1 Patient Information

1 PATIENT DETAILS

Name
Victor L. Ambrose

Date of Service
05/06/2026

DOB
07/18/1967

Provider
Dr. Sandra M. Okafor, MD — Radiation Oncology

Age / Sex
58 / Male

MRN
RO-2026-2281

Visit Type
On-Treatment Visit — Week 4, Fraction 20

Cancer Diagnosis
Squamous cell carcinoma of the oropharynx (right base of tongue), HPV-positive, Stage III (T3N2cM0)

Treatment Site
Head & neck — bilateral oropharynx, bilateral cervical lymphatics

CC Chief Complaint

2 PRIMARY REASON FOR ENCOUNTER

Weekly on-treatment visit for monitoring of acute radiation toxicity. Mr. Ambrose presents at Week 4 (Fraction 20 of 35 planned) reporting severe odynophagia, grade 3 mucositis, inability to maintain adequate oral intake, and progressive weight loss of 12 lbs over the past 4 weeks. He states: 'Swallowing feels like broken glass — I can barely get liquids down.' He is requesting evaluation for nutritional support and pain optimization.

S Subjective

3 PATIENT-REPORTED SYMPTOMS & TREATMENT HISTORY

3a CANCER HISTORY / INTERVAL STATUS

HPV-positive squamous cell carcinoma of the right base of tongue, T3N2cM0, Stage III. Diagnosed February 2026 following a 3-month history of right-sided throat pain, right ear pain (otalgia), and a palpable right neck mass. Core needle biopsy of the right level IIa lymph node confirmed HPV-positive SCC (p16-positive by IHC). CT neck with contrast showed a 3.8 cm primary lesion at the right base of tongue with bilateral cervical lymphadenopathy (largest right level IIa 3.1 cm, left level IIb 1.8 cm). PET/CT confirmed no distant metastases. Multidisciplinary tumor board recommendation: definitive concurrent chemoradiation — cisplatin-based. Medical oncology following concurrently (Dr. Raj Patel, MD — administering weekly cisplatin 40 mg/m² IV concurrent with RT).

3b RADIATION TREATMENT STATUS

Treatment Phase
Active — Week 4 of 7

Treatment Site
Right oropharynx + bilateral cervical lymphatics (VMAT, IMRT technique)

Fractions Completed
20 of 35

Total Planned Fractions
35 fractions (2 Gy/fraction = 70 Gy to gross tumor; 54 Gy to elective nodal volumes)

Total Dose Delivered to Date
40 Gy to GTV (gross tumor volume) as of today

3c TREATMENT-RELATED SYMPTOMS

1. Mucositis: Severe — confluent pseudomembranous mucositis of the oropharynx and soft palate visible on today's oral exam. Rated by patient as 9/10 pain with swallowing. CTCAE Grade 3 (severe symptoms, inadequate oral intake). 2. Dysphagia: Severe — unable to swallow solid food for past 8 days. Limited to thin liquids and nutritional shakes; even thin liquids are painful. 3. Xerostomia: Moderate-to-severe — bilateral parotid exposure despite IMRT optimization; saliva described as 'thick and ropy.' 4. Skin/radiation field: Bilateral neck erythema, early moist desquamation at right mandibular angle. 5. Fatigue: Severe — 3/10 energy level; sleeping 12–14 hours/day. 6. Pain: 8/10 at its worst with swallowing; 5/10 at rest on current regimen. 7. Nausea: Mild — 2–3 episodes per day, primarily related to cisplatin (last received 04/29/2026); managed with ondansetron. 8. Weight loss: 12 lbs (5.4 kg) over 4 weeks — now 171 lbs (77.7 kg) from 183 lbs (83.2 kg) at treatment start.

3d SYMPTOM SEVERITY & FUNCTIONAL IMPACT

Mr. Ambrose is unable to maintain adequate oral nutrition — estimated caloric intake 600–800 kcal/day (goal 2,200 kcal/day per nutrition recommendation). He has taken medical leave from his job as a construction foreman. He is accompanied to all appointments by his wife. He is unable to speak loudly due to pain. He has not left home except for medical appointments for the past 10 days. Sleep is disrupted by pain and coughing on secretions. He rates his current quality of life as 3/10.

3e MEDICATION / SUPPORTIVE CARE RESPONSE

Current analgesic regimen: Oxycodone ER 10 mg PO Q12h + oxycodone IR 5 mg PO Q4h PRN breakthrough (using 4–5 doses/day). Magic mouthwash (lidocaine/diphenhydramine/antacid) QID — providing 15–20 minutes of topical pain relief, described as 'helpful but not enough.' Ondansetron 8 mg PO Q8h PRN nausea — adequate. Nystatin swish-and-swallow QID for candidal prophylaxis — no clinical thrush identified. Omeprazole 20 mg daily for GERD prophylaxis. Zinc supplementation ongoing. Patient not able to take oral prednisone for inflammation due to cisplatin concurrent therapy protocol. Miralax daily — bowel regimen maintained on opioids.

