DMO Consult Note NCC [Charted Location: NCC Clinic 13D] [Authored: 10-Dec-2024 14:46]- for Visit: H224180641H0001, *Complete, Revised, Signed in Full, General*

Height & Weight:
Weight (kg): 108.9 kg 10-Dec-2024 14:20:20. Height (cm): 168.7 cm 10-Dec-2024 14:20:20.

CLINICAL NOTES:

Visit/Appointment Date: 10-Dec-2024

History, Examination and Investigations:
SARCOMA CLINIC

new case referral for GIST

Ong Leng Leng - Wang Ling Ling
47 year old Chinese Female
NKDA
non smoker
non drinker

Fmhx: maternal Auntie 50+ had breast ca
Maternal auntie 50+ had breast ca

=== Past Medical/Surgical History ===
1. Hypertension
2. Ovarian cyst
3. Fibroid uterus
4. Breast cyst
5. Previous R CL Related Infective Keratitis - residual corneal scar
5. Obesity

Oncological issue

1. Gastric lesser curve GIST

- admitted for acute diverticulitis dec 2023, and lesion was incidentally found

CT AP (20/12/23):
- Acute diverticulitis of proximal descending colon. No extraluminal gas, pneumoperitoneum or drainable fluid collection. Background colonic diverticulosis
- Bilobed solid nodule 3.3 x 2.0cm in the gastrohepatic region, indeterminate ?GIST ?splenunculi

MRI Abdomen (17/1/24):
- Stable bilobed 3.2cm x 2.0cm solid nodule in the gastrohepatic region

- The medial lobule is inseparable from the tail of the pancreas (se 2 im 11) and apparently contains a central T2W tubular structure ?duct. It demonstrates gradual contrast enhancement and is mildly T1W intense and T2W isointense to the pancreas. There is isointensity to the pancreas on the post contrast sequences, with the exception of the arterial phase, in which it is slightly hypointense. There appears to be a plane separating the lesion from the adjacent gastric wall adventitia.
- Heterotopic pancreas may be considered. GIST is less likely given the mildly T1W intense and iso T2W signal. May wish to consider interval MRI to ensure size stability.

Repeat MRI Pancreas/MRCP (9/7/24):
- Stable bilobed solid lesion indenting lesser curve of stomach, measuring 3.8cm x 2.0cm compared to 3.9 x 2.0cm (re-measured).
- It does not demonstrate similar signal intensity to the pancreas, being relatively T1w hypointense and T2w hyperintense.
- It also does not demonstrate similar signal intensity to the spleen, being relatively T1w hyperintense and T2w hypointense
- If deemed appropriate, EUS FNA may be useful for diagnosis.

OGD (6/2/24):
Scoped to D2
Oesophagus normal, no oesophagitis
Hiatus not lax
Z line regular, GOJ and hiatus at 38cm from incisors
Mild gastritis with linear erosion on anterior body and antrum - biopsies taken from both sites
D1 non-erosive duodenitis
D2 normal
CLO negative
Histo:
A. Antrum biopsy: Mild chronic gastritis
B. Anterior body biopsy: Mild chronic gastritis

EUS FNA 27/8/24:
Subepithelial lesion at lesser curvature 50cm
33.7x24.8mm heterogenously hypoechoic bilobar mass
FNB performed x2
Histo:
A. Gastric mass: Gastrointestinal stromal tumour, spindle cell type, grade 1, low grade.
B. Gastric mass EUS-FNAC: Gastrointestinal stromal tumour, spindle cell type

s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024
Histo: Gastrointestinal stromal tumor, spindle cell type, histologic grade G1, with very low risk of progressive disease, stage pT2N0.
-1 lymph node, negative for malignancy.

Tumor Size: 4.9 x 3.8 x 2.5 cm
Tumor Focality: Unifocal
Histologic Type: Gastrointestinal stromal tumor, spindle cell type
Mitotic Rate: 1/5 mm2
Necrosis: Not identified
Histologic Grade: G1: Low grade; mitotic rate <=5/5 mm2
Risk Assessment: Very low risk
Margins: Uninvolved by GIST
-Distance of tumor from closest margin: 3 mm
Number of Lymph Nodes Involved: 0
Number of Lymph Nodes Examined: 1

Pathologic Stage Classification (pTNM, AJCC 8th Edition)
Primary Tumor (pT) pT2: Tumor more than 2 cm but not more than 5 cm
Regional Lymph Nodes (pN) pN0: No regional lymph node metastasis

Other Findings: The gastric wall is lined by corpus-type mucosa. There are no Helicobacter pylori, intestinal metaplasia, dysplasia or carcinoma.

