



LOUISIANA CANCER RESEARCH CONSORTIUM

It's not just about research.

2010 ANNUAL REPORT





It's not
just about
research.

It's about an eleven-year-old girl with Leukemia.

It's about a single mother of three with breast cancer.

A father with lung cancer, a grandmother with ovarian cancer.

It's not about what we think we want 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 – LSU, Tulane, Xavier and Ochsner. Working together as a cohesive force dedicated to the eradication of these dreaded diseases.

Working together as the Louisiana Cancer Research Consortium.

It's about bringing high caliber research to the culturally diverse people of Louisiana, serving the needs of a population who has experienced some of the highest cancer mortality rates in the country.

It may start with test tubes and Petri dishes. But it ends with something far more important. It ends with nothing less than the ear-to-ear smile on the face of a cancer survivor. Another birthday celebrated. Another anniversary remembered.

Louisiana Cancer Research Consortium. It's not just about research.

It's about life.

It's not just about research.



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It's about saving lives.

Every 25 minutes, someone in Louisiana is diagnosed with invasive cancer.

Every hour, someone in Louisiana dies of cancer.

Despite recent decreases, the combined mortality rate for Louisianans with cancer is 30% higher than the national average.

The combined cancer mortality rate for African Americans in this state is 30% higher than for their white counterparts.

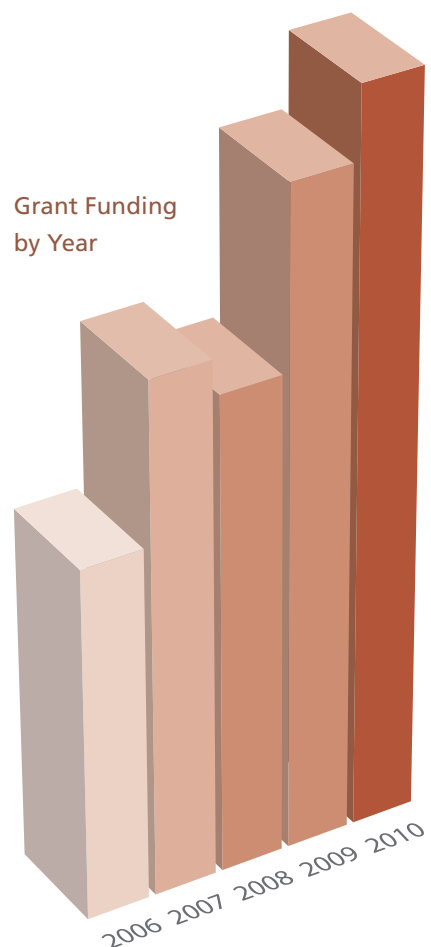
In response to such devastating statistics, the Louisiana State Legislature chartered the Louisiana Cancer Research Consortium (LCRC) in 2002. Each year, a portion of the state's cigarette tax is used to support the development of the LCRC's cancer research programs so that we can create a National Cancer Institute (NCI)-designated Comprehensive Cancer Center. The LCRC partnership—comprised of Louisiana State University Health Sciences Center, Tulane University, Xavier University of Louisiana, and Ochsner Health System—is working to provide the exceptional research, treatment, and education associated with the nation's leading cancer centers. Right here at home in Louisiana.

In 2010, to address the needs of the citizens of Louisiana, the LCRC funded: basic cancer research, population genetics studies, improvement of diagnostic capabilities and methods, community outreach and education activities, and comprehensive tobacco control initiatives.



It's about impressive returns.

Achieving National Cancer Institute (NCI) designation as Comprehensive Cancer Center (CCC) is the gold standard of excellence, and we strive for nothing less. These centers are distinguished by leadership in clinical, basic, and population sciences research.



In 2010, we made significant strides:

Clinical Research

- Expanding clinical operations significantly by all four partners.
- Increasing the number of oncologists by 48%
- Increasing annual clinical trial enrollments by 45%
- Increasing the number of annual new cancer patients by X%

Basic/Translational Research

- Increasing our annual grant funding to \$41M (8.3% over last year)
- Increasing our annual NCI funding to \$7.3M (X% over last year)
- Expanding our expertise by successfully recruiting 17 new faculty researchers and clinicians

Population Sciences

- Securing an additional seven years of NCI Surveillance, Epidemiology and End Results (SEER) Program designation for the Louisiana Tumor Registry

We are grateful for the support and confidence of the State Legislature, community members, and grant funding agencies, and remain dedicated to securing a sizable return on their investments. In 2010, our researchers were able to generate \$51M in new grant funding. This funding alone represents a 510% return on the state's \$10 million annual investment.

It's about strategic support.

During a decade when the NIH budget for biomedical research remained flat and the R01 application success rate declined 30%, LCRC researchers have secured increasing amounts of federal funding. Over the past year, our annual grant funding increased by 8.3% and our annual NCI funding increased **X%**.

Prime examples of our success in 2010 are the two competitively-renewed NIH Center of Biomedical Research Excellence (COBRE) awards totaling \$22 million; an additional program grant of \$6.5M in new, shared funding for a Minority Health and Health Disparities Research Center with Dillard University; and \$12M in renewed NCI Surveillance, Epidemiology and End Results (SEER) funding for the Louisiana Tumor Registry. Additionally, LCRC-funded investigators were awarded 42 new grants, including \$1.5M Department of Defense (DOD) Inter-institutional Training Award for research into a personalized therapy for breast cancer patients.

These new and competitively renewed grants generated **a multi-year total of \$51million for cancer research** in Louisiana in 2010. Of this funding, \$48M derives from the NIH. This number is significant, as every \$1M in NIH research funding creates 21 jobs in Louisiana.

Recruiting new faculty and retaining local talent continue to be major goals. In 2010, we recruited 17 clinicians and researchers, who brought a total of \$13M in grant funding to the state.

These recruits include the first team of investigators with expertise and recognized leadership in the area of neurological cancer research. The translational research program they have established is the first of its kind in Louisiana.



John Cole, MD
Co-Director
Chairman, Dept. of
Hematology & Medical
Oncology
Ochsner Health System



Prescott Deininger, PhD
Co-Director
Director, Tulane Cancer
Center
Tulane University School of
Medicine



Augusto Ochoa, MD
Co-Director
Director, Stanley S. Scott
Cancer Center
LSU Health Sciences Center -
New Orleans



Thomas Wiese, Ph.D.
Associate-Director
Xavier University of Louisiana

We also recruited a pair of experts in the intersecting areas of liver cancer research and personal genomics, who are building a team of investigators to develop this research frontier. In addition, our summer internship programs have provided a total of 32 high school, undergraduate, and medical students who are interested in oncology and other cancer-related professions with research experiences in cancer.

One reason for our success in attracting cancer researchers into the area is our strong commitment to professional development, which has been recognized by the NIH and which includes continuing medical education in the form of the LCRC-supported Invited Speaker Series, which hosts nationally and internationally recognized pioneers in cancer treatment and research.

Even more important than that, however, is research and clinical infrastructure we provide. Pivotal LCRC-supported resources include

New and competitively renewed grants generated a multi-year total of \$51million for cancer research in Louisiana in 2010.

core laboratories, such as a High Throughput Sequence Analysis Core, a Biostatistics Core, a Proteomics Core, a Clinical Trials Core, through which state-of-the-art clinical management database is available, and the Biospecimen Core.

The Biospecimen Core Laboratory has allowed LCRC researchers to find specimens locally, thus supporting the critical research being conducted at Louisiana institutions. To date, the cumulative number of biospecimens collected and processed by the this shared facility is 60,000 samples. The chart below shows a distribution of samples collected by origin. Now interfaced with the NCI CaTissue database, this resource has allowed LCRC researchers to obtain preliminary data to compete for grant funding that is necessary to achieve NCI-CCC designation. For example, this core assisted Dr. Shariar Koochekpour in securing three NCI awards, totaling \$2.1M, this year. Additionally, use of the Biospecimen Core allowed Nick Makridakis, Ph.D., to successfully compete for a DOD prostate cancer research grant totaling \$.44M over four years.