3f PERTINENT NEGATIVES

Denies fever (checked temperature at home this AM — 98.8°F). Denies frank bleeding from mouth or throat. Denies shortness of breath, stridor, or airway compromise. Denies neurologic symptoms (no facial numbness, diplopia, or focal weakness). Denies chest pain or deep neck pain. Denies uncontrolled nausea or emesis. No trismus. Denies rash beyond treatment field.

O Objective

4 MEASURABLE & OBSERVED FINDINGS

V VITAL SIGNS

Temperature
98.6°F

Blood Pressure
122/76 mmHg

Heart Rate
84 bpm

Respiratory Rate
16 breaths/min

Oxygen Saturation
99% on room air

Weight
171 lbs (77.7 kg) — down 12 lbs from baseline 183 lbs

Pain Score
8/10 with swallowing; 5/10 at rest

Performance Status
ECOG 2 — limited to self-care; up >50% of waking hours

4a PHYSICAL EXAMINATION

General Appearance
Pale, thin-appearing male in mild-to-moderate distress. Visibly fatigued. Speaks in soft voice. Cooperative.

Skin / Radiation Field
Bilateral neck: erythema (CTCAE Grade 2), confluent from jawline to clavicles. Moist desquamation at right mandibular angle (CTCAE Grade 2 dermatitis). No frank skin breakdown or infection at field margins.

HEENT / Oral Cavity
Oropharynx: Confluent pseudomembranous mucositis of the soft palate, posterior pharyngeal wall, and bilateral tonsillar pillars consistent with CTCAE Grade 3. Tongue mobile. No visible lesion (tumor site obscured by mucositis — expected). Xerostomia with thick stringy saliva. No frank candidiasis. No trismus (inter-incisal opening 40 mm — adequate). Lips chapped with superficial fissures.

Neck / Lymph Nodes
Bilateral cervical lymphadenopathy palpable — right level IIa node reduced in size on palpation (previously 3.1 cm; appears approximately 2 cm today — expected treatment response). Left level IIb node also reduced. No new lymphadenopathy. No carotid bruit.

Cardiovascular
Regular rate and rhythm. No murmurs. Peripheral pulses 2+ bilaterally. No JVD. No edema.

Respiratory
Clear to auscultation bilaterally. No wheezes, crackles, or signs of aspiration pneumonia. No stridor.

Abdomen
Soft, non-tender. Normoactive bowel sounds. No organomegaly. PEG site not present — patient declined prophylactic PEG at treatment initiation.

Neurological
Alert and oriented x4. CN II–XII grossly intact. No facial nerve palsy. No tongue deviation. No focal deficits. No Horner's syndrome.

Musculoskeletal
Mild bilateral shoulder guarding, likely secondary to pain. No joint swelling. Full upper extremity ROM.

L Lab & Imaging Results

5 REVIEWED DATA

5a LABORATORY STUDIES

Pre-treatment CBC (04/14/2026): WBC 7.2, Hgb 13.8, Plt 224 — all WNL. Weekly CBC today (05/06/2026): WBC 5.1, Hgb 12.6 (mild anemia — expected on cisplatin), Plt 198 — no neutropenia, treatment may continue. CMP (05/06/2026): Cr 1.0 (adequate renal function for continued cisplatin; GFR 78 mL/min), Mg 1.6 (borderline low — will supplement), K 3.7, Na 138 — otherwise WNL. Weight-based cisplatin dose today: 40 mg/m² = 76 mg IV (BSA 1.91 m²) — cleared to proceed pending no contraindications on today's labs. Albumin (04/29/2026): 3.0 g/dL (mildly low — nutritional depletion).

5b IMAGING STUDIES

Diagnostic PET/CT (02/2026): Right base of tongue SUVmax 14.2; right level IIa LN SUVmax 9.8; left level IIb LN SUVmax 6.4; no distant metastatic disease. Simulation CT (04/07/2026): Used for IMRT/VMAT treatment planning — GTV, CTV, PTV contoured; parotid glands optimized with IMRT to limit mean dose (right parotid mean dose 28 Gy; left parotid mean dose 24 Gy). Mid-treatment imaging not yet scheduled — planned for post-fraction 25 per protocol.

5c PATHOLOGY / MOLECULAR RESULTS

Right level IIa lymph node core needle biopsy (02/12/2026): Metastatic squamous cell carcinoma. p16 IHC: Strongly positive (consistent with HPV-driven disease). Grade: Moderately differentiated. No other molecular markers applicable to radiation oncology planning. HPV status confirms favorable prognosis in this disease context.

5d RADIATION TREATMENT DATA

Treatment technique: VMAT (Volumetric Modulated Arc Therapy), 6MV photons. Daily CBCT (cone-beam CT) image guidance performed — setup consistent; no significant target volume change requiring re-simulation at this time. Fractions completed: 20/35. No treatment interruptions to date. Dose delivered to GTV: 40 Gy. No setup errors flagged by physics team. Cisplatin concurrent chemotherapy delivered on schedule: Weeks 1 (04/14), 2 (04/22), 3 (04/29) completed. Week 4 dose today pending lab clearance (cleared — see above).

