

**Progress Notes****Progress Notes Info**

Author	Note Status	Last Update User	Last Update Date/Time
Hu, Jethro L, MD	Signed	Hu, Jethro L, MD	10/3/2012 1:58 PM

**Progress Notes****Neuro-Oncology Outpatient Progress Note**

Patient:

Date: 10/2/2012

Last clinic appt: 9/4/12

**Chief Complaint:**

Right frontal glioblastoma currently participating in ICT 107, also cycle number 2 week 3 of adjuvant temozolomide. Here for follow-up and MRI review.

**HPI:** I reviewed my previous notes as summarized below:

is a very pleasant 29-year-old right-handed woman with a right frontal glioblastoma status post gross total resection April 25, 2012. She enrolled in ICT 107 and received concurrent radiation and temozolomide from May 24 to July 6, 2012. She received her first dose of vaccine versus placebo in July 16, 2012 and her most recent injection August 7, 2012. She took cycle #1 of adjuvant temozolomide from August 14 through August 18, 2012.

In clinic today reports feeling well. She denies experiencing any significant headaches, nausea or vomiting at this time but had a much more difficult time tolerating temozolomide this past cycle, with significant n/v that has now resolved for 2 weeks. She does report significant fatigue in the last few days of taking temozolomide. She has not had any seizures.

**Medications:****Current outpatient prescriptions**

Medication	Sig
• acetaminophen (TYLENOL) 325 mg oral tablet	Take 325 mg by mouth. Take 2 tablets 30-minutes before ICT-107 Vaccine. Do NOT exceed 3000 mg of acetaminophen from all sources per 24 hours.
• diphenhydramine (BENADRYL) 25 mg capsule	Take 25 mg by mouth. Take 2 tablets 30-minutes before ICT-107 Vaccine injection
• HYDROcodone-acetaminophen 5-325 mg (NORCO) 5-325 mg oral tablet	Take 1 Tab by mouth every 4 hours as needed.
• hydroxypropyl methylcellulose (ISOPTO TEARS) 0.5 % ophthalmic solution	Instill 1 Drop in both eyes every hour as needed.
• ICT-107 vaccine/placebo, Study Drug, 1 mL INJ	Inject 1 mL into the skin.
• levETIRacetam (KEPPRA) 1,000 mg oral tablet	Take 1 Tab by mouth 2 times daily.
• ondansetron (ZOFTRAN) 8 mg oral tablet	Take 8 mg by mouth. 30-minutes before Temodar dose
• ondansetron (ZOFTRAN-ODT) 8	Take 1 Tab by mouth 3 times daily as needed for

- |                                         |                                                             |
|-----------------------------------------|-------------------------------------------------------------|
| mg rapid dissolve tablet                | Nausea and Vomiting. Place on tongue and allow to dissolve. |
| • temozolomide (TEMODAR) 100 mg capsule | Take 100 mg by mouth daily. Take 3 capsules x 5 days.       |
| • temozolomide (TEMODAR) 140 mg capsule | Take 5 mg by mouth daily. Take One capsule x 5 days         |
| • zolpidem (AMBIEN) 10 mg oral tablet   | Take 10 mg by mouth nightly as needed.                      |

**Allergies:**

Review of patient's allergies indicates no known allergies.

**Social/Family History:**

, is not married. She is accompanied by her boyfriend.

**Review of Systems:**

Pertinent positives and negatives listed in the HPI. All remaining systems reviewed and negative.

