

CC: inpatient chemotherapy administration

History of Present Illness:

52yo M w/ PMH of metastatic leiomyosarcoma, admitted today for inpatient chemo. Pt still with pain in L shoulder, but well managed with oral pain medicines, and pt not requesting more. Otherwise denies fevers, chest pain, dyspnea, dysuria, abdominal pain.

Onc history

Male with no significant PMH that presents from correctional facility for evaluation of left lung mass. Patient states that for the past month he has noticed left sided chest pain under the rib. He had also noted associated dyspnea on exertion.; He underwent chest x-ray and subsequent CT scan that demonstrated 3.6x6.5x4.6cm left lower lobe pleural based lung mass. Patient's history is notable for a 25 pack/yr smoking history, quit 5 years ago, and asbestos exposure at lumber mill for 4 month period in 2002. Patient states that he currently is feeling well, denies shortness of breath, cough, f/c, or night sweats. Does have intermittent pain at left side of chest in area of aforementioned lung mass. Started Gemcitabine and docetaxel but developed rash 2 days after gemcitabine localized to thigh and resolved with Benadryl. Chemotherapy was switched to ifosfamide/adria - progression. Chemotherapy with gem/taxotere with steroids to prevent rash 8/11/14 - tolerated it well.

Cancer treatment history:

1st cycle of **gem** 5/2 and 5/9 with rash

1st cycle of **ifosfamide/adria**

2nd cycle 6/16/14

3rd cycle 7/8/14

Progression of disease with increasing size of lung mass

Gem/Taxotere - repeat

C1D1 8/11/14

C1D8 8/18/14

C3D8 9/10/14:

CT with dec in mass, stable right infraspinal lesions, stable gastrohepatic LN, inc in ground glass opacities concerning for progression

C5 10.15.14

C6 11.5.14

Repeat CT stable with ? small new abnormality of LLL

C7

C8 1.5.15

C9 1/26/15

C# 10 5.15

C#11 6.3.15

C# 12 6.24.15

repeat CT showed stable disease with some improvement

Since 8.7.15 gemcitabine alone - Repeat CT showed stable disease

Gemcitabine 600mg/m² IVPB over 90 min, day 1 & 8 q 28 days

C9 4/27/2016

CT shows stable dz, with a small new nodule (0.8cm LUL

C10 5/25/2016

C15 D1 9/16/16

XRT to L chest wall 10/12/16-11/1/16 45Gy

pain subsided

Started on olaratumab/doxorubicin in 2017

Doxorubicin now on hold due to reaching maximum cumulative dose

- s/p 34 cycles olaratumab alone as he had received near the maximum dose of doxorubicin

- tolerated Rx but recent phase III trial did not confer a benefit for maintenance olaratumab

- shoulder masses had been increasing in size and in severe pain; imaging showed progression, admitted 2 months ago for pain control and s/p radiation to left and right shoulder for 10 sessions

Past Medical History:

Leiomyosarcoma of upper extremity

Past Surgical History:

R portacath placement: 02/25/14

R hip & R leg repair 2/2 motorcycle accident: 06/16/87

Biopsy, lung or mediastinum, percutaneous needle

Medications PTA

hydrocortisone 1% ointment 1 appl TOPICAL BID

lidocaine 4% topical film 2 patch, TOPICAL QHS

morphine 30 mg ER 1 tab PO Q12H

Ultram 100 mg PO q6h

Social History:

Employment/School inmate

Home/Environment Lives with correctional facility.

Alcohol

(+) Beer, Liquor, 3-5 times per week prior to incarceration; started age 18y. Stopped age 40y.

Previous treatment: None. Alcohol use interferes with work or home: Yes. Drinks more than intended: Yes.

Others hurt by drinking: Yes. Household alcohol concerns: No.

Substance Abuse

(+) Cocaine, Marijuana, 3-5 times per week prior to incarceration. Started at age 18y, stopped at age 40y.

IV drug use: (-)

Tobacco

(+) Former smoker, Cigarettes 20 per day. Started at age 16y, stopped at age 40 Years.

Family History:

Father (hx): Coronary artery disease; Diabetes mellitus type 2; End stage renal disease

Brother (hx): CA - Lung cancer; Thyroid cancer

Mother (hx): CA - Cancer of colon

Grandmother (hx): CA - Cancer

Allergies: gemcitabine - rash

Review of Systems (positive in bold):

Gen: fever, chills, fatigue, weight loss

HEENT: blurry vision, visual changes, rhinorrhea, bleeding gums, oral ulcers, dysphagia

CV: chest pain, palpitations, DOE, orthopnea, lower extremity edema

Resp: cough, SOB, wheezing

GI: abdominal pain, nausea, vomiting, diarrhea, constipation, melena, hematochezia

GU: dysuria, hematuria, frequency

Neuro: dizziness, weakness, numbness, headache

Psych: anxiety, depression, insomnia

Endo: polydipsia, polyuria, heat/cold intolerance

Heme: easy bruising or bleeding, lymphadenopathy

MSK: joint pain, swelling, myalgia

Skin: rash, pruritis

Physical Exam:

VS: T: 97.7/36.5 BP: 143/78 P: 76 RR: 18 O2 Sat on RA 97 Pain: 8

Ht: 182.8 cm wt: 86.6 kg

General: pleasant, NAD, A&O x3
Skin: no rashes, lesions, ecchymoses
HEENT: conjunctiva normal, anicteric, MMM
Neck: no LAD, supple
Chest: R port - no tenderness or erythema
Lungs: CTAB, no wheezes or crackles
CV: RRR, nl S1/S2, no m/r/g
Abd: +BS, soft, NTND, no HSM
Extremities: 2+ distal pulses present bilaterally, no c/c/e
Neuro: AAOx3, no focal deficits, moves all four extremities

Labs:

ClinChem Lab Results:

Date	Na+	Cl-	K+	CO2	AGAP	BUN	Cr	eGFR	CrCl	CA	GLUC
04/11/19 09:43	140	103	4.7	29	8	14	1.22	62.4	78.8	10.1	109

LFTs Lab Results:

Date	TBili	Bili	Alk-Phos	ALT	AST	Prot	Alb
04/11/19 09:43	0.5		73	31	25	7.1	4.3

CBC with diff

Date	WBC	RBC	MCV	HgB	HCT	Plat	%NEUT	%LYMPH	%MONO
04/11/19 09:43	7.5	4.91	88.6	14.2	43.5	374	81.1	8.0	9.2

Coags Lab Results:

Date	INR	PT	PTT
03/02/19 06:00	1.0	13.2	28

Assessment/Plan:

Pt is a 52 y/o male with no significant PMH found to have metastatic leiomyosarcoma to the lungs and bone. Admitted to start trabectedin therapy.

Metastatic Leiomyosarcoma

- will start C1D1 of trabectedin 1.5mg/m2 IVPB x 1 dose tonight
- CT C/A/P pending
- Pain control with Norco 5mg q6hr + lidocaine patches
- IV Zofran prn nausea

F: PRN

E: replace PRN

N: Heart healthy diet

DVT prophylaxis: enoxaparin 40 mg sc daily

Code Status: Full Code

Dr. CA