CONNECTING COMMUNITIES COMBATING CANCER

LOUISIANA CANCER RESEARCH CENTER | 2024 ANNUAL REPORT

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Professor and Chair,
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Director of Clinical Cancer Research
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PRESCOTT DEININGER, PHD
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Tulane University School of Medicine

AUGUSTO OCHOA, MD
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Health Cancer Center
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LSU Health - New Orleans

LCRC MISSION

TO WORK ACROSS INSTITUTIONAL BOUNDARIES TO REDUCE THE IMPACT OF CANCER THROUGHOUT LOUISIANA AND THE GULF REGION THROUGH LOCALLY FOCUSED HIGH-IMPACT CANCER RESEARCH, PATIENT CARE, EDUCATION, AND COMMUNITY OUTREACH AND ENGAGEMENT IN ALIGNMENT WITH OUR UNIQUE CULTURAL, ETHNIC, AND ENVIRONMENTAL CHARACTERISTICS.

A MESSAGE FROM THE CHIEF ADMINISTRATIVE OFFICER

We are making significant progress in the fight against cancer. According to a 2025 report from the National Cancer Institute, overall death rates from cancer declined steadily among both men and women from 2001 through 2022.

The drop in deaths is the result of decades of research that made possible lifesaving clinical trials, nationwide acceptance of screenings, and healthy lifestyle changes. There is much more work still to do, especially in Louisiana. Our state ranks in the top five with the highest cancer rates. The work of our research faculty at partner institutions, Louisiana State University Health New Orleans, Tulane University School of Medicine, Xavier University of Louisiana, and Ochsner Health, coupled with that of our members at academic and research institutions throughout Louisiana, continues to deepen collaborations and community resources statewide.

In 2024, the Louisiana Cancer Research Center's (LCRC) Office of Community Engagement significantly expanded its outreach throughout our state by enlisting the help of health advocates and researchers in all nine health regions in Louisiana. Our efforts will extend cancer resources, programs, and clinical trials to those who need them, wherever they may be.

This collaborative momentum will power us forward for years to come, to benefit the health of all Louisianans.

– SVEN DAVISSON

“Collaboration fuels innovation. Our LCRC partners are advancing groundbreaking research and clinical trials that improve prevention, enhance early detection, and deliver more precise, personalized treatments. Progress in cancer care comes from constant discovery, together.”

LUCIO MIELE, LCRC CO-DIRECTOR
LSU LCMC HEALTH CANCER CENTER

“Collaboration through the Louisiana Cancer Research Center unites our strengths to accelerate progress. At Tulane Cancer Center, we’re proud to advance this mission through pioneering basic research that lays the foundation for transformational patient care, and through innovative clinical trials that bring new hope to patients. Together, we are working to reduce the burden of cancer in Louisiana and achieve NCI designation for our state.”

STEFAN GRANT, MD, JD, LCRC CO-DIRECTOR
TULANE CANCER CENTER

noun

1. the initiative in an action; an example for others to follow.

LEAD

SENIOR SCIENTIFIC LEADERSHIP

FERN TSIEN, PHD
Associate Director, Cancer Research Training
Associate Professor
LSU Health - New Orleans

DONNA WILLIAMS, MS, MPH, DRPH
Associate Director of Community Outreach & Engagement
Professor, Director of Louisiana Cancer Prevention and Control Programs
LSU Health - New Orleans

EARL "NUPSIUS" BENJAMIN-ROBINSON, DRHSC, CPH
Director, Office of Community Outreach & Engagement
Director, Tobacco-Free Living
Louisiana Cancer Research Center

MICHAEL D. CELESTIN, JR., PHD
Director, Tobacco Control Initiative
Assistant Professor
LSU Health - New Orleans

VICTORIA P. BELANCIO, PHD
Assistant Director, Cancer Research Education & Training
Associate Professor
Tulane University School of Medicine

JAYALAKSHMI SHRIDHAR
Assistant Director, Cancer Research Education & Training

CHARLES WOODS
Assistant Director, Cancer Research Education & Training

SCIENTIFIC PROGRAM LEADERSHIP

KRZYSZTOF REISS, PHD
Co-Lead, Cancer Biology
Professor of Medicine, Department of Medicine
Director, Stanley S. Scott Cancer Center
Neurological Cancer Research program
LSU Health - New Orleans

TIFFANY N. SEAGROVES, PHD
Co-Lead, Cancer Biology
Professor
Tulane University School of Medicine

CHRISTOPHER WILLIAMS, PHD
Cabinet Member/Co-Lead, Cancer Biology
Professor and Chair, Division of Basic Pharmaceutical Sciences
Xavier University

ZACHARY PURSELL, PHD
Co-Lead, Genes X Environment
Associate Professor, Department of Biochemistry & Molecular Biology
Tulane University School of Medicine

JOHN T. WEST, PHD
Co-Lead, Genes X Environment
Professor
LSU Health - New Orleans

TONY YE HU, PHD
Co-Lead, Translational Oncology
Weatherhead Presidential Chair in Biotechnology Innovation
Tulane University School of Medicine

QIANG SHEN, MD, PHD
Co-Lead, Translational Oncology
Professor
LSU Health - New Orleans

GUANGDI WANG, PHD
Co-Lead, Translational Oncology
Professor of Chemistry
Xavier University

MICHAEL HOERGER, PHD
Co-Lead, Cancer Population Sciences & Disparities
Assistant Professor of Psychology & Psychiatry
Tulane University School of Medicine

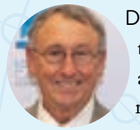
EDWARD TRAPIDO, SCD, FACE
Co-Lead, Cancer Population Sciences & Disparities
Interim Dean, School of Public Health
LSU Health - New Orleans

LAKEISHA WILLIAMS, PHD
Co-Lead, Cancer Population Sciences & Disparities
Associate
Xavier University

NEW & NOTABLE

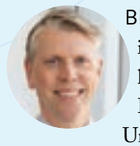
The Louisiana Cancer Research Center (LCRC) bid a fond farewell to two retiring colleagues who worked tirelessly to eradicate cancer in Louisiana through research and community health advocacy for fifteen years.

DR. THOMAS WIESE, Professor, Xavier University of Louisiana and LCRC Associate Director of Cancer Research Training, was responsible for expanding LCRC's relationship with Xavier's faculty and researchers. During his tenure as LCRC's Associate Director, he facilitated LCRC-funded startup packages, seed and bridge grants, equipment, and/or travel grants to the more than 20 Xavier LCRC members. Dr. Wiese also managed the Cell and Molecular Biology Core Facility for Xavier's Research Centers for Minority Institutions (RCMI) Program. He also served as PI or manager of multiple collaboratives, inter-university cancer research development and education programs funded by the Department of Defense and the NCI; and built cancer research programs at Xavier through the LCRC and RCMI mechanisms.



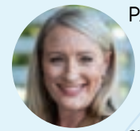
DR. GENE D'AMOUR, Special Assistant to the President, Xavier Louisiana of University and LCRC Board Member, worked to enhance research competitiveness while engaging undergraduate minority students in research. Dr. D'Amour was the first principal investigator fox Xavier's RCMI Program and remained integral to Xavier's success in securing two consecutive 5-year renewals. The RMCI Program is funded by NIH's National Institute for Minority and Health Disparities. Launched in 1985, the program aims to develop and strengthen the research infrastructure necessary to conduct state-of-the-art biomedical research and to foster the next generation of researchers from diverse backgrounds.

The LCRC also welcomed three new board members in 2024 to fill board seats vacated by Dr. D'Amour, Valentine Nfonsam, MD, and Arthur Cooper.



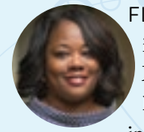
BRIAN BOULMAY, MD, professor of clinical medicine, LSU Health – New Orleans, is a hematologist and medical oncologist at LSU Health New Orleans and is affiliated with University Medical Center-New Orleans and the LSU LCMC Health Cancer Center. He received his medical degree from LSU School of Medicine in Shreveport and has been in practice for more than 20 years.

