

**In the Supreme Court of Nevada**

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SIERRA HEALTH AND LIFE INSURANCE CO., INC.  
*Appellant,*

Electronically Filed  
Jun 27 2023 01:21 PM  
Elizabeth A. Brown  
Clerk of Supreme Court

v.

SANDRA L. ESKEW, as special administrator of the  
estate of William George Eskew,  
*Respondent.*

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On Appeal from the Eighth Judicial District Court,  
Clark County, Case No. A-19-788630-C

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**RESPONDENT'S APPENDIX**

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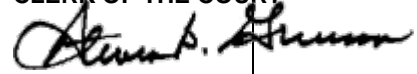
*Counsel for Respondent*

June 27, 2023

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*Attorney for Plaintiffs*

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF CLARK

SANDRA L. ESKEW, individually and  
as Special Administrator of the Estate  
of William George Eskew; TYLER  
ESKEW; and WILLIAM G. ESKEW, JR.;

Plaintiffs,

vs.

SIERRA HEALTH AND LIFE INSURANCE  
COMPANY, INC., UNITED HEALTHCARE,  
INC.,

Defendants.

Case No. A-19-788630-C

Dept. No. 4

**OPPOSITION TO DEFENDANTS' MOTION IN LIMINE NO 6**

Plaintiffs ("Eskews") oppose the Defendants' Motion in Limine No. 6 as the fact that UHC owns and operates its own proton center called the New York Proton Center is relevant.

**MEMORANDUM OF POINTS AND AUTHORITIES**

Sierra Health and Life Insurance Company ("SHL") and United Healthcare (collectively "UHC") sold William Eskew an individual health insurance policy, called an Agreement of Coverage ("AOC"). On February 5, 2016, UHC wrongfully denied a claim for a request for prior

1 authorization<sup>1</sup> to receive proton beam therapy from Texas MD Anderson Cancer Center (“MD  
2 Anderson”). UHC’s conduct injured Mr. Eskew causing him pain and mental suffering, anguish,  
3 anxiety, and emotional distress until his death on March 12, 2017.

4 The Eskews have asserted a claim for insurance bad faith and seek punitive damages for  
5 fraud, malice, and oppression pursuant to NRS 42.005. The claim for insurance bad faith derives  
6 from the implied covenant of good faith and fair dealing that exists in any insurance policy.  
7 *Pemberton v. Farmers Ins. Exch.*, 109 Nev. 789, 792-93, 858 P.2d 380, 382 (1993). Since an  
8 insurer owes a fiduciary-like duty to its insured, an insurer’s duty of good faith and fair dealing  
9 arise from and is defined by law. *Allstate Ins. Co. v. Miller*, 125 Nev. 300, 311, 212 P.3d 318, 325-  
10 26 (2009). When an insurer breaches the implied covenant of good faith and fair dealing, the  
11 insurer commits the tort of bad faith. *Pemberton v. Farmers Ins. Exch.*, 109 Nev. at 792-93. An  
12 insurer acts in bad faith where: (1) the insurer has no reasonable basis for its conduct; and (2) the  
13 insurer has acted with knowledge or in reckless disregard for the fact there is no reasonable basis  
14 for its conduct. *Guaranty Nat. Ins. Co. v. Potter*, 112 Nev. 199, 206, 912 P.2d 267, 272 (1996);  
15 Nevada Jury Instruction: Civil, 11.5.<sup>2</sup>

16 UHC has filed 21 motions in limine relying upon a quote from a Kentucky case to claim  
17 that an insurer in bad faith must be provided some sort of unspecified special protection from the  
18 application of the normal rules of evidence. Motion at 5. As this Court knows, this case is in  
19 Nevada and subject to Nevada law. In Nevada, all parties are subject to the same rules of  
20 evidence.

21 In this Motion, UHC seeks to exclude the fact that it operates its own proton center called  
22 the New York Proton Center (“NYPC”). This motion should be denied for three reasons. First,  
23 UHC’s ownership and operation of the NYPC is relevant to the reasonableness of UHC’s denial  
24

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25 <sup>1</sup> Prior authorization is a tool used in the insurance industry where, before the insured customer  
26 receives treatment, the insurer determines whether the treatment is “medically necessary” as that  
27 term is defined by the insurance policy or Nevada law.

28 <sup>2</sup> The Eskews have extensively briefed the facts in this case. They incorporate the facts set forth  
in the Consolidated Statement of Facts and facts and arguments set forth in the Oppositions to  
Motion for Summary Judgment Re: Claims and Motion for Summary Judgment Re: Damages.  
All of those pleadings assist in demonstrating why UHC’s ownership of the New York Proton  
Center. See COSF at 123-133.



1 of the request for prior authorization and the reasonableness of UHC's reliance upon the PBT  
2 policy it used to deny the request. Both of those issues are relevant to the claim of insurance bad  
3 faith and whether UHC acted with fraud, malice, and oppression for purposes of punitive  
4 damages. Second, UHC's ownership and operation of the NYPC is relevant to rebut positions  
5 UHC has taken with respect to MD Anderson and Dr. Liao. Third, UHC'S role in the NYPC is  
6 relevant to the credibility of UHC's positions that PBT is not a medically necessary or recognized  
7 treatment for lung cancer.

8 NRS 48.015 defines relevant evidence as "evidence having any tendency to make the  
9 existence of a fact that is of consequence to the determination of the action more or less probable  
10 than it would be without the evidence." NRS 48.025 provides that relevant evidence is  
11 admissible. NRS 48.035(1) provides that relevant evidence is not admissible "if its probative  
12 value is substantially outweighed by the danger of unfair prejudice, of confusion or of misleading  
13 the jury."

14 UHC is a partial owner and the primary operator of the New York Proton Center. On  
15 February 4, 2015, the New York State Department authorized the construction and development  
16 of the New York Proton Center. UHC was an investor in the New York Proton Center, in part,  
17 to use PBT to treat lung cancer. CSOF ¶¶ 125-126 . UHC operates the New York Proton Center  
18 through Proton Health Center Management which is controlled by Optum. United Healthcare  
19 Services operates Optum and Sierra Health & Life. CSOF ¶¶ 3-4 and n. 10. UHC invested and  
20 developed the New York Proton Center to use PBT to treat patients with all kinds of lung cancer.  
21 *Id.* ¶¶ 126-132.

22 UHC has to concede that its investment, development, and operation of the New York  
23 Proton Center is relevant. For example, UHC now relies upon the New York State Department's  
24 evaluation of the feasibility of New York Proton Center to claim that its decision to deny Mr.  
25 Eskew's claim was reasonable. See Motion for Summary Judgment re: Claims at 15; see also  
26 Defense Ex. 32. Of course, the issue before the jury is what UHC reasonably believed about PBT  
27 for lung cancer.

28 ///

UHC fails to disclose to this Court that New York conducted its evaluation as part of a feasibility study into the viability of the New York Proton Center. As part of that evaluation, New York reported that UHC was investing into and developing the New York Proton Center to use PBT to treat patients with lung cancer. CSOF ¶¶ 125-126. In 2014, UHC would not have invested into or taken the steps to open and operate the New York Proton Center to use PBT to treat lung cancer if it was not medically necessary or proven. Clearly, the facts relating to New York Proton Center are relevant to UHC's belief regarding whether PBT was a medically necessary procedure to treat lung cancer.

This Court cannot allow UHC to take two inherently inconsistent approaches to evidence. When it perceives the New York Proton Center to be helpful to the case, UHC decides it is relevant. When it perceives the New York Proton Center to be damaging to its case, UHC decides it is not relevant. UHC's reliance upon the New York feasibility study is an admission that the facts and circumstances relating to the New York Proton Center is relevant.

Indeed, the New York Proton Center is relevant to UHC's state of mind and its conscious disregard for the rights of its insureds including Mr. Eskew. On February 5, 2016, UHC denied Mr. Eskew's treatment for PBT for lung cancer on the basis of one sentence from its PBT policy that PBT treatment for virtually any cancer, including lung cancer, was not medically necessary. COSF ¶¶ 76, 93, 100, 106-110. At the same time it denied Mr. Eskew's claim for PBT to treat lung cancer, UHC was developing the NYPC to use PBT to treat lung cancer. *Id.* ¶¶ 126, 133.

In other words, UHC's claim denial and its investment, operation, and development into the NYPC are inherently inconsistent. More simply put, UHC is speaking out of both sides of its mouth about PBT for lung cancer when it (1) argues in this lawsuit that its denial of Mr. Eskew's claim was proper because treating lung cancer with PBT is not medically necessary; and (2) at the same time touts the superior benefits of using PBT to treat lung cancer at NYPC. Likewise, in February 2016, when UHC was acting as an insurer *paying* for care, it took the position PBT for lung cancer was bad and not medically proven. On the flip side of the coin, in February 2016, when UHC was acting as a provider and *collecting* money for providing care, PBT was an excellent and medically proven form of technology to treat lung cancer. The NYPC, UHC's role

1 in it, and the UHC/NYPC's public pronouncements about the superior benefits of PBT for lung  
2 cancer are all highly relevant to the reasonableness of UHC's conduct in denying the request for  
3 prior authorization including its reliance upon the PBT policy.

4 UHC has placed the reasonableness of its PBT policy at issue. In this regard, UHC has  
5 already admitted that the substance of the policy is based upon a business decision. COSF ¶¶  
6 123-124. Similarly, the evidence suggests both the substance and the use of the PBT policy is  
7 arbitrary. For example, UHC's decisions on PBT had more to do with the stages of operation of  
8 the NYPC, then they did with the science regarding the appropriateness of PBT. When the NYPC  
9 was close to opening, UHC miraculously changed its position on PBT and concluded that PBT  
10 could be medically necessary for all cancer. COSF ¶¶ 129-133. The jury should be allowed to  
11 consider that UHC's decisions related to PBT are financially motivated, not motivated by science  
12 as UHC would have them believe.

