of TFL systems and infrastructure, including full staffing
- Increasing local, regional, state and national presence
- Alignment of TFL and DHH's Tobacco Control Program (TCP), towards a more integrated and coordinated system with the state and its Chronic Disease Prevention programming.

The following are highlights of TFL's 2006 activities.

TFL Administrative/Core Component

- Retrospective Process Evaluation
With assistance from TFL's Research and Evaluation Component, the TFL Director conducted a retrospective process evaluation to guide the reorganization of TFL.
- Reorganization of TFL Programs and Staff
TFL programs and staff were reorganized into a seven component structure. The components are: 1) Administrative/Core, 2) Policy and Advocacy, 3) Community Capacity and Mobilization, 4) Statewide Initiatives, 5) Cessation Services, 6) Communications and Media, and 7) Evaluation and Research.
- Rebuilding of an entire Leadership Team, including the creation of new positions of and/or hiring of positions left vacant:
 - TFL Director
 - TFL Associate Director
 - Program Manager, Grants and Contracts
 - Program Manager, Policy and Advocacy
 - Program Manager, Cessation Services
 - Two MYFSF Program Coordinators (North and South)
 - Three Regional Coordinator Positions
 - Program Assistant
- Creation of new working groups and rejuvenation of existing working groups
Each of the seven TFL Components has one or more corresponding Working Groups. These represent existing groups that underwent rejuvenation in 2006 or are currently in the process of solidifying a group structure and work plan.

It is the hope of TFL that these working groups will feed into a Statewide Tobacco Control Coordinating Council that will ensure a comprehensive coordinated tobacco control program for the state.
- Building ties with Centers for Disease Control (CDC) Office of Smoking and Health
TFL participated in several meetings with CDC's Office of Smoking and Health (OSH). These meetings were focused on fostering a growing collaborative relationship between TFL, CDC, and LA Department of Health and Hospital's Tobacco Control Program.
- Began Statewide Tour of Regional Offices
The TFL Director and Associate Director have begun visits to each of the nine public

health regions to meet with LA Office of Public Health (OPH) Regional Administrators and Medical Directors. These visits have been instrumental in determining ways in which TFL can be of assistance to OPH and ways that they can partner to strengthen Louisiana's tobacco control movement.

- **Building Speakers Bureau of Regional Medical Directors**

The TFL Director and LPHI Public Relations Manager held several meetings with Erin Brewer, the Director of the LA Office of Public Health's Center for Community Health, to establish the Regional OPH Medical Directors as primary spokespersons in TFL's Speakers Bureau.

- **Disparities Working Group**

In the summer of 2006, the CDC Office of Smoking and Health awarded the state Tobacco Control Program (TCP) a Tobacco-Related Disparities Supplemental award to lead to the creation of a strategic plan addressing LA's tobacco-related disparities.

As the DHH's sister tobacco program, TFL was asked to assist TCP in conducting the corresponding needs assessment, coalition creation, and strategic planning process.

TFL Policy and Advocacy Component

- **Strengthening of CTFLA**

CTFLA is the statewide working group for tobacco control policy and advocacy. CTFLA is a network of non-profit, state, and private organizations that aim to prevent tobacco use and exposure to secondhand smoke. The Coalition works to strengthen policies that protect against the harmful effects of tobacco and encourage smoke-free living.

TFL has historically taken the lead role in the coordination of the Collaborative Partners. This year TFL assisted the Coalition in strengthening its membership and more clearly defining its goals and objectives.

- **Passage of The Louisiana Smoke-Free Air Act**

During the summer of 2006, Louisiana passed an historic statewide smoke-free law (Act 815), which includes restaurants and elementary and secondary schools and excludes free-standing bars and casinos.

- **Total repeal of pre-emption**

The Louisiana Smoke-Free Air Act repealed pre-emption, therefore municipalities are now allowed to pass local ordinances that are stronger than the state law (Act 815).

Since partial and full preemption, 16 local smoke-free ordinances have been passed in Louisiana.

