

IN THE CIRCUIT COURT OF AUGUSTA COUNTY, VIRGINIA

Plaintiff, v.

Civil Action No.: _____

**ANTHONY JOSEPH CRIMALDI II, M.D., and
CENTRAL VIRGINIA RADIATION ONCOLOGISTS, P.C.,
Defendants.**

**INTENTIONAL TORT COMPLAINT FOR MEDICAL BATTERY, FRAUDULENT
MISREPRESENTATION, AND NEGLIGENCE (Demand for Bench Trial)**

**Plaintiff, by and through herself, *pro se*, complains against the Defendants and
alleges as follows:**

NATURE OF THE ACTION

This is an action for damages arising from a medically contraindicated and fraudulently induced course of radiation therapy. The treatment violated the national standard of care, was based on a material misrepresentation of risk, and caused severe, permanent injuries. Given the complex medical-legal issues and the preponderance of documented evidence, Plaintiff demands a bench trial and will seek summary judgment on liability.

JURISDICTIONAL STATEMENT

This action includes claims for the intentional torts of medical battery and fraudulent misrepresentation. Pursuant to Virginia Code § 8.01-581.2(A), the pre-suit notice of claim requirement for medical malpractice actions does not apply to intentional tort claims. Therefore, this Complaint is properly filed without a prior Notice of Intent.

PARTIES

Plaintiff is an adult resident of Augusta County, Virginia.

Defendant Anthony J. Crimaldi, M.D., is a physician licensed in Virginia, specializing in radiation oncology. At all times relevant, he provided medical care to the Plaintiff through his practice in Albemarle County, Virginia.

Defendant Central Virginia Radiation Oncologists, P.C., is a Virginia professional corporation through which Dr. Crimaldi practiced. The corporation is vicariously liable for his acts and omissions.

JURISDICTION AND VENUE

This Court has jurisdiction pursuant to Virginia Code § 17.1-513, as the amount in controversy exceeds \$25,000.

Venue is proper in Augusta County pursuant to Virginia Code § 8.01-262(4), as the Plaintiff resides in this county.

FACTUAL ALLEGATIONS

1. In 2015-2016, Plaintiff was treated for bilateral breast cancer. She received a full, definitive course of radiation therapy to her right breast (50 Gy in 25 fractions) and to her left breast/axilla (60 Gy in 30-33 fractions). This treatment reached the established lifetime tissue tolerance dose for those anatomical fields, a foundational principle in radiation oncology. (Exhibits A & F)
2. The national standard of care, as defined by the National Comprehensive Cancer Network (NCCN) Guidelines, is unequivocal: for an in-breast recurrence after prior radiation, the standard treatment is total mastectomy. Re-irradiation is not a standard option; it is a high-risk, non-standard approach suitable only for highly selected patients in specialized centers. (NCCN Guidelines® Breast Cancer, BINV-21). (Exhibit E)
3. This medical standard is corroborated by the established oncology literature, which identifies salvage mastectomy as the principal treatment for local relapse after prior radiation, noting that re-irradiation carries a well-documented, high risk of severe complications, including distant metastasis. (Exhibit F)
4. The Plaintiff's specific recurrence was both minimal and non-invasive (DCIS), a clinical profile the literature associates with an excellent prognosis³, thereby rendering the decision to proceed with high-toxicity⁴, full-course re-irradiation not only non-standard but medically disproportionate. (Exhibit G & H)
5. On February 23, 2024, Defendant Dr. Crimaldi conducted a consultation with Plaintiff. In his note, he documented her prior bilateral radiation, classified her new right breast cancer as Stage IA (T1cN0M0), and proposed a "standard" adjuvant radiation course. (Exhibit C)
6. To obtain Plaintiff's consent, Dr. Crimaldi materially misrepresented the risks. He quantified them using statistics applicable only to first-time radiation patients, writing: "long-term side effects could include a 1% risk of radiation pneumonitis... The risk of secondary cancer from radiation treatment is less than 1%." (Exhibit C).
7. This representation was false. The true risk of severe complications (including osteitis, rib fracture, and chronic pain) from re-irradiating a previously treated breast is exponentially higher, documented in the medical literature as ranging from 10% to 40%, with specific late toxicities such as fibrosis occurring in up to 35% of patients. (Exhibit I) This fact was known, or should have been known, to a board-certified radiation oncologist. In reasonable reliance on this material misrepresentation of a less than 1% risk, Plaintiff signed the consent form. Had

Plaintiff been truthfully informed of the high probability of severe, permanent injury, she would not have consented under any circumstances.

