cCARE Fresno
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Patient Name: **Botello, Elvira**
Patient Number: **384886**

Date: **3/10/2025**
Date Of Birth: **1/8/1952**

INITIAL CONSULT

Referring Provider:
Isreal Brown

Chief Complaint
Evaluation and management of newly diagnosed uterine cancer.

Primary and Secondary Diagnosis

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
1/9/2025	Primary	182.0	C54.1	Malignant neoplasm of endometrium		
3/10/2025	Primary	244.9	E03.9	Hypothyroidism, unspecified		
3/10/2025	Primary	246.9	E07.9	Disorder of thyroid, unspecified		
3/10/2025	Primary	182.0	C54.1	Uterine (Endometrial), Carcinoma (Gynecologic, Uterine (Endometrial) Cancer) - Pathologic Stage IIIA (AJCC v8) TNM: pT3a, pN0, cM0		
3/10/2025	Primary	280.0	D50.0	Iron deficiency anemia secondary to blood loss (chronic)		

HPI/Treatment Summary
Elvira is here with her two daughters. She reports ongoing bleeding x4 months. The TXA provided by Dr Brown helped reduce blood loss. She received 1u pRBC at KWD Hospital. She reports a history of MI 10y ago and is using nitroglycerine several times a week for chest pain with relief.

03/05/25: This is a return patient following surgical intervention for uterine serous carcinoma. The patient reports experiencing soreness, dizziness on two occasions postsurgery, particularly when showering, accompanied by sweating and weakness. She avoided significant blood loss during the procedure. The surgical sites are healing well with no inflammation. The pathology report confirms highgrade uterine serous carcinoma, clinically staged as stage III due to visually observed cancerous involvement of the fallopian tube. No evidence of lymph node or distant metastasis was noted.

Tumor History
Stage IIIA1 G3 vs high grade serous endometrial carcinoma> second opinion path requested from Stanford, pending
p53mut
ER/PR negative
MMR proficient
Substantial LVSI present

12/7/2024: pelvic US showing uterus measuring 11cm with 3cm endometrial stripe. No adnexal masses or free fluid
- transfused 1u pRBC for Hgb 7.7

1/8/2025: CA 125 10

- EMB showing serous endometrial ca

1/27/2025: CT CAP showing Enlarged uterus with enlarged heterogeneous appearing endometrial region. Bilateral ovaries demonstrates cystic
components. Findings are incompletely assessed with this technique.
2. No pathologic lymphadenopathy.
3. Common bile duct appears tortuous and is enlarged. A definitive stone is not identified. Finding could be further evaluated with MRCP as clinically appropriate.
4. Subtle patchy hypodensity involving the medial right hepatic lobe is in close proximity to the falciform ligament. Differential diagnosis includes focal fatty sparing. Attention on followup to assess stability is recommended.

2/11/2025:
DIAGNOSTIC LAPAROSCOPY, ROBOTIC ASSISTED LAPAROSCOPIC TOTAL, HYSTERECTOMY FOR UTERUS >250GM, SALPINGOOOPHORECTOMY BILATERAL,
ICG INJECTION BILATERAL, SENTINEL LYMPH NODE MAPPING, CYSTOSCOPY, OMENTAL BIOPSY MOD 22

*Notably uterus was markedly enlarged and required in bag contained morcellation for vaginal removal which disrupted the specimen. Final path showed early stage disease however clinical findings were consistent with obvious pelvic spread of disease making this Stage III. Photos of tubal involvement are in chart. Initial biopsy showed high grade serous carcinoma, surg path shows G3 adenocarcinoma> second opinion requested Cytology positive, extensive LVSI positive> Clinical stage III based on adnexal involvement

The patient underwent a THBSO on February 11, 2025, and was diagnosed with high-grade endometrioid carcinoma, consistent with her initial diagnosis of uterine cancer. Pathology from St. Agnes classified the disease as stage I. However, per Dr. Blake's evaluation during surgery, the tumor was found to be involving nearby structures, consistent with T4 disease.
At the time of surgery, the tumor had eroded through the fallopian tube and involved surrounding structures. Cytology and fluid collected during surgery confirmed stage III disease. MSI testing was negative, ER/PR were negative, and the omentum was free of disease. Three lymph nodes were removed, all of which were negative for malignancy.

Past Medical History
Hypertension
Cholelithiasis
angina requiring nitroglycerin
MI 2012

Surgical History
- THBSO on 02/11/2025.

