

Patient Name: [REDACTED]

Date: [REDACTED]

Patient Number: [REDACTED]

Date Of Birth: [REDACTED]

### CHIEF COMPLAINT

evaluation and management of multiple myeloma

### DISEASE HISTORY

1. Multiple myeloma. Stage III at presentation May 2024: Presented to ED with left groin pain, Monoclonal gammopathy. CT lytic lesions noted in left acetabular anterior column with associated soft tissue mass measuring 3.7x2.4x4.0 cm. Compression fx L2.
2. 6/2024: BMBX and biopsy results confirm myeloma.
3. RVD Zometa July 13. RT 8/26 to 8/30 left acetabulum.
4. Switch to Kyprolis/Pomalyst/Decadron/Darzalex October 2024 after partial response to previous therapy. Associated with a significant drop in paraprotein levels. Rx held 01/17/25 in anticipation of Auto BMT
5. 04/01/25 D0 transplant
6. Posttransplant bone marrow biopsy with MRD 16 cells per million

### INTERIM HISTORY

[REDACTED] presents for follow-up of multiple myeloma. He reports a recent collarbone fracture that occurred on Thursday when rolling out of bed. He heard a crack and went to the emergency room at Raritan Bay Hackensack where X-ray confirmed the fracture. John had an MRI of the shoulder the week prior at University Radiology due to pain and bruising in the arm. He reports significant pain, rating it as "hurts like hell." Current pain medication provides relief for only a couple of hours. John also reports recurrent pain in his hip where a previous tumor was located in the hip socket, describing it as "really bad." He feels unable to receive his scheduled treatment today due to discomfort from the fracture.

### PRIMARY DIAGNOSIS:

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
5/31/2024	Primary	203.00	C90.00	Multiple myeloma not having achieved remission		
9/3/2024	Secondary	338.3	G89.3	Neoplasm related pain (acute) (chronic)		
9/24/2024	Secondary	V66.7	Z51.5	Encounter for palliative care		
9/24/2024	Secondary	V65.49	Z71.89	Other specified counseling		
9/24/2024	Secondary	300.09	F41.8	Other specified anxiety disorders		
9/24/2024	Secondary	338.3	G89.3	Neoplasm related pain (acute) (chronic)		
9/24/2024	Secondary	780.52	G47.00	Insomnia, unspecified		

### SECONDARY DIAGNOSIS/COMORBIDITIES

- 1. Chronic Pain seen for bone pain
- 2. Left knee backer cyst
- 3. COVID vaccine. No hx COVID infection. No Pneumonia vaccine
- 4. Left shoulder infection completed 6 weeks abx. Subsequently had tinnitus

**PAST SURGICAL HISTORY**

Left shoulder replacement with post-surgical infection  
Bone marrow transplant  
Stem cell transplant  
Carpal tunnel surgery

**PERSONAL HISTORY**

Last colonoscopy was done Never.

**SOCIAL HISTORY**

Former smoker, quit 3.5 years ago  
Currently on disability  
Previously worked as a union carpenter in construction  
Past tobacco smoker. Cessation Not Discussed. Patient reports on average:3 times a week.  
Illicit drug use as follows: Patient uses gummy  
Union Carpenter

**FAMILY HISTORY**

Mother: no history of hematologic or oncologic illness.  
Father: no history of hematologic or oncologic illness.  
3 Brothers no relevant hx  
3 Daughters

**ALLERGIES**

Allergy	Reaction (Severity)
No Known Drug Allergies	

**MEDICATIONS**

Continued medications: acyclovir 400 mg tablet, acyclovir 400 mg tablet, Bactrim DS 800 mg-160 mg tablet, Bactrim DS 800 mg-160 mg tablet, buprenorphine 5 mcg/hour weekly transdermal patch, Compazine 10 mg tablet, Darzalex Faspro 1800 mg-30000 unit/15 mL subcutaneous solution, Darzalex Faspro 1800 mg-30000 unit/15 mL subcutaneous solution, dexamethasone 20 mg tablet, dexamethasone 4 mg tablet, dexamethasone 4 mg tablet, dexamethasone 4 mg tablet, FUROSEMIDE 20 MG TABS 20 Tablet, Kyprolis 30 mg intravenous solution, ondansetron 8 mg disintegrating tablet, oxycodone 20 mg tablet, oxycodone 30 mg tablet, OxyContin 40 mg tabletcrush resistantextended release, OxyContin 60 mg tabletcrush resistantextended release, Pomalyst 4 mg capsule, Xtampza ER 36 mg capsule sprinkle.

