There is not a person in the state who has not been touched by cancer. It is the second leading cause of death statewide. Cancer incidence is 7% higher than the national average and mortality is 14% higher. But through the Louisiana Cancer Research Center (LCRC), there is a powerful, state-specific, public-private partnership designed to lessen cancer’s toll on our great state.

The four institutions that form our Center collaborate to reduce cancer’s impact and counteract the health disparities that too often underlie them. Our research advances, clinical trials, smoking cessation programs and community engagement positively impacts the lives of residents across the state.

Our year has been a busy one. All eyes were set on the Center’s future: the development of a multi-year strategic vision; the active second phase of construction on floors five and six; and the Board’s focus on securing the best team and resources to move us into a bright future.

Last year our scientists made important progress elucidating the genetics of cancer, developing new drug therapies, investigating the connection between cancer and other diseases, and discovering contributing factors to drug resistance.

Through our tobacco cessation efforts, hundreds of thousands of Louisianans are now breathing healthier air. In 2015, the Tobacco-Free Living initiative assisted in the successful passing of smoke-free ordinances that had an immediate impact on the health of patrons, workers and legendary performers in Hammond and New Orleans.

LCRC partners worked to combat the barriers to cancer care and the causes of health disparities. Their outreach programs engaged with community and faith- based organizations to promote risk assessments, public programs, and smoking cessation. Through our internships, the Center is also developing the next generation of cancer researchers.

We deeply appreciate the contributions of our community partners—from the Key To The Cure Gala to high school students transforming personal tragedy to public action. The support of the State of Louisiana, state and local public officials, and our community helps to fuel the engine of this unique public-private partnership.

I am honored to have been asked to join the Center’s team. I look forward to having a role in crafting its future and realizing the promise of creating a cancer-free world.

On behalf of the LCRC, I’m pleased to share with you our 2015 Annual Report.

Sven Davisson, CRA
Chief Administrative Officer
Louisiana Cancer Research Center
## About LCRC

The Louisiana Cancer Research Center (LCRC) was established in 2002 by the Louisiana State Legislature with the primary strategic objective of building a consortium cancer center worthy of such official designation by the National Cancer Institute. Our mission is to develop a coordinated cancer research and education program that will optimize discovery and development of innovative cancer therapies; lead to innovative clinical treatment programs offering new opportunities for early detection, treatment, and prevention of cancer in the region; and promote regional economic growth.

To carry out our mission, the LCRC brings together the four research and medical powerhouses. Each consortium partner contributes unique strengths to the LCRC. Originating partners, Louisiana State University Health Sciences Center in New Orleans and Tulane University Health Sciences Center bring an extensive research and education base, with a strong depth of scientific knowledge. Xavier University of Louisiana brings expertise in pharmacology, health disparities and minority health; and, Ochsner Health System adds depth to the clinical trials and medical framework needed to touch patients’ lives.

Our state of the art research building on Tulane Ave forms the nexus of cancer research in New Orleans and beyond. At the Research Center and at partnering institutions, researchers and clinicians come together to work toward:

- Optimizing the discovery and development of innovative cancer therapies; leading to innovative clinical treatment programs that will offer new opportunities for early detection, treatment, and prevention of cancer, thus reducing the State’s mortality rate.
- Affording Louisiana citizens better access to comprehensive cancer care within their home state.
- Fueling economic development by helping to attract talented faculty, federal grants, industrial partnerships, and by the creation of other lucrative employment opportunities.
- Supporting the state’s biotechnology initiatives by fostering integration and collaboration with other medical, research and biotech entities.

LCRC membership includes more than 200 researchers representing a strong inter-and-intrdisciplinary activity across the member institutions. We maintain shared resource cores that support laboratory, clinical and population sciences research. Our strengths include: molecular genetics and signaling; proteomics; immunology, infection and inflammation; viral oncology; drug discovery; and, minority health and health disparities.

We also have a strong statewide community outreach and prevention education effort through our The Louisiana Campaign for Tobacco-Free Louisiana program. Our vision is to address the needs of the people we serve and win the fight against cancer. We are synergized by the diverse scientific breadth of the LCRC-member teams and the statewide response to our outreach initiatives and are poised to advance a research agenda and reach our goal.
Four Partners, One Common Goal:

A Healthier Louisiana

The LCRC exists to serve the people of Louisiana. Our job is simple: to build a healthier community by creating more personal victories in the fight against cancer—and the tactics that treat and prevent it.

