

Dr Gerald Barret  
Armidale Rural Referral Hospital  
Armidale, NSW, 2350

30<sup>th</sup> September 2018

Dear Dr Guppy,

Re: Mr Mark Green

Thank you for referring Mark to me. As you know, he has a 4-month history of a persistent cough and increasing dyspnoea on exertion.

His clinical features and imaging suggest a Pancoast tumour in the right superior sulcus. The CT demonstrates local erosion of the ribs but no clear lymphadenopathy or distant metastasis sites.

On examination I could not elicit any clinical evidence of metastasis. Aside from local tenderness over the 2<sup>nd</sup> and 3<sup>rd</sup> right ribs, he had no bony tenderness, no hepatomegaly and no evidence of CNS involvement or paraneoplastic syndromes. Mark will warrant further staging investigations, possibly a PET scan to evaluate for metastasis.

I agree with you that Mark has a likely lung malignancy; due to its location it is particularly amenable to percutaneous core biopsy. I have consented and booked Mark in for biopsy with the interventional radiologist on 29/10/18. He will need to withhold his rivaroxaban for the 48 hours preceding the biopsy and recommence the next day.

Mark will attend another clinic with me to receive the results of the biopsy and further management will be planned from there. I will keep you appraised.

Sincerely,

Dr Gerald Barret  
Respiratory Physician