

02/26/2020 - Office Visit in Southbay Hematology Oncology

Clinic Note

Progress Notes

Sariah S Liu, MD at 2/26/2020 1120



City of
Hope®

Date: 2/26/2020

Hematology/Oncology Progress Note

City of Hope South Bay
5215 Torrance Blvd
Torrance, CA 90503
(310)-750-1715 work
(424)-291-4440 fax

Patient: Mildred Hisako Toyofuku

Age: 78 y.o. (3/5/1941)

Reason for visit:

To follow up cholangiocarcinoma stage IV

Current treatment

Debating FOLFOX vs hospice

History of Present Illness

Mildred Hisako Toyofuku is a 78 y.o. female with

1. **Cholangiocarcinoma metastatic to bone (CMS/HCC)**
2. Metastatic cancer to bone (CMS/HCC)
3. Malignant neoplasm metastatic to lung, unspecified laterality (CMS/HCC)
4. Anemia, unspecified type

7/2018 presented with painful mass lesion in right humerus. Pain was progressively worsening. Eventually presented to ED for severe pain and found to have pathologic fracture.

8/27/18 MRI right shoulder 6.2 cm aggressive expansile bone lesion of proximal right humerus, extracortical involvement of deltoid, differential includes chondrosarcoma, osteosarcoma, bone metastasis

9/6/18 CT of chest pathologic fracture right humerus otherwise negative.

9/6/18 CT abdomen and pelvis 8.7 x 8.1 cm right hepatic lobe solid mass, increased in size from 1/28/18 when it measured 6.4 x 5.6 cm

9/7/18 biopsy of right humerus: Metastatic poorly differentiated adenocarcinoma. The immunohistochemical staining characteristics (pankeratin positive, cytokeratin 7+, focal cytokeratin 20 positive, BER EP 4+, CDX2negative, and villin positive) is not entirely specific however metastases from pancreatic biliary or hepatobiliary origin is the most likely diagnoses. Immunohistochemical staining for the most common mismatch repair proteins are performed and show no deficiency of the DNA mismatch repair protein tested

9/24-10/5/18 3 Gy x 10 fractions to R humerus post op. Total 30 Gy

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

10/ 5/2018 liver, right lobe needle core biopsies at Huntington Hospital, pathology confirming carcinoma, moderately differentiated. The neoplastic cells are positive for CAM 5.2, CK7 and negative for CK 20 TTF-1, Napsin-A, CDX 2, PAX 8, GCDPF 15, no hemoglobin, GA TA 3 and estrogen receptor. The immune profile is somewhat nonspecific. But given the clinical history of a 9 cm solitary hepatic mass and bone metastases, this is most consistent with a primary intrahepatic cholangiocarcinoma. A metastases from the pancreatic biliary tract, GI tract or lung origin should be excluded clinically.

10/17/18: chemo gemzar/ox q 2 week C1

3/18/2019 CT chest abdomen pelvis showed similar appearance in the hepatic cholangiocarcinoma centered within segment 5/4 compared to 12/21/2018, measuring approximately 8.4 x 8.2 x 7.6 cm (previously 8.4 x 8.4 x 7.4 cm). 2 new small focal area of groundglass opacities within the right apex, findings are nonspecific, metastases is felt to be less likely

4/19/19 omit oxaliplatin due to neuropathy

6/20/19 CT CAP at Torrance Memorial has been compared to CT 3/18/2019 at Little Company of Mary. The largest lobulated heterogeneously enhancing mass in the anterior right lobe of liver appears slightly increased in size, measuring 10.5 x 8.2 cm in axial dimension on the current study and measured approximately 9.8 x 7.7 cm on the prior outside study was measured at the same level. the multiple arterial enhancing satellite lesions measured in the body of the report are not visualized on the prior examination.

8/15-9/12/19 capectiabine + gemecitabine C1 q21 x 2 cycles

9/4/2019 Caris: HER-2/neu IHC negative FISH not amplified
MRP proficient
NTRK 1/2/3 fusion not detected
PDL 1 IHC negative 0

9/18/2019 CT CAP at Torrance Memorial shows significant worsening of intrahepatic metastases, right lobe large confluent mass measured at 10.5 x 8.2 cm unchanged, there were several new lesions, one lesion in the dome of the liver measures up to 20 mm compared to 10 mm last scan, another nodule measures 24 mm compared to 14 mm in the previous imaging

10/2/19 FOLFIRI C1 q2wks

11/21/2019 CT CAP at Providence Little Company Mary showed interval development of several 3 mm or less in size bilateral pulmonary nodules, interval enlargement of large mass in the liver and development of multiple new masses in the liver consistent with progression of metastatic neoplasm. Right lobe mass measuring 9.8 x 10 x 8.6 cm, enlarged compared to previous imaging, there is interval development of numerous new masses in both lobes.

12/26/19-2/2020 IRB 18029 care of Dr. Vincent Chung

2/19/20 CT chest abdomen pelvis revealed extensive progression of disease within the liver, mass or cyst seen previously are increasing in size, new lesions are presents, metastatic is seen within the chest increasing in size and number, retroperitoneal lymphadenopathy increasing.

Subjective:

Patient is here to discuss further treatment plans. She is accompanied by her daughter. She has been quiet during the visit. She told me that she would like to go home.

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

Medical History

Past Medical History:

Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none">• Anemia• Arthritis• Bone lesion• Cholangiocarcinoma (CMS/HCC)• Colon polyp• Fracture of humerus• Hearing disorder• High cholesterol• HTN (hypertension)• Metastatic cancer to bone (CMS/HCC)• Wears glasses	

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
<ul style="list-style-type: none">• COLONOSCOPY 2018• LIVER BIOPSY• ORIF HUMERUS FRACTURE• OTHER SURGICAL HISTORY <i>humerus broken bone repair nad removal of humor</i>• OTHER SURGICAL HISTORY <i>removal of mole nevus or skin cancer</i>• PORTACATH PLACEMENT• TONSILLECTOMY• UPPER GASTROINTESTINAL ENDOSCOPY	Right Left	 09/06/2018 2018 11/09/2018

Family History:

Family History

Problem	Relation	Age of Onset
<ul style="list-style-type: none">• Heart disease• Lung cancer• Lymphoma• Breast cancer• Heart disease• Diabetes• Hypertension• Hyperlipidemia	Mother Father Father Sister Brother Brother Child Child	

Social History:

Social History

Socioeconomic History
<ul style="list-style-type: none">• Marital status: Widowed

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

- | | |
|----------------------------|-------------|
| Spouse name: | Not on file |
| • Number of children: | 3 |
| • Years of education: | Not on file |
| • Highest education level: | Not on file |

Occupational History

- | | |
|---------------|---------|
| • Occupation: | retired |
|---------------|---------|

Social Needs

- | | |
|------------------------------|-------------|
| • Financial resource strain: | Not on file |
| • Food insecurity | |
| Worry: | Not on file |
| Inability: | Not on file |
| • Transportation needs | |
| Medical: | Not on file |
| Non-medical: | Not on file |

Tobacco Use

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |

Substance and Sexual Activity

- | | |
|----------------------|---------------|
| • Alcohol use: | Not Currently |
| <i>Comment: rare</i> | |
| • Drug use: | Never |
| • Sexual activity: | Defer |

Lifestyle

- | | |
|----------------------|-------------|
| • Physical activity | |
| Days per week: | Not on file |
| Minutes per session: | Not on file |
| • Stress: | Not on file |

Relationships

- | | |
|---------------------------------------------|-------------|
| • Social connections | |
| Talks on phone: | Not on file |
| Gets together: | Not on file |
| Attends religious service: | Not on file |
| Active member of club or organization: | Not on file |
| Attends meetings of clubs or organizations: | Not on file |
| Relationship status: | Not on file |
| • Intimate partner violence | |
| Fear of current or ex partner: | Not on file |
| Emotionally abused: | Not on file |
| Physically abused: | Not on file |
| Forced sexual activity: | Not on file |

Other Topics

- | | |
|---------------|---------|
| • Not on file | Concern |
|---------------|---------|

Social History Narrative

- | |
|---------------|
| • Not on file |
|---------------|
- worked

Medications

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

Current Outpatient Medications:

- acetaminophen (TYLENOL 8 HOUR) 650 MG 8 hr tablet, Take 650 mg by mouth every 8 (eight) hours as needed for mild pain (pain scale 1-3)., Disp: , Rfl:
- amLODIPine (NORVASC) tablet, Take 10 mg by mouth daily. , Disp: , Rfl:
- Ascorbic Acid (VITAMIN C PO), Take 5,000 mg by mouth daily. , Disp: , Rfl:
- Calcium-Magnesium 100-50 MG tablet, Take by mouth., Disp: , Rfl:
- Cetirizine HCl 10 MG capsule, Take by mouth., Disp: , Rfl:
- Cholecalciferol (VITAMIN D3) 125 MCG (5000 UT) tablet, Take 5,000 Units by mouth. , Disp: , Rfl:
- Cranberry 475 MG capsule, Take by mouth., Disp: , Rfl:
- Cyanocobalamin (VITAMIN B-12 PO), Take by mouth daily., Disp: , Rfl:
- FOLIC ACID PO, Take by mouth., Disp: , Rfl:
- gabapentin (NEURONTIN) 300 MG capsule, Take 300 mg by mouth every 8 (eight) hours., Disp: , Rfl:
- ibuprofen (MOTRIN) 200 MG tablet, Take 200 mg by mouth every 6 (six) hours as needed for mild pain (pain scale 1-3) (1-2 as needed)., Disp: , Rfl:
- irbesartan (AVAPRO) 75 MG tablet, Take 300 mg by mouth nightly., Disp: , Rfl:
- Levocetirizine Dihydrochloride (XYZAL ALLERGY 24HR PO), Take by mouth., Disp: , Rfl:
- pancrelipase (Lip-Prot-Amyl) (CREON) 12000 units capsule, Take 1 capsule by mouth 3 (three) times a day with meals., Disp: 90 capsule, Rfl: 1
- pregabalin (LYRICA) 50 MG capsule, Take 1 capsule (50 mg total) by mouth every 8 (eight) hours., Disp: 90 capsule, Rfl: 1
- Turmeric Curcumin 500 MG capsule, Take by mouth., Disp: , Rfl:
- UNABLE TO FIND, Cruci ferous complete, Disp: , Rfl:
- UNABLE TO FIND, once daily. Nervefix, Disp: , Rfl:
- VITAMIN E PO, Take by mouth., Disp: , Rfl:
- DULoxetine (CYMBALTA) 20 MG DR capsule, Take 20 mg by mouth., Disp: , Rfl:
- hydrALAZINE (APRESOLINE) tablet, Take 50 mg by mouth. Pt states takes hydralazine if SBP >150 , Disp: , Rfl:
- lidocaine-prilocaine (EMLA) 2.5-2.5 % cream, Apply topically as needed (port access). (Patient not taking: Reported on 10/15/2019), Disp: 30 g, Rfl: 2
- losartan (COZAAR) 100 MG tablet, Take 50 mg by mouth daily., Disp: , Rfl:

Allergies/Intolerances

Sulfa antibiotics

Review of Systems

COH Review of Systems:

Pain Assessment:Chronic/constant: Level: 3,Acceptable, continue current management .

Constitution:Positive for fatigue and unexpected weight change.Negative for fever.

Heent: Negative for double vision.

Respiratory: Negative for cough.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain.

GU:Negative for dysuria.

Musculoskeletal:Negative for recent trauma.

Skin: Positive for jaundice.

Neurological: Negative for speech difficulty.

Hematologic: Negative for excessive bleeding.

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

Physical Exam

Vitals:

02/26/20 1200

BP: 110/63
BP Location: Left arm
Patient: Sitting
Position:
Pulse: 105
Resp: 18
Temp: 36.8 °C (98.3 °F)
TempSrc: Temporal
SpO2: 99%
Weight: 61.7 kg (136 lb 1.6 oz)
Height: 157 cm (5' 1.81")

Physical Exam

Constitutional:

General: She is not in acute distress.

Appearance: She is **ill-appearing**.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: **Scleral icterus** present.

Conjunctiva/sclera: Conjunctivae normal.

Neck:

Musculoskeletal: Neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Musculoskeletal: Normal range of motion.

General: No deformity.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert and oriented to person, place, and time.

Psychiatric:

Behavior: Behavior normal.

Laboratory Results Review:

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

I have reviewed all pertinent labs.

Pathology

9/7/18 biopsy of right humerus: Metastatic poorly differentiated adenocarcinoma. The immunohistochemical staining characteristics (pankeratin positive, cytokeratin 7+, focal cytokeratin 20 positive, BER EP 4+, CDX2negative, and villin positive) is not entirely specific however metastases from pancreaticobiliary or hepatobiliary origin is the most likely diagnoses. Immunohistochemical staining for the most common mismatch repair proteins are performed and show no deficiency of the DNA mismatch repair protein tested

Medical Imaging Review

I have reviewed all pertinent imaging results.

8/27/18 MRI right shoulder 6.2 cm aggressive expansile bone lesion of proximal right humerus, extracortical involvement of deltoid, differential includes chondrosarcoma, osteosarcoma, bone metastasis

9/6/18 CT of chest pathologic fracture right humerus otherwise negative.

9/6/18 CT abdomen and pelvis 8.7 x 8.1 cm right hepatic lobe solid mass, increased in size from 1/28/18 when it measured 6.4 x 5.6 cm

9/10/18 bone scan positive right clavicle, proximal humerus right, right humeral shaft

10/1/18 CT chest abd 9 cm R hepatic lobe mass

12/21/18: CT AP:

7 cm irregular-shaped hypoattenuating lesion within the liver consistent with hepatocellular carcinoma. There is some extension into the medial segment of the left lobe.

Multiple additional lesions in the liver are probably cysts.

No evidence of significant biliary dilatation or remote metastatic disease.

Diverticulosis of the colon without evidence of acute diverticulitis

3/18/2019 CT chest abdomen pelvis showed similar appearance in the hepatic cholangiocarcinoma centered within segment 5/4 compared to 12/21/2018, measuring approximately 8.4 x 8.2 x 7.6 cm (previously 8.4 x 8.4 x 7.4 cm). 2 new small focal area of groundglass opacities within the right apex, findings are nonspecific, metastases is felt to be less likely

Additional data collected

Reviewed old records (type of record and content reviewed): EPIC, radiology and labs for previous records as well as imaging. Also, previous records from outside that are in our system.

Assessment and Plan

Mildred Hisako Toyofuku is a 78 y.o. female

Assessment:

Metastatic poorly differentiated adenocarcinoma, metastatic to bone

Likely pancreaticobiliary or hepatobiliary origin based on bx of right humerus 9/7/18. MSS

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

Caris NGS:
HER-2/neu IHC negative FISH not amplified
MRP proficient
NTRK 1/2/3 fusion not detected
PDL 1 IHC negative 0

S/P 1L gemecitabine oxaliplatin x 12 cycles since 10/17/18-4/17/19
Discontinued oxaliplatin due to neuropathy, continue gemcitabine alone 5/17-7/21/19

CT CAP 6/20/2019 revealed disease progression with new satellite lesions in the liver.
S/p 2nd Line with cap/gemcitabine x 2 cycles since 8/16-9/12/2019

CT CAP 9/18/2019 revealed intrahepatic disease progression
S/p 3rd line with FOLFIRI x 4 cycles since 10/2/19, restaging CT 11/21/19 revealed marked progression

Referred patient to Dr. Vincent Chung, received clinical trial 12/26/2019 to 2/20/2020, marked disease progression
revealed CT scan 2/19/2020

I sat down with the patient and her daughter and had a long discussion regarding goal of care. Options could be palliative chemotherapy with FOLFOX versus hospice. Her total bilirubin already significantly elevated, she is declining clearly and substantially, the risk and benefit ratio for chemotherapy is not clear, response rate is low, potential toxicity can be significant, I think it is very reasonable to pursue care focusing on symptom management; I told the patient I will be supportive in either way she chose. She did tell me that she would like to go home in Hawaii.

Patient will let me know. I will notify Dr. Yanami/palliative care/hospice

Vein access: Port-A-Cath

neuropathy

Due to oxaliplatin, which was omitted 4/19/2019
Neurontin caused too much drowsiness during the daytime
Continue to monitor

bone mets- multiple sites

pathological fx R humerus s/p ORIF 9/7/18 s/p XRT completed 10/2018
S/p zometa q3 months since 2/22-5/2019, discontinued due to side effects: generalized bone aching pain, flulike symptoms
s/p Xgeva since 5/24/19

anemia

Due to malignancy and chemo

HTN

On losartan, norvasc

supportive care

Followed by palliative care: appetite, pain etc

Plan:

Department: Southbay Hematology Oncology
5215 Torrance Boulevard
Torrance CA 90503

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Visit date: 2/26/2020

02/26/2020 - Office Visit in Southbay Hematology Oncology (continued)

Clinic Note (continued)

RTC as needed

Electronic Signature:

Sariah S Liu, MD
2/26/2020
2:37 PM

Electronically signed by Sariah S Liu, MD at 2/26/2020 2:38 PM

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment

Nursing Notes

Progress Notes

Angela Marie Lemos, RN at 1/27/2020 1050

Mildred Hisako Toyofuku presents to the Briskin Center for Clinical Research for treatment. They are on Cycle 2 Day 1

Patient reports symptoms, please see Adult PCS Flowsheet. Intervention: CRN aware. Will speak with MD. They report a fatigue level of 6 out of 10 reports to SOB on exertion, rest periods needed in between ADL. Intervention: none required.

The Patient and Family has been educated with:

PLAN OF CARE:

SHIFT ACTIVITIES: availability of meals and snacks, what to expect during this appointment, treatment plan

SIGNS OF REACTION: reviewed with patient

SYMPTOM MANAGEMENT:

FATIGUE MANAGEMENT: reviewed benefits of regular exercise, avoid caffeine 8 hours before bed, maintain adequate & convenient nutrition, take short rest breaks less than 30 minutes

NUMBNESS/TINGLING: adhere to prescribed neuropathy medication, CRN to speak with MD about possible medication change

INFECTION: signs of infection (fever >100F, chills, new persistent cough, burning upon urination, diarrhea >24hrs, site redness/drainage, open sores), proper hygiene, avoid large crowds, gardening, and contact with friends and family that are sick or have a cough

DISCHARGE EDUCATION:

TRIAGE NUMBER: symptom guidelines for calling

HOME USE STUDY MEDICATIONS: safe handling, safe storage, disposal, proper use of study equipment, drug diary

AVS PROVIDED: Yes

Method of Education: verbal

Patient verbalized understanding

Coordination of care:

Person Contacted: MD, Clinical Research Nurse, Clinical Research Coordinator, Biospecimen Coordinator

Time: At time of visit

Reason: new orders needed, missing research supplies, needed EKG orders in system, Predose PK was ordered no kit, clarified NOT needed this visit per CRN, patient waiting on medication.

Method: face to face

Outcome: new orders received, clarification received

MD ordered Lyrica for patient to start. To pick up from own pharmacy. Patient/Daughter were instructed to start in the PM. Verbalized understanding.

The following research interventions have been performed during this visit:

- EKG obtained per protocol per COH machine
- Observation period for 3 hours
- Vitals obtained per protocol

Vitals:

01/27/20 1200

BP: 143/64

BP Location: Left arm

Patient: Sitting

Position:

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Nursing Notes (continued)

Pulse: 85
Resp: 16
Temp: 36.7 °C (98 °F)
SpO2: 99%

Pain inventory assessment were collected from patient and attached to hard copy of EKG for CRN to pick up.

Patient tolerated treatment without any adverse events.
Patient discharged in stable condition to home with daughter.

