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Sharett Institute of Oncology

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הסתדרות מדיצינית הדסה
ביה"ח האוניברסיטאי של הדסה
מכון שרת לאונקולוגיה

קרית הדסה
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Prof. Tamar Peretz, M.D.
Head, Sharett Institute of Oncology
Director, Center for Malignant Breast Diseases
Lawrence Schacht Chair of Oncology

פרופ' תמר פרץ
מנהלת המכון האונקולוגי ע"ש שרת
מנהלת המרכז למחלות שד ממאירות
הקתדרה לאונקולוגיה ע"ש לורנס שכט

Date: 20 July 2010

To whom it may concern:

**Re: Mrs. Dimitrova Dimitrina
I.D. 783674-0 (T)**

Mrs. Dimitrova is a 35 yr old woman with metastatic Breast cancer. In 2005 the patient underwent Right Mastectomy and was thereafter treated with adjuvant FEC chemotherapy. Since 2006 there has been evidence of bone metastases and she has been treated with several lines, including Navelbine, Cisplatin, Taxol and Zomera.

In April 2008 Leptomeningeal spread was diagnosed. She was treated with radiation to the whole brain down to the C2 level. On a 6MV Varian Linear Accelerator to a total dose of 30 Gy in 10 fractions of 3 Gy with a lateral parallel opposed technique. Recently the patient is being treated with Xeloda, Zolodex and Zomera. Presently the patient is suffering from advanced locoregional disease, and bone and liver metastases.

It is recommended to proceed with chemotherapy with the following protocol:

I.V. Doxil 45 mg/m²
Once every 4 weeks

Suggest 3 courses of treatment, and repeat whole body CT scan to evaluate response.

Sincerely,

Prof. Tamar Peretz
Head, Sharett Institute of Oncology
Director, Center for Breast Malignancies

Prof. Tamar Yablonski-Peretz
Director Sharett Institute
of Oncology
Hadassah Medical Center
L.N. 15403



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מס' רשומה : 0 - 7836741

שם פרטי : דימיטרובה

שם משפחה : דימיטרובה

מלונית הדסה ירושלים : כתובת

שם האב : איבן

טלפון :

מין : נקבה

תאריך לידה : 1972

תאריך רישום : 30/06/2010 14:58

מספר רישום : 100440250

תאריך הגעה : 30/06/2010

רופא שולח : לא צויין

גורם שולח : עצמי

פענוח בדיקת הרנטגן

בדיקת סי.טי.סקן-חזה, בטן, אגן

CT OF THE HEAD, NECK, CHEST, ABDOMEN AND PELVIS +

STUDY WAS COMPARED WITH PRIOR STUDY DATED APRIL 28, 2008.
FOLLOW-UP FOR PATIENT AFTER TREATMENT FOR METASTATIC BREAST CARCINOMA.
HEAD: KNOWN TINY SUBCENTIMETER METASTASES MOST PROMINENT IN THE CEREBELLUM, SLIGHTLY MORE PROMNENT IN COMPARISON TO PRIOR STUDY. OTHERWISE BRAIN PARENCHYMA IS NORMAL, THERE IS NO MASS EFFECT.
NECK: CERVICAL ORGANS ARE NORMAL, NO EVIDENCE OF CERVICAL LYMPHADENOPATHY.
CHEST: STATUS POST RIGHT MASTECTOMY. SEVERAL TINY FOCAL MASSES OR LN IN THE LOWER RIGHT AXILLARY REGION - RIGHT SIDED CHEST WALL, THAT WERE NOT PRESENT IN THE PREVIOUS STUDY. LEFT AXILLARY LYMPH NODES UP TO 12 MM, NEW.
MULTIPLE ENHANCING SMALL MASSES SEEN IN THE LEFT BREAST, NOT SIGNIFICANTLY CHANGED.
FEW TINY BILATERAL NONSPECIFIC LUNG NODULES UP TO 2-3 MM, NEW.
ABDOMEN AND PELVIS: BILATERAL LIVER LESIONS, UP TO 5 CM, INCREASED IN SIZE AND NUMBER IN COMPARISON TO PRIOR STUDY.
NO EVIDENCE OF ABDOMINAL OR PELVIC LYMPHADENOPATHY.
BOTH OVARIES ARE ENLARGED AND NODULAR, NEW FINDING.
NO EVIDENCE OF FREE FLUID.
DIFFUSE METASTATIC BONE DISEASE, PROGRESSED IN COMPARISON TO PRIOR STUDY.

IMPRESSION:

DISEASE PROGRESSION WITH PROGRESSIVE METASTATIC DISEASE TO LIVER AND BONES, NEW BILLATERAL AXILLARY LYMPHADENOPATHY, AND FEW NEW TINY LUNG NODULES. BULKY OVARIES AS DESCRIBED.

(דר' אפלבוים ליאת - רשיון מספר 30274 - רנטגנולוג)

בדיקת סי.טי.ראש(מח),עמוד שדרה צוארי

ראה תוצאה בבדיקה סי.טי.סקן-חזה, בטן, אגן.

(דר' אפלבוים ליאת - רשיון מספר 30274 - רנטגנולוג)

נחתם אלקטרונית בתאריך 01/07/2010

המידע שלעיל חסוי, סודי והעברתו/או השימוש בו למי שאינו מוסמך לקבלו אסורה על פי חוק. אם אינך הנמען, אנא הדע לשולח.

PR_R0104 32428848

לשמיש פנימי

דף 1 מ 1

חופק ע"י גב' עזרא אביטל ב-08/07/2010 10:34

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הסתדרות מדיצינית הדסה (ח"צ) Hadassah The Women's Zionist Organization of America, inc.

Hadassah Medical Organization

Sharett Institute of Oncology
Radiotherapy Unit

Director: Marc Wygoda, M.D.
Tel: 02-6778289, 02-6776808 Fax: 02-6434995
mwygoda@hadassah.org.il



Jerusalem May 15th, 2008

MEDICAL REPORT

Ref: Mrs DIMITROVA Dimitrina, ID# z-783674-0

Mrs Dimitrova is a very pleasant 35yr old Bulgarian woman with metastatic Breast Carcinoma who came recently to us in Israel for further medical advice and treatment.

Current disease started in 2005 when she underwent Right Mastectomy and was thereafter treated with adjuvant FEC chemotherapy. Since 2006 there has been evidence of bone metastases and she has been treated with several lines, including Navelbine, Cisplatin as well as with Zometa. Since March 2008 she was started on Taxol. Of note I do not have a detailed report on her previous treatments.

She came to Hadassah and consulted with Pr Tamar Peretz, head of the Sharett Institute of Oncology on April 24th, due to long lasting headaches (several months), treated with steroid injections with no real improvement. Pr Peretz asked for a brain MRI which revealed the presence of a widespread Leptomeningeal spread. She was therefore referred to our Radiotherapy Unit for treatment.

Between May 1st and 13th the patient was treated to the whole brain down to the C2 level, on a 6MV Varian Linear Accelerator to a total dose of 30Gy in 10 fractions of 3Gy with a lateral parallel opposed technique. Treatment tolerance was good with mild headaches requiring to maintain her steroid doses at 10mg of daily dexamethasone at the end of the radiation.

We now recommend to progressively decrease the steroids (i.e. by 2 mg every 4 days) under medical surveillance, and to repeat an MRI in about 2 months.

Further recommendations regarding her systemic treatment will be made by Pr Peretz.

Sincerely,

Dr. Marc Wygoda
Director of Radiation Oncology Unit
Sharett Institute of Oncology
Hadassah University Hospital, Jerusalem