

MedLineage organizes information from uploaded medical documents into a structured packet to help prepare for a specialist visit or second opinion. It does not diagnose, does not recommend treatment, and is not a substitute for professional medical judgment. Every item must be verified against the source documents and discussed with a qualified clinician.

SECOND-OPINION PACKET

Colorectal Oncology

Stage III sigmoid adenocarcinoma (pT3 pN1a, R0 margins, node-positive). Second-opinion review of the adjuvant chemotherapy plan, surveillance schedule, and outstanding molecular typing (RAS / BRAF / MSI).

Patient SYN-001 (synthetic case)

SPECIALIST-READINESS

READY FOR REVIEW**88%**

WHY THIS SCORE

This score is good mainly because the uploaded documents do not yet include Molecular testing report (RAS/BRAF/MSI/MMR).

TRIAGE ESTIMATE ~56 min of triage reading saved

Documents: 10 · Date range: 2025-01-30 to 2025-03-15 · Document languages: German, English, Spanish, French, Italian · Packet language: English

Issues listed below are **RECORD-SUPPORTED** problems, not diagnoses.

Every finding is linked to its source document. When the clinical-data layer is enabled, this packet is backed by a versioned Patient Graph and an append-only Provenance Ledger and can be exported as a Data Room archive.

At-a-glance summary

Key information for the specialist on a single page.

Index event

2025-03-10 - Oncology consultation and adjuvant treatment plan - Patient referred for adjuvant chemotherapy planning following laparoscopic sigmoidectomy for Stage III sigmoid adenocarcinoma (pT3 pN1a, R0 margins). Proposed plan: FOLFOX re...

Top findings

- Long-term surveillance plan agreed for Stage III sigmoid adenocarcinoma in adjuvant treatment. Plan covers clinical review, CEA trend, cross-sectional imaging... -> doc-10
- Patient referred for adjuvant chemotherapy planning following laparoscopic sigmoidectomy for Stage III sigmoid adenocarcinoma (pT3 pN1a, R0 margins). Proposed... -> doc-9
- CEA: 2.1 ng/mL [NORMAL] -> doc-8 [med. conf.]

Top missing items

- **[Recommended]** Molecular testing report (RAS/BRAF/MSI/MMR)
Molecular testing report (RAS/BRAF/MSI/MMR) · Recommended for Colorectal Oncology - adds context but is not strictly blocking.
- **[Contextual]** Radiotherapy report

Top questions

[Molecular testing] Has molecular testing (RAS, BRAF, MSI/MMR) been carried out, and can the report be included?

[Unexplained value] What is the clinical interpretation of the flagged Hemoglobin value?

[Unexplained value] What is the clinical interpretation of the flagged WBC value?

Completeness

Records describe a locally advanced colorectal cancer. Documented: Clinical Notes, Colonoscopy report, Discharge Summary, Lab Report, Current medication list, Pathology, CT chest/abdomen/pelvis, Surgical report. Missing: Molecular testing report (RAS/BRAF/MSI/MMR). Most recent record: ~1 year ago.

88% · **Ready for review** · [OK] Ready for specialist review

This score is good mainly because the uploaded documents do not yet include Molecular testing report (RAS/BRAF/MSI/MMR).

RECOMMENDED

- Molecular testing report (RAS/BRAF/MSI/MMR) · Recommended for Colorectal Oncology - adds context but is not strictly blocking.
- Recent imaging · Often included for Colorectal Oncology cases; recommended but not blocking.

USEFUL IF AVAILABLE

- Radiotherapy report · Recommended for Colorectal Oncology - adds context but is not strictly blocking.

Clinical Timeline

January 30, 2025

[Other]

Colonoscopy report - doc-1

Diagnostic colonoscopy report

Complete colonoscopy to caecum with adequate preparation. Vegetative lesion approximately 4 cm in the sigmoid colon; six biopsies taken for histopathological analysis. Remaining colorectal mucosa without relevant abnormalities.

