

Onco RBM Clinical Case 2

Save

Service Order

Notes

Interaction History

Medical Review

Nurse Review

Member Information

Authorization Date Update

Cloned Details

Service Order ID:

Member:

Date of Birth:

Age:

Gender:

Member ID:

PRI-ME:

SO Status:

Open Activity:

Program:

Referring Physician:

Primary Specialty:

Case Specialty:

Open

RNREV DNR

CIGNA SI-PPO/OAP

Commercial

INTERNAL MEDICINE

Oncology

Cigna Site of Care

Nurse Job Aid

Call Center Disposition History

OB Ultrasound Medical History

Oncology Member Medical History

Oncology Member History

Sequence #	Details	Date of Diagnosis	Cell Type & Location	Stage @ Diagnosis	Current Stage	Treatment History Dates	Treatment Type and Site	Date of Diagnosis for Recurrence or Metastasis	Site of Recurrence or Metastasis	Comments
1	<div>Details</div>	2023/6/22	sm round blue cell tumor, LUL lung mass Bx: EWSR1-PATZ1 fusion sarcoma	IV		8/3/2023, 9/2023, 10/2023, 1/2024- current	craniotomy / resection R parietal mass; adj SBRT, chemo, chemo	08/03/2023	R parietal mass Bx: METs of sarcoma; lung, brain	She was subsequently identified to have a left thigh sarcoma - confirmed by biopsy (Undated); EWSR1-PATZ1 sarcoma, Stage IV, originating from L thigh, with metastases to lung and brain

Oncology Member History Details

Find

View All

First

4 of 1

Last

Sequence # 1

Year of Diagnosis

2023

Month of Diagnosis

6

Day of Diagnosis

22

Cell Type & Location

sm round blue cell tumor, LUL lung mass Bx: EWSR1-PATZ1 fusion sarcoma

Stage @ Diagnosis

IV

Current Stage

Type of Treatment

craniotomy / resection R parietal mass; adj SBRT, chemo, chemo

Treatment Dates

8/3/2023, 9/2023, 10/2023, 1/2024- current

Recurrence or Metastasis Date of Diagnosis

08/03/23

Recurrence or Metastasis Site

R parietal mass Bx: METs of sarcoma; lung, brain

Comments

She was subsequently identified to have a left thigh sarcoma - confirmed by biopsy (Undated); EWSR1-PATZ1 sarcoma, Stage IV, originating from L thigh, with metastases to lung and brain

Add New Member Details

Update

Audit History

Notes

Find

View All

First

7 of 7

Last

Note Type:

INTERNAL NOTE

All Notes

Template ID:

Select Note Text

*Summary:

Nurse Reviewer Note

Details:

Added:

Delete

Attach a File

Add Note or Attachment

Delete Note

Date Time Stamp

Clinical Notes History

UM Product:

HI-TECH

Member:

KS

Physician:

KS

Facility:

KS

Tax IDs Match

Policy State:

VA

Fund Type

Self Insured

Jurisdiction State:

KS

Medical Status

Pending

Type:

Web

Case Type:

Standard

DOS

Expand All

Collapse All

CPT/CD

Activities

History

Clinical Advantage

Saved Notes

Mem. Phys. Fac.

Service

Bottom

Notes

Upds

CPT, ICD, Guideline

CPT Info

Member Rational Text

Dup

Service Group Name

Unit

CPT

Description

Status

Rationale

Repost

Provider Language

Member Language

Modifier

BodyPart

Description

1

70553

MRI BRAIN (head); with and without contrast

Pending

Repost

1

SOCCPT

SOCCPT

Exempt

Repost

Approve All

Deny All

Duplicate CPT

Status Pending

RN-Rationale Decision Tool

Post Decision

ICD-10 Code

ICD Description

1

C79.31

SECONDARY MALIGNANT NEOPLASM OF BRAIN

Get Default Guidelines

Guidelines Required

Change Specialty

Case Specialty

Oncology

Guideline Names

Guideline Name

Description

1

Notes

Activity History

Step	Activity	Status	Start	End	Assigned Group	
<input type="checkbox"/> 10	Initiate Request	3 - Completed	02/22/2024 2:28PM	02/22/2024 2:28PM	Intake Workgroup	WEBUSER WEBUSER
<input type="checkbox"/> 20	Give Verbal Recap, If Approved - Do Not Send To IVR	3 - Completed	02/22/2024 2:28PM	02/22/2024 2:28PM	Intake Workgroup	WEBUSER WEBUSER
<input type="checkbox"/> 30	RN Review - Give Verbal Recap, If Approved - Do Not Send To IVR	2 - Started	02/22/2024 2:28PM		RN Workgroup	
<input type="checkbox"/> 40	MD Review - Give Verbal Recap, If Approved - Do Not Send To IVR	1 - Queued			MD Priority Work	
<input type="checkbox"/> 50	NU Wrap Up - No Verbal Notification Required	1 - Queued			NU No Verbal Noti	
<input type="checkbox"/> 60	Notify Member of Decision - SilverLink	1 - Queued			NU Member Noti	

Do Next Activity

Activity:

Step Number

Insert Activity

All Activities

Cancel Selected Activities

Cancel Service Order

Member History Information

Claims Summary

Medical Status: Modified Approved

Created: 06/14/2024

Member:

SO Status: Complete

Auth Start: 06/14/2024

Physician:

Auth ID:

Auth End: 12/11/2024

Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale
Denied	78816	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body	4134A
Approved	78816	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body	44 Following consideration of the original adverse decision, the procedure has been approved based on review of the additional clinical information submitted.

