



## IN FIRST YEAR, PROTON CENTER OF ARKANSAS TREATS PATIENTS FROM NEAR AND FAR, BEGINS CLINICAL TRIALS

A year after the Proton Center of Arkansas opened its doors on the Little Rock campus of the **University of Arkansas for Medical Sciences (UAMS)**, about 200 adults and children have crossed its threshold to receive the most advanced radiation therapy available.

They have come from Arkansas, surrounding states and countries as far away as Turkey, seeking treatment for cancers of the central nervous system, the gastrointestinal tract, the head and neck, the lungs, the lymphatic tracts, the musculoskeletal system, the breast and the prostate.

Proton therapy much more precisely targets cancerous tumors than traditional photon (X-ray) radiation therapy, substantially lessening the effects on surrounding tissues. It is particularly effective in treating tumors near sensitive organs, and it is ideal for pediatric patients because it limits radiation exposure to their still-growing tissues. In Arkansas, it is only available at the proton center.

To bring this sophisticated technology to Arkansas, UAMS collaborated with Arkansas Children's, Baptist Health and Proton International, and a joint grand opening celebration was held on Sept. 27, 2023, outside the \$65 million, 58,000-square-foot UAMS Radiation Oncology Center.

The three-story building, which opened two months earlier, was designed to accommodate the Proton Center's massive equipment and advanced technology needs, as well as three new state-of-the-art linear accelerators that provide adaptive radiotherapy and focused radiosurgery.

"The Proton Center of Arkansas has all of the newest bells and whistles," said **J.W. Snider, M.D.**, a radiation oncologist and chief medical officer for Proton International. Snider, who has over a decade of experience of treating patients with proton therapy, is currently onsite helping further the center's development, programmatic growth and operational efficiency.

"Providing access to proton therapy for cancer patients from all of Arkansas is a monumental effort," said **Sanjay Maraboyina, M.D.**, an associate professor and medical director of radiation oncology at UAMS. "We have built a team of physicians, physicists, nurses, dosimetrists, radiation therapists and access coordinators ready to serve as we ramp up to full operation."

"Our team proudly offers top-tier care for adult and pediatric patients without the need to leave the state," said **Fen Xia, M.D., Ph.D.**, professor and chair of the UAMS Department of Radiation Oncology. "Leslie Harrell and Santanu Samanta, our proton therapy physician champions, have been instrumental in leading our proton therapy efforts."

**Harrell, D.O.**, is an assistant professor and a radiation oncologist who specializes in pediatric cancers, breast cancers and cancers of the central nervous system, and **Samanta, M.D.**, is an assistant professor and the onsite radiation oncology director at the UAMS-Baptist Health Cancer Center in North Little Rock.

As the proton center celebrates its first anniversary, UAMS Winthrop P. Rockefeller Cancer Institute researchers are further investing efforts in proton therapy, and the resultant studies are yielding promising results.

**Michael Birrer, M.D., Ph.D.**, director of the institute at UAMS, previously predicted that the Proton Center of Arkansas "will be the basis of many new and novel clinical trials that will benefit our patients and clearly move the cancer research field forward."

In fact, the institute enrolls about 1,200 participants yearly in roughly 300 active trials, according to **Matthew Kovak**, director of its 90-person clinical trial unit. He forecasts that 265 of this year's trial accruals will be in interventional studies, to reach the goal for National Cancer Institute designation, which UAMS is actively working toward. In addition, as the Proton

*(Continued on page 2)*

## FALL 2024 Message from Dr. Krause

*Cover story continued*

Center has attained the credentials necessary for clinical trials, “We have opened up five studies that have a proton component,” he said.

Trials at the Cancer Institute include Phase I, II and III trials, which evaluate the safety, side effects, best dosages and best ways to administer new treatments, examine whether a single type of cancer responds to a new treatment and compare the new treatment to an existing one or a placebo.

