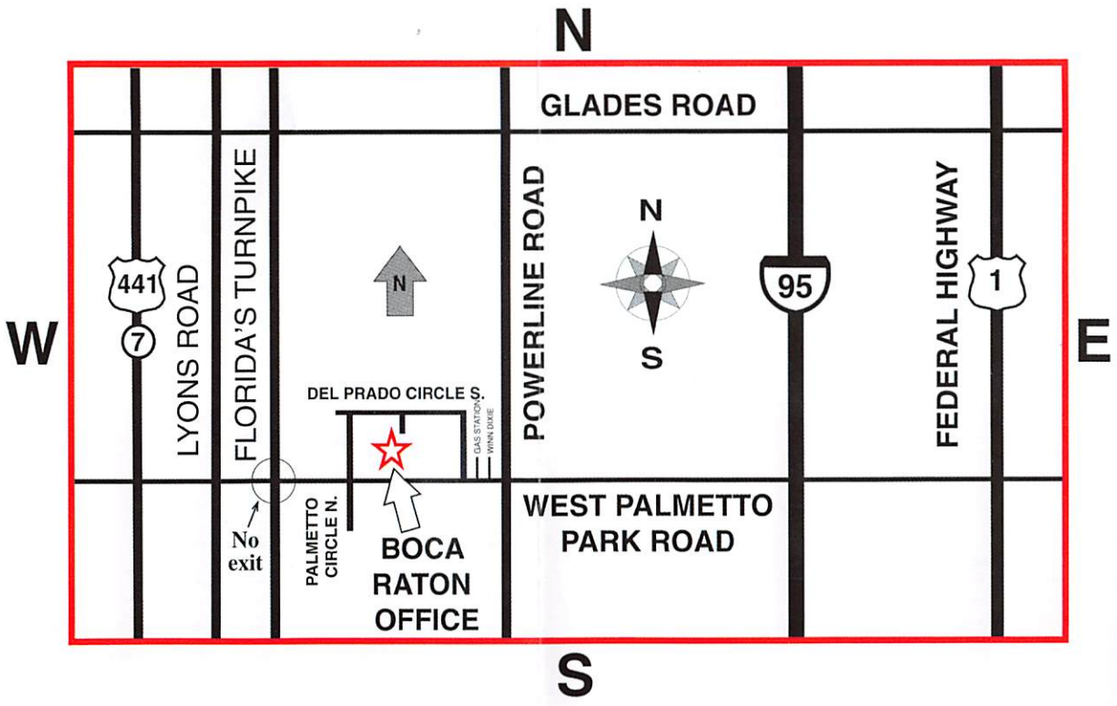
Boca Raton Office Directions

7301 W. Palmetto Park Road, Suite 108A (Building 1). We are located in the Del Mar Office Park (CenterState Bank is also in the same building).

From the West (St. Rd. 441, Lyons Rd., etc.): Go east on Palmetto Park Road to the first stoplight after Lyons Rd. & turn left on Palmetto Circle North. Make your first right on Del Prado Circle South & make your first right into the parking lot.

From the East (I-95 Exit #38, Military Trail, Federal Hwy., Jog/Powerline): Go west on Palmetto Park Rd. Make a right turn onto Palmetto Circle North (first light after Powerline Road). Make first right turn onto Del Prado Circle South. Make an immediate right turn into our parking lot.

From the Turnpike: Take Turnpike south to Glades Rd. exit. Exit onto Glades & turn right heading west to Lyons Rd. Turn left heading south on Lyons to Palmetto Park Rd. Turn left onto Palmetto & head east to first stoplight which is Palmetto Circle North. Turn left & then make your first right turn onto Del Prado Circle south. Make first right turn into building's parking lot.



