

The ROYAL MARSDEN

NHS Foundation Trust

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02 February 2017
Our Ref: 649327/158
NHS Number: 712 713 2194

Dear Dr Sethi

Mrs Anastasia LESLIE - DOB 2.12.1987
Flat3 274 Earls Court Road, London, SW5 9AF
Seen in Dr M Gore Prescription Clinic (P-MGW) on 25 Jan 2017

Please note that this patient has requested a copy of this letter as part of the 'Copying Letters to Patients' initiative.

Diagnosis

Relapsed high-grade serous carcinoma of the fallopian tube.
CA125 secretor.
BRCA1 mutation.

Treatment

October 2014: Presented to Chelsea and Westminster Hospital with abdominal pain. Laparoscopy and right ovarian cystectomy, pathology showed borderline tumour.
22nd January 2015: Right salpingo-oophorectomy plus omental biopsy at The Park Hospital in Nottingham. Pathology confirmed high grade serous carcinoma of the fallopian tube.
February 2015: Post-operative CT scan demonstrates 16 mm tumour at the right hemi-diaphragm, omental disease and 12mm para-aortic lymph node.
9th February 2015: Commenced Carboplatin (single agent due to patient choice).
March 2015: Recommendation for a total of 6 cycles of Carboplatin and Paclitaxel, and further debulking surgery,
but elected to proceed with carboplatin monotherapy.
May 2015: Declined further surgery.
31st July 2015: Completed 6 cycles of single agent Carboplatin, with normal CA125 at end of treatment.



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Sept 2015: No evidence of disease on CT.

Dec 2015: Small rise in CA125 from 11 to 23. CT shows no measurable disease.

January 2016: Progressive disease on CT and rising CA 125, MDT recommendation for debulking surgery.

February 2016: Mid-line laparotomy adhesiolysis left salpingo-oophorectomy, peritoneal biopsy, exploration for debulking

Due to extent of the disease debulking procedure abandoned. Histology: Left ovary and fallopian tube high grade serous carcinoma involving the ovarian tissue, peritoneal biopsy, nodular deposit.

March 2016: CT scan shows progressive disease in pelvic lymph nodes and peritoneum with rising CA 125. Decline further chemotherapy at the current time.

April 2016: Carboplatin + Gemcitabine x 1. CA125 response (normalised). Side-effects fatigue and vomiting, requiring second line treatment. Aprepitant given which helps.

August 2016: CT confirms new disease in her lung including a new sub 5mm pulmonary nodule and a trace of fluid in the left pleural space as well as significant ascites.

September 2016: To re-commence Carboplatin and Gemcitabine.

Reason for Attendance

Clinical review due to increased abdominal distension

Past Medical History

Current Medications

As per TTO

Clinical Review & Examination

Anastasia contact CNS Andreia due to increasing abdominal distension and discomfort. BO normally, no vomiting. Associated with occasional pain.

O/E:

Abdomen distended but not tense

Some evidence of shifting dullness

I have suggested drainage of her ascites but note that this has previously been done by IR. We should time this with her chemotherapy. She is due day 8 gemcitabine this Friday and she would prefer to have drainage after this. We will aim to do this next week prior to her restaging CT.

Plan:

1. Cycle 5 day 88 gemcitabine this Friday
2. Aim to drain under IR next week
3. CT 02/02/17
- 4/ Follow up in MGT 03/02/17

Yours sincerely,