ICD Version	ICD ID	
10	C49.9	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED
10	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN

Medical Status: Approved

Created: 06/10/2024

Member:

SO Status: Complete

Auth Start: 06/10/2024

Physician:

Auth ID:

Auth End: 12/07/2024

Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale
Approved	70553	MRI BRAIN (head); with and without contrast	897 Approve
Exempt	SOCCT	SOCCT	

ICD Version	ICD ID	
10	C49.9	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED
10	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN

Medical Status: Modified Approved

Created: 03/27/2024

Member:

SO Status: Complete

Auth Start: 03/27/2024

Physician:

Auth ID:

Auth End: 09/23/2024

Facility: UNIVERSITY OF KANSAS HOSPITAL AUTHORITY

Status	CPT		Rationale
Denied	78816	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body	4134A
Approved	78816	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body	53A Following the peer to peer review, the initial adverse determination has been overturned and approved.

ICD Version	ICD ID	
10	C49.9	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED

Medical Status: Denied

Created: 02/22/2024

Member:

SO Status: Complete

Auth Start: 02/22/2024

Physician:

Auth End: 08/20/2024

Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale
Denied	70553	MRI BRAIN (head); with and without contrast	PAUTHM
Exempt	SOCCT	SOCCT	

ICD Version	ICD ID	
10	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN
10	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED
10	R56.9	UNSPECIFIED CONVULSIONS

Medical Status: Pending

Created: 02/22/2024

Member:

SO Status: Open

Auth Start:

Physician:

Auth End:

Facility: UNIVERSITY OF KANSAS HOSPITAL

Process this case

Status	CPT		Rationale
Pending	70553	MRI BRAIN (head); with and without contrast	
Exempt	SOCCT	SOCCT	

ICD Version	ICD ID	
10	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN

Medical Status: Approved Created: 12/01/2023 Member:
SO Status: Complete Auth Start: 12/01/2023 Physician:
Auth ID: Auth End: 05/29/2024 Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale	
Approved	78815	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh		
ICD Version	ICD ID			
10	C49.9	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED		

Medical Status: Modified Approved Created: 11/27/2023 Member:
SO Status: Complete Auth Start: 11/27/2023 Physician:
Auth ID: Auth End: 05/25/2024 Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale	
Denied	70553	MRI BRAIN (head); with and without contrast	PAUTH3	
Approved	70553	MRI BRAIN (head); with and without contrast	44	Following consideration of the original adverse decision, the procedure has been approved based on review of the additional clinical information submitted.
ICD Version	ICD ID			
10	C49.9	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED		

Medical Status: Approved Created: 10/09/2023 Member:
SO Status: Complete Auth Start: 10/09/2023 Physician:
Auth ID: Auth End: 04/06/2024 Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale	
Approved	78815	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh	897	Approve
ICD Version	ICD ID			
10	C80.1	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED		

Medical Status: Approved Created: 08/30/2023 Member:
SO Status: Complete Auth Start: 08/30/2023 Physician:
Auth ID: Auth End: 02/26/2024 Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale	
Approved	70553	MRI BRAIN (head); with and without contrast		
Exempt	S0CCPT	S0CCPT		
ICD Version	ICD ID			
10	C79.31	SECONDARY MALIGNANT NEOPLASM OF BRAIN		

Medical Status: Approved Created: 07/17/2023 Member:
SO Status: Complete Auth Start: 07/17/2023 Physician:
Auth ID: Auth End: 01/13/2024 Facility: UNIVERSITY OF KANSAS HOSPITAL AUTHORITY

Status	CPT		Rationale
Approved	70553	MRI BRAIN (head); with and without contrast	897 Approve
Exempt	SOCCPT	SOCCPT	
ICD Version	ICD ID		
10	G93.6	CEREBRAL EDEMA	
10	I62.9	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	

Medical Status: Approved Created: 07/07/2023 Member:
SO Status: Complete Auth Start: 07/07/2023 Physician:
Auth ID: Auth End: 01/03/2024 Facility: UNIVERSITY OF KANSAS HOSPITAL

Status	CPT		Rationale
Approved	78815	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh	897 Approve
ICD Version	ICD ID		
10	C34.90	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	

Clinical Advantage

[View/Edit Survey](#) [Call Tier2 PRI-ME/ Update Survey Status](#) Eligible N In Worklist:
Survey:
P4/ PRI-ME Tier 1: Normal
PRI-SM/Survey Status:
PRI-ME Tier 2: [Notes](#)

Upads Survey Information

☐ Restart UPADS Pathway from the beginning
[Add/ Edit/ View Upads Survey](#) [View Survey](#) Eligible: Y

02/22/2024 2:28PM In Worklist:

Saved Notes

Additional Clinicals will not be provided



Clinical attachment added via Web Portal

02/22/2024 2:29PM webuser

UPADNotes
UPADNotes

02/22/2024 2:29PM webuser

70553 Is Review

This request is not in scope for real time claims lookups for conservative therapy. This request is not in scope for real time claims lookups for diagnostic ultrasound. No claims were found for X-rays.
Condition Requested: Not Listed
Not Met Summary:
Not Listed was selected in response to the reason for the study

Is this request for a customer who is currently enrolled in an approved oncology clinical trial OR to maintain compliance with an ongoing oncology clinical trial protocol?: No
Is this case Routine/Standard?: Yes
There is a request for a same or similar procedure code for this patient. This case will be sent to medical review.:

* 70553 MRI of brain without and with dye:

Please select "Submit" to continue:

Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?: No

Which one of the following best describes the reason for the requested study.: Not Listed

Do you have any additional information specific to the member's health condition you would like to provide?:

Please select.: Caller has additional information to attach (if case not approved)

Based on the clinical information provided, this is not consistent with eviCore Evidence based Clinical Guidelines.:

Based on the information submitted, this study will not be recommended for this individual. :

Do you wish to continue this request by submitting for additional review, or voluntarily cancel the request at this time?: Submit for Additional Review

The user has chosen to continue with an additional review.:

Web Portal Attestation Note

02/22/2024 2:28PM webuser

The web user attested that this case was not urgent.

▼ Agreement/Service Info

Select Service

Agreement: CIGNA SI-PPO/OAP

12 Business Hours/1 Bus Day

Service: Standard Pre-Authorization with Steerage

Normal

7am-7pm M-F

*Status: Open

Due: 02/23/24 2:29PM

SLA: 720

Minutes

Notes

▼ Send Fax

Recipient

Fax Type

Fax


Send Fax

☐ QA Error?

QA Review

[Top](#)

 Save

 Return to Search



Dr. [Name], MD
Physician
Specialty: Medical Oncology

Progress Notes
Signed

Creation Time: 01/10/24 1618

Name: [Name] MRN: [MRN] DOB: [DOB] AGE: 44 y.o.
DATE OF SERVICE: 1/10/2024

Subjective:

Reason for Visit:
Cancer Follow up
Telehealth

[Name] is a 44 y.o. female,

Cancer Staging

No matching staging information was found for the patient.

History of Present Illness

44 y.o. female w/ no PMHx who presented to LMH mid June 2023 w/ new-onset left face, arm, and leg weakness. Over the preceding weeks, she reported intermittent left shoulder and left upper arm numbness. CT Head demonstrated large right frontoparietal IPH measuring up to 5.5 cm causing mass effect and effacement of lateral ventricle. She was transferred to KUMC for higher level of care on 6/20/23. No definite primary source seen on staging CT 6/20/23, although there were innumerable lung nodules bilaterally. One of the LUL lung masses was biopsied 6/22/23 showing small round blue cell tumor, PDL-1 negative, ATM R2993 mutated, consistent with **EWSR1-PATZ1 fusion sarcoma**, ATM mutation makes olaparib enticing to try at some time.

MRI head did not show any obvious underlying mass in the brain though, just the hemorrhage.

- 06/20/23: CT c/a/p showed "CHEST: 1. No mediastinal adenopathy or primary lung neoplasm, 2. Innumerable scattered pulmonary nodules throughout both lungs. The leading consideration remains pulmonary metastatic disease. Granulomatous disease such as sarcoid or fungal infection are less likely. Although no primary source is evident at this examination, leading considerations include occult lung carcinoma, colon carcinoma and melanoma. ABDOMEN AND PELVIS: 1. No obvious primary abdominopelvic primary or metastatic disease. 2. Somewhat compromised study secondary to beam hardening and motion artifacts."

- 06/22/23: CT guided lung nodule biopsy. Path showed "Malignant small round blue cell tumor" eventually called EWSR1-PATZ1 fusion sarcoma.

- 06/29/23: Brain MRI showed "1. Large subacute posterior right frontal cerebral hemorrhage with surrounding edema. 2. Underlying mass or abnormal vascularity is identified. 3. Inferior displacement and narrowing of right lateral ventricular atrium and minimal midline shift of the left. 4. No significant change from June 21, 2023."

Patient was discharged to Mid America Rehabilitation Hospital on 7/2/23.

7/24/23: PET/CT showed "Large hypermetabolic posterior left upper thigh mass with adjacent soft tissue thickening most compatible with sarcoma. Numerous hypermetabolic bilateral pulmonary nodules and pelvic lymphadenopathy compatible with metastatic disease. Few hypermetabolic thoracic lymph nodes suggestive of additional nodal metastases. Presumed intracranial metastatic disease".

She is a former smoker but recently quit. No personal history of cancer. No history of seizures prior. No history of DVT.

