

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:**
7 **LUKE ST. JOHN CESARETTI, M.D.,**
8 **Respondent.**

Case No. 21-7235-1

FILED

DEC - 9 2021

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 Robert G. Kilroy, Esq., Senior Deputy General Counsel and attorney for the
13 IC, having a reasonable basis to believe that Luke Saint John Cesaretti, M.D., (Respondent) violated
14 the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code
15 (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the
16 IC's charges and allegations as follows:

17 1. At all times relative to this Complaint, Respondent held an active license to practice
18 medicine in the State of Nevada (License No. 6238), originally licensed by the Board on
19 June 8, 1991.

20 2. On February 22, 2017, Patient A's² initial abdominal ultrasound indicated a clear
21 two (2) cm mass in the mid-body of her pancreas.

22 3. On March 10, 2017, Patient A was seen by Respondent for an MRI due to the
23 suspicious mass on her pancreas. It was noted in the Respondent's records that Patient A had a
24 history of an abnormal pancreas on a recent CT scan. Respondent did not attempt to or obtain
25 Patient A's prior examinations, nor did he review patient's images from the February 22, 2017,
26

27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
28 Complaint was authorized for filing, was composed of Board members, Chairman Rachakonda D. Prabhu, M.D,
Victor M. Muro, M.D., and April Mastrolucca.

² Patient A's identity is not disclosed herein to protect their privacy, but are disclosed in the Patient
Designation, which is served upon Respondent along with a copy of this Complaint.

1 ultrasound prior to his interpretation his MRI for Patient A. Notwithstanding this, the Respondent
2 noted that there was “no pancreatic masses are discernable” from his interpretation of Patient A’s
3 MRI. Respondent noted the dilated pancreatic duct and atrophy of the pancreas at the level of
4 ductal dilatation. Further he noted that the ductal dilation could be either developmental or
5 possibly to a stricture of the duct proximal to the dilated portion. Respondent did not specify in
6 Patient A’s medical records, the importance of the findings and the relationship these findings
7 have to the diagnosis of pancreatic ductal adenocarcinoma. Specifically, the dilated pancreatic
8 duct indicates a high risk for an underlying pancreatic cancer. The association with the pancreatic
9 atrophy is another indicator of Patient A having a high risk for underlying cancer. Within the
10 “Technique” portion of the MRI, the reading radiologist compared the current test with Patient
11 A’s previous abdominal ultrasound (2/22/2017). Respondent did not review the comparison by the
12 radiologist. Respondent did not attempt to obtain or review the prior ultrasound and CT
13 examinations. Respondent also did not compare the MRI with the lesion within the pancreas with
14 the other studies.

15 4. On April 7, 2017, Patient obtained a second opinion, underwent an EUS guided
16 fine needle aspiration biopsy. Results of the endoscopic procedure was a finding of malignant
17 cells present, consistent with adenocarcinoma and metastatic adenocarcinoma.

18 **COUNT I**

19 **NRS 630.301(4) Malpractice**

20 5. All the allegations contained in the above paragraphs are hereby incorporated by
21 reference as though fully set forth herein.

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

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

26 8. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
27 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
28 he failed to identify the cancerous mass in Patient A’s pancreas, which was confirmed when

1 Patient A sought a second opinion to Respondent's diagnosis of "no pancreatic masses are
2 discernable," and when Respondent failed to alert the referring physician to the gravity of the
3 findings he did describe as evidence in the MRI report.

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

6 **COUNT II**

7 **NRS 630.3062(1) Failure to Maintain Complete Medical Records**

8 10. All the allegations contained in the above paragraphs are hereby incorporated by
9 reference as though fully set forth herein.

10 11. NRS 630.3062(1) provides that the failure to maintain timely, legible, accurate and
11 complete medical records relating to the diagnosis, treatment and care of a patient is grounds for
12 initiating discipline against a licensee.

13 12. Respondent failed to maintain complete medical records relating to the diagnosis,
14 treatment, and care of Patient A, by failing to document the patient's pancreatic cancer on
15 March 16, 2017.

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

18 **WHEREFORE**, the Investigative Committee prays:

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

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

24 3. That the Board determine what sanctions to impose if it determines there has been
25 a violation(s) of the Medical Practice Act committed by Respondent.

26 4. That the Board award fees and costs for the investigation and prosecution of this
27 matter as outlined in NRS 622.400.

28 ///

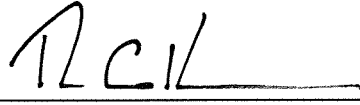
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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 9th day of December, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

ROBERT G. KILROY, J.D.
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 324-9349
Email: rkilroy@medboard.nv.gov
Attorney for the Investigative Committee

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28


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 9th day of December, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Victor M. Muro, M.D., *Chairman*