

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

INDEX

1. COMPLAINT
2. HEARING OFFICERS' FINDINGS AND RECOMMENDATIONS
3. HEARING TRANSCRIPT
4. EXHIBITS ADMITTED INTO EVIDENCE
5. DOCUMENTS FILED INTO THE DOCKET

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1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

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4
5 **In the Matter of Charges and Complaint**

Case No. 22-31575-1

6 **Against:**

7 **DIETRICH VON FELDMANN, M.D.,**

8 **Respondent.**

FILED

MAR - 1 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Dietrich Von Feldmann, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

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

20 **A. Respondent's Treatment of Patient A**

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

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

27
28 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.

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

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

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

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

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

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

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

26 ///

27 ///

28 ///

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
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

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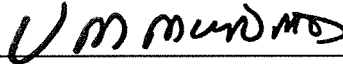
VERIFICATION

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: 
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

2

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and**
6 **Complaint Against**

Case No. 22-31575-1

FILED

OCT 12 2022

7 **DIETRICH VON FELDMANN, M.D.,**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

8 **Respondent.**

By: 

9
10 **FINDINGS AND RECOMMENDATION**

11 TO: Ian Cumings, J.D.
12 Deputy General Counsel
13 Nevada State Board of Medical Examiners
14 9600 Gateway Drive
Reno, Nevada 89521

15 Dietrich Von Feldmann, M.D.
16 7696 Stone Bluff Way
Reno, NV 89523

17 1. Introduction

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

24 2. Allegations

25 The Complaint alleges a single count of Malpractice, a violation of NRS 630.301(4),
26 which is premised upon the allegation that Respondent failed to order an immediate abdominal
27 radiograph to exclude the possibility of colon perforation when Patient A, an 80 year old male,
28

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

6 3. Witnesses and Testimony

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

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

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

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

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

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

12 Noting the free air as shown from the CT scan, it was Respondent's suggestion that a
13 needle be placed in Patient A's abdomen to release the air, which, according to Dr. Shih, is not
14 appropriate. TR 24. The medical records also indicate that Respondent had considered a
15 gastrografin enema, which, according to Dr. Shih, could worsen a perforation. TR 24-25. What
16 should instead have been done, according to Dr. Shih, was an urgent surgical consultation. TR
17 25.

18 Suspecting a bowel perforation, the then treating physician ordered a surgical consult. TR
19 25-28. TR 29-30. The surgeon ultimately removed the right colon due to damage from massive
20 distension and extensive air within the soft tissue surrounding the colon that the right colon could
21 not recover from. Id. Part of Patient A's omentum also needed to be removed due to the
22 perforation. Id.

23 Dr. Shih opined that he believed Patient A would not have survived absent the surgery and
24 was adamant throughout his testimony that, when Patient A reached out post- procedure,
25 Respondent should have directed Patient A to immediately go to urgent care or an emergency
26 room to address the likelihood of a perforation. TR 31-32. According to Dr. Shih, Respondent's
27 failure to do so was below the standard of care and constituted malpractice. TR 32.
28

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

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

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

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

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

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

20 4. Findings

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


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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

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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.



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

1 APPEARANCES:

2

The Hearing Officer:

3

4 PATRICIA HALSTEAD, ESQ.
Halstead Law Offices
5 615 South Arlington Avenue
Reno, Nevada 89509

6

7

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

9

10 IAN CUMINGS, ESQ.
Nevada State Board of Medical Examiners
11 9600 Gateway Drive
Reno, Nevada 89521

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

15

IN PRO PER

16

17

18 Also Present:

19

MARGARET BYRD
20 Legal Assistant
Nevada State Board of Medical Examiners
21 9600 Gateway Drive
Reno, Nevada 89521

22

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1	I N D E X	
2		
3	THE WITNESS:	PAGE:
	DAVID SHIH, M.D.	
4	Direct examination by Mr. Cumings	10
5	Cross-examination by Dr. Von Feldmann	33
	Redirect examination by Mr. Cumings	38
6	Recross examination by Dr. Von Feldmann	42
	Rebuttal examination by Mr. Cumings	69, 87
7		
8		
9	THE WITNESS:	
	DIETRICH VON FELDMANN, M.D.	44
10		
11	Direct examination by Mr. Cumings	66
	Cross-examination by Dr. Von Feldmann	74
12		
13		
14		
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1 RENO, NEVADA; WEDNESDAY, AUGUST 17, 2022; 8:30 A.M.
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4 HEARING OFFICER HALSTEAD: We're here in the
5 matter of the charges in the complaint against Dietrich
6 Von Feldmann, M.D. Case Number 22-31575-1. I'm Patricia
7 Halstead. I'm the Hearing Officer. I'll be adjudicating
8 this matter today.

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

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

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

21 MR. CUMINGS: I confirm.

22 HEARING OFFICER HALSTEAD: Mr. Von Feldmann?

23 DR. VON FELDMANN: I do.

24 HEARING OFFICER HALSTEAD: Thank you. And

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

7 DR. VON FELDMANN: Thank you.

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

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

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

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

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

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

7 HEARING OFFICER HALSTEAD: Right. And
8 then --

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

11 HEARING OFFICER HALSTEAD: Okay.

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

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

22 DR. VON FELDMANN: Yeah.

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

1 DR. VON FELDMANN: Yes.

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

8 DR. VON FELDMANN: Yes.

9 HEARING OFFICER HALSTEAD: Okay. Thank you.

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

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

14 MR. CUMINGS: This hearing is to present
15 evidence to determine if Dr. Von Feldmann committed
16 malpractice. Dr. Von Feldmann is the Respondent in this
17 case as alleged in Count 1 on the complaint filed March
18 1, 2022. The complaint contains a single count of
19 malpractice, which is a violation of NRS 630.301-4. Dr.
20 Von Feldmann has been an active licensee of the Board
21 since August 17th, 2006.

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

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

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

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

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

24 HEARING OFFICER HALSTEAD: Mr. Von Feldmann,

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

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

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

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

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

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

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

21 HEARING OFFICER HALSTEAD: He does.

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

24

1 DAVID SHIH, M.D.,
2 having been first duly sworn, was
3 examined and testified as follows:
4

5 HEARING OFFICER HALSTEAD: Thank you, Dr.
6 Shih. You can go ahead and put your hand down. I'll
7 consider you sworn in.
8

9 EXAMINATION

10 BY MR. CUMINGS:

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

13 A David Shih.

14 Q **Perfect.**

15 A S-H-I-H.

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

18 A Yes.

19 Q **For how long have you been a licensee?**

20 A Since 2017.

21 Q **Are you licensed anywhere else?**

22 A California.

23 Q **California? Where did you go to medical**
24 **school at?**

1 A Weill Medical College of Cornell University.

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

4 A Yes.

5 Q What specialties are you certified in,
6 Doctor?

7 A Gastroenterology.

8 Q What kind of medicine do you practice?

9 A I practice gastroenterology.

10 Q And where do you practice medicine?

11 A Here in Las Vegas.

12 Q How long have you been practicing as a
13 gastroenterologist?

14 A Since 2009.

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

19 A This is my curriculum vitae.

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

22 A Yes, it is.

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

1 A Yes, it is my experience and education.

2 Q And you prepared this document?

3 A Yes.

4 Q And you provided this document to the Board?

5 A Yes.

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

8 A This document is complete.

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

11 A Yes, I'm there.

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

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

18 Q Do you conduct any research or publish any
19 papers?

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

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

24 A Probably 200, give or take.

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

3 A Yes, I have.

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

7 HEARING OFFICER HALSTEAD: Is that a
8 question?

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

12 A This is my first one.

13 Q Have you testified in any civil cases before?

14 A Yes, I have.

15 Q Have you testified for the defense before?

16 A Yes, I have testified for the defense.

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

19 A Yes, I'm familiar.

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

24 A I do.

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

4 A Yes.

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

7 A Yes.

8 Q Do you remember what was included in those
9 materials?

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

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

20 A Yes.

21 Q Did you come to a determination?

22 A Yes.

23 Q And what was that? What was your opinion?

24 A That Dr. Von Feldmann did not act upon

1 standard of care.

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

8 A I'm finished.

9 Q What does this document look like to you?

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

12 Q Do you see a date on this colonoscopy report?

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

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

18 A It's for a colonoscopy.

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

21 A Yes.

22 Q What were his findings?

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

1 diverticulosis.

2 Q Did he remove any polyps?

3 A Yes, he did.

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

6 A He used a method called endoscopic mucosal
7 resection.

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

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

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

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

21 Q Is this commonly done?

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

24 Q Are there any risks associated with this

1 **method of polyp removal?**

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

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

6 A One such would be perforation.

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

9 A I cannot tell from this documentation.

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

12 A I'm there.

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

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

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

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

21 THE WITNESS: I'm finished reading.

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

24 A I'm there.

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

3 A No, he says the polypectomy site appeared
4 good.

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

8 A Yes.

9 **Q Could you read that paragraph again.**

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

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

18 A Yes.

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

21 A That the patient had pain.

22 **Q So based on your review up to this point,**
23 **what would you be most concerned about a patient that was**
24 **80 years old and calling after hours complaining of**

1 **severe pain?**

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

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

9 A Abdominal imaging.

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

12 A No.

13 Q **What did he do?**

14 A He prescribed analgesics.

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

18 A I'm there.

19 Q **What does this document appear to be?**

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

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

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

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

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

5 THE COURT REPORTER: Yes.

6 THE WITNESS: Okay. I will.

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

10 A The date of the CAT CT scan was June 21st,
11 2018.

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

14 A Correct.

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

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

18 Q Yes.

19 A Okay. Dr. Ventura.

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

22 A No.

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

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

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

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

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

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

24 A Yes, there could be fecal leakage from the

1 bowel causing life-threatening sepsis.

2 Q I would like to turn back to Exhibit 13, page
3 47A. It's where we're at previously.

4 A Yes.

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

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

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

10 A Yes, he did make a note.

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

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

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

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

22 Q So it would more likely indicate a bowel
23 perforation?

24 A That is the distinction between bowel

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

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

7 A He did not consider it on this documentation.

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

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

13 Q Yes, sir.

14 A -- about --

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

18 A Okay.

19 Q Go ahead and review.

20 A I see.

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

23 A I'm finished.

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

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

3 A He says sticking a needle into his abdomen.

4 Q Is that something that would release the free
5 air?

6 A Yes, but it's not done --

7 Q Is that --

8 A -- typically done.

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

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

13 Q He mentions a gastrografin enema. What is
14 that?

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

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

20 A With imaging, yes, fluoroscopy imaging.

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

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

1 perforation.

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

4 A Yes.

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

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

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

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

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

21 A No.

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

24 A Dr. Ventura, the primary care provider.

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

3 A I believe the hospital is called Renown
4 Regional Hospital.

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

7 A No.

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

10 A No.

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

14 A No.

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

19 A I believe by air transport.

20 Q So Care Flight?

21 A Care Flight.

22 Q Would you turn to Exhibit 17, page 89.

23 A Yes.

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

1 done.

2 A I'm finished.

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

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

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

9 A He noted --

10 Q I'm sorry.

11 A I'm sorry. Please finish your question.

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

14 A History of present illness.

15 Q And what did the provider note in that
16 section?

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

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

1 transferred?

2 A They highly suspected.

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

6 A It would be the highest on my differential
7 diagnosis.

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

12 A I'm finished.

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

15 A This is a postoperative report.

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

18 A June 21, 2018.

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

21 A Yes.

22 Q Who was the author of this document?

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

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

3 A Yes, he's a surgeon.

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

6 A Iatrogenic perforation of the colon.

7 Q Iatrogenic. What does that mean?

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

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

13 A Yes.

14 Q Was he the physician who operated on the
15 patient?

16 A Yes.

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

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

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

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

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

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

5 A Yes, both diagnostic and therapeutic.

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

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

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

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

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

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

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

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

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

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

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

14 A More specifically, 3.5 something inches.

15 Q So about nearly the size of a pen?

16 A Yes.

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

18 A It is large.

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

24 A Ask the patient to go to either an urgent

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

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

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

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

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

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

17 A Yes.

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

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

23 DR. VON FELDMANN: Sure.

24

1 EXAMINATION

2 BY DR. VON FELDMANN:

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

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

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

12 A Yes.

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

15 A That is correct.

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

18 A Yes.

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

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

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

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

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

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

18 A Approximately 20,000.

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

21 A Approximately 8,000.

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

24 A Yes, conservatively.

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

3 A 8,000 was done approximately with a fellow.
4 12,000 was approximately done by myself personally. I
5 have one perforation.

6 **Q Do you perform EMRs yourself?**

7 A Yes. Yes.

8 **Q How often did you encounter postcoagulation**
9 **necrosis syndromes?**

10 A Very rarely.

11 **Q How many would you say?**

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

14 **Q What would you have done with this cecal**
15 **polyp?**

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

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

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

24 **Q And how much would the air in the right upper**

1 **quadrant have contributed to his pain?**

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

5 Q **The perforation itself would have caused**
6 **pain?**

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

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

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

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

19 A I have.

20 Q **And what was the indication for that?**

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

24 Q **You ordered that for bleeding, you say?**

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

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

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

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

9 Is that appropriate?

10 HEARING OFFICER HALSTEAD: That's fine.

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

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

15 Q And you did not get a gastrografen enema on
16 that particular patient before you sent him to the
17 surgeon?

18 A Yes, because ordering a gastrografen enema in
19 the setting of free air and possible perforation is a
20 contraindication.

21 Q Is it contra?

22 A Meaning we're not supposed to do it.

23 Q He said it's a contraindication?

24 MR. CUMINGS: Contraindication meaning we're

1 not supposed to do it, is what he said.

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

4 A Yes, I'm Board certified in gastroenterology.

5 Q What did he say?

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

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

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

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

17 MR. CUMINGS: May I redirect?

18 HEARING OFFICER HALSTEAD: You may.

19

20 REDIRECT EXAMINATION

21 BY MR. CUMINGS:

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

1 **necrosis syndrome. How many times was that?**

2 A I estimate five.

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

5 DR. VON FELDMANN: Eight.

6 THE WITNESS: Yes.

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

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

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

24 HEARING OFFICER HALSTEAD: And just for the

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

4 THE WITNESS: I did 8,000 with fellows and
5 12,000 myself.

6 DR. VON FELDMANN: So I'm sorry.

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

8 A Approximately.

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

12 A That's correct.

13 Q Would you characterize that as a rare
14 diagnosis?

15 A It can be rare.

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

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

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

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

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

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

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

11 A It is one of the possibilities.

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

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

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

1 **Would you characterize it --**

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

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

6 DR. VON FELDMANN: Can I have another
7 question?

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

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

11 HEARING OFFICER HALSTEAD: Okay.

12 MR. CUMINGS: He can.

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

16

17 RE CROSS EXAMINATION

18 BY DR. VON FELDMANN:

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

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

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

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

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

12 DR. VON FELDMANN: That's it.

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

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

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

22 HEARING OFFICER HALSTEAD: Yes, of course.

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

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

3 HEARING OFFICER HALSTEAD: Yes. Thank you.

4 THE WITNESS: So stay.

5 HEARING OFFICER HALSTEAD: Thank you. Okay.

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

9

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

13

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

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

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

1 to tie it back to the exhibits in the record.

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

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

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

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

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

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

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

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

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

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

1 that was provided to refer or corroborate that statement.

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

4 MR. CUMINGS: Okay.

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

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

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

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

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

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

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

1 definitely would have been spillage.

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

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

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

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

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

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

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

1 peritonitis anywhere else.

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

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

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

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

4 Normally, we use CO2 for colonoscopy, but
5 this was not available at the institution where I did the
6 colonoscopy. So that's why the air was hanging around
7 there for a considerable amount of time. So the CO2
8 would probably have been absorbed much faster but the
9 patient probably would have had more pain because CO2, in
10 the peritoneal cavity, is very irritant. That's what the
11 surgeons used for laparoscopy, but when I did
12 laparoscopy, I didn't use propofol, which we use for
13 sedation in colonoscopy. I used very little sedation, so
14 it would have been impossible to use CO2 with minimal
15 sedation. So if we would have used CO2, the patient
16 would have had more pain in the right upper quadrant. So
17 I believe that this patient had microperforations which
18 sealed probably almost immediately.

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

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

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

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

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

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

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

1 insignificant.

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

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

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

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

18 MR. CUMINGS: By whom?

19 DR. VON FELDMANN: Maybe by you.

20 MR. CUMINGS: No, sir.

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

22 HEARING OFFICER HALSTEAD: Well --

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

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

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

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

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

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

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

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

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

19 HEARING OFFICER HALSTEAD: Okay.

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

1 anything.

