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Dana-Farber Cancer Institute

9102108918118

Compliance Hotline: 1-800-451-0659

Date:03-30-2021 3:57 PM ET

To:United Healthcare Passport
Department:
Phone #:

From (Contact):Austyn Powers
Department:Access Management
Fax #:
Phone #:
# of Pages (including cover sheet):16
Subject:ATTN: Claim / Appeal Department

Memo: Please see the attached claim appeal.

CONFIDENTIAL

NOTE: The document(s) accompanying this coversheet may contain confidential patient information belonging to the sender that is legally privileged. The information transmitted in this electronic communication is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you have received this information in error, please contact the sender at the contact number listed above.

Request for Claim Review Form

Clear Form

COMPLETE ALL INFORMATION REQUIRED ON THE "REQUEST FOR CLAIM REVIEW FORM".
INCOMPLETE SUBMISSIONS WILL BE RETURNED UNPROCESSED.

Please direct any questions regarding this form to the *plan* to which you submit your request for claim review.

Today's Date (MM/DD/YY):	03/30/2021	Health Plan Name:	United Harvard Pilgrim Pass

**Denotes required field(s)*

Provider Information

*Provider Name:	Dana Farber Cancer Institute	*Contact Name:	Austyn P.
*National Provider Identifier (NPI):	1851333686	*Contact Phone Number:	617-582-9197
Contact Fax Number:	617 751 7025	Contact E mail Address:	
*Contact Address:	PO Box 414744 Boston, MA 02241		

Member / Claim Information

*Member ID:	924589797	*Member Name:	Mary Julia Brosnan
*Date(s)of Service (MM/DD/YY):	03/06/2021		
*Claim Number:	CL85514860 0125300232	*Denial Code:	197

Review Type

Enter X in one box, and/or provide comment below, to reflect purpose of review submission.

	Contract term(s): The provider believes the previously processed claim was not paid in accordance with negotiated terms.
	Coordination of Benefits: The requested review is for a claim that could not fully be processed until information from another insurer has been received.
	Corrected Claim: The previously processed claim (paid or denied) requires an attribute correction (e.g., units, procedure, diagnosis, modifiers, etc.). Please specify the correction to be made:
	Duplicate Claim: The original reason for denial was due to a duplicate claim submission.
	Filing Limit: The claim whose original reason for denial was untimely filing.
	Payer Policy, Clinical: The provider believes the previously processed claim was incorrectly reimbursed because of the payer's clinical policy.
	Payer Policy, Payment: The provider believes the previously processed claim was incorrectly reimbursed because of the payer's payment policy.
X	**Pre-Certification/Notification or Prior-Authorization or Reduced Payment:** The request for a claim whose original reason for denial or reimbursement level was related to a failure to notify or pre-authorize services or exceeding authorized limits.
	Referral Denial: The claim whose original reason for denial was invalid or missing primary care physician (PCP) referral.
	Request for additional information: The requested review is in response to a claim that was originally denied due to missing or incomplete information (NOC Codes, Home Infusion Therapy).
	Retraction of Payment: The provider is requesting a retraction of entire payment or service line (e.g., not your patient, service not performed, etc.).
	Other:

Comments *(Please print clearly below)*:

Please see the attached appeal for Ms. Mary Julia Brosnan for date of service 3/6/2021 for CPT 74177 and 71200.

Attach all supporting documentation to the completed "Request for Claim Review Form"

Dana-Farber
Cancer Institute

450 Brookline Avenue
Boston, MA 02215-5450

9102108918118

United Healthcare Provider Appeals
P.O. Box 30555
Salt Lake City, UT 84130-0575

Patient Name: Mary Julia Brosnan
Member ID# 924589797
Date of Service: 03/06/2021 Claim# CL88514860 0125300232
Dana Farber Cancer Institute
NPI# 1851333686
Tax ID# 042162040

March 30th, 2021

To Whom It May Concern:

I am writing to request reconsideration of the denial of reimbursement of the chest CT (71260) and abdomen/ pelvis (74177) that our patient received at Dana-Farber Cancer Institute (DFCI) on the above date of service.

