



## Memorial Hematology and Oncology Partners

1340 Broad Ave  
Ste 270  
Gulfport, MS 39501-2464

Patient: **Helwick, Paula**  
DOB/Age/Sex: 3/29/1954 69 years Female  
MRN: 0000857597  
FIN: 2005788461  
Location: HOPE  
Admit: 10/7/2020  
Disch: 10/7/2020  
Admitting: Hightower,Olivia MD  
Attending: Hightower,Olivia MD

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### **Chief Complaint**

Second opinion 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 is seen for second opinion following visit with Dr. Wall.

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. She reports that she has changed her diet and is eating a no sugar diet. She has been hesitant to start chemotherapy until she improves her diet and feels like her body is healthier. Urgency of chemotherapy discussed with the patient. She was also hesitant to get CT scans that were recommended. I also stressed this to her to assist with staging.

### **Review of Systems**

Constitutional: No fever, No chills. Fatigue. No weight loss.

HEENT: No visual changes, no mouth sores.

Respiratory: No shortness of breath, No cough, No wheezing.

### **Problem List/Past Medical History**

#### Ongoing

Breast cancer

#### Procedure/Surgical History

Tonsillectomy

#### Medications

Zofran ODT 8 mg oral tablet, disintegrating, 8 mg= 1 tab, Oral, TID, PRN

#### 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.

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Cardiovascular: No chest pain, No palpitations. No edema.  
Gastrointestinal: No nausea, No vomiting, No diarrhea, No heartburn. No abdominal pain.  
Genitourinary: No dysuria, No urinary frequency, No urinary urgency.  
Musculoskeletal: No joint pain. No muscle pain.  
Neurologic: Alert and oriented X4. No focal deficits.  
Lymphatics: No lymphadenopathy.  
Skin: Right breast skin lesions consistent with inflammatory carcinoma..  
Psych: No depression or anxiety.

### Physical Exam

#### Vitals & Measurements

**T:** 36.4 °C (Temporal Artery) **HR:** 111 (Peripheral) **RR:** 18 **BP:** 155/89 **SpO2:** 99%

**HT:** 169 cm **WT:** 68.4 kg (Dosing) **WT:** 68.4 kg **BMI:** 23.95

#### **Metric Conversions**

Conversion Kg to Pounds: 150.36 (10/14/20 13:01:00)

Conversion cm to Inches: 66.54 (10/14/20 13:01:00)

General: Well developed, well nourished female in no acute distress.  
HEENT: Normocephalic, atraumatic . PERRL. Oropharynx is clear.  
Neck: Supple. No JVD.  
Breast: Right breast skin lesions consistent with inflammatory carcinoma.  
Cardiovascular: Heart regular rate and rhythm. No murmurs.  
Respiratory: Lungs clear to auscultation bilaterally.  
Gastrointestinal: Soft, nontender, nondistended. Positive bowel sounds.  
Genitourinary: Deferred.  
Musculoskeletal: No peripheral edema. No calf tenderness.  
Skin: No rash or skin lesions.  
Neurological: No focal deficits noted.  
Psychiatric: Normal Affect.  
Lymphatics: No cervical or supraclavicular lymphadenopathy.

### Assessment/Plan/Goals

1. Breast cancer (Malignant neoplasm of upper-outer quadrant of right female breast, C50.411) .

Locally advanced right upper outer quadrant breast cancer with skin involvement 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 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

-Recommend port placement but patient is hesitant to proceed with chemotherapy until

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restaging scans.

-Plan endocrine therapy with an aromatase inhibitor after she completes radiation

-Refer to oncology nurse navigation, patient does not want to proceed with chemotherapy until after restaging scans. We will follow up in 1 week after restaging scans to discuss treatment options and urged her to get started as soon as possible.

Electronically Signed on 10/27/2020 12:05 PM CDT

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Hightower, Olivia MD