

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

**In the Matter of the First Amended  
Accusation Against:**

**Stevan Ray Clark, M.D.**

**Physician's and Surgeon's  
Certificate No. G 63102**

**Case No.: 800-2019-057732**

**Respondent.**

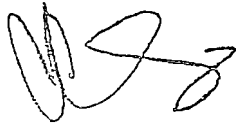
**DECISION**

**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 6, 2023.**

**IT IS SO ORDERED: February 2, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



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**Laurie Rose Lubiano, J.D., Chair  
Panel A**

1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 MARIANNE A. PANSO  
Deputy Attorney General  
4 State Bar No. 270928  
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:  
13 **STEVAN RAY CLARK, M.D.**  
14 **10220 S. Western Avenue**  
**Los Angeles, CA 90047**  
15 **Physician's and Surgeon's Certificate**  
16 **No. G 63102**

17 Respondent.

Case No. 800-2019-057732

OAH No. 2021110746

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by Marianne A. Pansa, Deputy  
25 Attorney General.

26 2. Respondent Stevan Ray Clark, M.D. (Respondent) is represented in this proceeding  
27 by attorney Thomas F. McAndrews, Esq., whose address is: 1230 Rosecrans Ave., Suite 450  
28 Manhattan Beach, CA 90266.

3. On or about June 20, 1988, the Board issued Physician's and Surgeon's Certificate No. G 63102 to Stevan Ray Clark, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-057732, and will expire on January 31, 2024, unless renewed.

## JURISDICTION

4. Accusation No. 800-2019-057732 was filed before the Board, and all other statutorily required documents were properly served on Respondent on October 13, 2021. A First Amended Accusation was properly served on Respondent on January 3, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the Accusation and the First Amended Accusation No. 800-2019-057732 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2019-057732. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in First Amended  
3 Accusation No. 800-2019-057732, if proven at a hearing, constitute cause for imposing discipline  
4 upon his Physician's and Surgeon's Certificate.

5 10. Respondent does not contest that, at an administrative hearing, complainant could  
6 establish a prima facie case with respect to the charges and allegations in First Amended  
7 Accusation No. 800-2019-057732, a true and correct copy of which is attached hereto as Exhibit  
8 A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 63102 to  
9 disciplinary action.

10 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
11 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
12 Disciplinary Order below.

13 CONTINGENCY

14 12. This stipulation shall be subject to approval by the Medical Board of California.  
15 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
16 Board of California may communicate directly with the Board regarding this stipulation and  
17 settlement, without notice to or participation by Respondent or his counsel. By signing the  
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
22 action between the parties, and the Board shall not be disqualified from further action by having  
23 considered this matter.

24 13. Respondent agrees that if he ever petitions for early termination or modification of  
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
26 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2019-  
27 057732 shall be deemed true, correct and fully admitted by respondent for purposes of any such  
28 proceeding or any other licensing proceeding involving Respondent in the State of California.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 63102 issued to Respondent STEVAN RAY CLARK, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months, on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including

1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

3 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
4 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
5 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
6 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
7 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
8 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
9 signed statement for approval by the Board or its designee.

10 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
11 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
12 make all records available for immediate inspection and copying on the premises by the monitor  
13 at all times during business hours and shall retain the records for the entire term of probation.

14 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
15 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
16 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
17 shall cease the practice of medicine until a monitor is approved to provide monitoring  
18 responsibility.

19 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
20 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
21 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
22 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
23 that the monitor submits the quarterly written reports to the Board or its designee within 10  
24 calendar days after the end of the preceding quarter.

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
27 name and qualifications of a replacement monitor who will be assuming that responsibility within  
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
2 notification from the Board or its designee to cease the practice of medicine within three (3)  
3 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
4 replacement monitor is approved and assumes monitoring responsibility.

