



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	
Clinician Name & Credentials	
Email	

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

Age, Gender & Ethnicity	
Body Type	
Values <i>What is most important to this patient? (Quality of Life, Decision Making, Side Effects?)</i>	
Stress Resilience	
Other	
Primary Diagnosis & Date <i>(ex. Breast Cancer L, T3 N1 M0, BRCA1 positive, grade 3, Ki67 > 45%)</i>	
Secondary Diagnosis <i>(ex. Diabetes Type 2, Obesity)</i>	

Patient Status

<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Recurrence <input type="checkbox"/> In Treatment <input type="checkbox"/> In Recovery <input type="checkbox"/> In Remission <input type="checkbox"/> At Risk	
Concomitant and/or Complicating Factors <i>(ex: poorly controlled diabetes, insomnia, poor support system)</i>	
Adverse Effects of Cancer or Cancer Treatments <i>(ex. anxiety-depression, diarrhea, peripheral neuropathy)</i>	
Relevant Laboratory, Pathology & Medical Reports <i>(attach a PDF with patient identifying information removed or summarize)</i>	



Brief Summary of Recent History

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

Other Relevant Information

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

Brief Summary of Relevant Past Oncology or Medical Treatments

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

Summary of Recent and Current Treatments

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

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

Your 2 Core Questions (stated clearly and succinctly)

1.

2.

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

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:

Targeted Supplements:

Functional Foods and/or Therapeutic Shake

Dietary Guidelines

Lifestyle Guidelines

Recommended Diagnostics

Referrals to specialists

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

Reviewed by Dr. Chilkov 04.15.2020.

Case Study: 21 y/o M Hodgkin's Lymphoma Stage II

Submitted by: Susie Thomson

Date Submitted: 03/31/2020

Dr. Chilkov Response:

Overview:

Primary Diagnosis:

- 21 y/o M Hodgkin's Lymphoma Stage II
 - *With a 21 yo patient you have an opportunity to help him to grow up, and get some wisdom and compassion from this experience, to help him to cope and to understand how to use this as a transformational experience*

Adverse Effects of Cancer or Cancer Treatments: (see my notes below)

- Itch,
- Skin redness,
- Nausea,
- Headache,
- Tummy ache,
- Fatigue,
- Loss of appetite, gum/mouth sores, lightheaded, persistent and localised aches
-

Manage Side Effects

- *WATCH FOR HYPERCOAGULATION (D Dimer, Fibrinogen)*

On day 6 of each chemo cycle add these supplements Stop the day before the next infusion

- *DFH Detox Anti-Ox 2/3x/day*
- *Milk Thistle Extract (HERBPHARM) 1 teaspoon twice daily*

- *Daily*
- *L-Glutamine 1 level teaspoon 3x/day*
- *Astragalus Extract (HERBPHARM) 1 teaspoon twice daily*
- *Health Concerns Marrow Plus 3/2x/day*

If neuropathy

- *Add Daily Acetyl L Carnitine 1000mg 2x/day*
- *Bone Broth 2-4 cups daily*



Relevant Laboratory, Pathology & Medical Reports -

➤ See Below

Additional Relevant Health or Family History:

- Recurrence of colds, Sore throats,
- Swine flu during childhood.

Current Treatment:

- ❖ Chemotherapy, BEACOPP *bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine [Matulane], prednisone*
 - *This is a very toxic treatment but has a 91% survival rate and this patient is young and should be resilient*

CORE QUESTION:

1. How to supplement during treatment without compromising chemotherapy effect OR How to persuade the doctors that supplements won't interfere with treatment?
 - a. You can never PERSUADE another doctor that supplements won't interfere. You CAN build a relationship of mutual respect and trust over time. It is up to the patient to build his own team and make his own informed decisions.
 - b. With a complex chemo-cocktail there are many drug-herb and drug nutrient interactions to be concerned about. Stick with FOUNDATION NUTRIENTS and manage adverse effects with Functional foods and tonic herbs (food like) during chemotherapy
2. How to maintain white cells level?
 - a. Astragalus Root extract concurrently 1 teaspoon twice daily
 - b. Ganoderma (Ling Zhi, Reishi) 3 grams daily
3. Is alcohol allowed in between treatments (Patient asking, I have explained it is better to avoid all toxins).
 - a. Absolutely NOT. This is a very hepatotoxic treatment. Alcohol is hepatotoxic Alcohol is a carcinogen. He is 21 years old. He needs to think LONG TERM about his lifestyle habits such as alcohol.

Dr. Chilkov Recommendation:

DAILY FOUNDATION NUTRIENTS can be taken concurrently with CHEMOTHERAPY

- ITI Prothriver Wellness Multi 1/2x/day
- DFH Vitamin D Supreme (start with 1 cap daily, measure blood levels and adjust)
- Klaire Therbiotic Complete 1/2x/day
- DFH Buffered Magnesium Chelate (glycinate) 2/2x/day



➤ DFH Omegavail TG 1000 1/2x/day

Discontinue these supplements during chemotherapy

- Curcumin
- Resveratrol
- DIM
- I3C
- Green Tea
- CoQ10
- Fucoidan
- Quercetin

When he completes his chemotherapy, then he will need a recovery-repair plan and a LONG TERM PLAN for a healthy long life.

Hospital El Pilar

Centre Cardiovascular Sant Jordi

Grupo Quirónsalud

C/ Balmes, 271, 08006 BARCELONA

Tfno: 932 36 05 00

<http://www.clinicadelpilar.org/>

INFORME DE ALTA DE HOSPITALIZACIÓN

Motivo Alta:

TO WHOM IT MAY CONCERN

REASON FOR CONSULTATION : fever

BACKGROUND Allergies: No and other pathologies.

CURRENT DISEASE : 21-year-old man who refers to the influenza process started two weeks ago that presented improvement 1 week ago, for the current date he presents rhinorrhea and fever 38.7, a week in bed, today chills and discomfort, myalgia. Patient refers relapse of their symptoms after an asymptomatic week.

