BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: LUKE ST. JOHN CESARETTI, M.D., Respondent.	**Case No. 21-7235-1**

FILED
FEB 17 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

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

FIRST AMENDED COMPLAINT

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

1. Respondent was at all times relative to this Complaint, a physician licensed to practice medicine in the State of Nevada (License No. 6238). Respondent was originally licensed by the Board on June 8, 1991.

A. RESPONDENT'S TREATMENT OF PATIENT A

2. Patient A was a 74-year-old female when she presented to Respondent during the events relevant to this complaint. Patient A's true identity is not disclosed herein to protect her privacy, but was disclosed in the Patient Designation served upon Respondent along with a copy of the original Complaint.

3. On February 22, 2017, Patient A had an initial abdominal ultrasound which indicated a clear two (2) cm mass in the mid-body of her pancreas.

[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, Chairman Rachakonda D. Prabhu, M.D, Victor M. Muro, M.D., and April Mastrolucca.

4. On March 10, 2017, Patient A underwent further evaluation with a CT scan of the abdomen. The reading radiologist compared the CT with the previous abnormal ultrasound. The report described a dilated pancreatic duct in the body and tail with atrophy of the tail, but did not discuss the mass clearly identified on the ultrasound. The pancreatic mass was noted in the "Clinical History" portion of the Report. Patient A was recommended for further evaluation with a multiphase MRI out of concern for the abnormal findings on the CT.

5. On March 16, 2017, Patient A presented to Respondent for an MRI due to the suspicious mass on her pancreas.

6. In the Respondent's records, he noted that Patient A had a history of an abnormal pancreas on the March 10, 2017, CT report. Respondent failed to acknowledge the pancreatic mass noted on the CT report, and made no attempt to obtain Patient A's prior abnormal examinations.

7. Respondent failed to review images from Patient A's February 22, 2017, ultrasound, and the March 10, 2017, CT scan prior to his interpretation of Patient A's MRI. Respondent based his comparison solely on the report of the March 10, 2017, CT scan.

8. Notwithstanding this, the Respondent found that "no pancreatic masses are discernable" from his interpretation of Patient A's MRI. Respondent noted a dilated pancreatic duct and atrophy of the pancreas at the level of ductal dilatation.

9. Within the "Impression" portion of the MRI report, Respondent stated the ductal dilation could be either developmental or possibly related to a stricture of the duct proximal to the dilated portion. Respondent failed to specify in Patient A's medical records, the importance of the findings and the relationship these findings have to the diagnosis of pancreatic ductal adenocarcinoma. Specifically, the dilated pancreatic duct indicated a high risk for an underlying pancreatic cancer. The association with the pancreatic atrophy is another indicator of Patient A's high risk for underlying cancer which the Respondent failed to alert Patient A's referring physician to.

///

///

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

10. On April 7, 2017, Patient A obtained a second opinion, underwent an EUS guided fine needle aspiration biopsy. The results of the endoscopic procedure were a finding of malignant cells present, consistent with adenocarcinoma and metastatic adenocarcinoma.

COUNT I

NRS 630.301(4) - Malpractice

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

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

7. 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.

8. 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 when he chose not to obtain Patient A's previous exams, failed to identify the cancerous mass in Patient A's pancreas, and failed to alert the referring physician to the gravity of the findings he described in the MRI report.

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

COUNT II

NRS 630.3062(1) - Failure to Maintain Proper Medical Records

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

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

12. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient A, by unconcernedly mentioning a possible developmental lesion on the MRI report and failing to highlight the potential unacceptable high level of risk of pancreatic

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

carcinoma for a patient who had two (2) abnormal imaging studies and showed a pancreatic mass on the February 22, 2017, ultrasound.

13. 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(s) of the Medical Practice Act committed by Respondent.

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

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

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

DATED this 17th day of February, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

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

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

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

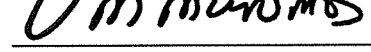
VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

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

DATED this 17th day of February, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

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