4baseCare
Together, We Beat Cancer

Genomic Test Enrollment and Informed Consent*

*Please fill in BLOCK letters only

Test Name: Can Sight (MRD) Minimal Disease Monitoring

PDL-1: YES ☐ NO ☐ | If applicable, choose the clone:- Ventana ☐ SP142 ☐ SP263 | Dako ☐ 22C3

SPECIMEN DETAILS

Specimen Type and Nos. :

	Type -	FFPE	Blood	Slides	Tissue in RNA later	Formalin Fixed Tissue
	No. -		*			

Collection Date 30/07/2025 | Specimen Block ID

PATIENT INFORMATION

First Name: Mrs. Chathuri Prabodika Creasy | Middle Name | Last Name

DOB/Age 46Y/F

Gender FEMALE

Height

Weight (kg)

Address

Aadhaar Number/Health ID

Contact Number | Email ID

Primary Cancer Site | Cancer Stage | Date of First Diagnosis

CAREGIVER INFORMATION

Name | Contact No.

Relationship with the Patient | Email ID

DOCTOR INFORMATION

Name Dr. Mahendra Perera | Contact No.

Email ID mahenp3@gmail.com | Alternative Email ID veranjaaegleomics@gmail.com

Hospital/Clinic Name and Location Aegle Omics Pvt Ltd Sri Lanka

Hospital/Clinic Patient ID

Signing this consent form, allows us to automatically enroll you in the OncoBuddy Platform

THE 4BASECARE WORKFLOW SOLUTION USED TO GENERATE THE TEST REPORT HAS NOT BEEN APPROVED BY ANY REGULATORY AUTHORITY OR MEDICAL AUTHORITY. 4BASECARE GENERATED INFORMATION IS ADJUNCTIVE INFORMATION TO PHYSICIANS AND MOLECULAR TUMOR BOARDS. 4BASECARE DOES NOT ASSURE OR GUARANTEE THE SUCCESS OF ANY THERAPEUTIC OPTION IDENTIFIED IN THE TEST. THE USER OF OUR TEST REPORT REMAINS RESPONSIBLE FOR THE CONDUCT OF PATIENT CARE AND FOR EVALUATING THE CLINICAL RELEVANCE OF INFORMATION PROVIDED. 4BASECARE IS NOT AN ENTITY LICENSED TO PRACTICE MEDICINE OR CLINICAL ACTIVITY AND THE REPORT GENERATED BY 4BASECARE DOES NOT AMOUNT TO, OR SUBSTITUTE, QUALIFIED PROFESSIONAL MEDICAL ADVICE.

DECLARATION:

I represent and warrant that I have the right, authority and capacity to consent to testing and I am at least 18 years old.

In case you have not completed 18 years of age on the date of signing of this consent form, your legal guardian will consent to your enrollment and all the clauses mentioned herein, shall be applicable to your guardian.

In addition, I represent and warrant that (1) all information that I have submitted or that is submitted on my behalf is complete, accurate and truthful, and

(2) in the event that I have allowed a third party to assist me in providing any information, I have reviewed and confirmed that all such information is complete, accurate and truthful prior to its submission to 4baseCare.

I HAVE READ OR HAVE HAD READ TO ME AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE PURPOSE, PROCEDURE, RISKS, BENEFITS AND LIMITATIONS OF ENROLLING TO THE ONCOBUDDY PLATFORM & SERVICES. I HAVE DECIDED TO ENROLL TO THE ONCOBUDDY PLATFORM AND SERVICES and to be bound by the terms of this Consent and any policies referenced herein.

☐ I am 18 years and above ☐ I am below 18 years

I am the Patient	I am the patient's Guardian	I am the patient's Care Giver
Name: Mrs.Chathuri Prabodika Creasy	Name:	Name:
Signature:	Signature:	Signature:

Date: DD/MM/YYYY

CONSULTING DOCTOR DECLARATION:

I hereby declare that the patient OR the legal guardian of the patient has given the consent willingly and have been explained about the services offered along with the terms and conditions of the services under OncoBuddy Platform.

Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Name: Dr. Mahendra Perera Signature: Date: DD/MM/YYYY

4baseCare
Together, We Beat Cancer

For any further information on 4baseCare Solutions and Services, please contact:

+91 636-684-3415 info@4basecare.com 4basecare.com

4baseCare (Genomics Tarang ODC), SJP2-S1-1F- C wing, Wipro Limited, SEZ, Sarjapur 2, Sy.No.69(P), Doddakannelli, Sarjapura Road, Bengaluru 560035, KA, India

CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.

Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
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HISTOPATHOLOGY

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UHID	: 110242922	
REFERENCE No.	: 01 4119 09/02/25	
SAMPLE DATE & TIME	: 09/02/2025 18:13	IP No. : AHL0357068
REPORT DATE & TIME	: 25/02/2025 06:51	AGE : 46 Y/F 13/09/
PATIENT	: MRS. C.P. CREASY [ROOM NO.102A]	AHH2099920 / AHL2011230
REFERRED BY	: DR. CHINTHANA HAPUACHCHIGE	

TEST : HISTOPATHOLOGY REPORT

Clinical history :- Carcinoma of the right ovary.

