

 **DMO Consult Note NCC [Charted Location: NCC Clinic 13C] [Authored: 03-Oct-2025 12:04]- for Visit: H225099757I0013, Complete, Revised, Signed in Full, General**

### CLINICAL NOTES:

**Visit/Appointment Date:** 03-Oct-2025

#### **History, Examination and Investigations:**

DMO Consult on 03/10/25

Reason for visit: Due for neoadjuvant Wk 1-4 Paclitaxel

Seen BRS

- TCU 17/12/25 to book surgery

Subjective

overall tolerating well

Examination

came with sister and nephew (nurse)

Wt: 51.1 kg (12-Sep-2025 12:40:24)

Wt: 51.2 kg (13-Aug-2025 14:49:13)

Wt: 52.1 kg (01-Aug-2025 08:50:04) BSA: 1.46 m<sup>2</sup> BMI: 24.1

Wt: 53.0 kg (17-Jun-2025 09:36:09)

Left breast nil significant lumps

Left axilla - 5.5cm (horizontally angles perpendicularly towards axilla) x 4cm > 3.5 x 4 cm > 2.5 x 2cm > not examined, just seen BRS

Investigations

HepBsAg non reactive

MUGA 01/07/25 - EF 71% no RWMA

#### **Common Lab Results (CBC,FBC,Chem,LFT):**

03/10/25 **Hb: 8.8(L)**, WBC: 4.80, **Hct: 28.1(L)**, Plt: 229.

03/10/25 Neut: 58.1% , Neut Abs: 2.79, MCV: 102.6% (H), Lymph: 19.8% , Mono: 20.0% (H), Eos: 1.7% , Baso: 0.4% .

03/10/25 Na: 143, K+: 4.7, Cl: 107, **HCO3: 29.7(H)**, Urea: 4.0, **Cre: 76(H)**, Glu:9.5.

03/10/25 **TP: 63(L)**, **Alb: 39(L)**, Bil: 8, AST: 22, ALT: 12, ALP: 64.

Impression

Tolerating Treatment

Clinically Responding

Locally Advanced Left Breast Cancer ER+ HER2 FISH negative

- cT1 (radiologically <1cm) N+ (Bx proven, large 3.9cm)

Communications

Requested by: Rumida Binti Abdul Rahman (Medical Record Officer),  
16-Oct-2025 16:29

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Spoke about differences between AC and Paclitaxel chemotherapy.

Explained that there is some Hb drop - will be having weekly bloods whilst on Paclitaxel. If Hb < 8.0, will arrange for blood transfusion accordingly.

**Clinical and Treatment Summary: -**

Locally Adv Left Breast Ca ER+ HER2 FISH negative

- 06/2025: p/w Left breast lump

> Bx: Invasive carcinoma NST with apocrine features G2

> Left axillary Lump: invasive carcinoma

> ER+ (90%) PR- HER2 2+ FISH negative

> Receptor status done on axillary lump as inadequate specimen from left breast lesion

> cT1 (<1cm radiologically) N+ (Bx proven, large 39mm)

- 07/2025: Started on neoadjuvant AC

- 10/2025: Started on neoadjuvant Paclitaxel

BRS: Dr Julie Liana

PMHx: HTN HLD Prev Hyperthyroidism

FMHx: Nil

SHx: Single, Works in admin for maid agency

Regular Meds: Amlodipine Losartan Lovastatin

\$\$\$ : Nil integrated shield plan

**Treatment Intent:** Curative therapy

**Patient Response:** NE

**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:** 317185017 : [D]Axillary lump

**Primary Site 1:** Axillary mass

**Basis of Staging 1:** Pending

**MANAGEMENT FOR THIS VISIT:**

**Management For This Visit: -**

Proceed with Wk 1-4 Paclitaxel

- Premeds: Diphen 50 and Dexamethasone 10

- Wk 1 03/10/25

- Wk 2 10/10/25 FBC OA, proceed if ANC >1.0 & Plt >100k

- Wk 3 17/10/25 FBC OA, proceed if ANC >1.0 & Plt >100k

- Wk 4 24/10/25 FBC OA, proceed if ANC >1.0 & Plt >100k

> if no ADR between Wk 1-3 then to give Diphen 25mg instead

If Hb < 8.0 - arrange for blood transfusion

TCU 4/52s on 31/10/25

- FBC, UECr, LFT OA

- Prebook for Wk 5-8 Paclitaxel

- Wk 5 31/10/25

- Wk 6 07/11/25

- Wk 7 14/11/25

- Wk 8 21/11/25

BRS 17/12/25

Overall Plan

AC x 4 > Paclitaxel x 12 > Surgery > Endocrine Rx +/- bisphosphonates +/- abemaciclib

