

# Physicians' Alliance

An organization of Jackson physicians  
who represent 24 medical specialties  
and practice in independent clinics

A quarterly newsletter

Fall 2010

## Prostate cancer...silent, but treatable

People can rely too heavily on symptoms to tell them they have a medical problem. When it comes to diseases like prostate cancer, where 90 percent of patients do not show any symptoms, waiting for signs of trouble can lead to a late diagnosis that could cost you your life.



*Dr. Peter Lawrence uses robotic equipment at Jackson-Madison County General Hospital to perform a minimally invasive, robotic prostatectomy.*

Prostate cancer is one of the top three causes of cancer death in men. "This year, some 200,000 new cases will be diagnosed and more than 30,000 men will die from it," said Dr. Peter Lawrence, a board-certified urologist at Jackson Urological Associates. "Hardly a day goes by that I don't see at least one patient who is living with prostate cancer."

The prostate, part of the male reproductive system, supplies nourishment to sperm cells. As men get older, their chances of developing prostate cancer increase. Family history, ethnicity and where you live also can affect your risk of getting prostate cancer.

"African American males are 60 percent more likely to develop prostate cancer. Having a family member who has prostate cancer doubles your chances of developing the disease," said Dr. Lawrence. "If you live in the United States you have a 17 percent lifetime risk. On the other hand, if you live in rural China, you have a two percent chance. This is one reason why some feel that diet and lifestyle, along with genetics, play a role in developing the disease."

Since prostate cancer is typically a silent disease, most men show no symptoms until the disease has advanced and possibly

spread. This reinforces the need for men to get annual prostate cancer screenings, said Dr. Lawrence. A basic screening includes a blood test to check for prostate-specific antigen (PSA) values and a digital rectal exam.

When to start screening is a matter of debate, said Dr. Lawrence, who recommends most patients have their first screening around age 45. For African American males or patients who have a family history of the disease, Dr. Lawrence starts screening at age 40.

Even though prostate cancer is one of the leading causes of cancer deaths, it is very treatable in most people, said Dr. Lawrence. In fact, he added, the overall five-year survival rate for prostate cancer patients in this country approaches 100 percent.

Prostate cancer usually is diagnosed as either a slow-acting form of the cancer or an aggressive form of the cancer, he explained. Two thirds of the men diagnosed with prostate cancer will have the slow-growing form. "Depending on their age, these patients are more likely to die with prostate cancer rather than from prostate cancer," said Dr. Lawrence.

The other third will have an aggressive form of the disease. Without treatment, these patients are much more likely to die from their cancer.

Your age, health and the aggressiveness of the prostate cancer contribute to the decision of what kind, if any, treatment is warranted, Dr. Lawrence said.

"With some patients, who have the slow-acting form of the cancer, we recommend no treatment, but keep an eye on the cancer by watching their PSA levels and giving them a rectal exam every six months. However, a low-risk tumor in a 50 year old is much different than a low-risk tumor in a 75 year old."

The most common treatments for prostate cancer are surgery and radiation, but both have risks that include urinary incontinence, erectile dysfunction and the development of recurrent disease, he said. "The challenge is determining the balance between a patient's benefit from treatment and the effects on a patient's quality of life."

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### Prostate cancer symptoms

Talk to your doctor if you experience any of the following symptoms, which could indicate the presence of prostate cancer or several other diseases ...

- Difficulty starting urination or holding back urine
- Weak or interrupted urine flow
- Painful or burning urination
- Difficulty having an erection
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the lower back, hips or upper thighs

(Source: Prostate Cancer Foundation, [www.pcf.org](http://www.pcf.org))

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# Pain, numbness, tingling could be nerve problem

## *Nerves use electric signals to send instructions throughout body*

**T**hat weakness in your wrist, that pain in your shoulder or the numbness and tingling you are feeling in your toes could be a nerve problem.

“Your body’s nerves are like cables that pass electric current as they send electric signals from one part of your body to another,” said Ron Bingham, M.D., founder of EMG Clinics of Tennessee. A board-certified physiatrist, he specializes in physical medicine and rehabilitation.

“Unexplained pain, weakness, or numbness could be a nerve or muscle problem,” said Dr. Bingham. “If your provider suspects that you may have a nerve or muscle condition, he or she could likely order an EMG (electromyography) and a nerve conduction study.”

When a doctor orders an EMG from another specialist, he or she is ordering a complete nerve and muscle test, which includes the nerve conduction study. A physician should perform the EMG, said Dr. Bingham. The nerve conduction study can be performed by a qualified nurse or technician, but should be interpreted by a physician, he said.

Basically, Dr. Bingham says, the EMG test measures the time it takes for a small electric current to go across a measured portion of the nerve. He uses special equipment to stimulate the nerve and test the nerve’s electric current.

