YOUR HONOR
THIS IS WHAT THE INSURANCE HAS DONE FOR ME

Frank Rutherford

Peabody
COAL COMPANY

Camp Business Unit
P.O. Box 328
Morganfield, Kentucky 42437
Phone (502) 389-1006
Fax (502) 389-6515

October 30, 1996

Mr. Frank D. Rutherford
112 E. Short Street
Clay, KY 42404

Dear Mr. Rutherford:

RE: EMPLOYMENT HISTORY
SS# [redacted]9272

This is in response to your employment history request.

The employment records of Peabody Coal Company, a Delaware Corporation, and/or the employment records of predecessor companies, in the possession of Peabody Coal Company reflect the following:

LOCATION	CLASSIFICATION	DATES
Camp #1	Laborer	05/03/71
	Roof Bolter	07/21/71
	Roof Bolter Operator	11/26/71
	Fireboss	03/29/72
	Stationary Equip. Operation	11/02/87 To Present

Sincerely,

Betty F. Jones

Betty F. Jones
Administrative Assistant

DISABILITY AWARD DATE 18 APRIL, 2001
PENSION NOVEMBER 1, 2000

Pittsburgh Safety & Health Technology Center
P.O. Box 18233
Pittsburgh, PA 15236

Dust Division

June 26, 2000

MEMORANDUM FOR ROBERT G. SMITH
Health Specialist, Coal Mine Safety and Health
District 10, Madisonville, KY

THROUGH: THOMAS F. TOMB
Chief, Dust Division

FROM: PAUL S. PAROBECK
Supervisory Physical Scientist

SUBJECT: Bulk Samples for Asbestos Determination

Recently our laboratory received a bulk sample which you submitted for the determination of the presence of asbestos. The sample was from a brake pad at the Peabody Coal Company, Camp No. 1 Mine, Mine I.D. 15-02709. The sample was forwarded to the OSHA Laboratory in Salt Lake City, Utah, for analysis.

OSHA has reported the sample to contain 25 percent Chrysotile Asbestos, estimated volume percent. A copy of the analytical report from the OSHA laboratory is attached.

If you have any questions regarding the analyses, please do not hesitate to contact me at (412) 892-6893.

Job Title: 11. Number Exposed:

12. Frequency of Exposure:

Exposure Summary

13. Line No.	14. Sub. Code	15. Req Std	16. Sepl Type	17. Exp Type	18. Exposure Level	19. Units	20. PEL	21. Adj	22. Severity
	9020	L	S						

23. Citation Information

No Cit.	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

24. Additives (Enter Line No. for these agents contributing to additive effect:

25. Total Number of Lines (13): Analysis Results

26. Analyst's Comments (Including Analytical Method) ID-191
Asbestos (fibers > 5 micrometers)
Bulk sample is an estimated volume percent.

27. CHAIN OF CUSTODY

	INIT	DATE
a. Seals Intact?	N	
b. Rcvd in Lab	BJD	06/08/2000
c. Rcvd by Anal.	CLM	06/15/2000
d. Anal. Completed	CLM	06/16/2000
e. Calc. Checked	ASP	06/16/2000
f. Supr OK	DTC	06/20/2000

BR549
V55110 CONTAINED 25% CHRYSOTILE ASBESTOS.

28. Sample Submission No: BR549
29. Lab Sample No.: V 55110 BULK
Time / Type: 0.0 Min/ S

30. Analyte Name

31. Analysis Results / 32. Sample Included in Calculations of:

9020	Asbestos (all forms)	25.0000 % T BULK

OSHA-91B (Rev. 1/84) Sampling Number: S Case File Page /of

TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 91B and submit them directly to IMIS.

UNITS of MEASURE are:

P = Parts per million
F = Fibers per cubic centimeter
X = Micrograms
M = Milligrams per cubic meter
% = Percent
Y = Milligrams
L = Milligrams per liter (urine)
D = Micrograms per deciliter (blood)
C = Pico curies per liter (Radon gas)

Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. If there are any questions call the laboratory for appropriate analyte codes (ie. ICP uses fume analyte codes when the IH may have sampled for dust).

ND The results are below the detection limits.

Bulk samples are analyzed to provide an estimate of the composition of the material submitted. The results reported should be considered semi-quantitative only.

I.H. Sampling Data

U.S. Department of Labor
Mine Safety and Health Administration

A. Date Samples Collected	Mo	Da	Yr	B. Mine ID Number	C. Mine Name
	06	06	00	15-02709	Camp No 1 Mine

D. Company Name	E. Inspector Name	F. AR Number	G. Field Office No.
Peabody Coal Company	Robert G. Smith	2175-1	21000

H. Site Codes for: 1—MMU. 2—UG Shop. 3—UG Warehouse. 4—UG Other. 5—Surf Plt. 6—Surf Shop. 7—Surf Warehouse. 8—Laboratory. 9—Bathouse. 10—Prep Plant & 11—Surf Other.

I. Sampling Data	Sample 1	Sample 2	Sample 3
1. Sample ID Number	BR-549		
2. Type of Sample	Brake Pad - Bulk		
3. Site Code	11 (Hoist)		
4. Occupation Code	N/A		
5. Pump Number	N/A		
6. Time Stop	N/A		
7. Time Start	N/A		
8. Total Time (minutes)	N/A		
9. Flow Rate	N/A		
10. Sample Medium	N/A		
11. Lot Number	N/A		
12. Temperature (°F)	N/A		
13. Humidity (%)	N/A		
14. Barometric Pressure (mmHg)	N/A		
J. Operation/Location	Hoist House Brake Pad from Hoist		
K. Type Analysis Desired	ASBESTOS		
LAB Number	20000C036		

L. Special Instructions or Comments

UMWA Representative requested ANALysis for Asbestos

M. Date Sample(s) Submitted for Analysis	Mo	Da	Yr
	06	06	00

MSHA Form 2000-194, Mar 98

BE SHARP
VOTE BECKY SHARP
WEBSTER CO. CLERK

3 1/2 weeks stay

STEM CELL TRANSPLANT MARCH 6 2001

SEPT. 2001 MRI LOUISVILLE COPY TO REGIONAL MEDICAL CENTER

APRIL 15 2002 MRI + XRAYS AT REGIONAL CENTER

Paid for by Becky Sharp, Sebree, KY

MERLE M. MAHR CANCER CENTER
RADIATION ONCOLOGY CONSULTATION

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 05/06/99

DATE DICTATED: 05/06/99 **DATE TRANSCRIBED:** 05/06/99

REFERRING PHYSICIAN: Dr. Kluger

REASON FOR CONSULTATION: Possible plasmacytoma of the right posterior seventh or eighth rib mass, invading adjacent vertebra and chest wall.

HISTORY IN BRIEF: This 58 year-old, young white gentleman started noticing pain in his right paraspinal region about 2 years ago. The pain was a dull ache, constant, gradually getting worse, so he went to see family physician about a year ago and initial examination and chest x-ray were normal according to the patient. The patient remained under observation since then, however lately his pain was getting worse with increasing exercise intolerance and some shortness of breath. At times the pain was waking him up during the night time, so he went to see family physician, Dr. Holder who got chest x-ray. Chest x-ray showed right sided pleural based lung mass, suspicious for cancer and CT guided needle biopsy of the mass was performed which showed tight cluster of atypical plasma cells consistent with plasmacytoma. The patient was subsequently referred to Dr. Kluger for further work up. CT of the chest has shown large mass in posterior right hemithorax, pleural based, destroying the posterior aspect of two of the right lower ribs and extension of the mass outside the chest wall also noticed. Most of the mass was extending inward but does not invade in the lung parenchyma with some extension of the mass medially and destroying the right side of one of the vertebral bodies, extending into the spinal canal noticed. With that MRI of the chest was performed which has shown tumor involving T8-9 vertebral body along the right half with extension into the pedicle and transverse process and posterior element as well as right chest and rib. Compromise in the neural foramina at the level of T7-8 and T8-9 noticed. Mild central stenosis at the T8 level with moderate T8-9 central stenosis found. With this finding, bilateral bone marrow biopsy has been done and now I have been asked to see the patient for consideration of radiation therapy treatment, evaluation for possible underlying plasmacytoma problem.

PAST MEDICAL HISTORY: Is significant for -
1. Hypertension since the last 4 years.
2. Hypercholesterolemia.

SOCIAL HISTORY: The patient denies any smoking or alcohol abuse.

FAMILY HISTORY: Unremarkable for cancer.

ALLERGIES: No known allergy.

REVIEW OF SYSTEMS: The patient is a young white gentleman, conscious, cooperative, well developed, well nourished, not in any acute distress. He denies any headache, nausea, vomiting, wobbly gait, getting weak, tired, or bowel or urinary complaints. Denies any wheezing, shortness of breath, cough or hemoptysis. However chest pain in right paraspinous area posteriorly is still persistent and he needs to take pain medicine now and then. The patient denies any night sweats, fever, itching also. Denies any weight loss.

PHYSICAL EXAMINATION: All lymphatic drainage areas examined and no lymphadenopathy noticed.

