



UAMS FIRST HOSPITAL IN ARKANSAS APPROVED TO PROVIDE BREAKTHROUGH CAR T-CELL THERAPY FOR NON-HODGKIN LYMPHOMA

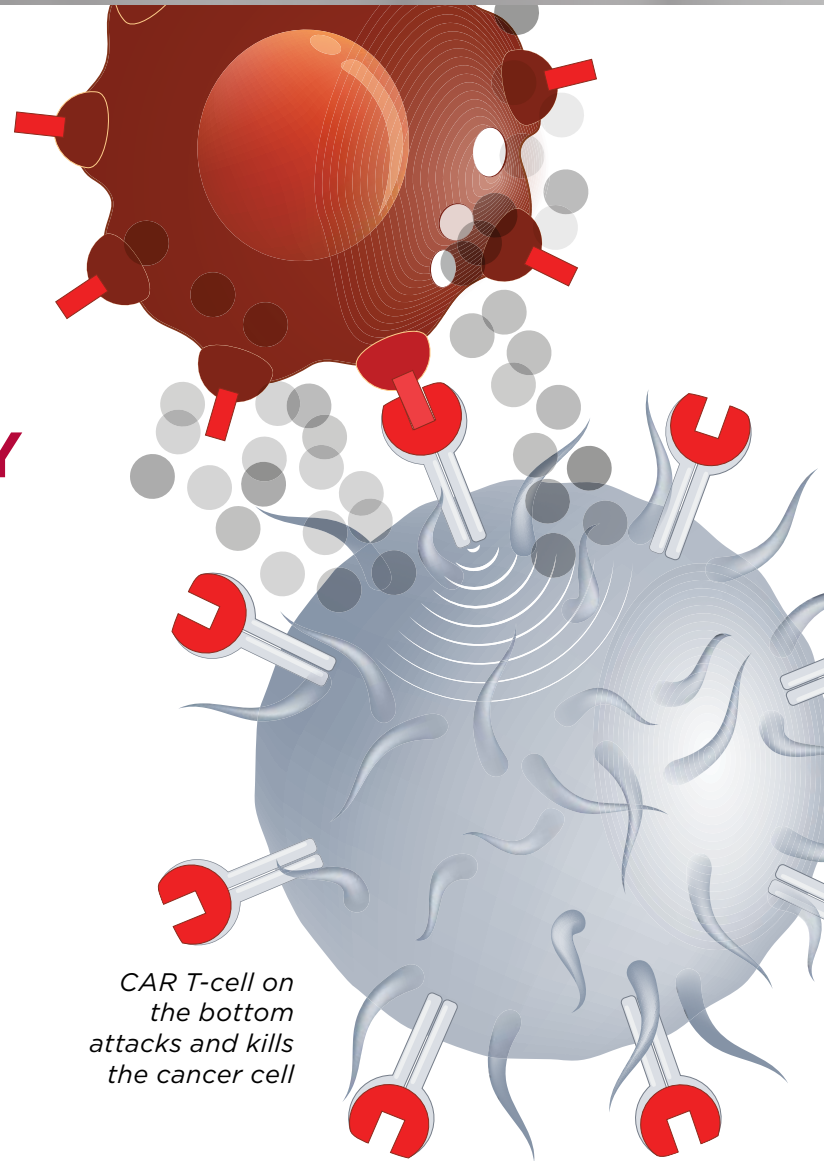
UAMS is the first and only hospital in Arkansas approved to provide a revolutionary new therapy for certain types of non-Hodgkin lymphoma.

Chimeric antigen receptor (CAR) T-cell therapy uses new technology to genetically modify a patient's own T cells, enabling them to seek and destroy cancer cells. T cells are a type of white blood cell integral to the immune system.