February 05, 2025

[Other]

CT chest/abdomen/pelvis - doc-2

Staging CT chest, abdomen and pelvis with contrast

Staging CT of chest, abdomen and pelvis with IV contrast. Primary 4.2 cm sigmoid mass with peri-tumoral fat stranding and three sub-centimetre pericolic lymph nodes. Solid abdominal organs unremarkable on this study. Lungs: no pulmonary nodule. Bones: no lytic or sclerotic lesion. No distant disease identified on this study.

February 12, 2025

[Pathology]

Pathology - doc-3

Sigmoid colon pathology report

Sigmoid colon adenocarcinoma, moderately differentiated. Pathological stage pT3 pN1a (1 of 12 lymph nodes positive). Surgical margins negative (R0). Lymphovascular invasion present; perineural invasion absent. AJCC/UICC Stage III. NO evidence of distant disease in this specimen. RAS / BRAF / MSI molecular typing requested; report pending.

February 18, 2025

[Laboratory]

Lab Report - doc-4

Pre-operative tumor marker and complete blood count

CEA tumor marker elevated pre-operatively. Mild anaemia. Transaminases within reference range; renal function preserved.; Flagged: CEA 8.4 ng/mL [HIGH], Hemoglobin 11.2 g/dL [LOW]

February 22, 2025	<p>[Surgery] Surgical report - doc-5</p> <p>Operative report - laparoscopic sigmoidectomy Laparoscopic sigmoidectomy with mechanical end-to-end colorectal anastomosis for known Stage III sigmoid adenocarcinoma. Procedure performed according to oncologic principles (high ligation of the inferior mesenteric artery, D3 lymphadenectomy, complete mesosigmoid excision). Uneventful intraoperative course; no acute complications.</p>
February 28, 2025	<p>[Surgery] Discharge Summary - doc-6</p> <p>Surgical discharge summary Discharged following laparoscopic sigmoidectomy for Stage III sigmoid adenocarcinoma. Uneventful post-operative course. Oncology review scheduled within 14 days for adjuvant chemotherapy planning and to review the molecular report when available.</p>
February 28, 2025	<p>[Surgery] Current medication list - doc-7</p> <p>Discharge medication list Active medication list at discharge after sigmoidectomy. Includes multimodal analgesia, thromboprophylaxis and chronic antihypertensive therapy. No systemic oncologic therapy started at this time; adjuvant FOLFOX scheduled separately.</p>
March 08, 2025	<p>[Laboratory] Lab Report - doc-8</p> <p>Post-operative tumor marker and complete blood count Post-operative CEA value markedly down-trending versus the pre-operative result; within reference range. Mild persistent anaemia; iron status unremarkable.; Flagged: Hemoglobin 11.6 g/dL [LOW]</p>
March 10, 2025	<p>[Surgery] INDEX EVENT Clinical Notes - doc-9</p> <p>Oncology consultation and adjuvant treatment plan Patient referred for adjuvant chemotherapy planning following laparoscopic sigmoidectomy for Stage III sigmoid adenocarcinoma (pT3 pN1a, R0 margins). Proposed plan: FOLFOX regimen for 6 months, pending the molecular typing result (RAS / BRAF / MSI) which is still outstanding. No indication for adjuvant radiotherapy in this presentation.</p>
March 15, 2025	<p>[Follow-up] Clinical Notes - doc-10</p> <p>Oncology surveillance plan Long-term surveillance plan agreed for Stage III sigmoid adenocarcinoma in adjuvant treatment. Plan covers clinical review, CEA trend, cross-sectional imaging schedule, surveillance colonoscopy interval, and re-evaluation triggers. No molecular-testing-driven adjustments included at this time as the molecular report (RAS / BRAF / MSI) is still pending.</p>

Record-supported Issues

CEA previously flagged abnormal, normalized in later reports [doc-4 doc-8]

Evidence: Documented values: 2025-02-18: 8.4 ng/mL [HIGH] -> 2025-03-08: 2.1 ng/mL [NORMAL]

Imaging/pathology finding documented [doc-3]

Evidence: Sigmoid colon adenocarcinoma, moderately differentiated. Pathological stage pT3 pN1a (1 of 12 lymph nodes positive). Surgical margins negative (R0). Lymphovascular invasion present; perineural invasion...

