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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER
	:	
LEONAS P. SULAS, M.D.,	:	ORDER 0000485
RESPONDENT.	:	

Division of Enforcement Case No. 08MED152

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

Leonas P. Sulas, M.D.
Divine Savior Healthcare, Inc.
2817 New Pinery Road
P.O. Box 387
Portage, WI 53901

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

Wisconsin Medical Examining Board
Department of Regulation and 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 this Stipulation and considers it acceptable.

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

FINDINGS OF FACT

1. Leonas P. Sulas, M.D., Respondent herein, (date of birth is April 11, 1944), is licensed and currently registered by the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 27361, which was first granted November 14, 1985.

2. Respondent's address of record with the Department of Regulation and Licensing is Divine Savior Healthcare, Inc., 2817 New Pinery Road, P.O. Box 387, Portage, Wisconsin 53901.

3. Respondent's practice specialty is urology.

4. During the events of this matter, Respondent practiced medicine and surgery for Dean Health System.

COUNT I

5. From February 2, 2004 through July 26, 2007 Respondent provided medical care and treatment for patient RB, a 63 year old male.

6. Patient RB was referred to Respondent for an increasing prostate specific antigen (PSA). The patient reported to Respondent his PSA levels went from 3.2 to 5.8 and he had already been on antibiotics.

7. From February 2, 2004 to June 22, 2007, Respondent ordered PSAs for Patient RB's, several of which were reported as follows:

February 2, 2004	PSA 4.2
June 8, 2006	PSA 4.2
December 20, 2006	PSA 4.0
June 22, 2007	PSA 4.8

8. Each of the PSA levels identified in paragraph 7, above, were elevated and abnormal.

9. Respondent did not recommend a transrectal ultrasound and/or prostate biopsy for follow up evaluation after the elevated PSA levels.

10. On December 24, 2007 Patient RB was seen by another provider who diagnosed him with left prostatic adenocarcinoma or prostate cancer.

11. Respondent's conduct in failing to provide appropriate and timely follow-up for abnormal PSA results for Patient RB tended to constitute a danger to the patient by delaying diagnosis of the cause of the abnormal levels.

12. Respondent's failure to determine the cause of the abnormal PSA levels by ordering appropriate diagnostics created the risk to the patient that diagnosis of his medical condition would be delayed and treatment of that condition would not be initiated in a timely manner.

COUNT II

13. From November 24, 2003 to June 7, 2007 Respondent provided medical care and treatment for patient MH, a 76 year old male.

14. During the course of that treatment, Respondent ordered prostate specific antigen (PSA) levels to monitor the patient's nocturia and frequency. Patient MH had been treated empirically with Proscar as well as Enablex.

15. From June 20, 2005 to June 7, 2007, Patient MH's PSA levels were reported as follows:

June 20, 2005	PSA 2.0 on Proscar
February 9, 2007	PSA 3.7 on Proscar
June 7, 2007	PSA 4.2 on Proscar
June 15, 2006	PSA 3.5 on Proscar
December 6, 2006	PSA 2.88 on Proscar

16. Each of the PSA levels identified in paragraph 15 above, were elevated and abnormal. When taking Proscar, PSA levels are doubled.

17. Respondent did not recommend a transrectal ultrasound and/or prostate biopsy for follow up evaluation after the elevated PSA levels.

18. On June 29, 2007, a left and right prostate needle biopsy was ordered and performed by another provider. The diagnosis was left & right focal prostatic adenocarcinoma or prostate cancer.

19. Respondent's conduct in failing to provide appropriate and timely follow-up for abnormal PSA results for Patient MH tended to constitute a danger to the patient by delaying diagnosis of the cause of the abnormal levels.

20. Respondent's failure to determine the cause of the abnormal PSA levels by ordering appropriate diagnostics created the risk to the patient that diagnosis of his medical condition would be delayed and treatment of that condition would not be initiated in a timely manner.

COUNT III

21. From March 24, 2007 to May 30, 2007 Respondent provided medical care and treatment for patient GM, a 58 year old male.

22. Patient GM was referred to Respondent when it was discovered by another provider through an annual examination that he had elevated prostate specific antigen (PSA) level of 8.0.

23. On April 11, 2007, Respondent decided to proceed with antibiotics and repeat PSA in 6 weeks.

24. On May 23, 2007, his PSA was 6.1. Patient GM was seen urologically on May 30, 2007 by Respondent and at that point Respondent felt, due to the reduction in PSA, that he would follow the patient in six months with a PSA determination.

25. Each of the PSA levels identified in paragraphs 22 and 24 above, were elevated and abnormal.

26. Respondent did not recommend a transrectal ultrasound and/or prostate biopsy for follow up evaluation after the elevated PSA levels.

27. On November 28, 2007, Patient GM was subsequently seen by another provider who performed a follow up PSA on November 21, 2007, which was 6.6. A prostate biopsy was recommended and scheduled by the subsequent provider.

28. On December 12, 2007, the ordered needle biopsy of left and right prostate showed invasive adenocarcinoma or cancer.

29. Respondent's conduct in failing to provide appropriate and timely follow-up for abnormal PSA results for Patient GM tended to constitute a danger to the patient by delaying diagnosis of the cause of the abnormal levels.

30. Respondent's failure to determine the cause of the abnormal PSA levels by ordering appropriate diagnostics created the risk to the patient that diagnosis of his medical condition would be delayed and treatment of that condition would not be initiated in a timely manner.

COUNT IV

31. From April 17, 2006 to June 22, 2007 Respondent provided medical care and treatment for patient DM, a 68 year old male.

