Louisiana Cancer Research Consortium
OF NEW ORLEANS

Annual Report 2003

Table of Contents

Annual Report to the Joint Legislative Committee on the Budget

Louisiana Cancer Research Consortium of New Orleans

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Background

VISION

To build on the strengths of LSU Health Sciences Center of New Orleans and Tulane University Health Sciences Center, to develop an internationally recognized cancer research, education, and treatment resource for our region.

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

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

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

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

Year in Review

CORPORATE STRUCTURE

The Consortium is formally organized into two branches under a governing board.

The President/CEO is responsible for all activities under the administrative branch.

The scientific branch is administered by two co-directors who share decision-making for all scientific research activities.

After the first full year of operation, it is time to reflect on the enormous opportunities that lie ahead.

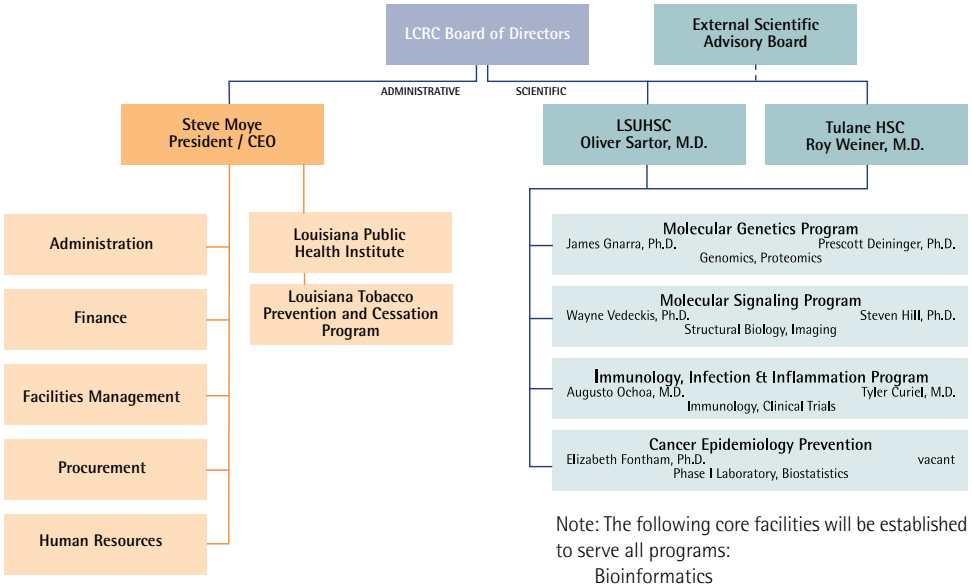
The Consortium's corporate structure is complete with two formally organized branches under a Board of Directors: an Administrative Branch and a Scientific Branch.

Last year's annual report highlighted the establishment of the scientific leadership, and the identification of four research program areas and their respective leaders by the scientific directors, Dr. Oliver Sartor, Director of the Stanley S. Scott Cancer Center of LSU Health Sciences Center - New Orleans and Dr. Roy Weiner, Tulane Cancer Center of Tulane University Health Sciences Center.

The mission to provide a means for early detection, treatment, and prevention of cancer is measurably advanced through these research programs that bring LSU and Tulane scientists and physicians together across many disciplines.

In February 2003, Steve Moye joined the Consortium as President and CEO. Previously he had been the Director of Biotechnology Development at the Louisiana Department of Economic Development. In that position he assisted in the startup of Red River Pharma in Shreveport, TransGenRx in Baton Rouge, and supported the Gene Therapy Research Consortium and a network of wet lab incubators across the state.

Louisiana Cancer Research Consortium



Note: The following core facilities will be established to serve all programs:

- Bioinformatics
- Office of Clinical Research
- Proteomics
- Genomics
- Cell Analysis

Cancer Research Center

Guest speakers at the Cancer Center groundbreaking ceremony were:

Governor-elect Kathleen Blanco
Lt. Governor-elect Mitch Landrieu
Andy Kopplin, Office Of The Governor
Senate President John Hainkel,Jr.
Senator Diana Bajoie
Senator Lambert Boissiere, Jr.
Mayor Ray Nagin
Council President Oliver Thomas, Jr.
City Council Member Jacquelyn Clarkson
City Council Member Reneé Gill Pratt
Roger Ogden
Lsu System Board Of Supervisors
Catherine Pierson
Chair, Board Of Tulane
Dr. William Jenkins
President, Lsu System
Walter C. Flower, Iii
Chair, Board Of Governors,
Tulane University Health Sciences Center
Dr. John Rock
Chancellor
Lsu Health Sciences Center
New Orleans
Dr. Paul Whelton
Senior Vice President
Tulane University Health Sciences Center
Dr. Oliver Sartor, Director
Stanley S. Scott Cancer Center
LSU Health Sciences Center
Dr. Roy Weiner, Director
Tulane Cancer Center
Tulane University Health Sciences Center

A groundbreaking ceremony for the Louisiana Cancer Research Center was held on December 3, 2003. The event marks a major step toward the reality of a building devoted to promoting collaboration between the two Universities and their cancer researchers, and to providing core technology services that will enhance their competitiveness on a national and international scale.

