

- A. Name and location of hospital: Our Lady of the Lake Regional Medical Center, 5000 Hennessey Blvd., Baton Rouge, LA 70808
- B. Name of cancer center: The Cancer Program of Our Lady of the Lake and Mary Bird Perkins
 - *Referred to throughout as the "Cancer Program".
 - *Our Lady of the Lake Hospital referred as (OLOL) and Mary Bird Perkins Cancer Center (MBP)
- C. Identify PI and key personnel with contact information (very brief bios) for each of the pilot focus areas:
 - Disparities and Survivorship Renea Austin-Duffin, Executive Director, C.A.R.E. Network

MBPCC

4950 Essen Lane

Baton Rouge, LA 70809-3842

(225).215.1227 or renead@marybird.com

Renea Austin-Duffin is responsible for the oversight and strategic development for all programs and services within the critical outreach arm of the Cancer Program. These include social services; transportation; tumor registry; patient, general public and physician education and early detection/community cancer screening services. Duffin previously held executive leadership positions at Blue Cross Blue Shield of Louisiana where she served as Senior Vice President, Member and Community Relations; Diversity Officer and Foundation President. She also served as a senior cabinet member in Governor Mike Foster's administration as Secretary of the Louisiana Department of Social Services. Duffin holds a Bachelors of Science in Business and Public Administration from Louisiana State University and a Masters in Public Administration from Southern University.

• Clinical Trials and Biospecimens

Donna Bryant, Executive Director, Clinical Research Network

MBPCC

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Donna Bryant, MSN, ANP, and a registered nurse at OLOL for 13 years, earned a Masters of Science in Nursing as a Nurse Practitioner in 1997, and was the first Oncology Nurse Practitioner in Baton Rouge. She obtained her national certification as an Oncology Certified Nurse® in 1998 and subsequently became involved with oncology clinical research. She has managed more than 100 oncology-related clinical trials and has received the Certified Clinical Research Coordinator certificate from the Association of Clinical Research Professionals.

 Information Technology Stephanie Mills, MD MHCM

> Chief Medical Information Officer Franciscan Missionaries of Our Lady Health System 5000 Hennessey Blvd, Baton Rouge, LA 70808 (225).765.6869

Stephanie.Mills@FMOLHS.org

Dr. Mills received her Doctor of Medicine from The Johns Hopkins University School of Medicine, Baltimore, Maryland, and a Master of Science in Health Care Management from Harvard University, School of Public Health. She served as Chief Medical Information Officer, OLOLRMC since 2004; has been an attending physician, Pediatric Emergency Department, Children's Center, OLOLRMC from 2000 – present; and was Medical Director, Pediatric Emergency Services and Clinical Information Services, Children's Hospital, OLOLRMC 2002 – 2004. In her IT role, she leads and facilitates clinician, IT and operations advisory groups in the design and enhancement of clinical information systems to support excellence in patient care, data collection and research, including the development of an electronic medical record for computerized physician order entry, electronic physician documentation and other applications. She leverages development of IT as a means to improve quality of care; oversees collection of data for clinical purposes, including tracking, data mining, medical logic module creation and interpretation of outcomes; and promotes value-driven healthcare through the use of IT tools.

• Quality of Care David Hanson, MD

Louisiana Hematology Oncology Associates 4950 Essen Lane Baton Rouge, LA 70809-3842 (225).767.1311 Chairman, Integrated Cancer Committee OLOL Oncology Service Chief; OLOL/MBP Medical Staff

The Medical Director (Physician Director) of the Cancer Program provides leadership from a clinical, programmatic, and management perspective and chairs the Integrated Cancer Committee. Medical Director Dr. David Hanson, OLOL oncology service chief, has demonstrated leadership in the multidisciplinary cancer center setting; is actively involved in national clinical trials; is on staff and provides direct patient care and teaching activities at the local university-based charity hospital; and ensures that service-oriented patient care is delivered on a consistent basis in accordance with best practice models. He received his graduate training from the University of Colorado Health Sciences Center in Denver where he was also a Fellow in Hematology and Oncology. His professional experience has spanned nearly twenty years. During that time, Dr. Hanson has been committed to advancing clinical research to the benefit of all patients. He has held numerous academic appointments and community service leadership positions. A dedicated and respected oncologist, Dr. Hanson has chaired the Integrated Cancer Committee since 1997.

D. Describe the model for medical staff for cancer center (e.g., employed, private practice, contracts, specialty company contract, combination)

The Cancer Program's medical staff is composed of both private practice physicians and employed physicians. Of comprehensive design, the Cancer Program has medical oncologists, radiation oncologists, pathologists, medical physicists, surgeons, radiologists and other healthcare professionals on staff. Physicians who support the Cancer Program are in private practice, the majority located on the OLOL campus.

E. Provide the number of physicians in the cancer program – note cancer program specific medical staff credentialing if applicable

As outlined in the chart below, the Cancer program has approximately 200 members on its medical staff. The Cancer Program is accredited by the American College of Surgeon's Commission on Cancer's Approvals Program, which sets standards for high quality, multidisciplinary cancer care. Of comprehensive design, the Cancer Program has medical oncologists, radiation oncologists, pathologists, medical physicists, surgeons, radiologists and other healthcare professionals on staff. Physicians who support the Cancer Program are in private practice, the majority located on the OLOL campus. They serve in a variety of leadership positions in the Cancer Program. Participation in the pilot will likely expand the inclusion of additional practitioners and underserved citizens into the Cancer Program.

Both staff and private practice physicians serve on the Cancer Program leadership team as part of the **Integrated Cancer Committee**, which meets at least quarterly. The Committee has been chaired since 1997 by Dr. David Hanson, a private practice oncologist practicing on the OLOL campus since 1994 before becoming Medical Director. Leadership for research, vision, and growth rest with this group, composed of multiple healthcare disciplines and a broad scope of program and administrative staff, including all members who make up the NCI pilot project team. The Integrated Cancer Committee is responsible for setting goals, planning, initiating, implementing, evaluating, and improving all cancer-related activities in the Cancer Program. In addition, a Cancer Physician Leadership Committee meets monthly with the Medical Director and the administrative team dealing with patient care, policy, and regulatory procedures. The current Chair of the cancer physician leadership committee is Dr. Gerald Miletello, a physician leader in private oncology practice and a long-term member of the Integrated Cancer Committee.

