Astera Cancer Care
RobbinsVille
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Patient Name: **Malagrino, James**
Patient Number: **443449**
Date: **2/13/2025**
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
2/13/25: James presents for follow-up of his non-small cell lung cancer. Overall he is doing well but 2 weeks ago he was ill with influenza despite having received influenza vaccination. Symptoms were mild and have since resolved. Denies any other significant symptoms or concerns.

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.

Treatment Recommendations for Pain
Reassess at next visit

Depression Screening

Name	02/13/25	06/27/24	10/30/23	04/08/23	10/04/22
PHQ-9	<5	<5	<5	<5	<5

Vitals
Vitals on 2/13/2025 9:57:00 AM: Height=65in, Weight=135lb, Temp=98.4f, Pulse=70, Resp=18, SystolicBP=128, DiastolicBP=72, O2 Sat=96%

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 6/27/2024: WBC=8.63 x10(3)/uL, RBC=4.33 x10(6)/uL, Hgb=13.3 g/dL, HCT=40.9 %, MCV=94.5 fL, MCH=30.7 pg, MCHC=32.5 g/dL, RDW Ratio=12.6 %, Plat=204 x10(3)/uL, MPV=9.4 fL, Lymph%=**10.2** %, MONO%=9.2 %, BASO%=0.5 %, EOS%=4.4 %, Segs=75.4 %, Sodium=140 mmol/L, Potassium=4.6 mmol/L, Chloride=102 mmol/L, CO2=22 mmol/L, Glucose=**100** mg/dL, BUN=16 mg/dL, Creat=**1.04** mg/dL, BUN Creat Ratio=15.4 Ratio, Calcium=8.9 mg/dL, Total Protein=6.7 g/dL, Albumin=4.2 g/dL, A/G=1.7 Ratio, Globulin=2.5 g/dL, Total Bili=0.6 mg/dL, Alk Phos=82 U/L, AST=21 U/L, ALT=16 U/L, CEA=1.8 ng/mL

IMAGING RESULTS
EXAM: PET CT scan 11/27/23

HISTORY: Lung cancer. Radiation 3 years ago.

COMPARISON: CT chest 10/23/2023. PET scan 5/19/2022.

FINDINGS: PET/CT scan from skull base to upper thighs with 13.2 mCi F-18 FDG. Blood glucose level 97 mg/dL before the examination.

NECK:

Nonspecific superficial needle activity/involving what appears to be the skin surface.

No definite abnormal or suspicious neck activity. Some low-level relatively symmetric palatine tonsillar activity is nonspecific. Prior more focal right palatine tonsil region activity is less apparent.

Suspect fatty atrophy/infiltration of the salivary glands.

CHEST:

Some nonspecific mid to lower esophageal activity. Postoperative changes right lung/perihilar and subcarinal area.

Some low-level right hilar region activity with no gross masslike change, SUV around SUV 2.4 and compared to 2.2.

Anteriorly in the right lung subpleural nonmasslike opacity, mild activity, SUV 1.8, compared to 1.8. In this area patchy generally consolidative-like opacity measuring on the order of 3.4 x 1.5 cm is roughly stable.

In the posterior left midlung some minor peripheral opacity image 78 with some slight activity, SUV 1.2 and question some subtle infectious related nodularity in the area. Consider follow-up as indicated.

Calcified coronary atherosclerosis.

Some probable scarlike right lung base opacity.

In the left midlung towards his peers segment left lower lobe regional to the previously described activity there is also some additional subtle nodularity for example image 73 of series 4 measuring about 4 mm and there is also some mild tree-in-bud nodularity in the regional lingula, findings all of which may reflect subtle inflammatory or infectious pathology.

On recent CT 10/23/2023 there is some patchy left upper lobe opacity which appears to have improved. On a prior study there was a relatively masslike right lung base opacity which is much less apparent.

Abdomen and pelvis:

No definite abnormal activity.

Cholecystectomy. Gastric region surgery. Clinically correlate. There may been a Billroth II type of procedure. Scarring and some mild nonspecific mineralization of the left kidney. A nonobstructing left renal calculus. Diverticulosis colon, without active inflammatory change.

