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July 2nd, 2014

College of Physicians and Surgeons of Ontario

Attention: Investigation Department

Re: Dr. Akbar Khan (CPSO 65249) in case of [REDACTED]

CPSO
I & R

JUL 03 2014

RECEIVED

CPSO
I & R / INTAKE
JUL 03 2014

RECEIVED

Sir/Madam,

I am writing this letter as a part of my complaint to College against Dr. Khan. I have concerns regarding the scope of practice as other aspects of his care in the interest of public at large.

Please review the facts regarding the care of a patient, [REDACTED]

[REDACTED] was admitted to GBHS, Owen Sound by Dr. Bryan Young, a neurologist, for changes in her mentation. Due to [REDACTED] medical history of stage 4 pancreatic cancer, he involved me to assist in helping with her clinical condition.

I reviewed [REDACTED] records and noticed that she had progressive pancreatic malignancy as noted by serial increase in her tumor marker levels. In addition, I also noticed that [REDACTED] had several episodes of Enterobacter bacteremia, intermittently since February 2014. So initially my suspicion was that she was septic and ordered imaging to see the source of infection. We did again find that [REDACTED] indeed was septic with Enterobacter bacteremia, source being biliary obstruction with sub-phrenic collections of infected bile (culture + for enterobacter).

It came to my attention, through her husband that Dr. Khan prescribed "Clavulin" for Enterobacter bacteremia noticed on June 11, 2014. This in itself is considered inadequate therapy for a patient with bacteremia with this organism.

Any how I got the preliminary information from her husband "Dale" that an oncologist by the name of Dr. Akbar Khan was administering chemotherapy to [REDACTED] from mid-January 2014 till mid-May 2014.

I gave my cell phone to Dale to pass it to Dr. Khan and to have him give me a call as to the nature of chemotherapy. Dr. Khan did call me around 7Pm on June 16 and left a message. The next day I called Dr. Khan on his cell and discussed [REDACTED] care. He advised me that he was giving [REDACTED] "Carboplatin AUC5" with "mesna" day before and day after chemotherapy to protect her bone marrow every two weekly. I was quite astonished at his answer and questioned him regarding the protocol that he was giving [REDACTED] for metastatic pancreatic cancer.

He responded by stating that his regimen was based on study conducted by a "group in California" and he believed that this regimen had such a great efficacy that group in California got worried about not meeting the possibility of increased demands of mesna (he further added that group wanted to "jack

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up" production of mesna before releasing the information to journal), that they did not publish this data.

Further when I questioned him regarding the disease progression based on increase in tumor marker(CA 19-9), he commented that he felt disease was well controlled and that tumor marker rise was due to "cancer being killed".

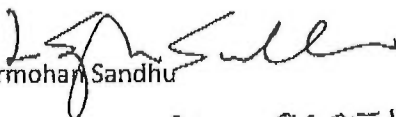
I also searched Dr. Khan on CPSO's doctor search and not to my surprise, noticed that he was not a medical oncologist. At this time I did tell patient's husband that treating physician was actually family medicine in background. I was further told by [REDACTED] (patient's husband) that they had to pay cash out of their pocket for all chemotherapy treatments(\$4000 per treatment,)as none of this covered by OHIP.

[REDACTED] also believed that Dr. Khan was an oncologist. He was distraught and commented why all the naturopaths referred their patients to Dr. Khan. I felt extremely bad about the experience that this couple had from the hands of Dr. Khan. I believe Dr. Khan gave chemotherapy drugs without any medical oncology training and furthermore he gave something that would be considered sub-standard care in every possible manner.

He was main person following [REDACTED] and had access to all the infections that [REDACTED] suffered almost every month after starting his protocol. He failed to order further diagnostic work up and continued with his chemotherapy regimen.

Please let me know if you need additional information. I do want to urge that if this goes public that my anonymity be maintained.

Kind regards,


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