The Cancer Program sets high standards for medical staff, including Delineation of Privileges for medical oncology, pathology, and radiation oncology. To ensure high quality cancer treatment, twenty medical oncologists and six radiation oncologists work in concert with 34 surgeons—two of whom are oncologic surgeons exclusively; three others specialize in breast surgery. The Cancer Program has 24 hour/7 days a week access to eleven Board Certified pathologists. The only peripheral blood stem cell transplantation program in the region, our program includes an Oncology Special Care Unit to care for peripheral stem cell transplant patients, high dose immunotherapy patients and patients receiving treatments requiring care within a highly controlled environment. The peripheral stem cell transplant program is accredited by the Foundation for Accreditation of Cellular Therapy (FACT). As required by FACT standards, the Program Director, Dr. M. Patrick Stagg, of the Cellular Transplant program is Board Certified in Internal Medicine and Oncology. Attending physicians in the cellular transplant program have specific clinical training in hematopoietic progenitor cell transplant medicine and participate regularly in continuing education related to the field of hematopoietic stem cell transplantation. Among the first five accredited integrated cancer programs in the nation, OLOL is the only high-dose Interleukin II chemotherapy treatment center in Louisiana, with specially trained, experienced staff.

A progressive head and neck surgery practice is a recent addition to the OLOL campus that will establish new tissue-banking resources on-site. Dr. Anna Maria Pou is the former Director of Resident Education in the Department of Otorhinolaryngology at LSU Health Sciences Center and a physician leader at the LSU Stanley S. Scott Cancer Center, site of an NCI Minority-Based Community Clinical Oncology Program (CCOP) grant. She directs a Multidisciplinary Planning Meeting and is joined by colleagues throughout the Cancer Program who, together, represent strong oncology leadership committed to patient care, growth and research.

The Cancer Program includes an expert 16-member medical physics team, under the leadership of Dr. Kenneth Hogstrom, and works with six radiation oncologists on staff and other physicians in private practice to maximize the capabilities of advanced diagnostic imaging and therapeutic equipment. The Cancer Program offers the most comprehensive and experienced radiation therapy treatment center in Louisiana, including IMRT, advanced IGRT through BrainLAB Novalis and the TomoTherapy HI-ART system, stereotactic radiosurgery for cranial and extra-cranial targets and functional disorders, adaptive radiotherapy, and 4-D tumor localization. All six radiation oncologists are board certified by the American Board of Radiology, with registered nurses certified by the Oncology Nursing Society.

The Cancer Program has an aggressive continuing education program for physicians practicing or, otherwise, interested in oncology. The physicians have been consistently active in ASCO, RTOG, and ASTRO. Cancer program physician leaders consistently accrue no less than 40 to 50 CME hours per year, which demonstrates a strong commitment to education, recent advancements, and state of the art cancer care. They serve in local, regional, and national leadership roles in a variety of health, research, and cancer-specific organizations. As part of its duties to the Cancer Program, MBP has provided oncology-specific CME programs for more than 15 years and is the only oncology-specific CME provider in the region. The Cancer Program offers an average of 35 CME offerings annually, providing over the last four years 149 oncology-specific CME programs, educating 1,502 physician attendees and 724 non-physician attendees.

The Cancer Program of Our Lady of the Lake and Mary Bird Perkins

Medical Staff Listing

Lobrano	Amy	012095	Gastroenterology	Active
Guidroz	Andrew	010503	Gastroenterology	Prov.Act.
Oubre	Benton	001398	Gastroenterology	Prov.Act.
Walsh	Douglas	000262	Gastroenterology	Active
Be	Robert	011203	Gastroenterology	Active
Mullins	W.	011533	Gastroenterology	Active
Nelson	Andrew	011309	Gastroenterology	Active
Leo	Ronald	000168	Gastroenterology	Active
Alapati	Satyaprasad	000128	Gastroenterology	Active
Boudreaux	Ronald	000854	Gastroenterology	Active
Berggreen	Charles	000836	Gastroenterology	Active
Rao	Maheswar	000992	Gastroenterology	Active
Anderson	William	000642	Gastroenterology	Active
Fusilier	Gregory	000997	Gastroenterology	Active
McClelland	George	000698	Gastroenterology	Active
Hirsch	Gary	000126	Gastroenterology	Active
Faruqui	Shaban	027854	Gastroenterology	Active
Wolfsheimer	Frank	081851	Gastroenterology	Active
Balart	Luis	094890	Gastroenterology	Prov.Act.
Ruth	Michael	011307	Gastroenterology	Prov.Act.
Howell	J.	040808	Gastroenterology	Active
Cayton	Stewart	010494	General Surgery	Prov.Act.
Duchesne	Juan	076536	General Surgery	Prov.Act.

Hailey	Michael	001426	General Surgery	Prov.Act.
Barfield	Louis	010211	General Surgery	Prov.Act.
Desselle	Wesley	010339	General Surgery	Prov.Act.
Elieson	Melvin	010496	General Surgery	Prov.Act.
Froelich	James	012081	General Surgery	Prov.Act.
Jacome	Tomas	010413	General Surgery	Prov.Act.
Littleton				
	Jeffrey Michael	000095	General Surgery	Active
Dupre		000182	General Surgery	Active
Field	Samuel	000076	General Surgery	Active
Bellanger	Drake	011311	General Surgery	Active
Cuntz	Cecilia	011424	General Surgery	Active
Gordon	Stephen	000138	General Surgery	Active
Rhynes	V.	011299	General Surgery	Active
Bostick	Peter	000103	General Surgery	Active
Hausmann	Mark	000851	General Surgery	Active
Hirsch	Alec	000911	General Surgery	Active
Brevard	Sidney	097320	General Surgery	Active
Byrd	Richard	000703	General Surgery	Active
Schwartzberg	Glen	000598	General Surgery	Active
LeBlanc	Karl	000416	General Surgery	Active
Puyau	Michael	000718	General Surgery	Active
Chiasson	Edward	000496	General Surgery	Active
Whitaker	John	886	General Surgery	Active
Dupont	J.	026039	General Surgery	Active
JhunJhunwala	Jay	042655	General Surgery	Active
Richey	Thomas	000683	General Surgery	Consulting
Harelson	Samuel	034553	General Surgery	Active
Mencer	Ernest	057703	General Surgery	Active
Lee	W.	048801	General Surgery	Active
Ross	Sidney	000856	General Surgery	Active
Elliott	Robert	026856	General Surgery	Active
Nasca		.		Active
	Joseph	060608	General Surgery	
Fort	Milton	000613	Gynecology	Active
Sightler	Sterling	000669	Gynecology	Active
Nelson	Susan	005046	Internal Medicine	Active
Anderson	Glenn	000224	Neurosurgery	Active
Landreneau	Fraser	011569	Neurosurgery	Active
Corsten	Luke	000315	Neurosurgery	Active
Waguespack	Paul	001078	Neurosurgery	Prov.Act.
Mitchell	Horace	011196	Neurosurgery	Active
loppolo	Anthony	041103	Neurosurgery	Consulting
Joseph	Allen	000404	Neurosurgery	Active
Clifford	John	020404	Neurosurgery	Active
Flynn	Thomas	029207	Neurosurgery	Consulting
		023201		
Gazmen	Nina		Nuclear Medicine	Prov.Act.
Gallegos	Elizabeth	000036	Nuclear Medicine	Active
Bujenovic	L.	011137	Nuclear Medicine	Active