A Assessment

6 RADIATION ONCOLOGY CLINICAL INTERPRETATION

Mr. Ambrose is a 58-year-old male at Week 4 of definitive concurrent chemoradiation for HPV-positive Stage III oropharyngeal SCC, now experiencing severe expected acute treatment toxicity. He is at a high-risk inflection point: Grade 3 mucositis with inadequate nutritional intake (estimated 600–800 kcal/day vs. 2,200 kcal goal) and 12 lb weight loss represent the primary clinical concern. Despite this, current vital signs, CBC, and renal function are adequate to continue both radiation and chemotherapy today without interruption. Lymph node response on palpation is encouraging — both right and left cervical lymph nodes appear reduced in size, consistent with expected early treatment response. Skin toxicity is Grade 2 — manageable without treatment field modification. Analgesic regimen is partially effective but inadequate for mucositis pain — escalation is indicated. Nutritional status is the most urgent concern — a nasogastric tube (NGT) or PEG tube is now medically necessary given the trajectory. ECOG performance status 2 — treatment tolerance remains acceptable but is at its limit.

P Plan

7 RADIATION ONCOLOGY MANAGEMENT

7a RADIATION THERAPY PLAN

Continue radiation therapy as planned — Fraction 20 to be delivered today. No treatment interruption indicated at this time based on today's labs and vital signs. Continue CBCT daily image guidance. Reassess at Week 5 visit (05/13/2026) — if weight loss continues at current rate or mucositis worsens to Grade 4, treatment hold and medical oncology co-evaluation to be discussed.

7b SUPPORTIVE CARE & MEDICATIONS

1. Cisplatin Week 4: Approved — 76 mg IV today with pre-hydration, antiemetics, and magnesium supplementation (Mg 1.6 → target >2.0 with IV Mg today). 2. Pain escalation: Increase oxycodone ER to 20 mg PO Q12h. Add dexamethasone 4 mg PO BID x5 days (anti-inflammatory for mucositis — short course; coordinated with medical oncology). 3. Nutritional support: Urgent referral to GI today for nasogastric tube placement — patient counseled and agreed. NGT insertion scheduled for 05/07/2026 at GI clinic. High-calorie, high-protein continuous tube feeding via Osmolite 1.5 @ 80 mL/hr = 2,880 kcal/day ordered. 4. Skin care: Miaderm radiation cream to neck field BID — continue. No petroleum-based products in treatment field. 5. Magnesium supplementation: MgSO4 2g IV today with cisplatin; oral Mg oxide 400 mg PO BID ongoing. 6. Candida monitoring: Repeat oral exam at next visit; nystatin QID maintained.

7c COORDINATION & REFERRALS

Medical oncology: Coordination with Dr. Raj Patel, MD — shared note sent; concurrent cisplatin proceeding. GI: Urgent referral for NGT placement (scheduled 05/07/2026). Nutrition: Dietitian Keisha Brown, RD — tube feeding order placed; dietary counseling for when oral intake resumes post-treatment. Speech therapy: Referral placed for dysphagia evaluation and prophylactic swallowing exercises to prevent post-RT stricture — appointment scheduled 05/12/2026.

7d PATIENT EDUCATION

Extensive patient and wife education provided regarding: (1) Mucositis is expected to peak at Weeks 4–5 and will begin to improve 2–4 weeks after treatment completion; (2) NGT is temporary and necessary to maintain nutrition and treatment tolerance — not a sign of treatment failure; (3) Warning signs requiring same-day contact: fever >100.4°F, inability to manage secretions, stridor, new facial weakness, or uncontrolled bleeding; (4) Oral hygiene protocol reinforced — salt-soda rinses Q2h, avoid spicy/acidic foods, soft toothbrush only; (5) Continue all opioid medications as prescribed — do not skip doses.

F Follow-Up

8 REASSESSMENT PLAN

Next Visit & Purpose

Week 5 on-treatment visit: 05/13/2026. Reassess: mucositis grade, skin toxicity, NGT tolerance and nutritional adequacy, weight, pain control, cisplatin Week 5 eligibility (CBC, renal function). Mid-treatment CBCT re-plan assessment at Fraction 25 (~05/11/2026) per protocol.

TIME DOCUMENTATION & BILLING

Total Time

38 minutes

Counseling / Coordination Time

18 minutes

CPT / E/M Code

77427 — Radiation Treatment Management, 5 fractions + 99214 — Office visit, established patient, moderate complexity

Basis for Billing

Medical Decision Making — Moderate Complexity

Primary ICD-10

C01 — Malignant neoplasm of base of tongue

Secondary ICD-10

C77.0 — Secondary malignant neoplasm of cervical lymph nodes; K12.3 — Oral mucositis; R13.10 — Dysphagia; E44.0 — Moderate protein-calorie malnutrition

PHYSICIAN NAME, MD	SPECIALTY: RADIATION ONCOLOGY	DATE	TIME
Sandra M. Okafor, MD	MD — Radiation Oncology, Board Certified	05/06/2026	11:20 AM