NEVADA STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

DIETRICH VON FELDMANN, M.D.

ADJUDICATION

Case No: 22-31575-1

Date: December 2, 2022

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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D., Respondent.**	**Case No. 22-31575-1**

FILED
MAR - 1 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Dietrich Von Feldmann, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint, a physician licensed to practice medicine in the State of Nevada (License No. 12002). Respondent was originally licensed by the Board on August 17, 2006.

A. Respondent's Treatment of Patient A

2. Patient A was an 80-year-old year-old male when he presented to the Respondent for medical care on June 20, 2018. Patient A's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. Patient A presented to Respondent on June 20, 2018, for a surveillance colonoscopy due to a personal history of colon polyps.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chairman, Ms. April Mastroluca, Weldon Havins, M.D., J.D.

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4. During the procedure, Respondent discovered a number of flat cecal polyps and performed an endoscopic mucosal resection on a 1 cm flat cecal polyp, in addition to a second ascending colon polyp.

5. Patient A developed abdominal post-operative pain. Respondent informed Patient A that there was a risk of developing post polypectomy coagulation necrosis syndrome as a result of the procedure and that he would feel better after he passed some gas. Patient A was then discharged.

6. Patient A's spouse contacted Respondent on the evening of June 20, 2018, when Patient A's abdominal pain had worsened (to a 10/10 on the pain scale). Respondent failed to order an immediate abdominal radiograph to rule out colon perforation, and only considered a diagnosis of post polypectomy coagulation necrosis syndrome and prescribed oxycontin for pain.

7. Patient A continued to suffer with severe pain in his abdomen and returned to the Emergency Room on the morning of June 21, 2018, whereupon Patient A underwent a CT scan of the abdomen and pelvis, which showed a large amount of free air in the right upper quadrant of the abdomen.

8. Respondent viewed Patient A's CT scan on June 21, 2018, and failed to recognize that the large amount of free air in Patient A's abdomen indicated possible colon perforation which warranted immediate surgical evaluation.

9. Patient A was transferred by air ambulance to Renown Medical Center by his primary care provider due to the concerning findings on the CT scan, whereupon Patient A was taken for an exploratory laparotomy, right hemicolectomy, and partial omentectomy.

10. The surgical report from Renown Medical Center showed a dilated proximal colon of at least 10cm. There was splitting of the serosa for at least 9cm along the ascending colon and extensive air within the pericolonic tissue consistent with a perforated colon due to iatrogenic injury. Patient A spent eight (8) days in the hospital and was discharged on June 29, 2018.

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COUNT I

NRS 630.301(4) - Malpractice

11. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

12. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

13. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

14. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances with respect to the treatment of Patient A by failing to order an immediate abdominal radiograph to exclude the possibility of colon perforation when Patient A complained of severe pain on June 20, 2018, after the colonoscopy that Respondent performed. Furthermore, Respondent committed malpractice by his failure to recognize and appreciate the gravity of free air in the right upper quadrant which suggested colon perforation and warranted immediate surgical evaluation.

15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

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5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 1 day of March, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

IAN J. CUMINGS, J.D.
Deputy General Counsel
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Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 18th day of March, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

FINDINGS AND RECOMMENDATION

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

1. Introduction

This matter was heard in the Reno office of the Nevada State Board of Medical Examiners (the "Board") on August 17, 2022. Present were Ian Cumings, J.D. on behalf of the Investigative Committee (the "IC"), Respondent Dietrich Von Feldmann, M.D. ("Respondent") representing himself, and the undersigned hearing officer. The IC submitted exhibits 1-20, which were admitted by stipulation. Appearing on behalf of the IC was David Shih, M.D. who was properly sworn as was Respondent who testified on his own behalf. No other witnesses were called.

2. Allegations

The Complaint alleges a single count of Malpractice, a violation of NRS 630.301(4), which is premised upon the allegation that Respondent failed to order an immediate abdominal radiograph to exclude the possibility of colon perforation when Patient A, an 80 year old male,

complained of severe pain on June 20, 2018, after a colonoscopy performed by Respondent. IC Exhibit 1. The malpractice claim further alleges that Respondent failed to recognize and appreciate the gravity of the free air in Patient A's right upper quadrant, which suggested a colon perforation and warranted immediate surgical evaluation. Id. No answer was filed by Respondent although Respondent denied the allegations by way of his hearing testimony.

3. Witnesses and Testimony

In support of the IC allegations, the IC called David Shih, M.D. Dr. Shih testified as to his credentials, which are partially reflected in IC Exhibit 18. Transcript of Hearing Proceedings ("TR"), pp. 10-13. Dr. Shih was then directed to the circumstances underlying the Complaint with regard to which he testified that, based upon his review of the medical records provided by the IC, Respondent "did not act upon the standard of care." TR pp. 14-15. In so concluding, Dr. Shih testified as to the medical records, which he indicated provide as follows.

Patient A saw Respondent for a colonoscopy on June 20, 2018, at which time Respondent "found there were a cecal polyp, an ascending colon polyp, and a marked left-sided diverticulosis." TR pp. 15-16. According to the medical records, per Dr. Shih, Respondent removed the polyps via a procedure called endoscopic mucosal resection, one complication of which is perforation. TR 16-17. Dr. Shih described the procedure as entailing the injection of a solution to raise the polyp, after which a snare, coupled with electrocautery, is utilized. TR 16. The site, as treated by Respondent, was then subject to a hot biopsy with forceps where the polyp was not already completely removed. Id.

The medical records indicate that during the evening following the procedure, Patient A was suffering from abdominal pain that prompted a call to the hospital. TR 18. Respondent prescribed analgesics based upon the belief that Patient A had post polypectomy coagulation necrosis syndrome. Id. According to Dr. Shih, Patient A's complaint should have triggered an order by Respondent for abdominal imaging, which Respondent failed to order. TR 19.

The following morning, June 21, 2018, Patient A presented at an emergency room and a CT scan was ordered by another physician. TR 20. The CT scan showed a large amount of free air in Patient A's upper right quadrant and a few foci of gas in the porta hepatitis. The transverse

colon was also mildly dilated, diverticulitis was evident, and there was also evidence of a cyst. TR 21. Per Dr. Shih, the presence of the free air would not typically be seen and is most indicative of a bowel perforation, which could be life threatening and lend itself to fecal leakage that could cause sepsis. TR 21-22.

Per Dr. Shih's review of the medical records, Respondent reviewed the CT and maintained that the free air was attributable to post polypectomy coagulation necrosis syndrome; however, Dr. Shih was repeatedly adamant that "[b]y definition, there is no free air in the condition called post polypectomy coagulation syndrome." TR 22. The free air, according to Dr. Shih, distinguished post polypectomy coagulation syndrome from a bowel perforation, in that a bowel perforation causes free air whereas there is no free air in post polypectomy coagulation syndrome. TR 22-23.

Noting the free air as shown from the CT scan, it was Respondent's suggestion that a needle be placed in Patient A's abdomen to release the air, which, according to Dr. Shih, is not appropriate. TR 24. The medical records also indicate that Respondent had considered a gastrografin enema, which, according to Dr. Shih, could worsen a perforation. TR 24-25. What should instead have been done, according to Dr. Shih, was an urgent surgical consultation. TR 25.

Suspecting a bowel perforation, the then treating physician ordered a surgical consult. TR 25-28. TR 29-30. The surgeon ultimately removed the right colon due to damage from massive distension and extensive air within the soft tissue surrounding the colon that the right colon could not recover from. Id. Part of Patient A's omentum also needed to be removed due to the perforation. Id.

Dr. Shih opined that he believed Patient A would not have survived absent the surgery and was adamant throughout his testimony that, when Patient A reached out post- procedure, Respondent should have directed Patient A to immediately go to urgent care or an emergency room to address the likelihood of a perforation. TR 31-32. According to Dr. Shih, Respondent's failure to do so was below the standard of care and constituted malpractice. TR 32.

Respondent questioned Dr. Shih, touching upon Dr. Shih's educational timeline predating his residency (TR 33-34); the number of colonoscopies Dr. Shih has performed (TR 35); and how Dr. Shih would have treated Patient A, as to which Dr. Shih testified that he would not have done a hot biopsy touchup as it increases the risk of perforation and that he would have attributed the post-procedure complaints to a perforation (TR 35-36, 43). Dr. Shih was also clear that he would not have ordered a gastrografin enema and that it would be "contra" to do so in that it could exacerbate a tear. TR 37-38, 41.

On redirect, Dr. Shih reiterated his experience with post coagulation necrosis syndrome and the number of colonoscopies he has performed both solo and with fellows. TR 38-40. Dr. Shih also reiterated that when there is a complaint of pain after a colonoscopy, abdominal imaging should be undertaken. TR 40.

Respondent was permitted recross, during which Dr. Shih noted that the surgeon described a serosal tear, indicating that the tear was complete through the colon wall from the inside of the colon wall through the outside of the colon wall. TR 42-43. At nine (9) centimeters, Dr. Shih described the tear as big and complete. Id.

The IC rested its case, after which Respondent testified on his own behalf. Respondent was adamant that he believed Patient A was suffering from post coagulation necrosis syndrome and that he would not have ordered a surgical consult. TR 45. Respondent believes that there was only a superficial tear (which he called a "cat scratch"), from which air was permitted to escape via micro perforations, and that Patient A could have been treated with antibiotics and pain medication, with the needle procedure to relieve the free air. TR 45-49, 52-53, 63-66. According to Respondent, he did not believe the surgeon's perforation determination because the surgeon did not note fecal spillage (as opposed to the pathologist who did). TR 48-49. Respondent also did not believe Patient A with regard to the pain level reported by Patient A given that Patient A ate cookie; Respondent believed Patient A slept through the night or at least stayed home through the night and did not go to the emergency room until next day (TR 49, 57-58); and Respondent noted that Patient A had a history of abdominal pain (TR 59-60). Respondent also did not believe that the perforation described by the surgeon had anything to do with Patient A's symptoms and

continued to assert that the colon injury was superficial. TR 55. Respondent further testified that he thinks that there was no perforation when Patient A was transported to Renown by Care Flight, which he claimed was supported by the pathology report, which is Exhibit 17. TR 60, 62. Under cross-examination, Respondent continued to maintain that Patient A was suffering from post coagulation necrosis syndrome and not a perforation. TR 67-68.

The IC called Dr. Shih in rebuttal. Dr. Shih reiterated that the distinction between post polypectomy coagulation syndrome and a perforation is free air – free air indicating a perforation – and that the surgeon documented a tear and that the pathologist documented was transmural, meaning that the tear had gone through the whole bowel wall of the colon. TR 70, 74-76, 79-80, 82. Dr. Shih further reiterated that the most likely source of the free air in Patient A's upper right quadrant was due to either the endoscopic mucosal resection or the hot biopsy forceps. TR 72. Dr. Shih also took issue with Respondent's claim that the surgeon's failure to note fecal spillage countered the surgeon's finding of a tear given the fact that Patient A had not eaten in preparation for the colonoscopy performed by Respondent, preparation noted as adequate for the procedure; and, therefore, the two pieces of crackers that Patient A had eaten would not have rendered sufficient bowel content to extravasate. TR 72-81. To the extent fecal matter was addressed on the pathology report, Dr. Shih testified that it supports that there was a perforation with leakage otherwise it would not have been noted as present and, therefore, Respondent's reliance upon the pathology report is misguided. TR 81, 88.

4. Findings

Given the pain as reported by Patient A, the noted free air, the surgical intervention, the resulting surgical procedure, and the pathology report, there can be no doubt that Patient A was suffering from a colon perforation and that Respondent should have considered the likely chance of a perforation as opposed to being committed to an erroneous conclusion that Patient A was suffering from post coagulation necrosis syndrome. To discard the intervention of other physicians who recognized the issue and to disregard their conclusions upon such intervention, which is what one would have to do to accept Respondent's position as raised in his defense, is unreasonable. Even in light of the medical records reflecting the perforation and the explanation

thereof by Dr. Shih, Respondent remained adamant that he would not have considered the possibility of a perforation nor ordered a surgical consult, specifically stating at the close of the proceedings "I would have done everything the same way if I would have a case like that again." TR 99.

5. Recommendation

For the reasons set forth above, inclusive of the credible testimony provided by Dr. Shih, I find that the IC met its burden of proof in relation to Count 1 of the Complaint against Respondent (the only count alleged), and I respectfully recommend that the Board confirm that Respondent committed malpractice as set forth in the Complaint.

DATED this 12th day of October 2022.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing FINDINGS AND RECOMMENDATION addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

DATED this 12th day of October, 2022.

Meg Byrd
Signature

Meg Byrd
Print

Legal Assistant
Title

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BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF NEVADA

In the Matter of the Charges and Complaint Against:	Case No. 21-31575-1
DIETRICH VON FELDMANN, M.D.,	
Respondent.	

TRANSCRIPT OF HEARING PROCEEDINGS

Held at the Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, Nevada

Wednesday, August 17, 2022

JOB NO. 908127

REPORTED BY:
NICOLE J. HANSEN
NV. CCR NO. 446
CAL. CSR 13909
RPR, CRR, RMR

APPEARANCES:

The Hearing Officer:

PATRICIA HALSTEAD, ESQ.
Halstead Law Offices
615 South Arlington Avenue
Reno, Nevada 89509

For the Investigative Committee
of the Nevada State Medical
Board of Examiners:

IAN CUMINGS, ESQ.
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

For the Respondent, Dietrich Von Feldmann, M.D.:

IN PRO PER

Also Present:

MARGARET BYRD
Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

I N D E X

RENO, NEVADA; WEDNESDAY, AUGUST 17, 2022; 8:30 A.M.

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HEARING OFFICER HALSTEAD: We're here in the matter of the charges in the complaint against Dietrich Von Feldmann, M.D. Case Number 22-31575-1. I'm Patricia Halstead. I'm the Hearing Officer. I'll be adjudicating this matter today.

Dr. Von Feldmann is present, as is Ian J. Cumings, on behalf of the IC, the Investigative Committee of the Nevada State Board of Medical Examiners, and this matter is being recorded today via a court-certified court reporter.

We're going to start with some preliminary matters. My understanding is that there were some exhibits that were discussed prior to us commencing the hearing. The IC had supplied Exhibits 1 through 20, which have all been stipulated to for admission.

Can you both confirm that is correct, Mr. Cumings?

MR. CUMINGS: I confirm.

HEARING OFFICER HALSTEAD: Mr. Von Feldmann?

DR. VON FELDMANN: I do.

HEARING OFFICER HALSTEAD: Thank you. And

then I also wanted to note that Mr. Von Feldmann has asked that we all speak up so that he can hear us clearly, so I'll just ask Dr. Von Feldmann if there's any issue and you can't hear anybody including our witnesses in Las Vegas, please let us know and we'll try to remember to speak up.

DR. VON FELDMANN: Thank you.

HEARING OFFICER HALSTEAD: Thank you. Okay. With that, are there any other preliminary matters we need to address?

MR. CUMINGS: Yes. I just wanted to make a record of some of the housekeeping matters and a brief procedural history of the case up to this point.

As Dr. Von Feldmann is here, we won't be discussing Exhibits 3 through 10, which were only being admitted to show the extensive effort on the part of Nevada State Board of Medical Examiners' staff to serve and contact Dr. Von Feldmann at the outset of this matter. Originally, we had difficulty contacting Dr. Von Feldmann and the hearing date for this matter has been rescheduled to afford Dr. Von Feldmann the greatest possible opportunity to obtain counsel and be prepared for this hearing. Dr. Von Feldmann did obtain counsel but ultimately, the attorney had to withdraw due to

nonengagement on the part of Dr. Von Feldmann, and that was when the hearing was reset for today.

HEARING OFFICER HALSTEAD: Mr. Von Feldmann, is there any of that you would like to comment on?

DR. VON FELDMANN: Well, she withdrew because I didn't sign the contract.

HEARING OFFICER HALSTEAD: Right. And then --

DR. VON FELDMANN: And I didn't sign the contract because it's too expensive.

HEARING OFFICER HALSTEAD: Okay.

DR. VON FELDMANN: So this meeting this morning would have cost me already $1,000 in addition to all of the meetings I might have had with her before today.

HEARING OFFICER HALSTEAD: Okay. And that's okay. But you understand that when you represent yourself that you take on that responsibility. And if you're not able to meet the legal requirements of the proceeding, you're still held accountable for those based on your self-representation.

DR. VON FELDMANN: Yeah.

HEARING OFFICER HALSTEAD: Okay. And you just have to say yes.

DR. VON FELDMANN: Yes.

HEARING OFFICER HALSTEAD: Because the court reporter has to take it down. Thank you. And I will note also that we didn't have your original address, and so you weren't getting noticed. That has since been corrected and you have received notice of the proceedings to date; correct?

DR. VON FELDMANN: Yes.

HEARING OFFICER HALSTEAD: Okay. Thank you.

MR. CUMINGS: I'm ready for opening statements.

HEARING OFFICER HALSTEAD: Okay. Go ahead, Mr. Cumings.

MR. CUMINGS: This hearing is to present evidence to determine if Dr. Von Feldmann committed malpractice. Dr. Von Feldmann is the Respondent in this case as alleged in Count 1 on the complaint filed March 1, 2022. The complaint contains a single count of malpractice, which is a violation of NRS 630.301-4. Dr. Von Feldmann has been an active licensee of the Board since August 17th, 2006.

Throughout this hearing, the evidence will show that Dr. Von Feldmann performed a surveillance colonoscopy on an 80-year-old patient, and following this

procedure, Dr. Von Feldmann failed to recognize the colon perforation when the patient complained of extreme pain. Dr. Von Feldmann further failed when he did not order an immediate abdominal radiograph to exclude colon perforation when the patient complained of pain on the day of the colonoscopy.

Lastly, the evidence will show that Dr. Von Feldmann failed to recognize that his CT scan performed in Mount Grant showing a large amount of free air in the right upper quadrant of the patient likely indicated a colon perforation and failed to interfere accordingly.

In sum, the testimony and evidence that will be presented today will establish by a preponderance of the evidence that Dr. Von Feldmann committed malpractice by his failure to address and manage the patient who had undergone an iatrogenic injury and respond accordingly. This represents a failure to meet standard of care.

On behalf of the Investigative Committee, we ask the Board to consider the record that will be presented here and render the appropriate findings and discipline. Once again, thank you all for being here today. And thank you, Dr. Von Feldmann, for showing up. Appreciate it.

HEARING OFFICER HALSTEAD: Mr. Von Feldmann,

would you like to give an opening statement? It's not a chance to testify. It's just a chance to say what the evidence will show that you intend to address. You don't have to give one. And if you choose not to give one, then Mr. Cumings will call his witnesses and you'll have an opportunity to cross-examine them.

DR. VON FELDMANN: At this point, I would like to say that if I was confronted with the same situation, I would do exactly the same as I did and as I would have done if they would have let me.

HEARING OFFICER HALSTEAD: Okay. Well, thank you for that.

So with that, Mr. Cumings will call his first witness.

MR. CUMINGS: The first witness for the IC is Dr. Shih. Dr. Shih, please state your name and spell your last name for the record.

THE WITNESS: David Shih: S-H-I-H.

THE COURT REPORTER: Sorry to interrupt. Does he need to be sworn?

HEARING OFFICER HALSTEAD: He does.

MR. CUMINGS: Oh, yes. Dr. Shih, would you raise your right hand.

DAVID SHIH, M.D.,

having been first duly sworn, was examined and testified as follows:

HEARING OFFICER HALSTEAD: Thank you, Dr. Shih. You can go ahead and put your hand down. I'll consider you sworn in.

EXAMINATION

BY MR. CUMINGS:

Q Dr. Shih, could you state your name one more time.

A David Shih.

Q Perfect.

A S-H-I-H.

Q All right. Are you licensed as a medical doctor in the State of Nevada?

A Yes.

Q For how long have you been a licensee?

A Since 2017.

Q Are you licensed anywhere else?

A California.

Q California? Where did you go to medical school at?

A Weill Medical College of Cornell University.

Q Are you certified by the American Board of Medical Specialties?

A Yes.

Q What specialties are you certified in, Doctor?

A Gastroenterology.

Q What kind of medicine do you practice?

A I practice gastroenterology.

Q And where do you practice medicine?

A Here in Las Vegas.

Q How long have you been practicing as a gastroenterologist?

A Since 2009.

Q Would you please turn to Exhibit 18 that's marked as your curriculum vitae. Now, for the record, this has already been admitted. Can you state for the record, Dr. Shih, what this exhibit is?

A This is my curriculum vitae.

Q Does this appear to be a true-and-correct copy of your curriculum vitae?

A Yes, it is.

Q And do these documents accurately summarize your experience and education?

A Yes, it is my experience and education.

Q And you prepared this document?

A Yes.

Q And you provided this document to the Board?

A Yes.

Q Is there anything that you would like to add to this document or is this document complete?

A This document is complete.

Q I would like to go through a couple of things on this document. Could you turn to reference page 510.

A Yes, I'm there.

Q All right. It says that you're a teacher. Do you teach in gastroenterology or do you train other physicians?

A I was an associate professor at both UCLA and Cedars-Sinai from 2009 to 2017, so yes, I do train future gastroenterologists.

Q Do you conduct any research or puplish any papers?

A Yes, I conducted research and publish papers up until now.

Q A rough estimate, how many papers do you think that you've worked on or published or co-authored?

A Probably 200, give or take.

Q Okay. Have you written any chapters for any medical textbooks?

A Yes, I have.

Q So you can sort of say that you've written a book on these sort of cases before. Have you served as a peer reviewer?

HEARING OFFICER HALSTEAD: Is that a question?

Q (BY MR. CUMINGS:) Yes. Would you -- Strike that question. I'll move on. Have you served as peer reviewer for the Board before?

A This is my first one.

Q Have you testified in any civil cases before?

A Yes, I have.

Q Have you testified for the defense before?

A Yes, I have testified for the defense.

Q Are you familiar with Investigation Number 18-181 regarding Dr. Dietrich Von Feldmann?

A Yes, I'm familiar.

Q So based upon your training and experience, do you feel that you're familiar with the standards of care for which a medical practitioner should be held regarding the facts of this case?

A I do.

Q So you have experience in the subject matter that you've been asked to review regarding the facts of this case. Is that correct?

A Yes.

Q Were you provided with materials by the Board in your review of this matter?

A Yes.

Q Do you remember what was included in those materials?

A The medical documentation from Dr. Von Feldmann, the ER visit, the transfer note to another hospital, and the surgeon's operative note and the pathology.

Q Were you asked at the time of the materials were provided to review them and make an objective determination whether, in your professional medical opinion, there was any departure from the proper medical standards of care regarding the care provided by Dr. Von Feldmann?

A Yes.

Q Did you come to a determination?

A Yes.

Q And what was that? What was your opinion?

A That Dr. Von Feldmann did not act upon

standard of care.

Q Thank you, Dr. Shih. I'm going to ask you some more specific questions regarding the facts of this case. Can you turn to the Board's Exhibit 13 that's referenced number page 59. Would you please quickly review this document and just look to me when you're done.

A I'm finished.

Q What does this document look like to you?

A This is a colonoscopy procedure report that was performed by Dr. Von Feldmann.

Q Do you see a date on this colonoscopy report?

A The date is -- it's hard to make out, but I believe it's June 20th, 2018.

Q That is correct, Dr. Shih. What do the records show is the reason that the patient was seeing Dr. Von Feldmann on June 20th, 2018?

A It's for a colonoscopy.

Q And Dr. Von Feldmann performed a colonoscopy in this case?

A Yes.

Q What were his findings?

A He found there were a cecal polyp, an ascending colon polyp, and marked left-sided

diverticulosis.

Q Did he remove any polyps?

A Yes, he did.

Q By what method did Dr. Von Feldmann remove these polyps?

A He used a method called endoscopic mucosal resection.

Q Can you explain for laymen how that procedure is done?

A It is to initially inject with a solution called Eleview to raise the polyp. Once the polyp is raised, then a gastroenterologist would then use a snare with electrocautery to remove the polyp by electrocautery.

Q Is this what Dr. Von Feldmann referred to as hot biopsy forceps?

A No, that is a separate thing that he did to do touchup to, I suppose, destroy the remaining polyp that he could not remove using the endoscopic mucosal resection.

Q Is this commonly done?

A Some gastroenterologists do it, but I rarely do this procedure.

Q Are there any risks associated with this

method of polyp removal?

A There are reports that says using the hot biopsy forceps may have a higher risk of complication.

Q What sort of complications are associated with the use of hot biopsy forceps?

A One such would be perforation.

Q Was Dr. Von Feldmann concerned with any of these risks?

A I cannot tell from this documentation.

Q Could you please turn to Exhibit 13, pages 47 through 48. And this includes page 47A.

A I'm there.

Q Could you please review this document and look up to me when you're done.

HEARING OFFICER HALSTEAD: Can you repeat which exhibit, please?

MR. CUMINGS: Exhibit 13, Bate pages 47 through 48, including 47A. I apologize.

HEARING OFFICER HALSTEAD: I was busy sneezing and I didn't catch it.

THE WITNESS: I'm finished reading.

Q (BY MR. CUMINGS:) Would you turn to focus on page 47A.

A I'm there.

Q Does Dr. Von Feldmann note any complications immediately following the procedure?

A No, he says the polypectomy site appeared good.

Q To refresh your recollection, could you look at the third paragraph down? It begins with: He or his wife.

A Yes.

Q Could you read that paragraph again.

A He or his wife called the hospital later in the evening because of pain. In the assumption that he might have a post polypectomy coagulation necrosis syndrome, I prescribed some narcotics. My M.A. had a telephone conversation with them later on which suggested that the analgesics had helped.

Q Dr. Von Feldmann was contacted after the patient was discharged on June 20th?

A Yes.

Q And what did he learn from that phone call, according to that paragraph?

A That the patient had pain.

Q So based on your review up to this point, what would you be most concerned about a patient that was 80 years old and calling after hours complaining of

severe pain?

A My differential diagnosis would be post polypectomy coagulation syndrome, perforation, and other diagnosis such as splenic laceration.

Q What should be done in a situation where there are concerns about perforation of the bowel or post polypectomy necrosis or coagulation necrosis syndrome rather?

A Abdominal imaging.

Q Abdominal imaging. Turning back to what happened, did Dr. Von Feldmann order any imaging?

A No.

Q What did he do?

A He prescribed analgesics.

Q So following the night of the 20th here, I'd like to turn your attention briefly to another exhibit. Could you please turn to Exhibit 19, pages 524 to 526.

A I'm there.

Q What does this document appear to be?

A This is a CT scan of the abdomen and pelvis for patient (name.)

HEARING OFFICER HALSTEAD: Are we stating the patient's name on the record?

MR. CUMINGS: No. Dr. Shih, could you please

refrain from using the patient's name. Just refer to him as Patient A, if you refer to him at all.

HEARING OFFICER HALSTEAD: And can you address that in the record?

THE COURT REPORTER: Yes.

THE WITNESS: Okay. I will.

Q (BY MR. CUMINGS:) Thank you very much. Can you tell from this document what the date of the order was?

A The date of the CAT CT scan was June 21st, 2018.

Q So this is the following morning after Dr. Von Feldmann performed a colonoscopy; correct?

A Correct.

Q Can you tell from this document who ordered the CT scan?

A I believe it's -- Can I use a name?

Q Yes.

A Okay. Dr. Ventura.

Q All right. Dr. Ventura. So Dr. Von Feldmann was not the ordering physician for this CT, was he?

A No.

Q Can you summarize what the findings of the CT are?

A The summary, it's listed under impression, which I'll read.

Large amount of free air in the right upper quadrant. Additionally, there are a few foci of gas in the porta hepatis. Evaluation for portal venous gas is limited due to the lack of IV contrast, although not likely intravascular. Mildly dilated transverse colon, measuring up to 6.3 centimeters. No discrete transition point is noted. Diverticulitis without evidence of acute diverticulitis. 13.8 centimeter indeterminate low hypodense lesion, likely representing a cyst. Comparison with prior image would be helpful.

Q Can you explain what that means to a layperson in regards to a large amount of free air in the right upper quadrant?

A Large amount of free air in the abdomen or the free air would not typically be seen unless there were few instances. One such instance would be a bowel perforation which again, the clinical context after a patient had a colonoscopy would be the highest on my differential list.

Q Is there an increased risk associated with bowel perforation in a patient that's 80 years old?

A Yes, there could be fecal leakage from the

bowel causing life-threatening sepsis.

Q I would like to turn back to Exhibit 13, page 47A. It's where we're at previously.

A Yes.

Q Does Dr. Von Feldmann and his response to the Board mention the CT that we just reviewed, Exhibit 19?

A Yes, he did review the CT on his reply.

Q Does he make note of the large amount of free air?

A Yes, he did make a note.

Q What did Dr. Von Feldmann interpret this large amount of free air to mean?

A He, in his word, free air under his diaphragm and that he indeed had post polypectomy coagulation necrosis syndrome which had allowed the air to escape through the weakened wall.

Q Does this occur, in your experience, that postpolypectomy coagulation necrosis can lead to free air in the right upper quadrant?

A By definition, there is no free air in the condition called post polypectomy coagulation syndrome.

Q So it would more likely indicate a bowel perforation?

A That is the distinction between bowel

perforation and post polypectomy coagulation syndrome. They are similar except in bowel perforation, there's free air. No free air in post polypectomy coagulation syndrome.

Q So did Dr. Von Feldmann think there was colon perforation in this case?

A He did not consider it on this documentation.

Q What course of treatment would Dr. Von Feldmann have recommended according to his response to the Board?

A Are you saying -- Are you talking about the post polypectomy coagulation necrosis syndrome or --

Q Yes, sir.

A -- about --

Q I'm looking at -- to refresh your recollection here, I'm looking at the last paragraph on that page.

A Okay.

Q Go ahead and review.

A I see.

Q Go ahead and review that paragraph to yourself and then look up again when you're done.

A I'm finished.

Q Thank you, Dr. Shih. I'm going to restate

that question. What course of treatment would Dr. Von Feldmann have recommended according to his response?

A He says sticking a needle into his abdomen.

Q Is that something that would release the free air?

A Yes, but it's not done --

Q Is that --

A -- typically done.

Q -- an appropriate comment to make to a patient?

A I do not know the context, but it is not appropriate.

Q He mentions a gastrografin enema. What is that?

A It's to use a water-soluble contrast dye administered via rectally by the enema to evaluate the colon.

Q And that would be done to and in conjunction with imaging or would that be done --

A With imaging, yes, fluoroscopy imaging.

Q Would this adequately treat a patient with a perforated colon at that stage?

A No. If anything, it's contraindicated if there's a bowel perforation because he could worsen the

perforation.

Q So based on the CT alone at this point, you would diagnose a perforated colon?

A Yes.

Q So what should be done to treat a perforated colon?

A Nothing by mouth, NPO, IV hydration, antibiotics and urgent surgical consultation.

Q So is there a concern about patient outcome in the case of bowel perforation without surgical intervention?

A In rare instances, perhaps a patient can be treated conservatively, but if there is no improvement after 24 hours, a surgical consultation needs to be obtained. In this case, the patient had pain. The CT showed large amount of free air in the colon. This is not a minor case, and a surgical consultation needs to be obtained urgently.

Q Did Dr. Von Feldmann initiate a transfer of the patient?

A No.

Q Do you recall who initiated the transfer of the patient?

A Dr. Ventura, the primary care provider.