Palliative Care Medical Director

Sylvester	James	000896	Nuclear Medicine	Active
Mannting	Finn	000213	Nuclear Medicine	Active
Campeau	Richard	11416	Nuclear Medicine	Prov.Act.
Beven	Terence	013607	Nuclear Medicine	Active
Breaud	P.M.		Oncologic Dentist	
Spell	Derrick	010184	Oncology	Prov.Act.
Bienvenu	Bryan	000112	Oncology	Active
Shih	Kent	001460	Oncology	Prov.Act.
Stringfellow	Mary	000276	Oncology	Active
Castine	Michael	011582	Oncology	Active
Yadlapati	Siva	011434	Oncology	Active
McCanless	Christopher	011125	Oncology	Active
Roberts	Todd	097282	Oncology	Prov.Act.
Roborto	1000	007202	Chloslogy	1 104.7 (01.
Hanson	David	000974	Oncology	Active
Stagg	M.	000938	Oncology	Active
Brooks	Burke	011222	Oncology	Active
Abernathy	Deborah	000894	Oncology	Active
Faruqui	Shaista	027904	Oncology	Active
Miletello	Gerald	000455	Oncology	Active
Patten	Judd	000724	Oncology	Active
Fabrega	Ruben	012270	Oncology	Active
Reine	Georgia	000454	Oncology	Active
Billings	Frederic	013706	Oncology	Active
Burroughs	Richard	017202	Oncology	Consulting
Moore	Sheila	000476	Oncology	Active
McWhorter	Andrew	000229	Otolaryngology	Prov.Act.
McLaughlin	Kevin	076538	Otolaryngology	Active
Pou	Anna	076528	Otolaryngology	Prov.Act.
Nuss	Daniel	094931	Otolaryngology	Prov.Act.
Kim	Joe		Pain Management	Active
Braswell	John	010203	Pain Management	Prov.Act.
Grove	Jerome	010276	Pain Management	Prov.Act.
Patel	Alpesh	099210	Pain Management	Prov.Act.
Turnipseed	Joseph	001375	Pain Management	Active
Jiha	Jihad	001518	Pain Management	Prov.Act.
Weitz	Sandra	011402	Pain Management	Active
Burdine	J.	000314	Pain Management	Active
Feldman	Arnold	094700	Pain Management	Active
Crowe	Patrick	010164	Pathology	Active
Harton	Anthony	010457	Pathology	Prov.Act.
Simmons	John	001401	Pathology	Active
Koscick	Robert	011568	Pathology	Active

Vice Chief Staff Oncology

Chief of Staff Oncology OSCU Medical Director

Pediatric Oncology/St. Jude

Webb	Brian	010300	Pathology	Prov.Act.
Polk	Peggy	011240	Pathology	Active
Ogden	Beverly	000645	Pathology	Active
Robicheaux	J.	000607	Pathology	Active
Cavalier	Deborah	000732	Pathology	Active
Dougherty	Bert	010522	Pathology	Prov.Act.
Superneau	Duayne	094684	Pathology	Prov.Act.
Hulett	Alan	000676	Pathology	Active
Boudreaux	David	000567	Pathology	Active
Stromeyer	F.	075705	Pathology	Active
Cooper	E.	001492	Pathology	Active
Jagneaux	Tonya	010509	Pulmonology	Prov.Act.
Culotta	Roy	097314	Pulmonology	Prov.Act.
Gamble	Lisa	010578	Pulmonology	Prov.Act.
Landry	Scott	001290	Pulmonology	Prov.Act.
Fields	Ronald	000278	Pulmonology	Active
Pirzadah	Mohammad	000189	Pulmonology	Active
Hee	Bernadette	011555	Pulmonology	Consulting
Hinkle	Robert		Pulmonology	Prov.Act.
Brierre	Stephen	008053	Pulmonology	Consulting
McGrath	Stephanie		Pulmonology	Active
Erwin	William	011128	Pulmonology	Active
Erwin	William	011128	Pulmonology	Active
McCarthy	Michael	000866	Pulmonology	Active
Hebert	Cullen	000844	Pulmonology	Active
Deboisblanc	Bennett	097315	Pulmonology	Prov.Act.
Haygood	Bolling	000616	Pulmonology	Active
Hodges	Mark	000684	Pulmonology	Active
Crosby	Robert		Pulmonology	Active
Gomes	Glenn	011195	Pulmonology	Consulting
Thomas	David	000270	Pulmonology	Active
Hines	William	039107	Pulmonology	Active
Vath	Richard	078634	Pulmonology	Active
Roberts	Floyd	068858	Pulmonology	Active
Kearley	Richard	044057	Pulmonology	Active
Tellis	Claude	011236	Pulmonology	Consulting
Hebert	Richard	037101	Pulmonology	Active
Avritscher	Rony	012194	Radiology	Prov.Cons
Lauve	Andrew	0.2.0.	Radiology	Prov.Cons
Theoharis	Jennifer	010084	Radiology	Prov.Cons
Binder	Christian	010004	Radiology	Prov.Cons
Wong	William	012133	Radiology	Prov.Cons
Brown	Kirk	007327	Radiology	Prov.Cons
Wofford	Mark	010377	Radiology	Prov.Act.
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Wong	Edward	012246	Radiology	Prov.Cor

