

Protecting Public Health During the World Cup

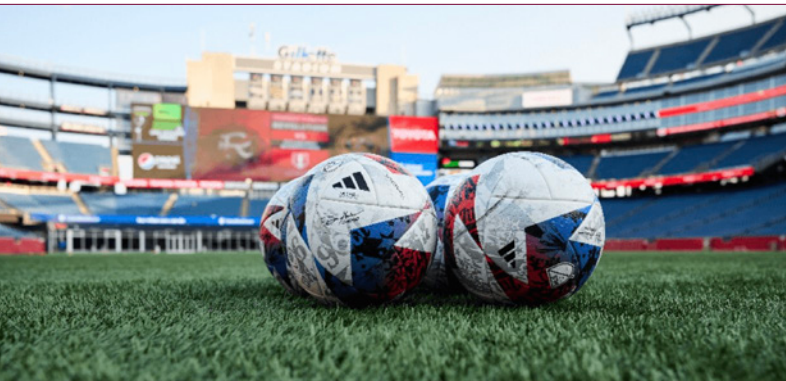
Preparing for safe and healthy celebrations.



Mass. Dept. of Public Health coordinating preparations for FIFA World Cup 2026™

Rhode Island preparing for Summer of Soccer™-related events

FOXBOROUGH, MA — This month the US, Canada, and Mexico, are hosting the FIFA World Cup 2026™ Soccer Tournament from June 11 through July 19. A total of 104 games will be played across North America, including seven games scheduled to take place at Boston Stadium, in Foxborough, MA.



Seven games are scheduled to take place at Boston (Gillette) Stadium, in Foxborough, MA, this month. [MASS. DEPT. OF PUBLIC HEALTH]

The Massachusetts Department of Public Health (MA DPH) is planning and coordinating to protect the health and safety of residents and visitors this summer. For guidance and information from MA DPH, visit the MA DPH website. The Rhode Island Department of Health is working in close partnership with MA DPH.

MA DPH preparations

DPH's Office of Preparedness and Emergency Management (OPEM) is leading preparation efforts for the department. OPEM's long-tested experience successfully coordinating public health operations for major gatherings, like the Boston Marathon, will inform all activities. This involves:

- Comprehensive, multi-agency planning
- Real-time surveillance and situational awareness
- Coordinated emergency preparedness and response actions
- Healthcare system readiness
- Risk communication
- Close collaboration with local, state, federal, and private partners

Legislators join 'Summer of Soccer' unveiling for upcoming international tournament

STATE HOUSE — Rhode Island lawmakers joined General Treasurer **JAMES DIOSSA**, Governor **DAN MCKEE**, Providence Mayor **BRETT SMILEY** and other officials recently to announce the comprehensive operational and community plan for the "Rhode Island Summer of Soccer." This initiative will transform the state into a premier destination for international fans, anchored by a team base camp, a central Fan Zone in Providence, and a robust "Stadium Express" transportation network.

Sen. **LORI URSO** and Rep. **JOSHUA J. GIRALDO** emphasized the legislative commitment to the project, highlighting the community impact and the strategic allocation of funding to support transportation efforts.

"The tradition of soccer in Rhode Island dates back to the 19th century in our mill cities, and today, as a pro sport in our state, it unites us as a community," said Senator Urso (D-Dist. 8, Pawtucket). "This summer's activities are sure to engage soccer fans, and to attract new ones to the game, while boosting local commerce. I congratulate Treasurer Diosa, Liz Tanner, and the entire Ocean State 2026 team for what is sure to be a memorable World Cup experience."



[RISUMMEROFSOCCER.COM]

"As a long time soccer player and World Cup fan, I am beyond thrilled that Rhode Island will not only be enjoying the economic benefits of the 2026 World Cup in our backyard, but that a culture of soccer will pervade Rhode Island, and many people—adults and children—will get to enjoy this sport that brings so many groups and cultures together," said Representative Giraldo (D-Dist. 56, Central Falls).

DPH has strengthened its incident command capabilities and enhanced data-sharing and disease surveillance systems. It has also refined public health protocols, environmental health mitigation strategies, and medical surge planning. This positions DPH to provide comprehensive, tailored public health support during the events.

