



## EDITH ADALJISA PEREZ

License Number: ME68544

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1979
License Expiration	01/31/2026
Date	

## General Information

### Primary Practice Address

EDITH ADALJISA PEREZ  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
MAYO CLINIC	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [perez.edith@mayo.edu](mailto:perez.edith@mayo.edu)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	NPI

### 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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF PUERTO RICO/SCHO	MD	1/1/1975 - 1/1/1979	01/01/1979

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	State or City Country	Dates Attended From	Dates Attended To
LOMA LINDA UNIVERSITY OF MEDICINE	INTERNSHIP	IM - INTERNAL MEDICINE		*** CALIFORNIA	07/01/1979	06/30/1980
LOMA LINDA UNIVERSITY OF MEDICINE	RESIDENCY	IM - INTERNAL MEDICINE		*** CALIFORNIA	07/01/1980	06/30/1982
VETERAN AFFAIRS MEDICAL CENTER,UNIVERSITY OF CALIFORNIA,DA	FELLOWSHIP	IM - HEMATOLOGY	ONCOLOGY	*** CALIFORNIA	07/01/1984	06/30/1987

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
PROFESSOR OF MEDICINE	MAYO MEDICAL SCHOOL	ROCHESTER	MINNESOTA

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 - HEMATOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - ONCOLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, 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:

NORTHERN CALIFORNIA ONCOLOGY GROUP  
SOUTHWEST ONCOLOGY GROUP  
EASTERN COOPERATIVE ONCOLOGY GROUP  
MAYO FOUNDATION-INSTITUTIONAL REVIEW BOARD  
NIH SCIENTIFIC PANELS

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BREAST CANCER RESEARCH FOUNDATION GRANT	
ELKS SCHOLARSHIP AWARD	
MAGNA CUM LAUDE	UNIVERSITY OF PUERTO RICO

NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP

## Publications

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

Title	Publication	Date
ADJUVANT LAPATINIB AND TRASTUZUMAB FOR EARLY HUMAN EPIDERMAL	J CLIN ONCOL	11/23/2015
ETIRINOTECAN PEGOL NKTR-102 VERSUS TREATMENT OF PHYSICIAN	LANCET ONCOL	11/16/2015
ASSOCIATION OF STROMAL TUMOR-INFILTRATING LYMPHOCYTES WITH R	JAMA ONCOL	10/15/2015
LONG-TERM CARDIAC SAFETY ANALYSIS OF NCCTG N9831 ALLIANCE	J CLIN ONCOL	09/21/2015
N0436 ALLIANCE A PHASE II TRIAL OF IRINOTECAN WITH CETUXI	CLINICAL BREAST CANCER	08/19/2015

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

## Professional Web Page

[www.mayoclinic.org](http://www.mayoclinic.org)

## 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
AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN SOCIETY OF CLINICAL ONCOLOGY