Astera Cancer Care
RobbinsVille
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Patient Name: **Malagrino, James**
Patient Number: **443449**
Date: **7/17/2025**
Date Of Birth: **6/9/1942**

CHIEF COMPLAINT
Evaluation and management of stage IIIA squamous cell lung cancer.

DISEASE HISTORY
1. Right-sided thoracotomy, RUL apicoposterior segmentectomy, RLL extended superior segmentectomy for two synchronous lung primary squamous cell cancers of the right lung (pT4N1M0; stage IIIA) with right lower lobe lesion with evidence of malignancy at the bronchial margin in the adventitial soft tissue adjacent to the bronchus. 6/13/2018
2. Adjuvant cisplatin and vinorelbine; changed cisplatin to carboplatin due to nausea and fatigue for cycles 3, 4. 7/13/2018 through 11/07/18.
3. Adjuvant radiation therapy completed 4/24/2019.

INTERIM HISTORY
7/17/25: Patient presents for follow-up of stage IIIA squamous cell lung cancer. He reports feeling well with no weight loss, breathing difficulties, or pain. He maintains good energy levels, walks his dog three to four times daily, and continues painting activities. He takes Trelegy as prescribed by his pulmonologist. Recent PET scan shows concerning findings with multiple new lymph nodes with high SUV uptake (values of 13, 10, and 5) in supraclavicular region, mediastinum, and subpleural area suggesting LN recurrence.

PRIMARY DIAGNOSIS:

Active Problems Assessed
- C34.90 - Malignant neoplasm of unspecified part of unspecified bronchus or lung

SECONDARY DIAGNOSIS/COMORBIDITIES

PAST MEDICAL HISTORY
Hypertension
Hyperlipidemia
Hypothyroidism
Arthritis
Anxiety

PAST SURGICAL HISTORY
Partial gastrectomy
Cholecystectomy
Lithotripsy

SOCIAL HISTORY
Former Smoker. Patient discontinued use in 50 years ago. Patient has a pack year history of:5. Patient smoked/smokes: also cigars, long term, 1 per day Denies any prior alcohol use. Denies any illicit drug use.

FAMILY HISTORY

Mother: no history of hematologic or oncologic illness. Father: no history of hematologic or oncologic illness.

Patient has a family history of Father - cardiac disease..

ALLERGIES

Allergy	Reaction (Severity)
Sulfa (Sulfonamide Antibiotics)	

MEDICATIONS

Continued medications: alprazolam 0.5 mg tablet, amlodipine 5 mg tablet, aspirin 81 mg tabletdelayed release, Bystolic 10 mg tablet, clonidine HCl 0.1 mg tablet, Nexium 40 mg capsuledelayed release, Plavix 75 mg tablet, Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation.

REVIEW OF SYSTEMS

No fevers, chills or night sweats.
No chest pain or palpitations.
No mouth sores or trouble swallowing.
No nausea, vomiting, diarrhea or constipation.
No cough or shortness of breath.
Rest of a 10 point review of systems is negative except as per HPI.

Patient Reported Level of Pain

Pain Scale 0 No Pain

Treatment Recommendations for Pain

Reassess at next visit

Depression Screening

Name	07/17/25	02/13/25	06/27/24	10/30/23	04/08/23
PHQ-9	<5	<5	<5	<5	<5

Treatment Recommendations for Depression

Score <10, No Action Needed

Vitals

Vitals on 7/17/2025 11:34:00 AM: Height=65in, Weight=134.8lb, Temp=98.5f, Pulse=77, Resp=18, SystolicBP=**151**, DiastolicBP=87, O2 Sat=93%

PHYSICAL EXAM

Gen: Well developed well nourished. HEENT:PERRLA,EOMI, sclera anicteric, oropharynx clear. Nodes: No peripheral adenopathy. Chest: Clear bilaterally. Heart: S1 S2 no murmurs, regular heartbeat. Abd: Soft, +BS, non tender and non distended, no masses, no organomegaly. Ext: No edema.
ECOG Performance: 0: Fully active, able to carry on all pre-disease performance without restriction

LABS

Lab results on 2/13/2025: WBC=5.72 x10(3)/uL, RBC=4.49 x10(6)/uL, Hgb=13.6 g/dL, HCT=42.5 %, MCV=94.7 fL, MCH=30.3 pg, MCHC=32.0 g/dL, RDW Ratio=12.4 %, Plat=207 x10(3)/uL, MPV=9.8 fL, Lymph#=**0.73** x10(3)/uL, MONO#=0.70 x10(3)/uL, BASO#=0.06 x10(3)/uL, EOS#=0.32 x10(3)/uL, Lymph%=**12.8** %, MONO%=**12.2** %, BASO%=1.0 %, EOS%=**5.6** %, Segs=68.2 %, Segs#=3.90 x10(3)/uL, Sodium=140 mmol/L, Potassium=4.5 mmol/L, Chloride=104 mmol/L, CO2=24 mmol/L, Glucose=77 mg/dL, BUN=12 mg/dL, Creat=0.87 mg/dL, BUN Creat Ratio=13.8 Ratio, Calcium=8.9 mg/dL, Total Protein=6.1 g/dL, Albumin=3.9 g/dL, A/G=1.8 Ratio, Globulin=2.2 g/dL, Total Bili=0.5 mg/dL, Alk Phos=82 U/L, AST=14 U/L, ALT=13 U/L, CEA=1.8 ng/mL

IMAGING RESULTS
EXAM: PET/CT FDG SKULL BASE TO MID THIGH INITIAL STAGING 7/15/2025

CLINICAL INDICATION: C34.90; Malignant neoplasm of unspecified part of unspecified bronchus or lung (CMS/HCC);

Prior Studies: PET/CT on November 27, 2023

Protocol:
Patient's data:
83-year-old man
height: 5 ft and 8 in
weight: 135 lb.