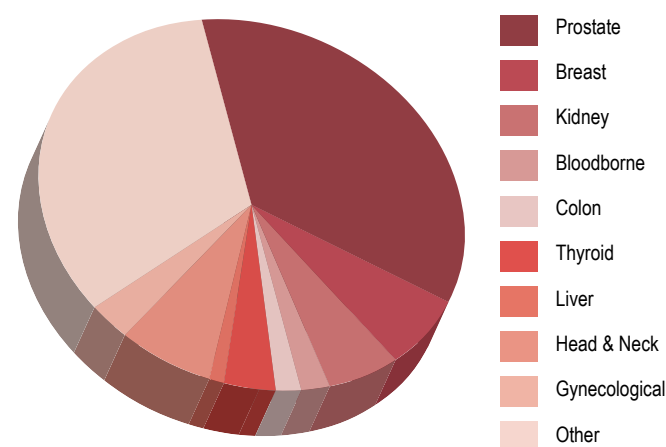
This year, our Consortium grew to include clinicians and researchers from the Ochsner Heath System. As the largest clinical cancer provider in the state, Ochsner has the potential to greatly expand our clinical research activities, in part by enhancing our ability to include patients onto clinical trials, which is necessary for us to achieve NCI Comprehensive Cancer Center designation. So far, the addition of this new partner has doubled the size of our oncology team, doubled clinical trial enrollments, and brought into our clinical enterprise the only accredited breast center program in the area. This addition has also created new opportunities for collaboration, especially in the areas of translational research, which is especially important in today's funding climate.

Future challenges facing the LCRC include developing a collaborative clinical program that provides infrastructure and a location for conducting Phase I and Phase II clinical trials. The eventual goal is to combine the

clinical research programs of all partners and provide common access to the LCRC cancer trials through all of the Consortium's clinical outlets.

Another challenge is the development of multi-investigator program projects characterized by a "team science" approach, involving multiple disciplines and institutions. The new LCRC building will help facilitate these efforts, along with the development of a critical mass of translational researchers for each research area.

The infrastructure and culture that we have created through membership in the LCRC and through our existing COBREs provides our investigators with a distinct competitive advantage for the future funding landscape, where independent R01-type funding for research laboratories will be decreasingly available. To reach our potential, we will need to recruit clinical and basic researchers to fill critical research gaps. The development of a strategic plan will guide the LCRC in the future to address these challenges.



Origin of 60,000 Biospecimens collected

It's about recruiting world-class faculty.

As a cornerstone of our plan to secure NCI-designation, a continual influx of outstanding talent is essential. This year's recruits are among the brightest minds in their disciplines. By helping our partners bring world-class scientists to Louisiana, the LCRC is strengthening its scientific and clinical programs and making progress towards achieving its mission. These scientists typically bring with them other researchers and millions of dollars in external research funding. Once here, they continue to generate even more federal and private investment dollars which are pumped into local economies.

The LCRC recruited 17 new faculty in 2010. This group of recruits brought a total of \$13,070,581 in NIH grant funds with them. NIH awards generate, on average, 21 jobs for every \$1 million. This translates into 274 new jobs added to the local economy. Already, the new faculty have hired postdoctoral researchers and technicians to work in their laboratories and purchased state-of-the-art lab equipment, increasing local infrastructure. Additionally, as experts in areas of strategic importance, they have increased LCRC's knowledge and research base.

Of particular interest in 2010 are a couple of "group" recruitments. An interdisciplinary group consisting of oncologists and a neuropathologist, led by Krzysztof Reiss, PhD., has joined the LCRC. Dr. Reiss, Luis Del Valle, M.D., and Francesca Peruzzi, Ph.D., are the first research team recruited by the LCRC since before Hurricane Katrina. The new neurological cancer program they are developing will cut across disciplinary as well as institutional boundaries to pursue a range of neurological malignancies. By promoting active collaborations between basic researchers and clinicians, it will emphasize translational research, which is research designed specifically to decrease the time required for a scientific discovery made in a laboratory to reach and positively affect the lives of patients.

A second group recruitment focused on liver cancer and personal genomics started with the arrival of Tong Wu, M.D., Ph.D., in 2010, who brought with him four NIH RO1 grants totaling \$1.1million annually. Shortly after his arrival, Dr. Wu recruited his former colleague Chang Han, M.D., Ph.D., whose research centers on liver cell biology and cancer. She brings an additional \$112,000 in NCI grant funding with her (annual total). Dr. Wu hopes in the next two years, with the assistance of funding from the LCRC, to recruit two to three additional funded researchers to the Liver Cancer/Personal Genomics team.

The LCRC Drug Discovery group, led by Cheryl Klein Stevens, Ph.D., continued to grow in 2010, increasing from 12 to 15 researchers. Florastina Payton-Stewart, Ph.D., brings her expertise in designing, synthesizing and testing novel anti-neoplastic compounds based on natural products. At the same time, Syreeta Tilghman, Ph.D.'s move to the LCRC adds the design and characterization of novel anti-hormone therapy agents for breast cancer. The addition of Terry Watt, Ph.D.'s research to the LCRC brings a new focus on the design of novel epigenetic therapies that modulate histone deacetylase enzymes in tumors (HDAC inhibitors).

The LCRC has recruited more than 90 researchers since 2003, including 17 in 2010. The recruitment of faculty-level scientists in areas of strategic importance continues to be one of LCRC's greatest endeavors.



Synergy occurs when separate entities come together to accomplish or create something greater than any one entity could accomplish or create on its own. Synergy is the founding principal of the LCRC and the reason we are able to provide huge returns on the State's investment in our partnership.

It's about collaboration and capitalizing on our research strengths.

Critical Mass in Prostate Cancer Research

The LCRC's prostate cancer research team, consisting of several major players in the world of basic and clinical prostate cancer research, has made considerable progress over the last year, both in securing major national grants and in leading clinical research trials that have led to FDA approval of a new treatment option for prostate cancer patients.

LCRC Faculty Member Secures Three NIH Prostate Cancer Research Grants in Six Months

While federal funds for biomedical research are getting more and more difficult to attain as budgets shrink and competition sharply increases, LCRC prostate cancer researcher Shahriar Koochekpour, M.D., Ph.D., secured three NIH grants in 2010 – one R01 and two R21s - totaling \$2.1 million over the next five years. All three grants support Dr. Koochekpour's work, which focuses on male hormone factors contributing to prostate cancer, the genetics underlying the disease, and the disparity between its aggressiveness in African-Americans and Caucasians.

Dr. Koochekpour received four years of start-up support totaling approximately \$880,000 from the LCRC when he arrived in New Orleans – three years of initial support and an additional year to assist with the recovery of his work following Hurricane Katrina. If you consider only the three NIH grants he won in 2010, the LCRC has realized a 239% return on its investment into Dr. Koochekpour's work, and this will very likely continue to increase as his research progresses and additional grants are secured.



Shahriar Koochekpour, MD, PhD

Through synergy, LCRC faculty have:

- acquired millions in new federal research grants
- served leadership roles in clinical trials that have led to new treatment options for Louisiana's patients
- mentored and trained the next generation of research scientists
- mobilized new resources and explored new questions to address cancer disparities here at home, and
- created new teams of scientists robustly exploring new areas of cancer research collaboratively.

It's about synergizing to capitalize on our research strengths for the citizens of Louisiana.



Oliver Sartor, MD

Cutting-Edge Clinical Trials for Prostate Cancer Lead to FDA Approval of New Drug for Advanced Patients

LCRC faculty member Oliver Sartor, M.D., was the North American principal investigator for the Phase III clinical trial that led to the recent approval by the United States Food and Drug Administration of the intravenous drug Jevtana® (cabazitaxel) in combination with prednisone for the treatment of certain patients with advanced prostate cancer. The approval of Jevtana provides health care professionals with a new treatment option for patients with the most advanced stage of prostate cancer and for whom there have been few options.