5 In lieu of a monitor, Respondent may participate in a professional enhancement program  
6 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
7 review, semi-annual practice assessment, and semi-annual review of professional growth and  
8 education. Respondent shall participate in the professional enhancement program at Respondent's  
9 expense during the term of probation.

10 3. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
11 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief  
12 of Staff or the Chief Executive Officer at every hospital where privileges or membership are  
13 extended to Respondent, at any other facility where Respondent engages in the practice of  
14 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
15 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
16 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
17 15 calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 4. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
20 governing the practice of medicine in California and remain in full compliance with any court  
21 ordered criminal probation, payments, and other orders.

22 5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
23 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
24 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena  
25 enforcement, as applicable, in the amount of \$13,712.00 (thirteen thousand seven hundred twelve  
26 dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay  
27 such costs shall be considered a violation of probation.

28 Any and all requests for a payment plan shall be submitted in writing by respondent to the

1 Board.

2 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
3 repay investigation and enforcement costs, including expert review costs (if applicable).

4 6. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
5 under penalty of perjury on forms provided by the Board, stating whether there has been  
6 compliance with all the conditions of probation.

7 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
8 of the preceding quarter.

9 7. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit.

12 Address Changes

13 Respondent shall, at all times, keep the Board informed of Respondent's business and  
14 residence addresses, email address (if available), and telephone number. Changes of such  
15 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
16 circumstances shall a post office box serve as an address of record, except as allowed by Business  
17 and Professions Code section 2021, subdivision (b).

18 Place of Practice

19 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
20 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
21 facility.

22 License Renewal

23 Respondent shall maintain a current and renewed California physician's and surgeon's  
24 license.

25 Travel or Residence Outside California

26 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
27 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
28 (30) calendar days.



1 In the event Respondent should leave the State of California to reside or to practice  
2 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
3 departure and return.

4 8. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
5 available in person upon request for interviews either at Respondent's place of business or at the  
6 probation unit office, with or without prior notice throughout the term of probation.

7 9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
10 defined as any period of time Respondent is not practicing medicine as defined in Business and  
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
13 Respondent resides in California and is considered to be in non-practice, Respondent shall  
14 comply with all terms and conditions of probation. All time spent in an intensive training  
15 program which has been approved by the Board or its designee shall not be considered non-  
16 practice and does not relieve Respondent from complying with all the terms and conditions of  
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
18 on probation with the medical licensing authority of that state or jurisdiction shall not be  
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
20 period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
22 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
23 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
24 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
25 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

26 Respondent's period of non-practice while on probation shall not exceed two (2) years.

27 Periods of non-practice will not apply to the reduction of the probationary term.

28 Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the  
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
3 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
4 Controlled Substances; and Biological Fluid Testing..

5 10. COMPLETION OF PROBATION. Respondent shall comply with all financial  
6 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
7 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
8 be fully restored.

9 11. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
10 of probation is a violation of probation. If Respondent violates probation in any respect, the  
11 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
12 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
13 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
14 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
15 the matter is final.

16 12. LICENSE SURRENDER. Following the effective date of this Decision, if  
17 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
18 the terms and conditions of probation, Respondent may request to surrender his or her license.  
19 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
20 determining whether or not to grant the request, or to take any other action deemed appropriate  
21 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
22 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
23 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
24 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
25 application shall be treated as a petition for reinstatement of a revoked certificate.

26 13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
27 with probation monitoring each and every year of probation, as designated by the Board, which  
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of


1 California and delivered to the Board or its designee no later than January 31 of each calendar  
2 year.

3 14. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
4 a new license or certification, or petition for reinstatement of a license, by any other health care  
5 licensing action agency in the State of California, all of the charges and allegations contained in  
6 Accusation No. 800-2019-057732 shall be deemed to be true, correct, and admitted by  
7 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
8 restrict license.

9 ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
11 discussed it with my attorney, Thomas F. McAndrews, Esq.. I understand the stipulation and the  
12 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated  
13 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
14 bound by the Decision and Order of the Medical Board of California.

