# PETER JOSEPH DEMARIA

# License Number: ME129539

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/2013
License Expiration 01/31/2027

Date

# General Information

# **Primary Practice Address**

PETER JOSEPH DEMARIA 2032 ALHAMBRA CIRCLE CORAL GABLES, FL 33134

#### Medicaid

This practitioner DOES participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA

### **Email Address**

Please contact at: peter.j.demaria@gmail.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL DOCTOR TRAINING LICENSE
FLORIDA	MEDICAL DOCTOR
DISTRICT OF COLUMBIA	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR

# Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE	MD	8/1/2009 - 5/11/2013	05/11/2013

### **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

# **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
JACKSON MEMORIAL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	06/24/2013	06/30/2016
JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	OTHER	HOSPICE & PALLIATIVE MEDICINE	MIAMI	FLORIDA	07/01/2016	06/30/2017
NATIONAL CANCER INSTITUTE / NATIONAL INSTITUTES OF HEALTH	FELLOWSHIP	IM - HEMATOLOGY AND ONCOLOGY		BETHESDA	MARYLAND	07/03/2017	11/07/2020
NCI-FDA INTERAGENCY ONCOLOGY TASK FORCE FELLOWSHIP	FELLOWSHIP	OTHER	DRUG DEVELOPMENT AND REGULATION	SILVER SPRING	MARYLAND	04/29/2019	04/28/2020

# **Academic Appointments**

# **Graduate Medical Education**

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

# **Academic Appointments**

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **Specialty Certification**

# **Specialty Certification**

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	HPM - HOSPICE AND PALLIATIVE MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - ONCOLOGY	

# Financial Responsibility

# **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

# **Proceedings and Actions**

### **Proceedings & Actions**

#### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

#### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

# **Optional Information**

### **Committees/Memberships**

This practitioner has an affiliation with the following committees:

American Society of Clinical Oncology

American Society of Hematology

American Association of Cancer Research

### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
NIH OUTSTANDING ACADEMIC ACHIEVEMENT AWARD	NATIONAL INSTITUTES OF HEALTH (NIH)
ASCO ANNUAL MEETING MERIT AWARD	AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)

Community Service/Award/Honor	Organization
NCI QUALITY IMPROVEMENT GROUP AWARD	NATIONAL CANCER INSTITUTE

# **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

This practitioner has duffered the following publications in	poor reviewed interior interior and interior and previous terr year	a10.
Title	Publication	Date
METABOLIC SYNDROME AND PREVALENCE IN AN URBAN, MEDICALLY UNDERSERVED, COMMUNITY-BASED POPULATION	DIABETES AND METABOLIC SYNDROME: CLINICAL RESEARCH AND REVIEWS	07/01/2010
PREVENTION OF VENOUS THROMBOTIC EVENT IN BRAIN INJURY: REVIEW OF CURRENT PRACTICES	RAMBAM MAIMONIDES MEDICAL JOURNAL	01/04/2013
GIANT MALIGNANT MELANOMAS AND THEIR CLINICAL IMPLICATIONS: REVIEW OF LITERATURE AND CASE REPORT.	CLINICS IN SURGERY	09/01/2016
CANCER VACCINES	HEMATOLOGY/ONCOLOGY CLINICS OF NORTH AMERICA	01/28/2019
CAREER OPTIONS FOR GRADUATING ONCOLOGY FELLOWS AT THE NIH AND FDA	ONCLIVE	06/15/2020
RANDOMIZED, DOUBLE-BLIND, PLACEBO- CONTROLLED PHASE II STUDY OF YEAST-BRACHYURY VACCINE (GI-6301) IN COMBINATION WITH STANDARD- OF-CARE RADIOTHERAPY IN LOCALLY ADVANCED, UNRESECTABLE CHORDOMA	ONCOLOGIST	02/17/2021
PHASE 1 OPEN-LABEL TRIAL OF INTRAVENOUS ADMINISTRATION OF MVA-BN-BRACHYURY-TRICOM VACCINE IN PATIENTS WITH ADVANCED CANCER	JOURNAL FOR IMMUNOTHERAPY OF CANCER	09/09/2021
SYSTEMIC CHEMOTHERAPIES RETAIN ANTI-TUMOR ACTIVITY IN DESMOID TUMORS INDEPENDENT OF SPECIFIC MUTATIONS IN CTNNB1 OR APC: A MULTI- INSTITUTIONAL RETROSPECTIVE STUDY	CLINICAL CANCER RESEARCH	02/18/2022
LANDSCAPE AND REGULATORY PERSPECTIVE ON ONCOLOGY DRUGS IN PREGNANCY	JOURNAL OF CLINICAL PHARMACOLOGY	06/14/2023
PERSPECTIVES ON DRUG DEVELOPMENT FOR THE TREATMENT OF CHRONIC MYELOID LEUKEMIA IN PREGNANT PATIENTS AND PATIENTS WHO ARE BREASTFEEDING	CLINICAL CANCER RESEARCH	07/05/2024

# **Professional Web Page**

https://www.linkedin.com/in/peter-j-demaria-md-ba934a48/

# **Languages Other Than English**

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

# **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

# Affiliation

DARTMOUTH COLLEGE ALUMNI

RANSOM EVERGLADES SCHOOL ALUMNI