- IOF:
Exophytic gastric lesser curve tumour with about 5cm from cardio-eosophageal junction
Tumour not adherent or invading into other structures
No significant stenosis after wedge resection and 38Fr gastric calibration tube was able to advance past resection site
Tumour specimen measured ex-vivo 45mm x 35mm x 20mm in dimension

====

TODAY

recovered well post op

o/e:
alert
H S1S2
L Clear
A SNT

ASSESSMENT:
1. Gastric lesser curve GIST s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024
- size : 4.9 x 3.8 x 2.5 cm
- mitotic rate: 1/5mm2

2. R breast nodule f/u CGH breast

COMMS

explained to patient that overall, she has had a curatively resected gastric GIST, and the recurrence risk is low
discussed that for high risk and intermediate risk cases we discuss adjuvant imatinib
for low risk or no risk cases, usually surveillance is recommended

she understands
agree for baseline CTTAP

ECOG: 1
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information

PATIENT STATUS:

Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):
No Hypersensitivity reaction available.

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
No Adverse drug reaction available.

DIAGNOSIS SUMMARY:

Diagnosis 1:

Diagnosis 1: 2645906014 : Sarcoma of soft tissue
Primary Site 1: Soft Tissue

MANAGEMENT FOR THIS VISIT:
Management For This Visit: baseline CTTAP
TCU 4 weeks with scan

for surveillance

f/u CGH for breast nodule

KIV discuss SSTP next visit

Electronic Signatures:
Joshua Hoe Tian Ming (Doctor) (Signed 10-Dec-2024 15:23)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *10-Dec-2024 15:23 by Joshua Hoe Tian Ming (Doctor)*

****

DMO Consult Note NCC [Charted Location: NCC Clinic 13D] [Authored: 05-Feb-2025 12:07]- for Visit: H224180641H0006, *Complete, Entered, Signed in Full, General*

Height & Weight:
Weight (kg): 110.6 kg 05-Feb-2025 11:04:37. Height (cm): 168.6 cm 05-Feb-2025 11:04:37.

CLINICAL NOTES:

Visit/Appointment Date: 05-Feb-2025

History, Examination and Investigations:
SARCOMA CLINIC

Oncological issue

1. Gastric lesser curve GIST

- admitted for acute diverticulitis dec 2023, and lesion was incidentally found

CT AP (20/12/23):

- Acute diverticulitis of proximal descending colon. No extraluminal gas, pneumoperitoneum or drainable fluid collection. Background colonic diverticulosis
- Bilobed solid nodule 3.3 x 2.0cm in the gastrohepatic region, indeterminate ?GIST ?splenunculi

MRI Abdomen (17/1/24):
- Stable bilobed 3.2cm x 2.0cm solid nodule in the gastrohepatic region
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- Heterotopic pancreas may be considered. GIST is less likely given the mildly T1W intense and iso T2W signal. May wish to consider interval MRI to ensure size stability.

Repeat MRI Pancreas/MRCP (9/7/24):
- Stable bilobed solid lesion indenting lesser curve of stomach, measuring 3.8cm x 2.0cm compared to 3.9 x 2.0cm (re-measured).
- It does not demonstrate similar signal intensity to the pancreas, being relatively T1w hypointense and T2w hyperintense.
- It also does not demonstrate similar signal intensity to the spleen, being relatively T1w hyperintense and T2w hypointense
- If deemed appropriate, EUS FNA may be useful for diagnosis.

OGD (6/2/24):
Scoped to D2
Oesophagus normal, no oesophagitis
Hiatus not lax
Z line regular, GOJ and hiatus at 38cm from incisors
Mild gastritis with linear erosion on anterior body and antrum - biopsies taken from both sites
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D2 normal
CLO negative
Histo:
A. Antrum biopsy: Mild chronic gastritis
B. Anterior body biopsy: Mild chronic gastritis

EUS FNA 27/8/24:
Subepithelial lesion at lesser curvature 50cm
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Histo:
A. Gastric mass: Gastrointestinal stromal tumour, spindle cell type, grade 1, low grade.
B. Gastric mass EUS-FNAC: Gastrointestinal stromal tumour, spindle cell type

s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024
Histo: Gastrointestinal stromal tumor, spindle cell type, histologic grade G1, with very low risk of progressive disease, stage pT2N0.
-1 lymph node, negative for malignancy.

