

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **ROBERT B. PASTERZ, M.D.**

4 Holder of License No. 10596
5 For the Practice of Allopathic Medicine
6 In the State of Arizona

Case No. MD-05-1203A

**CONSENT AGREEMENT FOR
LETTER OF REPRIMAND**

7 **CONSENT AGREEMENT**

8 By mutual agreement and understanding, between the Arizona Medical Board
9 ("Board") and Robert B. Pasterz, M.D. ("Respondent"), the parties agreed to the following
10 disposition of this matter.

11 1. Respondent has read and understands this Consent Agreement and the
12 stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
13 Respondent acknowledges that he has the right to consult with legal counsel regarding
14 this matter.

15 2. By entering into this Consent Agreement, Respondent voluntarily
16 relinquishes any rights to a hearing or judicial review in state or federal court on the
17 matters alleged, or to challenge this Consent Agreement in its entirety as issued by the
18 Board, and waives any other cause of action related thereto or arising from said Consent
19 Agreement.

20 3. This Consent Agreement is not effective until approved by the Board and
21 signed by its Executive Director.

22 4. The Board may adopt this Consent Agreement of any part thereof. This
23 Consent Agreement, or any part thereof, may be considered in any future disciplinary
24 action against Respondent.

25 5. This Consent Agreement does not constitute a dismissal or resolution of other
matters currently pending before the Board, if any, and does not constitute any waiver,

1 express or implied, of the Board's statutory authority or jurisdiction regarding any other
2 pending or future investigation, action or proceeding. The acceptance of this Consent
3 Agreement does not preclude any other agency, subdivision or officer of this State from
4 instituting other civil or criminal proceedings with respect to the conduct that is the subject
5 of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this
7 matter and any subsequent related administrative proceedings or civil litigation involving
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended
9 or made for any other use, such as in the context of another state or federal government
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to
13 the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

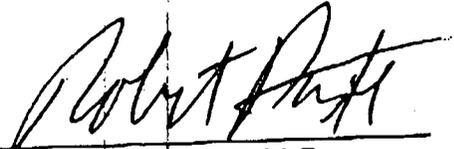
17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that will
21 be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

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11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.



ROBERT B. PASTERZ, M.D.

DATED: 2/3/07

1 FINDINGS OF FACT

2 1. The Board is the duly constituted authority for the regulation and control of
3 the practice of allopathic medicine in the State of Arizona.

4 2. Respondent is the holder of license number 10596 for the practice of
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case number MD-05-1203A after receiving notification of
7 a malpractice settlement involving Respondent's care and treatment of a seventy-three
8 year-old male patient ("CC").

9 4. On January 21, 1999, Respondent examined CC and ordered blood
10 laboratories. The laboratories were performed on February 21, 1999 revealing a Prostate
11 Specific Antigen (PSA) of 4.9, exceeding the reference range of 0 – 4.0. In a handwritten
12 note on the test results, Respondent circled CC's PSA results and indicated CC needed to
13 have repeat blood laboratories in six months. In another handwritten note on the test
14 results, Respondent's office staff noted CC was given the laboratory results on February
15 23, 1999. However, Respondent's dictated records do not reflect CC was ever informed of
16 the test results or that Respondent recommended CC have repeat blood laboratories in six
17 months.

18 5. On March 7, 2000, CC returned for his annual physical examination and
19 Respondent ordered routine blood laboratories. There was no indication in Respondent's
20 records that he discussed with CC the February 21, 1999, abnormal PSA results or CC's
21 lack of six month follow up examination.

22 6. In preparation for CC's annual physical examination that included a prostate
23 examination on March 21, 2001, Respondent instructed CC to provide blood for laboratory
24 testing. The laboratories were performed on March 15, 2001. The laboratory records
25 indicated Respondent only ordered a hepatic function panel with the results faxed to

1 Respondent. Respondent informed Board Staff he forgot to check off PSA on his
2 laboratory requisition form and called the laboratory to verbally add the PSA test.
3 However, Respondent's records do not indicate that he made a verbal request for a PSA
4 test or that a PSA test was performed and reported to him. Although the laboratory records
5 and Respondent's records do not indicate any PSA test was performed on March 15,
6 2001, Respondent's office copy of the laboratory report contained a handwritten note
7 stating the PSA laboratories were ordered and discussed with CC on March 20, 2001.

8 7. On April 30, 2002, CC returned for an annual examination. Respondent
9 noted CC's prostate appeared for the first time to be "minimally enlarged." Respondent
10 scheduled CC for comprehensive blood testing including a PSA test. The blood test was
11 performed on May 6, 2002 revealing a PSA of 11.2.

12 8. On May 13, 2002, CC consulted an urologist ("Urologist"). Urologist noted
13 CC's PSA of 11.2 and performed a rectal examination that revealed a 3+ prostate that was
14 indurated on the right side. Urologist performed a transrectal ultrasound biopsy of the
15 prostate on June 14, 2002, and all six biopsies were positive for Gleason sum 7
16 adenocarcinoma of the prostate. On September 30, 2002, CC successfully underwent a
17 radical prostatectomy with bilateral lymph node dissection.

18 9. The standard of care requires a physician to perform routine monitoring for
19 prostate cancer for male patients older than age 65 and to adequately manage abnormal
20 PSA test results.

21 10. Respondent deviated from the standard of care because he did not routinely
22 monitor CC's prostate cancer and he did not adequately manage CC's abnormal PSA test
23 results.

24 11. Respondent's failure to adequately monitor and manage CC's prostate levels
25 led to a delay in diagnosing and treating CC's prostate cancer.

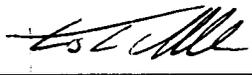
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2. This Order is the final disposition of case number MD-05-1203A.

DATED AND EFFECTIVE this 13th day of April, 2007.



ARIZONA MEDICAL BOARD

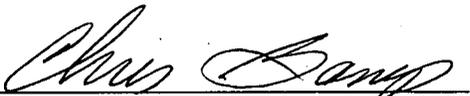
By 
TIMOTHY C. MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed
this 13th day of April, 2007 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed
this 13th day of April, 2007 to:

Robert B. Pasterz, M.D.
Address of Record


Investigational Review