Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date: 21st May 2026
Your Ref: 100164
Our Ref: LAT/ACCESS/ES
Enquiries to: Emily Svensson
Direct Line: 0141 211 3020
Email: Emily.svensson@nhs.scot

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: MARY WATSON **D.O.B: 06/03/1954**

Thank you for your request received **22ND APRIL 2026** in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

BEATSON HOSPITAL (MANUAL NOTES)

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☑		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

BEATSON ONCOLOGY CENTRE

WESTERN INFIRMARY GLASGOW G11 6NT
General Clinic - Dr T R J Evans
Tel no: 0141 211 1741 Fax no: 0141 211 2891

CK/LC/50623238H

Dictated: 30 09 03
Typed: 02 10 03

Dr Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 02 54
28 KENDOON AVENUE GLASGOW G15 8AX

Diagnosis: Carcinoma of the cervix 1991
Grade 1 invasive ductal carcinoma of the left breast
Treatment: Radical hysterectomy
Six courses of CMF chemotherapy followed by adjuvant radiotherapy and Tamoxifen

I reviewed this lady in the medical oncology clinic today. She tells me she is well. She has no new symptoms. She does have long standing back pain and I understand that she has been reviewed by the orthopaedic surgeons regarding this.

Mary has had a number of psychological problems related to her diagnoses and finds coming to the clinic a difficult prospect. Given that she is now seven years out of treatment, I have therefore discharged her from the clinic. We would of course be happy to see her again in the future should the need arise.

Yours sincerely

C Kelly
Specialist Registrar in Medical Oncology

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow
Mr A Reece, Cons Orthopaedic Surgeon, WIG

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

General Clinic - Dr T R J Evans
Tel no: 0141 211 1741 Fax no: 0141 211 2891

TRJE/LC/623238

Dictated: 09 09 03
Typed: 15 09 03

Dr Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 02 54
28 KENDOON AVENUE GLASGOW G15 8AX

This lady did not attend the clinic today. This is not unusual for Mrs Watson not to attend and I have therefore taken the precaution of organising a further appointment.

Yours sincerely

T R J Evans
Senior Lecturer & Honorary Consultant
in Medical Oncology

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

30/09/03
Well.
No new symptoms
Longstanding back pain
-attending orthopod
Keen to be DIC
PLAN
DIC

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT
General Clinic – Dr T R J Evans

IM/LMCM/623238

Dictated: 10 09 02
Typed: 17 09 02

Dr Lyon
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 02 54
28 KENDOON AVENUE GLASGOW G15 8AX

Diagnosis:	Carcinoma cervix 1991
Treatment:	Radical hysterectomy Grade 1 invasive ductal carcinoma T2, one out of thirteen nodes positive, weekly ER positive
Treatment:	Six courses of adjuvant CMF chemotherapy Adjuvant radiotherapy Adjuvant Tamoxifen for five years

I reviewed Mrs Watson in the oncology clinic today. She remains generally well. She does complain of persistent niggling left sided chest pain which has been previously investigated and which has not altered in character. She had no other complaints.

On examination today there was no evidence of loco regional recurrence of her disease. Abdominal examination was unremarkable and her chest was clear to auscultation.

I have checked routine bloods today and arranged to see her back at the clinic in one months time. In the meantime she is due to see Mr Hansell in six months.

Yours sincerely

I Macpherson
Research Fellow in Oncology

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT
General Clinic – Dr T R J Evans

TRJE/LMCM/623238

Dictated: 20 08 02
Typed: 22 08 02

Dr Lyon
Drumchapel Health Centre
Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

This lady did not attend the clinic today which is not unusual for her and I have therefore arranged a further appointment.

Yours sincerely

T R J Evans
Senior Lecturer &
Honorary Consultant in Medical Oncology

MRS 623238 2068 08 AUG 2002

North Glasgow University Hospitals
NHS Trust

BEATSON ONCOLOGY CENTRE

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Fax: 0141 211 1830
Secretary: 0141 211 1865

NHS
Greater Glasgow

dictated: 26 July 2002
Typed: 30 July 2002
Your Ref:
Our Ref: LM/LAG

Dr Jeff Evans
Consultant in Medical Oncology
Beatson Oncology Centre
Western Infirmary
Dumbarton Rd
Glasgow
G11 6NT

Dear Dr Evans

RE: MARY WATSON, D.O.B. 06.03.54, REF: 623238
28 KENDOON AVENUE, GLASGOW G15 8AX

Further to my last letter, I have continued to meet with Mrs Watson at the Beatson Oncology Centre. As you may recall, Mrs Watson has a fairly complicated medical history and when I first met with her she appeared to be struggling to cope with her significant anxiety regarding her health. When she first attended, she also appeared very depressed and had been finding it difficult to cope with the unexpected death of her sister earlier last year. In relation to her anxiety concerning her health, she reported frequent panic attacks related to concerns over physical symptoms. In particular, she seemed very concerned about on-going pain problems in her arm and frequent chest pain. When I first met with her, she described marked sleep disturbance and indeed, had been sleeping with her daughter as she was concerned that she may die in her sleep. Her outlook at that point was very pessimistic and indeed, her life seemed to be significantly circumscribed by her health anxiety. She has now attended for 8 appointments and I last saw her on the 25th of July, 2002. The focus of our work has been to help her manage her concerns regarding her health more appropriately and in particular looking at strategies for tackling her negative way of thinking in relation to physical symptoms. I have also taught her relaxation techniques and we have looked at ways of building in some short term goals. During her sessions we have also spent some time discussing her sisters death and her feelings of guilt in relation to this.

Over her most recent appointments, she has made a significant degree of progress. She is now sleeping in her own room and appears to be able to think about physical symptoms in a rational way. She has not experienced a panic attack for several months now and reports that in general her mood has significantly improved. She also reports that she now feels that it is time to move on from her sisters death and that she feels able to cope on her own. At her most recent appointment I discussed discharge with her which she agrees is now appropriate. As such, no further appointments have been arranged.

With best wishes.

Yours sincerely

Dr Lesley McNair
Clinical Psychologist

CC Dr Lyon, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow

STOBHILL 20 MAY 2002
623238

North Glasgow University Hospitals
NHS Trust
BEATSON ONCOLOGY CENTRE

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Tel: 0141 211 6306
Fax: 0141 211 1830
Secretary: 0141 211 1865
E-mail: lesley.mcnair@
northglasgow.scot.nhs.uk

NHS
Greater Glasgow

Dr Evans
Consultant in Medical Oncology
Beatson Oncology Centre
Western Infirmary
Dumbarton Rd
Glasgow
G11 6NT

Date 17 May 2002
Your Ref TRJE
Our Ref LM/LJG

Dear Dr Evans

RE: MARY WATSON, D.O.B. 06.03.54, REF: 623238
28 KENDOON AVENUE, GLASGOW G15 8AX

I apologise for the delay in updating you regarding Mrs Watson. Unfortunately, she cancelled her initial appointments and then failed to attend more recently. However, I have now seen her on three occasions at the Beatson Oncology Centre.

At interview, Mrs Watson reported that she had again been finding it difficult to cope more recently. In particular, she reports significant concerns regarding her health. For example, when bothered by symptoms such as back pain, she gets very anxious about the possibility of the cause being a recurrence of her breast cancer. Furthermore, she reports that if she experiences a tightness in her chest, she is convinced that it is a heart attack. In recent months, she has moved into her daughter's bedroom as she is scared that she may die at night in her own room on her own. She describes being generally very anxious and reports frequent panic attacks over recent months. She also reports significant low mood, sleep disturbance and a loss of interest in activities around her. She describes her outlook as very pessimistic and states that at times she feels her existence is "pointless". She denied any thoughts regarding self-harm but did say that she feels her outlook is very negative. She also reported significant irritability with her family and this appears to be placing a strain on her relationships with them.

As you will be aware of Mrs Watson's rather complicated medical history, I will not detail it here. Of note, however, she reports a family history of heart disease. Indeed, her nephew died last January following a heart attack and more recently, her sister whom she was very close to died

Continued

unexpectedly. It would appear that following her sister's death there has been an increase in her difficulties and it seems that at present she is finding it very difficult to cope.

From my initial appointments with Mrs Watson I am concerned that she is currently experiencing significant difficulties with anxiety regarding her health and that she is very depressed. I have suggested to her that I would be happy to meet with her for an initial four appointments to look at ways of helping her control her pattern of anxious thinking. We have also discussed the importance of trying to find outside activities as a means of distraction. Finally, I have suggested to her that it may be beneficial to her to meet with her GP to discuss the possibility of anti-depressant medication.

I have arranged to meet with her again on 17th May, 2002, and will, of course, keep you informed of how things go.

With best wishes,

Yours sincerely

Lesley McNair

Dr Lesley McNair
Clinical Psychologist

Letter to: Dr T R J Evans, Consultant in Medical Oncology, BOC, WIG
Copy to: Dr Lyon, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow

West Glasgow Hospitals

SOBHILL

BEATSON ONCOLOGY CENTRE
West Glasgow Hospitals
Western Infirmary
Glasgow
G11 6NT

SECRETARY: 0141 211 1865
FAX: 0141 211 1830

DICTATED: 15.02.02
TYPED: 18.02.02

CLINICAL PSYCHOLOGY

LMcN/LJG

18 February 2002

Dr Jeff Evans
Consultant in Medical Oncology
Beatson Oncology Centre
Western Infirmary
Dumbarton Rd
Glasgow
G11 6NT

Dear Dr Evans

RE: MARY WATSON, D.O.B. 06.03.54, REF: 623238
28 KENDOON AVENUE, GLASGOW G15 8AX

I am writing to let you know that Mrs Watson cancelled her appointment with me for 15th February, 2002, as there has been a family bereavement. I have arranged a new date for her for 1st March, 2002, and I will of course keep you informed of how things go.

With best wishes,

Yours sincerely

Lesley McNair

Dr Lesley McNair
Clinical Psychologist

✓Letter to: Dr J Evans, Consultant in Medical Oncology, BOC, WIG
Copy to: Dr Lyon, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow

West Glasgow Hospitals

STOBHILL
623238

BEATSON ONCOLOGY CENTRE
West Glasgow Hospitals
Western Infirmary
Glasgow
G11 6NT

SECRETARY: 0141 211 1865
FAX: 0141 211 1830

DICTATED: 16.01.02
TYPED: 21.01.02

CLINICAL PSYCHOLOGY

LMcN/LJG

21 January 2002

Dr Jeff Evans
Consultant Medical Oncologist
Beatson Oncology Centre
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Dr Evans

RE: MARY WATSON, D.O.B. 06.03.54, REF: 623238
28 KENDOON AVENUE, GLASGOW G15 8AX

I recently received a telephone call from Mrs Watson asking for a further psychology appointment.

From our records, it would appear that following your referral regarding Mrs Watson in March, 2001, she failed to attend her initial appointment on 15th June, 2001, and then did not make any further contact at that point for further appointments. However, when speaking to her on the telephone, she reported experiencing difficulties with sleep disturbance, being preoccupied with fears of recurrence and said that in general, she felt that she was not coping. I advised her to contact her GP and suggested to her that should you be happy for us to arrange a further appointment for her at this time, we would be happy to oblige.

I look forward to hearing from you.

Spoke to Lesley McN. She will see Mwatson

I have enclosed a copy of your initial referral letter for your information.

With best wishes,

Yours sincerely

Lesley McNair

Dr ~~L~~esley McNair
Clinical Psychologist

Letter to: Dr Jeff Evans, Consultant Medical Oncologist, BOC, WIG
Copy to: Dr Lyon, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow

STEELHILL

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
West Glasgow Hospitals
Western Infirmary
Glasgow
G11 6NT

SECRETARY: 0141 211 1865
FAX: 0141 211 1830

DICTATED: 23.01.02
TYPED: 25.01.02

CLINICAL PSYCHOLOGY

LMcN/LJG

25 January 2002

Dr Jeff Evans
Consultant in Medical Oncology
Beatson Oncology Centre
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Dr Evans

RE: MARY WATSON, D.O.B. 06.03.54, REF: 623238
28 KENDOON AVENUE, GLASGOW G15 8AX

Further to our recent conversation regarding Mrs Watson and your agreement for her to be seen by our service again, I have arranged an Outpatient Appointment for her for 15th February, 2002.