HEENT: Pupils reactive to light. Conjunctiva pink. No oral or oropharyngeal lesions noted.

Lungs: Clear to auscultation, without any wheezing, crepitation, dull percussion noticed on the right mid lung posteriorly. No obvious chest or rib tenderness noticed on deep pressure or pounding.

Heart: Rate and rhythm regular.

Abdomen: Soft without hepatosplenomegaly.

Extremities: Without cyanosis or edema.

There is no tenderness on the spine or back.

Neurological Examination: Physiologically intact.

MRI of the spine and CT chest reviewed and findings as mentioned above. Plain chest x-ray has shown one of the rib destruction on the right lower side. Review of chart has shown platelet count of 1.4 within normal range. Oncology panel is within normal range including Chem-7 and calcium is also within normal range at 10.1. CBC shows hemoglobin of 14.5 with hematocrit of 42.8, white count of 6.6 thousand, platelet count of 205,000. Lymphocyte count of 37, slightly elevated.

DIAGNOSIS: Possible plasmacytoma, bilateral bone marrow biopsy results pending.

DISCUSSION AND RECOMMENDATION: Looking over blood chemistry, x-ray findings and only one known lesion, it seems to me the patient is probably having solitary plasmacytoma. The patient is not having any major symptoms except for local pain and discomfort in right paraspinous area, lower chest region posteriorly secondary to the rib destruction from underlying

plasmacytoma process in this area. In that case, if bone marrow biopsy report is negative for multiple myeloma, treatment of choice is radiation therapy treatment. If patient is found to have multiple myeloma on bone marrow biopsy, then combined chemo radiation will be helpful.

Education information material has been provided. All of the questions related to radiation were answered to the patient and family after 30 minutes of family conference. We will wait until final bone marrow biopsy report is available and then make a final decision for further treatment plan and approach.

Looking toward rib and vertebral destruction and tumor encroaching to the spinal cord causing mild to moderate stenosis and neuroforaminal destruction, the patient ~~has~~ can benefited with a course of radiation treatment. If it is multiple myeloma, then will go on low dose radiation, however if it is only solitary plasmacytoma, then high dose radiation will be helpful to control disease in this area locoregionally for prolonged time to improve the quality of life and possibility of chances of cure. Radiation therapy treatment role, goal, side effects have been discussed with the patient and family in detail. Final radiation dosage recommendation will be followed after bone marrow biopsy report available and will try to coordinate treatment care with medical oncologist.

Thank you for the opportunity to participate in the care and treatment of this patient.

Satish J. Shah, M.D.

5/7/99

SJS/sdp
7242
cc: Kenneth Holder, M.D.
Neil Kluger, M.D.

MERLE M. MAHR CANCER CENTER

PROGRESS NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 05/17/99

DATE DICTATED: 05/17/99 **DATE TRANSCRIBED:** 05/19/99

DIAGNOSIS: Plasmacytoma.

The patient is here to review the results of his recent bone marrow study done on 05/06/99. The bone marrow aspirate and biopsy is completely normal.

SUBJECTIVE: The patient reports he has been feeling tired and has been having frequent nausea with episodes of emesis. He reports the medications Dr. Shah has been giving him are helping him. He also reports he has been feeling too tired to drive. He also reports a lot of pain in his rib cage at the area of the plasmacytoma.

OBJECTIVE: The patient appears to be in some pain.

Vital signs: Blood pressure is 130/76. Pulse is 66. He is breathing at 18 per minute. He is afebrile. Weight is 193.3 pounds. This compares to a weight of 205 pounds on May the 6th.

The HEENT exam shows no scleral icterus. The conjunctivae are normal; pink in color. The oral mucosa and pharynx are without lesions.

The neck is supple; without lymphadenopathy.

The lungs are clear to auscultation with right side pain on deep inspiration. The right rib cage is tender posteriorly. There is no vertebral tenderness.

The cardiac exam shows a regular rate and rhythm.

The abdomen shows no distention or tenderness. No hepatosplenomegaly is appreciated.

The extremities show no edema.

ASSESSMENT: The patient's right-sided rib pain is secondary to his tumor. His nausea and vomiting are most likely secondary to the radiation. He is currently undergoing his second week of radiation as of today.

PLAN: I will leave his analgesia and antiemetic medications up to the radiation oncologist, Dr. Shah.

The patient reports, while he did go to work last week, he experienced a lot of back and right rib pain on the job and that he is currently feeling too tired to put in a full day's work, as well as being afraid he will not

MERLE M. MAHR CANCER CENTER

PROCEDURE NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF PROCEDURE:** 05/06/99

DATE DICTATED: 05/06/99 **DATE TRANSCRIBED:** 05/06/99

PROCEDURE: Bone marrow biopsy and aspirate.

Prior to doing the procedure and with the patient fully clothed, I explained to him the potential side effects and benefits of the bone marrow biopsy and aspirate. He appeared to understand this and he agreed to have the procedure done. Subsequently, I did a bilateral bone marrow aspirate and biopsy from both posterior superior iliac spines. The patient appeared to tolerate the procedure well. I will see the patient again in about a week to review the results with him. I have discussed his case with Dr. Shah, our radiation oncologist, who will be seeing the patient later today.

Neil J. Kluger, M.D.

NJK/lkh
7091

COPY

MERLE M. MAHR CANCER CENTER

RADIATION FOLLOW-UP NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 05/07/99

DATE DICTATED: 05/07/99 **DATE TRANSCRIBED:** 05/08/99

This patient was seen in consultation yesterday. She came back today for radiation therapy treatment planning and further management. Bone survey was done yesterday, which has failed to show any lytic lesions involving the long bones or axial skeleton, except for 9th rib posterior destruction, along with soft tissue mass. No other abnormality noticed suggestive of multiple myeloma. Bilateral iliac crest bone marrow biopsies have shown about 1% of plasma cells. Iron is adequate and normal, and it seems to be completely normal bone marrow.

Findings have been informed to the patient. No other new complaints noticed. With these findings, it is more likely that patient is going to have solitary plasmacytoma. We are going to go ahead and finish complete staging workup, along with serum and urine immunoelectrophoresis. I will discuss the case with Dr. Kluger also.

With this, will consider starting radiation treatment on Monday, May 10, and will treat as a solitary plasmacytoma case unless immunoelectrophoresis shows anything, then plan will change, which I doubt. Once again, radiation therapy treatment, role, goals, side effects have been discussed with the patient in detail, which he understood it well and agreed to go with treatment. Simulation has been done today, and plan is to deliver close to 6,000 cGy in five to six weeks with shrinkage field technique via PA lateral wedge port technique.

Satish J. Shah, M.D.

5/10/99

SJS/ddw
7459

COPY

be able to drive the 20 miles or so back and forth to work.

He requests I complete a form for him regarding his disability and his inability to work. I told him this is perfectly reasonable based on his current medical condition, and that I will fill this form out for him.

Neil J. Kluger, M.D. M.D.

NJK/sch
0088
cc: Kenneth L. Holder, M.D.
Providence Trover Clinic

Madisonville Trover Clinic

MERLE M. MAHR CANCER CENTER

PROGRESS NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 06/15/99

DATE DICTATED: 06/15/99 **DATE TRANSCRIBED:** 06/16/99

DIAGNOSIS:
1. Plasmacytoma/multiple myeloma.

SUBJECTIVE: The patient reports that this week he has been feeling well. His energy level is improved. He is eating better, and he is more active. He reports that his radiation therapy will be done on 6-21-99.

OBJECTIVE: He is in no distress and is cheerful. He looks pretty healthy. Vital signs: Essentially unremarkable. Weight 183.1 lbs which compares to a weight of 193.3 lbs on 5-17-99.

HEENT: Shows no scleral icterus. Conjunctivae is somewhat pale. Oral mucosa and pharynx without lesions. Neck is supple. No lymphadenopathy.

LUNGS: Clear to auscultation.

CARDIAC: Regular rate and rhythm.

ABDOMEN: Shows no distention or tenderness. No hepatosplenomegaly is appreciated.

EXTREMITIES: Show no edema.

LABORATORY DATA: Urine protein electrophoresis done on 5-19-99 shows a total amount of protein at 1,135 mg which compares to a normal range of less than 150. Serum protein immunoelectrophoresis done on the same date is positive for a monoclonal Friedlander light chain. On 6-10-99, hemoglobin was 12.1, platelet count was 201,000. White count was 5.6 with 82% segs and 10% lymphocytes.

ASSESSMENT: Multiple myeloma with a normal serum protein electrophoresis and serum protein immunoelectrophoresis with a free monoclonal Lambda light chain found in the urine, and plasmacytomas on x-ray exam. The patient has increased protein in the urine and a mild anemia.

PLAN: I will see the patient again in several weeks to see how he is doing. I discussed chemotherapy with the patient and we have not come to a decision as to when we will begin chemotherapy.

M.D.
Neil J. Kluger, M.D.