2 HEARING OFFICER HALSTEAD: Okay.

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

5 DR. VON FELDMANN: What?

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

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

9 MR. CUMINGS: Okay.

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

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

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

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

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

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

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

13 DR. VON FELDMANN: Yes.

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

18 MR. CUMINGS: Okay.

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

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

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

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

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

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

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

14 HEARING OFFICER HALSTEAD: What exhibit is
15 the pathology report?

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

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

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

1 DR. VON FELDMANN: Radiology report.

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

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

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

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

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

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

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

18 DR. VON FELDMANN: Which page?

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

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

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

24 MR. CUMINGS: 161 through 162.

1 DR. VON FELDMANN: I don't have that on here.

2 I have page number five.

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

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

10 DR. VON FELDMANN: Yeah, yeah, yeah.

11 HEARING OFFICER HALSTEAD: Just want to make
12 sure.

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

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

22 DR. VON FELDMANN: Yes.

23 HEARING OFFICER HALSTEAD: This document?

24 Okay. So for the record, that's Exhibit 17. That was

1 page 162.

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

4 HEARING OFFICER HALSTEAD: Okay.

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

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

1 been very helpful.

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

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

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

24 DR. VON FELDMANN: After that what?

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

3 DR. VON FELDMANN: Good.

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

6 (Recess.)

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

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

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

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

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

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

7 A Say that again.

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

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

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

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

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

1 **analgesics for the patient?**

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

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

7 A No.

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

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

12 DR. VON FELDMANN: No.

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

17 DR. VON FELDMANN: Say that again.

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

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

24 HEARING OFFICER HALSTEAD: Okay. Thank you.

1 Are you going to have rebuttal?

2 MR. CUMINGS: Yes, I will have rebuttal.

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

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

13 HEARING OFFICER HALSTEAD: Okay.

14

15 REBUTTAL EXAMINATION

16 BY MR. CUMINGS:

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

18 A I'm good.

19 Q Good. Thank you for bearing through with us
20 here. I want to turn your attention first to the
21 pathology report that was discussed that was page 162 and
22 163. The date the pathology report was reported was
23 6-27. What was the final diagnosis?

24 A The final diagnosis showed there is polyps,

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

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

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

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

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

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

24 A Not necessarily.

1 **Q Are you familiar with the term catscratch**
2 **colon?**

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

5 **Q But you're aware of it?**

6 A I'm sorry?

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

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

11 **Q What --**

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

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

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

18 **Q Are you familiar with barotrauma?**

19 A Yes.

20 **Q How does barotrauma occur?**

21 A By putting excessive gas.

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

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

1 patient says: Ten out of ten.

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

4 A If you put enough air, it can perforate.

5 Q But you would have to?

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

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

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

13 Q In regards to whether the --

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

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

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

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

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

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

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

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

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

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

24 HEARING OFFICER HALSTEAD: Dr. Von Feldmann,

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

2

3

CROSS-EXAMINATION

4

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

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

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

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

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

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

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

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

12 The cecum has focal area of necrotic mucosa
13 with a transmural defect identified one centimeter from
14 the ileocecal valve with an adjacent 0.5 times 0.5 times
15 0.5 centimeter abscess cavity.

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

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

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

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

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

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

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

22 A Yes.

23 Q In what sense?

24 A The surgeon goes in, he sees the outside of

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

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

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

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

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

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

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

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

15 HEARING OFFICER HALSTEAD: Let him finish.

16 MR. CUMINGS: Okay.

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

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

24 DR. VON FELDMANN: No, I just wanted to

1 explain.

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

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

12 HEARING OFFICER HALSTEAD: Okay.

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

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

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

24 A My reply is that I do not know what the

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

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

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

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

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

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

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

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

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

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

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

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

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

3 A Yes.

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

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

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

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

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

8 THE WITNESS: Okay.

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

12 THE WITNESS: Yes.

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

15 THE WITNESS: I do not.

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

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

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

24 THE WITNESS: Yes.

1 HEARING OFFICER HALSTEAD: Go ahead.

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

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

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

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

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

1 that was a slight amount.

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

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

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

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

14 DR. VON FELDMANN: No.

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

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

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

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

7 MR. CUMINGS: That's compound.

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

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

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

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

20 MR. CUMINGS: I'd like to --

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

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

1 MR. CUMINGS: Not at this time. No.

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

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

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

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

11 DR. VON FELDMANN: Okay.

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

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

17 HEARING OFFICER HALSTEAD: Okay. Reply?

18

19 FURTHER EXAMINATION

20 BY MR. CUMINGS:

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

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

1 there's a perforation.

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

3 A Then that means there's a perforation.

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

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

9 Q So a highly abnormal situation, you would
10 agree?

11 A Not highly. It is abnormal.

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

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

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

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

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

1 have no further questions.

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

4 MR. CUMINGS: Yes.

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

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

9 MR. CUMINGS: Yes.

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

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

14 THE WITNESS: Thank you. Thank you.

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

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

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

22 DR. VON FELDMANN: Move on.

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

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

4 MR. CUMINGS: Do my best.

5 HEARING OFFICER HALSTEAD: All right. Thank
6 you.

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

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

16 Go ahead, Mr. Cumings.

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

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

1 Practice Act.

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

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

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

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

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

4 HEARING OFFICER HALSTEAD: Slow down for the
5 court reporter.

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

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

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

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

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

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

11 And as I stated before, microperforation can
12 be very small perforations. And the air, when there is
13 enough pressure, can escape through these
14 microperforations during the procedure and then probably
15 close very soon after the procedure, but the air stays in
16 the abdominal cavity because the air is not absorbed that
17 fast like CO2 is.

18 But as I said, we didn't have CO2 at Mount
19 Grant General Hospital at that time to use for
20 colonoscopy. We always use it nowadays everywhere. But
21 as I also stated before, the patient would have had more
22 pain because the CO2 is very, very irritating to the
23 peritoneum. So I did not understand Dr. Shih, what he
24 was talking about the tears. There was no tear anywhere.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 HEARING OFFICER HALSTEAD: Okay. Thank you.

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

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

1 Did you have any reply argument you wanted to
2 present?

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

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

15 HEARING OFFICER HALSTEAD: Thank you both.

16 DR. VON FELDMANN: So can I add something?

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

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

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

24 DR. VON FELDMANN: To go over something else,

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

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

12 DR. VON FELDMANN: How many days?

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

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

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

24 DR. VON FELDMANN: I couldn't print out

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

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

7 Anything else before we go off the record?

8 MR. CUMINGS: (Indicating.)

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

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

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

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1 STATE OF NEVADA)
COUNTY OF WASHOE)

2

3

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

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

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

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

16 In witness whereof, I have hereunto subscribed
17 my name.

18

19 Dated: August 19, 2022

20

21

Nicole J. Hansen

22 Nicole J. Hansen

23 NV. CSR No. 446, RPR, CRR, RMR

24 CA. CSR 13,909

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\$	131 30:10 31:8	19th 73:20	21 28:18 73:21	48 17:11,18
\$1,000 6:13	132 28:9 29:4 30:6	2	21st 20:10 73:20	5
0	133 28:9	20 4:17 73:21	22-31575-1 4:6 65:8	5 70:6 88:7
0.5 75:14,15	15 46:21	20,000 34:18 40:7,9	24 25:14	510 12:10
1	161 61:8,24	200 12:24	3	524 19:17
1 4:17 7:17,18 91:19 92:8	162 60:24 61:7,9,20,24 62:8 63:1 69:21 74:20 75:19	2003 33:10	3 5:15	526 19:17
10 3:4 5:15	163 60:24 61:7,20 69:22 74:20 75:17	2004 33:11,14	3.5 31:14 43:5	59 15:5
10:22 65:5	17 4:1 26:22 58:16 61:8 62:8,24 74:20	2005 33:14	33 3:5	6
10:30 65:5	17th 7:21	2006 7:21	38 3:5	6-27 69:23
11:37 102:15	18 11:15 33:8, 9	2009 11:14 12:16	4	6.3 21:8
12,000 34:22 35:4 39:3,4, 14 40:5 96:11 99:9	18-181 13:18	2017 10:20 12:16	40,000 65:20	6.5 54:21
12- 40:1	19 19:17 22:6 60:16,24 61:7 73:20	2018 15:14,17 20:11 28:18 91:10	42 3:6	60 101:10
13 15:4 17:10, 17 22:2		2022 4:1 7:18	44 3:9	630.040 92:2
13.8 21:10		20th 15:14,17 18:17 19:15 91:10	47 17:10,17	630.301-4 7:19
			47A 17:11,18, 23 22:3	66 3:11
				69 3:6

7	A	absent 87:23	active 7:20	62:14 75:14
70s 34:10	A's 91:6,9	absolutely 54:15	actually 75:11	adjudicating 4:7
74 3:11	a.m. 4:1 57:19,20 102:15	absorbed 52:8 93:16	acute 21:9 62:17	administered 24:16
8		abstracts 96:12	add 12:6 64:22 65:17 68:11 99:14, 16 100:16	admission 4:18
8,000 34:21 35:2,3 39:16, 22 40:4	abdomen 19:20 21:16 24:3 29:23 36:14 37:13 46:22 47:7 48:1,8 49:4 81:10 91:17 95:6,11 96:8	abundance 48:22	addition 6:13	admitted 5:16 11:17 46:15 91:20 92:9
80 18:24 21:23		according 18:20 23:9 24:2 26:5 27:23 47:5 48:6 50:20 52:21 95:9 100:20	additional 41:2,8,9,17 59:14,17 60:2 78:2 95:24	advance 57:20
80-year-old 7:24	abdominal 8:4 19:9,10 32:15 40:19 59:2 60:6 85:10 93:16 96:15,16	accordingly 8:11,16	Additionally 21:4 70:5 80:21 91:7	advice 45:12
87 3:6		accountable 6:20	address 5:10 7:4 8:15 9:3 20:4	afford 5:21
89 26:22 58:17	ABIM 34:2	accumulation 97:2	addressed 80:17 100:3	after 18:16,24 20:12 21:19 25:14 26:17 27:21 31:19, 22 36:10 41:13 47:10 49:8,10,16,23 50:5 53:15,18 54:11 57:18 58:11,20 59:16,21,22 62:18 63:19 64:23,24 65:1 66:7 67:10,18 72:11 93:15 94:11,24
8:30 4:1	able 6:19 33:20 46:12 53:24	accurately 11:23	adequate 73:7 80:22	
9		across 76:2	adequately 24:21	
9 43:4,8 75:2	abnormal 88:9,11	act 14:24 91:1	adjacent	
99 33:24 34:4	abscess 70:5, 8 75:15 88:7 96:23,24 97:1,3			

95:21 96:7	92:18	96:11 98:2,3 99:6,10,12 101:23	53:18 59:11 65:17 84:2,3 86:9 87:15	anesthesia 49:19
afternoon 47:16	air 8:9 21:3, 14,16,17 22:9,12,13, 15,18,20 23:3 24:5 25:16 26:12,19 30:16 32:9,14 35:24 36:2,10 37:12,19 46:6,22 47:7 48:2,4,23 49:4,6,7,8 50:5 52:3,6 53:3 54:24 60:8 66:7 72:4,6,8,11, 19 74:17,18 75:2 76:14,15 77:19 80:3,5 81:3 91:17 93:5,8,12,15, 16 94:21 95:5,22 96:7, 15,16,18,19 97:20 98:23	allegation 55:15 56:11 67:9 92:11	also 5:1 7:4 42:23 48:6 50:19 54:2 55:2,10 58:16 59:1,12,23 63:14 70:5 82:9,13 90:20 93:21 95:6,9 97:5,10 98:8	another 14:11 19:16 42:6 46:3 50:8 83:22 85:23
again 8:21 18:9 21:19 23:22 31:7 44:19 46:19 56:9 66:13 67:7 68:17 76:1 81:19 84:7 87:7 99:21		alleged 7:17 74:10 92:8 100:5		antibiotics 25:8 46:16 53:10
against 4:5 45:12 55:17 65:9 98:22		allegedly 57:23	although 21:6	anybody 5:4 97:3,18
ago 102:1		alleging 72:15	always 40:18 50:22 51:17 63:7 76:7 93:20 94:17	anymore 53:20 67:14 71:10 101:22
agree 39:8 79:19 81:4,8, 20 83:6,13,17 86:1 88:10		allow 34:12 42:9 87:9	American 11:2	anything 12:6 24:23 34:15 45:14,17 51:8 54:20 57:1,19 62:15 64:8, 11,13,22 65:16 67:20 68:11 80:18 95:17 99:13, 17 102:1,7
agreed 79:8	all 4:18 5:2 6:14 8:21 10:16 12:12 20:2,20 31:20 33:16 34:1,4 38:16 43:3 44:18 45:9 49:17 59:5,13 60:2 64:3 65:22 66:13 68:9 73:22 75:4 76:8 90:1,5 92:21	alluding 74:7	amount 8:9 21:3,14,16 22:8,12 25:16 51:24 52:7 54:24 72:24 73:1 74:17 77:19 84:21, 23 85:1,4,5, 11 87:21 88:20	anywhere 10:21 51:1 81:23 82:16 93:24
agreement 84:23		almost 52:18 53:5	alone 25:2	
agrees 78:22 79:17 83:4		along 52:24 92:10	analgesics 18:15 19:14 53:19 67:6 68:1	apologize 17:18
ahead 7:12 10:6 23:19,21 42:15 44:16 84:1 90:16		already 6:13 11:17 27:23 41:1,7,16		apparently

53:14 57:12 59:23 95:8	35:3,4 39:3 40:8,10 73:4	59:9 60:2 76:20 78:4 79:22 81:24 82:8,16,22 86:4,18 88:17 98:7	attorney 5:24 44:22	base 94:19
appear 11:20 19:19 27:4 28:14 30:15	APRN 57:16		August 4:1 7:21	based 6:20 13:20 18:22 25:2 69:4 83:9
appeared 18:3	area 48:5,23 49:4,9,13 50:21 52:3 54:15,18 62:16 74:23 75:12,20,22 78:5 82:2,10, 15 86:15,19, 21 88:2,12	associate 12:15	author 28:22	basic 33:3 90:3
appears 73:16	93:5,7 94:5,6 96:19 98:16	associated 16:24 17:4 21:22	available 52:5	basically 51:17 68:22
applicant 34:5,6		assume 51:7 73:19 88:22	aware 71:5,7, 9 78:7	basis 79:3
apply 83:7	areas 86:3 93:6,7	assumption 18:11	away 53:6 70:4 78:1 82:8 95:24	Bate 17:17
appreciate 8:23 99:24 101:7 102:5, 11	argument 79:6 92:18 100:1	asymptomatic 46:17,18 53:6	<hr/> B <hr/>	bearing 69:19
appreciated 89:12	arguments 89:21,24	asymptomatic ally 96:7	B-A-R-O 45:20	became 46:17
approach 50:7 54:20 66:1,3	around 52:6	ate 57:22 58:9,11,19 73:8,15	B-I-M-M-O-E-L-L-E-R 51:15	become 78:7
appropriate 8:20 24:9,12 37:9 56:15 77:21 82:11 92:15	arrived 26:18 57:15	attack 96:21	back 19:10 22:2 45:1 51:20 64:21 65:5,7 92:23	before 6:14 13:5,11,13,15 27:24 28:9 37:16 44:8 46:4 50:14 53:9 56:3 59:4,6,22,24 60:6,8,10 63:7 66:9 67:21,24 71:8 73:19 84:3,4 93:11,21 96:6 102:7
approximatel y 34:18,21	articulately 99:24	attended 50:13	barotrauma 45:20 71:18, 20,22 72:2 79:14,20 82:21 94:12 98:6	
	ascending 15:24 42:20, 21 50:8 55:3	attention 19:16 69:20		

beginning 45:10	benign 62:19	bleeding 36:24 37:2	22:1,22,24 23:2 24:24 25:10 27:20 32:3,13 36:15 41:7,8,16,19 43:1 70:19 73:4,5,6,9,18 80:19,22 99:4	California 10:22,23
begins 18:6	besides 51:8 57:19 59:8	blip 51:21		call 9:5,13 18:19 43:15 44:22 45:20 48:15 49:12 57:21 69:11 78:11
behalf 4:10 8:18 44:21 90:17 92:12	best 51:12 88:16 90:4	blood 63:16, 18 94:24 95:1 97:2	box 66:4,5,6 95:20 96:1	called 16:6,11 18:10 22:21 26:3 33:23 42:15 45:22 47:22 53:14 54:7 64:2,4,6 67:6,10 78:1 92:18 94:20 97:6,14 101:2
being 4:12 5:15 8:21 40:1 46:14 54:23 89:10 102:5	better 27:21	board 4:11 5:17 7:20 8:19 11:2 12:4 13:11 14:5 22:6 23:10 33:24 38:4,6 67:5 90:23 91:3 92:9,13	break 64:19, 21 65:11,14 89:20	
believe 15:14 20:17 26:3,19 31:2 33:7 42:23 43:7, 10,15 48:8 49:11 50:19 52:17 53:1 55:2,12 56:6 59:2,12,19 60:4 61:5 74:16 77:16 78:9 80:17 82:19 83:5 85:3 86:8 87:2 92:22 93:3,8 95:1,3, 20 96:17 98:12 100:12	beyond 51:19	Board's 15:4	brief 5:12 66:22	
believed 48:2	big 43:5	boards 34:12	briefly 19:16 100:19	calling 18:24
benefit 40:3 84:11	bigger 41:18	book 13:5 64:15 94:21, 23 96:3,13 97:9	burden 69:6	can't 5:4 83:3
	Bimmoeller 51:14	both 4:19 12:15 30:5 74:23 90:2 100:15 101:7	burn 36:8 41:2,5,8,10 76:7 97:24 98:1	cancer 36:23 37:6,8 38:11
	biopsies 79:10	bottom 61:4, 17,20	busy 17:19 99:11 101:16	candidate 59:19
	biopsy 16:16 17:3,5 35:19 40:23,24 48:9 50:11,16 71:16 72:21 86:22	bowel 19:6 21:18,23	C	cannot 17:9 35:18 76:17 80:24
	bit 31:10 43:5 54:13			care 8:17 13:22 14:18 15:1 25:24 26:9,20,21
	black 48:15			