I will of course keep you informed of any developments.

With best wishes,

Yours sincerely

Dr Lesley McNair
Clinical Psychologist

Letter to: Dr J Evans, Consultant in Medical Oncology, BOC, WIG
Copy to: Dr Lyon, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
West Glasgow Hospitals
Western Infirmary
Glasgow
G11 6NT

SECRETARY: 0141 211 1865
FAX: 0141 211 1830

DICTATED: 09.08.01
TYPED: 10.08.01

CLINICAL PSYCHOLOGY

SH/LAG

10 August 2001

Dr J Evans
Consultant in Medical Oncology
Beatson Oncology Centre
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Dr Evans

RE: **MARY WATSON DOB: 6.3.54 REF: 623238**
28 KENDOON AVENUE, GLASGOW, G15 8AX

Further to my letter of 30th of May, Ms Watson failed to attend her appointment for initial psychological assessment. She has not responded to a letter asking her to contact me if she wishes an appointment. I have therefore made no further arrangements to see her and am discharging her. I would of course be happy to see her again in the future should you consider it appropriate.

Yours sincerely

Susie Howat

Dr Susie Howat
Clinical Psychologist

CC Dr Lyon, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow

FLB(W) 623238

YORKHILL NHS TRUST

Tel: 0141 201 0000

EXT. 0802 / 0803 / 0805 / 0806

WEST OF SCOTLAND
CANCER GENETICS SERVICE

Cancer Genetics Associates:
Mark Longmuir
Lesley Snadden
Catherine Watt
MacMillan Cancer Genetics Nurses:
Louise Irvine and Heather Malloch
Consultants:
Dr Rosemarie Davidson (Head of Service)
Dr Margo Whiteford

Institute of Medical Genetics
Yorkhill
Glasgow G3 8SJ

Tel: 0141 201 0802 or 201 0365
Fax: 0141 357 4277

CMW/20104/TJE

May 31, 2001

Dr. J. White
Specialist Registrar
Beatson Onclogy Centre
Western Infirmary
GLASGOW
G11 6NT

File
JN

Dear Dr. White,

Mrs. Mary Watson **28 Kendoon Avenue Glasgow G15 8AX** **(DOB 6/03/54)**
Hosp. no. 623238

Thank you for referring this woman to the Department of Medical Genetics where I saw her on behalf of Dr. Rosemarie Davidson Consultant Clinical Geneticist.

Mrs. Watson was diagnosed with cervical cancer in 1991 and then in 1996 she developed breast cancer. Mrs. Watson is one of 8 siblings and her mother (who died as a result of a myocardial infarction) was one of 9 siblings and there are many cousins in the family. There is no other breast cancer or ovarian cancer in this extended family. This would reduce the likelihood of an inherited predisposition and it is unlikely to be one of the gene faults we know of at present.

I explained to Mrs. Watson that the families who are most likely to have a mutation in one of these genes BRCA 1 and BRCA 2 are those families where there are 4 or more women affected at a young age, particularly if there is both breast and ovarian cancer.

From our guidelines and the family history at present we would not consider Mrs. Watson's daughters to be at significant increased risk of cancer and they would not require early screening. We also discussed several other issues in relation to her cancer diagnosis.

I have enclosed a copy of Mrs. Watson's clinic letter for her notes.

Best wishes.
Yours sincerely

Catherine M. Watt

Ms. Catherine M. Watt
Cancer Genetics Associate.

CMW/20104/MW

May 31, 2001

Mrs. Mary Watson
28 Kendoon Avenue
Glasgow
G15 8AX

Dear Mrs. Watson,

Thank you for attending the Cancer Family History Clinic, I hope that you found it useful. In this letter I will go over what we talked about at the clinic.

I explained that cancer is a common disease that affects 1 in 3 individuals. Most cancer 90-95% occurs by chance and it is sporadic. It is likely that only 5-10% of the disease occurs because of an inherited predisposition or gene fault. Breast cancer is a common disease, which affects 1 in 12 individuals at some point in their lifetime. In a family tree it is not unusual to see two relatives affected by breast cancer.

In families where there is an inherited predisposition or gene fault cancer tends to occur at a younger age; the same type of cancer may affect several family members; there may be unusual cancers; two different cancers may affect one family member or an individual may have bilateral primary cancers.

I explained that a person's body consists of millions of cells that all contain the genetic information that is unique to that individual. This information is contained in structures called chromosomes; these are arranged in pairs, one of each pair being inherited from each parent. The genes are arranged on these chromosomes. Some genes are responsible for eye colour; some genes are responsible for hair colour and some genes are responsible for the control of the cell.

If the genes that are responsible for the control of the cell become damaged then it is possible for that cell to grow uncontrollably, and grow into a cancer. The cell can repair some damage to the genes and the body's immune system can also destroy damaged cells. It also takes time for any one cell to accumulate enough damaged genes to become a cancer cell. This is why most cancer is a disease of old age.

In a person with an inherited predisposition to breast cancer one of these important genes is already damaged, either in a previous generation or when the individual is at a very early stage in the womb. This means that all the cells have one damaged gene already. It therefore takes time to accumulate other bits of damage and thus, the cancer occurs at a younger age.

There are genes which act as instructions determining cell growth. These genes instruct the cells to multiply and divide. If these genes are faulty then the "wrong" instructions are sent out and the cells multiply and divide abnormally eventually becoming a cancer.

You were diagnosed with cervical cancer in 1991 and underwent hysterectomy. In October 1996 you were diagnosed with breast cancer you had a lumpectomy and axillary clearance followed by radiotherapy, chemotherapy and Tamoxifen. There is no other breast cancer or ovarian cancer in your family, which would reduce the likelihood of an inherited predisposition and it is unlikely to be one of the gene faults we know of at present.

So far scientists have identified two predisposition genes, BRCA 1 (located on chromosome 17) and BRCA 2 (located on chromosome 13). The families who are most likely to have a mutation in one of these genes are those families where there are 4 or more women affected at a young age, particularly if there is both breast and ovarian cancer.

From our guidelines and the family history described we would **not** consider your family to be at significant increased risk of developing breast cancer. It would be helpful if you could find out more details on your mother's family. You asked about the increased risk associated with an individual having two primary cancers. I explained that it would be useful to find out more information on your cervical cancer but generally speaking it is not a cancer linked to BRCA 1 and BRCA 2 genetic mutations.

We talked about different issues in relation to your diagnosis and treatment of breast cancer. You told me that you have been experiencing menopausal like symptoms (hot flushes, night sweats and mood swings) which have had a significant impact on you quality of life. In particular you are troubled by the loss of your teeth and the fact that you now have to wear dentures. You feel that you have lost confidence, you have low self-esteem and as a result you feel that your personal and social life has suffered. We talked about the role of Cancer BACUP in providing support to individuals affected by cancer and their relatives the telephone number is 0141 553 1553.

I said that I would write to Mr. Hansell at Stobhill Hospital. I will also contact Sister Cathy Campbell Breast Care Nurse to inquire about accessing Macmillan Funding for you. Previously you missed your appointment at the breast clinic because you were undergoing investigations for respiratory problems.

We discussed possible protective factors. This is an area we do not fully understand however it would appear these factors could reduce the likelihood of breast cancer. A diet high in fresh fruit and vegetables (the current recommended amount is five pieces per day); regular exercise and moderate alcohol. Smoking **increases** the risk of cancer and it is best avoided. Breast self examination is a sensible thing to do as long as it does not make you too anxious. Having said all this some women who do all these things still get cancer so there is no way of being certain of avoiding the disease.

I hope this letter explains what we discussed. If you obtain further family information I would be grateful if you could pass this on to me. Similarly if you would like another appointment this can be arranged by contacting me on 0141 201 0805.

Best wishes.
Yours sincerely

Ms. Catherine M. Watt
Cancer Genetics Associate

WEST GLASGOW HOSPITALS

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 18 05 01
Typed: 22 05 01

Dr S C Lyon
Drumchapel Health Centre
Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

Further to the last letter on this lady, she failed to attend for a mammogram on the 20th of April.

Yours sincerely

T R J Evans
Senior Lecturer &
Honorary Consultant in Medical Oncology

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 15 03 01
Typed: 19 03 01

Dr S C Lyon
Drumchapel Health Centre
Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

Yet again this lady did not attend for her recent mammogram on the 2nd of March. She is due to be seen again in the breast clinic in three months time and it would be more appropriate to try and attempt to do this on the day she is actually in the clinic to ensure that she complies given the number of recent times she has failed to attend for a mammogram.

Yours sincerely

T R J Evans
Senior Lecturer &
Honorary Consultant in Medical Oncology

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

623238 fl3(W)

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
West Glasgow Hospitals
Western Infirmary
Glasgow
G11 6NT

SECRETARY: 0141 211 1865
FAX: 0141 211 1830

DICTATED: 08.03.01
TYPED: 09.03.01

CLINICAL PSYCHOLOGY

SH/LAG

9 March 2001

Dr J Evans
Consultant in Medical Oncology
Beatson Oncology Centre
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Dr Evans

RE: **MARY WATSON DOB: 6.3.54 REF: 623238**
28 KENDOON AVENUE, GLASGOW, G15 8AX

Thank you for referring the above patient to Clinical Psychology. As you may be aware, I am providing a limited service for the duration of Dr Lesley McNair's maternity leave. Unfortunately, I am only available to see patients on a Thursday and as such have had to establish a waiting list. I have added your patient to the list and he/she will be seen in due course, however, should you feel that the referral is of a more urgent nature then please let me know and I will try to prioritise the patient accordingly. Otherwise I will inform you when the patient has been offered an appointment.

Yours sincerely

pp M. Gilchrist (Secretary)

Dr Susie Howat
Clinical Psychologist

CC Dr Lyon, Drumchapel Health Centre, 80/90 Kinfauns Drive, Glasgow

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

JW/LMCM/623238

Dictated: 02 03 01
Typed: 05 03 01

Dr L McNair
Consultant Psychologist
Beatson Oncology Centre
Western Infirmary
Glasgow

Dear Dr McNair

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

Dr Evans would be grateful for your help with the on going psychological support for this lady.

She originally presented in October 1996 with a left breast carcinoma with associated with lymph node involvement. This was treated with surgery, adjuvant radiotherapy, chemotherapy and Tamoxifen. Following this she has been a relatively poor attender at the follow-up clinic. She had a benign lump removed from her breast in July 1998.

She has recently had extensive investigations of chest wall pain and dyspnoea which was thought to be potentially due to a recurrence. I am happy to say her CT scan performed at Stobhill in the middle of February fails to show any evidence of this. In addition she has been investigated by both the cardiologists and the chest physicians at Stobhill with a VQ scan. In addition her symptoms were so bad she actually underwent coronary angiography which demonstrated normal coronary arteries, though Mrs Watson actually told me she had had a myocardial infarction.

She was somewhat re-assured by the results of her recent CT scans, but admits to being overtly anxious about her cancer diagnosis. In the past she has had a radical hysterectomy in 1991 for a carcinoma of the cervix. She has had several contacts with people that have died of cancer. Her two maternal uncles died of leukaemia.

She asked me to prescribe some sedatives to help her sleep. I explained I am extremely reluctant to do this and rather would deal with the underlying cause of her poor sleep and anxiety state. I think she is someone who would very easily become dependant on Benzodiazepines. I note that in the past her GP has been somewhat reluctant to re-prescribe analgesia.

Another potential cause of her anxiety is worry over her daughters age twenty-seven to fifteen, one of whom is a nurse and is aware of the potential use of Tamoxifen as a preventative agent in breast cancer.

To this end I have referred her to Dr Rosemary Davidson for genetic assessment. We will see her again in the breast clinic in three months time and I would be grateful for your opinion on this lady.

Yours sincerely

T R J Evans
Senior Lecturer &
Honorary Consultant in Medical Oncology

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

JW/LMCM/623238

Dictated: 02 03 01
Typed: 05 03 01

Dr R Davidson
Department of Genetics
Yorkhill Hospital
Glasgow

Dear Dr Davidson

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

Dr Evans would be grateful for your advice with this woman with two primary breast cancers.

