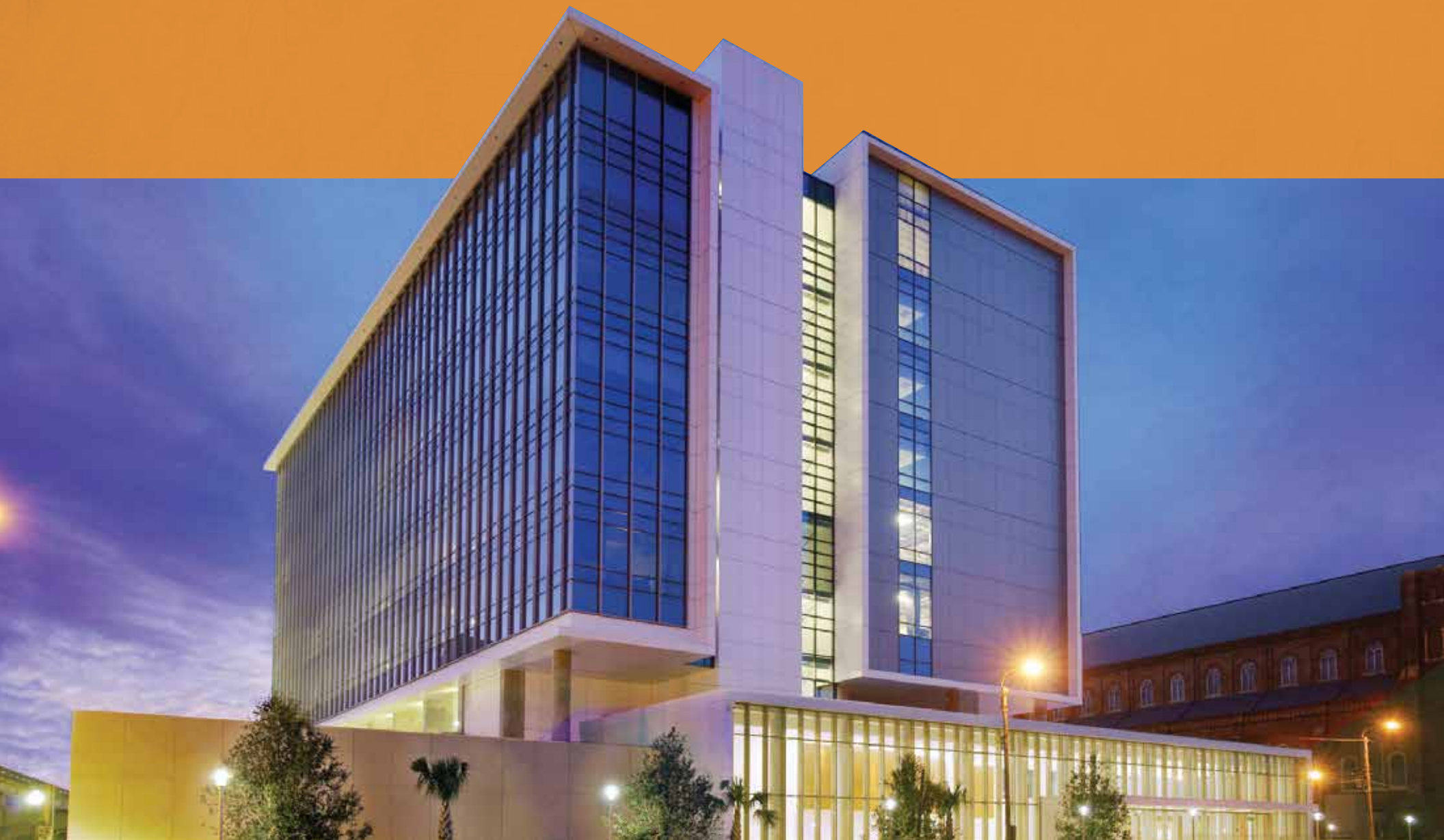
A WISH FOR A CANCER-FREE WORLD

IT STARTS WITH RESEARCH

LOUISIANA CANCER RESEARCH CENTER

2012 ANNUAL REPORT



LOUISIANA CANCER RESEARCH CENTER

It may start with research but it's really about an eleven-year-old girl with leukemia. It's about a single mother of three with breast cancer or a father with lung cancer, a grandmother with ovarian cancer.

Our research isn't about what we think we want it to be. It's about what they need us to be. It's about the cooperation and cross-pollination of four of Louisiana's most respected research, education and healthcare delivery institutions. The Louisiana Cancer Research Center brings together LSUHSC, Tulane, Xavier and Ochsner, enabling them to work together as partners, forming a cohesive force dedicated to the eradication of these dreaded diseases. It's about bringing quality research to the culturally diverse people of Louisiana, serving the needs of a population who experience some of the highest cancer mortality rates in the country.

What we do is cutting-edge science. Why we do it is the real reason we come to work each day. It may start with test tubes and Petri dishes. But it ends with something far more important. It ends with nothing less than the comforting smile on the face of a cancer survivor. Another birthday celebrated. Another anniversary remembered.

Louisiana Cancer Research Center. It's not all about the research. It's all about life.

