



CONSULT

A Newsletter for Medical Professionals

FALL 2025



TRANSFORMING DIGESTIVE HEALTH ACROSS ARKANSAS

The University of Arkansas for Medical Sciences (UAMS) Gastroenterology and Hepatology Division is not only the state's leading provider of digestive disease care but also a statewide driver of innovation, access and quality. As part of the only academic medical center in Arkansas, the division integrates clinical care, education and research to address the most pressing gastrointestinal and liver health needs across the state.

Comprehensive and Statewide Reach

With 12 gastroenterologists including five transplant hepatologists, three advanced endoscopists, an IBD specialist, a neuro-gastroenterologist, seven GI-trained APRNs, two specialty pharmacists and nine fellows, the division is uniquely positioned to provide highly specialized care while extending access beyond Little Rock. Through a growing referral and outreach network, UAMS partners with primary care physicians and GI providers throughout Arkansas to ensure patients with complex needs — from inflammatory bowel disease (IBD) and motility disorders to advanced liver disease— receive timely, expert care without leaving the state.

Innovations Available Nowhere Else in Arkansas

The division provides the state's only noninvasive bowel ultrasound, a cutting-edge imaging technique that eliminates the need for prep and sedation while providing real-time diagnostic accuracy for IBD. This service is led by **Mohammad Alomari, M.D.**, one of only a handful of physicians nationwide certified in this technique. "This tool allows us to make immediate treatment decisions for our patients with IBD while sparing them the burden of invasive testing," Alomari said.

The division is also home to the state's most advanced endoscopy team, with specialists including **Sumant Inamdar, M.D.**, **Felix I. Tellez-Avila, M.D.**, and **Vishnu Kumar, M.D.**, offering procedures such as endoscopic ultrasound, submucosal dissections, ERCP and POEM, which reduce the need for invasive surgery. "We now have the capacity to treat the most complex endoscopic cases in Arkansas, so patients no longer have to leave the state for advanced procedures," said **Mauricio Garcia, M.D.**, director of the division.

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ON THE COVER

The UAMS Gastroenterology and Hepatology team, including transplant hepatology and advanced endoscopy specialists, partners with providers statewide.

Cover story continued

Excellence in Colorectal Cancer Screening

The division leads the state in AI-enhanced colorectal cancer screening, consistently achieving adenoma detection rates above national benchmarks. “Our mission is not only to detect cancers early but also to build a statewide network that expands access to prevention,” Garcia said. Patients benefit from integrated multidisciplinary care that includes oncology, interventional radiology and colorectal surgery — all within the UAMS system.

Anchoring Arkansas’ Only Liver Transplant Program

The division is the clinical entry point for Arkansas’s only adult liver transplant program, established in 2005. UAMS has achieved national recognition for rapid access to donor livers and outstanding post-transplant survival.

Garcia, who is fellowship-trained in advanced transplant hepatology, has been instrumental in developing and expanding the liver tumor and transplant programs since joining UAMS in 2013.

“It is a privilege to ensure that Arkansans no longer have to leave the state to receive life-saving liver transplant care,” he said.

UAMS provides high-quality comprehensive care for patients with chronic liver diseases with access to experts such as **Chinmay Bera, M.D., Matthew Deneke, M.D., Garcia, Mary Katherine Rude, M.D., and Ragesh Thandassery, M.D.**

Expanding Access for the Future

Looking ahead, UAMS is investing in a new patient-centered outpatient GI and endoscopy center at Freeway Medical Tower, expected to open in July 2026. This expansion will dramatically increase colonoscopy capacity, reduce wait times and improve access for patients across the state. By combining state-of-the-art endoscopic suites with streamlined outpatient services, the division is building the infrastructure to meet Arkansas’s growing needs in colorectal cancer prevention and advanced therapeutic endoscopy.

Statewide Mission and Partnerships

The division’s mission extends beyond tertiary care in Little Rock. By developing statewide referral pathways, embedding specialty pharmacists in hepatology and IBD clinics, and partnering with community providers, UAMS ensures patients across Arkansas, both rural and urban, gain access to the highest standards of GI and liver care.

“We want every Arkansan to feel that UAMS is their home for digestive health, no matter where they live,” Garcia said.

