PULASKI COUNTY MEDICAL SOCIETY
News
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When you think professional, ethical, quality healthcare, think physicians of Pulaski County Medical Society.

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CARTI Completes Expanded El Dorado Cancer Center

Facility Offers Advanced Imaging, Breast Care, Medical Oncology and Radiation Therapy

CARTI is advancing its mission of making trusted cancer care accessible with the completion of its $19 million comprehensive cancer center in El Dorado. Patients, physicians, government officials and community supporters joined the not-for-profit cancer care provider on Thursday to recognize its

Continued on page 3

Credibility Is Crucial

Stephanie Walkley, JD, Senior Claims Attorney, SVMIC

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Pearl McGuire, a 70-year-old retired nursing assistant with chronic back pain, scheduled an appointment to see orthopedic surgeon Dr. Howard Glover for evaluation of ongoing back issues. During her initial visit, she reported significant back pain, bilateral leg numbness, and difficulty walking. She also reported a history of three prior lumbar disc surgeries. In order to evaluate her back, Dr. Howard ordered a Magnetic Resonance Image (MRI).

The MRI showed degenerative changes in the lumbar spine and evidence of postoperative changes, particularly at L4-5. Based on the MRI, Dr. Glover diagnosed Mrs. McGuire with post-laminectomy syndrome. He recommended conservative treatment, ordered physical therapy, and discussed with Mrs. McGuire that if her symptoms persisted despite physical therapy, then she might be a candidate for surgery.

Mrs. McGuire began a course of physical therapy that lasted approximately two months. After her completion of physical therapy, she returned to see Dr. Glover and told him that she felt the physical therapy improved her overall pain level. He instructed her to continue exercises at home and to return for another office visit in three months.

At her return visit, Mrs. McGuire complained of increased back pain due to a recent motor vehicle accident. Dr. Glover prescribed pain medication, steroid pack, and physical therapy and instructed her to follow up in one month.

When she came back to see Dr. Glover one month later, she complained that her pain had continued to get worse. Given the circumstances, Dr. Glover ordered another MRI, which showed severe stenosis at L3 due to disc bulge and severe stenosis at L4. Mrs. McGuire underwent epidural steroid injections at L3 and L4. The injections provided relief at first, but the pain and leg numbness returned within days.

Dr. Glover ordered an electromyography (EMG) of the lower extremities to further evaluate Mrs. McGuire's condition. The EMG results indicated that there was denervation in multiple L4 and L5 myotomes in both lower extremities. He recommended decompression at L3-4 and L4-5, which he performed soon after.

Postoperatively Mrs. McGuire had initial improvement, but it did not last. Over the course of several months, her pain increased, and her mobility and gait worsened despite medication and physical therapy. Additional imaging studies revealed a spondylolisthesis at L3-4 that was not present on earlier films. Since her symptoms were more pronounced on the right side, Dr. Glover recommended right L3-4 fusion with transforaminal lumbar interbody infusion. After receiving medical and cardiac clearance, Mrs. McGuire scheduled the surgery with Dr. Glover.

On the day of surgery, after the informed consent process and signing of the operative permit, Mrs. McGuire was prepped for surgery. Dr. Glover began the procedure with a midline incision to expose L2-4. He detached scar tissue which was particularly extensive at L3-4, and used pituitary rongeurs to prepare the disc space and remove disc material.

Near the end of the disc preparation, Dr. Glover introduced a pituitary rongeur into the disc space to check the lateral view. After a few additional passes, he noted significant, brisk bleeding. He immediately notified anesthesia and blood was administered. The operating room (OR) staff urgently called general and vascular surgeons for assistance. Dr. Glover, anesthesia, and the OR staff worked to stabilize Mrs. McGuire until the other surgeons arrived.

A cardiovascular surgeon identified a tear in the aorta and made a surgical repair. Mrs. McGuire developed severe coagulopathy and was admitted to ICU. Her condition remained unstable, and she passed away later that day.

Less than a year after her death, Mrs. McGuire's husband filed suit against Dr. Glover. Lengthy, extensive litigation followed. The case went through the discovery process which included the deposition of Dr. Glover.

During his deposition, Dr. Glover made a strong witness on his own behalf. He testified consistent with the medical records and was able to explain the complex medical issues and procedures very well. He provided testimony on the standard of care and causation. With respect to causation, he stated that it was likely he went outside the disc space with the rongeur resulting in the injury. Once the parties completed discovery, they proceeded with a jury trial.