Entrance to Internal Medicine: Work on a sailboat as a staff. Referring from November 2019 progressive tiredness, weakness that needs rest (nap) for 20 minutes and recovers. Refer mild epistaxis on 12-2-20 and remember 3 times for 3 months. Referred to as a recent family history his father was diagnosed with Myasthenia ?. He had as treatment fluids, paracetamol and levofloxacin.

PHYSICAL EXPLORATION on admission to the emergency room.- Constant on admission: TA: 119/59; FC: 102; T_{ax}: 37.9; Sat O₂: 100; EVA: 2; - General state: conscious, oriented, collaborative. Well nourished and hydrated. - Head and neck: normal. - Normal pulses. - Scan of t_{ax}: rhythmic tones. Do not blow or rub. - Pulmonary auscultation: Eupneic, normal vesicular murmur.

SUPPLEMENTARY TESTS -

Analytical 10-2-20: leucocytes 9.6 segmented 83.3, absolute neutrophils 8.0 PCR 2.5. - Influenza A by Negative PCR. Influenza B by Negative PCR (ESR) Red blood cells $5.6 \times 10^6 \mu\text{l}$ (4.3 - 5.9) Hemoglobin 13.6 g / dl (13 - 17) Hematocrit 44% (40 - 54) Mean corpuscular volume (MCV) 79 fl (80 - 100) * Average corpuscular hemoglobin (HCM) 24 pg (26 - 34) Hemoglobin concentration 31 g / dl (32 - 36) * Corpuscular Average (CHCM) Erythrocyte distribution width 16% (11 - 16) (RDW) Leukocytes $9.6 \times 10^3 \mu\text{l}$ (3.5 - 11)% segmented 83.8% (45 - 75) *% lymphocytes 9.1% (20 - 45) *% monocytes 6.6% (2 - 10)% eosinophils 0.4% (0 - 6)% basophils 0.1% (0 - 2) Neutrophils (V. Absolute) $8.0 \times 10^3 \mu\text{l}$ (1.6 - 7.5) * Lymphocytes (V. Absolute) $0.9 \times 10^3 \mu\text{l}$ (0.9 - 3.4) Monocytes (V. Absolute) $0.6 \times 10^3 \mu\text{l}$ (0.0 - 1.2) Eosinophils (V. Absolute) $0.0 \times 10^3 \mu\text{l}$ (0.0 - 0.6) Basophils (V. Absolute) $0.0 \times 10^3 \mu\text{l}$ (0.0 - 0.3) Platelets $384 \times 10^3 \mu\text{l}$ (150 - 450) D-dimer 314 ng / mL (Inf. 255) Serum glucose 107 mg / dl (74 - 109) Serum creatinine 0.73 mg / dl (0.70 - 1.20) Glomerular filtration rate (CKD-EPI) 132 ml / min Serum sodium 136 mmol / l (137 - 145) * Serum potassium 4.5 mmol / l (3.5 - 5.1)


12-2-20: Serum C reactive protein 2.5 mg / dL (Inf. 0.5) * 60 pg / mL NT-proBNP <300 ng / LT Prothrombin time 15 sg Quick 92% index (70 - 130) INR 1.05 (0.80 - 1.20) Plasma fibrinogen 5.7 g / L (1.70 - 5.0) partial thromboplastin time 30 sg (22 - 38) activated (TTPA) TTP Ratio 1.0 (Inf. 1.3) Serum glucose 97 mg / dl (74 - 109) Uric acid serum 4.8 mg / dl (3.4 - 7.0) Serum albumin 3.9 g / dl (3.5 - 5.2) Sodium serum 139 mmol / l (137 - 145) Potassium serum

El PORTAL DEL PACIENTE es un espacio personal desde el que se podrá acceder a la Información Clínica y a los diferentes Servicios del Hospital de manera online, sin necesidad de desplazamientos. En este espacio personal el paciente podrá consultar sus citas pendientes o modificarlas, consultar los resultados de pruebas diagnósticas o acceder a sus informes: <https://www.quironsalud.es/pilar>

Responsable del Tratamiento: IDCQ HOSPITALES Y SANIDAD S.L.U. con domicilio social en Calle Zurbarán 28, Madrid (28010). **Datos de contacto DPO:** DPO@quironsalud.es. **Finalidad del tratamiento:** asistencia sanitaria. **Destinatarios:** en su caso, entidad aseguradora del paciente. **Derechos:** Podrá ejercer los derechos de acceso, rectificación, supresión, oposición, portabilidad y limitación del tratamiento, como se explica en la información adicional. **Procedencia:** propio interesado. **Información adicional:** <https://www.quironsalud.es/es/politica-proteccion-datos>

Hospital El Pilar

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GRUPO  quiroñsalud

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Tfno: 932 36 05 00

<http://www.clinicadelpilar.org/>

INFORME DE ALTA DE HOSPITALIZACIÓN

Nº Historia Clínica: 2020006089

COOP

F.Nac

Domic

Teléfono

Fecha

Fecha

Servic

Garan

Motiv

4.7 mmol / l (3.5 - 5.1) AST (GOT) serum 27 U / L (Inf. 40) ALT (GPT) serum 48 U / L (Inf. 41) * Alkaline phosphatase serum 100 U / L (40 - 129) Gamma-GT serum 55 U / L (10 - 71) Iron serum 27 µg / dl (33 - 193) * Serum ferritin 329 ng / ml (18 - 464) Serum transferrin 201 mg / dl (206 - 381) * Saturation rate of 11% (20 - 40) * serum transferrin TSS serum 2.21 µUI / ml (0.270-4.20) (34) Serum C reactive protein 3.3 mg / dL (Inf. 0.5) ** Ac. nmol / L Acetylcholine Receptors (Inf. 0.20) (serum * R. Pending. Normal TSH.

IMAGES:

RX TORAX: mediastinal widening in the anterior and upper middle mediastinum.