"We are able to bring this novel therapy to UAMS patients due to a high level of commitment by university-wide leadership at UAMS and the Winthrop P. Rockefeller Cancer Institute, along with the untiring efforts by our quality management team and clinical team. This was truly a team effort of which Arkansans can now reap the benefits," said **Muthu Veeraputhiran, M.D.**, director of the UAMS Stem Cell Transplantation and Cellular Therapy Program and associate professor in the UAMS College of Medicine Division of Hematology Oncology.

The therapy, which is named Yescarta, was approved by the FDA in 2017 for patients with relapsed, aggressive non-Hodgkin lymphoma for whom at least two other types of treatment have failed. Yescarta has been shown in clinical trials to help 51% of patients achieve complete remission.

Only 84 facilities in the United States are approved to offer Yescarta, with UAMS as the only one in Arkansas. Prior to the development of this



CAR T-cell on the bottom attacks and kills the cancer cell

immunotherapy, patients with aggressive non-Hodgkin lymphoma could reach a point in their treatment where there were no other options available. Now, many of these late-stage patients are experiencing remarkable and promising results.

"CAR T-cell therapy is different than either stem cell transplants or chemotherapy, which are the first line of defense against blood cancers. This new, innovative approach actually programs the immune system to attack cancer and offers patients with

(Continued from page 1)

aggressive disease new hope,” said **Appalanaidu Sasapu, M.D.**, CAR T-cell immunotherapy program lead and assistant professor in the UAMS College of Medicine Division of Hematology Oncology.

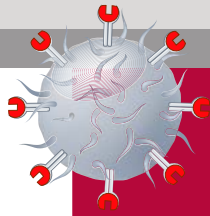
This is how it works:

- The patient’s T cells are extracted using a process known as apheresis. During this process, the blood is drawn from the patient and entered into a machine that separates its components, including the T cells.
- The T cells are sent to a lab where they are genetically modified using a virus that causes them to produce chimeric antigen receptors (CAR), which have the ability to detect and kill cancer cells.
- While the T cells are being altered, the patient undergoes chemotherapy. After nine days, the re-engineered T cells are reintroduced into the patient’s bloodstream, and within one week they begin attacking the cancer.

While CAR T-cell therapy is life-saving for many people, it is not effective for everyone. Most patients also experience side effects that may be severe and include flu-like symptoms.

Along with Veeraputhiran and Sasapu, hematologist oncologist **Akash Mukherjee, M.D.**, also specializes in CAR T-cell therapy. Mukherjee joined the UAMS Stem Cell Transplantation and Cellular Therapy program in July 2019, bringing expertise from MD Anderson Cancer Center in Houston.

In addition to certain types of aggressive non-Hodgkin lymphoma, CAR T-cell therapy also is approved



“THIS RECOGNITION
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AT THEIR DOORSTEP.”

—MUTHU VEERAPUTHIRAN, M.D.

for the treatment of relapsed acute lymphoblastic leukemia in pediatric and young adult patients. Clinical trials are ongoing in solid tumors and other blood cancers, including multiple myeloma.

“CAR T-cell therapy is an important new method of treatment, which will likely improve outcomes in many cancers, and it especially offers hope for those with aggressive, relapsed disease,” said **Frits van Rhee, M.D., Ph.D.**, director of the UAMS Myeloma Center and professor of medicine in the UAMS College of Medicine.

The UAMS transplant program is accredited by the Foundation for the Accreditation of Cellular Therapy and was recently recognized as an Optum Center of Excellence by insurance companies as meeting the highest quality standards and clinical outcomes based on an annual outcome report by the Center for International Blood and Marrow Transplant Research.

“This recognition shows our commitment in bringing novel and advanced therapies to Arkansans right at their doorstep,” Veeraputhiran said.

To make a referral, call 877-201-8530 or 501-296-1200. ■



Dear Colleagues,

At UAMS, we are keenly aware of the mounting physician shortage and its effects on rural Arkansas.

One-sixth of Arkansans live in areas that lack adequate health care. Limits on Medicare support for graduate medical education (GME) and residency slots make matters worse. Physicians are more likely to practice within 50 miles of their final residency training. Without action, Arkansas will soon have more medical school graduates than residency positions and will lose residents to other states.

