DMO ADR Note NCC [Charted Location: NCC ATU L10] [Authored: 28-May-2025 10:28]- for Visit: H225066111B0005, *Complete, Revised, Signed in Full, General*

ADR Documentation and Management
ADR Drug 1

Chemo drug:	Nivolumab
Prior ADR for drug above:	0
Infusion Date/Time:	28-May-2025 09:51
Final ADR grade:	2 (Moderate)
Patient response:	Completed without further ADR
Patient require admission:	No
Primary physician consulted:	Yes
	Bok Ke Xin(dr65068d)
For next chemo:	Rechallenge

Doctor
Dr Matthew and Dr Bok KX's patient

Metastatic poorly differentiated gastric adenocarcinoma, for C2 XELOX/Nivolumab today

21mins into Nivolumab, patient c/o itchiness over lower back and limbs

Infusion stopped immediately, 5 mins after urticaria and rash developed (urticaria noted 1 over right upper arm, upper thigh and back, mild rash over lower abdomen and back)

No facial flushing

No SOB

No throat tightness sensation/ blocked nose

No chest pain

No abdominal pain/back pain

No feverish

First ADR, not known allergy to any food/medication

O/E

Alert, conversant

Rash over lower abdomen, lower back, mild over back of neck (BSA ~9-18%)

no pelvic involvement

no scalp involvement

Urticaria noted over R upper arm, R thigh and back

No facial/tongue swelling

No facial flushing

L no wheeze, clear

A SNT

Calves supple

IV Diphenhydramine 25mg given at 10:26AM

Itchiness resolved after 5 mins

Review at 10:55AM

Itchiness resolved

Rash over abdomen and back improved

Urticaria flatter over R UL, abdomen and back

No SOB

Feels sleepy from Benadryl

Premeds given before chemotherapy

PO/IV Dexamethasome : 8 mg

Symptoms

Moderate rash and Mild urticaria

Initial Grade/ Severity of reaction: 2 (Moderate)

Cycle:	2	Day:	1		
Dose:	360	Route:	IV		
Volume given:		77 mL		Volume remaining:	9 mL
Infusion rate:		100 mL/hr		Infusion stopped:	10:16
BP: 115/ 83 mmHg		Pulse:	95 beats/min	SpO2:	99 %

First Treatment of ADR

Stop Infusion

IV Diphenhydramine: 25 mg

(Maximum dose 100mg, Cumulative dose given today) 25 mg

Chemo completed: Yes

Time infusion restarted: 11:05

Chemo restarted: Restarted, No Adverse Reaction

Increase premeds for subsequent cycles

IV Diphenhydramine dose: 25 mg

Electronic Signatures:

Ejene Cheng Yi-Qing (Doctor) (Signed 28-May-2025 12:35)

Authored: *Adverse Reaction 1*

Last Updated: *28-May-2025 12:35 by Ejene Cheng Yi-Qing (Doctor)*

****

DMO Correspondence Note NCC [Charted Location: NCC ATU L10] [Authored: 09-Jun-2025 19:24]- for Visit: H225066111B0005, *Complete, Entered, Signed in Full, General*

.:
DMO EXP SR

Received call via call centre on advice to restarting HLD medications

Called spouse @ 91897262
Daughter was also on the same phone call
Discussed that given improvement in LFTs on 27.5.25 and 30.5.25 AST and ALT (NEHR), nil issues with restarting lipid medications as advised by OPS. Concurred with plans to restart Atorvastatin first with close monitoring of his LFTs. Wife very anxious about very high stroke risk conveyed by OPS Dr based on his current LDL level and noted they have already restarted the statins since Friday 6.6.25.

Asked me regarding arthralgia and myalgia experienced, reportedly mild; wants my opinion if to continue with the statins or break until my TCU. While I note that patient did not previously experience AEs with statins, discussed that this is not an uncommon AE with statins if mild and not worsening can persist with statins. If indicated, I can include additional blood tests (e.g. CK) at my next TCU 17.6.25.

Also addressed their questions on transferring care from a NHG OPS to SingHealth OPS in order to consolidate the necessary blood tests at NCCS.