13 In addition, UHC intends to infer that MD Anderson and Dr. Liao had bad motives when  
14 it came to treating Mr. Eskew because MD Anderson's Proton Beam Therapy Center was  
15 operated for profit. Yet UHC, at all relevant times, was in the process of creating a proton center  
16 to operate for profit. Inside the courtroom, UHC wants to infer that operating a proton beam  
17 therapy center for profit is bad, but outside the courtroom, UHC does operate a proton beam center  
18 for profit. Thus, evidence of the NYPC is relevant to the credibility of UHC's position in this  
19 litigation.

20 At the same time, UHC intends to imply to the jury that only fringe doctors who do not  
21 appreciate science use PBT to treat lung cancer. For example, in its Motion for Summary  
22 Judgment Re: Claims, UHC cites to an article from Dr. Liao published in 2018 and a letter she  
23 wrote in 2018 to infer that using PBT to treat lung cancer is not medically necessary. Yet, outside  
24 the courtroom, UHC operates a proton center to use PBT to treat patients with lung cancer.  
25 Indeed, it advertises to the public the benefits of PBT to treat patients with lung cancer. The  
26 NYPC is relevant to rebut UHC's position regarding the reasonableness of its position on PBT.  
27 *Id.* ¶¶ 127, 133.

1 UHC's position on relevancy concerns how it owns the NYPC. Motion at 4. How UHC  
2 owns the NYPC goes to the weight of the evidence relating to the NYPC opposed its admissibility.

3 UHC holds itself out as a highly integrated company that provides services from paying  
4 for the services through its insurance arm to providing the services through its medical provider  
5 arm. UHC operates the NYPC through its subsidiary Proton Health Center Management which  
6 is controlled by Optum (UHC's medical arm). United Healthcare Services operates Optum and  
7 Sierra Health & Life. CSOF ¶¶ 1-8. SHL holds itself out as a United HealthCare Company. It  
8 operates at the direction of UHC, and the preauthorization request denial was based upon a UHC  
9 corporate medical policy. *Id.* ¶¶ 2-4, 113. When he denied the claim, Dr. Ahmad was acting as  
10 the UHC medical director. *Id.* ¶ 115.

11 UHC is so highly integrated that SHL reports its financial condition based upon the entire  
12 operations of UHC including Optum which necessarily includes the NYPC. A jury can infer that  
13 SHL receives a direct financial benefit from the operation of the NYPC. In addition, SHL and  
14 the NYPC are owned by UHC through a common entity. It is highly relevant that at the time  
15 UHC was denying Mr. Eskew's request for prior authorization, UHC and SHL were intending to  
16 profit by using PBT to treat lung cancer through the NYPC.

17 The probative value of the evidence related to the NYPC is not substantially outweighed  
18 by its prejudicial effect. The fact that 1) UHC was investing into the NYPC to treat lung cancer  
19 while denying Mr. Eskew's claim; 2) the fact UHC's PBT policy was changed based upon the  
20 NYPC's operation and business goals, not science; and 3) the fact UHC advertises the benefit of  
21 proton beam therapy to treat lung cancer at the NYPC, are highly relevant. While the evidence  
22 is damaging to UHC, the evidence does not create the prejudice envisioned by NRS 48.035(1).  
23 Rather it would be unfair to the Eskews to allow UHC to take one position in the courtroom that  
24 is inconsistent with how it operates its business outside the courtroom.

25 Further, the evidence of the NYPC is not hearsay. The evidence of ownership is set out  
26 in the financial statements of SHL and UHC. The ownership will be presented through the expert  
27 testimony of Mr. Flood. In a reasonable methodology to assess and establish that ownership and  
28 control, Mr. Flood reasonably relied upon the information contained within public filings made

1 by UHC with the State of New York and the federal government. See NRS 50.285 (2) (facts of  
2 a type reasonably relied upon by an expert in forming an opinion need not be admissible). The  
3 evidence from the NYPC regarding its use of PBT to treat lung cancer and its belief in its medical  
4 efficacy goes to UHC's state of mind regarding PBT. It is not being offered for the truth of the  
5 matter asserted.

6 This Court should deny UHC's Motion in Limine No 6. The New York Proton Beam  
7 Center is relevant.

8 DATED this 14<sup>th</sup> day of January 2022.

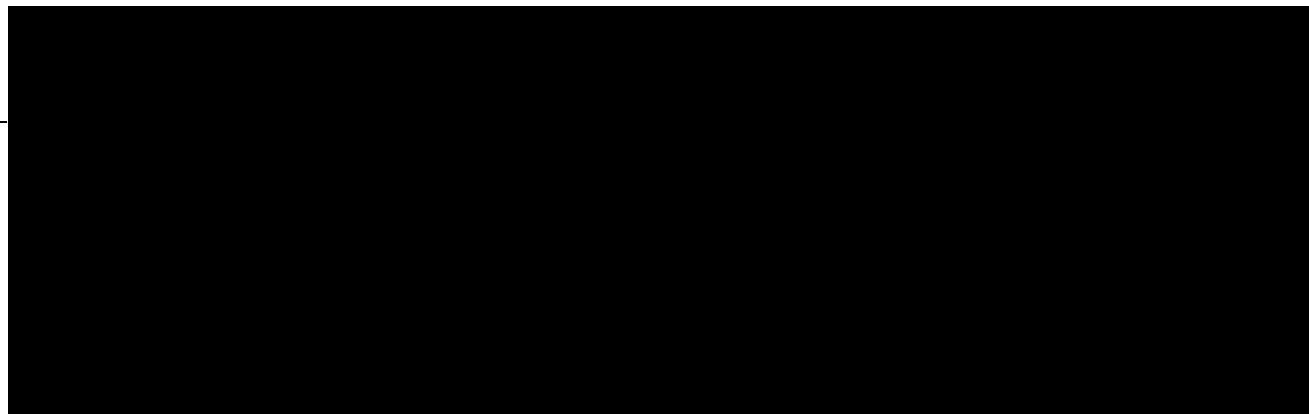
9 MATTHEW L. SHARP, LTD.

10  
11 /s/ Matthew L. Sharp  
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18 *Attorneys for Plaintiffs*  
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*Attorneys for Defendants*

/s/ Cristin B. Sharp  
An employee of Matthew L. Sharp, Ltd.



---

**From:** "Ferrarotto,Renata" <RFerrarotto@mdanderson.org>  
**Date:** Wednesday, March 16, 2016 at 1:18 PM  
**To:** Claire Yang <chunyang@mdanderson.org>  
**Cc:** "Liao,Zhongxing" <zliao@mdanderson.org>, "Colbert,Lauren" <LColbert@mdanderson.org>  
**Subject:** RE: 1195025 Eskew

When is he finishing? Is it 3/22/16?

---

**From:** Yang,Claire Chunyi  
**Sent:** Wednesday, March 16, 2016 10:11 AM  
**To:** Ferrarotto,Renata <RFerrarotto@mdanderson.org>  
**Cc:** Liao,Zhongxing <zliao@mdanderson.org>; Colbert,Lauren <LColbert@mdanderson.org>  
**Subject:** 1195025 Eskew

Hi Dr. Ferrarotto,

Would you please add extra IVF to Mr. Eskew's next chemo? Dr. Liao saw him in the clinic today . He is finishing XRT we will see him back in 6-8 weeks coordinate with your follow up schedule.

Thanks,



---

**From:** "Haynes,Iris M" <ihaynes@mdanderson.org>  
**Date:** Friday, February 5, 2016 at 6:24 PM  
**To:** "Liao,Zhongxing" <zliao@mdanderson.org>, "Godby,Joy" <ajgodby@mdanderson.org>  
**Cc:** ROBS Main <ROBSMain@mdanderson.org>, "Bluett,Jaques B" <jbluett@mdanderson.org>, Claire Yang <chunyang@mdanderson.org>, "Byrd,Heather" <HByrd@mdanderson.org>, "Ferrarotto,Renata" <RFerrarotto@mdanderson.org>  
**Subject:** RE: 1195025 Eskew will need medical director review for IMRT

William Eskew #1195025, is not financially cleared. The request is with the insurance company (Sierra Health), pending with the medical director. We will check the status on Monday. Mr. Eskew is aware.

*Iris Haynes  
Patient Access Specialist  
MD Anderson Cancer Center  
Radiation Oncology Business Center  
713/792-1055  
713/745-1417 fax*

---

**From:** Liao,Zhongxing  
**Sent:** Friday, February 05, 2016 2:45 PM  
**To:** Bluett,Jaques B; Bilton,Stephen D; Yang,Claire Chunyi; ROBS Main; Godby,Joy; Byrd,Heather; Ferrarotto,Renata  
**Subject:** Re: 1195025 Eskew will need medical director review for IMRT

Looks good!  
Thanks a lot!

---

**From:** "Bluett,Jaques B" <jbluett@mdanderson.org>  
**Date:** Friday, February 5, 2016 at 2:37 PM  
**To:** Zhongxing Liao <zliao@mdanderson.org>, "Bilton,Stephen D" <sbilton@mdanderson.org>, Claire Yang <chunyang@mdanderson.org>, ROBS Main <ROBSMain@mdanderson.org>,

"Godby,Joy" <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>, "Byrd,Heather" <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>, "Ferrarotto,Renata" <[RFerrarotto@mdanderson.org](mailto:RFerrarotto@mdanderson.org)>  
**Subject:** RE: 1195025 Eskew will need medical director review for IMRT

Please find comparison attached.