32:1,6 40:21 46:10 55:11, 24 91:4 92:3, 7	68:6 71:1,14 78:11 79:10, 20 80:1 82:21 98:5	12:16	chapters 13:1 96:13	56:18
career 34:17 65:21	cause 41:10, 15,17 71:22, 24 72:2,7 80:11	cell 63:16,19 64:3	characterize 30:3,21 31:11 40:13 41:9 42:1	claims 55:10, 23
case 4:6 5:13 7:17 13:23 14:3 15:4,20 23:6 25:10, 15,17 31:20 32:5 39:13 40:21 41:10, 24 43:14,16 45:4,6 46:3 54:4 65:8 66:2 68:15,20 69:5,10 70:15 71:23 72:16 88:7 89:3 90:21 91:3 96:1 99:21 100:8 101:22	caused 36:4, 5 48:14 51:16,23 70:7 95:6 97:10	cells 95:1 97:2	charge 55:15	clarification 85:22
case-in-chief 43:13	causes 76:9 95:13	centimeter 21:10 30:12 31:8 43:4 59:7 70:2,4,7 75:2,13,15 82:8,13,18 88:7,13 98:10	charges 4:5 65:9	clarify 40:2 72:14 84:11
cases 13:5,13 63:9,12 97:23	causing 22:1	centimeters 21:8 31:11 43:8 54:21,22 79:23 80:14 94:9	check 54:8	clear 39:7 53:10 57:19 67:20,21 68:2 76:18
CAT 20:10 27:19 46:6	cavity 32:15 48:21 52:10 75:15 93:16 96:16,17 98:14,22	certainly 54:8 67:13 82:17 95:11 102:5	Chicago 50:13	cleared 84:15
catch 17:20	cecal 15:23 35:14 48:23	certification 33:21	choose 9:4	clearly 5:3 99:23
catscratch 45:22 55:8	cecum 48:10 49:4 50:7 51:9 54:19 59:6 63:23 64:12 75:12 82:14 83:20 86:18 88:17 97:18	certified 11:2, 5 38:4,6	chose 34:3 65:15	clinical 21:19 30:18 32:13 77:21 82:11
	Cedars-sinai	changes 94:6	chosen 45:3	clips 48:17 95:19
			chronic 59:2 60:6 62:17,18	close 48:17 49:13 68:15 89:6 90:11 93:15
			circumstance 87:23	closed 63:7 94:23 95:18 102:1
			circumstance s 92:8	closes 98:24
			civil 13:13	
			claimed	

<p>closing 69:7 79:6,16 89:21,23 90:11 92:18</p> <p>co-authored 12:23</p> <p>coagulation 18:12 19:3,7 22:14,18,21 23:1,3,12 35:23 40:11 51:3 59:18 76:17</p> <p>colitis 99:5</p> <p>collected 95:5</p> <p>College 11:1</p> <p>colon 8:1,4, 11 15:24 21:7 23:5 24:17,22 25:3,6,16 26:11,13 27:24 28:4 29:6 30:1,9, 14,17,19 36:23 37:5,8 38:11 41:14, 15 42:21 43:3,4 45:20, 21,23,24 49:6,10 50:6, 8 52:1 54:17, 18,19,22,24</p>	<p>55:3,8 59:9 60:2 63:8 67:23 68:6 70:3,14,19 71:2,14 72:3 75:23 76:8,20 77:1 78:4,6,8, 11,19,20 79:10,22 80:10,15 81:3,24 82:9, 17,20,22 83:21 84:8 85:19 86:4, 16,19 88:17 91:5,17 93:9 94:13,18,19 97:5,14,16,19 98:1,5,7,8,16</p> <p>colonic 51:16</p> <p>colonoscope 72:10</p> <p>colonoscopies 34:16 35:2 39:4 65:20 96:11 99:3,10</p> <p>colonoscopist 50:15</p> <p>colonoscopy 7:24 8:6 15:10,12,18, 19 20:13 21:20 28:19 31:23 47:11 49:16,23 50:5</p>	<p>52:4,6,13 53:15 54:11 58:20 59:4,5, 21,23 63:20 66:7 67:11 73:1,2,6 80:21 84:15 93:20 94:11, 14 96:14 99:2,8</p> <p>colons 82:22</p> <p>color 63:24</p> <p>come 14:21 59:4 64:21 65:5 92:23</p> <p>comes 40:16 66:6</p> <p>coming 89:11 90:21</p> <p>commencing 4:16</p> <p>comment 6:4 24:9</p> <p>committed 7:15 8:14 32:5,7 92:1, 22</p> <p>Committee 4:10 8:18</p>	<p>90:18 92:12</p> <p>commonly 16:21</p> <p>comparison 21:11 86:12</p> <p>complain 68:6</p> <p>complained 8:2,5 31:22 48:3,7 95:4 100:11</p> <p>complaining 18:24</p> <p>complains 35:21</p> <p>complaint 4:5 7:17,18 65:9 91:6,9</p> <p>complaints 91:22</p> <p>complete 12:7,8 34:1 43:2,6</p> <p>completed 34:5</p> <p>completely</p>	<p>35:19 50:10 74:15 80:4 81:20</p> <p>compliant 59:3</p> <p>complicated 66:2</p> <p>complication 17:3 29:8</p> <p>complications 17:4 18:1 63:12</p> <p>comply 32:6</p> <p>compound 86:7</p> <p>concern 25:9 28:5</p> <p>concerned 17:7 18:23 33:4,17 53:13 56:15</p> <p>concerns 19:6</p> <p>concluded 102:15</p> <p>conclusion</p>
---	---	--	---	---

56:5,7 77:22 100:13	consider 8:19 10:7 23:7 43:5 47:12 48:16 56:2,10 59:10 60:10 66:9 67:23 91:5 92:13 101:23	24	32:15	correctly 85:7,13
condition 22:21		content 73:4, 9	contributed 36:1	corroborate 47:1
conditions 38:14 47:6		contents 80:14	conversation 18:14	cost 6:13
conduct 12:18	considerable 51:24 52:7	context 21:19 24:11 74:9 77:21,22	convince 46:12	counsel 5:22, 23
conducted 12:20	consistent 75:4	continued 67:22	convinced 49:2 52:22 55:6 63:20 101:2	count 7:17,18 35:12 63:16, 19 91:19 92:8
confirm 4:19, 21	consists 79:20 98:6	contra 37:21	cookies 49:21 57:22 58:11,20,24	country's 50:14
confronted 9:8	consult 91:21	contract 6:6, 10	copy 11:21 62:9 101:9	couple 12:9 73:17
conjunction 24:18	consultation 25:8,14,17 36:16 56:21, 23	contraindicat ed 24:23	core 34:1	course 23:8 24:1 43:22
connect 77:8	contact 5:18	contraindicati on 37:20,23, 24 41:19 52:20	Cornell 11:1	court 4:13 7:2 9:19 20:5 90:19 92:5 101:9
consequence 31:1	contacted 18:16	contraindicati ons 41:23 42:3	correct 4:19 7:7 14:3 15:15 20:13, 14 28:20 33:11,15,22 39:19 40:12 61:10 72:9 76:12	court-certified 4:12
consequence s 98:9	contacting 5:19	contrast 21:6 24:15 52:23 95:3 98:21	corrected 7:6	cracker 73:18
conservativel y 25:13 34:24 39:4 46:13 98:3	contains 7:18	contribute		crackers 73:8 80:19
	contaminatio n 30:13 72:23,			

crater 48:14	55:14,18,20 56:6 57:3,6,9, 24 58:7,18	9:18 10:1,13	defendant 72:15	42:21,22,24 43:1 45:17 48:19,22
Crohn's 99:4	60:16 61:2,8, 21,24 62:3 64:23 65:1,2 66:17,21 68:8	day 8:6 28:19 47:14 62:18 73:19	defending 90:21	53:24 54:17, 19,21 55:3 67:2 75:8 76:11,20,21 77:20 78:9,18 82:20 85:17 86:2,5,9 88:12 92:23 94:2,6 96:6, 23 98:11,15
Cross-examination 3:5,11 74:3	69:2,11,16 72:17 73:22 78:13,16 83:22 84:2 86:7,20 87:1, 20 88:24	days 46:17,18 53:10 64:16, 17 67:19 73:4,11,15,21 96:5,7 101:10,12,13	defense 13:15,16	
cross-examine 9:6	89:4,9,11,13, 17,23 90:4, 16,17 92:6 100:3 102:8, 13	dead 75:21	defined 92:2	
crux 100:8		death 31:1	definitely 49:1	describes 43:8 81:2 82:15
CT 8:8 19:20 20:10,16,21, 23 22:6,7 25:2,15 53:4 54:9,10,13,17 60:17 63:19 64:7,9,12,13 66:7 80:5 91:13 92:24 95:16 100:9, 10 101:1,5	curriculum 11:16,19,21 33:4 34:1 96:9	decided 45:5 50:9	definition 22:20 76:16	describing 53:9
	cut 29:23	decision 30:18 45:8 69:9	degree 71:24	description 75:18 82:1
	cutting 49:19	deep 45:18 55:5 75:9 77:9	deliver 89:23	destroy 16:18
Cummings 3:4, 5,6,11 4:10, 20,21 5:11 7:10,13,14 9:5,13,15,22 10:10 13:9 17:17,22 19:24 20:7 32:18 37:7,24 38:6,17,21 40:7 42:4,12, 14 43:13,20 44:20 45:3 46:23 47:4	cyst 21:11	defect 62:14 70:2,3,6,18 74:23 75:4, 13,16,24 76:1,8 77:6,7, 20 80:8 82:2, 7,10,15 86:2, 4,9,15,19 88:18	demonstrative 31:10	determination 14:16,21
	D	defend 56:16	depth 76:2	determine 7:15 66:23 90:24
	date 5:20 7:7 15:12,13 20:8,10 28:16 69:22		describe 45:18 55:5,9 75:7,9 77:9, 11 82:5 86:3, 6,15 93:2,8 94:3	determined 29:24
	David 3:3		described	develops 51:4 97:9

diagnose 25:3	11	discussed 4:16 32:11 51:12 69:21	diverticulum 63:10 97:11, 12,17	27:1 28:10 29:1,8,24 30:24 31:22 35:3,4,14,17, 19 39:3,23 40:10 59:14, 15 64:19 66:12 68:19 72:12 88:21 99:20 100:12
diagnosed 27:24	difficulty 5:19	discussing 5:15	doctor 10:17 11:6 28:11 60:22 90:3,12	
diagnosis 19:2,4 28:7 29:12 35:22 40:14 67:24 69:23,24 75:23	digit 35:12	discussion 46:11 59:16	doctors 60:9	
	dilated 21:7	disease 99:4	document 12:2,4,7,8,10 15:6,9 17:13 19:19 20:8,15 27:3 28:22 29:17 43:11 46:24 62:23 70:13,15,17 82:7	Douglas 50:15
	dire 31:1	disservice 81:15		down 7:3 10:6 18:6 92:4
	Direct 3:4,11 66:20	distal 86:4	documentatio n 14:10 17:9 23:7 27:5	draft 101:10
diagnostic 30:4,5 47:11	director 34:14	distended 30:9 49:6 97:20	documented 27:19 43:9 70:21 73:14 80:5,6 91:11, 12	drag 87:13
	disagree 39:11	distension 30:16 54:17	documents 11:23 28:10 58:4	drank 73:17
diagram 96:15	disagreed 39:14	distinction 22:24 76:16		drinking 49:21
diaphragm 22:13	discharged 18:17 46:18 49:24 64:17	distress 57:14,17		due 5:24 21:6 30:2,15,17 35:21 36:8 45:20 48:4,8 50:5 51:5 53:16 54:23 63:9 72:20 78:6 79:13 82:20 91:17 94:12,24 95:5,11 96:18 98:5
diet 57:20	discipline 8:21 92:15	diverticulitis 21:9,10 51:5 63:8,13 97:9		
Dietrich 3:9 4:5 13:18 44:10 65:9 92:1	discomfort 50:4	diverticulosis 16:1 51:4 70:1 97:7	done 9:10 15:7 16:9,21 17:14 19:5 23:22 24:6,8, 18,19 25:5	
different 34:9	discovered 26:17			
differential 19:2 21:21 28:6 35:22 67:24	discrete 21:8			
difficult 50:9,				

duly 10:2 44:11	Eight 39:5	59:17	91:14	18:11
during 34:6 35:1 54:2,7 64:2 93:14 94:14	Eighteen 33:10	encounter 35:8	erosions 79:21 98:6	everyone 30:24 100:23 101:16
dye 24:15	either 29:9 31:24 72:20	end 52:1 89:2	escape 22:15 52:3 80:15 93:13	everyone's 102:11
dying 75:21	electrocauter y 16:13,14 36:8	endoscopic 16:6,19 72:21 86:22 97:24	escaped 93:5,9	everything 42:3 74:6 77:21 99:20 100:13 101:7
E	electrocoagul ation 41:1	endoscopists 51:13	establish 8:13	everywhere 81:10 93:20
earlier 58:15 60:3 64:14 80:18 81:11	elevation 63:15,18	endoscopy 50:1 65:21,22	established 91:24	evidence 7:15,22 8:7, 12,14 9:3 21:9 47:23 48:20 50:24 51:10 82:23 90:23 91:24
easy 60:4	Elevview 16:11 51:18	enema 24:13, 16 36:17,21 37:2,4,15,18 41:12,13,15, 19 46:7 47:11 60:10 66:12 77:23 95:2 98:20	estimate 12:22 39:2	
eat 57:18 58:23 67:20	eligible 33:20		etcetera 99:11	
eaten 73:3,12 80:18	emergency 27:5 32:1 46:5 47:13 53:21 54:3,6, 8,14 56:22 57:13 60:8 64:5,6 66:6	enormous 96:10	evaluate 24:16	evident 32:10
eating 49:21 58:2		enough 72:4 93:13	Evaluation 21:5	exactly 9:9 31:5 33:22 45:11 66:14 71:15
education 11:24 12:1 33:4	EMR 35:17 48:12,14 49:8,10 50:7 51:17 60:1 97:23	equipment 102:2	even 49:7 55:5 64:11 75:9 78:1 82:5 94:3 97:21 99:9	examination 3:4,5,6,11 10:9 33:1 38:20 42:17 66:20 69:15 87:19
effect 31:10		ER 14:11 27:7 67:16 77:24	evening	
effort 5:16	EMRS 35:6			

examinations 34:4	60:14,16,21 61:8 62:8,24	53:17	extremely 99:11	fast 93:17
examined 10:3 44:12	exhibits 4:16, 17 5:15 45:1 92:9	explaining 99:23	----- F -----	faster 52:8
Examiners 4:11	expect 72:24	explanations 102:5	fabulous 48:11	favor 92:20
Examiners' 5:17 91:3	expected 40:19 52:2 54:2	explicitly 70:21	facility 29:10	fecal 21:24 48:21,22 72:23,24 81:3 83:20 84:7, 16,17,20,23 85:18 87:21 88:20 100:4,7
examining 29:4	expel 80:24	exploration 29:19	fact 48:22 84:16	feces 30:13 73:7,9 80:22 81:9,12,14, 17,18,20,22 85:9 87:24 88:2
except 23:2	expensive 6:10	explored 29:23	facts 13:23 14:2 15:3 31:20 83:7	feel 13:21
exception 76:14	experience 11:24 12:1 13:20 14:1 22:17 31:21 65:24 70:12 101:2	expressed 83:11,14	failed 8:1,3,8, 11 91:5,8,16	Feldmann 3:5,6,9,11 4:6,9,22,23 5:1,3,7,14,18, 20,21,23 6:1, 3,5,9,12,22 7:1,8,15,16, 20,23 8:1,3,8, 14,22,24 9:7 13:18 14:11, 19,24 15:11, 17,19 16:4,15 17:7 18:1,16 19:11 20:13, 20 22:5,11 23:5,9 24:2
exceptional 33:22	experienced 71:23	extensive 5:16 30:16 59:16 96:12	failure 8:15, 17 32:14 92:2,6	
excessive 71:21	expert 91:3 99:1,7	extensively 100:6	fairly 97:10	
exclude 8:4	explain 16:8 21:13 29:21 79:1,4,5 81:1 90:8	extravasate 73:10 80:20, 23 81:13	Fallon 47:19	
excused 89:7,8,11	explained	extravasation 52:23 53:2 81:17 95:2	familiar 13:17,19,21 71:1,18	
exhibit 11:15, 18 15:4 17:10,16,17 19:16,17 22:2,6 26:22 33:7,8 58:16		extreme 8:2	far 33:3,16 34:17 53:12 56:15 83:14	

