

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee  
(the Committee)**  
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Marcus Paul Niessen (CPSO# 63749)  
(the Respondent)**

## **INTRODUCTION**

The Respondent, who is a plastic surgeon, removed basal cell lesions from the Complainant's nose five times between 2006 and 2012.

The Complainant developed another nasal lesion in 2016 and a punch biopsy showed *in situ* melanoma, which the Respondent excised.

From March 2018 to February 2020, the Respondent did not provide medical services.

In October 2019, the Complainant developed another lesion on his nose and was referred to a different physician. In January 2020, the lesion was removed and found to be invasive melanoma that had also spread to one lymph node.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

## **COMPLAINANT'S CONCERNS**

**The Complainant is concerned that the Respondent:**

- **failed to share with the Complainant the outcome of the June 2016 surgical pathology report for the excisional biopsy of the Complainant's nose, which recommended continued patient follow-up; and**
- **failed to provide any continued patient follow-up with the Complainant from June 2016 to 2019.**

## **COMMITTEE'S DECISION**

A Surgical Panel of the Committee considered this matter at its meeting of February 5, 2021. The Committee required the Respondent to attend at the College to be cautioned in person with respect to the management of melanoma, and in particular, to ensure a sufficient margin when removing a melanoma *in situ* and not allow the pathologist to direct management. The Committee also requested that the Respondent submit a report on melanoma management, summarizing what he has learned from the course "Melanoma 2021: 31st Annual Cutaneous Malignancy" that he completed in January 2021.

## COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in plastic surgery. The Assessor opined that the Respondent did not meet the standard of care in treating the Complainant; displayed a lack of knowledge; and his clinical practice, behaviour and conduct likely exposed the Complainant to harm. In particular, the Assessor noted that the Respondent excised the melanoma with a very narrow margin. Additional margin should have been excised to minimize the chance of melanoma recurrence. Once the Respondent was aware of the insufficient margin, he should have offered to re-excise the lesion, which would have reduced the probability of recurrence of the melanoma.

The Committee agreed with the Assessor's conclusions. The Committee is unable to know if the 2019 lesion was an extension of the one found in 2016 or newly developed. Regardless, the initial margin removed by the Respondent was inadequate.

With respect to the specific concerns, the Committee notes as follows:

The Respondent saw the Complainant eight times following the 2016 excision, but for different skin lesions, and there was no mention of surveillance of the *in situ* melanoma excised in 2016. Although the Respondent states the nose was clear at those visits, he did not document this. Without specific documentation regarding the region where the melanoma had been inadequately excised, the Committee cannot confirm the area was assessed, and thus no assurance that follow-up was properly done.

The Complainant's family doctor received a copy of the June 2016 pathology report, and continued to follow the Complainant, which was reasonable. However, the Respondent should have communicated with the Complainant and the Complainant's family doctor about the need for close follow-up given the inadequate surgical excision. Rather than accepting the pathologist's recommendation for follow-up, the Respondent should have recommended re-excision with a wider margin.

The Respondent's practice is currently under supervision. The Respondent also recently completed a course on melanoma management in January 2021. Given this, the Committee was satisfied additional coursework or supervision was not required at this time, and that requiring the Respondent to be cautioned in person with respect to the management of melanoma and to complete a report on this issue was an appropriate disposition in this case.