

Florida Wellcare Alliance, LC

Healthy Living

complimentary healthcare information for patients

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INSIDE THIS ISSUE:

State of the Art-Accelerated Breast Radiation
First Aid for Cuts and Scrapes
Managing Chronic Back Pain
Make Sure You Drink Enough Water
Physician Listing
Nature Coast Clinical Research

First Aid for Cuts and Scrapes

Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply pressure with a clean cloth or bandage. Hold the pressure continuously for 20-30 minutes. If blood spurts or continues flowing after continuous pressure, seek medical aid.

Rinse out the wound with clear water. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris still remains, see your doctor. Thorough cleaning reduces the risk of infection and tetanus.

After you clean the wound, apply a thin layer of an antibiotic cream or ointment. Ingredients in some ointments cause a rash in some people. If a rash appears, stop using the ointment.

Bandages help keep the wound clean and keep bacteria out. Change the dressing at least daily or whenever it becomes wet or dirty. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound healing.

A wound more than 1/4-inch deep or that is gaping or jagged edged or has fat or muscle protruding usually requires stitches. If you can't easily close the wound, see your doctor as soon as possible. Proper closure within a few hours reduces risk of infection.

Doctors recommend a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. See your doctor if the wound isn't healing or you notice redness, increasing pain, drainage, warmth or swelling.

State of the Art –Accelerated Breast Radiation

Jayanth G. Rao M.D. M.R.C.P. F.A.A.R

The National Institutes of Health decreed in 1984 that “Breast Conservation therapy is an appropriate primary therapy for the majority of Stage 1 and Stage 2 Breast Cancer and is preferable because it provides survival equivalent to total Mastectomy and axillary dissection while preserving the Breast.”

The traditional approach is to offer six to seven weeks of Tangential external beam radiation after surgical removal of the visible lump. In the past 20 years there have been many attempts to target the area at risk of subclinical disease based on Mastectomy and re-excision studies (3-5 cm) around the Lumpectomy cavity rather than treat the entire breast, within a space of 5-10 days.

Florida Regional Cancer Center is among the first in the nation to offer “State of the Art Accelerated Partial Breast Radiation” treatment to provide local and regional control of Breast Cancer, following Lumpectomy/Partial Mastectomy with negative margins.

In 1995 we offered the “Free-hand outpatient Low Dose Rate Brachytherapy” (Brachy =near, therapia=treatment) utilizing the flexible catheters and Radioisotope–iridium-192, in two separate planes. The procedure is cost-effective, and has potential radiobiological advantage.

In 1996, we offered the same LDR

(Low Dose Rate) treatment by utilizing a “Template technique” using plastic catheters passed through two templates on either side of the breast. This gives consistency and the ability to adapt spacing of the radioactive sources for optimal treatment planning.

The goal was to improve patient compliance and comfort. By conforming the radiation dose to uniformly cover the Lumpectomy cavity within a 2 cm margin, (clinical target volume), we provided a tumoricidal radiation dose comparable to conventional external beam breast radiation. After delivering a homogenous dose, we were able to optimize the cosmetic result and avoid breast fibrosis and fat necrosis within the breast.

In 2002 we offered the above treatment or Hypofractionated HDR (Higher Dose /Fraction Radiation) utilizing implanted Radiation seeds through a mammosite balloon, which was aimed at further improving the convenience for the patient. First a single lumen balloon was used and subsequently commercial multilumen balloons (Contura, Savi and mammosite multilumen balloon) that have added

Continued on page 6

Managing Chronic Back Pain

Mark Hashim, M.D.

Back pain is one of the most common reasons patients visit doctors. Many people have been suffering from chronic back pain for years and tried numerous treatment options to try to control their pain. Unfortunately not many physicians know how to treat chronic back pain and usually tell the patient that they must learn to live with their pain. This is rather sad since we have numerous options available to help patients manage their pain.

As a pain management specialist, I have seen thousands of patients suffering from chronic back pain and have been able to help the majority of these patients. When I see a patient with chronic back pain, I begin with a thorough evaluation to find out the cause of the pain. After the evaluation I usually order or obtain copies of radiology studies to help me understand the actual cause of the pain. Once we know the cause, we can begin to work together to control the pain.

