

Radiation Oncology Consultation
02/10/2007

Chief Complaint: Cervix cancer, vaginal bleeding, pain

History of Present Illness: Patient is a 53-year-old, post menopausal female who has been noting postmenopausal vaginal bleeding for at least 3-4 years, intermittent of course, but has become worse in the last few months. Also, has had some cramps and discomfort in the suprapubic region recently and some pain extending into the low back at times. Finally, saw a physician, referred to an obstetrician/gynecologist. PAP, biopsy 1/16/2007, evaluation showed an obvious mass in the cervix and the outside path report that I have showed squamous cell carcinoma infiltrating, poorly differentiated. The patient was referred to Dr. Gyn/Onc and on examination was noted to have a large cervical mass extending into the perimetria bilaterally. She did have a CT of the abdomen and pelvis, also at outside imaging, she did bring the films. She has this obvious mass in the cervix, at least about 5 centimeters in size. Did not extend to the pelvic sidewall. There was no pelvic or periaortic adenopathy, no hydronephrosis noted, no liver lesions. She has discussed her treatment options. She will be proceeding with radiation and chemotherapy and she is referred to our facility for radiation as she will be living with her daughter during her treatment.

Allergies: Actifed which is not a true allergy with nausea and vomiting, and Darvocet, also not a true allergy, it gave her nightmares.

Current Medications:

1. Prozac 10 mg every day
2. Aspirin 81 mg every day
3. Multivitamin every day
4. Antivert 1-2 every day
5. She has been taking Ibuprofen, typically just one every day; it sounds like 600 mg
6. Ventolin inhaler p.r.n.
7. Lortab. She also takes one of these p.r.n. significant pain and that has been very few days, one pill
8. Aleve, she has been taking one q. 12 for pain

Past Medical History: Gravida 3, para 2, menarche at age 12, menopause at age 48. She was on birth control pills approximately 20 years. History of asthma, bronchitis. She states she had hypertension in the past, but is currently not on an antihypertensive agent. History of urinary tract infections. Arthritis in her knees. She had carpal tunnel surgery of her wrist in 2002.

Family History: Father died from lung cancer, metastatic at age 63. No GYN malignancies in the family.

Psychosocial History: She is married, accompanied by her husband for a portion of the consultation and also by her daughter. The patient lives alone and is currently going to live with her daughter during her treatment. She works as a nurse's aide. The patient does not smoke, has never smoked, no alcohol abuse, no drug use.

Review of Systems:

Constitutional: Recently has had a bit of a poor appetite with her diagnosis. She has lost 25 lb in the past one year, but has been actively dieting. Denies increased fatigue.

HEENT: No hoarseness, palpable neck mass, dysphagia

Neurologic: Occasional headaches, no sensory loss, no motor loss, no motor changes.

Cardiovascular: No chest pain, palpitations

Respiratory: No shortness of breath, occasional cough, no hemoptysis

Gastrointestinal: No nausea and vomiting, blood per rectum, constipation, diarrhea

Genitourinary: No frequency. She does have some urinary urgency, incontinence.

GYN: Positive for the vaginal bleeding and cramping

Musculoskeletal: Negative for bone pain, restriction of motion other than some pain in her knees at times and she has had some low pelvic pain, but not true bone pain.

Skin: No rash or itching other small rash on her right hand

Psychiatric: She has had some depression, some chronic sleep disturbance

Physical Examination:

Vital Signs: HT: 5 ft. 4 in. WT: 241. BP: 132/76, P: 64, R: 16.

General Description: She is alert and oriented, answers questions appropriately

HEENT: The oral cavity shows poor dentition, moist mucosa, trachea midline. No palpable cervical, no supraclavicular adenopathy.

Heart: Regular rate and rhythm

Lungs: Clear bilaterally

Abdomen: Bowel sounds present, soft, nontender, nondistended, no hepatomegaly, no masses. There is no inguinal adenopathy noted on pelvic exam.

Genitourinary: Normal external genitalia. Speculum exam shows that the vagina is normal. No extension of this disease into the vagina. The cervix, however, shows a close to 6 centimeter, fungating, bleeding mass with bilateral perimetrial involvement, the left much more so than the right and this was confirmed on rectovaginal exam. The rectal mucosa is smooth. She has no palpable adnexal masses and this mass did not appear to extend to the pelvic sidewall.

