

Progress Notes**Progress Notes Info**

Author	Note Status	Last Update User	Last Update Date/Time
Hu, Jethro L, MD	Signed	Hu, Jethro L, MD	1/17/2014 12:33 PM

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

Patient:

Date: 1/16/14

Chief Complaint:

Recurrent right frontal glioblastoma s/p repeat gross total resection 10/11/12, here for management

HPI: I reviewed my previous notes as summarized below:

is a very pleasant 30-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 starting August 14th. Cycle #2 Week 3 MRI on 10/2/12 (performed at Mink) demonstrated a small new focus of enhancement at the base of the resection cavity. Underwent repeat resection by Dr. Patil on 10/11/12. Pathology = persistent glioma. p53 positive, IDH1 positive, small clusters of cytotoxic T cells seen by TIA stain. Participated in phase I dendritic cell vaccine trial with topical imiquimod. Vaccine #1 of 3 given 11/13/12. Cycle 1 of CCNU/Lomustine 01/22/13. Only received 120 (not 160 mg) of CCNU. Cycle 2 of CCNU/Lomustine on 03/22/13. Last seizure 5/6/13. Cycle 3 of CCNU/Lomustine (80mg) on 05/23/13. Cycle 4 of CCNU on 07/05/13, then drug became unavailable. MRI brain 10/29/13. Shows slight increase in enhancement over past 2 months at base of R frontal resection cavity, also minimally increased FLAIR abnormality. Differential includes tumor progression vs treatment effect, but no confirmatory MRI has been performed due to loss of insurance. CCNU #5 80 mg on 11/18. MRI brain 1/8/14 shows likely tumor progression.

Developed severe HA, n/v day after clinic visit on 1/9/14. Starting dex has eliminated the nausea, though headache persists. Surgery scheduled for 01/20/14 with Dr. Patil. Patient has a pressure headache through out the days but not "hard core". Patient had pre op appointments yesterday. No nausea or seizure. Patient reports constipation, last bowel movement today. Patient reports the steroids are causing hot flashes and constipation.

Medications:**Current Outpatient Prescriptions**

Medication	Sig
• acetaminophen (TYLENOL) 325 mg oral tablet	Take 2 Tabs by mouth every 6 hours as needed. Do NOT exceed 3000 mg of acetaminophen from all sources per 24 hours.
• Biotin 500 mcg CAPS	Take 1 Cap by mouth daily.
• citalopram (CELEXA) 20 mg oral tablet	Take 1 Tab by mouth daily.
• dexamethasone (DECADRON) 4 mg oral tablet	Take 4 mg by mouth 2 times daily. Take with food.
• diphenhydramine (BENADRYL) 25 mg capsule	Take 50 mg by mouth every 6 hours as needed.
• HYDROcodone-acetaminophen 5-325 mg (NORCO) 5-325 mg oral tablet	Take 1 Tab by mouth every 4 hours as needed.
• levETIRAcetam (KEPPRA) 750	Take 1 Tab by mouth 2 times daily.

- mg oral tablet
- multivitamin capsule Take 1 Cap by mouth daily.
- ondansetron (ZOFran) 8 mg Take 8 mg by mouth daily as needed.
oral tablet
- sulfamethoxazole-trimethoprim Take 1 Tab by mouth See Admin Instructions.
(BACTRIM DS) 800-160 mg oral Mondays, Wednesday, Fridays. Take with plenty
tablet of fluids.
- topiramate (TOPAMAX) 25 mg Take 1 Tab by mouth 2 times daily.
oral tablet
- zolpidem (AMBIEN CR) 12.5 mg Take 1 Tab by mouth nightly.
SR tablet

Allergies:

Gadolinium-containing contrast media

Social/Family History:

Review of Systems:

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

PHYSICAL EXAMINATION:

Vitals: BP 109/64 | Pulse 43 | Temp 97.7 °F (36.5 °C) (Oral) | Resp 18 | Ht 5' 4" (1.626 m) | LMP 01/02/2014 There is no weight on file to calculate BSA.
KPS 90

General: WNWD, NAD

HEENT: incision c/d/i, 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; patient is alert, awake, oriented.