25:19 26:6,8, 11 31:22 32:4,20,23 33:2,9 37:11 38:2,8,16,23 39:5,8,21 40:6,20 42:6, 10,18 43:12, 14 44:6,10,18 45:9,16 47:5 55:16,19,21, 23 56:4,8,10, 12,17,20 57:4,5,8,10 58:5,13,22 60:19 61:1,5, 15,18,22 62:1,10,13,22 63:2,5 64:24 65:3,9,11,16, 19 66:17,22 68:9,10,12, 17,21 70:22 72:22 73:5,24 74:5,11,24 75:6 76:5,6 78:17,24 79:9,13,19 81:6 83:18 84:6,13 85:14,17 86:1,14 87:2, 6,11,16 88:14 89:22 90:7, 20,24 91:4,5, 7,16,19 92:1, 18,21 99:15, 19 100:5,16, 20,24 101:12, 18,24 102:14	40:2 fellow 35:3 fellows 34:20 40:4 71:4 fellowship 34:6,7,11 fellowships 39:23 fever 63:15, 18 few 21:4,18 28:8 38:23 46:4 47:6 50:13 53:9 57:3,6 59:17 98:3 102:1 field 38:9 filed 7:17 final 69:5,23, 24 75:23 find 96:10 99:9 finding 32:15 findings 8:20	15:22 20:23 30:7 32:11 92:15 finds 96:11 fine 37:10 89:17 finish 27:11 78:15 79:6 finished 15:8 17:21 23:23 27:2 28:12 65:13 82:6 first 9:13,15 10:2 13:12 40:17 44:11 45:9 49:17 69:20 92:21 five 35:13 39:2 40:11 46:21 62:2 Flight 26:20, 21 fluids 94:24 fluoroscopy 24:20 47:19 focal 75:12 foci 21:4	focus 17:22 follow 90:13 follow-up 74:1 76:5 following 7:24 18:2 19:15 20:12 28:19 31:23 91:6,8,21 follows 10:3 44:12 forceps 16:16 17:3,5 48:10 50:16 72:21 forgot 68:22 form 59:1 60:5 formally 68:14 forward 28:8 found 15:23 60:12 72:23 four 31:12 Francisco	51:13 free 8:9 21:3, 14,16,17 22:8,12,13, 18,20 23:3 24:4 25:16 26:12 32:14 37:12,19 46:6,21 47:7 48:4 49:3 72:19 74:17, 18 75:1 76:14,15 77:18,19 80:3,5 91:17 95:22 96:7, 15,16 front 61:21 full 66:24 67:1 73:15 further 8:3 32:18 41:8 45:13 49:11 66:9 87:19 89:1 102:11 future 12:16 <hr/> G <hr/> gallbladder 96:21 gas 21:4,5
Feldmann's				

66:7 71:21	99:12	91:14 93:19	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	80:12
gastroenterol ogist 11:13 16:12 28:3 41:22	GI 34:6,11	great 90:15	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	happened 19:11 83:5,6
gastroenterol ogists 12:17 16:22	giant 94:10	greatest 5:21	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	happens 41:5
gastroenterol ogy 11:7,9 12:13 34:7 38:3,4,7,10, 14	give 9:1,4 12:24 42:13 60:9 64:21 100:18 101:9	gross 74:21 75:17	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	hard 15:13 30:23
gastrografin 24:13 36:17, 21 37:2,4,15, 18 46:7 47:11 52:19,22 60:10 66:12 77:23 95:2 98:20	given 39:18 92:10	grossly 75:18,22 82:7	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	having 10:2 44:11 59:13 96:20 97:7
gastrointestin al 38:13	giving 56:21, 23	guidance 53:4	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	heals 63:11
gave 60:7,9 66:11	glad 90:8	guys 84:22	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	hear 5:2,4 43:23 58:6 84:14,19
General 47:20 64:10 93:19	goes 51:19 76:24 95:22 98:2	<hr/> H <hr/>	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	heard 71:7 91:2,7 94:10
genetics 99:5	gone 52:24 53:8,9 54:6,8 70:19 96:3	H&p 57:15	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	hearing 4:4,7, 17,22,24 5:8, 20,23 6:2,3,7, 11,16,23 7:2, 9,12,14,22 8:24 9:11,21 10:5 13:7 17:15,19 19:22 20:3 32:20 33:6 37:10 38:18 39:7,24 42:8, 11,13 43:17, 22 44:3,5,14 45:2,14 47:2
getting 7:5	good 18:4 42:10 51:10 63:23 65:3 69:18,19 73:12 90:14	half 34:10	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	hand 9:23 10:6 44:7
	Grant 8:9 26:18 27:18, 24 47:20 60:18 64:10	Halstead 4:4, 7,22,24 5:8 6:3,7,11,16, 23 7:2,9,12 8:24 9:11,21 10:5 13:7 17:15,19 19:22 20:3 32:20 33:6 37:10 38:18 39:7,24 42:8,	11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	handle 90:14, 15
			11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	hanging 52:6
			11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9	happen 31:9

55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4, 7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9 92:4,10,13,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9,15	20 62:13 86:18 hepatitis 21:5 here 4:4 5:14 8:20,21 11:11 19:15 23:16 31:9,10,11 43:18 51:18 56:8,17 61:15 62:1 69:20 89:16 90:23 92:9,14 101:23 102:5, 11 higher 17:3 26:9 41:3 highest 21:20 28:6 highly 28:2 88:9,11 himself 96:11 histology 62:13,16 74:22 75:20 82:1,9 history 5:13 27:6,14 58:24 73:14 holes 98:23	home 53:9 96:6 102:2 hospital 14:12 18:10 26:3,4 27:18 46:15 47:19, 20 53:20 64:10,15,16 67:13 93:19 96:5 hot 16:16 17:2,5 35:19 40:23 48:9 50:11,16 72:21 86:22 hours 18:24 25:14 housekeeping 5:12 HPI 27:12,13 hundred 30:23 hydration 25:7 hypodense 21:11 hypothetical 83:4,7	hypothetically 83:6 <hr/> I <hr/> lan 4:9 iatrogenic 8:16 29:6,7,8 IC 4:10,17 9:15 43:13 70:2,4 82:8 identified 75:13 ileocecal 75:14 82:13 88:14 illness 27:14 image 21:12 imagine 36:9 imaging 19:9, 10,11 24:19, 20 26:6 32:2 40:19 78:2 91:8,21 immediate 8:4 91:8,18	immediately 18:2 52:18 53:18 98:24 immunology 38:12 99:5 important 41:23 63:14 impossible 52:14 impression 21:1 improvement 25:13 inches 31:12, 14 43:5 included 14:8 includes 17:11 including 5:4 17:18 31:1 91:12 incorporated 39:15 incorrectly 28:24
--	---	---	--	--

increased 21:22	38:13 94:5 99:4	21:18 25:12	33:10,13,16, 21 34:12	4:10 8:18 90:17 92:12
indeterminate 21:10	informed 65:13	instead 33:20 66:24 71:13	internship 33:10	involved 46:10
indicate 22:22	initially 16:10	institution 46:4 52:5	interpret 22:11	involves 29:22
indicated 8:10 54:10 77:24	initiate 25:19	instrument 78:5	interpreted 85:3	irritant 52:10
indicates 36:2 81:19,22	initiated 25:22	insult 30:15	interrupt 9:19 83:2	irritating 93:22
indicating 81:16 102:8	inject 16:10 51:20,22	intend 9:3	intervention 25:11 49:14 91:18	irritation 50:23
indication 29:5 36:20,22 37:4,7	injury 8:16	intended 57:21	intestine 50:24	issue 5:4
indications 36:22 37:5 42:2	input 80:19	intending 43:17	intestines 97:13	IV 21:6 25:7
indicative 26:13 36:15	inside 43:3 45:21 55:8 66:3,5 77:5,7, 13 78:6,11,19 79:21 80:10, 15 82:22 85:19 93:9 94:18 95:20 97:14 98:7,16	interest 38:9 99:2	into 24:3 30:22 41:17 48:1 72:9 80:19 98:1, 14,21	J
infection 70:8 88:4,6,8	insignificant 55:1 93:4 98:11	interested 38:11,12,13	interests 38:15 99:3	job 70:9 77:11
inflammation 36:8 76:13 97:4	instance 21:18	interfere 8:11	intravascular 21:7	judge 65:24
inflammatory	instances	intermittently 95:4	Investigation 13:17	juice 58:20
		internal	Investigative	July 33:10,14
				jump 28:4
				June 15:14,

17 18:17 20:10 28:18 33:11,14 73:19,20 91:10	52:11,12	lead 22:18 47:6 49:3	leg 49:19	12:6,9 15:9 19:16 22:2 26:15 28:4 32:21 41:5,24 43:14,20 45:9 46:23 48:16 53:8 57:3,6 58:1,7 64:22 68:11 69:11 74:6 76:10 78:10,18 83:22 86:20 89:20 90:18, 20 92:22 93:17 94:11 96:1,5,20 99:4,14,21
<hr/> K <hr/>	laparotomy 29:19 30:8	leads 96:21	legal 6:19	
keep 49:20 72:6,10	large 8:9 21:3,14,16 22:8,12 25:16 31:17,18 32:9 59:7 72:24 73:1 74:17 77:19 85:3,4, 11	leak 98:23	length 43:4 82:17	
Kenneth 51:14	larger 43:5 59:7	leakage 21:24 48:18 81:16	lengthy 50:6	
kind 11:8 57:11 59:22 65:24	Las 5:5 11:11	leaked 49:9 84:20 85:5 94:21	lesion 21:11 48:15	
kinds 65:22	last 9:17 23:16 67:19 68:5 73:15	learn 18:19	less 36:10 49:7	
knew 60:6	Lastly 8:7	learned 47:9 52:21	let 5:5 9:10 28:10 45:12 62:5 66:15 78:15 79:6	likely 8:10 21:7,11 22:22 26:13 72:18, 20 73:12 88:21 91:17
knowledge 92:7	lasts 67:19	least 59:23 65:20 84:3,4 95:9	letter 67:9	
<hr/> L <hr/>	later 18:10,14 46:18 59:15, 20	leave 84:8 89:15	level 26:9 49:15 53:13 57:11 58:23	limited 21:6
lab 99:11	lawyer 90:2	led 59:18 74:10	licensed 10:16,21	line 75:24
laceration 19:4	laymen 16:8	leeway 42:13	licensee 7:20 10:19	linear 78:12 98:6
lack 21:6	layperson 21:14 29:21	left 60:8 63:8 97:8	life- threatening 22:1	liquid 98:15
laparoscopy		left-sided 15:24	like 6:4 9:1,8	liquids 53:10 57:19 67:20, 21
				list 21:21

listed 21:1	longitudinal 78:17 79:21	majority 51:6	52:24 62:15 95:3 100:4,7	meaning 33:23 37:22, 24 73:7 86:18
literature 46:21 47:6 52:21 97:10 101:20	looked 48:11 51:10 63:23 67:3	make 5:11 14:15 15:13 22:8,10 24:9 32:2 41:20 45:7 57:22 58:7 61:13 62:11 69:7,9 90:3,11,13,15	materials 14:5,9,14	means 21:13 29:8 46:13 48:1 50:2,22 54:1 57:16 65:22 67:1 69:4 70:18,20 71:17 75:21 76:2,7,13 82:10 86:10 88:3 94:17 95:21 98:18
little 31:10 43:5 52:13 54:13 64:19, 21	looking 23:15,16 30:6 41:12 62:3	makes 97:17	matter 4:5,8, 12 5:19,20 14:1,6 39:20 48:21,23 65:8 69:8 81:3 83:20 84:7, 16,18,20,23 85:18 87:21 88:20 102:10	matters 4:15 5:9,12
local 76:9	low 21:10	malpractice 7:16,19 8:14 32:5,7,16 92:1,11,22	may 17:3 38:17,18 72:15 89:7	meant 97:1
localized 97:6	lower 48:7 95:10	manage 8:15 41:24	maybe 35:12 40:10 53:11, 21 54:13 55:19 59:15, 18 64:17 73:17 74:8 84:10,12,21	measuring 21:8
located 87:22	luminal 80:10	many 12:22 34:16,19 35:1,11 37:11 38:14,24 39:1 47:9 52:19 59:9 97:23 101:12	meal 73:15	mechanical 41:18
location 50:9 86:12	M	March 7:17	mean 22:12 27:13 29:7 49:19 71:14 74:9 81:6,7 82:14 83:2	medical 4:11 5:17 10:16,23 11:1,3 13:2, 22 14:10,16, 17 26:5 29:9, 10 31:19,20 32:12 33:24 90:24 91:3 92:9
loculated 62:14	M.A. 18:13	marked 11:16 15:24 62:17	massive 30:15	medication 46:16 53:11, 23
lodge 46:23 58:1 83:22	M.D. 3:3,9 4:6 10:1 44:10 65:10	material		medicine
logical 77:22	Madame 90:19			
long 10:19 11:12 31:7 43:8 46:11 48:24 59:4,11 79:21,23 80:14,15 86:5 94:5 101:14	made 30:18 41:1 53:5 56:6			
longer 52:2	mainly 96:18			
	major 63:17			