Briefly, Ms. Mary Julia Brosnan was a 57-year-old female diagnosed with metastatic prostate cancer and is followed by Dr. Brian Wolpin at DFCI. Ms. Brosnan received the above scans to monitor her advance disease while receiving chemotherapy.

Unfortunately, DFCI was unable to obtain an authorization due to an internal error with our electronic medical record system since our office transitioned to working remotely due to the COVID-19 pandemic. DFCI has identified this technology gap and are actively working on closing it. We have included copies of the physician clinic note, the imaging results, and nursing note for your review. We respectfully request your review and reconsideration of the denial of reimbursement for services rendered to Ms. Brosnan.
Kind Regards,

Austyn P.
Business Analyst
Dana-Farber Cancer Institute
10 Brookline Place, Office 119B
Brookline, MA 02445
Ph: 617-582-9197 Fax: 617-751-7025

CT Chest With Contrast

Performed: 3/6/2021 at 1:29 PM

Reason For Exam

met PDAC, on second-line Gem/abrax; * Pancreatic adenocarcinoma, assess treatment response

PACS Images

Show Images for CT Chest

Impression

1. Similar appearance of ill-defined lesion in the uncinate process of the pancreas, with unchanged encasement of the superior mesenteric artery and chronic occlusion of the superior mesenteric vein.
2. Moderate volume of ascites, increased from prior.
3. Significant increase in peritoneal thickening, consistent with peritoneal carcinomatosis.
4. Mild thickening and diffuse enhancing of pelvic small bowel loops, may represent serosal involvement.
5. New indeterminate 5 mm low-attenuation lesion in liver segment 4B/5,. Suggest attention on follow-up.
6. Mild to moderate volume of pericardial effusion, increased compared to prior.
7. Small bilateral pleural effusions, new from prior.

ATTESTATION: I, Fiona Fennessy, as teaching physician have reviewed the images, if any, for this patient's exam, and if necessary, have edited the report originally created by Laura Ortiz-Teran.

Narrative

Reason for exam (per EHR order): * Pancreatic adenocarcinoma, assess treatment response; met PDAC, on second-line Gem/abrax

Additional clinical information obtained from the EHR: 57 y.o.?female?with stage IV pancreatic adenocarcinoma metastatic to the liver with RP nodes. Currently on gemcitabine/Abraxane since 1/13/2020.

TECHNIQUE:

Multiplanar CT images of: Chest, abdomen and pelvis

Intravenous contrast: Administered.

COMPARISON: 12/27/2020

FINDINGS:

CHEST:

Ports and Devices: Right-sided Port-A-Cath with tip in right atrium.

Lungs: Mild biapical pleuroparenchymal scarring. Unchanged 9 mm pleural-based nodule in the right middle lobe (9:300). Atelectasis in the left lower lobe and lingula.

Pleura: Small bilateral pleural effusions, new from prior.

Lymph Nodes: No enlarged supraclavicular, axillary, mediastinal or hilar lymph nodes.

Mediastinum: Small right posterolateral diverticulum in the proximal trachea (6:14). Slight increase in small pericardial effusion. Mild calcification of the coronary vessels. Oral contrast throughout the esophagus consistent with a patulous esophagus.

Chest Wall / Breasts: No chest wall mass.

ABDOMEN / PELVIS:

Liver: New 5 mm low attenuation lesion in segment IVb/5 (7:25).

Biliary System: No biliary ductal dilatation.

Pancreas: Similar appearance of ill-defined 2.7 x 2.4 cm low-attenuation lesion in the uncinate process of the pancreas encasing the superior mesenteric artery. Partial occlusion of the superior mesenteric vein with associated prominent collateral vessels.

Spleen: Not enlarged. No focal lesion.

Adrenal Glands: No nodule.

