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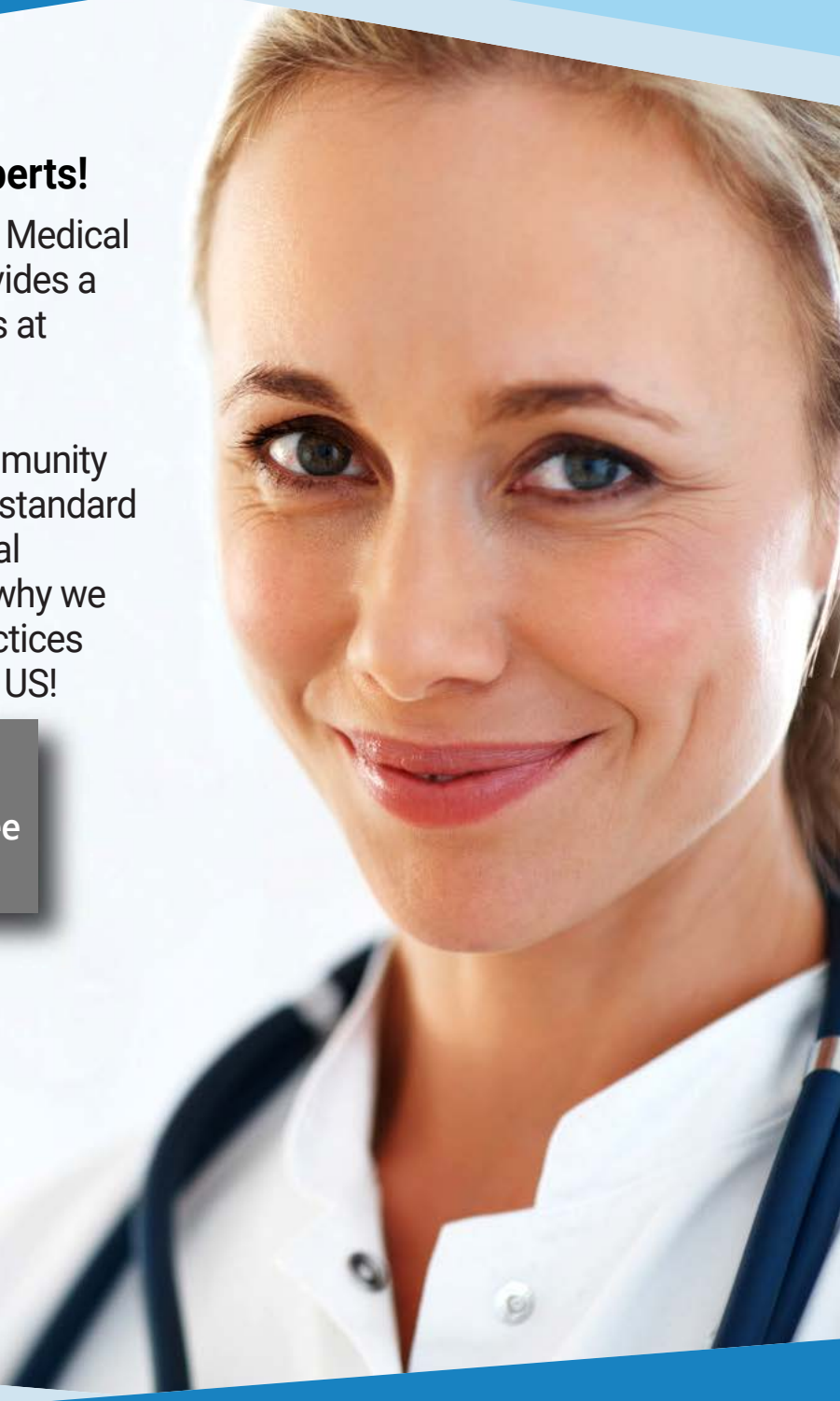

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Rhode Island seeing increase in non-fatal overdoses

Warning comes as law enforcement reports increased circulation of counterfeit pills

In light of recent increases in opioid overdose-related emergency department visits, the Rhode Island Department of Health (RIDOH) reported that law enforcement is seeing an increase in the circulation of counterfeit pills that contain fentanyl.

Hospitals in Rhode Island are required to report all suspected, non-fatal opioid overdoses within 48 hours to RIDOH. RIDOH and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) review weekly opioid overdose data and issue a warning to first responders and city and town leadership in a region if that region's weekly overdose threshold has been exceeded. (Weekly thresholds are based on historic overdose data and population data.) Rhode Island's threshold as a whole is 42 overdoses per week.