11:8,10 33:10,13,17, 21 34:12	microperforat ions 49:13 52:17 93:14 94:23	minimum 100:12	46:19 50:14 63:9,12 65:21 72:18,20	muscle 97:13
meet 6:19 8:17	microscope 81:14 88:21	minor 25:17	Mount 8:9 26:18 27:18, 24 47:20 60:17 64:10 91:14 93:18	muscularis 98:1
meeting 6:12 50:13	microscopic 81:24	minute 84:21		musculature 97:15
meetings 6:14 47:9 50:12 52:22	Microscopical ly 82:9	minutes 57:4, 7	mouth 25:7 53:10	must 49:8 99:11
mention 22:6 63:15 81:23 96:13	microtear 66:23	missing 97:16	move 13:10 84:12 85:22 89:21,22	<hr/> N <hr/>
mentioned 31:4 58:15 83:19 90:22	mid-level 57:16	modality 36:23	movement 27:21	NAC 92:2
mentions 24:13	midst 65:12	months 102:1	more 10:11 15:3 22:22 31:14 33:21 42:5 51:22 52:9,16 57:20 59:9,18 74:9 76:18 84:21 85:16 93:21 95:15	Nachtsheim 28:23
merits 102:10	might 6:14 18:12	more 10:11 15:3 22:22 31:14 33:21 42:5 51:22 52:9,16 57:20 59:9,18 74:9 76:18 84:21 85:16 93:21 95:15	much 20:7 35:24 36:10 52:8 80:22 89:13 92:16 99:23 100:6 102:13	Nachtsheim's 29:11 30:7
method 16:4, 6 17:1	Mildly 21:7	morning 6:13 20:12 54:5,14 57:14,21 64:10 67:21 73:16	mucosa 75:12 94:18 97:14,16,22	name 9:16,17 10:11 19:21, 23 20:1,17 28:24 50:15 51:14
microperforat ion 49:12 51:2,5,15,23 63:6,9 93:10, 11 94:1 97:11 98:17,18	millimeters 49:5 97:19	mind 40:16	mucosal 16:6,19 62:16 72:21 75:20 86:22 97:24	namely 51:22
	mine 62:6	morphine 27:22	multiple 91:12	narcotics 18:13
	minimal 52:14	most 18:23		narratively 44:24
				nausea 27:20

nearly 31:12, 15	needle 24:3 48:1 51:16,24 53:4	74:19 75:8 77:2,14,16 78:4 80:11 82:4 84:9 91:11 98:13	notes 78:2	nurse's 49:23
necessarily 70:24	needs 25:14, 17 29:24	nobody 60:6 77:23,24 92:24	nothing 25:7 54:15 55:4 63:2 79:10 80:20,23,24 81:12 84:14 98:18	<hr/> O <hr/>
necessary 53:11 78:2	Nevada 4:1, 11 5:17 10:17 91:2 92:9	nonengagem ent 6:1	notice 7:6	O.R. 70:22
necrosis 18:12 19:7 22:15,18 23:12 35:9 39:1 40:11 49:3 50:21,22 51:3,9 54:12 59:19 62:16 63:22 64:13 67:18 68:3 75:7,20,21 76:7 93:6 94:16,17,22 95:12,13 96:14 97:4 101:4	never 46:19 49:18 59:22 94:10	normal 44:15 50:3 51:18 57:20 87:23	noticed 7:5	oath 65:18
necrotic 74:21 75:12	new 40:17 71:13 100:11	normally 45:19 52:4 64:12 87:22 100:17	nowadays 93:20	object 39:21 78:13
need 5:10 9:20 43:15 44:1 46:22 56:16 57:8 60:24 70:21 83:5	next 26:15 47:14 54:5,14 57:13 67:21 70:5	note 5:1 7:4 14:11,12 18:1 22:8,10 27:7, 15 30:14 31:7 39:18 43:9 49:23 56:23 58:15,16 60:9 66:11	NPO 25:7	objected 39:13
needed 30:1, 2 59:17	night 19:15 54:2,7 57:12 64:3 67:6,10 91:9 100:10	notebook 89:16	NRS 7:19	objection 39:9,19 40:3 46:23 58:1,7, 15 79:3 83:23 86:24
	nine 30:11 31:8,10 59:24 64:16 79:23 80:14 82:17 94:8,9 96:5 98:10	noted 21:9 27:9,17 30:11 31:8 72:22 75:2	NSBME 61:21	objective 14:15
	nine- centimeter 48:24 72:2,7		number 4:6 13:17 15:5 61:3,22,23 62:2 64:4 65:8 71:14 74:17,18,19	objectively 71:16
			number-one 34:6	observed 30:18 88:20
			numbers 61:17,19	obtain 5:22, 23 91:8,21
			nurse 50:1	obtained 25:15,18
				obvious 77:8

<p>occur 22:17 71:20 94:12 98:8</p> <p>occurred 70:4 75:1 80:9 91:9</p> <p>occurs 88:2 98:7</p> <p>off 49:19 53:24 102:7</p> <p>offer 34:15</p> <p>office 102:1</p> <p>Officer 4:4,7, 22,24 5:8 6:3, 7,11,16,23 7:2,9,12 8:24 9:11,21 10:5 13:7 17:15,19 19:22 20:3 32:20 33:6 37:10 38:18 39:7,24 42:8, 11,13 43:17, 22 44:3,5,14 45:2,14 47:2 55:12,22 56:1,9,14,19 57:2 58:10, 14,19 60:14, 20 61:12,16, 19 62:5,11, 20,23 63:4 64:18 65:1,4,</p>	<p>7 66:16 68:10,13,18, 24 69:3,13 72:14 73:24 74:8,13 76:4 78:15,21 79:2,12,15 81:4 83:1,9, 13,16 84:1,10 85:12,15,20 86:11,23 87:4,8,12,17 89:2,5,10,15, 19 90:1,5,9, 18 92:4,13,17 99:13,18,22 100:15,17,22 101:6,13,21 102:3,9</p> <p>often 35:8 48:12,14 50:15 51:19 94:12 96:21</p> <p>old 18:24 21:23 71:3,9</p> <p>ologist 77:20</p> <p>omentectomy 29:20</p> <p>omentum 30:1</p> <p>once 8:21 16:11 69:6 76:14</p>	<p>one 9:4 10:11 13:12 17:6 21:18 35:5 36:22 37:5,7, 12,14 41:11 46:17 51:12 59:7,24 62:18 66:3 70:2,4 71:15 72:8 73:19 74:17 75:13 82:7, 12,13 85:23 88:13 95:9 97:19</p> <p>one- centimeter 35:16 40:22</p> <p>ones 62:4</p> <p>only 5:15 50:7 54:21 73:8 79:4 82:14,20 86:2 92:23 94:14 97:13</p> <p>open 29:23</p> <p>opening 7:10 9:1 90:22</p> <p>operated 29:14</p> <p>operates 77:12</p>	<p>operating 88:15 91:14</p> <p>operation 59:1</p> <p>operations 30:3</p> <p>operative 14:12 48:19 58:3</p> <p>opine 32:4</p> <p>opinion 14:17,23 30:20,21 31:2,19 47:3, 21 53:7</p> <p>opportunity 5:22 9:6 52:3 69:7</p> <p>opposed 42:14</p> <p>order 8:3 19:11 20:8 26:6 37:1 62:4 64:14 101:1</p> <p>ordered 20:15 36:17, 24 54:9,14 64:7 95:16</p>	<p>100:9,10</p> <p>ordering 20:21 37:18</p> <p>ordinarily 92:7</p> <p>original 7:4</p> <p>originally 5:19 55:16</p> <p>otherwise 43:11 45:4 81:9,19 89:20 94:1</p> <p>outcome 25:9</p> <p>outer 50:23</p> <p>outset 5:18</p> <p>outside 42:24 43:3 45:24 64:12 66:4,5 76:20,24 77:1,3,5,7,12, 14 78:18 80:3,7 81:17, 19,20,22 82:19 84:16, 22 85:5,10 87:22,24 94:13,19 96:1 98:8 100:4</p>
---	---	--	--	--

over 53:21 63:11 87:10 100:24	papers 12:19, 20,22	21,22 91:15 93:1,7 94:7 96:24	11,17,23 54:3,9 56:22 57:11,13,17, 18,21 58:2 59:1,2,8,12, 16,21 60:5,7, 11 63:6,15,17 64:6,15 66:11 67:16,17,20 68:1,2 72:1,9, 24 73:3,8,12, 13,15,17 74:16 77:15 80:18 91:6,9, 20 93:21 94:22 95:4,8, 23 96:2,3,4,5, 6 98:16 100:10	peer-reviewed 46:24
own 31:21 84:11	paracentesis 47:24 96:16	pathologist's 80:8		pelvis 19:20
<hr/> P <hr/>	paragraph 18:6,9,20 23:16,21	pathology 14:13 42:22, 23 50:20 55:9 60:13,15,21 61:6,7,13 62:7,21 67:2 69:21,22 74:11 75:6 81:2 83:19 84:7,24 94:2, 15		pen 31:15
p.m. 53:15 63:19 67:12	part 5:16 6:1 30:1,4 45:3 97:18			people 46:19
pages 17:10, 17 19:17 28:8 60:24 61:8	partial 29:20			percent 30:23 33:24 34:4 46:21
pain 8:2,5 18:11,21 19:1 25:15 27:20, 21 31:23 32:2 35:20 36:1,4, 6,10,11,13 40:17,18 46:5,16 47:7 48:2,7 49:15, 17,22 50:3 52:9,16 53:11,12,16, 23 54:1 57:11,21,23 58:23 59:2,22 60:1,6 66:7 67:18,21 68:6 71:22,24 91:6,9,22 93:22 95:4,7, 8,10,21 96:8, 17,18,19,21 100:11	particular 37:16	patient 7:24 8:2,5,10,15 15:16 18:17, 21,23 19:21 20:2 21:20,23 24:10,21 25:9,12,15, 20,23 26:1,8, 17,18 27:17, 19,20 29:5,15 30:4,21 31:2, 22,24 32:1,10 35:20 36:9 37:16 40:21 45:13 46:4,5, 6,13,15,20 47:13,17,19, 24 48:3,6 49:2,12,14,20 50:3,19 51:2, 4,8 52:9,15, 17 53:5,7,8,	patient's 19:23 20:1 29:23 32:15 49:14 55:4 67:5,10 72:19 91:10,17,21 95:7 96:17,18	Perfect 10:14
	particularly 50:13 59:3 97:19			perforate 72:4,7
	pass 84:15,18			perforated 24:22 25:3,5 27:18
	past 84:12			perforation 8:2,5,11 17:6 19:3,6 21:19, 23 22:23 23:1,2,6 24:24 25:1,10 26:13 27:24 28:4 29:6 30:2 31:6 32:3,13 35:5, 22 36:3,5,7, 15 37:14,19 41:3,10,14, 15,20,21 43:8 45:18 46:20 47:10,21,23
	path 77:20		patients 37:12 46:1,2, 21 51:6 63:11 68:5 98:4	
	pathologist 48:22 70:9, 11,16 74:20 75:3,11,18 77:6 81:7,8, 13,18,21,23 82:6,24 86:2, 6,9,14 88:13,		Patricia 4:6	
			pause 65:13	
			PCP 56:24	
			peer 13:6,10	

48:13,24 51:11 55:5,9 60:12 62:16 63:3,5,21 66:24 67:1,23 68:4 70:3 76:15,16 77:5,17 80:4, 5,13 81:8,9, 16 84:9,17,22 85:6,10 87:23 88:1,3 91:6, 18 93:4,8 94:4,9,10,11 95:14,16,18 98:12,13,23 101:3	peritoneum 93:23 94:20 peritonitis 51:1 63:17 76:9 97:6 person 57:16 97:9 personally 35:4 perspective 85:8,13 92:19 phone 18:19 64:3 physical 27:6 58:24 73:14 physician 20:21 29:14 91:14,15 physicians 12:14 91:12 pick 34:7 53:22 picked 34:13 peritoneal 48:21 52:10 98:14,21	piece 88:16, 18,19 pieces 73:8, 18 place 43:24 plausible 53:12 plenty 65:23 81:2 83:20 84:7 98:4,13, 15 plus 34:11 81:3 point 5:13 9:7 18:22 21:9 25:2 67:15 68:19 72:9 83:3 84:5 88:5 pointed 95:9 pointing 81:15 polyp 15:23, 24 16:11,13, 18 17:1 35:15,16,18 40:22 48:10 50:7,8,10,17 51:18,19 59:6	88:17 polypectomie s 54:16 82:16 86:3,16 polypectomy 18:3,12 19:3, 7 22:14,21 23:1,3,12 35:23 48:11, 17 49:13 51:9 59:18 63:22 67:3 71:16 76:17 82:14 86:5 94:19 95:19 96:14 97:21 polyps 16:2,5 59:5,9,14 60:2 62:18 69:24 79:11 porta 21:5 portal 21:5 position 39:16 possibilities 41:11 possibility 48:13 91:5 possible 5:22	37:19 41:13 101:15 post 18:12 19:2,6 22:14, 21 23:1,3,12 35:23 40:10 59:18 71:16 76:17 postcoagulati on 35:8 38:24 46:2 48:9 49:3 50:20,21 51:8 53:17 54:12 63:22 64:13 67:18 68:3 76:6,13 93:6 94:16,22 95:12 96:14 97:4 101:4 postendosco py 50:1 postgraduate 47:9 postoperative 28:15 postpolypect omy 22:18 51:3 potential 43:19,21 44:2 practice 11:8,
---	--	---	--	---

9,10 91:1	7:14 27:14	21:12 58:24	proceeding	14:5,15,18
practicing	43:14 69:4,9	63:16	6:20 39:20	32:22 47:1
11:12	79:7,16 83:4	probable	proceedings	91:4 102:6
practitioner	87:22 90:23	41:10	7:6	provider
13:22	100:2,13	probably	professional	25:24 27:7, 15,17
prefer 43:18	presentation	12:24 35:12	14:16 29:9	provider's
preliminary	65:12	46:16 49:7	31:19	27:5
4:14 5:9	presented	52:8,9,18	professor	proximal 50:8
preoperative	8:13,20 40:17	53:5 54:23	12:15	publish 12:20
29:11	73:20 91:23	57:16 59:7,12	program	published
prep 73:5,6, 19 80:22	92:14 101:7, 22	60:4 63:6,9, 17 93:14 95:4	34:8,13,14	12:23
preparation	presenting	99:16	prominent	pull 51:20
73:2,12	65:12 68:19	problem	50:14	publish 12:18
prepared	presents	46:19	pronounce	purposes
5:22 12:2	41:24	problems	28:24	84:11
preponderanc e 8:13 91:24	pressure 52:1 78:6,19 93:13	47:16	proof 69:6	purulent
prescribed	pretty 90:3	procedural	proper 14:17 79:17	62:15
18:13 19:14	previous	5:13 87:13	properly	put 10:6 39:4 41:17 72:4,8
53:18 67:6,24	30:10 75:19	procedure	55:11	putting 71:21 72:6,10
prescription	previously	8:1 15:10	propofol	
53:20	22:3 32:11	16:8,23 18:2	52:12	
present 4:9	primary 25:24	43:9 47:12	proven 60:12	
	print 101:19, 24	50:6 52:2	provided 12:4	
	prior 4:16	53:18 57:18		
		58:12 59:11		
		93:14,15		
		94:24 95:22		
		procedures		
		29:18,22		
		86:13		

Q				
	quote 53:24	rather 19:8 47:18	received 7:6	records 15:16 26:5,15 31:21 48:6 53:24 55:10,11,24 56:3,11,15 61:3 95:10
	R		receiving 27:21	
quadrant 8:10 21:4,15 22:19 26:12 32:9 36:1,2, 11 48:3,7 52:16 53:4 72:19 95:6,10 96:20	radiated 36:14	read 18:9 21:2 75:11,17 91:13	Recess 65:6	
	radiates 36:13	reading 17:21 67:9 91:13 96:9	recognize 8:1,8 26:11 32:14 91:16	recross 3:6 42:15,17
question 13:8,10 24:1 27:11 33:3 39:15 42:7 60:23 64:23 68:5 74:14 76:19 78:13, 23 80:17 83:3,18 85:23	radiating 36:11 48:4	ready 7:10 89:23	recollection 18:5 23:16	rectally 24:16
	radiograph 8:4	really 57:11 81:14	recommence 65:14	redirect 3:5 38:17,20
	radiologist 46:7 47:22 53:3 91:13	reason 15:16 32:8,13 43:10 51:7 67:3 77:23 79:3	recommendat ion 101:11	refer 20:1,2 26:8 37:12 39:19 47:1 58:8 67:15 71:15 91:20
questions 15:3 32:19,21 38:23 42:5 44:15,19,23 45:3,4 65:2 66:18 68:9 73:23 74:1 76:5 79:4 87:10,14 89:1 90:7,10	radiology 32:10 61:1,6	reasonable 92:3,7	recommende d 23:9 24:2	reference 12:10
	raise 9:23 16:11 44:7 51:17	reasons 32:12 74:17 87:13	record 5:12 8:19 9:17 11:16,18 19:23 20:4 28:13 33:7 39:11,19 40:1,2 44:17 45:1 58:2,8, 11 62:7,24 65:8 84:11 92:14 102:7	referenced 15:5
quickly 15:5	raised 16:12	rebuttal 3:6 43:19,21 44:2 69:1,2,10,12, 15 89:3		references 99:6,12 101:19
	rare 25:12 40:13,15 41:16 97:10	recall 25:22 26:1,18 40:1 58:3 67:4,8 100:22	recorded 4:12 39:18 58:21	referencing 61:14
quite 30:9 47:6 59:17 79:21 94:12 98:2	rarely 16:22 35:10			referred 16:15 45:13 58:2