Angela Marie Lemos, RN

Electronically signed by Angela Marie Lemos, RN at 1/27/2020 6:01 PM

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Other Orders

Appointment Requests

Infusion Appointment Request [38168284] (Completed)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1133**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1133

Ordering provider: Nikeeta Prajapati, RN

Authorized by: Vincent Chung, MD

Ordering mode: Per protocol: no cosign required

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: Routine Once 01/27/20 1004 - 1 occurrence

Class: Clinic Performed

Quantity: 1

Instance released by: Pauline Hakimian 1/27/2020 10:04 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Other Orders (continued)

Nursing

Nursing communication [38168296] (Completed)

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000** Status: **Completed**
Ordering user: Vincent Chung, MD 01/27/20 1000 Ordering provider: Vincent Chung, MD
Authorized by: Vincent Chung, MD Ordering mode: Standard
From treatment plan: IRB 18029 (VM Oncology LLC; IND Frequency: Routine Once 01/27/20 1046 - 1 occurrence
129166) VMD-928 Part 1 (PV 7.25.19)
Class: Hospital Performed (Duarte admitted patients only) Quantity: 1
Instance released by: Angela Marie Lemos, RN (auto-released) 1/27/2020 10:45 AM
Diagnoses
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Order comments: The required order of assessments: - Vital signs - ECG - pharmacokinetic sampling
Research studies
Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Nursing Communication [38168297] (Completed)

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000** Status: **Completed**
Ordering user: Vincent Chung, MD 01/27/20 1000 Ordering provider: Vincent Chung, MD
Authorized by: Vincent Chung, MD Ordering mode: Standard
From treatment plan: IRB 18029 (VM Oncology LLC; IND Frequency: Routine Once 01/27/20 1046 - 1 occurrence
129166) VMD-928 Part 1 (PV 7.25.19)
Class: Hospital Performed (Duarte admitted patients only) Quantity: 1
Instance released by: Angela Marie Lemos, RN (auto-released) 1/27/2020 10:45 AM
Diagnoses
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Order comments: Vital signs (RR, BP, temp, pulse) & Weight : Prior to ECG and research blood - Prior to drug administration unless otherwise specified. - VS to be taken after patient has been sitting for 5 minutes. - Use same arm for blood pressure and record arm used and should use same arm throughout study if possible. (manual or machine)
Research studies
Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Nursing communication [38168298] (Completed)

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000** Status: **Completed**
Ordering user: Vincent Chung, MD 01/27/20 1000 Ordering provider: Vincent Chung, MD
Authorized by: Vincent Chung, MD Ordering mode: Standard
From treatment plan: IRB 18029 (VM Oncology LLC; IND Frequency: Routine Once 01/27/20 1046 - 1 occurrence
129166) VMD-928 Part 1 (PV 7.25.19)
Class: Hospital Performed (Duarte admitted patients only) Quantity: 1
Instance released by: Angela Marie Lemos, RN (auto-released) 1/27/2020 10:45 AM
Diagnoses
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Order comments: 12-lead EKG (COH machine): To be done after VS, but prior to PKs - Pre-dose (triplicate over <= 5 min period, +/- 20 min) - 3h post-dose (duplicate, +/-30 min) - Actual time taken will be recorded. - The investigator or designee will be responsible for initial reading of ECGs prior to subject being dismissed from the clinic at each applicable visit. - In any event, mean of 3 ECGs (over <= 5 min period) is needed to confirm an ECG abnormality - If ECG QT interval > 530 msec or > 60 msec increase from baseline, obtain two more ECGs over brief period (over < 5 min). Then, use the averaged QTc values of three ECGs (measured over <= 5 min) to determine whether the subject should be discontinued from study.
Research studies
Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Nursing Communication [38168299] (Completed)

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Other Orders (continued)

Electronically signed by: Vincent Chung, MD on 01/27/20 1000		Status: Completed
Ordering user: Vincent Chung, MD 01/27/20 1000	Ordering provider: Vincent Chung, MD	
Authorized by: Vincent Chung, MD	Ordering mode: Standard	
From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)	Frequency: Routine Once 01/27/20 1046 - 1 occurrence	
Class: Hospital Performed (Duarte admitted patients only)	Quantity: 1	
Instance released by: Angela Marie Lemos, RN (auto-released) 1/27/2020 10:45 AM		
Diagnoses		
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]		
Order comments: Review research labs		
Research studies		
Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma		

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Nursing Communication [38168300] (Completed)

Electronically signed by: Vincent Chung, MD on 01/27/20 1000		Status: Completed
Ordering user: Vincent Chung, MD 01/27/20 1000	Ordering provider: Vincent Chung, MD	
Authorized by: Vincent Chung, MD	Ordering mode: Standard	
From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)	Frequency: Routine Once 01/27/20 1046 - 1 occurrence	
Class: Hospital Performed (Duarte admitted patients only)	Quantity: 1	
Instance released by: Angela Marie Lemos, RN (auto-released) 1/27/2020 10:45 AM		
Diagnoses		
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]		
Order comments: Brief Pain Inventory: - Pre-dose - 3 hr (+/- 0.5 h) post-dose (Please document the date/time pain inventory is done.)		
Research studies		
Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma		

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Nursing Communication [38188766] (Completed)

Electronically signed by: Vincent Chung, MD on 01/27/20 1000		Status: Completed
Ordering user: Vincent Chung, MD 01/27/20 1000	Ordering provider: Vincent Chung, MD	
Authorized by: Vincent Chung, MD	Ordering mode: Standard	
From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)	Frequency: Routine Once 01/27/20 1046 - 1 occurrence	
Class: Hospital Performed (Duarte admitted patients only)	Quantity: 1	
Instance released by: Angela Marie Lemos, RN (auto-released) 1/27/2020 10:45 AM		
Diagnoses		
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]		
Order comments: Meals and dietary Restriction: - Abstain from ingestion of gums, grapefruit and grapefruit juice for 24 hr prior to start of dosing until collection of final PK sample during each session - Abstain from ingesting caffeine- or xanthine-containing products (eg, coffee, tea, cola drinks, chocolate) on days when serial PK sampling is scheduled until collection of the 4h PK sample during Cycle 1 (ie, Day 1 and Day 15) as well as prior to PK trough sample collection during clinic visits throughout the study. - Abstain from ingesting alcohol for 24h prior to the start of dosing on days when serial PK sampling is scheduled until collection of the 24h PK and plasma PD sample during Cycle 1 (ie, Day -1, Day 1, Day 14 and Day 15) as well as for 24h prior to clinic visit for periodic PK trough sample collection throughout the study.		
Research studies		
Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma		

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Nursing Communication [38188767] (Completed)

Electronically signed by: Vincent Chung, MD on 01/27/20 1000		Status: Completed
Ordering user: Vincent Chung, MD 01/27/20 1000	Ordering provider: Vincent Chung, MD	
Authorized by: Vincent Chung, MD	Ordering mode: Standard	

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Other Orders (continued)

From treatment plan: IRB 18029 (VM Oncology LLC; IND
129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: Routine Once 01/27/20 1046 - 1 occurrence

Class: Hospital Performed (Duarte admitted patients only)

Quantity: 1

Instance released by: Angela Marie Lemos, RN (auto-released) 1/27/2020 10:45 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Order comments: Ensure patient to bring own supply of research med for clinic dosing

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Medication Orders

Medications

darbepoetin alfa (ARANESP) injection 200 mcg [38188787] (Completed)

Electronically signed by: **German L Caraang, NP on 01/27/20 1618** Status: **Completed**
Ordering user: German L Caraang, NP 01/27/20 1618 Ordering provider: German L Caraang, NP
Authorized by: German L Caraang, NP Ordering mode: Standard
Frequency: Routine Once 01/27/20 1700 - 1 occurrence Class: Normal
Indications of use: Chemotherapy-Induced Anemia Released by: Angela Marie Lemos, RN 01/27/20 1624
Admin instructions: COH Priority BBW for shortened survival, risk of tumor progression/recurrence, and serious CV events. Notify MD to consider holding dose if Hgb > 11 g/dL consistently.
Package: 55513-028-01

darbepoetin alfa (ARANESP) injection 200 mcg [38188787]

Electronically signed by: **German L Caraang, NP on 01/27/20 1618** Status: **Completed**
Ordering user: German L Caraang, NP 01/27/20 1618 Ordering provider: German L Caraang, NP
Frequency: Once 01/27/20 1700 - 1 occurrence Indications of use: Chemotherapy-Induced Anemia
Released by: Angela Marie Lemos, RN 01/27/20 1624 Package: 55513-028-01

darbepoetin alfa (ARANESP) injection 200 mcg [38188787]

Result status: No result

Ordering provider: German L Caraang, NP 01/27/20 1624

All Administrations of darbepoetin alfa (ARANESP) injection 200 mcg

ⓘ The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

Administration	Action Time	Recorded Time	Documented By	Site	Comment	Reason
Given : 200 mcg : Subcutaneous	01/27/20 1648	01/27/20 1648	Angela Marie Lemos, RN	Right Lower Abdomen	hgb 9	

denosumab (XGEVA) injection 120 mg [38188788] (Completed)

Electronically signed by: **German L Caraang, NP on 01/27/20 1618** Status: **Completed**
Ordering user: German L Caraang, NP 01/27/20 1618 Ordering provider: German L Caraang, NP
Authorized by: German L Caraang, NP Ordering mode: Standard
Frequency: Routine Once 01/27/20 1700 - 1 occurrence Class: Normal
Released by: Angela Marie Lemos, RN 01/27/20 1624
Admin instructions: RN to check calcium level and document on eMAR PRIOR to administration and contract the prescriber for calcium level LESS than 8.6 AND albumin level LESS than 4
Package: 55513-730-01

denosumab (XGEVA) injection 120 mg [38188788]

Electronically signed by: **German L Caraang, NP on 01/27/20 1618** Status: **Completed**
Ordering user: German L Caraang, NP 01/27/20 1618 Ordering provider: German L Caraang, NP
Frequency: Once 01/27/20 1700 - 1 occurrence Released by: Angela Marie Lemos, RN 01/27/20 1624
Package: 55513-730-01

denosumab (XGEVA) injection 120 mg [38188788]

Result status: No result

Ordering provider: German L Caraang, NP 01/27/20 1624

All Administrations of denosumab (XGEVA) injection 120 mg

ⓘ The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Medication Orders (continued)

Administration	Action Time	Recorded Time	Documented By	Site	Comment	Reason
Given : 120 mg : : Subcutaneous	01/27/20 1652	01/27/20 1652	Angela Marie Lemos, RN	Left Upper Abdomen	Albumin 2.9Cal 8.9 OK per NP	

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38188770] (Discontinued)

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438** Status: **Discontinued**
Ordering user: Madeline Wu, RN 05/30/19 1438 Ordering provider: Sariah S Liu, MD
Authorized by: Sariah S Liu, MD Ordering mode: Per protocol: no cosign required
PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy
From therapy plan: FLUSH PLAN Frequency: Routine PRN - flush 01/27/20 1047 - 01/27/20 2001
Class: Normal Released by: Angela Marie Lemos, RN 01/27/20 1047
Discontinued by: Automatic Discharge Provider 01/27/20 2001 [Patient Discharged]
Diagnoses
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Metastatic cancer to bone (CMS/HCC) [C79.51]
Bone lesion [M89.9]
Hypercholesterolemia [E78.00]
Package: 8290-306500

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]
Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]
Bone lesion [M89.9 (ICD-10-CM)]
Hypercholesterolemia [E78.00 (ICD-10-CM)]

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38188770]

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438** Status: **Discontinued**
Ordering user: Madeline Wu, RN 05/30/19 1438 Ordering provider: Sariah S Liu, MD
PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy
From therapy plan: FLUSH PLAN Frequency: PRN - flush 01/27/20 1047 - 01/27/20 2001
Released by: Angela Marie Lemos, RN 01/27/20 1047 Discontinued by: Automatic Discharge Provider 01/27/20 2001 [Patient Discharged]
Package: 8290-306500

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38188770]

Result status: No result

Ordering provider: Sariah S Liu, MD 01/27/20 1047

All Administrations of Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

heparin flush (porcine) injection 500 Units [38188771] (Discontinued)

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438** Status: **Discontinued**
Ordering user: Madeline Wu, RN 05/30/19 1438 Ordering provider: Sariah S Liu, MD
Authorized by: Sariah S Liu, MD Ordering mode: Per protocol: no cosign required
PRN reasons: line care
From therapy plan: FLUSH PLAN Frequency: Routine PRN - flush 01/27/20 1047 - 01/27/20 2001
Class: Normal Released by: Angela Marie Lemos, RN 01/27/20 1047
Discontinued by: Automatic Discharge Provider 01/27/20 2001 [Patient Discharged]
Diagnoses
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Metastatic cancer to bone (CMS/HCC) [C79.51]

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Medication Orders (continued)

Bone lesion [M89.9]

Hypercholesterolemia [E78.00]

Admin instructions: Administer following NS flush when line not in use OR upon disconnecting continuous IV

Package: 64253-333-23

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]

Bone lesion [M89.9 (ICD-10-CM)]

Hypercholesterolemia [E78.00 (ICD-10-CM)]

heparin flush (porcine) injection 500 Units [38188771]

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438**

Status: **Discontinued**

Ordering user: Madeline Wu, RN 05/30/19 1438

Ordering provider: Sariah S Liu, MD

PRN reasons: line care

From therapy plan: FLUSH PLAN

Released by: Angela Marie Lemos, RN 01/27/20 1047

Frequency: PRN - flush 01/27/20 1047 - 01/27/20 2001

Discontinued by: Automatic Discharge Provider 01/27/20 2001
[Patient Discharged]

Package: 64253-333-23

heparin flush (porcine) injection 500 Units [38188771]

Result status: No result

Ordering provider: Sariah S Liu, MD 01/27/20 1047

All Administrations of heparin flush (porcine) injection 500 Units

ⓘ The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

Administration	Action Time	Recorded Time	Documented By	Site	Comment	Reason
Not Given : 500 Units : : Intravenous	01/27/20 1505	01/27/20 1629	Angela Marie Lemos, RN		given in VAD	Other

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38188768] (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

Ordering provider: Sariah S Liu, MD

Authorized by: Sariah S Liu, MD

Ordering mode: Per protocol: no cosign required

PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy

From therapy plan: FLUSH PLAN

Frequency: PRN - flush 01/27/20 - Until Discontinued

Class: Normal

Discontinued by: Cinthia Graciela Gonzalez, LVN 02/10/20 1446

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Metastatic cancer to bone (CMS/HCC) [C79.51]

Bone lesion [M89.9]

Hypercholesterolemia [E78.00]

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]

Bone lesion [M89.9 (ICD-10-CM)]

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38188768]

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

Ordering provider: Sariah S Liu, MD

PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Medication Orders (continued)

From therapy plan: FLUSH PLAN

Frequency: PRN - flush 01/27/20 - Until Discontinued
Discontinued by: Cinthia Graciela Gonzalez, LVN 02/10/20
1446

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38188768]

Result status: No result

Ordering provider: Sariah S Liu, MD

All Administrations of Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe

❗ The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

heparin flush (porcine) injection 500 Units [38188769] (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

Authorized by: Sariah S Liu, MD

PRN reasons: line care

From therapy plan: FLUSH PLAN

Class: Normal

Discontinued by: Cinthia Graciela Gonzalez, LVN 02/10/20 1446

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Metastatic cancer to bone (CMS/HCC) [C79.51]

Bone lesion [M89.9]

Hypercholesterolemia [E78.00]

Admin instructions: Administer following NS flush when line not in use OR upon disconnecting continuous IV

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]

Bone lesion [M89.9 (ICD-10-CM)]

Hypercholesterolemia [E78.00 (ICD-10-CM)]

heparin flush (porcine) injection 500 Units [38188769]

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

PRN reasons: line care

From therapy plan: FLUSH PLAN

Ordering provider: Sariah S Liu, MD

Frequency: PRN - flush 01/27/20 - Until Discontinued

Discontinued by: Cinthia Graciela Gonzalez, LVN 02/10/20
1446

heparin flush (porcine) injection 500 Units [38188769]

Result status: No result

Ordering provider: Sariah S Liu, MD

All Administrations of heparin flush (porcine) injection 500 Units

❗ The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

INV (18029) VMD-928 capsule 600 mg [38168295] (Completed)

Department: Briskin Treatment
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - Infusion Appointment in Briskin Treatment (continued)

Medication Orders (continued)

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000**

Status: **Completed**

Ordering user: Vincent Chung, MD 01/27/20 1000

Ordering provider: Vincent Chung, MD

Authorized by: Vincent Chung, MD

Ordering mode: Standard

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: Routine Once 01/27/20 1130 - 1 occurrence

Class: Normal

Released by: Angela Marie Lemos, RN 01/27/20 1045

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Admin instructions: Each dose will be administered by mouth with food and about 240 mL (8oz) of water.

Hazardous 1

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

INV (18029) VMD-928 capsule 600 mg [38168295]

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000**

Status: **Completed**

Ordering user: Vincent Chung, MD 01/27/20 1000

Ordering provider: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: Once 01/27/20 1130 - 1 occurrence

Released by: Angela Marie Lemos, RN 01/27/20 1045

INV (18029) VMD-928 capsule 600 mg [38168295]

Result status: No result

Ordering provider: Vincent Chung, MD 01/27/20 1045

All Administrations of INV (18029) VMD-928 capsule 600 mg

ⓘ The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

Administration	Action Time	Recorded Time	Documented By	Site	Comment	Reason
Outpt INV Patient-Supplied Med : 600 mg : Oral	01/27/20 1218	01/27/20 1219	Angela Marie Lemos, RN Dual Signoff By: Natalie Jo Hampton Tuazon, RN			

01/27/2020 - Office Visit in Medical Oncology

Clinic Note

Progress Notes

Vincent Chung, MD at 1/27/2020 0915



City of
Hope®

1500 E. Duarte Rd.
Duarte, CA 91010
626-218-9200

**Gastrointestinal Medical Oncology Clinic
Follow up Note**

Date of Service: January 27, 2020

Patient Care Team:

Ulyss Chow, DO as PCP - General (Family Medicine)

Karen M Sokolov, MD as PCP - Radiation Oncology (Radiation Oncology)

Sariah S Liu, MD as PCP - CoH Primary (Hematology and Oncology)

Miguel Gutierrez as Physician (Dermatology)

Treatment Plans

Name	Type	Plan dates	Plan Provider
Active			
Denosumab Every 4 Weeks	ONCOLOGY SUPPORTIVE CARE	5/24/2019 - Present	Sariah S Liu, MD
IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19) procrit	ONCOLOGY TREATMENT Oncology Supportive Care 2	12/26/2019 - Present 11/12/2019 - Present	Vincent Chung, MD Sariah S Liu, MD

Subjective

HPI: Mildred Hisako Toyofuku is a 78 y.o. female with cholangiocarcinoma metastatic to the bone.

7/2018 presented with painful mass lesion in right humerus. Pain was progressively worsening. Eventually presented to ED for severe pain and found to have pathologic fracture.

8/27/18 MRI right shoulder 6.2 cm aggressive expansile bone lesion of proximal right humerus, extracortical involvement of deltoid, differential includes chondrosarcoma, osteosarcoma, bone metastasis

9/6/18 CT of chest pathologic fracture right humerus otherwise negative.

