Christenson, Alan

MRN: 16743072

Loo, Billy Wiseman, MD
Physician
Radiation Oncology

Progress Notes
Addendum

Encounter Date: 4/27/2017

Stanford MEDICINE | Department of Radiation Oncology

Follow Up Visit

Name: Alan Christenson
DOB: 7/21/1936
MRN: 16743072
Address:
197 Via Lantana
Aptos CA 95003-5834
Phone:
408-219-2454 (home) 408-219-2454 (work)

Date: 4/27/2017
Attending Physician: Billy Wiseman Loo, MD

William Nain-Cheng Chu, MD
Internal Medical Group of Palo Alto
805 El Camino Real Ste B
Palo Alto, CA 94301

Mark Francis Berry, MD

Dear Doctors,

We had the pleasure of seeing our mutual patient, Mr. Alan Christenson, in routine follow up today, 4/27/2017, in the Department of Radiation Oncology at Stanford Hospital & Clinics.

Identification: Mr. Alan Christenson is a 80 Year-old male with Atrial fibrillation on Xarelto and stage IIB (T2b N1 M0) squamous cell carcinoma of the right lung s/p RML and RLL bilobectomy and LND with 1/51 nodes involved by direct extension and a positive margin at the right inferior pulmonary vein followed by PORT to 60 Gy in 20 fractions, (declined chemotherapy), completed 6/29/16.

Interval Since Completion of Radiation Therapy: 10 months

Last Clinic Visit: 1/26/17 at which time he was doing well with improved energy to about 50-70% of baseline. He endorsed DOE esp after walking up two flights of steps at home. He continued to have chronic headaches and was taking oxycontin 30 mg BID. He had suffered two falls in December 2016 without LOC. Imaging showed a stable R-sided effusion as well as multiple stable bilateral pulmonary nodules with slight increase in size of a LUL nodule. He was instructed to follow up in 3 months with repeat imaging at that time.

Interval History:
1/26/17: PFTs show FEV1 62% and DLCO 58%.

1/30/17: Called to report persistent productive cough and fevers as well as an episode of hemoptysis that had improved on their own. Given improvement, he was recommended to take OTC cough syrup and ED precautions were provided.

2/3/17: Follow up call with the patient. He endorsed persistent cough but no fevers and no hemoptysis. He was to see his pulmonary doctor for asthma follow up.

4/26/17: CT Thorax
1. Postsurgical changes related to right middle and lower lobectomy with interval evolution of postradiation changes within the right upper lobe.
2. Multiple patchy foci of groundglass and pleural-based nodule in the posterior aspect of the right upper lobe, new as compared to to the prior January 26, 2017 study, with interval increase in number and size of clustered nodules in the right upper lobe. Findings suggest an infectious etiology and attention is recommended on three month follow-up CT.
3. Subsolid nodules in the left upper lobe, largest of which measures 8 mm with a 2 mm solid component, appears unchanged compared to recent prior, though with increased solid component as compared to February 2016. Findings likely represent lesions along the spectrum of AAH/adenocarcinoma in situ. Attention recommended on follow-up imaging.
4. Apparent 4 mm right bronchus lateral endobronchial nodule can represent adherent mucus, though tracheal seeding of prior malignancy remains a differential consideration. Attention is recommended on follow-up imaging as above.

Today, he denies recent infectious symptoms other than an episode of fever in early February treated with moxifloxacin. He is feeling well other than anxiety about his CT scan findings. He denies recent fevers, chills, cough, congestion. He has to rest after climbing one flight of stairs, but on level ground he has no difficulty when walking 3-4 blocks. He exercises 3-4 times per week, 1.5 hours, 30 minutes on a bike and an hour doing a variety of floor exercises. He has intentionally lost 20 pounds since undergoing surgery and his BMI is "finally" in normal range. He has headaches (daily and longstanding), previously diagnosed as hemicrania continua, radiating to the neck managed with oxycontin. The headaches had resolved prior to surgery, but returned, and he is continuing to see a variety of specialists in this regard.

Otherwise, he recently decided that he will no longer work part time and is to officially retire. He is also trying to decide whether to sell his house, currently is living alone, as it is "too large for one person". He is seeing a Cardiologist for a discussion of atrial fibrillation management on 5/17/17.

Review of Systems: As per chronological history of present illness. Otherwise, a comprehensive 14-point review of systems was negative.

