American Institute of Integrative Oncology
RESEARCH & EDUCATION

CASE STUDY SUBMISSION

Important: In observance of HIPAA and the sacred trust between care giver and patient, absolutely no patient names or identifying information is to be disclosed. Patient privacy is to be preserved. If you attach any medical records, pathology, surgical or laboratory reports, all names are to be removed.

Date	16/8/19
Clinician Name & Credentials	Susie Thomson, Reg. Nutritional Therapist DipION; NTEC; mBANT; CNHC
Email	

Describe Your Patient (Please SUMMARIZE and use economy of words. You will have 15 minutes to present)

Age, Gender & Ethnicity	white (British) female, age 66
Body Type	good BMI, athletic (tennis, walking, swimming)
Values *What is most important to this patient? (Quality of Life, Decision Making, Side Effects?)*	To remain fit and strong and able to do sports for as long as possible and to optimize cancer outcome while looking after heart problems.
Stress Resilience	Good, was stressed at diagnosis and the following couple of months but more positive now
Other	
Primary Diagnosis & Date *(ex. Breast Cancer L, T3 N1 M0, BRCA1 positive, grade 3, Ki67 > 45%)*	Breast cancer (ER+ HER2 neg) diagnosed December 2018, metastases in spine, pelvis & neck. Took palbociclib for 3 months but stopped due to heart condition. Might be continued. Currently taking letrozole and having zoledronic acid infusions every 3 months.
Secondary Diagnosis *(ex. Diabetes Type 2, Obesity)*	Heart: PAF since 2014; ablation 2016. 3 Nstemi stents may 2019; treatment with bisoprolol, clopidogrel, atorvastatin, rampiril, edoxoban.

Patient Status

☐ New Diagnosis ☐ Recurrence ☑ In Treatment ☐ In Recovery ☐ In Remission ☐ At Risk

Concomitant and/or Complicating Factors *(ex: poorly controlled diabetes, insomnia, poor support system)*	slight blood sugar issues (and inflammation at last blood test). high glucose but adequate HbA1c.
Adverse Effects of Cancer or Cancer Treatments *(ex. anxiety-depression, diarrhea, peripheral neuropathy)*	none at present; slightly overweight (client perception) due to less sports; constipation
Relevant Laboratory, Pathology & Medical Reports *(attach a PDF with patient identifying information removed or summarize)*	

Brief Summary of Recent History

Breast cancer (ER+ HER2 neg) diagnosed December 2018, metastases in spine, pelvis & neck. Took palbociclib for 3 months but stopped due to heart condition. Might be continued. Currently taking letrozole and having zoledronic acid infusions every 3 months.

Heart: PAF since 2014; ablation 2016. 3 Nstemi stents may 2019; treatment with bisoprolol, clopidogrel, atorvastatin, rampiril, edoxoban.

Granuloma on left leg, seen dermatologist, perhaps seek second opinion.

No supplements currently.

Overall feeling good. Symptoms of constipation; slightly overweight. Winter eczema.

Brief Summary of Additional Relevant Health, Medical, Psycho-Social and/or Family History

Family history of cancer and heart disease.

Other Relevant Information

Such as Chinese or Ayurvedic diagnosis, Naturopathic/Homeopathic Information, etc. *(ex. Liver Qi Stagnation, Dysbiosis)*

as above

Brief Summary of Relevant Past Oncology or Medical Treatments

(ex. surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy)

pateint not allowed to restart Palbocyclib due to heart issues so will continue on Letrozole, no adverse effects for the moment.

Summary of Recent and Current Treatments

Medical Oncology Care *(surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy)*

No problems to date with stents BUT the week after starting CoQ10 and Vitamin D, patient had frequent bouts of arryhthmia which persisted so she stoped the supplements and will retry at another time. These may have been result of bone infusion around same time. On advice of cariologist, patient took one extra beta blocker which helped.

