UAMS | University of Arkansas for Medical Sciences

CONSULT

A Newsletter for Medical Professionals

WINTER 2022

Analiz Rodriguez, M.D., Ph.D., shows patient Ashley James of Pine Bluff an image of her brain, including three areas where a tumor resurfaced, that was taken before James' laser ablation surgery.

UAMS Neurosurgeon Combines New Technologies to Destroy Mom's Brain Tumor

Faced with the need to remove a tumor situated precariously close to an area of the brain that controls movement and attention, a University of Arkansas for Medical Sciences (UAMS) neurosurgeon recently demonstrated the ingenuity that UAMS physicians are known for.

Analiz Rodriguez, M.D., Ph.D., an associate professor in the UAMS College of Medicine Department of Neurosurgery, in July proposed combining laser ablation, which UAMS is the only hospital in Arkansas to offer, with a revolutionary new brain mapping technology that UAMS acquired last year.

The two cutting-edge technologies had never been used together anywhere, but Rodriguez, a skilled neurosurgeon, thought the challenges facing this particular patient needed just such a solution.

The patient — **Ashley James, 35, of Pine Bluff** — was on board immediately, having learned about laser ablation surgery in particular and emerging brain-tumor advancements in general since becoming a member of a glioblastoma multiforme (GBM) support group after her initial diagnosis two years earlier.

In October 2020, James underwent a craniotomy in Ohio, where she was living at the time, to remove a GBM that showed up on an MRI after she went to the hospital complaining of pain behind her eyes. During that surgery, which took place in an area of the brain that was impossible for neurosurgeons to map with earlier technology, James suffered a seizure. When she awoke, she was unable to walk or move the fingers on her left hand, and she spent months in physical therapy to regain function on the left side of her body.

"I was terrified to have another craniotomy," she said after the tumor resurfaced in three places, one near the previous location, as indicated by surveillance MRIs following the birth of her daughter, Hadley.

James, who also has two sons, had moved back to Arkansas since the surgery in Ohio and had begun surveillance MRIs at UAMS, but she had to suspend them for several months while she was pregnant because of the dye used in the imaging process.

Rodriguez said a second craniotomy wasn't recommended, and laser ablation — a minimally invasive procedure in which a thin laser probe is inserted into the brain and used to blast away cancerous cells with heat — still posed concerns because part of the tumor was located near the

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Innovative Spine Surgery Practices Draw International Observers to UAMS

Innovative practices in spine surgery at the University of Arkansas for Medical Sciences (UAMS) have led to its designation as an international teaching and observation site for robotic spine surgery.

The first international surgeon to visit the campus in mid-October was **Greg Malham, M.D.**, who is recognized as one of Australia's premier spinal surgeons. Malham is director of spine surgery at Epworth Hospital, the largest private spine surgery institute in Australia, as well as a professor of surgery at the prestigious University of Melbourne and professor of spine surgery research at Swinburne University.

Noojan Kazemi, M.D., performs a prone lateral lumbar fusion as Professor Greg Malham M.D. observes.

Malham observed as **Noojan Kazemi, M.D.,** an associate professor in the Department of Neurosurgery and education director of UAMS' Spine Neurosurgery Program, performed a robotic prone lateral lumbar fusion procedure using a special patient positioner designed at UAMS in partnership with Globus Medical Inc.

Kazemi employed a minimally invasive surgical technique he introduced at UAMS more than eight years ago, in conjunction with a robotic spine navigation system that UAMS was the first hospital in the state to use in 2020.

The Lateral-in-Prone (LIP) technique allows surgeons to operate on patients as they lie face-down, as spine surgery has traditionally been performed, while their spine is accessed through the side without need for moving the nerves or opening the muscles in the back.

The ExcelsiusGPS robot, which helps surgeons plan surgeries around each patient's anatomy, works like a GPS system to help guide the surgeon to the correct site and provides live scans of the patient's anatomy and its reactions.

