



Memorial Medical Oncology at Merit

147 Reynoir Street
Ste 204
Biloxi, MS 39503-

Patient: **Helwick, Paula**
DOB/Age/Sex: 3/29/1954 69 years Female
MRN: 0000857597
FIN: 2005754372
Location: OncMerit

Admit: 9/25/2020
Disch: 9/25/2020
Admitting: Wall,Allison P MD
Attending: Wall,Allison P MD

Document Type: Oncology Office/Clinic Note
Service Date/Time: 9/25/2020 10:26 CDT
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Perform Information: Wall,Allison P MD (9/23/2020 10:35 CDT)
Sign Information: Baker,Mandy M RN (9/27/2020 08:17 CDT); Wall,Allison P MD (9/26/2020 20:02 CDT)

Chief Complaint

Referred by Dr. Wingfield for breast cancer

History of Present Illness

66 y/o female referred by Dr. Wingfield after being diagnosed with breast cancer, after skin biopsy was done for a blistering rash, right upper outer quadrant breast cancer.

She saw Dr. Wingfield for a rash that appeared she reports on her right breast in April. She states she got a new bra and after wearing it she broke out in a blistering rash. She went to her PCP and a mammogram was ordered.

Right breast skin biopsy 9/21/2020 showed-carcinoma in the dermis, consistent with mucinous adenocarcinoma.

ER 60% moderate
PR 2% strong
HER-2 positive 3+

Bilateral mammogram on 9/17/2020--asymmetrical skin thickening of the right breast, ill-defined hyperdense mass involving the **upper outer quadrant right breast** 3 x 2.7 x 5.4 cm no evidence of malignancy on the left. Conclusion: Right upper outer quadrant breast mass with dermal thickening and ipsilateral axillary adenopathy. Findings highly suggestive of malignancy. BI-RADS 5. Biopsy recommended.

Ultrasound right breast limited--9/17/2020--poorly circumscribed hypoechoic mass with posterior acoustic shadowing involving the 9 to 11 o'clock position right breast 3 x 1.5 x 2.7 cm with dermal thickening identified. Conclusion: Right upper outer quadrant breast mass with dermal thickening and ipsilateral axillary adenopathy. Findings highly suggestive of malignancy.

She is accompanied by her husband. She has no other complaints and reports that she has been doing remarkably well. She reports that she and her husband are Christian musicians and that they have recently produced two albums, she reports that she has been very busy. She reports she was very surprised about this diagnosis

Controlled Substances:

patient does not receive controlled substances from our clinic

MIPS

PCP - Edwina Roland, NP
Mammogram - 2020 - GPH
Pap Smear - unknown

Problem List/Past Medical History

Ongoing

Breast cancer

Historical

No qualifying data

Procedure/Surgical History

Tonsillectomy

Medications

No active medications

Allergies

No Known Allergies

Social History

Alcohol

Details: Past

Employment/School

Details: Retired, Work/School description:

Retired from Retail.

Home/Environment

Details: Lives with Spouse.

Substance Abuse

Details: Never

Tobacco

Details: Never (less than 100 in lifetime)

Tobacco Use:.

Family History

Sister: Breast cancer

Lab Results

reviewed

Diagnostic Results

reviewed

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A1C - NA
Flu vaccine - defers
Pneumonia vaccine - defers
Colonoscopy - NO
Port/PICC - NA
Home Health - NA

Review of Systems

Last BM today
Current wt stable per patient
Constitutional, eye, otolaryngeal, cardiovascular, pulmonary, gastrointestinal, genitourinary, musculoskeletal, hematologic, neurological, skin and psychiatric review of systems are normal except as noted in HPI.

Physical Exam

Vitals & Measurements

HR: 110(Peripheral) **RR:** 19

HT: 169 cm **WT:** 69.5 kg **WT:** 69.5 kg

Metric Conversions

Conversion Kg to Pounds: 153.22 (09/25/20 08:15:00)

Conversion cm to Inches: 66.54 (09/25/20 08:25:00)

Temperature 97.7 heart rate 110 respiratory rate 19 pain level 0/10

GENERAL: Awake and alert. In no apparent distress. talkative/conversive, does not appear in pain, ambulatory
HEAD: Normocephalic atraumatic.
EYES: Pupils are equal and reactive to light. Extraocular movements are intact. Conjunctiva pink. Sclerae anicteric.
EARS: Hearing grossly intact.
MOUTH: Oropharynx clear, no evidence of mucositis. No thrush.
NECK: No adenopathy. No JVD.
CHEST: Chest with clear breath sounds bilaterally. No wheezes, rales, or rhonchi. No increased work of breathing or use of accessory muscles.
CARDIAC: Regular rate and rhythm.
VASCULAR: Peripheral pulses are equal and adequate in all extremities.
ABDOMEN: Soft, nontender, nondistended, positive bowel sounds.
MUSCULOSKELETAL: Moves all extremities well. Extremities without clubbing or cyanosis. No edema.
NEUROLOGIC EXAM: Alert and oriented x 3. No focal deficits. Speech normal. Follows commands. Normal gait. Able to get on the exam table without assistance.
PSYCHIATRIC: Mood normal.
SKIN: No rash or lesions.
LYMPHATIC: No palpable adenopathy of the head, neck, supraclavicular, axillary or groin regions.
BREAST: Right breast with peau d'orange appearance and multiple vesicular appearing lesions, skin biopsy site healing well, large right upper quadrant mass about 4-5 cm, no nipple discharge. Left breast within normal limits, no palpable masses, no nipple discharge or skin changes