Between August 12th and August 18th, there were 44 reports of suspected, non-fatal opioid overdoses in Rhode Island. The statewide average for opioid overdose-related emergency department visits for the first six months of 2019 has been 31 per week. Of the 44, there were 18 opioid overdoses in Providence, where the overdose threshold is 16. There were eight reported opioid overdoses in the region that includes Cranston, West Warwick, and Coventry. The threshold for this region is eight overdoses.

While RIDOH has noted these increases, Rhode Island law enforcement agencies have reported an increase in the circulation of counterfeit pills in the illegal drug market. These counterfeit pills are sold illegally and look identical to opioid prescription pain medications (such as Percocet®, OxyContin®, and Vicodin®), and may contain lethal amounts of illegally-made fentanyl. Twenty-one of the 44 people who overdosed received initial toxicology screenings. Of those 21 people, 19 were positive for fentanyl.

In 2018, 72% of all Rhode Island drug overdose deaths involved fentanyl. ❖

Office of Continuing Medical Education
Fall 2019 Events

How to Think & Act Like a Dermatologist
Saturday, September 21, 2019
Warren Alpert Medical School | Providence, RI

Practical Solutions to Prescribing Medication Assisted Treatment
Thursday, September, 26,2019
Warren Alpert Medical School | Providence, RI

4th Annual Interdisciplinary Spine Conference
Saturday, October 5, 2019
Warren Alpert Medical School | Providence, RI

Changing the Culture of Pain Treatment
Saturday, October 19, 2019
Community College of Rhode Island | Warwick, RI

2019 CTC-RI Annual Learning Collaborative
Thursday, October 24, 2019
The Crowne Plaza Hotel | Warwick, RI

Brown Annual Othopedics Symposium
Saturday, October 26, 2019
Warren Alpert Medical School | Providence, RI

Brown Advanced Cardiovascular Therapies Symposium
November 9, 2019
Warren Alpert Medical School | Providence, RI

10th Biennial Pediatric Sleep Medicine Conference
November 14-17, 2019
Ritz Carlton Golf Resort, Naples, FL

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Tufts Health Plan and Harvard Pilgrim Health Care sign definitive agreement to combine organizations

WELLESLEY, WATERTOWN, MASS. – Harvard Pilgrim Health Care and Tufts Health Plan announced on August 14 their intent to combine their nonprofit organizations. The new organization, yet to be named, will become one of the region's largest nonprofit health services organizations, providing health coverage in all segments of the market regardless of a person's age, income, life circumstance or health status.

The new organization will serve close to 2.4 million members in Massachusetts, Maine, Connecticut, New Hampshire and Rhode Island, offering employer-sponsored plans; Medicare and Medicaid plans; Qualified Health Plans; and plans for those who are dually eligible for Medicare and Medicaid.

The board of directors will comprise equal representation from both organizations and will be chaired by **JOYCE MURPHY**, who currently serves as chair of the board for Harvard Pilgrim Health Care.

TOM CROSWELL, president and CEO of Tufts Health Plan, will serve as CEO of the new organization. **MICHAEL CARSON**, who serves as president and CEO of Harvard Pilgrim Health Care, will serve as president and oversee the organization's diverse business lines and subsidiaries.

"Through the combination of two strong organizations with a commitment to non-profit health care in New England, we will be able to provide even greater value to consumers, as well as improve access to care throughout the region," said **JOYCE MURPHY**, chair of the board for Harvard Pilgrim Health Care.

"Building upon our collective synergies and strengths – which includes being among the top-rated health plans in the country for quality – will unlock value that can be immediately reinvested in our members and the communities we have the privilege of serving," said **GREG TRANTER**, chair of the board for Tufts Health Plan. "I am excited about the future."

"Our communities and consumers today face four major hurdles in health care: affordability, access, quality of health and a fragmented health care experience across various stakeholders and health systems. Through our shared vision, we believe we can tackle these issues and bring more value to the communities we serve," said Tom Croswell, president and CEO of Tufts Health Plan.