After overnight fast the patient was administered intravenously in the right wrist with 12.48 mCi of F18-fluorodeoxyglucose (FDG). The patient's blood sugar was 98 mg/dL. After one hour uptake phase, the patient underwent PET/non contrast CT with PET/CT scanner. Images were acquired at 4 minutes per bed from the base of the skull to the mid thigh. Iterative reconstruction (2i8S) and attenuation correction were applied and the images were display in multiple formats and projection. CT is primarily for anatomic correlation rather than a diagnostic procedure. Standardized uptake value (SUV) will be reported as maximum value.

FDG administration time: 8:08 AM
Imaging time: 9:08 AM

Findings:

Quality of the images is satisfactory for interpretation.

Reference SUVs (weight and height corrected):
Mediastinal blood pool SUV 2.1;
Liver SUV 2.6.

Head/Neck:

There are no abnormal foci of altered metabolic activity or discrete mass in the visualized brain parenchyma. The ventricles and sulci appear within normal limits for the patient's age.

The orbits are grossly unremarkable.

The visualized tympanomastoid cavities are free of mucosal abnormality.

Paranasal sinuses are clear.

There is physiologic distribution of radiotracer in the salivary glands.

There is physiologic distribution of radiotracer in the nasopharyngeal, oropharyngeal, and laryngeal structures.

The thyroid gland is unremarkable.

There are new clusters of the right supraclavicular lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 13.5. Findings are consistent with new nodal metastasis.

Chest:

There is no axillary lymphadenopathy.

There are multiple new bilateral mediastinal and hilar lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 10.4 in the right paratracheal region. Findings are consistent with new nodal metastases as well.

There is new masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process.

There is another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

There are multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

There is marked atelectasis in the right lower lobe. There is diffuse emphysema.

Postsurgical changes with multiple clips in the right lung and mediastinum.

There are multiple right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, the largest measuring about 1.3 cm with SUV 6.5. Findings are consistent with retropleural metastases as well.

There is no pericardial effusion.

The heart size is normal. There is physiologic uptake in the left ventricular myocardium.

A small hiatal hernia.

Abdomen and pelvis:

There is no ascites.

Patient is status post partial gastrectomy with gastrojejunostomy.

Uptake of the liver is heterogeneous without focal abnormality. There is no discrete hepatic lesion.

Post cholecystectomy.

The spleen, pancreas, and adrenal glands appear unremarkable.

The kidneys are symmetric with no hydronephrosis.

There is physiologic bowel uptake. There is colonic diverticulosis.

The abdominal aorta is normal in caliber.

Prostate markedly enlarged without suspicious uptake.

The urinary bladder is unremarkable.

There are new retroperitoneal lymph nodes with intense uptake in the retrocrural, periportal and aortocaval regions, the largest measuring about 1.8 cm with SUV 12.8. Findings are consistent with retroperitoneal nodal metastasis.

Prominent inguinal lymph nodes with mild uptake are nonspecific.

Musculoskeletal system:

The current images demonstrate new vague sclerotic lesions with moderate to intense uptake in the left anterolateral fifth rib, L1, L5, right posterior ilium and greater trochanter of the left proximal femur. Findings are consistent with osseous metastases.

IMPRESSION:

1. Multiple new large FDG avid lymphadenopathy consistent with nodal metastases in the right supraclavicular, bilateral mediastinal/hilar and retroperitoneal regions as described above.

2. Multiple new right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, consistent with retropleural metastases as well.

3. Multiple new osseous metastases as described above.

4. New masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process. Another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

5. Multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

Electronically Signed By: Yiyan Liu, on 7/15/2025 10:05 AM
Workstation:CHRRAVDIC22

ASSESSMENT
1. Squamous cell carcinoma of the lung, stage IIIA: Status post-surgery, chemotherapy, and radiotherapy. Despite approaching six years post-treatment, recent PET scan concerning new lymph nodes in supraclavicular region, mediastinum, and subpleural area with high SUV uptake (13, 10, and 5) suspicious for recurrent disease.
2. History of partial gastrectomy for ulcer disease.

Demographic ACP
No Living Will, No Durable Power of Attorney, No DNR, Last verified 12/7/2023

PLAN

1. Schedule lymph node biopsy at Robert Wood Johnson.
2. Discontinue Plavix until after biopsy, resume the day following procedure.
3. Obtain blood work today including guardant 360
4. Schedule follow-up appointment 3-4 days after biopsy to review results.
5. If biopsy confirms malignancy, will order brain MRI and molecular testing to determine best treatment
6. Call prior to next visit with any interim questions or concerns
7. Maintain current follow-up appointment on 08/14/25.

Patient has given prior verbal consent to have the conversation recorded and summarized by the Knowtex software.

FAX TO:
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Signed 

Sameer Desai, MD, NPI: 1487776373
This document was electronically signed on 7/17/2025 at 1:19 PM