Kidneys: No mass or hydronephrosis.

Bowel: Diffuse thickening and enhancement of pelvic small bowel loops (7:57 and 7:55)some with fluid content, which may suggest serosal involvement.

Mesentery, Omentum, and Peritoneum: Moderate volume of ascites, increased compared to prior. Increase in the peritoneal thickening where in the left upper quadrant, where measurable disease is now identified (series 606 image 25 and series 7 image 29). There is also significant thickening along the peritoneal reflections (series 606 image 45), increased from prior. This is also apparent within the deep pelvis, where there is significant thickening along the peritoneal reflections (series 7 image 72). Similar appearance of 1.1 x 0.6 cm nodule abutting the ascending colon (7:54) and 6 mm nodule abutting the anterior abdominal wall at the level of the umbilicus (7:51).

Pelvic Organs: Unremarkable uterus and adnexa.

Lymph Nodes: No lymphadenopathy.

Vasculature: No abdominal aortic aneurysm. Chronic occlusion of the superior mesenteric vein, encasement of the superior mesenteric artery, described above.

Bones and Soft Tissues: No destructive osseous lesions.

9 1 0 2 1 0 8 9 1 8 1 1 8

Print Version--External Results Report

Open External Results Report

Imaging Contrast/Medications:

iohexol (OMNIPAQUE-350) 350 mg iodine/mL solution 25-125 mL
Given: 75 mL Intravenous

Ordered On 1/13/2021 3:53 PM

Ordering Provider	Authorizing Provider	Ordering User	Ordering Department
Molly Nestor, NP	Brian M Wolpin, MD	Molly Nestor, NP	DF GI ONC
617-632-2314	617-632-4500		617-632-4500
	57944		

Signed by

Signed	Date/Time	Phone	Pager
FENNESSY, FIONA MARY	3/06/2021 17:33	617-632-3484	39680

Encounter

View Encounter

Order Details

Click to access order details, protocols, and screening information.

Additional Exam Details

Click to access additional exam details, scanned documents, questions, IR information, and result history.

9102108918118

CT Abdomen/Pelvis With Contrast

Performed: 3/6/2021 at 1:29 PM

Reason For Exam

met PDAC, on second-line Gem/abrax; * Pancreatic adenocarcinoma, assess treatment response

PACS Images

Show images for CT Abdomen/Pelvis

Impression

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Reason for exam (per EHR order): * Pancreatic adenocarcinoma, assess treatment response; met PDAC, on second-line Gem/abrax
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Multiplanar CT images of: Chest, abdomen and pelvis
Intravenous contrast: Administered.
COMPARISON: 12/27/2020
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Ports and Devices: Right-sided Port-A-Cath with tip in right atrium.
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9 1 0 2 1 0 8 9 1 8 1 1 8

Print Version--External Results Report

Open External Results Report

Imaging Contrast/Medications:

iohexol (OMNIPAQUE-350) 350 mg iodine/mL solution 25-125 mL

Given: 75 mL Intravenous

Protocol Orders

Description

iohexol (OMNIPAQUE-240) 240 mg iodine/mL solution 50 mL-Once as needed

Signed By: Laura Ortiz-Teran, MD, PhD

Status: Completed

Ordered On 1/13/2021 3:53 PM

Ordering Provider	Authorizing Provider	Ordering User	Ordering Department
Molly Nestor, NP	Brian M Wolpin, MD	Molly Nestor, NP	DF GI ONC

Ordering Provider	Authorizing Provider	Ordering User	Ordering Department
617-632-2314	617-632-4500 57944		617-632-4500

Signed by

Signed	Date/Time	Phone	Pager
FENNESSY, FIONA MARY	3/06/2021 17:33	617-632-3484	39680

Encounter

View Encounter

Order Details

Click to access order details, protocols, and screening information.

Additional Exam Details

Click to access additional exam details, scanned documents, questions, IR information, and result history.