The building and the modern equipment in the Cores will address the critical shortage of research space that has impeded recruitment of new faculty and new extramural research grants. Plus, it will be built to expand beyond its initial capacity in the future as needs arise. The expansion will accommodate growth in cancer research at both Universities

Equipment purchases for the Louisiana Cancer Research Center will support cancer research program development at both Universities. Such equipment will provide savings through economies of scale, and avoid duplicated expenditures. The presence of the joint equipment and facilities will foster interaction and coordination of research programs, and facilitate the synergy one would expect of two Health Science Centers so close together.

These core resources are designed to support a series of technologies that are too expensive to be supported by a single research program, or even a single university.

Great strides toward making the Cancer Center a reality were made during the last year, starting with an extensive bid process leading to selection of the architect, project management team, bond underwriters, and bond counsel.

Approximately $40 million in bonds will be issued through the Health Education Authority of Louisiana to fund the construction and operation of the Louisiana Cancer Research Center. The bonds will be secured by the Tobacco Tax Health Care Fund in the State Treasury and will generate approximately $3.7 million annually to pay debt service. The recommended base structure of the bonds is 30-year level principal and interest debt amortization.

Architects

Hillier, an established architecture, interior architecture, land planning, and strategic facilities planning firm with six locations nation-wide is uniquely qualified to address the laboratory, scientific, and technological requirements for the project. They will chart a course for the design evolution of the project and work with the research scientists to make sure the labs meet all design criteria. With their extensive experience they bring added value regarding laboratory planning, detailed laboratory design and future flexibility. They have selected the local firm of **Lyons & Hudson** to work with them.

Senior Managing Underwriter

UBS Financial Services – with 5 offices and 120 employees in Louisiana, UBS is a leading global securities and investment banking firm, providing a full spectrum of products to institutional and corporate clients, intermediaries, governments, and hedge funds worldwide. Their financing recommendations and the access LCRC will have to their distribution network provides LCRC with the lowest cost of borrowing.

Co-Managing Underwriters

Siebert Branford Shank – with an office in Baton Rouge, Siebert is a national firm with 13 fully staffed public finance offices, specializing exclusively in municipal finance, with a demonstrated ability to manage the underwriting process.

Stephens Inc. – one of the largest privately held investment banking firms in the United States and has served as senior managing underwriter for the Louisiana Superdome, the New Orleans Exhibition Hall, and the New Orleans Aquarium.

Bond Counsel

Foley & Judell, LLP – a nationally recognized firm of bond attorneys whose practice is devoted solely to public finance. Over the past 84 years they have represented over 350 different local governments, boards, public trusts, hospitals, colleges and universities. They have worked extensively with both LSU Health Sciences Center and Tulane University on numerous bond issues issued by the Louisiana Public Facilities Authority.

Events & Activities

Bill Elder Memorial Fund – When Bill Elder, a long-time New Orleans television newsman, died of brain cancer the family asked that, in lieu of flowers, donations in his memory be made to cancer research. The Louisiana Cancer Research Consortium established the Bill Elder fund. To date, the fund has received almost $3,000 in donations.

Fête de Nöel Luncheon and Fashion Show – The Louisiana Cancer Research Consortium was a co-sponsor of this Holiday Season event, organized by the Ladies Leukemia League of the Gulf South, a non-profit organization founded in 1969 and dedicated to finding a cure for leukemia. Proceeds from this luncheon are used to fund grant proposals submitted by medical researchers at institutions in Louisiana, Mississippi, and Texas. Tulane Cancer Center researchers Charles Hemenway, MD, PhD, and Laura Levy, PhD, have been recent recipients of Ladies Leukemia League grants.

2003 Komen New Orleans Race for the Cure - The Louisiana Cancer Research Consortium sponsored the 8th Annual New Orleans Race for the Cure, held in historic City Park in October 2003. Proceeds from this 5K run/fitness walk fund breast cancer education, screening, and treatment projects for the medically underserved of the New Orleans Metro Area and help to fund the Susan G. Komen Breast Cancer Foundation Award and Research Grant Program. In 2002, this grant program awarded $150,000 to the Medical Center of Louisiana at New Orleans (MCLNO) Breast Center, a collaborative effort by Melissa Brammer, M.D., of Tulane University Health Sciences Center, and Mary Abell, M.D., of Louisiana State University Health Sciences Center, to provide a comprehensive breast care center for uninsured or underinsured women. In 2003, Komen awarded the MCLNO Breast Center an additional $83,000, which will allow Drs. Brammer and Abell to develop a number of patient-centered programs, including a patient support/advocacy group and same-day mammography.