Extremities: Lower extremities showed no peripheral edema, no tenderness on percussion of her spine

Laboratory Data: CT and path as stated

Assessment:

Plan: Patient is a 53-year-old female with a clinical FIGO stage IIB squamous cell carcinoma of the cervix. Will complete her staging work up with a chest x-ray, blood work. I did discuss with the patient and her daughter who was present at that point, the treatment which would consist of external beam radiation to the pelvis to include not only her cervix cancer, but the draining lymph node regions, the rationale and this would be daily fractionation Monday through Friday

for a total dose of 45 to 50 Gy depending on the response to therapy and would like to keep it at 45 Gy so that she can have two good intracavitary implants. She will receive concurrent Cisplatin weekly and she will receive this at Dr. Gyn/Onc's office. For her intracavitary implants, she will receive these at Hospital B with my partner, Dr. Rad Onc #2 and will make arrangements for an evaluation with Dr. Rad Onc #2 and introduction about week three with her radiation. I did discuss this with Dr. Rad Onc #2. The patient also understands that she will have two intracavitary implants. We discussed the risks, benefits and side effects associated with external beam radiation. She verbalizes understanding, will plan on simulation as soon as possible to get her treatment started next week.

Dr Rad Oncologist #1

Radiotherapy Summary

Patient is a 53-year-old, postmenopausal female who had really been noting postmenopausal vaginal bleeding for at least three to four years, worsening, having cramps and discomfort in the suprapubic region and eventually sought attention for this. Final staging and diagnosis after biopsy was FIGO stage IIB squamous cell carcinoma of the cervix. She had bilateral parametrial involvement, left greater than right. The disease in the cervix was about 6 cm in size. She was apprised of her treatment options and received concurrent weekly Cisplatin. Because of her living arrangements, she needed to have her treatment nearby, so she had her external beam radiation at this facility. She will follow up with her implants with Dr Rad Onc #2 at Hospital B. During her treatment, again, weekly cisplatin and her radiation, after discussing the risks, benefits and side effects both possible and probable, she made a judgment to proceed with treatment. She underwent a CT simulation with three-dimensional isodose plan with dose volume histograms. Treatment was as follows.

Fields: #1 through #4

Site: Pelvis

Machine: Varian 2100

Energy: 18 MV

Field Arrangement: Four field

Prescription Reference: 95%

Dose per Fraction: 1.8 Gy

Total Fractions: 25

Total Dose: 45 Gy

Treatment Start: 02/15/2007 Treatment End: 03/21/2007

Total Elapsed Days: 34

She tolerated treatment well and required no treatment breaks. Blood counts remained adequate during treatment. At the end of treatment, she had some mild fatigue, although it should be noted that she was still working full time as an assistant in a nursing home during this. She did develop some diarrhea up to four to five stools per day. She was using Lomotil p.r.n. with results from this when she would take the medicine. Her vaginal bleeding completely resolved midway through her treatment, and she had no vaginal discharge at the end of treatment.

She just had an examination by Dr. Rad Onc #2 last week which had shown by his note, improvement in her examination with really no parametrial thickening that he could detect, so that is excellent news. She will undergo her first brachytherapy implant on 03/28/2007, and then follow with a second one, and these will be at Hospital B. She will follow-up with me one month after.

Dr Rad Oncologist #1

Outpatient Clinic Note -- Follow-Up Note
04/21/2007

Diagnosis: Stage II-B squamous cell carcinoma of the cervix

Interval History: It has been a month since patient completed her external beam radiation to the pelvis in conjunction with concurrent weekly low dose cisplatin for her cervix cancer. In the interim, she has undergone two brachytherapy procedures under the direction of Dr. Rad Onc #2. She states she tolerated these quite well. She has no vaginal discharge or bleeding. Urination is normal. Bowels are normal. Appetite is good. She currently denies pelvic pain or discomfort. Denies fatigue. She is working full-time.

Physical Examination:

On exam, weight is up further to 240. Her vitals are stable. Sclerae are nonicteric. Trachea is midline. No palpable cervical or supraclavicular adenopathy. Heart is regular rate and rhythm. Lungs are clear bilaterally. No tenderness on percussion along her spine. Abdomen: Bowel sounds are present. Abdomen is soft, nontender and nondistended. No hepatomegaly. No palpable masses. On pelvic exam, it has only been about nine days since her last implant, so she was very tender. I had to be careful with her exam. The cervix looks very typical at this point, erythematous and edematous. She still has a bit of necrotic tissue noted, but certainly not the frank necrotic gross tumor that she had originally. Examination of the fornices bilaterally showed the foreshortening secondary to radiation changes, but I could not appreciate any parametrial thickening at this point. The vagina was clear.

Plan: Will go ahead and check some blood work today. She also follows up with Dr. Gyn/Onc today and she sees Dr. Rad Onc #2 in one month. If she is given vaginal dilators there, that is fine, otherwise she is to phone me and we will make sure that she has these to begin using. She does not know how often she is going to see Dr. Gyn/Onc, so I am going to plan on seeing her back in two months for an exam at that time.

Dr Rad Oncologist #1