Approval was based on results from an international Phase III clinical study involving 755 patients with metastatic hormone-refractory prostate cancer previously treated with a docetaxel-containing treatment regimen. Results from this trial demonstrated a statistically significant improvement in survival benefit among patients taking Jevtana compared to the control group.

Mentorship of Tomorrow's Cancer Researchers

One of the LCRC's missions is to prepare the next generation of cancer researchers and physician scientists. This is accomplished most successfully through mentorship and passing along the experience and expertise of our most seasoned senior scientists to junior investigators across the partner institutions who are eager to become successful, independent cancer researchers. The LCRC boasts two NIH Center of Biomedical Research Excellence (COBRE) grants – totaling approximately \$45 million over ten years – geared strictly toward mentorship.

Mentoring Translational Researchers in Louisiana

The National Institutes of Health recently awarded Augusto Ochoa, M.D., a five-year, \$12 million renewal of his COBRE grant entitled Mentoring Translational Researchers in Louisiana. This funding will promote the career development of eight promising junior-level LCRC investigators by pairing them with established faculty mentors, who will provide career and scientific guidance in the area of translational research, a clinical discipline which translates knowledge gained in our basic research laboratories into new clinical methods for diagnosing, treating, curing, or preventing disease. The goal is to develop these junior faculty to the point at which they become independently funded scientists.

Mentoring a Program in Cancer Genetics

Prescott Deininger, Ph.D., is also principal investigator on a recently renewed COBRE – Mentoring a Program in Cancer Genetics - that brings an additional \$11.1 million to the LCRC over five years (2009-2014). Dr. Deininger's COBRE provides support for the mentorship of six junior LCRC faculty members across the partner institutions in the area of cancer genetics. The grant will fund the junior faculty members' 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 before the end of the granting period.

The COBRE program at the National Institutes of Health is designed to increase the competitiveness of researchers in underfunded geographical areas by the establishment of multidisciplinary research centers that are each focused on a scientific theme. Louisiana institutions have received

nine COBRE grants, more than any other state. Two of those COBREs are housed at the LCRC. The strength and stability of the LCRC partnership and the opportunity for collaboration among LCRC researchers, both now and in the future, no doubt played a role in the awarding of this significant federal funding.

Addressing Health Disparities


Cancer and a number of other diseases disproportionately impact African-Americans and other minority groups. Given Louisiana's culturally diverse population, the LCRC is in a unique position to mobilize and collaboratively utilize its resources to better understand and reverse these trends.

NIH Funds Minority Health and Health Disparities Research Center

The National Center on Minority Health and Health Disparities awarded a \$6.8 million grant to Dillard University and the LCRC in 2010 to establish a Minority Health and Health Disparities Research Center in New Orleans. The Center's goal is to conduct integrated research, training and community engagement aimed at better understanding and ultimately diminishing inequities in health. The multidisciplinary center will focus on a number of disease areas – including cancer - that disproportionately impact minorities and lower income individuals throughout our country, and it is hoped that the New Orleans Center will serve as a national model for health disparities research.

Augusto Ochoa, M.D., is leading the research core at the Center, which will focus on three major projects. The first, led by Shahriar Koochekpour, M.D., Ph.D., will investigate why some African-American males have

a genetic makeup that increases their risk for developing aggressive prostate cancer. The second study, led by Michael Hagensee, M.D., Ph.D., attempts to understand why the human papillomavirus (HPV) is more likely to result in cervical cancer in African-American women than in Caucasians, and the third investigation, led by Melinda Sothorn, Ph.D., focuses on the contribution of genetics to the development of asthma and obesity in minority children.



The incidence and mortality of prostate cancer is twice as high among African-American men as Caucasians and other ethnic minority groups of patients.

LCRC Researcher Uses Fat Cells to Explore Disparities in Prostate Cancer

The incidence and mortality of prostate cancer is twice as high among African-American men as Caucasians and other ethnic minority groups of patients. We know that obesity is a risk factor for prostate cancer, especially among African-American men. LCRC researcher Asim Abdel-Mageed, DVM, Ph.D., is exploring whether it plays a role in the disproportionate prostate cancer incidence and progression in this group compared to Caucasian men, and he recently received a highly competitive Department of Defense Health Disparity Research grant totaling \$903,000 over three years that will help him do just that.

Dr. Abdel-Mageed is examining the ability of adipose-derived stem cells,

or ADSCs, from the fat tissue of prostate cancer patients to migrate to and enhance the growth of prostate tumors. Compared to Caucasians and cancer-free subjects, he found that ADSCs from African American men not only have higher propensity to migrate to tumors but also to enhance the growth of prostate cancer cells.

Dr. Abdel-Mageed's team proposes to genetically engineer the fat cells and use them as a vehicle to deliver an enzyme that degrades locally produced hormones that encourage prostate cancer to grow. He will use them as a Trojan horse, so to speak, to specifically target metastatic tumor cells at their sanctuary sites. The results of his research may provide new options for prostate cancer patients and potentially lead to adjuvant therapies to enhance the effectiveness of conventional treatment.

Collaborating to Increase Federal Funding

Since the establishment of the LCRC, our investigators have been successful in securing federal research funds that might not have been accessible before the partnership.

Inter-Institutional Team Wins Department of Defense Grant

For instance, an LCRC seed grant awarded in 2008 to Barbara Beckman, PhD, and Maryam Foroozesh, PhD, was recently leveraged into a \$1 million (direct costs) Department of Defense (DOD) Inter-Institutional Partnership grant exploring possible new drugs for breast cancer. Without early emphasis by the LCRC on forming long-standing, sustainable collaborations and the seed funding provided through the LCRC's internal

faculty support program, this group of scientists probably would never have begun collaborating and this grant would not have been possible.

At the time of the seed grant application, Beckman was doing research on ceramides, lipids naturally occurring in the body. More specifically, she wanted to study exogenous ceramides, those synthesized outside of the body, as some have previously been shown to be toxic to cancer cells. She knew the biology, but couldn't move the project forward without collaborating with a chemist who could design and synthesize new ceramide analogs for testing. That's when she teamed up with her LCRC colleague, Foroozesh.

As the LCRC continues to foster opportunities for inter- and intra-institutional communication among cancer researchers, robust collaborative research programs will continue to develop and flourish.

The seed grant provided them with the funding to hire a postdoctoral fellow who could concentrate full time on synthesizing novel ceramide analogs. Their preliminary studies led to several papers and a patent application.

It also led eventually to the DOD grant, as it brought together a team of LCRC researchers with an interest in drug design for breast cancer. Without the original LCRC seed funding, this true inter-institutional collaboration would never have taken place.

LCRC Faculty Build Angiogenesis Research Programs

LCRC researchers Partha Bhattacharjee and Harris McFerrin have added a new dimension to angiogenesis research at the LCRC. Angiogenesis is defined as the formation of new blood vessels. Tumors must initiate angiogenesis in order to survive.

Using LCRC start-up funds, Dr. Bhattacharjee outfitted his laboratory in 2008 and then successfully competed for an NIH R21 grant addressing angiogenesis in 2009. By 2010, his research developed to the point that he submitted a U.S. patent application entitled A Method of Inhibiting Angiogenesis.

In 2010, Dr. McFerrin was awarded a five-year NIH IDeA Networks of Biomedical Research Excellence (INBRE) grant totaling \$540,000 to support his research into the relationship of viral infection to angiogenesis. His major focus is on HIV and the growth of blood vessels to form lesions commonly known as Kaposi's sarcoma.



Dr. Harris McFerrin and Dr. Partha Bhattacharjee

In addition to collaborating with each other in the development of their angiogenesis work, Drs. Bhattacharjee and McFerrin have worked closely with LCRC investigators across the partner institutions.