To accomplish this, the LCRC has created a full spectrum of collaboration between our partnering organizations. These range from basic, clinical, and translational research to expanded and empowered community partnerships. Each of these working relationships helps us to achieve shared goals which enhance our ability to compete for funding so we can:

• Address health disparities in our community.
• Raise awareness of cancer initiatives.
• Create new diagnostic and therapeutic opportunities to prevent and treat cancer.

Our collective results are impressive. Although our collaborative research initiatives cover numerous areas, we have shown particular productivity and progress with regard to new immunotherapy protocols; new breast cancer multidisciplinary teams; new personalized medicine initiatives; health disparities research; HIV/AIDS-related malignancies; clinical trials; circadian cancer biology; advanced prostate cancer research; and mobile elements.

Our progress—and all of the accomplishments—could not have been achieved without the commitment, support, and collaboration that between our partners, our patients, and our vast network of community supporters.

We hope you stand behind these efforts. Together, we can conquer cancer.
Saks Fifth Avenue stores nationwide have raised over $34 million for cancer charities over the past 14 years through their annual fundraiser, Key to the Cure, a four-day charity shopping weekend during which 2% of sales are donated to cancer research programs.

The Saks Fifth Avenue New Orleans 2015 Key to the Cure Gala, attended by approximately 1000 guests, was held on October 14 and benefitted the Louisiana Cancer Research. Guests enjoyed “supper-by-the-bite” from more than 27 New Orleans eateries and also enjoyed musical entertainment on all three floors of the store. The annual New Orleans event generated over $170,000 in 2015, and has generated over $1.75 million over the last 14 years, all of which has supported local cancer research.
Christopher Parsons, M.D., Associate Professor of Infectious Diseases in the Department of Medicine at LSU Health Sciences Center, leads a unique effort by LCRC-affiliated scientists, clinicians, and research staff to address the significantly reduced survival rate of Louisiana patients diagnosed with cancers caused by viruses, or “viral cancers.”

The HIV/AIDS Cancer Program is a well-integrated, multidisciplinary approach for achieving the best outcomes for patients with viral cancers. It is one of only 36 worldwide sites of the Aids Malignancy Consortium, a National Cancer Institute-supported clinical trials group founded to support innovative trials for AIDS-related cancers. For Louisiana patients with viral cancers, the disparity in survival is related to poor access to specialized care, and to above average rates of HIV and hepatitis C infection (among the highest in the nation). The program addresses these issues by providing to patients elements that are critical to success: subspecialty expertise in the areas of antiviral treatment, cancer care, surgery, and many other disciplines; access to state-of-the-art technologies for diagnosis and treatment; clinical trials with cutting edge therapies; and a team of “patient navigators” responsible for assisting with transportation, medications, and many other services.

Through collaborative partnerships, the program has generated approximately $5 million in external funding from the National Institutes of Health, private foundations, and the pharmaceutical industry. The partnerships include regional care centers of excellence such as Tulane Medical Center, Ochsner Medical Centers, and the Feist-Weiller Cancer Center at LSU-Shreveport, as well as other prominent U.S. institutions such as the National Cancer Institute, University of California-San Francisco, and the University of Southern California. Since its inception in 2013, the program has provided clinical care, cancer prevention, and navigation services to approximately 600 individual patients referred from nearly 20 patient care centers throughout Louisiana, and as far away as San Antonio, Texas, and has enrolled approximately 450 patients in clinical trials for viral cancer treatment and prevention.

The HIV/AIDS Program has generated two home-grown clinical trials representing the only “single-site” trials in the United States for patients with both HIV infection and cancer. With the assistance of Dr. Parsons’ startup funding from the LCRC, these clinical trials were initiated through the combined efforts of more than 20 clinicians, scientists and staff funded through this program, and through close partnerships with key community-based organizations that represent citizens at highest risk for developing and dying from viral cancers.

Through these single-site trials plus numerous other clinical studies available to patients, researchers are collecting valuable blood and tissue samples that can be analyzed for new clues as to how viruses cause cancer, creating the potential for discoveries which may directly impact Louisianans. The HIV/AIDS Cancer Program works closely with statewide cancer and viral infection registries that collect complete and high-quality cancer data to identify geographic regions that are home to the more than 1,000 individuals living with viral cancer in Louisiana. In addition, the program works with the American Cancer Society Hope Lodge in New Orleans in outreach efforts to offer specialized care for these patients living with viral cancer.
Healing Hands Across the Divide:
A Faith-Based/Community Approach to Addressing Head & Neck Cancer Disparities

“As healthcare providers, it is difficult to design a system to meet the needs of a population we don’t understand,” said Paul Friedlander, M.D., chair of Tulane’s Department of Otolaryngology. This was the philosophy behind the creation of Healing Hands Across the Divide, a partnership between a number of Tulane physicians and other clinical and research personnel and ministers from several local African American churches and community centers.