Q And do you recall where the patient was transferred to?

A I believe the hospital is called Renown Regional Hospital.

Q So according to medical records you reviewed, did Dr. Von Feldmann order imaging?

A No.

Q Did Dr. Von Feldmann refer Patient A for a higher level of care?

A No.

Q Did Dr. Von Feldmann recognize that the colon -- that the free air in the right upper quadrant would likely be indicative of colon perforation?

A No.

Q I would like to next look at your records from Renown and have you walk us through what was discovered after Patient A was transferred. Do you recall how Patient A arrived from Mount Grant?

A I believe by air transport.

Q So Care Flight?

A Care Flight.

Q Would you turn to Exhibit 17, page 89.

A Yes.

Q Could you review this and look up when you're

done.

A I'm finished.

Q Thank you, Dr. Shih. What does this document appear to be?

A This documentation is an emergency provider's history and physical.

Q And what did the ER provider note in this section? Could you --

A He noted --

Q I'm sorry.

A I'm sorry. Please finish your question.

Q Specifically in regards to HPI. What does HPI mean?

A History of present illness.

Q And what did the provider note in that section?

A The provider noted that the patient was transferred from Mount Grant Hospital for perforated viscus as documented by a CAT scan. The patient had pain, nausea but no vomiting. The patient had no bowel movement, and the pain is better after receiving morphine.

Q So according to that, they had already diagnosed a colon perforation at Mount Grant before they

transferred?

A They highly suspected.

Q So as a gastroenterologist, seeing something like that should jump out to you that colon perforation should be a concern?

A It would be the highest on my differential diagnosis.

Q Let's turn a few pages forward. Can you turn to page 132 through 133. And just as before, please review these documents and let know when you're done. Thank you, Doctor.

A I'm finished.

Q Thank you, Dr. Shih. What does this record appear to be?

A This is a postoperative report.

Q Can you tell when the date of service was on this report?

A June 21, 2018.

Q So that's the day following the colonoscopy; correct?

A Yes.

Q Who was the author of this document?

A Dr. Robert Nachtsheim. I'm sorry if I pronounce the name incorrectly.

Q I think I would have done just as well as you did on that. Is he a surgeon?

A Yes, he's a surgeon.

Q In examining page 132, what was his indication for a surgery for the patient?

A Iatrogenic perforation of the colon.

Q Iatrogenic. What does that mean?

A Iatrogenic means complication that is done in a medical setting by either a medical professional or a medical facility.

Q And that was Dr. Nachtsheim's preoperative diagnosis?

A Yes.

Q Was he the physician who operated on the patient?

A Yes.

Q Can you tell from this document what procedures he performed?

A He performed an exploration laparotomy, a right hemicolectomy and a partial omentectomy.

Q Can you explain for a layperson what this involves? What are these procedures?

A He cut open a patient's abdomen, explored it to see what needs to be done. He determined that the

right colon needed to be removed and part of the omentum needed to be removed due to perforation.

Q So would you characterize these operations as part diagnostic and part to treat the patient?

A Yes, both diagnostic and therapeutic.

Q Looking at the same page, that's page 132, what was Dr. Nachtsheim's findings?

A So the surgeon, when he did his laparotomy, saw that the right colon was quite distended with a splitting of the serosa. And on the previous page 131, he noted that the splitting of the serosa was nine centimeter.

There were no contamination with the feces, but he did note that the colon, the right colon, did not appear to have a survivable insult due to massive distension and extensive air within the soft tissues surrounding the colon. Due to this, due to what he observed, he made the clinical decision to remove the right colon.

Q So it's the surgeon's opinion then -- would you characterize the surgeon's opinion that had Patient A not been taken into surgery, he would not have survived?

A It's hard to say for a hundred percent, but this is what everyone would have done because of

consequence would be dire including death. Yes, in my opinion, I believe the patient would not have survived if the surgeon did not take him for a surgery.

Q So he mentioned a splitting of the serosa. What is a splitting of the serosa exactly?

A It's a perforation. It's a tear.

Q And how long did he note that tear was again?

A On page 131, he noted it was nine centimeter.

Q I happen to have a ruler here with me just for a little bit of demonstrative effect here. Nine centimeters is about right here. Would you characterize that to be about nearly four inches? I don't know if you can see that.

A More specifically, 3.5 something inches.

Q So about nearly the size of a pen?

A Yes.

Q And you would say this is a very large tear?

A It is large.

Q In your professional medical opinion after reviewing all of the facts in this case, the medical records and utilizing your own experience, what should Dr. Von Feldmann have done after the patient complained of severe pain following colonoscopy?

A Ask the patient to go to either an urgent

care or an emergency room. When the patient has ten out of ten pain, you get an urgent imaging to make sure there's no bowel perforation.

Q Would you opine that Dr. Von Feldmann committed malpractice in this case?

A He did not comply with standard of care, so he committed malpractice.

Q Could there be any other reason for such a large volume of air in the right upper quadrant of Patient A which is evident from the radiology report and the findings from Renown that we've previously discussed?

A There are other medical reasons, but in this clinical setting, the reason is bowel perforation.

Q Does the failure to recognize the free air in the patient's abdominal cavity contribute to your finding of malpractice?

A Yes.

MR. CUMINGS: Thank you. I have no further questions at this time.

HEARING OFFICER HALSTEAD: Dr. Von Feldmann, did you have any questions that you would like to ask Dr. Shih about the testimony that he's provided?

DR. VON FELDMANN: Sure.

EXAMINATION

BY DR. VON FELDMANN:

Q So basic question is: As far as your education is concerned, it says in your curriculum vitae --

HEARING OFFICER HALSTEAD: And just for the record, we have to say what exhibit that is, so I believe that's Exhibit 18.

Q (BY DR. VON FELDMANN:) That is, I guess 18. Eighteen. It says internal medicine internship July 2003 through June 2004. Is that correct?

A Yes.

Q And then it says underneath internal medicine residency: July 2004 through June 2005?

A That is correct.

Q Okay. Is that all you did as far as internal medicine residency is concerned?

A Yes.

Q Wasn't the rule that you had to do three years instead of just two to be able to be eligible for internal medicine more certification?

A That is not exactly correct. For exceptional residents, you can do what's called a short track meaning that if you scored 99 percent on your medical board as

well as complete all of the required core curriculum, you could do a short track. It is stated under ABIM. Therefore, I chose to do a short track because I have scored 99 percent on all of my examinations as well as completed my residency training, and as an applicant for GI fellowship, I was the number-one applicant during that year, and I got a pick of any gastroenterology fellowship program to go to.

Q That was different when I went through residency in the '70s. I had two and a half years of residency plus my fellowship in GI, and they did not allow me to take the internal medicine boards.

A You would have to be picked by a program director to be selected to the short track program.

Q They didn't offer anything to me, so okay. So how many colonoscopies have you performed in your career so far?

A Approximately 20,000.

Q And how many of those were performed by residents and fellows under your supervision?

A Approximately 8,000.

Q So you would say that you performed 12,000 yourself?

A Yes, conservatively.

Q How many perforations have you had during your 8,000 colonoscopies?

A 8,000 was done approximately with a fellow. 12,000 was approximately done by myself personally. I have one perforation.

Q Do you perform EMRs yourself?

A Yes. Yes.

Q How often did you encounter postcoagulation necrosis syndromes?

A Very rarely.

Q How many would you say?

A I'd probably count on my single digit, maybe five.

Q What would you have done with this cecal polyp?

A It's a one-centimeter polyp, so I would have done as you have done which is to do an EMR to try to remove this polyp. If I cannot remove this polyp completely, I would not have done a hot biopsy touchup.

Q What do you think the pain the patient complains of was due to?

A The differential diagnosis is perforation versus post polypectomy coagulation syndrome.

Q And how much would the air in the right upper

quadrant have contributed to his pain?

A The air in the right upper quadrant indicates there's a perforation. And in this perforation, that caused the pain.

Q The perforation itself would have caused pain?

A Perforation itself as well as the inflammation due to the electrocautery burn.

Q Can you imagine that the patient would have had much less pain after removal of the air from the right upper quadrant, the pain radiating to the right shoulder?

A The pain that radiates -- the pain that's in the abdomen that radiated to the right shoulder is indicative of a bowel perforation, and surgical consultation is the right thing to do.

Q Have you ever ordered a gastrografin enema for any of your --

A I have.

Q And what was the indication for that?

A Gastrografin enema can be used for several indications. One such indication can be used as a screening, colon cancer screening modality.

Q You ordered that for bleeding, you say?

A No, that's not what I said. I do not order gastrografin enema for bleeding.

Q So I didn't understand you. So what was the indication for the gastrografin enema?

A One of the indications can be for colon cancer screening.

MR. CUMINGS: He said one indication can be for colon cancer screening.

Is that appropriate?

HEARING OFFICER HALSTEAD: That's fine.

Q (BY DR. VON FELDMANN:) How many times did you refer one of your patients to surgery for free air in the abdomen?

A One. The one time that I had a perforation.

Q And you did not get a gastrografin enema on that particular patient before you sent him to the surgeon?

A Yes, because ordering a gastrografin enema in the setting of free air and possible perforation is a contraindication.

Q Is it contra?

A Meaning we're not supposed to do it.

Q He said it's a contraindication?

MR. CUMINGS: Contraindication meaning we're

not supposed to do it, is what he said.

Q (BY DR. VON FELDMANN:) Uh-huh. Yeah. Okay. So what's your specialty in gastroenterology?

A Yes, I'm Board certified in gastroenterology.

Q What did he say?

MR. CUMINGS: He said he's Board certified in gastroenterology.

DR. VON FELDMANN: Yes, but don't you have some subspecialty interest in the field of gastroenterology?

THE WITNESS: I'm interested in colon cancer screening. I'm interested in immunology of the gastrointestinal tract, I'm interested in inflammatory conditions of the gastroenterology tract as well as many other interests.

DR. VON FELDMANN: Okay. That's all I have.

MR. CUMINGS: May I redirect?

HEARING OFFICER HALSTEAD: You may.

REDIRECT EXAMINATION

BY MR. CUMINGS:

Q Thank you. Dr. Shih, I'm going to ask you a few questions related to what Dr. Von Feldmann asked you. He asked you how many times have you had postcoagulation

necrosis syndrome. How many times was that?

A I estimate five.

Q And you've done approximately 12,000 conservatively, as you put it, 12,000 solo colonoscopies?

DR. VON FELDMANN: Eight.

THE WITNESS: Yes.

HEARING OFFICER HALSTEAD: Just to be clear, if you don't agree, Dr. Von Feldmann, if you don't agree with something he says, then you say "objection" so we know so that the witness doesn't answer. And then you can state on the record why you disagree with him and then I can rule on that.

In this case, you objected because you disagreed with the representation that he did 12,000 solo, which was incorporated in his question. And your position was that he testified that he did 8,000 solo. And my ruling on that would be that the testimony has been given and that it's recorded. I will note your objection and refer to the record as to who was correct on that when I review this matter for proceeding.

DR. VON FELDMANN: So I object, and I understood that you did 8,000 yourself and the rest were done by residents and fellowships under your supervision.

HEARING OFFICER HALSTEAD: And just for the

record, I recall it being 12- but, Dr. Shih, could you just clarify for the record for Mr. Von Feldmann's benefit in relation to his objection?

THE WITNESS: I did 8,000 with fellows and 12,000 myself.

DR. VON FELDMANN: So I'm sorry.

Q (BY MR. CUMINGS:) So that's 20,000 total?

A Approximately.

Q So of that 20,000 total that you approximately have done, you said you've maybe seen post coagulation necrosis syndrome five times?

A That's correct.

Q Would you characterize that as a rare diagnosis?

A It can be rare.

Q So it's not something that comes to your mind first thing if there's new pain presented?

A Whenever there is pain, I always get an abdominal imaging if it is not what I expected.

Q Now when Dr. Von Feldmann asked you about how you would have taken care of the patient in this case with the one-centimeter polyp, you stated that you would not utilize hot biopsy. Why would you not utilize a hot biopsy?

A Because I already made a electrocoagulation burn, an additional burn, I would not do because I worry about higher risk of perforation. Therefore, I would not do it.

Q What happens when there's a burn like that with the snare?

A The bowel wall is already somewhat weakened. Additional burn will further weaken the bowel wall.

Q So would you characterize this additional burn as the probable cause of a perforation in this case?

A It is one of the possibilities.

Q In looking at the enema that was requested, why would you not perform an enema after a possible risk of colon perforation?

A Enema itself can cause colon perforation. It is a rare risk. If the bowel -- if there's already a tear and you put additional things into it, you can cause a bigger mechanical tear. That is why it is a contraindication to perform an enema if a bowel perforation is suspected. You do not want to make the perforation worse.

Q So as a gastroenterologist, it's very important then to understand these contraindications when a case like this presents where you have to manage it.

Would you characterize it --

A You have to know the indications and contraindications in everything that you do.

MR. CUMINGS: Thank you, Dr. Shih. I have no more questions at this time.

DR. VON FELDMANN: Can I have another question?

HEARING OFFICER HALSTEAD: We usually don't allow that.

DR. VON FELDMANN: Okay. It's good.

HEARING OFFICER HALSTEAD: Okay.

MR. CUMINGS: He can.

HEARING OFFICER HALSTEAD: I will give leeway since Mr. Cumings is not opposed to you doing that. So it's called recross, but it's not usual, but go ahead.

RECROSS EXAMINATION

BY DR. VON FELDMANN:

Q What do you think was the significance of the tear in the ascending -- on the serosal side of the ascending colon which the surgeon described and which was not described on the pathology specimen?

A I believe the pathology specimen also described a tear. The serosa is on the outside of the

bowel wall, so the surgeon described the tear on a serosa. That tells me that the tear is a complete tear from inside of the colon all the way to the outside of the colon, and the length is 9 centimeter, which is a little bit larger than 3.5 inches. I consider that big, complete tear.

Q So you believe that the tear which the surgeon describes was 9 centimeters long perforation?

A He documented it on his procedure note in surgery. I believe there's no reason for the surgeon to document otherwise.

DR. VON FELDMANN: That's it.

MR. CUMINGS: The IC rests its case-in-chief. If Dr. Von Feldmann would like to present his case now, I think that -- I don't believe I need to call you as a witness in this case, so --

HEARING OFFICER HALSTEAD: Are you intending to release Dr. Shih or do you prefer he stay here for potential rebuttal?

MR. CUMINGS: I'd like for him to stay for potential rebuttal, if that's okay.

HEARING OFFICER HALSTEAD: Yes, of course.

Dr. Shih, did you hear and understand what just took place?

THE WITNESS: I need to stay for the potential rebuttal.

HEARING OFFICER HALSTEAD: Yes. Thank you.

THE WITNESS: So stay.

HEARING OFFICER HALSTEAD: Thank you. Okay.

So, Dr. Von Feldmann, this is your chance to testify. I'm going to have you raise your right hand and be sworn before you testify.

DIETRICH VON FELDMANN, M.D.,
having been first duly sworn, was
examined and testified as follows:

HEARING OFFICER HALSTEAD: Okay. Thank you. So it's not normal for you to ask yourself questions, so I'm going to ask you to go ahead and just state what you want to tell me for the record.

DR. VON FELDMANN: Can you ask me all the questions again what she asked Dr. Shih?

MR. CUMINGS: Can I ask you? No. So you have to testify on your behalf now. Typically, if you were represented, your attorney would call you as a witness and ask you questions, but now you have to narratively sort of tell your side of the story and try

to tie it back to the exhibits in the record.

HEARING OFFICER HALSTEAD: Right. So Mr. Cumings has chosen not to ask you questions as part of his case. Otherwise, he would have questions that he would ask you, but he's decided not to do that. So this is your chance just to tell your side of the case and for you to tell me what you want me to know for me to make a decision.

DR. VON FELDMANN: First of all, I would like to restate what I stated at the beginning, that I would do exactly the same as what I did or wanted to do which they didn't let me do because against my advice without further workup, they referred the patient to Renown.

HEARING OFFICER HALSTEAD: Is there anything else you want to tell me?

DR. VON FELDMANN: I don't think that the tear which the surgeon described had anything to do with the perforation. The surgeon did not describe how deep that tear was. Normally when there is a tear in the colon due to what we call barotrauma: B-A-R-O, it's on the inside of the colon.

There is a term for that called catscratch colon, and these tears are usually superficial. We usually do not see tears on the outside of the colon

because the patients usually do not go to surgery. I have seen several patients with postcoagulation syndrome.

I remember a case we had at another institution just a few weeks before. The patient had -- patient went to the emergency room. He had pain. They did a CAT scan on this patient, showed free air. I asked the radiologist to please do a gastrografin enema which he refused.

I don't know why he refused it and he didn't tell me why, but there was a surgeon involved in his care at the same time, and I had a long discussion with that surgeon and I was surprisingly able to convince him that we should treat this patient conservatively. That means without surgery for the time being. And he said: Let's do it. So the patient was admitted to the hospital on antibiotics and probably pain medication.

He became asymptomatic within one to two days and was discharged three days later asymptomatic and never had a problem again. So most people would have said this patient had a perforation. So in the literature, five to 15 percent of patients who have free air in the abdomen do not need surgery.

MR. CUMINGS: I'd like to lodge an objection to that. There was no document or peer-reviewed study

that was provided to refer or corroborate that statement.

HEARING OFFICER HALSTEAD: I'll take that as an opinion.

MR. CUMINGS: Okay.

DR. VON FELDMANN: There are, according to the literature, quite a few other conditions which lead to free air in the abdomen and some of them have pain too.

I have learned on many postgraduate meetings that when there is a suspicion for perforation after colonoscopy that gastrografin enema is the diagnostic procedure to consider. That's why I suggested this to Dr. Ventura when I saw the patient in the emergency room the next day. But Dr. Ventura didn't want to go that way because he told me he was going out of town in the afternoon. He didn't want to have any problems with this patient, so that's why he transferred the patient to Renown rather than going with my suggestion to take this patient to Fallon Hospital because they have fluoroscopy which we don't have at Mount Grant General Hospital. And in my opinion, that would not have shown any perforation.

And if the radiologist would have called me and told me there's no evidence of perforation, I would have asked him to do a paracentesis on this patient which

means sticking in a needle into the abdomen to suck the air out because I believed that the pain which the patient complained of in the right upper quadrant radiating to the right shoulder was due to the free air in that area.

The patient, according to the records, also complained of some pain in the right lower quadrant of the abdomen which I believe was due to the postcoagulation syndrome. I did not use a hot biopsy forceps on the polyp which I removed from the cecum. The polypectomy site looked to me fabulous.

Very often when we do EMR and there is a possibility of perforation, we usually see something in the crater caused by the EMR. There is very often a small black spot which we call target lesion. If we see something like that, then we would consider to use some clips to close the polypectomy site so that there is no leakage.

The surgeon described in his operative report that there was no evidence of spillage. There was no fecal matter in the peritoneal cavity in spite of the fact that the pathologist described abundance of fecal matter in the cecal area together with air. So if that would have been a nine-centimeter long perforation, that

definitely would have been spillage.

I was convinced that this patient had postcoagulation necrosis syndrome. This can lead to free air in the abdomen. The area of the cecum is very thin. It's about up to three millimeters in thickness when the colon is not distended by air, but when it is distended by air, then it probably is even less and it's even less after we did an EMR. So I thought that the air must have leaked through this area because of the thinness of the colon after EMR.

But thinking about this further, I believe that this patient had what we call a microperforation in the area of the polypectomy. Microperforations close without any intervention. The patient or the patient's wife stated that he had pain level of ten out of ten after the colonoscopy.

First of all, the scale of pain is very subjective. I never use it. So ten out of ten would mean cutting the leg off without any anesthesia. That would be ten out of ten. So it didn't keep the patient from eating cookies and drinking something. So somebody that had pain ten out of ten would not do that. So and the nurse's note after the colonoscopy at the time they discharged him stated that he was stable. I talked to

the nurse who was in the endoscopy -- postendoscopy room, and she said that -- stable means the vital signs were normal and the patient was without significant pain.

It's not unusual to have some discomfort after colonoscopy which is usually due to air in the colon. And this procedure was lengthy because I did not only approach the polyp in the cecum with EMR. There was another polyp in the proximal ascending colon which was in a very difficult location, and I decided not to remove this polyp completely because it would have been so difficult. And that's where I used the hot biopsy.

I know that from the meetings I went to, particularly a meeting I attended in Chicago just a few weeks before that the country's most prominent colonoscopist, whose name is Douglas Rex, he very often uses a hot biopsy forceps to do some touchup work, and that's what I used on the second polyp which was not totally removed.

And I also believe that the patient, according to pathology report, had postcoagulation necrosis syndrome in the area too. Postcoagulation necrosis syndrome always means that there is an irritation of the serosa, which is the outer surface of the intestine. But there was no evidence of any

peritonitis anywhere else.

So microperforation in a patient with postpolypectomy coagulation necrosis is similar to a patient who has diverticulosis and develops diverticulitis. This is usually due to microperforation, and those patients in the vast majority are treated without surgery. And I had no reason to assume that this patient had anything else besides postcoagulation necrosis syndrome because a polypectomy site in the cecum looked very, very good. There was no evidence of perforation.

I discussed this with one of the world's best therapeutic endoscopists in the world in San Francisco whose name is Kenneth Bimmoeller, which is spelled: B-I-M-M-O-E-L-L-E-R. He says that microperforation can be caused just by sticking a needle through the colonic wall which we basically always do when we do EMR to raise the polyp with normal saline or what we used here Eleview so we go beyond the polyp and very often goes beyond the serosa, and then we pull it back and inject. And as soon as we see a blip, then we know that we are where we want to be, namely in the submucosa and then we inject more.

So he said microperforation can be caused by just a needle. And there was a considerable amount of

pressure in the right end of the colon because the procedure took longer than I expected, so there was opportunity for the air to escape through that area.

Normally, we use C02 for colonoscopy, but this was not available at the institution where I did the colonoscopy. So that's why the air was hanging around there for a considerable amount of time. So the C02 would probably have been absorbed much faster but the patient probably would have had more pain because C02, in the peritoneal cavity, is very irritant. That's what the surgeons used for laparoscopy, but when I did laparoscopy, I didn't use propofol, which we use for sedation in colonoscopy. I used very little sedation, so it would have been impossible to use C02 with minimal sedation. So if we would have used C02, the patient would have had more pain in the right upper quadrant. So I believe that this patient had microperforations which sealed probably almost immediately.

Gastrografin has been used many times in this situation. There is no contraindication to that according to the literature and what I learned on the meetings. I am convinced that the gastrografin study would not have shown an extravasation of the contrast material if they would have gone along with my

suggestions. And I believe that if that would not have shown any extravasation, I would have asked the radiologist to suck the air out of the right upper quadrant with a needle under ultrasound or CT guidance. But that probably would have made the patient almost asymptomatic right away.

In my opinion, this patient should not have gone to surgery. The patient, like the other patient I was describing before, would have gone home within a few days with antibiotics and clear liquids by mouth and maybe some pain medication if necessary. This patient is not plausible -- was not plausible as far as his pain level was concerned.

I apparently was called by the wife sometime in the p.m. after the colonoscopy stating to me that he was still in pain, and I told her that this was due to postcoagulation syndrome which I explained to the patient already immediately after the procedure and I prescribed some analgesics. I don't know how they got that prescription because I was not in the hospital anymore, but maybe somebody took it over to the emergency room and told the wife to pick it up from there. So I don't know where the patient took this pain medication, but the records described that he was able to quote, "sleep off"

the pain. That means he didn't have any significant pain during the night. And I also would have expected the patient to go to the emergency room if that would not have been the case but he didn't. He waited until the next morning.

If he would have gone to the emergency room during the night, they would have called me and I certainly would have gone to the emergency room to check the patient out. And I would have ordered a CT scan at that time. I didn't think that the CT scan was indicated after the colonoscopy because it usually doesn't show any postcoagulation necrosis syndrome. Sometimes it shows a little bit of maybe thickening of the wall, but on the CT scan which they ordered next morning in the emergency room, there was absolutely nothing to be seen in the area of the polypectomies.

The distension of the colon described on CT was not in the area of the right side of the colon or cecum. It was described in the transverse colon which we didn't approach with anything, and that was not ten centimeters as the surgeon described. It was only 6.5 centimeters. Why it was in the transverse colon, I don't know, but it was probably due to there still being a significant amount of air in the colon, but it was

insignificant.

And I also believe that the tear which was described by the surgeon in the ascending colon had nothing to do with the patient's symptoms and that it was not a perforation. He did not even describe how deep that tear was, and I am convinced that the tear was very superficial as they usually are in the so-called catscratch colon on the inside of the colon. The pathology report did not describe any perforation. The records also say that Dr. Shih or Dr. Shih claims that I didn't take care of my records properly.

HEARING OFFICER HALSTEAD: I don't believe that's --

MR. CUMINGS: That's not -- I didn't use that as an allegation or a charge.

DR. VON FELDMANN: But it was -- originally, it was held against me.

MR. CUMINGS: By whom?

DR. VON FELDMANN: Maybe by you.

MR. CUMINGS: No, sir.

DR. VON FELDMANN: No? But it's in there.

HEARING OFFICER HALSTEAD: Well --

DR. VON FELDMANN: But he claims that I didn't take care of my records.

HEARING OFFICER HALSTEAD: Just so you know, that's something that I'm not going to consider. So the records aren't before me.

DR. VON FELDMANN: I don't know how he got to that conclusion.

MR. CUMINGS: I don't believe that he made that conclusion, sir.

DR. VON FELDMANN: But it's in here.

HEARING OFFICER HALSTEAD: Okay. Again, Dr. Von Feldmann, I'm not going to consider any allegation about your records.

DR. VON FELDMANN: Okay. Okay. But I wanted to straighten that out.

HEARING OFFICER HALSTEAD: Okay. Well, as far as I'm concerned, your records were appropriate. So I don't think you need to defend yourself.

DR. VON FELDMANN: Yes. But it's in here, and he claimed that.

HEARING OFFICER HALSTEAD: Okay.

DR. VON FELDMANN: And wanted to state that I was not asked for giving a consultation when I saw the patient in the emergency room. So if I was not asked for giving a consultation, I don't have to write a note. That was up to the PCP, and he didn't. He didn't write

anything.

HEARING OFFICER HALSTEAD: Okay.

MR. CUMINGS: Would you like to take a few minutes, Dr. Von Feldmann?

DR. VON FELDMANN: What?

MR. CUMINGS: Would you like to take a few minutes?

DR. VON FELDMANN: I don't need it.

MR. CUMINGS: Okay.

DR. VON FELDMANN: So what else? So I'm not sure what kind of pain the pain level the patient really had because he had apparently slept through the night. And when I saw the patient in the emergency room the next morning, he was not in any significant distress.

When he arrived at Renown, the H&P written by mid-level person -- that means probably by an APRN, said the patient was in no significant distress. And I told the patient after the procedure that he should not eat anything besides clear liquids until a.m., and in the a.m., he could advance to more normal diet if he had no pain. And I intended to call the patient in the morning to make sure that he was okay. And he ate cookies while he allegedly had pain ten out of ten which --

MR. CUMINGS: Did they tell you -- Sorry.

I'd like to lodge an objection. I'd like to have that referred to in the record about the patient eating. I don't recall seeing that in his operative report or any of the documents.

DR. VON FELDMANN: Can you speak up, sir. I didn't hear you.

MR. CUMINGS: I'd like to make an objection. I'd request that you refer to the record in that whether he ate or not.

HEARING OFFICER HALSTEAD: Yeah. He's asking where in the record he says he ate cookies and after the procedure.

DR. VON FELDMANN: Yes.

HEARING OFFICER HALSTEAD: And I know it's been mentioned earlier without objection, but I'll note that it's on -- I'll also note that it's on Exhibit 17 at page 89.

MR. CUMINGS: Okay.

HEARING OFFICER HALSTEAD: It says he ate two cookies and some juice after his colonoscopy yesterday recorded at Renown.

DR. VON FELDMANN: I don't think that somebody with a pain level of ten out of ten would eat cookies. The history and physical from Renown prior to

the operation also stated that the patient had some form of chronic abdominal pain. I believe that the patient was not particularly compliant because he was supposed to come for surveillance colonoscopy long before he had this colonoscopy because of all of the polyps which he had before. So the polyp in the cecum would not have been as large, and it was probably larger than one centimeter which I stated. So and besides that, the patient had many more significant polyps in the ascending colon which I did not consider to remove at that time because the procedure took too long already.

And I also believe that the patient probably was served well by having hemicolectomy because of all of these additional polyps. But it did not have to be done at that time. But it should have been done maybe later on after extensive discussion with the patient. But he would have needed quite a few additional EMRs which would have led maybe to more post polypectomy coagulation necrosis. So I believe he would have been a candidate for a hemicolectomy at a later time.

The patient stated after the colonoscopy that he had never had this kind of pain before after colonoscopy, which I apparently also performed, at least the one nine or ten years before. He did not have the

pain because he didn't have an EMR and he did not have all of these additional polyps in the ascending colon which if he would have shown up earlier would have been easy to remove. So I believe that probably would have -- it's significant that the patient had some form of chronic abdominal pain before and nobody knew why.

I gave -- at the time when the patient was taken by air to Renown before they left the emergency room, I gave the wife a note to give to the doctors at Renown to consider a gastrografin enema before they would take the patient to surgery, and they would not have found a perforation. And I was proven right by the pathology report.

HEARING OFFICER HALSTEAD: What exhibit is the pathology report?

MR. CUMINGS: I think Exhibit 19 is what we're referring to, and that's the CT report from Mount Grant. Is that what you're referring to, Dr. Von Feldmann?

HEARING OFFICER HALSTEAD: When you say the pathology report, which exhibit are you referring to, Doctor?

DR. SHIH: I can answer that question if you need. It's pages 19, page 162 to 163.

DR. VON FELDMANN: Radiology report.

MR. CUMINGS: Are you referring to the Renown records, Dr. Shih? Are you referring to the number at the bottom of the right page?

DR. SHIH: Yes. I believe Dr. Von Feldmann was talking about the pathology report not radiology. Pathology report is on Section 19, page 162 and 163.

MR. CUMINGS: That's Exhibit 17 as pages 161 and 162.

DR. SHIH: Yes, that is correct. Seventeen. Yes.

HEARING OFFICER HALSTEAD: When you say pathology report, I just want to make sure that I know what you're referencing.

DR. VON FELDMANN: Okay. Let's see here.

HEARING OFFICER HALSTEAD: So if you go to the bottom, there's numbers --

DR. VON FELDMANN: Which page?

HEARING OFFICER HALSTEAD: See these numbers at the bottom? 162 through 163.

MR. CUMINGS: It says: NSBME in front of it.

DR. VON FELDMANN: That's page number -- which page number?

MR. CUMINGS: 161 through 162.

DR. VON FELDMANN: I don't have that on here. I have page number five.

MR. CUMINGS: No. We're looking at these ones. So yours are out of order.

HEARING OFFICER HALSTEAD: Let me show you on mine. Is this what you're talking about when you talk about the pathology report? And for the record, that's Exhibit 17, page 162. And please don't write on it because that's my copy.

DR. VON FELDMANN: Yeah, yeah, yeah.

HEARING OFFICER HALSTEAD: Just want to make sure.

DR. VON FELDMANN: Hemicolectomy, histology section. Transmural defect with adjacent loculated purulent material. It does not say anything about a perforation. Histology showed area of mucosal necrosis. Marked acute and chronic. I don't know why that should be chronic after one day. And the polyps which I treated were benign.

