



Patient Name: **Malagrino, James**

Patient Number: **443449**

Date: **8/28/2025**

Date Of Birth: **6/9/1942**

CHIEF COMPLAINT

Evaluation and management of:

1. History of stage IIIA squamous cell lung cancer right lung 2018
2. New diagnosis of extensive stage small cell lung cancer 2025

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.
4. Routine PET scan 6/19/25 reveals new RLL mass like density with multiple new large FDG avid LN mets, osseous mets.
5. Right supraclavicular LN biopsy 7/31/25 positive for malignant cells consistent with small cell carcinoma

INTERIM HISTORY

08/28/25: James presents for follow-up to discuss treatment options for his newly diagnosed extensive stage small cell lung cancer. He underwent evaluation for the clinical trial Ideate Lung 03 clinical trial but has decided he wants to proceed with standard of care treatment.

PRIMARY DIAGNOSIS:

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
7/8/2019	Primary	162.3	C34.11	Non-Small Cell Lung Cancer (Thorax) - Pathologic Stage IIIA (AJCC v8) TNM: pT1c, pN2, cM0	No Evidence of Disease/Remission	8/23/2019
9/28/2021	Secondary	280.9	D50.9	Iron deficiency anemia, unspecified		
5/6/2022	Secondary	785.6	R59.0	Localized enlarged lymph nodes		
7/31/2025	Primary	162.5	C34.31	Small Cell Lung Cancer (Thorax) - Clinical Stage IVB (AJCC v9) TNM: cT2, cN3, cM1c1	Initial Diagnosis	8/7/2025

Active Problems Assessed

- C34.11 - Malignant neoplasm of upper lobe, right 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 tablet delayed release, Bystolic 10 mg tablet, clonidine HCl 0.1 mg tablet, Imfinzi 50 mg/mL intravenous solution, Nexium 40 mg capsule delayed release, Plavix 75 mg tablet, Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation, Udenyca Autoinjector 6 mg/0.6 mL subcutaneous auto-injector.

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 8/28/2025 3:40:00 PM: Height=65in, Weight=133.2lb, Temp=98.1f, Pulse=88, Resp=18, SystolicBP=110, DiastolicBP=69, O2 Sat=91%

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 8/18/2025: WBC=6.95 x10(3)/uL, RBC=4.57 x10(6)/uL, Hgb=14.2 g/dL, HCT=43.6 %, MCV=95.4 fL, MCH=31.1 pg, MCHC=32.6 g/dL, RDW Ratio=13.0 %, Plat=217 x10(3)/uL, MPV=9.6 fL, Lymph#=0.65 x10(3)/uL, MONO#=0.74 x10(3)/uL, BASO#=0.06 x10(3)/uL, EOS#=0.35 x10(3)/uL, Lymph%=9.4 %, MONO%=10.6 %, BASO%=0.9 %, EOS%=5.0 %, Segs=73.4 %, Segs#=5.10 x10(3)/uL, Sodium=139 mmol/L, Potassium=4.3 mmol/L, Chloride=103 mmol/L, CO2=23 mmol/L, Glucose=87 mg/dL, BUN=13 mg/dL, Creat=0.80 mg/dL, BUN Creat Ratio=16.3 Ratio, Calcium=9.0 mg/dL, Magnesium=2.2 mg/dL, Total Protein=6.8 g/dL, Albumin=4.2 g/dL, A/G=1.6 Ratio, Globulin=2.6 g/dL, Total Bili=0.3 mg/dL, Alk Phos=91 U/L, AST=20 U/L, ALT=15 U/L, T3=111 ng/dL, T4=8.5 ug/dL, T3 Uptake=31.2 %, TSH=2.030 u[IU]/mL, TSH=2.010 u[IU]/mL, Hep B Surface Ab=Non-Reactive

Other Lab studies:

Specimen A Interpretation

A. LYMPH NODE, SUPRACLAVICULAR, RIGHT, US-GUIDED CORE BIOPSIES WITH TOUCHPREP:

POSITIVE FOR MALIGNANCY

CONSISTENT WITH SMALL CELL CARCINOMA. SEE NOTE.

Note: The specimen is cellular and consists of poorly cohesive atypical cells with high nuclear/cytoplasmic ratio, granular chromatin, nuclear molding and crush artifact, in a background of necrotic debris. Immunohistochemical stains were performed on the cell block with adequate positive and negative controls. The malignant cells are positive for AE1/AE3 (dot like), CD56, TTF-1, CK7 (focal) and synaptophysin (weak). The malignant cells are negative for chromogranin, CK20, CD45 and Sox-10. Ki-67 proliferation index is approximately 80%. The findings are consistent with small cell carcinoma. Clinical pathological correlation is recommended.

Dr. S. Desai notified of the findings on 8/5/2025 via epic chat at 10:24 AM.

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 2018: Status post-surgery, chemotherapy, and radiotherapy.
2. New diagnosis of small cell lung cancer with bone metastasis: Biopsy confirmed small cell histology. Given bone mets, extensive stage. Long discussion about treatment plan with combination chemotherapy (carboplatin/etoposide) and immunotherapy with durvalumab. He declines at clinical trial at this time.
3. 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 Mediport placement.
2. Initiate chemotherapy immunotherapy in the near future.
3. He has undergone chemotherapy teaching. Side effects reviewed in detail.
4. Call prior to next visit with any interim questions or concerns
5. Discussed potential side effects of chemotherapy and supportive care measures.

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

Signed



Sameer Desai, MD, NPI: 1487776373

This document was electronically signed on 8/28/2025 at 5:16 PM