Before joining LSU in 2008, Dr. Boulmay completed his training in Internal Medicine and Hematology/Oncology at the University of Florida from 2002-2008. He practices at University Medical Center New Orleans and the VA Medical Center in New Orleans, where he cares for patients with lung, head and neck, and esophageal cancers. His primary academic focus is the training of hematology and medical oncology fellows and he has served as the program director of the LSU HemOnc Fellowship since 2013.



PAIGE CARTER is chief business development officer for Louisiana Economic Development (LED), where she is responsible for leading and expanding LED's business development, expansion and retention activities to drive economic growth and prosperity across Louisiana.

She previously served as the Executive Director of Industry Engagement at the LSU Foundation and was instrumental in securing the largest philanthropic donation in the university's history and the largest corporate investment supporting energy-related initiatives. She holds a Master of Business Administration from Louisiana State University Shreveport, and graduated cum laude from Arizona State University's New College of Interdisciplinary Arts and Sciences with a Bachelor's degree in Political Science and a Minor in Communication.



FLORASTINA PAYTON-STEWART, PHD, is the Associate Provost for Faculty Affairs at Xavier University of Louisiana. She received her Bachelor's degree in Chemistry from Xavier in 1999 and her PhD in Bioorganic Chemistry from Tulane University in 2007. Dr. Payton-Stewart held a post-doctoral position at Tulane University School of Medicine from 2007-2010. She joined Xavier in 2010 and is a professor in the Chemistry Department.

Dr. Payton-Stewart is a synthetic organic chemist with experience in both academia and industry. Her research has been funded in part by the National Institutes of Health (NIH), the National Science Foundation (NSF) and Department of Defense. In her role as the Associate Provost for Faculty Affairs, Dr. Payton-Stewart provides leadership on all aspects of faculty success and support ensuring academic and research excellence. Her core areas of responsibilities are faculty recruitment and retention, enhancing faculty success, and coordinating and advancing diversity, equity, and inclusion strategies.

verb

1. to see, get knowledge of, learn of, find, or find out

DISCOVER

BY THE **NUMBERS**

$45 MILLION in NIH CANCER-RELATED FUNDING

262 PUBLICATIONS

$14.7 MILLION in NCI FUNDING

328 MEMBERS STATE-WIDE

LCRC FACULTY AWARDED HIGHLY COMPETITIVE R01 GRANTS

Tulane and LSU researchers were awarded five new R01 equivalent grants in 2024, the most competitive of scientific research awards. The R01 is NIH's most commonly used grant program for independent research projects and is highly competitive.

Effectiveness of a multilevel integrated intervention for LDCT lung cancer screening and smoking cessation among African Americans

TUNG-SUNG TSENG, PHD, LSU Health New Orleans

Polyploidy and Sex Dimorphism in a Drosophila Tumor Model

WU-MIN DENG, PHD, Tulane

The role of antiretroviral therapy in susceptibility to oral human papillomavirus (HPV) infection

JENNIFER CAMERON, PHD, and MEYERS HAGENSEE, LSU

Defining the mechanisms of the glycophagy shunt and its role in metabolism

TIMOTHY HEDEN, PHD, LSU

TET1 in non-alcoholic fatty liver disease development

CHIUNG-KUEI HUANG, PHD, Tulane

new FACULTY

NUCLEAR ONCOLOGIST JOINS PENNINGTON BIOMEDICAL AND LCRC FACULTY

ADITHYA HARI, MD, joined Pennington Biomedical as an Assistant Professor and Physician/Nuclear Oncologist in Clinical Science. His appointment represents an important milestone in Pennington's strategic expansion of cancer metabolism research capabilities.

Dr. Hari will be developing an innovative research program in nuclear medicine. This recruitment directly supports Louisiana's efforts to secure the prestigious NCI Cancer Center designation. As a member of the Louisiana Cancer Research Center, Dr. Hari will actively participate with LSUHSC New Orleans in consortium initiatives and research activities that will enhance the future submission of the NCI Cancer Center Support Grant.

Dr. Hari brings exceptional credentials to this position, having earned his medical degree from Kurnool Medical College in India, pursued doctoral studies as a PhD candidate in Clinical and Translational Science at Case Western Reserve University, and most recently completed a Nuclear Oncology Fellowship at the world-renowned Memorial Sloan Kettering Cancer Center.

Dr. Hari's expertise in nuclear oncology strengthens Pennington's multidisciplinary approach to tackling complex health challenges and moves Louisiana closer to a shared vision of improving human health through nutrition and metabolic research.

LSU HEALTH NEW ORLEANS RECEIVES $3.1 MILLION GRANT TO STUDY HEAD AND NECK CANCER INCIDENCE IN PEOPLE LIVING WITH HIV

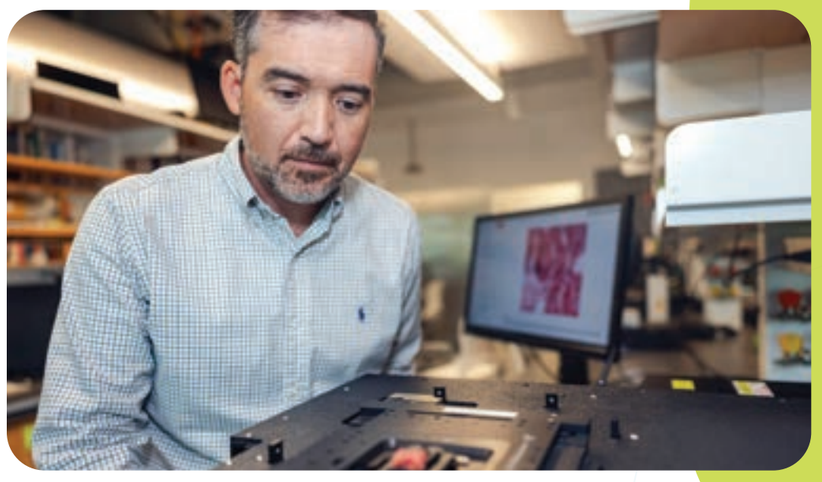
LSU Health New Orleans has been awarded a five-year, $3.1 million R01 grant from the National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health (NIH).

The grant will be used to conduct new research led by two scientists who are also LCRC faculty members: Dr. Jennifer Cameron, research professor, and Dr. Michael Hagensee, professor of infectious disease, in conjunction with the LSU LCMC Health Cancer Center. The research project, titled the ROPINA trial, will study the increased risk of human papillomavirus (HPV) related head and neck squamous cell carcinoma in people living with HIV.

These studies will for the first time help researchers better understand the interplay between HIV, antiretroviral therapy, and HPV to reveal new opportunities to prevent head and neck cancers. Doctors within the LSU Health New Orleans Department of Otolaryngology are assisting in the trial.

Cancer now represents one of the leading causes of illness and death for people with HIV/AIDS. According to the American Cancer Society, HIV patients are more likely to have other viruses that can cause cancer, including HPV. As of March 2024, more than 23,000 people in Louisiana were living with HIV.

The Research Project Grant (R01) is the original and historically oldest grant mechanism used by NIH. The R01 provides support for health-related research and development based on the mission of the NIH.



TULANE CANCER CENTER RESEARCHERS AWARDED $23M ARPA-H GRANT

> “Many of us know either personally, or through a friend or family member, the fear and anxiety that precedes a cancer surgery, wondering will the surgeon be able to remove all of the tumor. It is a hard job, one which is made harder by the fact that there are no good technologies that can help them to determine whether the surgery has been successful until days later, when it is too late to change the surgery.”
>
> — J. QUINCY BROWN, PHD
> LCRC FACULTY MEMBER
> ASSOCIATE PROFESSOR OF
> BIOMEDICAL ENGINEERING,
> TULANE CANCER CENTER

In August 2024, President Joe Biden and First Lady Dr. Jill Biden visited Tulane University to announce a $23M cancer research grant from the Advanced Research Projects Agency for Health (ARPA-H), a federal agency established to rapidly advance high-potential, high-impact biomedical research.

Tulane Cancer Center researchers Associate Professor of Biomedical Engineering and LCRC faculty researchers J. Quincy Brown, PhD, and collaborator, Associate Professor of Computer Science, Brian Summa, PhD, were awarded the grant to develop MAGIC- SCAN, a revolutionary imaging system that will improve cancer surgery, and make this tool available to cancer surgeons in academic medical centers as well as in rural hospitals.