This aligns directly with UAMS’ mission: to improve health and reduce disparities for all Arkansans.



Dear Colleagues,
Dementia is a common medical condition that affects 15% of older adults worldwide.

Previously, cognitive therapy targeted to improve memory was the mainstay of treatment for Alzheimer’s disease, with relatively few options to slow progression of the disease.

Over the past few years, however, new immunotherapies that target amyloid beta proteins in the brain of Alzheimer’s patients have shown promising results. Lecanemab targets brain amyloid as it begins to form fibers, while donanemab binds to brain amyloid once the fibers have clumped together to form a larger plaque.

In 2023 and 2024, the FDA approved both drugs for Alzheimer’s disease after clinical trials showed that they slowed cognitive decline by 25-35%. The trials confirmed scientists’ hypotheses that clearing the protein from the brains of Alzheimer’s patients would slow progression of the disease.

Donanemab is given through monthly infusions, while lecanemab requires infusions every two weeks.

One study showed that once donanemab clears the protein from the brain, patients can stop taking it, with many able to stop taking it within a year. Lecanemab, on the other hand, is meant to be taken continuously, though after 18 months, the biweekly infusions drop to once a month.

Patients with Alzheimer’s disease should be referred for evaluation to specialists in aging or neurology to see if they may benefit from these anti-amyloid therapies. They are recommended for patients aged 50-90 with mild impairment and confirmed amyloid in the brain. Happy Fall!

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



Jean Amargos, M.D., Joins UAMS Health Family Medical Center in Fort Smith

Jean Amargos, M.D.,

has joined the UAMS Health Family Medical Center in Fort Smith, where he recently completed his residency. He practices full-scope family medicine, including obstetrics, and speaks fluent English and Spanish.

A native of San Juan, Puerto Rico, Amargos earned his medical degree from Ponce Health Sciences University. *To refer a patient to him, call 479-785-2431.*



Hamilton Newhart, M.D., Sports Medicine Physician, Joins UAMS

Hamilton Newhart,

M.D., a sports medicine physician, has joined The Orthopaedic and Spine Hospital on the UAMS campus in Little Rock.

The Arkansas native earned his medical degree from UAMS, graduating with honors in research. He completed his residency at the Baptist Health/UAMS Family Medicine program in North Little Rock and his primary care sports medicine fellowship at Henry Ford Health in Detroit, where he worked with several professional sports teams and was the head team physician for Dearborn High School. *To refer a patient to him, send a fax to 501-686-7928.*



Sawyer Sparks, D.O., Joins UAMS Health Family Medical Center in Jonesboro

Sawyer Sparks, D.O.,

has joined the UAMS Health Family Medical Center in Jonesboro.

He earned his medical degree from the Arkansas College of Osteopathic Medicine in Fort Smith and recently completed his residency in family medicine at the UAMS Northeast Regional Campus in Jonesboro. *To refer a patient to him, call 870-972-0063.*

Jose Morales, M.D., Joins UAMS Department of Neurology

Jose Morales, M.D.,

a vascular neurologist and neurointerventional surgeon, has joined the UAMS Department of Neurology, where he specializes in minimally invasive endovascular treatments for the brain, head, neck and spine.

Morales comes to UAMS from Pacific Neuroscience Institute in Santa Monica, Calif.

He earned his medical degree in 2016 from the University of Chicago-Pritzker School of Medicine in Chicago, completed his residency in neurology at Northwestern University-McGaw Medical School, also in Chicago, and completed three fellowships at the University of California Los Angeles Medical Center: in vascular neurology, biodesign accelerator and interventional neuroradiology. *To refer a patient to him, send a fax to 501-603-1539.*

Shitiz K. Sriwastava, M.D., MS Expert, Joins UAMS

Shitiz K. Sriwastava, M.D.,

a neuroimmunologist with expertise in multiple sclerosis (MS) research and treatment, has joined the University of Arkansas for Medical Sciences (UAMS) as an associate professor of neurology.

He comes to UAMS from The University of Texas Health Science Center at Houston, and previously, West Virginia University in Morgantown, West Virginia.

