URI Trustees authorize next phase of public medical school development at the University of Rhode Island

KINGSTON–JUNE 26, 2026 — The University of Rhode Island Board of Trustees formally authorized the next phase of developing a public medical school at the University, following the State of Rhode Island's historic investment of $5 million in startup funding approved by Governor **DAN MCKEE** and the Rhode Island General Assembly.

The Board's action authorizes University leadership to begin implementing key elements of the medical school development process, including conducting a national search for a founding dean, hiring a project manager and development officer, and initiating curriculum planning.

The vote marks a significant milestone in a multi-year effort to address Rhode Island's healthcare workforce challenges and strengthen access to care across the state. It follows the work of a Rhode Island Senate Special Legislative Commission that examined the state's healthcare workforce needs, physician shortages, and the growing primary care crisis. After reviewing extensive data and hearing testimony from healthcare leaders and stakeholders, the commission recommended advancing the creation of a public medical school at URI.

That recommendation was further supported by an independent feasibility study, which concluded that establishing a medical school at the University of Rhode Island is "both viable and necessary to meet the state's pressing healthcare needs." The study found that a public medical school would strengthen Rhode Island's physician workforce, improve healthcare access, and help retain more medical talent within the state.

The study also projected substantial long-term economic benefits. At full maturity, the program is projected to generate $8.70 in economic return for every $1 invested—building on URI's existing return of $17.39 for every $1 invested by the state—reflecting the University's role as a major driver of Rhode Island's economy and workforce development.

URI President **MARC PARLANGE** said the board's action launches an important new phase in the University's efforts to address both Rhode Island's healthcare needs and its long-term economic future. "The need for more physicians—particularly in primary care—has been well documented, and the healthcare challenges facing Rhode Island demand long-term solutions," said Parlange. "Today's action allows us to begin building a stronger in-state pathway for future physicians while leveraging URI's existing strengths in health education, research, and clinical partnerships. A public medical school has the potential to expand access to care, strengthen our healthcare workforce, attract talent and investment, and create lasting economic and societal benefits for Rhode Island."

With the initial state investment now secured, URI will begin the next phase of planning and development, including recruiting leadership, establishing operational structures, and beginning the curriculum and facilities design process. The University will continue working closely with healthcare providers, state officials, and community stakeholders to advance the successful development of a public medical school that serves the needs of Rhode Island residents and helps secure the state's healthcare future. ❖

Blue Cross & Blue Shield of Rhode Island seeks applications for its BlueAngel Community Health Grants

PROVIDENCE — Blue Cross & Blue Shield of Rhode Island (BCBSRI) will soon begin accepting applications from nonprofit organizations for its BlueAngel Community Health Grants. The grant funding for 2027 will support projects related to housing, food, maternal health, and youth mental health.

For more than 25 years, BCBSRI has invested in programs that help Rhode Islanders live healthier lives. The BlueAngel Community Health Grant program is a key part of BCBSRI's commitment to improving health and well-being across Rhode Island by addressing the social and environmental factors that influence health. Through these investments, BCBSRI seeks to support community-driven solutions, address disparities, and help ensure all Rhode Islanders have the opportunity to live healthy lives.

Details are available at http://www.bcbsri.com/about/blueangel. Applications will become available on August 3 and must be submitted by 5pm on September 4.

"At BCBSRI, we know that health is shaped by much more than access to medical care," said **CAROLYN BELISLE**, Vice President, Corporate Social Responsibility. "The BlueAngel Community Health Grant program allows us to partner with organizations addressing the issues Rhode Islanders tell us matter most—from housing and food security to maternal health and youth mental health. We are excited to connect with organizations doing this important work and look forward to partnering with them to build healthier communities across Rhode Island."

