Haematology and oncology

Doctor Eric Mora

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

Doctor H. Attout

97470

Saint Benoit

Saint Denis 28/07/2014

Dear colleague,

Thank you for sending me your patient Mr. Jean Philippe Touneji (born 05/08/1966) under the care of his sister. He has a moderate pancytopenia which Dr Attout of the GHER has assessed as a form of acute myeloid leukemia.

The patient shows no signs of medullar deficiency or tumoral syndrome, there is simply a small yet difficult alteration of his general condition to evaluate due to his mental disability under the form of asthenia.

He has one brother and one sister who are in good health. In his family one can note a history of metabolic and vascular disorders. His two parents were present, as I remind you that he is in care. Following this he was hospitalized for the treatment. We have conducted a molecular and cytogenic analysis on his bone marrow which will allow us to look into some intrinsic prognostic factors.

The cardiac ultrasound shows a well-functioning left ventricle. After putting in place a central venous catheter we are going to begin the procedure of aracytine and daunorubicin. It is now necessary to expect an aplasia of more than 10 days in high intensity care with an expected leaving date in three to four weeks.

We will make sure to keep you informed of the process. The patient and his parents are informed of the secondary risks associated with the treatment, the prognostic and the risks of inherent complications.

I would like to thank you for performing a protocol of exemption from the copayment regarding the diagnostic of acute myeloid leukemia.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Agape

M. le Docteur Mora Eric

Centre Médical

211 avenue de Bourbon

97440 Saint André

Saint Denis, 25/08/2014

Dear Colleague,

Mr Jean Philippe Touneji, born 05/08/1966, has been hospitalised from 24/07/2014 to 22/08/2014 for the care of non-leukostasis acute myeloid leukemia with an 8-21 translocation and AML1-ETO transcription.

He was addressed by Dr Attout from the GHER of the discovery of a medullar blastose in the report of a moderate pancytopenia with former thrombocytopenia.

This is related to a patient whose history is marked by mental disability. He is under the care of his sister. He works in domestic agriculture with his father.

After a cardiac ultrasound, which showed a well-functioning left ventricle, and after putting in place a central venous catheter, a process of chemotherapy with aracytine and daunorubicin (3+10) began 25/07/2014. This treatment was responsible for a first episode of fever on 31/07/2014 which was contained by an antibiotherapy, with a negative bacillus bacteremia of an aggressive phenotype.

During his stay in hospital, the patient benefitted from psychological support with Ms. Imiza.

In terms of haematology, the J20 myelography was clear, authorising the beginning of a treatment by Neupogen. A second episode of fever occurred on 13/08/2014 with bacteriological documentation motivating the beginning of an antifungal treatment. The thoracic scanner showed thickening bronchial lesions.

The evolution has been favourable with the removal of the aplastic anemia occurring on 20/08/14.

We authorise the release of Mr. Touneji from hospital but will keep him under surveillance with two visits each week by the NFS in order to carry out transfusion support in case of inferior thrombocytopenia at 20000/mm3.

He will return to the hospital from 01/09/2014 in order to carry out a myelography with a karyotype and molecular biology control. The setting up of an external drip machine will be programmed before the beginning of the post induction. If the illness is put in remission, we predict two to three strong doses of Aracytine as a course of treatment.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Agape

Haematology and oncology

Doctor Eric Mora

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

Saint Denis 09/09/2014

Dear colleague,

I have seen Mr Jean Philippe Touneji, born 05/08/1966, again who is in care for acute myeloid leukemia with an 8-21 translocation.

We have received the results of the molecular biology which show the transcription of AM1-ETO associated with a mutation of exon 17 of c-KIT, D816V which confers a reserved prognostic.

The evaluation of the induction treatment, under the form of 3+10, has shown a haematological remission of discrete moncytosis of the white blood cells. The myelography found no abnormal cells. A molecular evaluation of the AML1-ETO transcription on the medullar sample is in progress.

Clinically, Mr. Touneji is in a good general state but he has been affected by pruritus. I note his weight at 50kg, his arterial tension is at 12/7 and his heartrate is at 76.