They understand and are agreeable with above plans.
All questions answered

Electronic Signatures:
Bok Ke Xin (Doctor) (Signed 09-Jun-2025 19:24)
Authored: *Correspondence*

Last Updated: *09-Jun-2025 19:24 by Bok Ke Xin (Doctor)*

****

DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 17-Jun-2025 10:19]- for Visit: H225057509G0015, *Complete, Revised, Signed in Full, General*

Height & Weight:
Weight (kg): 59.3 kg 17-Jun-2025 09:02:14. Height (cm): 168.6 cm 17-Jun-2025 09:02:14.

CLINICAL NOTES:

History, Examination and Investigations:
-
EXP Clinic
Consultant in charge: Dr Matthew Ng
SR in charge: Bok Ke Xin
Please contact SR in charge for issues
-
S/B Dr Matthew Ng

Reason for Visit: Due #3 XELOX-Nivolumab

28.5.25 G2 ADR (urticaria) to Nivolumab, completed re-challenge with Diphen 25mg

On Review
Well
No abdominal pain
No PR bleed
No dysphagia
Appetite ok
G2 arthralgia and myalgia
- Particularly over the Oxaliplatin infusion arm

O/E:
Ht: 168cm
Wt: 67.3kg (Mar25) -> 66.85kg (Apr25) -> 59.2kg (May25) -> 59.3kg (Jun25)

Walked in
Alert, oriented
Mucosa dry
No oral thrush
Not jaundiced

Investigations
Common Lab Results (CBC,FBC,Chem,LFT):
17/06/25 Hb: 13.2(L), WBC: 5.72, Hct: 40.8, Plt: 230.
17/06/25 Na: 140, K+: 4.8, Cl: 104, HCO3: 29.4(H), Urea: 2.6(L), Cre: 75, Glu:5.7.
17/06/25 TP: 66(L), Alb: 35(L), Bil: 11, AST: 22, ALT: 14, ALP: 122(H).
17/06/25 CA 19-9: 31.2, CEA: 1.9.
17/06/25 CK 47

Tumour Markers
CEA <1.8 -> 1.9
CA 19-9 19.2 -> 28.5 -> 31.2

Radiological:
6.5.25 CT T/A/P
Since CT Chest 21 Mar 2025 and CT Abdomen and Pelvis 27 Jan 2025,
1. Interval increase in size of some abdominal and retroperitoneal nodes, while others are stable, suspicious for nodal disease involvement.
2. The known primary small prepyloric region malignant ulcer is not discretely visualised.

Assessment
1. Fit for treatment

Communications
Discussed that in view of spontaneous improvement in LFTs and given recent fever, possibly secondary to viral illness and less likely ICI hepatitis although not able to definitively rule this out as a differential diagnosis as discussed with Gastro.
Explained options moving forward given LFT improvement
1. Rechallenge XELOX-Nivolumab with careful monitoring of LFTs with dose-reduction
- Explained possibility of LFTs worsening if LFTs due to IRAE
2. Omit Nivo and proceed with XELOX alone
They were agreeable to proceed with option 1 with dose reduction of chemotherapy
Recommended to start ETV prophylaxis as well in view of previous Hepatitis B exposure.
-

Clinical and Treatment Summary: -
1. Metastatic poorly differentiated gastric adenocarcinoma
SOD: Gastric primary, LN (peripanc, superior mesenteric)
Moleculars: pMMR, PDL1 TPS 1% CPS 25, HER2- (IHC 2+, FISH-), CLDN 18.2+ (IHC 2-3+, 80%)

2.4.25 UGI MDT: For pall systemic tx, in event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN

Apr25-present: s/p palliative first-line #1 XELOX + Nivo (24.4.25)
- Cx by G3 LFT derangement possibly 2' viral illness, d/w GAS in view of spontaneous improvement less likely ICI hepatitis
- Cx by G2 ADR (urticaria) to Nivo on #2, premed with Diphen 25mg thereafter

Past Medical History
1. DM
2. HLD
3. Bronchiectasis (f/u SGH RES)
4. Late onset Raynaud's phenomenon (f/u RHI)

$$ No pte insurance, Medisave, Medishield

Psy concerns: Knows Stage 4 cancer diagnosis. Declined to know prognosis
ECOG: 1
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information
ADR Acknowledgement: I have acknowledged the patient's adverse drug reaction information.

