



### Office of the Vice Chancellor for Administration and Finance

April 30, 2017

Mr. Daryl G. Purpera, CPA, CFE Louisiana Legislative Auditor Budget Unit Post Office Box 94397 Baton Rouge, LA 70804

Mr. Jay Dardenne Commissioner of Administration Division of Administration Post Office Box 94095 Baton Rouge, LA 70804-9095

Chairman Eric LaFleur Joint Legislative Committee on the Budget Post Office Box 44294 Baton Rouge, LA 70804

### Dear Gentleman:

Section 18 B. (1) of Act 17 of the 2016Legislative Session requires that no funds that are appropriated in the Act shall be transferred to a public or quasi-public agency or entity which is not a budget unit of the state unless certain regulatory stipulations are met. In addition, the section further provides that a report is to be provided by May 1<sup>st</sup> showing compliance with this section. To that end, please find attached the report and related documentation showing compliance with this section by the LSU Health Sciences Center-New Orleans.

The program and related funds that are applicable to the Section 18 requirements is the LSU/Cancer Research Consortium Cooperative Agreements managed by the LSU Health Sciences Center-New Orleans. The Louisiana Cancer Research Consortium of New Orleans was created during the 2002 Special Session of the Louisiana State Legislature. This Consortium provides a structure in which Tulane University Health Sciences Center, Louisiana State University Health Sciences Center, Xavier University and Ochsner will work together and coordinate cancer research development in preparation for recognition as a National Center institute (NCE) - Designated Cancer Center. During the 2002 Regular Legislative Session, the Legislature passed a 12-cent increase in the tax on a pack of cigarettes, three cents of which would fund infrastructure and cancer research program development for the new consortium and two cents for a smoking cessation program.

If you have any further questions in regards to the attached documents or need additional information, please do not hesitate to contact me at 225-578-8878.

Sincerely,

Wendy C. Simoneaux, CPA, CGFM, CGMA

Associate Vice Chancellor for Administration and Finance



### Compliance with HB1, Section(B)1

			Compliance with:			
	Reference	Budget	Performance	Expended		Goals &
Program	Document	with LLA	Reports	Funds	Audit	Objectives
Cancer Consortium	Attachment 1	Χ				X
	Attachment 2		Χ			
	Attachment 3			X		
	Attachment 4				Χ	
Smoking Cessation						
Programs	Attachment 4				Χ	
	Attachment 5	X				Χ
	Attachment 6		X			
	Attachment 7			Χ		



## Attachment 1

# **EXHIBIT A-16**

## Louisiana Cancer Research Center Cancer Research Comprehensive Budget



Total Cancer Research		9,889,143		2,864,328	1,153,225	3,407,505	586,832	183,600	536,261	64,776	1,092,615	9,889,143		100%
Shared Services**		355,967 355,967		199,242	6,325	105,200	28,200	4,500	•	12,500		355,967	à	4%
Facilities & Admin*		6,421,056 6,421,056		998,587	1,059,900	3,152,305	86,053	17,000	14,596	t	1,092,615	6,421,056		<b>%</b> 59
Central Scientific		156,412 156,412		13,412	35,000	85,000	į	8,000	15,000	(1)	7	156,412	1	2%
XAVIER		545,571 545,571	36:	315,583	a	1	59,812	23,600	94,300	52,276	G.	545,571		2%
TUHSC		1,205,068 1,205,068	,	736,338	1	į	251,730	66,500	150,500	3	•	1,205,068	Y	12%
LSUHSC		1,205,068		601,166	52,000	000'59	161,037	64,000	261,865	(0)		1,205,068	į.	12%
THE RESERVE TO SERVE THE PARTY OF THE PARTY	SOURCES OF FUNDS	State Grant Revenue TOTAL SOURCES OF FUNDS	USES OF FUNDS	Salaries & Related Expenses	Professional Services	Operating Services	Supplies	Travel & Meetings	Other Charges	Equipment/Acquisitions	Reserve (MRA)	TOTAL USES OF FUNDS	NET SOURCES/USES OF FUNDS	Percent of Total

\*Facilities & Admin includes - General Admin, Facilities, IT, Security, EHS

\*\*Shared Services budget include funding for the BCL and Vivarium

### Exhibit B-16 LCRC Scientific Goals and Objectives For Fiscal Year 2017

Research Capacity:	Grant Totals	New Grants
National grants NiH Qualifying	Maintain current grant funding level	6
Other grants	Increase funding from other sources by \$250,000	3
Programmatic Faculty Members	Increase Programmatic Faculty Members by 5%	2

Research Productivity:	
Publications	Increase cancer publications by 5%
Presentations	Encourage faculty to present at approximately 10% more meetings.
Honors and Awards	Have significant honors or awards for Programmatic Faculty to demonstrate faculty research recognition

Clinical Trial Accrual:	Therapeutic:	Prevention:
NIH clinical trials	200	67
Pharmaceutical Clinical Trials	38	6
Investigator Initiated Trials	62	117

Research Stimulation:	
Research Seminars	Host 28 external visiting scientists to interact with faculty and give seminars.
Retreat	Hold a day-long scientific retreat for the entire LCRC faculty.
Program Meetings	Hold at least 26 smaller Programmatic faculty meetings
Leadership Meetings	Hold monthly leadership meetings to discuss cross-disciplinary research initiatives, synergies and collaborations.
Intramural Grants	Award minimum of 6 Start Up, Seed and/or Bridge grants to LCRC faculty
LCRC-Supported Core Usage:	
Biospecimen	At least 350 tumor samples added to biospecimen collection and 50 distributed for research projects.
FACS Core	250 hours of usage for approximately 24 faculty
Immunology Core	300 hours of usage for approximately 20 faculty
DNA Sequencing Core	Process 500 samples for approximately 20 faculty
Major Instrumentation Core	2518 hours of usage for approximately 19 faculty during period.
Molecular Structure and Modeling Core	3843 hours of usage for approximately 8 faculty during period.
Cell and Molecular Biology Core	994 hours of usage for approximately 11 faculty during period
Outreach:	
Community Outreach & Education	Provide a presence at community and public relations meetings of cancer support
Fundraising	Facilitate the efforts of organizations raising funds for LCRC research



### Attachment 2



### Office of State Procurement PROACT Contract Certification of Approval

This certificate serves as confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

**Reference Number:** 440007436 (16)

Vendor:

Louisiana Cancer Research Consortium

Description:

FY16/17 appropriated funds for the tobacco research program for state

Approved By:

Pamela Rice

Approval Date:

9/16/2016

Your amendment that was submitted to OSP has been approved.

### SIXTEENTH AMENDMENT TO THE COOPERATIVE ENDEAVOR AGREEMENT

### BETWEEN

BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURE AND MECHANICAL COLLEGE, LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER IN NEW ORLEANS

### AND THE

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

### Change #1

On page 3, under Section IV <u>Payments</u>, add: The maximum amount payable, inception to date, for the research program is \$152,456,778.

### Change #2

On page 3, under Section IV Payments, add: The appropriated funds for fiscal year 2016-2017 are \$9,889,143.

### Change #3

Add Exhibit A-16 to show the amended comprehensive budget for the fiscal year 2016-2017.

### Change #4

Add Exhibit B-16 to show the amended goals and objectives and performance indicators for the fiscal year 2016-2017.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, the parties hereto have caused these present to be executed by their respective officers thereunto duly authorized as of July 1, 2016.

BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY & AGRICULTURE AND MECHANICAL COLLEGE LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS

Ву:

F. King Alexander, Ph.D., President

Louisiana State University

Larry H. Hollier, M.D., Chancellor

LOUISIANA CANCER RESEARCH CENTER OF LSUHSC IN NEW ORLEANS/TULANE HEALTH SCIENCES CENTER

Ву:

L. Lee Hamm, MD

Chairman, LCRC

Senior Vice President & Dean, Tulane University School of Medicine

By:

Larry H. Hollier, MD Vice Chairman, LCRC

By:

Mr. Sven Davisson

Chief Administrative Officer, LCRC



### OFFICE OF THE CHANCELLOR

SCHOOL OF ALLIED HEALTH PROFESSIONS
SCHOOL OF DENTISTRY
SCHOOL OF GRADUATE STUDIES
SCHOOL OF NURSING
SCHOOL OF MEDICINE IN NEW ORLEANS
SCHOOL OF PUBLIC HEALTH

August 5, 2016

Ms. Pamela Bartfay Rice, Assistant Director Office of State Procurement, Professional Contracts Division of Administration P.O. Box 94095 Baton Rouge, LA 70804-9095

Re: Amendment #16 to the Cooperative Endeavor between LSUHSC and the Louisiana Cancer Research Center of LSUHSC/Tulane Health Sciences Center. (Research Program)

### Dear Ms. Rice:

The enclosed amendment to the cooperative endeavor is being submitted to your office for review and approval in accordance with R.S. 39:1551 et seq. The agreement is between LSUHSC and the Louisiana Cancer Research Center of LSUHSC in New Orleans/Tulane Health Sciences Center (Cancer Consortium). The amendment increases funding in the amount of \$9,889,143 for the FY 2016-2017 appropriation; thereby, increasing the maximum amount payable to date to \$152,456,778.00. The comprehensive annual budget is incorporated as Exhibit A-16 and the statement of goals, objectives and performance measures are specified in Exhibit B-16. The agreement will continue to provide funding in order to facilitate the operation, research support, and promotion of education in the diagnosis, detection and treatment of cancer in pursuit of obtaining a National Cancer Institute designation for the Cancer Consortium.

Pursuant to the guidelines set forth by OSP regarding Act 87, please see our justification for this cooperative endeavor amendment being of a "non-discretionary" purpose. There are no state general funds or over-collections funds being utilized; therefore, this contract will not require JLCB review and approval. This agreement falls under non-discretionary for the following reasons:

- 7. Contracts for services which are funded by an appropriation from the Legislature to a specific entity (HB1).
- 9. Contracts necessary to comply with constitutional, legislative or regulatory mandates:
  - La. R.S. 17:1921 et.seq creation of the Cancer Center in accordance with 17:3390B as a private, non-public corporation, for the primary function of conducting medical research and promoting education in the diagnosis, detection and treatment of the disease of cancer;

• La. R.S. 47:841.1 - in order to provide funding for the Cancer Center, the Louisiana Legislature created the Tobacco Tax Health Care fund; an annual appropriation by the Legislature and pursuant to R.S. 47:841.1C shall be used solely for the purposes of funding the creation of smoking prevention mass media programs and evidence-based tobacco control programs, etc.

We have notated on the BA-22 sent that this contract is being funded via **statutory dedication** as certification of the funding source.

Pursuant to Executive Order BJ-2015-11, LSUHSC-NEW ORLEANS will continue to expend funds from Statutory Dedicated funds for the following reasons:

- These funds are for a specific purpose, and can be used for no other purpose.
- All essential budget activities which are expressly and directly mandated by the constitution, existing court orders, existing cooperative endeavor agreements, or existing bona fide obligations; and
- All budget activities associated with Schedule 19A Higher Education.

Please let us know if you find that this suffices the new requirements, require anything else or have any further questions.

Upon approval of said contract, please return it to the attention of: Mary Lapworth, Contract Management, 533 Bolivar Street, Room 323, New Orleans, LA 70112. Your cooperation in this regard is greatly appreciated.

Sincerely,

Larry Hollier, MD

K. Hollie.

Chancellor

			DIVISION	E OF LOUISIANA OF ADMINISTRAT -22 (REV. 09/2005)	ION			
Dat	te: 8/4/2016					Dept/Budget Unit:	:	604
Agency Nam	e: LSU Health Sci	ences Center in N	lew Orleans		OC	R/CFMS Contract #:	;	440007436
Agency BA-22 #	440007436	-				Agency Contract #:	:	16-128-011-A16
Fiscal Year for	this BA-22:	2016-2017	BA-2	2 Start/End Dates	:	07/01/16 (Start Date)		06/30/17 (End Date)
		(9333-337						(
Multi-year Cont	tract (Yes/No):	Yes	10/01/02	If "Yes", provide o	contract	dates: 6/30/20		
l			(Start Date)			(End Date)		
LSUHSC/Tulane	e Health Sciences	Center (Cancer C	onsortium)	_		**************************************		
(Contractor/Vendor N	lame)					(Contractor/Vendor No.)		
To provide fundi	ng in order to facili of "Services Provided")	tate the operation	, research s	upport, and promot	ion of ec	lucation in the diagn	osis, det	ection, and
treatment of can	cer in pursuit of ob	taining a National	Cancer Inst	titute designation fo	r the Ca	ncer Consortium.		
Contract Amen	dment (Yes/No):	YES	Amendme	ent Start/End Dates	s:	07/01/16		06/30/17
	,		=			(Start Date)		(End Date)
	ellation (Yes/No):	No		ancellation:		<del></del>		
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	Federal	1155110		\$0	0.0%		0.0%	4
	TOTALS			\$9,889,143	100.0%	\$152,456,778	100.0%	1
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		tegory Number:				3440		
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Title:	Contracts Admin.		*: *)	Title:		arcellor for Adminis	tration &	Finance
Phone:	504-568-2763			Phone:	304-30(	75150		
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AGENCY	PROGRAM	ACTIVITY	ORGANIZ.	OBJECT		REPT CAT		AMOUNT



## Attachment 3

## **Louisiana Cancer Research Center** Cancer Research OCR 604-300411: CFMS 599470 Semiannual Report July 1, 2016 - December 30, 2016 A partnership of LSU Health Sciences Center in New Orleans, Tulane Health Sciences Center, Xavier University of Louisiana, and Ochsner Health Systems

### Semi-Annual Progress Report Narrative July 1, 2016 – December 31, 2016

The Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center (LCRC) was legislatively created in 2002, with the primary purpose of conducting research and promoting education in the diagnosis, detection, and treatment of cancer, in its pursuit of obtaining a National Cancer Institute (NCI) designation. The two components of LCRC are the Cancer Research Component and the Cessation Component. As required by statute and pursuant to the Cancer Research CEA, OCR #604-300411, CFMS #599470 as amended, LCRC is required to submit semiannual progress reports which summarize its activities and outline the objectives achieved during a prescribed period. This report is designed to fulfill this requirement for the period ended December 31, 2016.

### **Cancer Research Programs**

- Despite unprecedented competition, LCRC faculty across the member institutions was awarded 8 new qualifying grants during this reporting period.
- Additionally, the LCRC recruited 4 new cancer research faculty members during
  this period. These scientists, some of whom will be relocating to our area, bring
  with them additional grant support and laboratory personnel, who will become
  active wage earners and contributors to the area economy.
- Scientific publications and presentations at national and international meetings are
  indicators of academic esteem, productivity and progress. During this reporting
  period, LCRC faculty published a total of 176 scientific publications in peerreviewed academic journals, 16 of which were inter-institutional joint
  publications (those including authors from multiple LCRC partner institutions), an
  indicator of increased collaboration among LCRC faculty.
- Additionally, our faculty members were invited to give 90 poster or podium
  presentations at prestigious scientific meetings of their peers across the globe
  over the past six months.
- Many granting agencies utilize Study Sections to help direct where all important and much sought after grant dollars will be invested. When our faculty members are invited to participate in Study Sections, they are helping to steer financial research support to those projects that appear most capable of bringing us all closer to new discoveries and new cures. They are helping to influence the direction of our collective scientific progress a prestigious honor. During this reporting period, LCRC faculty members participated in 9 Study Sections, both at the federal level and for other non-governmental granting agencies.
- A robust, responsive clinical research program that serves the needs of our catchment area will be one of the criteria the National Cancer Institute will utilize

when considering the LCRC for comprehensive cancer center designation. Therefore, continued development and growth of our clinical research enterprise is the goal. The LCRC partner institutions involved in clinical research enrolled a total of 153 patients in therapeutic cancer trials and 114 in cancer prevention trials during this reporting period. Of the therapeutic trial accruals, 133 were in NIH trials, 14 were in pharmaceutical trials, and 6 were in investigator-initiated trials conceived by LCRC clinical faculty members. Additionally, 24 patients were enrolled into observational NIH trials.