- Louisiana received two national awards for their policy and advocacy efforts
Americans for Nonsmokers' Rights (ANR) declared the Coalition for Tobacco-Free Louisiana (CTFLA) a third place winner of the "ANR Smoke free Air Challenge Award" for 2005, which recognizes the states that passed a high number of strong 100% smoke free local laws. Together, ANR and American Cancer Society (ACS) gave CTFLA an award for Louisiana's repeal of preemption.
- Legislative Thank You Events in all nine public health regions
The Policy and Advocacy Program Manager worked with each of TFL's Regional Coordinators, Regional Coalitions, and the CTFLA to host these events as a way to thank local grassroots activists along with state and local lawmakers for their efforts in enacting Louisiana's statewide tobacco-control legislation and local ordinances.
- Development of the Act 815 Coalition Plan with Partners
TFL, together with CTFLA, mobilized quickly after the passage of Act 815 and began to work on a coordinated implementation plan. This plan was created with the input of the Centers for Disease Control and Prevention, Americans for Non-Smokers' Rights, and other state tobacco control program administrators who have implemented statewide tobacco control legislation.

TFL Community Capacity and Mobilization/Statewide Initiatives Component

- Reconfiguration of all Community Program Grants and Partnership Awards
The TFL Community Program Grants and Partnership Awards, were restructured to foster fiscal and programmatic accountability. Each of these entities was funded to complete four Required Activities, including an evidence-based youth intervention.
- LPHI Center for Community Capacity Trainings
TFL grantees and contracts were expected to attend the following LPHI Center for Community Capacity Trainings: Program Evaluation and Monitoring (August 2006), Public Relations and Media (October 2006), and Policy and Advocacy (February 2007). It is TFL's hope that these trainings will strengthen the capacity of its community partners to conduct tobacco control activities and other activities that serve to improve the lives of Louisianans.
- Grantee Orientation
TFL held a Grantee Orientation this year for its Community Program Grantees. This was an all day training focused on increasing the capacity of the grantees and staff working with the Community Program Grants. Each of the TFL Components was reviewed and the grantees gained a greater appreciation for their role in Louisiana's tobacco control movement.

- Rejuvenation of the Communities of Color Network at Grambling University
The Communities of Color (CoC) Network is charged with conducting a regional tobacco control needs assessment and developing a network to assist in the design and implementation of a strategic plan specific to Communities of Color. This process is being accomplished through contracted technical assistance from Echo Village Hope (EVH), a minority-based tobacco control technical assistance provider. EVH's leadership (also a member of the Scientific Advisory Board) was pivotal in the initial inception of the CoC in 2004.
- Convening HBCU Diversity Initiatives as one TFL Working Group
During 2006, each of these institutions was funded at up to \$100,000 to conduct college campus needs assessments, and to develop and implement corresponding tobacco control initiatives.

TFL Cessation Services Component

- Cessation services integration through the Quitline and the Piloting of a Fax Referral Program
Callers are able to contact the Quitline at any time for general information. 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 (FFS) Clinics and the LSU Public Hospital System's Tobacco Control Initiative.

During fall 2006 in conjunction with TFL's Make Yours A Fresh Start Family Program (MYFSF), the Quitline and the State Tobacco Control Program, TFL initiated a Fax Referral Program whereby TFL trains healthcare providers in the importance of tobacco use screening and counseling, and provides them with forms that allow them to refer patients to the Quitline via fax. Patients are then called by Quitline Counselors and proceed as if they had called the Quitline themselves.
- Tightening of American Lung Association's Freedom From Smoking (FFS) Clinics
Approximately 70% of current smokers want to quit completely, but only 5-7% of smokers are able to quit each year. To address this disparity, large numbers of smokers ready to quit need to be recruited to the clinics. FFS Clinics have a new reporting system that has allowed the American Lung Association to identify unmet challenges in their recruiting systems. By the end of the year, they had developed a new recruiting strategy, which is likely to produce higher numbers of participants and successful quitters in 2007.

