

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Medical Records - CONFIDENTIAL

FROM: CO - Colorado Center of Medical Excellence
Giselle R
4700 HALE PKWY STE. 300, DENVER, CO 80220-
4045
Phone: (720) 320-2061
Fax: (303) 388-6957

TO:

Name: BARNARD, CHRISTINE

DOB: 08/17/1954

Date Range: to 02/26/2021

This document contains the following records of the patient:

- Clinical Documents
- Imaging Results
- Lab Results

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Clinical Documents

Fax Server

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Communication

Date: 12/20/2020

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

David Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

UCHEALTH UNIVERSITY OF COLORADO CANCER CENTER - ANSCHUTZ MEDICAL CAMPUS

ANSCHUTZ CANCER PAVILION

1665 AURORA COURT, 3RD FLOOR

AURORA CO 80045-2548
Phone: 720-848-3532
Fax: 720-848-0160

Message:

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uchealth

UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchicago.org

December 20, 2020

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard "Chris"** (DOB: 8/17/1954)
Date of Visit: **12/16/2020**

Dear Cara H Dawson, MD

It was a pleasure to see Chris . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
2. Chemotherapy management, encounter for - Brigatinib 180 mg po daily
3. Elevated CPK - 1,131 (up from 579) - Grade 2
Muscle cramps - Grade 1
No muscle weakness
4. Elevated LFTs - ALT 55 and AST 85- Grade 1

#Stage IV alk mutated NSCLC-adenocarcinoma:

Christine comes to clinic feeling well. We discussed elevated CPK and LFT's are likely related to brigatinib

CT Review: Stable disease

Plan:

Labs, visit and repeat scan in 3 months (with brain MRI).
Continue brigatinib to 120
RTC 3 months for MD

#Hypercalcemia: Mild. 10.4. No symptoms. Trend over time with slight increase.
- CTM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

- May need bisphosphonate in future.

Christine Barnard

DOB: 8/17/1954

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uchealthChris Barnard
8/17/1954
3 of 8

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 66 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for treatment of her Stage IV NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018

AMB PAIN ASSESSMENT

12/16/2020

Pain Now	No
Pain Assessment	0-10/ Faces
0-10 (NRS) [1]	0
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication Sig

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8/17/1954
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

• brigatinib (ALUNBRIG) 30 mg tablet	Take 4 tablets by mouth daily for ALK+ Non-Small Cell Lung Cancer. Take with or without food. Swallow whole. Do NOT crush or chew tablets.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syrg syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed and verified the history with the patient.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, tinnitus, rhinorrhea, mouth sores and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Intermittent muscle cramps- grade 1

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:

Vital Signs:

Visit Vital

BP	128/78 (BP Location: RA, Patient Position: Sitting)
Pulse	83
Temp	36.2 °C (97.2 °F) (Temporal)

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Chris Barnard
8/17/1954
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Resp	16
Wt	57.3 kg (126 lb 6.4 oz)
SpO2	97%
BMI	21.36 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:

12/16/20 57.3 kg (126 lb 6.4 oz)

BP Readings from Last 1 Encounters:

12/16/20 128/78

Temp Readings from Last 1 Encounters:

12/16/20 36.2 °C (97.2 °F) (Temporal)

Pulse Readings from Last 1 Encounters:

12/16/20 83

SpO2 Readings from Last 1 Encounters:

12/16/20 97%

Resp Readings from Last 1 Encounters:

12/16/20 16

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Vital Signs from last three (3) encounters:**

Wt Readings from Last 3 Encounters:

12/16/20	57.3 kg (126 lb 6.4 oz)
10/14/20	57.6 kg (127 lb)
07/31/20	57.7 kg (127 lb 1.6 oz)

BP Readings from Last 3 Encounters:

12/16/20	128/78
10/14/20	121/79
07/31/20	111/75

Temp Readings from Last 3 Encounters:

12/16/20	36.2 °C (97.2 °F) (Temporal)
----------	------------------------------

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8/17/1954
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10/14/20	36.4 °C (97.6 °F) (Temporal)
07/31/20	35.9 °C (96.7 °F) (Temporal)

Pulse Readings from Last 3 Encounters:

12/16/20	83
10/14/20	69
07/31/20	78

SpO2 Readings from Last 3 Encounters:

12/16/20	97%
10/14/20	99%
07/31/20	98%

Resp Readings from Last 3 Encounters:

12/16/20	16
10/14/20	16
07/31/20	16

Physical Exam**Constitutional:**

Appearance: She is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal: Normal range of motion.**Skin:**

General: Skin is warm and dry.

Neurological:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)ucHealthChris Barnard
8/17/1954
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Mental Status: She is alert and oriented to person, place, and time.

DATA:

Results for orders placed or performed during the hospital encounter of 12/14/20

POCT Creatinine

Result	Value	Ref Range
Creatinine -POCT	0.7	0.5 - 1.0 mg/dL
Estimated GFR -POCT	>60	>=60 mL/min/1.73 "square meters"
Estimated GFR (incl. race term)-POCT	>60	>=60 mL/min/1.73 "square meters"

TIME/COUNSELING:

N/A

Francis Killian Hall, MD

Procedures

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/cordination of patient care. We discussed continued brig and surveillance.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,



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ucHealthChris Barnard
8/17/1954
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Electronically signed by:

David Ross Camidge, MD PhD
12/20/2020, 12:50 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Radiology - Hospital Encounter - UCHealth - 12/10/2020

Encounter Summary for Christine Barnard**Most Recent Encounter**

Hrh Ct 1: University of Co HealthCO

Reason for Referral

- MRI/CAT Scan (Emergency):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Rossi, Candice Brooke, NP 1665 Aurora Ct Campus Box F704 Aurora, CO 80045	

Procedures Phone: 720-848-0300
CT CHEST/ABD W CONTRAST Fax: 720-848-1587

Reason for Visit

- MRI/CAT Scan (Emergency):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Rossi, Candice Brooke, NP 1665 Aurora Ct Campus Box F704 Aurora, CO 80045	

Procedures Phone: 720-848-0300
CT CHEST/ABD W CONTRAST Fax: 720-848-1587

Encounter Details

Date	Type	Department	Care Team	Description
10/12/2020	Hospital Encounter	UCHealth Radiology - Highlands Ranch Hospital 1500 Park Central Drive Highlands Ranch, CO		Adenocarcinoma of lung, stage 4, unspecified laterality (HC code); Therapeutic drug monitoring

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

720-516-1002

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Female	10/12/2020 1:33 PM MDT			
COVID-19 Exposure	Response		Date Recorded	
In the last month, have you been in contact with someone No / Unsure who was confirmed or suspected to have Coronavirus / COVID-19?			10/12/2020 1:37 PM MDT	

documented as of this encounter

Medications at Time of Discharge

Medication	Sig	Dispensed	Refills	Start Date	End Date
brigatinib (ALUNBRIG) 30 mg tablet	Take 4 tablets by mouth daily for ALK+ Non-Small Cell Lung Cancer. Take with or without food. Swallow whole. Do NOT crush or chew tablets.	120 tablet	11	10/07/2020	
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0		
denosumab (PROLIA) 60 mg/mL Syr syringe	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.		0		
omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.		0		

documented as of this encounter

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
12/14/2020	Appointment	Radiology		
12/16/2020	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	
				1665 Aurora Ct
				ACP, Mail Stop F704
				Aurora, CO 80045
				720-848-0300
				720-848-0360 (Fax)

documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
CT CHEST/ABD W CONTRAST	RAD - OP1: Immediate Imaging and Report Required Today	10/12/2020 8:39 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CREATINE KINASE	Routine	10/12/2020 8:28 AM MDT	Therapeutic drug monitoring	Results for this procedure are in the results section.

documented in this encounter

Results

- CT CHEST/ABD W CONTRAST (10/12/2020 8:39 AM MDT):

Specimen

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Impressions**

IMPRESSION: New 0.9 cm groundglass left lower lobe nodule. A Attention on follow-up is recommended.

Performed At

POWERSCRIBE

Report E-Signed By: GEORGE ZLOTCHENKO at 10/12/2020 9:22 AM

WSN:PACSR73176

Narrative

EXAMINATION: CT CHEST ABDOMEN AND PELVIS WITH CONTRAST

Performed At

POWERSCRIBE

INDICATION: Non-small cell lung cancer

TECHNIQUE: Contiguous transverse axial CT images of the chest abdomen and pelvis were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

CONTRAST: Isovue 370, 83 mL

COMPARISON: CT of the chest and abdomen dated 7/13/2020, 4/14/2020, 1/15/2020 and 10/16/2019.

FINDINGS:**CHEST:**

Thyroid: Stable 10 mm hypoattenuating nodule in the right thyroid lobe. No new suspicious lesions.

Thoracic inlet: There is no supraclavicular adenopathy.

Mediastinum and hila: No significant change in size of the left paratracheal lymph node 0.6 cm (5/36). A No hilar lymphadenopathy.

Heart and great vessels: The heart is normal in size. There is no pericardial effusion. Great vessels are normal in caliber. A Stable appearance of the left cardiophrenic angle.

Lungs, airway and pleura: The central airways are patent. A There are postsurgical changes of left lower lobe wedge resection. A There is a new 0.9 cm groundglass nodule in the left lower lobe (7/69) in an area of previously seen scarring. A Linear scarring within the left upper and lower lobes are unchanged. A Stable 0.5 cm right upper lobe groundglass nodule (7/44). A

Breast and axilla: There is no axillary adenopathy.

ABDOMEN:

Liver: No focal lesions. Patent portal vein.

Bile ducts: Normal.

Gallbladder: Normal.

Pancreas: Normal.

Spleen: Unchanged A hypoattenuating lesion along the periphery. Normal size.

Adrenals: No nodularity.

Kidneys and ureters: There is symmetric enhancement bilaterally. There are bilateral extrarenal pelves. A

Utilized gastrointestinal tract: Linear metallic radiodensity in the body of the stomach may reflect a surgical clip or related to prior endoscopy correlation is recommended. A There is no evidence of bowel obstruction. There is unchanged gastric antrum/pyloric thickening with submucosal edema/soft tissue.

Mesentery: There is no adenopathy or ascites.

Peritoneum: Negative

Retroperitoneum: No lymphadenopathy

Vasculation: The aorta and IVC are normal in caliber without evidence of significant atherosclerotic disease.

BONES AND SOFT TISSUE: There are no new suspicious osseous lesions. There is unchanged heterogeneous attenuation of the axial skeleton with multifocal lucent and ~~bony destructive foci~~.

Edi, Rad Results In - 10/12/2020 9:25 AM MDT

EXAMINATION: CT CHEST ABDOMEN AND PELVIS WITH CONTRAST

INDICATION: Non-small cell lung cancer

TECHNIQUE: Contiguous transverse axial CT images of the chest abdomen and pelvis were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

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FINDINGS:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**CHEST:**

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Lungs, airway and pleura: The central airways are patent. There are postsurgical changes of left lower lobe wedge resection. There is a new 0.9 cm groundglass nodule in the left lower lobe (7/69) in an area of previously seen scarring. Linear scarring within the left upper and lower lobes are unchanged. Stable 0.5 cm right upper lobe groundglass nodule (7/44).

Breast and axilla: There is no axillary adenopathy.

ABDOMEN:

Liver: No focal lesions. Patent portal vein.

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Gallbladder: Normal.

Pancreas: Normal.

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Adrenals: No nodularity.

Kidneys and ureters: There is symmetric enhancement bilaterally. There are bilateral extrarenal pelvises.

Utilized gastrointestinal tract: Linear metallic radiodensity in the body of the stomach may reflect a surgical clip or related to prior endoscopy correlation is recommended. There is no evidence of bowel obstruction. There is unchanged gastric antrum/pyloric thickening with submucosal edema/soft tissue.

Mesentery: There is no adenopathy or ascites.

Peritoneum: Negative

Retroperitoneum: No lymphadenopathy

Vasculation: The aorta and IVC are normal in caliber without evidence of significant atherosclerotic disease.

BONES AND SOFT TISSUE: There are no new suspicious osseous lesions. There is unchanged heterogeneous attenuation of the axial skeleton with multifocal lucent and some sclerotic foci.

IMPRESSION: New 0.9 cm groundglass left lower lobe nodule. Attention on follow-up is recommended.

Report E-Signed By: GEORGE ZLOTCHENKO at 10/12/2020 9:22 AM

WSN:PACSR73176

Performing Organization	Address	City/State/ZIP Code	Phone Number
POWERSCRIBE			720-848-1235

- Creatine Kinase (10/12/2020 8:28 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Creatine Kinase	282 (H)	30 - 223 U/L	HRH HOSPITAL LAB	

Specimen

Blood - Blood specimen (specimen)

Performing Organization	Address	City/State/ZIP Code	Phone Number
HRH HOSPITAL LAB	1500 PARK CENTRAL DRIVE	HIGHLANDS RANCH, CO 80129	

documented in this encounter

Visit Diagnoses**Diagnosis**

Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)

Therapeutic drug monitoring

Encounter for therapeutic drug monitoring

documented in this encounter

Administered Medications**Inactive Administered Medications - up to 3 most recent administrations**

Medication Order	MAR Action	Action Date	Dose	Rate	Site
iopamidoL (ISOVUE-370) 76 % injection 83 mL	Given	10/12/2020	83 mLs 9:00 AM MDT		

83 mL Intravenous ONCE Mon 10/12/20 at

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

0900, For 1 dose, CT Contrast

documented in this encounter

Additional Health Concerns

Assessment

PHQ-2 Depression Total Score: 0
documented as of this encounter

Noted Time

07/31/2020 3:21 PM MDT

Demographics

Sex: Female Ethnicity: Not Hispanic or Latino
DOB: 08/17/1954 Race: White
Preferred language: English Marital status: Married

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD Ph. tel:+1-720-320-2061

Fax Server 10/21/2020 11:19:19 AM PAGE 1/007 Fax Server

ucchealth

Communication

Date: 10/21/2020

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

David Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

UCHEALTH UNIVERSITY OF COLORADO CANCER CENTER - ANSCHUTZ MEDICAL CAMPUS

ANSCHUTZ CANCER PAVILION

1665 AURORA COURT, 3RD FLOOR

AURORA CO 80045-2548
Phone: 720-848-3532

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Fax: 720-848-0160

Message:

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UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchealth.org

October 21, 2020

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard "Chris"** (DOB: 8/17/1954)
Date of Visit: 10/14/2020

Dear Cara H Dawson, MD

It was a pleasure to see Chris . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
2. Chemotherapy management, encounter for - Brigatinib 180 mg po daily
3. Elevated CPK - 1,131 (up from 579) - Grade 2
Muscle cramps - Grade 1
No muscle weakness
4. Elevated LFTs - ALT 55 and AST 85- Grade 1

#Stage IV alk mutated NSCLC-adenocarcinoma:

Christine comes to clinic feeling well. We discussed elevated CPK and LFT's are likely related to brigatinib
Still waiting for 120mg tabs to arrive.

CT Review: Stable disease

Plan:

Labs, visit and repeat scan in 2 months.
Reduce brigatinib to 120 when pills arrive
RTC 2 months for MD
Brain MR due in Jan 2021

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Fax Server

10/21/2020 11:19:19 AM PAGE 3/007 Fax Server

uchealthChris Barnard
8/17/1954
3 of 7**Subjective:**

Patient ID: Christine Barnard is a 66 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for treatment of her Stage IV NSCLC HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar); diffuse pleural nodularity; pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)
Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 – treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018

AMB PAIN ASSESSMENT 10/14/2020

Pain Now	Yes
Pain Assessment	0-10/ Faces
0-10 (NRS) [1]	2
Pain Descriptors (Words)	Sharp
Pain Location	Chest
Pain Duration	Intermittent
Aggravating	Ambulating
Alleviating	None

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication	Sig
• brigatinib (ALUNBRIG) 30 mg tablet	Take 4 tablets by mouth daily for ALK+ Non-Small Cell Lung Cancer. Take with or without food. Swallow whole. Do NOT crush or chew tablets.
• cholecalciferol (VITAMIN D3)	Take 1,000 Units by mouth daily for Osteoporosis.

Fax Server

10/21/2020 11:19:19 AM PAGE 4/007 Fax Server

uchealthChris Barnard
8/17/1954
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1,000 unit tablet

- denosumab (PROLIA) 60 mg/mL Syringo syringe injection
- omeprazole (PRILOSEC) 20 mg capsule

Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.

Take 20 mg by mouth every morning (before breakfast) for Heartburn.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed and verified the history with the patient.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Intermittent muscle cramps- grade 1

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:

Vital Signs:

Visit Vitals

BP	121/79
Pulse	69
Temp	36.4 °C (97.6 °F) (Temporal)
Resp	16
Ht	1.638 m (5' 4.5")
Wt	57.6 kg (127 lb)
SpO2	99%
BMI	21.46 kg/m²

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10/21/2020 11:19:19 AM PAGE 5/007 Fax Server

uchealth

Chris Barnard
8/17/1954
5 of 7

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
10/14/20 57.6 kg (127 lb)

BP Readings from Last 1 Encounters:
10/14/20 121/79

Temp Readings from Last 1 Encounters:
10/14/20 36.4 °C (97.6 °F) (Temporal)

Pulse Readings from Last 1 Encounters:
10/14/20 69

SpO2 Readings from Last 1 Encounters:
10/14/20 99%

Resp Readings from Last 1 Encounters:
10/14/20 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
10/14/20 57.6 kg (127 lb)
07/31/20 57.7 kg (127 lb 1.6 oz)
07/15/20 57.5 kg (126 lb 12.8 oz)

BP Readings from Last 3 Encounters:
10/14/20 121/79

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

07/31/20 111/75
07/15/20 109/77

Temp Readings from Last 3 Encounters:
10/14/20 36.4 °C (97.6 °F) (Temporal)
07/31/20 35.9 °C (96.7 °F) (Temporal)
07/15/20 36.8 °C (98.2 °F) (Temporal)

Pulse Readings from Last 3 Encounters:

Fax Server 10/21/2020 11:19:19 AM PAGE 6/007 Fax Server

uchealth

Chris Barnard
8/17/1954
6 of 7

10/14/20 69
07/31/20 78
07/15/20 81

SpO2 Readings from Last 3 Encounters:

10/14/20 99%
07/31/20 98%
07/15/20 98%

Resp Readings from Last 3 Encounters:

10/14/20 16
07/31/20 16
07/15/20 16

Physical Exam

Constitutional:

Appearance: She is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert and oriented to person, place, and time.

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Chris Barnard

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

07/17/2020
7 of 7

DATA:

Results for orders placed or performed during the hospital encounter of 10/12/20

Creatine Kinase

Result	Value	Ref Range
Creatine Kinase	282 (H)	30 - 223 U/L

TIME/COUNSELING:

N/A

Francis Killian Hall, MD

Procedures

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/cordination of patient care. We discussed 120mg brig..

If you have questions, please do not hesitate to contact the clinic.

Sincerely,



Electronically signed by:

David Ross Camidge, MD PhD
10/21/2020, 11:16 AM

Fax Server 7/15/2020 5:07:23 PM PAGE 1/007 Fax Server

uchealth

Communication

Date: 7/15/2020

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice Brooke Rossi, NP
UCH OUTPATIENT SERVICES

UCHEALTH CANCER SURVIVORSHIP CLINIC - ANSCHUTZ MEDICAL CAMPUS

ANSCHUTZ CANCER PAVILION

1665 AURORA COURT, 2ND FLOOR

AURORA CO 80045-2548
Phone: 720-848-4870
Fax: 720-848-0357

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Message:

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uchealth

UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchicago.org

July 15, 2020

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard "Christine" (DOB: 08/17/1954)**
Date of Visit: 7/15/2020

Dear Cara H Dawson, MD

It was a pleasure to see Christine . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
2. Chemotherapy management, encounter for - Osimertinib 180 mg po daily
3. Elevated CPK - 1,131 (up from 579) - Grade 2
Muscle cramps - Grade 1
No muscle weakness
4. Elevated LFTs - ALT 55 and AST 85- Grade 1

Christine comes to clinic feeling well. We discussed elevated CPK and LFT's are likely related to osimertinib.

Since she is asymptomatic- we will proceed at same dose.

CT Review: Stable disease

Plan:

Labs 2 weeks to check CPK, CMP

Would hold osi if CPK does not improve or changes to grade 3 (CPK should return to grade 2 before restarting osi)

RTC 3 months for MD appt, labs and CT

Brain MR due in Jan 2021

ECOG performance status - (0) Fully active, able to carry on all predisease performance without

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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7/15/2020 5:07:23 PM PAGE 3/007 Fax Server

uchealthChristine Barnard
08/17/1954
3 of 7

restriction

Subjective:

Patient ID: Christine Barnard is a 65 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for treatment of her Stage IV NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018

AMB PAIN ASSESSMENT

7/15/2020

Pain Now	No
Pain Assessment	-
0-10 (NRS) [1]	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:**Current Outpatient Medications****Medication** **Sig**

- brigatinib (ALUNBRIG) 180 mg tablet Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
- cholecalciferol (VITAMIN D3) 1,000 unit tablet Take 1,000 Units by mouth daily for Osteoporosis.

Fax Server

7/15/2020 5:07:23 PM PAGE 4/007 Fax Server

uchealthChristine Barnard
08/17/1954
4 of 7

- denosumab (PROLIA) 60 mg/mL Syring syringe injection Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
- omeprazole (PRILOSEC) 20 mg capsule Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed and verified the history with the patient.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Intermittent muscle cramps- grade 1

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:

Vital Signs:

Visit Vital Signs

BP	109/77
Pulse	81
Temp	36.8 °C (98.2 °F) (Temporal)
Resp	16
Ht	1.628 m (5' 4.09")
Wt	57.5 kg (126 lb 12.8 oz)
SpO2	98%
BMI	21.70 kg/m²

Fax Server 7/15/2020 5:07:23 PM PAGE 5/007 Fax Server

ucchealthChristine Barnard
08/17/1954
5 of 7

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
07/15/20 57.5 kg (126 lb 12.8 oz)BP Readings from Last 1 Encounters:
07/15/20 109/77Temp Readings from Last 1 Encounters:
07/15/20 36.8 °C (98.2 °F) (Temporal)Pulse Readings from Last 1 Encounters:
07/15/20 81SpO2 Readings from Last 1 Encounters:
07/15/20 98%Resp Readings from Last 1 Encounters:
07/15/20 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
07/15/20 57.5 kg (126 lb 12.8 oz)
01/15/20 56.7 kg (125 lb)
10/17/19 56.2 kg (124 lb)BP Readings from Last 3 Encounters:
07/15/20 109/77
01/15/20 134/81
10/17/19 120/80

Temp Readings from Last 3 Encounters:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

07/15/20	36.8 °C (98.2 °F) (Temporal)
01/15/20	36.7 °C (98.1 °F) (Temporal)
10/17/19	36.7 °C (98.1 °F)

Pulse Readings from Last 3 Encounters:
 07/15/20 81

Fax Server 7/15/2020 5:07:23 PM PAGE 6/007 Fax Server

uchealth

Christine Barnard
08/17/1954
6 of 7

01/15/20 79
10/17/19 76

SpO2 Readings from Last 3 Encounters:
 07/15/20 98%
 01/15/20 95%
 10/17/19 96%

Resp Readings from Last 3 Encounters:
 07/15/20 16
 01/15/20 16
 10/17/19 12

Physical Exam**Constitutional:**

Appearance: She is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal: Normal range of motion.**Skin:**

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert and oriented to person, place, and time.

DATA:

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Christine Barnard
08/17/1954
7 of 7

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Results for orders placed or performed during the hospital encounter of 07/13/20

POCT Creatinine

Result	Value	Ref Range
Creatinine -POCT	0.7	0.5 - 1.0 mg/dL
eGFR Non African American -POCT	>60	>=60 mL/min/1.73 "square meters"
eGFR African American -POCT	>60	>=60 mL/min/1.73 "square meters"

TIME/COUNSELING:

I personally spent a total of 40 minutes. Of that 25 minutes was counseling/coordination of patient's care. See my note above for details.

Candice Brooke Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Electronically signed by:

Candice Brooke Rossi, NP
7/15/20, 5:05 PM

Fax Server 4/15/2020 4:50:18 PM PAGE 1/008 Fax Server

Communication

Date: 4/15/2020

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice Brooke Rossi, NP
UCH OUTPATIENT SERVICES

UCHEALTH CANCER SURVIVORSHIP CLINIC - ANSCHUTZ MEDICAL CAMPUS

ANSCHUTZ CANCER PAVILION

1665 AURORA COURT, 2ND FLOOR

AURORA CO 80045-2548
Phone: 720-848-4870
Fax: 720-848-0357

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth

UCHealth University of Colorado Cancer
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1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchhealth.org

April 15, 2020

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard "Christine" (DOB: 08/17/1954)**
Date of Visit: **4/15/2020**

Dear Cara H Dawson, MD

It was a pleasure to see Christine . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
Stage IVA NSCLC ALK+
2. Chemotherapy management, encounter for - Brigatinib 180 mg po daily

Scan Review:
IMPRESSION

1. No significant change in postsurgical appearance of the left lower lobe.
2. Resolution of mediastinal lymphadenopathy.

Christine feels quite well.

Plan:

RTC 3 months for MD appt, labs and CT review

The patient was seen over live interactive videoconferencing and Christine Barnard has signed a consent form for live interactive videoconferencing.

I discussed the use of videoconferencing with the patient including alternative methods for meeting, the limits of confidentiality and emergency procedures and resources.

Christine Barnard DOB: 08/17/1954 2 of 8

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)ucchealthChristine Barnard
08/17/1954
3 of 8Location of patient: Home
Location of provider: ACP

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 65 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for treatment of her Stage IV NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

AMB PAIN ASSESSMENT

1/15/2020

Pain Now	No
Pain Assessment	-
0-10 (NRS) [1]	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

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4/15/2020 4:50:18 PM PAGE 4/008 Fax Server

ucchealthChristine Barnard
08/17/1954
4 of 8**CURRENT MEDICATIONS:**

Current Outpatient Medications

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syrg syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed and verified the history with the patient.

Review of Systems**Objective:**

Vital Signs: There were no vitals taken for this visit.

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
01/15/20 56.7 kg (125 lb)

BP Readings from Last 1 Encounters:
01/15/20 134/81

Temp Readings from Last 1 Encounters:
01/15/20 36.7 °C (98.1 °F) (Temporal)

Pulse Readings from Last 1 Encounters:
01/15/20 79

SpO2 Readings from Last 1 Encounters:
01/15/20 95%

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uchealth

Christine Barnard
08/17/1954
5 of 8

Resp Readings from Last 1 Encounters:
01/15/20 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
01/15/20 56.7 kg (125 lb)
10/17/19 56.2 kg (124 lb)
10/16/19 56.2 kg (124 lb)

BP Readings from Last 3 Encounters:
01/15/20 134/81
10/17/19 120/80
10/16/19 138/85

Temp Readings from Last 3 Encounters:
01/15/20 36.7 °C (98.1 °F) (Temporal)
10/17/19 36.7 °C (98.1 °F)
10/16/19 36.7 °C (98.1 °F) (Temporal)

Pulse Readings from Last 3 Encounters:
01/15/20 79
10/17/19 76
10/16/19 72

SpO2 Readings from Last 3 Encounters:
01/15/20 95%
10/17/19 96%
10/16/19 95%

Resp Readings from Last 3 Encounters:
01/15/20 16
10/17/19 12
10/16/19 16

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Physical Exam

Fax Server 4/15/2020 4:50:18 PM PAGE 6/008 Fax Server

uchealthChristine Barnard
08/17/1954
6 of 8**DATA:**

Results for orders placed or performed in visit on 04/14/20

Carcinoembryonic Antigen

Result	Value	Ref Range
Carcinoembryonic Antigen ORTHO	2.7	<=5.0 ng/mL
Cancer Antigen 125		
Result	Value	Ref Range
Cancer Antigen 125 DXI	12	0 - 35 U/mL
CBC Oncology		
Result	Value	Ref Range
White Blood Cell Count	5.4	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.82	4.18 - 5.64 10 ¹² /L
Hemoglobin	13.9	12.1 - 16.3 g/dL
Hematocrit	43.2	35.7 - 46.7 %
Mean Corpuscular Volume	89.6	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	28.8	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	32.2	32.0 - 36.0 g/dL
Platelet Count	221	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	15.1 (H)	11.7 - 14.2 %
NRBC Percent	0.0	0 %
NRBC Absolute	0.00	0 - 0.1 10 ⁹ /L
Segmented Neutrophil Percent	62.6	%
Lymphocyte Percent	27.6	%
Monocytes Percent	8.1	%
Eosinophils Percent	1.1	%
Basophils Percent	0.4	%
Immature Granulocytes Percent	0.2	%
Neutrophils Absolute	3.4	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.5	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.4	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.1 10 ⁹ /L
Comprehensive metabolic panel		
Result	Value	Ref Range
Sodium Serum/Plasma	138	134 - 145 mmol/L
Potassium Serum/Plasma	4.7	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	105	98 - 109 mmol/L
Carbon Dioxide	25	22 - 30 mmol/L
Anion Gap	8	4 - 15 mmol/L

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uchealthChristine Barnard
08/17/1954
7 of 8

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Glucose Serum/Plasma	103	70 - 199 mg/dL
Blood Urea Nitrogen	27 (H)	7 - 17 mg/dL
Creatinine Serum/Plasma	0.68	0.52 - 1.04 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
BUN/Creatinine Ratio	39.7	
Calcium Serum/Plasma	10.1	8.4 - 10.2 mg/dL
Protein Total Serum/Plasma	8.0	6.4 - 8.9 g/dL
Albumin	4.8	3.5 - 5.0 g/dL
Bilirubin Total	0.5	0.2 - 1.3 mg/dL
Alkaline Phosphatase Total	119	38 - 126 U/L
Aspartate Aminotransferase	63 (H)	16 - 55 U/L
Alanine Aminotransferase	39 (H)	<35 U/L
Total Globulin	3.2	2.3 - 3.9 g/dL
A/G Ratio	1.5	Ratio
Creatinine Kinase		
Result	Value	Ref Range
Creatine Kinase	579 (H)	30 - 223 U/L
Amylase serum		
Result	Value	Ref Range
Amylase Serum	114 (H)	30 - 110 U/L
Lipase		
Result	Value	Ref Range
Lipase Serum/Plasma	119	23 - 300 U/L

TIME/COUNSELING:

I personally spent a total of 40 minutes. Of that 30 minutes was counseling/coordination of patient's care. See my note above for details.

Candice Brooke Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Fax Server 4/15/2020 4:50:18 PM PAGE 8/008 Fax Server

uchealth

Christine Barnard
08/17/1954
8 of 8

Candice Rossi

Electronically signed by:

Candice Brooke Rossi, NP
4/15/20, 4:49 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Fax Server 1/17/2020 4:19:56 PM PAGE 1/009 Fax Server



Communication

Date: 1/17/2020

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice B Rossi, NP
UCH OUTPATIENT SERVICES

UCHEALTH CANCER SURVIVORSHIP CLINIC - ANSCHUTZ MEDICAL CAMPUS

ANSCHUTZ CANCER PAVILION

1665 AURORA COURT, 2ND FLOOR

AURORA CO 80045-2548
Phone: 720-848-4870
Fax: 720-848-0357

Message:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)



UCHealth University of Colorado Cancer
Center - Anschutz Medical Campus
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchicago.org

January 17, 2020

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard "Christine"** (DOB: 08/17/1954)
Date of Visit: 1/15/2020

Dear Cara H Dawson, MD

It was a pleasure to see Christine . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
Stage IVA NSCLC ALK+
Tumor Markers stable
2. Chemotherapy management, encounter for - Brigatinib 180 mg po daily
3. Gastric reflux - omeprazole 20 mg po daily- for longstanding GERD
Has had endoscopy for symptoms
Controlled at this time
(we could always increase omeprazole to 20 mg po BID if needed)
4. Post-nasal drip - PCP started on flonase
Improved symptoms to intermittent
5. Cough - Grade worse
Worse with increased post nasal drip

CT Review: We reviewed images and report
Essentially scan is stable. L paratracheal lymph node now measures 0.9. Will monitor
Linear metallic focus Noted on imaging- likely clip - after endoscopy biopsy in October

Yearly Brain MR;
No intracranial Mets

Christine Barnard DOB: 08/17/1954 2 of 9

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Christine Barnard
08/17/1954
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Christine feels well- no new side effects.
RTC 3 months for MD appt, labs and CT Scan

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do work of light nature

Subjective:

Patient ID: Christine Barnard is a 65 y.o. female who presents to UCH Health University of Colorado Cancer Center - Anschutz Medical Campus for Treatment of her Stage IV NSCLC
HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.
Disease sites at dx: LUL, LLL, pleura

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx
Complicated by esophageal candidiasis in Aug 2017 – treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

Last Normal Brain MR: 1/2020

AMB PAIN ASSESSMENT	1/15/2020
Pain Now	No
Pain Assessment	-
0-10 (NRS) [1]	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

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uchealth

Christine Barnard
08/17/1954
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CURRENT MEDICATIONS:

Current Outpatient Medications

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syr injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Positive for postnasal drip. Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Positive for cough. Negative for chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:

Vital Signs:

Visit Vitals

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealthChristine Barnard
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BP	134/81
Pulse	79
Temp	36.7 °C (98.1 °F) (Temporal)
Resp	16
Ht	1.626 m (5' 4")
Wt	56.7 kg (125 lb)
SpO2	95%
BMI	21.46 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
01/15/20 56.7 kg (125 lb)BP Readings from Last 1 Encounters:
01/15/20 134/81Temp Readings from Last 1 Encounters:
01/15/20 36.7 °C (98.1 °F) (Temporal)Pulse Readings from Last 1 Encounters:
01/15/20 79SpO2 Readings from Last 1 Encounters:
01/15/20 95%Resp Readings from Last 1 Encounters:
01/15/20 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
01/15/20 56.7 kg (125 lb)
10/17/19 56.2 kg (124 lb)
10/16/19 56.2 kg (124 lb)BP Readings from Last 3 Encounters:
01/15/20 134/81
10/17/19 120/80

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uchealthChristine Barnard
08/17/1954
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10/16/19 138/85

Temp Readings from Last 3 Encounters:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

01/15/20 36.7 °C (98.1 °F) (Temporal)
 10/17/19 36.7 °C (98.1 °F)
 10/16/19 36.7 °C (98.1 °F) (Temporal)

Pulse Readings from Last 3 Encounters:

01/15/20 79
 10/17/19 76
 10/16/19 72

SpO2 Readings from Last 3 Encounters:

01/15/20 95%
 10/17/19 96%
 10/16/19 95%

Resp Readings from Last 3 Encounters:

01/15/20 16
 10/17/19 12
 10/16/19 16

Physical ExamConstitutional:

Appearance: She is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

Normal range of motion.

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uchealth

Christine Barnard
 08/17/1954
 7 of 9

Lymphadenopathy:

Cervical: No cervical adenopathy.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert and oriented to person, place, and time.

DATA:

Results for orders placed or performed in visit on 01/15/20

Lipase

Result	Value	Ref Range
Lipase Serum/Plasma	22	11 - 82 U/L

Amylase serum

Result	Value	Ref Range
Amylase Serum	58	29 - 103 U/L

Creatinine Kinase

Result	Value	Ref Range
Creatine Kinase	557 (H)	30 - 223 U/L

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium Serum/Plasma	138	133 - 145 mmol/L
Potassium Serum/Plasma	4.1	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	103	98 - 108 mmol/L
Carbon Dioxide	24	21 - 31 mmol/L
Anion Gap	11	4 - 16 mmol/L
Glucose Serum/Plasma	84	70 - 199 mg/dL
Blood Urea Nitrogen	22	7 - 25 mg/dL
Creatinine Serum/Plasma	0.86	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

eGFR if African American	>60	"square meters" ≥60 mL/min/1.73
Calcium Serum/Plasma	9.7	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	79	39 - 117 U/L
Alanine Aminotransferase	28	7 - 52 U/L
Aspartate Aminotransferase	42 (H)	12 - 39 U/L
Protein Total Serum/Plasma	7.2	6.4 - 8.9 g/dL
Albumin	4.5	3.5 - 5.7 g/dL

CBC Oncology

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uchealthChristine Barnard
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Result	Value	Ref Range
White Blood Cell Count	5.3	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.49	4.18 - 5.64 10 ¹² /L
Hemoglobin	13.2	12.1 - 16.3 g/dL
Hematocrit	41.0	35.7 - 46.7 %
Mean Corpuscular Volume	91.3	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	29.4	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	32.2	32.0 - 36.0 g/dL
Platelet Count	209	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	14.3 (H)	11.7 - 14.2 %
NRBC Percent	0.0	%
NRBC Absolute	0.00	0 - 0.1 10 ⁹ /L
Segmented Neutrophil Percent	63.7	%
Lymphocyte Percent	27.2	%
Monocytes Percent	7.5	%
Eosinophils Percent	0.8	%
Basophils Percent	0.6	%
Immature Granulocytes Percent	0.2	%
Neutrophils Absolute	3.4	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.5	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.4	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.0	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
Cancer Antigen 125		
Result	Value	Ref Range
Cancer Antigen 125 DXI	13	0 - 35 U/mL
Carcinoembryonic Antigen		
Result	Value	Ref Range
Carcinoembryonic Antigen DXI	2.8	0.0 - 3.0 ng/mL

TIME/COUNSELING:

I personally spent a total of 40 minutes. Of that 25 minutes was counseling/coordination of patient's care. See my note above for details.

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealth

Christine Barnard
08/17/1954
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Sincerely,

Candice Rossi

Electronically signed by:

Candice B Rossi, NP
1/17/20, 4:06 PM

Radiology - Hospital Encounter - Tejas Patil, UCHealth - 12/09/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

Tejas Patil, MD: 12401 E 17th Ave, Leprino, Mail Stop F782, Aurora, CO 80045, Ph. tel:+1-720-848-4289

Reason for Referral

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses	Patil, Tejas, MD	Camidge, David Ross, MD PhD
			Reflux gastritis	12401 E 17th Ave	1665 Aurora Ct
			Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Leprino, Mail Stop F782 Aurora, CO 80045	ACP, Mail Stop F704 Aurora, CO 80045
			Procedures	Phone: 720-848-84289	Phone: 720-848-0300 Fax: 720-848-0360
			CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Fax: 720-848-4293	

Reason for Visit

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Closed

Diagnoses	Patil, Tejas, MD	Camidge, David Ross, MD PhD
Reflux gastritis	12401 E 17th Ave	1665 Aurora Ct
Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Lepriño, Mail Stop F782	ACP, Mail Stop F704
	Aurora, CO 80045	Aurora, CO 80045
	Phone: 720-848-848-4289	Phone: 720-848-0300
Procedures	CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Fax: 720-848-4293
		Fax: 720-848-0360

Encounter Details

Date	Type	Department	Care Team	Description
10/16/2019	Hospital Encounter	UCHealth Radiology - Anschutz Outpatient Pavilion	Patil, Tejas, MD 12401 E 17th Ave	Reflux gastritis; Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
		Anschutz Outpatient Pavilion	Lepriño, Mail Stop F782	
		1st Floor	Aurora, CO 80045	
		1635 Aurora Court	720-848-4289	
		Aurora, CO 80045-2548	720-848-4293 (Fax)	
			720-848-1162	

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History	Travel Start	Travel End		
No recent travel history available.				
documented as of this encounter				

Medications at Time of Discharge

Medication	Sig	Dispensed	Refills	Start Date	End Date
brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.	30 tablet	5	08/27/2019	
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0		
denosumab (PROLIA) 60 mg/mL Syr syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.		0		
omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.		0		

documented as of this encounter

Plan of Treatment

Upcoming Encounters		Description		
Date	Type	Specialty	Care Team	Description
01/15/2020	Appointment	Radiology	Rossi, Candice B, NP	
			1665 Aurora Ct Campus Box F704	
			Aurora, CO 80045	
			720-848-0300	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

720-848-1587 (Fax)

01/15/2020 Appointment	Radiology	Rossi, Candice B, NP 1665 Aurora Ct Campus Box F704 Aurora, CO 80045 720-848-0300 720-848-1587 (Fax)
01/15/2020 Lab Only	Lab	Camidge, David Ross, MD PhD 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
		Rossi, Candice B, NP 1665 Aurora Ct Campus Box F704 Aurora, CO 80045 720-848-0300 720-848-1587 (Fax)
01/15/2020 Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
		Rossi, Candice B, NP 1665 Aurora Ct Campus Box F704 Aurora, CO 80045 720-848-0300 720-848-1587 (Fax)

documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
CT CHEST/ABD W CONTRAST	RAD - OP4: All Other Outpatients	10/16/2019 9:06 AM MDT	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
POCT CREATININE	Routine	10/16/2019 8:32 AM MDT		Results for this procedure are in the results section.

documented in this encounter

Results

- CT CHEST/ABD W IV CONTRAST BUT NO ORAL (10/16/2019 9:06 AM MDT):
Specimen

Impressions IMPRESSION:	Performed At POWERSCRIBE
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No evidence of recurrent or metastatic disease.

Unchanged heterogeneity of the bones.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Unchanged gastroesophageal junction thickening, compatible with biopsy-proven gastritis.

CONTACT INFORMATION: If you are a health care provider and have any questions regarding this or any other Thoracic Radiology report please call 720-848-7129. The Thoracic Radiology reading area location is B.325 AIP2 basement. We are staffed 7:00 AM-5:00 PM Monday through Friday.

If you are a patient and have questions about your report please contact the health care provider who ordered this examination.

Report E-Signed By: Daniel Green at 10/16/2019 11:02 AM

WSN:PACSR70672

Narrative

EXAMINATION: CT CHEST ABDOMEN WITH CONTRAST

Performed At

POWERSCRIBE

INDICATION: Non-small cell lung cancer

TECHNIQUE: Contiguous transverse axial CT images of the chest and abdomen were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

A A A CONTRAST: Isovue 370 90 mL

COMPARISON: 7/15/2019 chest CT and 2/12/2018 PET-CT

FINDINGS:

CHEST:

Thyroid: Stable 9 mm hypoattenuating nodule in the right thyroid lobe. A No new suspicious lesions. A

Thoracic inlet: There is no supraclavicular adenopathy.

Mediastinum and hilae: There is no new or enlarging adenopathy within the mediastinal or hilar regions. A Left paratracheal lymph node is stable measuring 5 mm (series 8 image 35). A Patulous fluid-filled esophagus with unchanged lower esophageal wall thickening. A Left cardiophrenic angle soft tissue nodule is unchanged (series 8 image 77).

Heart and great vessels: The heart is normal in size. A There is no pericardial effusion. A Great vessels are normal in caliber. A Left cardiophrenic lymphadenopathy seen on the prior PET-CT has resolved.

Lungs, airway and pleura: The central airways are patent. A Dependent secretions versus small polyp within the upper thoracic trachea (series 8 image 25). A There are postsurgical changes of left lower lobe wedge resection without new nodularity or convex margins. A There are stable areas of linear scarring within the left upper and lower lobes. A There are no new or enlarging pulmonary nodules. A There is no mass lesion or consolidation. A There is no pleural effusion. A There is mild emphysema.

Breast and axilla: There is no axillary adenopathy.

ABDOMEN:

Liver: No focal lesions. A Patent portal vein.

Bile ducts: Normal.

Gallbladder: Normal.

Pancreas: Normal. A

Spleen: Unchanged benign hypoattenuating lesion along the periphery (series 5 image 100). A Normal size.

Adrenals: No nodularity.

Kidneys, ureters: There is symmetric enhancement bilaterally. A There are bilateral extrarenal pelvices.

Gastrointestinal tract: There is no evidence of bowel obstruction. A There is unchanged gastric antrum/pyloric thickening with submucosal edema/soft tissue.

Mesentery: There is no new adenopathy.

Peritoneum: There is no new focal lesion or new adenopathy.

Retropertitoneum: There is no free gas or free fluid. A No adenopathy.

Vasculation: The aorta and IVC are normal in caliber without evidence of significant atherosclerotic disease.

BONES AND SOFT TISSUE: There are no new suspicious osseous lesions. A There is unchanged heterogeneous attenuation of the axial skeleton with multifocal lucent foci.

Procedure Note

Edi, Rad Results In - 10/16/2019 11:04 AM MDT

EXAMINATION: CT CHEST ABDOMEN WITH CONTRAST

INDICATION: Non-small cell lung cancer

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

TECHNIQUE: Contiguous transverse axial CT images of the chest and abdomen were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

CONTRAST: Isovue 370 90 mL

COMPARISON: 7/15/2019 chest CT and 2/12/2018 PET-CT

FINDINGS:

CHEST:

Thyroid: Stable 9 mm hypoattenuating nodule in the right thyroid lobe. No new suspicious lesions.

Thoracic inlet: There is no supraclavicular adenopathy.

Mediastinum and hilae: There is no new or enlarging adenopathy within the mediastinal or hilar regions. Left paratracheal lymph node is stable measuring 5 mm (series 8 image 35). Patulous fluid-filled esophagus with unchanged lower esophageal wall thickening. Left cardiophrenic angle soft tissue nodule is unchanged (series 8 image 77).

Heart and great vessels: The heart is normal in size. There is no pericardial effusion. Great vessels are normal in caliber. Left cardiophrenic lymphadenopathy seen on the prior PET-CT has resolved.

Lungs, airway and pleura: The central airways are patent. Dependent secretions versus small polyp within the upper thoracic trachea (series 8 image 25). There are postsurgical changes of left lower lobe wedge resection without new nodularity or convex margins. There are stable areas of linear scarring within the left upper and lower lobes. There are no new or enlarging pulmonary nodules. There is no mass lesion or consolidation. There is no pleural effusion. There is mild emphysema.

Breast and axilla: There is no axillary adenopathy.

ABDOMEN:

Liver: No focal lesions. Patent portal vein.

Bile ducts: Normal.

Gallbladder: Normal.

Pancreas: Normal.

Spleen: Unchanged benign hypoattenuating lesion along the periphery (series 5 image 100). Normal size.

Adrenals: No nodularity.

Kidneys, ureters: There is symmetric enhancement bilaterally. There are bilateral extrarenal pelves.

Gastrointestinal tract: There is no evidence of bowel obstruction. There is unchanged gastric antrum/pyloric thickening with submucosal edema/soft tissue.

