

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

Brent Le Kane, M.D.

Physician's & Surgeon's
Certificate No G75272

Respondent

Case No. 800-2017-034553

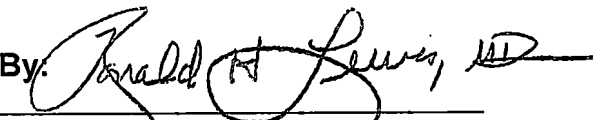
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 3, 2021.

IT IS SO ORDERED February 1, 2021.

MEDICAL BOARD OF CALIFORNIA

By: 

Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 SARAH J. JACOBS
Deputy Attorney General
4 State Bar No. 255899
California Department of Justice
5 2550 Mariposa Mall, Room 5090
Fresno, CA 93721
6 Telephone: (559) 705-2312
Facsimile: (559) 445-5106
7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12
13 In the Matter of the Accusation Against:

14 **BRENT LE KANE, M.D.**
15 **7370 N. Palm Ave., St. 101**
Fresno, CA 93711-5782

16 **Physician's and Surgeon's Certificate No. G**
17 **75272**

18 Respondent.

Case No. 800-2017-034553

OAH No. 2020040390

19 **STIPULATED SETTLEMENT AND**
20 **DISCIPLINARY ORDER**

21 In the interest of a prompt and speedy settlement of this matter, consistent with the public
22 interest and the responsibility of the Medical Board of California of the Department of Consumer
23 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
24 which will be submitted to the Board for approval and adoption as the final disposition of the
25 Accusation.

26 **PARTIES**

27 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
28 California (Board). He brought this action solely in his official capacity and is represented in this

1 matter by Xavier Becerra, Attorney General of the State of California, by Sarah J. Jacobs, Deputy
2 Attorney General.

3 2. Respondent Brent Le Kane, M.D. (Respondent) is represented in this proceeding by
4 attorney Robert W. Hodges, whose address is: 3480 Buskirk Avenue, Suite 250, Pleasant Hill,
5 CA 94523.

6 3. On or about September 29, 1992, the Board issued Physician's and Surgeon's
7 Certificate No. G 75272 to Brent Le Kane, M.D. (Respondent). The Physician's and Surgeon's
8 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
9 No. 800-2017-034553, and will expire on March 31, 2022, unless renewed.

10 **JURISDICTION**

11 4. Accusation No. 800-2017-034553 was filed before the Board, and is currently
12 pending against Respondent. The Accusation and all other statutorily required documents were
13 properly served on Respondent on February 20, 2020. Respondent timely filed his Notice of
14 Defense contesting the Accusation.

15 5. A copy of Accusation No. 800-2017-034553 is attached as Exhibit A and
16 incorporated herein by reference.

17 **ADVISEMENT AND WAIVERS**

18 6. Respondent has carefully read, fully discussed with counsel, and understands the
19 charges and allegations in Accusation No. 800-2017-034553. Respondent has also carefully read,
20 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
21 Disciplinary Order.

22 7. Respondent is fully aware of his legal rights in this matter, including the right to a
23 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
24 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
25 to the issuance of subpoenas to compel the attendance of witnesses and the production of
26 documents; the right to reconsideration and court review of an adverse decision; and all other
27 rights accorded by the California Administrative Procedure Act and other applicable laws.
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1 period shall constitute unprofessional conduct and grounds for further disciplinary action.

2 3. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the
3 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
4 offered by the Physician Assessment and Clinical Education Program, University of California,
5 San Diego School of Medicine (Program), approved in advance by the Board or its designee.
6 Respondent shall provide the program with any information and documents that the program may
7 deem pertinent. Respondent shall participate in and successfully complete the classroom
8 component of the course not later than six (6) months after Respondent's initial enrollment.
9 Respondent shall successfully complete any other component of the course within one (1) year of
10 enrollment. The medical record keeping course shall be at Respondent's expense and shall be in
11 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

12 A medical record keeping course taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the course would have
15 been approved by the Board or its designee had the course been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later. Failure to participate
20 in and successfully complete the professionalism program (ethics course) as outlined above shall
21 constitute unprofessional conduct and grounds for further disciplinary action.