Persistently flagged Hemoglobin across reports [doc-4 doc-8]

Evidence: Documented values: 2025-02-18: 11.2 g/dL [LOW] -> 2025-03-08: 11.6 g/dL [LOW]

Key Findings

Laboratory

CEA: 8.4 ng/mL [HIGH] [doc-4] [med. conf.]
From Pre-operative tumor marker and complete blood count (2025-02-18)

Hemoglobin: 11.2 g/dL [LOW] [doc-4] [high conf.]
From Pre-operative tumor marker and complete blood count (2025-02-18)
Anemia or polycythemia signal; review with iron studies and prior CBC.

Hemoglobin: 11.6 g/dL [LOW] [doc-8] [med. conf.]
From Post-operative tumor marker and complete blood count (2025-03-08)
Anemia or polycythemia signal; review with iron studies and prior CBC.

WBC: $7.2 \times 10^9/L$ [NORMAL] [doc-4] [med. conf.]
From Pre-operative tumor marker and complete blood count (2025-02-18)
Not specific to this specialty; review in clinical context.

Platelets: $284 \times 10^9/L$ [NORMAL] [doc-4] [med. conf.]
From Pre-operative tumor marker and complete blood count (2025-02-18)
Not specific to this specialty; review in clinical context.

CEA: 2.1 ng/mL [NORMAL] [doc-8] [med. conf.]
From Post-operative tumor marker and complete blood count (2025-03-08)

WBC: $6.8 \times 10^9/L$ [NORMAL] [doc-8] [med. conf.]
From Post-operative tumor marker and complete blood count (2025-03-08)
Not specific to this specialty; review in clinical context.

Platelets: $298 \times 10^9/L$ [NORMAL] [doc-8] [med. conf.]
From Post-operative tumor marker and complete blood count (2025-03-08)
Not specific to this specialty; review in clinical context.

Pathology

Sigmoid colon adenocarcinoma, moderately differentiated. Pathological stage pT3 pN1a (1 of 12 lymph nodes positive). Surgical margins negative (R0). Lymphovascular invasion present; perineural invasion [doc-3]
Sigmoid colon pathology report (2025-02-12)

Discharge Summary

Discharged following laparoscopic sigmoidectomy for Stage III sigmoid adenocarcinoma. Uneventful post-operative course. Oncology review scheduled within 14 days for adjuvant chemotherapy planning and [doc-6]
Surgical discharge summary (2025-02-28)

Clinical Notes

Patient referred for adjuvant chemotherapy planning following laparoscopic sigmoidectomy for Stage III sigmoid adenocarcinoma (pT3 pN1a, R0 margins). Proposed plan: FOLFOX regimen for 6 months, pending [doc-9]
Oncology consultation and adjuvant treatment plan (2025-03-10)

Long-term surveillance plan agreed for Stage III sigmoid adenocarcinoma in adjuvant treatment. Plan covers clinical review, CEA trend, cross-sectional imaging schedule, surveillance colonoscopy interv [doc-10]
Oncology surveillance plan (2025-03-15)

What Changed Over Time

[Biomarker trend] A tumour-marker value changes across the uploaded records.

8.4 ng/mL [HIGH] -> 2.1 ng/mL [NORMAL]

[doc-4] [doc-8]

Detected from uploaded records

Hemoglobin [doc-4 doc-8]

Hemoglobin remained stable across the available reports.

Significance: Medium - Confidence: Medium

2025-02-18: 11.2 g/dL [LOW] / 2025-03-08: 11.6 g/dL [LOW]

WBC [doc-4 doc-8]

WBC shows a decrease across the available reports.

