

CIPRIANI & WERNER

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

T. JONATHAN COOK, ESQ.
tcook@c-wlaw.com

500 Lee Street East, Suite 900
Charleston, WV 25301

Phone: (304) 341-0500
Fax: (304) 341-0507

ICA EFiled: Apr 03 2023
04:59PM EDT
Transaction ID 69721543
Visit us online at
www.C-WLAW.com

April 3, 2023

The Honorable Daniel Greear, Chief Judge
West Virginia Intermediate Court of Appeals
WV Judicial Tower
4700 MacCorkle Ave, SE
Charleston, WV 24304

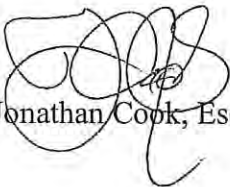
RE: **Kermit Coles (deceased) v. Century Aluminum of West Virginia, Inc.**
Appeal No: No. 23-ICA-81
Claim No.: C6720710144-01
JCN No.: 2021006800

Dear Judge Greear:

Enclosed please find the original of the "Brief on Behalf of Century Aluminum of West Virginia " in the above claim.

Thank you for your consideration of this matter.

Very truly yours,


T. Jonathan Cook, Esquire

TJC/mm

Enclosure

CC: Century Aluminum of West Virginia (via e-mail)
John H. Skaggs, Esquire
Davies Group, Kimberly Lantz (via e-mail)

**BEFORE THE INTERMEDIATE COURT OF APPEALS OF WEST VIRGINIA
Charleston, WV**

**WANDA COLES, DEPENDENT OF
KERMIT COLES (Deceased),**

Appellant,

v.

Intermediate Court No. 23-ICA-81

**CENTURY ALUMINUM OF WEST
VIRGINIA, INC.,**

Appellee.

**BRIEF ON BEHALF OF APPELLEE
CENTURY ALUMINUM OF WEST VIRGINIA**

**T. Jonathan Cook, Esq.
WV Bar ID #9057
Cipriani & Werner, P.C.
500 Lee Street East, Suite 900
Charleston, WV 25301**

TABLE OF CONTENTS

I.	<u>STATEMENT OF THE CASE.....</u>	<u>1</u>
II.	<u>STATEMENT OF THE FACTS</u>	<u>1</u>
III.	<u>SUMMARY OF ARGUMENT</u>	<u>7</u>
IV.	<u>STATEMENT REGARDING ORAL ARGUMENT</u>	<u>8</u>
V.	<u>ARGUMENT.....</u>	<u>8</u>
VI.	<u>CONCLUSION</u>	<u>14</u>

TABLE OF AUTHORITIES

I. STATEMENT OF CASE

This claim involves dependents benefits after Mr. Kermit Coles (Mr. Coles or deceased worker) passed away from metastatic bladder cancer. Mrs. Wanda Coles (Mrs. Coles or dependent), alleged the metastatic bladder cancer was caused by Mr. Coles's employment with Century Aluminum of West Virginia, Inc. (Century or employer). Mrs. Coles's claim was denied on September 22, 2020. **EX 1.** Mrs. Coles opted to protest the denial of her claim for dependents benefits. Following discovery, however, the evidentiary record did not support this allegation. After weighing the evidence, the Workers' Compensation Board of Review (BOR) issued an order dated February 2, 2023, and correctly found:

The fact that the employee worked in the aluminum plant is not alone sufficient to establish causation of his bladder cancer. Although the claimant does not have to establish that the conditions of the employee's employment were the exclusive or sole cause of the disease, she has not shown a direct casual connection between the employee's work and his development of bladder cancer. The claimant has not met her burden of proof. The order of September 22, 2020, is affirmed.

EX 2 at 7. The BOR made this finding after reviewing medical reports by Dr. Werntz and Dr. Lultschik. The former suggested working in an aluminum plant increased Mr. Coles's development of bladder cancer. The latter advised there was no relationship explaining medical literature does not support an increased chance of cancer for workers in aluminum plants in the United States like the facility whether Mr. Coles worked in this claim.

Mrs. Coles disagreed with the BOR and filed this appeal.

II. STATEMENT OF FACTS

By way of background, Mr. Coles's employment history noted he spent time working as a millwright in the pot room. Mr. Coles retired on May 1, 2007, and he passed away from bladder

cancer on January 14, 2020. The dependent's case relies on Dr. Charles Wertz's medical report dated April 21, 2021. **EX 3.** Dr. Wertz concluded Mr. Coles's development of bladder cancer was "significantly contributed to by his working in an aluminum production facility, including the potroom." **Id. at 5.** Dr. Wertz went on to say his opinion was supported by medical literature. **Id.** He also stated the risk of developing bladder cancer was significantly increased by his work in an aluminum production facility over what his risk would have been from smoking alone. **Id.** He finally opined without the additional risk from the aluminum production facility, it would have been less likely for him to have developed bladder cancer. **Id.**

Treatment records from Mayo Clinic and CAMC Memorial Division were part of the record but failed to discuss a relationship between Mr. Cole's cancer and his work at Century. **See Claimant's Appendix.** A review called "Cancer Risks in Aluminum Reduction Plant Workers" in support of the protest. **Claimant's Appendix – CX 3.**

Jennifer Lultschik, MD, MPH, the Public Health/General Preventive Medicine Program Director and Occupational Medicine Assistant Professor of the Occupational and Environmental Health Sciences at West Virginia University prepared a record review regarding causation of Mr. Cole's bladder cancer and his employment at Century. **EX 4.** In her report dated November 21, 2022, Dr. Lultschik concluded:

In their 2014 review, Gibbs and Labreche noted that the exposures of concern in the aluminum reduction industry are the coal tar pitch volatiles (CTPV) and polycyclic aromatic hydrocarbons (PAH) produced in the potroom. These arise chiefly from the carbon electrodes used in the process. In 2010 the IARC classified 'occupational exposures during carbon electrode manufacture' as Class 2A (probably carcinogenic to humans). Measurement of benzo(a)pyrene is typically used as an index of total PAH exposure.

Gibbs and Labreche noted that prebake potrooms have much lower exposures and risks than potrooms using the older Soderberg process. They also noted that soot and coal tar pitch have been associated with limited human evidence for bladder cancer risk. They report that while studies have shown significant increased risk

from exposure in Soderberg potrooms in Canada and Norway, no significant change in risk of bladder cancer was seen in the United States and France. They state, "There was no excess of bladder cancer deaths in workers ever employed in the potrooms or carbon plants in the US studies."

The documents provided to me for review do not include a detailed job description of Mr. Coles's work at Century, nor quantitation of hours of exposure to CTPV per day or week during his time of employment there. There is no information regarding whether Century used the 'prebake' process or the 'Soderberg' process. Gibbs and Labreche do note that studies in Soderberg potrooms from Canada and Norway showed a strong association of exposure with bladder cancer, but they also state that bladder cancer was" ... detected at **statistically nonsignificant levels in the United States** ... ".

There is a strong association between tobacco smoking and bladder cancer. Freedman et al noted that the medical literature placed the population-attributable risk for tobacco smoking and bladder cancer at 50-65%, meaning that tobacco smoking accounts for 50-65% of bladder cancer cases in men. Their own study confirmed a population-attributable risk for smoking of 50%. **Smoking is recognized as the single greatest risk factor for urothelial carcinoma of the bladder.**

Welty et al examined persistence of elevated risk of bladder cancer after smoking cessation; they found that the hazard ratio (HR) for bladder cancer in those with a 37.5 or more pack-year history of smoking was 2.77 (95% CI 2.00-3.85), and those who were less than 14 years since quitting tobacco smoking at the time of bladder cancer diagnosis had a HR of 2.52 (95% CI 1.79- 3.53).⁴ From the medical record, Mr. Coles had a 42-year smoking history (1965 through 2007) and was known to be a 'heavy smoker'. A conservative estimate of 'heavy smoking' would be 1 pack per day; this would result in a 42 pack-year smoking history, with a hazard ratio of 2.77 as noted above. Welty also noted that an increased risk of urothelial carcinoma (UC) of the bladder persisted more than 32 years after quitting, and said, "This argues that a history of smoking should continue to be considered a strong risk factor for UC throughout a person's life."

Tobacco smoking accounts for 50-65% of cases of urothelial carcinoma of the bladder, and is single strongest risk factor for this cancer. While there is some evidence to support an association between exposure to polyaromatic hydrocarbons (PAH) and CTPV in Soderberg potrooms Canada and Norway and bladder cancer, there have been no excess bladder cancer deaths in in US

studies. From the available information it is not possible to estimate the extent and duration of exposure sustained by Mr. Coles, or whether he worked in a Soderberg potroom. On the hand, Mr. Coles's 42+ pack-year tobacco smoking exposure places him at significantly other increased risk for urothelial carcinoma of the bladder, is a sufficient causative factor without any other exposure, and in my opinion is more likely than not the cause of his bladder cancer.

To answer your question, in my opinion it is more likely than not the claimant's bladder cancer was not caused by his employment at Century Aluminum.

The above opinions are given within a reasonable degree of medical certainty and within scope of my medical specialty, Occupational Medicine. . .

EX 4 at 6-7.

Medical records from Mayo Clinic documented the claimant had malignant neoplasm of the bladder lateral wall (ICD 10 – C67.2). **EX 5.** The records document the claimant smoking one pack of cigarettes per day for 42 years. **Id.**

In affirming the denial of this claim, the BOR stated the following in its Order dated February 2, 2023:

The claimant submitted the report of Dr. Werntz who concluded that the employee's development of bladder cancer was significantly contributed to by exposure while he was working at an aluminum production facility, including his work in the potroom. The employer submitted the report of Dr. Lultschik who noted that tobacco smoking accounts for 50% to 65% of cases of urothelial carcinoma of the bladder and is the single strongest risk factor for developing this type of cancer. The deceased employee smoked cigarettes for approximately 42 years.

The 2014 study by Gibbs and Labreche regarding the increased risk of bladder cancer in aluminum workers, was discussed by both Dr. Werntz and Dr. Lultschik. Dr. Lultschik relied on this report to support her conclusion that it is more likely than not that the employee's bladder cancer was not caused by his employment at Century. In this regard, she noted that she did not have quantitation of the hours of exposure to CTPV per day or week during the employee's time

of employment and there was no information regarding whether Century used the prebake process or the older Soderberg process. Dr. Lultschik further indicated that Gibbs and Labreche noted that studies in Soderberg potrooms from Canada and Norway show a strong association of exposure with bladder cancer, **but that bladder cancer was detected at statistically nonsignificant levels in the United States.**

Dr. Lultschik provides more specifics about the 2014 study and the distinction in the risks for exposure to carcinogens between the "prebake" and the "Soderberg" processes. The evidence does not show which process was used by Century during the employee's time at Century, and there is no evidence regarding the extent of the employee's exposure to CTPV. Accordingly, Dr. Lultschik's report is more detailed and persuasive than the report by Dr. Werntz.

The fact that the employee worked in the aluminum plant is not alone sufficient to establish causation of his bladder cancer. Although the claimant does not have to establish that the conditions of the employee's employment were the exclusive or sole cause of the disease, she has not shown a direct causal connection between the employee's work and his development of bladder cancer. The claimant has not met her burden of proof. The order of September 22, 2020, is affirmed.

EX 2 at 7-8 (Emphasis added).

III. SUMMARY OF ARGUMENT

This appeal is simply an occupational disease claim involving the application of W. Va. Code § 23-4-1(f) which sets forth six elements to be eligible for benefits: "(1) that there is a direct causal connection between the conditions under which work is performed and the occupational disease, (2) that it can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment, (3) that it can be fairly traced to the employment as the proximate cause, (4) that it does not come from a hazard to which workmen would have been equally exposed outside of the employment, (5) that it is incidental to the character of the business and not independent of the relation of an employer and employee, and (6) that it must appear to have had its origin

in the risk connected with the employment and to have flowed from that source as a natural consequence, though it need not have been foreseen or expected before its contraction." Pursuant to W. Va. Code 23-4-1g, the BOR must evaluate evidence and determine whether a claimant proved his or her claim by a preponderance of the evidence. When the BOR evaluates a claim, it utilizes a "process of weighing evidence [which] include[s], but [is] not be limited to, an assessment of the relevance, credibility, materiality and reliability that the evidence possesses in the context of the issue presented." Wilkinson v. OIC & Putnam County Bd of Educ., 222 W.Va. 394, 401, 664 S.E.2d 735, 742 (2008) (quoting 23-4-1g(a)). After weighing the evidence, the BOR found the Dependent fell short of establishing all six elements of an occupational disease and affirmed the denial of her claim. The BOR did not err by making that finding.

IV. STATEMENT REGARDING ORAL ARGUMENT AND DECISION

The facts and legal arguments are adequately presented by the Employer's brief and the record before the Court. Therefore, Century, by counsel, respectfully submits that oral argument is not needed for this appeal.

V. ARGUMENT

Standard of Review

The standard of review applicable to this Board's review of an OOJ's decision is set forth under W. Va. Code § 23-5-12(b) which provides:

[The Board of Review] shall reverse, vacate, or modify the order or decision of the administrative law judge if the substantial rights of the petitioner or petitioners have been prejudiced because the administrative law judge's findings are: (1) In violation of statutory provisions; or (2) In excess of the statutory authority or jurisdiction of the administrative law judge; or (3) Made upon unlawful procedures; or (4) Affected by other error of law; or (5) Clearly wrong in view of the reliable, probative and substantial evidence on the whole record; or (6) Arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

W. Va. Code § 23-5-12(b).

- A. *The BOR correctly found the dependent did not prove by a preponderance of the evidence that Mr. Coles developed an occupational disease when the expert evidence showed it was more likely than not that his bladder cancer was either naturally occurring or related to his robust smoking history.*

Mrs. Coles first assignment of error states the “. . . [BOR] erred in applying Bradford v. Workers’ Compensation Comm’r, Syl. Pt 3, 185 W. Va. 434, 408 S.E.2d 13 (1991), which states that the claimant is only required to prove that an occupational injury or disease contributed in any material degree to the death and Powell v. State Workmen’s Compensation Commissioner, 166 W. Va. 327, 273 S.E.2d 832 (1980) which holds that a claimant is not required to prove that an occupational exposure was the sole or exclusive cause of the disease.” This assignment of error is framed to suggest an error of law rather what is nothing more than the dependent’s disagreement over the manner in which the BOR weighed the evidence. Moreover, the dependent wants to revive the old rule of liberality rather than its replacement, W. Va. Code § 23-4-1g requiring proof by a preponderance of the evidence. City of Wheeling v. Marriner, No. 14-0498, (W. Va. Sup. Ct. 2015). The order shows the BOR did not commit reversible error in its Order.

First, the dependent characterizes her burden in the terms of an evidentiary standard eliminated by the Legislature with its enactment of W. Va. § 23-4-1g(b)(“Except as provided in subsection (a) of this section, a claim for compensation filed pursuant to this chapter must be decided on its merit and not according to any principle that requires statutes governing workers’ compensation to be liberally construed because they are remedial in nature. No such principle may be used in the application of law to the facts of a case arising out of this chapter or in determining the constitutionality of this chapter.”). Here, the dependent’s brief does not state but strongly suggests the West Virginia Supreme Court of Appeals decisions in Bradford, supra, and Powell, supra, do not require proof by a preponderance of the evidence. Rather the dependent believes evidence which merely implies the possibility of a relationship between some type of

exposure and a disease is sufficient to establish compensability. Such a characterization is inaccurate especially when looking at the basis of both decisions. Specifically, the Powell court stated:

And finally in Myers v. State Workmen's Compensation Comm'r, 160 W. Va. 766, 239 S.E.2d 124 (1977), we held that claimant's noise-induced gradual hearing loss was an occupational disease under the statute. In making this ruling we held it was not necessary for the claimant to prove that his hearing loss was not attributable completely to his age, and held that "it is not claimant's burden to negative all possible non-occupational causes of his injury. Id. at ____, 239 S.E.2nd at 127.

The Myers Court stated: "In applying the statute to the undisputed facts in this case, we begin with a fundamental rule of workmen's compensation law. A spirit of liberality is to be employed in applying the provisions of the Workmen's Compensation Act and in construing the evidence. This principle dictates that this Court examine the record and give the claimant the benefit of all reasonable inferences the record will admit favorable to him." 160 W. Va. at 770, 239 S.E.2d at 126. The Powell Court and Bradford Courts, which relied on Myers, also applied the rule of liberality in both decisions undermining both rulings on compensability. The option of applying the rule of liberality is no longer available. The finder-of-fact must apply W. Va. Code § 23-4-1g, which states:

(a) For all awards made on or after the effective date of the amendment and reenactment of this section during the year two thousand three, resolution of any issue raised in administering this chapter shall be based on a weighing of all evidence pertaining to the issue and a finding that a preponderance of the evidence supports the chosen manner of resolution. The process of weighing evidence shall include, but not be limited to, an assessment of the relevance, credibility, materiality and reliability that the evidence possesses in the context of the issue presented. Under no circumstances will an issue be resolved by allowing certain evidence to be dispositive simply because it is reliable and is most favorable to a party's interests or position. If, after weighing all of the evidence regarding an issue in which a claimant has an interest, there is a finding that an equal amount of evidentiary weight exists favoring conflicting

matters for resolution, the resolution that is most consistent with the claimant's position will be adopted.

Here, the finder-of-fact applied the preponderance of evidence standard to the record and concluded the most reasoned and supported opinion was offered by Dr. Lultschik whose report was supported by scientific studies showing cigarette smoking, a habit the deceased worker engaged in for 42 years, accounted for 50 to 65% of all cases of urothelial carcinoma of the bladder and was the "single strongest risk factor for developing this type of cancer." **EX 2 at 7-8.** Moreover, the finder-of-fact found medical literature which supported Dr. Lultschik that bladder cancer was "detected at statistically nonsignificant levels in the United States." The deceased worker worked at a facility in Ravenswood, WV. Thus, between the two possible risk factors, cigarette smoking overwhelmingly causes bladder cancer at a much higher rate than any other potential cause and bladder cancer is statistically nonsignificant for potroom workers in the United States. The BOR's finding:

The fact that the employee worked in the aluminum plant is not alone sufficient to establish causation of his bladder cancer. Although the claimant does not have to establish that the conditions of the employee's employment were the exclusive or sole cause of the disease, she has not shown a direct causal connection between the employee's work and his development of bladder cancer. The claimant has not met her burden of proof. The order of September 22, 2020, is affirmed.

is supported by substantial evidence. See Board of Education of the County of Mercer v. Wert, 192 W.Va. 568, 579, 453 S.E.2d 402, 413 (1994)("As a general rule, we uphold the factual findings of an ALJ if they are supported by substantial evidence. . . . We must defer to the ALJ's credibility determinations and inferences from the evidence, despite our perception of the other more reasonable conclusions from the evidence."). In sum, while the claimant may disagree with the assignment of weight to the evidence and hoped for a different outcome, a

disagreement on the weight assigned to each piece of evidence is no sufficient to overturn the BOR's decision.

