

SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)

**Dr. Raj Ramanna (CPSO #62993)
(the Respondent)**

INTRODUCTION

The Complainant initially saw the Respondent upon referral in July 2017 for an abnormal Pap smear and ultrasound. The Complainant's family physician ordered an MRI scan, which the Complainant underwent in August 2017. When the Complainant returned to the Respondent for follow-up, he advised her that the MRI was normal, when in fact it was not. In February 2018, the Complainant was diagnosed with cervical cancer.

COMPLAINANT'S CONCERNS

The Complainant is concerned that in 2017, the Respondent failed to recognize on her MRI report that there was a tumor of approximately 1 cm, which led to a delay in her diagnosis of cervical cancer.

COMMITTEE'S DECISION¹

The Obstetrical Panel of the Committee considered this matter at its meeting of June 7, 2019. The Committee required the Respondent to attend at the College to be cautioned in person with respect to his failure to appreciate the findings of an MRI scan and on placing more importance on a normal ultrasound than on an abnormal MRI scan.

COMMITTEE'S ANALYSIS

The Committee noted that the Complainant's August 2017 MRI scan revealed a T2 isointense enhancing mass within the anterior right and central cervix adjoining the endocervical canal. In the Committee's view, these findings and the noted measurements were suspicious for a primary cervical tumor and should have been further evaluated with cervical biopsies.

1

***Information about the Complaints Process and the Committee's role can be found at <https://www.cpsa.on.ca/Public-Information-Services/Learn-About-Our-Complaints-Process>**
Further information about the Committee can be found at <https://www.cpsa.on.ca/About-Us/About-Council/Committees>

SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)

The record included a note made by the Respondent from March 8, 2018, indicating that an ultrasound done at the same time as the Complainant's MRI was normal, and there was no cervical cancer detected on the ultrasound at that time. The Committee noted that transvaginal ultrasound (TVUS) is not part of routine cervical cancer staging, and also noted that the location of the cervix deep within the pelvis and the relatively small field of view may contribute to poor TVUS performance. The Committee agreed that MRI imaging is the preferred imaging modality for evaluating local extent of cervical cancer due to its high contrast resolution, which enables differentiation between cancerous and normal tissues.

In the Committee's view, the Respondent failed to appreciate the significance of the Complainant's MRI report. The MRI pointed to further investigation that should have been undertaken but was not, which the Committee found to be a significant miss on the part of the Respondent. The Respondent should have ordered a biopsy and perhaps an endocervical sample to ensure he was not missing a lesion in the endocervical canal, and he should not have dismissed the findings of the MRI report, but rather revisited the completeness of his investigations.

In spite of the Respondent's apparent reflection on his practice and his admission that he "misstated" the MRI findings to the Complainant, the Committee noted that there was no indication he would do anything differently given the same set of circumstances in another case, which would put patients at risk of the same outcome. The Committee was concerned that given the opportunity to reflect and respond, the Respondent did not admit his error in not proceeding with further investigations, and relied primarily on his examination and ultrasound to rationalize his actions. Given the above, the Committee felt a caution, as outlined above, was warranted.