9/6/18 CT abdomen and pelvis 8.7 x 8.1 cm right hepatic lobe solid mass, increased in size from 1/28/18 when it measured 6.4 x 5.6 cm

9/7/18 biopsy of right humerus: Metastatic poorly differentiated adenocarcinoma. The immunohistochemical staining characteristics (pankeratin positive, cytokeratin 7+, focal cytokeratin 20 positive, BER EP 4+, CDX2 negative, and villin positive) is not entirely specific however metastases from pancreatic biliary or hepatobiliary origin is the most likely diagnoses. Immunohistochemical staining for the most common mismatch repair proteins are performed and show no deficiency of the DNA mismatch repair protein tested

9/24-10/5/18 3 Gy x 10 fractions to R humerus post op. Total 30 Gy

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

10/ 5/2018 liver, right lobe needle core biopsies at Huntington Hospital, pathology confirming carcinoma, moderately differentiated. The neoplastic cells are positive for CAM 5.2, CK7 and negative for CK 20 TTF-1, Napsin-A, CDX 2, PAX 8, GCDPF 15, no hemoglobin, GA TA 3 and estrogen receptor. The immune profile is somewhat nonspecific. But given the clinical history of a 9 cm solitary hepatic mass and bone metastases, this is most consistent with a primary intrahepatic cholangiocarcinoma. A metastases from the pancreatic biliary tract, GI tract or lung origin should be excluded clinically.

10/17/18: chemo gemzar/oxaliplatin q 2 week C1

3/18/2019 CT chest abdomen pelvis showed similar appearance in the hepatic cholangiocarcinoma centered within segment 5/4 compared to 12/21/2018, measuring approximately 8.4 x 8.2 x 7.6 cm (previously 8.4 x 8.4 x 7.4 cm). 2 new small focal area of groundglass opacities within the right apex, findings are nonspecific, metastases is felt to be less likely

4/19/19 omit oxaliplatin due to neuropathy

6/20/19 CT CAP at Torrance Memorial has been compared to CT 3/18/2019 at Little Company of Mary. The largest lobulated heterogeneously enhancing mass in the anterior right lobe of liver appears slightly increased in size, measuring 10.5 x 8.2 cm in axial dimension on the current study and measured approximately 9.8 x 7.7 cm on the prior outside study was measured at the same level. the multiple arterial enhancing satellite lesions measured in the body of the report are not visualized on the prior examination.

8/15-9/12/19 capectiabine + gemecitabine C1 q21 x 2 cycles

9/4/2019 Caris: HER-2/neu IHC negative FISH not amplified
MRP proficient
NTRK 1/2/3 fusion not detected
PDL 1 IHC negative 0

9/18/2019 CT CAP at Torrance Memorial shows significant worsening of intrahepatic metastases, right lobe large confluent mass measured at 10.5 x 8.2 cm unchanged, there were several new lesions, one lesion in the dome of the liver measures up to 20 mm compared to 10 mm last scan, another nodule measures 24 mm compared to 14 mm in the previous imaging

10/2/19 FOLFIRI C1 q2wks

11/21/2019 CT CAP at Providence Little Company Mary showed interval development of several 3 mm or less in size bilateral pulmonary nodules, interval enlargement of large mass in the liver and development of multiple new masses in the liver consistent with progression of metastatic neoplasm. Right lobe mass measuring 9.8 x 10 x 8.6 cm, enlarged compared to previous imaging, there is interval development of numerous new masses in both lobes.

12/26/2019: She is complaining of some gas pain/discomfort which partially relieved by OTC gas-X. She does not have any nausea or vomiting, diarrhea. She has been eating low-sodium diet with lower appetite. Otherwise remains functional. Denied shortness of breath or chest complaints, dysuria, frequency. She has continued neuropathy from her previous chemotherapy.

Interval history-she is tolerating her oral therapy on clinical trial. She is not having any nausea or vomiting. She denies any diarrhea. She has not noticed any nausea or vomiting. She denies any fevers or chills. She is not having shortness of breath or chest complaints. She denies any abdominal pain. Her appetite remains decreased but this improved when she was off the study medication.

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

ONCOLOGIC HISTORY:

Cholangiocarcinoma metastatic to bone (CMS/HCC)

9/1/2018

Initial Diagnosis

Cholangiocarcinoma metastatic to bone (CMS/HCC)

Cancer Staging

Cholangiocarcinoma metastatic to bone (CMS/HCC)

Staging form: Intrahepatic Bile Duct, AJCC 8th Edition

- Clinical stage from 10/5/2018: Stage IV (cT1b, cNX, pM1) - Signed by
Stephen C Koehler, MD on 10/9/2018

9/6/2018

Surgery

ORIF right humerus due to pathologic fracture

9/24/2018 -
10/5/2018

Radiation Therapy

3 Gy x 10 fractions to R humerus post op. Total 30 Gy

10/17/2018 -

Chemotherapy

Gemzar/Ox q 2 weeks - Dr. Koehler

10/2/2019 -
12/3/2019

Treatment Plan

FOLFIRI (Irinotecan / Fluorouracil / Leucovorin) (IV PREMEDS) - Colorectal,
Gastroesophageal, Pancreatic, Biliary Tract

Plan Provider: Sariah S Liu, MD

Treatment goal: Palliative

Line of treatment: Maintenance 3rd Line (or more)

12/26/2019

Research Treatment Plan

IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Plan Provider: Vincent Chung, MD

Treatment goal: Research

Line of treatment: Metastatic/Recurrent 4th Line

Associated studies: Oral TrkA Inhibitor VMD-928 for Treatment of Advanced
Adult Solid Tumors or Lymphoma

Past Medical History

Past Medical History:

Diagnosis

Date

- Anemia
- Arthritis
- Bone lesion
- Cholangiocarcinoma (CMS/HCC)
- Colon polyp
- Fracture of humerus
- Hearing disorder

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

- High cholesterol
- HTN (hypertension)
- Metastatic cancer to bone (CMS/HCC)
- Wears glasses

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY 2018		
• LIVER BIOPSY		
• ORIF HUMERUS FRACTURE	Right	09/06/2018
• OTHER SURGICAL HISTORY <i>humerus broken bone repair nad removal of humor</i>		2018
• OTHER SURGICAL HISTORY <i>removal of mole nevus or skin cancer</i>		
• PORTACATH PLACEMENT	Left	11/09/2018
• TONSILLECTOMY		
• UPPER GASTROINTESTINAL ENDOSCOPY		

Family History

Family History

Problem	Relation	Age of Onset
• Heart disease	Mother	
• Lung cancer	Father	
• Lymphoma	Father	
• Breast cancer	Sister	
• Heart disease	Brother	
• Diabetes	Brother	
• Hypertension	Child	
• Hyperlipidemia	Child	

Social History

Social History

Socioeconomic History

- Marital status: Widowed
- Spouse name: Not on file
- Number of children: 3
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Occupation: retired

Social Needs

- Financial resource strain: Not on file
- Food insecurity:

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

- | | |
|-------------------------|-------------|
| Worry: | Not on file |
| Inability: | Not on file |
| • Transportation needs: | |
| Medical: | Not on file |
| Non-medical: | Not on file |

Tobacco Use

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |

Substance and Sexual Activity

- | | |
|----------------------|---------------|
| • Alcohol use: | Not Currently |
| <i>Comment: rare</i> | |
| • Drug use: | Never |
| • Sexual activity: | Defer |

Lifestyle

- | | |
|----------------------|-------------|
| • Physical activity: | |
| Days per week: | Not on file |
| Minutes per session: | Not on file |
| • Stress: | Not on file |

Relationships

- | | |
|---------------------------------------------|-------------|
| • Social connections: | |
| Talks on phone: | Not on file |
| Gets together: | Not on file |
| Attends religious service: | Not on file |
| Active member of club or organization: | Not on file |
| Attends meetings of clubs or organizations: | Not on file |
| Relationship status: | Not on file |
| • Intimate partner violence: | |
| Fear of current or ex partner: | Not on file |
| Emotionally abused: | Not on file |
| Physically abused: | Not on file |
| Forced sexual activity: | Not on file |

Other Topics

- | | |
|---------------|---------|
| • Not on file | Concern |
|---------------|---------|

Social History Narrative

- Not on file

Allergies/Intolerances

Allergies

Allergen	Reactions
• Sulfa Antibiotics	Swelling

Current Medications

Current Outpatient Medications:

- acetaminophen (TYLENOL 8 HOUR) 650 MG 8 hr tablet, Take 650 mg by mouth every 8 (eight) hours as needed

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

for mild pain (pain scale 1-3)., Disp: , Rfl:

- amLODIPine (NORVASC) tablet, Take 10 mg by mouth daily. , Disp: , Rfl:
- Ascorbic Acid (VITAMIN C PO), Take 5,000 mg by mouth daily. , Disp: , Rfl:
- Calcium-Magnesium 100-50 MG tablet, Take by mouth., Disp: , Rfl:
- Cetirizine HCl 10 MG capsule, Take by mouth., Disp: , Rfl:
- Cholecalciferol (VITAMIN D3) 125 MCG (5000 UT) tablet, Take 5,000 Units by mouth. , Disp: , Rfl:
- Cranberry 475 MG capsule, Take by mouth., Disp: , Rfl:
- Cyanocobalamin (VITAMIN B-12 PO), Take by mouth daily., Disp: , Rfl:
- DULoxetine (CYMBALTA) 20 MG DR capsule, Take 20 mg by mouth., Disp: , Rfl:
- FOLIC ACID PO, Take by mouth., Disp: , Rfl:
- gabapentin (NEURONTIN) 300 MG capsule, Take 300 mg by mouth every 8 (eight) hours., Disp: , Rfl:
- hydrALAZINE (APRESOLINE) tablet, Take 50 mg by mouth. Pt states takes hydralazine if SBP >150 , Disp: , Rfl:
- ibuprofen (MOTRIN) 200 MG tablet, Take 200 mg by mouth every 6 (six) hours as needed for mild pain (pain scale 1-3) (1-2 as needed)., Disp: , Rfl:
- irbesartan (AVAPRO) 75 MG tablet, Take 300 mg by mouth nightly., Disp: , Rfl:
- Levocetirizine Dihydrochloride (XYZAL ALLERGY 24HR PO), Take by mouth., Disp: , Rfl:
- lidocaine-prilocaine (EMLA) 2.5-2.5 % cream, Apply topically as needed (port access). (Patient not taking: Reported on 10/15/2019), Disp: 30 g, Rfl: 2
- losartan (COZAAR) 100 MG tablet, Take 50 mg by mouth daily., Disp: , Rfl:
- pancrelipase (Lip-Prot-Amyl) (CREON) 12000 units capsule, Take 1 capsule by mouth 3 (three) times a day with meals., Disp: 90 capsule, Rfl: 1
- Turmeric Curcumin 500 MG capsule, Take by mouth., Disp: , Rfl:
- UNABLE TO FIND, Cruci ferous complete, Disp: , Rfl:
- UNABLE TO FIND, once daily. Nervefix, Disp: , Rfl:
- VITAMIN E PO, Take by mouth., Disp: , Rfl:

No current facility-administered medications for this visit.

Advance Directives

<no information>

Review of Systems

Oncology Review of Systems

PAIN ASSESSMENT Pain controlled with current regimen / No pain

CONSTITUTION:

no change in sleep pattern
no chills
+ fatigue
no fever
no infection
no night sweats
no unexpected weight change

HEENT:

no double vision
no tinnitus
no hearing loss
no indigestion
no mouth sores

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

no nosebleeds
no sore throat
no hoarse voice
no trouble swallowing
no visual change

RESPIRATORY:

no cough
no hemoptysis
no sputum
no shortness of breath
no wheezing

CARDIOVASCULAR:

no chest pain
no chest tightness
no leg swelling
no palpitations

GASTROINTESTINAL:

no abdominal pain
no appetite change
no blood in stool no change in bowel habit
no cramps no constipation
no diarrhea
no bowel incontinence
no fullness
no acid reflux
no nausea no vomiting

GU:

no difficulty urinating
no dysuria
no frequency
no hematuria
no bladder incontinence
no nocturia

MUSCULOSKELETAL:

no arthralgias
no fall
no myalgias
no recent trauma

SKIN:

no itching
no jaundice
no rash

EXTREMITIES:

no lower extremity edema
no arm edema

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

NEUROLOGICAL:

no dizziness
no extremity weakness
no gait problem
no headaches
no change in long-term memory
+ numbness
no seizures
no speech difficulty
no distorted thinking

HEMATOLOGIC:

no adenopathy
does not bruise/bleed easily
no excessive bleeding

PSYCHIATRIC:

not nervous or anxious
no depression

Other pertinent positives are as noted in the HPI. Otherwise, the rest of the review of systems are negative.

Objective

Performance Status: 1

Physical Exam

Vital signs:

Vitals:

01/27/20 0855

BP: 134/62
BP Location: Left arm
Patient Position: Sitting
Pulse: 106
Resp: 16
Temp: 36.7 °C (98 °F)
TempSrc: Oral
SpO2: 98%
Weight: 56.5 kg (124 lb 9 oz)

Constitutional: Oriented to person, place, and time. Appears well-developed and well-nourished.

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist. No mucositis

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. No tracheal deviation present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. No wheezes or rales.

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

No tenderness to palpation.

Abdominal: Soft. Bowel sounds are normal. No distension. No mass. There is no tenderness in midepigastria region.

There is no rebound and no guarding. No hernia.

Musculoskeletal: Normal range of motion. Exhibits no edema, tenderness or deformity.

Lymphadenopathy: No cervical adenopathy.

Neurological: Alert and oriented to person, place, and time. Normal reflexes. No cranial nerve deficit, + sensory deficit.

Normal muscle tone. Coordination normal.

Psychiatric: Normal mood and affect. Behavior is normal. Judgment and thought content normal.

Vitals reviewed.

Physical Exam

Data Review

Laboratory/Pathology:

Recent Results (from the past 168 hour(s))

ECG 12 lead

Collection Time: 01/20/20 7:58 PM

Result	Value	Ref Range
Ventricular Rate:	98	BPM
Atrial Rate:	98	BPM
P-R Interval:	198	ms
QRS Duration:	100	ms
QT:	360	ms
QTC Calculation (Bezjet):	459	ms
P Axis:	14	degrees
R Axis:	42	degrees
T Axis:	18	degrees
QTC Fredericia:	424	ms
Cardiology Report:	Normal sinus rhythm	
Cardiology Report:	Possible Left atrial enlargement	
Cardiology Report:	Possible Inferior infarct , age undetermined	
Cardiology Report:	Abnormal ECG	
Cardiology Report:	When compared with ECG of 13-JAN-2020 18:48,	
Cardiology Report:	No significant change was found	
Cardiology Report:		

Confirmed by Cai, MD, LiYing (5607) on 1/24/2020 1:04:14 PM

ECG 12 lead

Collection Time: 01/20/20 7:59 PM

Result	Value	Ref Range
Ventricular Rate:	98	BPM
Atrial Rate:	98	BPM
P-R Interval:	192	ms
QRS Duration:	100	ms
QT:	354	ms
QTC Calculation (Bezjet):	451	ms
P Axis:	16	degrees

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

R Axis: 43 degrees
T Axis: 23 degrees
QTC Fredericia: 417 ms

Cardiology Report: Normal sinus rhythm

Cardiology Report:

Possible Inferior infarct (cited on or before 20-JAN-2020)

Cardiology Report: Abnormal ECG

Cardiology Report: When compared with ECG
of 20-JAN-2020 19:58,

Cardiology Report: No significant change was
found

Cardiology Report:

Confirmed by Cai, MD, LiYing (5607) on 1/24/2020 1:04:17 PM

Comprehensive Metabolic Panel

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Protein Total, Blood	5.9 (L)	6.3 - 8.2 g/dL
Albumin Level, Blood	2.8 (L)	3.5 - 5.0 g/dL
Calcium Level, Blood	8.7	8.6 - 10.2 mg/dL
Bilirubin Total, Blood	1.0	0.2 - 1.3 mg/dL
Alkaline Phosphatase Level, Blood	357 (H)	38 - 126 IU/L
SGPT (ALT)	28	7 - 56 IU/L
SGOT (AST)	95 (H)	15 - 46 U/L
Sodium Level, Blood	131 (L)	137 - 145 mmol/L
Potassium Level, Blood	4.3	>3.5-<5.1 mmol/L
Chloride Level, Blood	100	98 - 107 mmol/L
Carbon Dioxide Level, Blood	24	22 - 30 mmol/L
Glucose Level (Random), Blood	144 (H)	80 - 128 mg/dL
Blood Urea Nitrogen Level, Blood	19	7 - 25 mg/dL
Creatinine Level, Blood	0.67	0.6 - 1.2 mg/dL
eGFR Except African American		
eGFR African American		
Anion Gap, Blood	7 (L)	8 - 14
Albumin / Globulin Ratio	0.9 (L)	1.1 - 2.1

Uric Acid Level, Blood

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Uric Acid Level, Blood	6.0	2.5 - 6.2 mg/dL

Cholesterol Level, Blood

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Cholesterol Level, Blood	102	<=200 mg/dL

Creatine Kinase Level, Blood

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Creatine Kinase Level, Blood	14 (L)	30 - 223 U/L

Gamma Glutamyl Transferase, Blood

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Gamma Glutamyl Transferase, Blood	393 (H)	9 - 64 U/L

Phosphorus Level, Blood

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Phosphorus Level, Blood	2.9	2.5 - 4.5 mg/dL

Lactate Dehydrogenase (LDH) Level, Blood

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Lactate Dehydrogenase (LDH) Level, Blood	221	140 - 271 U/L

Magnesium Level, Blood

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Magnesium Level, Blood	1.9	1.6 - 2.3 mg/dL

Triglyceride Level, Blood

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Triglyceride Level, Blood	92	<=150 mg/dL

Fibrinogen Assay, Quantitative

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Fibrinogen Assay, Quantitative	448 (H)	170 - 410 mg/dL

Reticulocyte Count, Automated

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
Retic Percent	1.8	0.6 - 2.4 %
Retic Number	0.0519	0.0200 - 0.1100 M/UL
Immature Retic Fract	0.53 (H)	0.28 - 0.50
Mean Retic Volume	116.20	100.04 - 123.57 fL

Peripheral blood smear

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
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Pathologist Review of Blood Tests

Normocytic anemia with mild anisocytosis present. White blood cells and platelets are unremarkable

Electronically Signed By Dennis D Weisenburger,
MD

Complete Blood Count

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
WBC	8.6	3.9 - 10.3 K/uL
RBC Count	2.83 (L)	3.91 - 5.18 M/UL
Hemoglobin, Whole Blood	8.4 (L)	11.4 - 15.3 g/dL
Hematocrit, Whole Blood	25.9 (L)	34.5 - 44.6 %
Platelet Count	245	150 - 350 K/uL
MCV	91.6	78.4 - 99.0 fL
MCH	29.6	25.8 - 33.0 pg
MCHC	32.3	32.2 - 34.0 g/dL
RDW	18.4 (H)	12.2 - 16.0 %
MPV	7.9	7.4 - 11.5 fL

Automated Differential

Collection Time: 01/20/20 8:00 PM

Result	Value	Ref Range
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01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Segmented Neutrophil	78.9 (H)	37.0 - 77.2 %
Lymphocyte	6.4 (L)	14.2 - 47.7 %
Monocyte	13.2	4.3 - 14.1 %
Eosinophil	0.8	0.1 - 7.7 %
Basophil	0.7	0.2 - 1.7 %
Segmented Neutrophil Absolute	6.8	2.0 - 7.3 K/uL
Lymphocyte Absolute	0.6 (L)	0.8 - 3.1 K/uL
Monocyte Absolute	1.1 (H)	0.3 - 0.8 K/uL
Eosinophil Absolute	0.1	<=0.5 K/uL
Basophil Absolute	0.1	<=0.1 K/uL
Remisol Manual Diff Reflex		

IRB Collection and Processing IRB 18029; 24 hours after day 21 dose: (+ 20 minutes); 9