HEARING OFFICER HALSTEAD: Okay. So is this the pathology report then?

DR. VON FELDMANN: Yes.

HEARING OFFICER HALSTEAD: This document? Okay. So for the record, that's Exhibit 17. That was

page 162.

DR. VON FELDMANN: It says nothing about a perforation.

HEARING OFFICER HALSTEAD: Okay.

DR. VON FELDMANN: So the perforation, the microperforation in which the patient probably had was closed, which it always does. And as I said before, it's similar to diverticulitis on the left side of the colon which is probably, in most cases, due to microperforation of a diverticulum because the wall of the diverticulum is very thin and it heals over, and these patients don't go to surgery in most cases unless they have complications from diverticulitis.

So let's see. And it's also important to mention that this patient did not have fever or elevation of white blood cell count prior to surgery. If there would have been a major peritonitis, the patient probably would have had fever and elevation of the white blood cell count. I did not get a CT scan in the p.m. after the colonoscopy because I was totally convinced that there was no perforation; that there was just a postcoagulation necrosis syndrome because the polypectomy site and the cecum just looked too good. Unfortunately, we could not get those color pictures. That would have

been very helpful.

So if they would have called me during the night, they had all of my -- they had my cell phone number. If the wife would have called me, I would have told them to go to the emergency room, and I would have called and I would have seen the patient in the emergency room, and I would have ordered a CT scan at that time which would not have shown anything.

And there was not -- on the CT scan which they got at Mount Grant General Hospital in the morning, there was not even a wall thickening or anything on the outside of the cecum seen on CT scan. And normally, we do not see anything in postcoagulation necrosis on CT scan. That's why I did not order it earlier. And in my book, this patient would not have stayed in the hospital for nine days. He would have stayed in the hospital for maybe three days and then would have been discharged.

HEARING OFFICER HALSTEAD: Okay. Let's take a little break. I don't know if you're done with what you're just testifying to, but we're going to take a little break, we're going to come back, and I'll give you a chance to add anything else that you'd like to add and then after that, Mr. Cumings will question you.

DR. VON FELDMANN: After that what?

HEARING OFFICER HALSTEAD: Mr. Cumings, after that, Mr. Cumings is allowed to ask you questions.

DR. VON FELDMANN: Good.

HEARING OFFICER HALSTEAD: Let's take about an -- It's 10:22. Let's come back at 10:30.

(Recess.)

HEARING OFFICER HALSTEAD: We're back on the record in Case Number 22-31575-1, in the matter of the charges and complaint against Dietrich Von Feldmann, M.D., Respondent.

When we took a break, Dr. Von Feldmann was in the midst of presenting his presentation. There was a pause. I don't know if he's finished. I informed him that we would take a break and he could recommence that if he chose to do so.

Dr. Von Feldmann, is there anything you want to add to what you've already testified to? And if so, I remind you that you remain under oath.

DR. VON FELDMANN: I would say that I have performed at least 40,000 colonoscopies and I have spent most of my career in endoscopy and therapeutic endoscopy. Therapeutic endoscopy means all kinds of therapy we do through the scope. So I think that I have plenty of experience to judge this kind of situation.

And I would say two ways to approach this somewhat unusual and complicated case. There are two ways to approach this. What one would be to think inside of the box or outside of the box. So I would say that I thought somewhat outside of the box, but thinking inside of the box would be somebody comes to the emergency room after colonoscopy with pain and air or gas shows up on CT scan, the reflex is surgery. That's why a surgeon did not consider any further workup before.

And I don't know whether the wife of the patient gave my note to the surgeon which says gastrografin enema. That's what they should have done. I think that's all I have to say. I would say again that I would do exactly the same as I did and wanted to do if they would have let me.

HEARING OFFICER HALSTEAD: Thank you, Dr. Von Feldmann. Now Mr. Cumings is going to ask you some questions.

DIRECT EXAMINATION

BY MR. CUMINGS:

Q I'll try to be brief, Dr. Von Feldmann. What did you rely on to determine that there was a microtear instead of a full perforation?

A Full perforation means that the surgeon described it in the pathology report. And the way the polypectomy site looked, I had no reason to do that.

Q Do you recall Dr. Shih testifying in regards to your response to the Board that the patient's wife called you that night when analgesics were prescribed?

A Say that again.

Q Do you recall Dr. Shih, he testified that in reading your allegation letter, that you had stated that the patient's wife had called you that night after the colonoscopy?

A Sometime. Sometime in the p.m. I don't know when that was, but I certainly was not in the hospital anymore.

Q At that point, why didn't you refer the patient to the ER?

A Because I thought that the patient had postcoagulation necrosis syndrome and the pain after that lasts for a while, can last for several days. That's why I told the patient not to eat anything but clear liquids, clear liquids before next morning unless the pain continued.

Q Did you consider colon perforation in your differential diagnosis before you prescribed the

analgesics for the patient?

A For me, it was very clear that this patient had this postcoagulation necrosis syndrome and not a perforation.

Q And my last question for you is: Do patients typically complain of severe pain with catscratch colon?

A No.

MR. CUMINGS: They don't? Okay. I think that's all of the questions I have for Dr. Von Feldmann.

HEARING OFFICER HALSTEAD: Dr. Von Feldmann, is there anything you would like to add?

DR. VON FELDMANN: No.

HEARING OFFICER HALSTEAD: Okay. So with that, I'm just going to ask you if you formally want to close your side of the case and just submit it on what you've told me.

DR. VON FELDMANN: Say that again.

HEARING OFFICER HALSTEAD: So this is the point where I ask you if you're done presenting your case.

DR. VON FELDMANN: Well, I think I'm sure that I've forgot something, but this is basically what I have to say.

HEARING OFFICER HALSTEAD: Okay. Thank you.

Are you going to have rebuttal?

MR. CUMINGS: Yes, I will have rebuttal.

HEARING OFFICER HALSTEAD: Okay. So that means that based on what you said, he is going to present the final word on his case. He gets to do that because he has the burden of proof. And then once we go through that, you will have an opportunity to make a closing statement and then the matter will be submitted to me to make a decision. So with that, he's going to present his rebuttal case.

MR. CUMINGS: I would like to call Dr. Shih as a rebuttal witness.

HEARING OFFICER HALSTEAD: Okay.

REBUTTAL EXAMINATION

BY MR. CUMINGS:

Q Dr. Shih, how are you doing, sir?

A I'm good.

Q Good. Thank you for bearing through with us here. I want to turn your attention first to the pathology report that was discussed that was page 162 and 163. The date the pathology report was reported was 6-27. What was the final diagnosis?

A The final diagnosis showed there is polyps,

diverticulosis, and on the specimen, there is transmural defect one centimeter from the IC valve. Transmural defect to me, it's a tear perforation of the colon that occurred one centimeter away from the IC valve. Additionally, there is also an abscess next to the tear of the transmural defect that is .5 by .5 by .5 centimeter. That tells me that the tear caused the abscess which is an infection.

Q Is it typically the job of the pathologist or the surgeon to report whether there is a tear?

A I'm not a pathologist nor a surgeon, but I think it's typical in my experience.

Q That the surgeon would document whether there's a tear in the colon?

A The surgeon as in this case would document that there is a tear, yes, as well and the pathologist would document whether it's transmural or not. And transmural, what that means is the defect, whatever it is, has gone through the whole bowel wall of the colon. That's what transmural means.

Q Does that need to be explicitly documented as in the O.R. report from the surgeon as Dr. Von Feldmann has suggested?

A Not necessarily.

Q Are you familiar with the term catscratch colon?

A It's an old term that I don't teach my fellows.

Q But you're aware of it?

A I'm sorry?

Q But you're aware of it? You've heard of that term before?

A It's a very old term that I'm aware of, but we don't use it anymore.

Q What --

A Or I don't use it. I don't use that term.

Q Is there a new term that's utilized instead?

A To reflect catscratch colon. I mean, number one, I do not know what exactly that is. I refer to it objectively as a post polypectomy site biopsy site. I just I don't use it because I do not know what it means.

Q Are you familiar with barotrauma?

A Yes.

Q How does barotrauma occur?

A By putting excessive gas.

Q Can barotrauma cause the sort of pain that was reported to be experienced in this case?

A It can cause pain, but not to the degree that

patient says: Ten out of ten.

Q Can barotrauma cause a nine-centimeter tear in a colon?

A If you put enough air, it can perforate.

Q But you would have to?

A If you do not stop and keep on putting air in, it can perforate and cause a nine-centimeter tear.

Q But he would have to be the one to put air into the patient at that point; correct?

A Yes, using the colonoscope to keep on putting air after air after air. It is not something that is done. It should not be done.

Q In regards to whether the --

HEARING OFFICER HALSTEAD: Just to clarify, if I may, you're not alleging that that's what defendant did in this case, are you?

Q (BY MR. CUMINGS:) No, no.

So what was the most likely source of the free air in the patient's right upper quadrant?

A The most likely source is due to either the endoscopic mucosal resection or the hot biopsy forceps.

Q Dr. Von Feldmann noted that there was no fecal contamination that the surgeon found. Would you expect a large amount of fecal contamination in a patient

that just had a colonoscopy and a large amount of preparation for that colonoscopy?

A No, because the patient has not eaten for approximately three days. The bowel content has been washed out by the bowel prep. And as Dr. Von Feldmann wrote in his colonoscopy report, the bowel prep was adequate meaning there is no residual feces. So if the patient only ate two pieces of crackers, there would not be any bowel content and there wouldn't be any feces to extravasate.

Q And you said it had been three days since the patient had likely eaten for good preparation?

A So when the patient showed up at Renown, it is documented by the history and physical that it has been three days since the patient last ate a full meal. And from the testimony this morning, it appears to me that the patient has drank water and maybe couple of pieces of cracker from the time that he did the bowel prep, which is one day before, I would assume that's June 19th, to when he presented to Renown was June 21st. 19, 20, 21. That's three days.

MR. CUMINGS: I think that's all of the questions that I have for Dr. Shih.

HEARING OFFICER HALSTEAD: Dr. Von Feldmann,

did you have any follow-up questions for Dr. Shih?

CROSS-EXAMINATION

DR. VON FELDMANN: I didn't understand everything he said, but I would like to know what tear he was alluding to.

HEARING OFFICER HALSTEAD: Maybe you could be more specific about the context. Do you mean the tear that's alleged to have led to the surgery?

DR. VON FELDMANN: Yes, or to the pathology report.

HEARING OFFICER HALSTEAD: Dr. Shih, do you understand the question?

THE WITNESS: Yes, I completely understand. I believe there is a tear in this patient for several reasons. Number one, there is free air. Large amount of free air. Number two: The surgeon wrote there is a nine-centimeter tear in the serosal side. Number three: The pathologist report on 17, page 162 to 163 under gross, says there's a transmural tear with necrotic tissue. And in the histology, there's a transmural defect, both of which are in the area where Dr. Von Feldmann performed the surgery.

So the tear occurred because there is a free air. The surgeon noted that air and said 9 centimeter tear on the serosal side, and the pathologist wrote there is a transmural defect, all of which are consistent that there is a tear.

DR. VON FELDMANN: The pathology did not describe a transmural necrosis where the surgeon described the nine-centimeter tear. The surgeon did not even describe how deep that tear was.

THE WITNESS: It's on the serosal side. And I'll read what the pathologist actually wrote.

The cecum has focal area of necrotic mucosa with a transmural defect identified one centimeter from the ileocecal valve with an adjacent 0.5 times 0.5 times 0.5 centimeter abscess cavity.

A transmural defect is a tear, and what I read is on page 163. And that's under the gross description. That's what the pathologist saw grossly.

And on the previous page, which is 162, the histology says: Area of mucosal necrosis. Mucosal necrosis means tissues that are dying or dead, and that is in the area that they he saw the tear grossly. And under the right final diagnosis right colon, it says, on the second line under that, it says transmural defect.

Again, there is a defect that's transmural. Transmural means through across a whole depth of the wall. That is a tear.

HEARING OFFICER HALSTEAD: Any other follow-up questions, Dr. Von Feldmann?

Q (BY DR. VON FELDMANN:) Postcoagulation necrosis always means transmural burn. That means a defect which is all the way through the wall of the colon to the serosa, and that causes a local peritonitis. So I would like to ask Dr. Shih whether he thinks that the tear described by the surgeon was of significance.

A Yes, it is. And you're correct that postcoagulation syndrome means inflammation that's transmural but with an exception of no free air. Once you have free air, it is a perforation. That is the definition. That is a distinction between a perforation and a post polypectomy coagulation syndrome. I cannot be any more clear than that.

Q So but my question was: Do you think that the tear described on the outside of the ascending colon described by the surgeon was of significance?

A Yes.

Q In what sense?

A The surgeon goes in, he sees the outside of

the colon. The outside of the colon is represented by the serosa. He saw a nine-centimeter tear on the outside. That's what he saw. And therefore, it's significant. He reports what he saw which is a tear. A tear is a perforation on the outside. And on the inside, there is a transmural defect by the pathologist. So inside, there's a transmural defect; outside there's a tear. And what connect -- it's so obvious.

Q Now why did the surgeon not describe how deep that tear was?

A It's not the surgeon's job to describe the tear because he operates, he sees things on the outside. He does not look inside until he takes out the specimen. And on the outside, there is a nine-centimeter tear that the patient -- that the surgeon saw.

Q So you believe that the nine-centimeter tear was a perforation?

A Yes, in this situation where there is a free -- large amount of free air as well as a transmural defect described by the path ologist. You have to take everything in the appropriate context. In this clinical context, it is the logical conclusion that there is a tear. The reason that nobody did a gastrografin enema is that is not indicated. Nobody would do this. This ER

called the surgeon right away. The surgeon even in his notes says: No additional imaging is necessary. There's a tear.

Q A nine-centimeter tear in the ascending colon in an area where I didn't work with any instrument can be very superficial due to pressure inside of the colon, and it's very unusual that we would be aware, become aware of a tear on the serosa side of the colon because we usually don't look there. I believe that the tear described by the surgeon was very superficial like the tears on the inside of the colon which we call catscratch colon. These are linear.

MR. CUMINGS: I object. There's no question there.

HEARING OFFICER HALSTEAD: Let him finish.

MR. CUMINGS: Okay.

DR. VON FELDMANN: These are longitudinal tears just like it was described on the outside of the colon, and they have to do with pressure on the inside of the colon.

HEARING OFFICER HALSTEAD: Are you asking Dr. Shih if he agrees with that or not? Because you have to ask a question.

DR. VON FELDMANN: No, I just wanted to

explain.

HEARING OFFICER HALSTEAD: Okay. So the reason -- the basis for the objection is that you don't get to explain. You only get to ask questions. So if you want to explain something, you could do it in your closing argument. So I let you finish because I didn't know if you were going to present that and then ask Dr. Shih if he agreed with that or not.

DR. VON FELDMANN: I wanted to say that the catscratch colon has nothing to do with taking biopsies or removing polyps.

HEARING OFFICER HALSTEAD: Okay.

DR. VON FELDMANN: And was just due to barotrauma.

HEARING OFFICER HALSTEAD: Okay. So you can say that in closing, but if you want to present that now, then the proper way is to ask if Dr. Shih agrees with that or not.

Q (BY DR. VON FELDMANN:) Do you agree with that? Catscratch is barotrauma and consists of longitudinal sometimes quite long erosions on the inside of the colon usually in the ascending colon that can be nine centimeters long?

A My reply is that I do not know what the

catscratch is because I do not use this term. But in this situation, if there's a tear on the serosal side on the outside and there's free air, then there's a perforation. That I completely stand by. There is a perforation documented by the CT scan of free air documented by the surgeon saying there's a tear on the serosal side which is the outside and by the pathologist's stating there's a transmural defect.

Whatever superficial thing that occurred on the inside of the colon of the luminal side would not cause a nine-centimeter tear on the serosal side. That does not happen.

Q Don't you think that the perforation which is nine centimeters long would have allowed the contents on the inside of the colon to escape through such a long tear?

A I believe your question was addressed earlier. The patient has not eaten anything other than two small crackers. There's no input into the bowel. Therefore, there's nothing to extravasate.

Additionally, your colonoscopy report says that the bowel prep was adequate. Not much feces. Therefore, there's nothing to extravasate. Therefore, there's nothing to -- you cannot expel something if it's

not there. That's just as simple as I can explain it.

Q The pathology report describes there's plenty of fecal matter on the right side of the colon plus air.

HEARING OFFICER HALSTEAD: Do you agree with that, Dr. Shih?

THE WITNESS: I mean, Dr. Von Feldmann, I mean the pathologist stated that. And by saying that, you agree there is a perforation that the pathologist says there's a perforation. Otherwise, why would feces be spilled everywhere in the abdomen?

So earlier, you asked me why the surgeon didn't see the feces because there's nothing to extravasate. But if the pathologist saw under the microscope that there's feces, then I really think you're doing yourself a disservice by pointing that out indicating there is a perforation with leakage extravasation of the feces outside.

What the pathologist said was the feces on the outside again indicates there's a tear. Otherwise, it wouldn't be feces on the outside. I completely agree with your statement that the pathologist said there's feces on the outside, and that indicates a tear.

Q Does the pathologist anywhere mention the tear in the ascending colon on the microscopic

description or histology that there was any transmural defect in the area --

A Yes.

Q -- of the nine-centimeter tear? He doesn't even describe the tear.

A If you're finished, the pathologist did document grossly there is a transmural defect one centimeter away from the IC valve. That's the ascending colon. Microscopically under histology, there's also a transmural defect in that area. Transmural defect means a tear in the appropriate clinical setting such as this one.

Q One centimeter from the ileocecal valve also could mean polypectomy site in the cecum. And he only describes a transmural defect in the area of the polypectomies and not anywhere else in the ascending colon and certainly not for the length of nine centimeter.

I believe that the tear on the outside of the colon which was described only by the surgeon was due to barotrauma, and it was just the same as in catscratch colons on the inside of the ascending colon. These tears are superficial and there was no evidence of transmural and the pathologist --

HEARING OFFICER HALSTEAD: Okay. I don't mean to interrupt, but remember you have to ask a question. You can't testify at this point. So you can present a hypothetical and ask Dr. Shih if he agrees. So if that's what you believe happened, you need to say hypothetically, if this happened, would you agree with the hypothetical result that would apply to these facts?

THE WITNESS: Okay.

HEARING OFFICER HALSTEAD: So based on what you said, Dr. Shih, you understand what he just expressed?

THE WITNESS: Yes.

HEARING OFFICER HALSTEAD: And do you agree with what he's expressed so far?

THE WITNESS: I do not.

HEARING OFFICER HALSTEAD: Okay. So he doesn't agree with you. So you can ask him why?

Q (BY DR. VON FELDMANN:) So my question to you is: On the pathology report, is it not mentioned that there was plenty of fecal matter in the cecum and on the right side of the colon.

MR. CUMINGS: I'd like to lodge another objection.

THE WITNESS: Yes.

HEARING OFFICER HALSTEAD: Go ahead.

MR. CUMINGS: This has already been asked at least three times before. It's already been answered by Dr. Shih at least three times before. It's repetitive at this point.

Q (BY DR. VON FELDMANN:) But I have to ask him again if there's plenty of fecal matter in the pathology specimen, so why did that not leave the colon through a nine-centimeter perforation?

HEARING OFFICER HALSTEAD: Maybe I can clarify for purposes of the record for my own benefit so that maybe we can move past this and I can understand what Dr. Von Feldmann is trying to get at.

I hear Dr. Shih saying there was nothing to pass through because he was cleared for the colonoscopy. The fact that there was fecal matter on the outside of where the perforation was shows that whatever fecal matter remained did pass through.

What I hear you saying is that there was sufficient fecal matter that it would have leaked through more than just showing maybe a minute amount on the outside of the perforation. I don't know that you guys are in agreement about the amount of fecal matter it would have taken to show up on the pathology report if

that was a slight amount.

I'm understanding that you're saying is that you believe that to be interpreted that there was a large amount, and if there was a large amount, it would have leaked through and not been a small amount outside of the perforation.

Did I state that correctly, Dr. Shih, from your perspective?

THE WITNESS: I think any feces on the outside in the abdominal wall, it's a perforation whether it's a small amount or a large amount.

HEARING OFFICER HALSTEAD: And did I state that correctly from your perspective --

DR. VON FELDMANN: No.

HEARING OFFICER HALSTEAD: -- that there should have been more?

DR. VON FELDMANN: No. The surgeon described that there was no spillage, so the fecal matter was inside of the colon.

HEARING OFFICER HALSTEAD: Okay. But I think this has been asked and answered. And with that clarification, I would ask that we move on unless there's another question separate from that one that you have in that regard.

Q (BY DR. VON FELDMANN:) No. Do you agree that the pathologist described the transmural defect only in the areas of the polypectomies? Or did he describe a transmural defect in the ascending colon distal to the polypectomy site where the surgeon described the long tear? Did the pathologist describe any tear there?

MR. CUMINGS: That's compound.

THE WITNESS: I believe I answered that already. The pathologist described a transmural defect. To me, that means a tear.

HEARING OFFICER HALSTEAD: Were you asking about the location of the tear in comparison to where you undertook your procedures?

Q (BY DR. VON FELDMANN:) Did the pathologist describe a transmural defect in any other area of the colon other than where the polypectomies were performed?

A So the surgical specimen is a right hemicolectomy meaning that the cecum and the ascending colon is removed. The transmural defect is in that area.

MR. CUMINGS: I'd like to --

THE WITNESS: And that is the area where you performed endoscopic mucosal resection and hot biopsy.

HEARING OFFICER HALSTEAD: Did you have an objection or something you wanted to say?

MR. CUMINGS: Not at this time. No.

Q (BY DR. VON FELDMANN:) So you believe that the tear was significant?

HEARING OFFICER HALSTEAD: He's asked and answered that several times.

DR. VON FELDMANN: But I want him to state it again.

HEARING OFFICER HALSTEAD: Well, we don't do that because -- well, we just don't allow that. We don't have the same questions to be asked over and over.

DR. VON FELDMANN: Okay.

HEARING OFFICER HALSTEAD: It's for procedural reasons so that we don't drag things out. Do you have any other questions for Dr. Shih that you haven't already asked?

DR. VON FELDMANN: No, I don't think so.

HEARING OFFICER HALSTEAD: Okay. Reply?

FURTHER EXAMINATION

BY MR. CUMINGS:

Q Dr. Shih, is there any amount of fecal matter located outside the serosa that would normally be present absent a perforation in any normal circumstance?

A No. If there's feces on the outside, then

there's a perforation.

Q What occurs if there's feces in that area?

A Then that means there's a perforation.

Q Would there be signs of an infection at that point?

A Yes, there will be signs of infection, and as in this case, there's a .5 centimeter abscess. This is an infection.

Q So a highly abnormal situation, you would agree?

A Not highly. It is abnormal.

Q And for there to be in that area as described by the pathologist what is it, one centimeter from the ileocecal valve? That's where Dr. Von Feldmann was operating?

A That's the best that I can piece together. He removed polyp in the cecum and the ascending colon. That piece is taken out by the surgeon and the defect is in that piece.

Q And the amount of fecal matter observed by the pathologist was done so likely under a microscope?

A I'm not a pathologist, but I would assume that's what they do.

MR. CUMINGS: Okay. Thank you, Dr. Shih. I

have no further questions.

HEARING OFFICER HALSTEAD: Is that the end of your rebuttal case?

MR. CUMINGS: Yes.

HEARING OFFICER HALSTEAD: Okay. So that is the close.

THE WITNESS: May I be excused? Sorry. May I be excused?

MR. CUMINGS: Yes.

HEARING OFFICER HALSTEAD: Yes. You're being excused by Mr. Cumings. Thank you for coming today, Dr. Shih. I'm sure it's appreciated.

MR. CUMINGS: Thank you very much, Dr. Shih.

THE WITNESS: Thank you. Thank you.

HEARING OFFICER HALSTEAD: I just leave the notebook here, okay?

MR. CUMINGS: That's fine, Dr. Shih. Thank you.

HEARING OFFICER HALSTEAD: Okay. So if you'd like, we can take a break. Otherwise, we're going to move on to closing arguments.

DR. VON FELDMANN: Move on.

MR. CUMINGS: I'm ready to deliver closing arguments.

HEARING OFFICER HALSTEAD: All right. And I just want to remind you both that I'm a lawyer not a doctor, so let's make this pretty basic for me. Okay?

MR. CUMINGS: Do my best.

HEARING OFFICER HALSTEAD: All right. Thank you.

DR. VON FELDMANN: If you have any questions for me to explain to you, I will be glad to do that.

HEARING OFFICER HALSTEAD: Okay. Well, I don't have any questions at this time. I just want to make sure that when you're doing your closing, you close as though you're talking to someone who is not a doctor so that I make sure that I follow what you're saying. I've got a good handle on it, I think, but just I want to make sure I have a great handle on it.

Go ahead, Mr. Cumings.

MR. CUMINGS: On behalf of the Investigative Committee, we'd like to thank you, Officer Halstead, for your time and you as well Madame Court Reporter and Dr. Shih, and I'd also like to thank you, Von Feldmann, for coming today and defending your case.

As I mentioned in my opening statement, we are here today to present evidence so that the Board can determine whether Dr. Von Feldmann violated the Medical

Practice Act.

You heard testimony from Dr. Shih, the Nevada State Board of Medical Examiners' expert in this case, about the care provided by Dr. Von Feldmann. Dr. Von Feldmann failed to consider the possibility of a colon perforation following Patient A's complaint of pain. Additionally, you heard testimony from Dr. Von Feldmann that he failed to obtain immediate imaging following Patient A's complaint of pain which occurred the night of June 20th, 2018, by way of the patient's wife.

There was a documented -- a nine-centimeter documented serosal tear by multiple physicians including the reading radiologist that read the CT report from Mount Grant, Dr. Ventura, the ER physician, the operating physician and the pathologist.

Dr. Von Feldmann failed to recognize that free air in the patient's abdomen was likely due to colon perforation which required an immediate intervention. Specifically, with regards to Count 1, Dr. Von Feldmann admitted that he did not refer the patient to a surgical consult or obtain imaging following the patient's complaints of pain.

In sum, the testimony presented today is established by a preponderance of the evidence that

Dietrich Von Feldmann has committed malpractice as defined in NAC 630.040 which is a failure to use the reasonable care --

HEARING OFFICER HALSTEAD: Slow down for the court reporter.

MR. CUMINGS: I'm sorry. Which is a failure to use reasonable care, skill or knowledge ordinarily used under similar circumstances as alleged in Count 1 by the Nevada Medical Board. The exhibits admitted here today along with the testimony given at this hearing support the allegation of malpractice.

On behalf of the Investigative Committee, we ask the Board and the Hearing Officer to consider the record that was presented here today and render the appropriate findings and discipline. Thank you very much.

HEARING OFFICER HALSTEAD: Your turn, Dr. Von Feldmann, to go ahead and it's called a closing argument, so you get to wrap up the testimony from your perspective and why you think that I should rule in your favor.

DR. VON FELDMANN: First of all, I do not believe that I committed malpractice. Then I would like to come back to this tear which was only described by the surgeon and by no nobody else. It was not seen on CT

scan. Dr. Ventura didn't see it. The pathologist didn't describe it.

I believe that this tear was totally insignificant and it was not a perforation and that was not the area where the air escaped. The air escaped through the areas of postcoagulation necrosis syndrome, and in the area of -- in these areas, the pathologist did not describe any perforation. I believe that the air escaped from the inside of the colon through microperforation.

And as I stated before, microperforation can be very small perforations. And the air, when there is enough pressure, can escape through these microperforations during the procedure and then probably close very soon after the procedure, but the air stays in the abdominal cavity because the air is not absorbed that fast like C02 is.

But as I said, we didn't have C02 at Mount Grant General Hospital at that time to use for colonoscopy. We always use it nowadays everywhere. But as I also stated before, the patient would have had more pain because the C02 is very, very irritating to the peritoneum. So I did not understand Dr. Shih, what he was talking about the tears. There was no tear anywhere.

There was just a microperforation. Otherwise, the pathology report would have described it. The pathology report didn't even describe the tear which the surgeon saw. So if that would have been a perforation in the area of the long tear, there would have been inflammatory changes in the area which was not described by the pathologist.

And if somebody has a tear of nine centimeters perforation of nine centimeters, this is a giant perforation. And I've never heard of a giant perforation like that after a colonoscopy. This is just due to barotrauma that could occur quite often. We don't know because we don't look at the outside of the colon during the colonoscopy. It's only seen at the time of surgery or on pathology specimen.

So the postcoagulation necrosis syndrome always means that there is a transmural necrosis from the mucosa which is the inside of the colon respectively from the base of the polypectomy to the outside of the colon which is called visceral peritoneum of serosa.

So in my book, the air leaked through the postcoagulation necrosis where the patient had, in my book, microperforations which closed within a very short time after the procedure due to blood or other fluids or

white blood cells. That's why I believe that the gastrografin enema would not have shown any extravasation of the contrast material. That's why I believe that the pain the patient complained of at probably intermittently was due to the air collected in the right side in the right upper quadrant of the abdomen which also caused the pain in the patient's shoulder.

And the pain which the patient apparently also pointed out at one time at least, according to the records, that he had pain in the right lower quadrant of the abdomen. And that was certainly due to the postcoagulation necrosis syndrome. Postcoagulation necrosis syndrome causes the same symptoms as a perforation.

If I would have had any more suspicion of a perforation, I would have ordered a CT scan or if I would have seen anything through the scope which suggested that there could have been a perforation, we would have closed the polypectomy site with clips.

I believe you could think inside of the box which surgeons usually do. That means pain after a procedure and free air, surgery. That's the way it goes. That's why I didn't want the patient to go to a surgeon right away without additional workup or you can think

outside of the box which you have to do in the case like this and not send the patient to surgery.

In my book, this patient would not have gone to surgery. This patient would not have stayed in the hospital for nine days. The patient, like the other patient which I described before, went home asymptomatically after three days with free air in the abdomen and pain, so it was a similar situation.

Reading through Dr. Shih's curriculum vitae, which is enormous, I don't find -- I don't see how he finds the time to do 12,000 colonoscopies all by himself. There is not a single time in his extensive abstracts or book chapters or whatever, there is not a single mention of colonoscopy, polypectomy, postcoagulation necrosis syndrome, free air in the diagram or in the abdominal cavity or paracentesis for free air in the abdominal cavity to relieve the patient's pain. I believe that the patient's pain was due to the air mainly. That's why he had pain in the shoulder because the air was in the area of the right upper quadrant. It's like having a gallbladder attack very often leads to pain in the shoulder.

The abscess which was described by the pathologist was very small. The abscess -- I don't know

what he meant by an abscess. It could be just an accumulation of white blood cells which would be an abscess. And we know that anybody who has postcoagulation necrosis has inflammation of the wall of the colon and also of the serosal side of the colon which is called localized peritonitis. So that's very similar to having for somebody who has diverticulosis, which is in the western world, usually on the left side. If that person develops diverticulitis, which is in my book fairly rare, this is caused -- by the literature also -- by microperforation of the diverticulum because the diverticulum has a very thin wall which does not have what the rest of the intestines has muscle. It has only the inside of the colon which is called mucosa and the submucosa which is in between the musculature of the colon wall and the mucosa. So and that's missing in the diverticulum, and that makes the wall very thin. And the wall of the cecum is in anybody the thinnest part of the colon. And particularly, it's one to three millimeters when it's not distended by air. And when you do polypectomy, then it's even thinner because we remove the mucosa and the submucosa.

