

## Summary

### **Dr. Stephanie A. Liabotis (CPSO# 72428)**

#### 1. Disposition

On October 7, 2015, the Inquiries, Complaints and Reports Committee (“the Committee”) required family physician Dr. Liabotis to appear before a panel of the Committee to be cautioned with respect to being aware of breast cancer presentation in premenopausal women, and ordering proper investigations in a timely manner. The Committee also ordered Dr. Liabotis to provide a written report to the College about the appropriate investigations to be ordered for possible breast cancer, including when to do a mammogram and when to refer for a biopsy.

#### 2. Introduction

The Patient complained to the College that Dr. Liabotis failed to recognize and properly investigate the abnormal findings in her right breast in a timely manner, resulting in her being diagnosed with stage III breast cancer requiring chemotherapy, radiation, and a double mastectomy. She also expressed concern that Dr. Liabotis failed to communicate test results to her in a timely manner, and that Dr. Liabotis advised her of her cancer diagnosis over the telephone.

Dr. Liabotis disagreed with the Patient’s description of her symptoms at certain visits, and explained the rationale for initially concluding that the lump in the Patient’s breast represented benign changes in existing scar tissue. She explained that she did give the Patient the option of undergoing an ultrasound for peace of mind; and indicated that she would have followed up on the ultrasound results given the Patient’s clinical presentation, but that the changes in the breast when the Patient returned to see her made it obvious that further investigation was required. Dr. Liabotis acknowledged the Patient’s concerns about communication, and indicated that she had implemented changes to improve her future practice.

#### 3. Committee Process

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint, as well as College policies and relevant legislation.

#### 4. Committee’s Analysis

The Committee was of the opinion that Dr. Liabotis should have ordered a mammogram when the Patient first identified a lump in her right breast; and that further investigation was strongly indicated when she returned approximately a year later with right breast pain, hardness in the axilla and an inverted nipple. The Committee felt that Dr. Liabotis should have recommended immediate imaging to the Patient to rule out the possibility of malignancy, rather than simply giving her the option of undergoing an ultrasound for reassurance.

While the Committee acknowledged that the ultrasound report was somewhat confusing, it was of the view that the totality of the report suggested the need for follow-up, and it was troubled that Dr. Liabotis waited until the Patient returned to see her later that month with increasing symptoms before she ordered further investigations and made a referral to a surgeon. The Committee concluded that Dr. Liabotis showed a lack of insight into the Patient's breast problems, and a lack of knowledge regarding breast cancer presentation in premenopausal women, resulting in a failure to diagnose an aggressive breast cancer in a timely manner.

The Committee felt that Dr. Liabotis did not show appropriate sensitivity in discussing the Patient's diagnosis with her over the telephone, and commented that it trusted she would ensure that, in the future, she follows her stated usual practice of meeting with patients in person for discussions of that nature.