- Blood

Collection Time: 01/20/20 8:11 PM

Result	Value	Ref Range
Specimen Collection Time	1/20/2020 8:11 PM	

Urinalysis and Microscopic Examination

Collection Time: 01/20/20 9:08 PM

Result	Value	Ref Range
Urine Color	Yellow	
Urine Clarity	Cloudy	
Urine Specific Gravity	1.018	1.000 - 1.026
Urine Nitrite	Negative	Negative
Urine pH	5.0	5.0 - 7.5
Urine Protein	Negative	Negative
Urine Glucose	Negative	Negative
Urine Ketone	Negative	Negative
Urine Urobilinogen	2.0 (A)	Negative mg/dL
Urine Bilirubin	Negative	Negative
Urine Blood	Negative	Negative
Urine Leukocytes	Negative	Negative
Urine White Blood Cell	2	<3 /HPF
Urine Bacteria	Rare (A)	None Seen graded/HPF
Urine Red Blood Cell	1	<5 /HPF
Urine Squamous Epithelial	4	<5 /HPF
Urine Mucous	Rare	<= Few graded/LPF
Urine Hyaline Cast	7 (H)	<1 /LPF
Urine Amorphous Crystal	Rare (A)	graded/uL

Comprehensive Metabolic Panel

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Protein Total, Blood	6.3	6.3 - 8.2 g/dL
Albumin Level, Blood	2.9 (L)	3.5 - 5.0 g/dL
Calcium Level, Blood	8.9	8.6 - 10.2 mg/dL
Bilirubin Total, Blood	0.9	0.2 - 1.3 mg/dL
Alkaline Phosphatase Level, Blood	274 (H)	38 - 126 IU/L
SGPT (ALT)	19	7 - 56 IU/L
SGOT (AST)	58 (H)	15 - 46 U/L
Sodium Level, Blood	134 (L)	137 - 145 mmol/L
Potassium Level, Blood	4.0	>3.5-<5.1 mmol/L
Chloride Level, Blood	100	98 - 107 mmol/L
Carbon Dioxide Level, Blood	25	22 - 30 mmol/L

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Glucose Level (Random), Blood	140 (H)	80 - 128 mg/dL
Blood Urea Nitrogen Level, Blood	14	7 - 25 mg/dL
Creatinine Level, Blood	0.66	0.6 - 1.2 mg/dL
eGFR Except African American		
eGFR African American		
Anion Gap, Blood	9	8 - 14
Albumin / Globulin Ratio	0.9 (L)	1.1 - 2.1

Uric Acid Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Uric Acid Level, Blood	6.6 (H)	2.5 - 6.2 mg/dL

Cholesterol Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Cholesterol Level, Blood	106	<=200 mg/dL

Creatine Kinase Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Creatine Kinase Level, Blood	14 (L)	30 - 223 U/L

Gamma Glutamyl Transferase, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Gamma Glutamyl Transferase, Blood	296 (H)	9 - 64 U/L

Phosphorus Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Phosphorus Level, Blood	2.9	2.5 - 4.5 mg/dL

Lactate Dehydrogenase (LDH) Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Lactate Dehydrogenase (LDH) Level, Blood	156	140 - 271 U/L

Magnesium Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Magnesium Level, Blood	1.9	1.6 - 2.3 mg/dL

Triglyceride Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Triglyceride Level, Blood	97	<=150 mg/dL

Fibrinogen Assay, Quantitative

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Fibrinogen Assay, Quantitative	555 (H)	170 - 410 mg/dL

Reticulocyte Count, Automated

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Retic Percent	2.2	0.6 - 2.4 %
Retic Number	0.0671	0.0200 - 0.1100 M/UL
Immature Retic Fract	0.50	0.28 - 0.50
Mean Retic Volume	115.20	100.04 - 123.57 fL

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Peripheral blood smear

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Pathologist Review of Blood Tests		

Prothrombin Time with INR, Plasma

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
PT	11.9 (H)	9.5 - 11.8 sec
International Normalized Ratio, Plasma	1.1	<4.0

Activated Partial Thromboplastin Time

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
aPTT	34.2	22.4 - 34.4 sec

Cancer antigen 19-9

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Cancer Antigen 19-9 (GI)	864.90 (H)	<=34.9 U/mL

Complete Blood Count

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
WBC	9.1	3.9 - 10.3 K/uL
RBC Count	3.08 (L)	3.91 - 5.18 M/uL
Hemoglobin, Whole Blood	9.2 (L)	11.4 - 15.3 g/dL
Hematocrit, Whole Blood	28.4 (L)	34.5 - 44.6 %
Platelet Count	291	150 - 350 K/uL
MCV	92.2	78.4 - 99.0 fL
MCH	29.7	25.8 - 33.0 pg
MCHC	32.3	32.2 - 34.0 g/dL
RDW	18.9 (H)	12.2 - 16.0 %
MPV	8.3	7.4 - 11.5 fL

Automated Differential

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Segmented Neutrophil	81.0 (H)	37.0 - 77.2 %
Lymphocyte	6.4 (L)	14.2 - 47.7 %
Monocyte	11.6	4.3 - 14.1 %
Eosinophil	0.4	0.1 - 7.7 %
Basophil	0.6	0.2 - 1.7 %
Segmented Neutrophil Absolute	7.4 (H)	2.0 - 7.3 K/uL
Lymphocyte Absolute	0.6 (L)	0.8 - 3.1 K/uL
Monocyte Absolute	1.1 (H)	0.3 - 0.8 K/uL
Eosinophil Absolute	0.0	<=0.5 K/uL
Basophil Absolute	0.1	<=0.1 K/uL
Remisol Manual Diff Reflex		

Urinalysis and Microscopic Examination

Collection Time: 01/27/20 8:15 AM

Result	Value	Ref Range
Urine Color	Amber	
Urine Clarity	Cloudy	
Urine Specific Gravity	1.019	1.000 - 1.026
Urine Nitrite	Negative	Negative

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Urine pH	5.0	5.0 - 7.5
Urine Protein	1+ (A)	Negative
Urine Glucose	Negative	Negative
Urine Ketone	Trace (A)	Negative
Urine Urobilinogen	2.0 (A)	Negative mg/dL
Urine Bilirubin	Negative	Negative
Urine Blood	Negative	Negative
Urine Leukocytes	Negative	Negative
Urine White Blood Cell	2	<3 /HPF
Urine Bacteria	Rare (A)	None Seen graded/HPF
Urine Red Blood Cell	3	<5 /HPF
Urine Squamous Epithelial	2	<5 /HPF
Urine Mucous	Few	<= Few graded/LPF
Urine Hyaline Cast	29 (H)	<1 /LPF

Radiographic Studies:

No results found.

Assessment/Plan

Impression: 78 y.o. female with metastatic cholangiocarcinoma. She failed standard chemotherapy and enrolled in IRB #18029. She received her single dose of chemotherapy on December 26. She is currently on the multiple dosing schedule and tolerating this well.

Plan

- 1). Metastatic cholangiocarcinoma: She is currently on IRB #18029. She is tolerating treatment on clinical trial. She has not had any signs of recurrent urinary tract infection. She is asymptomatic. She has continued abdominal gas. This does not appear to be related to study treatment. I have added a CA 19-9 to her laboratory test. We will need to see how her tumor marker is doing. She has been having decreased appetite and increased fatigue which may be in relation to her cancer.
- 2) Hyponatremia -she is asymptomatic. This is likely dilutional.
- 3). Hydration. She will continue to stay hydrated and drink plenty of fluids. I encouraged her to take nutritional shakes which will count as fluid replacement. She should be drinking 8 glasses of fluid per day.
- 4). Anemia. Secondary to her previous chemotherapy.
- 5). Nutrition. Her appetite is decreased I recommended she take nutritional shakes. This will supplement her diet and maintain her nutrition.
- 6). Pain. Well controlled. Continue to monitor and manage as needed.
- 7). Cardiology. She has not had any clinical signs of cardiac abnormalities.

Pain Documentation

Follow up per protocol

Department: Medical Oncology
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Visit date: 1/27/2020

01/27/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

All questions answered to patient's (and accompanying members) satisfaction. Patient acknowledged understanding and is in full agreement with plan and follow-up. Patient told to call, or return to clinic should any questions/concerns, or changes in health arise.

The patient is encouraged to use the MyCityofHope patient portal to view and request appointments, view lab results, request medication refills or send non-urgent/non-emergent messages to me/my nurse/clinical team. If I am unavailable, then my clinic coverage. The patient can also call the clinic and leave a message with the best phone number and best time for me (or my coverage)/my nurse/clinical team to call back within the next 1-2 business days. The patient (family and others) is discouraged to use my academic email for clinical related matters. For any emergency healthcare concerns, the patient should go immediately to the nearest emergency room.

Electronic Signature:

Vincent Chung, MD
1/27/2020
10:09 AM

Risk Level: High

Electronically signed by Vincent Chung, MD at 1/27/2020 1:21 PM

01/27/2020 - Office Visit in Medical Oncology (continued)

Nursing Notes

Research Toxicity Assessment

Nikeeta Prajapati, RN at 1/27/2020 0915

LABS:

Results for orders placed or performed during the hospital encounter of 01/27/20 (from the past 72 hour(s))

Comprehensive Metabolic Panel

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Protein Total, Blood	6.3	6.3 - 8.2 g/dL
Albumin Level, Blood	2.9 (L)	3.5 - 5.0 g/dL
Calcium Level, Blood	8.9	8.6 - 10.2 mg/dL
Bilirubin Total, Blood	0.9	0.2 - 1.3 mg/dL
Alkaline Phosphatase Level, Blood	274 (H)	38 - 126 IU/L
SGPT (ALT)	19	7 - 56 IU/L
SGOT (AST)	58 (H)	15 - 46 U/L
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Blood Urea Nitrogen Level, Blood	14	7 - 25 mg/dL
Creatinine Level, Blood	0.66	0.6 - 1.2 mg/dL
eGFR Except African American		
eGFR African American		
Anion Gap, Blood	9	8 - 14
Albumin / Globulin Ratio	0.9 (L)	1.1 - 2.1

Uric Acid Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Uric Acid Level, Blood	6.6 (H)	2.5 - 6.2 mg/dL

Cholesterol Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Cholesterol Level, Blood	106	<=200 mg/dL

01/27/2020 - Office Visit in Medical Oncology (continued)

Nursing Notes (continued)

Creatine Kinase Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Creatine Kinase Level, Blood	14 (L)	30 - 223 U/L

Gamma Glutamyl Transferase, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Gamma Glutamyl Transferase, Blood	296 (H)	9 - 64 U/L

Phosphorus Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Phosphorus Level, Blood	2.9	2.5 - 4.5 mg/dL

Lactate Dehydrogenase (LDH) Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Lactate Dehydrogenase (LDH) Level, Blood	156	140 - 271 U/L

Magnesium Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Magnesium Level, Blood	1.9	1.6 - 2.3 mg/dL

Triglyceride Level, Blood

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Triglyceride Level, Blood	97	<=150 mg/dL

Fibrinogen Assay, Quantitative

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Fibrinogen Assay, Quantitative	555 (H)	170 - 410 mg/dL

Reticulocyte Count, Automated

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Retic Percent	2.2	0.6 - 2.4 %
Retic Number	0.0671	0.0200 - 0.1100 M/UL
Immature Retic Fract	0.50	0.28 - 0.50
Mean Retic Volume	115.20	100.04 - 123.57 fL

Prothrombin Time with INR, Plasma

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
PT	11.9 (H)	9.5 - 11.8 sec
International Normalized Ratio, Plasma	1.1	<4.0

01/27/2020 - Office Visit in Medical Oncology (continued)

Nursing Notes (continued)

Activated Partial Thromboplastin Time

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
aPTT	34.2	22.4 - 34.4 sec

Cancer antigen 19-9

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Cancer Antigen 19-9 (GI)	864.90 (H)	<=34.9 U/mL

Complete Blood Count

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
WBC	9.1	3.9 - 10.3 K/uL
RBC Count	3.08 (L)	3.91 - 5.18 M/UL
Hemoglobin, Whole Blood	9.2 (L)	11.4 - 15.3 g/dL
Hematocrit, Whole Blood	28.4 (L)	34.5 - 44.6 %
Platelet Count	291	150 - 350 K/uL
MCV	92.2	78.4 - 99.0 fL
MCH	29.7	25.8 - 33.0 pg
MCHC	32.3	32.2 - 34.0 g/dL
RDW	18.9 (H)	12.2 - 16.0 %
MPV	8.3	7.4 - 11.5 fL

Automated Differential

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Segmented Neutrophil	81.0 (H)	37.0 - 77.2 %
Lymphocyte	6.4 (L)	14.2 - 47.7 %
Monocyte	11.6	4.3 - 14.1 %
Eosinophil	0.4	0.1 - 7.7 %
Basophil	0.6	0.2 - 1.7 %
Segmented Neutrophil Absolute	7.4 (H)	2.0 - 7.3 K/uL
Lymphocyte Absolute	0.6 (L)	0.8 - 3.1 K/uL
Monocyte Absolute	1.1 (H)	0.3 - 0.8 K/uL
Eosinophil Absolute	0.0	<=0.5 K/uL
Basophil Absolute	0.1	<=0.1 K/uL
Remisol Manual Diff Reflex		

Peripheral blood smear

Collection Time: 01/27/20 7:49 AM

Result	Value	Ref Range
Pathologist Review		

01/27/2020 - Office Visit in Medical Oncology (continued)

Nursing Notes (continued)

of Blood Tests

Urinalysis and Microscopic Examination

Collection Time: 01/27/20 8:15 AM

Result	Value	Ref Range
Urine Color	Amber	
Urine Clarity	Cloudy	
Urine Specific Gravity	1.019	1.000 - 1.026
Urine Nitrite	Negative	Negative
Urine pH	5.0	5.0 - 7.5
Urine Protein	1+ (A)	Negative
Urine Glucose	Negative	Negative
Urine Ketone	Trace (A)	Negative
Urine Urobilinogen	2.0 (A)	Negative mg/dL
Urine Bilirubin	Negative	Negative
Urine Blood	Negative	Negative
Urine Leukocytes	Negative	Negative
Urine White Blood Cell	2	<3 /HPF
Urine Bacteria	Rare (A)	None Seen graded/HPF
Urine Red Blood Cell	3	<5 /HPF
Urine Squamous Epithelial	2	<5 /HPF
Urine Mucous	Few	<= Few graded/LPF
Urine Hyaline Cast	29 (H)	<1 /LPF

IRB # 18029 VMD-928

Grading based on [CTCAE Version 4.03](#)

HEMATOLOGICAL Laboratory Dose Modification Criteria

Adverse Event	Dose Mod Criteria	Grade	Clinically significant (CS)	Attribution (Disease/Drug name)

NON-HEMATOLOGICAL Laboratory Dose Modification Criteria

Adverse Event	Dose Mod Criteria	Grade	Clinically significant (CS)	Attribution (Disease/Drug name)

Other Assessments and Patient-reported Symptoms

01/27/2020 - Office Visit in Medical Oncology (continued)

Nursing Notes (continued)

Adverse Event	Dose Mod Criteria	Patient Description	Grade	Clinically significant (CS)	Attribution (Disease/Drug name)
Nausea	Grade 3				
Vomiting	Grade 3				
Diarrhea	Grade 2				

Research Check Complete Note

IRB#: 18029

Study Name: Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Research Visit Information

The patient Mildred Hisako Toyofuku was seen in Clinic today.

Time Point: Cycle 2 Day 1

A review of the patient's concomitant meds was completed? yes There are changes/additions: Lyrica prescribed as gabapentin for neuropathy is not working, Xgeva and Aranesp was given yesterday to pt.

A review of the patient's adverse events, including labs, was completed. There are No changes/additions.

A review of the patient's Investigational drug compliance is done as below:

C1 drug diary in which pt took all 21 dosing + 1 extra pill. Pt commented: tired, urine frequency, body and back aches, memory loss, no energy, rib pain, burp noted.

Pt returned 9 pill bottles in which 1-8 out of 9 bottles were empty while bottle 9 of 9 had 11 pills remaining. Pt will return pill bottles to pharmacy today while picking up C2 pill bottles.

All protocol required parameters for treatment were reviewed yes. Were there clinically significant Adverse events? No

Protocol criteria was met, no modifications.

Additional Information

Comments and Additional Information:

Pt in clinic today for C2D1 with her daughter. Dr. Chung assessed the patient and Labs done. Labs reviewed: hypoalbuminemia (g2), alk phos (g1), AST (g1), Na (g1), glucose 140; post breakfast, hgb (g2), uric acid elevated 6.6, creatine kinase 14, GGT (2), fibrinogen assay 444, CA 19-9 864.90, urinalysis: protein 1+, ketone trace, urobilinogen 2, bacteria rare, hyaline cast 29 noted. Pt asymptomatic for UTI.

Pt reports of low appetite (g1); does not affect the weight, and feeling full quickly; pt educated to eat small frequent

01/27/2020 - Office Visit in Medical Oncology (continued)

Nursing Notes (continued)

meals every 2 hours and per MD, pt to take nutritional supplement 3-4 times a day, feeling very thirsty. Pt verbalized understanding and in agreement. Pt reports of right upper abdomen to lateral right abdomen pain of 2-3/10 on pain scale (g1); managed with Pain medications. Pt continues to report fatigue (g1); managed with rest and pt have been also educated to do activities to help with fatigue, peripheral neuropathy of hands and feet; numbness and tingling (g1); managed moderately with gabapentin, left arm pain from previous surgery of 09/2018 (g1); managed with medications. Pt continues to have green to dark green stool and urine with study start. No new A.E's reported at this time.

OK to proceed per MD. Pt once again instructed to wait and hold the study medications on COH clinic visit days until further instructions. Pt also given re-enforced teaching regarding only taking study medications on Days 1 - 21 of each cycle and that pt will have extra medications left which are to be returned to clinic at the end of the cycle. Pt instructed to call study staff/triage if needed. Pt verbalized understanding and in agreement. RTC next week for C1D22.

- **Unless otherwise noted, all abnormal values are Not Clinically Significant (NCS)**
- **All protocol parameters for treatment were reviewed:** Proceed with Treatment

Electronically signed by Nikeeta Prajapati, RN at 1/28/2020 2:46 PM

Electronically signed by Vincent Chung, MD at 1/28/2020 5:08 PM

Department: Medical Oncology
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Visit date: 1/27/2020

01/27/2020 - Office Visit in Medical Oncology (continued)

Other Orders

Appointment Requests

Clinic Appointment Request MD/DO follow up; CHUNG, VINCENT [38168280] (Completed)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1133**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1133

Ordering provider: Nikeeta Prajapati, RN

Authorized by: Vincent Chung, MD

Ordering mode: Per protocol: no cosign required

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: Routine 12/18/19 -

Class: Clinic Performed

Quantity: 1

Instance released by: Lisa Marie Zamora 1/27/2020 8:48 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Questionnaire

Question	Answer
Reason for follow up	MD/DO follow up
Appointment provider	CHUNG, VINCENT

Scheduling instructions

Physical Exam - comprehensive neurological exam

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

01/27/2020 - Office Visit in Medical Oncology (continued)

Medication Orders

Medications

INV (18029) VMD-928 100 mg capsule [38168287] (Expired)

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000**

Status: **Expired**

Ordering user: Vincent Chung, MD 01/27/20 1000

Ordering provider: Vincent Chung, MD

Authorized by: Vincent Chung, MD

Ordering mode: Standard

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: Routine BID 01/27/20 - 21 days

Class: Print

Released by: Nikeeta Prajapati, RN 01/27/20 1021

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Questionnaire

Question	Answer
Special Instructions	DISPENSE ENTIRE BOTTLE 30 caps/bottle.
.	Bring back all remaining study drug and packaging at each study visit.
.	During C1, on days of clinic visit, wait to take dose until instructed in clinic

Admin instructions: Take dose for 21 days then 7 days off. Take each dose with meal and ~240 mL (8oz) water at same time(s) each day. Bring all used and unused bottles of study medication to each visit at City of Hope.