---

**From:** Liao,Zhongxing  
**Sent:** Friday, February 05, 2016 1:51 PM  
**To:** Bluett,Jaques B <[jbluett@mdanderson.org](mailto:jbluett@mdanderson.org)>; Bilton,Stephen D <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>; Yang,Claire Chunyi <[chunyiyang@mdanderson.org](mailto:chunyiyang@mdanderson.org)>; ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>; Godby,Joy <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>; Byrd,Heather <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>; Ferrarotto,Renata <[RFerrarotto@mdanderson.org](mailto:RFerrarotto@mdanderson.org)>  
**Subject:** Re: 1195025 Eskew will need medical director review for IMRT

Thanks

---

**From:** "Bluett,Jaques B" <[jbluett@mdanderson.org](mailto:jbluett@mdanderson.org)>  
**Date:** Friday, February 5, 2016 at 1:34 PM  
**To:** "Bilton,Stephen D" <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>, Zhongxing Liao <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)>, Claire Yang <[chunyiyang@mdanderson.org](mailto:chunyiyang@mdanderson.org)>, ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>, "Godby,Joy" <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>, "Byrd,Heather" <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>, "Ferrarotto,Renata" <[RFerrarotto@mdanderson.org](mailto:RFerrarotto@mdanderson.org)>  
**Subject:** RE: 1195025 Eskew will need medical director review for IMRT

I'm putting VMAT plan together in Mosaiq right now and working on getting the 3D comparison to you for review. I should have this for you by 2:30pm.

Thanks,

Jaques

---

**From:** Bilton,Stephen D  
**Sent:** Friday, February 05, 2016 1:33 PM  
**To:** Liao,Zhongxing <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)>; Yang,Claire Chunyi <[chunyiyang@mdanderson.org](mailto:chunyiyang@mdanderson.org)>; ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>; Godby,Joy <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>; Byrd,Heather <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>; Ferrarotto,Renata <[RFerrarotto@mdanderson.org](mailto:RFerrarotto@mdanderson.org)>; Bluett,Jaques B <[jbluett@mdanderson.org](mailto:jbluett@mdanderson.org)>  
**Subject:** RE: 1195025 Eskew will need medical director review for IMRT

Please include Jaques Bluett with emails pertaining this patient going forward.

Thanks,  
Stephen

---

**From:** Liao,Zhongxing  
**Sent:** Friday, February 05, 2016 1:18 PM  
**To:** Yang,Claire Chunyi <[chunyiyang@mdanderson.org](mailto:chunyiyang@mdanderson.org)>; ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>; Godby,Joy <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>; Byrd,Heather <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>; Bilton,Stephen D <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>; Ferrarotto,Renata <[RFerrarotto@mdanderson.org](mailto:RFerrarotto@mdanderson.org)>  
**Subject:** Re: 1195025 Eskew will need medical director review for IMRT

I talked to Mrs. Eskew again and she needs to know if we could start on Monday or not. If not, She would like to postpone to the following Monday.

Thanks

---

**From:** Claire Yang <[chunyiyang@mdanderson.org](mailto:chunyiyang@mdanderson.org)>  
**Date:** Friday, February 5, 2016 at 1:10 PM  
**To:** Zhongxing Liao <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)>, ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>, "Godby,Joy" <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>, "Byrd,Heather" <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>, "Bilton,Stephen D" <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>, "Ferrarotto,Renata" <[RFerrarotto@mdanderson.org](mailto:RFerrarotto@mdanderson.org)>  
**Subject:** RE: 1195025 Eskew will need medical director review for IMRT

Thanks Dr. Liao,  
I just spoke to Mr. Eskew, they got you message, they will stick around and wait for the IMRT approve.

Dr. Ferrarotto,  
Are you going to give chemo concurrently with xrt?

*Thank You!*  
*Claire Chunyi Yang, FNP, MSN*  
*Radiation Oncology, Thoracic.*  
*APP for Dr. Liao, Dr. O'Reilly and Dr. Hahn.*  
*Office: 713-792-5114*

---

**From:** Liao,Zhongxing  
**Sent:** Friday, February 05, 2016 11:23 AM  
**To:** Godby,Joy <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>; Byrd,Heather <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>; Bilton,Stephen D <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>  
**Cc:** Yang,Claire Chunyi <[chunyiyang@mdanderson.org](mailto:chunyiyang@mdanderson.org)>; ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>  
**Subject:** Re: 1195025 Eskew will need medical director review for IMRT

I just called and left a VM.  
Chunyi:  
Could you follow up on this?  
Thanks  
Xing

---

**From:** "Godby,Joy" <[ajgodby@mdanderson.org](mailto:ajgodby@mdanderson.org)>  
**Date:** Friday, February 5, 2016 at 11:15 AM



**To:** Zhongxing Liao <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)>, "Byrd,Heather" <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>, "Bilton,Stephen D" <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>  
**Cc:** Claire Yang <[chunyang@mdanderson.org](mailto:chunyang@mdanderson.org)>, ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>  
**Subject:** RE: 1195025 Eskew will need medical director review for IMRT

Dr Liao

Can you or one of your clinical teams call Mrs Eskew please. She just called me but had not been told she was getting IMRT and the proton appeal was now being closed. She is planning to fly out and needs someone to call her today please. Is this a primary or mets case? We will also need the comparative plan between 3D and IMRT photon since this is UHC.

MR# 1195025  
William Eskew – Liao  
702-885-3019

---

**From:** Liao,Zhongxing  
**Sent:** Friday, February 05, 2016 11:11 AM  
**To:** Byrd,Heather <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>, Bilton,Stephen D <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>  
**Cc:** Yang,Claire Chunyi <[chunyang@mdanderson.org](mailto:chunyang@mdanderson.org)>, ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>  
**Subject:** Re: 1195025 Eskew will need medical director review for IMRT  
**Importance:** High

Thanks

---

**From:** "Byrd,Heather" <[HByrd@mdanderson.org](mailto:HByrd@mdanderson.org)>  
**Date:** Friday, February 5, 2016 at 11:01 AM  
**To:** Zhongxing Liao <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)>, "Bilton,Stephen D" <[sdbilton@mdanderson.org](mailto:sdbilton@mdanderson.org)>  
**Cc:** Claire Yang <[chunyang@mdanderson.org](mailto:chunyang@mdanderson.org)>, ROBS Main <[ROBSMain@mdanderson.org](mailto:ROBSMain@mdanderson.org)>  
**Subject:** 1195025 Eskew will need medical director review for IMRT

Dr. Liao,

We will prepare a letter for you to review – please keep in mind that once UHC receives all of our information, they may take up to 72 hours to return an authorization for IMRT.

Thank you.

Respectfully,

Heather Byrd, BSN, RN  
Patient Access Coordinator  
Radiation Oncology, BB.5071  
1515 Holcombe Blvd,  
Houston, TX 77030  
(713) 792-7989  
[hbyrd@mdanderson.org](mailto:hbyrd@mdanderson.org)

---

**From:** Liao,Zhongxing  
**Sent:** Friday, February 05, 2016 10:58 AM  
**To:** Leonida,Adelwisa P; Bilton,Stephen D  
**Cc:** Hontiveros,Rosemarie L; Erfe,Rosie D; Yang,Claire Chunyi; ROBS Main  
**Subject:** Re: Wi-Es# 1195025  
**Importance:** High

Let's stop the appealing and use the IMRT plan. I don't want to drag for too long.  
Thank you all for your effort.  
Xing

---

**From:** "Leonida,Adelwisa P" <[aleonida@mdanderson.org](mailto:aleonida@mdanderson.org)>  
**Date:** Friday, February 5, 2016 at 10:35 AM  
**To:** Zhongxing Liao <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)>  
**Cc:** "Hontiveros,Rosemarie L" <[rhontive@mdanderson.org](mailto:rhontive@mdanderson.org)>, "Erfe,Rosie D" <[erfe@mdanderson.org](mailto:erfe@mdanderson.org)>  
**Subject:** Re:Wi-Es# 1195025

Dr. Liao,

We f/up with the insurance the pre-D request for PBT the medical reviewer has denied the requested services, for the reasons it does not meet the NCCN Guidelines 2016 and the Health Plan of Nevada. Would you please provide us with your availability a two time schedule for the P2P to coordinate with the insurance. I have informed the patient of the denial of proton and will start working on the appeal process. Thank you.  
Adel

**Adelwisa Leonida, BSN, RN, CCM, ACM, OCN**  
Denials Management Coordinator

---

THE UNIVERSITY OF TEXAS M. D. ANDERSON ~~CANCER~~ CENTER  
Proton Therapy Center  
1840 Old Spanish Trail  
Houston, TX 77054  
T 713- 563-9388  
F 713-563-1521  
E [aleonida@mdanderson.org](mailto:aleonida@mdanderson.org)

---

**From:** [zliao@mdanderson.org](mailto:zliao@mdanderson.org)  
**To:** [HRumbaugh@mdanderson.org](mailto:HRumbaugh@mdanderson.org)

**Subject:** FW: 1195025 Eskew will need comparative summary  
**Date:** Fri, 2 Oct 2020 17:16:56 +0000  
See below

---

**From:** "Byrd,Heather" <HByrd@mdanderson.org>  
**Date:** Friday, February 5, 2016 at 11:45 AM  
**To:** "Liao,Zhongxing" <zliao@mdanderson.org>, "Bluett,Jaques B" <jbluett@mdanderson.org>  
**Cc:** ROBS Main <ROBSMain@mdanderson.org>, "Bilton,Stephen D" <sdbilton@mdanderson.org>  
**Subject:** 1195025 Eskew will need comparative summary

Hello.

William has an insurance product that requires a 3D/IMRT comparison summary be submitted for insurance approval. Please prepare summary and send to RobsMain when complete.