Enlarged prostate.

MUSCULOSKELETAL:

No destructive bony lesion is seen.

IMPRESSION:

Stable iatrogenic appearing changes of the right lung.

Prior masslike right lung base opacity recent CT is no longer seen and there also has been improvement in a left upper lobe patchy opacity previously present, findings which may have been infectious. In the left lung there is currently some patchy nodular opacity with some low level activity and similar to recent CT, findings which might reflect some infectious/inflammatory related pathology however please ensure appropriate surveillance of this patient as considered indicated.

Electronically signed by: Erik Gellella MD 11/27/2023 12:34 PM EST Workstation: RAIWRS64ZFP

CT CHEST W/O IVC 10/23/2023

CLINICAL INDICATION: Male, 81 years old, LUNG CANCER FOLLOW UP FOLLOW UP, LUNG CANCER, S/P CHEMORADIATION. RAI PRIORS.
TECHNIQUE: CT of the chest was performed as per department protocol. Reconstructions were obtained. This exam was performed according to the departmental dose-optimization program which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.
COMPARISON: CT 4/5/2023. Older exams as relevant.
FINDINGS:
Lungs/pleura/airways: Extensive right perihilar region treatment related change including postoperative changes and

probable right perihilar and right upper paramediastinal radiation fibrosis related change, all similar.
Small right lung with rightward mediastinal shift.
Some roughly stable right upper lung subpleural coarse opacity, potentially treatment related.
In the anterior right midlung some patchy nonmasslike pleural-parenchymal opacity around image 56 of series 5, similar to prior and potentially treatment related. Also roughly similar to a CT 9/25/2020.
In the right lung base however findings of some concern. Image 98 series 5 new relatively masslike irregular opacity measuring about 15 x 15 x 10 mm requires extremely close follow-up/further evaluation. Otherwise more inferiorly in the posterior right lung base what might be some chronic scarlike change.
Posteriorly in the left lower lobe some patchy subpleural opacity around image 100 may be slightly increased. More superiorly patchy probable tree-in-bud like nodularity for example around image 96, appearing new/increased. More superiorly left lower lobe image 85 of series 5 new centrally lucent irregular nodular finding measuring 5 mm with some mild regional groundglass like change.
In the lingula/left upper lobe images 71-74 patchy new somewhat nodular opacity measuring roughly around 27 x 19 mm, most suggestive of an infectious pathology.
Cardiovascular/mediastinum: Rightward mediastinal shift. Extensive right-sided/right perihilar postsurgical clips and changes. Calcified coronary atherosclerosis.
Lymph nodes: Within normal limits
Lower neck and chest wall: Within normal limits
Upper abdomen: Postsurgical changes. Findings include cholecystectomy and nonspecific perigastric region postoperative changes. Nonspecific roughly stable prominence of the biliary tree. In the left kidney a roughly 4 mm nonobstructing calculus.
Increased stool in the visible colon.
Musculoskeletal: Degenerative changes of the thoracic spine. Some chronic healed rib fracture deformities.
IMPRESSION:
In the right lung base new masslike 15 x 15 x 10 mm finding is concerning however nonspecific. Neoplasm is certainly possible. Masslike infection or unusual nodular atelectasis are possible. Extremely close follow-up/further evaluation is recommended. Consider PET scan. Consider extremely short-term follow-up CT chest perhaps in one month after any appropriate treatment, if there is suspicion of infection.
Throughout the left lung increased/new findings at least some of which are probably infectious. With regard to other findings for example a small centrally lucent 5 mm finding this could be infectious or potentially neoplastic. Close attention on follow-up.
Treatment related changes right chest/lung.
Physician extender will contact clinician.
Electronically signed by: Erik Gellella MD 10/30/2023 09:41 AM EDT Workstation: RAIWRS64ZFP

CT Chest 4/05/23:
IMPRESSION:
1. Several small clustered tree-in-bud nodules in the left upper and left lower lobe which are new from the previous examination though the clustered morphology favors a small airway infectious/inflammatory etiology. Follow-up CT examination in 6 months is recommended to document stability or clearing.
2. Stable findings in the right hemithorax.

