



RangeLight Health, LLC

Second Opinion Report for Zhang Wei

September 20, 2020

Expert Opinion from RangeLight Health Provided by Kenneth Krajewski, MD, MBA:

来自领昱医疗的专家意见，由医学博士，工商管理硕士肯尼思·克拉耶夫斯基提供

Background: Dr. Kenneth Krajewski

背景：肯尼思·克拉耶夫斯基博士



Dr. Krajewski is a triple Board Certified physician who specializes in Medical Oncology and Hematology. His training and prior employers have included top medical institutions on the US News & World Report “Honor Roll Hospitals”, such as the University of Michigan Health System, Barnes Jewish Hospital / Washington University in St. Louis, and University of Wisconsin Hospital & Clinics. Dr. Krajewski has served in many key roles, including Chief of Medical Oncology, Institutional Review Board, Hospital Cancer Committee, Fellowship Committee, and Partner/Owner at a large US-based private

practice group.

克拉耶夫斯基博士是获得三重认证的医生(整合了内科、血液学和医学肿瘤学临床知识和技能)，专门研究医学肿瘤学和血液学。他的培训和先前的雇主包括《美国新闻与世界报道》“荣誉医院”中的顶级医疗机构，例如密歇根大学卫生系统，巴恩斯犹太医院/圣路易斯华盛顿大学以及威斯康星大学医院。克拉耶夫斯基博士曾担任过许多重要职务，包括医学肿瘤学主任，机构审查委员，医院癌症委员，研究金委员以及美国大型私人执业小组的合伙人/所有者。

Undergraduate Education:

本科教育：

University of Michigan in Ann Arbor, MI

密歇根州安阿伯市的密歇根大学

Medical School:

医学院：

University of Louisville in Louisville, KY

肯塔基州路易斯维尔路易斯维尔大学

Graduate School:

研究所：

Master of Business Administration, The University of Chicago Booth School of Business in Chicago, IL

伊利诺伊州芝加哥大学布斯商学院工商管理硕士

Residency:

专业培训:

Internal Medicine, University of Wisconsin Hospital & Clinics in Madison, WI

威斯康星大学麦迪逊分校，威斯康星大学医院与内科

Fellowship:

研究生:

Hematology & Medical Oncology, Washington University in St. Louis / Barnes Jewish Hospital in St. Louis, MO

圣路易斯华盛顿大学血液学与内科肿瘤学/密苏里州圣路易斯巴恩斯犹太医院

Patient Medical History Summary:

患者病史摘要:

Thank you for providing me the opportunity to review your medical case and provide my opinion. Below is a summary of your medical history based on your answers to our questionnaire and the medical records provided.

感谢您提供机会给我来审查您的医疗案例并提出我的意见。以下是根据您对我们的调查表的回答和提供的病历总结的病史。

Over the past 6 months, you developed intermittent abdominal pain, change in bowel habits, and a 20-pound weight loss. There were also a few episodes of blood in your stools. A CT scan showed a mass in the colon and 3 suspicious regional lymph nodes. A colonoscopy was completed 1 week ago with the pathology report identifying colonic adenocarcinoma. I understand you are focused on identifying appropriate next steps in therapy and completing them in a timely manner. Based on available information, this is consistent with a clinical diagnosis of stage III colon cancer. However, pathologic findings are needed to determine the accurate final stage.

在过去的6个月中，您出现了间歇性腹痛，排便习惯改变，体重减轻20磅，以及几次大便出血的情况。CT扫描显示结肠中有肿块和3个可疑的区域淋巴结。1周前完成结肠镜检查，病理报告确定了结肠腺癌。我们了解您期望确定适当的后续治疗步骤并及时完成。根据现有的病历报告及信息，这与III期结肠癌的临床诊断是一致的。然而，仍然需要病理结果来确定准确的癌症分期。

Cancer Background Information:

癌症背景信息:

Stage III colon cancer is defined by a mass in the colon and cancer in the regional lymph node(s). Surgical resection is the only curative therapy option for patients with colon cancer with regional lymph node involvement. The stage at diagnosis is closely tied to the outcome, as recurrence is thought to be from cancer cells present at the time of surgery. Therefore, the use of adjuvant (postoperative) chemotherapy is used to eliminate micrometastatic cancer cells still present, thus increasing the cure rate. Adjuvant chemotherapy with a fluoropyrimidine-based regimen in stage III colon cancer has shown in trials to reduce risk of disease recurrence by 30%.

