

South County Health (SCH) joins the Mayo Clinic Care Network

WAKEFIELD, RI, AND ROCHESTER, MINN. — South County Health (SCH) and Mayo Clinic recently announced SCH has become the first healthcare organization in Rhode Island to join the Mayo Clinic Care Network, a select group of independent healthcare organizations carefully vetted by Mayo Clinic and granted special access to Mayo Clinic's knowledge, expertise and resources.

The milestone represents a significant advancement for healthcare in Rhode Island and serves as a foundational step in South County Health's vision to create a new model for independent community healthcare—one that combines world-class clinical expertise, advanced digital capabilities, and local, patient-centered care. As part of the Mayo Clinic Care Network, South County Health healthcare professionals can quickly access Mayo Clinic's latest research, diagnostic and treatment recommendations whenever they feel it will benefit their patients.

"Today marks a defining moment for South County Health and the communities we serve," says **AARON ROB-INSON**, president and CEO of South County Health. "Becoming a member of the Mayo Clinic Care Network brings together the best of both worlds: trusted local care and the knowledge, expertise, and resources of one of the world's leading healthcare organizations, while preserving the personalized, community-based care that has always been at the heart of South County Health."

South County Health healthcare professionals can consult Mayo Clinic expertise when they determine it would

benefit a patient, at no additional cost to the patient. This can provide additional clinical input while supporting care close to home. The Mayo Clinic Care Network membership expands the tools and expertise available to local clinicians, enhancing the high-quality care already available

"We are pleased to welcome South County Health into the Mayo Clinic Care Network," says **RYAN UITTI, MD**, medical director, Mayo Clinic Platform. "Their commitment to quality, safety and patient-centered care aligns well with the values of the Mayo Clinic Care Network."



in the community and providing additional support for complex cases and specialized needs.

As a member of the Mayo Clinic Care Network, South County Health clinicians will have access to:

- **AskMayoExpert** – Provides trusted, expert information to help healthcare professionals find the right answers when they need them. Created and used by Mayo Clinic physicians, all the information in AskMayoExpert is regularly reviewed and represents the latest in Mayo Clinic's medical expertise.
- **eConsults** – Direct connections to Mayo Clinic specialists for complex cases.
- **eBoards** – Multidisciplinary case reviews with Mayo Clinic experts and other network members.
- **Mayo Clinic Platform** – Advanced digital and AI-enabled clinical tools.

South County Health was selected to join the Mayo Clinic Care Network by demonstrating a commitment to quality and patient-centered care. Founded in 2011, the Mayo Clinic Care Network reached a 15-year milestone as a global community of more than 50 member organizations, representing 80 hospitals and nearly 20,000 physicians.

"For many independent health systems across the country, the traditional path to sustainability has required sacrificing independence to gain access to the resources, scale and expertise needed to compete in a rapidly changing healthcare landscape," Robinson adds. "We believe there is another path. This is about creating a model that improves administrative work and advances clinical care. That means a stronger local health system today and greater access to world-class healthcare for generations to come." ❖

Brown University Health announces FY27 budget actions to address financial challenges and support future growth

PROVIDENCE — As its 2027 fiscal year begins October 1, 2026, Brown University Health is taking strategic steps to address ongoing financial pressures, strengthen long-term sustainability and continue investing in patient care, facilities, technology and its workforce.



“Healthcare organizations across the country continue to face significant financial pressures, and Brown Health is no exception,” said **JOHN FERNANDEZ**, president and CEO of Brown University Health. “Rising pharmaceutical, labor and supply costs, combined with increasing levels of uncompensated care, insurer denials and bad debt, are creating unprecedented challenges. The actions we’re taking will help strengthen our financial foundation while protecting access to care and supporting future growth.”

Brown Health expects charity care, insurer denials and bad debt to increase from \$275M in FY25 to \$346M in FY26, an increase of \$71M year over year, as the number of uninsured and underinsured patients continues to grow following recent federal policy changes.

Investing in Care, Facilities, Technology and Employees

Even as it addresses these challenges, Brown Health will continue making investments to improve access, enhance the patient experience and support long-term growth.

FY27 investments include:

- **Clinical capabilities:** Up to \$100 million over five years for equipment upgrades and replacements, including linear accelerators (LINACs), MRI scanners and CT scanners.
- **Facilities:** \$210 million in FY27 for major projects underway at The Miriam Hospital, Rhode Island Hospital and other Brown Health locations.
- **Employees:** A planned merit increase for employees in January 2027.
- **Technology:** \$15 million in FY27 and \$100 million over five years for digital, data and automation initiatives.

Efficiency Measures

Brown Health continues to pursue administrative efficiencies, technology enhancements and non-clinical workforce changes to manage costs and keep services open. To help offset rising costs and preserve access to care, Brown Health is implementing additional measures including:

- A Voluntary Separation Program for eligible supervisors, managers and directors age 60 or older with at least five years of service as of Sept. 30, 2026. Approximately 200 employees are eligible.

- An executive restructuring completed in September 2026 that eliminated or consolidated several senior leadership positions.
- Beginning Jan. 1, 2027, employee health plan coverage for GLP-1 medications prescribed solely for weight loss will end because of rising costs. Coverage will continue for employees using these medications to treat diabetes.

Despite these actions, Brown Health projects a \$64 million FY27 gap relative to its goal of achieving a 2.75% operating margin which is critical to making the investments needed for patient care, infrastructure, technology and to support and retain a talented workforce. Brown Health will continue pursuing opportunities to improve performance, strengthen revenue cycle operations and manage expenses.