UAMS is partnering with Baptist Health and White River Health System in Batesville to create additional residency slots.

We received a \$4.6 million grant from the U.S. Department of Health and Human Services to improve access to rural care by training and retaining primary care physicians.

UAMS Northwest Regional Campus hosted a GME Summit for federal, state and local political leadership and health care experts to unite around this issue.

Jim Clardy, M.D., has been appointed director of the Center for GME at UAMS. Clardy will work in this newly created position to galvanize statewide actions.

Our Physician Relations & Strategic Development team is taking students on field trips to rural health care providers throughout the state. Together, we can all work together to increase access to health care for Arkansans.

Sincerely,

Rawle A Seupaul, M.D.
Interim Chief Clinical Officer
Stanley E. Reed Professor & Chair
Department of Emergency Medicine
UAMS

David D. Walker, M.D., Joins ENT as Neurotologist

David D. Walker, M.D., has joined the Department of Otolaryngology — Head and Neck Surgery as an otologist/neurotologist specializing in disorders of the middle and inner ear, treating hearing loss, cochlear implantation and lateral skull-base tumors.



Walker completed his ENT residency and a general surgery internship at the University of Chicago. His fellowship training in otology, neurotology and skull base surgery was at the Michigan Ear Institute, Farmington Hills, Michigan.

To make a referral, call 866-826-7362 or 501-526-1000.

Mounsey, Lopez-Candales, Devabhaktuni Join Division of Cardiovascular Medicine

J. Paul Mounsey, M.D., Ph.D., a nationally recognized leader in the treatment of cardiac electrophysiology, has joined the Department of Internal Medicine as director of the Division of Cardiovascular Medicine.



Mounsey previously served as professor of medicine and director of cardiac electrophysiology and pacing in the Department of Cardiovascular Sciences at East Carolina University and the East Carolina Heart Institute in Greenville, North Carolina.

Mounsey completed his internship and residency in medicine at Oxford. Mounsey continued his training with a cardiology fellowship at the University of Newcastle upon Tyne in the United Kingdom and a cardiac electrophysiology fellowship at the University of Virginia.

Angel Lopez-Candales, M.D., has joined the Division of



Cardiovascular Medicine as director of its Cardiac Noninvasive Laboratory.

Lopez-Candales uses innovative advanced echocardiography imaging tools to evaluate chest pain, shortness of breath, exercise intolerance, dysfunctional heart valves, heart failure, electrical rhythm disturbances and cancer survivors with unrecognized cardiac involvement from their treatments.

UAMS is the only adult facility in Arkansas and surrounding states to offer advanced echocardiography.

Lopez-Candales comes to UAMS from the University of Puerto Rico School of Medicine, where he was chief of the Cardiovascular Medicine Division and vice chair for research.

Subodh Devabhaktuni, M.D., a cardiologist and electrophysiologist who specializes in heart rhythm problems, has joined the Division of Cardiovascular Medicine.



Devabhaktuni completed his residency in internal medicine and a cardiology fellowship at the University of Nevada School of Medicine in Las Vegas, Nevada. Devabhaktuni also held a fellowship in clinical cardiac electrophysiology at the Indiana University School of Medicine at Krannert Institute of Cardiology in Indianapolis.

To make a referral, call 866-826-7362 or 501-526-1000.

Ylanan, Morell Join Orthopaedic Surgery

Ramon Ylanan, M.D., previously the head team physician for the Arkansas Razorbacks, has joined the UAMS orthopaedic clinical practice in Fayetteville.

Ylanan has more than 11 years' experience in nonsurgical orthopaedic sports medicine.

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CONSULT

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CONSULT

Quiz of the Month

QUESTION

Linear antibodies are seen on immuno-fluorescent preparation of a kidney biopsy. What is the probable diagnosis?

Anti-GBM antibody (Goodpasture).