Logo Design Contest - a contest was held among employees of the partner institutions to design the logo for the Louisiana Cancer Research Consortium. The winning design, chosen from over 30 entries, was created by Melanie Cross of the Tulane Cancer Center of Tulane University Health Sciences Center. She received the $2,000 prize and her design is being incorporated in all LCRC identity programs.

Research Update

From the Scientific Directors

The scientific leadership is focused on fulfilling one goal, that of achieving our legislative mandate to achieve designation as a Cancer Center by the National Cancer Institute (NCI). Currently, we are engaged in a broad-based and comprehensive assessment and planning process which will continue to identify and prioritize productive opportunities for both LSU, Tulane and the State of Louisiana.

Critical to the Louisiana Cancer Research Consortium (LCRC), activities has been the identification and appointment of an effective leadership team derived from both Universities and capable of helping to coordinate activities within each of the arenas of programmatic purpose. The Co-Directors of the Consortium, Dr. Oliver Sartor from LSU Health Sciences Center and Dr. Roy Weiner from Tulane University Health Sciences Center, meet weekly and have established a broad-based leadership structure consisting of Associate Directors, Program Leaders, Core Directors, Task Forces, a Steering Committee, and an Executive Committee. The scientific leadership structure and the budget planning process have been defined in Template Narrative for Cancer Consortium Structure [see page 9] and Budget Investment Guidelines [see page 11].

The Steering Committee includes both the scientific leadership of the LCRC and relevant University leaders including representatives from the Institutional Leadership and offices of the Chancellor and Senior Vice President as well as selected Departmental chairs. This Steering Committee meets monthly to deal with the scientific growth and scientific budget prioritization. In addition to recommending action to the Co-Directors, the Steering Committee establishes task forces to address specific areas requiring high-level coordination. Task forces have been established in the areas of Tissue Acquisition and Bioinformatics. A new Clinical task force will be formed after input from a consultant. All three of these areas are fundamental to a functioning Cancer Center and must be fully operational before an application for NCI designation is prepared.

Our External Advisory Committee is comprised of the best leadership among cancer centers. Each of our External Advisors has a leadership role in a successful NCI designated Cancer Center, and the chairman of our External Scientific Advisory Committee (Dr. Harold Moses from Vanderbilt) is an advisor to the Director of the National Cancer Institute on matters pertaining to Cancer Centers and is a newly elected member of the Institute of Medicine.

An ongoing dialogue with leadership of the National Cancer Institute at its headquarters in Bethesda, Maryland has been a key feature of planning and implementation to date. The NCI leadership has traveled to New Orleans to meet with us and has received us in Bethesda and in Washington. Dr. Andrew von Eschenbach, the Director of the NCI, has met with us and views Louisiana as a model that other states should emulate in creating public and private initiatives that together will wage a successful war against cancer.

Dr. von Eschenbach's remarks lauding the LCRC, by name, for our initiatives have been heard and noted at a series of national meetings. It is truly a privilege and a source of pride to know that our Consortium has been held as a national model of cooperation between public and private partners.

A considerable amount of effort by the scientific leadership has gone into assessment of the individual program strengths and needs. This analysis has been reviewed by our External Scientific Advisors. Areas of programmatic focus (see Figure 1) include cancer genetics, molecular signaling, cancer epidemiology, and cancer immunology. The criteria for inclusion in a Consortium program includes research addressing the program theme that is funded by grants that qualify for NCI designation. The strategic plans for growth of each of the designated programs have been developed with input from the ESAB, from NCI Leadership, and from extensive discussion and debate within the LCRC Steering Committee. Recruitment of faculty to enrich each program will be targeted to candidates with specific expertise who have demonstrated merit or who show extraordinary promise. Currently, there are a number of active recruitments for new faculty at both Universities on behalf of LCRC priorities. The recruitments are determined by the goals of each of the programs, which in turn, are driven by what is necessary to compete successfully for NCI recognition. Table 1 provides the current and targeted Federal research funding for each of our programs.

An essential part of the Cancer Center includes Core equipment and services, which facilitate research across Programs and provide resources that no single research laboratory could afford. Currently we have operational Cores in genomics as well as Cores that are planned in immunology, proteomics, and biostatistics. One element of Cores is the ability to make sure the equipment is maintained and upgraded to keep pace with advancing technology. Therefore charge-backs and fee structures must be generated to maintain each Core's utility and efficiency. Discussions with scientific leadership at the Universities are ongoing to assure that the Cores are structured in conformity with the policies of both Universities and within the guidelines established by the National Cancer Institute Centers Program.

To accommodate the increase in the cancer research needed for the success of LCRC, a new research building has entered the planning phase. This new facility, while essential to our progress, must be planned, financed, and built in a manner that will preserve our ability to invest in the new research talent that will bring our mandate to fruition. We are now facing this challenge.

