



## UAMS COLORECTAL CANCER SURGERY TEAM PROVIDES ONE-STOP SHOP FOR RELATED CONDITIONS



The four-person colorectal cancer surgery team at the **University of Arkansas for Medical Sciences (UAMS)** is a well-rounded group of specialists that comprises a one-stop shop for patients with colon, rectal and anal cancers, and related conditions that can be surgically addressed.

On top of that, the team's experience in minimally invasive, robotic techniques is hard to beat. The newest addition, **Jamie Cannon, M.D.**, has performed more robotic-assisted colorectal surgeries than any other female colorectal surgeon in the world and is the second-most prolific among all academic surgeons.

"Dr. Cannon is an exceptionally talented leader, educator and surgical pioneer," said **Jonathan**

**Laryea, M.D.**, professor and chief of the Division of Colorectal Surgery in the UAMS Department of Surgery. "Her experience and immense knowledge in advanced surgical procedures for colorectal cancer benefits patients tremendously."

Laryea, board-certified in general surgery, colorectal surgery and clinic informatics, was UAMS' only colorectal surgeon when recruited in 2008, and he has since built the division into a full-service provider of state-of-the-art multidisciplinary care enveloping gastroenterology, surgery, genetics, medical and radiation oncology, pathology, dietetics and radiology.

*UAMS' Colorectal Cancer Surgery Team: from left, Sandra M. Garcia Osogobio, M.D.; S. Thomas Kang, M.D.; Jonathan Laryea, M.D., chief of the Division of Colorectal Surgery in the UAMS College of Medicine Department of Surgery; Jamie Cannon, M.D.*

(Continued on page 2)

The other team members are **S. Thomas Kang, M.D.**, who is board-certified and fellowship-trained in colorectal surgery, and **Sandra M. Garcia Osogobio, M.D.**, who joined UAMS in 2024 with more than 10 years of experience in minimally invasive colorectal surgery.

Kang said patients who come to the UAMS Winthrop P. Rockefeller Cancer Institute for treatment have a unique opportunity to receive multidisciplinary care without “having to go to a bunch of different buildings.”

“Rectal cancer and its treatment are very complicated,” he said, “and I think a huge benefit for patients who seek care with us is that we can provide them with a medical oncologist, a radiation oncologist, a genetic counselor and a surgeon, as well as an oncology navigator. All of those things can be done right here, in one building.

“It takes that many types of professionals just to care for one disease process,” said Kang, who provides cancer surveillance with colonoscopies and performs laparoscopic and robotic-assisted surgery. “And I understand that sometimes patients are limited by their finances or geography, because in a largely rural state they might have to travel long distances to receive medical treatment, which can be a barrier.”

In fact, Kang said, “That was an impetus to come to Arkansas. I wanted to help.”

Originally from California, he received his medical degree from Creighton University School of Medicine in Omaha, Nebraska, then completed a residency in general surgery at TriHealth Good Samaritan Hospital in Cincinnati.

There, he said, “Within like a one-mile radius, there were four or five hospital systems. I was at a private hospital, and I didn’t know about any of this,” referring to the economic and geographic struggles of receiving medical care in Arkansas.

In 2023, after completing a fellowship in colon and rectal surgery at the University of Alabama Birmingham Medical Center — that, coincidentally, was directed by Cannon — he headed to the UAMS Cancer Institute.

A year later, Cannon’s arrival at UAMS reunited her not only with Kang but also with Laryea, with whom she had completed a colon and rectal surgical fellowship in Atlanta, before Laryea came to UAMS.

In addition to colorectal cancer, the team also treats other colorectal conditions, such as ulcerative colitis, Crohn’s disease, diverticulitis, benign anorectal conditions, presacral/retrorectal tumors and fecal incontinence.

Patients are often nervous about having a colon operation because they fear they may require a permanent colostomy, where an opening in the abdominal wall is created through which a waste-collecting bag is attached and worn outside the body. However, the colorectal surgery team at UAMS is trained in sphincter sparing surgery for colorectal cancer, so the majority of patients do not require a permanent colostomy.