Second, the expert opinion relied upon by the dependent is weak. Dr. Werntz stated in his report that Mr. Coles's bladder cancer was "significantly contributed to by his working in an aluminum production facility, including the potroom." The evidence does not support Dr. Werntz. There was no information from the medical records (CAMC and Mayo Clinic) which suggested a relationship between Mr. Coles's bladder cancer and a workplace exposure. The study supporting Dr. Lultschik's report found incidents of bladder cancer connected to pot rooms in the United States were statistically "nonsignificant." Lastly, Mrs. Coles did not offer evidence of the type of process used at Century (prebake versus Soderberg). It is not Century's burden to establish no relationship exists between the bladder cancer and Mr. Coles's workplace. To the contrary, the dependent has the burden of establishing each and every element of an occupational disease and that the occupational disease caused Mr. Coles's death. Simply put, the dependent omitted that critical information here. The dependent's case has many holes regarding Mr. Coles's actual workplace exposure and the sufficiency of the same to the bladder cancer. Conversely, the record establishes the number one cause of bladder cancer is cigarette smoking and Mr. Coles's engaged in that habit for the majority of his life (one pack per day for 42 years). The BOR's order shows a command of the record and correctly affirmed the denial of the claim.

B. *The BOR correctly found the dependent did not prove by a preponderance of the evidence that Mr. Coles had sufficient exposure to any hazard, other than tobacco smoke, to cause bladder cancer.*

Mrs. Coles second assignment of error states the "The Board or Review erred in finding that the decedent's exposure was limited without the employer making any findings regarding exposure and was clearly wrong in light of the evidence offered by affidavit, social security earnings report, medical records, and expert report." In other words, the dependent wants this

Court to impermissibly switch the burden to the employer to prove the elements of an occupational disease do not exist. This assignment of error violates W. Va. Code § 23-4-1g and is inconsistent with decisions of the West Virginia Supreme Court of Appeals which squarely place the burden of proof on the claimant to prove each and every element of an occupational injury or occupational disease. See e.g., Syl pt. 3, Deverick v. State Workmen's Compensation Director, 150 W. Va. 145, 144 S.E.2d 498 (1965) ("In order to establish compensability an employee who suffers a disability in the course of his employment must show by competent evidence that there was a causal connection between such disability and his employment").

In addition, each and every piece of evidence offered by the dependent was reviewed by Dr. Lultschik who was familiar with Mr. Coles's medical history, social history (42 pack/year smoker), and employment history. Dr. Lultschik decidedly concluded cigarette smoking, the overwhelming cause of bladder cancer, was the likely cause of Mr. Coles's cancer. Moreover, Dr. Lultschik cited scientific studies which showed workers performing similar jobs to the deceased worker in potrooms in the United States were not more likely than the general public to develop bladder cancer. This is a critical piece of evidence which Dr. Werntz was unable to overcome. Moreover, the dependent did not submit any evidence to refute this study or Dr. Lultschik's opinion on this issue.

The exposure issue was developed below, and the finder-of-fact concluded the evidence did not establish a causal connection between Mr. Coles's employment at Century Aluminum and his bladder cancer. Moreover, to the extent Powell states the following::

Unlike traumatic injuries, the causal connection for occupational diseases must be established by showing exposure at the workplace sufficient to cause the disease and that the disease actually resulted in the particular case. The standard for determining that connection is defined in W. Va. Code § 23-4-1, as whether the connection appears to the rational mind to meet the six factor test set out in the code. Whether a disease appears causally related to employment in the eyes of the rational mind will turn on the state of current

scientific knowledge. Utter v. Asten-Hill Manufacturing Co., 453 Pa. 401, 309 A.2d 583 (1973).

166 W.Va. at 336, 273 S.E.2d at 837, the scientific and medical evidence in this case establishes the dependent did not meet all each and every element of an occupational disease defined by W. Va. Code § 23-4-1(f) (1) That there is a direct causal connection between the conditions under which work is performed and the occupational disease; (2) that it can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment; (3) that it can be fairly traced to the employment as the proximate cause; (4) that it does not come from a hazard to which workmen would have been equally exposed outside of the employment; (5) that it is incidental to the character of the business and not independent of the relation of employer and employee; and (6) that it appears to have had its origin in a risk connected with the employment and to have flowed from that source as a natural consequence, though it need not have been foreseen or expected before its contraction...”

VI. CONCLUSION

The record establishes the number one cause of bladder cancer is cigarette smoking and Mr. Coles’s engaged in that habit for the majority of his life (one pack per day for 42 years). The BOR did not commit reversible. Century, therefore, requests this Court to affirm the BOR’s order dated February 2, 2023.

Respectfully submitted,

Century Aluminum of West Virginia
By Counsel




T. Jonathan Cook, Esq.
WV Bar ID #9057

CERTIFICATE OF SERVICE

I, T. Jonathan Cook, Esq., attorney for the Appellant, Century Aluminum of West Virginia, certify that a true and exact copy of the foregoing "Brief on Behalf of Appellee, Century Aluminum of West Virginia " was served upon the Appellant by forwarding a true and exact copy thereof in the United States mail, postage prepaid, this 3rd day of April 2023 addressed as follows:

Mr. John H. Skaggs, Esquire
Calwell Luce diTrapano PLLC
Law and Arts Center West
500 Randolph Street
Charleston, WV 25302



T. Jonathan Cook, Esq.
WV Bar ID #9057

**BEFORE THE INTERMEDIATE COURT OF APPEALS OF WEST VIRGINIA
Charleston, WV**

**WANDA COLES, DEPENDENT OF
KERMIT COLES (Deceased),**

Appellant,

v.

Intermediate Court No. 23-ICA-81

**CENTURY ALUMINUM OF WEST
VIRGINIA, INC.,**

Appellee.

**APPENDIX OF EXHIBITS ON BEHALF OF APPELLEE
CENTURY ALUMINUM OF WEST VIRGINIA**

EXHIBITS

Exhibit 1: Claim Administrator Order Denying Claim dated September 22, 2020

Exhibit 2: Board of Review Decision dated February 2, 2023

Exhibit 3: Medical Report of Dr. Charles Werntz dated April 21, 2021

Exhibit 4: IME Report of Dr. Jennifer Lultschik dated November 21, 2022

Exhibit 5: Select Medical Records from Mayo Clinic

CERTIFICATE OF SERVICE

I, T. Jonathan Cook, Esq., attorney for the Appellee, Century Aluminum of West Virginia, hereby certify that a true and exact copy of the foregoing appendix was served upon the Appellant by forwarding a true and exact copy thereof in the United States mail, postage prepaid, this 3rd day of April, 2023, addressed as follows:

John H. Skaggs, Esquire
Calwell Luce diTrapano PLLC
Law and Arts Center West
500 Randolph Street
Charleston, WV 25302



T. Jonathan Cook, Esq.
WV Bar ID #9057

Workers' Compensation Board of Review
P.O. Box 2628
Charleston, WV 25329-2628
(304) 558-5230

Document Submission Form

Claimant: Kermit Cole (deceased) Employer(s): Century Aluminum of West Virginia

JCN No: 2021006800

Carrier Ref. No.: C6720710144-01

DOI / DLE: 5/01/2007

Submitting Party: T. Jonathan Cook, Esq. Representing Employer

Reference: September 22, 2020

Short Description(s) of Order: Denied death benefits

Please Select One of the Following Categories: Attach only (1) document per form

Evidence: Claim Administrator order dated September 22, 2020

Date: September 29, 2022

Submitted by:



T. Jonathan Cook, Esq.
WV Bar ID # 9057

TJC/mm

Enclosure

cc: John H. Skaggs, Esquire
Davies, Doniela Fiato (via e-mail)
Century Aluminum of West Virginia (via e-mail)





P.O. Box 291587
Nashville TN | 37229-1587 | USA

t: 800-322-1276 / 615-360-2800
adjuster fax: 615-360-5698
claim support fax: 615-360-5689
metro fax: 615-360-5692
www.davies-group.com

September 22, 2020

Ms. Wanda Coles
1006 Dupont Ave
Nitro, WV 25143

RE: Claim No.: C6720710144-01
DOI: 5/1/2007

We are the Third-Party Administrators handling claims for Century Aluminum. Your application for dependent benefits is denied as there is not sufficient medical evidence to establish a connection between the decedent's condition and his employment.

You may protest this decision within sixty (60) days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. Copies must also be sent to all other parties to the claim.

If you have any questions or concerns, you may contact me at 615-360-1388.

Very truly yours,

Stephanie Critcher

Stephanie Critcher

cc: Laura Tuisl laura.tuisl@centuryaluminum.com
Christy Quataker christy.quataker@centuryaluminum.com
Jennifer Hagedorn jhagedorn@bowlesrice.com
John H Skaggs jskaggs@cldlaw.com

**STATE OF WEST VIRGINIA
WORKERS' COMPENSATION BOARD OF REVIEW**

IN THE MATTER OF:

Kermit Coles, (Employee) Decedent,
Wanda Coles, Dependent,
CLAIMANT

JCN: 2021006800

D.L.E.: May 1, 2007

D.O.D.: January 14, 2020

and

Century Aluminum of West Virginia, Inc.,
EMPLOYER

ORDER

PARTIES:

Claimant, Wanda Coles, by counsel, John Henry Skaggs
Employer, Century Aluminum of West Virginia, Inc., by counsel, T. Jonathan Cook.

ISSUE:

The claimant protested the claim administrator's order of September 22, 2020, which denied dependents benefits.

DECISION:

It is ORDERED that the claim administrator's order of September 22, 2020, be AFFIRMED.

RECORD CONSIDERED:

See attached.

FINDINGS OF FACT:

1. The claimant, the dependent widow of the deceased employee, filed an application for dependent's benefits on April 23, 2020.
2. In his affidavit of March 24, 2021, Patrick Coles, the son of the deceased employee, asserted that he was familiar with his father's work from living with him and working with him for two years at Century Aluminum. His father worked in plant maintenance and was also assigned to the potroom as a maintenance worker on a regular



basis. In the two years that Patrick Coles was employed at the plant from 1997 to 1998, he would visit his father in the potroom. Based on his personal observations and conversations with his father, his father was present in the potroom while metals were being melted and molten product was being produced. In a subsequent Affidavit dated May 4, 2021, Patrick Coles added that he observed his father using an N-95 dust mask and half face masks but they had paper filters and not cannister type cartridges. The masks were not used during breaks and entering or leaving the building.

3. The employee's Annual Statement of his pension accounts from 1979 to 1990 was submitted into evidence. (Electronic file date January 1, 1980.)

4. The Social Security Statement of Earnings of the employee from 1964 through 2007 was submitted into evidence. (Electronic file date May 5, 2008.)

5. The article entitled *Cancer Risks in Aluminum Reduction Plant Workers, A Review*, by Graham W. Gibbs, Ph.D., and France Labreche, Ph.D., was submitted into evidence. (Electronic file date May 1, 2014.)

6. The September 29, 2016, office clinic note from James P. Tierney, DO, CAMC Urology Surgical Center, noted that the employee presented for an evaluation of hematuria that started in January of 2016 and occurred intermittently over the past year. (Electronic file dated November 23, 2016.) The November 23, 2016, report from Dr. Tierney, indicated that the employee had a history of smoking and tobacco use and a history of occupational exposure to chemicals. In the office clinic note of May 15, 2018, the employee was seen for painful urination since April. He had a history of tobacco use seven years earlier. In the August 2, 2018, office clinic note, it was recommended that the employee have a cystoscopy and bladder biopsy.

7. The employee underwent a cystoscopy bladder biopsy at CAMC Memorial Hospital on August 13, 2018.

8. The surgical pathology report of Nadia Naumova, MD, of August 13, 2018, revealed that the employee had ulcerated urothelial mucosa with underlying moderate acute and chronic cystitis with associated reactive epithelial changes and detached strips of columnar epithelium suggestive of cystitis glandularis.

9. The employee was seen by Joshua Mark Lohri, DO, on December 13, 2018, and was assessed with detrusor overactivity and urge urinary incontinence in addition to bladder outlet obstruction and poorly compliant bladder.

10. The employee underwent a surgical procedure on December 28, 2018. The post-operative diagnosis was urge urinary incontinence overactive bladder/bladder outlet obstruction, and a bimanual pelvic examination suggested some mass effect in the left lower quadrant.

11. The employee's January 3, 2019, pelvis MRI at CAMC showed nonspecific bladder wall thickening on the left side of the bladder; infiltrating was not excluded.

12. The employee's February 15, 2019, pathology report by Oscar Cinco Estalilla, MD, identified a rectal mass as well as a urinary bladder tumor. Dr. Estalilla said the findings support a diagnosis of a high-grade urothelial carcinoma.

13. Dr. Tierney, in his February 15, 2019, History and Physical, noted that there were no changes in the claimant's condition.

14. On February 15, 2019, Dr. Tierney performed a bladder biopsy and repeat Botox.

15. The employee was seen by Nathan Edward Hale, DO, on February 21, 2019. Treatment options were discussed.

16. The employee's CT of his chest, read by Johnsey Leef, MD, on February 26, 2019, showed hyperinflated lungs with few small bullae consistent with COPD. There was non-calcified pleural plaques, calcified granulomas, and coronary artery disease.

17. Consultation notes from CAMC Cancer Center Teays Valley dated February 27, 2019, noted that the employee had bladder cancer.

18. An ultrasound was performed preoperatively on March 5, 2019. The March 5, 2019, operative report by Nathan Edward Hale, DO, at CAMC revealed that the employee had a needle nephrostogram performed.

19. The April 16, 2019, pathology report from Mayo Clinic's Laboratories noted that the employee had a bladder specimen submitted.

20. On May 6, 2019, the employee was seen at Mayo Clinic by Roxana Dronca, MD, and his treatment options for his bladder cancer were discussed. His smoking history of 42 years from October 1, 1965, to February 1, 2007, was noted.

21. The May 21, 2019, preoperative medical evaluation by Nancy E. Pitruzzello, APRN, indicated that the employee would undergo an open cystoprostatectomy, bilateral pelvic lymph node dissection, and ileal conduit urinary diversion.

22. The May 24, 2019, report from Christopher McLeod, MB, CHB, Ph.D., noted that the employee had no evidence of any cardiac instability and his background coronary disease should not pose any imminent threat for upcoming non-cardiac surgery.

23. On May 30, 2019, the employee underwent an open cystoprostatectomy with ileal conduit urinary diversion and bilateral pelvic lymph node dissection at Mayo Clinic by Paul R. Young, MD.

24. In the progress notes of Patrick Houghton, MD, it was noted that the employee was seen on August 2, 2019; August 22, 2019; and October 22, 2019, for muscle invasive bladder cancer.

25. The employee's August 2, 2019, abdomen and pelvis CT showed some new enlarged nodes just below the renal hilum on the left and a left hydronephrosis.

26. Dr. Dronca, in her report of August 15, 2019, noted that they would proceed with a PET scan.

27. The employee's October 22, 2019, PET/CT scan was read by Ephraim Parent, MD, to show postoperative changes of cystoprostatectomy with no definite nodular hypermetabolic focus in the pelvis to suggest local recurrent disease. Continued interval decreased size of the left para-aortic lymph nodes with FDG uptake was equal to blood pool. Given the lack of interval systemic therapy, these were most consistent with resolving reactive changes. There were no hypermetabolic foci or pathologically enlarged lymph nodes on examination to suggest metabolically active disease.

28. Ahmed Bali, MD, in a discharge summary of November 20, 2019, reported that he had performed an exploratory laparotomy, small bowel resection, and open lysis of adhesions. Dr. Bali stated in his operative report of December 4, 2019, that the employee had undergone an exploratory laparotomy, small bowel resection and open lysis of adhesions.

29. Carly Rose, DO, in her consultation notes of November 28, 2019, stated the employee was seen for a palliative care consultation.

30. The employee was admitted to CAMC Hospital on November 20, 2019, and discharged on December 28, 2019, to hospice with the diagnosis of metastatic urothelial cancer with small bowel obstruction.

31. The employee was seen for a consultation with Justin David Cohen, MD, on December 9, 2019.

32. In her progress note of December 17, 2019, Dr. Dronca stated that she had discussed the employee's recent developments and spoken to his wife about the employee's recurrent metastatic urothelial carcinoma which presented with bowel obstruction and had required bowel resection.

33. The employee's lab report from CAMC Memorial Hospital on December 27, 2019, was submitted into evidence.

34. The employee's death certificate indicated that he died on January 14, 2020, with the immediate cause of metastatic urothelial cancer (bladder cancer).

35. The curriculum vitae of Charles L. Werntz, DO, dated February 10, 2021, was submitted.

36. In his April 21, 2021, record review, Dr. Werntz noted that the employee developed urinary symptoms and hematuria sometime in 2015, and in early 2019, a urothelial cancer was identified. Although the employee underwent aggressive surgical and chemotherapy treatment, the employee ultimately developed distant metastasis, including in the small bowel, and died due to this cancer. The doctor considered the employee's work in aluminum production and stated it had been determined by the International Agency for Research on Cancer (IARC) to be a class I - Known Human Carcinogen. The doctor also noted that the employee was an intermittent smoker with a 40-year smoking history and that smoking can contribute to the development of bladder cancer. Dr. Werntz reported that the analysis discussed in the IARC and a 2014 review by Gibbs and Labreche makes it clear that smokers' risk of bladder cancer is further increased by exposure to an aluminum production facility. The doctor stated that while a protective mask would certainly be helpful in reducing the risk of disease, it was unclear if the protective mask worn by the employee in this case was protective. Dr. Werntz concluded that the employee's medical records clearly documented that he was diagnosed with invasive bladder cancer in 2019 and died from this in early 2020. He worked for 27 years in an aluminum production facility as a millwright, welder, and maintenance person. Together, these jobs would have him spending most or all of his time in the aluminum production areas. In his medical opinion, the employee's development of bladder cancer was significantly contributed to by working in an aluminum production facility, including the potroom. It was his opinion that the risk of developing bladder cancer was significantly increased by the employee's work in an aluminum production facility, over what his risk would have been from his smoking habit alone. It was his further opinion that without this additional risk from the aluminum manufacturer exposure it was less likely that he would have developed bladder cancer, the ultimate cause of his death.

37. Jennifer L. Lultschik, MD, in her record review on November 21, 2022, stated that, in the 2014 review by Gibbs and Labreche, it was noted that the exposures of concern in the aluminum reduction industry were the coal tar pitch volatiles (CTPV) and polyaromatic hydrocarbons (PAH) produced in the potroom. This arises chiefly from carbon electrodes used in the process. In 2010, the IARC classified occupational exposure during carbon electrode manufacture as class 2A (probably carcinogenic to humans). Measurement of benzo(a)pyrene is typically used as an index of total PAH exposure. Gibbs and Labreche noted that the prebake potrooms have much lower exposures and risks than potrooms using the older Soderberg process. Dr. Lultschik noted that she did not have quantitation of hours of exposure to CTPV per day or week during the employee's time of employment. There was no information regarding whether Century used the "prebake" process or the "Soderberg" process. Gibbs and Labreche do note that studies in Soderberg potrooms from Canada and Norway show a strong association of exposure with bladder cancer, but they also state that bladder cancer was detected at statistically nonsignificant levels in the United States. Dr. Lultschik noted there was a strong association between tobacco smoking and bladder cancer. Dr. Lultschik felt it was more likely than not that the employee's bladder cancer was not caused by his employment at Century Aluminum.