III期结肠癌的定义是结肠肿块和区域淋巴结癌。对于患有局部淋巴结的结肠癌患者，手术切除是唯一的治疗选择。据认为复发是由于手术时出现的癌细胞引起的，所以诊断的阶段将与手术结果密切相关。因此，可以使用辅助（术后）化学疗法来消除仍然存在的微转移癌细胞，从而提高治愈率。在试验中显示，以氟嘧啶为基础的方案在III期结肠癌中进行辅助化疗可将疾病复发的风险降低30%。

Oxaliplatin is commonly utilized in treatment protocols, such as with FOLFOX (folinic acid, fluorouracil and oxaliplatin). A concerning side effect of oxaliplatin is the risk of long-term neuropathy from receiving this therapy. In an attempt to reduce risk of neuropathy, a current area of research is regarding the optimal duration of oxaliplatin-containing regimens in adjuvant treatment. Data published in 2020 from the IDEA trial further examines the use of adjuvant oxaliplatin-containing regimens in regards to risk of cancer recurrence and the extent of disease involvement. Generally, adjuvant chemotherapy is initiated 6 to 8 weeks after surgery is completed. Following completion of chemotherapy, patients are monitored for at least 5 years with specific guidelines for performing serum CEA labs, colonoscopies, CT scans, and office visits with their treating physician.*

奥沙利铂以氟嘧啶为基础的方案中比较常见的一种，例如与FOLFOX（亚叶酸，氟尿嘧啶和奥沙利铂）一起使用。奥沙利铂的一个令人担忧的副作用是有可能引起长期神经病变。为了减少神经病变的风险，当前的研究领域是关于在辅助治疗中使用含奥沙利铂方案的最佳时机，以控制副作用。IDEA试验于2020年发布的数据进一步检查了含奥沙利铂辅助方案在癌症复发风险和疾病累及程度方面的使用。通常，在手术完成6至8周后开始辅助化

疗。化疗结束后，至少要对患者进行5年的监测，并定期进行血清CEA实验室检查，结肠镜检查，CT扫描以及与医生随访。*

**Works Cited: NCCN Guidelines and UpToDate*

**引用的作品：NCCN准则和最新*

Questions from the Patient:

病人的提问:

1. Is surgery or radiation therapy recommended? 是否建议手术或放射疗法?

I recommend that you see a colorectal surgeon for an evaluation. You need a surgeon to manage your case and operate. As discussed above, the goal of this therapy is to cure you of colon cancer. Although radiation can be used as treatment, it is uncommon in clinical practice. There are no current plans for radiation therapy, as the details from your surgery and final pathology will help make this decision in the future.

我建议您预约大肠外科医生进行评估。您需要外科医生来管理您的病例并进行手术。如上所述，此疗法的目标是治愈结肠癌。尽管可以将放射线用作治疗方法，但在临床实践中并不常见，是否进行放射治疗现在不做计划。最终，是否需要放射治疗取决于您的手术和病理结果。

2. Do you recommend Next Generation Sequencing? 您是否推荐下一代测序

It appears you are currently stage III; therefore, it is not recommended to perform Next Generation Sequencing. However, microsatellite stability status is an important factor in treatment selection.

根据检查结果，您目前处于III期结肠癌；因此，不建议执行下一代测序。然而，微卫星稳定性状态是选择治疗的重要因素。

3. Is chemotherapy indicated now? 现在需要化疗吗

Based on the provided information, I do not recommend chemotherapy at this time. After completing the recommended blood tests and CT scans, if no significant findings

are identified, the next step is proceeding with surgery. The pathology results after surgery will help determine if chemotherapy is appropriate. Given the current information, it appears you will be a candidate for chemotherapy. This question can be further addressed with more information by your treating Medical Oncologist or a RangeLight Health physician during a follow up appointment.

根据提供的信息，我目前不建议化疗。在完成推荐的血液检查和CT扫描后，如果没有发现明显异常，则下一步是进行手术。手术后的病理结果将有助于确定化疗是否合适。根据当前信息，您有可能在未来需要进行化疗。在随访期间，您的主治医师或领昱医疗医师可以提供更多信息来进一步解决该问题。

Further Recommendations:

进一步建议:

Given your bleeding, a CBC should be performed to evaluate for anemia. If you have more significant bleeding, I recommend an urgent evaluation through the Emergency Room. A serum chemistry should be performed, which tests your kidney function. I recommend a CEA blood test, which is a colon cancer tumor marker, to be checked as a baseline.