Range of settings includes:

- Boston (Gillette) Stadium and surrounding areas
- FIFA Fan Festival™ on Boston City Hall Plaza
- Other fan events and celebrations
- Team base camps and training sites
- Hotels and visitor accommodations
- Transportation hubs
- Other high-traffic venues

Who is DPH working with?

With a focus on both prevention and readiness, DPH is working in close partnership with the following, among others:

- Local, state, and federal officials
- Local boards of health
- Hospitals and emergency medical services
- Urgent care centers, community health centers, and other health care providers
- State agencies throughout the Healey-Driscoll Administration
- Rhode Island Department of Health
- Community organizations
- Boston 26, the official Host City initiative for the FIFA World Cup 2026™

What is DPH preparing for?

DPH will be ready to handle a wide range of issues. This includes everything from minor illness to disease outbreaks to a mass casualty incident. Particular attention will be focused on:

- Infectious disease outbreaks, including infectious disease not commonly experienced in the United States
- Foodborne illness
- Mass casualty events and other events that may increase health care demand
- Weather-related hazards, including extreme heat, severe storms, and other environmental health concerns

This means enhanced disease surveillance and monitoring, environmental health oversight, extreme heat preparation, food safety monitoring, and ongoing coordination and communication with health care providers and public safety officials across the region.

Rhode Island Summer of Soccer™

Rhode Island expects to host national soccer teams and many Rhode Island Summer of Soccer™-related events (like watch parties), as well as to have fans staying in its hotels, dining in its restaurants, and flying through TF Green Airport (PVD).

“Our vision for the Summer of Soccer is about more than just a tournament; it’s about positioning Rhode Island on the global stage,” said Treasurer Diossa. “By hosting international teams just up the road in Foxboro and thousands of visitors, we are creating an economic engine that will benefit our small businesses and communities for years to come. Today, we are laying out the roadmap to ensure our state is ready to welcome the world.”

Mayor Smiley detailed the City’s pivotal role, specifically the launch of the 39-day, FIFA-approved, Providence Fan Zone. “This is an exciting moment for Providence and for Rhode Island,” said Mayor Smiley. “FIFA’s approval of our FanZone reflects the strength of our City as a welcoming, vibrant destination and our ability to deliver world-class experiences on a global stage. We are ready to welcome fans from across the globe to our Downtown waterfront and showcase everything that makes Providence special.”

PVD FanZone

The PVD FanZone at Station Park will run on select dates from June 11 through July 19, anchoring Rhode Island’s Summer of Soccer and welcoming fans from around the world to the capital city. The PVD Fan Zone is being produced by the City of Providence’s Department of Art, Culture, and Tourism and the Providence Tourism Council. Set along the Providence River and steps from the Downtown Riverwalk, the PVD FanZone will feature watch parties, live music, interactive games, a professionally staffed bar, and a rotating lineup of local food vendors.

EMA Director **MARC PAPPAS** outlined an emergency preparedness plan, developed in coordination with local, state, and federal authorities to ensure a seamless and safe environment for all events.

“Over the past year, we’ve built a unified, multi-agency approach to ensure Rhode Island is fully prepared to support World Cup activities,” said Director Pappas. “Through close coordination with our local, state, and federal partners, as well as our partners at the Massachusetts Emergency Management Agency, we continue to refine a comprehensive plan focused on delivering a safe and well-coordinated experience, grounded in strong communication, operational alignment, real-time situational awareness, and a shared common operating picture.”

For more information, including specific event information in cities and towns, please visit [risummerofsoccer.com](https://www.risummerofsoccer.com) ❖



The Rhode Island Dept. of Health (RIDOH) is taking steps to keep Rhode Islanders and visitors healthy this summer. RIDOH is working to ensure Rhode Island's public health and medical infrastructure can accommodate the needs of visitors to the area, to ensure Rhode Island is prepared to respond to any potential emergencies with public health and medical impacts, and to prevent threats to Rhode Island's food, water, and environment.

