

Admission Date: 12/06/15

Hospital Number: [REDACTED]

Discharge Date:

Name: [REDACTED]

Dictated By: [REDACTED]

Account Number: [REDACTED]

Family Doctor: [REDACTED]

DOB: [REDACTED]

ONCOLOGY REPORT

DATE OF VISIT: 12/06/15

Dear Colleagues:

[REDACTED] is reviewed this date, accompanied by his most attentive wife, in the setting of castrate-resistant metastatic prostatic cancer, proceeding through "safe" chemotherapy, using single agent carboplatin with modified mesna; yet furthermore, as per discretion of those attending, under the direction Dr. Khan, the addition of gemcitabine. I observe his circumstance with fascination given the fact that neither of these agents reflect an evidence based approach through Cancer Care Ontario guidelines with respect to prostatic cancer. Yet, on the other hand, [REDACTED] remains remarkably well from a symptomatic perspective, with no existing concerns with respect to a comparative CT nuclear bone scan as completed in early May.

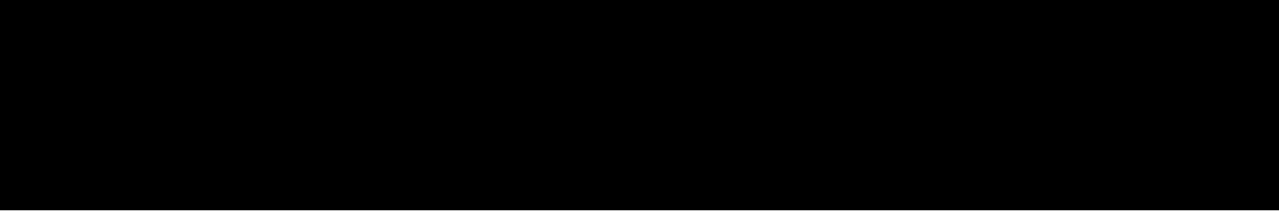
On examination he looks remarkably well, with no adverse auscultative and/or palpable changes.

[REDACTED]



[REDACTED]

monitoring with his clinician. I reiterate overall he continues to remain in remarkably good health with a trend as discussed noted.

[REDACTED]