The evaluation and studies usually are able to discover the cause. There are numerous causes, too many to mention here, but the most common are disc diseases, arthritis of the spine, narrowing of the spinal canal or previous surgery on the back.

The first line of treatment might include the conservative approach with physical therapy, anti-inflammatory medications and if indicated, muscle relaxants and some newly developed antidepressants that are FDA approved for back pain. If this fails, or has already been tried in the past, the next line of treatment could include simple injection techniques performed in the office. These include epidural steroid injections, medial branch nerve blocks, or sacroiliac joint injections. The epidural steroid injection is a procedure where x-ray guidance is used to place long-lasting steroids near the cause of the problem that was identified by previous studies.

This can be repeated if successful and can last many months to alleviate the pain. The medial branch nerve blocks are also x-ray guided injections to help alleviate the pain from arthritis of the back and are also very helpful especially if bending or extending the back is painful. The sacroiliac joint injections are performed with x-ray guidance to place long-lasting steroid into the joint.

If these treatment options are ineffective, I have extremely good success with spinal cord stimulators that are excellent at controlling pain without the need for numerous injections and medications. The product by Boston Scientific in my experience provides the best relief for low back pain. I first do a trial in the office where I place the electrodes under x-ray guidance, and the patient tries the simulation for 3 – 5 days. If the patient likes the relief of the pain, then I arrange for the patient to have a permanent stimulator. You can find out more about this at www.controlyourpain.com.

The spinal cord stimulator is also an excellent choice for patients suffering from back pain after back surgery, diabetic neuropathy or sciatica. Medicare and insurance carriers cover all the options I have mentioned.

So as you can see, there are many treatment options available for chronic back pain as well as many other pain ailments such as neuropathy, sciatica, post herpetic neuralgia and chronic neck pain. I encourage you to call to schedule an appointment. I am available at two locations. In Citrus County call 352-527-4444. In Pasco County call 727-861-1000.

Dr. Hashim is Board Certified by the American Board of Anesthesiology. He has practiced at Naturecoast Pain Associates since 1999.

Make Sure You Drink Enough Water

You may wonder if you've been drinking enough water, especially when it's hot out. There's a lot of confusing advice out there about how much you really need. The truth is that most healthy bodies are very good at regulating water. Elderly people, young children and some special cases—like people taking certain medications—need to be a little more careful. Here's what you need to know. "Water is involved in all body processes," says Dr. Jack M. Guralnik of NIH's National Institute on Aging. "You need the proper amount for all those processes to work correctly."

The body regulates how much water it keeps so it can maintain levels of the various minerals it needs to work properly. But every time you breathe out, sweat, urinate or have a bowel movement, you lose some fluid. When you lose fluid, your blood can become more concentrated. Healthy people compensate by releasing stores of water, mostly from muscles. And, of course, you get thirsty. That's your body's way of telling you it needs more water.

At a certain point, however, if you lose enough water, your body can't compensate. Eventually, you can become dehydrated, meaning that your body doesn't have enough fluid to work properly. "Basically, you're drying out," Guralnik says.

Any healthy person can become dehydrated on hot days, when you've been exercising hard or when you have a disease or condition like diarrhea, in which you can lose a lot of fluid very quickly. But dehydration is generally more of a problem in the elderly, who can have a decreased sensitivity to thirst, and very young children who can't yet tell their parents when they're thirsty.

How much water does your body need? Guralnik says you have to consider the circumstances. "If you're active on a hot day, you need more water than if you're sitting in an air-conditioned office," he explains. An average person on an average day needs about 3 quarts of water a day. But if you're out in the hot sun, you'll need a lot more than that.

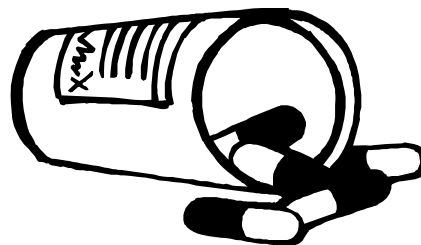
Signs of dehydration in adults are being thirsty, urinating less often than usual, having dark-colored urine, having dry skin, feeling tired or dizziness and fainting. Signs of dehydration in babies and young children include a dry mouth and tongue, crying without tears, no wet diapers for 3 hours or more, a high fever and being unusually sleepy or drowsy.