TORAX TAC: Left anterosuperior mediastinal lesion, voluminous hypodense lesion with mild contralateral involvement, intimate contact with pericardium and anterior parietal pleura, without costal involvement is identified. It is associated with superior paratracheal adenopathy (12mm), prevascular (18mm) ipsilateral hilar (12.5mm), infracarinal (13-18.5mm) and isolated periesophageal proximal to the diaphragmatic hiatus (9mm). It suggests thymoma as the first possibility, associated mediastinal adenopathies

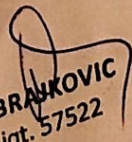
TORAX NMR: no medical report available but CD with images is given

DIAGNOSTICS

1) FEBRILE SYNDROME (NO INFLUENZA)

2) TIMOMA vs LYMPHOMA

Patient decides to be evaluated in his country of origin in France. He leaves the hospital in good condition with all his exams and images.


Dra. IMPERIA BRAJKOVIC
Núm. col.legiat. 57522

Fecha: 13/02/2020 13:19

Fdo: BRAJKOVIC -, IMPERIA ELIZABETH

Nº Colegiado: 57522

Servicio de MEDICINA INTERNA - H

El PORTAL DEL PACIENTE es un espacio personal desde el que se podrá acceder a la Información Clínica y a los diferentes Servicios del Hospital de manera online, sin necesidad de desplazamientos. En este espacio personal el paciente podrá consultar sus citas pendientes o modificarlas, consultar los resultados de pruebas diagnósticas o acceder a sus informes. <https://www.quironsalud.es/pilar>

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TAC TORACIC

Num. Estudio
HEP.20200030750

Fecha Realización
10/02/2020 14:47

Fecha Informe
10/02/2020

Centro solicitante

MOTIVO

sindrome febril joven de 21a que trabaja en barcos. silueta mediastínica ensanchada, neutrofilia 8.000. Torax

INFORME

TECNICA:

Se realizan cortes axiales desde apex pulmonares hasta suprarrenales tras la administracion de contraste IV

HALLAZGOS:

Estructuras mediastínicas centradas. A nivel de mediastino anterosuperior izquierdo, se identifica voluminosa lesion hipodensa con leve afectacion contralateral y aparece en intimo contacto con pericardio posteriormente y con la pleura parietal anteriormente, sin afectacion costal ni de las partes blandas. No se identifican calcificaciones ni areas grasas (descartaria teratoma) ni necroticas/quísticas. Presenta unas dimensiones aprox. 52 x 78 x 82mm

Se asocia a adenopatias mediastínicas a nivel paratraqueal superior (12mm) prevasculares (18mm), hiliares ipsilaterales (11-12.5mm) e infracarinales (13-18.5mm)

Aislada periesofagica proximal al hiato diafragmatico (9mm)

Hilios pulmonares de tamaño y morfología normal.

Parenquimas pulmonares sin alteraciones significativas.

Espacio pleural libre.

Pared torácica sin alteraciones valorables.

En los cortes axiales de hemiabdomen superior, se observa parénquima hepatico homogéneo.

Suprarrenales de tamaño y morfología normal.

Nodulillo esplenico accesorio.

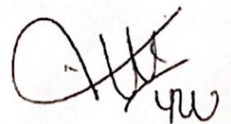
CONCLUSIONES:

Lesion mediastínica anterosuperior, que dado su comportamiento, sugeriría Timoma como primera posibilidad.

Adenopatias mediastínicas asociadas.

Firmado: YOLANDA ROCA VANACLOCHA

Núm. Colegiado: 34002





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Docteur Céline Sanfiorenzo
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Recherche Clinique

PÔLE CŒUR – VAISSEAUX – THORAX – POUMON – REIN

Chef de Pôle : Pr Reda Hassen-Khodja

Cadres supérieurs : Mme Dominique Plasson – Mr Raphael Ortega

SERVICE DE PNEUMOLOGIE, ONCOLOGIE THORACIQUE

ALLERGOLOGIE ET SOINS INTENSIFS RESPIRATOIRES

Chef de Service : Professeur Charles-Hugo Marquette

marquette.c@chu-nice.fr

Tel : 04 92 03 88 83

Nice, le 5 mars 2020

3/1998, a été hospitalisé du 24/02/2020 au



Docteur Jacques Boutros
boutros.j@chu-nice.fr

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Cécile Rohaut - Tel : 04.92.03.80.60
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Consultations

Pneumologie, Oncologie Thoracique,
Allergologie, Sommeil, Tabacologie
Tel : 04.92.03.77.67 - Fax : 04.92.03.89.94

**Centre de Compétences pour
la Mucoviscidose**

Tel : 04.92.03.76.16 - Fax : 04.92.03.88.20

**Centre de Compétences pour les
Maladies Pulmonaires Rares et**

**Centre de Compétences pour
l'Hypertension Pulmonaire**

Tel : 04.92.03.85.80 - Fax : 04.92.03.88.20

Centre du Sommeil

Tel : 04.92.03.80.59 - Fax : 04.92.03.80.42

Hôpital de Semaine

Tel : 04.92.03.80.59 - Fax : 04.92.03.80.42

Hôpital de Jour

Tel : 04.92.03.85.80 - Fax : 04.92.03.88.20

Hospitalisation conventionnelle

Tel : 04.92.03.80.52 - Fax : 04.92.03.84.40

Soins Intensifs Respiratoires

Tel : 04.92.03.80.57

Ponction transthoracique sous scanner d'une **masse médiastinale antérieure d'allure ganglionnaire.**

A noter que les marqueurs hormonaux des tumeurs germinales sont négatifs.

Cette ponction a été réalisée dans le but

- d'assurer le diagnostic histologique
- d'effectuer l'analyse biologique moléculaire
- de mettre en place un clip fiduciaire

Mode de vie et facteurs de risques

Tabagisme : NON

Exposition professionnelle à l'amiante : NON

ATCDs et comorbidités

Aucun

Clinique

Poids (kg)	taille (m.cm)	IMC
64	1,71	22

Amalgissement de 0 kg au cours des 6 derniers mois

Performance Status (OMS) : 0

- 0 personne normale – activité physique intacte – efforts possibles sans limitation
- 1 réduction des efforts – autonomie complète
- 2 autonome – se fatigue facilement – nécessité de se reposer (lit ou fauteuil) moins de la moitié des heures de veille.
- 3 personne dépendante – lever possible – nécessité de se reposer (lit ou fauteuil) plus de la moitié des heures de veille.

