

American Lung Association seeks grant applications from RI researchers

Organization opens application process for 2023–2024 awards and grants funding

PROVIDENCE – The American Lung Association in Rhode Island recently announced the start of its 2023–2024 research awards and grants cycle. The organization is now accepting research grant applications from researchers here in Rhode Island and across the nation with the potential to improve prevention, detection and treatment options for all lung diseases including lung cancer.

“Here in Rhode Island, we have wonderful research institutions and leading-edge researchers,” said **DANIEL FITZGERALD**, Director of Advocacy for the American Lung Association in Rhode Island. “The Lung Association is committed to supporting the best scientific minds to help develop solutions to alleviate the burden of lung disease. We encourage innovative researchers in Rhode Island to apply for these grants.”

Research projects funded by the Lung Association are carefully selected through rigorous scientific review and awardees represent the investigation of a wide range of complex issues to reduce the suffering and burden of lung disease.

Below is a list of currently available research funding opportunities:

- **COVID-19 & Respiratory Virus Research Award:**

\$100,000 per year for up to two years

This award is intended to support investigators who have the ability to advance our knowledge of COVID-19 and other novel respiratory viruses with pandemic potential. Successful applicants have evidence of ongoing excellence and productivity in a related field.

- **Lung Cancer Discovery Award:**

\$100,000 per year for up to two years

Intended to support independent investigators conducting clinical, laboratory, epidemiological or any groundbreaking project aimed at revolutionizing our current understanding of lung cancer and improving diagnostic, clinical and treatment methods. A Letter of Intent (LOI) is required for this award.

- **Allergic Respiratory Diseases Award:**

\$75,000 per year for up to two years

A long-standing joint effort between the American Lung Association and the American Academy of Allergy, Asthma & Immunology to encourage and support early-stage investigators with a primary faculty appointment in an allergy/immunology division or section, to conduct research into advancing the understanding of allergic respiratory disease.

- **Innovation Award:**

\$75,000 per year for up to two years

This award will support promising independent investigators who are leveraging their existing body of work to conduct basic science, behavioral, clinical or translational research for lung health.

- **Catalyst Award:**

\$50,000 per year for up to two years

This award champions the next generation of scientists who are ascending toward independence by supporting mentored investigators who are conducting basic science, behavioral, clinical or translational research into lung health.

- **Public Policy Research Award:**

\$50,000 per year for up to two years

This mechanism is designed to help stimulate and inform important public policy debates around healthy air and lung disease. This award supports research on and evaluation of existing public policy and programs, as well as projects that inject innovative ideas into public policies impacting lung health.

- **Dalsemer Award:**

\$50,000 per year for up to two years

This is a mentored award meant to provide seed monies to junior investigators for researching the mechanisms and biology of interstitial lung disease.

For more information about the active research funding opportunities, visit Lung.org/awards. ❖

Lung cancer is the leading cause of cancer deaths in Rhode Island

PROVIDENCE – Here in Rhode Island and across the nation, lung cancer is the leading cause of cancer deaths; however, survey data released August 1 show that only 40% of Americans are concerned that they might get lung cancer and only about one in five have talked to their doctor about their risk for the disease. On World Lung Cancer Day, the American Lung Association's LUNG FORCE initiative released the 2022 Lung Health Barometer, a national survey that examines awareness, attitudes and beliefs about lung cancer.

In Rhode Island, it is estimated that 980 people will be diagnosed with lung cancer in 2022, and 480 people will die from the disease. But there is hope. The lung cancer survival rate has risen substantially, and awareness of this deadly disease has steadily increased. Greater awareness of lung cancer is key to securing research funding, encouraging lung cancer screening, reducing stigma around this disease, and ultimately, saving lives.

“One of the most impactful things we can do in Rhode Island is to raise awareness about lifesaving lung cancer screening. Currently, only 6% of residents at high risk for lung cancer have received a low-dose CT scan lung cancer screening,” said **DANIEL FITZGERALD**, Director of Advocacy at the Lung Association in Rhode Island. “Lung cancer screening is key to early diagnosis, and early diagnosis saves lives.”

While awareness about lung cancer screening is still low, there has been significant work done recently to increase eligibility. Last year, the U.S. Preventive Services Task Force expanded the guidelines for screening to include individuals ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. This nearly doubled the number of individuals eligible for screening and has the potential to save significantly more lives than previous guidelines.