8. In early March 2024, Plaintiff underwent an unplanned, extensive “salvage quadrant, nipple-sparing mastectomy” of the right breast, which left a large postoperative hematoma/seroma cavity. This major surgical complication in a previously irradiated field created an acutely traumatized, compromised tissue bed. (Plaintiffs' Medical Records)
9. Despite this changed and high-risk clinical picture, Dr. Crimaldi failed to halt, reassess, or seek multidisciplinary review. He proceeded with his plan, initiating a second full course of radiation to the right chest wall on March 21, 2024.
10. As a direct and proximate result of the contraindicated re-irradiation, Plaintiff suffered severe, permanent injuries.
11. A CT Chest performed at the University of Virginia Medical Center on January 7, 2026, conclusively found: “There are new undisplaced subacute/chronic appearing pathologic fractures of the right 2nd, 3rd, 4th, 5th, 6th and 7th ribs, along the radiation port and most likely secondary to radiation osteitis.” (Dr. Nicholas W. Paphitis, MD, Hematology/Oncology, Assistant Professor)
12. Diagnostic imaging obtained during the course of treatment noted a “Questionable lucency of the right sixth rib... may be projectional osseous lesion. Given history of malignancy. Follow-up with nonenhanced CT chest is recommended for further evaluation.” This finding, occurring in a previously irradiated field, was an early radiographic indicator of the bone injury that would later manifest as full pathological fractures from radiation osteitis. (Dr. Matthew D Holland, MD, Pain Management, Assistant Professor) Exhibit K
13. An MRI of the Plaintiff’s entire spine, performed on March 18, 2025—nearly one year after the contraindicated re-irradiation—objectively documents the severe, permanent skeletal damage caused by the treatment. The report notes acute endplate edema at C5, C6, and T10-T11, indicative of ongoing radiation-induced bone inflammation and injury. It also details multilevel severe neural foraminal narrowing and degenerative changes. The severity of the resulting pain is proven by a concurrent procedure note documenting a pre-procedure pain level of 8/10, requiring an invasive cryoablation of the T7-T9 intercostal nerves and injectable Toradol for management. This constellation of findings provides definitive, objective evidence that the re-irradiation caused catastrophic, permanent injury to the Plaintiff’s axial skeleton, resulting in severe, intractable pain. (Exhibit K: Full Report from March 18, 2025) (Exhibit L)
14. January 30, 2026 office visit: “Plaintiff suffers from severe, intractable neuropathic pain (Post-Mastectomy/Post-Radiation Pain Syndrome), radiation-induced fibrosis, chest wall deformity, and permanent functional impairment.

These conditions require lifelong, specialized medical care". (Dr. Matthew D Holland, MD, Pain Management, Assistant Professor)

15. After completing the radiation treatment, Dr. Crimaldi admitted to Plaintiff that "no one here has the skill for complex breast surgery" and that he would refer his own sister to a specialist at a major cancer center. He then provided name and contact information to the Plaintiff. This admission confirms he proceeded with a high-risk procedure in a setting he knew lacked the requisite expertise.
16. On July 14, 2025, the Plaintiff formally filed a grievance regarding the standard of care and billing associated with her radiation treatment. This grievance was processed by Anthem Healthkeepers' Medicare Complaints, Appeals, and Grievances department, which acknowledged the complaint in a written response to the Plaintiff. (Exhibit J)
17. Prior to filing this Complaint, on January 14, 2026, the Plaintiff provided the Defendants with a detailed pre-suit settlement analysis and a formal **Offer of Judgment for \$2,600,000.00** pursuant to Virginia Code § 8.01-416. This analysis detailed the full scope of the Defendants' negligent acts, omissions, and fraudulent representations, including the violation of the NCCN standard of care and the material misrepresentation of a "<1% risk." The Defendants did not accept this offer. The analysis is incorporated by reference to demonstrate the factual basis of this Complaint and the Plaintiff's good-faith attempt to resolve this matter without litigation.
18. As a direct result of the contraindicated re-irradiation, the Plaintiff's prognosis has been catastrophically altered from that of a patient with an excellent long-term survival outlook to that of a patient with a permanent, painful disability and a substantially increased risk of life-threatening complications, including infection and respiratory failure. This conclusion is **strongly supported** by the March 18, 2025 MRI showing acute **endplate edema** and severe neural narrowing, and by the concurrent invasive **cryoablation procedure** required to manage and maintain her documented 8/10 pain level.
19. The Plaintiff's cause of action accrued, at the earliest, on March 21, 2024, the date the contraindicated and fraudulently induced radiation therapy commenced and the first legally cognizable injury was inflicted. This Complaint is filed well within the two-year statute of limitations prescribed by Virginia Code § 8.01-243(A).

