

Miami Cancer Institute
8900 North Kendall Drive
Miami, FL, 33176
Fax: (954) 837-1188

PATIENT NAME: [REDACTED] DOB: 01/08/1935
FIN: 999809265 CMRN: 104263030
Date of Service: 12/03/2025

*** Final Report ***
Document Has Been Revised

Referring Provider

Self Referral

Chief Complaint

Right breast invasive ductal carcinoma.

History of Present Illness

Ms. Alberta Lareno is a 90 year old female coming to the Miami Cancer Institute female presenting with recently diagnosed right breast invasive ductal carcinoma ER/PR positive and HER-2 negative that was detected by mammogram. She is self-referred and is a former patient of Dr. Tousimis. She denied feeling any breast or axillary masses, denied any nipple inversion, denied any nipple discharge, denied any breast pain and denied any breast skin changes.

She has a history of left breast invasive ductal carcinoma diagnosed in 2022. She underwent left breast lumpectomy on 11/28/2022 by Dr. Tousimis at Cleveland Clinic. Pathology revealed invasive ductal carcinoma, margins free. ER/PR positive and HER-2 negative. Left axillary sentinel lymph node excision with 1 lymph node. Overall grade: Grade 2. Tumor size: 12 mm.

She did not receive chemotherapy or radiation therapy and was started on anastrozole, but stopped it in September 2025 due to developing skin sores.

She is currently on aspirin 81mg due to history of atrial fibrillation.

On 10/31/2025, she had a bilateral diagnostic mammogram and a bilateral breast ultrasound done at the Cleveland Clinic. There was a focal asymmetry with associated calcifications in the Right breast at 6:00, 5 cm from the nipple that required additional evaluation. The ultrasound showed a dilated duct measuring 0.7 cm at 10:00, 8 cm from the nipple in the Left breast that was probably benign for which a diagnostic ultrasound was recommended in 6 months. BI-RADS Category 0.

On 11/10/2025, she had a Right diagnostic mammogram done at the Cleveland Clinic that showed a round mass with spiculated margins and associated calcifications in the middle depth of the Right breast at 6:00 for which a diagnostic ultrasound was recommended. BI-RADS Category 0.

On 11/11/2025, she had a Right breast ultrasound done at the Cleveland Clinic that showed an irregular nonparallel mass with echogenic halo measuring 1.2 x 0.9 x 1 cm at 6:00, 2 cm from the nipple in the Right breast that was suspicious for malignancy and an ultrasound guided biopsy was recommended. There was an adjacent mass with similar sonographic characteristics measuring 0.5 x 0.7 x 0.4

Staging Info

No information
available

Past Medical History

Ongoing

Basal cell carcinoma of skin
Dyslipidemia
Hypertension
Infiltrating ductal carcinoma of left breast
Infiltrating ductal carcinoma of the right breast
Paroxysmal atrial fibrillation
Paroxysmal supraventricular tachycardia

Past Surgical History

- Right breast, 6:00, 2 cm from nipple; core biopsy (11/17/2025)
- Implantable loop recorder in situ (2023)
- Lumpectomy of left breast with left sentinel lymph node biopsy (11/28/2022)
- Left breast ultrasound guided core needle biopsy at 7:00 (10/24/2022)
- Colonoscopy (11/18/2019)
- Arthroplasty of knee, left (06/20/2012)
- Hammertoe repair (09/17/2009)
- Laparoscopic cholecystectomy (2006)
- Arthroplasty of knee, right (12/05/2005)
- Vaginal hysterectomy due to fibroids (1981)
- Cataract surgery of both eyes
- Lipoma removed from left upper leg

Home Medications

Home Medications (8) Active

amLODIPine 2.5 mg oral tablet 2.5 mg = 1 tab(s), Oral, Daily
aspirin 81 mg oral delayed release tablet 81 mg = 1 tab(s), Oral, Daily
Jardiance 10 mg oral tablet 10 mg = 1 tabs, Oral, Every morning
Metoprolol Succinate ER 100 mg oral tablet, extended release 100 mg = 1 tab(s), Oral, BID
Multiple Vitamins oral tablet, Oral, Daily

PATIENT NAME: [REDACTED] DOB: 01/08/1935
FIN: 999809265 CMRN: 104263030
Date of Service: 12/03/2025

cm that could be a satellite lesion versus contiguous with the aforementioned mass. There were prominent ducts in the Right retroareolar region. There was no Right axillary lymphadenopathy. BI-RADS Category 4C: Suspicious-high suspicion for malignancy.