And in very many cases of EMR, which stands for endoscopic mucosal resection, we burn -- we have to

burn into the muscularis of the colon, and sometimes it goes all the way through the serosa. I've seen quite a few of those, and they were all treated conservatively.

And I've seen plenty of patients with catscratch colon. Catscratch colon is just due to barotrauma, and it consists of linear erosions in the ascending colon. And if it occurs on the inside of the colon, it also can occur on the outside of the colon without any consequences.

And I think that that tear of nine centimeter which the surgeon described was totally insignificant and not a perforation. And I believe that through a nine-centimeter perforation, there would be plenty of spillage into the peritoneal cavity which was not described by the surgeon. And there was plenty of liquid stuff inside of the colon in the area where the patient had the microperforation.

Microperforation means very small and nothing can get through there. That's why I wanted to have a gastrografin enema. The gastrografin would not have been showing any spillage of the contrast into the peritoneal cavity. That would have spoken against significant perforation, but air can leak through the tiniest holes which closes immediately.

So I don't think that Dr. Shih is an expert in therapeutic colonoscopy because he has -- his interest is not in colonoscopies. His interests is in inflammatory bowel disease like Crohn's disease or ulcerative colitis and in immunology and genetics. That's what all his references are about.

If he was an expert in therapeutic colonoscopy, he would have written about that. And I don't even understand how he can find the time for 12,000 colonoscopies with all of this research work he did in the lab, etcetera. He must be extremely busy with getting all of these references together.

HEARING OFFICER HALSTEAD: Anything else you'd like to add?

DR. VON FELDMANN: No, I don't. There's probably something I could add, but I don't know of anything right now.

HEARING OFFICER HALSTEAD: Okay. Thank you.

DR. VON FELDMANN: I just want to reiterate that I would have done everything the same way if I would have a case like that again.

HEARING OFFICER HALSTEAD: Okay. Thank you so much for explaining that to me very clearly and articulately. I appreciate that.

Did you have any reply argument you wanted to present?

MR. CUMINGS: I think that it was addressed several times that there was fecal material outside of where the alleged tear was. Dr. Von Feldmann said as much. I think Dr. Shih spoke on that very extensively that if there's fecal material there, there's a tear.

Regardless of that, the crux of the case should be whether a CT should have been ordered that night, and a CT wasn't ordered when the patient complained of new and worsening pain, and that should have been at the very minimum that was done, so I believe that's the conclusion of everything I had to present. Thank you.

HEARING OFFICER HALSTEAD: Thank you both.

DR. VON FELDMANN: So can I add something?

HEARING OFFICER HALSTEAD: Normally, you wouldn't, but I will give you the chance to do so briefly.

DR. VON FELDMANN: There was, according to the surgeon, no spillage.

HEARING OFFICER HALSTEAD: Yes, I recall you saying that. Okay. Thank you, everyone.

DR. VON FELDMANN: To go over something else,

I want to say why I did not order a CT scan when the wife called me because I was convinced in my vast experience that there was no perforation, that there was just postcoagulation necrosis syndrome that would not have shown up on CT scan.

HEARING OFFICER HALSTEAD: Okay. Thank you both. I appreciate everything that's been presented today. I'm going to take this under submission, and the court reporter is going to give me a copy of the transcript from today, and then I have 60 days to draft a recommendation to the --

DR. VON FELDMANN: How many days?

HEARING OFFICER HALSTEAD: Sixty days. I know it's a long time to wait. I will do it sooner if possible. I usually don't get to do it sooner because I'm busy, but I know that everyone waits for these things.

DR. VON FELDMANN: Would it help you if I would try to print out some references from the literature? I couldn't do that.

HEARING OFFICER HALSTEAD: No, we don't do that anymore. Right now, the case has been presented and all I can consider is what we talked about here today.

DR. VON FELDMANN: I couldn't print out

anything because a few months ago, I closed my office and I don't have the equipment at home.

HEARING OFFICER HALSTEAD: Right. I understand, but thank you for your time today, and we certainly appreciate you being here and the explanations you've provided.

Anything else before we go off the record?

MR. CUMINGS: (Indicating.)

HEARING OFFICER HALSTEAD: Okay. Then I will not talk to you about the merits of this matter any further from here, and I appreciate everyone's time today.

MR. CUMINGS: Thank you very much for showing up today, Dr. Von Feldmann.

(The hearing concluded at 11:37 a.m.)

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STATE OF NEVADA)
COUNTY OF WASHOE)

I, Nicole J. Hansen, Certified Court Reporter, State of Nevada, do hereby certify:

That prior to being examined, the witness in the foregoing proceedings was by me duly sworn to testify to the truth, the whole truth, and nothing but the truth;

That said proceedings were taken before me at the time and places therein set forth and were taken down by me in shorthand and thereafter transcribed into typewriting under my direction and supervision;

I further certify that I am neither counsel for, nor related to, any party to said proceedings, not in anywise interested in the outcome thereof.

In witness whereof, I have hereunto subscribed my name.

Dated: August 19, 2022

Nicole J. Hansen

Nicole J. Hansen
NV. CSR No. 446, RPR, CRR, RMR
CA. CSR 13,909

HEALTH INFORMATION PRIVACY & SECURITY: CAUTIONARY NOTICE

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EXHIBIT 1

EXHIBIT 1

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Dietrich Von Feldmann, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint, a physician licensed to practice medicine in the State of Nevada (License No. 12002). Respondent was originally licensed by the Board on August 17, 2006.

A. Respondent's Treatment of Patient A

2. Patient A was an 80-year-old year-old male when he presented to the Respondent for medical care on June 20, 2018. Patient A's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. Patient A presented to Respondent on June 20, 2018, for a surveillance colonoscopy due to a personal history of colon polyps.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chairman, Ms. April Mastroluca, Weldon Havins, M.D., J.D.

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4. During the procedure, Respondent discovered a number of flat cecal polyps and performed an endoscopic mucosal resection on a 1 cm flat cecal polyp, in addition to a second ascending colon polyp.

5. Patient A developed abdominal post-operative pain. Respondent informed Patient A that there was a risk of developing post polypectomy coagulation necrosis syndrome as a result of the procedure and that he would feel better after he passed some gas. Patient A was then discharged.

6. Patient A's spouse contacted Respondent on the evening of June 20, 2018, when Patient A's abdominal pain had worsened (to a 10/10 on the pain scale). Respondent failed to order an immediate abdominal radiograph to rule out colon perforation, and only considered a diagnosis of post polypectomy coagulation necrosis syndrome and prescribed oxycontin for pain.

7. Patient A continued to suffer with severe pain in his abdomen and returned to the Emergency Room on the morning of June 21, 2018, whereupon Patient A underwent a CT scan of the abdomen and pelvis, which showed a large amount of free air in the right upper quadrant of the abdomen.

8. Respondent viewed Patient A's CT scan on June 21, 2018, and failed to recognize that the large amount of free air in Patient A's abdomen indicated possible colon perforation which warranted immediate surgical evaluation.

9. Patient A was transferred by air ambulance to Renown Medical Center by his primary care provider due to the concerning findings on the CT scan, whereupon Patient A was taken for an exploratory laparotomy, right hemicolectomy, and partial omentectomy.

10. The surgical report from Renown Medical Center showed a dilated proximal colon of at least 10cm. There was splitting of the serosa for at least 9cm along the ascending colon and extensive air within the pericolonic tissue consistent with a perforated colon due to iatrogenic injury. Patient A spent eight (8) days in the hospital and was discharged on June 29, 2018.

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COUNT I

NRS 630.301(4) - Malpractice

11. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

12. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

13. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

14. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances with respect to the treatment of Patient A by failing to order an immediate abdominal radiograph to exclude the possibility of colon perforation when Patient A complained of severe pain on June 20, 2018, after the colonoscopy that Respondent performed. Furthermore, Respondent committed malpractice by his failure to recognize and appreciate the gravity of free air in the right upper quadrant which suggested colon perforation and warranted immediate surgical evaluation.

15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

///

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 1 day of March, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

IAN J. CUMINGS, J.D.
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 18th day of March, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

EXHIBIT 2

EXHIBIT 2

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED

MAR 0 3 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on April 26, 2021, I mailed by USPS Certified Mail No. 9171969009350252565828 to the following recipient(s):

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

the Complaint, Patient Designation and fingerprint package. The package was confirmed as delivered on March 2, 2022. *See* **Exhibit 1**.

DATED this 3rd day of March, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

March 3, 2022

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0252 5658 28.**

Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	March 2, 2022, 11:09 am
Location:	SPARKS, NV 89434
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

USPS Tracking®

FAQs >

Track Another Package +

Remove ×

Tracking Number: 9171969009350252565828

Your item was delivered to the front desk, reception area, or mail room at 11:09 am on March 2, 2022 in SPARKS, NV 89434.

USPS Tracking Plus® Available ∨

Delivered, Front Desk/Reception/Mail Room

March 2, 2022 at 11:09 am
SPARKS, NV 89434

Get Updates ∨

Feedback

Text & Email Updates ∨

Return Receipt Electronic ∨

Tracking History ∧

March 2, 2022, 11:09 am
Delivered, Front Desk/Reception/Mail Room
SPARKS, NV 89434
Your item was delivered to the front desk, reception area, or mail room at 11:09 am on March 2, 2022 in SPARKS, NV 89434.

March 1, 2022, 10:52 pm
Arrived at USPS Regional Facility

NSBME 009

RENO NV DISTRIBUTION CENTER

USPS Tracking Plus®

Product Information

See Less

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

EXHIBIT 3

EXHIBIT 3

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Early Case Conference Date: April 7, 2022 @ 11:30 a.m.

ORDER SCHEDULING EARLY CASE CONFERENCE

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

NOTICE IS HEREBY GIVEN that, in compliance with NRS 630.339(3), **an Early Case Conference will be conducted on April 7, 2022 beginning at the hour of 11:30 a.m.** The Early Case Conference will be held via conference call. The conference call number is 1-605-475-2200 and the access code is 8792457.[1]

---

[1] NRS 630.339(3) provides as follows:

> Within 20 days after the filing of the answer, the parties shall hold an early case conference at which the parties and the hearing officer appointed by the Board or a member of the Board must preside. At the early case conference, the parties shall in good faith:
>
> (a) Set the earliest possible hearing date agreeable to the parties and the hearing officer, panel of the Board or the Board, including the estimated duration of the hearing:
>
> (b) Set dates:

The scheduled Early Case Conference shall be attended by the parties in person or by any party's legal counsel of record and will be conducted by the undersigned Hearing Officer to discuss and designate the dates for the Pre-Hearing Conference and Hearing and the other procedural matters established in NRS 630.339. The parties must also provide an estimate, to the nearest hour, of the time required for presentation of their respective cases.

At the Pre-Hearing Conference, in accordance with NAC 630.465,[2] each party shall provide the other party with a copy of the list of witnesses they intend to call to testify, including therewith, the qualifications of each witness so identified and a summary of the testimony of each witness. If a witness is not on the list of witnesses, that witness may subsequently not be allowed to testify at the Hearing unless good cause is shown for omitting the witness from said list.[3] Likewise, all

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(1) By which all documents must be exchanged;
(2) By which all prehearing motions and responses thereto must be filed;
(3) On which to hold the prehearing conference; and
(4) For any other foreseeable actions that may facilitate the timely and fair conduct of the matter.

(c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;
(d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and
(e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

[2] NAC 630.465 provides as follows:

1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician or physician assistant of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its oral argument.

[3] In identifying a patient as a witness the parties are cautioned to omit from any pleadings filed with undersigned Hearing Officer any addresses, telephone numbers, social security numbers, or other personal information regarding such

evidence, except rebuttal evidence, that is not provided to each party at the Pre-Hearing Conference may also not be introduced or admitted at the Hearing unless good cause is shown.

Counsel for the Nevada State Board of Medical Examiners and the Respondent shall keep undersigned Hearing Officer advised of each issue which has been resolved by negotiation or stipulation, if any.

ACCORDINGLY, NOTICE IS HEREBY GIVEN that the possible sanctions authorized by NRS 630.352, NAC 630.555, and NRS 622.400 upon a finding of guilt to one or more of the Counts raised in said Board Complaint include the following:

A. Placement on probation for a specified period on any of the conditions specified in an order issued by the Board;

B. Administration of a public reprimand;

C. Placement of a limitation on Respondent's practice, or exclusion of one or more specified branches of medicine from Respondent's practice;

D. Suspension of Respondent's license for a specified period or until further order of the Board;

E. Revocation of Respondent's license to practice medicine;

F. A requirement that Respondent participate in a program to correct alcohol or drug dependence or any other impairment;

G. A requirement that there be specified supervision of Respondent's practice;

H. A requirement that Respondent perform public service without compensation;

I. A requirement that Respondent take a physical or mental examination, or an examination testing Respondent's competence;

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individual and to confine their submissions in this regard to the name of the witness, the relevancy of any testimony sought to be elicited from that witness, and a summary of the anticipated testimony.

J. A requirement that Respondent fulfill certain training or educational requirements, or both, as specified by the Board;

K. A fine not to exceed $5,000.00;

L. A requirement that the Respondent pay all costs incurred by the Board relating to this disciplinary proceeding, as more fully set forth in NRS 622.400.

DATED this 24th day of March 2022.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing ORDER SCHEDULING EARLY CASE CONFERENCE addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

9171 9690 0935 0252 5695 50

DATED this 28th day of March, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

EXHIBIT 4

EXHIBIT 4

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED
MAR 31 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on March 28, 2022, I mailed by USPS Certified Mail No. 9171969009350252569550 to the following recipient(s):

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

the Order Scheduling Early Case Conference filed March 28, 2022. Delivery of the mailing was received on March 30, 2022 *See* **Exhibit 1**.

DATED this 30th day of March, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

March 30, 2022

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0252 5695 50**.

Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	March 30, 2022, 11:35 am
Location:	SPARKS, NV 89434
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

EXHIBIT 5

EXHIBIT 5

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and

Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Hearing Date: June 21, 2022 @ 8:30 a.m.

FILED

APR 14 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

SCHEDULING ORDER

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

On April 7, 2022, an Early Case Conference was conducted in this matter and held via conference call. Participating in the Early Case Conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC") and the undersigned Hearing Officer. Respondent did not appear although the IC represented that Respondent had been properly served with the Order Scheduling Early Case Conference, which was filed on March 28, 2022. In the absence of Respondent, relevant dates including, but not limited to, dates for the pre-hearing conference; the exchange of witnesses and documents; motion practice; and the hearing date were discussed and determined.

Accordingly, in compliance with NAC 630.465, a pre-hearing conference will be conducted on **May 5, 2022**, beginning at the hour of 10:00 a.m., Pacific Standard Time, and will be held via a conference call. Unless directed otherwise prior to the scheduled date and time of

the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties shall participate in the conference call and the conference will be conducted before the undersigned hearing officer.

By the pre-hearing conference, each party shall provide the other party with a copy of the list of witnesses he or she intends to call to testify, including the witness' qualifications as well as a brief summary of the witness' anticipated testimony. If a witness is not included in the list of witnesses, that witness may not be allowed to testify at the hearing unless good cause is shown. Likewise, all documentation sought to be relied upon at the formal hearing shall be exchanged. If at the formal hearing any party seeks to rely upon documentation not previously produced as ordered, such documentation will not be permitted unless good cause is shown.

Any and all pre-hearing motions shall be served and submitted to the undersigned hearing officer on or before **May 20, 2022**. Any oppositions or responses thereto shall be served and submitted to the undersigned hearing officer on or before **May 31, 2022**. Any and all replies shall be served and submitted to the below hearing officer on or before **June 7, 2022**.

The formal hearing in this matter is hereby scheduled for **June 21, 2022**, starting at 8:30 a.m. Respondent, counsel, and the undersigned hearing officer will attend the hearing at the Reno office of the Nevada State Board of Medical Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521. Following the hearing, the undersigned hearing officer will submit to the Board a synopsis of the testimony taken at the hearing and make a recommendation on the veracity of witnesses if there is conflicting evidence or if credibility of witnesses is a determining factor, and thereafter the Board will render its decision. NAC 630.470.

Unless stipulated to, permission for the remote appearance by any witness must be sought from and approved by the undersigned hearing officer, and any such request shall be in writing and submitted on or before 5:00 p.m. **June 7, 2022**.

Should the parties deem a status conference necessary at any juncture of the proceeding, they shall coordinate at least three proposed dates and times and may jointly email the undersigned hearing officer with the proposed dates and times and request a status conference and state the basis for the request.

Both parties shall keep the undersigned hearing officer apprised of each issue that has been resolved by negotiation or stipulation or any other change in the status of this case.

DATED this 13th day of April 2022.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing SCHEDULING ORDER addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

DATED this 14th day of April, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

EXHIBIT 6

EXHIBIT 6

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED
APR 25 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on April 14, 2022, I mailed by USPS Certified Mail No. 9171969009350252569796 to the following recipient(s):

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

the Scheduling Order filed April 14, 2022, which package was confirmed delivered on April 18, 2022 *See* **Exhibit 1**.

DATED this 19th day of April, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

April 19, 2022

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0252 5697 96**.

Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	April 18, 2022, 4:35 pm
Location:	SPARKS, NV 89434
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 9171969009350252569796

Remove ×

Your item was delivered to the front desk, reception area, or mail room at 4:35 pm on April 18, 2022 in SPARKS, NV 89434.

USPS Tracking Plus® Available ⌄

Delivered, Front Desk/Reception/Mail Room

April 18, 2022 at 4:35 pm
SPARKS, NV 89434

Get Updates ⌄

Feedback

Text & Email Updates ⌄

Return Receipt Electronic ⌄

Tracking History ⌃

April 18, 2022, 4:35 pm
Delivered, Front Desk/Reception/Mail Room
SPARKS, NV 89434
Your item was delivered to the front desk, reception area, or mail room at 4:35 pm on April 18, 2022 in SPARKS, NV 89434.

April 16, 2022, 8:48 am
Delivery Attempted - No Access to Delivery Location

SPARKS, NV 89434

April 15, 2022, 6:31 pm
Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER

April 15, 2022
In Transit to Next Facility

April 14, 2022, 9:06 pm
Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER

April 14, 2022, 7:51 pm
Accepted at USPS Origin Facility
RENO, NV 89521

Feedback

USPS Tracking Plus®

Product Information

See Less

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

EXHIBIT 7

EXHIBIT 7

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

_____/

Case No. 22-31575-1

Hearing Date: TBD

ORDER VACATING SCHEDULING ORDER AND SETTING STATUS CONFERENCE

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

This matter was set for a status conference on June 3, 2022. Participating in the status conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC"); Lyn E. Beggs, Esq. on behalf of Respondent; and the undersigned Hearing Officer.

According to Ms. Beggs, she has been unable to reach Respondent and Respondent has not been responsive to her attempts to communicate with him, rendering her unable to provide legal counsel and mandating that she withdraw. Ms. Beggs indicated that she would file to withdraw just after the status conference. For now, Ms. Beggs remains counsel of record and shall strive to provide a copy of this Order to Respondent.

In light of the forgoing, Mr. Cumings asked that the matter be stayed to allow him to address alternative means to potentially address the matter in lieu of proceeding with the upcoming evidentiary hearing currently scheduled for June 21, 2022. However, because the

matter remains pending and undersigned does not wish to stay the matter indefinitely, the request for a stay is DENIED and instead the Scheduling Order entered on April 13, 2022 is hereby vacated, and a status conference is hereby scheduled for June 21, 2022 at 10:00 a.m. At such time, Mr. Cumings will address how he intends to proceed with the matter should Respondent continue to fail to engage in the proceedings. Unless directed otherwise prior to the scheduled date and time of the status conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties shall participate in the status conference, which will be conducted before the undersigned hearing officer.

DATED this 3rd day of June 2022.

By: 

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing ORDER VACATING SCHEDULING ORDER AND SETTING STATUS CONFERENCE addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

DATED this 6th day of June, 2022.

Signature

Mercedes Fuentes
Print

Legal Assistant
Title

EXHIBIT 8

EXHIBIT 8

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF NEVADA

In the Matter of Charges and Complaint Against: DIETRICH VON FELDMANN, M.D. Respondent.	Case No: 22-31575-1

FILED
JUN 22 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

NOTICE OF WITHDRAWAL OF COUNSEL

COMES NOW, the undersigned counsel and hereby files this Notice that the undersigned counsel is withdrawing from representation of Respondent Dietrich Von Feldmann, M.D. as Dr. Feldmann has failed to have any communication with the undersigned since May 12, 2022 despite repeated attempts to contact Dr. Feldmann by phone, letter, and email. Further, the email previously used for correspondence with Dr. Feldmann is no longer an active email address. Through his failure to communicate with the undersigned, Dr. Feldmann has evidenced a desire to not be represented by the undersigned counsel in this matter.

DATED this 20th day of June, 2022.

By:
Lyn E. Beggs, Esq.,
Nevada Bar No. 6248

EXHIBIT 9

EXHIBIT 9

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

FILED

JUN 27 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

In the Matter of Charges and Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Hearing Date: August 24, 2022 @ 8:30 a.m.

AMENDED SCHEDULING ORDER

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

On June 21, 2022, a Status Conference was conducted in this matter and held via conference call. Participating in the Status Conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC") and the undersigned Hearing Officer. Respondent did not appear and has failed to participate in the proceedings save and except for briefly appearing through counsel Lyn Beggs for a prior status conference on June 3, 2022, at which time Ms. Beggs indicated she was unable to contact Respondent and would be withdrawing as a result. **Ms. Beggs shall file a formal notice of**

withdrawal with the Medical Board to be relieved from further representation of Respondent in this matter if it remains her intent to withdraw.

At this juncture, given Respondent's failure to participate in the proceedings, the IC has indicated that it will proceed to the evidentiary hearing in an effort to move the matter to conclusion. Accordingly, in compliance with NAC 630.465, a pre-hearing conference will be conducted on **July 19, 2022**, beginning at the hour of 10:00 a.m., Pacific Standard Time, and will be held via a conference call. Unless directed otherwise prior to the scheduled date and time of the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties shall participate in the conference call and the conference will be conducted before the undersigned hearing officer.

By the pre-hearing conference, each party shall provide the other party with a copy of the list of witnesses he or she intends to call to testify, including the witness' qualifications as well as a brief summary of the witness' anticipated testimony. If a witness is not included in the list of witnesses, that witness may not be allowed to testify at the hearing unless good cause is shown. Likewise, all documentation sought to be relied upon at the formal hearing shall be exchanged. If at the formal hearing any party seeks to rely upon documentation not previously produced as ordered, such documentation will not be permitted unless good cause is shown. Motion scheduling will be addressed at the pre-hearing conference if motion practice is sought as will any requests for remote witness appearances.

The formal hearing in this matter is hereby scheduled for **August 24, 2022**, starting at 8:30 a.m. The hearing will take place at the Reno office of the Nevada State Board of Medical Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521. Following the hearing, the undersigned hearing officer will submit to the Board a synopsis of the testimony taken at the hearing and make a recommendation on the veracity of witnesses if there is conflicting evidence or if credibility of witnesses is a determining factor, and thereafter the Board will render its decision. NAC 630.470. Should Respondent fail to appear, the hearing will be addressed in accordance with NRS 622A.350 and NAC 630.470(2).

Should a party deem a status conference necessary at any juncture of the proceeding, such party shall propose at least three proposed dates and times and may email the undersigned hearing officer with the proposed dates and times and request a status conference and state the basis for the request. Should a status conference be deemed necessary upon the request, the other side will be noticed of the date and time. The IC shall keep the undersigned hearing officer apprised of each issue that has been resolved by negotiation or stipulation or any other change in the status of this case.

DATED this 21st day of June 2022.

By: 

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing AMENDED SCHEDULING ORDER addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

DATED this 27th day of June, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

EXHIBIT 10

EXHIBIT 10

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED
JUL - 6 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on June 27, 2022, I mailed by USPS Certified Mail No. 9171969009350254760672 to the following recipient(s):

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

the Amended Scheduling Order filed June 27, 2022, which package was confirmed delivered on June 29, 2022 *See* **Exhibit 1**.

DATED this 5th day of July, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

July 5, 2022

Dear Meg Byrd:

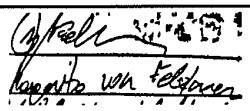
The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0254 7606 72**.

Item Details

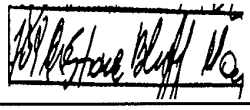
Status:	Delivered, Left with Individual
Status Date / Time:	June 29, 2022, 3:03 pm
Location:	RENO, NV 89523
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:



Address of Recipient:



Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 9171969009350254760672

Remove ×

Your item was delivered to an individual at the address at 3:03 pm on June 29, 2022 in RENO, NV 89523.

USPS Tracking Plus® Available ∨

Delivered, Left with Individual

June 29, 2022 at 3:03 pm
RENO, NV 89523

Feedback

Get Updates ∨

Text & Email Updates ∨

Return Receipt Electronic ∨

Tracking History ∧

June 29, 2022, 3:03 pm
Delivered, Left with Individual
RENO, NV 89523
Your item was delivered to an individual at the address at 3:03 pm on June 29, 2022 in RENO, NV 89523.

June 29, 2022, 8:09 am
Out for Delivery
LOVELOCK, NV 89419

NSBME 039

June 29, 2022, 7:58 am
Arrived at Post Office
RENO, NV 89523

June 28, 2022, 4:04 pm
Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER

June 27, 2022, 9:19 pm
Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER

June 27, 2022, 8:04 pm
Accepted at USPS Origin Facility
RENO, NV 89521

Feedback

USPS Tracking Plus®

Product Information

See Less

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

EXHIBIT 11

EXHIBIT 11

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

October 16, 2018

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

RE: BME CASE #: [redacted]
PATIENT: [redacted] **DOB:** [redacted]

Dear Dr. Von Feldmann:

We have received information and a complaint regarding your medical treatment of the above named patient. The complaint alleges you provided substandard medical care which may have had an adverse impact on the quality of care rendered to the above named patient.

It is alleged:

1. On June 20, 2018, the patient presented to you, at Mt. Grant General Hospital, for a routine colonoscopy.

2. The procedure went longer than expected and the patient awoke in severe pain.

3. The patient expressed to you that he was in pain and you told the patient he would be better in a while, and after he passed some gas. The patient had undergone colonoscopies in the past but had never experienced this type of pain before.

4. You then told the patient he would need to return for a follow up colonoscopy, as you needed different equipment.

5. After the patient returned home his pain continued. His wife called you and the patient was prescribed Oxycontin. The pain medication did not relieve the pain and the patient's discomfort worsened through the night.

6. The patient presented to the emergency room (ER) the next morning, June 21, 2018, and was seen by his primary care physician (PCP). You were also at the ER when the patient arrived and made an inappropriate comment towards the patient stating, "If you were a cow they would just stick a needle in and release the air."

7. The patient's PCP decided to have the patient taken via care flight to Renown Regional Medical Center (Renown), in Reno, to determine what was causing the patient's pain.

Received 11/14/2018

It is further alleged:

1. Once the patient arrived at Renown, he was immediately taken into surgery and a large tear was found in his colon.

2. One third of the patient's colon had to be removed during the surgery.

3. The patient spent nine days at Renown, recovering from the surgery.

4. Your care and treatment of the patient may have fallen below the standard of care.

According to these allegations, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to the allegations noted above, as well as complete health care records for the aforesaid patient. Include copies of any imaging, x-ray or other films that were produced during treatment of this patient.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 21 calendar days.**

Please return the health care records with the signed Custodian of Records Affidavit, enclosed herewith. If you are not a custodian of the patient records, please indicate where the health care records can be obtained.

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: **NRS 630.301 (4),(6),(8).**

Respectfully,

Monica C. Gustafson, CMBI
Senior Investigator

EXHIBIT 12

EXHIBIT 12

The Investigative Committee of the Board of Medical Examiners of the State of Nevada

* * * * *

ORIGINAL

In the Matter of the Investigation of:

Dietrich Von Feldmann, M.D.

License No. 12002

Case No. 18-18180

ORDER TO PRODUCE MEDICAL RECORDS

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada sends greetings to:

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

Pursuant to the authority of Nevada Revised Statute (NRS) 630.311(1), the IC directs you to produce and deliver to the Nevada State Board of Medical Examiners, the materials as set forth in this Order:

1. Properly authenticated and complete copies of any and all medical and billing records of [redacted] DOB: [redacted], from June 1, 2018 through present date.
2. The name and contact information for any entity, facility, or person that you believe may possess the medical and billing records of [redacted] DOB: [redacted], from June 1, 2018 through present date.

Said records shall be provided to an investigator of the Nevada State Board of Medical Examiners **within 21 days of service** of this Order (Investigation Division, Attn. Monica C. Gustafson, Senior Investigator, Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521. Failure to comply and produce said records in the aforesaid manner may subject you to potential disciplinary action, to include a violation of NRS 630.3065(2)(a); further the Investigative Committee may seek administrative sanctions as set forth in NRS 630.352.

Additionally, compliance with this order is deemed compulsory and shall not be deemed to be cooperation subject to the protections provided to a physician pursuant to NRS 630.364(3).

Dated this **16th** day of **October** 2018.

NEVADA STATE BOARD OF MEDICAL EXAMINERS
INVESTIGATIVE COMMITTEE

D Prabhu Rachakonda MD

Rachakonda Prabhu, M.D., Chairman
Nevada State Board of Medical Examiners
Investigative Committee

EXHIBIT 13

EXHIBIT 13

CERTIFICATE OF CUSTODIAN OF RECORDS OR DIETRICH VON FELDMANN, M.D.

RECEIVED
NOV 14 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

NOW COMES CHRISTY PASTRO (*name of custodian of records*), who after being first duly sworn, deposes and says:

1. That I am the MANAGER (*position or title*) of NO. NV GASTROENTEROLOGY (*name of company or employer*) and in my capacity as MANAGER (*position or title*), I am a custodian of the records of DR VON FELDMANN (*name of company or employer*).

2. That DR VON FELDMANN (*name of company or employer*) is licensed to do business as a GASTROENTEROLOGIST in the State of Nevada.

3. That on the 6TH day of the month of NOVEMBER of the year 2018, I received an order for health care records in connection with the Nevada State Board of Medical Examiners Case No. [redacted], calling for the production of records pertaining to [redacted].

4. That I have examined the original of those records and have made or caused to be made a true and exact copy of them and the reproduction attached hereto is true and complete.

5. That the original of those records was made at or near the time of the act, event, condition, opinion or diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of DR VON FELDMANN (*name of company or employer*).

Executed on: 11/13/18
Date

Signature of Custodian of Records

SUBSCRIBED AND SWORN to before me this 13TH day of NOVEMBER, 2018.

GLENDA SENOR ROSCOM
NOTARY PUBLIC in and for the
County of WASHOE, State of Nevada.

GLENDA SENOR ROSCOM
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 02-08-2022
Certificate No: 18-1979-2

My commission expires: 02-08-2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

October 16, 2018

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

RE: BME CASE #: 18-18180
PATIENT: [redacted]; DOB: [redacted]

Dear Dr. Von Feldmann:

We have received information and a complaint regarding your medical treatment of the above named patient. The complaint alleges you provided substandard medical care which may have had an adverse impact on the quality of care rendered to the above named patient.