COUNT I

20. Plaintiff realleges and incorporates by reference paragraphs 1 through 20 as if fully set forth herein.

21. A physician commits a battery when he treats a patient without consent or exceeds the scope of consent given. *Pugsley v. Privette*, 220 Va. 892, 902–03 (1980); *Mayr v. Osborne*, 293 Va. 74, 81–87 (2017).
22. Plaintiff's consent was invalid because it was obtained through the material misrepresentation of the "<1%" risk figure. Furthermore, the procedure performed—a high-risk re-irradiation of a surgically devastated, previously irradiated field—was materially different in kind and risk from the "routine adjuvant" procedure to which she purportedly consented.
23. Additionally, during treatment, Plaintiff repeatedly expressed that the radiation "does not feel right" and questioned whether to continue. By continuing to deliver non-emergent radiation after these effective objections, Dr. Crimaldi committed a separate, independent battery.
24. By performing this non-standard, high-risk procedure based on fraudulently induced and subsequently withdrawn consent, Defendant Dr. Crimaldi committed a battery upon the Plaintiff. Defendant CVRO is vicariously liable.

COUNT II

25. Plaintiff realleges and incorporates by reference paragraphs 1 through 20.
26. Defendants owed Plaintiff a duty to exercise the degree of care, skill, and diligence ordinarily possessed and exercised by radiation oncologists in the same or similar circumstances.
27. Defendants breached this duty by: a. Recommending and performing a contraindicated re-irradiation in direct violation of the NCCN standard of care. b. Failing to obtain valid informed consent by misrepresenting the risks. c. Failing to reassess the treatment plan or seek multidisciplinary review after major surgical complications. d. Proceeding with treatment in a setting he knew lacked the expertise for complex breast care.
28. These breaches were the direct and proximate cause of Plaintiff's severe, permanent injuries.

COUNT III

29. Plaintiff realleges and incorporates by reference paragraphs 1 through 20.
30. Defendant Dr. Crimaldi, in the course of his professional relationship with Plaintiff, made a material representation of fact—that the risk of severe complication from the proposed radiation was "less than 1%."
31. This representation was false. Dr. Crimaldi knew it was false, or made it with reckless disregard for the truth.

32. He made the representation with the intent to induce Plaintiff to consent to the procedure.

33. Plaintiff justifiably relied on this false representation in providing her consent.

34. As a direct result of her reliance, Plaintiff has suffered substantial damages as alleged herein.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully requests judgment against Defendants, jointly and severally, for:

1. COMPENSATORY DAMAGES in the total amount of FIVE MILLION FIVE HUNDRED THOUSAND DOLLARS (\$5,500,000.00), comprised of:

a. Past Medical Expenses: \$85,000.00 for all injury-related care from March 21, 2024, to present.

b. Future Medical Expenses: \$1,250,000.00 for the projected, lifelong specialized care required to manage her permanent injuries, as established by a Life Care Plan.

c. Past and Future Pain and Suffering: \$2,500,000.00 for the severe, chronic, and intractable pain caused by the radiation osteitis and fractures.

d. Permanent Physical Impairment and Disfigurement: \$750,000.00 for the severe chest wall deformity, fibrosis, and functional loss.

e. Loss of Enjoyment of Life and Emotional Distress: \$915,000.00 for the permanent loss of her professional ability as a musician and the psychological trauma.

2. PUNITIVE DAMAGES in an amount sufficient to punish the Defendants for their willful, wanton, and reckless conduct and to deter similar conduct in the future.

3. PRE-JUDGMENT AND POST-JUDGMENT INTEREST as provided by law.

4. COSTS of this action, including all filing fees, expert witness fees, and other litigation expenses.

5. SUCH OTHER AND FURTHER RELIEF as the Court deems just and proper.

DEMAND FOR BENCH TRIAL Plaintiff hereby demands a trial by the Court, waiving trial by jury. This case involves complex medical standards and documented evidence suitable for judicial determination, including by motion for summary judgment.

PLAINTIFF'S CERTIFICATION

I, Plaintiff herein, certify that the foregoing Complaint is true and correct to the best of my knowledge, information, and belief.

Respectfully submitted,

Plaintiff
Pro Se
