PATIENT: **HIDDEN FOR CONFIDENTIALITY**
APPOINTMENT: DR. ****, *** CANCER CENTER, LOCATION ***
DATE: 5-**-2024, ***PM

VISIT SUMMARY

(Patient name) has a rare form lymph cell cancer called Mantle Cell Lymphoma (MCL), however in order to determine the precise subtype of Mantle Cell Lymphoma (patient name) has, he will need to obtain a repeat lymph node biopsy. In addition, a repeat PET CT scan will be ordered to reassess the location (s) of the lymphoma. (Patient name) will NOT need to obtain the endoscopy or colonoscopy as previously discussed as this will not change the treatment options moving forward. Dr. ***'s office is in the process of arranging the biopsy (by ENT Oncology) and PET CT and will call (patient name) with the appointment times/places when available.

Potential treatment options (traditional treatment with Bendamustine and Rituxan) vs enrollment in current ongoing mantle cell treatment trial (rituximab and Zanubrutinib) were discussed.

NEXT STEPS

Await call from Dr. *** office for date/time of 1) ENT Oncologist appointment to arrange repeat lymph node biopsy and 2) PET CT scan.

CHANGES IN MEDICATION

none

NEXT APPOINTMENT(S)

Follow-up with Dr. *** on 6/18/2024 at 2:45 pm in Wilmot Cancer Center in Webster.

Follow-up for PET-CT and ENT Oncology- pending

DETAILED REPORT OF THE OFFICE VISIT

Vitals: 178/80 pulse 64 temperature 36.6 oxygen sat 98% weight 209.6 height 175.1

Current Medications

Amlodipine 10 mg daily
Vitamin C, D & E
Aspirin 81mg
Glucose test strips
Coreg 25 mg twice daily
Metformin 500 mg twice daily
Olmasartan 40/12.5 daily
Pantoprazole one pill twice daily (dosage not specified during this visit)

Past Medical History

Arthritis
Hypertension (high blood pressure)
Diabetes Type II
GERD
Patient denies history of high cholesterol

Past Surgical History

Hernia repair with mesh
Tonsillectomy
Right hand and right shoulder surgery
No history of heart disease or other orthopedic surgeries

Social history
Patient is semi-retired, currently self-employed
Married, wife Lynda
Former tobacco use, 1 pack per day for 20 years, quite 30-40 years ago
Alcohol-currently drinks 1 glass of wine weekly
Smokeless tobacco use-none
Drug use-none in past or present
No history of toxin exposures (Military or otherwise)

Family history
Brother--thyroid cancer, recent recurrence
Father--prostate cancer
Brother--"everything"
Mother--hypertension, heart disease
Father--hypertension, heart disease
No children
No family history of lymphoma or leukemia

Allergies-penicillin, environmental

Review of symptoms
Energy- good, golfed 4/4 days last week
No fevers, infections, enlarging masses in the neck, groin or armpits
Has night sweats 4-5 times weekly, one weekly is drenching
Good appetite, bowels normal
Denies current pain, rash, chest pain, shortness of breath
Has recurrent GERD symptoms

DETAILED DISCUSSION

Mr. *** presented a recent timeline regarding previous diagnostic studies (blood work, pet ct scan, bone marrow biopsy and lymph node biopsy) which was reviewed and documented by ***, nurse practitioner for Dr. ***.

Per request, Dr. Tenebruso left the room during examination by Dr. ***.

Dr. *** reviewed the workup to date including the biopsy pathology report and feels that (patient name) most likely has a diagnosis of Mantle Cell Lymphoma (MCL). The diagnosis was made by examining the specific cell characteristics (markers) noted in the biopsy. In particular, (his) lymphoma cells contained tumor markers CD20, CD5, and CyclinD1. Marker CD23 was absent. He noted that these cancer cells may also contain DNA mistakes. This pattern is diagnostic of patients with MCL, which is an uncommon type of Non-Hodgkin's Lymphoma (B-cell lymphoma) affecting more men than women.
Dr. *** agrees that the most likely diagnosis is Mantle Cell Lymphoma, however the lymph node pathology report noted above was incomplete and additional studies are needed before proceeding with treatment. Wilmot was unable to obtain the actual tissue that was previously biopsied (elsewhere). To expedite the definitive diagnosis, staging and future treatments, Dr. *** would like to repeat the biopsy of the left sided neck lymph node and obtain an updated PET CT scan with additional blood work.

