DMO Correspondence Note NCC [Charted Location: NCC Clinic 12B] [Authored: 05-May-2025 11:17]- for Visit: H225057509G0006, *Complete, Revised, Signed in Full, General*

MEMO TO DENTIST.

Dear Colleague.

.:
Thank you for seeing our patient. He is a 64 years old gentleman on follow up with us for his metastatic gastric cancer, started on cylce 1 chemotherapy (Oxaliplatin and capecitabine) and immunotherapy (Nivolumab) on 24/5/25. He is due to end his oral chemo PO capecitabine on 7/5/25. He came to our walk in clinic for non specific throat discomfort (nil signs of infection), arm likely MSK pain (nil acute weakness/numbness), gastric discomfort/bloatedness (nil signs of obstruction) and toothache. Examination wise unremarkable. The teeth involved L upper and lower premolars were grossly clean, not moving also however pt clinically complained of pain. Denies any trauma to it. Patient is due to see our clinic of 13/5/25 and plan for next cycle chemo and immunotherapy - cycle 2 hence we seek your help for further evalution and management.

Thank you so much!

Respectfully yours,
Dr Jocelyn Panergo
Resident Physician
Division of Medical Oncology
NCCS@Outram

On behalf of Dr Bok Kexin/Dr Matthew Ng
EXP clinic Senior Resident in Charge/ Senior aConsultant
Division of Medical Oncology
NCCS@Outram

Electronic Signatures:
Panergo Jocelyn Pal-Laya (Doctor) (Signed 05-May-2025 11:26)
Authored: *Correspondence*

Last Updated: *05-May-2025 11:26 by Panergo Jocelyn Pal-Laya (Doctor)*

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DMO Consult Note NCC [Charted Location: NCC Clinic 12B] [Authored: 09-May-2025 12:20]- for Visit: H225057509G0009, *Complete, Revised, Signed in Full, General*

Height & Weight:
Weight (kg): 63.3 kg 09-May-2025 11:05:35. Height (cm): 168.8 cm 09-May-2025 11:05:35.

CLINICAL NOTES:

History, Examination and Investigations:
DMO CRC

64M on f/u at EXP clinic of Dr Bok KX and Dr Matt Ng

Case of mets gastric ca on Xelox Nivo - C1 got on 24/4, last xeloda taken yest.
Next due to see DMO 13/5/25

Restaging scan done 6/5
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.

======
Turn on events
5/5- seen CRC
5/5- seen pte dentist -> nil tooth extration but did Xray and ? polishing/buffing. Seen home, nil PO meds. Symptoms improved.
6/5 - symptoms recur, nil fever, pt just observed, pain tolerable, can still eat
- did CT TAP (noted shivering but thought that it was due to fever), has some LL numbness but was transient, nil other issues only the recurred toothache
- went home, no more shivering but toothache persisted, numbness of limbs resolved
7/5 - 4am fever Tmax 38.7 a/w recurred tootache and gen body pain.
Denies cough/phlegm
Denies runny nose and sore throat, feels mouth is dry
Nil SOB and chest pain
Appetite is poorer - can take max 1/3
Nil abdo pain, bloatedness but this is baseline
Can pass gas
Nil BO and nil PU issues
Took panadol but only afforded temporary control
8/5 - persistence of fever and body ache, took 2 panadol
- noted shivering again
- Tmax 39 at around 6pm
This AM 9/5 - still spiking fever Tmax 39 at 6am, took panadol taken around 6:20 am

nil SOB and chest pain
appetite still okay
nil abdo pain
nil N/V
nil BO and PU issues
Nil hx of travel
Nil sick contact

Had covid vaccine booster >2x

PO Xeloda completed yesterday

O
HR 119 rest of VS stable (last panadol intake this AM)
alert
not in respi distress
mouth clean
throat nsl injected
h s1s2
l clear
abd SNT, (+) BS
ext calves supple

Imp:
TRO URTI
Fever sec to dental issue (?)

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 pending), CLDN 18.2 IHC

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 XELOX + Nivo (24.4.25)

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,
Patient Response: NE
ECOG: 2
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: 1228485018 : CA - Cancer of stomach
Primary Site 1: Stomach

MANAGEMENT FOR THIS VISIT:

Management For This Visit: P:
FSW
CXR
ECG
Covid swab neg
Drip
IV panadol omep and augmentin

Traced results

Pt reviewed
- after drip HR normalised
- afebrile already
- tolerated food/drinks

PO augmentin
Supportive meds
Can dc
Return advise provided
Reiterated red flags to watch, if noted, advised to see back a dr ASAP

Re dental issue -> advised to see back the dentist they saw last 5/5/25 -> reminded to get a memo so that on follow up, we will know what procedures done or to be done -> must be coordinated with pt's current cancer txt -> pt's dg noted all

D/w Dr Bok KX
- noted deranged LFT (nil issues with liver based on recent scan Hep B screen neg)
- agreeable with above plans first, she will follow up on next DMO visit)

======
13/5
- traced blood CS - neg

Electronic Signatures:
Panergo Jocelyn Pal-Laya (Doctor) (Signed 13-May-2025 10:19)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *13-May-2025 10:19 by Panergo Jocelyn Pal-Laya (Doctor)*

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DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 13-May-2025 12:40]- for Visit: H225057509G0002, *Complete, Revised, Signed in Full, General*

Height & Weight:
Weight (kg): 63.1 kg 13-May-2025 10:51:50. Height (cm): 168.8 cm 13-May-2025 10:51:50.