Tumor Size: 4.9 x 3.8 x 2.5 cm
Tumor Focality: Unifocal
Histologic Type: Gastrointestinal stromal tumor, spindle cell type
Mitotic Rate: 1/5 mm2
Necrosis: Not identified
Histologic Grade: G1: Low grade; mitotic rate <=5/5 mm2
Risk Assessment: Very low risk
Margins: Uninvolved by GIST
-Distance of tumor from closest margin: 3 mm
Number of Lymph Nodes Involved: 0
Number of Lymph Nodes Examined: 1

Pathologic Stage Classification (pTNM, AJCC 8th Edition)
Primary Tumor (pT) pT2: Tumor more than 2 cm but not more than 5 cm
Regional Lymph Nodes (pN) pN0: No regional lymph node metastasis

Other Findings: The gastric wall is lined by corpus-type mucosa. There are no Helicobacter pylori, intestinal metaplasia, dysplasia or carcinoma.

- IOF:
Exophytic gastric lesser curve tumour with about 5cm from cardio-eosophageal junction
Tumour not adherent or invading into other structures
No significant stenosis after wedge resection and 38Fr gastric calibration tube was able to advance past resection site
Tumour specimen measured ex-vivo 45mm x 35mm x 20mm in dimension

CTTAP 23/1/25:

Interval wedge resection of the gastric lesser curvature GIST. No definite evidence of local recurrence, adenopathy or distant metastasis.

(incidental thyroid nodule was reported)

====

TODAY

no new symptoms

fell and hit left knee 2 weeks ago and now a little swollen
was able to walk
no fever

o/e:
alert
H S1S2
L Clear
A SNT

ASSESSMENT:
1. Gastric lesser curve GIST s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024
- size : 4.9 x 3.8 x 2.5 cm
- mitotic rate: 1/5mm2

- low risk category

2. R breast nodule f/u CGH breast

3. Incidental thyroid nodule on CT 23/1/25

COMMS

explained to patient baseline CT no significant findings
incidental finding of thyroid nodule - would need US for further delineation. she wants to think about this first

recommend surveillance - clinicl visit every 3 months and CT scan every 6 months for 3-5 years

she has some cost concerns
also worried about commute as she stays in punggol
thinking about just following up with CGH
needs time to think about this and to give appt here first

Clinical and Treatment Summary: Ong Leng Leng - Wang Ling Ling
47 year old Chinese Female
NKDA
non smoker
non drinker

Fmhx: maternal Auntie 50+ had breast ca
Maternal auntie 50+ had breast ca

=== Past Medical/Surgical History ===
1. Hypertension
2. Ovarian cyst
3. Fibroid uterus
4. Breast cyst

5. Previous R CL Related Infective Keratitis - residual corneal scar
5. Obesity
ECOG: 1
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information

PATIENT STATUS:

Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):
No Hypersensitivity reaction available.

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
No Adverse drug reaction available.

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 2645906014 : Sarcoma of soft tissue
Primary Site 1: Soft Tissue

MANAGEMENT FOR THIS VISIT:

Management For This Visit: TCU 5 months with labs first
KIV arrange CT

patient to decide if she wants to f/u with NCC also or just CGH

KIV arrange US thyroid also if patient agreeable

f/u CGH GS and breast team

Electronic Signatures:
Joshua Hoe Tian Ming (Doctor) (Signed 05-Feb-2025 12:14)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *05-Feb-2025 12:14 by Joshua Hoe Tian Ming (Doctor)*

****

DMO Correspondence Note NCC [Charted Location: NCC Clinic 13D] [Authored: 05-Feb-2025 12:14]- for Visit: H224180641H0006, *Complete, Entered, Signed in Full, General*

CGH GS.

Dear Colleague.