- In an effort to fulfill the goal of fostering and maximizing opportunities for scientific
  collaboration, the LCRC supports a number of initiatives. Through our invited
  speaker series, 13 seminars featuring prominent cancer scientists from all over
  the world were held during this reporting period. LCRC faculty from all partner
  institutions and others attend these seminars, where they can discuss the
  presentations not only with the invited speakers, but also among themselves,
  perhaps initiating new collaborations.
- Another major collaborative initiative is the Annual LCRC Scientific Retreat, during
  which scientists from each of the partner institutions gather to present their data and
  discuss their projects. Planning is well underway for the 2017 retreat, scheduled to
  take place on Friday, March 10, 2017.
- One of the major services a cancer center provides its researchers is access to state-of-the-art Core facilities stocked with the latest scientific equipment that they can utilize to gather the data they need to write successful manuscripts, compete for grants, etc. Cores allow researcher's access to expensive machinery that few if any individual labs could afford on their own. The LCRC partner institutions support several Core facilities that are utilized by faculty members across the partnership. During this reporting period, 132 researchers utilized Cores facilities for approximately 9,155 total hours.
- The LCRC's Tissue Procurement and Biospecimen Core Facility collects high-quality samples of normal and diseased human material (e.g., whole blood, cellular blood components, plasma, urine, body fluids, DNA, and tumor tissue and cells) with appropriate clinical data and makes this material available to qualified LCRC researchers while ensuring informed consent, safety, donor anonymity, and that all regulatory safeguards are in place. Over the last six months, 255 tissue samples were added to the Biospecimen Core collection and 489 were distributed for research projects. LCRC's Biospecimen Core was also featured in 6 LCRC supported research project presentations and credited in 9 LCRC supported publications.

### Administrative & Governance

This reporting period continues a period of change and growth for LCRC and its leadership in pursuit of a new refined direction.

- In August, 2016 Ms. Carroll Suggs and Ms. Pam Ryan were reelected and will serve additional terms as Board Members of the LCRC.
- In December, 2016 Mr. Walter Leger, Jr. was elected to the Board of the LCRC. He was nominated by Chairman Lee Hamm, M.D. to replace former community member Ashton Ryan who retired from the board last year.
- Efforts began during this reporting period to complete a major "rebranding" of the LCRC. Rebranding activities include the creation of a new logo, a new branding identity system and a complete restructuring of LCRC's website. Although the new logo has already been favorably received by the LCRC Board, and the logo has been used in print, the comprehensive branding initiative is expected to be rolled out by the end of the fiscal year.
- Construction of the two new floors (Phase II) was completed during this fiscal year.
   Unfortunately LCRC experienced a temporary setback which delayed move-in.
   LCRC anticipates move-in and operations of the two floors will take place prior to the end of the fiscal year ending June 30, 2017.
- One of the major infrastructure projects completed during this period as a part of the Phase II construction project was the relocation of the Main Telecom Room (MTR), which also included the upgrading of the equipment. The new MTR is located on the newly constructed 5<sup>th</sup> floor in a larger more efficient space with conditions that are now significantly more physically secure and environmentally safe; free from variant temperature and humidity issues. The equipment was upgraded to include Dell hardware and Cisco (as opposed to HP) networking equipment. The upgrade was necessary for expansion purposes as well as for the stabilization and future support of the IT infrastructure. Since the existing equipment was at end-of-sale, the availability of components and parts are already scarce. Given the critical and sensitive nature of LCRC activity, it was imperative to invest in more efficient, state-of-the-art IT equipment and space.
- Another important initiative related to the build-out was the assessment of the
  original security equipment and overall security system. This assessment resulted in
  the selection of a new security system (S2), the addition and/or relocation of security
  cameras and the installation of a fence around the perimeter of LCRC's surface lot.
  The implementation of the new system was completed during this reporting period.
  As a next step, LCRC has begun looking into enhancing its security staffing and
  have engaged the partner institutions to provide assistance, not limited to additional
  back-up security measures. LCRC's review of its security program is ongoing.

### **Financial Summary**

- The fiscal year ending June 30, 2016 officially closed with the completion of the State required financial audit and comprehensive annual financial report (CAFR) which were submitted to the State of Louisiana by the contractual due date of August 30, 2016. This year, the LCRC received yet another clean unmodified opinion on its financial statements; with no management letter, questioned costs or findings. LCRC has received clean financial audits every year since its commenced business in fiscal year 2003. LCRC ended fiscal year 2016 with \$123M in net assets compared to \$115M last year; representing an approximate \$8M or (7%) increase in net assets. This increase is due to the construction-in-progress and equipment assets; a slight decrease in expenses, with an overall offset by depreciation of the building and previously purchased equipment. The audit was formerly presented to the Board and adopted at its September, 2016 meeting.
- At the end of fiscal year, 2016 LCRC collected (realized) only 85% of its state appropriated budget, a shortfall totaling \$2.4M (\$1.4M Research; \$1M Cessation) of its total \$16.4M budget. Although LCRC still maintains a healthy overall financial position, the unexpected shortfall did impact LCRC, resulting in delayed and/or suspended execution of facility related contracts and a setback for fully funding its Maintenance Reserve Account (MRA). Fortunately, as in previous years, LCRC avoided a direct negative impact to its scientific programs. LCRC continues its sound finance and business practices which are critical in safeguarding against these unforeseen events.
- Phase II of the LCRC construction project reached substantial completion during this
  reporting period. This phase includes the build out of two additional floors, including
  one floor dedicated to clinical research activities and an additional lab floor dedicated
  to cancer research. A total of \$288K was invested this period toward the build-out of
  the two floors, bringing the total invested to date in the LCRC facility to approximately
  \$99M. A generous state capital outlay grant largely funded the construction project.
- Spending on "state of the art" research equipment for this reporting period totaled \$1.2M, resulting in an investment to date total of \$9.1M. Specialized research equipment procured this period includes an IScan Illumina System and a Liquid Chromatography for use by LCRC researchers.
- Spending for this period, on cancer research program activities, including program development and shared resources \$1.6M or 33% of the total spent this period. Although, investment in programs has increased over the same period last year, the proportion of operations to program spending is still significantly higher than in previous years due to the high cost of operating the LCRC building. However, it is important to note that major activities classified as operations, directly support the research activity at LCRC. This includes EHS and some IT activities. The total amount spent this period was \$4.4M with \$500K reserved for major maintenance.
- LCRC continues to show its commitment to its core mission, which is supporting
  cancer research, education, and patient care in pursuit of an NCI designation. The
  operation of the state-of-the-art research facility and the investment in equipment are

crucial to fostering program integration and collaboration amongst the LCRC partners, and are also key elements in facilitating ongoing recruitment activities in pursuit of NCI designation.

### Louisiana Cancer Research Center Board of Directors

Dr. L. Lee Hamm, III, Chairman Senior Vice President and Dean Tulane University School of Medicine

**Dr. Larry Hollier**, Vice Chairman Chancellor LSU Health Sciences Center-New Orleans

Ms. Barbara Goodson, Secretary/Treasurer
Deputy Commissioner of Administration
State of Louisiana

**Dr. Gene D'Amour**Special Assistant to the President
Xavier University of Louisiana

Mr. Terrance Ginn
Associate Commissioner for Finance & Administration
Louisiana Board of Regents

Mr. Walter Leger, Jr. Senior Partner Leger & Shaw

Dr. Steve Nelson
Dean, School of Medicine
LSU Health Sciences Center–New Orleans

Ms. Pamela Ryan

**Dr. Oliver Sartor**Medical Director & Associate Director for Clinical Programs
Tulane Cancer Center, Tulane University School of Medicine

Ms. Carroll Suggs

Mr. Paige Sensenbrenner
Board Counsel
Adams and Reese, LLP

### Scientific Leadership

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

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

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

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

### **Administrative Leadership**

Mr. Sven Davisson, CRA
Chief Administrative Officer/Interim Chief Executive Officer

Ms. Deborah Reeder Chief Financial Officer

Ms. Vanessa Pittman Executive Assistant

# LCRC Scientific Goals and Objectives Semi-Annual Report Statistics

July 1, 2016 - December 31, 2016

Research Capacity:	New Grants	
New NIH Qualifying grants awarded in period	8	
Faculty Members Recruited	4	
Research Productivity:		
Publications	176	
Presentations	90	
Honors and Awards	20	
Study Sections	6	
Clinical Trial Accrual:	Therapeutic:	Prevention:
NIH clinical trials	133	24
Pharmaceutical Clinical Trials	14	2
Investigator Initiated Trials	9	88
Research Stimulation:		
Research Seminars		13
Scientific Retreat	LCRC hosts one annual research retreat wh The retreat is scheduled for March 10, 2017	LCRC hosts one annual research retreat which is held in the spring of every year. The retreat is scheduled for March 10, 2017
Program Meetings		84
LCRC-Supported Core Usage:		
Celfular Immunology and Immune Metabolism Core	550 Hours	27 Researchers
Molecular Histopathology and Analytical Microscopy Core	713 Hours	14 Researchers
Translational Genomics Core	1450 Hours	30 Researchers
FACS Core	112 Hours	21 Researchers
Major Instrumentation Core	5200 Hours	20 Researchers
Molecular Structure & Modeling Core	530 Hours	5 Researchers
Cell & Molecular Biology Core	600 Hours	15 Researchers
Biospecimen Core Lab	165 new patients processed	10 studies supported

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# LCRC Grants for Reporting Period Ending 12/31/16

Program	۵	Specific Funding Source	Project Number	Project Start Date	Project End Date	Project Title	Annual Project Direct Costs	Annual Project Total Costs
SUHSC	Rakesh Srivastava	HIN	1RO1AA02698-01	9/5/2016	6/30/2021	Alcohol Carcinogenesis	225,000	328,500
LSUHSC	Zhiqiang Qin	Lukemia Research Foundation		7/1/2016	6/30/2017	The role of amino acid transporter, xCT, in HIV-associated lymphoma pathogenesis	100.000	100.000
TUHSC	Lu, Hua	National Institutes of Health	1R21CA201889-01A1 9/1/2016	9/1/2016	8/31/2018	Role of TFIIS.h in regulation of p53 responsive apoptosis and tumor suppression	130,500	196,403
TUHSC	Machado, Heather	Susan Komen Foundation	554460	7/1/2016	6/30/2017	Targeting AxI in ductal carcinoma in situ	120,000	120,000
TUHSC	Gragert, Loren	Office of Naval Research	554901	10/1/2016	9/30/2017	HLA Bioinformatics Project	30,578	46,020
TUHSC	Perepelitsa, Victoria	Board of Regents Suppport Fund	553421	7/1/2016	6/30/2017	Transposons as a driving force of genomic instability induced by light exposure at night	40,806	47,258
TUHSC	Perepelitsa, Victoria	Edward G. Schlieder Educational Foundation	554947	11/1/2016	11/1/2016 10/31/2017	The Effect of Tumor Suppressors on L1 Retrotransposition Invivo	20,000	50,000
Xavier	Anup Kundu	National Institute of General Medical Sciences (NIGMS)	8P20GM103424	9/1/2016	4/30/2017	Formulation of a targeted nanoparticle system for the treatment of breast cancer	50,000	72,794
							746,884	960,975

### LCRC Faculty Recruits for Reporting Period Ending 12/31/16

### Dr. Rakesh Srivastava-Professor

Dr. Srivastava earned his Ph.D. from the University of Guelph, Ontario, Canada in 1991, in the field of Endocrinology. He has a broad background in carcinogenesis, cell signaling, cancer prevention and therapy, drug discovery and development and applied to the areas of pharmacology, cancer treatment and cancer prevention.

### Dr. Sharmila Shankar - Associate Professor

Dr. Shankar earned her Ph.D. from the University of Mumbai, India in 1999 in the field of Chemistry. She has extensive experience in pancreatic cancer and research utilizing KrasG12D mice models and has examined the efficacy of various anticancer drugs and chemopreventive agents in vitro and in vivo.

**Drs.** Srivastava and Shankar are part of a faculty team recruited to the LSU Cancer Center. LCRC through its LSU Cancer Center program, contributed \$1,532,700 to the package.

### Dr. Yaguang Xi, M.D. Ph.D. - Professor

Dr. Xi received his M.D. at the Inner Mongolia Medical University, Department of Surgery, China in 1996. He practiced as a surgeon prior to earning his Ph.D. from Peking University School of Oncology, China, in 2003, where he received the Outstanding Doctoral Dissertation Award, and trained as a postdoctoral fellow in the areas of cancer biology, genetics, genomics, and translational research. A total of \$800,000 was allocated to the package for Dr. **Yaguang Xi.** 

### Dr. Samrat Dutta - Assistant Professor Chemistry

Dr. Samrat Dutta is a new faculty who joined the Department of Chemistry at Xavier University as an Assistant Professor fall 2016. Previously, he served as an Ellen Williams Distinguished Postdoctoral Fellow at University of Maryland and as a Co-Principal Investigator at the University of Pittsburgh. He obtained a doctoral degree in Physical Chemistry from the University of Iowa and has a dual master's degree in Physical Chemistry and Polymer Sciences. Dr. Dutta has a Startup package from LCRC for \$50,000 per year. Pending satisfactory progress, his start up package will be renewed for up to 3 years, for a total of \$150,000.

### Cancer Related Publications for LCRC Members Period: 7/1/16 – 12/31/16

### LSU Cancer Center - Faculty Member Publications

- \* Alahari SV, Eastlack SC, **Alahari SK**. Role Of Long Noncoding RNAs In Neoplasia: Special Emphasis On Prostate Cancer. Int Rev Cell Mol Biol. 2016;324:229-54. **CS** = 3.87
- \* O'Bryan S, Dong S, Mathis JM, **Alahari SK**. The Roles Of Oncogenic Mirnas And Their Therapeutic Importance In Breast Cancer. Eur J Cancer. 2016 Dec 17;72:1-11. CS = 5.89

Serrano-Gomez SJ, Maziveyi M, Alahari SK. Regulation Of Epithelial-Mesenchymal Transition Through Epigenetic And Post-Translational Modifications. Mol Cancer. 2016 Feb 24;15(1):18,016-0502-x. CS = 5.56

- \*\*\* \*\*\* Abd Elmageed ZY, Sholl AB, Tsumagari K, Al-Qurayshi Z, Basolo F, Moroz K, **Boulares AH**, **Friedlander P**, Miccoli P, **Kandil E**. Immunohistochemistry As An Accurate Tool For Evaluating BRAF-V600E Mutation In 130 Samples Of Papillary Thyroid Cancer. Surgery. 2016 Dec 2 CS = 2.61
- \* Shnorhavorian M, Doody DR, **Chen VW**, Hamilton AS, Kato I, Cress RD, West M, **Wu XC**, Keegan TH, Harlan LC, Schwartz SM, AYA HOPE Study Collaborative Group. Knowledge Of Clinical Trial Availability And Reasons For Nonparticipation Among Adolescent And Young Adult Cancer Patients: A Population-Based Study. Am J Clin Oncol. 2016 Sep 15 **CS** = 1.97
- \* Bonsignore L, Passelli K, Pelzer C, Perroud M, Konrad A, Thurau M, Sturzl M, Dai L, Trillo-Tinoco J, **Del Valle L**, **Qin Z**, Thome M. A Role For MALT1 Activity In Kaposi's Sarcoma-Associated Herpesvirus Latency And Growth Of Primary Effusion Lymphoma. Leukemia. 2016 Aug 19 CS = 6.43

Maggi EC, Trillo-Tinoco J, Struckhoff AP, Vijayaraghavan J, **Del Valle L**, **Crabtree JS**. Retinoblastoma-Binding Protein 2 (RBP2) Is Frequently Expressed In Neuroendocrine Tumors And Promotes The Neoplastic Phenotype. Oncogenesis. 2016 Aug 22;5(8):e257. **CS** = 4.4

Milosavljevic T, Hall MA, **Del Valle L**. Angiogenic Gene Expression In Primary Neuroendocrine Tumors And Their Metastases. J. Clin Oncol. 34; 2016. CS = 9.91

- \* Allott EH, Arab L, Su LJ, Farnan L, **Fontham ET**, Mohler JL, Bensen JT, Steck SE. Saturated fat intake and prostate cancer aggressiveness: Results From The Population-Based North Carolina-Louisiana Prostate Cancer Project. Prostate Cancer Prostatic Dis. 2016 Sep 6 CS = 3.36
- \* Antwi SO, Steck SE, Su LJ, Hebert JR, Zhang H, Craft NE, Fontham ET, Smith GJ, Bensen JT, Mohler JL, Arab L. Carotenoid Intake And Adipose Tissue Carotenoid Levels In Relation To Prostate Cancer Aggressiveness Among African-American And European-American Men In The North Carolina-Louisiana Prostate Cancer Project (PCaP). Prostate. 2016 Jun 8;76(12):1053-66. CS = 3.39
- \* Khan S, Cai J, Nielsen ME, Troester MA, Mohler JL, **Fontham ET**, Hendrix LH, Farnan L, Olshan AF, Bensen JT. The Association Of Diabetes And Obesity With Prostate Cancer Aggressiveness Among Black Americans And White Americans In A Population-Based Study. Cancer Causes Control. 2016 Dec;27(12):1475-85. CS = 2.9