Clinical trials are the hallmark of a Cancer Center. They provide the essential element to translate basic discovery to the relief of human suffering. Our clinical trials activities continue to be extraordinarily busy and have a nationally disproportionate higher percentage of minorities enrolled. The National Cancer Institute has prioritized enrollment of minorities in the clinical trials and both Tulane and LSU have been recognized for exceeding national expectations in this area. The potential for expanding clinical trial activity as the LCRC is enormous. Still <2% of cancer patients in Louisiana participate in clinical trials. The national average is 4% and the national goal is 10%. We are committed to increasing our productivity and increasing our efficiency through combining the clinical research operations of LSU and Tulane. The processes of consolidating Institutional Review Board approval and contracts for the new Consortium are the subject of a current RFQ for consultative input so that growth in clinical trials can proceed efficiently and in conformity with the myriad of federal regulations that govern clinical trials in humans.

A series of regular meetings between faculties in the two Cancer Centers has been established. A seminar series that alternates between Tulane and LSU and features presentations from both faculties and visitors from distant institutions has been initiated. The clinical as well as basic scientists now get together on a regular basis in Program Meetings. In addition all of oncology trainees are encouraged to attend regular meetings at an off-campus location to review interesting cases and to explore advances in cancer therapy.

Both universities are operating certified medical oncology training programs. To enhance the training opportunities in clinical research, a NIH K-30 grant has been active at Tulane for 3 years and a renewal submitted jointly with LSU. If successful this will expand our capabilities in clinical research and help to bring additional Federal dollars to Louisiana that might not otherwise be available.

The LCRC is a new enterprise and a "sea change" in the relationships between the two leading Health Sciences Centers in the state. There has been remarkable progress on many fronts. Both LSU and Tulane are in serious negotiations with a number of faculty candidates who, when they are installed in New Orleans, will help to change the face of cancer research and treatment in the state of Louisiana.

Template Narrative for Cancer Consortium Structure and Investment

Oliver Sartor, M.D. and Roy Weiner, M.D. (May 12, 2003)

The LCRC should use direct consortium support in accordance with broad current NCI P-30 guidelines. The clear goal of our consortium is the NCI P-30 Cancer Center Grant (which confers NCI designation).

Salary support for faculty members (both existing and new) will be limited to those whose contribution to the Center/Consortium is broader than the contribution made by the cancer research in his/her laboratory. Examples of the leadership roles that warrant Consortium support for faculty are provided below.

The consortium should primarily invest in the recruitment of new faculty with clear capability of obtaining NCI grant funds and other elements deemed essential to the achievement of NCI designation. This investment will include a new shared Tulane/LSUHSC Cancer Research building, new scientific equipment, and new positions dedicated to enhanced cancer research activities at both the Tulane and LSUHSC-New Orleans Cancer Centers. Secondarily, efforts of current faculty should be promoted in obtaining NCI grant funding through methods that the NCI would endorse during a P-30 review process (peer-reviewed funding initiatives, post-doctoral programs, etc,). Promotion efforts will include basic, population, and clinical oncologic sciences.

The consortium may compensate faculty members by direct payment (in selected cases) or by transfer of funds in accordance with the CEA established with the two Universities. The compensation methods will be dictated by individual and institutional circumstances that exist or that occur during recruitment processes.

The consortium may fund non-faculty positions associated with approved core cancer center function and new faculty recruits.

Equity in each fiscal year between Tulane and LSU should be maintained in the division of broad budget categories (faculty recruitment, core services, directorships, etc.). If facility improvement or major equipment (used for multiple laboratories) purchase is designated for space within a specific university at this time, budgets for that item should be a part of the budget category designated for that particular University. Large common equipment may best be dealt with in the context of the new consortium building, with agreement and careful assessment by the Steering Committee and Scientific Executive Committee.

Co-Directors: The Co-Directors (Drs. Sartor and Weiner) will initiate, stimulate, coordinate, and implement faculty recruitment, program development, resource development and acquisition, and center organization and management. The Co-Directors are responsible to the LCRC Board for budget development, management, and oversight of the planning and implementation process.

Deputy Directors: The Deputy Directors are responsible for specific aspects of program development and coordination as assigned by the Co-Directors. In addition, the Deputy Directors should assess and prioritize Core facilities and faculty resources. The Deputy Directors work closely with the Co-Directors in final review and implementation of personnel and resource acquisitions as well as budget generation and oversight.

Associate Directors: The Associate Directors take responsibility for coordinating programs and program leaders in basic, population, and clinical sciences. The Associate Directors assess resource needs for inter- program interactions and, with the Co-Directors, determine priorities for resource acquisitions. The Associate Directors will identify and promote areas of research interaction among programs and determine the appropriateness of shared resources to be incorporated into the Center as a Core resource. The Associate Directors will oversee and assess core utilization from both a financial and scientific perspective.

Program Leaders: Program Leaders take responsibility for coordinating Research projects within their program and developing their programs along a theme that will meet with NCI approval at the time of grant review. The Program Leaders identify needs for specific research resources and new faculty that will lead to increased research productivity within their programs. The Program Leaders are responsible for developing budgets to support the development of their programs and define how the budgeted needs will increase NCI research grants and program project grants in their programs.