The innovative technology will allow doctors to scan a tumor during surgery and determine within minutes whether any cancer tissue has been left behind. While patients are still under anesthesia, doctors will have the ability to ensure all cancerous tissue is removed, allowing for less tissue to be removed and leading to a shorter healing period, potentially eliminating the need for repeated surgeries, and offering peace of mind to countless patients.

The project is one of eight included in a $150 million funding initiative announced by President Biden to develop novel technologies that will allow surgeons to remove cancerous tumors with higher accuracy. If successful, these technologies will revolutionize surgeries, dramatically reducing rates of repeat procedures.

MAGIC-SCAN is an acronym for Machine-learning Assisted Gigantic Image Cancer margin SCANner. It would be one of the world's fastest high-resolution tissue scanners, capable of detecting residual cancer cells on the surface of removed organs within minutes. The system would be trained on thousands of clinical scans so that it can accurately highlight cancer at the cellular level as it renders a highly detailed 3D map of the surface of the tumor.

Tulane researchers have already been working on developing this technology using prostate and colorectal cancer patients – two of the most difficult kinds of tumors to remove, with a current detection time of about 45 minutes.

Collaborating with Tulane are researchers from the University of Georgia and the University of Utah. Clinical validation of the device will be accomplished with partners at Cedars-Sinai Medical Center in Los Angeles, Southeast Louisiana Veterans Hospital and East Jefferson General Hospital. The Tulane-spinout company Instapath Inc. will help the team develop FDA-compliant versions of the new scanner.

“The grant funding and President Biden's support are a testament to the incredible strides we at Tulane are making in cancer research by bringing together the best minds from across disciplines – in this case engineering, computer science, and medicine,” said Tulane Cancer Center Director Stefan Grant, MD, JD, MBA.

$1.2M Grant awarded to LSU LCMC Health Cancer Center to help break down barriers to cervical cancer prevention

A research team from LSU LCMC Health Cancer Center has been awarded a $1.5 million grant to eliminate barriers to cervical cancer prevention. The five-year program combines a $1.2 million award from the American Cancer Society and a $75,000 a year for five years investment from LSU Health New Orleans.

The research project will not only focus on increasing screenings, but also on helping to close the gap between screening and prevention. This research grant will help determine the obstacles some women may face and work on strategies to overcome those hurdles.

Principal investigator Dr. Michael Hagensee, along with Dr. Donna Williams, Dr. Bilikisu Reni Elewonibi, and Dr. Jennifer Cameron, all from LSU LCMC Health Cancer Center and Dr. Jerry McLarty from LSU Shreveport, will utilize kits that test for HPV and identify barriers to clinical follow-up for those women who test positive for HPV. Drs. Hagensee and Cameron are LCRC faculty members. Dr. Williams is LCRC Associate Director of Population Sciences and Community Outreach & Engagement.

During the discovery phase of the research project, approximately 750 women from the Greater New Orleans and Shreveport areas will be screened for HPV by self or provider-collected HPV tests in the privacy of their own home, a local clinic, or on a mobile health unit.

Patients will also be asked to complete a survey to help researchers better understand barriers to cervical cancer prevention, detection, and treatment. Answers to the survey will be used to develop educational materials designed to improve follow-up care after screening results. A holistic view of patient needs based on these surveys will be implemented in phase two of the project to improve local access to follow-up care and will compare rates of follow-up care to the pre-intervention phase.

new FACULTY

BIGELOW TO DIRECT TULANE CLINICAL TRIALS OFFICE

Sarah Bigelow joined the Tulane Cancer Center as executive director of the Clinical Trials Office. She comes to Tulane from the NCI-designated comprehensive cancer center at Wayne State University, the Barbara Ann Karmanos Cancer Institute, located in Detroit, Michigan. Over a 10-year tenure at Karmanos, she held various leadership positions, most recently as vice president of the Clinical Trials Office. Her responsibilities included the oversight and coordination of over 150 clinical research professionals and supervision of protocol compliance, regulatory and data management, budget management, research nurse operations, personnel, and faculty training and education. Additionally, she oversaw the administrative and financial operations of a statewide clinical research oncology program.

She began her career in clinical research at the National Institutes of Health. There, she managed branch-wide projects and was part of a team that was awarded a 10-year, multi-million-dollar NICHD contract. She holds a bachelor's degree in health services administration from Baker College for Online and Graduate Studies. She is also a Certified Clinical Research Professional (CCRP) through the Society of Clinical Research Associates.

TULANE RESEARCHER STUDIES ROLE OF 'CELLULAR POST OFFICE' IN LUNG CANCER GROWTH AND METASTASIS

Tulane Cancer Center Researcher and LCRC faculty member, Xiaochao Tan, PhD, investigates the role of the Golgi apparatus — an organelle found in the cytoplasm of cells — in lung cancer growth and metastasis.

The function of the Golgi apparatus — often referred to as the "post office of the cell" — is to package proteins for delivery to other sites both within and outside of the cell, where they carry out specific functions. The proteins are synthesized within the cell and then transported to the Golgi apparatus, where they are loaded into fatty containers called vesicles which essentially function as "mail trucks", delivering the proteins to other organelles within the cell, to the cell membrane or to the extracellular matrix.Lung cancer tumors have found a way to hijack this process and reprogram the Golgi apparatus to increase pro-tumor protein secretion.

Through his research, Dr. Tan has identified several Golgi apparatus proteins that are amplified in lung tumor cells. "The tumor cells appear to use a positive feedback loop to stimulate the secretory pathway to generate more pro-tumor protein-filled vesicles. The secreted proteins find receptors on the tumor cell membrane which then activate pathways to promote additional Golgi secretion, a circular process that supports tumor cell growth and metastasis."

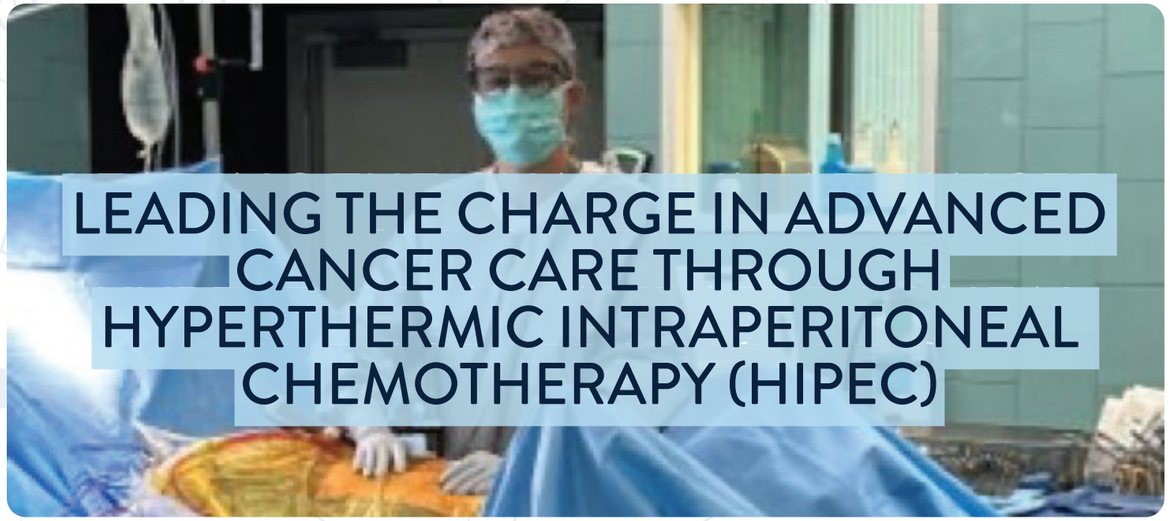
Dr. Tan and his team have identified and targeted a key regulator of secretion, an enzyme called PI4KIIIβ that drives protein packaging and vesicle formation in the Golgi. His group previously tested the anti-tumor activity of drugs that inhibit PI4KIIIβ — drugs that coincidentally were being developed as anti-viral agents for viruses such as hepatitis and Ebola — and found they also kill lung cancer cells with specific genetic mutations. These data plus additional testing in animal models will provide a foundation for clinical trials utilizing PI4KIIIβ inhibitors to shut down pro-tumor protein secretion in lung cancer.

