

血液腫瘤科
112. 10. 30
中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料, 請妥善保管
112/10/30 早上 292診 28號 柯翠蓮 73歲 1235727-0 血液腫瘤科 卡號: 0028 醫師: 白禮源(D13664)
病史: Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1-, PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1)
PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease TEMPUS liquid biopsy NGS: NF1 c.7869+1 G>A, splice reegion variant-LOF, ARID1A c.547G>A
(2023/10/30) for chemo, but numbness progress
徵候: BP:126/75mmHg, pulse:103/min, BW:51.8kg, BH:163cm, BP:126/75mmHg, pulse:103/min, BH:163cm, BW:51.8kg, BMI:19.4, BP:95/57mmHg, pulse:87/min, BH:162.5cm, BW:52.7kg, BMI:19.9, BP:91/60mmHg, pulse:88/min, BH:162.2cm, BW:52.2kg, BMI:19.8, BP:91/60mmHg, pulse:88/min, BH:162.2cm, * CEA 7 (2023/7) CA199: 2709
(2023/7) 436(2023/9) (2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90
(2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment
(2023/8/21) alb 4.1 (2023/9/18) PS 0, no oral ulcer ,
CT: main tumor smaller, no other new lesion (2023/10/2) PET uptake in T12, left sacrum and pancreas
診斷: C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置: mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS?
liquid biopsy?
0988286933, 22222322 Guardant
now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1, 2023/9/18, 2023/10/2, 2023/10/16, 2023/10/30) carbon (3w?) CT at 2 m by self-paid
also wants cell therapy
patient will seek opinion of carbon therapy [抗生素: NYSTATIN 500,000Unit/Cap for gargling];
Pain Scale = 0
跌倒高危險群: 否。

項目	每次量	用法	途徑	天數	總量
TS-1 20 mg/Cap(複方)	5	QD	PO	7	35
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28(自

本人同意自費使用上述藥物、檢驗或處置。 病人(家屬)簽名: _____



婦產科部
112. 10. 28
中國醫藥大學 附設醫院門診

(門診病歷聯) 病歷資料, 請妥善保管

112/10/28 早上 037診 114號 柯翠蓮 73歲 1235727-0 婦產科部 卡號: 0027 醫師: 黃千竹(D20267)

病史: A 2.8x2.5cm pancreatic cancer in body noted in 2023-7-10. stage 4, taking C/T at medical oncology now. Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019-7-25. without central L/N meta (0/7). 131-I 100 mCi on 2019-8-27. I-131 whole body scan showed a Rt thyroid remnant on 2019-9-17. hypercholesterolemia noted in 2007-8. failure of diet control. on statin. PH: polycystic kidney & liver disease. FH: polycystic kidney disease-mother, uncles, all brothers and sisters. DM-uncles, anuts (mother side). 無一病人自述無過敏史. PMP bleeding noted two days ago, under CT treatment now,, ask for pap smear

徵候: BP:121/64mmHg, pulse:94/min, BW:51.4kg, BH:163cm,(112/10/28)BP:121/64mmHg, pulse:94/min, BH:163cm, BW:51.4kg, BMI:19.3, PV: smooth cervix, slight dark BORWN discharge, no lifting pain, no obvious lesions, bleeding may form EM, slight dryness,

診斷: C73甲狀腺惡性腫瘤 R94.4腎臟功能檢查結果異常 E11.8第二型糖尿病, 伴有未明示之併發症 N95.0 停經後出血

處置: 161.5 cm, 52 kg. TC 293, TG 88, HDL 57.8, LDL 211.6 (96-10-23). low risk: 0.5-2. polycystic kidney & liver disease

sono on 10/30 for EM evaluation, keep topical treatment ,

Pain Scale = 0

跌倒高危險群: 否。

項目	每次量	用法	途徑	天數	總量
Vaginal ultrasound	1	STAT		1	1
婦女子宮頸抹片檢查--30歲以上	1	STAT		1	1
子宮頸抹片細胞病理檢驗	1	STAT		1	1
Mycomb(乳膏) Cream 20g/Tube (複方)	1	BID	EXT	7	1

