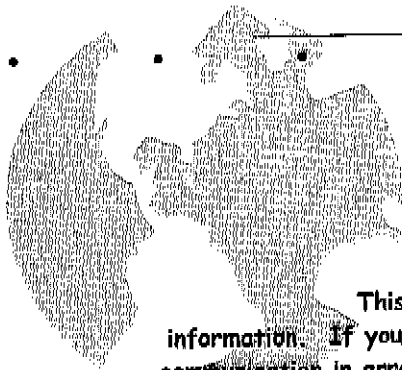


STANFORD CANCER CENTER  
875 Blake Wilbur Drive  
Stanford, CA 94035  
(650) 725-4068  
fax (650) 724-3203

# facsimile transmittal

To: Steven Kirsch Fax: 408-716-2493  
From: Janell McClung, RN, Hematology Nurse Coordinator Date: August 10, 2007  
Re: Records Pages: 17 including this cover sheet  
CC:

Urgent  For Review  Please Comment  Please Reply  Please Recycle



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.....

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Stanford Hospital and Clinics

Requested by: MCCLUNG, JANELL

On: 10AUG2007 2:48pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

---

CYTO - Cytogenetics / Fish Order  
Collected: 3 Jul07 11:00  
Ordered By: Coutre, Steven E  
Accession #: T752080

Last Updated: 5 Jul07 08:25  
Ord Priority: R  
USN: 000000000074612361

Result Name	Result	Abnl	Normal Range	Units
Cytogen/FISH Tracking	SEE TEXT			---

Result Comment:

Chromosomal and/or FISH analyses are reported in Tamtron/PowerPath. Please see Surgical Pathology for results.  
Performed at Stanford Clinical Laboratory, 3375 Hillview Avenue, Palo Alto, CA 94304, Dr Richard Sibley, Laboratory Director

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On: 10AUG2007 2:48pm

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PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

HEMA-CBC with Diff

Last Updated: 3 Jul07 08:25

Collected: 3 Jul07 08:12

Ordered By: Coutre, Steven E

Ord Priority: S

Accession #: T749742

USN: 000000000074601036

Result Name	Result	Abnl	Normal Range	Units
WBC	9.5		4.0-11.0	K/uL
Hemoglobin	10.6	l	13.5-17.7	g/dL
Hematocrit	31.9	l	40.0-52.0	%
Platelet count (PLT)	524	h	150-400	K/uL
MCV (MCV)	85.7		82.0-98.0	fL
RDW	15.0	h	11.5-14.5	%
RBC	3.72	l	4.40-5.90	MIL/uL
MCH	28.5		27.0-34.0	pg
MCHC	33.2		32.0-36.0	g/dL
NEUT, %	71.9			%
LYM, % (LYMPP)	14.4			%
MONO, %	10.0			%
EOS, %	1.1			%
BASO, %	2.6			%
NEUT, ABS	6.82	h	1.7-6.70	K/uL
LYM, ABS (ALYM)	1.37		1.00-3.00	K/uL
MONO, ABS	0.94		0.3-0.95	K/uL
EOS, ABS	0.10		0.05-0.55	K/uL
BASO, ABS	0.25		0-0.25	K/uL

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On: 10AUG2007 2:48pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

---

Serum Protein Immunofix Electrophoresis  
Collected: 3 Jul07 08:12  
Ordered By: Coutre, Steven E  
Accession #: T749742

Last Updated: 6 Jul07 14:44  
Ord Priority: S  
USN: 000000000074601038

Result Name	Result	Abnl	Normal Range	Units
Result (SPIER)	(NOTE)			---
Result Comment:				
Abnormal band present.				
Interpretation (SPIEI)	(NOTE)			---
Result Comment:				
The abnormal band was identified as monoclonal IgM kappa. It was quantitated using densitometry at 2.7 g/dl. Reviewed by Dr. J. Faix.				