Dr. Tan recently identified a Golgi gene cluster that is commonly amplified in human cancers, including lung cancer. His research focuses on uncovering the roles of these amplified Golgi genes in lung cancer progression and developing innovative therapeutic strategies based on these discoveries.

This project has been submitted to the National Cancer Institute as an R01 and a decision on funding is expected in the coming weeks.

"Dysregulation of the Golgi apparatus has emerged as a significant factor driving the initiation and progression of lung cancer."

XIAOCHAO TAN, PHD, TULANE ASSISTANT PROFESSOR OF HEMATOLOGY & MEDICAL ONCOLOGY



LEADING THE CHARGE IN ADVANCED CANCER CARE THROUGH HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC)

Hyperthermic intraperitoneal chemotherapy (HIPEC) is a form of chemotherapy that directly targets tumors in the abdominal cavity (the area of the belly that contains the stomach, liver, and other organs). It's typically used for cancer that has spread (or metastasized) into the abdominal cavity from another part of the body. Surgeons remove tumors then use HIPEC to circulate heated chemotherapy drugs in the abdominal cavity, killing cancer cells and helping patients live longer.

The innovative cancer treatment, available at University Medical Center in New Orleans, treats patients with a range of cancers, including cancers of the appendix, stomach, ovaries, and colon and rectum. For ovarian cancer, the program is the first, most robust, and longest running in South Louisiana.

"Hyperthermic" means hot or heated. By heating chemotherapy drugs, they can more effectively kill cancer cells. During HIPEC, chemo drugs are heated to 108 degrees Fahrenheit.

According to Dr. Amelia Jernigan, Director of Gynecologic Oncology at LSU Health New Orleans, Medical Director of Cancer Services at University Medical Center, and LCRC faculty member, "There's some thought that the heat itself is like a fever and involves an immuno-like reaction, that could change the way antigen-presenting cells work, T-cells are activated, and cytokines are released."

There are other benefits to the heat, such as managing resistance to chemotherapy, which is when treatment stops working due to molecular changes that make cancer cells insensitive to a specific drug.

The "intraperitoneal" part of HIPEC refers to how the chemo goes directly into the abdominal cavity, targeting just that area of the body. Traditional chemotherapy, on the other hand, is systemic, meaning it travels through the bloodstream and affects cells all over the body.

By avoiding systemic absorption, patients experience fewer side effects. If small doses of chemotherapy do manage to seep out, the body can safely absorb and expel it.

HIPEC also addresses another problem of traditional chemotherapy. Thanks to the protection of the peritoneum barrier, systemic chemotherapy can't typically reach the abdominal cavity. Using HIPEC, chemotherapy drugs are sent directly where they need to go.

According to Dr. Kevin Sullivan, Surgical Oncologist and Assistant Professor in the Department of Surgery, Division of Surgical Oncology at LSU Health New Orleans and LCRC faculty member, "This is a way of delivering the chemo directly to that area where it doesn't have to go through all the other detours."

Clinical trials also offer opportunities for patients to access the latest advancements in cancer treatment, including new approaches to HIPEC. For example, the HOTT clinical trial is studying heated intraperitoneal chemotherapy followed by a medication called niraparib for ovarian, primary peritoneal, and fallopian tube cancer.

Advancements in HIPEC not only offer new possibilities for current patients but also pave the way for future generations to benefit from lifesaving care.

The major challenge in curing breast cancer is understanding how to keep tumor cells that have spread to other areas — like the brain, lung, liver, or bones — from growing and how to ensure they continue to respond to chemotherapy."

TIFFANY SEAGROVES, MBA, PHD, PMP, PROFESSOR OF MEDICINE IN THE JOHN W. DEMING DEPARTMENT OF MEDICINE AT TULANE AND CO-LEAD OF THE LCRC'S CANCER BIOLOGY RESEARCH PROGRAM

DECODING CANCER'S SURVIVAL TACTICS

TULANE RESEARCHER'S QUEST TO STOP BREAST CANCER METASTASIS

Metastatic breast cancer researcher Tiffany Seagroves, MBA, PhD, PMP, recently joined Tulane University School of Medicine / Tulane Cancer Center, and the LCRC faculty, after 19 years at the University of Tennessee Health Science Center (UTHSC), where she built an internationally recognized research program.

"The major challenge in curing breast cancer is understanding how to keep tumor cells that have spread to other areas — like the brain, lung, liver, or bones — from growing," said Dr. Seagroves, "and how to ensure they continue to respond to chemotherapy. Often, the first sign of failing therapy is the expansion of metastatic disease."

At Tulane, Dr. Seagroves' lab focuses on metastatic breast cancer, particularly how cancer cells adapt to stressful conditions like low oxygen, or tumor hypoxia, which hinders effective treatment. Her team investigates energy pathways cancer cells use to survive, uncovering potential therapeutic targets. One project centers on creatine metabolism, which cells use to generate energy and ramps up when cells are without oxygen. Disrupting this pathway could slow or halt tumor progression and metastasis.

Dr. Seagroves' lab is also advancing research on creatine kinase inhibitors, including Ompenaclid (Inspirna), a compound in early clinical trials, which has the ability to cross the blood-brain barrier. She has shown this drug has demonstrated early success in reducing the growth of breast cancer brain metastases and holds potential for treating bone metastases by inhibiting osteoclasts. Her team is exploring how to combine creatine kinase inhibitors with chemotherapy drugs like doxorubicin and paclitaxel to enhance therapy effectiveness. Next steps include preclinical animal studies to assess safety and efficacy.

Beyond creatine metabolism, her lab investigates novel colchicine binding site inhibitors, which target microtubules that enable cell division. These inhibitors may overcome resistance to other microtubule-targeting drugs like paclitaxel while offering fewer side effects. Some are orally available, improving patient quality of life. Efforts are underway to enhance their uptake in metastatic sites like liver and bones.

Dr. Seagroves arrived at Tulane with several active research grants, including a National Cancer Institute R01 - Targeting Brain and Bone Metastases in Metastatic Breast Cancer for Improved Patient Survival - for which she serves as a co-principal investigator along with UTHSC's Dr. Wei Li ($2.4 million direct costs, 5/01/2023 - 4/30/2028).

In addition to her research, Dr. Seagroves co-leads the Louisiana Cancer Research Center's Cancer Biology Research Program, collaborating with colleagues from LSU and Xavier University. This program coordinates research activity around tumor initiation, drug resistance, cell signaling, metabolism, and cancer model development.

Dr. Seagroves' innovative work underscores the power of science and collaboration in addressing metastatic breast cancer. Her dedication to improving patient outcomes highlights Tulane's leadership in advancing cancer research.

COMMITTED *to* REDUCING CANCER DISPARITIES

Dr. Tewodros Godebo is an Associate Professor at the LSU School of Public Health and Stanley S. Scott Cancer Center. He is an environmental health scientist with expertise in environmental exposures, biomarkers, and human health. His work focuses on understanding how environmental contaminants such as carcinogenic metals and pesticides contribute to adverse health outcomes, including organ damage, neurocognitive deficits, and cancer risks. Dr. Godebo's research characterizes the occurrence of these contaminants across environmental media, including soil, water, food, and air, and in biological samples and seeks to establish links to health issues. He has conducted extensive studies on legacy pollutions in Louisiana, including soil and food arsenic contamination from historical pesticide use and lead from gasoline and paint.

His research on air pollution and COVID-19 highlights disproportionate health risks in communities across the state. He also employs honeybees and their hive products as sentinel bioindicators of environmental contamination, offering an innovative, low-cost approach for detecting carcinogenic exposures in the environment. Dr. Godebo brings expertise in mass spectrometry and metal isotope analysis to study how cancers disrupt the body's elemental and isotopic balance, research that could enhance early detection, diagnosis, and treatment monitoring. He is committed to building a statewide environmental and biomonitoring database to support the goals of the LSU LCMC Health Cancer Center and to reduce cancer disparities through research, outreach, and community engagement.