Dr. *** then discussed the types of MCL

Leukemic Non-nodal MCL– review of (his) biopsy reveals that he likely does NOT have this type of Lymphoma as his cells were "SOX11" positive and patients with this type of lymphoma have lymph cells that are negative for "SOX11"

Ordinary MCL—will need additional bloodwork to further define prognosis and complete the MIPI measure

Lymphoma is further subtyped based on whether or not the cells contain P53 deletion on Chromosome 17 –this has poor outcome with chemotherapy and typically involves different treatment approach. Although (patient name's) lymph node biopsy did not specify the presence or absence of these markers, Dr. *** feels

that this is unlikely to represent the type of Lymphoma (patient name) has. He is recommended that the lymph node biopsy be repeated by the ENT Oncologist at (alternative location) , this will be set up by Dr. *** office.

The prior PET CT scan revealed more than 1 area of the lymphoma and thus radiation therapy would not be helpful. Bone marrow and other organs were free of disease.

(His) tumor burden (the overall amount of cancer in his body) was low.
Dr. *** then discussed what treatment will look like.

-Treatment for MCL is evolving quickly, information that is available regarding MCL prognosis on the internet is outdated and not based on new very favorable treatments that are now available

-Historically, treatment was based on patient age, with younger patients receiving aggressive chemotherapy and stem cell treatment with goal for complete remission of cancer for 4-5 years. Older patients received combination chemotherapy

-Second line therapy for MCL involves CAR-T therapy—this is an immunotherapy where (patient name)'s own t cells are harvested and removed from the body, then genetically engineered to form cells that will recognize and attack's lymphoma when injected back into the patient

-Additional second line therapy involves BTK inhibitor medications (Zanubrutinib)-pills that have been found to work even when traditional chemotherapy doesn't

Although (patient name) will still need the repeat PET CT and lymph node biopsy done before treatment is started, Dr. *** is recommending that (patient name) enroll in an ongoing national cancer institute study (NCI)

In this study (patient name) would receive Rituximab (IV infusion) once monthly for 6 months and Zanubrutinib (daily pill)—this is the induction phase. Potential side effects of Rituximab include allergic reaction to the initial infusion and small risk of infections. Potential side effects of Zanubrutinib include rash, bowel changes and rapid heart rhythms (atrial fibrillation) . Hair loss is not associated with either medication.
If there is a favorable response at 6 months, (patient name) would be randomized to either continue receiving the zanbrutinib alone or to the other group where he

would stop all medication and restart when the disease returns. If there was no response to the rituximab and Zanubrutinib, then he would leave the study. He could return to Florida on the above regimen and return monthly for the infusion of the Rituximab.
(Patient name) was given a detailed copy of the study information for review.

If (patient name) chooses to receive traditional, non-study treatment for the MCL this would involve Bendamustine and Rituximab. This is associated with more side effects, would involve 2 days of infusions every 28 days for 4 to 6 cycles
It is important to note that Rituximab alone, watchful waiting without treatment and radiation therapy are NOT recommended.

(Patient name) asked if MCL is curable, per DR. ***, MCL is treatable but not curable.
Contrary to former recommendations, endoscopy and colonoscopy are not recommended at this time and were based on outdated recommendations.
(Patient name) consented to be part of a lymphoma cancer registry called "LEO" enrolling 14,000 patients and will be sent periodic surveys regarding lymphoma. Additional blood specimen will be obtained with the next blood draw.
(Patient name) spoke with ***, RN and received a book about Lymphoma/MCL.
Encouraged to call 275-5823 for any questions, illness. Office Fax number is 784-7907. She asked that any outside providers send their notes to this number if they are outside of the EPIC electronic medical record.

PET-CT instructions were discussed and include:

Low Carbohydrate diet 24 hours prior to PET CT
No strenuous activity 12 hours prior to PET CT
Nothing to eat 6 hours prior to PET CT
Drink 2 full glasses of plain, non-carbonated water before the test
Do not take diabetes medications the day of the test
Do not hold dogs or babies 3 hours after the test to avoid potential radiation exposure
PET-CT will be scheduled by office staff – will be notified of the time and place

Next follow-up with Dr. *** is scheduled for 6-18-24 at 245 pm in the *** Cancer Center