It is alleged:

1. On June 20, 2018, the patient presented to you, at Mt. Grant General Hospital, for a routine colonoscopy.

2. The procedure went longer than expected and the patient awoke in severe pain.

3. The patient expressed to you that he was in pain and you told the patient he would be better in a while, and after he passed some gas. The patient had undergone colonoscopies in the past but had never experienced this type of pain before.

4. You then told the patient he would need to return for a follow up colonoscopy, as you needed different equipment.

5. After the patient returned home his pain continued. His wife called you and the patient was prescribed Oxycontin. The pain medication did not relieve the pain and the patient's discomfort worsened through the night.

6. The patient presented to the emergency room (ER) the next morning, June 21, 2018, and was seen by his primary care physician (PCP). You were also at the ER when the patient arrived and made an inappropriate comment towards the patient stating, "If you were a cow they would just stick a needle in and release the air."*

7. The patient's PCP decided to have the patient taken via care flight to Renown Regional Medical Center (Renown), in Reno, to determine what was causing the patient's pain.

* TAKEN OUT OF CONTEXT!

Dr. Dietrich von Feldmann

32345 E. Prater Way, Suite 304

Sparks, NV 89434

775-336-2777

F: 775-336-2803

RE: [redacted]

To Whom It May Concern,

I am writing to you in response to your letter from October 16, 2018, regarding my treatment of patient [redacted].

Mr. [redacted] was referred to me in May 2018 by his primary care physician, Dr. Ventura, for a surveillance colonoscopy. I had seen this patient already 9 years ago and performed a colonoscopy at that time because of a history of colon polyps. That endoscopy report is not available.

I preformed a colonoscopy on Mr. [redacted] June 20, 2018. The procedure was indeed prolonged because I found a very flat extended polyp in the proximal ascending colon/cecum area. I approached this polyp with EMR (endoscopic mucosal resection) after injecting it with "Elavue".Touch up work was done with the hot biopsy forceps. At the end of this polypectomy the site "looked good", there was no evidence of perforation. The endoscopy picture is not in the patients chart, I suppose it went to Renown with the patient's other records.

On the way out, I encountered numerous additional flat polyps in the ascending colon/hepatic flex area. I did not intend to remove them during this session because:

1. I wanted to make sure that there was no malignancy in the polyp which was removed.
2. The procedure had already taken a long time.

3. I wanted to discuss with the patient at the follow up office visit whether or not a partial colectomy would not be better for him, considering the number and shape of the remaining polyps.

I spoke with the patient and his wife after the procedure and explained what his colon looked like and what was done. He mentioned that he had some abdominal discomfort (not unusual after a long colonoscopy) but did not appear to be in severe distress (pain 10/10!) and he would not have been discharged by the nursing staff if that had been the case. I told him that he would have to remain on a clear liquid diet, at least until the next morning, as there was a risk of developing a "post polypectomy coagulation nercrosis syndrome."

He or his wife called the hospital later in the evening because of pain. In the assumption that he might have a "post polypectomy coagulation nercrosis syndrome," I prescribed some narcotics. My M.A. had a telephone conversation with them later on which suggested that the analgesics had helped.

We did not hear from the patient again before the next morning when he went to the emergency room (see ER MD's report which seems to be very important.) He apparently had hiccups during the night and right shoulder pain which he was able to "sleep off."

The CT scan showed a lot of free air under the diaphragm. The transverse colon was distended up to 6.3 centimeters, no mention of distention of the cecum or ascending colon.

According to the ER MD, he was in mild distress, afebrile and hemodynamically stable. He had hyperactive bowel sounds and no leukocytosis.

I saw the patient in the emergency room. He complained of upper abdominal pain. I believed that he had the pain because of the free air under his diaphragm and that he indeed had "post polypectomy coagulation nercrosis syndrome," which had allowed the air to escape through the weakened wall. (There was no perforation described in the operative and pathology reports. The serosal tear which was described was probably due to barotrauma from bowel distention and was not a perforation but also might have had something to do with the free air. The patient's or his wife's remark about my statement regarding "sticking a needle into his abdomen" was taken out of context! I had told them that I did not believe that there was a perforation. I suggested to them that he be taken to Banner Churchill Hospital in Fallon for a gastrografin enema (this procedure

is not available at Mt. Grant General Hospital) and if no perforation could be found that the radiologist should then stick a needle into his abdomen to let the air escape, to improve his discomfort. He could have then been treated for his "post polypectomy coagulation nercrosis syndrome" as an in-patient, with antibiotics and clear liquids.

Instead, Dr. Ventura, his PCP, preferred to transfer the patient to Renown, as he was planning to go out of town that evening. Before transfer, I wrote down for the wife, "gastrografin enema," for the doctors at Renown to consider, before deciding to proceed with laparotomy I do not know whether or not she gave that note to anyone at Renown. I only know that he went rather straight to the operating room (see operative and pathology report.)

Why he had to stay in the hospital for 9 days post-operatively, I do not know, maybe because of his age or comorbidities? The surgeon's first post-hospital follow up report indicates that, at that time the patient was doing rather well.

My final conclusion:

1. I still believe that he did not have a perforation but a significant "post polypectomy coagulation nercrosis syndrome"

2. That the free air was due to increased pressure in the colon and weakened wall

3. I believe that the hemicolectomy in his case was not a bad idea because of the additional numerous flat polyps of which the future removal could have again proved very difficult.

4. I tried my best to help this patient and I believe that it was unfortunate that they took my remark regarding "sticking a needle into his abdomen" out of context.

Sincerely,

Dietrich von Feldmann, M. D.

MEDICAL RECORDS

This exhibit contains personal medical information, records of a patient or other personal identifying information that is confidential and otherwise protected from disclosure to the public pursuant to NRS 622.310.

EXHIBIT 14

EXHIBIT 14

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

October 16, 2018

Mt. Grant General Hospital
ATTN: Health Care Records/ ROI & Radiology
P.O. Box 1510
Hawthorne, NV 89415

RE: BME CASE #: [redacted]
PATIENT: [redacted] **DOB:** [redacted]

To Whom It May Concern:

Pursuant to Nevada law (Nevada Revised Statutes (NRS) 629.061), the Nevada State Board of Medical Examiners requests copies of the **health care records** of the above named patient, **to include copies of any X ray or other films**, treated at your facility **beginning June 1, 2018 to the present date. If the health care records and films are available to be provided on disk, that is preferred.**

NRS 629.061 requires each provider of health care to make the health care records of a patient available for physical inspection and shall furnish a copy of the records to any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

NRS 629.021 defines health care records as: "any reports, notes, orders, photographs, X-rays or other recorded data or information whether maintained in written, electronic or other form which is received or produced by a provider of health care, or any person employed by a provider of health care, or any person employed by a provider of health care, and contains information relating to the medical history, examination, diagnosis or treatment of the patient." [1]

Please return the health care records with the signed Custodian of Records Affidavit, enclosed herewith.

The Board investigation files are confidential. The physician-patient confidentiality is protected by the Board and its staff as required by law.

Please forward the records to the Investigative Committee of the Board **within 21 days.**

If you have questions or we may be of assistance, please call me at (775)324-9373.

Respectfully,

Monica C. Gustafson, CMBI
Senior Investigator

EXHIBIT 15

EXHIBIT 15

Mt. Grant Medical Building

P.O. Box 1510, 200 South A St.
Hawthorne, Nevada 89415
Tel: 775-945-0709 • Fax: 775-945-0708

Rural
Health
Clinic

October 31, 2018

Re: [redacted]

DOB [redacted]

To Whom It May Concern:

The above referenced has been my patient since 2009.

I have treated him for hypertension, mixed hyperlipidemia and a seizure disorder.

He is treated with oral medications for the above ailments.

Sincerely,

Juanchichos Ventura, M.D.

JV/pr

EXHIBIT 16

EXHIBIT 16

MEDICAL RECORDS

This exhibit contains personal medical information, records of a patient or other personal identifying information that is confidential and otherwise protected from disclosure to the public pursuant to NRS 622.310.

EXHIBIT 17

EXHIBIT 17

MEDICAL RECORDS

This exhibit contains personal medical information, records of a patient or other personal identifying information that is confidential and otherwise protected from disclosure to the public pursuant to NRS 622.310.

EXHIBIT 18

EXHIBIT 18

David Quan Shih, MD, PhD, FACP

CURRICULUM VITAE

Professional Contact Information:
Comprehensive Digestive Institute of Nevada
9260 W. Sunset Rd. Suite 306
Las Vegas, NV. 89148
Phone: 626-660-5846
Fax: 702-410-6670
Email: david10021@gmail.com

EDUCATION:
Massachusetts Institute of Technology, Cambridge, MA
B.S., Biology, May 1994

The Rockefeller University, New York, NY
Ph.D., Metabolic Disease, June 2002

Weill Cornell Medical College, New York, NY
Doctor of Medicine, May 2003

Stanford University Medical Center, Stanford, CA
Internal Medicine Internship, July 2003 – June 2004

Stanford University Medical Center, Stanford, CA
Internal Medicine Residency, July 2004 – June 2005

UCLA, Los Angeles, CA
CHS STAR GI Fellow, July 2005 – June 2009

LICENSURE:
California Medical Licensure A87012, granted 6/30/2004, expiration 5/31/2022
Navada Medical Licensure 16811, granted 11/23/2016, expiration 6/30/2021
Arizona Medical Licensure, 52987, 11/30/2016, expiration 5/19/2022
Nevada Pharmacy CS25604, expiration 10/31/2020

DEA:
CA DEA # BS8909143, granted 2/1/2007, expiration 2/28/2022
NV DEA # FS6571358, expiration 02/28/2023

BOARD CERTIFICATION:
Internal Medicine, granted 8/25/10, expiration 12/31/20
Gastroenterology, granted 11/20/13, expiration 12/31/23

PROFESSIONAL EXPERIENCE:
Present Positions:

2017 -	**Director of Immunobiology**: Comprehensive Digestive Institute of Nevada
2018 -	**Adjunct Faculty:** Touro University Nevada
2019 -	**Medical Professional Reviewer:** Center for Medicare & Medicaid Services (CMS)
2019 -	**Gastroenterology Fellowship Faculty:** Sunrise Health GME

2020 - **Expert Reviewer:** California Division of Workers' Compensation IMR
2020 - **Partner:** Comprehensive Digestive Institute of Nevada
2020 - **Medical Peer Reviewer**: Nevada State Board

Consultation:
2012 - 2016 Teva Pharmaceutical Industries
2014 - 2016 Ferring Pharmaceuticals, Inc
2015 - 2016 Medimmune
2015 - 2016 BARRY APC Litigation Firm: expert declaration
2016 - Kenneth M Sigelman & Associates: expert declaration, deposition, expert testimony
2016 - 2017 Daiichi Sankyo: expert declaration
2016 - 2017 Slattery Petersen PLLC: expert declaration
2019 - Synexus Research Consultant
2019 - Cutter Law: expert declaration
2020 - Redhill Speaker Bureau
2020 - UCB Speaker Bureau

Previous Positions (selected):
2007 - 2009 **Chief GI Fellow** for UCLA/Cedars/VA GI program
2009 - 2010 **Post-Doctoral Fellow**, F. Widjaja Foundation, Inflammatory Bowel and Immunobiology Research Institute.
2008 - 2017 **Nutrition Advisory Panelist**: California Dry Plum Board
2009 - 2017 **Associate Director of Basic Research**, Cedars Sinai Medical Center, CA
2010 - 2017 **Associate Professor in Residence,** UCLA, CA
2015 - 2017 **Externship Director,** Tzu Chi

PROFESSIONAL ACTIVITIES:
Society Memberships:
1992 - MENSA (USA)
1994 - Phi Beta Kappa
1995 - Sigma Xi
2003 - American College of Physicians
2005 - American Gastroenterological Association
2010 - MENSA (International)
2016 - American Federation for Medical Research (Elected Member)

Committee Services:
2011 - 2017 **Medical Advisory Committee Member**: CCFA, Los Angeles Chapter.
2011 - 2017 **AGA Abstract Reviewer:** Epithelial Cell Immune Function and Interactions with Immune cells and Microbial.
2014 - 2016 **Crohn's and Colitis Foundation:** Grant Review Committee
2014 - 2017 **Crohn's and Colitis Foundation:** Abstract Review Committee
2016 - 2017 **AGA Abstract Chair:** Epithelial Cell Immune Function and Interactions with Immune cells and Microbial.

Community Services:
2009 - 2017 Volunteer physician for Tzu-Chi Free Clinic
2009 - 2017 Volunteer physician for Remote Area Medical
2009 - 2017 Volunteer physician for Tzu-Chi Health Care Outreach Program
2016 - 2017 Externship Director Tzu Chi Medical Foundation (Los Angeles Chapter).

Editorial Services to Scholarly Publications (selected):

2009 - 2017 Ad Hoc Reviewer, *The Journal of Experimental Medicine*
2010 - 2017 Editorial Board Member, *World Journal of Gastroenterology*
2011 - 2017 Review Editor, *Frontiers in Gastrointestinal Sciences*
2011 - 2017 Ad Hoc Reviewer, *Gastroenterology*
2011 - 2017 Ad Hoc Reviewer, *Proceedings of the National Academy of Sciences*
2012 - 2017 Ad Hoc Reviewer, *Inflammatory Bowel Disease*
2015 - 2017 Advisory Board and Reviewer: *Gastroenterology*

CSMC PROFESSIONAL ACTIVITIES:

Committee Service:

2009 - 2017 **CORE of Research Excellence:** Member
2010 - 2017 **Research Division of Immunology:** Member
2011 - 2017 **Educational Meeting in Gastroenterology:** IBD Program Organizer
2012 - 2017 **Pharmacy & Therapeutics Committee:** Member
2012 - 2014 **Research Website Committee:** Member

OTHER PROFESSIONAL ACTIVITIES: UCLA & OTHER AFFILIATED INSTITUTIONS

2006 - 2009 **Fellow Representative**: UCLA Curriculum Action Committee
2010 - 2015 **GI Fellowship Selection Committee**: UCLA GI Fellowship Program
2010 - 2015 **Research Oversight Committee Member:** UCLA GI Fellowship Program
2011 - 2017 **Grant Reviewer**: Seed Grant for UCLA Digestive Diseases Research Center
2012 - 2017 **Grant Reviewer**: Broad Medical Research Foundation

HONORS AND SPECIAL AWARDS (SELECTED):

1992 - 1993 MENSA scholarship.
1994 Graduated first in class, Massachusetts Institute of Technology.
2004, 2005 American College of Physician National Research Winner.
2007 - 2009 Annenberg Foundation GI Fellowship Award.
2009 Malaniak Award for Excellence in Basic Science.
2012 Elected as Fellow in American College of Physicians.
2012 - Inscription to Phi Beta Kappa Honor Roll.
2012 - Vitals Top 10 Doctor in Gastroenterology
2013 Mucosal Immunology – ICMI 2013 Top Poster Award
2015 - 2017 LA Magazine/Superdoctors.com – Los Angeles Rising Star
2018 - Las Vegas Review Journal – Best of Gastroenterology

RESEARCH GRANTS AND FELLOWSHIPS RECEIVED:

1994 - 2003 National Institutes of Health Medical Scientist Training Program Grant
Obtaining combined MD,PhD degree
PhD thesis project, Analysis of Transcriptional Factors in Metabolism
Trainee Investigator. Covers medical and graduate tuition and $25,000/year stipend.

2005 - 2009 National Institute of Health GI Training Grant, T32 DK07180
Project, Analysis of an IBD Gene, TL1A, in Mucosal inflammation
Trainee Investigator. 80% effort. $53,252/year (tuition, travel, reagent, salary).

2009 - 2010 Proctor and Gamble Investigator Initiated Research Grant
Project, In vivo Analysis of an IBD Gene, TL1A, in Murine Colitis.
Principal Investigator, 20% effort. $21,580/year direct costs.

2010 - 2015 Inflammatory Bowel Disease and Immunobiology Research Institute, Internal Grant
Role of TL1A in severity of IBD

Principal Investigator, 20% effort, $325,319.00/year direct costs.

2010 - 2015 NIH PO1 DK046763
IBD: Genetic and Immunopathologic Mechanisms: Project 2, Immunopathologic mechanisms leading to an aggressive Crohn's disease immuno-phenotype.
Co-I. 10% effort, $187,611/year direct costs.

2011 - 2012 Teva Investigator Initiated Research Grant *Project*
Role of neutralizing TL1A antibodies in treating murine models of chronic colitis.
Principal Investigator, 5% effort, $40,515/year direct costs.

2011 - 2012 Clinical and Translational Science Institute (CTSI) research core laboratory service voucher
The Roles of IBD Associated Genes ATG16L1 and TNFSF15 in Gut Mucosal Inflammation.
Principal Investigator, $6,500/year direct costs for CORE facility usage.

2013 – 2014 Clinical and Translational Science Institute (CTSI) research core laboratory service voucher: V066
The Role of TL1A/DR3 Signaling in Intestinal Inflammation and Autophagy.
Principal Investigator, $9,800/year direct costs for CORE facility usage.

2012 - 2015 Crohn's and Colitis Foundation of America
The Roles of IBD Associated Genes ATG16L1 and TNFSF15 in Bacteria Mediated Human Gut Mucosal Inflammation.
Principal Investigator, $25,000/year direct costs for supplies.

2012 - 2017 NIH K08 DK093578-01
The Roles of IBD Associated Genes ATG16L1 and TNFSF15 in Murine Gut Mucosal Inflammation.
Principal Investigator, 75% effort, $139,750/year direct costs.

2013 – 2015 Norvo Nordisk 221834
Characterization of DR3 Knock-Out Mice Susceptibility to Induction of Colitis
Principal Investigator, 5.5% effort, $90,122/2 years direct costs.

2014 – 2019 NIH R01 DK056328-16
Role of TL1A in Severity of Crohn's Disease.
Co-investigator, 10% effort, $250,000/year direct costs.

2017 - 2022 NIH R01 AI095255-05A1
Role of TRIF-Dependent TLR Signaling in Intestinal Mucosa
Co Principal investigator, 25% effort, $250,000/year direct costs (Pending funding, 5% tile score obtained)

PATENTS:

2003 US Application No. 14591 457701-0004: Method for the Inhibition of Adipogenesis.

2011 US Application No. 14/273,213: TL1A Model of Inflammation, Fibrosis And Autoimmunity.

2013 International Application PCT/US2014/032054: Mitigation and Reversal of Fibrosis by Inhibition of TL1A Function and Related Signaling Pathways.

2013 US Application No. 61/824,891: TL1A Cytokine Interaction Plays an Important Role to Determine Severe IBD Phenotype and to Stratify Patients for Targeted Therapy.

2014 International Application PCT/US2014/038333: Distinct Effects of IFN-Gamma and IL-17 on TL1A Modulated Inflammation and Fibrosis.

Clinical Trials:

2009 - 2018 Takeda Development Center Americas
A Phase Open Label Study of Ve
Co Principal investigator, 1% effort, $301,166.63/year direct costs

2016 - 2018 Gilead

Combined Phase III, Double-Blind, Randomized, Placebo-Controlled Studies Evaluating the Efficacy and Safety of Filgotinib in the Induction and Maintenance of Remission in Subjects with Moderately to Severely Active Crohn's Disease
Co Principal investigator, 1% effort, $200,000/year direct costs

2016 - 2018 Gilead
Combined Phase IIb/III, Double-Blind, Randomized, Placebo-Controlled Studies Evaluating the Efficacy and Safety of Filgotinib in the Induction and Maintenance of Remission in Subjects with Moderately to Severely Active Ulcerative Colitis
Co Principal investigator, 1% effort, $200,000/year direct costs

2012 - 2019 Pfizer
A3921139 OpenLabel Oral CP-690
Co Principal investigator, 1% effort, $125,665.65/year direct costs

INVITED LECTURES AND PRESENTATIONS:

Invited Speaker. JDF/EASD Diabetes Workshop, 2000. "Differentiation of ES cells into insulin expressing cells *in vitro*" August 12-14, 2000, Keble College, Oxford, England.

Invited Speaker. American Diabetes Association Scientific Meeting, 2001. "Hepatocyte nuclear factor-1alpha is an essential regulator of bile acid and plasma cholesterol metabolism" June 22-26, Philadelphia, PA.

Invited Speaker. American College of Physician Meeting, 2005. "Using Embryonic Stem Cells to Generate Insulin Secreting Pancreatic Endocrine Cells" April 14, 2005, San Francisco, CA.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2008. "Induction of an IBD Gene, TL1A, in Antigen Presenting Cells" May 18, 2008, San Diego, CA.

Invited Speaker. Cedars Sinai Medical Center Immunology Retreat 2009. " Microbial Induction of an IBD Associated Gene, TL1A" June 15, 2009, Villa Graziadio, Pepperdine University, CA.

Invited Speaker. Grand Rounds. "Characterization of an Inflammatory Bowel Disease Gene TL1A" June 19, 2009, UCLA, CA.

Lecturer. Grand Rounds. "Role of Autophagy in the Induction of an Inflammatory Bowel Disease Gene TL1A" June 23, 2009, Cedars Sinai Medical Center, CA.

Invited Speaker. 1st Annual Broad Foundation Symposium: Recent Advances in IBD. "Microbial Induction of an IBD Gene, TL1A" September 15, 2009. Judith D. Tamkin Auditorium, UCLA, CA.

Moderator. 10th Annual Update in Gastroenterology Symposium – Moderator for Inflammatory Bowel Disease Case Discussion. October 9, 2009. Santa Monica, CA.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2010. "Constitutive *in vivo* Expression of TNFSF15 in Myeloid or Lymphoid Cells Induce Mild Small Bowel Inflammation in Mice" May 2, 2010. New Orleans, LA.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2010. "Severity of Cytomegalovirus Infection on Pathology Specimens is Associated with Colectomy Rates and Response to Antiviral Therapy in Inflammatory Bowel Disease Patients" May 5, 2010. New Orleans, LA.

Invited Speaker. Crohn's & Colitis Foundation of America 2010. "New Frontiers in Treatment and Research in IBD" October 23, 2010. Irvine, CA.

Invited Speaker. Crohn's & Colitis Foundation of America 2011. "New Frontiers in New Frontiers in IBD Research" April 16, 2011, Los Angeles, CA.

Lecturer. CSMC Immunology Research in Progress 2011. "Role of TL1A in Murine Models of Gut Inflammation and Fibrosis" January 11, 2011.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2011. "Clinical, Serologic, and Genetic Associations With Low Bone Density in Patients With Inflammatory Bowel Disease" May 7, 2011, Chicago, IL.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2011. "Predicting Crohn's Disease Post-Operative Recurrence Using Clinical, Endoscopic, Serologic and Genetic Factors" May 10, 2011, Chicago, IL.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2011. "*In Vivo* Constitutive Expression of an IBD Associated Gene TNFSF15 Causes Severe Inflammation and Induces Fibrostenotic Disease in 2 Murine Models of Chronic Colitis" May 10, 2011, Chicago, IL.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2011. Moderator for Animal Models of Intestinal Inflammation Oral Session. May 10, 2011, Chicago, IL.

Visiting Professor. West Hills Medical Center, "Therapies for Inflammatory Bowel Disease" May 20, 2011. West Hills, CA.

Moderator. 11th Annual Educational Meeting in Gastroenterology Symposium – Moderator for Inflammatory Bowel Disease Case Discussion. March 18-19, 2011. Los Angeles, CA.

Visiting Professor. Northridge Hospital Medical Center, "Inflammatory Bowel Disease Therapies" November 18, 2011. Northridge, CA.

Lecturer. Cedars-Sinai Medical Center, Grand Round, "Optimizing Thiopurine Therapy in IBD Management" January 17, 2012. Los Angeles, CA.

Moderator. 12th Annual Educational Meeting in Gastroenterology– Moderator for Inflammatory Bowel Disease. March 9-10, 2012. Los Angeles, CA.

Invited Expert. USC IBD Grand Round. April 17, 2012. Los Angeles, CA.

Moderator. AGA Digestive Diseases Week (DDW) 2012. Moderator for Innate immune function in IBD pathogenesis Oral Session. May 22, 2012, San Diego, CA.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2012. "Reversal of Murine Colitis and Fibrosis by Neutralizing TL1A Antibody: Potential Novel Therapy to Alter Natural History of Crohn's Disease" May 22, 2012, San Diego, CA.

Keynote Speaker. Tzu Chi Community Fair. "Colorectal Cancer" June 24, 2012. El Monte, Ca.

Invited Speaker. 6th Annual UC Irvine Healthcare Patient Education Conference. "New Therapies in IBD", October 13, 2012. Irvine, CA.

Lecturer. UCLA, "Thiopurine Therapies in IBD" October 19, 2012. Los Angeles, CA.

Invited Expert. USC IBD Grand Round. December 18, 2012. Los Angeles, CA.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2013. "Distinct effects of IFNγ and IL17A on TL1A modulated murine regional inflammation and fibrosis" May 19, 2013. Orlando, FL.

Visiting Professor. West Hills Medical Center, "Inflammatory Bowel disease Therapies" June 7, 2013. West Hills, CA.

Invited Expert. USC IBD Grand Round. June 18, 2013. Los Angeles, CA.

Keynote Speaker. Tzu Chi Community Fair. "H. pylori and Associated Medical Complications" July 28, 2013. El Monte, Ca.

Distinguished Abstract Plenary Invited Speaker. Digestive Disease Week (DDW) 2014. "TI1a modulates the differential effect of IL-17 blockade on mucosal inflammation" May 5, 2014. Chicago, IL.

Visiting Professor. St.Vincent Medical Center, "Inflammatory Bowel Disease Update" October 9, 2014. Los Angeles, CA.

Invited Speaker. Crohn's and Colitis Foundation. 2015 Patient & Family Education Conference. "IBD Research Update". October 25, 2015. Los Angeles, CA.

Panelist. Crohn's and Colitis Foundation, Lloyd Mayer Young Investigator Workshop, December 10, 2015. Orlando, FL.

Invited Expert. USC IBD Grand Round. December 21, 2015. Los Angeles, CA.

Keynote Speaker. Tzu Chi Community Fair. "*H. pylori* and Associated Medical Complications" April 24, 2016. Baldwin Park, Ca.

Invited Speaker. AGA Digestive Diseases Week (DDW) 2016. "Commensal Microflora Modulates TL1A Mediated Spontaneous Ileitis and TL1A Mediated Immune Changes" May 23, 2016. San Diego, CA.

Distinguished Abstract Plenary Invited Speaker. Digestive Disease Week (DDW) 2016. "Identification of a LncRNA Signature in Ulcerative Colitis: IFNG-AS1 Is a CD4+ T-Cell LncRNA Associated With IBD SNP Loci." May 21, 2016. San Diego, CA.

Visiting Professor. St.Vincent Medical Center, "Medications to treat inflammatory bowel disease" April 6, 2017. Los Angeles, CA.

TEACHING ACTIVITIES:

1999 - 2000	Instructor for the Gene Structure and Expression Course at Weill Medical College
1999 - 2001	Mentor for the Gateways to Laboratory program at Weill Medical College
2001 - 2002	Mentor for Summer Undergraduate Research Fellowship (Rockefeller University)
2009 - 2017	Instructor for Cedars-Sinai PhD candidates in Translational Medicine
2009 - 2017	Instructor for UCLA MS III CASE BASED SEMINARS
2009 - 2017	Lecturer for Cedars-Sinai GI Grand Round series
2012 - 2016	Lecturer for UCLA GI Fellowship Core Curriculum
2014 -2017	Preceptor for Cedars-Sinai GI Fellowship Journal Club Series
2014 - 2017	Lecturer for Cedars-Sinai GI Fellowship Core Curriculum

2015 - 2017 Faculty lecturer for CME Symposium in Gastroenterology for Practicing Clinicians Exchange (PCE).
2016 - 2017 Preceptor for UCLA MS II Clinical preceptorship program
2018 - 2019 Preceptor for medical students, College of Medicine, Olveston, Monteserrat
2018 - Preceptor for medical students, Touro University Nevada
2018 - Lecturer for MountainView Hospital GME, Gastroenterology Series
2019 - Faculty for GI Fellowship GME Consortium Sun Rise Health

RESEARCH PAPERS

A. Research Papers - Peer-Reviewed

1. Navas, M. A., E. J. Munoz-Elias, J. Kim, **D. Shih**, and M. Stoffel 1999. Functional characterization of the MODY1 gene mutations HNF4(R127W), HNF4(V255M), and HNF4(E276Q). *Diabetes*. **48:**1459-65. PMID: 10389854.
2. **D. Q. Shih**, M. A. Navas, S. Kuwajima, S. A. Duncan, and M. Stoffel 1999. Impaired glucose homeostasis and neonatal mortality in hepatocyte nuclear factor 3alpha-deficient mice. *Proc Natl Acad Sci U S A.* **96:**10152-7. PMID: 10468578.
3. Gerrish, K., M. Gannon, **D. Shih**, E. Henderson, M. Stoffel, C. V. Wright, and R. Stein 2000. Pancreatic beta cell-specific transcription of the pdx-1 gene. The role of conserved upstream control regions and their hepatic nuclear factor 3beta sites. *J Biol Chem.* **275:**3485-92. PMID: 10652343.
4. **D. Q. Shih,** H. M. Dansky, M. Fleisher, G. Assmann, S. S. Fajans, and M. Stoffel 2000. Genotype/phenotype relationships in HNF-4alpha/MODY1: haploinsufficiency is associated with reduced apolipoprotein (AII), apolipoprotein (CIII), lipoprotein(a), and triglyceride levels. *Diabetes*. **49:**832-7. PMID: 10905494.
5. **D. Q. Shih,** S. Screenan, K. N. Munoz, L. Philipson, M. Pontoglio, M. Yaniv, K. S. Polonsky, and M. Stoffel 2001. Loss of HNF-1alpha function in mice leads to abnormal expression of genes involved in pancreatic islet development and metabolism. *Diabetes*. **50:**2472-80. PMID: 11679424.
6. **D. Q. Shih,** M. Bussen, E. Sehayek, M. Ananthanarayanan, B. L. Shneider, F. J. Suchy, S. Shefer, J. S. Bollileni, F. J. Gonzalez, J. L. Breslow, and M. Stoffel 2001. Hepatocyte nuclear factor-1a is an essential regulator of bile acid and plasma cholesterol metabolism. *Nat Genet.* **27:**375-82. PMID: 11279518.
7. Kulkarni, R. N., M. Holzenberger, **D. Q. Shih**, U. Ozcan, M. Stoffel, M. A. Magnuson, and C. R. Kahn 2002. beta-cell-specific deletion of the Igf1 receptor leads to hyperinsulinemia and glucose intolerance but does not alter beta-cell mass. *Nat Genet.* **31:**111-5. PMID: 11923875.
8. **D. Q. Shih,** M. Heimesaat, S. Kuwajima, R. Stein, C. V. Wright, and M. Stoffel 2002. Profound defects in pancreatic beta-cell function in mice with combined heterozygous mutations in Pdx-1, Hnf-1alpha, and Hnf-3beta. *Proc Natl Acad Sci U S A.* **99:**3818-23. PMID: 11904435.
9. P. Broulieu, C. Wolfrum, **D. Q. Shih**, T.A.Y. Shih, A. W. Wolkoff, and M. Stoffel. 2002. Decreased glibenclamide uptake in hepatocycte nuclear factor-1 alpha deficient mice: a mechanism for hypersensitivity to sulfonylurea therapy in patients with maturity-onset diabetes of the young, type 3 (MODY3) Diabetes. **51**:Suppl 3: S343-8. PMID: 12475773.
10. C. Wolfrum, **D.Q. Shih**, S. Kuwajima, A. W. Norris, C. R. Kahn, and M. Stoffel. 2003. Role of Foxa-2 in adipocyte metabolism and differentiation. *J Clin Invest.* **112**(3): 345-356. PMID: 12865419.
11. S. Richter, **D. Q. Shih**, E. R. Pearson, C. Wolfrum, S. S. Fajans, A. T. Hattersley, M. Stoffel. 2003. Regulation of apolipoprotein M gene expression by MODY 3 gene hepatocyte nuclear factor-1 alpha: haploinsufficiency is associated with reduced serum apolipoprotein M levels. *Diabetes*. **52**(12): 2989-95. PMID: 14633861.