Integrative Oncology Care *(nutraceutical, botanical, phytochemical, acupuncture, energy medicine, other)*

I have suggested anti-inflammatory protocol with emphasis on blood sugar regulation, detox and elimination support and an anti-cancer diet. I have also advised immune boosting foods and lifestyle hints. She is now 'rebounding ' and taking suggested supplements: CoQ10 to combat depletion by statins and vitamin D.

Your 2 Core Questions (stated clearly and succinctly)

1. what other neutraceuticals can she take while on the heart meds, blood thinners and anti-coags? Cardiologist not in favour of turmeric and other possible blood thinners.
2. would the CoQ10 and or vitamin D cause arhythmia?

Attached Medical Records for Reference (with patient identifying information removed)

in email

PROPOSED TREATMENT PLAN Your case will not be reviewed without a completed proposed treatment plan

Nutriceutical, Phytochemical and Botanical Supplements (name of supplement, dosing)

Foundation Nutrition Supplements:

CoQ10 (statins) 60mg Pure Encapsulations
Vitamin D Pure Encapsulations 5000iu every second day

Targeted Supplements:

looking for anti-cancer supplements patient can take concurrently with heart meds

Functional Foods and/or Therapeutic Shake

I have suggested turmeric, ginger, cinnamon, juices and smoothies with mostly veg, psyllium to combat constipation.

Dietary Guidelines

I have suggested anti-inflammatory protocol with emphasis on blood sugar regulation, detox and elimination support and an anti-cancer diet. I have also advised immune boosting foods and lifestyle hints.

Lifestyle Guidelines

She is playing tennis, walking, swimming and now also rebounding for immune boost.

Recommended Diagnostics

vitamin D test
second opinion re a granuloma left leg which isn't clearing up

Referrals to specialists

Other Notes (please do not include additional notes in your email – notate them here within the case study)

Case Study: 66 y/o F Stage 4 Breast Cancer with Bone Metastases
Submitted by: Susie Thomson
Date Submitted: 01/16/2020

No Laboratory studies provided

Overview:

Primary Diagnosis:

- **66y/o Female,** Breast cancer (ER+ HER2 neg) diagnosed December 2018, metastases in spine, pelvis & neck. STAGE 4
- Took palbociclib for 3 months but stopped due to heart condition.Might be continued.
- Currently taking letrozole and having zoledronic acid infusions every 3 months.

Secondary Diagnosis:

- Slight blood sugar issues (and inflammation at last blood test). high glucose but adequate HbA1c. **(STRICT LOW GLYCEMIC DIET and Intermittent Fasting: 13+ hours per 24 hour cycle)**
- Treatment with bisoprolol, clopidogrel, atorvastatin, ramipril, edoxaban.
- Granuloma on the left leg, seen by a dermatologist, perhaps seeks the second opinion.
- No supplements currently.
- Overall feeling good. Symptoms of constipation; slightly overweight. Winter eczema.

Adverse Effects of Cancer or Cancer Treatments:

- None at present; slightly overweight (client perception) due to less sports; constipation

Past treatment:

- Heart: PAF since 2014; ablation 2016.
- CAD: 3 Nstemi stents May 2019;

Current Treatment:

- No problems to date with stents BUT the week after starting CoQ10 and Vitamin D, the patient had frequent bouts of arrhythmia which persisted so she stopped the supplements and will retry at another time.
- These may have been the result of bone infusion around the same time.
- On advice of cardiologist, patient took one extra beta blocker which helped
- I have suggested an anti-inflammatory protocol with emphasis on blood sugar regulation, detox and elimination support and an anti-cancer diet.
- I have also advised immune boosting foods and lifestyle hints.
- She is now 'rebounding' and taking suggested supplements: CoQ10 to combat

depletion by statins and vitamin D

CORE QUESTION:

- **What other nutraceuticals can she take while on the heart meds, blood thinners and anti-coags? A cardiologist not in favor of turmeric and other possible blood thinners.**
- **Would the CoQ10 and or vitamin D cause arrhythmia?**