Thank you.

Respectfully,

Heather Byrd, BSN, RN  
Patient Access Coordinator  
Radiation Oncology, BB.5071  
1515 Holcombe Blvd,  
Houston, TX 77030  
(713) 792-7989  
[hbyrd@mdanderson.org](mailto:hbyrd@mdanderson.org)

---

**From:** Liao,Zhongxing  
**Sent:** Friday, February 05, 2016 10:58 AM  
**To:** Leonida,Adelwisa P; Bilton,Stephen D  
**Cc:** Hontiveros,Rosemarie L; Erfe,Rosie D; Yang,Claire Chunyi; ROBS Main  
**Subject:** Re: Wi-Es# 1195025  
**Importance:** High

Let's stop the appealing and use the IMRT plan. I don't want to drag for too long.  
Thank you all for your effort.  
Xing

---

**From:** "Leonida,Adelwisa P" <[aleonida@mdanderson.org](mailto:aleonida@mdanderson.org)>  
**Date:** Friday, February 5, 2016 at 10:35 AM  
**To:** Zhongxing Liao <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)>  
**Cc:** "Hontiveros,Rosemarie L" <[rhontive@mdanderson.org](mailto:rhontive@mdanderson.org)>, "Erfe,Rosie D" <[rerfe@mdanderson.org](mailto:rerfe@mdanderson.org)>  
**Subject:** Re:Wi-Es# 1195025

Dr. Liao,  
We f/up with the insurance the pre-D request for PBT the medical reviewer has denied the requested services, for the reasons it does not meet the NCCN Guidelines 2016 and the Health Plan of Nevada. Would you please provide us with your availability a two time schedule for the P2P to coordinate with the insurance. I have informed the patient of the denial of proton and will start working on the appeal process. Thank you.  
Adel

**Adelwisa Leonida, BSN, RN, CCM, ACM, OCN**  
**Denials Management Coordinator**

THE UNIVERSITY OF TEXAS M. D. ANDERSON ~~CANCER~~ CENTER  
Proton Therapy Center  
1840 Old Spanish Trail  
Houston, TX 77054  
T 713- 563-9388  
F 713-563-1521  
E [aleonida@mdanderson.org](mailto:aleonida@mdanderson.org)

On 7/14/16, 9:14 AM, "Sandy Eskew" <sandyeskew@gmail.com> wrote:

Dr Liao  
Sorry we missed you. I wish they would have let us know as we could have changed our appointments.  
I'm sure by now you have seen Bill's pet scan. What are your recommendations?  
Just start on one of the two immunotherapy drugs?  
Eve was checking to see if Bill tested positive for the PD1 so he could at least use the pembrolizumab as that is just 1x every 3 weeks  
Let me know  
Thanks  
Sandy Eskew

Sent from my iPhone

> On Jul 12, 2016, at 4:21 AM, Liao,Zhongxing <[zliao@mdanderson.org](mailto:zliao@mdanderson.org)> wrote:  
>  
> Dear Mrs. Eskew:  
> Unfortunately I will not be able to see Mr. Eskew in the afternoon due to multiple prior commitments. I will follow up on the PET results. As long as dr. Ferrar

> I will let you know if there is anything that I am concerned about.  
> Regards  
> Zhongxing Liao  
>  
> Sent from my iPad  
>  
>> On Jul 11, 2016, at 21:33, Sandy Eskew <sandyeskew@gmail.com> wrote:  
>>  
>> We arrive at 1:10. We should be at the hospital by 2 ish and his pet scan is at 3. What works for you? I assume you would like to talk to him after the pet?  
>>  
>> Sent from my iPhone  
>>  
>>> On Jul 11, 2016, at 6:56 PM, Liao,Zhongxing <zliao@mdanderson.org> wrote:  
>>>  
>>> Can I talk to him on Tuesday?  
>>>  
>>> Sent from my iPhone  
>>>  
>>>> On Jul 11, 2016, at 20:22, Sandy Eskew <sandyeskew@gmail.com> wrote:  
>>>>  
>>>> Dr Liao,  
>>>> Bill is scheduled for a pet scan @3:00 on Tues July 12. We have a followup on Wed July 13 with Dr Ferrarotto. I thought we were seeing you following Dr Ferrarotto?  
>>>> Thank you  
>>>> Sandra Eskew  
>>>> The information contained in this e-mail message may be privileged, confidential, and/or protected from disclosure. This e-mail message may contain protected health information.  
>>>> The information contained in this e-mail message may be privileged, confidential, and/or protected from disclosure. This e-mail message may contain protected health information.

On 4/4/16, 5:50 PM, "Sandy Eskew" <sandyeskew@gmail.com> wrote:

Sorry for all the trouble

Sent from my iPhone

> On Apr 4, 2016, at 3:25 PM, Liao,Zhongxing <zliao@mdanderson.org> wrote:

>

> Faxed prescription did not work. We will mail the prescription

>

> -----Original Message-----

> From: Sandy Eskew [mailto:sandyeskew@gmail.com]

> Sent: Sunday, April 03, 2016 10:36 PM

> To: Liao,Zhongxing

> Subject: Re: Bill 1195025

>

> Thanks for the effort. Faxing should work Sandy

>

> Sent from my iPhone

>

>> On Apr 3, 2016, at 8:29 PM, Liao,Zhongxing <zliao@mdanderson.org> wrote:

>>

>> Unfortunately, the E prescription for triplicate only allowed inside MDACC. I will fax a hand written one and Mail the original. If he has a primary care physician, I will fax him.

>>

>>

>> Sent from my iPhone

>>

>>> On Apr 3, 2016, at 10:01 PM, Sandy Eskew <sandyeskew@gmail.com> wrote:

>>>

>>> Walmart

>>> 8060 W Tropical pkwy

>>> Las Vegas Nv. 89149

>>> Thank you

>>> Sandy

>>>

>>> Sent from my iPhone

>>>

>>>> On Apr 3, 2016, at 7:46 PM, Liao,Zhongxing <zliao@mdanderson.org> wrote:

>>>>

>>>> It turns out that I need the address of the pharmacy so I can do an E prescription via EPIC.

>>>> I called and they are closed. Do you know the address?

>>>>

>>>> Sent from my iPhone

>>>>

>>>>> On Apr 3, 2016, at 4:45 PM, Sandy Eskew <sandyeskew@gmail.com> wrote:

>>>>>

>>>>> 702-839-3625

>>>>> Thank you

>>>>>

>>>>> Sent from my iPhone

>>>>>

>>>>>> On Apr 3, 2016, at 2:34 PM, Liao,Zhongxing <zliao@mdanderson.org> wrote:

>>>>>>

>>>>>> IMRT me see how can I get the triplicate in the Walmart. Do you have the phone number?

>>>>>>

>>>>>> Sent from my iPad

>>>>>>

>>>>>>> On Apr 3, 2016, at 3:16 PM, Sandy Eskew <sandyeskew@gmail.com> wrote:

>>>>>>>

>>>>>>> He never got the loratab elixir filled because he had loratab tabs. But he can't tolerate the tabs. He did take the xyloxylin but didn't feel that helped.

>>>>>>> Can you call in a prescription for the loratab elixir to Walmart?

>>>>>>> 702-839-3625

>>>>>>> Thanks for the response on a Sunday Sandy

>>>>>>>

>>>>>>>

>>>>>>> Sent from my iPhone

>>>>>>>

>>>>>>>> On Apr 3, 2016, at 12:56 PM, Liao,Zhongxing <zliao@mdanderson.org> wrote:

>>>>>>>>

>>>>>>>> We gave him loratab elixir and xyloxylin

>>>>>>>>



---

Consults signed by Zhongxing Liao, MD at 2/11/2016 12:19 PM (continued)

---

MEDICAL HISTORY, SOCIAL HISTORY, CURRENT MEDICATIONS, FAMILY HISTORY. I have personally reviewed the information as documented.

PHYSICAL EXAMINATION:

General: Mr. Eskew is a very pleasant well-developed, well-nourished male in no apparent distress. He is accompanied to my clinic by wife. He is alert and oriented ?3 in no acute distress.

Vitals: Height 175 centimeter, weight 86.6 kilograms, temperature 36.7, pulse 83, respiration 18, blood pressure 118/61, KPS 90.

HEENT: Normocephalic, atraumatic, PERRLA, EOMI. Neck is supple, there is no JVD or thyroidomegaly. There were no palpable lymphadenopathy at bilateral cervical, supraclavicular, and his infraclavicular fossa.

Lungs: clear to auscultation without crackle, rales, or wheezing. There is no rubbing.

Heart: Regular rate and rhythm, without murmur S3-S4.

Abdomen: Soft nontender, nondistended, no organomegaly.

Extremities: No edema, clubbing, cyanosis.

Neurological system: Grossly nonfocal. Mood: Patient is quite positive symptoms without significant distress.

LABORATORY/IMAGING DATA:

PET/CT scan January 26, 2016, showed a right upper lobe spiculated hypermetabolic tumor on the outside PET/CT scan the mass measured 1.7 by 2.3 cm in and had a maximum SUV of 7.2 (image 179 of the outside study from 08/07/2015) the mass now measures 2.8 x 3.1 cm and has a maximum SUV of 8.0 (image 77 of today's study).

Lymph Nodes: There are subcarinal nodes which are somewhat more prominent than they were on the prior study. A subcarinal node on the outside study seen on image 161 had a maximum SUV of 2.0 that node is about the same size but the maximum SUV is now 5.7 (image 161 of the outside study and image 97 of the M.D. Anderson cancer Center study).

A right hilar node that is difficult to measure without contrast material employed had a maximum SUV of 2.6 that node now has a maximum SUV of 3.4, a 31% increase in metabolic activity.

