  
Barbara Yaroslavsky, Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 KERRY WEISEL  
Deputy Attorney General  
4 State Bar No. 127522  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 03-2011-212484

12 **PETER ANASTASSIOU, M.D.**  
13 2100 Webster Street, Suite 200  
14 San Francisco, CA 94115

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate No. A 43203

16 Respondent.

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

19 **PARTIES**

20 1. Kimberly Kirchmeyer ("Complainant") is the Interim Executive Director of the  
21 Medical Board of California ("Board or Medical Board") and replaces Linda K. Whitney, who  
22 was the Executive Director when the Accusation was filed against Respondent, as Complainant in  
23 this matter. She brought this action solely in her official capacity and is represented in this matter  
24 by Kamala D. Harris, Attorney General of the State of California, by Kerry Weisel, Deputy  
25 Attorney General.

26 2. Respondent Peter Anastassiou, M.D. ("Respondent") is represented in this proceeding  
27 by attorney Thomas E. Still of The Hinshaw Law Firm, 12901 Saratoga Avenue, Saratoga,  
28 California 95070.

1           3.     On October 14, 1986, the Medical Board of California issued Physician's and  
2 Surgeon's certificate Number A 43203 to Peter Anastassiou. Unless renewed, the certificate will  
3 expire on June 30, 2014.

4                                   **JURISDICTION**

5           4.     Complainant filed an Accusation in Case No. 03-2011-212484 on November 6, 2012,  
6 and served the Accusation and all other statutorily required documents on Respondent on the  
7 same date. Complainant filed a First Amended Accusation in Case Number 03-2011-212484 on  
8 November 29, 2012. Respondent filed his Notice of Defense contesting the Accusation. A copy  
9 of the First Amended Accusation, which is currently pending against Respondent, is attached as  
10 exhibit A and is incorporated in this document by reference.

11                                   **ADVISEMENT AND WAIVERS**

12           5.     Respondent has carefully read and understands the charges and allegations in the First  
13 Amended Accusation in Case No. 03-2011-212484. Respondent has also carefully read and fully  
14 discussed with counsel and understands the effects of this Stipulated Settlement and Disciplinary  
15 Order.

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

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

25                                   **CULPABILITY**

26           8.     Respondent understands and agrees that the charges and allegations in the First  
27 Amended Accusation in Case No. 03-2011-212484, if proven at a hearing, constitute cause for  
28 imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent understands that, at a hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in the First Amended Accusation and that he has therefore subjected his license to disciplinary action.

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

## RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

## CONTINGENCY

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

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

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

1 **DISCIPLINARY ORDER**

2 **A. PUBLIC REPRIMAND**

3 IT IS HEREBY ORDERED that Respondent Peter Anastassiou, M.D., Physician and  
4 Surgeon's Certificate No. A 43203, shall be and hereby is publicly reprimanded pursuant to  
5 California Business and Professions Code section 2227, subdivision (a)(4). This public  
6 reprimand is issued in connection with Respondent's treatment of several patients as set forth in  
7 the First Amended Accusation in Case No. 03-2011-212484.