When med onc saw her in clinic follow-up on 7/31/23, she was having recurrent seizures over previous couple days, so she was a direct admission from clinic. On 8/3, she underwent craniectomy and biopsy of a brain mass c/w metastasis of sarcoma. For her seizures (confirmed by EEG on 8/1), she was started on Vimpat for seizure control. Keppra was avoided due to concern for irritability. Her PTA Wellbutrin was held due to concerns for lowered seizure threshold. Her neurological exam improved with increasing left-sided strength on her steroid taper, which concluded on 8/6, when she discharged home. She declined inpatient rehabilitation and so was sent with a prescription for outpatient rehab. She finished adjuvant SBRT to brain cavity late Sept 2023 (27Gy in 3 Fxs), then started on VAC chemo mid October. Of note, she had baseline PET October 24th 2023.

She tolerated the first two cycles of chemo well. Unfortunately, the day before Thanksgiving, she had another focal seizure involving LUE. She went into LMH where a CT head showed nothing new or worrisome. They increased her Vimpat dose to 150mg BID. Despite this, she had another couple seizures the Saturday after Thanksgiving - same way, just LUE and some tensing up in her face. MRI head was done, confirming nothing obvious for recurrent

disease there. Just some encephalomalacia with evidence of hemosiderin in right parietal lobe and prior craniotomy. Minimal linear contrast enhancement along cavity margins appears postoperative. No specific features to indicate residual tumor.

After 3rd cycle of VAC, repeat PET was done that showed marked progression in lungs and left thigh mass, so plan is to switch to Votrient, yet she has not started this yet.

She started having seizure activity after X-mas again, so another MRI head was done 1/10/24 showing a small subcm enhancing nodule along border of operational cavity. In discussion with rad onc, no need for anything further there yet.

Review of Systems

Constitutional: Positive for fatigue. Negative for activity change and unexpected weight change.

HENT: Negative.

Eyes: Negative. Negative for visual disturbance.

Respiratory: Negative. Negative for shortness of breath.

Cardiovascular: Negative. Negative for chest pain and leg swelling.

Gastrointestinal: Negative. Negative for abdominal pain, diarrhea, nausea and vomiting.

Endocrine: Negative.

Genitourinary: Negative.

Musculoskeletal: Negative. Negative for arthralgias and myalgias.

Skin: Negative. Negative for rash.

Allergic/Immunologic: Negative.

Neurological: Positive for weakness (L-sided). Negative for seizures (since 11/25/23), numbness and headaches.

Hematological: Negative. Negative for adenopathy. Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for decreased concentration, self-injury and sleep disturbance. The patient is nervous/anxious.

All other systems reviewed and are negative.

Objective:

• acetaminophen (ACETAMINOPHEN EXTRA STRENGTH) 500 mg tablet	Take two tablets by mouth every 6 hours as needed for Pain. Max of 4,000 mg of acetaminophen in 24 hours.
• dexAMETHasone 2 mg tablet	Take one tablet by mouth daily.
• famotidine (PEPCID) 20 mg tablet	Take one tablet by mouth twice daily.
• lacosamide (VIMPAT) 150 mg tablet	Take one tablet by mouth twice daily.
• LORazepam (ATIVAN) 0.5 mg tablet	Take one tablet by mouth every 6 hours as needed for Nausea. Indications: anxious, difficulty sleeping
• methocarbamol (ROBAXIN) 500 mg tablet	Take two tablets by mouth three times daily as needed for Spasms.
• midazolam (NAYZILAM) 5 mg/spray (0.1 mL) nasal spray	Apply one spray to one nostril as directed as Needed. If no response, may repeat with a second spray into the opposite nostril 10 minutes after the initial dose. Do not give a second dose if the patient is having trouble breathing or has excessive sedation. Max of 2 doses per episode.
• ondansetron HCL (ZOFTRAN) 8 mg tablet	Take one tablet by mouth every 8 hours as needed (nausea and vomiting).
• oxyCODONE (ROXICODONE) 5 mg tablet	Take one tablet to two tablets by mouth every 6 hours as needed for Pain (Rated 5/10 or greater). Indications: cancer pain
• pazopanib (VOTRIENT) 200 mg tablet	Take two tablets by mouth daily for 15 days, THEN three tablets daily for 15 days. Take on an empty stomach, at least 1 hour before and 2 hours after food.
• sodium chloride 1 gram tablet	Take two tablets by mouth three times daily.

Vitals:

01/10/24 1525

PainSc:

Zero

There is no height or weight on file to calculate BMI.

Pain Score: Zero

Fatigue Scale: 0-None

Pain Addressed: Current regimen working to control pain,

Patient Evaluated for a Clinical Trial: No treatment clinical trial available for this patient,

Eastern Cooperative Oncology Group performance status is 3, Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours.

Physical Exam

Constitutional:

Appearance: Normal appearance. She is not ill-appearing.

HENT:

Head: Atraumatic.

Eyes:

General: No scleral icterus.

Pulmonary:

Effort: Pulmonary effort is normal, No respiratory distress.

