



## INNOVATIVE TREATMENTS AT UAMS PROVIDE NEW HOPE FOR HEART PATIENTS

Part of Arkansas' only academic medical center, the Division of Cardiovascular Medicine at the **University of Arkansas for Medical Sciences (UAMS)** embraces new technology to bring Arkansans the latest in heart care.

One such service offered at UAMS Health is the Evoque Tricuspid Valve Replacement System, the first and only FDA-approved treatment for patients with severe tricuspid regurgitation — a leaky tricuspid valve.

In March, UAMS became the first and only facility in Arkansas and one of just 70 facilities nationwide, to begin offering the minimally invasive procedure in which a replacement tricuspid valve is delivered to the heart through a catheter that has been inserted into a vein in the groin.

The Evoque valve, using ThermaFix tissue technology, self-expands once in place, and is designed to seal within the native tricuspid annulus, secured by nine ventricular anchors.

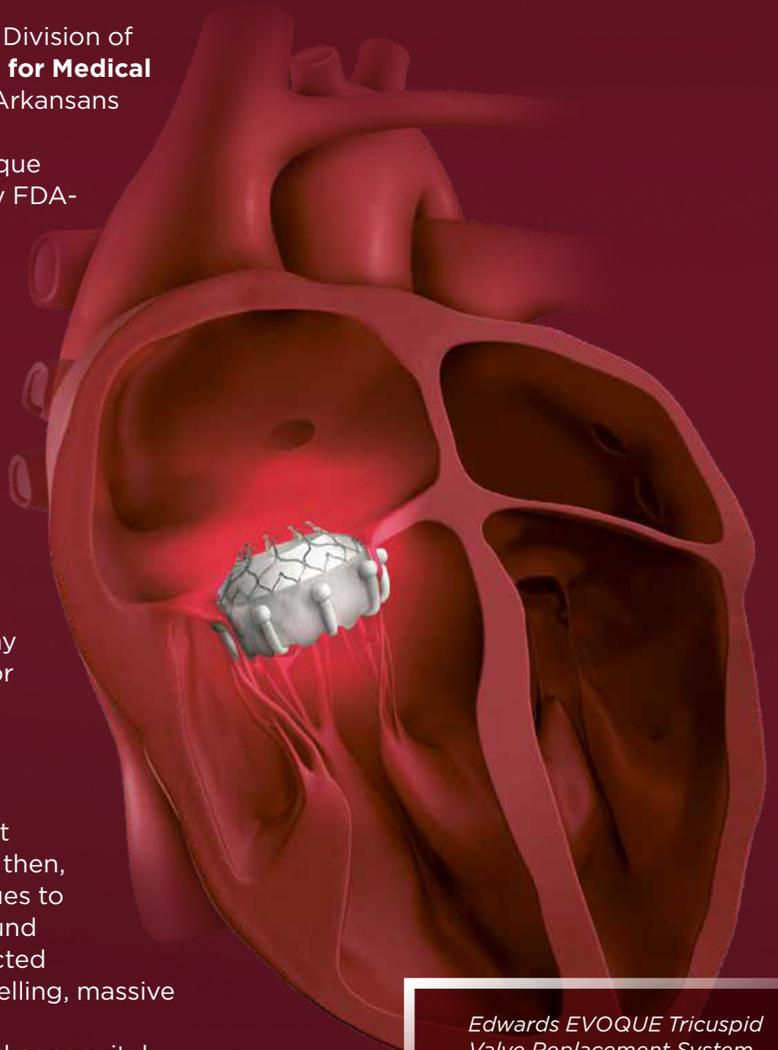
Previously, there was no alternative for replacing a tricuspid valve without open-heart surgery, which many patients with severe tricuspid regurgitation are too ill or medically fragile to undergo.

With the Evoque valve, a one-night hospital stay is required, and the procedure takes about an hour to complete under general anesthesia.

**Michael Luna, M.D.**, the interventional cardiologist at UAMS who performed the first procedure — and since then, has performed several more — said the patient continues to do very well. He said the woman, who is in her 50s, found “dramatic relief” from symptoms that had greatly affected her quality of life for years: shortness of breath, leg swelling, massive swelling of the abdomen and lack of energy.