.:
Thanks very much for referring [illegible] whom has a resected gastric GIST. Ultimately, her risk profile is low for recurrence, and no adjuvant therapy was started

I have recommended surveillance and patient is deciding between following up at NCC/CGH or just CGH alone

Please note baseline CTTAP staging was done here at NCC on 23/1/25. There is a finding of incidental thyroid nodule that I have recommended US thyroid - patient is still deciding about this, please also follow up on her decision

Thanks very much
Dr Joshua Hoe
19879z
NCC Sarcoma Team

Electronic Signatures:
Joshua Hoe Tian Ming (Doctor) (Signed 05-Feb-2025 12:16)
Authored: *Correspondence*

Last Updated: *05-Feb-2025 12:16 by Joshua Hoe Tian Ming (Doctor)*

****

DMO Consult Note NCC [Charted Location: NCC Clinic 13D] [Authored: 26-Mar-2025 12:20]- for Visit: H224180641H0011, *Complete, Entered, Signed in Full, General*

Height & Weight:
Weight (kg): 108.5 kg 26-Mar-2025 11:14:10. Height (cm): 169 cm 26-Mar-2025 11:14:10.

CLINICAL NOTES:

Visit/Appointment Date: 26-Mar-2025

History, Examination and Investigations:
SARCOMA CLINIC

Oncological issue

1. Gastric lesser curve GIST

- admitted for acute diverticulitis dec 2023, and lesion was incidentally found

CT AP (20/12/23):
- Acute diverticulitis of proximal descending colon. No extraluminal gas, pneumoperitoneum or drainable fluid collection. Background colonic diverticulosis
- Bilobed solid nodule 3.3 x 2.0cm in the gastrohepatic region, indeterminate ?GIST ?splenunculi

MRI Abdomen (17/1/24):
- Stable bilobed 3.2cm x 2.0cm solid nodule in the gastrohepatic region
- The medial lobule is inseparable from the tail of the pancreas (se 2 im 11) and apparently contains a central T2W tubular structure ?duct. It demonstrates gradual contrast enhancement and is mildly T1W intense and T2W isointense to the pancreas. There is isointensity to the pancreas on the post contrast sequences, with the exception of the arterial phase, in which it is slightly hypointense. There appears to be a plane separating the lesion from the adjacent gastric wall adventitia.
- Heterotopic pancreas may be considered. GIST is less likely given the mildly T1W intense and iso T2W signal. May wish to consider interval MRI to ensure size stability.

Repeat MRI Pancreas/MRCP (9/7/24):
- Stable bilobed solid lesion indenting lesser curve of stomach, measuring 3.8cm x 2.0cm compared to 3.9 x 2.0cm (re-measured).
- It does not demonstrate similar signal intensity to the pancreas, being relatively T1w hypointense and T2w hyperintense.
- It also does not demonstrate similar signal intensity to the spleen, being relatively T1w hyperintense and T2w hypointense
- If deemed appropriate, EUS FNA may be useful for diagnosis.

OGD (6/2/24):
Scoped to D2
Oesophagus normal, no oesophagitis
Hiatus not lax
Z line regular, GOJ and hiatus at 38cm from incisors
Mild gastritis with linear erosion on anterior body and antrum - biopsies taken from both sites
D1 non-erosive duodenitis
D2 normal
CLO negative
Histo:
A. Antrum biopsy: Mild chronic gastritis
B. Anterior body biopsy: Mild chronic gastritis

EUS FNA 27/8/24:
Subepithelial lesion at lesser curvature 50cm
33.7x24.8mm heterogenously hypoechoic bilobar mass

FNB performed x2
Histo:
A. Gastric mass: Gastrointestinal stromal tumour, spindle cell type, grade 1, low grade.
B. Gastric mass EUS-FNAC: Gastrointestinal stromal tumour, spindle cell type

s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024
Histo: Gastrointestinal stromal tumor, spindle cell type, histologic grade G1, with very low risk of progressive disease, stage pT2N0.
-1 lymph node, negative for malignancy.

Tumor Size: 4.9 x 3.8 x 2.5 cm
Tumor Focality: Unifocal
Histologic Type: Gastrointestinal stromal tumor, spindle cell type
Mitotic Rate: 1/5 mm2
Necrosis: Not identified
Histologic Grade: G1: Low grade; mitotic rate <=5/5 mm2
Risk Assessment: Very low risk
Margins: Uninvolved by GIST
-Distance of tumor from closest margin: 3 mm
Number of Lymph Nodes Involved: 0
Number of Lymph Nodes Examined: 1

Pathologic Stage Classification (pTNM, AJCC 8th Edition)
Primary Tumor (pT) pT2: Tumor more than 2 cm but not more than 5 cm
Regional Lymph Nodes (pN) pN0: No regional lymph node metastasis

Other Findings: The gastric wall is lined by corpus-type mucosa. There are no Helicobacter pylori, intestinal metaplasia, dysplasia or carcinoma.

