



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: 2006448512
Location: HOPE
Admit: 10/22/2021
Disch: 10/22/2021
Admitting: Hightower,Olivia MD
Attending: Hightower,Olivia MD

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Perform Information: Hightower,Olivia MD (10/22/2021 17:35 CDT)
Sign Information: Hightower,Olivia MD (11/11/2021 12:51 CST); Kiser,Melodie (10/22/2021 17:35 CDT)

Chief Complaint

Follow-up for HER2 positive breast cancer.

Verbal consent was given by the patient to be recorded for this visit.

History of Present Illness

67 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.

[1]

AJCCv7 Staging

No qualifying data available

Problem List/Past Medical History

Ongoing

Breast cancer
Hypertension
Intentional weight loss

Historical

No qualifying data

Procedure/Surgical History

Tonsillectomy

Medications

Zofran ODT 8 mg oral tablet, disintegrating, 8 mg= 1 tab, Oral, TID, PRN, **Not taking**

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

WBC: **3.98 x10(3)/mcl** Low (10/22/21)
RBC: 4.28 x10(6)/mcl (10/22/21)
Hgb: 12.6 gm/dL (10/22/21)
Hct: 40.7 % (10/22/21)
RDW-CV: 14.2 % (10/22/21)

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This Visit:

The patient presents to the office today for follow-up of HER2 positive breast cancer. She has presented with dermal metastases. The patient has deferred starting treatment. The patient has done dietary change, no sugars against medical advance neoadjuvant chemotherapy with TCHP was recommended.

The patient states she has been trying to take things in stride, and she has been cooking a predominantly best diet. She states she does not want to get too thin, but a lot of that she is not eating a lot of what she did before, but this is beginning to heal. The patient states she noticed about a month ago there was a lot of change with areas that was creating a clear bubble or areas where she could see the blood was coming to the surface that was wanting to drain. On her anniversary on 10/10/2021, a lot of the draining started, and it has been draining out about 10 days. The patient states she has had about 4 little pieces that would break off, and she had very minimal blood. They were like the pieces that got crusty, and began to break off. This has been ongoing at night, even when she turns over. The patient denies any shortness of breath or abdominal pain. The patient states she noticed about 5 to 6 weeks ago she knew things were coming because when she could even brush against it, she would accidentally start feeling some shooting pains. She knew it was trying to heal and believe that the body can heal itself with the right nutrition. The patient states she had 2 CT scans, one bone scan, one liver scan, and one MRI. She read that with taking more that it puts at greater risk of cancer. The patient states she is here 13 months later with no traditional treatment and she wants to see where she is at.

The patient would like to hold off on scans until the tumor markers come back. She does not want to do traditional treatment. She wants to try to let her body try to heal itself.

The patient states she would like to have the rubber catching.

Review of Systems

Review of Systems

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

HEENT: No visual changes, no mouth sores.

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

Cardiovascular: + 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: No rash or + lesions.

Psych: No depression or anxiety.

Physical Exam

Vitals & Measurements

T: 36.3 °C (Oral) **HR:** 102 (Peripheral) **BP:** 156/76 **SpO2:** 99%

HT: 169 cm **WT:** 55.8 kg (Dosing)

Metric Conversions

Conversion Kg to Pounds: 126.77 (04/22/21 16:11:00)

Conversion cm to Inches: 66.54 (10/22/21 14:30:00)

Conversion C to F: 97.34 (10/22/21 14:30:00)

Physical Exam

General: Well developed, well nourished female in no acute distress.

HEENT: Normocephalic, atraumatic. PERRL. Oropharynx is clear.

Neck: Supple. No JVD.

Breasts: Dermal mets right breast.

RDW-SD: 49.6 fL High (10/22/21)

Lymphocyte %: 25.6 % (10/22/21)

Lymphocyte Ct: 1.02 x10(3)/mcl Low (10/22/21)

Neutrophil Ct: 2.46 x10(3)/mcl (10/22/21)

MCV: 95.1 fL (10/22/21)

MCH: 29.4 PD (10/22/21)

MCHC: 31 gm/dL Low (10/22/21)

MPV: 11.5 fL (10/22/21)

Platelet: 185 x10(3)/mcl (10/22/21)

No qualifying data available.

No qualifying data available.

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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. Dermal metastases noted of right breast.
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) .
Order labs to evaluate CA 27-29. Discussed concern of increasing skin involvement and dermal metastases. Patient deferred scans until tumor marker labs return. Patient deferred chemo, surgery, and radiation.
2. Hypertension (Essential (primary) hypertension, I10) .
Continue current treatment.
3. Intentional weight loss (Other symptoms and signs concerning food and fluid intake, R63.8) .
Patient is eating well.

Follow-up in 3 months.

ATTESTATION

I, Katie Kemp , am documenting for Olivia Hightower, MD. Powered by DAX.
I, Dr. Olivia Hightower, agree that the documentation is accurate and complete.

[1] Onc Office Visit Note; Hightower, Olivia MD 03/11/2021 17:51 CST
Electronically Signed on 11/11/2021 12:51 PM CST

Hightower, Olivia MD

Electronically Signed on 10/22/2021 05:35 PM CDT

Kiser, Melodie