The 2022 Lung Health Barometer surveyed 4,000 Americans nationwide about lung cancer. Key findings show that:

- Only about one in four respondents (26%) were aware that the lung cancer survival rate increased by over 30% in the past ten years.
- 73% of adults have not spoken with their doctor about their risk for lung cancer and only 40% are concerned they might get the disease.
- Only 29% of Americans know that lung cancer is the leading cancer killer in the U.S.
- Nearly 70% of respondents were not familiar with the availability of lung cancer screening for early detection of the disease.

This is the seventh year of the Lung Health Barometer, which is conducted by the Lung Association's LUNG FORCE initiative. LUNG FORCE unites those impacted by lung cancer and their caregivers across the country to stand together against lung cancer. ❖

Alzheimer's Association global workgroup releases recommendations on use of blood biomarkers (BBMs)

CHICAGO AND SAN DIEGO – Alzheimer's disease blood biomarkers (BBMs) may revolutionize the diagnosis of Alzheimer's in the future, but are not yet ready for widespread use, according to a newly-published article by leading international clinicians and researchers convened by the Alzheimer's Association®. At the same time, they are important and valuable for current research trials and cautious initial use in specialized memory clinics.

“The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease,” by **OSKAR HANSSON, MD, PhD**, et al, is published online by Alzheimer's & Dementia: The Journal of the Alzheimer's Association. The recommendations were reported in July at the Alzheimer's Association International Conference® (AAIC®) 2022 in San Diego and online.

The recommendations were made by a global workgroup convened by the Alzheimer's Association, which included leading Alzheimer's disease researcher **STEPHEN SALLOWAY, MD, MS**, one of the article's authors. Dr. Salloway is founder of the Memory and Aging Program at Butler Hospital and is also the Martin M. Zucker Professor of Psychiatry and Human Behavior,

Professor of Neurology, and Associate Director of the Center for Alzheimer's Disease Research at Brown University.

“Blood-based markers show promise for improving, and possibly even redefining, the diagnostic work-up for Alzheimer's,” said **MARIA C. CARRILLO, PhD**, Alzheimer's Association chief science officer and a co-author of the article. “Remarkable progress has been made, but additional data are needed before BBMs can be used as a stand-alone test for diagnosis, and before considering broad use in primary care settings.”

“In this article, the expert workgroup clearly defines both short- and long-term research priorities needed to fill significant knowledge gaps that still exist, such as how well these blood-based markers work in diverse communities and in those living with multiple health conditions,” Dr. Carrillo added. “Also included are consensus appropriate use recommendations for use of BBMs in the clinic and in research trials.”

“Blood-based biomarkers for Alzheimer's are already improving the design of clinical trials, and they are very likely to revolutionize the diagnosis of Alzheimer's in the future,” said Dr. Hansson, director of the Center for Neurodegenerative Diseases at Lund University and Skane University Hospital, Malmo,

Sweden, and first author on the newly published article. “That said, the implementation of such markers in trials and practice must be done in a careful and controlled way so as not to accidentally cause more harm than good. Much more research is needed before widespread clinical use of BBMs.”

Defining the need

According to the workgroup, about 25–30% of patients with a clinical diagnosis of Alzheimer’s dementia are misdiagnosed when assessed at specialized dementia clinics, and the accuracy of clinical diagnosis is similar or even lower for other dementias, including frontotemporal dementia, dementia with Lewy bodies and vascular dementia. In fact, in most countries, most patients with cognitive or behavioral symptoms are managed in primary care where the misdiagnosis is even higher. The problem is especially acute in the earliest stages of the disease.

“There is a great global need for accurate BBM-based diagnostic and prognostic algorithms that can substantially improve the accuracy of a diagnostic work-up of Alzheimer’s, particularly in the early stages of the disease,” said **REISA SPERLING, MD**, professor of Neurology at Harvard Medical School and director of the Center for Alzheimer Research and Treatment at Brigham and Women’s Hospital and Massachusetts General Hospital, and a co-author of the article.

The established CSF and PET measures have excellent diagnostic properties, but are less useful outside very specialized clinics due to limited accessibility, invasiveness (e.g., CSF measures require a lumbar puncture, and PET requires infusion of stable isotopes and exposure to radiation) and high costs. This precludes use of CSF and PET biomarkers in most primary and secondary care settings worldwide.