- \* McWilliams RR, Maisonneuve P, Bamlet WR, Petersen GM, Li D, Risch HA, Yu H, **Fontham ET**, Luckett B, Bosetti C, Negri E, La Vecchia C, Talamini R, Bueno de Mesquita HB, Bracci P, Gallinger S, Neale RE, Lowenfels AB. Risk Factors For Early-Onset And Very-Early-Onset Pancreatic Adenocarcinoma: A Pancreatic Cancer Case-Control Consortium (Panc4) Analysis. Pancreas. 2016 Feb;45(2):311-6. **CS** = 2.33
- \* Oeffinger KC, Fontham ET, Wender RC. Clinical Breast Examination And Breast Cancer Screening Guideline--Reply. JAMA. 2016 Apr 5;315(13):1404. CS = 6.75
- \* Oral E, Simonsen N, Brennan C, Berken J, Su LJ, Mohler JL, Bensen JT, **Fontham ET**. Unit Nonresponse In A Population-Based Study Of Prostate Cancer. PLoS One. 2016 Dec 16;11(12):e0168364. CS = 3.32
- \* Pelucchi C, Rosato V, Bracci PM, Li D, Neale RE, Lucenteforte E, Serraino D, Anderson KE, Fontham E, Holly EA, Hassan MM, Polesel J, Bosetti C, Strayer L, Su J, Boffetta P, Duell EJ, La Vecchia C. Dietary Acrylamide And The Risk Of Pancreatic Cancer In The International Pancreatic Cancer Case-Control Consortium (PanC4). Ann Oncol. 2016 Nov 10 CS = 7.39
- \* Saslow D, Andrews KS, Manassaram-Baptiste D, Loomer L, Lam KE, Fisher-Borne M, Smith RA, Fontham ET, American Cancer Society Guideline Development Group. Human Papillomavirus Vaccination Guideline Update: American Cancer Society Guideline Endorsement. CA Cancer J Clin. 2016 Sep;66(5):375-85. CS = 66.45
- \* Vance TM, Azabdaftari G, Pop EA, Lee SG, Su LJ, **Fontham ET**, Bensen JT, Steck SE, Arab L, Mohler JL, Chen MH, Koo SI, Chun OK. Intake Of Dietary Antioxidants Is Inversely Associated With Biomarkers Of Oxidative Stress Among Men With Prostate Cancer. Br J Nutr. 2016 Jan 14;115(1):68-74. CS = 3.52

Hollenbach AD. Developing Cancer Therapies - Think Global. Aging (Albany NY). 2016 Nov 16 CS = 4.42

Loupe JM, Miller PJ, Bonner BP, Maggi EC, Vijayaraghavan J, Crabtree JS, Taylor CM, Zabaleta J, **Hollenbach AD**. Comparative Transcriptomic Analysis Reveals The Oncogenic Fusion Protein PAX3-FOXO1 Globally Alters Mrna And Mirna To Enhance Myoblast Invasion. Oncogenesis. 2016 Jul 25;5(7):e246. CS = 4.4

**Loch MM**, Li X, Hsieh MC. New Orleans Has The Highest Incidence Rates Of Triple Negative Breast Cancer. Cancer Res. 2016. CS = 8.57

**Loch MM**, Zhang L, Hsieh MC. A Statewide, Population-Based Study Of Molecular Subtypes Of Female Breast Cancer: Treatment And Associated Factors. Cancer Res.; 2016. CS = 8.57

- \* \*\*\*\* Liu J, Zheng S, Akerstrom VL, Yuan C, Ma Y, Zhong Q, Zhang C, Zhang Q, Guo S, Ma P, Skripnikova EV, Bratton MR, **Miele L**, **Wiese TE**, **Wang G**. Fulvestrant-3 Boronic Acid (ZB716): An Orally Bioavailable Selective Estrogen Receptor Downregulator (SERD). J Med Chem. 2016;59(17):8134-40. **CS** = 5.66
- \* Sorrentino C, **Miele** L, Porta A, Pinto A, Morello S. Activation Of The A2B Adenosine Receptor In B16 Melanomas Induces CXCL12 Expression In FAP-Positive Tumor Stromal Cells, Enhancing Tumor Progression. Oncotarget. 2016 Aug 31;7(39):64274-88. **CS** = 4.91
- \* Al-Khami AA, Rodriguez PC, **Ochoa AC**. Metabolic Reprogramming Of Myeloid-Derived Suppressor Cells (MDSC) In Cancer. Oncoimmunology. 2016 Jun 27;5(8):e1200771. **CS = 2.83**

- \* Moorman PG, Alberg AJ, Bandera EV, Barnholtz-Sloan J, Bondy M, Cote ML, Funkhouser E, **Peters ES**, Schwartz AG, Terry P, Crankshaw S, Wang F, Schildkraut JM. Reproductive Factors And Ovarian Cancer Risk In African-American Women. Ann Epidemiol. 2016 Jul 18 CS = 2.42
- \* Alberg AJ, Moorman PG, Crankshaw S, Wang F, Bandera EV, Barnholtz-Sloan JS, Bondy M, Cartmell KB, Cote ML, Ford ME, Funkhouser E, Kelemen LE, **Peters ES**, Schwartz AG, Sterba KR, Terry P, Wallace K, Schildkraut JM. Socioeconomic Status In Relation To The Risk Of Ovarian Cancer In African-American Women: A Population-Based Case-Control Study. Am J Epidemiol. 2016 Aug 15;184(4):274-83. CS = 4.11
- \* Rand KA, Song C, Dean E, Serie DJ, Curtin K, Sheng X, Hu D, Huff CA, Bernal-Mizrachi L, Tomasson HM, Ailawadhi S, Singhal S, Pawlish K, **Peters ES**, Bock CH, Stram A, Van Den Berg DJ, Edlund CK, Conti DV, Zimmerman T, Hwang AE, Huntsman S, Graff J, Nooka A, Kong Y, Pregja SL, Berndt SI, Blot WJ, Carpten J, Casey G, Chu L, Diver WR, Stevens VL, Lieber MR, Goodman PJ, Hennis AJM, Hsing AW, Mehta J, Kittles RA, Kolb S, Klein EA, Leske C, Murphy AB, Nemesure B, Neslund-Dudas C, Strom SS, Vij R, Rybicki BA, Stanford JL, Signorello LB, Witte JS, Ambrosone CB, Bhatti P, John EM, Bernstein L, Zheng W, Olshan AF, Hu JJ, Ziegler RG, Nyante SJ, Bandera EV, Birmann BM, Ingles SA, Press MF, Atanackovic D, Glenn MJ, Cannon-Albright LA, Jones B, Tricot G, Martin TG, Kumar SK, Wolf JL, Deming Halverson SL, Rothman N, Brooks-Wilson AR, Rajkumar SV, Kolonel LN, Chanock SJ, Slager SL, Severson RK, Janakiraman N, Terebelo HR, Brown EE, De Roos AJ, Mohrbacher AF, Colditz GA, Giles GG, Spinelli JJ, Chiu BC, Munshi NC, Anderson KC, Levy J, Zonder JA, Orlowski RZ, Lonial S, Camp NJ, Vachon CM, Ziv E, Stram DO, Hazelett DJ, Haiman CA, Cozen W. A Meta-Analysis Of Multiple Myeloma Risk Regions In African And European Ancestry Populations Identifies Putatively Functional Loci. Cancer Epidemiol Biomarkers Prev. 2016;25(12):1609-18. CS = 3.8
- \* Qin B, Moorman PG, Alberg AJ, Barnholtz-Sloan JS, Bondy M, Cote ML, Funkhouser E, **Peters ES**, Schwartz AG, Terry P, Schildkraut JM, Bandera EV. Dairy, Calcium, Vitamin D And Ovarian Cancer Risk In African-American Women. Br J Cancer. 2016 Sep 15;115(9):1122-30. CS = 5.39
- \* Schildkraut JM, Abbott SE, Alberg AJ, Bandera EV, Barnholtz-Sloan JS, Bondy ML, Cote ML, Funkhouser E, Peres LC, **Peters ES**, Schwartz AG, Terry P, Crankshaw S, Camacho F, Wang F, Moorman PG. Association Between Body Powder Use And Ovarian Cancer: The African American Cancer Epidemiology Study (AACES). Cancer Epidemiol Biomarkers Prev. 2016 Oct;25(10):1411-7. CS = 3.8

Lam BQ, Dai L, **Qin Z**. The Role Of HGF/c-MET Signaling Pathway In Lymphoma. J Hematol Oncol. 2016 Dec 7;9(1):135. CS = 5.66

\* Grabacka M, Pierzchalska M, Dean M, Reiss K. Regulation Of Ketone Body Metabolism And The Role Of PPARa. Int J Mol Sci. 2016;17(12):E2093. CS = 3.37

**Woltering EA**, Beyer DT, Thiagarajan R, Ramirez RA, **Wang YZ**, Ricks MJ, Boudreaux JP. Elevated Plasma Pancreastatin, But Not Chromogranin A, Predicts Survival In Neuroendocrine Tumors Of The Duodenum. J Am Coll Surg. 2016 Apr;222(4):534-42. CS = 3.39

\* Denu RA, Hampton JM, Currey A, Anderson RT, Cress RD, Fleming ST, Lipscomb J, Sabatino SA, **Wu XC**, Wilson JF, Trentham-Dietz A. Influence Of Patient, Physician, And Hospital Characteristics On The Receipt Of Guideline-Concordant Care For Inflammatory Breast Cancer. Cancer Epidemiol. 2016;40:7-14. **CS** = 2.92

Chu QD, Medeiros KL, Zhou M, Peddi P, **Wu XC**. Impact Of Cooperative Trial And Sociodemographic Variation On Adjuvant Radiation Therapy Usage In Elderly Women (>/=70 years) With Stage I,

Estrogen Receptor-Positive Breast Cancer: Analysis Of The National Cancer Data Base. J Am Coll Surg. 2016 Jan 27;222(4):667-78. CS = 3.39

Chu QD, Zhou M, Medeiros KL, Peddi P, Kavanaugh M, **Wu XC**. Poor Survival In Stage IIB/C (T4N0) Compared To Stage IIIA (T1-2 N1, T1n2a) Colon Cancer Persists Even After Adjusting For Adequate Lymph Nodes Retrieved And Receipt Of Adjuvant Chemotherapy. BMC Cancer. 2016 Jul 13:16:460.016-2446-3. **CS = 3.72** 

- \* Hamilton AS, Fleming ST, Wang D, Goodman M, **Wu XC**, Owen JB, Lo M, Ho A, Anderson RT, Thompson T. Clinical And Demographic Factors Associated With Receipt Of Non Guideline-Concordant Initial Therapy For Nonmetastatic Prostate Cancer. Am J Clin Oncol. 2016 Feb;39(1):55-63. **CS** = 1.97
- \* Chen YB, Wang T, Hemmer MT, Brady C, Couriel DR, Alousi A, Pidala J, Urbano-Ispizua A, Choi SW, Nishihori T, Teshima T, Inamoto Y, Wirk B, Marks DI, Abdel-Azim H, Lehmann L, Yu L, Bitan M, Cairo MS, Qayed M, Salit R, Gale RP, Martino R, Jaglowski S, Bajel A, Savani B, Frangoul H, Lewis ID, Storek J, Askar M, Kharfan-Dabaja MA, Aljurf M, Ringden O, Reshef R, Olsson RF, Hashmi S, Seo S, Spitzer TR, MacMillan ML, Lazaryan A, Spellman SR, Arora M, Cutler CS. GvHD After Umbilical Cord Blood Transplantation For Acute Leukemia: An Analysis Of Risk Factors And Effect On Outcomes. Bone Marrow Transplant. 2016 Dec 12 CS = 2.58
- \* Hsieh MC, Thompson T, **Wu XC**, Styles T, O'Flarity MB, Morris CR, **Chen VW**. The Effect Of Comorbidity On The Use Of Adjuvant Chemotherapy And Type Of Regimen For Curatively Resected Stage III Colon Cancer Patients. Cancer Med. 2016 Jan 15;5(5):871-80. **CS** = 3.45
- \*\* \*\*\* Karlitz JJ, Sherrill MR, DiGiacomo DV, Hsieh MC, Schmidt B, Wu XC, Chen VW. Factors Associated With The Performance Of Extended Colonic Resection Vs. Segmental Resection In Early-Onset Colorectal Cancer: A Population-Based Study. Clin Transl Gastroenterol. 2016 Apr 14;7:e163. CS = 3.81
- \* Cruz-Rodriguez N, Combita AL, Enciso LJ, Quijano SM, Pinzon PL, Lozano OC, Castillo JS, Li L, Bareno J, Cardozo C, Solano J, Herrera MV, Cudris J, **Zabaleta J**. High Expression Of ID Family And IGJ Genes Signature As Predictor Of Low Induction Treatment Response And Worst Survival In Adult Hispanic Patients With B-Acute Lymphoblastic Leukemia. J Exp Clin Cancer Res. 2016 Apr 5;35(1):64,016-0333-z. **CS** = 4.6
- \* DePaolo JS, Wang Z, Guo J, Zhang G, Qian C, Zhang H, **Zabaleta J**, **Liu W**. Acetylation Of Androgen Receptor By ARD1 Promotes Dissociation From HSP90 Complex And Prostate Tumorigenesis. Oncotarget. 2016 Sep 21;7(44):71417-28. **CS = 4.91**
- \* Loupe JM, Miller PJ, Bonner BP, Maggi EC, Vijayaraghavan J, **Zabaleta J**, Taylor CM, **Tsien F**, **Crabtree JS**, **Hollenbach AD**. Acquisition Of An Oncogenic Fusion Protein Serves As An Initial Driving Mutation By Inducing Aneuploidy And Overriding Proliferative Defects. Oncotarget. 2016 Aug 30;7(39):62814-35. **CS = 4.91**
- ( \* Denotes joint publication involving non-LCRC members)
- ( \*\* Denotes inter-programmatic publication)
- (\*\*\* Denotes inter-institutional publication involving members from another LCRC institution)

### **Tulane Cancer Center - Faculty Member Publications**

Lewin E, Daroca P, Sikka S, Wu T, Nakanishi Y. Gastric Adenocarcinoma of the Fundic Gland Type Treated by Endoscopic Mucosal Resection: A Case Report and Review of the Literature. Case Rep Pathol. 2016;2016:8646927. PubMed PMID:27994902; PubMed Central PMCID: PMC5138457.

**Sartor O, Lewis B**. Beyond Just Androgen Deprivation Therapy: Novel Therapies Combined With Radiation. Semin Radiat Oncol. 2017 Jan;27(1):87-93. doi:10.1016/j.semradonc.2016.08.003. Review. PubMed PMID: 27986215.

Tandberg DJ, Kelsey CR, D'Amico TA, Crawford J, Chino JP, Tong BC, Ready NE, **Wright A**. Patterns of Failure After Surgery for Non-Small-cell Lung Cancer Invading the Chest Wall. Clin Lung Cancer. 2016 Nov 21. pii:S1525-7304(16)30362-X. doi: 10.1016/j.cllc.2016.11.008. [Epub ahead of print] PubMed PMID: 27965012.

Venkateshaiah SU, Manohar M, Verma AK, Blecker U, **Mishra A**. Possible Noninvasive Biomarker of Eosinophilic Esophagitis: Clinical and Experimental Evidence. Case Rep Gastroenterol. 2016 Nov 14:10(3):685-692. PubMed PMID:27920662; PubMed Central PMCID: PMC5126594.

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Langie SA, Moisse M, Declerck K, Koppen G, Godderis L, Vanden Berghe W, Drury S, De Boever P. Salivary DNA Methylation Profiling: Aspects to Consider for Biomarker Identification. Basic Clin Pharmacol Toxicol. 2016 Nov 30. doi: 10.1111/bcpt.12721. [Epub ahead of print] PubMed PMID: 27901320.

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**Lichtveld M**, Goldstein B, Grattan L, Mundorf C. Then and now: lessons learned from community-academic partnerships in environmental health research. Environ Health. 2016 Nov 29;15(1):117. PubMed PMID: 27899110; PubMed Central PMCID: PMC5129205.