At trial, plaintiff's counsel called Dr. Glover to testify. Once again, he did a good job of explaining the facts and the medicine in this case. Unfortunately, at the end of the direct examination, Dr. Glover surprised everyone, including defense counsel, when he opined that he likely stayed within the disc space and pulled disc material attached to the vessel causing the injury. This was a material change from his deposition testimony, and the plaintiff's attorney seized the opportunity to impeach him. And just like that, Dr. Glover's credibility went down the drain.

The trial proceeded with the testimony of other providers, Mrs. McGuire's family members, and experts for both sides. During his closing statement, the plaintiff's counsel highlighted Dr. Glover's change in testimony. It took the jury one hour to return a verdict in favor of the plaintiff. Post-trial interviews with some of the jurors revealed that their decision was heavily influenced by Dr. Glover's change in testimony. They simply did not believe or trust him.

Although this was a sympathetic case, throughout the course of litigation, it appeared defensible on the medicine. The defense team for Dr. Glover had obtained strong expert support. The well-qualified defense experts testified that the injury was a known risk of the procedure and not the result of negligence. Nonetheless, the expert proof for Dr. Glover at trial could not overcome the impact made by his change in testimony.

This case demonstrates the importance of a defendant physician's credibility at trial. It cannot be overstated how crucial credibility is to a jury. Any changes in testimony between deposition and trial can have a devasting effect on the outcome of the trial unless there is a reasonable and honest explanation.

It should go without saying, whether at deposition or at trial, the physician testifying should be truthful in their testimony. However, there may be times when a physician who has been deposed realizes later that they have explained something poorly or that there was something wrong or incomplete with their testimony. In those instances, the physician should consult with their defense attorney who will have to evaluate what, if anything, may be done procedurally to rehabilitate or explain that testimony.

By the time a case makes it to trial, all the facts and anticipated proof should be known to all parties. If there is an extenuating circumstance that may compel a change in the proof, then the defense attorney should be notified immediately and in advance of trial. This information could impact trial strategy or even prompt settlement negotiations. Contradictory testimony at trial, without an explanation, may lead to a loss of and potentially an adverse verdict. The defendant physician does not have to carry the burden of a lawsuit alone. He or she should contact their defense counsel any time a concern arises, no matter how small it may seem.

CARTI Completes Expanded El Dorado Cancer Center

continued from page 1

expansion, which brings full-time breast care, advanced imaging, radiation therapy and, in January 2026, urologic services to the region.

"The CARTI Cancer Center El Dorado reflects our commitment to radically transform how cancer care is delivered to meet patients where they are," said Adam Head, CARTI's president and CEO.

CARTI has been the region's primary source of cancer care for more than two decades. In 2021, the not-for-profit provider opened the CARTI Cancer Center El Dorado at 1601 North West Avenue, offering medical oncology and PET imaging services. Last year, with support from Governor Sarah Sanders, former Speaker Matthew Shepherd, Senate President Pro Temp Bart Hester and members of the Arkansas General Assembly, CARTI secured $7 million in funding through the American Rescue Plan Act (ARPA) to complete Phase II of the facility.

"CARTI's new comprehensive cancer center is a lifeline for families across this region," said Governor Sanders. "As someone who has had cancer and received treatment at CARTI, I know firsthand how much it means to have skilled physicians and advanced treatment nearby. That's why I was proud to help secure $7 million in federal funds to complete this project, because every Arkansan deserves access to trusted, leading-edge care close to home."

With CARTI's latest expansion, patients now have access to advanced imaging, radiation therapy and breast care. The Breast Center at CARTI El Dorado offers 3D screening mammography, supplemental screenings like whole-breast ultrasound and was the first in the state to provide contrast-enhanced mammography to qualifying patients. Patient care at CARTI Cancer Center El Dorado is provided by fellowship-trained medical oncologists Neelakanta Dadi, M.D., FACP, MRCP, Derek Middleton, M.D. and Appalanaidu Sasapu, M.D.; fellowship-trained breast imaging specialists Shyann Renfroe, M.D. and Stacy Smith-Foley, M.D. and breast surgical oncologist Eric Burdge, M.D., Ph.D., F.A.C.S.; radiation oncologist Howard Morgan, M.D.; and Kayla Williams, APRN, MSN.

