

UCLA Medical Center

345-41-88 WW
TREADWELL, JAMES N

Outpatient Consultation
MEDICINE/Medical Oncology

Date of Service: Monday, June 7, 2004

The patient comes to see us in neurologic consultation. The patient is 59 years old with a left frontal glioblastoma. He came to the clinic for a second opinion. The patient started having difficulties with severe headaches in March 2004. The patient was having some increased intensity of these headaches with some diminished cognitive function. He had an MRI scan that was done on 4/26/2004 showing an abnormal contrast enhancing area in the left frontal lobe. The patient underwent a resection on 4/27/2004. This was what appeared to be a near total resection. There as a small amount of residual more inferiorly in the resection cavity. The patient then underwent a second resection on 5/27/2004. There were three Gliadel wafers that were placed at that time. This was performed by Dr. Sebastian. The patient has been doing well since then. He is on Decadron, but he is tolerating things quite well.

Allergies: No known drug allergies.

Current Medications: Decadron 8 mg three times a day, Pepcid 20 mg twice a day, multivitamins and melatonin.

Past Medical History: Essentially negative except for he has some skin cancer.

Family History: Negative for cancer but has hypertension and diabetes.

Psychosocial History: Lives with his wife. He has one sister who is alive and well. He drinks socially, non-smoking, and surfs.

Review Of Systems: Essentially negative except for the basal cell carcinoma that was removed in the past.

Exam: Vital Signs: Blood pressure 104/56, pulse 59, temperature 37.2, respirations 20, weight 220 pounds. Neuro Exam: Shows that he was awake, alert, oriented and attentive. He has normal language function, visual/spatial skills. His cranial nerves show full visual fields, extraocular muscles are full. He has symmetric facial sensation. Normal hearing to finger rub bilaterally. bilaterally upgong pallete, 5/5 sternocleidomastoid and trapezius, midline tongue. Motor Exam: 5/5. Sensory: Intact. Gait: Normal based, he can stand with his feet together, eyes open and eyes closed.

The patient has a Karnofsky of 100%.

The pathology report was available and showed that the patient had glioblastoma multiforme. The patient's MRI scans were reviewed. There was a scan on 4/26/2004 showing a large, necrotic area that had two separate areas of necrosis in the left frontal lobe. There was mass effect and edema that was present. On 4/28/2004, there was what appeared to be a near-total resection with only a slight amount of residual in the inferior portion of the resection cavity. On 5/26/2004, there was this area in the inferior part of the resection cavity that might show a minor increase with contrast enhancement, but this also could be postoperative change. This was a preoperative scan, and then he had a second scan postoperatively on 5/27/2004, which showed a gross total resection and the placement of Gliadel wafers. There were a total of three wafers that were placed.

Assessment: This patient has a glioblastoma multiforme. We had a long discussion regarding a variety of issues, including prognosis, treatment, alternative treatment, and other general issues. At this point, I have asked the patient to initiate radiation therapy. He should get radiation therapy that is five days a week for about six weeks, with the total dose to be around 6000 cGy. It was also recommended to the

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patient that he have concomitant Temodar during radiation therapy. This Temodar can be given for five days on, 23 days off at a dose of 150 mg/m² during this time. After two cycles, the patient will have completed radiation therapy, and he should have an MRI scan. If that MRI scan is stable or showing no evidence of disease, we will have the patient continue with Temodar, now at 200 mg/m² per day for five days on, 23 days off, and also be treated concomitantly with Accutane for 21 days on, seven days off during the same 28-day cycle. The Accutane would be delivered at 200 mg a day. We discussed the risks and benefits of these treatments. We also asked that the patient get unstained glass slides that can be reviewed here at UCLA. We also are going to be reviewing his pathology here, and I have asked for approval for review of his pathology by his managed care. The patient understands this and we will go forward with this therapy. The patient will follow up in eight weeks and will be getting treatment by Dr. George Luiken.

Timothy Cloughesy, M.D. (P11422)
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