“The test we perform is sort of like one that an electrician would do, except we test the wires in arms and legs to tell which ones are not working. Each nerve is a cable, some filaments go to muscles, some go to skin. With an EMG machine, we can do two things: electrically stimulate the nerve to see how fast electric impulses go from point A to B. Then we measure that rate in thousandths of a second; if it is too slow, the nerve is sick.”

Some people worry that the test is painful, he said. It’s a bit uncomfortable, but not painful.

EMGs and nerve conduction tests are used to evaluate a variety of conditions, including carpal tunnel syndrome in the wrist, ulnar nerve (funny bone nerve) impingement, pinched nerve in the neck (radiculopathy), tendinitis, neuropathy and nerve disease injuries.

After Dr. Bingham conducts and interprets the test, he sends the results back to your referring provider, who then discusses with you the proper way to treat the problem.

Dr. Bingham and his staff specialize in EMGs and nerve conduction studies. He has seen the importance of having your EMG performed and interpreted by a qualified specialist, such as a physiatrist or neurologist.

“EMGs and nerve conduction studies are excellent diagnostic tools when performed correctly by skilled physicians and technicians who devote much of their practice to this specialty,” he said. “A test done poorly can lead to unnecessary surgery or delay important treatment.”

He added that for excellent and reliable results, it is essential that physicians and patients insist that...

- The provider physician has specialized EMG training and is on the premises. The physician should be either a physiatrist or a neurologist.

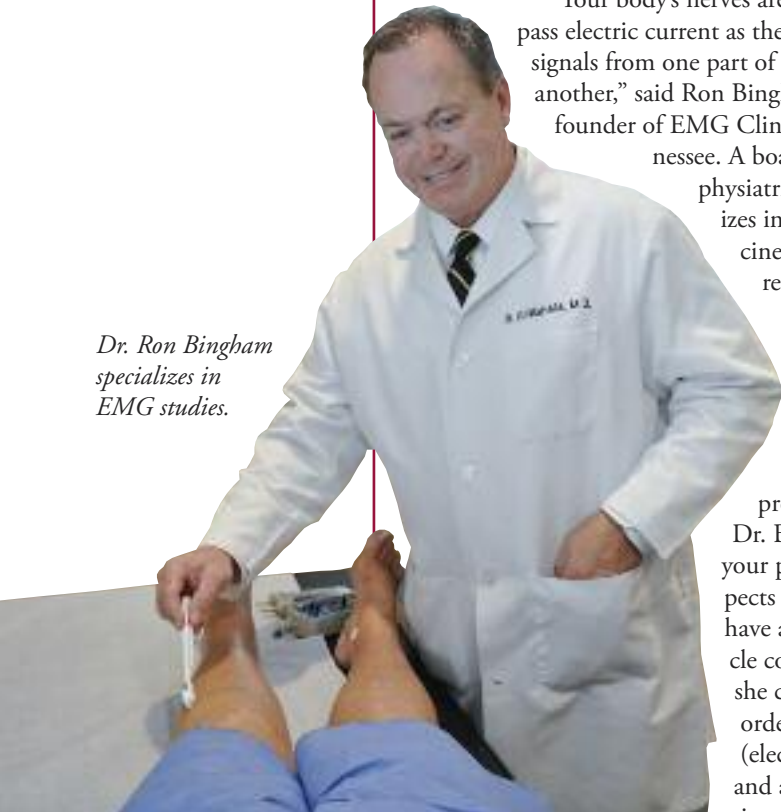
- The technicians are appropriately trained.

- Hand-held units are not used.

“Diagnostic testing is like all other areas of medicine,” Dr. Bingham said. “It is growing, and the technology is advancing quickly. Finding someone who stays up with these changes is important.”

(Visit [AANEM.net](http://AANEM.net) for the policy statement from the American Association of Neuromuscular and Electrodiagnostic Medicine.)

Dr. Ron Bingham specializes in EMG studies.



*“EMGs and nerve conduction studies are excellent diagnostic tools when performed correctly by skilled physicians and technicians... A test done poorly can lead to unnecessary surgery or delay important treatment.”*

*Ron Bingham, M.D.*

**D**r. Ron Bingham, who founded EMG clinics of Tennessee in 1989, practices with Dr. Miles Johnson. Both physicians are members of the American Association of Neuromuscular and Electrodiagnostic Medicine. With the main office in Jackson, they also have satellite clinics in Selmer, Savannah, Parsons, Lexington, Union City, Dyersburg, Bartlett, Southaven (Mississippi) and Fulton (Kentucky).

For more information, visit [emgclinics.com](http://emgclinics.com) or call 800.224.1807.

# Gout: New treatments for an age-old disease

**G**out — long recognized as a source of human misery — is the most common inflammatory arthritis in the United States.

The number of people with gout has increased over the past few decades. The estimated total gout population in this country is more than seven million — about the same number of people who have activity-limiting back pain. In contrast, the number of people affected by rheumatoid arthritis and fibromyalgia is two and five million respectively.