Luna, a nationally recognized leader in structural and congenital heart disease who is director of the Structural Heart Program at UAMS, said the woman was treated for heart problems at another hospital for years, but wasn't a candidate for open-heart surgery and never found relief.

*(Continued on page 2)*



*Edwards EVOQUE Tricuspid Valve Replacement System is the world's first and only transfemoral tricuspid valve replacement (TTVR) system*

Cover story continued

“She’d had a mitral valve replaced with a mechanical valve, but some of these patients go on to have tricuspid valve problems as well,” Luna said. “Physicians often don’t recognize that the problem is a severely leaky valve, especially if patients are obese and if left unattended for a long period of time. Then these patients can become poor surgical candidates.”

“It’s a huge insult to the heart and the whole system when you have an open-heart surgery,” Luna said, “and these patients are usually just too sick to tolerate that.”

The Evoque procedure was the patient’s last resort, he said.

“Prior to Evoque’s FDA approval in February 2024, these patients had very little options, consisting mainly of medical management, to try and manage their symptoms,” said **Loree Bowen**, senior director of Global Communications for Edwards Lifesciences in Irvine, California, which makes the Evoque system.

Luna said he was aware of the Evoque technology before it was FDA-approved, and as soon as it was, “I quickly jumped on the company to get us on the list.”

The company, already familiar with Luna and his expertise, quickly obliged.

Luna said in June that he had performed five of the procedures, and had several others scheduled, and all post-operative patients are doing well. He said the procedure is proving to be life-changing for patients who otherwise wouldn’t be able to find any relief.

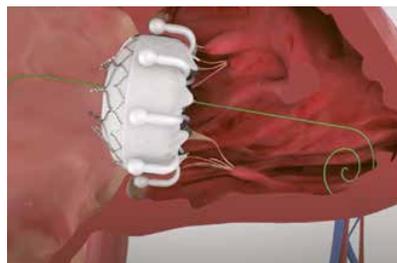
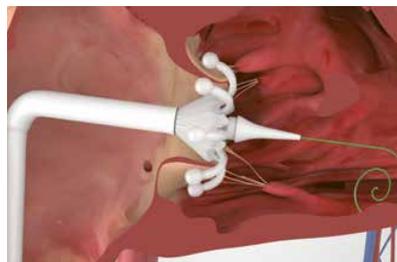
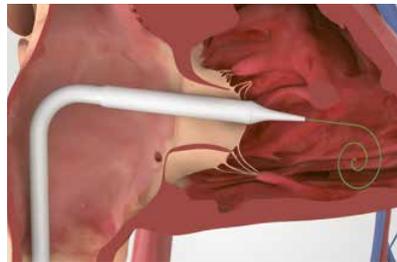
The expertise, equipment and specially trained staff required to offer the procedure has limited its availability in Arkansas to UAMS, as well as its availability at institutions across the country, according to the manufacturer.

At UAMS, it is just one of many innovations in heart care available.

“Each of our patients has an individualized cardiologist, but we also function as a highly integrated and subspecialized team,” said **Paul Mounsey, M.D., Ph.D.**, chief of the division, which is part of the Department of Internal Medicine in the College of Medicine.

“Such an integrated approach allows for each cardiologist to draw upon the specific skills of all our colleagues for treatment of each individual patient,” Mounsey said. “We have dedicated interventional cardiologists, electrophysiologists, echocardiography and advanced cardiac imaging specialists.”

**To refer a patient to UAMS for cardiology services, call 501-526-1020 or send a fax to 501-603-1538.**



*(top to bottom) Access: Transfemoral 28F outer diameter delivery system with 3 planes of movement; Position: Expose anchors to engage leaflets and the annulus; Deploy: Expand valve and gradually release system*



Dear Colleagues,

Summer in Arkansas means picnics, barbecues and other outdoor gatherings with food. But the hot

and humid weather also increases the ability of germs to multiply quickly, which can render some food unsafe despite it looking, tasting and smelling normal.