預約: 112/10/30 星期一下午036診 89號 醫師: 黃千竹 (D20267)- 婦產科部

新陳代謝科
112. 10. 26
中國醫藥大學
附設醫院門診
慢性連續處方

(門診病歷聯) 病歷資料, 請妥善保管
112/10/26 早上 230診 48號 柯翠蓮 73歲 1235727-0 新陳代謝科 卡號:0026 醫師:陳清助(D1918)
病史:A 2.8x2.5cm pancreatic cancer in body noted in 2023-7-10. stage 4, taking C/T at medical oncology now. Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019-7-25. without central L/N meta (0/7). 131-I 100 mCi on 2019-8-27. I-131 whole body scan showed a Rt thyroid remnant on 2019-9-17. hypercholesterolemia noted in 2007-8. failure of diet control. on statin. PH: polycystic kidney & liver disease. FH: polycystic kidney disease-mother, uncles, all brothers and sisters. DM-uncles, anuts (mother side). 無一病人自述無過敏史.
徵候:BP:100/50mmHg, pulse:76/min, BW:51.9kg, BH:162.5cm, BP:100/50mmHg, pulse:76/min, AC 146 mg/dl, Alc 7.2% (112-10-23). NDR (112-5). AC 157, Alc 7.4%, GPT 87, Cr 0.87, LDL 74.6 (112-8-1). AC 125, Alc 6.9%, GPT 37, Cr 0.86, LDL 77.2 (112-5-8). AC 132, Alc 7.1%, GPT 17, Cr 0.95, LDL 102.3 (112-2-14). AC 121, Alc 6.9%, GPT 17, Cr 0.94, LDL 86.4(111-11-21). AC 124, Alc 6.6%, GPT 17, Cr 0.98, LDL 83.6 (111-8-26). AC 110, Alc 6.1%, GPT 20, Cr 0.95, LDL 75.3 (111-6-8). AC 112, Alc 6%, GPT 11, Cr 0.96, LDL 94.8 (111-3-15). AC 105, Alc 5.9%, GPT22, Cr 0.85, LDL 89.8 (110-12-22). abd sona: Poly kidney, poly liver dz; mild fatty liver (111-1). FT4 1.26, TSH 0.08, Tg < 0.1 (108-12-9). FT4 1.03, TSH 0.469, Tg <0.1 (111-3-16). FT4 0.96, TSH 0.28, Tg <0.1 (111-6-8). FT4 1.35, TSH 0.2, Tg <0.1 (111-8-26). FT4 1.19, TSH 0.43, Tg 0.1 (111-11-21). FT4 1.14, TSH 0.33, Tg <0.1 (112-2-14). TSH 0.167, Tg <0.1 (112-4). TSH 48.2, Tg <0.1 (112-8-1). TSH 76.4, Tg <0.1 (112-10-23).
thyroid sona: No residual tissue (112-4).
診斷:C73甲狀腺惡性腫瘤 R94.4腎臟功能檢查結果異常 E11.8第二型糖尿病, 伴有未明示之併發症 E78.0純高膽固醇血症 I10本態性(原發性)高血壓
處置:161.5 cm, 52 kg. TC 293, TG 88, HDL 57.8, LDL 211.6 (96-10-23). low risk: 0.5-2. polycystic kidney & liver disease
Pain Scale = 0
跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
TSH(EIA/LIA) 甲狀腺刺激素免疫分析	1	S		1	1
Free T4 (EIA/LIA) 游離甲狀腺素免疫分析	1	S		1	1
Thyroglobulin (EIA)	1	S		1	1
Blood sugar ac or pc	1	S		1	1
TA (Thyroglobulin antibody)	1	S		1	1
glycosylated Hb (HbA1)	1	S		1	1
Cholesterol, total	1	S		1	1
Triglyceride(TG)	1	S		1	1
H.D.L. cholesterol	1	S		1	1
Caduet 5/20 mg/Tab	1	QD	PO	28	28
Thyroxine Sodium 100mcg/Tab	0.5	SAME	PO	28	22