If you suspect dehydration, drink small amounts of water over a period of time. Taking too much all at once can overload your stomach and make you throw up. For people exercising in the heat and losing a lot of minerals in sweat, sports drinks can be helpful. But avoid any drinks that have caffeine.

Remember: the best way to deal with dehydration is to prevent it. Make sure to drink enough water in situations where you might become dehydrated. For those caring for small children or older people with conditions that can lead to dehydration, Guralnik advises, "You need to prompt the person to drink fluids and remind them often. It's not just a one-time problem."

Courtesy of NIH



ANESTHESIOLOGY**Zulfiqar Fazal, M.D.****Janaki Koka, M.D.**
6410 W. Gulf to Lake Hwy.
Crystal River, FL 34429
352 563-2450**CARDIOLOGY/CARDIOVASC. DISEASE****Mohammad Ansari, M.D.****Bose Manyam, M.D.**
Heart Associates
5606 W. Norvell Bryant Hwy.
Crystal River, FL 34429
352 795-9266**R. Prasad Potu, M.D.**11527 W. Emerald Oaks Dr.
Crystal River, FL 34428
352 794-6090**CLINICAL LIPIDOLOGY****Mariananda Kumar, M.D.**West Florida Medical Associates
3400 N. Lecanto Hwy. 405 N. Central Av.
Beverly Hills, FL 34465 Inverness, FL 34453
352 746-2227 352 341-2400**CRITICAL CARE****Vikram Shah, M.D.****Sunoj Abraham, M.D., F.C.C.P.****Oliver Sevilla, M. D.**Citrus Pulmonary Consultants and Sleep
Disorders Center
5616 W Norvell Bryant Hwy 131 S Citrus Av.
Crystal River, FL 34429 Inverness, FL
352 795-1999 352 795-1999**EAR, NOSE & THROAT - FACIAL PLASTIC SURGERY - ALLERGY****Denis Grillo, D.O.**Crystal Community ENT
790 S.E. 5th Terrace
Crystal River, FL 34429
352 795-0011**Jeffrey Marcus, M.D., F.A.C.S.**821 Medical Court East
Inverness, FL 34452
352 726-3131**V. Rama Nathan, M.D., F.A.C.S.**820 S. Bea Ave.
Inverness, FL 34452
352 637-1919**FAMILY PRACTICE****V.R. Alugubelli, M.D. F.A.A.F.P.**Beverly Hills Medical Clinic
3737 N Lecanto Hwy 511 W Highland Blvd
Beverly Hills, FL 34464 Inverness, FL 34452
352 746-1515 352 746-1515**Shirish Patel, M.D.**Hernando Medical Clinic
2669 N. Florida Av.
Hernando, FL 34442
352 637-2550**Catherine S. Navarro, M.D.**3733 E. Gulf to Lake Hwy
Inverness, FL 34450
352 341-5520
10489 N. Florida Av. 7991 S. Suncoast Blvd.
Citrus Springs, FL Homosassa, FL
352 489-2486 352 382-8282**FAMILY PRACTICE****Charles Li, M.D.**7647 W. Gulf to Lake Hwy.
Crystal River, FL 34429
352 795-1718**Michael Mueller, D.O.**Kings Bay Family Care, P.A.
9030 W. Ft. Island Trail
Crystal River, FL 34429
352 795-2273**Hasibul H. Khan M.D.**West Florida Medical Associates
3775 N. Lecanto Hwy 308 S. Line Ave.
Beverly Hills, FL 34465 Inverness, FL 34452
352 746-0600 352 344-55114363 S. Suncoast Blvd.
Homosassa, FL 34446
352 503-2011**GASTROENTEROLOGY****Johannes Martensson, M.D.**Citrus Gastroenterology, P.A.
3653 E. Forest Dr. 2428 N. Essex Av.
Inverness, FL 34452 Hernando, FL 34442