38. The employer submitted a closing argument on December 8, 2020, which has been reviewed and considered herein.

DISCUSSION:

W.Va. Code § 23-4-1(f) provides that an occupational disease is one incurred in the course of and resulting from employment. No ordinary disease of life to which the general public is exposed outside of employment is compensable unless it is apparent "(1) that there is a direct causal connection between the conditions under which work is performed and the occupational disease, (2) that it can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment, (3) that it can be fairly traced to the employment as the proximate cause, (4) that it does not come from a hazard to which workmen would have been equally exposed outside of the employment, (5) that it is incidental to the character of the business and not independent of the relation of an employer and employee, and (6) that it must appear to have had its origin in the risk connected with the employment and to have flowed from that source as a natural consequence, though it need not have been foreseen or expected before its contraction."

W.Va. Code § 23-4-1 does not require the claimant to prove the conditions of his or her employment were the exclusive or sole cause of the disease nor does it require the claimant to show that the disease is peculiar to one industry, work environment, or occupation. *Powell v. State Workmen's Compensation Commissioner*, 166 W.Va. 327, 273 S.E.2d 832 (1980).

W. Va. Code § 23-4-1g provides that the resolution of any issue shall be based upon a weighing of all evidence pertaining to the issue and a finding that a preponderance of the evidence supports the chosen manner of resolution. The process of weighing evidence shall include, but not be limited to, an assessment of the relevance, credibility, materiality, and reliability that the evidence possesses in the context of the issue presented. No issue may be resolved by allowing certain evidence to be dispositive simply because it is reliable and is most favorable to a party's interests or position. The resolution of issues in claims for compensation must be decided on the merits and not according to any principle that requires statutes governing workers' compensation to be liberally construed because they are remedial in nature. If, after weighing all of the evidence regarding an issue, there is a finding that an equal amount of evidentiary weight exists for each side, the resolution that is most consistent with the claimant's position will be adopted.

Preponderance of the evidence means proof that something is more likely so than not so. In other words, a preponderance of the evidence means such evidence, when considered and compared with opposing evidence, is more persuasive or convincing. Preponderance of the evidence may not be determined by merely counting the number of witnesses, reports, evaluations, or other items of evidence. Rather, it is determined by assessing the persuasiveness of the evidence including the opportunity for knowledge, information possessed, and manner of testifying or reporting.

The claim administrator denied dependent's benefits by order dated September 22, 2020. The deceased employee passed on January 14, 2020, from metastatic bladder cancer, which the dependent asserts was incurred in the course of and resulting from the employee's employment at Century. The Supreme Court, in *Powell*, determined that if studies and research clearly link a disease to a particular hazard of a workplace, a prima facie case of causation arises upon a showing that the claimant was exposed to the hazard and is suffering from the disease to which it is connected.

The claimant submitted the report of Dr. Werntz who concluded that the employee's development of bladder cancer was significantly contributed to by exposure while he was working at an aluminum production facility, including his work in the potroom. The employer submitted the report of Dr. Lultschik who noted that tobacco smoking accounts for 50% to 65% of cases of urothelial carcinoma of the bladder and is the single strongest risk factor for developing this type of cancer. The deceased employee smoked cigarettes for approximately 42 years.

The 2014 study by Gibbs and Labreche regarding the increased risk of bladder cancer in aluminum workers, was discussed by both Dr. Werntz and Dr. Lultschik. Dr. Lultschik relied on this report to support her conclusion that it is more likely than not that the employee's bladder cancer was not caused by his employment at Century. In this regard, she noted that she did not have quantitation of the hours of exposure to CTPV per day or week during the employee's time of employment and there was no information regarding whether Century used the prebake process or the older Soderberg process. Dr. Lultschik further indicated that Gibbs and Labreche noted that studies in Soderberg potrooms from Canada and Norway show a strong association of exposure with bladder cancer, but that bladder cancer was detected at statistically nonsignificant levels in the United States.

Dr. Lultschik provides more specifics about the 2014 study and the distinction in the risks for exposure to carcinogens between the "prebake" and the "Soderberg" processes. The evidence does not show which process was used by Century during the employee's time at Century, and there is no evidence regarding the extent of the employee's exposure to CTPV. Accordingly, Dr. Lultschik's report is more detailed and persuasive than the report by Dr. Werntz.

The fact that the employee worked in the aluminum plant is not alone sufficient to establish causation of his bladder cancer. Although the claimant does not have to establish that the conditions of the employee's employment were the exclusive or sole cause of the disease, she has not shown a direct causal connection between the employee's work and his development of bladder cancer. The claimant has not met her burden of proof. The order of September 22, 2020, is affirmed.

CONCLUSIONS OF LAW:

Based on preponderance of the evidence, the decedent's bladder cancer was not caused by occupational exposure at Century Aluminum.

It is, therefore, ORDERED that the claim administrator's order of September 22, 2020, be AFFIRMED.

APPEAL RIGHTS:

Under the provisions of West Virginia Code § 23-5-12a, any aggrieved party may file a written appeal within thirty (30) days after receipt of any decision or final action of the Board of Review. **The appeal shall be filed with the West Virginia Intermediate Court of Appeals (304-558-3258).**

Date: February 2, 2023

A handwritten signature in black ink, appearing to read "Allen Prunty", enclosed within a rectangular border.

Allen Prunty, Board Member

cc: KERMIT COLES
JOHN HENRY SKAGGS - COUNSEL FOR CLAIMANT
CENTURY ALUMINUM OF WEST VIRGINIA INC
T. JONATHAN COOK - COUNSEL FOR EMPLOYER
DAVIES CLAIMS SOLUTIONS
WANDA COLES

JCN: 2021006800

Date: February 2, 2023

Record Considered

Issue:

The Claimant's protest to the Claims Administrator's order of September 22, 2020, regarding DEATH BENEFITS TO DEPENDENT.

EVIDENCE SUBMITTED:

Claimant Evidence

Document Type: Not Specified
Document Date: 1/1/1980
Submit Date: 1/29/2021
Author: UNION RECORDS/ANNUAL STATEMENT OF ACCOUNT

Document Type: Not Specified
Document Date: 5/5/2008
Submit Date: 1/29/2021
Author: SOCIAL SECURITY STATEMENT EARNINGS RECORD

Document Type: Not Specified
Document Date: 5/1/2014
Submit Date: 5/28/2021
Author: ARTICLE: CANCER RISKS IN ALUMINUM REDUCTION PLANT WORKERS, A REVIEW

Document Type: Not Specified
Document Date: 11/23/2016
Submit Date: 5/27/2021
Author: JAMES P. TIERNAY D.O./CAMC UROLOGY SURGICAL CENTER

Document Type: Not Specified
Document Date: 8/13/2018
Submit Date: 5/27/2021
Author: JAMES P. TIERNAY D.O./CAMC MEMORIAL HOSPITAL

Document Type: Not Specified
Document Date: 8/13/2018
Submit Date: 5/27/2021
Author: DR NADIA NAUMOVA//SURGICAL PATHOLOGY REPORT

Document Type: Not Specified
Document Date: 12/13/2018
Submit Date: 5/27/2021
Author: JOSHUA MARK LOHRI D.O./CAMC UROLOGY SURGICAL
CENTER

Document Type: Not Specified
Document Date: 12/28/2018
Submit Date: 5/27/2021
Author: JAMES P. TIERNAY D.O./CAMC MEMORIAL HOSPITAL/
OPERATIVE REPORT

Document Type: Not Specified
Document Date: 1/3/2019
Submit Date: 5/27/2021
Author: CAMC W&C HOSPITAL/MRI PELVIS

Document Type: Not Specified
Document Date: 2/15/2019
Submit Date: 5/27/2021
Author: JAMES P. TIERNAY D.O./CAMC MEMORIAL
HOSPITAL

Document Type: Not Specified
Document Date: 2/15/2019
Submit Date: 5/27/2021
Author: JAMES P. TIERNAY D.O./CAMC MEMORIAL HOSPITAL/
OPERATIVE REPORT

Document Type: Not Specified
Document Date: 2/15/2019
Submit Date: 5/27/2021
Author: DR OSCAR CINCO ESTALILA/SURGICAL PATHOLOGY
REPORT

Document Type: Not Specified
Document Date: 2/21/2019
Submit Date: 5/27/2021
Author: NATHAN EDWARD HALE D.O./CAMC UROLOGY CENTER/
OFFICE CLINIC NOTES

Document Type: Not Specified
Document Date: 2/26/2019
Submit Date: 5/27/2021
Author: DR JOHNSEY LEE LEEF/CAMC IMAGING/CT
CHEST

Document Type: Not Specified
Document Date: 2/27/2019
Submit Date: 5/27/2021
Author: CAMC CANCER CENTER TEAYS VALLEY/CONSULTATION
NOTES

Document Type: Not Specified
Document Date: 3/5/2019
Submit Date: 5/27/2021
Author: NATHAN EDWARD HALE D.O./CAMC OUTPATIENT SURGERY
CENTER/OPERATIVE REPORT

Document Type: Not Specified
Document Date: 3/5/2019
Submit Date: 5/27/2021
Author: NATHAN EDWARD HALE D.O./CAMC OUTPATIENT SURGERY
CENTER/ULTRASOUND

Document Type: Not Specified
Document Date: 4/16/2019
Submit Date: 5/27/2021
Author: DR OSCAR CINCO ESTALILA/CAMC MEMORIAL HOSPITAL/
ADDENDUM REPORT

Document Type: Not Specified
Document Date: 5/6/2019
Submit Date: 5/27/2021
Author: DR ROXANA S. DRONCA/REPORT

Document Type: Not Specified
Document Date: 5/21/2019
Submit Date: 5/27/2021
Author: NANCY E. PITRUZZELLO APRN/PRE OPERATIVE MEDICAL
EVALUATION

Document Type: Not Specified
Document Date: 5/24/2019
Submit Date: 5/27/2021
Author: CHRISTOPHER MCLEOD MB CH/CLINICAL NOTES

Document Type: Not Specified
Document Date: 5/30/2019
Submit Date: 5/27/2021
Author: FREDY INSUASTY RN/OP NOTE SURGICAL LOG

Document Type: Not Specified
Document Date: 8/2/2019
Submit Date: 5/27/2021
Author: DR PATRICK HOUGHTON/OFFICE VISIT

Document Type: Not Specified
Document Date: 8/2/2019
Submit Date: 5/27/2021
Author: DR PATRICK HOUGHTON/OFFICE VISIT

Document Type: Not Specified
Document Date: 8/15/2019

Submit Date: 5/27/2021
Author: DR ROXANA S. DRONEA/REPORT

Document Type: Not Specified
Document Date: 10/22/2019
Submit Date: 5/27/2021
Author: DR EPHRAIM PARENT/PET CT SCAN

Document Type: Not Specified
Document Date: 11/20/2019
Submit Date: 5/27/2021
Author: DR AHMED BALI/DISCHARGE SUMMARY

Document Type: Not Specified
Document Date: 11/28/2019
Submit Date: 5/27/2021
Author: CARLY ROSE D.O./CONSULTATION NOTES

Document Type: Not Specified
Document Date: 12/4/2019
Submit Date: 5/27/2021
Author: DR AHMED BALI/OPERATIVE REPORT

Document Type: Not Specified
Document Date: 12/9/2019
Submit Date: 5/27/2021
Author: DR JUSTIN DAVID COHEN/CONSULTATION NOTES

Document Type: Not Specified
Document Date: 12/17/2019
Submit Date: 5/27/2021
Author: DR ROXANA S. DRONEA/PROGRESS NOTES

Document Type: Not Specified
Document Date: 12/27/2019
Submit Date: 5/27/2021
Author: CAMC MEMORIAL HOSPITAL/CHEMISTRY

Document Type: Not Specified
Document Date: 12/28/2019
Submit Date: 5/27/2021
Author: DR SALMAN SHAKAT/DISCHARGE SUMMARY

Document Type: Not Specified
Document Date: 1/14/2020
Submit Date: 5/27/2021
Author: DEATH CERTIFICATE

Document Type: Not Specified
Document Date: 4/23/2020
Submit Date: 5/27/2021
Author: APPLICATION FOR FATAL DEPENDENTS

BENEFITS

Document Type: Not Specified
Document Date: 2/10/2021
Submit Date: 5/27/2021
Author: CHARLES L. WERNTZ D.O./CURRICULUM VITAE

Document Type: Not Specified
Document Date: 3/24/2021
Submit Date: 5/27/2021
Author: CLAIMANT AFFIDAVIT

Document Type: Not Specified
Document Date: 4/21/2021
Submit Date: 5/27/2021
Author: CHARLES L. WERNTZ D.O./REPORT

Document Type: Not Specified
Document Date: 5/4/2021
Submit Date: 5/27/2021
Author: PATRICK COLES/AFFIDAVIT

Employer Evidence

Document Type: Not Specified
Document Date: 5/6/2019
Submit Date: 11/28/2022
Author: MAYO CLINIC/MEDICAL REPORTS

Document Type: Not Specified
Document Date: 9/22/2020
Submit Date: 9/29/2022
Author: CLAIM ADMIN. ORDER

Document Type: Not Specified
Document Date: 11/21/2022
Submit Date: 11/28/2022
Author: DR. JENNIFER L. LULTSCHIK/MEDICAL RECORDS
REVIEW REPORT

CLOSING ARGUMENTS:

Party Submitted: Employer
Letter Date: 12/8/2022



Morgantown Occupational Medicine, PLLC

Charles L. Wertz III, D.O., MPH, FACOEM, FAOCOPM
473 Devon Road
Morgantown, WV 26505
304-602-2176

NAME: Kermit Coles
DATE OF BIRTH: 1/4/1947
DATE OF REPORT: 4/21/2021

John Skaggs, Esq.
Calwell Luce Ditrapano Roach
500 Randolph Avenue
Charleston, WV 25302

Dear Mr. Skaggs,

At your request, I have reviewed the following records for Mr. Coles, and offer the following opinions. As you are aware, Mr. Coles was diagnosed with bladder cancer in 2019 and died of of metastatic urothelial (bladder) cancer in January 2020.

Work history:

- 1966 – 1972: US Army-truck driver-stationed at Fort Leonard Wood, Fort Ord, and in Germany.
- 1972 – 1980: Construction Plumber and Pipefitter (Trade Union - multiple worksites and employers)
- 1980 – 2007: Millwright, Maintenance, and Welder – Kaiser / Century / Ravenswood Aluminum

I reviewed an affidavit completed by Mr. Coles' son Patrick. He reports that Mr. Coles worked in plant maintenance, and that "after the lockout" he worked exclusively in the pot room for the rest of his career.

Mr. Coles was employed for 27 years at the Kaiser / Century / Ravenswood Aluminum plant, ending in 2007. He worked primarily performing maintenance, including a significant amount of time working in the "pot room".

An "intake form" lists the claimant's cause of death as bladder cancer. It notes his work with the United Steelworkers of America, and the Plumbers and Pipefitters local for 27 and 18 years respectively.

He worked at Century Aluminum for 27 years. His job title was millwright and maintenance person. He retired from Century Aluminum in 2007. It is reported that he spent most of his time in the pot room. They report exposure to industrial dust, heavy equipment, processing chemicals, and aluminum ore dust. He reports wearing leather boots, earplugs, glasses with side shields, and a "filtered mask".





It is reported that Mr. Coles was a former smoker, reporting as having smoked on and off for approximate 40 years, starting in 1965.

BRIEF REVIEW OF PROVIDED MEDICAL RECORDS

On 09/26/2016 he was seen by urology with some abdominal discomfort and hematuria Intermittently over the previous year. At that point his tobacco use had ended 7 years earlier.

On 05/15/2018 he was seen by urology for painful urination.

On 8/2/2018 he had cystoscopy performed which showed some posterior lateral diverticulum and concerning areas of erythema and thickening of the bladder in areas of hemorrhage adjacent to the diverticulum anteriorly.

On 8/13/2018 the claimant was seen for a cystoscopy and bladder biopsy. The surgical pathology report was interpreted as showing urothelial mucosa with underlying moderate acute and chronic cystitis with associated reactive epithelial changes, and detached strips of columnar epithelium, suggesting of cystitis of glandular origin. They note that no tumor was seen, and that the muscularis layer was not seen.

On 12/13/2018 he was seen by urology at that point their impression was of a detrusor hyperactivity and urge incontinence, in addition to bladder outlet obstruction and a poorly compliant bladder.

On 1/3/2019 he had an MRI of the left lower quadrant. They note a nonspecific bladder wall thickening of left side of the bladder, infiltrating neoplasms not excluded, noting biopsy may be necessary for further evaluation.

On 2/15/2019 he had surgery. The surgeon obtained both intravesicular and transrectal biopsy specimens of a firm rectal mass. The surgical pathology report showed invasive high-grade urothelial carcinoma with tumor invasion involving submucosal connective tissue and the muscular propria, focally.

On 2/26/2019 he had a CT scan of the chest which found a few bullae, consistent with COPD, but was otherwise negative.

I have additional detailed treatment notes from CAMC including 3/5/2019

On 5/6/2019 he was seen at the Mayo Clinic Jacksonville Florida for a comprehensive cancer evaluation. At that point he was receiving chemotherapy, and they were concerned about rectal invasion plus possible thrombophlebitis in his arm.

I have a series of pre-operative evaluations from Mayo Clinic in May 2019 include cardiovascular diseases, a comprehensive preoperative clinic evaluation, and a department of Urology evaluation.



On 5/30/2019 he had an open radical cystectomy with illial conduit urinary diversion, bilateral pelvic lymph node dissection (N/A). The pre- and post-operative diagnosis was of malignant neoplasm of the bladder. The final pathologic determination was that the ureters were negative for tumor, the right pelvic lymph nodes positive for 1 out of 10 positive, bladder and prostate was negative for residual urothelial carcinoma, and the left pelvic lymph nodes were 1 out of 5 positive for carcinoma.

Additional records from Mayo Clinic 8/6/2019, 8/22/2019, 10/22/2019, at which point they were not able to identify active disease on PET scan.

On 11/20/2019 he was evaluated at CAMC Memorial, and it appears that the primary cause was a small bowel obstruction, in addition to his high-grade cancer. On 12/28/2019 the discharge note from the hospital notes small bowel obstruction secondary to underlying metastatic urothelial cancer. He was discharged into hospice on comfort measures. During the hospitalization on 11/29/2019 he had surgery for a high-grade small bowel blockage. The surgeon's impression was that it was notably thick and stenotic and most likely metastasis from the primary bladder cancer. The notes in this admission ends with an evaluation by Palliative care, although they were still waiting for the pathology from the bowel resection.

The death certificate documents his death on 01/14/2020. The listed cause of death is metastatic urothelial cancer (bladder cancer).

DISCUSSION

In summary, this claimant developed urinary symptoms and hematuria sometime in 2015. Unfortunately, this was difficult to diagnosis, slowed by a negative biopsy. In early 2019 a repeat biopsy was performed and identified a urothelial cancer. Although he underwent aggressive surgical and chemotherapy treatment, he ultimately developed distant metastasis, including in the small bowel, and died due to this cancer.

The question at hand relates to causation of his bladder cancer. This claimant had several potential contributing factors to his developing bladder cancer, including his smoking history and his work at Century Aluminum (and successor companies) at the Ravenswood, WV aluminum production facility.

Working in aluminum production has been determined by the International Agency for Research on Cancer (IARC) to be a class 1 - Known Human Carcinogen. IARC will periodically update their assessments, and their most recent review of current data and opinion on cancer in aluminum production workers is found in Monograph 100F-22 (2018)¹. They concluded:

There is sufficient evidence in humans for the carcinogenicity of occupational exposures during aluminium production. Occupational exposures during aluminium production cause cancer of bladder, and of the lung.

Reading IARC Monograph 100F-22 carefully, there are several key points relevant to this claimant. First is that their conclusions reflect the entirety of aluminum production, and



that there is insufficient data to identify specific individual exposures, aspects of aluminum production, or particular chemical agents that are causative. Second, that there are several apparent carcinogens present in aluminum production, including PAH, potroom dust, and benzo(a)pyrene. In studies of exposed workforces, the elevated bladder cancer risk was seen across the production activities. Finally, several Canadian studies of aluminum workers they note that the elevated risk of bladder cancer persists, even when corrected for smoking status.

In a 2014 review of this topic², Gibbs and Labrèche concluded that the increased risk of bladder cancer persisted despite smoking status. They associated this risk with the levels of Benzo(a)pyrene in air, as a surrogate for PAH levels.

In addition to his workplace exposures, this claimant was also an intermittent smoker with a 40 year smoking history. Smoking can contribute to the development of bladder cancer, however, the analysis discussed in the IARC¹ and Gibbs and Labrèche² publications makes it clear that even in smokers the risk of bladder cancer is further increased by exposure to an aluminum production facility.

A final aspect that must be considered is the use of a "protective mask". There are several reports that this claimant did use a protective mask, at least for a portion of his career at Century Aluminum. There are no specific notes on what type of protective mask this may have been. Assuming that the protective mask was at least an N-95 respirator, this would provide protection from particulate portions of air contamination within the plant. To provide protection from the aromatic portions of the air contamination, a respirator with an organic vapor cartridge would be needed. Assessing the degree of protection provided by the respirator requires knowing what portion of the time it was worn. While 100% wearing of a respirator with a perpetually "fresh" organic vapor cartridge whenever in the aluminum production facility would yield good protection, any deviation from this would decrease the degree of protection and result in increased bladder cancer risk. This would include work time without the respirator, especially in the summer when the pot room can be especially hot, entering production areas before fully donning the respirator, or the use of a respirator cartridge beyond the usable service life. Of note, organic vapor cartridges use activated charcoal to "capture" the organic vapors before they are inhaled. The activated charcoal can absorb for only a limited time before it becomes "saturated", and is no longer protective. How this issue was addressed by the employer would have significant impact on how "protective" the respirator would be against organic vapors like PAH and benzo(a)pyrene, and how much risk would still exist, even with respirator use.

In conclusion, while use of a protective mask would certainly be helpful in reducing risk, it is unclear if a protective mask worn by this claimant was protective, and as typically used would almost certainly not be 100% protective from exposure to the bladder cancer risk associated with volatile organics from aluminum production activities.

Assessment of causation is the key factor in this matter. The best accepted approach is to use Hill's criteria. While several aspects apply only to populations, there are several aspects of Hill's Criteria that were assessed in assessing causation on this individual.



Temporality – Mr. Coles developed bladder cancer after exposure to the aluminum production activities, and with an appropriate latency period between the onset of exposure and development of disease.

Biologic Plausibility – There is a robust literature associating Bladder Cancer with PAH exposure, as well as exposure in aluminum production facilities.

Specificity & Consistency – The IARC monograph notes an association between aluminum production facilities and bladder and lung cancers, specifically. This claimant suffered from Bladder Cancer, one of these specific cancers.

MEDICAL OPINION

Mr. Coles' medical records clearly document that this gentleman was diagnosed with invasive bladder cancer in 2019 and died from his bladder cancer in early 2020. Mr. Cole worked for 27 years in an aluminum production facility as a millwright, welder, and maintenance person. Together these jobs would have had him spending most or all of his time in the aluminum production areas.

It is my medical opinion that Mr. Coles' development of bladder cancer was significantly contributed to by his working in an aluminum production facility, including the potroom. Based upon the literature, it is my opinion that his risk of developing bladder cancer was significantly increased by his work in an aluminum production facility over what his risk would have been from smoking habit alone. It is my further opinion that without this additional risk from the aluminum manufacturing exposures it is less likely that he would have developed bladder cancer, the ultimate cause of his death.

Charles L. Wertz III, D.O., MPH, FACOEM, FAOCOPM

¹ IARC Monograph 100F-22, <https://monographs.iarc.fr/wp-content/uploads/2018/06/mono100F-22.pdf>, viewed 19 April 2021.

² Gibbs GW, Labrèche F. Cancer risks in aluminum reduction plant workers: a review. J Occup Environ Med. 2014 May;56(5 Suppl):S40-59. PMID: 24806725; PMCID: PMC4131938.

Workers' Compensation Board of Review
P.O. Box 2628
Charleston, WV 25329-2628
(304) 558-5230

Document Submission Form

Claimant: Kermit Cole (deceased) Employer(s): Century Aluminum of West Virginia

JCN No: 2021006800

Carrier Ref. No.: C6720710144-01

DOI / DLE: 5/01/2007

Submitting Party: T. Jonathan Cook, Esq. Representing Employer

Reference: September 22, 2020

Short Description(s) of Order: Denied death benefits

Please Select One of the Following Categories: Attach only (1) document per form

Evidence: Record Review report of Dr. Jennifer Lultschik dated November 21, 2022

Date: November 28, 2022

Submitted by:



T. Jonathan Cook, Esq.
WV Bar ID # 9057

TJC/mm

Enclosure

cc: John H. Skaggs, Esquire
Davies, Doniela Fiato (via e-mail)
Century Aluminum of West Virginia (via e-mail)



**WVU OCCUPATIONAL MEDICINE
P.O. BOX 9145
MORGANTOWN, WV 26505-9145
304-293-3693**

Claimant: Kermit Coles (deceased);
DOB: 01/04/1947
DOI: 5/01/2007
Insured: Century Aluminum of West Virginia, Inc.
Claim No.: C6729710144-01

MEDICAL FILE REVIEW

Date: 11/21/2022

Cipriani & Werner
Attorneys at Law
500 Lee Street East, Suite 900
Charleston, WV 25301

Attention: T. Jonathan Cook, Esq.

Dear Attorney Cook,

As requested in your letter of 10/31/2022, I have performed a medical review concerning the above-referenced individual.

I have reviewed the following documents that you provided:

1. Mayo Clinic medical records including H&P notes, progress notes, lab and diagnostic test results, operative reports, and pathology reports, 1,487 pages.
2. Administrative documents providing claimant's work history, submitted by Dependent.
3. Application for Dependent's Benefits dated 4/23/2020.
4. Denial of claim dated 9/22/2020.
5. Affidavits, Patrick Coles, dated 3/24/2021 and 5/04/2021.
6. Charleston Area Medical Center (CAMC) Urology medical records and discharge summary dated 11/23/2016 through 12/28/2019.

File Summary:

From the documents completed by the Dependent, Mr. Coles served in the Army as a truck driver from 5/25/1966 through honorable discharge on 5/24/1972. He was stationed at Fort Leonard Wood, Fort Ord, and in Germany during that time.

He then worked out of the United Steelworkers of America Local 5668 for 27 years, and the Plumbers and Pipefitters Local 625 for 18 years. He took regular retirement in May 2007. During his working career he worked as a pipefitter and welder, and as a millwright.

Claimant: Kermit Coles (deceased)
DOB: 01/04/1947
DOI: 5/01/2007
Insured: Century Aluminum of West Virginia, Inc.
Claim No.: C6729710144-01

On the document outlining occupational exposures, asbestos (during construction jobs), industrial dust, loud or heavy equipment, processing chemicals, and aluminum ore dust were listed. The employer in question was noted as Century and the duration was noted as 27 years. Personal protective equipment worn included leather work boots, ear plugs, safety glasses with side shields, and filter masks.

Documents note employment through Pipefitters Local 625 as a pipefitter and welder from 1970 to 1990. The document listing Century Aluminum in Ravenswood, WV notes a work history of 27 years, the job position as 'Millwright – Maintenance', and the location as 'potroom'. Exposure to ore dust was reported, and the document stated that filter mask and safety glasses were worn 'all the time'.

A list of employment sites provided by the Dependent includes American Viscose/FMC/Avtex in Nitro, WV, Ashland Oil & Chemical in KY or WV, Du Pont Chemical in Bella, WV, FMC Corporation/Ohio Apex in Nitro, WV, Kaiser/Ravenswood Aluminum in Ravenswood, WV, Monsanto Chemical in Nitro, WV, UCC/Bakelite in Alloy, WV, Union Carbide in Institute, WV, John Amos Power Plan in Winfield, WV, and Perry Nuclear Power Plant in Perry, OH for 10 months. Question marks were placed beside Union Carbide Chemical in South Charleston, WV.

No duration of work or job description, and no information regarding type of exposure, exposure duration per week, or level of exposure was provided for any employment location other than the statement of 27 years spent at Ravenswood, WV. No information regarding hours/shift and shifts/week was available, and no information regarding type and frequency of tasks in the potroom at Ravenswood was available.

Affidavits from Mr. Patrick Coles, son of Mr. Kermit Coles, are dated 3/24/2021 and 5/4/2021. The earlier affidavit states that Mr. Patrick Coles worked at Century Aluminum in security and as a firefighter and EMT for 2 years from 1996 to 1998. He states in the affidavit that he would visit his father in the potroom and observe him present there, and that based on his observation and conversations with his father, Mr. Kermit Coles was employed in the potroom on a regular basis throughout his years of employment, and continuously 'after the lockout'. Mr. Patrick Coles further states that his father was present when metals were being melted and molten material produced. The dates of the lockout are not provided. The affidavit of 5/4/2021 contains the same information, with the addition of a statement that N95 masks and 'half-face devices' with paper filters were used by his father and other employees during work hours, although not while entering and exiting the workplace nor while donning and doffing the masks.

Mr. Kermit Cole was noted to have a history of coronary artery disease with episodes of coronary artery spasm for which he saw Dr. H. Stanton on 2/01/2007. He had cataract surgery on both eyes with Dr. L. Minardi and had had some inner ear problems. His primary care physician was Dr. C. Bowman of Dunbar Medical Associates.

Claimant: Kermit Coles (deceased)
DOB: 01/04/1947
DOI: 5/01/2007
Insured: Century Aluminum of West Virginia, Inc.
Claim No.: C6729710144-01

Mr. Coles was seen at CAMC Urology on 11/23/2016 for benign prostatic hypertrophy (BPH) and in follow-up of an episode of gross hematuria in June 2016. The history notes that he had a history of being a 'heavy tobacco smoker'. Office cystoscopy showed an enlarged prostate, with varices noted and otherwise normal uroepithelium. A recent CT urogram had been negative for pathology. Use of Proscar and Flomax was recommended for Mr. Cole's urinary tract symptoms.

The CAMC Urology note dated 9/29/2016 states that Mr. Coles had had intermittent hematuria dating from January 2016, and now had right lower quadrant discomfort that was attributed to passing a renal stone.

At his annual CAMC Urology follow-up for BPH on 5/15/2018, Mr. Coles reported burning with urination and aching between the scrotum and rectum since April 2018; this improved with a course of antibiotics.

Mr. Coles underwent an office cystoscopy on 8/02/2018, at which time concerning areas of thickened uroepithelium, erythema, and hemorrhage were noted. The office procedure was discontinued and a cystoscopy in the OR with bladder biopsy was planned. On 8/13/2018 this was performed and the anterior bladder wall was biopsied. Pathology showed ulcerated urothelial mucosa with acute and chronic cystitis and suggestion of cystitis glandularis. No tumor was seen.

Mr. Coles continued to have symptoms of overactive bladder and urge incontinence, and cystoscopy was repeated on 12/28/2018. Manual exam on that date suggested a mass effect in the left lower quadrant, and Botox injection could not be performed on the left side of the bladder. Further imaging was recommended.

On 01/03/2019 Mr. Coles underwent MRI of the pelvis; the report notes nonspecific bladder wall thickening on the left side, infiltrating neoplasm not excluded. Mr. Coles then underwent cystoscopy and bladder biopsy on 2/15/2019. The left side of the bladder appeared distorted and exhibited varicosities, bullous edema, and erythematous patches. Two representative areas were resected, and after digital rectal exam was abnormal, a needle core biopsy of a rectal mass was performed. The surgical pathology report of the same date notes high-grade urothelial carcinoma with tumor invasion of the submucosal connective tissue and the muscular propria. In the rectal biopsy, cores of urothelial carcinoma infiltrating the muscle propria and fibrocollagenous tissue were present.

CT of chest performed on 2/26/2019 showed hyperinflated lungs with some small bullae consistent with COPD. Calcified granulomas and noncalcified pleural plaques were present. No metastatic disease was seen.

Mr. Coles was evaluated by Dr. N. Hale, DO, Oncology at CAMC on 2/27/2019. Neoadjuvant chemotherapy was recommended prior to surgical management. Mr. Coles could not tolerate cisplatin due to elevated creatinine levels, and a regimen of gemcitabine and paclitaxel given 3 weeks on, 1 week off was used instead. Bilateral nephrostomy tubes were placed on 3/5/2019

Claimant: Kermit Coles (deceased)

DOB: 01/04/1947

DOI: 5/01/2007

Insured: Century Aluminum of West Virginia, Inc.

Claim No.: C6729710144-01

and chemotherapy began on 3/8/2019. His treatment was complicated by neutropenia and urinary tract infection. His last chemotherapy treatment was given on 5/3/2019.

Mr. Coles then presented to Dr. R. Dronca, MD, at the Mayo Clinic in Jacksonville, Florida on 5/6/2019 for a second opinion on choice of surgery. A more extensive surgery involving removal of the rectum vs cystectomy alone had been proposed at CAMC. He reported concerns about left arm and forearm swelling and hardening, and concern for burning rectal discomfort. The history noted that Mr. Coles was a former smoker, having smoked cigarettes for 42 years with a start date of 10/01/1965 and a quit date of 02/01/2007. Dr. Dronca ordered MRI of abdomen and pelvis and a sigmoidoscopy to evaluate rectal tumor invasion.

On 5/30/2019 Mr. Coles underwent open cystoprostatectomy with ileal conduit urinary diversion and bilateral pelvic lymph node dissection at the Mayo Clinic. The operative note describes the tumor as filling most of the pelvis, spreading in nature, and difficult to completely resect.

CT urogram performed on 8/2/2019 showed new moderate left-sided hydroureteronephrosis, and a stricture was suspected. Mr. Coles then underwent CT of abdomen and pelvis without contrast the same day. Interval development of moderate left hydronephrosis and left hydroureter to the level of the ilial conduit was seen. Interval development of left para-aortic adenopathy was noted and follow-up with CT was recommended.

At follow-up with Mayo Clinic Oncology on 10/22/2019, Dr. Dronca reviewed the recent PET scan with Mr. Coles and his wife. She saw no evidence of recurrent progressive disease, and the para-aortic lymph nodes had improved to the point of having normal levels of uptake. Due to their regression, they were considered reactive in nature.

On 11/20/2019 Mr. Coles presented to the CAMC Emergency Department with a one-week history of abdominal pain, distension, and inability to have a bowel movement. He was admitted to hospital after CT scan was concerning for small bowel obstruction, and a nasogastric (NG) tube was placed. He had some improvement with conservative management, but then had recurrence of abdominal pain. A small bowel follow-through study showed a high-grade small bowel obstruction (SBO). After obtaining a second opinion regarding surgical management, Mr. Coles underwent laparotomy at CAMC on 11/29/2019, at which time a lesion in the small bowel wall causing blockage was seen. The involved small bowel, about 30 cm in length, was resected. The appearance was suggestive of metastatic disease from bladder carcinoma.

Mr. Coles was discharged from CAMC on 12/28/2019 and transferred to Hubbard House Hospice. His wife, Wanda Coles, messaged Dr. Dronca with updates regarding poor prognosis in December, as Mr. Coles was too weak to tolerate further treatment. His date of death was 1/14/2020.

Claimant: Kermit Coles (deceased)
DOB: 01/04/1947
DOI: 5/01/2007
Insured: Century Aluminum of West Virginia, Inc.
Claim No.: C6729710144-01

In answer to your specific questions:

1. Based on your review of the claim records, please state whether the medical and other evidence supports the claimant's allegation that the claimant's bladder cancer was caused by working at Century Aluminum. Please state with specificity the basis for your opinion.

In their 2014 review, Gibbs and Labreche noted that the exposures of concern in the aluminum reduction industry are the coal tar pitch volatiles (CTPV) and polycyclic aromatic hydrocarbons (PAH) produced in the potroom. These arise chiefly from the carbon electrodes used in the process. In 2010 the IARC classified 'occupational exposures during carbon electrode manufacture' as Class 2A (probably carcinogenic to humans). Measurement of benzo(a)pyrene is typically used as an index of total PAH exposure.¹

Gibbs and Labreche noted that prebake potrooms have much lower exposures and risks than potrooms using the older Soderberg process.^{1,2} They also noted that soot and coal tar pitch have been associated with limited human evidence for bladder cancer risk. They report that while studies have shown significant increased risk from exposure in Soderberg potrooms in Canada and Norway, no significant change in risk of bladder cancer was seen in the United States and France. They state, "There was no excess of bladder cancer deaths in workers ever employed in the potrooms or carbon plants in the US studies."¹

The documents provided to me for review do not include a detailed job description of Mr. Coles's work at Century, nor quantitation of hours of exposure to CTPV per day or week during his time of employment there. There is no information regarding whether Century used the 'prebake' process or the 'Soderberg' process. Gibbs and Labreche do note that studies in Soderberg potrooms from Canada and Norway showed a strong association of exposure with bladder cancer, but they also state that bladder cancer was "... detected at statistically nonsignificant levels in the United States ...".

