

REDACTED COPY

Application #: 234702  
Date of Issue:      /      /     

12/3/07  
\$600  
#714

Commonwealth of Massachusetts - Board of Registration in Medicine  
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810 - www.massmedboard.org

*[Handwritten initials]*

**FULL LICENSE APPLICATION**

**Application Fee:** Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

**Check One:**  U.S./Canadian Graduate  International Graduate

**Legal Name** (do not use nicknames or initials, unless they are part of your legal name)

MAHALINGAI AH SHRUTHI  
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D.  D.O.  Ph.D  Other degree \_\_\_\_\_  Male  Female

**Other Name(s) Used** - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here

Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Place of Birth: MANDYA KARNATAKA STATE INDIA  
City State/Province/Territory Country if not USA

\*Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number and Street  
City State/Province/Territory Zip (or postal) Code

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number and Street  
City State/Province/Territory Zip (or postal) Code

Business Address: BWH 75 Francis St Telephone: 617 732-7801  
Number and Street  
Boston MA 02115  
City State/Province/Territory Zip (or postal) Code

E-mail Address: \_\_\_\_\_

Are you applying for licensure through FCVS? (See instructions page 12)  Yes  No

\* The Board will use your Mailing Address for all correspondence

RECEIVED

MAR 1 11 2008  
Board of Registration  
in Medicine

NAME: Shruthi Mahalingaiah

Medical School

Facility: Middlebury College Degree: BA From 9/21/98 To 5/21/1998  
 Street: \_\_\_\_\_ City: Middlebury State: VT, 05753

Facility: \_\_\_\_\_ Degree: \_\_\_\_\_ From 1/1 To 1/1  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Medical School

Facility: Harvard Medical School Degree: MD From 2 To 10  
 Street: 25 Shattuck St City: Boston State: MA

Facility: \_\_\_\_\_ Degree: \_\_\_\_\_ From 1/1 To 1/1  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of medical school graduation: 6/10/2003  
 Month Day Year

**Note:** U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: Brigham + Women's Hosp Position: 1-4 From 6/20/03 To 6/21/08  
 Street: 75 J. Francis St. City: Boston State: MA

Facility: \_\_\_\_\_ Position: \_\_\_\_\_ From 1/1 To 1/1  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Facility: \_\_\_\_\_ Position: \_\_\_\_\_ From 1/1 To 1/1  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Facility: \_\_\_\_\_ Position: \_\_\_\_\_ From 1/1 To 1/1  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Facility: \_\_\_\_\_ Position: \_\_\_\_\_ From 1/1 To 1/1  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

03/13/08 09:03

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**Examination History**

Please contact the appropriate examination entity and have certified transcript of your scores sent directly to this Board. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below. If you answer "yes" to question #5 on the Full Supplement, you must also complete the required information.

<u>Examination</u>	<u>Most Recent Date taken (Month/Year)</u>	<u>Passed (P) or Failed (F)</u>		<u>Number of attempts</u>
USMLE Step I	June 12, 2001	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1
USMLE Step II	August 21, 2003	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1
USMLE Step III	July 22, 2005	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1
NBME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Component 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Component 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Pre-1985	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 3	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMVEX	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC - Single	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC - Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC - Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
State Board Exam	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____

(State of examination)

03/19/08 SS

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PRINT NAME: Shruthi Mahalingaiah

**Hospital Affiliations and Employment**

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

		<u>From</u>	<u>To</u>
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	

1. List other states (abbreviations) where you are currently or have ever had a full license: \_\_\_\_\_
2. a) Are you certified by the American Board of Medical Specialties? \_\_\_\_\_  
 b) Are you certified by the American Board of Osteopathic Medicine? \_\_\_\_\_
3. List Board Certification(s): \_\_\_\_\_ Certification date: \_ / \_ / \_  
 \_\_\_\_\_ Certification date: \_ / \_ / \_
4. List your practice specialt(ies) \_\_\_\_\_
5. Have you attached an up-to-date copy of your curriculum vitae?  Yes  No
6. Reason for requesting a Massachusetts medical license: Fellowship training and practice.
7. Name of Facility: Brigham + Women's Hospital  
 Address: 75 Francis St City: Boston
8. Anticipated starting date in Massachusetts: 7/1/2008

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete. As an applicant for a full license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Shruthi Mahalingaiah  
Signature of Applicant

12 / 21 / 2007  
Month Day Year

(Continued on page 5)

CONFIDENTIAL

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions.

Under the final HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

**In order for your full license application to be complete, you must take one of the following actions:**

- Option 1:** Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPPEs web site at [www.NPPEs.cms.hhs.gov](http://www.NPPEs.cms.hhs.gov).
- Option 2:** Certify you have personally applied for your NPI and you have not received it yet. You must notify the Board once you have received your NPI Number. Please complete the NPI form at the Board's web site at [www.massmedboard.org](http://www.massmedboard.org).
- Option 3:** Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). You must notify the Board once you have received your NPI Number.
- Option 4:** Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.

Check the appropriate box below, supply appropriate information, and sign the bottom of the page.

- My current NPI is: 

1	2	6	5	5	9	2	5	6	2
---	---	---	---	---	---	---	---	---	---
- I have personally applied for an NPI.
- I have applied for an NPI using a third party (enter name): \_\_\_\_\_ (follow instructions for Option 3)
- By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf.

**HIPAA TAXONOMY CODES**

Please provide the HIPAA taxonomy (specialty) codes. (Taxonomy codes are on following page of this license application and page 12 of Full License Application Instructions). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf.

	<u>Taxonomy (Specialty) Code</u>	<u>Taxonomy Description (Print)</u>										
Primary Provider Taxonomy:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>7</td><td>V</td><td>E</td><td>0</td><td>1</td><td>0</td><td>2</td><td>X</td></tr></table>	2	0	7	V	E	0	1	0	2	X	<u>Reproductive Endocrinology</u>
2	0	7	V	E	0	1	0	2	X			
Provider Taxonomy:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											_____
Provider Taxonomy:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											_____

**NPI REQUIRED INFORMATION**

In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. Please note: This information is required if you authorize BORIM to apply for an NPI on your behalf.

Social Security Number: \_\_\_\_\_

State of Birth (if US): \_\_\_\_\_ Country of Birth (if outside the US): INDIA

Gender:     Male     Female

**Penalties for Falsifying Information on the National Provider Identifier Application**

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

**Authorization for NPI Dissemination**

Check one box:  I authorize  I do not authorize the Board of Registration in Medicine to provide my NPI to any authorized hospital, health plan or health organization.