“We have brain, breast, skin, gastrointestinal, genitourinary, gynecological, head and neck, leukemia, lymphoma, lung, myeloma and sarcoma,” Kovak said.

“Another thing we’re focused on,” he said, “is our footprint in the community. Over the last five years, we have made huge strides in statewide participation in our clinical trials. In just the last three years, participation has grown to include all 75 counties.”

“About 15% of our enrollments come from out of state,” Kovak said. “A lot of that comes from our myeloma population.”

Before coming to Little Rock, Snider, who specializes in cancers of the head and neck, participated as a researcher in the largest, published randomized clinical trial on proton therapy to date, led by The University of Texas M.D. Anderson Cancer Center. He said findings from that study, announced in June at the 2024 American Society of Clinical Oncology (ASCO) meeting, are likely to dramatically increase the use of proton therapy for this disease.

The study found that patients who received proton therapy for head and neck cancer experienced far fewer side effects than those who received standard photon radiation therapy, yet cancer cure rates were similar.

Thus far, publications from that trial have focused on a few of the most life-altering side effects of radiation treatment: malnutrition, dependence on a feeding tube and ability to get back to normal activities and work – both during and after the completion of therapy.

Preliminary data showed that 24% of proton therapy patients lost less than 5% of their weight during treatment, compared to 14% of patients treated with standard radiation therapy. Additionally, 28% of those treated with proton therapy needed a feeding tube during treatment, compared to 42% of those who received traditional radiation treatment.

Patients who received the same number of treatments, the same dose of radiotherapy, just by a different machine – a proton therapy machine – were able to return to work activities much more often and more quickly. While only 52% of patients receiving X-ray based techniques could work effectively at two years post-treatment, 78% of patients who underwent proton therapy were back to their normal productivity.

“This trial entrenches proton therapy as a preferred standard of care for the management of head and neck tumors,” Snider said.

He said the findings are likely to improve insurance coverage for proton therapy for head and neck cancers, expanding its availability. Then as clinical trials expand, proton therapy should likely become a standard of care for other cancers as well.

For now, Snider said, there are not enough proton centers in existence to accommodate the potential need. He thinks 30% to 40% of all cancer patients could benefit from proton therapy, though it is currently available to only 2% to 3% of them.

The Proton Center of Arkansas is one of just 45 in the United States. Until it opened, the closest centers were in Memphis and in Shreveport, Louisiana. Now, the Proton Center of Arkansas is drawing a steady influx of patients from surrounding states and regions that still lack this life-changing technology.

**For more information about cancer-related clinical trials, visit [UAMS.Health/CancerTrial](https://www.uams.edu/Health/CancerTrial) or call Kovak directly at 501-686-8274, ext. 24590.**



Dear Colleagues,

As Fall approaches, it is time to make sure that we have addressed all of our health preventive

screenings, and for some that may include lung cancer screening.

The U.S. Preventive Services Task Force (USPSTF) in 2021 updated the national guidelines to recommend annual low-dose screening with computed tomography (LDCT) for anyone 50 to 80 years old with a 20 pack-year history of smoking who smokes or who stopped smoking in the past 15 years. (A pack-year is equal to smoking one pack, or about 20 cigarettes, each day for a year.)

Current smokers and those who formerly smoked are at higher risk for lung cancer. Screening is not recommended once it has been more than 15 years since someone smoked or if the person develops a health problem that substantially limits life expectancy or the ability to have curative lung surgery.

Early detection of lung cancer is treatable and improves life expectancy. In addition to low dose CT, all patients who smoke should be referred to a tobacco cessation specialist.

