

ONCOLOGY CLINICAL NOTE

Patient Name: David Brown
Date of Birth: September 10, 1970 (Age: 55)
Date of Note: November 18, 2025
Diagnosis: Malignant neoplasm of colon, unspecified part (ICD-10: C18.9)

HISTORY OF PRESENT ILLNESS

Mr. Brown is a 55-year-old male with a diagnosis of colon cancer (C18.9). He has previously undergone treatment with systemic chemotherapy (FOLFOX or 5-FU based regimen). He presents today for evaluation of molecular markers and determination of subsequent therapeutic strategy.

LABORATORY & BIOMARKER RESULTS

Molecular profiling was performed to evaluate mutation status, specifically looking for mutations that affect therapeutic eligibility. The results are summarized below:

Biomarker / Test	Result	Clinical Interpretation
KRAS Mutation Status	Wild Type	Negative for mutation. Absence of KRAS mutation supports eligibility for targeted therapies. Patient identified as a candidate for bevacizumab in current line of therapy.

ASSESSMENT

The patient has colon cancer with a KRAS Wild Type profile. Following prior fluoropyrimidine/oxaliplatin-based therapy, the treatment plan will be adjusted to include targeted VEGF-inhibition.

TREATMENT PLAN

1. Pharmacotherapy

- Initiate Bevacizumab:** Administer as targeted biological therapy in combination with chemotherapy backbone (per specific regimen protocols).
- Chemotherapy:** Continue/initiate cytotoxic chemotherapy partner as indicated.

2. Monitoring & Follow-up

- **Vascular Safety:** Monitor blood pressure at every visit due to risk of bevacizumab-induced hypertension. Manage per guidelines.
- **Renal Function:** Monitor for proteinuria via urinalysis (dipstick or UPCR) prior to each infusion.
- **General Safety:** Monitor for signs of hemorrhage, wound healing complications, or gastrointestinal perforation.

3. Administrative & Coverage

- **Insurance Provider:** Humana
- **Policy Number:** INS33445
- **Status:** Active (Coverage verified Jan 2025 – Dec 2025)
- *Action:* Authorization required for combination chemotherapy and biologic agents.

Electronically Signed By:

[Provider Name, MD/DO]

Department of Oncology