Shrutli Mahalingaiah  
Signature of Applicant

12/21/2007  
Date

03-15-08 SS

01

**SHRUTHI MAHALINGAIAH, M.D.**

1371260000

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**EDUCATION**

- 2004-Present Brigham & Women's Hospital/Massachusetts General Hospital Combined Residency Program in Obstetrics and Gynecology, Boston, MA
- 1999-2004 Harvard Medical School, Boston, MA
- 1994-1998 Middlebury College, Middlebury, VT  
Magna Cum Laude, B.A. Chemistry, Spanish, Minor: Physics

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**HONORS AND AWARDS**

- 2007-2008 Administrative Chief Resident Obstetrics and Gynecology
- 2007 Award of the "Resident for Special Excellence in Endoscopic Procedures," AAGL
- 2006-2007 Harvard Medical School Outstanding Student Teacher Award in OB/GYN, Brigham and Women's Hospital
- 2003 Mildred and Wellsford Clark Medical Memorial Award, Waterbury Medical Association
- 1998-1999 Thomas J. Watson III Fellowship, Study on Ritual Healing in Ecuador's Amazon Basin and Bali
- 1998 Departmental High Honors in Chemistry, Middlebury College
- 1997 T. Ragan Ryan Memorial Award, Middlebury College
- 1993 Robert K. Poole Grant, Community Service with the Hopi Native Americans

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**PROFESSIONAL MEMBERSHIPS**

- 2007 Advancing Minimally Invasive Gynecology Worldwide (AAGL), Awarded Membership
- 2004-Present American Society of Reproductive Medicine, Member
- 2004-Present American College of Obstetrics & Gynecology, Member
- 2000-Present Massachusetts Medical Society, Member

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**RESEARCH EXPERIENCE**

- 2006 Research Elective to study the effects of bisphenol A on human reproduction. Department of Environmental Health, Harvard School of Public Health, Boston.
- 2006 Research Elective to study the role of prolactin in the regulation of DNA recombination. Department of Radiation Oncology, Massachusetts General Hospital Cancer Center, Boston.
- 2003-04 Medical Thesis: Prolactin upregulates expression of the transcription factor T-bet. Supervisor, Danny J. Schust, M.D., Fearing Research Laboratory, Department of Obstetrics, Gynecology, and Reproductive Biology, Brigham and Women's Hospital, Harvard Medical School.
- 2001 Research Fellow, CDC-ATSDR Center for Health and the Global Environment, Harvard Medical School, Boston.
- 2000 Research Assistant, The role of dendritic cells in presentation of antigens transported across mucosal epithelia, Children's Hospital, Boston.

1998-99 Undergraduate Honors Thesis: The anti-cancer activity of platinum (IV) complexes in the reaction of tetraplatin with DNA model compounds using Nuclear Magnetic Resonance Spectroscopy. Middlebury College.

### ***PUBLICATIONS***

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- S. Mahalingaiah, B. Sirbu, J. Dahm-Dahpi, H. Willers, "Effects of prolactin on recombinational DNA repair in human cells" Manuscript in preparation, June 2007
- S. Mahalingaiah, J. Meeker, K. Pearson, A. M. Calafat, Xiaoyun Ye, J. Petrozza, R. Hauser, "Temporal Variability of Urinary Bisphenol A Concentrations in Men and Women: Relation with Sex, Age, Body Mass Index, and Pregnancy" Submitted, Environmental Health Perspective, June 2007.
- K. Kawana, S. Mahalingaiah, Y. Kawana, K.S. Kim, D. J. Schust, "Prolactin can modulate CD4+ T cell response through receptor mediated alterations in the expression and function of T-bet" Molecular and Cellular Immunology, accepted pending revision, May 2007.
- S. Choi, S. Mahalingaiah, S. Delaney, N.R. Neale, S. Masood, "Substitution and Reduction of Platinum(IV) Complexes by a Nucleotide, Guanosine 5'-Monophosphate" Journal of Inorganic Chemistry 38: 1800-1805, 1999.
- S. Mahalingaiah, G. Lieberman, "Learning Lab: Gastrointestinal System, Radiological Analysis of Cystic Lesions of the Pancreas" On-line publication 2002,  
<http://www.bidmc.harvard.edu/radiology/education/teaching/students/slides/gastro/gastro.html>

### ***ABSTRACTS***

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- 2007 Mahalingaiah, S, Greenburg, J, McElrath, T, "Do Increasing Cesarean Section Rates Decrease the Risk of Shoulder Dystocia?" Poster Presentation at the Annual Meeting of the Society for Maternal Fetal Medicine. San Francisco, CA.
- 2006 Mahalingaiah, S, Sirbu, B, Dahm-Dahpi, J, Willers, H, "Analyzing the effects of prolactin on recombinational DNA repair in human cells" Poster Presentation at the Annual Meeting of the American Society of Reproductive Medicine. New Orleans, LA.
- 2004 Mahalingaiah, S, Schust, DJ, "Prolactin Stimulates Expression of T-Bet, an Immunoregulatory Transcription Factor for Th1 Development, and Alters the Secreted Cytokine Profile in Peripheral Blood Mononuclear Cells" Oral Presentation at the Annual Meeting of the American Society of Reproductive Medicine. Philadelphia, PA.

### ***TEACHING ACTIVITIES***

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- 2007 Mahalingaiah, S. Fertility Preservation in Women with Endometrial Cancer. Brigham and Women's Hospital Grand Rounds. Boston
- 2006 Mahalingaiah, S. Bisphenol A, a potential endocrine disruptor. Brigham and Women's Hospital Grand Rounds. Boston
- 2005 Mahalingaiah, S. Immunologic changes in pregnancy, OB/GYN Grand Rounds. North Shore Medical Center, Salem, MA.
- 2002 Visiting Professor, Middlebury College, January 2002, course: "Human Health and Global Environmental Change."
- 2001 Head Teaching Assistant, "Human Health and Global Environmental Change", Harvard Medical School, September-December 2001
- 2001 Educator, Giving Feedback on the Deficits in Knowledge, Skills, and Attitudes, with Drs. T. Peter and D. Hirsch, 3<sup>rd</sup> & 4<sup>th</sup> Annual Faculty Retreat-Clinical and Educational Updates for Primary Care Faculty, March, 2001 & 2002, Boston; and at American Association of Medical Colleges (AAMC), 112<sup>th</sup> Annual Meeting, November 3-4, 2001, Washington, D.C

### ***OUTSIDE INTERESTS***

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Modern and Traditional Dances, Hiking, Reading, Spanish Language

**SUPPLEMENT FORM**

PRINT NAME: Shruthi Mahalingaiah DATE: 12/21/2007

02/18/08 53

**IMPORTANT NOTE:** If you answer "yes" to any of these questions, you must provide the additional information on pages 4-10.

**QUESTIONS**

**YES    NO**

1. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?
2. Have you ever been terminated or granted a leave of absence by a medical school or medical post-graduate training program or have you ever withdrawn from a medical school or medical postgraduate training program or had to repeat a year of postgraduate training?
3. Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, previous name: \_\_\_\_\_
4. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?
5. Have you ever failed any of the following examinations: FLEX, any State Board examination, any part of the National Boards, any Step of the USMLE, NBOME, or have you failed to gain certification from the National Board of Medical Examiners, any other certification body or any foreign licensing or certification body?
- 6-A. Have you ever, for any reason, been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
- 6-B. Have you ever voluntarily surrendered a license to practice medicine or any healing art?
7. Have you ever, for any reason, lost American Board of Medical Specialty or been denied required recertification by one or more specialty boards?
- 8-A. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
- 8-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or professional medical society or association ( national, state or local)?