Bones: There is a healed fracture of the right 3rd rib. There is a subtle focus of increased metabolism in the left femoral head (image 65 ). A subtle focus of increased metabolism is noted in the left anterior superior iliac spine (image 199) No suspicious lytic or sclerotic osseous lesions are seen on CT scanning.

Pathological: METASTATIC CARCINOMA WITH SQUAMOID FEATURES, PRIMARY SITE UNDETERMINED.

WORKING DIAGNOSIS: Stage IV non-small cell lung cancers most probably squamous cell carcinoma status post 4 cycles of couple plating and paclitaxel chemotherapy. Patient also had radiation therapy to the right humerus. He also has a possible medical history of radiation therapy to the periaortic lymph node and spleen for his low-grade lymphocytic lymphoma. There was done in 2003.

---

Progress Notes signed by Zhongxing Liao, MD at 3/1/2016 8:39 PM (continued)

---

x06  
30  
220.00 cGy  
6600.00 cGy

=====

After review, the plan was approved without dissent.

---

ZHONGXING LIAO, MD, 10145  
Dictated By: ZHONGXING LIAO, MD, 10145

D: 02/05/2016 15:02:55 T: 02/05/2016 15:02:55

Electronically Signed By: ZHONGXING LIAO, MD on 02/18/2016 09:42:29

---

Consults filed by HISTORICAL CONVERSION AUTHOR at 2/11/2016 12:19 PM

---

Author: HISTORICAL CONVERSION	Service: (none)	Author Type: (none)
AUTHOR		
Filed: 2/11/2016 12:19 PM	Encounter Date: 2/10/2016	Status: Signed
Editor: Interface, Transcription Conversion		

02/10/2016

Clinical Nutrition Outpatient Initial Assessment

Cancer Dx: Metastatic Lung

Reason for Consult: Nutrition recommendations during treatment

Treatment plan: Radiation 2/10-3/22/16

Contributing Data: Mr. Eskew is from Las Vegas; unaccompanied in clinic today. He reports having a good appetite for the most part; eating a variety of foods at this time. He checks BS daily. Weight loss prior to treatment was intentional; expressed a desire to lose more weight but understands he should not intentionally lose weight at this time. He has no concerns with N/V/D/C.

Past Medical History/Co-morbidities: Non-hodgkins lymphoma (2003), s/p radiation and currently in remission; PAD- cardiac stents X 2 (2005), heart failure (2013) s/p implanted defibrillator which was removed due to infection; DM-2.

Medications: includes glipizide, humalog, victoza, magnesium

Current and/or Usual diet: Regular (100% usual intake >1 month)

---

Consults filed by HISTORICAL CONVERSION AUTHOR at 2/11/2016 12:19 PM (continued)

---

Current Intake: B- muffin, coffee (most of the time, just 1-2 cups coffee);  
variety of protein foods (chicken, peanut butter, nuts, milk, beef); Fluids-  
Propel water, Powerade (no sugar version), water  
NKFA

Anthropometrics:

Height: 175cm

Weight: 85.2kg (2/10), -1.4kg/2weeks, 1.6%

Usual Weight (UBW): 86.6kg (1/27) (98%)

Ideal Body Weight: 72.7kg (118%)

Current Estimated Needs Per Day: based on 85kg

Kcal: 2125-2550 (25-30kcal/kg)

Protein: 85-102g/day (1-1.2g/kg)

Fluid: 2.6L/day (30mL/kg)

Plan of Care:

- Discussed nutritional needs and goals during treatment to maintain weight and lean muscle mass; although pt verbalized a desire to lose more weight, it was recommended he try to maintain weight. Provided goals for daily calorie and protein needs with written information: Adding Protein, Adding Calories.
- Discussed fluid needs and sources of fluids; goal provided. He is currently exceeding this goal.
- Provided information for foods to eat/avoid with sore throat. Sore Mouth and Throat document provided.
- Encouraged physical activity as tolerated.
- Provided Side Effects Management with Nutrition document and reviewed.
- Patient verbalized understanding of information provided and questions were answered to satisfaction.
- RD contact information provided; will follow up in weekly see clinic.

Face to Face time: 45 min.

Dictated By: DEBRA A RUZENSKY , RD,CSO,LD, 80020

D: 02/10/2016 12:46:24 T: 02/10/2016 12:46:24

Electronically Signed By: DEBRA A RUZENSKY, RD,CSO,LD on 02/10/2016 14:45:43

---

Progress Notes signed by Renata Ferrarotto, MD at 2/11/2016 12:19 PM

---

---

Progress Notes by Josephine P Santos, RN (continued)

**Patient:** William G Eskew  
**MRN:** 1195025

**Age:** 64 y.o.  
**Attending:** Dr. Liao

**Date of Visit:** March 16, 2016

**History of Present Illness:**

William G Eskew is a 64 y.o. male who presents for weekly see.

**Review of Systems**

Constitutional: Positive for appetite change (**appetite's gone since Sunday**).

Gastrointestinal: Positive for nausea and vomiting (**got up this am and started feeling nauseous and vomited**).

Skin: Positive for color change (**itching and redness**).

**Physical Exam**

---

Progress Notes by Debra A Ruzensky, RD

Author: Debra A Ruzensky, RD

Service: (none)

Author Type: Clinical Dietitian

Filed: 3/16/2016 9:49 AM

Encounter Date: 3/16/2016

Status: Signed

Editor: Debra A Ruzensky, RD (Clinical Dietitian)

**Clinical Nutrition Outpatient Follow-Up Assessment**

**Patient:** William G Eskew  
**MRN:** 1195025  
**Date:** March 16, 2016

**Age:** 64 y.o.  
**Gender:** male

**Face to Face Time:** 15

**Cancer Diagnosis:** Metastatic Lung

**Current Treatment:** Radiation 2/10-3/22/16 and chemotherapy (carboplatin/paclitaxel)

**Contributing Data:**

Patient reports nutritional concerns related to difficulty/impaired swallowing, painful swallowing, reflux. He states it feels as though food is not going past his esophagus (but it is) and he experiences lots of belching after eating or drinking. This morning after drinking water he vomited. BS was 221 this morning. He reports no pain in his mouth or upper throat area.

**Medications:** includes xyloxin, carafate, glipizide, humalog, victoza

**Current Diet & Diet Hx:**

Patient follows a diabetic diet. Pt typically consumes other (see comment) (minimal intake in past day due to swallowing difficulty) meal(s).

<50% of usual intake over 1 week.

**Anthropometrics:**

Current Height: **175cm**

Current Weight: **81.4kg**



---

Progress Notes signed by Lauren Colbert, MD at 3/23/2016 10:53 AM  
Also signed by Zhongxing Liao, MD at 3/23/2016 11:08 AM (continued)

---

- Vomiting Grade: 1

Summary of objective toxicities:

- Dermatitis Grade: 1

Major Side Effects: none/no additional

Pain Management Plan: currently prescribed analgesics

Response to Treatment: N/A

Follow-Up Plan: The patient will be scheduled to return for a follow up visit in 1 month.

The following imaging was ordered for the next follow up visit: PET/CT.

---

**Progress Notes by Kathy L Prichard, RN**

Author: Kathy L Prichard, RN

Service: (none)

Author Type: Registered Nurse

Filed: 5/4/2016 10:15 AM

Date of Service: 5/4/2016 10:07 AM

Status: Signed

Editor: Kathy L Prichard, RN (Registered Nurse)

Cosigner: Terence Sio, MD at  
5/6/2016 5:57 AM

**Nursing Note**

**Patient:** William G Eskew

**Age:** 64 y.o.

**MRN:** 1195025

**Attending:** Zhongxing Liao, MD

**Date of Visit:** May 4, 2016

**History of Present Illness:**

William G Eskew is a 64 y.o. male who presents here for follow up exam and test results.

**Review of Systems**

**Constitutional:** Positive for unexpected weight change.

**He has had a 30 lbs weight loss after completing treatment and going home. He was in the hospital at home post treatment.**

**HENT:** Positive for trouble swallowing.

**He continues to have trouble swallowing but has been seeing improvement.**

**Respiratory:** Positive for cough and shortness of breath.

**He does continue to have a cough and shortness of breath due to loss in his muscle.**

**Musculoskeletal:** Positive for gait problem.

**He has developed drop foot to left foot due to decreased muscle tone and severe weight loss. He had a fall about 2 weeks ago when he tripped and fell. He does go to physical therapy. He has a brother that is a coach that is going to work with him on building up his strength.**

**Neurological:** Positive for headaches.

**He has periodic headaches and associates these mostly to caffeine.**

Medication Detail

<b>HYDROcodone-acetaminophen (LORTAB ELIXIR)</b> <b>10-300 mg/15 mL solution</b>	Disp 946 mL	Refills 0	Start 4/3/2016	End 5/3/2016
---	----------------	--------------	-------------------	-----------------

Sig - Route: Take 15-30 mL by mouth every 6 (six) hours as needed for moderate pain (Take one to two tablespoonful by mouth every 6 hours as needed for pain in swallow due to esophagitis) for up to 30 days. - oral  
Class: Print

Associated Diagnoses

**Adenocarcinoma of upper lobe of lung - Primary**

Medication

**sodium chloride (NS) 0.9% injection flush**  
**20 mL**

Order Information

Date 5/3/2016	Department PET Imaging
------------------	---------------------------

Order Providers

Authorizing Renata Ferrarotto	Encounter MAYS PET INJECTION AREA	Billing Renata Ferrarotto
----------------------------------	--------------------------------------	------------------------------

Medication Detail

<b>sodium chloride (NS) 0.9% injection flush 20 mL</b>	Disp	Refills	Start 5/3/2016	End
--	------	---------	-------------------	-----