The new organization will harness the combined strengths of the respective organizations and bring value to the community by:

- Improving affordability through scale and administrative cost efficiencies, providing high value, more affordable health plans to consumers
- Increasing access through geographic reach and product diversity by enhancing population health capabilities, enabling care for underserved communities and offering a broader set of insurance choices across age and income groups
- Improving quality of health through enhanced capabilities for population health and clinical engagement. The new organization will build upon a rich legacy of provider collaborations, promoting investments in population health capabilities
- Streamlining customer experience through investment in innovative tools and capabilities

Philanthropy, community engagement and corporate citizenship will remain a priority for the new organization - both Tufts Health Plan and Harvard Pilgrim Health Care have a rich history of supporting the communities they serve and are committed to building upon that strength. In 2018 alone, both organizations' combined giving totaled more than $9 million.

The agreement, which was unanimously approved by both boards, is subject to multiple local and federal regulatory approvals during which time the organizations remain independent companies. ❖

With $12.5M grant, Brown to create research center on substance misuse and chronic disease

PROVIDENCE [BROWN UNIVERSITY] – With a new National Institutes of Health grant expected to total $12.5 million over five years, Brown University will expand its research on substance misuse and launch a new Center of Biomedical Research Excellence (COBRE).

Based at the University's School of Public Health, the Center for Addiction and Disease Risk Exacerbation (CADRE) will focus on the intersection of substance use and disease. The center will establish at Brown a laboratory for collecting blood and other samples from patients to measure chemical markers, such as those of inflammation or stress. And the grant will support four early-career faculty members as they study substance use and chronic diseases – research questions on the interplay between alcohol and HIV on inflammation, for example, or whether cannabis can substitute for opioids in treating rheumatoid arthritis.

"Everyone knows about the relationship between tobacco use and lung cancer, but there are many other links between substance use and chronic diseases," said **PETER MONTI**, director of the Center for Alcohol and Addiction Studies (CAAS) at Brown and a professor of behavioral and social sciences who will lead the new COBRE. "Understanding the mechanisms through which substance use affects chronic disease is a central part of the research we endeavor to do with this grant. If we can reduce the burden of substance use – for example, smoking and its impact on cardiovascular disease – there will be a trickle-down effect on health and health care cost savings."

The grant will establish a clinical laboratory at CAAS and the school. The lab will be staffed by a full-time research nurse so that, for example, study participants will no longer have to go elsewhere for a simple blood draw. **JENNIFER TIDEY**, a professor of behavioral and social sciences and psychiatry and human behavior, will lead the laboratory. Eventually, the services at the lab will be available to researchers across all of Brown, Monti said.

In addition, the grant will fund two $50,000 pilot projects each year focused on understanding and addressing the higher burden of substance use and chronic disease among racial and ethnic minorities. It will also provide financial support for the center to recruit and fund two postdoctoral fellows from groups underrepresented in biomedical sciences.

The center will take advantage of numerous other COBREs at Brown and its affiliated hospitals – including Brown's Center for Central Nervous System Function, Butler Hospital's Center for Neuromodulation, Rhode Island Hospital's Center of Biomedical Research Excellence on Opioids and Overdose, and Advance Clinical and Translational Research. And one of the projects led by an early-career researcher will take advantage of a close collaboration with the Carney Institute for Brain Science-affiliated MRI Research Facility.

Among the new research projects:

ELIZABETH ASTON, an assistant professor of behavioral and social sciences (research), will conduct a double-blind clinical trial to study the effect of two key components of cannabis – cannabidiol, also known as CBD, and tetrahydrocannbinol, also known as THC – on pain levels, mood and inflammation among people living with rheumatoid arthritis. The study could guide clinical decisions around the use of cannabis instead opioids for the management of rheumatoid arthritis symptoms. Her mentors will be **JANE METRIK**, an associate professor of behavioral and social sciences (research) and psychiatry and human behavior (research) and **DR. NANCY SHADICK**, a rheumatoid arthritis expert at Brigham and Women's Hospital.

CAROLINA HAASS-KOFFLER, an assistant professor of psychiatry and human behavior and behavioral and social sciences, will work to see if oxytocin – a hormone with many roles in social interactions, including pair bonding – can be used in combination with traditional medication-assisted treatment to reduce the intensity of stress-induced cravings among people recovering from opioid use disorder. Her primary mentor will be **DR. ROBERT SWIFT**, a professor of psychiatry and human behavior.

