Jefferson.

Jefferson Medical Oncology - Chestnut 2Flr - 6

CHART NOTE

Patient: MICHELE MORRILL JACOBS
MRN: 24711046
DOB: 07/04/1953
Date: 1/14/14

Diagnosis: **Pancreatic mass with liver metastasis, which is poorly differentiated with spindle-like cells.**

Performance Status:
ECOG 1.

Interval History:

The patient returns to the office today for a followup visit and Cycle 4 day 1 of chemotherapy. She reports that the past 2-3 days she has had chest tightness on inspiration. At the time it started she did get some chest pain. She is trying not to take a deep breath as it gets uncomfortable. Of note she is tachycardic to 136. She denies any calf swelling or pain. She is otherwise hemodynamically stable and in no acute distress. She also reports that her oral and esophageal thrush is better. Her mouth has cleared up with the nystatin swish and swallow. Pain is currently 4/10. She has a great appetite and is eating very well. She reports that her abdominal pain is well controlled on her current pain regimen. Her symptoms get a little exacerbated when she gets the Taxotere but are controlled well with break through pain meds. She does report some headaches in the frontal and temporal region more after taxotere. She does run low grade fevers of 99-100.4F intermittently.

Past Medical, Surgical, Social and Family History:
No interval change since note dated October 4, 2013.

Allergies:
Sulfa and penicillin.

Current Medications:
Reglan, OxyContin, oxycodone, Vicodin, Levemir, metformin, Effexor, Klonopin, enalapril, Zetia, aspirin, and Zofran.

Review of Systems:
Please see interval history, otherwise all others unremarkable.

Physical Examination:
She appears remarkably well in no acute distress. Her weight is 179, blood pressure is 133/68, heart rate was 136, respirations 18, and temp was 97.8 degrees. HEENT exam revealed pupils equal, round, and reactive to light. Sclerae clear and anicteric. Conjunctivae pink. Oral mucosa was pink and moist without lesions or exudate, some redness in the pharyngeal are but no lesions seen. Neck was supple. There was no cervical or supraclavicular adenopathy. Cardiac exam revealed normal S1, S2. Lungs were clear to auscultation bilaterally. Back was without spinal or CVA tenderness. Abdomen was soft with no

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tenderness. BS audible. Extremities without cyanosis, clubbing, or edema, no calf swelling. Neurologic exam was grossly nonfocal.

Laboratory Studies:
1/10/14: revealed a white count of 10.6, hemoglobin 10.9, and platelets were 247. Chemistries including liver function tests were all within normal limits except glucose of 190.

Radiographic Review: A CT scan done on 1/13/14 at Lansdale showed improvement in the pancreatic mass and liver metastases. The pancreatic mass measured 4.7 X 4.3 cm, previously 5.5 X 6.1 cm. The multiple liver lesions are also significantly decreased in size.

Assessment and Plan:
This is a rather robust 60-year-old woman with pancreatic cancer with liver metastases. Pathology is consistent with a pleomorphic malignant neoplasm, which is undifferentiated and has spindle cell characteristics.

We discussed the results of her CT scan and are very encouraged that she is gaining benefit from her chemotherapy. We plan to continue her and start cycle #4 today. Based on her respiratory symptoms we feel that a stat CT chest with PE protocol is necessary to rule out pulmonary embolism and arrangements for this were made. She will return to the office later today to discuss the results. She was otherwise given a follow up appointment prior to cycle #5 and encouraged to call with any additional questions or concerns in the interim.

Madiha Gilani MD
Fellow Hematology/Oncology

I saw and examined this patient with Dr. Gilani, I reviewed the laboratory and radiographic tests and developed the assessment and plan with her. I agree with the findings as documented by Dr. Gilani's note. I have personally revised and edited this dictation.

Nancy L. Lewis, M.D.
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cc:

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Electronically signed by:NANCY LEWIS MD Mar 19 2014 11:09AM EST