Mesentery: There is no new adenopathy.

Peritoneum: There is no new focal lesion or new adenopathy.

Retroperitoneum: There is no free gas or free fluid. No adenopathy.

Vasculation: The aorta and IVC are normal in caliber without evidence of significant atherosclerotic disease.

BONES AND SOFT TISSUE: There are no new suspicious osseous lesions. There is unchanged heterogeneous attenuation of the axial skeleton with multifocal lucent foci.

IMPRESSION:

No evidence of recurrent or metastatic disease.

Unchanged heterogeneity of the bones.

Unchanged gastroesophageal junction thickening, compatible with biopsy-proven gastritis.

CONTACT INFORMATION: If you are a health care provider and have any questions regarding this or any other Thoracic Radiology report please call 720-848-7129. The Thoracic Radiology reading area location is B.325 AIP2 basement. We are staffed 7:00 AM-5:00 PM Monday through Friday.

If you are a patient and have questions about your report please contact the health care provider who ordered this examination.

Report E-Signed By: Daniel Green at 10/16/2019 11:02 AM

WSN:PACSR70672

Performing Organization	Address	City/State/Zipcode	Phone Number	
POWERSCRIBE			720-848-1235	
• POCT Creatinine (10/16/2019 8:32 AM MDT):				
Component	Value	Ref Range	Performed At	Pathologist Signature
Creatinine - POCT	0.7	0.6 - 1.2 mg/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
eGFR Non African American - POCT	>60 Comment: The eGFR is estimated by the	=>60 mL/min/1.73 "square meters"	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

IDMS -traceable CKD-EPI
equation for ages 18-97 years.
Not validated in pregnancy,
acute illness, or for people with
unique diets or abnormal
muscle mass.

eGFR African American - POCT	>60	>=60 mL/min/1.73 "square meters"	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Comment: The eGFR is estimated by the IDMS -traceable CKD-EPI equation for ages 18-97 years. Not validated in pregnancy, acute illness, or for people with unique diets or abnormal muscle mass.			

Specimen

Blood - Blood specimen (specimen)

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL	12401 East 17th Avenue, CAMPUS LAB, AURORA, Campus Box A022 CO	AURORA, CO 80045	720-848-4401

documented in this encounter

Visit Diagnoses**Diagnosis**

Reflux gastritis

Other specified gastritis without mention of hemorrhage

Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)

documented in this encounter

Administered Medications**Inactive Administered Medications - up to 3 most recent administrations**

Medication Order	MAR Action	Action Date	Dose	Rate	Site
iopamidol (ISOVUE 370) 76 % injection 90 mL	Given	10/16/2019	90 mLs		
			9:30 AM	MDT	

90 mL, Intravenous, ONCE, Wed 10/16/19 at 0930, For 1 dose, CT Contrast

documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD Ph. tel:+1-720-320-2061

Hematology and Oncology - Office Visit - Candice Rossi, UCHealth - 12/09/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

Candice B Rossi, NP: 1665 Aurora Ct Campus Box F704, Aurora, CO 80045, Ph. tel:+1-720-848-0300

Reason for Referral

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
New Request			Diagnoses Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Rossi, Candice B, NP	1665 Aurora Ct Campus Box F704 Aurora, CO 80045

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

New Request

Diagnoses	Rossi, Candice B, NP
Examination of participant in clinical trial	1665 Aurora Ct Campus Box F704
Procedures	Aurora, CO 80045
CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Phone: 720- 848-0300 Fax: 720-848- 1587

Reason for Visit

Reason		Comments			
Follow-up					
Consultation (Routine):					
Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Authorized	Specialty Services Required	Hematology and Oncology	Diagnoses Non-small cell carcinoma of left lung, stage 4 (HC code)	Self University of Colorado	Amc Gi/Phase1/Surg Onc Anschutz Cancer Pavilion 1665 Aurora Court, 3rd Floor Aurora, CO 80045-2548 Phone: 720-848-3532 Fax: 720-848-0160

Encounter Details

Date	Type	Department	Care Team	Description
10/16/2019	Office Visit	UCHealth University of Colorado Cancer Center - Anschutz Medical Campus	Camidge, David Ross, MD PhD	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code); (Primary Dx); Examination of participant in clinical trial; Chemotherapy management, encounter for; Left upper quadrant pain
		1665 Aurora Court, 2nd Floor	ACP, Mail Stop F704	
		Aurora, CO 80045-2548	Aurora, CO 80045	
		720-848-9264	720-848-0300	
			720-848-0360 (Fax)	

Rossi, Candice B, NP
1665 Aurora Ct Campus
Box F704
Aurora, CO 80045
720-848-0300
720-848-1587 (Fax)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Social History**

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History	Travel Start	Travel End		
No recent travel history available.				
documented as of this encounter				

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	138/85	10/16/2019 9:57 AM MDT	
Pulse	72	10/16/2019 9:57 AM MDT	
Temperature	36.7 A?C (98.1 A?F)	10/16/2019 9:57 AM MDT	
Respiratory Rate	16	10/16/2019 9:57 AM MDT	
Oxygen Saturation	95%	10/16/2019 9:57 AM MDT	
Inhaled Oxygen Concentration	-	-	
Weight	56.2 kg (124 lb)	10/16/2019 9:56 AM MDT	
Height	-	-	
Body Mass Index	20.79	08/15/2019 8:38 AM MDT	
documented in this encounter			

Progress Notes

- Rossi, Candice B, NP - 10/16/2019 10:00 AM MDT:

Formatting of this note might be different from the original.

Assessment and Plan:

- Adenocarcinoma of lung, stage 4, unspecified laterality (HC code CA 19-9 slowly rising All other tumor markers stable)
- Examination of participant in clinical trial - No longer on clinical trial (progressed 2018)

- Chemotherapy management, encounter for - Brigatinib

- Left upper quadrant pain - Evaluated and treated by outside MD

Diagnosed with endoscopy- H- Pylori- completed therapy

Christine is feeling quite well. She and her husband just returned from a Vikings Cruise
No new symptoms. She does continue to have intermittent headaches. She will call if these worsen or new symptoms develop.
May need MRI

CT review today: No evidence of recurrent or metastatic disease. We reviewed Images and report

Unchanged heterogeneity of the bones

Unchanged gastroesophageal junction thickening, compatible with biopsy-proven gastritis,

RTC 3 months for MD appt, labs and infusion

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 65 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for Stage I^v NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx:A LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) – TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17):A nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status:A ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx:A ARIAT ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensationA in Nov 2017 -- restarted Fluconazole fromA 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites:A pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

A

A

A

AMB PAIN ASSESSMENT 10/16/2019

Pain Now No

Pain Assessment -

0-10 (NRS) -

Pain Descriptors (Words) -

Pain Location -

Pain Duration -

Aggravating -

Allaying -

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication Sig

a?? brigatinib (ALUNBRIG) 180 mg tablet Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.

a?? cholecalciferol (VITAMIN D3) 1,000 unit tablet Take 1,000 Units by mouth daily for Osteoporosis.

a?? denosumab (PROLIA) 60 mg/mL Syr^g injection Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.

a?? omeprazole (PRILOSEC) 20 mg capsule Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

Facility-Administered Medications Ordered in Other Visits

Medication

a?? NS infusion

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Positive for headaches. Negative for dizziness, weakness and light-headedness.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:

Vital Signs:

Visit Vitals

BP 138/85

Pulse 72

Temp 36.7 A?C (98.1 A?F) (Temporal)

Resp 16

Wt 56.2 kg (124 lb)

SpO2 95%

BMI 20.79 kg/mA?

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:

10/17/19 56.2 kg (124 lb)

BP Readings from Last 1 Encounters:

10/17/19 120/80

Temp Readings from Last 1 Encounters:

10/17/19 36.7 A?C (98.1 A?F)

Pulse Readings from Last 1 Encounters:

10/17/19 76

SpO2 Readings from Last 1 Encounters:

10/17/19 96%

Resp Readings from Last 1 Encounters:

10/17/19 12

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:

10/17/19 56.2 kg (124 lb)

10/16/19 56.2 kg (124 lb)

08/15/19 55.8 kg (123 lb)

BP Readings from Last 3 Encounters:

10/17/19 120/80

10/16/19 138/85

08/15/19 110/75

Temp Readings from Last 3 Encounters:

10/17/19 36.7 A?C (98.1 A?F)

10/16/19 36.7 A?C (98.1 A?F) (Temporal)

08/15/19 36.3 A?C (97.3 A?F)

Pulse Readings from Last 3 Encounters:

10/17/19 76

10/16/19 72

08/15/19 66

SpO2 Readings from Last 3 Encounters:

10/17/19 96%

10/16/19 95%

08/15/19 97%

Resp Readings from Last 3 Encounters:

10/17/19 12

10/16/19 16

08/15/19 13

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Cardiovascular: Normal rate and regular rhythm.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal: Normal range of motion. She exhibits no edema.
Lymphadenopathy:
She has no cervical adenopathy.
Neurological: She is alert and oriented to person, place, and time.
Skin: Skin is warm and dry.
Psychiatric: She has a normal mood and affect.

DATA:
Results for orders placed or performed during the hospital encounter of 10/16/19

POCT Creatinine

Result Value Ref Range

Creatinine -POCT 0.7 0.6 - 1.2 mg/dL

eGFR Non African American -POCT >60 >=60 mL/min/1.73 "square meters"

eGFR African American -POCT >60 >=60 mL/min/1.73 "square meters"

TIME/COUNSELING:

I personally spent a total of 25 minutes. Of that 20 minutes was counseling/coordination of patient's care. See my note above for details.

Candice B Rossi, NP

Electronically signed by Rossi, Candice B, NP at 10/18/2019 4:36 PM MDT

documented in this encounter

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
01/15/2020	Appointment	Radiology	Rossi, Candice B, NP	1665 Aurora Ct Campus Box F704 Aurora, CO 80045 720-848-0300
01/15/2020	Appointment	Radiology	Rossi, Candice B, NP	1665 Aurora Ct Campus Box F704 Aurora, CO 80045 720-848-0300 720-848-1587 (Fax)
01/15/2020	Lab Only	Lab	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
				Rossi, Candice B, NP 1665 Aurora Ct Campus Box F704 Aurora, CO 80045 720-848-0300 720-848-1587 (Fax)
01/15/2020	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

1665 Aurora Ct Campus
Box F704

Aurora, CO 80045

720-848-0300

720-848-1587 (Fax)

Scheduled Orders

Name	Type	Priority	Associated Diagnoses	Order Schedule
CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Imaging	RAD - OP4: All Other Outpatients	Examination of participant in clinical trial	Expected: 01/16/2020, Expires: 10/16/2020
MR BRAIN W/WO CONTRAST	Imaging	RAD - OP4: All Other Outpatients	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 01/16/2020, Expires: 10/16/2020

documented as of this encounter

Visit Diagnoses**Diagnosis**

Adenocarcinoma of lung, stage 4, unspecified laterality (HC code) - Primary

Examination of participant in clinical trial

Chemotherapy management, encounter for

Left upper quadrant pain

Abdominal pain, left upper quadrant
documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD

Ph. tel:+1-720-320-2061

ENDOSCOPY - Hospital Encounter - Jennifer Czwornog, UCHealth - 12/09/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

Jennifer L Czwornog, MD: 1635 Aurora Ct, AOP 5th Floor, Mail Stop F735, Aurora, CO 80045, Ph. tel:+1-720-848-2767

Reason for Referral

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed		ENDOSCOPY	Diagnoses	Fennimore, Blair P, MD	Amc Gi Endosc Lab Op
			Atrophic gastritis without hemorrhage	1635 Aurora Ct AOP 5th Floor, Mail Stop F735	Anschutz Outpatient Pavilion
			Helicobacter pylori gastritis	1635 Aurora Ct Aurora, CO 80045	1635 Aurora Court- 2nd Floor Aurora, CO 80045-2548
			Procedures	Phone: 720-848-2767	Phone: 720-848-2777
			GI upper endoscopy with signs & symptoms	Fax: 720-848-2778	Fax: 720-848-2755

Reason for Visit

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed		ENDOSCOPY	Diagnoses	Fennimore, Blair P, MD	Amc Gi Endosc Lab Op
			Atrophic gastritis without hemorrhage	1635 Aurora Ct AOP 5th Floor, Mail Stop F735	Anschutz Outpatient Pavilion
			Helicobacter pylori gastritis	1635 Aurora Ct Aurora, CO 80045	1635 Aurora Court- 2nd Floor Aurora, CO 80045-2548

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Aurora, CO 80045 Procedures GI upper endoscopy with signs & symptoms	Aurora, CO 80045-2548 Phone: 720-848- 2767 Fax: 720-848- 2778 Phone: 720-848- 2777 Fax: 720-848- 2755
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Encounter Details

Date	Type	Department	Care Team	Description
10/17/2019	Hospital Encounter	UCHealth Gastroenterology Clinic - Anschutz Medical Campus	Czwornog, Jennifer L, MD 1635 Aurora Ct	Atrophic gastritis without hemorrhage; Helicobacter pylori gastritis
		Anschutz Outpatient Pavilion	AOP 5th Floor, Mail Stop F735	
		1635 Aurora Court- 2nd Floor	Aurora, CO 80045 720-848-2767	
		Aurora, CO 80045-2548	720-848-2778 (Fax) 720-848-2777	

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History		Travel Start	Travel End	
No recent travel history available.				
documented as of this encounter				

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	120/80	10/17/2019 11:30 AM MDT	
Pulse	76	10/17/2019 11:30 AM MDT	
Temperature	36.7 A?C (98.1 A?F)	10/17/2019 10:45 AM MDT	
Respiratory Rate	12	10/17/2019 10:45 AM MDT	
Oxygen Saturation	96%	10/17/2019 11:30 AM MDT	
Inhaled Oxygen Concentration	-	-	
Weight	56.2 kg (124 lb)	10/17/2019 9:21 AM MDT	
Height	164.5 cm (5' 4.75")	10/17/2019 9:21 AM MDT	
Body Mass Index	20.79	10/17/2019 9:21 AM MDT	
documented in this encounter			

Discharge Instructions

- Instructions:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

- Czwornog, Jennifer L, MD - 10/17/2019

POST ENDOSCOPY DISCHARGE INSTRUCTIONS

Procedure Done: Upper Endoscopy

See the physician's report of procedure details, impressions, and recommendations.

Activity

DO NOT drive, operate any power tools or make important decisions (personal or business) for 24 hours

Diet

If no nausea or vomiting occurs, you may resume your normal diet.

Medications

Resume regular medications

Follow-up Visit

Make an appointment with your referring doctor.

Call If:

New or increased pain.

New or increased bleeding.

Nausea & vomiting.

Fever & chills.

Shortness of breath.

Chest pain.

Abdominal distention.

If you have a question or concern regarding your procedure during regular office hours (8:00 am-5:00 pm) please call the Digestive Health Clinic at 720-848-2777. If you have a problem after regular office hours, or on weekends and holidays, please call the University of Colorado Hospital operator at 720-848-0000 and ask for the GI fellow on call. Wait on the phone while the operator pages the doctor. If unable to reach a health care provider, go to the nearest emergency room.

Getting Reports

The doctor took small biopsies or samples of tissue during your exam.

You will receive your biopsy result in the mail in 2 to 3 weeks

Jennifer L Czwornog

10/17/2019

documented in this encounter

Medications at Time of Discharge

Medication	Sig	Dispensed	Refills	Start Date	End Date
brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.	30 tablet	5	08/27/2019	
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0		
denosumab (PROLIA) 60 mg/mL Syr syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.		0		
omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.		0		

documented as of this encounter

Miscellaneous Notes

- Pre-Sedation Assessment - Czwornog, Jennifer L, MD - 10/17/2019 10:11 AM MDT:

Formatting of this note might be different from the original.
Gastroenterology Pre-Procedure Sedation Assessment

Clinical impression or reason for procedure: atrophic gastritis, intestinal metaplasia
Planned procedure: Upper Endoscopy

History
PMH/PSH were reviewed

Reviewed current list of medications with patient

Allergies:
Allergies
Allergen Reactions
a?? Sulfa (Sulfonamide Antibiotics) Hives, Itching and Rash
a?? Codeine
NAUSEA VOMITING

Physical Exam
Neurological Assessment: Normal.
Cardiovascular Assessment: Normal.
Pulmonary Assessment: Normal.
Abdominal Assessment: Normal.
Musculoskeletal Assessment: Normal.

Airway: Normal
Mallampati score: Class 2: Visibility of hard and soft palate, upper portion of tonsils and uvula
Anesthesia history: no prior problems
Anesthesia consult No

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

ASA Classification

ASA 2 - Patient with mild systemic disease with no functional limitations

Plan for Sedation

Moderate-Prompt response to light tactile stimulation. Spontaneous ventilation adequate

Labs
N/AJennifer L Czwornog
10/17/2019

Electronically signed by Czwornog, Jennifer L, MD at 10/17/2019 10:17 AM MDT

documented in this encounter

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
01/15/2020 Appointment		Radiology	Rossi, Candice B, NP	
			1665 Aurora Ct Campus Box F704	Aurora, CO 80045
				720-848-0300
				720-848-1587 (Fax)
01/15/2020 Appointment		Radiology	Rossi, Candice B, NP	
			1665 Aurora Ct Campus Box F704	Aurora, CO 80045
				720-848-0300
				720-848-1587 (Fax)
01/15/2020 Lab Only	Lab		Camidge, David Ross, MD PhD	
			1665 Aurora Ct	
			ACP, Mail Stop F704	
			Aurora, CO 80045	
			720-848-0300	
			720-848-0360 (Fax)	
01/15/2020 Office Visit		Hematology and Oncology	Rossi, Candice B, NP	
			1665 Aurora Ct Campus Box F704	Aurora, CO 80045
				720-848-0300
				720-848-1587 (Fax)
			Camidge, David Ross, MD PhD	
			1665 Aurora Ct	
			ACP, Mail Stop F704	
			Aurora, CO 80045	
			720-848-0300	
			720-848-0360 (Fax)	
			Rossi, Candice B, NP	
			1665 Aurora Ct Campus Box F704	Aurora, CO 80045
				720-848-0300
				720-848-1587 (Fax)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
SURGICAL PATHOLOGY REQUEST	Routine	10/17/2019 10:27 AM MDT		Results for this procedure are in the results section.
GI DX UPPER GI PANENDOSCOPY WITH S&S	Routine	10/17/2019 9:59 AM MDT	Atrophic gastritis without hemorrhage Helicobacter pylori gastritis	Results for this procedure are in the results section.

documented in this encounter

Results

- Surgical Pathology Request (10/17/2019 10:27 AM MDT):
Specimen

Narrative	Performed At
University of Colorado School of Medicine Department of Pathology - Anatomic Pathology 12605 E.16th Avenue, Campus Box F768 Aurora, Colorado A 80045 Tel:(720) 848 - 4421 Fax:(720) 848 - 4454 Surgical Pathology Report Final Diagnosis	DEPARTMENT OF PATHOLOGY, UCD

A) Stomach, antrum, lesser curve, biopsy:
- Reactive antral gastropathy and focal minimal active gastritis
- No intestinal metaplasia or dysplasia

B) Stomach, antrum, greater curve, biopsy:
- Reactive antral gastropathy and mildly active gastritis
- Focal intestinal metaplasia (present in 1 of 2 tissue fragments)
- No dysplasia

C) Stomach, incisura, biopsy:
- Mild chronic antral gastritis with moderate activity
- No intestinal metaplasia or dysplasia

D) Stomach, body, lesser curve, biopsy:
- Moderate chronic oxytotic gastritis with moderate activity
- Features suggestive of proton pump inhibitor (PPI) effect- No oxytotic atrophy, intestinal metaplasia, or dysplasia

E) Stomach, body, greater curve, biopsy:
- Moderate chronic oxytotic gastritis with moderate activity
- Features suggestive of proton pump inhibitor (PPI) effect
- No oxytotic atrophy, intestinal metaplasia, or dysplasia

Comment

Immunohistochemical stains performed on all parts (A-E) were negative for H. pylori organism.

Clinical History

Upper GI endoscopy. Follow-up of Helicobacter pylori, atrophic gastritis. Erythematous mucosa in the gastric body and antrum.

Gross Description

Received are five specimens labeled "Barnard, Christine/1365119."

A) The specimen is received in formalin labeled "stomach, antrum, lesser curve" and consists of 2 biopsies of tan soft tissue averaging

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

0.3 cm in greatest dimension and measuring in aggregate 0.6 x 0.2 x

0.1 cm. The specimen is submitted in toto in one cassette labeled

(A1).

B) A The specimen is received in formalin labeled "stomach, antrum, greater curve" and consists of 2 biopsies of tan soft tissue averaging 0.4 cm in greatest dimension and measuring in aggregate 0.8 x 0.2 x

0.2 cm. The specimen is submitted in toto in one cassette labeled

(B1).

C) A The specimen is received in formalin labeled "stomach, incisura" and consists of 2 biopsies of tan soft tissue ranging in size from 0.4 cm to 0.5 cm in greatest dimension and measuring in aggregate 0.9 x 0.3 x 0.2 cm. The specimen is submitted in toto in one cassette labeled (C1).

D) A The specimen is received in formalin labeled "stomach, lesser curve, body" and consists of 2 biopsies of tan soft tissue averaging 0.3 cm in greatest dimension and measuring in aggregate 0.6 x 0.2 x 0.2 cm. The specimen is submitted in toto in one cassette labeled

(D1).

E) A The specimen is received in formalin labeled "stomach, body, greater curve" and consists of 2 biopsies of tan soft tissue ranging in size from 0.2 cm to 0.3 cm in greatest dimension and measuring in aggregate 0.5 x 0.3 x 0.2 cm. The specimen is submitted in toto in one cassette labeled (E1).

-TNF

Final Diagnosis Reviewed and Interpreted By

Lindsey Westbrook, M.D.

Electronically Signed, 10/18/2019 A

The final diagnosis for each specimen is based upon a gross and microscopic examination of the specimen's tissue[s], with the exception of those specimens where the diagnosis for the specimen states "gross diagnosis", "gross only", or similar designation, in which case the final diagnosis for that specimen is based on gross examination of the tissue[s]."

Performing Organization	Address	City/State/Zipcode	Phone Number
DEPARTMENT OF PATHOLOGY, UCD	12605 E. 16th Ave., Mailstop F768	Aurora, CO 80045	720-848-4421

- GI upper endoscopy with signs & symptoms (10/17/2019 9:59 AM MDT):
Specimen

Narrative	Performed At
University of Colorado (UCO001)	PROVATION

Patient Name: Christine Barnard A A A MRN: 1365119

Date of Birth: 8/17/1954 A A A A A Admit Type: Outpatient

Age: 65 A A A A A A A A A Room: AIP 7

Gender: Female A A A A A A A A Note Status: Finalized

Attending MD: Jennifer L Czwornog , MD Procedure Date No Time: 10/17/2019

Instrument Name: GIF-HQ190 - 2200632

Procedure: A A A A A A Upper GI endoscopy

Indications: A A A A A Follow-up of Helicobacter pylori, atrophic

A A A A A A A A A gastritis

Providers: A A A A A Jennifer L Czwornog, MD, Courtney Taylor, PA-C

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

INS INFUSION

New Day

10/11/2019

DUMLII

9:29 AM

MDT

50 mL, at 50 mL/hr, Intravenous,
CONTINUOUS, Starting Thu 10/17/19 at
1100, Until Sat 10/19/19 at 0403, Pre-
Procedure (GI)

documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD Ph. tel:+1-720-320-2061

ENDOSCOPY - Hospital Encounter - Blair Fennimore, UCHealth - 12/09/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

Blair P Blair P Fennimore, MD: 1635 Aurora Ct, AOP 5th Floor, Mail Stop F735, 1635 Aurora Ct, AOP 5th Floor, Mail Stop F735, Aurora, CO 80045, Ph. tel:+1-720-848-2767

Reason for Referral

• Surgical (RAC) (Routine): Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed		ENDOSCOPY	Diagnoses	Patil, Tejas, MD	Amc Gi Endosc Lab Op
			Reflux gastritis	12401 E 17th Ave	Anschutz Outpatient Pavilion
			Procedures	Lepriño, Mail Stop F782	1635 Aurora Court- 2nd Floor
			GI upper endoscopy with signs & symptoms	Aurora, CO 80045 Phone: 720-848-4289 Fax: 720-848-4293	Aurora, CO 80045-2548 Phone: 720-848-2777 Fax: 720-848-2755

Reason for Visit

• Surgical (RAC) (Routine): Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed		ENDOSCOPY	Diagnoses	Patil, Tejas, MD	Amc Gi Endosc Lab Op
			Reflux gastritis	12401 E 17th Ave	Anschutz Outpatient Pavilion
			Procedures	Lepriño, Mail Stop F782	1635 Aurora Court- 2nd Floor
			GI upper endoscopy with signs & symptoms	Aurora, CO 80045 Phone: 720-848-4289 Fax: 720-848-4293	Aurora, CO 80045-2548 Phone: 720-848-2777 Fax: 720-848-2755

Encounter Details

Date	Type	Department	Care Team	Description
08/15/2019	Hospital Encounter	UCHealth Gastroenterology Clinic - Anschutz Fennimore, Blair P, MD Medical Campus		Reflux gastritis
		Anschutz Outpatient Pavilion	1635 Aurora Ct	
		1635 Aurora Court- 2nd Floor	AOP 5th Floor, Mail Stop F735	
		Aurora, CO 80045-2548	Aurora, CO 80045	
		720-848-2777	720-848-2767	
			720-848-2778 (Fax)	

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History		Travel Start		Travel End

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

No recent travel history available.
documented as of this encounter

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	110/75	08/15/2019 10:22 AM MDT	
Pulse	66	08/15/2019 10:22 AM MDT	
Temperature	36.3 A?C (97.3 A?F)	08/15/2019 10:07 AM MDT	
Respiratory Rate	13	08/15/2019 10:22 AM MDT	
Oxygen Saturation	97%	08/15/2019 10:22 AM MDT	
Inhaled Oxygen Concentration	-	-	
Weight	55.8 kg (123 lb)	08/15/2019 8:38 AM MDT	
Height	164.5 cm (5' 4.75")	08/15/2019 8:38 AM MDT	
Body Mass Index	20.63	08/15/2019 8:38 AM MDT	
documented in this encounter			

Discharge Instructions

- Instructions:
 - Fennimore, Blair P, MD - 08/15/2019

POST ENDOSCOPY DISCHARGE INSTRUCTIONS

Procedure Done: Upper Endoscopy

See the physician's report of procedure details, impressions, and recommendations.

Activity

DO NOT drive, operate any power tools or make important decisions (personal or business) for 24 hours

Diet

If no nausea or vomiting occurs, you may resume your normal diet.

Medications

Resume regular medications

Follow-up Visit

Make an appointment with your referring doctor.

Call If:

New or increased pain.
New or increased bleeding.
Nausea & vomiting.
Fever & chills.
Shortness of breath.
Chest pain.
Abdominal distention.

If you have a question or concern regarding your procedure during regular office hours (8:00 am-5:00 pm) please call the Digestive Health Clinic at 720-848-2777. If you have a problem after regular office hours, or on weekends and holidays, please call the University of Colorado Hospital operator at 720-848-0000 and ask for the GI fellow on call. Wait on the phone while the operator pages the doctor. If unable to reach a health care provider, go to the nearest emergency room.

Getting Reports

The doctor took small biopsies or samples of tissue during your exam.

You will receive your biopsy result in the mail in 2 to 3 weeks

Blair P Fennimore
8/15/2019

documented in this encounter

Medications at Time of Discharge

Medication	Sig	Dispensed	Refills	Start Date	End Date
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0		
denosumab (PROLIA) 60 mg/mL Syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.		0		
nitrofurantoin monohyd/m-cryst (MACROBID PO)	Take 2 tablets by mouth 2 times daily for UTI.		0		
omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.		0		
brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.	30 tablet	11	02/13/2019	08/27/2019
documented as of this encounter					

Miscellaneous Notes

- Pre-Sedation Assessment - Fennimore, Blair P, MD - 08/15/2019 9:47 AM MDT:

Formatting of this note might be different from the original.
Gastroenterology Pre-Procedure Sedation Assessment

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Clinical impression or reason for procedure: Dyspepsia
 Planned procedure: Upper Endoscopy

History
 PMH/PSH were reviewed

Reviewed current list of medications with patient

Allergies:
 Allergies
 Allergen Reactions
 a?? Sulfa (Sulfonamide Antibiotics) Hives, Itching and Rash
 a?? Codeine
 NAUSEA VOMITING

Physical Exam
 Neurological Assessment: Normal.
 Cardiovascular Assessment: Normal.
 Pulmonary Assessment: Normal.
 Abdominal Assessment: Normal.
 Musculoskeletal Assessment: Normal.

Airway: Normal
 Mallampati score: Class 1 : Full visibility of tonsils, uvula and soft palate
 Anesthesia history: no prior problems
 Anesthesia consult No

ASA Classification
 ASA 2 - Patient with mild systemic disease with no functional limitations

Plan for Sedation
 Moderate-Prompt response to light tactile stimulation. Spontaneous ventilation adequate

Labs
 N/A

Blair P Fennimore
 8/15/2019

Electronically signed by Fennimore, Blair P, MD at 08/15/2019 9:47 AM MDT

documented in this encounter

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
10/16/2019	Appointment	Radiology	Patil, Tejas, MD 12401 E 17th Ave Leprino, Mail Stop F782 Aurora, CO 80045 720-848-4289 720-848-4293 (Fax)	Camidge, David Ross, MD PhD 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
10/16/2019	Lab Only	Lab	Camidge, David Ross, MD PhD 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)	Camidge, David Ross, MD PhD 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
10/16/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)	Camidge, David Ross, MD PhD 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
10/17/2019	Hospital Encounter	ENDOSCOPY	Czwormog, Jennifer L, MD 1635 Aurora Ct AOP 5th Floor, Mail Stop F735 Aurora, CO 80045 720-848-2767 720-848-2778 (Fax)	Czwormog, Jennifer L, MD 1635 Aurora Ct AOP 5th Floor, Mail Stop F735 Aurora, CO 80045 720-848-2767 720-848-2778 (Fax)

documented as of this encounter

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Procedures**

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
SURGICAL PATHOLOGY REQUEST	Routine	08/15/2019 9:55 AM MDT		Results for this procedure are in the results section.
GI DX UPPER GI PANENDOSCOPY WITH S&S documented in this encounter	Routine	08/15/2019 9:09 AM MDT	Reflux gastritis	Results for this procedure are in the results section.

Results

- Surgical Pathology Request (08/15/2019 9:55 AM MDT):

Specimen**Narrative**

University of Colorado School of Medicine

Performed AtDEPARTMENT OF PATHOLOGY,
UCD

Department of Pathology - Anatomic Pathology

12605 E. 16th Avenue, Campus Box F768

Aurora, Colorado A 80045

Tel:(720) 848 - 4421

Fax:(720) 848 - 4454

Surgical Pathology Report

Final Diagnosis

Stomach, body, biopsy:

-Helicobacter gastritis (immunostain highlights rare organisms)

-Body mucosa with moderate chronic active gastritis, PPI effect and
atrophic features-Immunostain for synaptophysin highlights ECL-cell hyperplasia (linear
and nodular)

-Immunostain for gastrin is negative

-No evidence of intestinal metaplasia, dysplasia or neoplasm

Note: While few Helicobacter pylori organisms are identified on
immunostain, there is partial absence of oxytic glands in a
background of mixed inflammation. This may suggest atrophic gastritis,
therefore special tests for pernicious anemia would prove helpful.

Clinical History

Upper GI endoscopy. Dyspepsia. Heartburn. Mildly erythematous mucosa
in the lesser curvature. No clear findings to explain symptoms on
today's exam.

Gross Description

The specimen is received in formalin labeled "Barnard,
Christine/1365119/stomach, body" and consists of 4 biopsies of tan
soft tissue ranging in size from 0.2 cm to 0.4 cm in greatest
dimension and 0.8 x 0.3 x 0.1 cm in aggregate. The specimen is
submitted in toto in cassette (A1).

-TNF

Final Diagnosis Reviewed and Interpreted By

Antonio L. Galvao Neto, M.D.

Electronically Signed, 8/19/2019 A

"The final diagnosis for each specimen is based upon a gross and
microscopic examination of the specimen's tissue[s], with the
exception of those specimens where the diagnosis for the specimen
states "gross diagnosis", "gross only", or similar designation, in
which case the final diagnosis for that specimen is based on gross**Performing Organization[s]:**

DEPARTMENT OF PATHOLOGY, UCD 12605 E. 16th Ave., Mailstop F768

City/State/Zipcode

Aurora, CO 80045

Phone Number

720-848-4421

- GI upper endoscopy with signs & symptoms (08/15/2019 9:09 AM MDT):

Specimen

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Fax Server

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uchealth

Communication

Date: 10/18/2019

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
Candice B Rossi, NP
UCH OUTPATIENT SERVICES

UCHEALTH CANCER SURVIVORSHIP CLINIC - ANSCHUTZ MEDICAL CAMPUS

ANSCHUTZ CANCER PAVILION

1665 AURORA COURT, 2ND FLOOR

AURORA CO 80045-2548
Phone: 720-848-4870
Fax: 720-848-0357

Message:

The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

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uchealth

UCHealth University of Colorado Cancer
Center - Anschutz Medical Campus
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchhealth.org

October 18, 2019

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard "Christine" (DOB: 08/17/1954)
Date of Visit: 10/16/2019

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Barnard . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
CA 19-9 slowly rising All other tumor markers stable
2. Examination of participant in clinical trial - No longer on clinical trial (progressed 2018)
3. Chemotherapy management, encounter for - Brigatinib
4. Left upper quadrant pain - Evaluated and treated by outside MD
Diagnosed with endoscopy- H- Pylori- completed therapy

Christine is feeling quite well. She and her husband just returned from a Vikings Cruise
No new symptoms. She does continue to have intermittent headaches. She will call if these worsen or new symptoms develop.

May need MRI

CT review today: No evidence of recurrent or metastatic disease. We reviewed Images and report
Unchanged heterogeneity of the bones
Unchanged gastroesophageal junction thickening, compatible with biopsy-proven gastritis,

RTC 3 months for MD appt, labs and infusion

ECOG performance status - (0) Fully active, able to carry on all predisease performance without

Christine Barnard DOB: 08/17/1954 2 of 7

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uchealth

Christine Barnard
08/17/1954
3 of 7

restriction

Subjective:

Patient ID: Christine Barnard is a 65 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for Stage IV NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

AMG PAIN ASSESSMENT

10/16/2019

Pain Now

No

Pain Assessment

-

0-10 (NRS)

-

Pain Descriptors (Words)

-

Pain Location

-

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Pain Duration
Aggravating
Alleviating

-
-
-

CURRENT MEDICATIONS:
Current Outpatient Medications

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uchealthChristine Barnard
08/17/1954
4 of 7

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syr syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

Facility-Administered Medications Ordered in Other Visits

Medication
• NS infusion

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Positive for headaches. Negative for dizziness, weakness and light-headedness.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:

Vital Signs:

Visit Vitals

BP 138/85

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uchealthChristine Barnard
08/17/1954
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Pulse	72
Temp	36.7 °C (98.1 °F) (Temporal)
Resp	16
Wt	56.2 kg (124 lb)
SpO2	95%
BMI	20.79 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
10/17/19 56.2 kg (124 lb)

BP Readings from Last 1 Encounters:
10/17/19 120/80

Temp Readings from Last 1 Encounters:
10/17/19 36.7 °C (98.1 °F)

Pulse Readings from Last 1 Encounters:
10/17/19 76

SpO2 Readings from Last 1 Encounters:
10/17/19 96%

Resp Readings from Last 1 Encounters:
10/17/19 12

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
10/17/19 56.2 kg (124 lb)
10/16/19 56.2 kg (124 lb)
08/15/19 55.8 kg (123 lb)

BP Readings from Last 3 Encounters:
10/17/19 120/80
10/16/19 138/85
08/15/19 110/75

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Christine Barnard
08/17/1954
6 of 7

Temp Readings from Last 3 Encounters:
10/17/19 36.7 °C (98.1 °F)
10/16/19 36.7 °C (98.1 °F) (Temporal)
08/15/19 36.3 °C (97.3 °F)

Pulse Readings from Last 3 Encounters:
10/17/19 76
10/16/19 72
08/15/19 66

SpO2 Readings from Last 3 Encounters:
10/17/19 96%
10/16/19 95%
08/15/19 97%

Resp Readings from Last 3 Encounters:
10/17/19 12
10/16/19 16
08/15/19 13

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

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uchealth

Christine Barnard
08/17/1954
7 of 7

DATA:

Results for orders placed or performed during the hospital encounter of 10/16/19

POCT Creatinine

Result	Value	Ref Range
Creatinine -POCT	0.7	0.6 - 1.2 mg/dL
eGFR Non African American -POCT	>60	>=60 mL/min/1.73 "square meters"
eGFR African American -POCT	>60	>=60 mL/min/1.73 "square meters"

TIME/COUNSELING:

I personally spent a total of 25 minutes. Of that 20 minutes was counseling/coordination of patient's care. See my note above for details.

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Candice Rossi

Electronically signed by:

Candice B Rossi, NP
10/18/19, 4:36 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Most Recent Encounter**

Blair P Fennimore, MD: 1635 Aurora Ct, AOP 5th Floor, Mail Stop F735, Aurora, CO 80045, Ph. tel:+1-720-848-2767

Reason for Referral

- Surgical (RAC) (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed		ENDOSCOPY	Diagnoses	Patil, Tejas, MD	Amc Gi Endosc Lab Op
			Reflux gastritis	12401 E 17th Ave	Anschutz Outpatient Pavilion
				Leprino, Mail Stop F782	1635 Aurora Court- 2nd Floor
			Procedures	Aurora, CO 80045	Aurora, CO 80045-2548
			GI upper endoscopy with signs & symptoms	Phone: 720-848-4289	Phone: 720-848-2777
				Fax: 720-848-4293	Fax: 720-848-2755

Reason for Visit

- Surgical (RAC) (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed		ENDOSCOPY	Diagnoses	Patil, Tejas, MD	Amc Gi Endosc Lab Op
			Reflux gastritis	12401 E 17th Ave	Anschutz Outpatient Pavilion
				Leprino, Mail Stop F782	1635 Aurora Court- 2nd Floor
			Procedures	Aurora, CO 80045	Aurora, CO 80045-2548
			GI upper endoscopy with signs & symptoms	Phone: 720-848-4289	Phone: 720-848-2777
				Fax: 720-848-4293	Fax: 720-848-2755

Encounter Details

Date	Type	Department	Care Team	Description
08/15/2019	Hospital Encounter	UCHealth Gastroenterology Clinic - Anschutz Medical Campus		Reflux gastritis
		Anschutz Outpatient Pavilion	1635 Aurora Ct	
		1635 Aurora Court- 2nd Floor	AOP 5th Floor, Mail Stop F735	
		Aurora, CO 80045-2548	Aurora, CO 80045	
		720-848-2777	720-848-2767	
			720-848-2778 (Fax)	

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History		Travel Start	Travel End	
No recent travel history available.				
documented as of this encounter				

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	110/75	08/15/2019 10:22 AM MDT	
Pulse	66	08/15/2019 10:22 AM MDT	
Temperature	36.3 A?C (97.3 A?F)	08/15/2019 10:07 AM MDT	
Respiratory Rate	13	08/15/2019 10:22 AM MDT	
Oxygen Saturation	97%	08/15/2019 10:22 AM MDT	
Inhaled Oxygen Concentration	-	-	
Weight	55.8 kg (123 lb)	08/15/2019 8:38 AM MDT	
Height	164.5 cm (5' 4.75")	08/15/2019 8:38 AM MDT	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)Body Mass Index
documented in this encounter

20.63

08/15/2019 8:38 AM MDT

Discharge Instructions

- Instructions:
 - Fennimore, Blair P, MD - 08/15/2019

POST ENDOSCOPY DISCHARGE INSTRUCTIONS

Procedure Done: Upper Endoscopy

See the physician's report of procedure details, impressions, and recommendations.

Activity

DO NOT drive, operate any power tools or make important decisions (personal or business) for 24 hours

Diet

If no nausea or vomiting occurs, you may resume your normal diet.

Medications

Resume regular medications

Follow-up Visit

Make an appointment with your referring doctor.

Call If:

New or increased pain.

New or increased bleeding.

Nausea & vomiting.

Fever & chills.

Shortness of breath.

Chest pain.

Abdominal distention.

If you have a question or concern regarding your procedure during regular office hours (8:00 am-5:00 pm) please call the Digestive Health Clinic at 720-848-2777. If you have a problem after regular office hours, or on weekends and holidays, please call the University of Colorado Hospital operator at 720-848-0000 and ask for the GI fellow on call. Wait on the phone while the operator pages the doctor. If unable to reach a health care provider, go to the nearest emergency room.

Getting Reports

The doctor took small biopsies or samples of tissue during your exam.

You will receive your biopsy result in the mail in 2 to 3 weeks

Blair P Fennimore
8/15/2019

documented in this encounter

Medications at Time of Discharge

Medication	Sig	Dispensed	Refills	Start Date	End Date
brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.	30 tablet	11	02/13/2019	
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0		
nitrofurantoin monohyd/m-cryst (MACROBID PO)	Take 2 tablets by mouth 2 times daily for UTI.		0		

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

omeprazole (PRILUSEC) 20 mg capsule

Take 20 mg by mouth every morning (before breakfast) for Heartburn.

u

denosumab (PROLIA) 60 mg/mL Syringe

syringe injection

documented as of this encounter

Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.

0

Miscellaneous Notes

- Pre-Sedation Assessment - Fennimore, Blair P, MD - 08/15/2019 9:47 AM MDT:

Formatting of this note might be different from the original.
Gastroenterology Pre-Procedure Sedation Assessment

Clinical impression or reason for procedure: Dyspepsia
Planned procedure: Upper Endoscopy

History
PMH/PSH were reviewed

Reviewed current list of medications with patient

Allergies:
Allergies
Allergen Reactions
a?? Sulfa (Sulfonamide Antibiotics) Hives, Itching and Rash
a?? Codeine
NAUSEA VOMITING

Physical Exam
Neurological Assessment: Normal.
Cardiovascular Assessment: Normal.
Pulmonary Assessment: Normal.
Abdominal Assessment: Normal.
Musculoskeletal Assessment: Normal.

Airway: Normal
Mallampati score: Class 1 : Full visibility of tonsils, uvula and soft palate
Anesthesia history: no prior problems
Anesthesia consult No

ASA Classification
ASA 2 - Patient with mild systemic disease with no functional limitations

Plan for Sedation
Moderate-Prompt response to light tactile stimulation. Spontaneous ventilation adequate

Labs
N/A

Blair P Fennimore
8/15/2019

Electronically signed by Fennimore, Blair P, MD at 08/15/2019 9:47 AM MDT

documented in this encounter

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
10/16/2019	Appointment	Radiology	Patil, Tejas, MD 12401 E 17th Ave Leprino, Mail Stop F782 Aurora, CO 80045 720-848-4289 720-848-4293 (Fax)	
10/16/2019	Lab Only	Lab	Camidge, David Ross, MD PhD 1665 Aurora Ct	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

10/16/2019 Office Visit Hematology and Oncology

1665 Aurora Ct
ACP, Mail Stop F704
Aurora, CO 80045
720-848-0300
720-848-0360 (Fax)
Camidge, David Ross, MD PhD

1665 Aurora Ct
ACP, Mail Stop F704
Aurora, CO 80045
720-848-0300
720-848-0360 (Fax)

documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
SURGICAL PATHOLOGY REQUEST	Routine	08/15/2019 9:55 AM MDT		Results for this procedure are in the results section.
GI DX UPPER GI PANENDOSCOPY WITH S&S	Routine	08/15/2019 9:09 AM MDT	Reflux gastritis	Results for this procedure are in the results section.

documented in this encounter

Results

- Surgical Pathology Request (08/15/2019 9:55 AM MDT):

Specimen

Narrative University of Colorado School of Medicine Department of Pathology - Anatomic Pathology 12605 E.16th Avenue, Campus Box F768 Aurora, Colorado A 80045 Tel:(720) 848 - 4421 Fax:(720) 848 - 4454 Surgical Pathology Report Final Diagnosis Stomach, body, biopsy: -Helicobacter gastritis (immunostain highlights rare organisms) -Body mucosa with moderate chronic active gastritis, PPI effect and atrophic features -Immunostain for synaptophysin highlights ECL-cell hyperplasia (linear and nodular) -Immunostain for gastrin is negative -No evidence of intestinal metaplasia, dysplasia or neoplasm Note: While few Helicobacter pylori organisms are identified on immunostain, there is partial absence of oxytic glands in a background of mixed inflammation. This may suggest atrophic gastritis, therefore special tests for pernicious anemia would prove helpful. Clinical History Upper GI endoscopy. Dyspepsia. Heartburn. Mildly erythematous mucosa in the lesser curvature. No clear findings to explain symptoms on today's exam. Gross Description The specimen is received in formalin labeled "Barnard, Christine/1365119/stomach, body" and consists of 4 biopsies of tan soft tissue ranging in size from 0.2 cm to 0.4 cm in greatest dimension and 0.8 x 0.3 x 0.1 cm in aggregate. The specimen is submitted in toto in cassette (A1).	Performed At DEPARTMENT OF PATHOLOGY, UCD
--	--

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Estimated blood loss was minimal.

The exam of the stomach was otherwise normal.

The cardia and gastric fundus were normal on

retroflexion.

The examined duodenum was normal.

Impression: Normal esophagus.

Mildly erythematous mucosa in the lesser

curvature. Biopsied.

Stomach otherwise normal.

Normal examined duodenum.

No clear findings to explain symptoms on

today's exam.

Recommendation: Await pathology results.

Follow-up with referring provider for ongoing

evaluation/management.

Attending Participation: I personally performed the entire procedure.

Awaiting pathology results.