“Building a financially sustainable organization is essential to our ability to serve patients, support our workforce and invest in the future,” Fernandez said. “These decisions position Brown Health to continue delivering high-quality care and meet the evolving needs of the communities we serve.”

For the nine months ending June 30, 2026, Brown Health reported \$3.63 billion in operating revenue and \$3.64 billion in operating expenses, resulting in an operating loss of approximately \$13 million. The organization’s FY26 year-end financial report will be released later this year. ❖

Brown University Health celebrates opening of Cancer Institute at Saint Anne's Hospital

FALL RIVER, MASS. — Brown University Health marked an important milestone for cancer care in southeastern Massachusetts with a ribbon-cutting ceremony celebrating the opening of the Brown University Health Cancer Institute at Saint Anne's Hospital.

The October 20 event brought together Cancer Institute leaders, physicians and community representatives to recognize a new chapter for cancer care in the region.

The Cancer Institute at Saint Anne's Hospital includes:

- Saint Anne's comprehensive cancer services including radiation oncology, medical oncology, and an infusion center providing chemotherapy, immunotherapy and targeted therapies.
- The Dartmouth oncology program
- Physicians from Brown Health's broader Cancer Institute bringing the capabilities of Brown University Health' academic health system directly to patients in the communities Saint Anne's serves

"This is an exciting moment for Saint Anne's and for the patients and families who rely on us for their care," said **JULIE ABILHEIRA, RN, MS**, president of Massachusetts Hospitals for Brown University Health. "Being part of Brown University Health allows us to bring the expertise and resources of an academic health system directly to the communities we serve."

The Brown University Health Cancer Institute will strengthen access to research, innovation and clinical expertise for patients in a region where many have historically traveled to Boston for advanced cancer care.

"Cancer care is increasingly complex, and patients benefit when they have access to a broad network of specialists, advanced technology and the expertise of an academic health system," said **DAVID E. WAZER, MD**, director of the Brown



University Health Cancer Institute. "The Brown University Health Cancer Institute at Saint Anne's Hospital strengthens that connection for patients in southeastern Massachusetts, allowing us to bring advanced cancer care and expertise closer to where they live."

The ribbon-cutting program included remarks from Brown University Health, Cancer Institute, and Saint Anne's Hospital leaders. **TINA RIZACK, MD**, medical director of hematology and oncology, **RAYMOND DUGAL, MD**, chief of radiation oncology at Saint Anne's Hospital, and **HOWARD P. SAFRAN, MD**, chief of hematology/oncology at Brown Health also shared their excitement of the strengthened ties to the Cancer Institute. ❖

Brown University Health experts lead international review on preventing dangerous bloodstream infections in patients requiring long-term IV access

PROVIDENCE — A new State-of-the-Art Review led by **LEONARD A. MERMEL, DO**, medical director of epidemiology and infection prevention at Brown University Health, provides clinicians with a practical roadmap for preventing, diagnosing and managing recurrent catheter-related bloodstream infections in these medically vulnerable patients. The review

was published October 9 in the journal *Clinical Infectious Diseases*.

The article, "Recurrent and Relapsing Catheter-Related Bloodstream Infections in Patients Requiring Long-term Vascular Access", addresses care for patients who rely on long-term intravenous access for treatments such as cancer therapy, hemodialysis and total parenteral nutrition.

These patients often face a difficult reality, the catheter causing an infection may also be the device they need to receive lifesaving treatment.

"These infections can be especially challenging because the catheter is often essential to a patient's survival," said Dr. Mermel. "The goal is not only to treat the infection but to do so in a way that safely

preserves access to the therapies patients depend on. This review brings together practical strategies that can help clinicians make those decisions and improve outcomes."

The review emphasizes a multidisciplinary approach involving infectious disease specialists, vascular-access teams, interventional radiologists, pharmacists, nurses, patients and families. Key recommendations include prompt diagnosis using blood cultures drawn from both the

catheter and a peripheral vein, individualized decisions about catheter removal versus preservation, use of antimicrobial lock therapy when appropriate, and strategies to prevent future infections while maintaining long-term vascular access.

The authors note that bloodstream infections remain among the most serious complications facing patients who require long-term catheters. Recurrent infections can increase morbidity, complicate treatment plans and threaten

future access to lifesaving therapies. The review highlights evidence-based approaches to reducing those risks while supporting continuity of care.

Co-authors include researchers from the United States and Europe, representing institutions including Brown University, the University of Rhode Island, Geneva University Hospitals, the University of Arizona College of Medicine-Phoenix and Banner University Medical Center-Phoenix. ❖

Brown Health Medical Group Primary Care launches membership-based primary care practice in Cranston

Membership fee covers enhanced services and program benefits and is \$2,400 per year

CRANSTON — Brown Health Medical Group Primary Care (BHMGPC), the largest primary care group in Rhode Island, has introduced Primary Care Select, a new membership-based primary care service option in Cranston to further expand its care options available to Rhode Islanders.

"To meet patient demand for primary care options, we have created Primary Care Select which offers patients another alternative to meet their healthcare needs through enhanced access from dedicated physicians with limited panel sizes, and the time needed to deliver truly personalized care," said **EDWARD MCGOOKIN, MD**, Chief of Primary Care, Brown Health Medical Group Primary Care. "We are committed to providing all of our patients high-quality care and a patient experience that fosters long-term patient relationships."

Primary Care Select offers members access to private, board-certified physicians committed to supporting their unique healthcare needs. It provides enhanced access and dedicated physicians connected to an integrated network of Brown University Health providers, specialists, hospitals, and services. Primary Care Select members will also have access to MyChart, Brown University Health's secure patient portal, for convenient access to health information and care management. Members will receive longer personalized visits, direct communication with their physician, and preventive care in a comfortable and nurturing setting. Physicians will partner closely with members through a shared decision-making model to guide members' overall health and wellbeing. Brown Health Medical Group Primary Care Select offers a connected and seamless primary care experience.

