

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

Patient ID	OXPOS_002
Report Date	2023-03-13
Category	MDT
Status	final
Provider	Oxford University Hospitals
System	MDT
Report Id	ad6b03fa-91fb-4df0-903e-802024ad13d4

Symptoms
Diagnosis: High-grade pleomorphic sarcoma of the right thigh Treatment: Preoperative radiotherapy 50Gy 25# Feb 21 complete surgical excision (12x7x4cm) August 2021 VATS and wedge resection for left apical high-grade metastatic pleomorphic and spindle cell sarcoma January 2022 local recurrence right thigh resected June 2022 local recurrence, multiple pulmonary mets An echocardiogram was performed on MH 583774 which showed normal biventricular systolic function and no significant valvular lesion but he is in atrial fibrillation, for which I couldn't find a recent ECG on EPR. As the echo was done today, I wasn't able to perform a proper 12-lead ECG 16.07.22 PET 19.08.22 MDT - For chemotherapy of primary site and to monitor the chest. 19.01.23 MRI Femur Rt - Marked tumour progression. Previously a few little nodules not extensive tumour invading into the femur. involving vessels on the side. PET shows necrotic and avid. RUL nodule increasing in size and avid. Suspicious nodes in right groin. 30.01.23 MDT - For surgery - through hip amputation and excision of solitary lung lesion. Refer to [REDACTED] for consideration of HIFU. In clinic today. Back on next week to discuss lung nodule with CTs. MDT 06.02.23 - Symptomatically could ablate but not likely to get all the tumour. Amputation would be through hip. Lung lesion is excisable. To list asap for through hip amputation with careful posterior flap. 16.02.23 Surgery - Right Through Hip Amputation MDT Plan 06.03.23 - For surveillance. To relist under Cardiothoracics next week. Suitable for OXPOS.
Pathological
HG Sarcoma - margins clear.
Radiology
Solitary chest lesion on right - increasing in size
Diagnostic Report