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On: 10AUG2007 2:48pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

Immuno Free Light Chains (M)  
Collected: 3 Jul07 08:12  
Ordered By: Coutre, Steven E  
Accession #: T749742

Last Updated: 5 Jul07 10:55  
Ord Priority: S  
USN: 000000000074601039

Result Name	Result	Abnl	Normal Range	Units
Kappa Free Light Chain, S	1.81			---

Result Comment:  
Unit: mg/dL  
(NOTE)  
-- EXPECTED VALUES --  
0.33-1.94  
Test performed/referred by Mayo Medical Lab, 200 1st St, SW,  
Rochester, MN 55905

Result Name	Result	Abnl	Normal Range	Units
Lambda Free Light Chain, S	0.9870			---

Result Comment:  
Unit: mg/dL  
(NOTE)  
-- EXPECTED VALUES --  
0.57-2.63  
Test performed/referred by Mayo Medical Lab, 200 1st St, SW,  
Rochester, MN 55905

Result Name	Result	Abnl	Normal Range	Units
Kappa/Lambda FLC Ratio	1.83	h		---

Result Comment:  
(NOTE)  
-- EXPECTED VALUES --  
0.26-1.65  
Test performed/referred by Mayo Medical Lab, 200 1st St, SW,  
Rochester, MN 55905

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Requested by: MCCLUNG, JANELL

On: 10AUG2007 2:48pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

CHEM-Metabolic Panel, Comprehensive

Collected: 3 Jul07 08:12

Ordered By: Coutre, Steven E

Accession #: T749742

Last Updated: 3 Jul07 08:46

Ord Priority: S

USN: 000000000074601037

Result Name	Result	Abnl	Normal Range	Units
Sodium, Ser/Plas	139		135-145	mmol/L
Potassium, Ser/Plas	4.3		3.5-5.5	mmol/L
Chloride, Ser/Plas	101		96-109	mmol/L
CO2, Ser/Plas	29		20-30	mmol/L
Urea Nitrogen, Ser/Plas	10		5-25	mg/dL
Creatinine, Ser/Plas	1.2	h	<1.2	mg/dL
Glucose, Ser/Plas	141	h	70-100	mg/dL

Result Comment:

Interference code

The reference range listed above is for a fasting patient. Non-fasting glucose values may be higher.

Icteric specimen, may tend to decrease result

Anion Gap	9		5-15	mmol/L
Calcium, Ser/Plas	9.2		8.5-10.5	mg/dL
Total Bili	<0.5		<1.4	mg/dL
AST (SGOT), Ser/Plas	16		<40	U/L
ALT (SGPT), Ser/Plas	27		<60	U/L
Alk P'TASE, Total, Ser/Plas	70		<130	U/L
Albumin, Ser/Plas	2.8	l	3.5-5.0	g/dL
Protein, Total, Ser/Plas	9.6	h	6.0-9.0	g/dL
Globulin	6.8	h	2.0-5.0	g/dL

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Requested by: MCCLUNG, JANELL

On: 10AUG2007 2:48pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven

MR #: 09373507 Rm/Bed:

DOB/Age: 24Dec1956 50

Sex: M

---

CHEM-Beta-2-Microglobulin, Ser  
Collected: 3 Jul07 08:12  
Ordered By: Coutre, Steven E  
Accession #: T749742

Last Updated: 3 Jul07 16:59

Ord Priority: S

USN: 000000000074601035

Result Name	Result	Abnl	Normal Range	Units
Beta-2-Microglobulin, Serum (B2M	2590	h	609-2366	ng/mL

Result Comment:

Performed at Stanford Clinical Laboratory, 3375 Hillview Avenue, Palo Alto, CA  
94304, Dr Richard Sibley, Laboratory Director

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Requested by: MCCLUNG, JANELL

On: 10AUG2007 2:49pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

---

Accession No: SHG-07-02987  
Specimen Submitted: BONE MARROW ASP.

Submitted ICD9 Code: 273.1

Clinical History: MGUS

Analytic Data: Cells Counted: 20 Karyotypes prepared: 2  
Analyzed: 20 Band resolution: <400  
Imaged: 20

ISCN 2005 Description:  
46,XY[20]

Chromosome Analysis:  
Bone marrow aspirate was cultured, and chromosomes were analyzed using the GTW banding method. Twenty metaphase cells were analyzed, all of which appeared to have normal chromosomes.

