

MIL-*, DORIS F****SSN: 000-01-1406****DOB: 4/26/1933****MRN: E002035313****Date Registered: 8/13/2013****Treating Physician: THOMPSON, J SPENCER****Requesting Physician: MANNEL, ROBERT****Primary ICD9: 182.0 - Malignant Neoplasm - Carcinoma
Endometrium - Myometrium****Secondary ICD9:****Clinical Care Plan - 8/13/2013****Clinical Care Plan**

The patient's pathology report indicates the tumor is an adenocarcinoma. 80 year old female who presented with a seven month history of abnormal vaginal bleeding. The patient was seen by her physician, whom performed an ultrasound and biopsy. The pathology report noted a mixed mullerian tumor. The patient met with Dr Mannel and was staged with a pelvic CT scan and chest Xray on 6/11/2013, which confirmed a uterine mass and did not show any pelvic lymphadenopathy or evidence of metastatic disease. She discussed her treatment options and underwent a transvaginal hysterectomy and BSO on 7/11/2013. The pathology of the surgical specimen reported a FIGO Grade III endometrial adenocarcinoma invading over 50% of the myometrium, LVSI+ and extending to the cervical stroma. Due to her pathologic features, the patient was recommended postoperative radiation as adjuvant therapy. She arrives today to discuss her treatment options. 182.0, T2 N0 M0, Stage II. Treatment for this patient will be planned with a curative intent. This patient is being seen post resection. The patient has not received chemotherapy. The patient denies receiving chemotherapy in the past. The initial evaluation on this patient will be completely documented within the next few days after I have had time to collect and analyze all of the clinical data related to the care of this case. My brief examination and evaluation today will be taken into consideration as I produce the final document. Today's clinical care plan will be utilized for directing the preliminary planning process and determining the proposed general parameters of the care of this case. Some of these factors may be changed as further information becomes available and the final care plan is formalized. The multi-disciplinary clinic recommendation was to treat the patient with radiation therapy before surgery. This case was presented at the gynecology tumor board. After presentation and a full evaluation of available information, the general consensus of the tumor board was to recommend a combination of surgery, radiation, chemotherapy. 4500, 4500cGy, The time dose relationship will consist of a conventional schedule of one treatment per day. This will give a calendar week delivery schedule of 5 fractions per week. The initial Dose Rate to be planned is 180 cGy (1.8 Gy) per fraction. 25 treatments are planned for this course of therapy. Organs at risk will be identified later under clinical treatment plan. The proposed method of brachytherapy is high dose rate. Two applications will be planned. CT scan was performed and the films have been reviewed. Nutritional status is stable at this time and the weight is stable. 90% - Can perform normal activities, minor signs of disease. The prognosis on this patient is good considering all factors of the disease. 80 year old female with FIGO II endometrial cancer with cervical stromal invasion. The patient is scheduled to undergo radiation treatments after discussing its role as adjuvant therapy after surgery as well as its risks and benefits. The patient agreed to proceed with treatments and also agreed to be randomized in the RTOG 1203 protocol. She signed an informed consent note and underwent CT simulation.

Physician's Signature : _____



Electronically signed by J SPENCER THOMPSON, MD on 8/14/2013 at 7:15

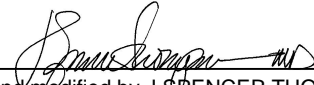
This clinical service was performed in conjunction with the Radiation Oncology resident. I reviewed the resident's note, and I agree with the assessment and plan. I was present for and participated in the history taking, physical examination and discussion of management options with the patient.

Save History

Signature : _____

Reviewed and modified by ROBERTO SABATER, MD on
8/13/2013 at 5:22 PM

Signature : _____



Reviewed and modified by J SPENCER THOMPSON, MD
on
8/14/2013 at 7:15 AM