15  
16 DATED: 8-1-22

  
17 STEVAN RAY CLARK, M.D.  
Respondent

18 I have read and fully discussed with Respondent Stevan Ray Clark, M.D. the terms and  
19 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

20 I approve its form and content.

21 DATED: 8/3/22

  
22 THOMAS F. MCANDREWS, ESQ.  
Attorney for Respondent

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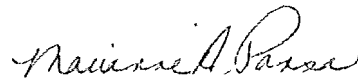
1 **ENDORSEMENT**

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

4 DATED: August 4, 2022

Respectfully submitted,

5 ROB BONTA  
6 Attorney General of California  
7 STEVE DIEHL  
Supervising Deputy Attorney General

8 

9 MARIANNE A. PANSA  
10 Deputy Attorney General  
11 *Attorneys for Complainant*  
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1 ROB BONTA  
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2 STEVE DIEHL  
Supervising Deputy Attorney General  
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Attorneys for Complainant  
8

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10 BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
11 STATE OF CALIFORNIA  
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13 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2019-057732

14 STEVAN RAY CLARK, M.D.  
15 10220 S. Western Avenue  
Los Angeles, CA 90047

FIRST AMENDED ACCUSATION

16 Physician's and Surgeon's Certificate  
17 No. G 63102,

18 Respondent.

19  
20 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his  
21 official capacity as the Executive Director of the Medical Board of California, Department of  
22 Consumer Affairs (Board).

23 2. On or about June 20, 1988, the Board issued Physician's and Surgeon's Certificate  
24 Number G 63102 to Stevan Ray Clark, M.D. (Respondent). The Physician's and Surgeon's  
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on January 31, 2024, unless renewed.

27 ///

28 ///

## JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

## STATUTORY PROVISIONS

5. Section 2234 of the Code, states:

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  
3 negligent act.

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

9 (d) Incompetence.

10 (e) The commission of any act involving dishonesty or corruption that is  
11 substantially related to the qualifications, functions, or duties of a physician and  
12 surgeon.

13 (f) Any action or conduct that would have warranted the denial of a certificate.

14 (g) The failure by a certificate holder, in the absence of good cause, to attend  
15 and participate in an interview by the board. This subdivision shall only apply to a  
16 certificate holder who is the subject of an investigation by the board.

#### 17 COST RECOVERY

18 6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
19 administrative law judge to direct a licensee found to have committed a violation or violations of  
20 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
21 enforcement of the case,<sup>1</sup> with failure of the licensee to comply subjecting the license to not  
22 being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs  
23 may be included in a stipulated settlement.

#### 24 DEFINITIONS

25 7. Axillary sentinel node biopsy is a procedure in which the sentinel lymph node is  
26 identified, removed and examined to determine whether cancer cells are present. The sentinel  
27 lymph node is defined as the first lymph node to which cancer cells are most likely to spread from  
28 a primary tumor. Sometimes there can be more than one sentinel lymph node. Axillary nodes are  
a group of lymph nodes located in the armpit region of the body.

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<sup>1</sup> As of November 18, 2021, Section 125.3 of the Code has been amended to remove subsection (k), which precluded the Board from collecting costs. The Board may collect investigation, prosecution, and other costs incurred for a disciplinary proceeding against a licensee as of January 1, 2022.

1       8. Axillary lymph node dissection usually involves removing nodes in level I and II, in  
2 the armpit region. For women with invasive breast cancer, this procedure may be performed as  
3 part of a mastectomy, or after a lumpectomy through a separate incision.

4       9. Breast conserving surgery removes cancer while leaving as much normal breast tissue  
5 as possible. Breast conserving surgery can be called a lumpectomy, quadrantectomy, partial  
6 mastectomy, or segmental mastectomy, depending on how much tissue is removed.

7       10. Invasive ductal carcinoma is a type of breast cancer that begins in the milk-producing  
8 glands (lobules) of the breast. Invasive cancer occurs when the cancer cells have broken out of  
9 the lobules where they began and have potential to spread to the lymph nodes or other areas of the  
10 body.