Allergies
No Known Drug Allergies

Medications

Inside	Drug	Script Date	Qty	Rfls	Instructions
	ACETAMINOPHEN 325MG TABLETS	2/12/2025	60	0	
	BENAZEPRIL 40MG TABS	9/19/2024	90	0	TAKE 1 TABLET BY MOUTH EVERY DAY
	HYDROCHLOROTHIAZ 25MG TAB	9/19/2024	90	0	TAKE 1 TABLET BY MOUTH EVERY DAY
	METOPROLOL SUC ER 25MG TAB	1/16/2024	90	0	TAKE 1 TABLET BY MOUTH ONCE DAILY
	NAPROXEN 500 MG TABLET	10/7/2024	60	0	TAKE ONE (1) TABLET BY MOUTH TWICE DAILY
Y	ondansetron HCl 8 mg tablet	3/10/2025	30	2	1 p.o. q. 8 hours (TID) prn nausea

	PANTOPRAZOLE DR 20MG TAB	9/19/2024	90	0	TAKE 1 TABLET BY MOUTH EVERY DAY
Y	Protonix 40 mg tablet,delayed release	3/10/2025	30	3	1 p.o. q. day
Y	Reglan 10 mg tablet	3/10/2025	30	4	1 p.o. q. 6 hours (QID) prn nausea
	TRAMADOL 50MG TABLETS	2/12/2025	15	0	
	TRANEX ACID 650MG TAB	1/1/1753	30	0	

Family History
Not provided in the transcript.

Tobacco Use and Cessation Counseling
Never smoker Cessation not discussed.

Social History
Marital Status: [Single/Married/Divorced/Widowed/Has Significant Other]
Living Arrangements: [With Spouse/Alone/With Child(ren)/ Nrsg Home]
Tobacco Use: [1 Current Everday Smoker / 2 Current Some Day Smoker/ 3 Former Smoker / 4 Never Smoker / 5 Smoker, Current Status Unknown / 9 Unknown if Ever Smoked]
Alcohol Use: [Not Asked / Never / Currently uses / Former use]
Drinks per Day:
Illicit Drug use: [Negative / Positive]

Review Of Systems
Patient Stated Pain Level: 0 - No Pain Patient Stated Pain Level: 0 - No Pain Other 0 Continue current pain regimen
The ROS is negative in 12 point detail except for the pertinent positives and negatives listed in HPI and below.

Vitals Signs
Vitals on 3/10/2025 3:35:00 PM: Height=62in, Weight=205.1lb, Temp=97.9f, Pulse=85, Resp=16, SystolicBP=124, DiastolicBP=80, Pulse Ox=97%

Performance Status
Fatigue 0: No complaints of fatigue Diarrhea Not present Nausea Not present Constipation None Vomiting Not present ECOG 0: Fully active, able to carry on all pre-disease performance without restriction

Physical Examination
Constitutional: Alert, cooperative, oriented. Mood and affect appropriate. Appears close to chronological age. Well-nourished. Well-developed.
Head: Normocephalic; no scars.
Eyes: Conjunctivae and sclerae are clear and without icterus. Pupils are reactive and equal.
ENMT: Sinuses are non-tender. No oral exudates, ulcers, masses, thrush or mucositis. Oropharynx clear. Tongue normal.
Neck: Supple without masses or thyromegaly. No jugular venous distention.
Hematologic/Lymphatic: No petechiae or purpura. No tender or palpable lymph nodes in the cervical, supraclavicular, axillary or inguinal area.
Respiratory: Lungs are clear to auscultation without rhonchi or wheezing.
Cardiovascular: Regular rate and rhythm of heart without murmurs, gallops or rubs.
Chest: Chest is symmetric without chest wall deformities.
Abdomen: Non-tender, non-distended, no masses, ascites or hepatosplenomegaly. Good bowel sounds. No guarding or rebound tenderness. No pulsatile masses.
Back/Spine: No kyphosis, scoliosis, compression fractures. Non-tender to palpation.
Musculoskeletal: No tenderness or swelling, normal range of motion without obvious weakness.
Extremities: No visible deformities, no cyanosis, clubbing or edema. Pulses 4+ and equal bilaterally.
Integumentary: No rashes, scars, or lesions suggestive of malignancy.
Neurologic: No sensory or motor deficits, normal cerebellar function, normal gait, cranial nerves intact.
Psychiatric: Alert and oriented times three. Coherent speech. Verbalizes understanding of our discussions today.

Laboratory Results
Lab results on 3/10/2025: WBC=7.2 K/uL, RBC=4.64 M/uL, HGB=**10.3** g/dL, HCT=**33.7** %, MCV=**72.6** fL, MCH=**22.2** pg, MCHC=**30.6** g/dL, RDW Ratio=**21.9** %, Plt=274 K/uL, IPF%=2.40 %, IPF#=6.60 K/uL, MPV=10.1 fL, Sodium=139 mmol/L, Potassium=3.8 mmol/L, Chloride=109 mmol/L, CO2=24.4 mmol/L, Anion Gap=9 mmol/L, BUN=19 mg/dL, Creat=0.82 mg/dL, eGFR=68 mL/min/1.73 m2, BUN Creat Ratio=**23** Ratio, Osmolality=280 mOsmol/kg, Total Bili=0.3 mg/dL, Alk Phos=89 IU/L, ALT=10 IU/L, AST=16 IU/L, Total Protein=7.1 g/dL, Albumin=3.9 g/dL, A/G=1.2 Ratio, Calcium=**11.1** mg/dL, Glucose=99 mg/dl, IRON=**16** ug/dL, % Transferrin Sat=**3** %, TIBC=**500** ug/dl, Ferritin=8.7 ng/mL, Transferrin=357 mg/dL, Folate=9.32 ng/mL, TSH=1.93 mIU/L, Vitamin B12=533 pg/mL

Radiology Results
There are no radiology reports that are pertinent for this patient's visit.