Publications

One metric for measuring productive collaboration is through the publication of journal articles by the members of the LCRC. In 2010 the partner members from LSU, Tulane and Xavier published a total of 234 articles. Of these, 144 are joint, collaborative publications; 28 are Intra-Programmatic Publications; 27 Inter-Programmatic Publications and 35 are Inter-Institutional articles.

Publication Success

Publications in 2010 from
partner members

234



It's about building hope.

Achieving major milestones on building our new \$102 million cancer research center

The new LCRC cancer research building is a key component to future success, as LCRC join other pioneers taking the state to the next level.

The Louisiana Cancer Research Center is located in an area known as BioDistrict New Orleans, which also includes the proposed University Medical Center and the new VA Medical Center, a teaching, patient care, and research medical complex that will serve the area's medical and allied health schools, and surrounding communities.

The center is expected to open in Fall 2011.





Lobby area looking toward auditorium



Upper floor hallway



Laboratory

Steady growth in grant-funded research, continued recruitment of respected medical scientists and projected increases in clinical trial volumes all necessitate a dramatic expansion of our scope and facilities. This need is being met with our new Louisiana Cancer Research Center, located on the corner of Tulane and South Claiborne Avenues in downtown New Orleans. The close proximity to our partners will allow closer collaboration among researchers and clinicians, and it will heighten our capacity for translational research that takes scientific studies from the lab to the bedside and back.

Such a new facility is essential in our pursuit of NCI designation, the elite rank of the nation's very best cancer research and treatment programs. The paramount concern of our Co-Directors was not only the design of new space that would allow us to bring the most up-to-date laboratories to Louisiana for, but also the collaborative atmosphere for our researchers who will use the building. The final design for the new 172,000 square foot, \$102 million facility reflects their vision perfectly.

We're building a future where cancer will be a thing of the past. The construction of the ten story, state-of-the-art cancer will provide our state with an incredible opportunity to advance collaborative cancer research unlike ever before.

The facility will be the new home for many LCRC cancer researchers, allowing them to collaborate more easily as they seek a deeper understanding of the biology of cancer in the hopes of developing new treatment options for the citizens of our state and the region.

The new cancer research center will include many naming and donor opportunities for families who want to support the new facility and its programs. The Co-Directors hope this support will be provided through the generosity of Louisianans.





FIRST FLOOR

- Lobby and reception area with interaction space
- 2500 seat, flexible designed conference center with state-of-the-art communications technology

FIRST – FOURTH FLOOR

- A major 4-story parking deck

FIFTH FLOOR

- A Minority Based Community Clinical Oncology Program
- Space for future clinical research or clinical trials expansion
- Building Operations Support services such as IT and Facilities

SIXTH FLOOR

- Organic & Biochemistry
- Expansion space for future cancer research programs

SEVENTH FLOOR

- Genomics Core Facility
- Integrated Cancer Research Programs

EIGHTH FLOOR

- Biospecimen Core & Tissue Repository
- Integrated Cancer Research Programs

NINTH FLOOR

- Integrated Immunology/Flow Cytometry Core
- Two Centers of Biomedical Research Excellence (COBRE)
 1. *Mentoring Translational Researchers in Louisiana* - LSU
 2. *Mentoring a Cancer Genetics Program* - Tulane

TENTH FLOOR

- 11,000 sq ft Animal Research Facility
- Leadership and Administrative Offices



The LCRC building construction progressed smoothly and successfully met milestones during 2010. At the beginning of the year, the LCRC received its first shipment of structural steel and watched as the framework's construction began. Progress was swift, with the second phase of structural steel erection beginning in February 2010. Currently, construction remains on schedule.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Value engineering efforts led by the LCRC team reduced the overall construction costs by \$4 million.	Steel beams for the second phase of structural steel erection arrived on site and erection began. Saved \$1.7 million of construction costs for 150 person conference room by value engineering and amending GMP.	Jacobs Consultancy was contracted to provide laboratory equipment planning services.	The Entergy Thermal Right-of-Way was approved and signed. The ninth (9th) level South slab was poured. Structural steel continued through the roof level.	Negotiated and executed an agreement for thermal services, reducing costs from \$85 million to \$31 million over a 20-year period.	Meetings between the Researchers, Co-Directors, Vanderweil, RMJM and LCRC were held to re-view the spaces on the eighth (8th) and ninth (9th) floors. The Team worked vigorously to accommodate these spaces and incorporate the requested changes.	Precast installation on the facility was completed. Structural steel was topped out through the roof level.	The first stage of the permanent roof was installed on the facility, marking a critical point in enclosing the building and preparation for conditioning of the structure.	Temporary, test air began running in the facility, while a permanent power account and the fire pump were established. The tower crane was dissembled and removed from the site after completion of structural steel installation.	Entergy Thermal began flowing chilled water to the facility. This milestone will assist in providing conditioned air to the facility.	Working with scientific leadership decision was made to reassess equipment need for the vivarium resulting in \$400,000 savings.	Construction hit the 50% mark with approximately only 2% of the Project Contingency fund being used to date.



It's about fostering partnerships and improving infrastructure

A major addition to the makeup of the LCRC partnership this year was the inclusion of Ochsner Health System as a full member. As a new corporate member, Ochsner was also granted a seat on the Board of Directors. In March of 2010, Dr. Patrick Quinlan, Ochsner's Chief Executive Officer, was welcomed as the newest member of the LCRC Board and Dr. John Cole, Ochsner's Chairman of Hematology & Oncology, as the newest Associate Director for the LCRC.

"Ochsner is a valuable addition to the LCRC partnership," said Dr. Larry H. Hollier, Vice-Chairman of the Board of the Louisiana Cancer Research Consortium. "Collaboration with Ochsner and its local researchers, physicians and neighborhood clinics will further enhance the effort of the existing LCRC partners to develop a world-class coordinated cancer research and education resource for the region."

"Ochsners' involvement in LCRC will have a direct and immediate impact on the lives of the people of Louisiana," said Dr. Patrick J. Quinlan, CEO of Ochsner Health System. The participation of Ochsner will only strengthen the existing LCRC team of cancer care experts, clinical experts and research leaders.



Meet Leadership of LCRC's New Partner

Patrick J. Quinlan, MD, Chief Executive Officer, Ochsner Health System.



Patrick J. Quinlan, MD

Dr. Quinlan is responsible for all operations and the strategic growth and development of the Ochsner Health System. Dr. Quinlan joined the Foundation in 1998 as chief medical officer and in 2001 was appointed chief executive officer of Ochsner Health System.

In May 2007, Dr. Quinlan was named the #1 most powerful physician executive in the nation by Modern Physician magazine. This honor is part of the magazine's third annual ranking of the "50 Most Powerful Physician Executives in Healthcare".

John T. Cole, MD, Chairman Department of Hematology & Medical Oncology, Ochsner Health System



John T. Cole, MD

Dr. Cole earned his medical degree from LSU and completed his medical internship and residency at Ochsner. He completed his fellowship in hematology and oncology at Columbia University in New York. He is the chairman of the Hematology & Medical Oncology Department at Ochsner Clinic Foundation and is the acting clinical chief of hematology/oncology at LSU Health Sciences Center.

Office of Information Technology (OIT) Builds Critical Infrastructure for Administration and Research

During 2010, the LCRC's section of Research Information Systems (RIS) began broadening its activities to not only include the management, maintenance and support of research information systems, but to also cover all information technology resources that the LCRC utilizes. This increase in support included servers, personal computers, financial and administrative software applications, and the management of the central administration's wired and wireless data network. This process was the starting point for a major change in how information technology resources will be managed in the new facility.

Starting in January 2011, RIS will be replaced by the Office of Information Technology (OIT), an idea to bring all of LCRC's information technology systems under one management umbrella. This move will maximize resource utilization, reduce costs, provide centralized administration support for IT resources and concentrate efforts on the development of IT policies and procedures. Ultimately, this will cover all aspects of confidentiality, integrity and availability of systems and data for the organization.