Blair P Fennimore, MD

8/15/2019 10:04:10 AM

University of Colorado Hospital

1635 Aurora Ct.

Aurora, CO 80045

Endoscopy Dr's Shah, Edmundowicz, Brauer, Wani, Wagh, Hammad, Attwell: Phone

720-848-2775 Fax 720-848-2757

Endoscopy All other Doctors: Phone 720-848-2777 Fax 720-848-2755

Hepatology: Phone 720-848-2245 Fax 720-848-0006

Number of Addenda: 0

Note Initiated On: 8/15/2019 9:09 AM

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVATION	Digestive Health Center-Endoscopy Lab, 1635 Aurora Ct.	Aurora, CO 80045	720-848-2771

documented in this encounter

Visit Diagnoses**Diagnosis**

Reflux gastritis

Other specified gastritis without mention of hemorrhage

documented in this encounter

Administered Medications**Inactive Administered Medications - up to 3 most recent administrations**

Medication Order	MAR Action	Action Date	Dose	Rate	Site
butabien-tetracaine-benzocaine (CETACAIN) spray Topical, One-Step, Starting Thu 8/15/19 at 0948	Given	08/15/2019 9:48 AM	1 spray MDT		
fentaNYL injection Intravenous, One-Step, Starting Thu 8/15/19 at 0948	Given	08/15/2019 9:53 AM	25 mcg MDT		
Given		08/15/2019 9:48 AM	50 mcg MDT		
midazolam (VERSED) injection Intravenous, One-Step, Starting Thu 8/15/19 at 0948	Given	08/15/2019 9:53 AM	1 mg MDT		
Given		08/15/2019 9:48 AM	2 mcg		

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

08/15/2019 8:50 AM 2 mg

MDT

NS infusion

New Bag

08/15/2019 8:50 AM
MDT

20 mL/hr

50 mL, at 5-20 mL/hr, Intravenous, CONTINUOUS, Starting Thu 8/15/19
at 1030, Until Sat 8/17/19 at 0403, Pre-Procedure (GI)

documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider
Cara H Dawson, MD Ph. tel:+1-720-320-2061

Hematology and Oncology - Office Visit - David Camidge, UCHealth - 07/24/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

David Ross Camidge, MD PhD: 1665 Aurora Ct, ACP, Mail Stop F704, Aurora, CO 80045, Ph. tel:+1-720-848-0300

Reason for Referral

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
New Request			Diagnoses	Patil, Tejas, MD	
			Reflux gastritis	12401 E 17th Ave	
			Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Leprino, Mail Stop F782	Aurora, CO 80045
				Phone: 720-848-4289	
			CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Fax: 720-848-4293	

- Surgical (RAC) (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
New Request		ENDOSCOPY	Diagnoses	Patil, Tejas, MD	Amc Gi Endosc Lab Op
			Reflux gastritis	12401 E 17th Ave	Anschutz Outpatient Pavilion
			Procedures	Leprino, Mail Stop F782	1635 Aurora Court- 2nd Floor
			GI upper endoscopy with signs & symptoms	Aurora, CO 80045	Aurora, CO 80045-2548
				Phone: 720-848-4289	Phone: 720-848-2777
				Fax: 720-848-4293	Fax: 720-848-2755

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Reason for Visit**

Reason		Comments			
Follow-up					
Consultation (Routine):					
Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed	Specialty Services Required	Hematology and Oncology	Diagnoses Non-small cell carcinoma of left lung, stage 4 (HC code)	Amc Onc Spec Op 1665 Aurora Court, 2nd Floor Aurora, CO 80045-2548 Phone: 720-848-848-9264 Fax: 720-848-0360	Amc Onc Spec Op 1665 Aurora Court, 2nd Floor Aurora, CO 80045-2548 Phone: 720-848-9264 Fax: 720-848-0360

Encounter Details

Date	Type	Department	Care Team	Description
07/17/2019	Office Visit	UCHealth University of Colorado Cancer Center - Anschutz Medical Campus	Camidge, David Ross, MD PhD	Reflux gastritis (Primary Dx); Adenocarcinoma of lung, stage 4, unspecified laterality (HC code); Non-small cell carcinoma of left lung, stage 4 (HC code)
		1665 Aurora Court, 2nd Floor	1665 Aurora Ct	
		Aurora, CO 80045-2548	ACP, Mail Stop F704	
		720-848-9264	Aurora, CO 80045	
		720-848-9264	720-848-0300	
				720-848-0360 (Fax)

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date		
Never Smoker						
Smokeless Tobacco: Never Used						
Alcohol Use	Drinks/Week	oz/Week	Comments			
Yes			1/week			
Sex Assigned at Birth	Date Recorded					
Not on file						
Job Start Date	Occupation	Industry				
Not on file	Not on file	Not on file				
Travel History	Travel Start	Travel End				
No recent travel history available. documented as of this encounter						

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121/77	07/17/2019 1:24 PM MDT	
Pulse	81	07/17/2019 1:24 PM MDT	
Temperature	37.1 A?C (98.7 A?F)	07/17/2019 1:24 PM MDT	
Respiratory Rate	16	07/17/2019 1:24 PM MDT	
Oxygen Saturation	97%	07/17/2019 1:24 PM MDT	
Inhaled Oxygen Concentration	-	-	
Weight	56.3 kg (124 lb 3.2 oz)	07/17/2019 1:23 PM MDT	
Height	-	-	
Body Mass Index	21.09	06/28/2019 9:35 AM MDT	
documented in this encounter			

Progress Notes

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Formatting of this note might be different from the original.

Assessment and Plan:

Assessment/Plan: Ms. Barnard is a 64 year old female with history of stage IV ALK+ NSCLC here for follow up.

A

1. Metastatic ALK+ NSCLC: Initially with involvement of left upper and left lower lobes along with pleura. Was found to be ALK+ on 1/16/17 via FISH and initially treated with crizotinib (in context of Ariad ALTA 16-0006 Crizotinib arm) and was maintained on therapy until progressive disease in pleura. Has been on brigatinib 180 mg for 5 weeks now (90 mg daily lead-in x 7 days beforehand), and has noticed significant improvement in pain symptoms. Tumor markers have improved nicely (CEA 2.9<-- 3.5 <-- 9.6) and CT chest/abdomen/pelvis shows no significant interval change in previously noted FDG soft tissue nodularity along left anterior costophrenic angle (SD). MRI brain from 1/9/18 without obvious new intracranial lesions, but will await final report.

- Reviewed CT scan in detail with patient today and no evidence of disease progression.

- Continue Brigatinib 180 mg daily

- Return in 3 months for CT chest/abdomen, CBC with differential, CMP, tumor markers

2. Heartburn and esophageal reflux: The patient presents with increased sternal chest discomfort with radiation to her back. She denies any dysphagia, odynophagia, melena. Weight has been stable.

- While this seems most consistent with gastritis, she is having ongoing symptoms despite trial of PPI, so will place referral for EGD

- Continue PPI in meantime

3. Elevated CPK levels: Patient reports isolated episode of leg cramps, but has not had sustained myalgias or arthralgias.

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do work of light nature

Subjective:

Patient ID: Christine Barnard is a 64 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for evaluation for ALK+ NSCLC
HPI

Interval History

- The patient has intermittent sternal chest discomfort with radiation to her back, but has improved since our last vacation.

- She denies any dysphagia, odynophagia, melena.

Oncology History

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx:A LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) – TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): A nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: A ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: A Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: A pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

A

A

AMB PAIN ASSESSMENT 7/17/2019

Pain Now No

Pain Assessment -

0-10 (NRS) -

Pain Descriptors (Words) -

Pain Location -

Pain Duration -

Aggravating -

Alleviating -

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication Sig

a?? brigatinib (ALUNBRIG) 180 mg tablet Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.

a?? cholecalciferol (VITAMIN D3) 1,000 unit tablet Take 1,000 Units by mouth daily for Osteoporosis.

a?? denosumab (PROLIA) 60 mg/mL Syring injection Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.

a?? omeprazole (PRILOSEC) 20 mg capsule Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus, trouble swallowing and voice change.

Eyes: Negative for visual disturbance.

Respiratory: Positive for cough. Negative for chest tightness and shortness of breath.

Cardiovascular: Positive for chest pain. Negative for leg swelling.

R side chest pressure/tightness

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Objective:

Vital Signs:

Visit Vital

BP 121/77

Pulse 81

Temp 37.1 A?C (98.7 A?F) (Temporal)

Resp 16

Wt 56.3 kg (124 lb 3.2 oz)

SpO2 97%

BMI 21.09 kg/mA?

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:

07/17/19 56.3 kg (124 lb 3.2 oz)

BP Readings from Last 1 Encounters:

07/17/19 121/77

Temp Readings from Last 1 Encounters:

07/17/19 37.1 A?C (98.7 A?F) (Temporal)

Pulse Readings from Last 1 Encounters:

07/17/19 81

SpO2 Readings from Last 1 Encounters:

07/17/19 97%

Resp Readings from Last 1 Encounters:

07/17/19 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:

07/17/19 56.3 kg (124 lb 3.2 oz)

06/28/19 56.2 kg (124 lb)

04/02/19 56.2 kg (123 lb 12.8 oz)

BP Readings from Last 3 Encounters:

07/17/19 121/77

06/28/19 125/84

04/02/19 133/84

Temp Readings from Last 3 Encounters:

07/17/19 37.1 A?C (98.7 A?F) (Temporal)

06/28/19 36.8 A?C (98.3 A?F) (Temporal)

04/02/19 37.1 A?C (98.7 A?F) (Temporal)

Pulse Readings from Last 3 Encounters:

07/17/19 81

06/28/19 77

04/02/19 69

SpO2 Readings from Last 3 Encounters:

07/17/19 97%

06/28/19 97%

04/02/19 97%

Resp Readings from Last 3 Encounters:

07/17/19 16

06/28/19 16

04/02/19 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 07/15/19

Lipase

Result Value Ref Range

Lipase Serum/Plasma 26 11 - 82 U/L

Amylase serum

Result Value Ref Range

Amylase Serum 60 29 - 103 U/L

Creatinine Kinase

Result Value Ref Range

Creatine Kinase 1,650 (H) 30 - 223 U/L

Comprehensive metabolic panel

Result Value Ref Range

Sodium Serum/Plasma 139 133 - 145 mmol/L

Potassium Serum/Plasma 4.1 3.5 - 5.1 mmol/L

Chloride Serum/Plasma 104 98 - 108 mmol/L

Carbon Dioxide 28 21 - 31 mmol/L

Anion Gap 7 4 - 16 mmol/L

Glucose Serum/Plasma 100 70 - 199 mg/dL

Blood Urea Nitrogen 21 7 - 25 mg/dL

Creatinine Serum/Plasma 0.74 0.60 - 1.20 mg/dL

eGFR if Non-African American >60 >=60 mL/min/1.73 "square meters"

eGFR if African American >60 >=60 mL/min/1.73 "square meters"

Calcium Serum/Plasma 10.0 8.6 - 10.3 mg/dL

Bilirubin Total 0.6 0.1 - 1.2 mg/dL

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Urinary Total 3.0 0.1 - 1.0 mg/dL

Alkaline Phosphatase Total 88 39 - 117 U/L

Alanine Aminotransferase 38 7 - 52 U/L

Aspartate Aminotransferase 70 (H) 12 - 39 U/L

Protein Total Serum/Plasma 7.3 6.4 - 8.9 g/dL

Albumin 4.5 3.5 - 5.7 g/dL

CBC Oncology

Result Value Ref Range

White Blood Cell Count 4.7 4.0 - 11.1 10⁹/LRed Blood Cell Count 4.60 4.18 - 5.64 10¹²/L

Hemoglobin 13.4 12.1 - 16.3 g/dL

Hematocrit 41.2 35.7 - 46.7 %

Mean Corpuscular Volume 89.6 80.0 - 100.0 fL

Mean Corpuscular Hemoglobin 29.1 27.5 - 35.1 pg

Mean Corpuscular Hemoglobin Concentration 32.5 32.0 - 36.0 g/dL

Platelet Count 210 150 - 400 10⁹/L

Red Cell Distribution Width CV 15.0 (H) 11.7 - 14.2 %

Segmented Neutrophil Percent 54.9 %

Lymphocyte Percent 33.3 %

Monocytes Percent 9.7 %

Eosinophils Percent 1.7 %

Basophils Percent 0.4 %

Immature Granulocytes Percent 0.0 %

Neutrophils Absolute 2.6 1.8 - 6.6 10⁹/LLymphocyte Absolute 1.6 1.0 - 4.8 10⁹/LMonocytes Absolute 0.5 0.2 - 0.9 10⁹/LEosinophils Absolute 0.1 0.0 - 0.4 10⁹/LBasophils Absolute 0.0 0.0 - 0.2 10⁹/LImmature Granulocytes Absolute 0.0 0.0 - 0.05 10⁹/L

Cancer Antigen 125

Result Value Ref Range

Cancer Antigen 125 DXI 10 0 - 35 U/mL

Carcinoembryonic Antigen

Result Value Ref Range

Carcinoembryonic Antigen DXI 3.4 (H) 0.0 - 3.0 ng/mL

TIME/COUNSELING:

I discussed this patient with Dr. Camidge who agrees with assessment/plan as outlined above

Tejas Patil, MD

Electronically signed by Patil, Tejas, MD at 07/17/2019 2:10 PM MDT

documented in this encounter

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
08/06/2019	Lab Only	Lab	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
08/06/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
10/16/2019	Appointment	Radiology	Patil, Tejas, MD	12401 E 17th Ave Leprino, Mail Stop F782 Aurora, CO 80045 720-848-4289
10/16/2019	Lab Only	Lab	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
10/16/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

PhD

1665 Aurora Ct
 ACP, Mail Stop F704
 Aurora, CO 80045
 720-848-0300
 720-848-0360 (Fax)

Scheduled Orders

Name	Type	Priority	Associated Diagnoses	Order Schedule
GI upper endoscopy with signs & symptoms	GI	Routine	Reflux gastritis	Expected: 07/24/2019, Expires: 07/17/2020
CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Imaging	RAD - OP4: All Other Outpatients	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 10/17/2019, Expires: 07/17/2020
Carcinoembryonic Antigen	Lab	Routine	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 10/17/2019, Expires: 09/17/2020
Cancer Antigen 27.29	Lab	Routine	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 10/17/2019, Expires: 09/17/2020
Cancer Antigen 125	Lab	Routine	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 10/17/2019, Expires: 09/17/2020
Cancer Antigen 19-9 (CA-GI)	Lab	Routine	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 10/17/2019, Expires: 09/17/2020
Comprehensive Metabolic Panel	Lab	Routine	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 10/17/2019, Expires: 09/17/2020
CBC with Auto Diff	Lab	Routine	Reflux gastritis Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Expected: 10/17/2019, Expires: 09/17/2020

documented as of this encounter

Visit Diagnoses**Diagnosis**

Reflux gastritis - Primary

Other specified gastritis without mention of hemorrhage

Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)

Non-small cell carcinoma of left lung, stage 4 (HC code)

documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD Ph. tel:+1-720-320-2061

Hematology and Oncology - Nurse Triage - Dana Rounsborg, UCHealth - 07/24/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

Dana Rounsborg, RN: UCH Cancer Center, 1665 Aurora Court, MailStop F704, Aurora, CO 80045, Ph. tel:+1-720-848-0300

Reason for Visit

Reason	Comments
Coordination Of Care	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Encounter Details**

Date	Type	Department	Care Team	Description
07/23/2019	Nurse Triage	UCHealth University of Colorado Cancer Center - Anschutz Medical Campus	Rounsborg, Dana, RN	Coordination Of Care
		1665 Aurora Court, 2nd Floor	UCH Cancer Center	
		Aurora, CO 80045-2548	1665 Aurora Court MailStop F704	
		720-848-9264	Aurora, CO 80045 720-848-0300	

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco:	Never Used			
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History	Travel Start	Travel End		
No recent travel history available.				
documented as of this encounter				

Miscellaneous Notes

- Telephone Encounter - Rounsborg, Dana, RN - 07/23/2019 2:18 PM MDT:

Called patient gave her the number for the GI clinic instructed her to call them to arrange GI upper endoscopy, states she has been careful with what she is eating and problem is not as bad since she has been avoiding salads. Encouraged her to proceed with procedure and call 720-848-2777 for appointment. She verbalizes understanding and agrees to plan.

Electronically signed by Rounsborg, Dana, RN at 07/23/2019 2:26 PM MDT

documented in this encounter

Plan of Treatment

Upcoming Encounters				
Date	Type	Specialty	Care Team	Description
08/06/2019	Lab Only	Lab	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
08/06/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

720-848-0300

720-848-0360 (Fax)

Patil, Tejas, MD

12401 E 17th Ave

Leprino, Mail Stop F782

Aurora, CO 80045

720-848-4289

720-848-4293 (Fax)

Camidge, David Ross, MD

PhD

1665 Aurora Ct

ACP, Mail Stop F704

Aurora, CO 80045

720-848-0300

720-848-0360 (Fax)

Camidge, David Ross, MD

PhD

1665 Aurora Ct

ACP, Mail Stop F704

Aurora, CO 80045

720-848-0300

720-848-0360 (Fax)

documented as of this encounter

Visit Diagnoses

Not on file documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD Ph. tel:+1-720-320-2061

General Medicine - Continuity of Care Document - UCHealth - 07/24/2019

Clinical Summary for Christine Barnard**Allergies**

Active Allergy	Reactions	Severity	Noted Date	Comments
Codeine				NAUSEA VOMITING
Sulfa (Sulfonamide Antibiotics)	Hives, Itching, Rash	High	01/31/2017	

Medications

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
denosumab (PROLIA) 60 mg/mL Syrg syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.		0			Active
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0			Active
brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.	30 tablet	11	02/13/2019		Active
omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.		0			Active

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Active Problems**

Problem	Noted Date
Adenocarcinoma of lung, stage 4	02/02/2017
Non-small cell carcinoma of left lung, stage 4	01/31/2017

Overview:

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.
 Disease sites at dx:A LUL, LLL, pleura
 Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) – TTF-1 and Napsin A+; CK7+; CK20(-)
 Operative report (01/16/17):A nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarota (not invading into aorta)
 Molecular status:A ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1
 First line Rx:A Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx
 Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensationA in Nov 2017 -- restarted Fluconazole fromA 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)
 Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx
 Current disease sites:A pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging.

Encounters

Date	Type	Specialty	Care Team	Description
07/23/2019	Nurse Triage	Hematology and Oncology	Rounsborg, Dana, RN	Coordination Of Care
07/17/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	Reflux gastritis (Primary Dx); Adenocarcinoma of lung, stage 4, unspecified laterality (HC code); Non-small cell carcinoma of left lung, stage 4 (HC code)
07/16/2019	Orders Only	Hematology and Oncology	Camidge, David Ross, MD PhD	
07/15/2019	Hospital Encounter	Radiology		Non-small cell carcinoma of left lung, stage 4 (HC code)
07/15/2019	Lab Only	Lab	Ashwood, Edward Ross, MD	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
07/09/2019	Orders Only	Hematology and Oncology	Miller, Ronni Matheke, PharmD	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
06/28/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
			Rossi, Candice B, NP	(Primary Dx); Chemotherapy management, encounter for; Chest tightness or pressure; Intermittent lightheadedness; Cough; Voice hoarseness
06/25/2019	Specialty Drug Program	Pharmacy	Phu Cheung, Kathleen, PharmD	
06/24/2019	Nurse Triage from Last 3 Months	Hematology and Oncology	Schroeder, Emily, RN	Chest Pain

Immunizations

Name	Administration Dates	Next Due
IPV	11/15/2017, 10/10/2017	
Influenza, Fluvirin/Fluzone	10/05/2018	
influenza, injectible, quadrivalent, preservative free	10/10/2017	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Family History**

Medical History	Relation	Name	Comments
Heart attack	Brother		
Heart attack	Brother		
Melanoma	Father		
Diabetes	Mother		
Heart failure	Mother		
Stroke	Mother		
Relation	Name	Status	Comments
Brother			
Brother			
Father			
Mother			

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History	Travel Start	Travel End		
No recent travel history available.				

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121/77	07/17/2019 1:24 PM MDT	
Pulse	81	07/17/2019 1:24 PM MDT	
Temperature	37.1 A?C (98.7 A?F)	07/17/2019 1:24 PM MDT	
Respiratory Rate	16	07/17/2019 1:24 PM MDT	
Oxygen Saturation	97%	07/17/2019 1:24 PM MDT	
Inhaled Oxygen Concentration	-	-	
Weight	56.3 kg (124 lb 3.2 oz)	07/17/2019 1:23 PM MDT	
Height	163.4 cm (5' 4.34")	06/28/2019 9:35 AM MDT	
Body Mass Index	21.09	06/28/2019 9:35 AM MDT	

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
08/06/2019	Lab Only	Lab	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300
08/06/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	720-848-0360 (Fax) 1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300
10/16/2019	Appointment	Radiology	Patil, Tejas, MD	720-848-0360 (Fax) 12401 E 17th Ave Leprino, Mail Stop F782 Aurora, CO 80045 720-848-4289
10/16/2019	Lab Only	Lab	Camidge, David Ross, MD PhD	720-848-4293 (Fax) 1665 Aurora Ct

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

ACP, Mail Stop F704

Aurora, CO 80045

720-848-0300

720-848-0360 (Fax)

Camidge, David Ross, MD
PhD

1665 Aurora Ct

ACP, Mail Stop F704

Aurora, CO 80045

720-848-0300

720-848-0360 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colonoscopy	08/17/1954		
Lipids	08/17/1964		
Mammography	08/17/1964		
Recommended HIV Screening (Ages 15-65/One-time)	08/17/1969		
Pneumonia Vaccine (1 of 3 - 08/17/1973 PCV13)			
PAP	08/17/1975		
Hep C Antibody	08/17/2004		
Zoster Vaccines (1 of 2)	08/17/2004		
Tdap/Td (3 - Td)	04/02/2029	04/02/2019, 01/01/2009	

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
CT CHEST/ABD W CONTRAST	RAD - OP4: All Other Outpatients	07/15/2019 8:48 AM MDT	Non-small cell carcinoma of left lung, stage 4 (HC code)	Results for this procedure are in the results section.
CARCINOEMBRYONIC ANTIGEN	Routine	07/15/2019 8:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CANCER ANTIGEN 125	Routine	07/15/2019 8:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CBC, ONCOLOGY	STAT	07/15/2019 8:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
COMPREHENSIVE METABOLIC PANEL	STAT	07/15/2019 8:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CREATINE KINASE	STAT	07/15/2019 8:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
AMYLASE SERUM	STAT	07/15/2019 8:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
LIPASE	STAT	07/15/2019 8:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CANCER ANTIGEN 125	Routine	06/28/2019 10:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CANCER ANTIGEN 27.29	Routine	06/28/2019 10:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CANCER ANTIGEN 19-9 (CA-GI)	Routine	06/28/2019 10:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CBC WITH AUTO DIFF	Routine	06/28/2019 10:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
CARCINOEMBRYONIC ANTIGEN	Routine	06/28/2019 10:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.
COMPREHENSIVE METABOLIC PANEL	Routine	06/28/2019 10:16 AM MDT	Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)	Results for this procedure are in the results section.

from Last 3 Months

Results

- CT CHEST/ABD W CONTRAST (07/15/2019 8:48 AM MDT):
Specimen

Impressions

Performed At

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

IMPRESSION: Stable disease within the chest.

POWERSCRIBE

No evidence of new metastatic disease within the abdomen.A A

New gastric wall thickening and submucosal edema which could be reflective of gastritis, correlation with EGD as clinically indicated.A A No free gas.

Unchanged appearance of the osseous structures without new suspicious foci.

CONTACT INFORMATION: If you are a health care provider and have any questions regarding this or any other Thoracic Radiology report please call 720-848-7129. The Thoracic Radiology reading area location is B.325 AIP2 basement. We are staffed 7:00 AM-5:00 PM Monday through Friday.

If you are a patient and have questions about your report please contact the health care provider who ordered this examination.

Report E-Signed By: DANIEL VARGAS at 7/15/2019 10:19 AM

WSN:PACSR70672

Narrative

EXAMINATION: CT CHEST ABDOMEN WITH

Performed At

POWERSCRIBE

DATE OF EXAM: 07/15/2019, 0848

INDICATION: Metastatic NSCLC

Was there a contrast reaction? No

Was there a contrast or saline extravasation? No

TECHNIQUE: Contiguous transverse axial CT images of the chest and abdomen were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

A A A A A CONTRAST: Isovue 370 100 mL

COMPARISON: 4/2/2019 and PET/CT dated 2/12/2018.

FINDINGS:**CHEST:**

Thyroid: Stable attenuating focus within the right thyroid lobe.A A No new suspicious lesions.A A

Thoracic inlet: No new or enlarging adenopathy.

Mediastinum and hila: No enlarging mediastinal or hilar adenopathy.A A Stable left paratracheal lymph node measuring 6 mm (series 8 image 33).A A The esophagus is patulous otherwise unremarkable.A A Left cardiophrenic angle soft tissue nodule is unchanged (series 8 image 68).

Heart and great vessels: Normal heart size.A A No pericardial effusion or thickening.A A Main pulmonary artery and a singular and aorta are within normal limits.A A No central pulmonary embolus.A A No significant change in appearance of the area of FDG avidity along the anterior mediastinum just anterior to the pericardium.

Lungs, airway and pleura: Postoperative changes of left lower lobe wedge resection without new nodularity or convex margins.A A Stable linear areas of scarring in the left upper and lower lobes.A A No new or enlarging pulmonary nodules.A A No consolidation.A A No pleural effusion or pneumothorax.A A Mild centrilobular emphysema within the upper lobes.

Breast and axilla: No axillary adenopathy.

ABDOMEN:

Liver: No suspicious focal lesions.A A Portal vein is patent.

Bile ducts: No biliary duct dilation.

Gallbladder: Normal.

Pancreas: Normal.A A

Spleen: No suspicious focal lesions.A A Unchanged hypodensity along the periphery of the capsule, likely benign etiology such as a lymphangioma.

Adrenals: No nodularity.

Kidneys, ureters: Normal corticomedullary differentiation.A A Bilateral extrarenal pelvises.A A No perinephric stranding.

Gastrointestinal tract: No evidence of obstruction.A A Extensive stool burden noted throughout the colon.A A Diffuse gastric wall thickening with associated submucosal edema.

Mesentery: No new adenopathy.

Peritoneum: No focal lesion or new adenopathy.

Retroperitoneum: No free gas or free fluid.A A No adenopathy.

Vasculation: Aorta and IVC are normal in caliber.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

BONES AND SOFT TISSUE: No new suspicious osseous lesions. A heterogeneous attenuation of the axial skeleton including the sternum, vertebral bodies and ribs with multifocal lucent foci, unchanged. A No displaced fractures.

Procedure Note

Edi, Rad Results In - 07/15/2019 10:22 AM MDT

EXAMINATION: CT CHEST ABDOMEN WITH

DATE OF EXAM: 07/15/2019, 0848

INDICATION: Metastatic NSCLC

Was there a contrast reaction? No

Was there a contrast or saline extravasation? No

TECHNIQUE: Contiguous transverse axial CT images of the chest and abdomen were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

CONTRAST: Isovue 370 100 mL

COMPARISON: 4/2/2019 and PET/CT dated 2/12/2018.

FINDINGS:

CHEST:

Thyroid: Stable attenuating focus within the right thyroid lobe. No new suspicious lesions.

Thoracic inlet: No new or enlarging adenopathy.

Mediastinum and hila: No enlarging mediastinal or hilar adenopathy. Stable left paratracheal lymph node measuring 6 mm (series 8 image 33). The esophagus is patent otherwise unremarkable. Left cardiophrenic angle soft tissue nodule is unchanged (series 8 image 68).

Heart and great vessels: Normal heart size. No pericardial effusion or thickening. Main pulmonary artery and a singular aorta are within normal limits. No central pulmonary embolus. No significant change in appearance of the area of FDG avidity along the anterior mediastinum just anterior to the pericardium.

Lungs, airway and pleura: Postoperative changes of left lower lobe wedge resection without new nodularity or convex margins. Stable linear areas of scarring in the left upper and lower lobes. No new or enlarging pulmonary nodules. No consolidation. No pleural effusion or pneumothorax. Mild centrilobular emphysema within the upper lobes.

Breast and axilla: No axillary adenopathy.

ABDOMEN:

Liver: No suspicious focal lesions. Portal vein is patent.

Bile ducts: No biliary duct dilation.

Gallbladder: Normal.

Pancreas: Normal.

Spleen: No suspicious focal lesions. Unchanged hypodensity along the periphery of the capsule, likely benign etiology such as a lymphangioma.

Adrenals: No nodularity.

Kidneys, ureters: Normal corticomedullary differentiation. Bilateral extrarenal pelvises. No perinephric stranding.

Gastrointestinal tract: No evidence of obstruction. Extensive stool burden noted throughout the colon. Diffuse gastric wall thickening with associated submucosal edema.

Mesentery: No new adenopathy.

Peritoneum: No focal lesion or new adenopathy.

Retroperitoneum: No free gas or free fluid. No adenopathy.

Vasculation: Aorta and IVC are normal in caliber.

BONES AND SOFT TISSUE: No new suspicious osseous lesions. Heterogeneous attenuation of the axial skeleton including the sternum, vertebral bodies and ribs with multifocal lucent foci, unchanged. No displaced fractures.

IMPRESSION: Stable disease within the chest.

No evidence of new metastatic disease within the abdomen.

New gastric wall thickening and submucosal edema which could be reflective of gastritis, correlation with EGD as clinically indicated. No free gas.

Unchanged appearance of the osseous structures without new suspicious foci.

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Report E-Signed By: DANIEL VARGAS at 7/15/2019 10:19 AM

WSN:PACSR70672

Performing Organization	Address	City/State/Zipcode	Phone Number
POWERSCRIBE		LONE TREE	720-848-1235

- CBC Oncology (07/15/2019 8:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	4.7	4.0 - 11.1 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Red Blood Cell Count	4.60	4.18 - 5.64 10 ¹² /L	LONE TREE HC LAB, LONE TREE, CO	
Hemoglobin	13.4	12.1 - 16.3 g/dL	LONE TREE HC LAB, LONE TREE, CO	
Hematocrit	41.2	35.7 - 46.7 %	LONE TREE HC LAB, LONE TREE, CO	
Mean Corpuscular Volume	89.6	80.0 - 100.0 fL	LONE TREE HC LAB, LONE TREE, CO	
Mean Corpuscular Hemoglobin	29.1	27.5 - 35.1 pg	LONE TREE HC LAB, LONE TREE, CO	
Mean Corpuscular Hemoglobin Concentration	32.5	32.0 - 36.0 g/dL	LONE TREE HC LAB, LONE TREE, CO	
Platelet Count	210	150 - 400 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Red Cell Distribution Width CV	15.0 (H)	11.7 - 14.2 %	LONE TREE HC LAB, LONE TREE, CO	
Segmented Neutrophil Percent	54.9	%	LONE TREE HC LAB, LONE TREE, CO	
Lymphocyte Percent	33.3	%	LONE TREE HC LAB, LONE TREE, CO	
Monocytes Percent	9.7	%	LONE TREE HC LAB, LONE TREE, CO	
Eosinophils Percent	1.7	%	LONE TREE HC LAB, LONE TREE, CO	
Basophils Percent	0.4	%	LONE TREE HC LAB, LONE TREE, CO	
Immature Granulocytes Percent	0.0	%	LONE TREE HC LAB, LONE TREE, CO	
Neutrophils Absolute	2.6	1.8 - 6.6 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Lymphocyte Absolute	1.6	1.0 - 4.8 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Monocytes Absolute	0.5	0.2 - 0.9 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L	LONE TREE HC LAB, LONE TREE, CO	
Specimen				
Blood				

Performing Organization	Address	City/State/Zipcode	Phone Number
LONE TREE HC LAB, LONE TREE, CO	9548 Park Meadows Drive	LONE TREE, CO 80124	720-553-1161

- Cancer Antigen 125 (07/15/2019 8:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Cancer Antigen 10 125 DXI		0 - 35 U/mL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL	12401 East 17th Avenue.	AURORA, CO 80045	720-848-4401

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)CAMPUS LAB, AURORA, Campus Box A022
CO

- Lipase (07/15/2019 8:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Lipase	26	11 - 82 U/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Serum/Plasma				

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, Campus Box A022 CO	12401 East 17th Avenue,	AURORA, CO 80045	720-848-4401

- Creatinine Kinase (07/15/2019 8:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Creatine Kinase	1,650 (H)	30 - 223 U/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, Campus Box A022 CO	12401 East 17th Avenue,	AURORA, CO 80045	720-848-4401

- Carcinoembryonic Antigen (07/15/2019 8:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Carcinoembryonic Antigen DXI	3.4 (H)	0.0 - 3.0 ng/mL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
	Comment:			
	Non-Smoker:A	0.0 - 3.0 ng/mL		
	A A A A Smoker:A	0.0 - 5.0 ng/mL		
	A A A A			

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, Campus Box A022 CO	12401 East 17th Avenue,	AURORA, CO 80045	720-848-4401

- Amylase serum (07/15/2019 8:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Amylase Serum	60	29 - 103 U/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, Campus Box A022 CO	12401 East 17th Avenue,	AURORA, CO 80045	720-848-4401

- Comprehensive metabolic panel (07/15/2019 8:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium Serum/Plasma	139	133 - 145 mmol/L	LONE TREE HC LAB, LONE TREE, CO	
Potassium Serum/Plasma	4.1	3.5 - 5.1 mmol/L	LONE TREE HC LAB, LONE TREE, CO	
	Comment:			
	Adult reference range.			
Chloride Serum/Plasma	104	98 - 108 mmol/L	LONE TREE HC LAB, LONE TREE, CO	
Carbon Dioxide	28	21 - 31 mmol/L	LONE TREE HC LAB, LONE TREE, CO	
Anion Gap	7	4 - 16 mmol/L	LONE TREE HC LAB, LONE TREE, CO	
Glucose Serum/Plasma	100	70 - 199 mg/dL	LONE TREE HC LAB, LONE TREE, CO	
Blood Urea Nitrogen	21	7 - 25 mg/dL	LONE TREE HC LAB, LONE TREE, CO	
Creatinine Serum/Plasma	0.74	0.60 - 1.20 mg/dL	LONE TREE HC LAB, LONE TREE, CO	
	Comment:			
	Adult reference range.			
	A A Prior to puberty values below adult reference			

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

eGFR if Non-African American	>60 Comment:	>=60 mL/min/1.73 "square meters"	LONE TREE HC LAB, LONE TREE, CO
The eGFR is estimated by the IDMS -traceable CKD-EPI equation for ages 18-97 years. Not validated in pregnancy, acute illness, or for people with unique diets or abnormal muscle mass.			
eGFR if African American	>60 Comment:	>=60 mL/min/1.73 "square meters"	LONE TREE HC LAB, LONE TREE, CO
The eGFR is estimated by the IDMS -traceable CKD-EPI equation for ages 18-97 years. Not validated in pregnancy, acute illness, or for people with unique diets or abnormal muscle mass.			

Calcium Serum/Plasma	10.0	8.6 - 10.3 mg/dL	LONE TREE HC LAB, LONE TREE, CO
Bilirubin Total	0.6	0.1 - 1.3 mg/dL	LONE TREE HC LAB, LONE TREE, CO
Alkaline Phosphatase Total	88 Comment:	39 - 117 U/L	LONE TREE HC LAB, LONE TREE, CO
	The adult reference range is (39 - 117 U/L). A During growth through puberty results can be 3 - 4 times greater than in adulthood.		
Alanine Aminotransferase	38 Comment:	7 - 52 U/L	LONE TREE HC LAB, LONE TREE, CO
	Adult Reference Range.		
Aspartate Aminotransferase	70 (H) Comment:	12 - 39 U/L	LONE TREE HC LAB, LONE TREE, CO
	Adult Reference Range.		
Protein Total Serum/Plasma	7.3	6.4 - 8.9 g/dL	LONE TREE HC LAB, LONE TREE, CO
Albumin	4.5	3.5 - 5.7 g/dL	LONE TREE HC LAB, LONE TREE, CO

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
LONE TREE HC LAB, LONE TREE, CO	9548 Park Meadows Drive	LONE TREE, CO 80124	720-553-1161

- CBC with Auto Differential (06/28/2019 10:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	4.9	4.0 - 11.1 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Red Blood Cell Count	4.77	4.18 - 5.64 10 ¹² /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Hemoglobin	14.0	12.1 - 16.3 g/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Hematocrit	42.4	35.7 - 46.7 %	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Mean Corpuscular Volume	88.9	80.0 - 100.0 fL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Mean Corpuscular Hemoglobin	29.4	27.5 - 35.1 pg	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Mean Corpuscular	33.0	32.0 - 36.0 g/dL	ANSCHUTZ MEDICAL CAMPUS LAB	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Hemoglobin Concentration	198	150 - 400 10 ⁹ /L	CAMPUS LAB, AURORA, CO
Platelet Count	14.5 (H)	11.7 - 14.2 %	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Red Cell Distribution Width CV	63.2	%	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Segmented Neutrophil Percent	27.2	%	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Lymphocyte Percent	8.2	%	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Monocytes Percent	0.6	%	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Eosinophils Percent	0.6	%	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Basophils Percent	0.2	%	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Immature Granulocytes Percent	3.1	1.8 - 6.6 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Neutrophils Absolute	1.3	1.0 - 4.8 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Lymphocyte Absolute	0.4	0.2 - 0.9 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Monocytes Absolute	0.0	0.0 - 0.4 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Eosinophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Basophils Absolute	0.0	0.0 - 0.05 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
NRBC Percent	0.0	%	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
NRBC Absolute	0.00	0 - 0.1 10 ⁹ /L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	12401 East 17th Avenue, Campus Box A022	AURORA, CO 80045	720-848-4401

- Cancer Antigen 27.29 (06/28/2019 10:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
CA 27.29 CENT	44 (H)	<39 U/mL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	12401 East 17th Avenue, Campus Box A022	AURORA, CO 80045	720-848-4401

- Cancer Antigen 19-9 (GI) (06/28/2019 10:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Cancer Antigen 19-9	25.4	0.0 - 35.0 U/mL	ANSCHUTZ	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

199 DXI

Comment:

Patients must possess the ability to express the Lewis blood group antigen or they will be unable to produce the CA 19-9 antigen even in the presence of proven malignancy. A patient with a positive genotype for the Lewis antigen may produce varying levels of CA 19-9 antigen. Phenotyping for the presence of the Lewis blood group antigen may be insufficient to detect true Lewis antigen negative individuals.

MEDICAL
CAMPUS LAB,
AURORA, CO

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	12401 East 17th Avenue, Campus Box A022	AURORA, CO 80045	720-848-4401

- Cancer Antigen 125 (CA 125) (06/28/2019 10:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Cancer Antigen 11 125 DXI		0 - 35 U/mL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	12401 East 17th Avenue, Campus Box A022	AURORA, CO 80045	720-848-4401

- Carcinoembryonic Antigen (CEA) (06/28/2019 10:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Carcinoembryonic Antigen DXI	3.6 (H) Comment: Non-Smoker:A A 0.0 - 3.0 ng/mL A A A Smoker:A A 0.0 - 5.0 ng/mL A A	0.0 - 3.0 ng/mL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	12401 East 17th Avenue, Campus Box A022	AURORA, CO 80045	720-848-4401

- Comprehensive Metabolic Panel (06/28/2019 10:16 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium Serum/Plasma	140	133 - 145 mmol/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Potassium Serum/Plasma	4.1	3.5 - 5.1 mmol/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Chloride Serum/Plasma	105	98 - 108 mmol/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Carbon Dioxide	26	21 - 31 mmol/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Anion Gap	9	4 - 16 mmol/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Glucose Serum/Plasma	100	70 - 199 mg/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Blood Urea Nitrogen	22	7 - 25 mg/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
Creatinine Serum/Plasma	0.66	0.60 - 1.20 mg/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
eGFR if Non-African American	>60 Comment: The eGFR is estimated by the IDMS -traceable CKD-EPI equation for ages 18-97 years.	>=60 mL/min/1.73 "square meters"	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

NOT validated in pregnancy,
acute illness, or for people
with unique diets or abnormal
muscle mass.

eGFR if African American	>60 Comment:	>=60 mL/min/1.73 "square meters"	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
	The eGFR is estimated by the IDMS -traceable CKD-EPI equation for ages 18-97 years. Not validated in pregnancy, acute illness, or for people with unique diets or abnormal muscle mass.		
Calcium Serum/Plasma	9.7	8.6 - 10.3 mg/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Bilirubin Total	0.6	0.1 - 1.3 mg/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Alkaline Phosphatase Total	83	39 - 117 U/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Alanine Aminotransferase	29	7 - 52 U/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Aspartate Aminotransferase	43 (H)	12 - 39 U/L	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Protein Total Serum/Plasma	7.2	6.4 - 8.9 g/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Albumin	4.5	3.5 - 5.7 g/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	12401 East 17th Avenue, Campus Box A022	AURORA, CO 80045	720-848-4401

from Last 3 Months

Advance Directives

Documents on File

Type	Date Recorded	Patient Representative Explanation
Power of Attorney		
Advance Directive		
Advance Directive	4/12/2017 10:20 AM	Medical Durable Power of Attorney, Advance Directive for Healthcare Decisions

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD Ph. tel:+1-720-320-2061

Radiology - Hospital Encounter - UCHealth - 07/24/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

Ltc Ct Room Ltc Pet Room 1: Generic Resource, University of Co Hosp, Aurora, CO 80045, Ph. tel:+1-720-848-0000

Reason for Referral

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses	Mushtaq, Rao, MD	
			Non-small cell carcinoma of left lung, stage 4 (HC code)	University Of CO Health	
				Aurora, CO 80045	
			Procedures	Phone: 720-848-0000	
			CT CHEST/ABD W CONTRAST	Fax: 720-848-5551	

Reason for Visit

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses	Mushtaq, Rao, MD	
			Non-small cell carcinoma of left lung, stage 4 (HC code)	University Of CO Health	
				Aurora, CO 80045	
			Procedures	Phone: 720-848-0000	
			CT CHEST/ABD W CONTRAST	Fax: 720-848-5551	

Encounter Details

Date	Type	Department	Care Team	Description
07/15/2019	Hospital Encounter	UCHealth Radiology - Lone Tree		Non-small cell carcinoma of left lung, stage 4 (HC code)

9548 Park Meadows Drive
LONE TREE, CO 80124
720-848-2200

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History	Travel Start	Travel End		

No recent travel history available.
documented as of this encounter

Medications at Time of Discharge

Medication	Sig	Dispensed	Refills	Start Date	End Date
brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.	30 tablet	11	02/13/2019	
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0		
denosumab (PROLIA) 60 mg/mL Syr syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.		0		
omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.		0		

documented as of this encounter

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Plan of Treatment****Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
08/06/2019	Lab Only	Lab	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
08/06/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
10/16/2019	Appointment	Radiology	Patil, Tejas, MD	12401 E 17th Ave Leprino, Mail Stop F782 Aurora, CO 80045 720-848-4289 720-848-4293 (Fax)
10/16/2019	Lab Only	Lab	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)
10/16/2019	Office Visit	Hematology and Oncology	Camidge, David Ross, MD PhD	1665 Aurora Ct ACP, Mail Stop F704 Aurora, CO 80045 720-848-0300 720-848-0360 (Fax)

documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
CT CHEST/ABD W CONTRAST	RAD - OP4: All Other Outpatients	07/15/2019 8:48 AM MDT	Non-small cell carcinoma of left lung, stage 4 (HC code)	Results for this procedure are in the results section.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

documented in this encounter

Results

- CT CHEST/ABD W CONTRAST (07/15/2019 8:48 AM MDT):
Specimen

Impressions	Performed At
IMPRESSION: Stable disease within the chest.	POWERSCRIBE

No evidence of new metastatic disease within the abdomen.A A

New gastric wall thickening and submucosal edema which could be reflective of gastritis, correlation with EGD as clinically indicated.A A No free gas.

Unchanged appearance of the osseous structures without new suspicious foci.

CONTACT INFORMATION: If you are a health care provider and have any questions regarding this or any other Thoracic Radiology report please call 720-848-7129. The Thoracic Radiology reading area location is B.325 AIP2 basement. We are staffed 7:00 AM-5:00 PM Monday through Friday.

If you are a patient and have questions about your report please contact the health care provider who ordered this examination.

Report E-Signed By: DANIEL VARGAS at 7/15/2019 10:19 AM

WSN:PACSR70672

Narrative	Performed At
EXAMINATION: CT CHEST ABDOMEN WITH	POWERSCRIBE

DATE OF EXAM: 07/15/2019, 0848

INDICATION: Metastatic NSCLC

Was there a contrast reaction? No

Was there a contrast or saline extravasation? No

TECHNIQUE: Contiguous transverse axial CT images of the chest and abdomen were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

A A A A A CONTRAST: Isovue 370 100 mL

COMPARISON: 4/2/2019 and PET/CT dated 2/12/2018.

FINDINGS:

CHEST:

Thyroid: Stable attenuating focus within the right thyroid lobe.A A No new suspicious lesions.A A

Thoracic inlet: No new or enlarging adenopathy.

Mediastinum and hila: No enlarging mediastinal or hilar adenopathy.A A Stable left paratracheal lymph node measuring 6 mm (series 8 image 33).A A The esophagus is patent otherwise unremarkable.A A Left cardiophrenic angle soft tissue nodule is unchanged (series 8 image 68).

Heart and great vessels: Normal heart size.A A No pericardial effusion or thickening.A A Main pulmonary artery and a singular aorta are within normal limits.A A No central pulmonary embolus.A A No significant change in appearance of the area of FDG avidity along the anterior mediastinum just anterior to the pericardium.

Lungs, airway and pleura: Postoperative changes of left lower lobe wedge resection without new nodularity or convex margins.A A Stable linear areas of scarring in the left upper and lower lobes.A A No new or enlarging pulmonary nodules.A A No consolidation.A A No pleural effusion or pneumothorax.A A Mild centrilobular emphysema within the upper lobes.

Breast and axilla: No axillary adenopathy.

ABDOMEN:

Liver: No suspicious focal lesions.A A Portal vein is patent.

Bile ducts: No biliary duct dilation.

Gallbladder: Normal.

Pancreas: Normal.A A

Spleen: No suspicious focal lesions.A A Unchanged hypodensity along the periphery of the capsule, likely benign etiology such as a lymphangioma.

Adrenals: No nodularity.

Kidneys, ureters: Normal corticomedullary differentiation.A A Bilateral extrarenal pelvises.A A No perinephric stranding.