Subpleural nodule

**Electronic Signatures:**

**Bernard Chua Ji Guang (Doctor)** (Signed 04-Oct-2025 11:21)

*Authored: Clinical Notes, Diagnosis, Management Plan*

***Last Updated: 04-Oct-2025 11:21 by Bernard Chua Ji Guang (Doctor)***

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**DMO Consult Note NCC [Charted Location: NCC Clinic 13C] [Authored: 12-Sep-2025 09:14]- for Visit: H22509975710007, Complete, Entered, Signed in Full, General**

**Height & Weight:**

Weight (kg): 51.2 kg 13-Aug-2025 10:10:30. Height (cm): 149.6 cm 13-Aug-2025 10:10:30.

**CLINICAL NOTES:**

**Visit/Appointment Date:** 12-Sep-2025

**Investigations:**

DMO Consult on 12/09/25

Requested by: Rumida Binti Abdul Rahman (Medical Record Officer),  
16-Oct-2025 16:29

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Reason for visit: Due for neoadjuvant #4 AC

Seen CRC 13/08/25

- issues with bowel movements (watery stools - better with loperamide)
- some urinary issues as well - dysuria, given course of antibiotics with Ciprofloxacin
- Urine cultures - Ecoli UTI UFEME 3/208/0

had Pharm review on 22/08/25 - Proceeded with #3 AC

Seen GYN

- plan for GYN scan

Seen HPB

- see in 6months with MRCP

Subjective

some aches and pains after peglasta - lasted for 1-2 days

no more urinary symptoms

Examination

came with sister and nephew (nurse)

Wt: 51.2 kg (13-Aug-2025 14:49:13)

Wt: 52.1 kg (01-Aug-2025 08:50:04) BSA: 1.46 m2 BMI: 24.1

Wt: 53.0 kg (17-Jun-2025 09:36:09)

Left breast nil significant lumps

Left axilla - 5.5cm (horizontally angles perpendicularly towards axilla) x 4cm > 3.5 x 4 cm > 2.5 x 2cm

Investigations

HepBsAg non reactive

MUGA 01/07/25 - EF 71% no RWMA

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

12/09/25 Hb: 10.0(L), WBC: 4.63, Hct: 30.3(L), Plt: 222.

12/09/25 Neut: 54.1% , Neut Abs: 2.50, MCV: 98.7% (H), Lymph: 27.6% , Mono: 17.5% (H), Eos: 0.4% , Baso: 0.4% .

12/09/25 Na: 139, K+: 5.3(H), Cl: 105, HCO3: 27.8, Urea: 6.5, Cre: 82(H), Glu:5.5.

12/09/25 TP: 66(L), Alb: 40, Bil: 8, AST: 20, ALT: 11, ALP: 60.

Impression

Tolerating Treatment

Clinically Responding

Locally Advanced Left Breast Cancer ER+ HER2 FISH negative

- cT1 (radiologically <1cm) N+ (Bx proven, large 3.9cm)

Communications

Explained clinically responding - continue treatment

**Clinical and Treatment Summary: -**

Locally Adv Left Breast Ca ER+ HER2 FISH negative

- 06/2025: p/w Left breast lump

> Bx: Invasive carcinoma NST with apocrine features G2

> Left axillary Lump: invasive carcinoma

> ER+ (90%) PR- HER2 2+ FISH negative

> Receptor status done on axillary lump as inadequate specimen from left breast lesion

> cT1 (<1cm radiologically) N+ (Bx proven, large 39mm)