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Zwezdaryk KJ, Combs JA, **Morris CA, Sullivan DE**. Regulation of Wnt/β-catenin signaling by herpesviruses. World J Virol. 2016 Nov 12;5(4):144-154. Review. PubMed PMID: 27878101.

Yang L, Huang F, Mei J, Wang X, Zhang Q, Wang H, Xi M, **You Z**. Posttranscriptional Control of PD-L1 Expression by 17β-Estradiol via PI3K/Akt Signaling Pathway in ERα-Positive Cancer Cell Lines. Int J Gynecol Cancer. 2016. Nov 17. [Epub ahead of print] PubMed PMID: 27870715.

Liu YZ, Zhang L, **Roy-Engel AM**, Saito S, **Lasky JA**, **Wang G**, Wang H. Carcinogenic effects of oil dispersants: A KEGG pathway-based RNA-seq study of human airway epithelial cells. Gene. 2017 Feb 20;602:16-23. doi: 10.1016/j.gene.2016.11.028. PubMed PMID: 27866042; PubMed Central PMCID: PMC5191957.

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#### Summary:

- A. Total Tulane Cancer Center Member Publications 115
- B. Total Joint Publications 8

#### **Xavier University - Faculty Member Publications**

Du F, Li Y, Zhang W, Kale SP, McFerrin H, Davenport I, Wang G, Skripnikova E, Li XL, Bowen NJ, McDaniels LB, Meng YX, Polk P, Liu YY, Zhang QJ. Highly and moderately aggressive mouse ovarian cancer cell lines exhibit differential gene expression. Tumour Biol. 2016 [Epub ahead of print] PMID: 26935058

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Fengkun Du1; Yan Li1,2; Wensheng Zhang1; Shubha P. Kale1; Harris McFerrin1; Lan Davenport1; Guangdi Wang3; Elena Skripnikova1; Xiao-Lin Li1; Nathan J. Bowen4; Leticia B McDaniels1; Yuan-Xiang Meng5; Yong-Yu Liu6; and Qian-Jin Zhang1\* Highly and Moderately Aggressive Mouse Ovarian Cancer Cell Lines Exhibit Differential Gene Expression Tumour biology: the journal of the International Society for Oncodevelopmental Biology and Medicine, (2016). \*Correspondence: Zhang, Qian-Jin

Yao X, Pham T, Temple B, Gray S, Cannon C, Chen R, Abdel-Mageed AB, **Biliran H.** The Anoikis Effector Bit1 Inhibits EMT through Attenuation of TLE1-Mediated Repression of E-Cadherin in Lung Cancer Cells. PLoS One. 2016 Sep 21;11(9):e0163228. doi: 10.1371/journal.pone.0163228.

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Du F, Yan L, Zhang W, **Kale SP**, McFerrin H, Davenport H, Wang G, Skripnikova E, Li X-L, Bowen NJ, McDaniels LB, Meng Y-X, Polk P, Liu Y-Y, Zhang Q-J. Highly and moderately aggressive mouse ovarian cancer cell lines exhibit differential gene expression Tumor Biol 2016, Aug: 37(8):11147-62.

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#### Louisiana Cancer Research Center - Cancer Research Semi-annual Report Expenditure Summary Fiscal Year 2016-2017 Period 7/1/16-12/31/16 Operating Period 1/1/17-Fiscal Year Total (Qtrs. 1 & 2) Current Budget/Appropr 6/30/17 (Qtrs. 3 & 4) Period iated Sources of Funds General Fund 9,889,142 4,944,571 Statutory Dedications 4,944,571 9,889,142 4,944,571 4,944,571 **Total Sources of Funds** Uses of Funds by Object (Account): 1,712,923 1,712,923 Salaries & Related 22,118 22,118 Travel 2,029,059 2,029,059 Operating Services -148,950 148,950 Supplies 383,505 383,505 Professional Services -Other Charges 90,582 90,582 Major Repairs 26,268 26,268 Acquisitions\* \* 546,307 546,307 Maintenance Reserve Fund (MRA) ù 4,959,712 4,959,712 Total Uses of Funds

	0%	#DIV/0!	0%
Net Sources/Uses	(15,141)		(15,141)
Total Uses of Funds	4,959,712	-	4,959,712
Property, Plant, & Equipment (General)*	4.050.742		4,959,712
	040,007	_	0 10,007
R&R Reserve (MRA)	546,307		546,307
Facilities & Administrative	2,790,139	5	2,790,139
Programs Other (Shared Resources)	139,595	<b>F</b>	139,595
XULA	191,641		191,641
TUHSC	600,516	4	600,516
LSUHSC	691,514	*	691,514

<sup>\*</sup>not included is an additional \$1.1M were invested in plant this period, payable from a capital outlay grant.



# Attachment 4



# LOUISIANA LEGISLATIVE AUDITOR

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Agency

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Agency	Period	Issue Date	Audit Type
Louisiana Cancer Research Center (Control #72160052) Full Report	7/1/2015 6/30/2016	10/12/2016	Contracted
Louisiana Cancer Research Center (Control #77153100) Full Recort	7/1/2014 6/30/2015	09/14/2015	Contracted
Louisiana Cancer Research Center (Control #72143255) Full Report	7/1/2013 6/30/2014	09/10/2014	Contracted
Louisiana Cancer Research Center (Cocntol #72130076) Full Report	7/1/2012 6/20/2013	10/23/2013	Contracted
Louisiana Cancer Research Center (Control #72120228) Full Report	7/1/2011 6/30/2012	10/10/2012	Contracted
Louisiana Cancer Research Center (Commol #72111904) Full Report	7/1/2010 6/30/2011	10/05/2011	Contracted
Louisiana Cancer Research Center (Control #72100044) Full Report	7/1/2009 6/30/2010	09/29/2010	Ces. Contracted

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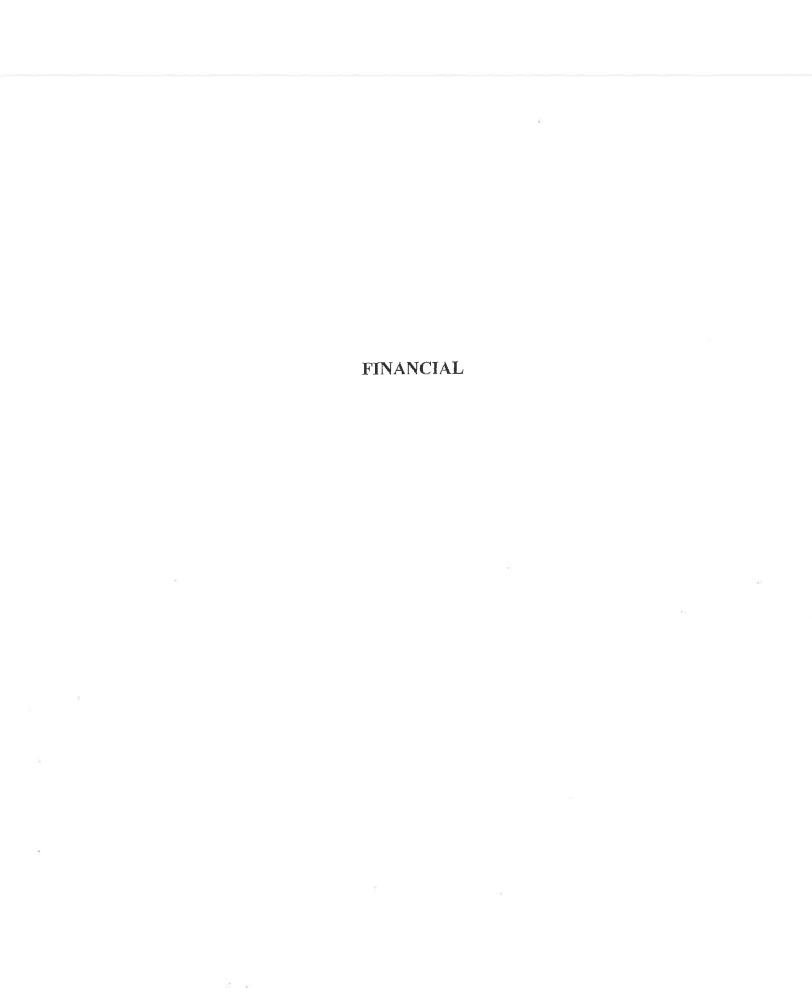
FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

June 30, 2016

CASCIO & SCHMIDT, LLC Certified Public Accountants

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### CASCIO & SCHMIDT, LLC

CERTIFIED PUBLIC ACCOUNTANTS

FRANCIS J. CASCIO, CPA STEVEN A. SCHMIDT, CPA MEMBERS
AMERICAN INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS
SOCIETY OF LOUISIANA 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, 2016, 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

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, 2016, 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 2015 financial statements, and our report dated August 24, 2015, 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, 2015, 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 Annual Financial Report required by the State of Louisiana on pages 28 through 32, for the year ended June 30, 2016, 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.

#### Other Reporting Required by Government Auditing Standards

Cassis & Schmidt, LLC.

In accordance with Government Auditing Standards, we have also issued our report dated August 24, 2016, 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 in New Orleans/Tulane Health Sciences Center's internal control over financial reporting and compliance.

Metairie, Louisiana August 24, 2016

#### STATEMENT OF FINANCIAL POSITION

June 30, 2016

ASSET	<u>s</u>	Summarized Comparative Information June 30, 2015
Cash (Note B)	\$ 18,505,915	\$ 15,443,649
Investments (Notes A7, C and I) Receivables:	10,193,793	11,202,216
Grants (Note D)	3,340,115	7,728,380
Other	437,540	379,730
Property and Equipment (Notes A-10 and E)	94,066,014	85,994,689
Prepaid expenses	73,974	151,000
Deposits	52,400	52,400
Total assets	\$ <u>126,669,751</u>	\$ <u>120,952,064</u>
Accounts payable Retainage payable Accrued liabilities Total liabilities	\$ 3,317,775 644,852 	\$ 6,028,917 <u>89,741</u> 6,118,658
COMMITMENTS ( Note J)		*
NET ASSETS (Note A-2) Unrestricted Temporarily restricted	888,174 121,728,034	790,567 114,042,839
Total Net Assets	122,616,208	114,833,406
Total liabilities and net assets	\$ <u>126,669,751</u>	\$ <u>120,952,064</u>

The accompanying notes are an integral part of this statement.

#### STATEMENT OF ACTIVITIES

### Year Ended June 30, 2016

	UNRESTRICTED	TEMPORARILY RESTRICTED	TOTAL	Summarized Comparative Information June 30, 2015
REVENUES		* * * * * * * * * * * * * * * * * * * *	<b></b>	A 10 10 10 10 1
Grants (Note D)	\$ -	\$ 24,518,840	\$ 24,518,840	\$ 19,427,501
Lease income	1,182,878	-	1,182,878	1,522,067
Investment income/interest				
(Note C)	(-)	112,866	112,866	(E)
Other	116,365	)e:	116,365	78,864
Fund-raising	211,994	- 60°	211,994	202,227
Net assets released				
from restrictions	16,946,511	(16.946,511)		-
Total Revenues	18,457,748	7,685,195	26,142,943	21,230,659
EXPENSES				
Research expenses	5,463,935	*	5,463,935	5,955,257
Cessation expenses	5,842,883	ш	5,842,883	5,970,124
Salaries and related benefits	1,038,489	#.	1,038,489	911,431
Operating services	2,516,907	-	2,516,907	2,394,624
Supplies	32,165	=	32,165	25,922
Professional services	496,178	/123	496,178	651,659
Travel & meeting expenses	12,672	7 <del>=</del>	12,672	5,279
Depreciation	2,802,027	V <u>a</u> r	2,802,027	2,830,202
Fund-raising	80,208	K#5	80,208	130,912
Fund-raising distributions	54,472	7	54,472	114,860
Other	20,205	***	20,205	13,744
Total Expenses	18,360,141		18,360,141	19,004,014
INCREASE (DECREASE) IN NET ASSETS	97,607	7,685,195	7,782,802	2,226,645
NET ASSETS, BEGINNING OF YEAR	790,567	114,042,839	114,833,406	112,606,761
NET ASSETS, END OF YEAR	\$ \$888,174	\$ <u>121,728,034</u>	\$ <u>122,616,208</u>	\$ <u>114,883,406</u>

The accompanying notes are an integral part of this statement.

#### STATEMENT OF CASH FLOWS

#### Year Ended June 30, 2016

		Summarized Comparative Information June 30, 2015
CASH FLOWS FROM OPERATING ACTIVITIES Grant revenue Interest income Other	\$ 28,907,105 127,295 <u>1,453,427</u> 30,487,827	\$ 15,301,086 24,391 <u>1,669,973</u> 16,995,450
Payments to employees and suppliers	(17,546,203)	(16,981,994)
Net Cash Provided by Operating Activities	12,941,624	13,456
CASH FLOWS FROM INVESTING ACTIVITIES  Acquisition of property and equipment Construction in progress Investment funds transferred Net Cash Used in Investing Activities	( 630,653) (10,242,699) <u>993,994</u> ( 9,879,358)	( 212,307) ( 3,575,450) ( 3,787,757)
CASH FLOWS FROM FINANCING ACTIVITIES Insurance financing payments		
Net Cash Provided (Used) by Financing Activities	ģ	-
Net Increase (Decrease) in Cash and Cash Equivalents	3,062,266	( 3,774,301)
Cash and Cash Equivalents at Beginning of Year	15,443,649	19,217,950
Cash and Cash Equivalents at End of Year	\$ <u>18,505,915</u>	\$ <u>15,443,649</u>

The accompanying notes are an integral part of this statement.

#### STATEMENT OF CASH FLOWS

#### Year Ended June 30, 2016

RECONCILIATION OF INCREASE (DECREASE) IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES		Summarized Comparative Information June 30, 2015
Increase (decrease) in net assets	\$ _7,782,802	\$ 2,226,645
Adjustments to reconcile increase in net assets to net cash provided (used) by		
operating activities:	0.000.000	2 820 202
Depreciation (Increase) decrease in operating assets:	2,802,027	2,830,202
Receivables	4,330,,455	(4,213,612)
Investments	14,429	( 21,597)
Prepaid expenses	77,026	73,766
Increase (decrease) in accounts payable and	( 2 700 067)	/ 001 D/0)
accrued liabilities	( 2,709,967)	( 881,948)
Increase in retainage payable	644,852	(2.212.100)
Total adjustments	_5,158,822	(2,213,189)
Net Cash Provided by Operating		
Activities	\$ <u>12.941,624</u>	\$ <u>13,456</u>

#### NOTES TO FINANCIAL STATEMENTS

June 30, 2016

#### NOTE A - SUMMARY OF ACCOUNTING POLICIES

A summary of the corporation's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

#### 1. Nature of Activities

Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center (the "Center") was incorporated June 7, 2002 under the laws of the State of Louisiana. The Center is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue code, and qualifies as an organization that is not a private foundation as defined in Section 509(a) of the Code. It is exempt from Louisiana income tax under the authority of R.S. 47:121(5).

The Center was organized for charitable, educational and scientific purposes. The primary purpose is to conduct and support research and promote education in the diagnosis, detection and treatment of cancer in the pursuit of obtaining the National Cancer Institute designation for its member institutions, the Louisiana State University Health Sciences Center in New Orleans, the Tulane University Health Sciences Center, Xavier University of Louisiana and Ochsner Health System. The Center is controlled by a Board of Directors, most whose members are representatives of the member institutions.

#### 2. Financial Statement Presentation

The Center's financial statements are presented in accordance with the requirements established by the Financial Accounting Standards Board (FASB) Accounting Standards Codification ASC as set forth in FASB ASC 958. Accordingly, the net assets of the Center are reported in each of the following classes: (a) unrestricted net assets, (b) temporarily restricted net assets and (c) permanently restricted net assets. There were no permanently restricted net assets during the year ended June 30, 2016.

Net assets of the restricted class are created only by donor-imposed restrictions on their use. All other net assets, including board-designated or appropriated amounts, are legally unrestricted, and are reported as part of the unrestricted class.

The financial statements of the Center are prepared on the accrual basis of accounting.

#### NOTES TO FINANCIAL STATEMENTS - Continued

June 30, 2016

#### NOTE A - SUMMARY OF ACCOUNTING POLICIES - Continued

#### 3. Reporting Entity

Using the criteria established in GASB Statement No. 14, The Financial Reporting Entity as amended by GASB Statement No. 39, Determining Whether Certain Organizations are Component Units, the Center is reported as a discretely presented component unit of the State of Louisiana, since it is legally separate from, and is financially accountable to, the State of Louisiana.