Gastrointestinal tract: No evidence of obstruction.A A Extensive stool burden noted throughout the colon.A A Diffuse gastric wall thickening with associated submucosal edema.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Mesentery: No new adenopathy.

Peritoneum: No focal lesion or new adenopathy.

Retroperitoneum: No free gas or free fluid. A A No adenopathy.

Vasculation: Aorta and IVC are normal in caliber.

BONES AND SOFT TISSUE: No new suspicious osseous lesions. A A Heterogeneous attenuation of the axial skeleton including the sternum, vertebral bodies and ribs with multifocal lucent foci, unchanged. A A No displaced fractures.

Procedure Note

Edi, Rad Results In - 07/15/2019 10:22 AM MDT

EXAMINATION: CT CHEST ABDOMEN WITH

DATE OF EXAM: 07/15/2019, 0848

INDICATION: Metastatic NSCLC

Was there a contrast reaction? No

Was there a contrast or saline extravasation? No

TECHNIQUE: Contiguous transverse axial CT images of the chest and abdomen were obtained, following the intravenous administration of an iodine contrast agent. Coronal and sagittal reformat images were also submitted.

CONTRAST: Isovue 370 100 mL

COMPARISON: 4/2/2019 and PET/CT dated 2/12/2018.

FINDINGS:

CHEST:

Thyroid: Stable attenuating focus within the right thyroid lobe. No new suspicious lesions.

Thoracic inlet: No new or enlarging adenopathy.

Mediastinum and hila: No enlarging mediastinal or hilar adenopathy. Stable left paratracheal lymph node measuring 6 mm (series 8 image 33). The esophagus is patent otherwise unremarkable. Left cardiophrenic angle soft tissue nodule is unchanged (series 8 image 68).

Heart and great vessels: Normal heart size. No pericardial effusion or thickening. Main pulmonary artery and a singular aorta are within normal limits. No central pulmonary embolus. No significant change in appearance of the area of FDG avidity along the anterior mediastinum just anterior to the pericardium.

Lungs, airway and pleura: Postoperative changes of left lower lobe wedge resection without new nodularity or convex margins. Stable linear areas of scarring in the left upper and lower lobes. No new or enlarging pulmonary nodules. No consolidation. No pleural effusion or pneumothorax. Mild centrilobular emphysema within the upper lobes.

Breast and axilla: No axillary adenopathy.

ABDOMEN:

Liver: No suspicious focal lesions. Portal vein is patent.

Bile ducts: No biliary duct dilation.

Gallbladder: Normal.

Pancreas: Normal.

Spleen: No suspicious focal lesions. Unchanged hypodensity along the periphery of the capsule, likely benign etiology such as a lymphangioma.

Adrenals: No nodularity.

Kidneys, ureters: Normal corticomedullary differentiation. Bilateral extrarenal pelvises. No perinephric stranding.

Gastrointestinal tract: No evidence of obstruction. Extensive stool burden noted throughout the colon. Diffuse gastric wall thickening with associated submucosal edema.

Mesentery: No new adenopathy.

Peritoneum: No focal lesion or new adenopathy.

Retroperitoneum: No free gas or free fluid. No adenopathy.

Vasculation: Aorta and IVC are normal in caliber.

BONES AND SOFT TISSUE: No new suspicious osseous lesions. Heterogeneous attenuation of the axial skeleton including the sternum, vertebral bodies and ribs with multifocal lucent foci, unchanged. No displaced fractures.

IMPRESSION: Stable disease within the chest.

No evidence of new metastatic disease within the abdomen.

New gastric wall thickening and submucosal edema which could be reflective of gastritis, correlation with EGD as clinically indicated. No free gas.

Unchanged appearance of the osseous structures without new suspicious foci

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

CONTACT INFORMATION: If you are a health care provider and have any questions regarding this or any other Thoracic Radiology report please call 720-848-7129. The Thoracic Radiology reading area location is B.325 AIP2 basement. We are staffed 7:00 AM-5:00 PM Monday through Friday.

If you are a patient and have questions about your report please contact the health care provider who ordered this examination.

Report E-Signed By: DANIEL VARGAS at 7/15/2019 10:19 AM

WSN:PACSR70672

Performing Organization	Address	City/State/Zipcode	Phone Number
POWERSCRIBE			720-848-1235

documented in this encounter

Visit Diagnoses**Diagnosis**

Non-small cell carcinoma of left lung, stage 4 (HC code)

documented in this encounter

Administered Medications**Inactive Administered Medications - up to 3 most recent administrations**

Medication Order	MAR Action	Action Date	Dose	Rate	Site
iopamidol (ISOVUE 370) 76 % injection 100 mL	Given	07/15/2019 9:00 AM	100 mLs MDT		Left Arm

100 mL, Intravenous, ONCE, Mon 7/15/19 at 0900, For 1 dose, CT Contrast

documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD Ph. tel:+1-720-320-2061

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ucchealth

Communication

Date: 7/17/2019

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Phone: 720-320-2061

From:
Tejas Patil, MD
UCH OUTPATIENT SERVICES

UCHEALTH UNIVERSITY OF COLORADO CANCER CENTER - ANSCHUTZ MEDICAL CAMPUS

1665 Aurora Court, 2nd Floor

Aurora CO 80045-2548
Phone: 720-848-9264
Fax: 720-848-0360

Message:

The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

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UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchhealth.org

July 17, 2019

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard "Christine" (DOB: 08/17/1954)
Date of Visit: 7/17/2019

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Barnard . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

Assessment/Plan: Ms. Barnard is a 64 year old female with history of stage IV ALK+ NSCLC here for follow up.

1. Metastatic ALK+ NSCLC: Initially with involvement of left upper and left lower lobes along with pleura. Was found to be ALK+ on 1/16/17 via FISH and initially treated with crizotinib (in context of Ariad ALTA 16-0006 Crizotinib arm) and was maintained on therapy until progressive disease in pleura. Has been on brigatinib 180 mg for 5 weeks now (90 mg daily lead-in x 7 days beforehand), and has noticed significant improvement in pain symptoms. Tumor markers have improved nicely (CEA 2.9<-> 3.5 <-> 9.6) and CT chest/abdomen/pelvis shows no significant interval change in previously noted FDG soft tissue nodularity along left anterior costophrenic angle (SD). MRI brain from 1/9/18 without obvious new intracranial lesions, but will await final report.

- Reviewed CT scan in detail with patient today and no evidence of disease progression.
- Continue Brigatinib 180 mg daily
- Return in 3 months for CT chest/abdomen, CBC with differential, CMP, tumor markers

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

2. Heartburn and esophageal reflux: The patient presents with increased sternal chest discomfort with radiation to her back. She denies any dysphagia, odynophagia, melena. Weight has been stable.
 - While this seems most consistent with gastritis, she is having ongoing symptoms despite trial of PPI, so will place referral for EGD
 - Continue PPI in meantime

3. Elevated CPK levels: Patient reports isolated episode of leg cramps, but has not had sustained myalgias or arthralgias.

Christine Barnard DOB: 08/17/1954

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uchealth

Christine Barnard
08/17/1954
3

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do work of light nature

Subjective:

Patient ID: Christine Barnard is a 64 y.o. female who presents to UCH Health University of Colorado Cancer Center - Anschutz Medical Campus for evaluation for ALK+ NSCLC
HPI

Interval History

- The patient has intermittent sternal chest discomfort with radiation to her back, but has improved since our last vacation.
 - She denies any dysphagia, odynophagia, melena.

Oncology History

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

AMB PAIN ASSESSMENT

7/17/2019

Pain Now

No

Pain Assessment

-

0-10 (NRS)

-

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)ucHealth

Christine Barnard
08/17/1954
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Pain Descriptors (Words)

Pain Location -
Pain Duration -
Aggravating -
Alleviating -

CURRENT MEDICATIONS:**Current Outpatient Medications**

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syrg syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus, trouble swallowing and voice change.

Eyes: Negative for visual disturbance.

Respiratory: Positive for cough. Negative for chest tightness and shortness of breath.

Cardiovascular: Positive for chest pain. Negative for leg swelling.

R side chest pressure/tightness

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

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ucHealth

Christine Barnard
08/17/1954
5

Objective:**Vital Signs:****Visit Vitals**

BP	121/77
Pulse	81
Temp	37.1 °C (98.7 °F) (Temporal)
Resp	16
Wt	56.3 kg (124 lb 3.2 oz)
SpO2	97%
BMI	21.09 kg/m ²

Vital Signs from last encounter:**Wt Readings from Last 1 Encounters:**

07/17/19 56.3 kg (124 lb 3.2 oz)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

BP Readings from Last 1 Encounters:
07/17/19 121/77

Temp Readings from Last 1 Encounters:
07/17/19 37.1 °C (98.7 °F) (Temporal)

Pulse Readings from Last 1 Encounters:
07/17/19 81

SpO2 Readings from Last 1 Encounters:
07/17/19 97%

Resp Readings from Last 1 Encounters:
07/17/19 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
07/17/19 56.3 kg (124 lb 3.2 oz)
06/28/19 56.2 kg (124 lb)

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uchealth

Christine Barnard
08/17/1954

6

04/02/19 56.2 kg (123 lb 12.8 oz)

BP Readings from Last 3 Encounters:
07/17/19 121/77
06/28/19 125/84
04/02/19 133/84

Temp Readings from Last 3 Encounters:
07/17/19 37.1 °C (98.7 °F) (Temporal)
06/28/19 36.8 °C (98.3 °F) (Temporal)
04/02/19 37.1 °C (98.7 °F) (Temporal)

Pulse Readings from Last 3 Encounters:
07/17/19 81
06/28/19 77
04/02/19 69

SpO2 Readings from Last 3 Encounters:
07/17/19 97%
06/28/19 97%
04/02/19 97%

Resp Readings from Last 3 Encounters:
07/17/19 16
06/28/19 16
04/02/19 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Fax Server

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uchealthChristine Barnard
08/17/1954
7

Lymphadenopathy:
 She has no cervical adenopathy.
 Neurological: She is alert and oriented to person, place, and time.
 Skin: Skin is warm and dry.
 Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 07/15/19

	Result	Value	Ref Range
Lipase	Lipase Serum/Plasma	26	11 - 82 U/L
Amylase serum	Amylase Serum	60	29 - 103 U/L
Creatinine Kinase	Creatine Kinase	1,650 (H)	30 - 223 U/L
Comprehensive metabolic panel	Result	Value	Ref Range
Sodium Serum/Plasma	Sodium Serum/Plasma	139	133 - 145 mmol/L
Potassium Serum/Plasma	Potassium Serum/Plasma	4.1	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	Chloride Serum/Plasma	104	98 - 108 mmol/L
Carbon Dioxide	Carbon Dioxide	28	21 - 31 mmol/L
Anion Gap	Anion Gap	7	4 - 16 mmol/L
Glucose Serum/Plasma	Glucose Serum/Plasma	100	70 - 199 mg/dL
Blood Urea Nitrogen	Blood Urea Nitrogen	21	7 - 25 mg/dL
Creatinine Serum/Plasma	Creatinine Serum/Plasma	0.74	0.60 - 1.20 mg/dL
eGFR if Non-African American	eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	Calcium Serum/Plasma	10.0	8.6 - 10.3 mg/dL
Bilirubin Total	Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	Alkaline Phosphatase Total	88	39 - 117 U/L
Alanine Aminotransferase	Alanine Aminotransferase	38	7 - 52 U/L
Aspartate Aminotransferase	Aspartate Aminotransferase	70 (H)	12 - 39 U/L
Protein Total Serum/Plasma	Protein Total Serum/Plasma	7.3	6.4 - 8.9 g/dL
Albumin	Albumin	4.5	3.5 - 5.7 g/dL
CBC Oncology	Result	Value	Ref Range
White Blood Cell Count	White Blood Cell Count	4.7	4.0 - 11.1 10 ⁹ /L

Fax Server

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uchealthChristine Barnard
08/17/1954
8

Red Blood Cell Count	4.60	4.18 - 5.64 10 ¹² /L
Hemoglobin	13.4	12.1 - 16.3 g/dL
Hematocrit	41.2	35.7 - 46.7 %
Mean Corpuscular Volume	89.6	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	29.1	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	32.5	32.0 - 36.0 g/dL
Platelet Count	210	150 - 400 10 ⁹ /L

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Red Cell Distribution Width CV	15.0 (H)	11.7 - 14.2 %
Segmented Neutrophil Percent	54.9	%
Lymphocyte Percent	33.3	%
Monocytes Percent	9.7	%
Eosinophils Percent	1.7	%
Basophils Percent	0.4	%
Immature Granulocytes Percent	0.0	%
Neutrophils Absolute	2.6	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.6	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.5	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
Cancer Antigen 125		
Result	Value	Ref Range
	Cancer Antigen 125 DXI	10
Carcinoembryonic Antigen		
Result	Value	Ref Range
	Carcinoembryonic Antigen DXI	3.4 (H)

TIME/COUNSELING:

I discussed this patient with Dr. Camidge who agrees with assessment/plan as outlined above

Tejas Patil, MD

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

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uchealth

Christine Barnard
08/17/1954
g

Tejas Patil, MD

Electronically signed by:

David Ross Camidge, MD PhD
7/17/19, 2:10 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Fax Server 6/28/2019 12:38:53 PM PAGE 1/008 Fax Server

uchealth

Communication

Date: 6/28/2019

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice B Rossi, NP
UCH OUTPATIENT SERVICES

UCHEALTH CANCER SURVIVORSHIP CLINIC - ANSCHUTZ MEDICAL CAMPUS

Anschutz Cancer Pavilion

1665 Aurora Court, 2nd Floor

Aurora CO 80045-2548
Phone: 720-848-4870
Fax: 720-848-0357

Message:

The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

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uchealth

UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

uchealth.org

June 28, 2019

Cara H Dawson, MD
 4700 E Hale Pkwy Suite 300
 Denver CO 80220

Patient: **Christine Barnard "Christine" (DOB: 08/17/1954)**
 Date of Visit: **6/28/2019**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Barnard . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. **Adenocarcinoma of lung, stage 4, unspecified laterality (HC code) - Tumor Markers are stable**
2. Chemotherapy management, encounter for Brigatinib 180 mg po daily
3. Chest tightness or pressure
4. Intermittent lightheadedness - Check CBC
5. Cough
6. Voice hoarseness

Christine comes to clinic after having notice increased chest tightness- radiating to her back- worsening cough and new hoarseness of voice.

She was seen by her PCP to R/O esophageal candidiasis. Her PCP recommended an endoscopy.

Our plan will be move up CT scan to evaluate the above symptoms. If CT is stable we may need to proceed with an endoscopy.

Labs today are normal
 RTC the week of July 15 for MD appt, CT scan

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do work of light nature

Christine Barnard | DOB: 08/17/1954 | 2

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 Christine Barnard
 08/17/1954
 3
Subjective:

Patient ID: Christine Barnard is a 64 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for evaluation of new onset of chest pressure, hoarse voice, and worsening cough

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
08/17/1954
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Ht 1.634 m (5' 4.34")
Wt 56.2 kg (124 lb)
SpO2 97%
BMI 21.06 kg/m²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
06/28/19 56.2 kg (124 lb)BP Readings from Last 1 Encounters:
06/28/19 125/84Temp Readings from Last 1 Encounters:
06/28/19 36.8 °C (98.3 °F) (Temporal)Pulse Readings from Last 1 Encounters:
06/28/19 77SpO2 Readings from Last 1 Encounters:
06/28/19 97%Resp Readings from Last 1 Encounters:
06/28/19 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
06/28/19 56.2 kg (124 lb)
04/02/19 56.2 kg (123 lb 12.8 oz)
01/09/19 56.2 kg (123 lb 12.8 oz)BP Readings from Last 3 Encounters:
06/28/19 125/84
04/02/19 133/84
01/09/19 133/85Temp Readings from Last 3 Encounters:
06/28/19 36.8 °C (98.3 °F) (Temporal)

Fax Server 6/28/2019 12:38:53 PM PAGE 6/008 Fax Server

uchealthChristine Barnard
08/17/1954
604/02/19 37.1 °C (98.7 °F) (Temporal)
01/09/19 37 °C (98.6 °F) (Temporal)Pulse Readings from Last 3 Encounters:
06/28/19 77
04/02/19 69
01/09/19 71SpO2 Readings from Last 3 Encounters:
06/28/19 97%
04/02/19 97%

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

01/09/19 94%

Resp Readings from Last 3 Encounters:

06/28/19	16
04/02/19	16
01/09/19	16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENP:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 06/28/19

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Christine Barnard
08/17/1954
7

Comprehensive Metabolic Panel

Result	Value	Ref Range
Sodium Serum/Plasma	140	133 - 145 mmol/L
Potassium Serum/Plasma	4.1	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	105	98 - 108 mmol/L
Carbon Dioxide	26	21 - 31 mmol/L
Anion Gap	9	4 - 16 mmol/L
Glucose Serum/Plasma	100	70 - 199 mg/dL
Blood Urea Nitrogen	22	7 - 25 mg/dL
Creatinine Serum/Plasma	0.66	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.7	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	83	39 - 117 U/L
Alanine Aminotransferase	29	7 - 52 U/L
Aspartate Aminotransferase	43 (H)	12 - 39 U/L
Protein Total Serum/Plasma	7.2	6.4 - 8.9 g/dL
Albumin	4.5	3.5 - 5.7 g/dL

Carcinoembryonic Antigen (CEA)

Result	Value	Ref Range
Carcinoembryonic Antigen DXI	3.6 (H)	0.0 - 3.0 ng/mL

CBC with Auto Differential

Result	Value	Ref Range
White Blood Cell Count	4.9	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.77	4.18 - 5.64 10 ¹² /L
Hemoglobin	14.0	12.1 - 16.3 g/dL
Hematocrit	42.4	35.7 - 46.7 %
Mean Corpuscular Volume	88.9	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	29.4	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	33.0	32.0 - 36.0 g/dL
Platelet Count	198	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	14.5 (H)	11.7 - 14.2 %
Segmented Neutrophil Percent	63.2	%
Lymphocyte Percent	27.2	%
Monocytes Percent	8.2	%

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Eosinophils Percent	0.6	%
Basophils Percent	0.6	%
Immature Granulocytes Percent	0.2	%

Fax Server

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uchealthChristine Barnard
08/17/1954
8

Neutrophils Absolute	3.1	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.3	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.4	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.0	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
NRBC Percent	0.0	%
NRBC Absolute	0.00	0 - 0.1 10 ⁹ /L
Cancer Antigen 19-9 (GI) Result	Value	Ref Range
Cancer Antigen 199 DXI	25.4	0.0 - 35.0 U/mL
Cancer Antigen 27.29 Result	Value	Ref Range
CA 27.29 CENT	44 (H)	<39 U/mL
Cancer Antigen 125 (CA 125) Result	Value	Ref Range
Cancer Antigen 125 DXI	11	0 - 35 U/mL

TIME/COUNSELING:

I personally spent a total of 40 minutes. Of that 30 minutes was counseling/coordination of patient's care. See my note above for details.

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Electronically signed by:

Candice B Rossi, NP
6/28/19, 10:39 AM

Radiology - Hospital Encounter - Tejas Patil, UCHealth - 06/25/2019

Encounter Summary for Christine Barnard**Most Recent Encounter**

Tejas Patil, MD: 12401 E 17th Ave, Leprino, Mail Stop F782, Aurora, CO 80045, Ph. tel:+1-720-848-4289

Reason for Referral

• MRI/CAT Scan (Routine):					
Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses	Patil, Tejas, MD	
			Non-small cell carcinoma of left lung, stage 4 (HC code)	12401 E 17th Ave Leprino, Mail	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Stop F782

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses	Patil, Tejas, MD	
			Non-small cell carcinoma of left lung, stage 4 (HC code)	12401 E 17th Ave Leprino, Mail Stop F782	
			Procedures	Aurora, CO 80045	
			CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Phone: 720-848-4289 Fax: 720-848-4293	
				71260, 74160	

Reason for Visit

- MRI/CAT Scan (Routine):

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Closed			Diagnoses	Patil, Tejas, MD	
			Non-small cell carcinoma of left lung, stage 4 (HC code)	12401 E 17th Ave Leprino, Mail Stop F782	Aurora, CO
			Procedures	80045	
			CT CHEST/ABD W IV CONTRAST BUT NO ORAL	Phone: 720-848-4289 Fax: 720-848-4293	71260, 74160

Encounter Details

Patient Details		Date	Type	Department	Care Team	Description
04/02/2019	Hospital Encounter			UCHealth Radiology - Anschutz Outpatient Pavilion	Patil, Tejas, MD	Non-small cell carcinoma of left lung, stage 4 (HC code)
				Anschutz Outpatient Pavilion	Leprino, Mail Stop F782	
				1st Floor	Aurora, CO 80045	
				1635 Aurora Court	720-848-4289	
				Aurora, CO 80045-2548	720-848-4293 (Fax)	
				720-848-1162		

Social History

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Product Use	Type	Packs/Day	Years Used	Date
Never Smoker				
Smokeless Tobacco: Never				
Used				
Alcohol Use	Drinks/Week	oz/Week	Comments	
Yes			1/week	
Sex Assigned at Birth	Date Recorded			
Not on file				
Job Start Date	Occupation	Industry		
Not on file	Not on file	Not on file		
Travel History	Travel Start	Travel End		
No recent travel history available.				
documented as of this encounter				

Medications at Time of Discharge

Medication	Sig	Dispensed	Refills	Start Date	End Date
brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.	30 tablet	11	02/13/2019	
cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.		0		
denosumab (PROLIA) 60 mg/mL Syr syringe	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.		0		
omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.		0		

documented as of this encounter

Plan of Treatment**Upcoming Encounters**

Date	Type	Specialty	Care Team	Description
06/28/2019	Office Visit	Hematology and Oncology	Camidæ. David Ross, MD	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

PhD

1665 Aurora Ct
 ACP, Mail Stop F704
 Aurora, CO 80045
 720-848-0300
 720-848-0360 (Fax)

Rossi, Candice B, NP
 1665 Aurora Ct Campus
 Box F704

Aurora, CO 80045

720-848-0300

720-848-1587 (Fax)

External, Physician

08/06/2019 Appointment Radiology

University of Colorado
 Camidge, David Ross, MD
 PhD

1665 Aurora Ct

ACP, Mail Stop F704

Aurora, CO 80045

720-848-0300

720-848-0360 (Fax)

08/06/2019 Office Visit Hematology and Oncology

Camidge, David Ross, MD
 PhD

1665 Aurora Ct

ACP, Mail Stop F704

Aurora, CO 80045

720-848-0300

720-848-0360 (Fax)

documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
CT CHEST/ABD W CONTRAST	RAD - OP4: All Other Outpatients	04/02/2019 8:01 AM MDT	Non-small cell carcinoma of left lung, stage 4 (HC code)	Results for this procedure are in the results section.
POCT CREATININE	Routine	04/02/2019 7:10 AM MDT		Results for this procedure are in the results section.

documented in this encounter

Results

- CT CHEST/ABD W IV CONTRAST BUT NO ORAL (04/02/2019 8:01 AM MDT):
Specimen

Impressions	Performed At
IMPRESSION:	POWERSCRIBE

Stable appearance of the chest and abdomen when compared with 1/9/2019 without evidence of new or worsening neoplasm

Report E-Signed By: NICOLE L. RESTAURI at 4/2/2019 9:45 AM

WSN:PACSR70646

Narrative

Performed At

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

COMPUTED TOMOGRAPHY CHEST, ABDOMENA AND PELVIS WITH
INTRAVENOUS CONTRAST

POWERSCRIBE

DATE OF EXAM: 4/2/2019.

COMPARISON: 1/9/2019 and PET CT 2/12/2018.

INDICATION: Lung cancer restaging.

TECHNIQUE: Contrast enhanced chest, abdomen and pelvis CT performed during the injection of 76 ml of Isovue 370.

FINDINGS:

Thyroid:A A 0.8 cm right thyroid nodule is unchanged

Thoracic inlet:A A No lymphadenopathy in the thoracic inlet

Heart and great vessels:A A There is a three-vessel aortic arch.A A Ascending aorta measures 3.2 cm.A A Main pulmonary artery measures 2.4 cm.A A No pericardial effusion is identified.A A Ascending thoracic aorta is tortuous.A A There is mild global cardiac chamber enlargement.A A The no significant change in appearance of the previously identified foci FDG avidity along the anterior mediastinum, just anterior to the pericardium

Mediastinum and hilae:A A Mediastinal lymph nodes are unchanged.A A For example a left paratracheal lymph node measures 0.7 cm.A A No hilar lymphadenopathy has developed.A A Previously identified left cardiophrenic angle soft tissue nodule is unchanged on image 70/5

Lungs and pleura:A A Postsurgical changes in the left lower lobe are stable without evidence of nodularity along the suture margin.A A Linear areas of scarring in the anterior left lower lobe and lingula are unchanged.A A There are no new or enlarging pulmonary nodules identified.A A No pleural effusion.A A Mild emphysema in the upper lobes.

Breast and axilla:A A No lymphadenopathy is identified.

ABDOMEN AND PELVIS:

Liver and hepatic vasculature:A A Negative

Gallbladder and bile ducts:A A The gallbladder is mildly distended.A A There is no intra or extrahepatic biliary ductal dilatation identified.

Spleen:A A Negative

Pancreas:A A Negative

Adrenals:A A No adrenal nodules have developed.

Kidneys, ureters and bladder:A A There are bilateral extrarenal pelvises.A A Renal enhancement is symmetric.

Retroperitoneum and aorta:A A Abdominal aorta is of normal caliber.A A No pathologically enlarged retroperitoneal lymph nodes.

GI tract, mesentery and peritoneum:A A Large volume colonic stool.A A No mesenteric lymphadenopathy identified.A A No ascites.

Bones and soft tissues:A A Continued heterogeneous appearance of the axial skeleton

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

including the sternum, thoracic vertebral bodies and ribs with multifocal lucent foci unchanged.

Procedure Note

Edi, Rad Results In - 04/02/2019 9:47 AM MDT

COMPUTED TOMOGRAPHY CHEST, ABDOMEN AND PELVIS WITH INTRAVENOUS CONTRAST

DATE OF EXAM: 4/2/2019.

COMPARISON: 1/9/2019 and PET CT 2/12/2018.

INDICATION: Lung cancer restaging.

TECHNIQUE: Contrast enhanced chest, abdomen and pelvis CT performed during the injection of 76 ml of Isovue 370.

FINDINGS:

Thyroid: 0.8 cm right thyroid nodule is unchanged

Thoracic inlet: No lymphadenopathy in the thoracic inlet

Heart and great vessels: There is a three-vessel aortic arch. Ascending aorta measures 3.2 cm. Main pulmonary artery measures 2.4 cm. No pericardial effusion is identified. Ascending thoracic aorta is tortuous. There is mild global cardiac chamber enlargement. The no significant change in appearance of the previously identified foci FDG avidity along the anterior mediastinum, just anterior to the pericardium

Mediastinum and hila: Mediastinal lymph nodes are unchanged. For example a left paratracheal lymph node measures 0.7 cm. No hilar lymphadenopathy has developed. Previously identified left cardiophrenic angle soft tissue nodule is unchanged on image 70/5

Lungs and pleura: Postsurgical changes in the left lower lobe are stable without evidence of nodularity along the suture margin. Linear areas of scarring in the anterior left lower lobe and lingula are unchanged. There are no new or enlarging pulmonary nodules identified. No pleural effusion. Mild emphysema in the upper lobes.

Breast and axilla: No lymphadenopathy is identified.

ABDOMEN AND PELVIS:

Liver and hepatic vasculature: Negative

Gallbladder and bile ducts: The gallbladder is mildly distended. There is no intra or extrahepatic biliary ductal dilatation identified.

Spleen: Negative

Pancreas: Negative

Adrenals: No adrenal nodules have developed.

Kidneys, ureters and bladder: There are bilateral extrarenal pelves. Renal enhancement is symmetric.

Retroperitoneum and aorta: Abdominal aorta is of normal caliber. No pathologically enlarged retroperitoneal lymph nodes.

GI tract, mesentery and peritoneum: Large volume colonic stool. No mesenteric lymphadenopathy identified. No ascites.

Bones and soft tissues: Continued heterogeneous appearance of the axial skeleton including the sternum, thoracic vertebral bodies and ribs with multifocal lucent foci unchanged.

IMPRESSION:

Stable appearance of the chest and abdomen when compared with 1/9/2019 without evidence of new or worsening neoplasm

Report E-Signed By: NICOLE L. RESTAURI at 4/2/2019 9:45 AM

WSN:PACSR70646

Performing Organization	Address	City/State/Zipcode	Phone Number
POWERSCRIBE			720-848-1235

- POCT Creatinine (04/02/2019 7:10 AM MDT):

Component	Value	Ref Range	Performed At	Pathologist Signature
Creatinine - POCT	0.6	0.6 - 1.2 mg/dL	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	
eGFR Non African American - POCT	>60 Comment: The eGFR is estimated by the IDMS -traceable CKD-EPI equation for ages 18-97 years. Not validated in pregnancy, acute illness, or for people with unique diets or abnormal muscle mass.	>=60 mL/min/1.73 "square meters"	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

eGFR African American - POCT	>60	>=60 mL/min/1.73 "square meters"	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO
Comment: The eGFR is estimated by the IDMS -traceable CKD-EPI equation for ages 18-97 years. Not validated in pregnancy, acute illness, or for people with unique diets or abnormal muscle mass.			

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	12401 East 17th Avenue, Campus Box A022	AURORA, CO 80045	720-848-4401

documented in this encounter

Visit Diagnoses**Diagnosis**

Non-small cell carcinoma of left lung, stage 4 (HC code)

documented in this encounter

Administered Medications**Inactive Administered Medications - up to 3 most recent administrations**

Medication Order	MAR Action	Action Date	Dose	Rate	Site
iopamidol (ISOVUE 370) 76 % injection 76 mL	Given	04/02/2019 8:30 AM MDT	76 mLs		

76 mL, Intravenous, ONCE, Tue 4/2/19 at 0830, For 1 dose, CT Contrast

documented in this encounter

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	08/17/1954	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact: 4401 MARIGOLD LANE, LITTLETON, CO 80123, USA, Ph. tel:+1-720-480-7411

Care Team Members

Primary Care Provider

Cara H Dawson, MD

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Communication

Date: 4/10/2019

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
David Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

UCHEALTH UNIVERSITY OF COLORADO CANCER CENTER - ANSCHUTZ MEDICAL CAMPUS

Anschutz Cancer Pavilion
1665 Aurora Court, 3rd Floor
Aurora CO 80045-2548
Phone: 720-848-3532
Fax: 720-848-0160

Message:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Christine Barnard
UCHealth University of Colorado Cancer
Center - Anschutz Medical Campus
Anschutz Cancer Pavilion
1665 Aurora Court, 3rd Floor
Aurora CO 80045-2548
O: 720-848-3532
F: 720-848-0160

April 10, 2019

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard "Christine"** (DOB: 08/17/1954)
Date of Visit: **4/2/2019**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Barnard . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)

Assessment/Plan: Ms. Barnard is a 64 year old female with history of stage IV ALK+ NSCLC here for follow up.

1. Metastatic ALK+ NSCLC:

- Continue Brigatinib 180 mg daily - no complaints, tolerating pretty well, doing regular walk of 4-5 miles, occasional mild cough but denies exertional dyspnea.
- On Q6 monthly Denosumab by her Rheumatologist at Rose Medical Center, Next dose on 4/24/19
- reviewed CT Chest abdomen done on 4/2/19 stable, but official radiology reviewed pending if any concern will call patient to update
- did not miss any dose
- MRI brain once a year, never had brain mets and last MRI brain 1/9/19 showed no mets
- RTC in 4 months with blood work, tumor markers, CT chest/abdo, MD review

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 64 y.o. female who presents to UCHealth University of Colorado

Christine Barnard DOB: 08/17/1954

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Christine Barnard
08/17/1954
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Cancer Center - Anschutz Medical Campus for Stage IV NSCLC.

HPI

Interval History:

Feeling fine, denies any cough, SOB, chest pain, bleeding from any site or rash. Walks 4-5 miles daily.
Planning a trip in September 2019 to Europe.

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

AE's while on study drug:

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis
(09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related, resolved now
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)- 2/7/2018 Resolved
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related
11. Grade 1 intermittent peripheral neuropathy: Feels like a "bee-sting" without any identifiable triggers

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

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Christine Barnard
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Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

AMB PAIN ASSESSMENT	4/2/2019
Pain Now	No
Pain Assessment	0-10/ Faces
0-10 (NRS)	0
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 1 tablet by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syrg syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 20 mg by mouth every morning (before breakfast) for Heartburn.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for mouth sores and voice change.

Eyes: Negative for pain and visual disturbance.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.
 Cardiovascular: Negative for chest pain, palpitations and leg swelling.
 Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.
 Genitourinary: Negative.
 Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.
 Skin: Negative for color change, pallor and rash.
 Neurological: Negative for dizziness, weakness, light-headedness and headaches.
 Hematological: Negative.
 Psychiatric/Behavioral: Negative for behavioral problems, confusion and sleep disturbance.

Objective:

Vital Signs:

Visit Vital Signs

BP	133/84
Pulse	69
Temp	37.1 °C (98.7 °F) (Temporal)
Resp	16
Wt	56.2 kg (123 lb 12.8 oz)
SpO2	97%
BMI	21.03 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
04/02/19 56.2 kg (123 lb 12.8 oz)BP Readings from Last 1 Encounters:
04/02/19 133/84Temp Readings from Last 1 Encounters:
04/02/19 37.1 °C (98.7 °F) (Temporal)Pulse Readings from Last 1 Encounters:
04/02/19 69SpO2 Readings from Last 1 Encounters:
04/02/19 97%

Resp Readings from Last 1 Encounters:

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08/17/1954
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04/02/19 16

Vital Signs from last three (3) encounters:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Wt Readings from Last 3 Encounters:

04/02/19	56.2 kg (123 lb 12.8 oz)
01/09/19	56.2 kg (123 lb 12.8 oz)
10/10/18	56.2 kg (124 lb)

BP Readings from Last 3 Encounters:

04/02/19	133/84
01/09/19	133/85
10/10/18	125/83

Temp Readings from Last 3 Encounters:

04/02/19	37.1 °C (98.7 °F) (Temporal)
01/09/19	37 °C (98.6 °F) (Temporal)
10/10/18	36.6 °C (97.9 °F) (Temporal)

Pulse Readings from Last 3 Encounters:

04/02/19	69
01/09/19	71
10/10/18	79

SpO2 Readings from Last 3 Encounters:

04/02/19	97%
01/09/19	94%
10/10/18	96%

Resp Readings from Last 3 Encounters:

04/02/19	16
01/09/19	16
07/11/18	16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

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08/17/1954
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Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae are normal.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal. No respiratory distress. She has no decreased breath sounds. She has no wheezes. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Foot Exam:

Right Foot:

Pulses: Dorsalis pedis pulses are 2+.

Left Foot:

Pulses: Dorsalis pedis pulses are 2+.

DATA:

Recent Results (from the past 24 hour(s))

POCT Creatinine

Collection Time: 04/02/19 7:10 AM

Result	Value	Ref Range
Creatinine -POCT	0.6	0.6 - 1.2 mg/dL
eGFR Non African American -POCT	>60	>=60 mL/min/1.73 "square meters"
eGFR African American -POCT	>60	>=60 mL/min/1.73 "square meters"

Lipase

Collection Time: 04/02/19 7:58 AM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Result	Value	Ref Range
Lipase Serum/Plasma	24	11 - 82 U/L
Amylase serum Collection Time: 04/02/19 7:58 AM		
Result	Value	Ref Range
Amylase Serum	69	29 - 103 U/L
Creatinine Kinase Collection Time: 04/02/19 7:58 AM		
Result	Value	Ref Range

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Creatine Kinase	832 (H)	30 - 223 U/L
Comprehensive metabolic panel		
Collection Time: 04/02/19 7:58 AM		
Result	Value	Ref Range
Sodium Serum/Plasma	138	133 - 145 mmol/L
Potassium Serum/Plasma	4.1	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	104	98 - 108 mmol/L
Carbon Dioxide	26	21 - 31 mmol/L
Anion Gap	8	4 - 16 mmol/L
Glucose Serum/Plasma	90	70 - 199 mg/dL
Blood Urea Nitrogen	17	7 - 25 mg/dL
Creatinine Serum/Plasma	0.79	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.8	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	88	39 - 117 U/L
Alanine Aminotransferase	36	7 - 52 U/L
Aspartate Aminotransferase	54 (H)	12 - 39 U/L
Protein Total Serum/Plasma	7.0	6.4 - 8.9 g/dL
Albumin	4.3	3.5 - 5.7 g/dL
Cancer Antigen 125		
Collection Time: 04/02/19 7:58 AM		
Result	Value	Ref Range
Cancer Antigen 125 DXI	10	0 - 35 U/mL
Carcinoembryonic Antigen		
Collection Time: 04/02/19 7:58 AM		
Result	Value	Ref Range
Carcinoembryonic Antigen DXI	3.2 (H)	0.0 - 3.0 ng/mL
Cancer Antigen 19-9 (CA-GI)		
Collection Time: 04/02/19 7:58 AM		
Result	Value	Ref Range
Cancer Antigen 199 DXI	19.7	0.0 - 35.0 U/mL
CBC with Auto Diff		
Collection Time: 04/02/19 7:58 AM		
Result	Value	Ref Range
White Blood Cell Count	5.2	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.45	4.18 - 5.64 10 ¹² /L
Hemoglobin	13.4	12.1 - 16.3 g/dL
Hematocrit	40.0	35.7 - 46.7 %
Mean Corpuscular Volume	89.9	80.0 - 100.0 fL

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08/17/1954

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Mean Corpuscular Hemoglobin	30.1	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	33.5	32.0 - 36.0 g/dL
Platelet Count	187	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	14.3 (H)	11.7 - 14.2 %
Segmented Neutrophil Percent	57.9	%
Lymphocyte Percent	32.9	%
Monocytes Percent	6.5	%
Eosinophils Percent	1.5	%
Basophils Percent	0.8	%
Immature Granulocytes Percent	0.4	%
Neutrophils Absolute	3.0	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.7	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.3	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
NRBC Percent	0.0	%
NRBC Absolute	0.00	0 - 0.1 10 ⁹ /L

The labs results completed at this visit were personally reviewed prior to dosing and no clinically significant labs were noted except CEA of 3.2 and CK of 832.

Patient discussed with Dr. Camidge who agreed with assessment and plan.

RAO MUSHTAQ, MD

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/cordination of patient care. We discussed continuing brigatinib.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,



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Christine Barnard
08/17/1954
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Electronically signed by:

David Ross Camidge, MD PhD
4/10/19, 5:36 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Communication

Date: 1/9/2019

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Tejas Patil, MD
UCH OUTPATIENT SERVICES

UCHEALTH UNIVERSITY OF COLORADO CANCER CENTER - ANSCHUTZ MEDICAL CAMPUS

1665 Aurora Court, 2nd Floor

Aurora CO 80045-2548
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Message:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth

UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
 1665 Aurora Court, 2nd Floor
 Aurora CO 80045-2548
 O: 720-848-9264
 F: 720-848-0360

uchhealth.org

January 9, 2019

Cara H Dawson, MD
 4700 E Hale Pkwy Suite 300
 Denver CO 80220

Patient: **Christine Barnard "Christine" (DOB: 08/17/1954)**
 Date of Visit: **1/9/2019**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Barnard . Please see our assessment and plans below. This note is also available via Care Everywhere, Carequality or CORHIO

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)
6. Clinical trial exam - C14 of Ariad- crizotinib

Assessment/Plan: Ms. Barnard is a 64 year old female with history of stage IV ALK+ NSCLC here for follow up.

1. Metastatic ALK+ NSCLC: Initially with involvement of left upper and left lower lobes along with pleura. Was found to be ALK+ on 1/16/17 via FISH and initially treated with crizotinib (in context of Ariad ALTA 16-0006 Crizotinib arm) and was maintained on therapy until progressive disease in pleura. Has been on brigatinib 180 mg for 5 weeks now (90 mg daily lead-in x 7 days beforehand), and has noticed significant improvement in pain symptoms. Tumor markers have improved nicely (CEA 2.9-- 3.5 -- 9.6) and CT chest/abdomen/pelvis shows no significant interval change in previously noted FDG soft tissue nodularity along left anterior costophrenic angle (SD). MRI brain from 1/9/18 without obvious new intracranial lesions, but will await final report.
 - Continue Brigatinib 180 mg daily
 - Return in 3 months for CBC with differential, CMP, tumor markers
 - CT chest/abdomen with IV contrast in 3 months
 - MR brain with and without contrast in 3 months
 - RTC in 3 months with blood work, tumor markers, CT chest/abdo, MD review

Christine Barnard DOB: 08/17/1954

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Christine Barnard
 08/17/1954
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ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 64 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for Stage IV NSCLC.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

HPI

Interval History:

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)- 2/7/2018 Resolved
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related
11. Grade 1 intermittent peripheral neuropathy: Feels like a "bee-sting" without any identifiable triggers

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm,

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uchealthChristine Barnard
08/17/1954
A

nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

AMB PAIN ASSESSMENT	1/9/2019
Pain Now	No
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 180 mg by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syr injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• saliva substitute comb no 10	for as needed for dry mouth

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)
(NEUTRASAL) PwPk

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

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uchealthChristine Barnard
08/17/1954
5

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.
 HENT: Negative for mouth sores and voice change.
 Eyes: Negative for pain and visual disturbance.
 Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.
 Dry cough/non-productive- no change from baseline
 Chest tightness/SOB - no change from previous symptoms.
 Cardiovascular: Negative for chest pain, palpitations and leg swelling.
 Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.
 Genitourinary: Negative.
 Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.
 Skin: Negative for color change, pallor and rash.
 Neurological: Negative for dizziness, weakness, light-headedness and headaches.
 Hematological: Negative.
 Psychiatric/Behavioral: Negative for behavioral problems, confusion and sleep disturbance.

Objective:**Vital Signs:****Visit Vital**

BP	133/85
Pulse	71
Temp	37 °C (98.6 °F) (Temporal)
Resp	16
Ht	1.634 m (5' 4.34")
Wt	56.2 kg (123 lb 12.8 oz)
SpO2	94%
BMI	21.03 kg/m²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 01/09/19 56.2 kg (123 lb 12.8 oz)

BP Readings from Last 1 Encounters:
 01/09/19 133/85

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08/17/1954
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Temp Readings from Last 1 Encounters:
 01/09/19 37 °C (98.6 °F) (Temporal)

Pulse Readings from Last 1 Encounters:
 01/09/19 71

SpO2 Readings from Last 1 Encounters:
 01/09/19 94%

Resp Readings from Last 1 Encounters:
 01/09/19 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
 01/09/19 56.2 kg (123 lb 12.8 oz)
 10/10/18 56.2 kg (124 lb)
 07/11/18 55.1 kg (121 lb 6.4 oz)

BP Readings from Last 3 Encounters:

01/09/19 133/85
 10/10/18 125/83
 07/11/18 132/76

Temp Readings from Last 3 Encounters:

01/09/19 37 °C (98.6 °F) (Temporal)
 10/10/18 36.6 °C (97.9 °F) (Temporal)
 07/11/18 36.7 °C (98 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

01/09/19 71
 10/10/18 79
 07/11/18 83

SpO2 Readings from Last 3 Encounters:

01/09/19 94%
 10/10/18 96%
 07/11/18 96%

Resp Readings from Last 3 Encounters:

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Christine Barnard
 08/17/1954
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01/09/19 16
 07/11/18 16
 04/11/18 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal. No respiratory distress. She has no decreased breath sounds. She has no wheezes. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

normal.

Foot Exam:

Right Foot:

Pulses: Dorsalis pedis pulses are 2+.

Left Foot:

Pulses: Dorsalis pedis pulses are 2+.

DATA:

Recent Results (from the past 24 hour(s))

Lipase

Collection Time: 01/09/19 7:45 AM

Result	Value	Ref Range
Lipase Serum/Plasma	33	11 - 82 U/L

Amylase serum

Collection Time: 01/09/19 7:45 AM

Result	Value	Ref Range
Amylase Serum	79	29 - 103 U/L

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08/17/1954
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Creatinine Kinase

Collection Time: 01/09/19 7:45 AM

Result	Value	Ref Range
Creatine Kinase	948 (H)	30 - 223 U/L

Comprehensive metabolic panel

Collection Time: 01/09/19 7:45 AM

Result	Value	Ref Range
Sodium Serum/Plasma	138	133 - 145 mmol/L
Potassium Serum/Plasma	4.3	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	105	98 - 108 mmol/L
Carbon Dioxide	25	21 - 31 mmol/L
Anion Gap	8	4 - 16 mmol/L
Glucose Serum/Plasma	81	70 - 199 mg/dL
Blood Urea Nitrogen	17	7 - 25 mg/dL
Creatinine Serum/Plasma	0.77	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.7	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	94	39 - 117 U/L
Alanine Aminotransferase	35	7 - 52 U/L
Aspartate Aminotransferase	52 (H)	12 - 39 U/L
Protein Total Serum/Plasma	7.3	6.4 - 8.9 g/dL
Albumin	4.5	3.5 - 5.7 g/dL

CBC Oncology

Collection Time: 01/09/19 7:45 AM

Result	Value	Ref Range
White Blood Cell Count	6.2	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.77	4.18 - 5.64 10 ¹² /L
Hemoglobin	14.2	12.1 - 16.3 g/dL
Hematocrit	43.4	35.7 - 46.7 %
Mean Corpuscular Volume	91.0	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	29.8	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	32.7	32.0 - 36.0 g/dL
Platelet Count	205	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	14.6 (H)	11.7 - 14.2 %
NRBC Percent	0.0	%
NRBC Absolute	0.00	0 - 0.1 10 ⁹ /L
Segmented Neutrophil Percent	52.6	%
Lymphocyte Percent	37.7	%

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Christine Barnard
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Monocytes Percent	7.6	%
Eosinophils Percent	1.6	%
Basophils Percent	0.3	%
Immature Granulocytes Percent	0.2	%
Neutrophils Absolute	3.3	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	2.3	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.5	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
Cancer Antigen 125		
Collection Time: 01/09/19 7:45 AM		
Result	Value	Ref Range
Cancer Antigen 125 DXI	11	0 - 35 U/mL
Carcinoembryonic Antigen		
Collection Time: 01/09/19 7:45 AM		
Result	Value	Ref Range
Carcinoembryonic Antigen DXI	2.9	0.0 - 3.0 ng/mL
POCT Creatinine		
Collection Time: 01/09/19 8:29 AM		
Result	Value	Ref Range
Creatinine -POCT	0.8	0.6 - 1.2 mg/dL
eGFR Non African American -POCT	>60	>=60 mL/min/1.73 "square meters"
eGFR African American -POCT	>60	>=60 mL/min/1.73 "square meters"

TIME/COUNSELING:

N/A

Tejas Patil, MD

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Tejas Patil, MD

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Christine Barnard
08/17/1954
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Electronically signed by:

D Ross Camidge, MD PhD
1/9/19, 12:55 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth
Communication

Date: 10/16/2018

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice B Rossi, NP
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth

UCHealth University of Colorado Cancer
Center - Anschutz Medical Campus
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Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

uchhealth.org

October 16, 2018

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard (DOB: 08/17/1954)
Date of Visit: 10/10/2018

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care. The contents of this note are also available electronically if you are part of the Care Everywhere, Carequality or CORHIO network.