預約:113/01/18星期四早上230診 54號 醫師:陳清助 (D1918)- 新陳代謝科

血液腫瘤科
112. 10. 18
中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料, 請妥善保管
112/10/18 早上 292診 106號 柯翠蓮 73歲 1235727-0 血液腫瘤科 卡號: 0024 醫師: 白禮源(D13664)
病史: Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) MI EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1-, PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1)
PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease TEMPUS liquid biopsy NGS: NF1 c.7869+1 G>A, splice reegion variant-LOF, ARID1A c.547G>A (2023/10/16)
for chemo, maybe carbon 3 w later
徵候: BP: 95/57mmHg, pulse: 87/min, BH: 162.5cm, BW: 52.7kg, BMI: 19.9, BP: 91/60mmHg, pulse: 88/min, BH: 162.2cm, BW: 52.2kg, BMI: 19.8, BP: 91/60mmHg, pulse: 88/min, BH: 162.2cm,
* CEA 7 (2023/7) CA199: 2709 (2023/7) 436(2023/9)
(2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90 (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment
(2023/8/21) alb 4.1 (2023/9/18) PS 0, no oral ulcer ,
CT: main tumor smaller, no other new lesion (2023/10/2) WBBS?
診斷: C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置: mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS? liquid biopsy?
0988286933, 22222322 Guardant
now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1, 2023/9/18, 2023/10/2, 2023/10/16) carbon (3w?) CT at 2 m by self-paid
also wants cell therapy
patient will seek opinion of carbon therapy [抗生素: NYSTATIN 500,000Unit/Cap for gargling]; Pain Scale = 0
跌倒高危險群: 否。

項目	每次量	用法	途徑	天數	總量
Self-Pay FDG PET for Malignant Neoplasm	1	STAT		1	1(自)

本人同意自費使用上述藥物、檢驗或處置。 病人(家屬)簽名: _____



血液腫瘤科
112. 10. 16
中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料, 請妥善保管
112/10/16 早上 292診 44號 柯翠蓮 73歲 1235727-0 血液腫瘤科 卡號: 0022 醫師: 白禮源(D13664)
病史: Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1- , PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1)
PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease TEMPUS liquid biopsy NGS: NF1 c.7869+1 G>A, splice reegion variant-LOF, ARID1A c.547G>A (2023/10/16)
for chemo, maybe carbon 3 w later
徵候: BP:95/57mmHg, pulse:87/min, BW:52.7kg, BH:162.5cm, BP:95/57mmHg, pulse:87/min, BH:162.5cm, BW:52.7kg, BMI:19.9, BP:91/60mmHg, pulse:88/min, BH:162.2cm, BW:52.2kg, BMI:19.8, BP:91/60mmHg, pulse:88/min, BH:162.2cm, * CEA 7 (2023/7)
CA199: 2709 (2023/7) 436(2023/9) (2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90 (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment (2023/8/21) alb 4.1 (2023/9/18) PS 0, no oral ulcer , CT: main tumor smaller, no other new lesion (2023/10/2) WBBS?
診斷: C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置: mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS? liquid biopsy?
0988286933, 22222322 Guardant
now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1, 2023/9/18, 2023/10/2, 2023/10/16) carbon (3w?) CT at 2 m by self-paid
also wants cell therapy
patient will seek opinion of carbon therapy [抗生素: NYSTATIN 500,000Unit/Cap for gargling]; Pain Scale = 0
跌倒高危險群: 否。