Assessment/Plan/Goals

Breast cancer (Malignant neoplasm of unspecified site of unspecified female breast, C50.919) .

Locally advanced right upper outer quadrant breast cancer with skin involvement, clinical

T2NX, ER/PR positive HER-2 positive

-We discussed and reviewed recent lab, pathology and imaging data

-We discussed diagnosis, staging, prognosis, treatment and monitoring recommendations

-Discussed implication of being HER-2 positive

-Recommend neoadjuvant treatment, discussed the indications for this and implications

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of this

- Recommend Taxotere, carboplatin, Herceptin, Perjeta; we discussed indications/risk/benefit/common side effects, handout was provided, discussed what to expect with treatment and answered all questions, recommend 6 cycles
- Recommend 6 cycles of TCPH followed by surgery
- Based on skin involvement, recommend total mastectomy with axillary node biopsy, we discussed indications for surgery, recommend referral to Dr. Paul Mace for further evaluation and management, explained why I would not recommend lumpectomy in her case due to skin involvement as her husband had questions about this, they understood
- We discussed that after surgery she will need radiation and maintenance Perjeta and Herceptin, she will receive a total of 1 year of systemic treatment
- Recommend echocardiogram in preparation for Herceptin and Perjeta, we discussed the cardiac risks associated with these treatments
- We discussed indications for radiation and what to expect with this, plan to refer after she completes chemotherapy
- Recommend CT of the chest/abdomen/pelvis for further staging
- She reports that she cannot tolerate taking pills, plan Zofran oral dissolving tablets as needed for chemo induced nausea, we discussed how to take these and the common side effects, this was prescribed today
- Recommend port placement, we discussed indications/risk/benefits, she understood and did wish to proceed, refer to Dr. Mace
- Plan EMLA cream for prior to port access, this was prescribed today
- Plan endocrine therapy with an aromatase inhibitor after she completes radiation
- Refer to oncology nurse navigation
- Plan follow-up in 3 weeks, sooner if needed

Ordered:

CT Abdomen/Pelvis Routine w/ Contrast, 09/25/20, Routine, Reason: Other (please specify), Reason: breast cancer - staging, Order for future visit, Breast cancer, 69.5 kg, Not Required

CT Chest/Lung w/ Contrast Routine, 09/25/20, Routine, Reason: Other (please specify), Reason: breast cancer - staging, Order for future visit, Breast cancer, 69.5 kg, Not Required

Referral to General Surgery, Port Placement, 09/25/20 9:39:00 CDT, Port Placement and Surgery after chemotherapy, Breast cancer, Mace, Paul MD

Orders:

Zofran ODT 8 mg oral tablet, disintegrating, = 1 tab, Oral, TID, PRN nausea, # 90 tab, 0 Refill(s), Maintenance, Pharmacy: Walmart Pharmacy 969, 169, cm, 09/25/20 8:25:00 CDT, Height/Length Measured, 69.5, kg, 09/25/20 8:15:00 CDT, Weight Dosing ECHO Adult Complete Non-Congenital, 09/25/20, Routine, Other (please specify), Chemotherapy, Cardiologist First Reader, Order for future visit, High risk medication use, Rad Type, Not Required

FH breast cancer (sister)

-plan invtae testing at return

I, Mandy Baker, RN, am scribing for, and under the supervision of, Dr. Allison Wall.

MD Statement: I discussed all of the above in detail with the patient and her husband and I answered all their questions. They understood and agreed with the current plan. I reviewed the patient's past medical, surgical, family and social histories and updated as appropriate. I reviewed the patient's review of systems and updated as appropriate. I reviewed recent lab and imaging data with them today and answered all questions and concerns. We discussed pathology data. We discussed diagnosis, staging, prognosis, treatment and monitoring recommendations. They understood and did wish to proceed. Scribe assisted with documentation. This note was created using dragon voice

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recognition software. Errors, mistakes, and omissions may remain in this note despite efforts to correct before final version signed.

Electronically Signed on 09/26/2020 08:02 PM CDT

Wall, Allison P MD

Electronically Signed on 09/27/2020 08:17 AM CDT

Baker, Mandy M RN