

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

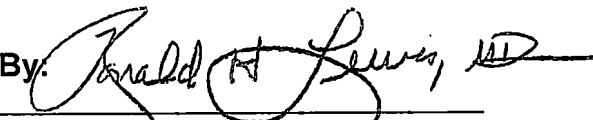
**DECISION**

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

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

19  
20  
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.

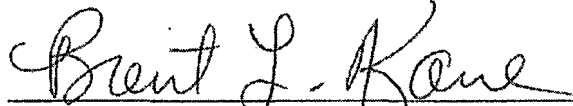
### 22 ACCEPTANCE

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  
Deputy Attorney General  
4 State Bar No. 255899  
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10 **MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2017-034553

14 **Brent Le Kane, M.D.**  
15 **7370 N. Palm Ave., St. 101**  
16 **Fresno, CA 93711-5782**

**ACCUSATION**

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

Respondent.

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.

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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  
3 negligent act.

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

9 [P] ... [P]

### 10 DEFINITIONS

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

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

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

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

### 23 FACTUAL ALLEGATIONS

24 10. Patient A<sup>1</sup> was a 57-year-old male with a history of recurrent prostate cancer. He had  
25 a history of abnormal PSA since at least 2005 and a prior history of urinary obstructive  
26 symptoms. In March of 2010, his PSA was 12.8 ng/mL. In June of 2010, his bone scan and CT  
27 scan of his abdomen and pelvis reported to show no obvious metastasis.

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

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<sup>1</sup> 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**

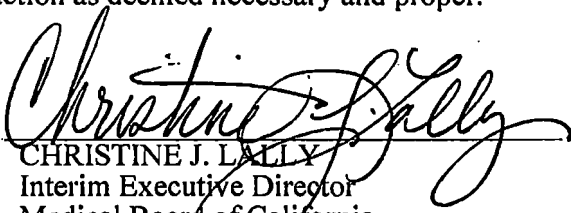
25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
26 and that following the hearing, the Medical Board of California issue a decision:

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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