Applicant's Signature: Shruthi Mahalingaiah Date: 12/21/2007



YES NO

- 9-A. Have you ever voluntarily relinquished any medical staff membership?
- 9-B. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
- 9-C. Have you ever been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
- 9-D. Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?
10. Have you ever been charged with any criminal offense, other than a minor traffic offense?
11. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
12. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
13. Have you ever been the subject of any suspension or probation proceedings instituted Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?
14. Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?
- 15-A. In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
- 15-B. In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

Applicant's Signature: Shanthi Mahalingam Date: 12/21/2007

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Board of Registration  
in Medicine

Commonwealth of Massachusetts Board of Registration in Medicine  
Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810 www.massmedboard.org

**MEDICAL EDUCATION VERIFICATION**

**APPLICANT INSTRUCTIONS:** Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: Shruthi Mahalingaiah Date of Birth: \_\_\_\_\_

Print or Type Name: Mahalingaiah Shruthi Social Security No.: \_\_\_\_\_  
(Last name) (First Name) (Middle Initial)

Other Name(s) \_\_\_\_\_  
(Please type or print name(s))

Name of Medical School: Harvard Medical School

Address: 25 Shattuck St City: Boston State or Province: MA

**INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL**

Please complete this form and forward it, together with a copy of the official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations) and mail it to the Board of Registration in Medicine.

**APPLICANT'S EDUCATIONAL HISTORY**

If name of institution was different from the above named institution when applicant attended, please enter name below.

Prerequisite Education: Does your school have a premedical school education requirement \_\_\_\_\_

If "yes," indicate where the applicant completed premedical school.

Applicant's Undergraduate School: \_\_\_\_\_

Undergraduate School Address: \_\_\_\_\_

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JAN 02 2008

(Continued on page 2)

01/02/2008 17:14 FAX 617 730 2630  
BWH GENERAL CYN  
0001

Full License Application

Enrollment and Participation: Our records indicate that

Mahalingaiah Shruthi
(type or print the applicant's name): (Last name) (First name) (Middle initial)

attended our medical school on the following dates (Indicate the month, day and year in the section below):

Table with columns: ATTENDANCE DATES, FROM, TO, FROM, TO. Rows show dates from 9/2/99 to 6/30/04.

The applicant attended 180 total weeks or total months (must be included) of not less than 32 weeks in each academic year of continuing on-campus education.

check one [3] was awarded a degree in M.D. on (month/day/year) 6/10/04

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.

- 1. Did the applicant take any leaves of absence or breaks from his/her medical education? YES NO
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?

COMMENTS:

AFFIX INSTITUTIONAL SEAL HERE

(if the institution does not have a seal, this form must be notarized) INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: Terese Galuszka
Print Name: Terese Galuszka
Title: Registrar
Date: 01/04/08 Telephone: (617) 432-1515

This form will not be accepted unless it is stamped with the institutional seal or notarized.

1/7/08

Commonwealth of Massachusetts Board of Registration in Medicine  
 560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810 www.massmedboard.org

**POSTGRADUATE TRAINING VERIFICATION**

**APPLICANT'S AUTHORIZATION:** I authorize the release of information from my postgraduate training program listed below, as requested by the Massachusetts Board of Registration in Medicine.

Applicant's Signature: Shruthi Mahalingaiah Date: 12/21/07  
 Print or Type Name: Shruthi Mahalingaiah  
 Name of Institution: Brigham + Women's Hospital

**INSTRUCTIONS TO THE PROGRAM DIRECTOR**

Please complete this form and forward it to the applicant in a sealed envelope, signed across the seal. If the department was a "rotating" or "transitional" program, please submit documentation of the rotations, dates and hours of training.

Name of Institution: Brigham + Women's Hospital

If name of Institution was different when applicant attended, please enter name:

Enrollment and Participation: Our records indicate that Shruthi Mahalingaiah, MD participated in the following program:  
(Print applicant's name)

Program Type (internship, residency, fellowship)	PGY (1,2,3,4)	Department or type of specialty training	Dates Attended (MONTH/DAY/YEAR)		Completed (YES/NO)	Accredited By (ACGME, RSC, AOA or not accredited)
			FROM	TO		
<u>Residency</u>	<u>1,2,3,4</u>	<u>OB/GYN</u>	<u>6/20/04</u>	<u>6/20/08</u>	<u>in progress</u>	<u>ACGME</u>

(Continued on page 2)

APPLICANT'S NAME: Shreshth Mahalingaiah, MD

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please circle the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

**QUESTIONS**

YES

NO

- 1. Did the applicant take any leaves of absence or breaks from his/her post-graduate training?
- 2. Was the applicant ever placed on probation?
- 3. Was the applicant ever disciplined or under investigation?
- 4. Were any negative reports ever filed by instructors regarding the applicant?
- 5. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence or disciplinary problems?
- 6. During the applicant's participation, our postgraduate medical training  was accredited by:  ACGME  Other: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Certification: I hereby certify that the above information is correct, to the best of my knowledge.

**AFFIX INSTITUTIONAL SEAL HERE**

(If the institution does not have a seal, this form must be notarized by a notary public):

Program Director's Signature: Lois R. Belkowitz, MD  
 Print Name: Lois R. Belkowitz, MD  
 Academic Title: Program Director  
 Telephone: (417) 732-7801 Today's Date: 12, 20, 07

**PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE.**

Karen R. Koch  
Notary Public

2/6/08  
AF

# Massachusetts Physician Renewal Application

Physician Name: **Sbruthi Mahalingaiah, M.D.**

License No.: **234702**

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## PART A

1) Current Status: **Active**

Renewal Due Date: **08/18/2008**

Birth Date: \_\_\_\_\_

If you want to change your current status, please check one of the following boxes to indicate your new status:  
Check only one: (See Renewal Instructions, page 3.)

Active

Retiring

Inactive

Do not wish to renew

2) Addresses & Contact Information. Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses **CANNOT** be a Post Office Box.

2a) MAILING ADDRESS

Please make corrections (print)

Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Check here to change this address

2b) HOME ADDRESS

Home Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_

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Board of Registration  
in Medicine

Phone: \_\_\_\_\_

Check here to change this address

Home address cannot be a Post Office Box

2c) BUSINESS ADDRESS

Brigham & Women's Hospital  
75 Francis Street  
Boston, MA 02115

Business Address: Brigham & Women's Hospital  
City/Town: Boston State: MA  
Zip: 02115 Country: USA  
Business Telephone: (617) 732-4648

Phone: (617)732-7801

Check here to change this address

Business address cannot be a Post Office Box

3) E-mail Address: \_\_\_\_\_

Correct your E-mail and Fax Number below:

4) Fax Number: \_\_\_\_\_

617-566-7752 (fax)

5) Specialties (See Renewal Instructions, page 4.)	Delete?	List Additional Specialties:
Obstetrics and Gynecology	<input type="checkbox"/>	<u>Fertility and Endocrinology</u>
	<input type="checkbox"/>	
	<input type="checkbox"/>	

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information. (See enclosed instructions and Renewal Instructions, page 4.)

