



Input and file history:

- 'New Recording.m4a' file received
 - Context: Patient Jones "annual appointment/checkup"
- Processed by CanSup at 10:39 am CT
- Output reviewed by DH at 10:45 am CT
- Revisions requested and processed by CanSup
- Revised output reviewed by DH at 10:58 am CT
- QC passed at 11:31 am CT

Section 0: Encounter Summary

- Condition(s): Breast cancer, post-reconstruction issues, thyroid nodules.
- Diagnosis: Breast cancer post-reconstruction with complications.
- Data/Results: Fat grafting to the breast did not take; liquid biopsy to monitor for circulating tumor DNA.
- Decisions: Ms. Jones to follow up with thyroid ultrasound, deep flap pain to be addressed with physical therapy, consideration of further reconstruction options.
- Q&A:
 - Patient asked about the nodules: Provider informed that an ultrasound is necessary.
 - Provider offered information on circulating tumor DNA; patient inquired if it's akin to a liquid biopsy.
- Medications/Products: Discussion of resistance training for osteopenia, potential use of medications if bone density is still low.

Section 1: Speaker Summary

- Total number of speakers: 2 speakers. The conversation primarily involves Dr. Smith, the oncologist (70%), Ms. Jones, the patient (30%).
- Estimate the percentage each person spoke throughout the conversation: Dr. Smith (70%), Ms Jones (30%).
- The tone of Dr. Smith was consultative and supportive. She listens, responds to the patient's concerns, and offers detailed explanations and options.
- Feedback for Dr. Smith: Simplify complex medical jargon when possible to enhance understanding. While her explanations are thorough, ensuring the patient grasps the terminology and implications is crucial.

Section 2: Word/Term Count

Word/Term	Frequency	Context
Grafting	5	Regarding failed fat grafting and options
Pain	4	Discussion about abdominal pain post-surgery
DNA	3	Talking about the circulating tumor DNA assessments



Tissue	3	Various contexts: deep flap, reconstructive surgery
Cancer	3	General cancer-related discussions
Surgery	3	Refers to past and potential future surgeries
Ultrasound	3	Diagnostic imaging for nodule and pelvic checks
Negative	3	Results of tumor DNA test
Biopsy	3	Discussion about liquid biopsy
Insurance	3	Regarding coverage of medical procedures/tests
Exercise	2	As a recommendation for health and bone density
Implant	2	Possible use in reconstruction
Colonoscopy	2	Scheduled upcoming procedure
Monitoring	2	To keep check on the patient's health status
Surveillance	2	Monitoring of tumor DNA or ovaries
Asymmetry	1	Concern about the result of reconstructive procedure

Section 3: Insights and Recommendations (% confidence)

- Increased surveillance for patient's overall health and specific attention to thyroid nodules and bone density (confidence: 90%).
 - The continuing evaluation of the reconstruction options without jeopardizing the healing process, possibly with more non-invasive interventions rather than implants (confidence: 85%).
 - Importance of getting baselines for circulating tumor DNA while covered by insurance, as it's a valuable technology for monitoring (confidence: 80%).
 - Examine potential non-surgical approaches to improve the patient's abdominal pain related to the deep flap surgery (confidence: 70%).
 - Importance of the patient following up with her gynecologist for pelvic surveillance due to the endometrial ablation and not having regular bleeding as a cancer indicator (confidence: 65%).
- The hesitation here is because this was not directly addressed with a firm next step in the conversation.***



- Recommendation for the patient to consider the risk-benefit ratio of additional surgery versus conservative management of reconstruction dissatisfaction (confidence: 60%). Uncertain due to the patient's previous dissatisfaction and the complexity of her case.
- Importance of managing lifestyle factors such as alcohol consumption and physical activity for overall health maintenance (confidence: 60%). ***The low confidence stems from high patients' variability in adherence to lifestyle recommendations.***

Section 4: Questions and Answers

Patient asked: Whether she needs to worry about additional procedures for the breast reconstruction or ovarian surveillance?

Provider responded: Breast procedure might not be beneficial, and suggests yearly ultrasound surveillance for ovarian and uterine health due to ablation.

Patient asked: If she's considered cured after 12 years post-breast cancer treatment?

Provider responded: No definitive cure but suggests continued annual check-ups.

Patient asked: About the liquid biopsy and if insurance would cover it.

Provider responded: They are getting it through a company, and any insurance claim denials will not result in back billing the patient.

Patient asked: What they should be doing for health maintenance.

Provider responded: Keep up with colonoscopies, weight management, and exercise, and have low alcohol consumption.

Patient asked: What to do if results still show osteopenia?

Provider responded: Consider medications or non-medication-based strength training interventions.

Section 5: Action Plan

A: Ideas for further patient/family research:

- Learn about circulating tumor DNA tests, which will be used to monitor cancer recurrence.
 - ***DH comment: interested in understanding differences between ctDNA tests/approaches including circulating tumor cells?***
- Explore non-surgical alternatives to improve aesthetic and physical concerns post-reconstruction (e.g., physical therapy, foundation garments).
- Investigate bone density improvement methods, such as resistance training and possibly medications like osteoporosis drugs.
 - ***DH comment: there are a lot of good treatments out there for osteoporosis we can discuss***



B: Questions to consider asking a provider:

- Can the ovarian and uterine health be adequately monitored through ultrasound, given the history of uterine ablation?
- Are there different approaches or newer techniques for fat grafting that could be effective?
- What is the risk of pursuing additional reconstructive surgery versus conservative management?

C: Decisions/Options to explore:

- Clinical Trials (*TBD*)
- Other Clinics and/or Providers (*TBD*)
- New Therapies/Treatments (*TBD*)
- Other (N/A)

D: Next Steps, including dates:

- Colonoscopy scheduled for April 18th.
- Thyroid ultrasound to check nodules pending.
- Waiting for the circulating tumor DNA assessment results is essential for monitoring.
- Bone density test to be completed and followed up with appropriate measures.
- Consult with a gynecologist for annual surveillance of ovaries and the uterine lining.

Appendix A. Transcript:

[REDACTED]



SAMPLE