NJK/pll
7367

RADIATION COMPLETION NOTE
MERLE M. MAHR CANCER CENTER
900 HOSPITAL DRIVE
MADISONVILLE, KENTUCKY 42431
(502) 825-5800

NAME: RUTHERFORD, FRANK D.

HOSPITAL #: 2285781

DOB: 06/12/40

REQUESTING DR: Neil Kluger, M.D.

DATE DICTATED: 06/24/99

DATE TRANSCRIBED: 06/28/99

Dear Dr. Dr. Kluger:

This 58 year-old, young white gentleman was found to have a mass causing pain and discomfort in right lateral lower rib cage area since the last few months. Further work up has revealed extraosseous plasmacytoma on biopsy and multiple myeloma was ruled out. Single lesion, following dose of high dose curative intent radiation treatment was planned and given to control this lesion, locoregionally and to provide possible cure. Not seeing good response through little over half the radiation, decision was made to go further with higher dose radiation than the standard radiation dosage required for plasmacytoma.

DATE STARTED: 5/10/99

DATE FINISHED: 6/24/99

FIELD SIZE: 17 x 13 cm PA right lateral port was utilized to right posterior chest wall rib cage area. The patient was treated isocentrically via wedge field technique to start with. After 4,000 cGy left interior oblique and right posterior oblique 16 x 12 and 5 cm port were utilized to treat this region of cord. After 5,000 cGy, 16 x 12 and 5 cm AP/PA port was utilized to treat the same area with blocking spinal cord also.

FRACTION SIZE: Throughout treatment 200 cGy per fraction, with planned updose was delivered with the use of megavoltage 18 mEv photon external beam, to the right lateral port, 6 mEv was utilized for PA port. For left internal oblique, 18 mEv photon was used, but right posterior oblique port was delivered via 6 mEv photon also. Differential energy was used to increase the radiation dosage in the tumor and minimizing adjacent surrounding normal heart, lung and other organs. The patient was treated with shrinkage field technique via multiple ports isocentrically and MLC was utilized to protect normal organs.

TOTAL DOSE: Total of 6600 cGy was delivered in 33 fractions over 43 days.

ANY BREAK IN THE TREATMENT: No.

RESPONSE TO THE TREATMENT: The patient has tolerated course of radiation treatment fairly well, except he was having nausea and vomiting, sick to stomach kind of feeling and loss of appetite which was making him quite weak and tired. It was felt to be an acid problem or radiation irritation to the stomach and EG junction, which remained under control with Zantac, Prilosec, Maalox and changing food. During treatment the patient has lost

18 pounds, but other vital signs and blood counts remained stable, except hemoglobin has dropped from 14.5 grams to 11.8 grams.

CONCLUSION: Above mentioned dosage is sufficient with curative attempt. Visual only partial response toward end of the treatment. Post radiation skin care and nutrition instructions have been given. The patient has been advised to follow with Dr. Kluger closely and I will see him again on follow up examination in one month. He is at high risk for progression in two of the multiple myeloma and that needs to be watched very closely.

Thank you for the opportunity to participate in the care and treatment of this patient.

Yours most sincerely,

Satish J. Shah, M.D.

SJS/sdp 6/29/99
9714
cc: Kenneth Holder, M.D.
Neil Kluger, M.D.

COPY

MERLE M. MAHR CANCER CENTER

PROGRESS NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 07/07/99

DATE DICTATED: 07/07/99 **DATE TRANSCRIBED:** 07/08/99

DIAGNOSIS:
1. Plasmocytoma, multiple myeloma.

The patient is here to discuss beginning treatment for his multiple myeloma. The patient with his family have seen the Medical Oncologist on the Transplant Unit at the University of Louisville, Dr.Donald Fleming, and he is eligible to receive a bone marrow transplant. The question is should we start the four cycles of VAD now or should we wait until the patient has definite approval from his insurance company to go ahead with the bone marrow transplant.

I discussed this with the patient, his wife and his daughter. The patient wants to wait until we have definite approval from his insurance company for the bone marrow transplant before going ahead and beginning the VAD chemotherapy as I did tell the patient that since he is early stage, I would not be giving him VAD chemotherapy if he were not getting the transplant (I would not be giving him Melphalan and Prednisone at this time either).

So the patient will await approval from his insurance company before we begin chemotherapy with VAD. The patient has cancelled his appointment with me for the 22nd of this month but will keep his appointment with Dr. Shah. As soon as the patient hears from Dr. Fleming, he will call me or if I hear from Dr.Fleming first I will call the patient.

Neil J. Kluger, M.D.

NJK/p11
2650

MERLE M. MAHR CANCER CENTER

PROGRESS NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 06/24/99

DATE DICTATED: 06/24/99 **DATE TRANSCRIBED:** 06/29/99

DIAGNOSIS: Plasmacytosis/multiple myeloma.

I asked the patient and his family to come see me today to discuss being evaluated for bone marrow transplant.

I had spoken with a transplanter at the University of Louisville, Dr. Don Fleming, earlier this week and he told me that he would be able to see the patient on Tuesday, June 29th. I discussed with the patient, his wife, and his grown son that bone marrow transplant seems to have the potential to prolong patients' lives more than chemotherapy alone. I explained that with a bone marrow transplant, very high doses of chemotherapy are given in an attempt to kill all the tumor cells but that the normal bone marrow cells are wiped out in addition and that "bone marrow" is then given back to the patient to repopulate the bone marrow. The patient asked me the prognosis for his multiple myeloma and I told him patients live an average of two to four years but that this is only an average and that since his disease seems to be at an early age that he may very well live considerably more than four years. I also told him that bone marrow transplant may have the potential to cure him. I told the patient and his family that I am not an expert in this matter and that's why I wanted them to meet with the transplanter, Dr. Fleming. I told them that they are not committed to go ahead with the bone marrow transplant because they meet with Dr. Fleming but that Dr. Fleming could discuss the bone marrow transplant with the patient and answer questions. I told the patient that it was because of his relatively young age that I thought he should be evaluated for the bone marrow transplant. The patient at first didn't want to see Dr. Fleming as he had heard bad things about bone marrow transplant. He did subsequently agree to meet with Dr. Fleming in Louisville on June 29th along with his wife and his grown son.

The patient will be seeing Dr. Shah next month, and I will see him on the same day Dr. Shah sees him.

M.D.

Neil J. Kluger, M.D.

NJK/dyc
9784

MERLE M. MAHR CANCER CENTER

RADIATION FOLLOW-UP NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 07/29/99

DATE DICTATED: 07/29/99 **DATE TRANSCRIBED:** 07/30/99

DIAGNOSIS: Plasma cytoma of the right posterior chest wall and rib cage destruction.

TREATMENT: Curative intent high dose radiation treatment completed June, 1999.

INTERVAL HISTORY: The patient is doing fine and has tolerated the entire course of radiation very well. He has recovered from radiation treatment side effects completely and is working full time, almost back to his normal work, except weight lifting part. He gone and seen Dr. Fleming at University of Louisville for consideration of bone marrow transplant and waiting for the insurance company's approval. The patient, himself, denies any night sweats, itching, weight loss, bowel or urinary complaints.

PHYSICAL EXAMINATION: VITAL SIGNS: Weight is 186 pounds. Other vital signs are within normal range. Performance status is at 90-100.

LYMPHATICS: All lymphatic drainage areas are examined and no lymphadenopathy noticed in the supraclavicular, axillary, inguinal, popliteal region.

LUNGS: Clear with slight diminished air entry in the right mid-lung posteriorly. Minimal skin changes are noticed in the radiation area. No wheezing or crepitation is noticed. The left lung exam is clear.

HEART: Rate and rhythm are regular.

ABDOMEN: Soft without hepatosplenomegaly or palpable mass.

BACK: There is no tenderness in the spine.

EXTREMITIES: Without cyanosis or edema.

NEUROLOGICAL EVALUATION: Physiologically intact.

ASSESSMENT: Good recovery from radiation side effects. He had tolerated radiation course fairly well.

PLAN:
1. Next follow up will be in three months.
2. CBC, chemistry-13, LDH, and chest x-ray will be done today to evaluate radiation response.

COPY

3. The patient is being followed closely with Dr. Kluger and is scheduled to have 24 hour urine exam for protein scheduled in another month or so.
4. Upon next follow up, we may consider repeating chemistry or immunoelectrophoresis or urine for Bence Jones protein.

The patient has multiple questions about bone marrow transplant and he has been advised to discuss that issue with medical oncologist and Dr. Fleming. Since at the present time, he is having good response for extra osseous plasma cytoma further wait and watch can be feasible; however, the patient has been encouraged to discuss this issue with oncologist.

Satish J. Shah, M.D.

SJS/afb
8179
cc: Neil Kluger, M.D.
Kenneth Holder, M.D.

MERLE M. MAHR CANCER CENTER
PROGRESS NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 08/24/99

DATE DICTATED: 08/24/99 **DATE TRANSCRIBED:** 08/26/99

DIAGNOSIS: Plasmacytoma/multiple myeloma.

TREATMENT: The patient is status post curative intent high dose radiation treatment, completed July 1999 to the posterior chest wall and rib cage.