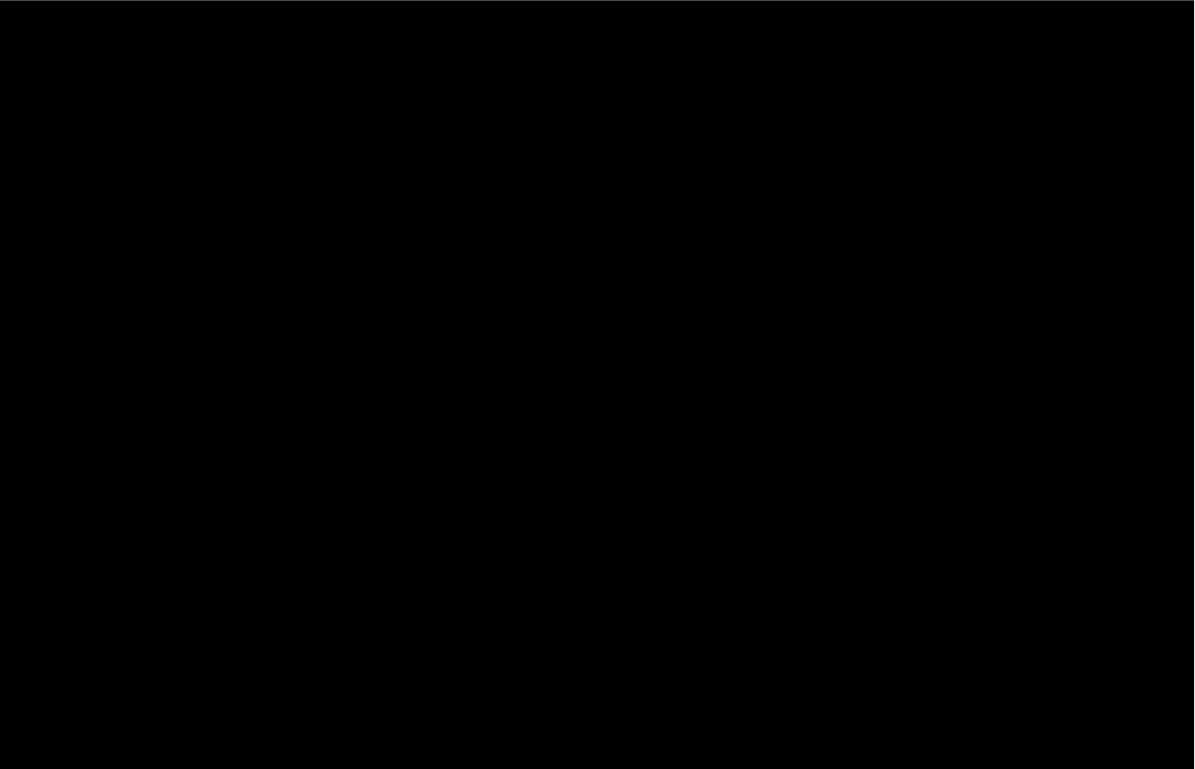


I furthermore reiterate my thanks to Dr. Kahn for his updates which are regularly forwarded to this clinician. On the other hand, I have had several patients who I have witnessed receiving such therapy, which is nontraditional, having a remarkably good outcome and hence I continue to observe this approach with considerable interest,



Best wishes are extended.

Sincerely,



[REDACTED]

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Admission Date: 10/06/15                      Hospital Number: [REDACTED]  
Discharge Date:                                      Name: [REDACTED]  
Dictated By: [REDACTED]                      Account Number: [REDACTED]  
Family Doctor: [REDACTED]                      DOB: [REDACTED]

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ONCOLOGY REPORT

DATE OF VISIT:                      10/06/15

[REDACTED]

Dear Colleagues:

[REDACTED] is reviewed this date, accompanied by her most attentive good friend and daughter, in a setting of stage IV metastatic pancreatic carcinoma, having completed a prior course of chemotherapy using Abraxane in combination with gemcitabine, yet furthermore, once recovered, I have recommended change to SAFE "chemotherapy" using single agent carboplatin with modified mesna which is furthermore correlated to her circulating tumor assay.

[REDACTED] is remarkably improved relative to her prior cachectic state. She looks wonderful this date with gradual regrowth of hair, with a return to a reasonably unimpaired state of health relative to her severely compromised state despite prior benefit to prior chemotherapy.

She uses no more than 4 Oxycocet per day, yet otherwise remains pain-free. A detailed systemic inquiry is nil acute.

On examination, this is a good-natured individual, looking remarkably well, in fact, better than she has been in months. She is no longer physically challenged nor cachectic. She is free of cyanosis, icterus, and/or lymphadenopathy. There is unimpaired pulmonary auscultation. Jugular venous pulse at the sternal angle with absence of lower limb edema with a soft, nontender abdomen.

Furthermore, after 3 cycles of SAFE chemotherapy, her CA19-9 tumor marker assay has once again regressed from 743 on May 4th to 410 this date. Additionally, I am thrilled with the results of her comparative CT scan completed on June 8th which demonstrates stable mediastinal lymphadenopathy, furthermore, of unspecified significance with the heterogeneous mass like region in the pancreatic head, from my perspective, difficult to accurately measure, although otherwise stable with the prior easily identified hepatic metastases having resolved with no evidence of ascitic fluid.

Her hematologic parameters are reasonably stable with a leukocyte count of 2.7, hemoglobin 120, platelet count of 127 with an ANC of 1.1. Her biochemistry is otherwise noncontributory with a total bilirubin having fallen from 80 on April 9th to 8 this date with no residual cholestasis.