4 dépendance totale – état quasi grabataire – totalement confiné au lit ou au fauteuil

Plainte fonctionnelle notable : Aucune.

Eupnée en air ambiant avec SPO2 à 99 %,

Pas de douleur thoracique,

Pas de dysphonie,

Murmure vésiculaire bilatéral et symétrique au retour de la ponction sous scanner.

Suites de la ponction

La ponction s'est déroulée sans complication immédiate

La prise en charge a consisté en une surveillance.

Les radiographies thoraciques de surveillance ne montrent pas de pneumothorax

CONCLUSION

Ponction sous scanner d'une masse médiastinale antérieure.

Pas d'incident au cours et au décours de la procédure. Les radiographies de contrôle ne mettent pas en évidence de pneumothorax iatrogène.

Résultats de l'analyse anatomopathologique :

Conclusion:

Biopsies d'une masse médiastinale antérieure montrant un infiltrat lymphocytaire avec quelques polynucléaires éosinophiles associés au sein de vastes territoires de fibrose, sans territoire suspect de malignité dans la limite du matériel examiné. Si une suspicion clinique persiste, une analyse sur de nouveaux prélèvements est souhaitable.

PET-TDM ce jour : Hypermétabolisme intense de nombreuses adénopathies sus diaphragmatiques évoquant plutôt un lymphome de haut grade ; à confronter aux données histologiques.

Patient porteur de BMR ou BHRé : NON

Patient transfusé au cours du séjour : NON

Evènement indésirable : NON

Les éventuels résultats en attente seront transmis au(x) médecin(s) référent(s)

Suite à donner

x le patient sera revu par son médecin référent le Pr MOUROUX le 27/02/2020

Je reste à votre disposition pour tout renseignement complémentaire et vous prie d'agréer, Cher Confrère,
mes salutations très cordiales.

Docteur C. Noghi

J. Rousset

Médecin Responsable

Interne

"Courrier relu et validé électroniquement par le médecin signataire"

Poids (kg) : 60,00 Taille (cm) : 170
 Surf. corp. (m²) : 1,69 Créat (µmol/L) 62
 Chambre Implantable
 UF : 7226 B5 - Médecine
 Prot : BEACOPP renforce
 Inclusion par : Dr BOSCAGLI Annick
 Prescrit le : 18/03/2020 par JARAUDIAS Claire
 Cure : 1 Jour 1 = 18/03/2020 (Cycle : 21) ; Tr : 15j)

okc111bt

Jour	Date	D.C.I. et Produits	Dose	Dose prescrite	Modalités	Durée	Voie	Chrono	Heure réelle	Heure réelle	Visa	Commentaire
2	19/03/2020											
		na cl iso spvc 100ml	100 mL	100 mL		30'	IVP	H0				Branchement
		procarbazine cp	100 mg/m ²	150 mg		-	PO	H0				
		solupred 20mg cp orodisp	40 mg	40 mg		-	PO	H0				
		metoclopramide 10mg/2ml inj	20 mg	20 mg		02'	IVD	H0 + 0h05				
		etoposide	200 mg/m ²	338 mg		1h	IVP	H0 + 0h30				
		na cl iso spvc 50ml	50 mL	50 mL		15'	IVP	H0 + 1h30				
3	20/03/2020											
		D.C.I. et Produits	Dose	Dose prescrite	Modalités	Durée	Voie	Chrono	Heure réelle	Heure réelle	Visa	Commentaire
		na cl iso spvc 100ml	100 mL	100 mL		30'	IVP	H0				Branchement
		procarbazine cp	100 mg/m ²	150 mg		-	PO	H0				
		solupred 20mg cp orodisp	40 mg	40 mg		-	PO	H0				



Corballance

Plateau Technique Saint-Jean
52-54, Avenue des Alpes - 06800 Cagnes sur mer
Fax: 04 93 20 50 09

logueste médical : Dr Zoubir Adjtoutah

CENTRE ANTOINE LACASSAGNE
36 AV DE VALOMBROSE

06189 NICE

*** ACCUEIL LABO ***

Enregistré le 20.03.2020 à 06:44
Prélevé le 20.03.2020 à 06:39
Chambre n° 10 Service 7225

HEMATOLOGIE

NUMERATION GLOBULAIRE

Variation d'impédance-Photométrie-Cytométrie de flux - DxH - BC

Hématies.....	4 140 000	/mm ³	4,6 à 6 200 000	4.010.000	Le 19.03.2020
Leucocytes.....	7 300	/mm ³	4 000 à 11 000	9.700	
Hémoglobine.....	10,3	g/dL	13,0 à 18,0	10,0	
Hématocrite.....	31,8	%	37,0 à 50,0	30,6	

CONSTANTES ERYTHROCYTAIRES

T.C.M.H.....	24,9	pg/hem	27 à 32	24,9
C.G.M.H.....	32,3	g/dL	31 à 36	32,6
V.G.M.....	77	fL	79 à 97	76

FORMULE LEUCOCYTAIRE

P.N.neutrophiles.....	5 770	/mm ³	1 500 à 7 500	7.170
soit :	79,1	%		73,9
P.N.eosinophiles.....	90	/mm ³	0 à 600	50
soit :	1,3	%		0,5
P.N.basophiles.....	10	/mm ³	0 à 200	30
soit :	0,2	%		0,3
Lymphocytes.....	940	/mm ³	1 100 à 4 400	1.460
soit :	12,9	%		15,0
Monocytes.....	470	/mm ³	200 à 800	1.000
soit :	6,5	%		10,3

NUMERATION PLAQUETTAIRE

Impédance - DxH - Beckman Coulter

BOZIC STEPHANE

Dossier Médical du Patient

CENTRE ANTOINE LACASSAGNE

Prélevé le 20.03.2020 à 06:39
Prescrit par Docteur HEBERT CHRISTOPHE
Examen n° 0026
Chambre n° 7225 -10