Medication comments: -If taking once daily, take every morning at same time each day

-If taking BID, take every morning and evening at same times each day

-Separate doses by at least 6h

-Missed dose or doses should NOT be taken the following day, take only assigned dose.

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

INV (18029) VMD-928 100 mg capsule [38168287]

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000**

Status: **Expired**

Ordering user: Vincent Chung, MD 01/27/20 1000

Ordering provider: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: BID 01/27/20 - 21 days

Released by: Nikeeta Prajapati, RN 01/27/20 1021

INV (18029) VMD-928 100 mg capsule [38168287]

Result status: No result

Ordering provider: Vincent Chung, MD 01/27/20 1021

All Administrations of INV (18029) VMD-928 100 mg capsule

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations

Recorded

INV (18029) VMD-928 capsule 600 mg [38168281] (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Vincent Chung, MD 01/27/20 1000

Ordering provider: Vincent Chung, MD

Authorized by: Vincent Chung, MD

Ordering mode: Standard

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Frequency: Once 01/27/20 - Until Discontinued

Class: Normal

Discontinued by: Angela Marie Lemos, RN 01/27/20 1045

Diagnoses

01/27/2020 - Office Visit in Medical Oncology (continued)

Medication Orders (continued)

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Admin instructions: Each dose will be administered by mouth with food and about 240 mL (8oz)
of water.

Hazardous 1

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

INV (18029) VMD-928 capsule 600 mg [38168281]

Status: **Cancel Held**

This order may be acted on in another encounter.
Ordering user: Vincent Chung, MD 01/27/20 1000
From treatment plan: IRB 18029 (VM Oncology LLC; IND
129166) VMD-928 Part 1 (PV 7.25.19)

Ordering provider: Vincent Chung, MD
Frequency: Once 01/27/20 - Until Discontinued

Discontinued by: Angela Marie Lemos, RN 01/27/20 1045

INV (18029) VMD-928 capsule 600 mg [38168281]

Result status: No result

Ordering provider: Vincent Chung, MD

All Administrations of INV (18029) VMD-928 capsule 600 mg

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

INV (18029) VMD-928 capsule 600 mg [38168282] (Cancel Held)

Status: **Cancel Held**

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000**

Ordering user: Vincent Chung, MD 01/27/20 1000

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND
129166) VMD-928 Part 1 (PV 7.25.19)

Class: Normal

Discontinued by: Nikeeta Prajapati, RN 02/21/20 1500

Admin instructions: Each dose will be administered by mouth with food and about 240 mL (8oz)
of water.

Hazardous 1

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Ordering provider: Vincent Chung, MD
Ordering mode: Standard
Frequency: Once 02/10/20 - Until Discontinued

INV (18029) VMD-928 capsule 600 mg [38168282]

Electronically signed by: **Vincent Chung, MD on 01/27/20 1000**

Status: **Cancel Held**

Ordering user: Vincent Chung, MD 01/27/20 1000

From treatment plan: IRB 18029 (VM Oncology LLC; IND
129166) VMD-928 Part 1 (PV 7.25.19)

Ordering provider: Vincent Chung, MD
Frequency: Once 02/10/20 - Until Discontinued

Discontinued by: Nikeeta Prajapati, RN 02/21/20 1500

INV (18029) VMD-928 capsule 600 mg [38168282]

Result status: No result

Ordering provider: Vincent Chung, MD

All Administrations of INV (18029) VMD-928 capsule 600 mg

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

Department: Medical Oncology
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Visit date: 1/27/2020

01/27/2020 - Office Visit in Medical Oncology (continued)

Medication Orders (continued)

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical

Labs

Urinalysis and Microscopic Examination [38168256] (Final result)

Electronically signed by: Nikeeta Prajapati, RN on 12/18/19 1134

Status: Completed

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-UA0027	Urine	Urine, Clean Catch	Grace Yim, RN 01/27/20 0815

Urinalysis and Microscopic Examination [38168256] (Abnormal)

Resulted: 01/27/20 0943, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0943

Collected by: Grace Yim, RN 01/27/20 0815

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Urine Color	Amber	—	—	HCRH PATH
Urine Clarity	Cloudy	—	—	HCRH PATH
Urine Specific Gravity	1.019	1.000 - 1.026	—	HCRH PATH
Urine Nitrite	Negative	Negative	—	HCRH PATH
Comment: Result may be erroneous due to the presence of ascorbic acid at a high concentration.				
Urine pH	5.0	5.0 - 7.5	—	HCRH PATH
Urine Protein	1+	Negative	A †	HCRH PATH
Urine Glucose	Negative	Negative	—	HCRH PATH
Comment: Result may be erroneous due to the presence of ascorbic acid at a high concentration.				
Urine Ketone	Trace	Negative	A †	HCRH PATH
Urine Urobilinogen	2.0	Negative mg/dL	A †	HCRH PATH
Urine Bilirubin	Negative	Negative	—	HCRH PATH
Urine Blood	Negative	Negative	—	HCRH PATH
Comment: Result may be erroneous due to the presence of ascorbic acid at a high concentration.				
Urine Leukocytes	Negative	Negative	—	HCRH PATH
Urine White Blood Cell	2	<3 /HPF	—	HCRH PATH
Urine Bacteria	Rare	None Seen graded/HPF	A †	HCRH PATH
Urine Red Blood Cell	3	<5 /HPF	—	HCRH PATH
Urine Squamous Epithelial	2	<5 /HPF	—	HCRH PATH
Urine Mucous	Few	<= Few graded/LPF	—	HCRH PATH
Urine Hyaline Cast	29	<1 /LPF	H ^	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434
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Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Comprehensive Metabolic Panel [37901758] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Comprehensive Metabolic Panel [37901758] (Abnormal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Protein Total, Blood	6.3	6.3 - 8.2 g/dL	—	HCRH PATH
Albumin Level, Blood	2.9	3.5 - 5.0 g/dL	L ▾	HCRH PATH
Calcium Level, Blood	8.9	8.6 - 10.2 mg/dL	—	HCRH PATH
Bilirubin Total, Blood	0.9	0.2 - 1.3 mg/dL	—	HCRH PATH
Alkaline Phosphatase Level, Blood	274	38 - 126 IU/L	H ^	HCRH PATH
SGPT (ALT)	19	7 - 56 IU/L	—	HCRH PATH
SGOT (AST)	58	15 - 46 U/L	H ^	HCRH PATH
Sodium Level, Blood	134	137 - 145 mmol/L	L ▾	HCRH PATH
Potassium Level, Blood	4.0	>3.5-<5.1 mmol/L	—	HCRH PATH
Chloride Level, Blood	100	98 - 107 mmol/L	—	HCRH PATH
Carbon Dioxide Level, Blood	25	22 - 30 mmol/L	—	HCRH PATH
Glucose Level (Random), Blood	140	80 - 128 mg/dL	H ^	HCRH PATH
Blood Urea Nitrogen Level, Blood	14	7 - 25 mg/dL	—	HCRH PATH
Creatinine Level, Blood	0.66	0.6 - 1.2 mg/dL	—	HCRH PATH
eGFR Except African American	—	—	—	HCRH PATH

Comment:

RESULT NOT VALID

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Results using the MDRD study equation have not been validated for use with patients under 18 and over 70 years of age, pregnant women, patients with serious comorbid conditions, or persons with extremes of body size, muscle mass, or nutritional status.

Chronic Kidney Disease <60 mL/min/1.73sq M

Kidney Failure <15 mL/min/1.73sq M

eGFR African American	—	—	—	HCRH PATH
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Comment:

RESULT NOT VALID

Results using the MDRD study equation have not been validated for use with patients under 18 and over 70 years of age, pregnant women, patients with serious comorbid conditions, or persons with extremes of body size, muscle mass, or nutritional status.

Chronic Kidney Disease <60 mL/min/1.73sq M

Kidney Failure <15 mL/min/1.73sq M

Anion Gap, Blood	9	8 - 14	—	HCRH PATH
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Albumin / Globulin Ratio	0.9	1.1 - 2.1	L ▼	HCRH PATH
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12

Vincent Chung, MD on 1/28/2020 17:05

Vincent Chung, MD on 1/27/2020 13:21

Uric Acid Level, Blood [37901760] (Final result)

Electronically signed by: Nikeeta Prajapati, RN on 12/18/19 1134

Status: Completed

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Uric Acid Level, Blood [37901760] (Abnormal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Uric Acid Level, Blood	6.6	2.5 - 6.2 mg/dL	H ^	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Cholesterol Level, Blood [37901762] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Cholesterol Level, Blood [37901762] (Normal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Cholesterol Level, Blood	106	<=200 mg/dL	—	HCRH PATH
Comment: Reference Range reflects National Cholesterol Education Program (NCEP) guidelines: Desirable <200 mg/dL Borderline High 200-239 mg/dL High >= 240 mg/dL				

Testing Performed By

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Creatine Kinase Level, Blood [37901764] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0459	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Creatine Kinase Level, Blood [37901764] (Abnormal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Creatine Kinase Level, Blood	14	30 - 223 U/L	L ▼	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Gamma Glutamyl Transferase, Blood [37901766] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Gamma Glutamyl Transferase, Blood [37901766] (Abnormal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Gamma Glutamyl Transferase, Blood	296	9 - 64 U/L	H ^	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12

Vincent Chung, MD on 1/28/2020 17:05

Vincent Chung, MD on 1/27/2020 13:21

Phosphorus Level, Blood [37901768] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Phosphorus Level, Blood [37901768] (Normal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Phosphorus Level, Blood	2.9	2.5 - 4.5 mg/dL	—	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12

Vincent Chung, MD on 1/28/2020 17:05

Vincent Chung, MD on 1/27/2020 13:21

Lactate Dehydrogenase (LDH) Level, Blood [38168250] (Final result)

Electronically signed by: Nikeeta Prajapati, RN on 12/18/19 1134

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Lactate Dehydrogenase (LDH) Level, Blood [38168250] (Normal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Vincent Chung, MD on 01/27/20 1321
Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Lactate Dehydrogenase (LDH) Level, Blood	156	140 - 271 U/L	—	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Magnesium Level, Blood [38168252] (Final result)

Electronically signed by: Nikeeta Prajapati, RN on 12/18/19 1134

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Magnesium Level, Blood [38168252] (Normal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Magnesium Level, Blood	1.9	1.6 - 2.3 mg/dL	—	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY	Patricia Aoun, MD	CLIA #05D0665695	12/05/19 1420 - 04/20/21 1434

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

LAB MPH 1500 E Duarte Rd
Duarte CA 91010

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Triglyceride Level, Blood [38168254] (Final result)

Electronically signed by: Nikeeta Prajapati, RN on 12/18/19 1134

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CH0460	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Triglyceride Level, Blood [38168254] (Normal)

Resulted: 01/27/20 0837, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Lab, Background User 01/27/20 0837

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Narrative:

Reference Range reflects National Cholesterol Education

Program (NCEP) guidelines:

Normal <150 mg/dL

Borderline High 150-199 mg/dL

High 200-499 mg/dL

Very High >=500 mg/dL

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Triglyceride Level, Blood	97	<=150 mg/dL	—	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Fibrinogen Assay, Quantitative [38168258] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CL0037	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Fibrinogen Assay, Quantitative [38168258] (Abnormal)

Resulted: 01/27/20 0831, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Aileen D Cardenas, CLS 01/27/20 0831

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: COH COAGULATION

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Fibrinogen Assay, Quantitative	555	170 - 410 mg/dL	H ^	56
Comment:				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
56 - Unknown	COH COAGULATION	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1414 - Present

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Reticulocyte Count, Automated [38168260] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

VMD-928 Part 1 (PV 7.25.19)
Class: Unit Collect
Lab status: Final result

Quantity: 1
Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-HM0305	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Reticulocyte Count, Automated [38168260] (Normal)

Resulted: 01/27/20 0822, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716
Filed by: Lab, Background User 01/27/20 0822
Resulting lab: HCRH PATHOLOGY LAB
Acknowledged by
Vincent Chung, MD on 01/27/20 1321
Nikeeta Prajapati, RN on 02/10/20 1012

Order status: Completed
Collected by: Grace Yim, RN 01/27/20 0749

Components

Component	Value	Reference Range	Flag	Lab
Retic Percent	2.2	0.6 - 2.4 %	—	HCRH PATH
Retic Number	0.0671	0.0200 - 0.1100 M/UL	—	HCRH PATH
Immature Retic Fract	0.50	0.28 - 0.50	—	HCRH PATH
Mean Retic Volume	115.20	100.04 - 123.57 fL	—	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

CBC and Differential with Absolute Counts [38168262] (Final result)

Electronically signed by: Nikeeta Prajapati, RN on 12/18/19 1134

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

ID	Type	Source	Collected By
20027C-HM0305	Blood	Blood, Venous	01/27/20 0749

CBC and Differential with Absolute Counts [38168262]

Complete Blood Count [38168277] (Abnormal)

Resulted: 01/27/20 0817, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0741

Order status: Completed

Filed by: Lab, Background User 01/27/20 0817

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: COH HEMATOLOGY

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.1	3.9 - 10.3 K/uL	—	59
RBC Count	3.08	3.91 - 5.18 M/UL	L ▼	59
Hemoglobin, Whole Blood	9.2	11.4 - 15.3 g/dL	L ▼	59
Hematocrit, Whole Blood	28.4	34.5 - 44.6 %	L ▼	59
Platelet Count	291	150 - 350 K/uL	—	59
MCV	92.2	78.4 - 99.0 fL	—	59
MCH	29.7	25.8 - 33.0 pg	—	59
MCHC	32.3	32.2 - 34.0 g/dL	—	59
RDW	18.9	12.2 - 16.0 %	H ^	59
MPV	8.3	7.4 - 11.5 fL	—	59

Automated Differential [38168279] (Abnormal)

Resulted: 01/27/20 0817, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0741

Order status: Completed

Filed by: Lab, Background User 01/27/20 0817

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: COH HEMATOLOGY

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
Segmented Neutrophil	81.0	37.0 - 77.2 %	H ^	59
Lymphocyte	6.4	14.2 - 47.7 %	L ▼	59
Monocyte	11.6	4.3 - 14.1 %	—	59
Eosinophil	0.4	0.1 - 7.7 %	—	59
Basophil	0.6	0.2 - 1.7 %	—	59
Segmented Neutrophil Absolute	7.4	2.0 - 7.3 K/uL	H ^	59
Lymphocyte Absolute	0.6	0.8 - 3.1 K/uL	L ▼	59
Monocyte Absolute	1.1	0.3 - 0.8 K/uL	H ^	59
Eosinophil Absolute	0.0	<=0.5 K/uL	—	59
Basophil Absolute	0.1	<=0.1 K/uL	—	59
Remisol Manual Diff Reflex	—	—	—	59

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - Unknown	COH HEMATOLOGY	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1417 - Present

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Prothrombin Time with INR, Plasma [38168266] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CL0037	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Prothrombin Time with INR, Plasma [38168266] (Abnormal)

Resulted: 01/27/20 0831, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Aileen D Cardenas, CLS 01/27/20 0831

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: COH COAGULATION

Narrative:

INR should be used only for monitoring patients on stable oral anticoagulant therapy. Recommended therapeutic ranges for oral anticoagulants:

Std Dose 2.0 to 3.0

High Dose 2.5 to 3.5

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
PT	11.9	9.5 - 11.8 sec	H ^	56
Comment:				
International Normalized Ratio, Plasma	1.1	<4.0	—	56
Comment:				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
56 - Unknown	COH COAGULATION	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1414 - Present

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12

Vincent Chung, MD on 1/28/2020 17:05

Vincent Chung, MD on 1/27/2020 13:21

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Activated Partial Thromboplastin Time [38168268] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-CL0037	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Activated Partial Thromboplastin Time [38168268] (Normal)

Resulted: 01/27/20 0831, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Aileen D Cardenas, CLS 01/27/20 0831

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: COH COAGULATION

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

Components

Component	Value	Reference Range	Flag	Lab
aPTT	34.2	22.4 - 34.4 sec	—	56

Comment:

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
56 - Unknown	COH COAGULATION	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1414 - Present

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12

Vincent Chung, MD on 1/28/2020 17:05

Vincent Chung, MD on 1/27/2020 13:21

Cancer antigen 19-9 [38168271] (Final result)

Electronically signed by: **Vincent Chung, MD on 01/27/20 0729**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Vincent Chung, MD 01/27/20 0729

Authorized by: Vincent Chung, MD

Frequency: Routine Once 01/27/20 0736 - 1 occurrence

Quantity: 1

Instance released by: Lori Garcia 1/27/2020 7:36 AM

Diagnoses

Cholangiocarcinoma (CMS/HCC) [C22.1]

Ordering provider: Vincent Chung, MD

Ordering mode: Standard

Class: Unit Collect

Lab status: Final result

Specimen Information

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

ID	Type	Source	Collected By
20027C-CN0005	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Cancer antigen 19-9 [38168271] (Abnormal)

Resulted: 01/27/20 1007, Result status: Final result

Ordering provider: Vincent Chung, MD 01/27/20 0736

Order status: Completed

Filed by: Arline Fernandez Sam, CLS 01/27/20 1007

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Narrative:

The method used is Siemens Advia Centaur chemiluminescent immunoassay. Results obtained with different CA 19-9 assay methods cannot be used interchangeably. If, in the course of monitoring a patient, the assay method used for determining serial levels of CA 19-9 is changed, the laboratory must perform additional serial testing to confirm baseline values. The ADVIA Centaur CA 19-9 assay is based on the 1116 NS 19-9 antibody available results. Patients must possess the ability to express the Lewis blood group antigen or they will be unable to produce the CA 19-9 antigen even in the presence of proven malignancy. A patient with a positive genotype for the Lewis antigen may produce varying levels of CA 19-9. Phenotyping for the presence of the Lewis blood group antigen may be insufficient to detect true Lewis antigen negative individuals.