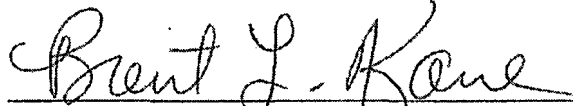
22 ACCEPTANCE

23 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
24 discussed it with my attorney, Robert W. Hodges. I understand the stipulation and the effect it
25 will have on my Physician's and Surgeon's Certificate No. G 75272. I enter into this Stipulated
26 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
27 bound by the Decision and Order of the Medical Board of California.

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DATED: 12/10/2020


BRENT LE KANE, M.D.
Respondent

I have read and fully discussed with Respondent Brent Le Kane, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 12/10/2020



ROBERT W. HODGES, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 12/10/2020

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General


SARAH J. JACOBS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-034553

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Feb 20 20 20
BY Jana Reeves ANALYST

1 XAVIER BECERRA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 SARAH J. JACOBS
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13 In the Matter of the Accusation Against:
14 **Brent Le Kane, M.D.**
7370 N. Palm Ave., St. 101
15 **Fresno, CA 93711-5782**
16 **Physician's and Surgeon's Certificate**
No. G 75272,
17 Respondent.

Case No. 800-2017-034553

ACCUSATION

18
19
20 **PARTIES**

21 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity
22 as the Interim Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about September 29, 1992, the Medical Board issued Physician's and
25 Surgeon's Certificate Number G 75272 to Brent Le Kane, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on March 31, 2022, unless renewed.

28 //

1 **JURISDICTION**

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
22 medical review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that are
24 agreed to with the board and successfully completed by the licensee, or other matters
25 made confidential or privileged by existing law, is deemed public, and shall be made
26 available to the public by the board pursuant to Section 803.1.

27 **STATUTORY PROVISIONS**

28 5. Section 2234 of the Code states, in pertinent part:

The board shall take action against any licensee who is charged with
unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or
abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent
acts or omissions. An initial negligent act or omission followed by a separate and
distinct departure from the applicable standard of care shall constitute repeated
negligent acts.

1 (1) An initial negligent diagnosis followed by an act or omission medically
2 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

3 (2) When the standard of care requires a change in the diagnosis, act, or omission
4 that constitutes the negligent act described in paragraph (1), including, but not limited
5 to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct
departs from the applicable standard of care, each departure constitutes a separate and
distinct breach of the standard of care.

6 [P] ... [P]

7
8 **DEFINITIONS**

9 6. Prostate specific antigen (PSA) is a protein produced by the prostate gland. A PSA
10 blood test is used to screen for cancer of the prostate and to monitor treatment of the disease.
11 Typically, a PSA level of 4.0 ng/mL and above causes concern and biopsy recommendations.

12 7. Gleason scores are used to "grade" or "stage" cancer as they fall into five distinct
13 patterns as they change from normal cells to tumor cells. The cells are graded on a scale of 1 to 5,
14 with 5 being the highest grade. A pathologist looking at a biopsy will assign and add two
15 Gleason scores (e.g., 3 + 4 = 7) based on the two most predominant patterns of tumor cells. The
16 cells are traditionally graded on a scale of 2 to 10. A score of 6 is considered low grade, 7 is
17 intermediate grade, and a score of 8 to 10 is high grade cancer.

18 8. Brachytherapy is the treatment of cancer, especially prostate cancer, by the insertion
19 of radioactive implants directly into the tissue. It is sometimes referred to as internal radiation.

20 9. Grays (Gy) is the measurement used for radiation in photon radiation therapy.

21 **FACTUAL ALLEGATIONS**

22 10. Patient A¹ was a 57-year-old male with a history of recurrent prostate cancer. He had
23 a history of abnormal PSA since at least 2005 and a prior history of urinary obstructive
24 symptoms. In March of 2010, his PSA was 12.8 ng/mL. In June of 2010, his bone scan and CT
25 scan of his abdomen and pelvis reported to show no obvious metastasis.

26 11. On or about January 27, 2011, Respondent first treated Patient A. The physical
27 examination notes an enlarged hard right peripheral lobe with extracapsular extension. Patient A

28 ¹ The patient is identified by the letter "A" to preserve his confidentiality.

1 was unable to feel the seminal vesicles. At that time, his PSA had increased to 15.2 ng/mL.
2 Respondent noted that Patient A's Gleason scores from throughout his prostate biopsies were: 1)
3 4 + 4 = 8; and 2) 3 + 5 = 8. Patient A was in clinical stage III (T3aNxMxG4) and was considered
4 high-risk with a high grade of cancer. Respondent ordered repeat bone and CT scans and
5 discussed options with Patient A. Patient A had investigated proton treatment and Respondent
6 was agreeable to have Patient A receive protons as a boost prior to beginning radiation treatment.
7 Patient A was scheduled to then receive linear accelerator based x-ray treatment to complete his
8 radiation.