“That is one of the benefits of seeing a colorectal surgeon,” Cannon said. “We are experts in getting people put back together in circumstances where a surgeon without our training might not be able to do that.”

It is also important that patients with a diagnosis of colorectal or anal cancers see a colorectal surgeon before starting radiation or chemotherapy treatments, the doctors said.

“We have to know what the cancer looks like and feels like pretreatment. This is crucial in deciding whether or not a patient can avoid a permanent ostomy,” Kang said.

**To refer a patient to the team, call 501-682-8211.**

## SPRING 2025 Message from Dr. Krause



Dear Colleagues,

Outbreaks of measles, the most contagious viral illness, continue to rise faster than the U.S. Centers for Disease Control and Prevention (CDC) can keep up with, and we all must do what we can to keep our unprotected patients from acquiring it.

Measles typically begins with fever, cough, runny nose and conjunctivitis for two to four days before a rash appears. Complications include pneumonia, encephalitis and death. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs or sneezes. Measles virus can remain infectious in the air and on surfaces for up to two hours after an infected person leaves an area. It is important to note that an infected person can spread measles for about eight days, including four days before the rash appears.

Before a measles vaccine became available in 1963, 3-4 million people were infected in the United States annually. A highly effective vaccination program led to a declaration in 2000 that the illness had been eradicated in the United States.

Keyur Vyas, M.D., an infectious disease physician at UAMS, warns that measles can be dangerous, particularly in children under 5, and that about 20% of unvaccinated people in this country who get measles will require hospitalization.

He stresses the importance of travel screening, as well as symptom screening for all patients, which can help mitigate potential clinical outbreaks by establishing rapid intervention. A decision tree is available for all providers through the Arkansas Department of Health at: [tinyurl.com/ARmeasles](https://tinyurl.com/ARmeasles)

*Michelle 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



### Radiation Oncologist Scott Cordova, M.D., Ph.D., Joins UAMS

**Scott Cordova, M.D.,  
Ph.D.**, a board-certified

radiation oncologist and Arkansas native, has joined the UAMS Winthrop P. Rockefeller Cancer Institute as an assistant professor in the College of Medicine Department of Radiation Oncology. He specializes in the treatment of gynecologic, genitourinary and gastrointestinal cancers, as well as soft tissue sarcomas. He brings expertise in proton beam therapy, brachytherapy and adaptive radiotherapy. Cordova earned his medical degree from Emory University School of Medicine in Atlanta and his doctoral degree in molecular and systems pharmacology from Emory's Laney Graduate School. He completed his residency in radiation oncology at Barnes-Jewish Hospital, part of the Washington University School of Medicine in St. Louis.

*To refer a patient to him, send a fax to 501-614-9880.*



### Dermatological Oncologist Justin McLawhorn, M.D., Joins UAMS

**Justin McLawhorn, M.D.**,

originally from Sherwood, has joined the UAMS Winthrop P. Rockefeller Cancer Institute as director of dermatologic surgery and oncology. A dermatological oncologist and skin cancer surgeon, McLawhorn is board-certified in dermatology and fellowship-trained and board-certified in Mohs micrographic surgery, an advanced treatment in which cancerous skin cells are removed while preserving as much of the surrounding healthy tissue as possible. McLawhorn received his medical degree from UAMS. He completed an internal medicine internship and dermatology residency at The University of Oklahoma Health Sciences Center in Oklahoma City and a fellowship in micrographic surgery and dermatological oncology at Vanderbilt University Medical Center in Tennessee.

*To refer a patient to him, send a fax to 501-603-1538.*

### Hip & Knee Surgeon Simon Mears, M.D., Ph.D., Rejoins UAMS

**Simon Mears, M.D.,  
Ph.D.**, a board-certified

orthopaedic surgeon specializing in hip and knee joint-related conditions, has returned to UAMS after holding a year-long endowed professorship in orthopaedics at the University of Florida in Gainesville. Mears is a nationally recognized researcher in hip and knee replacement. He earned his medical degree and doctoral degree in neurobiology from the University of Pittsburgh. He completed his orthopaedic residency at Johns Hopkins University School of Medicine, followed by two fellowships: in orthopaedic traumatology at the R. Adams Cowley Shock Trauma Center at the University of Maryland and in hip and knee replacement at the Mayo Clinic.