Grateful Patient Thanks UAMS, MEMS, LRFD for Rescue, Encourages Blood Donations

Katie McClanahan, a 32-year-old wife and mother of two young children from midtown Little Rock, says she wouldn't be alive to share her story without the extraordinary efforts of the University of Arkansas for Medical Sciences (UAMS) Trauma Team, Metropolitan Emergency Medical Services (MEMS) and the Little Rock Fire Department.

She gathered with representatives of these agencies at UAMS this morning to share her story and encourage others to donate blood.

McClanahan was alone at her family's new home on the morning of April 5 when a strong storm blew through the neighborhood, causing a massive tree from her neighbor's yard to crash into her bedroom. Paramedics and UAMS Trauma Team members spent three hours caring for McClanahan while firefighters worked to remove tree limbs and debris so she could be transported to the hospital for treatment.

"I was unpacking in the kitchen when I heard a loud cracking sound from the bedroom," said McClanahan. "I went to see what it was and was looking over my shoulder by the bay window. Then everything went dark. When I opened my eyes, I was face down in a frog leg position with this huge tree crushing me. I was all alone, and I screamed for what seemed like forever, but I think was about 15 to 20 minutes.

"It started to rain, and I felt this heaviness pressing down on me as the attic insulation on my face began to absorb the water," she said. "I didn't know if I was going to drown or die from being crushed, but I knew I was going to die. I surrendered my life to the Lord and prayed that I would be able to look down and watch my kids grow up and for the Lord to give my husband the strength to raise our kids alone. Then I laid my head down to die."

A neighbor heard the crash and went out with his dog to investigate. McClanahan heard the man say, "Wow! That's a big tree," and screamed as loud as she could. The dog heard her, and the dog's continued barking convinced the neighbor that someone might be trapped. He went home and called 911.

Another neighbor brought McClanahan's mother to the house, and McClanahan's husband arrived a few minutes later. When Little Rock firefighters from nearby Station 12 arrived on the scene, they were skeptical that someone could still be alive under the four-foot diameter tree.

"Before they started rescue efforts, they wanted to make sure someone was actually there and alive," said McClanahan. "They asked for complete silence and turned off all the engines. It was completely silent, and I screamed 'Please help me!' as loud as I could."

"Our immediate reaction was that there was no way anyone could still be alive under there," said Capt. Aaron Slater of the Little Rock Fire Department. "Our first step was to determine whether this would be a rescue effort or recovery one. As soon as we heard Katie's screams, we immediately called for a rescue unit."

While the rescue unit worked to reach McClanahan, others started calling for medical help, and someone contacted Michael Cross, M.D., a family friend and cardiology fellow at UAMS. He immediately called his colleague Ben Davis, M.D., a UAMS trauma surgeon who took extraordinary measures to save McClanahan's life.

"Based on Michael's description of the scene, I knew Katie would die if we didn't get blood to her right away," said Davis. "I made sure we had adequate staffing if I left and then went to the Emergency Department to get blood to take with me. Carrie Knauer, who was on duty as the nursing director that day, gathered all the other supplies we'd need in the field and insisted that she come with me."

Davis and Knauer drove 2.7 miles to the McClanahan's home and arrived with the blood and supplies needed to keep McClanahan alive. Rescuers were able to climb through the debris and get access to a vein in McClanahan's arm. Knauer was then able to begin the blood transfusion and give McClanahan medication for pain and to help protect her heart once blood began to flow through her body again.

McClanahan said she lost consciousness after this and doesn't remember being put onto a stretcher or loaded into the ambulance. "I just remember Carrie next to me in the ambulance holding my hand and telling me to 'stay with us,'" she said.

"Katie was in a pretty fragile state when she was rescued," said Davis. "The same tree that crushed her acted as a tourniquet and kept her from immediately bleeding to death. We knew she would start bleeding badly the moment she was out from under the tree. Her

Continued on page 5

Grateful Patient Thanks UAMS, MEMS, LRFD for Rescue, Encourages Blood Donations

continued from page 4

only hope was getting blood right away and then into the care of the UAMS Trauma Team as quickly as possible. In the ambulance, I wrapped a sheet tightly around her shattered pelvis to reduce internal bleeding."

Shortly before McClanahan arrived at the UAMS Emergency Department, she had no pulse. She was taken into surgery within minutes of arriving at the hospital. Following surgery to stop the bleeding and repair her broken bones, she was at UAMS for 17 days before being discharged to a rehabilitation facility.

Beating all the odds, McClanahan was able to walk again three months after the accident and continues her recovery today.