To help our patients avoid becoming ill from contaminated food and ending up in the Emergency Room, it wouldn’t hurt to remind them that germs can easily transfer to food from hands, towels, utensils and cutting boards, causing foodborne diseases.

It is essential to wash hands before and during food preparation, and to sanitize food preparation surfaces and equipment. It is also important to separate raw meat, poultry and seafood from other foods, using separate utensils and cutting boards.

Raw meats, poultry and seafood need to be cooked to a safe internal temperature—160 degrees Fahrenheit for hamburgers, 145-160 degrees Fahrenheit for roasts and steaks, 165 degrees Fahrenheit for chicken and 145 degrees Fahrenheit for fish, or until it is opaque and flakes easily.

Don’t let cooked food sit at room temperature longer than two hours, or one hour if it’s 90 degrees outside, and store in a refrigerator set to 40 degrees Fahrenheit or below. Pack beverages and perishable food separately.

With those tips from the World Health Organization and federal agencies, I wish you and our patients a happy, healthy summer!

*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

### UAMS Welcomes Three New Sports Medicine Physicians to Northwest Arkansas

Primary care sports medicine physicians **Kyle E. Arthur, M.D.**, **Jake Martin, M.D.**, and **Jacob Smith, M.D.**, have joined UAMS Health Orthopaedic and Sports Medicine in Northwest Arkansas. All are accepting new patients at the UAMS Health Orthopaedics & Sports Medicine clinics in Fayetteville and Lowell.

Arthur, who was the very first graduate of the UAMS sports medicine fellowship program in Fayetteville in 2016, returned to Arkansas after serving as team physician for the South Carolina Gamecocks at the University of South Carolina in Columbia. He will now be team physician for multiple University of Arkansas Razorback sports.

He focuses on nonoperative sports medicine and orthopaedic injuries, sports-related concussions and the use of regenerative medicine and ultrasound-guided injection treatments.

After receiving his medical degree in 2012 from UAMS, Arthur completed a residency in family medicine and a fellowship in primary care sports medicine at the UAMS Northwest Regional Campus. He is board certified in family medicine and sports medicine.



(From left) Kyle E. Arthur, M.D., Jake Martin, M.D., and Jacob Smith, M.D.

Martin is a fellowship-trained sports medicine physician who earned his medical degree from St. George's University School of Medicine in Grenada. He completed a residency in family medicine at UAMS in Northwest Arkansas, where he served as chief resident. He recently completed his sports medicine fellowship at UAMS in Northwest Arkansas.

Smith is a former pitcher for the University of Arkansas Razorback baseball team and a fellowship-trained sports medicine physician. He earned his medical degree at UAMS, where he also earned a Master of Public Health degree. He completed a residency in family medicine at John Peter Smith Hospital Network in Fort Worth, Texas, and recently completed his sports medicine fellowship at UAMS in Northwest Arkansas.

**To refer a patient to Arthur, Martin or Smith, call 479-966-4491.**

### UAMS Now Offering Endoscopic Spine Surgery

The University of Arkansas for Medical Sciences (UAMS) now offers endoscopic spine surgery at The Orthopaedic and Spine Hospital on the Little Rock campus to treat various spinal conditions.

"This is a very significant step forward as it represents a new technology that is minimally invasive and allows for substantially faster recovery for patients," said **David Bumpass, M.D.**, co-director of spine services at UAMS.

The minimally invasive surgical technique allows surgeons to reach and view small areas of the spine using an endoscope that is roughly the width of a pencil. This eliminates the need for a large incision that is required in traditional back surgery, in the process minimizing muscle and tissue disruption.

The endoscopic technique allows surgeons to remove or trim herniated disc material that is pressing on nerves, widen a narrowed spinal canal by removing bone or tissue, thereby alleviating nerve compression, and treat arthritis or other issues in the facet joints.

At UAMS, the procedure is performed by **Sam Overley, M.D.**, and **Mark Feger, M.D., Ph.D.**, both board-certified orthopaedic surgeons. **To refer a patient to either, call 501-686-TOSH (8674).**



From left, David Bumpass, M.D., Sam Overley, M.D. and Mark Feger, M.D., Ph.D.