He first joined UAMS in 2015. *To refer a patient to him, call 501-686-8674.*

### Julie Windholz, M.D., Joins Department of Geriatrics

**Julie Windholz, M.D.**, has joined UAMS' Thomas and Lyon Longevity Clinic in the Donald W. Reynolds Institute on Aging while also serving as an assistant professor in the College of Medicine Department of Geriatrics. She received her doctor of medicine at Creighton University in Omaha, Nebraska; completed her residency in internal medicine at the University of Cincinnati Medical Center; and completed a fellowship in geriatrics at UAMS.

*To refer a patient to her, send a text to 501-603-1537.*

### Gili Halfteck, M.D., Ph.D., Joins Surgical Oncology Division

**Gili G. Halfteck,  
M.D., Ph.D.**, a breast

and endocrine cancer surgeon, has joined the UAMS Division of Surgical Oncology in the UAMS College of Medicine Department of Medicine. She comes to UAMS from the University of Texas MD Anderson Cancer Center,



### Physician Relations & Strategic Development

#### Chief Executive Officer

Michelle Krause, M.D.  
krausemichellew@UAMS.edu

#### Director

Melanie Meyer, M.Ed.  
melanie@UAMS.edu

#### Manager

Carla Alexander, M.Ed.  
carla@UAMS.edu  
Byron Jarrett  
physicianrelations@UAMS.edu  
Wendy Sheridan  
wendy@UAMS.edu

### CONSULT

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#### Editor

Linda Satter

#### Designer

Ashton Edwards

### Vice Chancellor for Communications & Marketing

Leslie Taylor



## CONSULT

### Quiz of the Month

#### QUESTION

What is the most important contraindication for the use of interferon in the management of hepatitis C??

Decompensated liver disease.

ANSWER

# News to Know: Updates from UAMS

(Continued from page 3)

where she completed a fellowship in endocrine surgery, following the completion of breast surgical oncology fellowships at UT in Galveston and at the University of Miami Miller School of Medicine. Earlier, she completed a general surgery residency at the Shaare Zedek Medical Center in Jerusalem after earning her medical degree and her doctoral degree in molecular biology and tumor immunology from the Hebrew University Hadassah Medical School's joint M.D./Ph.D. program.

To refer a patient to her, send a fax to 501-686-7618.

## New UAMS Health Plastic Surgery Clinic Opens Off-Campus

The UAMS Health Plastic Surgery Clinic, a new off-campus plastic surgery clinic, opened in February on the sixth floor of the Freeway Medical Tower at 5800 W. 10th St. in Little Rock. It provides aesthetic and cosmetic services, as well as some reconstructive services, including face and neck lifts, rhinoplasty, eyelid surgery, breast augmentation, breast lift, breast reduction, body contouring (abdominoplasty, arm lift, thigh lift, body lift), fat grafting and liposuction, while also providing non-surgical treatments such as Botox, fillers and chemical peels, and medical-grade skin care products. Most procedures are performed at the Premier Medical Plaza in Little Rock, although breast cancer reconstruction surgery is performed at the hospital. Plastic surgeons at the center are **David Sterling, M.D.;** **Keith Wolter, M.D., Ph.D.;** and **James C. Yuen, M.D.**

To refer a patient, call 501-603-1539.



From left, David Sterling, M.D., Keith Wolter, M.D., Ph.D. and James C. Yuen, M.D.



## UAMS Now Offers Bariatric Surgery

Bariatric surgery is now available at the UAMS Health Medical and Surgical Weight Management Clinic!

The UAMS Health Medical and Surgical Weight Management Clinic helps willing and committed patients lose weight and improve their weight-related complications. Our surgical and medical teams offer two different and individualized approaches to help patients achieve their personal health goals.