She initially presented in October 96 age forty-two with a lesion in the left breast. This showed a grade 1 invasive ductal carcinoma T2 with associated DCIS. She underwent a left lumpectomy. One out of thirteen nodes were positive. She was weekly ER positive. Her adjuvant treatment consisted of six cycles of CMF followed by adjuvant radiotherapy and Tamoxifen.

She has also had a radical hysterectomy for a carcinoma of the cervix treated in 1991. She has four daughters age twenty-seven through to fifteen. Her twenty-five year old daughter who is currently in Australia is a nurse and has become aware of the role of Tamoxifen in prevention of breast cancer for those at high risk. Mrs Watson has considerable difficulty with coping with her cancer diagnosis. Indeed she has recently been extensively investigated for a potential recurrence. I am pleased to say that a chest CT scan doesn't show any evidence of chest wall or pulmonary metastases. She admits that some of the anxieties she has concerning her cancer diagnosis, actually relate to the implications for her daughters.

I would be grateful if you could see her with regard to further genetic screening of her family.

There is no specific family history of breast cancer, although two uncles died of leukaemia.

Yours sincerely

J White
Specialist Registrar

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT
General Clinic – Dr T R J Evans

JW/LMCM/623238

Dictated: 27 02 01
Typed: 28 02 01

Dr S C Lyon
Drumchapel Health Centre
Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

I have reassured this lady that the CT scan does not show any abnormality to suggest a recurrence of her breast cancer. Unfortunately she still has on going symptoms of chest wall pain. She found the Dihydrocodeine helpful and I have repeat this again today. In addition she still has exertional dyspnoea and a cough productive of chronic catarrh. She admits to smoking heavily and puts this down to her anxiety state of her overall health. It certainly seems since she had a loss of bereavement some of which cancer related and others due to renal failure and road traffic accidents in her family. She certainly has a lot to cope with.

I think there are two ways forward from this situation. One is to try and address her coping mechanisms with her own ill health and the bereavement she has experienced over the years. To this end I will ask Dr Lesley McNair our Clinical Psychologist to see her and see if we can improve her coping mechanism.

The other point is that she has four young daughters, one of who is a nurse and is aware that Tamoxifen has a role in prevention strategies for women with high risk family's. I think it would seem appropriate in view of the early on set of her breast cancer and the other history of malignancy in her family, to ask Dr Davidson to see her at Yorkhill and get involved with the clinical genetic service.

We should give her a routine appointment to see her in the breast clinic at Stobhill in three months time.

She has a follow-up mammography arranged for 02 03 01 and is due to see Mr Hansell 08 03 01.

Yours sincerely

J White
Specialist Registrar

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

RADIOTHERAPY DEPARTMENT

T R J Evans
A McDonald
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

JW/JL/

Dictated: 22.02.01
Typed: 24.02.01

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

Mary Watson, dob 06.03.54, Unit No 494748 (623238)
28 Kendoon Avenue, Glasgow G15 8AX

This lady's CT scan is now available. I am pleased to say that this does not show any abnormality to account for her symptoms or suggest she has a recurrence of her breast cancer. There were several small subcentimeter lymph nodes seen in the pretracheal region and anterior mediastinum adjacent to the aortic arch of uncertain significance.

Yours sincerely

J WHITE
Specialist Registrar in Oncology

c.c. Mr D T Hansell
Consultant Surgeon
Surgical Division
Stobhill Hospital

27/2/01.
- explained CT scan
- c/o chronic phelgm.
- SOBOE → few yards
- mammography due 2/3/01.
- found dihydrocodeine helpful.
- ongoing (R) chest pain
- daughters - nurse 25 (Australia)
- dtr " - panic attacks 27.
- many family / relatives ? Cancer → Leslie McNair.
- Rosemary Davidson - daughter aware of Tam previous Rx JW

-due to see 8/3/01. - also-15 -26

FU 3/12.

STOBHILL

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE

WESTERN INFIRMARY GLASGOW G11 6NT

General Clinic – Dr T R J Evans

JW/LMCM/623238

Dictated: 06 02 01
Typed: 08 02 01
Follow-up:

Dr S C Lyon
Drumchapel Health Centre
Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

I reviewed this lady at Dr Evans oncology clinic today. The results of her recent blood tests are all within normal limits. Unfortunately she has not had her CT scan which is due at Stobhill Hospital on 20 02 01 and she still hasn't received word of the mammography appointment. I will chase this appointment with the x-ray department when we are next at Stobhill for the peripheral clinic.

She has got on going left sided niggling chest pain. She had been on Dihydrocodeine for this which she found helpful though she stopped it. I have given her a prescription for this again today. Exertional dyspnoea remains a problem on going upstairs. She has good days and bad days and these symptoms do vary. She admits to being anxious about her previous diagnosis of breast cancer. I have explained it is impossible to re-assure her on clinical grounds alone and would need the CT scan. If there is any suspicion on the CT scan of her chest wall or axillary recurrence, we may need to go ahead with a MRI scan.

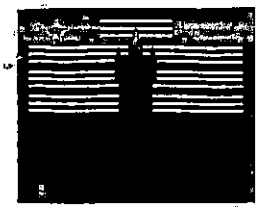
/...

She has an appointment to see us on the 27th of February by which time hopefully her CT report will be available for us.

Yours sincerely

J White
Specialist Registrar

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow



West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT
General Clinic – Dr T R J Evans

TRJE/LMCM/623238

Dictated: 09 01 01
Typed: 10 01 01
Follow-up:

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AX

I reviewed this lady who initially underwent a lumpectomy for a grade 1 invasive ductal carcinoma of the left breast with associated DCIS in October 1996 and was 70% ER positive with one out of thirteen nodes positive. She received six courses of adjuvant CMF chemotherapy, adjuvant radiotherapy and is now on adjuvant Tamoxifen from which she experiences no toxicity.

She had multiple problems when I saw her today in the clinic, mainly of intractable recurrent breathlessness with left sided chest pain, but no cough, sputum, wheeze, palpitations or haemoptysis. She also has long standing constipation ever since her original breast surgery.

I checked her blood profile today including her thyroid function test. On examination there was no abnormality on respiratory, cardiovascular or abdominal examination and there was no clinical evidence of loco regional recurrence or contra-lateral primary.

Further to Dr O'Neill's last letter, I know she has been investigated by the physicians here who have noted a normal chest x-ray, VQ scan and bone scan.

/...

In the first instance I have arranged the blood profile to be taken today and also a mammogram at Stobhill and a CT scan of the chest and abdomen at Stobhill Hospital and will see her back with the results in four weeks time. 16/2/01

Yours sincerely

- CT scan SGH 20/02/01.
- OPH Wishaw Mammography at ST. Chase Thurs.
- SOBOE - Otans a problem
- (L) side c/pain - niggling remains
- DHC - 1yr ago - stopped - did help.
- Symptoms vary from day to day
- tired limited by SOBOE
- lumpiness + pain L (L) breast
- admits to anxiety
- DHC - for pain.
- await results
- See 27/02/01.

J White

T R J Evans
Senior Lecturer &
Honorary Consultant in Medical Oncology

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT
TEL 0141 211 1741 - FAX 01412 211 1869

VON/RM/623238

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

MARY WATSON 06 03 54 Unit No 494748
28 KENDOON AVENUE GLASGOW G15 8AX

Further to my letter of the 12 12 00 I have now had a chance to review this woman's Western notes. I see there is a history intermittently of chest pain and shortness of breath on and off since the early 1980's which the patient has been investigated by the Respiratory Physicians, and has seen the Cardiologists. I understand in fact that the patient underwent coronary angiography which demonstrated normal arteries. She had been an inpatient with chest pain and breathlessness in October under the physicians and had undergone chest x-ray, VQ scanning and bone scan all of which were satisfactory. She was readmitted just a few weeks ago with pyrexia, a raised white count and breathlessness and this was treated on the assumption that it was a chest infection. Her chest x-ray then really showed no change over previous.

I do not think that this is related to her previous history of her one out of 13 Grade 1 T2 breast cancer diagnosed in 1996. I have elected not to go ahead and perform a CT of chest just now however I will review her as planned in January. We will update you then.

Yours sincerely

Vincent O'Neill
Specialist Registrar in Medical Oncology

Letter to: GP Dr S C Lyon
Copy to: Mr D T Hansell Cons Surgeon Stobhill Hospital Glasgow

Dictated: 19 12 00
Typed: 27 12 00
Appt.: 09 01 01

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT
General Clinic – Dr T R J Evans

VO/LMCM/623238

Dictated: 12 12 00
Typed: 13 12 00
Follow-up:

Dr S C Lyon
Drumchapel Health Centre
Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AB

I saw this patient today. Unfortunately she had not been attending over the last few months because we had been sending her appointments to her previous address. This problem has now been rectified.

The patient tells me that over the last four weeks or so she has been experiencing an alternation in her bowel habit, but over the last week or two this has now settled and her bowels are what she describes as normal. She describes no pain, abdominal or otherwise.

She does however complain of breathlessness which she describes as her chief problem. This has been on going for at least three months and is worse sometimes compared to others. I understand the patient has been an in-patient under the care of the physicians in the Western, twice in the past three or four months for investigation of this. I see from the computer that a VQ scan performed on October was normal as was a bone scan, and a chest x-ray round about that time demonstrated mid zone atalectasis, but no other changes. These changes were thought to be present at least since February, although not thought significant. The patient in fact was an in-patient a week or so ago and a chest x-ray from that time has not been reported.

On examining Mrs Watson today there was no clinical evidence of loco regional recurrence of her breast cancer. The abdomen appeared normal. There may have been some dullness at the right base, but I was not fully convinced of this.

I found Mrs Watson today a difficult woman to assess. I was not at all convinced that her breathlessness was in any way related to her breast cancer for example due to underlying lymphangitis. I also thought that her bowel problems which seems to now have resolved, may in fact have been related to the courses of antibiotics the patient has taken for presumed chest infections.

I think I need to review the in-patient notes and discharge summary from the physicians along with her radiology.

Today I have taken baseline bloods and I have arranged to see the patient in the early New Year. We will update you then.

Yours sincerely

V O'Neill
<u>Specialist Registrar</u>

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

19/12/00 — reviewed notes (ms)
— h/o of CP/SOB on + off since 1980's
— has had resp review — prob asthma
angiography! — normal coronaries
U/a ue
bone scan ne.
?? need to CT chest (atelectasis Δ — [illegible])
⟹ review Jan 01
[illegible]

JRGN 09.01

RADIOTHERAPY DEPARTMENT

T R J Evans
A McDonald
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

TRJE/JL/623238

Dictated: 07.12.00
Typed: 19.12.00

Dr J Nugent
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
GLASGOW

Dear Dr Nugent

Mary Watson, dob. 06.03.54, Unit No 494748 (BOC No 623238)
28 Halgreen Avenue, Drumchapel G15 8AB

Many thanks for your letter regarding this lady. I note she has not previously had radiotherapy to the cervical area after a radical hysterectomy (at least not according to my case sheet) to explain her current change of bowel habit. I certainly think it would be appropriate to investigate this further to ensure that she has not got intestinal wall involvement. As you say she is due to see me on 12th.

Yours sincerely

T R J EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

Dr B.A.K.West.	**FRCS. MRCGP**	**80-90 Kinfauns Drive.**
Dr. J.C.Nugent.	**MBChB DRCOG MRCGP**	**Glasgow G15 7TS.**
Dr. S.C.Lyon.	**MBChB MRCGP**	**Tel 0141 211 6100**
Dr. R.T.A.Scott.	**MBChB. MRCGP FRCP DTM & H**	**Fax 0141 211 6104**
Dr.P.G.Cawston.	**BSc MBChB DRCOG** DGM MRCGP	

28 November, 2000

T R J Evans
Radiotherapy Department
Stobhill Hospital
Glasgow
G21 3UW

Dear Dr Evans

Re: Mary Watson, DoB 06/03/54 Unit No. 494748 (BOC No 623238
28 Kendoon Avenue, Glasgow G15 8AX

Thank you for your letter of 26 October 2000 and I believe the reason Mrs Watson hasn't attended the clinic is that she has changed address but this obviously not known to your department. Having said that she seems to have obtained an appointment for 12 December 2000 and it is partly for this reason that I now write to you.