11       11. Lumpectomy is a surgical operation in which a lump is removed from the breast,  
12 typically when cancer is present but has not spread. During a lumpectomy, the cancer or other  
13 abnormal tissue and a small amount of healthy tissue are removed to ensure that all of the  
14 abnormal tissue is removed. A lumpectomy is also called breast-conserving surgery because only  
15 a portion of the breast is removed.

16       12. Magnetic resonance imaging (MRI) is a medical imaging technique that uses a  
17 magnetic field and computer-generated radio waves to create detailed images of organs and  
18 tissues in the body.

19       13. Malignant neoplasm of the breast is a form of breast cancer in which the tumor grows  
20 from the ducts beneath the nipple. Symptoms commonly include itching and burning and  
21 eczema-like condition around the nipple, sometimes accompanied by oozing or bleeding.

22       14. Mammogram is an x-ray image of the breast used to screen breast cancer.

23       15. Mastectomy is a surgery to remove all breast tissue from the breast as a way to treat  
24 and prevent breast cancer.

25       16. Positive margins are those margins where cancer cells are present. In negative  
26 margins, the tumor is entirely encapsulated in healthy tissue.

27       17. Subareolar refers to the location under the breast's areola, the colored skin around the  
28 nipple.



1 18. Surgical time-out is conducted in the operating room before the first surgical incision  
2 is made to promote patient safety and prevent surgical errors. It is a short meeting between all  
3 members of the surgical team to ensure the surgical team is performing the correct procedure on  
4 the correct patient, site, and side, as well as to share any concerns.

5 19. An ultrasound is a type of imaging test to examine internal organs using very high  
6 frequency sound waves.

### 7 FACTUAL ALLEGATIONS

8 20. Respondent performed an examination of a 52 year-old female patient<sup>2</sup> in his office  
9 on or about April 3, 2017, after she was referred by another physician. The patient reported  
10 feeling a lump in her right breast in December 2016. Respondent noted a mammogram  
11 performed on January 25, 2017 was negative, and an ultrasound dated February 21, 2017, showed  
12 a new lesion in the right breast at 10 o'clock. Upon examination, Respondent also found a lump  
13 at the areolar border of the right breast at 12 o'clock. He diagnosed a "small but definite  
14 dominant mass, non-mobile," and a "Cat - 3 right breast ultrasound, but away from the area of the  
15 lump." He recommended the patient undergo a right breast lumpectomy.

16 21. Respondent performed the recommended lumpectomy at California Hospital Medical  
17 Center on or about June 1, 2017. The pathology revealed cancer, specifically, a 1.4 centimeter  
18 invasive ductal carcinoma with positive margins.

19 22. The patient and her daughter were seen by Respondent in his office on or about June  
20 5, 2017, and he diagnosed the patient with a breast lump or mass, and an unspecified malignant  
21 neoplasm of the breast. Respondent advised the patient of the cancer diagnosis and told her that  
22 she would probably need a mastectomy and axillary sentinel node biopsy, but that he was  
23 awaiting the final pathology report. The plan was to await the final pathology results, schedule an  
24 oncology consultation, and schedule a follow-up with the patient.

25 23. Respondent met with the patient on or about June 19, 2017 to discuss the final  
26 pathology report. Respondent assessed the patient with invasive right subareolar breast cancer  
27 with positive margins. Respondent discussed treatment options including a mastectomy versus

28 <sup>2</sup> The patient's name is not being used to protect patient confidentiality.

1 conservation with the patient. The patient advised Respondent that she wanted more information  
2 about reconstruction and that she was leaning toward a mastectomy. Respondent ordered a  
3 bilateral MRI, as well as oncology, radiology and plastic surgery consultations. Respondent  
4 advised that he would meet with the patient two days after the MRI was completed.