9 1 0 2 1 0 8 9 1 8 1 1 8

Brosnan, Mary Julia J

MRN: 905821

Molly Nestor, NP
Nurse Practitioner
Specialty: Oncology

Progress Notes
Signed

Encounter Date: 2/24/2021

Dana-Farber Cancer Institute

GASTROINTESTINAL CANCER CENTER
450 Brookline Avenue, Boston, MA 02215
(617) 632-3000

GI ONCOLOGY CLINIC NOTE
ATTENDING ONCOLOGIST: Brian Wolpin, MD

DX/CC: metastatic pancreatic adenocarcinoma

IDENTIFICATION
Ms. Mary Julia J Brosnan "Julia" is a 57 y.o. female with stage IV pancreatic adenocarcinoma metastatic to the liver with RP nodes. She is currently receiving second-line therapy with gemcitabine/Abraxane and presents prior to scheduled treatment for routine clinical assessment and lab review.

MOLECULAR
Somatic Sequencing: Foundation Medicine from NWH: MSS, TMB 1 Muts/Mb, CDKN2A/B loss, GATA6 amplification, KDM6A Q1377, KRAS G12D, MTAP loss, SMAD4 loss, TP53 Y 22OC
Germline Sequencing: Negative

CURRENT TREATMENT
Gemcitabine/Abraxane, days 1, 8, and 15, every 28 days.
Gemcitabine 1000 mg/m² --> 750 mg/m²
Abraxane 125 mg/m² --> 100 mg/m²

Initiated 1/13/2021.

Today is cycle 2 day 15.

COVID-19 VACCINATION STATUS
Manufacturer: Pfizer
Dose #1: 2/23/2021.
Dose #2: scheduled for 3/16/2021.

OncHx, PMH, PSH, SocHx, FamHx have been copied forward and edited/updated from prior documentation for the purpose of clinical reference only.

ONCOLOGIC HISTORY
Oncology History Overview Note

Ms. Brosnan is a 56-year-old woman who presents for a second opinion for management of her metastatic pancreas adenocarcinoma.

She initially presented with several months of upper abdominal discomfort exacerbated by eating, accompanied by early satiety. She also is developing flank and back pain and weight loss. Upper endoscopy on 11/1/19 identified mild gastritis, chronic, with evidence of H. pylori. On the same day, she underwent CT abdomen/pelvis which identified a 4.1 cm infiltrating pancreatic mass with encasement of the SMA and SMV and probable abutting of the right hepatic artery, anterior margin of the aorta and right porta splenic confluence, and left renal vein. The mass extended into the superior margin of the third and fourth portions of the duodenum without obstruction, extended into the anterior retroperitoneum, and narrowing of the pancreatic duct with diffuse upstream dilation to 6 mm. There also appeared to be involvement of the liver, manifest as numerous wedge-shaped and round areas of hypoenhancement. MRI confirmed metastases to segment VI in 2 lesions.. Ultrasound biopsy on November 6 identified T4 adenocarcinoma of the pancreas, involving the uncinate as well as the fourth portion of the duodenum.

She met Dr. Jill Allen at MGH Newton Wellesley, who recommended 4 cycles of FOLFIRINOX followed by restaging. She started this regimen on 11/18 and received her second dose 12/2. She was also referred for genetic counseling, psychiatry, social work, and Foundation testing.

1/10/20 CAP CT: decrease in pancreas mass, LNs, liver lesoins
1/15/20 Cycle 5 (1st cycle at DFCI)-8 FOLFIRINOX
2/25/20 LENIs: No DVT.
3/4/20 CAP CT: Reduced liver lesions, LNs and pancreas mass. New small PE.
3/11/20 Cycle 9-12 FOLFIRINOX
5/1/20 CAP CT: stable to mildly reduced liver lesions, LNs and pancreas mass. Mild liver perfusion change.
5/6/20 Cycle 13-16 FOLFIRINOX - hold oxaliplatin
6/29/20 CAP CT: stable liver lesions, LNs and pancreas mass. Mild pulm ggo
7/1/20 Cycle 17-20 FOLFIRINOX - hold oxaliplatin
9/4/20 CT CAP: stable pancreas mass and liver lessions. Pulm ggo resolved.
9/9/20 Cycle 21 FOLFIRINOX - hold oxaliplatin