referring 60:17,18,21 61:2,3	release 24:4 43:18	79:11	69:22 71:23	5:21
reflect 71:14	relieve 96:17	render 8:20 92:14	reporter 4:13 7:3 9:19 20:5 90:19 92:5 101:9	research 12:18,20 99:10
reflex 66:8	rely 66:23	RENO 4:1		resection 16:7,20 72:21 86:22 97:24
refrain 20:1	remain 65:18	Renown 26:3, 16 32:11 45:13 47:18 57:15 58:21, 24 60:8,10 61:2 73:13,20	reports 17:2 77:4	reset 6:2
refresh 18:5 23:15	remained 84:18		represent 6:17	residency 33:14,17 34:5,10,11
refused 46:8, 9	remaining 16:18	repeat 17:15	representatio n 39:14	residents 33:23 34:20 39:23
regard 85:24	remember 5:6 14:8 46:3 83:2	repetitive 84:4	represented 44:22 77:1	residual 73:7
regarding 13:18,23 14:2,18 15:3	remind 65:18 90:2	reply 22:7 79:24 87:17 100:1	representing 21:11	respectively 94:18
Regardless 100:8	removal 17:1 36:10	report 15:10, 12 28:15,17 32:10 48:19 50:20 55:9 58:3 60:13, 15,17,21 61:1,6,7,13 62:7,21 67:2 69:21,22 70:10,22 73:6 74:12,20 80:21 81:2 83:19 84:24 91:13 94:2,3	represents 8:17	respond 8:16
regards 21:14 27:12 67:4 72:13 91:19	remove 16:2, 4,13,19 30:18 35:18 50:9 59:10 60:4 97:21		request 58:8	Respondent 7:16 65:10
Regional 26:4	removed 30:1,2 48:10 50:18 86:19 88:17		requested 41:12	response 22:5 23:9 24:2 67:5
reiterate 99:19			required 34:1 91:18	responsibility 6:18
related 38:23	removing	reported	requirements 6:19	
relation 40:3			rescheduled	

rest 39:22 97:13	room 32:1 46:5 47:13 50:1 53:21 54:3,6,8,15 56:22 57:13 60:9 64:5,7 66:6	82:21 87:10 95:13 99:20	scale 49:17	92:24 94:14 95:17 98:2,4
restate 23:24 45:10	rough 12:22	San 51:13	scan 8:8 19:20 20:10, 16 27:19 46:6 54:9,10,14 63:19 64:7,9, 12,14 66:8 80:5 93:1 95:16 101:1,5	sees 76:24 77:12
rests 43:13	rule 33:19 39:12 92:20	saw 30:9 47:13 56:21 57:13 75:18, 22 77:2,3,4, 15 81:13 94:4	school 10:24	selected 34:14
result 83:7	ruler 31:9	say 6:24 9:2,8 13:4 30:23 31:17 33:7 34:22 35:11 36:24 38:5 39:9 55:10 60:20 61:12 62:15 65:19 66:1,4,13 67:7 68:17,23 79:9,16 83:5 86:24 101:1	scope 65:23 95:17	self-representatio n 6:21
review 14:2,6, 15 15:6 17:13 18:22 22:7 23:19,21 26:24 28:10 39:20	ruling 39:17		scored 33:24 34:4	send 96:2
reviewed 22:6 26:5	S		screening 36:23 37:6,8 38:12	sense 76:23
reviewer 13:6,11	S-H-I-H 9:18 10:15		sealed 52:18	sent 37:16
reviewing 31:20	said 37:1,7,23 38:1,6 40:10 46:14,20 50:2 51:23 57:16 63:7 69:4 73:11 74:6 75:2 81:18,21 83:10 93:18 100:5	saying 23:11 80:6 81:7 84:14,19 85:2 90:13 100:23	second 50:17 75:24	separate 16:17 85:23
Rex 50:15	saline 51:18	says 12:12 17:2 18:3 24:3 33:4,10, 13 39:9 51:15 58:11,19 61:21 63:2 66:11 72:1 74:21 75:20, 23,24 78:2 80:21 81:9	section 27:8, 16 61:7 62:14	sepsis 22:1
risk 17:3 21:22 41:3, 13,16	same 9:8,9 30:6 45:11 46:11 66:14		sedation 52:13,15	serosa 30:10, 11 31:4,5 42:24 43:2 50:23 51:20 76:9 77:2 78:8 87:22 94:20 98:2
risks 16:24 17:8			seen 21:17 40:10 46:2 54:15 64:6,12	serosal 42:20 74:19 75:3,10 80:2,7,11 91:12 97:5
Robert 28:23				serve 5:17

served 13:5, 10 59:13	13,17 90:20 91:2 93:23 99:1 100:6	52:23 53:2 60:3 64:8 95:2 101:5	10:20 11:14 42:14 73:11, 15	small 48:15 80:19 85:5,11 93:12 96:24 98:18
service 28:16	Shih's 96:9	shows 54:12 66:7 84:17	single 7:18 35:12 96:12, 13	snare 16:12 41:6
setting 29:9 32:13 37:19 82:11	short 33:23 34:2,3,14 94:23	side 42:20 44:24 45:6 54:18 63:8 68:15 74:19 75:3,10 78:8 80:2,7,10,11 81:3 83:21 95:5 97:5,8	sir 23:13 55:20 56:7 58:5 69:17	sneezing 17:20
Seventeen 61:10	should 13:22 19:5 25:5 28:4,5 31:21 46:13 53:7 57:18 59:15 62:17 66:12 72:12 85:16 92:20 100:9, 11	sign 6:6,9	site 18:3 48:11,17 51:9 63:23 67:3 71:16 82:14 86:5 95:19	so-called 55:7
several 36:21 46:2 67:19 74:16 87:5 100:4	shoulder 36:12,14 48:4 95:7 96:19,22	significance 42:19 76:11, 21	situation 9:9 19:5 52:20 65:24 77:18 80:2 88:9 96:8	soft 30:16
severe 19:1 31:23 68:6	show 5:16 7:23 8:7 9:3 15:16 54:11 62:5 84:24	significant 50:3 54:1,24 57:14,17 59:9 60:5 77:4 87:3 98:22	Sixty 101:13	solo 39:4,15, 16
Shih 3:3 9:16, 18,22 10:1,6, 11,13 11:18 15:2,15 19:24 23:24 27:3 28:13 32:22 38:22 40:1 42:4 43:18,23 44:19 55:10 60:23 61:3,5, 10 67:4,8 69:11,17 73:23 74:1,13 76:10 78:22 79:8,17 81:5 83:4,10 84:4, 14 85:7 87:14,21 88:24 89:12,	showed 25:16 46:6 62:16 69:24 73:13	signs 50:2 88:4,6	size 31:15	solution 16:10
	showing 8:9, 22 84:21 98:21 102:13	similar 23:2 51:3 63:8 92:8 96:8 97:6	skill 92:7	somebody 49:21 53:21 58:23 66:6 94:8 97:7
	shown 47:21	simple 81:1	sleep 53:24	someone 90:12
		since 7:5,21	slept 57:12	something 24:4 28:3 31:14 39:9 40:16 48:13, 16 49:21 56:2 68:22 72:11 79:5 80:24 86:24 99:16
			slight 85:1	
			Slow 92:4	

100:16,24	38:3	spoken 98:22	statement 9:1 47:1 69:8 81:21 90:22	52:22
sometime 53:14 67:12	specific 15:3 74:9	spot 48:15		stuff 98:16
sometimes 54:12 79:21 98:1	specifically 27:12 31:14 91:19	stable 49:24 50:2	statements 7:11	subject 14:1
somewhat 41:7 66:2,5	specimen 42:22,23 70:1 77:13 84:8 86:17 94:15	stage 24:22	stating 19:22 53:15 80:8	subjective 49:18
soon 51:20 93:15		stand 80:4	stay 43:18,20 44:1,4	submission 101:8
sooner 101:14,15	spell 9:16	standard 8:17 15:1 32:6	stayed 64:15, 16 96:4	submit 68:15
sorry 9:19 27:10,11 28:23 40:6 57:24 71:6 89:7 92:6	spelled 51:14	standards 13:21 14:18	stays 93:15	submitted 69:8
sort 13:4,5 17:4 44:24 71:22	spent 65:20	stands 97:23	sticking 24:3 48:1 51:16	submucosa 51:22 97:15, 22
source 72:18, 20	spillage 48:20 49:1 85:18 98:14, 21 100:21	start 4:14	still 6:20 53:16 54:23	subspecialty 38:9
speak 5:2,6 58:5	spilled 81:10	state 4:11 5:17 9:16 10:11,17 11:17 39:11 44:16 56:20 85:7,12 87:6 91:3	stipulated 4:18	such 17:6 19:4 21:18 32:8 36:22 80:15 82:11
specialties 11:3,5	spite 48:21	stated 34:2 40:22 45:10 49:15,24 59:1,8,21 67:9 81:7 93:11,21	stop 72:6	suck 48:1 53:3
specialty	splenic 19:4		story 44:24	
	splitting 30:10,11 31:4,5		straighten 56:13	sufficient 84:20
	spoke 100:6		Strike 13:9	suggested
			study 46:24	

18:14 47:12 70:23 95:17	surface 50:23	surgical 25:8, 10,14,17 36:15 86:17 91:20	35:23 39:1 40:11 46:2 48:9 49:3 50:21,22 51:9 53:17 54:12 63:22 67:18 68:3 76:13,17 93:6 94:16 95:12,13 96:15 101:4	101:23
suggestion 47:18	surgeon 29:2, 3 30:8 31:3 37:17 42:21 43:1,8,10 45:17,18 46:10,12 48:19 54:21 55:3 66:8,11 67:1 70:10, 11,13,15,22 72:23 74:18 75:2,7,8 76:11,21,24 77:9,15 78:1, 10 80:6 81:11 82:20 85:17 86:5 88:18 92:24 94:3 95:23 98:11, 15 100:21	surprisingly 46:12	syndromes 35:9	talking 23:11 61:6 62:6 90:12 93:24
suggestions 53:1	surgeon's 14:12 30:20, 21 77:11	surrounding 30:17	T	target 48:15
sum 8:12 91:23	surgeons 52:11 95:21	surveillance 7:23 59:4		teach 12:13 71:3
summarize 11:23 20:23	surgery 29:5 30:22 31:3 37:12 43:10 46:1,14,22 51:7 53:8 60:11 63:12, 16 66:8 74:10,24 94:15 95:22 96:2,4	survivable 30:15		teacher 12:12
summary 21:1		survived 30:22 31:2	take 6:18 7:3 12:24 31:3 34:12 47:2,18 55:11,24 57:3,6 60:11 64:18,20 65:4,14 77:20 89:20 101:8	tear 31:6,7,17 41:17,18 42:20,24 43:1,2,6,7 45:17,19 55:2,6 70:3,5, 7,10,14,16 72:2,7 74:6,9, 16,19,21 75:1,3,5,8,9, 16,22 76:3, 11,20 77:2,4, 5,8,10,12,14, 16,23 78:3,4, 8,9 80:2,6,11, 16 81:19,22, 24 82:4,5,11, 19 86:6,10,12 87:3 91:12 92:23 93:3,24 94:3,5,8 98:10 100:5,7
superficial 45:23 55:7 78:6,10 80:9 82:23		suspected 28:2 41:20		
supervision 34:20 39:23		suspicion 47:10 95:15	taken 30:22 40:21 60:8 84:24 88:18	
supplied 4:17		sworn 9:20 10:2,7 44:8, 11	takes 77:13	
support 92:11		symptoms 55:4 95:13	taking 79:10	
suppose 16:18		syndrome 18:13 19:3,7 22:15,21 23:1,4,12	talk 62:6 102:10	
supposed 37:22 38:1 59:3			talked 49:24	tears 45:23, 24 78:10,18 82:22 93:24

telephone 18:14	59:7 76:18 80:18 84:21 86:16	thinner 97:21	tie 45:1	together 48:23 88:16 99:12
tells 43:2 70:7	therapeutic 30:5 51:13 65:21,22 99:2,7	thinness 49:9	time 10:12 14:14 32:19 37:14 42:5 46:11,14 49:23 52:7 54:10 59:10, 15,20 60:7 64:7 73:18 87:1 90:10,19 93:19 94:14, 24 95:9 96:11,12 99:9 101:14 102:4, 11	told 47:15,23 53:16,22 57:17 64:5 67:20 68:16
ten 32:1,2 49:15,18,20, 22 54:20 57:23 58:23 59:24 72:1	therapy 65:22	thinnest 97:18	third 18:6	took 43:24 52:2 53:21,23 59:11 65:11
term 45:22 71:1,3,8,9,12, 13 80:1	therefore 34:3 41:3 77:3 80:20,23	thought 49:8 66:5 67:17	three 33:19 46:18 49:5 64:17 73:4, 11,15,21 74:19 84:3,4 96:7 97:19	total 40:7,9
testified 10:3 13:13,15,16 39:16 44:12 65:17 67:8	thickening 54:13 64:11	through 4:17 5:15 12:9 17:11,18 22:16 26:16 28:9 33:11,14 34:9 49:9 51:16 52:3 57:12 61:20, 24 65:23 69:6,19 70:19 76:2,8 80:15 84:8,15,18,20 85:5 93:6,9, 13 94:21 95:17 96:9 98:2,12,19,23	times 37:11 38:24 39:1 40:11 52:19 75:14 84:3,4 87:5 100:4	totally 50:18 63:20 93:3 98:11
testify 9:2 44:7,8,21 83:3	thickness 49:5	throughout 7:22	tiniest 98:23	touchup 16:18 35:19 50:16
testifying 64:20 67:4	thin 49:4 63:11 97:12, 17	tissue 74:22	tissues 30:16 75:21	town 47:15
testimony 8:12 32:22 39:17 73:16 91:2,7,23 92:10,19	thing 16:17 36:16 40:17 80:9	today 4:8,12 6:2,15 8:13, 22 89:11 90:21,23 91:23 92:10, 14 101:8,10, 23 102:4,12, 14	tract 38:13,14	track 33:23 34:2,3,14
textbooks 13:2	things 12:9 41:17 77:12 87:13 101:17	training 13:20 34:5	transcript 101:10	
than 43:5 47:18 52:2	thinking 49:11 66:5			
	thinks 76:10			

transfer 14:11 25:19, 22	23:8 24:1	Uh-huh 38:2	39:22	17:5 20:17 24:15 48:9,16 49:18 52:4, 12,14 55:14 71:10,12,17 80:1 92:2,7 93:19,20
transferred 26:2,17 27:18 28:1 47:17	true-and- correct 11:20	ulcerative 99:5	undertook 86:13	
transition 21:8	try 5:5 35:17 44:24 66:22 101:19	ultimately 5:24	Unfortunately 63:23	
transmural 62:14 70:1,2, 6,17,18,20 74:21,22 75:4,7,13,16, 24 76:1,7,14 77:6,7,19 80:8 82:1,7, 10,15,23 86:2,4,9,15, 19 94:17	trying 84:13	ultrasound 53:4	University 11:1	used 16:6 36:21,22 50:11,17 51:18 52:11, 13,15,19 92:8
transport 26:19	turn 11:15 12:10 15:4 17:10,22 19:16,17 22:2 26:22 28:8 69:20 92:17	under 21:1 22:13 34:2,20 39:23 53:4 65:18 74:20 75:17,23,24 81:13 82:9 88:21 92:8 101:8	unless 21:17 63:12 67:21 85:22	uses 50:16
transverse 21:7 54:19,22	Turning 19:10	undergone 8:16	until 12:21 54:4 57:19 77:13	using 16:19 17:2 20:1 72:10
treat 24:21 25:5 30:4 46:13	two 33:20 34:10 46:17 58:19 66:1,2 73:8 74:18 80:19	underneath 33:13	unusual 50:4 66:2 78:7	usual 42:15
treated 25:13 51:6 62:18 98:3	typical 70:12	understand 6:17 37:3 41:23 43:23 74:5,14,15 83:10 84:12 93:23 99:9 102:4	upper 8:10 21:3,15 22:19 26:12 32:9 35:24 36:2,11 48:3 52:16 53:3 72:19 95:6 96:20	usually 42:8 45:23,24 46:1 48:13 50:5 51:5 54:11 55:7 78:8 79:22 95:21 97:8 101:15
treatment	typically 21:17 24:8 44:21 68:6 70:9	understandin g 4:15 85:2	urgent 25:8 31:24 32:2	utilize 40:23
	U	understood	urgently 25:18	utilized 71:13
	UCLA 12:15		use 16:12	utilizing 31:21