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
2. Chemotherapy management, encounter for - brigatinib 180 mg po daily

Christine comes to clinic feeling well- she notes that she has been a bit nervous about this scan.
We reviewed the report and the images.

Stable disease
Continue with brigatinib
RTC 3 months for MD appt, labs and CT review (Christine had some recent headaches- I have asked her to call if they worsen).
We tried a PEER to PEER for the brain MR and it was denied by her insurance "not allowable per NCCN guidelines".
Query when would insurance allow a Brian MR if not in the cause of new symptoms in ALK+ lung cancer?

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do

Christine Barnard DOB: 08/17/1954

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Subjective:**

Patient ID: Christine Barnard is a 64 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for Stage IV NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks.

Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

AMB PAIN ASSESSMENT

10/10/2018

Pain Now	Denies
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 180 mg by mouth daily for ALK Positive Non-Small Cell Lung Cancer.

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Christine Barnard
08/17/1954

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• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syring syringe injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• traZODone (DESYREL) 50 mg tablet	Take 50 mg by mouth nightly at bedtime.
• triamcinolone (KENALOG) 0.1 % cream	
• saliva substitute comb no.10 (NEUTRASAL) PwPk	

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Genitourinary: Negative for dysuria.
 Musculoskeletal: Negative for joint swelling.
 Skin: Negative for rash.
 Neurological: Positive for headaches. Negative for dizziness, weakness and light-headedness.
 Hematological: Negative for adenopathy.
 Psychiatric/Behavioral: Negative for confusion.

Objective:**Vital Signs:****Visit Vitals**

BP	125/83
Pulse	79
Temp	36.6 °C (97.9 °F) (Temporal)

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08/17/1954

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Wt	56.2 kg (124 lb)
SpO2	96%
BMI	21.28 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 10/10/18 56.2 kg (124 lb)

BP Readings from Last 1 Encounters:
 10/10/18 125/83

Temp Readings from Last 1 Encounters:
 10/10/18 36.6 °C (97.9 °F) (Temporal)

Pulse Readings from Last 1 Encounters:
 10/10/18 79

SpO2 Readings from Last 1 Encounters:
 10/10/18 96%

Resp Readings from Last 1 Encounters:
 07/11/18 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
 10/10/18 56.2 kg (124 lb)
 07/11/18 55.1 kg (121 lb 6.4 oz)
 04/11/18 56.2 kg (124 lb)

BP Readings from Last 3 Encounters:
 10/10/18 125/83
 07/11/18 132/76
 04/11/18 133/78

Temp Readings from Last 3 Encounters:
 10/10/18 36.6 °C (97.9 °F) (Temporal)
 07/11/18 36.7 °C (98 °F) (Temporal Artery)
 04/11/18 36.4 °C (97.5 °F) (Temporal Artery)

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
08/17/1954
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Pulse Readings from Last 3 Encounters:

10/10/18	79
07/11/18	83
04/11/18	76

SpO2 Readings from Last 3 Encounters:

10/10/18	96%
07/11/18	96%
04/11/18	96%

Resp Readings from Last 3 Encounters:

07/11/18	16
04/11/18	16
03/14/18	16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctvae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 10/10/18

Carcinoembryonic Antigen

Result	Value	Ref Range
Carcinoembryonic Antigen DXI	3.6 (H)	0.0 - 3.0 ng/mL

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08/17/1954
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Cancer Antigen 125

Result	Value	Ref Range
Cancer Antigen 125 DXI	10	0 - 35 U/mL

CBC Oncology

Result	Value	Ref Range
White Blood Cell Count	6.2	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.74	4.18 - 5.64 10 ¹² /L
Hemoglobin	14.0	12.1 - 16.3 g/dL
Hematocrit	42.3	35.7 - 46.7 %
Mean Corpuscular Volume	89.2	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	29.5	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	33.1	32.0 - 36.0 g/dL
Platelet Count	211	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	14.1	11.7 - 14.2 %
NRBC Percent	0.0	0 %

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

NRBC Absolute	0.00	0 10 ⁹ /L
Segmented Neutrophil Percent	51.4	%
Lymphocyte Percent	38.9	%
Monocytes Percent	7.6	%
Eosinophils Percent	1.3	%
Basophils Percent	0.6	%
Immature Granulocytes Percent	0.2	%
Neutrophils Absolute	3.2	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	2.4	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.5	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium Serum/Plasma	137	133 - 145 mmol/L
Potassium Serum/Plasma	4.3	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	104	98 - 108 mmol/L
Carbon Dioxide	25	21 - 31 mmol/L
Anion Gap	8	4 - 16 mmol/L
Glucose Serum/Plasma	81	70 - 199 mg/dL
Blood Urea Nitrogen	22	7 - 25 mg/dL
Creatinine Serum/Plasma	0.76	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"

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08/17/1954
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Calcium Serum/Plasma	9.6	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	82	39 - 117 U/L
Alanine Aminotransferase	40	7 - 52 U/L
Aspartate Aminotransferase	52 (H)	12 - 39 U/L
Protein Total Serum/Plasma	7.2	6.4 - 8.9 g/dL
Albumin	4.4	3.5 - 5.7 g/dL

Creatinine Kinase

Result	Value	Ref Range
Creatine Kinase	846 (H)	30 - 223 U/L

Amylase serum

Result	Value	Ref Range
Amylase Serum	71	29 - 103 U/L

Lipase

Result	Value	Ref Range
Lipase Serum/Plasma	25	11 - 82 U/L

TIME/COUNSELING:

I personally spent a total of 25 minutes. Of that 40 minutes was counseling/coordination of patient's care. See my note above for details.

Candice B Rossi, NP

This encounter was created in error - please disregard.

This encounter was created in error - please disregard.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Electronically signed by:

Candice B Rossi, NP
10/16/18, 2:32 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Christine Barnard
08/17/1954
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ucchealth

Communication

Date: 7/16/2018

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Fax: 303-328-5937

Phone: 720-320-2061

From:

D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124

Phone: 720-848-2200

Fax: 720-553-0901

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uchealth

UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-9264
F: 720-848-0360

July 16, 2018

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard (DOB: 8/17/1954)
Date of Visit: 7/11/2018

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care. The contents of this note are also available electronically if you are part of the Care Everywhere, Carequality or CORHIO network.

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)
6. Clinical trial exam - C14 of Ariad- crizotinib

Assessment/Plan: Ms. Barnard is a 63 year old female with history of stage IV ALK+ NSCLC here for follow up.

1. Metastatic ALK+ NSCLC: Initially with involvement of left upper and left lower lobes along with pleura. Was found to be ALK+ on 1/16/17 via FISH and initially treated with crizotinib (in context of Ariad ALTA 16-0006 Crizotinib arm) and was maintained on therapy until progressive disease in

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

pleura. Has been on brigatinib 180 mg for 5 weeks now (90 mg daily lead-in x 7 days beforehand), and has noticed significant improvement in pain symptoms. Tumor markers have improved nicely (CEA 3.5 <- 9.6) and CT chest/abdomen/pelvis shows no significant interval change in previously noted FDG soft tissue nodularity along left anterior costophrenic angle (SD). MRI brain from 4/9/18 is clear.

- Continue Brigatinib 180 mg daily
- Return in 3 months for CBC with differential, CMP, tumor markers
- CT chest/abdomen with IV contrast in 3 months
- MR brain with and without contrast in 3 months
- RTC in 3 months with blood work, tumor markers, CT chest/abdo, MD review

Christine Barnard DOB: 8/17/1954

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Christine Barnard
8/17/1954
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ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to UCHealth University of Colorado Cancer Center - Anschutz Medical Campus for Stage IV NSCLC.

HPI**Interval History:****Baseline AE s**

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE s

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)- 2/7/2018 Resolved
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related
11. Grade 1 intermittent peripheral neuropathy: Feels like a "bee-sting" without any identifiable triggers

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm.

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
8/17/1954
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nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected). No intracranial metastases at baseline or with current imaging (last scan 4/19/18).

AMG PAIN ASSESSMENT	4/11/2018
Pain Now	No
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 180 mg by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• cholecalciferol (VITAMIN D3) 1,000 unit tablet	Take 1,000 Units by mouth daily for Osteoporosis.
• denosumab (PROLIA) 60 mg/mL Syring injection	Inject 60 mg into the skin every 6 months for Post-Menopausal Osteoporosis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• traZODone (DESYREL) 50 mg tablet	Take 50 mg by mouth nightly at bedtime.
• triamcinolone (KENALOG) 0.1 % cream	

No current facility-administered medications for this visit.

UCH RightFax Server1 7/16/2018 2:25:30 PM PAGE 5/008 Fax Server

uchealthChristine Barnard
8/17/1954
5**ALLERGIES:** Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for mouth sores and voice change.

Eyes: Negative for pain and visual disturbance.

Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.

Dry cough/non-productive- no change from baseline

Chest tightness/SOB - no change from previous symptoms.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.

Genitourinary: Negative.

Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.

Skin: Negative for color change, pallor and rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Psychiatric/Behavioral: Negative for behavioral problems, confusion and sleep disturbance.

Objective:

Vital Signs:

There were no vitals taken for this visit.

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:

04/11/18 56.2 kg (124 lb)

BP Readings from Last 1 Encounters:

04/11/18 133/78

Temp Readings from Last 1 Encounters:

04/11/18 36.4 °C (97.5 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:

04/11/18 76

SpO2 Readings from Last 1 Encounters:

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Christine Barnard
8/17/1954
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04/11/18 96%

Resp Readings from Last 1 Encounters:
04/11/18 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:

04/11/18 56.2 kg (124 lb)

03/14/18 55.6 kg (122 lb 9.6 oz)

03/07/18 54.2 kg (119 lb 6.4 oz)

BP Readings from Last 3 Encounters:

04/11/18 133/78

03/14/18 129/78

03/07/18 123/82

Temp Readings from Last 3 Encounters:

04/11/18 36.4 °C (97.5 °F) (Temporal Artery)

03/14/18 36.9 °C (98.5 °F) (Temporal Artery)

03/07/18 37.2 °C (99 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

04/11/18 76

03/14/18 79

03/07/18 89

SpO2 Readings from Last 3 Encounters:

04/11/18 96%

03/14/18 97%

03/07/18 94%

Resp Readings from Last 3 Encounters:

04/11/18 16

03/14/18 16

03/07/18 16

Physical Exam

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Christine Barnard
8/17/1954
7

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal. No respiratory distress. She has no decreased breath sounds. She has no wheezes. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

DATA:

No results found for this or any previous visit (from the past 24 hour(s)).

TIME/COUNSELING:

N/A

Tejas Patil, MD

Procedures

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/cordination of patient care. We discussed continuing on trial.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

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Christine Barnard
8/17/1954
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Electronically signed by:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

D Ross Camidge, MD PhD
7/16/2018, 1:42 PM

Continuity of Care Document - 06/15/2018

Continuity of Care Document for CHRISTINE MARIE BARNARD**Insurance Providers**

Payer Name	Policy Number	Subscriber Name	Relationship
CIGNA HMO	U0509960201	CHRISTINE BARNARD	SAME AS PATIENT

Advance Directives

Directive	Response	Recorded Date/Time
Do you have an advance directive:	Yes	06/08/18 11:42am

Problems

No problem information available.

Medications

Current Home Medications

Medication	Dose	Units	Route	Directions	Days/Qty	Instructions	Start Date
CITALOPRAM (Celexa) 10 MG TAB	5	MG	ORAL	BEDTIME			
DOCUSATE SODIUM (COLACE) 100 MG CAP	100	MG	ORAL	TWICE DAILY	30	take over the counter while taking pain medication to ensure regular bowel movements	01/19/17
HYDROcodone/APAP (NORCO 5/325 MG) 1 EACH TAB	1	EA	ORAL	EVERY 4 HOURS AS NEEDED as needed for PAIN (SCORE 5-8)	30		01/19/17
OMEPRAZOLE (Prilosec) 10 MG CAP.SR.24H	10	MG	ORAL	DAILY			
ONDANSETRON (Zofran) 4 MG TAB	4	MG	ORAL	EVERY 6 HOURS AS NEEDED as needed for nausea/vomiting	30		01/19/17
traMADol (ULTRAM) 50 MG TAB	50	MG	ORAL	EVERY 8 HOURS AS NEEDED as needed for PAIN (SCORE 3-7)	30		01/19/17
traZODone (DESYREL) 50 MG TAB	50	MG	ORAL	BEDTIME			

Social History

No social history.

Hospital Discharge Instructions

No hospital discharge instructions.

Plan of Care

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

No plan of care.

Functional Status

No functional status results.

Allergies, Adverse Reactions, Alerts

Allergen	Type	Severity	Reaction	Status	Last Updated
Sulfa (Sulfonamide Antibiotics)	Allergy	Severe	HIVES, RASHES	Active	01/16/17

Immunizations

No Known History of Immunizations.

Vital Signs

No Known Vital Signs Results.

Results

No known relevant diagnostic tests, laboratory data and/or discharge summary.

Procedures

No Known History of Procedures.

Encounters

Encounter	Location	Arrival/Admit Date	Discharge/Depart Date	Attending Provider
Departed Clinical	Rose Medical Center	06/08/18 11:42am	06/08/18 11:42am	Dawson, Cara MD
Departed Clinical	Rose Medical Center	09/05/17 8:10am	09/05/17 8:10am	Dawson, Cara MD

Demographics

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	08/17/1954	Race:	White
Preferred language:	Information not available	Marital status:	Married

Contact: 4401 MARIGOLD LN, LITTLETON, CO 80123, Ph. tel:(303)794-4544

Care Team Members

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)
Communication

Date: 4/11/2018

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Carrie Trujillo, MA
UCH OUTPATIENT SERVICES

UCHEALTH UNIVERSITY OF COLORADO CANCER CENTER - ANSCHUTZ MEDICAL CAMPUS

Anschutz Cancer Pavilion

1665 Aurora Court, 2nd Floor

Aurora CO 80045-2548
Phone: 720-848-0300
Fax: 720-848-0360

Message:

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uchealth

UCHealth University of Colorado Cancer Center - Anschutz Medical Campus
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

April 11, 2018

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard (DOB: 8/17/1954)
Date of Visit: 4/11/2018

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care. The contents of this note are also available electronically if you are part of the Care Everywhere, Carequality, or CORHIO network.

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

6. Clinical trial exam - C14 of Ariad- crizotinib

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related

Christine Barnard DOB: 8/17/1954

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uchealthChristine Barnard
8/17/1954
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7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)- 2/7/2018 Resolved
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related

Has been on brigatinib 180 mg for 5 weeks now (90 mg daily lead-in x 7 days beforehand), and has noticed significant improvement in pain symptoms. No notable side effects.

CT chest/abdo shows PR in anterior cardiophrenic nodule and resolution of left pleural effusion

MRI brain clear

On exam, her affect is much brighter and she looks much more comfortable

Plan:

1. Continue Brigatinib 180 mg daily
2. RTC in 3 months with blood work, tumor markers, CT chest/abdo, MD review

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to UCH Health University of Colorado Cancer Center - Anschutz Medical Campus for Stage IV NSCLC.

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017.

EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with PR to Rx

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealthChristine Barnard
8/17/1954
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Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative. Scheduled for repeat imaging on 3/5/18. PET scan in the next week or two.

AMB PAIN ASSESSMENT	4/11/2018
Pain Now	No
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Prescriptions	
Medication	Sig
• brigatinib (ALUNBRIG) 180 mg tablet	Take 180 mg by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• trazODone (DESYREL) 50 mg tablet	Take 50 mg by mouth nightly at bedtime.
• triamcinolone (KENALOG) 0.1 % cream	

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for mouth sores and voice change.

Eyes: Negative for pain and visual disturbance.

Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.

Dry cough/non-productive- no change from baseline

Chest tightness/SOB - no change from previous symptoms.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.

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uchealthChristine Barnard
8/17/1954
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Genitourinary: Negative.

Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.

Skin: Negative for color change, pallor and rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative.

Psychiatric/Behavioral: Negative for behavioral problems, confusion and sleep disturbance.

Objective:**Vital Signs:**

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Visit Vitals

BP	133/78
Pulse	76
Temp	36.4 °C (97.5 °F) (Temporal Artery)
Resp	16
Ht	1.634 m (5' 4.34")
Wt	56.2 kg (124 lb)
SpO2	96%
BMI	21.06 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
04/11/18 56.2 kg (124 lb)

BP Readings from Last 1 Encounters:
04/11/18 133/78

Temp Readings from Last 1 Encounters:
04/11/18 36.4 °C (97.5 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:
04/11/18 76

SpO2 Readings from Last 1 Encounters:
04/11/18 96%

Resp Readings from Last 1 Encounters:
04/11/18 16

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Christine Barnard
8/17/1954
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Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
04/11/18 56.2 kg (124 lb)
03/14/18 55.6 kg (122 lb 9.6 oz)
03/07/18 54.2 kg (119 lb 6.4 oz)

BP Readings from Last 3 Encounters:
04/11/18 133/78
03/14/18 129/78
03/07/18 123/82

Temp Readings from Last 3 Encounters:
04/11/18 36.4 °C (97.5 °F) (Temporal Artery)
03/14/18 36.9 °C (98.5 °F) (Temporal Artery)
03/07/18 37.2 °C (99 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:
04/11/18 76
03/14/18 79
03/07/18 89

SpO2 Readings from Last 3 Encounters:
04/11/18 96%
03/14/18 97%
03/07/18 94%

Resp Readings from Last 3 Encounters:
04/11/18 16
03/14/18 16
03/07/18 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Consultation. She is oriented to person, place, and time. She appears well developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

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Christine Barnard
8/17/1954
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Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal. No respiratory distress. She has no decreased breath sounds. She has no wheezes. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

DATA:

No results found for this or any previous visit (from the past 24 hour(s)).

TIME/COUNSELING:

N/A

Terry Ng

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Terry L Ng

Electronically signed by:

D Ross Camidge, MD PhD
4/11/2018, 9:01 AM

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ucchealth

Communication

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Date: 3/20/2018

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

Message:

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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

March 14, 2018

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard (DOB: 8/17/1954)
Date of Visit: 3/14/2018

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care. The contents of this note are also available electronically if you are part of the Care Everywhere, Carequality, or CORHIO network.

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)
6. Clinical trial exam - C14 of Ariad- crizotinib

Baseline AE's

1 Grade 1: shoulder pain (asynchronous to consultation start 7/2016)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

1. Grade 1 L shoulder pain (secondary to capsule), Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AEs

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related

Christine Barnard DOB: 8/17/1954

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Christine Barnard
8/17/1954
3

7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17) - 2/7/2018 Resolved
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related

Off ALTA-1L study for 3 weeks now.

30 day EOS visit today.

Has been on brigatinib 180 mg for 1 week now, and has noticed significant improvement in pain symptoms. No notable side effects.

On exam, her affect is much brighter and she looks much more comfortable

Plan:

1. RTC in 4 weeks with blood work, tumor markers, CT chest/abdo, MRI brain, MD review

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for Stage IV NSCLC.

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017.

EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with ___ to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative. Scheduled for repeat imaging on 3/5/18. PET scan in the next week or two.

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

VVT	55.6 kg (122 lb 9.6 oz)
SpO2	97%
BMI	20.82 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
03/14/18 55.6 kg (122 lb 9.6 oz)

BP Readings from Last 1 Encounters:
03/14/18 129/78

Temp Readings from Last 1 Encounters:
03/14/18 36.9 °C (98.5 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:
03/14/18 79

SpO2 Readings from Last 1 Encounters:
03/14/18 97%

Resp Readings from Last 1 Encounters:
03/14/18 16

Vital Signs from last three (3) encounters:

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Christine Barnard
8/17/1954
6

Wt Readings from Last 3 Encounters:

03/14/18 55.6 kg (122 lb 9.6 oz)
03/07/18 54.2 kg (119 lb 6.4 oz)
02/14/18 55.8 kg (123 lb)

BP Readings from Last 3 Encounters:

03/14/18 129/78
03/07/18 123/82
02/14/18 132/80

Temp Readings from Last 3 Encounters:

03/14/18 36.9 °C (98.5 °F) (Temporal Artery)
03/07/18 37.2 °C (99 °F) (Temporal Artery)
02/14/18 36.7 °C (98.1 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

03/14/18 79
03/07/18 89
02/14/18 88

SpO2 Readings from Last 3 Encounters:

03/14/18 97%
03/07/18 94%
02/14/18 98%

Resp Readings from Last 3 Encounters:

03/14/18 16
03/07/18 16
02/14/18 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Pulses:

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Christine Barnard
8/17/1954
7

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.
Pulmonary/Chest: Effort normal. No respiratory distress. She has no decreased breath sounds. She has no wheezes. She exhibits no tenderness.
Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.
Musculoskeletal: Normal range of motion. She exhibits no edema.
Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.
Skin: Skin is warm and dry.
Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

DATA:

No results found for this or any previous visit (from the past 24 hour(s)).

TIME/COUNSELING:
N/A

Terry Ng

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/cordination of patient care. We discussed good tolerance on brigatinib and continue.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Terry L Ng

Electronically signed by:

Candice B Rossi, NP
3/14/2018, 9:28 AM

UCH RightFax Server2 3/9/2018 11:54:06 AM PAGE 1/010 Fax Server

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Communication

Date: 3/9/2018

To:
Cara H Dawson, MD

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

March 7, 2018

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard (DOB: 8/17/1954)**
Date of Visit: **3/7/2018**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care. The contents of this note are also available electronically if you are part of the Care Everywhere, Carequality, or CORHIO network.

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)
6. Clinical trial exam - C14 of Ariad- crizotinib

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related

Christine Barnard DOB: 8/17/1954

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6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)- 2/7/2018 Resolved
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related

Off ALTA-1L study for 3 weeks now.

Here for 1 week tox check after starting brigatinib 90 mg daily. Reports Gr. 1 headache and fatigue. She had been having recurrent pleuritic chest and abdominal discomfort, which worsened after she discontinued crizotinib, but now improving since starting on brigatinib.

Denies symptoms of EOPE. O2 Sat 94% RA. She is taking Tylenol only for her intermittent chest and abdomen discomfort. She declined my offer to escalate her analgesic medication

On exam, her affect is a bit more flat than usual.

Plan:

1. Escalate to brigatinib 180 mg daily and re-scan in 5 weeks
2. RTC next week for 30 day post study visit

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for Stage IV NSCLC. HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017.

EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Rising tumor markers noticeable since 01/10/2018, and came off study and discontinued crizotinib on 02/14/2018 due to PD (left pleural effusion + thickening in LLL resection scar)

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
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Second line Rx: Brigatinib 90 mg daily from 02/28/2018 to 03/06/2018, then 180 mg daily 03/07/2018 to present with ___ to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative. Scheduled for repeat imaging on 3/5/18. PET scan in the next week or two.

AMB PAIN ASSESSMENT	3/7/2018
Pain Now	Yes
Pain Assessment	0-10/ Faces
0-10 (NRS)	4
Pain Descriptors (Words)	Aching
Pain Location	Other (comment)
Pain Duration	Continuous
Aggravating	Coughing;Deep Breathing;Ambulating
Alleviating	Medication (See eMAR)

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for cancer. Take with or without food with an 8 ounce glass of water. (Patient not taking: Reported on 3/7/2018)
• brigatinib 180 mg Tab	Take 180 mg by mouth daily for ALK Positive Non-Small Cell Lung Cancer.
• triamcinolone (KENALOG) 0.1 % cream	

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for mouth sores and voice change.

Eyes: Negative for pain and visual disturbance.

Respiratory: Positive for cough and shortness of breath. Negative for chest tightness and wheezing.

Dry cough/non-productive- no change from baseline

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8/17/1954
5**Chest tightness/SOB - no change from previous symptoms.**

Cardiovascular: Positive for chest pain. Negative for palpitations and leg swelling.

Gastrointestinal: Positive for abdominal pain. Negative for abdominal distention, constipation, diarrhea and nausea.

Genitourinary: Negative.

Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.

Skin: Negative for color change, pallor and rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative.

Psychiatric/Behavioral: Positive for sleep disturbance. Negative for behavioral problems and confusion.

Objective:

Vital Signs:

Visit Vitals

BP	123/82
----	--------

Pulse	89
-------	----

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Temp	37.2 °C (99 °F) (Temporal Artery)
Resp	16
Ht	1.626 m (5' 4")
Wt	54.2 kg (119 lb 6.4 oz)
SpO2	94%
BMI	20.49 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 03/07/18 54.2 kg (119 lb 6.4 oz)

BP Readings from Last 1 Encounters:
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Temp Readings from Last 1 Encounters:
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Pulse Readings from Last 1 Encounters:
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SpO2 Readings from Last 1 Encounters:
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 Christine Barnard
 8/17/1954
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Resp Readings from Last 1 Encounters:
 03/07/18 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
 03/07/18 54.2 kg (119 lb 6.4 oz)
 02/14/18 55.8 kg (123 lb)
 02/07/18 55.1 kg (121 lb 6.4 oz)

BP Readings from Last 3 Encounters:
 03/07/18 123/82
 02/14/18 132/80
 02/07/18 116/65

Temp Readings from Last 3 Encounters:
 03/07/18 37.2 °C (99 °F) (Temporal Artery)
 02/14/18 36.7 °C (98.1 °F) (Temporal Artery)
 02/07/18 36.3 °C (97.4 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:
 03/07/18 89
 02/14/18 88
 02/07/18 69

SpO2 Readings from Last 3 Encounters:
 03/07/18 94%
 02/14/18 98%
 02/07/18 96%

Resp Readings from Last 3 Encounters:
 03/07/18 16
 02/14/18 16
 02/07/18 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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8/17/1954
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nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal. No respiratory distress. She has decreased breath sounds in the left lower field. She has no wheezes. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

DATA:

Recent Results (from the past 24 hour(s))

Bilirubin Direct Panel

Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Bilirubin Total	0.4	0.1 - 1.3 mg/dL
Bilirubin Direct	0.1	0.0 - 0.2 mg/dL
Bilirubin Indirect	0.3	0.0 - 1.0 mg/dL

Magnesium Serum

Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Magnesium Serum/Plasma	2.0	1.6 - 2.5 mg/dL

Phosphorus Serum/Plasma

Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Phosphorus Serum/Plasma	3.4	2.5 - 5.0 mg/dL

Lactate Dehydrogenase (LDH)

Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Lactate Dehydrogenase	223	124 - 271 U/L

Uric Acid Serum

Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Uric Acid Serum	4.2	2.3 - 6.6 mg/dL

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Insulin

Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Insulin	19	2 - 23 uIU/mL

Carcinoembryonic Antigen

Collection Time: 03/07/18 7:54 AM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Result	Value	Ref Range
Carcinoembryonic Antigen DXI	28.5 (H)	0.0 - 3.0 ng/mL
Cancer Antigen 125		
Collection Time: 03/07/18 7:54 AM		
Result	Value	Ref Range
Cancer Antigen 125 DXI	118 (H)	0 - 35 U/mL
CBC Oncology		
Collection Time: 03/07/18 7:54 AM		
Result	Value	Ref Range
White Blood Cell Count	7.3	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.60	4.18 - 5.64 10 ¹² /L
Hemoglobin	13.8	12.1 - 16.3 g/dL
Hematocrit	42.2	35.7 - 46.7 %
Mean Corpuscular Volume	91.7	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	30.0	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	32.7	32.0 - 36.0 g/dL
Platelet Count	287	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	12.7	11.7 - 14.2 %
NRBC Percent	0.0	0 %
NRBC Absolute	0.00	0 10 ⁹ /L
Segmented Neutrophil Percent	60.6	%
Lymphocyte Percent	29.3	%
Monocytes Percent	6.5	%
Eosinophils Percent	2.6	%
Basophils Percent	0.7	%
Immature Granulocytes Percent	0.3	%
Neutrophils Absolute	4.5	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	2.2	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.5	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.2	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.1	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
Comprehensive metabolic panel		
Collection Time: 03/07/18 7:54 AM		
Result	Value	Ref Range
Sodium Serum/Plasma	137	133 - 145 mmol/L

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Christine Barnard
8/17/1954
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Potassium Serum/Plasma	4.4	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	104	98 - 108 mmol/L
Carbon Dioxide	27	21 - 31 mmol/L
Anion Gap	6	4 - 16 mmol/L
Glucose Serum/Plasma	109	70 - 199 mg/dL
Blood Urea Nitrogen	17	7 - 25 mg/dL
Creatinine Serum/Plasma	0.71	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.5	8.6 - 10.3 mg/dL
Bilirubin Total	0.4	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	142 (H)	39 - 117 U/L
Alanine Aminotransferase	17	7 - 52 U/L
Aspartate Aminotransferase	23	12 - 39 U/L
Protein Total Serum/Plasma	7.0	6.4 - 8.9 g/dL
Albumin	4.2	3.5 - 5.7 g/dL

Creatinine Kinase
Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Creatine Kinase	131	30 - 223 U/L

Amylase serum
Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Amylase Serum	60	29 - 103 U/L

Lipase
Collection Time: 03/07/18 7:54 AM

Result	Value	Ref Range
Lipase Serum/Plasma	23	11 - 82 U/L

The lab values contained in this progress note were personally reviewed and no clinically significant labs were noted.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

TIME/COUNSELING:
N/A

Terry Ng

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/cordination of patient care.
We discussed continuing on brigatinib at 180mg.

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Christine Barnard
8/17/1954
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If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Terry L Ng

Electronically signed by:

D Ross Camidge, MD PhD
3/7/2018, 10:51 AM

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Communication

Date: 2/20/2018

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

February 14, 2018

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard (DOB: 8/17/1954)
Date of Visit: 2/14/2018

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.. The contents of this note are also available electronically if you are part of the Care Everywhere, Carequality, or CORHIO network.

If you have que

Assessment and Plan:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)
6. Clinical trial exam - C14 of Ariad- crizotinib

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis

Christine Barnard DOB: 8/17/1954

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Christine Barnard
8/17/1954
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- (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
 5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
 6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
 7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
 8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
 9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)- 2/7/2018 Resolved
 10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related

Overall, Christine feels well with no c/o new side effects.

Increase in Carcinoembryonic Antigen DXI from 16.8 on 1/10/18 to 23.7 on 2/7/18 and an increase of Cancer Antigen 125 from 23 1/10/18 to 43 on 2/7/18; Plan for PET scan within the next week.

Continue current Crizotinib 250 mg po BID

Per Protocol

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for Stage IV NSCLC. HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)
Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017.

EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative. Scheduled for repeat imaging on 3/5/18. PET scan in the next week or two.

AMB PAIN ASSESSMENT

2/14/2018

Pain Now

No

Pain Assessment

-

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealthChristine Barnard
8/17/1954
4

0-10 (NRS) -
 Pain Descriptors (Words) -
 Pain Location -
 Pain Duration -
 Aggravating -
 Alleviating -

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for cancer. Take with or without food with an 8 ounce glass of water.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• triamcinolone (KENALOG) 0.1 % cream	

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for mouth sores and voice change.

Eyes: Negative for pain and visual disturbance.

Respiratory: Positive for cough, chest tightness and shortness of breath. Negative for wheezing.

Dry cough/non-productive- no change from baseline

Chest tightness/SOB - no change from previous symptoms.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.

Genitourinary: Negative.

Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.

Skin: Negative for color change, pallor and rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative.

Psychiatric/Behavioral: Positive for sleep disturbance. Negative for behavioral problems and confusion.

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uchealthChristine Barnard
8/17/1954
5**Objective:**

Vital Signs:

Visit Vitals

BP	132/80
Pulse	88
Temp	36.7 °C (98.1 °F) (Temporal Artery)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Resp	16
Ht	1.632 m (5' 4.25")
Wt	55.8 kg (123 lb)
SpO2	98%
BMI	20.95 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
02/14/18 55.8 kg (123 lb)

BP Readings from Last 1 Encounters:
02/14/18 132/80

Temp Readings from Last 1 Encounters:
02/14/18 36.7 °C (98.1 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:
02/14/18 88

SpO2 Readings from Last 1 Encounters:
02/14/18 98%

Resp Readings from Last 1 Encounters:
02/14/18 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
02/14/18 55.8 kg (123 lb)
02/07/18 55.1 kg (121 lb 6.4 oz)

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Christine Barnard
8/17/1954
6

01/10/18 55.2 kg (121 lb 12.8 oz)

BP Readings from Last 3 Encounters:
02/14/18 132/80
02/07/18 116/65
01/10/18 119/69

Temp Readings from Last 3 Encounters:
02/14/18 36.7 °C (98.1 °F) (Temporal Artery)
02/07/18 36.3 °C (97.4 °F) (Temporal Artery)
01/10/18 36.8 °C (98.2 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:
02/14/18 88
02/07/18 69
01/10/18 76

SpO2 Readings from Last 3 Encounters:
02/14/18 98%
02/07/18 96%
01/10/18 94%

Resp Readings from Last 3 Encounters:
02/14/18 16
02/07/18 16
01/10/18 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal. No respiratory distress. She has decreased breath sounds in the left lower field. She has no wheezes. She exhibits no tenderness.

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Christine Barnard
8/17/1954
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Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

DATA:

No results found for this or any previous visit (from the past 24 hour(s)).

The lab completed at this visit were personally reviewed and the following clinically significant labs were noted:

As above

TIME/COUNSELING:

I personally spent a total of 45 minutes. Of that 25 minutes was counseling/coordination of patient's care. See my note above for details.

RAO MUSHTAQ, MD

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)
6. Clinical trial exam - C14 of Ariad- crizotinib

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016 - unrelated to study drug
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related, on going
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0

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Christine Barnard
8/17/1954
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
 5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related. Resolved 5/10/17
 6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related, on going
 7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
 8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17) - resolved with omeprazole
 9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17) - 2/7/2018 Resolved
 10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related
 11. Gr.1 intermittent B/L hand numbness

Overall, Christine feels well with no c/o new side effects. Mild discomfort on the left lower chest intermittent.

Wt Readings from Last 3 Encounters:

02/14/18	55.8 kg (123 lb)
02/07/18	55.1 kg (121 lb 6.4 oz)
01/10/18	55.2 kg (121 lb 12.8 oz)

Increase in Carcinoembryonic Antigen DXI from 16.8 on 1/10/18 to 23.7 on 2/7/18 and an increase of Cancer Antigen 125 from 23 1/10/18 to 43 on 2/7/18 and PET/CT done on 2/12/18 showed disease progression, will stop Crizotinib and start wash out from today. Her disease progression will be reviewed by the committee and then will be switched to Brigatinib arm. If not then would consider enrolling in different study with Brigatinib.

Per Protocol

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for Stage IV NSCLC.

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarota (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

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Christine Barnard
8/17/1954
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First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017. EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved. Stopped Crizotinib on 2/14/18 due to PD on PET/CT done on 2/12/18 showing disease progression with new FDG avidity along LLL wedge resection suture line, new FDG avid nodularity in left anterior cardiophrenic angle and along anterior pericardium. New trace pleural effusion.

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative. Scheduled for repeat imaging on 3/5/18.

PET/CT done on 2/12/18 showing disease progression with new FDG avidity along LLL wedge resection suture line, new FDG avid nodularity in left anterior cardiophrenic angle and along anterior pericardium. New trace pleural effusion.

AMB PAIN ASSESSMENT

2/14/2018

Pain Now

No

Pain Assessment

-

0-10 (NRS)

-

Pain Descriptors (Words)

-

Pain Location

-

Pain Duration

-

Aggravating

-

Alleviating

-

CURRENT MEDICATIONS:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**CURRENT MEDICATIONS****Current Outpatient Prescriptions**

Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for cancer. Take with or without food with an 8 ounce glass of water.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• triamcinolone (KENALOG) 0.1 % cream	

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

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uchealth

Christine Barnard
8/17/1954
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Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.
 HENT: Negative for mouth sores and voice change.
 Eyes: Negative for pain and visual disturbance.
 Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.
 Cardiovascular: Negative for chest pain, palpitations and leg swelling.
 Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.
 Genitourinary: Negative.
 Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.
 Skin: Negative for color change, pallor and rash.
 Neurological: Negative for dizziness, weakness, light-headedness and headaches.
 Hematological: Negative.
 Psychiatric/Behavioral: Positive for sleep disturbance. Negative for behavioral problems and confusion.

Objective:**Vital Signs:****Visit Vital Signs**

BP	132/80
Pulse	88
Temp	36.7 °C (98.1 °F) (Temporal Artery)
Resp	16
Ht	1.632 m (5' 4.25")
Wt	55.8 kg (123 lb)
SpO2	98%
BMI	20.95 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
02/14/18 55.8 kg (123 lb)

BP Readings from Last 1 Encounters:
02/14/18 132/80

Temp Readings from Last 1 Encounters:
02/14/18 36.7 °C (98.1 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:
02/14/18 88

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
8/17/1954
11SpO2 Readings from Last 1 Encounters:
02/14/18 98%Resp Readings from Last 1 Encounters:
02/14/18 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:

02/14/18 55.8 kg (123 lb)

02/07/18 55.1 kg (121 lb 6.4 oz)

01/10/18 55.2 kg (121 lb 12.8 oz)

BP Readings from Last 3 Encounters:

02/14/18 132/80

02/07/18 116/65

01/10/18 119/69

Temp Readings from Last 3 Encounters:

02/14/18 36.7 °C (98.1 °F) (Temporal Artery)

02/07/18 36.3 °C (97.4 °F) (Temporal Artery)

01/10/18 36.8 °C (98.2 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

02/14/18 88

02/07/18 69

01/10/18 76

SpO2 Readings from Last 3 Encounters:

02/14/18 98%

02/07/18 96%

01/10/18 94%

Resp Readings from Last 3 Encounters:

02/14/18 16

02/07/18 16

01/10/18 16

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uchealthChristine Barnard
8/17/1954
12**Physical Exam**

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Pulmonary: Chest: Envir. normal. No respiratory distress. She has no cough or sputum. She has no wheezes. She exhibits no tenderness.
lower field. She has no wheezes. She exhibits no tenderness.
Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.
Musculoskeletal: Normal range of motion. She exhibits no edema.
Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.
Skin: Skin is warm and dry.
Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

DATA:

No results found for this or any previous visit (from the past 24 hour(s)).
The lab completed at this visit were personally reviewed and the following clinically significant labs were noted:
As above

TIME/COUNSELING:

RAO MUSHTAQ, MD

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/coordination of patient care. We discussed new effusion, rising tumor markers and will remove from trial as PD and get prescription brig. stions, please do not hesitate to contact the clinic.

Sincerely,

Rao Mushtaq, MD

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uchealth

Christine Barnard
8/17/1954
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Electronically signed by:

D Ross Camidge, MD PhD
2/14/2018, 2:42 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth

Communication

Date: 2/7/2018

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice B Rossi, NP
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

Message:

The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

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uchealth

Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Cara H Dawson, MD
 4700 E Hale Pkwy Suite 300
 Denver CO 80220

Patient: **Christine Barnard (DOB: 8/17/1954)**
 Date of Visit: **2/7/2018**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.. The contents of this note are also available electronically if you are part of the Care Everywhere, Carequality, or CORHIO network.

Assessment and Plan:

1. Primary lung cancer, left (HC code)
2. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
3. Non-small cell carcinoma of left lung, stage 4 (HC code)
4. Chest pain, unspecified type
5. Malignant neoplasm of lower lobe of left lung (HC code)
6. Clinical trial exam - C14 of Ariad- crizotinib

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. - Resolved 2/7/2018
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17- Resolved 2/7/2018
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related

Christine Barnard DOB: 8/17/1954

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Christine Barnard
 8/17/1954
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6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related - Resolved 2/7/2018
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)- 2/7/2018 Resolved
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related

Overall, Christine feels well with no c/o new side effects.
 Increase in Carcinoembryonic Antigen DXI from 16.8 on 1/10/18 to 23.7 on 2/7/18 and an increase of Cancer Antigen 125 from 23 1/10/18 to 43 on 2/7/18; Plan for PET scan within the next week.
 Continue current Crizotinib 250 mg po BID
 Per Protocol

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for Stage IV NSCLC.
 HPI
 Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.
 Disease sites at dx: LUL, LLL, pleura
 Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)
 Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm,

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

nodules in superior LUL and sup LLL/periarteria (not invading into aorta)
 Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1
 First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx
 Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017.
 EGD (11/17/2017) normal, no evidence of candidiasis and has completely resolved.
 Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative. Scheduled for repeat imaging on 3/5/18. PET scan in the next week or two.

AMB PAIN ASSESSMENT	2/7/2018
Pain Now	No
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-

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uchealthChristine Barnard
8/17/1954
4

Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Prescriptions	Sig
Medication	-
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• triamcinolone (KENALOG) 0.1 % cream	-
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for cancer. Take with or without food with an 8 ounce glass of water.
• fluCONazole (DIFLUCAN) 200 mg tablet	Take 2 tablets by mouth daily for esophageal candidiasis. (Patient not taking: Reported on 2/7/2018)
• traZODone (DESYREL) 50 mg tablet	Take 1 tablet by mouth nightly at bedtime for Insomnia. (Patient not taking: Reported on 2/7/2018)

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for mouth sores and voice change.

Eyes: Negative for pain and visual disturbance.

Respiratory: Positive for cough, chest tightness and shortness of breath. Negative for wheezing.

Dry cough/non-productive- no change from baseline

Chest tightness/SOB - no change from previous symptoms.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.

Genitourinary: Negative.

Musculoskeletal: Negative for arthralgias, back pain, gait problem and joint swelling.

Skin: Negative for color change, pallor and rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
8/17/1954
5

Hematological: Negative.

Psychiatric/Behavioral: Positive for sleep disturbance. Negative for behavioral problems and confusion.

Objective:**Vital Signs:****Visit Vitals**

BP	116/65
Pulse	69
Temp	36.3 °C (97.4 °F) (Temporal Artery)
Resp	16
Ht	1.636 m (5' 4.4")
Wt	55.1 kg (121 lb 6.4 oz)
SpO2	96%
BMI	20.58 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 02/07/18 55.1 kg (121 lb 6.4 oz)

BP Readings from Last 1 Encounters:
 02/07/18 116/65

Temp Readings from Last 1 Encounters:
 02/07/18 36.3 °C (97.4 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:
 02/07/18 69

SpO2 Readings from Last 1 Encounters:
 02/07/18 96%

Resp Readings from Last 1 Encounters:
 02/07/18 16

Vital Signs from last three (3) encounters:

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uchealthChristine Barnard
8/17/1954
6

Wt Readings from Last 3 Encounters:
 02/07/18 55.1 kg (121 lb 6.4 oz)
 01/10/18 55.2 kg (121 lb 12.8 oz)
 12/13/17 55.4 kg (122 lb 3.2 oz)

BP Readings from Last 3 Encounters:
 02/07/18 116/65
 01/10/18 119/69
 12/13/17 113/65

Temp Readings from Last 3 Encounters:
 02/07/18 36.3 °C (97.4 °F) (Temporal Artery)
 01/10/18 36.8 °C (98.2 °F) (Temporal Artery)
 12/13/17 36.6 °C (97.8 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

02/07/18	69
01/10/18	76
12/13/17	71

SpO2 Readings from Last 3 Encounters:

02/07/18	96%
01/10/18	94%
12/13/17	94%

Resp Readings from Last 3 Encounters:

02/07/18	16
01/10/18	16
12/13/17	16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulses:

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Christine Barnard
8/17/1954
7

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal. No respiratory distress. She has decreased breath sounds in the left lower field. She has no wheezes. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

DATA:

Recent Results (from the past 24 hour(s))

Comprehensive metabolic panel

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Sodium Serum/Plasma	141	133 - 145 mmol/L
Potassium Serum/Plasma	4.4	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	109 (H)	98 - 108 mmol/L
Carbon Dioxide	27	21 - 31 mmol/L
Anion Gap	5	4 - 16 mmol/L
Glucose Serum/Plasma	94	70 - 199 mg/dL
Blood Urea Nitrogen	16	7 - 25 mg/dL
Creatinine Serum/Plasma	0.77	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.1	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	141 (H)	39 - 117 U/L
Alanine Aminotransferase	24	7 - 52 U/L
Aspartate Aminotransferase	28	12 - 39 U/L
Protein Total Serum/Plasma	6.6	6.4 - 8.9 g/dL
Albumin	4.0	3.5 - 5.7 g/dL

Carcinoembryonic Antigen

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Carcinoembryonic Antigen DXI	23.7 (H)	0.0 - 3.0 ng/mL

Cancer Antigen 125

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Cancer Antigen 125 DXI	43 (H)	0 - 35 U/mL

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealthChristine Barnard
8/17/1954
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Bilirubin Direct Panel

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Bilirubin Direct	0.1	0.0 - 0.2 mg/dL
Bilirubin Indirect	0.5	0.0 - 1.0 mg/dL

Magnesium serum

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Magnesium Serum/Plasma	2.1	1.6 - 2.5 mg/dL

Phosphorus Serum/Plasma

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Phosphorus Serum/Plasma	3.2	2.5 - 5.0 mg/dL

Lactate dehydrogenase

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Lactate Dehydrogenase	243	124 - 271 U/L

Creatinine Kinase

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Creatine Kinase	187	30 - 223 U/L

Uric acid serum

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Uric Acid Serum	3.7	2.3 - 6.6 mg/dL

Amylase serum

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Amylase Serum	62	29 - 103 U/L

Lipase

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Lipase Serum/Plasma	24	11 - 82 U/L

Insulin

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
Insulin	3	2 - 23 uIU/mL

CBC with Auto Differential

Collection Time: 02/07/18 7:26 AM

Result	Value	Ref Range
White Blood Cell Count	4.9	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.60	4.18 - 5.64 10 ¹² /L

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uchealthChristine Barnard
8/17/1954
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Hemoglobin	14.0	12.1 - 16.3 g/dL
Hematocrit	42.6	35.7 - 46.7 %
Mean Corpuscular Volume	92.6	80.0 - 100.0 fL
Mean Corpuscular Hemoalobin	30.4	27.5 - 35.1 ng

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Mean Corpuscular Hemoglobin Concentration	32.9	32.0 - 36.0 g/dL
Platelet Count	212	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	12.8	11.7 - 14.2 %
NRBC Percent	0.0	0 %
NRBC Absolute	0.00	0 10 ⁹ /L
Segmented Neutrophil Percent	52.3	%
Lymphocyte Percent	34.5	%
Monocytes Percent	11.2	%
Eosinophils Percent	1.2	%
Basophils Percent	0.6	%
Immature Granulocytes Percent	0.2	%
Neutrophils Absolute	2.6	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.7	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.6	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L

The lab completed at this visit were personally reviewed and the following clinically significant labs were noted:

As above

TIME/COUNSELING:

I personally spent a total of 45 minutes. Of that 25 minutes was counseling/coordination of patients care. See my note above for details.