Allergies:
Allergies

Allergen	Reactions
• Tetracycline	Rash

Current Medications:
Current Outpatient Prescriptions

Medication	Sig
• ADVAIR HFA 115-21 mcg/actuation	

HFAA	
• atorvastatin (LIPITOR) 10 mg tablet	take 10 mg by mouth daily
• CALCIUM CARBONATE (TUMS PO)	take by mouth as needed
• DEXILANT 60 mg CpDM	take 60 mg by mouth Every Day
• NASONEX 50 mcg/actuation Spry	
• other drug	B12 injection
• oxyCODONE (OXYCONTIN) 30 mg TR12	take 30 mg by mouth 2 times a day Pain for headache
• rivaroxaban (XARELTO) 20 mg tablet	take 1 Tab by mouth daily with dinner
• SPIRIVA WITH HANDIHALER 18 mcg CpDv	

Social History:
Social History

Social History

• Marital status:	Widowed
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Occupational History
- HR consultant
  works 25 hours per week

Social History Main Topics

• Smoking status:	Former Smoker
Packs/day:	3.00
Years:	30.00
Quit date:	3/23/1984
• Smokeless tobacco:	Never Used
• Alcohol use	8.4 oz/week
14 Glasses of wine per week	
Comment: reports no wine since 4/14-8/5/16	
• Drug use:	No
• Sexual activity:	Not on file

Other Topics	Concern
• Military Service	No
• Blood Transfusions	No
• Caffeine Concern	No
• Occupational Exposure	No
• Hobby Hazards	No
• Sleep Concern	No
• Stress Concern	No
• Weight Concern	No
• Special Diet	No
• Back Care	No
• Exercise	No
• Bike Helmet	No
• Seat Belt	Yes
• Self-Exams	No

Social History Narrative
Lives alone, support from friends. Sister on east coast who can come out to support patient.

Physical Examination:
VITAL SIGNS:

Visit Vitals

- BP 137/75
- Pulse 91
- Temp 36.9 °C (98.4 °F) (Oral)
- Resp 18
- Wt 85.3 kg (188 lb)
- SpO2 98%
- BMI 24.12 kg/m2

GENERAL: Elderly, but overall well-appearing, well-developed, in no acute distress. ECOG Performance Status 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
HEENT: Normocephalic/Atraumatic. Sclera anicteric. Moist mucous membranes.
LYMPH NODES: There is no palpable cervical, supraclavicular, infraclavicular lymphadenopathy.
BACK: Spine non-tender to palpation.
PULMONARY: Normal respiratory effort. Clear to auscultation bilaterally.
CARDIOVASCULAR: Heart is regular rate and rhythm with no murmurs, rubs, or gallops.
EXTREMITIES: No cyanosis, clubbing, or edema.
SKIN: Clear with no rashes or other visible lesions.
NEUROLOGICAL: Cranial nerves II-XII intact. Sensation to light touch is preserved throughout. Strength is 5/5 throughout. Gait is grossly normal.
PSYCH: Appropriate mood and affect. Speech with regular rate, rhythm and tone.

Laboratory:

Lab Results

Basename	Value	Date
WBC	7.2	04/23/2016
HGB	10.2 (L)	04/23/2016
HCT	32.7 (L)	04/23/2016
PLT	428 (H)	04/23/2016

Lab Results

Basename	Value	Date
NA	142	09/12/2016
K	4.0	09/12/2016
CL	106	09/12/2016
CO2	29	09/12/2016
BUN	14	09/12/2016
CR	0.7	04/26/2017
GLU	129	10/13/2016
CA	9.1	09/12/2016

Imaging: We personally reviewed the imaging and note the presence of a LUL GGO that is overall stable when compared to prior. Other bilateral pulmonary nodules appear infectious. There are postsurgical and postradiation changes in the right lung. His previously noted right pleural effusion has improved and is without gas bubbles on most recent scan. There are no new areas of concern at this time.

Impression and Plan:
In summary, Mr. Alan Christenson is a 80 Year-old male with Atrial fibrillation on Xarelto and stage IIB (T2b N1 M0) squamous cell carcinoma of the right lung s/p RML and RLL bilobectomy and LND with 1/51 nodes involved by direct extension and a positive margin at the right inferior pulmonary vein

followed by PORT to 60 Gy in 20 fractions, (declined chemotherapy), completed 6/29/16. He presents today in routine follow up.

Mr. Christenson is doing well today with no respiratory complaints. His imaging shows postsurgical and postradiation changes with a stable LUL GGO that we will continue to monitor on serial imaging. There is no evidence of recurrent or metastatic disease. He has no sequelae of late radiation toxicity. We would like him to return for follow up in 4 months with repeat CT thorax at that time.

Mr. Alan Christenson asked appropriate questions, which were answered completely to his satisfaction. He knows he can contact us at any point with any additional questions or concerns.

Thank you for allowing us the privilege of participating in the care of Mr. Alan Christenson. Please feel free to contact us with any questions or concerns.

Sincerely,

Margaret Kozak, MD
Department of Radiation Oncology, Resident

Teaching Physician Attestation
I saw and examined the patient and discussed the management with the resident physician/fellow.

I reviewed the resident/fellow's note, made the appropriate edits, and agree with the documented findings and plan of care.

Billy W. Loo, Jr., M.D., Ph.D.
Associate Professor and Thoracic Radiation Oncology Program Leader
Department of Radiation Oncology & Stanford Cancer Institute, Stanford University School of Medicine

Electronically signed by Loo, Billy Wiseman, MD at 5/10/2017 7:54 AM

Office Visit on 4/27/2017 Note viewed by patient

Note viewed by patient

This note has been shared with the patient and is viewable in MyHealth.