Core Directors: The Core research facilities serve to enhance the research productivity of the research programs. Each core must be established and maintained with state of the art instrumentation and technology to enhance productivity and to provide a competitive edge to the cancer center faculty in each program. Each Core must be an accountable "cost center" and maintain records reflecting its utilization, costs, and cost recovery according to standards set by the NCI. Each Core may also provide technology training to faculty and post-doctoral trainees of the cancer center. Special systems may be in place to provide technical training to clinician scientists who are preparing for an independent laboratory career in translational, basic, or clinical research. Each Core Director is responsible for the total function of his/her Core and reports to the Associate Director responsible for that Core.

Consortium Operational Leadership Structure: The scientific leadership will be organized into two standing committees for the purpose of formulating program policy, implementing policy, and monitoring progress of the Consortium's scientific productivity. The Co-Directors will appoint additional committees and task forces as needed. The Standing Committees are described below:

Scientific Executive Committee: The Co-Directors, Deputy Directors, and Associate Directors will comprise the Scientific Executive Committee that will assess and advise upon key decisions regarding resource allocation and help to bring forward recommendations to the Consortium Board.

Steering Committee: The Co-Directors, Deputy Directors, Associate Directors, Program Leaders, Core Directors, and other potentially key individuals will constitute the Steering Committee of the Cancer Research Consortium. The Steering Committee will share a major role in program planning and resource assessment.

Current Research Base and 5 Year Target Research Base

Program	Epidemiology	Immunology	Signalling	Genetics	Clinical	Total
Current NIH/NSF/DOD/ACS	1,588,018	2,119,748	3,453,743	1,874,292	814,803	9,850,604
Current NCI	1,141,003	1,154,408	586,028	826,917	426,904	4,135,260
Target NCI	3,000,000	3,000,000	3,000,000	3,000,000	2,000,000	14,000,000
New Faculty for Target	6	6	8	8	8	36

FOOTNOTES:

1. NCI funding targets for programs are $3 million for the basic science and $2 million for the Clinical Program. While no written guidelines exist, experience indicates that Programs funded at or near the $3 million mark are likely to be rated "strong" by reviewers. The total NCI funding of $14 million (our target) is the median for funded Cancer Centers.

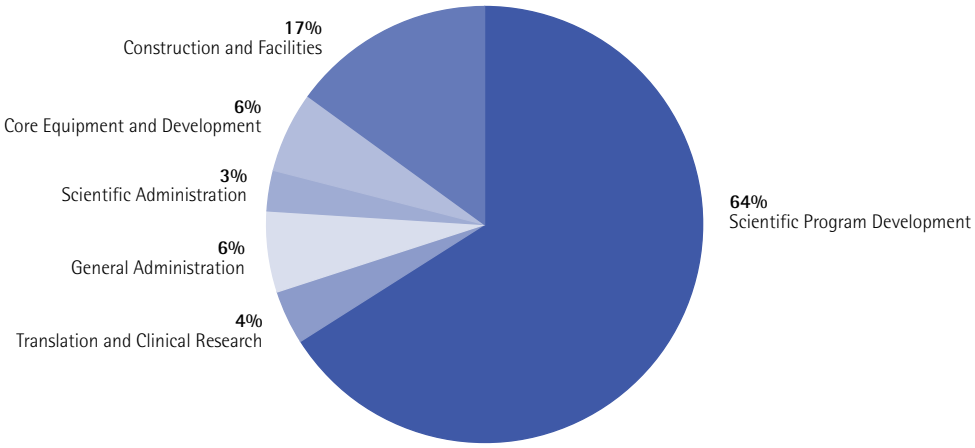
2. The target for new recruits to each program is based on the expectation that new faculty members will achieve $300,000 in direct funding from NCI grants by year 3, on the average. Clinical faculty members are likely to have less funding per capita. This is an aggressive goal.

3. The Programs are not isolated. There is considerable overlap between Signaling and Genetics and between Genetics and Epidemiology. In presenting Programs to site-visitors, inter-program interaction is advantageous and is perceived as an asset; the investigator's funding, however, is split between programs and is not "counted twice".

4. The estimate of recruitment needs by program is subject to re-evaluation based on the evolution of each program, recruitment opportunity, and input from out External Scientific Advisory Board.

