

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

In the Matter of the Accusation )  
Against: )

HELEN YUK YU CHANG, M.D. )

Case No. 09-2013-229708

Physician's and Surgeon's )  
Certificate No. G34578 )

Respondent )

**DECISION**

The attached Stipulated Surrender of License 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 November 1, 2015.

**IT IS SO ORDERED** August 19, 2015.

**MEDICAL BOARD OF CALIFORNIA**

By: \_\_\_\_\_

*Kimberly Kirchmeyer*  
Kimberly Kirchmeyer  
Executive Director

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 MARTIN W. HAGAN  
Deputy Attorney General  
4 State Bar No. 155553  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 09-2013-229708

14 **HELEN YUK YU CHANG, M.D.**  
15 **15525 Pomerado road, Suite A-8**  
**San Diego, CA 92064**

OAH No. 2014050908

16 **Physician's and Surgeon's Certificate No.**  
17 **G34578,**

**STIPULATED SURRENDER OF**  
**LICENSE AND DISCIPLINARY ORDER**

18 Respondent.

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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California. She brought this action solely in her official capacity as such and is represented in  
24 this matter by Kamala D. Harris, Attorney General of the State of California, by Martin W.  
25 Hagan, Deputy Attorney General.

26 2. Helen Yuk Yu Chang, M.D. (Respondent) is represented in this proceeding by Robert  
27 W. Frank Esq., whose address is 1010 Second Ave., Ste. 2500, San Diego, CA 92101-4959.

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1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 09-2013-229708, a true and correct copy of which is attached hereto as Exhibit "A," and that  
5 she has thereby subjected her Physician's and Surgeon's Certificate No. G34578 to disciplinary  
6 action. Respondent hereby surrenders her Physician's and Surgeon's Certificate No. G34578 for  
7 the Board's formal acceptance.

8 9. Respondent further agrees that if she ever petitions for reinstatement of her  
9 Physician's and Surgeon's Certificate No. G34578, or if an accusation and/or petition to revoke  
10 probation is ever filed against her before the Medical Board of California, all of the charges and  
11 allegations contained in Accusation No. 09-2013-229708 shall be deemed true, correct, and fully  
12 admitted by respondent for purposes of any such proceeding or any other licensing proceeding  
13 involving respondent in the State of California or elsewhere.

14 10. Respondent understands that, by signing this stipulation, she enables the Executive  
15 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of her  
16 Physician's and Surgeon's Certificate No. G34578 effective November 1, 2015, without further  
17 notice or opportunity to be heard.

18 CONTINGENCY

19 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
20 part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . .  
21 stipulation for surrender of a license."

22 12. This Stipulated Surrender of License and Disciplinary Order shall be subject to  
23 approval of the Executive Director on behalf of the Medical Board. The parties agree that this  
24 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive  
25 Director for her consideration in the above-entitled matter and, further, that the Executive  
26 Director shall have a reasonable period of time in which to consider and act on this Stipulated  
27 Surrender of License and Disciplinary Order after receiving it. By signing this stipulation,  
28 respondent fully understands and agrees that she may not withdraw her agreement or seek to

1 rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board,  
2 considers and acts upon it.

3 13. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
4 shall be null and void and not binding upon the parties unless approved and adopted by the  
5 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full  
6 force and effect. Respondent fully understands and agrees that in deciding whether or not to  
7 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive  
8 Director and/or the Board may receive oral and written communications from its staff and/or the  
9 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the  
10 Executive Director, the Board, any member thereof, and/or any other person from future  
11 participation in this or any other matter affecting or involving respondent. In the event that the  
12 Executive Director on behalf of the Board does not, in her discretion, approve and adopt this  
13 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it  
14 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied  
15 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees  
16 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason  
17 by the Executive Director on behalf of the Board, respondent will assert no claim that the  
18 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,  
19 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or  
20 of any matter or matters related hereto.

21 **ADDITIONAL PROVISIONS**

22 14. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
23 herein to be an integrated writing representing the complete, final and exclusive embodiment of  
24 the agreements of the parties in the above-entitled matter.

25 15. The parties agree that copies of this Stipulated Surrender of License and Disciplinary  
26 Order, including signatures of the parties, may be used in lieu of original documents and  
27 signatures and, further, that such copies shall have the same force and effect as originals.

