



Educational Expert Second Opinion Report

FOR: Balwinder Kumar
BY: Dr. Suneel Kamath



Suneel Kamath, MD

DEPARTMENT Hematology and Medical Oncology

PRIMARY LOCATION Cleveland Clinic Main Campus

TYPE OF DOCTOR Adults Only

LANGUAGES English

SURGEON No

Date: February 7, 2023

Dear Balwinder,

Thank you for utilizing the Virtual Second Opinion by Cleveland Clinic program. It was our pleasure to review your case in order to help provide you with the confidence and peace of mind in your journey to medical certainty.

In this document you will find:

1. A summary of steps taken during your case review
2. Information on the Cleveland Clinic expert physician who reviewed your case
3. A summary of your case including the questions you raised during the intake process
4. Your second opinion summary by the reviewing Cleveland Clinic expert physician
5. Additional references / information regarding your medical condition, if applicable

The expert Cleveland Clinic physician who has been carefully matched to your case has reviewed all of the information that your nurse care manager received and prepared in the medical record.

The medical language used in the report could feel unfamiliar or too technical. Please know that this is intentional as the second opinion summary by your expert physician is prepared to provide the utmost clarity to your existing or prospective care team / physician.

Sincerely,
Your Care Team at the Clinic by Cleveland Clinic

1. Summary of Steps Taken During Your Case Review

Your case was diligently processed with the help of a competent and dedicated care team so that you can receive a high-quality second opinion and achieve certainty regarding your medical condition as quickly as possible.

Here are the steps that took place during your case review process:

- **Intake of Your Second Opinion**
 - Your Nurse Care Manager carefully documented your

second opinion request including specific questions that you would like addressed during the process

➤ **Records Collection**

- Our clinical care team has thoughtfully prepared your medical information for review by the expert physician to best evaluate your diagnosis and / or treatment plan

➤ **Pathology and / or Radiology Re-Interpretation**

- Your medical information has been carefully reviewed including any pathology or imaging that was provided per your request, if applicable

➤ **Expert Specialist Matching**

- Your Nurse Care Manager worked with our Chief Clinical Officer, to identify the best expert specialist for you. Cleveland Clinic has over 3500 specialists in 550 subspecialties to ensure you receive the highest-quality review of your diagnosis and / or treatment plan

➤ **Expert Review and Report Delivery**

- Core to the work we do is direct access to Cleveland Clinic expert specialists in an expedited fashion made possible weeks sooner than it would be likely via personal outreach

2. Information on the Cleveland Clinic expert physician who reviewed your case

Our clinical care team, in concert with you, and our Chief Clinical Officer worked diligently together to identify the best expert specialist for your specific concerns. Through this collaborative process, we matched you with Dr. Kamath, see biography link provided below.

Physician Biography

<https://my.clevelandclinic.org/staff/25034-suneel-kamath#biography>

3. A summary of your case including the questions you raised during the intake process:

Patient Name: Balwinder Kumar

Date

MRN

Questions from Nurses Intake Note

1. *Looking to start treatment ASAP. Other son lives in Ohio, looking to get treatment at Cleveland Clinic if pt moves here. For current state and based on scans, what treatment is recommended? If this advances, what course of therapy is recommended so we look and plan down the road.*
2. *Are there promising clinical trials that are recommended for her current state? Or would be a candidate for?*
3. *Cleveland Clinic review and recommendations.*

4. Your second opinion summary by the reviewing Cleveland Clinic expert physician

Thank you for the opportunity to provide you with a Virtual Second Opinion by Cleveland Clinic. Our clinical team has completed a full review of the pertinent medical records for your second opinion in context of your questions and concerns shared during intake.

Dr. Kamath's recommendations are as follows:

Summary of Recommendations:

If a patient like this were to walk into my clinic, these would be my thoughts:

This is a 71 year old female with metastatic gallbladder cancer. Past medical history is notable for hypertension and asthma.

She initially presented with abdominal pain and vomiting and was found on imaging to have a gallbladder mass invading into the colon and liver. On December 8, 2022 she underwent laparotomy incontinuity resection of liver gallbladder tumor and right colon. There was invasion into the colon and the liver by direct extension. Margins were all clear resected lymph nodes were negative

She initially did well post-op but then required hospitalization several times for poor gastric emptying, improved with Reglan and marinol.

Restaging PET/CT 1/24/23 shows metastatic disease to the lungs, lymph nodes and local recurrence in the gallbladder fossa.

Got port placed yesterday, plan is to start gem/cis/durva 2/15/23.

Assessment and Recommendations

1. *Looking to start treatment ASAP. Other son lives in Ohio, looking to get treatment at CCF if pt moves here. For current state and based on scans, what treatment is recommended? If this advances, what course of therapy is recommended so we look and plan down the road.*

I agree with gem/cis/imfinzi as the best first line therapy.

As far as 2nd line treatments, if a target is found that is very active such as FGFR2, HER2 amplification, RAS, BRAF V600 mutations, it may be better to use a targeted therapy to treat one of those targets. For standard chemotherapy, I would use 5-FU and Onyvide as the NIFTY trial comparing this to 5-FU alone showed a survival advantage, whereas the recent trial evaluating FOLFOX vs. Just supportive care showed a more modest benefit, so I think 5-FU and onyvide might be better than FOLFOX, though there is no head-to-head comparison. There are other possible genomic targets like HER2 mutations, non-V600 BRAF mutations or IDH mutations that have less effective therapies and it might still be better to do chemo than these options and reserve these as 3rd line options.

2. Are there promising clinical trials that are recommended for her current state? Or would be a candidate for?

As far as clinical trials this trial of taxane chemotherapy combined with a DLL + VEGF inhibitor is opening across the country, including at Cleveland Clinic, but isn't open yet, might be in 6-9 months:

<https://clinicaltrials.gov/ct2/show/NCT05506943#contacts>. This would be a good trial option for 2nd or 3rd line therapy. If a FGFR2 mutation is found, we have a good trial using RLY-4008 to target this mutation.

3. Cleveland clinic review and recommendations.

I would also obtain a liquid biopsy to look for targetable genomic mutations in circulating tumor DNA as well.

Thank you,
Suneel Kamath, MD
GI Medical Oncologist
Cleveland Clinic Taussig Cancer Institute
Assistant Professor of Medicine
Cleveland Clinic Lerner College of Medicine

5. Additional references / information regarding your medical condition, if applicable

N/A

Thank you for choosing Virtual Second Opinions by Cleveland Clinic for your educational second opinion. If you have additional questions, please feel free to contact the Virtual Second Opinion team.

As a courtesy, following completion of the educational second opinion visit, you will have 14 days to clarify the recommendations provided by the expert physician.



We hope that this experience has been of great value and we wish you well in your health care journey!

Sincerely,

The Virtual Second Opinion Care Team
The Clinic by Cleveland Clinic