List Certifying Board(s) below:	Update General Certificates and Subspecialty Certificates below. Please add additional Certifications as required.		
Board Name	ABMS or AOA	Certificate/Subspecialty	Delete?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

# Massachusetts Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

08/12/08 SS 11

<p><i>(See Renewal Instructions, page 4.)</i></p> <p>7) Drug License Numbers                      Corrections:</p> <p>a) Massachusetts: _____</p> <p>b) Federal (DEA):                              : _____</p> <p>c) Federal (DEA) XS:                            _____</p>	<p style="text-align: center;"><i>Please make corrections as necessary</i></p> <p>8) Other states where you are <u>now</u> licensed to practice</p> <p style="text-align: center;">_____</p> <p>9) States where you were <u>previously</u> licensed</p> <p style="text-align: center;">_____</p>
--	--

10) List all work sites in Massachusetts, including health care facilities (where you are credentialed), private offices, clinics, nursing homes, etc. For the names of the health care facilities, refer to Reference Table 4 on page 18 of the Renewal Instruction booklet. Include any affiliations with Internet-based prescribing services or companies. Please provide all information on all work sites, attaching a separate sheet, if necessary.

List the names of all work sites in Massachusetts <i>(See above and description on page 4.)</i>	Location (City or Town)	State	Delete?
Brigham + Women's Hospital	Boston	MA	<input type="checkbox"/>
Carney Hospital	Dorchester	MA	<input type="checkbox"/>
Women's Health Services*	Chestnut Hill	MA	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

11) Care of patients in Massachusetts *(See Renewal Instructions, page 4.)*

Average weekly hours involved in: a) inpatient care 20 hrs/wk      Change to: \_\_\_\_\_ hrs/wk

b) outpatient care 40 hrs/wk      Change to: \_\_\_\_\_ hrs/wk

12) Medical Liability Insurance Information *(See Renewal Instructions, page 5.)*

Check one. Locum tenens must list policy dates. My medical liability insurance is provided through:

Insurance Carrier *(complete below)*

Current Insurance Carrier: CP-110                                      Change to: \_\_\_\_\_

Policy dates: From 7/1/2008 To 6/30/2009

Type of Policy:     Claims made with tail coverage       Occurrence Policy

(Enclose a copy of the certificate of insurance or the face sheet)

Letter of Credit subject to Board approval *(Attach a copy.)*

I am registering with Active status but I am not required to have medical liability insurance because I am:

Check one:     Not involved with direct or indirect patient care in Massachusetts

A Government Employee under Federal Tort Claims Act (FTCA)

Otherwise exempt *(Please explain):* \_\_\_\_\_

13) Do you perform any surgery in your Massachusetts office? *(See Renewal Instructions, page 5.)*      Yes      No

If Yes, please complete Form PCA-O "Office Based Surgery" Form on page 8.

# Massachusetts Physician Renewal Application

Physician Name: Sbruthi Mahalingaiab, M.D.

License No.: 234702

In questions 14-21, the phrase "time period" refers to the following – all time from the day you signed your last license Renewal Application to the day you sign this Renewal Application. (*See Renewal Instructions, page 5.*) You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions.

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	YES	NO
<b>14) CLAIMS MADE</b> a) <b>NEW:</b> Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period? (see above). b) <b>PENDING:</b> Are there any unresolved malpractice claims against you today, i.e., any claims that have not been finally settled or finally adjudicated?		
<b>15) CLAIMS CLOSED</b> Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?		
<b>16) OTHER CIVIL LAWSUITS</b> Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine. a) <b>New:</b> Have there been any claims, other than medical malpractice claims, filed against you during this time period? b) <b>Resolved:</b> Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?		
<b>17) CRIMINAL CHARGES</b> a) Have you been charged with any criminal offense during this time period? b) Have any criminal offenses/charges against you been resolved during this time period? c) Are there any criminal charges pending against you today? d) Are any Applications for Issuance of Process pending against you?		
<b>18) INVESTIGATIONS AND DISCIPLINARY ACTIONS</b> a) Have you withdrawn an application to any governmental authority, health care facility, group practice, employer or professional association? b) Have you ever taken a leave of absence from any health care facility, group practice or employer? c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association? d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?		
<b>19)</b> Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?		
<b>20)</b> Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?		
<b>21)</b> Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?		
<b>22) CME CERTIFICATION:</b> a) Have you completed your CME requirements preceding your renewal date? <input type="checkbox"/> Yes <input type="checkbox"/> No b) If no, are you requesting a CME waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No A CME waiver request form must be submitted at least 30 days prior to your license expiration date. c) If you are exempt from CME requirements, check reason for exemption. ( <i>See Renewal Instructions, page 8.</i> ) CME EXEMPTION: (check one) <input type="checkbox"/> Inactive Status <input checked="" type="checkbox"/> Residency/Fellowship training		



# Massachusetts Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

08/12/08 SS 15

## PART C

### Check One:

### PHYSICIAN PROFILE

- I have reviewed my Physician Profile at <http://profiles.massmedboard.org> and confirm that the information is accurate. (Please note that if you changed or corrected your business address, business phone number, practice specialty, board certification and/or hospital affiliations on your renewal application, your Physician Profile will also be updated.)
- I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
- My status is Inactive and I do not have a Physician Profile. (See Renewal Instructions, page 11.)

### CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L. c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c.119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and the Patient Care Assessment Regulations, 243 C.M.R. 3.00 *et seq.* I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I certify that I have complied with my obligations to disclose my ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services pursuant to G.L. c. 112, sec. 12AA.

*Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. As an applicant for renewal of a license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.*

Signature: Shruthi Mahalingaiah Date: 8/1/08

**MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND FOR OTHER PURPOSES.**

Mass.Gov

online services agenda contact us

Back | Home | How to Read a Profile



# Massachusetts Board of Registration in Medicine Physician Profile

**Shruthi Mahalingaiah, M.D.**

## I. Physician Information

(The information in sections I - VI has been provided by the physician.)

<u>License Status:</u>	Active
<u>License Issue Date:</u>	3/12/2008
<u>Accepting New Patients:</u>	No
<u>Accepts Medicaid:</u>	No
<u>Primary Work Setting:</u>	<del>None Reported</del> Division of Reproductive Medicine, Fellow
<u>Business Address:</u>	Brigham & Women's Hospital 75 Francis Street Boston, MA 02115
<u>Phone:</u>	(617) 732-7804
<u>Translation Services Available:</u>	None Reported
<u>Insurance Plans Accepted:</u>	None Reported
<u>Hospital Affiliations:</u>	None Reported

## II. Education & Training

<u>Medical School:</u>	Harvard Medical School
<u>Graduation Date:</u>	2004
<u>Post Graduate Training:</u>	Brigham & Women's Hospital - Resident - Obstetrics and Gynecology (6/20/2004-6/20/2008)

## III. Specialty

<u>Area of Specialty:</u>	Obstetrics and Gynecology Fertility and Endocrinology
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## IV. Board Certifications

None Reported

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**V. Honors and Awards***See attached*

This physician has reported no awards.

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**VI. Professional Publications***See attached.*

This physician has reported no publications.

