

## Medical Second Opinion Review

To: [REDACTED]  
Doctor: [REDACTED]  
Hospital: iCliniq  
Date: [REDACTED] 04:38 pm

### Case Details

#### Demographic Data:

Patient Name:	[REDACTED]
Age:	[REDACTED]
Gender:	Male
Marital Status:	Married
Active Sexual Life:	No
Children:	2
Occupation:	[REDACTED]
Any Disability:	No

#### Chief Complaint:

[REDACTED] currently receiving Gemcitabine/Nab and Paclitaxel chemotherapy review. [REDACTED] is presenting for a second opinion review.

#### Vital Signs:

##### Height, Weight :

Height	5.11
Weight	52

##### Blood Pressure :

Systolic reading (mm Hg)	120.00
Diastolic reading (mm Hg)	70.00
Pulse (PM)	100.00

Body temperature :

Body temperature (°F)	98.60
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### History of Presenting Illness:

Onset:

the patient started complaining of back pain and numbness in the lower abdomen and limbs. There are no other associated signs and symptoms.

Symptoms:

Symptoms:	Back pain, numbness in lower abdomen and limbs
Region:	Back and lower abdomen
The Severity of Symptoms:	Moderate
Provoking Factors:	Nil
Time Course of the Symptoms:	6 months
Is the symptom is Pain:	YES - Radiates

Any treatment related to the complaint:

Patient had radiotherapy and currently on cycle 2 chemotherapy

Other Medical History:

Previous Surgical History:

- had spinal stabilization surgery, Total knee replacement,

Any complications faced with anesthesia: No

Current Medications:

1. Rosuvastatin 40 mg once daily. 2. Tab Pan-D (Pantoprazole and Domperidone) twice daily for five days post-chemotherapy. 3. Tab Ultracet (Acetaminophen and Tramadol) twice daily for seven days post-chemotherapy. 5. Calcirol Sachet (Cholecalciferol) 1 sachet weekly for six weeks.

Family History:

<b>Member:</b>	Father
<b>Relevant Condition:</b>	
<b>DOA:</b>	Deceased
<b>Cause of Death:</b>	Natural

<b>Member:</b>	Mother
<b>Relevant Condition:</b>	Uterine cancer
<b>DOA:</b>	Deceased
<b>Cause of Death:</b>	Uterine cancer

<b>Member:</b>	Brother
<b>Relevant Condition:</b>	relatively healthy.
<b>DOA:</b>	Alive

### Social History:

**Smoking:** Non Smoker

**Alcohol:** Non Alcoholic

**Recreational Drugs** Non Recreational Drugs  
**Others such as caffeine**

Nil

### Allergies:

**Drug Allergy:**

Nil

**Food allergy:**

Nil

### Current Treatment Plan:

The advised management plan (prescription attached [redacted] is radiotherapy, Gemcitabine, and Cisplatin chemotherapy for three cycles of 21 days each and reassessment with PET CT. The patient received palliative radiotherapy to [redacted] 20 Gy in 5 fractions. The patient had significant pain relief. He was gradually mobilized and was seen by Medical oncologist for planning chemotherapy.

[redacted] had cycle 1 chemotherapy with Gemcitabine/Nab and Paclitaxel (report attached),

The patient had cycle 2 chemotherapy with Nab-Paclitaxel/Gemcitabine and Zometa day [redacted] (report attached), day [redacted] (report attached) and day [redacted] (report attached). He tolerated the therapy well. There are no side effects of radiotherapy or chemotherapy noted. The initial weight of the patient was 92 kg (202.8 pounds). The patient followed a liquid diet for around ten days during radiotherapy, and his current weight is 83.6 kg (184.3 pounds).

## Systemic Examination:

1. Increased thirst or urination: **No**
2. Change in sexual desire or libido or erection issue: **No**
3. Any change in a mole or new skin changes: **No**
4. Headache or speech problem or seizures or difficulty moving arm or leg: **No**
5. Vision problem such as blurriness or double vision or headache or cataract: **No**
6. Hearing problem, hearing loss, tinnitus, dizziness, voice hoarseness: **No**
7. Teeth problem - orthodontic treatment, denture wearer, sinus problem: **No**
8. Cough, asthma, wheezing, shortness of breath, coughing up sputum or blood: **No**
9. Tuberculosis or pneumonia exposure: **No**
10. Chest pain, pressure over chest, heart rate irregularity (fast or irregular), abnormal sweating: **No**
11. Heart valve problem, blacked-out session, shortness of breath in sleep: **No**
12. Abnormal leg or feet swelling, Leg pain on walking short distance: **No**
13. Heartburn, acidity, nausea, vomiting, stomach problem: **No**
14. Constipation, diarrhea, bowel movement change: **No**
15. Frequent urination, burning on urination, Incomplete bladder emptying: **No**
16. Pain on urination, urinary incontinence: **No**
17. Backbone or joint pain, morning stiffness: **Yes**
18. Recurrent fever, lymph node enlargement, throat pain: **No**
19. Any history of sexual exposure and doubt regarding STD/HIV: **No**
20. Experiencing stress, anxiety, abnormal weight gain, problem-related to sleep: **No**
21. Any discharge or pain in breast nipple, breast lump: **No**
22. Cancer screening: **Yes**
23. Feeling difficulty while eating, walking, dressing, etc.: **No**
24. Knee pain, radiating pain from back to the knee, calf pain: **Yes**
25. Suicidal thought, the repetitiveness of act, anxiety, depression, etc.: **No**

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## Consultation Review

### Diagnosis:

So I have gone through history provided by you and the above reports. All of these are in concordance with a possible diagnosis of \_\_\_\_\_ Which means itâ€™s \_\_\_\_\_ As mentioned in the report he doesnâ€™t have any co-morbidities.

### Causes:

\_\_\_\_\_

### Investigation:

Also, I would recommend as per guidelines to get BRCA mutations testing done so (can be positive in Upto 7.5% cases), and in case positive we have options of oral agents (olaparib) available.

### **Treatment:**

In general metastatic disease is incurable and current treatment options can only prolong life and make it better by reducing Timor related symptoms. This is especially true for [REDACTED] In an average survival for [REDACTED] is 12 months.

### **Surgical Treatment:**

And surgery is an option when the disease is localized, so not an option is this case.

### **Medication:**

Assuming his general condition is good there are two options in [REDACTED] 1. Gem nab paclitaxel 2. mFOLFIRINOX Though there is no direct comparison mFOLFIRINOX is better as compared to gem nabpaclitaxel in terms of improved survival and response rates but at a cost of higher toxicity. Though the difference is only 3 months.

### **Specialty:**

Medical Oncology

### **Followup:**

In metastatic setting guidelines recommended to assess response every 3-4 cycles and depending on the patient's symptoms. Regarding further treatment options 1. If he is not responding to gem nabpaclitaxel, we can switch to second-line chemotherapy and the approved agent is liposomal irinotecan plus 5FU.

### **Preventive Measures:**

1. No smoking 2. No more than Occasional alcohol intake 3. Daily exercise

### **Dietary Measures:**

Avoid high-fat diet.

*This is a computer generated report by **Dr.***

*and hence does not require any signature.*