Guided by insights from the RI Life Index—BCBSRI's partnership with the Brown University School of Public Health—the 2027 grants will invest in these four priority areas:

- Healthy Housing – Safe and affordable homes
- Healthy Food – Access to nutritious food
- Healthy Moms – Maternal health and well-being
- Healthy Mind – Youth mental health and wellness

The 2027 BlueAngel Community Health Grant program will provide:

- Two years of funding (January 2027–December 2028)
- $100,000 annually
- Additional opportunities for organizational support and capacity-building resources

BlueAngel Community Health Grants are the cornerstone of BCBSRI's community-investment activities and have contributed more than $8 million in funding to Rhode Island-based nonprofits since their inception. ❖

CharterCARE Health first in Rhode Island to introduce multi-site breast tumor localization technology

PROVIDENCE — The CharterCARE Health of Rhode Island Breast Health Program is the first in Rhode Island, and one of the first in New England, to offer surgeons the advantage of wireless localization technologies to identify and distinguish up to four separate tumors using different imaging reflector types.

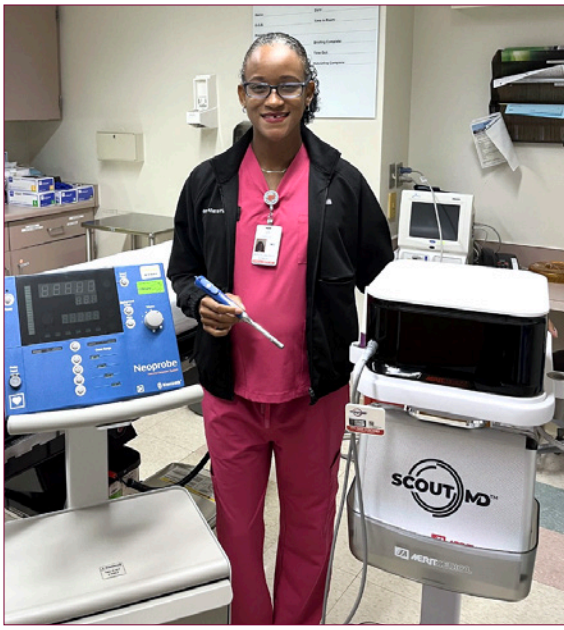
AYANA ALLARD-PICOU, MD, FACS, Director of the CharterCARE Breast Health Program at Roger Williams Medical Center, successfully completed several procedures recently.

Scout MD allows surgeons to identify and distinguish up to four separate breast tumors, allowing for more minimal, breast preservation surgery. This imaging technology uses unique reflector shapes and radar signals to allow for precise navigational planning and surgery. Scout MD eliminates the need for traditional wire localization which, in turn, gives surgeons greater flexibility in breast conserving procedures.

Dr. Allard-Picou commented, "We are excited to bring the new Scout MD technology to Roger Williams Medical Center and to offer our breast cancer patients access to the latest advances in breast localization technology. This system allows us to accurately identify and remove breast tumors while providing greater flexibility for complex breast cancer operations. Most importantly, it reflects our ongoing commitment to providing our patients with high-quality, state-of-the-art cancer care close to home."

CharterCARE CEO **JEFF LIEBMAN** stated, "Acquisition of this advanced imaging technology is one of the first capital investments we have made under our new not-for-profit ownership structure. This initiative is also representative of our continued commitment to offering the latest cancer care to patients in the Rhode Island".

Dr. Allard-Picou also credited the collaborative effort in implementing this new technology, specifically team members from the breast center, breast radiology, surgical oncology, surgical services, supply chain, and hospital leadership. ❖



Dr. Ayana Allard-Picou with the Scout MD technology. (CharterCARE Health)

Morton Hospital completes 100th Inspire® sleep apnea treatment

TAUNTON, MA — Morton Hospital has successfully completed its 100th Inspire® sleep apnea treatment, a significant milestone that highlights the hospital's commitment to bringing innovative, cutting-edge treatments to patients throughout Southeastern Massachusetts.