- 07/2025: Started on neoadjuvant AC

BRS: Dr Julie Liana

PMHx: HTN HLD Prev Hyperthyroidism

FMHx: Nil

SHx: Single, Works in admin for maid agency

Regular Meds: Amlodipine Losartan Lovastatin

\$\$\$ : Nil integrated shield plan

**Treatment Intent:** Curative therapy

**Patient Response:** NE

**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:** 317185017 : [D]Axillary lump

**Primary Site 1:** Axillary mass

**Basis of Staging 1:** Pending

**MANAGEMENT FOR THIS VISIT:****Management For This Visit: -**

Proceed with #4 AC on 12/09/25

- Premeds: Aprepitant

- For Pegfilgrastim 24 hours after chemotherapy (niece)

TCU 3/52s on 03/10/25  
- FBC, UECr, LFT OA  
- Prebook for Wk 1-3 Paclitaxel  
- Wk 1 03/10/25  
- Wk 2 10/10/25  
- Wk 3 17/10/25

BRS 01/10/25

Overall Plan

AC x 4 > Paclitaxel x 12 > Surgery > Endocrine Rx +/- bisphosphonates +/- abemaciclib  
Subpleural nodule

**Electronic Signatures:**

**Bernard Chua Ji Guang (Doctor)** (Signed 12-Sep-2025 09:22)  
*Authored: Clinical Notes, Diagnosis, Management Plan*

**Last Updated:** 12-Sep-2025 09:22 by Bernard Chua Ji Guang (Doctor)

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**DMO Consult Note NCC [Chartered Location: NCC Clinic 12B] [Authored: 13-Aug-2025 10:47]- for Visit: H225099757I0011, Complete, Entered, Signed in Full, General**

**Height & Weight:**

Weight (kg): 51.2 kg 13-Aug-2025 10:10:30. Height (cm): 149.6 cm 13-Aug-2025 10:10:30.

**CLINICAL NOTES:**

**Visit/Appointment Date:** 13-Aug-2025

**History, Examination and Investigations:**  
DMO CRC

70F on follow up Dr Bernard Chua

Case of Locally Adv Left Breast Ca ER+ HER2 FISH negative  
On NAC  
Recent

Came with sister

i. BO issues  
10/8- pasty brown stool x 2, moderate amount  
11/8 - watery yellow stools x 2, moderarate amount > took 1 tab of standby loperamide, symptom resolved

12/8 - NBO whole day  
13/8 - able to BO - back to baseline stools  
baseline soft formed yellow stools  
nil abdo pain  
nil N/V  
nil change of diet, meals are cooked at home

ii. PU issues

10/8 - on and off dysuria and difficult to pass; nil oliguria, nil hematuria, cloudy yellow, occ itch during PU  
nil flank pain  
nil N/V

iii. ? chest pain

- exact location, between breast, 1st episode 11/8, as of now nil repeated episode
- 1st episode, before sleeping, PS 2/10, lasted for 10 mins, resolved on its own
- nil diaphoresis, nil radiation of pain
- nil palpitation
- nil giddiness, nil SOB
- no known heart issues but with HTN HLD on maintenance meds

nil fever  
nil SOB and chest pain  
appetite okay - fair, max take 1/2 share per meal  
nil abdo pain  
nil N/V  
nil BO and PU issues

nil hx of travel  
nil hx sick contact nil

O:

VS stable  
alert  
not in respi distress  
mouth clean  
throat not injected  
h s1s2  
l clear  
abd SNT, (+) BS  
ext calves supple

**Clinical and Treatment Summary: -**

Locally Adv Left Breast Ca ER+ HER2 FISH negative  
- 06/2025: p/w Left breast lump  
    > Bx: Invasive carcinoma NST with apocrine features G2  
        > Left axillary Lump: invasive carcinoma  
        > ER+ (90%) PR- HER2 2+ FISH negative  
        > Receptor status done on axillary lump as inadequate specimen from left breast lesion  
    > cT1 (<1cm radiologically) N+ (Bx proven, large 39mm)