Annually, the State of Louisiana issues a comprehensive financial report, which includes the activity contained in the accompanying financial statements. The Louisiana Legislative Auditor audits the basic financial statements of the State of Louisiana.

#### 4. Revenue Recognition

Grant revenue is recognized as it is earned in accordance with approved contracts. Contributions are recognized as income in the period received and is reported as unrestricted or restricted depending on the existence of donor stipulations that limit the use of the support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, and when grant services are performed, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as "net assets released from restrictions."

#### 5. Functional Allocation of Expenses

The expenses of providing program and other activities have been summarized on a functional basis in Note G. Certain of those expenses have been allocated among the program and supporting services benefitted based on estimates by management of the costs involved.

#### 6. Cash and Cash Equivalents

For the purpose of the statement of cash flows, the Center considers all investments with original maturities of three months or less to be cash equivalents.

#### NOTES TO FINANCIAL STATEMENTS - Continued

June 30, 2016

#### NOTE A - SUMMARY OF ACCOUNTING POLICIES - Continued

#### 7. Investments

The Center accounts for investments under Statement of Financial Accounting Standards ASC 958, Accounting for Certain Investments Held by Not for-Profit Organizations. Under ASC 958, investments in equity securities with readily determinable fair values and all investments in debt securities are reported at their fair values. For valuation purposes, fair value is measured using quoted prices in active markets.

#### 8. Receivables

The Center considers receivables to be fully collectible, since the balance consists principally of payments due under governmental contracts. If amounts due become uncollectible, they will be charged to operations when that determination is made.

#### 9. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### 10. Property and Equipment

Property and equipment are stated at cost, less accumulated depreciation. Depreciation is provided for in amounts sufficient to relate the costs of depreciable assets to operations over their estimated service lives, on a straight-line basis. It is the policy of the Center to capitalize property and equipment with an acquisition cost of \$5,000 or greater.

#### Subsequent Events

Subsequent events have been evaluated through August 24, 2016, the date the financial statements were available to be issued.

#### 12. Summarized Comparative Information

The financial statements include certain prior-year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Center's financial statements for the year ended June 30, 2015, from which the summarized information was derived.

#### NOTES TO FINANCIAL STATEMENTS - Continued

#### June 30, 2016

#### **NOTE B - CASH**

At June 30, 2016, the Center's cash on deposit with financial institutions were covered by federal depository insurance, and collateralized by securities in the Center's name held by the Federal Reserve Bank.

#### **NOTE C - INVESTMENTS**

At June 30, 2016, investments, amounting to \$10,193,793 consisted of Cash \$454,028, and Government Bonds \$9,739,765, classified as follows:

	Fair Market Value	Cost
Investments: Research Cessation Maintenance Reserve Account (Note J)	\$ 1,998,691 2,997,194 _5,197,908	\$ 2,000,811 3,001,217 5,206,193
Total investments	\$ <u>10,193,793</u>	\$ 10,208,221

The unrealized depreciation for the year ended June 30, 2016 totaled \$14,428. The accumulated unrealized depreciation as of June 30, 2016 totaled \$14,428.

Investment income/interest for the year consists of the following:

Interest income	\$ 127,294
Unrealized depreciation	(14,428)
·	\$ 112,866

#### NOTE D - GRANTS RECEIVABLE AND REVENUE

Grants receivable and revenue consisted of the following at June 30, 2016:

June 30, 2016:	Receivable	Revenue
Louisiana State University Health Sciences Center in New Orleans - Cancer Research	\$ 984,689	\$ 8,775,362
Louisiana State University Health Sciences Center in New Orleans - Cessation Program	668,113	5,654,719
Total Louisiana State Health Sciences Center	1,652,802	14,430,081

#### NOTES TO FINANCIAL STATEMENTS - Continued

June 30, 2016

#### NOTE D - GRANTS RECEIVABLE AND REVENUE - Continued

Department of Economic Development and Office of Facility Planning and Control - Cooperative Endeavor Agreement	1,687,313	10,088,759
Total	\$ 3,340,115	\$ <u>24,518,840</u>
NOTE E - PROPERTY AND EQUIPMENT		
Property and equipment consists of the following:	2016_	2015
Building Research equipment Office furniture and equipment	\$ 84,990,277 7,901,964 _1,651,326	\$84,990,277 7,807,338 _1,115,299
Total Less: accumulated depreciation	94,543,567 ( <u>15.455,262</u> )	93,912,914 ( <u>12,653,235</u> )
Total property and equipment, net	79,088,305	81,259,679
Land Construction in progress	671,808 14,305,901	671,808 4,063,202
Total property and equipment	\$ <u>94,066.014</u>	\$ <u>85,994,689</u>

The construction in progress is for the build out of two additional floors. The total cost of the build out of the floors is estimated to be \$18,000,000, funded by a State Capital Outlay Grant.

Depreciation expense for the year ended June 30, 2016 amounted to \$2,802,027.

#### NOTE F - RETIREMENT PLAN

All full-time Center employees are eligible to participate in a 403 (b) retirement plan. The existing 403 (b) plan is a tax-sheltered annuity (TSA) plan, currently administered by TIAA-CREF. Although eligible employees are not required to participate in the Plan, contributions are made by the Center as part of the established benefits package. The Plan also allows for employee contributions with a matching of up to 6% of the employee's annual compensation. The Center contributed \$58,658 to the Plan for the year ended June 30, 2016.

#### **NOTES TO FINANCIAL STATEMENTS - Continued**

June 30, 2016

#### NOTE G - SCHEDULE OF FUNCTIONAL EXPENSES

A Schedule of Function Expenses for the year ended June 30, 2016 is as follows:

	Program Expenses	Management and General	Fund <u>Raising</u>	Total
			#2 CA	
Salaries and related expenses	\$ 6,143,390	\$ 1,038,849	\$ =	\$ 7,181,879
Professional services	3,664,163	496,178	÷	4,160,341
Operating services	634,484	2,516,907	£	3,151,391
Fund-raising expenses	<b>34</b> 00	(#6	80,208	80,208
Supplies	455,706	32,165	-	487,871
Other expenses	264,597	20,203	18	284,800
Travel & meeting expense	144,480	12,672	E	157,152
Depreciation expense	2,802,027	(40)	-	2,802,027
Fund-raising distributions		je	54,472	54,472
	\$ 14,108,847	\$ <u>4,116,614</u>	\$ <u>134,680</u>	\$ 18,360,141

#### NOTE H - BOARD OF DIRECTORS' COMPENSATION

The Board of Directors is a voluntary board, therefore, no compensation was paid to any board member during the year ended June 30, 2016.

#### NOTES TO FINANCIAL STATEMENTS - Continued

June 30, 2016

#### NOTE I - FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), as set forth in FASB ASC 820-10, requires disclosure of the estimated fair value of certain financial instruments and the methods and significant assumptions used to estimate their fair value.

The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of the following three categories:

- Level 1 Quoted market prices in active markets for identical assets or liabilities.
- Level 2 Observable market based inputs or unobservable inputs that are corroborated by market data.
- Level 3 Unobservable inputs that are not corroborated by market data.

The following tables set forth, by level within the fair value hierarchy, the Center's financial instruments at fair value as of June 30, 2016.

#### Fair value Measurement of Reporting Date Quoted Prices Significant Significant in Active Other Unobservable Markets for Observable Identical Assets Inputs Inputs (Level 1) (Level 2) (Level 3) Financial Assets: Investments 454,028 454,028 Cash 9,739,765 Government Bonds 9,739,765 \$ 10,193,793 \$ 10,193,793

#### NOTES TO FINANCIAL STATEMENTS - Continued

June 30, 2016

#### NOTE I - FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

The assumptions to fair values are as follows

1. Investment carrying amounts reported in the Statement of Financial Position approximate fair values because of the short maturities of those instruments.

#### **NOTE J-LEASES**

The Center's building is on land leased from the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College. The lease was executed on February 18, 2008, and has a lease term of fifty (50) years. At the end of the lease term or upon termination for any reason of the, to the extent allowed by Applicable Law, title to the Building, it and all other improvements, shall transfer to LSU. The annual rental amount is \$129,174, payable in quarterly installments of \$32,293.

The following is a schedule, by year, of future minimum lease payment required under the operating lease:

Year endingJune 30,	Amoun	ıt_
2017	\$ 129,174	4
2018	129,174	1
2019	129,174	4
2020	129,174	4
2021	129,174	1
Thereafter	4,731,986	5
Total minimum lease paymen	ts \$ <u>5.377,856</u>	á

The ground lease expense for the year ended June 30, 2016 amounted to \$129,174.

#### NOTES TO FINANCIAL STATEMENTS - Continued

June 30, 2016

#### NOTE J - LEASES - Continued

A Maintenance Reserve Account is required to fund major maintenance, repair and replacements by annual deposits into the Maintenance Reserve Account of one and a half percent (1.5%) of the original construction cost for the building. The total annual payments shall not exceed 10% of the construction cost. Said amount may be adjusted with the consent of the Center, LSU and the Board of Regents. The Center shall be the custodian of the Maintenance Reserve Account and shall have the right to expend the funds therein for major maintenance, repairs and replacements. Following termination of the land lease (Ground Lease) for any reason, if title to the Building and all other improvements transfers to LSU, one hundred percent (100%) of all maintenance reserves (MRA), transfers to LSU. The amount deposited in the Maintenance Reserve Account during the year ended June 30, 2016 was \$819,462. The balance in the account at June 30, 2016 was \$5,197,908.

#### NOTE K - INCOME TAXES

The corporation is exempt from corporate income taxes under section 501(c)(3) of the Internal Revenue Code.

The Center has adopted the provisions of FASB ASC 740-10-25, which requires a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The Center does not believe its financial statements include any uncertain tax positions.

#### NOTE L - ECONOMIC DEPENDENCY

The Center received ninety (94) percent of its revenue from funds provided by the State of Louisiana during the year ended June 30, 2016. The operations of the Center are primarily funded by statutorily dedicated tobacco tax proceeds. Any significant reduction in sales of tobacco products will adversely affect the operations of the Center. This year Louisiana Cancer Research Center did experience a significant decline in its revenue from tax collections. In an effort to avoid a long-term adverse impact of declining tax proceeds, Louisiana Cancer Research Center will continue to seek out opportunities to diversify its revenue.

#### NOTES TO FINANCIAL STATEMENTS - Continued

June 30, 2016

#### **NOTE M - RELATED PARTIES**

In the year ended, June 30, 2012 the Center completed the construction of the Louisiana Cancer Research Center ("Cancer Center") which was constructed to house cancer researchers from the member institutions in order to foster integration of the cancer research programs which support the Center's primary function of conducting research and promoting education in the diagnosis, detection and treatment of cancer, in its pursuit of obtaining National Cancer Institute (NCI) designation. As a provision of the Occupancy Agreements between the Center and its partner institutions, each institution ("User") will occupy certain space in the Cancer Center whereas the User space will be allocated costs based on a sharing of the total operating costs ("User Share"). The Center provides such space to Users without the requirement that User's remit funds so long as User's use the space as permitted within the agreements and pursuant to La. R.S. 17:1921 et seq, however, under certain conditions, the User shall make cash payments for all or a portion of its User Share. The Users' Share for the year ending June 30, 2016 were LSUHSC - 27%, TUHSC - 26%, and XULA - 2%.

#### LSU Health Sciences Center in New Orleans

LSU Health Sciences Center in New Orleans (LSUHSC) is one of the four partner institutions that comprise the Center. The other institutions are Tulane University Health Sciences Center (TUHSC), Xavier University of Louisiana (XULA) and Ochsner Health System (OHS).

As management, two members of the LSUHSC are on the governing board of the Center. The Chancellor for LSU Health Sciences Center in New Orleans served as the Chairman of the Board for the year ended June 30, 2016. The Chairman position rotates between the two Health Sciences Center's (LSUHSC and TUHSC) leaders as dictated by statute. The Dean of LSU Health Sciences Center in New Orleans School of Medicine is also a voting member of the Center's Board.

LSUHSC (an entity of the State) is the transferring agency for state funding, acting on behalf of the State of Louisiana. Under a Cooperative Endeavor Agreement arrangement, it is responsible for transferring funds appropriated to LSUHSC, by the State of Louisiana for the Center.

As grantee, the LSUHSC is allocated Center funding support for program development (part of the mission of the Center). Transfer of funds to LSUHSC for the program is governed by a fully executed operating agreement which includes an annual budget submitted by LSU Health Sciences Center in New Orleans and approved by the Center's Board. The total amount billed to the Center for services rendered during the fiscal year ended June 30, 2016 was \$1,321,515.

#### **NOTES TO FINANCIAL STATEMENTS - Continued**

June 30, 2016

#### NOTE M - RELATED PARTIES - Continued

LSUHSC through its stores and contract services conveniently and economically provides goods and services (including research equipment, office and computer supplies and I.T. related services) to the Center, which supports the mission of the Center. LSUHSC Auxiliary Stores also acts as agent for the procurement of research equipment on behalf of the Center as authorized by Facility Planning and Control (FPC). The total amount billed by LSUHSC during the fiscal year ended June 30, 2016 was \$236,296.

#### Tulane University Health Sciences Center

Tulane University Health Sciences Center (TUHSC) is one of the four partner institutions that comprise the Center. The other institutions are LSU Health Sciences Center in New Orleans (LSUHSC), Xavicr University of Louisiana (XULA) and Ochsner Health System (OHS).

As management, two members of TUHSC are on the governing board of the Center. TUHSC's Senior Vice President and Dean for the School of Medicine served as Vice-Chairman of the Board for the fiscal year ended June 30, 2016. The other TUHSC position was held by the Medical Director for the Tulane Cancer Center.

As grantee, TUHSC is allocated Center funding support for program development (part of the mission of the Center). Transfer of funds to TUHSC for the program is governed by a fully executed operating agreement which includes an annual budget submitted by TUHSC and approved by the Center's Board. The total amount billed to the Center for services rendered during the fiscal year ended June 30, 2016 was \$3,202,604.

#### Xavier University of Louisiana

Xavier University of Louisiana (XULA) is one of the four partner institutions that comprise the Center. The other institutions are the LSU Health Sciences Center in New Orleans (LSUHSC), Tulane University Health Sciences Center (TUHSC) and Ochsner Health System (OHS).

As management, one member of XULA is on the governing board of the Center. XULA's President served as Board member for the fiscal year ended June 30, 2016.

#### **NOTES TO FINANCIAL STATEMENTS - Continued**

June 30, 2016

#### NOTE M - RELATED PARTIES - Continued

As grantee, XULA is allocated Center funding support for program development (part of the mission of the Center). Transfer of funds to XULA for the program is governed by a fully executed operating agreement, which includes an annual budget submitted by XULA and approved by the Center's Board. The total amount billed to the Center for services rendered during the fiscal year ended June 30, 2016 was \$493,129.

#### Ochsner Health System

Ochsner Health System (OHS) is one of the four partner institutions that compromise the Center. The other institutions are the LSU Health Sciences Center in New Orleans (LSUIISC), Tulane University Health Sciences Center (TUHSC) and Xavier University of Louisiana (XULA).

As grantee, OHS is allocated Center funding support for program development (part of the mission of the Center). Transfer of funds to OHS for the program is governed by a fully executed operating agreement, which includes an annual budget submitted by OHS and approved by the Center's Board. The total amount billed to the Center for services rendered during the fiscal year ended June 30, 2016 was \$19,709.