The incredible need for this type of academic cancer center/community partnership began to reveal itself in July 2006, within months of Hurricane Katrina, when Tulane’s head and neck clinical service resumed operations in a badly battered New Orleans. “We quickly realized that our low-income, un- or underinsured African American patients were presenting with much more advanced tumors than others,” said Friedlander. In fact, statistics show that African Americans are twice as likely to die of head and neck cancers as non-African Americans and they are three times as likely if they are on Medicaid or uninsured. The question was why.

In their search for answers as well as viable solutions to this public health crisis, a Tulane team sprang into action and organized a series of meetings with multi-denominational clergy from six African American churches and leaders from two community centers across the area. Their goal was to set up a framework for ongoing, meaningful dialogue that would hopefully shed light on the factors contributing to poor outcomes for African American patients as well as strategies for early detection and improved mortality. “The only way to understand the population we were serving was to partner with its leaders,” said Friedlander.

These initial meetings led to a firm commitment among Tulane’s clinical team to address head and neck cancer disparities with a more strategic, culturally sensitive and science-driven approach. Initially, members were invited to discuss head and neck cancers and to perform complimentary screenings among the congregations at the participating churches. They also provided screenings at a Martin Luther King Day parade.

These opportunities helped the team to gain important insights regarding the barriers to healthcare that exist for the African American population here, and they also led to a significant scientific publication describing their unique faith- and community-based approach to addressing head and neck cancer disparities (Carter JM, Winters RD, Lipin R, Lookabaugh S, Cai D, Friedlander PL. A faith- and community-based approach to identifying the individual at risk for head and neck cancer in an inner city. Laryngoscope. 2013 Jun;123(6):1439-43. doi: 10.1002/lary.23981. Epub 2013 Feb 9.)

Healing Hands made other inroads as well. Despite the 2004 recommendations by the U.S. Preventive Services Task Force that head and neck cancer screenings were not necessarily beneficial, Tulane’s team, with support from an American Head and Neck Society grant, identified high-risk groups that actually may benefit from screening. And another publication describing their unique public health approach was featured as lead publication in the journal Surgery (Friedlander P, Balart L, Shores NJ, Cannon RM, Saggi B, Jan T, Buell JF. Racial disparity in New Orleans: a faith-based approach to an age-old problem. Surgery. 2013 Apr;153(4):439-42. doi: 10.1016/j.surg.2012.11.010. Epub 2012 Dec 20.)

More recently, Healing Hands has shifted its efforts to improving the efficiency of healthcare delivery and the development of time-based goals for head and neck cancer care. “We developed a patient navigation system at Tulane,” said Friedlander. “The goal is to have all patients fully worked up – examination, biopsy, diagnosis, and presentation at our multi-disciplinary Tumor Board - within 14 days of their initial visit.”

They are also looking at HPV-associated head and neck cancers and exploring major barriers among the African American community to receiving the HPV vaccine. Healing Hands clinical team members went to local churches and gave educational sessions followed by post-seminar surveys to determine whether the talks might lead to changes in perception and ultimately increased vaccination rates. The data they obtained is summarized in a scientific publication currently under review by the Journal of the American Medical Association (JAMA).
Partnerships Making a Difference in Louisiana Today

Cancer Crusaders, Inc. and the Al Copeland Foundation

The Cancer Crusaders, Inc. and the Al Copeland Foundation contribute in countless ways to the mission of the LSUHSC Cancer Center by championing numerous initiatives that gather community support, increase awareness about cancer clinical trials, and provide information on cancer screening and cancer treatment options. Together, the Cancer Crusaders, Al Copeland Foundation and the LSUHSC Cancer Center are committed to the recruitment of nationally and internationally-recognized scientific investigators who can build cancer clinical and research programs in Louisiana.

Through the Al Copeland Foundation and Cancer Crusaders collaboration, we have created the Al Copeland-Cancer Crusaders Chair in Neuroendocrine Cancer. The generous donation of this endowed chair allowed the LSUHSC Cancer Center to build a new research program that has distinguished itself by being named the only participating site in the region by the AIDS Malignancy Consortium, a National Cancer Institute-supported clinical trials group. The program focuses on viruses that cause a large number of cancers, including cervical, head and neck, a variety of lymphomas and rare tumors such as Merkel cell carcinoma (an aggressive skin cancer). The creation of this new program has allowed LSUHSC to recruit additional successful, dynamic researchers. Furthermore, it has led to the successful opening of multiple NIH and pharmaceutical clinical trials of new anti-cancer treatments and has set the stage for developing additional new programs that have the potential to change the dynamics in the field of cancer treatment.