Inspire is an FDA-approved, implantable device for patients with moderate to severe obstructive sleep apnea who are unable to tolerate or benefit from CPAP therapy. Morton Hospital launched its program in 2023 under the leadership of **AMEER SHAH, MD**, otolaryngology specialist and director of the Inspire program, and **IMAD BAHHADY, MD**, pulmonary critical care and sleep medicine specialist and medical director of the hospital's Center for Sleep Medicine. Since introducing the program, the hospital has helped dozens of patients achieve better sleep and improved quality of life.

"Reaching our 100th Inspire implant is a remarkable milestone and a testament to the trust our patients place in our team," said Dr. Shah. "What makes this achievement especially meaningful is the collaboration behind every case. From patient evaluation and education to surgery and follow-up care, our success is made possible by an exceptional multidisciplinary team, including Dr. Bahhady and our Center for Sleep Medicine team, as well as our outstanding perioperative services staff. Their expertise, dedication, and commitment to patient care have helped us build a program that is truly changing lives."

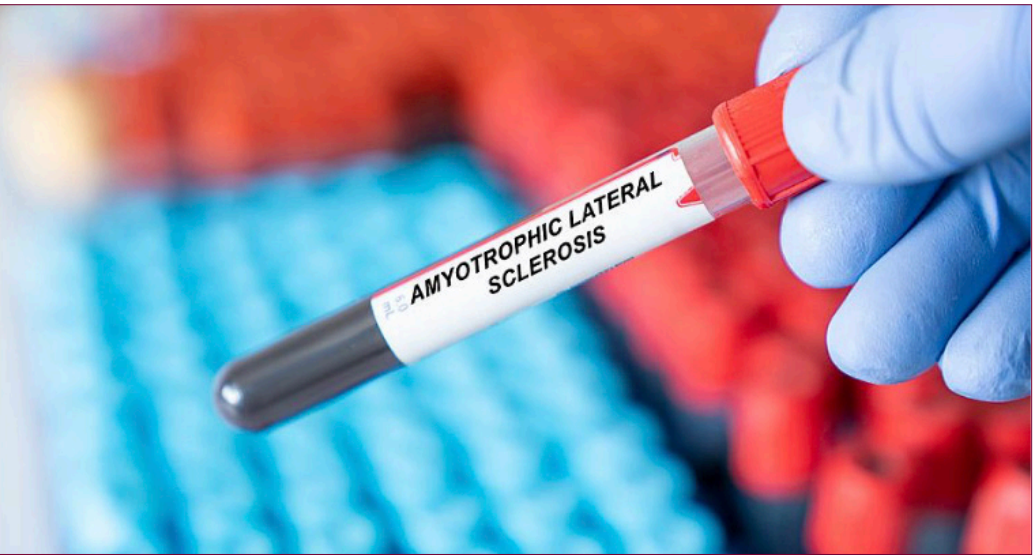
As the first and only hospital in the Southeastern Massachusetts region to offer Inspire therapy, Morton Hospital has become a destination for patients seeking advanced treatment for sleep disorders. According to Inspire's clinical data, Morton Hospital's program currently ranks #1 in the northeast and #4 in the country for patient outcomes, including patient satisfaction rates and reduction in sleep events per hour post procedure.

"This milestone represents much more than a number," said **JILL O'BRIEN, MD**, Morton Hospital's chief medical officer. "It reflects our commitment to bringing advanced, highly specialized care to the communities we serve. Morton Hospital continues to invest in innovative programs that improve access to cutting-edge treatments close to home. Completing our 100th procedure demonstrates both the growth of our clinical capabilities and our dedication to meeting the evolving healthcare needs of our community." ❖

New blood-based biomarkers predict when ALS symptoms will emerge

BETHESDA, MD — Months to several years before amyotrophic lateral sclerosis (ALS) symptoms arise, levels of certain blood proteins may dramatically shift. Researchers analyzed data from the long-running, National Institutes of Health (NIH)-funded Pre-symptomatic Familial ALS (Pre-fALS) study, to identify a line-up of key proteins that may predict the emergence of clinically manifest ALS. By anticipating the arrival of symptoms, investigators could intervene with preventative therapies before the irreversible motor neuron damage that is characteristic of ALS sets in.

