**Progress Notes-118**

**Date :28/04/2020**

ProgressNotes :

A 60 yr male smoker - > 30 pack years

no known co morbidities evaluated at ESI hospital to tooth pain and tongue swelling rt side associated with pain

Biopsy showing well differentiated Squamous cell carcinoma

o/e-

KPS- 90

MO adequate

lesion seen in the anterior 1/3rd of tounge

2x2 cm

no movement restriction

no neck nodes palpable

adv- MRI HN with contrast

CT chest

usg neck

slide and block review

to be on home quarantine

Signed By:Krishna Kumar T

**Date :30/04/2020**

ProgressNotes :

Ca right Tongue cT1N0

CSB Dr KK

MRI/USG Neck reviewed

CT Chest - normal

To be discussed in TB for Nodal status

Plan:

WLE + SLND vs SND (Discuss both MRI/USG in TB WITH Dr Sandhya madam)

pac

pac Ix

Service :

30/04/2020

Blood typing ABO and RhD

Signed By:Krishna Kumar T

**Date :06/05/2020**

ProgressNotes :

bystander only came

planned for surgery on 18th may

to come with patient for pulmo clearance and also to get covid testing done before the date for surgery

Service :

06/05/2020

Histopath-Second opinion on slides and block/unstained slides

Signed By:Krishna Kumar T

**Date :20/05/2020**

ProgressNotes :

Procedure- WLE (rt lateral tongue lesion) with right SND levels I-IV under GA

Findings- ulcero-proliferative lesion 2x2cm, present on right anterior-lateral oral tongue 2cm from tip with leukoplakia extending approx 2cm beyond the lesion posteriorly

small level Ib, II nodes

surgeons- Dr KK, Dr Ridhi Sood, Dr Twinkle

under GA with all aseptic precautions WLE (rt lateral tongue lesion) done with 1cm margins in 3 dimension with superficial excision of leukoplakia done with the main specimen. specimen oriented and sent for HPE. Hemostasis achieved. Posterior tongue approximated primarily and rest left raw.

upper transverse skin crease incision given, subplatysmal flaps elevated. right SND levels I-IV done preserving marginal mandibular nerve, IJV and spinal accessory. hemostasis achieved. drain secured in neck, closure done in layers. procedure uneventful.

**Date :05/06/2020**

ProgressNotes :

DIAGNOSIS :

Carcinoma Tongue cT1N0Mx.

PROCEDURE DONE :

WLE (rt lateral tongue lesion) with right SND levels I-IV under GA on 18/05/2020. (Head and Neck Major Resection + Neck Dissection)

Histology (include histology done / reviewed elsewhere) :

WLE right lateral tongue and level 1- IV nodes : -Well differentiated squamous cell carcinoma -Tumour measures 1.1x1x0.6cm -Depth of invasion -0.6cm -WPOI - Score 0 -LHR -Score 0 -PNI /LVE -Absent -Risk group - Low -Margins -All margins are free of tumour . All additional margins sampled are also free of tumour - Lymph nodes- All sampled lymph nodes and salivary gland are free of tumour (0/3 level I A + 0/1 level I B + 0/4 level II A + 0/2 level II B + 0/3 level III + 0/9 level IV) AJCC stage pT2N0

Agreed Plan of management :

Included in AREST Trial Randomization done - Allotted to Radiotherapy ARM. Plan: Adjuvant Radiotherapy 60Gy, 30# for 30 days over 6 weeks Regular followup at 3 monthlys intervals for the First 2 years Each followup ? evaluated for locoregional recurrence, EORTC- QOL & CTCAE - Acute & Longterm RT Toxicity rate.

No further episodes of bleeding.

Taking well orally.

O/e:

Oc/op: NAD

Patient counseling and consent taken for AREST trial.

Signed By:Krishna Kumar T

**Date :09/06/2020**

ProgressNotes :

DIAGNOSIS : Carcinoma Tongue cT1N0Mx.

PROCEDURE DONE : WLE (rt lateral tongue lesion) with right SND levels I-IV under GA on 18/05/2020. (Head and Neck Major Resection + Neck Dissection) Histology (include histology done / reviewed elsewhere) : WLE right lateral tongue and level 1- IV nodes : -Well differentiated squamous cell carcinoma -Tumour measures 1.1x1x0.6cm -Depth of invasion -0.6cm -WPOI - Score 0 -LHR -Score 0 -PNI /LVE -Absent -Risk group - Low -Margins -All margins are free of tumour . All additional margins sampled are also free of tumour - Lymph nodes- All sampled lymph nodes and salivary gland are free of tumour (0/3 level I A + 0/1 level I B + 0/4 level II A + 0/2 level II B + 0/3 level III + 0/9 level IV) AJCC stage pT2N0

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No further episodes of bleeding.