HEMATOLOGIE

Plaquettes.....: 291 000 /mm3 150 à 400 000 305.000 Le 19.03.2020
VPM.....: 8,2 fL 7.4 à 10.4 8,1

COAGULATION

		Valeurs de référence	Antécédents
Taux de Prothrombine....:	88 %		86 Le 19.03.2020
I.N.R.....:	1,0		1,0

Compris entre 70% et 100%

TEMPS DE CEPHALINE-ACTIVATEUR

Chronométric / APTT - STAR Evo - Stago

Temoin.....:	34 sec		34
Patient.....:	45 sec		45
Rapport Patient/Temoin..:	1,33	< 1,2	1,32

Taux de fibrinogène....: 7,0 g/L 2 à 4 6,4

Méthode de Claus/ STA Liquid Fib- STAR Evo - Stago

BIOCHIMIE SANGUINE

		Valeurs de référence	Antécédents
SODIUM.....:	138 mmol/L	136 à 146	138 Le 19.03.2020
<small>Potentiométrie indirecte - Gamme AU - Beckman Coulter</small>			
POTASSIUM.....:	3,9 mmol/L	3,4 à 4,5	4,1
<small>Potentiométrie indirecte - Gamme AU - Beckman Coulter</small>			
CHLORE.....:	102 mmol/L	101 à 109	103
<small>Potentiométrie indirecte - Gamme AU - Beckman Coulter</small>			
RESERVE ALCALINE.....:	27 mmol/L	21 à 31	26
<small>PEPC - Gamme AU - Beckman Coulter</small>			
PROTIDES TOTAUX.....:	68 g/L	66 à 83	67
<small>Biuret - Gamme AU - Beckman Coulter</small>			

BOZIC STEPHANE

Prélevé le 20.03.2020 à 06:39
 Prescrit par Docteur HEBERT CHRISTOPHE
 Examen n° 0026
 Chambre n° 7225 -10

BIOCHIMIE SANGUINE

			Valeurs de référence	Antécédents
CALCIUM	2,26	mmol/L	2,20 à 2,65	2,23 Le 19.03.2020
Arsenazo III - Gamme AU - Beckman Coulter	90,4	mg/L	88 à 106	
PHOSPHORE	1,20	mmol/L	0,81 à 1,45	1,43
Molybdate, UV - Gamme AU - Beckman Coulter	37,20	mg/L	25 à 45	
MAGNESIUM PLASMATIQUE ...	0,75	mmol/L	0,73 à 1,06	0,70
Bleu de Xylidyle - Gamme AU - Beckman Coulter	18,00	mg/L	18 à 26	
UREE	3,4	mmol/L	2,8 à 7,2	4,0
Urécse-GLDH - Gamme AU - Beckman Coulter	0,20	g/L	0,17 à 0,43	
CREATININE	60	µmol/L	64 à 104	59
Enzymatique - Gamme AU - Beckman Coulter	6,8	mg/L	7,2 à 11,8	

ESTIMATION DU DEBIT DE FILTRATION GLOMERULAIRE

MDRDs..... **148** ml/min/1.73m² 150
 Une multiplication par un facteur 1.21 est nécessaire pour les patients originaires d'Afrique Sub-Saharienne ou des Antilles.

INTERPRETATION

Patients sans pathologie rénale connue:

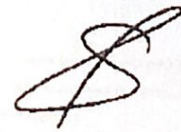
- > ou = à 60: valeur normale pour un sujet sain sans autres signes biologiques ou clinique de maladie rénale
- < à 60: baisse du débit de filtration glomérulaire estimé ne permettant pas isolément d'affirmer une maladie rénale

CKD-EPI..... **137** ml/min/1.73m²
 Estimation validée pour la population caucasienne

ACIDE URIQUE..... **<89** µmol/L 208,3 à 428,4 <89
 Urécse PAP - Gamme AU - Beckman Coulter

TRANSAMINASE SGOT..... **13** UI/L < 50 16
 IFCC - Gamme AU - Beckman Coulter

TRANSAMINASE SGPT..... **11** UI/L < 50 17
 IFCC - Gamme AU - Beckman Coulter



BOZIC STEPHANE

Dossier Médical du Patient

CENTRE ANTOINE LACASSAGNE

DATE DE PRELEVEMENT: 20/03/2020 à 06:39
 Prescrit par: Docteur HEBERT CHRISTOPHE
 Examen n°: 0026
 Chambre n°: 7225 -10

BIOCHIMIE SANGUINE

		Valeurs de référence	Antécédents
GAMMA-GT: 36	UI/L	< 55	27 du 19.02.2020
<small>IFCC - Gamma-AU - Beckman-Coulter</small>			
PHOSPHATASES ALCAINES .: 76	UI/L	30 à 120	81
<small>IFCC - Gamma-AU - Beckman-Coulter</small>			
BILIRUBINE TOTALE: 10,9	µmol/L	0 à 21	6,9
<small>IFCC - Gamma-AU - Beckman-Coulter</small>			
BILIRUBINE DIRECTE: 2,5	µmol/L	0 à 12	2,0
<small>IFCC - Gamma-AU - Beckman-Coulter</small>			
BILIRUBINE INDIRECTE ...: 8,4	µmol/L	< 2	6,9
<small>IFCC - Gamma-AU - Beckman-Coulter</small>			
LDH: 183	UI/L	< 248	173
<small>IFCC - Gamma-AU - Beckman-Coulter</small>			
PROTEINE-C-REACTIVE ...: 141,7	mg/L	< 5	101,8
<small>Immunoturbidimétrie - Gamma-AU - Beckman-Coulter</small>			
ALBUMINE: 31,8	g/L	35 à 52	30,4
<small>Vanco-Biochemical - Gamma-AU - Beckman-Coulter</small>			
	461	µmol/L	

Conformément à la réglementation en vigueur, nos informations relatives à votre dossier sont mises à votre disposition dans votre établissement, votre établissement hospitalier ou clinique ou le département concerné pour la prise en charge appropriée de la biologie médicale, afin de vous permettre de bénéficier d'un suivi personnalisé et de garantir la qualité des prestations de soins et de services associés. Les informations relatives à votre dossier sont mises à votre disposition dans votre établissement, votre établissement hospitalier ou clinique ou le département concerné pour la prise en charge appropriée de la biologie médicale, afin de vous permettre de bénéficier d'un suivi personnalisé et de garantir la qualité des prestations de soins et de services associés.