"If someone carrying an ALS-associated genetic variant had asked me in the past when they would become symptomatic, I would have struggled to provide a reasonable estimate," said senior author **MICHAEL BENATAR, MD, PhD**, a professor of neurology and public health sciences at the University of Miami. "These biomarkers give us a far better idea of the timing, allowing us to estimate the time to symptom onset with an average error of about 18 months. That's something we can work with."



For nearly 20 years, the Pre-fALS study, led by Dr. Benatar and **JOANNE WUU, ScM**, research associate professor of neurology and public health sciences at the University of Miami, has collected data and biological samples from people who are at significantly elevated genetic risk for ALS but have not yet progressed, or phenoconverted, to the disease. While this cohort is unique, permitting the examination of presymptomatic ALS, recent studies suggest that findings from Pre-fALS are likely relevant to the broader population.

In 2017, an analysis of 10 Pre-fALS participants who had developed symptoms showed that neurofilament light chain (NfL), a structural protein in neurons, spiked in their blood in the months preceding ALS phenoconversion.

As more study participants have begun showing symptoms or signs of disease, new opportunities to search for other pre-symptomatic ALS biomarkers have emerged.

Now, the investigators applied a high-throughput protein, or proteomic, analysis method called Olink to plasma samples from 137 study participants, 33 of whom had demonstrated clinical manifestations of ALS or frontotemporal dementia. Having collected data on the levels of more than 5,000 proteins, the team identified 92 whose levels differed in people before they eventually showed symptoms.

Using machine-learning techniques, the authors tested how various combinations of proteins could predict future risk of phenoconversion. They settled on a select panel of 19, including NfL, that maximized predictive accuracy across time horizons ranging from six months to five years. The researchers demonstrated that, with data on these 19 proteins, their predictive models could estimate a patient's onset within less than two years of the actual time that they showed signs of disease.

They also produced similar results using data from the UK Biobank, which, despite some limitations, is more representative of the general population than the genetically predisposed cohort of Pre-fALS.

"With preventative gene-targeting treatments now becoming available, there is a particularly urgent need for reliable biofluid-based signatures that indicate near-term onset in individuals that carry ALS risk genes," said **AMY BANY ADAMS, PhD**, acting director of NIH's National Institute of Neurological Disorders and Stroke (NINDS).

Tofersen, a drug approved for symptomatic ALS, is currently being evaluated as a preventative therapeutic in pre-symptmoatic ALS through ATLAS, a clinical trial designed by Benatar in partnership with the company Biogen. ATLAS will test whether starting treatment shortly before symptoms appear could avert or delay the onset of ALS.

"This is all possible because of the members of the carrier community who believe in our mission of preventing ALS and have supported and participated in our research. It has been one of my life's greatest privileges to give something back," Dr. Benatar said.

This research was supported by NIH through NINDS grants R01NS105479 and U54NS092091. ❖

