

Christenson, Alan (MR # 808166)

Encounter Date: 01/23/2018

**Alan Christenson**1/23/2018 2:00 PM Office Visit  
MRN: 808166Department: Df Thoracic  
Onc  
CSN: 3185693715Description: Male DOB:  
7/21/1936  
Provider: Scott James  
Swanson, MD**Reason for Visit**

Consult

Lung Cancer

**Diagnoses**

<b>Primary malignant neoplasm of lung metastatic to other site, unspecified laterality</b> - Primary	Codes	Comments
	C34.90	

**Referring Provider**

William N Chu, MD

**Progress Note**

Progress Notes by Scott James Swanson, MD at 1/23/2018 2:00 PM documented on Office Visit from 1/23/2018 in Thoracic Oncology Program, Dana-Farber Cancer Institute

Author:	Scott James Swanson, MD	Author Type:	Physician	Filed:	1/25/2018 10:50 AM
Note Status:	Signed	Cosign:	Cosign Not Required	Encounter Date:	1/23/2018
Editor:	Scott James Swanson, MD (Physician)				
Prior Versions:	1. Lillian R Rickner, PA-C (Physician Assistant) at 1/25/2018 10:12 AM - Sign at close encounter				

**New Patient Visit**

**HPI:** The patient is a 81 y.o. male referred by Dr. Chu who is seen in consultation for evaluation of a right upper lobe nodule with previously known and resected RML and RLL squamous cell carcinoma. IN 2016 he developed a cough with hemoptysis and a chest CT on 10/25/16 revealed a 5.5 x 4.3 cm right lower lobe mass with endobronchial involvement and several mediastinal lymphadenopathy. He underwent a thoracotomy with RML and RLL lobectomy on 4/15/16 that showed positive margin in the vascular component. He denied wanting chemotherapy at the time and elected radiation to the positive resected margin. He has been followed by chest CT and PET/CT. A nodule in the right upper lobe has been increasing over time and is now measuring 1.1 x 0.9 cm. PET/CT showed an SUV max of 3.3 with bilateral solid and ground glass nodules along with a hypermetabolic right cardophrenic node.. Biopsy of the lesion showed squamous cell carcinoma of the lung. The patient has otherwise remained reasonably active. Alan Christenson is seen today for surgical evaluation.

**ROS:** The patient denies significant anorexia, fever, cough, shortness of breath, chest pain, hoarseness, dysphagia, or hemoptysis; but does have dyspnea on exertion only with walking long distances or up a flight of stairs. He works out several times weekly with a trainer. The patient has no known asbestos exposure. The patient reports no recent neurologic, musculoskeletal, digestive or cardiovascular symptoms. All other systems were reviewed in detail and are negative or noncontributory.

**PMH:**

Past Medical History:

Diagnosis

Date

- A-fib
- Asthma

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**Progress Note (continued)**

- COPD (chronic obstructive pulmonary disease) with chronic bronchitis
  - DM type 2, controlled, with complication
  - GERD without esophagitis  
with dysmotility issues
  - Hemicrania continua  
*on oxycodone, seen by Dr Neil Raskin*
  - Hypercholesterolemia
  - Hypertension
  - Insomnia
  - Lung cancer, primary, with metastasis from lung to other site  
*SCC 2016, again 2017*
  - Neuropathy
  - OSA (obstructive sleep apnea)  
*mild, never on CPAP or BiPAP*
  - Sinusitis
- 2016

**PSH:****Past Surgical History:**

Procedure	Laterality	Date
• BRONCHOSCOPY		11/14/2017
• BRONCHOSCOPY		03/10/2016
• COLONOSCOPY		04/02/2009
• ENDOSCOPY		2003
• fundiplication		
• MEDIASTINOSCOPY	Right	04/15/2016
• THORACOTOMY	Right	04/15/2016
• TOTAL HIP ARTHROPLASTY	Left	05/13/2013