- 07/2025: Started on neoadjuvant AC

BRS: Dr Julie Liana

PMHx: HTN HLD Prev Hyperthyroidism

FMHx: Nil

SHx: Single, Works in admin for maid agency

Regular Meds: Amlodipine Losartan Lovastatin

\$\$\$ : Nil integrated shield plan

**Treatment Intent:** Curative therapy

**Patient Response:** NE

**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:** 317185017 : [D]Axillary lump

**Primary Site 1:** Axillary mass

**Basis of Staging 1:** Pending

#### **MANAGEMENT FOR THIS VISIT:**

**Management For This Visit:** P:

ECG

FBC RP

UFEME

##### **Electronic Signatures:**

**Panergo Jocelyn Pal-Laya (Doctor)** (Signed 13-Aug-2025 10:52)

*Authored: Clinical Notes, Diagnosis, Management Plan*

**Last Updated:** 13-Aug-2025 10:52 by Panergo Jocelyn Pal-Laya (Doctor)



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 **DMO Consult Note NCC [Charted Location: NCC Clinic 13C] [Authored: 01-Aug-2025 09:26]- for Visit: H225099757I0006, Complete, Revised, Signed in Full, General**

**Height & Weight:**

Weight (kg): 52.1 kg 01-Aug-2025 08:50:04. Height (cm): 147 cm 01-Aug-2025 08:50:04.

**CLINICAL NOTES:**

**Visit/Appointment Date:** 01-Aug-2025

**History, Examination and Investigations:**  
DMO Consult on 01/08/25

Reason for visit: Due for neoadjuvant #2 AC

Seen CRC - laxative induced diarrhoea  
- initially had constipation

Subjective

tolerated ok  
able to manage diarrhoea/constipation better now

Examination  
came with sister

Wt: 52.1 kg (01-Aug-2025 08:50:04) BSA: 1.46 m<sup>2</sup> BMI: 24.1  
Wt: 53.0 kg (17-Jun-2025 09:36:09)

Left breast nil significant lumps  
Left axilla - 5.5cm (horizontally angles perpendicularly towards axilla) x 4cm > 3.5 x 4 cm

Investigations  
HepBsAg non reactive

MUGA 01/07/25 - EF 71% no RWMA

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

01/08/25 **Hb: 10.5(L)**, WBC: 5.68, **Hct: 31.5(L)**, Plt: 435.  
01/08/25 Neut: 55.9% , Neut Abs: 3.17, MCV: 94.9% , Lymph: 32.0% , Mono: 11.4% (H),  
Eos: 0.2% , Baso: 0.5% .  
01/08/25 Na: 140, K+: 4.1, Cl: 107, HCO3: 25.6, Urea: 6.4, Cre: 74, Glu:5.9.  
01/08/25 **TP: 63(L)**, **Alb: 39(L)**, Bil: 11, AST: 18, ALT: 12, ALP: 55.  
21/07/25 Calcium : 2.28, Phosphate : 1.09, Magnesium : 0.76.

Impression  
Tolerating Treatment  
Clinically Responding  
Locally Advanced Left Breast Cancer ER+ HER2 FISH negative

Requested by: Rumida Binti Abdul Rahman (Medical Record Officer),  
16-Oct-2025 16:29

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- cT1 (radiologically <1cm) N+ (Bx proven, large 3.9cm)

Communications

Explained that HER2 testing showed HER2 negative disease - no change to previously discussed treatment plans.

**Clinical and Treatment Summary: -**

Locally Adv Left Breast Ca ER+ HER2 FISH negative

- 06/2025: p/w Left breast lump

> Bx: Invasive carcinoma NST with apocrine features G2

> Left axillary Lump: invasive carcinoma

> ER+ (90%) PR- HER2 2+ FISH negative

> Receptor status done on axillary lump as inadequate specimen from left breast lesion

> cT1 (<1cm radiologically) N+ (Bx proven, large 39mm)