On 11/17/2025, she underwent a Right breast, 6:00, 2 cm from nipple; core biopsy done at the Cleveland Clinic that positive for invasive ductal carcinoma of no special type. Grade 2. Tumor 0.9 cm in linear extent. Lymphovascular invasion: Negative. ER/PR positive and HER-2 negative.

PMH: Atrial fibrillation, basal cell skin cancer, hypertension, SVT, dyslipidemia, hx of left invasive ductal carcinoma

Surgical history: left breast lumpectomy and sentinel node biopsy 2022, arthroplasty left and right knee, loop recorder placement, vaginal hysterectomy due to fibroids 1981.

OB/GYN Hx: She underwent menarche at age 14, and is a gravida 4 para 4. Hysterectomy 46. She has not taken any hormone replacement therapy.

Family hx of cancer: There is no family history of breast or ovarian cancer. She denies AJ ancestry and has not undergone genetic testing. Her maternal grandmother had uterine cancer. Her mother had lung cancer and was a non-smoker. Two of her daughters passed from lung cancer, both were smokers. Her maternal grandfather had throat cancer. Her paternal grandmother had cancer, unknown which type.

Social Hx: The patient lives in alone, widow and is accompanied by her daughter today. Former smoker, smoked from 1952 to 1982.

Review of Systems

Constitutional (General)

Good General Health: Yes

Ears, Nose, Mouth, and Throat

Negative: Negative

Eye

Negative: Negative

Respiratory

Negative: Negative

Cardiovascular

Negative: Negative

Gastrointestinal

Negative: Negative

Genitourinary

Negative: Negative

Endocrine

Negative: Negative

Prolia 60 mg/mL subcutaneous solution 60 mg = 1 mL, SubCutaneous, Every 6 months
Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg/inh inhalation powder 1 Inh, Inhale, Daily
Vitamin D3 1000 intl units oral capsule 25 mcg = 1 cap(s), Oral, Daily

Allergies

HYDROcodone (♦ Severe) (Shortness of breath)
codeine (♦ Severe) (Shortness of breath)
LATEX (Moderate) (Hives, Rash)
anastrozole (Moderate) (Skin sore)
celecoxib (Moderate) (Hives)
ciprofloxacin (Moderate) (Stomach upset)
nitrofurantoin (Unknown) (Unknown)
oxyCODONE (Unknown) (Unknown)

Family History

Cancer: Grandmother (P).
Heart disease: Sibling and Sibling.
Lung cancer: Mother, Natural Child - Insured has fin. resp and Natural Child - Insured has fin. resp.
Nonsmoker: Mother.
Smoker: Natural Child - Insured has fin. resp and Natural Child - Insured has fin. resp.
Stroke: Sibling and Sibling.
Throat cancer: Grandfather (M).
Uterine cancer: Grandmother (M).

Social History

Alcohol

Current user, Wine

Electronic Cigarette/Vaping

Electronic Cigarette Use: Never.

Employment/School

Retired

Exercise

Physical Activity Intensity: Light.

Home/Environment

Lives with Alone. Marital Status of Patient if Patient Independent Adult: Widow since 2010. She lives alone at the Indian River States retirement community in Vero Beach, Florida..

Nutrition/Health

Type of diet: red meat about 1 time per week.. Diet: Regular. Caffeine intake amount: 1 cup of green tea and ginger daily..

Other

PATIENT NAME: [REDACTED] DOB: 01/08/1935
FIN: 999809265 CMRN: 104263030
Date of Service: 12/03/2025

Women

Breast Discharge: No
Breast pain/lumps: No
Negative: Negative

Musculoskeletal

Negative: Negative

Neurological

Negative: Negative

Integumentary

Negative: Negative

Psychiatric

Negative: Negative

Hematologic/Lymphatic

Negative: Negative

Allergic/Immunologic

Negative: Negative

Physical Exam

Vitals & Measurements

T: 36.7 °C (Oral) HR: 58 (Peripheral) RR: 18 BP: 149/73 SpO2: 99%

HT: 162 cm WT: 71.60 kg BMI: 27.28

Pain

Pain Present: No actual or suspected pain

Pain Intensity: 0

Constitutional: She was a well-developed, well-nourished female in no acute distress.