Financial Allocation

Louisiana Cancer Research Consortium



With the goal of achieving designation as a National Cancer Center, the majority of our funding is dedicated to scientific program development. The specific subcategories included under this critical budget category are:

- Faculty recruitment
- External scientific visitors and seminar speakers
- Post-Doctoral Fellow support
- Scientific and grant consultants
- Scientific program retreats
- Investigator travel to scientific meetings
- Seed and bridge funds to enhance grant acquisition
- Institution specific needs for Consortium development
- Compensation for program leaders
- Program support staff

Board Members

Louisiana Cancer Research Consortium

John Rock, M.D., Chairman
Chancellor, LSU Health Sciences Center

Paul Whelton, M.D., M.Sc., Vice-Chair
Senior Vice President, Tulane University Health Sciences Center

Donald Vandal, Secretary/Treasurer
Deputy Commissioner of Administration, Board of Regents

Alan Miller, Ph.D., M.D.
Vice President for Clinical Affairs, Tulane University Health Sciences Center

Don Hutchinson
Secretary, State of Louisiana Department of Economic Development

Mary Ella Sanders, M.D.
Vice Chancellor of Clinical Affairs, LSU Health Sciences Center

Mrs.Carroll Suggs
Former Chairman/CEO Petroleum Helicopters, Inc.

Ashton Ryan, Jr.
President and Chief Executive Officer, First Bank and Trust

Alexander Washington, M.D.
Head of Hematology/Oncology, Methodist Cancer Center

INTERNAL LEADERSHIP

Steve Moye, President / CEO

Oliver Sartor, M.D., Co-Scientific Director
Director, Stanley S. Scott Cancer Center, LSU Health Sciences Center - New Orleans

Roy Weiner, M.D., Co-Scientific Director
Director, Tulane Cancer Center, Tulane University Health Sciences Center

Tom Houston, M.D., Program Director
Tobacco Prevention and Smoking Cessation Program

Deborah Reeder, Chief Financial Officer

External Scientific Advisory Board

Louisiana Cancer Research Consortium

Harold Moses, M.D., Chair
Director, Vanderbilt-Ingram Cancer Center
Chairman, NCI Cancer Centers Review Committee

Faye Austin, Ph.D.
Senior Vice President for Research, Dana Farber Cancer Institute
Associate Director for Admin. Dana Farber/Harvard Cancer Center (Consortium)

Paul A. Bunn, Jr., M.D.
Director, University of Colorado Cancer Center
President, American Society of Clinical Oncology

Steven T. Rosen, M.D.
Director, Northwestern University Cancer Center

Thomas A. Sellers, Ph.D., M.P.H.
Associate Center Director, Cancer Control Division
Associate Director, Moffitt Research Institute

H. Shelton Earp, III, M.D.
Director, UNC Lineberger Comprehensive Cancer Center

Tobacco Prevention & Cessation Program

This is the second report of the Tobacco Prevention Cessation Program (TPCP) to the Joint Legislative Committee on the Budget, The Louisiana Board of Regents and the Department of Economic Development. It covers the period from January 1, 2003 to December 31, 2003.

Initially, The Louisiana Cancer Research Consortium Board (LCRC) appointed a Steering Committee for the TPCP. This is chaired by Charles L. Brown, Jr. M.D. This committee had two primary responsibilities. The first was to create a framework for a tobacco use prevention and cessation program. The second was to supervise the implementation and administration of this program. The goal of TPCP is to develop and implement a high quality tobacco prevention and cessation program consistent with the best practices in tobacco control. To achieve this, it is critical to have a Steering Committee reflective of the rich diversity of our state. While the Steering Committee currently has statewide representation, a plan for additional representation is underway. As of December 31, 2003, the Steering Committee of the Tobacco Prevention and Cessation Program is comprised of the following members:

1. **Charles L. Brown, Jr., M.D.** – Committee Chair
   Professor of Clinical Public Health
   Louisiana State University Health Sciences Center

2. **Vladimir Appeaning, Ph. D**
   Dir. of Special Projects & Community Rel.
   Asst. Prof., Grambling State University

3. **Denise Bottcher, BA**
   Representative for Louisiana University System, The Bottcher Group

4. **Michael K. Butler, M.D, M.H.A, C.P.E**
   Chief Medical Officer, Health Care Services Division
   Louisiana State University Health Sciences Center

5. **Theodore B. Callier**
   Assistant Vice President, Research and sponsored Programs
   Dillard University

6. **Tom Farley, M.D., M.P.H.**
   Professor and Department Chair
   Tulane University School of Public Health and Tropical Medicine

7. **Elizabeth T. H. Fontham, Dr. P. H.**
Professor and Chairman, School of Public Health
Louisiana State University Health Sciences Center

8. **Donna Nola Ganey**
Assistant Superintendent, State Department of Education

9. **Jimmy Guidry, M. D.**
State Health Officer / Medical Director
Louisiana Department of Health and Hospitals

10. **Carolyn Johnson, Ph. D., N.C.C., L.P.C.**
Clinical Associate Professor
Tulane University School of Public Health and Tropical Medicine

11. **Kathleen Kennedy, Pharm D.**
Associate Dean, College of Pharmacy
Xavier University of Louisiana

12. **Jerry W. McLarty, Ph.D.**
Professor of Medicine & Director, Cancer Prevention and Control
Louisiana State University Health Sciences Center-Shreveport