12. R. N. Kulkarni, M. G. Roper, G. Dahlgren, **D. Q. Shih**, L. M. Kauri, M. Stoffel, R. T. Kennedy. 2004. Islet secretory defect in IRS-1 null mice is linked with reduced calcium signaling and expression of SERCA-2b and -3. *Diabetes.* **53**(6): 1517-25. PMID: 15161756.
13. **D. Q. Shih**, L. Y. Kwan, et. al. 2009. Induction of inflammatory bowel disease associated gene TL1A (TNFSF15) by microbes in antigen presenting cells. *European Journal of Immunology.* **39**(11): 3239-3250. PMID:15161756.
14. H. W. Koon, **D. Q. Shih**, et. al. 2010. Substance P modulates colitis-associated fibrosis. *American Journal of Pathology.* **177**(5):2300-9. PMID: 20889569.
15. P. B. McGovern, M. Jones, K. D. Taylor, K. Marciante, X. Yan, M. Dubinsky, A. Ippoliti, E. Vasiliauskas, D. Berel, C. Derkowski, D. Dutridge, International IBD Genetics Consortium, P. Fleshner, **D. Q. Shih**, et. al. 2010. Fucosyltransferase-2 (Fut2) non-secretor status is associated with Crohn's disease. *Human Molecular Genetics.* **19**(17):3468-76. PMID: 20570966.
16. **D. Q. Shih**, R. Barrett, et. al. 2011. Constitutive TL1A (TNFSF15) expression on lymphoid or myeloid cells leads to mild intestinal inflammation and fibrosis. *PLoS One.* **6**(1): 1-16. PMID: 21264313.
17. J. An, L. Zheng, S. Xie, Z. Dun, L. Hao, D. Yao, **D. Q. Shih**, X. Zhang. 2011. Down-regulation of focal adhesion kinase by short hairpin RNA increased apoptosis of rat hepatic stellate cells. *APMIS.* 119(6):319-29. PMID: 21569089. [PubMed - in process].
18. L. Y. Kwan, S. R. Targan, and **D. Q. Shih**. 2011. Small bowel malignancies mimicking as IBD flares. *World J Gastroenterol.* **17**(19):2446-9. PMID: 21633646.
19. T. Haritunians, M. R. Jones, D. P. B. McGovern, **D. Q. Shih**, et. al. 2011. Variants in ZNF365 isoform D are associated with Crohn's Disease. *Gut.* **60**(8):1060-7. PMID: 21257989.
20. H. W. Koon, **D. Q. Shih**, et. al. 2011. Cathelicidin Signaling via the Toll-Like Receptor Protects Against Colitis in Mice. *Gastroenterology.* **141**(5):1852-1863. PMID: 21762664.
21. H. W. Koon, **D. Q. Shih**, et. al. 2011. Substance P induces CCN1 expression via histone deacetylase activity in human colonic epithelial cells. *American Journal of Pathology.* **179**(5):2315-26. PMID: 21945803.
22. O. Cohavy, **D. Q. Shih**, et. al. 2011. CD161 defines effector T cells that express LIGHT and responds to TL1A-DR3 signaling. *European Journal of Medical Microbiology and Immunology.* **1**:70-79. PMID: 22348196.
23. R. Barrett, X. Zhang, H. W. Koon, M. Vu, J. Y. Chang, N. Yeager, M. A. Nguyen, K. S. Michelsen, D. Berel, C. Pothoulakis, S. R. Targan, and **D. Q. Shih.** 2012. Constitutive TL1A Expression under Colitogenic Conditions Modulates the Severity and Location of Gut Mucosal Inflammation and Induces Fibrostenosis. *American Journal of Pathology.* **180**(2):636-49. PMID: 22138299.
24. B. Huang, G. Y. Melmed, **D. Q. Shih.** 2012. Facial ulceration in a patient with Crohn's disease. *Gastroenterology.* **142**(5):1071-258. PMID: 22440954.
25. H. Zhao, H. Zhang, H. Wu, H. Li, L. Liu, J. Guo, C. Li, **D. Q. Shih**, X. Zhang. 2012. Protective Role of 1,25(OH)2D3 in the Mucosal Injury and Epithelial Barrier Disruption in DSS-induced Acute Colitis. *BMC Gastroenterology.* **12**(1):57. PMID: 22647055.
26. T. Hing, S. Ho, **D. Q. Shih**, et. al. 2012. The antimicrobial peptide cathelicidin modulates Clostridium difficile – associated colitis and toxin A-mediated enteritis in mice. *Gut.* PMID: 22760006.
27. **D. Q. Shih**, M. Nguyen, et. al. 2012. Split-dose administration of 6MP/Azathioprine. An effective novel strategy for IBD patients with preferential 6MMP metabolism. *Alimentary Pharmacology & Therapeutics.* **36**(5):449-58. PMID: 22784257.
28. L. Zheng, X. Chen, J. Guo, H. Sun, L. Liu, **D. Q. Shih**, X. Zhang. 2012. Differential expression of PTEN in hepatic tissue and hepatic stellate cells during rat liver fibrosis

and its reversal. *International Journal of Molecular Medicine*. **30**(6):1424-30. PMID: 23041795.

29. Q. Le, G. Melmed, M. Dubinsky, D. McGovern, E. A. Vasiliauskas, Z. Murrell, A. Ippoliti, **D. Shih**, M. Kaur, S. Targan, P. Fleshner. 2013. Surgical outcome of ileal pouch-anal anastomosis when used intentionally for well-defined Crohn's disease. *Inflamm Bowel Dis.* [Epub ahead of print]. PMID: 22467562.
30. L. Zheng, X. Zhang, J. Chen, R. Ichikawa, K. Wallace, C. Pothoulakis, H. W. Koon, S. R. Targan, **D. Q. Shih.** 2013. Sustained TL1A (TNFSF15) expression on both lymphoid and myeloid cells leads to mild spontaneous intestinal inflammation and fibrosis. *European Journal of Medical Microbiology and Immunology*. **3**(1):11-20. PMID: 23638306.
31. H. W. Koon, **D. Q. Shih**, T. C. Hing, J. H. Yoo, S. Ho, X. Chen, C. P. Kelly, S. R. Targan, C. Pothoulakis. 2013. Human monoclonal antibodies against Clostridium difficile toxin A and B inhibit inflammatory and histologic responses to toxins A and B in human colon and peripheral blood monocytes. *Antimicrobial Agents and Chemotherapy*. **57**(7):3214-23. PMID: 23629713.
32. B. Surti, B. Spiegel, A. Ippoliti, E. Vasiliauskas, P. Simpson, **D. Q. Shih**, et. al. 2013. Assessing health status in inflammatory bowel disease using a novel single-item numeric rating scale. *Inflammatory Bowel Disease*. **58**(5):1313-21. PMID: 23250673.
33. A. Weizman, B. Huang, D. Berel, S. R. Targan, M. Dubinsky, P. Fleshner, A. Ippliti, M. Kaur, D. Panikkath, NIDDK IBDGC, J. I. Rotter, E. Vasiliauskas, T. Harituians, **D. Q. Shih**, D. Li, G. Y. Melmed, D. P. McGovern. 2014. Clinical, serologic, and genetic profiles predict pyoderma gangrenosum and erythema nodosum in patients with inflammatory bowel disease. *Inflammatory Bowel Disease*. **20**(3):525-33. PMID: 24487271.
34. B. Halloran, J. Chang, **D. Q. Shih**, et. al. 2014. Molecular patterns in human ulcerative colitis and correlation with response to infliximab. *Inflammatory Bowel Disease*. **20**(12):2353-63. PMID: 25397893.
35. H. A. Horton, S. Dezfoli, D. Berel, J. Hirsch, A. Ippoliti, D. McGovern, M. Kaur, **D. Shih** et. al. 2014. Antibiotics for the Treatment of Clostridium difficile Infection in Hospitalized Patients with Inflammatory Bowel Disease. *Antimicrob Agents Chemother*. **58**(9):5054-9. PMID: 24913174
36. C. Lau, M. Dubinsky, G. Melmed, E. Vasiliauskas, D. Berel, D. McGovern, **D. Shih,** S. Targan, P. Fleshner. 2014. The Impact of Preoperative Serum Anti-TNFα Therapy Levels on Early Postoperative Outcomes in Inflammatory Bowel Disease Surgery. *Ann Surg.* **261**(3):487-96. PMID: 24950263
37. A. V. Weizman, B. Huang, S. Targan, M. Dubinsky, P. Fleshner, M. Kaur, A. Ippoliti, D. Panikkath, E. Vasiliauskas, **D. Shih,** D. P. McGovern, G. Y. Melmed. 2014. Pyoderma Gangrenosum among Patients with Inflammatory Bowel Disease: A Descriptive Cohort Study. *J Cutan Med Surg.* **18**(5):361. PMID: 25277124
38. **D. Q. Shih,** L. Zheng, X. Zhang, H. Zhang, Y. Kanazawa, R. Ichikawa, K.L. Wallace, J. Chen, C. Pothoulakis, H. W. Koon, S. R. Targan SR. 2014. Inhibition of a novel fibrogenic factor TI1a reverses established colonic fibrosis. *Mucosal Immunology*. **7**(6):1492-503. PMID: 24850426.
39. A. Sideri, D. Stavrakis, C. Bowe, **D. Q. Shih**, et. al. 2015. Effects of obesity on severity of colitis and cytokine expression in mouse mesenteric fat. Potential role of adiponectin receptor 1. *Am J Physiol Gastrointest Liver Physiol.* **308**(7):G591-604. PMID: 25591865.
40. A. V. Weizman, B. Huang, S. Targan, M. Dubinsky, P. Fleshner, M. Kaur, A. Ippoliti, D. Panikkath, E. Vasiliauskas, **D. Shih,** D. P. McGovern, G. Y. Melmed. 2015. Pyoderma Gangrenosum among Patients with Inflammatory Bowel Disease: A Descriptive Cohort Study. *J Cutan Med Surg.* **19**(2):125-31. PMID: 25775631.
41. S. Dezfoli, H. A. Horton, N. Thepyasuwan, D. Berel, S. R. Targan, E. A. Vasiliauskas, M. Dubinsky, **D. Q. Shih**, M. Kaur, D. P. McGovern, A. Ippoliti, E. J. Feldman, G. Y.

Melmed. 2015. Combined Immunosuppression Impairs Immunogenicity to Tetanus and Pertussis Vaccination Among Patients with Inflammatory Bowel Disease. *Inflamm Bowel Dis.* **21**(8):1754-60. PMID: 25985242.

42. J. H. Yoo, S. Ho, D. H. Tran, M. Cheng, K. BAkirtzi, Y. Kubota, R. Ichikawa, B. Su, D. H. Tran, T. C. Hing, I. Chang, **D. Q. Shih**, et. al. 2015. Anti-fibrogenic effects of the anti-microbial peptide cathelicidin in murine colitis-associated fibrosis. *Cell Mol Gastroenterol Hepatol.* **1**(1):55-74.e1. PMID: 25729764.
43. H. Zhang, H. Wu, L. Liu, H. Li, **D. Q. Shih**, X. Zhang. 2015. 1,25-dihydroxyvitamin D3 regulates the development of chronic colitis by modulating both T helper (Th)1 and Th17 activation. *APMIS.* **123**(6):490-501. PMID: 25907285.
44. A. Sideri, K. Bakirtzi, **D. Q. Shih**, et. al. 2015. Substance P mediates pro-inflammatory cytokine release form mesenteric adipocytes in Inflammatory Bowel Disease patients. *Cell Mol Gastroenterol Hepatol.* **1**(4):420-432. PMID: 26543894
45. S. Ahmed, G. Melmed, D. McGovern, L. A. Robbins, **D. Shih**, et. al. 2016. Nonbloody Diarrhea but Not Significant Weight Loss at Diagnosis Is Associated with the Development of Denovo Crohn's Disease After Ileal Pouch-anal Anastomosis for Ulcerative Colitis. *Inflamm Bowel Dis.* PMID: 26595552.
46. S. Taleban, D. Li, S. R. Targan, A. Ippoliti, S. R. Brant, J. H. Cho, R. H. Duerr, J. D. Rioux, M. S. Silverberg, E. A. Vasiliauskas, J. I. Rotter, T. Haritunians, **D. Q. Shih**, et. al. 2016. Ocular Manifestations in Inflammatory Bowel Disease Are Associated with Other Extra-intestinal Manifestations, Gender, and Genes Implicated in Other Immune-related Traits. J. Crohns Colitis. **10**(1): 43-9. PMID 26449790.
47. J. Ruiz, S. Kanagavelu, C. Flores, L. Romero, R. Riveron, **D. Q. Shih**, M. Fukata. 2016. Systemic Activation of TLR3-Dependent TRIF Signaling Confers Host Defense against Gram-Negative Bacteria in the Intestine. *Front Cell Infect Microbiol.* **5**:105. PMCID: PMC4710052.
48. M. Sidhu-Varma, **D. Q. Shih**, S. R. Targan. 2016. Differential Levels of Tl1a Affect the Expansion and Function of Regulatory T Cells in Modulating Murine Colitis. *Inflamm Bowel Dis.* **22**(3):548-59. PMID: 26818423.
49. M. Kaur, D. Panikkath, X. Yan, Z. Liu, D. Berel, D. Li, E. A. Vasiliauskas, A. Ippoliti, M. Dubinsky, **D. Q. Shih**, et. al. Perianal Crohn's Disease is Associated with Distal Colonic Disease, Stricturing Disease Behavior, IBD-Associated Serologies and Genetic Variation in the JAK-STAT Pathway. *Inflamm Bowel Dis.* 2016. **22**(4):862-9. PMID: 26937622.
50. D. H. Tran, D. H. Tran, S. A. Mattai, T. Sallam, C. Ortiz, E. C. Lee, L. Robbins, S. Ho, J. E. Lee, E. Fisseha, C. Shieh, A. Sideri, **D. Q. Shih**, et. al. 2016. Cathelicidin suppresses lipid accumulation and hepatic steatosis by inhibition of the CD36 receptor. *Int J Obes (Lond).* **4**(4):531-40. PMID: 27163748.
51. D. M. Padua, S. Mahurkar-Joshi, I. K. Law, C. Polytarchou, J. P. Vu, J. R. Pisegna, **D. Q. Shih**, D. Iliopoulos, C. Pothoulakis. 2016. A long noncoding RNA signature for ulcerative colitis identifies IFNG-AS1 as an enhancer of inflammation. *Am J Physiol Gastrointest Liver Physiol.* **311**(3):G446-57.PMID: 27492330.
52. S. Kanagavelu, C. Flores, S. Hagiwara, J. Ruiz, J. Hyun, E. E. Cho, F. Sun, L. Romero, **D. Q. Shih**, M. Fukata. 2016. TIR-Domain-Containing Adapter-Inducing Interferon-β (TRIF) Regulates CXCR5+ T helper Cells in the Intestine. *J Clin Cell Immunol.* **7**(5). pii: 458. PMID: 27853628.
53. L. Robbins, K. Zaghiyan, G. Melmed, E. Vasiliauskas, S. Ahmed, D. McGovern, S. Rabizadeh, N. Singh, C. Landers, A. Ippoliti, **D. Shih**, S. Targan, P. Fleshner. 2017. Outcomes with Anti-Tumour Necrosis Factor-Alpha Therapy and Serology in Patients with Denovo Crohn's Disease After Ileal Pouch Anal Anastomosis. *J Crohns Colitis.* **11**(1):77-83. PMID: 27466172.
54. M. Tschurtschenthaler, T. E. Adolph, J. W. Ashcroft, L. Niederreiter, R. Bharti, S. Saveljeva, J. Bhattacharyya, M. B. Flak, **D.Q. Shih**, et. al. 2017. Defective ATG16L1-

mediated removal of IRE1α drives Crohn's disease-like ileitis. *Journal of Experimental Medicine*. **214**(2):401-422. PMID: 28082357.

55. H. Zhang, L. Zheng, D. P. B. McGovern, A. M. Hamill, R. Ichikawa, Y. Kanazawa, J. Luu, K. Kumagai, M. Cilluffo, M. Fukata, S. R. Targan, D. M. Underhill, X. Zhang, **D. Q. Shih.** 2017. Myeloid ATG16L1 facilitates host-bacteria interactions in maintaining intestinal homeostasis. *Journal of Immunology.* **198**(5):2133-2146. PMID: 28130498.
56. H. Zhang, L. Zheng, J. Chen, M. Fukata, R. Ichikawa, **D. Q. Shih**, X. Zhang. 2017. The protection role of Atg16l1 in CD11c+dendritic cells in murine colitis. *Immunobiology.* **S0171-2985**(17)30055-4. PMID: 28390705.
57. C. Xu, S. Ghali, J. Wang, **D. Q. Shih**, C. Ortiz, C. C. Mussatto, E. C. Lee, D. H. Tran, J. P. Jacobs, V. Lagishetty, P. Fleshner, L. Robbins, M. Vu, T. C. Hing, D. P. B. McGovern, H. W. Koon. 2017. CSA13 inhibits colitis-associated intestinal fibrosis via a formyl peptide receptor like-1 mediated HMG-CoA reductase pathway. *Sci Rep.* **7**(1):16351. PMID: 29180648.
58. S. M. Yoon, T. Haritunians, S. Chhina, Z. Liu, S. Yang, C. Landers, D. Li, B. D. Ye, **D. Q. Shih**, E. A. Vasiliauskas, A. Ippoliti, S. Rabizadeh, S. R. Targan, G. Y. Melmed, D. P. B. McGovern. 2017. Colonic Phenotypes Are Associated with Poorer Response to Anti-TNF Therapies in Patients with IBD. *Inflamm Bowel Dis.* **23**(8):1382-1393. PMID: 28590340.
59. G.C. Niu, L. Liu, L. Zheng, H. Zhang, **D. Q. Shih**, X. Zhang. 2018. Mesenchymal stem cell transplantation improves chronic colitis-associated complications through inhibiting the activity of toll-like receptor-4 in mice. *BMC Gastroenterol.* **18**(1):127. PMID: 30103680.
60. P. Gu, A. Kapur, D. Li, T. Haritunians, E. Vasiliauskas, **D. Q. Shih**, S. R. Targan, B. M. Spiegel, D. P. McGovern, J. T. Black, G. Y. Melmed. 2018. Serological, genetic and clinical associations with increased health-care resource utilization in inflammatory bowel disease. *J Dig Dis.* **19**(1):15-23. PMID: 29251413.
61. H. Li, J. Song, G. Niu, H. Zhang, J. Guo, **D. Q. Shih**, S. R. Targan, X. Zhang. 2018. TL1A blocking ameliorates intestinal fibrosis in the T cell transfer model of chronic colitis in mice. *Pathol Res Pract.* **214**(2):217-227. PMID: 29254800.
62. J. M. Hoffman, A. Sideri, J. J. Ruiz, D. Stavrakis, **D. Q. Shih**, J. R. Turner, C. Pothoulakis, I. Karaglannides. 2018. Mesenteric Adipose-derived Stromal Cells From Crohn's Disease Patients Induce Protective Effects in Colonic Epithelial Cells and Mice With Colitis. *Cell Mol Gastroenterol Hepatol.* **6**(1):1-16. PMID: 29928668.
63. C. K. Lee, G. Y. Melmed, A. Mann, I. Danovitch, R. Hedrick, D. P. B. McGovern, S. R. Targan, **D. Q. Shih**, E. Vasiliauskas, W. W. IsHak, E. Feldman. 2018. A Multidisciplinary Approach to Biopsychosocial Care for Adults With Inflammatory Bowel Disease: A Pilot Study. *Inflamm Bowel Dis.* PMID: 29920581.
64. N. Jacob, J. P. Jacobs, K. Kumagai, C. W. Y. Ha, Y. Kanazawa, V. Lagishetty, K. Altmayer, A. M. Hamill, A. Von Arx, R. B. Sartor, S. Devkota, J. Braun, K. S. Michelsen, S. R. Targan, **D. Q. Shih**. 2018. Inflammation-independent TL1A-mediated intestinal fibrosis is dependent on the gut microbiome. *Mucosal Immunol.* **11**(5):1466-1476. PMID: 29988118.
65. J.G. Castellanos, V. Woo, M. Viladomiu, G. Putzel, S. Lima, G. E. Diehl, A. R. Marderstein, J. Gandara, A. R. Perez, D. R. Withers, S. R. Targan, **D. Q. Shih,** et. al. Microbiota-Induced TNF-like Ligand 1A Drives Group 3 Innate Lymphoid Cell-Mediated Barrier Protection and Intestinal T Cell Activation during Colitis. 2018. *Immunity.* **49**(6):1077-1089. PMID: 30552020
66. M. Yang, W. Jia, D. Wang, F. Han, W. Niu, H. Zhang, **D. Q. Shih**, X. Zhang. 2019. Effects and Mechanism of Constitutive TL1A Expression on Intestinal Mucosal Barrier in DSS-Induced Colitis. *Dig Dis Sci.* **64**(7):1844-1856. PMID: 30949903

67. J. Grootjans, N. Krupka, S. Hosomi, J. D. Matute, T. Hanley, S. Saveljeva, T. Gensollen, J. Heijmans, H. Li, J. P. Limenitakis, S. C. Ganal-Vonarburg, S. Suo, A. M. Luoma, Y. Shimodaira, J. Duan, **D. Q. Shih**, et. al. 2019. Epithelial endoplasmic reticulum stress orchestrates a protective IgA response. *Science* **363**(6430):993-998. PMID: 30819965

68. J. Wang, C. Ortiz, L. Fontenot, Y. Xie, W. Ho, S.A. Mattai, **D. Q. Shih**, H. W. Koon. 2020. High Circulating Elafin Levels Are Associated With Crohn's Disease-Associated Intestinal Strictures. *PLoS One*. 2020 Apr **14;15**(4):e0231796. PMID: 32287314

Chapters

1. **D. Q. Shih,** K. S. Michelsen, R. J. Barrett, E. Biener-Ramanujan, R. Gonsky, and S. R. Targan. 2011. Insights into TL1A and IBD Pathogenesis. *Adv Exp Med Biol.* Springer Publishing. 691:279-88. PMID: 21153332. [PubMed - indexed for MEDLINE].
2. B. Huang, L. Y. Kwan, **D. Q. Shih.** 2011. Exraintestinal Manifestations of Ulcerative Colitis. *Ulcerative Colitis - Epidemiology, Pathogenesis and Complications*. In Tech Publishing. 9: 131-172. ISBN 978-953-307-880-9.
3. Vora P, **D. Q. Shih,** McGovern DP, Targan SR. 2012 Current concepts on the immunopathogenesis of inflammatory bowel disease. *Frontiers in Bioscience (Elite Ed)*. 4:1451-77. PMID: 22201968.
4. T. C. Hing, **D. Q. Shih**, et. al. 2012. Antimicrobial peptides in intestinal inflammation and infection. *Antimicrobial peptides: Properties, Functions and Role in Immune Response*. Nova Science Publishers, Inc.
5. K. L. Wallace, L. Zheng, Y. Kanazawa, **D. Q. Shih**. 2015. Immunopathology of inflammatory bowel disease. *World Clinical Inflammatory Bowel Disease*. First Edition. Baishideng Publishing Group Inc. ISBN 978-0-9914430-5-5.

Reviews

1. **D. Q. Shih,** and M. Stoffel 2001. Dissecting the transcriptional network of pancreatic islets during development and differentiation. *Proc Natl Acad Sci U S A*. **98:**14189-91. PMID: 11734636.
2. **D. Q. Shih,** and M. Stoffel 2002. Molecular etiologies of MODY and other early-onset forms of diabetes. *Current Diabetes Reports*. **2:**125-134. PMID: 12643132.
3. **D. Q. Shih** and S. R. Targan. 2008. The immunological basis of inflammatory bowel disease. *World J Gastroenterol*. **14**(3):390-400. PMID: 19006613. [PubMed - indexed for MEDLINE]. PMID: 18200661.
4. **D. Q. Shih** and L. Kwan. 2008. All Roads Lead to Rome: Update on ROME III Criteria and New Treatment Options. *Gastroenterology Report*. Winter;**1**(2):56-65. PMID: 21544252.
5. **D. Q. Shih**, S. R. Targan, D. McGovern. 2008. Recent advances in IBD Pathogenesis: Genetics and Immunobiology. *Current Gastroenterology Reports.* **10**:568-575. PMID: 19006613.
6. **D. Q. Shih** and S. R. Targan. 2009. Insights into IBD Pathogenesis. *Current Gastroenterology Reports*. **11**:473-80. PMID: 19903423.
7. M. Nguyen, K. Bradford, X. Zhang, and **D. Q. Shih.** 2011. Cytomegalovirus Reactivation in Ulcerative Colitis Patients. *Ulcers*. Article ID 282507. PMID: 21731826.
8. K. Bradford and **D. Q. Shih**. 2011. Optimizing 6-Mercaptopurine and Azathiopurine Therapy in the Management of Inflammatory Bowel Disease. *World J Gastroenterol*. **17**(37):4166-73. PMID: 22072847.
9. B. L. Huang, S. Chandra, and **D. Q. Shih.** 2012. Skin manifestations of inflammatory bowel disease. *Frontiers in Physiology*. **3**(13): 1-13. PMID: 22347192.
10. M. Vu, J. Chang, J. Chen, **D. Q. Shih**. 2012. Inflammatory Bowel Disease Associated Colorectal Neoplasia. *Journal of Gastrointestinal & Digestive System*. **S8**:1-8.

11. H. Zhang, **D. Q. Shih**, X. Zhang. 2013. Mechanisms underlying effects of 1,25-Dihydroxyvitamin D3 on the Th17 cells. **3**(4):237-40. *Eur J Microbiol Immunol.* PMID: 24294492.
12. K. L. Wallace, L. Zheng, Y. Kanazawa, **D. Q. Shih**. 2014. Immunopathology of inflammatory bowel disease. *World J Gastroenterol.* **20**(1): 6-21. PMID: 24415853.
13. P. V. Khanna, **D. Q. Shih**, T. Haritunians, D. P. McGovern, S. Targan. 2014. Use of animal models in elucidating disease pathogenesis in IBD. *Semin Immunopathol.* **36**(5):541-51. PMID: 25212688.
14. J. Amin, B. Huang, J. Yoon, **D. Q. Shih**. 2015. Update 2014: advances to optimize 6-mercaptopurine and azathioprine to reduce toxicity and improve efficacy in the management of IBD. *Inflamm Bowel Dis.* **21**(2):445-52. PMID: 25248004.
15. N. Jacob, S. R. Targan, **D. Q. Shih**. 2016. Cytokine and anti-cytokine therapies in prevention or treatment of fibrosis in IBD. *United European Gastroenterology.* **4**(4): 531-540. PMID: 27536363.
16. M. K. Zheng, **D. Q. Shih**, G. C. Chen. 2017. Insights on the use of biosimilars in the treatment of inflammatory bowel disease. *World J Gastroenterol.* **23**(11):1932-1943. PMID: 28373759.
17. G. Syal, A. Kashani, **D. Q. Shih**. 2018. Fecal Microbiota Transplantation in Inflammatory Bowel Disease: A Primer for Internists. *Am J Med.* **131**(9):1017-1024. PMID: 29605414.