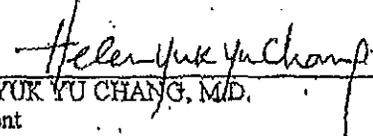
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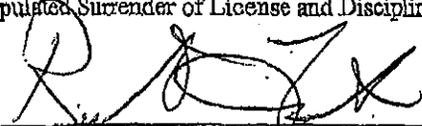
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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney, Robert W. Frank, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G34578. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

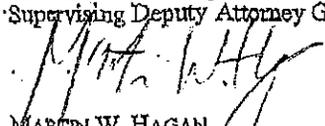
DATED: 7-20-15   
HELEN YUK YU CHANG, M.D.  
Respondent

I have read and fully discussed with respondent Helen Yuk Yu Chang, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DATED: 7-21-15   
ROBERT W. FRANK, ESQ.  
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted to the Executive Director of the Medical Board of California, Department of Consumer Affairs, for her consideration on behalf of the Board.

DATED: 7-22-2015 Respectfully submitted,  
KAMALA D. HARRIS  
Attorney General of California  
THOMAS S. LAZAR  
Supervising Deputy Attorney General  
  
MARTIN W. HAGAN  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 09-2013-229708**

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 MARTIN W. HAGAN  
Deputy Attorney General  
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8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *April 23 20 14*  
BY *[Signature]* ANALYST

10 BEFORE THE  
11 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
12 STATE OF CALIFORNIA

13 Case No. 09-2013-229708

14 In the Matter of the Accusation Against:  
15 HELEN YUK YU CHANG, M.D.  
15525 Pomerado Road, Suite A-8  
16 San Diego, CA 92064  
17 Physician's and Surgeon's Certificate No.  
G34578  
18 Respondent.

ACCUSATION

20 Complainant alleges:

21 PARTIES

- 22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity  
23 as the Executive Director of the Medical Board of California, Department of Consumer Affairs.  
24 2. On or about July 1, 1977, the Medical Board of California issued Physician's and  
25 Surgeon's Certificate Number G34578 to Helen Yuk Yu Chang, 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 February 29, 2016, unless renewed.

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1 " . . .  
2 "(f) Any action or conduct which would have warranted the denial of a  
3 certificate.

4 " . . . . "

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Gross Negligence)**

7 6. Respondent has subjected her Physician's and Surgeon's Certificate Number G34578 to  
8 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the  
9 Code, in that she committed gross negligence in her care and treatment of patient MM, as more  
10 particularly alleged herein:

11 7. On or about July 13, 2010, patient MM, a fifty-four (54) year old female, presented to  
12 respondent for an annual well woman examination and consultation regarding her personal risk for  
13 gynecologic cancer. As part of this visit, the patient reported a strong family history for breast cancer,  
14 that she had had tested positive for the BRCA2 gene mutation and that she wanted her ovaries  
15 removed. The patient's surgical history included, among other things, a prophylactic double  
16 mastectomy in 1991, breast reconstructive surgery in 1992, gastric bypass in 1999, and additional  
17 breast reconstructive surgeries in 2009 and 2010. The plan section of the chart note for this visit  
18 indicated patient MM was a "candidate for laparoscopic supracervical hysterectomy, bilateral  
19 salpingo-oophorectomy [LSH-BSO], will coordinate surgery with Dr. [G] who will reconstruct right  
20 breast."

21 8. On or about July 21, 2010, patient MM was seen again by respondent who performed a  
22 pelvic ultrasound. The ultrasound showed a normal size uterus with a 3 millimeter lining, a small  
23 amount of endometrial cavity fluid and no visualization of the ovaries. The chart note for this visit  
24 indicated, once again, that patient MM was a candidate for LSH-BSO based on her strong family  
25 history of breast cancer and her positive test for the BRCA2 mutation.

26 9. On or about August 9, 2010, patient MM called respondent with several questions about  
27 the upcoming LSH-BSO surgery and an appointment was scheduled for August 12, 2010, so she  
28 could discuss her questions with respondent in more detail.

1           10. On or about August 12, 2010, patient MM had her appointment with respondent to  
2 discuss her questions regarding her upcoming surgery. During this visit, the patient discussed her  
3 history of a bowel obstruction in 1988 and also presented respondent with a copy of an Operative  
4 Report for her gastric bypass surgery in 1999, which noted adhesions to the undersurface of the  
5 anterior abdominal wall. The patient indicated she wanted to preserve her uterus and thus the surgical  
6 plan was modified from a LSH-BSO to a BSO. The patient expressed her concern about the  
7 possibility of adhesions that could be present and thus requested respondent to consult with a general  
8 surgeon to address the adhesions should they be present. Respondent indicated she would consult  
9 with a general surgeon colleague and subsequently made arrangements for her colleague, Dr. C, to be  
10 present during respondent's upcoming surgery. Dr. C's surgical consultation note indicates "Dr.  
11 Chang asked me to perform lysis of adhesions prior to GYN procedure" which he agreed to do.