Now accepting new members, Primary Care Select will provide personalized prevention plans and direct access through members' preferred communication channels (phone, portal, or text) and will coordinate members' preventive and specialty care. It will be staffed by:

AMI MUEHLBERG, DO, a new Brown University Health internal medicine physician who specializes in health, wellness, lifestyle medicine and women's health with a focus on prevention, longevity, and optimizing day-to-day health. She is passionate about helping members take a proactive approach to living healthier, longer lives.

KYLE JOHNSON, DO, previously a Brown University Health Care 365 physician focusing on sick visit and urgent care, specializes in adult primary care with experience in hospital-based internal medicine, primary care, and urgent care. His clinical interests include prevention, chronic disease management, acute care, and geriatrics.

Primary Care Select membership is available to individuals aged 18 and older for an annual out-of-pocket fee. The membership fee covers enhanced services and program benefits and is \$2,400 per year. Primary Care Select membership does not apply to or expedite access to hospital, emergency department, urgent care or specialty care visits.

Insurance will continue to be billed for covered primary care services, laboratory testing, imaging, specialist care, and other services covered under an individual's health plan. Brown Health Medical Group Primary Care accepts all major insurers.

Brown University Health is committed to investing in and growing primary care services and is advancing a growth strategy to serve 30,000 additional patients over the next three years by adding 27 clinicians, while preserving high-quality care and reducing healthcare workforce burnout. Brown Health Medical Group Primary Care is continuing to welcome new patients into practices with access throughout the state for traditional primary care services, and has accepted more than 18,000 new patients into primary care over the past year. ❖

Care New England hosts ribbon-cutting for the East Greenwich Ambulatory Care Center

Full-service facility features The Michael Wagner, MD, Center for Primary Care

EAST GREENWICH — Care New England Medical Group (CNEMG) celebrated the opening of its new East Greenwich Ambulatory Care Center with a ribbon-cutting and the dedication of the Michael Wagner, MD, Center for Primary Care. Located at 1405 South County Trail, the 45,000-square-foot, three-story medical center provides a modern, state-of-the-art setting designed to meet the community's growing healthcare needs.

The new center brings a broad range of ambulatory services together under one roof, making it easier for patients to access coordinated, high-quality care.

"Our goal is to bring the vast majority of a patient's ambulatory needs to a single, accessible location," said **ROGER MITTY, MD, MBA**, President of the Care New England Medical Group. "By bringing multiple specialties and diagnostic services together under one roof, we are making it easier for patients to receive coordinated, consistent care close to home."

The Center for Primary Care occupies the entire second floor and honors Dr. Wagner, President and CEO of Care New England, who will transition to Chairman of the Board in early 2027.

Dr. Wagner joined CNE in 2022 and has led the system through a period of significant transformation and growth.

Under his leadership, Care New England strengthened its operations, implemented a unified Epic electronic health record platform, completed strategic planning and rebranding initiatives, secured \$100 million in capital for future investment, and returned to positive operating performance.

"Watching Care New England grow to the point of opening this spectacular new facility has been one of the highlights of my career," said Dr. Wagner. "I am deeply honored by this dedication and grateful to the team who have worked so hard to make this vision a reality."

The event was attended by several elected officials, including Lt. Governor **SABINA MATOS**, Senator **BRIDGET VALVERDE**, Representative **EVAN SHANLEY**, and several members of the East Greenwich Town Council, who joined in celebrating this milestone.

The center offers an extensive range of clinical specialties and services, including:

- Primary Care
- Orthopedics
- Medical & Surgical Weight Loss



Pictured left to right: **Roger Mitty, MD, MBA**, President, Care New England Medical Group; **Michael Wagner, MD**, President and CEO, Care New England; Lt. Governor **Sabina Matos**, and **Tracey Wagner**.

[PHOTOS COURTESY OF CARE NEW ENGLAND]

- Cardiology
- OBGYN
- Behavioral Health
- Primary Care for Older Adults
- General Surgery
- Plastic Surgery
- Pulmonary Medicine
- Laboratory Services
- Diagnostic Imaging Services, including mammography and ultrasound

Designed with a forward-thinking, patient-first approach, the facility features digital check-in kiosks, virtual registration options, and a layout that supports efficiency, privacy, and comfort.

The East Greenwich Ambulatory Care Center also strengthens clinical collaborations with Care New England's Kent, Butler, and Women & Infants Hospitals, helping provide patients with coordinated care pathways between outpatient and hospital-based services. ❖



Morton Hospital opens new palliative care program

TAUNTON, MASS. — Morton Hospital, part of Brown University Health, is launching a new palliative care program to provide specialized support for patients facing serious illness and their families. The program is the first dedicated palliative care program for Brown University Health's Massachusetts hospitals.

Developed in collaboration with HopeHealth, the referral-based program provides specialized support for patients living with serious illness and serves as an added resource for patients, families, and care teams. Common reasons for consultation include symptom management, goals-of-care discussions, advance care planning, support with complex medical decision-making, recurrent hospitalizations, functional decline, and difficult family or care transitions.

"Palliative care is about caring for the whole person and making sure patients and families feel informed, heard and supported as they navigate their illness," said **JILL O'BRIEN, MD**, chief medical officer, Morton Hospital. "We're proud to bring this important service to Morton and grateful to HopeHealth for working with us to make it possible. It represents another way we can meet patients where they are and provide the compassionate, comprehensive care they deserve."