Taking well orally. O/e: Oc/op: NAD

Patient counseling and consent taken for AREST trial.

Adv: Dental consult.

Radiation onco consult

Signed By:Krishna Kumar T

**Date :09/06/2020**

ProgressNotes :

For RT

extraction of 31,41 done under LA.

medications given.

to report for restoration of abraded teeth & impression for fabricating fluoride trays.

**Date :15/06/2020**

ProgressNotes :

G.I fillings done on abraded teeth.

impression taken for fabricating fluoride trays.

can be taken up for RT.

**Date :14/07/2020**

ProgressNotes :

DIAGNOSIS : Carcinoma Tongue cT1N0Mx.

PROCEDURE DONE : WLE (rt lateral tongue lesion) with right SND levels I-IV under GA on 18/05/2020. (Head and Neck Major Resection + Neck Dissection)

Histology (include histology done / reviewed elsewhere) : WLE right lateral tongue and level 1- IV nodes : -Well differentiated squamous cell carcinoma -Tumour measures 1.1x1x0.6cm -Depth of invasion -0.6cm -WPOI - Score 0 -LHR -Score 0 -PNI /LVE -Absent -Risk group - Low -Margins -All margins are free of tumour . All additional margins sampled are also free of tumour - Lymph nodes- All sampled lymph nodes and salivary gland are free of tumour (0/3 level I A + 0/1 level I B + 0/4 level II A + 0/2 level II B + 0/3 level III + 0/9 level IV) AJCC stage pT2N0

Agreed Plan of management : Included in AREST Trial Randomization done - Allotted to Radiotherapy ARM.

Plan: Adjuvant Radiotherapy 60Gy, 30# for 30 days over 6 weeks Regular followup at 3 monthlys intervals for the First 2 years Each followup ? evaluated for locoregional recurrence, EORTC- QOL & CTCAE - Acute & Longterm RT Toxicity rate. No further episodes of bleeding. Taking well orally.

c/o pain over B/L parotid regions

O/e: Oc/op: NAD

mucositis ++

Diagnosis [Site, Histology, Stage]: Ca tongue pT2N0M0 Right lateral border RT Commencement: Date:01/07/20 Planned RT Dose:60Gy/30# Tx Regions: PTV 60: Tumor bed + margin PTV 50: PTV 60 + B/L Nodal stations I - III Right Level IV Tech : IMRT

completed 20Gy/10#

c/s/b Dr. KK Sir:

adv: mouth opening exercises

**Date :14/07/2020**

ProgressNotes :

seen for prophylactic counseling of pharyngocises

c/o odynophagi a

c/o trismus

**Date :03/09/2020**

ProgressNotes :

patient reviewed

nil issues

plan:to review after 1 month

**Date :11/06/2021**

ProgressNotes :

DIAGNOSIS : Carcinoma Tongue cT1N0Mx. PROCEDURE DONE : WLE (rt lateral tongue lesion) with right SND levels I-IV under GA on 18/05/2020. (Head and Neck Major Resection + Neck Dissection)

RT Commencement: Date:01/07/20 RT Completed on 19.8.2020 RT Dose:60Gy/30#

Pt reviewed

Nil issues

krishna questionnaire given

Tongue form given

Utility survey done

ADV

r/w after 2 months or sos

Signed By:Dr. Subramania Iyer

**Date :09/05/2024**

ProgressNotes :

Ca Tongue

pT2N0M0

Right lateral border

RT Commencement: Date:01/07/20

RT Completed on 19.8.2020

RT Dose:60Gy/30#

PTV 60/30#: Tumor bed + margin

PTV 50/30#: PTV 60 + B/L Nodal stations I - III and Right Level IV

Tech : IMRT [Tomo Radixact]

AREST Protocol

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H/O COVID Infection in March 2021 Recovered

TFT (July 2022) T4 : 1.39 ; TSH : 9.91

Off Thyronorm - stopped by self

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Post RT 3 years and 9 months

Doing well

Lost followup 2 yrs

Weight: 68>69> 69><74>76>76Kg> 67>64kg

Sensitivity teeth +

O/E:

Mouth opening: 3 fingers (Improved).

Sharp teeth +

No Xerostomia

Oral hygiene: Average

Dental care average

Adv:

TFT - to review at ESI clinic for Thyronorm

restarted on thyronorm [25[]?

Continue Fluoride Gel

Review after 6 months with TFT.

Dental review as advised

Review in HNS as advised.