

## **Surgery/Pathology Overview: Samantha Walker**

- October 3, 2001 Lakeshore General Hospital  
Appendectomy for acute perforated appendix with abscess  
Pathology: well-to-moderately differentiated adenocarcinoma
- Dec. 11, 2001 Montreal Jewish General Hospital  
Dr. Philip Gordon  
Laparotomy, biopsy  
**Diagnosis: Pseudomyxoma peritonei / appendix cancer**
- Feb. 13, 2002 Washington Hospital Center  
Dr. Paul Sugarbaker  
6.5 hr. Cytoreduction + heated intraoperative intraperitoneal chemotherapy (Mitomycin followed by 5 days 5-Fluorouracil)  
**Note: respiratory arrest on first day post-op (believed to be caused by too much pain medication)**
- Oct. 8, 2003 Hospital Maisonneuve Rosemont (Montreal)  
Dr. Pierre Dube  
Removed tumor from incision/ scar located above pelvis/bladder.  
“Second look” in abdomen showed no visible sign of spread.
- Nov. 2003-Mar 2004 Systemic chemotherapy: FOLFOX6m
- August 23, 2006 Hospital Maisonneuve Rosemont (Montreal)  
Dr. Pierre Dube  
Partial bowel obstruction.  
Cytoreduction + heated intraoperative intraperitoneal chemo  
Oxaliplatin 460 mg/m<sup>2</sup> 30 minutes at 43C.
- 2006-2011 Annual CA-19-9 and CT scan are normal.
- Dec. 2011 CA 19-9 = 400  
CT Abdomen is clear. No symptoms.  
**Metastatic mucinous cystadenocarcinoma**  
CT Chest reports a 4.2 x 3.8 x 3.6cm low-density lobulated mass lesion within the anterior segment of the right upper lobe with small focus of anterior pleural contact measured at 1.7 cm. Additionally there are a number of low density lymph nodes seen within the right hilum measuring up to 1.2 cm in short axis and another low-density lymph node seen more inferiorly just superior to the cavoatrial junction. Separated from this right upper lobe finding is a lobulated crescentic focus of low density seen in relation to the minor fissure measuring 2.6 x 0.8cm. There is no pericardial or pleural fluid. No aggressive bony lesions are seen.

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| Feb 2012      | CA 19-9 = 1000<br>CT Scan Chest: The size of the parenchymal mass within the anterior segment of the right upper lobe has increased slightly, now measured at 4.4 x 3.9 x 3.9 cm. Morphologically it appears unchanged. The second parenchymal lesion seen within the lateral segment of the middle lobe in relation to the major fissure has also increased in size slightly, now measured at 2.9 x 2.3 x 1.8 cm. A number of pleural nodularity have increased when compared to the previous examination. There are also a number of new areas of low density soft-tissue appearing pleural thickening seen both along the mediastinal parietal and lateral parietal pleura. There is a new subcarinal lymph node, 1.1 cm in short axis diameter. The axillary adenopathy is increased slightly in size when compared to the previous exam and the high right paratracheal lymph node has increased slightly in size, now measuring 1.2 cm in short axis diameter. Left lung remains clear. |
| Feb 3, 2012   | CA 19-9 = 2350<br>Chemotherapy: FOLFOX plus Avastin (Xeloda)  |
| March 2012    | CA 19-9 = 1975<br>CT Scan March 8 indicates that growth of lesion in upper right lobe as well as lymph nodes has stabilized since last CT scan (no notable change in 6 weeks). There are a number of new areas of low density soft-tissue appearing pleural thickening.   |
| May 10, 2012  | <b>Right extrapleural pneumonectomy</b><br><b>1-hour 175mg/m<sup>2</sup> of platinum and mitomycin 0.7 mg/kg.</b>   |
| June 12, 2012 | <b>Second look in right pleural cavity</b><br><b>(Suspected infection – negative)</b>   |