Patients will be connected with the palliative care program through referrals from their provider.

"We are delighted to partner with Morton Hospital to expand access to palliative care in southeastern Massachusetts. By bringing our expertise together with the team at Morton, we can provide patients and families with the added support, guidance, and compassionate care they need when facing serious illness," said **DIANA FRANCHITTO**, president and CEO of HopeHealth.

The launch also marks an important step in expanding access to palliative care within Brown University Health's Massachusetts hospitals. Morton will serve as the first Brown Health Massachusetts location for the program, with the health system exploring opportunities to bring palliative care services to Saint Anne's Hospital in the future. To learn more and to make a referral to HopeHealth palliative care at Morton Hospital call (844)-671-4673. ❖

Bradley Hospital awarded NIH grant to advance research on sleep, circadian rhythms and youth mental health

EAST PROVIDENCE — Bradley Hospital, the nation's first and leading psychiatric hospital dedicated exclusively to children and adolescents, has been awarded Phase 2 funding from the National Institutes of Health (NIH) through its Centers of Biomedical Research Excellence (COBRE) program to continue and expand groundbreaking research through the Center for Sleep and Circadian Rhythms in Child and Adolescent Mental Health.

"Sleep and circadian rhythms play a critical role in the mental health and well-being of children and adolescents, yet much remains to be understood about these complex relationships," said **MARY A. CARSKADON, PhD**, Director of the COBRE Center and Bradley Hospital's Sleep and Chronobiology Research Laboratory. "This NIH award recognizes the importance of this work and enables us to further advance research that has the potential to transform how we understand, prevent and treat mental health conditions in young people."

The Center is the first and only NIH-funded research center in the United States dedicated specifically to understanding the relationships among sleep, circadian rhythms and pediatric mental health. The award builds upon the successes of the Center's initial Phase 1 COBRE funding, which established critical research infrastructure, developed collaborative partnerships and supported emerging investigators focused on these vital areas of study.

The new Phase 2 award will support significant enhancements to the Center's research capabilities, including the acquisition of advanced scientific instrumentation and the development of a state-of-the-art biospecimen laboratory. The funding will also strengthen opportunities for junior faculty researchers, expand interdisciplinary collaboration and enhance research mentorship programs.

The Center's work is expected to contribute to a deeper understanding of the connections between sleep health and mental health while informing new approaches to prevention, diagnosis and treatment for youth experiencing behavioral health conditions.

"This funding strengthens Bradley Hospital's position as a national leader in pediatric behavioral health research," said **JARED M. SALETIN, PhD**, Director of the COBRE Center's Sleep and Circadian Methods Research Core and Associate Director of Bradley Hospital's Sleep and Chronobiology Research Laboratory. "The expanded infrastructure and scientific resources made possible through this award will accelerate innovation, support the development of future research leaders and help address the growing behavioral health needs of children and adolescents." ❖

New app available to help RI adults quit smoking and vaping

PROVIDENCE — The Rhode Island Department of Health (RIDOH) and QuitNowRI are now offering the QuitLogix® app to Rhode Island adults looking for support quitting tobacco and nicotine products.

The app is free, available in English and Spanish, and can be downloaded in the Apple App Store and the Google Play Store. It is available for Rhode Islanders age 18 and older.

"This app puts resources for quitting tobacco and nicotine right at people's fingertips," said Director of Health **JERRY LARKIN, MD**. "If you smoke or vape, quitting may be one of the most important health decisions you ever make."

The app, released in October, offers the same core features available to QuitNowRI participants enrolled in the web program, including guidance on building a quit plan and rewards for achieving quit milestones.

Tobacco use remains the leading preventable cause of death and disease nationally and statewide. In Rhode Island, about 1 in 10 adults smoke, and about 1 in 15 use e-cigarettes. People who combine coaching with treatment in the form of FDA-approved nicotine replacement therapy (NRT) are more likely to quit.

QuitNowRI can assist any Rhode Islander with quitting smoking, vaping, and other tobacco product use. This service offers customized coaching and NRT for those who are medically eligible. QuitNowRI also includes specialty programs for people with behavioral health conditions, people who are pregnant or postpartum, and people who use menthol tobacco and nicotine products.

To get started or learn more about QuitNowRI, interested participants can:

- Download the QuitLogix® app
- Call 1-800-QUIT-NOW
- Text START to 300500
- Visit QuitNowRI.com

Teens ages 13 to 17 can get free help quitting tobacco and nicotine products from My Life, My Quit™, also available as an app. ❖

BCBSRI seeks applicants for LGBTQ+ Safe Zone certification

PROVIDENCE — Blue Cross & Blue Shield of Rhode Island (BCBSRI) is accepting applications from care settings for certification through its LGBTQ+ Safe Zone program. Applications for the current certification cycle are due Dec. 15, 2026.

For the past 10 years, Safe Zones have helped LGBTQ+ Rhode Islanders connect with care settings committed to providing welcoming and affirming experience. Certification signals that an organization has taken meaningful steps to strengthen its policies, practices, staff training, and patient or client experience. Certified care settings are included in BCBSRI's Safe Zone directory, which helps Rhode Islanders identify care that meets their needs.

"Celebrating 10 years of the Safe Zone Program is especially meaningful as the network has grown to well over 100 care settings across Rhode Island that are helping people feel seen, respected and welcome when they seek care," said **SCOTT GOWRIE**, Safe Zone program lead at BCBSRI. "We encourage healthcare facilities and community-based organizations to reach out to learn more about the program or for help with the application process."

With 117 certified Safe Zones in more than 25 Rhode Island cities and towns, the program reaches communities across the state.