Evaluating the role of neurotoxic reactive astrocytes in an in vitro model of glioblastoma

Glioblastoma multiforme is the most common primary brain tumor in adults, with an annual incidence of 3–4 cases per 100,000 people in the United States. Despite significant advances in our understanding of this disease, the translation to improved treatment has been quite disappointing. This lack of translational success is attributed to a lack of characterization of the interactions within the tumor microenvironment (TME) and the blood-brain barrier (BBB). In malignant brain tumors, the cellular components of the microenvironment occupy several functions either supporting the tumor growth or inhibiting its malignant properties. Of the cellular components, astrocytes have emerged as the candidate for therapeutic innovation.

As the most abundant cell in the central nervous system (CNS), astrocytes facilitate dynamic processes such as maintenance of the BBB and recruitment of inflammatory cells into the CNS. Recently, a new phenotype of astrocytes tumor-associated astrocytes (TAAs) were recently suggested to participate in shaping the TME of primary and secondary brain tumors. However, the role of reactive astrocytes in GBM pathogenicity has not been characterized extensively.

Christopher Bolden, PhD, an assistant professor of biology at Xavier University of Louisiana and LCRC faculty member, is researching the role of astrocytes in GBM pathogenesis to define the molecular circuits by which the astrocytes shape the immunometabolic landscape of the TME and control tumor progression, thereby identifying potential druggable candidates for therapeutic intervention.

Tumor-associated astrocytes (TAAs) were recently suggested to participate in shaping the TME of primary and secondary brain tumors. However, the role of reactive astrocytes in GBM pathogenicity has not been characterized extensively.

Research Goals:

- Identify and characterize specific subpopulations within tumor-associated reactive astrocytes and evaluate their potential therapeutic implications.
- To determine the genomic profile of tumor-associated reactive astrocytes with those present in TBI

Dr. Bolden's team identified SorLA as a target of investigation. SorLA is a multifunctional receptor already implicated in neurodegenerative diseases such as Alzheimer. SorLA modulates receptor signaling and is expected to be involved in chemotherapy resistance.

Over the next 6-months, the team will characterize its expression and investigate novel antagonists to determine the invasive profile of glioblastoma and tumor associated astrocytes in a 3-D model of the BBB.

The Future of Early Cancer Detection: PATHFINDER 2 and the REACH Study

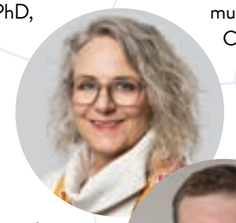
It is now possible to detect dozens of cancers with a single blood test—often before symptoms arise or conventional screening would identify them. GRAIL Galleri test, uses cell-free DNA (cfDNA) and targeted methylation analysis to detect a cancer signal and predict its tissue of origin.

Ochsner's special services and biorepository research team is leading two major studies: PATHFINDER 2 and REACH to generate critical data and shape how MCED tests could integrate into clinical workflows and public health screening strategies.

The PATHFINDER 2 study is a prospective, interventional, multi-site trial that enrolled asymptomatic adults aged 50 years and older using the Galleri test. It was designed to build upon the original PATHFINDER study, and to further evaluate test performance, refine diagnostic pathways, and assess the utility of Galleri in everyday clinical practice.

The Ochsner team, led by Melyssa Bratton, PhD, and Principal Investigator and LCRC faculty member, Marc Matrana, MD, successfully enrolled over 2,000 participants in this study, making Ochsner one of the largest contributing centers nationally. Participants who receive a "cancer signal detected" result were followed through a diagnostic resolution process to determine whether cancer is confirmed and, if so, the cancer type and stage. Equally important were those with a "cancer signal not detected" result, as they are being followed longitudinally to assess real-world negative predictive value and to understand patient and provider experiences over time.

In addition to evaluating diagnostic outcomes, PATHFINDER2 is generating valuable data around turnaround time, provider interpretation of test results, psychological impact on patients, and system-level implications—such as the appropriateness and timeliness of downstream imaging and biopsy procedures. These elements are essential in demonstrating the test's potential utility in routine preventive care and scalable integration of MCED testing in large health systems.



Complementing the PATHFINDER 2 trial is the GRAIL REACH study (Real-world Evidence for the Effectiveness of MCED in a Healthcare Setting), an unprecedented prospective observational study funded by the Centers for Medicare & Medicaid Services (CMS). The REACH study aims to enroll up to 100,000 Medicare beneficiaries, ages 65 and older, across the United States.

The primary objectives of REACH are to evaluate Galleri's effectiveness in detecting cancers that are typically not found through existing screening paradigms, to assess the stage at diagnosis, and to observe changes in clinical outcomes and healthcare utilization. By focusing on a Medicare population, the study addresses a key demographic at high risk for cancer-related mortality—and one more likely to benefit from earlier detection strategies.

Ochsner has been among the first in the nation to open REACH and is currently enrolling hundreds of patients in multiple sites across our system including New Orleans, Covington, Baton Rouge, and Lafayette. The study's pragmatic design—embedding Galleri testing into routine clinical care pathways—will provide real-world data on test performance, health economics, and diagnostic efficiency. Importantly, REACH will inform future CMS reimbursement decisions and could serve as a model for integrating MCED testing into national cancer screening guidelines.

The data from these studies will not only inform clinical guidelines but also shape policy, payer strategies, and population-level approaches to early detection. The oncology community has a responsibility to rigorously evaluate and responsibly implement these new tools, ensuring they add value without introducing unnecessary harm or complexity, and that all who need testing have appropriate access.

The REACH (Real-world Evidence for the Effectiveness of MCED in a Healthcare Setting) study aims to enroll up to 100,000 Medicare beneficiaries, ages 65 and older, across the United States.

verb

1. to teach a particular skill or type of behavior through practice and instruction over a period of time.

TRAIN

Tulane Cancer Center Associate Professor Victoria Belancio, PhD and LSU LCMC Health Cancer Center Assistant Professor Monika Rak, PhD

PROXIMITY FOSTERS COLLABORATION

Research published in Cancer Gene Therapy sheds insights into human endogenous retrovirus. It is also proof of the collaborations that result from having more than 200 cancer researchers working together at the Louisiana Cancer Research Center.

LSU LCMC Health Cancer Center Assistant Professor Monika Rak, PhD and Tulane Cancer Center Associate Professor Victoria Belancio, PhD initially met through the LCRC genes and environment program but when the two struck up a conversation at the LCRC annual retreat, they found a mutual research interest that has yielded published research just over a year later, with more to come.

"Monika works on retroviruses. I work on retrotransposons. They are different genetic elements, but they have some overlapping features and require custom designed technical approaches for their analyses," Dr. Belancio recalled. "I have significant experience in this area of research, which is new for Monica, and I felt I could help her."

Dr. Rak has been a member of the LCRC faculty for four years. She invited Dr. Belancio to be her co-mentor under LSU's Centers of Biomedical Research Excellence (COBRE) grant led by Dr. John West, with LSU LCMC Health Cancer Center Professor Krzysztof Reiss. Dr. Belancio is assistant director of LCRC's Cancer Research Training program.

"My mentors have been a huge help because I did not have experience in transposable elements. Without their expertise it would have been much more difficult," Dr. Rak said.

The team has submitted a DOD grant application on retroviruses in glioblastoma and are working together on developing an R01 application incorporating more cancer types in their studies, which will also investigate underlying mechanisms of the original observation.

Both researchers agree that being in the same building has made all the difference. "It's not like we are meeting just once or only sometimes. It's such a close collaboration and being in the same building helps. We're two floors away," commented Dr. Rak. To read the entire publication, visit https://www.nature.com/articles/s41417-024-00868-3.

LCRC 2024 **RESEARCH AWARDS**

The LCRC awarded twenty research and innovation investment awards in 2024. The project funds were provided to both emerging and established researchers and are designed to support the initial stages of high-potential projects across various fields. The funding will enable recipients to explore innovative concepts, conduct preliminary research, and gather critical data, paving the way for larger-scale studies and increased success in obtaining extramural funding. This initiative underscores the LCRC's commitment to driving progress and supporting the next wave of scientific advancement.