項目	每次量	用法	途徑	天數	總量
Creatinine (B) CRTN	1	STAT		1	1
S-GOT	1	STAT		1	1
S-GPT	1	STAT		1	1
Bilirubin total	1	STAT		1	1
CBC-I(WBC,RBC,Hb,Hct,platelet count MCV,	1	STAT		1	1
WBC differential count	1	STAT		1	1
TS-1 20 mg/Cap(複方)	5	QD	PO	7	35
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28(自

本人同意自費使用上述藥物、檢驗或處置。 病人(家屬)簽名: _____

新陳代謝科
112. 09. 28
 中國醫藥大學
 附設醫院門診
 慢性連續處方

(門診病歷聯) 病歷資料,請妥善保管
 112/09/28 早上 Y05診 89號 柯翠蓮 73歲 1235727-0 新陳代謝科 卡號: IC03 醫師:陳清助(D1918)
 病史:
 徵候:
 診斷:C73甲狀腺惡性腫瘤 R94.4腎臟功能檢查結果異常 E11.8第二型糖尿病,伴有未明示之併發症 E78.0
 純高膽固醇血症 I10本態性(原發性)高血壓
 處置:
 跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
Bisoprolol 5(五)mg/Tab	0.5	HS	PO	28	14
Caduet 5/20 mg/Tab	1	QD	PO	28	28
Thyroxine Sodium 100mcg/Tab	0.5	SAME	PO	28	20

血液腫瘤科
112. 10. 02
 中國醫藥大學
 附設醫院門診

(門診病歷聯) 病歷資料,請妥善保管
 112/10/02 早上 292診 34號 柯翠蓮 73歲 1235727-0 血液腫瘤科 卡號: 0020 醫師:白禮源(D13664)
 病史:Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1- , PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1)
 PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease TEMPUS liquid biopsy NGS: NF1 c.7869+1 G>A, splice reegion variant-LOF, ARID1A c.547G>A (2023/10/2)
 for discussion about Carbon therapy, WBBS and marker data needed
 徵候:BP:91/60mmHg, pulse:88/min, BW:52.2kg, BH:162.2cm, BP:91/60mmHg, pulse:88/min, BH:162.2cm, BW:52.2kg, BMI:19.8, BP:91/60mmHg, pulse:88/min, BH:162.2cm,
 * CEA 7 (2023/7) CA199: 2709 (2023/7) 436(2023/9)
 (2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90 (2023/08/7) PS 0, but depressed mood-->
 explain the benefit/risk of treatment (2023/9/18) PS 0, no oral ulcer ,
 (2023/8/21) alb 4.1
 CT: main tumor smaller, no other new lesion (2023/10/2) WBBS?
 診斷:C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
 處置:mPC, cT4N1M1
 explain chemo mFOLFIRINOX? AG? AGS?
 liquid biopsy?
 0988286933, 2222322 Guardant
 now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1, 2023/9/18, 2023/10/2) carbon? CT at 2 m by self-paid
 also wants cell therapy
 patient will seek opinion of carbon therapy [抗生素: NYSTATIN 500,000Unit/Cap for gargling];
 Pain Scale = 0
 跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
CBC-I(WBC,RBC,Hb,Hct,platelet count MCV,	1	STAT		1	1
WBC differential count	1	STAT		1	1
Utraphen 37.5/325 mg/Tab(複方)	2	QID	PO	14	112
TS-1 20 mg/Cap(複方)	5	QD	PO	7	35
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28(自
NYSTATIN 500,000Unit/Cap	10	QD	GAR	1	10
Magnesium Oxide 250mg/Tab	2	TID	PO	14	84

預約:112/10/09星期一早上292診107號 醫師:白禮源 (D13664)- 血液腫瘤科

內科部
112. 09. 18
中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料, 請妥善保管
112/09/18 早上 Z71診 26號 柯翠蓮 72歲 1235727-0 內科部 卡號: 醫師:主治醫師(D9999)
病史:
徵候:
診斷:
處置:
跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
病歷影印費	1			1	71
Copy PACS CD (僅1項檢查)-放射線部	1			1	2
Copy PACS CD(2-6項檢查,每增1項)-放射線部	1			1	2