The patient positioner has multiple uses in the hospital.

"We at UAMS were the very first to apply the technology of the robotic navigation platform and patient positioner to this new surgical technique," Kazemi said. Among the advantages for patients are minimal blood loss during surgery, shortened hospital stays and quicker resumption of normal activities.

Malham said he learned a lot from watching Kazemi. He noted, "Not having to alter a person's position during surgery is very efficient and very good for the patient."

Kazemi said that likewise, collaborating with spine surgery leaders like Malham "is a big advantage for us at UAMS."

SHARE
State Health Alliance FOR Records Exchange

SHARE (the Arkansas State Health Alliance for Records Exchange) is the only statewide health information exchange (HIE).

SHARE securely gathers your medical information from different health care providers and creates a more complete picture of a patients' health. Our goal is to improve the quality of health for Arkansas by enabling a more effective use of secure electronic health information exchange while improving the delivery of health care services.

Visit SHAREarkansas.com to learn more!

WINTER 2022 Message from Dr. Krause

Dear Colleagues,

As winter sets in and we approach a new year, it seems like a good time to reflect upon the importance of preventive health care screening for our patients and ourselves.

You may know that January is Cervical Cancer Awareness Month, but did you know that in 2020, the American Cancer Society revised the guidelines for cervical cancer screening?

The new recommendations include the addition of an HPV (human papillomavirus) test, or an HPV/Pap co-test, for every patient who has a cervix, starting at age 25.

This testing is to continue every five years until age 65, as long as prior screening tests were normal.

If individual HPV testing is not available, the guidelines recommend a Pap test every three years until age 65.

The previous guidelines recommended cervical cancer screening starting at age 21 and included only Pap testing. HPV vaccines were developed in 2016 that target a wide range of HPV infections, including HPV types 16 and 18 that are associated with cervical cancer. The CDC recommends all children and adults ages 9 through 26 receive the HPV vaccine and that doctors discuss the potential benefits of the vaccine with patients who are 27 to 45 years old. Wishing you and your patients a healthy start to 2023!

Sincerely,

Michelle Krause

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

News to Know: Updates from UAMS

Four Oncologists Join Winthrop P. Rockefeller Cancer Institute

The UAMS Winthrop P. Rockefeller Cancer Institute and its growing network of clinics at Baptist Health locations includes four new oncologists:

Sonia T. Orcutt, M.D., is a board-certified general and complex general surgical oncologist with expertise in gastrointestinal and skin cancers. She received her medical degree from Boston University School of Medicine, completed a residency in general surgery at Baylor College of Medicine in Houston, Texas and completed a fellowship in complex general surgical oncology at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, Fla. She previously practiced surgical oncology in Illinois.

Cesar Giancarlo Gentille Sanchez, M.D., is a hematologist/oncologist who is part of the institute's stem cell transplant and cellular therapy team. He specializes in leukemia, lymphoma and myelodysplastic syndrome. He completed fellowships in blood and marrow transplantation and cellular therapy at Stanford University and in hematology/oncology at Houston Methodist Hospital in Houston, Texas, where he also completed his residency in internal medicine. He received his medical degree from Cayetano Heredia University in Lima, Peru.

Anusha Jillella, M.D., is a hematologist/oncologist who received her medical degree from Gandhi Medical College in Hyderabad, India, and completed both a residency in internal medicine and a fellowship in hematology/oncology at UAMS.

Santanu Samanta, M.D., is a radiation oncologist who is certified in proton beam radiation therapy. He received his medical degree from the University of Calcutta in West Bengal, India; a radiation oncology residency at Christian Medical College in Vellore, India and at the University of Maryland Medical Center and Maryland Proton Center; and a fellowship at Maryland's Department of Radiation Oncology.

To refer patients to Orcutt and Sanchez, who practice at the Cancer Institute, call 501-296-1200.