TABLE OF CONTENTS

LOUISIANA CANCER RESEARCH CENTER

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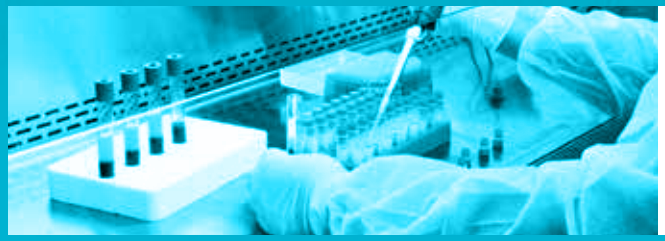
www.louisianacancercenter.org

Cover photo by: Shannon Sheridan

LCRC photos by: Sonnie Sulak with Design the Planet

LOUISIANA CANCER RESEARCH CENTER



The Louisiana Cancer Research Center (LCRC) operates under the direction of the Louisiana Legislature. Our mission is to promote education and conduct research in the diagnosis, detection and treatment of cancer, while pursuing a National Cancer Institute (NCI) designation. We are thankful for the State's confidence and the support of community members, and grant funding agencies. We remain dedicated to securing a sizable return on their investment in the LCRC, while maintaining a focus on our mission and having a positive impact on the lives of Louisiana's citizens. This year the LCRC saw progress on several fronts:

- Our new 10-story, $102 million state-of-the-art research facility has been completed and serves to integrate many of the LCRC-supported research faculty and lab resources. Located in the heart of the university medical research community, this 177,000 square foot facility brings together some of the brightest researchers in the country to collaborate on a variety of technologies and areas of research.

- An essential part of the LCRC includes providing support to facilitate research across programs and provide resources that no single research laboratory can provide. For example, this year, the LCRC Tissue Procurement and Biospecimen Core moved from a temporary location to its permanent home in the new facility. This LCRC core works directly with surgical units to collect and store tissue and blood samples for use by LCRC-affiliated researchers who are working to improve our understanding of molecular factors that contribute to cancer. This core has grown to become one of the largest sample databases in the country with over 70,000 samples from 2,400 patients. In addition to ongoing efforts with LCRC member institutions and the University of Louisiana at Monroe, the core began working with the HIV Out-Patient Program (HOP), during 2012, to provide bio-repository support for clinical trials. The new three-year study enrolled over 70 patients within the first three months.

- Our faculty members continue to be successful in acquiring cancer research grants, despite sharply increased competition and decreased funding for biomedical research across the granting agencies. With the State as our long-term strategic partner, LCRC-supported researchers generated over $9.1 million in new grants from NCI and over $11.9 million in new awards from other NCI recognized national sources of grants, such as other NIH institutes, ACS and DOD, for a total of $21 million in newly created grant funding.

- LCRC investigators also won another Minority-Based Community Clinical Oncology Program award from NCI, making New Orleans one of the few cities in the United States to hold three federally funded clinical trials programs that offer cutting-edge treatment and prevention options to patients.

- Over the past year, we expanded our research expertise and capacity by recruiting 8 new faculty members, 8 new postdoctoral fellows and 10 new research associates.

LCRC Tissue Procurement and Biospecimen Core

- During 2012, LCRC faculty members published over 300 articles in peer reviewed scientific journals.

- LCRC's Campaign for Tobacco Free Living (TFL) initiative, along with its partners, celebrated several policy successes, with results including Louisiana's first citywide smoke-free ordinance. TFL also released research findings indicating that exposure to second-hand smoke continued to decrease in 2012 and the Louisiana Smoke-Free Air Act (Act 815) had no negative impact on employment rates in the state's hospitality industry.

THE CENTER
1700 TULANE AVENUE


PHOTO BY SHANNON SHERIDAN

Part of our long-term plan for working toward an NCI-designation included constructing a state-of-the-art research facility in New Orleans to provide resources and space for cross-institutional collaborations and expanded programs. After overcoming monumental challenges, the LCRC research facility was completed in 2012. Our new leading-edge research facility represents Louisiana's commitment to eradicate cancer and support the invaluable research of our member institutions. This dedicated 177,000 square foot facility and the research supported by LCRC, is recognized by the State as the beginning of what will be a progressive biomedical corridor emanating from New Orleans and spreading throughout the coastal, southeast United States.

With the opening of this facility, many of the LCRC-supported research faculty and lab resources are under one roof. Research teams have access to 32,000 square feet of laboratory space. Each of our three lab floors provide procedure rooms, linear lab bays, freezers, centralized wash, access to glassware and sterilization, darkrooms and an environmental room. LCRC staff and investigators also have access to the LCRC biospecimen core and 25,000 square feet of adjoining office and public space to maximize opportunities for planning, sharing and working. In addition, our main floor conference center houses state-of-the-art audio and visual communication technology and is capable of seating accommodations for up to 240 people. Our spacious, lobby is ideal for receiving visitors, clinical trial participants, as well as providing a venue suitable for meeting receptions that could be attended by several hundred people.