12           11. On or about September 2, 2010, patient MM was seen again by respondent for a pre-  
13 operative appointment. The chart note for this visit indicates, "risks, indication and alternatives as  
14 well as nature of procedure explained to [patient]. Will proceed [with] LSO [laparoscopic salpingo-  
15 oophorectomy] via laparoscope [with] lysis of adhesions. If need to open, [patient] then wants  
16 TAHBSO [total abdominal hysterectomy, bilateral salpingo-oophorectomy]." Patient MM initialed  
17 the "Hysterectomy Consent Form" at various sections. The consent form stated "[m]y scheduled  
18 operation is: Bilateral salpingo oophorectomy, possible TAHBSO if opened surg[ery] only."

19           12. On or about September 7, 2010, Patient MM was admitted to Pomerado Hospital for her  
20 scheduled surgery. Dr. G performed right breast reconstructive procedures while Dr. C did the lysis  
21 of adhesions on the abdominal wall and then respondent proceeded with her procedure. In her  
22 Operative Report, respondent noted the fallopian tubes and ovaries appeared atrophic and that she  
23 used a harmonic scalpel to transect the blood supply to the patient's ovaries without difficulties.  
24 According to respondent, she was concerned about the potential for bleeding with removal of the  
25 fallopian tubes, and if bleeding occurred this would contribute to future scarring in the area. Thus,  
26 according to respondent, she made an intra-operative decision to leave patient MM's fallopian tubes  
27 in place and not remove them. Respondent did not collect and retain the pelvic washings for  
28

1 cytologic analysis.<sup>1</sup> Respondent did not explain the rationale for her intra-operative decision to leave  
2 the fallopian tubes in place in her Operative Report. Respondent's Operative Report identifies the  
3 procedure she performed as a "Bilateral laparoscopic oophorectomy and enterolysis."<sup>2</sup> The total  
4 estimated blood loss for respondent's procedure was listed as 2mL. The patient was discharged later  
5 that evening in stable condition.

6 13. On or about September 19, 2010, patient MM was informed by telephone that her  
7 pathology report was negative for malignant or atypical cells.

8 14. On or about September 21, 2010, patient MM had a post-operative appointment with  
9 respondent. Respondent's chart note for this visit indicates patient had normal bowel movement and  
10 urination, she was off her pain medications one week after her surgery, she would continue  
11 "bioidentical cream" and her annual well woman examination was due in July 2011. Respondent  
12 provided patient MM with a copy of the Operative Report for her recent surgery and a copy of the  
13 pathology report at this appointment.

14 15. On or about October 25, 2010, patient MM met with respondent in her office to address  
15 concerns over her surgery. Specifically, the patient inquired whether her ovaries were taken out with  
16 her fallopian tubes, i.e., the BSO procedure that was requested by the patient, discussed with  
17 respondent, and referenced in the consent form.<sup>3</sup> Respondent's chart note for this visit states,  
18 "Question about sequence of surgery & whether if [sic] ovaries taken out. Explained to patient that

19  
20 <sup>1</sup> A cytologic evaluation is the microscopic analysis of cells collected from a particular part of  
21 the body. This is done to determine what the cells look like, and how they form and function. The  
22 test is usually used to look for cancers and precancerous changes. "For women with an increased risk  
23 of ovarian cancer, risk-reducing salpingo-oophorectomy should include careful inspection of the  
24 peritoneal cavity, pelvic washings, removal of the fallopian tubes, and ligation of the ovarian vessels  
at the pelvic brim." (ACOG Practice Bulletin No. 89, January 2008, Elective and Risk-Reducing  
Salpingo-oophorectomy, at p.7, underline added.) Respondent admitted in her physician interview  
before the Board that she was unaware at the time of patient MM's surgery of the need to collect and  
retain pelvic washings for BRCA positive patients.

25 <sup>2</sup> Bilateral laparoscopic oophorectomy indicates removal of ovaries only and enterolysis  
26 relates to the removal of adhesions.

27 <sup>3</sup> As previously mentioned, the consent form stated "[m]y scheduled operation is: Bilateral  
28 salpingo oophorectomy, possible TAHBSO if opened surg[ery] only."

1 infundibular ligaments were cut across with harmonic scalpel so BSO was carried out<sup>4</sup> but due to  
2 adhesions may be only partially removed.”

3 16. After the visit with respondent of October 25, 2010, patient MM consulted with an  
4 oncologist, who referred her to Dr. BD, a gynecologic oncologist. Dr. BD recommended the patient  
5 undergo surgery to remove her fallopian tubes. This recommendation was based on national  
6 guidelines for risk reducing surgery in patients, such as patient MM, who are positive for the BRCA 1  
7 or 2 gene mutations. Dr. BD performed a laparoscopic bilateral salpingectomy with collection of  
8 pelvic washings in January 2011 without complication.<sup>5</sup> Dr. BD’s findings included adhesions  
9 between the omentum and anterior abdominal wall, normal uterus and fallopian tubes and absent  
10 ovaries.

