Patient Information

Patient Name MRN Legal Sex DOB 3432432423 Stella Bukowsl Female 12/5/1940

Patient Demographics

Patient Name DOB Medicare Address Phone Legal Sex Stella Bukowsl Female 12/5/1940 #433323445 68 Corny Court (08) 8774 2345 NADIA SA 5690 (Home) (02) 4627 0987

(Mobile) *Preferred"

MDT Appointment Date Reviewed: 4/10/2024

11/3/2025 7:35 AM SARCOMA MDT Canberra Region Cancer Center Oncology and Haematology

Multidisciplinary Meeting

Cancer Type

Edg Concept Hx Cancer

Sarcoma

This is a filtered list. 5 active problems are not being displayed here.

Referral Note Details (since 5/2/2025)

Referring Clinician Dr. Abbey Legg Reason for Referral Agreement for further surgery

Oncology History (since 5/2/2025)

Oncology History

History (include family history if relevant, and surgical date/s): 39yo M

Recurrent epitheloid sarcoma - previously discussed at sarcoma MDT. Planned for radiotherapy as per previous discussion with involved lateral and deep margins at surgical right forequarter amputation site (surgery was on 18/12/24).

History (please see previous notes from multiple teams for full history)

- longstanding sarcoma of the right arm
- initially occurred in the forearm -> amputation (India) in June 2017.
- subsequent metastasis to upper arm > full limb amputation + axillary
- initial wound breakdown Dec 2023 while in India
- on return to Australia, had been managed by Thomas Lam (Westmead), noted progressively worsening wound with difficult healing, and had discussed possible reconstruction with an ipsilateral flap. Dr Lam had planned for CT angio to assess vessels in the irradiated field and guide reconstructive options.
- wound subsequently managed through Cooma community nursing. Note from their documentation that they reported progressive deteriorations of wound.
- travelled to India April 2024, reports surveillance PET there showed improvement in lung nodules. Patient images of PET on CD in Cooma, and a report only was sent through to CIG
- previously known to Medical Oncology TCH (Dr Malik), with admission Jan 2024 for pneumothorax.

Phoc

NSTEMI

- ECG: widespread ST depression in anterior and inferior leads
- angio 3/10: TVD and stent to prox LAD and prox LCX
- TTE: EF 45%, segmental systolic dysfunction
- OBAPT (aspirin + clopidogrel)

#Chronic pneumothorax

PET scall dife on 29/1/25 shows interval progression N metastatic disease - for re-discussion regarding Tanagoment options.

Pathology Review (since 5/2/2025)

1st Test Laboratory

1st Test Date

1st Test Details

1st Test Results	metastatic epitheloid sarcoma
1st Test Comments	A. THIGH, RIGHT - RIGHT THIGH LESION PUNCH BIOPSY: Sections of punch biopsy of skin show deposits of metastatic epithelioid sarcoma of the conventional type in the dermis. The tumour cells show positive staining with keratin markers, ERG, EMA, C125, and SALL 4. There is no staining with CD34 and \$100.
adiology Review (since 5/2/2025)	
1st Test Company	тсн
1st Test Date	5/2/2025
1st Test Details	PET
1st Test Comments	Conclusion: 1. Postsurgical and radiotherapy changes in the right chest wall as described. Groundglass changes in the right apex may relate to radiotherapy. Correlate with the diagnostic CT chest. 2. Nodular activity in the right trapezius muscle associated with nodular soft lissue abnormality on the low-dose CT in particular the more inferior focus is concerning for disease recurrence.
2nd Test Company	тсн
2nd Test Date	5/2/2025
2nd Test Details	PET
2nd Test Comments	 Multiple FDG-avid pulmonary nodules consister ith metastatic disease Scoul which have increased size and FDG avidity. interval increase in thei size and FDG avidity of the right thigh metastatic disease. interval increase in the FDo aviolly and the size of the right supra acetabular osseous metastasis. Other osseous metastatic foci as described.
3rd Test Company	CIG
3rd Test Date	5/2/2025
3rd Test Details	MRI
3rd Test Comments	awaiting official report

ACT Pathology

Resection Specimen

5/2/2025

None