

# BREAST

## MEDICAL RECORD

## General Instructions for Abstracting the Breast Medical Record:

**Valid codes:** As you abstract each data item, you should review the coding instructions in the coding and staging manuals (FORDS, ICD-O-3, CS Manual, etc.). For each data item, record the valid code provided in these manuals. For example, for grade, the valid code in the FORDS for well differentiated is “1”. Enter “1” in the grade data item field. In the text, enter “WD” to justify the grade.

**Text:** Include descriptive text to justify the coded data items in the provided text fields. The text provided on the answer sheet is the suggested wording. Your text may not follow this wording format exactly. However, the content should be the same – dates, procedures, findings, etc.

**Abbreviations:** Use accepted medical abbreviations when summarizing the report findings. In the text, you can use the following abbreviations for the medical facilities listed in the medical record:

- Sunnyvale Memorial Hospital = SMH
- Central Radiology Center = CRC

### Physicians:

- All physicians mentioned in the medical record are on staff and have admitting privileges at Sunnyvale Memorial Hospital.
- Central Radiology Center is a free-standing radiology center and is not owned by the Sunnyvale Memorial Hospital. The radiologists at Central Radiology Center are on staff at Sunnyvale Memorial Hospital.
- Sunnyvale Cancer Center is owned by Sunnyvale Memorial Hospital.
- For the physician data items, enter the physician’s last name. For this exercise, the NPI data items will not be included.

### Treatment:

- Record all first course of therapy documented, regardless of where given.
- For this exercise, recording treatment given “at this facility” is not required.
- If there is no recommendation of a specific treatment modality, then code as if it was not given.

**Stage:** In an electronic cancer registry database, the AJCC TNM Stage and SEER Summary Stage would be derived from the Collaborative Stage data items. For the purpose of this exercise, you should use your AJCC 7<sup>th</sup> Edition TNM Staging Manual and the SEER Summary Staging Manual 2000 to assign the AJCC TNM Stage and the SEER Summary Stage. The Descriptor and Staged By data items will not be collected in this exercise.

**Accession number:** The last accession number entered in the cancer registry database for a 20xx diagnosis was 20xx00454.

**County code:** To assign the county code, use the FIPS code provided on the face sheet.

**Facility Identification Numbers:** Sunnyvale Memorial Hospital = 6264444

**Outcome data items and other selected data items:** The outcomes, follow-up, and other selected data items will not be collected in this exercise. If the data item is not listed on the abstracting worksheet, then it is not required to be abstracted.

**Dates:** The year is indicated by “20xx” in the medical record and on the answer sheet. Refer to the course content for the appropriate year that should be used for this exercise. Use the traditional format (MMDDYYYY).

**Date Flag fields:** Enter a valid date in the date field or the appropriate code for the associated “flag” field. If a valid date is applicable, the flag field will remain blank.

Not all reports typically found on a medical record have been provided. Only those pertinent for abstracting this case are included. All hand written reports and documentation are provided in typed form for easier review.

For the purposes of this exercise, if there is no mention of involvement, assume there is none.

**SUNNYVALE MEMORIAL HOSPITAL**

**OUTPATIENT ADMISSION**

**ADMISSION DATE:** 5/24/20xx

**DISCHARGE DATE:** 5/24/20xx

**MED REC NUM:** 963852

**AGE:** 71 Y **SEX:** F

**RACE:** W **DOB:** 02/25/19xx

**ADMITTING PHYSICIAN:** Ida Foundit, MD

**PATIENT INFORMATION:**

Graham, Mimi

852 Graham Road

Sunnyvale, NM 19375

**SSN:** 951-75-3951

**FIPS COUNTY:** 165

**MDC/DRG ASSIGNMENT:**

**REIMBURSEMENT:** \$

**PRINCIPAL DIAGNOSIS:** 174.9 MALIGNANT NEOPLASM OF FEMALE BREAST

**SECONDARY DIAGNOSIS:**

**LOS:**

2. 401.00 Hypertension

4.

6.

8.

10.

:

:

:

:

:

3. 272.00 Hyperlipidemia

5.

7.

9.