**REVIEW OF SYSTEMS**

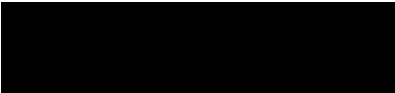
The ROS is negative in 12 point detail except for the pertinent positives and negatives listed in HPI and below

**Patient Reported Level of Pain**

Pain Scale 10 Unimaginable Pain

**Treatment Recommendations for Pain**

Reassess at next visit



Name	08/21/25	04/18/25	10/22/24	05/17/24
PHQ-9	<5	10-14	10-14	5-9

### Physician Note on Depression Score

previously addressed

### Treatment Recommendations for Depression

Score <10, No Action Needed

### Vitals

Vitals on 10/28/2025 2:00:00 PM: Height=73.5in, Weight=222.0lb, Temp=97.1f, Pulse=104, Resp=18, SystolicBP=121, DiastolicBP=76, 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: Wearing figure 8 and R arm sling. No edema. Skin: no rash. Neuro: motor and sensory grossly intact. Musculoskeletal: Normal gait.

### LABS

Lab results on 10/28/2025: WBC=6.7  $10^3/\mu\text{L}$ , RBC=4.66  $10^6/\mu\text{L}$ , Hgb=14.0 g/dL, HCT=42.9 %, MCV=92.0 fL, MCH=30.1 pg, MCHC=32.6 g/dL, Plt=63.0  $10^3/\mu\text{L}$ , MPV=8.5 fL, Lymph#=1.8  $10^3/\mu\text{L}$ , MONO#=0.3  $10^3/\mu\text{L}$ , Gran%=67.2 %, Gran#=4.6  $10^3/\mu\text{L}$ , Lymph%=27.4 %, MONO%=5.4 %

### ASSESSMENT

- Multiple myeloma: Status post autologous BMT on 04/01/25. Post-transplant bone marrow biopsy shows excellent response with less than 1% plasma cells. Maintenance therapy with Darzalex and Kyprolis planned to begin soon. Concern for possible disease recurrence based on new likely pathologic fracture and recurrent hip pain.
- Likely pathologic fracture of the clavicle: New fracture occurred with minimal trauma (rolling over in bed), suggesting bone fragility possibly related to underlying myeloma.
- Recurrent hip pain: Patient reporting significant pain in the hip where previous tumor was located in the acetabulum, raising concern for possible disease recurrence.
- Chronic musculoskeletal pain. Although bone lesions noted at diagnosis, post transplant primary cause of musculoskeletal pain appears to be due to DJD. Pain currently rated as severe, affecting mobility and quality of life.
- Opioid dependence from DJD pain management. Currently on OxyContin 60 mg q12h and oxycodone 30 mg q4-6h.

### Demographic ACP

No Living Will, No Durable Power of Attorney, No DNR, Last verified 5/17/2024

### PLAN

- Reschedule today's Darzalex and Kyprolis treatment to Friday to allow more recovery time from recent fracture.
- Obtain whole body PET scan to evaluate for possible disease recurrence.
- Request MRI results from University Radiology for R shoulder evaluation.
- Check paraprotein levels to assess disease status.
- Consider restarting bone strengthening medication given recent fracture.
- Check vitamin D levels and consider supplementation with vitamin D and vitamin K to improve calcium absorption.
- Consult with bone specialist (Dr. Lelkes) regarding management of bone health.
- Fill requested pain medication prescriptions.
- Follow up after imaging results are available to determine next steps in treatment plan.
- Monitor for any additional signs of bone fragility or disease progression.
- Follow up with MD/APP 11/21/25, sooner if test results require it

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

Patient seen and examined by MD. Physician is personally performing the entire service, documentation completed by APP.