Cancer Committee Liaison Pathology Medical Director

Majoria	Ryan	11188	Radiology	Active	Interventional Radiology
Bruce	Michael	097274	Radiology	Prov.Act.	
Hayden	Robert	011189	Radiology	Active	
Casey	Sean	010082	Radiology	Prov.Cons	
Boyer	Cynthia	010117	Radiology	Prov.Act.	
Pendarvis	Ranie	012245	Radiology	Prov.Cons	1
Levine	Renee	000981	Radiology	Active	Radiation Oncology
Tassin	Gerard	001145	Radiology	Active	
Anderson	Dwayne	001152	Radiology	Active	
Henkelmann	Gregory	000686	Radiology	Active	Radiation Oncology Medical Director
King	Maurice	011302	Radiology	Prov.Act.	Radiation Oncology
McDonnell	Kevin	012215	Radiology	Prov.Cons	
Gibson	Keith	010551	Radiology	Prov.Act.	
Nicell	Donald	012218	Radiology	Prov.Cons	
Russell	William	011457	Radiology	Consulting	
Alexander	Albert	001259	Radiology	Prov.Cons	
Lum	Gary	000593	Radiology	Consulting	
Clarke	Delphia	012196	Radiology	Prov.Cons	
Johnson	Sheldon	043059	Radiology	Active	Radiation Oncology
Lo	Kenneth	000602	Radiology	Active	Radiation Oncology
McNeill	Daniel	000521	Radiology	Active	
Walker	David	079426	Radiology	Active	
Coles	Chester	021030	Radiology	Consulting	
Fields	Robert	000575	Radiology	Active	Radiation Oncology
West	Roger	001128	Radiology	Prov.Act.	
Collins	Ted	021006	Radiology	Active	
Blue	Kenneth		Urology	Active	
Kubricht	William	010161	Urology	Prov.Act.	
Hollier	Henry	011570	Urology	Active	
Vick	Stephen	011445	Urology	Active	1
Smither	Anna	010158	Urology	Prov.Act.	j
Ingerman	Alexander	011411	Urology	Active	1
Posner	Mark	000960	Urology	Active	1
Wills	Thomas	000914	Urology	Active	1
Mays	Spyrie	011103	Urology	Active	1
Morris	James	000855	Urology	Active	1
Annaloro	Angelo	000115	Urology	Active	1
Taylor	Robert	000647	Urology	Active	1
Hastings	David	000578	Urology	Active	1
Bridges	Charlie	000641	Urology	Active	1

Grissom Zaruski Carter Wexler Blue Wall Medical Physics Alleman	Robert Andrew Richard Harold Kenneth Williams S Scott	000415 011285 019000 080838 014001 080200	Urology Urology Urology	Active Active
Carter Wexler Blue Wall Medical Physics Alleman	Richard Harold Kenneth Williams	019000 080838 014001	Urology	
Wexler Blue Wall Medical Physics Alleman	Harold Kenneth Williams	080838 014001		
Blue Wall Medical Physics Alleman	Kenneth Williams	014001		Active
Wall Medical Physics Alleman	Williams		Urology	Active
Medical Physics Alleman	3	080200	Urology	Active
Alleman			Urology	Active
Alleman				
	Scott			
		Medical		
a		Physicist		
Cheek	Dennis	Academic		
		Medical		
		Physicist		
		Medical		
Chu	Connel	Physicist		
_	. .	Medical		
Dunn	Chad	Dosimetrist		
	_	Medical		
Eddy	Terry	Dosimetrist		
	14	Medical		
Ferachi	Kara	Physicist		
Gibbons	.lohn			
GIDDOIIG	00	, 6.66		
			MBPCC/Professor	
Hoastrom	Ken			
J		Physics		
			a QA Dosimetrist	
		QA		
Laufenberg	Eric	Dosimetrist		
		Post Doctoral		
Lee	Tae Kyu	Fellow		
		Post Doctoral		
	Monico	Fellow		
Moldovan	iviorilea			
		Medical		
Moldovan Neck	Daniel	Physicist		
		Physicist Academic		
Neck		Physicist Academic Medical		
	Daniel	Physicist Academic		
Neck	Daniel	Physicist Academic Medical Physicist		
Neck	Daniel	Physicist Academic Medical Physicist Academic Medical Physicist		
Neck Parker Rosen	Daniel Brent Isaac	Physicist Academic Medical Physicist Academic Medical Physicist Chief		
Neck Parker	Daniel Brent	Physicist Academic Medical Physicist Academic Medical Physicist Chief Dosimetrist		
Neck Parker Rosen	Daniel Brent Isaac	Physicist Academic Medical Physicist Academic Medical Physicist Chief Dosimetrist Medical		
Neck Parker Rosen	Daniel Brent Isaac	Physicist Academic Medical Physicist Academic Medical Physicist Chief Dosimetrist Medical Physicist		
Neck Parker Rosen Singleton	Daniel Brent Isaac Eddie	Physicist Academic Medical Physicist Academic Medical Physicist Chief Dosimetrist Medical Physicist & Radiation		
Neck Parker Rosen	Daniel Brent Isaac	Physicist Academic Medical Physicist Academic Medical Physicist Chief Dosimetrist Medical Physicist		
		Dosimetrist Post Doctoral Fellow Post Doctoral	MBPCC/Professor & Director of Medical Physics I & QA Dosimetrist	

F. Describe multi-disciplinary care model

The Cancer Program is based upon the provision of an interdisciplinary/multidisciplinary model of cancer care. The disease-site approach to multi-disciplinary care is where we will continue to invest resources to support best practices for disease sites such as head and neck and colorectal cancers. The Cancer Program's experience of more than two decades of developing services to meet the full scope of patient and community needs—from prevention to end of life care--illustrates the flexibility and dedication required to achieve the goals of the pilot. A holistic approach that includes psycho-social, nutrition, physical and occupational therapy, counseling, and dental needs of cancer patients is the culture of the cancer program. The Integrated Cancer Committee, which has the authority over the design and implementation of the Cancer Program, is made up of a broad spectrum of medical disciplines and social service practitioners. The C.A.R.E. Network (the Cancer Program's Outreach Arm) is part of the program's multidisciplinary community-based model with an extraordinary emphasis on the components of education and outreach, especially to improve services for those often neglected by the traditional models of healthcare.

G. Provide a brief overview of community demographics

The cancer program serves a primary market of 621,755 citizens who are 36 percent minority (primarily African American). The secondary market is comprised of 260,132 citizens, predominately rural, and 39 percent minority. Sixteen (16) percent of the market is uninsured, and another 18 percent rely on Medicaid.

Post-hurricane estimates predict a 16 percent increase in market size, with Baton Rouge, Louisiana's capital city, now the largest city in the state. In a state with the highest poverty rate in the nation (www.census.gov), the Cancer Program has demonstrated its capacity to expand quality models of care to historically underserved populations.

H. Describe the philosophy on community outreach and list five major activities to reach disparate populations – note if the organization participates in a formal and ongoing community coalition to address unmet health need

The Cancer Program has well-established community partners and traditions that address outreach among the hard to serve populations and has significant infrastructure in place to expand community-based clinical care and extensive auxiliary services to underserved neighborhoods. We use a variety of state data sources to drive our strategic plan, including our own tumor registry and data from the LA Tumor Registry to develop strategies for community outreach to reduce health disparities.

