

Parkinson's update

Director's corner

Patient-centered research at OHSU



Joseph Quinn, M.D.,
Director of the OHSU
Parkinson Center

A lot has happened since our last newsletter, including the disruption of the federal government and National Institutes of Health in January, followed by ongoing financial challenges at OHSU leading to spending cuts and freezes. These events, along with the recent federal government shutdown and the threat to Obamacare—have created challenges and anxieties for the OHSU Parkinson Center. Despite this, I am pleased to report that we continue to serve our three missions: clinical care, education, and research.

Regarding clinical care: We continue to serve a large population (>1,500 people) with Parkinson's disease and related disorders. However, the demand for clinical care continues to grow so we continue to recruit neurologists and advanced practice providers. We recently hired a neurology-trained nurse practitioners and we are currently recruiting for two Parkinson's-trained neurologists. We have had excellent candidates apply and by the time of our next newsletter I hope to report that new neurology hires will put us in a good position to expand our clinical service delivery. We have also continued to emphasize the importance of team care, and we recently had a second RN join the team, which continues to include a psychologist, social workers, a neuropsychologist, care coordinators, physical therapists, occupational therapists, and speech pathologists in addition to neurologists and neurosurgeons. Despite the demand for general clinical service, we have also been able in the last year to increase our role in the focused ultrasound program, which has been expanded to serve Parkinson's patients, and we have incorporated the new subcutaneous levodopa pump for our patients, keeping pace with the latest advances in Parkinson's care.

Regarding education: Recognizing the need to train more Parkinson's experts to meet these demands, we recently modified our funding model

for training newly graduated neurologists in our Movement Disorders fellowship program, allowing us to “match” three neurologists who will start the two-year training program in summer 2026, at the conclusion of their neurology residency. Our current fellows are thriving, and we have also been expanding our mentorship role with OHSU medical students and neurology residents, with more than half a dozen active research projects matching our faculty with trainees at these levels.

Another important part of the education mission is direct education to patients and families, and we are aware that this dwindled during the COVID pandemic and did not fully recover. The education and outreach team, however, is now fully staffed, and programs like this newsletter and the annual Options & Opportunities symposium are being renewed.

In the area of research, our Gait and Balance lab continues to be well funded by the National Institutes of Health, the Department of War and the Michael J. Fox Foundation, and our basic/translational neuroscientists also escaped significant funding cuts despite the many changes at the federal level. We realize we're not quite out of the woods yet, but our group continues to conduct and publish excellent, highly cited work, and they also continue to submit applications for these competitive grants. We have also recognized the need to diversify our funding sources, and we continue to work with foundations, private donors, and industry partners to bring innovative research to OHSU.

The key to all of this is, of course, an outstanding staff, many of whom are new since the last newsletter and will be introduced elsewhere in this issue. The other key is the outstanding culture in the OHSU Parkinson Center, due to the great work of our founders — Julie Carter, Jay Nutt and John Hammerstad. Their influence continues to be felt here in many ways, ranging from their continued sage advice, to their ongoing cultivation of donors. Recognition of their many contributions were made more tangible at our Founders' Corner celebration, which included the unveiling of “perpetual plaques” for each of them, reminding us of their continued role in the professorships to support clinical and basic neuroscience research named after Jay and John, and in the Julie Carter Caregiver Program. In medicine we always walk in the footprints of giants, and this great celebration will be one more reminder of that.

Founder's Corner

Noelle Farina, BS, Office Specialist

At our Founders' Corner reception this November, we honored the founders of our program: John Hammerstad, Julie Carter and Jay Nutt.

Throughout the evening, one message echoed again and again: the example and leadership of these three have inspired countless colleagues, students and patients. As the original champions behind the creation of the Parkinson Center at OHSU, their pioneering work laid the foundation for 46 years of innovation, care and community. Few have had as profound an influence on the Parkinson's community as John, Julie and Jay — we are truly fortunate for their guidance and dedication.

Their vision continues to guide and energize our work today, and their compassion, as much as their leadership, continues to inspire all who follow in their footsteps.



Introductions

Our team is growing to better serve you! Please join us in welcoming:



Jessica Locke PhD, APRN, FNP-BC, I'm transitioning to the OHSU Movement Disorders program from a clinical research role with the Portland VA Research Foundation (PVARF), specifically working with Miranda Lim's SHARP lab. For the last two years I have been working with the North American Prodromal Synucleinopathy (NAPS) study, conducting neurological exams and longitudinal monitoring of patients with RBD who are at high risk for phenoconversion to a synucleinopathy diagnosis. I have an MSN from the UF College of Nursing, and a PhD in Biomedical Sciences/Neuroscience from the UF College of Medicine.