Papers in Preparation (Research Completed)

Abstracts:

1. **D. Q. Shih** and M. Stoffel: "Genotype/phenotype relationships in HNF-4alpha/MODY1" 58th American Diabetes Association Scientific Meeting, 1999. *President's Poster Session.*
2. **D. Q. Shih** and M. Stoffel: "Hepatocyte nuclear factor-1alpha is an essential regulator of bile acid and plasma cholesterol metabolism" 60th American Diabetes Association Scientific Meeting, 2001. *Oral Presentation.*
3. **D. Q. Shih**: "A model system to study gene function in pancreatic islet development using embryonic stem cells" American College of Physician Meeting, 2003.
4. **D. Q. Shih** and M. Stoffel: "Regulation of Apolipoprotein M Gene expression by MODY3 Gene Hepatocyte Nuclear Factor-1a" American College of Physician Meeting, 2004. *Oral Presentation.*
5. **D.Q. Shih**, Kwan LY, Chang EY, Chang C, Saruta M, Elson CO, Targan SR. Mechanism of Induction of Inflammatory Bowel Disease Associated Gene TL1A (TNFSF15) By Microbes in Antigen Presenting Cells. *Gastroenterology* 2008;134 (4) Suppl 1: A-3. *Oral Presentation.*
6. **D. Q. Shih**, M. Nguyen, et. al. "Split-Dose Administration of 6 mercaptopurine/ Azathioprine: A Effective Novel Strategy for IBD Patients with Preferential 6MMP Metabolism" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2009;136 (5) Suppl 1: A-W1206. *Poster of Distinction.*
7. **D. Q. Shih**, O. Cohavy, et. al. "CD161 Defines Effector T Cell Population that Express LIGHT, Respond to TL1A-DR3 Signaling, and Activates Antigen Presenting Cells" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2009;136 (5) Suppl 1: A-248. *Poster Presentation.*
8. T. Haritunians, M.R. Jones, D.P. McGovern, P. Flashner, A. Ippoliti, M. Dubinsky, E. A. Vasiliauskas, G. Y. Melmed, **D. Q. Shih**, et. al. "Variants in Znf365 on 10q21 are Associated with Crohn's Disease" digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2010;138 (5) Suppl 1: S-6. *Oral Presentation.*
9. D. Cheng-Robles, G. Y. Melmed, E. A. Vasiliauskas, M. Dubinsky, D. P. McGovern, A. Ippoliti, **D. Q. Shih**, et. al. "Preoperative pANCA Expression Influences the Outcome of

Ileal Pouch-Anastomosis in Inflammatory Bowel Disease Unclassified (IBDU)" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2010;138 (5) Suppl 1: S-69. *Poster of Distinction.*

10. D. Cheng-Robles, D. P. McGovern, G. Y. Melmed, D. Berel, E. A. Vasiliauskas, M. Dubinsky, A. Ippoliti, **D. Q. Shih**, et. al. "Genetic Markers Associated with the Development of Denovo Crohn's Disease After Ileal Pouch-Anal Anastomosis" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2010;138 (5) Suppl 1: S-196. *Poster of Distinction.*
11. D. Brelian, D. P. McGovern, M. Dubinsky, D. Berel, **D. Q. Shih**, et. al. "Unique Predictors of Chronic Pouch Inflammation Among Ulcerative Colitis Patients With Primary Sclerosing Cholangitis (PSC) Undergoing Ileal Pouch-Anal Anastomosis (IPAA). Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2010;138 (5) Suppl 1: S-199-S-200. *Oral Presentation.*
12. H. W. Koon, **D. Q. Shih**, et. al. "Bacterial DNA Mediated Cathelicidin Secretion From Monocytes During Colonic Inflammation" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2010;138 (5) Suppl 1: S-267. *Poster of Distinction.*
13. M. R. Jones, T. Haritunians, D. P. McGovern, M. Dubinsky, A. Ippoliti, E. A. Vasiliauskas, G. Y. Melmed, **D. Q. Shih**, et. al. "Genome Wide Association Study in Ashkenazi Jewish Crohn's Disease Patients Reveals Novel Susceptibility Loci" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2010;138 (5) Suppl 1: S-675. *Poster of Distinction.*
14. M. Nguyen, K. Bradford, B. Huang, T Haritunians, P. Fleshner, C. Landers, E. Vasiliauskas, A. Ippoliti, G. Melmed, M. Dubinsky, R. Gonsky, J. Rotter, S. R. Targan, D. P. B. McGovern, K. Taylor, and **D. Q. Shih**. "Genetic Predictors of Cytomegalovirus Infection in Patients with Inflammatory Bowel Disease" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;140 (5) Suppl 1: S-272. *Poster Presentation.*
15. N. Modiano, P. Fleshner, K. Taylor, M. Dubinsky, E. Vasiliauskas, A. Ippoliti, **D. Q. Shih**, et. al. "Intestinal granulomas in Crohn's disease: association with patient characteristics, serologic markers, and genetics" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;140 (5) Suppl 1: S-484. *Poster Presentation.*
16. J. Y. Chou, E. A. Vasiliauskas, E. J. Feldman, D. Berel, D. P. McGovern, A. Ippoliti, M. Dubinsky, S. R. Targan, **D. Q. Shih**, et. al. "Immunosuppression Does Not Influence the Decay of Pneumoccal Antibodies 3 Years After Vaccination in Patients With Inflammatory Bowel Disease" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;140 (5) Suppl 1: S-426. *Poster of Distinction.*
17. T. Hing, **D. Q. Shih**, et. al."Cathelicidin modulates *Clostridium difficile* Toxin A-mediated enteritis" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;140 (5) Suppl 1: S-634. *Poster of Distinction.*
18. H. W. Koon, **D. Q. Shih**, et. al. "Roles of Endogenous and Exogenous Cathelicidin During Colonic Inflammation" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2011;140 (5) Suppl 1: S-486. *Poster of Distinction.*
19. X. Zhang, H. Zhao, H. Wu, H. Zhang, H. Li, L. Liu, **D. Q. Shih**. "Oral Administration of 1,25(OH)2d3 Protects Against Mucosal Injury and Epithelial Barrier Disruption in Acute Dextran Sulfate Sodium(DSS)-Induced Colitis in Mice" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2011;138 (5) Suppl 1: S-517-S-518. *Poster Presentation.*
20. E. White, G. Y. Melmed, E. A. Vasiliauskas, M. Dubinsky, A. Ippoliti, D. P. McGovern, **D. Q. Shih**, et. al. "Does Preoperative Immunosuppression Influence Unplanned Hospital Readmission After Surgery in Patients With Crohn's Disease?" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;140 (5) Suppl 1: S-770. *Poster Presentation.*

21. Q. Le, G. Y. Melmed, Z. A. Murrell, E. A. Vasiliauskas, **D. Q. Shih**, et. al. "Factors Associated With Surgical Outcome of Ileal Pouch-Anal Anastomosis When Intentionally Used in Crohn's Disease" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;140 (5) Suppl 1: S-785. *Poster Presentation.*
22. X. Zhang, L. Zheng, J. An, J. Guo, J. Han, G. Niu, **D. Q. Shih**. "The Dynamic Change of PTEN Expression During Fibrogenesis and Reversal of Rat Liver Fibrosis Induced by CCl4 and Its Relation With the Activation and Proliferation of Hepatic Stellate Cells (HSC) In Vivo" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;138 (5) Suppl 1: S-981. *Poster Presentation.*
23. X. Zhang, J. An, L. Zheng, J. Guo, X. Liu, J. Han, **D. Q. Shih**. "Regulatory Effects of PTEN on Proliferation and Cell Cycle of Freshly Isolated Hepatic Stellate Cells and the Mechanisms Thereof" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2011;138 (5) Suppl 1: S-980. *Poster Presentation.*
24. R. Barrett, X. Zhang, N. Yeager, H. W. Koon, M. Vu, M. Nguyen, C. Pothoulakis, S. R. Targan, **D. Q. Shih**. "*In Vivo* Constitutive Expression of an IBD Associated Gene TNFSF15 Causes Severe Inflammation and Induces Fibrostenotic Disease in 2 Murine Models of Chronic Colitis" Immunology LA, 2011. *Poster Presentation.*
25. M. Vu, R. Barrett, X. Zhang, S. R. Targan, **D. Q. Shih**. "Proximal Migration of Colonic Inflammation with Relative Rectal Sparing and Intestinal Fibrostenosis in High TL1A Expressing CD Patients" UCLA-Geffen Solomon Scholars Resident Research Program, June 14, 2011. *Poster Presentation.*
26. B. L. Huang, J. K. Wegge, K. Shainsky, G. Melmed, A. F. Ippoliti, D. McGovern, E. Vasiliauskas, P. Fleshner, M. Dubinsky, S. R. Targan, **D. Q. Shih**. "Facial Pyoderma Gangrenosum in Crohn's Disease: Treatment Options and Outcomes" ACG Annual Scientific Meeting, 2011. *Poster Presentation.*
27. A. V. Weizman, B. L. Huang, D. Berel, S. R. Targan, M. Dubinsky, P. Fleshner, A. Ippoliti, J. I. Rotter, E. A. Vasiliauskas, **D. Q. Shih**, et. al. "Serologic and Genetic Profiles Suggest Distinct Immune Pathways Among Patients with Pyoderma Gangrenosum and Inflammatory Bowel Disease" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012, Vol. 142, Issue 5, S-7. *Oral Presentation.*
28. B. L. Huang, A. V. Weizman, D. Berel, **D. Q. Shih**, et. al. "Inflammatory Bowel Disease and Erythema Nodosum: Clinical, Serologic, and Genetic Associations" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2012;142 (5) Suppl 1:S-8. *Oral Presentation.*
29. H.A. Horton, S. Dezfoli, D. Berel, J. Hirsch, S.R. Targan, A. Ippoliti, E.A. Vasiliauskas, D. P. McGovern, M. Kaur, **D. Q. Shih**, et. al. "Patients with Ulcerative Colitis Hospitalized with Clostridium difficile Infection (CDI) Should Be Treated with Vancomycin Regardless of CDI Severity" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012;142 (5) Suppl 1:S-123. *Oral Presentation.*
30. K. N. Zaghiyan, D. Berel, D. P. McGovern, M. Dubinsky, E. A. Vasiliauskas, G.Y. Melmed, A. Ippoliti, M. Kaur, **D. Q. Shih**, et. al. "Validated Nomogram for Preoperative Prediction of Chronic Pouchitis and de Novo Crohn's Disease After ileal Pouch-Anal Anastomosis" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012;142 (5) Suppl 1:S-190. *Oral Presentation.*
31. T. Hing, S. Ho, **D. Q. Shih**, et. al. "The anti-microbial peptide cathelicidin modulates Clostridium difficile toxin A - mediated inflammatory responses in mouse intestine and human primary monocytes" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012;142 (5) Suppl 1:S-200. *Oral Presentation.*
32. S. S. Karsan, E.R. Cohen, S. R. Targan, A. Ippoliti, **D. Q. Shih**, et. al. "Analysis of clinical and serological associations, and the clinical consequences of the development of Human Anti-Chimeric Antibodies (HACAs), and low serum Infliximab (IFX) levels in

Inflammatory Bowel Disease (IBD)". Digestive Disease Weekly National Scientific Meeting, 2012.

33. M. Kaur, D. Berel, E. A. Vasiliauskas, A. Ippoliti, **D. Q. Shih**, et. al. "A Combination of Serum Albumin and Band Neutrophil Count is Predictive of Short-Term Colectomy Following Infliximab Treatment for Severe Steroid Refractory Ulcerative Colitis" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012;142 (5) Suppl 1:S-358. *Poster presentation.*
34. C. I. Williams, D. Karayev, T. Learch, S. R. Targan, C. J. Landers, J.I. Rotter, E.A. Vasiliauskas, A. Ippoliti, M. Kaur, G. Y. Melmed, **D. Q. Shih**, et. al. "Clinical, serologic, and genetic associations among patients with both Inflammatory Bowel Disease and Ankylosing Spondylitis" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012;142 (5) Suppl 1:S-662. *Poster presentation.*
35. H. Li, G. Niu, L. Liu, H. Zhang, H. Wu, J. Guo, J. Song, X. Zhang, **D. Q. Shih**. "Mesenchymal Stem Cells Regulates the Development of cholangitis associated with Chronic Colitis" Digestive Disease Weekly National Scientific Meeting, 2012.
36. D. Gingold, D. P. McGovern, D. Li, T. Haritunians, G. Y. Melmed, M. Dubinsky, E. A. Vasiliauskas, A. Ippoliti, M. Kaur, **D. Q. Shih**, et. al. "Prospective Evaluation of Genetic Determinants of Surgical Outcome after Ileal Pouch-Anal Anastomosis (IPAA)" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012;142 (5) Suppl 1:S-876. *Poster Presentation.*
37. H. W. Koon, J. Chen, R. Ichikawa, **D. Q. Shih**, et. al. "Anti-inflammatory effects of anti-microbial peptide cathelicidin in mice with acute colitis" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012, Vol. 142, Issue 5, S-878.
38. L. Liu, H. Li, H. Zhang, H. Wu, G. Niu, C. Li, X. Zhang, **D. Q. Shih**. "1,25-dihydroxyvitamin D3 Regulates the Development of Chronic Colitis By Modulating both T helper (TH)1 and TH17 Activation" Digestive Disease Weekly National Scientific Meeting, 2012.
39. D. Q. Shih, X. Zhang, H. W. Koon, et. al. "Reversal of Murine Colitis and Fibrosis by Neutralizing TL1A Antibody: Potential Novel Therapy to Alter Natural History of Crohn's Disease". Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2012, Vol. 142, Issue 5, S-84. *Oral Presentation.*
40. **D. Q. Shih**, et. al. "Autophagy is Involved in Optimal Expression of TL1A (TNFSF15) by Microbes in Primary Human Monocytes" Advances in Inflammatory Bowel Diseases: Crohn's & Colitis Foundation's Clinical and Research Conference, 2012. *Poster Presentation.*
41. T. Hing, H. W. Koon, **D. Q. Shih**, et. al. "Human monoclonal antibodies against Clostridium difficile Toxin A and B inhibit inflammatory responses and epithelial cell damage to Toxins A and B in human peripheral blood monoctyes and human colonic tissues" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013; 144 (5) Suppl 1:S-32-S-33. *Oral Presentation.*
42. A. Sideri, K. Bakirtzi, R. Arsenescu, P. Fleshner, **D. Q. Shih**, et. al. "Effects of substance P on pro and anti-inflammatory responses of human mesenteric preadipocytes isolated from IBD patients" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-100. *Oral Presentation.*
43. M. Kaur, D. Panikkath, D. Li, D. Berel, E. A. Vasiliauskas, A. Ippoliti, M. Dubinsky, **D. Q. Shih**, et. al. "Perianal Crohn's disease is associated with distal colonic disease, IBD-related serologies and immune-related genetic variation" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013; 144 (5) Suppl 1:S-104. *Oral Presentation.*
44. C. C. Lau, M. Dubinsky, G. Y. Melmed, E. A. Vasiliauskas, D. P. McGovern, D. Berel, A. Ippoliti, Z. A. Murrell, A. Ippoliti, **D. Q. Shih**, et. al. "Preoperative serum biologic levels do not impact postoperative outcomes in ulcerative colitis" Digestive Disease Weekly

National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-189–S-190. *Oral Presentation.*

45. C. C. Lau, M. Dubinsky, G. Y. Melmed, E. A. Vasiliauskas, D. P. McGovern, D. Berel, Z. A. Murrell, **D. Q. Shih**, et. al. "Higher preoperative serum biologic levels are associated with postoperative complications in Crohn's diseae patients" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-190. *Oral Presentation.*
46. C. C. Lau, M. Dubinsky, G. Y. Melmed, E. A. Vasiliauskas, D. P. McGovern, D. Berel, A. Ippoliti, Z. A. Murrell, A. Ippoliti, **D. Q. Shih**, et. al. "Influence of biologic agents on short-term postoperative complications in patients with Crohn's disease: A prospective, single-surgeon cohort study" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2013; 144 (5) Suppl 1:S-407. *Oral Presentation.*
47. H. W. Koon, **D. Q. Shih**, et. al. "Intestinal cathelicidin levels predict prognosis of ulcerative colitis patients" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-421. *Poster Presentation.*
48. H. Al-Jiboury, A. V. Weizman, D. Berel, M. Berns, M. Dubinsky, S. R. Targan, E. A. Vasiliauskas, **D. Q. Shih**, et. al. "complications and length of stay after cholecystectomy are increased among men with IBD" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-619. *Poster Presentation.*
49. A. N. Levy, J. M. Anderson, H. Horton, E. Sun, E. A. Vasiliauskas, M. Dubinsky, P. Fleshner, **D. Q. Shih**, et. al. "Thromboembolic risk in hospitalized IBD patients is compounded by traditional risk factors and hypercoagulable states" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-615. *Poster Presentation.*
50. S. Taleban, D. Li, S. R. Targan, A. Ippoliti, E. A. Vasiliauskas, J. I. Rotter, **D. Q. Shih**, et. al. "Clinical, serologic, and genetic associations in patients with ocular manifestations in inflammatory bowel disease" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-631. *Poster Presentation.*
51. J. L. Yoon, B. L. Huang, S. S. Karsan, G. Y. Melmed, A. Ippoliti, M. Dubinsky, M. Kaur, M. Nguyen, P. Vora, P. Fleshner, D. P. McGovern, S. R. Targan, E. A. Vasiliauskas, **D. Q. Shih**. "Potential synergism between anti-TNF and thiopurine therapy: increased thiopurine metabolites by anti-TNF" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-772–S-773. *Poster Presentation.*
52. S. S. Karsan, B. L. Huang, j. L. Yoon, M. Dubinsky, D. Berel, X. Yan, G. Y. Melmed, A. Ippoliti, X. Guo, K. D. Taylor, M. Kaur, J. I. Rotter, S. R. Targan, E. A. Vasiliauskas, D. P. McGovern, **D. Q. Shih**. "Genetic and serologic associations with 6-MMP preferential metabolizers reveal novel pathways that may be involved in thiopurine metabolism" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-779–S-780. *Poster Presentation.*
53. X. Zhang, H. Li, **D. Q. Shih**, et. al. "Constitutive TL1A expression modulates colonic fibrosis on TNBS-induced colitis in mice" Digestive Disease Weekly National Scientific Meeting, *Gastroenterology* 2013; 144 (5) Suppl 1:S-814. *Poster of Distinction.*
54. J. H. Yoo, S. Ho, M. Cheng, D. H. Tran, Y. Kubota, T. Hing, **D. Q. Shih**, et. al. "Anti-fibrogenic roles of cathelicidin in chronic colitis associated colonic fibrosis" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-816. *Poster Presentation.*
55. A. Sideri, K. Bakirtzi, R. Arsenescu, P. Fleshner, **D. Q. Shih**, et. al. "Preadipocyte-specific effects on human colonocyte proinflammatory responses are obesity and IBD-dependent" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-820–S-821. *Poster Presentation.*
56. L. Zheng, X. Zhang, R. Ichikawa, J. Chen, K. Wallace, C. Pothoulakis, H. W. Koon, S. R. Targan, D. Q. Shih. "Distinct Effects of IFN-γ and IL-17A on TL1A-Modulated Murine

Regional Inflammation and Fibrosis". Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2013, Vol. 144, Issue 5, S-132. *Oral Presentation.*

57. **D. Q. Shih**, L. Zheng, X. Zhang, et. al. "Reversal of murine colitis and fibrosis by neutralizing TL1A antibody: potential novel therapy to alter natural history of Crohn's disease" The 16th International Congress of Mucosal Immunology, 2013. *Poster Presentation.*
58. K. Wallace, L. Zheng, Y. Kanazawa, J. Chen, R. Ichikawa, S. R. Targan, **D. Q. Shih**. "The effects of IFNγ, IL17A, and IL13 on Tl1a induced murine gut inflammation" Immunology LA, 2013. *Oral Presentation.*
59. A. Sideri, **D. Q. Shih**, P. Fleshner, R. Arsenescu, J. R. Turner, C. Pothoulakis, I. Karagiannidis. "IBD-Associated Effects of Fat-Derived Mediators in the Regulation of Adiponectin Receptor 1 (AdipoR1) in Human Colonocytes" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, Vol. 146, Issue 5, S-823. *Poster Presentation.*
60. T. Haritunians, D. Li, X. Yan, E. Mengesha, S. S. Rich, S. Onengut-Gumuscu, W. Chen, **D. Q. Shih**, et. al. "Genetic Variation Associated Medically Refractory Ulcerative Colitis Requiring Colectomy". Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, Vol. 146, Issue 5, S-36. *Oral Presentation.*
61. S. Ho, M. Cheng, **D. Q. Shih**, et. al. "Intestinal Cathelicidin Level Indicates Inflammatory Bowel Disease Activity and Mediates Anti-Inflammatory Effects in Colitis". Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, Vol. 146, Issue 5, S-426. *Poster Presentation.*
62. B. P. Halloran, J. J. Chang, D. P. McGovern, S. Targan, A. Thiesen, **D. Q. Shih**, R. N. Fedorak, P. F. Halloran. "Microarray Analysis of Ulcerative Colitis and Correlation With Conventional Clinical and Histologic Features". Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, Vol. 146, Issue 5, S-285. *Poster Presentation.*
63. K. L. Wallace, L. Zheng, Y. Kanazawa, H. Zhang, R. Ichikawa, J. Chen, M. Sidhu, X. Zhang, **D. Q. Shih**. "TL1A Modulates the Differential Effect of IL-17 Blockade on Mucosal Inflammation". Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, Vol. 146, Issue 5, S-133. *Plenary Talk.*
64. K. N. Zaghiyan, G. Y. Melmed, M. Dubinsky, E. A. Vasiliauskas, D. P. McGovern, A. Ippoliti, **D. Q. Shih**, et. al. "Medical Prophylaxis After Ileocolic Resection for Crohn's Disease – No Need to Rush" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, Vol. 146, Issue 5, S-454. *Poster Presentation.*
65. J. Yoon, B. L. Huang, G. Y. Melmed, J. Amin, A. Ippoliti, D. P. B. McGovern, S. R. Targan, E. A. Vasiliauskas, **D. Q. Shih**. "Modulation of thiopurine metabolism by anti-TNF therapy" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, 146 (5) Suppl 1:S-239–S-240. *Poster Presentation.*
66. B. L. Huang, J. Amin, M. Stewart, J. Yoon, G. Y. Melmed, A. Ippoliti, E. A. Vasiliauskas, S. R. Targan, D. P. B. McGovern, **D. Q. Shih**. "Genetic and serological predictors of *H. pylori* infection in patients with inflammatory bowel disease" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2014, 146 (5) Suppl 1:S-502. *Poster Presentation.*
67. A. Sideri, H. W. Koon, **D. Q. Shih**, C. Pothoulakis, I. Karagiannidis. "Intestinal Adiponectin Receptor 1 (AdipoR1) Modulates Inflammation During Colitis: a Potential Link in Adipose Tissue-Intestinal Crosstalk During Inflammatory Bowel Disease" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2015, 148 (4) Suppl 1:S-549. *Poster Presentation.*
68. Y. Kanazawa, H. Zhang, M. F. Fiorino, A. M. Hamill, A. V. Arx, H. W. Koon, C. Pothoulakis, J. Bilsborough, S. R. Targan, **D. Q. Shih**. "Tl1A Deficiency, but Not Dr3 Deficiency, Ameliorated Murine Models of Chronic Colitis: Implications for Drug

Development" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2015, 148 (4) Suppl 1:S-27-S28. *Oral Presentation.*

69. M. Nguyen, J. S. Pourmorady, B. Morganstern, X. Yan, A. Zhang, S. S. Karsan, P. Fleshner, E. A. Vasiliauskas, G. Melmed, A. Ippoliti, S. Targan, D. McGovern, **D. Q. Shih**. "Genetic Associations With Preferential 6TGN Metabolizers Reveal Novel Pathways Involved in Purine Metabolism" Digestive Disease Weekly National Scientific Meeting. *Gastroenterology* 2015, 148 (4) Suppl 1:S-702. *Poster Presentation.*
70. D. H. Tran, D. H. Tran, S. A. Mattai, S. Ho, A. Sideri, K. Bakirtzi, I. Karagiannidis, **D. Q. Shih**, et. al. "Antimicrobial Peptide Cathelicidin Inhibits Obesity in Diabetic Mice Via Inhibition of CD36 Fat Receptor Expression" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2015, 148 (4) Suppl 1:S-588. *Poster Presentation.*
71. L. Robbins, K. N. Zaghiyan, G. Y. Melmed, E. A. Vasiliauskas, D. McGovern, A. Ippoliti, **D. Q. Shih**, et. al. "Antimicrobial Peptide Cathelicidin Inhibits Obesity in Diabetic Mice Via Inhibition of CD36 Fat Receptor Expression" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2015, 148 (4) Suppl 1:S-241. *Poster Presentation.*
72. N. Manguso, K. N. Zaghiyan, G. Barmparas, N. K. Mann, S. K. Lo, G. Y. Melmed, E. A. Vasiliauskas, **D. Q. Shih**, et. al. "Long-Term Evaluation of Preoperative Wireless Capsule Endoscopy As a Predictor of Outcome After Ileal Pouch-Anal Anastomosis" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2015, 148 (4) Suppl 1:S-266. *Poster Presentation.*
73. B. Morganstern, N. Singh, S. Targan, C. J. Landers, M. Nguyen, E. A. Vasiliauskas, **D. Q. Shih**, et. al. "Single-Center Experience of Vedolizumab in Patients With Inflammatory Bowel Disease: Does Age Matter?" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2015, 148 (4) Suppl 1:S-250. *Poster Presentation.*
74. K. Issokson, G. Melmed, **D. Q. Shih**, et. al. "A Novel Multi-Disciplinary Approach to Nutrition for Adults With Inflammatory Bowel Disease" Advances in Inflammatory Bowel Disease 2015. P-090. *Poster Presentation*.
75. J. Castellanos, D. Victorio, A. Abdulhamid, C. Kivolowitz, G. Diehl, **D. Q. Shih**, et. al. "Microbial-Dependent CX3CR1+ MNP Production of TL1A Co-stimulates ILC3 to Promote Mucosal Healing" Advances in Inflammatory Bowel Disease 2015. P-185. *Poster Presentation*.
76. **D. Q. Shih**, Y. Kanazawa, A. Hamill, D. McGovern, M. Fukata, S. Targan. "ATG16L1 Deficiency Leads to Mitochondria Defect and Increased Oxidative State in Mice and Human Macrophages" Advances in Inflammatory Bowel Disease 2015. P-189. *Poster Presentation*.
77. D. M. Padua, S. Jahurkar-Joshi, **D. Q. Shih**, D. Iliopoulos, C. Pothoulakis. "Identification of a LncRNA Signature in Ulcerative Colitis: IFNG-AS1 Is a CD4+ T-Cell LncRNA Associated With IBD SNP Loci." Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2016. *Distinguished Abstract Plenary.*
78. S. M. Yoon, T. Haritunians, S. Chhina, B. D. Ye, **D. Q. Shih**, E. Vasiliauskas, A. Ippoliti, S. Targan, G. Y. Melmed, D. McGovern. "Factors Predicting Response to Anti-TNF Agents for Patients With Inflammatory Bowel Disease." Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2016. *Oral Research forum.*
79. K. Kumagai, Y. Kanazawa, J. Jacobs, N. Jacob, A. Hamill, E. Flores, Y. Kim, R. B. Sartor, S. R. Targan, **D. Q. Shih**. "Commensal Microflora Modulates TL1A Mediated Spontaneous Ileitis and TL1A Mediated Immune Changes." Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2016. *Oral Research forum.*
80. P. Gu, A. Kapur, D. Li, T. Hartiunians, E. Vasiliauskas, **D. Q. Shih**, S. Targan, B. Spiegel, D. McGovern, J. Black, G. Y. Melmed. "Biomarkers May Predict Higher Resource Utilization in IBD." Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2016. *Poster Presentation.*

81. M. J. Stewart, M. Dubinsky, B. Morganstern, E. Vasiliauskas, S. Targan, A. Ippoliti, **D. Q. Shih**, D. Mould, D. McGovern, G. Y. Melmed. "The Steady-State Pharmacokinetics of Adalimumab: Do We Need to Drink From the "Trough"?" Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2016. *Poster Presentation.*
82. N. Jacob, K. Kumagai, Y. Kanazawa, A. M. Hamill, E. Flores, Y. Kim, R. B. Sartor, S. Trgan, J. Jacobs, **D. Q. Shih**. "Differing Microbial Populations Induce TL1A-Mediated Intestinal Fibrosis Independently of TL1A-Mediated Inflammation." Digestive Disease Weekly National Scientific Meeting. Gastroenterology 2016. *Poster Presentation.*
83. Z. K. Michael, K. Kumagai, Y. Kanazawa, S. R. Targan, **D. Q. Shih**. "TL1A, but not DR3 deficiency, ameliorates murine chronic colitis." Cedars-Sinai Research Internship Poster Day. 2016. Poster Presentation.
84. Amir Kashani, **David Q. Shih**. "Fecal Microbiota Transplantation is Efficacious to Achieve Clinical Response and Remission in Adult Patients with Ulcerative Colitis; A Meta-Analysis" *Gastroenterology* 2017, Vol. 152, Issue 5, S988–S989
85. Amir Kashani, **David Q. Shih**. "Fecal Microbiota Transplantation is Highly Effective for Treatment of Clostridium Difficile Infection in Patiants with Inflammatory Bowel Disease; A Meta-Analysis" *Gastroenterology* 2017, Vol. 152, Issue 5, S988
86. Phillip Gu, Jeffrey Z. Ko, Xiaofei Yan, Dalin Li, Talin Haritunians, Eric Vasiliauskas, Stephan R. Targan, Gil Melmed, Dermot McGovern, **David Q. Shih**. "Serologic and Genetic Markers May Help Predict Disease Behavior in Patients with Crohn'S Disease (CD)" *Gastroenterology* 2017, Vol. 152, Issue 5, S362–S363
87. Jonathan Jacobs, Maomeng Tong, Paul Ruegger, Dalin Li, Talin Haritunians, Phillip Fleshner, Eric Vasiliauskas, Andrew Ippoliti, Gil Melmed, **David Q. Shih**, Stephan R. Targan, James Borneman, Dermot McGovern, Jonathan Braun. "Crohn's Disease, Obesity, and High Crohn's Disease Genetic Risk are Associated with Parallel Changes in the Microbiome of the Cecal and Sigmoid Mucosal-Luminal Interface", *Gastroenterology* 2017, Vol. 152, Issue 5, S111
88. Leilei Zhu, Gil Melmed, Xiaofei Yan, Talin Haritunians, **David Q. Shih**, Eric Vasiliauskas, Andrew Ippoliti, Shervin Rabizadeh, "UBE2L3, ANCA, ASCA, and CBIR1 are Associated with Mechanisms of non-Response to Anti-TNF in IBD Patients with Adequate Drug Levels" Gastroenterology 2017, Vol. 152, Issue 5, S380–S381
89. Kotaro Kumagai, Maninder Sidhu-Varma, Yosuke Shimodaira, Noam Jacob, Yoshitake Kanazawa, Jonathan Jacobs, Venu Lagishetty, Jay P. Abraham, Yuefang Ye, Justin Luu, R. Balfour Sartor, Masayuki Fukata, Stephan R. Targan, **David Q. Shih.** "Relative Preservation of Treg Function in TI1A-TG Mice Under Germ-Free Condition" *Gastroenterology* 2017, Vol. 152, Issue 5, S995–S996
90. Jiani Wang, Wendy Ho, **David Q. Shih**, Hon Wai Koon. "Circulating Elafin Levels Accurately Indicates Presences of Strictures in Crohn's Disease Patients" *Gastroenterology*, May 2018, Volume 154, Issue 6, Supplement 1, Page S-1033
91 Yuefang Ye, Yosuke Shimodaira, Noam Jacob, Kotaro Kumagai, Jay P. Abraham, Jonathan P. Jacobs, Kathrin S. Michelsen, **David Shih**. "TI1A Overexpression Drives Paneth Cell Hyperplasia and Prevents Maturation of Lysozyme Containing Granules in the Presence of Intact Microbiota" *Gastroenterology*, May 2018, Volume 154, Issue 6, Supplement 1, Page S-216
92. Noam Jacob, Kotaro Kumagai, Jay P. Abraham, Yosuke Shimodaira, Yuefang Ye, Justin Luu, Stephan R. Targan, Kathrin S. Michelsen, **David Shih.** "Direct Signaling of TL1A-DR3 on Fibroblasts Induces Intestinal Fibrosis In Vivo" *Gastroenterology* 2018, Vol. 154, Issue 6, S-131
93. Yosuke Shimodaira, Yoshitake Kanazawa, Jay P. Abraham, Kotaro Kumagai, Noam Jacob, Yuefang Ye, Justin Luu, Kathrin S. Michelsen, Stephan R. Targan, **David Shih.** "TI1A Deficiency (But not Dr3-Deficiency) Protects from the Development of Colitis in the

EXHIBIT 19

EXHIBIT 19

MEDICAL RECORDS

This exhibit contains personal medical information, records of a patient or other personal identifying information that is confidential and otherwise protected from disclosure to the public pursuant to NRS 622.310.

EXHIBIT 20

EXHIBIT 20

AFFIDAVIT

I, Ernesto Diaz, Chief of Investigations for the Nevada State Board of Medical Examiners, declare the following:

- I am the supervisor of Investigator Monica Gustafson, who is the investigator in this case; BME case# 18-18180 and Legal File# 22-31575-1.

- Investigator Gustafson is on medical leave from August 9, 2022, through September 27, 2022, and is unavailable to be a witness during this time period.

Signed this 9th day of August, 2022

Under Penalty of Perjury: _____

STATE OF NEVADA
County of Washoe

SUBSCRIBED and SWORN to before me this 9th **day of** August**, 2022 by** Ernesto Diaz.

_____

Notary Public

HOLLY J. RINCON
Notary Public-State of Nevada
Appointment No. 20-8737-01
My Appointment Expires Jan. 10, 2024

5

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against:	**Case No. 22-31575-1**
DIETRICH VON FELDMAN, M.D.,	**(FILED UNDER SEAL)**
Respondent.	

PATIENT DESIGNATION

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) hereby submits its **PATIENT DESIGNATION** to identify the true and correct identity of the patient(s) referenced in the filed formal Complaint, Case No. 22-31575-1.

1. Patient A's true and correct identity is as follows:

Name: MATTHEW KING
DOB: December 4, 1937

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED

MAR 0 3 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on April 26, 2021, I mailed by USPS Certified Mail No. 9171969009350252565828 to the following recipient(s):

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

the Complaint, Patient Designation and fingerprint package. The package was confirmed as delivered on March 2, 2022. *See* **Exhibit 1**.

