

Laguer, Benjamin (MRN 4014163) DOB: 05/01/1963 Encounter Date: 04/03/2019

# Laguer, Benjamin

MRN: 4014163

**Kevan Hartshorn, MD**Physician  
Oncology

Progress Notes

Signed

Encounter Date: 4/3/2019

**Signed****Progress Note****Subjective:**

**Patient ID:** Benjamin Laguer is a 55 y.o. male. Here for followup after his MRI for his HCC. He was presented at tumor board today and there is no evidence of active tumor at this point which is remarkable. Plan is to continue surveillance including checking AFP and MRI.

**IMPRESSION:**

Hepatic cirrhosis with portal hypertension, splenomegaly and ascites.

Treated lesions in segment VII and caudate lobe without evidence of local recurrence. The previously suggested area of vague enhancement in segment 5 is no longer visualized. No new areas of arterial hyperenhancement or washout.

Was in ED with high fever and dx of pneumonia -

Was at Haywood - encephalopathy - did paracentesis  
Legs still very swollen

**ROS -**

Appet better at least - seems mentally slowed today  
Wt up quite a bit - question more related to fluid  
At prison they Doubled lactulose and lasix (60 mg in am and PM)

Has some nausea - on ondansetron  
Has no recent bleeding - on propranolol

Feels some SOB at times (hx right effusion)

No fevers

No cp

Has abd distension but not tense - has hernia as well - not tender

Urines a lot

Has significant edema both legs

REst neg or above - again trying to seek compassionate release - discussed this with me and I will speak with lawyer

Discussed at tumor board - no viable tumor now. AFP which had stayed down came up some today.

ECOG performance status: 2 - Symptomatic, <50% confined to bed

Pain: 5

**Allergies**

## Allergen

## Reactions

- Diphenhydramine

Other (See Comments)

*Pt doesn't know how he is allergic to diphenhydramine. It was listed in his record.*

**Oncology History**

At presentation, he was 51yo with chronic HCV G4, Child A/B cirrhosis of the liver - previously complicated by esophageal varices and diuretic responsive ascites. A small segment 6/7 lesion was noted in the liver 7/2014 and follow-up MRI scan in 12/2014 confirmed this to have the imaging characteristics of HCC - 1.4 cm in size. Attempt was made at RFA but the lesion could not be located under US or CT so plan changed to TACE. As of April on MRI the lesion was 1.9 cm. Plats approx 80 K, INR PTT normal. Albumin 3.6. AFP March 2015 = 32.7. Hep C RNA: 788389 (March 2015).

**04/14/15 - Liver MRI:**

- Liver cirrhosis with portal HTN.
- Periesophageal varices.
- 1.9 centimeters arterially enhancing lesion in hepatic segment 6/7 has shown interval increase in size since 2012, previously measuring 1.4 cm (MRI 12/2012).

**06/04/2015** - failed microwave ablation of known hepatocellular carcinoma in hepatic segment 6/7 as lesion was not visualized on today's CT.

**07/02/2015** - TACE: suboptimal TACE / poor visualization of the segment VII lesion / segment 7 branches were prophylactically treated.

**10/12/2015** - Liver MRI: 1.1 cm x 0.5 cm lesion in segment 6/7 decreased in size since prior MRI when it measured 1.9 cm, consistent with response to TACE.

**02/17/2016** - AFP: 285.9 (rising despite response on scan)

**03/10/2016** - Liver MRI: 1 x 0.5 cm lesion within hepatic segments 6/7 consistent with post TACE changes.

**03/17/2016** - AFP: 335.5

**04/07/2016** - Ablation: successful CT-guided microwave ablation of a segment VI/VII lesion.

See below for further history

**Cancer, hepatocellular**

3/2/2015

**Initial Diagnosis**

Cancer, hepatocellular

7/2/2015 -

**Chemotherapy**

TACE - poor visualization of segment 7 lesion (suboptimal TACE)

4/12/2016 -

**Other**

Microwave ablation of segment VI/VII lesion

6/1/2017

**Progression**

Biopsy of lymph node positive for HCC

6/28/2017 - 2/8/2018

**Chemotherapy**

Treatment with sorafenib

Laguer, B  
Laguer, B

- 8/16/2017 - Other**  
Bland and lipiodal embolization of right phrenic artery and right hepatic artery to treat segment 7 lesion. No chemo used due to neutropenia.
- 9/25/2017 - Other**  
Microwave ablation of segment 7 lesion (also fiducial marker placement)
- 11/29/2017 - Radiation**  
**12/13/2017**  
5000 cGy radiation to para-aortic lymph node
- 8/15/2018 - Chemotherapy**  
TACE to segment 5 and caudate lobe hypervascular lesions (prior attempt in July not successful due to vasospasm).

## Review of Systems

**Objective:**

Blood pressure 106/61, pulse 58, temperature 97.7 °F (36.5 °C), resp. rate 18, height 1.676 m (5' 5.98"), weight 75.1 kg (165 lb 9.6 oz), SpO2 100 %.