Mrs Watson gives a history of dramatic change in her bowel habit approx. 1 month ago which may or not have occurred around about the same time as a new onset of dyspepsia. Her bowels have gone from being very constipated (possibly partly due in the past to use of dihydrocodeine but not only) to diarrhoea or very loose motions once or twice per day. There is no blood but occasional slime in these motions. She has lost her appetite but as I say this may be associated with the dyspepsia as there is no obvious weight loss. The dyspepsia on the other hand seems to have coincided with the use of NSAID which she has now stopped and in the meantime I have given her a prescription for a H2 antagonist. It is difficult to say whether this is related to the diarrhoea in any way. Given this sudden unexplained change in bowel habit together with a history of cervical and breast carcinoma I thought that she merited investigation at this point and I simply write to you in the hope that you could possibly expedite these investigations. i.e. she will otherwise have to wait for an outpatient appointment before investigations can be progressed. I hope that this is in order but if there are any difficulties with this then please let me know and I can otherwise refer her through the usual channels. Abdominal and PR examination were normal today.

I note past medical history includes a barium enema in 1993 showing a few scattered diverticula in the right hepatic flexure, otherwise nil of note.

Medication includes Tamoxifen, and Cimetidine.

Yours sincerely

Dr. J.C. Nugent

DRUMCHAPEL HEALTH CENTRE

West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 23 11 00
Typed: 28 11 00
Follow-up:

Dr S C Lyon
Drumchapel Health Centre
Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
28 KENDOON AVENUE GLASGOW G15 8AB

I understand this lady has recently changed her address which is why she has been unable to receive her appointments. She wishes to be followed up at the Beatson Oncology Centre and I have sent her an appointment for the 12th of December.

Yours sincerely

T R J Evans
Senior Lecturer &
Honorary Consultant in Medical Oncology

cc. Mr D T Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

RADIOTHERAPY DEPARTMENT

T R J EVANS
A MCDONALD
SECRETARY: 0141 201 3639
FAX: 0141 201 3887

BREAST CLINIC

17 November 2000

TRJE/JL/623238

Mrs Mary Watson
~~28 Halgreen Avenue~~
~~DRUMCHAPEL~~
~~G15 8AB~~

28 Kendoon Avenue
Glasgow G15 8AB.

Dear Mrs Watson

Due to unforeseen circumstances we would like to change your appointment from Thursday 23 November to Thursday 30 November at 3.15 pm.

We are sorry for any inconvenience caused. Please do not hesitate to contact me at the above number if this arrangement does not suit you.

Yours sincerely

J LOGAN
RADIOTHERAPY SECRETARY

RADIOTHERAPY DEPARTMENT

T R J EVANS
A MCDONALD
SECRETARY: 0141 201 3639
FAX: 0141 201 3887

BREAST CLINIC

Dictated: 26.10.00
Typed: 03.11.00

TRJE/JL/623238

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

Mary Watson, dob 06.03.54 Unit No 494748 (BOC No 623238)
28 Halgreen Avenue, Drumchapel G15 8AB

This lady failed to attend the clinic again today for the third time. I have sent her another appointment for 23 November but I would be most grateful if you could let me know if there is any reason why she suddenly doesn't attend.

Yours sincerely

T R J EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

RADIOTHERAPY DEPARTMENT

T R J EVANS
A MCDONALD
SECRETARY: 0141 201 3639
FAX: 0141 201 3887

BREAST CLINIC

Dictated: 26.10.00
Typed: 03.11.00

TRJE/JL/623238

Mrs Watson
28 Halgreen Avenue
DRUMCHAPEL
G15 8AB

Dear Mrs Watson

I note you failed to attend your last few clinic appointments. I am enclosing another appointment for you for 23 November and I hope this will be convenient. If there is any reason why you no longer attend the clinic I would be most grateful if you would let me know.

Yours sincerely

T R J EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

RADIOTHERAPY DEPARTMENT

T R J EVANS
A MCDONALD
SECRETARY: 0141 201 3639
FAX: 0141 201 3887

BREAST CLINIC

Dictated: 05.10.00
Typed: 11.10.00

TRJE/JL/623238

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW
G15 7TS

Dear Dr Lyon

Mary Watson, dob 06.03.54 Unit No 494748 (Beatson No 623238)
28 Halgreen Avenue, Drumchapel G15 8AB

This lady did not attend the clinic today and I have sent her another appointment .

Yours sincerely

T R J EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

RADIOTHERAPY DEPARTMENT
T R J Evans
A McDonald
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

Dictated: 08.06.00
Typed: 14.06.00

TRJE/JL/623238

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow G15 7TS

Dear Dr Lyon

Mary Watson, dob 06.03.54 Unit No 494748 (Beatson No 623238)
28 Halgreen Avenue, Drumchapel G15 8AB

This lady failed to attend clinic today and I have therefore arranged to see her in two weeks time.

Yours sincerely

T. R. J. EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

RADIOTHERAPY DEPARTMENT
T R J Evans
A McDonald
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

HMcK/JL/623238

Dictated: 10.02.00
Typed: 14.02.00

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
GLASGOW G15 7TS

Dear Dr Lyon

Mary Watson, dob 06.03.54 Unit No 494748 Beatson No 623238
28 Halgreen Avenue, Drumchapel, G15 8AB

Diagnosis: Left breast carcinoma T2 N1 1/13 lymph nodes positive Grade 1 ER positive
Treated: Left lumpectomy and axillary node clearance, radiotherapy and adjuvant Tamoxifen 1996.
July 1998 further excision of benign breast lump anterior breast

I reviewed this lady in the out patient clinic today. I was sorry to see that she has had such problems with depression and anxiety. She informs me that all her analgesia have been stopped and this is causing her considerable distress. She is in pain to the evenings related to her previous axillary surgery

I have suggested she approach you to discuss her psychological problems further and we will review her in clinic in four months time.

Yours sincerely

H McKAY
SPECIALIST REGISTRAR IN ONCOLOGY

cc Mr D T Hansell
Consultant Surgeon
Stobhill Hospital

RADIOTHERAPY DEPARTMENT
T R J Evans
A McDonald
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

Dictated: 20.01.00
Typed: 25.01.00

TRJE/JL/623238

Mrs Mary Watson
28 Halgreen Avenue
Drumchapel G15 8AB

Dear Mrs Watson

I note you have failed to attend several of your recent Breast Clinic appointments at Stobhill. Once again I can only stress the importance that you be reviewed on a regular basis. I will arrange another appointment for you and if this is not convenient for you then please let me know.

Yours sincerely

T. R. J. EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

RADIOTHERAPY DEPARTMENT
DR T R J EVANS
DR A McDONALD
TELEPHONE NO: 0141 201 3639
FAX NO: 0141 201 3887

BREAST CLINIC

TRJE/AW/623238

Clinic: 06.01.2000
Typed: 11.01.2000

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon

MARY WATSON, D.O.B. 06.03.54, UNIT NO. 494748
28 HALGREEN AVENUE, DRUMCHAPEL, G15 8AB

This lady failed to attend the Oncology Breast Clinic today.

I have sent her another appointment, but I would be most grateful if you could let me know what her current state of health is.

Yours sincerely

T R J Evans
Senior Lecturer & Honorary Consultant in Medical Oncology

STOBHILL
NHS TRUST

DIRECTORATE OF GENERAL SURGERY
BREAST CLINIC

MR. D. T. HANSELL

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000

SECRETARY: 0141-201-3780
FAX No: 0141-557-5507

123238

FE/JH/CLI 14 10 99

15th October 1999

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyon

MARY WATSON DOB 06 03 54 UNIT NO 494748
28 HALGREEN AVENUE DRUMCHAPEL G15 8AB

Diagnosis: Left Grade 1 with associated DCIS breast carcinoma - October 1996.
T2 N1 ER positive.

Treatment: Left lumpectomy and axillary node clearance, radiotherapy.
Adjuvant Tamoxifen 1996.
July 1998 further excision of benign lump anterior aspect of breast.

This lady has now defaulted from follow up at the Breast Clinic on two occasions. There was no evidence of recurrence of her breast carcinoma at her last visit however I wonder if you might let us know if it would be appropriate to send her a further follow up appointment. We will not take any action until we hear from you.

Yours sincerely

Fiona

Dr Fiona Eatock
Senior House Officer

cc: Dr T R J Evans
Senior Lecturer & Consultant in Medical Oncology
Radiotherapy Department
Stobhill Hospital

RADIOTHERAPY DEPARTMENT
T R J Evans
A McDonald
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

Dictated: 01.07.99
Typed: 06.07.99

TRJE/SAF/623238

Dr S C Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow G15 7TS

Dear Dr Lyon

Mary Watson dob 06.03.54 Unit no 494748
28 Halgreens Avenue Drumchapel G15 8AB

I reviewed this lady who initially underwent a lumpectomy for a grade one, invasive ductal carcinoma of the left breast with associated DCIS in October 1996 and was noted to be 70% ER positive with 1/13 nodes positive. She received six courses of adjuvant CMF radiotherapy, adjuvant chemotherapy and is now on adjuvant Tamoxifen from which she experiences no toxicity. She drew my attention today to a white spot on the nipple but there is no evidence of malignancy or any disease recurrence on examination today. No lymphadenopathy and the contralateral breast is also normal. She should continue the Tamoxifen and she will see Mr Hansell in three months and myself in six months.

Yours sincerely

T. R. J. EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

cc Mr D T Hansell
Consultant Surgeon
Stobhill NHS Trust Hospital

STOBHILL
NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000

DIRECTORATE OF GENERAL SURGERY
BREAST CLINIC

MR. D. T. HANSELL

SECRETARY: 0141-201-3780
FAX No: 0141-557-5507

HP/JH/CLI 11 03 99

15th March 1999

1/7/99 - Tam.
- white spot on nipple.

Dr S C Lyon
Drumchapel Health Centre
80 -90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Lyons

MARY WATSON DOB 06 03 54 UNIT NO 494748 (623238)
28 HALGREEN AVENUE DRUMCHAPEL G15 8AB

Diagnosis: Left Grade 1 with associated DCIS breast carcinoma - October 1996.
T2 N1 ER positive.

Treatment: Left lumpectomy and axillary node clearance, radiotherapy.
Adjuvant Tamoxifen 1996.
July 1998 further excision of benign lump anterior aspect of breast.

I reviewed this lady at Mr Hansell's Breast Clinic. I was sorry to hear she has not been so well recently. She states she is having difficulty sleeping, she is tearful, and on occasion irritable. Her appetite is poor and she lacks motivation. There is no history of weight loss.

On examination today there is no evidence of any local nor systemic recurrence. Once again she was concerned about a lump in the middle of her previous benign lumpectomy scar. This has been seen on mammogram and an FNA was reported as acellular 3 months ago. I repeated the FNA today and unfortunately once again it is acellular. I have reassured Mrs Watson that I did not feel this is in any way concerning. Today I was more concerned about her mental state and felt she was depressed. I have suggested she comes to speak to yourself about this.

Yours sincerely

Dr Heidi Parkinson
Clinical Assistant to Mr D T Hansell MD (Hons) FRCS

cc: Dr T R J Evans
Senior Lecturer & Consultant in Medical Oncology
Radiotherapy Department
Stobhill NHS Trust

STOBHILL
NHS TRUST

DIRECTORATE OF GENERAL SURGERY
BREAST CLINIC

MR. D. T. HANSELL

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000

SECRETARY: 0141-201-3780
FAX No: 0141-201-3889

ED/JH/CLI 08 10 98

12th October 1998

Dr Lyon
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow G15 7TS

Dear Dr Lyon

MARY WATSON DOB 06 03 54 UNIT NO 494748 (623238)
28 HALGREEN AVENUE DRUMCHAPEL G15 8AB

Diagnosis: Left Grade 1 with associated DCIS breast carcinoma – October 1996. T2N1 ER positive.
Treatment: Left lumpectomy and axillary node clearance, radiotherapy, adjuvant Tamoxifen 1996. July 1998 further excision of benign lump anterior aspect of breast.

I reviewed this 44 year old lady in Mr Hansell's Breast Clinic today. She tells me that she has been well since her last visit. She does however complain of a lumpy region around the most inferior scar on her left breast. She doesn't think this has changed since her last visit.

On examination today both axillae are clear. The right breast is clear. There is a lumpy area around the inferior scar on the left breast but this feels clinically like scar tissue.