5 24. Respondent met with the patient and her daughter on July 22, 2017 to discuss the  
6 MRI results. The patient had met with the oncologist, radiologist, and plastic surgeon. The  
7 patient was advised that the MRI showed a second lesion. Respondent reviewed the options of  
8 mastectomy versus lumpectomy, and advised that if the patient chose a lumpectomy, an  
9 additional work-up of the right breast would be needed. It was agreed that the patient's daughter  
10 would contact Respondent to advise him of the preferred treatment option.

11 25. The patient had another ultrasound on August 10, 2017. Respondent met with the  
12 patient on August 11, 2017 to discuss the ultrasound results. The ultrasound showed a lesion in  
13 the right upper outer quadrant. Respondent ordered another mammogram.

14 26. On September 18, 2017, Respondent met with the patient and her husband and  
15 explained the results of the mammogram and ultrasound. The patient again advised Respondent  
16 she wanted conservation. An MRI guided biopsy of the right breast was ordered.

17 27. On October 7, 2017, Respondent met with the patient, her husband, and her daughter,  
18 and advised the patient of her surgery options. The first option was a mastectomy, and the second  
19 option was a wide subareolar excision of the areola and nipple, and possibly a wide excision to  
20 include the area seen on the first MRI. Respondent noted that he needed to consult with the  
21 plastic surgeon for the second option because the plastic surgeon advised the patient that removal  
22 of the nipple was not necessary, and the patient was leaning toward breast conservation.

23 28. On October 20, 2017, the patient returned to Respondent's office with her daughter to  
24 discuss the surgery. The patient advised she had seen the plastic surgeon and that reconstruction  
25 was not possible after a nipple areola excision. Respondent advised that a nipple excision was  
26 necessary, and explained that an axillary sentinel node biopsy was recommended, with a possible  
27 completion of an axillary dissection. The patient advised that she wanted conservation and  
28 requested a lumpectomy. Respondent discussed the surgery with the patient and obtained the

1 patient's written consent to perform a wide local excision including the areola and nipple, with  
2 possible sentinel lymph node biopsy.

3 29. On or about November 16, 2017, Respondent performed the surgery at California  
4 Hospital Medical Center. However, instead of performing a wide local excision of the areola and  
5 nipple of the right breast, consistent with the patient's request and consent, Respondent performed  
6 a full right breast mastectomy and a sentinel lymph node biopsy.

7 30. On or about November 18, 2017, the patient returned to Respondent's office for a  
8 post-operative visit. The patient presented with complaints of pain and wanted to know why a  
9 mastectomy was performed. The patient's dressings were changed. After reviewing his records,  
10 Respondent called the patient and her daughter acknowledging that he had made a mistake noting  
11 the patient had only consented to a partial mastectomy.

12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Gross Negligence)**

14 31. Respondent Stevan Ray Clark, M.D. is subject to disciplinary action under section  
15 2234, subdivision (b), of the Code, in that he engaged in act(s) or omission(s) amounting to gross  
16 negligence. The circumstances are set forth in paragraphs 20 through 30, which are incorporated  
17 here by reference as if fully set forth. Additional circumstances are as follows:

18 32. The standard of care requires that prior to and during surgery, a doctor is responsible  
19 for performing the correct surgical procedure on the correct patient, site, and side. Respondent's  
20 failure to check and ensure that he was performing the operation consistent with the patient's  
21 consent is an extreme departure from the standard of care and constitutes gross negligence.

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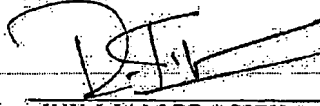
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 63102, issued to Respondent Stevan Ray Clark, M.D.;
2. Revoking, suspending or denying approval of Respondent Stevan Ray Clark, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Stevan Ray Clark, M.D., to pay the Board the costs of the investigation and enforcement of this action, and 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: JAN 03 2022

  
For WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

Reji Varghese  
Deputy Director

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