SEED AWARDS

SHILE HUANG, PHD, LSU Health - New Orleans - "mTOR regulation of the phosphorylation of mSin1"

AMELIA JERNIGAN, MD, LSU Health, New Orleans - "Hyperthermic intraperitoneal chemotherapy for endometrial cancer in South Louisiana"

LI LI, MD, PHD, Ochsner Health - "Targeting cancer stem cells stage II/III rectal cancer to improve the response of chemoradiopathy"

JUSTIN BROWN, PHD, Pennington Biomedical Research Center - "Exercise and Thymus Function"

SRIKANTA DASH, PHD, Tulane University - "How the hepatic maladaptive plasticity relates to HCV microbial stress promotes HCC in the cirrhotic liver"

WU-MIN DENG, PHD, Tulane University - "Tumor microenvironment and innate immune response in sexual-dimorphic tumor growth"

ZHEN LIN, MD, PHD, Tulane University - "Developing a primate-like small animal model to investigate Epstein-Barr virus (EBV)-mediated immunoevasion"

YAN DONG, PHD, Tulane University - "Androgen Receptors"

SIVA MURRU, PHD, University of Louisiana Monroe - "Development of Pyrazole-Based Molecular Hybrids as Potent Dual Kinase Inhibitors"

NEW INVESTIGATOR AWARDS

FOKHRUL HOSSAIN, PHD, LSU Health, New Orleans - "Understanding Cancer Stem Cell Metabolism in Triple-Negative Breast Cancer"

ASHAD ALAM, PHD, Ochsner Health - "Translational Informatics Exploration on Pre-Cancer Routes and Cancer Prediction in Populations Stratified for Gender, Race, Ethnicity, and Location"

JORGE BELGODERE, PHD, Tulane University - "Modelling tumor progression and drug resistance using 2D and 3D decellularized approaches and bio fabricated patient-derived tumor scaffolds"

JENNIFER FANG, PHD, Tulane University - "Understanding the Role of EndMT Master Transcription Factors in Angiogenesis and Cancer Progression"

KRISTEN LIMBACH, MD, Tulane University - "Machine learning to increase the accuracy of non-invasive diagnosis and staging of gastroenteropancreatic neuroendocrine neoplasms"

BRIGHAM WALKER, PHD, Tulane University - "Medicaid Disenrollment: Plan Choices, Care Outcomes, and Financial Health Among Cancer Patients"

STRATEGIC INVESTMENT IN TRANSLATIONAL RESEARCH AWARDS

SURESH ALAHARI, PHD, LSU Health, New Orleans - "A small molecule inhibitor of a novel target for treatment of Triple Negative Breast Cancer"

KRIS REISS, PHD, LSU Health, New Orleans - "Therapeutic evaluation of aldoxorubicin for breast cancer brain metastasis"

QIANG SHEN, MD, PHD, LSU Health, New Orleans - "MitoNEET/CISD1 Mediates Diet-relevant Energy Metabolism and Promotes Breast Cancer Development"

VICTORIA BELANCIO, PHD, Tulane University - "Effect of exposure to light at night on L1 mRNA expression and retrotransposition"

MICHAEL HOERGER, PHD, Tulane University - "Reducing Health Disparities in Lung Cancer Screening"

TRAVEL AWARDS SUPPORT PRESENTATIONS AT MAJOR CONFERENCES

The Cancer Research Training and Education Coordination (CRTEC) Travel Award Program facilitates the training experience of undergraduate students, graduate students, and postdoctoral trainees working in LCRC-affiliated laboratories. The awards defray travel costs to national and international conferences at which the applicant has been selected to present their research.

LSU post-doctoral student Dicle Yalcin presented at the 19th International Conference on Malignancies in HIV/AIDS

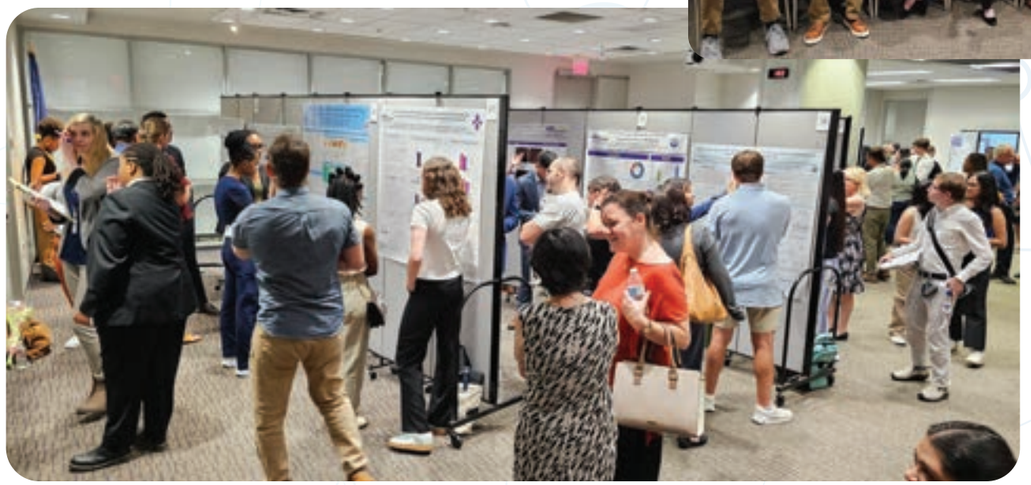
Tulane Graduate Student Afzaal Shareef presented at the Genetics Society UK conference on "Transposons as controlling elements in evolution, development and disease" in Leicester, UK.

SUCRE

Fourteen college students from around the country worked alongside LCRC faculty in their labs in New Orleans as Summer Undergraduate Cancer Research Experience (SUCRE) Fellows.

It was the second SUCRE cohort since the program began in 2023. The students spent eight-weeks working under the direction of LCRC faculty at LSU Health New Orleans, Tulane University School of Medicine, and Xavier University of Louisiana. The program is administered by Charles Wood, PhD, LCRC assistant director of cancer research training and professor of interdisciplinary oncology – LSU Health New Orleans.

About half were from Louisiana, attending LSU, Tulane, and Xavier. Others came from as far away as Michigan State, Johns Hopkins University, Pennsylvania State University, Baylor, Union College, and the College of Wooten.



All of Us RESEARCH PROGRAM

Student Researchers Rely on Powerful All of Us Workbench to Enhance Their Work

The more cancer researchers know about a disease, the better able they are to customize therapies and preventive strategies specific to the patient.

The National Institutes of Health's (NIH) All of Us Research Program seeks to broaden data beyond traditional medical and biological information and include lifestyle and environmental factors for researchers' use.

Cancer scientists including local research organizations and undergraduate researchers gathered at the LCRC to undergo a rigorous screening and education program to gain access to the dataset.

It is a tremendous tool for researchers in all stages of their careers. Xavier University students Lauren Evans and Ivan Jubilee, III completed their own research using the All of Us Workbench after completing NIH's mandatory approval process, with support from KiTani Lemieux, PhD, M.S., associate professor in the College of Pharmacy at Xavier University of Louisiana and Xavier's principal investigator for All of Us. Dr. Lemieux is also a member of the faculty of the Louisiana Cancer Research Center (LCRC).

Sheri Schully, Ph.D, Ivan T. Jubilee II, Lauren Evans, Daybriel Johnson, Karriem Watson, D.H.Sc., M.S., M.P.H at the Louisiana Cancer Research Center

ENGAGE

verb

1. to offer support to a cause or aim; to do or take part in something; to give attention to something.

REACHING ALL OF LOUISIANA

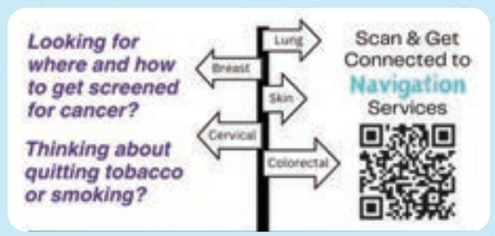
The LCRC's Office of Community Engagement expanded its statewide impact in 2024 by establishing a network of community organizations and health advocates that work together and share resources about cancer prevention, research and clinical trials throughout Louisiana. It is an effective way to reach the entire state of Louisiana and to ensure that cancer resources are reaching the people who need it most.

LCRC's Office of Community Engagement's partners and stakeholders gather regularly to network and share their experiences and feedback from around Louisiana.

STATEWIDE: COMMUNITY HEALTH WORKERS AND NURSE NAVIGATORS

LCRC built a team of Community Health Workers (CHWs) in 2024, with a specialist assigned to each of the state's nine health regions. The CHW's, in partnership with the Louisiana Community Health Outreach Network (LACHON) are responsible for connecting Louisianans and their families to community cancer screening services and other resources promoting healthy behaviors and services.