V	19,21 33:5 96:9	58:5,13,22 60:18 61:1,5, 15,18,22 62:1,10,13,22 63:2,5 64:24 65:3,9,11,16, 19 66:16,22 68:9,10,12, 17,21 70:22 72:22 73:5,24 74:5,11,23 75:6 76:5,6 78:17,24 79:9,13,19 81:6 83:18 84:6,13 85:14,17 86:1,14 87:2, 6,11,16 88:14 89:22 90:7, 20,24 91:4,7, 16,19 92:1, 17,21 99:15, 19 100:5,16, 20,24 101:12, 18,24 102:14	41:7,8 43:1 51:17 54:13 63:10 64:11 70:19 76:2,8 85:10 97:4, 12,16,17,18	weaken 41:8 weakened 22:16 41:7 WEDNESDAY 4:1 weeks 46:4 50:14 Weill 11:1 went 34:9 46:5 50:12 96:6 western 97:8 whatever 70:18 80:9 84:17 96:13 Whenever 40:18 whether 14:16 58:8 66:10 70:10, 13,17 72:13 76:10 85:11 90:24 100:9 while 57:22 67:19 white 63:16,
valve 70:2,4 75:14 82:8,13 88:14	vital 50:2			
vast 51:6 101:2	volume 32:9		want 41:20 44:17 45:7,15 47:14,16 51:21 61:13 62:11 65:16 68:14 69:20 79:5,16 87:6 90:2,10,14 95:23 99:19 101:1	
Vegas 5:5 11:11	vomiting 27:20		wanted 5:1, 11 45:11 56:12,20 66:14 78:24 79:9 86:24 98:19 100:1	
venous 21:5	Von 3:5,6,9, 11 4:6,9,22, 23 5:1,3,7,14, 18,19,21,23 6:1,3,5,9,12, 22 7:1,8,15, 16,20,23 8:1, 3,7,14,22,24 9:7 13:18 14:10,18,24 15:11,17,19 16:4,15 17:7 18:1,16 19:11 20:13,20 22:5,11 23:5, 8 24:1 25:19 26:6,8,11 31:22 32:4, 20,23 33:2,9 37:11 38:2,8, 16,23 39:5,8, 21 40:2,6,20 42:6,10,18 43:12,14 44:6,10,18 45:9,16 47:5 55:16,19,21, 23 56:4,8,10, 12,17,20 57:4,5,8,10		washed 73:5 water 73:17 water-soluble 24:15 way 43:3 47:14 67:2 76:8 79:17 91:10 95:22 98:2 99:20 ways 66:1,3	
Ventura 20:19,20 25:24 47:13, 14 91:14 93:1		W		
versus 35:23		wait 101:14		
via 4:12 24:16		waited 54:4		
violated 90:24		waits 101:16		
violation 7:19		walk 26:16		
visceral 94:20		wall 22:16		
viscus 27:19				
visit 14:11				
vitae 11:16,				

18 95:1 97:2	9:14,15,18	100:11
whole 70:19	17:21 20:6	wrap 92:19
76:2	38:11 39:6,10	
	40:4 43:16	write 56:23,
whom 55:18	44:1,4,23	24 62:8
	69:12 74:15	written 13:1,4
wife 18:7,10	75:10 81:6	57:15 99:8
49:15 53:14,	83:8,12,15,24	
22 60:9 64:4	85:9 86:8,21	wrote 73:6
66:10 67:5,10	89:7,14	74:18 75:3,11
91:10 101:1	witnesses 5:4	
	9:5	
will 7:3,22	word 22:13	Y
8:7,12,13,19	69:5	
9:3,5,13 20:6	work 50:16	year 34:7
39:18 41:8	78:5 99:10	
42:13 64:23	worked 12:23	years 18:24
69:2,7,8 88:6		21:23 33:20
90:8 100:18	workup 45:13	34:10 59:24
101:14 102:9	66:9 95:24	yesterday
withdraw	world 51:13	58:20
5:24	97:8	yours 62:4
withdrew 6:5	world's 51:12	yourself 6:18
		23:22 34:23
within 30:16	worry 41:2	35:6 39:22
46:17 53:9		44:15 56:16
94:23	worse 41:21	81:15
without 21:9	worsen 24:24	
25:10 45:12	worsening	
46:14 49:14,		
19 50:3 51:7		
58:15 95:24		
98:9		
witness 3:3,9		

4

EXHIBIT 1

EXHIBIT 1

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 22-31575-1

6 **Against:**

7 **DIETRICH VON FELDMANN, M.D.,**

8 **Respondent.**

FILED

MAR - 1 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Dietrich Von Feldmann, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

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

20 **A. Respondent's Treatment of Patient A**

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

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

27
28 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.

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

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

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

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

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

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

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

26 ///

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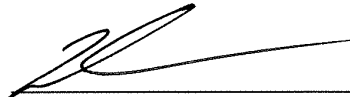
5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icummings@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 1st day of March, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

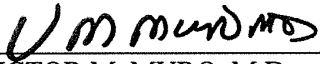
By: 
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

EXHIBIT 2

EXHIBIT 2

EXHIBIT 1

EXHIBIT 1



March 3, 2022

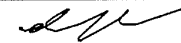
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FAQs

Feedback

EXHIBIT 3

EXHIBIT 3

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

FILED

MAR 28 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

**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:

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

6 At the Pre-Hearing Conference, in accordance with NAC 630.465,² each party shall provide
7 the other party with a copy of the list of witnesses they intend to call to testify, including therewith,
8 the qualifications of each witness so identified and a summary of the testimony of each witness. If
9 a witness is not on the list of witnesses, that witness may subsequently not be allowed to testify at
10 the Hearing unless good cause is shown for omitting the witness from said list.³ Likewise, all
11

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- 13 (1) By which all documents must be exchanged;
 - 14 (2) By which all prehearing motions and responses thereto must be filed;
 - 15 (3) On which to hold the prehearing conference; and
 - 16 (4) For any other foreseeable actions that may facilitate the timely and fair conduct of the matter.
- 17 (c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;
 - 18 (d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and
 - 19 (e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

20 ² NAC 630.465 provides as follows:

- 21 1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician or
22 physician assistant of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless
23 a different time is agreed to by the parties, the presiding member of the Board or panel of members of the
24 Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All
25 documents presented at the prehearing conference are not evidence, are not part of the record and may not be
26 filed with the Board.
- 27 2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications
28 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

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

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

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

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

11 B. Administration of a public reprimand;

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

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

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

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

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

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

21 I. A requirement that Respondent take a physical or mental examination, or an
22 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.


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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

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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. 9171 9690 0935 0252 5695 50
2345 E. Prater Way, #304
Sparks, NV 89434

DATED this 28th day of March, 2022.

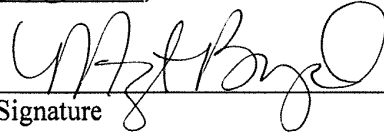

Signature
Meg Byrd
Print
Legal Assistant
Title

EXHIBIT 4

EXHIBIT 4

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

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 22-31575-1


Against:

DIETRICH VON FELDMANN, M.D.,

Respondent.

FILED

MAR 31 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

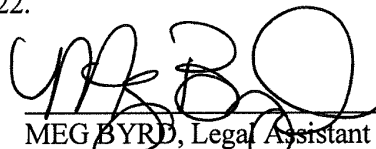
PROOF OF SERVICE

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

EXHIBIT 1

EXHIBIT 1



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:	PO Box 60 2345 Elmer 304

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

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and
Complaint Against**

**Case No. 22-31575-1
Hearing Date: June 21, 2022 @ 8:30 a.m.**

**DIETRICH VON FELDMANN, M.D.,
Respondent.**

FILED

APR 14 2022

SCHEDULING ORDER

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: *[Signature]*

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

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

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

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

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


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

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

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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

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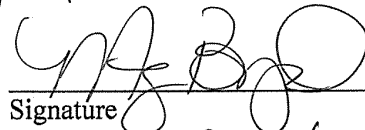
CERTIFICATE OF SERVICE

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

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

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 22-31575-1

Against:


DIETRICH VON FELDMANN, M.D.,

Respondent.

FILED

APR 25 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

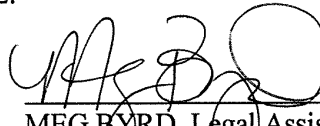
PROOF OF SERVICE

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

EXHIBIT 1

EXHIBIT 1



April 19, 2022

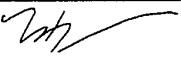
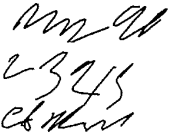
Dear Meg Byrd:

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



[FAQs >](#)

Track Another Package +

Tracking Number: 9171969009350252569796

[Remove X](#)

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

Feedback

Get Updates

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

USPS Tracking Plus®	Feedback ∨
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

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

FILED

JUN - 3 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

4
5 **In the Matter of Charges and
Complaint Against**

Case No. 22-31575-1

6 **DIETRICH VON FELDMANN, M.D.,**

Hearing Date: TBD

7
8 **Respondent.**
_____ /

9 **ORDER VACATING SCHEDULING ORDER AND SETTING STATUS CONFERENCE**

10
11 TO: Ian Cumings, J.D.
12 Deputy General Counsel
13 Nevada State Board of Medical Examiners
9600 Gateway Drive
14 Reno, Nevada 89521

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

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

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

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

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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

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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

EXHIBIT 9

EXHIBIT 9

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

FILED

3 *****

JUN 27 2022

4 NEVADA STATE BOARD OF
5 MEDICAL EXAMINERS

By: 

6 **Case No. 22-31575-1**

6 **In the Matter of Charges and**
7 **Complaint Against**

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

8 **DIETRICH VON FELDMANN, M.D.,**
9
10 **Respondent.**

11 **AMENDED SCHEDULING ORDER**

12 TO: Ian Cumings, J.D.
13 Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
16 Reno, Nevada 89521

16 Dietrich Von Feldmann, M.D.
17 c/o Lyn E. Beggs, Esq.
18 380 California Ave., Ste 3
19 Reno, NV 89509

19 Dietrich Von Feldmann, M.D.
20 2345 E. Prater Way, #304
21 Sparks, NV 89434

21 On June 21, 2022, a Status Conference was conducted in this matter and held via
22 conference call. Participating in the Status Conference were Ian Cumings, J.D. on behalf of the
23 Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC") and
24 the undersigned Hearing Officer. Respondent did not appear and has failed to participate in the
25 proceedings save and except for briefly appearing through counsel Lyn Beggs for a prior status
26 conference on June 3, 2022, at which time Ms. Beggs indicated she was unable to contact
27 Respondent and would be withdrawing as a result. **Ms. Beggs shall file a formal notice of**
28

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

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

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


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

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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

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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

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

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

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5 **In the Matter of Charges and Complaint**

Case No. 22-31575-1

6 **Against:**

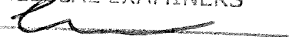
7 **DIETRICH VON FELDMANN, M.D.,**

8 **Respondent.**

FILED

JUL - 6 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

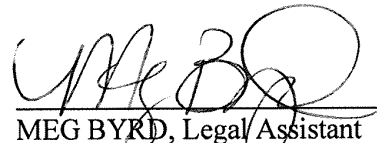
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10 **PROOF OF SERVICE**

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

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

14
15
16 the Amended Scheduling Order filed June 27, 2022, which package was confirmed delivered on
17 June 29, 2022. See **Exhibit 1**.

18
19 DATED this 5th day of July, 2022.

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

EXHIBIT 1

EXHIBIT 1



July 5, 2022

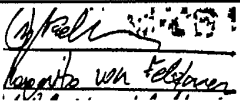

Dear Meg Byrd:

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

Track Another Package +

Tracking Number: 9171969009350254760672

[Remove X](#)

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

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

USPS Tracking Plus®	∨	Feedback
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.

Telephone 775-688-2559 • Fax 775-688-2321 • www.medboard.nv.gov • nsbme@medboard.nv.gov

✓ Received
11/14/2018
[Signature]

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).

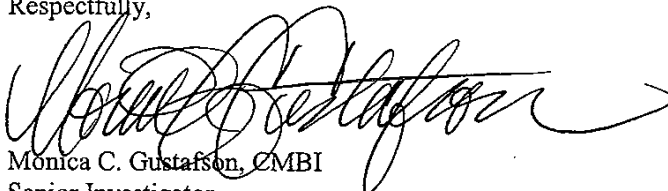
In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to the allegations noted above, as well as complete health care records for the aforesaid patient. Include copies of any imaging, x-ray or other films that were produced during treatment of 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

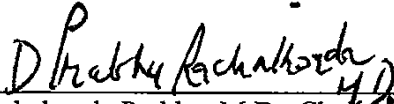
EXHIBIT 12

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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



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

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

NOV 14 2018
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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 01st 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.

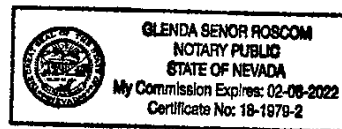
5. That the original of those records was made at or near the time of the act, event, condition, opinion or diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of DR VON FELDMANN (name of company or employer).

Executed on: 11/13/18 Date [Signature] Signature of Custodian of Records

SUBSCRIBED AND SWORN to before me this 13th day of NOVEMBER, 2018.

GLENDASENOR ROSCOM
NOTARY PUBLIC in and for the
County of WASHOE, State of Nevada.

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 !

Telephone 775-688-2559 • Fax 775-688-2321 • www.medboard.nv.gov • nsbme@medboard.nv.gov

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 performed 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 necrosis 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 necrosis 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 necrosis 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 necrosis 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 necrosis 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,

A handwritten signature in black ink, appearing to read 'Dietrich von Feldmann', with a long horizontal flourish extending to the right.

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



RECEIVED
NOV 01 2018
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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,

Juanchicos 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
Nevada 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 IFN γ 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. "TL1a 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, Montserrat
- 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 hepatocyte 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. Vasilias, 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. Ippoliti, 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-TNF α 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 TL1a 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 from 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. PMID: PMC4710052.
 48. M. Sidhu-Varma, **D. Q. Shih**, S. R. Targan. 2016. Differential Levels of T11a 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. Zaghyan, 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 IRE1 α 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.
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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



5

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

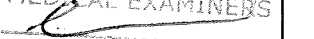
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FILED

MAR - 1 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

In the Matter of Charges and Complaint

Case No. 22-31575-1 By: 

Against:

(FILED UNDER SEAL)

DIETRICH VON FELDMAN, M.D.,

Respondent.

PATIENT DESIGNATION

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

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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

EXHIBIT 1

EXHIBIT 1



March 3, 2022

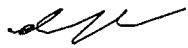
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9171 9690 0935 0252 5658 28.

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Status Date / Time:	March 2, 2022, 11:09 am
Location:	SPARKS, NV 89434
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Recipient Signature

Signature of Recipient:	
Address of Recipient:	2345 #374

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March 2, 2022, 11:09 am

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SPARKS, NV 89434

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1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

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FILED

MAR 28 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

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6 **In the Matter of Charges and**

Case No. 22-31575-1

7 **Complaint Against**

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

8 **DIETRICH VON FELDMANN, M.D.,**

9 **Respondent.**
10

11 **ORDER SCHEDULING EARLY CASE CONFERENCE**

12 TO: Ian Cumings, J.D.
13 Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
Reno, Nevada 89521

16 Dietrich Von Feldmann, M.D.
17 2345 E. Prater Way, #304
18 Sparks, NV 89434

19 **NOTICE IS HEREBY GIVEN** that, in compliance with NRS 630.339(3), **an Early Case**
20 **Conference will be conducted on April 7, 2022 beginning at the hour of 11:30 a.m.** The Early
21 Case Conference will be held via conference call. The conference call number is 1-605-475-2200
22 and the access code is 8792457.¹

23 ¹ NRS 630.339(3) provides as follows:

24 Within 20 days after the filing of the answer, the parties shall hold an early case conference at which the
25 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:

26 (a) Set the earliest possible hearing date agreeable to the parties and the hearing officer, panel of the Board or
27 the Board, including the estimated duration of the hearing:

28 (b) Set dates:

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

6 At the Pre-Hearing Conference, in accordance with NAC 630.465,² each party shall provide
7 the other party with a copy of the list of witnesses they intend to call to testify, including therewith,
8 the qualifications of each witness so identified and a summary of the testimony of each witness. If
9 a witness is not on the list of witnesses, that witness may subsequently not be allowed to testify at
10 the Hearing unless good cause is shown for omitting the witness from said list.³ Likewise, all
11

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- 13 (1) By which all documents must be exchanged;
 - 14 (2) By which all prehearing motions and responses thereto must be filed;
 - 15 (3) On which to hold the prehearing conference; and
 - 16 (4) For any other foreseeable actions that may facilitate the timely and fair conduct of the matter.
- 17 (c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;
 - 18 (d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and
 - 19 (e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

20 ² NAC 630.465 provides as follows:

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

27 2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications
28 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

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

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

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

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

11 B. Administration of a public reprimand;

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

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

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

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

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

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

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

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28 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.


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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

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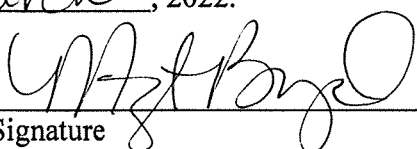
CERTIFICATE OF SERVICE

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. 9171 9690 0935 0252 5695 50
2345 E. Prater Way, #304
Sparks, NV 89434

DATED this 25th day of March, 2022.