CT Chest 6/17/22:
IMPRESSION:
1. Stable postsurgical changes in the right hemithorax with unchanged areas of probable scarring and mild bronchiectasis in the right lung. A few sub-mm bilateral pulmonary nodules are similar to the prior study.
2. Stable soft tissue density in the right hilar region adjacent to surgical suture material, which was mildly metabolically active on the prior PET/CT.
3. Increased sclerosis in the right sixth and seventh ribs compared to the prior PET/CT, most likely reflecting healing rib fractures. Hypermetabolic activity was present in these regions on PET. No definite underlying bone lesion to suggest pathologic fracture.

CT Chest with IV Contrast 3/26/21:
Impression:
1. Stable postoperative changes in the right lung.
2. Stable nonspecific subcentimeter hypodensity in the inferior spleen.

CT Chest with Contrast 9/25/20:
IMPRESSION:
Stable postoperative changes of the right lung. No new airspace opacity or bulky lymphadenopathy.
Indeterminate 8mm splenic hypodensity, not demonstrated on prior. Attention on follow-up imaging.

CT Chest with IV Contrast 3/12/20:
IMPRESSION:
1. Stable postoperative changes within the right hemithorax due to previous right upper lobectomy.
No evidence for residual or recurrent pulmonary mass or developing metastatic intrathoracic lymphadenopathy.
2. No other significant acute interval change.

CT Chest, Abdomen with IV Contrast 9/25/19:
IMPRESSION:
Scattered subpleural reticulation in the right lung may reflect scarring or posttreatment change. No consolidation. Post-surgical changes suggesting prior right upper lobectomy.
Atherosclerosis and coronary artery disease.
Status post cholecystectomy. Mildly dilated common bile duct measuring 10mm, stable since prior.
Stable mild left adrenal gland thickening.
Stable 6mm nonspecific sclerotic focus in the right clavicle.

CT Chest and Abdomen w/ Contrast 5/28/19:
IMPRESSION:
Overall, grossly stable appearing CT scan of the chest and abdomen in this patient with history of lung cancer. No significant interval change from examination 12/06/18.
Based upon Hounsfield unit attenuation there appears to be a small cyst left kidney as described. Also, better seen on current examination there is a subcentimeter hypodensity of the spleen too small to adequately characterize and can be re-evaluated on follow-up imaging.
CT Chest, Abdomen w/ Contrast 12/06/18:
IMPRESSION:
1. Status post segmentectomies in the right upper and right lower lobes. Bilateral groundglass opacification has resolved. There has been almost complete resolution of airspace disease in the right lung, with mild residual consolidation persisting in the right lower lobe. The findings are probably due to resolving posttreatment changes. Alternatively, this could represent resolving pulmonary hemorrhage. No new suspicious nodules are seen.
2. Incidentally noted, there is a 1.1cm complex cyst in the lateral cortex of the left lower renal pole. The differential diagnosis includes a proteinaceous or hemorrhagic cyst, and a small cystic renal neoplasm. Given the smallest size, it would be reasonable to follow this prospectively on surveillance imaging.

ASSESSMENT
1. Squamous cell carcinoma of the lung, stage IIIA: Status post-surgery, chemotherapy, and radiotherapy. Approaching six years post-treatment.
2. Iron-deficiency anemia: s/p Injectafer x 2 doses in Oct 2021, with resolution of anemia.
3. Dysphagia: described as mild, likely secondary to historical radiation for lung cancer, saw GI.
4. Abnormal CT chest. PET scan shows near resolution. CT chest after that shows resolution.

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

PLAN

1. CT chest abdomen pelvis with contrast ordered.
2. Await labs.
3. Age appropriate cancer screening and vaccines as per PMD
4. Call prior to next visit with any interim questions or concerns
5. If CT scan is negative he can see me on an as-needed basis.

FAX TO:
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Signed 

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This document was electronically signed on 2/13/2025 at 10:34 AM