One of the first orders of business for the new Office of Information Technology is the recruitment of a senior systems administrator. This job will be charged with assisting the Manager of RIS during the transition of systems to the new building and supporting those systems once the building is occupied.

Other OIT Advances

Despite the high volume of activities surrounding the new building project, OIT has been able to make major progress. Specifically, OIT has successfully deployed a private and public instance setup for caTissue and an additional test instance. The private and public instances will serve as a way to contain protected health information (PHI) at a greater level of security.

Additionally, OIT has gone through a successful upgrade of the clinical trials management system (Velos eResearch) and expects to be upgrading the tissue banking system (caTissue Suite) in the first half of 2011. These upgrades will bring many additional features that not only make the systems easier to use, but also increase user productivity.

It's about telling the story and reaching out to the community.

Since its founding in 2002, community outreach and cancer education have been important missions of the Louisiana Cancer Research Consortium. Through our participation in a series of annual fundraising activities and cancer advocacy events, the LCRC works in conjunction with our cancer colleagues in the local community and other supporters to promote the importance of cancer prevention and early detection, as well as the vital role that research plays in bringing us all closer to a cure.

Public relations efforts, with support from the LCRC partners, have continued to focus on creating new and maximizing existing opportunities to create awareness for the LCRC. Strategies have included media relations (TV, radio, print, online) community relations, social media, and website podcasts which helped reach both internal and external audiences.

The media spotlight on the New Orleans medical and biosciences corridor has also helped shine a light on the LCRC with numerous print publications and broadcast media consistently using photos and video images of the LCRC's construction in news stories, as an example of the economic growth will have on the region. The past 12 months have been spent continuing the LCRC's ongoing awareness campaign, which includes educating the general public and the greater business and political communities about the LCRC's goals and objectives.

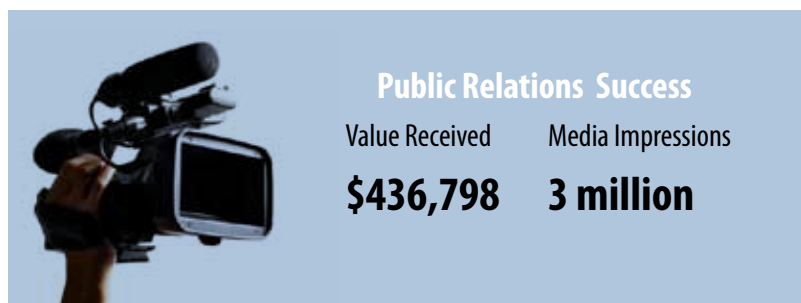
To put Public Relations Value (earned media) vs. Advertising dollars (paid media) into perspective, during the past 12 months LCRC has spent just under \$43,000 for Public Relations services. The publicity LCRC has received, from January – December 2010 equates to a publicity value of \$436,797.65 and nearly 3 million (2,769,258) media impressions. The LCRC's public relations endeavors have achieved a 10 to 1 return on investment, making public relations the most cost-effective resource in the LCRC marketing toolbox.

PR, Fundraising, Community Events and Educational Outreach Activities Highlights

Brand Voice

A brand voice, developed by Keating Magee for the LCRC was created so that the Consortium and its member institutions can better vocalize LCRC's external messages to the greater community and represent the brand with consistency. The brand voice will serve as a springboard for marketing strategy and tactics that will help with understanding the role and purpose of LCRC for Louisiana and the surrounding region.

Since the founding in 2002, community outreach and cancer education have been important missions of the LCRC. Through participation in a series of annual fundraising activities and cancer advocacy events, the LCRC works in conjunction with cancer colleagues in the local community and other supporters to promote the importance of cancer prevention and early detection, as well as the vital role that research plays in bringing all closer to a cure.





Building signage

To help the greater New Orleans community and citizens of the region to know the exact nature of the building being constructed at the corner of Tulane and S. Claiborne avenues.

The 50' x 40' signage was prominently displayed on the upper levels of the building (just above the interstate), and featured the Consortium's name, the four partner logos and the fall 2011 completion date.

Messaging

The LCRC co-directors, CEO, and select LCRC researchers have performed numerous on-camera and radio interviews to help deliver the "who, what, where, when, why" of the LCRC to the community. Appropriate talking points and background information were created for all interviews.

Story ideas including the ongoing construction, the LCRC's summer internship program, grant pursuits, cancer awareness and others. Interviews included topics such as the latest research on prostate, skin, and cervical cancers, as well as eliminating health disparities and the latest LCRC construction updates.

LCRC Tours

As construction of the new cancer research building progresses, people across all sectors of the community are becoming more aware of the Louisiana Cancer Research Center. Individuals and organizations such as the APA (American Planning Association), staffers representing members of the Louisiana Legislature and members of the Tulane Cancer Center Community Advisory Board have toured the facility. This has helped develop a better understanding and appreciation for how citizens' tax dollars are being spent and the LCRC's role in serving the community and the region.



Congressman Anh "Joseph" Cao tours the LCRC construction site in August.

Congressman Anh "Joseph" Cao and several of his staff toured the Louisiana Cancer Research Center construction site during the Congressman's August in-district period. Several of the academic leaders from Tulane University School of Medicine, LSU Health Sciences Center, Xavier University of Louisiana and Ochsner Health System, as well as the administrative leadership of the Louisiana Cancer Research Consortium and others, accompanied the Congressman's group on the tour. Additionally, several local media outlets covered the visit and provided the LCRC with widely visible broadcast exposure.

2010 City Business Healthcare Heroes



Steve Moyer



Oliver Sartor, MD

Speaking Opportunities

The LCRC spokespersons helped to educate the greater New Orleans community by addressing various organizations, including the French Quarter Business Association, the United Way for the Greater New Orleans Area, the Advertising Club of New Orleans and the Greater New Orleans Hotel & Lodging Association.

LCRC Website / Blog / Podcasts

A much needed, user-friendly website (lcrc.info) and blog (lcrupdate.blogspot.com) were developed to provide updates on the construction, including current ground and aerial photographs of the site. Additionally, each picture is accompanied by an image-specific, up-to-date summary outlining construction progress.

Podcasts were added to the LCRC website (lcrc.info), showcasing local and worldwide researchers and funders, giving a face to the LCRC and its mission.

Tulane University School of Medicine Research Days

At this annual health sciences event, the Tulane Cancer Center presented a poster on the history and mission of the LCRC, the importance of NCI designation, the LCRC's potential economic impact and the construction of the Louisiana Cancer Research Center. The event attracted numerous faculty, staff, students, residents and fellows from Tulane and other area universities on February 3-4, 2010.

Ochsner Health System's Partnership

The LCRC/Ochsner partnership announcement generated a variety of

positive press coverage in March/April of 2010, which delivered the LCRC message about combining the clinical research programs of all the partners and providing common access to the LCRC's cancer trials through all of the Consortium's clinical outlets.

Grant Writing Seminars & Workshops

Several faculty members and postdocs from Tulane University, LSU Health Sciences Center and Xavier University participated in the Grant Writers' Seminars & Workshops program. Phase I of the program included a one-day seminar – Write Winning Grants – designed for those who have had some exposure to writing grant applications. Emphasis is given to idea development, identification of the most appropriate granting agency, how to write for reviewers, and tips and strategies that are of proven value in presenting an applicant's case to reviewers. Approximately 20 of the Phase I participants were then competitively selected to move on to Phase II of the program – the Proposal Writing Workshop – during which they were guided, step-by-step, through the development and submission of an actual grant application. Participants in both phases of the program have given it rave reviews and have indicated the experience has provided them with useful skills for the preparation and submission of future grant applications. The seminar was conducted on March 17, 2010, and the workshops were on July 7-9 and October 18-20, 2010.

NOLA City Business Healthcare Heroes Award

Mr. Steve Moyer and Dr. Oliver Sartor were honored by NOLA City Business as Healthcare Hero Award recipients at a luncheon on May 7, 2010. This award is given to individuals to recognize their community involvement, achievements and efforts in promoting the healthcare industry to the overall community.