血液腫瘤科
112. 09. 25
中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料, 請妥善保管
112/09/25 早上 292診 50號 柯翠蓮 73歲 1235727-0 血液腫瘤科 卡號:0019 醫師:白禮源(D13664)
病史:Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1- , PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1)
PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease TEMPUS liquid biopsy NGS: NF1 c.7869+1 G>A, splice reegion variant-LOF, ARID1A c.547G>A
(2023/9/25) husband here for discussion about Carbon therapy, WBBS and marker data needed
徵候:BP:108/64mmHg, pulse:81/min, BH:162.3cm, BW:54kg, BMI:20.5, BP:109/64mmHg, pulse:79/min, BH:161.7cm, BW:52.6kg, BMI:20.1, BP:100/56mmHg, pulse:78/min, BH:162.1cm,
* CEA 7 (2023/7) CA199: 2709 (2023/7) (2023/07/24) PS 1, 7400, 13.6,
262k, MCV 90 (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment (2023/9/18) PS 0, no oral ulcer ,
(2023/8/21) alb 4.1
CT: main tumor smaller, no other new lesion, (2023/9/25) husband here
診斷:C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置:mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS?
liquid biopsy?
0988286933, 2222322 Guardant
now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1) CT
at 2 m by self-paid
also wants cell therapy
patient will seek opinion of carbon therapy[抗生素: NYSTATIN 500,000Unit/Cap for gargling];
Pain Scale = 0
跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
Whole body bone scan	1	STAT		1	1
Compensatory fee for shortage of Tc-99m	1	STAT		1	1
放射性藥品藥事服務費	1	STAT		1	1

血液腫瘤科

112. 09. 18

中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料, 請妥善保管
112/09/18 早上 292診 46號 柯翠蓮 72歲 1235727-0 血液腫瘤科 卡號: 0018 醫師: 白禮源(D13664)
病史: Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1-, PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1)
PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease TEMPUS liquid biopsy NGS: NF1 c.7869+1 G>A, splice reegion variant-LOF, ARID1A c.547G>A
(2023/9/18) GI decreased appetite, GI nausea, for chemotherapy, no diarrhea, hiccup
徵候: BP:108/64mmHg, pulse:81/min, BW:54kg, BH:162.3cm, BP:108/64mmHg, pulse:81/min, BH:162.3cm, BW:54kg, BMI:20.5, BP:109/64mmHg, pulse:79/min, BH:161.7cm, BW:52.6kg, BMI:20.1, BP:100/56mmHg, pulse:78/min, BH:162.1cm, (2023/07/24) PS 1, 7400, 13.6, *
CEA 7 (2023/7) CA199: 2709 (2023/7) (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment (2023/9/18) PS 0, no oral ulcer ,
262k, MCV 90 (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment (2023/8/21) alb 4.1
CT: main tumor smaller, no other new lesion
診斷: C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置: mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS? liquid biopsy?
0988286933, 2222322 Guardant
now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21, 2023/9/4, CT: improving SD, 2023/9/1) CT
at 2 m by self-paid
also wants cell therapy
patient will seek opinion of carbon therapy[抗生素: NYSTATIN 500,000Unit/Cap for gargling];
Pain Scale = 0
跌倒高危險群: 否。

項目	每次量	用法	途徑	天數	總量
Creatinine (B) CRTN	1	STAT		1	1
S-GOT	1	STAT		1	1
S-GPT	1	STAT		1	1
Bilirubin total	1	STAT		1	1
Albumin	1	STAT		1	1
CBC-I(WBC,RBC,Hb,Hct,platelet count MCV,	1	STAT		1	1
WBC differential count	1	STAT		1	1
CEA	1	STAT		1	1
CA-199 (EIA)	1	STAT		1	1
Utraphen 37.5/325 mg/Tab(複方)	2	QID	PO	14	112
TS-1 20 mg/Cap(複方)	5	QD	PO	7	35
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28(自
NYSTATIN 500,000Unit/Cap	10	QD	GAR	1	10
Magnesium Oxide 250mg/Tab	2	TID	PO	14	84

