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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
PER ANDERAS, M.D., RESPONDENT.	:	LS # 0605171 MED

[Division of Enforcement Case # 03 MED 265]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Per Anderas, M.D.
164 N. Broadway
Green Bay WI 54303

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Medical Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Per Anderas, M.D. ("Respondent"), was born on August 12, 1953, is licensed to practice medicine and surgery in the state of Wisconsin pursuant to license #24450. This license was first granted on July 1, 1982. Respondent is a general surgeon.

2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 164 N. Broadway, Green Bay, Wisconsin 54303.

3. At all times relevant to this action, Respondent was working as a physician at Green Bay, Wisconsin.

4. Patient VH is a female born on January 12, 1956.

5. Patient VH had a surgical biopsy of a mass in her right breast in March, 1988, and a surgical biopsy of a

second mass in her right breast in October, 1989. Pathology reports on both occasions indicated sclerosing adenosis, not malignancy.

6. In 1991, Patient VH had a bilateral mammography, which was interpreted "both breasts are extremely dense and glandular, with marked diffuse fibrocystic changes" but otherwise unremarkable with no evidence for a dominant mass lesion or pathologic calcifications."

7. Patient VH had mammograms in October 1993 and September 1996 which were interpreted as showing no mammographic evidence of malignancy.

8. In July 1997, Patient VH presented at her gynecologist with complaints of "thickening" in her left breast and tenderness beneath it. Her gynecologist reported an area of fibrocystic change at the 1 o'clock position on her left breast and some fibrotic feeling glands at the 6 o'clock position on her left breast. He diagnosed probable fibrotic changes, but ordered a mammogram and ultrasound to further define; his plan states "if suspicious, will get surgical consult and biopsy (Dr. Anderas.)"

9. On August 17, 1998, Patient VH had a mammogram, the report of which read:

> "Comparison is made to exam dated 9/16/1996 Door County Memorial Hospital.
> The tissue of both breasts is heterogeneously dense. This may lower the sensitivity of mammography. Benign appearing calcifications and densities are present in the left breast. No significant masses, calcifications, or other findings are seen in either breast. There has been no significant interval change. There is no mammographic evidence of malignancy."

10. Also on August 17, 1998, Patient VH had an ultrasound of her left breast. The report of that ultrasound read:

> "There is a 1.3 cm lobulated margin mass in the left breast at 1 o'clock in the middle depth. This mass is hypoechoic. The mass corresponds as palpated. . . . The 1.3 cm mass at 1 o'clock in the middle depth in the left breast is a complex cyst and is not readily classifiable as benign or malignant. A biopsy based on clinical assessment is recommended."

11. On September 1, 1998, Patient VH presented to Respondent. He dictated a report of the office visit:
> "On physical examination, her breasts . . . are diffusely nodular. I am not convinced that there is a discrete mass in the upper outer quadrant, but I did insert a needle into this area with the knowledge of there being a cyst in this area. I was, however, unable to aspirate a cyst. I am personally not convinced that anything further needs to be done at this point. I told (Patient VH) that the chances of this representing a carcinoma are very small."

12. Respondent also dictated a letter to the Patient's gynecologist, in which he said:
> "(Patient VH) had an ultrasound which reveals a cyst in the left breast. I am not convinced that this is palpable. Her breasts are diffusely nodular. I suspect that the risk of this being a malignancy is extremely small. I offered a biopsy, but I am personally not convinced that that is necessary at this point. I would personally rather follow this on a clinical basis."

13. Patient VH returned to Respondent on March 16, 1999, for a follow up examination, which Respondent reported as showing diffuse nodularity but no discrete mass. He recommended a mammogram in a year.

14. Patient VH had a mammogram on November 15, 1999, which was read as abnormal, noting a 3.5 cm irregularly shaped mass at 1 o'clock on the left breast. A follow up ultrasound showed that mass, and a second, smaller mass at 4 o'clock. Subsequent biopsies disclosed extensive infiltrating ductal carcinoma in both masses.

15. Patient VH had a modified radical mastectomy, with removal of twenty lymph nodes, all of which were positive for malignancy.

16. The minimally acceptable standard of care on September 1, 1998, required more definitive diagnostic effort

than an unsuccessful unguided attempt to aspirate the cyst in the Patient's left breast, followed by a delayed repeat palpation examination, and a further delay in a repeat mammogram.

17. Respondent has since voluntarily limited his practice to exclude any case which presents the probability of concerns of diagnosis or treatment of breast cancer. In addition, Respondent has recently completed the 8th Annual Lynn Sage Breast Cancer Symposium, at the Feinberg School of Medicine, Northwestern University, for 15.75 hours of continuing medical education on the detection, diagnosis, and treatment of breast cancer.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. §448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraphs 11-13 above, constitutes a violation of Wisconsin Administrative Code § MED 10.02(2)(h).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. Per Anderas, M.D., is hereby REPRIMANDED.

IT IS FURTHER ORDERED that:

2. The Board accepts the continuing medical education described in paragraph 17, above, as the equivalent of the continuing medical education it would otherwise have ordered.

3. Respondent shall, within six months from the date of this Order, pay costs of this proceeding in the amount of $1,025.00 (One Thousand Twenty Five) dollars. Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

4. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to pay costs as ordered, the Respondent's license (#24450) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: Gene Musser MD 1/24/07

A Member of the Board Date