LCRC laboratory floor

RESEARCH THROUGH COLLABORATION

What a National Cancer Institute (NCI) designated Cancer Center could mean for Louisiana

- NCI-designated Comprehensive Cancer Centers are the centerpiece of the nation's effort to fight cancer. These NCI centers are a major source of discoveries about the nature of cancer and effective approaches to prevention, diagnosis and therapy.
- The Louisiana Cancer Research Center was created to construct and operate an NCI-designated Cancer Center. The legislature, through dedicated funding, has supported this effort since 2002.
- Becoming an NCI-designated cancer center is highly competitive. Applicant institutions spend years building capacity. By completing NCI's rigorous designation process, we will have well-defined, multidisciplinary areas of research and a demonstrated track record of collaboration, interaction among researchers and effective community outreach.
- Awardees are eligible to receive funding from NCI to further develop the applicant center's infrastructure. An NCI-designated cancer center also gains local and national prestige, which often leads to increased financial support for the center from both philanthropic and industry sources. Economic analysis of regions with NCI cancer centers show increased job creation, higher salary ranges and enhanced overall business activity. This increased quality of life allows these communities to attract new talent, thus helping to create a stronger knowledge-based economy.

Achieving a National Cancer Institute (NCI) designation as a Comprehensive Cancer Center is the gold standard of excellence, and we are striving for nothing less. NCI-designated centers are distinguished by leadership in clinical, basic and population sciences research, as well as education and community programs focused on service and outreach. The LCRC seeks to reach our goal for NCI designation by demonstrating such leadership while addressing the needs of people living in Louisiana.

Research conducted by LCRC faculty requires the cooperation and cross-pollination of all four of Louisiana's most respected research, education and healthcare delivery institutions. The LCRC brings together LSU Health Sciences Center New Orleans, Tulane University, Xavier University of Louisiana and Ochsner Health System, enabling them to work together as a consortium, forming a cohesive force dedicated to eradicating disease. We focus on leveraging consortium strengths and also enhancing our ability to expand opportunities to create new diagnostic and therapeutic tools to prevent and treat cancer.

Collaboration within the LCRC takes many forms, from sharing new instrumentation across institutions to multidisciplinary partnerships on various studies involving faculty across LCRC consortium institutions. During 2012, we have shown particular productivity and progress in the following three areas – drug discovery; clinical and translational research; and expanding research capacity.

COLLABORATION
DRUG DISCOVERY

Researcher Studies Molecule That Could Become Target for Cancer Drug Therapy – A major goal of cancer research world-wide and, in particular, the work being performed by LCRC investigators is to develop new targeted treatments for cancer. One of the important discoveries in the field of cancer biology has been the role of so-called tumor suppressor genes, an example of which is the gene p53. Hua Lu, Ph.D., M.B., an LCRC investigator and a professor and chair of biochemistry & molecular biology, recently received a five-year, $1.6 million grant from the National Cancer Institute to study the cellular protein p53, the product of the p53 gene. In a normal healthy person, this protein stops the growth and causes the death of cells with genetic defects, such as those found in cancerous tumors (thus the name tumor suppressor genes), preventing them from growing into a tumor. However, when this gene is mutated, it is unable to stop the tumor cell from multiplying and developing into a cancerous growth. Extensive research over the past two decades has shown that pP53 is mutated (altered) in greater than 50% of all human cancers and is inactivated (or has a lower activity) in the remaining 50%, preventing it from functioning appropriately.

Dr. Lu's team has recently identified a small molecule called Inauhzin that can reactivate the inactive p53 in cancer cells, allowing it to stop the growth of the tumor cells and to cause their death. He has demonstrated this in human lung and colon cancer cells in tissue culture and in xenograft tumor model systems. Dr. Lu's work has been published in four research articles in the journals *EMBO Molecular Medicine, Cancer Biology and Therapy, and PLOS One*. He also received NIH funding, demonstrating the importance of his finding. Thus, an LCRC team of researchers is finding new ways of re-activating the tumor suppressor gene p53 in cancers - a discovery that could develop into a novel anti-cancer treatment in the near future. Currently, his team is collaborating with the team led by Dr. Guangdi Wang at an LCRC partner institution to optimize this lead compound, Dr. Karen Pollock at Indiana University School of Medicine to test it in an orthotopic lung cancer model system, and a pharmaceutical company in Shanghai, China, to determine its toxicity in animals.

HIV and Cancer a Deadly Combination That Can Be Stopped – HIV infection significantly increases the risk for developing different forms of cancer. Louisiana represents an epicenter for the HIV/AIDS epidemic in the United States, with New Orleans and Baton Rouge ranking in the top five cities nationally for newly diagnosed cases of HIV per capita. The major success of antiviral therapies to combat HIV/AIDS is allowing patients to live long and productive lives. However, cancer remains one of the leading causes of illness and death in this group of patients. Many HIV/AIDS-associated cancers are caused by "opportunistic" viruses, which combine with HIV to promote inflammation and cancer. Current treatments for these cancers are complex and may cause a high mortality for these patients. Therefore, new treatments delivered by a specialized team of clinicians and researchers are needed for these patients.

The LCRC has recently recruited one of the few physician investigators dedicated to understanding how viruses cause cancer in HIV patients and how to develop new treatments. Christopher Parsons, MD, associate professor of medicine and an LCRC researcher, and his team have uncovered how viruses can contribute to HIV/AIDS-associated cancer progression. By using sophisticated tissue culture techniques and unique animal models, the Parsons team, in association with the pharmaceutical industry partner Apogee Biotechnology Corporation, has developed a novel compound for the treatment of HIV/AIDS-associated lymphoma. Their work earned the recognition and support of the NCI through a prestigious Small Business Technology Transfer (STTR) award and a $1.2 million R01 grant. His discoveries have been published in high-ranking scientific journals such as *Blood* and the *Journal of Virology*.