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

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Christine Barnard
8/17/1954
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Electronically signed by:

Candice B Rossi, NP
2/7/2018, 11:32 AM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth

Communication

Date: 1/12/2018

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice B Rossi, NP
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

Message:

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Cancer Center

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Anschutz Cancer Pavilion
1655 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

January 12, 2018

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard (DOB: 8/17/1954)**
Date of Visit: **1/10/2018**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care. This information may be available electronically if you are part of the Care Everywhere, Carequality, or CORHIO network.

Assessment and Plan:

1. Adenocarcinoma of lung, stage 4, unspecified laterality (HC code)
2. Examination of participant in clinical trial - C13 of Ariad- crizotinib arm

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2.
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)
10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly

Christine Barnard DOB: 8/17/1954

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Christine Barnard
8/17/1954
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drug related

Scan Review:
No evidence of local recurrence or new metastatic disease.

MR:
No intracranial metastases

Overall, Christine feels well- no new side effects.
Proceed with Crizotinib 250 mg po BID

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for Stage IV NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)
Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017.

EGD (11/17/2017) normal, no evidence of candidiasis.

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative

AMB PAIN ASSESSMENT

1/10/2018

Pain Now	No
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-

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uchealthChristine Barnard
8/17/1954
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Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for ALK+ NSCLC. Take without regard to food with an 8 ounce glass of water.
• fluCONazole (DIFLUCAN) 200 mg tablet	Take 2 tablets by mouth daily for esophageal candidiasis. (Patient not taking: Reported on 1/10/2018)
• traZODone (DESYREL) 50 mg tablet	Take 1 tablet by mouth nightly at bedtime for Insomnia. (Patient not taking: Reported on 1/10/2018)
• triamcinolone (KENALOG) 0.1 % cream	

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative for activity change, appetite change, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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ucchealthChristine Barnard
8/17/1954
5**Objective:****Vital Signs:****Visit Vitals**

BP	119/69
Pulse	76
Temp	36.8 °C (98.2 °F) (Temporal Artery)
Resp	16
Ht	1.636 m (5 4.4")
Wt	55.2 kg (121 lb 12.8 oz)
SpO2	94%
BMI	20.65 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 01/10/18 55.2 kg (121 lb 12.8 oz)

BP Readings from Last 1 Encounters:
 01/10/18 119/69

Temp Readings from Last 1 Encounters:
 01/10/18 36.8 °C (98.2 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:
 01/10/18 76

SpO2 Readings from Last 1 Encounters:
 01/10/18 94%

Resp Readings from Last 1 Encounters:
 01/10/18 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
 01/10/18 55.2 kg (121 lb 12.8 oz)
 12/13/17 55.4 kg (122 lb 3.2 oz)

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8/17/1954
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11/15/17 53.9 kg (118 lb 12.8 oz)

BP Readings from Last 3 Encounters:
 01/10/18 119/69
 12/13/17 113/65
 11/15/17 106/65

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Temp Readings from Last 3 Encounters:

01/10/18	36.8 °C (98.2 °F) (Temporal Artery)
12/13/17	36.6 °C (97.8 °F) (Temporal Artery)
11/15/17	36.8 °C (98.2 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

01/10/18	76
12/13/17	71
11/15/17	75

SpO2 Readings from Last 3 Encounters:

01/10/18	94%
12/13/17	94%
11/15/17	94%

Resp Readings from Last 3 Encounters:

01/10/18	16
12/13/17	16
11/15/17	16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

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uchealthChristine Barnard
8/17/1954
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She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 01/10/18

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium Serum/Plasma	143	133 - 145 mmol/L
Potassium Serum/Plasma	4.6	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	109 (H)	98 - 108 mmol/L
Carbon Dioxide	27	21 - 31 mmol/L
Anion Gap	7	4 - 16 mmol/L
Glucose Serum/Plasma	78	70 - 199 mg/dL
Blood Urea Nitrogen	22	7 - 25 mg/dL
Creatinine Serum/Plasma	0.79	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.1	8.6 - 10.3 mg/dL
Bilirubin Total	0.5	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	142 (H)	39 - 117 U/L
Alanine Aminotransferase	25	7 - 52 U/L
Aspartate Aminotransferase	24	12 - 39 U/L
Protein Total Serum/Plasma	6.4	6.4 - 8.9 g/dL
Albumin	3.9	3.5 - 5.7 g/dL
Carcinoembryonic Antigen		
Result	Value	Ref Range
Carcinoembryonic Antigen DXI	16.8 (H)	0.0 - 3.0 ng/mL
Cancer Antigen 125		
Result	Value	Ref Range
Cancer Antigen 125 DXI	23	0 - 35 U/mL

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Bilirubin Direct Panel		
Result	Value	Ref Range
Bilirubin Total	0.5	0.1 - 1.3 mg/dL
Bilirubin Direct	0.1	0.0 - 0.2 mg/dL
Bilirubin Indirect	0.4	0.0 - 1.0 mg/dL
Magnesium serum		
Result	Value	Ref Range
Magnesium Serum/Plasma	2.1	1.6 - 2.5 mg/dL

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8/17/1954
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Phosphorus Serum/Plasma		
Result	Value	Ref Range
Phosphorus Serum/Plasma	3.0	2.5 - 5.0 mg/dL
Lactate dehydrogenase		
Result	Value	Ref Range
Lactate Dehydrogenase	246	124 - 271 U/L
Creatinine Kinase		
Result	Value	Ref Range
Creatine Kinase	179	30 - 223 U/L
Uric acid serum		
Result	Value	Ref Range
Uric Acid Serum	4.4	2.3 - 6.6 mg/dL
Amylase serum		
Result	Value	Ref Range
Amylase Serum	62	29 - 103 U/L
Lipase		
Result	Value	Ref Range
Lipase Serum/Plasma	27	11 - 82 U/L
Insulin		
Result	Value	Ref Range
Insulin	6	2 - 23 uIU/mL
CBC with Auto Differential		
Result	Value	Ref Range
White Blood Cell Count	5.0	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.58	4.18 - 5.64 10 ¹² /L
Hemoglobin	14.1	12.1 - 16.3 g/dL
Hematocrit	42.9	35.7 - 46.7 %
Mean Corpuscular Volume	93.7	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	30.8	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	32.9	32.0 - 36.0 g/dL
Platelet Count	229	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	12.9	11.7 - 14.2 %
NRBC Percent	0.0	0 %
NRBC Absolute	0.00	0 10 ⁹ /L
Segmented Neutrophil Percent	54.6	%
Lymphocyte Percent	31.3	%
Monocytes Percent	12.3	%
Eosinophils Percent	1.4	%
Basophils Percent	0.4	%
Immature Granulocytes Percent	0.0	%
Neutrophils Absolute	2.7	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.6	1.0 - 4.8 10 ⁹ /L

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8/17/1954
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Monocytes Absolute	0.6	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L

The lab results completed at this visit were personally reviewed and no clinically significant labs were noted.

TIME/COUNSELING:

I personally spent a total of 45 minutes. Of that 25 minutes was counseling/coordination of patients care. See my note above for details.

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,



Electronically signed by:

Candice B Rossi, NP
1/12/2018, 3:42 PM

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Date: 12/15/2017

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Message:

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uchealth

Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

December 13, 2017

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard (DOB: 8/17/1954)**
Date of Visit: **12/13/2017**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care. This information may be available electronically if you are part of the Care Everywhere, Carequality, or CORHIO network.

Assessment and Plan:

No diagnosis found.

Medications Placed This Encounter

Medications

- triamcinolone (KENALOG) 0.1 % cream

There are no discontinued medications.

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2.
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealthChristine Barnard
8/17/1954
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8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
 9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)
 10. Gr. 1 globus sensation / "lump / tickling" in throat (noted 12/13/17) -- not disease related; possibly drug related

Started Trazodone 50 mg po qhs (taking 1/2 tab of 50 mg) for sleep

Gradual steady rise in CEA. Will follow-up with her next scans

Plan:

Continue Crizotinib 250 mg po bid
 RTC per protocol with CT body and MRI brain

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for C11D1 crizotinib 250 mg po bid on ALTA-1L study(IRB 16-006)

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarterial (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence of dysphagia and globus sensation in Nov 2017 -- restarted Fluconazole from 11/10/17 to 12/07/2017.

EGD (11/17/2017) normal, no evidence of candidiasis.

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative

PET/CT (09/18/17): no evidence of FDG-avid recurrent or metastatic disease. Left breast calcifications.

MRI Brain (09/18/17): no CNS mets

AMB PAIN ASSESSMENT

12/13/2017

Pain Now

No

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uchealthChristine Barnard
8/17/1954
4

Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Medications Prescription

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for study treatment.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• traZODone (DESYREL) 50 mg tablet	Take 1 tablet by mouth nightly at bedtime for Insomnia.
• fluCONazole (DIFLUCAN) 200 mg tablet	Take 2 tablets by mouth daily for esophageal candidiasis. (Patient not taking: Reported on 12/13/2017)
• triamcinolone (KENALOG) 0.1 % cream	

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical, surgical, family and social history.

Review of Systems

Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Neurological: Negative.
Psychiatric/Behavioral: Negative.

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Christine Barnard
8/17/1954
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Objective:**Vital Signs:****Visit Vitals**

BP	113/65
Pulse	71
Temp	36.6 °C (97.8 °F) (Temporal Artery)
Resp	16
Ht	1.626 m (5' 4")
Wt	55.4 kg (122 lb 3.2 oz)
SpO2	94%
BMI	20.98 kg/m²

Vital Signs from last encounter:**Wt Readings from Last 1 Encounters:**

12/13/17 55.4 kg (122 lb 3.2 oz)

BP Readings from Last 1 Encounters:

12/13/17 113/65

Temp Readings from Last 1 Encounters:

12/13/17 36.6 °C (97.8 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:

12/13/17 71

SpO2 Readings from Last 1 Encounters:

12/13/17 94%

Resp Readings from Last 1 Encounters:

12/13/17 16

Vital Signs from last three (3) encounters:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Wt Readings from Last 3 Encounters:

12/13/17 55.4 kg (122 lb 3.2 oz)
11/15/17 53.9 kg (118 lb 12.8 oz)
10/13/17 54.3 kg (119 lb 12.8 oz)

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Christine Barnard
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BP Readings from Last 3 Encounters:

12/13/17 113/65
11/15/17 106/65
10/13/17 109/64

Temp Readings from Last 3 Encounters:

12/13/17 36.6 °C (97.8 °F) (Temporal Artery)
11/15/17 36.8 °C (98.2 °F) (Temporal Artery)
10/13/17 36.4 °C (97.6 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

12/13/17 71
11/15/17 75
10/13/17 60

SpO2 Readings from Last 3 Encounters:

12/13/17 94%
11/15/17 94%
10/13/17 96%

Resp Readings from Last 3 Encounters:

12/13/17 16
11/15/17 16
10/13/17 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. There is no tenderness. There is no rebound and no

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Christine Barnard
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

guarding.

Musculoskeletal: Normal range of motion. She exhibits no edema, tenderness or deformity.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Vitals reviewed.

DATA:

Lab Only on 12/13/2017

Component	Date	Value	Ref Range	Status
• Sodium Serum/Plasma	12/13/2017	142	133 - 145 mmol/L	Final
• Potassium Serum/Plasma	12/13/2017	4.4	3.5 - 5.1 mmol/L	Final
• Chloride Serum/Plasma	12/13/2017	109*	98 - 108 mmol/L	Final
• Carbon Dioxide	12/13/2017	28	21 - 31 mmol/L	Final
• Anion Gap	12/13/2017	5	4 - 16 mmol/L	Final
• Glucose Serum/Plasma	12/13/2017	72	70 - 199 mg/dL	Final
• Blood Urea Nitrogen	12/13/2017	15	7 - 25 mg/dL	Final
• Creatinine Serum/Plasma	12/13/2017	0.78	0.60 - 1.20 mg/dL	Final
• eGFR if Non-African American	12/13/2017	>60	>=60 mL/min/1.73 "square meters"	Final
• eGFR if African American	12/13/2017	>60	>=60 mL/min/1.73 "square meters"	Final
• Calcium Serum/Plasma	12/13/2017	8.9	8.6 - 10.3 mg/dL	Final
• Bilirubin Total	12/13/2017	0.5	0.1 - 1.3 mg/dL	Final
• Alkaline Phosphatase Total	12/13/2017	134*	39 - 117 U/L	Final
• Alanine Aminotransferase	12/13/2017	28	7 - 52 U/L	Final

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• Aspartate Aminotransferase	12/13/2017	28	12 - 39 U/L	Final
• Protein Total Serum/Plasma	12/13/2017	6.0*	6.4 - 8.9 g/dL	Final
• Albumin	12/13/2017	3.7	3.5 - 5.7 g/dL	Final
• Carcinoembryonic Antigen DXI	12/13/2017	11.6*	0.0 - 3.0 ng/mL	Final
• Cancer Antigen 125 DXI	12/13/2017	21	0 - 35 U/mL	Final
• Bilirubin Total	12/13/2017	0.5	0.1 - 1.3 mg/dL	Final
• Bilirubin Direct	12/13/2017	0.2	0.0 - 0.2 mg/dL	Final
• Bilirubin Indirect	12/13/2017	0.3	0.0 - 1.0 mg/dL	Final
• Magnesium Serum/Plasma	12/13/2017	1.9	1.6 - 2.5 mg/dL	Final
• Phosphorus Serum/Plasma	12/13/2017	3.3	2.5 - 5.0 mg/dL	Final
• Lactate Dehydrogenase	12/13/2017	257	124 - 271 U/L	Final
• Creatine Kinase	12/13/2017	240*	30 - 223 U/L	Final
• Uric Acid Serum	12/13/2017	4.0	2.3 - 6.6 mg/dL	Final
• Amylase Serum	12/13/2017	63	29 - 103 U/L	Final
• Lipase Serum/Plasma	12/13/2017	27	11 - 82 U/L	Final
• Insulin	12/13/2017	5	2 - 23 uIU/mL	Final
• White Blood Cell Count	12/13/2017	4.8	4.0 - 11.1	Final

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

• Red Blood Cell Count	12/13/2017	4.40	$10^9/L$	
• Hemoglobin	12/13/2017	13.8	$10^12/L$	Final
• Hematocrit	12/13/2017	42.2	g/dL	Final
• Mean Corpuscular Volume	12/13/2017	95.9	%	Final
• Mean Corpuscular Hemoglobin	12/13/2017	31.4	fL	Final
• Mean Corpuscular Hemoglobin Concentration	12/13/2017	32.7	pg	Final
• Platelet Count	12/13/2017	238	g/dL	Final
• Red Cell Distribution Width CV	12/13/2017	13.4	$10^9/L$	Final
			%	

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• NRBC Percent	12/13/2017	0.0	0 %	Final
• NRBC Absolute	12/13/2017	0.00	$0 10^9/L$	Final
• Segmented Neutrophil Percent	12/13/2017	56.7	%	Final
• Lymphocyte Percent	12/13/2017	28.6	%	Final
• Monocytes Percent	12/13/2017	11.4	%	Final
• Eosinophils Percent	12/13/2017	2.5	%	Final
• Basophils Percent	12/13/2017	0.6	%	Final
• Immature Granulocytes Percent	12/13/2017	0.2	%	Final
• Neutrophils Absolute	12/13/2017	2.7	$1.8 - 6.6 10^9/L$	Final
• Lymphocyte Absolute	12/13/2017	1.4	$1.0 - 4.8 10^9/L$	Final
• Monocytes Absolute	12/13/2017	0.5	$0.2 - 0.9 10^9/L$	Final
• Eosinophils Absolute	12/13/2017	0.1	$0.0 - 0.4 10^9/L$	Final
• Basophils Absolute	12/13/2017	0.0	$0.0 - 0.2 10^9/L$	Final
• Immature Granulocytes Absolute	12/13/2017	0.0	$0.0 - 0.05 10^9/L$	Final

The lab values contained in this progress note were personally reviewed and no clinically significant labs were noted.

TIME/COUNSELING:
N/A

Terry Ng

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/cordination of patient care. We discussed continuing on trial.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Terry L Ng

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Christine Barnard
8/17/1954
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Electronically signed by:

D Ross Camidge, MD PhD
12/13/2017, 10:31 AM

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Communication

Date: 11/15/2017

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
Mary Rose Lepore, RN
UCH OUTPATIENT SERVICES

CANCER CENTER

Anschutz Cancer Pavilion

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

1665 Aurora Court, 2nd Floor

Aurora CO 80045-2548
Phone: 720-848-0300
Fax: 720-848-0360

Message:

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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

November 15, 2017

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard (DOB: 8/17/1954)**
Date of Visit: **11/15/2017**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

If

Assessment and Plan:

ICD-10-
CM

1. Lung cancer, primary, with C34.90
metastasis from lung to
other site, unspecified
Laterality (HC code)

No medications were added in this encounter.
There are no discontinued medications.

Doing well except for recurrence of esophageal candidiasis. Resumed fluconazole since Nov 10, 2017.
Plan to have EGD with GI on 11/17/17.

Had a great trip in Isreal / Jordan / Egypt

EKG without QTc prolongation.

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Christine Barnard

DOB: 8/17/1954

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5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
 6. Grade 1 Insomnia- Start years ago

New AEs

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2.
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)

Scans show ongoing complete response, but gradual steady rise in CEA

Plan:

Continue Crizotinib 250 mg po bid
 RTC in 1 week to repeat ECG while on fluconazole
 PET/CT at next re-staging please.

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for C11D1 crizotinib 250 mg po bid on ALTA-1L study(IRB 16-006)

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Complicated by esophageal candidiasis in Aug 2017 -- treated with Fluconazole x 3 weeks. Recurrence in Nov 2017 -- restarted Fluconazole 11/10/17

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

PET/CT (09/18/17): no evidence of FDG-avid recurrent or metastatic disease. Left breast calcifications.

MRI Brain (09/18/17): no CNS mets

AMB PAIN ASSESSMENT	11/15/2017
Pain Now	No
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

Current Outpatient Prescriptions	
Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for cancer. Take with or without food.
• fluCONazole (DIFLUCAN) 200 mg tablet	Take 2 tablets by mouth daily for esophageal candidiasis.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical, surgical, family and social history.

Review of Systems

Constitutional: Negative.
 HENT: Negative.
 Eyes: Negative.
 Respiratory: Negative.
 Cardiovascular: Negative.
 Gastrointestinal: Negative.
 Musculoskeletal: Negative.
 Skin: Negative.

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8/17/1954
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Neurological: Negative.
 Psychiatric/Behavioral: Negative.

Objective:**Vital Signs:****Visit Vitals**

BP	106/65
Pulse	75
Temp	36.8 °C (98.2 °F) (Temporal Artery)
Resp	16
Ht	1.626 m (5' 4")
Wt	53.9 kg (118 lb 12.8 oz)
SpO2	94%
BMI	20.39 kg/m²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 11/15/17 53.9 kg (118 lb 12.8 oz)

BP Readings from Last 1 Encounters:
 11/15/17 106/65

Temp Readings from Last 1 Encounters:
 11/15/17 36.8 °C (98.2 °F) (Temporal Artery)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Pulse Readings from Last 1 Encounters:
11/15/17 75

SpO2 Readings from Last 1 Encounters:
11/15/17 94%

Resp Readings from Last 1 Encounters:
11/15/17 16

Vital Signs from last three (3) encounters:

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Wt Readings from Last 3 Encounters:
11/15/17 53.9 kg (118 lb 12.8 oz)
10/13/17 54.3 kg (119 lb 12.8 oz)
10/10/17 54 kg (119 lb)

BP Readings from Last 3 Encounters:
11/15/17 106/65
10/13/17 109/64
10/10/17 114/70

Temp Readings from Last 3 Encounters:
11/15/17 36.8 °C (98.2 °F) (Temporal Artery)
10/13/17 36.4 °C (97.6 °F) (Temporal Artery)
10/10/17 36.1 °C (97 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:
11/15/17 75
10/13/17 60
10/10/17 63

SpO2 Readings from Last 3 Encounters:
11/15/17 94%
10/13/17 96%
09/20/17 (!) 58%

Resp Readings from Last 3 Encounters:
11/15/17 16
10/13/17 16
10/10/17 18

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)ucchealthChristine Barnard
8/17/1954
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reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. There is no tenderness. There is no rebound and no guarding.

Musculoskeletal: Normal range of motion. She exhibits no edema, tenderness or deformity.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Vitals reviewed.

DATA:

Lab Only on 11/15/2017

Component	Date	Value	Ref Range	Status
• Sodium Serum/Plasma	11/15/2017	141	133 - 145 mmol/L	Final
• Potassium Serum/Plasma	11/15/2017	4.5	3.5 - 5.1 mmol/L	Final
• Chloride Serum/Plasma	11/15/2017	107	98 - 108 mmol/L	Final
• Carbon Dioxide	11/15/2017	28	21 - 31 mmol/L	Final
• Anion Gap	11/15/2017	6	4 - 16 mmol/L	Final
• Glucose Random Serum/Plasma	11/15/2017	70	70 - 199 mg/dL	Final
• Blood Urea Nitrogen	11/15/2017	18	7 - 25 mg/dL	Final
• Creatinine Serum/Plasma	11/15/2017	0.86	0.60 - 1.20 mg/dL	Final
• eGFR if Non-African American	11/15/2017	>60	>=60 mL/min/1.73 "square meters"	Final
• eGFR if African American	11/15/2017	>60	>=60 mL/min/1.73 "square meters"	Final
• Calcium Serum/Plasma	11/15/2017	9.1	8.6 - 10.3 mg/dL	Final

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			mg/dL	
• Bilirubin Total	11/15/2017	0.5	0.1 - 1.3 mg/dL	Final
• Alkaline Phosphatase Total	11/15/2017	142*	39 - 117 U/L	Final
• Alanine Aminotransferase	11/15/2017	38	7 - 52 U/L	Final
• Aspartate Aminotransferase	11/15/2017	32	12 - 39 U/L	Final
• Protein Total Serum/Plasma	11/15/2017	6.4	6.4 - 8.9 g/dL	Final
• Albumin	11/15/2017	3.9	3.5 - 5.7 g/dL	Final
• Carcinoembryonic Antigen DXI	11/15/2017	10.5*	0.0 - 3.0 ng/mL	Final
• Cancer Antigen 125 DXI	11/15/2017	22	0 - 35 U/mL	Final
• Bilirubin Total	11/15/2017	0.5	0.1 - 1.3 mg/dL	Final
• Bilirubin Direct	11/15/2017	0.1	0.0 - 0.2 mg/dL	Final
• Bilirubin Indirect	11/15/2017	0.4	0.0 - 1.0 mg/dL	Final

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

	11/15/2017	2.0	1.0 - 2.0	Final
• Magnesium Serum/Plasma			mg/dL	
• Phosphorus Serum/Plasma	11/15/2017	3.4	2.5 - 5.0	Final
• Lactate Dehydrogenase	11/15/2017	282*	mg/dL	
			124 - 271	Final
• Creatine Kinase	11/15/2017	237**	U/L	
• Uric Acid Serum	11/15/2017	4.8	30 - 223 U/L	Final
			2.3 - 6.6	Final
• Amylase Serum	11/15/2017	59	mg/dL	
• Lipase Serum/Plasma	11/15/2017	26	29 - 103 U/L	Final
• Insulin	11/15/2017	5	11 - 82 U/L	Final
			2 - 23	Final
• White Blood Cell Count	11/15/2017	5.6	uIU/mL	
			4.0 - 11.1	Final
• Red Blood Cell Count	11/15/2017	4.81	10 ⁹ /L	
			4.18 - 5.64	Final
• Hemoglobin	11/15/2017	14.8	10 ¹² /L	
			12.1 - 16.3	Final
• Hematocrit	11/15/2017	45.3	g/dL	
			35.7 - 46.7	Final
• Mean Corpuscular Volume	11/15/2017	94.2	%	
			80.0 - 100.0	Final
• Mean Corpuscular Hemoglobin	11/15/2017	30.8	fL	
			27.5 - 35.1	Final
• Mean Corpuscular Hemoglobin	11/15/2017	32.7	pg	
			32.0 - 36.0	Final

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Christine Barnard
8/17/1954
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Concen*			g/dL	
• Platelet Count	11/15/2017	262	150 - 400	Final
			10 ⁹ /L	
• Red Cell Distribution Width CV	11/15/2017	13.7	11.7 - 14.2	Final
			%	
• NRBC Percent	11/15/2017	0.0	0 %	Final
• NRBC Absolute	11/15/2017	0.00	0 10 ⁹ /L	Final
• Segmented Neutrophil Percent	11/15/2017	55.1	%	Final
• Lymphocyte Percent	11/15/2017	30.3	%	Final
• Monocytes Percent	11/15/2017	12.1	%	Final
• Eosinophils Percent	11/15/2017	1.6	%	Final
• Basophils Percent	11/15/2017	0.7	%	Final
• Immature Granulocytes Percent	11/15/2017	0.2	%	Final
• Neutrophils Absolute	11/15/2017	3.1	1.8 - 6.6	Final
			10 ⁹ /L	
• Lymphocyte Absolute	11/15/2017	1.7	1.0 - 4.8	Final
			10 ⁹ /L	
• Monocytes Absolute	11/15/2017	0.7	0.2 - 0.9	Final
			10 ⁹ /L	
• Eosinophils Absolute	11/15/2017	0.1	0.0 - 0.4	Final
			10 ⁹ /L	
• Basophils Absolute	11/15/2017	0.0	0.0 - 0.2	Final
			10 ⁹ /L	
• Immature Granulocytes Absolute	11/15/2017	0.0	0.0 - 0.05	Final
			10 ⁹ /L	

TIME/COUNSELING:
N/A

Terry Ng you have questions, please do not hesitate to contact the clinic.

Sincerely,

Terry L Ng

Electronically signed by:

D Ross Camidge, MD PhD
11/15/2017, 10:29 AM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Christine Barnard
8/17/1954
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athena 11/16/2017 6:33:13 PM PAGE 1/003

CONFIDENTIAL Fax

FROM:

GAIL PEARSON, NP, S
499 E. Hampden Avenue, Englewood, CO 80113-2702
Phone: (303) 788-8888
Fax: (303) 788-6452

TO:

DAWSON, CARI
Fax: (303) 388-6957

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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South Denver Gastroenterology • 499 E. Hampden Avenue, Englewood CO 80113-2702

BARNARD, CHRISTINE M (id #35649, dob: 08/17/1954)



South Denver
Gastroenterology, P.C.

Swedish Medical Center 499 East Hampden, Suite 428, Englewood, CO 80113
Telephone: (303) 788-6688 Fax: (303) 788-6452
Skyridge Medical Center 10103 Ridge Gate Parkway, Suite 312, Lone Tree, CO 80124
Telephone: (303) 790-6688 Fax: (303) 790-2567

Date: 11/16/2017

RE: Christine Barnard, DOB: 08/17/1954, PT ID #35649

Dear Dr. Carl Dawson,

It was a pleasure seeing your patient Christine Barnard in our practice for dysphagia, heartburn, Weight loss esophageal candidiasis- stage 4 lung cancer , on 11/14/2017. I have enclosed a copy of the office evaluation for your records. Once again, thank you for allowing me to participate in the care of this patient.

Sincerely,

Electronically Signed by: GAIL PEARSON, NP, S

Gail Pearson, FNPc

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

South Denver Gastroenterology

Barnard, Christine M (ID:35649), DOB:08/17/1954

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ENCOUNTER REASON/DATE

dysphagia, heartburn, Weight loss

esophageal candidiasis- stage 4 lung cancer
11/14/2017 - 03:00PM - SDG-NORTH OFFICEHISTORY OF PRESENT ILLNESS:

Christine is a very pleasant 63 y/o who is seen today in regards to difficulty swallowing and painful swallowing. Christine has a history of stage 4 lung cancer that was diagnosed in 01/17. She is currently receiving treatment with a study medication at the University; this is crizotinib. In August, she developed difficulty with painful swallowing and difficulty swallowing. She had upper endoscopy performed at the University on 09/07 with the finding of numerous white plaques consistent with candidiasis in the proximal and mid esophagus. The stomach was normal, and the duodenum was normal. She was treated with fluconazole 400 mg on day 1 and then 200 mg for a 14-day course of treatment. She completed several courses of treatment, as the symptoms recurred when she finished them. She did see Dr. Martin Krsak, Infectious Disease, who had left her on the medication; however, she took a trip to Egypt, and she could not get the EKGs that were required from the study to continue to take the fluconazole, and went off for 3 weeks. She has had recurrent pain consistent with what she had earlier with the yeast esophagitis, and has restarted fluconazole; however, her symptoms are not improving. She continues to have painful swallowing and difficulty swallowing. In particular, there is pain in the back of her throat. She is able to drink liquids and eat soft foods. She is taking omeprazole 20 mg once daily. She had gone off of this during the early diagnosis of the lung cancer due to her medications; however, after the endoscopy in early September she did restart omeprazole once daily at the recommendation of Dr. Castle.

ASSESSMENT/PLAN**1. Candidiasis of the esophagus**

B37.81: Candidal esophagitis

2. Dysphagia

R13.10: Dysphagia, unspecified

3. Swallowing painful

R13.19: Other dysphagia

- UPPER ENDOSCOPY PROCEDURE (EGD) (PROC) -

Priority: **STAT**

Anesthesia: Conscious Sedation Date of Procedure: 11/17/2017

Time of Procedure: 8am sdec w AE

4. History of malignant neoplasm of lung

Z85.118: Personal history of other malignant neoplasm of bronchus and lung

Discussion**Discussion Notes**

Christine is a pleasant 63 y/o seen in follow up today. She has a history of diagnosis of stage 4 lung cancer in 01/17. She is currently receiving treatment with crizotinib. In August, she developed difficult and painful swallowing. Upper endoscopy was performed at the University, and she was found to have candidiasis of the esophagus. She has been treated multiple times with fluconazole, and symptoms are persisting at this point. She has seen ID and does have a follow up scheduled there on 11/28. Case was discussed with Dr. Roman who recommends repeat upper endoscopy.

RECOMMENDATIONS:

1. Will proceed with upper endoscopy to evaluate for any other causes of ongoing symptoms, as the symptoms have not improved with the restart of fluconazole, and are ongoing.
2. Further recommendations after endoscopy.

South Denver Gastroenterology

Barnard, Christine M (ID:35649), DOB:08/17/1954

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Communication

Date: 10/16/2017

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
Candice B Rossi, NP
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

Message:

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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

October 16, 2017

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard (DOB: 8/17/1954)
Date of Visit: 10/13/2017

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

1. Non-small cell carcinoma of left lung, stage 4 (HC code) CEA 6.1 up from 5.0
2. Examination of participant in clinical trial - C10D1 COMIRB: 16-0006 Phase III Ariad (Crizotinib arm)
3. Candidiasis Imrovina-

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Has been seen by Infectious Disease

Continue monitoring

Will take a fluconazole on trip- but only use if symptoms are intolerable

Chris and her husband are traveling to Isreal Jordan and Egypt for the next few weeks. Chris feels well
No new AE's since last visit

EKG without QTc prolongation.

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

Christine Barnard DOB: 8/17/1954

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New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2.
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related
8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do work of light nature

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for C10D1 crizotinib 250 mg po bid on ALTA-1L (IRB 16-006)

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative

PET/CT (09/18/17): no evidence of FDG-avid recurrent or metastatic disease. Left breast calcifications.

MRI Brain (09/18/17): no CNS mets

AMB PAIN ASSESSMENT

10/13/2017

Pain Now

No

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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8/17/1954

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Pain Assessment -
0-10 (NRS) -
Pain Descriptors (Words) -
Pain Location -
Pain Duration -
Aggravating -
Alleviating -

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for cancer. Take with or without food.
• fluCONazole (DIFLUCAN) 200 mg tablet	Take 2 tablets by mouth daily for esophageal candidiasis.
• prochlorperazine (COMPAZINE) 10 mg tablet	Take 1 tablet by mouth every 6 hours as needed for Nausea for Nausea and Vomiting. (Patient not taking: Reported on 10/13/2017)

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

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Objective:**Vital Signs:****Visit Vitals**

- BP 109/64
- Pulse 60
- Temp 36.4 °C (97.6 °F) / Temporal

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

• Resp	16
• Wt	54.3 kg (119 lb 12.8 oz)
• SpO2	96%
• BMI	20.56 kg/m ²

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 10/13/17 54.3 kg (119 lb 12.8 oz)

BP Readings from Last 1 Encounters:
 10/13/17 109/64

Temp Readings from Last 1 Encounters:
 10/13/17 36.4 °C (97.6 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:
 10/13/17 60

SpO2 Readings from Last 1 Encounters:
 10/13/17 96%

Resp Readings from Last 1 Encounters:
 10/13/17 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
 10/13/17 54.3 kg (119 lb 12.8 oz)
 10/10/17 54 kg (119 lb)

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Christine Barnard
 8/17/1954
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09/20/17 54.2 kg (119 lb 6.4 oz)

BP Readings from Last 3 Encounters:
 10/13/17 109/64
 10/10/17 114/70
 09/20/17 112/65

Temp Readings from Last 3 Encounters:
 10/13/17 36.4 °C (97.6 °F) (Temporal Artery)
 10/10/17 36.1 °C (97 °F) (Temporal Artery)
 09/20/17 36.6 °C (97.9 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:
 10/13/17 60
 10/10/17 63
 09/20/17 60

SpO2 Readings from Last 3 Encounters:
 10/13/17 96%
 09/20/17 (I) 58%
 09/07/17 95%

Resp Readings from Last 3 Encounters:
 10/13/17 16
 10/10/17 18
 09/20/17 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

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She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 10/13/17

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium Serum/Plasma	142	133 - 145 mmol/L
Potassium Serum/Plasma	4.4	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	109 (H)	98 - 108 mmol/L
Carbon Dioxide	26	21 - 31 mmol/L
Anion Gap	7	4 - 16 mmol/L
Glucose Random Serum/Plasma	95	70 - 199 mg/dL
Blood Urea Nitrogen	18	7 - 25 mg/dL
Creatinine Serum/Plasma	0.88	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	8.8	8.6 - 10.3 mg/dL
Bilirubin Total	0.5	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	133 (H)	39 - 117 U/L
Alanine Aminotransferase	28	7 - 52 U/L
Aspartate Aminotransferase	31	12 - 39 U/L
Protein Total Serum/Plasma	5.9 (L)	6.4 - 8.9 g/dL
Albumin	3.6	3.5 - 5.7 g/dL
Carcinoembryonic Antigen		
Result		
Carcinoembryonic Antigen DXI	6.1 (H)	0.0 - 3.0 ng/mL
Cancer Antigen 125		
Result		
Cancer Antigen 125 DXI	21	0 - 35 U/mL
Bilirubin Direct Panel		
Result		
Bilirubin Total	0.5	0.1 - 1.3 mg/dL
Bilirubin Direct	0.1	0.0 - 0.2 mg/dL
Bilirubin Indirect	0.4	0.0 - 1.0 mg/dL
Magnesium serum		
Result		
Magnesium Serum/Plasma	2.0	1.6 - 2.5 mg/dL

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Phosphorus Serum/Plasma		
Result	Value	Ref Range
Phosphorus Serum/Plasma	3.3	2.5 - 5.0 mg/dL
Lactate dehydrogenase		
Result	Value	Ref Range
Lactate Dehydrogenase	248	124 - 271 U/L
Creatinine Kinase		
Result	Value	Ref Range
Creatine Kinase	236 (H)	30 - 223 U/L
Uric acid serum		
Result	Value	Ref Range
Uric Acid Serum	4.5	2.3 - 6.6 mg/dL
Amylase serum		
Result	Value	Ref Range
Amylase Serum	46	29 - 103 U/L
Lipase		
Result	Value	Ref Range
Lipase Serum/Plasma	32	11 - 82 U/L
Insulin		
Result	Value	Ref Range
Insulin	8	2 - 23 uIU/mL
CBC with Auto Differential		
Result	Value	Ref Range
White Blood Cell Count	4.1	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.40	4.18 - 5.64 10 ¹² /L
Hemoglobin	13.6	12.1 - 16.3 g/dL
Hematocrit	41.4	35.7 - 46.7 %
Mean Corpuscular Volume	94.1	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	30.9	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	32.9	32.0 - 36.0 g/dL
Platelet Count	193	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	13.5	11.7 - 14.2 %
NRBC Percent	0.0	0 %
NRBC Absolute	0.00	0 10 ⁹ /L
Segmented Neutrophil Percent	53.1	%
Lymphocyte Percent	33.7	%
Monocytes Percent	11.0	%
Eosinophils Percent	1.5	%
Basophils Percent	0.5	%
Immature Granulocytes Percent	0.2	%
Neutrophils Absolute	2.2	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.4	1.0 - 4.8 10 ⁹ /L

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Monocytes Absolute	0.5	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L

TIME/COUNSELING:

I personally spent a total of 45 minutes. Of that 25 minutes was counseling/coordination of patients care. See my note above for details.

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Candice Rossi

Electronically signed by:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Candice B Rossi, NP
10/16/2017, 2:16 PM

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Communication

Date: 10/10/2017

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Martin Krsak, MD
UCH OUTPATIENT SERVICES

INFECTIOUS DISEASE

1635 Aurora Court

Mailstop B163

Aurora CO 80045-2548
Phone: 720-848-0191
Fax: 720-848-0192

Message:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

uchealth

Infectious Disease
Anschutz Outpatient Pavilion
1635 Aurora Court, 7th Floor
Aurora CO 80045-2548
O: 720-848-0191
F: 720-848-0192

October 10, 2017

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard (DOB: 8/17/1954)**
Date of Visit: **10/10/2017**

Dear Cara H Dawson, MD

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

1. Esophageal candidiasis (HC code)

Patient's symptoms improved but not completely resolved. No evidence of thrush in the oropharynx but pharyngeal erythema present. Given recent UGI endoscopy c/w monilial infection in the esophagus, it is possible tat it was incompletely treated but I cannot confirm this and the patient has not been feeling worse since discontinuation of fluconazole 2 days ago.

Recomm

- If symptoms re-occur would treat again but may nee to re-evaluate to confirm that another problem has not developed. Given the patient s planned travel, it may be reasonable to supply fluconazole 200-400 mg q 24 hrs PO to have on hand while aborad.

2. Travel advice encounter

Patient will travel to Israel, Jordan and Egypt starting this Sunday. She has been vaccinated against typhoid and HAV. She needs influenza and Polio virus vaccines (Polio typically needs 2 doses and so it is a bit late in travel preparation - delayed vaccination may also not provide protection in time. Other safety precautions were discussed as well - fresh water swimming, animal exposure, MERS, zoonotic diseases from mosquitos, sun exposure etc. The possibility of traveller's diarrhea has been addressed by giving patient Augmentin (not ideal but supposedly other agents, such as fluoroquinolones or azithromycin are not approved by her study protocol evaluating a novel lung ca agent).

Recomm

- consider supplying Imodium as well (if no potential interactions with study regimen)
- patient should receive 2nd dose of polio vaccine in 1-2 months

3. Immunocompromised state (HC code)

Christine Barnard DOB: 8/17/1954

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Christine Barnard
8/17/1954
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Patient immunocompromised by her lung ca and possibly also by her treatment regimen - immunization response may be diminished due to this. She is also at a higher risk for developing of infections while travelling as well as in general.

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Infectious Disease for evaluation of recent esophageal cnadidiasis

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

HPI

63 F w/ lung ca on investigational agent, presenting to ID clinic with an episode of recent esophageal candidiasis diagnosed via EGD on 9/7/2017. She complete a course of fluconazole this past Sunday. Currently, she feels like her symptoms improved but have not completely resolved. They have not worsened since Sunday either though. The patient is also planning to travel in the middle East, which was not listed as a part of her reason for visit and thus I learned about it in the room. On review, she received some travel advice elsewhere but was not given influenza or polio vaccines for unclear reason.

On review of systems, she complains of some soreness of her throat but no other concerning constitutional or localizing symptoms.

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for lung cancer. Take with an 8 ounce glass of water without regard to food.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• prochlorperazine (COMPAZINE) 10 mg tablet	Take 1 tablet by mouth every 6 hours as needed for Nausea for Nausea and Vomiting.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

Past Medical History:

Diagnosis	Date
-----------	------

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Christine Barnard
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- Adhesive capsulitis of left shoulder
 - Benign thyroid cyst
right thyroid lobe, 0.8 cm simple cyst
 - Cancer (HC code)
Lung
 - Depression
 - Fibromyalgia
 - GERD (gastroesophageal reflux disease)
 - Insomnia
 - Iron deficiency anemia
 - Thyroid nodule
- 12/16/2016

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		2014
• cesarean section <i>3 sections</i>	N/A	
• LUNG REMOVAL, PARTIAL	Left	01/2017
• rhinoplasty		1973

Family History

Problem	Relation	Age of Onset
• Stroke	Mother	87
• Diabetes	Mother	
• Heart failure	Mother	
• Melanoma	Father	
• Heart attack	Brother	30
• Heart attack	Brother	43

Social History

Social History	
• Marital status:	Married
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Occupational History

• Data Manager
Colorado Academy

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Social History Main Topics

- Smoking status: Never Smoker

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- Smokeless tobacco: Never Used
- Alcohol use Yes
Comment: 1/week
- Drug use: No
- Sexual activity: Not on file

Other Topics Concern

- Not on file

Social History Narrative

Data Manager for Colorado Academy
Lives with Husband in Littleton, CO
Husband is a semi-retired chemist
Independent functionally
Walked 3 miles / day until recent surgery -- limited due to surgical site pain

Review of Systems

Constitutional: Negative.
 HENT: Positive for sore throat.
 Eyes: Negative.
 Respiratory: Negative.
 Cardiovascular: Negative.
 Gastrointestinal: Negative.
 Genitourinary: Negative.
 Musculoskeletal: Negative.
 Skin: Negative.
 Neurological: Negative.
 Hematological: Negative.
 Psychiatric/Behavioral: Negative.

Objective:

Vital Signs:

Visit Vitals

• BP	114/70
• Pulse	63
• Temp	36.1 °C (97 °F) (Temporal Artery)
• Resp	18
• Ht	1.626 m (5' 4")
• Wt	54 kg (119 lb)

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uchealthChristine Barnard
8/17/1954
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

• BMI 20.43 kg/m²

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Some symmetrical OP erythema noted.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Neck supple. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time. No cranial nerve deficit.

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. No erythema.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Thought content normal.

Procedures

DATA:

No results found for this or any previous visit (from the past 24 hour(s)).

TIME/COUNSELING:

I personally spent a total of 60 minutes. Of that 40 minutes was counseling/coordination of patients care. See my note above for details.

Martin Krsak, MD

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Martin Krsak, MD

UCH RightFax Server2 10/10/2017 1:23:18 PM PAGE 7/007 Fax Server

uchealth

Christine Barnard
8/17/1954
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Electronically signed by:

Martin Krsak, MD
10/10/2017, 12:37 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

UCH RightFax Server1 9/20/2017 11:44:22 AM PAGE 1/010 Fax Server



Date: 9/20/2017

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
Dana Rounsborg, RN
UCH OUTPATIENT SERVICES

CANCER CENTER

Anschutz Cancer Pavilion

1665 Aurora Court, 2nd Floor

Aurora CO 80045-2548
Phone: 720-848-0300
Fax: 720-848-0360

Message:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)ucchealth

Cancer Center
 Anschutz Cancer Pavilion
 1665 Aurora Court, 2nd Floor
 Aurora CO 80045-2548
 O: 720-848-0300
 F: 720-848-0360

September 20, 2017

Cara H Dawson, MD
 4700 E Hale Pkwy Suite 300
 Denver CO 80220

Patient: **Christine Barnard (DOB: 8/17/1954)**
 Date of Visit: **9/20/2017**

Dear Dr. Dawson

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

ICD-10-
 CM

1. Lung cancer, primary, with metastasis C34.92
 from lung to other site, left (HC code)
 No medications were added in this encounter.
 There are no discontinued medications.

Complete response on PET/CT and MRI brain
 CEA still elevated = 5.0, but stable compared to last reading.
 Recently diagnosed with esophageal candidiasis (no known risk factors) on EGD, and was prescribed 14 days of fluconazole --> significant interval improvement of dysphagia and resolution of chest pain and heart burn. Still has Gr. 1 dysphagia.

Plan:

Proceed with C9D1
 Ask for approval to proceed with Fluconazole x 1 more week -- Fluconazole is a prohibited drug due to prolonged QTc risk. However, she has normal QTc on today's ECG despite two weeks of Fluconazole already
 If approved, then continue another week of fluconazole and RTC in 1 week with repeat ECG

N.B. Leaving on cruise trip for Middle East Oct 15th. Back on November 4th.