These steps include but are not limited to:

- Engaging staff, state agency partners, healthcare facilities and systems, emergency medical services, and community members in training and exercises that focus on capabilities to ensure readiness for this summer's events;
- Reviewing emergency response plans for all hazards, from infectious disease outbreaks to mass casualty events to bioterrorism attacks;
- Expanding monitoring trends in visits to healthcare

settings for increases in infectious diseases, drug overdoses, injuries, heat-related illness, and other health outcomes;

- Expanding food safety trainings and resources and increasing food inspection and outreach;
- Enhancing response plans and expanding testing capacity for infections not typically seen in this region;
- Continuing wastewater monitoring for respiratory diseases like flu, RSV, COVID-19, avian influenza, and measles; and
- Engaging with partners across the state to ensure relevant and timely communications.

"Preparedness is at the core of public health," said RIDOH Director **JERRY LARKIN, MD**. "We have been working with partners in healthcare, public health, and all throughout Rhode Island and the region for several months to help ensure that Rhode Island's health infrastructure is as prepared as possible for the influx of visitors we expect over the coming weeks." ❖

Care New England announces workforce reductions amid escalating healthcare funding crisis in Rhode Island

PROVIDENCE — Care New England (CNE) announced on May 26th the elimination of more than 30 leadership and non-clinical positions across the system as part of a restructuring in response to ongoing financial pressures that continue to strain hospitals and healthcare providers throughout Rhode Island.

This difficult decision comes as hospitals across the state face unprecedented economic challenges driven by inadequate Medicaid reimbursement rates, rising labor and supply costs, and the increasing need to provide uncompensated care. CNE has been aggressively pursuing margin improvement initiatives to help offset an estimated \$20 million in budget shortfalls in fiscal year 2026, while remaining committed to providing high-quality, accessible care to the communities it serves, according to **MICHAEL WAGNER, MD**, president and CEO.

"Current financial conditions have made additional cost-saving measures unavoidable, but decisions like these that affect our workforce are especially difficult because they impact valued

employees, colleagues, and the patients and communities we serve," Dr. Wagner said. "However, the financial realities facing healthcare providers in Rhode Island require immediate action to preserve essential services and maintain long-term stability for a system uniquely committed to caring for even the most vulnerable Rhode Islanders."

Rhode Island's healthcare system is under growing pressure as Medicaid reimbursement rates remain among the lowest in the nation and significantly below the actual cost of care. Today, Medicaid provides coverage for approximately one in three Rhode Islanders, yet hospitals and providers continue to absorb substantial losses caring for these patients.

At the same time, proposed federal Medicaid changes threaten to increase the number of uninsured Rhode Islanders, further increasing uncompensated care costs and financial strain on healthcare systems statewide.

Dr. Wagner noted that Rhode Island now has a critical opportunity to help stabilize healthcare through a proposed \$70 million state Medicaid investment

that could unlock an additional \$126 million in matching federal funds—bringing nearly \$200 million into Rhode Island to support hospitals, physicians, community health centers, healthcare workers, and patient care services statewide.

"With Rhode Island facing a healthcare crisis, this investment represents an opportunity to protect patient access, preserve healthcare jobs, and strengthen hospitals and providers across the state," Dr. Wagner said. "Without meaningful action, Rhode Island risks continued erosion of healthcare access, longer emergency room wait times, reduced services, and additional job losses throughout the healthcare sector. We urge state leaders to prioritize investments that strengthen healthcare and protect access to care for all Rhode Islanders."

Care New England will continue to work closely with the employees affected by these changes, offering resources and assistance to them. The healthcare system remains focused on providing and maintaining the essential services that our patients and families depend upon to live healthy lives. ❖

Senate passes Sosnowski bill to create medical school at University of Rhode Island

STATE HOUSE — The Senate recently passed legislation introduced by Sen. **V. SUSAN SOSNOWSKI** that would establish a medical school at the University of Rhode Island. It's part of the Senate's 17-bill package of healthcare legislation centered on supporting Rhode Islanders in crisis, protecting patients and providers, and strengthening the state's health workforce.

Last year, a special legislative commission undertook an independent feasibility study that recommended the establishment of a public, M.D.-granting medical education program at URI, and outlined a proposed four-year, five-phase plan that would culminate in the launch of the program's charter class in autumn 2029.

The act (2026-S 3604) would establish the framework to create the medical school and provide an initial appropriation of \$5 million as the first phase of a multi-year investment for its development.