Curriculum Vitae

EDUCATION

M.D. **Northwestern University Medical School**
M.P.H. **Columbia University School of Public Health**
B.A. **Biology, University of California, San Diego**
A.B. **Sociology, Dartmouth College**

PROFESSIONAL TRAINING

- Fellowship, Mohs Surgery, **Columbia-Presbyterian Medical Center**, New York, NY
- Resident, Division of Dermatology, **UCLA Medical Center**, Los Angeles, CA
- Internship, Internal Medicine, **Northwestern Memorial Hospital**, Chicago, IL

BOARD CERTIFICATION

American Board of Dermatology

HONORS/AWARDS

- Teacher of the Year Award–For Excellence in the Teaching of Dermatologic Surgery (1994-1995) at Columbia-Presbyterian Medical Center
- Young Investigator Award–First Place (1994), American Society of Dermatologic Surgery and The Journal of Dermatologic Surgery and Oncology

PUBLICATIONS

1) **Marcus J** et al. Tissue expansion: Past, present and future. *J Am Acad Dermatol* 1990;23:813-25.
2) **Marcus J**, Camisa C. Podophyllin therapy for condyloma acuminatum. *Int J Derm* 1990;29:693-8.
3) **Marcus J** et al. Disseminated candidiasis, *Candida* arthritis, and unilateral skin lesions. *J Am Acad Dermatol* 1992;26:295-7.
4) **Marcus J** et al. Tissue expansion in a patient with extensive nevus comedonicus. *Ann Plast Surg* 1992;29:362-6.
5) **Marcus J**, Lask GP. Photodynamic therapy. *Cancer Bull* 1993;45:261-9.
6) **Marcus J** et al. Photodynamic therapy for the treatment of squamous cell carcinoma using benzoporphyrin derivative. *J Dermatol Surg Oncol* 1994;20:375-82.
7) Goldberg DJ, **Marcus J**. The use of the frequency-doubled Q-switched Nd:YAG laser in the treatment of small cutaneous vascular lesions. *Derm Surg* 1996;22:841-4.
8) **Marcus J**, Goldberg DJ. Lasers in Dermatology: A Nursing Perspective. *Derm Nursing* 1996;8:181-93.

MOHS SURGERY

an information pamphlet for patients

Jeffrey Marcus, M.D., M.P.H., P.A.

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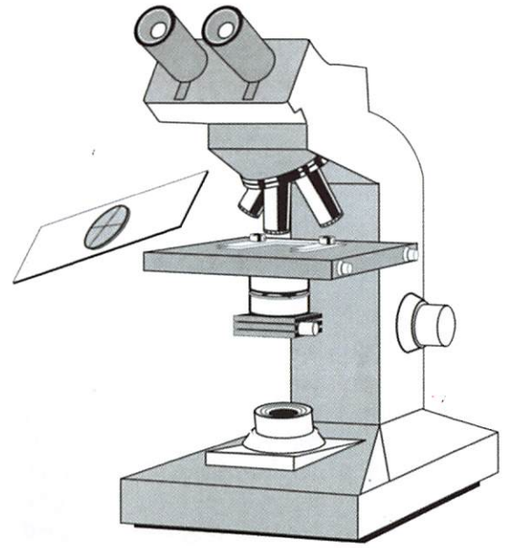


What is Mohs Surgery?

Mohs surgery is a highly specialized treatment for the total removal of skin cancer. Mohs surgery is named in honor of Dr. Frederic Mohs, the physician who developed the technique. This method differs from all other methods of treating skin cancer by using complete microscopic examination of all of the tissue removed surgically as well as using detailed mapping techniques to allow the surgeon to remove only the areas involved with cancer. Our practice is restricted to Mohs surgery for skin cancers referred by other physicians.

What are the advantages of Mohs surgery?

By using these detailed mapping techniques and complete microscopic control, the Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic roots of cancer can be removed. The results are the removal of as little normal skin as possible and the highest possibility for curing the cancer.

What are my chances of cure?

Using Mohs surgery, the percentage of cure is approximately 97% to 99% for most skin cancers, even when other forms of treatment have failed.

Will I be hospitalized?

No. Mohs surgery is performed in a pleasant outpatient surgical suite and you may return home the same day.

What happens the day of surgery?