### Weight Management Providers:

- Monica Ferrero, M.D.
- Yasthil Vijay Jaganath, M.D., MPH
- Rebekka Amick, APRN
- Kaitlin Shonnard, PA-C

### Surgical Weight Management Providers:

- Martha M. Estrada, M.D.
- Lexie H. Vaughn, M.D.

We know it can be difficult to lose weight – that's why we're here to help.

*The UAMS Health Medical and Surgical Weight Management Clinic is located in the UAMS Health Outpatient Center on the Little Rock campus. To make a referral, please call 501-826-7362.*

## 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 JOBS

#### Maternal-Fetal Medicine Faculty Opportunity

UAMS is seeking a board-eligible or board-certified maternal-fetal medicine physician.

#### Northeast Arkansas Now Hiring!

NEA Baptist Health System in Jonesboro is actively seeking gastroenterology, endocrinology, cardiology, OB/GYN, Internal Medicine-Peds, pulmonary, orthopaedic, urology and hematology-oncology physicians.

#### Emergency Medicine Faculty

(UAMS) Department of Emergency Medicine is seeking a full time ABEM-eligible or ABEM-certified physician. Major responsibilities include patient care and resident education.

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.

# UAMS First in State to Offer Bowel Ultrasounds

The University of Arkansas for Medical Sciences (UAMS) in March became the first health care provider in Arkansas to offer bowel ultrasounds — an advanced imaging technique for examining the small and large intestines to monitor changes in inflammatory bowel disease (IBD), including Crohn’s disease and ulcerative colitis.

Unlike colonoscopies, the procedure is noninvasive and can be performed in less than 30 minutes, even spontaneously, during an office visit. It requires no fasting, bowel preparation or medication, and it provides real-time results about the status of the patient’s disease.

“It is convenient for our patients and doesn’t cause any harm,” said

**Mohammad Alomari, M.D.**, a gastroenterologist at UAMS who is an assistant professor in the College of Medicine Department of Internal Medicine and has trained across the globe to develop the expertise to bring the technology to Arkansas.



Alomari said he begins each procedure by dimming the lights, uncovering the patient’s belly and applying gel across the patient’s abdomen. He then moves a special probe slowly across the area while images appear on an adjacent monitor, allowing him to look inside the intestines for signs of inflammation. He explains the findings to his patients as he moves along.

Alomari said bowel ultrasounds don’t replace colonoscopies, rather they are complementary, since in some

patients they cannot provide a clear picture of every nook and cranny of the intestines, but they remain an excellent study for monitoring IBD patients during follow-up visits. This is because those patients can have sudden flare-ups and their condition can worsen quickly, in some cases causing them to be hospitalized, while awaiting to be scheduled for a colonoscopy, MRI or CT scan.

The bowel ultrasound provides highly accurate images of the bowel, allowing Alomari to understand the cause of new symptoms and check for complications, and make immediate changes to the patient’s treatment if needed. The ultrasound also shows whether the current treatment is keeping the disease under control and allows him to check for recurrence after surgery.

A bowel ultrasound is considered more accurate than some other tests used to monitor IBD, such as stool samples, and as accurate as invasive endoscopic procedures for assessing disease activity. Its increased use is mainly due to its accuracy, reproducibility, tolerability and relatively inexpensive nature.

Alomari said it has been used in other parts of the world for decades and was introduced in the United States just a few years ago but isn’t widely available because it requires special equipment and training. There are currently only a handful of designated centers in the country that provide this technology, and UAMS is now one of them.

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



**ANDRE RAMDON, M.D.**  
Associate Professor  
Division of Vascular Surgery  
Department of Surgery  
UAMS College of Medicine

**What inspired you to become a Surgeon?**

I was very convinced I wanted to be a surgeon during medical school. I also had a keen interest in internal medicine, as internists were always very thorough and detailed. After an internship, I finally realized that my true passion was in vascular surgery, where I could be a surgeon and also be very detail oriented.