Additionally, the Al Copeland Foundation has made a gift of three major pieces of equipment that have helped us make advances in:

- **Cancer Genomics:** The LSU Cancer Center has partnered with the Translational Genomics Research Institute to develop a genomics laboratory where the genetic changes (mutations) of each patient’s cancer can be identified and the type of treatment can be decided according to these results. This approach is the first “Personalized Medicine Program” in the region, and it currently only exists in the most advanced cancer centers in our country. The Miseq equipment being funded by the Al Copeland Foundation will allow LSU Scientists to determine the genetic changes for each patient’s tumor.

- **Chronic inflammation:** Investigative teams led by Dr. Augusto Ochoa at LSU Cancer Center have made two major discoveries. One team led by Dr. Paulo Rodriguez identified the molecules that act as an “on–off” switch for the MDSCs, a specific type of cell which increases in cancer patients and blocks...
the protective anti-tumor immune response and expands in cancer. The team showed that if they turned the molecule “off” the immune system was able to kill the tumor cells and greatly extend the life of experimental animals. This work has extended to discovering new drugs that can permanently turn off the molecule in question. Another team demonstrated that viruses in chronic inflammatory cells can be starved by eliminating certain nutrients (the amino acid arginine), without affecting normal cells. This research, which earned the esteemed NIH Director’s Transformative Award, required advanced equipment to detect the inflammatory cells and to determine the effect of the amino-acid starvation. With funding from the Al Copeland Foundation, we were able to upgrade the FACSAnia cell sorter into a “top of the line” piece of equipment with unique capacity to identify, separate and study the chronic inflammatory cells and develop new diagnostic tests. In addition, using Copeland Foundation funds we purchased a Slide Scanner that allows our investigators to microscopically study multiple tumors using this computerized system, and determine if their tumor presents genetic or inflammatory changes that can be targeted with the new drugs being approved for cancer treatment.

Professor Awarded Grant for Research to Cure Breast Cancer

Dr. Christopher Williams, an assistant professor of pharmacology in the Department of Basic Sciences in the Xavier University of Louisiana College of Pharmacy, was awarded a NIH/NIGMS- SC3 grant for proposal entitled “Induction of a tumor-hostile breast cancer microenvironment by metformin” in 2015.

Few drugs target the autocrine/paracrine signaling circuits that maintain the tumor-supportive microenvironment. The anti-diabetic drug metformin is associated with decreased incidence of breast cancer, exhibits anti-proliferative and anti-inflammatory effects in experimental models. The goal of this project is to ascertain the impact of metformin-modulated inflammatory signaling in the tumor microenvironment and consequently on tumor progression.

The long-term goal of these studies is the application and development of metformin and similar “metabolic reconditioning drugs” as therapeutic/chemo-preventive agents by identifying the key signaling elements involved in their antineoplastic effects. More fundamentally, these studies will provide valuable insight into the intersection of metabolism and inflammation in neoplastic disease.
Safe Light at Night

Working with Dr. Victoria Belancio, associate professor of structural and cellular biology, on an independent research project regarding the possible connection between cancer and light exposure at night inspired Benjamin Franklin High School Junior Madison Smither to start her own non-profit organization. Through “Safe Light at Night,” Madison hopes to educate others about the potentially harmful effects of light exposure at night and practical solutions to the problem.

Circadian regulation is a fundamental component of the human organism and therefore impacts every area of biological research. Melatonin, a hormone cyclically produced by the pineal gland only during darkness at night, has been shown to play a major role not only in regulating our internal clocks, but also in tumor suppression and DNA damage repair. If sleep cycles are shortened or interrupted by exposure to light at night, then individuals are not getting the optimal exposure to melatonin on a daily basis and may be at risk for cancer and other health problems.

“Our increased reliance on electronics, not only for studying and reading, but also for social media, networking, and communication has increased everyone’s exposure to light at night,” said Madison. “We are all experiencing technology in much larger doses than ever before and research shows it’s impacting our health. I’m hoping through my lab work and my organization to help spread the word and to offer practical solutions to the problem.”

Tulane’s Circadian Cancer Biology Group, led by Drs. Steven Hill and David Blask, made international headlines with the publication of their study “Circadian and Melatonin Disruption by Exposure to Light at Night Drives Intrinsic Resistance to Tamoxifen Therapy in Breast Cancer” in the journal Cancer Research. This was the first study to show that exposure to light at night, which shuts off nighttime production of the hormone melatonin, renders breast cancer completely resistant to tamoxifen, a widely used breast cancer drug.