Malignant neoplasm of other parts of pancreas

11/15/2019	**Initial Diagnosis** Malignant neoplasm of other parts of pancreas
1/13/2021 -	**Systemic Therapy** Palliative; ALBUMIN BOUND PACLITAXEL/GEMCITABINE Brian M Wolpin, MD

Malignant neoplasm of pancreas

11/15/2019	**Initial Diagnosis** Malignant neoplasm of pancreas
11/18/2019 - 12/15/2020	**Systemic Therapy**

Control; FOLFIRINOX - FLUOROURACIL/LEUCOVORIN/IRINOTECAN/OXALIPLATIN-Metastatic Disease Dosing
Jill N Allen, MD

1/13/2021 - **Systemic Therapy**
Palliative; ALBUMIN BOUND PACLITAXEL/GEMCITABINE
Brian M Wolpin, MD

INTERVAL HISTORY
Interval Events:
2/17/2021: Paracentesis (first lifetime) with 3L removed.

Julia returns to clinic unaccompanied but with her partner John joining by speaker phone in anticipation of receiving C2D15 dose-reduced gemcitabine/Abraxane today. Appreciated significant relief of abdominal distention last week with first lifetime paracentesis. Was able to eat and drink much better. She has noted some reaccumulation of ascites over the course of the week, and struggled to eat last night.

Malignancy relation back and abdominal pain controlled with oxycodone 10mg QHS, with occasional daytime dosing required.

Bowels remain loose/soft, but not too frequent. Employs imodium as needed with good effect. Urinating normally.

Lower extremity edema perhaps a little bit better. Compression stockings working well.

Stable, mild neuropathy.

She denies fevers, chills, night sweats, shortness of breath, chest pain, cough, or abnormal bleeding.

REVIEW OF SYSTEMS
Complete review of systems negative in relation to chief complaint except as in HPI/interval history.

ALLERGIES
No Known Allergies

MEDICATIONS
Current Outpatient Medications Ordered in Epic

Medication	Sig
• apixaban (ELIQUIS) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
• dexAMETHasone (DECADRON) 4 MG tablet	Take 1 tablet (4 mg total) by mouth 2 (two) times a day with meals. On days 2, 3, and 4 of chemo week.

• LORazepam (ATIVAN) 1 MG tablet	TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR NAUSEA/ANXIETY/INSOMNIA
• mirtazapine (REMERON) 7.5 MG tablet	TAKE 1 TABLET (7.5 MG TOTAL) BY MOUTH NIGHTLY AT BEDTIME.
• ondansetron (ZOFRAN) 8 MG tablet	Take 1 tablet (8 mg total) by mouth every 8 (eight) hours as needed for nausea.
• oxyCODONE 5 MG immediate release tablet	Take 1-2 tablets (5-10 mg total) by mouth every 4 (four) hours as needed for moderate pain.
• pancrelipase, lipase-protease-amylase, (CREON) 24,000-76,000 -120,000 unit CpDR	TAKE 3 CAPSULES WITH MEALS AND 2 CAPSULES SNACKS.
• prochlorperazine (COMPAZINE) 10 MG tablet	Take 1 tablet (10 mg total) by mouth every 6 (six) hours as needed.

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PAST MEDICAL HISTORY

Past Medical History:

Diagnosis	Date
• Cancer	
• Low back pain	
• Mass of pancreas	11/2019
• Motion sickness	
• Pyelonephritis	10/5/2018

PAST SURGICAL HISTORY

Past Surgical History:

Procedure	Laterality	Date
• CESAREAN SECTION		

SOCIAL HISTORY

Lives in Newton, originally from England. She works at Pfizer and has a PhD in biochemistry. She continues to work from home.
Two daughters, ages 20 and 22. 20-year-old is studying at UMass Amherst. 22-year-old is working in Colorado.
Partner is John. They met cycling.
Irish Catholic.

