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[REDACTED]
For appointments [REDACTED]

December 21, 2015

Anat Maoz Identity Card No. [REDACTED]

Age: 49, M + 4, Painter
Ethnicity: Ashkenazi
Family history: Both grandmothers had breast cancer at age 60+
Genetics: Negative for common mutations
Concomitant diseases: No
Regular medications: No
Gynecology history: Leukeran since 2013

History of Present Illness:

In 2006, at age 40, was diagnosed with advanced breast cancer without lymph node involvement. RS-23. Underwent lumpectomy and sentinel node resection. Received radiotherapy and Tamoxifen. Finished taking Tamoxifen in 2009. Since 2010 has been followed with serial imaging for suspected T1 metastases. In 2013 had a definitive diagnosis of T1 metastasis. Underwent surgery – fixation, focused radiation and resumed Tamoxifen therapy. For more than a year she has been complaining that the right axilla does not feel right – no imaging studies. In September, 2015, she developed right hand numbness. Underwent a systemic work-up which revealed:

1. Tumor spread to the right axillary lymph nodes (PET/CT and directed US)
2. T1 destruction with invasion into the canal (PET/CT and MRI)
3. Rise in tumor markers
4. No evidence of additional spread

Has begun taking Leukeran + Letrozole. Is scheduled to begin taking Xgeva. There may be a slight improvement in the neurological complaints. Axillary discomfort has improved. T1 surgery had been recommended followed by stereotactic radiation – at this point in time the patient is refusing surgery.

On examination:

In good state of health. I could not palpate with certainty any axillary lymph nodes.

Director, Oncology Institute
Kaplan Medical Center
Rehovot

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