32. Patient DM was referred to Respondent for an elevated prostate specific antigen (PSA) and dizziness.

33. From June 19, 2006 to June 20, 2007, Patient DM's PSA's were reported as follows:

June 19, 2006	PSA 6.7
July 13, 2006	PSA 5.2
December 20, 2006	PSA 5.3
June 20, 2007	PSA 5.2

34. Each of the PSA levels identified in paragraph 33, above, were elevated and abnormal.

35. On June 20, 2007, Respondent's records indicate the PSA was 11 and a biopsy was performed, which demonstrated benign prostatic hypertrophy.

36. Respondent did not recommend a transrectal ultrasound and/or prostate biopsy for follow up evaluation after the elevated PSA levels.

37. On December 27, 2007, records by a subsequent treater indicate that charts were further reviewed and there was no evidence of a past PSA of 11 nor was the subsequent treater able to locate a past procedure of prostate biopsy or pathology from a prostate biopsy being performed.

38. On January 24, 2008, a transrectal ultrasound and prostate needle biopsy were performed by the subsequent treater. Patient DM was diagnosed with benign prostatic hypertrophy.

39. Respondent's conduct in failing to provide appropriate and timely follow-up for abnormal PSA results for Patient GM tended to constitute a danger to the patient by delaying diagnosis of the cause of the abnormal levels.

40. Respondent's failure to determine the cause of the abnormal PSA levels by ordering appropriate diagnostics created the risk to the patient that diagnosis of his medical condition would be delayed and treatment of that condition would not be initiated in a timely manner.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. Respondent, by engaging in the conduct as set out above, has engaged in conduct which tends to constitute a danger to the health, welfare, or safety of a patient, which is a violation of Wis. Stat. § 448.02(3) and Wis. Admin. Code § MED 10.02(2)(h).

ORDER

IT IS HEREBY ORDERED that the stipulation of the parties is approved.

IT IS FURTHER ORDERED that Leonas P. Sulas, M.D. is hereby REPRIMANDED.

IT IS FURTHER ORDERED, that Respondent's license to practice medicine and surgery shall be LIMITED on the following terms and conditions:

1. Within 9 months of the effective date of this Order, Respondent shall participate in and successfully complete:

- a) 6 hours of continuing education in the diagnosis of prostate cancer, to include the meaning and appropriate follow up of abnormal PSAs; and
- b) 15 hours of continuing education on the use and performance of transrectal ultrasound and needle biopsy as further diagnostic tools.

The courses attended in satisfaction of this Order must be pre-approved by the Medical Examining Board or its designee. Respondent will be responsible for locating courses satisfactory to the Medical Examining Board and for obtaining the required approval of the courses from the Medical Examining Board or its designee. The Board shall notify the Respondent of approval of the courses within 30 days of receipt of all necessary information to determine whether the course meets the requirements of this Order.

Respondent will, within 30 days of completion of this educational requirement, file an affidavit with the Medical Examining Board stating under oath that he has attended in its entirety the

courses approved for satisfaction of this requirement along with supporting documentation of attendance from the sponsoring organization. Requests for preapproval, the affidavit of attendance and the supporting documentation of attendance will be filed with:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, Wisconsin 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

All certifications, affidavits or other documents required to be filed with the Medical Examining Board will be deemed filed upon receipt by the Department Monitor.

2. Respondent will be responsible for paying the full cost of attendance at these courses. Respondent will not apply any of the continuing education credits earned in satisfaction of this Order toward satisfaction of the Wis. Stat. § 448.13 biennial training requirements.

3. Respondent shall, within 60 days of the date of this Order, engage the services of a board certified urologist, who shall be preapproved by the Board, to serve as a Professional Mentor under this Order.

a) The Respondent shall, within sixty (60) days of completion of the above ordered continuing education, meet with the Professional Mentor to review six sets of records for patients of Respondent, where abnormal PSAs were obtained, to discuss the clinical findings, diagnosis and treatment recommendations (including any additional diagnostics) made by Respondent.

b) Respondent shall arrange for his Professional Mentor to provide written reports regarding his/her findings to the Department Monitor at the address provided above within twenty (20) days of the meeting. As part of the findings, the report shall specifically state whether Respondent's care and treatment of the patients who were the subject of the review met the minimum standards in the profession. It is Respondent's obligation under this Order to ensure that the report is submitted in a timely manner.

c) If the Professional Mentor notes a significant departure from the minimum standard of care as established in the profession at any time during the mentoring period, the Mentor shall notify the Board immediately.

d) Within 45 days of receipt of the final written report from the Professional Mentor, the Department Monitor shall review the findings with the Board or its designee. If the final report is not approved by the Board or its designee within 45 days of receipt, the mentoring component will be deemed completed unless the report specifically states that the Respondent's

care and treatment of the patients who were the subject of the review did not meet the minimum standards in the profession.

e) Upon completion of the mentoring period and upon acceptance by the Board of all findings by the Professional Mentor indicating practice by Respondent meets the minimum standard of care established in the profession, the Board shall notify Respondent in writing that he has completed all of the requirements of mentoring period and Respondent's license to practice medicine and surgery in the State of Wisconsin shall be fully reinstated.

4. Respondent shall within 90 days of this Order pay costs of this proceeding in the amount of one thousand nine hundred dollars (\$1,900.00). Payment shall be made to the Wisconsin Department of Regulation and Licensing, and mailed to the Department Monitor at the address provided above.

5. 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 timely submit payment of the costs as ordered or fails to comply with the ordered continuing education as set forth above, the Respondent's license (# 27361) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs or completion of the continuing education.

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

MEDICAL EXAMINING BOARD

By:  MD MBA
A Member of the Board

10/20/10
Date

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