Neurological:

Mental Status: She is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

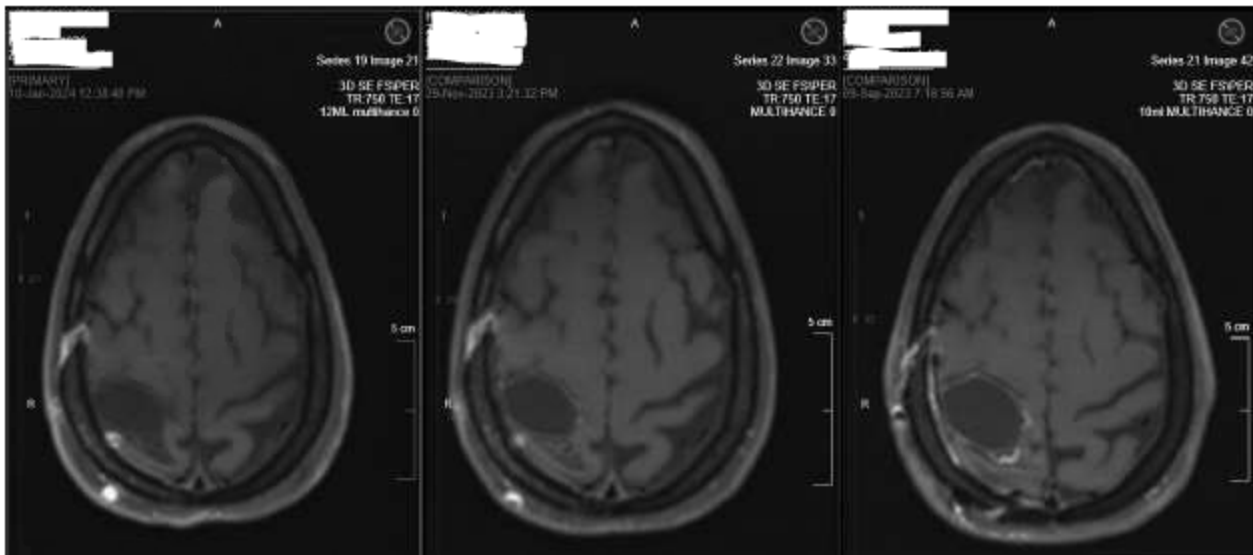
Thought Content: Thought content normal.

Judgment: Judgment normal.

PET comparison from 10/24/23 (right) to 12/15/23 (left), showing marked progression in lungs and even top of L thigh



MRI comparison from today (left) to late Nov (middle) to pre-radiation/post-surgery (right)



Assessment and Plan:

Problem

Sarcoma (Hcc)

44 y.o. female w/ no PMHx who presented to LMH mid June 2023 w/ new-onset left face, arm, and leg weakness. Over the preceding weeks, she reported intermittent left shoulder and left upper arm numbness. CT Head demonstrated large right frontoparietal IPH measuring up to 5.5 cm causing mass effect and effacement of lateral ventricle. She was transferred to KUMC for higher level of care on 6/20/23. No definite primary source seen on staging CT 6/20/23, although there were innumerable lung nodules bilaterally. One of the LUL lung masses was biopsied 6/22/23 showing small round blue cell tumor, PDL-1 negative, ATM R2993 mutated, consistent with **EWSR1-PATZ1 fusion sarcoma**. ATM mutation makes olaparib enticing to try at some time.

MRI head did not show any obvious underlying mass in the brain though, just the hemorrhage.

- 06/20/23: CT c/a/p showed "CHEST: 1. No mediastinal adenopathy or primary lung neoplasm, 2. Innumerable scattered pulmonary nodules throughout both lungs. The leading consideration remains pulmonary metastatic disease. Granulomatous disease such as sarcoid or fungal infection are less likely. Although no primary source is evident at this examination, leading considerations include occult lung carcinoma, colon carcinoma and melanoma. ABDOMEN AND PELVIS: 1. No obvious primary abdominopelvic primary or metastatic disease, 2. Somewhat compromised study secondary to beam hardening and motion artifacts."

- 06/22/23: CT guided lung nodule biopsy. Path showed "Malignant small round blue cell tumor" eventually called EWSR1-PATZ1 fusion sarcoma.

- 06/29/23: Brain MRI showed "1. Large subacute posterior right frontal cerebral hemorrhage with surrounding edema, 2. Underlying mass or abnormal vascularity is identified, 3. Inferior displacement and narrowing of right lateral ventricular atrium and minimal midline shift of the left. 4. No significant change from June 21, 2023."

Patient was discharged to Mid America Rehabilitation Hospital on 7/2/23.

7/24/23: PET/CT showed "Large hypermetabolic posterior left upper thigh mass with adjacent soft tissue thickening most compatible with sarcoma. Numerous hypermetabolic bilateral pulmonary nodules and pelvic lymphadenopathy compatible with metastatic disease. Few hypermetabolic thoracic lymph nodes suggestive of additional nodal metastases. Presumed intracranial metastatic disease".

She is a former smoker but recently quit. No personal history of cancer. No history of seizures prior. No history of DVT.

When med onc saw her in clinic follow-up on 7/31/23, she was having recurrent seizures over previous couple days, so she was a direct admission from clinic. On 8/3, she underwent craniectomy and biopsy of a brain mass c/w metastasis of sarcoma. For her seizures (confirmed by EEG on 8/1), she was started on Vimpat for seizure control. Keppra was avoided due to concern for irritability. Her PTA Wellbutrin was held due to concerns for lowered seizure threshold. Her neurological exam improved with increasing left-sided strength on her steroid taper, which concluded on 8/6, when she discharged home. She declined inpatient rehabilitation and so was sent with a prescription for outpatient rehab. She finished adjuvant SBRT to brain cavity late Sept 2023 (27Gy in 3 Fxs), then started on VAC chemo mid October. Of note, she had baseline PET October 24th 2023.