UAMS offers free smoking cessation programs, such as a series of online classes offered by the Winthrop P. Rockefeller Cancer Institute, and offers individual goal-setting consultations with certified tobacco cessation specialists. For more information, see [UAMS.Health/QuitSmoking](https://www.uams.edu/Health/QuitSmoking)

Until next time,

*Michelle M Krause*

Michelle Krause, M.D.  
Senior Vice Chancellor, UAMS Health  
CEO, UAMS Medical Center  
Professor of Nephrology  
Department of Internal Medicine  
UAMS College of Medicine



### Gastroenterologist and IBD Specialist Mohammad Alomari, M.D., Joins UAMS

**Mohammad Alomari, M.D.,**

a gastroenterologist who specializes in advanced inflammatory bowel disease (IBD), has joined the UAMS Division of Gastroenterology and Hepatology to oversee its IBD program and clinic.

“He is the only expert in IBD in the state and offers the only intestinal ultrasound evaluation for patients in the state,” said **Mauricio S. Garcia, M.D.**, chief of the division. Intestinal ultrasound is a portable, cost-effective diagnostic technology that can reduce the number of imaging tests required while mitigating health care barriers for rural and remote communities.

Alomari earned his medical degree with honors in 2011 from Cairo University Faculty of Medicine in Egypt. He completed two three-year internal medicine residencies, one in Jordan and one at the Cleveland Clinic Fairview Hospital in Ohio. He completed a fellowship in gastroenterology at The Cleveland Clinic Florida and an advanced fellowship in IBD at The Cleveland Clinic in Ohio.

*To refer a patient to Dr. Alomari, call 501-603-1900 or send a fax to 501-603-1539.*

### UAMS Health Heart Center Opens Clinics in Batesville, El Dorado, Maumelle

The UAMS Health Heart Center is now offering clinical services in Batesville, El Dorado, Maumelle and midtown Little Rock, in addition to the UAMS outpatient clinic. At each community clinic, a cardiologist will be available weekly to see patients.

Our experts use the most advanced treatments and procedures to treat a wide range of heart conditions, including artery disease, cardiac arrest, cardiovascular disease, chest pain, cholesterol management, congestive heart failure, heart attack, heart disease, heart murmurs and palpitations (atrial fibrillation), high blood pressure, mitral valve disease, stroke and vascular disease.

*To refer a patient, fax provider information, patient demographics and referral information to 501-686-5935 or call the main clinic at 501-686-5311, selecting Option 1 for the appointment business center or Option 2 for the front desk.*

### UAMS Opens Diabetes Clinic in Dumas

The UAMS Health Endocrinology Clinic, which specializes in the multidisciplinary care of diabetic patients, has opened a diabetes clinic in Dumas.

Patients will see UAMS physicians from 8 a.m. to noon Tuesdays, via virtual appointments, from Delta Memorial Hospital at 811 Highway 65 South.

UAMS’ endocrinology providers focus on reducing risks of heart disease, heart failure, stroke and other cardiovascular complications of diabetes through patient education. Providers teach and encourage patients to review their own blood sugar readings and patterns on a regular basis and collaborate with patients when making medical adjustments.

*To make a referral, call 870-382-4303, ext 8327, or fax 870-382-8196.*

### HoLEP Procedure for BPH Available at UAMS



**Julie Riley, M.D.,**

a fellowship-trained endourologist at UAMS, in 2022 became the first physician in Arkansas to use a minimally invasive surgical

procedure called Holmium Laser Enucleation of the Prostate (HoLEP) to treat benign prostate hyperplasia (BPH), or enlarged prostate.

Riley said the surgically challenging procedure has one of the highest efficacy rates and the lowest retreatment rate available for BPH, yet many men aren’t aware of it.

In a procedure that lasts about two hours, the surgeon inserts an endoscope through the urethra of the anesthetized patient, then uses a high-powered laser inside the scope to precisely separate the core of the prostate from its outer border, allowing the surgeon to suction out the tissue. Recovery is faster than with other BPH procedures, allowing some patients to go home the same day.

“It allows us to treat almost any size prostate,” Riley said. “A lot of the less-invasive procedures only treat the smaller prostate glands.”

