

# CLINICAL NOTES - ONCOLOGY

FICTIONAL SAMPLE FOR EDUCATIONAL PURPOSES ONLY

**Patient:** John Doe  
**MRN:** 12345678  
**DOB:** 03/15/1965

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## INITIAL CONSULTATION - ONCOLOGY

**Date:** 02/15/2025  
**Time:** 10:30 AM  
**Provider:** Dr. Sarah Martinez, MD - Medical Oncology  
**Location:** Regional Cancer Center, Suite 200

**Chief Complaint:** Patient presents with persistent cough, weight loss, and fatigue over the past 3 months.

### History of Present Illness:

58-year-old male presents with a 3-month history of progressive dyspnea, persistent non-productive cough, and unintentional weight loss of approximately 15 pounds. Patient reports decreased appetite and increasing fatigue. Cough is worse in the morning and evening, not associated with fever or chills. No hemoptysis reported. Patient denies chest pain but reports mild shortness of breath with moderate exertion (climbing stairs). Former smoker (quit 5 years ago, 30 pack-year history from age 18-48).

### Review of Systems:

- Constitutional: Fatigue, weight loss, decreased appetite, no fever or night sweats
- Pulmonary: Persistent cough, mild dyspnea on exertion, no hemoptysis
- Cardiovascular: No chest pain, palpitations, or orthopnea
- GI: Decreased appetite, no nausea, vomiting, or abdominal pain
- Musculoskeletal: No bone pain

### Past Medical History:

- Hypertension (diagnosed 2018, controlled with medication)
- Hyperlipidemia (diagnosed 2020)
- Former tobacco use disorder (quit January 2020)

- Pneumonia (2019, resolved)

**Past Surgical History:**

- Appendectomy (1985)
- Hernia repair (2010)

**Family History:**

- Father: Deceased (age 72, myocardial infarction)
- Mother: Deceased (age 68, stroke)
- Sister: Breast cancer (age 55, in remission)
- No known family history of lung cancer

**Social History:**

- Former smoker: 30 pack-year history (1.5 packs/day × 20 years), quit 2020
- Alcohol: Occasional social drinking (2-3 beers/week)
- Occupation: Retired construction worker (potential asbestos exposure)
- Married, lives with spouse
- No illicit drug use

**Current Medications:**

- Lisinopril 10mg daily (for hypertension)
- Atorvastatin 20mg daily (for hyperlipidemia)
- Multivitamin daily
- Ibuprofen 400mg PRN (for aches/pains)

**Allergies:**

- Penicillin (rash)
- NKDA otherwise

**Physical Examination:**

- Vital Signs: BP 142/88 mmHg, HR 92 bpm, RR 18/min, T 98.6°F, O2 Sat 94% on room air, Weight 165 lbs, Height 5'10"
- General: Alert, oriented, appears chronically ill, weight loss evident, no acute distress
- HEENT: Normocephalic, atraumatic, PERRL, EOMI, no lymphadenopathy in neck
- Pulmonary: Decreased breath sounds in right upper lobe, no wheezes, rales, or rhonchi
- Cardiovascular: Regular rate and rhythm, no murmurs, rubs, or gallops
- Abdomen: Soft, non-tender, non-distended, bowel sounds present
- Extremities: No clubbing, cyanosis, or edema
- Lymph nodes: Palpable right supraclavicular lymph node, 2cm, firm, non-tender, mobile

- Neurological: Alert and oriented × 3, no focal deficits

**Assessment and Plan:**

Highly suspicious for lung malignancy given smoking history, weight loss, and clinical presentation with right upper lobe findings and supraclavicular lymphadenopathy.

**Immediate Plan:**

1. CT chest with IV contrast - ordered
2. Complete staging workup pending pathological confirmation
3. Pulmonary function tests
4. CBC, CMP, LFTs, tumor markers (CEA, CYFRA 21-1)
5. Patient education regarding suspected diagnosis
6. Return appointment in 1 week to review imaging results

**Patient Education:** Discussed possibility of lung cancer, need for further testing, and importance of follow-up appointments.

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## PROGRESS NOTE - ONCOLOGY

**Date:** 03/01/2025

**Time:** 2:00 PM

**Provider:** Dr. Sarah Martinez, MD

**Subjective:** Patient returns to discuss biopsy results and staging imaging. Reports continued fatigue and mild shortness of breath on exertion. No new symptoms. Appetite remains poor but stable. Wife present for visit.

**Objective:**

- Performance Status: ECOG 1
- Weight: 165 lbs (stable from last visit)
- Vital Signs: BP 138/82, HR 88, RR 16, T 98.4°F, O2 Sat 95% on room air
- General appearance: Alert, cooperative, appears anxious but engaged
- Cardiopulmonary exam unchanged from previous visit

**Assessment:** Non-small cell lung cancer (NSCLC), adenocarcinoma, Stage IIIA (T2N2M0)

- Primary tumor: Right upper lobe, 4.2 cm
- Regional lymph node involvement (N2)
- No evidence of distant metastases (M0)

**Plan:**

1. **Treatment Discussion:** Extensive discussion with patient and spouse regarding diagnosis, staging, prognosis, and treatment options
2. **Multidisciplinary Approach:** Referral to thoracic surgery for evaluation and multidisciplinary team conference
3. **Neoadjuvant Chemotherapy:** Plan to initiate carboplatin/paclitaxel regimen
4. **Supportive Care:**
  - Pulmonary rehabilitation referral
  - Nutritional consultation (albumin low at 3.2)
  - Social work referral for support services
5. **Pre-chemotherapy Workup:**
  - Echocardiogram or MUGA scan
  - Pulmonary function tests
  - Audiometry (carboplatin ototoxicity)
6. **Follow-up:** Return in 2 weeks to assess tolerance to treatment and review pre-chemo testing

**Prognosis Discussion:** Discussed stage IIIA NSCLC prognosis, approximately 35-40% 5-year survival with multimodal therapy. Patient and wife expressed understanding and commitment to treatment plan.

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## CHEMOTHERAPY CYCLE 1 - DAY 1

**Date:** 03/15/2025

**Time:** 9:00 AM

**Provider:** Dr. Sarah Martinez, MD

**Location:** Infusion Center

**Pre-treatment Assessment:**

- Performance Status: ECOG 1
- Weight: 163 lbs (2 lb weight loss)
- Vital Signs: Stable
- Labs: ANC 4200, Platelets 380K, Creatinine 1.0

**Treatment Administered:**

- **Carboplatin** AUC 6 (dose: 580mg) IV over 30 minutes
- **Paclitaxel** 200mg/m<sup>2</sup> (dose: 380mg) IV over 3 hours
- Pre-medications: Dexamethasone 12mg IV, Diphenhydramine 50mg IV, Ranitidine 50mg IV

**Patient Tolerance:** Treatment well-tolerated, no immediate reactions

**Post-treatment Instructions:**

- Dexamethasone 8mg PO daily × 2 days
- Ondansetron 8mg PO q8h PRN nausea
- Return to clinic in 1 week for CBC check
- Call for fever >100.4°F, signs of infection, severe nausea/vomiting

**Next Cycle:** Scheduled for 04/05/2025 (Day 22)