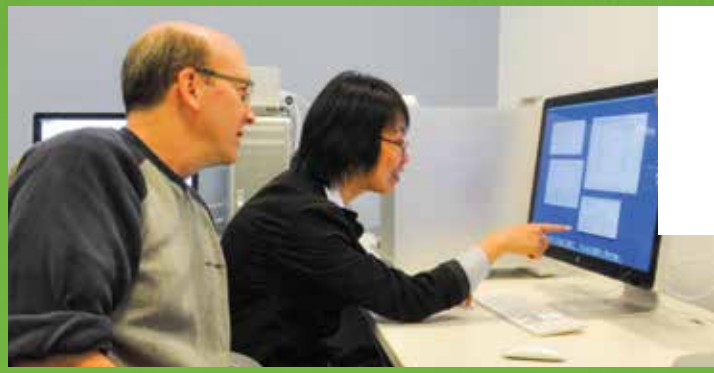
Upon his arrival, Dr. Parsons established collaborations with clinicians and researchers at the HIV Outpatient Program (HOP). These partnerships have resulted in clinical trials for the prevention of cancer in patients with HIV/AIDS using agents already proven safe for these individuals. Plans are underway to develop clinical trials using newly discovered drugs aimed at preventing cancer in the highly vulnerable and increasing population of HIV-AIDS patients in Louisiana.

DRUG DISCOVERY

Also, with Paula Seal, MD, MPH, a collaboration with the University of Alabama has been developed, supported by funding from the NIH, to create the first HIV malignancy biorepository in the region. This extraordinary opportunity was made possible in part by support and funding from the LCRC.

Inter-Institutional Team Studies Mobile DNA Segments That Cause Genetic Damage – Prescott Deininger, Ph.D., professor of epidemiology and co-director of the Louisiana Cancer Research Center, and Cecily Bennett, Ph.D., assistant professor of biology at Xavier, are also collaborating inter-institutionally on a drug discovery project to identify a small molecule inhibitor of the human retrotransposon LINE-1. Retrotransposons are segments of DNA that can move from one place to another in a cell's genome via a copy and paste mechanism. LINE-1 elements induce DNA damage that can lead to genetic mutations and diseases such as cancers of the breast, prostate, lung, colon and ovaries. Additionally, the activity of the LINE-1 endonuclease is linked to the formation of breaks in DNA. These breaks may be mutagenic and contribute to the onset of disease, but their full contribution is not well understood. An inhibitor of LINE-1 endonuclease will allow scientists to determine its influence on disease. Toward that end, Deininger and Bennett have developed and validated a scientific test that can be used to screen enormous libraries of small molecules; they are currently screening a library of 10,000 using pilot funding from an NIH COBRE grant and funding from the LCRC. Those molecules that exhibit specificity for inhibition of LINE-1 elements will be further characterized for use in vivo experiments to examine the effect of LINE-1 endonuclease inhibition on tumor growth and metastasis. Their ultimate goal is to determine the contribution of LINE-1 to disease and potentially develop molecules that may be used in the treatment of patients.

Cecily Bennett, PhD and Prescott Deininger, PhD



Erik Flemington, PhD and Kun Zhang, PhD

R***NAs Possible Therapeutic Target for Collaborators*** – There has been a recent revolution in molecular biology surrounding the discovery of thousands of previously unknown or ignored genes that don't encode proteins but are now realized to play crucial roles in regulating the inner workings of the cell. Their regulatory roles are so fundamental that they can be critical determinants of disease phenotypes, including cancer. Instead of coding for proteins, the RNA molecules made from these genes function directly to form protein/nucleic acid complexes that serve diverse functions, including the regulation of gene expression and genetic imprinting, such as turning off tumor suppressor genes in a semi-permanent fashion. Kun Zhang, Ph.D., assistant professor of computer science, and Erik Flemington, Ph.D., professor of pathology, have been collaboratively pursuing the structure-function relationships of these RNAs with an eye towards their candidacy as therapeutic targets, with the help of project funding from an LBRN grant to Dr. Zhang. Complementing this work is the integration of an exponentially expanding database of genetic associations between cancers and underlying mutations in these genes that will further help to elucidate their roles in disease states.

Researcher Investigates Therapeutic Potential of Kinase Inhibitors – Dr. Jayalakshmi Sridhar, PhD., assistant professor of chemistry, and her research group focus on finding new small molecule inhibitors of protein kinases, such as Her2, which is over-expressed in some breast cancers. The inhibitors developed by these projects will be potential drug candidates for the treatment of cancers, such as breast and prostate cancer. The need for new drugs that are kinase inhibitors is enormous as there are currently few options for treatment of solid tumors and aggressive cancers.