- 07/2025: Started on neoadjuvant AC

BRS: Dr Julie Liana

PMHx: HTN HLD Prev Hyperthyroidism

FMHx: Nil

SHx: Single, Works in admin for maid agency

Regular Meds: Amlodipine Losartan Lovastatin

\$\$\$ : Nil integrated shield plan

**Treatment Intent:** Curative therapy

**Patient Response:** NE

**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:** 317185017 : [D]Axillary lump

**Primary Site 1:** Axillary mass

**Basis of Staging 1:** Pending

**MANAGEMENT FOR THIS VISIT:**

**Management For This Visit: -**

- Proceed with #2 AC on 01/08/25  
- Premeds: Aprepitant  
- For Pegfilgrastim 24 hours after chemotherapy (niece)

Pharm review on 22/08/25

- FBC, UECr, LFT OA  
- if bloods ok, Proceed with #3 AC on 22/08/25

TCU 6/52s on 12/09/25

- FBC, UECr, LFT OA  
- Prebook for #4 AC on 12/09/25

BRS 01/10/25

Overall Plan

AC x 4 > Paclitaxel x 12 > Surgery > Endocrine Rx +/- bisphosphonates +/- abemaciclib  
Subpleural nodule

**Electronic Signatures:**

**Bernard Chua Ji Guang (Doctor)** (Signed 02-Aug-2025 22:23)

*Authored: Clinical Notes, Diagnosis, Management Plan*

*Last Updated: 02-Aug-2025 22:23 by Bernard Chua Ji Guang (Doctor)*

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**DMO Consult Note NCC [Charted Location: NCC Clinic 12B] [Authored: 21-Jul-2025 10:51]- for Visit: H22509975710004, Complete, Revised, Signed in Full, General**

**Height & Weight:**

Weight (kg): 51.9 kg 21-Jul-2025 10:38:11. Height (cm): 149.2 cm 21-Jul-2025 10:38:11.

**CLINICAL NOTES:**

Visit/Appointment Date: 21-Jul-2025

**History, Examination and Investigations:**

DMO CRC

70F on follow up with Dr Bernard Chua

Case of loc advanced left breast ca

Overall txt plan:

ACx4>paclitaxelx12

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KIV HER2 therapy if HER2 FISH+

Received C1 AC 11/7/25

Came with her sister

i. constipation then diarrhea

- baseline BO once a day formed yellow stools (prior chemo)
- post chemo, developed constipation -> took 10 ml lactulose and subsequently developed diarrhea
- max 8x a day since then, watery yellow stools admixed with some solid stools, nil mucoid discharge, nil bleeding
- denies fever
- denies abdo discomfort
- nil N/V
- nil change of diet, most of meals are home cooked
- no one in the family is having same symptoms

nil fever

nil SOB and chest pain

appetite okay

nil abdo pain

nil N/V

nil PU issues

nil hx of travel

nil hx sick contact nil

O:

VS stable

alert

not in respi distress

mouth clean, sl mild lips but wt buccal mucosa

h s1s2

I clear

abd SNT, (+) BS

ext calves supple

Imp;

Likely laxative induced diarrhea

**Clinical and Treatment Summary: -**

Locally Adv Left Breast Ca ER+ HER2 FISH\_\_\_\_

- 06/2025: p/w Left breast lump

> Bx: Invasive carcinoma NST with apocrine features G2

> Left axillary Lump: invasive carcinoma

> ER+ (90%) PR- HER2 2+ FISH\_\_\_\_

> Receptor status done on axillary lump as inadequate specimen from left breast lesion

> cT1 (<1cm radiologically) N+ (Bx proven, large 39mm)

- 07/2025:

BRS: Dr Julie Liana

PMHx: HTN HLD Prev Hyperthyroidism

FMHx: Nil

SHx: Single, Works in admin for maid agency

Regular Meds: Amlodipine Losartan Lovastatin

\$\$\$ : Nil integrated shield plan

**Treatment Intent:** Curative therapy

**Patient Response:** NE

**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:** 317185017 : [D]Axillary lump

**Primary Site 1:** Axillary mass

**Basis of Staging 1:** Pending

#### **MANAGEMENT FOR THIS VISIT:**

**Management For This Visit:** P:

bloods

traced results

1 pint NS drip now

Supportive meds

Can dc

Return advise provided

Reiterated red flags to watch, if noted, advised to see back a dr

#### **Electronic Signatures:**

**Panergo Jocelyn Pal-Laya (Doctor)** (Signed 22-Jul-2025 10:59)

*Authored: Clinical Notes, Diagnosis, Management Plan*

**Last Updated:** 22-Jul-2025 10:59 by Panergo Jocelyn Pal-Laya (Doctor)

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**DMO Consult Note NCC [Charted Location: NCC Clinic 13C] [Authored: 07-Jul-2025 14:12]-  
for Visit: H22509975710001, Complete, Entered, Signed in Full, General**