Sig - Route: Infuse 20 mL intravenously as needed for line care. - intravenous  
Class: Normal

Medication

**sodium chloride (NS) 0.9% injection flush**  
**30 mL**

Order Information

Date 7/12/2016	Department PET Imaging
-------------------	---------------------------

Order Providers

Authorizing Renata Ferrarotto	Encounter MAYS PETCT B	Billing Renata Ferrarotto
----------------------------------	---------------------------	------------------------------

Medication Detail

<b>sodium chloride (NS) 0.9% injection flush 30 mL</b>	Disp	Refills	Start 7/12/2016	End 7/12/2016
--	------	---------	--------------------	------------------

Sig - Route: Infuse 30 mL intravenously once. - intravenous  
Class: Normal

All Meds and Administrations

(There are no med orders for this encounter)

All Meds and Administrations

**MEDICAL ONCOLOGISTS**

Fadi S. Braitch, M.D.  
 Stephani Christensen, M.D.  
 Khoi Dao, M.D.  
 Muhammad Ghani, M.D.  
 Oscar Goodman, M.D.  
 Vikas Gupta, M.D.  
 Regan Holdridge, M.D.  
 Henry Igid, M.D.  
 Karen S. Jacks, M.D.  
 Clark Jean, M.D.  
 G. H. Kashef, M.D.  
 Dhan Kaushal, M.D.  
 Holavanahalli S. Keshava Prasad, M.D.  
 Edwin C. Kingsley, M.D.  
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 Gregory Obara, M.D.  
 Rupesh J. Parikh, M.D.  
 Ram Ratnasabapathy, M.D.  
 Wolfram Samlowski, M.D., FACP  
 Hamidreza Sanatini, M.D.  
 James D. Sanchez, M.D.  
 Anu Thummala, M.D.  
 Restituto Tibayan, M.D.  
 Brian Vicuna, M.D.  
 Nicholas J. Vogelzang, M.D., FASCO, FACP  
 Katelyne Atijera MSN, APRN, FNP-BC  
 Barbara Caldwell, MSN, APRN  
 Hannah Furney, MSN, APRN, AGNP-C, AOCNP  
 Chris Gabler, PA-C  
 Samiyah Hoodbhoy, PA-C  
 Shelley S. Miles, MSN, APRN, FNP-BC, AOCNP  
 Dulce Novakovic, MSN, BSBA, APRN, FNP-C  
 Shannon Southwick MSN, APRN, FNP-C, AOCNP



## COMPREHENSIVE CANCER CENTERS OF NEVADA

**RADIATION ONCOLOGISTS**

Michael J. Anderson, M.D.  
 Andrew M. Cohen, M.D.  
 Dan L. Curtis, M.D.  
 Parzaneh Farzin, M.D.  
 Samuel Francis, M.D.  
 Raul T. Meoz, M.D., FACR  
 Matthew Schwartz, M.D.  
 Michael T. Sinopoli, M.D.  
 W. Andrew Wang, M.D.  
 Pam O'Neil, MSN, NP-C, AOCNP, APNP

**BREAST SURGEONS**

Souzan El-Eid, M.D., FACS  
 M. Ferra Lin-Duffy, D.O.  
 Rachel Shirley, D.O.  
 Josette E. Spotts, M.D., FACS  
 Margaret A. Terhar, M.D., FACS

**Pulmonology**

Sapna Bhatia, M.D.  
 Nisarg Changawala, M.D., MPH  
 John (Jack) Collier, M.D., FCCP, DABSM  
 James S. J. Hsu, M.D., FCCP, DABSM  
 Ralph M. Nietrzeba, M.D., FCCP, FACP  
 George S. Tu, M.D., FCCP, DABSM  
 John J. Wojcik, M.D., FCCP, DABSM  
 Katie Cupp, MSN, APRN, FNP-C  
 Vida Kim, MSN, APRN, FNP-BC  
 Lorraine Kossol, MSN, APRN, FNP-BC  
 Chin H. Oh-Ciernick, APRN, FNP-C  
 Lisa Reiter, MSN, APRN, FNP-BC  
 Dawn Willard, MSN, APRN, FNP-BC

**Patient: WILLIAM G. ESKEW****MRN: 864260****Location: Northwest****Date: 05/12/2016****DOB: 10/03/1951****Attending Physician: Clark S. Jean MD****PRESENT STATUS:**

Mr. William Eskew is here today for a follow-up. Overall, he notes fatigue. He denies any chest pain. Denies any headache. Denies any dizziness. Denies any nausea. He had a PET scan done at MD Anderson on May 4. The radiologist states that the primary malignancy in the right upper lobe has decreased in size and metabolic activity. There is a new focal thickening of the left adrenal gland with FDG uptake of 6.4. There is also an area of focal uptake in the left humeral head and left iliac bone. Left iliac bone had an SUV of 2.8, which is an improvement. In the left humeral head 4.2. He does have episodes of vomiting. He denies any nausea. He states he has a desire to eat, but does not eat a lot. He has continued to lose weight. He denies any diarrhea. Denies any constipation.

**REVIEW OF SYSTEMS:****GENERAL: Weight loss.****LOCATIONS**

3730 S Eastern Ave  
 Las Vegas, NV 89169  
 Ph 702-952-3400 • F 702-952-3460

3006 S Maryland Pkwy # 270  
 Las Vegas, NV 89109  
 Ph 702-369-6008 • F 702-696-0057

1485 W. Warm Springs Road, Ste 105  
 Henderson, NV 89014  
 Ph 702-890-8360 • F 702-990-6363

10001 S Eastern Ave, Ste 108  
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 Ph 702-952-3444 • F 702-952-3494

1505 Wigwam Pkwy. Ste 130  
 Henderson, NV 89074  
 Ph 702-856-1400 • F 702-856-1401

655 N. Town Center Drive  
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 Ph 702-233-2200

9280 W Sunset Rd, Ste 100  
 Las Vegas, NV 89148  
 Ph 702-952-1251 • F 702-952-1241

999 S Adams, Ste 103  
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 Ph 702-293-0357 • F 702-294-1243

653 N. Town Center Drive, Ste 402  
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7445 Peak Drive  
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05/12/2016

Clark S. Jean MD

RE: WILLIAM ESKEW, DOB: 10/03/1951

HEAD/NECK: Negative.  
RESPIRATORY: Negative.  
CARDIOVASCULAR: Negative.  
GI: Episodes of vomiting.  
GU: Negative.  
MUSCULOSKELETAL: Negative.  
NEUROLOGIC: Foot drop.  
ENDOCRINE: Negative.  
PSYCHIATRIC: Negative.

**PHYSICAL EXAMINATION:**

VITAL SIGNS: BP 99/66; P 116; R 16; T 98.2.  
GENERAL: This is a pleasant man in no acute distress.  
HEENT: Pupils are equal and reactive to light. Anicteric. Oropharynx is clear.  
LUNGS: Lungs are clear.  
CARDIAC: Heart is regular.  
ABDOMEN: The abdomen is soft and nontender.  
EXTREMITIES: No clubbing; no cyanosis; no edema.  
NEUROLOGIC: Nonfocal.  
SKIN: No rash. No jaundice.

**LABORATORY:**

WBC 4,300, HGB 12.2, PLT 287,000.

**IMPRESSION:**

1. POORLY DIFFERENTIATED CARCINOMA WITH FEATURES FAVORING SQUAMOUS CELL CARCINOMA, FAVOR LUNG PRIMARY. PATIENT WITH PRIOR HISTORY OF TOBACCO USE. HE HAS PATHOLOGIC FRACTURE IN THE RIGHT ELBOW, STATUS POST RADIATION. STATUS POST SIX CYCLES OF CARBOPLATIN AND TAXOL.

**PLAN:**

1. He was on radiation plus concurrent carboplatin and Taxol at MD Anderson, completed.
2. Due to his deconditioning, ECOG score of approximately 2, the wife will set up physical and occupation therapy. He has a left foot drop.
3. I will refer him to neurology for evaluation for the foot drop.
4. I will start him on Marinol for his appetite.
5. I will order x-ray of the left shoulder to exclude a lytic lesion. If present, he will need radiation at that site.
6. He will need repeat CT/PET scan in three months. If there is further progression he will consider treatment with Opdivo/Keytruda.

CLARK S. JEAN, M.D.

CSJ/em

dd: 5-12-16

dt: 5-13-16.

**Non-small cell lung cancer****Date of Diagnosis: 7/2015****Line of therapy: 1st line.****Histology: squamous cell carcinoma.****Hypomagnesemia****Health Maintenance**

Preventive care &amp; screening.

Tobacco history: former smoker, 30 pack years.

Page 3 of 4  
 05/12/2016  
 Clark S. Jean MD  
 RE: WILLIAM ESKEW, DOB: 10/03/1951

Pneumonia vaccine status: yes.

#### Vital signs

height: 70 in (178 cm), weight: 153 lbs (69 kg), blood pressure: 99/66, Cuff size: wrist, pulse: 116 bpm, respiration: 16 rpm, temperature: 98.2 deg F (36.8 deg C), O2 Sat: 98 %, at rest, pain scale (0-10), Current: 3, r-arm, body mass index (BMI): 21.95 kg/m2, Normal weight.

#### Laboratory

**CBC:** WBC: 4.3. RBC: 4.22. HGB: 12.2. HCT: 38.8. MCV: 92. MCH: 29. MCHC: 31.40. RDW: 15.60. PLT: 287. Neu %: 67. LY %: 20. MO %: 9. EO %: 3. BA %: 1. Neu # (ANC): 2.9. LY #: 0.87.