血液腫瘤科

112.09.04

中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料,請妥善保管
112/09/04 早上 292診 48號 柯翠蓮 72歲 1235727-0 血液腫瘤科 卡號:0017 醫師:白禮源(D13664)
病史:Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1- , PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21) PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease TEMPUS liquid biopsy NGS: NF1 c.7869+1 G>A, splice reegion variant-LOF, ARID1A c.547G>A (2023/9/4) GI decreased appetite, GI nausea, for chemotherapy, no diarrhea, hiccup
徵候:BP:109/64mmHg, pulse:79/min, BW:52.6kg, BH:161.7cm, BP:109/64mmHg, pulse:79/min, BH:161.7cm, BW:52.6kg, BMI:20.1, BP:100/56mmHg, pulse:78/min, BH:162.1cm, * CEA 7 (2023/7) CA199: 2709 (2023/7) (2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90 (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment (2023/8/21) alb 4.1 (2023/9/4) PS 0, no oral ulcer
診斷:C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置:mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS? liquid biopsy? ***0988286933, 22222322*** Guardant
now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21) CT at 2 m by self-paid
also wants cell therapy
wants to check self paid CT and seek opinion of carbon therapy if stable[抗生素: NYSTATIN 500,000Unit/Cap for gargling];
Pain Scale = 0
跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
Utraphen 37.5/325 mg/Tab(複方)	2	QID	PO	14	112
TS-1 20 mg/Cap(複方)	5	QD	PO	7	35
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28(自
NYSTATIN 500,000Unit/Cap	10	QD	GAR	1	10
Magnesium Oxide 250mg/Tab	2	TID	PO	14	84
C.T. - with/without contrast	1	STAT	U	1	1(自
C.T. - with/without contrast	1	STAT	C	1	1(自

本人同意自費使用上述藥物、檢驗或處置。病人(家屬)簽名: _____

血液腫瘤科
112.08.21
中國醫藥大學
附設醫院門診

病歷資料,請妥善保管
112/08/21 早上 292診 84號 柯翠蓮 72歲 1235727-0 血液腫瘤科 卡號:0016 醫師:白禮源(D13664)
病史:Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1- , PS 1, s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21)
PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease
(2023/8/21) GI decreased appetite, GI nausea, for chemotherapy, no diarrhea
徵候:BP:100/56mmHg, pulse:78/min, BW:53.3kg, BH:162.1cm, BP:100/56mmHg, pulse:78/min, BH:162.1cm, * CEA 7 (2023/7) CA199: 2709 (2023/7)
(2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90 (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment (2023/8/21) alb
4.1
診斷:C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置:mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS?
liquid biopsy?
0988286933, 22222322 Guardant
now s/p AGSL (2023/7/24, 2023/8/7, 2023/8/21) CT at 2 m by self-paid
also wants cell therapy
因胰臟惡性腫瘤病情需建議住院接受進一步診斷治療(2023/08/01)for CIK apheresis on 8/4[抗生素: NYSTATIN 500,000Unit/Cap for gargling];
Pain Scale = 0
跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
WBC differential count	1	STAT		1	1
CBC-I(WBC,RBC,Hb,Hct,platelet count MCV,	1	STAT		1	1
Utraphen 37.5/325 mg/Tab(複方)	2	QID	PO	14	112
TS-1 20 mg/Cap(複方)	5	QD	PO	7	35
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28(自
NYSTATIN 500,000Unit/Cap	10	QD	GAR	1	10
Magnesium Oxide 250mg/Tab	2	TID	PO	14	84