The patient is here for review of recent laboratory tests and for discussion of bone marrow transplant.

24 hour urine done on 8/9/99 is 149, which is less than 150, meaning it is within the normal range. Previous 24 hour urine, which had been obtained on 5/20/99, prior to the patient receiving radiation treatment, had been 1,135 mg in 24 hours. Urine protein electrophoresis on a May 20 specimen showed abnormal Gamma band showing 34 mg of protein over 24 hours, which was felt to represent either monoclonal immunoglobulins and/or light chains. Immunofixation analysis of that urine specimen showed a monoclonal free Lambda light chain. On the specimen from 8/9/99, a monoclonal free Lambda light chain was seen.

SUBJECTIVE: The patient reports that in general he feels well. He reports that his appetite is good and he is active. He is back to work at his usual job, running a hoist at the mine. He continues to have some back pain which the patient reports he has been told by Dr. Shah is related to his multiple myeloma. He reports no fever or chills, nausea or vomiting. He reports no headache, light headedness or dizziness. He reports no dysuria, pyuria or inability to urinate.

OBJECTIVE: He is cheerful, looks healthy, and is in no distress.

Vital Signs: These were essentially unremarkable, the patient's weight is 190.8 pounds and this compares with a weight of 181.6 pounds on July 7.

HEENT: Shows no scleral icterus. Conjunctivae normal, pink in color. Oral mucosa and pharynx are without lesion. Neck: Supple. No lymphadenopathy is appreciated. No thyromegaly is appreciated.

Lungs: Clear to auscultation.

Cardiac: Shows a regular rate and rhythm.

Abdomen: Shows no distention or tenderness. No hepatosplenomegaly is appreciated.

Extremities: Show no edema.

ASSESSMENT: The patient is doing well clinically. He has had a dramatic improvement in his 24 hour urine protein excretion, most likely related to the radiation treatment he received for his plasmacytoma/multiple myeloma.

PLAN: The patient and his wife are seeing another cancer specialist in Evansville for a second opinion regarding bone marrow transplant. The patient does not really want to have the bone marrow transplant now as he is feeling so well. I asked the patient to have the physician doing the second opinion to please send me a copy of his office note. I will call Dr. Fleming at the University of Louisville to discuss the patient's bone marrow transplant. The patient would like to wait until the tumor progresses before going ahead with the transplant. I think this is a reasonable course of action.

Neil J. Kluger, M.D.

NJK/sdp
4879*

COPY

MERLE M. MAHR CANCER CENTER

PROGRESS NOTE

NAME: RUTHERFORD, FRANK D. **HOSPITAL #:** 2285781

DOB: 06/12/40 **DATE OF VISIT:** 10/28/99

DATE DICTATED: 10/28/99 **DATE TRANSCRIBED:** 10/29/99

DIAGNOSIS: Plasmacytoma of the right posterior chest wall and rib cage destruction.

TREATMENT: Curative intent high dose radiation treatment completed in June '99.

INTERVAL HISTORY: The patient went for second opinion at Evansville with Dr. Ballou, and he has recommended to remain under observation and upon failure consider high dose chemotherapy. The patient was very satisfied with no going through bone marrow transplant. He, at the present time, denies any increasing chest pain, shortness of breath, or cough. Chest soreness has completely subsided. Cough and mild shortness of breath remained persistent and unchanged. His performance status is at 100 and back to full time normal work. He denies any other bony pain, fever, bowel or urinary complaints. Weight is 194 pounds. Other vital signs are within normal range.

CLINICAL EXAM: There is no lymphadenopathy in the head and neck, supraclavicular, axillary, inguinal, or popliteal region.

LUNGS: Exam is clear. Minimal skin changes are noted in the treatment area. There is no tenderness noticed in the treatment area, and discomfort has completely subsided. Lung exam is clear and still slight diminished air entry noticed in the right mid lung region posteriorly.

HEART: Rate and rhythm regular.

ABDOMEN: Soft without organomegaly or masses.

BACK: There is no tenderness in the back.

LABORATORY DATA: CBC done today has shown hemoglobin of 13.9 with hematocrit of 41.2, white count of 4.7 thousand, platelets of 187,000, within normal range.

ASSESSMENT: Clinically, the patient's disease is in remission. Chest x-ray will be done today. Next follow up with us will be in six months. He

has been advised to continue following closely with Dr. Kluger and since he is doing the necessary blood tests, we will not repeat these at this time.

Satish J. Shah, M.D.

SJS/dyc
2561
cc: Neil J. Kluger, M.D.

11/5/94

COPY

MERLE M. MAHR CANCER CENTER
PROGRESS NOTE

NAME: RUTHERFORD, FRANK

UNIT #: 100000002835

DOB: 06/12/40

DATE OF VISIT: 12/21/99

DICTATED: 12/21/99

TRANSCRIBED: 01/07/00

DIAGNOSIS: Plasmacytoma.

TREATMENT: High dose radiation.

SUBJECTIVE: The patient reports that in general he feels well. He reports that if he does physical labor such as lifting, he gets back pain in the area of the radiation. He reports his appetite is good and he is eating well. He reports no fevers, chills, nausea, or vomiting.

OBJECTIVE: He is in no distress. Vital signs are essentially unremarkable. His weight is 192 lb and this compares with a weight of 190 lb on August 24.

HEENT: No scleral icterus. Conjunctivae are unremarkable. Oral mucosa and pharynx are without lesion.

Neck: Supple without lymphadenopathy.

Lungs: Clear to auscultation.

Cardiac: regular rate and rhythm.

Abdomen: No distension or tenderness. No hepatosplenomegaly is appreciated.

Extremities: No edema. The patient has some mild tenderness in the back at the area of the plasmacytoma.

Today's laboratory work shows a Beta-2 microglobulin down to 1.8 from the previous level of 2.6. The IgA and IgM levels are within the normal range. The IgG is 995 which is a little higher than the previous value though clearly within the normal range which is 694 to 1618.

RE: RUTHERFORD, FRANK DOB: 06/12/40

Urine for 24-hour total protein had been turned in by the patient but was misplaced by the Laboratory.

ASSESSMENT: The patient is doing well clinically with no evidence of disease recurrence.

PLAN: I will get a CBC today. If this is unremarkable, I will see the patient again in four months and will repeat the beta-2 microglobulin, quantitative immunoglobulins, and CBC at that time.

NEIL J. KLUGER, M.D.

NJK/lkh

6982

cc: Dr. Kenneth Holder

MERLE M. MAHR CANCER CENTER
PROGRESS NOTE

NAME: RUTHERFORD, FRANK DAVIS UNIT #: 2285781

DOB: 06/12/40 DATE OF VISIT: 04/11/00

DICTATED: 04/11/00 TRANSCRIBED: 04/26/00

DIAGNOSIS: Plasmacytoma.

TREATMENT: High dose radiation.

SUBJECTIVE: The patient reports that he continues to feel well. He reports that his appetite is good and he is eating well. He reports that he continues to work full-time at a job that does not involve any physical labor. He does report that he is active, both inside and outside of his house. He reports that his appetite is good and he is eating well. He reports no fevers, chills, or night sweats. He reports no headache, lightheadedness or dizziness. He is having no visual disturbance, sinus pain, or mouth pain. He is having no neck pain. He is having no shortness of breath or heart palpitations. He is having no abdominal pain, nausea or vomiting, melena or hematochezia. He is having no focal weakness or sensory disturbance.

OBJECTIVE: The patient is in no distress and looks healthy.

VITAL SIGNS: Blood pressure is 138/74. Pulse is 75. He is breathing at about 20 per minute. He is afebrile. His weight is 197.5 pounds, which is essentially stable.

HEENT: The HEENT exam shows no scleral icterus. The conjunctivae are unremarkable. The oral mucosa and pharynx are without lesions. The sinuses are nontender.

NECK: The neck is supple without lymphadenopathy. There is no jugular venous distention.

LUNGS: The lungs are clear to auscultation.

CARDIAC: The cardiac exam shows a regular rate and rhythm without any murmur or S3.

ABDOMEN: The abdomen shows no distention or tenderness. No hepatosplenomegaly is appreciated. No abdominal masses are appreciated.

RE: RUTHERFORD, FRANK DAVIS DOB: 06/12/40

EXTREMITIES: The extremities show no edema.

NEUROLOGICAL: Neurologically, he appears to be grossly intact.

LABORATORY: Urine submitted on 04/10 shows a normal amount of protein in a 24-hour specimen.

A CBC obtained on 04/04 shows a platelet count of 145,000 and a white count of 5.1 with 70% segs and a hemoglobin of 14.4. Back on December the 21st, his platelet count was 190,000. It was about 185,000 in October. In June, it was 201,000 and in May, it was 208,000.

ASSESSMENT: Clinically, the patient is doing very well without any evidence of multiple myeloma. I do have some concern about his decreasing platelet counts. Could this be secondary to progression of his plasma cell dyscrasia, either through replacement of bone marrow with plasma cells or through ITP?

I discussed this with both the patient and his wife.