13. **Robyn Merrick, M.P.A., B. S.**
Director, Public Affairs, Southern University System President's Office

14. **Tom Houston, MD (Ex Officio)**
TPCP Director & Jim Finks Chair
Louisiana Public Health Institute &
Louisiana State University Health Sciences Center

15. **Sarah Moody Thomas, Ph. D. (Ex-Officio)**
Professor Stanley S. Scott Cancer Center
Louisiana State University Health Sciences Center

16. **Joseph D. Kimbrell, MA, LCSW (Ex Officio)**
Chief Executive Officer, Louisiana Public Health Institute

17. **Rachel Shada, MHR, BA (Ex Officio)**
Associate Director of Tobacco Programs, Louisiana Public Health Institute

The Steering Committee has met regularly to develop the framework for our program. The program as outlined in detail was approved by the LCRC Board and specifically addresses all of the dictates of the enabling legislation. The Committee also recommended the appointment of the Louisiana Public Health Institute (LPHI) as the operational arm of this service program via a three year contract. This was also approved by the LCRC Board. During the reporting period of January 1, 2003 through June 30, 2003, however, LPHI provided pro-bono support for the planning and maintenance of some core components of TPCP. After the signing and implementation of a contract between LPHI and LCRC on July 21, 2003, LPHI became enabled to more aggressively pursue TPCP implementation and development.

During the early months of 2003, the Steering Committee worked with representatives of LPHI to craft planning and implementation budgets for these programs. In addition a contract by and between LCRC and LPHI was established. After the budgets were approved, the final agreement between LCRC and LPHI was signed on 7/21/03. This contract covers the period from 7/1/03 until 6/30/06. It was only after the agreement was signed that money became available for the many planned programs of the TPCP.

At that time Ms. Rachel Shada was appointed as Associate Director for Tobacco Programs at LPHI. She had previously been invaluable in crafting the budgets for the TPCP and the operating agreement for LPHI. On October 1, 2003, Dr. Tom Houston was appointed Program Director at LPHI for the TPCP. Dr. Houston came to the program from the American Medical Association in Chicago, where he was Director of Science and Community Health programs, and was the founding National Program Director of the Robert Wood Johnson Foundation SmokeLess States project, one of the major forces in statewide tobacco control policy over the past decade. These two tobacco control experts will lead our efforts in reducing tobacco use in the state. The search for additional personnel for the program is actively underway.

The following activities have been started:

1. **Annual tobacco summit**- This first annual tobacco summit will be held on March 23, 2004 at Southern University in Baton Rouge. Dr. Cheryl Heaton, President of the American Legacy Foundation, will be the keynote speaker. The goal of this meeting is to convene all parties in Louisiana interested in tobacco control to begin planning a statewide cooperative effort. The invitee list includes representatives from various programs at the Office of Public Health, medical societies and professional groups, the Louisiana Legislature, grassroots community organizations, and hospital associations, to name a few.

2. Media and counter marketing –

a. An RFP for the branding of our program was advertised in November of 2003. Zehnder Communications of New Orleans in conjunction with Riester~Robb, a national leader in tobacco counter marketing, have been awarded this contract. Zehnder and Riester~Robb are designing a program brand that will appeal to the diverse partners with whom TPCP collaborates. The new brand will be unveiled at the Tobacco Summit on March 23, 2004.

b. An RFP for the first media initiative of TPCP is planned for early 2004. The main focus of this initial campaign will be prevention of youth initiation. The selection process will include an initial Request for Qualifications (RFQ) followed by an RFP issued to selected candidate advertising firms.

3. Evaluation program – The TCPC selected the social climate survey as an evaluation tool to augment existing prevalence data. The Social Climate Survey will provide data on the changing attitudes and behaviors of Louisiana's citizens on several indicators related to tobacco use. Prevalence data, such as tobacco related illnesses, tobacco use, etc., often have a delay in demonstrating the impact of a tobacco control program The attitudinal data gathered by the Social Climate survey show behavior and belief changes in "real time" as the prevalence data chance more gradually. The survey began in November 2003 and will be complete in early 2004.

4. State Hospital Program – The Louisiana public hospital system, which is administered by the Health Care Services Division of the LSU HSCs (New Orleans and Shreveport), provides care to 70% of the state's under- and uninsured residents. This segment of the population is more likely to use tobacco products and to suffer from one or more chronic illness (e.g. diabetes, CHF, asthma, cancer, HIV/AIDS); the progression and treatment of which are compromised by tobacco use. The State Hospital Program i.e., The HCSD Tobacco Control Initiative is a component of the [Chronic] Disease Management Program and the current thrust of the LTPC cessation effort. The goal of this cessation initiative is to implement and evaluate multi-level tobacco cessation services in the state hospital system. To do so, clinical practice guidelines were used to develop evidence-based objectives for system, provider, and user level interventions. During this report period (1/03-12/03), the following steps been taken toward meeting objectives in each of these domains.

a. System interventions:

Systems-based interventions involve changes in policy, procedures and provision of resources. In order to identify existing policies, procedures, resources and needs, a Facility Assessment instrument was developed. The survey has been completed in eight of the ten public hospitals. The instrument was distributed to hospital administrators, nurse administrators of primary care clinics, and representatives from departments

of quality assurance. In addition to completing the survey, respondents also submitted examples of policies, data collection forms and other documents related to their treatment of tobacco use and dependence, as well as identified persons who should be involved in tobacco control efforts. The data will be used to inform the development of cessation services and build a core tobacco control group at each facility and throughout the system.