"With Rhode Island facing a serious physician shortage, the recruitment and retention of doctors has become one of the state's top priorities," said Senator Sosnowski (D-Dist. 37, South Kingstown), who noted that by 2030, the state is projected to have a deficit of roughly 100 primary care providers. "URI has a good, solid foundation for establishing a medical school, and healthcare organizations are eager to partner with URI to create a community-based education model. This may be the most important investment the state makes in its future, its communities and its people."

ELLIJAH MCLEAN, manager of government relations and policy for United Way of Rhode Island, testified in support of the legislation, telling the Senate Committee on Health and Human Services that, "As of Dec. 31, 2025, Rhode Island had 17 Primary Care Health Professional Shortage Area designations affecting 257,218 residents; in those designated areas, only 74.29% of need is met, and 22 additional primary care practitioners are needed to remove the shortage designations. Strengthening an in-state physician pipeline is a practical long-term strategy to improve access to care and reduce pressure on higher-cost emergency settings."

The funding would be used for operating expenses and salaries related to hiring a founding dean and senior leadership, recruitment of core faculty and administrative staff, accreditation preparation and compliance activities, and curriculum planning and institutional development.

The measure now moves to the House of Representatives, where companion legislation (2026-H 8389) has been introduced by Rep. **KATHLEEN A. FOGARTY** (D-Dist. 35, South Kingstown). ❖

Senate establishes primary care workforce commission

STATE HOUSE — The Senate recently approved a resolution sponsored by Sen. **PAMELA J. LAURIA** to establish a permanent commission to explore ways to support retention of the state's primary care workforce and strengthen graduate medical education programs.

The bill is part of the Senate's 17-bill package of healthcare legislation centered on supporting Rhode Islanders in crisis, protecting patients and providers and strengthening the state's health workforce.

The creation of the commission was one of the recommendations of a previous study commission Senator Lauria led last year. That commission studied issues related to the primary care workforce, including the potential establishment of a medical school at University of Rhode Island, which it also recommended.

"As the work of our previous commission was coming to an end, it became apparent that there was so much more work to do in addressing the barriers to building the primary care workforce," said Senator Lauria (D-Dist. 32, Barrington, Bristol, East Providence). "We need to focus on establishing more graduate medical education opportunities here, because when people train here, they are more likely to stay and work here."

The previous commission recommended in its final report that this commission's initial charge should be "to review evidence and develop a comprehensive graduate medical education and workforce strategy to produce and retain skilled and committed primary care clinicians, along with the public policies needed to support that strategy." It suggested expanding residency and fellowship opportunities within Rhode Island's hospital systems, community health centers and federally qualified health center networks.

Under the resolution (2026-S 3057), this commission would be permanent, not a time-limited study commission. In addition to developing recommendations for establishing and financing sufficient primary care graduate medical education resources in the state, the resolution requires it to provide annual reports on Rhode Islanders' access to a usual source of care, the number and distribution of primary care clinicians practicing in the state, the numbers entering and leaving practice as well as an annual report on the status of Rhode Island's primary care institutional and clinical education resources and the programs supporting these students financially.

The commission will examine the entire primary care workforce, including physicians, nurse practitioners and physician assistants.

The 17-member commission would be made up of legislators, leaders from medical schools in the state and representatives of associations of medical professions, primary care providers and community nonprofits.

As a Senate resolution, the resolution does not require approval from the House of Representatives. ❖

Rhode Island a national leader in lung cancer screening, diagnosis, treatment

PROVIDENCE — Data from the American Lung Association's recently released "State of Lung Cancer" annual report indicate that Rhode Island remains a national leader in screening, early diagnosis, and treatment for lung cancer, a leading cause of cancer deaths. The report showed that:

- In Rhode Island, 31.0% of those at high risk were screened, which was significantly higher than the national rate of 18.2%. Rhode Island has the highest screening rate in the country.
- The percentage of people alive five years after being diagnosed with lung cancer (the survival rate) in Rhode Island is 37.6%, which is significantly higher than the national rate of 29.7%, and best in the nation.
- In Rhode Island, 35.5% of cases are caught at an early stage, which is significantly higher than the national rate of 28.1%. It ranks 1st among the 50 states with data on diagnosis at an early stage, placing it in the top tier.
- Over the last five years, the survival rate in Rhode Island improved by 32%.