352 344-8080 352 746-2666**Purnachander Bikkasani, M.D.****Paul A. Hellstern Jr., M.D.****Anil Ram, M.D.****Lakshmipathi Reddi, M.D.****Sreekanth Chandrupatla, M.D.**Gastroenterology Associates
6410 W. Gulf to Lake Hwy.
Crystal River, FL 34429
352 563-2450**Fernando Bueno, M.D.**214 S. Pine Ave.
Inverness, FL 34452
352 726-9006**GENERAL & VASCULAR SURGERY****William Dixon, M.D.** (Member Emeritus)**Hari Iyer, M.D.**3475 S. Suncoast Blvd.
Homosassa, FL 34446
352 628-7672**Shaun F. Saint, M.D.**11533 W. Emerald Oaks Dr.
Crystal River, FL 34428
352 563-9912**GERIATRIC MEDICINE****V. R. Alugubelli, M.D., F.A.A.F.P.**Beverly Hills Medical Clinic
3737 N Lecanto Hwy 511 W Highland Blvd
Beverly Hills, FL 34464 Inverness, FL 34452
352 746-1515 352 746-1515**GYNECOLOGY****Scott Redrick, M.D. FACOG**Suncoast Obstetrics & Gynecology, PA
582 SE 7th Ave.
Crystal River, FL 34429
352 564-8245**HOSPITALIST****Chakradhar Desraj, M.D.**West Florida Medical Associates
6201 N. Suncoast Blvd.
Crystal River, FL 34428
352 795-8555**INTERNAL MEDICINE****Bhadresh Patel, M.D.**West Florida Medical
3775 N. Lecanto Hwy. 308 S. Line Ave.
Beverly Hills, FL 34465 Inverness, FL 34452
352 746-0600 352 344-55114363 S. Suncoast Blvd.
Homosassa, FL 34446
352 503-2011**Alex Villacastin, M.D.**3733 E. Gulf to Lake Hwy
Inverness, FL 34450
352 341-552010489 N. Florida Av. 7991 S. Suncoast Blvd.
Citrus Springs, FL Homosassa, FL
352 489-2486 352 382-8282**Arnelle V. Eslava-Fernandez, M.D.**204 S. Apopka Av.
Inverness, FL 34452
352 341-1159**Carlene Wilson, M.D.**Internal Medicine & Pediatrics Wellness Center
6038 W. Nordling Loop
Crystal River, FL 34429
352 563-5070**Alexander Liu, M.D.**2 West Lemon St.
Beverly Hills, FL 34465
352 746-2525**Blessilda Liu, M.D.**2623 N. Forest Ridge Trail
Hernando, FL 34442
352 746-4684**Chi-Kwong Ng, M.D.**905 N. Citrus Av.
Crystal River, FL 34428
352 563-5767**Dacelin St. Martin, M.D.**PedIM Healthcare
1990 N. Prospect Av.
Lecanto, FL 34461
352 527-6888**Venugopala Reddy, M.D.****Mariananda Kumar, M.D.**
Nature Coast Family Medicine
3400 N Lecanto Hwy. 405 N. Central Av.
Beverly Hills, FL 34465 Inverness, FL 34453
352 746-2227 352 341-2400**Ulhas Deven, M.D.**West Florida Medical Associates
11707 N. Williams St. 41 N. Inglis Av.
Dunnellon, FL 34432 Inglis, FL 34449
352 465-1919 352 447-3031**Rajendra Bellam, M.D.**Bellam Medical Clinic
11011 N. Williams St. 41 N. Inglis Av.
Dunnellon, FL 34432 Inglis, FL 34449
352 465-1199 352 447-3031

INTERNAL MEDICINE

Anu Tatambhotla, M.D.
4049 S. Ohio Av.
Homosassa, FL 34446
352 628-1000

Felix Agbo, M.D.
Sinai Internal Medicine Specialists, PA
910 Old Camp Rd. Suite 144
The Villages, FL 32162
352 753-2224

Neal Lumapas, M.D.
12030 S. Ohio St.
Dunnellon, FL 34431
352 465-3730

Meena Nathan, M.D.
Vikas Kamat, M.D.
Meena Nathan Medical Clinic
840 S. Bea Av.
Inverness, FL 34452
352 637-6300