*To refer a patient to Riley, send a fax to 501-603-1539.*

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## CONSULT

### Quiz of the Month

#### QUESTION

**What are the two most common causes of hypercalcemia?**

Primary hyperparathyroidism and malignancy

**ANSWER**

(Continued from page 3)

## SAINT Latest Offering For Treatment-Resistant Depression

UAMS became the first medical facility to offer an innovative therapeutic treatment for major depressive disorder (MDD) in June. The SAINT<sup>®</sup> neuromodulation system, developed by Magnus Medical, Inc., has been approved by the U.S. Food and Drug Administration to treat adults with depression who have not achieved improvement in their condition from the use of antidepressant medications.

Treatment is given on an accelerated, five-day timeline, reducing treatment time from weeks to days. In clinical trials, treatment with SAINT for MDD resulted in a significant reduction in depressive symptoms at four weeks post-treatment. Patients in the SAINT treatment protocol undergo an MRI scan in the UAMS Brain Imaging Research Center, which takes approximately 45 minutes, to pinpoint the optimal anatomical target for precise transcranial magnetic stimulation (TMS). The TMS treatment consists of 10 sessions per day for five consecutive days. Each session includes 10 minutes of stimulation followed by a 50-minute rest period.

*To make a referral, the patient's current psychiatrist should fax a recent history to 501-603-1897, to the attention of Interventional Psychiatry.*



## Virtual Family Medicine Update set for Oct. 23-25

The 28th Annual Family Medicine Update, presented virtually by the UAMS Department of Family and Preventive Medicine, will be held Oct. 23-25. Topics will be opioids, non-alcoholic fatty liver disease, syphilis, chronic kidney disease, early onset colorectal cancer, advances in weight loss medications, the 2025 Medicare update for primary care, and pulmonary and cardiology updates. *To register, visit: <https://cvent.me/4X75nd>*



## UAMS PHYSICIAN RECRUITMENT & PROVIDER PLACEMENT PROGRAM

### The UAMS Physician Recruitment & Provider Placement Program

has a team of Placement Specialists dedicated to serving the recruitment needs of our partner communities, Regional Programs and UAMS Faculty. Physician/Provider opportunities are available in many specialties throughout Arkansas.

### FEATURED PHYSICIAN JOBS

#### Program Director for the Psychiatry Residency Program

The UAMS Department of Psychiatry is seeking an innovative educational leader to serve as Program Director for the Psychiatry Residency Program.

#### Interventional Cardiologist

The UAMS Division of Cardiology in the Department of Internal Medicine is actively recruiting a fellowship-trained Interventional Cardiology faculty member.

#### Family Medicine

Family Medicine opportunities are available in the academic, private and rural settings around Arkansas, including Little Rock, Texarkana, Helena, Fayetteville, Fort Smith, Crossett, Clarendon, Dumas, Pine Bluff, Jacksonville and more.

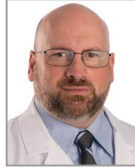
Visit [MedJobArkansas.com](https://www.MedJobArkansas.com) for a complete listing of job descriptions and opportunities. Follow MedJobArkansas:



Contact **Carla Alexander (501-686-7934 or [carla@UAMS.edu](mailto:carla@UAMS.edu))** to find out more about recruitment services.

## A new advancement in colonoscopies that uses artificial intelligence to help identify colorectal polyps is now available at UAMS.

“UAMS is the only facility in central Arkansas with access to enhanced colonoscopy through a technology called GI Genius Module,” said **Mauricio Garcia, M.D.**, chief of the UAMS Division of Gastroenterology and Hepatology in the Department of Internal Medicine. “This is the first and only computer-aided detection (CADe) system using artificial intelligence to help identify colorectal polyps.”



### Results of a randomized clinical trial found that computer-aided polyp detection increases adenoma detection rates over the use of high-definition colonoscopy alone.