11.

**PROCEDURES**

85.21 Breast Lumpectomy

40.11 Biopsy of lymphatic structure

:

:

:

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:

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:

**DATE**

5/24/20xx : Foundit, Ida, MD

5/24/20xx : Foundit, Ida, MD

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:

:

:

**PHYSICIAN**

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**INSURANCE INFORMATION**

**INS # 1:** MEDICARE

**INS # 2:**

**ATTENDING PHYSICIAN:** IDA FOUNDIT, MD

**DATE:** 5/28/20xx

**SUNNYVALE MEMORIAL HOSPITAL**

**SURGICAL CONSULT**

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PATIENT: GRAHAM, MIMI  
MED REC: 963852

DATE OF SERVICE: 5-24-20xx

ATTENDING PHYSICIAN: IDA FOUNDIT, MD

**History of Present Illness:** A 71-year-old woman who states that she regularly checks her breasts had not noted anything on self-examination, but, when she saw her doctor, he noticed a mass in her upper outer left breast. Subsequent mammogram and ultrasound were done and these were suspicious for breast cancer. Last week, I sent her to Central Radiology Center for an ultrasonic guided core needle biopsy of the breast. This showed a Grade I infiltrating ductal carcinoma. She has no past history of breast problems.

**Other Medical Problems:** She was seen by a neurologist in 1996 for a benign meningioma. This was not treated surgically and has not caused any further problems. Her only ongoing medical problems include hypertension and hyperlipidemia.

**Previous Surgeries:** None.

**Current Medications:** Prozac, Plendil, Zestril, and Ecotrin.

**Allergies:** She denies any drug allergies.

**Social History:** The patient is widowed and is retired. She does not smoke or use recreational drugs. She drinks Scotch on a daily basis.

**Family History:** Significant for her sister who had breast cancer in her 60's. The sister had a unilateral breast cancer and subsequently died of heart disease.

**Review or Symptoms:**

Pulmonary: The patient has coughing from postnasal drip. No shortness of breath or wheezing.

Cardiac: No chest pain, palpitations, symptoms of heart failure.

GI: No abdominal pain, nausea, vomiting, diarrhea, or constipation.

GU/GYN: The patient stopped having her periods when she was about 50. She has not been on hormone replacement treatment. She had her first full-term pregnancy when she was around 19 years old. She currently has no gynecological complaints. No dysuria, frequency, hesitancy.

- CONTINUED -

SUNNYVALE MEMORIAL HOSPITAL

SURGICAL CONSULT

PAGE 2

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PATIENT: GRAHAM, MIMI  
MED REC: 963852

DATE OF SERVICE: 5-24-20xx

ATTENDING PHYSICIAN: IDA FOUNDIT, MD

**Physical Examination:**

On physical examination, she is an elderly woman of stated age in no acute distress. She is 5'2" and 105 pounds. She is afebrile. Pulse 96, respirations 16, blood pressure 160/74. Examination of her right breast shows no skin or nipple changes. There is no tenderness. There are no masses. There is no axillary adenopathy. Left breast examination shows an ecchymosis in the upper outer quadrant at the biopsy site. There were no other skin or nipple changes. There is tenderness in the area of the biopsy. She does have a mass in the upper outer quadrant corresponding to about the 2 o'clock position and 3 or 4 cm away from the areolar border. This measured about 2 cm in size and probably is a combination of hematoma and a breast mass. There were no other masses in the breast and there was no axillary adenopathy. There was no supraclavicular adenopathy on either side. Her x-rays are reviewed, and I agree with the radiologist.