I proposed to him to meet a colleague in dermatology to study a cutaneous mastocytosis and an odonatologist from the hospital in view of his dental care before beginning his consolidation treatment. We predict the putting in place of a Port-a-Cath which will permit the delivery of the consolidation treatment consisting of 2 to 3 strong doses of aracytine. Concerning this, Mr. Touneji will be re-hospitalized in intensive care for one course of consolidation treatment.

The dossier will be presented at the next hematology RCP. I will propose a second evaluation (MRD2) on the issue of the second course of consolidation treatment before envisaging a third course of treatment or an allotransplantation of bone marrow if a compatible HLA donor is identified. I am going to give Mr. Touneji and his mother the prescription of the type HLA from his brother (Jean-Luc, born 24/04/1969) and his sister (Nathalie, born 24/09/1974).

Thank you for your time and your cooperation.

Yours faithfully,

Dr Agape

Haematology and oncology

Doctor Eric Mora

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

Saint Denis 23/09/2014

Dear colleague,

Mr. Jean Philippe Touneji, born 05/08/1966, has been hospitalised from the 22 to the 23 of September 2014 to begin the first course of consolidation treatment according to the 2006 CBF protocol for acute myeloid leukemia with an 8-21 translocation and c-KIT rearrangement.

The evaluation report from 01/09/2014 is in favour of a complete haemotological response with a decrease of 3 log from the AML1-ETO transcription.

The patient externally received dental treatment on 18/09/2014 including treatment with amoxicillin for six days.

He has also benefitted from the putting in place of a Port-a-Cath drip machine.

We received the HLA type from his brother and sister who are not geno-identical. The dossier will be presented to the Pitié Salpêtrière Transplant comity to help find a suitable donor of bone marrow.

Clinically, the patient has put on 7 kilogrammes. His clinical exam results were normal. Percutaneous oxygen saturation is at 90%. Arterial gas storage was a failed sample.

Due to a thrombocytopenia of around 75000/mm3, the course of treatment has been reported. The patient will be re-summoned on 30/09/2014. This thrombocytopenia is probably a result of the antibiotic treatment.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Agape

Haematology and oncology

Doctor Eric Mora

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

Saint Denis 09/10/2014

Dear colleague,

Mr. Jean Philippe Touneji, born 05/08/1966, has been hospitalised from the 2nd to the 8th of October 2014 for the first course of consolidation treatment according to the 2006 CBF protocol for acute myeloid leukemia with an 8-21 translocation.

This course of treatment had been reported for a week due to a thrombocytopenia, attributed to a prophylaxsis prescription of amoxicillin for dental care, which is persisting.

I remind you that the haematological report from the first of September 2014 was in favour of complete remission with a transcription AML1-ETO in decline. A control karyotype is ongoing.

The first course of consolidation treatment has been completed and the patient left the hospital today with a thrombocyte level of 40000/mm3.

We prescribe the administration of a cutaneous syringe of 6 mg of Neulasta, and he will be re-hospitalised for the management of the post-therapeutic aplasia from 10/10/2014.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Agape

Haematology and oncology

Doctor Eric Mora

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

Saint Denis 27/10/2014

Dear colleague,

Your patient, Mr. Jean Philippe Touneji (born 05/08/1966) has been rehospitalised from the 10th to the 25th of October for the management of the aplasia from his first course of consolidation treatment for an acute myeloid leukemia RC1.

On his arrival, he showed signs of symptoms of fever, with blood cultures returning positive for pseudomonas aeruginosa.

In terms of biology, we recorded on his return 6 G/I leukocytes of which 5.4 were G/I PNN, 14 G/I thrombocyte, 10 g/dl of hemoglobin.

During his hospitalization, Mr. Touneji was transfused several platelets and red globules.

On the day of his exit from hospital, his haemogram showed 3,22 G/I of leukotytes, 1,62 G/I of PNN, 10,6 g/dl of hemoglobin and 15G/I of thrombocyte. He received a platelet transfusion before his departure.