PLAN: I will obtain a CBC every two weeks, and the patient will call me two days afterwards to discuss the results. I will see the patient in about eight weeks.

NEIL J. KLUGER, M.D.

NJK/sch
8136
cc: KENNETH L. HOLDER, M.D.
PROVIDENCE TROVER CLINIC
MADISONVILLE TROVER CLINIC

MERLE M. MAHR CANCER CENTER
RADIATION FOLLOW – UP NOTE

NAME: RUTHERFORD, FRANK DAVIS UNIT #: 2285781

DOB: 06/12/40 DATE OF VISIT: 04/13/00

DICTATED: 04/13/00 TRANSCRIBED: 04/26/00

DIAGNOSIS: Extraosseous plasmocytoma of right chest wall posterior and rib cage destruction.

TREATMENT: Curative intent high dose radiation treatment completed June, 1999.

INTERVAL HISTORY: The patient came back and is doing fine except he has a slight drop in blood count performed by Dr. Kluger. The patient denies increasing shortness of breath, cough, or chest pain. However, he complained about soreness, especially when lifting something or doing strenuous work. That may be secondary to rib destruction which has been caused by tumor and muscle pulling effect. He denies any increasing shortness of breath, cough, chest pain, or hemoptysis. Appetite is good. Weight is 197 pounds and stable. Other vital signs are within normal limits.

PHYSICAL EXAMINATION: LYMPHATICS: There is no lymphadenopathy in the head, neck, supraclavicular or axillary area.

LUNGS: Lung exam is clear on auscultation. No wheezing or crepitation is noticed.

HEART: Rate and rhythm are regular. Minimal skin changes are noticed in the treatment area.

ABDOMEN: Soft without organomegaly and masses.

EXTREMITIES: Without cyanosis or edema. There is no tenderness in the back. Mild discomfort tenderness is notice in the previous treatment area.

ASSESSMENT: Disease is in remission.

PLAN:
1. Chest x-ray to be done today to evaluate further response.

RE: RUTHERFORD, FRANK DAVIS DOB: 06/12/40

2. Next follow up with us will be in six months or sooner than that if the patient is having any problem.

SATISH J. SHAH, M.D.

4/27/10

SJS/afb
8747
CC: Neil Kluger, M.D.
Kenneth Holder, M.D.

MERLE M. MAHR CANCER CENTER
PROGRESS NOTE

NAME: RUTHERFORD, FRANK DAVIS UNIT #: 2285781

DOB: 06/12/40 DATE OF VISIT: 06/06/00

DICTATED: 06/06/00 TRANSCRIBED: 06/15/00

DIAGNOSIS: Plasmacytoma.

TREATMENT: High-dose radiation.

SUBJECTIVE: The patient reports that the pain at the radiation site has been getting steadily less. This is at the right posterior chest wall and rib cage. He reports no pain on inspiration. Only certain movements may give him some pain. This is clearly getting better. He has no shortness of breath with exertion. He has no fatigue. He actually reports that his energy level is increasing. He is having no headache, light-headedness, or dizziness. He is having no mouth sores or odynophagia. He is having no neck pain. He is having no abdominal pain, nausea, vomiting, melena, or hematochezia. He is having no focal weakness.

OBJECTIVE: He is in no distress, looks healthy. Vital signs are essentially unremarkable. His weight is not recorded today.

HEENT: Examination shows no scleral icterus. Conjunctivae are unremarkable. Sinuses are non-tender. Oral mucosa and pharynx are without lesions.

NECK: Supple without lymphadenopathy.

LUNGS: Clear to auscultation.

CARDIAC: Regular rate and rhythm without any murmur or S3.

ABDOMEN: No distention or tenderness. No hepatosplenomegaly is appreciated. No abdominal masses are appreciated. His inguinal area shows no adenopathy.

EXTREMITIES: No edema.

NEUROLOGICAL: He is grossly intact.

THORAX: Examination shows no tenderness to palpation at the area of radiation.

RE: RUTHERFORD, FRANK DAVIS **DOB:** 06/12/40

Today's CBC—Hemoglobin 14.5, platelet count 161,000, white count 5.2 with 66% segs, 26% lymphocytes, 6% monocytes, 2% eosinophils, and 1% basophils.

ASSESSMENT: The patient is doing well clinically without any evidence of disease recurrence.

PLAN: I will obtain a CBC q month, and I will see him in three months.

ADDENDUM: The patient asks me about the association of asbestos with multiple myeloma, as apparently there is some asbestos exposure on his job. I told him that I didn't think there was any association but that I would look into it this weekend. He will call next week to find out what I learned.

NEIL J. KLUGER, M.D.

NJK/ddw
4982/4984
cc: Dr. Holder

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Tue May 11, 1999 03:45 pm
Bone Marrow Report

Patient:	RUTHERFORD,FRANK DAVIS	Age:58Y	06/12/40 Sex: M
Unit#/Acct#:	A2285781/A9912500224	Case#:	B99-29
Location:	MC	Accn#:	500958
Attending Phys:	KLUGER,NEIL J	Completed:	05/11/99 1545
Ordering Phys:	KLUGER,NEIL J	Received:	05/06/99 1307
		Collected:	05/06/99 1306

********** BONE MARROW WITH BIOPSY **********

Specimen(s):
A. Bone Marrow-Right
B. Bone Marrow-Left

Clinical Diagnosis: Bone marrow

Surgeon: Kluger, N.

Gross Description:

The specimen consists of a bone marrow biopsy submitted for review.

Microscopic Description:

Peripheral blood: Normochromic-normocytic red cells exhibiting mild anisocytosis. There are 6,600 white cells with the following differential count: 52% segs, 3% bands, 34% lymphocytes, 7% monocytes, 1% basophils and 2% atypical lymphocytes. There is no significant morphologic or structural abnormalities of all cell lines. Other automated and manual values include a RBC of 4.58, hemoglobin of 14.5, hematocrit of 42.8, MCV of 93.3, MCH of 31.6, MCHC of 32.8, platelets of 205,000 and absolute reticulocyte count of 1.4%.

Bone marrow aspirate: Overall cellularity within normal limits, the M:E ratio of about 7:1, both cell lines maturing in an orderly fashion. Plasma cells are mature and comprise less than 1% of the cell population. Megakaryocytes are ample surrounded with budding platelets from the periphery. The marrow iron store is 2+ and no pathologic ringed sideroblasts noted.

Bone marrow biopsy: Normocellular marrow without evidence of fibrosis, granulomas or metastatic deposits.

(Continued on next page)

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J.B. SEDLAK M.D. MEDICAL DIRECTOR

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Tue May 11, 1999 03:45 pm
Bone Marrow Report

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Patient:	RUTHERFORD,FRANK DAVIS	Age:58Y	06/12/40 Sex: M
Unit#/Acct#:	A2285781/A9912500224	Case#:	B99-29
Location:	MC	Accn#:	500958
Attending Phys:	KLUGER,NEIL J	Completed:	05/11/99 1545
Ordering Phys:	KLUGER,NEIL J	Received:	05/06/99 1307
		Collected:	05/06/99 1306

********** BONE MARROW WITH BIOPSY **********
(Continued)

Diagnosis:

Normal marrow with adequate iron stores.

trm

Diagnostic Code: 2

Pathologist: Roberto P. Corpus M.D.

Bone Marrow Report
Final

RUTHERFORD,FRANK DAVIS
A2285781/A9912500224

Laboratory
J.B. SEDLAK M.D. MEDICAL DIRECTOR

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Wed Apr 28, 1999 09:58 am
Surgical Pathology Report

Patient:	RUTHERFORD,FRANK DAVIS	Age:58Y	06/12/40 Sex: M
Unit#/Acct#:	A2285781/A9911300090	Case#:	S99-3093
Location:	SDS	Accn#:	494852
Attending Phys:	HOLDER,KENNETH	Completed:	04/28/99 0959
Ordering Phys:	LUNDQUIST,CRAIG	Received:	04/23/99 1533
		Collected:	04/23/99 1532

********** TISSUE EXAM **********

664-2580

Specimen(s):
A. Lung Biopsy-R Lung Mass

Clinical Diagnosis: Lung biopsy

Surgeon: Lundquist, C.

Gross Description:

The specimen consists of an irregularly shaped pinkish-tan tissue measuring 0.5 cm in greatest dimension. All embedded.

Diagnosis:

Biopsy, right lung mass:
Tight clusters of atypical plasma cells consistent with plasmacytoma.

NOTE: The following stains were performed: LCA negative, EMA focally positive, CD-30 negative, Kappa negative and lambda strongly positive.
trm

Diagnostic Code: 9

Pathologist: Roberto P. Corpus M.D.

Regional Medical Center Patient Care Patient Inquiry (LAB/RAD) Processor

Wed Apr 28, 1999 03:51 pm

Unit #	Name	Sex	Birthdate	Room	Physician	Srv	Status
A2285781	RUTHERFORD, FRANK	M	06/12/1940		HOLDER, KENNET	19	SDS HSC

Case#: S99-3093 Acct #: A9911300090 Blocks: 1

Accession # 494852 TISSUE EXAM

Specimen: Lung Biopsy-R Lung Mass Collected: 04/23/99 1532

Viewing Result: Diagnosis

Biopsy, right lung mass:
Tight clusters of atypical plasma cells consistent with plasmacytoma.