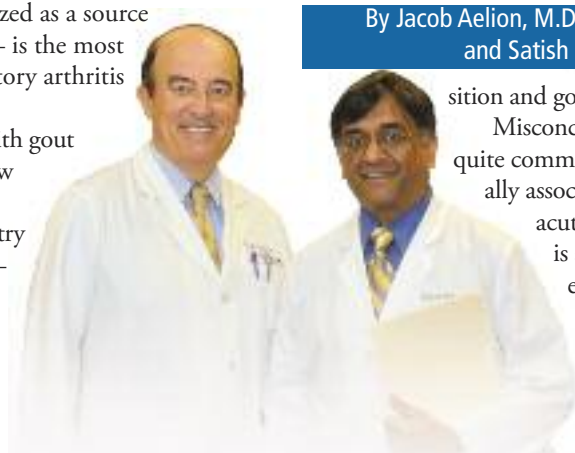
Until recently, however, gout management has lagged behind the rising tide. Fortunately, we now have a better understanding of the disease and new medications for its treatment and prevention.

The condition has been considered a source of misery throughout human history. The word gout can be traced to the Latin *guta* (a drop), which has its origin in the belief that the disease was caused by a poisonous chemical falling drop by drop into the joint.

Egyptians first identified the disease in 2640 B.C., and, indeed, evidence of gouty arthritis was found in the great toe of an Egyptian mummy. The distinctive clinical features of the disease were described by Hippocrates in the fifth century B.C. In the first century A.D., Celsus recognized that gouty arthritis often afflicted the rich and powerful.

King Henry VIII of England was rumored to have made several misguided personal and matters of state decisions when afflicted by acute gouty flares. It was only in the mid 18th century that the British physician Alfred Garrod demonstrated an increased amount of uric acid in the blood of gouty patients and went on to delineate the cause and effect relationship of urate depo-

By Jacob Aelion, M.D., Nimesh Dayal, M.D., and Satish Odhav, M.D.



*Dr. Jacob Aelion and Dr. Satish Odhav, who practice at the Arthritis Clinic of Jackson, are involved in several clinical trials, including those involving gout. Dr. Nimesh Dayal is joining the Arthritis Clinic later this year. For more information or an appointment, call 664.0002 or 866.564.0011.*

sition and gouty inflammation.

Misconceptions about gout are quite common to this day. People usually associate the condition only with acute flares, but in reality, gout is a chronic, progressive disease, and disease progression continues even in the absence of acute flares. Another misconception is that gout affects only the joints. Uric acid crystals, however, can deposit in soft tissues other than joint lining and cause a variety of medical problems

ranging from the skin to the kidneys.

To understand gout, we must first understand uric acid, one of the “waste products” that the body excretes through the kidneys.

An elevated blood uric acid level or hyperuricemia is a necessary precursor to gout. (In physiologic terms it is defined as a serum uric acid level in excess of 6.8 mg/dL at a temperature of 37C.)

Above this level, urate crystals may begin to form and precipitate in joints and soft tissues. Lower temperatures decrease the solubility of uric acid, which may explain the peripheral distribution of gouty arthritis and why, for example, the disease affects the big toe more commonly than it does the shoulder.

Besides low temperature, other physical factors affecting urate crystal formation are low pH (acidity), trauma or exercise and dehydration. Hyperuricemia can be due to overproduction of uric acid (about 10% of patients) or renal under excretion (about 90% of patients). Sometimes it can be due to both. An elevated

Continued on Page 4 ...



*Acute gout flares, from top, on the ear, foot, hands and knees can be painful and immobilizing.*



## The famous — and gout

**T**hroughout history, gout has struck many famous people. One well known sufferer, King Henry VIII, at left, was notorious for making rash decisions during gout flareups.

Others in history who had gout include Mongolian emperor Kublai Khan; Nostradamus, a French prophet; poets John Milton and Alfred Lord Tennyson; Sir Issac Newton, English physicist and mathematician; English writers Henry Fiedling and Samuel Johnson; Pablo Neruda, a Nobel Prize winning writer; King George IV; John Hancock, whose signature is famous on the Declaration of Independence; President Thomas Jefferson; British Prime Minister Benjamin Disraeli; and even Benjamin Franklin, an inventor and U.S. Ambassador.

Roman poet Ennius even attributed his success to gout, writing “I only write poetry when I suffer from gout.”

# Prostate cancer...silent, but treatable

Dr. Peter Lawrence practices at Jackson Urological Associates with Dr. David Burleson, Dr. John Carraher, Dr. Ray Howard, Dr. Don McKnight and Dr. Scott Yarbro. The clinic is located at 28 Medical Center Drive. For an appointment, call 731-427-9971 or 800-748-9855

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His preferred method of surgery is a robotic prostatectomy. It is minimally invasive, uses a laparoscope and small incisions to remove the prostate and requires a general anesthesia. The patient typically stays in the hospital overnight and goes home the next day. This is compared to traditional surgery, which requires a larger incision to remove the prostate and often results in a longer hospital stay and longer recovery.