American Cancer Society Relay for Life – New Orleans

On May 22, 2010, LCRC staffers and supporters participated in this annual 12-hour relay event meant to bring attention to and raise funds for important ACS programs. The New Orleans event attracts teams of participants from several area schools and businesses and raises awareness of the services provided to the community by our local ACS affiliate. The LCRC tent, prominently featuring the LCRC logo, was utilized at this event, and the LCRC team raised important funds for the ACS via online donations, luminaria sales and on-site activities.

LCRC Summer Internship Program

Tulane Cancer Center researchers had the opportunity to make a real and lasting difference in the lives of some very talented students from the New Orleans Charter Science and Mathematics High School (NOCSMHS) this past summer. By becoming mentors in the Cancer Center's Summer Internship Program, they helped expose promising young men and women to the challenges and rewards of a career in science. Five Tulane Cancer Center faculty members participated in the program, which started on June 1 and ran for eight weeks, wrapping up the first week in August. The five participating students were matched with their faculty mentors based on research interests and were required to work on research projects under their mentor's supervision. In addition to laboratory work, interns attended weekly seminars where they enjoyed scientific presentations, as well as learned the basics of responsible conduct in research. They were also taught how to give a poster presentation and participated in a poster competition at the end of the summer.

American Cancer Society Hope Gala

The American Cancer Society presents its "Spirit Award" annually to those in the community who have distinguished themselves in the fight against cancer. On August 28, 2010, the ACS honored, among others, the following LCRC representatives:

John T. Cole, MD
Ochsner Health System

Steve Moye, President & CEO
Louisiana Cancer Research Consortium

Adam Riker, MD
Ochsner Health System

Charles D. Scher, MD
Tulane University School of Medicine/Cancer Center

Eugene A. Woltering, MD
LSU Healthcare Network

Lolie Yu, MD, MPH
LSUHSC and Children's Hospital of New Orleans

The ACS presented a total of 13 Spirit Awards in 2010 at their Annual Hope Gala, held at The Shops at Canal Place. The Louisiana Cancer Research Consortium was a major participant in this event, which supports the many patient services and research programs of the American Cancer Society.

Louisiana Breast Cancer Task Force Pink Fling

Several LCRC faculty from both Tulane and LSU, including Prescott Deininger, Erik Flemington, Steven Hill and Luis Del Valle, once again served as “celebrity waiters” at this annual fundraising event for the LBCTF on July 31, 2010. Several hundred people attended the LCRC sponsored event, which took place at The Foundry in New Orleans. The LBCTF supports breast cancer research and education efforts throughout the area.



Cancer Crusaders Salute to Survivors Luncheon

Fourteen local cancer survivors, including LCRC Board Member Pam Ryan, were honored at the Tenth Annual Cancer Crusaders Celebration of Life event, held at the Marriott New Orleans on September 22, 2010. Following Mistress of Ceremonies Angela Hill's emotional introduction of the honorees, who were each escorted by family and close friends down the catwalk, LCRC Co-Directors Prescott Deininger, PhD, and Augusto Ochoa, MD, addressed the record-setting crowd assembled in the sold-out grand ballroom. The Cancer Crusaders report that this year's luncheon was a record-setter, both in attendance and in dollars raised.

Leukemia/Lymphoma Society Light the Night Walk

On October 9, 2010, representatives from the Tulane Cancer Center, LSU's Stanley S. Scott Cancer Center and Xavier University of Louisiana, wearing LCRC t-shirts and caps, participated as a team in this event honoring leukemia/lymphoma patients and survivors while also raising

important funds for leukemia and lymphoma research. Light the Night is The Leukemia & Lymphoma Society's night to pay tribute and bring hope to thousands of people battling blood cancers and commemorate loved ones lost. Several thousand people participate in this annual evening walk, held locally at Zephyr Stadium in Metairie.

American Cancer Society Making Strides Walk

On October 10, 2010, the LCRC was one of five Flagship Sponsors for this popular American Cancer Society event that attracts thousands of participants from the region annually. Flagship sponsorship provided the LCRC with premium exposure, including booth space on the day of the event, an opportunity for an LCRC representative – Steven Hill, PhD, Tulane Cancer Center Signaling Program Leader – to address the crowd on race day, as well as the possibility of live media interviews during the event. Additionally, the LCRC's logo appeared on event t-shirts, and the LCRC banner was prominently displayed on race day. Prescott Deininger, PhD, co-director of the LCRC, was also asked to deliver the scientific talk to attendees at the event's annual Team Captain's Breakfast, held in July. The LCRC fielded its largest team ever for this type of event. Approximately 40 participants from Tulane, LSU and Xavier turned out in their LCRC t-shirts and caps to walk as a group and raise funds for breast cancer research.



Saks Fifth Avenue Key to the Cure

The 2010 Saks Fifth Avenue New Orleans Key to the Cure fundraiser, held on October 20th, and was benefiting the cancer research programs of the LCRC, was an unprecedented success, raising approximately \$203,000 – a new event record. Co-chairs Bryan Batt, Margo DuBos, Dana Hansel and Juli Miller Hart did a phenomenal job inspiring and mobilizing not only a planning committee of over 200 active supporters, but also several major first-time event sponsors, who catapulted this year to new levels of sponsorship success. Other event records included the number of restaurant sponsors – 34 this year – and the number of individuals, corporations and foundations who pledged sponsorship support for the event – 245! This year's result brings the 10-year cumulative total for the New Orleans Key to the Cure fundraiser to \$1,269,000, every penny of which has remained in the region at work in the research laboratories of the LCRC's world-class cancer investigators. The LCRC is immensely thankful to the Key to the Cure co-chairs, committee members, sponsors, restaurant participants, in-kind donors and especially the incredible team at Saks Fifth Avenue New Orleans, who have been generous friends and benefactors for over a decade.

The LCRC's public relations team assisted by creating pre and post-event media announcements, which helped drive attention and traffic to the stellar gala. A viral video that captured the spirit of the gala also was seen by thousands of New Orleanians when it was posted on Facebook by a Times Picayune photographer.

Ladies Leukemia League Fete De Noel

On December, 15, 2010, the Louisiana Cancer Research Consortium sponsored a table at this annual fundraiser for the Ladies Leukemia League (LLL), which attracts several hundred participants. The LLL is an organization of 225 women who have dedicated themselves to the purpose of raising funds for leukemia research in the Gulf South. LLL has raised over \$2 million in pilot or seed money for cancer scientists working in leukemia or lymphoma research or in related fields. Many LCRC researchers have enjoyed LLL support over the years. Last year, Tulane Cancer Center's Erik Flemington, PhD, was awarded a Ladies Leukemia League grant for the project entitled Targetome Analysis of Epstein Barr Virus Encoded microRNAs.

Cancer Crusaders Summer Affair

The LCRC participated in this year's Cancer Crusaders summer fundraiser, held at Harrah's New Orleans Hotel on June 5, 2010. The event attracted several hundred supporters and raised important funds via live and silent auctions.

It's about living tobacco-free.

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

The use of tobacco is responsible for many major health problems in Louisiana. Thirty percent of all cancers are caused by tobacco. In addition, nearly 6,400 adults die annually from smoking, with the cost to the state from these deaths about \$1.47 billion. Tobacco use contributes significantly to heart disease and adds to the unhealthiness of the state as measured by the United Health Foundation's annual report card which puts us at 50th. Much of this is preventable through well designed programs that combat the initiation of smoking and encourage cessation in those who have become users.

TFL's past successes are in large part due to the program's ability to partner in an integrated role with other state wide organizations and agencies while focusing on a set of goals that are supported by a programmatic component structure. Our strategic alignment with the Tobacco Control Program (TCP) of DHH has been particularly effective in carrying out our programs throughout the entire state. We are seeing Louisiana youth come together and organize against big tobacco. We are seeing college students take action against tobacco by passing policies to protect non-smokers on their campus. We are seeing Communities of Color mobilize to combat the tobacco industry in their back yard. We are seeing Louisianans utilize the Quit Line in ever increasing numbers in their effort to quit smoking.



