SUMMARY

DR. MARIA CHI WI CHOW CPSO# (93204)

1. Disposition

On March 8, 2017, the Inquiries, Complaints and Reports Committee ("the Committee") ordered General Practitioner Dr. Chow to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Chow to:

- complete an online module on screening for breast cancer and a course on the management and diagnosis of breast cancer
- submit a written report to the College, regarding the relevant Clinical Practice Guidelines on breast disease and cancer, and on the treatment and follow-up of breast cancer
- be reassessed by a College Assessor approximately 6 months after completing the education program.

2. Introduction

Patient A complained to the College that Dr. Chow failed to take her breast lump concerns seriously and investigate, causing a delay in her cancer diagnosis and treatment; and failed to prescribe appropriate medication

Dr. Chow responded that when Patient A first noticed a lump, she ordered an ultrasound. That report indicated it was likely a sebaceous cyst and no further follow up was recommended. About one year later, Patient A reported having a milk cyst believed to be related to breastfeeding; she conducted an examination and identified a 2-cm lump, and recommended warm compresses. Patient A was due for a regularly scheduled mammogram the next month (October) and would be contacted by the Ontario Breast Screening Program directly. Dr. Chow next saw Patient A in January regarding leaking milk though she had stopped breastfeeding some six months earlier. Her breast examination showed the right breast was swollen, tender on palpation, and the nipple looked involuted. She suggested an ultrasound and a trial of the medication (bromocriptine). Patient A informed Dr. Chow that her mammogram had been

delayed and would take place in two months. Following the cancer diagnosis, Dr. Chow prescribed pain, anti-anxiety and insomnia medication.

3. Committee Process

A panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint/investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

Dr. Chow failed to investigate Patient A's breast lump in a timely manner, particularly given her medical history, which included a positive BRAC2 gene mutation and a mother and grandmother who had cancer, making her at high risk for cancer.

While it was reasonable for Dr. Chow not to order further investigation after the first ultrasound report showed a sebaceous cyst, when Patient A attended a year later and Dr. Chow noted a 2-cm lump in the right breast, Dr. Chow should have ordered immediate imaging. It was not reasonable to wait for an upcoming screening mammogram, as the screening program is meant for asymptomatic patients, not those with a palpable lump. Dr. Chow either did not recognize the need to further investigate a known, palpable breast lesion, or, at the very least, Dr. Chow failed to show appropriate urgency. Furthermore, her diagnosis of a "milk cyst" was not reasonable. This diagnosis could only have been made by aspiration of the cyst. Given that there was a previously identified lump in the right breast, and that Patient A was a high risk patient, further investigation was mandatory.

When Patient A returned for a follow-up visit some three months later, Dr. Chow noted the mass was larger (about 8-cm) and the nipple inverted, but yet again she suspected a "milk cyst." This diagnosis was unreasonable and should have been very low on a list of possible diagnoses. Dr. Chow failed to appreciate signs of a possible malignancy and to order urgent imaging. Dr. Chow

also failed to examine the armpit and associated glands at that visit, which would have been appropriate.