
Medical record of the patient

1. General information:

Name, (patronymic), surname of the patient: Nina (Dmitrievna) Lebedenko

Date of birth: 01.04.1986

Sex: female

Height and weight: 160/44

Address: 20a 8th Krasnoarmeyskaya str., apt. 4, St. Petersburg, Russia

2. Date first diagnosed: February, 2014

3. Diagnosis (full diagnosis according to TNM, if determined): G2 Biphasic Synovial Sarcoma in the soft tissues of the left thigh

4. Primary tumor:

-Location: internal left thigh

-Size: not stated

-Histologic examination results: G2 Biphasic Synovial Sarcoma in the soft tissues of the left thigh

5. Metastases (if found):

-Location: inguinal and iliac lymph nodes

-Size: not stated

6. Tumor marker levels and date of examination (if examination was performed): not performed

7. Ultrasound examination results, computed tomography results and/or radiologic examination methods

a) *CT of chest dated 04.02.2015.*

Impression: CT evidence of individual foci in S2, S4 of the right lung (compared to the CT data obtained 25.10.2014 – no marked dynamics, no increase in the number and marked change in the size of the foci). CT evidence of fat thickening in the anterior superior mediastinum, presence of a mass (thymoma?) can not be excluded. Consulting a pulmonologist, thoracic surgeon is recommended.

б) *Contrast-enhanced (10 ml) MRI of pelvis dated 07.02.2015.*

Impression: MR-evidence of lymphadenopathy (secondary changed lymph nodes along iliac vessels, in the left area and in the inguinal region). Post-surgical changes in soft tissues of the upper third of the left thigh. Markedly negative trend compared to MR imaging performed 25.10.14.

в) *MRI of soft tissues of the left thigh with 10 ml contrast dated 07.02.2015.*

Impression: MR evidence of the condition after repeated surgeries for synovial sarcoma in the soft tissues of the left thigh, followed by courses of chemotherapy. There are numerous masses seen in the fat of anterior-posterior compartments of the upper and middle thirds of the left thigh, relapse. CT of the left thigh is recommended to exclude femoral invasion. Lymphadenopathy.

г) *CT of the femur dated 11.02.2015.*

Impression: Condition after repeated surgeries for synovial sarcoma in soft tissues of the left thigh, with courses of chemotherapy. CT-evidence of defects of the cortical layer in the upper third of the left femoral diaphysis (bone destructive lesions). CT-evidence of pathological mass lesions in the soft tissues of the upper third of the left thigh and signs of lymphadenopathy.

8. Performed treatment:

-Chemotherapy (treatment protocol, date completed): date started 19.03.2014 until 18.08.2014. 5 courses of chemotherapy under Ai regimen, with dose reduction, were performed.

-Radiation therapy (dose and date completed): none

-Hormone therapy: none

-Surgeries (extent of surgery and date):

a) 17.08.2012 removal of the tumor in the soft tissues of the upper third of the left thigh, crosssection.

Histologic examination – cyst lined by homogeneous epithelium with inflammatory infiltrate.

б) 19.12.2014 excision of the tumor in the soft tissues of the upper third of the left thigh, with resection of femoral muscles in the anterior and medial compartments, resection of femoral vessels and cryodestruction of the tumor bed.

-Other treatments:

9. Treatment currently performed (if you are undergoing a chemotherapy or a radiation therapy, please, indicate the expected date of completion): I am not being treated for the primary disease – Sarcoma

10. Dynamic changes of the tumor from the date first diagnosed to the present day (changes in size, tumor marker levels, clinical symptoms): from the day treatment was started (from 19.03.2014 to 18.08.2014) the tumor had shrunk, there was a positive trend, a progressive relapse has been diagnosed up to the moment.

11. Recent complete blood count, including WBC differential count:

Test dated 10.03.2015

Method and equipment: Flow cytometry (XT-4000i, Sysmex)

White blood cells (WBC) \downarrow $3.65 \cdot 10^9/l$ 4.00 - 10.00

Red blood cells (RBC) $4.12 \cdot 10^{12/l}$ 3.50 - 5.20

Hemoglobin (HGB) 131 g/l 117 - 155

Hematocrit (HCT) 40.3 % 35.0 - 45.0

Mean corpuscular volume (MCV) 97.8 fL 81.0 - 100.0

Mean corpuscular hemoglobin (MCH) 31.8 pg 27.0 - 34.0

Mean corpuscular hemoglobin concentration (MCHC) 325 g/l 300 - 380

Platelets (PLT) $193 \cdot 10^9/l$ 180 - 320

Red cell distribution width - standard deviation (RDW-SD) 46.5 fL 37.0 - 54.0

Red cell distribution width – coefficient of variation (RDW-CV) 13.5 % 11.3 - 19.5

Platelet distribution width (PDW) 11.5 fL 10.0 - 20.0

Mean platelet volume (MPV) 10.00 fL 9.40 - 12.40

Platelet large cell ration (P-LCR) 25.0 % 13.0 - 43.0

Neutrophils (NE) $1.94 \cdot 10^9/l$ 1.80 - 7.70

Lymphocytes (LY) $1.10 \cdot 10^9/l$ 1.00 - 4.80

Monocytes (MO) $0.49 \cdot 10^9/l$ 0.05 - 0.82

Eosinophils (EO) $0.11 \cdot 10^9/l$ 0.02 - 0.50

Basophils (BA) $0.01 \cdot 10^9/l$ 0.00 - 0.08

Neutrophils, % (NE%) 53.2 % 47.0 - 72.0

Lymphocytes, % (LY%) 30.1 % 19.0 - 37.0

Monocytes, % (MO%) \uparrow 13.4 % 3.0 - 12.0

Eosinophils, % (EO%) 3.0 % 1.0 - 5.0

Basophils, % (BA%) 0.3 % 0.0 - 1.2

Erythrocyte sedimentation rate (ESR), capillary photometry method

Method and equipment: Capillary photometry method (TEST1, ALIFAX)

Sed rate 4 mm/h 2 - 20

* - Reference values are given relevant to the age, sex, phase of the menstrual period, pregnancy term.

Report generated:

12. Recent immunogram results (if examination performed): Immunogram has revealed a non-compensated immune system dysfunction of the cellular and humoral component of the immune system.

13. Recent biochemical blood test results (if examination performed): not performed

14. Primary complaints for the time being: fatigue, quickly getting tired, pain in inguinal lymph nodes, pain in the leg.

15. Secondary diseases:

Infectiologist: Epstein-Barr virus, a-hemolytic streptococcus, signs of lesion (colonization) of mucous membranes of respiratory and GI tract by Candida;

Otolaryngologist: chronic tonsillitis;

Gynecologist: bacterial vaginosis;

Gastroenterologist: gastritis, polyp.

16. Other information you consider necessary to indicate: My infectiologist believes Epstein-Barr virus to be the cause of my inflammatory lymph nodes, I am currently treated for this infection.

17. Application filled on: 13 March, 2015.

18. Details of a contact person (a telephone number is required):

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