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[REDACTED]

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[REDACTED]

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In summary, [REDACTED] is returned to excellent unimpaired health outside of some mild lethargy which is not necessarily unexpected while receiving modified chemotherapy. She appears to be responding to SAFE chemotherapy, as supervised by Dr. Akbar Khan, reflecting her improvement through comparative CT imaging, yet furthermore, a fall in her CA 19-9 tumor marker assay. Her anticoagulation continues with [REDACTED] reassessed by my colleague, Dr. [REDACTED] from hematology on August 5th which will include a followup with this clinician with a comparative hemogram, biochemical profile, with a CA 19-9 tumor marker assay. No doubt to date, all goals of palliation are being accomplished. In fact, [REDACTED] will be attending her daughter's medical school graduation next week, which in the past was seemingly unlikely, particularly when suboptimally well. Updates are pending.

With best wishes extended.

Sincerely,

[REDACTED]

DD: 10/06/15  
DT: 10/06/15

[REDACTED]

CC: [diKHAAK] /n

[REDACTED]

Akbar Khan

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**From:** [REDACTED]  
**Sent:** June-10-15 6:10 PM  
**To:** Akbar Khan  
**Subject:** [REDACTED]

Dear Akbar: FYI [REDACTED]'s CT scan reflects significant benefit with NO residual liver mets to include. CA19-9 having fallen from 743 to 410. REMARKABLE! All the best [REDACTED]

Sent from my iPhone

Admission Date: 09/01/15

Hospital Number: [REDACTED]

Discharge Date:

Name: [REDACTED]

Dictated By: [REDACTED]

Account Number: [REDACTED]

Family Doctor: [REDACTED]

DOB: [REDACTED]

ONCOLOGY REPORT

DATE OF VISIT:

09/01/15

Dear [REDACTED]

[REDACTED] is reviewed this date, a reflection of a radically treated high-grade multicentric metastatic liposarcoma currently receiving a non traditional chemotherapy using ifosfamide with a modified mesna consistent with the "SAFE" protocol.

[REDACTED] is in remarkably good health at present time from a constitutional perspective. No doubt the current prescribed chemotherapy is better tolerated than ifosfamide with mesna. Occasionally, he has some self-limited discharge from his mid abdominal wound. He is pain-free with maintained functional independence. A detailed systemic inquiry is nil acute.

On examination, he is a conversant, good natured, well-appearing individual, looking actually completely well with regrowth of hair. Head and neck assessment is nil acute. He has normal pulmonary auscultation with absence of adventitia. Jugular venous pulse at the sternal angle with absence of any gallop rhythm, or absence of lower limb edema. His midline incision for the most part, is healed outside of the upper lesion which is currently not discharging. There is perincisional induration with no visceromegaly nor subsurface mass lesions.

Today's leukocyte count is 3.5, hemoglobin 121, platelet count 146 with an ANC of 2.3. Sodium 137, potassium 4.0, random glucose 5.3, creatinine statedly elevated at 130 compared to 122 on October 8, 2014 compared to 130 on June 10, 2014. Corrected calcium is 2.45. Total bilirubin 6, GGT 20, ALP 177 compared to 154 on October 8, 2014. AST 15, ALT 10, LDH 112 with an albumin of 38.

In summary, [REDACTED] remains in remarkably good health with little in the way of significant adverse constitutional symptoms attributed to chemotherapy. I continue to observe with interest the results of the "SAFE" protocol recognizing the fact that his last CT scan was essentially unremarkable with an improvement in the number of circulating tumour cells. I am certainly prepared to represcribe the ifosfamide with mesna where required although additional options will reflect the results of testing through CHAMPIONS. His Port-A-Cath is being flushed regularly through Dr. Khan while receiving therapy. I have recommended any changes in management with reassessment scheduled in 3 months' time unless directed otherwise.