The certification program provides a structured starting point for care settings seeking to create a more welcoming and affirming experience for LGBTQ+ patients and clients. Its clear criteria help care settings assess and strengthen supportive policies and procedures, staff training, interactions with patients and clients, and their physical environment. Many Safe Zones report that pursuing certification also gives their teams an opportunity to formalize their commitment and share it with employees and the people they serve, and gain visibility among Rhode Islanders seeking affirming care.

Care settings interested in certification should review the criteria and application process and submit an application by Dec. 15, 2026. There is no cost to apply or maintain certification. Questions may be directed to bcbsrisafezone@bcbsri.org. ❖

URI, CCRI announce new RN-to-BS program to strengthen RI's nursing workforce

WARWICK — The University of Rhode Island and the Community College of Rhode Island officially launched a new, fully online Registered Nurse to Bachelor of Science (RN-to-BS) program during a signing ceremony on Oct. 1. The collaboration provides CCRI nursing alumni with an accessible and adaptable route to achieve their Bachelor of Science degree at URI, all while maintaining the high academic standards and clinical focus required by Rhode Island's medical facilities.



URI President **Marc Parlange** and CCRI President **Rosemary Costigan** sign an agreement between the two schools on a fully online Registered Nurse to Bachelor of Science (RN-to-BS) program during a signing ceremony on Oct. 1.

The new initiative underscores a mutual commitment between CCRI and URI to broaden educational opportunity, bolster the local healthcare pipeline, and address the state's shifting medical demands. Tailored specifically for active nursing professionals, the RN-to-BS curriculum merges top-tier academics with the practical flexibility needed to juggle employment, family life, and career growth. With new lower tuition for the RN-to-BS program and significant scholarship opportunities, the program makes earning a bachelor's degree more accessible, seamless, and affordable for Rhode Island's future nurses.

URI is proud to partner with CCRI to strengthen the pipeline of highly trained nurses who care for Rhode Islanders, and to expand pathways for working professionals to advance their education and careers," said URI President **MARC PARLANGE**. "As Rhode Island's public research university, URI is committed to strengthening workforce development across the state while advancing the health, wellness, and prosperity of the people and communities we serve. This partnership is a powerful example of how our institutions can work together to meet the evolving needs of Rhode Island's healthcare workforce."

The new initiative will allow for a seamless transition for those CCRI nursing graduates who wish to pursue their bachelor's degree—without requiring them to step out of the workforce.

"CCRI is proud to give our nursing alumni a direct, practical path to a bachelor's degree without asking them to step away from the patients and communities they already serve," said CCRI President **ROSEMARY COSTIGAN**. "Partnering with URI on this RN-to-BS program reflects our shared commitment to strengthening Rhode Island's healthcare workforce."

URI nursing Dean **DANNY WILLIS** noted the impact baccalaureate-prepared nurses have on the healthcare system, improving quality and safety outcomes. Research shows that hospitals and healthcare organizations with more B.S.-educated nurses have reduced risk for mortality and reduced 7-day and 30-day readmission rates.

"The University of Rhode Island College of Nursing is excited to partner with CCRI in this endeavor to increase the number of baccalaureate-prepared nurses, which will impact the nursing workforce in Rhode Island," Willis said. "Today's signing represents a shared commitment and collaboration to Rhode Island's nurses, our healthcare organizations and, most importantly, to the communities and the patients we collectively serve. Strengthening Rhode Island's nursing workforce requires such collaboration. We need these educational pathways that meet nurses where they are, support their continued professional growth and development, and help prepare them for the increasingly complex healthcare needs of our state."

Through this initiative, eligible students may receive conditional admission to URI after completing their first full semester in CCRI's nursing program, allowing them to seamlessly advance into URI's Bachelor of Science curriculum after graduation without putting their careers on hold. The streamlined transition not only fosters personal career development but also serves the wider healthcare community, mirroring both state and national campaigns

to boost the number of nurses holding a bachelor's degree.

URI Online RN-to-BS students receive a research-based, compassion-focused education from top educators and pioneering researchers who make up the college's faculty. With 24 core credit hours that can be completed in as little as 15 months, the program gives students a strong foundation to help them understand and manage the complexity of the ever-changing healthcare system. ♦



CCRI's Knight mascot takes URI's Rhody Ram's blood pressure prior to the signing ceremony. [PHOTOS COURTESY OF URI]

FDA approves first heart valve designed to grow with children

SILVER SPRING, MD — The U.S. Food and Drug Administration recently approved the Autus Size-Adjustable Valve, a surgically implanted pulmonary heart valve for pediatric patients with congenital pulmonary valve disease. This innovative device may reduce the need for repeat open-heart surgeries in children with heart defects.

The Autus Size-Adjustable Valve is the first heart valve designed to be expanded after surgery to keep pace with a child's growth, and the first valve approved in the United States to use polymeric material rather than animal-derived tissue for its inner flaps.

"For far too long, children with congenital heart defects who need pulmonary valve replacement have had very limited surgical options, and those options have historically required multiple open-heart surgeries as children grow," said Acting FDA Commissioner **KYLE DIAMANTAS, JD**.

Heart defects are among the most common types of birth defects in the United States, affecting about 1 in every 100 births. Among these conditions are pulmonary valve abnormalities — including pulmonary valve stenosis, in which the valve is narrowed, and pulmonary valve atresia, in which the valve fails to form normally — both of which restrict blood flow from the heart to the lungs. According to the Centers for Disease Control and Prevention, pulmonary valve atresia and stenosis together affect around 4,200 babies in the United States each year.

