**Prof. Nir Peled. L.N. 26519 S.L.N. 22022, 25714, 12815**

**Internal Medicine Specialist, Pneumologist and Oncologist**

**Director, Oncology Division, Soroka Hospital**

**Assuta Hospital, Ramat HaChayal, HaBarzel St. 10, Tel-Aviv Yaffo**, peled.nir@gmail.com

July 13, 2020

1. Completed 13 courses of chemotherapy
2. Under prednisone, respiratory improvement. Without prednisone for the last two months and reports having difficulty with deep breathing and dry cough.
3. EEG exam rules out disturbance in swallowing mechanism.
4. Markers CA19-9 normal (20), CA 125 (48.6) mildly increased.
5. Updated PET-CT with post radiation changes, organized bronchiectasis at the location of the primary tumor. Uptake in the sigmoid specifically, likely inflammatory, for follow-up.
6. On examination, clinical condition excellent, head and neck normal, good aeration, no rhonchi or wheezing.
7. Respiratory function with diffusion of 60% (June 14, 2020).
8. A trial with Foster did not help with the way she feels.
9. MRI of brain July 5, 2020 - answer not yet received. Observation without new irregular findings.
10. In summary, completed six chemotherapy courses (two more than recommended for her condition), without Xalkori (crizotinib) in coordination with Prof. Ross Gamidge, USA). At present, mild pneumonitis and mild uptake in the sigmoid. Recommend:
	1. Despite making an appointment for a colonoscopy, recommend waiting in order to create distance from the chemotherapy and deciding according to PET in three more months.
	2. At this stage, I do not see the need for steroids, in light of the potential side effects. Therefore, at present, I recommend taking Azenil (azithromycin) 250 mg a day for a week, once every six weeks.
	3. Follow up in six weeks with updated chest X-ray and respiratory functions.
	4. ALK may be monitored in a specific fluid exam as well as CA 19-9 CEA in approximately six more months.

Aug. 24, 2020

1. Without prednisone since May 2020.
2. Under Azenil (azithromycin), improvement in cough and presently coughs primarily upon exposure to salt. Feels well during walking.
3. Without Xalkori (crizotinib) since stopping it during radiation.
4. Updated Chest X-ray.
5. Respiratory functions excellent and normal, FEV1 112%, ratio 88% to FVC, Diffusion 77% normal. TLC 86%.
6. Chest X-ray without pleural fluid and without interstitial changes.
7. Upon auscultation, completely normal aeration.
8. In summary, normal process, Azenil (azithromycin) may be stopped. For follow up with PET-CT in about another two months. MRI of brain six months after the last one.

Sincerely,

Soroka, University Medical Center

Prof. Nir Peled

Director, Oncology Division

Internal Medicine Specialist, Pulmonologist and Oncologist

L.N. 1026519