**What makes you unique among your peers?**

I am a board-certified general and vascular surgeon, with advanced training in peripheral artery disease and aortic pathologies. I completed my vascular training at one of the highest volume centers in Albany, New York, and then traveled to Italy and Germany to get insights into other vascular surgery cultural practices. These experiences have boosted my clinical acumen and provided me with unique opportunities to treat a vast variety of aortic pathology and peripheral arterial disease.

**Why did you come to UAMS?**

The main pull in coming to Arkansas was the unique dynamic of the university with the entire state. We can impact a large population by offering the most complex, advanced disease, aortic and peripheral pathologies while maintaining a good clinical and educational balance. The faculty currently boasts four different training pedigrees, allowing us to provide comprehensive, innovative and world-class, patient-centered care.

**What do you like about working at UAMS?**

UAMS is a special institution. We have a vast footprint across Arkansas, with a wide outreach of family practice physicians. This allows us to connect with patients in the rural and underserved areas, and I value this relationship the most. Nothing gives me more satisfaction than helping someone with a very disastrous problem from a rural community find a durable solution. We can take care of the most advanced and critical diseases more effectively than any other institution within the state and can even help patients who have been turned away from other centers.

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

Office: (501) 686-6176  
Fax: (501) 686-5328

# MEDICAL CASE STUDY: SIMULTANEOUS KIDNEY-PANCREAS TRANSPLANT

## Initial Contact

A 33-year-old Arkansas man who had been on insulin for Type 1 diabetes since childhood and on the waiting list for a kidney transplant since starting dialysis in September 2022, was called to the University of Arkansas for Medical Sciences (UAMS) in July 2024, when a compatible kidney and pancreas became available from a deceased donor.

## Assessment

Because the patient was a Type 1 diabetic who had been on insulin for at least five years and whose kidneys were previously deemed nonfunctional, he was a candidate for a simultaneous kidney-pancreas transplant, which UAMS began offering two years ago. Doctors say that when possible, a dual-organ transplant is better for the patient, because a transplanted pancreas can make insulin and correct the

diabetes. Also, if both organs come from the same donor, there is less likelihood of rejection.

First, a nephrologist at UAMS assessed the patient's current condition to confirm that he still met criteria for a dual transplant, as transplant protocol requires that any available pancreas goes to the patient who is expected to benefit the most. **Venkata Manchala, M.D.**, a nephrologist and medical director of pancreas transplantation at UAMS, said the patient's C-peptide level, a marker of insulin production in the body, measured  $<0.08$  ng/ml.

Meanwhile, a member of the UAMS transplant team went to retrieve the organs — in this case from another patient at UAMS. **Raj Patel, M.D.**, surgical director of pancreas transplantation at UAMS, said a cold solution is injected into the artery of the donor to “flush” the organs, quickly cooling them

down. Then the pancreas and kidney are carefully removed from the surrounding structures and placed “on ice” to preserve them. After flushing, a pancreas can be preserved for 8-12 hours before implantation, while kidneys can be preserved for 24-48 hours.