Mammography today demonstrated no evidence of malignancy but advised biopsy or FNA of this region.

FNA of this region was described as acellular which is entirely in keeping with scar tissue.

In view of the above I have therefore reassured Mrs Watson. Although she is now 2 years post lumpectomy and she is not to be seen for 6 months she is rather anxious and keen to be seen before this. I have therefore agreed to see her in 3 months time after which she should be seen on a 6 monthly basis.

Yours sincerely

Dr Euan Dickson
Senior House Officer

cc: Dr T R J Evans, Senior Lecturer & Consultant in Medical Oncology
Radiotherapy Department, Stobhill NHS Trust

Dr T R J Evans
Radiotherapy Department
Tel 0141 201 3639
Fax 0141 201 3887

Breast Oncology Clinic

Dated: 20 August 1998
Typed: 24 August 1998

VON/RD/623238

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow G15

Dear Dr Lyon

MARY WATSON (06 03 54) UNIT NO 494748
32 KENDOON AVENUE DRUMCHAPEL G15

I saw this lady today for review. She tells me she is well and on discovery of a breast lump at her last visit, this patient has since been in to have the lump excised. In keeping with the fine needle findings, this was benign.

Mrs Watson tells me today that she can again feel a lump and on examination, the area around the new scar at about 6 o'clock, did feel indurated. However, I have reassured her on this.

Mrs Watson is currently taking Tamoxifen with no problems. She is due to see Mr Hansell in a month and I have arranged to review her in six months.

Yours sincerely

VINCENT O'NEILL
Clinical Research Fellow in Medical Oncology

cc
Mr D T Hansell
Consultant Surgeon
Stobhill NHS Trust

RADIOTHERAPY DEPARTMENT
T R J Evans
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

Dictated: 9 July 1998
Typed: 13 July 1998

VO/RD/623238

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow G15

16/9

Dear Dr Lyon

MARY WATSON (06 03 54) UNIT NO 494748
32 KENDOON AVENUE DRUMCHAPEL G15

I saw this lady today for review. She tells me she has been well but drew my attention to a lump in her left breast she had noticed in the last 2-3 weeks. This is painless and does not seem to be getting any bigger. You will recall her history of grade 1, left breast carcinoma treated by lumpectomy, radiotherapy, chemotherapy and adjuvant Tamoxifen. Mrs Watson underwent mammography in April this year which showed deformity of left breast consistent with previous surgery. On examining this woman, there was a 1cm firm lump at 6 o'clock at the under surface of the left breast. There was no other abnormality.

This lady's case was discussed with Mr Hansell today who performed a fine needle aspiration of this and also the area of spiculation demonstrated at the last mammogram. These needle biopsies demonstrated just fatty tissue. However, after discussion with Mr Hansell, Mrs Watson would like the inferior lump removed. Arrangements have been made for her to be seen again by Mr Hansell in 5 weeks' time. We will keep you up to date.

Yours sincerely

VINCENT O'NEILL
Clinical Research Fellow in Medical Oncology

cc
Mr D T Hansell
Consultant Surgeon
Stobhill NHS Trust Hospital

Well.
Had lump excised 16/7
– benign.
d/c induration scar site
nil else.
on tam
see 6/12

RADIOTHERAPY DEPARTMENT
T R J Evans
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

Dictated: 8 January 1998
Typed: 12 January 1998

MMc/RD/623238

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow G15

Dear Dr Lyon

MARY WATSON (06 03 54) UNIT NO 494748
32 KENDOON AVENUE DRUMCHAPEL G15

Diagnosis: left grade I with associated DCIS breast carcinoma diagnosed Oct.1996, T2N1 ER positive
Treatment: lumpectomy, axillary node clearance, radiotherapy & adjuvant Tamoxifen

I reviewed Mrs Watson in the Oncology clinic today. She has been quite concerned over the persistent cough that has been present over the last two months despite a course of Amoxycillin. Her sputum is white with no associated chest pain or shortness of breath.

On examination, her chest is clear. Chest x-ray today, I am pleased to say, showed no evidence of metastases.

I suspect this is persistent chest infection. I gather there has been an outbreak of microplasma and it may be worth trying her on Erythromycin for this persistent cough. I have strongly reassured her today this is not recurrence of her disease. I have arranged to see her again in six months and she is due to see Mr Hansell in three months.

Yours sincerely

Melanie MacKean
Senior Registrar in Medical Oncology

cc
Mr D T Hansell
Consultant Surgeon
Stobhill NHS Trust

RADIOTHERAPY DEPARTMENT
T. R. J. EVANS
Secretary: 0141-201-3639
Fax: 0141-201-3887

Breast Clinic

TRJE/MMcD/623238

Dict: 26.06.97
Typed: 09.07.97

Dr. Lyon,
Drumchapel Health Centre,
80 Kinfauns Drive,
Glasgow,
G15.

Dear Dr. Lyon,

Mary Watson, dob. 6.3.54, Unit No. 494748
32 Kendoon Avenue, Drumchapel, Glasgow, G15

This lady has now completed six cycles of adjuvant chemotherapy, adjuvant radiation therapy to the previous lumpectomy area, and is now on adjuvant Tamoxifen which she will continue for five years in the first instance.

Her main symptoms at present are hot flushes(I have advised her to take Evening Primrose Oil) sore eyes with some occasional blurring and she is awaiting an Ophthalmology opinion I understand.

On examination there is no evidence of local or regional recurrence and there is no evidence of proliferative retinopathy which is a rare side effect of Tamoxifen. She is seeing Mr. Hansell in three months and myself in six months.

Yours sincerely,

T. R. J. Evans
Senior Lecturer & Hon. Consultant in Medical Oncology

c.c. Mr. D.T. Hansell, Consultant Surgeon, Stobhill NHS Trust.

West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE

Tel - 0141-211 1743
Fax - 0141-337 1712

PAC/JB/623238

Dictated - 8.5.97
Typed - 14.5.97

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
GLASGOW

Dear Dr Lyon

RE **Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow.**
Hospital Number 623238
DOB 6.3.54

Diagnosis **Carcinoma of the breast.**
Treatment **Adjuvant radiotherapy 46Gy in 23 fractions plus boost.**

This lady has now completed her palliative radiotherapy as above. I would expect her to have an erythema in the treated area lasting for two or three weeks following completion of her treatment, but this should settle down spontaneously.

She will be reviewed by Dr Evans at the Stobhill breast clinic in the near future.

Yours sincererly

P A Canney
Consultant in Clinical Oncology

cc GP
Mr Hansell, Consultant Surgeon, Stobhill

West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 11 02 97
Typed: 19 02 97

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
32 KENDOON AVENUE DRUMCHAPEL GLASGOW

This lady is well with no toxicity apart from the alopecia. There is no evidence of recurrent disease. Her blood counts were satisfactory and she has received her sixth and final course of CMF chemotherapy today. Adjuvant radiation has already been planned.

She starts adjuvant Tamoxifen today and I have warned her about the likely side effects, although of course having had a hysterectomy the increased risk of endometrial carcinoma does not apply for her.

She is due some dental work in ten days time and I have re-iterated once again how she must have her blood count and prior to this to make sure she is not either thrombocytopaenic or neutropaenic prior to dental work being done.

She will be seen again in six weeks time at Stobhill.

Yours sincerely

T R J Evans
Senior Lecturer and Honorary Consultant in Medical Oncology

cc. Mr Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE

Tel - 0141-211 1739
Fax - 0141-337 1712

AA/JB/623238

Dictated - 6.2.97
Typed - 16.2.97

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
GLASGOW

Dear Dr Lyon

RE **Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow**
Hospital Number 623238
DOB 6.3.54

Diagnosis **T2 N1 grade one, left breast carcinoma.**
Treatment **Breast conservation surgery, axillary clearance, adjuvant CMF, adjuvant radiotherapy.**

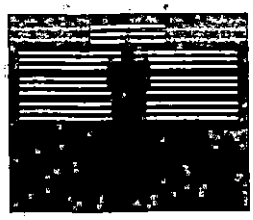
I reviewed this lady in the oncology clinic today. She is well with no symptoms or signs of recurrence. She was referred here for consideration of adjuvant post operative radiotherapy and she would of course be suitable for this and was told about what it involved today and she is keen to have this. It involves a 5 week course of daily out patient radiotherapy treatment, the side effects anticipated are mild tiredness, erythema and itching of the left breast itself.

We will of course keep you informed as to her progress.

Yours sincerely

A Armour
Registrar

cc GP
Mr Hansell, Consultant Surgeon, Stobhill



West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 21 01 97
Typed: 28 01 97

Dr P Canney
Consultant Oncologist
Beatson Oncology Centre
Western Infirmary
Glasgow

Dear Peter

MARY WATSON 06 03 54
32 KENDON AVENUE DRUMCHAPEL GLASGOW

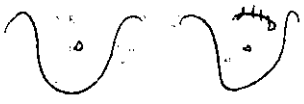
This forty-two year old lady underwent complete excision of a grade 1 invasive ductal carcinoma with associated DCIS in October 1996. This was treated at an extended lumpectomy and one out of thirteen lymph nodes were positive in the axilla. 70% of the nuclei were weakly positive of oestrogen receptors. There is no evidence of metastatic disease.

I have prescribed a fifth course of adjuvant CMF chemotherapy today and she will be seen in three weeks (11 02 97) for a sixth and final course of chemotherapy following which I will start her on Tamoxifen. As she has only had a lumpectomy, clearly she will require radiation treatment for local control and I would be grateful if you could see her accordingly.

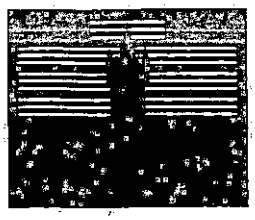
Yours sincerely

T R J Evans
Senior Lecturer and Honorary Consultant in Medical Oncology

letter to GP
copy to Mr Hansell

11/2/97 well.
No toxicity except alopecia
ok OLN

no recurr.

- FSC : ⊓.
- CMF (6)
- RT plans
- start tamoxifen 20mg
6/52 Stobhill



West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 21 01 97
Typed: 28 01 97

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
32 KENDON AVENUE DRUMCHAPEL GLASGOW

This lady who is on adjuvant chemotherapy for node positive breast cancer, thought she had palpated a new lump in the left breast. The only other event since the last course of chemotherapy was a viral illness for which she has now completely recovered and the fact that two of her front teeth have broken. She is planning to see her dentist for these to be repaired in two weeks and I have stressed the importance for a blood count done the day before to make sure she is not neutropaenic or thrombocytopaenic before embarking on any dental procedures.

She has grade 2 allopecia but there has been no problem with sore eyes or nausea or vomiting on this occasion. She does have a bout of abdominal pain lasting for about one day at about seven or eight days after her chemotherapy.

On examination there is no mucositis. I can find no evidence of recurrent disease in the left breast with no nodules in the scar. There is some general deep lumpiness beneath the scar but I think this is purely a post operative change. I have prescribed her fifth course of CMF today and she will be seen again in three weeks for her sixth and final course. Following that she will need radiation therapy unless she has a lumpectomy, and also Tamoxifen and I will write to Dr Canney to organise the radiation treatment.

Yours sincerely

T R J Evans
Senior Lecturer and Honorary Consultant in Medical Oncology

cc. Mr Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 31 12 96
Typed: 08 01 97

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
32 KENDON AVENUE DRUMCHAPEL GLASGOW

This lady has been well apart from a one week history of cough, not productive of any sputum with no breathlessness or febrile episodes. This has now improved after a weeks course of antibiotics. She is otherwise well and her chest is clear. There is no evidence of recurrent disease and her blood count today is satisfactory. She has therefore has her fourth course of CMF chemotherapy and will be seen again in three weeks.

Yours sincerely

T R J Evans
Senior Lecturer and Honorary Consultant in Medical Oncology

cc. Mr Hansell, Cons Surgeon, Stobhill Hospital, Glasgow

21/1/97. Thought lump in (L) breast.
2 front teeth broken.
into 2 Alopecia
No problem with eyes, c/v.
Abdo pain ~ D7 - D8.

c/c 0 recurrents

no scar nodule.
generally deep impress - post op.
No signs recurr.
- CMF (5)
- 3/52

Letter to RAH re RT.