由于您有便血的症状，应进行CBC检测评估贫血。如果便血明显增多，我建议应立即前往急诊室就诊，并进行血清化学检测，以测试您的肾脏功能。我建议将CEA血液测试（一种结肠癌肿瘤标志物）作为基线进行检查。

I recommend undergoing scans to complete staging through your treating physician, with a CT scan of your chest & pelvis. Based on the CT scan of your abdomen, your regional lymph nodes are enlarged and suspicious for cancer involvement. It is important to remember there are other causes for enlarged lymph nodes, such as infection or inflammation. Ultimately, these concerning lymph nodes will be surgically resected and evaluated in the final pathology report.

我建议由主治医生进行胸部和骨盆的CT扫描，以完成癌症分期。根据腹部的CT扫描，您的局部淋巴结肿大，并且怀疑有癌变。重要的是，要记住还有其他原因可能导致淋巴结肿大，例如感染或炎症。最终，有异常的淋巴结将通过手术切除，并在最终病理报告中进行评估。

You now need an appointment with a colorectal surgeon to discuss surgical resection of the colon mass and surrounding lymph nodes. Depending on the pathology results, you may qualify for adjuvant chemotherapy. Options may include fluorouracil, capecitabine with or without oxaliplatin chemotherapy, which is used to reduce your risk of an invasive cancer recurring. Following your surgery, you will need an evaluation by a Medical Oncologist.

您现在需要预约大肠外科医生进行会诊，讨论结肠肿块和周围淋巴结的手术切除。根据病理结果，您可能需要进行辅助化疗。选项可能包括氟尿嘧啶，卡培他滨（有或没有奥沙利铂化疗），这些药物可用于降低浸润性癌症复发的风险。手术后，您需要由内科肿瘤医师进行评估。

RangeLight Health has Pathology and Radiology partners who can review your case if you prefer to pursue a holistic evaluation--to ensure the biopsy and scans were read correctly--as it influences our detailed recommendations.



领昱医疗有病理学和放射学合作伙伴，如果您希望进行整体评估，可以帮您进行进一步的检查-以获得准确的检查活检和扫描结果-而这会影响我们的具体建议。

Clinical Trial Options: **临床试验选择:**

China

中国

- Real-world Retrospective Data Analysis of Adjuvant Therapy for Patients with Stage II-III Colon Cancer After Radical Surgery.
根治性手术治疗II-III期结肠癌患者的辅助治疗的现实世界回顾性数据分析。

<https://clinicaltrials.gov/ct2/show/NCT03958435?cond=Colon+Cancer+Stage+III&cntry=CN&draw=2&rank=3>

United States

美国

- Combination Chemotherapy With or Without Atezolizumab in Treating Patients With Stage III Colon Cancer and Deficient DNA Mismatch Repair.
联合化学疗法或不联合Atezolizumab治疗III期结肠癌和DNA错配修复不足的患者。

<https://clinicaltrials.gov/ct2/show/NCT02912559?cond=Colon+Cancer+Stage+III&cntry=US&draw=3&rank=14>

Final Recommendations by Dr. Krajewski: 克拉耶夫斯基博士的最终建议

Second Opinion Highlights:

第二意见摘要:

1. Proceed with a CT scan of the pelvis and chest. Blood tests to pursue include CBC, BMP, and CEA.
进行骨盆和胸部的CT扫描。进行CBC, BMP和CEA检查。
2. Identify a colorectal surgeon now to discuss a hemicolectomy as appropriate management of your cancer.
预约一名结直肠外科医生, 讨论半结肠切除术作为对癌症的适当处理
3. Chemotherapy is likely needed based on provided data, although this is subject to your final pathology report after surgery.
根据提供的数据可能需要进行化学疗法, 但这要根据手术后的最终病理报告决定。

Thank you for allowing us at RangeLight Health to participate in your medical care. We look forward to working with you in the future.

感谢您允许领昱医疗参与您的医疗服务。我们期待未来有机会继续为您服务并提供有价值的医疗建议。

Please note that I did not perform a physical examination or talk with you in person. I am not your treating cancer physician. Therefore, please discuss my second opinion recommendations with your treating physician. They will ultimately decide the most appropriate treatment plan based on this document, physical examination, personal preferences, and available treatment options.

请注意, 我没有进行身体检查或亲自与您交谈。我不是您的癌症治疗医师。因此, 请与您的主治医生讨论我的第二意见建议。他们最终将根据该文件, 体格检查, 个人喜好和可用的治疗方案来决定最合适的治疗计划。