

Office Visit Note

Patient Name: Alan Christenson

D.O.B.: 07/21/1936; 84 yrs, 2 mo at the time of visit

Seen by Yumi Ando, M.D.

Date of Encounter: 02/23/2018

Exam Reason (CC): New Patient

Documents Referenced:

- Advair Diskus 100-50 MCG/DOSE Aerosol Powder Breath Activated Inhalation sig: 1 puff inhaled orally 2 times per day
- Atorvastatin Calcium 10 mg Tab sig: 1 tablet orally daily
- Dexilant 60 mg Cap delayed rel sig: 1 capsule orally daily
- OxyCONTIN 30 mg Tab ER 12hr Abuse-Deterrent sig: 1 tablet orally every 12 hours
- Soolantra 1 % Crm sig: Apply to each affected area (eg, forehead, chin, nose, each cheek) once daily.
- Spiriva HandiHaler 18 MCG Cap Inhalation sig: 1 capsule via oral inhalation daily by inhaling the contents of the capsule using the HandiHaler device
- Vitamin B12 1000mcg/ml sig: take injection as directed
- Xarelto 20 mg Tab sig: 1 tablet orally daily with food

Alan is an 81 yo man who was kindly referred by Dr. Choy who is seeking a new PCP.

He is interested in finding a doctor "who has his back." Feels like he needs help navigating his current health issues, mainly a diagnosis of recurrent lung cancer. He would like to avoid cytotoxic chemotherapy
NSCLC:

-He was diagnosed with lung cancer in 2/2016 after presenting with hemoptysis and CXR showed RUL opacity. He has been followed by Dr. Berry, Dr. Loo and Dr. Ramsey and is looking for a new oncologist to replace Dr. Joe Neal. Also being followed by Stanford Tumor Board, Tumor Genomics

Referred initially to Dr. Mark Berry.

Stage IIB (pT2bpN1M0) dx 2/2016

-3/10/2016: bronchoscopy with tumor in right bronchus intermedius. Bx c/w SCCA.

-3/11/2016: Neg brain MRI

-3/17/2016: PET/CT RLL mass no adenopathy

-s/p resection of RLL and RML 4/15/2016 with Dr. Berry. 1/51 LN positive. Positive vascular margin.

-5/18/16: declined chemo.

Recommended targeted XRT.

Neal/Gensheimer recommended chemo and XRT/full scale XRT. Sought second opinion.

Dr. Billy Loo recommended targeted treatment with XRT. Underwent 20 treatments in June 2016, completed 6/29/16. Tolerated the treatments well with minimal side effects.

-10/13/16 new nonspecific 2 mm RUL nodule. Underwent bx 10/2016 by Dr. Meghan Ramsey.
Dx of metastatic moderately differentiated squamous cell CA. Most likely mets of the prior tumor.

1/26/17 RUL nodule increased to 4 mm

4/26/17 CT showed 4 mm right lateral endobronchial nodule increased in size

7/26/17 CT scan showed persistent 4 mm endobronchial nodule noted

11/1/17 CT showed minimal enlargement of a nodular density along the right lateral wall of the trachea proximal to the carina.

11/14/17 EBUS bx of tracheal nodule--metastatic moderately differentiated squamous cell CA

12/7/17 MRI brain neg

12/7/17 PET/CT post surgical changes, interval increase in size and metabolic activity of a 1.1 x 0.9 cm solid, irregularly marginated pulmonary nodule in RUL. Additional bilateral solid and groundglass pulmonary nodules stable to increased in size. Interval increase in size and hypermetabolic activity of a right cardiophrenic lymph node

12/19/17 Tumor Board recommends systemic chemo, which he refused.

1/5/2018 visit with Dr. Neal was offered chemo with carbo/gem, or carbo/abraxane, but he continued to decline chemo. Since PD-L1 expression is negative, the thought was that immunotherapy would have a <10% chance of success. Also would consider NKTR clinical trial with nivolumab.

XRT no longer an option because of tracheal location and bilateral lung nodules.