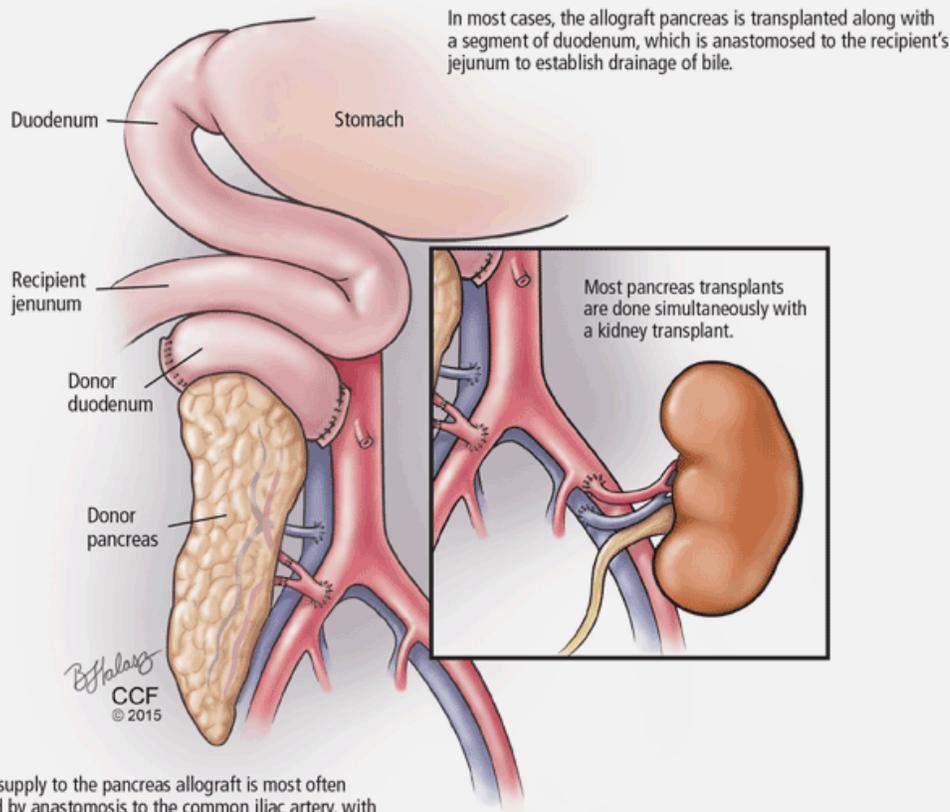
Patel said that while the patient was brought into the operating room and anesthetized, the donor kidney and pancreas underwent a pre-transplant meticulous inspection and cleaning.

## Procedure

Patel began the surgery by making a midline incision to expose the recipient's aorta and the inferior vena cava (IVC). Then he sewed the new pancreas directly to the patient's IVC and, using a wide graft, connected the donor pancreas' two arteries to a common artery.

“Then we connect that wide graft to the right common iliac artery, and then we re-profuse, so we give the pancreas blood flow, and this is the most tenuous time because the pancreas is very inflammatory — it's very angry, and it bleeds very easily. We control the bleeding, and we very quickly sew the duodenum of the pancreas to the recipient's small bowel, or jejunum, because the pancreas also makes fluid — enzymes — and we have to drain that somewhere, so we drain it to the jejunum. After that, we connect the left external artery and vein, then the ureter to the bladder and close.”

Patel said the donor pancreas and the donor kidney are separated before surgery, and he connects the pancreas first on the right side of the patient's body, then connects the kidney on the left side, through the same incision. The entire procedure takes three to four hours.



Arterial supply to the pancreas allograft is most often achieved by anastomosis to the common iliac artery, with venous drainage to the inferior vena cava or iliac vein.

### Follow-up

After surgery, the patient was placed in the intensive care unit, mostly for glucose monitoring, and spent five days in the hospital altogether.

“Patient received immunosuppression medications for induction and then maintained on three anti-rejection medications to prevent rejection of his transplant organs,” Manchala said. “Anti-rejection medication levels are monitored and adjusted carefully with routine blood work at regular intervals. About three months later, patient developed two minor viral infections which were treated along with anti-rejection medication adjustments and patient fully recovered from them.”

Transplant patients return to the UAMS transplant clinic every week for the first month. Their clinic visits then dwindle to once every other week, once a month, once every three months and then once every six months, although they continue to undergo lab work every month.

Nearly eight months after the surgery, Manchala said the patient “is doing terrific. He remains independent of insulin and dialysis, which shows he is managing the two organs very well. He is working again and spending time with his wife and child, and loving it.”

### Discussion

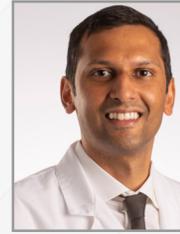
UAMS, the only facility in the state that performs kidney-pancreas transplants, added them in 2023 to its transplant repertoire, although a few were performed at UAMS in the 1990s. The dual-organ transplants are fairly rare, and two have been performed at UAMS so far. However, Patel said he expects the number to increase, because the number of people on the waiting list for a simultaneous kidney-pancreas transplant is growing.