"Our mission is to enable more patients like Katie to tell their survival story," said UAMS Interim Chancellor C. Lowry Barnes, M.D. "As the state's only Level 1 Trauma Center, UAMS is where Arkansans look for help in emergencies. Dr. Davis and Carrie demonstrated that our team will do whatever it takes to save lives, and orthopaedic trauma surgeon Dr. Regis Renard literally put her shattered body back together.

"Katie is fortunate that she was so close to our Emergency Department in Little Rock, but you shouldn't have to know a UAMS doctor and live within three miles of our hospital to get this type of life-saving care. Our entire UAMS team is committed to working with our first responder colleagues across the state to ensure this level of care is available to everyone."

"Little Rock's first responders are the real-life superheroes who put service above self and do whatever it takes to save lives and protect our residents," said Little Rock Mayor Frank Scott Jr. "We are proud of the firefighters, paramedics and everyone who played a part in Mrs. McClanahan's rescue. Her story is an example of hope, determination and resiliency despite seemingly insurmountable odds. We appreciate her efforts to draw attention to the dire need for blood donations across Arkansas. We look forward to working together with Mrs. McClanahan and all our partners to develop a better system for helping trauma victims in this state."

Key to McClanahan's survival was the administration of prehospital blood products. UAMS is working with the Metropolitan Emergency Medical Services (MEMS), the Arkansas Trauma Advisory Council and blood suppliers that serve Arkansas to enable more prehospital blood transfusions to help save lives across the state.

"Blood loss is the leading cause of preventable deaths among trauma victims," said Davis. "If you're bleeding to death, every minute increases your mortality by 2%. If you are 50 minutes out from a hospital, which about half of Arkansans are, that means your risk of dying is doubled.

"Currently in Arkansas, helicopters carry blood products because they have a nurse on board, but ambulances do not," he said. "This results in countless lost lives. Just a few weeks before Katie's injury, a young woman was critically injured in a traffic accident on the interstate. Bad weather meant she had to go by ground rather than helicopter, so she couldn't get blood en route. She lost too much blood before getting to UAMS, and we couldn't save her. I think prehospital blood would have made a difference. Katie is a perfect example of how prehospital blood transfusion can save lives."

"This is an initiative we have been working on for several years, and there are several obstacles we must overcome," said Brandon Morshedi, M.D., emergency medicine physician at UAMS and EMS medical director for MEMS and Air Evac Lifeteam, who is also appointed to the state's EMS Advisory Committee. "First, we need more blood donors. We use about 60% more blood in Arkansas than we receive through donations, which causes severe shortages and doesn't leave products available for rescue efforts.

"Even with ample supply, we need to develop a closely monitored system to maximize use of blood available in ambulances to ensure it's stored at the right temperature and used before it expires, and this is expensive," he said. "Secondly, we need legislative change, which we have support for. The final component of enacting change is ensuring appropriate payment from the Centers for Medicare and Medicaid Services (CMS) for blood products and the administration of transfusions so ambulances in communities across Arkansas can afford to carry this precious resource. We want the same resources that were available to save Katie's life to be available for every person in the state."

"I'm so thankful for this team for saving my life," said McClanahan. "They are all like family now. I want to thank them by making sure that saving my life will save many more. I'm committed to working with UAMS and these agencies to encourage more blood donations and adoption of prehospital blood transfusions in Arkansas."

UAMS Receives $4 Million to Reduce Maternal Mortality in Ashley and Union Counties

The University of Arkansas for Medical Sciences (UAMS) has received a federal grant of nearly $4 million to reduce maternity-associated health problems and deaths in Ashley and Union counties in south Arkansas.

The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) grant will fund a rural maternity and obstetrics management program called HEART Moms, which stands for Helping Expand Access to Rural maternal health care Transformation for Moms.

"HEART Moms will directly serve rural women who are pregnant or are hoping to become pregnant by bringing comprehensive, team-based care closer to home and building a maternal health system that lasts beyond the grant period," said Nirvana Manning, M.D., the grant recipient and chair of the UAMS College of Medicine Department of Obstetrics and Gynecology.

"Our goal is to ensure that every woman in Arkansas can access the best maternal care, regardless of her geographic location," she added. "Collaboration is key. Through partnerships with hospitals, clinics and communities, we're creating a statewide system that elevates care, informs policy and strengthens communities."

The federal agency offered the grants to address urgent gaps in access to obstetric care and perinatal behavioral health in HRSA-designated rural and medically underserved areas affected by hospital closures, a shortage of providers, long travel distances to receive care, and a propensity of chronic conditions that increase pregnancy risks, including hypertension, diabetes and obesity.