Other treatments include cryotherapy, which freezes

the tumor; high-intensity focused ultrasound (HIFU); and hormonal injections, which reduce testosterone levels and hold the cancer at bay.

“When making the decision on whether and how to treat prostate cancer, I start with a long conversation with the patient on the pros, the cons, the risks and the benefits of each treatment,” said Dr. Lawrence. “We want to make sure that any treatment provides more benefit than harm.”

## Factors affecting your risk for prostate cancer

**P**rostate cancer is the most common non-skin cancer in America, affecting one in six men. Several major factors influence your risk; some of them, unfortunately, cannot be changed.

■ **Age:** The older you are, the more likely you are to be diagnosed with prostate cancer. Although only one in 10,000 men under age 40 will be diagnosed, the rate shoots up to one in 38 for ages 40 to 59, and one in 15 for ages 60 to 69. The average age at diagnosis of prostate cancer in the United States is 69 years. After that age, the chance of developing prostate cancer becomes more common than any other cancer in men or women.

■ **Race:** African-American men are 60% more likely to develop prostate cancer compared with Caucasian men and are nearly 2.5 times as likely to die from the disease. Conversely, Asian men who live in Asia have the lowest risk.

■ **Family history/genetics:** A man with a father or brother who developed prostate cancer is twice as likely to develop the disease. This risk is further increased if the cancer was diagnosed in family members younger than age 55 or if it affected three or more family members. In addition, some genes increase mutational rates while others may predispose a man to infection or viral infections that can

lead to prostate cancer.

■ **Where you live:** For men in the United States, the risk of developing prostate cancer is 17%. For men who live in rural China, it's 2%. However, when Chinese men move to the western culture, their risk increases substantially. Men who live in cities north of 40 degrees latitude (north of Columbus, Ohio, and Provo, Utah, for example) have the highest risk for dying from prostate cancer of any men in the United States. This effect appears to be mediated by inadequate sunlight during three months of the year, which reduces vitamin D levels. (Source; Prostate Cancer Foundation, [www.pcf.org](http://www.pcf.org))

# Gout: New treatments for an age-old disease

Continued from Page 3...

*Treating patients with gout is simple if both the physician and the patient have a good grasp of what causes the disease and a good line of communication.*

blood uric acid level can remain silent for several years before triggering health problems.

The typical gout patient is an elderly male or postmenopausal female with other medical problems, such as hypertension, cardiovascular disease, chronic kidney disease, diabetes and hypercholesterolemia. They tend to be obese, have a diet rich in meat and seafood, have high alcohol intake and are frequent consumers of high-fructose corn syrup. They commonly use medications such as thiazide diuretics, low dose aspirin and nicotinic acid that negatively impact the renal handling of uric acid.

Treating patients with gout is simple if both the physician and the patient have a good grasp of what causes the disease and a good line of communication. If the patient has an acute flare of gout, treatment should be eliminated to stop the acute painful attack first. Once that is done, treatment should concentrate on preventing future flares and, in those patients with longstanding disease, preventing and reversing the complications of chronic urate deposition in joints, kidneys or other involved sites.

4 Acute flares are resolved with anti-inflammatory

agents, including nonsteroidal anti-inflammatory drugs, colchicine and corticosteroids. Treatment is tailored to the individual patient. For chronic management, the physician should start urate-lowering therapy to achieve a serum uric acid level of less than 6 mg/dL. This therapy usually starts two weeks after the acute event has resolved because initiation of urate-lowering therapy may result in a “mobilization” flare, which occurs when urate moves from tissue deposits. For the same reason, anti-inflammatory prophylaxis is recommended for several months after starting such therapy.

Between 1965 and early 2009 not a single new drug was approved for gout. Now treatment is poised for a transformation with new drugs on the market and others in clinical development.

The new therapeutic options are for all stages of the disease. One of them, Febuxostat (Uloric) has been available for clinical use since 2009. Others, in phase two or three clinical trials, include Riloncept and Canakinimab for resolving acute attacks by neutralizing IL-1; Pegloticase, a pegylated uricase that enzymatically breaks down uric acid; and RDEA594, which increases renal excretion of uric acid.

# Customized knee surgery gets better results

A new technologically-advanced surgical procedure is customizing knee replacement surgery for each individual patient. The result is a knee implant that works more naturally for the patient and may last longer.

“Visionaire Patient-Matched technology is a remarkable system that uses your MRI and x-ray images to design and build surgical instruments customized for your unique knee anatomy,” said Dr. Kelly Pucek, who is one of several physicians at West Tennessee Bone & Joint Clinic, P.C., who have been trained to do the patient-customized, knee replacement surgery.



