

**Date: 06/10/11**

## **Initial Report**

**Account:**

**Contact:**

**Reference #:**

**Patient:**

**ID#/Group:**

**History:** This 40 year old female was diagnosed with breast cancer on 5/13/11. Pathology notes a Stage II T2N0M0 invasive ductal cell carcinoma of the right breast, ER/PR+, HER2 negative. In addition to this new diagnosis, the patient was complaining of heavy menstrual bleeding for the past 2 years and now with pelvic pain. Workup noted that the patient had a large uterine fibroid with excessive bleeding. It was recommended that the patient undergo a total abdominal hysterectomy with a bilateral salpingo-oophorectomy prior to starting treatment for the breast cancer. Performing the hysterectomy will enhance hormonal treatment options for definitive treatment of the patient's breast cancer.

The patient underwent a total abdominal hysterectomy with a bilateral salpingo-oophorectomy on 5/27/11 at Gundersen Lutheran Medical Center. Surgery was uneventful and she discharged to home on 5/29/11.

The plan is for chemotherapy to shrink the 3cm tumor and then performing a lumpectomy vs. a mastectomy. Chemotherapy is scheduled to begin 6/16/11 if the patient has adequately recovered from the hysterectomy. The plan is for 4 cycles of Adriamycin and Cytoxan every 2 weeks followed by 4 cycles of Taxol every 2 weeks. Neupogen or Neulasta will be given after each cycle. Surgery will follow after chemotherapy has been completed. It has not been determined yet if she will require radiation. After all the treatment has been completed, she will require long term hormone receptor therapy as well.

### **Case Management Intervention:**

- This file was opened on 5/26/11 when a call was received from Dr. Smith's office to notify of the upcoming surgery scheduled for 5/27/11. Notes were received and reviewed, the surgery and a 2 day length of stay were recommended.
- This writer contacted the patient at home on 6/2/11 to introduce case management services and assess needs and treatment plan.
- This writer contacted the oncologist's office, Dr. Johnson at Gundersen Lutheran for a clinical update. Medical records received and reviewed.
- This writer reviewed NCCN guidelines for the appropriateness of the planned chemotherapy. The planned treatment is appropriate.

**Case Management Recommendations:**

- The inpatient hospitalization and surgery at Gundersen Lutheran from 5/27-29/11 was medically appropriate.
- Chemotherapy as noted above is medically appropriate with tentative plans to begin on 6/16/11.
- This file will remain open to case management to assist as able.

Thank you for this referral. Please contact the undersigned with any questions.

Diane Phipps RN-BC, CCM

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