**MEDICAL RECORD REVIEW**

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| **TO:** | Camp Lejeune Litigation Team |
| **FROM:** | Aperio Solutions- Amy Lewis |
| **DATE:** | 04/30/2024 |
| **TRACK 1 DISEASE:** | Bladder Cancer |
| **PLAINTIFF:** | **BLADDER SAMPLE** |

1. **Summary of Medical History**

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| **Description** | **Details** |
| **Date of Birth** | 05/04/1934 |
| **Date of Diagnosis** | 04/01/2021 |
| **Age at Diagnosis** | 86 |
| **T1 Injury + Other Related Secondary Diagnoses** | **Bladder Cancer**  03/31/2021 - presented to urology clinic with blood in urine  04/01/2021 - Cystoscope found tumor  04/??/2021 - TURP performed with pathological findings of high-grade Urothelial Cancer  06/20/2021-07/27/2021 - 6 sessions of BCG bladder instillations  09/24/2021-11/07/2023- Surveillance Cystoscopes Negative |
| **Other medical history** | History not on Disease List:  Prior to T1   * Arrhythmia, CAD * Kidney Stones * Fatty Liver * Hepatic cyst * Adrenal Mass, Left * Diverticulosis * Benign prostatic hyperplasia   + 11/06/2018 - prostate removed for lower UT symptoms, frequency, urgency * Esophageal dysmotility 09/24/2020 * GERD * Hiatal hernia * History of appendectomy * Dysphagia * HTN (hypertension) * Hypercholesterolemia * Melanoma of skin * OSA on CPAP * Gallbladder calculus * Osteoporosis * Anxiety * Neuropathy * Anemia   Disease List:  Cardiovascular   * Arrhythmia   Other Cancer   * Melanoma |
| **Risk Factors** | Age, former Smoker |
| **Additional Information** | Family Hx   * Mother Leukemia   Social Hx   * 1.5 packs/day x 15 years, quit   BMI noted to be 29.41 around time of DX (06/08/2021) |
| **Missing records** |  |

