

## **Stomach Symptoms Not responsive to Tagamet and Further Delay in Diagnosing Stomach Cancer, Causing Loss of Chance of Survival.**

Eight years earlier, the patient was treated for a malignant thymus gland condition causing myasthenia gravis. He underwent surgery and radiation therapy and was successfully treated. He did receive follow up care, and this was all appropriate medical therapy.

According to your cover letter and the records, on March he sought care by Dr. #1 because he had stomach pains and a 25-lb. weight loss. The patient was prescribed Tagamet for pain, which he took for two weeks and had no relief. Since the patient had progressive symptoms, including vomiting, and although the blood test was positive for hepatitis A antibody, the other liver function studies would not support a serious case of hepatitis. There was no jaundice and most of the liver enzymes were normal. In my opinion, the patient should have been seen without further delay and should have had an upper GI x-ray study ordered and performed.

In essence, within 3-4 weeks after having first seen Dr. #1, having not responded to Tagamet, and with significant weight loss and persistence of symptoms, the upper GI x-ray would have confirmed the presence of a tumor in the stomach.

Although the ultrasound study is appropriate to order, it is only significant if positive. It was negative for gallstones or gallbladder disease and found no other abnormalities involving that area of the abdomen. Possibly, it was misinterpreted by the radiologist, Dr. #2. He describes the liver as normal in appearance. At that time, this would be evidence against the tumor invading into the left lobe of the liver, or into the adjacent pancreas gland. He describes no gross abnormality of the pancreatic bed or spleen. This was on April.

On April 2 in the office records of Dr. #1, is a note for a GI consult with a doctor whose last name appears to be #2, and the note shows that the patient did not see that physician. Why didn't this occur?

Dr. #1 had a duty to either order the upper GI x-ray study, or have the patient referred to a specialist which, in this case, would be a gastroenterologist. That is what his note does reflect. This issue needs to be clarified. And why didn't Dr. #1 then order the GI x-ray study himself?

Because the patient's condition did not improve and he in fact did worsen, he returned to care under his original treating physician, Dr. #3, and he referred the patient to Dr. #4. By that time, the patient had lost 40 lb. Dr. #4 and Dr. #5 did further evaluations on the patient, including a CAT scan on July 10, at the same radiology facility. This found "a large infiltrating mass involving the gastric antral wall extending towards the duodenal sweep (the first part of the small intestine). The posterior aspect of the thickened stomach wall is inseparable from the pancreatic contour. Rule out gastric neoplasm versus severe inflammation from peptic ulcer disease." Also, enlarged lymph nodes were found in that area.

On July 26 Dr. #5 performed an endoscopy procedure (passing a light telescopic tube down the mouth into the stomach), and found a "large ulcerated mass occupying entire region of antrum (the bottom portion of the stomach) from 55 centimeters from incisors (teeth downward, as measured) to the pylorus (the sphincter muscle between the stomach and the duodenum) displacing pylorus, obvious gastric neoplasm (cancer)." A biopsy revealed the presence of malignancy that looked like adenocarcinoma. A surgical consultation was requested and performed.

On August 6 at the Hospital #1 the patient underwent exploratory surgery and a partial gastrectomy. The cancer was invading the pancreas and the left lobe of the liver, and the surgeon

felt he would be able to remove that tumor. Thereafter, the small intestine was sutured back to the remaining stomach for intestinal continuity. To proceed with that surgery at the time was a judgement call, and is acceptable in my opinion.

The pathologist found the cancer and noted microscopically that this was "a lymphoma of mucosa - associated lymphoid tissue (MALT type)." This was a high-grade transformation that also involved the lymph nodes surrounding the stomach.

This is a rare type of cancer that begins in a stomach ulcer and is associated with the Helicobacter germ. When found early, it responds very well to antibiotic therapy for this germ as a cause of an ulcer. However, as time passes, the tumor transforms into a more malignant grade, as occurred here. That resulted in the huge stomach mass that invaded into the liver and pancreas and spread to the adjacent lymph nodes.

When detected early, treatment with antibiotic therapy and low-dose radiation therapy (which is less toxic to the body) has a very high cure rate. I discussed this case with a radiation oncologist, and recent articles reveal that up to a 99% cure rate is attainable when this tumor is detected early.

However, by the time the patient was operated upon, this tumor had progressed to a more advanced state and, despite subsequent treatment with chemotherapy and radiation therapy, the tumor did progress as noted on the follow up MRI scans and the patient died five month later. He developed fluid in the chest that was drained, and complications from the original surgery that were appropriately treated.

Although the expert I spoke with is willing to review the records and testify, there are a number of problems with this case. First of all, by the time the patient saw Dr. #1, he had a 25-lb. weight loss and it is acceptable for a physician to assume the patient had an ulcer based upon his symptoms and treat with an anti-acid type medication, such as Tagamet. This therapy is usually given for two weeks, and even up to a month in time. If that medication does not relieve the symptoms, then further investigative studies are performed, either by that physician or by referral. This would include an upper GI x-ray study, and this generally would take another week or so in scheduling by the treating physician or, if a referral takes place, there can be an additional week or two delay.

Therefore, even under the best of circumstances, the patient would not have had the upper GI series x-ray and report back to the doctor until within about a month of reporting to Dr. #1. This decreases the delay to two months. By that point in time, clearly the tumor had enlarged and was invasive. But even at that time, radiation therapy would have made some difference to prolonging the survival of the patient, according to my initial discussion with his oncology expert. The additional two months did decrease the chances of longer survival.

There is another matter, as I mentioned above, in that there was a referral to a Gastroenterology that the patient did not follow through with. Why didn't that consultation take place? Obviously, the defense will claim contributory negligence. That should be addressed in affidavit format, if you are going to pursue this case prior to expert review.

Obviously, the patient was suffering for a number of weeks or months before he saw Dr. #1, which resulted in that 25-lb. weight loss. Did he see any other physician during that time? That earlier intervention, before he saw Dr. #1, certainly would have made a substantial difference to the outcome.