**Summary:**

This is a woman with left breast cancer as proven by needle biopsy. I counseled her and her daughter for about 30 minutes of this 45 minute visit. She indicates that she learns with a verbal discussion which we had and also written materials, and she was also given a great deal of those. She indicates no barriers to learning. At any rate, I discussed with them what breast cancer was and what her particular situation was. We reviewed the goals of breast cancer treatment and treatment options. She would be a candidate for either lumpectomy with axillary node dissection and postoperative radiation therapy or a mastectomy and node dissection with or without reconstruction. We discussed what each of these two treatments involved and the pros and cons of these. The patient told me that she would feel very comfortable just having a lumpectomy and radiation if at all possible. We also discussed axillary node dissections. We discussed doing a standard lymph node dissection versus a sentinel lymph node dissection. I told her she would be a candidate for sentinel lymph node dissection. Advantages include lesser axillary surgery and therefore, a lower risk of problems such as arm swelling, soreness, discomfort, etc. Disadvantages of a sentinel lymph node procedure include not being able to find the sentinel lymph nodes, the theoretical possibility of under-staging the disease, the need for two operations if frozen section does not show cancer in the sentinel lymph nodes but yet permanent sections do. She told me that she would prefer to do the sentinel lymph node procedure.

- CONTINUED -

**SUNNYVALE MEMORIAL HOSPITAL**

**SURGICAL CONSULT**

**PAGE 3**

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PATIENT: GRAHAM, MIMI  
MED REC: 963852

DATE OF SERVICE: 5-24-20xx

ATTENDING PHYSICIAN: IDA FOUNDIT, MD

Therefore, it appears that the patient wishes to have a lumpectomy and axillary sentinel node dissection followed by postoperative radiation treatment. I discussed the surgical aspects of her choice which include an outpatient one day surgery procedure, requiring a general anesthetic. Potential complications of surgery include infection, bleeding, arm soreness, numbness of the upper inner arm, arm swelling, etc. We also discussed what her recovery would be like. I believe all of her questions were answered and she voiced understanding of this and wishes to proceed. She will visit with radiation oncologist this afternoon.

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Ida Foundit, MD

**CENTRAL RADIOLOGY CENTER**

**RADIOLOGY REPORT**

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NAME: GRAHAM, MIMI  
X-RAY#: 123654  
ORDERING: IDA FOUNDIT, MD

DOB: 02/25/19xx  
ORD#: 147852369

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DATE: 5/18/20xx

REASON FOR EXAM: LEFT BREAST MASS

CXR PA LAT Pre Op

EXAM: XR CHEST 2V, P A OR AP & LAT TWO VIEWS OF THE CHEST:

Study is compared to a previous examination of 4/27/07.

Findings of COPD do not appear significantly altered. There is no evidence of acute parenchymal consolidation or pleural effusion. No curvature of the dorsal spine with convexity to the right is stable. Nodular density within the right apex also unchanged.

**Impression:**

No significant change with no definitive acute cardiopulmonary disease.

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Mark N. White, MD  
Radiologist

Copy to:  
Ida Foundit, MD  
Sunnyvale Memorial Hospital

**CENTRAL RADIOLOGY CENTER**

**RADIOLOGY REPORT**

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NAME: GRAHAM, MIMI  
X-RAY#: 123654  
ORDERING: IDA FOUNDIT, MD

DOB: 02/25/19xx  
ORD#: 147852369

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DATE: 4/30/20xx

REASON FOR EXAM: LEFT BREAST MASS

**BILATERAL DIAGNOSTIC MAMMOGRAPHY WITH ULTRASOUND  
EXAMINATION OF THE LEFT BREAST:**

Three views of the left breast and two views of the right breast were obtained. A skin marker was placed on the palpable abnormality in the upper outer quadrant of the left breast. This was indicated by the patient. Comparison study is dated 12/1/2005. The glandular tissue is bilaterally dense and significantly nodular in distribution pattern specifically in the right breast. Sensitivity of mammography slightly limited in this type of glandular tissue. There is a speculated mass present in the upper outer quadrant of the left breast. The mass measures about 1.5 cm in size. Appearance is suspicious for a malignancy.

No other significant interval change noted in the distribution pattern and nodularity of the glandular tissue. No definite new or suspicious-appearing opacities or microcalcification clusters are noted in the right breast. Benign-appearing calcifications are present in both breasts.

Real-time ultrasound examination of the upper outer quadrant of the left breast was obtained. An irregular hypoechoic mass is seen in the 1 o'clock position, about 4 cm from the nipple. The mass measures 1.5 x 1.3 x 1.4 cm in size. Size and position of this mass appeared to correspond to the mass that was seen on mammography, as well as appearance was also suspicious for a malignancy.