The Cancer Program has demonstrated significant commitments to the communities it serves by aggressively addressing the disparities in cancer care prevalent in Louisiana—a state in which too many people die of cancer, in comparison to other states. The cancer death rate is attributed to Louisiana's significant low income population with barriers to healthcare services, including education about the role of early detection. Nearly 10,000 Louisiana residents die of cancer each year, with lung cancer the most deadly. The LA Department of Health and Hospitals lists cancer as the second highest cause of death in Louisiana, with over 22,000 residents diagnosed with cancer each year. Louisiana ranks third in the nation for overall cancer death rates (2001). Residents in Louisiana tend to have poorer survival rates than their national counterparts, which is tied to later stage diagnosis. For example, African American women have breast cancer incidence rates similar to the national rate but have death rates 17 percent higher (all data from 2004-2009 *LA Cancer Control Plan*).

There is another negative but clear connection between poverty level and insurance status for adults. The state has ranked in the top five among states for the number of uninsured people since 2000, with 16 percent of citizens in the Cancer Program's service region without health insurance. Only 48.8 percent of state residents are covered by private health insurance and nearly one third are covered by public programs such as Medicaid and Medicare. Ninety percent of Louisiana parishes are designated as federal Primary Care Health Professional Shortage Areas, signifying a patient to primary care physician ratio that falls short of the federally recommended benchmark of adequate access to preventative and primary care services. The historical poverty rate and need, however, have produced a broad and deep network of philanthropic sponsors and partnerships with the Cancer Program.

MBP was established to meet unmet needs of both insured and indigent patients in the early 1970s, and Our Lady of the Lake Medical Center was founded by the Franciscan Missionaries of Our Lady—both institutions, first separately and now together, have demonstrated an inherent organizational commitment to the underserved in the region.

In the past 12 months, the Cancer Program delivered 41,986 cancer treatments; sixteen percent of those treatments were to indigent patients. In the last three years, the Cancer Program has provided over 18,000 free screenings for breast, prostate, colorectal, and skin cancer in 15 parishes, including over 700 screenings over a nine-month period in the city of New Orleans after Hurricane Katrina, when all mammography services for indigent women were unavailable. The Cancer Program's radiation oncology program is the only provider of radiation therapy to indigent patients in the 15 parish service area and has been providing such care for 35 years.

The Cancer Program works collaboratively with every cancer support agency within the 15 parish service area to leverage resources and reduce duplication. The absolute model for community-based outreach to underserved populations is the C.A.R.E Network, supported by a staff of 20 healthcare professionals. Two full time outreach coordinators support the C.A.R.E. Network screening component, including the use of the *Early Bird* mobile clinic—the only mobile medical clinic in the region dedicated exclusively to comprehensive community cancer screenings for the underserved and uninsured. Built from a heavy-duty truck chassis, the unit features three exam rooms, a blood draw area, and storage for medical supplies. Exam rooms are equipped with examination tables for breast exams, skin cancer, and prostate cancer screenings.

The cancer screening outreach component of the C.A.R.E. Network receives strong organizational support—all expenses are underwritten by the community through the efforts of 7 full-time staff in the Office of Development. Significant dollars and public relations resources are dedicated to promote screening initiatives to ensure all members of a community are aware of locations and schedules for screening. Partners for this critical initiative are private businesses, local foundations, the city of Baton Rouge, the YWCA, 100 Black Men of Metro Baton Rouge, Women's Hospital, St. Elizabeth Hospital, LSUHSC Charity Hospitals, North Oaks Medical Center, St. Tammany Hospital, River West Medical Center, Lane Memorial Hospital, Pointe Coupee General Hospital, Office of Public Health-Regions II & IX, Council on Aging, Louisiana Health Care Review, American Cancer Society, Susan G. Komen Breast Cancer Foundation, and nursing schools from local universities.

When screenings need follow up, the outreach staff connects patients to partnering healthcare providers to ensure prompt treatment. Patients needing radiation therapy are served through one of three radiation centers, regardless of ability to pay. If chemotherapy is indicated, indigent patients can receive treatment directed by three Cancer Program medical oncologists at partnering hospitals within Louisiana's charity hospital system. The only medical oncologists in Baton Rouge who provide services through the LSUHSC charity hospital system are on staff of the Cancer Program

with offices on the campus of OLOL. Dr. David Hanson, Medical Director, has been one of these oncologists since 1994.

Nearly \$5 million in charity radiation therapy care alone was provided in 2005. The Cancer Program is clearly committed to expanding community outreach activities to the underserved in southern Louisiana.

I. 2006 new cancer cases – provide in RFP format

The Cancer Program accessions over 2,200 new cancer cases annually, which is approximately 11 percent of new cases in the state each year. The Cancer Program addresses care for a broad variety of primary sites, with the most common seen being lung, breast, digestive system, prostate, and urinary cancers. The pediatric oncology program, one of four affiliates of St. Jude Children's Research Hospital in the nation, accessions approximately 75 pediatric cases each year. Because of the highly specialized stem cell transplant program, the Baton Rouge regional program attracts nearly 200 bone marrow and lymphatic system cancers annually. Through close working relationship with area physicians who specialize in prostate cancer treatment, including prostate brachytherapy, more than 300 newly accession prostate cancer cases are treated annually.

Approximately 15 percent of newly accessioned cases are indigent patients. Fifty-five (55) percent of new cases are male, with 45 percent female. Almost 20 percent of cases present at late stages, which is consistent with our state's high cancer mortality rates and fuels the commitment to outreach and improvement found within the Cancer Program and its medical staff.

