

MRN 0048239 F 64 Hispanic DOB 09/25/1961 Detroit MI. first visit note scanned from 2013 old oncology record. multiple pages merged. handwriting partial.

"initial dx L breast invasive ductal carcinoma triple neg. stage IIB. underwent mastectomy then chemo ddAC x4 + paclitaxel weekly x12 finished March 2014. NED till early 2019 when cough, fatigue, and mild SOB. CT chest → lung nodules. biopsy confirmed met TNBC. began carbo/gemcitabine April 2019 partial response. finished 6 cycles Aug 2019."

then later 2020 "progression; PD-L1 positive; entered trial (atezolizumab + nab-paclitaxel). tolerated initially then hepatitis immune-mediated grade 3 → steroids → resolved. off trial."

2021–2022 stable then slowly increasing nodules 2023 started capecitabine 1000mg bid 14/7 schedule. tolerating okay but fatigue++. mild HFS intermittent. no diarrhea. continues routine f/u with Dr. Patel.

2024 "capecitabine ongoing. some fatigue. ECOG 2. scans: slow progression. mild right pleural effusion. labs: Hb 10.8, Cr 1.3." also DM2 (dx 2008), HTN, CKD stage II, OA knees, anxiety. rare wine. non-smoker.

"says walking less now, tired easily. lost 3–4 kg last 3 months. appetite fair." continues medications lisinopril 10, metformin 1000 bid, Vit D3 2000 daily, alprazolam 0.25 PRN. allergies PCN (rash), sulfa (GI upset). bee sting swelling.

notes from nursing staff: "patient pleasant, independent, keeps chart of her meds."

another note scribbled 9/2025: "she called to ask if trials available for HER2-low subtype. pending re-testing (2020 sample). HER2 FISH not amplified, possible low expression."

physician plan: "repeat molecular panel (BRCA1/2, PD-L1, MSI, HRD). refer for trial eligibility: PD-L1 combo, PARPi, HER2-low ADC, TIGIT inhibitor."

labs scattered in EHR:

2019 baseline Cr 1.1, Hb 12.2; 2020 Cr 1.3; 2022 LFT ↑ after immunotherapy (AST 108 ALT 134), steroids tapered → normalized 2021.

2025 AST 54, ALT 47, Cr 1.4, Glu 145, CA15-3 92↑, CEA 6.0↑. mild chronic anemia Hb 10–11. WBC normal. platelets 270–290.

weight trend: 74kg (2023) → 72kg (2024) → 70kg (2025). BMI ~26.7.

vitals 10/2025 BP 142/88 HR 94 SpO2 93%.

multiple overlapping notes:

- "4/2025 pt tired, appetite ↓, SOB on exertion."
- "6/2025 discussed local trial options, UMich recruiting PARP + pembrolizumab combo."
- "8/2025 pt read about antibody-drug conjugates, wants to know eligibility for trastuzumab deruxtecan."
- "10/2025 addendum: HER2 IHC 1+, qualifies as HER2-low, can pursue ADC trial."
- "pt expresses willingness to travel if necessary but prefers MI/OH area."

Exam snippets copied from various encounters: "cachectic appearing, no distress. mild wheeze left upper lung. RLL ↓BS. abdomen soft. mild RUQ tenderness. trace pedal edema. alert oriented x3."

Attending remarks: "overall stable organ fx, candidate for clinical trial enrollment."

Old nutrition consult (2022): "encourage protein intake. ensure hydration. weight stable."

Scanned lab printouts included scribbled results, some unreadable, "Hb 10.3, Cr 1.3, Ca15-3 high, mild ALT↑."

Paper from outside lab says "BRCA negative, HRD borderline, PD-L1 positive."

Faxed report: "HER2 IHC 1+, HER2 FISH ratio 1.3 not amplified."

email note: "patient interested in AI-based matching tools to find trials."

Physical therapy note (2024): "complains of fatigue with walking >10 min. O2 sat drops to 91%. advised gradual conditioning."

Psych note (2025): "coping fair, anxiety centered around cancer recurrence. good insight. husband supportive."

2025 imaging summary combined:

CT 9/25 multiple lung nodules largest 1.7 cm RLL, small R pleural effusion increased since March. MRI abd stable cyst. bone scan neg. echo EF 58%. radiologist comment: "stable disease with minor progression."

pathology block sent to molecular lab for updated testing.

social: retired teacher, married, 2 adult children, daughter in Toledo. no tobacco. drinks tea daily. dog walker. church group volunteer (until 2024). says "I want to keep fighting, but not sure what's next."  
prefers local site if possible. aware of trial phases I–III differences.

various copied plans from progress notes 2019–2025:

"continue Xeloda till progression." "monitor labs q3wks." "if HER2-low confirm, refer ADC study."

"consider checkpoint inhibitor re-challenge if hepatic enzymes stable." "trial search via ClinicalTrials.gov + internal portal." "supportive therapy (rest, counseling)."

"patient prefers Dr. Patel to coordinate."

notes referencing other providers: "Dr. Stevens (cardiology) cleared for continued chemo." "Dr. Lin (endocrine) adjusted metformin for glucose 150–160 avg." "Dr. Meyer (nutrition) follow-up q3mo."

misc: scan of sticky note "trial ID NCT04374256 PARP combo? ask about criteria." message: "called UMich research office, awaiting reply."

email record: "thanks for info, will send my chart to team."

2025 nurse summary: "patient asking if AI program can show nearest trials; gave link to FindMyTrial app."

physician reflection (unstructured addendum): "12 years of ongoing disease, patient highly motivated, physically limited but alert, understands goals of care. hopeful for novel therapy, potentially ADC or immunotherapy. maintain QoL. not ready for hospice. will reassess in 4 weeks."

handwritten in margin: "PD-L1 positive (15%), HER2-low confirmed, BRCA-, MSI stable, HRD borderline, best fit: ADC / checkpoint / DNA repair study."

footnote scribbled "prefers Detroit, Toledo, Cleveland, Columbus. open to traveling if reimbursed."  
ECOG 2, KPS 70%.

list of recurring labs (compiled by RN):

2019 Hb 12.2 WBC 6.2, 2020 Hb 11.1 WBC 5.8, 2021 Hb 10.8, 2022 Hb 10.6, 2023 Hb 10.4, 2024 Hb 10.2, 2025 Hb 10.3.

Creatinine 1.1→1.3→1.4 trend. AST 34→108→52 trend. ALT 30→134→47. CA15-3 38→92. stable mild anemia.

summary line: "labs consistent w chronic disease pattern."

nutrition consult (2025): "BMI down 1.5 since last year. appetite poor. considering protein shakes."

social work note: "patient exploring clinical trials. financially okay. supportive spouse."

oncology note: "revisit imaging in 6–8 wks. if progression → trial referral."

psych note again: "anxiety mild, benefits from mindfulness."

random fragments copied forward: "HFS resolved." "nausea none." "transaminitis mild." "no new lesions." "scans pending." "refer for re-biopsy."

system auto-generated summary: "Problem List: Malignant neoplasm of breast (C50.9), Secondary malignant neoplasm of lung (C78.0), Anemia unspecified, Diabetes mellitus type 2, Hypertension, CKD stage II."

ICD codes scattered. no formal structure maintained. older labs inserted mid-notes. spacing inconsistent.

final addendum typed Oct 2025: "Patient remains motivated to pursue trials; awaiting HER2-low results. We will coordinate with U-Michigan and Ohio State research programs. Consider checkpoint inhibitor reintroduction if LFTs stable. Overall prognosis: guarded but stable."

signature: A. Patel MD PhD – Oncology, University Medical Center Detroit.