Acknowledged by: Vincent Chung, MD on 01/27/20 1321

Components

Component	Value	Reference Range	Flag	Lab
Cancer Antigen 19-9 (GI)	864.90	<=34.9 U/mL	H ^	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma (CMS/HCC) [C22.1 (ICD-10-CM)]

All Reviewers List

Vincent Chung, MD on 1/28/2020 17:05

Vincent Chung, MD on 1/27/2020 13:21

Complete Blood Count [38168277] (Final result)

Status: **Completed**

Order placed as a reflex to CBC and Differential with Absolute Counts ordered on 12/18/19 at 1134

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Ordering provider: Nikeeta Prajapati, RN

Authorized by: Vincent Chung, MD

Ordering mode: Standard

Frequency: Routine Once 01/27/20 0742 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Grace Yim, RN 1/27/2020 7:41 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-HM0305	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Complete Blood Count [38168277] (Abnormal)

Resulted: 01/27/20 0817, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0741

Order status: Completed

Filed by: Lab, Background User 01/27/20 0817

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: COH HEMATOLOGY

Acknowledged by

Vincent Chung, MD on 01/27/20 1321

Nikeeta Prajapati, RN on 02/10/20 1012

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.1	3.9 - 10.3 K/uL	—	59
RBC Count	3.08	3.91 - 5.18 M/UL	L ▼	59
Hemoglobin, Whole Blood	9.2	11.4 - 15.3 g/dL	L ▼	59
Hematocrit, Whole Blood	28.4	34.5 - 44.6 %	L ▼	59
Platelet Count	291	150 - 350 K/uL	—	59
MCV	92.2	78.4 - 99.0 fL	—	59
MCH	29.7	25.8 - 33.0 pg	—	59
MCHC	32.3	32.2 - 34.0 g/dL	—	59
RDW	18.9	12.2 - 16.0 %	H ^	59
MPV	8.3	7.4 - 11.5 fL	—	59

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - Unknown	COH HEMATOLOGY	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1417 - Present

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Automated Differential [38168279] (Final result)

Status: **Completed**

Order placed as a reflex to CBC and Differential with Absolute Counts ordered on 12/18/19 at 1134
Ordering user: Nikeeta Prajapati, RN 12/18/19 1134
Authorized by: Vincent Chung, MD
Frequency: Routine Once 01/27/20 0742 - 1 occurrence
Quantity: 1
Instance released by: Grace Yim, RN 1/27/2020 7:41 AM
Ordering provider: Nikeeta Prajapati, RN
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-HM0305	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Automated Differential [38168279] (Abnormal)

Resulted: 01/27/20 0817, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0741
Filed by: Lab, Background User 01/27/20 0817
Resulting lab: COH HEMATOLOGY
Acknowledged by
Vincent Chung, MD on 01/27/20 1321
Nikeeta Prajapati, RN on 02/10/20 1012
Order status: Completed
Collected by: Grace Yim, RN 01/27/20 0749

Components

Component	Value	Reference Range	Flag	Lab
Segmented Neutrophil	81.0	37.0 - 77.2 %	H ^	59
Lymphocyte	6.4	14.2 - 47.7 %	L ▼	59

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Labs (continued)

Monocyte	11.6	4.3 - 14.1 %	—	59
Eosinophil	0.4	0.1 - 7.7 %	—	59
Basophil	0.6	0.2 - 1.7 %	—	59
Segmented Neutrophil Absolute	7.4	2.0 - 7.3 K/uL	H ^	59
Lymphocyte Absolute	0.6	0.8 - 3.1 K/uL	L v	59
Monocyte Absolute	1.1	0.3 - 0.8 K/uL	H ^	59
Eosinophil Absolute	0.0	<=0.5 K/uL	—	59
Basophil Absolute	0.1	<=0.1 K/uL	—	59
Remisol Manual Diff Reflex	—	—	—	59

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - Unknown	COH HEMATOLOGY	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1417 - Present

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Nikeeta Prajapati, RN on 2/10/2020 10:12
Vincent Chung, MD on 1/28/2020 17:05
Vincent Chung, MD on 1/27/2020 13:21

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Pathology

Peripheral blood smear [38168264] (Final result)

Electronically signed by: **Nikeeta Prajapati, RN on 12/18/19 1134**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nikeeta Prajapati, RN 12/18/19 1134

Authorized by: Vincent Chung, MD

From treatment plan: IRB 18029 (VM Oncology LLC; IND 129166)

VMD-928 Part 1 (PV 7.25.19)

Class: Unit Collect

Lab status: Final result

Ordering provider: Nikeeta Prajapati, RN

Ordering mode: Per protocol: no cosign required

Frequency: Routine Once 01/27/20 0716 - 1 occurrence

Quantity: 1

Instance released by: Francisco Daniel Mendoza 1/27/2020 7:16 AM

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Research studies

Oral TrkA Inhibitor VMD-928 for Treatment of Advanced Adult Solid Tumors or Lymphoma

Specimen Information

ID	Type	Source	Collected By
20027C-HM0306	Blood	Blood, Venous	Grace Yim, RN 01/27/20 0749

Peripheral blood smear [38168264]

Resulted: 01/27/20 1739, Result status: Final result

Ordering provider: Nikeeta Prajapati, RN 01/27/20 0716

Order status: Completed

Filed by: Young Sun Kim, MD 01/27/20 1739

Collected by: Grace Yim, RN 01/27/20 0749

Resulting lab: HCRH PATHOLOGY LAB

Narrative:

PERIPHERAL BLOOD SMEAR REVIEW ORDERED BY Nikeeta Prajapati, RN.

Acknowledged by: Vincent Chung, MD on 01/28/20 1705

Components

Component	Value	Reference Range	Flag	Lab
Pathologist Review of Blood Tests	No significant abnormality.	—	—	HCRH PATH
Electronically Signed By	Young Sun Kim, MD	—	—	HCRH PATH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - HCRH PATH	HCRH PATHOLOGY LAB	Patricia Aoun, MD MPH	CLIA #05D0665695 1500 E Duarte Rd Duarte CA 91010	12/05/19 1420 - 04/20/21 1434

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

All Reviewers List

Vincent Chung, MD on 1/28/2020 17:05

Vincent Chung, MD on 1/27/2020 13:21

01/27/2020 - VAD Room in Vad Main Medical (continued)

Medication Orders

Medications

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38168274] (Discontinued)

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438** Status: **Discontinued**
Ordering user: Madeline Wu, RN 05/30/19 1438 Ordering provider: Sariah S Liu, MD
Authorized by: Sariah S Liu, MD Ordering mode: Per protocol: no cosign required
PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy
From therapy plan: FLUSH PLAN Frequency: Routine PRN - flush 01/27/20 0740 - 01/27/20 0856
Class: Normal Released by: Grace Yim, RN 01/27/20 0740
Discontinued by: Automatic Discharge Provider 01/27/20 0856 [Patient Discharged]
Diagnoses
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Metastatic cancer to bone (CMS/HCC) [C79.51]
Bone lesion [M89.9]
Hypercholesterolemia [E78.00]
Package: 8290-306546

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]
Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]
Bone lesion [M89.9 (ICD-10-CM)]
Hypercholesterolemia [E78.00 (ICD-10-CM)]

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38168274]

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438** Status: **Discontinued**
Ordering user: Madeline Wu, RN 05/30/19 1438 Ordering provider: Sariah S Liu, MD
PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy
From therapy plan: FLUSH PLAN Frequency: PRN - flush 01/27/20 0740 - 01/27/20 0856
Released by: Grace Yim, RN 01/27/20 0740 Discontinued by: Automatic Discharge Provider 01/27/20 0856
[Patient Discharged]
Package: 8290-306546

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38168274]

Result status: No result

Ordering provider: Sariah S Liu, MD 01/27/20 0740

All Administrations of Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

Administration	Action Time	Recorded Time	Documented By	Site	Comment	Reason
Given : 3 Syringe : : Intravenous	01/27/20 0751	01/27/20 0754	Grace Yim, RN			

heparin flush (porcine) injection 500 Units [38168275] (Discontinued)

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438** Status: **Discontinued**
Ordering user: Madeline Wu, RN 05/30/19 1438 Ordering provider: Sariah S Liu, MD
Authorized by: Sariah S Liu, MD Ordering mode: Per protocol: no cosign required
PRN reasons: line care
From therapy plan: FLUSH PLAN Frequency: Routine PRN - flush 01/27/20 0740 - 01/27/20 0856
Class: Normal Released by: Grace Yim, RN 01/27/20 0740
Discontinued by: Automatic Discharge Provider 01/27/20 0856 [Patient Discharged]
Diagnoses
Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]
Metastatic cancer to bone (CMS/HCC) [C79.51]
Bone lesion [M89.9]
Hypercholesterolemia [E78.00]
Admin instructions: Administer following NS flush when line not in use OR upon disconnecting
continuous IV

01/27/2020 - VAD Room in Vad Main Medical (continued)

Medication Orders (continued)

Package: 64253-333-23

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]
Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]
Bone lesion [M89.9 (ICD-10-CM)]
Hypercholesterolemia [E78.00 (ICD-10-CM)]

heparin flush (porcine) injection 500 Units [38168275]

Electronically signed by: **Madeline Wu, RN on 05/30/19 1438**

Status: **Discontinued**

Ordering user: Madeline Wu, RN 05/30/19 1438

Ordering provider: Sariah S Liu, MD

PRN reasons: line care

From therapy plan: FLUSH PLAN

Released by: Grace Yim, RN 01/27/20 0740

Frequency: PRN - flush 01/27/20 0740 - 01/27/20 0856

Discontinued by: Automatic Discharge Provider 01/27/20 0856
[Patient Discharged]

Package: 64253-333-23

heparin flush (porcine) injection 500 Units [38168275]

Result status: No result

Ordering provider: Sariah S Liu, MD 01/27/20 0740

All Administrations of heparin flush (porcine) injection 500 Units

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

Administration	Action Time	Recorded Time	Documented By	Site	Comment	Reason
Given : 500 Units : : Intravenous	01/27/20 0751	01/27/20 0754	Grace Yim, RN			

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38168272] (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

Ordering provider: Sariah S Liu, MD

Authorized by: Sariah S Liu, MD

Ordering mode: Per protocol: no cosign required

PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy

From therapy plan: FLUSH PLAN

Frequency: PRN - flush 01/27/20 - Until Discontinued

Class: Normal

Discontinued by: Angela Marie Lemos, RN 01/27/20 1047

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Metastatic cancer to bone (CMS/HCC) [C79.51]

Bone lesion [M89.9]

Hypercholesterolemia [E78.00]

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]
Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]
Bone lesion [M89.9 (ICD-10-CM)]
Hypercholesterolemia [E78.00 (ICD-10-CM)]

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38168272]

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

Ordering provider: Sariah S Liu, MD

PRN Comment: VAD care or to flush chemotherapy/biotherapy bags per policy

From therapy plan: FLUSH PLAN

Frequency: PRN - flush 01/27/20 - Until Discontinued

Discontinued by: Angela Marie Lemos, RN 01/27/20 1047

Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe [38168272]

Result status: No result

Department: Vad Main Medical
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Adm: 1/27/2020, D/C: 1/27/2020

01/27/2020 - VAD Room in Vad Main Medical (continued)

Medication Orders (continued)

Ordering provider: Sariah S Liu, MD

All Administrations of Normal Saline Flush 0.9 % 10 mL syringe solution 1 Syringe

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

heparin flush (porcine) injection 500 Units [38168273] (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

Authorized by: Sariah S Liu, MD

PRN reasons: line care

From therapy plan: FLUSH PLAN

Class: Normal

Discontinued by: Angela Marie Lemos, RN 01/27/20 1047

Diagnoses

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51]

Metastatic cancer to bone (CMS/HCC) [C79.51]

Bone lesion [M89.9]

Hypercholesterolemia [E78.00]

Admin instructions: Administer following NS flush when line not in use OR upon disconnecting continuous IV

Ordering provider: Sariah S Liu, MD

Ordering mode: Per protocol: no cosign required

Frequency: PRN - flush 01/27/20 - Until Discontinued

Indications

Cholangiocarcinoma metastatic to bone (CMS/HCC) [C22.1, C79.51 (ICD-10-CM)]

Metastatic cancer to bone (CMS/HCC) [C79.51 (ICD-10-CM)]

Bone lesion [M89.9 (ICD-10-CM)]

Hypercholesterolemia [E78.00 (ICD-10-CM)]

heparin flush (porcine) injection 500 Units [38168273]

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Madeline Wu, RN 05/30/19 1438

PRN reasons: line care

From therapy plan: FLUSH PLAN

Ordering provider: Sariah S Liu, MD

Frequency: PRN - flush 01/27/20 - Until Discontinued

Discontinued by: Angela Marie Lemos, RN 01/27/20 1047

heparin flush (porcine) injection 500 Units [38168273]

Result status: No result

Ordering provider: Sariah S Liu, MD

All Administrations of heparin flush (porcine) injection 500 Units

The administrations shown are only for this specific order and not for other orders for the same medication that may be in this encounter.

No Administrations
Recorded

01/13/2020 - Office Visit in Medical Oncology

Clinic Note

Progress Notes

Vincent Chung, MD at 1/13/2020 0830



City of
Hope®

1500 E. Duarte Rd.
Duarte, CA 91010
626-218-9200

**Gastrointestinal Medical Oncology Clinic
Follow up Note**

Date of Service: January 13, 2020

Patient Care Team:

Ulyss Chow, DO as PCP - General (Family Medicine)
Karen M Sokolov, MD as PCP - Radiation Oncology (Radiation Oncology)
Sariah S Liu, MD as PCP - CoH Primary (Hematology and Oncology)
Miguel Gutierrez as Physician (Dermatology)

Treatment Plans

Name	Type	Plan dates	Plan Provider
Active			
Denosumab Every 4 Weeks	ONCOLOGY SUPPORTIVE CARE	5/24/2019 - Present	Sariah S Liu, MD
IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19) procrit	ONCOLOGY TREATMENT Oncology Supportive Care 2	12/26/2019 - Present 11/12/2019 - Present	Vincent Chung, MD Sariah S Liu, MD

Subjective

HPI: Mildred Hisako Toyofuku is a 78 y.o. female with cholangiocarcinoma metastatic to the bone.

7/2018 presented with painful mass lesion in right humerus. Pain was progressively worsening. Eventually presented to ED for severe pain and found to have pathologic fracture.

8/27/18 MRI right shoulder 6.2 cm aggressive expansile bone lesion of proximal right humerus, extracortical involvement of deltoid, differential includes chondrosarcoma, osteosarcoma, bone metastasis

9/6/18 CT of chest pathologic fracture right humerus otherwise negative.

9/6/18 CT abdomen and pelvis 8.7 x 8.1 cm right hepatic lobe solid mass, increased in size from 1/28/18 when it measured 6.4 x 5.6 cm

9/7/18 biopsy of right humerus: Metastatic poorly differentiated adenocarcinoma. The immunohistochemical staining characteristics (pankeratin positive, cytokeratin 7+, focal cytokeratin 20 positive, BER EP 4+, CDX2 negative, and villin positive) is not entirely specific however metastases from pancreatic biliary or hepatobiliary origin is the most likely diagnoses. Immunohistochemical staining for the most common mismatch repair proteins are performed and show no deficiency of the DNA mismatch repair protein tested

9/24-10/5/18 3 Gy x 10 fractions to R humerus post op. Total 30 Gy

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

10/ 5/2018 liver, right lobe needle core biopsies at Huntington Hospital, pathology confirming carcinoma, moderately differentiated. The neoplastic cells are positive for CAM 5.2, CK7 and negative for CK 20 TTF-1, Napsin-A, CDX 2, PAX 8, GCDPF 15, no hemoglobin, GA TA 3 and estrogen receptor. The immune profile is somewhat nonspecific. But given the clinical history of a 9 cm solitary hepatic mass and bone metastases, this is most consistent with a primary intrahepatic cholangiocarcinoma. A metastases from the pancreatic biliary tract, GI tract or lung origin should be excluded clinically.

10/17/18: chemo gemzar/oxaliplatin q 2 week C1

3/18/2019 CT chest abdomen pelvis showed similar appearance in the hepatic cholangiocarcinoma centered within segment 5/4 compared to 12/21/2018, measuring approximately 8.4 x 8.2 x 7.6 cm (previously 8.4 x 8.4 x 7.4 cm). 2 new small focal area of groundglass opacities within the right apex, findings are nonspecific, metastases is felt to be less likely

4/19/19 omit oxaliplatin due to neuropathy

6/20/19 CT CAP at Torrance Memorial has been compared to CT 3/18/2019 at Little Company of Mary. The largest lobulated heterogeneously enhancing mass in the anterior right lobe of liver appears slightly increased in size, measuring 10.5 x 8.2 cm in axial dimension on the current study and measured approximately 9.8 x 7.7 cm on the prior outside study was measured at the same level. the multiple arterial enhancing satellite lesions measured in the body of the report are not visualized on the prior examination.

8/15-9/12/19 capectiabine + gemecitabine C1 q21 x 2 cycles

9/4/2019 Caris: HER-2/neu IHC negative FISH not amplified
MRP proficient
NTRK 1/2/3 fusion not detected
PDL 1 IHC negative 0

9/18/2019 CT CAP at Torrance Memorial shows significant worsening of intrahepatic metastases, right lobe large confluent mass measured at 10.5 x 8.2 cm unchanged, there were several new lesions, one lesion in the dome of the liver measures up to 20 mm compared to 10 mm last scan, another nodule measures 24 mm compared to 14 mm in the previous imaging

10/2/19 FOLFIRI C1 q2wks

11/21/2019 CT CAP at Providence Little Company Mary showed interval development of several 3 mm or less in size bilateral pulmonary nodules, interval enlargement of large mass in the liver and development of multiple new masses in the liver consistent with progression of metastatic neoplasm. Right lobe mass measuring 9.8 x 10 x 8.6 cm, enlarged compared to previous imaging, there is interval development of numerous new masses in both lobes.

12/26/2019: She is complaining of some gas pain/discomfort which partially relieved by OTC gas-X. She does not have any nausea or vomiting, diarrhea. She has been eating low-sodium diet with lower appetite. Otherwise remains functional. Denied shortness of breath or chest complaints, dysuria, frequency. She has continued neuropathy from her previous chemotherapy.

Interval history-she is doing very well with her study treatment. She is not having any nausea or vomiting. She denies any diarrhea. Her main issue has been burping as well as gas. She has tried Gas-X. She otherwise has not had any fevers or chills. She denies any nausea or vomiting. She does not have any shortness of breath or chest complaints. She currently not having abdominal pain. Her appetite is decreased. She does not like taking nutritional shakes.