MCLNO, the largest of the facilities, was the site for the first systemic intervention. A feasibility study was conducted to identify where in process of care tobacco use status can be documented and easily retrieved. The screen form for all ambulatory clinics was revised to include a screener for tobacco use and document referral for cessation services. Results indicated the screening process and form are viable points in process of care to obtain and document tobacco use status. Subsequent chart audits suggested the need for staff training, that patient motivation will need to be addressed and that the form would benefit from revision and expansion. The Facility Assessment and the feasibility study lay the groundwork for the development of a system-wide tobacco registry that allows clinicians to monitor the identification, referral patterns and treatment outcomes of tobacco users.

Resources to eliminate out of pocket costs, a major barrier to patient utilization of cessation services, have been identified. Impediments to obtaining the benefit have also been identified (e.g. eligibility clerk for distributing and processing applications).

The impact of tobacco use, the importance of tobacco control, results of the feasibility study and the initial plan for the Tobacco Control Initiative were presented at the statewide meeting of the HCSD Disease Management Program. Hospital administrators, clinical leads and treatment team members from facilities statewide attended this meeting.

b. Clinician/provider interventions:

The purpose of the provider interventions is to increase the use of the 5As approach to the identification, assessment, and treatment of tobacco users as recommended in clinical practice guidelines. While system interventions like the assessment and referral forms encourage and support provider behavior, provider education and training are equally important. Provider education was conducted with clinicians from the MCLNO Dental Clinic. This training is the first phase of a forthcoming pilot study. The study will incorporate previous system interventions (revised and expanded user identification, assessment and referral forms; elimination of out of pocket expenses; on-site provision of cessation services; and follow up). Online seminars and other methods for offering standardized, readily accessible provider education throughout the system are being explored.

c. Tobacco user interventions:

In order to meet the needs of tobacco users and determine the impact of tobacco control efforts system-wide a profile of use and quit patterns will be developed. A Patient Survey instrument was developed for administration to 600 patients system-wide to determine the prevalence of tobacco use among hospital patients. The survey has been piloted with MCLNO patients and revised. Efforts have been made to assure that some of the data from the Patient Survey will be comparable to the Social Climate Survey being conducted by the Evaluation component of the LTPCP.

The Tobacco Control Initiative in the hospital system will be integrated with the other components of the LTPCP in order to prevent duplication of effort and enhanced overall impact.

5. **Scientific Advisory Committee** - The members of this committee were identified and selected by the Steering Committee of TPCP. By December of 2003, all members had been invited to participate in the Committee as consultants and advisors in the development and review of TPCP program plans. Additionally, Scientific Advisory Committee members have participated in Strategic Planning Sessions as well as served as consultants on an ongoing basis for program technical assistance. TPCP will convene a meeting of this committee and the Steering Committee in early 2004. The members of the Scientific Advisory Committee and their related qualifications are as follows:

John Pierce, PhD – Sam Walton Professor for Cancer Research
University of California-San Diego Cancer Center

K. Michael Cummings, PhD, MPH - Chair, Department of Health Behavior
Division of Cancer Prevention and Population Sciences
Roswell Park Cancer Institute

Gregory Connolly, DMD, MPH – Professor, Harvard University School of Public Health
(former Director of the Mass. State Tobacco Control Program)

Colleen Stephens – Director of Media Services, Tobacco Control Branch
California Department of Health Services

Sherri Watson-Hyde, MPH – Director
National African American Tobacco Control Network

Karla Sneegas, MPH – Director
Indiana Tobacco Prevention and Cessation Program

Brick Lancaster, MPH – Chief, Program Services Branch, Office on Smoking and Health, Centers for Disease Control and Prevention, Atlanta GA

Dr. Charles Brown, Chairman of the Steering Committee, attends the monthly meetings of the LCRC. In this role he is able to communicate the progress of the TPCP, and in turn report to his committee activities of the consortium.

In closing, after over a year of groundwork for the program, we are pleased that the start has finally been made. The operating agreement between the LCRC and LPHI has made money available for staff, contracts, and program implementation. In 2004, the deliverables and performance indicators will be described.

Attached to this document please find additional documents detailing our activities in 2004:

A. Program Planning Document for Yearly Activities
B. Approved Program Budget, Effective December 2003
C. Signed and Executed Agreement between LCRC and LPHI