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY - GLASGOW

Direct Line: 0141 211 2545
FAX No: 0141 337 1712

31/12/96 - Cyl 2 ° sputum 1/52
- °SOB ° pain.
- No febrile episodes.
- otherwise well.
cn/v.

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
GLASGOW
G15

Dictated: 10 December 1996
Typed: 17 December 1996

o/e chest clear.

TRJE/LMCC/623238

Fix: Cycle(4) 3/52

Dear Dr Lyon

MARY WATSON - 32 KENDOON AVENUE - DRUMCHAPEL - GLASGOW - DOB 6.3.54

This lady is having some toxicity from her chemotherapy mainly in the form of hair loss, gritty eyes, conjunctivitis, nausea and vomiting. There has been no febrile episodes.

On examination there was no evidence of recurrent disease and I have added Cyclizine 50 mgs tds for 5 days to the Domperidone 20 mgs tds for 5 days and given her Kytril 1 mg bd for 3 days. She persists with the Folinic Acid and there has been no dose reduction.

She will return again in 3 weeks' time.

Yours sincerely

T R J Evans
SENIOR LECTURER AND HONORARY CONSULTANT IN MEDICAL ONCOLOGY

cc Mr Hansell
Consultant Surgeon
STOBHILL HOSPITAL

BEATSON ONCOLOGY CENTRE
WESTERN INFIRMARY GLASGOW G11 6NT

HM/LMCM/623238

Dictated: 19 11 96
Typed: 22 11 96

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54
32 KENDOON AVENUE DRUMCHAPEL GLASGOW

Diagnosis: Left breast carcinoma T2 N1
One out of fifteen lymph nodes positive grade one ER positive

I reviewed this pleasant lady in the out-patient clinic prior to her second cycle of CMF chemotherapy. I was sorry to hear that she had had such problems with nausea and vomiting and heartburn following her first cycle of chemotherapy. Her dyspeptic symptoms subsided with Omeprazole and Gaviscon, but sadly she managed to loose the Omeprazole tablets and has subsequently has had recurrence of her symptoms. I was concerned that the dyspepsia was associated with Dexamethasone as it was particularly bad for the three days immediately following chemotherapy. I have therefore substituted Kytril for this.

She continues to use Dihydrocodeine for analgesia and feels that she does not want to alter this regime as she feels she is taking a large number of tablets. We will therefore keep Carbamazepine in reserve. She was complaining of sore eyes and I have prescribed Hypermellose eye drops.

We will review her in the clinic in three weeks time. She understands she can contact us at any time should the need arise.

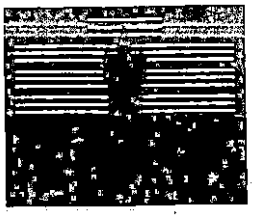
Yours sincerely

10/12/96
• Gritty eyes.
• heartburn
• n/v
• Alopecia
o/e oLN.
• nurse.
– Continue current doses.
– Add cyclizine say 3 } 5/7
– Add dyspepsia 2q3 }
– ↑ kytril to 5q2 1/7

H McKay
Research Fellow in Medical Oncology

cc. Mr Hansell, Cons Surgeon, Stobhill Hospital

CMF (3) 3/52



West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE

WESTERN INFIRMARY, DUMBARTON ROAD
GLASGOW G11 6NT
Tel - 0141-211 1741
Fax - 0141-337 1712

JDB/JB/623238

Dictated - 5.11.96
Typed - 8.11.96

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
GLASGOW

Dear Dr Lyon

RE **Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow, G15 8AX**
Hospital Number 623238
DOB 6.3.54

Diagnosis **Left breast carcinoma, T2 N1. (1 of 13 lymph nodes positive), grade one, ER positive.**

I reviewed this 42 year old lady at the oncology clinic on the 5th November. Unfortunately, she has had considerable nausea and vomiting as well as heartburn following her first cycle of CMF chemotherapy. Today, the 8th day however, she has been feeling a lot better and her symptoms are now subsiding. I have today given her Gaviscon and Omeprazole for her heartburn which has been a considerable problem. I will ensure that she also gets stronger anti-emetic therapy prior to her next course of chemotherapy in two weeks time.

She will be reviewed back here on the 19th November.

Yours sincerely

Dr Johann De Bono
Research Fellow in Oncology

cc GP
Mr Hansell, Cons Surgeon, Stobhill

West Glasgow Hospitals University NHS Trust

BEATSON ONCOLOGY CENTRE

WESTERN INFIRMARY, DUMBARTON ROAD
GLASGOW G11 6NT
Tel - 0141-211 1741
Fax - 0141-337 1712

JDB/JB/623238

Dictated - 29.10.96
Typed - 31.10.96

Dr Lyon
Drumchapel Health Centre
80 Kinfauns Drive
GLASGOW

Dear Dr Lyon

RE **Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow, G15 8AX**
Hospital Number 623238
DOB 6.3.54

Diagnosis **Left breast carcinoma T2 N1 (1 of 13 lymph nodes postive), grade one, ER positive.**

I reviewed this 42 year old lady at the oncology clinic today. As you are aware, she has recently been diagnosed to have a T2 N1 tumour which was a grade one invasive ductal carcinoma of the left breast. Essentially, this is a good prognosis tumour, however, in view of her nodle involvement, she requires adjuvant treatment in the form of chemotherapy. Since, she has had a lumpectomy, she will also require radiotherapy after her chemotherapy is completed.

Today, she received her first cycle of combination chemotherapy in the form of CMF. She also received the usual anti-emetic therapy. She will once her chemotherapy is completed, be started on Tamoxifen 20mg per day.

She has been complaining what I suspect is neuralgia related to an axillary nerve trauma caused by her axillary clearance and I have today prescribed Di-Hydrocodeine to try and control her pain. She had been Co-Codamol to no effect. Should her allergy continue to be a major problem, she may benefit from oral Carbamazepine and this will be considered when we see her back in our clinic in a weeks time. The intention will be to give her 6 cycles of chemotherapy at 3 weekly intervals. Her prognosis is good.

Yours sincerely

Dr Johann De Bono
Research Fellow in Oncology

cc GP
Mr Hansell, Cons Surgeon, Stobhill

RADIOTHERAPY DEPARTMENT
T R J Evans
Secretary: 0141 201 3639
Fax: 0141 201 3887

Breast Clinic

Dictated: 24 October 1996
Typed: 25 October 1996

TRJE/RD

H30
75
900.

Mr D T Hansell
Consultant Surgeon
Stobhill NHS Trust

Dear Douglas

MARY WATSON (06 03 54) UNIT NO 494748
32 KENDOON AVENUE DRUMCHAPEL G15 8AX

Many thanks for asking me to see this 42 year old lady who has undergone complete excision of a grade I invasive ductal carcinoma with associated DCIS, with 1/13 lymph nodes positive in the axilla and 70% of the nuclei weakly positive for oestrogen receptors. There is no evidence of metastatic disease either clinically or at the staging procedures.

I have arranged for her to attend the Western Infirmary on 29 October to start the first of six courses of CMF chemotherapy followed by adjuvant radiation and Tamoxifen. Subsequently, she will be followed up at Stobhill clinic and I would advise she have a mammogram one year after completing adjuvant treatment.

Best Wishes

Yours sincerely

T R J EVANS
Senior Lecturer & Honorary Consultant in Medical Oncology

cc
Dr S Lyon
Springburn Health Centre
200 Springburn Way
Glasgow G21 1TR

• left arm / shoulder neuralgia. (axillary nerve)
→ dihydrocodeine 30mg qid

CMF
Y52.
? Carbamazepine.

BEATSON ONCOLOGY CENTRE

GENERAL HISTORY SHEET

Seen at: Breast Clinic, Stobhill

Consultant in charge: T R J Evans

Referring Consultant & Hospital: Mr D T Hansell, Cons. Surgeon, Stobhill

GP: Dr S Lyon, Drmchapel H Centre, 80-90 Kinfauns Dr, G15 7TS Practice 40205

Patient Details: Mary Watson (06 03 54) unit no 494748
32 Kendoon Avenue Drumchapel G15 8AX Tel 944 7780

NEW ADDRESS
728 HALGREEN AVE
DRUMCHAPEL
G15 8AB

DIAGNOSIS:
Primary site: left breast
Tumour type: invasive ductal carcinoma
Stage:

History by: TRJEvans/RD **Date:** 24 October 1996

SIGNS & SYMPTOMS:
This 42 year old lady presents with a one year history of a lesion in the left breast which recently began to grow with some pain but no discharge or bleeding from nipple and no change in breast contour or inversion of the nipple.
DRUGS: pain killers for intermittent abdominal pain as a sequelae of her previous abdominal surgery.
ALLERGIES: Augmentin
Systemic enquiry unremarkable.

PAST HISTORY:
Radical hysterectomy 1991 for carcinoma of the cervix.
Excision of left breast cyst.

FAMILY AND SOCIAL HISTORY:
Lives with three of four daughters. Smokes 15 cigarettes/day.
Mother's two brothers died of leukaemia, one of those had a sudden death at 14 by cancer. Mother and father died of ischaemic heart disease.

TREATMENT BEFORE REFERRAL:

EXAMINATION ON REFERRAL BY: TRJE 24 10 96
Fit. Cardiovascular, respiratory examination unremarkable. Abdominal examination shows previous laparotomy scars. Right breast unremarkable. Left breast has a healed lumpectomy wound and healed axillary dissection wound.

HISTOLOGY:
Initial lumpectomy shows a grade I, invasive ductal carcinoma which is 25x25x25 mm reaching one excision margin totally with associated DCIS. The local excisions infiltrate. A subsequent extended left lumpectomy showed 2 foci of residual grade I ductal carcinoma but there is no disease present at the surgical margins and the cavity shavings showed no evidence of carcinoma or DCIS. 70% of carcinoma cell nuclei are weakly positive for oestrogen receptors. 1/13 lymph nodes has evidence of metastatic carcinoma.

over/

X-RAY REPORTS:
CXR - no evidence of metastatic disease.
U/S of abdomen and bone scan show no evidence of metastatic disease. Only fullness in the collecting system of the right kidney on bone scan.

OTHER INVESTIGATIONS:
FBC, Us& Es, LFTs normal.

OPINION AND TREATMENT:
For six courses of CMF chemotherapy followed by radiation therapy and Tamoxifen followed by annual mammography.

MOULD ROOM INSTRUCTIONS:

INSTRUCTIONS:
Letter Mr Hansell cc GP

BEATSON ONCOLOGY CENTRE

Chemotherapy Flow Chart

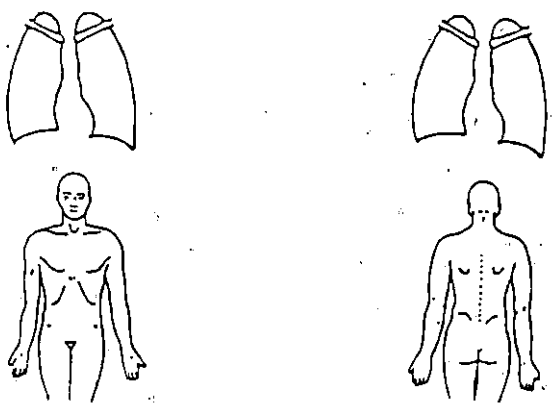
Patient's name Mary Watson

B.O.C. No. 494748

DATE		29/10/96	5/11/96	19/11	10/12/96	31/12/96	21/1/96	11/2/97	
CYCLE No.		1		2	3	4	5	(6)	
DAY OF TREATMENT		(1)		(1)	(1)		(1)	(1)	
HAEMATOLOGY	WBC	10.25		9.56	10.53	8.5	8.25	8.54	
	HAEMOGLOBIN	14.2		14.2	14.6	13.5	13.1	16.1	
	PLATELETS	280		220	222	286	236	256	
HEIGHT 151 cms	Weight	57kg							
	Surface Area	1.52m²							
CHEMO Drug Dose Route Q									
1 Cyclophosphamide 750mg/m²		1130mg		1130mg	1130mg	1130mg	1130mg	1130mg	
2 Methotrexate 50mg/m²		75mg		75mg	75mg	75mg	75mg	75mg	
3 5FU 600mg/m²		900mg		900mg	900mg	900mg	900mg	900mg	
4									
5									
6									
OTHER DRUGS (eg Antiemetics, Analgesics or Anxiolytics) Drug Dose Route									
Kytril tab 1mg po		✓		✓		/	/	/	
Rolpenidone 20mg po 3/7		✓		✓		/	/	/	
Dexamethasone 8mg IV		✓		✓		/	/	/	
Dexamethasone 2mg tds po 3/7		✓					/	/	
folinic and ursodeoxycholic		✓					/	/	
TOXICITY (WHO grades)									
Oral			0	0/1	0		0	0	
Nausea/Vomiting			2	2	0		0	0	
Diarrhoea			0	0	0		0	0	
Cutaneous			0	0	0		0	0	
Hair			0	2	2		2	2	
Neurotoxicity			0	0	0		0	0	
Others: Heartburn			✓	1	0		1	0	
Salty tongue				2	1		0	0	
Abdo cramps							1	0	
Creatinine Clearance									
EVALUABLE LESIONS									
1									
2									
3									
4									
5									
PERFORMANCE STATUS		0		0	0	0	0	0	
RESPONSE									
AFP/HCG/CA125									
INITIALS OF CLINICIAN		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Haematological (adults)					
Haemoglobin	≥11.0 g/100 ml ≥110 g/l ≥6.8 mmol/l	9.5-10.9 g/100ml 95-109 g/l 5.6-6.7 mmol/l	8.0-9.4 g/100 ml 80-94 g/l 4.95-5.8 mmol/l	6.5-7.9 g/100ml 65-79 g/l 4.0-4.9 mmol/l	<6.5 g/100 ml <65 g/l <4.0 mmol/l
Leucocytes (1000/mm³)	≥4.0	3.0-3.9	2.0-2.9	1.0-1.9	<1.0
Granulocytes (1000/mm³)	≥2.0	1.5-1.9	1.0-1.4	0.5-0.9	<0.5
Platelets (1000/mm³)	≥100	75-99	50-74	25-49	<25
Haemorrhage	None	Petechiae	Mild blood loss	Gross blood loss	Debilitating blood loss
Gastrointestinal					
Bilirubin	≤1.25xN*	1.26-2.5xN*	2.6-5xN*	5.1-10xN*	>10xN*
Transaminases (SGOT/SGPT)	≤1.25xN*	1.26-2.5xN*	2.6-5xN*	5.1-10xN*	>10xN*
Alkaline phosphatase	≤1.25xN*	1.26-2.5xN*	2.6-5xN*	5.1-10xN*	>10xN*
Oral	No change	Soreness/erythema	Erythema, ulcers: can eat solids	Ulcers: requires liquid diet only	Alimentation not possible
Nausea/vomiting	None	Nausea	Controllable	Intractable	Not included
Diarrhoea	None	Transient <2 days	Tolerable, but >2 days	Intolerable, requiring therapy	Haemorrhagic dehydration
Renal					
Blood urea nitrogen or blood urea creatinine	≤1.25xN*	1.26-2.5xN*	2.6-5xN*	5-10xN*	>10xN*
Proteinuria	No change	1 + <0.3% <3 g/l	2-3 + 0.3-1.0 g% 3-10 g/l	4 + >1.0 g% >10 g/l	Nephrotic syndrome
Haematuria	No change	Microscopic	Gross	Gross + clots	Obstructive uropapthy
Pulmonary	No change	Mild symptoms	Exertional dyspnea	Dyspnea at rest	Complete bed rest required
Fever with drug	None	Fever <38ºC	Fever 38º-40ºC	Fever >40ºC	Fever with hypotension
Allergic	No change	Oedema	Bronchospasm; no parenteral therapy needed	Bronchospasm; parenteral therapy required	Anaphylaxis
Cutaneous	No change	Erythema	Dry desquamation, vesiculation, pruritis	Moist desquamation, ulceration	Exfoliative dermatitis; necrosis requiring surgical intervention
Hair	No change	Minimal hair loss	Moderate, patchy alopecia	Complete alopecia but reversible	Non-reversible alopecia
Infection (specify site)	None	Minor infection	Moderate infection	Major infection	Major infection with hypotension
Cardiac					
Rhythm	No change	Sinus tachycardia, >110 at rest	Unifocal PVC, atrial arrhythmia	Multifocal PVC	Ventricular tachycardia
Function	No change	Asymptomatic, but abnormal cardiac sign	Transient symptomatic dysfunction; no therapy required	Symptomatic dysfunction responsive to therapy	Symptomatic dysfunction non-responsive to therapy
Pericarditis	No change	Asymptomatic effusion	Symptomatic; no tap required	Tamponade; tap required	Tamponade: surgery required
Neurotoxicity					
State of consciousness	Alert	Transient lethargy	Somnolence <50% of waking hours	Somnolence >50% of waking hours	Coma
Peripheral	None	Paresthesias and/or decreased tendon reflexes	Severe paresthesias and/or mild weakness	Intolerable paresthesias and/or marked motor loss	Paralysis
Constipation**	None	Mild	Moderate	Abdominal distention	Distension and vomiting
Pain* **	None	Mild	Moderate	Severe	Intractable

*N Upper limit of normal value of population under study. ** This does not include constipation resultant from narcotics.
*** Only treatment-related pain is considered, *not* disease-related pain. Use of narcotics may be helpful in grading pain depending on the patient's tolerance.



IMAGING

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

01018489 K 22/03/01 MN 0027162
494748

WATSON, Mary 47Y F TJR, EVANS

X-RAY REPORT
RADTH

28 KENDOON AVENUE, DRUMCHAPEL, G15 8AX

623238

****

THIS PATIENT DID NOT ATTEND FOR THIS EXAMINATION AND FAILED TO CONTACT THE DEPARTMENT. PLEASE MAKE APPROPRIATE ARRANGEMENTS IF YOU WISH THIS EXAMINATION RE-ARRANGED FOR ANOTHER DATE.

****

*DR IA MACLEOD/FES 26/03/01

STOBHILL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT

26/03/01 - MAMMOGRAM

Kalamazoo S-10480968-12xt

X RAY PATH OLOGY

X-RAY W.I.G.

01029433 V 19/04/01 XR 0070302
623238
WATSON, Mary 47Y F TJR, EVANS BOCOPD
~~28 KENDOON AVE, GLASGOW, G15 8AX~~

BILATERAL MAMMOGRAM

The patient did not attend for the examination. No further appointment has been issued. If this examination is still required, please re-refer.

* DNA/JW 20/04/01

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

RADIOLOGY DEPARTMENT

20/04/01 - BILATERAL MAMM

28/03/01 - BILATERAL MAMM

02/03/01 - BILATERAL MAMM

Checked by Dr M W Sproule.

File

*DR S BALLANTYNE/FES 20/02/01

20/02/01 - CT CHEST/ABD/PE

29/01/01 - MAMMOGRAM

RADIOLOGY MANAGEMENT

Patient Enquiry - Report Text Screen 1 of 1

qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq

. Patient Number : MN0027162 WATSON, Mary
. Attendance No. : 98022608R Female 06 Mar 54 Main 09 Apr 98
Radiologist : BRYDEN F MACLEOD IA

eport Text:>atelectases. It is slightly more marked at the right base compared with the previous examination of 8 1 98. No other new intrapulmonary abnormality is seen.

13/01/98 - CHEST

01023877 V 28/03/01 XR 0070302 623238 **X-RAY W.I.G.**

WATSON, Mary 47Y F TJR, EVANS BOCOPD

28 KENDOON AVE, GLASGOW, G15 8AX STOBHILL ?

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

RADIOLOGY DEPARTMENT

BILATERAL MAMMOGRAM

This examination was cancelled by the patient. PATIENT NOT WELL ANOTHER APPT TO BE SENT OUT

* DNA/EM 28/03/01

28/03/01 - BILATERAL MAMM

02/03/01 - BILATERAL MAMM

Checked by Dr M W Sproule.

*DR S BALLANTYNE/FES 20/02/01

20/02/01 - CT CHEST/ABD/PE

29/01/01 - MAMMOGRAM

Patient Enquiry - Report Text Screen 1 of 1

1. Patient Number : MN0027162 WATSON, Mary
2. Attendance No. : 98022608R Female 06 Mar 54 Main 09 Apr 9
   Radiologist : BRYDEN F MACLEOD IA

Report Text:>atelectases. It is slightly more marked at the right base compared with the previous examination of 8 1 98. No other new intrapulmonary abnormality is seen.

13/01/98 - CHEST

01011368 B 20/02/01 MN 0027162 494748 **X-RAY REPORT**

WATSON, Mary 46Y F TJR, EVANS RADTH

28 KENDOON AVENUE, DRUMCHAPEL, G15 8AX 623238

Clinical Information :
1996 left lumpectomy. Radiotherapy and chemotherapy. No known mets. Increasing shortness of breath. Left lower zone and left hypochondral pain.

CT SCAN CHEST, ABDOMEN & PELVIS
Contrast enhanced volume acqusition of chest and abdomen with 10 mm collimation.

No significant abnormality is apparent within the lungs. Several small (subcentimeter) lymph nodes are seen in the pretracheal region and anterior mediastinum adjacent to the aortic arch. There are of uncertain significance. No other significant abnormalities demonstrated within the mediastinum. The solid upper abdominal organs are within normal limits. No significant abnormality seen within the abdomen.

Checked by Dr M W Sproule.

*DR S BALLANTYNE/FES 20/02/01

20/02/01 - CT CHEST/ABD/PE

29/01/01 - MAMMOGRAM

Patient Enquiry - Report Text Screen 1 of 1

qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq

1. Patient Number : MN0027162 WATSON, Mary 09 Apr 98
2. Attendance No. : 98022608R Female 06 Mar 54 Main
   Radiologist : BRYDEN F MACLEOD IA

Report Text:>atelectases. It is slightly more marked at the right base compared with the previous examination of 8 1 98. No other new intrapulmonary abnormality is seen.

13/01/98 - CHEST

7th

6th

...BHILL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT

X-RAY REPORT

01011368 B   20/02/01   MN 0027162
494748

WATSON, Mary   46Y   F   TJR, EVANS   RADTH

28 KENDOON AVENUE, DRUMCHAPEL, G15 8AX   623238

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Checked by Dr M W Sproule.

*DR S BALLANTYNE/FES   20/02/01

20/02/01 - CT CHEST/ABD/PE

29/01/01 - MAMMOGRAM

RADIOLOGY MANAGEMENT -

Patient Enquiry - Report Text   Screen 1 o

qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq

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2. Attendance No. : 98022608R   Female   06 Mar 54   Main   09 Apr
   Radiologist : BRYDEN   F   MACLEOD   IA

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13/01/98 - CHEST

STOBHILL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT

WATSON, Mary 46Y F TJR, EVANS RADTH

28 HALGREEN AVENUE, DRUMCHAPEL, G15 623238

****
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THIS PATIENT DID NOT ATTEND FOR THIS EXAMINATION AND FAILED TO CONTACT THE DEPARTMENT. PLEASE MAKE APPROPRIATE ARRANGEMENTS IF YOU WISH THIS EXAMINATION RE-ARRANGED FOR ANOTHER DATE.

****
****

*DR J SHAND/JH 29/01/01

Re-place →

29/01/01 - MAMMOGRAM

RADIOLOGY MANAGEMENT - Screen 1 of 1
Patient Enquiry - Report Text

1. Patient Number : MN0027162 WATSON, Mary 09 Apr 98
2. Attendance No. : 98022608R Female 06 Mar 54 Main
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13/01/98 - CHEST

STOBHILL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT

494748

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28 HALGREEN AVENUE, DRUMCHAPEL, G15 623238

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*DR J SHAND/JH 29/01/01

29/01/01 - MAMMOGRAM

RADIOLOGY MANAGEMENT Screen 1 of

Patient Enquiry - Report Text

qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq

1. Patient Number : MN0027162 WATSON, Mary 09 Apr 9
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13/01/98 - CHEST

Patient Enquiry - Report Text Screen 1 of 1

qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq

nt Number : MN0027162 WATSON, Mary

ndance No. : 98022608R Female 06 Mar 54 Main 09 Apr 98

ologist : BRYDEN F MACLEOD IA

t Text:>Clinical Information :
Lumpectomy and adjurant chemotherapy in June. Radiotherapy. Left pleuritic pain.