Dr. Kelly Pucek

“Every person’s knee joint has subtle differences in shape and contour,” he explained, “but traditional surgical instruments that are used to place knee implants are one-size-fits-all.” Traditionally, an orthopedic surgeon spends time during the procedure adapting to the patient’s knee “terrain” in order to achieve the proper placement of the implant. “Misalignment is the leading cause of early implant failure, and it also can cause pain and instability,” said Dr. Pucek.

With the Visionaire technology, explained Dr. Jason Hutchison, who also practices at West Tennessee Bone & Joint, the orthopedic surgeon comes to the operating room equipped with instruments engineered exclusively for the patient’s knee by Smith & Nephew, an innovator in orthopedic implants.



Dr. Jason Hutchison

The computer-guided precision of Visionaire Pa-

tient-Matched technology also assists the surgeon in choosing the correct implant size that matches the dimensions of the patient’s knee and helps the surgeon accurately place the knee implant.

When possible, the orthopedic surgeons at West Tennessee Bone & Joint Clinic use minimally-invasive surgical techniques with the Visionaire instruments, which helps patients return to their active lifestyles faster.

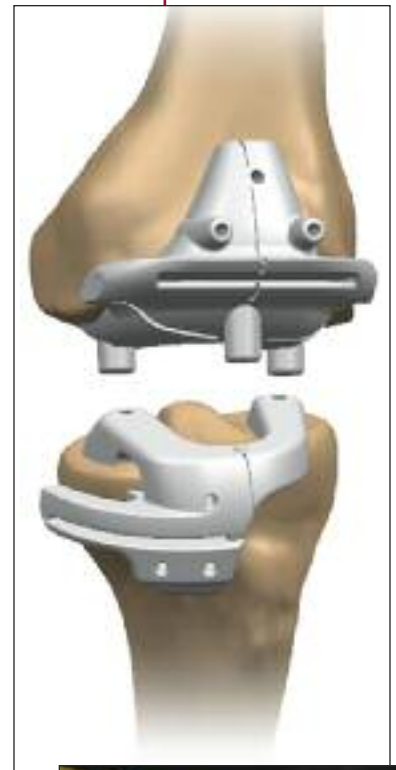
Minimally-invasive surgery leaves a smaller scar, and patients may experience less pain during recovery than they would with a standard surgical approach to total knee replacement. The Visionaire system also eliminates multiple steps from the surgery, reducing the patient’s time under anesthesia.

Any surgery has potential risks, the physicians said, and recovery depends on factors like activity level, weight and age.

“Still,” said Dr. Hutchison, “the new patient-customized technology is an important advance in knee replacement surgery. If you need the surgery, ask your doctor which implant is right for you.”

The physicians practicing at the West Tennessee Bone & Joint Clinic are Dr. Lowell Stonecipher, Dr. Mike Cobb, Dr. David Johnson, Dr. Kelly Pucek, Dr. Harold Antwine III, Dr. David Pearce, Dr. Jason Hutchison, Dr. Adam Smith, Dr. Doug Haltom and Dr. John Everett.

The clinic is at 24 Physicians Drive. For more information, call 888-661-9825 or visit [www.wtbjc.com](http://www.wtbjc.com).



*The Smith & Nephew implants used in tandem with Visionaire instruments are made with an exclusive technology to custom fit to a patient’s knee.*

## Cardiovascular Clinic moves to new building

For patients of Dr. Adey Agbetoyin, finding the Cardiovascular Clinic of West Tennessee has gotten a bit easier. In June, the clinic opened its new office at 2968 N. Highland Ave., right next to North Side High School.

The newly constructed building is more convenient for patients to find, provides more space for equipment and offers more exam rooms, a larger waiting room

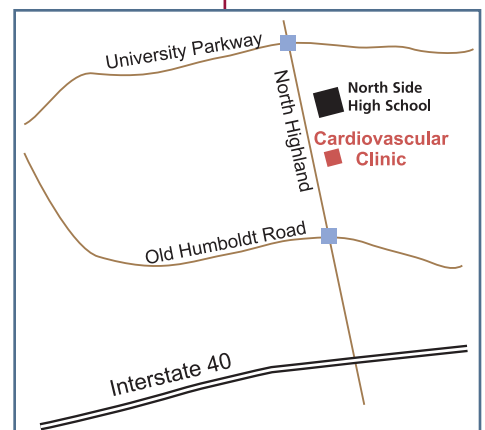


Dr. Adey Agbetoyin

and easier parking for patients and staff.

The new clinic has the same phone number, 731-256-1819, and the same hours of operation, 8 a.m. to 5 p.m. Monday through Friday. The Cardiovascular Clinic of West Tennessee accepts most major insurance products.

Dr. Agbetoyin is board certified in cardiology, specializing in diagnosing and treating heart and vascular conditions. His clinic provides state-of-the-art care in cardiovascular consultation, nuclear cardiology, interventional cardiology, peripheral and vascular medicine, and pacemaker and defibrillator implantation.