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 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: 

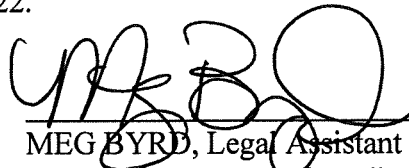
PROOF OF SERVICE

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

EXHIBIT 1

EXHIBIT 1



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:	2395 Elmer 304

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

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5
6 **In the Matter of Charges and**

Case No. 22-31575-1

7 **Complaint Against**

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

8 **DIETRICH VON FELDMANN, M.D.,**

FILED

9 **Respondent.**

10 **APR 14 2022**

11 **SCHEDULING ORDER**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: *Stall*

12 **TO:** Ian Cumings, J.D.
13 Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
Reno, Nevada 89521

16 Dietrich Von Feldmann, M.D.
17 2345 E. Prater Way, #304
Sparks, NV 89434

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

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

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

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

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

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

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


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

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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

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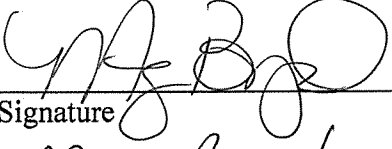
CERTIFICATE OF SERVICE

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 1

EXHIBIT 1



April 19, 2022


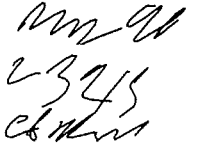
Dear Meg Byrd:

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

Track Another Package +

Tracking Number: 9171969009350252569796

Remove X

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

Feedback

Get Updates ∨

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

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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

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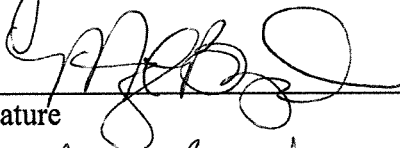
CERTIFICATE OF SERVICE

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

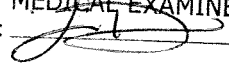
1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

FILED

3 * * * * *

MAY 05 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

Case No. 22-31575-1

4
5
6 **In the Matter of Charges and**

7 **Complaint Against**

Status Conference Date: May 12, 2022 @
10:00 a.m.

8 **DIETRICH VON FELDMANN, M.D.,**

9 **Respondent.**
10

11 **ORDER RE-SETTING STATUS CONFERENCE**

12 TO: Ian Cumings, J.D.
13 Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
Reno, Nevada 89521

16 Dietrich Von Feldmann, M.D.
17 2345 E. Prater Way, #304
Sparks, NV 89434

18 The status conference scheduled for May 5, 2022, is hereby re-scheduled to May 12, 2022,
19 beginning at the hour of 10:00 a.m., Pacific Standard Time. The status conference will be
20 conducted via a conference call. Unless directed otherwise prior to the scheduled date and time of
21 the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access
22 code will be 8792457. The parties (or counsel on Respondent's behalf) shall participate in the

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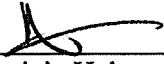
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status conference call and the status conference will be conducted before the undersigned hearing officer.

DATED this 5th day of May 2022.

By: 

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

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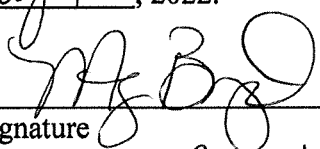
CERTIFICATE OF SERVICE

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~~ 7696 Stone Bluff Way
~~Sparks, NV 89434~~ Reno, NV 89523

DATED this 5th day of May, 2022.



Signature
Meg Byrd

Print
Legal Assistant

Title

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

FILED

MAY 13 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

4
5
6 **In the Matter of Charges and**
7 **Complaint Against**
8 **DIETRICH VON FELDMANN, M.D.,**
9 **Respondent.**

Case No. 22-31575-1

**Status Conference Date: June 3, 2022 @
10:00 a.m.**

10
11 **ORDER CONTINUING STATUS CONFERENCE**


12 TO: Ian Cumings, J.D.
13 Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
16 Reno, Nevada 89521
17
18 Lyn E. Beggs, Esq.
obo Dietrich Von Feldmann, M.D.
380 California Ave., Ste 3
Reno, NV 89509

19 A status conference for this matter took place on May 12, 2022. Appearing for the Nevada
20 State Board of Medical Examiners (the "Medical Board") was Ian Cumings, J.D.; appearing on
21 behalf of Respondent was Lyn E. Beggs, Esq.; the undersigned hearing officer was also present.
22 Ms. Beggs indicated that she had been retained by Respondent the day prior and had yet to fully
23 evaluate the matter. In light of the timing, the parties agreed to continue the status conference.
24 Thus, the status conference is hereby continued to June 3, 2022, beginning at the hour of 10:00
25 a.m., Pacific Standard Time. The status conference will be conducted via a conference call before
26 the undersigned hearing officer. Unless directed otherwise prior to the scheduled date and time of
27 the pre-hearing conference, the conference call number will be 1-605-475-2200 and the access
28 code will be 8792457. The parties, through counsel, shall participate in the status conference call.

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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

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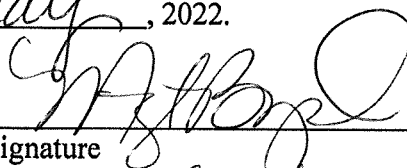
CERTIFICATE OF SERVICE

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

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

FILED

JUN - 3 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

4
5 **In the Matter of Charges and**
6 **Complaint Against**

Case No. 22-31575-1

7 **DIETRICH VON FELDMANN, M.D.,**

Hearing Date: TBD

8 **Respondent.**
9 _____/

10 **ORDER VACATING SCHEDULING ORDER AND SETTING STATUS CONFERENCE**

11 TO: Ian Cumings, J.D.
12 Deputy General Counsel
13 Nevada State Board of Medical Examiners
14 9600 Gateway Drive
15 Reno, Nevada 89521

16 Dietrich Von Feldmann, M.D.
17 c/o Lyn E. Beggs, Esq.
18 380 California Ave., Ste 3
19 Reno, NV 89509

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

24 According to Ms. Beggs, she has been unable to reach Respondent and Respondent has not
25 been responsive to her attempts to communicate with him, rendering her unable to provide legal
26 counsel and mandating that she withdraw. Ms. Beggs indicated that she would file to withdraw
27 just after the status conference. For now, Ms. Beggs remains counsel of record and shall strive to
28 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

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

9 DATED this 3rd day of June 2022.

10 By: 
11 Patricia Halstead, Esq.
12 Hearing Officer
13 (775) 322-2244
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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

1
2 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
3 **OF THE STATE OF NEVADA**

4 In the Matter of Charges and Complaint)
5 Against:)
6 DIETRICH VON FELDMANN, M.D.)
7)
8 Respondent.)
9 _____)

Case No: 22-31575-1

FILED

JUN 22 2022


NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

10 NOTICE OF WITHDRAWAL OF COUNSEL

11 COMES NOW, the undersigned counsel and hereby files this Notice that the undersigned
12 counsel is withdrawing from representation of Respondent Dietrich Von Feldmann, M.D. as
13 Dr. Feldmann has failed to have any communication with the undersigned since May 12, 2022
14 despite repeated attempts to contact Dr. Feldmann by phone, letter, and email. Further, the email
15 previously used for correspondence with Dr. Feldmann is no longer an active email address.
16 Through his failure to communicate with the undersigned, Dr. Feldmann has evidenced a desire to
17 not be represented by the undersigned counsel in this matter.
18
19

20 DATED this 20th day of June, 2022.

21
22
23 By: 
24 Lyn E. Beggs, Esq.,
25 Nevada Bar No. 6248
26
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28

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

FILED

3 * * * * *

JUN 27 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

Case No. 22-31575-1

4
5
6 **In the Matter of Charges and**

7 **Complaint Against**

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

8 **DIETRICH VON FELDMANN, M.D.,**

9 **Respondent.**

10
11 **AMENDED SCHEDULING ORDER**

12 TO: Ian Cumings, J.D.
13 Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
 Reno, Nevada 89521

16 Dietrich Von Feldmann, M.D.
17 c/o Lyn E. Beggs, Esq.
18 380 California Ave., Ste 3
 Reno, NV 89509

19 Dietrich Von Feldmann, M.D.
20 2345 E. Prater Way, #304
 Sparks, NV 89434

21 On June 21, 2022, a Status Conference was conducted in this matter and held via
22 conference call. Participating in the Status Conference were Ian Cumings, J.D. on behalf of the
23 Investigative Committee of the Board of Medical Examiners of the State of Nevada (the "IC") and
24 the undersigned Hearing Officer. Respondent did not appear and has failed to participate in the
25 proceedings save and except for briefly appearing through counsel Lyn Beggs for a prior status
26 conference on June 3, 2022, at which time Ms. Beggs indicated she was unable to contact
27 Respondent and would be withdrawing as a result. **Ms. Beggs shall file a formal notice of**
28

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

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

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

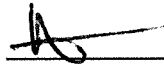
20 The formal hearing in this matter is hereby scheduled for **August 24, 2022**, starting at 8:30
21 a.m. The hearing will take place at the Reno office of the Nevada State Board of Medical
22 Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521. Following the hearing, the
23 undersigned hearing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

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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

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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

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**
6 **Against:**
7 **DIETRICH VON FELDMANN, M.D.,**
8 **Respondent.**

Case No. 22-31575-1

FILED

JUL - 6 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

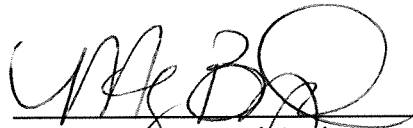
9
10 **PROOF OF SERVICE**

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

14 **Dietrich Von Feldmann, M.D.**
15 **7696 Stone Bluff Way**
16 **Reno, NV 89523**

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

19 DATED this 5th day of July, 2022.

20 

21 MEG BYRD, Legal Assistant
22 Nevada State Board of Medical Examiners
23 9600 Gateway Drive
24 Reno, Nevada 89521

EXHIBIT 1

EXHIBIT 1



July 5, 2022

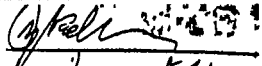
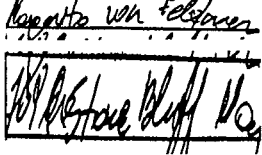
Dear Meg Byrd:

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

Track Another Package +

Tracking Number: 9171969009350254760672

Remove X

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

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

USPS Tracking Plus®	∨	Feedback
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

FILED
JUL 18 2022
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

**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.

1 Dr. Von Feldmann is expected to testify as to his actions as outlined in the formal
2 Complaint.

3 c. David Shih, M.D.
4 c/o Nevada State Board of Medical Examiners
5 9600 Gateway Drive
6 Reno, NV 89521

7 Dr. Shih is expected to testify about his review of this case, the standard of care applicable
8 to this matter and his professional opinion(s) concerning the care, treatment and record keeping of
9 Patient A by Respondent.

10 d. All witnesses identified by Respondent in his prehearing conference statement
11 and/or in any subsequent amended, revised or supplemental prehearing conference statement, or
12 list of witnesses disclosed by Respondent of persons he may call to testify at the hearing herein.

13 **II. LIST OF EXHIBITS**

14 The Investigative Committee of the Nevada State Board of Medical Examiners lists the
15 following exhibits that it may introduce at the hearing on the charges and formal Complaint
16 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

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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

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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

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 22-31575-1

6 **Against:**

FILED

7 **DIETRICH VON FELDMANN, M.D.,**

JUL 19 2022

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

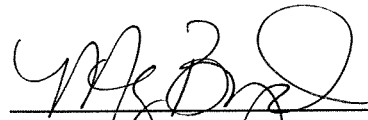
9
10 **PROOF OF SERVICE**

11 I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby
12 certify that on July 18, 2022, I mailed by Federal Express First Overnight, tracking no.
13 777416610821 to the following recipient(s):

14 **Dietrich Von Feldmann, M.D.**
15 **7696 Stone Bluff Way**
16 **Reno, NV 89523**

17 The IC's Prehearing Conference Statement with Exhibits. Delivery of the package was received on
18 July 19, 2022 at 7:56 a.m. See **Exhibit 1**.

19 DATED this 19th day of July, 2022.

20
21 

22 MEG BYRD, Legal Assistant
23 Nevada State Board of Medical Examiners
24 9600 Gateway Drive
25 Reno, Nevada 89521

EXHIBIT 1

EXHIBIT 1



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:		Shipper:	
Reno, NV, US,		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

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

FILED

3 * * * * *

JUL 19 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

4
5
6 **In the Matter of Charges and**

Case No. 22-31575-1

7 **Complaint Against**

**Hearing Date: August 17, 2022 @ 8:30
a.m.**

8 **DIETRICH VON FELDMANN, M.D.,**

9 **Respondent.**
10

11 **SECOND AMENDED SCHEDULING ORDER**

12 **(Post Pre-Hearing Conference)**

13 TO: Ian Cumings, J.D.
14 Deputy General Counsel
15 Nevada State Board of Medical Examiners
16 9600 Gateway Drive
Reno, Nevada 89521

17 Dietrich Von Feldmann, M.D.
18 7696 Stone Bluff Way
Reno, NV 89523

19 On July 19, 2022, a Pre-Hearing Conference was conducted in this matter and held via
20 conference call. Participating in the Pre-Hearing Conference were Ian Cumings, J.D. on behalf of
21 the Investigative Committee of the Board of Medical Examiners of the State of Nevada (the
22 "IC"); Respondent Dietrich Von Feldmann, M.D., representing himself; and the undersigned
23 Hearing Officer.

24 By agreement of the parties, Respondent is hereby granted up to and including July 26,
25 2022 by which to provide the IC with a copy of the list of witnesses he intends to call to testify,
26 including the witness' qualifications as well as a brief summary of the witness' anticipated
27 testimony. If a witness is not included in the list of witnesses, that witness may not be allowed to
28


1 testify at the hearing unless good cause is shown. Likewise, all documentation sought to be relied
2 upon at the formal hearing by Respondent shall be provided by July 26, 2022. If at the formal
3 hearing any party seeks to rely upon documentation not previously produced as ordered, such
4 documentation will not be permitted unless good cause is shown. If no witness lists or
5 documentation is exchanged by Respondent, Respondent's representation that he will testify on
6 his behalf and rely upon the documentation produced by the IC will be treated as his disclosures
7 and Respondent will be limited to the same in presenting his case absent a showing of good cause
8 as set forth above.

9 The formal hearing in this matter is hereby rescheduled to **August 17, 2022**, starting at
10 8:30 a.m. The hearing will take place at the Reno office of the Nevada State Board of Medical
11 Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521, from which all parties and
12 witnesses shall appear in person. Following the hearing, the undersigned hearing officer will
13 submit to the Board a synopsis of the testimony taken at the hearing and make a recommendation
14 on the veracity of witnesses if there is conflicting evidence or if credibility of witnesses is a
15 determining factor, and thereafter the Board will render its decision. NAC 630.470.

16 Should a party deem a status conference necessary at any juncture of the proceeding, the
17 parties shall coordinate with one another to propose at least three dates and times, and email the
18 undersigned hearing officer with the same and state the basis for the request, upon which a status
19 conference will be scheduled. The IC shall keep the undersigned hearing officer apprised of each
20 issue that has been resolved by negotiation or stipulation or any other change in the status of this
21 case.

22 DATED this 19th day of July 2022.

23 By:



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

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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

EXHIBIT 1

EXHIBIT 1



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:	MAX FELDMANN HUNTERY 7606 STONERHILL

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

Track Another Package +

Tracking Number: 9171969009350254761358

Remove X

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

Feedback

Get Updates ∨

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

USPS Tracking Plus®



Product Information



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

FAQs

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 22-31575-1

6 **Against:**

FILED

7 **DIETRICH VON FELDMANN, M.D.,**

AUG 26 2022

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

9
10 **PROOF OF SERVICE**

11 I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby
12 certify that on August 22, 2022, I mailed by USPS Certified Mail No. 9171969009350254761488 to
13 the following recipient(s):

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

14
15
16 the hearing transcript. The package was confirmed as delivered on August 23, 2022. See **Exhibit 1**.

17
18 DATED this 26th day of August, 2022.

19
20 

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



August 26, 2022


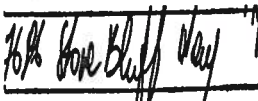
Dear Meg Byrd:

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:	 MARGARET VON FELDMAN
Address of Recipient:	 16th Bone 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

Track Another Package +

Tracking Number: 9171969009350254761488

Remove X

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

Feedback

Get Updates ∨

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



See Less 

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[FAQs](#)

Feedback