She tolerated the first two cycles of chemo well. Unfortunately, the day before Thanksgiving, she had another focal seizure involving LUE. She went into LMH where a CT head showed nothing new or worrisome. They increased her Vimpat dose to 150mg BID. Despite this, she had another couple seizures the Saturday after Thanksgiving – same way, just LUE and some tensing up in her face. MRI head was done, confirming nothing obvious for recurrent disease there. Just some encephalomalacia with evidence of hemosiderin in right parietal lobe and prior craniotomy. Minimal linear contrast enhancement along cavity margins appears postoperative. No specific features to indicate residual tumor.

After 3rd cycle of VAC, repeat PET was done that showed marked progression in lungs and left thigh mass, so plan is to switch to Votrient, yet she has not started this yet.

She started having seizure activity after X-mas again, so another MRI head was done 1/10/24 showing a small subcm enhancing nodule along border of operational cavity. In discussion with rad onc, no need for anything further there yet.

A/P: ATM-mutated, **EWSR1-PATZ1 fusion sarcoma**, Stage IV, thought to be originating from L thigh, with metastases to lung and brain (causing seizures and L-sided weakness). Reviewed epidemiology, risk factors, staging and prognosis (IV, poor/incurable), then subsequent palliative treatment strategies. Everything is considered palliative, but aggressive VAC chemo regimen did not touch this after 3 cycles. Will try different strategy now with pazopanib. Next option would then be off-label olaparib, based on the ATM mutation that was found.

Start votrient at 400mg daily then work up by 200mgs every couple weeks, based on tolerance.

On vimpat for seizures. Midazolam nasal spray to have around the house to help break seizure, if needed. Increase decadron to 4mg daily if she continues to have break through seizures. Hold off on further radiation to brain, as per discussion with Dr Wang.

Obviously, prognosis is much worse now that she has not responded at all to the aggressive IV chemo regimen.

Discussed with the patient and all questions fully answered. She will call me if any problems arise.

Electronically signed by [Signature] MD at 01/12/24 0354

Office Visit Telehealth on 1/10/2024 *Note viewed by patient*

Additional Documentation

Vitals: LMP 10/15/2023 (Approximate) Pain Sc Zero
Flowsheets: Telehealth Patient Reported Vitals, Fall History, Fall Risk, Fatigue and Pain, Functional Status, Safety Screen, Limb Restriction, Patient Room Number, TH Participants Location
SmartForms: PRE-VISIT PLAN: MEDICAL
Questionnaires: KU REFERRING PROVIDER

Orders Performed

ONCBCN CLINIC APPT REQUEST

Medication Changes

As of 1/10/2024 3:26 PM

None

Visit Diagnoses

Visit Diagnoses

2/22/24, 2:25 PM

- Primary: **Sarcoma (HCC)** C49.9
- Metastasis to brain (HCC) C79.31
- Seizures (HCC) R56.9

Results

MRI HEAD WO/W CONTRAST (

11/29/2023 11:00:00 AM

Status: Final result

PACS Images

(Link Unavailable) Show images for MRI HEAD WO/W CONTRAST

Study Result

EXAM: MRI BRAIN

HISTORY: Seizures, brain metastasis,

TECHNIQUE: Multiplanar and multisequence MR imaging of the head was performed. This was done both before and after the administration of MultiHancecontrast.

COMPARISON: Brain MRI 11/29/2023

FINDINGS:

Prior right vertex craniotomy. Increased conspicuity of a small enhancing cortical nodule at the posterior resection cavity margin within the superior right parietal lobule measuring 7 mm (series 19 image 21). Otherwise stable appearance of the operative cavity involving the high right postcentral gyrus and superior parietal lobule. Unchanged gliosis and hemosiderin at the resection cavity margins, including the right paracentral lobule and the high right precentral gyrus. Wallerian degeneration of the right medullary pyramid. The ventricles and subarachnoid spaces are stable and otherwise age-appropriate. There is no midline shift or mass effect. Incidental tiny central pontine capillary telangiectasia. The vascular flow-voids are unremarkable. Diffusion weighted imaging is not indicative of acute or recent infarct. Bilateral sphenoid sinus effusions.

IMPRESSION

Prior right vertex parietal cerebral metastasis resection with increased conspicuity of a small enhancing cortical nodule at the posterior resection cavity margin, indeterminate between a tiny recurrent metastasis versus evolving posttreatment changes.

Approved by: [Signature] 1/10/2024 1:40 PM

By my electronic signature, I attest that I have personally reviewed the images for this examination and formulated the interpretations and opinions expressed in this report

Finalized by: [redacted], M.D. on 1/10/2024 2:06 PM. Dictated by [redacted], DO on 1/10/2024 1:23 PM.