There is a strong association between tobacco smoking and bladder cancer. Freedman *et al* noted that the medical literature placed the population-attributable risk for tobacco smoking and bladder cancer at 50-65%, meaning that tobacco smoking accounts for 50-65% of bladder cancer cases in men.³ Their own study confirmed a population-attributable risk for smoking of 50%. Smoking is recognized as the single greatest risk factor for urothelial carcinoma of the bladder.³

Welty *et al* examined persistence of elevated risk of bladder cancer after smoking cessation; they found that the hazard ratio (HR) for bladder cancer in those with a 37.5 or more pack-year history of smoking was 2.77 (95% CI 2.00-3.85), and those who were less than 14 years since quitting tobacco smoking at the time of bladder cancer diagnosis had a HR of 2.52 (95% CI 1.79-3.53).⁴ From the medical record, Mr. Coles had a 42-year smoking history (1965 through 2007) and was known to be a 'heavy smoker'. A conservative estimate of 'heavy smoking' would be 1 pack per day; this would result in a 42 pack-year smoking history, with a hazard ratio of 2.77 as noted above. Welty also noted that an increased risk of urothelial carcinoma (UC) of the bladder

Claimant: Kermit Coles (deceased)
DOB: 01/04/1947
DOI: 5/01/2007
Insured: Century Aluminum of West Virginia, Inc.
Claim No.: C6729710144-01

persisted more than 32 years after quitting, and said, "This argues that a history of smoking should continue to be considered a strong risk factor for UC throughout a person's life."⁴

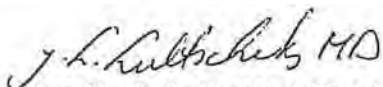
Tobacco smoking accounts for 50-65% of cases of urothelial carcinoma of the bladder, and is the single strongest risk factor for this cancer. While there is some evidence to support an association between exposure to polyaromatic hydrocarbons (PAH) and CPTV in Soderberg potrooms in Canada and Norway and bladder cancer, there have been no excess bladder cancer deaths in US studies. From the available information it is not possible to estimate the extent and duration of exposure sustained by Mr. Coles, or whether he worked in a Soderberg potroom. On the other hand, Mr. Coles's 42+ pack-year tobacco smoking exposure places him at significantly increased risk for urothelial carcinoma of the bladder, is a sufficient causative factor without any other exposure, and in my opinion is more likely than not the cause of his bladder cancer.

To answer your question, in my opinion it is more likely than not the claimant's bladder cancer was not caused by his employment at Century Aluminum.

The above opinions are given within a reasonable degree of medical certainty and within the scope of my medical specialty, Occupational Medicine, and are based on information currently available to me. If additional information is provided I reserve the right to take such information into account and may alter my opinions in this matter. Thank you for the opportunity to review this file.

Thank you for asking me to assess this claimant.

Yours truly,



Jennifer L. Lultschik, MD, MPH, FACOEM
Assistant Professor, WVU School of Public Health
Department of Occupational & Environmental Health Sciences
WVU Occupational Medicine

References:

1. Gibbs, Graham W. PhD; Labrèche, France PhD. Cancer Risks in Aluminum Reduction Plant Workers: A Review. *Journal of Occupational and Environmental Medicine*: May 2014 - Volume 56 - Issue - p S40-S59.
2. Kvande, Halvor PhD, MSc. The Aluminum Smelting Process. *Journal of Occupational and Environmental Medicine*: May 2014 - Volume 56 - Issue - p S2-S4.
3. Freedman ND, Silverman DT, Hollenbeck AR, Schatzkin A, Abnet CC. Association between smoking and risk of bladder cancer among men and women. *JAMA*. 2011 Aug 17;306(7):737-45.

Claimant: Kermit Coles (deceased)

DOB: 01/04/1947

DOI: 5/01/2007

Insured: Century Aluminum of West Virginia, Inc.

Claim No.: C6729710144-01

4. Welty CJ, Wright JL, Hotaling JM, Bhatti P, Porter MP, White E. Persistence of urothelial carcinoma of the bladder risk among former smokers: results from a contemporary, prospective cohort study. Urol Oncol. 2014 Jan;32(1):25.e21-5. doi: 10.1016/j.urolonc.2012.09.001. Epub 2013 Mar 15.

Workers' Compensation Board of Review
P.O. Box 2628
Charleston, WV 25329-2628
(304) 558-5230

Document Submission Form

Claimant: Kermit Cole (deceased) Employer(s): Century Aluminum of West Virginia

JCN No: 2021006800 Carrier Ref. No.: C6720710144-01

DOI / DLE: 5/01/2007

Submitting Party: T. Jonathan Cook, Esq. Representing Employer

Reference: September 22, 2020

Short Description(s) of Order: Denied death benefits

Please Select One of the Following Categories: Attach only (1) document per form

Evidence: Select medical records received from Mayo Clinic

Date: November 28, 2022

Submitted by:



T. Jonathan Cook, Esq.
WV Bar ID # 9057

TJC/mm

Enclosure

cc: John H. Skaggs, Esquire
Davies, Doniela Fiato (via e-mail)
Century Aluminum of West Virginia (via e-mail)





Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Adm: 5/6/2019, D/C: 5/6/2019

05/06/2019 - Ultrasound Vascular Exam in Department of Radiology in Jacksonville, Florida

Visit Information

Admission Information

Arrival Date/Time:	Admit Date/Time:	05/06/2019 1547	IP Adm. Date/Time:
Admission Type: Elective	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:	N/A
Transfer Source:	Service Area:	Unit:	Department of Radiology in Jacksonville, Florida
Admit Provider:	Attending Provider:	Dronca, Roxana S, M.D.	Referring Provider: Dronca, Roxana S, M.D.

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/06/2019 2359	Home Or Self Care	None	None	Department of Radiology in Jacksonville, Florida

Reason for Visit

Visit Diagnoses

- Pain Arm Left [M79.602]
- Malignant Neoplasm Of Bladder Lateral Wall [C67.2]

Clinical Notes

No documentation.



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Adm: 5/6/2019, D/C: 5/6/2019

05/06/2019 - Ultrasound Vascular Exam in Department of Radiology in Jacksonville, Florida (continued)

Case 1502525983

Surgery Information

General Information

Date: 5/6/2019	Time:	Status: Unposted
Location: FLA RAD JADV	Room:	Service:
Patient class:	Case classification:	

Diagnosis Information

No post-op diagnosis codes associated with the log.

Clinical Documentation

Case Tracking Events

Event	Time In
In Facility	1547

Event Tracking

No event timings documented

Patient Preparation

None



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Adm: 5/6/2019, D/C: 5/6/2019

05/06/2019 - Ultrasound Vascular Exam in Department of Radiology in Jacksonville, Florida (continued)

Imaging

Imaging

US Upper Extremity Veins Left [2222487092938] (Final result)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930

Status: Completed

This order may be acted on in another encounter.

Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930

Ordering provider: Dronca, Roxana S, M.D.

Authorized by: Dronca, Roxana S, M.D.

Ordering mode: Standard

Frequency: RAD - Routine (most inpatients and all outpatients)

Class: Ancillary Performed

Once 05/06/19 1547 - 1 occurrence

Quantity: 1

Lab status: Final result

Instance released by: Barry, Judene L 5/6/2019 3:47 PM

Diagnoses

Pain Arm Left [M79.602]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider

NPI

Dronca, Roxana S, M.D.

1982657052

Questionnaire

Question

Answer

Clinical question to be answered

left arm pain and swelling

Region:

Florida Region

Screening Form

General Information

Patient Name: Coles, Kermit William

MRN: 12-297-754

Date of Birth: 1/4/1947

Home Phone: 304-610-5386

Sex Assigned at Birth: Male

Mobile: 304-610-5386

Procedure

Ordering Provider

Authorizing Provider

Appointment Information

US UPPER EXTREMITY
VEINS LEFT

Dronca, Roxana S, M.D.
904-953-2607
7833821

Dronca, Roxana S, M.D.
904-953-2607
7833821

5/6/2019 4:00 PM
US JADV 02 RM 03
FLA RAD US JADV 02

Screening Form Questions

No questions have been answered for this form.

Begin Exam Questions

	Answer	Comment
Line on the schedule:	4801 US LOS FLA	

End Exam Questions

	Answer	Comment
Patient Holder?		
Patient Holder name(s)		
Rad tech student name?		
Line on the schedule:	4801 US LOS FLA	

US Upper Extremity Veins Left [2222487092938]

Resulted: 05/06/19 1626, Result status: Final result



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Adm: 5/6/2019, D/C: 5/6/2019

05/06/2019 - Ultrasound Vascular Exam in Department of Radiology in Jacksonville, Florida (continued)

Imaging (continued)

Ordering provider: Dronca, Roxana S, M.D. 05/06/19 1547
Resulted by: Sella, David M, M.D.

Order status: Completed
Filed by: Interface, Mc In Orm_Oru Radiology Generic 609311
05/06/19 1629
Accession number: 11162798

Performed: 05/06/19 1618 - 05/06/19 1619

Resulting lab: POWERSCRIBE360

Narrative:

EXAM: US UPPER EXTREMITY VEINS LEFT EXAM: US UPPER EXTREMITY VEINS LEFT

COMPARISON: No comparisons available.

FINDINGS: Ultrasound examination of the left upper extremity was performed using duplex color and spectral Doppler, grayscale imaging and compression where possible. There is no evidence for deep venous thrombosis in the left internal jugular, innominate, subclavian, axillary and brachial veins. Acute thrombus is identified in the cephalic vein in the upper arm and forearm. Acute thrombus is identified in the basilic vein in the upper arm. Waveforms show no evidence for more central stenosis. Contralateral waveforms in the right internal jugular and subclavian veins are normal and symmetric.

Case discussed with Dr. Dronca 5/6/2019 at 1625 hours

Impression:

IMPRESSION: Acute superficial thrombus involving the cephalic vein in the forearm and upper arm. Acute superficial thrombus involving the basilic vein in the upper arm. No DVT.

Acknowledged by: Dronca, Roxana S, M.D. on 05/06/19 1821

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
216 - PS360	POWERSCRIBE360	Unknown	NA	08/03/16 1155 - Present

Signed

Electronically signed by Sella, David M, M.D. on 5/6/19 at 1626 EDT

All Reviewers List

Dronca, Roxana S, M.D. on 5/6/2019 18:21

Labs

No documentation.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.

For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Adm: 5/6/2019, D/C: 5/6/2019

05/06/2019 - Ultrasound Vascular Exam in Department of Radiology in Jacksonville, Florida (continued)

Medication List (continued)

Active at the End of Visit

loratadine (CLARITIN) 10 mg tablet

Discontinued by: Bowles, Desiree D, R.N.	Discontinued on: 5/22/2019
Instructions: Take 10 mg by mouth 5 (five) times a week. M-F	
Entered by: Ray, Amanda C	Entered on: 5/6/2019
End date: 5/22/2019	

isosorbide mononitrate (IMDUR) 30 mg 24 hr tablet

Instructions: Take 30 mg by mouth daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

multivit with min-folic acid (MEN'S MULTIVITAMIN GUMMIES) 200 mcg tablet,chewable

Instructions: Chew 200 mg daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

omeprazole (PriLOSEC) 40 mg DR capsule

Discontinued by: Bowles, Desiree D, R.N.	Discontinued on: 5/22/2019
Instructions: Take 40 mg by mouth 2 (two) times a day.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019
End date: 5/22/2019	

finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

carboxymethyl-gly-poly80-PF (REFRESH OPTIVE MEGA-3, PF,) 0.5-1-0.5 % dropperette

Instructions: Administer into both eyes 2 (two) times a day.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

ascorbic acid, vitamin C, (VITAMIN C) 500 mg chewable tablet

Instructions: Chew 500 mg daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

simvastatin (ZOCOR) 20 mg tablet

Instructions: Take 20 mg by mouth at bedtime.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

polyethylene glycol-electrolytes (GoLYTELY) 236-22.74-6.74 -5.86 gram solution

Instructions: Take 50% of prep night before by 10 pm and 50% of prep following morning starting at 0500 and finish before appointment, as directed.	
Authorized by: Dronca, Roxana S, M.D.	Ordered on: 5/6/2019
Start date: 5/6/2019	End date: 5/7/2019
Quantity: 4000 mL	Refill: No refills remaining

Stopped in Visit

None



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Adm: 5/6/2019, D/C: 5/6/2019

05/06/2019 - Ultrasound Vascular Exam in Department of Radiology in Jacksonville, Florida (continued)

Medication List (continued)

Flowsheets

LACE+ Score

Row Name	05/07/19 0224
----------	---------------

OTHER

LACE+ Score	53
-------------	----



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Clinical Communication in Department of Radiology in Jacksonville, Florida

Visit Information

Provider Information

Encounter Provider

Manning, Stacey A, APRN, D.N.P.

Department

Name	Address	Phone	Fax
Department of Radiology in Jacksonville, Florida	4500 SAN PABLO RD S Jacksonville FL 32224-1865	904-953-2000	904-953-1044

Clinical Notes

Telephone Encounter

Telephone Encounter by Manning, Stacey A, APRN, D.N.P. at 5/6/2019 11:22 AM

Author: Manning, Stacey A, APRN, D.N.P.	Service: RAD (Radiology)	Author Type: Nurse Practitioner
Filed: 5/6/2019 11:27 AM	Encounter Date: 5/6/2019	Status: Signed
Editor: Manning, Stacey A, APRN, D.N.P. (Nurse Practitioner)		

You placed an order for an IR clinic consult. This is currently scheduled in 2 days on 5/8. From looking at your note, it looks like you are wanting his nephrostomy tubes evaluated. This is an order you place for him to go directly to the procedure: IR Nephrostomy tube exchange. You can put in notes bilateral, what the issue is, etc. His clinic consult should be cancelled. Thanks so much.

Stacey Manning, DNP

Electronically Signed by Manning, Stacey A, APRN, D.N.P. on 5/6/2019 11:27 AM

Imaging

No documentation.

Labs

No documentation.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

loratadine (CLARITIN) 10 mg tablet

Discontinued by: Bowles, Desiree D, R.N.	Discontinued on: 5/22/2019
Instructions: Take 10 mg by mouth 5 (five) times a week. M-F	
Entered by: Ray, Amanda C	Entered on: 5/6/2019
End date: 5/22/2019	



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Clinical Communication in Department of Radiology in Jacksonville, Florida (continued)

Medication List (continued)

Isosorbide mononitrate (IMDUR) 30 mg 24 hr tablet

Instructions: Take 30 mg by mouth daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

multivit with min-folic acid (MEN'S MULTIVITAMIN GUMMIES) 200 mcg tablet,chewable

Instructions: Chew 200 mg daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

omeprazole (PriLOSEC) 40 mg DR capsule

Discontinued by: Bowles, Desiree D, R.N.

Discontinued on: 5/22/2019

Instructions: Take 40 mg by mouth 2 (two) times a day.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

End date: 5/22/2019

finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

carboxymethyl-gly-poly80-PF (REFRESH OPTIVE MEGA-3, PF,) 0.5-1-0.5 % dropperette

Instructions: Administer into both eyes 2 (two) times a day.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

ascorbic acid, vitamin C, (VITAMIN C) 500 mg chewable tablet

Instructions: Chew 500 mg daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

simvastatin (ZOCOR) 20 mg tablet

Instructions: Take 20 mg by mouth at bedtime.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

polyethylene glycol-electrolytes (GoLYTELY) 236-22.74-6.74 -5.86 gram solution

Instructions: Take 50% of prep night before by 10 pm and 50% of prep following morning starting at 0500 and finish before appointment, as directed.

Authorized by: Dronca, Roxana S, M.D.

Ordered on: 5/6/2019

Start date: 5/6/2019

End date: 5/7/2019

Quantity: 4000 mL

Refill: No refills remaining

Stopped in Visit

None



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida

Visit Information

Appointment Information

LAB TEST URINE CONTAINER
5/6/2019 10:30 AM

Completed

Time	Provider	Department	Length
10:30 AM	LAB URINE 01 JAMG	FLA LAB JAMG	10 min

Referral Provider: DRONCA, ROXANA S

Arrival Time: 10:17 AM

History

Made On:	5/6/2019 9:51 AM	By:	Marqol, Gabrielle H	ES
Checked In:	5/6/2019 10:17 AM	By:	Pickett, Victoria R	ES
EOD Status:	5/10/2019 2:46 AM	By:	Cadence, Batch Job	ES

Reason for Visit

Visit Diagnoses

- Pain Rectal [K62.89]
- Malignant Neoplasm Of Bladder Lateral Wall [C67.2]
- Mass Rectum [R19.09]

Clinical Notes

No documentation.

Imaging

No documentation.

Labs

Urinalysis with Microscopic: Urine, Clean Catch [2222487092934] (Final result)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940 Status: Completed

This order may be acted on in another encounter.

Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940

Authorized by: Dronca, Roxana S, M.D.

Frequency: Routine 05/06/19 -

Quantity: 1

Instance released by: Pickett, Victoria R 5/6/2019 10:17 AM

Diagnoses

Pain Rectal [K62.89]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Mass Rectum [R19.09]

Ordering provider: Dronca, Roxana S, M.D.

Ordering mode: Standard

Class: Lab Collect

Lab status: Final result

Provider Details

Provider	NPI
----------	-----



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

Dronca, Roxana S, M.D. 1982657052

Questionnaire

Question	Answer
Region:	Florida Region

Specimen Information

ID	Type	Source	Collected By
E006010851:1	Urine	Urine, Clean Catch	05/06/19 1029

Urinalysis with Microscopic: Urine, Clean Catch [2222487092934]
(Abnormal)

Resulted: 05/06/19 1207, Result status: Final result

Ordering provider: Dronca, Roxana S, M.D. 05/06/19 1017

Order status: Completed

Filed by: Interface, Mc In Orm_Oru Lab Generic 609301

Collected by: 05/06/19 1029

05/06/19 1207

Resulting lab: MAYO CLINIC JACKSONVILLE CLINICAL LAB

Acknowledged by: Dronca, Roxana S, M.D. on 05/06/19 1821

Components

Component	Value	Reference Range	Flag	Lab
Source	Voided	—	—	JXC
Glucose	Negative	Negative mg/dL	—	JXC
Ketones	Negative	Negative	—	JXC
Hemoglobin, QL	Large	Negative	A †	JXC
Protein, U	30	Negative mg/dL	A †	JXC
Nitrite, U	Positive	Negative	A †	JXC
Bilirubin	Negative	Negative	—	JXC
Specific Gravity	1.016	1.002 - 1.030	—	JXC
pH, U	5.0	5.0 - 8.0	—	JXC
Urobilinogen	Normal	Normal	—	JXC
Leukocyte Esterase	Large	Negative	A †	JXC
White Blood Cells	>182	/hpf	A †	JXC
Comment: ---REFERENCE VALUE---				
Male: 0-3 Female: 0-10				
Urine RBC	>182	0 - 2 /hpf	A †	JXC
Bacteria	Present	Not Seen	A †	JXC
Uric Acid Crystal, Urine	Present	Not Seen	A †	JXC
White Blood Cell Clumps, Urine	Present	Not Seen	A †	JXC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
25 - JXC	MAYO CLINIC JACKSONVILLE CLINICAL LAB	Unknown	4500 San Pablo Rd Jacksonville FL 32224	10/08/18 1108 - 03/12/21 1151



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

All Reviewers List

Dronca, Roxana S, M.D. on 5/28/2019 18:38
Dronca, Roxana S, M.D. on 5/6/2019 18:21

Bacterial Culture, Aerobic + Susc, Urine [2222487092935] (Final result)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940

Status: Completed

This order may be acted on in another encounter.

Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940

Ordering provider: Dronca, Roxana S, M.D.

Authorized by: Dronca, Roxana S, M.D.

Ordering mode: Standard

Frequency: Routine 05/06/19 -

Class: Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Pickett, Victoria R 5/6/2019 10:17 AM

Diagnoses

Pain Rectal [K62.89]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Mass Rectum [R19.09]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Specimen Src:	Urine, Midstream
Indication:	Urine frequency, urgency, or dysuria
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
E006010852:2	Urine	Urine, Midstream	05/06/19 1029

Comment: Specimen Source Site: Urine

Bacterial Culture, Aerobic + Susc, Urine [2222487092935] (Abnormal)

Resulted: 05/08/19 1111, Result status: Final result

Ordering provider: Dronca, Roxana S, M.D. 05/06/19 1017

Order status: Completed

Filed by: Interface, Mc In Orm_Oru Lab Generic 609301

Collected by: 05/06/19 1029

05/08/19 1111

Resulting lab: MAYO CLINIC JACKSONVILLE CLINICAL LAB

Acknowledged by: Dronca, Roxana S, M.D. on 05/28/19 1838

Components

Component	Value	Reference Range	Flag	Lab
Urine Culture	--	—	A †	JXC
Result:				
ESCHERICHIA COLI				



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

, >100,000 cfu/mL

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Escherichia coli	Ampicillin + Sulbactam	<=1/5 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Ampicillin	<=8 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Aztreonam	<=4 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Ceftriaxone	<=1 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Ceftazidime	<=1 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Cefazolin	<=2 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Cefepime	<=2 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Cefuroxime-Sodium	<=4 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Nitrofurantoin	<=32 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Gentamicin	<=1 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Levofloxacin	<=0.25 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Piperacillin + Tazobactam	<=4 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Piperacillin	<=16 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Trimethoprim + Sulfamethoxazole	<=2/38 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Tetracycline	<=4 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Tigecycline	<=2 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)
Escherichia coli	Tobramycin	<=1 Susceptible	SUSCEPTIBILITY, MIC (MCG/ML)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
25 - JXC	MAYO CLINIC JACKSONVILLE CLINICAL LAB	Unknown	4500 San Pablo Rd Jacksonville FL 32224	10/08/18 1108 - 03/12/21 1151

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

All Reviewers List

Dronca, Roxana S, M.D. on 5/28/2019 18:38

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

loratadine (CLARITIN) 10 mg tablet

Discontinued by: Bowles, Desiree D, R.N.	Discontinued on: 5/22/2019
Instructions: Take 10 mg by mouth 5 (five) times a week, M-F	
Entered by: Ray, Amanda C	Entered on: 5/6/2019
End date: 5/22/2019	

isosorbide mononitrate (IMDUR) 30 mg 24 hr tablet

Instructions: Take 30 mg by mouth daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

multivit with min-folic acid (MEN'S MULTIVITAMIN GUMMIES) 200 mcg tablet,chewable

Instructions: Chew 200 mg daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

omeprazole (Prilosec) 40 mg DR capsule

Discontinued by: Bowles, Desiree D, R.N.	Discontinued on: 5/22/2019
Instructions: Take 40 mg by mouth 2 (two) times a day.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019
End date: 5/22/2019	

finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

carboxymethyl-gly-poly80-PF (REFRESH OPTIVE MEGA-3, PF,) 0.5-1-0.5 % dropperette

Instructions: Administer into both eyes 2 (two) times a day.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

ascorbic acid, vitamin C, (VITAMIN C) 500 mg chewable tablet

Instructions: Chew 500 mg daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

simvastatin (ZOCOR) 20 mg tablet

Instructions: Take 20 mg by mouth at bedtime.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Medication List (continued)

amlODIPine (NORVASC) 5 mg tablet

Discontinued by: Bowles, Desiree D, R.N.
Instructions: Take 5 mg by mouth daily.
Entered by: Mathews, Carlyne P, R.N.
End date: 5/22/2019

Discontinued on: 5/22/2019

Entered on: 5/7/2019
Informant: Self

Stopped in Visit

None



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida

Visit Information

Appointment Information

LAB TEST BLOOD
5/6/2019 10:20 AM

Completed

Time	Provider	Department	Length
10:20 AM	LAB BLOOD 01 JAMG	FLA LAB JAMG	10 min

Referral Provider: DRONCA, ROXANA S

Arrival Time: 10:17 AM

History

Made On:	5/6/2019 9:51 AM	By:	Marqol, Gabrielle H	ES
Checked In:	5/6/2019 10:17 AM	By:	Pickett, Victoria R	ES
EOD Status:	5/10/2019 2:46 AM	By:	Cadence, Batch Job	ES

Reason for Visit

Visit Diagnoses

- Pain Arm Left [M79.602]
- Malignant Neoplasm Of Bladder Lateral Wall [C67.2]
- Pain Rectal [K62.89]
- Mass Rectum [R19.09]

Clinical Notes

No documentation.

Imaging

No documentation.

Labs

CBC with Differential, Blood [2222487092931] (Final result)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930

Status: Completed

This order may be acted on in another encounter.

Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930

Ordering provider: Dronca, Roxana S, M.D.

Authorized by: Dronca, Roxana S, M.D.

Ordering mode: Standard

Frequency: Routine 05/06/19 -

Class: Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Pickett, Victoria R 5/6/2019 10:17 AM

Diagnoses

Pain Arm Left [M79.602]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider

NPI



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

Dronca, Roxana S, M.D. 1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
E006010827:3	Blood	Blood, Venous	05/06/19 1028

CBC with Differential, Blood [2222487092931] (Abnormal)

Resulted: 05/06/19 1147, Result status: Final result

Ordering provider: Dronca, Roxana S, M.D. 05/06/19 1017

Order status: Completed

Filed by: Interface, Mc In Orm_Oru Lab Generic 609301

Collected by: 05/06/19 1028

05/06/19 1147

Resulting lab: MAYO CLINIC JACKSONVILLE CLINICAL LAB

Acknowledged by: Dronca, Roxana S, M.D. on 05/06/19 1821

Components

Component	Value	Reference Range	Flag	Lab
Leukocytes	5.2	3.4 - 9.6 x10(9)/L	—	JXC
Erythrocytes	3.10	4.35 - 5.65 x10(12)/L	L▼	JXC
Hemoglobin	9.9	13.2 - 16.6 g/dL	L▼	JXC
Hematocrit	31.8	38.3 - 48.6 %	L▼	JXC
MCV	102.6	78.2 - 97.9 fL	H^	JXC
MCH	31.9	25.4 - 32.7 pg	—	JXC
MCHC	31.1	32.1 - 35.6 g/dL	L▼	JXC
RDW CV	15.2	11.8 - 14.5 %	H^	JXC
RDW SD	54.8	35.1 - 43.9 fL	H^	JXC
Platelet Count	54	135 - 317 x10(9)/L	L▼	JXC
Mean Platelet Volume	10.4	7.6 - 10.8 fL	—	JXC
Neutrophils %	84.1	50.0 - 75.0 %	H^	JXC
Immature Granulocytes %	0.8	0.0 - 3.0 %	—	JXC
Lymphocytes %	11.2	18.0 - 42.0 %	L▼	JXC
Monocytes %	1.2	2.0 - 11.0 %	L▼	JXC
Eosinophils %	2.3	1.0 - 3.0 %	—	JXC
Basophils %	0.4	0.0 - 2.0 %	—	JXC
Neutrophils	4.38	1.56 - 6.45 x10(9)/L	—	JXC
Lymphocytes	0.58	0.95 - 3.07 x10(9)/L	L▼	JXC
Monocytes	0.06	0.26 - 0.81 x10(9)/L	L▼	JXC
Eosinophils	0.12	0.03 - 0.48 x10(9)/L	—	JXC
Basophils	0.0	0.0 - 0.1 x10(9)/L	—	JXC



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
25 - JXC	MAYO CLINIC JACKSONVILLE CLINICAL LAB	Unknown	4500 San Pablo Rd Jacksonville FL 32224	10/08/18 1108 - 03/12/21 1151

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

All Reviewers List

Dronca, Roxana S, M.D. on 5/6/2019 18:21

Comprehensive Metabolic Panel [2222487092932] (Final result)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930 Status: Completed
This order may be acted on in another encounter.
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Pickett, Victoria R 5/6/2019 10:17 AM
Diagnoses
Pain Arm Left [M79.602]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
E006010827:4	Blood	Blood, Venous	05/06/19 1028

Comprehensive Metabolic Panel [2222487092932] (Abnormal) Resulted: 05/06/19 1126, Result status: Final result

Ordering provider: Dronca, Roxana S, M.D. 05/06/19 1017 Order status: Completed
Filed by: Interface, Mc In Orm_Oru Lab Generic 609301 Collected by: 05/06/19 1028
05/06/19 1126
Resulting lab: MAYO CLINIC JACKSONVILLE CLINICAL LAB
Acknowledged by: Dronca, Roxana S, M.D. on 05/06/19 1821

Components

Component	Value	Reference Range	Flag	Lab
Potassium, P	5.0	3.6 - 5.2 mmol/L	—	JXC
Sodium, P	140	135 - 145 mmol/L	—	JXC
Chloride, P	106	98 - 107 mmol/L	—	JXC



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

Bicarbonate, P	26	22 - 29 mmol/L	—	JXC
Anion Gap, P	8	7 - 15	—	JXC
BUN (Blood Urea Nitrogen), P	30	8 - 24 mg/dL	H ^	JXC
Creatinine, P	1.92	0.74 - 1.35 mg/dL	H ^	JXC
eGFR-Black/African American	39	>=60 mL/min/BSA	L v	JXC
Comment:				

---ADDITIONAL INFORMATION---

Estimated GFR calculated using the 2009 CKD_EPI creatinine equation.

eGFR Non-Black/African American	34	>=60 mL/min/BSA	L v	JXC
Comment:				

---ADDITIONAL INFORMATION---

Estimated GFR calculated using the 2009 CKD_EPI creatinine equation.

Calcium, Total, P	8.8	8.8 - 10.2 mg/dL	—	JXC
Glucose, P	108	70 - 140 mg/dL	—	JXC
Protein, Total, P	6.5	6.3 - 7.9 g/dL	—	JXC
Albumin, P	3.9	3.5 - 5.0 g/dL	—	JXC
Aspartate Aminotransferase (AST), P	55	8 - 48 U/L	H ^	JXC
Alkaline Phosphatase, P	73	40 - 129 U/L	—	JXC
Alanine Aminotransferase (ALT), P	52	7 - 55 U/L	—	JXC
Bilirubin, Total, P	1.2	<=1.2 mg/dL	—	JXC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
25 - JXC	MAYO CLINIC JACKSONVILLE CLINICAL LAB	Unknown	4500 San Pablo Rd Jacksonville FL 32224	10/08/18 1108 - 03/12/21 1151

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

All Reviewers List

Dronca, Roxana S, M.D. on 5/6/2019 18:21

Albumin [2222487092929] (Discontinued)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930 Status: Discontinued
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1 Instance released by: Pickett, Victoria R 5/6/2019 10:17 AM
Discontinued by: Interface, Mc In Orm_Oru Lab Generic 609301 05/06/19 1017 [Order Cancelled by Lab (Cancelled due to duplicate test on this order)]



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

Diagnoses
Pain Arm Left [M79.602]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
E006010827:1	Blood	Blood, Venous	—

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

Calcium, Total [2222487092930] (Discontinued)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930 Status: Discontinued
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1 Instance released by: Pickett, Victoria R 5/6/2019 10:17 AM
Discontinued by: Interface, Mc In Orm_Oru Lab Generic 609301 05/06/19 1017 [Order Cancelled by Lab (Cancelled due to duplicate test on this order)]

Diagnoses
Pain Arm Left [M79.602]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
E006010827:2	Blood	Blood, Venous	—

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

Creatinine with Estimated GFR [2222487092933] (Discontinued)



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Labs (continued)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940 Status: Discontinued
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1 Instance released by: Pickett, Victoria R 5/6/2019 10:17 AM
Discontinued by: Interface, Mc In Orm_Oru Lab Generic 609301 05/06/19 1017 [Order Cancelled by Lab (Cancelled due to duplicate test on this order)]
Diagnoses
Pain Rectal [K62.89]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]
Mass Rectum [R19.09]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Scheduling instructions

Schedule laboratory draw no less than 2 hours before the imaging study.

Order comments: Note - schedule laboratory draw no less than 2 hours before the imaging study and no more than 30 days prior.

Specimen Information

ID	Type	Source	Collected By
E006010827:5	Blood	Blood, Venous	—

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

loratadine (CLARITIN) 10 mg tablet

Discontinued by: Bowles, Desiree D, R.N. Discontinued on: 5/22/2019
Instructions: Take 10 mg by mouth 5 (five) times a week. M-F
Entered by: Ray, Amanda C Entered on: 5/6/2019
End date: 5/22/2019

isosorbide mononitrate (IMDUR) 30 mg 24 hr tablet

Instructions: Take 30 mg by mouth daily.
Entered by: Ray, Amanda C Entered on: 5/6/2019



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Appointment in Department of Laboratory Medicine and Pathology, Mangurian Building, in Jacksonville, Florida (continued)

Medication List (continued)

multivit with min-folic acid (MEN'S MULTIVITAMIN GUMMIES) 200 mcg tablet,chewable

Instructions: Chew 200 mg daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

omeprazole (PriLOSEC) 40 mg DR capsule

Discontinued by: Bowles, Desiree D, R.N.

Discontinued on: 5/22/2019

Instructions: Take 40 mg by mouth 2 (two) times a day.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

End date: 5/22/2019

finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

carboxymethyl-gly-poly80-PF (REFRESH OPTIVE MEGA-3, PF,) 0.5-1-0.5 % dropperette

Instructions: Administer into both eyes 2 (two) times a day.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

ascorbic acid, vitamin C, (VITAMIN C) 500 mg chewable tablet

Instructions: Chew 500 mg daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

simvastatin (ZOCOR) 20 mg tablet

Instructions: Take 20 mg by mouth at bedtime.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

amlODIPine (NORVASC) 5 mg tablet

Discontinued by: Bowles, Desiree D, R.N.

Discontinued on: 5/22/2019

Instructions: Take 5 mg by mouth daily.

Entered by: Mathews, Carlyne P, R.N.

Entered on: 5/7/2019

End date: 5/22/2019

Informant: Self

Stopped in Visit

None



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida

Visit Information

Provider Information

Encounter Provider

Dronca, Roxana S, M.D.

Authorizing Provider

Dronca, Roxana S, M.D.

Department

Name

Division of Hematology and Medical
Oncology in Jacksonville, Florida

Address

4500 SAN PABLO RD S
Jacksonville FL 32224-1865

Phone

904-953-2000

Fax

904-953-2315

Level of Service

Level of Service

PR VISIT NEW PATIENT LEVEL 5

Reason for Visit

Visit Diagnoses

- Pain Arm Left (primary) [M79.602]
- Pain Rectal [K62.89]
- Malignant Neoplasm Of Bladder Lateral Wall [C67.2]
- Mass Rectum [R19.09]

Clinical Notes

H&P

H&P by Dronca, Roxana S, M.D. at 5/6/2019 9:00 AM

Author: Dronca, Roxana S, M.D.

Filed: 5/15/2019 3:18 PM

Editor: Dronca, Roxana S, M.D. (Physician)

Service: ONC Hematology and Oncology

Encounter Date: 5/6/2019

Author Type: Physician

Status: Signed

PRIMARY CARE PHYSICIAN

No primary care provider on file.

LOCAL ONCOLOGIST

No care team member to display

PATIENT IS SELF-REFERRED

CHIEF COMPLAINT / REASON FOR VISIT

Outpatient Kermit William Coles is a 72 y.o. male who presents for evaluation of bladder tumor with possible invasion in the rectum

HISTORY OF PRESENT ILLNESS

Oncology History

Mr. Coles is a very pleasant 72-year-old gentleman whose oncologic history summarized below:



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Clinical Notes (continued)

1. The patient had a long history of symptoms suggestive of combination of bladder outlet obstruction with BPH and overactive bladder confirmed with urodynamic studies. He was treated conservatively by Urology. Was evaluated with cystoscopy in October of 2018 and again in December of 2018.
2. 12/28/2018 by manual exam suggested a mass effect in the left lower quadrant per Urology notes, Botox injection of the bladder could not be done on the left side of the bladder, also the left side appeared pale. Further imaging was recommended.
3. 01/03/2019 the patient underwent MRI of the pelvis consistent with wall thickening on the left side of the bladder up to 1.4 cm thickness, extending to the level of the left UVJ. Bilateral distal ureters moderately dilated. No distinct lymphadenopathy.
4. 02/14/2019 the patient presented to Emergency Department at Memorial Hospital with constipation. Creatinine was found to be 3.3. Per patient he underwent sigmoidoscopy. Biopsy of a rectal mass showed a long gated course of fibromuscular tissue with muscle propria with infiltrating urothelial carcinoma. Urinary bladder tumor biopsies showing 2 fragments of a high-grade urothelial carcinoma with tumor invasion involving submucosal connective tissue and the muscularis propria, focally.
5. The patient was evaluated by Oncology who recommended neoadjuvant chemotherapy with gemcitabine and Taxol 3/4 weeks, as the patient was unable to take cisplatin due to elevated creatinine.
6. 03/01/2019 ultrasound showed moderate to severe hydronephrosis bilaterally. The patient underwent bilateral nephrostomy tube placement on March 5, 2019.
7. 03/08/2019 started gemcitabine and Taxol. Creatinine decreased to 2.2. Course of chemotherapy was complicated by neutropenia. On the 1st cycle he had treatment every other week. Was initiated apparently on GM-CSF twice a week. Cycle 2 was able to complete 3 treatments, last chemotherapy treatment was Friday May 3, 2019. At that time per patient he was only given half a dose because he was found to be thrombocytopenic.

Of note the patient's course was also complicated by E coli urinary infection which was treated with Keflex.

Also tumor was tested for PD L1 and per notes PD L1 expression is 0%.



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Clinical Notes (continued)

The patient's past medical history is significant for coronary artery disease/coronary spasm, GERD, hemorrhoids, BPH, and cataracts.