Significance: Medium - Confidence: Medium

2025-02-18: 7.2 x10⁹/L [NORMAL] / 2025-03-08: 6.8 x10⁹/L [NORMAL]

ALT [doc-4 doc-8]

ALT shows a decrease across the available reports.

Significance: Medium - Confidence: Medium

2025-02-18: 28 U/L [NORMAL] / 2025-03-08: 26 U/L [NORMAL]

AST [doc-4 doc-8]

AST shows a decrease across the available reports.

Significance: Medium - Confidence: Medium

2025-02-18: 24 U/L [NORMAL] / 2025-03-08: 22 U/L [NORMAL]

Questions for the Specialist

1. [Molecular testing] Has molecular testing (RAS, BRAF, MSI/MMR) been carried out, and can the report be included?

-> *Molecular testing report (RAS/BRAF/MSI/MMR) - not found in uploaded documents*

2. [Unexplained value] What is the clinical interpretation of the flagged Hemoglobin value?

-> *Hemoglobin - flagged value detected in the records*

3. [Unexplained value] What is the clinical interpretation of the flagged WBC value?

-> *WBC - flagged value detected in the records*

Provenance Appendix

ID	Source	Date	Type
doc-1	Diagnostic colonoscopy report 01_colonoscopy_es.pdf Source excerpt (original language) SYNTHETIC CASE (not real patient data). Complete colonoscopy to caecum with adequate preparation. Vegetative lesion approximately 4 cm in the sigmoid colon; si...	January 30, 2025	Colonoscopy report

doc-2	Staging CT chest, abdomen and pelvis with contrast 03_staging_ct_en.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Staging CT of chest, abdomen and pelvis with IV contrast. Primary 4.2 cm sigmoid mass with peri-tumoral fat stranding a...</i>	February 05, 2025	CT chest/abdomen/pelvis
doc-3	Sigmoid colon pathology report 02_pathology_it.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Sigmoid colon adenocarcinoma, moderately differentiated. Pathological stage pT3 pN1a (1 of 12 lymph nodes positive). Su...</i>	February 12, 2025	Pathology
doc-4	Pre-operative tumor marker and complete blood count 07_labs_preop_it.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). CEA tumor marker elevated pre-operatively. Mild anaemia. Transaminases within reference range; renal function preserved.</i>	February 18, 2025	Lab Report
doc-5	Operative report - laparoscopic sigmoidectomy 04_surgical_report_it.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Laparoscopic sigmoidectomy with mechanical end-to-end colorectal anastomosis for known Stage III sigmoid adenocarcinoma...</i>	February 22, 2025	Surgical report
doc-6	Surgical discharge summary 05_discharge_summary_it.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Discharged following laparoscopic sigmoidectomy for Stage III sigmoid adenocarcinoma. Uneventful post-operative course....</i>	February 28, 2025	Discharge Summary
doc-7	Discharge medication list 09_medication_list_it.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Active medication list at discharge after sigmoidectomy. Includes multimodal analgesia, thromboprophylaxis and chronic...</i>	February 28, 2025	Current medication list
doc-8	Post-operative tumor marker and complete blood count 08_labs_postop_de.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Post-operative CEA value markedly down-trending versus the pre-operative result; within reference range. Mild persisten...</i>	March 08, 2025	Lab Report
doc-9	Oncology consultation and adjuvant treatment plan 06_oncology_plan_fr.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Patient referred for adjuvant chemotherapy planning following laparoscopic sigmoidectomy for Stage III sigmoid adenocar...</i>	March 10, 2025	Clinical Notes
doc-10	Oncology surveillance plan 10_followup_plan_en.pdf Source excerpt (original language) <i>SYNTHETIC CASE (not real patient data). Long-term surveillance plan agreed for Stage III sigmoid adenocarcinoma in adjuvant treatment. Plan covers clinical rev...</i>	March 15, 2025	Clinical Notes

Clinician Review and Sign-off

To be completed by the reviewing specialist.

I have reviewed this second-opinion packet.

Additional records requested (noted below).

Additional records requested:

Notes

Visit date

Specialist (name / signature)
