

Clinical & Radiation Oncologists

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Netcare Christiaan Barnard Memorial Hospital
Room 1621, 16th Floor, NCBMH, Cape Town, 8001
PR No. 040 000 0127620

2025/05/27 16:26:42

To whom it may concern,

Re: Patient: Mr DALING, JAN-MARTEN
ID Number: 8305145088089
Medical Aid Scheme: Discovery
Medical Aid No: 255751841
Diagnosis: C37 - Malignant neoplasm of thymus

Mr. Daling, presented in March 2025 after being seen in George, with a two-month history of increasing fatigue, shortness of breath, left-sided chest pain, and left shoulder pain. Initial imaging revealed a large anterior mediastinal mass with associated left pleural effusion, pleural disease, bilateral pulmonary nodules, and left chest wall invasion. A lung biopsy (25/3/2025) confirmed a poorly differentiated carcinoma, with leading differential diagnoses including thymic carcinoma, NUT midline carcinoma, and extragonadal germ cell tumour.

A pericardial window and intercostal drain (ICD) were required due to large-volume effusions (900 mL pericardial, 3 L pleural), followed by admission to the Intensive Care Unit in April 2025.

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Diagnosis:

Metastatic poorly differentiated anterior mediastinal carcinoma, most consistent with thymic carcinoma, with:
Pleural and pulmonary metastases. No hepatic metastases identified (as of April 2025).
High tumour marker burden (beta-HCG initially >70,000 IU/L). PD-L1 expression CPS 80% on tumour tissue.

Current Treatment:

Chemotherapy: Carboplatin + Paclitaxel (initially at 60% dose; adjusted to Paclitaxel 50%, Carboplatin 75%)
Immunotherapy initiated: Pembrolizumab 200 mg every 3 weeks from mid-May 2025
Hyperthermia therapy adjunct (La Porta)
Ongoing oxygen support and symptom-directed care.
Frequent imaging and tumour marker surveillance. He has completed 2 cycles of Carboplatin/Paclitaxel and 1 cycle Keytruda.

Clinical Response:

Tumour markers reduced from 51,000 to 6,962, suggesting partial biochemical response
Subjective improvement in respiratory symptoms. Persisting chemotherapy-induced neuropathy, and B symptoms (notably night sweats). Continues to experience marked fatigue, reduced physical capacity, and reliance on supportive care.

Prognosis:

This is a life-limiting malignant condition with: high disease burden, rapid early progression, metastatic spread and high-grade histology. Despite early response to combination therapy, the long-term prognosis remains guarded, and the patient is considered at risk for

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progression, treatment complications, and ongoing functional impairment.

He will require prolonged therapy and surveillance, and is currently unfit for full-time work or strenuous activity. The potential for permanent disability due to both disease and treatment-related complications (e.g., neuropathy, immunosuppression, cardiopulmonary sequelae) is high.

Mr. Daling is diagnosed with metastatic thymic carcinoma, undergoing intensive systemic therapy. He remains medically unfit for employment and has substantial ongoing care needs. This condition and its treatment confer long-term disability risk and require consideration for income protection, disability, and life insurance claims.

Please feel free to contact me should further clarification be required.

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Yours truly

Dr Carissa Van Aarde

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