# Jackson has some really great doctors.

## We are proud to call them members.

### Allergy

**Allergy & Asthma Care: 660-0138**

- Alan DeJarnatt, M.D.

### Anesthesiology

**Professional Anesthesia: 424-1408**

- Ben Anderson, M.D.
- Charles Freeman, D.O.
- Lauri Anne Gorbet, M.D.
- Timothy Hutchison, M.D.
- Michael Lam, M.D.
- Michael Martindale, M.D.
- Charles Poole, M.D.
- Todd Seabrook, M.D.

### Cardiology

**Adv Cardiovascular: 215-1281**

- Alexander Alperovich, M.D.

**Apex Cardiology: 423-8200**

- Henry Lui, M.D.

**Cardiovascular Clinic: 256-1819**

- Adey Agbetoyin, M.D.

**Mid-South Heart Center: 423-8383**

- Louis Cunningham, M.D.
- Tommy Miller III, M.D.

**Skyline Cardiovascular: 410-6777**

- Ronald Weiner, D.O.

### Dermatology

**Medical Specialty Clinic: 424-1001**

- Mac Jones, M.D.
- Patrick Teer, M.D.

### Family Practice

**Northside Medical Clinic: 668-2800**

- Timothy Hayden, M.D.
- Elizabeth Londino, M.D.

**Kenneth Warren, M.D.: 664-0103**

**Wellness/Family Care: 256-0526**

- Erika Creech, M.D.

### Gastroenterology

**Medical Specialty Clinic: 424-1001**

- Charles Hertz, M.D.
- Robert Hollis, M.D.
- Michael Ibach, M.D.
- Daniel Kayal, D.O.
- Ami Naik, M.D.

### General Surgery

**Jackson Surgical: 664-7395**

- Daniel Day, M.D.
- Dean Currie, M.D.
- David Laird, M.D.
- David Villarreal, M.D.

**Madison Surgical Clinic: 660-6101**

- Thomas Edwards, M.D.

### Gynecology/Obstetrics

**Jackson OB/GYN: 427-9601**

- Clarence Gooch, M.D.

**Jackson Reg. Women: 668-4455**

- Sandra Boxell, M.D.
- Keith Micetich, M.D.
- Lane Williams, M.D.

**Woman's Clinic: 422-4642**

- Brad Adkins, M.D.
- Madhav Boyapati, M.D.
- Michael Epps, M.D. (GYN ONLY)
- Paul Gray, M.D.
- Andrea Harper, M.D.
- Molly Rheneay, M.D.
- Ryan Roy, M.D.
- David Soll, M.D.

### Hematology/Oncology

**Cancer Care Center: 668-1668**

- Brian Walker, D.O.
- Archie Wright, D.O.

**Hematology/Oncology: 234-2425**

- Omar Ahmad, M.D.

**Oncology/Hematology: 541-9561**

- Clyde Smith, M.D.

### Internal Medicine

**Eze Clinic: 661-0067**

- Gift Eze, M.D.

**Goodwin & Associates: 668-9791**

- Stephen Goodwin, M.D.

**Medical Clinic: 424-8922**

- Robert Dunnebacke, M.D.
- Kevin Gray, M.D.
- Conrado Sioson Jr., M.D.

**Ultimate Health: 265-1997**

- Samuel Bada, M.D.

**John Woods, M.D.: 664-7949**

### Nephrology

**West TN Kidney Clinics: 668-4337**

- Susan Alex, M.D.
- Ram Chary, M.D.
- Shirish "Joe" Joglekar, M.D.
- R. Mulay, M.D.
- Murty Narapareddy, M.D.

### Neurology

**Greystone Medical: 661-0131**

- Marcus DeSio, M.D.

### Ophthalmology

**Eye Clinic: 424-2414**

- Mark Bateman, M.D.
- Hilary Grissom, M.D.
- Bruce Herron, M.D.
- Sean Neel, M.D.
- Jason Sullivan, M.D.
- Art Woods, M.D.

**Hughes Eye Center: 664-1994**

- David Underwood, M.D.

### Orthopedic Surgery

**Sports/Orthopedics: 427-7888**

- John Masterson, M.D.
- Keith Nord, M.D.
- Timothy Sweo, M.D.
- Bradford Wright, M.D.
- David Yakin, M.D.

**West TN Bone & Joint: 661-9825**

- Harold Antwine III, M.D.
- Michael Cobb, M.D.
- John Everett, M.D.
- Doug Haltom, M.D.
- Jason Hutchison, M.D.
- David Johnson, M.D.
- David Pearce, M.D.
- Kelly Pucek, M.D.
- Adam Smith, M.D.
- Lowell Stonecipher, M.D.

### Otolaryngology

**West TN ENT Clinic: 424-3682**

- Karl Studtmann, M.D.
- Keith Wainscott, M.D.