ONCOLOGIC HISTORY:

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Cholangiocarcinoma metastatic to bone (CMS/HCC)

9/1/2018

Initial Diagnosis

Cholangiocarcinoma metastatic to bone (CMS/HCC)

Cancer Staging

Cholangiocarcinoma metastatic to bone (CMS/HCC)

Staging form: Intrahepatic Bile Duct, AJCC 8th Edition

- Clinical stage from 10/5/2018: Stage IV (cT1b, cNX, pM1) - Signed by
Stephen C Koehler, MD on 10/9/2018

9/6/2018

Surgery

ORIF right humerus due to pathologic fracture

9/24/2018 -
10/5/2018

Radiation Therapy

3 Gy x 10 fractions to R humerus post op. Total 30 Gy

10/17/2018 -

Chemotherapy

Gemzar/Ox q 2 weeks - Dr. Koehler

10/2/2019 -
12/3/2019

Treatment Plan

FOLFIRI (Irinotecan / Fluorouracil / Leucovorin) (IV PREMEDS) - Colorectal,
Gastroesophageal, Pancreatic, Biliary Tract

Plan Provider: Sariah S Liu, MD

Treatment goal: Palliative

Line of treatment: Maintenance 3rd Line (or more)

12/26/2019

Research Treatment Plan

IRB 18029 (VM Oncology LLC; IND 129166) VMD-928 Part 1 (PV 7.25.19)

Plan Provider: Vincent Chung, MD

Treatment goal: Research

Line of treatment: Metastatic/Recurrent 4th Line

Associated studies: Oral TrkA Inhibitor VMD-928 for Treatment of Advanced
Adult Solid Tumors or Lymphoma

Past Medical History

Past Medical History:

Diagnosis

Date

- Anemia
- Arthritis
- Bone lesion
- Cholangiocarcinoma (CMS/HCC)
- Colon polyp
- Fracture of humerus
- Hearing disorder
- High cholesterol

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

- HTN (hypertension)
- Metastatic cancer to bone (CMS/HCC)
- Wears glasses

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY 2018		
• LIVER BIOPSY		
• ORIF HUMERUS FRACTURE	Right	09/06/2018
• OTHER SURGICAL HISTORY <i>humerus broken bone repair nad removal of humor</i>		2018
• OTHER SURGICAL HISTORY <i>removal of mole nevus or skin cancer</i>		
• PORTACATH PLACEMENT	Left	11/09/2018
• TONSILLECTOMY		
• UPPER GASTROINTESTINAL ENDOSCOPY		

Family History

Family History

Problem	Relation	Age of Onset
• Heart disease	Mother	
• Lung cancer	Father	
• Lymphoma	Father	
• Breast cancer	Sister	
• Heart disease	Brother	
• Diabetes	Brother	
• Hypertension	Child	
• Hyperlipidemia	Child	

Social History

Social History

Socioeconomic History

- Marital status: Widowed
- Spouse name: Not on file
- Number of children: 3
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Occupation: retired

Social Needs

- Financial resource strain: Not on file
- Food insecurity: Not on file
- Worry: Not on file

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

- | | |
|-------------------------|-------------|
| Inability: | Not on file |
| • Transportation needs: | |
| Medical: | Not on file |
| Non-medical: | Not on file |

Tobacco Use

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |

Substance and Sexual Activity

- | | |
|----------------------|---------------|
| • Alcohol use: | Not Currently |
| <i>Comment: rare</i> | |
| • Drug use: | Never |
| • Sexual activity: | Defer |

Lifestyle

- | | |
|----------------------|-------------|
| • Physical activity: | |
| Days per week: | Not on file |
| Minutes per session: | Not on file |
| • Stress: | Not on file |

Relationships

- | | |
|---------------------------------------------|-------------|
| • Social connections: | |
| Talks on phone: | Not on file |
| Gets together: | Not on file |
| Attends religious service: | Not on file |
| Active member of club or organization: | Not on file |
| Attends meetings of clubs or organizations: | Not on file |
| Relationship status: | Not on file |
| • Intimate partner violence: | |
| Fear of current or ex partner: | Not on file |
| Emotionally abused: | Not on file |
| Physically abused: | Not on file |
| Forced sexual activity: | Not on file |

Other Topics Concern

- Not on file

Social History Narrative

- Not on file

Allergies/Intolerances

Allergies

Allergen	Reactions
• Sulfa Antibiotics	Swelling

Current Medications

Current Outpatient Medications:

- acetaminophen (TYLENOL 8 HOUR) 650 MG 8 hr tablet, Take 650 mg by mouth every 8 (eight) hours as needed for mild pain (pain scale 1-3)., Disp: , Rfl:

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

- amLODIPine (NORVASC) tablet, Take 10 mg by mouth daily. , Disp: , Rfl:
- Ascorbic Acid (VITAMIN C PO), Take 5,000 mg by mouth daily. , Disp: , Rfl:
- Calcium-Magnesium 100-50 MG tablet, Take by mouth., Disp: , Rfl:
- Cetirizine HCl 10 MG capsule, Take by mouth., Disp: , Rfl:
- Cholecalciferol (VITAMIN D3) 125 MCG (5000 UT) tablet, Take 5,000 Units by mouth. , Disp: , Rfl:
- Cranberry 475 MG capsule, Take by mouth., Disp: , Rfl:
- Cyanocobalamin (VITAMIN B-12 PO), Take by mouth daily., Disp: , Rfl:
- FOLIC ACID PO, Take by mouth., Disp: , Rfl:
- gabapentin (NEURONTIN) 300 MG capsule, Take 300 mg by mouth every 8 (eight) hours., Disp: , Rfl:
- INV (18029) VMD-928 100 mg capsule, Take 6 capsules (600 mg total) by mouth 2 (two) times a day for 21 days. Take dose for 21 days then 7 days off. Take each dose with meal and ~240 mL (8oz) water at same time(s) each day. Bring all used and unused bottles of study medication to each visit at City of Hope., Disp: 264 capsule, Rfl: 0
- irbesartan (AVAPRO) 75 MG tablet, Take 300 mg by mouth nightly., Disp: , Rfl:
- Levocetirizine Dihydrochloride (XYZAL ALLERGY 24HR PO), Take by mouth., Disp: , Rfl:
- losartan (COZAAR) 100 MG tablet, Take 50 mg by mouth daily., Disp: , Rfl:
- Turmeric Curcumin 500 MG capsule, Take by mouth., Disp: , Rfl:
- UNABLE TO FIND, Cruci ferous complete, Disp: , Rfl:
- UNABLE TO FIND, once daily. Nervefix, Disp: , Rfl:
- VITAMIN E PO, Take by mouth., Disp: , Rfl:
- DULoxetine (CYMBALTA) 20 MG DR capsule, Take 20 mg by mouth., Disp: , Rfl:
- hydrALAZINE (APRESOLINE) tablet, Take 50 mg by mouth. Pt states takes hydralazine if SBP >150 , Disp: , Rfl:
- ibuprofen (MOTRIN) 200 MG tablet, Take 200 mg by mouth every 6 (six) hours as needed for mild pain (pain scale 1-3) (1-2 as needed)., Disp: , Rfl:
- lidocaine-prilocaine (EMLA) 2.5-2.5 % cream, Apply topically as needed (port access). (Patient not taking: Reported on 10/15/2019), Disp: 30 g, Rfl: 2
- pancrelipase (Lip-Prot-Amyl) (CREON) 12000 units capsule, Take 1 capsule by mouth 3 (three) times a day with meals., Disp: 90 capsule, Rfl: 1

No current facility-administered medications for this visit.

Advance Directives

<no information>

Review of Systems

Oncology Review of Systems

PAIN ASSESSMENT Pain controlled with current regimen / No pain

CONSTITUTION:

no change in sleep pattern
no chills
+ fatigue
no fever
no infection
no night sweats
no unexpected weight change

HEENT:

no double vision
no tinnitus
no hearing loss

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

no indigestion
no mouth sores
no nosebleeds
no sore throat
no hoarse voice
no trouble swallowing
no visual change

RESPIRATORY:

no cough
no hemoptysis
no sputum
no shortness of breath
no wheezing

CARDIOVASCULAR:

no chest pain
no chest tightness
no leg swelling
no palpitations

GASTROINTESTINAL:

no abdominal pain
no appetite change
no blood in stool no change in bowel habit
no cramps no constipation
no diarrhea
no bowel incontinence
no fullness
no acid reflux
no nausea no vomiting

GU:

no difficulty urinating
no dysuria
no frequency
no hematuria
no bladder incontinence
no nocturia

MUSCULOSKELETAL:

no arthralgias
no fall
no myalgias
no recent trauma

SKIN:

no itching
no jaundice
no rash

EXTREMITIES:

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

no lower extremity edema
no arm edema

NEUROLOGICAL:

no dizziness
no extremity weakness
no gait problem
no headaches
no change in long-term memory
+ numbness
no seizures
no speech difficulty
no distorted thinking

HEMATOLOGIC:

no adenopathy
does not bruise/bleed easily
no excessive bleeding

PSYCHIATRIC:

not nervous or anxious
no depression

Other pertinent positives are as noted in the HPI. Otherwise, the rest of the review of systems are negative.

Objective

Performance Status: 1

Physical Exam

Vital signs:

Vitals:

	01/13/20 0803
BP:	127/71
BP Location:	Right arm
Patient	Sitting
Position:	
Pulse:	101
Resp:	18
Temp:	36.9 °C (98.4 °F)
TempSrc:	Oral
SpO2:	98%
Weight:	57.3 kg (126 lb 4.8 oz)

Constitutional: Oriented to person, place, and time. Appears well-developed and well-nourished.

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist. No mucositis

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. No tracheal deviation present. No thyromegaly present.

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. No wheezes or rales. No tenderness to palpation.
Abdominal: Soft. Bowel sounds are normal. No distension. No mass. There is no tenderness in midepigastriic region. There is no rebound and no guarding. No hernia.
Musculoskeletal: Normal range of motion. Exhibits no edema, tenderness or deformity.
Lymphadenopathy: No cervical adenopathy.
Neurological: Alert and oriented to person, place, and time. Normal reflexes. No cranial nerve deficit, + sensory deficit. Normal muscle tone. Coordination normal.
Psychiatric: Normal mood and affect. Behavior is normal. Judgment and thought content normal.
Vitals reviewed.

Physical Exam

Data Review

Laboratory/Pathology:

Recent Results (from the past 168 hour(s))

Comprehensive Metabolic Panel

Collection Time: 01/08/20 12:00 AM

Result	Value	Ref Range
Glucose, Serum (LC)	CANCELED	mg/dL
BUN (LC)	10	8 - 27 mg/dL
Creatinine, Serum (LC)	0.56 (L)	0.57 - 1.00 mg/dL
eGFR If NonAfricn Am (LC)	90	>59 mL/min/1.73
eGFR If Africn Am (LC)	103	>59 mL/min/1.73
BUN/Creatinine Ratio (LC)	18	12 - 28
Sodium, Serum (LC)	136	134 - 144 mmol/L
Potassium, Serum (LC)	CANCELED	mmol/L
Chloride, Serum (LC)	103	96 - 106 mmol/L
Carbon Dioxide, Total (LC)	20	20 - 29 mmol/L
Calcium, Serum (LC)	8.7	8.7 - 10.3 mg/dL
Protein, Total, Serum (LC)	6.4	6.0 - 8.5 g/dL
Albumin, Serum (LC)	3.2 (L)	3.5 - 4.8 g/dL
Globulin, Total (LC)	3.2	1.5 - 4.5 g/dL
A/G Ratio (LC)	1.0 (L)	1.2 - 2.2
Bilirubin, Total (LC)	0.7	0.0 - 1.2 mg/dL
Alkaline Phosphatase, S (LC)	275 (H)	39 - 117 IU/L
AST (SGOT) (LC)	72 (H)	0 - 40 IU/L

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

ALT (SGPT) (LC) 28 0 - 32 IU/L

Comprehensive Metabolic Panel

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Protein Total, Blood	6.2 (L)	6.3 - 8.2 g/dL
Albumin Level, Blood	2.9 (L)	3.5 - 5.0 g/dL
Calcium Level, Blood	7.8 (L)	8.6 - 10.2 mg/dL
Bilirubin Total, Blood	1.3	0.2 - 1.3 mg/dL
Alkaline Phosphatase Level, Blood	415 (H)	38 - 126 IU/L
SGPT (ALT)	31	7 - 56 IU/L
SGOT (AST)	69 (H)	15 - 46 U/L
Sodium Level, Blood	132 (L)	137 - 145 mmol/L
Potassium Level, Blood	3.9	>3.5-<5.1 mmol/L
Chloride Level, Blood	99	98 - 107 mmol/L
Carbon Dioxide Level, Blood	24	22 - 30 mmol/L
Glucose Level (Random), Blood	154 (H)	80 - 128 mg/dL
Blood Urea Nitrogen Level, Blood	9	7 - 25 mg/dL
Creatinine Level, Blood	0.53 (L)	0.6 - 1.2 mg/dL
eGFR Except African American		
eGFR African American		
Anion Gap, Blood	9	8 - 14
Albumin / Globulin Ratio	0.9 (L)	1.1 - 2.1

Uric Acid Level, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Uric Acid Level, Blood	4.6	2.5 - 6.2 mg/dL

Cholesterol Level, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Cholesterol Level, Blood	117	<=200 mg/dL

Creatine Kinase Level, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Creatine Kinase Level, Blood	20 (L)	30 - 223 U/L

Gamma Glutamyl Transferase, Blood

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Gamma Glutamyl Transferase, Blood	482 (H)	9 - 64 U/L

Phosphorus Level, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Phosphorus Level, Blood	1.9 (L)	2.5 - 4.5 mg/dL

Lactate Dehydrogenase (LDH) Level, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Lactate Dehydrogenase (LDH) Level, Blood	188	140 - 271 U/L

Magnesium Level, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Magnesium Level, Blood	1.7	1.6 - 2.3 mg/dL

Triglyceride Level, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Triglyceride Level, Blood	96	<=150 mg/dL

Fibrinogen Assay, Quantitative

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Fibrinogen Assay, Quantitative	612 (H)	170 - 410 mg/dL

Reticulocyte Count, Automated

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Retic Percent	1.4	0.6 - 2.4 %
Retic Number	0.0436	0.0200 - 0.1100 M/UL
Immature Retic Fract	0.57 (H)	0.28 - 0.50
Mean Retic Volume	118.50	100.04 - 123.57 fL

Peripheral blood smear

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Pathologist Review of Blood Tests		

Complete Blood Count

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
WBC	9.2	3.9 - 10.3 K/uL
RBC Count	3.20 (L)	3.91 - 5.18 M/UL
Hemoglobin, Whole	9.4 (L)	11.4 - 15.3

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Blood		g/dL
Hematocrit, Whole	29.1 (L)	34.5 - 44.6 %
Blood		
Platelet Count	239	150 - 350 K/uL
MCV	90.9	78.4 - 99.0 fL
MCH	29.5	25.8 - 33.0 pg
MCHC	32.4	32.2 - 34.0 g/dL
RDW	17.3 (H)	12.2 - 16.0 %
MPV	7.4	7.4 - 11.5 fL

Automated Differential

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Segmented	82.5 (H)	37.0 - 77.2 %
Neutrophil		
Lymphocyte	6.7 (L)	14.2 - 47.7 %
Monocyte	9.4	4.3 - 14.1 %
Eosinophil	0.7	0.1 - 7.7 %
Basophil	0.7	0.2 - 1.7 %
Segmented	7.6 (H)	2.0 - 7.3 K/uL
Neutrophil Absolute		
Lymphocyte	0.6 (L)	0.8 - 3.1 K/uL
Absolute		
Monocyte Absolute	0.9 (H)	0.3 - 0.8 K/uL
Eosinophil Absolute	0.1	<=0.5 K/uL
Basophil Absolute	0.1	<=0.1 K/uL
Remisol Manual Diff		
Reflex		

Bilirubin Direct and Indirect, Blood

Collection Time: 01/13/20 7:21 AM

Result	Value	Ref Range
Bilirubin Conjugated	0.6 (H)	0.0 - 0.2 mg/dL
(Direct), Blood		
Bilirubin	0.7	0 - 1.1 mg/dL
Unconjugated, Blood		

Urinalysis and Microscopic Examination

Collection Time: 01/13/20 8:44 AM

Result	Value	Ref Range
Urine Color		
Urine Clarity	Cloudy	
Urine Specific	1.018	1.000 - 1.026
Gravity		
Urine Nitrite	Negative	Negative
Urine pH	6.0	5.0 - 7.5
Urine Protein	2+ (A)	Negative
Urine Glucose	Negative	Negative
Urine Ketone	Trace (A)	Negative
Urine Urobilinogen	2.0 (A)	Negative mg/dL

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

Urine Bilirubin	Negative	Negative
Urine Blood	Negative	Negative
Urine Leukocytes	Negative	Negative
Urine White Blood Cell	3 (H)	<3 /HPF
Urine Bacteria	Rare (A)	None Seen graded/HPF
Urine Red Blood Cell	5 (H)	<5 /HPF
Urine Squamous Epithelial	1	<5 /HPF
Urine Mucous	Rare	<= Few graded/LPF
Urine Granular Cast	9 (H)	/LPF
Urine Amorphous Crystal	Rare (A)	graded/uL

Radiographic Studies:

Ct Chest Pelvis With Contrast Abdomen With And Without Contrast

Result Date: 12/23/2019

Impression: 1. Slight increase in size of now 4 x 3 mm nodule in the posterior lateral inferior left upper lobe with new 4 x 2 mm nodule in the right lower lobe suspicious for pulmonary metastases. 2. Overall mild increase in size of the liver masses associated with mild increase in hepatomegaly consistent with minimal progression of the patient's known multifocal malignancy. 3. Stable internal fixation of the proximal right humerus (at the site of the patient's known metastasis). 4. New minimal right pelvic ascites.

Assessment/Plan

Impression: 78 y.o. female with metastatic cholangiocarcinoma. She failed standard chemotherapy and enrolled in IRB #18029. She received her single dose of chemotherapy on December 26. She is currently on the multiple dosing schedule and tolerating this well.

She will follow-up with Dr. Liu for Aranesp.

Plan

- 1). Metastatic cholangiocarcinoma: She is currently on IRB #18029. She is on the multiple dosing schedule and tolerating this well she did have a urinary tract infection which was asymptomatic. This is unrelated to study treatment. She was prescribed Levaquin for 3 days. We are still awaiting her urine test. Her GGT and alkaline phosphatase are elevated which is unlikely related to study treatment and more likely related to disease. This is probably related to marked cholestasis within the liver from tumor. Her AST and ALT appear to be stable. We will continue her on protocol since this appears to be more related to her disease.
- 2) Hyponatremia - her hyponatremia has improved.
- 3). Hydration. She will continue to take 6 to 8 glasses of fluid per day.
- 4). Anemia. Secondary to her previous chemotherapy. She is receiving Aranesp with Dr. Liu.

01/13/2020 - Office Visit in Medical Oncology (continued)

Clinic Note (continued)

5). Nutrition. She is eating well. I recommend that she take 4 nutritional supplements per day. This will help to improve her nutrition and replace her electrolytes. Her appetite has decreased which appears to be more related to her disease.

6). Pain. Well controlled. Continue to monitor and manage as needed.

7). Cardiology. She has had serial EKGs done per protocol. Her EKG interpretation indicated a left bundle branch block or an inferior infarct or normal sinus rhythm when she had her serial EKGs performed. She is asymptomatic. If she has any chest pain or shortness of breath she will notify us immediately.

8). Urinalysis. She is asymptomatic. She received Levaquin for 3 days. We will continue to monitor her for urinary tract infection.

Pain Documentation

Follow up per protocol

All questions answered to patient's (and accompanying members) satisfaction. Patient acknowledged understanding and is in full agreement with plan and follow-up. Patient told to call, or return to clinic should any questions/concerns, or changes in health arise.

The patient is encouraged to use the MyCityofHope patient portal to view and request appointments, view lab results, request medication refills or send non-urgent/non-emergent messages to me/my nurse/clinical team. If I am unavailable, then my clinic coverage. The patient can also call the clinic and leave a message with the best phone number and best time for me (or my coverage)/my nurse/clinical team to call back within the next 1-2 business days. The patient (family and others) is discouraged to use my academic email for clinical related matters. For any emergency healthcare concerns, the patient should go immediately to the nearest emergency room.

Electronic Signature:

Vincent Chung, MD

1/13/2020

9:56 AM

Risk Level: High

Electronically signed by Vincent Chung, MD at 1/13/2020 9:56 AM

12/11/2019 - Consult in Medical Oncology

Consultation Note

Consult (Outpatient)

Vincent Chung, MD at 12/11/2019 1400



City of
Hope®

1500 E. Duarte Rd.
Duarte, CA 91010
626-218-9200

**Gastrointestinal Medical Oncology Clinic Initial
Consultation Note**

Date of Service: December 11, 2019

Reason for Consultation: Metastatic cholangiocarcinoma

Consults I was asked by Dr Liu to give my opinion regarding treatment options

Subjective

HPI: Mildred Hisako Toyofuku is a 78 y.o. female with cholangiocarcinoma metastatic to the bone.

7/2018 presented with painful mass lesion in right humerus. Pain was progressively worsening. Eventually presented to ED for severe pain and found to have pathologic fracture.

8/27/18 MRI right shoulder 6.2 cm aggressive expansile bone lesion of proximal right humerus, extracortical involvement of deltoid, differential includes chondrosarcoma, osteosarcoma, bone metastasis

9/6/18 CT of chest pathologic fracture right humerus otherwise negative.

9/6/18 CT abdomen and pelvis 8.7 x 8.1 cm right hepatic lobe solid mass, increased in size from 1/28/18 when it measured 6.4 x 5.6 cm

9/7/18 biopsy of right humerus: Metastatic poorly differentiated adenocarcinoma. The immunohistochemical staining characteristics (pankeratin positive, cytokeratin 7+, focal cytokeratin 20 positive, BER EP 4+, CDX2 negative, and villin positive) is not entirely specific however metastases from pancreatic biliary or hepatobiliary origin is the most likely diagnoses. Immunohistochemical staining for the most common mismatch repair proteins are performed and show no deficiency of the DNA mismatch repair protein tested

9/24-10/5/18 3 Gy x 10 fractions to R humerus post op. Total 30 Gy

10/ 5/2018 liver, right lobe needle core biopsies at Huntington Hospital, pathology confirming carcinoma, moderately differentiated. The neoplastic cells are positive for CAM 5.2, CK7 and negative for CK 20 TTF-1, Napsin-A, CDX 2, PAX 8, GCDP 15, no hemoglobin, GA TA 3 and estrogen receptor. The immune profile is somewhat nonspecific. But given the clinical history of a 9 cm solitary hepatic mass and bone metastases, this is most consistent with a primary intrahepatic cholangiocarcinoma. A metastases from the pancreatic biliary tract, GI tract or lung origin should be excluded clinically.