PATIENT STATUS:

Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):

ChemoDrug: Nivolumab
Date Occurred: 28-May-2025 11:16

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
ChemoDrug: Nivolumab
Date: 28-May-2025 09:51

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 1228485018 : CA - Cancer of stomach
Primary Site 1: Stomach

MANAGEMENT FOR THIS VISIT:

Management For This Visit: -
Plans
Proceed with #3 XELOX-Nivolumab on 18.6.25
- DR XELOX to 75%
- Premedicate with IV Diphen 25mg prior to Nivolumab for G2 ADR

Restaging CT T/A/P on 30.6.25

Prescreen for CLARITY on 25:PC000423 - pt undexisws

TCU Dr Matthew Ng EXP 8.7.25 with FBC UECr LFT TFT CA19-9 OA
Prebooked #4 on 9.7.25 (Wed AM)

Continue ETV prophylaxis

In event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN

-
Keep old TCUs
07.07.25 SGH UGI Mr Lee ZJ
26.11.25 SGH RES Dr Tan YH
12.12.25 SGH GAS Dr Valerie Yeap
-

Electronic Signatures:
Bok Ke Xin (Doctor) (Signed 17-Jun-2025 14:02)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *17-Jun-2025 14:02 by Bok Ke Xin (Doctor)*

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DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 08-Jul-2025 09:51]- for Visit: H225057509G0018, *Complete, Entered, Signed in Full, General*

Height & Weight:
Weight (kg): 58.2 kg 08-Jul-2025 09:04:15. Height (cm): 168.3 cm 08-Jul-2025 09:04:15.

CLINICAL NOTES:

History, Examination and Investigations:
-
EXP Clinic
Consultant in charge: Dr Matthew Ng
SR in charge: Bok Ke Xin
Please contact SR in charge for issues
-

Reason for Visit: Due #4 XELOX-Nivolumab

On Review
Well
Appetite ok
G1 productive cough
- Over past 2 weeks, phlegm recently turned yellow
- No fever
- No SOB
G0 CIPN
No abdominal pain
No PR bleed

O/E:
Ht: 168cm
Wt: 67.3kg (Mar25) -> 66.85kg (Apr25) -> 59.2kg (May25) -> 59.3kg (Jun25) -> 58.2kg (today)

Walked in
Alert, oriented
Throat mildly injected
Lungs clear

Rest of examination deferred ivo recent CT

Investigations
Common Lab Results (CBC,FBC,Chem,LFT):
08/07/25 Hb: 12.7(L), WBC: 5.68, Hct: 40.0, Plt: 246. .
08/07/25 Na: 141, K+: 4.9, Cl: 104, HCO3: 28.2, Urea: 4.9, Cre: 77, Glu:5.8.
08/07/25 TP: 69, Alb: 39(L), Bil: 12, AST: 25, ALT: 16, ALP: 116(H).
08/07/25 CA 19-9: 48.2(H), CEA: 2.5.

Tumour Markers
CEA <1.8 -> 1.9 -> 2.5
CA 19-9 19.2 -> 28.5 -> 31.2 -> 48.2

Radiological:
30.6.25 CT T/A/P
Since CT Chest, Abdomen and Pelvis 6 May 2025
Interval decrease in size of some of the upper abdominal and retroperitoneal lymphadenopathy while others are stable, suspicious for nodal disease. Circumferential wall thickening of gastric antrum again noted. The known primary small prepyloric region malignant ulcer is not discretely visualised.

Assessment
1. Fit for treatment
2. Partial response

Communications
Discussed CT findings of partial response
Discussed to continue up to #6 of XELOX-Nivolumab with interval CT after or earlier as clinically indicated

Clinical and Treatment Summary: -
1. Metastatic poorly differentiated gastric adenocarcinoma
SOD: Gastric primary, LN (peripanc, superior mesenteric)
Moleculars: pMMR, PDL1 TPS 1% CPS 25, HER2- (IHC 2+, FISH-), CLDN 18.2+ (IHC 2-3+, 80%)

2.4.25 UGI MDT: For pall systemic tx, in event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN

Apr25-present: s/p palliative first-line #4 XELOX + Nivo (24.4.25-9.7.25) -> PR after #3
- Cx by G3 LFT derangement possibly 2' viral illness, d/w GAS in view of spontaneous improvement less likely ICI hepatitis -> DR XELOX to 75% from #2 onwards
- Cx by G2 ADR (urticaria) to Nivo on #2, premed with Diphen 25mg thereafter

Past Medical History
1. DM
2. HLD
3. Bronchiectasis (f/u SGH RES)
4. Late onset Raynaud's phenomenon (f/u RHI)

$$ No pte insurance, Medisave, Medishield

Psy concerns: Knows Stage 4 cancer diagnosis. Declined to know prognosis

ECOG: 0
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information
ADR Acknowledgement: I have acknowledged the patient's adverse drug reaction information.