(Continued on page 4)

### Physician Relations & Strategic Development

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**CONSULT**  
is produced by the UAMS Office of Communications & Marketing and Physician Relations & Strategic Development.

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## CONSULT

### Quiz of the Month

#### QUESTION

A 32-year-old female non-smoker presents with a several-month history of dyspnea on exertion. Previous medical history includes a spontaneous pneumothorax. A representative CT image is shown. What is the most likely diagnosis?

(LAM)  
Pulmonary Lymphangioleiomyomatosis

ANSWER

# News to Know: Updates from UAMS

(Continued from page 3)



## **Meer Akbar Ali, M.D., Specialist in Neuro- gastroenterology, Treats Complex Gut Disorders**

**Meer Akbar Ali, M.D.**, is a gastroenterologist specializing in neuro-gastroenterology, which focuses on the interactions between the nervous system and the digestive system.

He treats a wide range of conditions, including reflux issues, chronic constipation and cyclical vomiting syndrome (CVS), motility issues from swallowing to elimination, including slow stomach emptying, and the impact of neurological conditions such as Parkinson's disease, multiple sclerosis and stroke on digestion, using medication and procedures including gastric stimulators.

Ali came to UAMS in late 2023 from Jefferson Regional Medical Center in Pine Bluff, where he was the attending gastroenterologist for six years.

Earlier, in Cleveland, Ohio, he was associate program director of the GI fellowship at Case Western Reserve University and completed two fellowships at University Hospital's Case Medical Center, in advanced endoscopy and gastroenterology and hepatology.

Ali earned his medical degree in late 2004 at the Himalayan Institute of Medical Sciences in Dehradun, India, and completed his residency in internal medicine at the University of Tennessee in Memphis.

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

## **Mark Feger, M.D., Ph.D., Joining UAMS Department of Orthopaedic Surgery**



**Mark Feger, M.D., Ph.D.**, who recently completed a spine surgery fellowship at Emory University in Atlanta, is joining UAMS as an orthopaedic spine surgeon in late July.

Feger earned his medical degree at the Virginia Commonwealth University School of Medicine in Richmond, Virginia, and completed his orthopaedic surgery residency at Washington University in St. Louis.

Earlier, he obtained his doctoral degree in kinesiology-sports medicine at the University of Virginia Curry School of Education in Charlottesville, Virginia.

Feger will be seeing patients at the UAMS Baptist Health Orthopaedic Clinic in Conway and at the UAMS Orthopaedic & Spine Clinic in North Little Rock.

*To refer a patient to him, call 501-686-TOSH (8674).*

## **UAMS Health 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**

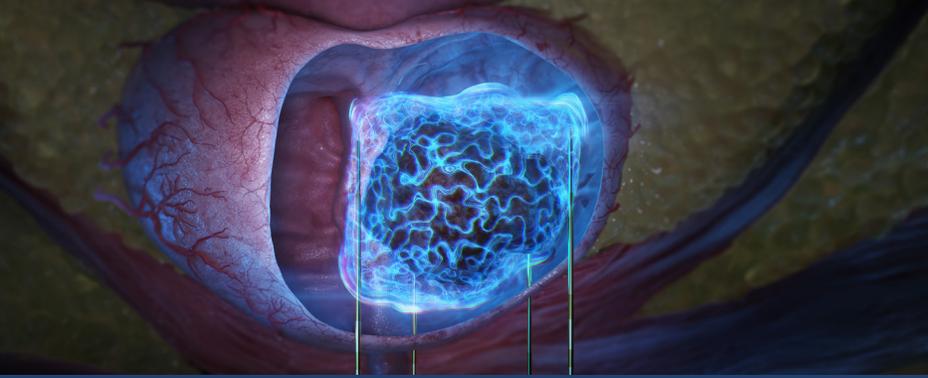
#### **Northwest Arkansas opportunities**

**Washington Regional Medical Center has new opportunities available in interventional radiology, urology and gastroenterology, and is seeking an Emergency Medicine ultrasound director.**

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.