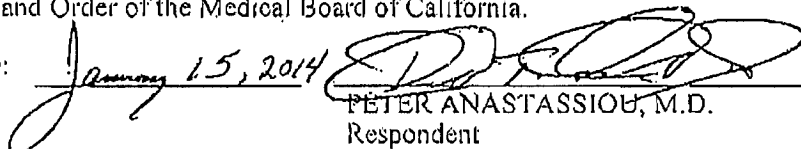
8 **B. EDUCATION COURSE**

9 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to  
10 the Board or its designee for its prior approval educational program(s) or course(s) which shall  
11 not be less than 80 hours. The educational program(s) or course(s) shall be aimed at correcting  
12 any areas of deficient practice or knowledge and shall be Category I certified. The educational  
13 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the  
14 Continuing Medical Education ("CME") requirements for renewal of licensure. At least 25 hours  
15 shall be from the Society for Thoracic Surgeons and at least 25 hours shall be from the American  
16 Association of Thoracic Surgeons. Following the completion of each course, the Board or its  
17 designee may administer an examination to test Respondent's knowledge of the course. The  
18 courses shall be completed within one year of the effective date of the Board's Decision in this  
19 matter unless the Board or its designee agrees in writing to a later time for completion. Hours of  
20 credit earned at the Society for Thoracic Surgeons' annual meeting from January 25 to 29, 2014,  
21 although prior to the effective date of the Decision, may, in the sole discretion of the Board or its  
22 designee, be accepted towards the fulfillment of this condition if the course would have been  
23 approved by the Board or its designee had the course been taken after the effective date of this  
24 Decision. Respondent shall provide proof of attendance for 105 hours of CME of which 80 hours  
25 were in satisfaction of this condition. Failure to take the educational courses outlined above  
26 within the timeframe set out above shall constitute unprofessional conduct and grounds for further  
27 disciplinary action.

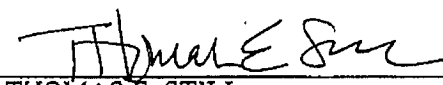
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ACCEPTANCE

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

DATED: January 15, 2014  
PETER ANASTASSIOU, M.D.  
Respondent


I have read and fully discussed with Respondent Peter Anastassiou, 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: 1-15-2014  
THOMAS E. STILL  
THE HINSHAW LAW FIRM  
Attorneys for RespondentENDORSEMENT

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

Dated: January 16, 2014

Respectfully Submitted,

KAMALA D. HARRIS  
Attorney General of California  
JOSE R. GUERRERO  
Supervising Deputy Attorney General  
KERRY WEISEL  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**First Amended Accusation No. 03-2011-212484**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 KERRY WEISEL  
Deputy Attorney General  
4 State Bar No. 127522  
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6 Facsimile: (415) 703-5480

7 *Attorneys for Complainant*

**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
SACRAMENTO *November 21, 2012*  
BY: *J. Helchuk* **ANALYST**

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

11 In the Matter of the Accusation Against:

Case No. 03-2011-212484

12 **PETER ANASTASSIOU, M.D.**

13 2100 Webster Street, Suite 200  
14 San Francisco, CA 94115

**FIRST AMENDED ACCUSATION**

15 Physician's and Surgeon's Certificate No. A 43203

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Linda K. Whitney ("Complainant") brings this First Amended Accusation solely in  
20 her official capacity as the Executive Director of the Medical Board of California.

21 2. On October 14, 1986, the Medical Board of California issued Physician's and  
22 Surgeon's certificate Number A 43203 to Peter Anastassiou ("Respondent"). The Physician's and  
23 Surgeon's certificate was in full force and effect at all times relevant to the charges brought herein  
24 and will expire on June 30, 2014, unless renewed.

25 **JURISDICTION**

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



4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code provides in pertinent part that 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:

6. “(a) Violating . . . 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.

“ ”

## FACTS

7. At all times relevant to this matter, Respondent was licensed and practicing medicine in San Francisco, California.

**PATIENT P-1<sup>1</sup>**

8. Patient P-1, a 56 year old man, was transferred from Sutter Medical Center to California Pacific Medical Center ("CPMC") on April 26, 2009 because of a mediastinal mass. The mass was first detected in 1996 and was measured by CT scan in February 2009 as 6 cm. The mass had previously been asymptomatic but neck discomfort at the time of admission to Sutter Medical Center may have been attributed to it.

9. The mass was initially felt to be a thymoma and a median sternotomy was performed at Sutter Medical Center on April 24, 2009. When the mass was found to be fixed posteriorly, the resection was aborted. A biopsy showed the mass to be a Schwannoma, a benign nerve sheath tumor.

10. A CT scan of the chest the morning of April 27, 2009 confirmed the posterior mediastinal mass. MRI imaging suggested that the mass was emanating from a posterior location, possibly the nerve roots coming off the spine.