PATIENT STATUS:

Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):

ChemoDrug: Nivolumab
Date Occurred: 28-May-2025 11:16
Grade2: Moderate rash, Mild urticarial
Initial Grade/Severity of reaction: 2 (Moderate)
Chemo Restarted? Restarted, No Adverse Reaction
Final Grade: 2 (Moderate)

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
ChemoDrug: Nivolumab
Date: 28-May-2025 09:51

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 1228485018 : CA - Cancer of stomach
Primary Site 1: Stomach

MANAGEMENT FOR THIS VISIT:

Management For This Visit: -
Plans
Symptomatic medications
PO Augmentin x 1 week

Postpone #4 XELOX-Nivolumab to 16.7.25
- Premedicate with IV Diphen 25mg prior to Nivo for G2 ADR
- No need to repeat bloods, can proceed if better

TCU Dr Matthew Ng EXP 5.8.25 with FBC UECr LFT TFT CA19-9 OA
Prebooked #5-6 (Wed AM)

Patient undecided about prescreening for CLARITY on 25:PC000423

Continue ETV prophylaxis

In event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN
-
Keep old TCUs
07.07.25 SGH UGI Mr Lee ZJ
26.11.25 SGH RES Dr Tan YH
12.12.25 SGH GAS Dr Valerie Yeap
-

Electronic Signatures:
Bok Ke Xin (Doctor) (Signed 08-Jul-2025 09:54)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *08-Jul-2025 09:54 by Bok Ke Xin (Doctor)*

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DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 05-Aug-2025 11:07]- for Visit: H225057509G0020, *Complete, Entered, Signed in Full, General*

Height & Weight:
Weight (kg): 58.6 kg 05-Aug-2025 09:31:34. Height (cm): 168.5 cm 05-Aug-2025 09:31:34.

CLINICAL NOTES:

History, Examination and Investigations:

-
DMO EXP Clinic

Consultant-in-charge: Dr Matthew Ng
EXP-in-charge: Dr Jonathan Soon
(Please contact EXP SR if any issues)

-

Reason for Visit: Due #5 XELOX-Nivolumab
Came with daughter Candy, wife Kelly, son in law Leon

On Review
Well
Appetite ok
G1 phlegm
No fever or SOB

G0 CIPN
No abdominal pain
No PR bleed

O/E:
Ht: 168cm
Wt: 67.3kg (Mar25) -> 66.85kg (Apr25) -> 59.2kg (May25) -> 59.3kg (Jun25) -> 58.2kg-> 58.6kg

Walked in
Alert, oriented

Alert, comfortable
HS1S2
L Clear
A SNT BS +
throat clear
Calves supple

labs noted
Common Lab Results (CBC,FBC,Chem,LFT):
05/08/25 **Hb: 13.1(L)**, WBC: 5.94, Hct: 40.6, Plt: 204.
05/08/25 Neut: 67.5% , Neut Abs: 4.01, MCV: 93.3% , Lymph: 17.2% , Mono: 12.5% (H), Eos: 2.5% , Baso: 0.3% .
05/08/25 Na: 143, **K+: 5.4(H)**, Cl: 105, HCO3: 28.5, Urea: 4.1, Cre: 75, Glu:6.0.
05/08/25 TP: 73, Alb: 40, Bil: 11, AST: 26, ALT: 16, **ALP: 112(H)**.
05/08/25 **CA 19-9: 34.8(H)**, CEA: 2.4.