ANSWER

News to Know: Updates from UAMS

(Continued from page 3)



Since 2015, he has directed the Primary Care Sports Medicine Fellowship at the UAMS Northwest Regional Campus, where he trained two

Southeastern Conference team physicians.

Until UAMS establishes a clinic locally, he will practice at the Shoulder Center of Arkansas in Fayetteville.



Sean Morell, M.D., has joined the Department of Orthopaedic Surgery as a hand and upper extremity specialist.

Morell completed his residency in orthopaedic surgery at UAMS and an orthopaedic hand surgery fellowship at the University of Colorado-Denver.

To make a referral, call 866-826-7362 or 501-526-1046.

Bhawna Jha, M.D. Joins Neurology as Pain Management Specialist

Bhawna Jha, M.D., has joined the Department of Neurology

as an interventional pain management specialist.

Jha trained in psychiatry at Cambridge University in the United Kingdom. She completed her residency in neurology at Penn State Hershey Medical Center, followed

by an interventional pain fellowship in the Department of Anesthesia.

To make a referral, call 501-686-5838.

UAMS First in State with Advanced Brain Surgery Planning System

UAMS is home to the first neurosurgery program in the state with BrightMatter™, a surgical planning software for brain surgery.

The software helps brain surgeons protect important parts of the brain that control functions, enabling surgeons to potentially operate on tumors previously considered inoperable.

“This type of planning technology uses 3D modeling of MRI scans and computer-based diffusion tensor imaging to help the surgeon visualize the complex network of nerve tracts and

critical structures of the brain,” said J.D. Day, M.D., chair of the Department of Neurosurgery in the College of Medicine.

To make a referral, call 501-686-5270.

Academic Appointments

Internationally recognized medical oncologist **Michael Birrer, M.D., Ph.D.**, has been named vice chancellor and director of the Winthrop P. Rockefeller Cancer Institute.

Arabinda Choudhary, M.D., MBA, has been named chair of the Department of Radiology.

Matthew Nix, M.D., recently became the president of the Arkansas Chapter of the American Academy of Family Physicians. Nix is an associate professor in the UAMS College of Medicine and medical director for the UAMS Family Medical Center in Texarkana.

For a list of new physicians, visit

UAMShealth.com/MD

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

Rural Family Medicine Opportunities: Interested in rural medicine? Visit MedJobArkansas.com to view listings in Clarksville, Harrison and Yellville.

Specialty Opportunities in Northwest Arkansas: Opportunities in cardiology, neurology and endocrinology are available.

Academic Program Director: UAMS is seeking a program director to lead the UAMS College of Medicine Transitional Year Residency Program at Mercy Hospital Northwest Arkansas.

Recruitment services contact: Carla Alexander: 501-686-7934 or carla@uams.edu

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

Follow MedJobArkansas:    

PHYSICIAN PROFILE

MRI-Guided Volumetric Gynecologic Brachytherapy Enhances Precision

The UAMS Department of Radiation Oncology offers MRI-guided volumetric brachytherapy to treat primarily gynecologic cancers with high-dose, targeted radiation that is administered from within the body to:

- Localize radiation exposure.
- Minimize side effects.

Thomas Kim, M.D., provides brachytherapy in the UAMS Radiation Oncology Center, and has trained in the latest brachytherapy techniques. He uses real-time MRI and updated calculations to precisely target the radiation, minimizing side effects to nearby structures like the bladder, rectum and small bowel.

“The MRI allows us to see where we’re directing the dosage and gives us real-time confirmation that we are honing in as precisely as possible,” Kim said. “The internal method enables us to direct a high dose of radiation to a targeted area, and then the dose falls off very rapidly, minimizing the side effects to nearby structures.”

In addition, Kim is trained in newer, more precise methods for calculating dosage. The traditional

calculation was a point-based model that created a pear-shaped field of radiation, accounting for an assumed margin of error that resulted in a larger area being exposed to radiation.