Gira S. Shah, M.D.
203 S. Seminole Av.
Inverness, FL 34452
352 726-7800

NEPHROLOGY

Padma Reddy, M.D.
Sanjiv Shah, M.D.
Citrus Nephrology Associates
7415 W. Gulf to Lake Hwy.
Crystal River, FL 34429
352 795-1415

NEUROLOGY

Gopal Tatambhotla, M.D.
534 N. Lecanto Hwy.
Lecanto, FL 34461
352 527-9500

Bharat Parikh, M.D.
Citrus Neuroscience Institute
5596 W. Norvell Bryant Hwy.
Crystal River, FL 34429
352 795-6999

ONCOLOGY & HEMATOLOGY

William V. Harrer III, M.D.
Citrus Hematology & Oncology Center
770 SE 5th Terrace 801 Medical Court E
Crystal River, FL 34429 Inverness, FL 34452
352 795-6674 352 637-4490

OPHTHALMOLOGY

H. Christopher Ward, D.O.
Ward Eye Center
8490 W. Homosassa Trail
Homosassa, FL 34448
352 628-0123

Dan Montgomery, M.D.
Carl Rosebrough, M.D.
West Coast Eye Institute
830 Medical Court East
Inverness, FL 34452
352 726-6633

Kyle Parrow, M.D.
John Rowda, D.O.
West Coast Eye Institute
240 N. Lecanto Hwy.
Lecanto, FL 34461
352 746-2246

ORTHOPEDICS

Andrew Petrella, M.D.
Eric Hirsch, M.D.
Citrus Orthopaedic and Joint Institute
950 N. Avalon Way
Lecanto, FL 34461
352 746-2663

Thomas Bendowski, M.D.
Gulf to Lake Orthopaedic
6480 W. Gulf to Lake Hwy.
Crystal River, FL 34423
352 795-4422

Jeremiah Hubbard, D.O.
Nature Coast Orthopaedics
2236 Hwy. 44 W.
Inverness, FL 34453
352 344-2663

PAIN MANAGEMENT

Bradley H. Ruben, D.O.
Citrus Hills Medical Center
2484 N. Essex Av.
Hernando, FL 34442
352 746-1358

Murali Angirekula, M.D.
Citrus Pain Clinic
4065 N. Lecanto Hwy, Ste 100
Beverly Hills, FL 34465
352 527-2500

Robert Ulseth, M.D.
Comprehensive Pain Management
305 S. Line Av.
Inverness, FL 34452
352 344-4791

Mark Fallows, D.O.
Mark Hashim, M.D.
Naturecoast Pain Associates
520 N. Lecanto Hwy., Suite 200
Lecanto, FL 34461
352 527-4444

PATHOLOGY

Jon Frankel, M.D.
Diagnostic Pathology
407B West Highland Blvd.
Inverness, FL 34452
352 726-3531

PEDIATRICS

Komala Bhushan, M.D.
Naturecoast Pediatrics
512 N. Lecanto Hwy.
Lecanto, FL 34461
352 527-2244

Dacelin St. Martin, M.D.
PedIM Healthcare
1990 N. Prospect Av.
Lecanto, FL 34461
352 527-6888

Uday Hiremath, M.D.
West Florida Pediatrics
3733 E. Gulf to Lake Hwy. 10489 N. Florida Av
Inverness, FL 34450 Citrus Springs, FL
352 746-3338 352 746-3338

PEDIATRICS

Carlene Wilson, M.D.
Internal Medicine & Pediatrics Wellness Center
6038 W. Nordling Loop
Crystal River, FL 34429
352 563-5070

PSYCHIATRY

Parmanand Gurnani, M.D.
3787 E. Gulf to Lake Hwy.
Inverness, FL 34453
352 726-3950

PULMONARY MEDICINE

Manoj Shukla, M.D.
Vikram Shah, M.D.
Sunoj Abraham, M.D., F.C.C.P.
Oliver Sevilla, M.D.
Citrus Pulmonary Consultants and Sleep
Disorders Center
5616 W Norvell Bryant Hwy 131 S Citrus Ave
Crystal River, FL 34429 Inverness, FL
352 795-1999 352 795-1999

VELUKUTTY BALAKRISHNAN, M.D.