11 17. On or about August 20, 2013, during the Medical Board investigation in this case,  
12 respondent appeared for her physician’s interview and, during that interview, demonstrated her lack  
13 of knowledge regarding the recommended surgical techniques for risk-reducing salpingo-  
14 oophorectomy and the risk of fallopian tube cancer. During her interview, she explained her intra-  
15 operative decision for not removing the fallopian tubes and indicated the fallopian tubes were the  
16 least likely to cause cancer and “...primary tubal cancer is very rare.”<sup>6</sup> In fact, the risk for primary  
17 peritoneal cancer is higher in BRCA positive women compared to the general population, and this  
18

19 <sup>4</sup> Respondent was asked in her deposition on November 13, 2012, in a related underlying civil  
20 matter, and in her physician’s interview of August 20, 2013, about her chart note which indicated  
21 “BSO was carried out” when, in fact, that procedure was not performed and the fallopian tubes were  
22 left in place. In her deposition, respondent first claimed she mistakenly left the word “not” out and  
23 then indicated she had “dictated as not taken out” which makes little sense since the chart note was  
24 handwritten and not dictated and then typed out. In her physician interview, respondent claimed that  
25 she meant to write “BO” and explained “I only did a partially removed adnexa which is BO which is  
26 what she had in her OP report and she has in her hands.”

27 <sup>5</sup> Dr. BD explained in her deposition on November 13, 2012, in the related underlying civil  
28 matter, that she performed the procedure to reduce the risk of any further cancer and believed that the  
standard of care required “[t]hat a risk-reduction surgery for a BRCA mutation carrier would include,  
as I wrote, washings and bilateral salpingo-oophorectomy.” (Deposition, at pp. 37-39.)

<sup>6</sup> On February 13, 2013, respondent provided the Board with a written summary regarding her  
care and treatment of patient MM. In this summary, she indicated, among other things, “[o]n  
10/25/2010, the patient came in questioning whether if [sic] the tubes were removed. I did not think  
it was important to remove the tubes because the risk of ovarian cancer was the main concern and  
tubal cancer was extremely rare.”

1 risk is higher when the fallopian tubes are not removed. Additionally, respondent admitted at her  
2 interview that she was not aware at the time of patient MM's surgery on September 7, 2010, of the  
3 need to collect and retain pelvic washings.

4 18. Respondent committed gross negligence in her care and treatment of patient M.M. which  
5 included, but was not limited to, the following:

6 (a) Not removing the fallopian tubes of patient MM, a carrier of the BRCA 2  
7 gene mutation, at the time of her surgery on September 7, 2010; and

8 (b) Not collecting the peritoneal washings of patient MM, a carrier of the  
9 BRCA 2 gene mutation, at the time of her surgery on September 7, 2010.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Repeated Negligence)**

12 19. Respondent has further subjected her Physician's and Surgeon's Certificate Number  
13 G34578 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision  
14 (c), of the Code, in that she committed repeated negligent acts in the care and treatment of patient  
15 M.M., as more particularly alleged in paragraphs 6 through 18, above, and which are hereby realleged  
16 and incorporated by reference as if fully set forth herein.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Incompetence)**

19 20. Respondent has further subjected her Physician's and Surgeon's Certificate Number  
20 G34578 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision  
21 (d), of the Code, in that she demonstrated her incompetence in her care and treatment of patient MM,  
22 as more particularly alleged hereinafter:

23 21. Respondent demonstrated incompetence in her care and treatment of patient MM which  
24 included, but was not limited to, the following:

25 (a) Paragraphs 6 through 18, above, are hereby incorporated by reference and  
26 realleged as if fully set forth herein;

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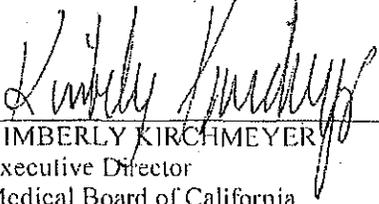
(b) Respondent lacked knowledge regarding the recommended surgical techniques for risk-reducing salpingo-oophorectomy and the need to collect pelvic washings.

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 G34578, issued to respondent Helen Yuk Yu Chang, M.D.;
- 2. Revoking, suspending or denying approval of respondent Helen Yuk Yu Chang, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;
- 3. Ordering respondent Helen Yuk Yu Chang, M.D., to pay the Medical Board of California, if placed on probation, the costs of probation monitoring; and
- 4. Taking such other and further action as deemed necessary and proper.

DATED: April 23, 2014

  
 \_\_\_\_\_  
 KIMBERLY KIRCHMEYER  
 Executive Director  
 Medical Board of California  
 Department of Consumer Affairs  
 State of California  
 Complainant

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