SUPPLEMENTAL INFORMATION

#### SCHEDULE OF REVENUES AND EXPENSES BY PROGRAM

#### For the Year Ended June 30, 2016

REVENUE	Cancer Research	Cessation	Fund Raising	Property and <u>Equipment</u>	Total		
	\$18,864,121	¢ 5 654 710	\$	\$ -	\$ 24,518,840		
Grants	1,182,878	\$ 3,034,719	Φ	ъ –	1,182,878		
Lease income	79,159	28,332	5,375	-	1,162,876		
Investments income/interest	,	20,332	3,373	-	116,365		
Other	116,365	_	211.004	-			
Fund-raising			<u>211,994</u>	· · · · · · · · · · · · · · · · · · ·	211,994		
Total Revenue	20,242,523	5,683.051	217,369	(#)	26,142,943		
EXPENSES							
Research expenses	5,463,935	~	( <del>) ()</del>	#**	5,463,935		
Cessation expenses		5,842,883	-	<b>a</b>	5,842,883		
Salaries and related expenses	855,055	183,404	(96)	: <del>=</del> 7	1,038,489		
Fund-raising expenses	•	-	80,208	920	80,208		
Professional services	494,813	1,365	388	(**)	496,178		
Operating services	2,478,993	37,914	-	14	2,516,907		
Supplies	32,165	皇 念		94	32,165		
Travel & meeting expenses	12,672	=	-	=	12,672		
Other expenses	19,194	1,011	(*)	*	20,205		
Depreciation	-	-	-	2,802,027	2,802,027		
Fund-raising distributions			54,472		54,472		
5							
Total expenses	9,356,857	6.066,577	134,680	2,802,027	18,360,141		
INCREASE (DECREASE) IN NET							
ASSETS	10,885,666	( 383,526)	82,689	( 2,802,027)	7,782,802		
Property and Equipment Capitalized	(10,873,352)	=	*	10,873,352	-		
Net assets, beginning of year	20,619,564	7,625,288	593,865	85,994,689	114,833,406		
Net assets, end of year	\$ 20,631,878	\$ <u>7,241,762</u>	\$ <u>676,554</u> \$	\$ <u>94,066,014</u> \$	122,616,208		

#### SUPPLEMENTARY INFORMATION

### SCHEDULE OF COMPENSATION, BENEFITS AND OTHER PAYMENTS TO AGENCY HEAD

For the Year Ended June 30, 2016

Agency Head Name: - Aaron Miscenich, Executive Director (1 month 7/1/15 - 7/31/15)

Purpose Amount Salary \$ 8,333

Agency Head Name: - Sven Davisson, Executive Director (11 months 8/1/15 - 6/30/16)

Purpose		Amount
Salary	\$ 183,333	
Benefits - insurance (health, life, dental,		
disability)	\$	7,520
Benefits - retirement	\$	10,000
Reimbursements (relocation)	\$	11,667
Housing (temporary)	\$	7,200

REPORT REQUIRED BY GOVERNMENT AUDITING STANDARDS

### CASCIO & SCHMIDT, LLC

CERTIFIED PUBLIC ACCOUNTANTS

FRANCIS J. CASCIO, CPA STEVEN A. SCHMIDT, CPA MEMBERS
AMERICAN INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS
SOCIETY OF LOUISIANA CERTIFIED
PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors

Louisiana Cancer Research Center of L.S.U. Health Sciences Center
in New Orleans/Tulanc Health Sciences Center

We have audited, in accordance with the 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, the financial statements of Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center (a nonprofit organization) which comprise the statement of financial position as of June 30, 2016 and the related statements of activities, and cash flows and for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 24, 2016.

#### Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements we considered Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness 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. Accordingly, we do not express an opinion on the effectiveness of Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in the internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### Compliance and Other Matters

As part of obtaining reasonable assurance about whether Louisiana Cancer Research Center of L.S.U. Health Sciences Center in New Orleans/Tulane Health Sciences Center's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for an other purpose.

This report is intended for the information of the Board of Directors, management, the Louisiana Legislative Auditor, the State of Louisiana, and pass-through agencies, and is not intended to be, and should not be, used by anyone other than these specified parties. Under Louisiana Revised Statue 24:513, this report is distributed by the Louisiana Legislative Auditor as a public document.

Metairie, Louisiana August 24, 2016

Cassis & Schmidt &LC.

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

### SCHEDULE OF FINDINGS AND RESPONSES

For the Year Ended June 30, 2016

### A. Summary of Auditor's Results

- 1. The auditor's report expressed an unmodified opinion on the financial statements.
- 2. No significant deficiencies relating to the audit of the financial statements are reported in the Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.
- 3. No instances of noncompliance material to the financial statements were noted.

### B. Findings - Financial Statement Audit

There were no findings for the current year or the prior year.

### C. Management Letter

A management letter was not issued for the current year or the prior year.

OTHER SUPPLEMENTARY INFORMATION REQUIRED BY THE STATE OF LOUISIANA

# ANNUAL FISCAL REPORT (AFR) FOR 2016

AGENCY: 20-15A - LA Cancer Research Center of Louisiana State University Health Sciences Center in New Orleans/Tulane Health Sciences Center

PREPARED BY: --

PHONE NUMBER: --

EMAIL ADDRESS: =

SUBMITTAL DATE: --

### STATEMENT OF NET POSITION

STATEMENT	OF NET POSITION
ASSETS	
CURRENT ASSETS:	
CASH AND CASH EQUIVALENTS	18,505,915,00
RESTRICTED CASH AND CASH EQUIVALENTS	0.00
INVESTMENTS	454,028.00
RESTRICTED INVESTMENTS	0.00
DERIVATIVE INSTRUMENTS	0.00
RECEIVABLES (NET)	3,777,655,00
PLEDGES RECEIVABLE (NET)	0.00
LEASES RECEIVABLE (NET)	0.00
AMOUNTS DUE FROM PRIMARY GOVERNMENT	0,00
DUE FROM FEDERAL GOVERNMENT	0.00
INVENTORIES	0.00
PREPAYMENTS	73,974.00
NOTES RECEIVABLE	0.00
OTHER CURRENT ASSETS	0.00
TOTAL CURRENT ASSETS	\$22,811,572.00
NONCURRENT ASSETS:	
RESTRICTED ASSETS:	
CASH	0.00
INVESTMENTS	5,197,908.00
RECEIVABLES (NET)	0.00
NOTES RECEIVABLE	0.00
OTHER	0.00
INVESTMENTS	4,541,857.00
RECEIVABLES (NET)	0.00
NOTES RECEIVABLE	0.00
PLEDGES RECEIVABLE (NET)	0_00
LEASES RECEIVABLE (NET)	0.00
CAPITAL, ASSETS (NET OF DEPRECIATION & AMORTIZATION)	
LAND	671,808,00
BUILDINGS AND IMPROVEMENTS	76,491,249.00
MACHINERY AND EQUIPMENT	2,597,056,00
INFRASTRUCTURE	0.00
INTANGIBLE ASSETS	0.00
CONSTRUCTION IN PROGRESS	14,305,901.00
OTHER NONCURRENT ASSETS	52,400.00
TOTAL NONCURRENT ASSETS	\$103,858,179.00
TOTAL ASSETS	\$126,669,751.00
DEFERRED OUTFLOWS OF RESOURCES	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVES	0.00
DEFERRED AMOUNTS ON DEBT REFUNDING	0.00
ADJUSTMENT OF CAPITAL LEASE OBLIGATIONS	0.00
GRANTS PAID PRIOR TO MEETING TIME REQUIREMENTS	0.00
INTRA-ENTITY TRANSFER OF FUTURE REVENUES (TRANSFEREE)	0.00
LOSSES FROM SALE-LEASEBACK TRANSACTIONS	0.00
DIRECT LOAN ORIGINATION COSTS FOR MORTGAGE LOANS HELD FOR SA	
FEES PAID TO PERMANENT INVESTORS PRIOR TO SALE OF MORTGAGE LO	
PENSION-RELATED DEFERRED OUTFLOWS OF RESOURCES	0.00

TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	\$126,669,751,00
LIABILITIES	
CURRENT LIABILITIES:	
ACCOUNTS PAYABLE AND ACCRUALS	4,053,543.00
DERIVATIVE INSTRUMENTS	0.00
AMOUNTS DUE TO PRIMARY GOVERNMENT	0.00
DUE TO FEDERAL GOVERNMENT	0.00
AMOUNTS HELD IN CUSTODY FOR OTHERS	0.00
UNEARNED REVENUES	0,00
OTHER CURRENT LIABILITIES	0.00
CURRENT PORTION OF LONG-TERM LIABILITIES:	
CONTRACTS PAYABLE	0.00
COMPENSATED ABSENCES PAYABLE	0.00
CAPITAL LEASE OBLIGATIONS	0.00
ESTIMATED LIABILITY FOR CLAIMS	0.00
NOTES PAYABLE	0.00
BONDS PAYABLE	0.00
POLLUTION REMEDIATION OBLIGATIONS	0,00
OTHER LONG-TERM LIABILITIES	0.00
TOTAL CURRENT LIABILITIES	\$4,053,543,00
NONCURRENT PORTION OF LONG-TERM LIABILITIES:	
CONTRACTS PAYABLE	0.00
COMPENSATED ABSENCES PAYABLE	0.00
CAPITAL LEASE OBLIGATIONS	0.00
ESTIMATED LIABILITY FOR CLAIMS	0.00
NOTES PAYABLE	0.00
BONDS PAYABLE	0,00
NET OPER OBLIGATION	0.00
NET PENSION LIABILITY	0.00
POLLUTION REMEDIATION OBLIGATIONS	0.00
OTHER LONG-TERM LIABILITIES	0.00
UNEARNED REVENUE	0.00
TOTAL LONG-TERM LIABILITIES	\$0.00
TOTAL LIABILITIES	\$4,053,543.00
DEFERRED INFLOWS OF RESOURCES	
ACCUMULATED INCREASE IN FAIR VALUE OF HEDGING DERIVATIVES	0.00
DEFERRED AMOUNTS ON DEBT REFUNDING	0.00
ADJUSTMENT OF CAPITAL LEASE OBLIGATIONS	0.00
GRANTS RECEIVED PRIOR TO MEETING TIME REQUIREMENTS	0.00
SALES/INTRA-ENTITY TRANSFER OF FUTURE REVENUES (TRANSFEROR)	0,00
GAINS FROM SALE-LEASEBACK TRANSACTIONS	0.00
POINTS RECEIVED ON LOAN ORIGINATION	0.00
LOAN ORIGINATION FEES RECEIVED FOR MORTGAGE LOANS HELD FOR SALE	0,00
PENSION-RELATED DEFERRED INFLOWS OF RESOURCES	0.00
TOTAL DEFERRED INFLOWS OF RESOURCES	\$0.00
NET POSITION:	
NET INVESTMENT IN CAPITAL ASSETS	94,066,014,00
RESTRICTED FOR:	
CAPITAL PROJECTS	0.00
DEBT SERVICE	0.00
NONEXPENDABLE	0.00
EXPENDABLE	0.00
OTHER PURPOSES	27,662,020,00
UNRESTRICTED	\$888,174.00
TOTAL NET POSITION	\$122,616,208.00

### STATEMENT OF ACTIVITIES

		PROGRAM REVENUES		
EXPENSES	CHARGES FOR SERVICES	OPERATING GRANTS AND CONTRIBUTIONS	CAPITAL GRANTS AND CONTRIBUTIONS	NET (EXPENSE) REVENUE
18,360,141,00	0_00	14,430,081.00	10,088,759.00	\$6,158,699.00
GENERAL RE	EVENUES			
PAYMENTS F	ROM PRIMARY GOVERNME	NT		0.00
OTHER				1,624,103.00
ADDITIONS T	O PERMANENT ENDOWMEN	ITS		0.00
CHANGE IN N	ET POSITION			\$7,782,802.00
NET POSITION	I - BEGINNING			\$114,833,406.00
NET POSITION	N - RESTATEMENT			0 00
NET PARTIA	N - ENDING			\$122.616.208.00

### DUES NOTES

Account Type Amounts due from Primary Government	Intercompany (Fund)	Ame	ouut
Applita and the Proof of the supera colorest account account or the color of the time and the second account of the second account o		Total	\$0.00
Account Type Amounts due to Primary			
Government	Intercompany (Fund)	Amo	ont
		Total	\$0.00

### FUND BALANCE/NET POSITION RESTATEMENT

A 2		Restatement
Account Name/Description		Amount
The state of the s		
	Total	\$0.00



# Attachment 5

# Exhibit A-15

Louisiana Cancer Research Center
Tobacco Cessation/Tobacco Free Living (TFL)
Comprehensive Budget Summary
Fiscal Year 16-17

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	G&A	State & Community Programs	Media Coordination	Evaluation	Cessation Total Coordination Cessation/TFL	Total Cessation/TFL
SOURCES OF FUNDS State Grant Revenue	648,809	2,611,889	1,644,666	690,434	1,151,000	6,746,798
TOTAL SOURCES OF FUNDS	648,809	2,611,889	1,644,666	690,434	1,151,000	6,746,798
USES OF FUNDS	THE SECTION					
Salaries & Related Expenses	314,014	1,374,347	281,896	312,654	,	2,282,911
Travel	1,500	70,000	5,000	8,000	A	84.500
Operating Services	24,720	338,670	125,170	34,780	•	523,340
Supplies	10,000	18,000	5,600	7,000	Ü	40,600
Prof. Svcs/Contracts	48,576	764,415	1,227,000	328,000	1,197,456	3,565,447
Minor Equipment	1	1	X			
Reserved LCRC Admin/Oversight*	250,000	31	590	16		250.000
TOTAL USES OF FUNDS	648,810	2,565,432	1,644,666	690,434	1,197,456	8 746 798
NET SOURCES/USES OF FUNDS	10%	38%	24%	10%	18%	100.0%

### TFL 2016-17 Goals

### TFL Mission

Preventing and reducing use of and exposure to tobacco by creating tobacco-free environments, engaging health systems, advancing policy, and changing social norms.

### Goal 1: Prevent initiation of tobacco use among young people.

- 1. By June 2017, establish a refreshed, evidence-based statewide youth engagement program with at least one Defy team in all nine regions.
- 2. By June 2017, increase the number of Defy participants trained in advocacy to reduce youth tobacco use through policy-based strategies.
- 3. By June 2017, develop a revised, evidence-based strategy and plan for young adult (ages 18-24) tobacco control.
- 4. By June 2017, develop and launch a youth-focused social branding counter marketing campaign.
- 5. By June 2017, administer the Youth Tobacco Survey (YTS) in at least 30 middle schools and 30 high schools in Louisiana.

### Goal 2: Eliminate nonsmokers' exposure to secondhand smoke.

- 1. By June 2017, increase the number of municipalities with public policies for smoke-free workplaces and other indoor and outdoor public places that include bars and gaming facilities from 9 to 12.
- 2. By June 2017, increase the number of bars with voluntary smoke-free policies by 10%.
- 3. By June 2017, increase the number of healthcare facilities with voluntary tobacco-free policies by 20%.
- 4. By June 2017, for up to 2 major municipalities, conduct pre and post ordinance Air Quality (AQ) monitoring studies.
- 5. By June 2017, increase the number of African American churches that have a tobacco-free policy by 10%.
- 6. By June 2017, increase the number of Louisiana musician advocates trained to support smoke-free environments from 75 to 100.

### Goal 3: Promote quitting among adults and young people (including clinical interventions).

1. By June 2017, increase adult call volume to Quitline by 20%.

### Exhibit B-15

- 2. By June 2017, increase adult rate of Quitline users receiving counseling and/or medication by 10%.
- 3. By June 2017, increase the number of eligible Louisiana residents enrolled through TFL channels in the Smoking Cessation Trust program by 20%.
- 4. By June 2017, increase the number African American males who call the Quitline by 10%.
- 5. By June 2017, increase the number of referrals from the Communities of Color (CoC) to the SCT from by 20%.
- 6. Increase the number of providers referring routinely to the quitline/SCT by 20%.
- 7. By June 2017, increase the number of referrals from TCl to the SCT by 10%.
- 8. Increase the % of SCT enrolled smokers who receive treatment by 10%

### Goal 4: Eliminate disparities related to tobacco use.

- 1. By June 2017, working in collaboration with the Healthy Portfolio, TFL staff and partners will participate in at least one TFL created, sponsored or promoted disparities and/or health equity professional development opportunity
- 2. From June 2016 to June 2017, provide leadership to the developing DHH Tobacco Strategy's Disparities Taskforce
- 3. Engage with DHH's STD/HIV Program (SHP) Administrators to establish an agreement (i.e. MOU), for SHP to collect and share tobacco use data from their Gay Wellness Centers.
- 4. By June 2017, CoC will enroll 20% more African Americans into the Trust.
- 5. By June 2017, in collaboration with the Clinical Transformation Portfolio, the Disparities Cessation and Clinical Integration Workshop (DCCIW) will be an available professional develop/capacity building opportunity for FQHCs and their respective providers/staff.
- 6. By June 2017, if funded, year 1 deliverables of the HUD Residence Education Initiative (HUDREI) will be completed

### Goal 5: Statewide Coordination

- 1. By June 30, 2016, successfully achieve all relevant 2016-7 milestones in the Louisiana Comprehensive Tobacco Control Initiative Strategic and Sustainability Plan.
- 2 Successful engagement of regional and local community leaders and partners in aligned efforts around tobacco control, as relates to all goal areas, especially for cessation.