- Rejuvenation of the Louisiana Tobacco Cessation Consortium (LTCC)
LTCC is the vehicle used to most effectively and efficiently ensure this collaborative cessation coordination. During the year 2006, TFL and the State Tobacco Control Program of DHH have made a concerted effort to reinvigorate the LTCC, an initiative that was challenged by the 2005 hurricane season.
- Increased alignment with Tobacco Control Initiative
Through TCI, the LSU HCSD is able to offer its patients access to a range of state-of-the-art tobacco cessation services.

In addition to advancements at the system level, TCI has increased interactions with TFL's other statewide initiatives. TCI is a member of the Louisiana Tobacco Cessation Consortium, an effort to coordinate and publicize the availability of cessation services across the state; we work closely with Make Yours a Fresh Start Family to facilitate access to pregnant smokers in the Monroe hospital; and TCI plans in-house (i.e. within hospitals) marketing of cessation services to coincide with TFL media campaigns. TCI and HCSD have initiated a system wide process improvement project to make referral to the LA Quit Line standard of care for HCSD patients.

TFL Communications and Media Component

- Fingers ads continued through Spring and were reconfigured for Fall 2006
The popular 'fingers' campaign that began in the summer of 2005 to promote the Louisiana Tobacco Quitline (1-800-QUIT-NOW) continued throughout 2006. A series of six television PSAs were created featuring finger persons engaged in situations similar to those experienced by smokers.
- "Let's Clear the Air" Campaign
In January 2006, TFL created a television PSA with a message to encourage a 'resolution' for a Smoke-Free Louisiana. Communities that already established local ordinances were also recognized for their work. This PSA was broadcast at the start of the New Year when people are more receptive to change and traditionally set personal and professional goals for the year. These PSAs were tagged with the line "Let's Clear the Air Louisiana."
- "Thanks From the Bottom of Our Hearts and Lungs" Campaign
In order to continue momentum and keep awareness high for the Louisiana Smoke-Free Air Act, a new television PSA was developed featuring children thanking Louisiana "from the bottoms of our hearts and lungs" for passing the state law. The message was broadcast statewide October-December 2006 and helped to lay ground work for a larger media effort to ensure compliance with the law.

TFL Evaluation and Research Component

- Finalization of the Adult Tobacco Survey (ATS) for early 2007 implementation
TFL is working in collaboration with the CDC to conduct this survey in 2007, with over 9000 respondents statewide.

The ATS is the primary surveillance instrument used by many states' tobacco control programs across the country.

- Continued work on development of the Youth Tobacco Survey (YTS) and Youth Risk Behavior Survey (YRBS)
TFL supports Louisiana's Department of Health and Hospitals' Tobacco Control Program (DHH/TCP) in its administration of the YTS. The YTS is a representative survey of the state's 6th through 12th grade students that collects in-depth information regarding tobacco use and exposure to second-hand smoke among adolescents.

TFL works in collaboration with both DHH/TCP and the LA Department of Education to increase efficiency in implementing the YTS in coordination with the CDC-sponsored YRBS.

The YRBS monitors six categories of priority and health risk behaviors among high school youth and young adults, including tobacco, alcohol and drug use, sexual risk behaviors, nutrition and physical activity, in addition to behaviors that contribute to unintentional injury and violence.

- Utilization additional surveillance data sources
Based upon recommendations from TFL's Scientific Advisory Board, TFL has begun to explore the Current Population Survey (CPS) data and Tobacco Tax data as additional ways to evaluate the impact and value of The Louisiana Campaign for Tobacco-Free Living.
- Creation of joint youth intervention instrument for all Community Program Grantees
This instrument contains questions that address the main knowledge, attitudes and practices from each of the three Evidence-Based Interventions (EBIs) as well as questions from the YTS.
- Key Technical Assistance was provided to TFL Statewide Initiatives related to development of survey tools and analysis of data collected:
Worked with LSU Smoking Words to conduct a web-based survey that hopes to reveal the tobacco knowledge, attitudes and practices on their campus

Worked with the Historically Black Colleges and Universities (HBCU) Diversity

Initiatives to conduct round one of their campus survey of tobacco knowledge, attitudes and practices with students, faculty and staff.

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