# University of Kansas Hospital Cancer Center

3901 Rainbow Boulevard
Kansas City, KS 66160-7820
(913) 588-7750 Fax: (913) 588-4720




[redacted] Home: ([redacted]1 Office: (999)999-9999
81 Year Old Male DOB: [redacted]5 KU#: [redacted]

**10/26/2005 - Office Visit: CC OV Est - FINAL**
**Provider: Chung-Tsen Hsueh MD**
**Location of Care: University of Kansas Hospital Cancer Center**

This is a copy of the official paper document that is stored in the Cancer Center chart.

[redacted].

**KUMC#:** [redacted]

**OCTOBER 26 2005**

**PATIENT RETURN VISIT**

---

**VITALS:** BP 124/58, pulse 68, temp 97.8°, respiratory rate 20, height 72 inches, weight 169 pounds, age 80, performance status 1.

**DIAGNOSIS:** Squamous cell carcinoma, metastatic to right cervical and right supraclavicular lymph nodes, unknown primary.

**STAGE:** $T_xN_{2b}M_0$, stage IV A.

**PAST THERAPY:** Patient underwent surgical resection followed by postoperative radiation with IMRT radiotherapy to right upper neck. He received a total of 66 Gy to the right upper neck between 4/7/05 and 5/23/05. Patient had recurrence in the right supraclavicular area and underwent radical right neck re-dissection. We were considering him for further radiotherapy as well as concurrent cisplatin therapy; however, it could not be started because of delayed wound healing.

Patient had CT of the neck that showed changes consistent with local progression and skin involvement. He had FNA of the right postauricular mass on 10/14/05 that was inconclusive.

We were considering the patient for SWOG protocol #S0420, which is a phase II study using BAY 43-9006 at 400 mg b.i.d. in patients with recurrent or metastatic squamous cell carcinoma of head and neck; however, the patient is not eligible for study as he had multiple recent skin malignancies, one of them being malignant melanoma in situ.

**PRESENT THERAPY:** Patient presents today for discussion regarding further treatment.

**MEDICATIONS:** Remain unchanged.

**FATIGUE RATING:** 4-5/10.

**University of Kansas Hospital Cancer Center**
3901 Rainbow Boulevard
Kansas City, KS 66160-7820
(913) 588-7750 Fax: (913) 588-4720



[redacted] Home: [redacted] Office: (999)999-9999
81 Year Old Male DOB: [redacted] KU#: [redacted]

**PAIN RATING:** 3-4/10 around the right neck wound.

**CHANGE SINCE LAST INTERVENTION:** The patient reports slightly worse pain in the right side of the neck. He also reports hoarseness of his voice as well as shortness of breath. Shortness of breath is usually nonexertional in nature.

**REVIEW OF SYSTEMS:** Patient denies any visual changes or headache. He denies any chest pain. He does, however, have mild shortness of breath, mostly nonexertional in nature. He denies having any palpitations or left arm pain. He does not have any abdominal pain, nausea, vomiting, diarrhea, or constipation. He has significant fatigue; however, he does not have fevers or chills.

**Continued on Page 2...**



**Continued from Page 1...**

**PHYSICAL EXAM:** Vitals as reported above. No pallor or icterus. Oral mucosa moist. No evidence of lesions. Right side of neck had a wound measuring approximately 1 cm in diameter with edges approximating. Wound base was white in color and did not seem to have any granulation tissue. Above the wound on the right side of the neck there was diffuse swelling, under the right auricle. Patient also had diffuse submental lymphadenopathy. Lungs: Clear to auscultation bilaterally. CV: Regular rate and rhythm without murmur, rub, or gallop. Abdomen: Soft, nontender, nondistended, active bowel sounds. Extremities: No edema, cyanosis, clubbing, or calf tenderness. Neuro: Grossly intact.

**X-RAYS / LABORATORY:** Hemoglobin 11.6, platelet count 224, WBC 5.6. Sodium 142, potassium 4.3, chloride 99, bicarb 21, BUN 22, creatinine 1.1, glucose 209, calcium 9.7, total bilirubin 0.6, total protein 7.6. Liver function tests were normal. Chest x-ray 10/25/05 showed marked elevation of the right hemidiaphragm that could reflect phrenic nerve damage or eventration.

**Patient was seen and evaluated by Chung-Tsen Hsueh, M.D., and the following assessment and plan were formulated.**

**ASSESSMENT / PLAN:** Metastatic squamous cell carcinoma, unknown primary. Patient will not be able to receive any chemotherapy or radiation at this time secondary to delayed wound healing.

**University of Kansas Hospital Cancer Center**
3901 Rainbow Boulevard
Kansas City, KS 66160-7820
(913) 588-7750 Fax: (913) 588-4720



[redacted] Home: [redacted] Office: (999)999-9999
81 Year Old Male DOB: [redacted] KU#: [redacted]

He is ineligible for the phase II study with BAY 43-9006 because of his history of skin malignancies. Patient was given information about erlotinib (Tarceva).

In a report published in JCO January 2004, a multicenter phase II study of erlotinib in 115 patients who received erlotinib 150 mg daily showed five patients (approximately 4%) had partial response and disease stabilization was maintained in 44 patients (38.3%) for median duration of 16 weeks. The median progression-free survival in the study was 9.6 weeks and median overall survival was 6 months. Rash and diarrhea were the most common drug-related toxicities and occurred in 79% and 37% of the patients.

**Continued on Page 3...**

**University of Kansas Hospital Cancer Center**
3901 Rainbow Boulevard
Kansas City, KS 66160-7820
(913) 588-7750 Fax: (913) 588-4720



[redacted]
81 Year Old Male DOB: [redacted] KU#: [redacted]
Home: [redacted] Office: (999)999-9999

**PAGE THREE**

[redacted]

**KUMC#:** [redacted]

**OCTOBER 26 2005**

**Continued from Page 2...**

Patient was started on erlotinib 150 mg p.o. daily. Side effects of medication were explained to the patient and his wife and they expressed understanding. Patient was given a 30-day supply of the medication. They met with Jan Peterson, social worker, to help them with the patient assistance program.

Marked elevation in the right hemidiaphragm as well as hoarseness of the patient's voice could signify recurrent laryngeal nerve damage. Patient is able to swallow and does not have any evidence of aspiration. Patient will return to clinic in two weeks' time.

Nima Pandellapalli, M.D.

Chung-Tsen Hsueh, M.D., Ph.D., F.A.C.P.
NP/CTH/T: 51031jmr
D:51028 job# 428867

c: Lisa Waxman, M.D.
8919 Parallel, Suite 555
Kansas City, KS 66112

Eashwer Reddy, M.D.
Dept. of Radiation Oncology
KUMC

Terance Tsue, M.D.
Dept. of Otolaryngology
KUMC

**University of Kansas Hospital Cancer Center**
3901 Rainbow Boulevard
Kansas City, KS 66160-7820
(913) 588-7750 Fax: (913) 588-4720



[redacted]
81 Year Old Male DOB [redacted] KU#: [redacted] Home: [redacted] Office: (999)999-9999

Kizzy Allen, RN, BSN

**Signed before import by Chung-Tsen Hsueh MD**
**Filed automatically on 11/01/2005 at 8:11 AM**
**Signed by Poornima Pandellapalli MD on 11/08/2005 at 3:20 PM**