

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

In the Matter of the Accusation Against:

David Zhong Jian Chu, **M.D.**

Physician's and Surgeon's  
Certificate No. G 32609

Respondent.

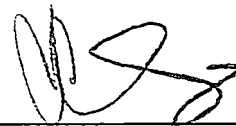
MBC File # 800-2020-064630

**ORDER CORRECTING NUNC PRO TUNC  
CLERICAL ERROR IN DECISION**

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the Decision of the above-entitled matter, and that such clerical error shall be corrected.

IT IS HEREBY ORDERED that the Decision in the above-entitled matter be and is hereby amended and corrected nunc pro tunc as of the date of entry of the Order to reflect that Respondent's name is David Zhong Jian Chu, M.D.

April 11, 2024



\_\_\_\_\_  
Laurie Rose Lubiano, J.D. , Chair  
Panel A

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

In the Matter of the Accusation  
Against:

David Zhing Jian Chu, M.D.

Physician's and Surgeon's  
Certificate No. G 32609

Respondent.

Case No. 800-2020-064630

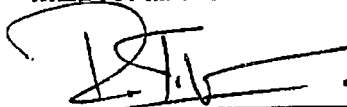
DECISION

The attached Stipulated Surrender of License and 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 January 12, 2024.

IT IS SO ORDERED December 15, 2023.

MEDICAL BOARD OF CALIFORNIA



Reji Varghese  
Executive Director

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS  
Deputy Attorney General  
4 State Bar No. 207764  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6516  
Facsimile: (916) 731-2117  
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 DAVID ZHONG JIAN CHU, M.D.  
14 P.O. Box 386  
San Gabriel, CA 91778  
15 Physician's and Surgeon's Certificate No. G  
16 32609  
17 Respondent.

Case No. 800-2020-064630  
OAH No. 2023050040  
**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

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

20 **PARTIES**

21 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
22 California (Board). He brought this action solely in his official capacity and is represented in this  
23 matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy  
24 Attorney General.

25 2. David Zhong Jian Chu, M.D. (Respondent) is represented in this proceeding by  
26 attorney Mark B. Guterman, of LaFollette, Johnson, DeHaas, Fesler & Ames, 701 North Brand  
27 Boulevard, Suite 600, Glendale, California 91203.

28 //



1           9. For the purpose of resolving the Accusation without the expense and uncertainty of  
2 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
3 basis for the charges in the Accusation and that those charges constitute cause for discipline.  
4 Respondent hereby gives up his right to contest that cause for discipline exists based on those  
5 charges.

6           10. Respondent understands that by signing this stipulation he enables the Board to issue  
7 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
8 process.

9    **CONTINGENCY**

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

19           12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
20 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures  
21 thereto, shall have the same force and effect as the originals.

22           13. In consideration of the foregoing admissions and stipulations, the parties agree that  
23 the Board may, without further notice or formal proceeding, issue and enter the following Order:

24    **ORDER**

25           **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 32609, issued  
26                           to Respondent David Zhong Jian Chu, M.D., is surrendered and accepted by the Board.

27           1. The surrender of Respondent's Physician's and Surgeon's Certificate and the  
28 acceptance of the surrendered license by the Board shall constitute the imposition of discipline

1 against Respondent. This stipulation constitutes a record of the discipline and shall become a part  
2 of Respondent's license history with the Board.

3 2. Respondent shall lose all rights and privileges as a physician and surgeon in  
4 California as of the effective date of the Board's Decision and Order.

5 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was  
6 issued, his wall certificate on or before the effective date of the Decision and Order.


7 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
8 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
9 comply with all the laws, regulations and procedures for reinstatement of a revoked or  
10 surrendered license in effect at the time the petition is filed, and all of the charges and allegations  
11 contained in Accusation No. 800-2020-064630 shall be deemed to be true, correct and admitted  
12 by Respondent when the Board determines whether to grant or deny the petition.

13 5. Respondent shall pay the agency its costs of investigation and enforcement in the  
14 amount of \$14,600.00, prior to issuance of a new or reinstated license.

15 6. If Respondent should ever apply or reapply for a new license or certification, or  
16 petition for reinstatement of a license, by any other health care licensing agency in the State of  
17 California, all of the charges and allegations contained in Accusation, No. 800-2020-064630 shall  
18 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of  
19 Issues or any other proceeding seeking to deny or restrict licensure.

20 ACCEPTANCE

21 I have carefully read the above Stipulated Surrender of License and Order and have fully  
22 discussed it with my attorney Mark B. Guterman, Esq. I understand the stipulation and the effect  
23 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of  
24 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
25 Decision and Order of the Medical Board of California.