To refer patients to Jillella, who practices at the Medical Oncology and Infusion Clinic, located at the Baptist Health Springhill Medical Plaza in North Little Rock, call 501-214-2170.

For referrals to Samanta at the UAMS Baptist Health Radiation Therapy Center in North Little Rock, call 501-214-2460.

UAMS' Samuel Overley, M.D., Named One of Nation's Top Young Spine Care Providers

Samuel Overley, M.D., an orthopaedic surgeon at UAMS, was named one of the nation's outstanding young spine care providers by the North American Spine Society's SpineLine magazine in its fifth annual "20 under 40" list of top spine professionals under the age of 40.

Overley is a board-certified orthopaedic surgeon who specializes in surgical and non-surgical treatment for various spinal conditions including cervical, thoracic and lumbar problems, as well as spine trauma and tumors.

To make a referral, call 501-526-1046.

CAST Offers Help with Medication-Assisted Opioid Treatment

In partnership with the Arkansas Department of Human Services, UAMS' Center for Addiction Services and Treatment (CAST) is currently offering compensation to facilities across the state providing opioid use disorder patients with medication-assisted treatment. The funds will cover expenses including the cost of medication, hiring peer support specialists, providing treatment services and travel costs for patients using MAT. For more information, contact Anner Douglas at ADouglas2@uams.edu or call (501) 526-8459 or (833) 872-7404.

For more information, contact Anner Douglas at Adouglas2@uams.edu or (501) 526-8459.

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

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University of Arkansas for Medical Sciences

CONSULT Quiz of the Month

QUESTION

Which one of the following diagnoses is most likely for an afebrile 40-year-old patient with headache and gradually progressive focal neurologic signs that evolve over 2 days?

a) Brain abscess
b) Bacterial meningitis
c) Acute stroke
d) Viral encephalitis
e) Toxic metabolic encephalopathy

ANSWER
e

News to Know: Updates from UAMS (Continued from page 3)

Arwa Albashaireh, M.D., Joins Endocrinology Division

Arwa Albashaireh, M.D., who is fellowship-trained in endocrinology and metabolism, has joined the Department of Internal Medicine as an assistant professor in the Division of Endocrinology and is now seeing patients.

She received her medical degree from Jordan University of Science and Technology in Irbid, Jordan, in 2014. She completed her residency in internal medicine in 2020 at UAMS, and continued her training with a fellowship in endocrinology and metabolism at UAMS before joining the faculty. Her interests are diabetes and thyroid disorder.

To make a referral, call 501-296-1220.

UAMS Awarded Gold Seal of Approval for Perinatal Care

The Joint Commission, an independent nonprofit organization that evaluates and accredits more than 22,000 health care organizations and programs in the United States, has awarded its Gold Seal of Approval for Perinatal Care Certification to UAMS, designating that UAMS has met and exceeded strict standards of care for maternal, fetal and newborn health.

UAMS is the first hospital in Central Arkansas and one of 66 hospitals nationwide to receive the certification, which recognizes health care organizations committed to fostering continuous quality improvement in patient safety and quality of care.

UAMS Vascular Labs Receive 3-Year IAC Accreditation

The Intersocietal Accreditation Commission in Vascular Testing has awarded three-year accreditation to UAMS' vascular laboratories, the only two accredited labs in Arkansas that are dedicated exclusively to vascular testing, signifying that they have demonstrated a commitment to quality patient care and vascular testing.

The lab on the main campus has been accredited for years, but this was the first time accreditation was sought for the lab at the Baptist Health/UAMS Vascular and Endovascular Surgery Clinic, which UAMS has been operating with Baptist since 2014. Both serve the entire UAMS system.

Steven R. Schulze, B.S., RVT, is technical director of the labs and **Mohammed Moursi, M.D.,** chief of the Division of Vascular Surgery, is medical director.