**Wt Readings from Last 3 Encounters:**

04/03/19	75.1 kg (165 lb 9.6 oz)
02/12/19	63.5 kg (139 lb 15.9 oz)
11/21/18	63.5 kg (140 lb)

**Temp Readings from Last 3 Encounters:**

04/03/19	97.7 °F (36.5 °C)
02/12/19	99 °F (37.2 °C) (Oral)
11/21/18	98.2 °F (36.8 °C) (Oral)

**BP Readings from Last 3 Encounters:**

04/03/19	106/61
02/13/19	115/74
11/21/18	113/74

**Pulse Readings from Last 3 Encounters:**

04/03/19	58
02/13/19	74
11/21/18	62

## Physical Exam

General: Well developed, well nourished, no acute distress

Head: normo-cephalic, atraumatic  
 Skin: keratotic darker area of skin upper abdomen, some scratch marks  
 Eyes: no icterus or injection  
 Mouth: moist membranes, no lesions  
 Neck: supple, no adenopathy  
 Lungs: clear to A and P, no respiratory distress, decreased breath sounds right base  
 Cor: RRR, no m r or g  
 Abd: soft, nontender, normal bowel sounds, large ventral hernia somewhat tender  
 Left breast soft tissue density (? Glandular tissue) which is mildly tender - has gynecomastia  
 Musculoskeletal: normal mobility, edema 2+  
 Neuro: no focal abnormalities, gait normal  
 Psych: alert and oriented, normal affect, judgement intact, normal interaction  
 Procedures

#### Results for orders placed or performed in visit on 04/03/19

##### APTT

Result	Value	Ref Range
PTT	35	27 - 37 SEC

##### INR Includes PT

Result	Value	Ref Range
PT	17.4 (H)	9.2 - 13.5 SEC
INR	1.51 (H)	0.83 - 1.20

##### AFP (Alpha-fetoprotein)

Result	Value	Ref Range
AFP (Alpha-Fetoprotein)	50.5 (H)	0 - 8.0 ng/mL

##### Iron and tbc

Result	Value	Ref Range
Iron	28 (L)	50 - 175 MCG/DL
TIBC	278	240 - 450 MCG/DL

##### Ferritin

Result	Value	Ref Range
Ferritin	52	26 - 209 NG/ML

#### Assessment/Plan:

#### Problem List Items Addressed This Visit

##### Other

- **Cancer, hepatocellular**

##### Overview

Patient with HCC s/p ablation x 2, TACE x 2, previously on sorafenib from 6/

PMH is significant for: HCV s/p Harvoni, liver cirrhosis, portal HTN w/ ascites and esophageal varices, DM2, GERD.

Oncology history goes back to July 2014 when he was found to have a small 6/7 lesion, follow-up MRI scan in 12/2014 confirmed HCC. Attempt was made to RFA this lesion but it could not be located under US or CT guidance and therefore plan switched to TACE. On 7/1/15 patient had TACE including lipiodol. Lesion in segment 7 not well visualized and did not have clear tumor blush. MRI 10/12/15 showed reduction in size of the lesion to 1.1cm with no central

enhancement but mild peripheral enhancement. MRI 3/10/16 showed similar findings with no evidence of progression however AFP rose to 314 as of February 2016. Case was discussed in liver tumor board, MRI of March 2016 was again felt to be showing no change in the liver lesion that was treated and no additional lesions. As AFP was still increasing, consensus was to proceed with lipiodol labeling of the tumor to improve visualization and then microwave ablation. This was performed on 4/7/16. Initial post treatment MRI done May 19, 2016 showed no residual tumor and good post treatment effect but AFP remained elevated. MRI done Jan 12, 2017 showed no evidence of tumor recurrence despite AFP >800 in December 2016, however it did show new non-occlusive thrombus in portal vein and SMV. Repeat MRI May 2017 was limited quality due to central artifact caused by ascites, but did not show clear enhancing lesions in liver. In June 2017 Bx of enlarged lymph node performed at BIDMC during transplant evaluation was positive for HCC, excluding transplant unfortunately. CT CAP with liver mass protocol done July 12, 2017 showed area of nodular enhancement c/w recurrence at edge of previously treated lesion, no other liver lesions, severe cirrhosis with right pleural effusion and extensive varices. Patient was started on treatment with sorafenib on the 06/28/17. Bland embolization of segment 7 lesion done 8/16/17. Now s/p 50 Gy in 5 fx SBRT to periaortic lymph node involvement completed on 12/11. CT 1/9 shows decreased size of node from 3 to 2.3 cm. Stable pleural effusion, ascites and SMV thrombosis. Admitted with GI bleed EGD 1/12/18 small non bleeding varices and portal hypertensive gastropathy. MRI done 4/12/18 showing: "two new arterially enhancing lesion with washout in hepatic segment 5 and caudate lobe measuring 1.6 cm and 2.7 cm consistent with HCC." The lymph node continued to shrink on this MRI. Attempt at TACE on 7/3/18 had to be stopped due to spasm of vessels feeding the tumor. Repeat TACE 8/15/18 successful.

#### Current Assessment & Plan

Liver functioning worsening to a worrisome extent  
Will try to get him in to see Dr Nunes to review his treatment for cirrhosis  
Discussed with him that transplant not feasible given prior lymph node involvement even though it responded to treatment  
Some rise in AFP today is of concern - scan findings encouraging though (although not best quality scan) - He thinks he can lay still for next MRI in three months and see him after that  
He does have treatment options although some concern about level of liver dysfunction level now which could affect ability to use many of the treatment approaches

#### Relevant Orders

MRI LIVER MASS - MRI Abdomen With & Without Contrast

Office Visit  
on 4/3/2019

6/27/2019

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