**Allergies:****Allergies**

Allergen	Reactions
• Tetracycline	Rash

**Medications:****Current Outpatient Prescriptions Ordered in Epic**

Medication	Sig
• atorvastatin (LIPITOR) 10 MG	Take 10 mg by mouth daily. tablet
• calcium carbonate (CALCIUM CARBONATE) 750 mg (300 mg needed. elemental) Chew	Take 2 tablets by mouth 4 (four) times a day as
• dexlansoprazole (DEXILANT) 60 mg capsule	Take 60 mg by mouth daily.
• fluticasone-salmeterol (ADVAIR HFA) 115-21 mcg/actuation inhaler	Take 1 Inhaler by mouth 2 (two) times a day.
• ivermectin (SOOLANTRA) 1 %	Apply 1 application topically daily.
• melatonin 3 mg Tab	Take 3 mg by mouth nightly as needed.
• oxyCODONE (OXYCONTIN) 30 mg	Take 30 mg by mouth 2 (two) times a day as

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**Progress Note (continued)**

- 30 mg TR12 12 hour tablet needed.
- rivaroxaban (XARELTO) 20 mg Take 1 tablet by mouth daily.
  - Tab
  - tiotropium (SPIRIVA WITH HANIHALER) 18 mcg Inhalation capsule Inhale 1 capsule into the lungs daily.

**Family History:****Family History**

Problem	Relation	Age of Onset
• Cancer	Mother	
• Heart attack	Father	
• Cancer	Sister	
• Breast cancer <i>suspected</i>	Sister	
• Uterine cancer	Maternal Grandmother	
• Breast cancer	Paternal Grandmother	

**Social History:****Social History**

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

**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  |               |
| <i>Comment: reports no hard liquor since 2016, continues to drink wine</i> |               |
| • Drug use:  | No            |
| • Sexual activity:   | Not on file   |

**Other Topics****Concern**

- Not on file

**Social History Narrative**

*Widowed, lives alone, sister lives on east coast. Now retired, former HR director in an insurance company, former board member of a nonprofit*  
*Wife died of breast cancer*  
*Sister in law lives in Concord CA*  
*Stepson Danielle lives in Somerville MA*

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**Progress Note (continued)****Oncology History**

1/2016: Cough, developed into cough with hemoptysis 1 tsp in 3 days.  
2/2016: CXR shows right lung opacity.

10/25/16: Chest CT- 5.5 x 4.3 cm RLL mass with endobronchial involvement. Multiple 10 mm mediastinal nodes.

2/25/16: Chest CT- Several enlarged lymph nodes in mediastinum measuring up to 10 mm, AP window an 10 mm in the subcarinal station. Right hilar adenopathy measuring 10 mm. Consolidative mass in superior segment of the RLL measuring 55 x 43 mm. **Extension of the mass through the RLL bronchus into the lower aspect of the bronchus intermedius.** Post-obstructive bronchoceles present in the basal lower lobe with mild regional groundglass. Scattered bilateral pulmonary nodules measuring up to 4 mm in the RUL. Mild centrilobular and paraseptal emphysema. Soft tissue extension of the mass into the right lower lobe bronchus and lower bronchus intermedius.

3/9/16: MRI spine- mild to mod degenerative changes in cervical spine.

3/10/16: Bronchoscopy with tumor seen in right bronchus intermedius. Biopsy positive for **squamous cell carcinoma**.

3/17/16: PET/CT- RLL 5.3 x 2.7 cm mass with Max SUV 14.3, the mass encases and narrows the RLL bronchus.. There are scattered mediastinal and hilar nodes with background avidity.  
Brain MRI- negative for disease

4/15/16: Thoracotomy with RML and RLL lobectomy and mediastinal dissection. pT2bpN1Mo NSCLC squamous cell N1 disease (1/51 nodes) due to direct extension. Positive margin vascular component.

4/17/16: Chest CT- small right apical pneumothorax, right chest tube with mild effusion.