UAMS Baptist Health Cancer Center

Your patients now have access to the most advanced cancer care at the Baptist Health North Little Rock campus:

- Hematology/Oncology, infusion services and radiation therapy
- State of the art cancer technology
- Cancer disease specific expertise
- Multidisciplinary patient care
- Convenient and efficient access
- Access to clinical trials

The Medical Oncology Clinic and the **Radiation Therapy Center** provide the same level of expertise and personalized care that is provided on the UAMS campus.

The Infusion Clinic can accommodate most chemotherapy regimens for solid tumors. Some hematology patients (leukemia and myeloma) will need to be treated on the UAMS campus due to the more complex therapies required.

Medical Oncology: 501-214-2170
Radiation Oncology: 501-214-2460
3401 Springhill Drive, North Little Rock

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, UAMS Regional Campuses and UAMS faculty. Physician/provider opportunities are available in all specialties throughout Arkansas.

FEATURED JOBS

Urologic Oncologist: The UAMS Department of Urology is seeking a fellowship-trained urologic oncologist. Candidates must be board-eligible or board-certified.

Family Medicine Residency Program Faculty: UAMS is seeking a board-certified family physician for a full-time faculty position in the UAMS South Family Medicine Residency Program in Magnolia, Arkansas.

Rural Practice Opportunities: Do you have a calling for rural health? UAMS partners with hospitals and clinics around Arkansas. Visit MedJobArkansas to see available opportunities in rural health.

To find out more about recruitment services, contact: Carla Alexander at 501-686-7934 or carla@uams.edu

For a complete listing of job descriptions and opportunities, visit: **MedJobsArkansas.com**

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On a pre surgical image of patient Ashley James brain, Dr. Rodriguez shows how close the tumor was to an area of the brain affecting movement and comprehension.

Cover story continued

area of James' brain that controls the motor pathways. Aware of the problems that James encountered in her earlier surgery and knowing she was a single mom with a new baby, Rodriguez was wary of inadvertently damaging any nearby or intertwined brain tissue that could leave James unable to walk or move one side of her body — possibly permanently.

A new brain-mapping software called Quicktome by Omniscient Neurotechnology, which the FDA approved in 2021 and UAMS began using in early 2022, offered a potential solution.

Brain networks are responsible for everything from language to movement to thought. While previous imaging solutions helped surgeons avoid the networks associated with major disability, many patients still emerged with cognitive, emotional and behavioral complications. The new platform, however, is the first that allows pre-surgical mapping of the cognitive and emotional regulation networks to help surgeons steer clear of hidden landmines and preserve brain function.

"We need to know where these critical brain pathways are located because we don't want to enter them or work near them because that could cause harm to the person, and they could wake up with problems like talking, walking or seeing," said Rodriguez, who is also the director of Neurosurgical Oncology at UAMS.

James had never heard of the brain-mapping software, but was all for it.

When she awoke Aug. 25 after a three-hour surgery performed by Rodriguez, she was relieved to find that she could move and feel all her limbs.

"I was able to go home the next day and take care of my baby," she said. She continues to undergo treatments to ensure the tumor is gone, and says, "I feel pretty blessed. I'm not a rocket scientist, but I know I've got a great team of brain scientists taking care of me."

UAMSHealth.com/MD

Website for Referring Physicians

- Appointments & Transfers
- CME LearnOnDemand & MedNews Plus
- Consult
- EpicCare Link
- Referring Physician Quick Reference
- Physician Call Center
- Physician Directory
- Physician Recruitment & Provider Placement
- Physician Relations Staff
- UAMS Library

PHYSICIAN PROFILE

SONIA TEWANI ORCUTT, M.D

Assistant professor of surgery

Director of the Division of Surgical Oncology in the UAMS Winthrop P. Rockefeller Cancer Institute

What inspired you to become a doctor?
My parents were both in math and science fields and I had several family members in medicine, so combining an interest in science with the ability to help people made this a perfect field for me.