**PHYSICAL EXAMINATION:**

**Vitals:** There were no vitals taken for this visit. There is no height or weight on file to calculate BSA. KPS

General: WNWD, NAD

HEENT: NC/AT, MMM

Neck: supple, no meningismus

CV: RRR

Pulm: CTAB

Abd: soft, NDNT

Ext: no C/C/E

Neuro:

MS: alert, attentive, appropriate; speech fluent with intact comprehension

CN: PERRL, EOMI, VFFTC, sens intact, symm facial excursions, hearing intact to casual conversation, palate elev symm, tongue midline

Motor: nl tone/bulk/strength; no drift

Ref: symm

Sens: intact mult modalities throughout

Coord: nl FNF, FFM

Gait: fluid casual gait, nl arm swing / stance / stride / turn

**STUDIES:**

I personally reviewed images from MRI brain performed at Mink 10/2/12 and compared them to prior MRI scans. The current scan shows new small foci of enhancement along the base of the R frontal resection cavity. FLAIR hyperintensity around the resection cavity is stable.

**Lab Results**

Component	Value	Date
WBC	5.0	9/11/2012

Hemoglobin	10.7*	9/11/2012
Hematocrit	32.0*	9/11/2012
MCV	96.1	9/11/2012
RDW	13.3	9/11/2012
Platelet Count	175	9/11/2012
Polys	74	9/11/2012
Polys	85	5/3/2012
Lymphocytes	18	9/11/2012
Lymphocytes	8	5/3/2012
Monocytes	7	9/11/2012
Monocytes	4	5/3/2012
Eosinophils	1	9/11/2012
Eosinophils	0	5/3/2012
Basophils	0	9/11/2012
Basophils	0	5/3/2012
Polys, Absolute	3.7	9/11/2012
Polys, Absolute	22.6*	5/3/2012
Lymphocytes, Absolute	0.9*	9/11/2012
Monocytes, Absolute	0.3	9/11/2012
Monocytes, Absolute	1.1*	5/3/2012
Eosinophils, Absolute	0.0	9/11/2012
Eosinophils, Absolute	0.0	5/3/2012
Basophils, Absolute	0.0	9/11/2012
RBC Morphology	NORMAL	9/11/2012
RBC Morphology	NORMAL	5/3/2012
Differential Type	AUTO	9/11/2012

**Lab Results**

Component	Value	Date
Glucose	98	9/11/2012
Creatinine	0.7	9/11/2012
Urea Nitrogen	8	9/11/2012
Sodium	138	9/11/2012
Sodium (POC)	144	4/25/2012
Potassium	4.2	9/11/2012
Potassium	4.6	9/4/2012
Potassium	4.4	9/4/2012
Potassium (POC)	3.9	4/26/2012
Chloride	103	9/11/2012
Carbon Dioxide	26	9/11/2012
ALT	13	9/11/2012
AST	17	9/11/2012
Alkaline Phosphatase	47	9/11/2012
Bilirubin, Total	0.4	9/11/2012
Total Protein	6.6	9/11/2012

Albumin	4.6	9/11/2012
Calcium, Serum	9.1	9/11/2012

#### Lab Results

Component	Value	Date
Glucose, UA	NEG	7/16/2012
Protein, UA	NEG	7/16/2012
Leukocyte	NEG	7/16/2012
Esterase, UA		
Blood, UA	NEG	7/16/2012

#### ASSESSMENT/PLAN:

In summary, is a very pleasant 29-year-old right-handed woman with right frontal glioblastoma currently participating in ICT 107, here on cycle 2 week 3 of temozolomide. Clinically and neurologically, she is stable and doing well, but imaging demonstrates new focal enhancement along the base of the R frontal resection cavity. She is just beyond the 12-week window for typical pseudoprogression, and her immediate post-chemoradiation MRI showed no enhancement. Thus tumor progression is the chief concern.

Our plan at this time is as follows.

1. I will refer the patient back to Dr. Patil for consideration for repeat resection to establish diagnosis. If enough tumor tissue is obtained, she may be a candidate for the Phase 1 dendritic cell vaccine with topical imiquimod.
2. She will go off the ICT-107 study for tumor progression. Temodar will be discontinued at this time.
3. Seizures. No interval seizures. Continue current dose of Keppra did present initially with a generalized seizure and thus we will continue antiseizure medication indefinitely.

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