Garcia said that any center offering quality screening colonoscopy should be able to report their adenoma detection rate for each of their physicians, and the minimum accepted rate is 30%. “But here at UAMS, we are very proud to offer high quality screening colonoscopy to our patients with the highest adenoma detection rate in the state at 60%.”

“We are committed to continuing to work to improve this rate and to apply the latest technology for the benefit of our patients,” Garcia said. “Now our patients have access to not only the best gastroenterologists, but also the latest technology with enhanced screening using a computer-assisted reading tool that uses artificial intelligence software to highlight suspicious lesions with a visual marker in real time, enhancing the ability to detect and prevent colorectal cancer.”

“Using this technology, our GI department is a pioneer in the use of artificial intelligence in the prevention of colorectal cancer through enhanced screening colonoscopies with the highest standards of quality,” he said. “This technology can also be applied for surveillance colonoscopy for patients with prior history of colon polyps and in patients with inflammatory bowel diseases.”

“When patients have a screening colonoscopy at UAMS, they can have peace of mind that they are having the highest quality screening procedure, with the most thorough investigation, in the state of Arkansas,” Garcia said. “We are doing better than national guidelines recommend for high-quality colonoscopy, and the use of AI makes us even better.”

Colonoscopy remains the most proven method to prevent colorectal cancer deaths, and colorectal screening is recommended for anyone 45 or older.

*To refer a patient to Garcia, call 501-603-1900 or send a fax to 501-603-1539.*



**JORDAN M. WALTERS, M.D.**  
Assistant Professor  
Spine Surgery  
Department of Orthopaedic Surgery  
UAMS College of Medicine

### What inspired you to become a doctor?

I was attracted to the challenge of medicine early in life and was fortunate to have a great mentor from a young age in my small town. Through his practice, I was able to see a straightforward approach to medicine that benefited a large number of patients and showed the impact of what one dedicated physician can do for a community or region.

### What do you like most about your specialty?

Spine surgery includes a wide variety of procedures and techniques that can have an immediate impact on a patient’s quality of life and preserve critical functions for years or decades following a procedure.

### What makes you unique among your peers?

I am a native Arkansan. I love our state and enjoy getting to develop new relationships with patients from around our state.

### Why did you come to UAMS?

We are blessed with a great spine group at UAMS. The collaboration and exchange of ideas between our surgeons makes this an interesting and enjoyable place to practice medicine.

### What are your clinical specialties?

My specialties are degenerative processes of the spine, such as stenosis, claudication, radiculopathy and degenerative discs. I completed an integrated spine surgery fellowship program at UAMS following my orthopaedic surgery residency, also at UAMS.

### What is the number doctors can use to make a referral to you?

My fax number for referrals is 501-526-7201. I’m also happy to discuss patients via my cell at 479-264-6586. I see patients at the UAMS Health Orthopaedic Clinic on Autumn Road, the UAMS Health Orthopaedic and Spine Clinic in North Little Rock and The Orthopaedic and Spine Hospital at UAMS.

# MEDICAL CASE STUDY: SEPTIC ARTHRITIS

## Initial Contact

A 58-year-old man with a history of kneecap infection related to immunomodulatory drugs arrived in the emergency room on June 12, complaining of a sudden pain in his left knee and an inability to put pressure on the leg. He said he had been sitting on his patio that evening and as he started to recline, heard a “pop” in his knee and experienced pain. His wife drove him to UAMS. There was no report of syncope or fall.

## Assessment

**Brett James, M.D.**, who is in his final year of a three-year emergency medicine residency at UAMS, performed a physical exam to check for signs of trauma. He found the knee to be swollen, red, irritated and tender, as well as warm to the touch, indicating possible effusion — abnormal fluid accumulation within the knee joint.

James was puzzled at the patient’s insistence that the pain began suddenly without an inciting event. He knew that effusions often arise from traumatic injuries, inflammatory conditions such as arthritis or lingering infections. As he continued to question the patient, he learned that the knee actually had been hurting for three days, although the patient didn’t give it much thought until he heard the pop and realized he couldn’t stand on the leg. James also learned that the patient had previously had his kneecap removed due to an infection related to immunomodulatory drugs that he began taking after having a kidney transplant five years earlier.

