

**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. Katherine Chu (CPSO #50409)
(the Respondent)**

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care of his family member, now deceased (the Patient).

COMMITTEE'S DECISION

An Obstetrics and Gynecology Panel of the Committee considered this matter at its meeting of December 15, 2023. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to post-surgical follow-up of patients with low-risk endometrial adenocarcinoma.

In addition, the Respondent was required to prepare a written report, approximately two to four pages in length, with respect to her review and comments on Cancer Care Ontario's Guidelines on Endometrial Cancer Treatment & Follow-Up and specifically the follow-up of low-risk endometrial adenocarcinomas that do not require adjuvant therapy.

COMMITTEE'S ANALYSIS

The Committee had concerns about the Respondent's follow-up care in relation to the Patient's endometrial cancer. Based on the Respondent's submissions, the Respondent did not appear to appreciate that she failed to follow Cancer Care Ontario's guidelines that were in place at the time she provided care to the Patient.

Following the Patient's hysterectomy and bilateral salpingo-oophorectomy surgery, the Patient had appointments with the Respondent scheduled for March and April 2020; these appointments were cancelled due to the COVID-19 pandemic. In the Committee's opinion, the Respondent should have asked the Patient to attend for an in-person appointment, including physical and pelvic-rectal examination, as soon as possible in 2020 rather than waiting until February 2021 to provide follow-up care to the Patient.

The Patient was at risk for recurrence of cancer given her diagnosis. In the Committee's opinion, the Respondent failed to provide appropriate care to the Patient because she did not adequately monitor the Patient for this serious and life-threatening risk, and she also failed to follow the relevant Cancer Care Ontario guidelines in place at the time.

As a result, the Committee required the Respondent to appear before the Committee to be cautioned and to complete a written report, as outlined above.

This is a summary of the Committee's decision as it relates to the Caution disposition.