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**VII. Malpractice Information**

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Board has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history. When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.
- This report reflects data for the last 10 years of a doctor's practice. For doctors practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.
- The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.
- Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.
- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Board can refer you to other articles on this subject.

**Dr. Mahalingalah has not made a payment on a malpractice claim in Massachusetts in the past ten years.**

**VIII. Disciplinary and/or Criminal Actions**

**A. Criminal Convictions, Pleas and Admissions:**

The information in this section may not be comprehensive. The courts are now required by law to supply this information to the Board.

**Dr. Mahalingaiah has had no criminal convictions in the past ten years.**

**B. Hospital Discipline:**

This section contains several categories of disciplinary actions taken by Massachusetts hospitals during the past ten years which are specifically required by law to be released in the physician's profile.

**Dr. Mahalingaiah has no record of hospital discipline in the past ten years.**

**C. Board Discipline:**

This section includes final disciplinary actions taken by the Massachusetts Board of Registration in Medicine during the past ten years.

**Dr. Mahalingaiah has not been disciplined by the Board in the past ten years.**

Additional information about a physician, including closed complaints, may be available by calling the Massachusetts Board of Registration in Medicine  
Phone 781-876-8230  
Toll Free Number (Massachusetts only) 1-800-377-0550

Return to  
Physician Profile Search  
Direct questions and comments about these results to  
Massachusetts Board of Registration in Medicine  
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880  
Phone 781-876-8200  
For direct response please use Email

Please read the Board of Registration in Medicine Disclaimer



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**SHRUTHI MAHALINGAIAH, M.D.**

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***HONORS AND AWARDS***

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2007-2008	Administrative Chief Resident Obstetrics and Gynecology
2007	Award of the "Resident for Special Excellence in Endoscopic Procedures," AAGL
2006-2007	Harvard Medical School Outstanding Student Teacher Award in OB/GYN, Brigham and Women's Hospital
2003	Mildred and Wellsford Clark Medical Memorial Award, Waterbury Medical Association
1998-1999	Thomas J. Watson III Fellowship, Study on Ritual Healing in Ecuador's Amazon Basin and Bali
1998	Departmental High Honors in Chemistry, Middlebury College
1997	T. Ragan Ryan Memorial Award, Middlebury College
1993	Robert K. Poole Grant, Community Service with the Hopi Native Americans

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***PROFESSIONAL MEMBERSHIPS***

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2007	Advancing Minimally Invasive Gynecology Worldwide (AAGL), Awarded Membership
2004-Present	American Society of Reproductive Medicine, Member
2004-Present	American College of Obstetrics & Gynecology, Member
2000-Present	Massachusetts Medical Society, Member

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***PUBLICATIONS***

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S. Mahalingaiah, J. Meeker, K. Pearson, A. M. Calafat, Xiaoyun Ye, J. Petrozza, R. Hauser, "Temporal Variability of Urinary Bisphenol A Concentrations in Men and Women: Relation with Sex, Age, Body Mass Index, and Pregnancy" *Environmental Health Perspective*, February 2008.

Tomio A, Schust DJ, K. Kawana, Yasugi T, Kawana Y, Mahalingaiah S, Fuji T, Taketani Y, "Prolactin can modulate CD4+ T cell response through receptor mediated alterations in the expression and function of T-bet" *Immunol Cell Biol.* April 15, 2008.

S. Choi, S. Mahalingaiah, S. Delaney, N.R. Neale, S. Masood, "Substitution and Reduction of Platinum(IV) Complexes by a Nucleotide, Guanosine 5'-Monophosphate" *Journal of Inorganic Chemistry* 38: 1800-1805, 1999.

S. Mahalingaiah, G. Lieberman, "Learning Lab: Gastrointestinal System, Radiological Analysis of Cystic Lesions of the Pancreas" On-line publication 2002,  
<http://www.bidmc.harvard.edu/radiology/education/teaching/students/slides/gastro/gastro.html>



**Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application**

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

Current Status: Active

License Expiration Date: 9/15/2014

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Home Address:

Business Address:

Boston Medical Center/Department of Obstetrics and Gynecology  
85 E. Concord St. 6th floor  
Boston  
Massachusetts - 02114  
United States of America  
(617) 414-7833

3) Email Address:

4) Fax Number: (617) 414-7300

5) Specialties  
Obstetrics and Gynecology  
Reproductive Endocrinology/Infer

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) Other states where you are now licensed to practice  
None Reported

9) States where you were previously licensed  
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Boston Medical Center	Boston



Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 0 hrs/wk  
b) outpatient care 10 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Boston Medical Insurance Co.	06/30/2014	06/30/2015	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



**Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application**

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

- 22) Have you completed all CPD requirements (100 hours of CPD of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if you are renewing your license for the first time, please answer Yes) Yes





**Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application**

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

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23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application**

**Physician Name:** Shruthi Mahalingaiah, M.D.

**License No.:** 234702

**Current Status:** Active

**License Expiration Date:** 9/15/2010

**1) Activity Status:** Active

**2) Address & Contact Information**

**Mailing Address:**

**Home Address:**

**Business Address:**

Brigham & Women's Hospital/Division of Reproductive Medicine  
75 Francis Street  
Boston  
Massachusetts - 02115  
United States of America  
(617) 732-4648

**3) Email Address:**

**4) Fax Number:** (617) 566-7752

**5) Specialties**  
Obstetrics and Gynecology  
Reproductive Endocrinology/Infer

**6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

**7) Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
---------------	---------------	------------------

**8) Other states where you are now licensed to practice**  
None Reported

**9) States where you were previously licensed**  
None Reported

**10) Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Brigham & Women's Hospital	Boston



Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

Women's Health Services, PC.

Chestnut Hill

**11) Care of patients in Massachusetts**

Average weekly hours involved in:

- a) inpatient care 20 hrs/week
- b) outpatient care 40 hrs/week

**12) Medical Liability Insurance Information**

Insurance Carrier  
CRICO

Policy Start Date  
07/01/2010

Policy End Date  
06/30/2011

Policy Type  
Claims made with tail coverage

**13) Do you perform any surgery in your Massachusetts office?**

**14) Claims Made**

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

**15) Claims Closed**

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

**16) Other Civil Lawsuits**

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

**17) Criminal Charges**

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Process pending against you?

**18) Other Issues**

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
- c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

**19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?**

**20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?**

**21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?**



Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

- 22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if you are renewing your license for the first time, please answer Yes) Yes
- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
- 24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application**

**Physician Name:** Shruthi Mahalingaiah, M.D.

**License No.:** 234702

**Current Status:** Active

**License Expiration Date:** 9/15/2012

1) **Activity Status:** Active

2) **Address & Contact Information**

**Mailing Address:**

**Home Address:**

**Business Address:**

Boston Medical Center/Department of Obstetrics and Gynecology  
85 E. Concord St. 6th floor  
Boston  
Massachusetts - 02114  
United States of America  
(617) 414-7833

3) **Email Address:**

4) **Fax Number:** (617) 414-7300

5) **Specialties**  
Obstetrics and Gynecology  
Reproductive Endocrinology/Infer

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
---------------	---------------	------------------

8) **Other states where you are now licensed to practice**  
None Reported

9) **States where you were previously licensed**  
None Reported

10) **Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Boston Medical Center	Boston



Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

11) Care of patients in Massachusetts  
Average weekly hours involved in:

- a) inpatient care 0 hrs/wk  
b) outpatient care 10 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Boston Medical Insurance Co.	06/30/2012	06/30/2013	Occurrence Policy

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?  
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?  
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?  
b) Have any criminal offenses/charges against you been resolved during this time period?  
c) Are there any criminal charges pending against you today?  
d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?  
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?  
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?  
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (if you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes) Yes



Commonwealth of Massachusetts  
Board of Registration in Medicine  
Physician Renewal Application

Physician Name: Shruthi Mahalingaiah, M.D.

