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| **CLINIC LETTER** |  |

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| Dr AP BHASI | The Royal London Hospital |
| SHREWSBURY ROAD HLTH CTR | Whitechapel Road |
| LONDON | London E1 1FR |
| E7 8QP |  |

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| Mr Jialin Yang | **NHS no**:717-887-1857 | Date: 22-FEB-2024 |
| Flat 48 Cornwell House  13 Ron Leighton Way | MRN:10542590  Sex: Male | Clinic: RNJClinic 3 RLH |
| LONDON | DOB: 06-MAR-1985 | Clinic Date: 21-FEB-2024 |
| E6 1EQ |  | Next Clinic: |

**Consultant:** **Janet Dearden;  Hepatology Service**

              

**Dear Jialin,**

**Problem List:**

1. Probable Metastatic Colorectal Cancer

- referred due to weight loss and dysphagia

- OGD and CTCAP unremarkable except for presume haemangioma of liver, symptoms resolved

- in view of previous hepatitis C, MRI liver arranged which was concerning for malignancy

- biopsy 24/1 confirms metastatic adenocarcinoma, possible lung or GI primary

- PET scan 9/2 - multiple hepatic metastases, further tracer uptake in sigmoid colon

- Colonoscopy 17/2 - malignant appearing polyp in sigmoid

Previous Medical History:

Spontaneous Pneumothorax

Hepatitis C (cleared)

Family History:

Father - Lung Cancer

Social History:

Data Analyst

Lives alone

PS 0

Ex-smoker

Recent Investigations:

CTCAP Oct 2023 - The oesophagus is not dilated. No oesophageal mass. No thoracic lymph node enlargement. No pleural effusion. A 3-mm nodule posteriorly in the left lower lobe is likely a benign intrapulmonary lymph node. Within segment 4b of the liver there is a 9-mm hypodensity, difficult to characterise but likely a haemangioma. The remaining solid organs are normal. There is faecal loading in the colon. Allowing for the unprepared nature of the study there is  no colonic mass. No aggressive bone lesion.

Targeted Liver Biopsy Jan 2024 - moderately differentiated adenocarcinoma

PET CT Feb 2024 - There are at least seven metabolically active lesions throughout both lobes of the liver which are suspicious for hepatic metastases.  The focus of uptake within the sigmoid colon could represent bowel spasm, however a colonoscopy is advised to rule out a primary colorectal malignancy.  There is no metabolically active disease identified elsewhere.

CTCAP Feb 2024 - Primary tumour in the sigmoid with multiple bilobar liver metastases.

Progress:

Thank you for attending clinic today.  I reviewed you with our CNS Joy present.  Dr Dearden also joined part way through the consultation.  I was pleased to hear that you felt physically well.  We discussed your most recent investigations i.e. the colonscopy and repeat CT.  Following discussions with our endoscopy colleagues and within the MDT, we are confident labelling this as a primary sigmoid cancer with liver metastases.  We do not feel a repeat endoscopy for histology from the presumed primary tumour is necessary and our oncology colleagues will see you next week to discuss treatment options.  We once again discussed how this would not be operable or curable and that chemotherapy would be palliative with the intention of disease control.

We have not made a further appointment to see you in the hepatology clinic at present and will leave you in the hands of our oncology colleagues.  We remain contactable via email and phone should you have any concerns.  We wish you all the best.

Yours sincerely,

**Dr Michael Hewitt**

Hepatology Registrar to

Dr Yiannis Kallis and Dr Janet Dearden

Consultant Hepatologists

Secretary  Tel: 020 359 43500 / 43400

Email: bartshealth.hepatologyservices@nhs.net

**Electronically Signed By:**  **Michael Hewitt,Clinical Practitioner Access Role**