COLLABORATION
CLINICAL AND TRANSLATIONAL RESEARCH

John Estrada, MD and Thomas Reske, MD

Accreditation by the international AIDS Malignancy Consortium – In response to the increasing need to provide specialized care to HIV patients that develop cancer in the state of Louisiana, the LSU Cancer Center, a founding member of the LCRC, applied for and obtained approval to become a member of the prestigious AIDS Malignancy Clinical Trials Consortium (AMC). This cooperative international group is composed of 37 clinical trials sites worldwide, with New Orleans now becoming the newest site in the United States. Funded by the National Cancer Institute, the AMC's major goal is to offer state-of-the-art clinical trials for patients with AIDS-related cancers. Being able to develop and offer cutting edge clinical trials for AIDS patients with cancer is highly significant to our gulf region because Baton Rouge and New Orleans, as well as Jackson, Mississippi are among the top five urban centers with the highest incidence of HIV cases in the United States. The program is led by John Estrada, MD, director of the HIV-AIDS Clinical Trials Program, and Thomas Reske, MD, PhD, principal investigator for the AMC. Both are coordinating a network of clinicians, scientists, referring physicians, nurses and patient navigators to better serve the patients of Louisiana.

Inter-Institutional Team Conducts Genetic Studies in Prostate Cancer Families – Oliver Sartor, M.D., professor of medicine and urology, and Diptasri Mandal, Ph.D., associate professor of genetics, are collaborating inter-institutionally on genetic studies in men with family histories of prostate cancer. Dr. Sartor began about ten years ago to identify families with multiple prostate cancer cases. Dr. Mandal has an IRB-approved protocol for the collection of specimens and the laboratory for genetic analysis of tissue samples from men in these families. Their goal is to determine whether a genetic defect that runs in these families may contribute to their increased prostate cancer risk. Important insights into prostate cancer in one family often are informative for other patients as well. Their collaborations recently took a new turn with Dr. Sartor's hiring of a PhD in genetics who had previously worked with Dr. Mandal. Their hope is that this new hire will help to foster additional collaborations and increase the momentum of their research progress. These genetic defects may be important in other prostate cancer patients as well.

Researcher Identifies Possible Target for Treatment of Prostate Cancer – Although cancer death rates continue to decline for the four most common cancer sites, lung, colon and rectum, female breast, and prostate, identifying novel treatments for more aggressive and advanced forms of these cancers is critical. Prostate cancer is the second most diagnosed cancer among men and approximately 240,000 men in the US will be diagnosed this year. Since prostate cancer is regulated by hormones (the main hormone is androgen), androgen receptors play a crucial role in the development and progression of prostate cancer.

CLINICAL AND TRANSLATIONAL RESEARCH

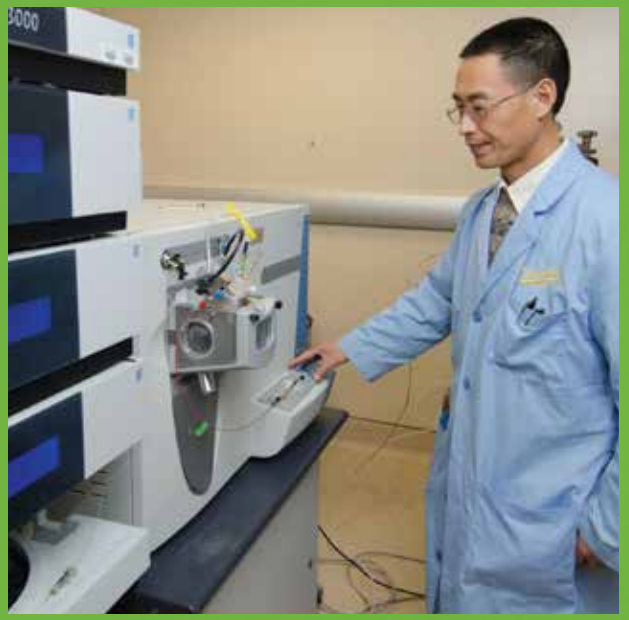
Therefore, androgen deprivation therapy has been a standard treatment for advanced prostate cancer. But when the cancer relapses, it can return in a state, known as androgen-independent, that is not normally conducive for standard therapies.

To find an alternative strategy to treat these more aggressive forms of prostate cancer, research led by Wanguo Liu, PhD, associate professor of genetics and an LCRC member, identified a protein, ARD1, which is involved with the male hormone, androgen, and its receptor. His team found that this protein is overproduced in the majority of prostate cancer samples and is essential for prostate cancer cell growth. Dr. Liu's team has found that by shutting off this protein, they can halt the growth of prostate cancer cells; thus, providing a novel therapeutic option for more advanced recurrent prostate cancers. Dr. Liu's findings were published in the prestigious Proceedings of the National Academy of Sciences in February 2012 and are supported by $1.2 million in funding from the National Cancer Institute.

Expansion of the Clinical Trials Program at the LCRC – A major commitment of the LCRC is to bring state-of-the-art clinical treatments to the citizens of Louisiana. In fact, the medical literature shows that patients enrolled on clinical research trials have better outcomes. Despite these data, only about 3% of the 20% of adult cancer patients eligible to participate in clinical trials actually enroll. The numbers are even lower for minority patients despite having disproportionately higher cancer incidence and mortality rates.