CHWs also play a vital role directing the underserved to nurse navigators with the Louisiana Cancer Prevention & Control Programs (LCP) at Louisiana State University Health Science Center New Orleans School of Public Health. Through this new initiative with the LCRC, the nurse navigators coordinate with clinical and community partners and researchers in an effort to guide eligible patients to cancer clinical trials and cancer screenings.



Community Health Workers representing Louisiana Region 1 attended a breast cancer awareness event presented by the LCRC and Xavier University of Louisiana. FROM LEFT: Quiana Fulwiley, Region 1, Raenique Sylve, LCRC, Gwendolyn Doggs, Region 1, Catherine Haywood, LACHON, Dr. Earl Benjamin-Robinson, LCRC, Katara Duncan, Region 2.

NORTH LOUISIANA: 2024 PROMISING PRACTICES CONFERENCE

For community and health advocates in north Louisiana, the second annual Promising Practices Conference at Grambling State University was an opportunity to learn about best practices and strategies to reduce Louisiana's disproportionately high cancer rates through education and prevention.

"The importance of collaboration — improving north Louisiana's wellness & health — is going to take all of us working together, having conversations with one another, understanding the resources that we can all bring to the table to move Louisiana in a direction where everyone feels like they have what they need to be the healthiest that they can be," said Earl "Nupsius" Benjamin-Robinson, DrHSc, CPH. Director of LCRC's Office of Community Outreach & Engagement.

"We cannot do this alone … we have to solve our community issues together."
— ALICE PROPHIT, LIVING WELL FOUNDATION

"It takes a community … which includes our grassroot organizations, our public universities, and we need those minds and that expertise to help us improve health outcomes for our entire state population."
— DEONNE BAILEY, LOUISIANA DEPARTMENT OF HEALTH

SOUTH LOUISIANA: CHANGING CANCER CONVERSATIONS

In New Orleans, the LCRC welcomed noted cancer researcher Dr. Robert A. Winn, Director and Lipman Chair in Oncology at Virginia Commonwealth University Massey Comprehensive Cancer Center, for a program entitled, "African Americans and Cancer." Close to 100 community members, health advocates, and researchers participated in an informative discussion on cancer risks and to raise awareness, moderated by Eric Griggs, MD, Community Medicine Director, Access Health Louisiana with Dr. Joe Ramos, former LCRC director, participating as a panelist.

Dr. Winn urged the crowd to change the mindset of skeptics who avoid health care services based on misinformation. "Our job is not to let the normalization of untruths stand," he said. "I'm trying to move you to a place where we don't only think about my biology and my skin in the context of my DNA, but start thinking about our ZNA - zip code neighborhood association."

THE CAMPAIGN FOR TOBACCO FREE LIVING (TFL)

THE LOUISIANA CAMPAIGN FOR TOBACCO-FREE LIVING

The Louisiana Campaign for Tobacco Free Living (TFL) engages in local and statewide tobacco control policy efforts that focus on tobacco prevention, eliminating secondhand smoke exposure, promoting cessation services, and identifying and eliminating cancer and other tobacco-related disparities.

GOAL 1:
TO PREVENT LOUISIANA'S YOUTH FROM BEGINNING TO USE TOBACCO

▶ NEXT ERA ADVISORY BOARD *The 2024-2025 YAB application process garnered substantial intereast, attracting 84 applicants from across Louisiana. Overall, 13 Next Era Youth Advisory Board members were selected. These members represent the 9 Office of Public Health regions.*

▶ *In October, The Louisiana Campaign for Tobacco Free Living hosted a youth* NO-VAPING SYMPOSIUM *in the East Baton Rouge Parish to increase awareness of the dangers of vaping among youth and gain perspectives on what should be done to address this problem. The "pilot" event, was attended by 31 7th-12th graders from Istrouma High School. to better understand why vaping is so prevalent and to explore effective strategies for peer-to-peer intervention. This event included interactive educational games and focus groups to inform strategies to address vaping among youth in Louisiana.*

GOAL 2:
TO ELIMINATE EXPOSURE TO SECONDHAND SMOKE

▶ *A large number of Louisiana residents are not protected from the dangers of secondhand smoke exposure: entertainers, bar, and gaming facility employees.* THE HEALTHIER AIR FOR ALL CAMPAIGN *encourages support for the protection of all employees with the expansion of smoke free policies, businesses, and events across Louisiana.*

CURRENTLY **37** SMOKE FREE POLICIES IN THE STATE

PROTECTING **1.4** MILLION LOUISIANANS

3 NEW SMOKE FREE MUNICIPALITIES IN 2024:
DODSON | VILLAGE OF DODSON | WINNFIELD CITY


City of Ball Council with TFL Regional Manager, Mitzi LasSalle.

GOAL 3:
TO PROMOTE TOBACCO CESSATION

QUIT WITH US.LA

▶ **QUIT WITH US LA** *is a partnership between TFL and the Department of Health Chronic Disease Prevention & Healthcare Access/Well-Ahead Louisiana to provide information and tips for quitting, online resources and free cessation programs.*

CALL **VOLUME**
5,406

GENDER
65%
35%

RACE
33% / **62%** / **2%**
BLACK/ AFRICAN AMERICAN | WHITE | AMERICAN INDIAN/ ALASKA NATIVE

EDUCATION
20% / **35%** / **44%**
NO HIGH SCHOOL DEGREE | HIGH SCHOOL OR GED | SOME POST HIGH SCHOOL

TOP WAYS REGISTRANTS HEARD ABOUT THE **LOUISIANA QUIT LINE**

48% CDC TIPS CAMPAIGN

11% ONLINE (PAID SEARCH/GOOGLE)

11% HEALTH PROFESSIONAL

THE **LA QUITLINE** OFFERS **THREE SUPPORT TRACKS** FOR **LA RESIDENTS** WHO SEEK SUPPORT WITH THEIR QUIT JOURNEY.

60% ENROLLED IN **STANDARD CARE TRACK**

38% ENROLLED IN **BEHAVIORAL HEALTH TRACK**

3% ENROLLED IN **PREGNANT/ POSTPARTUM TRACK**

▶ **THE EMPOWERING PEOPLE IN COMMUNITY SERIES (EPCS)** *consists of educational events (virtual/hybrid) coordinated by TFL staff featuring stakeholders (i.e., guest presenters/speakers) from public health/policy/medical communities, community advocates, and subject matter experts to reach professionals and community members from across Louisiana and beyond.*

GOAL 4:
TO IDENTIFY & ELIMINATE CANCER & OTHER TOBACCO-RELATED DISPARITIES ISSUES

14 TOTAL **WEBINARS**

290 TOTAL **ATTENDEES**

7 **SECTORS** REPRESENTED

GOAL 5:
TO FACILITATE EFFECTIVE COORDINATION OF ALL TOBACCO CONTROL & PREVENTION INITIATIVES STATEWIDE

TFL'S REGIONAL MANAGERS CONDUCTED:

87 **VAPING & TOBACCO** PREVENTION PRESENTATIONS

118 **OUTREACH EVENTS** ACROSS THE STATE

7,000 **INDIVIDUALS** REACHED

IMPROVING PUBLIC HEALTH: TOBACCO CONTROL INITIATIVE

The Louisiana Tobacco Control Initiative (TCI), an LSU Health New Orleans School of Public Health program funded by the Louisiana Cancer Research Center, works to reduce cancer risk in the state by integrating tobacco cessation interventions into healthcare delivery systems and health centers serving high-prevalence high-risk populations; and conducting innovative research on health system and individual behavior change, disseminating results through publications and reports, and translating findings into clinical practice.

PRACTICE

TCI assesses its impact on health system-, clinic-, and patient-level factors that aid smokers with quitting. In 2024, TCI partnered with 19 health systems/centers in the state and trained close to 2,000 clinicians to screen, treat, and refer tobacco users for cessation services. TCI received 1,902 referrals (1,753 unique tobacco users) for cessation treatment. Among the unique referrals, 1,030 tobacco users indicated a readiness to quit. TCI Tobacco Treatment Specialists (TTS) scheduled 510 of those ready to quit for individual behavioral counseling, provided 479 individual counseling sessions to 250 unique tobacco users, and referred more than 100 of them to the Louisiana Quit Line for additional cessation services.