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

Motor: nl tone/bulk; no drift but slightly slower finger taps on the left

Ref: symm

Sens: intact mult modalities throughout

Coord: nl FNF, FFM

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

STUDIES:

Personally reviewed MRI brain MRI brain 1/8/14

FINDINGS: There has been interval enlargement of the enhancing right frontal mass and markedly increased surrounding vasogenic edema compared to prior study. The mass exhibits a multi, macro lobulated contour with peripheral and solid enhancement with some areas of central cystic degeneration/necrosis. 41 x 28 mm in transaxial and 43 mm in craniocaudal dimensions (8-111 and 10-49), previously measuring 24 x 20 mm in transaxial and 30 mm in craniocaudal dimensions. Markedly increased edema

and mass effect with effacement of the adjacent sulci is noted. Minimal leftward midline shift has developed (approximately 3 mm). No acute intracranial hemorrhage, or infarction is identified. The orbits, major intracranial vascular flow voids, and midline structures are otherwise preserved. Fluid-fluid level is seen within the mass in a couple areas. Postoperative changes of right frontal craniotomy are again noted.

Result Impression

Interval disease progression illustrated by right frontal tumor enlargement, and increased edema and mass effect. Slight midline shift.

Lab Results

Component	Value	Date
WBC	4.4	1/2/2014
Hemoglobin	10.2*	1/2/2014
Hematocrit	30.5*	1/2/2014
MCV	99.1	1/2/2014
Platelet Count	131*	1/2/2014
RDW	14.7	1/2/2014

Lab Results

Component	Value	Date
Glucose	97	1/2/2014
Creatinine	0.99	1/2/2014
Urea Nitrogen	13	1/2/2014
BUN/Creatinine Ratio	NOT APPLICABLE	1/2/2014
Sodium	141	1/2/2014
Sodium (POC)	144	4/25/2012
Potassium	4.1	1/2/2014
Potassium	4.2	1/8/2013
Potassium (POC)	3.9	4/26/2012
Chloride	108	1/2/2014
Carbon Dioxide	24	1/2/2014
ALT	13	1/2/2014
AST	17	1/2/2014
Alkaline Phosphatase	39	1/2/2014
Bilirubin, Total	0.5	1/2/2014
Total Protein	7.0	1/2/2014
Albumin	4.6	1/2/2014
Globulin	2.4	1/2/2014
A/G Ratio	1.9	1/2/2014
Calcium, Serum	9.2	1/2/2014

ASSESSMENT/PLAN:

In summary, is a very pleasant 30-year-old right-handed woman with right frontal glioblastoma s/p chemoradiation, ICT-107, 2 cycles of adjuvant temozolomide, and repeat gross total resection 10/11/12, then dendritic cell vaccine, then CCNU, now off. MRI brain 1/8/14, which unfortunately is suggestive of tumor progression, now showing a multilobulated cystic enhancing mass with significant surrounding edema. Developed HA, n/v since last visit, suggestive of symptomatic cerebral edema.

Plan:

- Glioblastoma. Surgery with Dr. Patil scheduled on 1/20/14. CC115 phase I trial has no available slots currently.
- Seizures. Last seizure 1/8/14. None since Keppra increased to 750 mg bid, cont Topamax.
- Leukopenia and neutropenia. So far labs are good; monitor for nadir. On Bactrim for PJP prophylaxis.
- Abnormal PFTs. CTA unremarkable. Followed by Dr. Wachtel, last eval 6/6/13 was unremarkable.
- Depression. Better with citalopram. Continue.
- Pruritus. Likely reaction to MRI contrast. Consider premed with steroids prior to future use.
- Cerebral edema. Continue dex 4 mg bid for now.

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Chart Review Routing History

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