What do you like most about your specialty?
I love the multidisciplinary aspect of surgical oncology. The longevity of many patients with cancer is predicated on our abilities in the operating room, and a very important part of that is knowing not only how but when to operate, and understanding where surgery fits in the armamentarium we offer. It is really important to understand different options and be able to collaborate to offer cutting edge, personalized treatment.

What makes you unique among your peers?
Because I didn't train in Arkansas, I can offer a different perspective based on what I've learned in different areas of the country – from medical school in the northeast, training in the south and a previous job in the Midwest. Knowing what has worked well in different settings helps provide fresh ideas.

Why did you come to UAMS?
Largely to be closer to family. My husband is a physician at Arkansas Children's and has several family members here. Also, we both wanted to work at institutions that have a solid potential for growth and that allow us to offer more services to patients than we could before. UAMS allowed us to concentrate on our specialties while educating the next generation of physicians. I am also excited about taking on a leadership role and having a chance to grow a division.

What are your clinical specialties?
My training is in complex general surgical oncology, which includes skin cancer, soft tissue cancer and cancers of almost all the abdominal organs. My main interests include treatment of melanoma and liver metastases from other areas of the body, such as colon cancer and neuroendocrine tumors. I offer laparoscopic or robotic surgery as well.

What is the number doctors can use to make a referral to you?
For new patients: 501-296-1200.
For existing patients: 501-686-8211

MEDICAL CASE STUDY: HEPATECTOMY IN CIRRHOTIC PATIENT WITH HEPATOCELLULAR CARCINOMA

Initial Contact

In February 2020, the University of Arkansas for Medical Sciences (UAMS) Division of Gastroenterology and Hepatology referred a 60-year-old man to **Emmanouil Giorgakis, M.D.,** a transplant and hepatobiliary surgeon at UAMS, for the management of a tumor measuring 2.5 by 2.7 centimeters in the right posterior segments of his liver. The tumor was identified on an MRI performed during routine surveillance of the patient because of his history of cirrhosis stemming from chronic Hepatitis C infection. Biopsy of the liver lesion confirmed it was a well-differentiated hepatocellular carcinoma (HCC).

Assessment

A liver transplant would treat the patient's cirrhosis while also removing the tumor. However, Giorgakis said the patient didn't qualify for a liver transplant at that time.

For non-transplant candidates with HCC, the next-best option is liver resection, also known as hepatectomy, to remove only the tumorous part of the liver.

Cirrhotic patients are at high risk of death during major abdominal surgery other than liver transplant. Therefore, the patient underwent further workup to determine if he would be able to tolerate major liver resection. This workup included assessment for significant portal hypertension and estimation of postoperative mortality risk. The patient was deemed a surgical candidate.

Next, Giorgakis had to assess whether, if the tumor was removed, the patient would have enough liver volume left behind to sustain him. On non-cirrhotic patients, the liver can regenerate even if up to 70% of it is removed, but a cirrhotic liver's ability to regenerate is compromised. Giorgakis said that for cirrhotic patients, resection of even a small volume can lead to liver failure, the primary cause of death during surgery on such patients.

Procedure

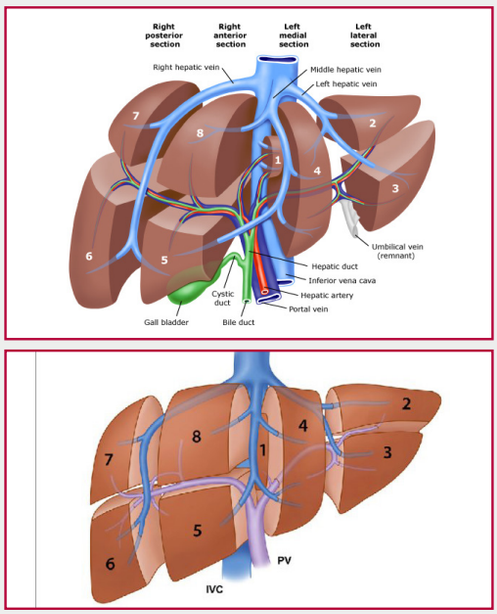
To prepare the patient for surgery, Giorgakis referred the patient to **James M. Meek, D.O.,** an interventional radiologist at UAMS, for a transarterial radioembolization (TARE) procedure, to be followed by Giorgakis' evaluation several weeks later of the liver's response to the treatment.

