

* Final Report *

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*** Final Report *****Letter (Verified)**

MC:NTS
9/4/2025

Dr. Vertika Azad (Faxed)
The Entrance Medical Centre
120 The Entrance Rd
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Dear Dr Azad

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Cancer
Diagnoses and
Management:

- A. 1989 **CANCER OF FLOOR OF MOUTH.** Resection and radical neck dissection. Flap from right forearm.
Chemotherapy + radiotherapy.
No recurrence as at 7 March 2013.
- B. 18 Sep 2006 **HEPATIC FLEXURE ADENOCARCINOMA.** Moderately differentiated, 24 x 15 x 10 mm.
1/16 involved nodes. No metastases in apical node.
Right hemicolectomy.
- 8 Aug 2006 CEA 5.8.
- 9 Nov 2006 CEA 1.9 (N<3).
- 9 Nov 2006 CT chest, abdomen, pelvis + liver ultrasound: No metastases, hepatic hemangiomata.
- 17 Nov 2006 – Capecitabine (Xeloda) x six months.
- 20 Jul 2007
- 29 Jul 2008 PET SCAN: Liver metastases.

2 Oct 2008	Excision of segment IVa/IVb and segment V metastases + cholecystectomy.
2 Mar 2016	PRP – CT scan: No evidence of local recurrence or distant metastatic disease.
C. Mar 2020	<u>LOCALLY ADVANCED NSCLC</u> (squamous cell carcinoma). – PD-L1 60%.
28 Feb 2020	CT pulmonary angiogram performed for haemoptysis. – LUL collapse with large hypodense lesion. Concerning for a mass lesion causing lobar collapse.
11 Mar 2020	Bronchoscopy demonstrated squamous cell carcinoma.
30 Mar 2020	FDG PET scan performed at PRP Imaging. – Intensely FDG avid left upper lobe perihilar mass with associated collapse as described consistent with known primary lung malignancy. The mass abuts the mediastinum where early invasion is not excluded. There may be contiguous left superior hilar lymphadenopathy. – No definite FDG avid nodal or distant sites are seen elsewhere.
Apr 2020	Carboplatin/paclitaxel chemoradiotherapy/Dr Roland Alvandi.
29 Jun 2020	PRP – FDG PET scan: a good partial metabolic and morphological response of the L upper peri-hilar mass with no definitive FDG avid nodal or distant metastases identified.
Aug 2020	Adjuvant durvalumab planned.
1 Oct 2020	New 22 x 17 mm left cerebellar metastasis. Left upper lobe mass reducing in size and no other new sites of disease.
6 Oct 2020	Resection of left cerebellar mass: Histopathology in keeping with lung metastasis.
Nov 2020	Cavity SRS/ Michael Back
5 Jan 2020	PRP - CT scan: A slight reduction in size of the L upper lobe mass.
21 Jan 2020	I-MED - MRI brain: stable appearances
16 Apr 2021	PRP - CT abdo, pelvis: No findings of concern.
28 Jul 2021	PRP - CT scan: Slight reduction in size of the L upper lobe lesion with associated surrounding post-radiotherapy change.
14 Jul 2022	I-MED - MRI brain: no evidence of recurrent intracranial metastatic disease.
28 Aug 2022	PRP - CT scan: Stable appearances with no evidence of any progressive disease
7 Dec 2022	PRP - CT scan: stable appearances.
3 Mar 2023	PRP - CT scan: generally stable appearances with no evidence of metastatic disease.
5 Jun 2023	PRP - CT scan: stable post treatment related changes to the L upper lobe with no scan evidence of locoregional recurrence or distant disease.
4 Sep 2023	PRP - CT scan: appearances within the left upper lobe with no evidence of local disease recurrence, lymph node or distant metastatic disease.
4 Dec 2023	PRP - CT scan: stable appearances with no new disease seen with new opacity in the L upper lobe likely atelectasis
26 Jul 2024	PRP - MRI brain: New lesion evident at the tentorial margin of the L occipital lobe posteriorly. This could represent metastatic disease or a cortical infarct and clinical correlation is recommended.
7 Aug 2024	PRP - CT scan: stable appearances.
2 Apr 2025	PRP - CT scan: no evidence of recurrence or metastatic disease
Other Health:	Occlusion of left carotid artery, hypertension, ceased smoking 1989, previously heavy alcohol, Bowen's disease of lip and numerous skin cancers, peptic ulcer surgery including splenectomy 1990. L retinal artery thrombosis.
Medications:	Aspirin, Atozet, frusemide, Micardis and Pariet.