“Because we can see the structures and the tumors, MRI-guided volume-directed brachytherapy allows us to be

more accurate,” Kim said. “Before, the calculations gave us our best guess, but we were being kind of indiscriminate in where all the radiation would go. Now, we’re watching it on the MRI, we can identify all the structures and where the tumor is. It’s the difference of a couple of centimeters margin of error versus a half-centimeter. It means the radiation can be a lot tighter on the tumor.”

The method also is useful if the tumor turns out to be larger than expected. After confirming this on the MRI, Kim can expand the area of radiation to account for the larger size.

Setting up for the MRI-guided technique takes a little longer, but otherwise the method takes a similar amount of time as traditional methods and is often done at the same time as any prescribed external radiation.

For more information, visit Radonc.UAMS.edu. To make a referral, call 501-526-6155 for new patients or 501-664-4568 for returning patients. ■

JAIMIE FLOR, M.D.

Co-Director, Community-Based Autism Liaison and Treatment (CoBALT) Project
Assistant Professor
Section of Developmental-Behavioral Pediatrics and Rehabilitative Medicine
Department of Pediatrics
UAMS College of Medicine



What inspired you to work with developmental disorders?

I studied psychology for pre-med and decided in medical school to pursue pediatrics as my specialty. When I did my Developmental Behavioral Pediatrics rotation, I realized it melded two of my paramount professional interests — my love of working with children and my fascination with the study of behavior.

What do you like most about your work?

We take time to educate caregivers on how to understand and manage a child’s behavioral and developmental profile. We help our children maximize their potential by identifying both their strengths and areas where they may need behavioral and educational supports.

How can people get involved with CoBALT?

The CoBALT (Community-Based Autism Liaison and Treatment Project) is spearheaded by clinicians at the UAMS James L. Dennis Developmental Center, the primary state diagnostic center for children with developmental concerns. CoBALT is a program of UAMS Pediatrics and the Arkansas Department of Human Services Division of Developmental Disabilities — Children with Special Health Care Needs. Teams, usually composed of a primary care physician and another health professional, participate in an intensive two-day training session. In this training, they learn developmental assessments for children with developmental and autism concerns and have the chance to interface with community and state resources such as early intervention/early childhood programs. These teams are based across Arkansas. The goal is for teams to identify children who are NOT autistic and refer them for appropriate therapy services, as well as to identify children who are highly suspected to have autism and may need further specialized evaluations at the Dennis Developmental Center. The typical age range for children seen in CoBALT clinics are 12 months through 3 years, 11 months.

For PCPs interested in forming CoBALT teams, please visit CoBALTAR.org.

MEDICAL CASE STUDY

Maternal Opioid Use Disorder

INITIAL CONTACT

A 28-year-old woman, eight weeks pregnant with her first pregnancy, self-referred to the UAMS Women's Mental Health Program for help with drug use. She reported daily use of heroin for the previous year and daily use of marijuana for post-traumatic stress disorder (PTSD).

In Arkansas, newborns who test positive for illegal drugs at delivery are reported to the Division of Child and Family Services for further investigation. In part because of this, patients are often highly motivated to be drug-free before or by their due date.

The Women's Mental Health Program offers pregnant women with opioid use disorder an evidence-based, medication-assisted treatment (MAT) option supported by group therapy and individual therapy. Additionally, the clinic offers treatment of co-occurring psychiatric disorders and tobacco use disorders. For many pregnant women with alcohol and drug addiction, the Women's Mental Health Program is their main treatment option, as other facilities decline to treat pregnant women.

ASSESSMENT

The clinic strives for pregnant and postpartum patients with substance use disorders to be seen within 24 hours from first contact. Psychiatrist **Shona Ray-Griffith, M.D.**, conducted a general psychiatric evaluation, a full drug-use history and ordered a drug screen. In addition to heroin and marijuana use, the patient reported symptoms of PTSD stemming from a sexual assault, a history of binge drinking, and smoking two to three cigarettes a day. The patient tested positive for fentanyl, which is a potent opioid that is being marketed as heroin across the United States.