"In the last decade, we have seen incredible progress, including increases in lung cancer survival and early detection rates," said **DANIEL FITZGERALD, MPH**,

director of advocacy, American Lung Association. "Rhode Island is a true leader in lung cancer care, but we have so much more work to do to ensure all residents have access to the best lung cancer outcomes."

"This progress is the result of the coordinated efforts of many organizations, as well as the dedication of Rhode Island's primary care professionals who make time to discuss annual lung cancer screening with patients," said Director of Health **JERRY LARKIN, MD**. "Lung cancer is preventable. Not smoking is the single most important thing people can do to prevent lung cancer. Help is available for anyone ready to quit."

Cigarette smoking is the number one risk factor for lung cancer. In the United States, cigarette smoking is linked to about 80% to 90% of lung cancer deaths. People who smoke cigarettes are 15 to 30 times more likely to get lung cancer or die from lung cancer than people who do not smoke. People who quit smoking have a lower risk of lung cancer than if they had continued to smoke, but their risk is higher than the risk for people who never smoked. Quitting smoking at any age can lower the risk of lung cancer.

Another important risk factor for lung cancer is indoor radon. Radon is a naturally occurring gas that forms in rocks,

soil, and water. It cannot be seen, tasted, or smelled. When radon gets into homes or buildings through cracks or holes, it can get trapped and build up in the air inside. Exposure to radon causes lung cancer in smokers and non-smokers alike. Radon is the number one cause of lung cancer among non-smokers, according to EPA estimates. Overall, radon is the second leading cause of lung cancer in the United States. Testing is the only way to know if there are high levels of radon in your home.

Rhode Island's top national ranking in lung cancer screening is the result of coordinated efforts across our entire state—from primary care providers and specialists to imaging centers and community partners," said **TERRANCE HEALEY, MD**, of Rhode Island Medical Imaging. "Lung cancer screening is quick, painless, and widely available. When lung cancer is detected early, people have more treatment options and a much better chance at long-term survival. At Rhode Island Medical Imaging, we are proud to work closely with the Rhode Island Department of Health and healthcare providers statewide to make lung cancer screening easier to access so more Rhode Islanders can benefit from early detection and improved outcomes." ❖

Research led by Brown University Health identifies potential new therapeutic targets for pulmonary fibrosis

PROVIDENCE — A researcher at The Center for Advanced Lung Care at Brown University Health has led the publication of groundbreaking new findings in the journal *Science Translational Medicine* that could lead to new treatments for pulmonary fibrosis.

The study, a multi-institutional collaboration between investigators at Brigham and Women's Hospital, Massachusetts General Hospital, the University of Utah, and Vettore Biosciences, was led by **WILLIAM OLDHAM, MD, PhD, ATSF**, a pulmonologist in the Division of Pulmonary, Critical Care and Sleep Medicine at Brown University Health and physician-scientist at the Center for Advanced Lung Care.

The Brown University Health-led study focused on how lung scar tissue is made, specifically by specialized cells called myofibroblasts. The research showed that two proteins involved

in cellular metabolism—known as monocarboxylate transporters, or MCT1 and MCT4—appear to be critical in driving the scarring process. When these transporters were blocked in both human lung cells and mouse models, a significant reduction in fibrosis-related activity and lung damage resulted.

"These results identify a promising new pathway that could potentially be targeted to treat pulmonary fibrosis," said Dr. Oldham. "By interrupting how these cells process and transport energy-related molecules, we are able to reduce the activity that leads to lung scarring in experimental models."

The study also identified a newer investigational compound known as VB253, which targets MCT4. In preclinical models, the compound showed effectiveness comparable to currently approved antifibrotic therapies.

Research showed that blocking MCT activity improved how

cells generate energy, reduced harmful oxidative stress, and decreased the buildup of fibrotic tissue in the lungs.

“These findings highlight the cutting-edge translational research underway within Brown University Health’s Division of Pulmonary, Critical Care and Sleep Medicine where clinicians and scientists work together to accelerate discoveries that could improve patient care. This publication reflects the strength of our physician-scientist programs and our commitment to advancing therapies for complex lung disease and bringing hope to patients who currently have very limited options,” said

COREY VENTETUOLO, MD, MS, ATSF, FAHA, director of the Division of Pulmonary, Critical Care and Sleep Medicine at Brown University Health and the Warren Alpert Medical School of Brown University.