FAMILY HISTORY

Family History

Problem	Relation	Age of Onset
• Hyperlipidemia	Father	
• Asthma	Daughter	
• Asthma	Daughter	

PHYSICAL EXAM

VITAL SIGNS:

Vitals:

	02/24/21 0914
BP:	98/65
Pulse:	74
Resp:	16

Temp: 36.2 °C (97.2 °F)
SpO2: 98%
GENERAL: WDWN female in NAD. Mood is good, affect is normal. Unaccompanied with partner John joining by speaker phone.
HEENT: NCAT. Sclerae anicteric, non-injected. Oral mucosa pink and moist without lesions.
CV: Normal S1, S2. Regular rate and rhythm. No murmurs, clicks, gallops, or rubs.
PULM: CTAB. No adventitious breath sounds or increased work of breathing.
ABDOMEN: +BS. Soft, nontender, moderate distention. No palpable masses or HSM.
SKIN: No rashes, erythema, bruising, or jaundice.
EXTREMITIES: Edema not assessed- compression stockings in place. Normal muscle tone.
NEURO: A&Ox3. No focal neurological deficits. Fluid gait.

ECOG PS: 1.

LABS

Blood Draw on 02/24/2021

Component	Date	Value	Ref Range	Status
WBC	02/24/2021	3.39*	3.81 - 8.94 K/uL	Final
RBC	02/24/2021	3.89*	4.03 - 5.33 M/uL	Final
HGB	02/24/2021	11.5	11.0 - 14.9 g/dL	Final
HCT	02/24/2021	34.2	33.9 - 43.3 %	Final
PLT	02/24/2021	212	152 - 440 K/uL	Final
MCV	02/24/2021	87.9	79.0 - 97.0 fL	Final
MCH	02/24/2021	29.6	25.1 - 33.5 pg	Final
MCHC	02/24/2021	33.7	32.3 - 35.6 g/dL	Final
RDW	02/24/2021	15.4	12.1 - 16.0 %	Final
MPV	02/24/2021	7.5	7.0 - 10.8 fl	Final
NRBC	02/24/2021	0.00	0.00 /100 WBCs	Final
ABSOLUTE NRBC	02/24/2021	Not Reported	K/uL	Final
NEUTS	02/24/2021	61.4	46.5 - 82.4 %	Final
LYMPHS	02/24/2021	26.5	8.5 - 32.7 %	Final
MONOS	02/24/2021	10.5	5.4 - 14.2 %	Final
EOS	02/24/2021	0.9	0.1 - 6.0 %	Final
BASOS	02/24/2021	0.7	0.1 - 1.1 %	Final
ABSOLUTE NEUTS	02/24/2021	2.08*	2.23 - 6.11 K/uL	Final
ABSOLUTE LYMPHS	02/24/2021	0.90	0.21 - 2.74 K/uL	Final
ABSOLUTE MONOS	02/24/2021	0.35	0.2 - 0.87 K/uL	Final
ABSOLUTE EOS	02/24/2021	0.03	0.00 - 0.52 K/uL	Final
ABSOLUTE BASOS	02/24/2021	0.02	0 - 0.11 K/uL	Final
SODIUM	02/24/2021	138	136 - 145 mmol/L	Final
POTASSIUM	02/24/2021	3.4	3.4 - 5.1 mmol/L	Final
CHLORIDE	02/24/2021	105	98 - 107 mmol/L	Final
CO2	02/24/2021	24	22 - 31 mmol/L	Final
BUN	02/24/2021	10	6 - 23 mg/dL	Final
CREATININE	02/24/2021	0.34*	0.50 - 1.20 mg/dL	Final
GLUCOSE	02/24/2021	129*	70 - 100 mg/dL	Final
ALBUMIN	02/24/2021	3.6	3.5 - 5.2 g/dL	Final
TOTAL PROTEIN	02/24/2021	5.6*	6.4 - 8.3 g/dL	Final
CALCIUM	02/24/2021	9.1	8.8 - 10.7 mg/dL	Final
ALKALINE PHOSPHATASE	02/24/2021	87	35 - 104 U/L	Final
TOTAL BILIRUBIN	02/24/2021	0.3	0.2 - 1.2 mg/dL	Final
AST	02/24/2021	16	<33 U/L	Final