The two south Arkansas counties fit that bill, in part because Ashley County Medical Center in Crossett recently closed its labor and delivery unit, leaving women in the region with limited local access to obstetric care.

"The HEART Moms network was shaped by Arkansas Medicaid's and the Arkansas Department of Health's priorities to provide maternal support to Ashley and Union counties," the grant application said. "Input from the Arkansas Department of Health and network partners helped create this proposal."

The network includes UAMS, South Arkansas Women's Health Clinic in El Dorado, the UAMS Family Medicine Clinic in El Dorado, South Arkansas Regional Hospital in El Dorado, Ashley County Medical Center in Crossett, the Arkansas Department of Health and the Arkansas Department of Human Services' Medicaid Division.

"We'll be working to expand and strengthen maternal health services using a combination of mobile health, digital health and workforce development strategies that we hope can be replicated in other rural areas across Arkansas," Manning said.

Specifically, the initiative seeks to increase access to services by:

- Deploying mobile maternal health clinics that rotate between the counties to reduce geographic and transportation barriers.
- Establishing group prenatal care at partnering rural sites to enhance prenatal education, peer support and health outcomes.
- Embedding a second full-time obstetrics fellow in the area to provide direct care, support mobile outreach and support rural providers.
- Standardizing maternal risk screening for conditions such as hypertension, diabetes and behavioral health that increase risks to pregnancy, and integrating follow-up care through home and virtual visits.
- Expanding digital health access for local obstetric emergency preparedness and mental health treatment.
- Training community health workers and mental health therapists to provide culturally responsive outreach, screen for nonmedical factors that influence health and well-being, help patients navigate benefits and provide general patient education.
- Establishing a sustainable, regionally coordinated maternal health network with robust governance, a referral infrastructure and Medicaid-aligned payment strategies.

The project is expected to begin in 2026, following an onboarding and planning phase this fall.

The HEART Moms initiative aligns closely with other UAMS maternal health initiatives, including those being

Continued on page 7

UAMS Receives $4 Million to Reduce Maternal Mortality in Ashley and Union Counties

continued from page 6

carried out by the Arkansas Center for Women & Infants' Health at UAMS, which Manning directs. Formed in 2024, thanks to a $5 million Congressional appropriation that was facilitated by U.S. Sen. John Boozman and aimed at reducing infant mortality rates, the Center supports hospitals and communities statewide through outreach, education and training.

Arkansas has one of the highest maternal mortality rates in the United States and is also one of the most rural and impoverished states in the nation.

UAMS Receives $1.5 Million NCI Grant to Train Next Generation of Cancer Innovators

The University of Arkansas for Medical Sciences (UAMS) has received a $1.5 million, multiyear grant from the National Cancer Institute (NCI) to create a new graduate-level certificate program focused on the commercialization of cancer-related technologies.

The UAMS Cancer and Developing Entrepreneurial Technologies (CADET) program will provide UAMS graduate and postdoctoral students with formal instruction, mentorship and hands-on experience in translating laboratory discoveries into innovations that benefit cancer patients.

"CADET bridges the critical gap between breakthrough research and real-world solutions," said Eric C. Peterson, Ph.D., president of BioVentures, UAMS's technology commercialization arm, which oversees the program. "By equipping students with entrepreneurial skills and an understanding of regulatory pathways, we're accelerating the path from lab to patient and positioning Arkansas as a leader in biomedical innovation."

CADET is funded through an NCI R25 education and training grant, which specifically supports initiatives that promote entrepreneurship and technology transfer in cancer research. The program is recruiting up to 13 graduate and postdoctoral trainees to participate in a pilot of the year-long program set to kick off in the fall of 2026.

Students will complete a series of seminars on the fundamentals of entrepreneurship and technology development, focusing on real intellectual property generated by UAMS researchers. Working in teams, trainees will collaborate with industry mentors and experts from BioVentures to evaluate, refine and potentially license cancer-related inventions. Each team will apply their learning to develop business plans and participate in startup competitions, such as the Arkansas Governor's Cup and the Heartland Challenge.

"The CADET program reflects UAMS' commitment to preparing our researchers as scientists and innovators," said Robert J. Griffin, Ph.D., vice president of small business for BioVentures and professor of radiation oncology in the UAMS College of Medicine. "This program helps ensure that the discoveries being made in cancer research and treatment advances at UAMS have a clear pathway to be developed by industry and actually reach patients and improve health outcomes."