26  
27 DATED: 8/24/2023   
28 DAVID ZHONGJIAN CHU, M.D.  
*Respondent*

1 I have read and fully discussed with Respondent David Zhong Jian Chu, M.D. the terms and  
2 conditions and other matters contained in this Stipulated Surrender of License and Order. I  
3 approve its form and content.

4 DATED: 8/25/23

  
MARK B. GUTERMAN.  
Attorney for Respondent

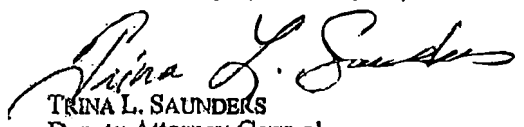
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8 **ENDORSEMENT**

9 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
10 for consideration by the Medical Board of California of the Department of Consumer Affairs.

11  
12 DATED: Nov. 13, 2023

Respectfully submitted,

13 ROB BONTA  
14 Attorney General of California  
15 ROBERT MCKIM BELL  
16 Supervising Deputy Attorney General

  
17 TRINA L. SAUNDERS  
18 Deputy Attorney General  
19 Attorneys for Complainant

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21 Stipulated Surrender of License and Order - SDAG Reviewed.docx  
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**Exhibit A**

**Accusation No. 800-2020-064630**



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ROB BONTA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
TRINA L. SAUNDERS  
Deputy Attorney General  
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Facsimile: (916) 731-2117  
*Attorneys for Complainant*

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

In the Matter of the Accusation Against:

Case No. 800-2020-064630

**DAVID ZHONG JIAN CHU, M.D.**  
Post Office Box 386  
San Gabriel, California 91778

**A C C U S A T I O N**

Physician's and Surgeon's Certificate No.  
G 32609,

Respondent.

**PARTIES**

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Deputy Director of the Medical Board of California (Board).

2. On August 3, 1976, the Board issued Physician's and Surgeon's Certificate Number G 32609 to David Zhong Jian Chu, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2024, unless renewed.

**JURISDICTION**

3. This 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.

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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.

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

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited 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.

1 (d) Incompetence.

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

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

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

9 **COST RECOVERY**

10 6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
11 administrative law judge to direct a licensee found to have committed a violation or violations of  
12 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
13 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
14 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
15 included in a stipulated settlement.

16 **FIRST CAUSE FOR DISCIPLINE**

17 (Repeated Negligent Acts)

18 7. Respondent David Zhong Jian Chu, M.D. is subject to disciplinary action under  
19 section 2234 (c) of the Code in that he failed to appropriately manage five patients by taking each  
20 of them for definitive suspected cancer surgery based on imaging without a prior core needle  
21 biopsy as recommended by radiology and required by the standard of care in the community.

22 Patient A<sup>1</sup>

23 8. Patient A, a then 41-year-old female, first saw Respondent on April 17, 2018. Patient  
24 A was referred to Respondent due to a mammogram demonstrating a left breast lesion. Patient A  
25 presented with Breast Imaging Reporting and Data System 5 (BI-RADS 5)<sup>2</sup> suspicious for cancer

26 <sup>1</sup> The patients herein are identified by letters to protect their privacy."

27 <sup>2</sup> Doctors assign a category BI-RADS 5 when there is a very high probability of breast cancer.  
28 Such a finding requires that the patient's medical practitioner request an immediate biopsy. BI-RADS  
category 5 is usually reserved for lesions having a 95% probability of malignancy. After biopsy the  
average rate of carcinoma in category 5 biopsies is about 75-97%.

1 and a second suspicious area by MRI. The radiology report contained a recommendation for  
2 image guided biopsy for the areas.

3 9. Respondent waited for an additional MRI result to be returned before proceeding with  
4 surgery. An MRI was completed on April 20, 2018. The Respondent's plan was to review the  
5 MRI findings to characterize the area better and if imaging revealed a low suspicion of cancer, to  
6 do a needle biopsy. However, if the imaging revealed a high suspicion, he planned to take Patient  
7 A to surgery. The MRI demonstrated a 1.7 cm. suspicious left breast lesion.

8 10. Respondent offered Patient A lumpectomy with a frozen section at the time of  
9 surgery and then to proceed with Sentinel Lymph Node Biopsy (SNLB)<sup>3</sup> if cancer was found on  
10 the frozen section.

11 11. Respondent biopsied the other suspicious area by palpation without imaging at the  
12 time of surgery.

13 12. On May 3, 2018, Patient A underwent surgery for a 1.7 cm mass, which on frozen  
14 section showed invasive ductal carcinoma. The surrounding breast tissues were dense. A needle  
15 core biopsy of the retro areolar dense breast tissue was taken, and the sentinel node 2 cm node  
16 was removed clinically and was possibly negative since Patient A had previous hidradenitis.

17 13. Pathology following surgery showed that Patient A had infiltrative ductal carcinoma  
18 of the left breast. Patient A was referred to medical oncology and radiation oncology.