**Impression:**

New speculated focal mass in upper outer quadrant of the left breast is suspicious in appearance on both mammography and ultrasound examination for malignancy. Findings discussed with the patient, as I do think a tissue diagnosis is indicated. She feels comfortable with an ultrasound guided core biopsy. I scheduled her for this procedure here in my office on 5/16/20xx. No significant interval change or definite mammographic findings was left for the physician at the time of dictation.

---

Mark N. White, MD  
Radiologist



**SUNNYVALE MEMORIAL HOSPITAL**

**SURGICAL OPERATIVE REPORT**

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PATIENT: GRAHAM, MIMI  
MED REC: 963852

DATE OF SERVICE: 5-24-20xx

SURGEON: IDA FOUNDIT, MD

PREOPERATIVE DIAGNOSIS: Left breast cancer.

POSTOPERATIVE DIAGNOSIS: Left breast cancer.

PROCEDURE PERFORMED: Left breast lumpectomy with sentinel axillary node dissection.

ANESTHESIA: General endotracheal anesthesia.

**SPECIMENS TO PATHOLOGY:**

1. Left sentinel axillary lymph node, which on frozen section shows no evidence of metastatic cancer.
2. Left breast tissue.
3. Non-sentinel left axillary lymph nodes.

ESTIMATED BLOOD LOSS: 25 cc.

DRAINS: None.

PATIENT CONDITION: Stable

COMPLICATIONS: None.

**INDICATION FOR PROCEDURE:**

This is a 71 year old woman with a palpable lump in her left breast that on core needle biopsy is infiltrating carcinoma. After discussing her options, she has elected to have a lumpectomy with sentinel axillary node dissection.

**DESCRIPTION OF PROCEDURE:**

Approximately 2 1/2 hours prior to surgery, the patient's left breast at the site of tumor and in the periareolar area was injected with radiolabeled technetium. At the time of the surgery, the patient was brought into the operating room and placed in a comfortable supine position and general endotracheal anesthesia was induced without difficulty. The tumor area and periareolar area was injected with about 5 cc of Lympazurin blue dye.

- CONTINUED -

**SUNNYVALE MEMORIAL HOSPITAL**

**SURGICAL OPERATIVE REPORT**

**PAGE 2**

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The breast and axillary area was prepped and draped in the usual manner. To commence the operation, the Navigator was used and the patient was found to have negligible counts in the internal mammary and supraclavicular lymph node chains. An area in the axilla was found that was relatively hot compared to the surrounding background. This was located in the low and medial axilla. Transverse incision was made in a skin line that measured approximately 4-5 cm. The incision was carried down into the axillary tissue and blue lymphatics were identified. These were traced to a blue lymph node which was also hot by counts. This was removed and the ex vivo counts were in the range of the low 300's. This was sent off for frozen section and showed no evidence of metastatic cancer. Further dissection was done on the axilla and further blue lymphatics were noted but no more blue lymph nodes and there were no more areas of high counts. One additional lymph node was sent for analysis. Irrigation was carried out and hemostasis was achieved. The skin and the subcutaneous tissue was infiltrated with about 10 cc of 0.5% Marcaine with epinephrine. The subcutaneous tissue was closed with interrupted 3-0 Vicryl suture and the skin was closed with a running 3-0 Vicryl suture placed in a subcuticular layer. Steri-Strips were applied.

Our attention was then directed to the upper outer quadrant of the left breast where the tumor was located. An overlying incision measuring about 5 cm was made in a skin line and taken down into the breast tissue. A generous lumpectomy was then carried out with Bovie dissection. The specimen was sent off to the Pathologist. The cavity was palpated and nothing worrisome remained. Hemostasis was achieved with a cautery. The skin and the subcutaneous tissue were infiltrated with 10 cc of 0.5% Marcaine with epinephrine. The subcutaneous tissue was closed with a running 3-0 Vicryl suture placed in the subcutaneous layer. Steri-Strips were applied. The patient was taken to the recovery room in stable condition.