• ALT	02/24/2021	13	<34 U/L	Final
• GLOBULIN	02/24/2021	2.0	1.9 - 4.1 g/dL	Final
• EGFR	02/24/2021	>120	>59 mL/min/1.73m2	Final
Estimated glomerular filtration rate calculated using the CKD-EPI equation.				
• ANION GAP	02/24/2021	9	7 - 17 mmol/L	Final
• CEA	02/24/2021	9.3*	0 - 3.7 ng/mL	Final
Comment:				
CEA REFERENCE RANGE:				
NON-SMOKERS: < 3.8 ng/mL				
SMOKERS: < 5.0 ng/mL				
• CA 19-9	02/24/2021	1,939*	0 - 35 U/mL	Final

IMAGING & STUDIES
CT CAP 12/27/2020
1. No significant change in ill-defined pancreatic uncinate process mass involving the superior mesenteric artery and vein or subcentimeter hepatic hypodensities compared to CT 11/2020.
2. Subtle stranding in the peritoneal fat of the pelvis with a few subtle hyperdense nodules such as in the right anterior pelvis and pelvic mesentery. Attention on follow-up is recommended.
3. Few groundglass nodules measuring up to 3 mm in the right lower lobe may represent an infectious or inflammatory process.

ASSESSMENT & PLAN
Ms. Julia Brosnan is a very pleasant 57 y.o. woman with stage IV pancreatic adenocarcinoma to the liver and retroperitoneal nodes, diagnosed in the setting of abdominal pain and early satiety in November 2019. She went on to receive 26 cycles of first line FOLFIRINOX (Oxaliplatin was eliminated from program as of cycle 15 for progressive CIPN and fatigue), with disease control until December 2020. Toleration of therapy became increasingly trying with mounting fatigue and depression. CT imaging 12/27/2020 indicated stability in the pancreas primary, liver lesions, and small peritoneal nodules. However, new stranding and nodularity was noted, concerning for peritoneal spread. This was also accompanied by a convincing increase in her CA 19-9.

She considered next-line therapy on Protocol with gemcitabine/nab-paclitaxel, GA+AG270 due to her 2-copy loss of MTAP on Foundation testing. Ultimately, she has elected to proceed with standard-of-care gemcitabine/Abraxane due to escalating malignancy related back pain, which was initiated on 1/13/2021 at full dosing. Toleration has been fairly good, though she has developed symptomatic malignant ascites over the last month or so, requiring paracentesis.

She presents for consideration of cycle 2 day 15 dose-reduced gem/abraxane, which she is fit to receive without changes.

In summary:
-C2D15 dose-reduced Gem/abrax, no changes.
-Malignant ascites: s/p para #1 2/17/2021 with 3L removed. Scheduled for repeat later today. I am a bit surprised that rebound was so rapid. Discussed abdominal pleurX as option in the near future. For now, repeat paras PRN.
-Antiemetics: She will continue the Dex taper that she had been employing with previous FOLFIRINOX, 4 mg 1-2 times daily for 3 days following treatment. Zofran and Compazine as needed.
-Malignancy related back pain: Continue oxycodone 5-10 mg every 4 hours as needed. Currently employing 10mg nightly, with occasional daytime needs. Refill provided.
-Continue Apixaban for PE dx 3/2020.
-Continue Creon. 4 caps per meals.