

PAST MEDICAL HISTORY/SUMMARY

Robert C. Allen

S.S. [REDACTED]

DOB 11/18/50

1/10/00 Decreased Va (20/30) O.D. Clinically diagnosed as ciliary-choroidal melanoma, 14x15 mm, 12mm thickness, w/sentinel vessel and vitreous heme

1/12/00 Enucleation O.D. (Shields, Phila). Path, Mixed Spindle B and epithelioid with lymphocyte infiltration and brisk mitotic activity; +HMB45, +tyrosinase

4/7/00 Intake for Peptide Vaccine clin trial (UVAMEL 36, Slingluff, Charlottesville) which is 3-synthetic peptide w/GM-CSF & adjuvant Montanide ISA-51 given q-week, PLUS IL-2 subQ/q-day weeks 4-8. All blood work, brain MR, chst/abd/pel CT normal; HLA :A1, A3

6/15/00 Removed from UVAMEL 36 at week 8 (final week) due to grade 4 fatigue, chest pain and inability to work

7/19/01 6mm skin nodule biopsied s/p 5 wk growth on right scrotum (Greer, Charlottesville) Path, metastatic melanoma, C-kit + and MAGE + Systemic w/u negative; wider excision w/clean margins 4 weeks later

5/1/02 Intake for CancerVax clin trial (Morton, Santa Monica) with vaccine q 2-4week, BCG wk 1 & 3, GM-CSF days 1-5 following vaccine doses 1-7 All blood work, brain MR, chst/abd/pel CT normal

2/1/03 PET scan w/hepatic lesions 'suspicious'; MR liver sl positive for 1 cm right lobe lesion

3/15/03 MR definitely positive for sub-centimeter lesions skin (one deep sub-Q peri-T-12); lungs, multiple both lobes; liver multiple both lobes; bone, L1 vertebral body and question left hip

4/23/03 Liver bx positive for metastatic melanoma, right sub-capsular region

5/24/03 Intake for IL-2/Histamine clin trial (Agarwala, Pittsburgh) with 2day high dose IL-2 week followed by 5day low dose IL-2 week and then repeated with two week break. Randomized to NO Histamine. All blood work, brain MR normal.

8/1/03 Slight hepatic progression read on CT, still less than 2 cm (largest lesion) Protocol allows one additional cycle.

9/6/03 CT appears relatively stable except increase in L1 bone lesion; Protocol continued with plans for radiationRx of lumbar bone lesion after next cycle of IL-2

11/5/03 CT shows much larger right hepatic lobe lesion 4-4.5 cm. Removed from IL-2/histamine protocol. Gosh to set Appt for braf-kinase inhibitor consideration (Flaherty, Phila)

11/19/03 Radiation Rx to L1 (CyberKnife, Pittsburgh—fiducial markers surgically placed 11/12)

12/10/03 Normal brain MR; CT with stable bone, pulmonary lesions, liver lesion 5cm right lobe; blood work normal except increased alk phos

01/03/04 Palpable R supraclavicular node imaged on MR as 4.5cm

01/05/04 Day 1 of 3 wk cycle w/ Taxol 225mg/m and Carboplatin AUC=6, BAY- 43, 200mgBID, days 2-19

01/27/04 Cycle 2

02/17/04 Cycle 3 20% Dose reduction both drugs

03/09/04 Cycle 4 20% Dose reduction both drugs

03/30/04 Cycle 5

04/20/04 Cycle 6

05/25/04 Cycle 7 Trace liver, and L iliac node progression on CT; Rx changed to BAY 43 only 200 BID

08/03/04 Continued Progression on CT; plan local RT for iliac node and hepatic perfusion for liver

08/09/04 -08/13/04 Radiation to 4.5 cm L iliac / pelvic node at VCU w/32 Gr

09/13/04 Percutaneous Hepatic Perfusion @ NIH (Alexander) with 'possible caval balloon malfunction' and total infused dose of Melphalan 200mg

09/22/04- 10/09/04 Inpatient support VCU (Roberts) for profound bone marrow suppression requiring multiple platelet/RBC transfusions

11/01/04 Radiologic shrinkage of liver and lung mets

12/13/04 Surgical removal of large 7cm R supraclavicular neck node UVA (Levine)

01/21/05 Severe back pain referable to multiple thoracic vertebral mets, also significant progression of liver, lung and other visceral mets (see CT 1/20)

02/03/05-02/09/05 Radiation Rx to T-3 thru T-7 20 Gr VCU

02/24/05 Radiation Rx to both hips and ilium (bone lesions on MR) 8Gr VCU