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Ida Foundit, MD

**PATHOLOGY ASSOCIATES**

CONSULTANTS IN PATHOLOGY  
AND LABORATORY MEDICINE

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Tish Ewing, M.D.  
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<i>Patient Name:</i>	<i>Physician:</i>	<i>Location:</i>	<i>Accession No:</i>
<b>GRAHAM, MIMI</b>	FOUNDIT, IDA, MD	SUNNYVALE MEMORIAL HOSPITAL	xx-02356SP
Social Security No:	951-75-3951	DOB: 02/25/19xx	Collected: 5/24/20xx
Medical Record No:	963852	Age: 71Y	Received: 5/24/20xx
Reference No:	OUTPT	Sex: Female	Reported: 5/27/20xx

-----|**SURGICAL PATHOLOGY REPORT**|-----

**HISTORY AND CLINICAL DATA**

**SPECIMEN:**

1. Sentinel node left axilla, frozen section.
2. Left breast tissue.
3. Non-sentinel lymph node left axilla.

**PRE-OP DIAGNOSIS:**

Left breast cancer.

**FROZEN RESECTION DIAGNOSIS:**

Left axillary sentinel lymph node: negative for tumor.

**GROSS DESCRIPTION:**

1. Labeled "left axilla sentinel node" and received fresh for frozen section is a 1.5 cm fatty lymph node which is bisected. Half is submitted for frozen section diagnosis, with the frozen section residue submitted in IA and the remainder in IB.
2. Labeled "left breast tissue" is a 5.5 x 5.0 x 2.5 cm loosely adherent fibrofatty portion of breast tissue. The specimen is inked and sectioned to have a 2.5 x 2.0 x 1.5 cm tumor mass which is near one inked margin. Sections submitted as per diagram (2A-2L with tumor in 2F-2K).
3. Labeled "non-sentinel lymph node left axilla" is a linear 2.4 cm lymph node which is submitted in toto 3A.

**MICROSCOPIC DESCRIPTION:**

1-3. Performed.

- CONTINUED --

## PATHOLOGY ASSOCIATES

CONSULTANTS IN PATHOLOGY  
AND LABORATORY MEDICINE

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<i>Patient Name:</i> <b>GRAHAM, MIMI</b>	<i>Physician:</i> FOUNDIT, IDA, MD	<i>Location:</i> SUNNYVALE MEMORIAL HOSPITAL	<i>Accession No:</i> xx-02356SP
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Social Security No:	951-75-3951	DOB:	02/25/19xx	Collected:	5/24/20xx
Medical Record No:	963852	Age:	71Y	Received:	5/24/20xx
Reference No:	OUTPT	Sex:	Female	Reported:	5/27/20xx

-----[SURGICAL PATHOLOGY REPORT – PAGE 2]-----

### DIAGNOSIS:

1. Lymph node, sentinel, left axillary, biopsy:

One benign sentinel lymph node, negative for malignancy, (see comment).

2. Breast tissue, left, excisional biopsy:

Infiltrating ductal carcinoma, well differentiated (Nottingham Grade 1), with component of ductal carcinoma in situ, cribriform pattern, low nuclear grade (approximately 15% of tumor).

Invasive tumor size: 1.9 cm in greatest dimension, (see comment).

Surgical margins, negative for invasive and in situ carcinoma; closest margin to ductal carcinoma in situ, 3.0 mm.

Mitotic index: one mitotic figure per 10 high power fields.

No angiolymphatic space invasion identified. Proliferative fibrocystic change is present.

Vascular microcalcifications present. Biopsy site changes present.

Estrogen receptor positive (100%).

3. Lymph node, non-sentinel, left axillary, biopsy:

One benign lymph node, negative for malignancy.

### COMMENT:

Grossly the overall tumor measures 2.5 cm in greatest dimension. However, the invasive component measures 1.9 cm in greatest dimension (measured from microscopic slides).

The left axillary sentinel lymph node is examined per the sentinel lymph node protocol which includes negative cytokeratin staining.