DATED this 3rd day of March, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

March 3, 2022

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0252 5658 28**.

Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	March 2, 2022, 11:09 am
Location:	SPARKS, NV 89434
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:

Address of Recipient: 2345 #374

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SPARKS, NV 89434
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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and

Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Early Case Conference Date: April 7, 2022 @ 11:30 a.m.

ORDER SCHEDULING EARLY CASE CONFERENCE

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

NOTICE IS HEREBY GIVEN that, in compliance with NRS 630.339(3), **an Early Case Conference will be conducted on April 7, 2022 beginning at the hour of 11:30 a.m.** The Early Case Conference will be held via conference call. The conference call number is 1-605-475-2200 and the access code is 8792457.[1]

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[1] NRS 630.339(3) provides as follows:

> Within 20 days after the filing of the answer, the parties shall hold an early case conference at which the parties and the hearing officer appointed by the Board or a member of the Board must preside. At the early case conference, the parties shall in good faith:
>
> (a) Set the earliest possible hearing date agreeable to the parties and the hearing officer, panel of the Board or the Board, including the estimated duration of the hearing:
>
> (b) Set dates:

The scheduled Early Case Conference shall be attended by the parties in person or by any party's legal counsel of record and will be conducted by the undersigned Hearing Officer to discuss and designate the dates for the Pre-Hearing Conference and Hearing and the other procedural matters established in NRS 630.339. The parties must also provide an estimate, to the nearest hour, of the time required for presentation of their respective cases.

At the Pre-Hearing Conference, in accordance with NAC 630.465,[2] each party shall provide the other party with a copy of the list of witnesses they intend to call to testify, including therewith, the qualifications of each witness so identified and a summary of the testimony of each witness. If a witness is not on the list of witnesses, that witness may subsequently not be allowed to testify at the Hearing unless good cause is shown for omitting the witness from said list.[3] Likewise, all

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(1) By which all documents must be exchanged;
(2) By which all prehearing motions and responses thereto must be filed;
(3) On which to hold the prehearing conference; and
(4) For any other foreseeable actions that may facilitate the timely and fair conduct of the matter.

(c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;
(d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and
(e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

[2] NAC 630.465 provides as follows:

1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician or physician assistant of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its oral argument.

[3] In identifying a patient as a witness the parties are cautioned to omit from any pleadings filed with undersigned Hearing Officer any addresses, telephone numbers, social security numbers, or other personal information regarding such

evidence, except rebuttal evidence, that is not provided to each party at the Pre-Hearing Conference may also not be introduced or admitted at the Hearing unless good cause is shown.

Counsel for the Nevada State Board of Medical Examiners and the Respondent shall keep undersigned Hearing Officer advised of each issue which has been resolved by negotiation or stipulation, if any.

ACCORDINGLY, NOTICE IS HEREBY GIVEN that the possible sanctions authorized by NRS 630.352, NAC 630.555, and NRS 622.400 upon a finding of guilt to one or more of the Counts raised in said Board Complaint include the following:

A. Placement on probation for a specified period on any of the conditions specified in an order issued by the Board;

B. Administration of a public reprimand;

C. Placement of a limitation on Respondent's practice, or exclusion of one or more specified branches of medicine from Respondent's practice;

D. Suspension of Respondent's license for a specified period or until further order of the Board;

E. Revocation of Respondent's license to practice medicine;

F. A requirement that Respondent participate in a program to correct alcohol or drug dependence or any other impairment;

G. A requirement that there be specified supervision of Respondent's practice;

H. A requirement that Respondent perform public service without compensation;

I. A requirement that Respondent take a physical or mental examination, or an examination testing Respondent's competence;

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individual and to confine their submissions in this regard to the name of the witness, the relevancy of any testimony sought to be elicited from that witness, and a summary of the anticipated testimony.

J. A requirement that Respondent fulfill certain training or educational requirements, or both, as specified by the Board;

K. A fine not to exceed $5,000.00;

L. A requirement that the Respondent pay all costs incurred by the Board relating to this disciplinary proceeding, as more fully set forth in NRS 622.400.

DATED this 24th day of March 2022.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing ORDER SCHEDULING EARLY CASE CONFERENCE addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

9171 9690 0935 0252 5695 50

DATED this 28th day of March, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D., Respondent.**	**Case No. 22-31575-1**

FILED
MAR 31 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on March 28, 2022, I mailed by USPS Certified Mail No. 9171969009350252569550 to the following recipient(s):

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

the Order Scheduling Early Case Conference filed March 28, 2022. Delivery of the mailing was received on March 30, 2022 *See* **Exhibit 1**.

DATED this 30th day of March, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

March 30, 2022

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0252 5695 50**.

Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	March 30, 2022, 11:35 am
Location:	SPARKS, NV 89434
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and

Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Hearing Date: June 21, 2022 @ 8:30 a.m.

FILED

APR 14 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

SCHEDULING ORDER

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

On April 7, 2022, an Early Case Conference was conducted in this matter and held via conference call. Participating in the Early Case Conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC") and the undersigned Hearing Officer. Respondent did not appear although the IC represented that Respondent had been properly served with the Order Scheduling Early Case Conference, which was filed on March 28, 2022. In the absence of Respondent, relevant dates including, but not limited to, dates for the pre-hearing conference; the exchange of witnesses and documents; motion practice; and the hearing date were discussed and determined.

Accordingly, in compliance with NAC 630.465, a pre-hearing conference will be conducted on **May 5, 2022**, beginning at the hour of 10:00 a.m., Pacific Standard Time, and will be held via a conference call. Unless directed otherwise prior to the scheduled date and time of

the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties shall participate in the conference call and the conference will be conducted before the undersigned hearing officer.

By the pre-hearing conference, each party shall provide the other party with a copy of the list of witnesses he or she intends to call to testify, including the witness' qualifications as well as a brief summary of the witness' anticipated testimony. If a witness is not included in the list of witnesses, that witness may not be allowed to testify at the hearing unless good cause is shown. Likewise, all documentation sought to be relied upon at the formal hearing shall be exchanged. If at the formal hearing any party seeks to rely upon documentation not previously produced as ordered, such documentation will not be permitted unless good cause is shown.

Any and all pre-hearing motions shall be served and submitted to the undersigned hearing officer on or before **May 20, 2022**. Any oppositions or responses thereto shall be served and submitted to the undersigned hearing officer on or before **May 31, 2022**. Any and all replies shall be served and submitted to the below hearing officer on or before **June 7, 2022**.

The formal hearing in this matter is hereby scheduled for **June 21, 2022**, starting at 8:30 a.m. Respondent, counsel, and the undersigned hearing officer will attend the hearing at the Reno office of the Nevada State Board of Medical Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521. Following the hearing, the undersigned hearing officer will submit to the Board a synopsis of the testimony taken at the hearing and make a recommendation on the veracity of witnesses if there is conflicting evidence or if credibility of witnesses is a determining factor, and thereafter the Board will render its decision. NAC 630.470.

Unless stipulated to, permission for the remote appearance by any witness must be sought from and approved by the undersigned hearing officer, and any such request shall be in writing and submitted on or before 5:00 p.m. **June 7, 2022**.

Should the parties deem a status conference necessary at any juncture of the proceeding, they shall coordinate at least three proposed dates and times and may jointly email the undersigned hearing officer with the proposed dates and times and request a status conference and state the basis for the request.

Both parties shall keep the undersigned hearing officer apprised of each issue that has been resolved by negotiation or stipulation or any other change in the status of this case.

DATED this 13th day of April 2022.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing SCHEDULING ORDER addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

DATED this 14th day of April, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D., Respondent.**	**Case No. 22-31575-1**

FILED
APR 25 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on April 14, 2022, I mailed by USPS Certified Mail No. 9171969009350252569796 to the following recipient(s):

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

the Scheduling Order filed April 14, 2022, which package was confirmed delivered on April 18, 2022 *See* **Exhibit 1**.

DATED this 19th day of April, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

April 19, 2022

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0252 5697 96**.

Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	April 18, 2022, 4:35 pm
Location:	SPARKS, NV 89434
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

USPS Tracking®

FAQs >

Track Another Package +

Remove ×

Tracking Number: 9171969009350252569796

Your item was delivered to the front desk, reception area, or mail room at 4:35 pm on April 18, 2022 in SPARKS, NV 89434.

USPS Tracking Plus® Available ∨

Delivered, Front Desk/Reception/Mail Room

April 18, 2022 at 4:35 pm
SPARKS, NV 89434

Get Updates ∨

Feedback

Text & Email Updates ∨

Return Receipt Electronic ∨

Tracking History ∧

April 18, 2022, 4:35 pm
Delivered, Front Desk/Reception/Mail Room
SPARKS, NV 89434
Your item was delivered to the front desk, reception area, or mail room at 4:35 pm on April 18, 2022 in SPARKS, NV 89434.

April 16, 2022, 8:48 am
Delivery Attempted - No Access to Delivery Location

SPARKS, NV 89434

April 15, 2022, 6:31 pm
Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER

April 15, 2022
In Transit to Next Facility

April 14, 2022, 9:06 pm
Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER

April 14, 2022, 7:51 pm
Accepted at USPS Origin Facility
RENO, NV 89521

Feedback

USPS Tracking Plus®

Product Information

See Less

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Status Conference Date: May 5, 2022 @ 10:00 a.m.

ORDER SETTING STATUS CONFERENCE

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

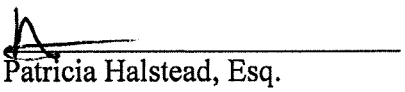
Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

On April 7, 2022, an early case conference was conducted in this matter and held via conference call. Participating in the early case conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC") and the undersigned Hearing Officer. Respondent did not appear although the IC represented that Respondent had been properly served with the Order Scheduling Early Case Conference, which was filed on March 28, 2022. In the absence of Respondent, relevant dates including, but not limited to, dates for the pre-hearing conference; the exchange of witnesses and documents; motion practice; and the hearing date were discussed and determined, which included the scheduling of a pre-hearing conference on May 5, 2022 to commence at 10:00 a.m.

Since the early case conference, the IC has indicated that it has been in touch with Respondent and requests that all established dates, save and except for the pre-hearing conference date and time, be vacated, and that the pre-hearing conference be converted to a status conference, at which time the motion and hearing dates can be re-set. The basis therefore is that proceeding as such allows Respondent to evaluate the circumstances and seek legal counsel should he so choose.

GOOD CAUSE APPEARING, the pre-hearing conference scheduled for **May 5, 2022,** beginning at the hour of 10:00 a.m., Pacific Standard Time, is hereby converted to a status conference. The status conference will be conducted via a conference call. Unless directed otherwise prior to the scheduled date and time of the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties (or counsel on Respondent's behalf) shall participate in the status conference call and the status conference will be conducted before the undersigned hearing officer. All other previously set dates are hereby vacated subject to being reset.

DATED this 5th day of May 2022.

By: 

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing ORDER SETTING STATUS CONFERENCE addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

DATED this 3rd day of May, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

FILED
MAY 05 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

In the Matter of Charges and

Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Status Conference Date: May 12, 2022 @ 10:00 a.m.

ORDER RE-SETTING STATUS CONFERENCE

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

The status conference scheduled for May 5, 2022, is hereby re-scheduled to May 12, 2022, beginning at the hour of 10:00 a.m., Pacific Standard Time. The status conference will be conducted via a conference call. Unless directed otherwise prior to the scheduled date and time of the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties (or counsel on Respondent's behalf) shall participate in the

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status conference call and the status conference will be conducted before the undersigned hearing officer.

DATED this 5th day of May 2022.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing ORDER RE-SETTING STATUS CONFERENCE addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
~~2345 E. Prater Way, #304~~
~~Sparks, NV 89434~~ 7696 Stone Bluff Way
Reno, NV 89523

DATED this 5th day of May, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Status Conference Date: June 3, 2022 @ 10:00 a.m.

ORDER CONTINUING STATUS CONFERENCE

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Lyn E. Beggs, Esq.
obo Dietrich Von Feldmann, M.D.
380 California Ave., Ste 3
Reno, NV 89509

A status conference for this matter took place on May 12, 2022. Appearing for the Nevada State Board of Medical Examiners (the "Medical Board") was Ian Cumings, J.D.; appearing on behalf of Respondent was Lyn E. Beggs, Esq.; the undersigned hearing officer was also present. Ms. Beggs indicated that she had been retained by Respondent the day prior and had yet to fully evaluate the matter. In light of the timing, the parties agreed to continue the status conference. Thus, the status conference is hereby continued to June 3, 2022, beginning at the hour of 10:00 a.m., Pacific Standard Time. The status conference will be conducted via a conference call before the undersigned hearing officer. Unless directed otherwise prior to the scheduled date and time of the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties, through counsel, shall participate in the status conference call.

While on the conference call, the undersigned hearing officer disclosed a potential conflict with Ms. Beggs in that the undersigned hearing officer has known Ms. Beggs since childhood and the two remain in touch and occasionally socialize. Mr. Cumings acknowledge the potential conflict and waived the same on behalf of the Medical Board. As such, this matter will continue to proceed before the undersigned hearing officer.

DATED this 12th day of May 2022.

By: 

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing ORDER CONTINUING STATUS CONFERENCE addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Lyn E. Beggs, Esq.
obo Dietrich Von Feldmann, M.D.
380 California Ave., Ste 3
Reno, NV 89509

DATED this 13th day of May, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

_____/

Case No. 22-31575-1

Hearing Date: TBD

ORDER VACATING SCHEDULING ORDER AND SETTING STATUS CONFERENCE

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

This matter was set for a status conference on June 3, 2022. Participating in the status conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC"); Lyn E. Beggs, Esq. on behalf of Respondent; and the undersigned Hearing Officer.

According to Ms. Beggs, she has been unable to reach Respondent and Respondent has not been responsive to her attempts to communicate with him, rendering her unable to provide legal counsel and mandating that she withdraw. Ms. Beggs indicated that she would file to withdraw just after the status conference. For now, Ms. Beggs remains counsel of record and shall strive to provide a copy of this Order to Respondent.

In light of the forgoing, Mr. Cumings asked that the matter be stayed to allow him to address alternative means to potentially address the matter in lieu of proceeding with the upcoming evidentiary hearing currently scheduled for June 21, 2022. However, because the

matter remains pending and undersigned does not wish to stay the matter indefinitely, the request for a stay is DENIED and instead the Scheduling Order entered on April 13, 2022 is hereby vacated, and a status conference is hereby scheduled for June 21, 2022 at 10:00 a.m. At such time, Mr. Cumings will address how he intends to proceed with the matter should Respondent continue to fail to engage in the proceedings. Unless directed otherwise prior to the scheduled date and time of the status conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties shall participate in the status conference, which will be conducted before the undersigned hearing officer.

DATED this 3rd day of June 2022.

By: 

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing ORDER VACATING SCHEDULING ORDER AND SETTING STATUS CONFERENCE addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

DATED this 6th day of June, 2022.

Signature

Mercedes Fuentes
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF NEVADA

In the Matter of Charges and Complaint Against: DIETRICH VON FELDMANN, M.D. Respondent.	Case No: 22-31575-1

FILED

JUN 22 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

NOTICE OF WITHDRAWAL OF COUNSEL

COMES NOW, the undersigned counsel and hereby files this Notice that the undersigned counsel is withdrawing from representation of Respondent Dietrich Von Feldmann, M.D. as Dr. Feldmann has failed to have any communication with the undersigned since May 12, 2022 despite repeated attempts to contact Dr. Feldmann by phone, letter, and email. Further, the email previously used for correspondence with Dr. Feldmann is no longer an active email address. Through his failure to communicate with the undersigned, Dr. Feldmann has evidenced a desire to not be represented by the undersigned counsel in this matter.

DATED this 20th day of June, 2022.

By:
Lyn E. Beggs, Esq.,
Nevada Bar No. 6248

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and

Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Hearing Date: August 24, 2022 @ 8:30 a.m.

AMENDED SCHEDULING ORDER

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

On June 21, 2022, a Status Conference was conducted in this matter and held via conference call. Participating in the Status Conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC") and the undersigned Hearing Officer. Respondent did not appear and has failed to participate in the proceedings save and except for briefly appearing through counsel Lyn Beggs for a prior status conference on June 3, 2022, at which time Ms. Beggs indicated she was unable to contact Respondent and would be withdrawing as a result. **Ms. Beggs shall file a formal notice of**

withdrawal with the Medical Board to be relieved from further representation of Respondent in this matter if it remains her intent to withdraw.

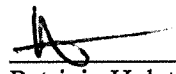
At this juncture, given Respondent's failure to participate in the proceedings, the IC has indicated that it will proceed to the evidentiary hearing in an effort to move the matter to conclusion. Accordingly, in compliance with NAC 630.465, a pre-hearing conference will be conducted on **July 19, 2022**, beginning at the hour of 10:00 a.m., Pacific Standard Time, and will be held via a conference call. Unless directed otherwise prior to the scheduled date and time of the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access code will be 8792457. The parties shall participate in the conference call and the conference will be conducted before the undersigned hearing officer.

By the pre-hearing conference, each party shall provide the other party with a copy of the list of witnesses he or she intends to call to testify, including the witness' qualifications as well as a brief summary of the witness' anticipated testimony. If a witness is not included in the list of witnesses, that witness may not be allowed to testify at the hearing unless good cause is shown. Likewise, all documentation sought to be relied upon at the formal hearing shall be exchanged. If at the formal hearing any party seeks to rely upon documentation not previously produced as ordered, such documentation will not be permitted unless good cause is shown. Motion scheduling will be addressed at the pre-hearing conference if motion practice is sought as will any requests for remote witness appearances.

The formal hearing in this matter is hereby scheduled for **August 24, 2022,** starting at 8:30 a.m. The hearing will take place at the Reno office of the Nevada State Board of Medical Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521. Following the hearing, the undersigned hearing officer will submit to the Board a synopsis of the testimony taken at the hearing and make a recommendation on the veracity of witnesses if there is conflicting evidence or if credibility of witnesses is a determining factor, and thereafter the Board will render its decision. NAC 630.470. Should Respondent fail to appear, the hearing will be addressed in accordance with NRS 622A.350 and NAC 630.470(2).

Should a party deem a status conference necessary at any juncture of the proceeding, such party shall propose at least three proposed dates and times and may email the undersigned hearing officer with the proposed dates and times and request a status conference and state the basis for the request. Should a status conference be deemed necessary upon the request, the other side will be noticed of the date and time. The IC shall keep the undersigned hearing officer apprised of each issue that has been resolved by negotiation or stipulation or any other change in the status of this case.

DATED this 21st day of June 2022.

By: 

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing AMENDED SCHEDULING ORDER addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
c/o Lyn E. Beggs, Esq.
380 California Ave., Ste 3
Reno, NV 89509

Dietrich Von Feldmann, M.D.
2345 E. Prater Way, #304
Sparks, NV 89434

DATED this 27th day of June, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED
JUL - 6 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on June 27, 2022, I mailed by USPS Certified Mail No. 9171969009350254760672 to the following recipient(s):

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

the Amended Scheduling Order filed June 27, 2022, which package was confirmed delivered on June 29, 2022 *See* **Exhibit 1**.

DATED this 5th day of July, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

July 5, 2022

Dear Meg Byrd:

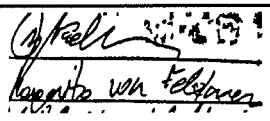
The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0254 7606 72**.

Item Details

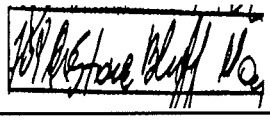
Status:	Delivered, Left with Individual
Status Date / Time:	June 29, 2022, 3:03 pm
Location:	RENO, NV 89523
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:



Address of Recipient:



Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

USPS Tracking®

FAQs >

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Tracking Number: 9171969009350254760672

Remove ×

Your item was delivered to an individual at the address at 3:03 pm on June 29, 2022 in RENO, NV 89523.

USPS Tracking Plus® Available ∨

Delivered, Left with Individual

June 29, 2022 at 3:03 pm
RENO, NV 89523

Get Updates ∨

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Text & Email Updates ∨

Return Receipt Electronic ∨

Tracking History ∧

June 29, 2022, 3:03 pm
Delivered, Left with Individual
RENO, NV 89523
Your item was delivered to an individual at the address at 3:03 pm on June 29, 2022 in RENO, NV 89523.

June 29, 2022, 8:09 am
Out for Delivery
LOVELOCK, NV 89419

June 29, 2022, 7:58 am
Arrived at Post Office
RENO, NV 89523

June 28, 2022, 4:04 pm
Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER

June 27, 2022, 9:19 pm
Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER

June 27, 2022, 8:04 pm
Accepted at USPS Origin Facility
RENO, NV 89521

Feedback

USPS Tracking Plus®

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FAQs

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D., Respondent.**	**Case No. 22-31575-1**

FILED
JUL 18 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

PREHEARING CONFERENCE STATEMENT OF THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) hereby submits the following Prehearing Conference Statement in accordance with NAC 630.465 and the Hearing Officer's Amended Order Scheduling Pre-Hearing and Hearing filed on June 27, 2022, and sent via certified mail to Respondent on July 6, 2022, to the preferred mailing address as requested by Respondent.

I. LIST OF WITNESSES:

The IC of the Board lists the following witnesses whom it may call at the hearing on the charges in the formal Complaint against Respondent filed herein:

a. Monica Gustafson, CMBI, Senior Investigator, Reno Office
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Ms. Gustafson is expected to testify regarding documentary evidence obtained during her investigation of this case and discuss, if necessary, her investigation of this matter.

b. Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

Dr. Von Feldmann is expected to testify as to his actions as outlined in the formal Complaint.

Dr. Von Feldmann is expected to testify as to his actions as outlined in the formal Complaint.

c. David Shih, M.D.
c/o Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Dr. Shih is expected to testify about his review of this case, the standard of care applicable to this matter and his professional opinion(s) concerning the care, treatment and record keeping of Patient A by Respondent.

d. All witnesses identified by Respondent in his prehearing conference statement and/or in any subsequent amended, revised or supplemental prehearing conference statement, or list of witnesses disclosed by Respondent of persons he may call to testify at the hearing herein.

II. LIST OF EXHIBITS

The Investigative Committee of the Nevada State Board of Medical Examiners lists the following exhibits that it may introduce at the hearing on the charges and formal Complaint against the Respondent.

EXHIBIT NO.	DESCRIPTION	BATES RANGE (NSBME)
1	NSBME Formal Complaint, (Dated 3/1/2022)	001 - 005
2	Proof of Service (Formal Complaint), (Dated 3/3/2022)	006 - 010
3	Order Scheduling Early Case Conference, (Dated 3/28/2022)	011 - 015
4	Proof of Service (Order Scheduling Early Case Conference), (Dated 3/31/22)	016 - 018
5	Formal Hearing Scheduling Order, (Dated 4/14/2022)	019 - 022

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT NO.	DESCRIPTION	BATES RANGE (NSBME)
6	Proof of Service (Formal Hearing Scheduling Order), (Dated 4/25/2022)	023 - 027
7	Order Vacating Scheduling Order and Setting Status Conference, (Dated 6/3/22)	028 - 030
8	Notice of Withdrawal of Counsel, (Dated 6/22/2022)	031
9	Amended Scheduling Order, (Dated 6/27/2022)	032 - 035
10	Proof of Service (Amended Scheduling Order), (Dated 7/6/2022)	036 - 040
11	NSBME Allegation Letter, Patient A, (Dated 10/16/2018)	041 - 042
12	Order To Produce Medical Records Patient A, Dietrich Von Feldmann, M.D., Patient A, (Dated 10/16/2018)	043 - 044
13	Patient A Medical Records, Dietrich Von Feldmann, M.D.	045 - 066
14	Letter To Juanchichos Ventura, M.D., Request For Patient A Medical Records, (Dated 10/16/2018)	067
15	Response From Juanchichos Ventura, M.D., Request For Patient A Medical Records	068
16	Patient A Medical Records, Rural Health Clinic	069 - 082
17	Medical Records from Renown Medical Center	083 – 503
18	Curriculum Vitae of David Shih, M.D.	504 - 524

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

The IC reserves the right to use all exhibits identified by Respondent in his prehearing conference statement and/or in any subsequent amended, revised or supplemental prehearing conference statement.

DATED this 18 day of July, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

IAN J. CUMINGS, J.D.
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED
JUL 19 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on July 18, 2022, I mailed by Federal Express First Overnight, tracking no. 777416610821 to the following recipient(s):

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

The IC's Prehearing Conference Statement with Exhibits. Delivery of the package was received on July 19, 2022 at 7:56 a.m. *See* **Exhibit 1**.

DATED this 19th day of July, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

EXHIBIT 1

EXHIBIT 1

FedEx

July 19, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 777416610821

Delivery Information:

Status:	Delivered	**Delivered To:**	Residence
Signed for by:	D.FELDMAN	**Delivery Location:**	
Service type:	FedEx First Overnight		
Special Handling:	Deliver Weekday; Residential Delivery; Adult Signature Required		Reno, NV,
		Delivery date:	Jul 19, 2022 07:56

Shipping Information:

Tracking number:	777416610821	**Ship Date:**	Jul 18, 2022
		Weight:	5.0 LB/2.27 KG

Recipient:

Reno, NV, US,

Shipper:

Reno, NV, US,

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Thank you for choosing FedEx

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and

Complaint Against

DIETRICH VON FELDMANN, M.D.,

Respondent.

Case No. 22-31575-1

Hearing Date: August 17, 2022 @ 8:30 a.m.

SECOND AMENDED SCHEDULING ORDER

(Post Pre-Hearing Conference)

TO: Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

On July 19, 2022, a Pre-Hearing Conference was conducted in this matter and held via conference call. Participating in the Pre-Hearing Conference were Ian Cumings, J.D. on behalf of the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC"); Respondent Dietrich Von Feldmann, M.D., representing himself; and the undersigned Hearing Officer.

By agreement of the parties, Respondent is hereby granted up to and including July 26, 2022 by which to provide the IC with a copy of the list of witnesses he intends to call to testify, including the witness' qualifications as well as a brief summary of the witness' anticipated testimony. If a witness is not included in the list of witnesses, that witness may not be allowed to

testify at the hearing unless good cause is shown. Likewise, all documentation sought to be relied upon at the formal hearing by Respondent shall be provided by July 26, 2022. If at the formal hearing any party seeks to rely upon documentation not previously produced as ordered, such documentation will not be permitted unless good cause is shown. If no witness lists or documentation is exchanged by Respondent, Respondent's representation that he will testify on his behalf and rely upon the documentation produced by the IC will be treated as his disclosures and Respondent will be limited to the same in presenting his case absent a showing of good cause as set forth above.

The formal hearing in this matter is hereby rescheduled to **August 17, 2022**, starting at 8:30 a.m. The hearing will take place at the Reno office of the Nevada State Board of Medical Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521, from which all parties and witnesses shall appear in person. Following the hearing, the undersigned hearing officer will submit to the Board a synopsis of the testimony taken at the hearing and make a recommendation on the veracity of witnesses if there is conflicting evidence or if credibility of witnesses is a determining factor, and thereafter the Board will render its decision. NAC 630.470.

Should a party deem a status conference necessary at any juncture of the proceeding, the parties shall coordinate with one another to propose at least three dates and times and email the undersigned hearing officer with the same and state the basis for the request, upon which a status conference will be scheduled. The IC shall keep the undersigned hearing officer apprised of each issue that has been resolved by negotiation or stipulation or any other change in the status of this case.

DATED this 19th day of July 2022.

By: _____

Patricia Halstead, Esq.
Hearing Officer
(775) 322-2244

CERTIFICATE OF SERVICE

I certify that on this day, I personally delivered or mailed, postage pre-paid, at Reno, Nevada, a true file-stamped copy of the foregoing SECOND AMENDED SCHEDULING ORDER (Post Pre-Hearing Conference) addressed as follows:

Ian Cumings, J.D.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

DATED this 20th day of July, 2022.

Signature

Meg Byrd
Print

Legal Assistant
Title

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D., Respondent.**	**Case No. 22-31575-1**

FILED
AUG 22 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on August 10, 2022, I mailed by USPS Certified Mail, tracking no. 9171969009350254761358 to the following recipient(s):

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

The IC's Supplemental Prehearing Conference Statement. Delivery of the package was received on August 11, 2022 at 4:10 p.m. *See* **Exhibit 1**.

DATED this 22nd day of August, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

August 22, 2022

Dear Meg Byrd:

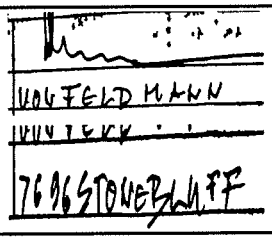
The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0254 7613 58**.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	August 11, 2022, 4:10 pm
Location:	RENO, NV 89523
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient:



Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

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Tracking Number: 9171969009350254761358

Your item was delivered to an individual at the address at 4:10 pm on August 11, 2022 in RENO, NV 89523.

USPS Tracking Plus® Available ⌄

Delivered, Left with Individual

August 11, 2022 at 4:10 pm
RENO, NV 89523

Get Updates ⌄

Feedback

Text & Email Updates ⌄

Return Receipt Electronic ⌄

Tracking History ⌃

August 11, 2022, 4:10 pm
Delivered, Left with Individual
RENO, NV 89523
Your item was delivered to an individual at the address at 4:10 pm on August 11, 2022 in RENO, NV 89523.

August 11, 2022, 2:41 am
Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER

August 10, 2022, 10:44 pm
Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER

August 10, 2022, 9:29 pm
Accepted at USPS Origin Facility
RENO, NV 89521

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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DIETRICH VON FELDMANN, M.D.,** **Respondent.**	**Case No. 22-31575-1**

FILED
AUG 26 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: _____

PROOF OF SERVICE

I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby certify that on August 22, 2022, I mailed by USPS Certified Mail No. 9171969009350254761488 to the following recipient(s):

Dietrich Von Feldmann, M.D.
7696 Stone Bluff Way
Reno, NV 89523

the hearing transcript. The package was confirmed as delivered on August 23, 2022. *See* **Exhibit 1**.

DATED this 26th day of August, 2022.

MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 1

EXHIBIT 1

UNITED STATES POSTAL SERVICE

August 26, 2022

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0254 7614 88.**

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	August 23, 2022, 4:24 pm
Location:	RENO, NV 89523
Postal Product:	Priority Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient: MARGARIT VON FELDM

Address of Recipient: [illegible] Bluff Way

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

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Remove ×

Tracking Number: 9171969009350254761488

Your item was delivered to an individual at the address at 4:24 pm on August 23, 2022 in RENO, NV 89523.

USPS Tracking Plus® Available ⌄

Delivered, Left with Individual

August 23, 2022 at 4:24 pm
RENO, NV 89523

Get Updates ⌄

Feedback

Text & Email Updates ⌄

Return Receipt Electronic ⌄

Tracking History ⌃

August 23, 2022, 4:24 pm
Delivered, Left with Individual
RENO, NV 89523
Your item was delivered to an individual at the address at 4:24 pm on August 23, 2022 in RENO, NV 89523.

August 23, 2022, 7:56 am
Out for Delivery
RENO, NV 89523

August 23, 2022, 7:45 am
Arrived at Post Office
RENO, NV 89523

USPS Tracking Plus®

Product Information

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