19 14. Respondent was negligent in that he failed to perform a preoperative biopsy and  
20 tumor receptors analysis, thereby denying Patient A a potential treatment option. The standard of  
21 care for SLN is a pre-procedure injection of Technetium and, in most cases, blue dye. There is no  
22 data to support the method used by the Respondent.

23 Patient B

24 15. Patient B, a then 63-year-old female, first presented to Respondent on March 7, 2019.  
25 Patient B was referred to Respondent for a left breast mass. She had a prior mammogram. The

26  
27 <sup>3</sup> A sentinel lymph node biopsy (SLN) is a procedure in which the sentinel lymph node is  
28 identified, removed, and examined to determine whether cancer cells are present. It is used in people who  
have already been diagnosed with cancer.

1 mammogram and ultrasound showed a 2.4, 2.1, and 2.5 left breast lesion. The radiologist  
2 recommended a biopsy.

3 16. Respondent discussed the above finding with Patient B. He explained that  
4 Respondent to Patient B that she had options that included a needle biopsy, or surgical  
5 intervention without biopsy. Respondent recommended that, due to insurance delays which could  
6 have been as long as two months, the fact that the mass was greater than 2 cm, and the fact that  
7 Patient B wanted breast conservation, that Patient B undergo surgery without a pre-surgical  
8 biopsy.

9 17. On March 12, 2019, Patient B underwent a left breast partial mastectomy and SNL  
10 dissections. The frozen sections were positive for cancer. The pathology report showed  
11 infiltrative ductal carcinoma.

12 18. Respondent was negligent in failing to perform a pre-operative biopsy and tumor  
13 receptors analysis, thereby denying Patient B potential treatment options. The standard of care  
14 for SLN is pre-procedure injection of Technetium and, in most cases, blue dye. There is no data  
15 to support the method used by the Respondent.

16 Patient C

17 19. Patient C, a then 65-year-old female, first presented to Respondent on July 3, 2018.  
18 Patient C was referred to Respondent for a left breast mass by mammogram and physical exam  
19 suspicious for carcinoma. The radiologist recommended an ultrasound guided biopsy.

20 20. Respondent discussed the above finding with Patient C. He explained that, based on  
21 the mammogram, there was a 95% chance of cancer and that Patient C could have a biopsy before  
22 surgery, or she could undergo surgery without a needle biopsy. Respondent explained to Patient  
23 C that even if the biopsy were negative, based on the mammogram, surgical intervention would  
24 be necessary. Therefore, it was his recommendation that she have surgery without a needle  
25 biopsy.

1           21. On July 13, 2018, Patient C underwent a left breast segmentectomy<sup>4</sup> and left axillary  
2 node, sentinel node mapping and dissection. A lumpectomy was performed for a 1.9 cm invasive  
3 cancer and SLN dissection, removing 12 nodes. The nodes were all negative for cancer. As a  
4 result, the operation performed amounted to a complete axillary dissection with an increased risk  
5 of lymphedema<sup>5</sup>, compared to an SLN biopsy.

6           22. Respondent was negligent in failing to perform a preoperative biopsy and tumor  
7 receptors analysis, thereby denying Patient C a potential treatment option. The standard of care  
8 for SLN is pre-procedure injection of Technetium<sup>6</sup> and in most cases, blue dye. There is no data  
9 to support the method used by the Respondent.

10 Patient D

11           23. Patient D, a then 58-year-old female, first presented to Respondent on July 5, 2018.  
12 Patient D was referred to Respondent for a mammogram and a left breast ultrasound. The  
13 imaging demonstrated microcalcifications in the medial upper left breast and spiculated lesion in  
14 the right breast. Ultrasound was recommended for both breasts.

15           24. Respondent discussed the above findings and impressions with Patient D.  
16 Respondent explained that, because of the density of Patient D's breasts, there was a higher risk of  
17 carcinoma. Respondent explained Patient D's options to her, which included a pre-surgical  
18 biopsy, or in the alternative, surgical intervention without a biopsy.

19           25. On July 10, 2018, Patient D presented to the Respondent for further discussion and  
20 evaluation.

21           26. On or about July 11, 2018, Patient D underwent a left breast partial mastectomy and  
22 removal of additional medial margin. SLN was performed.

23           <sup>4</sup> A segmentectomy is the excision (removal) of the diseased portion of any organ or  
24 gland. The procedure has several variations and many names, including segmental resection,  
wide excision, lumpectomy, tumorectomy, quadrantectomy, and partial mastectomy.

25           <sup>5</sup> Lymphedema is a build-up of lymph fluid in the fatty tissues just under the skin. It can  
26 cause swelling and discomfort, sometimes become severe and cause serious problems, and is  
often a long-term or chronic condition.