The Cancer Program of Our Lady of the Lake and Mary Bird Perkins

Reporting Period 01.01.06 – 11.30.06

Disease Site	Newly Registered Patients	Number of Pts. Referred to NCI-Designated Cancer Centers
Head and Neck (lip, oral cavity, pharynx, eye, orbit)	102	0
Digestive System (esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas)	370	0
Respiratory (nasal/sinus, larynx, lung/bronchus)	504	0
Blood and Bone Marrow (leukemia, multiple myeloma, other)	69	6
Bone (primary)	6	0
Connective Tissue	18	1
Melanoma	49	0
Other Skin Cancer	0	0
Breast Cancer (male and female)	355	0
Female Genital (cervix, ovary, other)	76	3

Disease Site	Newly Registered Patients	Number of Pts. Referred to NCI-Designated Cancer Centers
Male Genital (prostate, other)	330	0
Urinary System (kidney, bladder, other)	160	0
Brain and CNS (benign, malignant, other)	94	4
Endocrine System (thyroid, other)	23	3
Lymphatic System (NHL, Hodgkin's lymphoma)	81	2
Unknown Primary	44	0
Other/Ill-defined	6	0
TOTAL:	2287	19

J. 2006 patients on clinical trials

The Cancer Program has demonstrated a commitment to quality cancer care for all of our patients, which includes access to the latest evidence-based improvements in technology and treatment protocols. Clinical research trials have been available for oncology patients for 22 years, and radiation and medical oncologists on staff are actively involved in clinical research as sub-investigators. Since 2004, 152 patients have entered clinical trials, with over 60 clinical trials available.

Studies include NCI-sponsored studies through the Cancer Program's membership in two Minority-Based CCOP groups (Tulane and LSU Health Sciences Center), industry sponsored trials, and other regional clinical research networks. The clinical research team includes four full time employees who recruit and support patients participating in clinical trials. With the disintegration of a number of health services in New Orleans since Hurricane Katrina, the Cancer Program and LSU Health Sciences Center (LSUHSC) have established a partnership to expand the clinical research network to include cancer patients for accrual to the Minority Based-CCOP clinical trials. The Cancer Program is working to make clinical trials available to the poor, underserved population at Earl K. Long Charity Hospital (EKL), a component of the LSU charity hospital system. There are 250 newly accessioned cancer cases at EKL annually, but post the 2005 storms, EKL is providing care to uninsured cancer patients from a much broader region. This on-site clinical trial initiative, plus a new telemedicine component, will expand access to clinical trials to patients beyond the Baton Rouge region.

The Cancer Program's clinical research network provides additional opportunities for community based oncology practices to participate in clinical research. The OLOL Scientific Advisory Board reviews trials prior to submission to any IRB. The Cancer Program's clinical research network utilizes the Louisiana State University Institutional Review Board (IRB) for the MB-CCOP trials, and various Central IRBs for pharmaceutical sponsored trials. The clinical research network has the clinical trial infrastructure to support this project and is directed by an Advanced Practice Registered Nurse/Nurse Practitioner who is nationally certified as an Oncology Certified Nurse®,

and ACRP certified as a Certified Clinical Research Coordinator. All research staff hold active membership in the Society of Clinical Research Associates and/or Association of Clinical Research Professionals. In addition to attending annual conferences, participating in Good Clinical Practice guidelines training at investigator meetings, and ongoing continuing education, each member of the research staff is certified by the NIH/NCI in Human Participant Protection Education for Research Teams.

Through the NCI pilot project, the leadership of the Cancer Program looks forward to developing models that will advance the role of clinical research in the community setting, especially for our underrepresented and disadvantaged patients.

Clinical Research Studies The Cancer Program of Our Lady of the Lake and Mary Bird Perkins

Reporting Period 01/01/2004 - 06/30/2007

Sponsor (NCI/Oth er)	Site	Title	Date Opened	Date Closed	Type	200 4 Accr ual Year 1	200 5 Accr ual Year 2	200 6 Accr ual Year 3	200 7 Accr ual Year 4	Tota
			- гринов							
Other	Multiple Myeloma	Peripheral Stem Cell Treatment of Patients with Multiple Myeloma	06/14/95	11/15/06	Therapeu tic	6	4	0	0	10
Other	Wyeloma	Peripheral Stem Cell Treatment of	00/14/00	1 1/ 10/00	tio					10
	Non-	Patients with Non-Hodgkin's			Therapeu				ļ	
Other	Hodgkin's	Lymphoma	06/14/95	11/15/06	tic	4	6	0	0	10
		Phase II Trial of Weekly								
		Gemcitabine and Herceptin in							ļ	
		HER-2 Overexpressing Metastatic			Therapeu				ļ	
Other	Breast	•••	09/13/01	12/17/04	tic	1	0	0	0	1
		A Randomized Phase III							ļ	
		Comparison of Weekly Docetaxel			- .				ļ	
Other		versus Weekly	00/40/04	40/40/00	Therapeu	_		0	0	١ ,
Other	Lung	Docetaxel/Gemcitabine	09/13/01	10/10/06	tic	3	1	0	0	4
		Weekly Docetaxel, Vinorelbine, and Herceptin in Patients with			Thoronou					
Other	Droot	Metastatic Breast Cancer and	10/11/01	04/25/05	Therapeu tic	1	0	0	0	1
Other	Breast	Cisplatin/Etoposide/Radiotherapy	10/11/01	04/25/05	uc	 		U	U	
		with Consolidation Docetacel							ļ	
		followed by Maintenance Therapy			Therapeu					
SWOG	Lung	Tollowed by Maintenance Therapy	07/17/02	04/15/05	tic	1	0	0	0	1
01100	Lung	A Phase II Trial of Tarceva (OSI	01/11/02	0-1/10/00	tio	'				<u> </u>
		774) and Avastin (Bevacizumab)			Therapeu					
Other	Renal	in the Treatment of Patients	01/22/03	01/15/04	tic	1	0	0	0	1
		Cyclophosphamide and								
		Doxorubicin (CA) (4 vs 6 cycles)								
		versus Paclitaxel (4 vs 6 cycles)			Therapeu					
CTSU	Breast		04/16/03	N/A	tic	0	0	1	0	1
		Trial of Concurrent Irinotecan,								
		Carboplatin, and Radiation							ļ	
		Therapy Followed by			Therapeu		_	_	_ !	
Other	Lung	Bevacizumab	10/09/03	09/10/04	tic	1	0	0	0	1
		ZD1839 versus Methotrexate for								
O4h - "	Head &	Previously Treated Patients with	40/00/00	00/40/05	Therapeu	,	0	0	•	
Other	Neck	Squamous Cell Carcinoma	10/09/03	03/10/05	tic	1	0	0	0	1
		Chemotherapy With or Without a			Therapeu				ļ	
Other	Colon	Single Injection of Pegfilgrastim	10/09/03	01/13/06	tic	4	0	0	0	4
		Phase II Study of PS-341 for								
	Multiple	Patients with High Risk, Newly			Therapeu				ļ	
ECOG	Myeloma	Diagnosed Multiple Myeloma	01/14/04	03/07/05	tic	1	0	0	0	1