*This image, courtesy of Angiodynamics, shows how the Nanoknife technology works to destroy only the cancer cells in the prostate while sparing damage to surrounding tissue.*

## UAMS Uses Function-preserving, Minimally Invasive Treatment for Prostate Cancer

An advanced form of focal therapy for localized prostate cancer that virtually eliminates the risks of erectile dysfunction and urinary incontinence is now available at the University of Arkansas for Medical Sciences (UAMS).



**A Murat Aydin, M.D.**, a urologic oncologist at UAMS, performed the state's first procedure using NanoKnife technology in March.

He and Marcelo Bigarella, M.D., another urologic oncologist at UAMS, perform the outpatient procedure at the UAMS Health Urology Center at Premier Plaza in Little Rock. It takes about 45 minutes with the patient under general anesthesia. The patient returns in two to five days for removal of a urinary catheter.

"The NanoKnife System is the only function-preserving, minimally invasive therapy that uses electricity to destroy prostate tumors," according to AngioDynamics, the company that designed and manufactures the technology.

All forms of focal therapy target only the area of the prostate where cancerous cells are located and destroy them while sparing damage to surrounding tissue. But the NanoKnife technology uses irreversible electroporation (IRE), which consists of short, high-voltage electrical pulses, to isolate the tumor without over-treating the entire prostate gland.

Other types of focal therapy destroy tumors using cold gases (cryotherapy), heat from a laser (laser ablation), heat from high-frequency sound waves (high-intensity focused ultrasound), or heat from sound waves (transurethral ultrasound ablation of the prostate, known as TULSA).



"This is a more advanced version of focal therapy," said **Tim Langford, M.D.**, chair of the UAMS Department of Urology. "This is kind of the Holy Grail for prostate cancer. This technology allows us to treat small tumors with minimal risks of side effects, and is a real game changer."

"With IRE," Aydin said, "we place thin needles in the perineum to deliver electrical pulses to destroy the cancerous cells. This technique has been shown to be very effective, avoiding energy spread beyond the needles to protect essential organs and structures related to functionality such as the rectum, the sphincter muscles responsible for urinary continence and the nerves around the capsule of prostate that are responsible for erection."

Follow-up treatment consists of a PSA (prostate-specific antigen) test, MRI and biopsies at regular intervals.

**To refer a patient to Dr. Aydin or Bigarella, send a fax to 501-603-1539.**



**JAMIE CANNON, M.D.**  
 Professor  
 Division of Colorectal Surgery  
 Department of Surgery  
 UAMS College of Medicine

### What inspired you to become a doctor?

Becoming a doctor was a natural choice for me. This profession combines my love of science with the opportunity to make a meaningful impact through direct human interaction.

### What is your specialty and what do you like most about it?

I am a colorectal surgeon. I love my specialty. I love the technical aspects of colorectal surgery. We do small procedures, but also major, complex cancer resections. On a personal level, I often meet my patients at a very vulnerable time in their life. Supporting my patients through their health care journey, offering education and reassurance, is incredibly rewarding.

### What makes you unique among your peers?

I have been a practicing colorectal surgeon for over 16 years. I bring a wealth of experience to UAMS. I am proud to say that I was a pioneer in robotic colorectal surgery and developed many of the techniques we use in the operating room today. This experience allows me to continue to advance what we can do via a minimally invasive approach.

### Why did you come to UAMS?

Coming to UAMS was an easy decision for me. Here I have the opportunity to work with amazing partners. The support I have received during my short time here has been incredible.

### What are your clinical specialties?

I offer the breadth of colorectal surgery, with a focus on colorectal cancer, inflammatory bowel disease and complicated diverticulitis.

### What do you like to do outside of work?

My passion is travel. I have a 19-year-old son, and we are trying to see the world! We also love to snow ski and scuba diving. When I'm home, I'm happiest relaxing in the sunshine with a good book.