1/23/18 second opinion at Dana Farber. Dr. Awad recommended systemic chemo vs. immunotherapy on a clinical trial. with Opdivo He was prepared to move to Boston to undergo treatment, when his subsequent scan on 2/7/2018 showed that the nodule had regressed, so he was no longer eligible for the clinical trial.

2/7/2018: Was seen by Dr. Neal, again with recommendations for chemotherapy over immunotherapy based on PD-L1 negative expression. Foundation One testing sent.

Repeat scan on 2/7/18 showed:

Interval resolution of a right bronchial soft tissue lesion, which was pathologically proven squamous cell CA. Stable post op changes from Right middle and lower lobectomies and post radiation changes in remaining right upper lobe. scattered GGO and solid nodules. 6 mm subsolid nodule in LUL and irregular 8 mm RUL nodule, with interval stability, large compared to 2/25/16. Clustered tree and bud opacities in RUL, can reflect evolving infection/inflammation. Persistent loculated small right pleural effusion with tiny focus of air in pleural space with unchanged pleural thickening.

2/8/18: Was seen by the Tumor Genomics team. Molecular Tumor Board recommendations are pending. No formal recommendation was made. Most clinical trials require prior chemotherapy for eligibility.

Has no follow up for repeat scan (should be in May) or treatment plan with oncology yet.

Soc Hx:

Married to first wife x 13 years, Divorced in early 1970s. Met Alice, second wife and got married in Washington DC. Has 1 step son, Daniel, who was 5 when they married.

Wife dx with breast cancer in 1993, Alan was primary caretaker, she had a recurrence and opted to stop treatment, died in 2002.

Daniel dx with bipolar d/o in 2003, After graduating from Yale, became volatile and required a lot of care from Alan. Biologic dad not involved. Daniel was in and out of inpatient psychiatric hospitals in LA, NYC, and Boston. Now has a team of doctor/therapist and psychiatrist (Dr. Uma Nidoo) and is able to work full-time in Boston.

Family is in MA. He worked in VA in Arlington as Director of HR for Arlington County, with a staff of 48. Moved to California in 1997 to Aptos because his wife was offered a job for Santa Clara County. He also worked for the City of Santa Clara, retired last April 2017. Lives alone in Aptos, planning to sell his home.

Now on non-profits for drug and etoh abuse and Rising International, a non-profit that helps women set up businesses and sell their products. May step down from both boards.

Rx Meds:

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Dexilant 60 mg Cap delayed rel sig: 1 capsule orally daily

OxyCONTIN 30 mg Tab ER 12hr Abuse-Deterrent sig: 1 tablet orally every 12 hours

Soolantra 1 % Crm sig: Apply to each affected area (eg, forehead, chin, nose, each cheek) once daily.

Spiriva HandiHaler 18 MCG Cap Inhalation sig: 1 capsule via oral inhalation daily by inhaling the contents of the capsule using the HandiHaler device

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Xarelto 20 mg Tab sig: 1 tablet orally daily with food

Squamous NSCLC [C34.90]

Squamous NSCLC [C34.90]

Chronic tension headaches [G44.229]

Squamous NSCLC [C34.90]
Former smoker (as of: 01/01/1984)

Orders:

- *Doc'd New* Melatonin 3 mg Cap 1 capsule orally daily at bedtime with food as needed
- *Doc'd New* Xarelto 20 mg Tab 1 tablet orally daily with food
- *Doc'd New* Vitamin B12 1000mcg/ml take injection as directed
- *Doc'd New* Ferrous Gluconate 324 (38 Fe) MG Tab 1 daily
- *Doc'd New* Soolantra 1 % Crm Apply to each affected area (eg, forehead, chin, nose, each cheek) once daily.
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Follow-up

Alan would like to sign up. We spent a long time discussing his lung ca and plan.

–will review records

–will contact U Texas for morphoproteomics

–will try to engage with SUH oncology for a formal plan for Alan

–follow up with first CPE with me soon

Electronically signed by Yumi Ando, M.D. on 02/23/2018 8:23 pm in ElationHealth