Although our expenditures are small compared to the money Big Tobacco spends to attract new smokers and replace those that have died, we see evidence of success every day. There has been a decrease in the collection of the tobacco excise tax; there has been a decrease in the number of cigarettes each person smokes; there has been a decrease in the death rate from lung cancer; and one can now enjoy a restaurant meal without the smell of smoke in the air. There is no doubt that the social norm surrounding tobacco use has changed for the better and our polling tells us fewer and fewer people support tobacco use in any form. In the next few pages we will explain the basic program that has been designed for the state and showcase two successful and innovative projects in the program: a media campaign and air pollution from second hand smoke.

TFL's Comprehensive And Integrated Program Components

In 2010, TFL continued efforts in each of its five goal areas with excellent results.

Goal 1: To prevent initiation among youth and young adults

Best Practices: The theory of change associated with preventing young people from starting to use tobacco begins with increasing their knowledge of the dangers of tobacco use, changing their attitudes toward tobacco use and increasing public support for policies that reduce the likelihood that young people will use tobacco. Such policies include increasing tobacco excise taxes, passing and enforcing strong laws that decrease young people's access to tobacco, and implementing tobacco-free school policies. Policies such as these eventually create an environment that supports a smoke-free lifestyle among young people.

Goal 2: To eliminate exposure to secondhand smoke

Best Practices: Tobacco is highly addictive. Although it is possible to quit without help, evidence shows that the chance of success is much higher with the use of support services. State-supported telephone quitlines overcome many of the barriers to smoking cessation classes because they are free and available at smokers' convenience. They also bring services to smokers in areas that have few resources. Group cessation programs and workplace cessation programs also improve the likelihood of success. Integrated services – which link quitlines, provider services, workplace cessation initiatives, and approved pharmacotherapies – offer smokers several help options and lead to greater cessation services and more success.

Goal 3: To promote quitting among adults and youth

Best Practices: The theory of change associated with eliminating nonsmokers' exposure to secondhand smoke starts with increasing people's knowledge of the dangers of exposure to secondhand smoke, and increasing their support for passing and enforcing tobacco-free policies. The fewer places available to smoke increases the opportunities of the smoker to quit.

Goal 4: To identify and eliminate tobacco-related disparities among population groups

Best Practices: In an effort to identify and eliminate tobacco-related disparities, state programs should ensure that disparity issues are an integral part of state and local tobacco control strategic plans, provide funding to organizations that can effectively reach, involve, and mobilize identified specific populations, and provide culturally competent technical assistance and training to grantees and partners.

Goal 5: To facilitate effective coordination of all tobacco prevention and control initiatives through the state of Louisiana

Best Practices: Statewide programs can provide the skills, resources, and information needed for the coordinated, strategic implementation of effective programs. Our experience has shown the importance of having all of the programs' components coordinated working together internally and externally. The key is creating effective communication across programs, coalitions and partners. This has been achieved in Louisiana.

2010 Media Campaign: A Case Study In Utilizing A Health Equity Approach

Effective January 1, 2007, the Louisiana Smoke-Free Air Act (Act 815) prohibited smoking in most public places and workplaces, including all restaurants with or without attached bars. This did not include stand-alone bars and casinos, and thus created a disparity for several sectors of Louisiana's cultural economy employees: bar and casino employees and musicians.

With Act 815, Louisiana's partial preemption of local smoke-free air ordinances was repealed and replaced by a specific non-preemption clause. This means local Louisiana communities are now free to strengthen Act 815 with broader local ordinances that could include bars and casinos as smoke-free workplaces. As a result, TFL heard from a number of musicians, bar and casino employees. They expressed their desire for healthier smoke-free workplaces. In response to their requests, as well as recommendations from the 2009 meeting of its Scientific Advisory Board, TFL revived the "Let's be Totally Clear" campaign theme in 2010. This campaign featured testimonial ads using bar and casino employees and musicians.

Tobacco use is associated with a lag time between initiation of use and onset of illness. Persistent policy intervention is needed for success. We feel this is in place in Louisiana. **As smoking decreases, Louisiana becomes a healthier place to live** with an associated decrease in health care costs.

The major themes and objectives for the campaign were:

- No one's health should be in danger when they go to work;
- Increase awareness about the dangers of secondhand smoke;
- Increase awareness that bar/casino workers/musicians are still exposed to secondhand smoke at work;
- Drive individuals to www.letsbetotallyclear.org

Post-wave ad tracking research conducted by Market Dynamics Research Group (MDRG) found that the campaign was successful. MDRG concluded that the media campaign increased awareness and increased support for smoke-free casinos and bars. A few of the statistically significant findings (95% CI) are:

**I DESERVE TO BREATHE
SMOKE-FREE AIR AT WORK,
JUST LIKE YOU DO.**
LetsBeTotallyClear.org



- Increased support for smoke-free casinos;
- Increased support for strengthening the law that prohibits smoking in public;
- Increased belief that casinos are worksites that should be smoke-free; and an

- Increased belief that bars are worksites that should be smoke-free.

Unfortunately, the state legislature did not enlarge the scope of Act 815 during the 2010 Louisiana Legislative Session. Local advocates are now working to strengthen the law in local jurisdictions.

Special Study: Air Pollution From Secondhand Smoke In Baton Rouge Bars And Casinos

In the spring of 2010, TFL partnered with Dr. Daniel Harrington of LSU School of Public Health to conduct a special secondhand smoke study. This study and the dissemination of its findings served as a complement to the 2010 media campaign. We assessed the impact of environmental tobacco smoke on indoor air quality by measuring indoor air pollution levels in twenty seven bars and one casino in Baton Rouge, Louisiana. Secondhand tobacco smoke is comprised of an abundance of very small particles, therefore we took real-time measurements of fine particulates less than 2.5 micrometers in size (PM_{2.5}) using a direct reading instrument. Air monitoring began on Wednesday, April 14 and continued through Saturday, April 24, 2010.

Key Points from Baton Rouge Air Monitoring Study:

A sample of 27 Baton Rouge bars had an average PM_{2.5} concentration level of 237µg/m³, which is 13.9 times higher than nonsmoking restaurants in Louisiana.

(PM_{2.5} means particulate matter less than 2.5 microns in size. It is representative of secondhand tobacco smoke pollution.)

- The average PM_{2.5} concentration level in nonsmoking restaurants in Louisiana is 93% lower than Baton Rouge Bars.
- On average, Baton Rouge bars had very unhealthy (237 µg/m³) air quality, according to U.S. Environmental Protection Agency guidelines.

The health effects associated with this level of exposure include:

- Significant aggravation of heart or lung disease and premature mortality in people with cardiopulmonary disease and older adults
- Significant increase in respiratory effects in general population
 - A full 85% of the bars sampled (23 of 27 bars) had unhealthy, very unhealthy, or hazardous air quality levels. None (0 of 27 bars) had good air quality.
 - If bars and casinos became smoke-free, PM_{2.5} pollution levels would be significantly reduced.
 - The one casino that was sampled had unhealthy (85 µg/m³) air quality

There are important findings for furthering our efforts in expanding Act 815. Additional areas in the State will be studied. Factual data such as the above plays a large role in conveying the dangers of smoking and second-hand smoke.

Deep South Tobacco Prevention And Control

There are important findings for furthering our efforts in expanding Act 815. Additional areas in the State will be studied. Factual data such as the above plays a large role in conveying the dangers of smoking and second-hand smoke.