### Exhibit B-15

Goal 6: Assume a leading edge and evidence-based approach to tobacco control and our TFL mission through data/information sharing and feedback from our Scientific Advisory Board (SAB) at our annual meeting.

- 1. Successful engagement in the TFL-LCRC Integration development and implementation
- 2. By December 31, 2016, conduct annual Scientific Advisory Board convening to provide expert guidance to TFL/LPHI and provide response to the SAB by February, 2017.



# Attachment 6



# Office of State Procurement PROACT Contract Certification of Approval

This certificate serves as confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 440007437 (15)

Vendor:

Louisiana Cancer Research Consortium

Description:

FY16/17 appropriated funds for the tobacco cessation program for state

Approved By:

Dorothy LeDoux

Approval Date:

8/26/2016

Your amendment that was submitted to OSP has been approved.

### FIFTEENTH AMENDMENT TO THE COOPERATIVE ENDEAVOR AGREEMENT

### BETWEEN

BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURE AND MECHANICAL COLLEGE LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER IN NEW ORLEANS

### AND THE

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

### Change #1

On page 3, under Section IV <u>Payments</u>, add: The maximum amount payable, inception to date, for the cessation program is \$103,688,161.

### Change #2

On page 3, under Section IV <u>Payments</u>, add: The appropriated funds for fiscal year 2016-2017 are \$6,746,798.

### Change #3

Add Exhibit A-15 to show the comprehensive budget for fiscal year 2016-2017.

### Change #4

Add Exhibit B-15 to show the goals and objectives and performance indicators for the fiscal year 2016-2017.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, the parties hereto have caused these present to be executed by their respective officers thereunto duly authorized as of July 1, 2016.

BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY & AGRICULTURE AND MECHANICAL COLLEGE

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS

By:

. King Alexander, Ph.D., President

Louisiana State University

Ву:

arry H. Hollier, M.D., Chancellor

LOUISIANA CANCER RESEARCH CENTER OF LSUHSC IN NEW ORLEANS/TULANE HEALTH SCIENCES CENTER

By:

L. Lee Hamm, MD

Chairman, LCRC

Senior Vice President & Dean, Tulane University School of Medicine

By

Larry H. Hollier, MD Vice Chairman, LCRC

Bv:

Mr. Sven Davisson

Chief Administrative Officer, LCRC



### OFFICE OF THE CHANCELLOR

SCHOOL OF ALLIED HEALTH PROFESSIONS
SCHOOL OF DENTISTRY
SCHOOL OF GRADUATE STUDIES
SCHOOL OF NURSING
SCHOOL OF MEDICINE IN NEW ORLEANS
SCHOOL OF PUBLIC HEALTH

August 5, 2016

Ms. Pamela Bartfay Rice, Assistant Director Office of State Procurement, Professional Contracts Division of Administration P.O. Box 94095 Baton Rouge, LA 70804-9095

Re:

Amendment #15 to the Cooperative Endeavor between LSUHSC and the Louisiana Cancer Research Center of LSUHSC/Tulane Health Sciences Center. (Cessation Program)

Dear Ms. Rice:

The enclosed amendment to the cooperative endeavor is being submitted to your office for review and approval in accordance with R.S. 39:1551 et seq. The agreement is between LSUHSC and the Louisiana Cancer Research Center of LSUHSC in New Orleans/Tulane Health Sciences Center (Cancer Consortium). The amendment increases funding in the amount of \$6,746,798 for the FY 2016-2017 appropriation; thereby, increasing the maximum amount payable to date to \$103,688,161. The comprehensive annual budget is incorporated as Exhibit A-15 and the statement of goals, objectives and performance measures are specified in Exhibit B-15. The agreement will continue creating smoking prevention programs within the public hospital system, public school system, and community development programs.

Pursuant to the guidelines set forth by OSP regarding Act 87, please see our justification for this cooperative endeavor amendment being of a "non-discretionary" purpose. There are no state general funds or over-collections funds being utilized; therefore, this contract will not require JLCB review and approval. This agreement falls under non-discretionary for the following reasons:

- 7. Contracts for services which are funded by an appropriation from the Legislature to a specific entity (HB1).
- 9. Contracts necessary to comply with constitutional, legislative or regulatory mandates:
  - La. R.S. 17:1921 et.seq creation of the Cancer Center in accordance with 17:3390B as a private, non-public corporation, for the primary function of conducting medical research and promoting education in the diagnosis, detection and treatment of the disease of cancer;

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER • 433 BOLIVAR STREET • SUITE 815 • NEW ORLEANS, LOUISIANA 70112-2223
PHONE (504) 568-4800 • FAX (504) 568-5177 • WWW.LSUHSC.EDU

• La. R.S. 47:841.1 - in order to provide funding for the Cancer Center, the Louisiana Legislature created the Tobacco Tax Health Care fund; an annual appropriation by the Legislature and pursuant to R.S. 47:841.1C shall be used solely for the purposes of funding the creation of smoking prevention mass media programs and evidence-based tobacco control programs, etc.

We have notated on the BA-22 sent that this contract is being funded via **statutory dedication** as certification of the funding source.

Pursuant to Executive Order BJ-2015-11, LSUHSC-NEW ORLEANS will continue to expend funds from Statutory Dedicated funds for the following reasons:

- These funds are for a specific purpose, and can be used for no other purpose.
- All essential budget activities which are expressly and directly mandated by the constitution, existing court orders, existing cooperative endeavor agreements, or existing bona fide obligations; and
- All budget activities associated with Schedule 19A Higher Education.

Please let us know if you find that this suffices the new requirements, require anything else or have any further questions.

Upon approval of said contract, please return it to the attention of: Mary Lapworth, Contract Management, 533 Bolivar Street, Room 323, New Orleans, LA 70112. Your cooperation in this regard is greatly appreciated.

Sincerely,

Larry Hollier, MD

Chancellor

# STATE OF LOUISIANA DIVISION OF ADMINISTRATION BA-22 (REV. 09/2005)

			BA-A	22 (REV. 09/2005)				
Date	e: 8/4/2016					Dept/Budget Unit:		604
		– ences Center in N	ew Orleans		OCF	R/CFMS Contract #:		4400007437-A
	: 4400007437-A		on enganne	40		Agency Contract #:		16-128-008-A15
, dane,		_						
Fiscal Year for t	this BA-22:	2016-2017	BA-22	Start/End Dates:		07/01/16		06/30/17
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Multi-year Cont	ract (Vac/No):	Yes		If "Yes", provide c	ontract (	dates:		
Multi-year Cont	ract (Teshto).	103	10/01/02	,, , , , , , , , , , , , , , , , , , , ,		6/30/20		
			(Start Date)			(End Date)		
LSUHSC/Tulane (Contractor/Vendor No		Center (Cancer Co	onsortium)			(Contractor/Vendor No.)		
						Michigan Commission and Commission		1)
To provide fundir	ng for the Cancer	Consortium to con	tinue creatin	g smoking prevent	ion prog	rams within the pub	lic hospit	al system,
(Provide a statement o	100 march 100 mm		Access to the second second second					
public school sys	stem, and commun	nity development p	rograms.					
Contract Amend	iment (Yes/No):	YES	Amendme	nt Start/End Dates	<b>:</b> :	07/01/16		06/30/17
Contract Conce	Hatian (Van/Na)	No	Date of Ca	ncellation:		(Start Date)		(End Date)
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				Current Year	0.0%	Total Contract \$0	0.0%	li l
	State General Fu Interagency Tran			\$0 \$0	0.0%	\$0	0.0%	
	Fees and Self Ge			\$0	0.0%	\$0	0.0%	
	Statutory Dedica	tion		\$6,746,798	100.0%	\$103,688,161	100.0%	
	Federal	Allegation and the Allegation		\$6,746,798	0.0%	\$103,688,161	0.0%	
	TOTALS			ψ0,740,730	100.070	4100,000,101	100,00	
*Specify Source (I.e., g	grant name, fund name,	IAT sending agency and	l revenue source	, fee type and source, et	c)	Na N	Van	1
	lections for funds	s utilized above in	n line with b	udgeted amounts	r (Yes	NO)	Yes	
If not, explain.								
						ele de la		
		Code/Category:		Medi	cal and	3440		
	Amount Budge	tegory Number:			9	\$103,688,161		
	Amount Previous					\$96,941,363	Š	
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Agency Contact:	LSU Health Scie	nces Center	Review	ed/Approved By:		nullax	mond	avy
Name:	Mary Lapworth			Name:		Simoneaux	etuaties o	Flannes
	Contracts Admin	. Officer			Vice Ct 504-56	nancello for Adminis	stration &	rinance
Phone:	504-568-2763			Filolie.	504-50	/		
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AGENCY	PROGRAM	ACTIVITY	ORGANIZ.	OBJECT		REPT CAT		AMOUNT
					W			



# Attachment 7

# **LCRC Narrative Summary Progress Report**

FY 2016-2017: 6-Month Report

Performance Period: July 30 – December 31, 2016

### Prepared by:

The Louisiana Campaign for Tobacco-Free Living (TFL)

Prepared for:

Louisiana Cancer Research Center

January 2017





### **OVERVIEW**

This narrative progress report highlights the last six months of programmatic activities for the performance period of July 1, 2016 – December 31, 2016. Programmatic activities are based on (1) Centers for Disease Control and Prevention (CDC) evidence-based practices; (2) the most current TFL Strategic Plan; and (3) advice provided by the TFL Scientific Advisory Board and Steering Committee. Programmatic progress to date within each of the 5 goal areas of TFL is provided along with relevant outcome trend data.

### Contributing to the 6-month report includes the following TFL staff and partners:

TFL Director, Tonia Moore

TFL Associate Director, Shawna Shields

TFL Program Manager, Earl Nupsius Benjamin-Robinson

TFL Youth & Young Adult Manager, Kelley McDonough

TFL Communications Manager, Lauren Conrad

TFL Regional Managers

TFL Program Assistant, Kenyatta Royal

TFL Evaluation Manager, Dodie Arnold

TFL Evaluation Coordinator, Kris Gerig

LPHI Communications Director, Candice Marti

LPHI Public Relations Manager, Mary Fein

LPHI Evaluation Director, Lisanne Brown

TCI Director, Sarah Moody-Thomas

TCI Associate Director, Michael Celestin

LCP Program Manager, Mikal Giancola



### GOAL 1: PREVENTING INITIATION OF TOBACCO USE AMONG YOUNG PEOPLE

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

In the first six months of the 2016-2017 fiscal year, TFL maintained statewide youth advocacy efforts through the Defy initiative and laid the foundation for the future implementation of modernized and targeted strategies around youth engagement and youth-focused behavior change campaigns.

### Defy - Community Advocacy Grantees

In September 2016, TFL awarded 10 community advocacy grants to schools and community-based organizations across the state of Louisiana in an effort to prevent initiation of tobacco use among youth by engaging youth as leaders of change through its Defy initiative. TFL now has grantees engaged in the Defy initiative in all nine regions of the state. A training was held for Defy community advocacy grantees on October 4, 2016 in Alexandria, LA. All 10 Adult Coordinators were in attendance in addition to 10 TFL staff.



### TFL Youth Engagement Program and Campaign, Research, Development & Implementation



TFL released a request for bids (RFB) in July 2016 aimed at obtaining bids from qualified agencies interested in working with TFL to develop a youth engagement program and youth-focused tobacco control campaign. TFL staff conducted a thorough review of the bids and it was determined that Rescue: The Behavior Change Agency would be recommended for selection. Rescue has an innovative and proven approach to youth engagement and developing and implementing youth-focused behavior change campaigns. This is a commitment to modernizing, targeting and strengthening our youth tobacco control strategies to reduce youth tobacco use in the state of Louisiana.

A new brand name and logo have been selected, which will serve as the creative foundation for the youth engagement program. Next steps will include website design, policy consulting and strategic planning, school recruitment, and campaign launch.



### Outcome: Defy Team Accepts Great American Smokeout Proclamation at the Calcasieu Parish Police Jury Meeting

On November 17, 2016 the Defy Team from Lake Charles, LA—Girlie Girls Mentoring Program—attended the Calcasieu Parish Police Jury (CPPJ) meeting and presented on Defy Team tobacco control efforts and accepted a "Proclamation in Recognition" of the Great American Smokeout. The Great American Smokeout is annual event when smokers across the nation make a plan to quit or plan in advance and then quit smoking that day. The Defy Team also voiced support for the proposed Calcasieu Parish Smoking Ordinance that was on the agenda and passed unanimously! The ordinance banned smoking in all parish buildings and parks.



### Outcome: Defy Team Presented to Bogalusa City Council; Comprehensive Smoke-free Ordinance Approved

On December 20, 2016 the Defy Team from Washington Parish—ADAPT, Inc.—attended the Bogalusa City Council meeting. The Defy team shared with the councilmembers the results of their tobacco retail store assessments and presented to the council before the vote about how a comprehensive smoke-free ordinance would improve the overall health of the community. The comprehensive smoke-free ordinance passed unanimously making Bogalusa the 10<sup>th</sup> Louisiana city to go smoke-free! One of the councilmembers specifically mentioned the Defy youth as having influenced his "yes" vote.

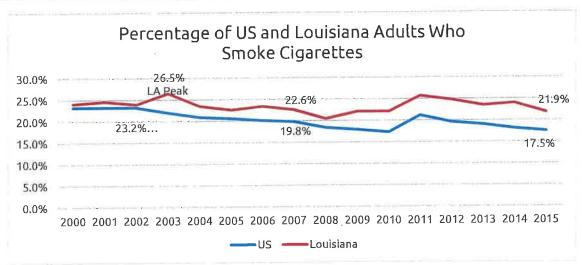




### GOAL 2: ELIMINATING EXPOSURE TO SECONDHAND SMOKE

Best Practices: The theory of change associated with eliminating nonsmokers' and smokers exposure to secondhand smoke starts with increasing people's knowledge of the dangers of secondhand smoke, and increasing their support for passing, implementing, and enforcing comprehensive tobacco-free policies. This work is enhanced via tracking of state gaming trends, tobacco tax collections, and collection of smoking behaviors via the Adult Tobacco Survey (ATS).

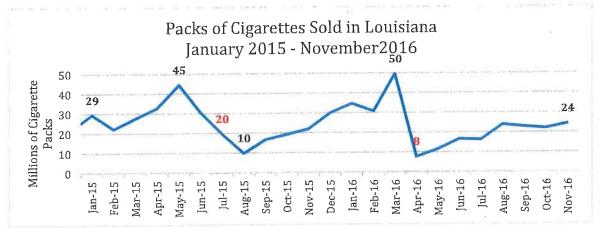
### Smoking Prevalence in Louisiana Declines



SOURCE: Behavioral Risk Factor Surveillance System

### Tobacco Tax Tracking in Louisiana

<u>Background</u>: During the 2016 special session of the Louisiana legislature, a 22 cents increase in the cigarette tax was approved in March (effective April 1, 2016) following a 50 cent tax increase (effective July, 2015).

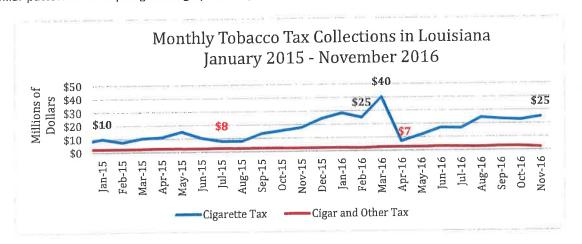


Source: Louisiana Department of Revenue, Monthly Tobacco Tax Reports



 Numbers in red indicate an increase in cigarette excise tax: a 50 cent increase went into effect on July 1, 2015 and a 22 cent increase went into effect on April 1, 2016

The chart above tracks the number of cigarette packs sold in the state from January 2015 through September 2016. March 2016 had the highest reported number of cigarette packs sold. This was likely due to stockpiling as the legislature and the governor approved a 22 cent increase in cigarette taxes in March that was to take effect on April 1, 2016. There was a similar pattern of stockpiling leading up the July 1, 2015, 50 cent tax increase.



Source: Louisiana Department of Revenue, Monthly Tobacco Tax Reports

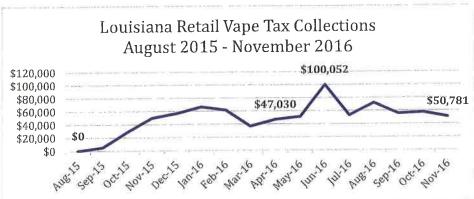
 Numbers in red indicate an increase in cigarette excise tax: a 50 cent increase went into effect on July 1, 2015 and a 22 cent increase went into effect on April 1, 2016.