1,913 **CLINICIANS TRAINED** TO SCREEN AND TREAT TOBACCO USE

1,902 **REFERRALS** RECEIVED FOR **TCI COUNSELING** FROM PARTNER SITES

479 INDIVIDUAL **COUNSELING SESSIONS** FACILITATED BY TCI SPECIALISTS

250 UNIQUE **TOBACCO USERS** COUNSELED

MOST SMOKERS IDENTIFIED AS:

FEMALE	BLACK	WHITE	SINGLE	≥ 60 YEARS OLD	HIGH SCHOOL DIPLOMA
61%	**48%**	**47%**	**52%**	**42%**	**44%**

109 UNIQUE TOBACCO USERS **REFERRED** TO THE STATE **QUITLINE**

SCHOLARSHIP

TCI aligns its research agenda with the LCRC's goal of becoming a National Cancer Institute (NCI) designated Cancer Center. TCI team members secured over $2.4 million in external grant funding from the NCI to assess the effectiveness of a multilevel integrated intervention for LDCT lung cancer screening and smoking cessation among African Americans. TCI published its research study findings in four journals, including Stats, the Journal of Clinical and Translational Science, and Innovation in Aging.

TCI mentored a graduate (doctoral level), a postdoctoral fellow and a undergraduate student. Mentees presented their research findings through scientific posters and an oral presentation at Xavier University of Louisiana's 17th Health Disparities Conference, Louisiana Cancer Research Center Annual Scientific Retreat, and LSUHSC-NO Graduate Research Day.

$2.4 MILLION EXTERNAL GRANT FUNDING

4 **MANUSCRIPTS** PUBLISHED

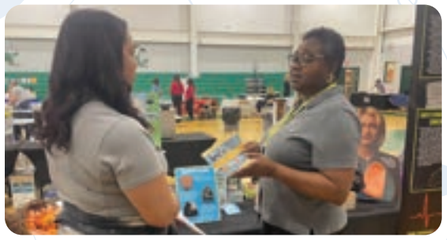
7 **SCIENTIFIC POSTERS** PRESENTED

JACK WANG, BS (LSUHSC-NO)
Influence of Race and Peer Perception on E-cigarette Use: Results from a National Survey of among High School Students.
Xavier University of Louisiana's 17th Health Disparities Conference.

RANDY HAMILTON (XULA)
How Environmental Risk Factors Drive Racial Disparities in Prostate Cancer Stages at Diagnosis.
Louisiana Cancer Research Center SUCRE Fellow.

ALMETRA GRANGER, MPH (LSUHSC-NO)
An Analysis of Smoking Prevalence Among WIC and non-WIC participants in Louisiana.
Louisiana Cancer Research Center Annual Scientific Retreat.

JULIE MARTIN, PHD (LSUHSC-NO)
A Mixed-Methods Approach to Investigate Parent-Child Communication About E-Cigarette Use and Measure Subsequent Health Outcomes.
Oral Presenter. LSUHSC-NO Graduate Research Day.



TCI performed community outreach and engagement activities for several nationally recognized health observances this calendar year, including World No Tobacco Day, Lung Cancer Awareness Day, and Great American Smokeout (GASO) Day. Outreach and engagement activities included radio and TV interviews, social media posts, text message campaigns, and health fair tables. For example, in observance of the American Lung Association's GASO day on November 20th, TCI TTS hosted educational events in cities throughout the state, including West Monroe, Lake Charles, Baton Rouge, New Orleans, and Independence, LA. Activities included display tables showing the harmful chemicals found in cigarettes and visual displays of smoking-related health outcomes.

STATEMENT OF FINANCIAL POSITION

June 30, 2024 (with comparative financial information as of June 30, 2023)

ASSETS

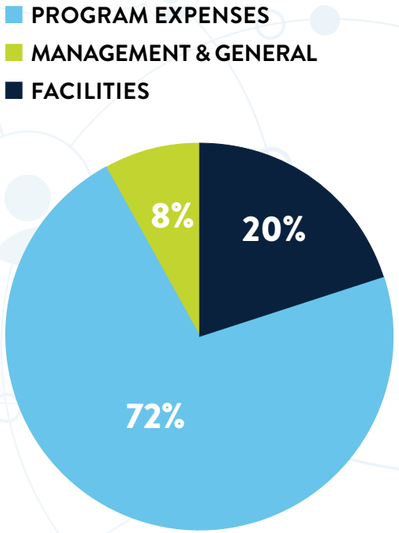
	2024	2023
Cash & Cash Equivalents	37,163,707	25,020,850
Investments	19,112,593	18,264,772
Receivables - Grants	2,178,637	5,743,445
Receivables - Other	3,202,741	33,432
Property and Equipment	75,629,482	77,509,308
Prepaid Expenses	185,922	151,997
Deposits	52,400	52,400
Right of use asset - operating	3,419,669	3,497,421
TOTAL ASSETS	**140,945,151**	**130,273,625**

LIABILITIES & NET ASSETS

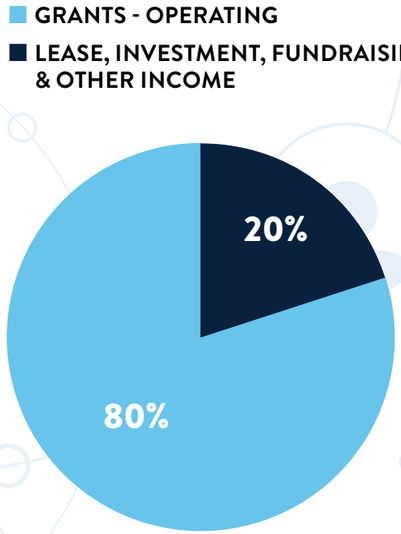
LIABILITIES	2024	2023
Accounts Payable	4,729,770	2,683,663
Accrued Liabilities	223,439	234,300
Lease Liability - operating	3,419,669	3,497,420
TOTAL LIABILITIES	**8,372,878**	**6,415,383**

NET ASSETS	2024	2023
Without Donor Restrictions	4,465,307	4,375,478
With Donor Restrictions	128,106,966	119,482,764
TOTAL NET ASSETS	**132,572,273**	**123,858,242**
TOTAL LIABILITIES & NET ASSETS	**140,945,151**	**130,273,625**

OPERATING EXPENSES 2024



FUNDING SOURCES 2024



STATEMENT OF ACTIVITIES

Year ended June 30, 2024 (with summarized financial information for the year ended June 30, 2023)

REVENUES

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	2024 TOTAL	2023 TOTAL
Grants		23,448,814	23,448,814	12,810,400
Lease Income	4,498,099		4,498,099	4,051,292
Investment Income	48,006	1,212,355	1,260,361	213,416
Other	116,299		116,299	135,277
Fundraising & Contributions	21,724		21,724	27,947
Net Assets Released from Restrictions	16,036,967	(16,036,967)	-	-
TOTAL REVENUES	**20,721,095**	**8,624,202**	**29,345,297**	**17,238,332**

EXPENSES

Research Expenses	7,874,560		7,874,560	7,838,984
Cessation/TFL Expenses	3,612,492		3,612,492	3,675,777
Salaries and Related Benefits	1,159,426		1,159,426	1,400,188
Operating Services	4,113,108		4,113,108	3,992,656
Supplies	68,618		68,618	46,749
Professional Services	440,559		440,559	255,024
Travel & Meeting Expenses	27,090		27,090	77,836
Depreciation	3,282,421		3,282,421	3,480,121
Fundraising Expenses	-		-	-
Other	52,992		52,992	54,919
TOTAL EXPENSES	**20,631,266**		**20,631,266**	**20,822,254**
INCREASE(DECREASE) IN NET ASSETS	**89,829**	**8,624,202**	**8,714,031**	**(3,552,257)**
NET ASSETS, BEGINNING OF YEAR	4,375,478	119,482,764	123,858,242	127,410,499
NET ASSETS, END OF YEAR	**4,465,307**	**128,106,966**	**132,572,273**	**123,858,242**