Lymphoma or lymphatic cancer

Overview

Lymphomas are a group of blood cancers which originate from lymphocytes (white blood cells of the immune system), the main types being Non-Hodgkin's (NHL) and Hodgkin's lymphoma plus many others.

Lymphomas are largely driven by environmental toxin exposure and not lifestyle; chemo and radiation for other disease can be a contributing factor as well as exposure to herbicides, pesticides and chemical pollutants. Glyphosate is a major concern for lymphoma risk.

Immune issues like HIV, hepatitis C, CMV, EBV can double the risk of lymphoma occurrence.

Obesity & high BMI can lead to worse outcomes for some kinds of lymphoma.

Auto-immune conditions have been associated with a slightly higher risk of lymphoma.

Smoking, alcohol use and sedentary lifestyle increase chance of diagnosis as well as several genetic variants PLUS environmental toxin exposure.

Tri-cyclic anti-depressants have been found to contribute to NHL.

Usual treatment for lymphoma is chemotherapy and/or chemo + radiotherapy but could just be 'active' surveillance. Immunotherapy, proton-therapy and bone marrow transplantation are other options. Stem-cell treatment also an option.

New vaccine looks promising.

During lymphoma, your immune system is compromised and you become more susceptible to infections.

Detoxification of heavy metals and healing any gut issues are of utmost importance in improving the outcome of lymphoma. Optimal gut function will help the immune system.

Diet Plan

Emphasize

- Whole foods – unprocessed food in its natural form or as close as possible
- Brassicas: broccoli, cauliflower, kale, cabbage, Brussel sprouts, rocket for I3C & DIM
- Omega 3s from smaller oily fish: salmon, herring, anchovies, mackerel & sardines. Cod & tuna but no larger than the size of a salmon to avoid heavy metals. Wild caught or organic.

- High fiber from whole grains, beans, veggies and fruits
- Healthy fats: avocado, nuts, seeds, olive oil, coconut oil, hemp, flax, cold-water fish
- Low sugar, low carb foods: choose brown instead of white; rice, pasta, bread....
- Animal protein: choose organic poultry and fish over red meat. Meat should be grass-fed and organic and used as a 'condiment', ie a ¼ - 1/3 of your plate, the rest being piled high with veggies of all colours.

Avoid

- Non-organic food; food treated with herbicides and pesticides
- Processed and grilled meats; red meat
- Fast foods, fried foods, baked goods, package foods, processed foods
- Sugar, fake sugar and artificial sweeteners* - linked to lymphoma progression
- Vegetable oils - corn, canola, sunflower, soy, safflower, shortening, margarine and anything hydrogenated or partially hydrogenated

Lifestyle

- Maintain a healthy weight
- Do not smoke (especially + hep C = x4 risk of NHL)
- Eat a low glycemic diet especially if you are pre or diabetic
- Exercise is well known to prevent cancer development - MOVE!
- Mindfulness - yoga, meditation, tai chi, CardioZen app, Headspace app.

Supplements

There are many said to help slow progression of cancer development and also to help efficacy of treatments while ameliorating the side-effects of treatment. Here are a few to consider to target lymphoma:

- Vitamin D: low levels are associated with shorter-term survival. Vitamin D deficiency is common in cancer and chemotherapy also lowers levels. It is important to have good levels of vitamin D for our immune system and also to fight cancer; several chemo drugs are found to be more effective at killing cancer cells when vitamin D is supplemented (inc. cisplatin). Good vitamin D levels are 50-80 ng/ml. 25-OH and 1,25 dihydroxy should both be measured. It is important to check levels regularly as a lymphoma

patient may have rapid conversion ie the blood levels may increase quickly and we want to avoid toxicity. Best advice is to start off with lower dose supplementation augmenting according to blood test results and getting up to 5000iu in remission for prevention (2000iu + daily depending on blood levels)

- **Curcumin: high anti-cancer effects; particularly good evidence for Hodgkin's. Increases the sensitivity to cisplatin (200-400mg x3 daily)**
- **Resveratrol: inhibits EBV in Burkitt's and induces cell death in Hodgkin's (100-200mg daily)**
- Green Tea (EGCG): 5 cups of green tea daily can reduce lymph cancers by 50% and in concomitant use with curcumin, can slow B-cell NHL.
- Indole-3-carbinol: found to increase cell death in adult T-cell lymphoma (200-400mg daily)
- DIM: significantly reduces T-cell acute lymphoblastic leukemia cells as well as reducing lymphoma tumors (250mg daily)
- Fucoidan: a seaweed extract which kills cancer cells especially B-cell lymphomas but may interact with certain chemo drugs.
- Forskolin: present in the root of an Indian plant has been seen to induce cell death of NHL.
- Quercetin: this flavonoid helps induce cell death in large B-cell lines and can enhance some chemo drugs eg rituximab (200-400mg daily)
- CoQ10: this antioxidant reduces cancer cell activity in Burkitt's and also found to have protective effects in various other cancers (100mg daily)

References

After cancer care (2015) Lemole G, Mehta P, McKee D.
<https://www.canceractive.com/article/lymphoma-or-%20lymphatic%20cancer%20symptoms%20causes%20and%20alternative%20treatments>
<https://www.canceractive.com/article/lymphoma-or-%20lymphatic%20cancer%20symptoms%20causes%20and%20alternative%20treatments>
Monitoring the microbiome in leukemia patients could reduce infections during chemotherapy by [American Society for Microbiology](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026755/>

https://www.google.com/search?client=safari&rls=en&sxsrf=ALeKk00SbbkQUJagETyiqOt_6nryLQlj9w%3A1584201892313&ei=pABtXt3fEsmLlwTBtLiwCw&q=vitamin+d+lymphoma+hodgkins&oq=vitamin+d+lymphoma+hodgkins&gs_l=psy-ab.3..0i22i30.17163.23764..25671...0.3..0.99.824.9.....0....1..gws-wiz.....0i71.g725PKPWw4k&ved=0ahUKewjdwaz4q5roAhXjYUKHUEaDrYQ4dUDCAo&uact=5