Meek and Erin Priddy, M.D., both in the UAMS Division of Interventional Radiology (IR) at UAMS, perform most of the TARE procedures, also known as Y-90 (yttrium radiation) procedures, at UAMS Health. The division is the largest provider in the South of such treatments for liver-cancer patients.

In the procedure, Meek placed a small catheter into the artery leading to the patient's liver and then injected microscopic beads filled with the radioactive isotope Y-90, to deliver radiation treatment directly to the tumor to kill the tumor cells but spare the rest of the liver.

The TARE procedure also blocked oxygen from reaching the radiated portion of the liver intended for resection, thereby priming the future liver remnant to sense that part of it was missing and compensate by using its regenerative capacity to enlarge.

Giorgakis and Meek monitored the patient for two or three months to gauge how the liver remnant responded to the stress of the TARE procedure, and then performed a computed tomography (CT) volumetric test. They said the patient's liver didn't grow at the rate



Illustrations indicating the different sections of the liver.

that a non-cirrhotic liver would, but did hypertrophy enough to move forward with the surgery.

In May 2020, Giorgakis performed a modified right hepatectomy — a partial resection of the right lobe of the liver. The patient stayed at the hospital for five days and was discharged with no problems and no signs of liver failure.

"He's been well," Giorgakis reported nearly two and a half years later. "And since then, since we treated his Hepatitis C as well, he went back to HCC surveillance. For two years, he underwent MRIs every three months. After that, the surveillance drops to every six months, and finally, yearly."

While there is up to a 50% chance of recurrence within five years without a transplant, the patient has had no signs of recurrence, Giorgakis said.

Discussion

HCC is the most common type of primary liver cancer. Left untreated, a patient's life expectancy is six to 20 months, and the five-year survival rate is only 10%.

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On cirrhotic patients with HCC, liver transplant offers an 80% five year survival rate with a very low (15%) risk of disease recurrence, since the surgeon removes the cirrhotic liver within which tumors can regenerate, while also treating the end stage liver disease.

"What's important with these HCC cirrhotic patients is that they have high cancer recurrence risk while they are also at or nearing end stage liver disease; and therefore, whenever they are eligible, they should be offered the transplant opportunity or the possibility to bridge a less invasive treatment to transplant in the event of hepatic decompensation or tumor recurrence,"Giorgakis said. "On those patients who aren't eligible for transplant, the best chance for survival is resection after appropriate 'priming' of the future liver remnant, in specialized centers. The mortality risk from doing liver resections on cirrhotic patients is otherwise very high."

"It's important that these cases are done in centers that can offer liver transplant if needed and have an interventional radiology department experienced in advanced procedures such as TARE or portal venous embolization (PVE)," Giorgakis said.

UAMS is the only center offering adult liver and kidney transplants in the State. Besides transplants, UAMS hepatobiliary and transplant surgeons also perform 70 to 100 liver resections annually.

Emmanouil Giorgakis, M.D., MSc, FRCS, FACS

Assistant Professor

Department of Surgery - Transplantation

Education
Doctor of Medicine, National & Kapodistrian University of Athens, Greece

Residency
National Health Service Hospitals, United Kingdom
Albert Einstein College of Medicine, New York
Rhodes General Hospital in Rhodes, Greece

Fellowship
Multi-organ abdominal transplant surgery, Mayo Clinic, Phoenix, Arizona
Liver transplant, King's College Hospital, London

James Meek, D.O.