		Phase III Trial of Interferon alfa- 2B or interferon alfa-2B Plus	. = / /		Therapeu					
CTSU	Renal	Bevacizumab A Randomized Phase III Trial	05/26/04	07/01/05	tic	0	11	0	0	1
		Comparing 2 Different Rituximab			Thoronou					
ECOG	Hodgkin's	Dosing Regimens	06/16/04	N/A	Therapeu tic	0	1	0	0	1
2000	Tiougkiits	Phase IIIB Trial of Tarceva	00/10/04	19/73	tic					
		(Erlotinib Hydorchloride) in			Therapeu					
Other	Lung	Patients with Advanced NSCLC	07/21/04	03/07/05	tic	1	0	0	0	1
		Sequenced EC + Filgrastim +								
		Epoetin Alfa Followed by								
		Paclitaxel vs Sequenced AC			Therapeu					
CTSU	Breast	Followed	07/21/04	04/29/05	tic	1	0	0	0	1
		Study of Orathecin™ Capsules			T b					
Othor	Б	Plus Gemcitabine Versus Placebo	02/47/05	04/49/06	Therapeu	0	2	0	0	2
Other	Pancreas	Capsules Plus Gemcitabine	03/17/05	04/18/06	tic	0	2	0	0	2
		Lung Cancer Specimen			Therapeu					
SWOG	Lung	Repository Protocol, Ancillary	07/20/05	N/A	tic	1	0	0	0	1
		A Phase II Study of						-		
		Docetaxel/Prednisone in			Therapeu					
Other	prostate	Combination with	07/26/05	N/A	tic	0	0	0	1	1
		Open Label, Non-Comparative								
011		Treatment Protocol for the use of	00/04/05	40/00/00	Therapeu	0	-	0	0	-
Other	Renal	Sorafenib	08/04/05	12/22/06	tic	0	5	0	0	5
		A Phase II Trial of Abraxane Given Weekly as a Single Agent			Therapeu					
Other	Breast	in First-Line Treatment	10/28/05	N/A	tic	0	0	2	0	2
Other	Dicast	III II	10/20/00	14/71	tio					
		The IMPACT Study: A Cluster-								
Other	Multiple	randomized Trial to Evaluate	10/28/05	N/A	Other	0	25	29	26	80
		A Phase II Study of Eloxatin and			T b					
Othor	NICOLO	Alimta in Combination with	11/29/05	N/A	Therapeu	0	0	1	1	2
Other	NSCLC	Bevacizumab Cetuximab, Bevacizumab and 5-	11/29/03	IN/A	tic	- 0	0		- 1	
		FU/Leucovorin vs Oxaliplatin,								
		Bevacizumab, and 5-			Therapeu					
Other	Colon	FU/Leucovorin	11/29/05	N/A	tic	0	0	4	1	5
		Trial Comparing 5-FU,								
		Leucovorin, and Oxaliplatin								
		(mFOLFOX6) With and without			Therapeu					
NSABP	Colon	Bevacizumab	01/11/06	10/06/06	tic	0	0	1	0	1
		Study to Evaluate the Long-Term			Therene					
Othor	N.A. alaina I.a.	Safety and Effectiveness of	02/22/06	NI/A	Therapeu	0	0	4	0	1
Other	Multiple	EN3267 in the Treatment of An Expanded Access Study of	02/23/06	N/A	tic	0	0	1	0	1
1		Lapatinib and Capecitabine			Therapeu					
Other	Breast	Therapy in Subjects	08/03/06	N/A	tic	0	0	0	2	2
	5001	A Randomized Phase III Study		***				-		
1		Comparing 5-FU, Leucovorin and			Therapeu					
ECOG	Colon	Oxaliplatin	01/10/07	N/A	tic	0	0	0	2	2
		Study of Avastin (Bevacizumab)						-		
1		in Combination with								
045	8.4 to 1	Chemotherapy for Treatment of	00/07/07	N1/A	041	^	_	_	_	_
Other	Multiple	A Dandamized Dhaga III Trial of	02/07/07	N/A	Other	0	0	0	7	7
		A Randomized Phase III Trial of Oxaliplatin (OXAL) Plus 5-			Therapeu					
CTSU	Colon	Fluorouracil	03/01/07	N/A	tic	0	0	0	1	1
	001011		- 0, 0 ., 0 !	,, .		•				•

Totals	27	45	39	41	152
# pts NCI only % on NCI Funded	4	2	2	3	11
Studies	15%	4%	5%	7%	7%
# studies open	16	26	19	14	30
# studies NCI only open % of studies which are NCI funded	6	10	6	5	10
=	38%	38%	32%	36%	33%

K. Number of patients on clinical trials and % NCI-sponsored trials

Please see above chart

L. Describe the focus of linkages with NCI-designated cancer centers or other academic research institutions

Our Lady of the Lake Regional Medical Center is one of only four St. Jude Domestic Affiliate sites in the United States. The Domestic Affiliate Program is a network of pediatric hematology-oncology clinics, hospitals, and universities that work in collaboration with the staff of St. Jude to deliver protocol-related care to pediatric hematology-oncology patients. Children accepted for cancer therapy on the St. Jude protocol receive free services at OLOL and at St. Jude's in Memphis, Tennessee.

M.D. Anderson, because of its close proximity in Texas, is often used for referrals for consultation on more complex cancer diagnoses through the Cancer Program. Likewise, patients who contact M.D. Anderson for treatment services are just as often referred back to the Cancer Program. Four of the eight radiation oncologists on staff of the program trained at M.D. Anderson and maintain a close professional relationship with faculty there. Dr. Kenneth Hogstrom, the Chief of Medical Physics at Mary Bird Perkins since 2004, relocated to Baton Rouge after a 25-year career at M.D. Anderson.

The Cancer Program has formal linkages with the LSU Health Sciences Center Medical Center, most importantly via its clinical research network affiliation as a member of the LSU MB-CCOP. Plans call for clinical research staff from the Cancer Program to work directly with staff and patients of EKL Charity Hospital to provide access to oncology clinical trials for all cancer patients.

The Louisiana Cancer Control Partnership, in which administrators and staff from the Cancer Program are active participants, is a statewide partnership among the Centers for Disease Control and Prevention, LSU Health Sciences Center, LA Cancer & Lung Trust Fund Board, LA Tumor Registry, American College of Surgeons, Louisiana Office of Public Health, public agencies, state academic and research institutions and community-based private and volunteer organizations whose mission is to reduce the burden of cancer in the state and work toward the goal of a healthier Louisiana.

