

Haematology and oncology

Doctor Eric Mora

Medical Centre, 211 avenue de bourbon, 97440, Saint André

Saint Denis 11/01/2017

Dear colleague,

Your patient Mr Jean Philippe Touneji, born 05/08/1966, has been hospitalised in our service from 26/10/16 to 10/01/17.

Motive: Relapse of myeloid leukemia

Previous History: mental disability

Reminder: July 2014 diagnostic of LAM with 8-21 translocation, transcription AML1-ETO associated with a mutation of the exon 17 2 CKIT D8 16 V.

Human leukocyte antigen type: brother and sister incompatible

The dossier has been discussed at the transplant comity/indication of transplant in function of the MRD.

The treatment of idarubicine and aracitine began 25/07/2014. Complete remission.

The first course of consolidation treatment began 22/09/2014 according to the CBF2006 protocol.

Second cure of consolidation began 05/12/2014.

Cytological remission on 26/01/2015.

Third course of consolidation treatment began on 27/01/15 with a negative MDR and no indication of allotransplantation.

Current Issue:

Relapse of the LAM, a pancytopenia with peripheral precursor cells on 26/10/16.

Clinical Exam: the patient is in good general health, absence of organomegaly and of adenopathy.

Haemoglobin levels at 11.5g/dl, leukocytes 2800, platelets 32000, precursor cells 4%, and neutrophils 1100.

Myelogram: 13% blastose.

Karyotype: 8-21 translocation. Currently waiting for molecular biology.

Treatment Process:

08/11/16 – adjustment chemotherapy according to the CLARA Aracitine protocol and high doses of Idaribucine.

19/11/16 – Positive blood cultures of sensitive klebsiella, the patient was already under Tazocilline.

01/12/16 – a TAP scanner is used to analyse the persistence of fever and abdominal pains felt by the patient and notes pulmonary nodules and hepatosplenomegaly. The patient is under TIENAMYCINE, VANCOMYCINE, and CANCIDAS.

05/12/16 – An LBA is carried out which shows no signs of aspergillus. A case of oral herpes required treatment by ZOVIRAX.

From 11/12/16 – positive blood cultures of candida parapsilosis required a treatment by TRIFLUCAN in place of CANCIDAS. Withdrawal of PICCLINE.

A control scanner is carried out 30/12/16 showing the regression of pulmonary nodular lesions and the stability of hepatosplenomegaly lesions.

Positive blood cultures of staphylococcus treated by VANCOMYCINE. Platelet transfusion of refractory thrombocytopenia without signs of haemorrhaging.

06/01/17 – Completion of a myelogram which shows a complete aspect of remission.

Exit of the patient from hospital on 10/01/2017 under 200mg dosage of TRIFLUCAN, twice a day. A scanogram is scheduled for 16/01/17. We request a re-examining of the document for an eventual allotransplantation, aware that in 2014 10 potential donors were not compatible.

The patient will be consulted again in 2 weeks and a control blood count is scheduled two times a week. A meeting at the hospital is also scheduled for Friday 13th January 2017.

The patient has been transfused blood products.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Touahri

Haematology and oncology

Doctor Eric Mora

Medical Centre, 211 avenue de bourbon, 97440, Saint André

Saint Denis 29/03/2017

Dear colleague,

I thank you for letting me receive in consultation Mr Jean Philippe Touneji, born 05/08/1966, for the monitoring of his non-hyper leukocyte LAM, with a 8-21 translocation and a fusion transcription of ML1TO and a C-kit mutation.

The patient is currently feeling better, he is slowly recovering. Since the beginning of this week, he has received an Ayurvedic treatment (made from plants), imported from India. A treatment of VIDAZA has been discussed.

At the end of the Ayurvedic treatment, I will ask for a medullar checkup next week before starting the VIDAZA treatment (if it's necessary).

I will see him again in two months.

Yours faithfully,

Dr Touahri

Haematology and oncology

Doctor Eric Mora

Medical Centre, 211 avenue de bourbon, 97440, Saint André

Saint Denis 07/06/2017

Dear colleague,

I thank you for letting me receive in consultation Mr Jean Philippe Touneji, born 05/08/1966, for the monitoring of his non-hyper leukocyte LAM, with a 8-21 translocation and a fusion transcription of ML1TO and a C-kit mutation.

The updating research for a bone marrow donor on the International file revealed to be negative. The dossier has been discussed in RCP and it has been decided to keep the patient under observation and to start the VIDAZA treatment in case of reappearance of medullar blasts.

The clinical exam is normal. The patient is in a good general state.

In terms of biology, his hemogram showed a 11,5 g/dl rate of hemoglobin, with a VgM at 104 fL. The leukocytes are at 8390, with a normal leukocyte balance. The number of platelets increased, they are at 40000.

We will maintain a three-monthly surveillance: haemogram every 15 days.

Thank you for your time and your cooperation.

Yours faithfully,

Dr TOUAHRI

Haematology and oncology

Doctor Eric Mora

Medical Centre, 211 avenue de bourbon, 97440, Saint André

Saint Denis 07/06/2017

Dear colleague,

I thank you for letting me receive in consultation Mr Jean Philippe Touneji, born 05/08/1966, for the monitoring of his non-hyper leukocyte LAM, with a 8-21 translocation and a fusion transcription of ML1TO and a C-kit mutation.

The updating research for a bone marrow donor on the International file revealed to be negative.

The clinical exam is normal. The patient is in a good general state.

In terms of biology, his hemogram showed a 11,6 g/dl rate of hemoglobin. The leukocytes are at 6000, with a normal leukocyte balance. The number of platelets stable, they are at 50000.

The patient is going to India at the end of December until the 15th of January 2018.

We will carry out a myelogram at the beginning of February 2018.

Yours faithfully,

Dr TOUAHRI