The LCRC's commitment and hard work continues to bear fruit. An LCRC clinician and investigator, Dr. William "Rusty" Robinson, M.D., professor of obstetrics and gynecology at Tulane School of Medicine, was awarded a three-year $2 million grant from the National Cancer Institute (NCI) that will promote community access to cancer treatment and prevention trials with an emphasis on minority patient participation. Tulane's Minority-Based Community Clinical Oncology Program (MB-CCOP) grant is one of only 12 currently awarded across the nation. This new award continues to expand our existing clinical trials program and adds to the existing LSU–MB-CCOP (continuously funded since 1994) and the Ochsner CCOP (continuously funded since 1983). The new MB-CCOP will support clinical research coordinators with special expertise in cultural sensitivity who will assist the physicians at outlets across the region in identifying patients who qualify for participation in cancer treatment trials. The grant will also support a patient/community educator, who will work in primary care clinics in neighborhoods throughout New Orleans, as well as with local church groups and other civic organizations, with the mission of generating accruals to cancer prevention trials.

New Orleans is now one of the few cities in the United States to hold three federally funded clinical trials programs that offer cutting edge treatments to patients. Also, in 2012, the first two existing New Orleans MBCCOP and CCOP programs broadened services into mid and southern Louisiana and Mississippi further expanding our clinical research capacity. Interestingly, Louisiana boasts a third MB-CCOP site in Shreveport, which means our state, is home to approximately 25% of the MB-CCOPs currently funded across the nation.



Qiang Zhang, Ph.D. Ultra-high performance liquid chromatography (UPLC) LTQ Orbitrap XL Mass Spectrometer by Thermo. ***See New Major Instrumentation story on page 10.***
Photo by: Irving Johnson, III

COLLABORATION

ADVANCES THAT EXPAND OUR RESEARCH CAPACITY

Mid-South Transdisciplinary Collaborative Center for Health Disparities Research – With the increasing number of minority populations (African Americans, Hispanic, Asian and others) in the U.S., the National Cancer Institute has developed large research initiatives aimed at understanding why cancer patients from these racial groups have worse outcomes. Dr. John Estrada, associate professor of pediatrics and a LCRC researcher, is one of four leaders in a large five-year, $13.5 million grant from the National Institutes of Health to study health disparities in cancer in Alabama, Mississippi and Louisiana, states that have the highest incidence of cancer in the US.

The Center will be directed by Dr. Mona Fouad from the University of Alabama Medical Center in Birmingham. Research will focus on both the molecular and social causes that may explain the disparities in cancer outcome, with a special emphasis on translating the findings into new diagnostic or treatment approaches to cancer in the region. Research projects will also be directed at training the next generation of scientist in health disparities. In addition, strong partnerships with community organizations and community health clinics will enhance LCRC's capacity to increase the participation of our community in prevention and treatment research programs.

New Major Instrumentation – The instrumentation infrastructure of the LCRC was expanded significantly in 2012 through the leveraging of LCRC partner, Xavier University's Research Center in Minority Institution (RCMI) grant from the National Institute on Minority Health and Health Disparities (NIMHD). New instrumentation includes 300 MHz and 400 MHz nuclear magnetic resonance (NMR) spectrometers for medicinal chemistry and drug discovery as well as a highly sensitive triple quadruple mass spectrometer (Thermo TSQ Vantage) coupled to an ultra-high performance liquid chromatography (UPLC). This mass spec instrument can perform rapid and accurate determination of small molecules for cancer drug discovery research as well as for targeted proteomic and metabolic studies in cancer biology.

Geriatric Oncology – The Geriatrics Service at LSU Health Sciences Center is nationally recognized for its activities in teaching, research and service to the elderly in our community. Charles Cefalu, MD, professor of internal medicine, is the director of the geriatric medicine services, a recognized authority in geriatrics. Recently, geriatric services has partnered with the division of hematology & oncology to develop a Geriatric Oncology Research Program that will offer state-of-the-art care and research for elder patients with cancer. The program is comprehensive and includes specialized care, access to clinical trials, research and training. Patients will have the opportunity to participate in many of the oncology research programs sponsored by the center. The program is co-directed by Thomas Reske, MD, PhD, and Marco Ruiz, MD.

Colon Cancer – A new collaboration between LCRC institutions began this year based on Dr. Li Li's work related to colorectal cancer. The focus is on the role played by the lymph node microenvironment and colon cancer stem cells in cancer recurrence and identifying patients at high risk of recurrence. This research is a collaboration between Li Li, PhD, in the Laboratory of Translational Cancer Research, and David Margolin, MD, director of colon and rectal surgery research at Ochsner Health Systems.

Pathology – Drs. Partha Bhattacharjee and Harris McFerrin, in collaboration with Drs. James M. Hill, Deborah Sullivan and Cindy Morris, study pathological blood vessel growth and methods of inhibiting this process to decrease tumor growth and metastasis. As a group, the investigators have many years of experience in molecular biology, vascular biology and in the use of animal models. Over the past several years, the group's collaborative projects include the development and patenting of a portion of a protein involved in cholesterol metabolism and the development of inhibitors of cyclin-dependent kinases for the treatment of solid tumors and herpes virus-related vascular tumors and ocular neovascularization.

TOBACCO-FREE LIVING

www.TobaccoFreeLiving.org

The Louisiana Campaign for Tobacco-Free Living's (TFL) mission is to implement and evaluate comprehensive tobacco control initiatives that prevent and reduce tobacco use and exposure to secondhand smoke. TFL's successes are in large part due to the program's ability to partner in an integrative role with other statewide organizations and agencies, while focusing on a set of goals that are supported by a programmatic component structure.