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3941149/#>

Atashrazm, F., Lowenthal, R. M., Woods, G. M., Holloway, A. F., & Dickinson, J. L. (2015). Fucoïdan and cancer: a multifunctional molecule with anti-tumor potential. *Marine drugs*, 13(4), 2327–2346. <https://doi.org/10.3390/md13042327>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6388987/#>



INTEGRATIVE ONCOLOGY
Professional
Training Program

CLINICIAN
GUIDES

OutSmart Cancer Care Planner

History & Intake Form

CREATE AN ENVIRONMENT WHERE CANCER CANNOT THRIVE



American Institute of
Integrative Oncology
RESEARCH & EDUCATION

FOUNDER, DR. NALINI CHILKOV

OutSmart Cancer Care Planner: To Be Completed By Patient

Instructions: Please complete the sections below to the best of your knowledge. You may leave a section blank if you do not have the information requested.

General Information			
Patient Name:		Date of Birth:	
Cell Phone: Home Phone:		Email:	
Health Care Providers (Names, Institution, Contact Info)			
Primary Care Provider/ Internist:			
Surgeon:			
Radiation Oncologist:			
Medical Oncologist:	Prof. Peyrade Frederic		
Integrative Cancer Care Coordinator:			
Other Health Providers: (Acupuncturist, Nutritionist, Naturopathic Doctor, Physical Therapist, Chiropractor, Urologist, Nurse Practitioner, Gynecologist, Psychologist, etc)			
Name	Specialty	Location	Phone
Patient Values, Priorities and Concerns			
What is most important to you?			
To be effectively proactive in limiting the spread of cancer, its reoccurrence in the future and help it diminish in size.			
Primary concerns and core questions?			
The doctors have warned me against plant supplements as it could compromise the effectiveness of chemotherapy			
Hopes and dreams?			
Resume life as before and achieve set goals which have now been temporarily shelved.			
Fears?			
Pain,discomfort, not being able to improve my physichal condition and get to top form			
Sources of strength and inspiration?			
My family, friends and my dog			
Sources of inner peace?			
My house, my bedroom			
Patient Primary Support Network (Family, Friends, Colleagues, Therapists, Clergy, Spiritual Advisors, etc)			
Name	Relationship	Phone	Email



Diagnosis							
Pathology – Histology: Cancer Type/Location/Histology Subtype <input type="checkbox"/> ER+ <input type="checkbox"/> PR+ <input type="checkbox"/> Her2neu+ <input type="checkbox"/> Gleason Score Hodgkin Lymphoma			Diagnosis Date (year): 2020				
Stage: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Other: <input type="checkbox"/> Not applicable			Recurrence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			Grade: Ki67:				
Tumor Analysis: Molecular & Genetic Markers (Caris, Foundation One, Other Tumor Profiles)							
Radiology: Scans MRIs (Date / Findings / Recurrence?)							
Treatment							
Surgery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year	Location	Procedure	Findings			
Radiation <input type="checkbox"/> Yes <input type="checkbox"/> No	Location			End Date (year)			
Systemic Therapy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (chemo, hormonal, other)	Agents Used BEACOPP			Current OR End Date (year) 2020			
Side Effects – Adverse Effects Itch, skin redness, nausea, headache, tummy ache, fatigue, loss of appetite, gum/mouth sores, light headed, persistant and localised aches							
Current & Persistent Symptoms (Types, Onset, Duration) Fatigue, body warmth, chills, headache							
Complementary, Natural & Alternative Treatments (Check if used prior, "I" if patient wants more information)							
<input type="checkbox"/>	Acupuncture/Chinese Med.	<input type="checkbox"/>	Pain Management	<input type="checkbox"/>	Detoxification	<input type="checkbox"/>	Gluten Free Diet
<input type="checkbox"/>	Naturopathic Medicine	<input type="checkbox"/>	Meditation	<input type="checkbox"/>	Fasting	<input type="checkbox"/>	Dairy Free Diet
<input type="checkbox"/>	Nutritional Supplements	<input type="checkbox"/>	Prayer	<input type="checkbox"/>	Enemas	<input type="checkbox"/>	Raw Food Diet
<input type="checkbox"/>	Herbal Medicine	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	Colonic Therapy	<input type="checkbox"/>	Special Diet – Other
<input type="checkbox"/>	Homeopathy	<input type="checkbox"/>	Tai Chi	<input type="checkbox"/>	Saunas & Sweating	<input type="checkbox"/>	Massage / Body Work
<input type="checkbox"/>	Chiropractic	<input type="checkbox"/>	Relaxation / Stress Mng	<input type="checkbox"/>	Vegetarian Diet	<input type="checkbox"/>	Vaccine Therapy
<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Reiki / Energy Medicine	<input type="checkbox"/>	Vegan Diet	<input checked="" type="checkbox"/>	Treatment Outside U.S.
<input type="checkbox"/>	Other:						
Current Prescription & Over the Counter Medications							
Medication		Dose		How Often?			
ATOVAQUONE		5ML		1/DAY			
METOCLOPRAMIDE		10mg		if nausea			
VALACICLOVIR		500mg		1/day			
FILGASTRIM		30MU		1/day			
Recreational Drugs / Self-Medication		How Much?		How Often?			
Tobacco		NA					
Alcohol		NA					
Marijuana/THC		NA					
Sugar		NA					
Other:							



Familial Cancer Risk Assessment

Family History of Cancer (Relation, Type of Cancer)

paternal grandmother 62 years old, stomach cancer; maternal grandmother 82 years old breast cancer

Genetic counseling: Yes No

Genetic testing results:

Special Diets - Current

<input type="checkbox"/>	Avoid Gluten	<input type="checkbox"/>	Avoid Sugar	<input type="checkbox"/>	High Protein Diet	<input type="checkbox"/>	Anti-inflammatory Diet
<input type="checkbox"/>	Avoid Wheat	<input type="checkbox"/>	Avoid Artificial Sweetener	<input type="checkbox"/>	Low Protein Diet	<input type="checkbox"/>	Detox
<input type="checkbox"/>	Avoid Corn	<input type="checkbox"/>	Avoid Red Meat	<input type="checkbox"/>	High Fiber Diet	<input type="checkbox"/>	Elimination Diet
<input type="checkbox"/>	Avoid Dairy	<input type="checkbox"/>	Vegetarian Diet	<input type="checkbox"/>	Low Fiber Diet	<input type="checkbox"/>	Hallal
<input type="checkbox"/>	Avoid Eggs	<input type="checkbox"/>	Vegan Diet	<input type="checkbox"/>	Raw Food Diet	<input type="checkbox"/>	Kosher
<input type="checkbox"/>	Avoid Soy	<input type="checkbox"/>	Low Glycemic/Carb Diet	<input type="checkbox"/>	Low Allergen Diet	<input type="checkbox"/>	Other:
Organic, whole, unprocessed, fresh, chemical-free and hormone-free without artificial colors, flavors or preservatives							

Quality of Life & Long-Term Health

Cancer patients & survivors may experience concerns with the areas listed below. If you have any questions, please let us know so we may guide you to the best resources and support.

<input type="checkbox"/>	Emotional/Mental Health	<input checked="" type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>	Weight Changes	<input checked="" type="checkbox"/>	Relationships/Marriage
<input checked="" type="checkbox"/>	Physical Functioning	<input type="checkbox"/>	Memory Loss/Focus	<input type="checkbox"/>	Financial Assistance	<input type="checkbox"/>	Children/Parenting
<input type="checkbox"/>	Spirituality	<input checked="" type="checkbox"/>	Sleep	<input type="checkbox"/>	School/Work	<input checked="" type="checkbox"/>	Sex & Intimacy
<input type="checkbox"/>	Mortality / End of Life	<input type="checkbox"/>	Balance/Coordination	<input checked="" type="checkbox"/>	Fertility	<input type="checkbox"/>	Pain Management
<input type="checkbox"/>	Stress Management	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Digestion/Elimination	<input type="checkbox"/>	Insurance
<input checked="" type="checkbox"/>	Fear of Recurrence	<input type="checkbox"/>	Nerve Pain	<input type="checkbox"/>	Alternative/Compl Medicine	<input type="checkbox"/>	Other:

A number of lifestyle/behaviors can affect your ongoing health, including the risk for cancer returning or developing another cancer. If you would like support, discuss recommendations with your care providers:

<input type="checkbox"/>	Tobacco Use/Cessation	<input checked="" type="checkbox"/>	Diet & Nutrition	<input type="checkbox"/>	Detoxification Programs
<input type="checkbox"/>	Alcohol/Drug Use	<input checked="" type="checkbox"/>	Sunscreen/UV Exposure	<input type="checkbox"/>	Meditation / Yoga / Prayer
<input type="checkbox"/>	Weight Management	<input checked="" type="checkbox"/>	Physical Activity/Exercise	<input type="checkbox"/>	Sleep, Relaxation & Stress Management

I would also like to discuss:

Is it possible to drink alcohol in between treatments?

Please continue to see your primary care provider for all general health care recommended for your age, including cancer screening tests. Any symptoms should be brought to the attention of your provider:

- Anything that represents a brand new symptom;
- Anything that represents a persistent symptom;
- Anything you are worried about that might be related to the cancer coming back.



OutSmart Cancer Care Planner: To Be Completed By Provider

Co-Morbid or Concurrent Risk Factors & Health Issues

Insulin Res / Pre-Diabetes	Depression	Dysbiosis	Allergies
Diabetes, Type:	Anxiety	GERD	Asthma
Overweight	Mental Illness	SIBO	Food/Gluten Sensitivities
Heart Disease	Alcoholism	IBS	Sinus Problems
Unhealthy Cholesterol	Drug Use / Abuse	Gastritis	Toxic Exposures
High Blood Pressure	Smoking/Tobacco Use	Leaky Gut Syndrome	Heavy Metals
Blood Clotting/Coagulation	Chronic Fatigue	Sleep Cycle Disorder	Organic Pollutants
Kidney Disease	Chronic Headaches	Chronic Pain	Mold
Autoimmune Disease:	Other Addiction(s):	Gastrointestinal-Digestive Disease	Other:

Continuing Treatment Plan

Need for ongoing (adjuvant) treatment for cancer: Yes No

Additional Treatment	Planned Duration	Possible Side Effects

Recommendations for Cancer Surveillance, Functional Medicine & Clinical Assessments

Recommended:	What/When/How Often (Referral Needed?)
Coagulation-Blood Clotting Factors	
Blood Sugar Insulin Glycemic Control	
Thyroid Assessment	
Hormone Levels- Hormone Metabolism	
Inflammation Markers	
Copper, Ceruloplasmin, Zinc	
Tumor Markers and CTC's	
Body Mass and Composition	
Toxic Exposures: Heavy Metals-Mold-Chemicals-Other	
Intestinal Microbiome	
Allergy and Sensitivity Testing	
23andme genome mapping	
Methylation Factors	
Genetic-Genomic Analysis	
Mammogram + Breast US	
Gynecologic Pelvic Exam PAP	
Pelvic US, Colposcopy, Endometrial Biopsy	
PSA Total and Free	
Colonoscopy	
Occult Blood Stool	
Endoscopy	
Skin Cancer Screening	
Parasites	
Evaluate Personal Care Products	
Evaluate Cookware and Food Storage	
Other:	

Additional Comments / Case Notes

Prepared by:

Date:

Emotional & Spiritual Support

Managing Side Effects

Other

Follow-up Support

Provider / Organization	When/How Often	Contact Information

Quality of Life & Long-Term Health

Possible late- and long-term effects that someone with this type of cancer and treatment may experience:

Additional Resources and Suggestions: (referrals, handouts, audio, video, books, websites, centers, classes, support groups, counseling, retreats, etc.)

Additional Comments:

Prepared by:

Date: