






**To Whom It May Concern**

This is to certify that, **NILUFAR YASMIN**, 50 years Bangladeshi lady is a diagnosed case of Carcinoma Rectum with abdominal lymphadenopathy with multiple Liver SOL. She has received **12 cycles** of chemotherapy with FOLFIRI-B protocol followed by Filgrastim 300 mcg without any adverse effect under Prof. Dr. Qamruzzaman Chowdhury in Bangladesh Specialized Hospital Limited, Dhaka.  
Now, she is willing to continue further evaluation & treatment in India.

Wish her recovery & good health.

  
08.12.22  
Dr. Shuvashish Mandal Shaha  
Medical Officer  
Oncology  
Bangladesh Specialized Hospital Ltd.

Date: 08.12.2022

**DISCHARGE SUMMARY**

HN	H12106179998	Admission ID	DA12212122429
Patient Name	NILUFAR YASMIN	Admission Date	08 Dec 2022 10:05 AM
Age/Gender	50Y 11M 8D/Female	Bed Number	DAY DUMMY 8ED
Phone	01304728507	Department	Oncology
Address	71, CRESCENT ROAD, DHANMONDI, DHAKA	Discharge Type	Discharge With Approval
Primary Consultant	Prof. Dr. Qamruzzaman Chowdhury	Discharge Date	08 Dec 2022

**DIAGNOSIS**

Carcinoma of Rectum with abdominal lymphadenopathy with multiple Liver SOL > Post Palliative chemotherapy with FOLFQX-B > Post Capecitabine- Bevacizumab > Underwent surgery > Now on Palliative chemotherapy with FOLFIRI-B

**HISTORY & EXAMINATION**

**Histopathology:** On 20.08.2021. Tissue from growth, Colonoscopic biopsy, rectum: Adenocarcinoma, well differentiated. On 18/05/22. Part of rectum & sigmoid colon. The Lab: Adenocarcinoma, grade II, Margin free. 1/19 LNs (+) ve, Metastatic omental deposit, LVI, PNI- absent.

**Clinical stage:** IV (Liver)

**Surgery:** On 14/05/22. Anterior resection with TME with covering ileostomy

**Chemotherapy:** FOLFQX-B x 12 cycles from 01.09.21 to 16.02.22 > Chemotherapy with Capecitabine- Bevacizumab. Cycle 1 till 26/04/22. Started 2nd line Palliative chemotherapy with FOLFIRI B from 28.06.2022

**Radiotherapy:** x

**Plan:** On 15/06/22. Considering Liver mets, LN mets Omental mets- Better to switch to FOLFIRI-B. Patient party offered so.

**HOSPITAL COURSE MANAGEMENT**

**Chemotherapy regimen:** FOLFIRI-B --- 2 weekly

**1<sup>st</sup> cycle given on:** 28.06.2022 (2nd line)

**Treatment Given:** Received Cycle 12 Day 1-2 chemotherapy on 08.12.2022-09.12.2022 with followings with

Premedication-

- |                           |  |
|---------------------------|--|
| 1) Inj. Bevacizumab HC    | 300 mg-D1                                  |
| 2) Inj. Irinotecan Beacon | 250 mg-D1                                  |
| 3) Inj. Leufol            | 500 mg-D1                                  |
| 4) Inj. Drucil            | 500 mg-D1                                  |
| 5) Inj. Drucil            | 3000 mg-D1, D2 (Over 46 hour continuously) |
| 6) Inj. Neufil            | 300 mcg-D4                                 |

To be repeated in every 14 days.

**Cycle 12 Day 1-2 with FOLFIRI-B is completed on 08.12.2022-09.12.2022**

**Care of Chemotherapy:**

- Inform doctor in case of fever, excessive vomiting or diarrhea or any bleeding.
- Eat balanced diet, fresh fruit and vegetables. Eat home-made freshly cooked food only
- Take proper care of mouth and peri-anal region. Maintain good general hygiene.



HN ID : H12108179998

Name : NILUFAR YASMIN

Age : 50Y 11M 7D

Gender : Female



Visit ID : C12212799784

Visit Date : 07 Dec 2022

Visit Time : 07:20 PM

contrast peripheral enhancement seen with central necrosis in larger lesion. Malignant mid and upper rectal growth with mesorectal fat invasion, significant lymphadenopathy and hepatic metastasis.

Radiological staging: T3c N3 M1--- stage IV.

On 28.08.21, MRI Liver- Multiple hepatic metastasis (Infiltrative masses seen in both lobes of liver. Number of lesions are at least six. Involved segments are predominantly III, VI, VII and VIII. After IV contrast significant peripheral enhancement seen with central necrosis in larger lesions. The infiltrations are showing T1 hypo, T2 iso-hyperintensity. Diffusion restriction noted with low ADC value. The largest lesion measured 4.5 x 4.6 cm in segment VII.

CT chest- No metastatic deposit. No other significant abnormality.

On 25/11/21, CXR: Normal. CT WA: Significantly reduced primary lesion size and invasiveness. Reduced number and size of regional lymphnodes. Hepatic metastasis- almost static. Small nodular lesion in left adrenal gland - Possibly adenoma. Minimal solidification of ovaries.

On 31.12.21, Echo-EF-64%

On 24.3.22, MRI of liver- Multiple metastases in both lobes of liver - size reduced. No lymphadenopathy or ascites. Partial response of the disease since 28/08/2021.

On 11.04.22, PET CT: Thyroid gland is normal in size having one small non avid hypodense nodule in right lobe, rest of the gland showing homogenous pattern on CT and no abnormal FDG uptake. Mild circumferential wall thickening at the rectosigmoid junction length 20 mm and thickness 11 mm with a focal area of focal area of FDG uptake SUV max 3.12, two sub-centimetric enhancing perirectal LN 5 mm, 6.5 mm without FDG uptake, the stomach opacified small bowel and rest of the large bowel loops appear no other remarkable wall thickening or intraluminal mass lesion could be detected. Liver mildly enlarged 17.5 cc, multiple at least 6 small non FDG avid hypodense lesions in both lobes largest one at segment VIII 24x21 mm, vascular structures are normally visualized. One small mildly enhancing nodular lesion 10x9 mm in left adrenal gland with mild FDG uptake SUV Max 2.34, No ascites.

On 07.06.22, MRI Liver: Multiple metastases (about two in number) in both lobes of liver- size and number reduced.

On 16.09.22, CT scan of WA, Metastases in both lobes of liver- size almost unchanged. No lymphadenopathy or ascites. No finding to suggest local recurrence. No significant interval change since 07/06/2022.

On 19.09.22, CXR- BL cervical ribs are noted

On 05.12.2022, CBC and others- WNL

## Finalization

Present Plan :

On 26/08/21: Palliative Chemotherapy (FOLFOX -B)

On 28/11/21: Partial response at primary site, Static liver SOL, Marker reduced- Continue chemotherapy as previous.

On 16/04/22: Partial response- Second line chemotherapy with CapOX-B or FOLFIRI-B

Electronic Signature

Prof. Dr. Qamruzzaman Chowdhury

Chamber: 4:00PM - 8:00PM (Daily except Friday and Public Holiday). Report Viewing: After 1st visit within 7 days Free (Take appointment for the Reports too), Every Follow up visit needs appointment.

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Prof. Dr. Qamruzzaman Chowdhury

MBBS, DMRT, FCPS  
Consultant, Oncology,  
Bangladesh Specialized Hospital,  
BMDC Reg: A14404



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Age : 50Y 11M 7D

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On 26/05/22: Cycle 2 CT with Capecitabine. Bevacizumab from Cycle 3 due to surgery.  
On 15/06/22: Considering Liver mets, LN mets Omental mets- Better to switch to FOLFIRI-B. Patient party offered so.

Final Plan :

On 1.02.22: Need to test for RAS + BRAF mutation- Done (Mutated)

### Advice

- Continue Cycle 12 chemotherapy as previous on 08/12/22.
- Follow up after 01 month with patient & reports. Please take an appointment before visit.

### Investigation Advised

- MRI-Abdomen with Contrast to exclude any metastases- Dr. Sharmin Akhter Rupa/ BSH
- PET scan of whole body (Medinova / United / Evercare & Nuclear medicine dept of DMCH / BSMMU/ Savar) every Saturday/ Tuesday- One month after surgery
- Marker Study- CEA (ICDDR)B

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