Christine Barnard DOB: 8/17/1954

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ucchealth

Christine Barnard
 8/17/1954
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Baseline AE's

- Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
- Grade 1 L Chest Wall pain - Start 1/2017
- Grade 1- Difficulty taking a deep breath- Start 1/2017
- Grade 1 Cough- Start 7/2016
- Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
- Grade 1 Insomnia- Start years ago

New AE's

- Grade 1 Visual Changes- Start 2/10/17- drug related 2.
- Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
- Chest Tightness- Grade 1 start approx Mid March/2017- related to esophageal candidiasis (09/07/2017) --> Gr. 0
- Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

- 5. Diarrhea- Grade 1- Start 5/10/17 - not study drug related
- 6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
- 7. Edema Grade 1 start 5/10/17- possibly drug related
- 8. Gr. 2 heartburn (08/23/17) --> Gr. 0 heartburn (09/20/17)
- 9. Gr. 2 dysphagia (08/23/17) --> Gr. 1 dysphagia (09/20/17)

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for C9D1 crizotinib 250 mg po bid on ALTA-1L (IRB 16-0006)

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with CR to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 09/18/17 negative

PET/CT (09/18/17): no evidence of FDG-avid recurrent or metastatic disease. Left breast

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Christine Barnard
8/17/1954
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calcifications.

MRI Brain (09/18/17): no CNS mets

AMB PAIN ASSESSMENT

Pain Now	8/23/2017
Pain Assessment	
0-10 (NRS)	
Pain Descriptors (Words)	
Pain Location	Pressure
Pain Duration	Chest
Aggravating	Continuous
Alleviating	Eating, Drinking
	Other (Other): Repositioned

CURRENT MEDICATIONS:**Current Outpatient Prescriptions**

Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for lung cancer. Take with an 8 ounce glass of water without regard to food.
• fluCONazole (DIFLUCAN) 200 mg tablet	for esophageal candidiasis. 400 mg on day 1, then take 200 mg daily to complete 2 week course
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.
• triamcinolone (KENALOG) 0.1 % cream	Apply topically 2 times daily.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine**Past Medical History:**

Diagnosis	Date
• Adhesive capsulitis of left shoulder	
• Benign thyroid cyst right thyroid lobe, 0.8 cm simple cyst	12/16/2016
• Cancer (HC code) Lung	
• Depression	2001
• Fibromyalgia	
• GERD (gastroesophageal reflux disease)	
• Insomnia	

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealthChristine Barnard
8/17/1954
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- Iron deficiency anemia
- Thyroid nodule

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		2014
• cesarean section	N/A	
3 sections		
• LUNG REMOVAL, PARTIAL	Left	01/2017
• rhinoplasty		1973

Family History

Problem	Relation	Age of Onset
• Stroke	Mother	87
• Diabetes	Mother	
• Heart failure	Mother	
• Melanoma	Father	
• Heart attack	Brother	30
• Heart attack	Brother	43

Social History

Social History
• Marital status: Married
Spouse name: N/A
• Number of children: N/A
• Years of education: N/A

Occupational History

- Data Manager
Colorado Academy

Social History Main Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol use	Yes
Comment: 1/week	
• Drug use:	No
• Sexual activity:	Not on file

Other Topics

Concern

- Not on file

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uchealthChristine Barnard
8/17/1954
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Social History Narrative

*Data Manager for Colorado Academy
Lives with Husband in Littleton, CO*

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)*Mrs. Barnard is a semi-retired chemist**Independent functionally**Walked 3 miles / day until recent surgery -- limited due to surgical site pain*

Review of Systems
 Constitutional: Negative.
 HENT: Negative.
 Eyes: Negative.
 Respiratory: Negative.
 Cardiovascular: Negative.
 Gastrointestinal: Negative.
 Musculoskeletal: Negative.
 Skin: Negative.
 Neurological: Negative.
 Psychiatric/Behavioral: Negative.

Objective:

Vital Signs: There were no vitals taken for this visit.

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
09/07/17 54.4 kg (120 lb)BP Readings from Last 1 Encounters:
09/07/17 98/57Temp Readings from Last 1 Encounters:
09/07/17 36.2 °C (97.2 °F)Pulse Readings from Last 1 Encounters:
09/07/17 56SpO2 Readings from Last 1 Encounters:
09/07/17 95%

Resp Readings from Last 1 Encounters:

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8/17/1954
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09/07/17 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
09/07/17 54.4 kg (120 lb)
08/23/17 55.3 kg (122 lb)
08/23/17 54.9 kg (121 lb)BP Readings from Last 3 Encounters:
09/07/17 98/57
08/23/17 125/74
08/23/17 125/78Temp Readings from Last 3 Encounters:
09/07/17 36.2 °C (97.2 °F)
08/23/17 36.8 °C (98.2 °F)
08/23/17 36.5 °C (97.7 °F) (Temporal Artery)Pulse Readings from Last 3 Encounters:
09/07/17 56
08/23/17 92
08/23/17 99SpO2 Readings from Last 3 Encounters:
09/07/17 95%
08/23/17 96%
08/23/17 99%

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Resp Readings from Last 3 Encounters:

09/07/17	16
08/23/17	16
08/23/17	16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

UCH RightFax Server1 9/20/2017 11:44:22 AM PAGE 8/010 Fax Server

uchealth

Christine Barnard
8/17/1954
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Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. There is no tenderness. There is no rebound and no guarding.

Musculoskeletal: Normal range of motion. She exhibits no edema, tenderness or deformity.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Vitals reviewed.

DATA:

Lab Only on 09/20/2017

Component	Date	Value	Ref Range	Status
• White Blood Cell Count	09/20/2017	5.3	4.0 - 11.1 10 ⁹ /L	Final
• Red Blood Cell Count	09/20/2017	4.77	4.18 - 5.64 10 ¹² /L	Final
• Hemoglobin	09/20/2017	14.8	12.1 - 16.3 g/dL	Final
• Hematocrit	09/20/2017	44.5	35.7 - 46.7 %	Final
• Mean Corpuscular Volume	09/20/2017	93.3	80.0 - 100.0 fL	Final
• Mean Corpuscular Hemoglobin	09/20/2017	31.0	27.5 - 35.1 pg	Final
• Mean Corpuscular Hemoglobin Concentration	09/20/2017	33.3	32.0 - 36.0 g/dL	Final
• Platelet Count	09/20/2017	218	150 - 400 10 ⁹ /L	Final
• Red Cell Distribution Width CV	09/20/2017	13.3	11.7 - 14.2 %	Final

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)ucchealthChristine Barnard
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• NRBC Percent	09/20/2017	0.0	0 %	Final
• NRBC Absolute	09/20/2017	0.00	0 10 ⁹ /L	Final
• Segmented Neutrophil Percent	09/20/2017	59.1	%	Final
• Lymphocyte Percent	09/20/2017	27.5	%	Final
• Monocytes Percent	09/20/2017	10.9	%	Final
• Eosinophils Percent	09/20/2017	1.3	%	Final
• Basophils Percent	09/20/2017	0.8	%	Final
• Immature Granulocytes Percent	09/20/2017	0.4	%	Final
• Neutrophils Absolute	09/20/2017	3.1	1.8 - 6.6 10 ⁹ /L	Final
• Lymphocyte Absolute	09/20/2017	1.5	1.0 - 4.8 10 ⁹ /L	Final
• Monocytes Absolute	09/20/2017	0.6	0.2 - 0.9 10 ⁹ /L	Final
• Eosinophils Absolute	09/20/2017	0.1	0.0 - 0.4 10 ⁹ /L	Final
• Basophils Absolute	09/20/2017	0.0	0.0 - 0.2 10 ⁹ /L	Final
• Immature Granulocytes Absolute	09/20/2017	0.0	0.0 - 0.05 10 ⁹ /L	Final

The lab values contained in this progress note were personally reviewed and no clinically significant labs were noted.

TIME/COUNSELING:

N/A

Terry Ng

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Terry L Ng

Electronically signed by:

D Ross Camidge, MD PhD
9/20/2017, 10:54 AM

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8/17/1954
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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

UCH RightFax Server1 8/24/2017 10:47:52 PM PAGE 1/009 Fax Server

uchealth
Communication

Date: 8/24/2017

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Matthew D Zuckerman, MD
UCH INPATIENT SERVICES

EMERGENCY DEPARTMENT

12605 E. 16th Ave.

Aurora CO 80045-2548
Phone: 720-848-9111
Fax: 720-848-5157

Message:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Barnard,Christine
 8/23/2017 ED
 MRN: 1365119

Dept Phone: 720-848-
 9111
 Encounter #: 107737952

Description: Female DOB:
 8/17/1954
 Department: Amc
 Emergency

Please Note:

If this Emergency Department note is completed by a Resident or Advanced Practice Provider, then a signed Attending note will follow. If this Emergency Department note is completed by an Attending, it is the final note that has been reviewed and signed by the Attending.

ED Provider Notes by Zuckerman, Matthew D, MD at 8/23/2017 10:30 AM

Author: Zuckerman, Matthew D, Service: EMERGENCY MEDICINE Author Type: Physician
 MD
 Filed: 8/24/2017 10:47 PM Date of Service: 8/23/2017 10:30 AM Status: Signed
 Editor: Zuckerman, Matthew D, MD (Physician)
 Related Notes: Original Note by Howe, Danielle P (Scribe) filed at 8/23/2017 3:50 PM

Assessment/Plan

The patient is a 63 y.o. female with PMHx of GERD who p/w pressure-like, radiating L sternal CP for 3-4 months that has worsened in the past 24 hours without changes to regimen or travel. Pain is worsened with movement and inspiration. Pt was sent to ED today after an ST elevation in an EKG during another appointment.

Significant physical exam findings:

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
 No murmur heard.

Labs:

Trop 0.00
 Rpt trop 0.00

EKG:

ECG as personally reviewed and interpreted by me: NSR at 84. Normal axis. No STEMI.
 Rpt EKG with no change, no STEMI

Re-exams:

11:04 AM sx (dizzy and nausea) improving but still present

Consults:

11:00 AM: spoke to oncology about plan for pt

MDM:

Atypical pain, pt believes could be GERD. No evidence STEMI. Will cycle troponin for NSTEMI
 Will consider stress test. Discussed with oncology. No concern for heart failure or valvular disease. No indication for ECHO. Oncology agreeable to start PPI.

Impression:

Barnard, Christine (MRN 1365119) Printed by [41419] at 8/24/17 10:47 PM

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Barnard, Christine (MRN 1365119)

Page 2 of 8

ED Provider Notes by Zuckerman, Matthew D, MD at 8/23/2017 10:30 AM (continued)

1. Atypical chest pain

Disposition:

Discussed the work up results with the patient. Discussed the diagnosis and expectant prognosis. All questions and concerns were addressed. counseled on the need to follow up with a primary care provider or clinic of their choice or specialist. At this time, the patient will be discharged. Patient agrees with discharge plan. Return precautions were given, patient verbalized understanding.

I recommended that Christine Barnard follow up with Provider: PCP to optimize long term plan for therapeutic course of acute presentation in 2-3 days.

CDU Attending Admission Note

Patient admitted via the chest pain pathway.

Notable abnormal vitals, labs or imaging studies?

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Any consults performed or pending? no
If yes, describe.

Any pending labs or imaging studies? yes
If yes, describe. Possible stress test, repeat troponin.

A/P: Observation care plan (i.e. If/Then plan): Pt placed in observation for repeat troponin and possible stress test.

S: The patient was seen and evaluated by me for chest pain.

Past Medical History:

Diagnosis	Date
• Adhesive capsulitis of left shoulder	
• Benign thyroid cyst right thyroid lobe, 0.8 cm simple cyst	12/16/2016
• Depression	
• Fibromyalgia	2001
• GERD (gastroesophageal reflux disease)	
• Insomnia	
• Iron deficiency anemia	
• Thyroid nodule	

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		2014
• cesarean section 3 sections	N/A	
• rhinoplasty		1973

Family History

Problem	Relation	Age of Onset

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Barnard, Christine (MRN 1365119)

Page 3 of 8

ED Provider Notes by Zuckerman, Matthew D, MD at 8/23/2017 10:30 AM (continued)

• Stroke	Mother	87
• Diabetes	Mother	
• Heart failure	Mother	
• Melanoma	Father	
• Heart attack	Brother	30
• Heart attack	Brother	43

Social History

Substance Use Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol use	0.6 oz/week
	1 Glasses of wine per week

O/Exam: Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
No murmur heard.

Attestation:

I have personally seen and examined this patient and provided observation care services. I have fully participated in the care of this patient. I agree with all pertinent and available clinical information, including history, physical exam, assessment and plan as documented by the resident and/or physician assistant, except as noted. I have reviewed the pertinent and available documentation by nursing, EMS and ancillary staff, except as noted. I have reviewed, agree with and verified the CDU Admission H&P performed on 8/23/2017

Zuckerman, Matthew D, MD 3:48 PM

CDU Attending Discharge Note

3:49 PM

Pt was observed in the CDU for Chest pain.

O: repeat trop and ekg negative

Work up included: serial exams and serial lab testing.

Follow up plan: Pt instructed to follow up with PCP.

Discharge to Home

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

ED Course

I have personally seen and examined this patient and provided observation care services. I have fully participated in the care of this patient. I agree with all pertinent and available clinical information, including history, physical exam, assessment and plan as documented by the resident and/or physician assistant, except as noted. I have reviewed the pertinent and available documentation by nursing, EMS and ancillary staff, except as noted. I have reviewed, agree with and verified the CDU Admission H&P performed on 8/23/17

Barnard, Christine (MRN 1365119) Printed by [41419] at 8/24/17 10:47 PM

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Barnard, Christine (MRN 1365119)

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ED Provider Notes by Zuckerman, Matthew D, MD at 8/23/2017 10:30 AM (continued)

Zuckerman, Matthew D, MD 3:49 PM

History**Chief Complaint**

Patient presents with:

- Chest Pain

HPI Comments: Christine Barnard is a 63 y.o. Female with PMhx of GERD and lung CA s/p resection on crizotinib (no other chemotherapy) who p/w pressure-like, radiating L sternal CP for 3-4 months that has worsened in the past 24 hours without changes to regimen or travel. Pain is worsened with movement, eating, and inspiration. Pt was sent to ED today after an ST elevation in an EKG during appointment with oncologic nurse. Pt also c/o productive cough but not hemoptysis. PO intake makes the CP worse, so pt has not eaten since 6 pm last night. She took Tums with no relief. Pt had negative CT PE 5 days prior while she was at an oncology appointment for same symptoms. PSHx includes lung resection in January. Denies Hx of MI, HLD, HTN, DM. FHx includes brother's death 2/2 MI at 43 y.o., and parents both had CHF. No IV drug use or cigarette use.

Patient is a 63 y.o. female presenting with chest pain. The history is provided by the patient. No language interpreter was used.

Chest Pain:**Chronicity: acute on chronic.**

Onset: 12 to 24 hours ago

Frequency: Constantly

Progression since onset: Gradually worsening

Associated with: Eating

Pain location: Substernal region

Pain severity: Mild

Pain quality: Pressure-like

Pain radiation: Epigastrium

Associated symptoms include: cough (productive).

Associated symptoms do not include: fever, nausea, shortness of breath or vomiting.

Treatments tried: Antacids

Improvement on treatment: No

Past medical history does not include: diabetes, hyperlipidemia or past MI.

Family history includes: early MI.

Past Medical History:

Diagnosis:

Date:

- Adhesive capsulitis of left shoulder
- Benign thyroid cyst
right thyroid lobe, 0.8 cm simple cyst
- Depression
- Fibromyalgia
- GERD (gastroesophageal reflux disease)
- Insomnia
- Iron deficiency anemia
- Thyroid nodule

12/16/2016

2001

Past Surgical History:

Procedure:

Laterality:

Date:

- BUNIONECTOMY
- cesarean section
3 sections

2014

N/A

Barnard, Christine (MRN 1365119) Printed by [41419] at 8/24/17 10:47 PM

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Barnard, Christine (MRN 1365119)

Page 5 of 8

ED Provider Notes by Zuckerman, Matthew D, MD at 8/23/2017 10:30 AM (continued)

- rhinoplasty

1973

Family History

Problem:

Relation:

Age of Onset:

67

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

• Stroke	Mother	or
• Diabetes	Mother	
• Heart failure	Father	
• Melanoma	Brother	30
• Heart attack	Brother	43
• Heart attack		

Social History**Substance Use: Topics**

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: 0.6 oz/week
1 Glasses of wine per week

Review of Systems

Constitutional: Positive for appetite change. Negative for fever.

HENT: Negative for nosebleeds.

Eyes: Negative for discharge.

Respiratory: Positive for cough (productive). Negative for shortness of breath.

Cardiovascular: Positive for chest pain (L sided).

Gastrointestinal: Negative for blood in stool, diarrhea, nausea and vomiting.

Genitourinary: Negative for urgency.

Musculoskeletal: Negative for gait problem, myalgias, neck pain and neck stiffness.

Skin: Negative for pallor and rash.

Neurological: Negative for speech difficulty.

Psychiatric/Behavioral: Negative for agitation and confusion.

Visit Vitals

• BP	126/78
• Pulse	85
• Temp	36.8 °C (98.2 °F)
• Resp	18
• Wt	55.3 kg (122 lb)
• SpO2	98%
• BMI	20.94 kg/m ²

Physical Exam

Constitutional: She is oriented to person, place, and time.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: No scleral icterus.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness. There is no rebound.

Barnard, Christine (MRN 1365119) Printed by [41419] at 8/24/17 10:47 PM

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Barnard, Christine (MRN 1365119)

Page 6 of 8

ED Provider Notes by Zuckerman, Matthew D, MD at 8/23/2017 10:30 AM (continued)

Musculoskeletal: Normal range of motion. She exhibits no edema (BLE).

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal.

Nursing note and vitals reviewed.

ED Course

Prior to procedure, hands were washed and sanitary conditions observed.

Procedures**Scribe Attestation**

By signing my name below, I, Danielle P Howe, attest that this documentation has been prepared under the direction and in the presence of Zuckerman, Matthew D, MD.

Danielle P Howe, Scribe. 08/23/17. 3:48 PM

Attending Attestation

I have personally seen and examined this patient. I have fully participated in the care of this patient. I agree with all pertinent and available clinical information, including history, physical exam, assessment and plan as documented by the resident and/or advanced practice provider, except as noted. I have reviewed the pertinent and available documentation by nursing, EMS and ancillary staff, except as noted.

I reviewed previous records for this patient: Yes: Epic Records.

Medical screening exam performed.

I, Zuckerman, Matthew D, MD, personally performed the services described in this documentation. All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and discharge instructions (if applicable) and agree that the record reflects my personal performance and is accurate and complete.

Zuckerman, Matthew D, MD 08/23/17 3:48 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Howe, Danielle P
08/23/17 1550

Zuckerman, Matthew D, MD
08/24/17 2247

Lab Results**POCT Troponin (Final result)**

Collection Time	Result Time
08/23/17 14:57:00	08/23/17 15:09:00

TROP	Component (Lab Inquiry)
0.00	

Reference Ranges:
0.05 ng/mL or less: Negative
Repeat testing in 4-6 hours if clinically indicated.

Barnard, Christine (MRN 1365119) Printed by [41419] at 8/24/17 10:47 PM

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Barnard, Christine (MRN 1365119)

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Lab Results (continued)**POCT Troponin (Final result)**

Collection Time	Result Time
08/23/17 10:38:00	08/23/17 10:54:00

TROP	Component (Lab Inquiry)
0.00	

Reference Ranges:
0.05 ng/mL or less: Negative
Repeat testing in 4-6 hours if clinically indicated.

0.06 - 0.49: Possible acute myocardial injury.
Clinical correlation and repeat measurement in 4-6 hours
may help confirm or exclude acute coronary syndrome.

0.50 ng/mL or greater: Consistent with myocardial injury.
Correlation with clinical findings and other laboratory
data recommended.

Imaging Results

None

ECG Results**ECG (Electrocardiogram) 12 Lead Inpt/ED (Final result)**

Collection Time	Result Time	Ventri cular Rate	Atrial Rate	P-R Interv al	QRS Durati on	QT	QTc	P Axis	R Axis	Axi s	T
08/23/17 14:39:57	08/23/17 15:23:02	79	79	132	88	378	433	60	-8	26	

Final result

Narrative:
Normal sinus rhythm
Nonspecific ST abnormality
Abnormal ECG
When compared with ECG of 23-AUG-2017 10:23,
No significant change was found

ECG (Electrocardiogram) 12 Lead Inpt/ED (Final result)

Collection Time	Result Time	Ventri cular Rate	Atrial Rate	P-R Interv al	QRS Durati on	QT	QTc	P Axis	R Axis	Axi s	T
08/23/17 10:23:21	08/23/17 12:23:20	84	84	118	84	368	434	68	-8	30	

Final result

Narrative:
Normal sinus rhythm
Nonspecific ST abnormality

Barnard, Christine (MRN 1365119) Printed by [41419] at 8/24/17 10:47 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Barnard, Christine (MRN 1365119)

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ECG Results (continued)

Abnormal ECG

No previous ECGs available

Barnard, Christine (MRN 1365119) Printed by [41419] at 8/24/17 10:47 PM

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uchealth

Communication

Date: 8/24/2017

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice B Rossi, NP
UCH OUTPATIENT SERVICES

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

Message:

The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

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uchealth

Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

August 24, 2017

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard** (DOB: 8/17/1954)
Date of Visit: 8/23/2017

Dear Dr. Dawson

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

1. **Malignant neoplasm of overlapping sites of left lung (HC code)**
2. Examination of participant in clinical trial - COMIRB: 16-006 Phase III- Consideration of C8
3. Chest pain, unspecified type difficulty - Constant- over sternum throughout chest cavity- pain waking her at night
Lots of belching "feels like indigestion" (order already placed for EGD)
Trop drawn in clinic- normal
EKG with nonspecific TV abnormalities (new)- CEA slightly more elevated (can be due to inflammation)
4. SOB (shortness of breath) - Pain with deep breath

CT PE did not reveal progression of cancer- infact there was improvement. She comes to clinic today with a Grade 4

Chest pain which require a trip to the ED to evaluate.

Per protocol OK to start zantac. Prilosec ok too- but monitor QTc (3A inhibitor)

I have asked Christine to hold drug at least this morning- or until she feels better
Proceed with C8 and RTC per protocol

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do work of light nature

Christine Barnard 8/17/1954

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Christine Barnard
8/17/1954
3

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for consideration of C8 of crizotinib 16-006

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm- Start 2/9/2017

Second line Rx: --- from --- to ---, with --- to Rx

Current Rx: --- from --- with --- to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 01/31/17 negative

PET/CT (12/27/16): LUL major fissure nodule (1.1 x 0.8 cm) SUV 3.7, medial LLL subpleural / periaortic nodule (0.7 x 1.0 cm), small left pleural effusion. Everything else negative.

CTA Chest- No PE- Interval decrease in small L pleural effusion Stable 4 mm nodule L upper lobe

AMB PAIN ASSESSMENT

8/23/2017

Pain Now	Yes
Pain Assessment	0-10/ Faces
0-10 (NRS)	4
Pain Descriptors (Words)	Pressure
Pain Location	Chest
Pain Duration	Continuous
Aggravating	Eating, Drinking
Alleviating	Other (Other); Repositioned

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for lung cancer. Take with an 8 ounce glass of water without regard to food.
• omeprazole (PRILOSEC) 20 mg capsule	Take 1 capsule by mouth every morning (before breakfast) for gastroesophageal reflux disease.

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Christine Barnard
8/17/1954
4

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

- triamcinolone (KENALOG) 0.1 % cream Apply topically 2 times daily.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Positive for fatigue. Negative for activity change, appetite change, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Positive for chest tightness. Negative for cough and shortness of breath.

Cardiovascular: Positive for chest pain. Negative for leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:**Vital Signs:****Visit Vitals**

• BP	125/78
• Pulse	99
• Temp	36.5 °C (97.7 °F) (Temporal Artery)
• Resp	16
• Wt	54.9 kg (121 lb)
• SpO2	99%
• BMI	20.77 kg/m2

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:

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Christine Barnard
8/17/1954
5

08/23/17 55.3 kg (122 lb)

BP Readings from Last 1 Encounters:

08/23/17 125/74

Temp Readings from Last 1 Encounters:

08/23/17 36.8 °C (98.2 °F)

Pulse Readings from Last 1 Encounters:

08/23/17 92

SpO2 Readings from Last 1 Encounters:

08/23/17 96%

Resp Readings from Last 1 Encounters:

08/23/17 16

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:

08/23/17 55.3 kg (122 lb)

08/23/17 54.9 kg (121 lb)

08/18/17 55.3 kg (122 lb)

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

BP Readings from Last 3 Encounters:

08/23/17 125/74
 08/23/17 125/78
 08/18/17 119/75

Temp Readings from Last 3 Encounters:

08/23/17 36.8 °C (98.2 °F)
 08/23/17 36.5 °C (97.7 °F) (Temporal Artery)
 08/18/17 36.9 °C (98.4 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

08/23/17 92
 08/23/17 99
 08/18/17 73

SpO2 Readings from Last 3 Encounters:

08/23/17 96%

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ucchealth

Christine Barnard
 8/17/1954
 6

08/23/17 99%
 08/18/17 98%

Resp Readings from Last 3 Encounters:

08/23/17 16
 08/23/17 16
 06/28/17 17

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

Christine appears very uncomfortable - difficulty taking a deep breath- sharp pain noted

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 08/23/17

Tropoinin

Result	Value	Ref Range
Troponin I	0.00	0.00 - 0.05 ng/mL

TIME/COUNSELING:

I personally spent a total of 60 minutes. Of that 30 minutes was counseling/coordination of patients care. See my note above for details.

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

uchealth

Christine Barnard
8/17/1954
7

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Candice Rossi

Electronically signed by:

Candice B Rossi, NP
8/24/2017, 7:17 PM

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UCHealth University of Colorado Hospital
ANSCHUTZ MEDICAL CAMPUS

Communication

Date: 8/23/17

To:
Dawson, Cara H, MD
Fax: 303-388-6957
Phone: 720-320-2061

From:
No admitting provider for patient encounter.
Phone: (720) 848-0000

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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UCHealth University of Colorado Hospital

Anschutz Medical Campus

BARNARD,CHRISTINE (DOB: 08/17/1954, UCH MRN#1365119) was seen in the UCH Health University of Colorado Hospital Emergency Department on 8/23/2017 by Zuckerman, Matthew D, MD. He/she was admitted for observation with a clinical impression of .

Please phone the Emergency Department at 720-848-9111 if you have questions. Thank you for the opportunity to participate in the care of your patient.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

UCH RightFax Server1 8/22/2017 7:25:29 PM PAGE 1/008 Fax Server



Communication

Date: 8/22/2017

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Candice B Rossi, NP
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

Message:

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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: **Christine Barnard** (DOB: 8/17/1954)
Date of Visit: 8/18/2017

Dear Dr. Dawson

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

1. Malignant neoplasm of left lung, unspecified part of lung (HC code) - Unscheduled visit due to pain
Chris currently on Ariad AP26113 Phase III
2. Gastric reflux
3. Chest tightness or pressure

Chris called clinic earlier this week - chest tightness/pressure L side worse than R. "Feels just like when I was diagnosed in December.

She is somewhat more SOB.

CTA of Chest:

No evidence of pulmonary embolism

Interval decrease in small L pleural effusion

Stable 4 mm nodule in upper L upper lobe

Post surgical changes- L wedge

Scan appears stable. Unclear etiology of pain. Pt has a significant history of GERD- order endoscopy.

Also, Chris will check with her PCP to see if she has had an ECHO recently- if not- I will order one.

The chest pain could be cardiac related- although this is less likely.

RTC per protocol

Christine Barnard DOB: 8/17/1954

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Christine Barnard
8/17/1954
3

ECOG performance status - (1) Restricted in physically strenuous activity, ambulatory and able to do work of light nature

Subjective:

Patient ID: Christine Barnard is a 63 y.o. female who presents to Cancer Center for Cancer Center for

Stage IV NSCLC

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm- Start 2/9/2017

Second line Rx: --- from --- to ---, with --- to Rx

Current Rx: --- from --- with --- to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 01/31/17 negative

PET/CT (12/27/16): LUL major fissure nodule (1.1 x 0.8 cm) SUV 3.7, medial LLL subpleural / periaortic nodule (0.7 x 1.0 cm), small left pleural effusion. Everything else negative.

AMB PAIN ASSESSMENT
Pain Now

8/18/2017
No

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Pain Assessment -
 0-10 (NRS) -
 Pain Descriptors (Words) -
 Pain Location -
 Pain Duration -
 Aggravating -
 Alleviating -

CURRENT MEDICATIONS:

Current Outpatient Prescriptions
 Medication Sig
 • 16-0006 STUDY crizotinib 250 mg capsule Take 1 capsule by mouth 2 times daily for lung cancer.
 Take with an 8 ounce glass of water without regard to

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uchealthChristine Barnard
8/17/1954
4

- food.
 • triamcinolone (KENALOG) 0.1 % cream Apply topically 2 times daily.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.
 HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.
 Eyes: Negative for visual disturbance.
 Respiratory: Positive for chest tightness and shortness of breath. Negative for cough.
 Cardiovascular: Negative for chest pain and leg swelling.
 Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.
 Genitourinary: Negative for dysuria.
 Musculoskeletal: Negative for joint swelling.
 Skin: Negative for rash.
 Neurological: Negative for dizziness, weakness, light-headedness and headaches.
 Hematological: Negative for adenopathy.
 Psychiatric/Behavioral: Negative for confusion.

Objective:**Vital Signs:****Visit Vitalis**

- | | |
|---------|-------------------------------------|
| • BP | 119/75 |
| • Pulse | 73 |
| • Temp | 36.9 °C (98.4 °F) (Temporal Artery) |
| • Wt | 55.3 kg (122 lb) |
| • SpO2 | 98% |
| • BMI | 20.94 kg/m2 |

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
8/17/1954
5

08/18/17 55.3 kg (122 lb)

BP Readings from Last 1 Encounters:
08/18/17 119/75Temp Readings from Last 1 Encounters:
08/18/17 36.9 °C (98.4 °F) (Temporal Artery)Pulse Readings from Last 1 Encounters:
08/18/17 73SpO2 Readings from Last 1 Encounters:
08/18/17 98%Resp Readings from Last 1 Encounters:
06/28/17 17

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:

08/18/17 55.3 kg (122 lb)
07/26/17 55.5 kg (122 lb 4 oz)
06/28/17 56.8 kg (125 lb 3.2 oz)

BP Readings from Last 3 Encounters:

08/18/17 119/75
07/26/17 101/63
06/28/17 98/66

Temp Readings from Last 3 Encounters:

08/18/17 36.9 °C (98.4 °F) (Temporal Artery)
07/26/17 36.8 °C (98.3 °F) (Temporal Artery)
06/28/17 37.1 °C (98.7 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

08/18/17 73
07/26/17 62
06/28/17 68

SpO2 Readings from Last 3 Encounters:

08/18/17 98%

UCH RightFax Server1 8/22/2017 7:25:29 PM PAGE 6/008 Fax Server

uchealthChristine Barnard
8/17/1954
607/26/17 96%
06/28/17 96%Resp Readings from Last 3 Encounters:
06/28/17 17
05/31/17 16
05/03/17 16**Physical Exam**

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Neck: No thyromegaly present.
 Cardiovascular: Normal rate and regular rhythm.
 Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.
 Abdominal: Soft. Bowel sounds are normal.
 Musculoskeletal: Normal range of motion. She exhibits no edema.
 Lymphadenopathy:
 She has no cervical adenopathy.
 Neurological: She is alert and oriented to person, place, and time.
 Skin: Skin is warm and dry.
 Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 08/18/17

CBC with Auto Differential

Result	Value	Ref Range
White Blood Cell Count	7.4	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.49	4.18 - 5.64 10 ¹² /L
Hemoglobin	14.1	12.1 - 16.3 g/dL
Hematocrit	41.2	35.7 - 46.7 %
Mean Corpuscular Volume	91.8	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	31.4	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	34.2	32.0 - 36.0 g/dL
Platelet Count	206	150 - 400 10 ⁹ /L

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 Christine Barnard
 8/17/1954
 7

Red Cell Distribution Width CV	13.4	11.7 - 14.2 %
Segmented Neutrophil Percent	70.2	%
Lymphocyte Percent	21.4	%
Monocytes Percent	7.1	%
Eosinophils Percent	0.5	%
Basophils Percent	0.5	%
Immature Granulocytes Percent	0.3	%
Neutrophils Absolute	5.2	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.6	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.5	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.0	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
NRBC Percent	0.0	0 %
NRBC Absolute	0.00	0 10 ⁹ /L

Result	Value	Ref Range
Sodium Serum/Plasma	132 (L)	133 - 145 mmol/L
Potassium Serum/Plasma	3.4 (L)	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	103	98 - 108 mmol/L
Carbon Dioxide	22	21 - 31 mmol/L
Anion Gap	7	4 - 16 mmol/L
Glucose Random Serum/Plasma	82	70 - 199 mg/dL
Blood Urea Nitrogen	16	7 - 25 mg/dL
Creatinine Serum/Plasma	0.70	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	7.9 (L)	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	122 (H)	39 - 117 U/L
Alanine Aminotransferase	23	7 - 52 U/L
Aspartate Aminotransferase	24	12 - 39 U/L
Protein Total Serum/Plasma	5.7 (L)	6.4 - 8.9 g/dL
Albumin	3.2 (L)	3.5 - 5.7 g/dL

TIME/COUNSELING:

I personally spent a total of 45 minutes. Of that 25 minutes was counseling/coordination of patient's care. See my note above for details.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth

Christine Barnard
8/17/1954
8

Candice B Rossi, NP

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Candice Rossi

Electronically signed by:

Candice B Rossi, NP
8/22/2017, 5:37 PM

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uchealth

Communication

Date: 7/27/2017

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Phone: 720-320-2061

From:
D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS
9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

Message:

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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

July 27, 2017

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220

Patient: Christine Barnard
Date of Visit: 7/26/2017

Dear Dr. Dawson

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

1. Malignant neoplasm of lower lobe of right lung (HC code) - Slowly rising CEA
2. Examination of participant in clinical trial - C7 of Ariad AP26113 Phase III

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE's

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
2. Chest Tightness- Grade 1 start approx Mid March/2017- not drug related
3. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17
4. Diarrhea- Grade 1- Start 5/3/17 - not study drug related - Resolved 5/31/17
5. Cough- Grade 1 Start 5/10/17 possibly drug related

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

5. Cramps Low Grade 1 start 5/10/17 possibly drug related

6. Edema Grade 1 start 5/10/17- possibly drug related

Overall Christine is feeling well. She continues to work. Dr. Camidge and I both reviewed the scans with Christine:

Our plan is to watch the disease closely- if new symptoms develop or tumor markers rise drastically- will scan sooner rather than later.

Scan Review:

Christine Barnard DOB: 8/17/1954

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ucchealthChristine Barnard
8/17/1954
3

Slight increase in small L pleural effusion - New 5 MM nodular density- watch
 Brain Scan: No intracranial mets

RTC per protocol
 Plan Diagnostic PET/CT in 3 months.

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 62 y.o. female who presents to Cancer Center for Stage IV NSCLC
 HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarota (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm- Start 2/9/2017

Second line Rx: --- from --- to ---, with --- to Rx

Current Rx: --- from --- with --- to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 01/31/17 negative

PET/CT (12/27/16): LUL major fissure nodule (1.1 x 0.8 cm) SUV 3.7, medial LLL subpleural / periaortic nodule (0.7 x 1.0 cm), small left pleural effusion. Everything else negative.

AMB PAIN ASSESSMENT

7/26/2017

Pain Now	No
Pain Assessment	-
0-10 (NRS)	-
Pain Descriptors (Words)	-
Pain Location	-
Pain Duration	-
Aggravating	-
Alleviating	-

CURRENT MEDICATIONS:

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Christine Barnard

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

8/17/1954

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Current Outpatient Prescriptions**Medication**

- | | |
|--|--|
| <ul style="list-style-type: none"> • 16-0006 STUDY crizotinib 250 mg capsule • triamcinolone (KENALOG) 0.1 % cream | Sig:
Take 1 capsule by mouth 2 times daily for lung cancer.
Take with an 8 ounce glass of water without regard to food.
Apply topically 2 times daily. |
|--|--|

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:**Vital Signs:****Visit Vitals**

- | | |
|---------|-------------------------------------|
| • BP | 101/63 |
| • Pulse | 62 |
| • Temp | 36.8 °C (98.3 °F) (Temporal Artery) |
| • Wt | 55.5 kg (122 lb 4 oz) |
| • SpO2 | 96% |
| • BMI | 20.98 kg/m ² |

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Christine Barnard

8/17/1954

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Vital Signs from last encounter:**Wt Readings from Last 1 Encounters:**

07/26/17 55.5 kg (122 lb 4 oz)

BP Readings from Last 1 Encounters:

07/26/17 101/63

Temp Readings from Last 1 Encounters:

07/26/17 36.8 °C (98.3 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:

07/26/17 62

SpO2 Readings from Last 1 Encounters:

07/26/17 96%

Resp Readings from Last 1 Encounters:

06/28/17 17

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Vital Signs from last three (3) encounters:**

Wt Readings from Last 3 Encounters:

07/26/17 55.5 kg (122 lb 4 oz)
 06/28/17 56.8 kg (125 lb 3.2 oz)
 05/31/17 58.2 kg (128 lb 6.4 oz)

BP Readings from Last 3 Encounters:

07/26/17 101/63
 06/28/17 98/66
 05/31/17 126/70

Temp Readings from Last 3 Encounters:

07/26/17 36.8 °C (98.3 °F) (Temporal Artery)
 06/28/17 37.1 °C (98.7 °F) (Temporal Artery)
 05/31/17 36.8 °C (98.2 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

07/26/17 62
 06/28/17 68

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uchealthChristine Barnard
8/17/1954
6

05/31/17 65

SpO2 Readings from Last 3 Encounters:

07/26/17 96%
 06/28/17 96%
 05/31/17 97%

Resp Readings from Last 3 Encounters:

06/28/17 17
 05/31/17 16
 05/03/17 16

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.

HENIT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: No thyromegaly present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion. She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 07/26/17

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium Serum/Plasma	140	133 - 145 mmol/L
Potassium Serum/Plasma	4.5	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	107	98 - 108 mmol/L
Carbon Dioxide	26	21 - 31 mmol/L
Anion Gap	7	4 - 16 mmol/L

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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8/17/1954
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Glucose Random Serum/Plasma	67 (L)	70 - 199 mg/dL
Blood Urea Nitrogen	19	7 - 25 mg/dL
Creatinine Serum/Plasma	0.75	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.2	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	143 (H)	39 - 117 U/L
Alanine Aminotransferase	26	7 - 52 U/L
Aspartate Aminotransferase	25	12 - 39 U/L
Protein Total Serum/Plasma	6.4	6.4 - 8.9 g/dL
Albumin	3.8	3.5 - 5.7 g/dL
Carcinoembryonic Antigen		
Result	Value	Ref Range
Carcinoembryonic Antigen DXI	3.5 (H)	0.0 - 3.0 ng/mL
Cancer Antigen 125		
Result	Value	Ref Range
Cancer Antigen 125 DXI	15	0 - 35 U/mL
Bilirubin Direct Panel		
Result	Value	Ref Range
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Bilirubin Direct	0.1	0.0 - 0.2 mg/dL
Bilirubin Indirect	0.5	0.0 - 1.0 mg/dL
Magnesium serum		
Result	Value	Ref Range
Magnesium Serum	2.1	1.6 - 2.5 mg/dL
Phosphorus Serum/Plasma		
Result	Value	Ref Range
Phosphorus Serum/Plasma	3.5	2.5 - 5.0 mg/dL
Lactate dehydrogenase		
Result	Value	Ref Range
Lactate Dehydrogenase	256	124 - 271 U/L
Creatinine Kinase		
Result	Value	Ref Range
Creatine Kinase	196	30 - 223 U/L
Uric acid serum		
Result	Value	Ref Range
Uric Acid Serum	3.9	2.3 - 6.6 mg/dL
Amylase serum		
Result	Value	Ref Range
Amylase Serum	59	29 - 103 U/L

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8/17/1954
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Lipase		
Result	Value	Ref Range
Lipase Serum/Plasma	27	11 - 82 U/L
Insulin		
Result	Value	Ref Range
Insulin	4	2 - 23 μ U/mL
CBC with Auto Differential		
Result	Value	Ref Range

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

White Blood Cell Count	5.0	4.0 - 11.1 10 ⁹ /L
Red Blood Cell Count	4.72	4.18 - 5.64 10 ¹² /L
Hemoglobin	14.3	12.1 - 16.3 g/dL
Hematocrit	42.8	35.7 - 46.7 %
Mean Corpuscular Volume	90.7	80.0 - 100.0 fL
Mean Corpuscular Hemoglobin	30.3	27.5 - 35.1 pg
Mean Corpuscular Hemoglobin Concentration	33.4	32.0 - 36.0 g/dL
Platelet Count	208	150 - 400 10 ⁹ /L
Red Cell Distribution Width CV	14.4 (H)	11.7 - 14.2 %
NRBC Percent	0.0	0 %
NRBC Absolute	0.00	0 10 ⁹ /L
Segmented Neutrophil Percent	54.6	%
Lymphocyte Percent	31.6	%
Monocytes Percent	12.0	%
Eosinophils Percent	1.2	%
Basophils Percent	0.4	%
Immature Granulocytes Percent	0.2	%
Neutrophils Absolute	2.7	1.8 - 6.6 10 ⁹ /L
Lymphocyte Absolute	1.6	1.0 - 4.8 10 ⁹ /L
Monocytes Absolute	0.6	0.2 - 0.9 10 ⁹ /L
Eosinophils Absolute	0.1	0.0 - 0.4 10 ⁹ /L
Basophils Absolute	0.0	0.0 - 0.2 10 ⁹ /L
Immature Granulocytes Absolute	0.0	0.0 - 0.05 10 ⁹ /L
Mean Platelet Volume	10.0	9.6 - 12.8 fL
Red Cell Distribution Width SD	47.5	37.1 - 48.8 fL

The lab completed at this visit were personally reviewed and the following clinically significant labs were noted: Now 3.5 up from 2.8
Monitor closely!

TIME/COUNSELING:

I personally spent a total of 45 minutes. Of that 25 minutes was counseling/coordination of patients care. See my note above for details.

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Christine Barnard
8/17/1954
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Candice B Rossi, NP

I saw the patient, reviewed the case and collaborated with C. Rossi, NP in developing the assessment and plan. Please review the note by C. Rossi NP for further details.

My involvement includes confirming history, vital signs, constitutional, extremities/musculoskeletal, chest and cardiovascular exam, reviewing most recent blood work and imaging. My assessment includes noting minimal change in scans on crizotinib but consider PET scan next time as Tms subtle rise.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Rossi, Candice B, NP

Electronically signed by:
Candice B Rossi, NP
7/27/2017, 2:24 PM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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Date: 7/27/2017

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124
Phone: 720-848-2200
Fax: 720-553-0901

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Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

July 27, 2017

Cara H Dawson, MD
 4700 E Hale Pkwy Suite 300
 Denver CO 80220

Patient: **Christine Barnard**
 Date of Visit: **7/26/2017**

Dear Dr. Dawson

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

1. **Malignant neoplasm of lower lobe of right lung (HC code) - Slowly rising CEA**
2. Examination of participant in clinical trial - C7 of Ariad AP26113 Phase III

Baseline AE s

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough- Start 7/2016
5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
6. Grade 1 Insomnia- Start years ago

New AE s

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
2. Chest Tightness- Grade 1 start approx Mid March/2017- not drug related
3. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17
4. Diarrhea- Grade 1- Start 5/3/17 - not study drug related - Resolved 5/31/17
5. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
6. Edema Grade 1 start 5/10/17- possibly drug related

Overall Christine is feeling well. She continues to work. Dr. Camidge and I both reviewed the scans with Christine:

Our plan is to watch the disease closely- if new symptoms develop or tumor markers rise drastically- will scan sooner rather than later.

Scan Review:

Christine Barnard DOB: 8/17/1954

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Christine Barnard
 8/17/1954
 3

Slight increase in small L pleural effusion - New 5 MM nodular density- watch
 Brain Scan: No intracranial mets

RTC per protocol
 Plan Diagnostic PET/CT in 3 months.

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 62 y.o. female who presents to Cancer Center for Stage IV NSCLC
 HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) -- TTF-1 and Napsin A+; CK7+; CK20(-)

Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periarteria (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm- Start 2/9/2017

Second line Rx: --- from --- to --- with --- to Rx

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Current Rx: --- from --- with --- to Rx

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 01/31/17 negative

PET/CT (12/27/16): LUL major fissure nodule (1.1 x 0.8 cm) SUV 3.7, medial LLL subpleural / periaortic nodule (0.7 x 1.0 cm), small left pleural effusion. Everything else negative.

AMB PAIN ASSESSMENT

7/26/2017

Pain Now

No

Pain Assessment

-

0-10 (NRS)

-

Pain Descriptors (Words)

-

Pain Location

-

Pain Duration

-

Aggravating

-

Alleviating

-

CURRENT MEDICATIONS:

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uchealthChristine Barnard
8/17/1954
4

Current Outpatient Prescriptions

Medication	Sig
• 16-0006 STUDY crizotinib 250 mg capsule	Take 1 capsule by mouth 2 times daily for lung cancer. Take with an 8 ounce glass of water without regard to food.
• triamcinolone (KENALOG) 0.1 % cream	Apply topically 2 times daily.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine

I have reviewed, verified and personally updated the past medical and surgical history.

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, fatigue, fever and unexpected weight change.

HENT: Negative for hearing loss, mouth sores, rhinorrhea, tinnitus and trouble swallowing.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for dizziness, weakness, light-headedness and headaches.

Hematological: Negative for adenopathy.

Psychiatric/Behavioral: Negative for confusion.