**Manual differential:** Hypochromasia: 3+.

**Chemistries:** Glucose: 396 Critical Value Verified x 2. BUN: 13. Creatinine: 0.9. Sodium: 139. Potassium: 5.1. Chloride: 105. CO2: 26. Calcium: 9.1. Albumin: 3.9. Total protein: 7.0. Globulin: 3.10. A/G ratio: 1.3. Bilirubin, total: 0.5. Alkaline phosphatase: 106. SGOT/AST: 15. SGPT/ALT: 15. Magnesium, mg/dL: 1.8. GFR estimate: 95. GFR African American, estimated: 115.

**Tumor markers:** CEA: 4.2.

#### Procedures

X-ray reports (scanned): (Amended) Electronic file attached  
 Comment: SDMI: XR Left Shoulder.

#### Current Medications

Aldactone, po solid (spironolactone): Outside Rx: 25 mg Tablet Take 1 PO daily.  
 Amiodarone hcl, po solid: Outside Rx: 200 mg Tablet Take 2 PO daily.  
 Aspirin, po solid: Outside Rx: 81 mg Tablet, delayed release (enteric coated) Take 1 Tablet(s) PO daily.  
 Carvedilol, po solid: Outside Rx: 6.25 mg Tablet Take 0.5 PO BID.  
 Fenofibrate, po solid (fenofibrate, micronized): Outside Rx: 200 mg Capsule Take 1 PO as directed.  
 Glipizide, po solid: Outside Rx: 5 mg Tablet Take 1 PO daily.  
 Humalog, inj (insulin lispro): Outside Rx: 3 U as directed sub-Q.  
 Insulin aspart, inj: Outside Rx: 10 U as directed sub-Q.  
 Lipitor, po solid (atorvastatin calcium): Outside Rx: 40 mg Tablet Take 1 PO daily.  
 Lortab, po liq (hydrocodone/acetaminophen): 10-300/15 Solution, oral Take 15 mL PO Q8H.  
 Magic mouthwash [Visc Lidocaine/Nystatin susp/Benadryl Elix], po liq: Mouthwash Take 10 mL Swish and Swallow Q6H PRN pain.  
 Magnesium chloride, po solid: Outside Rx: 64 mg Tablet, delayed release (enteric coated) Take 1 Tablet(s), enteric coated PO as directed.  
 Victoza 2-pak, inj (liraglutide): Outside Rx: 0.6 mg as directed sub-Q.  
 Vitamin d, po solid (cholecalciferol (vitamin d3)): Outside Rx: 400 unit Tablet Take 1 PO daily.  
 Zofran, po solid (ondansetron hcl): 8 mg Tablet Take 1 PO Q8H PRN nausea, Date started: 8/20/2015.

#### Allergies & Adverse Reactions

NKA.

#### Problem List

Lung Cancer, Non small cell  
 Hypomagnesemia  
 Bone metastasis  
 Fatigue  
 Weakness

#### New Orders

- Marinol, po solid (dronabinol): 10 mg Capsule Take 1 PO BID Dispense: 60.
- Schedule for: Prior to next visit, Print on Rx., Instructions/Comments: dr Lydia estanislao for foot drop.
- Schedule for: 1 week, Print on Rx., Instructions/Comments: dr tousif pasha for egd for vomiting.
- Xray: Today, Print on Rx., Instructions/Comments: xray of left shoulder r/o lytic lesion.
- RTC MD: 3 weeks, Print on Rx.

Page 4 of 4  
05/12/2016  
Clark S. Jean MD  
RE:WILLIAM ESKEW, DOB:10/03/1951

**Electronic signature:** visit reviewed and electronically signed.

Clark S. Jean MD

Send copy of note to: 1-Robert Whipple, MD  
2-Jeffrey Gitlin, MD  
3-Vincent Yang, MD.

**MEDICAL ONCOLOGISTS**

Fadi S. Braitch, M.D.  
 Stephani Christensen, M.D.  
 Khoi Dao, M.D.  
 Muhammad Ghani, M.D.  
 Oscar Goodman, M.D.  
 Vikas Gupta, M.D.  
 Regan Holdridge, M.D.  
 Henry Igid, M.D.  
 Karen S. Jacks, M.D.  
 Clark Jean, M.D.  
 G. H. Kashef, M.D.  
 Dhan Kaushal, M.D.  
 Holavanahalli S. Keshava Prasad, M.D.  
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 Gregory Obara, M.D.  
 Rupesh J. Parikh, M.D.  
 Ram Ratnasabapathy, M.D.  
 Wolfram Samlowski, M.D., FACP  
 Ilamdreza Sanatinia, M.D.  
 James D. Sanchez, M.D.  
 Anu Thummala, M.D.  
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 Barbara Caldwell, MSN, APRN  
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 Chris Gabler, PA-C  
 Samiyah Hoodbhoy, PA-C  
 Shelley S. Miles, MSN, APRN, FNP-BC, AOCNP  
 Dulce Novakovic, MSN, BSBA, APRN, FNP-C  
 Shannon Southwick MSN, APRN, FNP-C, AOCNP



# COMPREHENSIVE CANCER CENTERS OF NEVADA

**RADIATION ONCOLOGISTS**

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 Andrew M. Cohen, M.D.  
 Dan L. Curtis, M.D.  
 Farzaneh Farzin, M.D.  
 Samuel Francis, M.D.  
 Raul T. Meoz, M.D., FACR  
 Matthew Schwartz, M.D.  
 Michael T. Sinopoli, M.D.  
 W. Andrew Wang, M.D.  
 Pam O'Neil, MSN, NP-C, AOCNP, APNP

**BREAST SURGEONS**

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 M. Ferra Lin-Duffy, D.O.  
 Rachel Shirley, D.O.  
 Josette F. Spotts, M.D., FACS  
 Margaret A. Terhar, M.D., FACS

**Pulmonology**

Sapna Bhatia, M.D.  
 Nisarg Changuwala, M.D., MPH  
 John (Jack) Collier, M.D., FCCP, DABSM  
 James S. J. Hsu, M.D., FCCP, DABSM  
 Ralph M. Nictzeba, M.D., FCCP, FACP  
 George S. Tu, M.D., FCCP, DABSM  
 John J. Wojcik, M.D., FCCP, DABSM  
 Katie Cupp, MSN, APRN, FNP-C  
 Vida Kim, MSN, APRN, FNP-BC  
 Lorraine Kossol, MSN, APRN, FNP-BC  
 Chin H. Oh-Ciernick, APRN, FNP-C  
 Lisa Reiter, MSN, APRN, FNP-BC  
 Dawn Willard, MSN, APRN, FNP-BC

**Patient: WILLIAM G. ESKEW****MRN: 864260****Location: Northwest****Date: 04/11/2018****DOB: 10/03/1951****Attending Physician: Clark S. Jean MD****PRESENT STATUS:**

Mr. William Eskew is here today for a follow-up. He complains of fatigue. He has been receiving physical therapy for the right arm but complains of leg weakness. He also notes foot drop in the left foot. He recently completed radiation and concurrent chemotherapy at M.D. Anderson. He was hospitalized recently at Summerlin Hospital with tachycardia. He has an AICD in place. He denies any shortness of breath. Denies any headaches. Denies any dizziness. He is accompanied by his wife.

**REVIEW OF SYSTEMS:****GENERAL:** Negative.**HEAD/NECK:** Negative.**RESPIRATORY:** Negative.**CARDIOVASCULAR:** Recent tachycardia with AICD placement.**LOCATIONS**

3730 S Eastern Ave  
 Las Vegas, NV 89169  
 Ph 702-952-3400 • F 702-952-3460

3006 S Maryland Pkwy # 270  
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04/11/2016

Clark S. Jean MD

RE:WILLIAMESKEW, DOB:10/03/1951

GI: Negative.  
GU: Negative.  
MUSCULOSKELETAL: Negative.  
NEUROLOGIC: Leg weakness.  
ENDOCRINE: Negative.  
PSYCHIATRIC: Negative.

**PHYSICAL EXAMINATION:**

VITAL SIGNS: BP 113/68; P 116; R 16; T 98.1.

GENERAL: This is a pleasant man in no acute distress.

HEENT: Pupils are equal and reactive to light. Anicteric. Oropharynx is clear.

LUNGS: Lungs are clear.

CARDIAC: Heart is regular.

ABDOMEN: The abdomen is soft and nontender.

EXTREMITIES: No clubbing; no cyanosis; no edema. The patient has foot drop in the left foot. He is able to evert and invert.

**LABORATORY:**

WBC 4.5, HGB 12.1, PLT 225,000.

**IMPRESSION:**

1. POORLY DIFFERENTIATED CARCINOMA WITH FEATURES FAVORING SQUAMOUS CELL CARCINOMA, FAVOR LUNG PRIMARY. PATIENT WITH PRIOR HISTORY OF TOBACCO USE. HE HAS PATHOLOGIC FRACTURE IN THE RIGHT ELBOW, STATUS POST RADIATION. STATUS POST SIX CYCLES OF CARBOPLATIN AND TAXOL.

**PLAN:**

1. Status post radiation and concurrent chemotherapy with carboplatin and Taxol at M.D. Anderson. I will obtain the records.
2. He had MRI of the brain done recently at M.D. Anderson that was reportedly negative. I will order MRI of the lumbar spine for the foot drop and send him to physical therapy for further evaluation and treatment.
3. He will return to see me in one month.
4. The patient will return to M.D. Anderson in a few weeks for restaging PET scan.

CLARK S. JEAN, M.D.

CSJ/em

dd: 4-11-16

dt: 4-11-16.

**Non-small cell lung cancer**

**Date of Diagnosis: 7/2015**

**Line of therapy: 1st line.**

**Histology: squamous cell carcinoma.**

**Hypomagnesemia**

**Health Maintenance**

Preventive care & screening.