Michelle Benjamin R.N., My name is Michelle and I am very excited to join the Neurology Movement Disorder Clinic! I have been an RN since 2009 and worked at OHSU for 13 years in med-surg, Family Medicine clinics, and as a Doernbecher Case Manager. I am certified as a Holistic Nurse and had a wonderful time at the last two Annual Holistic Nursing conferences. I enjoy spending time with my family, reading, crafting, and playing with my cats.



Abby Bossart M.D. (Junior Fellow), I grew up in Salt Lake City, Utah, and took the "scenic route" to medical school after attending college in Southern California, traveling from Cartagena, Colombia to Ushuaia, Argentina, and working as a case manager for a local nonprofit. I am drawn to the intimate and long-lasting relationships neurologists have with their patients and their family members as they navigate difficult diagnoses. I have a growing interest in understanding how social determinants of health influence a range of neurologic conditions, as well as in palliative care and the delicate art of prognostication. Outside of the hospital, I enjoy baking and discovering new places to adventure.



McKenzie Robertson MBA My name is McKenzie Robertson and I am the Education and Outreach Coordinator here at the Parkinson Center. I joined the team a year ago and have really enjoyed creating events that connect with the Parkinson and Movement Disorders communities like the Newly Diagnosed Workshops and Options & Opportunities. The PCO team has been absolutely incredible and I feel very grateful to be a part of such an awesome team. While I am not at work, I am spending time with my husband and dog, Buddy. Here's to 2026 and another year of many more events!

Research Corner

Martina Mancini, PhD, Associate Professor of Neurology

What did we learn/publish in 2025 on Parkinson's disease?

Our group has been productive in research publications with over 30 papers this year. As always, published papers span from basic research findings to clinical research on cognition and motor symptoms of Parkinson's disease, as well as behavioral research on gait and balance. The PCO collaborates with many universities across the U.S. and internationally on these publications.

A few highlights:

Vivek Unni, M.D., Ph.D.

"Alpha-synuclein regulates nucleolar DNA double-strand break repair in melanoma." Published in Science Advances.

This study by Dr. Vivek Unni and colleagues sought to understand the relationship between Parkinson's disease and melanoma (skin cancer). With a set of elegant and sophisticated experiments, the study revealed a surprising role for the protein alpha-synuclein — best known for its involvement in Parkinson's disease — in helping melanoma cells repair DNA damage within the nucleolus, a key area inside the cell nucleus. The researchers found that alpha-synuclein is needed for efficient repair of DNA double-strand breaks (DSB) in ribosomal DNA by helping recruit repair proteins. This work provides a frame-work for understanding the link between Parkinson's and melanoma and offers potential therapeutic targets in melanoma that are focused on reducing α Syn-mediated nucleolar DSB repair.

Ian Martin, Ph.D.

"Natural variation in age-related dopamine neuron degeneration is glutathione dependent and linked to life span." Published in Proceedings of the National Academy of Sciences (PNAS), Neuroscience section.

The team led by Dr. Martin investigated why some brains lose dopamine-producing neurons with age, a key problem in Parkinson's disease, while others don't. Using fruit flies with naturally different lifespans, the researchers found that short-lived flies tended to lose these neurons as they aged, while long-lived ones kept them intact. The main difference came down to levels of glutathione, a natural antioxidant that protects cells from damage. Flies with less glutathione had more brain stress and neuron loss. But when the researchers boosted glutathione in vulnerable flies, their brain cells were protected, and they lived longer. Glutathione augmentation has received considerable attention as a potential PD therapeutic strategy based on a wealth of supportive evidence in PD animal models, but larger-scale efficacy studies are needed to provide clarity on the potential.

Lee Neilson, Ph.D., and Gregory Scott, M.D., Ph.D.

"Hearing Loss, Incident Parkinson Disease, and Treatment With Hearing Aids." Published in JAMA Neurology.