Pulmonary fibrosis affects tens of thousands of Americans each year and can significantly impact quality of life and long-term survival. Researchers say further studies will be needed before MCT-targeting therapies can be tested broadly in patients, but the findings represent an important step toward expanding future treatment possibilities. ❖

NIH-funded study suggests that testosterone suppresses brain tumor growth in males

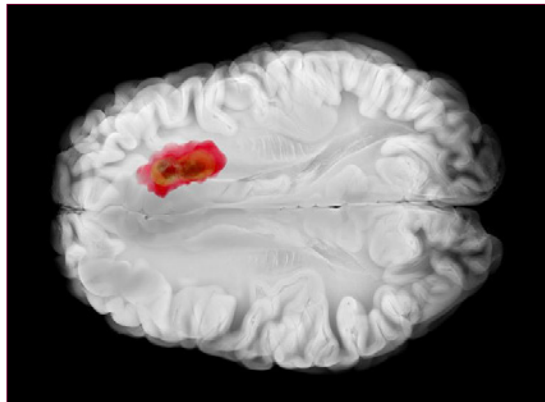
BETHESDA, MD — In a new National Institutes of Health (NIH)-funded study, scientists at Cleveland Clinic discovered that hormones associated with male development may play a key role in limiting the growth of brain tumors in men. The research team found that the loss of androgen hormones, such as testosterone, in a preclinical model of glioblastoma drove tumor growth by inducing local inflammation and triggering the production of stress hormones. In an analysis of data from more than 1,300 men with glioblastoma, the authors found that supplemental testosterone was significantly associated with improved survival, which was consistent with their preclinical experiments.

“This outcome is a welcome surprise and may potentially offer a lead for new treatments for a kind of cancer that is deadlier in men,” said **ANTHONY LETAI, MD, PhD**, director of NIH’s National Cancer Institute (NCI).

As glioblastoma and androgens are simultaneously of higher prevalence in men, many researchers have suspected that these hormones are part of the problem. However, previous studies have not investigated the effects of androgens on tumor growth in the unique environment of the brain.

“The brain has evolved to keep stuff out and that includes immune cells from elsewhere in the body. It’s a delicate tissue that often doesn’t want huge immune reactions,” said corresponding author **JUSTIN LATHIA, PhD**, a professor of cancer sciences and scientific director of the Brain Tumor Center at Cleveland Clinic.

Dr. Lathia and his colleagues discovered that androgens in the brain play a crucial role in regulating the organ’s security systems, unlike other places in the body. Reducing androgens in mouse models of glioblastoma put a neuroendocrine system called the hypothalamus-pituitary-adrenal (HPA) axis into overdrive. This caused a spike in stress hormones that subsequently drove a subset of cells to further insulate the brain from the rest of the body.



The tightened security created an immunosuppressive environment in the brain, meaning fewer immune cells could reach the growing threat and thus, tumors progressed mostly unchecked. The authors found that testosterone did not produce the same effect in female mice.

The researchers identified that the HPA axis is likely triggered by inflammation in the hypothalamus caused by tumors in androgen-deficient mice. In future work, they intend to pin down exactly how tumors can induce this reaction in an entirely separate region of the brain.

Seeking to explore the relationship between androgens and brain cancer in humans, the researchers analyzed existing clinical data made available through the NIH/NCI Surveillance, Epidemiology, and End

Results (SEER) database. They found that men with glioblastoma who were receiving supplemental testosterone for reasons unrelated to cancer demonstrated a 38% lower risk of death compared to patients not taking the same supplements.

Though not establishing a causal relationship, Dr. Lathia and his colleagues believe this observational finding together with their preclinical results warrant clinical trials for further investigation in humans. “An obvious follow-up study would be to find out whether androgen deprivation, which is a common treatment for cancer, is actually detrimental for glioblastoma,” he said. ❖

Funding: NIH supported this research through NCI grants P01CA245705, F31CA264849, R01CA261995, R01CA236780, R01CA172382, U54CA274504, U01CA250481, and U01CA220378, National Institute on Aging (NIA) grants P30AG072959 and R00AG066862, and National Institute of Neurological Disorders and Stroke (NINDS) grant R35NS127083.