Breast: The breasts were examined in the sitting and supine positions and found to be symmetrical in size. There is ecchymosis at the 6-7 o'clock post biopsy, palpable lump most likely post biopsy changes. There were no dominant masses in either breast, no nipple inversion or discharge, and no associated skin dimpling. She had no axillary, supraclavicular, or cervical lymphadenopathy. Both arms had good range of motion and there was no evidence of lymphedema.

Musculoskeletal: Visual overview of all 4 extremities was normal.

Extremities: No edema was noted.

Neurological: Normal level of consciousness and orientation.

Psychiatric: Oriented to time, place, person and situation. Appropriate mood and affect. Normal insight. Normal judgment.

I, Calix Maradiaga, Julia W PA-C, had a face to face encounter with this patient. I have documented all sections with the exception of the Assessment and Plan.

Assessment/Plan

1. Malignant neoplasm at the 6 o'clock, 2 cm from nipple of right female breast

(C50.111: Malignant neoplasm of central portion of right female breast)

2. Estrogen receptor positive (Z17.0: Estrogen receptor positive status [ER+])

3. History of left breast cancer (Z85.3: Personal history of malignant neoplasm of breast)

Impression: right 6 oc n2 1.2 cm ifdc, with satellite lesion 7 mm for right nl lumpectomy us guided right sentinel lymph node

h/o left breast cancer treated with left bct she declined xrt and was on arimidex with dr lasker for 2.5 years after getting side effects affecting her jaw. she discontinued

Lupus: Denies. Scleroderma: Denies.
Sickle cell: Denies. Implantable devices:
Loop recorder. Denies pacemaker.
Metal in body: Loop recorder. Last
dental exam: 2024 Dental issues:
Denies., Born in: New York City. Pets:
Yes, 1 dog. Vaccines: Yes, COVID19
vaccine x 5. Ashkenazi Jewish: Denies.
Genetic Testing: Denies.
Chemotherapy: Denies. Radiation:
Denies.

Substance Use

Denies

Tobacco

Tobacco Use: Former smoker, quit
more than 30 days ago. Type:
Cigarettes. per day Former smoker, 4 to
half pack a day for 30 years from 1952
to 1982..

Laboratory Data

No qualifying data available.

PATIENT NAME: [REDACTED] DOB: 01/08/1935
FIN: 999809265 CMRN: 104263030
Date of Service: 12/03/2025

1. we discussed her surgical options including bct vs mastectomy. she opted for bct on january 7th at bmasc and will stay at the hilton the night before and i will see her postop the day after
2. dr walthers will clear her for surgery
3. she will hold the asa one week prior and one week after
4. she declined genetic testing
5. she is very active and has htn, hld, copd previous smoker
6. there is an adjacent satellite lesion 7 mm in size.

lives in Vero. Patient of mine from Cleveland clinic. her bday is 1/8/26.

I Anastasia Tousimis, MD spent 60 minutes caring for the patient on 11/18/25 by examining her, and reviewed her history, radiology and pathology data as documented above. I personally reviewed her images. The options, risks, and benefits were discussed at length, and all of her questions were answered. 15 of those minutes include jointly seeing patient with APP. I performed and documented the medical decision making portion of this patient visit in its entirety.

I, Anastasia Tousimis MD, had a face to face encounter with this patient. I have reviewed the APPs documentation of her findings as they appear in all sections outside the assessment and plan. I have solely formulated the assessment and plan for this patient and the sole author of that section.

Signature Line

Electronically Signed on 12/03/2025 14:33

Calix Maradiaga, Julia W PA-C

Electronically Signed on 12/03/2025 12:52

Tousimis, Eleni Anastasia MD

Electronically Signed on 12/03/2025 12:52

Tousimis, Eleni Anastasia MD

Result Type:	Oncology Surgical Clinic Note
Result Date:	December 02, 2025 15:02 EST
Result Status:	Modified
Result Title/Subject:	Breast Surgical New Patient Office Clinic Note
Performed By/Author:	Calix Maradiaga, Julia W PA-C on December 02, 2025 15:03 EST
Verified By:	Tousimis, Eleni Anastasia MD on December 03, 2025 12:52 EST
Encounter info:	999809265, MCI, Clinic, 12/03/2025 -