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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER
TRACY M. LEWIS, M.D., RESPONDENT.	:	ORDER 0000800

Division of Enforcement Case No. 08 MED 066

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

Tracy M. Lewis, M.D.
2130 Big Bend Road
Waukesha, WI 53189

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Department of Regulation and Licensing
Division of Enforcement
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 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. Tracy M. Lewis, M.D. (DOB December 9, 1970) 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 40192-20. This license was first granted on August 7, 1998.

2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 2130 Big Bend Road, Waukesha, WI 53189.

3. On October 28, 2002, Patient SH (DOB 06/29/1952) established care with Respondent, in part because she was concerned about menopause and wanted to work with a woman physician. Patient SH had some urinary incontinence. Her medical history was notable for a family history of various cancers: Her father died at age 75 of squamous cell carcinoma of the seventh cranial nerve; her paternal grandfather died of cancer, possibly a brain cancer, at age 85; and her maternal grandmother died at age 85, also of cancer, believed to be melanoma. Patient SH had a benign breast lump removed previously.

4. Respondent was Patient SH's primary physician for the next five years. During that time Patient SH reported concerns with postmenopausal bleeding:

a. On April 30, 2003, Respondent saw Patient SH for her annual gynecological examination, including a ThinPrep® Pap smear. Speculum examination was normal, with a note that "the patient has a little bit of cervical stenosis."

b. On September 15, 2004, Patient SH stated she had not had her period for 6 months, but as of that date she was in the midst of what would be a 15-day period.

c. Patient SH did not have another period until January of 2006, when she had 2-3 days of postmenopausal spotting. She continued to have spotting for a few days in February and March 2006.

d. On March 23, 2006, when Patient SH reported the postmenopausal bleeding, Respondent appropriately told her that postmenopausal bleeding must be investigated. Respondent offered Patient SH transvaginal and transabdominal ultrasound to assess the thickness of the uterine lining, with a follow up endometrial biopsy, or both.

e. An April 6, 2006, ultrasound report indicated a normal small postmenopausal right ovary and non visualization of the left ovary. Additionally, the ultrasound revealed three hypoechoic masses, one dominant hypoechoic mass in the posterior upper body of the uterus, and two smaller fibroids in the anterior upper body of the uterus. The endometrial echo stripe was well-defined and measured .6 cm [*sic*] in thickness. According to the report, the dominant mass, consistent with uterine leiomyomata caused a "slight distortion of an otherwise normal-appearing endometrial echo stripe." Dr. Lewis believed the radiologist's report indicated a normal endometrial echo stripe.

f. Respondent's April 12, 2006, note indicated that because the endometrial stripe was "normally thin" and because Patient SH had cervical stenosis, Respondent would not proceed with a biopsy at that time. Respondent instructed that Patient SH was to report "ANY recurrent bleeding" and might then need to proceed with a biopsy. Respondent explained that "it is possible that the fibroid that is pushing

into the endometrial canal is causing the bleeding".

g. On February 15, 2007, Patient SH reported spotting and asked to be seen. Respondent asked staff to tell Patient SH that Respondent recommended an endometrial biopsy, but would consider doing another ultrasound, since a year had passed since the previous ultrasound. Because Patient SH had some cervical stenosis, Respondent indicated she was "not sure how easy it would be to do here in this office, but we can try; definitely has to be seen for follow up." Respondent indicated that Patient SH could see a gynecologist if she preferred. Patient SH elected to undergo another ultrasound.

h. A February 20, 2007 ultrasound report indicated that neither ovary could be seen, and the appearance of the uterus was unchanged from the 2006 exam. The report reiterated that one of the fibroids was distorting the endometrial stripe, but that the endometrial stripe itself was thin. The endometrial stripe then measured approximately 3 mm in diameter. Respondent instructed staff to inform Patient SH that the unchanged ultrasound results did not explain the bleeding. Patient SH was to come in for her annual gynecological exam and Respondent would consider an endometrial biopsy at that time.