An X-ray showed signs of the previous knee surgery, including absence of the left patella with a patellar tendon anchor present overlying the tibial tuberosity, and confirmed that the area was swollen but didn’t reveal any indicators of an acute problem such as a pathologic fracture or dislocation.

James then performed an ultrasound of the joint, moving the probe over the superior lateral aspect of the knee. This provided a top-down view within the joint space, revealing a large pocket of fluid within the knee, confirming joint effusion.

## Procedures

James proposed conducting a knee tap, or arthrocentesis — a minor surgical procedure to drain synovial fluid from the knee joint and test it for a suspected infection.

He gave the patient some Ativan to lessen his anxiety, then as the patient reclined with his knee half-bent, numbed the area with lidocaine and inserted a .20-gauge needle through the skin, in a perpendicular fashion, into the area where the fluid was. He drained 25 to 30 milliliters of yellowish fluid off the joint in about 45

seconds, providing immediate relief for the patient and a substantial quantity of fluid for testing. No frank blood was visible.

James sent the fluid to the UAMS Department of Pathology to obtain a white blood cell count and determine whether there were any microscopic signs of gout or pseudo gout.

About an hour later, the pathology report showed that the fluid contained exceedingly rare intracellular rhomboid shaped crystals. While these can indicate pseudo gout, they can also be caused by immunosuppressive drugs administered following a transplant.

The report also showed that the patient had a white blood cell (WBC) count of 75,020, with a neutrophilic predominance of 89%, which James said is indicative of a bacterial infection and septic arthritis of the knee.

In general, a WBC of over 50,000 is concerning for septic arthritis, a rare and serious condition that occurs when an infection spreads, often through the bloodstream, into a joint cavity. Without treatment, it can lead to damage of the knee joint or even systemic sepsis, which is life threatening.



*L knee X-ray anterior view showing severe osteoarthritis, knee joint effusion and post-surgical changes including clip anchoring soft tissue and absence of patella.*

(Continued from page 6)

James immediately started the patient on intravenous antibiotics and contacted the UAMS Department of Orthopaedic Surgery. **Lauren Torrey, M.D.**, a second-year orthopaedic surgical resident, then examined the patient in the emergency room and agreed that immediate surgery was needed to clean out the space surrounding the knee joint to prevent bacteria from spreading through the patient's bloodstream.



The surgery, performed by orthopaedic trauma surgeon **Kasa Cooper, M.D.**, and Torrey, began at 8:05 p.m. with an inline midline incision over the knee, followed by dissection down to the joint capsule, which was under high pressure and contained a brownish serous fluid. They collected some of the fluid and pulled some tissue from the synovial joint, finding signs of irritation. Then they debrided the joint capsule, irrigated it with saline and administered intracapsular vancomycin to protect it from further infection.

### Follow-ups

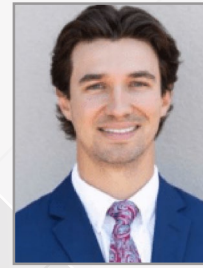
The patient remained hospitalized for three days, during which time orthopaedic infectious disease specialists monitored him, and his kidney transplant team was notified. He received antibiotics for 48 hours until cultures came back negative for infection.

### Discussion

James said he believes that the immunosuppressive drugs from the patient's kidney transplant in 2019 contributed to the joint infection, since pseudo gout would have caused far more rhomboid shaped crystals to appear in a pathology report. He said the antibiotics given before the surgery to prevent sepsis prevented the growing of a microbial culture to be certain.

James said the case illustrates why physicians in the Emergency Department need to be prudent in determining a clear picture of the events leading up to ER visits, to ensure the correct tests are done and to cast a wide net and consider a broad differential diagnosis.

