ManipalHospitals
Dr Vadhiraja B M MD LIFE'S ON
HOD & Consultant
Department of Radiation Oncology

**Date: 09-Mar-18**

## DEPARTMENT OF RADIATION ONCOLOGY

## TREATMENT SUMMARY

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name** | : | Mr Bimal Krushna Panigrahy | **Age / Sex** | : | 42 years / Male |
| **Hospital No** | : | MH002373060 | **RT No.** | : | 7410/18 |
| **Diagnosis** | : | Carcinoma stomach p T3 N1 M0 stage IIB | | | |
| **HPE** | : | Adenocarcinoma grade 3 | | | |

**Brief History** : Mr Bimal Krushna Panigrahy, 42-year-old man presented with complaints of dysphagia of 6 months duration more to solid food. History of weight loss present no history of pain in abdomen, vomiting, cough, fever. No history of altered bowel habits. He was admitted under Dr Nagaraj Palankar between 23 November 2017 to 30 November 2017.

CT abdomen and pelvis done on 8 November 2017 revealed a large growth measuring 5.7 x 3.3 x 3.6 cm involving the cardiac of the stomach and central large ulceration. It is confined within bowel wall. No perigastric extension. Surrounding fat planes are maintained. No evidence of any metastasis in the abdomen, rest of the abdominal organs normal.

Endoscopy done on 8 November 2017 revealed ulcerated growth at 32 cm in the lower end of the oesophagus, extending to the fundus of stomach along the lesser curvature. Rest of the stomach was normal.

Chest x-ray done on 23 November 2017 was normal.

Post-operative histopathology report dated for December 2017, biopsy no 17734/17: On cut open GE junction shows a circumferential, Ulcero infiltrative, firm tumour measuring 6 x 3.5 x 3 cm. Tumour is 1 cm from proximal cut margin, 11 cm from distal cut margin, 0.2 cm from circumferential margin. The lesion is 14 cm from greater omental cut margin, 4 cm from lesser omental cut margin. The tumour is involving the part of the fundus of the stomach also in the stomach mucosal folds are intact. No polypoidal thickening noted in the stomach. All margins are free. Adenocarcinoma grade 3. Circumferential margin uninvolved 0 point-0.3 cm.

Lymphovascular invasion present. No perineural invasion. 2/33 lymph nodes are positive with extranodal spread.

He underwent extended total gastrectomy on 24 November 2017 by Dr Nagaraj Palankar.

Post operatively he was seen by Dr Poonam Patil and was advised Capeox chemotherapy.

He received first course of cisplatin+ capecitabine chemotherapy, started on 3 January 2018 and second course of cisplatin + capecitabine started on 25 January 2018.

Now he is referred for opinion on adjuvant radiotherapy.

Past history: No history of diabetes/hypertension.

On examination: No pallor/no icterus/no cyanosis/no clubbing/no significant lymphadenopathy / no bilateral pitting pedal oedema.

Systemic examination: CVS/RS: NAD /PA: Post-operative scar seen over the abdomen.

Impression : Carcinoma stomach p T3 N1 M0 stage IIB

Advice: In view of 2 lymph nodes with extranodal spread, he was explained the option of concurrent chemoradiation versus continuing chemotherapy alone and the benefits / side effects of radiotherapy. As he wishes to go with concurrent chemoradiation, advised 45 Gy in 25 fractions to the post-operative bed and the regional lymph node levels.

Concurrent chemotherapy as advised by Dr Poonam Patil.

**Course of Treatment :** He was planned for External Radiotherapy by Volumetric modulated arc (VMAT) technique to Anastomotic site, post-operative tumour bed as evidenced by the surgical clips, regional lymph nodes with adequate margins to a dose of 45Gy in 25 fractions over a period of 5 weeks. He received 27 Gy in 15 fractions between 19-Feb-18 to 09-Mar-18, following which he developed severe nausea and vomiting with abdominal pain and hence radiotherapy was discontinued. He was admitted in the medical oncology for conservative management.

**Advise on Completion:**
Referred back to Dr Poonam Patil.
Review after 4 weeks, Please call 080-25023403 between 9 am - 5pm if necessary.
Report to hospital Casualty at other times.

**DR. VADHIRAJA BM.,**
**HOD & CONSULTANT RADIATION ONCOLOGIST**