



March 6th 2016

Dear Ms. [REDACTED]

Thank you for reaching out to Tata Memorial Centre (TMC) and nationally acclaimed experts of the National Cancer Grid (NCG). Navya is pleased to offer this online expert consultation service for assessing your treatment options.

We converted your case reports into a structured summary to be reviewed by a nationally renowned medical oncologist trained at Tata Memorial Centre and formerly a member of the Gastro Intestinal Disease Management Group at Tata Memorial Centre; as well as a nationally renowned medical oncologist in the Gynecology Disease Management Group at Tata Memorial Centre. We asked the following question(s) on your behalf:

1. Are any additional diagnostic tests recommended at this time?
2. Is chemotherapy recommended at this time? If yes, what is the recommended regimen?

The TMC NCG Navya opinion is summarized as follows:

1. It is advisable/recommended to consider the primary site of the tumor(s)/lesion(s) (i.e. the organ/site at which cancer cells/lesion(s) first started to grow), to be the ovaries, and to commence treatment for the likely clinical diagnosis of ovarian cancer with chemotherapy with Paclitaxel and Carboplatin AUC 6 at this time (see below).
2. Further, the following diagnostic assessments may be valuable:
 - a. Repeat pathological review of the slides/blocks of the surgical specimen with immunohistochemistry (IHC) for WT-1 and CA 125. These diagnostic tests help determine the primary site of tumors/lesions, and determine/reconfirm whether the ovaries is the primary site.
 - b. Genetic profiling of the tumor specimen/biopsy sample and BRCA mutation testing is recommended at a centre such as STRAND.
3. If the abovementioned diagnostic tests confirm the ovaries as the primary site, then chemotherapy with Carboplatin AUC 6 every three weeks (i.e. in a 21-days cycle) along with Paclitaxel 80 mg/m² weekly, for six cycles, is recommended.
4. If the abovementioned diagnostic test is negative for WT-1, despite the negative CDX2, then colon may likely be the primary site and chemotherapy with Capecitabine and Oxaliplatin, with or without targeted therapy, (as mentioned in the previously uploaded expert opinion report) may be considered depending on the remainder of the clinical information at that time including results of abovementioned BRCA mutation, genetic mutation profile, etc.



We hope that the expert opinion is helpful in determining the course of your treatment.

Please discuss this opinion with your treating oncologist(s).

If feasible/affordable, pathological review of the slides/blocks at an international centre such as Dana Farber Cancer Institute or Massachusetts General Hospital, in Boston, Massachusetts in the United States, may be considered.

Please do not hesitate to write to us or call us with any questions.

Sincerely,

Gitika Srivastava



CASE SUMMARY Navya ID [redacted] Expert Opinion ID [redacted]

Current Diagnosis: Metastatic Adenocarcinoma of Unknown Origin

Note: Suspected Recto-Sigmoid vs Ovarian Primary

Age: 54 Years Old

Gender: Female

Menopausal Status: Post-Menopausal

Past Medical History: Hypertension (High BP)

Complaint(s): Pain in lower abdomen [January 2016]

MRI Abdomen/Pelvis: 7*6.3*5.3 cm Lt adnexal cystic lesion with thin wall, 3.8*3.8*2.5 cm adjacent & Rt side of Lt adnexa lesion. Multiple, collapsed small bowel loops clumped together adhering above cystic lesion. Mild ascites with mild right pleural effusion [January 30th 2016]

CA 125: 334 [January 28th 2016]

Prior Surgery #1:

Timing	Surgery	Surgery Date
Primary	Staging Laparotomy + Left Oophorectomy + Omental Biopsy	February 5th 2016

Surgical Note: One litre of ascitic fluid drained. 8*8 cm Lf ovarian cystic mass resected; peritoneum biopsied; rectosigmoid colon cauliflower like growth noted; multiple, 2* 2 cm lower bowel solid lesions noted- ?Metastasis. Frozen section revealed signet ring cells. Surgery abandoned in view of widespread metastasis.

Left Ovarian Mass:



Pathological Tumor Size: 4.0*3.0*1.5

Malignant Disease: Metastatic Adenocarcinoma (Signet Ring Cells)

Cancer Grade: III

Omental Nodule:

Malignant Disease: Metastatic Adenocarcinoma (Signet Ring Cells)

Cancer Grade: III

Peritoneal Ascitic Fluid:

Malignant Disease: Metastatic Adenocarcinoma

Cancer Grade: III

Met: Ovaries: Yes

IHC-Positive: CK7 (intense diffuse cytoplasmic) [February 10th 2016]

IHC-Negative: CK20, CDX2

Pathological TNM Stage: Stage IV- any T any N M1

CA 125: 486.0 (High) [February 11th 2016]

HE4- Human Epididymis Protein 4: 42.20

ROMA Value: 57.50 (High)

Colonoscopy: Normal [March 1st 2016]

Gastroduodenoscopy: Normal [March 1st 2016]

Bone Marrow (Hematologic) Function: Adequate

Kidney (Renal) Function: Adequate

Liver (Hepatic) Function: Adequate



Alkaline Phosphatase: 247.40

Heart (Cardiac) Function: Adequate

Functional Status- ECOG Score: 1

General Condition: Patient is capable of self-care, can walk around & climb stairs.



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