### Brett James, M.D.



**Senior Resident**  
**Department of Emergency Medicine**  
**Residency Class of 2025, UAMS**

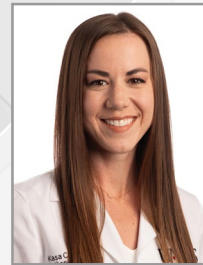
#### Education

Doctor of Medicine, UAMS

#### Residency

Emergency Medicine, UAMS

### Kasa B. Cooper, M.D.



**Assistant Professor**  
**Department of Orthopaedic Surgery**  
**UAMS College of Medicine**

#### Education

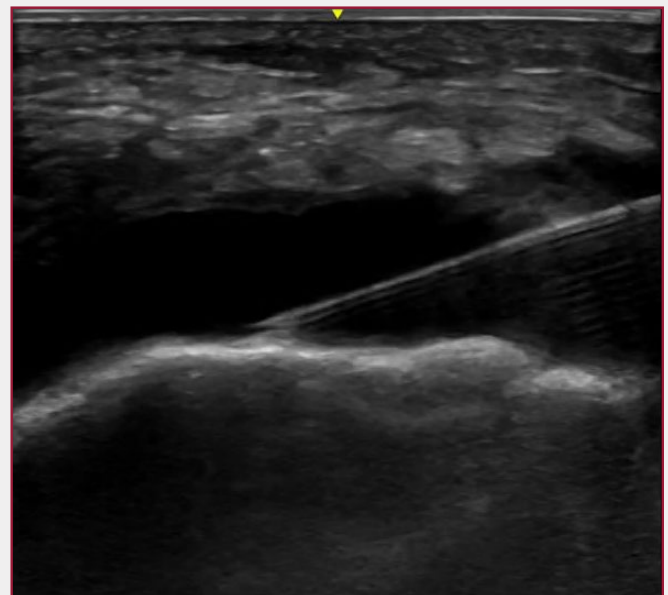
Doctor of Medicine, UAMS

#### Residency

Orthopaedic Surgery, UAMS

#### Fellowship

Orthopaedic Trauma  
University of Kentucky College of Medicine



*Intraoperative ultrasound showing aspiration of knee effusion. Lateral to medial course of needle to enter the joint space.*

ADDRESS SERVICE REQUESTED

## UPCOMING EVENTS | FALL 2024

**OCTOBER 11, 12:15 - 1:15 P.M.**

**Lunch & Learn Webinar**

***Friday Night Lights: Sideline Management & Return to Play for Common Ortho Injuries***

Pine Bluff Regional Program  
Paul Inclan, M.D., UAMS  
*Head team physician, UALR*

**OCTOBER 17, 1 - 2 P.M.**

**Lunch & Learn Webinar**

***Friday Night Lights: Sideline Management & Return to Play for Common Ortho Injuries***

Texarkana Regional Program  
Paul Inclan, M.D., UAMS  
*Head team physician, UALR*

**OCTOBER 17, 6 P.M.**

**Gut Club**

***Updates in Barrett's Esophagus***

Jackson T. Stephens Spine & Neurosciences Institute  
V. Raman Muthuswamy, M.D.,  
*UCLA Health System, Los Angeles*

**NOVEMBER 8, 12:15 P.M.**

**Lunch & Learn Webinar**

***Kidney Transplant***

Pine Bluff Regional Program  
Raj Patel, M.D., UAMS

**NOVEMBER 13, 6 P.M.**

**Chest Club**

***New Systemic Therapies in Lung Cancer***

Jackson T. Stephens Spine & Neurosciences Institute  
Yasir Elamin, M.D.,  
*The University of Texas M.D. Anderson Cancer Center*

**DECEMBER 13, 12:15 - 1:15 P.M.**

**Lunch & Learn Webinar**

***Update in Podiatry***

Pine Bluff Regional Program  
Barbara Porchia, D.P.M., UAMS



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