NOTE: The following stains were performed: LCA negative, EMA focally positive, CD-30 negative, Kappa negative and lambda strongly positive.
trm

1	2	3	4Scn Fwd	5Scn Bck	6	7	8	9	10	11	12	13	14	1End 5Vw

Wed 5-5-99 @ 2:20 before 2:10 Bring Insurance Med. list

81-5800 Appt. w/ Dr. Kluger Mon or Tues. P.M.

MRI T-Spine Today - Saturday if possible

Fri 4-30-99 @ 3:30 3:35 → plasmacytoma ? possible Sp. Cord Compress

8780

04/23/99 1419

RUTHERFORD,FRANK DAVIS58Y 06/12/40 M MR#: 2285781
DIS - SDS HOLDER,KENNETH

Chk-in # Order Exam
172141 0003 2532 CT-BASIC CHEST

Contrast/Med : NONE

Clinical Information: Chest wall mass.

Findings: Scans were obtained through the chest and upper abdomen at 8 mm intervals with 8 mm slice thickness. No intravenous contrast was administered. There are no prior examinations for comparison.

The lung windows show some compressive atelectasis adjacent to a large mass in the posterior right hemithorax. No other parenchymal abnormalities are seen. The heart is normal in size. There is no hilar, mediastinal or axillary adenopathy. The left pleural space is clear. There is no fluid within the right pleural space. There is a large mass posteriorly in the right lower hemithorax. This is destroying the posterior aspect of two of the right lower ribs. There is some extension of this mass outside of the chest wall. The majority of the mass extends inward but does not clearly invade the lung parenchyma. The epicenter of this mass is approximately at the level of the inner chest wall. There is some extension of this mass medially and it is destroying the right side of one vertebral body and extending into the spinal canal. If indicated, an MRI scan may be of benefit to further evaluate the spinal involvement. There are some calcific densities within this mass; however, these are felt to be portions of the destroyed rib rather than calcifications arising from the mass itself. At its most superior aspect, there is a small dense calcification which could represent a granuloma within the adjacent lung. There is a small low density focus within the left kidney which is too small to characterize by CT criteria but statistically most likely represents a simple cyst. There is a very low density mass

(Continued)

RMC-MADISONVILLE, KY.
Radiology Report

FINAL

FIN

COPY

Chart

RUTHERFORD, FRANK DAVIS58Y 06/12/40 M MR#: 2285781 04/30/99 1527
DIS - OP HOLDER, KENNETH

Chk-in # Order Exam
173111 0002 1544 MRI-BC-THORACIC SPINE W/&W/O CONT

Multiplanar/multisequence pre and post contrast MRI imaging of the thoracic spine was performed on this 58-year-old male with history of plasmacytoma.

There is a large mass involving the T8 and T9 vertebral bodies extending out the neural foramen and also filling those neural foramen at the T8-9 and T9-10 levels with tumor and resulting in severe stenosis there. This is involving the right side of the vertebral bodies and extending into the adjacent pedicles and transverse processes, as well as the ribs. There is also a large mass extending into the right chest.

At the T8 level, there is mild central stenosis due to the tumor and this incrases slightly to cause moderate stenosis of the T8-9 disc space level. There is a normal appearing cord in caliber and signal though without evidence of myelomalacia or ischemia or infarction of the cord itself. This tumor enhances avidly.

IMPRESSION: Extensive tumor involving the T8 and T9 vertebral bodies along the right half with extension into the pedicles and transverse processes and posterior elements, as well as the right chest and ribs. There is significant compromise of the neural foramen at those levels with tumor filling the neural foramen on the right of T7-8 and T8-9 levels. In addition, there is mild central stenosis at the T8 level with moderate T8-9 central stenosis.
2. No evidence for cord abnormality at this time.

Job #5728

SW /READ BY/ GREGORY J LAWLER M.D.
/Released By/ GREGORY J LAWLER M.D.

INAL

RMC-MADISONVILLE, KY.
Radiology Report

for copy to Dr. Klug-
please

COPY

RUTHERFORD,FRANK DAVIS58Y 06/12/40 M MR#: 2285781 05/06/99 0831
MC KLUGER,NEIL J

Checkin-Exam Code Summary
173825-1170

Views of the right tibia and fibula show no abnormality.

Views of the left tibia and fibula show no abnormality.

Views of the right forearm show no abnormality.

Views of the left forearm show no abnormality.

AMM /READ BY/ Philip C. Trover M.D.
/Released By/

PRELIM DUPLICATE

RMC-MADISONVILLE, KY.
Radiology Report

~~205~~ 238

Regional Medical Center
Merle Mahr Cancer Center
Radiation Oncology Department
PRESCRIPTION PAGE

Age _____ Sex M(X) F( )
Referring Physician Dr. Kluger. Primary DR _____
Address _____
Phone Home _____ Office _____
Diagnosis plasmacytoma. Bone marrow Bx -

Stage (I) II III IV TNM Curative (X) Palliation ( ) Prophylactic ( )

Prior RT (NO) YES [X] RMC [ ] OTHER _____

Treatment Course No:	I	I	1	1
Field Numbers	Ia - Ie	Ia c - Id.	Ie ~~Ib, Ia, Id~~	Ie - Ia;
Date	5/7/99.	5/7/99.	6/2/99	6/18/99
Anatomic Site	(R) Post. chest wall & ribs - Tx-9	(R) post chest wall & ribs; Tx - Tq	(R) post chest wall	(R) post chest wall
Technique/ Field Arrangement	PA : (R)lat :: 1:1	RAO : RPO ::	AP:PA :: 1:1 as per plan	AP, PA :: 1:1 as per plan
Beam Energy	6X/18X.	6X/18X Treat as per plan.	AP:PA :: 18X:6X	AP:PA :: 18X:6X
Rx Point/Depth/Isodose	isocentric.	isocentric	midplain.	midplain.
Dose/fx/Day	200 cGy/1fld.	200 cGy/1fld.	200 cGy/1fld	200 cGy/1fld
# Fractions	20	5	5	3
Dose Prescribed	4000	1000	1000	600
Cumulative Dose	4000.	5000.	6000.	6600
Comments (Complete, Reassess, Modify Field, Break)	go off cord.	Eval to go higher.	Eval - go higher depending on response.	Stop
Special Devices Bolus, Wedges Compensator, Etc.	MLC/wedges	MLC	MLC	MLC
CBC	once/wk →	→	→	
Diet Consult	No/(Gen. Info)/Special Diet High P & C diet			
Additional Point Dose Calculation	cord	cord	cord	—
Isodose	YES	~~treat as per plan~~ YES	Treat as per plan	as per isodose plan
M.D. Signature	[signature]	[signature]	[signature]	[signature]
Date/Time	5/7/99 1:30 PM	5/7/99.	6/2/99.	6/18/99.
Start Date	5/10/99.			

Special Instructions - Treatment planning CT at time of ~~off~~ cord boost.