---

Jane Droolesdale, MD  
Pathologist

**PATHOLOGY ASSOCIATES**

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<i>Patient Name:</i> <b>GRAHAM, MIMI</b>	<i>Physician:</i> WHITE, MARK N., MD	<i>Location:</i> CENTRAL RADIOLOGY CENTER	<i>Accession No:</i> xx-02258SP
Social Security No:	951-75-3951	DOB: 02/25/19xx	Collected: 5/16/20xx
Medical Record No:	963852	Age: 71Y	Received: 5/16/20xx
Reference No:	----	Sex: Female	Reported: 5/18/20xx

-----|**SURGICAL PATHOLOGY REPORT**|-----

**HISTORY AND CLINICAL DATA**

Suspicious mass, upper outer left breast.

**SPECIMEN**

Biopsy cores (4x), left breast.

**PRE-OP DIAGNOSIS**

Evaluation for malignancy.

**GROSS DESCRIPTION**

Labeled "left breast" are four fibro fatty breast needle core biopsies ranging from 0.5 to 1.0 cm.

**MICROSCOPIC DESCRIPTION**

Performed.

**DIAGNOSIS**

Left breast; needle core biopsies:

Infiltrative ductal carcinoma, Grade I, with associated low grade cribriform ductal carcinoma in situ.

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Jane Droolesdale, MD  
Pathologist

Copy to:  
Ida Foundit, MD  
Sunnyvale Memorial Hospital

**SUNNYVALE CANCER CENTER**

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
Graham	Mimi		2/25/19xx

INTERVAL OFFICE NOTE

BP	<u>130/68</u>	P	<u>72</u>	R	<u>12</u>
REFERRING DOCTOR:	Ida Foundit, MD				
DATE OF SERVICE:	7/8/20xx				

**DIAGNOSIS:**

Well-differentiated infiltrating ductal carcinoma of the upper outer left breast, status post lumpectomy and sentinel node biopsy.

Stage: T1 N0 M0.

Protocol: None.

Zubrod Scale: 0.

Pain Level (0-10): 0

**History:**

This is a very pleasant 71-year-old female who was found to have a lump in the upper outer quadrant of her left breast. Mammogram showed a speculated mass in the upper outer quadrant measuring 1.5 cm in size. An ultrasound showed a mass corresponding to the palpable lesion measuring 1.5x1.3x1.4 cm approximately 4 cm from the nipple in the upper outer quadrant on the left side. She underwent a needle core biopsy and this showed grade 1 infiltrating ductal carcinoma with associated low-grade ductal carcinoma in situ. On 5-24-20xx, she underwent lumpectomy and sentinel node dissection and this showed one sentinel node negative for malignancy. The incisional biopsy of the breast revealed infiltrating ductal carcinoma, well-differentiated, with a component of ductal carcinoma in situ, cribriform pattern, low nuclear grade in approximately 15-percent of the tumor. The size of the invasive tumor was 1.9 cm in greatest dimension and surgical margins were negative for invasive and in situ carcinoma with the closest margin 3mm. No angiolymphatic space invasion identified. It was estrogen receptor positive of 100 percent. An additional non-sentinel node was also negative. She has seen an oncologist, Dr. Tim Oksafin. Tamoxifen has been recommended but she has not yet started this. She will begin this after she finishes radiation therapy.

Medications: Include Lisinopril 20 mg q day, Fluoxetine 20 mg q day, Plenil10 mg q day, Ecotrin 325 mg q day, and Glynazan 600 mg bid.

Allergies: She has no known drug allergies.

- CONTINUED -

**SUNNYVALE CANCER CENTER**

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
Graham	Mimi		2/25/19xx

INTERVAL OFFICE NOTE – PAGE 2

Physical examination:

She is a very pleasant female in no acute distress. HEENT is within normal limits. Lymph node survey of the neck, supraclavicular and axillary regions reveal no evidence of adenopathy. She has a well-healed incision in the left axilla. The lungs are clear to auscultation. Breast examination reveals moderate sized breasts bilaterally. There is a well-healed incision in the upper outer quadrant of the left breast with no discrete masses or nodularity palpable in either breast. The abdomen is soft and nontender without masses or hepatosplenomegaly. Musculoskeletal examination is non-tender to percussion.

