



Memorial Radiation Oncology Services

1340 Broad Avenue
Suite 140
Gulfport, MS 39501-

Patient: **Helwick, Paula**
DOB/Age/Sex: 3/29/1954 69 years Female
MRN: 0000857597
FIN: 2009034394
Location: RadOnc

Admit: 3/30/2023
Disch: 5/31/2023
Admitting: Center,Brian MD
Attending: Center,Brian MD

Document Type: Radiation Oncology Consultation
Service Date/Time: 4/4/2023 16:30 CDT
Result Status: Auth (Verified)
Perform Information: Center,Brian MD (4/5/2023 17:47 CDT)
Sign Information: Center,Brian MD (4/5/2023 17:47 CDT)

Reason for Consultation

Palliative radiation for stage IV inflammatory breast cancer

History of Present Illness

69-year-old female seen in consultation for palliative radiation to the right breast. Patient was initially diagnosed with HER2 positive inflammatory breast cancer 2-1/2 years ago. It was recommended that she undergo neoadjuvant chemotherapy, followed by mastectomy and axillary dissection, followed by adjuvant radiation therapy, followed by HER2 directed therapy. She declined treatment, preferring to focus on diet and exercise. Despite signs and symptoms of progressive disease and the repeated recommendation for treatment by Dr. Hightower, the patient did not wish to pursue treatment. Following a recent visit, the patient's CA 27-29 increased markedly, so the patient agreed to do CT scans. These revealed pulmonary and hepatic metastases in addition to the extensive breast disease and axillary adenopathy. The patient was agreeable to consultation with radiation oncology and surgery. She is seeing Dr. Carter tomorrow.

Review of Systems

Constitutional: No fever or fatigue. Intentional weight loss.
Skin: Other than the skin associated with the breast mass, she has no complaints
Eyes: No recent vision problems.
ENT: No congestion, ear pain, or sore throat.
Endocrine: No thyroid problems.
Cardiovascular: No chest pain.
Respiratory: No cough, shortness of breath, or hemoptysis.
Gastrointestinal: No abdominal pain, vomiting, or diarrhea.
Genitourinary: No increased frequency, no nocturia, no hematuria.
Musculoskeletal: No new joint or bone pain.
Neurologic: No headaches, seizures or focal weakness.
Hematologic: No unusual bruising or bleeding.
Psychiatric: No psychiatric problems.
All other systems reviewed and otherwise negative.

Physical Exam

Vitals & Measurements

T: 36.8 °C (Oral) HR: 97 (Peripheral) RR: 18 BP: 158/78 SpO2: 98%
HT: 169 cm HT: 169 cm WT: 57.8 kg (Dosing) WT: 57.8 kg BMI: 20.24 BSA: 1.65

KPS: 80%
GENERAL: No acute distress
HEAD: No signs of head trauma.
EYES: Pupils are equal. Extraocular motions intact.
EARS: Hearing grossly intact.
NECK: Palpable right level 4 cervical node
ABDOMEN: Soft, without detectable tenderness. No sign of distention. No rebound or

Problem List/Past Medical History

Ongoing

Breast cancer
Closed fracture of distal end of radius
Fracture of distal end of radius
Hypertension
Intentional weight loss
Wrist stiff

Historical

No qualifying data

Procedure/Surgical History

Tonsillectomy

Medications

Inpatient

No active inpatient medications

Home

No active home medications

Allergies

No Known Allergies

Social History

Alcohol

Past

Employment/School

Retired, Work/School description: Retired from Retail sales. Highest education level: Some college.

Home/Environment

Lives with Spouse. Living situation: Home/Independent. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Injuries/Abuse/Neglect in household: No. Feels unsafe at home: No.

Nutrition/Health

Wellness Healthy diet

Sexual

Sexual orientation: Straight or heterosexual. Identifies as female Gender Identity:.

Substance Abuse

Never

Memorial Radiation Oncology Services

Patient Name: **Helwick, Paula**

FIN: 2009034394

DOB: 3/29/1954

MRN: 0000857597

guarding, and no masses palpated.

MUSCULOSKELETAL: No tenderness to palpation over the axial skeleton

EXTREMITIES: without clubbing, cyanosis or edema.

NEUROLOGIC EXAM: Alert and oriented x 3. No focal sensory or strength deficits.

Speech normal. Follows commands.

BREASTS: The right breast has been almost completely replaced by tumor. The anterior aspect is open, blistered, and draining. The right axilla has multiple palpable lymph nodes. Left breast normal in appearance. No palpable masses in the breast or axilla.

PSYCHIATRIC: Mood normal.

SKIN: No other rash or lesions besides those described in the breast exam.

Tobacco

Never (less than 100 in lifetime) Tobacco Use:.

Family History

Breast cancer: Sister.

Heart disease: Mother and Father.

Schizophrenia: Brother.

Assessment/Plan

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

Patient with metastatic HER2 positive inflammatory breast cancer. My recommendation to the patient is to undergo palliative radiation to the breast and axilla, followed by chemotherapy. She has an appointment to see Dr. Carter tomorrow to discuss palliative surgery. I explained to the patient that due to the fixation of the tumor to the chest wall I do not believe that this would be resectable. Additionally, the amount of skin involvement is such that I do not think closure could be obtained. I discussed the recommended treatment course, treatment planning process, treatment delivery, and potential side effects. She and her husband had the opportunity to ask questions, which were answered to their satisfaction. I will plan for the patient to come back next week for treatment planning scan, after she has had the opportunity to talk to Dr. Carter.

Electronically Signed on 04/05/2023 05:47 PM CDT

Center, Brian MD