



June 13, 2022

Amir Hossein Khandani, M.D.
UNC Department of Radiology
Division of Nuclear Medicine
POB, Room B113, CB 7510
Chapel Hill, NC 27599-7510

Dear Dr. Khandani:

The North Carolina Medical Board (“Board”) has concluded its investigation regarding your care of Patient A. It is the Board’s decision not to commence formal proceedings against your license. However, the Board voted to issue you this public letter of concern. The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license.

Patient A is a 49-year-old male with a history of inflammatory bowel disease (Crohn’s Disease), including multiple surgical procedures and related complications. On January 22, 2018, Patient A had an abdominal and pelvic positron emission tomography (PET) scan to evaluate for a fever of unknown origin with concerns of a possible infection. You interpreted Patient A’s PET scan as compatible with multiple intraabdominal abscesses. Because Patient A recently had a “normal” colonoscopy and several negative computerized tomography (CT) scans, you did not include the possibility of cancer in your differential diagnosis. In June 2018, approximately six months later, Patient A was diagnosed with rectal cancer.

The Board had your interpretation of Patient A’s PET scan reviewed by an independent medical expert. The reviewing expert opined that your care of Patient A may have fallen below the standard of care in North Carolina. Specifically, the reviewing expert criticized your failure to recognize the abnormality that could be visualized below the area noted by you during your interpretation. The reviewing expert opined that the standard practice in North Carolina would be to “identify this large abnormality during the initial interpretation of the study, to provide a differential diagnosis of active inflammation versus tumor, and to recommend further investigation with proctoscopy/sigmoidoscopy.”

The Board is concerned that your care of Patient A may have failed to conform to the standards of acceptable and prevailing medical practice in North Carolina. The Board recognizes that your original diagnosis was influenced by your concern for the consequence of a false positive cancer diagnosis for a severely ill individual. The Board further recognizes that you have implemented changes to your standard practice to include a broader differential diagnosis in your interpretation.

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The Board urges you to take steps to ensure the conduct giving rise to the Board's concerns does not happen again. Otherwise, the Board may vote to commence formal disciplinary proceedings against your license. If that happens, this letter may be entered into evidence in determining the appropriate discipline.

This letter is a public record within the meaning of Chapter 132 of the North Carolina General Statutes and is subject to public inspection and dissemination as required by that law. It will be reported to the Federation of State Medical Boards.

Sincerely,

A handwritten signature in black ink, appearing to read "John W. Rusher". The signature is fluid and cursive, with a large initial "J" and "R".

John W. Rusher, M.D.

President

JWR/DTB/jhg

Consent and Waiver

I, Amir Hossein Khandani, M.D., would like to resolve this matter without the need for more formal proceedings and consent to the Board's issuance of this public letter of concern in resolution of the above matter. I hereby waive any requirement under any law or rule that this public letter of concern be served on me.

Consented to this the 13 day of June, 2022.

Amir Hossein Khandani

Amir Hossein Khandani, M.D.

State of North Carolina

County of Orange

I, Dama L. Stewart, do hereby certify that Amir Hossein Khandani, M.D. personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 13th day of June, 2022.

Dama L. Stewart
Notary Public

(Official Seal)

My Commission Expires: 4/20/25

