

Progress Notes**Progress Notes Info**

Author	Note Status	Last Update User	Last Update Date/Time
Hu, Jethro L, MD	Signed	Hu, Jethro L, MD	6/4/2013 10:38 AM

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

Patient:

Date: 6/4/13

Chief Complaint:

Recurrent right frontal glioblastoma s/p repeat gross total resection 10/11/12 followed by participation in a phase I dendritic cell vaccine trial, currently mid-cycle #3 CCNU, here for follow-up and MRI.

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 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. Participate 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. Patient denies any seizures or falls. Patient has nausea intermittently, no emesis. Patient had the flu for 3 weeks but has recovered. Cycle 2 of CCNU/Lomustine on 03/22/13. Last seizure 5/6. Cycle 3 of CCNU/Lomustine (80mg) on 05/23/13.

Tolerating the 80 mg dose well so far. Patient takes an ambien every night, she averages 4 hours a night but without ambien it is 2 hours only. Patient denies any seizures, headaches, falls or nausea. Last bowel movement today. Patient is starting work on 06/06/13. Patient will see Dr. Wachtel same day. Patient reports she is feeling a lot better. Exercising more. Starting part-time work soon. Reports SOB in days after CCNU, now resolved, better with exercise. Also reports feeling slightly weak in LUE before CCNU, now before. Wedding scheduled for 4/5/14.

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.
• HYDROcodone-acetaminophen 5-325 mg (NORCO) 5-325 mg oral tablet	Take 1 Tab by mouth every 4 hours as needed.
• levETIRAcetam (KEPPRA) 500 mg oral tablet	Take 0.5 Tabs by mouth 2 times daily.
• lomustine (CEENU) 40 mg capsule	Take 3 Caps by mouth once every 6 weeks.
• ondansetron (ZOFTRAN) 8 mg oral tablet	Take 1 Tab by mouth See Admin Instructions. 2 tabs 30 minutes before CCNU and then one tab daily for the next 5 days
• sulfamethoxazole-trimethoprim	Take 1 Tab by mouth See Admin Instructions.

- (BACTRIM DS) 800-160 mg oral tablet Mondays, Wednesday, Fridays. Take with plenty of fluids.
- topiramate (TOPAMAX) 25 mg oral tablet Take 1 Tab by mouth 2 times daily.
- zolpidem (AMBIEN) 10 mg oral tablet Take 1 Tab by mouth nightly as needed.

Allergies:

Review of patient's allergies indicates no known allergies.

Social/Family History:

Review of Systems:

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

PHYSICAL EXAMINATION:

Vitals: Resp 18 | Ht 5' 4" (1.626 m) | Wt 103 lb (46.72 kg) | BMI 17.68 kg/m² Body surface area is 1.48 meters squared.

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 6/4/13. Compared to last MRI brain 4/23/13, the study is stable -- still shows punctate foci along edge of R frontal resection cavity that are stable in size, first noted in March 2013 scan.

Lab Results

Component	Value	Date
WBC	10.8	5/22/2013
Hemoglobin	9.9*	5/22/2013
Hematocrit	29.5*	5/22/2013
MCV	100.9*	5/22/2013
Platelet Count	336	5/22/2013
RDW	16.8*	5/22/2013

Lab Results

Component	Value	Date
Glucose	98	5/22/2013
Creatinine	0.9	5/22/2013
Urea Nitrogen	7	5/22/2013
Sodium	137	5/22/2013
Sodium (POC)	144	4/25/2012
Potassium	4.7	5/22/2013
Potassium	4.2	1/8/2013
Potassium (POC)	3.9	4/26/2012
Chloride	103	5/22/2013
Carbon Dioxide	23	5/22/2013
ALT	13	5/22/2013
AST	18	5/22/2013
Alkaline Phosphatase	50	5/22/2013
Bilirubin, Total	0.3	5/22/2013
Total Protein	7.0	5/22/2013
Albumin	4.8	5/22/2013
Calcium, Serum	9.4	5/22/2013

ASSESSMENT/PLAN:

In summary, is a very pleasant 29-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, currently on CCNU. Exam stable; MRI stable. Personally reviewed MRI brain 6/4/13. Compared to last MRI brain 4/23/13, the study is stable – still shows punctate foci along edge of R frontal resection cavity that are stable in size, first noted in March 2013 scan.

Plan:

- Seizures. No interval seizures. (None when compliant with meds.) Increase Keppra to 500 bid, cont Topamax.
- Leukopenia and neutropenia. Likely CCNU-related. On Bactrim for PJP prophylaxis.
- Abnormal PFTs. CTA unremarkable. Followed by Dr. Wachtel. Pt reports more subjective dyspnea after taking CCNU. Has appt with Dr. Wachtel on 6/6.
- Cycle #3 CCNU delayed (from 5/3) due to thrombocytopenia (plts 77). Monitor labs. Due to drug shortage, was dosed at 80 mg (54 mg/m²) for cycle #3. (Has 80 mg CCNU remaining.)
- Cycle #4 due to start 7/4. Will see pt on 7/2.
- Insomnia. Rx Ambien CR.

Please note that managing chemotherapy requires continual review of labs, symptoms, and imaging. Thus, issues that may be stable at the current visit still require active management and decision-making, particularly when dealing with treatments with known toxicities, in which case pre-emptive management is often standard and best practice, as implemented in this case.

Please also note that this patient is currently being treated for a terminal diagnosis with no known

cure. Thus, even on visits when a patient's clinical status is stable, ongoing discussion of diagnosis, prognosis, management options, and goals of care is warranted and considered standard and best practice, as implemented in this case.

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Electronically signed by Hu, Jethro L, MD at 6/4/2013 10:38 AM

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.

Admission Date
Jan 20, 2014

Admission Type
Elective

Discharge Date
Jan 20, 2014

Discharge Disposition
Home

Operative Report electronically signed by Patil, Chirag G, MD at 1/22/2014 2:38 PM

Author:	Patil, Chirag G, MD	Service:	Surgery Neurosurgery	Author	Physician
Filed:	1/22/2014 2:38 PM	Note	1/21/2014 1:01 PM	Type:	
		Time:		Note	Operative Report
Trans ID:	MDQ596222351	Trans	Available	Type:	
		Status:			
Dictation	1/20/2014 5:08 PM	Trans		Trans Doc	Operative Report
Time:		Time:		Type:	

PATIENT:

MED REC:

CEDARS-SINAI MEDICAL CENTER DICTATOR: CHIRAG G. PATIL, M.D.

OPERATION REPORT

DATE OF OPERATION: 01/20/2014

PREOPERATIVE DIAGNOSIS: Recurrent right frontal glioblastoma.

POSTOPERATIVE DIAGNOSIS: Recurrent right frontal glioblastoma.

OPERATION(S) PERFORMED:

1. Redo right frontal craniotomy and resection of recurrent glioblastoma.
2. Use of operative microscope.
3. Use of Medtronic frameless stereotactic image guidance system.
4. Motor and subcortical motor mapping and neuro electrophysiologic monitoring.

SURGEON: Chirag G. Patil, M.D.

ASSISTANT: Kurtis Birch, M.D.

ANESTHESIA: General anesthesia.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: 100 mL

BACKGROUND: was previously diagnosed with glioblastoma. At that time, she had presented emergently with a blown pupil. She underwent a gross total resection. She underwent immunotherapy. However, most