11. The skin incision was through the axilla with P-1 in the posterolateral position with his arm above his head. The chest cavity was entered between the first and second ribs. The second rib and a good portion of the first were transected anteriorly to gain further exposure to the area. Respondent explained that he elevated the latissimus dorsi and the pectoral muscles, pushing the latissimus dorsi posteriorly and the pectoral muscles anteriorly, approaching through the side and extending the thoracotomy incision posteriorly and anteriorly to have as much room as possible. He said that if you went very posterior you would run into the scapula and that you cannot cut through the scapula.

12. The operative note states that there was a "massive tumor occupying the thoracic inlet" that "appeared to extend into supraclavicular areas adjacent to the brachial plexus." Because of the location of the incision, Respondent could not palpate the superior-most aspect of the tumor so he initiated his dissection by a debulking procedure to reduce the size of the tumor

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<sup>1</sup> The patients are designated in this document as Patients P-1 through P-3 to protect their and their families' privacy. Respondent knows the names of the patients and can confirm their identity through discovery.

1 and gain better access to the capsule. During the dissection, branches of the subclavian artery  
2 were severed and there was extensive bleeding.

3 **FIRST CAUSE FOR DISCIPLINE**  
4 (Gross Negligence)

5 13. Respondent's license is subject to disciplinary action for unprofessional conduct in  
6 violation of section 2234, subdivisions (a) (violating provisions of this chapter) and (b) (gross  
7 negligence), in that he approached Patient P-1's large posterior mediastinal mass anterolaterally  
8 through the axilla instead of using a posterolateral incision.

9 **PATIENT P-2**

10 14. Patient P-2 was 74 years old when he presented to CPMC on April 28, 2009. He  
11 had a history of, among other things, pulmonary embolus and deep vein thrombosis; chronic atrial  
12 fibrillation; COPD; squamous cell lung cancer status post, resection two years earlier; prostate  
13 cancer, status post brachytherapy; type 2 diabetes; chronic renal failure; hypertension; and  
14 cervical stenosis, status post laminectomy three years earlier. He was admitted with worsening  
15 shortness of breath and blood tinged mucous. In addition to the conditions listed above, he was  
16 diagnosed with pneumonia in the right upper lung with probable sepsis and left lung whiteout  
17 (opacification of the lung on a chest x-ray).

18 15. P-2 was admitted to the intensive care unit. While in the hospital P-2 received  
19 prolonged antibiotic therapy for Pseudomonas pneumonia; received inotropic agents to support  
20 cardiac function; underwent placement of chest tubes emergently on the left side for effusion and  
21 tension pneumothorax and additional drainage on the right side; underwent several intubations  
22 and extubations; had a tracheostomy for maintenance of chronic lung insufficiency; underwent  
23 dialysis throughout most of his hospital stay.

24 16. During the latter part of P-2's stay in the hospital, he had a sizable abscess in his  
25 right lung. Despite aggressive antibiotic management and percutaneous drainage with multiple  
26 percutaneous drains, the Pseudomonas infection in the abscess did not clear. There was also  
27 concern that there was some bronchopleural communication with the abscess cavity because there  
28 had been a fairly sizable air leak with the initial percutaneous tubes.

1           17.     On June 3, 2009, Respondent operated on P-2 to debride the abscess cavity and  
2 close the bronchopleural fistula. He undertook a two-stage procedure. He first generated an  
3 omental pedicle flap by way of an abdominal incision. He then performed a right thoracotomy to  
4 close the bronchopleural fistula and reinforce the infected space with the omental flap. During  
5 the course of the operation, P-2 had multiple problems including hypotension, hypoxemia,  
6 ventilator support issues, and, ultimately, hypovolemia from bleeding during dissection to  
7 separate the right lung from the esophagus and diaphragm. P-2 expired in the operating room  
8 from hypovolemic shock.

9                                   **SECOND CAUSE FOR DISCIPLINE**  
  (Gross Negligence)

10           18.     Respondent's license is subject to disciplinary action for unprofessional conduct in  
11 violation of section 2234, subdivisions (a) (violating provisions of this chapter) and (b) (gross  
12 negligence), in that he performed a surgery on Patient P-2 that was much too complicated for  
13 such a compromised patient.

