

Patient Information					
Patient Name		MRN	Legal Sex	DOB	
Stella Bukowski		3432432423	Female	12/5/1940	
Patient Demographics					
Patient Name	Legal Sex	DOB	Medicare	Address	Phone
Stella Bukowski	Female	12/5/1940	#433323445	68 Corny Court NADIA SA 5690	(08) 8774 2345 (Home) (02) 4627 0987 (Mobile) *Preferred"
MDT Appointment					
11/3/2025 7:35 AM		SARCOMA MDT		Canberra Region Cancer Center Oncology and Haematology Multidisciplinary Meeting	
Cancer Type					
Edg Concept Hx Cancer					
Endometrial cancer					
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			Other (comment)		
Oncology History (since 5/2/2025)					
Oncology History			<p>75 year old lady with history of endometrial cancer. Admission to hospital with dyspnoea (diagnosed with COVID and PE), had a PET scan that showed avid lesion in pelvis. Taken to OT for ?endometrial cancer recurrence - full node dissection all benign. On review of imaging in GynOnc MDT ?sarcoma or nerve sheath tumour. Recommended referral to sarcoma MDT.</p> <p>Pe (CS midline, CS midline, CS plannensteil, SVD) Mammogram last year NAD</p> <p>PMH: ?Pulmonary hypertension (based on CTPA 9/11/24) Anxiety Obesity HIN GORD Concentric LV hypertrophy, elevated RVSP 43mmHg. mild TR on echocardiogram</p> <p>Meds: Apicaban Sertraline 150mg daily Nifedipine 30mg Irbesartan HCT 300mg/12.5mg</p> <p>NKDA</p> <p>SH: Lives at home with husband, independent 2 sons live close by Lost a son in 40s and daughter in infancy to anencephaly</p> <p>FH: Mother - PE + endometrial ca 78yo, Parkinson's</p>		
Pathology Review (since 5/2/2025)					
None					

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MDT Appointment

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

Edg Concept Hx Cancer
Malignant peripheral nerve sheath tumour
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	Recurrence

Oncology History (since 5/2/2025)

Oncology History	<p>PET and MRI show increased enhancement/uptake in keeping with recurrence, review radiology. Pt asymptomatic</p> <p>Right C6 Malignant (Peripheral) Nerve Sheath Tumour - radiological isolated local recurrence R C6/C7 nerve roots external to spinal canal, treated with Definitive, high dose reirradiation 64.8Gy/54# bd &gt; 8hrs apart completed 1st May 2024</p> <p>- Excision of brachial plexus tumour (15/06/2023) R1 -</p> <p>- 29/08/23: right C5/6 Homilaminectomy + Facetectomy + Resection of Right C6 Malignant Nerve Sheath Tumour</p> <p>Casp results: TP53 mutation, further blood tests today to evaluate for Li-Fraumeni syndrome</p> <p>Background Hodgkin's lymphoma aged 16, treated with ABVDx4 and 30.77Gy/17# to bilateral neck and upper mediastinum. L subclavian occlusion with collaterals. Use R arm for BP, this is reflective of systemic BP.</p> <p>Thyroid US SER- nodules but none meetings criteria for surveillance or FNA.</p>
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Pathology Review (since 5/2/2025)

None
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Radiology Review (since 5/2/2025)

1st Test Company	CIG
1st Test Date	5/2/2025
1st Test Details	MRI
1st Test Comments	increased enhancement in keeping with progression
2nd Test Company	CIG
2nd Test Date	5/2/2025
2nd Test Details	PET
2nd Test Comments	increased PET uptake in keeping with progression

ECOG Score (since 8/9/2024)

None
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MDT AppointmentDate Reviewed: 4/10/2024

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

Edg Concept Hx Cancer
<b>Sarcoma</b>
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	<p>History (include family history if relevant, and surgical date/s): 39yo M</p> <p>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).</p> <p>History (please see previous notes from multiple teams for full history)</p> <ul style="list-style-type: none"><li>- longstanding sarcoma of the right arm</li><li>- initially occurred in the forearm -&gt; amputation (India) in June 2017.</li><li>- subsequent metastasis to upper arm &gt; full limb amputation + axillary dissection.</li><li>- initial wound breakdown Dec 2023 while in India</li><li>- 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.</li><li>- wound subsequently managed through Cooma community nursing. Note from their documentation that they reported progressive deteriorations of wound.</li><li>- 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</li><li>- previously known to Medical Oncology TCH (Dr Malik), with admission Jan 2024 for pneumothorax.</li></ul> <p>Phoc</p> <p># NSTEMI</p> <ul style="list-style-type: none"><li>- ECG: widespread ST depression in anterior and inferior leads</li><li>- angio 3/10: TVD and stent to prox LAD and prox LCX</li></ul> <p>- TTE: EF 45%, segmental systolic dysfunction</p> <p>- OBAPT (aspirin + clopidogrel)</p> <p>#Chronic pneumothorax</p> <p>PET scall dife on 29/1/25 shows interval progression N metastatic disease - for re-discussion regarding Tanagoment options.</p>
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Pathology Review (since 5/2/2025)

1st Test Laboratory	ACT Pathology
1st Test Date	5/2/2025
1st Test Details	Resection Specimen
1st Test Results	metastatic epithelioid 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.

Radiology Review (since 5/2/2025)

1st Test Company	TCH
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	TCH
2nd Test Date	5/2/2025
2nd Test Details	PET
2nd Test Comments	1. Multiple FDG-avid pulmonary nodules consisten ith metastatic disease Scoul which have increased size and FDG avidity. 2. interval increase in thei size and FDG avidity of the right thigh metastatic disease. 3. 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

ECOG Score (since 8/9/2024)

None
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