In 2012, TFL continued efforts in all five goal areas:

1. Prevent initiation among youth and young adults
2. Promote quitting among adults and youth
3 Eliminate exposure to secondhand smoke
4. Eliminate tobacco-related disparities
5. Facilitate effective coordination of all tobacco prevention and control initiatives throughout the state of Louisiana

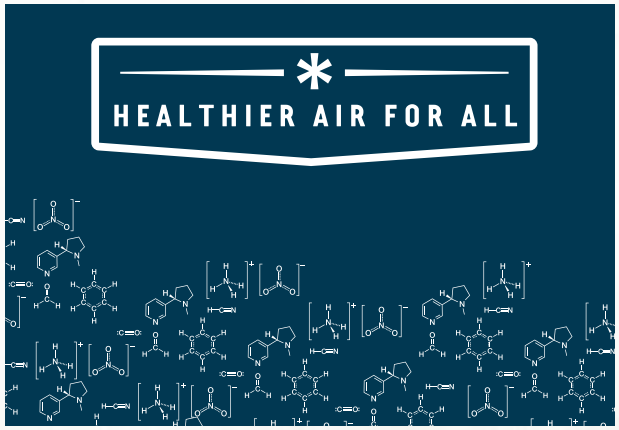
TFL made notable strides during 2012 in the areas of health communication interventions, cessation interventions and surveillance, policy and advocacy, and evaluation and research.

- One of the most promising successes for TFL occurred in 2012 when Alexandria became the first city in Louisiana to enact a smoke-free ordinance, strengthening the Louisiana Smoke-Free Air Act (Act 815) to include bars, gaming facilities, and tobacco shops. The local ordinance also includes a 25 feet smoking footage requirement from the entrance to any building.
- TFL released significant research findings that concluded the Louisiana Smoke-Free Air Act (Act 815) had no negative impact on employment rates in the state's hospitality industry.
- On January 2, 2012, the Southern University System (SUS) became 100 percent tobacco-free, being the first university system in Louisiana to enact a system-wide policy.

TFL launched a new media campaign, "_____ ***Stinks***" a secondhand smoke campaign to engage "active" supporters in efforts of establishing local smoke-free air policies.

Data analysis conducted in 2012 indicate the following outcomes in Louisiana:

- Non-smoking adults exposed to secondhand smoke at work decreased from 33% in 2002 to 26% in 2010.
- Non-smoking youth exposed to secondhand smoke anywhere decreased from 55% in 2008 to 47% in 2011 and non-smoking youth exposed to secondhand smoke in cars decreased from 41% in 2008 to 33% in 2011.
- The percentage of middle school youth that have ever smoked decreased from 35% in 2008 to 25% in 2011.
- The percentage of current adult smokers attempting to quit smoking has increased significantly from 54% in 2003 to 61% in 2010.



FINANCIALS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

CASCIO & SCHMIDT, LLC

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Board of Directors
Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center

We have audited the accompanying statement of financial position of the Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center (a nonprofit corporation) as of June 30, 2012, and the related statements of activities, and cashflows for the year then ended. These financial statements are the responsibility of the Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center's 2011 financial statements, and in our report dated August 24, 2011, 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 the Louisiana Cancer Research Center of L.S.U.: Health Sciences Center in New Orleans/Tulane Health Sciences Center as of June 30, 2012, and the changes in 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 a report dated August 23, 2012, on our consideration of the Louisiana Cancer Research Center of L.S.U. 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. 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 conducted for the purpose of forming an opinion on the financial statements of the Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center taken as a whole. The accompanying supplementary information required by the State of Louisiana for the year ended June 30, 2012, is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements· themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Metairie, Louisiana
August 23, 2012

STATEMENT OF FINANCIAL POSITION

June 30, 2012

		MEMORANDUM ONLY JUNE 30, 2011
CURRENT ASSETS		
Cash (Note B)	$ 13,732,380	$ 11,118,357
Investments (Notes A7, C, and 1)	11,141,206	11,118,887
Receivable, grants (Note D)	8,384,613	13,582,041
Receivables, other	-	16,573
Prepaid expenses	1,259,280	476
Other	52,400	-
Total current assets	34,569,879	35,836,334
PROPERTY & EQUIPMENT (Notes A-9 and E)	87,881,286	80,907,384
Total assets	$ 122,451,165	$ 116,743,718
CURRENT LIABILITIES		
Accounts payable, trade	$ 5,000,377	$ 3,133,428
Installment note payable, insurance	93,999	-
Accounts payable, construction	-	1,411,758
Retainages payable, construction	-	3,367,805
Accrued liabilities	61,924	77,513
Total current liabilities	5,156,300	7,990,504
COMMITMENTS (Note K)		
NET ASSETS (Note A-2)		
Unrestricted	$ 781,293	$ 649,648
Temporarily restricted	116,513,572	108,103,566
Total Net Assets	117,294,865	108,753,214
Total liabilities and net assets	$ 122,451,165	$ 116,743,718