M. Describe the status of electronic medical records at the hospital and cancer center Information Technology

Information Services (IS) has played a central role in Our Lady of the Lake Regional Medical Center, strategically linking health care quality improvement initiatives with technology, and building a value-added case for IS development. In 1998, in response to the growing difficulty and expense of interfacing 'legacy' information systems, OLOL's Chief Information Officer (CIO), Gary Jump, facilitated a partnership with Cerner Corporation [http://www.cerner.com] for the design, development and implementation of an 'integrated' electronic medical record (EMR)—an EMR built on a single platform which would enable seamless communication of data to health care providers and eliminate the need for the creation and maintenance of multiple interfaces.

Over the ensuing years, OLOL has been a key development partner with Cerner, especially within the community hospital segment. Between 1998 and 2001, foundation information systems were developed and implemented in the areas of laboratory, pharmacy, order management, patient management (registration) and nursing documentation. Subsequent phases of implementation have been targeted to engage physicians in the adoption and utilization of the EMR, including implementation of a physician portal for communication and secure application access

(<u>www.lakemd.com</u>), PACS and digital imaging, computerized physician order entry (CPOE), incorporation of evidence-based guidelines and order sets, electronic physician documentation (in the emergency department, critical care units, and hospital medicine service), electronic medical record completion, clinical automation of the critical care units (bedside mechanical device integration and electronic patient flow sheets), and point of care clinical decision support.

The acceptance of the updated technology by end-users has been positive. PowerChart EMR is used by over 850 physicians and over 2,500 general users. PathNet—the Anatomic Pathology, Anatomic Pathology Imaging, General Laboratory and Outreach Services module of Cerner—has approximately 1,200 clinical users extracting results. The pharmacy system, PharmNet, provides a closed loop medication ordering system from physician to pharmacy to nurse, and provides real-time alerts firing at the point of ordering and continuing through the patient's care. Each one of these Information Services functions is important to quality cancer care and contributes to the high standards of care we provide.

Our current information services initiatives are focused on patient safety, particularly surrounding barcode patient identification, drug packaging, and medication barcode scanning for closed loop medication administration. The hospital has budgeted \$20 million for IT for 2007.

As part of the Franciscan Missionaries of Our Lady (5 hospital) Health System, we are in the process of implementing a single domain EMR within our sister hospitals, allowing us to share knowledge, technical expertise, and health information. In addition, we are completing work on a pilot project for an integrated ambulatory EMR, distributed via OLOL as an ASP (application service provider) model. In this model, patient data may be seamlessly communicated across care environments, improving care delivery, information exchange, and efficiency.

The Cancer Program tumor registry operates under the direction of the Integrated Cancer Center. Established originally at Our Lady of the Lake as a hospital-based information system designed for the collection, storage, management, and analysis of data on persons with cancer, the registry has over 25,000 cases entered since 1987. Data is collected continuously on the occurrence and characteristics of reportable malignancies with the purpose of helping to assess and control the impact of cancer on the community. Registrars, who receive specialized training, comply with all relevant regulations and standards, including those of the American College of Surgeons. Today the electronic registry software utilized includes CNext for hospital-based registration of cancer cases, as well as Rocky Mountain Data Base system for population-based tumor registry that is part of the Louisiana Tumor Registry. The population-based tumor registry has the unique prestige of being one of only eight regional tumor registries that are part of the Louisiana Tumor Registry, a NCI's Surveillance Epidemiology and End Results (SEER) registry.

N. Describe the experience with biospecimen collection and banking

The Anatomic Pathology and Laboratory Medicine services of the Cancer Program operate on-site through a long-term contractual relationship with the Pathology Group of Louisiana (PGL), a practice that employs 11 board-certified Anatomic and Clinical Pathologists available to the Cancer Program with 24-hour coverage and who serve hospitals throughout the region. Pathologists hold subspecialty board certifications in Cytopathology, Hematopathology, Neuropathology, and Dermatopathology. The Pathology Group, certified by the College of American Pathologists (CAP), interprets over 60,000 tissue specimens and oversees more than one million clinical pathology tests each year. Special staff expertise exists in Gynecologic Pathology, Breast Pathology, Cytogenetics and Molecular Biology, Pediatric Pathology, Microbiology, Blood Banking, Clinical Chemistry and Immunocytochemistry, Liver and Gastrointestinal Pathology, Renal Pathology, Muscle Pathology, Ophthalmic Pathology, Electron Microscopy, Flow

Cytometry, and Fine Needle Aspiration. The diversified expertise and experience, along with high performance standards, have earned these pathologists the respect of the medical community; they are the preferred pathology providers in the region.

Specimens are prepared on campus and are read by the pathologists at the hospital. The reports are transcribed into the hospital's electronic medical records system (Cerner) and uploaded to patient charts to be available to all members of the medical treatment teams. All tissue diagnoses are double-read by PGL staff pathologists, with a third evaluation done as a quality control measure to ensure accurate reporting and coding of diagnoses.

A new Biospecimen Core Laboratory (BCL) is being established at present, which will follow the implementation requirements for the First-Generation Guidelines for NCI supported Biorepositories. The BCL will procure, process, store, and distribute well-characterized neoplastic and nonneoplastic human tissue and fluids without compromising patient care. The main goal of the initiative is to provide clinical research investigators (including those associated with the NCI pilot project) with a wide range of tissue resources, technologies, and information to aid research goals and stimulate new lines for clinical research investigation.

Tissues and fluids will be processed according to Standard Operating Procedures and transported to the Biospecimen Core Laboratory for appropriate storage. In addition to the paraffin block archives as a tissue resource, the BCL will provide a fresh tissue procurement service and a frozen tissue bank. A Human Tissue Utilization Committee is planned to review all requests and investigative protocols that require human tissue. The committee will establish policy for research use of tissue and will be consulted concerning the best way for accommodating requests and prioritization of tissue procurement. A secure confidential database will be established and subjects' right to privacy, safety, and anonymity will be a priority.

Current plans are to hire a Tissue Repository Technician to oversee the process of collection from the surgical suites of Our Lady of the Lake and Earl K. Long Charity Hospital, prepare biospecimens for storage, and store according to the Standard Operating Procedures. Space has been allocated and a procurement list for the proper freezer and supplies is being compiled. Dr. Anna Pou, on OLOL staff, is an experienced tissue banking physician expert who has been associated with the tissue banking initiative at the Stanley Scott Cancer Center in New Orleans. This tissue bank was destroyed by Hurricane Katrina and is being reestablished in Baton Rouge, in order to reduce the risk of a repeat occurrence, through the Cancer Program. Our affiliations with groups that provide cutting edge technology give the Cancer Program a broad base of support in regard to the biospecimen initiative that is part of the pilot project.