This study led by Drs. Neilson and Scott leveraged electronic health record data for more than 3 million U.S. veterans. The team investigated whether hearing loss is linked to a higher risk of developing Parkinson's disease. Researchers followed U.S. veterans for over seven years and found that those with hearing loss were more likely to be diagnosed with Parkinson's later on, especially if the hearing loss was more severe. Interestingly, veterans who got hearing aids within two years of their hearing test had a lower risk of developing Parkinson's than those who didn't get hearing aids. This suggests that treating hearing loss early might help protect the brain. While the study doesn't prove that hearing loss causes Parkinson's, it raises the possibility that better hearing care could reduce the risk or delay the onset of the disease.

Martina Mancini, Ph.D.

"A framework to standardize gait study protocols in Parkinson's disease" Published in Journal of Parkinson's Disease.

This paper addresses a problem: studies looking at how people with Parkinson's walk ("gait") are using very different methods, which makes it difficult to compare results or combine data. To fix that, a group of experts on gait (including reports from people living with Parkinson's) developed consensus recommendations to standardize how gait should be assessed in Parkinson's research. They suggest a basic protocol that all studies should include (like walking for one minute down a straight 10-meter path, doing turns, walking at comfortable speed), what metadata (age, weight, sex, disease stage, cognition, etc.) should always be collected, and a core set of gait measures (such as walking speed, step or stride length, how much variability there is in step timing, turning speed, symmetry, arm swing, etc.). They also recommend "challenge tests" (e.g., walking faster, dual-task walking) to get more nuanced data. The goal is that by using a shared standard, different studies can be more reliably compared, data pooled, and ultimately this will speed up understanding gait changes in Parkinson's and make studies of treatments more powerful.



Patient Connection

Shannon Anderson, MPAS, PA-C, Associate Professor of Neurology

This year marks the 30th anniversary of the Newly Diagnosed Workshop for Parkinson's Disease. An idea inspired in 1995 by nurse practitioner Julie Carter's clinical observation has blossomed into an enduring institution in the Parkinson community. Over 3,000 people with Parkinson's and care partners spanning from Oregon to Texas to Hawaii and even across the pond to England have launched their journey with PD via this one-of-a-kind program, many of whom may even be reading this article.

The Newly Diagnosed Workshop started as a novel idea for how to deliver medical care in a group setting. Patients with PD were grouped by stage: early, middle and advanced. They and their care partner were then scheduled for appointments together with three or four other couples who were in the same stage of PD as they were. As a group, they would see a nurse practitioner, a nurse and the movement disorders neurologist. The idea was that care provided in a group setting would foster a sense of community, hope, education and learning for all involved. Eventually, the grant money to support this care model ran out and insurances were not too keen to pick up the tab.

As she interacted with patients and care partners in these groups, the early stage stood out to Julie as benefiting from this communal environment. There was something unique about the newly diagnosed phase of the journey that she wanted to capture and continue. It seemed to be less about the specific medical plan for the individual. Rather, the group dynamic was a powerfully effective tool for arming the person with Parkinson's and care partner dyad with knowledge, support and understanding that there can be a plan, and a vision of hope. Thus, the Newly Diagnosed Workshop was born.

The magic that Julie recognized was that empowerment comes from interacting with others going through a shared experience, something that was not seen by being told what to do by a doctor

in an appointment. She expertly understood and applied this principle of “it takes one to help one,” so when she recruited facilitators for the Newly Diagnosed Workshop, she enlisted the help of persons who had already been diagnosed with PD and their care partners. These were individuals who could offer their first-person stories of walking through their own journeys of receiving the diagnosis and all the change and emotions that come with it. Over its 30 years, the Newly Diagnosed program has been so fortunate to have many outstanding facilitators. Their words of hope and inspiration have guided our groups through laughter, tears, stories of hope, wading through the unknown and navigating the challenges of this designer disease.

At the end of the day, the secret sauce that makes each and every workshop so special are the participants. Every single workshop is different because each group has its own personality. No matter the age, gender, story, hobbies, career, or anything else you can think of regarding the participants, the group comes together, and the discussion is absolutely magical. It just goes to show that there is something healing in connection and shared experience.

So, in the words of our current facilitators:

“Wherever you are now is where you are supposed to be!”

Jeanne Holmes

“You may have Parkinson's disease, but Parkinson's disease does not have you.”