Reference: Juyeun Lee, et al. Androgen loss accelerates brain tumor growth via HPA axis activation. *Nature*. 2026. DOI: 10.1038/s41586-026-10451-5

NIH-supported project launches open-access tool to manage amblyopia in children

BETHESDA, MD — A group of pediatric eye disease researchers supported by the National Institutes of Health (NIH) has launched an open-access tool designed to help manage pediatric cases of amblyopia, a condition in which the brain fails to properly develop normal vision in one or both eyes early in life. It is the leading cause of preventable single-eye (monocular) vision loss, affecting three

needed high glasses prescription strength, or when vision is blocked (e.g., by a cataract or drooping eyelid).

If missed or left untreated, the poor vision can become permanent, with no amount of correction from glasses or contact lenses able to correct it in adulthood. Long-term, having abnormal vision in one eye can negatively affect school performance, employment status, and quality of life, and increase the burden of vision loss from other eye diseases or injuries.

Amblyopia typically responds well to treatment, with vision often reaching near-normal levels. Early detection leads to the best outcomes, yet treatment can be beneficial for children of any age and multiple options exist. Recent workforce studies show substantial variation in the geographic distribution of pediatric optometrists and pediatric ophthalmologists throughout the U.S., with a clustering of

to monitor whether glasses alone are improving vision, which can work for up to a third of children without any further treatment.

If glasses are not enough, ANDI walks the eye doctor through next steps: patching the stronger eye for a couple of hours a day, using atropine eye drops to temporarily blur the stronger eye, or considering newer digital treatments delivered through specially designed games or videos. If a child stops making progress, the tool advises whether to increase the intensity of treatment, switch approaches, reassess the glasses prescription, or refer to a specialist. It provides steps for follow-up visits and what signs of recurrence to watch for after treatment ends. The tool can be used at an initial visit, or any follow-up visit in their amblyopia care journey.

ANDI was developed by PEDIG, an NIH-funded research network with over 400 investigators, and it draws on evidence from 147 published studies. To access ANDI, go to <https://public.jaeb.org/pedig>.



of every 100 children in the nation. The tool is aimed at expanding access to evidence-based amblyopia clinical-decision-making expertise amidst a shortage of pediatric eye care specialists in the United States.

“This online tool quickly distills the relevant literature into individualized treatment advice for busy clinicians anywhere with internet access,” said article lead author, **ALLISON SUMMERS, OD**, associate professor, Oregon Health & Science University, Portland.

During early childhood, our developing brains learn how to take images from each eye and fuse them into a single image to produce vision. Amblyopia can develop when the eyes are misaligned, when there is a significant difference in glasses prescription strength between the two eyes, when both eyes haven’t received a

the specialists in some states, and none in others.

“We hope that this tool can be leveraged to minimize gaps in access to pediatric ophthalmic care,” said **STACY L. PINELES, MD**, of the Jules Stein Institute at the University of California and co-chair of the Pediatric Eye Disease Investigator Group (PEDIG).

Known as the Amblyopia Navigator Decision-Support Instrument (ANDI), the tool is designed to guide any eye doctor through the diagnosis of amblyopia. Once amblyopia is diagnosed, ANDI helps to guide the eye care clinician without specialty training in pediatric eye care through management options. The tool helps the eye doctor determine the best glasses prescription for the patient based on a few clinical findings. The tool also helps the doctor determine how long

References

- Summers AI, Hatch WS, Hatt SR, Wiecek EK, Hribar MR, Robinson JL, Chen AM, Kulp MT, Chen DML, Repka MX, Wang J, Roberts TL, Wallace DK, Vricella M, Chang S, Stutz KM, Beaulieu WT, Kraker RT, Cotter SA, Holmes JM, Weise KK, Pineles SL (for PEDIG). Web-Based Amblyopia Decision Support Tool. Published May 7, 2026 in *JAMA Ophthalmol*. doi: 10.1001/jamaophthalmol.2026.1095.
- Walsh HL, Parrish A, Hucko L, Sridhar J, Cavuoto KM. Access to Pediatric Ophthalmological Care by Geographic Distribution and US Population Demographic Characteristics in 2022. *JAMA Ophthalmol*. 2023;141(3):242–249. doi: 10.1001/jamaophthalmol.2022.6010.
- Siegler NE, Walsh HL, Cavuoto KM. Access to Pediatric Eye Care by Practitioner Type, Geographic Distribution, and US Population Demographics. *JAMA Ophthalmol*. 2024;142(5):454–461. doi: 10.1001/jamaophthalmol.2024.0612.