10/17/18: chemo gemzar/oxaliplatin q 2 week C1

3/18/2019 CT chest abdomen pelvis showed similar appearance in the hepatic cholangiocarcinoma centered within segment 5/4 compared to 12/21/2018, measuring approximately 8.4 x 8.2 x 7.6 cm (previously 8.4 x 8.4 x 7.4 cm). 2 new small focal area of groundglass opacities within the right apex, findings are nonspecific, metastases is felt to be less likely

4/19/19 omit oxaliplatin due to neuropathy

6/20/19 CT CAP at Torrance Memorial has been compared to CT 3/18/2019 at Little Company of Mary

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

The largest lobulated heterogeneously enhancing mass in the anterior right lobe of liver appears slightly increased in size, measuring 10.5 x 8.2 cm in axial dimension on the current study and measured approximately 9.8 x 7.7 cm on the prior outside study was measured at the same level. the multiple arterial enhancing satellite lesions measured in the body of the report are not visualized on the prior examination.

8/15-9/12/19 capectiabine + gemecitabine C1 q21 x 2 cycles

9/4/2019 Caris: HER-2/neu IHC negative FISH not amplified
MRP proficient
NTRK 1/2/3 fusion not detected
PDL 1 IHC negative 0

9/18/2019 CT CAP at Torrance Memorial shows significant worsening of intrahepatic metastases, right lobe large confluent mass measured at 10.5 x 8.2 cm unchanged, there were several new lesions, one lesion in the dome of the liver measures up to 20 mm compared to 10 mm last scan, another nodule measures 24 mm compared to 14 mm in the previous imaging

10/2/19 FOLFIRI C1 q2wks

11/21/2019 CT CAP at Providence Little Company Mary showed interval development of several 3 mm or less in size bilateral pulmonary nodules, interval enlargement of large mass in the liver and development of multiple new masses in the liver consistent with progression of metastatic neoplasm. Right lobe mass measuring 9.8 x 10 x 8.6 cm, enlarged compared to previous imaging, there is interval development of numerous new masses in both lobes.

Currently she is complaining of some midepigastic abdominal discomfort. She is only taking the morphine at bedtime. She says that she also has alternating constipation with diarrhea. She does not have any nausea or vomiting. She is eating without difficulty but has noticed a decreased appetite. She otherwise remains very functional. She is doing her normal activities. She does not have any shortness of breath or chest complaints. She has continued neuropathy from her previous chemotherapy.

ONCOLOGIC HISTORY:

Cholangiocarcinoma metastatic to bone (CMS/HCC)

9/1/2018

Initial Diagnosis

Cholangiocarcinoma metastatic to bone (CMS/HCC)

Cancer Staging

Cholangiocarcinoma metastatic to bone (CMS/HCC)

Staging form: Intrahepatic Bile Duct, AJCC 8th Edition

- Clinical stage from 10/5/2018: Stage IV (cT1b, cNX, pM1) - Signed by
Stephen C Koehler, MD on 10/9/2018

9/6/2018

Surgery

ORIF right humerus due to pathologic fracture

9/24/2018 -
10/5/2018

Radiation Therapy

3 Gy x 10 fractions to R humerus post op. Total 30 Gy

10/17/2018 -

Chemotherapy

Gemzar/Ox q 2 weeks - Dr. Koehler

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

10/2/2019

Treatment Plan

FOLFIRI (Irinotecan / Fluorouracil / Leucovorin) (IV PREMEDS) - Colorectal, Gastroesophageal, Pancreatic, Biliary Tract

Plan Provider: Sariah S Liu, MD

Treatment goal: Palliative

Line of treatment: Maintenance 3rd Line (or more)

Past Medical History

Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none">• Anemia• Arthritis• Bone lesion• Cholangiocarcinoma (CMS/HCC)• Colon polyp• Fracture of humerus• Hearing disorder• High cholesterol• HTN (hypertension)• Metastatic cancer to bone (CMS/HCC)• Wears glasses	

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
<ul style="list-style-type: none">• COLONOSCOPY 2018• LIVER BIOPSY• ORIF HUMERUS FRACTURE• OTHER SURGICAL HISTORY <i>humerus broken bone repair nad removal of humor</i>• OTHER SURGICAL HISTORY <i>removal of mole nevus or skin cancer</i>• PORTACATH PLACEMENT• TONSILLECTOMY• UPPER GASTROINTESTINAL ENDOSCOPY	Right Left	 09/06/2018 2018 11/09/2018

Family History

Family History

Problem	Relation	Age of Onset
<ul style="list-style-type: none">• Heart disease• Lung cancer• Lymphoma• Breast cancer	Mother Father Father Sister	

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

- | | |
|------------------|---------|
| • Heart disease | Brother |
| • Diabetes | Brother |
| • Hypertension | Child |
| • Hyperlipidemia | Child |

Social History

Social History

Socioeconomic History

- | | |
|----------------------------|-------------|
| • Marital status: | Widowed |
| Spouse name: | Not on file |
| • Number of children: | 3 |
| • Years of education: | Not on file |
| • Highest education level: | Not on file |

Occupational History

- | | |
|---------------|---------|
| • Occupation: | retired |
|---------------|---------|

Social Needs

- | | |
|------------------------------|-------------|
| • Financial resource strain: | Not on file |
| • Food insecurity: | |
| Worry: | Not on file |
| Inability: | Not on file |
| • Transportation needs: | |
| Medical: | Not on file |
| Non-medical: | Not on file |

Tobacco Use

- | | |
|----------------------|--------------|
| • Smoking status: | Never Smoker |
| • Smokeless tobacco: | Never Used |

Substance and Sexual Activity

- | | |
|----------------------|---------------|
| • Alcohol use: | Not Currently |
| <i>Comment: rare</i> | |
| • Drug use: | Never |
| • Sexual activity: | Defer |

Lifestyle

- | | |
|----------------------|-------------|
| • Physical activity: | |
| Days per week: | Not on file |
| Minutes per session: | Not on file |
| • Stress: | Not on file |

Relationships

- | | |
|---------------------------------------------|-------------|
| • Social connections: | |
| Talks on phone: | Not on file |
| Gets together: | Not on file |
| Attends religious service: | Not on file |
| Active member of club or organization: | Not on file |
| Attends meetings of clubs or organizations: | Not on file |
| Relationship status: | Not on file |
| • Intimate partner violence: | |
| Fear of current or ex partner: | Not on file |

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

Emotionally abused:	Not on file
Physically abused:	Not on file
Forced sexual activity:	Not on file

Other Topics	Concern
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- Not on file

Social History Narrative

- Not on file

Allergies/Intolerances

Allergies

Allergen	Reactions
• Sulfa Antibiotics	Swelling

Current Medications

Current Outpatient Medications:

- amLODIPine (NORVASC) tablet, Take 10 mg by mouth daily. , Disp: , Rfl:
- Ascorbic Acid (VITAMIN C PO), Take 5,000 mg by mouth daily. , Disp: , Rfl:
- Cetirizine HCl 10 MG capsule, Take by mouth., Disp: , Rfl:
- Cholecalciferol (VITAMIN D3) 125 MCG (5000 UT) tablet, Take 5,000 Units by mouth. , Disp: , Rfl:
- Cranberry 475 MG capsule, Take by mouth., Disp: , Rfl:
- FOLIC ACID PO, Take by mouth., Disp: , Rfl:
- gabapentin (NEURONTIN) 300 MG capsule, Take 300 mg by mouth every 8 (eight) hours., Disp: , Rfl:
- irbesartan (AVAPRO) 75 MG tablet, Take 300 mg by mouth nightly., Disp: , Rfl:
- UNABLE TO FIND, Cruci ferous complete, Disp: , Rfl:
- UNABLE TO FIND, once daily. Nervefix, Disp: , Rfl:
- VITAMIN E PO, Take by mouth., Disp: , Rfl:
- acetaminophen (TYLENOL 8 HOUR) 650 MG 8 hr tablet, Take 650 mg by mouth every 8 (eight) hours as needed for mild pain (pain scale 1-3)., Disp: , Rfl:
- Calcium-Magnesium 100-50 MG tablet, Take by mouth., Disp: , Rfl:
- Cyanocobalamin (VITAMIN B-12 PO), Take by mouth daily., Disp: , Rfl:
- dexamethasone (DECADRON) 4 MG tablet, Take 1 tab 2 times a day for 3 days, start on second day of chemotherapy. (Patient not taking: Reported on 10/29/2019), Disp: 30 tablet, Rfl: 5
- DULoxetine (CYMBALTA) 20 MG DR capsule, Take 20 mg by mouth., Disp: , Rfl:
- hydrALAZINE (APRESOLINE) tablet, Take 50 mg by mouth. Pt states takes hydralazine if SBP >150 , Disp: , Rfl:
- ibuprofen (MOTRIN) 200 MG tablet, Take 200 mg by mouth every 6 (six) hours as needed for mild pain (pain scale 1-3) (1-2 as needed)., Disp: , Rfl:
- Levocetirizine Dihydrochloride (XYZAL ALLERGY 24HR PO), Take by mouth., Disp: , Rfl:
- lidocaine-prilocaine (EMLA) 2.5-2.5 % cream, Apply topically as needed (port access). (Patient not taking: Reported on 10/15/2019), Disp: 30 g, Rfl: 2
- losartan (COZAAR) 100 MG tablet, Take 50 mg by mouth daily., Disp: , Rfl:
- ondansetron (ZOFTRAN) 8 MG tablet, Take 1 tab tid for 3 days, starting day 2. May take 1 tab every 8 hours as needed afterwards (Patient not taking: Reported on 12/11/2019), Disp: 30 tablet, Rfl: 5
- Turmeric Curcumin 500 MG capsule, Take by mouth., Disp: , Rfl:

Advance Directives

<no information>

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

Review of Systems

Oncology Review of Systems

PAIN ASSESSMENT Pain controlled with current regimen / No pain

CONSTITUTION:

no change in sleep pattern
no chills
+ fatigue
no fever
no infection
no night sweats
no unexpected weight change

HEENT:

no double vision
no tinnitus
no hearing loss
no indigestion
no mouth sores
no nosebleeds
no sore throat
no hoarse voice
no trouble swallowing
no visual change

RESPIRATORY:

no cough
no hemoptysis
no sputum
no shortness of breath
no wheezing

CARDIOVASCULAR:

no chest pain
no chest tightness
no leg swelling
no palpitations

GASTROINTESTINAL:

+ abdominal pain
+ appetite change
no blood in stool no change in bowel habit
no cramps no constipation
no diarrhea
no bowel incontinence
no fullness
no acid reflux
no nausea no vomiting

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

GU:

no difficulty urinating
no dysuria
no frequency
no hematuria
no bladder incontinence
no nocturia

MUSCULOSKELETAL:

no arthralgias
no fall
no myalgias
no recent trauma

SKIN:

no itching
no jaundice
no rash

EXTREMITIES:

no lower extremity edema
no arm edema

NEUROLOGICAL:

no dizziness
no extremity weakness
no gait problem
no headaches
no change in long-term memory
+ numbness
no seizures
no speech difficulty
no distorted thinking

HEMATOLOGIC:

no adenopathy
does not bruise/bleed easily
no excessive bleeding

PSYCHIATRIC:

not nervous or anxious
no depression

Other pertinent positives are as noted in the HPI. Otherwise, the rest of the review of systems are negative.

Objective

Performance Status: 1

Physical Exam

Vital signs:

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

Vitals:

12/11/19 1315

BP: 145/54
BP Location: Left arm
Patient: Sitting
Position:
Pulse: 108
Resp: 18
Temp: 37.1 °C (98.8 °F)
TempSrc: Oral
SpO2: 98%
Weight: 61.1 kg (134 lb 11.2 oz)
Height: 159 cm (5' 2.6")

Constitutional: Oriented to person, place, and time. Appears well-developed and well-nourished.

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist. No mucositis

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. No tracheal deviation present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. No wheezes or rales. No tenderness to palpation.

Abdominal: Soft. Bowel sounds are normal. No distension. No mass. There is + tenderness in midepigastria region. There is no rebound and no guarding. No hernia.

Musculoskeletal: Normal range of motion. Exhibits no edema, tenderness or deformity.

Lymphadenopathy: No cervical adenopathy.

Neurological: Alert and oriented to person, place, and time. Normal reflexes. No cranial nerve deficit, + sensory deficit.

Normal muscle tone. Coordination normal.

Psychiatric: Normal mood and affect. Behavior is normal. Judgment and thought content normal.

Vitals reviewed.

Physical Exam

Data Review

Laboratory/Pathology:

Recent Results (from the past 168 hour(s))

CBC and Differential with Absolute Counts

Collection Time: 12/09/19 12:00 AM

Result	Value	Ref Range
WBC (LC)	10.7	3.4 - 10.8 x10E3/uL
RBC (LC)	2.65 (LL)	3.77 - 5.28 x10E6/uL
Hemoglobin (LC)	7.9 (L)	11.1 - 15.9 g/dL
Hematocrit (LC)	25.5 (L)	34.0 - 46.6 %
MCV (LC)	96	79 - 97 fL
MCH (LC)	29.8	26.6 - 33.0

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

MCHC (LC)	31.0 (L)	pg 31.5 - 35.7
RDW (LC)	17.1 (H)	g/dL 12.3 - 15.4 %
Platelets (LC)	324	150 - 450 x10E3/uL
Neutrophils (LC)	74	Not Estab. %
Lymphs (LC)	8	Not Estab. %
Monocytes (LC)	15	Not Estab. %
Eos (LC)	2	Not Estab. %
Basos (LC)	0	Not Estab. %
Neutrophils (Absolute) (LC)	8.0 (H)	1.4 - 7.0 x10E3/uL
Lymphs (Absolute) (LC)	0.8	0.7 - 3.1 x10E3/uL
Monocytes(Absolute) (LC)	1.6 (H)	0.1 - 0.9 x10E3/uL
Eos (Absolute) (LC)	0.2	0.0 - 0.4 x10E3/uL
Baso (Absolute) (LC)	0.0	0.0 - 0.2 x10E3/uL
Immature Granulocytes (LC)	1	Not Estab. %
Immature Grans (Abs) (LC)	0.1	0.0 - 0.1 x10E3/uL

Comprehensive Metabolic Panel

Collection Time: 12/09/19 12:00 AM

Result	Value	Ref Range
Glucose, Serum (LC)	163 (H)	65 - 99 mg/dL
BUN (LC)	17	8 - 27 mg/dL
Creatinine, Serum (LC)	0.72	0.57 - 1.00 mg/dL
eGFR If NonAfricn Am (LC)	80	>59 mL/min/1.73
eGFR If Africn Am (LC)	93	>59 mL/min/1.73
BUN/Creatinine Ratio (LC)	24	12 - 28
Sodium, Serum (LC)	139	134 - 144 mmol/L
Potassium, Serum (LC)	4.7	3.5 - 5.2 mmol/L
Chloride, Serum (LC)	103	96 - 106 mmol/L
Carbon Dioxide, Total (LC)	23	20 - 29 mmol/L
Calcium, Serum (LC)	8.9	8.7 - 10.3 mg/dL
Protein, Total, Serum (LC)	6.3	6.0 - 8.5 g/dL
Albumin, Serum (LC)	3.3 (L)	3.5 - 4.8 g/dL

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

Globulin, Total (LC)	3.0	1.5 - 4.5 g/dL
A/G Ratio (LC)	1.1 (L)	1.2 - 2.2
Bilirubin, Total (LC)	0.4	0.0 - 1.2
		mg/dL
Alkaline	146 (H)	39 - 117 IU/L
Phosphatase, S (LC)		
AST (SGOT) (LC)	51 (H)	0 - 40 IU/L
ALT (SGPT) (LC)	13	0 - 32 IU/L

Radiographic Studies:

No results found.

Assessment/Plan

Impression: 78 y.o. female with metastatic cholangiocarcinoma. She is felt standard chemotherapy. Most recently she was on FOLFIRI chemotherapy. She was referred to me for consideration of clinical trial. I reviewed with her the consent form for IRB #18029. As for all of her questions. I explained her this is a first in human phase 1 study. VMD-928 is an oral allosteric TRK inhibitor. At higher doses we did observe the liver dysfunction and therefore the dose was reduced and currently expanded in part 1 of the study. She has reviewed the consent form and wishes to participate. She understands it is unknown whether or not there would be any activity of this drug. She will undergo restaging scans to see if she has control of her disease. She currently is anemic secondary to her previous chemotherapy which she received about 2 weeks ago. She will follow-up with Dr. Liu for Aranesp. She does not have any bleeding. She will need to have her hemoglobin increase in order to be considered for the clinical trial. The consent form was reviewed with the patient including study purpose, treatment schedule, research-only procedures, reasonably foreseeable risks and/or discomforts, reasonably expected benefits, alternative procedures / treatments, confidentiality of records, compensation for injury, contact for answers to questions, participation is voluntary and patient may withdraw at any time

CONSENT STATEMENTS:

- The patient verbalizes understanding of risks listed in consent.
- Counseling regarding the reproductive risks while participating in this trial, as outlined in the consent form document, were discussed without questions/concerns from the patient.
- The patient was told that enrollment is contingent upon meeting eligibility criteria for the study.
- No protocol-specific testing was performed before informed consent was obtained.
- The patient was offered an opportunity to ask questions and have the questions answered.
- The patient signed the consent in my presence and was given a copy.

Plan

- 1). Metastatic cholangiocarcinoma-we will need to have the pathology slides reviewed here to confirm the diagnosis. She has signed a consent form. We will begin the process of screening her for the clinical trial.
- 2). I have given her my card and answer all her questions. If she should have any additional questions she will call back.
- 3). Hydration. Doing well, and continue to monitor, manage and encourage.
- 4). Nutrition. I encouraged her to take nutritional shakes.

Department: Medical Oncology
1500 East Duarte Rd
Duarte CA 91010

Toyofuku, Mildred Hisako
MRN: 11030841, DOB: 3/5/1941, Sex: F
Visit date: 12/11/2019

12/11/2019 - Consult in Medical Oncology (continued)

Consultation Note (continued)

5). Pain. Well controlled. Continue to monitor and manage as needed.
Pain Documentation

Follow up per protocol

All questions answered to patient's (and accompanying members) satisfaction. Patient acknowledged understanding and is in full agreement with plan and follow-up. Patient told to call, or return to clinic should any questions/concerns, or changes in health arise.

The patient is encouraged to use the MyCityofHope patient portal to view and request appointments, view lab results, request medication refills or send non-urgent/non-emergent messages to me/my nurse/clinical team. If I am unavailable, then my clinic coverage. The patient can also call the clinic and leave a message with the best phone number and best time for me (or my coverage)/my nurse/clinical team to call back within the next 1-2 business days. The patient (family and others) is discouraged to use my academic email for clinical related matters. For any emergency healthcare concerns, the patient should go immediately to the nearest emergency room.

Electronic Signature:

Vincent Chung, MD
12/11/2019
2:20 PM

Risk Level: High

Electronically signed by Vincent Chung, MD at 12/11/2019 2:28 PM