Malignant Neoplasm Of Bladder Lateral Wall (HCC)

INTERVAL HISTORY:

Mr. Coles is here today for a 2nd opinion consultation. As outlined in his oncological history, he is currently undergoing chemotherapy with gemcitabine and Taxol. His last dose was last Friday May 3rd. He still main concerns right now relate to left arm and forearm pain swelling and hardening, since the last treatment. Also continues to have rectal discomfort, he defines this mostly as a burning sensation in the rectum. He is able to have bowel movements, however intermittently these are very small in caliber. For the last couple of days he has been having liquid stools which he attributes to chemotherapy. Denies any tenesmus, no blood in the stools. He also has intermittent right lower quadrant pain which usually is relieved with bowel movements. His appetite is maintained, weight has been stable recently, denies any nausea or vomiting. He has occasional night sweats. He does most normal urination patterns recently, has noticed that the tubes are draining very little in the last few days to a couple of weeks. He does have tenderness at the site of both nephrostomy tubes. Denies any blood in the urine. No fevers or chills. No shortness of breath, cough, chest pain. Otherwise the review of systems is fairly unremarkable.

ALLERGY

Allergies

Allergen

- Triple Antibiotic [Neomycin-Bacitraczn-Polymyxnb]

Causes area to become raw

Reactions

Other (see comments)

PAST MEDICAL HISTORY

Past Medical History:

Diagnosis

- Benign Prostatic Hyperplasia Localized
- Cataract
- Coronary Artery Disease (Unspecified)
- Gastroesophageal Reflux Disease NOS
- Hyperlipidemia
- Malignant Neoplasm Unspecified (HCC)
Bladder cancer
- Polyp Colon

Date

2006
11/3/2015 &
02/14/2017
02/01/2007
2009
02/01/2007
03/2019

12/2018

PAST SURGICAL HISTORY

Past Surgical History:

12/30/2021 3:52 PM EST

User: IDMPROD20202342Release ID: 162663955

Page 1451



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Clinical Notes (continued)

Procedure	Laterality	Date
• APPENDECTOMY		1959
• OTHER SURGICAL HISTORY		1963
<i>Hemorrhoid surgery</i>		

MEDICATIONS

Current Outpatient Prescriptions:

- ascorbic acid, vitamin C, (VITAMIN C) 500 mg chewable tablet, Chew 500 mg daily., Disp: , Rfl:
- carboxymethyl-gly-poly80-PF (REFRESH OPTIVE MEGA-3, PF,) 0.5-1-0.5 % dropperette, Administer into both eyes 2 (two) times a day., Disp: , Rfl:
- finasteride (PROSCAR) 5 mg tablet, Take 5 mg by mouth daily., Disp: , Rfl:
- isosorbide mononitrate (IMDUR) 30 mg 24 hr tablet, Take 30 mg by mouth daily., Disp: , Rfl:
- loratadine (CLARITIN) 10 mg tablet, Take 10 mg by mouth 5 (five) times a week. M-F, Disp: , Rfl:
- multivit with min-folic acid (MEN'S MULTIVITAMIN GUMMIES) 200 mcg tablet, chewable, Chew 200 mg daily., Disp: , Rfl:
- omeprazole (PriLOSEC) 40 mg DR capsule, Take 40 mg by mouth 2 (two) times a day., Disp: , Rfl:
- polyethylene glycol-electrolytes (GoLYTELY) 236-22.74-6.74 -5.86 gram solution, Take 50% of prep night before by 10 pm and 50% of prep following morning starting at 0500 and finish before appointment, as directed., Disp: 4000 mL, Rfl: 0
- simvastatin (ZOCOR) 20 mg tablet, Take 20 mg by mouth daily., Disp: , Rfl:

SOCIAL

Social History

Substance Use Topics

- Smoking status: Former Smoker
 - Years: 42.00
 - Types: Cigarettes
 - Start date: 10/1/1965
 - Quit date: 2/1/2007
- Smokeless tobacco: Never Used
- Alcohol use: No

FAMILY HISTORY

Family History

Problem	Relation	Age of Onset
• Coronary artery disease <i>Heart attack at 80</i>	Father	
• Stroke <i>84</i>	Father	
• Coronary artery disease <i>Heart attack at 91</i>	Mother	
• Coronary artery disease	Maternal Grandfather	



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Clinical Notes (continued)

Heart attack at 50

- | | |
|------------------|----------------------|
| • Diabetes
60 | Father's Brother |
| • Asthma
50 | Paternal Grandfather |
| • ADD
7 | Son |

REVIEW OF SYSTEMS

A complete 14 system review was performed and negative unless otherwise stated below or in the HPI.

PHYSICAL EXAMINATION

ECOG: 0

Vitals: Blood pressure 107/72, pulse 106, temperature 37.1 °C, temperature source Oral, height 180.3 cm, weight 81 kg, SpO2 98 %. Body mass index is 24.9 kg/m².

General appearance: No acute distress

Psychiatric: Appropriate affect. Oriented X 3.

Eyes: PERRLA. Conjunctiva normal.

Ears/nose/throat/mouth: Oropharynx-Mucous membranes moist. Normal dentition. No oral lesions. No pharyngeal exudates.

Cardiovascular: Auscultation- S1/S2; RRR, no murmurs/rubs/gallops. Left arm has evidence of slight erythema, is slightly hard to palpation, possibly suggestive of a superficial thrombophlebitis. Lower extremities with trace pitting edema bilaterally.

Pulmonary: Auscultation-CTA bilaterally, no wheezes, crackles, or rhonchi. Normal respiratory effort.

Abdomen: Soft, mildly tender to palpation RLQ, no rebound or guarding, non-distended. No hepasplenomegaly or masses appreciated. Bilateral nephrostomy tubes in place, no surrounding erythema.

Musculoskeletal: Gait- normal. Digits- no clubbing. No joint swelling or erythema.

Dermatologic: Palpation-Skin warm. Inspection-No visible rashes.

Lymphatic: No cervical, supraclavicular, axillary, or inguinal lymphadenopathy.

Neurologic: CN2-12 grossly intact. No focal neurological deficits appreciated.

DIAGNOSTICS:

I reviewed the imaging studies and agree with the interpretation as recorded. I reviewed the pertinent laboratory, pathology and diagnostic data.

ASSESSMENT/PLAN:

Mr. Kermit William Coles is a very pleasant 72 y.o.male with a history of bladder tumor, with possible invasion in the rectum



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Clinical Notes (continued)

1. Bladder cancer within invasion and muscularis propria, as well as possible rectal invasion

I reviewed Mr. Coles outside medical records in detail as well as outside imaging. The patient is currently undergoing neoadjuvant chemotherapy, however this does not involve cisplatin given that he had renal insufficiency at the time. He has been having difficulty tolerating treatment. Also he has increasing rectal symptoms. Therefore I believe that he needs to undergo restaging given that he already had a couple of cycles of therapy. The patient would like a 2nd opinion surgical consultation at Mayo Clinic, as at home was initially thought that he may need to have a more extensive surgery involving removal of the rectum, but the plan was later changed to cystectomy alone.

Therefore, I will request an MRI of the abdomen and pelvis. Will schedule also a sigmoidoscopy for evaluation of rectal invasion. I will have him see one of our colleagues in colorectal surgery, as well as Dr. Young in Urology.

2. Chronic renal insufficiency status post bilateral nephrostomy tubes

Will recheck blood test today, will also schedule an appointment in IR to check his to his for obstruction.

3. Thrombocytopenia

Patient was found to be thrombocytopenic last Friday prior to administration of chemotherapy. They worried that his counts may be even lower today. Will repeat a CBC with differential.

4. Left arm pain, swelling and erythema

Will schedule an ultrasound to rule out superficial thrombophlebitis or DVT.

PATIENT ROS

Patient's noted ROS was reviewed and pertinent acute concerns were discussed and addressed as appropriate.

PATIENT EDUCATION

Ready to learn, no apparent learning barriers were identified; learning preferences include listening. Explained diagnosis and treatment plan; patient expressed understanding of the content.

ADMINISTRATIVE BILLING

I personally spent over half of a total 60 minutes face to face with the patient in counseling and discussion and/or coordination of care as described above.

Roxana Dronca, M.D.
Associate Professor of Oncology
Mayo Clinic Florida
4500 San Pablo Road | Jacksonville, FL 32224
Secretary: 904-953-2607 | Fax: 904-953-2315
Email: dronca.roxana@mayo.edu
www.mayoclinic.org



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Clinical Notes (continued)

Electronically Signed by Dronca, Roxana S, M.D. on 5/15/2019 3:18 PM

Other Orders

Medications

polyethylene glycol-electrolytes (GoLYTELY) 236-22.74-6.74 -5.86 gram solution [2222487049942] (Expired)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940

Status: Expired

Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940

Ordering provider: Dronca, Roxana S, M.D.

Authorized by: Dronca, Roxana S, M.D.

Ordering mode: Standard

Frequency: Routine 05/06/19 - 05/07/19 2359

Class: Normal

Provider Details

Provider

NPI

Dronca, Roxana S, M.D.

1982657052

Admin instructions: Take 50% of prep night before by 10 pm and 50% of prep following morning starting at 0500 and finish before appointment, as directed.

Imaging

Imaging

MR Abdomen Pelvis Urogram without and with IV Contrast [2222487049940] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940

Status: Completed

Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940

Ordering provider: Dronca, Roxana S, M.D.

Authorized by: Dronca, Roxana S, M.D.

Ordering mode: Standard

Frequency: RAD - Routine (most inpatients and all outpatients)
05/06/19 -

Class: Ancillary Performed

Quantity: 1

Indications comment: bladder cancer with pelvi and possible rectal mass

Diagnoses

Pain Rectal [K62.89]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Mass Rectum [R19.09]

Provider Details

Provider

NPI

Dronca, Roxana S, M.D.

1982657052

Questionnaire

Question

Answer

Clinical question to be answered

bladder cancer with pelvi and possible rectal mass

Sedation Preference (Radiology may change)

No Sedation

Contrast or non-Contrast use will ultimately be at the discretion of Radiology unless specified:

I agree



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Imaging (continued)

Region	Florida Region
MRI SAFETY High Risk Device Review: Does the patient have or ever had one of these devices?	No, the patient does NOT have nor has ever had any of these high risk devices

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

US Upper Extremity Veins Left [2222487049939] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930	Status: Completed
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930	Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D.	Ordering mode: Standard
Frequency: RAD - Routine (most inpatients and all outpatients)	Class: Ancillary Performed

05/06/19 -

Quantity: 1

Diagnoses

Pain Arm Left [M79.602]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Clinical question to be answered	left arm pain and swelling
Region:	Florida Region

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

Procedural Imaging

URO Cystoscopy (general) [2222487049945] (Discontinued)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940	Status: Discontinued
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940	Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D.	Ordering mode: Standard
Frequency: Routine 05/06/19 -	Class: Ancillary Performed
Quantity: 1	Discontinued by: Cockerill, Katherine J, M.D. 06/21/19 1424 [Entered in Error]

Diagnoses

Pain Rectal [K62.89]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Mass Rectum [R19.09]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Imaging (continued)

Questionnaire

Question	Answer
Region	Florida Region
Reason for procedure	bladder cancer currently undergoing neo-adjuvant chemo

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

Labs

Urinalysis with Microscopic: Urine, Clean Catch [2222487049944] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940 Status: Completed
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1
Diagnoses
Pain Rectal [K62.89]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]
Mass Rectum [R19.09]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region:	Florida Region

Specimen Information

ID	Type	Source	Collected By
—	Urine	Urine, Clean Catch	—

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

Bacterial Culture, Aerobic + Susc, Urine [2222487049946] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940 Status: Completed
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Labs (continued)

Diagnoses
Pain Rectal [K62.89]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]
Mass Rectum [R19.09]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Specimen Src:	Urine, Midstream
Indication:	Urine frequency, urgency, or dysuria
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
—	Urine	Urine, Midstream	—

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

Albumin [2222486982160] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930
Authorized by: Dronca, Roxana S, M.D.
Frequency: Routine 05/06/19 -
Quantity: 1
Diagnoses
Pain Arm Left [M79.602]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Ordering provider: Dronca, Roxana S, M.D.
Ordering mode: Standard
Class: Lab Collect

Status: Completed

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Labs (continued)

Calcium, Total [2222486982161] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930 Status: Completed
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1
Diagnoses
Pain Arm Left [M79.602]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

CBC with Differential, Blood [2222486982162] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930 Status: Completed
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1
Diagnoses
Pain Arm Left [M79.602]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

Indications



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Labs (continued)

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

Comprehensive Metabolic Panel [2222486982163] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0930 Status: Completed
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0930 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1
Diagnoses
Pain Arm Left [M79.602]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

Indications

Pain Arm Left [M79.602 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]

Creatinine with Estimated GFR [2222487049948] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940 Status: Completed
Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940 Ordering provider: Dronca, Roxana S, M.D.
Authorized by: Dronca, Roxana S, M.D. Ordering mode: Standard
Frequency: Routine 05/06/19 - Class: Lab Collect
Quantity: 1
Diagnoses
Pain Rectal [K62.89]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]
Mass Rectum [R19.09]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region

Scheduling instructions
Schedule laboratory draw no less than 2 hours before the imaging study.



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Labs (continued)

Order comments: Note - schedule laboratory draw no less than 2 hours before the imaging study and no more than 30 days prior.

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

Procedures

Flexible Sigmoidoscopy [2222487049941] (Completed)

Electronically signed by: Dronca, Roxana S, M.D. on 05/06/19 0940

Status: Completed

Ordering user: Dronca, Roxana S, M.D. 05/06/19 0940

Ordering provider: Dronca, Roxana S, M.D.

Authorized by: Dronca, Roxana S, M.D.

Ordering mode: Standard

Frequency: Routine 05/06/19 -

Class: Clinic Performed

Quantity: 1

Diagnoses

Pain Rectal [K62.89]

Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2]

Mass Rectum [R19.09]

Provider Details

Provider	NPI
Dronca, Roxana S, M.D.	1982657052

Questionnaire

Question	Answer
Region	Florida Region
Sedation Preference	Moderate Sedation
Reason for procedure:	Other
Other:	bladder tumor with possible rectal mass
Patient currently taking antiplatelet or anticoagulation medication:	No
Place peripheral IV if no vascular access available:	Yes
Complex suite	No

Indications

Pain Rectal [K62.89 (ICD-10-CM)]
Malignant Neoplasm Of Bladder Lateral Wall (HCC) [C67.2 (ICD-10-CM)]
Mass Rectum [R19.09 (ICD-10-CM)]

Vitals



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Vitals (continued)

Vital Signs - Last Recorded					Most recent update: 5/6/2019 8:05 AM by Ray, Amanda C
BP 107/72 (BP Location: Right arm, Patient Position: Sitting, Cuff Size: Large)	Pulse 106	Temp 37.1 °C (Oral)	Ht 180.3 cm	Wt 81 kg	
SpO2 98%	BMI 24.90 kg/m ²				

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

loratadine (CLARITIN) 10 mg tablet

Discontinued by: Bowles, Desiree D, R.N. Discontinued on: 5/22/2019
Instructions: Take 10 mg by mouth 5 (five) times a week. M-F
Entered by: Ray, Amanda C Entered on: 5/6/2019
End date: 5/22/2019

isosorbide mononitrate (IMDUR) 30 mg 24 hr tablet

Instructions: Take 30 mg by mouth daily.
Entered by: Ray, Amanda C Entered on: 5/6/2019

multivit with min-folic acid (MEN'S MULTIVITAMIN GUMMIES) 200 mcg tablet, chewable

Instructions: Chew 200 mg daily.
Entered by: Ray, Amanda C Entered on: 5/6/2019

omeprazole (PRILOSEC) 40 mg DR capsule

Discontinued by: Bowles, Desiree D, R.N. Discontinued on: 5/22/2019
Instructions: Take 40 mg by mouth 2 (two) times a day.
Entered by: Ray, Amanda C Entered on: 5/6/2019
End date: 5/22/2019

finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.
Entered by: Ray, Amanda C Entered on: 5/6/2019

carboxymethyl-gly-poly80-PF (REFRESH OPTIVE MEGA-3, PF,) 0.5-1-0.5 % dropperette

Instructions: Administer into both eyes 2 (two) times a day.
Entered by: Ray, Amanda C Entered on: 5/6/2019



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Medication List (continued)

ascorbic acid, vitamin C, (VITAMIN C) 500 mg chewable tablet

Instructions: Chew 500 mg daily.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

simvastatin (ZOCOR) 20 mg tablet

Instructions: Take 20 mg by mouth at bedtime.

Entered by: Ray, Amanda C

Entered on: 5/6/2019

polyethylene glycol-electrolytes (GoLYTELY) 236-22.74-6.74 -5.86 gram solution

Instructions: Take 50% of prep night before by 10 pm and 50% of prep following morning starting at 0500 and finish before appointment, as directed.

Authorized by: Dronca, Roxana S, M.D.