UAMS' growing expertise in cancer research and technology transfer made it an ideal home for CADET.

"The Winthrop P. Rockefeller Cancer Institute is deeply committed to translating research into real-world benefits for cancer patients," said Michael Birrer, M.D., Ph.D., director of the UAMS Winthrop P. Rockefeller Cancer Institute and vice chancellor of UAMS. "CADET will play a vital role in that mission by giving our scientists the tools they need to transform promising discoveries into technologies that impact patients."

CADET students will explore a range of UAMS-developed technologies including new drug delivery systems, therapeutic antibodies, imaging tools, artificial intelligence applications and digital health platforms. The program will also encourage collaboration with other Arkansas universities.

Graduates of CADET will earn an accredited certificate that complements their existing graduate or postdoctoral studies and prepares them for careers in academic, biotechnology or the startup ecosystem.

For more information about CADET or to apply, visit bioventures.tech.

UAMS Awarded $10.5 Million as Nationwide Hub to Develop Biomarkers for Human Diseases Including Cancer

The University of Arkansas for Medical Sciences (UAMS) has received a five-year, $10.5 million grant from the National Institutes of Health (NIH) to develop biomarkers for all human diseases including cancer through the IDeA National Resource for Quantitative Proteomics.

The grant awarded by the NIH's National Institute of General Medical Sciences supports ongoing efforts to make highly advanced protein analysis known as proteomics available to biomedical researchers nationwide. This latest award brings the total federal investment in the UAMS center to more than $20 million since its founding in 2020.

Led by Alan Tackett, Ph.D., deputy director of the UAMS Winthrop P. Rockefeller Cancer Institute, the national resource is the only NIH-funded proteomics service provider in the United States. Located at the UAMS Winthrop P. Rockefeller Cancer Institute, the resource provides the most advanced, cost-effective quantitative analysis of proteins to any NIH-supported investigator performing biomedical research in the country.

"Our staff is one of the most skilled in the country in collecting, interpreting and analyzing complex biological data in support of developing new diagnostics and therapies for dozens of diseases, including cancer," said Tackett, who also serves as executive associate dean for Basic Research at UAMS, holds the Scharlau Family Endowed Chair for Cancer Research, and is a distinguished professor of Biochemistry and Molecular Biology in the UAMS College of Medicine.

"The study of proteins using proteomics is at the core of nearly all biomedical research and often serves as the first step in discovering new disease biomarkers or drug targets," Tackett said.

Proteomics is the large-scale study of proteins — the molecules responsible for nearly all biological processes. Understanding how proteins function or malfunction allows researchers to identify new drug targets, diagnostic tools and treatment strategies for diseases such as cancer.

"Cancer often occurs in the behavior or misbehavior of proteins that drive tumor growth," Tackett said. "Proteomics helped identify key targets like HER2 in breast cancer, which led to the development of multiple lifesaving therapies. Our goal is to continue making these breakthroughs possible for many other diseases."

Since its inception, the IDeA National Resource for Quantitative Proteomics at UAMS has grown from a regional operation to a fully established national resource that now supports investigators in all 50 states plus Puerto Rico.

Over the past five years, the resource has:

- Served more than 2,000 researchers nationwide
- Analyzed approximately 50,000 samples
- Supported about 500 NIH grants totaling nearly $200 million
- Enabled over 100 scientific publications
- Provided approximately 500 education, internship and training opportunities for faculty, students and research staff

"The proteomics national resource is one of a kind in the United States and an extraordinary example of UAMS innovation and impact," said Dan Voth, Ph.D., UAMS vice chancellor for research and innovation. "Through this center, UAMS is helping scientists across the country make discoveries that will improve health outcomes and advance medicine. It's a powerful reflection of our commitment to research excellence at the highest level."

The national resource also serves as a shared core facility for the UAMS Winthrop P. Rockefeller Cancer Institute, supporting dozens of Cancer Institute researchers focused on cancer prevention, diagnosis and treatment.

With the renewed funding, the UAMS team plans to expand national access to state-of-the-art proteomics technology and strengthen education, training and outreach efforts. These initiatives ensure equitable access to advanced biomedical tools for researchers across the United States.

The IDeA National Resource for Quantitative Proteomics was originally created in 2016 through the Arkansas INBRE (IDeA Network of Biomedical Research Excellence, Larry Cornett, PhD, INBRE Director) to expand research capacity in historically underfunded states. It became a NIGMS National Resource in 2020.