Deep South Tobacco Prevention And Control Policy Institute

The Louisiana Campaign for Tobacco-Free Living, along with Department of Health and Hospitals' Louisiana Tobacco Control Program and American

Nonsmokers' Rights Foundation, hosted the first Annual Deep South Tobacco Prevention and Control Policy Institute in New Orleans from August 4-6, 2010. It was attended by over 200 people from Louisiana, Alabama, Mississippi and Georgia.

The Institute focused on how to prevent exposure to deadly secondhand smoke, how to strengthen tobacco control policies and how to keep young people from starting a tobacco habit. The keynote speaker for the conference was internationally renowned secondhand smoke expert Stanton Glantz, professor of medicine (cardiology) and Director of the Center for Tobacco Control Research and Education at the University of California, San Francisco (UCSF).

This meeting of neighbors was helpful in establishing common goals for the region. This is particularly true as progress is made toward increasing the excise tax on tobacco. It was found that sharing knowledge is extremely helpful in formulating new policy and a plan to continue this conference on an annual basis.

TFL ADVISORY BODIES

TFL has two major guiding bodies: the Scientific Advisory Board and the Statewide Steering Committee. Both of these bodies are critical to the ongoing development and success of TFL. The Scientific Advisory Board is comprised of tobacco control experts from throughout the United States, who bring their expertise to the State of Louisiana. The Scientific Advisory Board meets on an annual basis to review progress and challenges of the previous fiscal year, and to make recommendations for the future fiscal year. The guidance of the Scientific Advisory Board is largely focused on maintaining TFL's grounding in best practices.

The 2010 TFL Scientific Advisory Board Members were:

Kathleen Collomb

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

Gregory Connolly, DMD, MPH

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

Michael Cummings, PhD

Chair, Department of Health Behavior
Roswell Park Cancer Institute

John P. Pierce, PhD

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

William S. Robinson, MA

Executive Director
National African American Tobacco Prevention Network

Karla Sneegas, MPH

Executive Director
Indiana's Tobacco Use Prevention and Cessation Program

Colleen Stevens, MSW

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

The statewide Steering Committee is comprised of multidisciplinary representatives from Louisiana who serve as experts on Louisiana. This committee meets as a group, via web conference several times a year. Their guidance is largely tactical in terms of Louisiana application of best practices in tobacco control.

The 2010 TFL Steering Committee members were:

Charles L. Brown, Jr., M.D., (Committee Chair)

Professor of Public Health
Louisiana State University, School of Public Health

Honorable Martha Woodard Andrus, MST

Mayor, City of Grambling

Michael Kaiser, M.D.

Associate Chief Medical Officer
Louisiana State University, Health Sciences Center

Theodore B. Callier, M.A.

Assistant Vice President, Research and Sponsored Programs
Dillard University

Elizabeth T.H. Fontham, Dr.PH.

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

Donna Nola Ganey

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

Carolyn Johnson, Ph.D., NCC LPC

Clinical Associate Professor, Department of Community Health Sciences

Tulane University School of Public Health and Tropical Medicine

Kathleen Kennedy, Pharm. D.

Associate Dean, College of Pharmacy

Xavier University of Louisiana

Jerry McLarty, Ph.D.

Professor of Medicine

Director, Cancer Prevention and Control, Feist-Weiller Cancer Center

Louisiana State University, Health Sciences Center – Shreveport

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

Professor and Program Director

Louisiana State University School of Public Health

Joseph D. Kimbrell, M.A. LCSW (Ex Officio)

Chief Executive Officer

Louisiana Public Health Institute

Rosalind Sayer Bello, M.A. (Ex Officio)

Director

The Louisiana Campaign for Tobacco-Free Living

Much has been accomplished; much remains to be done. We have been fortunate to have the same national advisors since their first critique of our program in 2004. They have been of immense help in interpreting what is happening nationally as it relates to Louisiana. We would like to quote several comments from their last visit.

“Clearly, TFL has grown enormously over the years and can now be considered a mature program. This is no small achievement.”

“You have shown a willingness to critically review practices in light of our recommendations and in response to data you have collected. This is the hallmark of a good program.”

“We would like to single out the quality of your systems approach to Hospital Cessation. We believe this is a model program for the rest of the nation.” (Dr. Moody Thomas should be congratulated.)

“TFL has set up a good surveillance system to assess progress and evaluate the effectiveness of the program.”

“It has been a pleasure to observe how TFL has built strong collaborations across bureaucratic departments and voluntary agencies over the years.”

Change has happened. Programs are in place which should further decrease the use of tobacco and its accompanying cost and illness in our state. Prevention is now an accepted concept that will play an enlarging role in the health care delivery systems in our state.

It's about fiscal responsibility.

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Independent Auditor's Report

Board of Directors

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

We have audited the accompanying Statements of Financial Position of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center (a non-profit organization) (the "Research Center") as of June 30, 2009, and the related Statement of Activities and Cash Flows for the year then ended. These financial statements are the responsibility of the Research Center's management. 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 Research Center's 2009 financial statements and, in our report dated August 18, 2009, we expressed an unqualified opinion on those financial statements.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center as of June 30, 2009 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 27, 2010 on our consideration of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. The report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audits were performed for the purpose of forming opinions on the basic financial statements of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center taken as a whole. The accompanying Schedule of Revenues and Expenses by Program for the year ended June 30, 2010 and the other supplementary information required by the State of Louisiana is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Rebowe & Company

August 27, 2010

STATEMENT OF FINANCIAL POSITION

For the year ended June 30, 2010 (with comparative totals for 2009)

	2010	2009
ASSETS		
Current Assets		
Cash	\$14,260,618	\$15,932,850
Investments	11,096,674	11,205,528
Receivables		
Grants	10,831,774	10,637,162
Other	-	4,678
Prepaid expenses	-	20,000
Total Current Assets	36,215,865	37,600,218
Property and equipment - net	2,698,437	3,089,660
Construction in progress	39,392,109	11,533,070
Total Assets	\$78,306,411	\$52,219,948
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$3,097,222	\$4,635,901
Construction payables	3,617,634	1,931,348
Accrued liabilities	65,991	61,379
Total Current Liabilities	6,780,847	6,628,628
Net Assets		
Unrestricted	1,021,250	796,753
Temporarily restricted	70,504,314	44,794,567
Total Net Assets	71,525,564	45,591,320
Total Liabilities and Net Assets	\$78,306,411	\$52,219,948

STATEMENT OF ACTIVITIES

For the year ended June 30, 2010 (with comparative totals for 2009)

	Unrestricted	Temporarily Restricted	Total 2010	Total 2009
OPERATING REVENUE				
Grants	-	\$43,203,249	\$43,203,249	\$21,522,915
Interest	-	29,736	29,736	115,479
Fund raising	224,497	-	224,497	261,614
Other	-	-	-	-
Net assets released from restrictions	17,538,114	-	(17,538,114)	-
Total	17,762,611	25,694,871	43,457,482	21,900,008
OPERATING EXPENSES				
Cessation expenses	7,699,656	-	7,699,656	7,130,409
Salaries and related expenses	6,151,439	-	6,151,439	6,676,728
Supplies	1,779,879	-	1,779,879	2,158,817
Depreciation expense	667,296	-	667,296	600,255
Travel	170,916	-	170,916	174,249
Operating services	586,368	-	586,368	537,142
Professional services	261,471	-	261,471	292,725
Fundraising expenses	54,096	-	54,096	58,344
Other expenses	116,964	-	116,964	53,761
Marketing	31,502	-	31,502	107,856
Business expenses	18,527	-	18,527	21,144
Total	17,538,114	-	17,538,114	17,811,430
OPERATING INCOME (LOSS)	224,497	25,694,871	25,919,368	4,088,578
Non-operating revenues				
Investment income	-	14,876	14,876	175,102
Net change in unrealized gain on investments	-	-	-	3,355
Total		14,876	14,876	175,457
INCREASE IN NET ASSETS				
Net assets, beginning of year	796,753	44,794,567	45,591,320	41,324,285
Net assets, end of year	\$1,021,250	\$70,504,314	\$71,525,564	\$45,591,320

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