5/18/16: Thoracic Oncology Consult declined adjuvant therapy, pursued radiation therapy to positive margin only.

5/27/16: PET/CT- Planning PET/CT: Post surgical changes with associated avidity. New mildly-FDG avid 5 mm nodule in right lung, small right 6th rib fx stable

6/20/16: received **RT x 20 fractions**, tolerated well

10/13/16: Chest CT- s/p right middle and lower lobectomies, parenchymal opacification along inferior aspect of remaining right upper lobe. New nonspecific 2 mm nodule in the LUL.  
PET/CT- resolved FDG uptake in right thorax, mild decreased uptake in FDG avid right upper lobe nodule., no other new FDG activity.

11/22/16: brain MRI- negative

1/26/17: Chest CT- Size of loculated right pleural effusion is unchanged, however there is pleural thickening and enhancement with several new locules of gas. Decreased opacification in the inferior aspect of the RUL, likely evolving radiation changes. Slight increase in size of LUL now measuring 0.4 cm, previously 0.2 cm.

4/26/17: Chest CT-Multiple patchy foci of groundglass and pleural-based nodules in the posterior aspect of the RUL, new from January. Increase in number and size of clustered nodules in the RUL. Subsolid nodules in the LUL, largest of which measures 8 mm with a 2 mm solid component, appears

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**Progress Note (continued)**

unchanged. 4 mm right bronchus lateral endobronchial nodule could be malignancy.

7/26/17: Chest CT-increase in nodularity and ground glass in RUL, 8 mm part solid nodule in LUL unchanged, persistent 4 mm endobronchial nodule in right bronchus. Soft tissue nodule in right lateral aspect of the trachea, 4 x 2mm.

11/1/17: Chest Ct: RUL nodularity decreased, Minimal interval enlargement of RUL clustered nodularity. Minimal interval enlargement of nodular density along the right lateral wall of the trachea (now 6 x 3mm) just proximal to the carina. Persistent right pleural effusion, small.

11/14/17: EBUS- bx of tracheal nodule, metastatic squamous cell carcinoma.

12/13/17: PET/CT- RUL irregular nodule measuring 1.1 x 0.9 cm is increased with SUV max 3.3. Bilateral solid and ground glass nodules stable to increased in size, but too small for avidity. Increased metabolic activity in the region of postsurgical changes, sutures along the medial pleura of the right lung. Interval increase in size and hypermetabolic activity of the right cardiophrenic lymph node.

12/13/17: Brain MRI negative

12/15/17: Thoracic Oncology Follow up. PDL1 testing <1% by IHC.

1/5/18: Thoracic Surgery Visit- Recommended chemotherapy, did not recommend XRT due to trachea involvement and bilateral lung nodules. Did not recommend sending molecular testing. Recommended chemotherapy, pt considering options.

**Lung cancer, primary, with metastasis from lung to other site**

1/1/2016

Initial Diagnosis

Lung cancer, primary, with metastasis from lung to other site

**Vital Signs:** BP 160/89 (BP Location: Left arm, Patient Position: Sitting, Cuff Size: Medium) | Pulse 89 | Temp 36.7 °C (98.1 °F) (Oral) | Resp 18 | Ht 1.873 m (6' 1.74") | Wt 89.5 kg (197 lb 5 oz) | SpO2 94% | BMI 25.51 kg/m<sup>2</sup>

**PFT Results:**

FEV1 55%, FVC 44%, TLC 61%, DLCO 48%

**Physical Exam:** Physical examination reveals a well-appearing male in no acute distress. Alert and oriented x 3 with a baseline gait. The skin is without rashes, lesions, or ulcers. The nasal mucosa is pink. Teeth, gums, and oropharynx are normal. He is without thyromegaly, masses, or JVD. There is no palpable cervical, supraclavicular, or axillary adenopathy. Cardiac examination reveals regular rate and rhythm, with S1 and S2 within normal limits. His chest is clear to auscultation and percussion, with good excursion and no change in tactile fremitus or egophony between the two hemithoraces. His abdominal exam shows no hepatosplenomegaly or masses. Abdomen is soft, non-tender, non-distended. There is no ulceration, peripheral clubbing, cyanosis, or edema. The neurological exam is unremarkable with good muscle strength throughout.