Problems List

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Impression
1. Newly Diagnosed Stage IIIA Uterine High-Grade Serous Carcinoma (T3A, N0, M0):
Elvira is a pleasant 73-year-old Hispanic female, seen for evaluation of stage 3A uterine high-grade serous carcinoma with details as per HPI. She underwent THBSO recently. Her tumor was noted to extend outside and erode the fallopian tube but remained confined to the pelvis. Cytology fluid collected during surgery was positive. The patient has recovered well from surgery.
After an extensive discussion with the patient and her family, the decision was made to start her on adjuvant therapy with a combination of CarboTaxol and immunotherapy. Depending on insurance approval, the immunotherapy could include Keytruda or Imfinzi. We went over pros, cons, side-effects, and schedule of therapy. The patient is agreeable to the plan. Following chemotherapy, she may be considered for radiation therapy if indicated.
The patient is doing well and will be ready for chemotherapy in one week.
2. Genetic Counseling:
Given her history of endometrial cancer, the patient will be referred for genetic testing to evaluate any hereditary or genetic predisposition.
3. Fatigue:
We will check folate, iron studies, thyroid panel, B12, and vitamin D levels.
4. Iron Deficiency:
The patient has borderline iron deficiency, which is not unexpected following major surgery. If her iron levels are low, iron replacement therapy will be administered parenterally. Given her constipation after surgery, oral iron therapy is unlikely to be well-tolerated.

Chemotherapy related Neutropenia:
This patient will be getting the above mentioned chemotherapy. Given the particular mix of baseline risk factors for febrile neutropenia that this patient has (poor nutritional status, age, specific cancer diagnosis, liver and renal function abnormalities and frailty), the risk of febrile neutropenia is very high.
After taking this into consideration, I am recommending the use of primary prophylaxis long-acting Growth factors. This will prevent febrile neutropenia, thereby reduce the risk of hospitalization and death.
I explained to the patient that primary prophylaxis is not a guarantee against febrile neutropenia. Any fever noticed in the post

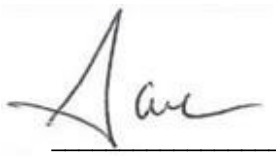
chemotherapy setting should be addressed right away.
ICD-10: D70.1

Discussion:
A comprehensive discussion was held with the patient and family regarding the advanced stage of her uterine cancer, with tumor erosion through nearby structures. The importance of adjuvant therapy including Carbotaxel and possibly immunotherapy was detailed. The patient and family were counselled extensively on the treatment process, potential side effects, and scheduling. The patient agreed with the proposed management plan. Management of her postoperative pain and potential iron deficiency were also discussed. - NCCN guidelines were reviewed and discussed with the patient - The diagnosis and care plan were discussed with the patient in detail - I discussed the diagnosis, prognosis, risks and goals of therapy and answered all the patient's questions - We discussed the chemotherapy treatment plan including schedule, common and uncommon but life- threatening side effects, supportive care discussion of reasonable alternatives, data and guidelines supporting the recommendations and I obtained informed consent - I personally reviewed radiology reports - Additional discussion of supportive care and chemotherapy teaching - The goal of treatment which is to palliate disease, disease-related symptoms, improve quality of life and hopefully prolong life was highlighted in our discussion and understanding demonstrated - The goal of treatment which is to improve disease-free survival was highlighted in our discussion. The risks and benefits of therapy were presented and discussed with the patient and family/spouse. All questions and concerns were addressed to patient's satisfaction and understanding expressed - Discussed complications related to comorbidities

Plan
- Initiate adjuvant chemotherapy with a combination of CarboTaxol.
- Evaluate for initiation of Keytruda or Imfinzi pending insurance approval.
- Consider radiation therapy upon completion of chemotherapy.
- Conduct genetic testing to investigate potential hereditary cancer syndromes.
- Monitor and manage postoperative pain.
- Assess and replace iron levels parenterally if needed to manage iron deficiency and avoid constipation.
- Schedule follow-up for ongoing evaluation and support post-chemotherapy.
Patient has given prior verbal consent to have the conversation recorded and summarized by the Knowtex software. - Return for follow up in 4 weeks
- Lab tests today: CBC,PLT,DIFF, CMP - Comprehensive Metabolic Panel, New Pt Labs, Iron and TIBC, Ferritin, Vitamin B12, Folate, Serum, TSH, Miscellaneous Labs Pending/SG

I spent 45 minutes in face to face encounter. Counseling, education, support and coordination of care was provided on current problems.
I spent 30 minutes in non-face to face encounter. Counseling, education, support and coordination of care was provided on current problems.
A portion of this dictation was transcribed by Bella B., Medical Scribe.
During this visit, I contacted another health care professional to discuss management.
During this visit, decisions regarding therapy, including dose adjustments and/or new drug prescriptions or therapy were made.

Fax to:
Isreal Brown, MD~(800)492-4227;

Signed  NPI: 1144343005
Sachin Gupta, MD on 3/16/2025 at 3:30 PM