COPY

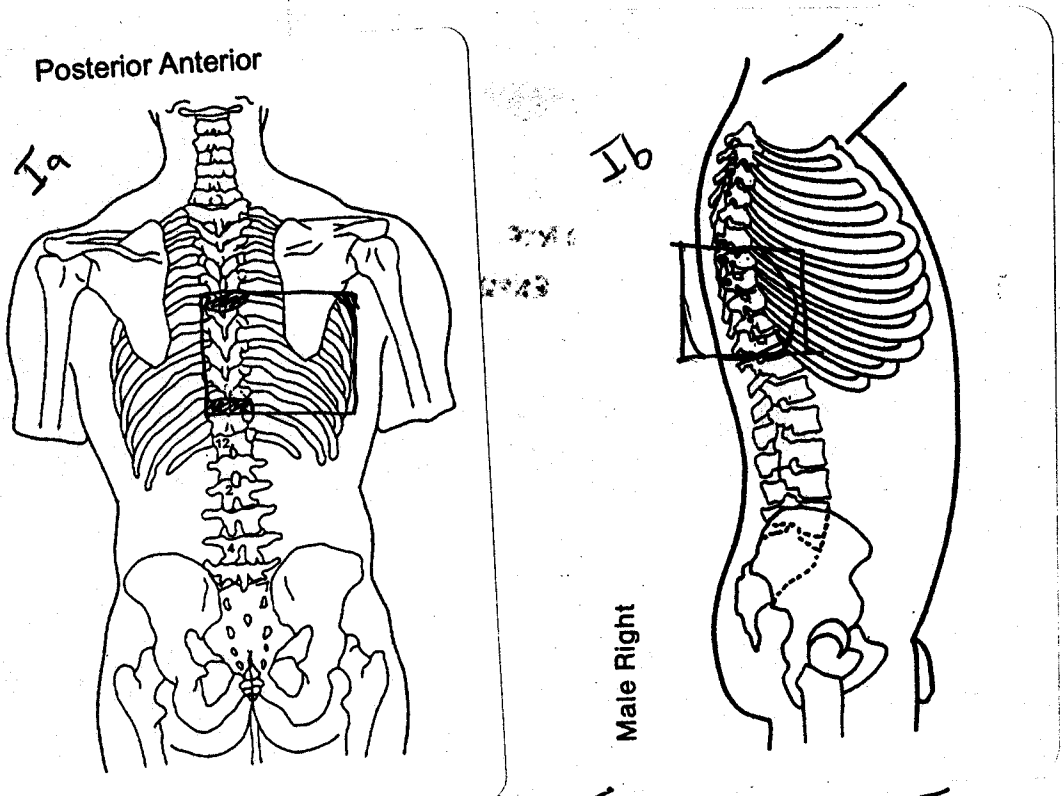
Addressograph

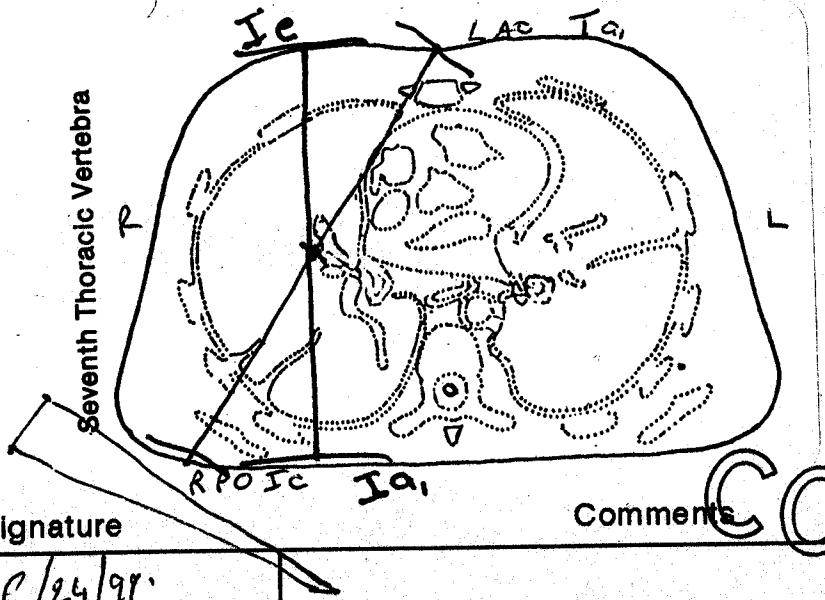
22-85-78-1
RUTHERFORD, FRANK 6-12-40

ANATOMICAL AREA | Ic Ia Ia Rt. Post Chest WALL Boost

Merle Mahr Cancer Center
Radiation Oncology Flowsheet
DIAGRAMS

Course # 1





Final Chart Check

	Date/Signature	Comments
M.D.	6/24/98	
Physicist	6/24/98	

COPY

22-85-78-1
RUTHERFORD, FRANK . 6-12-40

	Ia	Ib	Ia
ANATOMICAL AREA	(R) Post Chest wall & ribs	Rt Lat	(R) Post
FIELD DIRECTION/NO.	PA		PA
FIELD SIZE	17 x 13	12 x 13	17 x 13
CONE SIZE	–	–	–
SSD/T.H./ARCS	92.5 TH ~~20.4~~ 19.5	90.5	92.5
COLL. ANGLE	0	0	0
GANTRY ANGLE	0	90	0
COUCH ANGLE	–	–	–
BLOCKS	MLC	MLC	MLC
WEDGE/BOLUS	30° Rt	30° Lt [redacted]	45° Rt
ENERGY	6X		6X
MU	157	157	198
DATE			
START/STOP ANGLE			
SET-UP	Blue Prone pillow ankles #1	ALTERNATE WEDGES DUAL ENERGY	

NO.	DATE	TIME	TECH	MU	W	BL	B	PF	MU	W	BL	B	PF	MU	W	BL	B	PF
1	5 10 99	1337	SK	157	30R	✓		✓	157	30Lt	✓		✓					
2	5 11 99	930	~~SK~~											178	45R	✓		
3	5 12 99	909	JM	157	30R	✓			157	30Lt	✓			178	45R	✓		
4	5 13 99	914	JM															
5	5 14 99	857	NJ	157	30R	✓			157	30Lt	✓			178	45R	✓		
6	5 17 99	900	JM															
7	5 18 99	982	PC	157	30R	✓		✓	157	30Lt	✓		✓	178	45R	✓		
8	5 19 99	1111	DB															
9	5 20 99	906	JM	157	30R	✓			157	30Lt	✓			178	45R	✓		
10	5 21 99	914	NJ															
11	5 24 99	912	NJ	157	30R	✓			157	30Lt	✓			178	45R	✓		
12	5 25 99	904	NJ															
13	5 26 99	901	NJ	157	30R	✓			157	30Lt	✓			178	45R	✓		
14	5 27 99	900	DB															
15	5 28 99	902	DH	157	30R	✓		✓	157	30Lt	✓		✓					
16	6 1 99	929	SB											178	45R	✓		
17	6 2 99	849	SB	157	30R	✓			157	30L	✓			178	45Rt	✓		
18	6 3 99	914	NJ															
19	6 4 99	908	JM	157	30R	✓			157	30L	✓			178	45R	✓		
20	6 7 99	921	SB															
21	6 8 99	1351	JM		15		0		0									
22	6 9 99	939	PC															
23	6 10 99	901	PC															
24	6 11 99	857	PC															
25	6 14 99	913	SB															
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33																		
34																		
35																		

COPY

Ib	Ia & C	Id	
Lestwall + ribs	® Post Chestwall & Ribs		
Rt Lat	LAO	RPO	
12 X 13	16 X 12.5	16 X 12.5	
—	—	—	
90.5	AP Set-up 88.5 87	87	
0	356	4°	
90	30	210°	
	—	—	
MLC	MLC	MLC	
45° Lt	—	15° Rt	
[redacted]	[redacted]	6X	
232 | 121 without wedge	113 | 108 6/9	158 | 169 6/9	
	Supine Wingboard "C" Arms up Knees #1		

COPY

NO	MU	W	BL	B	PF	MU	W	BL	B	PF	MU	W	BL	B	PF	MU	W	BL	B	PF
1	121	✓																		
2	~~232~~	~~45Lt~~	✓																	
3																				
4	232	45Lt	✓																	
5																				
6	232 ✓	45Lt	✓		✓															
7																				
8	232	45Lt	✓		✓															
9																				
10	232	45Lt	✓																	
11																				
12	232 ✓	45Lt	✓																	
13																				
14	232	45Lt	✓																	
15																				
16	232 ✓	45Lt	✓																	
17																				
18	232	45Lt																		
19																				
20	232	45L	✓			/				✓ss					✓ss					
21	BOOST					113			✓		158	15°	✓							
22						108			✓		169	15Rt	✓							
23						108 ✓			✓		169 ✓	15Rt	✓							
24						108			✓		169	15Rt	✓							
25						108 ✓			✓		169	15Rt	✓		/					
26									BOOST AP/PA											
27																				
28																				
29																				
30																				
31																				
32																				
33																				
34																				
35																				

22-85-78-1
RUTHERFORD, FRANK 6-12-40

	Ia	Ib	Ia
ANATOMICAL AREA	(R) Post Chest wall & nbs	Rt Lat	(R) Post
FIELD DIRECTION/NO.	PA		PA
FIELD SIZE	17 x 13	12 x 13	17 x 13
CONE SIZE	—	—	—
SSD/T.H./ARCS	92.5 TH ~~20.4~~ 19.5	90.5	92.5
COLL. ANGLE	0	0	0
GANTRY ANGLE	0	90	0
COUCH ANGLE	—	—	—
BLOCKS	MLC	MLC	MLC
WEDGE/BOLUS	30° Rt	30° [redacted]	45° Rt
ENERGY	6X		6X
MU	157	157	178
DATE			
START/STOP ANGLE			
SET-UP	Blue Prone pillow ankles #1	ALTERNATE WEDGES DUAL ENERGY	

NO.	DATE	TIME	TECH	MU	W	BL	B	PF	MU	W	BL	B	PF	MU	W	BL	B	PF
1	5 10 99	1337	SK	157	30R	✓		✓	157	30Lt	✓		✓		←			
2	5 11 99	930	~~SK~~											178	45R	✓		
3	5 12 99	909	JM	157	30R	✓			157	30Lt	✓			178	45R	✓		
4	5 13 99	914	JM															
5	5 14 99	857	NT	157	30R	✓			157	30Lt	✓							
6	5 17 99	900	JM											178	45R	✓		✓
7	5 18 99	932	PC	157	30R	✓		✓	157	30Lt	✓		✓					
8	5 19 99	1111	DB											178	45R	✓		
9	5 20 99	906	JM	157	30R	✓			157	30Lt	✓							
10	5 21 99	914	NJ											178	45R	✓		
11	5 24 99	912	NJ	157	30R	✓			157	30Lt	✓							
12	5 25 99	904	NJ											178	45R	✓		
13	5 26 99	901	NJ	157	30R	✓			157	30Lt	✓							
14	5 27 99	900	DB											178	45R	✓		
15	5 28 99	902	DH	157	30R	✓		✓	157	30Lt	✓		✓					
16	6 1 99	929	DB											178	45R	✓		
17	6 2 99	849	DB	157	30R	✓			157	30L	✓							
18	6 3 99	914	NJ											178	45Rt	✓		
19	6 4 99	900	JM	157	30R	✓			157	30L	✓							
20	6 7 99	921	DB											178	45R	✓		
21	6 8 99	1351	JM		15		0		0									
22	6 9 99	939	PC															
23	6 10 99	901	PC															
24	6 11 99	857	PC															
25	6 14 99	913	DB															
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		