New breast cancer research trial shows advantages of new technology

PROVIDENCE — Results from a large clinical trial involving Care New England's Women & Infants and Kent Hospitals, along with 22 other centers across the US, Canada, the UK, and Austria, demonstrated a promising new approach that may make breast cancer surgery more precise and effective.

JENNIFER GASS, MD, director of the Breast Health Center, Care New England, and principal investigator, led a study comparing the Breast Cancer Locator (BCL) System to conventional methods used for tumor localization in patients undergoing lumpectomy surgery. Partially conducted at the Breast Health Center at Women & Infants and Kent Hospitals, the study demonstrated that the BCL significantly improved surgeons' ability to remove the complete tumor with no presence of cancer at the margins of excised tissue and decreased the need for additional surgeries. Results were presented at the annual meeting of the American Society of Breast Surgeons.

Despite the best efforts of surgeons and radiologists, cancer is left behind following lumpectomy surgery in about 20–25% of all cases in the U.S. each year, requiring a second surgery to remove it completely.

"Breast cancers commonly have an irregular shape, and this study was designed to determine if giving the surgeon a more precise image of the tumor size and shape using a customized guidance device might enable more successful

surgeries," said Dr. Gass. "The BCL technology enabled us to define the precise location and boundaries of even the most difficult tumors, and to view tumors in 3D before and during surgery. This detailed tumor guidance is information that has been missing with other methods until now."

Clinical Trial Highlights

- The Breast Cancer Locator (BCL) Trial encompassed 418 patients in the US, Canada, the UK, and Austria with non-palpable invasive breast cancer or DCIS treated with the BCL System or with conventional "wire localization" to identify tumor location.
- In the study, the following observations were made in comparing the BCL System to conventional wire localization:
- 32% reduction in the positive margin rate (PMR)—the rate of cancer being found at the edge of the excision following surgery—across all patients
- 34% reduction in the re-excision rate—or second surgeries—across all patients

Comparable safety profile

The foundation of the Breast Cancer Locator (BCL) System is an MRI taken with the patient lying face-up, in the same position as surgery, to obtain the most accurate view of the tumor shape, size, and location. The Breast Cancer Locator



The Breast Cancer Locator (BCL) System is 3D-printed using MRI imaging data to create a customized, breast-shaped device matching the unique shape of a patient's breast and the unique location and shape of the tumor. [IMAGES COURTESY OF CARE NEW ENGLAND]

(BCL) System is then 3D-printed using the MRI imaging data to create a customized, breast-shaped device matching the unique shape of a patient's breast and the unique location and shape of the tumor. At the start of surgery, the BCL is placed on a patient's breast, and a surgeon uses ports in the device to guide them to the precise tumor margins during excision. The tumor is also viewable in 3D before and during surgery.

The Breast Cancer Locator is considered an investigational device in the U.S. and is limited by U.S. law to investigational use only. ❖

McKee budget amendment submitted for \$1.6M for Newport Hospital Birthing Center

PROVIDENCE — The McKee Administration submitted a budget amendment to provide \$1.6 million in additional funding to the Newport Hospital's Noreen Stonor Drexel Birthing Center. The funding is exclusive to the birthing center and contingent on the continued operation of the center.

The Governor's proposal comes in direct response to the financial challenges identified by Brown University Health regarding the continued operation of the birthing center.

"My administration continues to prioritize women's health care, and that includes maternal health care," said Governor **DAN MCKEE**. "We understand what a critical community resource the Newport Birthing Center is, and while our behind-

the-scenes advocacy with Brown University Health helped keep the Newport Birthing Center open to date, this proposal puts additional state resources behind protecting access to local maternal health care services for Rhode Island families."

Recently, Brown University Health made public its call for \$4.9 million in additional funding in order to keep the birthing center open. The Governor's proposed amendment aligns with the bill submitted by Representative **LAUREN CARSON** (D-Dist. 75, Newport) that apportioned the \$4.9 million between three pools—State General Revenue, Brown University Health, and philanthropy. ❖