Dr. Chilkov Recommendation:

1. **What other nutraceuticals can she take while on the heart meds, blood thinners and anti-coags? A cardiologist not in favor of turmeric and other possible blood thinners.**

OUTSMART CANCER FOUNDATION SUPPLEMENTS

- Iron Free Copper Free Multi: ITI ProThriver Wellness Multi bid
- O3 Fatty Acids: DFH Omegavail TG 1000 1-2 bid
- Vitamin D + K: DFH Vitamin D Supreme (dose is based on blood levels of 25 OH VitD) 1-2 caps daily
- Magnesium: DFH Buffered Magnesium Chelate Glycinate 1 bid and 2 at hs
- Probiotic: Klaire Therbiotic Complete 1 bid or DFH Probiophage 1 bid
- Immune Polysaccharides: Clinical Synergy Mycoceutics Immune Max 3 bid
- Targeted Supplements: Scutellaria barbata, Scutellaria baicalensis, Resveratrol, EGCG
- Bone Minerals: copper free formula DFH Osteoben 2 bid
- Low dose of EPA-DHA can be taken 2000mg/day (EPA may reduce arrhythmias) Prefer DFH Omegavail TG 1000 1 bid
- Extra Mg Citrate and Probiotic Fibers for Constipation
- DFH Annatto E 300 1 bid (Barry Tan, PhD research supports use in Breast Cancer)
- Immune Modulation Clinical Synergy Mycoceutic Immune Max
- Clinical Synergy Pure Honokiol 1 bid plus 2 hs
- DFH Q Evail 200mg q d
- **BedTime**
  - VN Melatonin 10mg 1-2 caps at bedtime
  - DFH Buffered Magnesium Chelate 2 caps
  - Clinical Synergy Pure Honokiol 2 caps

2. **Would the CoQ10 and or vitamin D cause arrhythmia?**
    - **NO**

Consider adding FULVESTRANT (destroys ER)
Consider other CDK4/6 inhibitors **Ribociclib (Kisqali)**
and **Abemaciclib (Verzenio)** less CV adverse effects

Consider Naturopathic Therapies
High Dose IV Vitamin C (cytotoxic)
IV or Subcutaneous Mistletoe therapy (see believebig.org)
Oral Copper Chelation with Tetrathiomolybdate (need labs CBC+diff, Cu, Zn, Ceruloplasmin)
Oral Low Dose Naltrexone 4.5mg hs

If Neutropenia with Palbociclib:
Astragalus extract 2 tsps daily
Clinical Synergy Mycoceutics Immune Max 3 caps bid or 2 scoops daily
(Polysaccharide richChinese Mushroom blend)

Constipation:
Magnesium Citrate to soften stool by osmotic pressure
Titrate dose to patient
Support healthy microbiome
Include Prebiotic fibers: DFH PaleoFiber and PaleoFiber RS

Atrial FIbrillation Support
DFH L Taurine 1000mg bid (2000mg/day)
Pure Encapsulations Hawthorn Berry (Crataegus spp)
500mg 2 bid (2000 mg/day)

Promote activities that support increased time in parasympathetic nervous system

Example of Chinese Botanical Custom Tonic:
• Tumor control • Inflammation Control • Support of Essential Energy (Qi)

2 teaspoons daily with food or shake
Can mix with warm water or ginger tea

SHAKE WELL

240ml	480 ml	
25	50	Red Sage Dan Shen
40	80	Polygonatum
40	80	Scutellaria baicalensis
25	50	Scutellaria barbata
20	40	Oldenlandia Bai Hua She She Cao
20	40	Camelia chinensis
20	40	Urtica urens
20	40	Red Panax Ginseng
15	30	Catharanthus rosea
15	30	Taxus brevifolia tips
10	20	Feverfew
10	20	Schizandra
10	20	Tangerine Peel Chen Pi

Susie Thomson-Bowen DipION mBANT CNHC
Registered Nutritional Therapist
317 Chemin des Touars, Callian 83440 France

Name:	BC		
Date of Birth:		**Date of Consultation:**	28/6/19

Please see the dietary guidance overleaf.
Please do not change any prescription medication without consulting your doctor.
Nutritional Supplements are not a substitute for a healthy varied diet.