9 12. Patient A received hormonal and androgen blockade therapy from a different
10 physician beginning in February of 2011. It was scheduled to continue to 2 years; however,
11 Patient A chose to stop hormonal therapy after he completed his radiation therapy.

12 13. In February 2011, Patient A's repeat bond and CT scans were completed. The bone
13 scan remained negative. However, the CT scan showed an enlarged right external iliac lymph
14 node, among other smaller lymph nodes. The final impression was that it was, "suggestive of at
15 least local pelvic nodal metastatic disease." Respondent failed to change his clinical staging or
16 pursue further investigation even though Patient A's clinical stage cancer changed to IVA
17 (T3N1MxG4).

18 14. In March 2011, Patient A's PSA decreased to 1.94 ng/mL. Respondent noted in his
19 physical examination and the right lobe nodule. Respondent concluded the pre-proton planning
20 for Patient A.

21 15. On or about April 13, 2011, Respondent began Patient A's radiation treatment, and it
22 concluded on or about May 6, 2011. The patient was treated through the right and left lateral
23 fields.

24 16. On or about May 16, 2011, Patient A returned to Respondent and began external
25 beam x-ray radiation therapy, which completed on or about June 14, 2011. The prostate, bladder,
26 rectum, right and left pelvic lymph nodes were contoured and covered in the treatment. The total
27 dose administered to Patient A's prostate, urethra, anterior wall of the rectum, and bladder base
28 was 81 Gy (8100cGy). This amount was within the tolerance level of damage to the treated

1 portion of the small bowel and sigmoid colon for recovery and function, as long as no further
2 injurious incidents occurred. Patient A's PSA at the end of treatment was .43 ng/mL; however, he
3 decided not to get his next anti-hormonal therapy injection and by September of 2011, his PSA
4 was back to 1.02 ng/mL.

5 17. Patient A's PSA continued to rise. In January of 2012, his PSA was 1.35 ng/mL. In
6 March of 2012, his PSA was 2.45 ng/mL. In June of 2012, his PSA was 3.67 ng/mL. This is
7 evidence that Patient A's cancer growth had restarted.

8 18. In July of 2012, a bone and CT scan of Patient A's abdomen stated that he did not
9 have obvious or visible cancer. In fact, the right iliac lymph node of previous concern had
10 reduced in size. The rectum and sigmoid colon wall thickened, consistent with injury from the
11 radiation.

12 19. In November of 2012, Respondent and Patient A discussed a salvage brachytherapy,
13 along with other treatments. Patient A refused a re-biopsy of the prostate due to the amount of
14 pain. His PSA in November of 2012, had increased to 7.4 ng/mL.

15 20. Salvage brachytherapy has the following criteria in order to be appropriate: 1) the
16 original disease be confined to the gland; 2) no extension of the cancer into periprostatic tissue,
17 seminal vesicles, or metastasis into lymph node; 3) PSA below 10 ng/mL at the time salvage is
18 considered; 4) long PSA doubling time; and Gleason score below 6, a grade of 3; and 5) re-biopsy
19 confirmation of carcinoma in the prostate is considered necessary by all authors on this subject.

20 21. On or about February 22, 2013, Respondent performed a salvage brachytherapy on
21 Patient A, in order to attempt to stop the re-growing cancer before it metastasized to lymph nodes
22 or other organs. No repeat PSA test or diagnostic radiology studies were obtained. Respondent
23 used a real time dosimetry method under ultrasound guidance. He placed 55 iodine-125 seeds; 44
24 peripheral and 11 central seeds through needles.

25 22. On February 26, 2013, a dosimetric analysis of the implanted radiation seeds showed
26 Patient A receiving 158 Gy to the prostate, 107 Gy to the urethra, and 38 Gy to the rectum. In
27 September of 2013, a CT scan dosimetry analysis showed him receiving 150 Gy to the prostate,
28 9.8 Gy to the urethra, and 21.6 Gy to the rectum. The total dose of radiation Patient A received

1 from the seeds Respondent inserted was approximately 231-239 Gy to the prostate, 90.8-188 Gy
2 to the urethra, and 102.6-119 Gy to the rectum. The Biologic Effective Dose (BED) was
3 approximately 176 Gy to the prostate, 106-196 Gy to the urethra, and 83-100 Gy to the rectum.

