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June 27, 2018

MEDICAL HEMATOLOGY CONSULTATION

RE: Darrell IVIE
DOB: 03/02/1931
PRIMARY CARE PHYSICIAN: Kolli

HISTORY OF PRESENT ILLNESS: Darrell Ivie is an 87-year-old man with prostate cancer metastatic to bone and lung. A CT of abdomen and pelvis with contrast done on 03/16/2018 described numerous increasing numbers of smoothly round pulmonary nodules in the lung bases highly concerning for pulmonary metastasis. Numerous osteoblastic metastases in the spine and pelvis. Scattered sclerotic islands involving vertebrae T10, inferior L1 and L5. Sclerotic involvement of posterior elements especially in lower lumbar and sacrum, adjacent soft tissue lobular masses project adjacent to the pubic rami and symphysis pubis to involve the muscle groups more on the left. Here a lobular mass 4.6 x 3.8 cm involves the left pectineus and adjacent adductor muscles. A tumor nodule continued into the small left inguinal hernia and enhancing 1.6 cm lymph node in the right inguinal region. Liver, spleen and pancreas are unremarkable. Numerous osteoblastic metastases in thoracolumbar spine, sacrum and pelvis. Associated pathologic fractures in superior pubic rami, right inferior pubic ramus, and ischial tuberosity. Impression, interval progressive metastatic disease including numerous bibasilar pulmonary metastatic nodules, numerous osteoblastic mets T10, L1, L5, sacrum, pubic rami and parasymphyseal region, greater on the right.

The patient was initially diagnosed with prostate cancer in 2002 and was treated with radiation (no info) with rising PSA in 2015 and evidence for bony metastasis. At that point, the patient was started on Lupron every four months and Casodex. A bone scan in 09/2015 showed metastatic disease in the right sacrum and right ischial tuberosity. The note from 03/2017 describes a rising PSA from 62.3 in 01/2017 to 75.3 in 03/2017. At that point, Casodex was discontinued and abiraterone (Zytiga) with prednisone was prescribed 250 mg four capsules daily with prednisone 5 mg p.o. b.i.d.

PSA has continued to rise indicates abiraterone (Zytiga) was discontinued and enzalutamide (Xtandi) four times 40 mg capsules equals 160 mg once daily was started.

The patient presents today. His chief complaint is pain in the right shoulder, which is the result of a motorcycle accident many years ago. Apparently, the patient's job was to test motorcycles and apparently the wheels came off. He was a steel plate in right shoulder and degenerative changes. No cancer noted in this area. The patient is presently receiving home health twice a week. His wife lives with him and is his same age.

Faxed 6/29/18 MS

PHYSICAL EXAMINATION: Vital Signs: Blood pressure: 150/80. Pulse: 100 and regular. O2 sat: 96% on room air. Weight: 181 lbs and stable. Temperature: 97.7. Formal examination was not done today. The patient is seated in the wheelchair, but is ambulatory with a walker.

REVIEW OF LABS: From 06/11/2018, white blood count 10.4, hemoglobin 10.9, hematocrit 34.2, MCV 88, platelets 397,000, creatinine 1.05, estimated GFR 64, liver function tests all within normal limits, calcium 9.5, PSA 407 compared to a PSA in 04/2018 of 204 and testosterone less than 3.

ASSESSMENT: Prostate cancer metastatic to bone and lung. It appears to be an increase in the tumor doubling time and exponential rise in the PSA suggesting ADT (androgen deprivation therapy) is ineffective. The only alternative is chemotherapy with Taxotere and prednisone. I have described this to the patient who is quite reluctant to embark on chemotherapy at his advanced age. The family will think about this. The chemo will be offered to slow the progression of visceral mets particularly in the lung. It would favor getting a better view of the lung metastasis with the CT of chest. The patient agrees to this. In the meantime, the patient will remain on enzalutamide (Xtandi) 160 mg daily. Percocet 5/325 mg one tablet p.o. q. 6h. as needed for pain has been prescribed today. The patient says Norco is without affect. He uses Aleve twice a day for his bone pain.

Referring to a radiation oncology consultation dated 10/02/2017, palliative radiation was given to the SI joints for pain control, 3750 cGy in 15 fractions over three weeks in 10/2017. No other info on radiation. I believe the patient received brachytherapy to the prostate in 2002. There is no notation of the tumors and fracture of pubic symphysis on getting local radiation.

The family will discuss systemic treatment with chemotherapy namely Taxotere and prednisone at a reduced dose and schedule in view of the patient's advanced age.

PLAN: Return to clinic in approximately one month. Continue enzalutamide (Xtandi) for now.

Carole Most, M.D.
Medical Oncology/Hematology

CM/js/rk
D: 06/27/2018
T: 06/29/2018