105 N. Osceola Av.
Inverness, FL 34451
352 344-2440

RADIATION ONCOLOGY

C. Joseph Bennett Jr., M.D.
Timothy Brant, M.D.
Robert Boisseneault Oncology Institute
522 N Lecanto Hwy 605 W Highland Blvd
Lecanto, FL 34461 Inverness, FL 34452
352 527-0106 352 726-3400

Ocala, FL The Villages, FL
352 861-2400 352 259-2200

JAYANTH RAO, M.D.

Ravichandra Sandrapaty, M.D.
Florida Regional Cancer Centers
3406 N. Lecanto Hwy 3201 SW 33rd Rd.
Suite A Ocala, FL 34474
Beverly Hills, FL 34465 352 291-2495
352 746-1100

RADIOLOGY

Kamalesh Amin, M.D.
Scott Fisher, M.D.
Citrus Diagnostic Center
922 N. Citrus Av.
Crystal River, FL 34428
352 795-9200

RICCARDO DEGIROLAMI, M.D.

Charles Zachar, M.D.
Inverness Medical Imaging
2105 Highway 44 West
Inverness, FL 34452
352 637-6100

JEREMY HAVAS, D.O.

3144 N. Barton Creek Circle
Lecanto, FL 34461
352 270-8748

Michael K. Herron, M.D.
Sugar Mill Diagnostic Imaging
8303 S. Suncoast Blvd.
Homosassa, FL 34429
352 628-9900

Continued on page 6

Florida Wellcare Alliance Partners

Continued from page 5

SLEEP MEDICINE

Vikram Shah, M.D.

Sunoj Abraham, M.D., F.C.C.P.

Citrus Pulmonary Consultants and Sleep

Disorders Center

5616 W Norvell Bryant Hwy 131 S Citrus Av.

Crystal River, FL 34429

Inverness, FL

352 795-1999

352 795-1999

Dacelin St. Martin, M.D.

Dacelin St. Martin Sleep Clinic of America

1980 N. Prospect Av.

Lecanto, FL 34461

352 527-6673

SPINE SURGERY

James Ronzo, D.O.

Frank Bono, D.O.

Gulfcoast Spine Institute

2300 E Norvell Bryant Hwy 7101 Mariner Blvd

Hernando, FL 34442

Brooksville, FL

352 341-4778

352 592-7772

Constantine A. Toubis M.D.

Citrus Orthopaedic and Joint Institute

950 N. Avalon Way

Lecanto, FL 34461

352 746-2663

UROLOGY

Paresh Desai, M.D.

Udaya Kumar, M.D.

Advanced Urology Specialists

3475 S. Suncoast Blvd.

Homosassa, FL 34448

352 628-7671

Michael Desautel, M.D.

Manuel Seneriz, M.D.

Advanced Urology Specialists

609 W. Highland Blvd.

Inverness, FL 34452

352 726-9707

WOUND CARE/HYPERBARIC MEDICINE

Thomas Hendrick, M.D.

Wound Care Consultants

131 S. Citrus Ave.

Inverness, FL 34452

352 341-6000



State of the Art—Accelerated Breast Radiation

Continued from page 1

advantages in that they are no longer operator dependent, are cost-effective outpatient treatment with easy optimization and with minimal staff exposure to radiation.

In 2011 we introduced the new “Non-invasive Accuboot Radiation”, a major innovation in the field to target the high dose to the Lumpectomy cavity with a 3-5 cm margin, in order to reduce the overall side-effects and improve the outcome. The procedure utilizes a non-invasive method of Brachytherapy and Mammography, like Image Guidance, to accurately deliver the prescribed radiation dose to a confined space. In-house Mammography is necessary to localize the Lumpectomy cavity. Immobilizing the breast through gentle compression with breast paddles, in a manner that displaces the healthy tissue from the area of treatment, allows accurate targeting of the tumor bed.