Tumour Markers
CEA <1.8 -> 1.9 -> 2.5
CA 19-9 19.2 -> 28.5 -> 31.2 -> 48.2 > 34

Radiological:
30.6.25 CT T/A/P : PR

Assessment
1. Fit for treatment
2. Partial response

Communications
Discussed to continue up to #6 of XELOX-Nivolumab with interval CT after or earlier as clinically indicated
Tumor marker trend conveyed

Clinical and Treatment Summary: -
1. Metastatic poorly differentiated gastric adenocarcinoma
SOD: Gastric primary, LN (peripanc, superior mesenteric)
Moleculars: pMMR, PDL1 TPS 1% CPS 25, HER2- (IHC 2+, FISH-), CLDN 18.2+ (IHC 2-3+, 80%)

2.4.25 UGI MDT: For pall systemic tx, in event of good response, discuss conversion surgery

(likely extensive) +/- SBRT to retropancreatic LN

Apr25-present: s/p palliative first-line #4 XELOX + Nivo (24.4.25-6.8.25) -> PR after #3
- Cx by G3 LFT derangement possibly 2' viral illness, d/w GAS in view of spontaneous improvement less likely ICI hepatitis -> DR XELOX to 75% from #2 onwards
- Cx by G2 ADR (urticaria) to Nivo on #2, premed with Diphen 25mg thereafter

Past Medical History
1. DM
2. HLD
3. Bronchiectasis (f/u SGH RES)
4. Late onset Raynaud's phenomenon (f/u RHI)

$$ No pte insurance, Medisave, Medishield

Psy concerns: Knows Stage 4 cancer diagnosis. Declined to know prognosis
daughter Candy, wife Kelly, son in law Leon
ECOG: 0
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information
ADR Acknowledgement: I have acknowledged the patient's adverse drug reaction information.

PATIENT STATUS:

Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):

ChemoDrug: Nivolumab
Date Occurred: 28-May-2025 11:16
Grade2: Moderate rash, Mild urticarial
Initial Grade/Severity of reaction: 2 (Moderate)
Chemo Restarted? Restarted, No Adverse Reaction
Final Grade: 2 (Moderate)

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
ChemoDrug: Nivolumab
Date: 28-May-2025 09:51

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 1228485018 : CA - Cancer of stomach
Primary Site 1: Stomach

MANAGEMENT FOR THIS VISIT:
Management For This Visit: -
Plans
Proceed #5 XELOX Nivo 7.8.25
- Premedicate with IV Diphen 25mg prior to Nivo for G2 ADR
- No need to repeat bloods, can proceed if better

TCU Dr Matthew Ng EXP 26.8.25 with FBC UECr LFT TFT CA19-9 OA
Prebooked #5-6 (Wed AM)
Aim CT after # 6

Patient undecided about prescreening for CLARITY on 25:PC000423

Continue ETV prophylaxis

In event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN
-
Keep old TCUs
18.8.25 SGH UGI Dr Lee ZJ
26.11.25 SGH RES Dr Tan YH
12.12.25 SGH GAS Dr Valerie Yeap
-

Electronic Signatures:
Jonathan Soon Jian Hao (Doctor) (Signed 05-Aug-2025 11:14)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *05-Aug-2025 11:14 by Jonathan Soon Jian Hao (Doctor)*

****

DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 26-Aug-2025 11:48]- for Visit: H225057509G0022, *Complete, Entered, Signed in Full, General*

Height & Weight:
Weight (kg): 56.7 kg 26-Aug-2025 09:43:36. Height (cm): 168.5 cm 26-Aug-2025 09:43:36.

CLINICAL NOTES:

History, Examination and Investigations:

-

DMO EXP Clinic

Consultant-in-charge: Dr Matthew Ng
EXP-in-charge: Dr Jonathan Soon
(Please contact EXP SR if any issues)

-

Reason for Visit: Due #6 XELOX-Nivolumab
Came with daughter Candy, wife Kelly, son in law Leon

On Review
Well
Appetite ok
G1 phlegm
No fever or SOB
G0 CIPN
No abdominal pain
No PR bleed

O/E:
Ht: 168cm
Wt: 67.3kg (Mar25) -> 66.85kg (Apr25) -> 59.2kg (May25) -> 59.3kg (Jun25) -> 58.2kg-> 58.6kg > 56.7kg

Walked in
Alert, oriented

Alert, comfortable
HS1S2
L Clear
A SNT BS +
throat clear
Calves supple

labs noted

Tumour Markers
CEA <1.8 -> 1.9 -> 2.5 ->
CA 19-9 19.2 -> 28.5 -> 31.2 -> 48.2 > 34 >