- IOF:
Exophytic gastric lesser curve tumour with about 5cm from cardio-eosophageal junction
Tumour not adherent or invading into other structures
No significant stenosis after wedge resection and 38Fr gastric calibration tube was able to advance past resection site
Tumour specimen measured ex-vivo 45mm x 35mm x 20mm in dimension

CTTAP 23/1/25:

Interval wedge resection of the gastric lesser curvature GIST. No definite evidence of local recurrence, adenopathy or distant metastasis.

(incidental thyroid nodule was reported)

just seen CGH BRS 26/2/25 - continue f/u

seen CGH GS on 28/2/25 - given open date, continue surveillance with DMO

US thyroid 17/3/25:
1. Left thyroid lobe nodule labelled N2 corresponds to the nodule on CT; FNA suggested.

2. Subcentimeter right thyroid lobe nodule labelled N1 does not require followup or FNA, per ACR TI-RADS recommendation.
3. No cervical adenopathy.

====

TODAY

no new symptoms

o/e:
alert
H S1S2
L Clear
A SNT

ASSESSMENT:
1. Gastric lesser curve GIST s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024
- size : 4.9 x 3.8 x 2.5 cm
- mitotic rate: 1/5mm2

- low risk category

2. R breast nodule f/u CGH breast

3. Incidental thyroid nodule on CT 23/1/25

4. Small 0.5cm pancreatic cyst - no worrisome features on CT 23/1/25

COMMS

explained to patient that we should refer HNN KIV FNA based on the US thyroid findings agreeable

continue surveillance

explained that usual recommendation is clinic visit every 3 months and CT scan every 6 months for 3-5 years

she is reluctant to have such frequent follow up

agreed for next scan 6 months

Clinical and Treatment Summary: Ong Leng Leng - Wang Ling Ling
47 year old Chinese Female
NKDA
non smoker
non drinker

Fmhx: maternal Auntie 50+ had breast ca
Maternal auntie 50+ had breast ca

=== Past Medical/Surgical History ===
1. Hypertension
2. Ovarian cyst
3. Fibroid uterus
4. Breast cyst
5. Previous R CL Related Infective Keratitis - residual corneal scar
5. Obesity
ECOG: 0
Pain Score:: 0
Allergy Acknowledgement: I have acknowledged the patient's allergy information

PATIENT STATUS:

Allergy Information:
No Known Allergies.

Adverse Reactions (Nursing Notes):
No Hypersensitivity reaction available.

Adverse Reactions (DMO / HAE / HAE BCC ADR Note):
No Adverse drug reaction available.

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 2645906014 : Sarcoma of soft tissue
Primary Site 1: Soft Tissue

MANAGEMENT FOR THIS VISIT:

Management For This Visit: TCU 6 months with CT scan

refer HNN

Electronic Signatures:
Joshua Hoe Tian Ming (Doctor) (Signed 26-Mar-2025 12:26)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *26-Mar-2025 12:26 by Joshua Hoe Tian Ming (Doctor)*

****

DMO Correspondence Note NCC [Charted Location: NCC Clinic 13D] [Authored: 26-Mar-2025 12:26]- for Visit: H224180641H0011, *Complete, Entered, Signed in Full, General*

HNN.

Dear Colleague.

.:
Thanks for seeing ı

She is on follow up for surveillance for resected gastric GIST s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024

A surveillance CT scan on 23/1/25 showed an incidental thyroid nodule

US thyroid was done 17/3/25:
1. Left thyroid lobe nodule labelled N2 corresponds to the nodule on CT; FNA suggested.

