

**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. Dora Chan (CPSO #84240)  
(the Respondent)**

## **INTRODUCTION**

The Complainant underwent a total laparoscopic hysterectomy by the Respondent (Obstetrics/Gynaecology). The surgery was performed almost a year after other physicians had noted concerns about the Complainant's cervix during a Pap test that was done in the context of a history of abnormal bleeding. An ultrasound that the Respondent had ordered noted that malignancy could not be excluded. The Patient's Pap test result was normal.

Concerns were noted during the hysterectomy, and pathology from the procedure led to the Complainant being diagnosed with cervical cancer.

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

## **COMPLAINANT'S CONCERNS**

**The Complainant is concerned that the Respondent failed to investigate increased cell growth noted during a Pap test prior to performing a laparoscopic-assisted hysterectomy, which resulted in a diagnosis of cancer.**

## **COMMITTEE'S DECISION**

An Obstetrical Panel of the Committee considered this matter at its meeting of April 16, 2021. The Committee required the Respondent to attend at the College to be cautioned in person with respect to proceeding to hysterectomy without a definitive diagnosis when malignancy is to be considered. The Committee also asked the Respondent to provide a written report with respect to the various presentations of invasive carcinoma in women of reproductive age.

## **COMMITTEE'S ANALYSIS**

It is commonly accepted knowledge that a normal Pap result does not exclude the possibility of cervical malignancy in the setting of an abnormal appearing cervix. In fact,

there may be a false negative result in as many as 50% of cases where there is existing cervical malignancy.

A hysterectomy should not have been entertained without knowing what the pathology in the cervix was, as this could dictate what type of hysterectomy should be considered or if hysterectomy was even the appropriate management. The Respondent's records did not clearly explain why she proceeded with a hysterectomy in this case. The Respondent did not take other appropriate clinical steps before the procedure, but rather undertook definitive management without definitive diagnosis. The Respondent's index of suspicion and sense of urgency was far too low in this clinical scenario of a patient of reproductive age with abnormal bleeding and abnormal ultrasound with suspected malignancy.

The Committee decided to require the Respondent to appear before the Committee to be cautioned and it asked the Respondent to prepare a written report, as set out above.