Ray diagnosed the patient with severe opioid use disorder during pregnancy. The American College

of Obstetrics and Gynecology recommends MAT for pregnant women with opioid use disorder due to the high potential for relapse.

The Women's Mental Health Program offers buprenorphine for MAT during pregnancy and this was recommended to the patient following her initial evaluation. However, the patient was resistant to the idea of MAT despite education about the research-supported treatment guidelines. She instead asked to be admitted in order to undergo medically supervised detoxification from opioids.

PROCEDURES

The women's inpatient psychiatric unit at UAMS admitted the patient and began the medically supervised detoxification with buprenorphine. Once on the medication, the patient decided to try the outpatient MAT approach with the plan of undergoing a slow taper from buprenorphine to be medication-free by delivery. She was discharged after two days with weekly follow-up under the care of **Jessica Coker, M.D.**

Because of the patient's hesitance about MAT, Coker started with a low dose. The following week, the patient complained of nausea and vomiting, and Coker increased the dosage to treat residual opioid withdrawal symptoms. The following week, she was still experiencing nausea and vomiting but reported that the MAT was controlling her opioid cravings. Her drug screens were negative for fentanyl and other opioids.

At about 10 weeks gestation, the patient requested to stop buprenorphine. Coker advised the patient that she was at high risk



Jessica Coker, M.D., (far right) and Clare Nesmith, M.D., (third from right) meet with pregnant women and new mothers with opioid use disorder in the Women's Mental Health Clinic. The patient is not pictured, but her group therapy sessions would have been similar.

for relapse since her symptoms were not controlled. Thereafter, the patient did not attend appointments for three months.

She returned to the clinic at 24 weeks gestation at the urging of her obstetrician. The patient reported resumption of fentanyl use and continued use of marijuana, but had stopped cigarette use. She also complained of symptoms of depression and anxiety. At this point, Coker re-started buprenorphine and also started fluoxetine for mood symptoms.

For the next few weeks, the patient was partially compliant with buprenorphine, continued to use fentanyl, and struggled with her desire to stay sober. Coker recommended individual therapy with **Mike Cucciare, Ph.D.**, to target motivations for sobriety and to challenge counter-intuitive thoughts: for example, that she was hurting the baby by taking the buprenorphine, but would ignore the issues with her fentanyl use.

At 33 weeks gestation, she was still reporting fentanyl use albeit decreased and that her mood was improved with the addition of fluoxetine. By 35 weeks gestation, she reported no fentanyl use and no marijuana use.

The patient delivered at 39 weeks gestation by cesarean. Her and the

(Continued on page 7)

infant's drug screen were negative. The baby had no withdrawal symptoms and was not treated for neonatal abstinence syndrome. The baby was admitted to the NICU for observations due to a fever, but was otherwise healthy.

UAMS has a specifically designed pain control protocol for women with opioid use disorder at every point of the birth process (labor, vaginal birth, cesarean birth, in the hospital after delivery, and home after delivery) written by **Jill Mhyre, M.D.**, chair of the Department of Anesthesiology. The protocol was used with the patient for her surgical delivery to ensure a positive birth experience. Patients with opioid use disorder are vulnerable to relapse if a protocol for pain relief is not executed during acute procedures. The protocol by Mhyre involves avoiding opioid pills such as oxycodone, which is ideal for this population.

It is also important that UAMS has a team dedicated to treating neonatal abstinence syndrome, including **Jared Beavers, M.D.**, the pediatrician who treated the infant in this case. UAMS has a specially designed protocol for these babies, which includes monitoring them closely for the first 72 hours of life independent of delivery method for signs of withdrawal, quickly identifying the specific substance(s) the baby is withdrawing from, and administer the correct treatment. The primary treatment for opioid withdrawal in infants is kangaroo care followed by morphine. However, babies are not treated unless they show signs of withdrawal, because it can prolong their hospitalization. Beavers said that mothers who deliver after having participated in the Women's Mental Health Program are less likely to deliver babies who exhibit withdrawal symptoms or are better prepared for possible NICU stays.