The chart above shows the monthly tax collection by product type (cigarettes in **blue** and cigars and other tobacco products in **red**). Cigars and other tax products has remained fairly stable (just under \$3 million dollars a month). Cigarette tax collections very closely model the previous chart (increased tax collections just before the July 1, 2015 and April 1, 2016 tax increases).

### Vape Tax Tracking in Louisiana

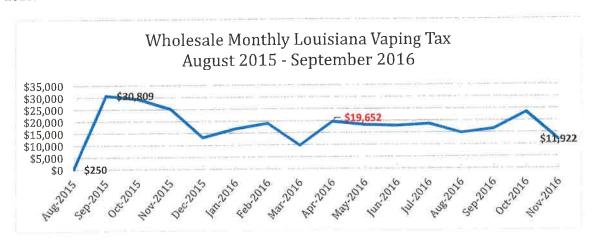
<u>Background:</u> As of August 1, 2015, a 5 cent per mL tax was levied on vape liquids in the state. Louisiana's vape tax effectively consist of 2 parts: a wholesale tax and a retailer tax. Most vape shops in Louisiana order their vape products online or mix their own liquid (e-juice), rather than use wholesalers.





Source: Louisiana Department of Revenue, Monthly Tobacco Tax Reports

- A 50 cent per/mL tax on vape liquid was implemented on August 1, 2015
- Number in red indicate an increase in cigarette excise tax: a 22 cent increase that went into effect on April 1, 2016.



Source: Louisiana Department of Revenue, Monthly Tobacco Tax Reports

- A 50 cent per/mL tax on vape liquid was implemented on August 1, 2015
- Number in **red** indicate an increase in cigarette excise tax: a 22 cent increase that went into effect on April 1, 2016.

Monthly <u>wholesale</u> tax collections remain low (compared to cigarettes and cigars and other tobacco products). It has not exceeded \$31,000 in a single month (September 2015). Of note, when the 22 cent cigarette excise tax increase went into effect there was an increase in vape liquid sales. Specifically, April collections were \$9,894 higher than March collections (\$19,652 vs. \$9,758), but only \$667 more than February collections (\$19,652 vs. \$18,985). In contrast, cigarette tax revenue decreases during the month in which a cigarette tax increase is implemented.

Monthly <u>retail</u> tax collections surpassed wholesale tax collections in October 2015, and has been consistently higher. In June 2016, Louisiana collected \$100,051 in retail vape tax, the highest monthly collection to date.



### Additional Goal 2 Outcomes

### Bogalusa becomes the 10th City to go Smoke-Free

On December 20<sup>th</sup>, 2016, the Bogalusa City Council unanimously passed a comprehensive smoke-free ordinance that would prohibit smoking and vaping in all indoor workplaces, including bars and gaming facilities.

In addition, the following hospitals adopted tobacco-free healthcare campuses during this reporting period:

- Byrd Regional Hospital in Leesville, LA (September 2016)
- Riverside Medical Center in Franklinton, LA (August 16, 2016)
- Hood Memorial Hospital in Amite, LA (October 1, 2016)

### Tobacco Prevention and Control Media and Communications

### **Earned Media Values:**

Earned media is the result of our public relations efforts and includes media coverage, blog mentions, social media posts or tweets. These numbers show (as closely as possible) the added value or *free publicity* we have been able to achieve around the categories below.

- Healthier Air For All/Secondhand Smoke Earned Media Value totaled \$1.3 million
- Louisiana Campaign for Tobacco-Free Living Earned Media Value totaled \$80,000
- Cessation Earned Media Value totaled \$2.9 million

### Social Media:

### Facebook:

- Total Impressions: 335,552
- Key demographics of the HAFA Facebook page followers: 74% Female, 25% Male, Plurality in New Orleans
- Total Number of Page Likes on 12/31/16: 32,950
- Increase in Page Likes from July 1- December 31, 2016: 7,785
- The highest percentage of female fans of the HAFA Facebook page are 65+ years old, while the highest percentage of male fans are 25-44 years of age.
- The majority of HAFA Facebook followers live in New Orleans, Baton Rouge, Lafayette, Caddo this is the second time Caddo Parish has shown up on the FB page, this could be because of the AA Cessation campaign, even though we are promoting the Quitline, the programs are still aligned, and Metairie respectively.

### Twitter:

Impressions (how many people viewed our tweets and other posted material): 33,242 Followers: 1,684 (+23 followers from June 30, 2016)



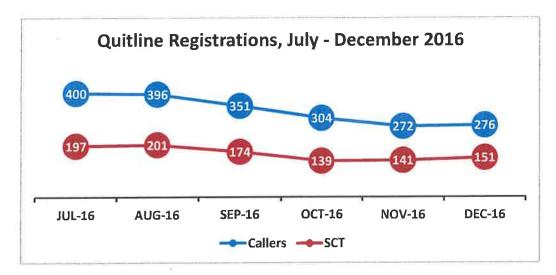
### **GOAL 3: PROMOTING CESSATION AMONG YOUTH AND YOUNG ADULTS**

**Best Practices:** Tobacco is highly addictive. Although it is possible to quit without help, evidence demonstrates an increased quit rates are much higher with the use of support services. State-supported telephone evidence based Quitlines overcome many of the barriers to smoking cessation classes because they are free and available at smokers' convenience. Evidence based quitlines also bring services to smokers in areas that have few resources. Group cessation programs and workplace cessation programs also improve the likelihood of success. Integrated services — which link Quitlines, provider services, workplace cessation initiatives, and approved pharmacotherapies — offer smokers several help options and lead to greater cessation services and more success. Tobacco users quit rates are higher when users combine evidences based cessation with pharmaco-therapies and comprehensive tobacco control policies.

### TFL/TCI Highlighted Activities/Outcomes:

### Overall Counts of Registered Callers (Louisiana Tobacco Quitline and Smoking Cessation Trust)

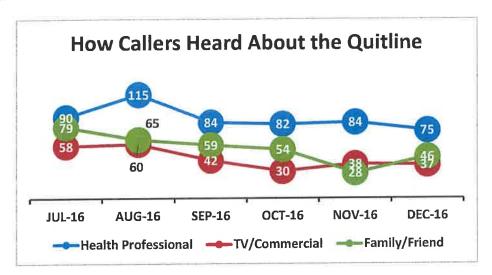
In total, 1999 tobacco users registered for Quitline services from July through December 2016. Just over half of them, 1003, were also found to be eligible for coverage by the Smoking Cessation Trust and were referred to the Trust for services as well. While call volume dropped over the six month period, the number of registrations never fell below 270 per month and well over 100 callers per month were also referred to the Trust.





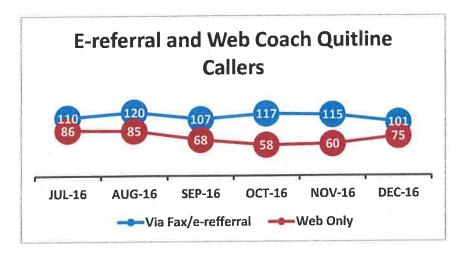
### How Callers Heard About the Quitline

The chart below shows the distribution of various sources of information that callers said informed them of Quitline services. For each month, **Health Professionals** remained the largest source of Quitline information for callers, with **Family/Friend** often coming in second except for in November, when **TV/Commercial** was identified as the source of information by more callers.



### Fax-to-Quit, E-Referrals, and Web-Only Callers

Fax-to-quit and e-referral have continued to be a significant source of Quitline registrants in the last six months. Even while overall call volume dropped from July to December, the number of fax/e-referral registrants remained fairly consistent between 100 and 120 per month. Overall, 670 tobacco users found their way to the Quitline via fax-to-quit or e-referrals during this timeframe. Additionally, the number of tobacco users receiving only web-based services from the Quitline has remained steady, except for a small drop in October and November. From July to December 2016, 432 received Quitline services only via online methods.





### Tobacco Control Initiative (TCI)

### **Quitline Referrals Submitted**

During this six-month reporting period, Optum received 670 total fax referrals, of which **TCI staff sent 296 (44%)** referrals. A total of 166 (56%) TCI faxed referred patients received counseling.

### **SCT Referrals Submitted**

TCI staff submitted 642 membership applications to the Smoking Cessation Trust (SCT) during this six-month reporting period.

### Great American Smoke Out Events (TCI & TFL)



### TFL:

Jefferson Parish Councilmember Mark Spears, Jr. (District 3) recognized TFL, the Smoking Cessation Trust and its partners Ochsner Health System, West Jefferson Medical Center and East Jefferson Medical Center as part of the Great American Smokeout during the November 2, 2016 parish council meeting for making Jefferson the leading parish in Louisiana for approved applications to the Trust's Cessation Program.



TCI staff held five Great American Smoke-out events at TCI partner health care facilities, including manning information tables and conducting group presentations for interested smokers. One such presentation was done in partnership with the East Baton Rouge Parish Head Start Program. Nakesha Auguster, CTTS, spoke to expectant mothers about the harms and costs associated with smoking during pregnancy, the harms of secondhand smoke for newborns and older children, and cessation resources available to pregnant smokers ready to quit.

### GOAL 4: IDENTIFYING AND ELIMINATING TOBACCO-RELATED DISPARITIES

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

Several activities were continued and recently implemented focusing on eliminating tobacco-related disparities in Louisiana. Below are specific examples during this reporting period.



### Tobacco Disparities Taskforce

TFL led the Louisiana Department of Health (LDH) Tobacco Disparities Taskforce as outlined in the state's 2016 – 2021 Louisiana Tobacco Control Strategic and Sustainability Plan to prioritize the top five tobacco disparities populations. The populations consist of the following: (1) African-Americans, (2) low social economic status, (3) lesbian, gay, bisexual, transgender (LGBT), (4) persons with mental health issues, and (5) persons with chronic illnesses. This prioritization will be used to inform Louisiana's tobacco stakeholders, work plans, and outreach efforts to address tobacco use.

### Communities of Color Network

### Communities of Color (CoC) Network's 100% Tobacco-Free Church Initiative

CoC continued the implementation of the 100% Tobacco-Free Church initiative. During this reporting period 7 new churches completed the tobacco-free church curriculum and are now 100% tobacco-free. This added to the 182 churches statewide that are participating in this initiative. The focus of this initiative is to incorporate policy changes within the African-American church. A series of activities are conducted with various segments within the church population including youth and women. Upon completion of the program, the churches adopt tobacco control into its health ministry as a systems change to educate and build awareness within the congregation about the dangers of tobacco use and exposure.

During this reporting period, the Communities of Color Network staff directly enrolled 307 African Americans into the Smoking Cessation Trust, bringing the total to over 1,500 enrolled since July 2015.

### African American Male Cessation Initiative

On September 15, 2016, the African-American Male Cessation pilot media campaign kicked off in Shreveport. The focus of this campaign is to increase awareness of the Louisiana Tobacco Quitline (1-800-QUIT-NOW), the QuitWithUsLA.org website, and the Smoking Cessation Trust - the cessation services available to them. Campaign messaging will assure our target audience they will not only have the resources available to help them stop smoking/using tobacco, but that they will also have personal support, 24 hours/day, and 7 days/week. Currently, African-American males, in particular those with low-socioeconomic statuses, have the highest smoking rates and are the least likely to utilize the Louisiana Tobacco Quitline.

Between September 2016 and the end of the year, 34 locations were canvassed with the media messaging, over 1500 educational materials were distributed, over 3,300 radio spots ran in the local market, nearly 30,000 people heard or saw the campaign messages, and over 60% of the target audience were reached. Evaluation is currently underway to determine the campaign's effectiveness and reach.

### Smoke-Free Public Housing

On November 30, 2016, the U.S. Housing and Urban Development (HUD) Secretary Castro announcened that public housing developments in the U.S. will now be required to provide a smoke-free environment for their residents. TFL has partnered with the Louisiana Department of Health (LDH) to educate HUD and public housing authorities on smoke-free residences as directed by a federal directive to have all public housing sites smoke-free by 2018. The CoC Network, TFL along with LDH has conducted three workshops this quarter to educate and train public housing authorities, and staff on the changes, and the dangers of tobacco use and secondhand smoke. Several educational pieces and toolkits have been developed to coincide with the trainings and education. Cessation promotion will coincide with these trainings, therefore educating residences on the Louisiana Tobacco Quitline – 1-800-QUIT-NOW and the Smoking Cessation Trust resources.



### GOAL 5: FACILITATING STATEWIDE COORDINATION OF ALL TOBACCO CONTROL INITIATIVES

**Best Practices:** Comprehensive evidence based statewide programs provide skills, resources, and information needed for the coordinated, strategic implementation of effective community programs. Statewide experience has shown the importance of having all of the programs' components working together both internally and externally. A key activity is creating an effective communication system externally across programs, coalitions and partners.

Statewide coordinated efforts during this past reporting period resulted in the following outcomes.

### Tobacco Control Initiative Publications

During this six-month reporting period, TCI staff published an editorial and an original manuscript in the Journal of Translational Cancer Research, as well as presented two scientific posters at the Meharry Medical College Translational Research Center Conference.

Translational Cancer Research Journal, Vol 5, Supplement 5, Focused Issue – Social Behavioral and Genetic Risk factors for Cancer

- Author Dr. Sarah Moody-Thomas published an editorial titled "Addressing behavioral risk factors in Translational Cancer Research" re advances in genomics and related technologies have raised expectations of improved population-level benefits for cancer patients.
- Authors Michael D. Celestin Jr, Tung-Sung Tseng, Sarah Moody-Thomas, Yong Yi, Krysten Jones-Winn, Claire Hayes, and Danelle Guillory published a manuscript titled "Effectiveness of Group Behavioral Counseling on Long-Term Quit Rates in Primary Health Care" re smoking being a major cause of cancer and related death...

Meharry Medical College Translational Research Center Conference – Addressing Health Disparities: The Role of Translational Cancer Research

- Authors Michael D. Celestin Jr., Dr. Sarah Moody-Thomas, Dr. Qingzhao Yu, Dr. Tung-Sung Tseng, Debbie Durapau, Krysten Wynn, and Danelle Guillory presented a scientific poster titled "Reducing disparities in quitline utilization through group desensitization counseling in a rural public hospital" re Louisiana having higher smoking rates, but lower utilization of quit-line services, compared to national averages. Less than one percent of eligible smokers in Louisiana receive quit-line services. The tobacco prevention movement has made momentous strides in translating research into practice, but new approaches are needed to increase quitline participation, scaling it up in other hospitals in Louisiana. The success of this strategy in group counseling classes will improve utilization of cessation services.
- Authors Danelle N. Guillory, Dr. Stephanie T. Broyles, and Dr. Sarah Moody-Thomas presented a scientific poster at the MMCTRC conference titled "Differences in the Neutrophil-Lymphocyte Ratio across Racial/Ethnic Groups" re African-Americans disproportionately suffering from chronic disease. More than 75% of our national healthcare spending is on people with chronic conditions. Subsequently, much of this financial burden is produced by African-Americans.

# Louisiana Cancer Research Center - Tobacco Cessation (TFL) Program Semi-annual Report Expenditure Summary Fiscal Year 2016-2017

	Operating Budget/Appropriated	Period 7/1/16-12/31/16 (Quarters 1 & 2)	Period 1/1/17-6/30/17 (Quarters 3 & 4)*	Fiscal Year Total
Sources of Funds				
General Fund	,	9		i
Statutory Dedications	6,746,798	3,373,399	(8)	3,373,399
Total Sources of Funds	6,746,798	3,373,399	•	3,373,399
Uses of Funds by Object (Account):				
Salaries & Related		971,973	3	971,973
Travel		24,832		24,832
Operating Services		155,822	ı	155,822
Supplies		6:338	1	6,339
Professional Services/Contracts		464,402		464,402
Other Charges		93,350		93,350
Major Repairs				9
Acquisitions			3	er Engl
Total Uses of Funds	× 12 = 1	1,716,718	( \5/ <b>m</b> 1.)	1,716,718
Uses of Funds by Program Component:				
General/Core Admin		255,902	•	255,902
Statewide & Community		773,224	•1	773,224
Media Coordination		303,626	•	303,626
Evaluation		166,057	1	166,057
Hospital Cessation (Tobacco Control)		217,909		217,909
Total Uses of Funds		1,716,718	3	1,716,718

**1,656,681** 49%

#DIV/0!

1,656,681 49%

Net Sources/Uses