UAMS performed the first adult kidney transplant in Arkansas in 1964, and the first adult liver transplant in Arkansas in 2005. Since then, it has performed more than 1,800 kidney transplants and more than 400 liver transplants, and the programs are consistently top-ranked nationally for patient survival one year after transplant, patient outcomes that exceed national benchmarks and having the shortest wait times.

“It’s important for people in Arkansas to have access to this care,” Patel said. “Some people don’t have the resources or insurance to seek a transplant anywhere else, whether it’s traveling time, or family or insurance. UAMS also provides billing options. In-state transplants are also much more convenient for residents by eliminating lengthy and expensive trips for out-of-state follow-up care.” UAMS has a growing network of regional transplant clinics in Fayetteville, Jonesboro, Texarkana, Pine Bluff, Fort Smith and Helena-West Helena.

### Referrals

To refer a patient to Raj Patel, M.D., or to Venkata Manchala, M.D., call the UAMS Health Transplant Clinic at 800-552-8026.



**Assistant Professor**  
**Department of Surgery-Transplant Division**  
**Surgical Director, Pancreas Transplantation**

#### Education

Doctor of Medicine,  
Louisiana State University  
Shreveport School of Medicine

#### Residency

General Surgery,  
University of Arizona

#### Fellowship

Abdominal Transplants,  
Northwestern University  
Feinberg School of Medicine in Chicago

### Venkata R. Manchala, M.D.



**Assistant Professor**  
**Department of Internal Medicine**  
**Nephrology Division**

#### Education

Doctor of Medicine,  
Prathima Institute of Medical Sciences  
NTR Health University, India

#### Residency

Internal Medicine,  
St. Vincent Hospital  
Worcester, Massachusetts

#### Fellowship

Nephrology,  
UAMS College of Medicine

## 2025 Referring Physician Quick Reference

The most up-to-date UAMS resources all in one place.

Includes information on:

- Appointment Quick Reference Contact Numbers
- Medical Records Fax Numbers
- EpicCare Link & SHARE
- Transplant Satellite Clinics
- Library
- Physician Recruitment
- Campus Map
- And Much More!



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## UPCOMING EVENTS

### Texarkana Regional Campus 1 - 2 p.m.

**MAY 1**  
**UAMS Traumatic Brain Injury Program**  
Shelia Beck, MSPT, CBIST  
Clinic Operations Coordinator

**JUNE 5**  
**Kidney Cancer in 2025: What To Do When US/CT/MRI Shows Incidental Renal Mass**  
Marcelo Bigarella, M.D.,  
Urologic Oncologist, UAMS

### Pine Bluff Regional Campus 12:15 - 1:15 p.m.

**MAY 9**  
**Pelvic Floor Dysfunction for the Primary Care Physician**  
Jun Song, M.D.,  
Urogynecologist, UAMS

**JUNE 13**  
**Kidney Cancer in 2025: What To Do When US/CT/MRI Shows Incidental Renal Mass**  
Marcelo Bigarella, M.D.,  
Urologic Oncologist, UAMS

### Fort Smith Regional Campus Noon - 1 p.m.

**JUNE 10**  
**Pelvic Floor Dysfunction for the Primary Care Physician**  
Jun Song, M.D.,  
Urogynecologist, UAMS

**JULY 8**  
**Testicular Masses and Everything You Should Know About Testicular Cancer in 2025**  
Marcelo Bigarella, M.D.,  
Urologic Oncologist, UAMS

### UAMS Jackson T. Stephens Spine & Neurosciences Institute Gut Club, 6 - 8 p.m.

**MAY 8**  
**Beyond the Knife: Health Literacy and Why it Matters**  
Daniel Chu, M.D.,  
Director, GI Surgery,  
University of Alabama

**JULY 31**  
**New Nomenclature and Treatments in MASLD**  
Bianca Lizaola, M.D.  
Director, Liver Transplant  
Division, Mayo Clinic Arizona

For more information on upcoming events, please visit [UAMShealth.com/MD](https://UAMShealth.com/MD)



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