License No.: 234702

---

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?





The Commonwealth of Massachusetts  
**Board of Registration in Medicine**

200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880  
(781) 876-8200

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)  
Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

REDACTED COPY

March 10, 2015

Shruthi Mahalingaiah, M.D.

RE: Docket Number: 14-349

Dear Dr. Mahalingaiah:

The Complaint Committee of the Board of Registration in Medicine met on March 5, 2015, and considered the above-referenced matter. We have decided not to recommend disciplinary action and closed the complaint.

However, information concerning this matter will be kept on file at the Board. We reserve the right to reopen the complaint should you commit any violation of Board statutes or regulations in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph P. Carrozza, Jr. M.D.", with a stylized flourish at the end.

Joseph P. Carrozza, Jr., M.D.  
Complaint Committee Member

JPC/df



The Commonwealth of Massachusetts  
**Board of Registration in Medicine**

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**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

March 10, 2015

RE: Shruthi Mahalingaiah, M.D.  
Docket Number: 14-349


Dear

Thank you for the information that you provided to the Board of Registration in Medicine. A copy of your complaint, referenced above, was sent to the physician, who was required to respond in writing. Enclosed please find a copy of the physician's response.

After considering this matter on March 5, 2015, the Board's Complaint Committee did not recommend disciplinary action and closed the complaint. However, your complaint and the physician's response will be placed in the physician's file at the Board.

Thank you again for bringing this matter to the Board's attention.

Very truly yours,

  
Paula Hannon  
Consumer Protection Coordinator

PH/df



DEVAL L. PATRICK  
GOVERNOR

Commonwealth of Massachusetts  
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

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Licensing Division Fax: (781) 876-8383

September 3, 2014

**VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Shruthi Mahalingaiah, M.D.

7011 1150 0001 3796 3618

Re: Docket Number: 14-349

Dear Dr. Mahalingaiah:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. Please provide a written response to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response and any attachments.

The Health Insurance Portability and Accountability Act (HIPAA) provides that otherwise protected health information may be disclosed to a health oversight agency for activities that include disciplinary actions. See 45 CFR section 164.512 (d). The Board clearly meets the definition of a health oversight agency. See 45 CFR section 164.501.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me within thirty days of this letter. Upon receipt, your response will be reviewed to determine the course of action. You will be notified of this decision. Thank you for your attention to this request.

Very truly yours,

Paula Hannon  
Consumer Protection Coordinator

PH/df  
Enclosure





DEVAL L. PATRICK  
GOVERNOR

Commonwealth of Massachusetts  
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

Enforcement Division Fax: (781) 876-8381  
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September 3, 2014

RE: Shruthi Mahalingaiah, M.D.  
Docket Number: 14-349

Dear

The Board of Registration in Medicine has received your complaint regarding the above named physician. The physician has been asked to respond in writing to your complaint.

If you wish to bring additional information about your complaint to the attention of the Board, please provide it to me in writing at the address above. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

Once our review of your complaint has been completed, you will receive a letter informing you of the outcome.

Thank you for bringing this matter to the attention of the Board.

Very truly yours,

A handwritten signature in cursive script that reads "Paula Hannon".

Paula Hannon  
Consumer Protection Coordinator

PH/df



RECEIVED  
SEP 30 2014  
Board of Registration  
in Medicine

## HUNTER & FAGGIANO, P.C.

Attorneys at Law

83 Atlantic Avenue  
Boston, Massachusetts 02110

Telephone: (617) 371-1440

Facsimile: (617) 371-1430

Claudia A. Hunter  
John P. Faggiano  
Jeffrey W. Colman  
Christy L. Hepburn  
Richard F. Cheslofska

September 27, 2014

Paula Hannon, Consumer Protection Coordinator  
Board of Registration in Medicine  
200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880

RE: Complainant:  
Respondent: Shruthi Mahalingaiah, M.D.  
Docket No. 14-349  
Our File No. 149002

Dear Ms. Hannon:

Thank you for the opportunity of responding to the Complaint filed by [redacted] regarding the care she received at Boston Medical Center ("BMC"). I am enclosing copies of the medical records that document the visits had at BMC.

[redacted] was first seen at BMC on March 19, 2013 by [redacted] who practices in obstetrics and gynecology. The patient was 41 years old at the time and reported a history of endometriosis. [redacted] was interested in becoming pregnant, reported she had never tried to become pregnant, and that she wanted to know whether her endometriosis would impact her efforts. [redacted] ordered a pelvic ultrasound and referred the patient to me since I practice reproductive endocrinology.

[redacted] had an ultrasound performed in the early afternoon of April 9, 2013 and I saw her immediately afterwards. I had a long discussion with the patient and I suggested that since she had never tried to become pregnant, that she stop taking her birth control pills and attempt conception for six months. If she did not conceive, we would then perform a full evaluation for infertility and we discussed the different options that might be available to her in order to conceive.

Ms. Paula Hannon  
September 27, 2014  
Page 2

I reviewed the ultrasound which showed a cyst in the left ovary. I explained to \_\_\_\_\_; that this finding was most likely a benign cyst known as an endometrioma, but we would periodically perform follow up ultrasounds to look for any changes. I also advised \_\_\_\_\_ that if she were fertile, this cyst would not interfere with her becoming pregnant.

I told \_\_\_\_\_ that should she not become pregnant in the next six months, it was my recommendation to proceed with an evaluation for infertility. She told me it was her intention to establish her primary care and her primary OB/GYN care in New Hampshire, where she lived, within the next six months and if she wanted to pursue treatment for infertility, she wanted the care delivered to her in New Hampshire.

I called the patient on April 30, 2013 to see whether she had established her PCP/GYN/midwife care in New Hampshire and left a message for her to call me back. \_\_\_\_\_ did not return the call and my office called her again on May 9, 2013 to request she call back and make a follow up appointment with me.

We did not hear back from the patient until November 15, 2013. A follow up appointment was made for \_\_\_\_\_ to see me on January 15, 2014.

The patient and her husband came to this appointment. \_\_\_\_\_ was not pregnant and we discussed treatment options. \_\_\_\_\_ said she would consider pursuing adoption if minimal fertility treatment did not result in pregnancy.

\_\_\_\_\_ also reported pain with her menses in November and December similar to the pain she had experienced in the past due to her endometriosis. I suggested having a repeat ultrasound of the left ovarian cyst to check for any changes and an ultrasound was scheduled for January 29, 2014.