Radiological:
30.6.25 CT T/A/P : PR

Assessment
1. Fit for treatment
2. Partial response after # 3

Communications
Discussed to continue up to #6 of XELOX-Nivolumab with interval CT after or earlier as clinically indicated

Tumor marker trend conveyed

Clinical and Treatment Summary: -
1. Metastatic poorly differentiated gastric adenocarcinoma
SOD: Gastric primary, LN (peripanc, superior mesenteric)
Moleculars: pMMR, PDL1 TPS 1% CPS 25, HER2- (IHC 2+, FISH-), CLDN 18.2+ (IHC 2-3+, 80%)

2.4.25 UGI MDT: For pall systemic tx, in event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN

Apr25-present: s/p palliative first-line #4 XELOX + Nivo (24.4.25-6.8.25) -> PR after #3
- Cx by G3 LFT derangement possibly 2' viral illness, d/w GAS in view of spontaneous improvement less likely ICI hepatitis -> DR XELOX to 75% from #2 onwards
- Cx by G2 ADR (urticaria) to Nivo on #2, premed with Diphen 25mg thereafter

Past Medical History
1. DM
2. HLD
3. Bronchiectasis (f/u SGH RES)
4. Late onset Raynaud's phenomenon (f/u RHI)

$$ No pte insurance, Medisave, Medishield

Psy concerns: Knows Stage 4 cancer diagnosis. Declined to know prognosis
daughter Candy, wife Kelly, son in law Leon
ECOG: 0
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information
ADR Acknowledgement: I have acknowledged the patient's adverse drug reaction information.

PATIENT STATUS:
Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):

ChemoDrug: Nivolumab
Date Occurred: 28-May-2025 11:16
Grade2: Moderate rash, Mild urticarial
Initial Grade/Severity of reaction: 2 (Moderate)
Chemo Restarted? Restarted, No Adverse Reaction
Final Grade: 2 (Moderate)

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
ChemoDrug: Nivolumab
Date: 28-May-2025 09:51

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 1228485018 : CA - Cancer of stomach
Primary Site 1: Stomach

MANAGEMENT FOR THIS VISIT:

Management For This Visit: -
Plans
Proceed #6 XELOX Nivo 28.8.25
- Premedicate with IV Diphen 25mg prior to Nivo for G2 ADR
- No need to repeat bloods, can proceed if better

TCU Dr Matthew Ng EXP 16.9.25 with FBC UECr LFT TFT CA19-9 OA
Prebooked #7
Aim CT after # 6. KIV maintenance Cap-Nivo after

Patient undecided about prescreening for CLARITY on 25:PC000423

Continue ETV prophylaxis

In event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN
-
Keep old TCUs
18.8.25 SGH UGI Dr Lee ZJ
26.11.25 SGH RES Dr Tan YH
12.12.25 SGH GAS Dr Valerie Yeap
-

Electronic Signatures:
Jonathan Soon Jian Hao (Doctor) (Signed 26-Aug-2025 11:49)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *26-Aug-2025 11:49 by Jonathan Soon Jian Hao (Doctor)*

****

DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 16-Sep-2025 11:33]- for Visit: H225057509G0025, *Complete, Entered, Signed in Full, General*

Height & Weight:
Weight (kg): 56.7 kg 16-Sep-2025 09:30:46. Height (cm): 168.7 cm 16-Sep-2025 09:30:46.

CLINICAL NOTES:

History, Examination and Investigations:
-
DMO EXP Clinic

Consultant-in-charge: Dr Matthew Ng
EXP-in-charge: Dr Jonathan Soon
(Please contact EXP SR if any issues)

-

Reason for Visit: Due #7 XELOX-Nivolumab
CT scan post #6 show PR
Came with daughter Candy, wife Kelly, son in law Leon

On Review
Well
Appetite ok
G1 phlegm
No fever or SOB
G0 CIPN
No abdominal pain
No PR bleed

O/E:
Ht: 168cm
Wt: 67.3kg (Mar25) -> 66.85kg (Apr25) -> 59.2kg (May25) -> 59.3kg (Jun25) -> 58.2kg-> 58.6kg > 56.7kg

Walked in
Alert, oriented

Alert, comfortable
HS1S2
L Clear
A SNT BS +
throat clear
Calves supple

Tumour Markers
CEA <1.8 -> 1.9 -> 2.5 -> 2.4> 2.3
CA 19-9 19.2 -> 28.5 -> 31.2 -> 48.2 > 34 > 37