According to the article, BBMs show “great promise” – especially markers for Alzheimer’s-related brain changes related to nerve cell damage/death, and tau and beta amyloid accumulation – for “future use in both clinical practice and trials. However, few prospective studies have investigated the implementation of such BBMs in more heterogeneous populations.”

Not ready for “prime time”

The workgroup points out that no studies have extensively evaluated BBMs for neurodegenerative diseases in primary care, and calls for “well-performed BBM studies in diverse primary care populations.” Such studies should also evaluate the impact of BBMs on diagnostic accuracy and change in patient management.

In addition, use of BBMs for general population risk screening and as direct-to-consumer risk tests are not recommended.

The workgroup also says that BBMs should not yet be used as primary endpoints in pivotal treatment trials. However, this does not preclude the use of certain BBMs for decision making in clinical trials with adaptive design, where they could be used to inform decisions on continuing a trial or not.

Many current uses

There are current uses for Alzheimer’s BBMs, according to the workgroup. For example, they “recommend use of BBMs as (pre-)screeners to identify individuals likely to have Alzheimer’s pathological changes for inclusion in trials evaluating disease-modifying therapies, provided Alzheimer’s status is confirmed with positron emission tomography (PET) or cerebrospinal fluid (CSF) testing.”

BBMs can be used as exploratory outcomes in most clinical trials in Alzheimer’s and other neurodegenerative dementias. In non-Alzheimer’s trials, BBMs can be used to identify patients who likely have Alzheimer’s-related brain changes, if that is a condition of exclusion from the study.

Dr. Salloway said that further development and implementation of BBMs alongside further development of potential treatments for Alzheimer’s disease, could lead to an end to Alzheimer’s disease as we know it today. “The more we learn from Alzheimer’s research, the more it has become clear that prevention and early intervention are the keys to defeating this disease.” We’re likely decades away from having the knowledge and technology to try and reverse the disease once it has become advanced, if that ever becomes possible at all. But the ability to identify it in its earliest stages and develop disease-modifying drugs that prevent life-altering symptoms may be closer than we think.” ❖

Ortho RI Surgeon Michael Bradley, MD, performs first reverse shoulder replacement surgery using FX V135™ implant in US

WAKEFIELD – Ortho Rhode Island surgeon **MICHAEL P. BRADLEY, MD, MBA, MS**, completed a reverse shoulder arthroplasty, more commonly known as a reverse shoulder replacement, using the FX V135™ implant, at South County Hospital. This was the first surgery to employ this technology in the United States. The landmark procedure was performed in late July at the Center for Advanced Orthopedic Surgery, a partnership between Ortho Rhode Island and South County Health. The surgery is part of Ortho Rhode Island's mission to pioneer orthopedic treatments that make care more patient-centered.

"Procedures that preserve bone are becoming a high priority to patients. That's why I believe the FX V135™ implant is a good option to consider for anyone in need of reverse shoulder replacement," Dr. Bradley said.

The new FX V135™ shoulder system includes a mini stem humeral component that can be configured for both anatomical and reverse shoulder replacements and offers humeral head components with variable head heights to allow surgeons more flexibility to best match the patients' anatomy in the anatomic configuration.

In addition to performing a milestone surgery with the FX V135™, Dr. Bradley is a member of the device's design team. He worked closely with FX Solutions, a global leader in shoulder arthroplasty, to help create an implant that would meet patients' needs. "The FX V135™ was designed to allow surgeons to tailor our system to the patient—rather than the patient to our system," said **BAPTISTE MARTIN**, CEO of FX Solutions.

As President and CEO of Ortho Rhode Island, Dr. Bradley is excited about the way orthopedic innovations like the FX V135™ are improving the patient experience. "Ortho Rhode Island's role in introducing this technology to the U.S. is another example of our commitment to state-of-the-art care that puts patients first. We are proud to lead the way in bringing innovation to orthopedics," Dr. Bradley said. ❖

RIH study finds better outcomes for stroke patients triaged directly to Level 1 Stroke Centers

PROVIDENCE – Rhode Island Hospital researchers have found that implementing severity-based field triage leads to faster treatment and less disability for stroke patients. The findings, now published online in the *Journal of NeuroInterventional Surgery*, show that states that use field-based stroke severity triage as part of their Emergency Medical Systems (EMS) transport protocols give severe stroke patients more rapid access to specially trained neuroendovascular care teams and lifesaving thrombectomy.