Because \_\_\_\_\_ and her husband were not interested in having in vitro fertilization (IVF), we discussed evaluating the patency of her fallopian tubes to see if there was any blockage which might be interfering with her becoming pregnant. The recommended evaluation is called a hysterosalpingography (HSG). This is a radiologic procedure performed by a radiologist to investigate the shape of the uterine cavity and the shape and patency of

Ms. Paula Hannon  
September 27, 2014  
Page 3

the fallopian tubes. This radiographic evaluation is part of a standard work up for investigation of infertility.

I discussed the risks of this procedure with and her husband, including the risk of infection. The patient agreed to having an HSG, she was given a prescription of Doxycycline to be taken the day before, the day of, and the day after the HSG, and the HSG was scheduled for January 28, 2014. was called on January 22, 2014 to confirm her appointment and instructions for taking the antibiotic were again reviewed.

I never heard anything from or about until her husband called my office on March 3, 2014 telling us that had been hospitalized because of an infection and he wanted all of the medical bills paid for by BMC. I returned his call and he accused me of not managing his wife's endometriosis properly and he threatened me and threatened potential litigation. I explained to him that I was not able to discuss his wife's care during this phone call without her permission. He did not put on the phone to speak with me. After the call, I notified the Patient Advocacy representative for BMC, and the financial person at BMC, of the husband's demand for waiver of the bills they had received from BMC for prior services and for payment of medical bills incurred in New Hampshire.

I called on March 5, 2014 in follow up to her husband's call to me. She said the HSG was horrific and she believed that if the ultrasound had been done before the HSG, the unpleasant experience would have been avoided. I explained to her that the timing of the HSG had nothing to do with the findings on the ultrasound. I offered to have the Patient Advocacy person at BMC get in touch with her and she informed me that she would no longer be coming to BMC for her care.

The ultrasound and the HSG are unrelated evaluations and the timing of when these evaluations are done has no impact on treatment decisions. An ultrasound and HSG are two different evaluations performed for two different reasons. The HSG evaluates the patency of the fallopian tubes; the ultrasound evaluates the ovarian cyst for any changes. The presence of this ovarian cyst did not impact the patency of fallopian tubes. The ovarian cyst did not cause the infection that developed after the performance of the HSG. An infection is a known, and

Paula Hannon  
September 27, 2014  
Page 4

unfortunate, risk of an HSG, which is an invasive procedure. The patient was aware of this risk and was given, and took, prophylactic antibiotics, but an infection developed despite antibiotic prophylaxis.

states in her Complaint that when asked, I told her that I would not have ordered the HSG if I had ordered an ultrasound first and had known the size of the cyst. I did not say that to . The cyst, regardless of its size, would not have influenced ordering a HSG for someone of her age who has infertility, and who desires minimal fertility treatments, such as insemination. As earlier stated, the cyst in the ovary was not a contraindication to the performance of the HSG nor was it the cause of the infection that developed following the HSG. Infections are a known risk following invasive procedures.

also comments on what she experienced during the performance of the HSG and her memory of conversations that took place. I am enclosing a copy of the report of that procedure which does not document any complications or patient complaints.

I offered to have a patient advocate and financial person from BMC speak with her about the medical bills she received for the care that was given to her. It is my understanding that after review of the situation, BMC was not going to waive its bills nor was BMC going pay the medical bills incurred in New Hampshire. This decision by BMC is the reason, I believe, why wrote this Complaint about me to the Board.

I am sorry that developed an infection resulting in the need for hospitalization and surgery. I would ask that after review of my response, the Complaint against me be closed. If any further information is needed, I would be glad to provide whatever is requested.

*Shruthi Mahalingaiah MD.*

Shruthi Mahalingaiah, M.D.

*Claudia A. Hunter*

Attorney Claudia A. Hunter BBO# 244730  
Hunter & Faggiano, P.C.



RECEIVED

AUG 22 2014

Board of Registration  
in Medicine

Aug 19, 2014

Dear [REDACTED] Paula,

The following is mine and my husband's account of the serious illness I experienced earlier this year. I blame this medical odyssey on the incompetence of the fertility doctors and staff in whose care I trusted at the Boston Medical Center. In short a common test to check the viability of my fallopian tubes led to nearly one month of hospitalization and two surgical procedures. As I will reiterate later, I will sent you all medical records from both Boston Medical and Southern New Hampshire Medical upon request.

In order to present this story in full context you need to keep in mind that almost three years ago I was diagnosed with Post Traumatic Stress Syndrome that stems from childhood sexual abuse.

Months after my recovery, I finally felt ready to read through my medical records to see what was included from what I could understand. I was not as emotionally prepared as I had hoped. I will start at the beginning. I have endometriosis. I was diagnosed about 11 years ago. I had surgery then to remove it. At that time it was 8 centimeters in size. I have been having regular internal sonograms once a year to keep an eye on the growth. I have been on birth control pills the whole time so it had been holding steady at about 4cm for the past few years. Birth control pills are known to help keep endometriosis growth to a minimum.

In 2012, I moved up to Nashua from Long Island NY. In April 2013, my husband and I wanted to try and Conceive a baby. I went to Boston Medical Center on a recommendation from a friend who had endometriosis and was treated there.

I met with Doctor Shruthi Mahalingaiah, who recommended I get a sonogram. The results showed the growth was at 4.5 centimeters. She recommended going off the pill and start trying for the next six months or so. Depending on how that goes, we would discuss the next step. She should have been well aware that going off the "pill" can aggravate the endometriosis.

After not getting pregnant, I went back in January. The pain from the endometriosis had increased over the prior months. I didn't want to do IVF. Dr. Mahalingaiah recommended a few less invasive options. First would be the HGS test to see if my tubes were open. She also wanted an internal sonogram to check the growth. If it was larger, she was recommending having it removed. Although she may have known that going off birth control pills may lead to growth in the endometriosis, she did not insist I have the sonogram to check the status of the endo-growth before the HGS test. Given my history and the pain I was experiencing, I think logic would dictate that she should have.

In the days before the exam, I took the antibiotics they prescribed as directed which is the day before, the day of the test, and the day after. In the past I have had many tests that required vaginal insertions. I am very relaxed as they have become routine for me. I go the room for the test and they run through the possible side effects and risk. I lay back and I am chatting away with the nurse (not sure what she was) while the GYN resident is putting in the speculum and proceeding with the test.

After what felt like quite a long chat between them and nothing happening with my vagina other than she is poking and prodding without result. I say "So what's going on?"

**Resident** "I am just having a hard time finding your cervix"

**Me:** "And what happens if you cannot find it?"

**Resident** "Then the OB on call will come and take a look and see, if she cannot find it then the head of OB will come and try".

I am thinking...great and resident who cannot find a cervix...geez. I think if the second person in my vagina cannot find it, I will have to call this a day. Suddenly, she says she has it. The pain I experience next almost made me leap off the table. I am holding my breath so I don't move. Tears are rolling down my face. I am telling her to stop and she is telling me she is almost done. **"One more sec"**. The nurse appeared shocked that I am in so much pain. I am sure she has injured me in some way. She takes out the tube and they watch the screen to see if the dye pools into my pelvis from the tubes. I don't even remember looking at the screen. She tells me I can sit up.