Interpretation:  
Normal 46,XY male karyotype

I have personally reviewed the specimen and agree with the interpretation above.  
ATHENA CHERRY PhD  
Cytogeneticist  
Electronically signed 07/13/2007 11:49AM



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Requested by: MCCLUNG, JANELL

On: 10AUG2007 2:49pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

---

Accession No: SHS-07-25632  
SPECIMEN SUBMITTED:  
RIGHT PIC BONE MARROW, NEEDLE CORE BIOPSY  
BONE MARROW ASPIRATE  
FLOW CYTOMETRY  
SUBMITTED ICD9 CODE: 273.1

CLINICAL HISTORY: MGUS. Per CareCast, the patient has a history of elevated IgM.

OPERATION: Bone marrow biopsy, please do iron stain.

CLINICAL DIAGNOSIS: MGUS.

GROSS DESCRIPTION: A single specimen labeled with the patient's name "Kirsch, Steven" and medical record number. The specimen is received in Bouin's solution and consists of one elongated cylindrical tan-brown core of bony tissue that measures 1.3 x 0.2 x 0.2 cm. The specimen is submitted entirely between sponges in a single cassette A1 following decalcification (BONE MARROW tag).  
Dobo for Hemepath/mkb

LABORATORY DATA: WBC: 9.5 K/uL; RBC: 3.72 MIL/uL; HGB: 10.6 g/dL; HCT: 31.9%; MCV: 85.7 fL; MCH: 28.5 pg; PLT: 524 K/uL; RDW: 15.0%; DIFFERENTIAL: NEUTROPHILS 71.9%, LYMPHOCYTES 14.4%, MONOS 10.0%, ABS NEUTS: 6.82 K/uL, ABS LYM: 1.37 K/uL.

PERIPHERAL BLOOD SMEAR: Red blood cells are decreased in number and are normochromic and normocytic. There is mild anisocytosis and poikilocytosis. Polychromasia is not increased. The red blood cells demonstrate prominent rouleaux formation. The white blood cells are normal in number and composed predominantly of mature neutrophils. Platelets are increased in number and normal in appearance. No circulating plasma cells are identified.

BONE MARROW ASPIRATE: The aspirate smears are cellular and contain numerous marrow particles. Erythroids are increased in number with normal appearance and maturation. Myeloids are normal in number with normal maturation. Megakaryocytes are normal in number with normal maturation. Plasma cells are slightly increased, representing between 5-10% of marrow cells, and there are scattered small lymphocytes present.

Special stains for iron are performed and demonstrate only trace iron with no ringed sideroblasts.

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Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

**BONE MARROW BIOPSY:** Sections of the bone marrow biopsy demonstrate hypercellular marrow (80%). Erythroids and myeloids are increased in number with full-spectrum maturation. Megakaryocytes are increased with normal maturation. Sections demonstrate a paratrabecular lymphocytic and plasma cell infiltrate with Dutcher bodies easily identified, which represent 5 to 10% of the total marrow cells. The bony trabeculae are markedly thickened.

**FLOW CYTOMETRIC IMMUNOPHENOTYPING: CYTOPENIA PANEL**

Specimen type: BM

% Viability by 7-AAD: Lymphocyte gate 98%; Monocyte gate 99%

Cell count: 8.2 K/uL

Manual differential (Cell count = 200)

Blasts 1%; Promyelocytes 2%; Myelocytes 6%; Metamyelocytes 3%;

Segs/Bands 17%;

Erythroids 39%; Lymphocytes 16%; Plasma cells 7%; Monos/histios 2%;

Eosinophils 7%.