FOLLOW-UPS

The patient continued to attend appointments after delivery and was still sober at the last checkup. Her treatment will continue to be offered by the Women's Mental Health Program until she is one year postpartum. ■

Jessica Coker, M.D.



Assistant Professor
Department of
Psychiatry
Department of
Obstetrics & Gynecology
UAMS College of
Medicine

Education

Medical degree, UAMS

Residency

Psychiatry, UAMS

Jill Mhyre, M.D.



Professor and Chair
Department of
Anesthesiology
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Education

Medical degree, University of Michigan

Residency

Anesthesiology, University of Michigan Health System

Jared Beavers, M.D.



Assistant Professor
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Education

Medical degree, UAMS

Residency

Pediatrics, UAMS/Arkansas Children's Hospital

Michael Cucciare, Ph.D.



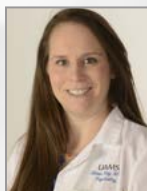
Associate Professor
Department of Psychiatry
UAMS College of Medicine

Education

Doctorate in clinical psychology,
University of Nevada, Reno

Predoctoral internship in clinical
psychology, Veterans Affairs Palo Alto
Health Care System, California

Shona Ray-Griffith, M.D.



Assistant Professor
Department of
Psychiatry
Department of
Obstetrics & Gynecology
UAMS College of
Medicine

Education

Medical degree,
University of Texas Medical Branch

Residency

Psychiatry, UAMS

Women's Mental Health Program

**For more information
about the Women's
Mental Health
Program, visit
Psychiatry.UAMS.edu.
To make a referral, call
501-526-8201.**

RASCO SYMPOSIUM to Cover Updates on Colorectal Cancer, GI Malignancies

The 23rd annual Charles William Rasco III Symposium is an educational program for physicians, nurses, pharmacist and researchers with specialties in primary medical oncology care.

Keynote: Andrea Wang-Gillam, M.D., Ph.D.

Date: Friday, March 13, 7:30 a.m. – 4 p.m.

Location: UAMS Winthrop P. Rockefeller Cancer Institute, 10th Floor, Sam Walton Auditorium

Free Registration – Lunch included

For more information, contact Shirley Nixon at sj Nixon@uams.edu or 501-686-6000 ext. 24050.

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JAN. 7
Common Arthritic Joints in the Hand and Wrist
Sean Morell, M.D.
Department of Orthopaedic Surgery

JAN. 14
POLST
Masil George, M.D.
Department of Geriatrics

JAN. 21
Modern Day Management of Atrial Fibrillation
Paul Mounsey, M.D.
Division of Cardiology

JAN. 28
Professional Development HIPPA Hot Topics
Heather Schmiegelow, J.D.
Department of Institutional Compliance

FEB. 4
Arrhythmic Causes of Syncope
Hakan Paydak, M.D.
Division of Cardiovascular Medicine

FEB. 11
Dealing with Inherited Patients on Opioids
Lindsey Dayer, Pharm.D., BCACP
College of Pharmacy

FEB. 18
Atrial Fibrillation Management from the Electrophysiologist's Perspective
Subodh Devabhaktuni, M.D.
Division of Cardiovascular Medicine

FEB. 25
Professional Development Current State of Health Care Reform
Jackie P. Boswell, MBA, FACMPE
SVMIC

MARCH 3
Opioid: Friend or Foe?
Bhawa Jha, M.D.
Department of Neurology

MARCH 10
Sickle Cell Update

MARCH 17
Autism Spectrum Disorder: "Moving the Needle"
Betty Jayne Bellando, Ph.D.
Section of Developmental Pediatrics

MARCH 24
Spring break

MARCH 31
Professional Development Dealing with Difficult Patients
Kemal Kutait
Department of Patient Relations