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

501-296-1200

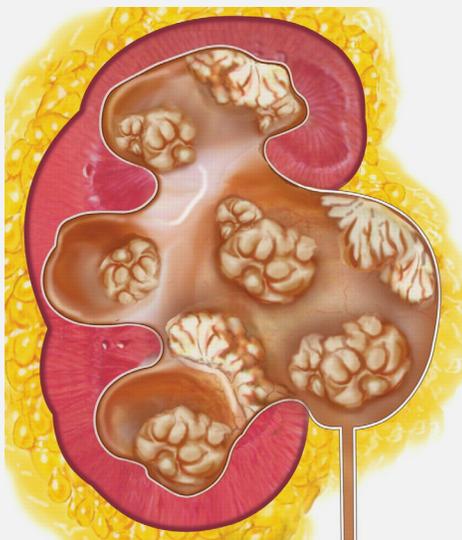
# MEDICAL CASE STUDY: KIDNEY SPARING TREATMENT WITH ENDOSCOPIC LASER ABLATION AND GEL CHEMOTHERAPY INSTILLATION

## Initial Contact

In early 2024, a 77-year-old Hot Springs Village woman with Lynch Syndrome, a hereditary syndrome that greatly increases the risk of developing certain types of cancer, was referred by another hospital in Arkansas to A. Murat Aydin, M.D., a urologic oncologist at the University of Arkansas for Medical Sciences (UAMS).

Over the past two decades, the patient had experienced bladder cancer, reoccurring left ureter cancer, colon cancer and uterine cancer, resulting in the removal of her right distal ureter, colon and uterus. Now, she had two very large tumors in her kidneys, despite having undergone several laser ablation treatments, partial tumor removal, systemic chemotherapy and immunotherapy.

“So she was sent to me for essentially the removal of both kidneys, and then she was to start dialysis, because they had exhausted their options, they thought,” Aydin said.



*An example of high-volume urothelial tumors in the kidney.*

## Assessment

Aydin said the patient had high-volume, low-grade urothelial cancer. High-volume tumors can be more difficult to treat and may require treatments that are more aggressive, such as total kidney removal.

He said he first performed laser ablation on both kidneys, a process that took about an hour while the patient was under general anesthesia, “but this was not enough, because it was very high volume and you cannot eradicate it with just laser.”

“You can laser some tumors, but they start to bleed, and obscure your endoscopic vision as well,” Aydin said. “Essentially, you cannot eradicate all tumors using laser.”

## Procedure

He then decided to use a novel treatment known as Jelmyto, which had never been used before at UAMS. It is an innovative gel form of chemotherapy used specifically for low-grade Upper Tract Urothelial Cancer that was approved in 2020 by the U.S. Food and Drug Administration (FDA).

This required him to schedule the patient for placement of a percutaneous nephrostomy tube in her left kidney at the UAMS Interventional Radiology laboratory, where Adam Berry, D.O., specializes in interventional radiology procedures for a broad range of conditions.

Four weeks after the tube was placed, the patient returned to UAMS, this time to the infusion center in the Winthrop P. Rockefeller Cancer Institute. There, she received the first of her five weekly outpatient treatments on her left kidney with Jelmyto. The medication combines the chemotherapy drug mitomycin and a chilled liquid.

Aydin said it is injected directly into the kidney through the nephrostomy tube — a process known as instillation.

As it warms to body temperature, it hardens into a gel. Then, because it is in gel form, the medication stays in the kidney for much longer than liquids, up to six hours, filling hard-to-reach places in the upper urinary tract without quickly flushing out of the kidney like other traditional chemotherapy agents. It then slowly liquefies and passes naturally through the system, exiting the body through urination.



*A depiction of the Jelmyto device and how it works*

After the first five treatments, which took about 15 minutes each and required no sedation, the patient returned to Interventional Radiology to have the nephrostomy tube in the left kidney removed, and a nephrostomy tube placed into her right kidney.

She again waited four weeks after the tube placement before returning to the Cancer Institute to begin

## A. Murat Aydin, M.D.

her additional weekly Jelmyto instillations in the right kidney. Aydin said Jelmyto instillations are typically given once a week for six weeks, but this patient had an infection that reduced her treatments to five in each kidney.

### Follow-up

Endoscopies performed in October 2024 and again in January 2025 found no residual tumor at all, indicating complete treatment response, and a May 2025 CT scan confirmed that the patient remained tumor-free.