Dan Baker

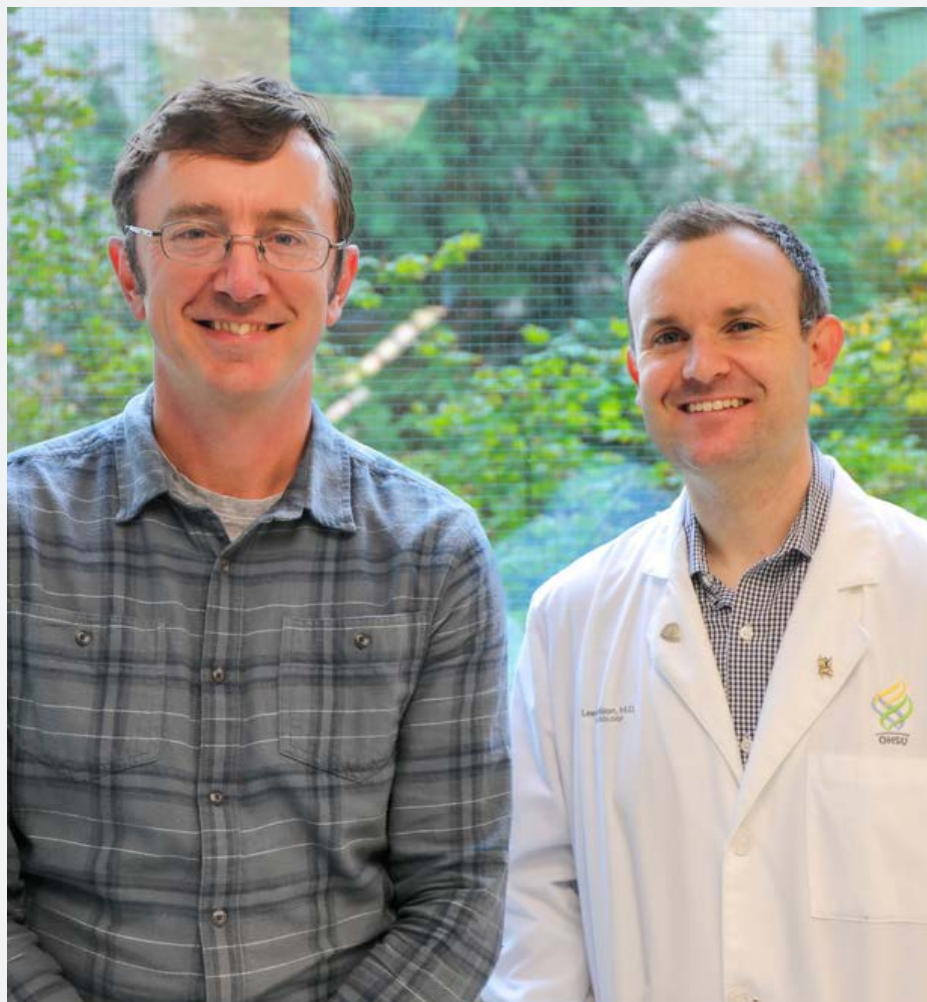
OHSU in the News

Noelle Farina, BS, Office Specialist

Researchers at OHSU's Parkinson Center, led by Lee Neilson and Gregory Scott, have found that people with obstructive sleep apnea (OSA)—a condition in which breathing repeatedly stops during sleep—may have a higher risk of developing Parkinson's disease. The study analyzed health records from millions of U.S. veterans, providing a large and diverse population for understanding the long-term effects of sleep apnea on neurological health.

Importantly, the research demonstrated that early treatment of sleep apnea with CPAP therapy—a device that keeps the airway open during sleep—was associated with a reduced risk of developing Parkinson's. These findings suggest that addressing sleep apnea may be a potentially modifiable factor in reducing the risk of Parkinson's disease and protecting long-term brain health.

This study has received national attention, including coverage in the Wall Street Journal and New York Times, underscoring its significance. At OHSU's Parkinson Center, this work highlights our commitment to advancing research that not only improves Parkinson's care but also identifies strategies for prevention and overall neurological health.



Common Patient Questions

Q: I'm afraid that I won't be able to continue to work, but this will have major financial implications on my life and my family's. How do I go about applying for disability?

A: Applying for Social Security Disability with Parkinson's disease can feel overwhelming. Here's a breakdown with clear, manageable steps:

Understand which program applies to you. There are two disability programs: Social Security Disability Insurance (SSDI), which is based on your work history, and Supplemental Security Income (SSI), which is needs-based or based off your income and assets. Many people apply for both at the same time and let the Social Security Administration decide.