STATEMENT OF ACTIVITIES

Year Ended June 30, 2012

REVENUES	UNRESTRICTED	TEMPORARY RESTRICTED	TOTAL	MEMORANDUM ONLY JUNE 30, 2011
Grants (Note D)	$ -	$ 22,676,500	$ 22,676,500	$ 53,114,557
Interest	-	38,911	38,911	44,681
Fund-raising	276,568	-	276,568	257,805
Other	13,152	-	13,152	
Net asset released from restrictions	14,305,405	(14,305,405)	-	-
Total Revenues	14,595,125	8,410,006	23,005,131	53,417,043
EXPENSES				
Cessation expenses	5,895,050	-	5,895,050	7,349,008
Salaries and related benefits	4,877,513	-	4,877,513	5,455,086
Operating services	1,287,652	-	1,287,652	564,502
Supplies	1,004,705	-	1,004,705	1,584,391
Professional services	525,025	-	525,025	214,021
Marketing	-	-	-	1,500
Travel	124,775	-	124,775	161,239
Depreciation	550,110	-	550,110	703,737
Fund-raising	147,441	-	147,441	68,100
Other	51,209	-	51,209	87,809
Total Expenses	14,463,480	-	14,463,480	16,189,393
INCREASE IN NET ASSETS	131,645	8,410,006	8,541,651	37,227,650
NET ASSETS, BEGINNING OF YEAR	649,648	108,103,566	108,753,214	71,525,564
NET ASSETS, END OF YEAR	$ 781,293	$ 116,513,572	$ 117,294,865	$ 108,753,214

ENGAGING COMMUNITY

The LCRC partners and administrative staff are privileged to be part of a cause with so much community support.

LCRC IN NEW ORLEANS

Band playing at the event: Saks Fifth Avenue for the Cure, at LCRC.

We are grateful for the support of the State legislature, community members, as well as local and national organizations involved in the fight against cancer. Since our formation in 2002, we have been involved in education and outreach initiatives. Through annual outreach activities and cancer education events, the LCRC works with colleagues in the immediate community, throughout the state and beyond to promote the importance of cancer prevention, early detection and the vital role that research plays in bringing us all closer to a cure.

Our communication efforts have continued to focus on maximizing opportunities to increase awareness of the LCRC. Strategies have included media relations, community relations and social media, which helped reach both internal and external audiences.

The LCRC partners and administrative staff are privileged to be part of a cause with so much community support. Our supporters include:

- Cancer Crusaders (Salute to Survivors Luncheon, Golf Tournament)
- Louisiana Breast Cancer Task Force Pink Fling
- Saks Fifth Avenue Key to the Cure

LCRC also supports activities to engage the scientific community as well as the public, including:

- A weekly seminar series, featuring scientific presentations by local, national and international cancer investigators and clinicians.
- An annual scientific retreat that serves as a platform where LCRC-funded researchers can present to their peers and scholars have an opportunity to share ideas.
- Summer Internship Programs, through which high school students are exposed to the possibilities of a career in science.

BOARD & LEADERSHIP

LCRC BOARD OF DIRECTORS

Dr. Benjamin Sachs, Chairman of the Board
Senior Vice President and Dean, Tulane University School of Medicine

Dr. Larry Hollier, Vice-Chairman of the Board
Chancellor, LSU Health Sciences Center – New Orleans

Ms. Barbara Goodson, Secretary/Treasurer
Associate Commissioner for Finance and Administration, Louisiana Board of Regents

Dr. Norman Francis, President, *Xavier University of Louisiana*

Dr. Lee Hamm, Executive Vice Dean, *Tulane University School of Medicine*

Dr. Joseph Moerschbaecher, Vice Chancellor, *Academic Affairs, LSU Health Sciences Center– New Orleans*

Dr. William Pinsky, Chief Administrative Officer, *Ochsner Health System*

Mr. Ashton Ryan, Jr., President & CEO, *First NBC Bank*

Ms. Pamela Ryan

Ms. Carroll Suggs

LCRC Board Counsel, **Mr. Paige Sensenbrenner**, **Adams and Reese, LLP**

LCRC SCIENTIFIC LEADERSHIP

Dr. Augusto Ochoa, Co-Director, LCRC
Director, *Stanley S. Scott Cancer Center, LSU Health Sciences Center*

Dr. Prescott Deininger, Co-Director LCRC
Director, *Tulane Cancer Center, Tulane University*

Dr. Thomas Wiese, Associate Director, LCRC
Associate Professor, *Xavier University of Louisiana*

Dr. John Cole, Associate Director, LCRC
Chairman Hematology Oncology, *Ochsner Health System*

Dr. Charles Brown, TFL Steering Committee Chair
Professor (retired), *LSU Public Health and Preventative Medicine, LSU Health Sciences Center – New Orleans*

LCRC ADMINISTRATION

Mr. Bert Wallace, President and CEO

Mr. Aaron Miscenich, Executive Director

Ms. Deborah Reeder, Chief Financial Officer/Chief Operating Officer

LCRC
IN NEW ORLEANS

www.louisianacancercenter.org

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HEALTH SCIENCES CENTER

Tulane University
SCHOOL OF MEDICINE

XAVIER UNIVERSITY
of Louisiana

Ochsner
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THE LOUISIANA CAMPAIGN FOR
TOBACCO-FREE
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A Program of The Louisiana Public Health Institute