血液腫瘤科
112.08.07
中國醫藥大學
附設醫院門診

(門診病歷聯) 病歷資料,請妥善保管
112/08/07 早上 292診 68號 柯翠蓮 72歲 1235727-0 血液腫瘤科 卡號:0015 醫師:白禮源(D13664)
病史:Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1-, PS 1, PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25. without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver disease
(2023/8/7) G1 decreased appetite, G1 nausea
徵候:BP:104/58mmHg, pulse:73/min, BW:53.9kg, BH:162cm, BP:104/58mmHg, pulse:73/min, BH:162cm, BW:53.9kg, BMI:20.5, BP:128/64mmHg, pulse:84/min, BH:162.5cm, BW:53.6kg, BMI:20.2, * CEA 7 (2023/7) CA199: 2709 (2023/7) (2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90 (2023/08/7) PS 0, but depressed mood--> explain the benefit/risk of treatment
診斷:C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置:mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS?
liquid biopsy?
0988286933, 22222322 Guardant
now s/p AGSL (2023/7/24, 2023/8/7) CT at 2 m by self-paid
also wants cell therapy
因胰臟惡性腫瘤病情需建議住院接受進一步診斷治療(2023/08/01)for CIK apheresis on 8/4[抗生素: NYSTATIN 500,000Unit/Cap for gargling];
Pain Scale = 0
跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
BUN, blood urea nitrogen	1	STAT		1	1
Creatinine (B) CRTN	1	STAT		1	1
S-GOT	1	STAT		1	1
S-GPT	1	STAT		1	1
Bilirubin total	1	STAT		1	1
Albumin	1	STAT		1	1
CBC-I(WBC,RBC,Hb,Hct,platelet count MCV,	1	STAT		1	1
WBC differential count	1	STAT		1	1
Utraphen 37.5/325 mg/Tab(複方)	2	QID	PO	14	112
TS-1 20 mg/Cap(複方)	5	QD	PO	7	35
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28(自
NYSTATIN 500,000Unit/Cap	10	QD	GAR	1	10

預約:112/11/13星期一早上292診 66號 醫師:白禮源 (D13664)- 血液腫瘤科
預約:112/11/27星期一早上292診 33號 醫師:白禮源 (D13664)- 血液腫瘤科
預約:112/12/11星期一早上292診 36號 醫師:白禮源 (D13664)- 血液腫瘤科
醫師當天預約資料超過 3 筆



血液腫瘤科
112.07.31
中國醫藥大學
附設醫院門診

===== (門診病歷聯) ===== 病歷資料,請妥善保管 =====
112/07/31 早上 292診 116號 柯翠蓮 72歲 1235727-0 血液腫瘤科 卡號:0012 醫師:白禮源(D13664)
病史:Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and
admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of
celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1
(tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1- , PS 1,
PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25.
without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver
disease
(2023/7/31) poor appetite, vomiting, constipation
徵候:BP:128/64mmHg, pulse:84/min, BW:53.6kg, BH:162.5cm, BP:128/64mmHg, pulse:84/min,
BH:162.5cm, BW:53.6kg, BMI:20.2, * CEA 7 (2023/7) CA199: 2709 (2023/7)
(2023/07/24) PS 1, 7400, 13.6, 262k, MCV 90
診斷:C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
處置:mPC, cT4N1M1
explain chemo mFOLFIRINOX? AG? AGS?
liquid biopsy?
0988286933, 22222322 Guardant
now s/p AGSL (2023/7/24) CT at 2 m by self-paid
also wants cell therapy
因胰臟惡性腫瘤病情需建議住院接受進一步診斷治療(2023/08/01)for CIK apheresis.
Pain Scale = 0
跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
Anti-DNA (FIA)	1	S		1	1
CBC-I(WBC,RBC,Hb,Hct,platelet count MCV,	1	S		1	1
WBC differential count	1	S		1	1
GENERAL URINE EXAMINATION	1	S		1	1
EIA	1	S		1	1
RPR/VDRL test	1	S		1	1
ANA (antinuclear antibody) FIA法	1	S		1	1
Rheumatoid factor test-Nephelometry	1	S		1	1
C'3- Nephelometry	1	S		1	1
C'4- Nephelometry	1	S		1	1
BUN, blood urea nitrogen	1	S		1	1
Creatinine (B) CRTN	1	S		1	1
S-GOT	1	S		1	1
S-GPT	1	S		1	1
Alkaline phosphatase	1	S		1	1
Bilirubin total	1	S		1	1
TA (Thyroglobulin antibody)	1	S		1	1
Anti-HBs (EIA)	1	S		1	1
HCVAB Anti-HC (EIA)Ab	1	S		1	1
Utraphen 37.5/325 mg/Tab(複方)	2	QID	PO	7	56
Chemo young 4mL/Bot 14Bot/Box	1	BID	PO	7	1(自