Tobacco history: former smoker, 30 pack years.

Pneumonia vaccine status: yes.

**Vital signs**

height: 70 in (178 cm), weight: 166 lbs (75 kg), blood pressure: 113/68, Cuff size: wrist, pulse: 116 bpm, respiration: 16 rpm, temperature: 99.1 deg F (37.3 deg C), O2 Sat: 98 %, at rest, pain scale (0-10), Current: 6, r arm, body mass index



Page 3 of 4  
04/11/2016  
Clark S. Jean MD  
RE: WILLIAM ESKEW, DOB: 10/03/1951

(BMI): 23.82 kg/m2, Normal weight.

#### Laboratory

**CBC:** WBC: 4.5. RBC: 4.06. HGB: 12.1. HCT: 37.4. MCV: 92. MCH: 30. MCHC: 32.30. RDW: 18.00. PLT: 225. Neu %: 70. LY %: 21. MO %: 8. EO %: 1. BA %: 1. Neu # (ANC): 3.2. LY #: 0.97.

**Manual differential:** Macrocytosis: 1+. Anisocytosis (size): 1+. Hypochromasia: 3+.

**Chemistries:** Glucose: 312 Critical Value Verified x 2. BUN: 11. Creatinine: 0.8. Sodium: 142. Potassium: 4.6. Chloride: 104. CO2: 24. Calcium: 9.4. Albumin: 4.0. Total protein: 6.7. Globulin: 2.70. A/G ratio: 1.5. Bilirubin, total: 0.8. Alkaline phosphatase: 88. SGOT/AST: 51. SGPT/ALT: 62. GFR estimate: 108. GFR African American, estimated: 131.

**Tumor markers:** CEA: 4.1.

#### Current Medications

Aldactone, po solid (spironolactone): Outside Rx: 25 mg Tablet Take 1 PO daily.

Amiodarone hcl, po solid: Outside Rx: 200 mg Tablet Take 2 PO daily.

Aspirin, po solid: Outside Rx: 81 mg Tablet, delayed release (enteric coated) Take 1 Tablet(s) PO daily.

Carvedilol, po solid: Outside Rx: 6.25 mg Tablet Take 0.5 PO BID.

Fenofibrate, po solid (fenofibrate, micronized): Outside Rx: 200 mg Capsule Take 1 PO as directed.

Glipizide, po solid: Outside Rx: 5 mg Tablet Take 1 PO daily.

Humalog, inj (insulin lispro): Outside Rx: 3 U as directed sub-Q.

Insulin aspart, inj: Outside Rx: 10 U as directed sub-Q.

Lipitor, po solid (atorvastatin calcium): Outside Rx: 40 mg Tablet Take 1 PO daily.

Magnesium chloride, po solid: Outside Rx: 64 mg Tablet, delayed release (enteric coated) Take 1 Tablet(s), enteric coated PO as directed.

Victoza 2-pak, inj (liraglutide): Outside Rx: 0.6 mg as directed sub-Q.

Vitamin d, po solid (cholecalciferol (vitamin d3)): Outside Rx: 400 unit Tablet Take 1 PO daily.

Zofran, po solid (ondansetron hcl): 8 mg Tablet Take 1 PO Q8H PRN nausea, Date started: 8/20/2015.

#### Allergies & Adverse Reactions

NKA.

#### Problem List

Lung Cancer, Non small cell  
Hypomagnesemia  
Bone metastasis  
Fatigue  
Weakness

#### New Orders

- Physical Therapy Eval/Tx: (Amended) Schedule at patient's convenience, Print on Rx., Instructions/Comments: EVAL & TX, v.o. Clark S. Jean MD.
- Magic mouthwash [Visc Lidocaine/Nystatin susp/Benadryl Elix], po liq: Mouthwash Take 10 mL Swish and Swallow Q6H PRN pain Dispense: 180 mL, Refills: 1, Walmart Pharmacy 2884, 8060 WEST TROPICAL PKWY, LAS VEGAS, NV 89149, Ph: 7028393625, eRx ID: 8dbb4991-149d-453b-918f-d794ecde5511, Delivered.
- Lortab, po liq (hydrocodone/acetaminophen): 10-300/15 Solution, oral Take 15 mL PO Q8H Dispense: 240 mL.
- MRI lumbar spine w/o contrast: Within 1 week, Print on Rx., Instructions/Comments: leg weakness.
- RTC MD: 1 month, Print on Rx.
- Magnesium: Today, On return, Print on Rx.
- CEA, CBC w/ auto diff, CMP: On return, Print on Rx.

**Electronic signature:** visit reviewed and electronically signed.

Clark S. Jean MD

Page 4 of 4  
04/11/2016  
Clark S. Jean MD  
RE: WILLIAM ESKEW, DOB: 10/03/1951

Send copy of note to: 1-Robert Whipple, MD  
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3-Vincent Yang, MD.

**MEDICAL ONCOLOGISTS**

Fadi S. Braitch, M.D.  
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 Brian Vicuna, M.D.  
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 Hannah Furney, MSN, APRN, AGNP-C, AOCNP  
 Chris Gabler, PA-C  
 Suniyah Hoodbhoy, PA-C  
 Shelley S. Miles, MSN, APRN, FNP-BC, AOCNP  
 Dulce Novakovic, MSN, BSBA, APRN, FNP-C  
 Shannon Southwick MSN, APRN, FNP-C, AOCNP



## COMPREHENSIVE CANCER CENTERS OF NEVADA

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 James S. J. Hsu, M.D., FCCP, DABSM  
 Ralph M. Nietrzeba, M.D., FCCP, FACP  
 George S. Tu, M.D., FCCP, DABSM  
 John J. Wojcik, M.D., FCCP, DABSM  
 Katie Cupp, MSN, APRN, FNP-C  
 Vida Kim, MSN, APRN, FNP-BC  
 Lorraine Kossol, MSN, APRN, FNP-BC  
 Chin H. Oh-Ciernick, APRN, FNP-C  
 Lisa Reiter, MSN, APRN, FNP-BC  
 Dawn Willard, MSN, APRN, FNP-BC

**Patient: WILLIAM G. ESKEW****MRN: 864260****Location: Northwest****Date: 02/04/2016****DOB: 10/03/1951****Attending Physician: Clark S. Jean MD****PRESENT STATUS:**

Mr. William Eskew is here today for follow-up. He was seen at M.D. Anderson. He is receiving care at their facility. He is awaiting treatment with proton beam therapy to his lung as well as concurrent chemotherapy.

He had restaging CT/PET scan on January 26, 2016. Overall, there appears to be some progressive disease in the primary right upper lobe malignancy and the subcarinal and right hilar node metastases. The bone findings appear to be relatively stable.

He denies any headaches. Denies any chest pain. Denies any dizziness. Denies any nausea.

**REVIEW OF SYSTEMS:**

**GENERAL: Negative.**

**LOCATIONS**

3730 S Eastern Ave  
 Las Vegas, NV 89169  
 Ph 702-952-3400 • F 702-952-3460

3006 S Maryland Pkwy # 270  
 Las Vegas, NV 89109  
 Ph 702-369-6008 • F 702-696-0057

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02/04/2016  
Clark S. Jean MD  
RE:WILLIAM ESKEW, DOB:10/03/1951

HEAD/NECK: Negative.  
RESPIRATORY: Negative.  
CARDIOVASCULAR: Negative.  
GI: Negative.  
GU: Negative.  
MUSCULOSKELETAL: Negative.  
NEUROLOGIC: Negative.  
ENDOCRINE: Negative.  
PSYCHIATRIC: Negative.

**PHYSICAL EXAMINATION:**

VITAL SIGNS: BP 112/76, P 104, R 16, T 99.6.  
GENERAL: This is a pleasant man in no acute distress.  
HEENT: Pupils are equal and reactive to light. Oropharynx is clear.  
LUNGS: Lungs are clear.  
CARDIAC: Heart is regular.  
ABDOMEN: The abdomen is soft and nontender.  
EXTREMITIES: No clubbing; no cyanosis; no edema.  
NEUROLOGIC: Nonfocal.  
SKIN: No rash. No jaundice.  
PSYCHE: Patient with normal affect. No dysphoria.

**IMPRESSION:**

1. POORLY DIFFERENTIATED CARCINOMA WITH FEATURES FAVORING SQUAMOUS CELL CARCINOMA, FAVOR LUNG PRIMARY. PATIENT WITH PRIOR HISTORY OF TOBACCO USE. HE HAS PATHOLOGIC FRACTURE IN THE RIGHT ELBOW, STATUS POST RADIATION. STATUS POST SIX CYCLES OF CARBOPLATIN AND TAXOL.

**PLAN:**

1. He will undergo proton beam therapy as well as radiation at M. D. Anderson. I will obtain the records. He will be at M. D. Anderson for approximately six weeks.
2. He will return to see me in approximately two months. Clinically, he feels better.

CLARK S. JEAN, M.D.  
CSJ/nc  
dd: 02-04-16  
dt: 02-08-16.

**Non-small cell lung cancer**  
**Date of Diagnosis: 7/2015**  
**Line of therapy: 1st line.**

**Histology: squamous cell carcinoma.**

**Hypomagnesemia**

**Health Maintenance**

Preventive care & screening.  
Tobacco history: former smoker, 30 pack years.  
Pneumonia vaccine status: yes.

**Vital signs**

height: 70 in (178 cm), weight: 189 lbs (86 kg), blood pressure: 112/76, Cuff size: wrist, pulse: 104 bpm, respiration: 16 rpm, temperature: 99.6 deg F (37.6 deg C), O2 Sat: 96 %, at rest, pain scale (0-10), Current: 0, body mass index (BMI): 27.12 kg/m2, Overweight.