Summary of your current health picture

Breast cancer (ER+ HER2 neg) diagnosed December 2018, metastases in spine, pelvis & neck. Took palbociclib for 3 months but stopped due to heart condition. Might be continued. Currently taking letrozole and having zoledronic acid infusions every 3 months.

Heart: PAF since 2014; ablation 2016. 3 Nstemi stents may 2019; treatment with bisoprolol, clopidogrel, atorvastatin, rampiril, edoxoban.

Granuloma on left leg, seen dermatologist, perhaps seek second opinion.

No supplements currently.

Overall feeling good. Symptoms of constipation; slightly overweight. Winter eczema.

Recent blood tests show: inflammation and high blood glucose but good long term blood sugar control (HbA1c).

Relevant medical history

Family history of cancer and heart disease.

Aims of your nutritional plan

1. Eat to create an anti-cancer environment within: anti-inflammatory diet
2. Control blood sugar; lose some weight
3. Work on detoxification / better elimination (bowels).
4. Immune system boost.

Help constipation

Susie Thomson-Bowen DipION mBANT CNHC
Registered Nutritional Therapist
317 Chemin des Touars, Callian 83440 France

Particularly beneficial foods to enjoy:		
Food group	How often?	Why?
Vegetables - bright rainbow colours, leafy greens, cruciferous (broccoli, cabbage, kale, cauliflower, rocket) Organic where possible	3 servings daily keep some raw as salad	fibre regulates digestion therefore helps detox and constipation; high nutrient density; antioxidants; enzymes; cruciferous have anti-cancer properties; dark green leafy for detox.
Fruit - again lots of variety fresh is best; frozen berries good. Less tropical fruits eg pears, apples, apricots, peaches. Organic where possible	2 per day with some nuts	fibre for excretion and digestion; antioxidants; plant nutrients; eat with a handful of nuts. Pomegranate and cherries to balance hormones
Rice, oats, quinoa, buckwheat noodles	1 per day	Preferably wholegrain varieties of rice to lower sugar hit; good for energy.
Eggs – organic free range or 'omega 3' eggs	1 per day	eggs are great for protein, zinc for immune system; iron and B12 for energy; iodine
Healthy fats - avocados, olive oil, linseed oil, carnitine oil; hemp oil	1-2 serving daily	rich in vitamin E (antioxidant) and will give you energy; omega 3 s in linseed and carnitine; anti-inflammatory;
Nuts & seeds – brazil, almonds, walnuts, pumpkin, flaxseeds	small handful each day	good to include in snacks for protein: walnuts good for omega 3; brazils for selenium (supports immunity); flax for hormone balancing, pumpkin for zinc (immune); almonds for magnesium
Probiotics: Yoghurt – LIVE **;** kefir (homemade), miso. organic	1 serving daily	Yoghurt should be sheep or goats and full fat (to avoid added sugar); beneficial bacteria to help keep gut regular; excretion; detoxication; immune boosting
Herbs & spices	use liberally	turmeric and ginger reduce inflammation; most have beneficial properties inc. basil, rosemary, thyme, oregano; garlic for immune system; cinnamon for blood sugar; coriander leaf good for detox; parsley anti-cancer
Mushrooms – a variety; shitake, brown, mitake, reishi. Dried is good as fresh not always easy to find	daily	Immune boosting; anti-cancer *OR use a mushroom complex supplement

Nutritional Therapy Rocks
06.67.05.45.41 | susie@nutritionaltherapy.rocks
http://nutritionaltherapy.rocks

Susie Thomson-Bowen DipION mBANT CNHC
Registered Nutritional Therapist
317 Chemin des Touars, Callian 83440 France

