



Clinic Date: 02/06/2020.

Date: 05/06/2020

Dear

RE: Patient:

DIAGNOSES:

1. Lambda light chain multiple myeloma ISS stage III

- 2. Presenting with pathological T7 vertebra compression fracture with no cord compression
- 3. Soft tissue lesion infiltration T2, T3 in to left side of the spinal canal with no evidence of cord compression. Paraspinal soft tissue T3, T4 and T6 with no cord compression
- 4. Bilateral rib lesions and a lytic lesions in the proximal humerus, pathological fracture of the right humerus
- Started on chemotherapy (VCD), completed one cycle with good response.

BLOODS FROM TODAY: Hb 110 g/l, platelet count 149x10^9/l, white blood cell count 3.8^9/l, neutrophils 3.2^9/l. Normal renal and liver function tests. Lambda light chain 793 mg/l, k/l <0.01.

Due to the current COVID-19 outbreak we have now temporarily suspended all face-to-face appointments, but I went to see the Haematology Day Unit as she was attending for regular appointments.

tolerating reasonably well her chemotherapy, but she is still complaining about an increase in pain in the left arm despite having received radiotherapy on that side and old me she had a small accident at home and she injured her arms, I have therefore requested x-rays of both arms that detected unfortunately a new pathological fracture of the left humerus. We have therefore referred to the Orthopaedic Team. The has also developed a new lesion in the right pre-auricular area that appears, on examination, to be plasmacytoma. She is due to be seen by ENT today in order to perform a biopsy confirming the nature of this lesion and we have also referred her to the for further radiotherapy. An MRI has been requested for further investigate these findings and we will discuss the results in the upcoming MDT. I am quite pleased with the biochemical response to the treatment as the lambda light chains have plummeted quite significantly from 1800 mg/l to 793 mg/l. The remaining blood tests are satisfactory.

Queries about the validity of this letter should be raised with the Trust's Information Governance Manager.

I have shared my concerns with with regard to the clinical progression of her disease that, despite responding biochemically appears to be clinically progressing through chemo. I have told her I will discuss the possibility of escalate her treatment with my colleagues at and she is happy with this plan. I will talk to her again once we have discussed her case in the Haematology MDT.

William Contractor

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Yours sincerely

Electronically checked and approved

Consultant Haematologist

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