Madison has been working closely with this group through her ongoing internship in Dr. Belancio’s lab, and her work has been widely recognized. She was the Grand Award Winner at the Greater New Orleans Science and Engineering Fair last May, and she went on to represent Louisiana Region IX at the Intel International Science and Engineering Fair in Pittsburgh. She was also a speaker at Yale University’s Young Global Scholars TedTalk series in August 2015. Her organization, Safe Light at Night (www.safelightatnight.org), has also recruited approximately 50 “global ambassadors” from all over the world. These teens have taken on the task of spreading the word about the negative health impacts of exposure to light at night and strategies that can be implemented to counteract those effects.

Madison is currently working on ways to translate her basic research findings to the clinical setting.
Cancer Research Attracts High School Interns

Summer 2015 marked the second year that cancer researchers in Xavier University’s Louisiana Cancer Research Center Program hosted two rising seniors from the New Orleans Charter Science and Mathematics High School as Cancer Research Interns. Brittany Jones (with faculty mentor Dr. Mehnaaz Ali, Chemistry) and Joshua Paulin (with faculty mentor Dr. Terry J. Watt, Chemistry) worked 25 hours per week for two months in cancer research labs, where they learned the scientific process by doing experiments, collecting data and keeping a lab notebook. They also attended weekly scientific seminars where they learned about research projects in other Xavier labs. By the end of their internships, both presented and defended their research at the Xavier summer research poster session and at the science fair at SciHigh.

The primary benefit of this internship is the exposure of young people to STEM research in a university setting. The goal of the program is to provide early exposure to research so the interns will be more likely to enter a STEM track as freshmen in college. The two 2014 SciHigh interns at Xavier entered university programs in physical therapy and nursing.

This program has been well received by both student interns and faculty advisors and Xavier University plans to continue this success with bright and talented high school interns in the future.
Grassroots Effort Bringing Cancer Cure Closer

When he was diagnosed with metastatic prostate cancer in 2007, Rodney Coco and his wife Jan were shocked and frightened to be sure, but those feelings were soon accompanied by motivation and conviction. They became totally focused on two things – making Rodney well again and making sure that they did whatever it took to turn prostate cancer into nothing more than a distant memory for their grandchildren.

Within a month of his diagnosis, Rodney underwent robotic prostatectomy, followed by radiation and hormone therapy, but during a follow-up visit in 2010, he learned his PSA (prostate specific antigen) level was once again elevated. That’s when Rodney was referred to Oliver Sartor, M.D., head of Tulane’s Prostate Cancer Research Program and medical director for the Tulane Cancer Center. Dr. Sartor is one of the few medical oncologists in the world who devotes the vast majority of his practice to prostate cancer. Combining basic, translational and clinical prostate cancer research and ensuring state-of-the-art clinical treatment have been the major areas of focus throughout his career.

“I’ll never forget the day I first met Dr. Sartor,” said Rodney. “I was brought over to his clinic late in the day, with no appointment and a huge file containing all of my medical records.” Dr. Sartor was just finishing up with his last patient and was supposed to go straight to the airport from there to travel to a meeting. “Instead, he took his time reviewing my file and talking to my wife and me, but what really impacted me was when I got a phone call later that evening – about 10:30 p.m. It was Dr. Sartor. He said that he had continued to review my file since our earlier meeting and had come up with a treatment plan that he wanted to discuss with me. When I hung up, I looked at my wife and said, ‘Can you believe that? What doctor does this?’” Rodney has been under Dr. Sartor’s care since and recently learned that he is responding to treatment.

“Rodney’s passion and tenacity not only to support the research that is key to curing this horrible disease, but to educate men everywhere about the benefits of early detection have made him an invaluable member of my team.”

--- Oliver Sartor, M.D.
Medical Director, Tulane Cancer Center

This experience deeply reinforced Rodney’s commitment to fight back against this disease in any way he could. He and his family and friends formed a grassroots organization called Team Rodney Beats Cancer. The group has worked tirelessly to not only raise important research funds through their active participation in several annual prostate cancer fundraisers – the NOLA Bluedoo Party/Walk/Run, the One Man Shoot Sporting Clays Fundraiser, the Blue Ribbon Soiree and Gunning for a Cure – but they also seek to educate men everywhere about the importance of PSA testing and early detection to prostate cancer survival. Through bake sales, raffles, auctions, email appeals and good old-fashioned conversation, Rodney has reached out to the local community and beyond and has mobilized men (and the women who love them) to be proactive when it comes to prostate health. And he doesn’t plan on stopping any time soon.
A drawing by Rodney Coco’s granddaughter, Claire, following her family’s participation in the Second Annual NOLA Bluedoo Party/Walk/Run. In addition to raising $149,000 to support Dr. Oliver Sartor’s prostate cancer research efforts, the event was also a celebration of prostate cancer survivorship for patients and their family members.