**Gates:**

Blast: dim/moderate CD45, low SSC

Lymphocyte: bright CD45, low SSC

Granulocyte: moderate CD45, high SSC

Monocyte: moderate/bright CD45, moderate SSC

Lymphocyte Gate (%) PLASMA CELL GATE

% Gated/CD45+ 18 1

**B LINEAGE**

CD10 (hematogones, GC B) 6

CD19 (B) 31

CD20 (B) 34

CD5/CD19 (minor B subset) 2

CD38/CD19 (hematogones, B subset, normal plasma cells) 22

mKappa/CD19 30.6

mLambda/CD19 3.5

mK/mL ratio 8.7

**T/NK LINEAGE**

CD7 (T, NK) 60

CD2 (T, NK) 57

CD5 (T, minor B subset) 58

CD3 (T) 53

CD4 (T subset, mono) 32

CD8 (T subset, NK subset) 23

CD16+/CD3+ (minor T subset) <1

CD16+/CD3- (NK subset) 9

CD56+/CD3+ (T subset) 7

CD56+/CD3- (NK) 12

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MR #: 09373507 Rm/Bed:  
Sex: M

---

CD57+/CD3+ (T subset)	4
CD57+/CD3- (NK subset)	5
CD38/KAPPA	80.8
CD38/LAMBDA	4.3

	Monocyte Gate (%)	Blast Gate (%)
% Gated/CD45+	7	2
CD34 (progenitor)	1	30
CD34/CD38	1	28
CD13 (myeloid)	98	41
CD56 (myeloid, NK)	4	18
CD16 total	8	3

INTERPRETATION:

Flow cytometry was performed on the aspirate material to evaluate lymphocytes, plasma cells, and enumerate CD34+ blasts and perform a limited evaluation of granulocytes and monocytes. CD34+ cells are not increased, accounting for approximately 1% of total CD45+ events. In addition, the CD45/SSC plot shows no evidence of increased blasts. A gate on blasts is set with the aid of CD34 backgating, and contains a mixture of myeloid blasts and maturing marrow elements.

The lymphocyte gate contains a monotypic population of kappa restricted B-cells. There is also a population of kappa restricted plasma cells. Together this kappa restricted population represent approximately 7% of CD45+ events.

Monocytes express CD13, and do not express CD56 or CD34.

Granulocytes show an unremarkable pattern of CD13/CD16 expression.

This immunologic test was developed and its performance characteristics determined by Stanford University Flow Cytometry Laboratory. Unless indicated otherwise, it has not been cleared or approved by the USFDA, although such approval is not required for analyte-specific reagents of this type.

COMMENT: The aspirate smears demonstrate a mild increase in plasma cells, and sections of the bone marrow demonstrate a lymphoplasmacytic infiltrate accounting for 5-10% of marrow cells. This population is CD19, CD20 positive and CD5, CD10 negative.

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---

Combined with the immunophenotypic findings of a kappa restricted monoclonal lymphocytic and plasmacytic population, these findings are most consistent with minimal marrow involvement by lymphoplasmacytic lymphoma. The marked thickening of the bony trabeculae also the possibility of POEMS syndrome. Clinical correlation for the presence of neuropathy and endocrinopathy is suggested to exclude this possibility.

DIAGNOSIS:

PERIPHERAL BLOOD

- NORMOCYTIC ANEMIA WITH PROMINENT ROULEAUX
- THROMBOCYTOSIS

BONE MARROW, RIGHT PIC, ASPIRATE AND BIOPSY

- HYPERCELLULAR MARROW WITH ACTIVE HEMATOPOIESIS AND 5-10% INVOLVEMENT BY WITH LYMPHOPLASMACYTIC LYMPHOMA
- BONY SCLEROSIS (SEE COMMENT)

FLOW CYTOMETRIC IMMUNOPHENOTYPING

- 5-10% MONOTYPIC LYMPHOID AND PLASMA CELLS (SEE FLOW CYTOMETRY INTERPRETATION)

KARAMCHANDANI/ARBER

BLYPC-Lymphoplasmacytic lymphoma

I have personally reviewed the specimen and agree with the interpretation above.

DANIEL ARBER M.D.