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[REDACTED]

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Admission Date: 09/01/15  
Discharge Date:

Hospit [REDACTED]  
Name: [REDACTED]

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Sincerely,

[REDACTED] M.D., M.Sc, FRCPC

Dictated but not read

[REDACTED]

CC: [dikHAAK]; [REDACTED]

Report Number: [REDACTED]

[REDACTED]

[REDACTED]

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Admission Date: 19/03/15                      Hospital Number: [REDACTED]  
Discharge Date:                                      Name: [REDACTED]  
Dictated By: [REDACTED]                      Account Number: [REDACTED]  
Family Doctor: [REDACTED]                      DOB: [REDACTED]

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ONCOLOGY REPORT

DATE OF VISIT:                      19/03/15

Job ID #: [REDACTED]

Dear Akbar:

[REDACTED] is reviewed this date, a reflection of stage IV metastatic cervical cancer, for whom therapy at this juncture reflects ongoing use of DCA with prior use of carboplatin with modified mesna consistent with SAFE "chemotherapy."

To reiterate, her past medical history reflects a remote appendectomy, with a partial hysterectomy in 2008, outside of 3 remote vaginal deliveries. She did proceed through debulking surgery in 2013 with medication at this juncture reflective of DCA with a few additional unfamiliar naturopathic agents, including a probiotic, vitamin D as well as digestive enzymes.

In summary, this patient was initially diagnosed with cervical cancer in 2008 consistent with an initial abnormal Pap smear, which occurred during her 3rd pregnancy. She proceeded through a partial hysterectomy at [REDACTED] where there was no required adjuvant therapy. Unfortunately, she was found to have a recurrent mass by 2013, reflecting recurrent disease, at that juncture, debatably ovarian requiring a debulking surgery consistent with an omentectomy with a bilateral salpingo-oophorectomy. She proceeded necessarily through adjuvant chemotherapy, debatably radiation therapy, although declined traditional measures, preferring alternative option. Therapy proceeded as noted with a remarkable outcome to date. At the present time, she is remarkably well, although is no doubt dissatisfied with their midline postoperative reducible hernia. She finds the costs of represcribed therapy using SAFE chemotherapy daunting and clearly unaffordable at this juncture. A detailed systemic inquiry is noncontributory.

Family/social parameters were reviewed without additional contribution.

On examination, a conversant, good natured individual, looking remarkably well, nondistressed, consistent with her stated age. Head and neck, chest and cardiovascular assessment was nil acute. Her abdomen was soft and nontender, with an easily reducible midline postoperative hernia with no subsurface mass, lesions, visceromegaly nor other discernable pathologic findings.

Her hemogram this date demonstrates a leukocyte count of 2.4,

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[REDACTED]

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Admission Date: 19/03/15  
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Name: [REDACTED]

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hemoglobin 126, platelet 174 with an ANC of 1.3. Her biochemistry is noncontributory with a creatinine of 76. As she requested, her CEA is from my perspective, normal at 4 with a CA-125 of 7.

In summary, [REDACTED] remains in remarkably good health at present time, with her interest in proceeding through an elective mid abdominal herniorrhaphy in the future. I will necessarily arrange a comparative CT scan of her thorax, abdomen and pelvis with a review shortly thereafter with a copy forwarded to yourself. She seems to be responding to her current therapy, no doubt, having had an unexpected outcome, despite what would be traditionally expected in this clinical subset. Traditional systemic therapy in the setting of metastatic ovarian carcinoma, which is evidence based, reflects the use of cisplatin with Taxol which would be offered where treatment refractive without alternative options, if accepting to this patient. She is likely to require further carboplatin with mesna if affordable in the future, although at this juncture, DCA proceeds with your noted satisfaction. I always appreciate your comments with respect to her clinical state of health, with hopeful ongoing benefit achieved as confirmed through a pendingly arranged CT scan.

Sincerely,

[REDACTED] M.D., M.Sc, FRCPC

dictated BUT NOT READ

[REDACTED]

CC: [dikHAAK] /n

Report Number: [REDACTED]

CC: Khan, Akbar Nauman  
N.ONC ~REIST , diKANPR ~

[REDACTED]