**Height & Weight:**

Weight (kg): 53.2 kg 07-Jul-2025 11:38:44. Height (cm): 147.4 cm 07-Jul-2025 11:38:44.

**CLINICAL NOTES:**

**Visit/Appointment Date:** 07-Jul-2025

**History, Examination and Investigations:**

DMO Consult on 07/07/25

NEW CASE - Referred by Dr Julie Liana

70yo Chinese Female  
NKDA

Social History  
Single  
Works in admin for maid agency  
Non smoker Non drinker

Family History  
Nil

Past Medical History  
1. HTN  
2. HLD  
3. Prev hyperthyroidism

Current Presentation  
Presented with left breast lump

MMG/US 23/06/25

**CONCLUSION**

1. Suspicious nodal mass in the left axilla. US-guided core needle biopsy has been arranged.

2. There are 4 indeterminate hypoechoic nodules in the left upper inner quadrant.  
The more concerning two lesions at the 10:30 position (60 and 44mm FN) can be sampled together as one sample using US-guided vacuum assisted biopsy (VAB) as they are possibly of similar pathology. This has been discussed with the patient and arranged to be

done in the same setting as the left axillary node biopsy.

3. Indeterminate grouped coarse heterogenous calcifications in the left upper outer quadrant show mild increase in number since mammograms dating back to 2005. Stereotactic guided VAB can be considered after the two aforementioned biopsies if it changes clinical management.

Underwent US VAB of Left breast lesion and left axillary lump

- Left Breast lesion: DCIS G3 and limited amount of invasive carcinoma NST with apocrine features G2
- Left axillary Lump: invasive carcinoma
- Receptor status on Left axillary lump due to limited material within breast lesion
- ER+ (90%) PR- HER2 2+ FISH pending \_\_\_\_\_

CT-TAP 02/07/25

#### CONCLUSION

Markedly enlarged left axillary lymph nodes, worrisome suspicious for nodal metastases. Subcentimetre nodules in the left breast of which correlation with breast imaging is suggested. No evidence of distant metastasis is detected. Incidental findings as described.

Bone Scan 03/07/25

#### CONCLUSION

No definite scan evidence of osteoblastic bone metastasis. Please note that scan sensitivity is reduced for predominantly lytic bone metastasis.

Examination

Wt: 53 kg (17-Jun-2025 09:36:09)

Left breast nil significant lumps

Left axilla - 5.5cm (horizontally angles perpendicularly towards axilla) x 4cm

Investigations

HepBsAg non reactive

MUGA 01/07/25 - EF 71% no RWMA

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

30/06/25 Hb: 12.6, WBC: 6.60, Hct: 37.8, Plt: 274.

30/06/25 Neut: 58.9% , Neut Abs: 3.89, MCV: 92.4% , Lymph: 33.6% , Mono: 6.7% , Eos: 0.5% , Baso: 0.3% .

30/06/25 Na: 141, K+: 4.4, Cl: 106, HCO3: 24.9, Urea: 5.0, Cre: 68, Glu:5.6.

30/06/25 TP: 75, Alb: 44, Bil: 16, AST: 20, ALT: 11, ALP: 67.

Impression

Locally Advanced Left Breast Cancer ER+ HER2 FISH pending

- cT1 (radiologically <1cm) N+ (Bx proven, large 3.9cm)
- for consideration of neoadjuvant treatment

Communication

Explained that based on available information patient has newly diagnosed Locally advanced Left Breast Cancer. Node positivity also proven on biopsy and axillary LN rather sizeable. Will recommend neoadjuvant chemotherapy for her.