Gather key medical and work information. It helps to have names and addresses of your neurologist and other providers, a medication list, dates of diagnosis and noticeable, symptom changes, work history for the last 15 years, any therapy notes and records of hospital visits and neuropsychological testing, if applicable.

Start your application. You can do this online at ssa.gov/disability, by calling 1-800-772-1213 to request a phone appointment or by contacting your local Social Security office and making an appointment.

Describe how Parkinson's disease affects your functioning. This is VERY important. Be specific about things like slowness, tremors, freezing, balance problems, falls, fatigue or brain fog and concentration, if medications cause fluctuations. Use real examples like “I cannot safely carry a plate from the kitchen to the table because my tremor causes spills.”

Ask your doctor to write a letter about your functional limitations, focusing on what you cannot do consistently, not just listing your diagnosis. A realistic timeline after you have applied is nine to twelve months. Many cases are denied the first time, but appeals are often successful. Do not give up!

Many choose to enlist a disability attorney. This is helpful, especially in the appeals process. You do not pay for this upfront. The attorney gets paid only if you win and is usually paid through back pay from the date of your application.

Q: I'm going to need assistance at some point at home. How do I hire a caregiver? How am I going to pay for this?

A: Define your needs clearly. Start by writing down exactly what you need help with. For example: assistance with transferring/preventing falls, help with daily tasks like dressing and bathing, medication reminders, meal prep, errands, companionship, and overnight monitoring.

Decide whether you would prefer to go through an agency or hire privately. An agency will screen, train and manage the caregivers for you. Privately hired caregivers are chosen by you, and you will have to handle payroll taxes, supervision, and check their credentials and background.

Here's what to look for in a candidate — experience with movement disorders or Parkinson's disease is ideal. The ability to handle mobility support and safe transfer, good communication skills, how a caregiver handles emergencies or a replacement if they are unable to be there are other things to think about. Ensure that the caregiver understands the concept of “on” and “off” times, that they know when and how you take your medications and to watch for side effects. Parkinson's disease can affect mood and cognition, so having a caregiver who provides companionship and monitors this is helpful.

In Oregon, private in-home care rates vary (\$25–\$35+ an hour). Determine whether private insurance (like a long-term care policy) or Medicaid will cover part of it, or if you'll pay out of pocket. Please note, Medicare does not pay for this service.

Q: I need to start looking at retirement facilities or assisted living communities. Where do I start?

A: In Oregon, you can get support from an adult placement agency. They assess your care needs and help you explore living options. They can help you find support to stay at home with a caregiver, or explore other living options such as an adult foster home, assisted living, residential care, or a memory care home. They tour facilities and interview staff with you. They help compare costs, services, staffing and availability. They can advise on Medicare, Medicaid, and long-term care insurance. They are especially helpful with the changing needs of Parkinson's disease, if you are feeling overwhelmed with researching places on your own or if you don't have someone else who can help manage the search. And they are a free service!

Q: My person with PD is starting to withdraw from activities that they used to love. They are becoming a couch potato! Help! How can I motivate them to stay active, social, and continue to enjoy life?

A: I'm really glad you asked this — what you're noticing is very common in Parkinson's disease, and it can be painful to watch. Your loved one is not giving up. There are real neurological, emotional, and physical reasons that make withdrawing more likely. This can happen because of fatigue and low energy, slowed thinking, depression and apathy, fear of embarrassment and motor fluctuations. Depression and apathy seem to be the biggest causes of withdrawal — up to 50% of people with Parkinson's disease experience this. The brain's dopamine systems are changing. The person may want to engage, but they struggle to initiate. This is neurological — not a personality change. Here are some tips — choose activities that fit current abilities, break activities into short, manageable steps, schedule activities during “on” periods, and always invite, but don't push. Keep your loved one connected — to people, meaning, and joy. Routine, predictable outings, activities that match their energy, providing emotional support, and celebrating what they still can do are all foundations of quality of life in Parkinson's disease.

Q: Why is constipation so common with PD? How does it affect PD medication absorption? And what can be done about it?

A: The same changes that occur in brain cells in Parkinson's disease may also occur in nerve cells in the spinal cord and the intestinal wall. These changes may slow down the muscles that push food through the intestines.

Levodopa is absorbed from the small intestine and cannot get to its destination if it is trapped in the stomach, so constipation can also affect how your medication is working.