“Rodney’s passion and tenacity not only to support the research that is key to curing this horrible disease, but to educate men everywhere about the benefits of early detection have made him an invaluable member of my team,” said Dr. Sartor. “I simply couldn’t do what I do without the support and encouragement of patients like him, and I am proud to have him by my side in the fight against prostate cancer.”

“I wish I could take credit, but I can’t,” said Rodney. “You know that old screwdriver at the very bottom of your tool box? The one underneath all the shiny new tools? The one with the chipped blade and the cracked handle? That’s me! I’m just that old screwdriver God uses to do his work, and I’m blessed every day to do just that!”

Ochsner Announces Gift for Benson Cancer Center

In 2015, Ochsner Health System announced a $20 million gift – the largest gift in the history of the organization – from New Orleans Saints and Pelicans owners, Gayle and Tom Benson to expand cancer care services and advance clinical research within the Gulf South region. This is part of a major expansion of the Gayle and Tom Benson Cancer Center, making it one of the leading comprehensive destinations for cancer care across a multi-state region.

Since 2010, The Gayle and Tom Benson Cancer Center at Ochsner Medical Center - Jefferson Highway has cared for patients from eight states and seven countries and has experienced five-year survival rates for prostate, lung, colon and breast cancer that are consistently over the national average.
Three LSU Faculty Awarded Research Grants

Zhiqiang Qin, Ph.D., is an Assistant Professor, Department of Microbiology, Immunology & Parasitology and a member of the Stanley S. Scott Cancer Center at LSU Health Sciences Center (LSUHSC), New Orleans. He received his first major award this year in the amount of $525,600 from the Department of Defense (DoD) for his project titled “HGF/c-MET Pathway in AIDS-Related Lymphoma.” Dr. Qin’s research focuses on identifying the complicated mechanisms of viral oncogenesis using the Kaposi’s sarcoma-associated herpesvirus (KSHV) as the model pathogen. His laboratory has identified key proteins involved in pathogenesis relative to two HIV/AIDS-associated tumors caused by KSHV: Kaposi sarcoma (KS) and Primary Effusion Lymphoma (PEL), two of the leading causes of morbidity and mortality for HIV-infected patients. The data needed to successfully compete for this important grant was obtained using LCRC startup funds. Dr. Qin’s goal is to identify key virus-host interactions mediating cancer progression and to assist in the pre-clinical development of novel therapeutic approaches for selective targeting of virus-infected tumor cells.

Wanguo Liu, Ph.D., is a Professor, Department of Genetics and a member of the Stanley S. Scott Cancer Center at LSUHSC, New Orleans. He received two federal grants totaling $698,610 this year for his projects titled, “Germline Mutations in African-American Families with Aggressive Prostate Cancer” and “ARD1 – Dependent Androgen Receptor Signaling in Prostate Cancer.” Dr. Liu, whose research has been supported by startup funds from the LCRC, focuses on understanding the genetic and molecular mechanisms of prostate tumorigenesis, with an emphasis on identifying genetic alterations that contribute to increased prostate cancer (PCa) risk and aggressiveness in African American patients, and determining the functional mechanisms of these mutations in PCa development. Over the last 20 years, Dr. Liu has investigated alterations in human genetic diseases, including PCa; and reported the first silent mutation causing Marfan syndrome. Dr. Liu’s laboratory was the first to report many cancer-causing mutations, including AXIN2 in colorectal cancer and p53AIP1 in prostate cancer.

Augusto Ochoa, M.D., Director of the Stanley S. Scott Cancer Center, Co-Director of the LCRC, Professor of Pediatrics, and Al Copeland/Cancer Crusaders Chair in Neuroendocrine Cancer, was recently awarded a Centers of Biomedical Research Excellence (COBRE) federal grant totaling $5,216,232. Also, Dr. Ochoa was appointed to the National Cancer Institute’s Clinical Trials and Translational Research Advisory Committee, which makes recommendations on the NCI-supported national clinical trials enterprise and the NCI’s translational research management and administration program. Dr. Ochoa was also appointed to serve in the Cancer Immunotherapy Trials Network which, in collaboration with NCI, includes top academic immunologists to design and conduct cancer immunotherapy trials.