Objective:

Vital Signs:

Visit Vitals

• BP	101/63
• Pulse	62
• Temp	36.8 °C (98.3 °F) (Temporal Artery)
• Wt	55.5 kg (122 lb 4 oz)
• SpO2	96%
• BMI	20.98 kg/m2

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
8/17/1954
5

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
07/26/17 55.5 kg (122 lb 4 oz)BP Readings from Last 1 Encounters:
07/26/17 101/63Temp Readings from Last 1 Encounters:
07/26/17 36.8 °C (98.3 °F) (Temporal Artery)Pulse Readings from Last 1 Encounters:
07/26/17 62SpO2 Readings from Last 1 Encounters:
07/26/17 96%Resp Readings from Last 1 Encounters:
06/28/17 17

Vital Signs from last three (3) encounters:

Wt Readings from Last 3 Encounters:
07/26/17 55.5 kg (122 lb 4 oz)
06/28/17 56.8 kg (125 lb 3.2 oz)
05/31/17 58.2 kg (128 lb 6.4 oz)BP Readings from Last 3 Encounters:
07/26/17 101/63
06/28/17 98/66
05/31/17 126/70Temp Readings from Last 3 Encounters:
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05/31/17 36.8 °C (98.2 °F) (Temporal Artery)Pulse Readings from Last 3 Encounters:
07/26/17 62
06/28/17 68

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uchealthChristine Barnard
8/17/1954
6

05/31/17 65

SpO2 Readings from Last 3 Encounters:
07/26/17 96%
06/28/17 96%
05/31/17 97%Resp Readings from Last 3 Encounters:
06/28/17 17
05/31/17 16
05/03/17 16

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)**Physical Exam**

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.
 HENT:
 Head: Normocephalic and atraumatic.
 Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.
 Neck: No thyromegaly present.
 Cardiovascular: Normal rate and regular rhythm.
 Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.
 Abdominal: Soft. Bowel sounds are normal.
 Musculoskeletal: Normal range of motion. She exhibits no edema.
 Lymphadenopathy:
 She has no cervical adenopathy.
 Neurological: She is alert and oriented to person, place, and time.
 Skin: Skin is warm and dry.
 Psychiatric: She has a normal mood and affect.

DATA:

Results for orders placed or performed in visit on 07/26/17

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium Serum/Plasma	140	133 - 145 mmol/L
Potassium Serum/Plasma	4.5	3.5 - 5.1 mmol/L
Chloride Serum/Plasma	107	98 - 108 mmol/L
Carbon Dioxide	26	21 - 31 mmol/L
Anion Gap	7	4 - 16 mmol/L

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Christine Barnard
8/17/1954
7

Glucose Random Serum/Plasma	67 (L)	70 - 199 mg/dL
Blood Urea Nitrogen	19	7 - 25 mg/dL
Creatinine Serum/Plasma	0.75	0.60 - 1.20 mg/dL
eGFR if Non-African American	>60	>=60 mL/min/1.73 "square meters"
eGFR if African American	>60	>=60 mL/min/1.73 "square meters"
Calcium Serum/Plasma	9.2	8.6 - 10.3 mg/dL
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Alkaline Phosphatase Total	143 (H)	39 - 117 U/L
Alanine Aminotransferase	26	7 - 52 U/L
Aspartate Aminotransferase	25	12 - 39 U/L
Protein Total Serum/Plasma	6.4	6.4 - 8.9 g/dL
Albumin	3.8	3.5 - 5.7 g/dL
Carcinoembryonic Antigen		
Result:	Value	Ref Range
Carcinoembryonic Antigen DXI	3.5 (H)	0.0 - 3.0 ng/mL
Cancer Antigen 125		
Result:	Value	Ref Range
Cancer Antigen 125 DXI	15	0 - 35 U/mL
Bilirubin Direct Panel		
Result:	Value	Ref Range
Bilirubin Total	0.6	0.1 - 1.3 mg/dL
Bilirubin Direct	0.1	0.0 - 0.2 mg/dL
Bilirubin Indirect	0.5	0.0 - 1.0 mg/dL
Magnesium serum		
Result:	Value	Ref Range
Magnesium Serum	2.1	1.6 - 2.5 mg/dL
Phosphorus Serum/Plasma		
Result:	Value	Ref Range
Phosphorus Serum/Plasma	3.5	2.5 - 5.0 mg/dL
Lactate dehydrogenase		
Result:	Value	Ref Range
Lactate Dehydrogenase	256	124 - 271 U/L
Creatinine Kinase		
Result:	Value	Ref Range
Creatine Kinase	196	30 - 223 U/L
Uric acid serum		
Result:	Value	Ref Range

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

3.9

2.3 - 6.6 mg/dL

Uric Acid Serum

Amylase serum

Result

Amylase Serum

Value

59

Ref Range

29 - 103 U/L

Christine Barnard

uchearth

Christine Barnard
8/17/1954
9

in at the assessment

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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uchealth

Candice B Rossi, NP

I saw the patient, reviewed the case and collaborated with C. Rossi. NP in develop

UCH RightFax Server1 6/30/2017 11:52:29 AM PAGE 1/003 Fax Server

uchealth

Communication

Date: 6/30/2017

To:

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:

Erin Williams, RD

UCH OUTPATIENT SERVICES

CANCER CENTER

Anschutz Cancer Pavilion

1665 Aurora Court, 2nd Floor

Aurora CO 80045-2548
Phone: 720-848-0300
Fax: 720-848-0360

Message:

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

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uchealth

Cancer Center
Anschutz Cancer Pavilion
1665 Aurora Court, 2nd Floor
Aurora CO 80045-2548
O: 720-848-0300
F: 720-848-0360

June 30, 2017

Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
VIA Facsimile: 303-388-6957

Patient: **Christine Barnard**
Date of Visit: 6/28/2017

Dear Dr. Dawson

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Patient left clinic prior to meeting with RD. Referred for alternating diarrhea and constipation on crizotinib. Called and LVM. Await return call

Erin Williams, RD, CSO, CNSC
University of Colorado Cancer Center
Phone: 720-848-2415

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Erin Williams, RD

Electronically signed by:
Erin Williams, RD
6/30/2017, 11:47 AM

CC:
Candice B Rossi, NP

Christine Barnard DOB: 08/17/1954

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

uchealth

Christine Barnard
8/17/1954
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Anschutz Cancer Pavilion
1665 Aurora Ct Campus Box F704
Aurora CO 80045

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uchealth

Communication

Date: 6/28/2017

To:
Cara H Dawson, MD
4700 E Hale Pkwy Suite 300
Denver CO 80220
Fax: 303-388-6957
Phone: 720-320-2061

From:
D Ross Camidge, MD PhD
UCH OUTPATIENT SERVICES

CANCER CENTER CLINICS

9548 Park Meadows Drive

Lone Tree CO 80124

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Phone: 720-848-2200
 Fax: 720-553-0901

Message:

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uchealth

Cancer Center
 Anschutz Cancer Pavilion
 1665 Aurora Court, 2nd Floor
 Aurora CO 80045-2548
 O: 720-848-0300
 F: 720-848-0360

June 28, 2017

Cara H Dawson, MD
 4700 E Hale Pkwy Suite 300
 Denver CO 80220
 VIA Facsimile: 303-388-6957

Patient: Christine Barnard
 Date of Visit: 6/28/2017

Dear Dr. Dawson

It was a pleasure to see Ms. Christine Barnard in our clinic recently. Below are notes from this visit regarding my assessment and plan of care.

Assessment and Plan:

ICD-10-
 CM

1. Lung cancer, primary, with metastasis C34.92
 from lung to other site, left (HC code)
 No medications were added in this encounter.

Medications Discontinued During This Encounter

Medication	Reason
• BENEFIBER, GUAR GUM, PO	
• POLYETHYLENE GLYCOL 3350 (MIRALAX PO)	
• DULCOLAX, BISACODYL, PO	

Here for C6D1 crizotinib for stage IVA ALK+ NSCLC. Doing well. No issues.

Still working full time 9hrs/day

No missed doses of study drug. Pill bottles were received from patient and returned to the experimental pharmacy, pill diaries were received from the patient and returned to the study coordinator and new pill diaries were given to the patient.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Christine Barnard

DOB: 8/17/1954

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Plan:
 Proceed with C6D1 crizotinib
 RTC per protocol

ECOG performance status - (0) Fully active, able to carry on all predisease performance without restriction

Subjective:

Patient ID: Christine Barnard is a 62 y.o. female who presents to Cancer Center for C6D1 crizotinib on ALTA-1L trial (16-0006)

HPI

Stage IVA NSCLC, first Dx in 01/16/17, presenting with left lower chest wall pain.

Disease sites at dx: LUL, LLL, pleura

Histology: superior LUL wedge (well diff adenoca, acinar); sup LLL wedge (well diff adenoca, acinar; diffuse pleural nodularity); pleural biopsy (well diff adenoca) – TTF-1 and Napsin A+; CK7+; CK20(-)
 Operative report (01/16/17): nodularity noted visceral and parietal pleural surface and diaphragm, nodules in superior LUL and sup LLL/periaorta (not invading into aorta)

Molecular status: ALK FISH+ (01/16/17). Negative for EGFR exon 19-21 / KRAS / ROS-1

First line Rx: Ariad ALTA 16-0006 Crizotinib arm from 02/09/2017 to present with PR (in lung nodules and pleura) to Rx.

Current disease sites: pleura (LUL major fissure and medial LLL nodule resected) with last brain MRI in 01/31/17 negative

PET/CT (12/27/16): LUL major fissure nodule (1.1 x 0.8 cm) SUV 3.7, medial LLL subpleural / periaortic nodule (0.7 x 1.0 cm), small left pleural effusion. Everything else negative.

AMB PAIN ASSESSMENT

6/28/2017

Pain Now

No

Pain Assessment

-

0-10 (NRS)

-

Pain Location

-

Pain Duration

-

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

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8/17/1954
4**Medication**

- 16-0006 STUDY crizotinib 250 mg capsule

Sig

Take 1 capsule by mouth 2 times daily for cancer. Take with an 8 ounce glass of water without regard to food.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

- triamcinolone (KENALOG) 0.1 % cream Apply topically 2 times daily.

No current facility-administered medications for this visit.

ALLERGIES: Sulfa (sulfonamide antibiotics) and Codeine**Past Medical History:**

Diagnosis	Date
• Adhesive capsulitis of left shoulder	
• Benign thyroid cyst <i>right thyroid lobe, 0.8 cm simple cyst</i>	12/16/2016
• Depression	
• Fibromyalgia	2001
• GERD (gastroesophageal reflux disease)	
• Insomnia	
• Iron deficiency anemia	
• Thyroid nodule	

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		2014
• cesarean section <i>3 sections</i>	N/A	
• rhinoplasty		1973

Family History

Problem	Relation	Age of Onset
• Stroke	Mother	87
• Diabetes	Mother	
• Heart failure	Mother	
• Melanoma	Father	
• Heart attack	Brother	30
• Heart attack	Brother	43

Social History

Social History	
• Marital status:	Married

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Christine Barnard
8/17/1954
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Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Occupational History

- Data Manager
Colorado Academy

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use 0.6 oz/week
1 Glasses of wine per week
- Drug use: No
- Sexual activity: Not on file

Other Topics	Concern
• Not on file	

Social History Narrative

*Data Manager for Colorado Academy
Lives with Husband in Littleton, CO
Husband is a semi-retired chemist
Independent functionally
Walked 3 miles / day until recent surgery -- limited due to surgical site pain*

Baseline AE's

1. Grade 1 L shoulder pain (secondary to capsulitis) Start 7/2016
2. Grade 1 L Chest Wall pain - Start 1/2017
3. Grade 1- Difficulty taking a deep breath- Start 1/2017
4. Grade 1 Cough Start 7/2016

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

4. Grade 1 Cough- Start 1/2017
 5. Grade 0 Blood Blisters in Mouth (not present currently but are intermittent)- Start Years ago
 6. Grade 1 Insomnia- Start years ago

New AEs

1. Grade 1 Visual Changes- Start 2/10/17- drug related 2.
2. Voice changes (more hoarse)- Grade 1 3/8/17 not drug related
3. Chest Tightness- Grade 1 start approx Mid March/2017- not drug related
4. Constipation- Grade 2 possibly drug related Start 4/25/17- Grade 1 5/31/17
5. Diarrhea- Grade 1- Start 5/3/17 - not study drug related
6. Cramps Low legs- Grade 1- Start 5/10/17 - possibly drug related
7. Edema Grade 1 start 5/10/17- possibly drug related

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Nil else otherwise:

Review of Systems
 Constitutional: Negative.
 HENT: Negative.
 Eyes: Negative.
 Respiratory: Negative.
 Cardiovascular: Negative.
 Gastrointestinal: Negative.
 Musculoskeletal: Negative.
 Skin: Negative.
 Neurological: Negative.
 Psychiatric/Behavioral: Negative.

Objective:**Vital Signs:****Visit Vitals**

• BP	98/66
	Comment: dizziness
• Pulse	68
• Temp	37.1 °C (98.7 °F) (Temporal Artery)
• Resp	17
• Ht	1.626 m (5' 4")
• Wt	56.8 kg (125 lb 3.2 oz)
• SpO2	96%
• BMI	21.49 kg/m2

Vital Signs from last encounter:

Wt Readings from Last 1 Encounters:
 06/28/17 56.8 kg (125 lb 3.2 oz)

BP Readings from Last 1 Encounters:
 06/28/17 98/66

Temp Readings from Last 1 Encounters:
 06/28/17 37.1 °C (98.7 °F) (Temporal Artery)

Pulse Readings from Last 1 Encounters:

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BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)uchealthChristine Barnard
8/17/1954
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06/28/17 68

SpO2 Readings from Last 1 Encounters:
06/28/17 96%Resp Readings from Last 1 Encounters:
06/28/17 17**Vital Signs from last three (3) encounters:**

Wt Readings from Last 3 Encounters:

06/28/17 56.8 kg (125 lb 3.2 oz)

05/31/17 58.2 kg (128 lb 6.4 oz)

05/03/17 59.1 kg (130 lb 6.4 oz)

BP Readings from Last 3 Encounters:

06/28/17 98/66

05/31/17 126/70

05/03/17 112/68

Temp Readings from Last 3 Encounters:

06/28/17 37.1 °C (98.7 °F) (Temporal Artery)

05/31/17 36.8 °C (98.2 °F) (Temporal Artery)

05/03/17 36.6 °C (97.9 °F) (Temporal Artery)

Pulse Readings from Last 3 Encounters:

06/28/17 68

05/31/17 65

05/03/17 63

SpO2 Readings from Last 3 Encounters:

06/28/17 96%

05/31/17 97%

05/03/17 97%

Resp Readings from Last 3 Encounters:

06/28/17 17

05/31/17 16

05/03/17 16

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8/17/1954
8**Physical Exam**

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. There is no tenderness. There is no rebound and no guarding.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Musculoskeletal: Normal range of motion. She exhibits no edema, tenderness or deformity.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. She is not diaphoretic.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Vitals reviewed.

DATA:

Lab Only on 06/28/2017

Component	Date	Value	Ref Range	Status
• Sodium Serum/Plasma	06/28/2017	140	133 - 145 mmol/L	Final
• Potassium Serum/Plasma	06/28/2017	4.1	3.5 - 5.1 mmol/L	Final
• Chloride Serum/Plasma	06/28/2017	110*	98 - 108 mmol/L	Final
• Carbon Dioxide	06/28/2017	25	21 - 31 mmol/L	Final
• Anion Gap	06/28/2017	5	4 - 16 mmol/L	Final
• Glucose Random Serum/Plasma	06/28/2017	62*	70 - 199 mg/dL	Final

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Christine Barnard
8/17/1954
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• Blood Urea Nitrogen	06/28/2017	24	7 - 25 mg/dL	Final
• Creatinine Serum/Plasma	06/28/2017	0.76	0.60 - 1.20 mg/dL	Final
• eGFR if Non-African American	06/28/2017	>60	>=60 mL/min/1.73 "square meters"	Final

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

• eGFR if African American	06/28/2017	>60	>=60 mL/min/1.73 "square meters"	Final
----------------------------	------------	-----	----------------------------------	-------

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

• Calcium Serum/Plasma	06/28/2017	8.6	8.6 - 10.3 mg/dL	Final
• Bilirubin Total	06/28/2017	0.5	0.1 - 1.3 mg/dL	Final
• Alkaline Phosphatase Total	06/28/2017	149*	39 - 117 U/L	Final
• Alanine Aminotransferase	06/28/2017	29	7 - 52 U/L	Final
• Aspartate Aminotransferase	06/28/2017	27	12 - 39 U/L	Final
• Protein Total Serum/Plasma	06/28/2017	6.1*	6.4 - 8.9 g/dL	Final
• Albumin	06/28/2017	3.6	3.5 - 5.7 g/dL	Final
• Bilirubin Total	06/28/2017	0.5	0.1 - 1.3 mg/dL	Final
• Bilirubin Direct	06/28/2017	0.1	0.0 - 0.2 mg/dL	Final
• Bilirubin Indirect	06/28/2017	0.4	0.0 - 1.0 mg/dL	Final
• Magnesium Serum	06/28/2017	2.0	1.6 - 2.5 mg/dL	Final
• Phosphorus Serum/Plasma	06/28/2017	3.3	2.5 - 5.0 mg/dL	Final
• Lactate Dehydrogenase	06/28/2017	245	124 - 271 U/L	Final
• Creatine Kinase	06/28/2017	247*	30 - 223 U/L	Final
• Uric Acid Serum	06/28/2017	4.6	2.3 - 6.6 mg/dL	Final
• Amylase Serum	06/28/2017	51	29 - 103 U/L	Final
• Lipase Serum/Plasma	06/28/2017	37	11 - 82 U/L	Final

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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8/17/1954
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• White Blood Cell Count	06/28/2017	4.2	4.0 - 11.1	Final
• Red Blood Cell Count	06/28/2017	4.59	4.18 - 5.64	Final
• Hemoglobin	06/28/2017	13.8	12.1 - 16.3	Final
• Hematocrit	06/28/2017	41.5	35.7 - 46.7	Final
• Mean Corpuscular Volume	06/28/2017	90.4	80.0 - 100.0	Final
• Mean Corpuscular Hemoglobin	06/28/2017	30.1	27.5 - 35.1	Final
• Mean Corpuscular Hemoglobin Concentration	06/28/2017	33.3	32.0 - 36.0	Final
• Platelet Count	06/28/2017	206	150 - 400	Final
• Mean Platelet Volume	06/28/2017	10.3	9.6 - 12.8	fL Final
• Red Cell Distribution Width CV	06/28/2017	14.2	11.7 - 14.2	Final
• Red Cell Distribution Width SD	06/28/2017	46.4	37.1 - 48.8	fL Final
• NRBC Percent	06/28/2017	0.0	0 %	Final
• NRBC Absolute	06/28/2017	0.00	0 10 ⁹ /L	Final
• Segmented Neutrophil Percent	06/28/2017	47.1	%	Final
• Lymphocyte Percent	06/28/2017	34.8	%	Final
• Monocytes Percent	06/28/2017	15.7	%	Final
• Eosinophils Percent	06/28/2017	1.7	%	Final
• Basophils Percent	06/28/2017	0.5	%	Final
• Immature Granulocytes Percent	06/28/2017	0.2	%	Final
• Neutrophils Absolute	06/28/2017	2.0	1.8 - 6.6 10 ⁹ /L	Final
• Lymphocyte Absolute	06/28/2017	1.5	1.0 - 4.8 10 ⁹ /L	Final
• Monocytes Absolute	06/28/2017	0.7	0.2 - 0.9 10 ⁹ /L	Final
• Eosinophils Absolute	06/28/2017	0.1	0.0 - 0.4 10 ⁹ /L	Final
• Basophils Absolute	06/28/2017	0.0	0.0 - 0.2 10 ⁹ /L	Final
• Immature Granulocytes Absolute	06/28/2017	0.0	0.0 - 0.05 10 ⁹ /L	Final

The lab values contained in this progress note were personally reviewed and no clinically significant labs were noted.

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uchealthChristine Barnard
8/17/1954
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TIME/COUNSELING:
N/A

Terry Ng

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

DR CAMIDGE - I saw the patient with the resident/fellow, confirmed the findings and agreed the plan. I personally spent a total of 40 minutes, of that 25 minutes was counselling/coordination of patient care.
We discussed continuing on trial - we discussed ALEX results and plan to continue on crizotinib.

If you have questions, please do not hesitate to contact the clinic.

Sincerely,

Terry L Ng

Electronically signed by:
Candice B Rossi, NP
6/28/2017, 10:03 AM

303-320-2361 ROSE MED PATHOLOGY
Denver, Colorado 80220 Ph: 303-320-2360 Fax: 303-320-2361

12:04:55 p.m. 01-30-2017

2/2

FAX completed form to: 303-320-2361

NOTE: Please allow 72 hours for Request Processing

I am currently treating and/or providing consultation for the patient indicated below. In furtherance of the management and care of this patient, I require that certain anatomic pathology material retained by HealthOne/Rose Medical Center be forwarded to the address below for evaluation. I will provide HealthOne/Rose Medical Center with a COPY of any report and notification if the material is forwarded to any other entity. I also acknowledge that this material, by law, must be retained by HealthOne/Rose Medical Center, and therefore, I agree that this material will be returned within 3 weeks of its receipt, without markings or alteration and in the same manner as received, addressed to the attention of Slide/Block Return, to the address above.

Signature of Requesting Physician: Candice Dawson MD

Patient name: Christine Barnard Date of Birth: 8/17/1954

Specimen type: Lung Date of Request: 1/30/17

HealthOne ID#: 41P21610 Request needed by: 1/30/17

Request made by: Candice Dawson

Phone number: 303-717-3150 Fax number: 720-645-2179

Requester is from: Husband will P/u

- office of ordering physician (client who submitted specimens to lab)
- office of non-ordering, but treating physician. If request is for release, obtain approval from ordering physician's office. Approved by: _____
- patient or patient's representative (some States require ordering physician consent)
- other: _____

What is the reason for requesting the slides/blocks? 2nd opinion UCHSC

What is the patient's current condition or diagnosis? Lung adenocarcinoma

Slides/Blocks to be sent to:

FedEx/Acc#: OR Courier

(Lab Use Only):

- Original Slides: All _____ or List # _____
- Recuts: List # _____
- Unstained Recuts: List # _____
- Blocks: All _____ or List # _____

Slides/blocks approved for send out by: Pathologist Slides/blocks sent by: Pathologist

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)Form # (89-120)
6/20084567 E. 9th Avenue, Denver, CO 80220
Phone: 303-320-2250303-320-2361 ROSE MED PATHOLOGY
Denver, Colorado 80220
Ph: 303-320-2250 Fax: 303-320-2361

12:04:55 p.m. 01-30-2017

2/2

(use to initiate a medical request for materials;
complete all lines, sign and fax back.)

FAX completed form to: 303-320-2361

NOTE: Please allow 72 hours for Request Processing.

I am currently treating and/or providing consultation for the patient indicated below. In furtherance of the management and care of this patient, I require that certain anatomic pathology material retained by HealthOne/Rose Medical Center be forwarded to the address below for evaluation. I will provide HealthOne/Rose Medical Center with a COPY of any report and notification if the material is forwarded to any other entity. I also acknowledge that this material, by law, must be retained by HealthOne/Rose Medical Center, and therefore, I agree that this material will be returned within 3 weeks of its receipt, without markings or alteration and in the same manner as received, addressed to the attention of Slide/Block Return, to the address above.

Signature of Requesting Physician: Cara L Dawson MDPatient name: Christine Barnard Date of Birth: 8/17/1954Specimen type: Lung Date of Request: 1/30/17HealthOne ID#: 4F21610 Request needed by: 1/30/17Request made by: Cara L DawsonPhone number: 303-717-3150 Fax number: 720-645-2179

Requestor is from:

- office of ordering physician (client who submitted specimens to lab) Husband will P/u
- office of non-ordering, but treating physician. If request is for release, obtain approval from ordering physician's office. Approved by: _____
- patient or patient's representative (some States require ordering physician consent)
- other: _____

What is the reason for requesting the slides/blocks? 2nd opinion UCHSCWhat is the patient's current condition or diagnosis? Lung adenocarcinoma

Slides/Blocks to be sent to:

FedExAcc#:OR Courier

(Lab Use Only):

- Original Slides: All _____ or List # _____
- Recuts: List # _____
- Unstained Recuts: List # _____
- Blocks: All _____ or List# _____

Slides/blocks approved for send out by: _____
Pathologist: _____

Slides/blocks sent by: _____

Date: _____

Form # (89-120)
6/20084567 E. 9th Avenue, Denver, CO 80220
Phone: 303-320-2250303 837 0075
12/15/2008 23:16 3033202500DENVER INT MED 01:47:39 p.m. 02-08-2017 2/3
PAGE 02/03

11:43:52 a.m. 02-06-2017 2/3

FREESMYERIAN/ST. LUKE'S MEDICAL CENTER
1719 EAST 19TH AVENUE
DENVER CO 80218PATIENT NAME: ERICKSON, SHELLI GAE
ACCOUNT #: X20006806688
MEM #: 4000788100

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

LOCATION: X.AMANIN

ATTENDING PHY: Kelly MD,Cynthia M

OPERATIVE NOTE
REPORT #:0126-0330 REPORT STATUS: Draft
DATE OF SURGERY: 01/26/2017

SURGEON: Cynthia M. Kelly, M.D.

PREOPERATIVE DIAGNOSIS: Left patella fracture.

POSTOPERATIVE DIAGNOSIS: Left patella fracture.

OPERATION: Repair of left patellar fracture with partial patellectomy and reconstruction of extensor mechanism.

FIRST ASSISTANT: Rhonda M. Haver, PA-C.

ANESTHESIOLOGIST: Dr. Ben Shanker.

INDICATIONS FOR THE OPERATION: The patient is a 61-year-old female, who has been seen and evaluated preoperatively, was noted to have a patella fracture involving the inferior distal pole of her patella. She had been advised regarding risks and benefits of her treatment options, elected to undergo the above procedure, signed a consent in an informed manner, and was therefore taken to the operating room.

PROCEDURE IN DETAIL: After general anesthesia was achieved and a femoral nerve block had been administered, the patient's left lower extremity was propped and draped in the normal sterile fashion. She was administered her weight appropriate dose of IV antibiotics and a time-out was performed. The skin overlying the anterior aspect of the knee was then incised in a longitudinal fashion with the dissection proceeding through the subcutaneous tissues with the use of electrocautery to achieve and maintain hemostasis. Fracture hematoma was evacuated from the wound and it was noted that the extensor mechanism was completely transected. The distal fragment of the fracture was noted to be about the size of the tip of the little finger and did not have any articular cartilage involved with it, and as a result, this was excised from the tendon and then the cancellous bone edges of the proximal fragment of the patella were roughened and then the patellar tendon was approximated to the inferior aspect of the patella with the use of #2 FiberWire. This was placed in a cerclage type fashion with 2 drill holes being drilled through the patella. The suture was being passed through the patella to the superior pole of the patella and then sutured with the suture being closed over the superior lateral aspect of the patella. The extensor mechanism was secondarily repaired with the use of #5 Ethibond sutures. The retinacular defects were then repaired with 0 Vicryl sutures and then the wound was irrigated with normal

PATIENT NAME: BROCKMAN, SHELLI GAB

ACCOUNT #:X20006806688

Denver Patient Care Inquiry (PCI: OE Database COCUB)

DRAFT COPY

Run: 02/06/17-10:24 by Haver,Rhonda M

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303 837 0075	11/10/2000	40.10	3003402000	01:47:55 p.m.	02-08-2017	3/3
				DENVER INTL MED	PAGE	03/03
				11:44:22 a.m.	02-06-2017	3/3

.303 837 0075

saline, and closed in a layered type fashion with absorbable sutures. A sterile dressing as well as a compressive dressing and a hinged knee brace was placed. The patient was then awakened and transferred to the recovery room in stable condition without complications. Estimated blood loss for the procedure and fluids are as per the Anesthesia record. Sponge and needle counts were correct x2. There were no complications incurred, and no specimens were submitted to Pathology. The first assistant, Rhonda Haver, was essential for aid in performance of this procedure due to the technical difficulty of exposure of the knee joint, protection of neurovascular structures, and visualization of the operative field, and without her help, I would have been unable to safely and expeditiously perform this operation for this patient.

CMK:MEDQ
D:01/26/2017 11:25:56 T:01/26/2017 15:11:28 JUS# :063665
DD:01/26/17 1125 TD:01/26/17 1511

Cynthia M Kelly MD

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

PATIENT NAME: BROCKMAN, SHELLI GAE

ACCOUNT #:X20006806688

Denver Patient Care Inquiry (PCI: OB Database CCUB)

Run: 02/06/17-10:24 by Haiver, Rhonda M

DRAFT COPY

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FEB/01/2017/WED 01:55 PM

FAX No.

P. 001/003



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Allen L. Cohn, M.D.
Robert M. Rifkin, M.D., F.A.C.P.

January 27, 2017

NEW PATIENT CONSULTATION

RE: Barnard, Christine
DOB: 08/17/54

PROBLEM LIST:

1. **01/16/17, T1N0M1, WELL DIFFERENTIATED, STAGE IV ADENOCARCINOMA OF THE LUNG WITH PLEURAL METASTASES.**
 - a. **ALK POSITIVE AND KRAS, EGFR, AND ROS-1 NEGATIVE.**
2. **HISTORY OF MGUS. NO FURTHER DETAILS AVAILABLE AT THIS TIME.**
3. **LONGSTANDING GERD.**
4. **LONGSTANDING FIBROMYALGIA.**
5. **JULY 2016, ADHESIVE CAPSULITIS LEFT SHOULDER.**

PROBLEM #1: Stage IV well-differentiated adenocarcinoma of the left lung with pleural metastases.

SUBJECTIVE & OBJECTIVE: Ms. Barnard is a 62-year-old married woman, who works as a database manager. She stopped light smoking 40 years ago. Her husband is a former smoker.

About a year ago, the patient developed intermittent pain in her left upper quadrant. This was not severe. It was not related to exercise or food. She mentioned it to Dr. Dawson. The pain increased in intensity several months ago. She also developed a slight cough. She mentioned this to Dr. Dawson in December. A CT scan on 12/16/16 showed a small left upper lobe nodule measuring 1.1 cm. There was a small left pleural effusion. There was no evidence of distant metastatic disease. This led to the performance of a PET/CT scan on 12/27/16. The left upper lobe lung nodule had an SUV of 3.7. There was a possible left lower lobe subpleural nodule measuring 1.1 cm with an SUV of 4.1. I do not know if this represented the cause of her pain.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

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P. 002/003

RE: Barnard, Christine
DOB: 08/17/54
 January 27, 2017
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The lesions identified would be difficult to biopsy through a transthoracic needle technique. Therefore, the patient saw a thoracic surgeon and had biopsies of her left upper lung mass and pleural nodules. The biopsies on 01/16/17 showed well-differentiated adenocarcinoma in the left upper lung as well as in the pleural space. The subtype was acinar.

The patient has recovered from surgery but has not returned to work yet. We received reports today of her mutational results. Her tumor contained ALK mutation. It is negative for KRAS, EGFR, and ROS-1.

CURRENT MEDICATIONS: Omeprazole, trazodone, and Lexapro.

DRUG ALLERGIES: The patient develops hives from sulfa and itching from morphine.

FAMILY HISTORY: The patient's son has a history of Hodgkin's disease. She has two other children. She is here today with her husband. The husband was encouraged to have screening CT scans of his chest because of his history of smoking.

REVIEW OF SYSTEMS: Ms. Barnard says that she has a history of left adhesive capsulitis in her shoulder. She is under the care of an orthopedist. She has a history of migraine headache. She will have an MR scan of her brain. Her history of lung cancer has been discussed above. She has no history of heart diseases, liver disease, or kidney disease. She has a history of an elevated CEA. This was one of the indicators that led to Dr. Dawson's ordering of scans. The patient is up-to-date on screening tests for breast cancer. The status of her colonoscopies is not completely clear to me. The remainder of her health history includes a history of MGUS, GERD, and fibromyalgia.

On exam, the patient is pleasant, alert, and in no acute distress. Her performance status is 90%. Her weight is 129 pounds, blood pressure 110/79, pulse 91, respirations 16, temperature 99.2 degrees, and O2 sat 97%.

There are no cervical, supraclavicular, or axillary lymph nodes enlarged. Lungs are clear. I hear no friction rubs. Small surgical incision scars from the VATS procedure are healing well. She will see Dr. Parker in followup.

There is no hepatosplenomegaly or abdominal tenderness. There is no lower extremity swelling.

White count was 7700 on 01/25/17. Hematocrit was 42.9, and platelet count 315,000. CEA was 7.5. CMP was unremarkable.

FEB/01/2017/WED 01:56 PM

FAX No.

P. 003/003

RE: Barnard, Christine
DOB: 08/17/54
 January 27, 2017
 Page 3

ASSESSMENT: The patient appears to have stage IV disease that seems to be limited to the left pleural space. She is not particularly symptomatic. Her tumor contains an ALK mutation and can be treated with crizotinib. I reviewed this with the patient and her husband. I reviewed common side effects of crizotinib. There may be a drug interaction with Lexapro, but the patient does not use Lexapro continuously. The patient indicates she would be getting a second opinion next week. We will schedule an MR scan of the brain. She will let us know if she wishes to continue in our practice.

Thank you for this consultation.


 Alan S. Fefner, M.D., F.A.C.P.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

CC: Cara H. Dawson, M.D.
 Richard K. Parker, M.D.
 D. Ross Camidge, M.D.

Imaging ResultsCT, CHEST, W/O CONTRAST (#39586, 02/02/2017 12:00am)

Page 1 of 3

UNIVERSITY of COLORADO HEALTH
RADIOLOGY REPORT **Radiology CT Scan**
 Anschutz Outpatient Pavilion
 1st Floor
 1635 Aurora Court
 Aurora CO 80045-2548
 720-848-1162

Barnard, Christine**UCHealth MRN: 1365119**

DOB: 8/17/1954
 AGE/SEX: 62 year old/Female
 VISIT #: 98053793 HAR: 2021467002

SIGNS & SYMPTOMS: NSCLC
HISTORY: Examination of participant in clinical trial

EXAM(S): CT CHEST/ABD W IV CONTRAST BUT NO ORAL [IMG2151]
EXAM DATE: 02/02/2017 0926
ACC #: 11059823

ORD PROVIDER:
 Camidge, D Ross, MD PhD

Final

EXAMINATION: CT OF THE CHEST, AND ABDOMEN WITH IV CONTRAST

INDICATION: Please include tumor measurements and image #s.

TECHNIQUE: Contiguous axial images of the chest, and abdomen were performed with IV contrast. Patient received 80 cc of Isovue 370 contrast intravenously without adverse reaction.

COMPARISON: None.

FINDINGS:

CHEST:

Thoracic inlet: Subcentimeter hypoattenuating lesion in the right lobe of the thyroid. No suprACLAVICULAR adenopathy.

Mediastinum and hilus: Prominent left pericardiophrenic lymph node at slice location 177.5 measuring approximately 8 to 9 mm on short axis.. Normal great vessels. Heart size is within normal limits. No significant pericardial effusion. Small hiatal hernia. Clear central airways.

Chest wall: No axillary lymphadenopathy. Posterior stranding throughout the left chest wall.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Lungs and pleura: Postsurgical changes of left upper lobe and left lower lobe wedge resections with soft tissue thickening along the suture margins. There are multiple subcm nodules throughout the left lung base. For reference, 5 mm lingular nodule (8/51). Also for reference, a 6-7 mm nodule in the left lower lobe (8/59).

02/20/17

Barnard, Christine (1365119)

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There is a small left-sided pleural effusion with irregular contour suggesting loculation. Multiple foci of nodular left pleural thickening.

The right lung is clear.

ABDOMEN:

Liver: No liver lesion.

Bile ducts: Not dilated.

Gallbladder: No wall thickening or stones.

Pancreas: Mild fatty atrophy.

Spleen: No splenomegaly.

Adrenals: Normal.

Kidneys/ Proximal Ureters: Subcentimeter left renal hypodensities are too small to further characterize and likely benign. No hydronephrosis.

GI tract/Mesentery: No obstruction.

Peritoneum: No ascites. No pneumoperitoneum.

Lymph nodes: No lymphadenopathy in the abdomen and pelvis

Vasculation: Normal aorta and IVC.

Bones and soft tissue: No suspicious bony lesions. Mild degenerative changes along the spine.

IMPRESSION:

1. Multiple subcentimeter nodules in the left lung base are indeterminate, but may represent metastatic disease. Attention on follow-up examination recommended.

2. Small left pleural effusion and multiple foci of nodular pleural thickening. Attention to these areas in follow-up examination is also recommended.

Health Care Providers: If you have any questions regarding this or any other Thoracic Radiology report, please call: (720) 848-7129. The Thoracic Radiology reading area location is: B-325 AIP2. We are staffed 7 AM - 5 PM Monday through Friday. After hours or on weekends, please call (720) 848-8666.

Patients: If you have any questions regarding this report, please discuss it with your primary care provider.

Report E-Signed By: DANIEL VARGAS at 2/2/2017 10:12 AM

WSN:PACSR16418

Barnard, Christine (1365119)

Page 2 of 3

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Reading Physician: Vargas, Daniel, MD

Rigual, David, MD

Reviewed and Interpreted By: Vargas, Daniel, MD on 2/2/2017 10:12 AM

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

Barnard, Christine (1365119)

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PET-CT, SKULL BASE TO MID-THIGH SCAN (#63469, 12/27/2016 12:00am)

PATIENT NAME: BARNARD, CHRISTINE MARIE
UNIT NO: AM00132890

Cara Dawson MD
4700 E Hale Pkwy #300
Denver, CO 80220

EXAMS:
002087268 PET CT TUM SK BS MIDTHI INIT

(C. Dawson)
1/3/17
dob 12/12/1954
High risk I
Well charted
Dr. Parker
Welch collector
CPT ⑧ 1/3/17

WHOLE-BODY PET CT WITH CT FUSION IMAGING 12/27/2016 4:34 PM

HISTORY: Solitary pulmonary nodule

TECHNIQUE: Serum blood glucose at time of exam: 95 g/dl. The patient received 13.6 mCi of 18 FDG. Injection to scan time: 60 minutes. Patient was scanned from the skull base to the mid-thigh. The CT portion of the exam is for attenuation correction and anatomic mapping and not used to diagnose disease independent of PET. Images were reviewed separately at a workstation with PET CT fusion software.

COMPARISON: CT chest and abdomen December 16, 2016.

FINDINGS:
Mediastinal blood pool SUV: 1.7
Liver SUV: 2.0

Head and Neck: No abnormal uptake. No cervical adenopathy.

Chest: Left upper lobe nodule abutting major fissure measures 0.8 x 1.1 cm, unchanged. Nodule has moderately elevated uptake, SUV 3.7.

Along the medial left lower lobe there is a subpleural nodule versus a periaortic lymph node; this measures 0.7 x 1.1 cm (image 65). There is abnormal elevated uptake, SUV 4.1.

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

There is no other focus of abnormal uptake within the chest. No thoracic adenopathy. Right lung is clear. There is no uptake along the left major fissure. There is a small left pleural effusion, unchanged, without abnormal uptake.

Abdomen: There is no abnormal uptake. Liver, gallbladder, pancreas, spleen, kidneys, and adrenal glands unremarkable. There is no abdominal or retroperitoneal adenopathy. No bowel wall thickening. There is excess stool throughout the colon consistent with

PAGE 1

Cara Dawson MD

(CONTINUED)

MAIN DEPARTMENT
ROSE MEDICAL CENTER RADIOLOGY
4567 E 9TH AVE
DENVER, CO 80220
PHONE #: (303) 320-2290
FAX #: (303) 320-7093

NAME: BARNARD, CHRISTINE MARIE
HP: (303) 794-4544 AGE: 62 S:F
DOB: 08/17/1954 LOC: AM.PET
PHYS: DAWCA - Dawson MD,Cara
EXAM DATE: 12/27/2016 STATUS: REG CLI
A#: AM3006748428 U#: AM00132890

PATIENT NAME: BARNARD, CHRISTINE MARIE
UNIT NO: AM00132890

EXAMS:
002087268 PET CT TUM SK BS MIDTHI INIT
<Continued>

CPT CODE:
78815

constipation.

Pelvis: There is no abnormal uptake in the pelvis. No pelvic mass or adenopathy. Bladder, uterus, and adnexa unremarkable.

Bones: There is no aggressive osseous lesion.

IMPRESSION:

1. Left upper lobe perifissural nodule has elevated uptake, SUV 3.7. Consequently, this is concerning for malignancy, primary lung cancer being the most concerning possibility. Although an inflammatory nodule remains a possibility, malignancy is the diagnosis of exclusion and further evaluation with biopsy is recommended.

2. Along the medial left lower lobe there is a 0.7 x 1.0 cm focus of metabolic activity. This may be within the subpleural lung parenchyma, along the pleural surface, or lymph node. Given the location this is not amenable to percutaneous biopsy. Management of this nodule depends on the etiology of the left upper lobe pulmonary nodule.

3. Small left pleural effusion is unchanged. There is no abnormal metabolic activity within the effusion.

Thank you for the referral of this patient. This exam was interpreted by a fellowship trained body imager. Should there be any questions regarding this patient's study or any other general questions please feel free to contact us directly at (303) 329-7520.

Slot 58

Marc Sarti, M.D. 12/27/2016 7:35 PM

** Electronically Signed by Marc Sarti MD on 12/27/2016 at 1935 **
Reported and signed by: Marc Sarti MD

PAGE 2

Cara Dawson MD

(CONTINUED)

MAIN DEPARTMENT
ROSE MEDICAL CENTER RADIOLOGY
4567 E 9TH AVE
DENVER, CO 80220
PHONE #: (303) 320-2290
FAX #: (303) 320-7093

NAME: BARNARD, CHRISTINE MARIE
HP: (303) 794-4544 AGE: 62 S:F
DOB: 08/17/1954 LOC: AM.PET
PHYS: DAWCA - Dawson MD,Cara
EXAM DATE: 12/27/2016 STATUS: REG CLI
A#: AM3006748428 U#: AM00132890

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

PATIENT NAME: BARNARD, CHRISTINE MARIE
UNIT NO: AM00132890

EXAMS:
002087268 PET CT TUM SK BS MIDTHI INIT
<Continued>

CPT CODE:
78815

CC: Cara Dawson MD

TECHNOLOGIST: Monalisa Rodela BATCH NO:
TRANS: RAD.VR SYS D/TM: 12/27/2016 (1936)
ELECTRONIC SIGNATURE DATE/TIME: 12/27/2016 (1935)

PAGE 3

Cara Dawson MD

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PHONE #: (303) 320-2290
FAX #: (303) 320-7093

NAME: BARNARD, CHRISTINE MARIE
HP: (303)794-4544 AGE: 62 S: F
DOB: 08/17/1954 LOC: AM.PET
PHYS: DAWCA - Dawson MD, Cara
EXAM DATE: 12/27/2016 STATUS: REG CLI
A#: AM300674828 U#: AM00132890

Lab Results

CEA 12/06/2020 (#574850, Final, 12/02/2020 9:05am)

Ordering Provider		CARA DAWSON, MD	Performing Lab	LABCORP DENVER (01) LABCORP DENVER EARLE COLLUM 8490 UPLAND DRIVE ENGLEWOOD, CO 801127115 Account ID: 05009710					
Specimen/Accession ID	88326CE14239	Specimen Source							
Specimen Coll. Date	12/02/2020 09:05	Result Status	Final						
Specimen Rec. Date	12/03/2020 00:00	Report Status							
Specimen Reported Date	12/06/2020 16:07								
Report	Result	Ref. Range	Units	▲	Status	Lab			
CEA	3.2	0.0-4.7	ng/mL		Final	01			
			Nonsmokers Smokers		<3.9 <5.6				
			Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA)						
			Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.						

BARNARD, CHRISTINE (id #2015, dob: 08/17/1954)

CEA 12/09/2019 (#419561, Final, 12/05/2019 10:00am)

Ordering Provider		CARA DAWSON, MD	Performing Lab	LABCORP DENVER (01) LABCORP DENVER EARLE COLLUM 8490 UPLAND DRIVE ENGLEWOOD, CO 801127115 Account ID: 05009710		
Specimen/Accession ID		54058505656	Specimen Source			
Specimen Coll. Date		12/05/2019 10:00	Result Status	Final		
Specimen Rec. Date		12/05/2019 00:00	Report Status			
Specimen Reported Date		12/09/2019 12:07				
Report	Result	Ref. Range	Units	⚠	Status	Lab
CEA	3.7	0.0-4.7	ng/mL		Final	01
				Nonsmokers Smokers	<3.9 <5.6	
Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA)						
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.						

CEA 12/09/2018 (#267050, Final, 12/05/2018 8:07am)

Ordering Provider		CARA DAWSON, MD	Performing Lab	LABCORP DENVER (01) LABCORP DENVER EARLE COLLUM 8490 UPLAND DRIVE ENGLEWOOD, CO 801127115 Account ID: 05009710		
Specimen/Accession ID		43067CE14239	Specimen Source			
Specimen Coll. Date		12/05/2018 08:07	Result Status	Final		
Specimen Rec. Date		12/05/2018 00:00	Report Status			
Specimen Reported Date		12/09/2018 17:05				
Report	Result	Ref. Range	Units	⚠	Status	Lab
CEA	3.8	0.0-4.7	ng/mL		Final	01
				Roche ECLIA methodology	Nonsmokers Smokers	<3.9 <5.6
RESULT NOTE	FASTING YES					

CEA 12/03/2016 (#16226, Final, 12/01/2016 1:44pm)

Note to Patient	colonoscopy utd, neg abd us, chest/abd ct pending					
Ordering Provider	CARA DAWSON, MD	Performing Lab	LABCORP DENVER (02) LABCORP DENVER BRIAN POIRIER 8490 UPLAND DRIVE ENGLEWOOD, CO 801127115 Account ID: 05009710			
Specimen/Accession ID	2541CE14239	Specimen Source				
Specimen Coll. Date	12/01/2016 13:44	Result Status	Final			
Specimen Rec. Date	12/01/2016 00:00	Report Status				
Specimen Reported Date	12/03/2016 11:10					
Report	Result	Ref. Range	Units	⚠	Status	Lab
CEA	19.4	0.0-4.7	NG/ML	Above High Normal		Final
				ROCHE ECLIA METHODOLOGY	NONSMOKERS SMOKERS	<3.9 <5.6
RESULT NOTE	FASTING YES					