Our staff will escort you into a surgical suite where Dr. Marcus will anesthetize the area around the skin cancer. The visible cancer along with a narrow margin of tissue will then be removed. This tissue is carefully mapped and coded by Dr. Marcus and taken to the adjacent laboratory where the technician will immediately process the microscopic slides. You will then have a temporary dressing placed over the wound.

The surgical procedure alone takes only ten to fifteen minutes. However, it takes approximately forty minutes to prepare and microscopically examine the tissues. Several surgical stages and microscopic examinations may be required. Although there is no way to predict before surgery how many stages will be necessary, most cancers are removed in two to three stages.

You may want to bring reading material to occupy your time while waiting for the microscope slides to be processed and examined. Magazines, beverages, and light snacks will be available in the waiting room area.

Because Mohs surgery removes as little normal tissue as possible, scarring is minimized. Immediately after the cancer is removed, the decision is made to either allow the wound to heal itself or to have the wound repaired with stitches or a skin graft or flap. The decision is based on the safest method that will provide the best cosmetic result.

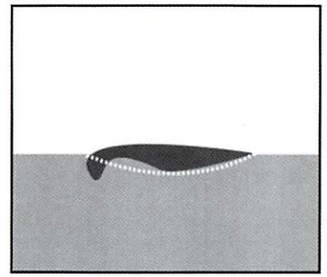
Will I have pain after the surgery?

Most patients do not complain of pain. If there is any discomfort, Tylenol is all that is usually necessary for relief.

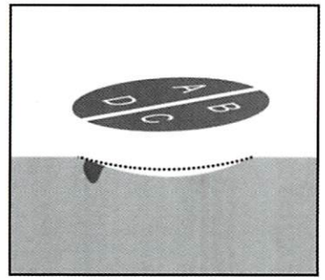
Will my insurance cover the cost?

We accept assignment on Medicare policies. We will also submit a claim to any other insurance company for you. Expenses not covered include insurance deductibles and co-pay amounts. Ask the office staff if you have concerns about being covered.

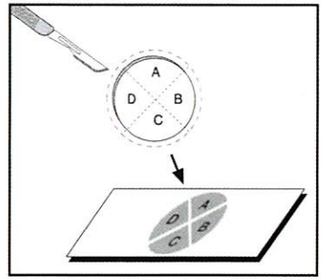
We would not want anyone to be denied medical care because of an inability to pay. If you have difficulties understanding or paying your bill, we encourage you to discuss your problem with Dr. Marcus or the office manager.



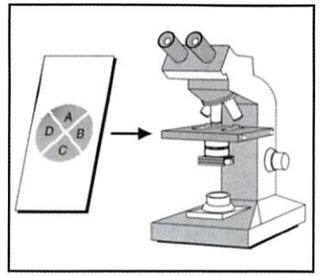
Step 1: The *roots of a skin cancer may extend beyond the visible portion of the tumor. If these roots are not removed, the cancer will recur. The visible portion of the tumor is surgically removed.*



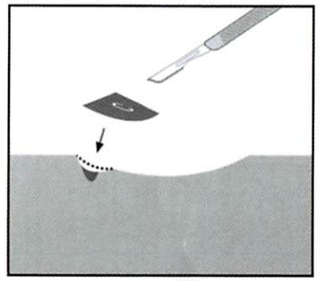
Step 2: A thin layer of skin is then removed and divided into sections.



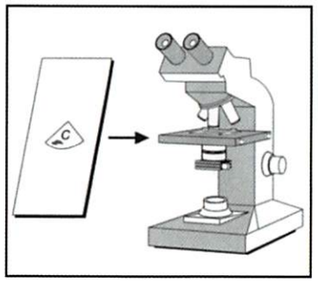
Step 3: The removed tissue is mapped and sectioned.



Step 4: The undersurface and edges of each section are then microscopically examined for evidence of remaining cancer.



Step 5: If cancer cells are found under the microscope, the surgeon marks their location on the "map" and returns to the patient to remove another layer of skin — but only precisely where the cancer cells remain.



Step 6: The removal process stops when there is no evidence of cancer remaining in the surgical site. Because Mohs surgery removes only tissue containing cancer, it ensures that the healthy tissue is kept intact.