本人同意自費使用上述藥物、檢驗或處置。 病人(家屬)簽名: _____

血液腫瘤科**112.07.24**中國醫藥大學
附設醫院門診

===== (門診病歷聯) ===== 病歷資料,請妥善保管 =====
 112/07/24 早上 292診 11號 柯翠蓮 72歲 1235727-0 血液腫瘤科 卡號:0011 醫師:白禮源(D13664)
 病史:Intermittent dull abdominal pain over left upper quadrate for 1 m, then went to NTUH and
 admitted on 2023/7/12, MRI on 2023/7/13, a 3.9 cm mass at pancreatic body with encasement of
 celiac trunk, LN-, T12 meta, bone scan on 2023/7/18: uptake in T12 and left sacrum, cT4N1
 (tiny node) M1 EUS-FNB on 2023/7/17, adenocarcinoma, CK7+, S100p+, TTF1- , PS 1,
 PH: HTN+, DM-, Rt papillary thyroid carcinoma s/p total thyroidectomy at VGH-TC on 2019/7/25.
 without central L/N meta (0/7), s/p 131-I 100 mCi on 2019-8-27. polycystic kidney & liver
 disease (2023/7/24) come CMUH for further management
 徵候:BP:109/62mmHg, pulse:68/min, BW:53.6kg, BH:162.1cm,(2023/07/24) PS 1, 7400, 13.6, 262k,
 MCV 90
 診斷:C25.9胰臟惡性腫瘤 C73甲狀腺惡性腫瘤
 處置:mPC, cT4N1M1
 explain chemo mFOLFIRINOX? AG? AGS?
 liquid biopsy?
 0988286933, 22222322 Guardant
 now s/p AGSL (2023/7/24)[抗生素: NYSTATIN 500,000Unit/Cap for gargling];
 Pain Scale = 0
 跌倒高危險群:否。

項目	每次量	用法	途徑	天數	總量
CBA	1	STAT		1	1
CA-199 (EIA)	1	STAT		1	1
HBsAg - EIA	1	STAT		1	1
Anti-HBc (EIA)	1	STAT		1	1
HIV Ag/Ab Test	1	STAT		1	1
HCVAB Anti-HC (EIA)Ab	1	STAT		1	1
Utraphen 37.5/325 mg/Tab(複方)	2	QID	PO	7	56
TS-1 20 mg/Cap(複方)	2	BID	PO	7	28
Leucovorin(Folate) 15mg/Tab	2	BID	PO	7	28 (自
NYSTATIN 500,000Unit/Cap	10	QD	GAR	1	10

預約:112/09/18星期一早上292診 46號 醫師:白禮源 (D13664)- 血液腫瘤科
 預約:112/10/02星期一早上292診 34號 醫師:白禮源 (D13664)- 血液腫瘤科
 預約:112/10/16星期一早上292診 44號 醫師:白禮源 (D13664)- 血液腫瘤科
 醫師當天預約資料超過 3 筆