**Assessment and Plan:** In summary, Mr. Christenson presents for evaluation of

Encounter Diagnosis

Name

Primary?

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**Progress Note (continued)**

- Primary malignant neoplasm of lung metastatic to other site, Yes unspecified laterality

Mr Alan Christenson is an 81 yr old male with a past medical history pertinent for resected squamous cell carcinoma of the right middle and lower lobe of the lung. He has been followed off treatment with scans and a right upper lobe nodule has grown over time. A biopsy again showed squamous cell carcinoma. He comes to DFCI for a second opinion for treatment options, and is being consulted by Dr. Awad in medical oncology. We reviewed his treatment history for his known lung cancer and the concerns with completing the pneumonectomy, along with benefits. He will review any additional options for systemic treatment with the medical oncology team. He will be returning to California. Mr Christenson has evidence of recurrent disease which does not appear conducive to further surgical resection at this time. His physical exam reveals a healthy older man with good lung exam and no other abnormalities. We have recommended consideration for adjuvant chemotherapy at this point and consideration for surgery depending on how that fares

						Most recent update: 1/23/2018 1:37 PM by Winnie Cantave
<b>Vital Signs-Encounter</b>	BP 160/89 (BP Location: Left arm, Patient Position: Sitting, Cuff Size: Medium)	Pulse 89	Temp 36.7 °C (98.1 °F) (Oral)	Resp 18	Ht 1.873 m (6' 1.74")	Wt 89.5 kg (197 lb 5 oz)
SpO2 94%		BMI	25.51 kg/m2			

**Therapy Treatment**

No treatment plans exist

**Lab Results - Latest**

No results found for any visits on 01/23/18.

					Reviewed: 1/25/2018 10:50 AM by Scott James Swanson, MD
<b>Problem List</b>	Lung cancer, primary, with metastasis from lung to other site	ICD-10-CM C34.90	Priority	Class	Noted - Resolved 1/1/2016 - Present Entered by Lillian R Rickner, PA-C

					Reviewed On: 1/23/2018 By: Elizabeth K Lee, MD
<b>Allergies as of 1/23/2018</b>	Tetracycline	Severity Low	Noted 01/01/1964	Reaction Type	Reactions Rash

**Medications at End of Encounter****atorvastatin (LIPITOR) 10 MG tablet**

Sig: Take 10 mg by mouth daily.  
Class: Historical Med

Route: Oral

**calcium carbonate (CALCIUM CARBONATE) 750 mg (300 mg elemental) Chew**

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**Medications at End of Encounter (continued)**

	Start	End
Sig: Take 2 tablets by mouth 4 (four) times a day as needed. Class: Historical Med Route: Oral		
<b>dexlansoprazole (DEXILANT) 60 mg capsule</b>	3/8/2016	
Sig: Take 60 mg by mouth daily. Class: Historical Med Route: Oral		
<b>fluticasone-salmeterol (ADVAIR HFA) 115-21 mcg/actuation inhaler</b>	2/14/2016	
Sig: Take 1 Inhaler by mouth 2 (two) times a day. Class: Historical Med Route: Oral		
<b>ivermectin (SOOLANTRA) 1 %</b>		
Sig: Apply 1 application topically daily. Class: Historical Med Route: Topical		
<b>melatonin 3 mg Tab</b>		
Sig: Take 3 mg by mouth nightly as needed. Class: Historical Med Route: Oral		
<b>oxyCODONE (OXYCONTIN) 30 mg TR12 12 hour tablet</b>	12/20/2016	
Sig: Take 30 mg by mouth 2 (two) times a day as needed. Class: Historical Med Route: Oral		
<b>rivaroxaban (XARELTO) 20 mg Tab</b>	7/24/2017	
Sig: Take 1 tablet by mouth daily. Class: Historical Med Route: Oral		
<b>tiotropium (SPIRIVA WITH HANDIHALER) 18 mcg inhalation capsule</b>	2/16/2016	
Sig: Inhale 1 capsule into the lungs daily. Class: Historical Med Route: Inhalation		