Sriwastava received his medical degree from Manipal College of Medical Science in Pokhara, Nepal. He completed his neurology residency and a fellowship in neuroimmunology at Wayne State University in Detroit. *To refer a patient to him, send a fax to 501-603-1539.*



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

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Quiz of the Month

QUESTION

A 32-year-old female nonsmoker presents with a several-month history of dyspnea on exertion. She has previous history of a spontaneous pneumothorax. What is the most likely diagnosis?

- Pulmonary Langerhans cell histiocytosis (PLCH)
- Emphysema due to alpha-1-antitrypsin deficiency
- Sarcoidosis
- Pulmonary lymphangioleiomyomatosis (LAM)
- Lymphocytic interstitial pneumonia (LIP)

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News to Know: Updates from UAMS

(Continued from page 3)



Lisa Bazzett-Matabele, M.D., gynecologist oncologist, joins UAMS

Lisa Bazzett-Matabele, M.D., an internationally recognized gynecologist oncologist, has joined UAMS from the University of Botswana. She specializes in the treatment of cancers of the female reproductive system, including ovarian, uterine, cervical, vulvar and vaginal cancers, and has more than two decades of clinical experience.

Bazzett-Matabele earned her medical degree from Wayne State University in Detroit, where she also completed her residency in obstetrics and gynecology. She completed a fellowship in gynecologic oncology at the University of Louisville in Louisville, Kentucky.

To refer a patient to her, send a fax to 501-526-7287.

UAMS Among Top 10 Percent of Hospitals Nationwide in Cancer, Orthopaedic Care

U.S. News & World Report's 2025-26 Best Hospitals edition places UAMS among the top 10% of hospitals in the nation for both cancer care and orthopaedic care.

The rankings are based on objective measures such as patient outcomes, nurse staffing, patient services and the use of advanced technologies.

U.S. News designated UAMS "high performing" nationally for its treatment of leukemia, lymphoma and myeloma; colon cancer surgery; gynecological cancer surgery and lung cancer surgery, and for back surgery (spinal fusion) and treatment of hip fractures.

UAMS Kidney, Liver Transplant Programs Awarded for Improving Rural Access

The kidney and liver transplant programs at UAMS recently received the John M. Eisenberg Award for Local Achievement in Patient Safety and Quality from The Joint Commission and National Quality Forum, for improving access to organ transplantation for underserved rural communities in Arkansas.

The UAMS Health Solid Organ Transplant Program established satellite clinics in El Dorado, Fayetteville, Fort Smith, Helena-West Helena, Jonesboro, Pine Bluff and Texarkana to improve access to care across the state and reduce the need to travel to Central Arkansas. They have helped decrease the time between referral and evaluation by 40 days, and the time between evaluation and placement on the transplant list by 39 days.

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

Interventional Cardiologist

Jefferson Regional in Pine Bluff is seeking a board-certified/board-eligible interventional cardiologist to join their team.

Primary Care Physician / Medical Director

Washington Regional Medical System in Fayetteville is seeking a board-certified/board-eligible primary care physician (family medicine, internal medicine or geriatrics) to serve as both medical director and practicing physician for PACE of the Ozarks in Springdale.

FM Rural Practice Opportunity

Boston Mountain Rural Health is seeking a family medicine physician for their Federally Qualified Health Center (FQHC) in Huntsville.

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)** to find out more about recruitment services.

Venous Stenting Available at UAMS for Pulsatile Tinnitus

Venous stenting is a minimally invasive service available at the University of Arkansas for Medical Sciences (UAMS Health) to resolve pulsatile tinnitus, a debilitating condition in which a person effectively hears their heartbeat in their ears.



Jose Morales, M.D., a vascular and interventional neurologist at UAMS, said it is used to treat patients who hear their blood flowing inside their head, in synchronization with their heartbeat. One underlying cause of these symptoms may be cerebral venous sinus stenosis, a narrowing of the major veins that drain blood from the brain.

It can be a rhythmic whooshing or low rumbling sound, or even a thumping or throbbing sound. For some, it intensifies when they lie down because of increased blood flow to the head.