Pathologist

Electronically signed 07/05/2007 6:58PM

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Requested by: MCCLUNG, JANELL

On: 10AUG2007 2:49pm

Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

---

July 3, 2007

Eric Weiss, M.D.  
2979 Woodside Road  
Woodside, CA 94062

RE: Kirsch, Steven  
MRN: 093-73-50

Dear Doctor Weiss:

We had the pleasure of meeting with your patient, Steven Kirsch in consultation in the Hematology Clinic for evaluation of anemia in the setting of a known history of IgM MGUS. Please allow me to review his history for purposes of our records.

HISTORY OF PRESENT ILLNESS: Steven Kirsch is a 50-year-old Caucasian gentleman who had previously been seen in Stanford Hematology in November 2000, for evaluation of an elevated IgM level. At that time, the patient had an elevated total protein of 9.2 and a serum protein electrophoresis showed an abnormal band with an elevated IgM of 1260. The patient had no evidence of systemic involvement and was found to have monoclonal IgM gammopathy of undetermined significance. The patient has since followed routinely with his primary physician and more recently in May 2007, routine laboratory work found him to be anemic with a hemoglobin of 10.3, hematocrit 30, MCV 84. White count on this study was 7.9 and platelet count at 514. He had a normal creatinine at 1, albumin 3.8 and total protein at 9. Further evaluation was done with iron studies, which showed total serum iron at 22, TIBC 200 and transferrin saturation at 11%. The patient was then started on slow FE, which he has been taking approximately 1 daily for the last few weeks.

On review of systems, the patient otherwise reports history of intentional weight loss of around 5 pounds with changes in diet. He reports no bone pain. He denies any symptoms of headache or neuropathy. He has not noticed any symptoms of fatigue, shortness of breath on exertion. He has had a cough on and off for the last 6 months, initially started off with a viral upper respiratory infection and improved with antibiotics. He reports a recurrence of the cough more recently. The patient denies any evidence of a bleeding diathesis or GI bleeding. He underwent a colonoscopy recently, which was reported as normal.

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Service Date: 3Jul2007

PATIENT: KIRSCH, Steven  
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MR #: 09373507 Rm/Bed:  
Sex: M

---

Other review of systems including a 12-point review was otherwise negative.

PAST MEDICAL HISTORY:

IgM MGUS.  
Obstructive sleep apnea.  
Psoriasis.

PAST SURGICAL HISTORY: Knee ACL repair.

CURRENT MEDICATIONS:

Propecia for psoriasis.  
Slow FE.

ALLERGIES: None to date.

SOCIAL HISTORY: The patient is married, has 3 grown children who are well. He runs a computer business, consumes alcohol socially and has no prior history of smoking.

FAMILY HISTORY: Diabetes in his father. The patient has 1 sister who is well.

PHYSICAL EXAMINATION: GENERAL: Well-appearing middle-aged gentleman in no acute distress. VITAL SIGNS: Temperature 37.1, pulse 95, blood pressure 114/69, weight 76.4 kilograms. HEENT: Oropharynx is clear. Sclerae anicteric. NECK: Supple. No thyromegaly. LYMPH NODES: No peripheral lymphadenopathy palpable. LUNGS: Clear to auscultation bilaterally. CARDIAC: Normal S1, S2. Regular rate and rhythm. ABDOMEN: Soft, nontender. No hepatosplenomegaly. NEUROLOGIC: Alert and oriented. Grossly nonfocal. Funduscopy normal exam. EXTREMITIES: No edema. SKIN: Warm, dry and clear.

LABORATORY DATA: Hemoglobin 10.6, hematocrit 31.9, MCV 85, white count 9.4, 71% neutrophils, 40% lymphs, platelets 524. Creatinine 1.2, total protein 9.6, globulin 6.8, albumin 2.8, calcium 9.2. Serum protein immunoelectrophoresis, free light chain assay and beta total myoglobin studies are pending.

ASSESSMENT AND PLAN: Steven Kirsch is a 50-year-old Caucasian gentleman with a known history of IgM monoclonal gammopathy of unknown significance diagnosed in November 2000, who has now likely progressed to Waldenstrom's macroglobulinemia or lymphoblastic lymphoma given the onset of anemia. Given recent onset of normocytic/normochromic anemia with an iron panel

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Sex: M

---

suggestive of anemia of chronic disease, we would like to further evaluate the patient with a bone marrow exam. We will arrange the patient to have the bone marrow aspiration and biopsy today in clinic. This study will also clarify the status of iron stores. At present, the patient does not have any symptoms of an elevated serum viscosity and is also asymptomatic from his borderline anemia.