1. **Chronological Medical Record Review**

| **Date** | **Medical Provider/ Medical Facility** | **Summary** | **Bates #** |
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| 11/06/2018 | Weill Cornell Urology | Operative Note Note – Bilal Chughtai, MD   * Transurethral laser vaporization/incision and rescection of the prostate | 000236 |
| 03/31/2021 | Weill Cornell Urology | Urology Visit Note – Bilal Chughtai, MD  HPI:   * James M Herron is a 86 year old male , who presents for the evaluation of his lower urinary tract symptoms. Briefly, he complains of: BPH for many year(s). James M has been treated with TLP with unsatisfactory improvements, was doing well up until a few months ago, now has slow stream, incomplete emptying. The patient reports he is not sexually active * **+ gross hematuria**   **Family: Mother Leukemia**  Social: Tobacco – quit  Medications:   * B complex, D, Pravastatin, ramipril, terazosin   Assessment/Plan:   * After a discussion of his urologic history and exam, and a review of his urological issues, * LUTs - I have recommended cysto/ Urocuff be performed to evaluate his lower urinary tract function and anatomy. Hx of TLP. * PSA checked today. AUA guidelines reviewed. * Gross hematuria - ct urogram negative, work up with cystoscopy.   Bladder Scan:   * Post void volume:0 * AUA symptom score: 26 * QOL score: 7 | 000017-000020 |
| 03/31/2021 | Weill Cornell Urology | Cytopathology Report  Sample: Urine   * Negative for high grade urothelial carcinoma | 000024 |
| 04/01/2021 | Weill Cornell Urology | Urology Visit Note – Bilal Chughtai, MD  HPI:   * Gross hematuria – now resolved   Assessment/Plan:   * After a discussion of his urologic history and exam, and a review of his urological issues, * LUTs - cysto/ Urocuff. Hx of TLP. Cont finasteride. * PSA wnl. AUA guidelines reviewed. * Gross hematuria - ct urogram negative, c**ystoscopy - prostatic bleeding/ bladder mass**. pt on 5 ARI. Risks reviewed. Will plan for TURBT/ possible ureteral stent, fulguration of bleeding prostatic tissue. Risks reviewed, | 000012-000015 |
| 04/01/2021 | Weill Cornell Urology | Cystoscopy  Findings:   * Anterior urethra was Normal. * Bulbar urethra was Normal. * Membranous urethra was Normal. * Prostatic urethra, lateral lobe and verumontanum appeared consistent with mild BPH. * Bladder neck was open. * Ureteral orifices was identified and observed effluxing clear urine. * Trabeculation observed: Mild. * Bladder was then examined in its entirety in a systematic fashion. * Mucosal Abnormalities: **Suspicious superficial bladder tumor. (near R UO)** | 00015 |
| 04/23/2021 | Weill Cornell Urology | Urology Visit Note – Bilal Chughtai, MD  HPI:   * James M is now s/p TURP/ bladder bx. + frequency - on mirabegron.   Assessment/Plan   * LUTs - cysto/ Urocuff . Hx of TLP and now s/p TURP. Cont finasteride/ mirabegron. Urine for analysis and ex. * PSA wnl. AUA guidelines reviewed. * **High grade UC** - pt referred to Dr. Scherr. | 000005-000008 |
| 06/08/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  HPI:   * referred by Dr. Chugtai for evaluation of his bladder cancer. He presented with lower urinary tract sx. He was undergoing a TURP and was found to have a bladder tumor near the left UO. This was biopsied with cold cup biopsy forceps and pathology returned as non-invasive high grade UC. He feels well. He denies any recent fevers, chills, nausea, vomiting, bone pain or weight loss.   Assessment/Plan:   * had a long discussion with the patient regarding stage and grade of bladder cancer. I explained the prognostic significance of both stage and grade. I explained the importance of a staging TURB in this setting in order to accurately assess his tumor burden. I briefly discussed the role of radical cystectomy in the setting of invasive disease. I will send off a urinary cytology today. He will return for his PAT's and we will schedule his bladder biopsy next week. The patient is understanding of this and would like to proceed. Plan for cystoscopy next week. Discussed BCG therapy . | 000062-000066 |
| 06/15/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  Diagnosis: Bladder Cancer   * An informed consent was obtained and surgical time out was performed. Mr. Herron was brought to the procedure room and placed in the dorsal lithotomy position. He was draped and prepped in the usual sterile fashion. Pan cystourethroscopy was performed usiing flexible digital cystoscope. The urethral was noted to be normal with no mucosal abnormalities. The bladder was then entered. Both ureteral orifices were noted to be orthotopic with clear efflux bilaterally. Biopsy site seen on trigone. The remaining portions of the bladder were normal with no stones, tumors or diverticulum. The patient tolerated the procedure well and was given peri-procedural antibiotics. He was instructed to drink copious amounts of fluids during the next 48 hours. * Plan to initiate BCG therapy. | 000061 |
| 06/22/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  BCG instillation #1/6 | 000059 |
| 06/29/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  BCG instillation #2/6 | 000057 |
| 07/07/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  BCG instillation #3/6 | 000055 |
| 07/13/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  BCG instillation #4/6 | 000053 |
| 07/20/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  BCG instillation #5/6 | 000051 |
| 07/27/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  BCG instillation #6/6 | 000049 |
| 09/14/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  Cystoscopy Findings:   * Normal   f/u 3 mos | 000044 |
| 12/14/2021 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  Cystoscopy Findings:   * Normal   f/u 3 months | 000040 |
| 04/05/2022 | Weill Cornell Urology | U Urology Visit Note – Douglass Scherr, MD  Cystoscopy Findings:   * Normal   f/u 6 mos | 000036 |
| 10/04/2022 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  Cystoscopy Findings:   * Normal   f/u 6 mos | 000028 |
| 11/07/2023 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  Cystoscopy Findings:   * Normal   f/u 1 yr | 000091 |
| 11/07/2023 | Weill Cornell Urology | Urology Visit Note – Douglass Scherr, MD  Cystoscopy Findings:   * Normal   f/u 1 yr | 000116 |

1. **Record Index**

[Please index all documents you have reviewed before completing this memo. This should include medical records, VA benefit records, transcripts etc.]

| **Medical Facility** | **Bates Range** | **Date Range** |
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| Weill Cornell Urology  *(Treater records)* | 01011\_HERRON\_0000000004- 01011\_HERRON\_0000000066 (63 pgs) | 03/31/2021-10/04/2022 |
| VA  -*Audiology recs - unrelated* | 01011\_HERRON\_VHA\_0000000001- 01011\_HERRON\_VHA\_0000000007 (7 pgs) | 08/2017 |
| Weill Cornell   * *Billing Records* | 01011\_HERRON\_0000000076- 01011\_HERRON\_0000000083 (8 pgs) |  |
| VA   * -*Audiology recs - unrelated* | 01011\_HERRON\_VHA\_0000000008- 01011\_HERRON\_VHA\_0000000062 (55 pgs) | 2017,2022 |
| Weill Cornell   * *Billing Records* | 01011\_HERRON\_0000000084- 01011\_HERRON\_0000000084 (7 pgs) |  |
| Weill Cornell  *Outpatient recs* | 01011\_HERRON\_0000000091- 01011\_HERRON\_0000000253 (163 pgs) | 10/09/2018  -11/07/2023 |
| Weill Cornell   * *Billing Records* | 01011\_HERRON\_0000000254- 01011\_HERRON\_0000000280 (27 pgs) |  |
| Miami Medical Consultants  -*unrelated outpatient, PCP etc. Some labs* | 01011\_HERRON\_0000000288- 01011\_HERRON\_0000000635 (351 pgs) | 2019-2024 |