In the study, "Long Term Effect of Field Triage on Times to Endovascular Treatment for Emergent Large Vessel Occlusion," researchers compared stroke patients over two adjacent states over a 5½ year span. Both states were served by a single Level 1 (Comprehensive) stroke center. After matching the patients from the two regions based on distance to the Level 1 center, time to treatment decreased by 55 minutes after implementation of severity-based triage. In contrast, there was no change in time to treatment in the adjacent region with traditional EMS protocols over 5½ years, despite extensive efforts to improve workflow at referring hospitals. As a result, clinical outcomes at 90 days were significantly better in those patients who resided in the state with severity-based triage, compared with traditional EMS protocols.

"The time lost in transfer from the nearest hospital to the best-equipped facility clearly jeopardizes a patient's chance of recovery," said **MAHESH JAYARAMAN, MD**, lead author of the study, a neurointerventional radiologist and Professor of Diagnostic Imaging, Neurology and Neurosurgery at Brown University, and Director of the Neurovascular Center at Rhode Island Hospital. "We hope this research persuades state governments to take a close look at their stroke care protocols and implement changes to improve triage and transport."

Link to article: <https://pubmed.ncbi.nlm.nih.gov/35896319> ❖

Legislative investments enacted in state's behavioral health care system

WARWICK – New legislative initiatives and budget investments aimed at strengthening the state's behavioral health care system included in the budget signed by Governor **DAN MCKEE** in June are:

- \$30 million to begin the transition to the Certified Community Behavioral Health Clinics (CCBHC) model of community-based mental health care which will improve access to care and the quality of care
- \$4.2 million to create a Mental Health Treatment Court
- \$8 million to build a 25-bed short stay unit at Butler Hospital to provide behavioral health care services, crisis intervention, and other related services
- \$1.9 million to support the 9-8-8 Suicide Prevention and Mental Health Crisis Hotline
- \$1 million for the design and engineering of suicide barriers on the state's four tallest bridges

These investments are in addition to \$170 million that the state is investing in Eleanor Slater Hospital over the next several years to pay for renovations, new construction, and an electronic medical records system.

"We all know that behavioral health care is an essential component of our health care system, and these investments will result in more support and better results," said Governor McKee. "The 988 hotline and the transition to the CCBHC model of community-based health care will help us reach and help more people. In the long run, this will reduce the need for longer-term hospitalizations. At the same time, having a Mental Health Court will divert people away from the criminal justice system and connect them with community-based treatment services, and adding barriers to our largest bridges will help to save lives."

RICHARD CHAREST, Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, said the transition to a CCBHC model is critical. "CCBHCs offer mental health and substance use treatment services, including 24/7 mobile crisis response, which enables the team to engage clients where they are. This reduces the transportation barrier when someone is in crisis. CCBHCs also provide a comprehensive range of services for anyone who needs help with behavioral health or substance use conditions."

Director Charest noted that Rhode Island has consistently had the best in-state call response rate for the suicide prevention line, and that trend appears to be continuing with the new 988 suicide and crisis prevention lifeline.

The Governor also ceremonially signed the following bills related to behavioral health:

- H6667B (Ranglin-Vassell) and S2556A (Cano): This legislation directs the commissioner of elementary and secondary education to establish a trauma-informed schools implementation plan to support to support the academic, behavioral, social and emotional needs of all students.
- H7501 (McNamara) and S2605 (DiMario): This legislation increases public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services in a state where the psychologist is not licensed to practice psychology.

"Each and every one of us experiences trauma at some point in our lives, some more than others, and the trauma we experience as children can shape our lives forever. The difference that determines whether we are able to be resilient and recover is whether we are supported by those in our community," said Rep. **MARCIA RANGLIN-VASSELL** (D-Dist. 5, Providence), who works as a teacher at E-Cubed Academy in Providence. "In schools, teachers like myself see kids suffering every day from the trauma they have experienced, particularly during the pandemic the last couple of years. The mental-emotional needs of our children need to be met with care, and teachers and staff need resources to know how they can respond in ways that are helpful."