Review of X-Ray and Lab:

Ultrasound was reviewed and I agree with the radiologist's interpretation. Mammograms are not in her jacket.

Assessment:

Well-differentiated infiltrating ductal carcinoma of the upper outer quadrant of the left breast, status post lumpectomy and sentinel node.

Discussion/Recommendations:

I spoke with the patient and her daughter about the risks and benefits of a course of radiation therapy including fatigue, skin erythema and breakdown, breast swelling and tenderness, uncommon chance of radiation pneumonitis, damage to the heart and second malignancies. She appears to understand and is willing to proceed with a course of radiotherapy. We will set her up for CT planning in the near future with treatment to begin shortly thereafter. My plan is to deliver 4500 cGy to the left breast followed by a cone down to the tumor bed for an additional 1600 cGy via electrons.

\_\_\_\_\_  
Lynn Eyator, MD  
Radiation Oncologist

Copies sent to:  
Dr. Tim Oksafin  
Dr. Ida Foundit  
Sunnyvale Memorial Hospital

**SUNNYVALE CANCER CENTER**

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
Graham	Mimi		2/25/19xx

INTERVAL OFFICE NOTE

BP	<u>128/72</u>	P	<u>69</u>	R	<u>12</u>
REFERRING DOCTOR:	Ida Foundit, MD				
DATE OF SERVICE:	9/7/20xx				

**DIAGNOSIS:**

Well-differentiated infiltrating ductal carcinoma of the upper outer left breast, status post lumpectomy and sentinel node biopsy.

Stage: T1 N0 M0.

Protocol: None.

Zubrod Scale: 0.

Pain Level (0-10): 0

**History:**

This is a 71-year-old female who was found to have a lump in the upper outer quadrant of her left breast. She had a lumpectomy and sentinel node dissection that revealed infiltrating ductal carcinoma, well-differentiated. The size of the invasive tumor was 1.9 cm in greatest dimension and surgical margins were negative. It was estrogen receptor positive. She is here for follow-up one week after completion of her radiation therapy. She has been back to see Dr. Oksafin. She started Tamoxifen yesterday and so far has not had any problems with leg cramps or hot flashes.

Medications: Include Lisinopril 20 mg q day, Fluoxetine 20 mg q day, Plenil 10 mg q day, Ecotrin 325 mg q day, and Glynazan 600 mg bid, Tamoxifen 20mg bid

Allergies: She has no known drug allergies.

**Physical examination:**

She is a very pleasant female in no acute distress. HEENT is within normal limits. Lymph node survey of the neck, supraclavicular and axillary regions reveal no evidence of adenopathy. She has a well-healed incision in the left axilla. The lungs are clear to auscultation. Breast examination reveals moderate sized breasts bilaterally. There is a well-healed incision in the upper outer quadrant of the left breast with no discrete masses or nodularity palpable in either breast. Skin around the breast is slightly red as a result of the radiation. The abdomen is soft and nontender without masses or hepatosplenomegaly. Musculoskeletal examination is non-tender to percussion.

- CONTINUED -



**SUNNYVALE CANCER CENTER**

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
Graham	Mimi		2/25/19xx

INTERVAL OFFICE NOTE – PAGE 2

Assessment:

Well-differentiated infiltrating ductal carcinoma of the upper outer quadrant of the left breast, status post lumpectomy and sentinel node. Status post radiation therapy.

Discussion/Recommendations:

She received 25 fractions of external beam radiation for a total 4500 cGy to the left breast. This was followed by a cone down to the tumor bed for an additional 10 fractions for an additional 1600 cGy via an electron boost. This was delivered 7/18/20xx – 8/28/20xx. She has started taking Tamoxifen and will continue this for the next five years. I will schedule her for another follow-up visit with me in six weeks. She will also be seeing Drs. Oksafin and Foundit in the interim as well. She is to call should she have any problems.

\_\_\_\_\_  
Lynn Eyator, MD  
Radiation Oncologist

Copies sent to:  
Dr. Tim Oksafin  
Dr. Ida Foundit  
Sunnyvale Memorial Hospital