

ER 1

Medical Oncology & Clinical Hematology

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Radiation Oncology

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A joint venture of Lake Health and University Hospitals

Quality Oncology Practice Initiative



NAME: REIGERT, LORI
MR #: 2295048

STAR:
LH MRN:
0839961

DATE OF VISIT: 12/29/2015
BIRTHDATE: 12/16/1975

MEDICAL ONCOLOGY HOSPITAL FOLLOWUP

PROBLEM LIST:

1. Metastatic melanoma of unknown primary with metastases to the right lung with malignant right pleural effusion and pleural based mass biopsy proven to be malignant melanoma.
2. GERD.
3. Status post bilateral breast implants.
4. Status post VATS with biopsy and pleurodesis with Dr. Akhrass on 12/21/2015, which led to diagnosis of malignant melanoma.

ALLERGIES: Dilaudid, Zofran, and penicillin.

MEDICATIONS:

1. Oxycodone Ir p.r.n.
2. Oxy-Contin 10 mg p.o. b.i.d.
3. Docusate 100 mg p.o. b.i.d.
4. Senokot p.r.n.
5. Motrin p.r.n.
6. Meloxicam 15 mg daily.
7. Pantoprazole 40 mg p.o. daily.
8. Multivitamin p.o. daily.
9. Promethazine p.r.n.
10. Scopolamine patch p.r.n.
11. Valtrex p.r.n.
12. Xanax p.r.n.

FAMILY HISTORY: Significant for mother with breast cancer at the age of 57. No other primary relatives with blood disorders or cancers.

SOCIAL HISTORY: The patient is engaged to be married. No tobacco, alcohol, I.V. drugs or recreational drugs. She had a normal mammogram last month.

REVIEW OF SYSTEMS: Significant for right shoulder blade pain radiating down her right flank and right chest wall

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6. Coping with the grief of diagnosis. She will meet with our Social Worker, Kelli Dipippo, today. She also will meet with our palliative care nurse, Carol Matthews, in the future to help with pain control and bowel regimens. She may or may not need to be started on an antidepressant. She certainly will need more talk therapy.
7. Follow-up. Will follow up with patient in one month's time to see how things are going and see whether or not she is ready to transition from Dr. Koon back to me to continue her immunotherapy.

**Signed by Willem van Heeckeren, M.D. , Ph.D. on
12/29/2015**

Willem van Heeckeren, M.D. , Ph.D.

WVH/100

DD: 12/29/2015 11:34:05

DT: 12/29/2015 11:43:14

audio #: 1310795

cc: Henry Koon, M.D. (FAX)
Lydia U. Parker, M.D. (FAX)
Mihaela Donca, M.D. (FAX)

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pain where she had her chest tube. She continues to complain about dyspnea on exertion. Also, constipation/obstipation. No abnormal bleeding. No difficulty with thinking. No nausea or vomiting. No diarrhea. No rashes. No new skin moles. The rest of her 14-point review of systems is reviewed and negative except as noted above.

INTERVAL HISTORY: The patient comes in today for hospital follow-up. When I saw her in the hospital she did not yet have her final pathology back. Her final pathology now shows malignant melanoma. She has had her chest tube removed and she has been discharged. Her main complaints revolve around right shoulder blade pain radiating into her right back and flank and incisional pain at the chest tube site. Also, dyspnea on exertion and constipation/obstipation. She had an MRI of the brain, which was negative for brain metastases. Her PET scan is stable for tomorrow.

PHYSICAL EXAMINATION: Vital Statistics: ECOG performance status 1. Weight 68.1 kg. Height 169 cm. Blood pressure 130/76, heart rate 74, respiratory rate 18, temperature 36.5, pulse ox 96% at rest on room air. General: Pleasant, healthy appearing woman, sitting comfortably in a chair in no acute distress, speaking full sentences on room air. HEENT: Mucous membranes are moist. Oropharynx clear. No scleral icterus. Neck: No thyromegaly or lymphadenopathy. Pulmonary: Clear to auscultation bilaterally with decreased breath sounds at the right base. CV: Regular rate and rhythm. Abdomen: Positive bowel sounds, soft, nontender, nondistended. No hepatosplenomegaly. Extremities: No clubbing, cyanosis or edema. Skin: No rash, petechiae or purpura. Neuro: Alert and oriented x 3, nonfocal. Strength: 5/5 bilateral throughout. Normal gait.

LABORATORY: WBC of 8.6, hemoglobin of 11.6, platelet count of 357,000. Creatinine of 1.3, sodium of 140, calcium 8.7.

PATHOLOGY: Pathology shows malignant melanoma from her right pleural biopsy. It is immunoreactive to S-100, HMB-45, MART-1, and C31 focally. Non-immunoreactive to AE-1/AE-3, CD-34, Desmin actin, calretinin, cytokeratin 8/18, cytokeratin 5/6, L CA and CD-20. Ki 67 is 65% of the cells.

Pleural fluid contains malignant tumor cells.

RADIOLOGY: MRI of the brain shows no brain metastases. CT scan of the chest, abdomen and pelvis shows a right pleural based mass measuring 5.7 cm. No lymphadenopathy. Large right-sided pleural effusion. Subtle hyper enhancing lesion in the subcapsular right lobe of the liver about 3.8 cm in diameter.

ASSESSMENT & PLAN: 40-year-old female with new diagnosis of metastatic malignant melanoma of unknown primary.

1. Malignant melanoma. We had a long discussion with the patient regarding her diagnosis and her prognosis. She understands that there is treatment available, but it is not curative treatment. We discussed Ipilimumab and Nivolumab as immunotherapy to start. I will send her to Henry Koon, M.D. at University Hospital Case Medical Center to initiate treatment. Also will send pathology to Dr. Koon and University Hospitals for deep gene sequencing of a five gene panel for malignant melanoma. This will likely not change her initial treatment. It would be helpful in the future. I told her that her prognosis depended on her response to treatment. Also, reassured her that the longer that she is alive, the more treatments that might become available in the future.
2. Skin survey. The patient will need a skin survey. She had seen Dr. Parker in the past and I will send her back to Dr. Parker for a skin survey.
3. Staging. She will finish staging with PET/CT scan to evaluate whether liver lesions are malignant or not. Of note, there is no current lesion seen on the ultrasound of the liver.
4. Pain. Will continue her Oxy-Contin 10 mg p.o. b.i.d. and start her on oxycodone 15 mg one-half to one tablet every three hours as needed.
5. Obstipation. Will start her on Docusate scheduled and on Senokot. She will get our bowel protocol for patients on narcotics to go home with.

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REIGERT, LORI
416 BEECHWOOD DR
WILLOWICK, OH 44095
DOB: 12/16/1975

12/29/2015

Rx

Order: Pathology consultation, comprehensive, records and specimen with report
To be done: Today
Details: Send path to UH for 2nd opinion. Need for 5 gene melanoma panel of deep genomic sequencing at UH.
Order Entered: 12/29/2015 10:23 AM

Page 3 of 5 received on 12/29/2015 1:06:37 PM [Eastern Standard Time] from 440 205 5476

 *van Heeckeren*

van Heeckeren, Willem J., MD
Contact #
LIC#