

Colon Cancer: Nurse Practitioner's Care Delayed The Diagnosis, Patient Lost Chance Of Survival.

The thirty-four year-old patient came to the clinic with complaints of burning and cramping abdominal pain and difficulty eating.

The nurse practitioner prescribed Zantac and scheduled him to come back in a month for a complete physical exam.

When the nurse practitioner performed the physical the patient revealed to her he drank a lot of coffee and used chewing tobacco and a family history of colon cancer. The nurse practitioner did not do a rectal exam and did not schedule a colonoscopy. She did order an upper GI series which was negative for gastritis or an ulcer and the results were transmitted to the supervising primary-care physician. His medication was changed from Zantac to Protonix.

The patient came back two months later and said he was doing better, but still had problems eating.

Four months after that the patient's stomach cramps were worse and he was having burning pain. His medication was changed to Prevacid and an esophagogastroduodenoscopy (EGD) was set for two months later. He came back in a month with even worse pain and loose stools.

Before actually going in for the EGD the patient ended up in the emergency room with severe abdominal pain. An abdominal CT and colonoscopy were done in the hospital which revealed a Stage IV mass in the colon which had metastasized to the peritoneum and lymph nodes.

The patient had several abdominal surgeries and started chemotherapy. He died slightly more than two years after his diagnosis in the hospital.

Loss of Chance of Survival

The jury in the Superior Court, Essex County, Massachusetts ruled he had a 45% chance of survival when the nurse practitioner first saw him. The jury awarded 45% of the family's loss of the husband/father's earning capacity, then added damages for his pain and suffering through his ordeal, plus his spouse's loss of consortium, plus court costs, totaling \$7.5 million. **Beard v. Hatch, 2010 WL 4971734 (Sup. Ct. Essex Co., Massachusetts, May 21, 2010).**

When the nurse practitioner first saw the patient his colon cancer was at worst at Stage III A or Stage III B, with a 45% to 60% chance of survival with prompt medical and surgical intervention.

When the cancer was actually diagnosed six months later the tumor in his colon was at Stage IV with metastasis into the peritoneum and lymph nodes.

At that point, even with surgery and chemotherapy starting right away, there was essentially zero chance of survival. The patient actually died two years later.

The nurse practitioner should have done rectal exams, obtained stool samples to be tested for occult blood and sent the patient for a colonoscopy.

The persistence of abdominal symptoms after a normal upper GI series called into question the nurse's diagnosis of gastritis and accentuated the need to look for problems further down the way.

The nurse practitioner's supervising physician should have looked at the chart himself and should have appreciated the need for a colonoscopy.

SUPERIOR COURT
ESSEX COUNTY, MASSACHUSETTS
May 21, 2010