MOLLIE MONNIG, an assistant professor of behavioral and social sciences, will study the interplay between alcohol use and HIV on inflammation in the brain and human body. Both HIV infection and heavy drinking are known to cause inflammation, but how drinking increases the severity of brain inflammation and potentially hinders the immune system in people living with HIV is unknown. Monnig will study the effects of drinking on inflammation in HIV-positive and HIV-negative individuals using blood assays, MRI scans and cognitive tasks. Her mentors will be Monti, and **RON COHEN**, a neuropsychologist at the University of Florida.

The focus and principal researcher for a fourth major project to be funded by the grant will be confirmed as the center launches.

The COBRE is supported by an Institutional Development Award from the National Institute of General Medical Sciences (grant number P20 GM130414). ❖

Brown researchers: Higher vitamin A intake linked to lower skin cancer risk

Researchers found that people who ate high levels of vitamin A were 17 percent less likely to get the second-most-common type of skin cancer years later.

PROVIDENCE [BROWN UNIVERSITY] – People whose diets included high levels of vitamin A had a 17 percent reduction in risk for getting the second-most-common type of skin cancer, as compared to those who ate modest amounts of foods and supplements rich in vitamin A.

That's according to researchers from Brown University, who unearthed that finding after analyzing data from two long-term observational studies.

Cutaneous squamous cell carcinoma is the second-most-common type of skin cancer among people with fair skin. Vitamin A is known to be essential for the healthy growth and maturation of skin cells, but prior studies on its effectiveness in reducing skin cancer risk have been mixed, said **EUNYOUNG CHO**, an associate professor of dermatology and epidemiology at Brown.

"Our study provides another reason to eat lots of fruits and vegetables as part of a healthy diet," said Cho, who is also an associate epidemiologist at Brigham and Women's Hospital. "Skin cancer, including squamous cell carcinoma, is hard to prevent, but this study suggests that eating a healthy diet rich in vitamin A may be a way to reduce your risk, in addition to wearing sunscreen and reducing sun exposure."

The findings were published on July 31th in the *Journal of the American Medical Association Dermatology*.

The research team led by Cho looked at the diet and skin cancer results of participants in two large, long-term observational studies: the Nurses' Health Study, which followed 121,700 U.S. women from 1984 to 2012, and the Health Professionals Follow-Up Study, which followed 51,529 U.S. men from 1986 to 2012.

Between the two studies, some 123,000 participants were white (and thus had significant risk of developing skin cancer), had no prior history of cancer and completed the dietary reports multiple times. Among these individuals included in the team's subsequent analysis, a total of 3,978 cases of squamous cell carcinoma were reported and verified within the 24- or 26-year follow-up periods.

Both studies also asked the participants about hair color, the number of severe sunburns they had received in their lifetime and any family history of skin cancer, and the researchers adjusted for these and other factors. The studies did not, however, ask participants about their avoidance of mid-day sun, known to be a major risk factor for skin cancer.

After grouping the study participants into five categories by vitamin A intake levels, the researchers found that people in the category with the highest average daily total vitamin A intake were 17 percent less likely to get skin cancer than those in the category with the lowest total vitamin A intake.

Those in the highest category reported eating on average the amount of vitamin A equivalent to one medium baked sweet potato or two large carrots each day. Those in the lowest category reported eating a daily average amount of vitamin A equivalent to one-third cup of sweet potato fries or one small carrot, which is still above the U.S. Recommended Dietary Allowance of vitamin A.

The team also found that the majority of vitamin A came from the participants' diets, particularly from fruits and vegetables, rather than from animal-based foods or vitamin supplements. Plant-based sources of vitamin A include not only sweet potatoes and carrots, but leafy green vegetables and fruits like apricots and cantaloupe. Milk, some types of fish and liver are rich sources of animal-based vitamin A.

Cho cautioned that too much vitamin A, particularly from supplements and animal sources, can lead to nausea, liver toxicity, increased risk of osteoporosis and hip fracture, and even birth defects. Side effects from high levels of plant-based vitamin A are minimal, she added.

The researchers also found that eating high levels of other plant-based pigments similar to vitamin A – such as lycopene, commonly found in tomatoes and watermelon – was associated with decreased risk of skin cancer.

Other authors on the paper from Brown University include **DR. JONG-WOO KIM**, now at Inje University Sanggye-Paik Hospital in South Korea; **MIN KYUNG PARK**; **WEN-QING LI** and **DR. ABRAR QURESHI**.

The research was supported by the National Institutes of Health (grant numbers CA186107, CA87969, CA167552 and CA198216) as well as a research career development award from the Dermatology Foundation. ❖