Radiological:
Common Lab Results (CBC,FBC,Chem,LFT):

16/09/25 **Hb: 13.7(L)**, WBC: 4.38, Hct: 41.5, Plt: 179.
16/09/25 Neut: 65.0% , Neut Abs: 2.85, MCV: 96.7% , Lymph: 19.6% , Mono: 12.8% (H), Eos: 2.1% , Baso: 0.5% .
16/09/25 Na: 139, **K+: 5.4(H)**, Cl: 105, HCO3: 27.6, Urea: 3.8, Cre: 82, Glu:6.1.
16/09/25 TP: 72, Alb: 41, Bil: 11, AST: 26, ALT: 19, ALP: 94.
16/09/25 **CA 19-9: 46.6(H)**, CEA: 2.8.

Assessment
1. Fit for treatment
2. Partial response after #6

Communications
Discussed to continue up to Cap Nivo
PET CT at next visit
Tumor marker trend conveyed

Clinical and Treatment Summary: -
1. Metastatic poorly differentiated gastric adenocarcinoma
SOD: Gastric primary, LN (peripanc, superior mesenteric)
Moleculars: pMMR, PDL1 TPS 1% CPS 25, HER2- (IHC 2+, FISH-), CLDN 18.2+ (IHC 2-3+, 80%)

2.4.25 UGI MDT: For pall systemic tx, in event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN

Apr25-present: s/p palliative first-line #4 XELOX + Nivo (24.4.25-6.8.25) -> PR after #3
- Cx by G3 LFT derangement possibly 2' viral illness, d/w GAS in view of spontaneous improvement less likely ICI hepatitis -> DR XELOX to 75% from #2 onwards
- Cx by G2 ADR (urticaria) to Nivo on #2, premed with Diphen 25mg thereafter

Past Medical History
1. DM
2. HLD
3. Bronchiectasis (f/u SGH RES)
4. Late onset Raynaud's phenomenon (f/u RHI)

$$ No pte insurance, Medisave, Medishield

Psy concerns: Knows Stage 4 cancer diagnosis. Declined to know prognosis
daughter Candy, wife Kelly, son in law Leon
ECOG: 0
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information
ADR Acknowledgement: I have acknowledged the patient's adverse drug reaction information.

PATIENT STATUS:
Allergy Information:

No Known Allergies.

Adverse Reactions (Nursing Notes):

ChemoDrug: Nivolumab
Date Occurred: 28-May-2025 11:16
Grade2: Moderate rash, Mild urticarial
Initial Grade/Severity of reaction: 2 (Moderate)
Chemo Restarted? Restarted, No Adverse Reaction
Final Grade: 2 (Moderate)

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
ChemoDrug: Nivolumab
Date: 28-May-2025 09:51

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 1228485018 : CA - Cancer of stomach
Primary Site 1: Stomach

MANAGEMENT FOR THIS VISIT:

Management For This Visit: -
Plans
Proceed #7 Cap-Nivo 18.9
Drop Oxaliplatin
- Premedicate with IV Diphen 25mg prior to Nivo for G2 ADR
PET CT at the next scan
Test biology whilst on maintenance

Prebook #8 9.10

Patient undecided about prescreening for CLARITY on 25:PC000423

Continue ETV prophylaxis
-
Keep old TCUs
18.8.25 SGH UGI Dr Lee ZJ
26.11.25 SGH RES Dr Tan YH
12.12.25 SGH GAS Dr Valerie Yeap
-

Electronic Signatures:
Jonathan Soon Jian Hao (Doctor) (Signed 16-Sep-2025 11:38)

Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *16-Sep-2025 11:38 by Jonathan Soon Jian Hao (Doctor)*

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DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 07-Oct-2025 10:06]- for Visit: H225057509G0029, *Complete, Revised, Signed in Full, General*

Height & Weight:
Weight (kg): 56.9 kg 07-Oct-2025 08:59:07. Height (cm): 168 cm 07-Oct-2025 08:59:07.