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 #2 XELOX-Nivolumab

On Review
Well
No abdominal pain
No PR bleed
No dysphagia
Appetite ok

No TCM or other new medications

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

Walked in
Alert, oriented

Rest of examination deferred in view of recent CT

Investigations
Common Lab Results (CBC,FBC,Chem,LFT):
13/05/25 Hb: 13.1(L), WBC: 6.39, Hct: 40.7, Plt: 173.
13/05/25 Na: 133(L), K+: 4.2, Cl: 97(L), HCO3: 24.5, Urea: 4.6, Cre: 74, Glu:10.4.
13/05/25 TP: 60(L), Alb: 32(L), Bil: 15, AST: 326(H), ALT: 273(H), ALP: 190(H).
09/05/25 Calcium : 2.10, Phosphate : 0.95, Magnesium : 0.87.

Tumour Markers
CEA <1.8
CA 19-9 19.2
CA 125 7.2

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. G3 LFT derangement for evaluation possibly chemo related vs IRAE
2. Fever possibly malignant - blood c/s negative and no source of sepsis on recent CT

Communications
Discussed for admission to expedite workup and Gastro review in view of the above
Will hold off #2 treatment for now, patient and family are agreeable

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 XELOX + Nivo (24.4.25-14.5.25)

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

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

MANAGEMENT FOR THIS VISIT:

Management For This Visit: -
Plans
Admit for G3 LFT derangement
- Send off Hep A, Hep C EIA, HepBcTotal Ab and HepBSAb with PT/INR
- Trend LFTs
- Hold off hepatotoxics and PO Augmentin for now
- Refer Gastro cm for further evaluation
- Respiratory viral swab when in ward
- If febrile, to repeat septic w/u in ward

Hold off #2 XELOX-Nivolumab for now

Will rearrange DMO TCU depending on progress in ward

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

-
Keep old TCUs
29.5.25 SGH RHI Dr Poh YJ
05.6.25 SGH UGI Mr Lee ZJ
26.11.25 SGH RE Dr Tan YH
-

Electronic Signatures:
Bok Ke Xin (Doctor) (Signed 13-May-2025 15:38)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *13-May-2025 15:38 by Bok Ke Xin (Doctor)*

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DMO Consult Note NCC [Charted Location: NCC Clinic 14F] [Authored: 27-May-2025 09:36]- for Visit: H225057509G0013, *Complete, Revised, Signed in Full, General*

Height & Weight:
Weight (kg): 59.2 kg 27-May-2025 09:22:49. Height (cm): 168.9 cm 27-May-2025 09:22:49.

CLINICAL NOTES:

Visit/Appointment Date: 27-May-2025
MRN: S1491475G
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 #2 XELOX-Nivolumab

On Review
Well
No abdominal pain
No PR bleed
No dysphagia
Appetite ok

Was given PO Flagyl by GP for ?thrush

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

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

Investigations
Common Lab Results (CBC,FBC,Chem,LFT):
27/05/25 Hb: 13.8(L), WBC: 5.87, Hct: 44.0, Plt: 410.
27/05/25 TP: 67(L), Alb: 35(L), Bil: 12, AST: 46(H), ALT: 41, ALP: 121(H).
27/05/25 CA 19-9: 28.5.

Tumour Markers
CEA <1.8
CA 19-9 19.2
CA 125 7.2

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

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

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

MANAGEMENT FOR THIS VISIT:

Management For This Visit: -
Plans
Proceed with #2 XELOX-Nivolumab on 28.5.25
- DR XELOX to 75%
- To do on cannulation, proceed without waiting for results

Start ETV prophylaxis 0.5mg OM in view of HepBcTotalAb +
Seeing GAS same day special arrangement

TCU Dr Matthew Ng EXP 17.6.25 with FBC UECr LFT TFT OA
Shift ATU bookings to 18.6.25 and 9.7.25 (Wed AM)

Continue to hold off statins for now, monitor LFT

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

TCU Gastro in 6m with LFT and HBV VL 1wk before
Postpone SGH UGI Mr Lee ZJ on 5.6.25- postpone to early July after #3
-
Keep old TCUs
29.5.25 SGH RHI Dr Poh YJ

26.11.25 SGH RE Dr Tan YH
-

Electronic Signatures:
Bok Ke Xin (Doctor) (Signed 27-May-2025 10:44)
Authored: *Clinical Notes, Diagnosis, Management Plan*

Last Updated: *27-May-2025 10:44 by Bok Ke Xin (Doctor)*