If HER2 FISH positive - will need to add on anti HER2 therapy.

In this situation, neoadjuvant chemotherapy+HER2 targeted therapy allows for early systemic control as well as allows for downsizing/downstaging of disease. It allows us to test disease biology as well and depending on whether patient achieves pathCR or not, we may be able to escalate adjuvant treatment accordingly. It also allows for increased breast conservation.

If HER2 FISH negative - will proceed with chemotherapy alone in neoadjuvant setting

In this situation, given HR+ HER2- and post-menopausal status, there could be an utility of genomic tests if she has not more than 3 affect lymph nodes. Genomic testing may then offer a possibility to omit chemotherapy if given in adjuvant setting. However, it is difficult to ascertain number of lymph nodes with imaging so far and given large axillary mass. Recommend to proceed with neoadjuvant chemotherapy if she is able to accept a possibility of over-treatment.

In terms of treatment, will recommend for AC x 4 > Paclitaxel [add on dual HER2 if HER2 FISH+].

Discussed about toxicities of Doxorubicin/Cyclophosphamide, including but not limited to nausea, vomiting, diarrhoea, neutropenia, thrombocytopenia, anaemia, cardiotoxicity and heart failure, alopecia, allergic reaction, haemorrhagic cystitis and gonadal suppression resulting in amenorrhoea.

Discussed about Paclitaxel scheduling and associated side effects as per BC Cancer Agency monograph. Side effects include the following but not limited to: Anaemia, Febrile neutropenia, Leukopenia, cardiovascular events, bradycardia and other arrhythmias, intestinal obstruction, nausea and vomiting, hypersensitivity reactions, peripheral neuropathy, alopecia and arthralgia/myalgias.

Discussed about Phesgo, Pertuzumab and Herceptin scheduling and associated side effects as per BC Cancer Agency monograph. Side effects include the following but not limited to: cardiotoxicity, diarrhoea, nausea, vomiting, hypersensitivity reactions, fatigue and rash.

Patient agreeable to proceed with recommended treatment. Consent form signed.

**Clinical and Treatment Summary: -**

Locally Adv Left Breast Ca ER+ HER2 FISH\_\_\_\_

- 06/2025: p/w Left breast lump

> Bx: Invasive carcinoma NST with apocrine features G2

> Left axillary Lump: invasive carcinoma

> ER+ (90%) PR- HER2 2+ FISH\_\_\_\_

> Receptor status done on axillary lump as inadequate specimen from left breast lesion

> cT1 (<1cm radiologically) N+ (Bx proven, large 39mm)

- 07/2025:

BRS: Dr Julie Liana

PMHx: HTN HLD Prev Hyperthyroidism

FMHx: Nil

SHx: Single, Works in admin for maid agency

Regular Meds: Amlodipine Losartan Lovastatin

\$\$\$ : Nil integrated shield plan

**Treatment Intent:** Curative therapy

**ECOG:** 0

**Pain Score::** 0

**Allergy Acknowledgement:** I have acknowledged the patient's allergy information

Requested by: Rumida Binti Abdul Rahman (Medical Record Officer),  
16-Oct-2025 16:29

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**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:** 317185017 : [D]Axillary lump

**Primary Site 1:** Axillary mass

**Basis of Staging 1:** Pending

**MANAGEMENT FOR THIS VISIT:**

**Management For This Visit: -**

Trace HER2 FISH testing

Refer SCN

Book and Proceed with #1 AC on 11/07/25

- Premeds: Aprepitant
- For Pegfilgrastim 24 hours after chemotherapy (NCCS)

TCU 3/52s on 01/08/25

- FBC, UECr, LFT OA
- Prebook for #2 AC on 01/08/25

Overall Plan

AC x 4 > Paclitaxel x 12

KIV HER2 therapy if HER2 FISH+

**Electronic Signatures:**

**Bernard Chua Ji Guang (Doctor)** (Signed 07-Jul-2025 14:48)

*Authored: Clinical Notes, Diagnosis, Management Plan*

***Last Updated:*** 07-Jul-2025 14:48 by Bernard Chua Ji Guang (Doctor)