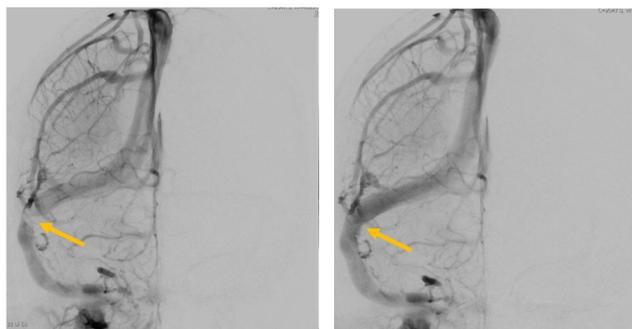
Pulsatile tinnitus can also be caused by increased pressure in the skull (idiopathic intracranial hypertension), which in turn may cause the venous channels in the brain to narrow and similarly lead to an impaired ability to drain blood from the brain.

While some patients with cerebral venous sinus stenosis experience symptoms such as brain fog, visual disturbances, anxiety, depression and cognitive decline, Morales said, “sometimes people are affected by the mechanical effects of this phenomenon, which is the whooshing sound that people will develop in their ear, particularly on just one side of the head, and this whooshing sound can affect their quality of life in a very dramatic way, such as their inability to sleep.”

To determine if a patient has pulsatile tinnitus, Morales inserts a catheter through the groin and image-guides it into the brain, measuring the pressure along different points to find a significant flow limitation. Treatment involves inserting mesh stents, delivered through the catheter, into the veins to open narrowed areas.

While diagnosis is typically performed under sedation to avoid lowering the patient’s blood pressure and obscuring some of the gradients, the stenting is done under general anesthesia, usually in under an hour. The patient then stays overnight for observation and usually experiences improvement or cessation of their symptoms.

Morales said the stenting procedure is considered safe, but it should be performed at a comprehensive medical center like UAMS, where different sub-specialists are available to evaluate the patient for a full range of possible causes. He noted that while pulsatile tinnitus may be caused by a variety of vascular disorders of the brain, the symptoms may also be caused by non-neurological disorders such as hyperthyroidism, anemia, structural abnormalities close to the ear or uncontrolled blood pressure.



These before and after images of venous stenting show the previous blockage and the subsequent restored blood flow.

Pre-Stenting

Post-Stenting

PHYSICIAN PROFILE



JUN SONG, M.D.
Assistant Professor
Urogynecology and
Reconstructive Pelvic Surgery
Department of Urology
UAMS College of Medicine

What inspired you to become a doctor?

I have always loved science and technology, as well as problem solving. Becoming a doctor allows me to apply my knowledge and skills every day to try to make someone’s life better.

What do you like most about your specialty?

As a urogynecologist and reconstructive pelvic surgeon, I treat female pelvic floor disorders, which include urinary and bowel incontinence as well as pelvic organ prolapse. I like being able to have a profound impact on my patients’ quality of life. My subspecialty falls under both urology and obstetrics and gynecology, but as a board-certified OB-GYN, I also address certain gynecologic issues as they pertain to urogynecology.

What makes you unique among your peers?

As the only urogynecologist at UAMS and one of only four fellowship-trained urogynecologists in the state of Arkansas, I provide a unique service and treat a variety of conditions through minimally invasive vaginal and robotic approaches. I treat challenging conditions such as complex genital fistulas and mesh complications.

Why did you come to UAMS?

UAMS was a perfect fit for me and had everything I was looking for coming out of my fellowship training. Having grown up in Memphis, working at UAMS allows me to be close to family while making a big impact on patient care, resident education and clinical research.

What do you like about working at UAMS?

My favorite thing about UAMS is the people I work with. I get to collaborate with amazing colleagues and share my skills with both OB-GYN and urology residents so that they can go on to help even more patients.

What do you like to do outside of work?

Most of my time outside of work is spent trying to entertain my children — one is 3 years old and the other is 6 months old. However, my family and I also like to try new restaurants and explore the beautiful nature around Arkansas.

How can doctors make a referral to you?