	Ic	Ia
ANATOMICAL AREA	Rt. Post Chest Wall	Boost
FIELD DIRECTION/NO.	AP (Ic)	PA (Ia)
FIELD SIZE	16 X 12.5	16 X 12.5
CONE SIZE	—	—
SSD/SAD/ARCS	88.5 TH 11.2	88.5
COLL. ANGLE	6	0
GANTRY ANGLE	0	180
COUCH ANGLE	—	—
BLOCKS	MLC	MLC
WEDGE/BOLUS	—	—
ENERGY	18X	[redacted]
MU	82	150
REVISION DATE		
START/STOP ANGLE		
SET-UP	supine kingboard c arms up	

NO.	DATE	TIME	TECH	MU	W	BL	B	PF	MU	W	BL	B	PF	Daily Tumor Dose	Cum Tumor Dose	Elapsed Days	Remarks
26	6 15 99	913	NB	82 ✓		✓		✓	150 ✓		✓			200	5200 ✓	34	D1
27	4 16 99	900	NB	82		✓			150		✓			200	5400	35	
28	6 17 99	905	NB	82		✓			150		✓			200	5600	36	
29	6 18 99	903	NS	82		✓			150		✓			200	5800	37	
30	6 21 99	922	NB	82		✓			150		✓			200	6000	40	
31	6 22 99	907	NB	82		✓			150		✓			200	6200	41	D1
32	6 23 99	859	NS	82		✓			150		✓			200	6400	42	
33	6 24 99	911	SK	82 ✓		✓			150 ✓		✓			200	6600 ✓	43 Stop	D1

COPY

Radiation Oncology Flowsheet

Progress Notes

Date/Time	Commentary	Int.
5/14/99	c/o N/V, sick to stomach, ē pain in (R) lower chest area. lung exam clear - pt. has acid problem 2° to stress & RT. Advise for food, maalox, zantac 150mg Bid.	[illegible]
5/21/99	still more acid problem. Switching to prilosec 20mg Bid - Advise for food again - pt. losing wt.	[illegible]
5/28/99	17 lbs wt. loss so far. Talked ē pt again, N/V & acidity under control, pain is gone, c/o Constipation - Advise for enema -	[illegible]
6/4/99	c/o soreness again today after riding pickup truck. Advise to avoid wt lifting or sudden twisting and turning - Take pain meds - supportive braces helping	[illegible]
6/11/99	No new c/o acidity subsided, feeling much better, will continue RT. Skin: hyperemic, dry; lung exam: clear unchanged.	[illegible]
6/18/99	No more N/V, chest pain or SOB, cough - Feeling strong, wants to start working - lung exam: no wheezing, clear - tenderness in RLL chest area subsided will go higher dose for better control since still big mass is there - stop at 66Gy	[illegible]
6/21/99	c/o N/V, sick to stomach not eating - temp? flu - Advise for food - pt. wants to continue RT & finish it! R̄x 2 pack.	[illegible]

	Int.	Signature	Date/Time
Therapist:	DH	[illegible] Haag RTT	5-10-99 @ 12:44
	SK	[illegible] RT	5-10-99 @ 1337
	NJ	Natalie Jones RTT	5-11-99 @ 936
	JM	Joy Mercer RT	5-12-99 @ 910
	PC	Patty Coke RTT	5-18-99 9:36
	DB	[illegible] Brown RTT	5-18-99 11:40
Physicist:	DT	Don Thompson	5/11/99

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22-85-78-1

Radiation Oncology Flowsheet

NH

:RFORD,FRANK DAVIS58Y 06/12/40 M MR#: 2285781 05/06/99 0831
KLUGER,NEIL J

Chk-in #	Order	Exam		
	173825	0001	1170	LONG BONE SURVEY

vs of the cervical spine demonstrate no abnormality.

vs of the dorsal spine show erosion of the pedicle on the right side
T9 in association with destruction of the right 9th rib, in turn
ociated with the large soft tissue mass. The dorsal spine is
erwise normal in appearance.

ws of the lumbar spine show the disk spaces to be preserved. The
y structures show no abnormality and the soft tissues in the region
unremarkable in appearance.

ws of the skull show two or three well-defined lytic defects. I do
think that these represent multiple myeloma. They probably are
chnoid granulations.

ws of the left ribs demonstrate no abnormality.

ws of the right ribs show destruction of the right 9th rib in
ociation with a large soft tissue mass.

view of the pelvis shows no abnormality.

ws of the right humerus show no abnormality.

ws of the left humerus show no abnormality.

:ws of the right femur demonstrate no abnormality.

:ws of the left femur show no abnormality.

NM

RUTHERFORD,FRANK DAVIS58Y 06/12/40 M MR#: 2285781 05/06/99 0831
MC KLUGER,NEIL J

Chk-in # Order Exam
173825 0001 1170 LONG BONE SURVEY

Views of the cervical spine demonstrate no abnormality.

Views of the dorsal spine show erosion of the pedicle on the right side of T9 in association with destruction of the right 9th rib, in turn associated with the large soft tissue mass. The dorsal spine is otherwise normal in appearance.

Views of the lumbar spine show the disk spaces to be preserved. The bony structures show no abnormality and the soft tissues in the region are unremarkable in appearance.

Views of the skull show two or three well-defined lytic defects. I do not think that these represent multiple myeloma. They probably are arachnoid granulations.

Views of the left ribs demonstrate no abnormality.

Views of the right ribs show destruction of the right 9th rib in association with a large soft tissue mass.

AP view of the pelvis shows no abnormality.

Views of the right humerus show no abnormality.

Views of the left humerus show no abnormality.

Views of the right femur demonstrate no abnormality.

Views of the left femur show no abnormality.

FINAL

(Continued)

RFORD,FRANK DAVIS58Y 06/12/40 M MR#: 2285781 05/06/99 0831
KLUGER,NEIL J

Checkin-Exam Code Summary
173825-1170

ws of the right tibia and fibula show no abnormality.

ws of the left tibia and fibula show no abnormality.

ews of the right forearm show no abnormality.

ews of the left forearm show no abnormality.

/READ BY/ Philip C. Trover M.D.
/Released By/ Philip C. Trover M.D.

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RMC-MADISONVILLE, KY.
Radiology Report

TTHERFORD,FRANK DAVIS58Y 06/12/40 M MR#: 2285781 06/02/99 0819
SHAH,SATISH J
IS - OP

Chk-in # Order Exam
177402 0036 2579 CT-RADIATION THERAPY PLANNING

Contrast/Med : NONE

CT-Radiation Therapy Planning does not require a Radiologists' interpretation.

AMM /READ BY/ DR.SATISH SHAH /Released By/ CRAIG A LUNDQUIST M.D.

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RMC-MADISONVILLE, KY.
Radiology Report

COPY

RUTHERFORD,FRANK DAVIS59Y 06/12/40 M MR#: 2285781 07/29/99 1009
MC
SHAH,SATISH J
200 CLINIC DRIVE
MADISONVILLE KY 42431

Chk-in #	Order	Exam	
184669	0002	1011	CHEST PA & LAT.*L

There is a sizable pleural-based soft tissue lesion present posteriorly on the right. There is rib destruction in the area. The appearance is that of a so-called plasmacytoma. The lungs and pleural spaces otherwise show no abnormality. The heart and mediastinum are normal in appearance. No other bony abnormality is seen.

AMM /READ BY/ Philip C. Trover M.D.
/Released By/ Philip C. Trover M.D.

8/2/99

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RMC-MADISONVILLE, KY.
Radiology Report

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RUTHERFORD,FRANK DAVIS59Y 06/12/40 M MR#: 2285781 10/28/99 0925
MC
SHAH,SATISH J
200 CLINIC DRIVE
MADISONVILLE KY 42431

Chk-in #	Order	Exam	
196764	0003	1011	CHEST PA & LAT.*L

The exam demonstrates a sizable pleural based mass with underlying rib destruction in the posterior lower right lung field. The appearance is consistent with a plasmacytoma. The mass is somewhat smaller now than on film from July 29th. Otherwise, negative.

AMM /READ BY/ Philip C. Trover M.D.
/Released By/ Philip C. Trover M.D.

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RMC-MADISONVILLE, KY.
Radiology Report

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