### Pain Medicine

**Pain Consultants: 660-5116**

- Frank Jordan, M.D.

### Pediatrics

**Child Care Clinic: 664-8080**

- Kay Joglekar, M.D.

**Children's Clinic: 423-1500**

- Todd Blake, M.D.
- Bruce Maley, M.D.
- Amelia Self, M.D.
- David Self, M.D.
- Theresa Smith, M.D.

### Physical Medicine/Rehab

**EMG Clinics of TN: 664-0899**

- Ron Bingham, M.D.
- Miles Johnson, M.D.

**EMG Specialty Clinics: 668-9899**

- Remy Valdivia, M.D.

**West TN Rehab Group: 664-7744**

- Davidson Curwen, M.D.

### Plastic Surgery

**Plastic Surgery Clinic: 668-2490**

- Marshall Yellen, M.D.

### Podiatry

**East Wood Clinic, Paris: 642-2025**

- David Long, D.P.M.

**Podiatry Clinic: 427-5581**

- Terry Holt, D.P.M.

### Pulmonology/Critical Care

**Mid-South Lung Center: 422-4241**

- Ravis Curry, M.D.

### Rheumatology

**Arthritis Clinic: 664-0002**

- Jacob Aelion, M.D.
- Satish Odhav, M.D.

### Urgent Care

**Physicians Quality Care: 984-8400**

- Jimmy Hoppers, M.D.
- Melanie Hoppers, M.D.

### Urology

**Jackson Urological: 427-9971**

- David Burlison, M.D.
- John Carraher, M.D.
- Raymond Howard, M.D.
- Peter Lawrence, M.D.
- Donald McKnight, M.D.
- Scott Yarbro, M.D.

**West Tennessee Physicians' Alliance: [www.wtpa.com](http://www.wtpa.com)**

# Physicians open Dermatology Clinic of Jackson

**M**ac Jones, M.D., and Patrick Teer, M.D., have opened their own clinic, Dermatology Clinic of Jackson.

The board-certified physicians have been practicing dermatology in Jackson at Medical Specialty Clinic for a combined 30 years. Their new clinic will continue to be in the Medical Specialty building at 27 Medical Center Drive, which is off Skyline Drive.

Dr. Jones and Dr. Teer have a general dermatology practice with an emphasis on diagnosis and treatment of skin cancer. They diagnose and treat all diseases of the skin, including acne, warts, moles, hives, rashes, psoriasis and fungal infections, and disorders of the hair and nails. Their patients range from babies to seniors.

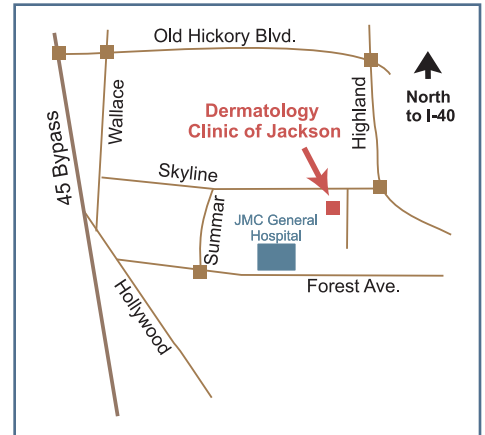
They also offer every available treatment for psoriasis, including topical agents, oral therapies, ultraviolet

light therapies (including EX-TRAC laser) and the most up-to-date biologic injections. Cosmetic procedures include sclerotherapy, Botox, Restylane and Juvederm injections and products including RevaleSkin, Teamine complex and Latisse. They market a small group of skin products.

A graduate of Harvard University, Dr. Jones received his medical degree from the University of Tennessee Center for the Health Sciences in Memphis. Both his internship and residency in dermatology also were in Memphis. Dr. Jones is board certified in dermatology.

A Jackson native, Dr. Patrick Teer also is a medical graduate of the University of Tennessee in Memphis. He spent three years in an internal medicine residency at UT and an additional year as chief resident. He then had three years of residency in dermatology at the University of Oklahoma. Dr. Teer is board certified in internal medicine and in dermatology.

For more information or an appointment, call 731-422-7999 or visit [www.dermjax.com](http://www.dermjax.com).



Formerly a part of Medical Specialty Clinic, Dr. Patrick Teer, second from left; Dr. Mac Jones, far right; and their staff welcome patients to the new Dermatology Clinic of Jackson.

## Skin cancer on rise, but treatable if caught early

...From Back Cover

bones,” said Dr. Jones. “But most people receive enough incidental sun exposure from their daily activities to meet their vitamin D requirements. Tanning bed salons and others that advocate intentional ultraviolet exposure as the preferred means of obtaining vitamin D are misleading the public.”

For example, he explained, a person with fair skin requires only two to five minutes of mid-day exposure to get his or her daily dose of vitamin D. After this amount, any additional vitamin D your body produces will not be utilized.

