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Patient: **BRIAN TINSLEY** **DOB:** **Oct 23, 1962**

Virginia Mason Medical Center

CONSULTATION

REASON FOR CONSULTATION: Prostate Cancer

HISTORY OF PRESENT ILLNESS: Mr. Tinsley is a 53-year-old man seen here today for high-risk prostate cancer. He was initially evaluated with a PSA during pre-operative evaluation for orthopedic surgery, at the time his PSA was 5.0. A free PSA was then obtained and was 8.6%. He was recommended to have a prostate biopsy by Dr. Takayama of Overlake Hospital , however elected to have a prostate MRI performed in June which showed no suspected lesions as a target for biopsy. He was subsequently seen by Dr. John Corman in Urology who ultimately performed a prostate biopsy. Pathology initially demonstrated overall Gleason score of 5+4=9 in several cores in the right lobe, although upon review at prostate cancer conference earlier today this was felt more consistent wtih 4+4=8 disease. He is otherwise asymptomatic, and had had both CT A/P and bone scan earlier today showing no evidence of metastatic disease. He had a follow-up appointment with Dr. Corman earlier today, and also had a consultation with Dr. Guobin Song for Radiation Oncology opinion. He and his family are here to see me to discuss the role of systemic therapy.

REVIEW OF SYSTEMS: *Positive responses are bolded*
General: weight loss, fever, chills or sweats
HEENT: visual changes, hearing loss, sinus tenderness, post-nasal drip, or sore throat
Respiratory: No cough, SOB, pleurisy, hemoptysis, or wheezing
Cardiac: No CP, palpitations, orthopnea, PND, syncope or near-syncope
GI: No melena, BRBPR, diarrhea, constipation, hematemesis, nausea/vomiting, or jaundice
GU: No hematuria or dysuria
Musculoskeletal: No muscle or joint aches
Hematologic: No bleeding tendencies, easy bruising, petechia or purpura
Skin: No rashes or hives
Endocrine: No polyuria or polydypsia
Neurologic: No seizures, no motor or sensory changes, no ataxia
Psychiatric: No depression or anxiety

Medical History:
Aortic Aneurysm - 2016 (Active)
Concept - High-Risk Vascular Disease - (Active)
Prostate cancer - 2016 (Active)
Aortic dissection s/p ascending aorta repair
Osteoarthritis

Medications
aspirin: 162mg Daily
LEXAPRO (escitalopram): 10mg Daily
Micardis HCT 12.5 mg-40 mg oral tablet (hydrochlorothiazide-telmisartan): 2 tab(s) Daily
TOPROL XL (metoprolol): 200mg Daily

Allergies
Percocet 5/325 -

Family History

Mother: **High blood pressure**

Father: **Diabetes mellitus type 2, High blood pressure**

Social History
Alcohol: <7 drinks per week
Home/Environment: Lives with Spouse.
Substance Abuse: No history of substance use
Tobacco: Never smoker

VITAL SIGNS
Ht: **182.88 cm** [07/26/2016]
Wt: **90.72 kg** [07/26/2016] Previous Wt: **92.99 kg** [07/15/2016]
PHYSICAL EXAMINATION:
General: Alert and appropriate, NAD
Abdomen: normal BS, soft, non-tender, non-distended, no rebound or guarding, no hepatosplenomegaly
Extremities: no peripheral edema, good peripheral pulses in upper and lower extremities.

Prostate Biopsy (7/15/16): Final Diagnosis

1. PROSTATE, RIGHT BASE, NEEDLE BIOPSY: Prostatic adenocarcinoma.
   A. Gleason score 4 + 5 = 9/10, grade group 5.
   B. Tumor involves 30% of 1 core.
   C. The linear amount of cancer is 3 mm.
   D. High-grade PIN is not identified.
2. PROSTATE, RIGHT BASE LATERAL, NEEDLE BIOPSY: Prostatic adenocarcinoma.

A. Gleason score 5 + 4 = 9/10, grade group 5.

B. Tumor involves 13% of 1 core.

C. The linear amount of cancer is 1.5 mm.

D. High-grade PIN is not identified.

3. PROSTATE, RIGHT MID, NEEDLE BIOPSY: Prostatic adenocarcinoma.

A. Gleason score 5 + 4 = 9/10, grade group 5.

B. Tumor involves 30% of 1 core.

C. The linear amount of cancer is 3 mm.

D. High-grade PIN is not identified.

5. PROSTATE, RIGHT APEX, NEEDLE BIOPSY: High-grade prostatic intraepithelial neoplasia/adjacent small atypical glands.

6,8,9. PROSTATE, SITES AS DESIGNATED BELOW, NEEDLE BIOPSIES: High-grade prostatic intraepithelial neoplasia.

4,7,10-12. PROSTATE, SITES AS DESIGNATED BELOW, NEEDLE BIOPSIES: Benign prostate tissue.

Comments

Perineural invasion is not identified.

DIAGNOSTIC STUDIES:

Bone Scan (7/26/16): IMPRESSION: No evidence of metastatic disease.

CT C/A/P (7/26/16): IMPRESSION: 1.: No indication of gross extracapsular extension or metastatic disease related to patient's diagnosis of prostate cancer. 2: Chronic aortic dissection with associated infrarenal abdominal aortic aneurysm and mild aneurysmal dilation of left common iliac artery progressed since 2006.

ASSESSMENT/PLAN:

Prostate adenocarcinoma, high-risk disease by virtue of Gleason 4+4=8 histology, PSA 5.0.

We had a long discussion during which we reviewed his clinical/radiographic and pathologic data. I confirmed that although he has high-risk disease it is localized, and his scans showed no evidence of metastases. Given this, as well as his young age and excellent physiology, it seems appropriate to proceed with curative intent. We discussed the pros/cons of prostatectomy vs external beam radiation therapy especially in the case of high Gleason scores. While use of surgery is appropriate, he does have a fairly high risk of requiring adjuvant radiaton therapy with prostatectomy. We also discussed the potential use of anti-androgen therapy, which in the adjuvant setting would be limited to node-positive disease; we also discussed the regimen of concurrent EBRT and 18-24 months of androgen deprivation therapy. All his questions were answered satisfactorily. He will take some time to digest all the information, but at this point he is leaning in favor of prostatectomy; if so, he will contact Dr. Corman's office to schedule this. I will not make any follow-up appointments for him to see me, but I am available for any questions or concerns he may have in the future.

Over 60 minutes were spent with the patient and family, all of it in direct face-to-face discussion of treatment plans.

cc:
Paul Smith, MD
John Corman, MD
Guobin Song, MD