While treatment can improve blood flow and help repair these congenital defects, some children may be left with significant pulmonary regurgitation, or leakage of blood back through the pulmonary valve. Over time, this can weaken or enlarge the right ventricle and create a

need for pulmonary valve replacement as the child grows.

"For children born with congenital heart disease, valve replacement timing has always been a difficult decision—wait too long and you risk harm to the child, but intervene too early and they may need multiple open-heart surgeries as they grow," said **MICHELLE TARVER, MD, PhD**, director of the FDA's Center for Devices and Radiological Health.

The Autus Size-Adjustable Valve can be initially implanted as small as approximately 13 millimeters in diameter—the right size for a toddler or preschool-aged child—and later widened using a small inflatable tube (balloon catheter) as the child grows, eventually reaching up to 22 millimeters, which is comparable to an adult-sized pulmonary valve.

In addition, the Autus Size-Adjustable Valve uses polymeric material for its leaflets. Traditional valves use tissue derived from animals, which tends to harden and break down faster in children, often requiring earlier repeat surgery. One-year follow-up data suggest the Autus valve's synthetic leaflets hold up well over time. This is the first time the FDA has approved a valve that uses polymeric leaflet material for any indication.

The FDA's approval is based on data from a clinical study, which enrolled 62 pediatric patients across 12 sites. At the six-month follow-up, the first 60 patients demonstrated acceptable hemodynamic performance, and there was no more than mild leakage back through the valve. All patients in the study had a successful procedure, with no deaths, blood clots requiring additional treatment, strokes or other clot-related complications. Three patients experienced a fracture in the valve frame and two patients had reduced movement of one of the valve leaflets but

none of these events resulted in symptoms for the patients. Additionally, valve performance began deteriorating in two patients who started to outgrow it. Both patients had their valves successfully expanded without an invasive surgical procedure, but the experience is limited. Longer-term studies are being conducted to better understand these risks, and to collect more data to show that expansion can maintain a functional valve that may lead to fewer surgical procedures for patients.

The Autus Size-Adjustable Valve is the first pediatric approval to come out of the FDA's Total Product Life Cycle Advisory Program (TAP), a voluntary program for device developers intended to spur more rapid development of high-quality, safe, effective and innovative medical devices for all patients. The FDA previously granted the Autus Size-Adjustable Valve Breakthrough Device designation, which is meant to expedite the development and review of devices that provide for more effective treatment or diagnosis of life-threatening or irreversibly debilitating diseases or conditions.

The Autus Size-Adjustable Valve was approved through the premarket approval pathway, the FDA's most stringent type of medical device marketing application. The pathway is used for certain Class III devices, which generally pose the greatest risk. Before approving a device, the FDA reviews scientific evidence, including nonclinical and clinical data, to determine whether there is reasonable assurance that the device is safe and effective for its intended use and whether the benefits outweigh the known risks.

Edwards Lifesciences received approval for the Autus Size-Adjustable Valve, developed by Autus Valve Technologies Inc. ❖

Deep learning model using ECGs during sleep studies can predict cardiovascular outcomes

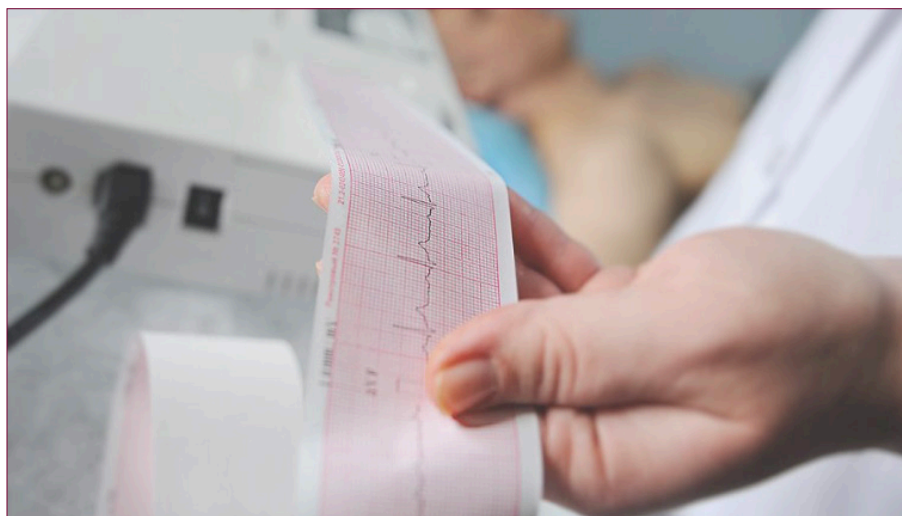
Integrating ECGs into sleep disorder screening could enhance detection and guide clinical decision-making

BETHESDA, MD — A research team supported by the National Institutes of Health (NIH) has found that electrocardiograms (ECGs) administered during sleep and paired with sleep stage information can be used to determine risk for future adverse cardiac events. The study, which used a deep learning approach, suggests that using ECGs to predict which patients have a greater risk for poor heart-related outcomes could help guide clinical decision-making. The findings were published in the journal *Sleep*.¹

“This new approach has the potential to identify individuals at risk for cardiovascular disease years before clinical symptoms arise,” said **DAVID GOFF, MD, PhD**, acting director of NIH’s National Heart, Lung, and Blood Institute (NHLBI). “Evaluating whether this information improves traditional risk prediction is an important next step. In the future, proven analytical approaches like this could be integrated into existing diagnostic tests for patients undergoing sleep studies as a screening tool for multiple adverse cardiovascular outcomes.”