We discussed various management options. Traditionally chlorambucil has been used to treat patients with Waldenstrom's macroglobulinemia. Newer agents like fludarabine and cladribine have also been used. More recently, anti-CD20 monoclonal antibody Rituxan has also been found to be efficacious in this condition. There is no data proving the superiority of one over the other. Given his younger age, we would likely choose Rituxan as initial treatment when indicated. Given the fact that the patient is currently asymptomatic from his borderline anemia, we can also choose to wait and watch and initiate treatment if there is any worsening of anemia or if he develops any symptoms. We recommend getting labs checked including a CBC every 3-4 months. The patient will report earlier if he develops any new symptoms.

All questions and concerns that the patient had were addressed to his satisfaction. The patient was seen and discussed with Dr. Steven Coutre. Thank you again for allowing us to participate in the care of this gentleman. Please do not hesitate to contact us if you have any questions regarding this letter.

Sincerely,

Section I, Choose one statement

\_\_\_\_\_ I was present and directly participated during the history and physical examination performed with Resident/Fellow.

\_\_\_\_\_ I performed a separate history and physical examination of the patient without the Resident/Fellow.

Section II, Choose one statement

\_\_\_\_\_ I have reviewed the note of \_\_\_\_\_, MD dated \_\_\_\_/\_\_\_\_/\_\_\_\_ and agree with the documented findings and plan, including my additional notes below if needed to further support the Resident's/Fellow's documentation.

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Requested by: MCCLUNG, JANELL

On: 10AUG2007 2:49pm

Service Date: 3Jul2007

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DOB/Age: 24Dec1956 50

MR #: 09373507 Rm/Bed:  
Sex: M

---

Teja Bedi, MD.  
Fellow in Medicine

Steven E. Coutre, MD.  
Associate Professor of Medicine

cc:

d: 07/09/2007 10:16 A  
t: 07/09/2007 10:26 A/zzg  
r: 07/10/2007 2:44 A/jds  
r: 07/12/2007 1:43 P/cp

15-1105  
4160391



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Service Date: 3Jul2007

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MR #: 09373507 Rm/Bed:  
Sex: M

---

PROCEDURE: Bone marrow biopsy and aspiration.

PROCEDURIST: Rhonda Hewitt, nurse practitioner.

CONSENT: Preprocedure written informed consent was signed by the patient and placed in the patient's chart.

INDICATION: MGUS (monoclonal gammopathy of unspecified).

PROCEDURE IN DETAIL: Mr. Kirsch was placed in the prone position. The right posterior iliac crest was identified, prepped, and draped in a normal sterile fashion. The area was anesthetized with 5 mL of a 1% solution and 3 mL of a 2% solution of lidocaine. After proper anesthesia was achieved, an Illinois needle was used to obtain an aspirate. Of note, the aspirate was very slow-flowing despite two attempts to reposition the needle. We were able to obtain a few spicules for testing but we did go ahead and send a touch prep as well. Following the aspirate, we used a Jamshidi needle to obtain a core biopsy. The procedure was well tolerated with no immediate complications and hemostasis was achieved by applying direct pressure for five minutes followed by continuous pressure in the supine position for an additional five minutes. The sample was sent for new diagnosis, biopsy, aspirate, cytogenetics, flow cytometry, and bone marrow iron staining.

The patient was discharged in good condition with instructions to call should he experience any complications such as bleeding or signs and symptoms of infection.

Steven E. Coutre, MD  
Rhonda Lee Hewitt, NP

cc:

Steven E. Coutre, MD  
875 Blake Wilbur Drive  
Room: 2355 / MC: 5821  
Palo Alto CA 94304

d: 07/03/2007 12:01 P  
t: 07/03/2007 9:03 P/drc  
i: 07/03/2007 7:02 P/drc