If you are concerned about getting enough vitamin D, the safest way to obtain this is through a healthy, balanced diet that includes vitamin D-fortified foods, such as milk, or through oral vitamin D supplements, said Dr. Jones. “If you have any con-

cerns about your daily intake of vitamin D, have your regular physician draw your vitamin D level and then consider taking supplements, if necessary.”

Sunlight or tanning beds are no better sources of vitamin D than food or supplements.

“The only thing for which they are better is increasing your risk for developing skin cancer and causing premature aging of your skin,” said Dr. Jones. “Don’t be misled about the real dangers of sun and tanning-bed exposure.”

Mac Jones, M.D., practices with Patrick Teer, M.D., at the Dermatology Clinic of Jackson, 27 Medical Specialty Drive. Both are board-certified dermatologists specializing in skin conditions.

To schedule an appointment, call the clinic at 731-422-7999 or visit [www.dermjax.com](http://www.dermjax.com)

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Mac Jones, M.D.

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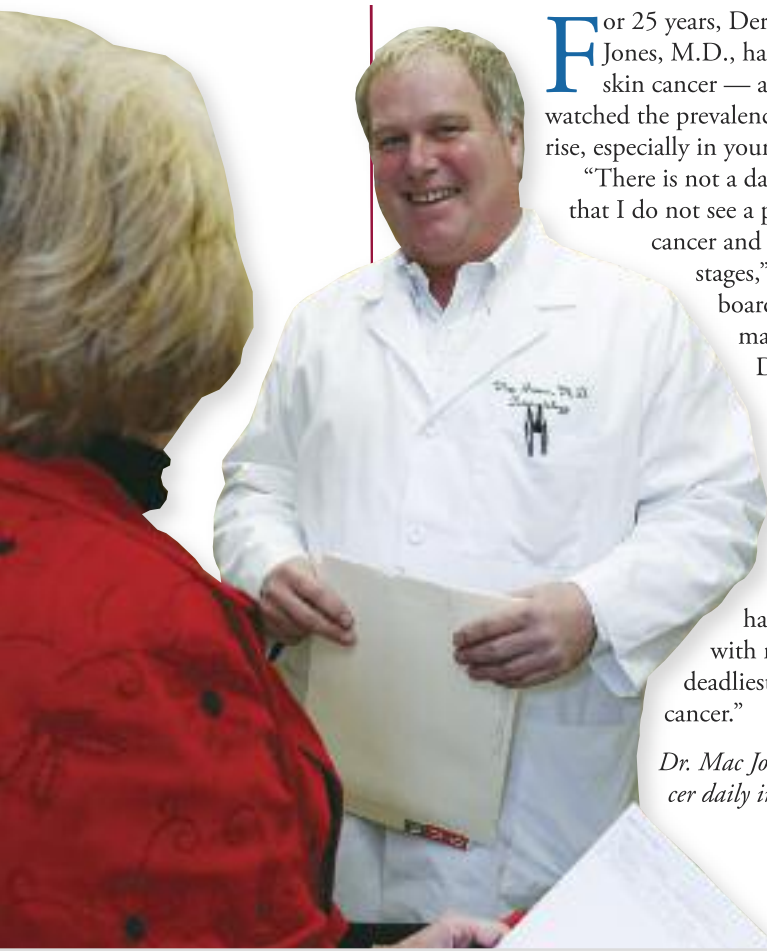
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## Skin cancer on rise, but treatable if caught early



**F**or 25 years, Dermatologist Mac Jones, M.D., has been treating skin cancer — and he has watched the prevalence of skin cancer rise, especially in younger patients.

“There is not a day that goes by that I do not see a patient with skin cancer and in all different stages,” said Dr. Jones, a board-certified dermatologist with the Dermatology Clinic of Jackson. “Although the majority of patients are in their 30s and older, one recent summer we had two teenagers with melanoma, the deadliest form of skin cancer.”

*Dr. Mac Jones sees skin cancer daily in his clinic.*

The most common skin cancers are basal cell carcinoma and squamous cell carcinoma. About 98 percent of all skin cancers can be surgically removed in the office, said Dr. Jones. “With a one centimeter margin around what you see clinically, you have better than a 90 percent chance of not needing more specialized surgery.”

When medically appropriate, Jones refers advanced cases to a specialist, such as a plastic surgeon or an oncology surgeon. Mohs surgery, a microscopic surgery that removes skin cancer with minimum damage to surrounding skin and a high cure rate, is needed in only a small percentage of skin cancer patients, he said.

The demon causing skin cancer is ultraviolet radiation that comes from the sun and artificial sources, such as tanning beds.

In fact, Dr. Jones attributes some of the increase in skin cancers, especially those among younger patients, to the use of tanning beds. And some people are believing the misguided message that increased levels of ultraviolet radiation will offer additional health benefits, such as getting one’s daily dose of vitamin D.

“It’s true that vitamin D is critical to healthy

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