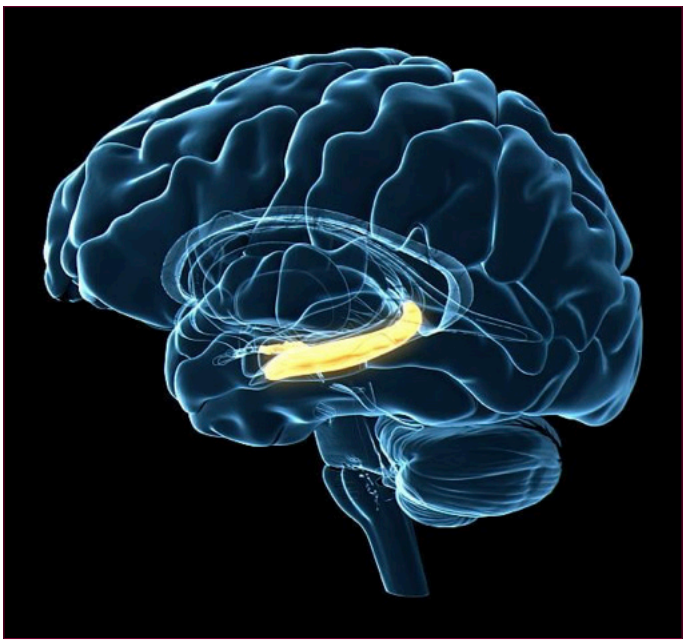
Reference

Ximing Ran, Joanne Wuu (co-first authors), Zhaohui S. Qin, et al. Longitudinal plasma proteomics predict phenoconversion to clinically manifest ALS. Nature Medicine. July 27, 2026. DOI: 10.1038/s41591-026-04528-

Brain immunity may undergo a major midlife overhaul

BETHESDA, MD — A National Institutes of Health (NIH)-funded study indicates that the immune cell landscape of the hippocampus, a brain region critical for learning and memory, rapidly undergoes substantial remodeling beginning in midlife. This previously unrecognized shift suggests a potential mechanism by which aging may contribute to chronic neuroinflammation commonly observed in neurodegenerative disease.

"Aging is the single largest risk factor for dementia, but our understanding of how it drives disease is still incomplete," said **RICHARD HODES, MD**, director of NIH's National Institute on Aging (NIA). "This previously hidden microglial shift, now uncovered by innovations in technology and thinking, may be an important clue to help us complete the puzzle."



Using advanced single-cell analysis techniques, a collaborative team of researchers from the University of California, San Diego, the New York Genome Center and the University of California, Irvine, analyzed postmortem hippocampal tissue from 40 neurologically healthy adults ranging in age from 20 to 95 years. The findings suggest that the brain's primary immune cells, called microglia, progressively decline between approximately 50 and 75 years of age, becoming replaced by cells with elevated inflammatory signatures and other features resembling characteristics of peripheral blood-derived immune cells.

These results call into question the longevity of microglia which emerge during embryonic development, which scientists have long thought renew throughout the human lifespan.

To investigate how aging affects the human brain at an unprecedented resolution, the researchers applied traditional measures of gene expression alongside more advanced techniques to analyze the genome's 3D architecture and array of chemical modifications, called the epigenome.

"Gene expression tells us what a cell is doing today, but epigenetic signatures preserve information about where a cell came from," said first author **NATHAN ZEMKE, PhD**, director of single-cell genomics at the UC San Diego Center for Epigenomics. "By combining these approaches, we uncovered a major shift in the identity and lineage of immune cells in the aging human brain's immune cells that gene expression data alone would not have revealed."

Their findings also indicated that cells known to maintain the protective blood-brain barrier deteriorated with age. And across many brain cell types, aging accompanied a widespread and coordinated disruption of genome architecture.

"The progressive structural disruptions were closely linked to shifts in gene regulation and cell identity, potentially revealing a fundamental feature of aging in the human brain," said **BING REN, PhD**, a corresponding author of the study, scientific director and CEO of the New York Genome Center, and professor of genetics and development at Columbia University.

Future studies will investigate the mechanisms driving the loss of resident microglia and determine whether the newly identified immune-cell transition contributes directly to Alzheimer's disease and other age-related neurological disorders.

"Understanding these cellular transitions may provide new opportunities to develop interventions that preserve brain function and reduce vulnerability to neurodegenerative disease," said **XIANGMIN XU, PhD**, professor and director of Center for Neural Circuit Mapping at UC Irvine, and a corresponding author of the study.

NIH supported this research through NIA grants R01AG067153 and R01AG082127 and the NIH Common Fund 4D Nucleome (4DN) program grant 1U01DA052769. This study is part of a collection of 4DN-supported papers published in Science and Science Advances that offer unprecedented insight into how the human genome's 3D organization influences development, aging, and a host of diseases. ❖

Reference

Nathan Zemke, et al. Epigenetic and 3D genome reprogramming during the aging of human hippocampus. Science. 2026. DOI: 10.1126/science.adt8307