In addition to these honors, in 2015 Dr. Ochoa was presented with an Order of Merit by his alma mater, Universidad de Antioquia in Medellin, Colombia, for a lifetime of both scientific and academic achievement. This award is only given to those who have made international, original contributions in their specific professional field, have maintained a high professional standard, and have served as an outstanding scientific and academic ambassador.
TFL Progresses Toward Goals

The Louisiana Campaign for Tobacco-Free Living (TFL) program mission is to implement and evaluate comprehensive tobacco control initiatives that prevent and reduce tobacco use and exposure to secondhand smoke. The TFL program is structured to cultivate regional tobacco prevention and control initiatives throughout the state and improve the ability of local communities to promote tobacco control from within. This is coordinated primarily through the nine TFL regional managers, the statewide Healthy Communities Coalitions, the Louisiana Tobacco Cessation Consortium, community advocacy grantees and statewide program partnerships. Ultimately, the program is designed to change social norms around tobacco use and implement initiatives to reduce tobacco use.

For the past several years, TFL has made incremental progress toward its overarching goal of eliminating lung cancer in Louisiana. During 2015, major progress was made toward Goals 2, 3 and 4.

GOALS

In 2015, TFL continued efforts in each of its five goal areas:

I. To prevent initiation among youth and young adults
II. To promote quitting among adults and youth
III. To eliminate exposure to secondhand smoke
IV. To eliminate tobacco-related disparities
V. To facilitate statewide coordination
**Goal 2: Eliminate Secondhand Smoke**

**Smoke-Free New Orleans**

- On January 22, 2015 the New Orleans City Council unanimously (7-0) passed an ordinance to protect all bar and gaming workers from secondhand smoke exposure. There are more than 500 bars and three casinos in the City of New Orleans.

- On January 31, 2015, New Orleans Mayor Mitch Landrieu signed into law the Smoke-Free New Orleans ordinance.

- On April 22, the New Orleans Smoke-Free ordinance went into effect. TFL, along with its partners, held a press conference and a series of celebratory events around New Orleans to bring light on this historic moment. One of the visible monumental components was the large banner located downtown New Orleans. The banner displayed at 50 feet wide by 128 feet tall read “INHALE, EXHALE, REPEAT SAFELY”. This banner was seen by 1,480,000 people.

- The Smoke-Free New Orleans campaign received local, state, national and international media coverage. The coverage produced 75 letters to the editor, more than 2,000 signatures of support and generated nearly 1,000 news media stories.

**Hammond Goes Smoke-Free**

- On April 21, Hammond became the eighth city in Louisiana to adopt a comprehensive smoke-free ordinance. The TFL staff, along with local and state coalition members advocated for clean indoor air. These ordinances are designed to protect all workers and patrons in their respective cities from second-hand smoke exposure.
Goal 3: Promote Cessation to Adults and Young People

Tobacco Control Initiative

In 2015, the Louisiana Tobacco Quitline (1-800-QUIT-NOW) received a record number of calls and referrals of smokers interested in quitting. There were several cessation promotions including community outreach, the CDC’s TIPS from Former Smokers campaign airing during the summer months, local smoke-free policy efforts, and an increase in the state’s tobacco tax.

Goal 4: Eliminate Tobacco-Related Disparities

The African American Male Cessation Initiative is designed to build awareness of the dangers of tobacco use, to increase the numbers of callers to the Quitline and to provide free cessation resources to low-income African American males in Louisiana. This campaign has a two-fold approach – media and grassroots.

The media campaign targeting African-American males explains the dangers of secondhand smoke and the dangerous effects of tobacco on the body. The paid media campaign, which runs through February 2015, includes outdoor advertisements on billboards and bus shelters, radio ads, print, and television in five markets (Shreveport, Alexandria, Baton Rouge, New Orleans and Monroe). The campaign utilizes ads from the Center for Disease Control and Prevention (CDC) and the Tips from Former Smokers campaign.

The grassroots approach consists of a partnership with TFL, the Communities of Color Network (CoC), and the Tobacco Control Initiative (TCI).
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

CASCIO & SCHMIDT, LLC
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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

Report on the Financial Statements

We have audited the accompanying financial statements of Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center (a nonprofit corporation), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on summarized Comparative Information

We have previously audited Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center’s 2014 financial statements, and our report dated August 22, 2014, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters
Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental statement of revenues and expenses by program on page 21, the schedule of compensation, benefits and other payments to agency head on page 22, and the accompanying supplementary information required by the State of Louisiana on pages 28 through 37, for the year ended June 30, 2015, are presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

In accordance with Government Auditing Standards, we have also issued our report dated August 24, 2015, on our consideration of Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center’s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Louisiana Cancer Research Center of L.S.U. Health Sciences Center’s internal control over financial reporting and compliance.