Imaging

MRI HEAD WO/W CONTRAST (Order: 1409902275) - 1/10/2024

Result History

MRI HEAD WO/W CONTRAST (Order #1409902275) on 1/10/2024 - Order Result History Report - Result Edited

Radiology Order Details

MRI HEAD WO/W CONTRAST (Order: 1409902275) - 1/10/2024

Result History

MRI HEAD WO/W CONTRAST (Order #1409902275) on 1/10/2024 - Order Result History Report - Result Edited

Breast Imaging Recommendations

No recommendations exist for this order.

Results Information

Perform Date	Last Update	Reading Resident	Interpreting Radiologist
	01102024 2:06 PM	[redacted] DO	[redacted] D, MD

MRI HEAD WO/W CONTRAST

Order: 1409902275

Performed 1/10/2024 13:14 Status: Final result Visible to patient: Yes (seen)

Details

Reading Physician

[redacted], MD

📞 913-588-6805

📠 913-917-2718

[redacted] DO

📞 913-574-0338

Reading Date

1/10/2024

Result Priority

Narrative & Impression

EXAM: MRI BRAIN

HISTORY: Seizures, brain metastasis,

TECHNIQUE: Multiplanar and multisequence MR imaging of the head was performed. This was done both before and after the administration of MultiHancecontrast,

COMPARISON: Brain MRI 11/29/2023

FINDINGS:

Prior right vertex craniotomy. Increased conspicuity of a small enhancing cortical nodule at the posterior resection cavity margin within the superior right parietal lobule measuring 7 mm (series 19 image 21). Otherwise stable appearance of the operative cavity involving the high right postcentral gyrus and superior parietal lobule. Unchanged gliosis and hemosiderin at the resection cavity margins, including the right paracentral lobule and the high right precentral gyrus. Wallerian degeneration of the right medullary pyramid. The ventricles and subarachnoid spaces are stable and otherwise age-appropriate. There is no midline shift or mass effect. Incidental tiny central pontine capillary telangiectasia. The vascular flow-voids are unremarkable. Diffusion weighted imaging is not indicative of acute or recent infarct. Bilateral sphenoid sinus effusions.

IMPRESSION

Prior right vertex parietal cerebral metastasis resection with increased conspicuity of a small enhancing cortical nodule at the posterior resection cavity margin, indeterminate between a tiny recurrent metastasis versus evolving posttreatment changes.

Approved by **Michael J. Hedrick, DO** on 1/10/2024 1:40 PM

By my electronic signature, I attest that I have personally reviewed the images for this examination and formulated the interpretations and opinions expressed in this report

Finalized by **Michael J. Hedrick, M.D.** on 1/10/2024 2:06 PM. Dictated by **Michael J. Hedrick, DO** on 1/10/2024 1:23 PM.

Specimen Collected: 01/10/24 13:23

Last Resulted: 01/10/24 14:06

Order Details Lab and Collection Details Routing Result History - Result Edited

Result Care Coordination

Patient Communication

Released Seen

MRI HEAD WO/W CONTRAST: Patient Communication

Released Seen

Patient Release Status:

This result is viewable by the patient in MyChart.

Last viewed in MyChart:

1/30/2024 12:27 PM

By:

Leslie Lynn Hedrick

External Results Report

There is an external results report available.

Order Report

Order Details

Patient Care Timeline

No data selected in time range

Routing History (encounter based)

Priority	Sent On	From	To	Message Type
↑	1/10/2024 2:10 PM	Ku Interface, In Radiant Results	C, MD	Results

Scheme Used

Scheme	Line	Routing Instant	Results Routing Outcome	Results Routing User
Ku Amb Rr Auth/Enc Provider Default Scheme [950300103]	Default	1/10/2024 2:10 PM	Routed using routing scheme	Ku Interface, In Radiant Results [942327]

Recipients

C, MD

Results

NM PET SCAN TORSO (SKULL-THIGHS) (*)

Status: Final result

PACS Images

(Link Unavailable) Show images for NM PET SCAN TORSO (SKULL-THIGHS)

Study Result

NM PET SCAN TORSO (SKULL-THIGHS)

Radiopharmaceutical: 11.6 mCi F-18 Fluorodeoxyglucose (FDG) IV.

Clinical Indication: Round cell sarcoma. Restaging.

Technique: PET imaging was performed from the skull to thighs 86 minutes after tracer administration. Low dose non-contrast CT imaging was performed for attenuation correction and localization purposes. Current mean hepatic SUV (reported for quality control purposes) is 2.0.

Blood glucose level (at the time of radiopharmaceutical administration): 127 mg/dL

Comparison: PET/CT from July 2023. MRI brain from September 2023.

FINDINGS:

Head/Neck: See recent MRI brain regarding intracranial metastatic disease.

Chest: Redemonstration of innumerable hypermetabolic nodules and masses throughout both lungs, including several which have increased in size. Persistent small mildly hypermetabolic mediastinal and hilar lymph nodes.

Abdomen/Pelvis:

Increased size of hypermetabolic caudal left retroperitoneal mass along the paracolic gutter measuring 2.1 cm from 1.4 cm previously (image 198). Increased hypermetabolic left iliac lymphadenopathy. Previously described right pelvic lymphadenopathy is poorly delineated on the current examination.

