

	Discharge Summary – Line 4(a) Treatment – Series 6											
	12-03-2026											
	Aniculăesei Dragoș	1740102070018	M	52	years	173	cm	66	kg	1.78	mp	
DIAGNOSIS 1												
Malignant tumour of the larynx (C32.9) (109) (right vocal cord), cT3, cN0, cM0, Stage III												
Squamous cell carcinoma, NOS – G2 – (80703.0/0)												

Date of diagnosis: 08-08-2022

B (13-09-2022) tumour biopsies of the right vocal cord (Ponderas Hospital)

• **squamous carcinoma (G2); p16 negative.**

R (03-10-2022) – (18-11-2022) **RT 70 Gy/35 fractions**, concomitant with **Cisplatin (d1) q3w** (2 cycles) (Amethyst Vienna)

Disease progression on: 21-11-2023

O (15-05-2024) laryngectomy + reconstruction (Vienna)

• tumour recurrence in the right half of the larynx, with invasion of the left vocal cord – squamous carcinoma (G3). No nodal invasion (rpN0).

Disease progression on: 22-07-2024 – local recurrence

S (04-09-2024) – (16-10-2024) treatment L1(a) (3 cycles) type **Paclitaxel (d1) + Carboplatin (d1) + Pembrolizumab (d1) q3w**

S (11-11-2024) – (30-12-2024) treatment L1(a) type **Cisplatin (d1) + Fluorouracil (d1–4) + Pembrolizumab (d1) q3w**

Death on: 10-02-2025 [Translator's note: I believe there is an error here; the death did not occur; it should have said "progression"]

S (30-04-2025) – (01-08-2025) treatment type **Cisplatin (d1) + Cetuximab (d1) q2w**

S (03-09-2025) – (17-09-2025) treatment type **Cetuximab (d1) q2w**

Disease progression on: 22-09-2025 – local recurrence

R (01-10-2025) – (14-10-2025) **radiotherapy / 10 fractions** (Amethyst Cluj)

S (from 16-10-2025) – (ongoing) treatment with **Afatinib 40 mg qd**

S (from 19-12-2025) – (ongoing) treatment L4(a) type **Docetaxel (d1) + Carboplatin (d1) + Capecitabine (d1–5) + Bevacizumab (d1) q2w**

MRI (14-01-2026) – PR – Tumour infiltration at the level of the neck, from C2 to T1, involving the base of the tongue on the right side, obliterating the airway column, extending up to the superior margin of the tracheostomy defect, creating a large contact surface with the prevertebral space and presenting an indistinct border with the longus colli muscle bilaterally, more prominent on the right side. Infiltrates the hypopharynx and the anterior wall of the distal cervical oesophagus. Dense cystic areas/necrotic spaces with fistulous appearance at skin level, with a maximum axial diameter of 1.6 cm. Current lesion dimensions are approximately 120 × 59 × 30 mm. A decrease in the anteroposterior diameter of the lesion has been observed, together with a reduction of the solid component and an increase in necrotic areas compared to the previous examination.

(02-23) **H** 11.1 **W** 5530 **N** 4750 **L** 330 **P** 149000 **CR** 0.7 **BT** 0.5 **Glu** 110 **TGO** 28 **TGP** 30 **AML** 140 **GGT** 41 **AU** 2.6

(02-28) **H** 12.3 **W** 4460 **N** 3800 **L** 440 **P** 119000 **CR** 0.7 **BT** 0.7 **Glu** 91 **AML** 144 **GGT** 36

(03-09) **H** 10.7 **W** 6370 **N** 5490 **L** 450 **P** 186000 **CR** 0.6 **BT** 0.5 **Glu** 97 **TGO** 33 **TGP** 27 **AML** 121 **GGT** 34 **AU** 2.2

GENERAL INFORMATION

Planned strategy: after cycles 1–6 repeat MRI-G (K)

Personal history: non-significant

Family history: non-significant

Other information: permanent gastrostomy, PORT (right anterior chest wall), non-smoker

Non-oncological medication: —

Oncological medication: Dexamethasone, Granisetron, Docetaxel, Carboplatin, Capecitabine

Clinical: relatively good general condition (ECOG 1 – mild palmar desquamation, cutaneous rash)

TREATMENT						
PREMEDICATION						
Dexamethasone 8 mg + Granisetron 3 mg, diluted in 100 mL normal saline (10-minute infusion)						
ONCOLOGICAL MEDICATION						
Medication	Day	Protocol dose	Administered dose	Dilution	Route of administration	Personal
Docetaxel	1	30 mg/m ²	40 mg (75%)	250 mL normal saline	30-minute infusion	No
Carboplatin	1	AUC 2	150 mg (54%)	250 mL normal saline	30-minute infusion	No
Capecitabine	1–5	2000 mg/m ²	2000 mg (56%)	—	Oral	No

BP 101/77 mmHg HR = 84 bpm SpO₂ = 97%

RECOMMENDATIONS

1. Please specify the radiation dose administered during irradiation in October 2025 (Amethyst Cluj).
2. For contact, please send SMS to 0737877881 or email to Radu.Bercena@IONCO.ro
– do not wait until the next appointment to communicate.
3. Daily administration of **vitamin D3** (or K2) 5000 IU + **Omega-3** (EPA + DHA approximately 1000 mg) + **proteins** (minimum 80 g/day).
4. **Rosuvastatin** 20 mg/day + **Afatinib** 40 mg/day.
5. In case of nausea/vomiting, Granisetron 1 mg is recommended. In case of diarrhoea, **Loperamide (Imodium)**, 1 tablet after each stool.

Translation from the Romanian language

6. Chemotherapy: during 12-03-2026 – 16-03-2026 Capecitabine 2000 mg/day will be administered, i.e. 2×500 mg tablets in the morning and 2×500 mg tablets in the evening (after meals) (total 10 administrations = 20 tablets). At each administration of Capecitabine, Nitroglycerin 10 mg will be associated (i.e. half of a 20 mg tablet).
7. During 13-03-2026 – 14-03-2026, Medrol 32 mg will be administered (in the morning).
8. Return on 26-03-2026, with blood tests (complete blood count) performed on 24-03-2026.

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[stamp, Dr. Berceanu Ion] [illegible signature]

*The undersigned, **Livia Dianu-Buja**, sworn translator and interpreter of English, by virtue of authorization no. 38742/2021, issued by the Ministry of Justice in Romania, I hereby certify the accuracy of the translation from Romanian into English, that the text submitted was translated completely, without omissions, and that, by translation, the content and meaning were not distorted.*

The document whose translation is requested in its entirety is a Discharge Summary for the named Aniculăesei Dragoș and was presented to me in full.

The translation of the submitted was made according to the written request dated 25.03.2026, kept in the archive of the undersigned.

SWORN TRANSLATOR AND INTERPRETER,

Livia Dianu-Buja