I have called him back to hospital for Tuesday the 28th October for a haemogram and platelet transfusion depending on his needs. We forecast a control of the complete remission with research of transcriptions of EML 1 ETO as soon as the haemogram results are satisfying and M. Touneji has been put back in consultation for the next phases of the treatment.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Paitel

Haematology and oncology

Doctor Eric Mora

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

Saint Denis 02/03/2015

Dear colleague,

Your patient, Mr. Jean Philippe Touneji (born 05/08/1966) a been hospitalised from 03/02/15 to 19/02/15 due to a post-chemotherapy febrile aplasia (third course of consolidation treatment in the form of a LAM with a translocation of an 8-21 transcription AM1 ETO and c-Kit mutation).

The third consolidation course of high dosage Aracytine was carried out on the 21/01/15. Neutropenia appeared from the 03/02/2015 with the fever beginning 05/02/2015 without bacteriological documentation. The development is manageable under CEFEPIME, with the exit of the aplasia predicted on 18/02/15. Red blood cell and platelet transfusion.

Concerning the LAM, it is in molecular remission since the residual illness is negative.

It has been decided that chemotherapy will be stopped and haematological surveillance will be carried out. Given the c-kit mutation, the dossier has been presented in RCP to the Pitié-Salpêtrière in preparation for an allotransplantation. It has been decided to survey the residual illness.

He left the hospital with a complete blood count procedure in preparation for any necessary transfusions. He will go back to see Dr Agape on 08/04/2015.

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 08/04/2015

Dear colleague,

I thank you for letting me receive in consultation Mr Jean Philippe Touneji, born 05/08/1966, who is in care for acute myeloid leukemia with an 8-21 translocation and a fusion transcription of AML1-ETO and c-KIT mutation.

The study of the residual molecular illness after the second course of consolidation treatment was negative.

We are now two months and one week from the third and final course of consolidation treatment.

The blood count shows a progressive hematopoietic reconstitution with currently 5877 leucocytes, 10 g of hemoglobin, and 74000 platelets.

Clinically, I note a weight of 57kg, no peripheral tumefaction, and no signs of infection.

The hematological state is compatible with the persistence of the remission.

In two to three weeks a study on the residual illness should be carried out in the hospital. The surveillance protocol foresees a study of the residual molecular illness every three months in the following year until the end of the treatment.

Mr. Touneji will be consulted again in three months.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Agape

Haematology and oncology

Doctor Eric Mora

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

Saint Denis 07/01/2016

Dear colleague,

I have been in consultation with Mr. Jean Philippe Touneji (born 05/08/1966) following the next phases of a LAM translocation 8-21 transcription LMA T0 mutation CKi.

We are currently around a year until the end of his treatment. The last consultation had objectified a weight loss relative to 2 to 3 kg which has a since put back on.

The clinical exam is strictly normal without an adenopathy or hepatosplenomegaly.

From the different results which I have, the hemoglobin is around 12 with platelets around 60000 and a normal white formula.

As I previously mentioned, during previous hospitalisations a thrombocytopenia has persisted for this patient.

I therefore ask to see him again in three months provided with a new blood assessment on which I have requested a smear test to research a precursor cell and a dosage of platelets on a vacutainer. If the thrombocytopenia persists, we will carry out a myelogram.

Thank you for your time and your cooperation.

Yours faithfully,

Dr Vanderbecken

Haematology and oncology

Doctor Eric Mora

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

Saint Denis 07/04/2016

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.

Mr. Touneji has no particular complaints.

During the clinical exam he had no elements of blood haemorrhage, paleness, jaundice, adenopathy, or hepatosplenomegaly. His blood pressure is at 11/6, with a heartrate of 58/min.

In terms of biology, his hemogram showed a 11,6 g/dl rate of hemoglobin, with a VgM at 98 fL. The leukocytes are at 4,05 G/l, with a normal leukocyte balance. The platelets are at 69 G/l.

We are one year and three months from the end of Me. Touneji's treatment and he is still in hematological remission. He keeps his platelets which are low, but this has always been the case since his remission.

We will maintain a three-monthly surveillance due to this thrombocytopenia.

Thank you for your time and your cooperation.

Yours faithfully,

Dr T. Henni

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 idaribucine 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