JAMES BUCHANAN BRADY UROLOGICAL INSTITUTE
THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF MEDICINE

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To Whom It May Concern:

I had the pleasure of taking care of Mr. Nicosur Daniel Constantinescu here at the Johns Hopkins Hospital. As you may already know he was diagnosed with aggressive prostate cancer that was locally advanced and invading the seminal vesicles in addition to being Gleason 9 in grade. After a discussion of risks, benefits, and alternatives he underwent a Da Vinci SI robotic-assisted radical prostatectomy with pelvic lymphadenectomy on April 12, 2014. During this operation the prostate, seminal vesicles, and pelvic lymph nodes were removed. The result confirmed an aggressive form of prostate cancer in this young patient.

Initially, the patient did well but unfortunately he suffered from a vesico-urethral anastamotic leak in addition to a lymphocele requiring the prolonged placement of two catheters. The foley catheter was finally removed on May 15 and the abdominal (lymphocele) catheter is still in place awaiting resolution of the lymph leak. As expected the patient is now dealing with urinary incontinence which is common following radical prostatectomy and can have an unpredictable recovery course. Most men will regain their urinary control at 6months following surgery while some take a longer time. Unfortunately, a few patients will never regain full urinary control. Mr. Constantinescu was hospitalized for the surgery in April and was re-admitted to the hospital twice requiring abdominal drain placement after imaging (CT scan) confirmed a lymphocele formation as mentioned above. He has also received antibiotics for an infection and required intense medical care perioperatively. The abdominal catheter was placed on May 3, 2014 and the plan for this is to remove it when the drainage is less than 50ml per 24 hours. At this point the drainage is approximately 100ml in 24 hours.

Given his aggressive pathology, it is recommended that the patient undergo radiation therapy. Due to the fact that he still has this abdominal catheter, an appointment with Dr. Danny Song in radiation oncology was cancelled since he cannot have radiation while this catheter is still in place. It is also recommended that he wait a period of time prior to radiation therapy to allow healing of his tissues before exposure to radiation. It is also expected that Dr. Song will recommend hormonal deprivation therapy (medical castration) for 2 years as additional treatment for this aggressive cancer. As soon as the catheter is removed we will arrange an appointment for him with Dr. Song to initiate plans for radiation therapy. Radiation treatment generally is intense and will take about 6-8 weeks to conclude following catheter removal.

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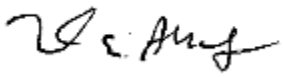
An interruption of Mr. Constantinescu's medical care at this point would highly compromise his state of health and may nullify the progress he has had recently in terms of his recovery and oncologic condition. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



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