14                                   **PATIENT P-3**

15           19.     In December 2009, a nodule was found in the left upper lobe of the lung of Patient  
16 P-3, a 59 year old man with a history of emphysema and hypertension among other things. A fine  
17 needle aspiration and biopsy at that time showed no features of malignancy. Further work-up did  
18 not reveal the etiology of the nodule.

19           20.     On February 12, 2010, P-3 was admitted to California Pacific Medical Center, San  
20 Francisco, ("CPMC") with recurrent left pneumothorax. That same day, Dr. Anastassiou  
21 performed a video-assisted thorascopy with wedge resection of a large mass and bullae from P-  
22 3's upper lobe using an Endo-Gia stapler. The specimen was sent to pathology. While waiting  
23 for the frozen section report, Dr. Anastassiou dissected around the pulmonary veins in preparation  
24 for a possible lobectomy. When the frozen section report revealed no malignancy, Dr.  
25 Anastassiou closed P-3's chest. He failed to reinforce the stapling with a strip of tissue and to test  
26 the stapling of the lung tissue for air leak by immersing it in saline. Before closing, he instilled  
27 talcum powder in the pleural space in an attempt to ensure pleurodesis (adhesion of the visceral  
28

1 and parietal pleura). Because of the significant pneumothorax the visceral and parietal pleura  
2 were not approximated and pleurodesis was not obtained.

3 21. Following the surgery a massive air leak was noticed and chest x-rays showed  
4 significant pneumothorax. The pneumothorax was still approximately 50% on February 18,  
5 2010, six days after the surgery, when Dr. Anastassiou performed additional surgery to determine  
6 the source of the pneumothorax.

7 22. The surgery revealed a complete disruption of the staple line that had been placed  
8 after the wedge excision and bullae resection. Dr. Anastassiou performed a left thoracotomy and  
9 complete lobectomy.

10 **THIRD CAUSE FOR DISCIPLINE**  
11 (Repeated Negligent Acts)

12 23. Respondent's license is subject to disciplinary action for unprofessional conduct in  
13 violation of section 2234, subdivisions (a) (violating provisions of this chapter) and (c) (repeated  
14 negligent acts), in that he engaged in the conduct alleged in the First, Second, Fourth, and Fifth  
15 Causes for Discipline and in that he failed to either test the stapling of P-3's lung tissue for air  
16 leak by immersing it in saline solution before closing or to reinforce the stapling with a strip of  
17 tissue to keep them from tearing through.

18 **FOURTH CAUSE FOR DISCIPLINE**  
19 (Gross Negligence)

20 24. Respondent's license is subject to disciplinary action for unprofessional conduct in  
21 violation of section 2234, subdivisions (a) (violating provisions of this chapter) and (b) (gross  
22 negligence), in that he continued with a dissection of P-3's pulmonary veins in anticipation of  
23 possible lobectomy before getting back the frozen section evaluation to determine if a dissection  
24 would be necessary.

25 **FIFTH CAUSE FOR DISCIPLINE**  
26 (Gross Negligence)

27 25. Respondent's license is subject to disciplinary action for unprofessional conduct in  
28 violation of section 2234, subdivisions (a) (violating provisions of this chapter) and (b) (gross

negligence), in that he failed to operate on P-3 in a timely manner to address a serious pneumothorax in a patient with emphysema.

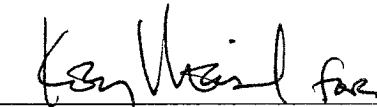
**PRAYER**

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 43203 issued to Peter Anastassiou, M.D.;
2. Revoking, suspending, or denying approval of Peter Anastassiou's authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Peter Anastassiou, if placed on probation, to pay the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED:

November 29, 2012



LINDA K. WHITNEY  
Executive Director  
Medical Board of California  
State of California  
Complainant