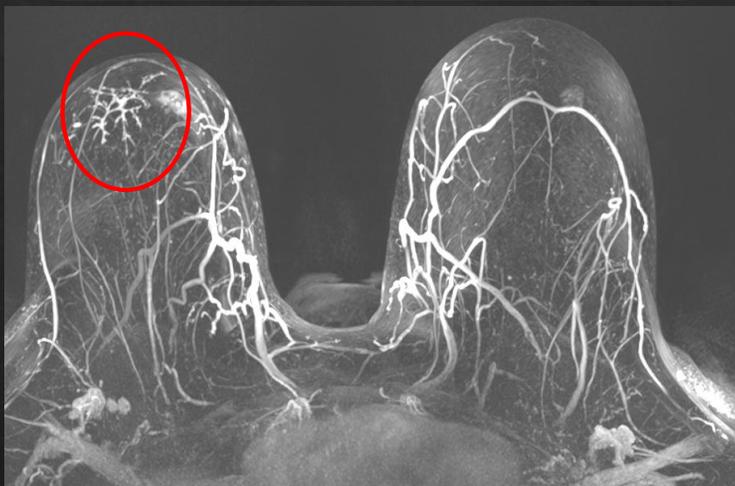
They can call 501-686-8000, send a fax to 501-603-1539 or email abcreferrals@UAMS.edu.

MEDICAL CASE STUDY: HIGH-RISK SCREENING BREAST MRI LEADS TO CANCER DIAGNOSIS, DOUBLE MASTECTOMY

UAMS High Risk Screening Breast MRI 4/8/2025; Negative Dx Mammogram & Left breast ultrasound presented with a left palpable lump 10/2/2024; MRI BX 4/23/25 revealing DCIS grade 3

HISTORY:

29 y/o year-old F presenting for high risk screening breast MRI. Her previously calculated lifetime risk of breast cancer is elevated at 29.3 % per the Tyrer-Cuzick model.



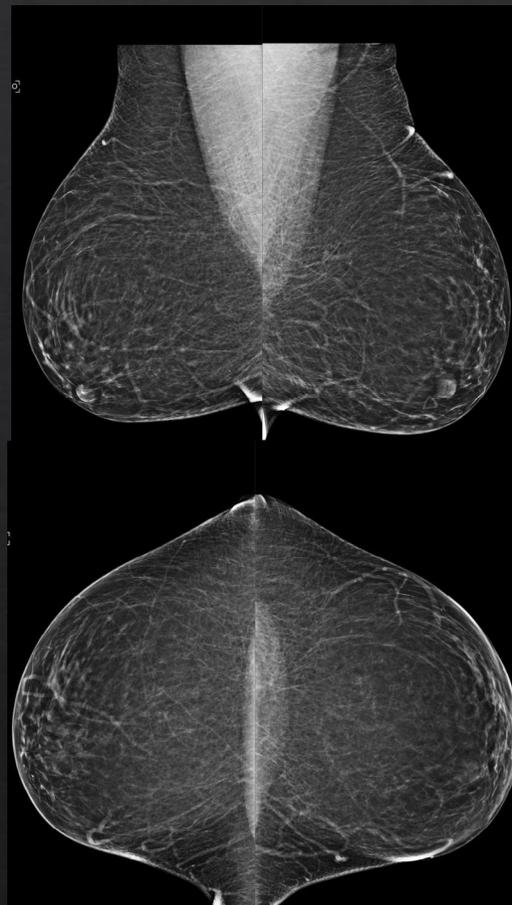
IMPRESSION:

A 5.3 cm branching non mass ductal enhancement in the right breast at 10-11 o'clock, 3.3 cm from the nipple requires tissue sampling.

No suspicious enhancement in the left breast.

RECOMMENDATION:

MRI guided biopsy of the right breast non mass enhancement.



The patient's MRI, taken at UAMS

Initial Contact

On Sept. 29, 2024, a 29-year-old woman presented to the University of Arkansas for Medical Sciences (UAMS Health) Women's Center at 6119 Midtown Ave. in Little Rock with a palpable lump in her left breast. She was examined by her gynecologist, Chad Taylor, M.D., who sent her to the UAMS Health Breast Center on the third floor of the UAMS Winthrop P. Rockefeller Cancer Institute for a diagnostic evaluation of the lump.

Assessment

During her Oct. 2, 2024, visit to the UAMS Health Breast Center, which the American College of Radiology has designated as a Breast Center of Excellence, a risk assessment was performed, said Gwendolyn Bryant-Smith, M.D., a UAMS professor of radiology and director of the breast center.

Based on a risk assessment model and the patient's family history, which included a history of breast cancer in her mother, maternal aunt and paternal grandmother, she was deemed at high risk for developing breast cancer.