i. On March 28, 2007, Patient SH asked about the need for endometrial biopsy. Per Respondent's note, she told Patient SH the probability of endometrial cancer was low "given the stability of her exam over a year and the 3 mm stripe." Respondent explained the only way to rule out cancer was to get a tissue diagnosis from either an endometrial biopsy or D&C, but Patient SH "agreed we will watch and repeat an U/S next year to ensure stability." Patient was to call if she experienced any change in the bleeding.

j. On September 5, 2007, Patient SH informed Respondent that she'd had an increase in spotting since the March visit; throughout the summer she had small amounts of brown spotting after voiding, and for approximately four days after intercourse she experienced heavier bleeding. Respondent recommended an endometrial biopsy.

k. On September 17, 2007, Respondent unsuccessfully attempted an endometrial biopsy. Respondent documented that Patient SH's cervix was quite atrophic and Respondent observed bruising to the posterior cervix with even gentle insertion of the speculum. Respondent's note indicated that she was "not terribly concerned about endo cancer and feel a trial of Premarin cream may benefit her, as could be due to atrophy." Respondent prescribed a trial of Premarin, to be reviewed in March 2008, or earlier if symptoms worsen. Respondent told Patient SH she could see a gynecologist for the endometrial biopsy, but Patient SH wished to try the cream and monitor the bleeding. (Patient SH now says that Respondent very clearly reassured her that she probably did not have cancer.)

l. On October 29, 2007, Patient SH reported increasingly heavy vaginal bleeding.

Respondent referred Patient SH to a gynecologist if the Premarin cream was ineffective. Patient SH complained that no one seemed to think her condition was serious and asked for help expediting a biopsy.

m. On November 7, 2007, Dr. James Leonhardt, M.D., saw Patient SH for her endometrial biopsy. Patient SH stated she had stopped use of Premarin after conducting her own research, and Dr. Leonhardt agreed with this decision. The endometrial result was "atypical," not cancerous. The cancer was diagnosed after a D&C was performed.

5. On December 18, 2007, a gynecologist performed Patient SH's hysterectomy, and testing revealed Patient SH had Stage IIC endometrial cancer and Stage IIC ovarian cancer.

6. Any vaginal bleeding in postmenopausal women requires follow up to exclude malignancy. Either transvaginal ultrasonography or endometrial biopsy are appropriate for initial assessment of postmenopausal uterine bleeding.

7. The standards of competent physicians require that in postmenopausal patients with vaginal bleeding, the following all require additional assessment: endometrial thickness of greater than 4 mm; inability to adequately visualize the thickness of the endometrium; persistent bleeding despite negative initial evaluations; and continued bleeding despite negative initial evaluations.

8. Premarin is conjugated estrogen, used to treat postmenopausal changes in and around the vagina. Premarin's manufacturer warns that the cream is not to be used if a postmenopausal patient has "unusual vaginal bleeding" as it may be associated with an increase in certain cancers.

9. Respondent's care of Patient SH fell below the standard of the minimally competent physician when she failed to further investigate continued and increasing intrauterine bleeding despite negative findings on initial examinations.

10. Respondent's care of Patient SH fell below the standard of the minimally competent physician when she prescribed estrogen cream for a patient with postmenopausal intrauterine bleeding.

11. Respondent's care of Patient SH created an unacceptable risk that she would fail to detect a malignancy, resulting in delayed diagnosis and treatment, with increased mortality.

12. With pre-approval of the Board's designee, between March 24-26, 2011, Respondent completed remedial education, to-wit: Menopausal Medicine Care for the Mature Female, sponsored by the Mayo Clinic.

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. 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 unprofessional conduct as defined by Wis. Admin. Code § MED 10.02(2)(h). Respondent is therefore subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

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

IT IS FURTHER ORDERED that Tracy M. Lewis, M.D., is hereby REPRIMANDED.

IT IS FURTHER ORDERED that:

1. Respondent shall, within sixty (60) days from the date of this Order, pay costs of this proceeding in the amount of FOUR HUNDRED dollars ($400.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing and mailed to the Department Monitor at the address provided above.

2. Payments and correspondence pertaining to the terms of this Order shall be submitted in person or by mail to:

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

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.

3. 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 set forth above, the Respondent's license (No. 40192) 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.

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

MEDICAL EXAMINING BOARD

By: ______________________ 4/20/11
A Member of the Board Date

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