Increased size of large hypermetabolic medial left upper thigh intramuscular mass measuring 9.5 x 8.8 cm from 8.5 x 8.5 cm previously. This mass inserts maximum SUV of 6.2 from 7.9 previously. Persistent masslike hypermetabolic extension about the left obturator internus muscle, inferior pubic ramus, and and ischium.

Osseous Structures: Marked diffuse marrow hypermetabolism, likely post therapeutic, limits evaluation for osseous metastases.

Additional CT Findings: See recent MRI brain. Left subclavian chest port.
Mild diffuse hepatic steatosis.

IMPRESSION

Mild increased size of large persistently hypermetabolic medial left upper thigh intramuscular sarcoma.

Increase in hypermetabolic metastatic disease (including pulmonary, left retroperitoneal, and left iliac nodal metastases).

Finalized by: [redacted] I.D. on 10/24/2023 11:55 AM. Dictated by
[redacted] M.D. on 10/24/2023 10:29 AM.

Imaging

NM PET SCAN TORSO (SKULL-THIGHS) (Order: 1398731596) - 10/24/2023

Result History

NM PET SCAN TORSO (SKULL-THIGHS) (Order #1398731596) on 10/24/2023 - Order Result History Report

Radiology Order Details

NM PET SCAN TORSO (SKULL-THIGHS) (Order: 1398731596) - 10/24/2023

Result History

NM PET SCAN TORSO (SKULL-THIGHS) (Order #1398731596) on 10/24/2023 - Order Result History Report

Breast Imaging Recommendations

No recommendations exist for this order.

Results Information

Perform Date	Last Update	Reading Resident	Interpreting Radiologist
	10/24/2023 11:55 AM		S II, MD

NM PET SCAN TORSO (SKULL-THIGHS)

Order: 1398731596

Performed 10/24/2023 09:33 Status: Final result Visible to patient: Yes (seen)

Details

Reading Physician	Reading Date	Result Priority
[redacted] MD 913-588-6805 913-917-7145	10/24/2023	

Narrative & Impression

NM PET SCAN TORSO (SKULL-THIGHS)

Radiopharmaceutical: 11,6 mCi F-18 Fluorodeoxyglucose (FDG) IV.

Clinical Indication: Round cell sarcoma. Restaging.

Technique: PET imaging was performed from the skull to thighs 86 minutes after tracer administration. Low dose non-contrast CT imaging was performed for attenuation correction and localization purposes. Current mean hepatic SUV (reported for quality control purposes) is 2.0.

Blood glucose level (at the time of radiopharmaceutical administration): 127 mg/dL

Comparison: PET/CT from July 2023. MRI brain from September 2023.

FINDINGS:

Head/Neck: See recent MRI brain regarding intracranial metastatic disease.

Chest: Redemonstration of innumerable hypermetabolic nodules and masses throughout both lungs, including several which have increased in size, Persistent small mildly hypermetabolic mediastinal and hilar lymph nodes,

Abdomen/Pelvis:

Increased size of hypermetabolic caudal left retroperitoneal mass along the paracolic gutter measuring 2.1 cm from 1.4 cm previously (image 198), Increased hypermetabolic left iliac lymphadenopathy, Previously described right pelvic lymphadenopathy is poorly delineated on the current examination.

Increased size of large hypermetabolic medial left upper thigh intramuscular mass measuring 9.5 x 8.8 cm from 8.5 x 8.5 cm previously. This mass inserts maximum SUV of 6.2 from 7.9 previously. Persistent masslike hypermetabolic extension about the left obturator internus muscle, inferior pubic ramus, and and ischium,

Osseous Structures: Marked diffuse marrow hypermetabolism, likely post therapeutic, limits evaluation for osseous metastases,

Additional CT Findings: See recent MRI brain, Left subclavian chest port, Mild diffuse hepatic steatosis,

IMPRESSION

Mild increased size of large persistently hypermetabolic medial left upper thigh intramuscular sarcoma,

Increase in hypermetabolic metastatic disease (including pulmonary, left retroperitoneal, and left iliac nodal metastases),

Finalized by ' ' M.D. on 10/24/2023 11:55 AM. Dictated by ' ' M.D. on 10/24/2023 10:29 AM.

Specimen Collected: 10/24/23 10:29

Last Resulted: 10/24/23 11:55

 Order Details  Lab and Collection Details  Routing  Result History

Result Care Coordination

 Patient Communication

 Released

 Seen

NM PET SCAN TORSO (SKULL-THIGHS): Patient Communication

 Released

 Seen

Patient Release Status:

This result is viewable by the patient in MyChart.

Last viewed in MyChart:

10/24/2023 1:22 PM

By:

Leslie Lynn Hedrick

External Results Report

There is an external results report available.

Order Report

Patient Care Timeline

No data selected in time range

Scheme Used

Scheme	Line	Routing Instant	Results Routing Outcome	Results Routing User
Ku Amb Rr Auth/Enc Provider Default Scheme [950300103]	Default	10/24/2023 11:58 AM	Routed using routing scheme	Ku Interface, In Radiant Results [942327]

Recipients

[Redacted] - C, MD				
Added By?	Delivery Method	Outcome	Message ID	Address Source
Scheme	In Basket	Result sent	313302407	Primary Address