**History****Last Reviewed by Elizabeth K Lee, MD on 1/23/2018 at 4:24 PM**

## Sections Reviewed

Medical, Surgical, Family, Tobacco, Alcohol, Drug Use, Sexual Activity, Custom, Social Documentation

**Medical History**

Diagnosis	Date	Comment
A-fib		
Asthma		
COPD (chronic obstructive pulmonary disease) with chronic bronchitis		
DM type 2, controlled with complication		
GERD without esophagitis		with dysmotility issues
Hemicrania continua		on oxycodone, seen by Dr Neil Raskin
Hypercholesterolemia		
Hypertension		
Insomnia		
Lung cancer, primary, with metastasis from lung to other site	2016	SCC 2016, again 2017
Neuropathy		
OSA (obstructive sleep apnea)		mild, never on CPAP or BiPAP

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**Medical History (continued)**

Diagnosis	Date	Comment
Sinusitis		

**Surgical History**

Procedure	Laterality	Date	Comment
BRONCHOSCOPY		11/14/2017	
BRONCHOSCOPY		03/10/2016	
COLONOSCOPY		04/02/2009	
ENDOSCOPY			
fundiplication		2003	
MEDIASTINOSCOPY	Right	04/15/2016	
THORACOTOMY	Right	04/15/2016	
TOTAL HIP ARTHROPLASTY	Left	05/13/2013	

**Family Medical History as of 1/23/2018**

Problem	Relation	Age of Onset	Comments
Breast cancer	Paternal Grandmother		
Breast cancer	Sister		suspected
Cancer	Mother		
Cancer	Sister		
Heart attack	Father		
Uterine cancer	Maternal Grandmother		

**Social Documentation**

Widowed, lives alone, sister lives on east coast. Now retired, former HR director in an insurance company, former board member of a nonprofit  
 Wife died of breast cancer  
 Sister in law lives in Concord CA  
 Stepson Danielle lives in Somerville MA

**Social History**

Category	History
<b>Smoking Tobacco Use</b>	<b>Former Smoker; Start date: ; Quit date: 3/23/1984; 3 packs/day for 30 years (90 pk yrs)</b>
<b>Smokeless Tobacco Use</b>	<b>Never Used</b>
<b>Tobacco Comment</b>	
<b>Alcohol Use</b>	<b>Yes; 8.4 oz alcohol/wk; 14 Glasses of wine per week; (reports no hard liquor since 2016, continues to drink wine).</b>
<b>Drug Use</b>	<b>No</b>
<b>Sexual Activity</b>	<b>Not Asked</b>
<b>ADL</b>	<b>Not Asked</b>

**All Flowsheet Templates (all recorded)**

Custom Formula Data  
 Expanded Vitals

No questionnaire available.

**Phs Df Prep Top**

No response filed for this questionnaire on this visit.

**All Responses**

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**Phs Amb Onc Df New Patient Intake Summary**

No response filed for this questionnaire on this visit.

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**All Responses**

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Filed On  
1/23/2018  
1/23/2018

**Communication Routing History**

Recipient	Method	Sent by	Date Sent	Routed to
William N Chu, MD	Fax	Scott James Swanson, MD [50687]	1/25/2018	Not routed

Fax: 650-321-3589  
Phone: 650-329-0440

**CC'd Chart Routing History**

None

**Patient Lines/Drains/Airways Status**

Active Lines, Drains, Airways, Wounds
None