Start date: 5/6/2019

Quantity: 4000 mL

Ordered on: 5/6/2019

End date: 5/7/2019

Refill: No refills remaining

Stopped in Visit

None

Flowsheets

(Do Not Use; Retired) Ambulatory Fall Risk Screening

Row Name 05/06/19 0801

(Do Not Use; Retired) Fall Risk Scale

(Do Not Use; Retired) Have you fallen in the last year? No

Calculated MAP

Row Name 05/06/19 0804

Vital Signs

MAP (mmHg) 84 mmHg
from Manual Entry

Custom Formula Data

Row Name 05/06/19 0804

Vitals

Pct Wt Change 0 %
Height (cm) 180.34 cm

OTHER



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Flowsheets (continued)

BMI (Calculated)	24.9
Percent Excess	-103.76 Percent
Weight Loss	
IBW in lbs	172
(Bariatric)	
Weight Change	80.95 kg
Since Last Visit	
IBW in kg	78.02
(Bariatric)	
Preop BMI	0
(Calculated)	
BSA (Calculated	2.01 sq meters
- sq m)	
IBW/kg	75.3 kg
(Calculated) Male	
IBW/kg	70.8 kg
(Calculated)	
FEMALE	
BMI (Calculated)	24.9
Percent Excess	-103.76 Percent
Weight Loss	
IBW in kg	78.02 kg
(Bariatric)	
IBW in lb	172 lb
(Bariatric)	
Weight Change	80.95 kg
Since Last Visit	
Weight	81 kg
Weight	81 kg
Peds Malnutrition	2856A71.000A24.9
Concatenation	AOA0AOA56280386
	40
BMI (Calculated)	24.9 kg/m ²

Measurements

Total Weight	2222 Percent
Change Percent	
Weight Change	80.95 kgs
Since Preop	
Initial Excess	-78.02 kgs
Weight	
Percent of IBW	3660.6 Percent
EBW (kg)	2853.79 kg
EBW (lbs)	2845.25 lbs
Weight Change	80.95 kg
Since Preop	
Initial Excess	-78.02 kg
Weight	
Percent of IBW	103.78 Percent
EBW (kg)	2.93 kg
EBW (lb)	6.5 lb



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Flowsheets (continued)

Anthropometrics

% Ideal Body Weight 104 % IBW

Vital Signs

BMI (Calculated) 24.9 kg/m²

Height and Weight

Weight Change (gm) 0

Weight Change (kg) 0

Height and Weight

Weight in (lb) to have BMI = 25 178.9

Lifestyle Factors

Exercise Total (kCal/wk) 0 kCal/wk

Body Composition

BMI; Desirable <25, High Risk >30 Desirable

Highest Height/Weight/BMI

(Retired) Height Within Last 6 months (cm) 71.000

(Retired) Weight Within Last 6 Months (kg) 81.1363636363636 3636

(Retired) BMI Within Last 6 Months 24.9

Highest weight this encounter (one value per encounter) 5/6/2019

Current Z Scores

Weight for Length Z Score 0

Length for Age Z Score 0

BMI for Age Z Score 0

(Retired) Weight



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Flowsheets (continued)

for Length Z	
Score	
Length for Age Z	
Score	
BMI for Age Z	2856A71.000A24.9
Score	A0A0A0A56280386
	40

Highest Z Score from Within the Last 6 Months

Weight for Length	0
Z Score Within	
Last 6 Months	
Length for Age Z	0
Score Within Last	
6 Months	
BMI for Age Z	0
Score Within Last	
6 Months	

Pediatric Malnutrition Calculations

Peds Nutrition	5/6/2019
Behind Scenes	
Date Row	

Relevant Labs and Vitals

Temp (in Celsius)	37.1
-------------------	------

Calculations

Predicted	500.631
Distance	
Calculation	
Predicted	441.864
Distance	
Calculation for	
Women	

Encounter Vitals

Row Name	05/06/19 0804
----------	---------------

Enc Vitals

BP	107/72
Pulse	106
Temp	37.1 °C
Temp src	Oral
SpO2	98 %
Weight	81 kg
Height	180.3 cm

Vital Signs

BP Location	Right arm
-------------	-----------



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Comprehensive Visit in Division of Hematology and Medical Oncology in Jacksonville, Florida
(continued)

Flowsheets (continued)

Patient Position Sitting

OTHER

Cuff Size Large

Nutrition Assessment

Row Name 05/06/19 0804

Anthropometrics

Weight change
since admission 0 kg

Ideal Body
Weight
(Calculated) 78.2 kg

Adjusted Body
Weight 78.9 Kg

ELW 78.2 Kg

Parenteral

IBW (kg) 78.2 kg

Simple Vitals

Row Name 05/06/19 0804

Height and Weight

Admission
Weight 81 kg

Vital Signs

Row Name 05/06/19 0804

Height and Weight

Low Range Vt
6mL/kg 469.2 mL/kg

Adult Moderate
Range Vt 8mL/kg 625.6 mL/kg

Adult High Range
Vt 10mL/kg 782 mL/kg

Vitals Reassessment

Row Name 05/06/19 0804

Vitals Timer

Restart Vitals
Timer Yes



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

loratadine (CLARITIN) 10 mg tablet

Discontinued by: Bowles, Desiree D, R.N.	Discontinued on: 5/22/2019
Instructions: Take 10 mg by mouth 5 (five) times a week. M-F	
Entered by: Ray, Amanda C	Entered on: 5/6/2019
End date: 5/22/2019	

isosorbide mononitrate (IMDUR) 30 mg 24 hr tablet

Instructions: Take 30 mg by mouth daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

multivit with min-folic acid (MEN'S MULTIVITAMIN GUMMIES) 200 mcg tablet, chewable

Instructions: Chew 200 mg daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

omeprazole (PRILOSEC) 40 mg DR capsule

Discontinued by: Bowles, Desiree D, R.N.	Discontinued on: 5/22/2019
Instructions: Take 40 mg by mouth 2 (two) times a day.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019
End date: 5/22/2019	

finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

carboxymethyl-gly-poly80-PF (REFRESH OPTIVE MEGA-3, PF,) 0.5-1-0.5 % dropperette

Instructions: Administer into both eyes 2 (two) times a day.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

ascorbic acid, vitamin C, (VITAMIN C) 500 mg chewable tablet

Instructions: Chew 500 mg daily.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

simvastatin (ZOCOR) 20 mg tablet

Instructions: Take 20 mg by mouth at bedtime.	
Entered by: Ray, Amanda C	Entered on: 5/6/2019

Stopped in Visit

None

Messages



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida
(continued)

Messages (continued)

Questionnaire Submission

From	To	Sent
Kermit William Coles	General Questionnaire Submission Pool	4/30/2019 11:03 AM
Patient Questionnaire Submission		

Questionnaire: Current Visit Information

~~~~~  
General

Fatigue  
Night sweats

~~~~~  
Vision or eyes
No eye issues

~~~~~  
Ear, nose, and throat  
Sinus congestion

~~~~~  
Cardiovascular or heart
No heart issues

~~~~~  
Lungs or breathing  
No respiratory issues

~~~~~  
Stomach or bowel
Abdominal (belly) pain or cramping
Heartburn



Coles, Kermit William
MRN: 12-297-754, DOB: 1/4/1947, Sex: M
Visit date: 5/6/2019

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida
(continued)

Messages (continued)

~~~~~  
Muscle or bone  
Back pain/stiffness

~~~~~  
Skin
Skin rash

~~~~~  
Neurologic  
Light-headedness

~~~~~  
Mental health or mood
Loud snoring
Excessive daytime sleepiness/tiredness

~~~~~  
Bleeding and lymph nodes  
Bruises/bleeds easily

~~~~~  
Urinary, reproductive, and genital
Pain with urination
Urgency
Erectile dysfunction

~~~~~  
Sexual Orientation and Gender Identity  
Question: Sexual orientation:





Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Answer: Straight (not lesbian or gay)

Question: Gender identity:

Answer: Male

Question: Sex assigned at birth:

Answer: Male

Health History

---

| From                                                                      | To                                    | Sent              |
|---------------------------------------------------------------------------|---------------------------------------|-------------------|
| Kermit William Coles                                                      | History Questionnaire Submission Pool | 4/18/2019 4:21 PM |
| History questionnaire submitted on Thursday, April 18, 2019 at 3:20:54 PM |                                       |                   |
| Questionnaire: Health History                                             |                                       |                   |
| Patient: Kermit W. Coles [12-297-754]                                     |                                       |                   |

Cardiac - Heart:

Question: Heart attack

Response: No Response

Date: Comments:

Question: Atrial fibrillation

Response: No Response

Date: Comments:

Question: Congestive Heart Failure (CHF)

Response: No Response

Date: Comments:

Question: Coronary Artery Disease (CAD)

Response: Yes

Date: 02/01/2007 Comments:

Question: High blood pressure

Response: No Response



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Date: Comments:

Question: High cholesterol

Response: Yes

Date: 02/01/2007 Comments:

Pulmonary - Lung:

Question: Asthma

Response: No Response

Date: Comments:

Question: COPD (e.g. emphysema)

Response: No Response

Date: Comments:

Question: Pneumonia

Response: No Response

Date: Comments:

Question: Sleep apnea

Response: No Response

Date: Comments:

Gastrointestinal - stomach and related organs:

Question: Acid reflux (heartburn)

Response: Yes

Date: 2009 Comments:

Question: Irritable Bowel Syndrome (IBS)

Response: No Response

Date: Comments:



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Question: Crohn's disease  
Response: No Response  
Date: Comments:

Question: Ulcerative colitis  
Response: No Response  
Date: Comments:

Question: Pancreatitis  
Response: No Response  
Date: Comments:

Question: Colon polyp removed  
Response: Yes  
Date: 12/2018 Comments:

Question: Gallbladder problem  
Response: No Response  
Date: Comments:

Question: Liver disease  
Response: No Response  
Date: Comments:

Endocrinology - diabetes, bone health and thyroid:

Question: Diabetes  
Response: No Response  
Date: Comments:

Question: Osteoporosis  
Response: No Response  
Date: Comments:

Question: Osteopenia  
Response: No Response



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Date: Comments:

Question: Hypothyroidism

Response: No Response

Date: Comments:

Question: Hyperthyroidism

Response: No Response

Date: Comments:

Question: Thyroid nodules

Response: No Response

Date: Comments:

Musculoskeletal - bones and muscle:

Question: Rheumatoid Arthritis (RA)

Response: No Response

Date: Comments:

Question: Fibromyalgia

Response: No Response

Date: Comments:

Question: Broken/fractured bone

Response: No Response

Date: Comments:

Neurology:

Question: Concussion

Response: No Response

Date: Comments:



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Question: Dementia  
Response: No Response  
Date: Comments:

Question: Migraine  
Response: No Response  
Date: Comments:

Question: Headache  
Response: No Response  
Date: Comments:

Question: Stroke  
Response: No Response  
Date: Comments:

Question: TIA (mini stroke)  
Response: No Response  
Date: Comments:

Question: Seizure disorder  
Response: No Response  
Date: Comments:

Cancer:

Question: Breast cancer  
Response: No Response  
Date: Comments:

Question: Colon cancer  
Response: No Response  
Date: Comments:

Question: Rectal cancer  
Response: No Response





Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Date:   Comments:

Question: Leukemia

Response: No Response

Date:   Comments:

Question: Lung cancer

Response: No Response

Date:   Comments:

Question: Lymphoma

Response: No Response

Date:   Comments:

Question: Prostate cancer

Response: No Response

Date:   Comments:

Question: Melanoma skin cancer

Response: No Response

Date:   Comments:

Question: Skin cancer

Response: No Response

Date:   Comments:

Question: Kidney cancer

Response: No Response

Date:   Comments:

Question: Thyroid cancer

Response: No Response

Date:   Comments:

Question: Other cancer

Response: Yes

Date: 03/2019   Comments: Bladder cancer



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

General Medical History:

Question: Cataracts

Response: Yes

Date: 11/3/2015 & 02/14/2017 Comments:

Question: Glaucoma

Response: No Response

Date: Comments:

Question: Macular degeneration

Response: No Response

Date: Comments:

Question: Eye - Crossed

Response: No Response

Date: Comments:

Question: Eye - Lazy

Response: No Response

Date: Comments:

Question: Eczema / dry skin

Response: No Response

Date: Comments:

Question: Dermatitis

Response: No Response

Date: Comments:

Question: Psoriasis

Response: No Response

Date: Comments:

Question: Anxiety

Response: No Response



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Date: Comments:

Question: Depression

Response: No Response

Date: Comments:

Question: Kidney disease

Response: No Response

Date: Comments:

Question: Kidney stone

Response: No Response

Date: Comments:

Question: Enlarged prostate (BPH)

Response: Yes

Date: 2006 Comments:

Question: Blood transfusion

Response: No Response

Date: Comments:

Question: Clotting disorder

Response: No Response

Date: Comments:

Question: Anemia

Response: No Response

Date: Comments:

Question: Tuberculosis (TB)

Response: No Response

Date: Comments:

Question: HIV

Response: No Response

Date: Comments:



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Question: Hepatitis B  
Response: No Response  
Date:   Comments:

Question: Hepatitis C  
Response: No Response  
Date:   Comments:

Question: Sexually Transmitted Infection  
Response: No Response  
Date:   Comments:

Question: Anesthetic complications  
Response: No Response  
Date:   Comments:

Question: Other major health conditions that have  
required treatment or monitoring.  
Response: No Response  
Date:   Comments:

Social History:

Question: How would you describe your smoking tobacco  
use?  
Response: Former Smoker  
What kind of smoking tobacco products do you use?:  
Cigarettes  
On a typical day when you smoke, how many packs do you  
use? (20 cigarettes = 1 packs):  
For how many years have you smoked tobacco?: 42  
When did you start smoking tobacco?: 10/1/1965  
When did you stop smoking tobacco?: 2/1/2007  
Question: Do you use smokeless tobacco?  
Response: Never Used  
Comments:



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Question: Do you consume alcohol?

Response: No

Question: Drug Use

Response: No

Question: Sexually Active

Response: Not Currently

Partners: Female

Birth Control / Protection: None

Comments:

Surgical History:

Question: Carotid artery

Response: No Response

Date: Comments:

Question: Sinus surgery

Response: No Response

Date: Comments:

Question: Thyroid surgery

Response: No Response

Date: Comments:

Question: Tonsillectomy (tonsils removed)

Response: No Response

Date: Comments:

Question: Heart bypass

Response: No Response

Date: Comments:

Question: Heart stent





Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Response: No Response  
Date: Comments:

Question: Heart valve surgery  
Response: No Response  
Date: Comments:

Question: Lung surgery  
Response: No Response  
Date: Comments:

Question: Appendectomy (appendix removed)  
Response: Yes  
Date: 1959 Comments:

Question: Colon or large intestine surgery  
Response: No Response  
Date: Comments:

Question: Gallbladder removal  
Response: No Response  
Date: Comments:

Question: Weight loss surgery  
Response: No Response  
Date: Comments:

Question: Hernia repair  
Response: No Response  
Date: Comments:

Question: Splenectomy (spleen removed)  
Response: No Response  
Date: Comments:

Question: Abdominal aneurysm repair  
Response: No Response  
Date: Comments:



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Question: Organ transplant  
Response: No Response  
Date:   Comments:

Question: Bladder surgery  
Response: No Response  
Date:   Comments:

Question: Spine surgery  
Response: No Response  
Date:   Comments:

Question: Arteries in legs  
Response: No Response  
Date:   Comments:

Question: Joint replacement - shoulder  
Response: No Response  
Date:   Comments:

Question: Joint replacement - knee  
Response: No Response  
Date:   Comments:

Question: Joint replacement - hip  
Response: No Response  
Date:   Comments:

Question: Vasectomy  
Response: No Response  
Date:   Comments:

Question: Prostate surgery  
Response: No Response  
Date:   Comments:

Question: Breast enhancement/implants



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

---

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

---

Messages (continued)

---

Response: No Response  
Date:   Comments:

Question: Breast, mastectomy  
Response: No Response  
Date:   Comments:

Question: Other surgery  
Response: Yes  
Date: 1963   Comments: Hemorrhoid surgery

Family Medical History:

Family Medical History:

Problem: Coronary artery disease (Heart attack,  
Coronary stent, Bypass surgery)

Relation: Father  
Name: Kermit Kirk Coles  
Comments: Heart attack at 80

Relation: Mother  
Name: Marjorie Coles  
Comments: Heart attack at 91

Relation: Maternal Grandfather  
Name: Rudolph Bader  
Comments: Heart attack at 50

Problem: Stroke

Relation: Father  
Name: Kermit Kirk Coles  
Comments: 84



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

Messages (continued)

Problem: Diabetes

Relation: Father's Brother  
Name: Frank Coles  
Comments: 60

Problem: Asthma

Relation: Paternal Grandfather  
Name: Kirk Coles  
Comments: 50

Problem: ADD/ADHD

Relation: Son  
Name: William Coles  
Comments: 7

Questionnaires

Legend:

Triggered a BPA Scoring question

Mc Current Visit Information Questionnaire

| Question                           | 4/30/2019 11:03 AM EST -<br>Filed by Patient |
|------------------------------------|----------------------------------------------|
| General                            |                                              |
| Fatigue                            | Yes                                          |
| Fever                              |                                              |
| Weight gain of more than 10 pounds |                                              |
| Weight loss of more than 10 pounds |                                              |
| Loss of appetite                   |                                              |
| Night sweats                       | Yes                                          |
| No general issues                  |                                              |



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

Questionnaires (continued)

|                                       |     |
|---------------------------------------|-----|
| Vision or eyes                        |     |
| Sudden loss of vision                 |     |
| Visual problems                       |     |
| Double vision                         |     |
| No eye issues                         | Yes |
| Ear, nose, and throat                 |     |
| Difficulty hearing                    |     |
| Persistent hoarse voice               |     |
| Sinus congestion                      | Yes |
| No ENT issues                         |     |
| Cardiovascular or heart               |     |
| Chest pain, pressure or tightness     |     |
| Rapid or fluttering heart beats       |     |
| Swelling in the legs or feet          |     |
| Shortness of breath when lying flat   |     |
| Pain in the calf muscles when walking |     |
| No heart issues                       | Yes |
| Lungs or breathing                    |     |
| Shortness of breath                   |     |
| Coughing up mucus (phlegm)            |     |
| Coughing up blood                     |     |
| Dry cough                             |     |
| Wheezing                              |     |
| No respiratory issues                 | Yes |
| Stomach or bowel                      |     |
| Abdominal (belly) pain or cramping    | Yes |
| Difficulty swallowing                 |     |
| Heartburn                             | Yes |
| Nausea                                |     |
| Vomiting                              |     |
| Constipation                          |     |





Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

Questionnaires (continued)

Diarrhea

Blood in stool

No GI issues

Muscle or bone

Muscle pain/stiffness

Pain or stiffness in the joints

Joint swelling

Back pain/stiffness

Yes

No muscle/bone issues

Skin

Skin rash

Yes

Change in mole or skin spot

Breast lump

Nipple discharge

No skin issues

Neurologic

Headache

Blackouts

Loss of consciousness

Seizures

Light-headedness

Yes

Numbness or shooting pain in hands, arms, legs or feet

Weakness in arms and/or legs

Slurred speech

Loss of balance or tendency to fall easily

No neurologic issues

Mental health or mood

Change in sexual drive (decreased libido)

Loud snoring

Yes

Excessive daytime sleepiness/tiredness

Yes



Coles, Kermit William  
MRN: 12-297-754, DOB: 1/4/1947, Sex: M  
Visit date: 5/6/2019

05/06/2019 - Nurse Only in Mangurian Clinic Registration and Business Services in Jacksonville, Florida  
(continued)

Questionnaires (continued)

|                                                  |                               |
|--------------------------------------------------|-------------------------------|
| Stop breathing, choking, or gasping while asleep |                               |
| Little interest or pleasure in doing things      |                               |
| Feeling down, depressed, or hopeless             |                               |
| Feeling nervous, anxious or on edge              |                               |
| Not being able to stop or control worrying       |                               |
| No mental health issues                          |                               |
| Bleeding and lymph nodes                         |                               |
| Enlarged lymph nodes                             |                               |
| Bruises/bleeds easily                            | Yes                           |
| No blood/lymph issues                            |                               |
| Urinary, reproductive, and genital               |                               |
| Frequent urination                               |                               |
| Pain with urination                              | Yes                           |
| Difficulty urinating                             |                               |
| Urgency                                          | Yes                           |
| Incontinence (urine leakage)                     |                               |
| Blood in urine                                   |                               |
| Erectile dysfunction                             | Yes                           |
| No urinary/reproductive issues                   |                               |
| Sexual Orientation and Gender Identity           |                               |
| Sexual orientation:                              | Straight (not lesbian or gay) |
| Gender identity:                                 | Male                          |
| Sex assigned at birth:                           | Male                          |

Welcome Accident Related Questionnaire

|                                                                                            |                                                              |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Question                                                                                   | 5/6/2019 8:53 AM EST -<br>Filed by Patient<br>Representative |
| Is this visit related to a workers' compensation, auto, or third-party liability accident? | No                                                           |