The real-time Image Guidance reduces the skin dose and can accurately treat superficial tumors and peri-areolar masses as well as deep-seated tumors, especially in large breasts. The high-dose radiation is delivered parallel to the chest wall, thus preventing unnecessary exposure to critical organs like the heart and lungs. The imaging ability of the Accuboot offers the added bonus of allowing the physician to view the area under treatment without patient movement, since the treated breast is immobilized. In contrast, the traditional approach with Electron beam radiation boost can compromise accurate localization of the tumor bed and may be off-target during treatment due to subtle movement caused by normal breathing or shifting of the tissue.

Since the primary reason of Breast Conservation therapy is to preserve the shape and feel of the irradiated breast with acceptable cosmetic outcome, Accuboot may allow accurate localization, result in less toxicity and improve cosmetic results.

While technological advances allow us to continue making rapid strides in breast cancer treatment, there is no substitute for regular checkups to aid in early detection. These include regular screening and timely intervention by the appropriate physician such that the treatment is optimized for the individual patient.

Dr. Rao is Board Certified in Radiation Oncology and is the Medical Director of the Florida Regional Cancer Centers, Inc. He has practiced in Citrus County since 1994.

Crohn's Disease Research Trial

Crohn's Disease affects many Americans. Physicians in your area are currently seeking volunteers to participate in a clinical research study evaluating an investigational medication for people with Crohn's Disease. You may be eligible if you

- Are between the ages of 18 and 75
- Have a diagnosis of Crohn's Disease by a physician
- Have taken OR could not tolerate OR have not had an adequate response to an anti-TNF medication (such as Humira®, Remicade®, Enbrel®, Cimzia® or Simponi®)
- Have not had bowel surgery within the past 3 months

Qualified participants may receive study related medication and study related medical exams at no cost for up to 11 months. Compensation for time and travel is available for qualified participants.

For more information call:
Nature Coast Clinical Research—Inverness
352 341-2100

Volunteers Needed Do you have High Cholesterol?

Nature Coast Clinical Research is conducting a 20 week research study evaluating an investigational medication for high cholesterol. You may consider volunteering if you are:

- 18 to 79 years old
- Have a history of high cholesterol—treated with medication or not
- Have not had weight loss surgery or other Gastro-intestinal surgery

Qualified participants will receive study medication, study-related medical exams and lab tests at no cost. Compensation for time and travel is available. No insurance required.

For more information call:
Nature Coast Clinical Research—Inverness
352 341-2100

If you would like to know more about these studies or just learn more about research participation, please fill out the form on the back of this newsletter and mail it to us.



Nature Coast Clinical Research, LLC.

ENCouraging COmmunity Research and Education

Nature Coast Clinical Research has two locations serving Citrus County:

NCCR Inverness Office
411 W. Highland Blvd.
Inverness, Florida 34452
Phone: 352 341-2100
Fax: 352 341-0363

NCCR Crystal River Office
6122 West Corporate Oaks Dr.
Crystal River, Florida 34429
Phone: 352 563-1865
Fax: 352 563-2169

www.naturecoastresearch.com

CONTACT THE OFFICE NEAREST YOU FOR MORE INFORMATION!



Clinical Trial Information Form

Please call me with more information about...

INVERNESS OFFICE

CRYSTAL RIVER OFFICE

- Arthritis (Osteo or Rheumatoid)
- Chronic Constipation
- Constipation Induced by Pain Medication
- Crohn's Disease
- Diabetic Gastroparesis
- Diabetes—Type 2
- High Cholesterol
- High Triglycerides
- Irritable Bowel—Diarrhea
- Ulcerative Colitis/Proctitis

- Acute Coronary Syndrome (ACS)
(post heart attack treatment)
- Arthritis (Osteo or Rheumatoid)
- Chronic Obstructive Pulmonary Disease (COPD)
- Constipation Induced by Pain Medication
- Diabetes—Type 2
- Gout
- High Cholesterol
- High Triglycerides
- Irritable Bowel—Diarrhea
- Oral Contraceptives (Birth Control Pills)
- Uterine Fibroids

COMPLETE AND MAIL THIS FORM

Name _____

Address _____

Phone _____