Cascio & Schmidt, LLC
Metairie, Louisiana
August 24, 2015
LOUISIANA CANCER RESEARCH CENTER OF L.S.U.
HEALTH SCIENCES CENTER IN NEW ORLEANS/
TULANE HEALTH SCIENCES CENTER

STATEMENT OF FINANCIAL POSITION

June 30, 2015

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Summarized Comparative Information</th>
<th>June 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash (Note B)</td>
<td>$15,443,649</td>
<td>$19,217,950</td>
</tr>
<tr>
<td>Investments (Notes A7, A8, C and I)</td>
<td>6,825,563</td>
<td>7,902,774</td>
</tr>
<tr>
<td>Receivables, grants (Note D)</td>
<td>7,728,380</td>
<td>3,601,965</td>
</tr>
<tr>
<td>Receivables, other</td>
<td>379,730</td>
<td>292,533</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>151,000</td>
<td>224,766</td>
</tr>
<tr>
<td>Total current assets</td>
<td>30,528,322</td>
<td>31,239,988</td>
</tr>
<tr>
<td>PROPERTY AND EQUIPMENT (Notes A-10 and E)</td>
<td>88,994,689</td>
<td>85,037,134</td>
</tr>
<tr>
<td>OTHER ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance Reserve Account (Notes C and J)</td>
<td>4,376,653</td>
<td>3,277,845</td>
</tr>
<tr>
<td>Deposits</td>
<td>52,400</td>
<td>52,400</td>
</tr>
<tr>
<td>Total assets</td>
<td>120,952,064</td>
<td>119,607,267</td>
</tr>
</tbody>
</table>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES |                                      |              |
| Accounts payable, trade | $6,028,917 | $6,920,682 |
| Accrued liabilities | 89,741 | 79,924 |
| Total liabilities | 6,118,658 | 7,000,606 |

COMMITMENTS (Note J) |                                      |              |

NET ASSETS (Note A-2) |                                      |              |
| Unrestricted | 790,567 | 3,545,291 |
| Temporarily restricted | 114,042,839 | 109,061,470 |
| Total Net restricted | 114,833,406 | 112,606,761 |
| Total liabilities and net assets | 120,952,064 | 119,607,267 |

LOUISIANA CANCER RESEARCH CENTER OF L.S.U.
HEALTH SCIENCES CENTER IN NEW ORLEANS/
TULANE HEALTH SCIENCES CENTER

STATEMENT OF ACTIVITIES

Year Ended June 30, 2015

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>Summarized Comparative Information</th>
<th>June 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants (Note D)</td>
<td>$</td>
<td>$19,427,501</td>
</tr>
<tr>
<td>Lease income</td>
<td>1,522,067</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>78,864</td>
<td>-</td>
</tr>
<tr>
<td>Fund-raising</td>
<td>202,227</td>
<td>-</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>14,446,132</td>
<td>(14,446,132)</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>16,249,290</td>
<td>4,981,369</td>
</tr>
</tbody>
</table>

EXPENSES |                                      |              |
| Research expenses | 5,955,257 | - | 5,955,257 | 7,148,979 |
| Cessation expenses | 5,970,124 | - | 5,970,124 | 7,536,666 |
| Salaries and related benefits | 911,431 | - | 911,431 | 1,100,262 |
| Operating services | 2,394,624 | - | 2,394,624 | 2,717,529 |
| Supplies | 25,922 | - | 25,922 | 61,327 |
| Professional services | 651,659 | - | 651,659 | 795,754 |
| Travel & meeting expenses | 5,279 | - | 5,279 | 5,534 |
| Depreciation | 2,830,202 | - | 2,830,202 | 2,908,872 |
| Fund-raising | 130,912 | - | 130,912 | 57,086 |
| Fund-raising distributions | 114,860 | - | 114,860 | 447,627 |
| Other | 13,744 | - | 13,744 | 139,385 |
| Total Expenses | 19,004,014 | - | 19,004,014 | 22,919,012 |

INCREASE IN NET ASSETS |                                      |              |
| (2,754,724) | 4,981,369 | 2,226,645 | (5,163,093) |

NET ASSETS, BEGINNING OF YEAR | 3,545,291 | 109,061,470 | 112,606,761 | 117,769,854 |

NET ASSETS, END OF YEAR $790,567 | $114,042,839 | $114,833,406 | $112,606,761 |