Increasing water intake up to 64 ounces a day (unless you have been advised to limit fluids), dietary fiber through beans and vegetables, and exercise are the best first steps to combat constipation. Over-the-counter treatments for constipation can be purchased at your local pharmacy and include senna products and stool softeners. It can take several weeks to see improvement with a bowel training program, but it can be very helpful to try to have a BM at the same time each day when you are relaxed. It is important to note that stimulating laxatives, enemas, suppositories and combination products create dependence and are considered a last option and should be used only when all others have been exhausted.

Q: How do I redirect my loved one, who is having hallucinations? And when hallucinations are not bothering or making the person anxious, what should we do?

A: About 20%–40% of people with Parkinson's disease (PD) will experience visual hallucinations. A hallucination is a false perception. A person sees, hears, feels or perceives something that is not there. Among people with PD, visual hallucinations, often of people or animals, are the most common. They tend to be vivid and to happen at night. Usually, they are not frightening and can become familiar, so check in with the person having the hallucination to see if it is a genuine problem.

It is important to rule out infection (urinary tract infection or pneumonia) if a person suddenly starts having hallucinations.

Hallucinations can be managed with medication, but medications don't usually stop the hallucinations altogether.

Caregivers can gently redirect the person with the hallucination, but it can be distressing to argue about what the person is seeing.

Education and Outreach

McKenzie Robertson, MBA, Education & Outreach Coordinator

2025 got off to a great start with events happening in the OHSU Parkinson and Movement Disorders Program! McKenzie Robertson started in her new role as the Education and Outreach Coordinator and was excited to assist in creating events that connected with the Parkinson and Movement Disorders communities.

In April, we celebrated Parkinson's Awareness Month where all of our staff members adorned themselves with a red tulip pin, which is the official symbol of Parkinson's Awareness Month. We also hosted a "social media takeover" on the OHSU Brain Institute's Instagram featuring the different facets and members of our team.

The Newly Diagnosed workshop occurred in both a virtual and in-person format and was very successful in creating a touchpoint for newly diagnosed patients beginning their Parkinson journey.

In August, our incredible Movers and Shakers walking group participated in Hood to Coast! The 12-person team consisted of people living with Parkinson's disease, along with family members, caregivers and OHSU providers. They gained the attention of the news outlet KPTV. Movers and Shakers officially launched their site for the community to learn more.

Education Update

Jeff Kraakevik, MD FAAN, Professor of Neurology

The OHSU PCO education team has been working hard to set up our education/outreach programming for the upcoming year. We are excited to have many new members of the team, with Jeff Kraakevik, M.D., taking over as the center's Education/Outreach Director, as well as McKenzie Robertson, who has stepped in as the center's Education and Outreach Coordinator.

This year we were happy to bring back an OHSU PCO tradition with the Options & Opportunities patient symposium taking place in mid-October. This has been a keystone of the educational offerings of the OHSU PCO for many years, and we are glad to bring it back from a one-year hiatus. The plan is to return to hosting this informative and enjoyable event annually.

We also have several other educational events that will be coming up over the course of the next several months. This would include

Q: How can we manage frequent nighttime urination and incontinence?

A: Parkinson's impacts the autonomic nervous system (the system in charge of the body's unconscious actions, such as pumping blood, blinking and breathing). When this system causes urinary issues, it's known as neurogenic bladder dysfunction. Adequate hydration can improve PD symptoms, boost low blood pressure and ease constipation. However, drinking liquids too close to bedtime can cause frequent nighttime urination. Minimize beverages a few hours before bed.

Urinary issues are one of the most prevalent non-movement symptoms of Parkinson's disease, affecting around 40%–70% of people living with PD. These issues include urgency and/or frequency of urination, leakage and infection.

Some tips to help with incontinence are to communicate what is happening to your healthcare provider, use the restroom frequently even if you don't feel that you need to, cut down on caffeine consumption, keep a bladder diary with fluid intake and restroom patterns, and carry an extra undergarment or change of clothes in case it is needed.

In October and November, we were excited to host other in-person events: Options & Opportunities and Huntington's Disease Education Day. Options & Opportunities is our yearly event that was brought back this year for all patients and their care partners to learn about options and opportunities when it comes to Parkinson's disease. The 2025 event had a special focus on technology and artificial intelligence. Our team was also joined by local partner organizations, vendors, and the OHSU provider team. Huntington's Disease (HD) Education Day is an opportunity to connect with other individuals and care partners affected by HD and to learn from guest speakers how to manage symptoms related to HD. This year's education day addressed challenges related to speech, swallowing and nutrition.