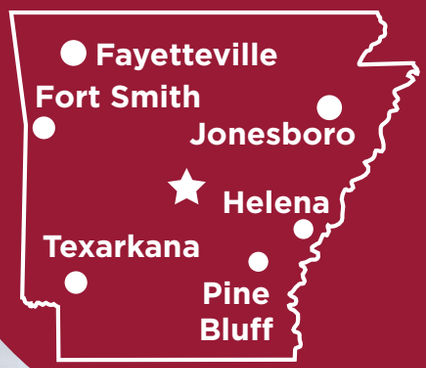
Associate Professor

Department of Radiology

Education
Doctor of Osteopathic Medicine, University of North Texas Health Science Center, Fort Worth, Texas.

Residency
Diagnostic radiology, UAMS

Vascular interventional radiology, UAMS



Fayetteville, AR
1125 N. College Ave
1st Friday of the month

Jonesboro, AR
311 E Matthews Ave.
4th Friday of the month

Pine Bluff, AR
1601 W. 40th Ave.
2nd Tuesday of the month
Office: 870-541-6000
Referral Fax: 870-541-7618

Texarkana, AR
3417 U of A Way
4th Friday of the month

Fort Smith, AR — COMING SOON
1301 S. E. St.

Helena, AR — COMING SOON
1393 Highway 242 South

UAMS is the home of Arkansas' only adult kidney and liver transplant center.

Its organ transplant team has performed over 1,800 kidney transplants and over 400 liver transplants.

Through collaboration with Arkansas Regional Organ Recovery, UAMS has achieved wait times among the shortest in the nation for kidney and liver transplantation, as well as patient outcomes that consistently exceed national benchmarks.

Our multidisciplinary organ transplant team allows Arkansans and those from the surrounding region to stay close to home and receive world-class care before, during and after an organ transplant.

Transplant patients are seen at UAMS' main campus in Little Rock and at the UAMS Health Family Medical Center locations in Arkansas listed to the left.

UAMS
University of Arkansas for Medical Sciences

4301 W. Markham St., #727
Little Rock, AR 72205

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To request speakers or topics or to learn more about how the UAMS Physician Relations & Strategic Development team can help you, visit **UAMShealth.com/MD**

JANUARY 3
No lecture/Holiday

JANUARY 10
MATRIARC Update
Michael Mancino, M.D.
Department of Psychiatry
PRI Adult Facility

JANUARY 17
Emergency Cancer Treatment in Radiation Oncology
Santanu Samanta, M.D.
Department of Radiation Oncology

JANUARY 24
Update on Arthritis: Conservative to Surgical
Benjamin Stronach, M.D.
Department of Orthopaedics

JANUARY 31
Professional Development
Embracing the Generations
Sheri Smith, FACMPE, SHRM-CPSVMIC

FEBRUARY 7
Sickle Cell Update
Lindsey Dayer, Pharm.D., BCACP
College of Pharmacy

FEBRUARY 14
Team Training for Maternal Crisis Events
Faiza Khan, M.D.
Department of Anesthesiology

FEBRUARY 21
Venous Thromboembolism
Sunny Sing, M.D.
Division of Hematology Oncology
Department of Internal Medicine

FEBRUARY 28
Professional Development
Mindful or Mind Full?
An Introduction to Mindfulness
Puru Thapa, M.D.
UAMS Wellness Programs

MARCH 7
Atrial Fibrillation
Auras Atreya, M.D.
Division of Cardiovascular Medicine
Department of Internal Medicine

MARCH 14
Diabetes Management in the Inpatient Setting
Joseph Henske, M.D.
Division of Endocrinology and Metabolism

MARCH 21
No LOD/Spring Break

MARCH 28
Professional Development
Artificial Intelligence and Machine Learning Ethics: Guidance for Clinicians
Eleanor Gilmore-Szott, Ph.D.
Department of Medical Humanities & Bioethics