Testing conducted overnight during sleep, known as polysomnography, is the standard method of diagnosing sleep disorders such as insomnia and obstructive sleep apnea, which are recognized as cardiovascular risk factors. ECGs are recorded during these tests but are not often analyzed. The research team in this study wanted to see if these recordings could be used to predict 10-year risk of cardiovascular outcomes such as atrial fibrillation, stroke, myocardial infarction, and heart failure, as well as all-cause mortality.

The researchers applied a deep learning system using single-lead ECGs from sleep studies combined with expert-annotated sleep stage data. The model was fine-tuned on a dataset of 15,809 patients at Massachusetts General Hospital in



Boston, and performance was assessed on two datasets that included 9,810 patients from Emory University Hospital in Atlanta and 12,576 patients from Beth Israel Deaconess Medical Center in Boston. Outcomes were derived from electronic health records.

The team found that the model was able to sort people into groups with different levels of long-term cardiovascular risk, showing that people with higher scores were at higher risk. The deep learning model also retained its predictive value when adjusted for common cardiovascular risk factors such as age, sex, BMI, diabetes, and hypertension, as well as sleep-related characteristics such as sleep apnea severity, arousals, and sleep efficiency. The model could predict atrial fibrillation, heart failure, and death from any cause.

The scientists believe that additional optimization of the model is needed to determine prediction for myocardial infarction and stroke. Overall, they found that predicting cardiovascular outcomes from the ECG channel in sleep studies is a promising approach.

“Importantly, we found that adding the score from our deep learning model improved prediction of cardiac outcomes beyond established risk factors,” said **GARI CLIFFORD, DPhil**, study author, chair of the Department of Biomedical Informatics at Emory University School of Medicine, and professor of Biomedical Engineering at Georgia Institute of Technology. “Adding these scores into sleep studies has great potential for improving early detection of cardiovascular disease, determining who is most at risk, and being more proactive in patient care.”

In addition, this method, which uses just one ECG lead or electrical signal, is easier to collect than the usual 12-lead setup. Therefore, it offers a simple way to collect useful ECG data in just one night of sleep, making the approach highly accessible through simple, low-cost patches.

Reference

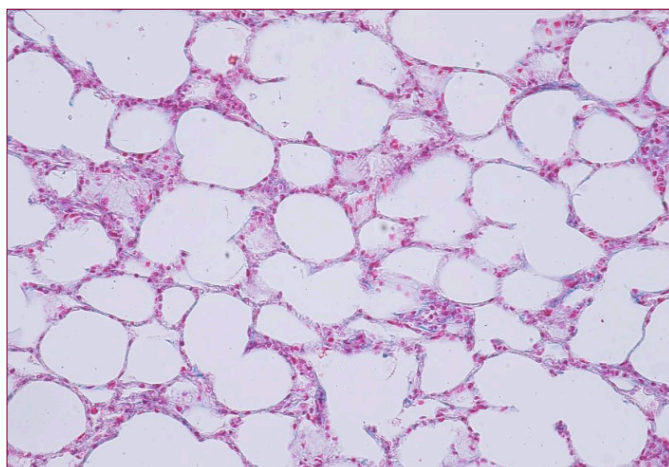
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Human lung organoids with a built-in immune system could transform respiratory disease research

In NIH-funded study, the models orchestrated adaptive immune responses to viral infection

BETHESDA, MD — A new organoid model built with human lung fragments may help us answer key questions about one of the body's first lines of defense against respiratory pathogens. In a National Institutes of Health (NIH)-supported study,¹ researchers at the Stanford University School of Medicine elicited virus-specific immune responses from these organoids and showed that administering a virus booster weakened subsequent infections.

The findings suggest the lung mucosa's immune system alone may provide significant protection, which adds to growing evidence that vaccination strategies designed to train up the body's frontline defenses are a worthwhile pursuit. The models may also be ideal testing grounds for such interventions.



"These organoids retain key immune cells and functions of lung mucosa long-term, allowing investigators to examine local tissue immunity separately from the other parts of the body's immune system," said **JOHN H. POWERS III, MD**, acting director of NIH's National Institute of Allergy and Infectious Diseases (NIAID). "This platform may provide a replacement for animal models for some types of evaluations and may provide insights that tests in animal models could not capture."

In the new study, the researchers transferred pieces of intact distal lung tissue from more than 220 patient volunteers into a unique cell culture system that simulated the lung's life-sustaining gas exchange. The authors sustained organoids within this 3D air-liquid interface for up to several months, during which they found many critical immune cell populations

thriving. More specifically, they confirmed that the T cells present were permanent residents of the tissue and maintained their virus-sensing capabilities.

With these components of the immune system present in the model, the team next sought to determine whether it was also fully functional. Infecting organoids with SARS-CoV-2, the researchers saw that the lung models countered with not only generic immune reactions such as inflammation, but also adaptive responses, as T cells became reactive to SARS-CoV-2 specifically.

They also tested the impact of pre-stimulating the organoids with fragments of the virus prior to infection, essentially simulating a kind of vaccination. Again, the organoid's immune cells learned how to better detect and dispatch SARS-CoV-2, which diminished future infections.

"The exact role of local immunity in human lungs has long been a hotly debated subject, but we believe these organoids will be a conduit for clear answers. Already, we've unveiled indications that resident T cells may be much more persistent than previously thought," said corresponding author **CALVIN KUO, MD, PhD**, a professor of hematology at Stanford Medicine.

The authors believe that their findings and future work in these models could provide a strong basis for local vaccination, which may complement or replace traditional vaccines that induce adaptive immunity systemically.

Their scope may also widen greatly in the future. The researchers believe their models could potentially help elucidate the role of tissue-resident immune responses in a variety of other pulmonary diseases, such as chronic obstructive pulmonary disease (COPD), asthma, and bacterial infections.