“This is a miracle,” Aydin said. “She came to UAMS with two very large tumors, in both her right and left kidneys, which is rare. She was supposed to undergo total kidney removal on both sides, and undergo dialysis afterwards, since laser and medical therapies failed. However, we were able to give her this new chemotherapy agent through the tubes, and now she has been tumor-free for more than 12 months. Her treatment ended last summer, and she hasn’t had any issues since then.”

He added, “We expect this not to come back, but she has Lynch syndrome, which makes her prone to developing these cancers. So, if she has a tumor occurrence down the road, we will again try to use this novel treatment to spare the kidneys.”

He said the patient, now 78, returns to UAMS for CT scans and endoscopies in regular intervals for close monitoring.

### Discussion

Aydin said the Jelmyto treatment is covered by insurance but isn’t widely available in Arkansas because it requires coordinated, multi-disciplinary expertise and specific infrastructure. He said the UAMS Cancer Institute is well positioned to provide Jelmyto with a specially trained team of doctors and nurses.

“We know that many doctors are not aware of this novel treatment provided at UAMS,” he said. “There should be more public awareness of this.”

Aydin also said that this patient’s case was unique.

“Usually, upper tract urothelial tumors happen spontaneously in only one kidney,” he said. “This patient had tumors in both kidneys. They were very large. She already failed chemotherapy, immunotherapy and other options, such as laser ablation. Her only other choice was total kidney removal and dialysis afterwards. Because her tumors were very large, we didn’t know how she would respond, but fortunately, the gel chemotherapy stuck to the tumor and really melted the entire tumor — got rid of it.”

### Referrals

To refer a patient to Aydin, call 501-686-5655 or send an email to [Tsparks3@UAMS.edu](mailto:Tsparks3@UAMS.edu).



**Assistant Professor**  
**Department of Urology**  
**Director, Urologic Oncology Clinic**  
**Winthrop P. Rockefeller Cancer Institute**

### Education

Doctor of Medicine  
Hacettepe University,  
Ankara, Turkey

### Residency

Urology,  
Hacettepe University,  
Ankara, Turkey

### Fellowship

Urology,  
H. Lee Moffitt Cancer Center & Research Center,  
Tampa, Florida

## Adam Berry, D.O.



**Assistant Professor**  
**Department of Radiology**  
**Division of Interventional Radiology**  
**UAMS College of Medicine**

### Education

Doctor of Osteopathic Medicine,  
Nova Southeastern University,  
Fort Lauderdale - Davie, Florida

### Residency

Integrated Diagnostic and Interventional Radiology,  
UAMS

### Additional Training

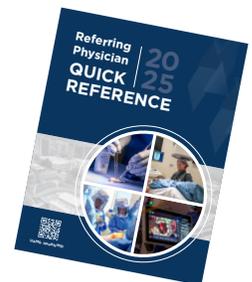
American Board of Radiology Combined Certification  
In Diagnostic/Interventional Radiology, UAMS

## 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!



**UAMS.Health/MD**

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## UPCOMING EVENTS

**JULY 31, 6 P.M.**

12th floor,  
UAMS Jackson T. Stephens  
Spine & Neurosciences Institute  
**Gut Club**  
**Liver Transplant Update: 2025**  
Katie Rude, M.D., medical  
director, UAMS Liver Transplant

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

Pine Bluff Regional Program  
**Orthopaedic Update**  
Ryan Hill, M.D.

**AUGUST 12, NOON**

Fort Smith Regional Program  
**Rate v. Rhythm—the Age-Old  
Question**  
Risheek Kaul, M.D.

**AUGUST 14, 1 P.M.**

Texarkana Regional Program  
**Traumatic Brain Injury**  
Shelia Beck, UAMS TBI program

**SEPTEMBER 12, 12:15 P.M.**

Pine Bluff Regional Program  
**Cardiology Update**  
Risheek Kaul, M.D.

**SEPTEMBER 18, NOON**

SAMA El Dorado Lunch & Learn  
Lecture  
**Advances in Aortic Aneurysm  
Repair and Peripheral Arterial  
Disease Updates**  
Andre Ramdon, M.D.

**OCTOBER 10, 12:15 P.M.**

Pine Bluff Regional Program  
**Cardiology topic**  
Subodh Devabhaktuni, M.D.



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

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