"As lawmakers, we have been working on creative ways to reduce the barriers providers face in obtaining a license to practice," said Rep. **JOSEPH M. MCNAMARA** (D-Dist. 19, Warwick, Cranston). "The National Institute of Mental Health estimates that one in four adults, or 60 million people, experience mental illness. This legislation is another creative way to address the shortage of mental health professionals to get all Rhode Islanders the care that they need."

"Through passage of this legislation, we would be joining 33 other states to allow for telehealth services across state lines in participating states with a universal credential through the compact that maintains high standards of patient protection and care," said Sen. **ALANA M. DIMARIO** (D-Dist. 36, Narragansett, North Kingstown). "Without passage of this bill the temporary COVID waivers allowing this will expire at the end of June, which would leave many Rhode Islanders suddenly without access to their treatment and many providers having to end care for their out of state patients." ❖

Newport Hospital begins 150th-year celebrations

NEWPORT – Newport Hospital raised a banner in August to officially begin celebrating an upcoming milestone in its history – a century and a half of serving the community. Founded in 1873, the hospital is entering its 150th year of providing top notch medical services to the people of Newport County and beyond.

“Newport Hospital has a culture steeped in history, hospitality, healing, health, and hope,” said Newport Hospital President **CRISTA DURAND**. “As a community we honor and celebrate this momentous occasion in the hospital’s history, and together we will continue to move Newport Hospital forward for the next 150 years and beyond.”

Over the next year, there will be a series of events to commemorate the hospital’s rich history, and thank the many individuals who have helped make the institution what it is today – a 129-bed award-winning facility offering a wide range of essential, high-quality health care in Rhode Island.

Founded and funded by local residents and its community, Newport Hospital began operation as a 12-bed cottage hospital on donated land. Henry Ledyard, a founding incorporator and trustee, was the hospital’s first president. Over the past



On Aug. 3rd, Newport Hospital kicked off celebrations for the hospital’s 150th-year milestone of serving the residents of the community and County.

[LIFESPAN PHOTO]

century and a half, there have been many noteworthy dates and achievements at Newport Hospital, including:

- In 1893 Newport Hospital completed its first major expansion that added new, well-equipped operating rooms to accommodate advances in surgery and the increase in women who were opting to have their babies in a hospital instead of at home.
- On August 16, 1970, the hospital held a dedication day to open a new expanded main facility (Tower Building); U.S. Senator Claiborne Pell delivered the dedicatory address. Today, this eight-story building is home to the hospital’s ICU, medical/surgical unit, behavioral health unit, Noreen Stonor Drexel Birthing Center, Vanderbilt Rehabilitation Center, Norman Prince Spine Institute, Newport Physical Medicine and Rehabilitation outpatient practice, Vanderbilt wound care center, and Lifespan Cancer Institute.
- In 2000, the hospital opened a new wing and partnered with the nearby Naval Station Newport to offer services to the military.
- The hospital raised \$12.5 million through their “Beyond the Building” campaign, which was used to expand and renovate the emergency department, nearly doubling the number of treatment rooms and overall footprint when completed in 2018.
- In 2021 the Vanderbilt Rehabilitation Center at Newport Hospital underwent a transformative expansion, becoming the flagship inpatient rehabilitation center for all of Lifespan. ❖

VA Providence Healthcare System announces ribbon-cutting for new mental health building

PROVIDENCE – The VA Providence Healthcare System (VAPHS) announced a ribbon-cutting for a new mental and behavioral health building to be held on Monday, September 12, 2022, at 10am. The program will take place at the newly constructed facility on the campus of the VAPHS Providence campus 830 Chalkstone Ave.

The new building comprises more than 15,000 square feet of newly constructed space for mental health providers at a cost of more than \$14 million dollars. Some of the mental health programs that will be housed in the new facility include:

- **Community-Based Employment Services** – which provides Veterans treatment for mental health or substance abuse issues with vocational services designed to lead to successful employment.
- **Peer Support Program** – which trains fellow Veteran who teach goal setting, problem solving, symptom management skills and a variety of other recovery tools.
- **Transactional Work Therapy Program** – Providing Veteran real work experience through temporary work sites at the VA Providence Healthcare System, Providence campus, among many others.

“Providence is committed to providing state-of-the-art mental health services for the Veterans we serve,” said **LAWRENCE CONNELL**, VAPHS Director. “This new facility provides a modern setting to provide those services” he said. ❖