Oncology Second Opinions™ Consultation

Date:

Patient:

Discussion:

I have reviewed the provided genetic and molecular test results and the currently prescribed course of therapy.

1. Blood tumor markers -- elevated CA-125 -- fits with endometrial and ovarian cancers, but can be seen in other tumors. All the other markers are unremarkable.

2. Molecular testing:

--FoundationOne from the blood -- NO actionable mutations. the circulating tumor cells have mutations, but none for which there is a targeted therapy available. This is common.

--FoundationOne from the adrenal tumor -- again, NO actionable mutations, including PD-L1 (negative)

3. Hereditary Gene testing -- NO clinically significant gene mutations to suggest that this is a hereditary cancer or part of a hereditary cancer syndrome

Recommendations:

1. Agree with currently prescribed course of chemotherapy with Carboplatin+ Taxol and radiation therapy.

2. Agree with restaginjg after 4 cycles of chemotherapy, not sooner.

Answers to patient`s questions:

1. The genetic and molecular studies do not give any information on whether the tumors are connected in the adrenal gland and the liver tumor (not enough tissue obtained from the liver biopsy).

2. I would like to understand whether the genetic test results can lead to conclusions about the connection between the adrenocortical tumor and subsequent metastasis -- NO.

3. Specifically, I want to understand if the presence of 5 genes in the adrenocortical tissues test (Report dated December 11, 2023, page 5/10), and the same 5 genes plus two additional ones in the blood test (Report dated January 8, 2024, page 8/14), holds medical significance in establishing a connection -- NO

4. Additionally, I would like to understand the significance of the negative result in the Blueprint Genetics Test and its correlation with other results, including the genetic tests -- the BluePrint test just looks at whether or not this is a potentially hereditary cancer.

5. Does this suggest a higher probability that the existing metastasis is connected to the primary adrenocortical tumor rather than another unidentified primary cancer? -- I would proceed with another liver biopsy or consider a bone biopsy as we previously discussed. You can wait on this to see if the restaging scans after 4 cycles show improvement. If all disease is improving, then hold off on the repeat biopsies. If the tumors in the liver are growing, I would re-attempt another liver biopsy.

6. Chemotherapy with Carboplatin and Paclitaxel (Taxol) -- great choice. There are no markers that would indicate adding immunotherapy would be helpful.

7. Zolendronic acid (Zometa) -- bone-protective agent for the bone metastases. Not "true" chemotherapy.
8. Do you consider that the information from the new genetic test is relevant for reconsidering the treatment or additional investigations would be required? -- None of the genetic tests or markers in this case would lead to any kind of tumor-specific treatment algorithm.

Additional:

I would be happy to re-review after the 4 cycles and followup imaging.

Electronically Signed by:

Board Certified:

National Board of Medical Examiners: Internal Medicine, Hemotology and Oncology

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