Foods to Avoid	
Sugar; sugar in products	Interferes with immune system; promotes cancer cell growth; inflammatory; empty calories and your blood is high in glucose.
Dairy (cow)	Contains unwanted hormones; inflammatory. Switch to sheep & goats organic cheeses and yoghurts.
Grains	Particularly wheat; contains glutens which confuse immune system and can upset digestion; inflammatory.
Drug interactions	Grapefruit juice and high potassium foods (bananas, orange fruit & dry fruit, cooked spinach)

General Tips	
Do not eat BBQ or browned / burnt meat as can be carcinogenic & inflammatory. Try to have at least a 12 hour fast between dinner and breakfast to level blood sugar and also help immune system to work during sleep when it is most effective. Always eat some protein and/or fat with carbohydrate to level blood sugar and sustain energy eg nuts with fruit; nut butter on crackers; seeds with porridge. Avoid processed and 'junk' foods as much as possible to avoid sugar, gluten & toxins.	
Overall Guidelines	Veggies / salad should cover most of you plate (50%) with around 25% healthy fats and 25% protein (plant or animal). Eat a rainbow everyday! Each colour has it's own beneficial compounds.
Breakfast ideas	Mosley's smoothies & juices with veggies and /or protein powder and/ or coconut oil to level sugar hit from fruit. Poached egg on avocado and tomato with spinach.
Lunch ideas	Huge salad with as many different colours; beetroot, red onion, celery, tomatoes, peppers and sardines or smoked mackerel, avocado and prawns. Omelette with veggies and greens.
Evening meal ideas	Veggie or fish curry with lots of spices (ginger, turmeric, coriander) and brown rice. Stir fried chicken / prawns, lots of veggies and soba noodles. Veggie tagine / stew and quinoa salad.
Desserts, Snacks	Sheep yoghurt with nuts and seeds and cinnamon sprinkle. Gluten-free oatcake with hummus or nut butter or squashed avocado.
Drinks	Try to switch 2 coffees per day to green tea (organic pref) Drink 2 litres of filtered water to help with constipation. Have a warm water with ginger and lemon slice on waking to help detox. Perhaps restrict alcohol to every 2nd day or weekends (sugar!).

Nutritional Therapy Rocks
06.67.05.45.41 | susie@nutritionaltherapy.rocks
http://nutritionaltherapy.rocks

Susie Thomson-Bowen DipION mBANT CNHC
Registered Nutritional Therapist
317 Chemin des Touars, Callian 83440 France

Tests to arrange	
Vitamin D	Often low in cancer
calcium	Monitor levels during zolendronic acid treatment.

Nutritional Supplement Please take these until we review again.	
CoQ10	Often reduced levels while on statins. Take if fatigued or weak. Ask GP.
Vitamin D – 2000iu – 5000iu	Often low in cancer; anti-cancer; good for bones and immune system
	Additional research required before recommending other supplements. TBA.

Supplements to Avoid	
Safety Concerns	Potassium containing supplements should be checked for dosage. Magnesium containing antacids or supplements re atorvastatin.

Physical Activity and Exercise
I think you are doing pretty well here. Perhaps invest in a 'rebounder', a mini trampoline which helps move your lymph around to help your immune system and detoxification, also might help with bone strength. Aim to bounce daily. Make sure to have a good amount of sunshine daily to help with vitamin D levels.

Next Appointment
In a month's time.