CLINICAL NOTES:

History, Examination and Investigations:

-
DMO EXP Clinic

Consultant-in-charge: Dr Matthew Ng
EXP-in-charge: Dr Jonathan Soon
(Please contact EXP SR if any issues)

-

Reason for Visit: Due #8 Cap- Nivo
CT scan post #6 show PR , dropped Ox after #6
Came with daughter Candy, wife Kelly, son in law Leon
Nutritional concern: Nil
Psy concerns: Candy came alone to room on 7.10.25, asked whether intent of Rx is palliative. Told her yes, overall intent palliative but CRS / surgery may be able to give chance of long term control; but this is if he makes it to surgery.

On Review
Well
Appetite ok
G1 phlegm
No fever or SOB
G0 CIPN
No abdominal pain
No PR bleed

O/E:
Ht: 168cm
Wt: 67.3kg (Mar25) -> 66.85kg (Apr25) -> 59.2kg (May25) -> 59.3kg (Jun25) -> 58.2kg-> 58.6kg

> 56.7kg

Walked in
Alert, oriented

Well

Tumour Markers
CEA <1.8 -> 1.9 -> 2.5 -> 2.4> 2.3 > 2.5
CA 19-9 19.2 -> 28.5 -> 31.2 -> 48.2 > 34 > 37

Common Lab Results (CBC,FBC,Chem,LFT):
07/10/25 **Hb: 13.6(L)**, WBC: 5.04, Hct: 41.7, Plt: 201.
07/10/25 Neut: 67.6% , Neut Abs: 3.41, MCV: 97.4% , Lymph: 16.3% , Mono: 13.3% (H), Eos: 2.2% , Baso: 0.6% .
07/10/25 Na: 140, K+: 4.2, Cl: 104, HCO3: 27.9, Urea: 4.6, Cre: 80, Glu:5.9.
07/10/25 TP: 76, Alb: 42, Bil: 12, AST: 22, ALT: 13, **ALP: 104(H)**.
07/10/25 CA 19-9: 30.9, CEA: 2.5.

Radiological:

Assessment
1. Fit for treatment
2. Partial response after #6

Communications
Discussed to continue up to Cap Nivo
PET CT at next visit
Tumor marker trend conveyed

No operations for past 1 years.

Clinical and Treatment Summary: -
1. Metastatic poorly differentiated gastric adenocarcinoma
SOD: Gastric primary, LN (peripanc, superior mesenteric)
Moleculars: pMMR, PDL1 TPS 1% CPS 25, HER2- (IHC 2+, FISH-), CLDN 18.2+ (IHC 2-3+, 80%)

2.4.25 UGI MDT: For pall systemic tx, in event of good response, discuss conversion surgery (likely extensive) +/- SBRT to retropancreatic LN

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- Cx by G2 ADR (urticaria) to Nivo on #2, premed with Diphen 25mg thereafter
- Cap Nivo alone since #7

Past Medical History
1. DM
2. HLD
3. Bronchiectasis (f/u SGH RES)
4. Late onset Raynaud's phenomenon (f/u RHI)

$$ No pte insurance, Medisave, Medishield

Psy concerns: Knows Stage 4 cancer diagnosis. Declined to know prognosis
daughter Candy, wife Kelly, son in law Leon
ECOG: 1
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information
ADR Acknowledgement: I have acknowledged the patient's adverse drug reaction information.

PATIENT STATUS:

Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):

ChemoDrug: Nivolumab
Date Occurred: 28-May-2025 11:16
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Diagnosis 1: 1228485018 : CA - Cancer of stomach
Primary Site 1: Stomach

MANAGEMENT FOR THIS VISIT:

Management For This Visit: -
Plans
Proceed #8 Cap-Nivo 8.10
Drop Oxaliplatin
- Premedicate with IV Diphen 25mg prior to Nivo for G2 ADR

Test biology whilst on maintenance
Update UGI to postpone TCU till after #9 and CT scan is done

TCU in 3/52 labs OA
Prebook #9 30.10.25

FAPI PET CT at the next scan (aim after #9)

Patient undecided about prescreening for CLARITY on 25:PC000423

Continue ETV prophylaxis
-
Keep old TCUs
18.8.25 SGH UGI Dr Lee ZJ
26.11.25 SGH RES Dr Tan YH
12.12.25 SGH GAS Dr Valerie Yeap
-

Electronic Signatures:
Jonathan Soon Jian Hao (Doctor) (Signed 07-Oct-2025 10:25)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *07-Oct-2025 10:25 by Jonathan Soon Jian Hao (Doctor)*