Looking ahead to events happening in 2026, we will be continuing both in-person and virtual Newly Diagnosed Workshops, virtual lectures, a caregiver-focused event, and another Options & Opportunities. Please refer to www.ohsu.edu/parkinsonsevents to check our calendar for future scheduled events! We are so thankful for our Parkinson and Movement Disorders community, and we look forward to hosting you for more events in the new year!

our Newly Diagnosed group, which will be offered approximately quarterly as a one-time training session to help those who are new to PD. We will also be continuing our online learning series Essential Tools starting early next year on a quarterly cadence.

There are plans in the works for one to two regional educational events in the state of Oregon. Details on this are still being worked out, but we hope to include a patient education event as well as training for rehabilitative team members in the region as well as training for doctors and advanced practice providers on how to diagnosis and appropriately treat patients with Parkinson's disease.

We recommend you keep an eye out for email updates and keep checking our website to see when and where these events will be taking place. You can also connect with us on Facebook or Instagram as well! Hope to see you all at one of our educational events soon!



Next Year Event Update

Adventure, Community, and Strength: Discover PasstoPass

PasstoPass is a nonprofit organization dedicated to helping people with Parkinson's Disease get outdoors, stay active, and enjoy life to the fullest. Based in the Pacific Northwest, **PasstoPass** offers a variety of adventures—from lodge-based dayhikes at Mt. Rainier to llama-assisted backpacking trips in Washington and Oregon. For the first time, there will also be a wheelchair- and walker-friendly trip in the Methow Valley, ensuring everyone has the chance to participate. Hikes are fully supported by volunteers and friends, and there is no fee to join, making it easy to focus on building strength, confidence, and community.

In 2025, **PasstoPass** hikers collectively covered 2,540 miles across 13 trips, supported by volunteers and even llamas! These adventures not only provide physical activity but also foster friendships, camaraderie, and a shared sense of accomplishment. With 19 trips scheduled for 2026, spots are filling fast. Whether you're looking to challenge yourself on the trail, explore the beauty of the Northwest, or connect with others living with Parkinson's, **PasstoPass** offers an unforgettable experience.

For details and to sign up, visit www.passtopass.org

Parkinson World Congress

The 7th World Parkinson Congress (**WPC 2026**) will take place May 24–27, 2026, at the Phoenix Convention Center in Phoenix, Arizona, marking its return to North America after a decade. This international gathering welcomes all members of the Parkinson's community, including people living with Parkinson's, care partners, clinicians, researchers, rehabilitation specialists, and other professionals. With a program designed to foster learning, collaboration, and meaningful dialogue, **WPC 2026** will feature plenary sessions, parallel talks, roundtables, and newly added end-of-day "controversy sessions," all aimed at encouraging connection and discussion around the latest in Parkinson's science and care.

WPC 2026 promises an uplifting and enriching experience for anyone touched by Parkinson's—whether personally, professionally, or through research. The program will highlight cutting-edge basic and clinical research, emerging therapeutics, and innovative models of care, while also offering sessions tailored to people with Parkinson's and care partners. Attendees are encouraged to save the date and plan to join this unique global forum that brings the entire Parkinson's community together in one place to learn, share, and explore new ways to improve life with Parkinson's. For more information, please visit wpc2026.org.

Other Parkinson's disease research studies can be found at these sites:

Michael J. Fox Trial Finder: foxtrialfinder.michaeljfox.org

National Institutes of Health: clinicaltrials.gov

Washington State PD Registry: registerparkinsons.org



The OHSU Parkinson Center is recognized as a Parkinson's Foundation Center of Excellence.

In the Parkinson's community



Parkinson's Resources of Oregon continues to offer a variety of programs and services for PwP and caregivers alike. Most activities can now be accessed online or by telephone. For the current schedule and registration information, visit the website at www.parkinsonsresources.org or call the PRO helpline at 800-426-6806.



The Brian Grant Foundation is helping people with PD live active, fulfilling lives through wellness and community. For more information about their program and events, please visit briangrant.org.



The Northwest Parkinson's Disease Research, Education and Clinical Center (NW PADRECC) is a collaborative effort of the VA Portland Health Care System (affiliated with Oregon Health & Science University) and the VA Puget Sound Health Care System in Seattle. Both sites offer clinical, research and educational services and activities for veterans living in the Northwest PADRECC service area, as well as interested clinicians. Visit parkinsons.va.gov for more information.



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