Patient name:
Hospital numbe
NHS number

Confidential Radiology Report

Printed by cawood(Cathryn Woodward) at 22 Nov 2019 11:06

Patient name:		**Hospital Number:**	**Sex:** Female
Date of birth:		**NHS number:**	
Address:			

Reported	Specialty	Location	Clinician	Status
30 Dec 2018 20:00	Radiology	Outpatients Department		

Radiology Examination 2690664: 29 Dec 2018 10:53

CT Chest/Abdo/Pelvis With Contrast

CT Chest/Abdo/Pelvis With Contrast

CT Chest/Abdo/Pelvis With Contrast
Reported by: Dr Sonja Jovanoska - Consultant Radiologist
Report Date: 30/12/2018
Reviewed by: -
Report status: Validated
CT chest, abdomen and pelvis with contrast:
No prior studies available for comparison.
CT is showing multicentric disease in the right breast with a cancer involving the nipple and additional irregular enhancing masses. There are also multiple abnormal level I biopsy-proven lymph nodes as well as small in the pectoral lymph nodes extending higher in axilla and 10 mm the right supraclavicular lymph node.
No significant mediastinal, hilar or left axillary lymphadenopathy.
No lung metastases.

A 6 mm hypodense lesion in segment four of the liver of fluid density in keeping with a cyst. Unremarkable appearances of the gallbladder, pancreas, right kidney and spleen. Double collecting system in the left kidney and suggestion for double ureter lower down. No significant abdominal lymphadenopathy or ascites.
Uterine fibroid noted.

Mild spondylosis. A vague sclerotic area in the right ilium on axial image 1/750 and hypodense area peripheral in the L3, L5 and sacrum of unclear clinical significance.

Conclusion: CT re-demonstrates advanced malignancy in the right breast involving the nipple and abnormal biopsy-proven right axillary and a further right supraclavicular lymph node. Indeterminate bone lesions for which bone scan advised for further characterisation.
Non-significant findings through the abdomen as described.

Patient name
Hospital num
NHS number

Confidential Radiology Report

Patient name:		**Hospital Number:**	**Sex:** Female
Date of birth:		**NHS number:**	
Address:			

Reported	Specialty	Location	Clinician	Status
13 Nov 2019 12:59	Radiology	Outpatients Department		

Radiology Examination 2854154: 22 Oct 2019 11:57

CT Chest/Abdo/Pelvis With Contrast

CT Chest/Abdo/Pelvis With Contrast

CT Chest/Abdo/Pelvis With Contrast
Clinical indication
CLINICAL INFORMATION: ca breast widespread boone mets. Any change? For OPa 6th Nov (note away 24th Oct to 3rd Nov)
REFERRING CLINICIAN: Dr Cathryn Woodward : C3566886 NHS Consultant Number PRSNL
ENTERED BY: Dr Cathryn Woodward : C3566886 NHS Consultant Number PRSNL
BLEEP/TELEPHONE NUMBER: 3212

Radiographer Comments

Report
Images obtained following the administration of intravenous contrast medium. Comparison is made with ct of 10/4/19

Soft tissue mass within the right breast is difficult to measure but appears smaller than on previous CT. Numerous right axillary nodes are smaller for the example largest now measures 13 x 6 mm (previously 15 x 10 mm) some are now calcified. Sub-pectoral nodes are also slightly smaller. Small and stable sub-pleural nodule on the horizontal fissure otherwise lungs are clear.

Apparent liver cysts are unchanged. Normal appearance of the remaining solid abdominal organs. No enlarged abdominal or pelvic lymph nodes.

Areas of sclerosis within the pelvis are more conspicuous on the current study, however, this could represent treatment response. Otherwise stable bone lesions.

Conclusion:

Parital response with likely treatment response causing increased sclerosis in the pelvis.

Report author
Amir Helmy Consultant Radiologist GMC7021100 13-Nov-2019, 12:57

Reported By: Dr Amir Helmy Consultant Radiologist GMC7021100

NHS
Manchester University
NHS Foundation Trust

HEART AND LUNG DIVISION
Department of Cardiology
Wythenshawe Hospital
M23 9LT

Tel: 0161 291 3528
Fax: 0161 291 2389

Reference:
Date of Dictation: 08/05/2019
Date Typed: 09/05/2019

[redacted]

Dear Dr Redman

Re: [redacted]

Date of Admission:
Date of Anticipated Discharge: [redacted]
Procedure:

1. Inpatient coronary angiogram demonstrating severe two vessel coronary artery disease (with tight mid LAD lesion, severe disease in the large PLVB branch and long segment of severe calcified disease in mid RCA)

Immediate Treatment:

1. Successful IVUS-guided PCI to Proximal-mid LAD with a 3.5 x 24mm Ultimaster drug eluting stent
2. Successful IVUS guided PCI to PLV branch of the RCA (3.0 x 38mm Ultimaster DES) and proximal to mid RCA with a 4.0 x 38mm Ultimaster DES

Diagnoses:

1. Non-STEMI in the setting of rapidly conducted atrial fibrillation - current admission to Wythenshawe Hospital. Troponin 500.
2. Previous AF/flutter ablation at Papworth Hospital 2016 - on long term Edoxaban therapy
3. Metastatic Ca breast (with bony METS) - diagnosed January 2019. On hormonal therapy.
4. Currently visiting Manchester (normal residence in Suffolk)

Recommendations:

1. Aspirin 75mg od plus Clopidogrel 75md od plus Edoxaban for one month
2. Above followed by Clopidogrel and Edoxaban long term
3. Please copy all correspondence to her local GP to forward to the Cardiologist as well as Treating Oncologist in Suffolk.

University Hospital of South Manchester
NHS Foundation Trust

REPRINT

DISCHARGE SUMMARY AND PRESCRIPTION

[redacted]

Allergies: ***No Known Drug Allergies***

GP: [redacted]

Fax:

Date of Admission	[redacted]
Admission Reason	NSTEMI
Consultant:	DR E ABDELAAL
Diagnoses:	NSTEMI in context of rapidly conducting AF
Planned Discharge Date:	[redacted]

Discharge Summary Notes

Medicines Changed

Medicines started:
- bisprolol increased to 7.5mg OD
- aspirin and clopidogrel started
- atorvastatin increased to 80mg ON
- rampiril started
- lansoprazole started

PLEASE NOTE
- patient is to take aspirin, clopidogrel and edoxaban for 1 month
- after 1 month, stop aspirin and take clopidogrel and edoxaban long-term

pharmacy-
also takes Palbociclib- supplies are from West Suffolk Hospital

MS A ASAMOAH-TWUM Pharmacist 10/05/2019 14:33

FollowUp Arrangement

Local cardiology follow up in 2 months - secretaries this patient is under Dr Liam Ring, cardiologist in Bury St Edmunds - please could we arrange follow up with him in 2 months time and to ensure that he is faxed a copy of this discharge letter

Please could a copy of this discharge letter also be faxed to the patient's oncologist, Dr Cathyrn Woodward who works at West Suffolk Hospital. Thanks.

Local cardiac rehab follow up please

DR AKHLAQ MAAN 09/05/2019 10:01

Actions for GP

Please could you copy discharge letter to patients cardiologist and oncologist.

Please also repeat U&Es in 2 weeks time due to started ramipril. Many thanks

DR THOMAS BULL 10/05/2019 10:40

Social Issues

Nil reported

DR THOMAS BULL 10/05/2019 10:41

Discharged by: DR AKHLAQ MAAN

UHSM Switchboard: 0161 998 7070
Medicines Information Helpline: 0161 291 3331

This delightful 66-year old lady was recently admitted under my colleague, Dr Simon Williams, at Wythenshawe Hospital with a non-STEMI in the setting of rapidly conducted atrial fibrillation, and had a Troponin leak of approximately 500. Mrs Corlett is currently on a visit to Manchester to her daughter, but her normal address of residence is in Suffolk.

Her medical history is notable for previous atrial fibrillation/flutter ablation which she had at Papworth in 2016. She has been on long term Edoxaban therapy. I also understand that she has recently been diagnosed with metastatic Ca breast.