**Nurse:** "Are you ok? Are you ok to walk?"

**Me:** "Yes, you know what, for all the stupid risks you warned me about, you might have mentioned the pain could be terrible"

**Nurse:** "We have never really seen that"

**Me** "Well it happened so you better make a note to mention it to the next person if there is a chance that can happen."

I get up and walk out to get dress. The resident says, **"Can you come back and lay down again."** **The OB on call monitoring wants to make sure it really pooled"** I lay down again, they do the sonogram and the resident is on the phone. She hangs up and says I can go. **"It looks fine."**

When you review the report from the HGS report, there is **NO** mention of any difficulty or pain or comments from the patient.

I get dressed and leave still shaken by the amount of pain I felt. I have never experience that kind of pain. I actually say to myself, if that is what opening your cervix feels like, how the hell do women survive birth? And I am a doula!!!! As directed I finish taking the antibiotics they prescribed. That was a Tuesday or Wednesday.

I have endo-pain Friday and Saturday on and off but it feels the same as it has been recently so I just take aspirin and go on. Sunday I am laid up on the couch in worse pain and by Monday morning I have a 104 temp. My husband takes me to the ER at Southern New Hampshire Medical in downtown Nashua. (I want to point out that I have read the report from the test. There is no mention of anything out of the ordinary or that I had a bad reaction to the test. I do not know who the other person was in the room but someone needs to find out. She saw what happened. She knows there was a problem from the start.)

After a course of intravenous I was sent home a few hours later with a prescription for antibiotics. The doctors said I should contact them if I continued to have problems.

Three days later, my fever is back and pain is still very bad. They do some tests and a sonogram. They admit me. Meanwhile, I have very thin veins. Getting an IV is terrible. Before it was done it took five different people each poking me several times before the IV was in.

The results of the sonogram show that the endo-growth is now 8cm. My infection is severe. They say that my white blood cell count is extremely high. I am in the hospital about 5 days. They are trying every antibiotic combo possible. Infectious disease is called in. Nothing is helping.

I am booked for surgery on my 42nd Birthday. As they make me drink the bowel cleans to prep me for surgery, the endometriosis infection is growing as empty bowels give it more room to expand. According to the doctor who did the surgery. By the time I have the procedure, it is 10cm. I am vomiting and I am peeing on myself. The ultra-sound also showed in the process because of the pressure from the growth on the tube leading from my kidneys to my bladder. The following is my husband's account regarding day of surgery. By this time the painkiller and anxiety drug are making things hazy:

*"After the procedure the doctors came out to see me in a room off the waiting room which is designed to provide privacy for post-operative conferences. The doctor who performed the surgery said they had hoped to remove the growth by surrounding with a baggie, popping it and removing it through the small incision. As it turned out the growth was so large that this could not be done. She said they did their best to drain it but could not guarantee it was completely drained because many of these cysts have a number of compartments. She further explained that in that surgery many of the surrounding organs tend to look alike and rather than risk harming an ovary or other structure they leave it. The doctor also said because the procedure was incomplete that it might reoccur. The result was that a potentially semi-deflated cyst remained covering her organs and whatever chance of she may have had of conceiving a child at her age was all but gone. An egg leaving her ovaries had no path to the uterus. The news was devastating. I did my best to keep myself together. About an hour later, I recovered from the anesthetic enough to hold a conversation. The doctors came in and gave her the news. She was inconsolable."*

I am advised in recovery that my pelvis was filled with foul smelling tarlike substance. I was almost septic. My organs are adhered together. This is called "frozen pelvis". I will not be able to conceive. If I did, it would be too risky because if I needed a C-Section, there would be no way to cut through the adhesions.

I am sent home two days later. Fever is gone. White cell count is dropping. I need to see the doctor once a week for blood work. After 2 weeks, my white count jumped and the doctors tell me to come back to the hospital. Fever returned and white blood cell is back on the rise. I really think I am never going to get better. I am in full Post Traumatic Stress Disorder panic. My veins are so bad that they now put in a port to administer drug and to draw blood.

After a day or two, the doctors advise that a drain needs to be insert into the cyst because they feel the antibiotics and not getting to a pocket of infections still in my pelvis. Southern New Hampshire although a good hospital does not have the medical equipment necessary to do the procedure. I have to be transferred to Dartmouth-Hitchcock in Lebanon. It is an hour and half from my house. I am lonely and depressed because none of my friends can come to see me because it is too far away. After work, my husband drives an hour north from his office in Manchester to Lebanon then drives an hour and a half home to Nashua every night when he leaves me around nine.

The procedure to insert the drain goes well. I feel immediately better. My husband said my color finally came back after a month. I stay in the hospital for 6 more days. I am discharged with the drain. The drain was so mentally and emotionally tough.

After two weeks, I am back at Lebanon to have it removed. They decide to be cautious and leave it another week. Once removed. I am physically on the road to recovery.

At some point, while I was recovering from my second surgery, my husband called her to let her know what had happened. He left a message for Dr. Mahalingaiah with one of the nurses explaining the whole story. He then received a return call from her and she said she wanted to speak to me. For a while I was so angry that I did not want to call her. Once some time past I finally did.

When I spoke to her on the phone after my hospitalization and surgery, I asked her point blank, "if you knew the endo-growth was 8 cm, would you have given me the HGS test?" She replied "No".

The HGS test has a small risk of infection. You take an antibiotic the day before, the day of, and the day after the procedure. I was in no way prepared for nearly a full month of hospitalization almost all of that time on intravenous antibiotics and two surgical procedures to resolve the problem.

How am I now?

I lost 2 months of work, nearly \$7000 in medical bills and I am 100% infertile.

The trauma of the illness and almost dying. As an incest survivor being treated for Post-Traumatic Stress Syndrome, I have been set back significantly. The frequency of my therapy has had to increase, I now require sleeping pills and the level of anti-depressant and anti-anxiety medications have increased. The anger, depression and the sorrow are overwhelming. I was afraid to be far from home for weeks after for fear the illness would re-occur.

Treatment: I am on Lupron now for the endometriosis. Lupron medically induces menopause. They are hoping that will keep the endometriosis from growing or make it smaller. Then I go on permanent birth

control pills till I naturally go into menopause. They hope this works because with the frozen pelvis and my organs adhered, Surgery would be very risky and no doctor wants to do that. I will have another sonogram at the end of August to monitor my progress.

My husband and I are moving forward with adoption. I knew in April of 2013 that at my age and with the endo it would be difficult to conceive. I had a chance. There were things we could have tried. Now, there is no hope. No trying.

Thank you for your time. I look forward to hearing your opinion and I have all my medical records from Boston and from Southern New Hampshire Medical Center and will make them available to you at your request.

Sincerely,

*MD*  
*8/19/14*

CC: Aetna Insurance

Boston Medical

~~\_\_\_\_\_~~  
*Massachusetts Board of  
Registration in Medicine*