# Case Scenario 1

ONCOLOGY CONSULT:

Chief Complaint:

* 4/20/15: 71-year-old female with a history of asbestos exposure through her husband who worked as a welder for the Navy. Patient complained of increasing shortness of breath and tightness in her left chest with occasional pain on inspiration. Admitted recently to ABC hospital with sudden onset of severe shortness of breath and chest pain.
* PE: Decreased breath sounds on the left. No cervical or supraclavicular lymphadenopathy

Imaging:

* 4/10/15: ABC Hosp/CXR Left pneumothorax.
* 4/10/15: ABC Hosp/CT Chest/Abdomen: Left parietal based disease and focal involvement of visceral pleura. Multiloculated pleural effusion present. Findings compatible with mesothelioma; non-specific hilar and subcarinal adenopathy, most likely reactive. No parenchymal lung nodules noted. Abdominal imaging unremarkable.

Scopes:

* 4/11/15: ABC Hospital Bronchoscopy/VATS: No endobronchial lesions or obstruction. Pleural studding with multiple nodules involving parietal pleura predominantly with spotty areas of nodules beneath visceral pleura; Left pleural biopsies performed. Mediastinal lymph node sampling of N1 and N2 nodes. Thoracentesis resulted in 500cc mild bloody fluid.

Pathology:

* 4/11/15: Left pleural plaque biopsy: Markedly atypical cells with malignant mesothelioma, grade 3. IHC supports malignant epithelial mesothelioma. 0/3 LNs positive. Pleural fluid positive for mesothelioma cells.

Treatment plan:

* Patient is a frail 71, with Stage XXXX disease with potential for resection. Patient states she does not want surgery. She will begin Pemetrexed chemotherapy today.

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| Case Scenario 1 Worksheet | | | | | | | |
| **Primary Site** | **Morphology** | | | | | **Grade** | |
| **Stage/ Prognostic Factors** | | | | | | | |
| CS Tumor Size | |  | | | CS SSF 9 | 988 | |
| CS Extension | |  | | | CS SSF 10 | 988 | |
| CS Tumor Size/Ext Eval | |  | | | CS SSF 11 | 988 | |
| CS Lymph Nodes | |  | | | CS SSF 12 | 988 | |
| CS Lymph Nodes Eval | |  | | | CS SSF 13 | 988 | |
| Regional Nodes Positive | |  | | | CS SSF 14 | 988 | |
| Regional Nodes Examined | |  | | | CS SSF 15 | 988 | |
| CS Mets at Dx | |  | | | CS SSF 16 | 988 | |
| CS Mets Eval | |  | | | CS SSF 17 | 988 | |
| CS SSF 1 | |  | | | CS SSF 18 | 988 | |
| CS SSF 2 | |  | | | CS SSF 19 | 988 | |
| CS SSF 3 | |  | | | CS SSF 20 | 988 | |
| CS SSF 4 | |  | | | CS SSF 21 | 988 | |
| CS SSF 5 | |  | | | CS SSF 22 | 988 | |
| CS SSF 6 | |  | | | CS SSF 23 | 988 | |
| CS SSF 7 | |  | | | CS SSF 24 | 988 | |
| CS SSF 8 | |  | | | CS SSF 25 | 988 | |
| Summary Stage 2000 | |  | | |  |  | |
| Clinical AJCC TNM Stage | |  | | | Pathologic AJCC TNM Stage |  | |
| **Treatment** | | | | | | | |
| Diagnostic Staging Procedure | | |  |  | | |  |
| **Surgery Codes** | | |  | **Radiation Codes** | | |  |
| Surgical Procedure of Primary Site | | |  | Radiation Treatment Volume | | |  |
| Scope of Regional Lymph Node Surgery | | |  | Regional Treatment Modality | | |  |
| Surgical Procedure/ Other Site | | |  | Regional Dose | | |  |
| **Systemic Therapy Codes** | | |  | Boost Treatment Modality | | |  |
| Chemotherapy | | |  | Boost Dose | | |  |
| Hormone Therapy | | |  | Number of Treatments to Volume | | |  |
| Immunotherapy | | |  | Reason No Radiation | | |  |
| Hematologic Transplant/Endocrine Procedure | | |  | Radiation/Surgery Sequence | | |  |
| Systemic/Surgery Sequence | | |  |  | | |  |

# Case Scenario 2

**CONSULTATION**

**Chief Complaint:**

* 2/9/15 29-year-old female admitted from the ER with abdominal and pelvic pain. She presented complaining of exquisite pain on palpation of left adnexa. Abdominal fullness with slight fluid wave. No palpable adenopathy. Probably GYN cancer. PMH: G2, P2. Per patient 1 spontaneous miscarriage 5 months ago; she did not see a physician at that time.

**Labs**:

* 2/10/15 CA 125 of 500. 2/10/15 B-HCG over 100,000.

**Imaging:**

* 2/9/15 CT: Multiple lung nodules bilaterally concerning for metastatic disease. Small amount of ascites was seen adjacent to the liver and spleen. No evidence of liver or spleen mets. 11.8 cm multilobulated cystic mass within the uterus. The anterior aspect of the mass involves the peripheral rim of enhancement consistent with GYN malignancy. No adenopathy.

**Operative Findings**:

* 2/12/15: Laparoscopy with evacuation of hemoperitoneum and modified radical hysterectomy and bilateral salpingo oopherectomy. An intraperitoneal hemorrhage with molar pregnancy was seen. Hemoperitoneum approximately 3L with rupture of uterus extruding what appeared to be molar tissue into peritoneum at various ports in uterine fundus . Bilateral ovarian cysts.

**Pathology:**

* 2/12/15: Lap/TAH/BSO
  + Fragmented large grape like clusters approximately 12cm in size.
  + An invasive hydatidiform mole with component of gestational moderately differentiated choriocarcinoma measuring approximately 4.8cm with deep invasion of myometrium and extension to left broad ligament.
  + Figo Stage III invasive mole with fundic uterine penetration.
  + Tubes, ovaries, cervix negative for tumor extension or implants.

**Chemotherapy:**

* 2/24/15 EMA/CO Regimen: Etoposide, Methotrexate, Actinomycin, Cyclophosphomide & Vincristine

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