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A precision T-cell therapy stalls treatment-resistant cancers in clinical trial

Experimental drug invika halts progression of refractory tumors by selectively stimulating tumor-fighting T cells

BETHESDA, MD — Early results of the first clinical trial to evaluate the drug invikafusp alfa (invika) in humans indicate that the pioneering treatment may be capable of managing cancers that have rebuffed most other interventions, including standard immunotherapy. A study led by researchers at the National Institutes of Health (NIH), Mass General Brigham and Memorial Sloan Kettering found that, at optimal doses, invika was well tolerated and, in patients whose solid tumors had resisted standard immunotherapy, halted disease progression in most and shrank tumors in some.

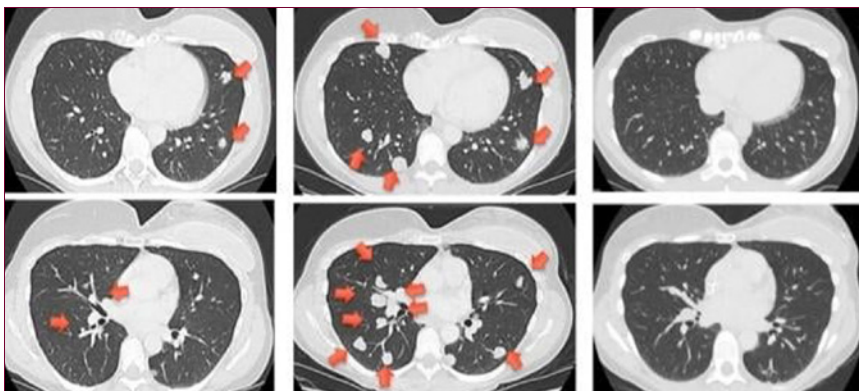
“Patients whose tumors are advanced—particularly tumors that don’t respond well to immunotherapy—often have their backs against a wall. Few options remain once you reach that point, but these results highlight a more precise means of stimulating anti-tumor immunity that could provide another solution,” said co-corresponding author **JAMES GULLEY, MD, PhD**, clinical director at the Center for Cancer Research (CCR), part of NIH’s National Cancer Institute (NCI).

While immunotherapies have already transformed treatment for several cancers, many patients benefit from them for only a short time, or not at all. Tumors frequently adapt to immune checkpoint blockade (ICB) therapies, such as pembrolizumab, limiting long-term benefits. Other strategies aim to rally T cells, the frontline soldiers of adaptive immunity, but usually do so indiscriminately, commonly leading to severe side effects.

Scientists designed the protein invika to engage a small subset of T cells, two groups of tumor-infiltrating lymphocytes specifically. By activating only this narrow population rather than T cells broadly, invika is designed to drive anti-tumor activity while avoiding the severe side effects that less selective approaches can cause. Preclinical studies also conducted at CCR indicate that the drug hits its intended marks and stimulates anti-tumor activity in animal models. This new study describes the next step for invika, detailing the results of phase 1 and initial phase 2 experiments in humans.

The researchers leading the trial recruited patients with a wide variety of cancers, the majority of which had not responded well to ICB. In phase 1, they treated study participants with varying dosages of invika every two weeks to evaluate the drug’s safety and determine the optimal dose. While several participants experienced flu-like side effects, these were expected and generally manageable with additional medication and supportive care. After identifying the lowest dose at which desired effects peaked, the researchers advanced to phase 2, treating participants at this optimal dose.

Of the 27 participants treated with the optimal dose across both phases, disease did not progress in 16 (59.3%) of them. Four (14.8%) participants experienced greater than 30% decreases in the size of targeted tumors, two of whom had metastatic colorectal cancer with tumors of a notoriously treatment-resistant type and were receiving invika as their seventh-line therapy.



CT scans of a study participant with immune checkpoint blockade-resistant colorectal cancer, taken six months before invika treatment (left), at the start of invika treatment (center), and after more than nine months of invika treatment (right). Arrows indicated pulmonary metastases.¹

Another responsive participant had stage 4 non-small cell lung cancer, again with tumors that had repelled multiple therapies including ICB. In participants receiving non-optimal levels, invika did not appear to have significant benefit.

In these patients, the study authors found that the drug fostered growth in the target T-cell populations without affecting any other T cells. They linked the four instances of tumor reduction to the largest shifts in target populations, though, as the authors expected at this early stage, immune activity alone did not always produce a measurable clinical response.

“These results are early, and although signs of immune activity don’t always translate into benefit to patients at this stage, it is new and exciting to see activity in patients whose cancers had stopped responding to immunotherapy—a group of people with very few options left,” said co-first author **NICHOLAS TSCHERNIA, MD**, a physician-scientist early investigator in the CCR at NCI. “These findings give us a reason to keep studying this new type of immunotherapy, particularly by combining it with other cancer treatments to continue to seek improved results.”

The treatment sponsor, Marengo Therapeutics, previously announced that the U.S. Food and Drug Administration (FDA) granted a Fast Track designation to invika to accelerate its evaluation as a treatment for antigen-rich, metastatic colorectal cancer. More recently, FDA has granted the same designation to invika for similar solid tumors, regardless of tissue type, following prior therapy including checkpoint inhibitors.

The ongoing clinical trial is still seeking study participants. Patients interested in enrolling in this study may contact NCI’s toll-free number 1-800-4-Cancer (1-800-422-6237) (TTY: 1-800-332-8615) or email NCIMO_referrals@mail.nih.gov. More information can also be found at <https://www.trials.cancer.gov>. ❖

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