27           <sup>6</sup> Technetium is a radioactive isotope.

- 1 27. A 3.6 cm DCIS<sup>7</sup> and 0.8 cm invasive cancer was found.  
2 28. There is no record of evaluation of the spiculated lesion in the right breast.  
3 29. The Respondent referred Patient D out for further treatment.  
4 30. Respondent was negligent in failing to perform a pre-operative biopsy and tumor  
5 receptors analysis, thereby denying Patient D a potential treatment option. The standard of care  
6 for SLN is pre-procedure injection of Technetium and, in most cases, blue dye. There is no data  
7 to support the method used by the Respondent.

8 Patient E

9 31. Patient E, a then 52-year-old female, first presented to Respondent on February 8,  
10 2018. Patient E was referred to Respondent with a right breast mass. She had a mammogram  
11 that was performed in China, which showed abnormalities. On physical exam, it felt suspicious.

12 32. The Respondent ordered a mammogram that was performed on February 9, 2018. It  
13 demonstrated a 1.6 x 1.5 x .5 cm right breast lesion. A follow-up ultrasound was recommended,  
14 by the radiologist.

15 33. On February 20, 2018, Patient E presented to Respondent. Respondent discussed the  
16 above findings and impressions with Patient E. Respondent explained that Patient E had a  
17 possible fibroadenoma<sup>8</sup> that appeared to be growing. He discussed the treatment of it if  
18 carcinoma was found during surgery. Patient E opted for surgical intervention without a prior  
19 guided needle biopsy and breast conservation as recommended by Respondent.

20 34. On or about February 22, 2018, Patient E underwent surgery. A 4 cm right breast  
21 lumpectomy was completed for a less than 2 cm benign fibroadenoma.

22 35. Respondent was negligent in that he failed to conduct a pre-operative image-guided  
23 needle biopsy, and conducted a blind injection into Patient E's breast tissue after lumpectomy for

24 <sup>7</sup> Ductal carcinoma in situ (DCIS) is the presence of abnormal cells inside a milk duct in the  
25 breast. DCIS is considered the earliest form of breast cancer. DCIS is noninvasive, meaning it hasn't  
26 spread out of the milk duct and has a low risk of becoming invasive. DCIS is usually found during a  
mammogram done as part of breast cancer screening or to investigate a breast lump.

27 <sup>8</sup> Fibroadenomas vary in size, and they can enlarge or shrink on their own. Fibroadenomas are  
28 among the most common noncancerous (benign) breast lumps in young women. Treatment might include  
monitoring to detect changes in size or feel, a biopsy to evaluate the lump, or surgery to remove it.

1 SLN identification. A benign lesion such as a fibroadenoma requires a limited resection, and  
2 some lesions can be managed with observation alone, without surgery.

3 36. Respondent's acts and/or omissions as set forth in Paragraphs 8 through 35, whether  
4 proven individually, jointly or in combination, constitute repeated acts of negligence under Code  
5 section 2234, subdivision (c). Therefore, cause for discipline exists.

6  
7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Incompetence)**

9 37. Respondent David Zhong Jian Chu, M.D. is subject to disciplinary action under  
10 section 2234 (d) in that he failed to perform pre-operative biopsies in the cases of Patients A, B,  
11 C, D, and E, in violation of the standard of care in the community and thereby deprived each of  
12 the patients of potential treatment options. The circumstances are as follows:

13 38. Paragraphs 8 through 35, are incorporated herein by reference as if fully set forth  
14 herein.

15 39. Respondent demonstrated a lack of knowledge. His current level of knowledge, as  
16 demonstrated by his choice of procedure, is not within the standard of care. Excisional biopsy is  
17 reserved for lesions that are determined equivocal or non-concordant on core needle biopsy but  
18 not for initial evaluation of the lesion beyond imaging.

19 40. Respondent's acts and/or omissions as set forth in Paragraphs 8 through 35, whether  
20 proven individually, jointly or in combination, constitute incompetence pursuant to Code section  
21 2234 (d). Therefore, cause for discipline exists.

22  
23 **PRAYER**


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

26 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 32609,  
27 issued to David Zhong Jian Chu, M.D.;



- 1           2.    Revoking, suspending or denying approval his authority to supervise physician
- 2 assistants and advanced practice nurses;
- 3           3.    Ordering him to pay the Board the costs of the investigation and enforcement of this
- 4 case and if placed on probation, the costs of probation monitoring;
- 5           4.    If placed on probation, ordering him to provide patient notification in accordance
- 6 with Business and Professions Code section 2228.1; and
- 7           5.    Taking such other and further action as deemed necessary and proper.

8  
9    DATED:   FEB 0 1 2023

  
\_\_\_\_\_  
REJI VARGHESE  
Deputy Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
  
*Complainant*

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