2. Subcentimeter right thyroid lobe nodule labelled N1 does not require followup or FNA, per ACR TI-RADS recommendation.
3. No cervical adenopathy.

please see for further evaluation and follow up KIV FNA of this thyroid nodule

thanks very much

Regards
Dr Joshua Hoe
19879z

Electronic Signatures:
Joshua Hoe Tian Ming (Doctor) (Signed 26-Mar-2025 12:28)
Authored: *Correspondence*

Last Updated: *26-Mar-2025 12:28 by Joshua Hoe Tian Ming (Doctor)*

****

DMO Consult Note NCC [Charted Location: NCC Clinic 13D] [Authored: 17-Sep-2025 11:22]- for Visit: H224180641H0014, *Complete, Entered, Signed in Full, General*

Height & Weight:
Weight (kg): 109.8 kg 17-Sep-2025 10:12:40. Height (cm): 169.4 cm 17-Sep-2025 10:12:40.

CLINICAL NOTES:

Visit/Appointment Date: 17-Sep-2025

History, Examination and Investigations:
SARCOMA CLINIC

Oncological issue

1. Gastric lesser curve GIST

- admitted for acute diverticulitis dec 2023, and lesion was incidentally found

CT AP (20/12/23):
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Other Findings: The gastric wall is lined by corpus-type mucosa. There are no Helicobacter pylori, intestinal metaplasia, dysplasia or carcinoma.

- IOF:
Exophytic gastric lesser curve tumour with about 5cm from cardio-eosophageal junction
Tumour not adherent or invading into other structures
No significant stenosis after wedge resection and 38Fr gastric calibration tube was able to advance past resection site
Tumour specimen measured ex-vivo 45mm x 35mm x 20mm in dimension

CTTAP 23/1/25:

Interval wedge resection of the gastric lesser curvature GIST. No definite evidence of local recurrence, adenopathy or distant metastasis.

(incidental thyroid nodule was reported)

Thyroid FNAC 1/7/25 was benign (HNN)

CTTAP 9/9/25:

No definitive evidence of local recurrence or metastases noted.
Further assessment by bilateral mammography and ultrasound breast is suggested to rule out breast primary for enlarging right breast nodule.

====

TODAY

no new symptoms

o/e:
alert
H S1S2
L Clear
A SNT

ASSESSMENT:
1. Gastric lesser curve GIST s/p Laparoscopic wedge resection of gastric lesser curve GIST 23/10/2024
- size : 4.9 x 3.8 x 2.5 cm

- mitotic rate: 1/5mm2

- low risk category

2. R breast nodule f/u CGH breast - CT 9/9/25 it is enlarging

3. Incidental thyroid nodule on CT 23/1/25

COMMS

explained to patient CT no issues from GIST POV - no evidence of recurrence

explained usual surveillance schedule - usually 3 month f/u and 6 month scans
she is reluctant and wants to lengthen out

the R breast nodule (which is known and on f/u with CGH BRS) - has grown
suggest early breast team review
patient agreed

Clinical and Treatment Summary: Ong Leng Leng - Wang Ling Ling
47 year old Chinese Female
NKDA
non smoker
non drinker

Fmhx: maternal Auntie 50+ had breast ca
Maternal auntie 50+ had breast ca

=== Past Medical/Surgical History ===
1. Hypertension
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3. Fibroid uterus
4. Breast cyst
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Adverse Reactions (DMO / HAE / HAE BCC ADR Note):

No Adverse drug reaction available.

DIAGNOSIS SUMMARY:

Diagnosis 1:
Diagnosis 1: 2645906014 : Sarcoma of soft tissue
Primary Site 1: Soft Tissue

MANAGEMENT FOR THIS VISIT:

Management For This Visit: TCU 4 months for surveillance with labs

to bring forward CGH BRS TCU

Electronic Signatures:
Joshua Hoe Tian Ming (Doctor) (Signed 17-Sep-2025 11:27)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *17-Sep-2025 11:27 by Joshua Hoe Tian Ming (Doctor)*

****

DMO Correspondence Note NCC [Charted Location: NCC Clinic 13D] [Authored: 17-Sep-2025 11:27]- for Visit: H224180641H0014, *Complete, Entered, Signed in Full, General*

CGH BRS.

Dear Colleague.

.:
Thanks for seeing

She is on f/u with yourself for a known R breast nodule

She recently was curatively treated for a gastric GIST (wedge resection 23/10/24)

surveillance CT done on 9/9/25 shows growth of the R breast nodule

Wonder If i could ask for your expert opinion and evaluation of the enlarging R breast nodule, KIV re-biopsy if needed

Regards

Dr Joshua Hoe
NCC Sarcoma Team
19879z

Electronic Signatures:
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