4 23. In July of 2013, Patient A's PSA continued to increase to 43.59 ng/mL. In August of
5 2013, his PSA was 47 ng/mL. In September of 2013, his PSA was 55.9 ng/mL. In November of
6 2013, his PSA was 94.3 ng/mL.

7 24. In January of 2014, Patient A resumed hormonal therapy. In May of 2014, another
8 surgeon performed a cystoscopy and transurethral resection of his prostate and his PSA decreased
9 to 5 ng/mL. In September of 2014, Patient A's PSA was 3.72 ng/mL, and another surgeon
10 performed laser litholopaxy and removal of prostate tissue.

11 25. In February of 2015, Patient A had stool mixed with his urine due to necrosis of his
12 rectal wall and fistula developing in his bladder base and prostate.

13 26. Because Patient A received a high initial dose of external beam radiation (81 Gy), and
14 then a brachytherapy dose of 140 Gy, the combined doses exceeded the ability of his prostate and
15 rectum to survive. Moreover, Patient A's small bowel, prostate, rectum, and bladder were unable
16 to heal after surgery and had additional complications.

17 27. Patient A was not an appropriate candidate for salvage therapy using iodine-125. He
18 had a rising PSA immediately following initial radiation therapy, "previous dose escalated
19 radiation," and previous response to hormonal therapy. More importantly, Patient A's cancer was
20 never localized to his prostate. A brachytherapy could not cure his cancer. His CT scans showed
21 cancer in an iliac lymph node in February of 2011. His prostate cancer was growing in his lymph
22 node immediately after he was treated with 81 Gamma rays to his prostate. Because of his lymph
23 node metastasis, Patient A would never be an appropriate candidate for a brachytherapy implant.
24 In addition, salvage brachytherapy necessitates a biopsy to confirm that cancer is still in the
25 gland, but a confirmation biopsy was never performed because Patient A refused due to the
26 amount of residual pain.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 28. Respondent Brent Le Kane, M.D. is subject to disciplinary action under section 2234,
4 subdivision (b) in that he committed gross negligence in his care and treatment of Patient A. The
5 circumstances are set forth in paragraphs 10 through 27, which are incorporated by reference as if
6 fully set forth. Additional circumstances are as follows:

7 29. On or about February 22, 2013, Respondent committed an act of gross negligence in
8 placing 55 iodine-125 seeds into Patient A during the salvage brachytherapy. Patient A was not
9 an appropriate candidate for salvage brachytherapy using iodine-125 implants. Specific exclusion
10 criteria existed for him and the procedure should not have been performed. Respondent's
11 performance of the salvage brachytherapy resulted in the destruction of Patient A's prostate and
12 more.

13 30. Respondent committed a second act of gross negligence in his care and treatment of
14 Patient A when he failed to recognize he was overdosing the patient with radiation. Respondent
15 neglected to perform a pre-plan analysis of the combined dosage effect in Patient A's prostate and
16 surrounding organs. The prostate, urethra, and rectal dose far exceeded normal tissue tolerance
17 and caused necrosis. Moreover, Respondent never performed a combined dosimetry report
18 evaluating the maximum exposure of radiation to Patient A.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 31. Respondent Brent Le Kane, M.D. is subject to disciplinary action under section 2234,
22 subdivision (c), in that he committed repeated acts of negligence. The circumstances are set forth
23 in paragraphs 10 through 30, which are incorporated here by reference as if fully set forth.

24 **PRAYER**

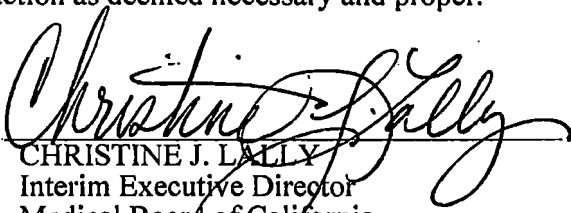
25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Medical Board of California issue a decision:

27 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 75272,
28 issued to Brent Le Kane, M.D.;

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- 2. Revoking, suspending or denying approval of Brent Le Kane, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 3. Ordering Brent Le Kane, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
- 4. Taking such other and further action as deemed necessary and proper.

DATED: FEB 20 2020


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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