Procedures

The patient underwent a mammogram and an ultrasound for the lump in her left breast. Both screenings yielded normal results. However, because of her high-risk assessment, a breast MRI was recommended within six months and was performed March 1.

The MRI was read by Patrick Jennings, M.D., a UAMS radiologist. He noticed abnormal enhancement in the right breast — the one in which the patient had no symptoms, not the one in which she had felt a lump, leading to her initial visit to the Women's Center.

Gwendolyn Bryant-Smith, M.D.



Professor

**Department of Radiology,
College of Medicine**

Director, Breast Imaging Division

**Director, UAMS Health Breast Center
Winthrop P. Rockefeller Cancer Institute**

Education

Doctor of Medicine,
University of Arkansas for Medical Sciences (UAMS)

Residency

Diagnostic Radiology, UAMS

Fellowship

Breast Imaging, UAMS

The abnormality was biopsied in the Breast Center by radiologist Rachel Taylor, M.D., revealing invasive breast cancer — meaning that it had spread beyond the milk ducts or lobules of the breast into surrounding tissues, and had the potential to spread through the lymphatic system to nearby lymph nodes and, eventually, to other organs such as the liver, lung or bones.

The diagnosis was invasive ductal carcinoma (IDC), the most common type of breast cancer, which constitutes roughly eight in 10 invasive breast cancers. It originates in the milk ducts when abnormal cells in the lining of the ducts change and invade tissue beyond the ducts' walls. The cancer cells can then spread by entering the lymph nodes or the bloodstream.

After consulting with Ronda Henry-Tillman, M.D., a surgical oncologist who is chief of breast oncology at UAMS, the patient chose to undergo a bilateral mastectomy to remove the cancer in the right breast and reduce the risk of developing cancer in her other breast, even though no cancer was detected in the left breast.

Henry-Tillman performed a successful bilateral mastectomy with sentinel lymph node biopsy and axillary lymph node dissection with bilateral tissue rearrangement.

Follow-ups

The patient is currently undergoing chemotherapy at UAMS under Sindhu Malapati, M.D., a breast oncologist. The patient is scheduled to complete four cycles of chemotherapy and will also take endocrine therapy for five years.

Discussion

“This is an example of why obtaining a risk assessment is important,” said Bryant-Smith, who is also director of the UAMS Breast Imaging Division in the UAMS College of Medicine Department of Radiology. “The Society of Breast Imaging and The Society of Breast Surgical Oncologists recommend that all women have a risk assessment by age 25. If a patient is deemed high-risk, they should begin early screening with mammography at age 30 and obtain a breast MRI every year as well.”

She added, “This case emphasizes the importance of personalized screening and risk assessment. Routine mammography alone did not find the right breast cancer in this high-risk patient. The supplemental breast MRI that was ordered because of her high-risk status was what found her cancer. This demonstrates that there is not a one-size-fits-all pattern and emphasizes the importance of interdisciplinary teamwork.”

Referrals

To refer a patient to the UAMS Health Breast Center, send a fax to 501-296-1428.

To refer a patient to Henry-Tillman or surgical oncology, call 501-296-1200 or send a fax to 501-603-1539.

To refer a patient to the UAMS Health Women's Center, call 501-526-1050 or send a fax to 501-296-1711.

Ronda Henry-Tillman, M.D.



Professor and Executive Vice Chair

**Department of Surgery,
College of Medicine**

Chief, Breast Surgical Oncology Division

Education

Doctor of Medicine,
University of California
San Diego School of Medicine

Residency

Surgery,
University of Arkansas for Medical Sciences (UAMS)

Fellowship

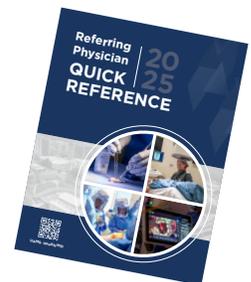
Diseases of the Breast,
UAMS College of Medicine

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
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- And Much More!



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UPCOMING EVENTS

CHEST CLUB

NOVEMBER 12

The Modern Frontiers in Lung Cancer Surgery

*12th floor, Jackson T. Stephens
Neurosciences and Spine Institute,
UAMS campus*

Matt Reinersman, M.D., associate
professor of surgery at University
of Oklahoma



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