OxPOS Standard of Care Diagnostic Report Generated from OUH Clinical Data Warehouse

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System	MDT
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## Symptoms

HG spindle cell and pleomorphic sarcoma in thigh treated with Radiotherapy (17.11.20) and Surgery with clear margins (04.02.21). 27.08.21 Surgery - RIGID BRONCHOSCOPY + LEFT VATS WITH EXTENDED UTILITY PORT + LEFT UPPER LOBE WEDGE METASTECTOMY 19.11.21 PET - Chest looks stable. 29.11.21 MDT - For MRI right thigh and see in Clinic next week. Has OPA with [REDACTED] on 06.12.21. 07.12.21 MRI - Evidence of recurrence. Comes on to the main NV bundle. 13.12.21 MDT - For resection. Plan with vascular for inter calary. For CT of whole femur and plan prosthesis. 21.01.22 Excision of thigh tumour - 40% tumour necrosis. + a little satellite at the margin - Proximal margin. between muscle fibres infiltrated. Other margins seem clear. Lymphovascular invasion. In field recurrence. 31.01.22 MDT - Nothing on PET CT. To be seen in Med Onc on 18.02.22. For an early MRI at 3 months and a follow up PET. 23.02.22 PET 02.03.22 MRI right thigh - MRI shows infection no obvious recurrent or residual disease. 14.03.22 MDT - Seen last week [REDACTED] thinks no need to washout. Next OPA 28.03.22. To consider open surgical washout. 01.04.22 MRI femur 19.05.22 right thigh - suspicious nodule at superior aspect of collection 19.05.22 CT chest - Imaging shows solitary RUL nodule 30.05.22 MDT - Recommend image guided biopsy. Relist in Cardiothoracic section next week.

## Pathological

HG spindle cell sarcoma

## Radiology

Local recurrence at top end of collection in surgical bed around anteromedial femur. Nodule in right upper lobe increased n size. smaller nodules as well - middle lobe has 2 nodules, 1 in right lower lobe, further in left lower lobe.

Diagnosic Report