MAMMOGRAPHY
There is deformity of the left breast consistent with previous surgery. At the site of the scar there is increased density and spiculation. This may be due to the surgery however recurrence at the scar cannot be excluded in the absence of previous films. There is skin thickening at the site of the scar.

There is no evidence of malignancy within the right breast.

CHEST
The heart is not enlarged. There is bilateral basal linear

Page 1 of 2 : Multivalue Action

RADIOLOGY MANAGEMENT SYSTEM 09 Jul 9

Patient Enquiry - Report Text Screen 1 of

qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq

1. Patient Number : MN0027162 WATSON, Mary

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13/01/98 - CHEST

2nd

98001616 K

08/01/98

MN 0027162
494748

X-RAY REPORT

RADTH

WATSON, Mary

43Y F

TJR, EVANS

623238

32 KENDOON AVENUE, GLASGOW, G15

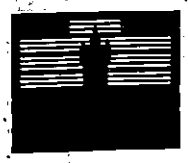
Clinical Information :
Cough for 2 months. Breast Carcinoma

CHEST
The heart is not enlarged. There is a small area of linear atelectases in the left mid zone which was present in 1996. There is no evidence of active pulmonary disease.

*DR J SHAND/FED 13/01/98

13/01/98 - CHEST

STOBHILL NHS TRUST GLASGOW
RADIOLOGY DEPARTMENT



WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

DISCHARGE PLANNING - ONCOLOGY PATIENTS

Patient Name: MARY WATSON Date of Birth 6/3/54 Unit No. 623238

Predicted Discharge Date: (1) / / (2) / / (3) / /

Please inform all necessary disciplines if arrangements change - initial next to original signature

Discussed with patient / / By: _____

Discussed with family / / By: _____

Arrangements for discharge co-ordinated by: _____

WARD: F2 CONSULTANT: EVANS

Preparation Required		Date Arranged	Arranged by
District Liason Sister	Yes / N/A	/ /	
Macmillan Nurse	Yes / N/A	/ /	
District Nurse	Yes / N/A	/ /	
Special Equipment Required			
Date Requested		/ /	
Expected Delivery		/ /	
Hospice Day Care	Yes / N/A	/ /	
Hospice Home Care	Yes / N/A	/ /	
Social Worker	Yes / N/A	/ /	
Physiotherapist	Yes / N/A	/ /	
Dietician	Yes / N/A	/ /	
Transport Required	Yes / N/A	/ /	
Booked			
Type of Transport 1 Man Ambulance, 2 Man Chair / Stretcher			
Other			
O.P. Appointment Given / Sent		/ /	
Tick if Transport Required	☐		
Patient's own drugs returned	Yes / N/A	/ /	
Discharge medication given & explained	Yes / N/A	/ /	
Immediate discharge letter given	Yes / N/A	/ /	
District Nurse letter given	Yes / N/A	/ /	
Discharge dressings given	Yes / N/A	/ /	
Equipment on loan	Yes / N/A	/ /	
Type of equipment *(please specify)*			

Other Information

_____

_____

_____

NAME Mary Watson

HOSPITAL No.

AGE

PHYS/

DEPT

SURG.

WARD

0061632

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT FORM 7

DIAGNOSIS:

SUGAR

URINE

ALB.

Drugs before admission

DATE | TIME | O/A.

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

KEY B.P. III PULSE RESP XXX

BLOOD PRESSURE

PULSE RATE

RESPIRATION

INTAKE ml

URINE ml

Temp 36.5°C

THERAPY

GRH

NAME MARY WATSON

HOSPITAL No

AGE

PHYS/ SURG. Dr Evans

DEPT WARD F2

IN-PAT FORM

IN PATIENT CONTINUATION HISTORY

DATE	
4/12/96	
1030pm	- Mrs Watson telephoned the ward - concerned about headache, earache & flu-like symptoms 2/52 post-chemo ∴ asked to attend ward for obs & FBC
	Hb 13.5 Apyrexial
	WBC 3.82 (1.51)
	Plts 313
	Home → c advice
	Stu
	Cons-call

GREATER GLASGOW HEALTH BOARD

CLINICAL CHART

NAME Mary Watson HOSPITAL BOC/WIG

WARD F2 HOSPITAL NUMBER G23238

DATE

TIMES

40.0°

39.5°

39.0°

TEMP °C

38.5°

O–O

38.0°

37.5°

37.0°

36.5°

36.0°

150

140

PULSE/ min

130

●–●

120

110

MIN

100

90

80

70

60

50

40

RESP/ min

30

X–X

20

BOWELS

WEIGHT

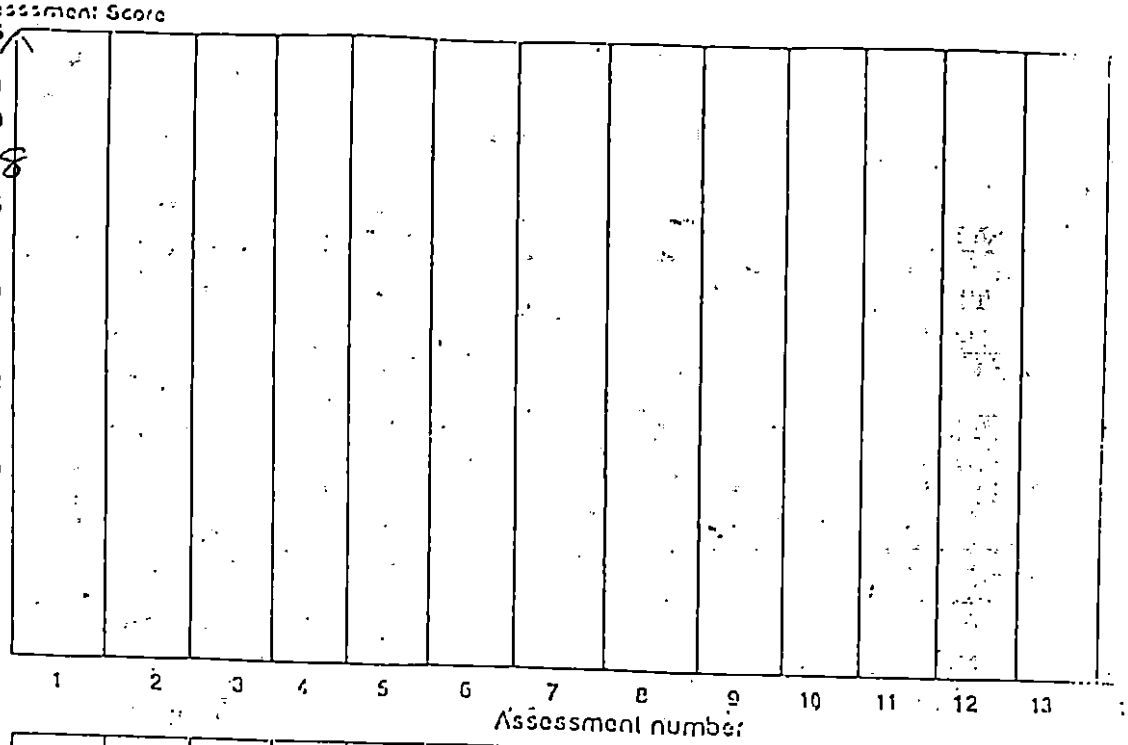
GRH

The Douglas / Watret Pressure Sore Risk Assessment Documentation

Name MARY WATSON
Ward F2
Unit No: 623238
Date of ADMISSION

Patient event Code scores:-
A = O/A to NE
B = O/A to ward
C = Pre - op
D = Immediate post-op
E = Other (specify)

nb : following patient assessment document = intervention taken nursing care plan



Waterlow risk assessment	Date / No	Initials	1	2	3	4	5	6	7	8	9	10	11	12	13
Build/weight for height															
average	0														
above average	1														
obese	2														
below average	3														
Continence															
complete catheterised	0														
occasional incont	1														
catheter/incontinent of faeces	2														
doubly incont	3														
Skin type visual risk areas															
healthy	0														
tissue paper / dry	1														
oedematous / clammy (pyrexial)	1														
discoloured	2														
broken/spot	3														
Mobility															
fully	0														
restless / fidgety	1														
apathetic	2														
restricted	3														
bed / chair	4														
chair/wheel	5														
Age/Sex															
male / female	1 / 2														
14 - 49	1														
50 - 64	2														
65 - 74	3														
75 - 80	4														
81 +	5														
Appetite															
average	0														
poor	1														
N.G. tubes / fluids only	2														
absent / anorexic	3														
Special risks															
tissue malnutrition															
e.g. terminal cachexia	8														
cardiac failure	5														
peripheral vascular disease	5														
anaemia	2														
smoking	1														
Neurological deficit															
e.g. diabetic, M.S., CVA															
motor + sensory paraplegia	4 - 6														
Major surgery / trauma															
orthopaedic															
below waist, spinal	5														
on table > 2 hours	5														
Medication															
cytotoxics, high dose steroids	4														
anti-inflammatory															
Total score															

Score : < 10 = low risk; 10 - 14 = at risk; 15 - 19 = high risk; 20 + = very high risk

Waterlow score modified with kind permission of J. Waterlow

PATIENT NURSING HISTORY

DATE OF ADMISSION

PATIENTS NAME MARY WATSON

ADDRESS 32 KENDOON AVE
GLASGOW
G15 8AX.

TELEPHONE NO.

DATE OF BIRTH 6-3-54. AGE 42.

RELIGION

NEXT OF KIN (1)

ADDRESS

TELEPHONE NO.

RELATIVES NOTIFIED OF ADMISSION

PATIENT SPOKEN TO BY CONSULTANT

RELATIVES SPOKEN TO BY CONSULTANT

TIME WARD F2

HOSPITAL BOC

CONSULTANT EVANS

HOSPITAL NO. 623238.

G.P.

TELEPHONE NO.

OCCUPATION

SACRAMENTS OF THE SICK

NEXT OF KIN (2)

ADDRESS

TELEPHONE NO.

CLOTHING LISTED

PATIENTS OWN DRUGS

SOCIAL CIRCUMSTANCES Lives with 3 of 4 daughters
Smokes 15 ciggs daily

REASON FOR ADMISSION CMF CHEMOTHERAPY then XRT

PATIENTS PERCEPTION OF ILLNESS

DIAGNOSIS/OPERATION (L) BREAST CARCINOMA
PREVIOUS CERVICAL CANCER - RADICAL
(1991) HYSTERECTOMY

OTHER HEALTH PROBLEMS Lumpectomy

ALLERGIES AUGMENTIN

0062456/GRH

MAINTAINING A SAFE ENVIRONMENT

NUTRITION

ELIMINATION

HYGIENE

SLEEP

MOBILITY

SENSES

BREATHING

OTHER RELEVANT INFORMATION

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐

DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐

TICK (√) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE _____ PULSE _____ RESPIRATIONS _____

BLOOD PRESSURE _____ HEIGHT _____ WEIGHT _____

URINALYSIS _____

SIGNATURE OF ADMITTING NURSE _____

PATIENT CARE PLAN:

NAME: MARY WATSON WARD: F2. DATE OF ADMISSION:

HOSPITAL: BOC. HOSPITAL NO. 623238

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.	DATE COMM.	TECHNICAL CARE		DATE DISC.
				OBSERVATIONS		
	MOBILISATION					
				WOUND CARE		
	DIET					
	BLADDER & BOWEL CARE			SPECIMENS	INVESTIGATIONS	
	SPECIAL NEEDS					

PATIENT CARE PLAN: NAME: WARD: DATE OF ADMISSION:

HOSPITAL: HOSPITAL NO.

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.	DATE COMM.	TECHNICAL CARE	DATE DISC.
	MOBILISATION			OBSERVATIONS	
	DIET			WOUND CARE	
	BLADDER & BOWEL CARE			SPECIMENS / INVESTIGATIONS	
	SPECIAL NEEDS				

JMcC/942278

NAME: MARY WATSON DATE OF ADMISSION:

HOSPITAL: BOC/WIG. HOSPITAL NO: 623238.

DATE	PATIENT PROGRESS REPORT (CONT)	SIGNATURE

0093365/GRH

DATE	PATIENT PROGRESS REPORT *(Use other side first)*	SIGNATURE