Whilst in the past she has had brief episodes of atrial fibrillation which she has tolerated, this weekend her rapidly conducted AF persisted throughout the night, and she subsequently became very breathless and diaphoretic and called an ambulance. On arrival at Wythenshawe Hospital she had a rapidly conducted atrial fibrillation which soon settled. Her Troponin had subsequently risen to 500.

She underwent coronary angiography at my hands this afternoon, via the right radial approach. Enclosed is a copy of the detailed procedural report for your reference.

As you will see from this we have identified significant two vessel coronary artery disease, with a tight lesion in her mid LAD just after a large diagonal branch. The large dominant RCA had a long segment of severe, and calcified disease in mid course, with further disease in the proximal portion of a large PLV branch. There was moderate disease in a small intermediate coronary artery.

Given her low-intermediate syntax score, and following a mini-MDT discussion with colleagues it was felt that percutaneous revascularisation is an entirely reasonable strategy, and Mrs Corlett was agreeable to proceed with this.

Using IVUS guidance, we treated her proximal to mid LAD with a single Ultimaster drug eluting stent (3.4 x 24mm) which was post dilated appropriately with a good final angiographic and IVUS result.

Attention was turned to the dominant RCA, which was sequentially treated with the deployment of a 3.0 x 38mm Ultimaster DES in the PLV branch back into the distal RCA. Finally, the mid RCA was adequately pre-dilated and treated with cutting balloons, before the deployment of a 4.0 x 38mm Ultimaster drug eluting stent with a good angiographic and IVUS result. No immediate complications were observed.

[redacted] will be observed overnight, and discharged within the next 24 hours.

Given her need for long term anticoagulation, she should have initial triple therapy with Aspirin 75mg od, Clopidogrel 75md od and Edoxaban for one month. This should then be followed by Clopidogrel and Edoxaban long term, together with aggressive secondary prevention.

I would be grateful if you could copy the report, as well as this letter, to her treating Cardiologist as well as Oncologist for their reference and to arrange the necessary follow-up locally.

Yours sincerely

Sharad Agarwal MD MRCP
Consultant Cardiologist & Electrophysiologist
Department of Cardiology
Lakeside Crescent

Secretary: Jenny Spencer
Tel: 01480 830541 ext 4355
Direct Fax: 01480 364799
Email: jenny.spencer@papworth.nhs.uk

Arrhythmia Specialist Nurses: Hilary Bugden & Brenda Forster
Direct Tel: 01480 364947

Papworth Hospital NHS
NHS Foundation Trust

Papworth Hospital NHS Foundation Trust
Papworth Everard
Cambridge
CB23 3RE

Tel: 01480 830541
Fax: 01480 364330
www.papworthhospital.nhs.uk

[redacted]

Background history:

1. Paroxysmal atrial fibrillation and atrial flutter. – flutter auriculaire
2. Structurally normal heart.

Current medication: Nadolol 80mg daily, Dabigatran 110mg bd to be increased to 150mg bd in preparation for the ablation.

Thank you very much for allowing us to participate in the care of this pleasant lady who I saw in the clinic. As you mention, she has got a history of palpitations going back for some two years and even possibly slightly longer. She has intermittently had these episodes and there is ECG documentation of both atrial fibrillation and atrial flutter. There are no specific triggers and when she does get the palpitation it could last anywhere from several minutes to a few hours and usually it lasts for around two hours. Besides being aware of palpitation she could get some shortness of breath but denies any chest pain, pre-syncope or syncope. In the past she has tried Bisoprolol and briefly Amiodarone. She now takes Nadolol. As far as the anti-coagulation is concerned she is taking Dabigatran at 110mg daily bid.

She is otherwise fit and well and denies any exertional symptoms. She spends a considerable amount of time in France. She had some ECGs with herself which confirmed atrial fibrillation and atrial flutter. An echocardiogram has shown a structurally normal heart.

There is no history of hypertension, diabetes, TIA or stroke. She has some results of her blood count which were essentially normal.

Her resting ECG shows normal sinus rhythm with normal PR interval, QRS duration and QT interval.

Created in EMR