2601 E. Oakland Park Blvd, Suite 102 Ft. Lauderdale, FL 33306 Phone: 855-573-2663

Oncology Second Opinion (Extended consultation)

Patient: xxxxxxxxxxxx

DOB: 09/12/1943

DATE: 03/14/2014

Summary of clinical Data:
CT scan shows a 2.8 cm pancreatic mass, peri-lesional stranding and extension to the SMV, renal and portal vessels. Liver isnormal. Mild pancreatic duct dilatation is noted. Three is no adenopathy. In addition, there is a 3.5 cm lesion in RUL, no FDG uptake elsewhere.

Biopsy of lung lesion shows adenocarcinoma, prominent stromal component but immunohistochemistry ID positive for Ca19.9 and TTF-1.

Assessment:

This case must be approached with the assumption that one can attain the best possible outcome given the above findings. At this point, there is a good chance that the lung lesion is a primary lung cancer, as it is TTF-1 positive (TTF-1 is relatively specific for adenocarcinoma of the lung). For this reason, I would at this point send the tissue out to test for EGFr mutation and ALK Translocation. Other tumors may be positive for TTF-1, but these are rare cases. The tumor is Ca19.9 positive and I would check the CEA and Ca19.9 serum levels which would be helpful to follow for treatment response.

Therefore at this point I will also assume that the lung lesion is a localized tumor
based on PET-CT. The pancreatic lesion could be a metastasis from the lung but this is unlikely. I think we need to assume that it is a primary pancreatic tumor and approach its treatment with the goal of eventual resection. It could be a neuroendocrine tumor or a lymphoma but an adenocarcinoma is the most likely. As it is close to the vasculature, resection at this point may be difficult. The decision as to how to approach the resection of the pancreatic lesion is a surgical opinion.

If it is unresectable, I would treat the patient with Gemcitabine and Abraxane or FOLFOXFURI. Either regimen gives a good chance of tumor reduction which would allow for possible resection. FOLFOXFURI is more intense but may have a higher response rate. The patients overall condition would determine the right choice of chemo-treatment. Radiotherapy/chemo is another choice but the lower dose of chemo used with radiotherapy would not be sufficient to control the lung lesion. These more intense chemotherapies may also treat the lung cancer or keep it under control. If the pancreatic lesion becomes resectable I would go ahead and resect it and at the same time re-evaluate the lung lesion for possible resection or stereotactic radiotherapy. If the patient does have a Whipple procedure for the pancreatic lesion, further chest surgery could only be done if the patient has a good recovery from the pancreatic surgery.

Questions and discussion:

Are the tumors resectable?
If so, would proceed with chemo first as above.

Which is primary?
There are probably 2 primaries, but you will know only after the pancreatic surgery is done.

How will be the course of the treatment?
See above

Is there metastasis?
Cannot be sure at this point.

Is chemo radiation possible?
Yes, but may be better to use intensive chemo first.

Is the pancreatic tumor on vena cava? Is it still resectable?
Best to treat with chemo first because tumor is usually more extensive at surgery than what it appears to be on scans. At least 3 months of chemo will be needed to reduce the tumor. The patient should have serum Ca19.9/CEA tested and if positive follow this every 2 weeks during chemo to make sure it is decreasing.

What is the course of treatment of lung lesion?
The chemo drugs outlined above are also active in adenocarcinoma of the lung, but eventually the lung will need resection or radiotherapy.

Please let me know the life expectancy on a separate report as the patient will be reading the main report.
This would be very difficult and not worth guessing at this point as the patient has 2 tumors and there is no tissue for pancreatic mass. If the pancreatic mass is a neuroendocrine tumor it may be slow growing and can be treated; so without having a firm diagnosis, prognosis is just a guess.

Palliative care needed?
Not yet, but depends on patients overall condition.

Food restrictions if any?

None at this time. Patient may need pancreatic enzyme supplements as the duct is becoming obstructed.

-Electronically Signed by: , MD, Board Certified Medical Oncologist on 03/14/2014 3:42:15 PM