Specimen :- A. Uterus, both ovaries and tubes

B. Omentum

Macroscopy :- A. Specimen consists of

1. a moderately enlarged uterus with attached bulky cervix, right fallopian tube, cystic right ovarian mass (partially collapsed) and left adnexal tissue. Uterus with cervix measures 100 x 65 x 65mm. measuring 40 x 25 x 20mm. Cystic right ovarian mass measures 160 x 130 x 90mm. No capsular breaches seen.
   Attached right tube measures 110 x 10mm.
   Cut surface of the uterus shows a thickened endometrium (5mm) and a thickened myometrium (35mm).
   Cut surface of the right ovarian mass shows a multilocular cyst with solid areas and papillary projections. Solid areas amounts to 30%. The loculi are filled with gelatinous material.

2. Separate left ovarian cyst with attached fimbrial end of the left tube measuring 55 x 30 x 30mm.
   Inner wall contains nodular and capillary projections.
   Separate piece of left tube measures 7 x 10mm.

B. A mass of omental tissue measuring 370 x 70 x 5mm.
No macroscopic tumour deposits seen.

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HISTOPATHOLOGY

UHID : 110242922
REFERENCE No. : 01 4119 09/02/25 IP No. : AHL035/068
SAMPLE DATE & TIME : 09/02/2025 18:13 AGE : 46 Y/F 13/09/197
REPORT DATE & TIME : 25/02/2025 06:51 AHH2099920 / AHL2011230
PATIENT : MRS. C.P. CREASY [ROOM NO.102A]
REFERRED BY : DR. CHINTHANA HAPUACHCHIGE

Microscopy :- A. Sections of the right ovarian mass show a clear cell carcinoma with cystic, solid and papillary areas.
The tumour cells are large and polygonal with a clear cytoplasm. The nuclei are enlarged, markedly pleomorphic and vesicular with prominent nucleoli.
The mitotic activity is brisk. Large areas of tumour necrosis are noted.
Ovarian tissue at the periphery and para ovarian tissue contain multiple foci of endometriosis with endometriotic cysts. The tumour is adherent to the uterine wall with endometriotic foci inbetween.
No capsular breaches are seen.
Separately sent left ovary also shows involvement by the clear cell carcinoma with cystic and solid areas.
Rest of the ovary contains foci of endometriosis.
Both fallopian tubes are free of tumour involvement.
Sections of the uterus show atypical hyperplasia of the endometrium with focal squamous morules.
The myometrium contains multiple foci of adenomyosis with similar hyperplastic changes.
No myometrial invasion is seen in the sections examined
A small leiomyoma is also noted.
(further sampling will be done to exclude an invasive carcinoma.
The cervix appears unremarkable.
Bilateral parametrial tissue and paratubal tissue contain multiple foci of endometriosis.

B. Omental tissue shows focal haemorrhages, vascular engorgement and hyperplasia of mesothelial cells.
No tumour deposits are seen.

Conclusion :- Appearances are consistent with a clear cell carcinoma of both ovaries in a background of endometriosis.
The larger right ovarian tumour measures 160 x 130 x 90mm.

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PATIENT : MRS. C.P. CREASY [ROOM NO.102A]
REFERRED BY : DR. CHINTHANA HAPUACHCHIGE

IP No. : AHL0357068
AGE : 46 Y/F 13/09/1978

Smaller left ovarian tumour measures 40 x 25 x 20mm.
No capsular breaches are seen.
Lympho-vascular tumour emboli are not seen.
Both fallopian tubes are free of tumour involvement.
The uterus shows atypical endometrial hyperplasia and adenomyosis.
Cervix appears unremarkable.
Bilateral parametrial and paratubal tissue contain foci of endometriosis.
Omentum is free of tumour deposits.
An addendum report will follow after further sampling of the uterus.

RGH - 269 (S.C.T. 09/02/2025 at 5 pm)

DR. RENUKA GOONESINGHE
MBBS (Col), D.Path, MD (Histopath)
Consultant Histopathologist

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1
Ayer cf.

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HISTOPATHOLOGY

UHID	: 110242922	
REFERENCE No.	: 01 4119 09/02/25	IP No. : AHL0357068
SAMPLE DATE & TIME	: 09/02/2025 18:13	AGE : 46 Y/F 13/09/197
REPORT DATE & TIME	: 06/03/2025 12:52	AHH2299985 / AHL2011230
PATIENT	: MRS. C.P. CREASY [ROOM NO.102A]	
REFERRED BY	: DR. CHINTHANA HAPUACHCHIGE	

Addendum report

Specimen : Uterus

Microscopy : The endometrium was extensively sampled.
Sections reveal atypical endometrium hyperplasia.
No invasive malignancy is seen.

RGH - 269 (S.C.T. 09/02/2025 at 5 pm)

DR. RENUKA GOONESINGHE
MBBS (Col), D.Path, MD (Histopath)
Consultant Histopathologist

LANKA HOSPITALS

RADIOLOGY ULTRA SOUND

සුවයක් සැලසේ • CARING CURING • பராமரித்தல் குணமாக்கல்

UHID	: LHSP.0002509633	Order Date	: 08-Feb-2025 09:54
Name	: Mrs. CHATHURI	Report Date	: 8-Feb-2025 11:15 am
Age/gender	: 46 Year(s) / Female	Bill NO\OrderNO	: CS25521551
Prescribed DR	: Dr Lanka Hospital Doctor	Room	:
IPNO	:	NIC	:

Report

ULTRA SOUND SCAN OF THE ABDOMEN & PELVIS

There is a large septated cyst with echogenic solid components filling of the whole abdmino pelvic cavity measuring more than 20cm.
There are foci of increased vascularity within the sepate and solid areas. Uterus is separately seen with no SOL. ET 9.5mm.
Both ovaries are not separately identified.

There is no significant ascites

Liver is normal in size. Echo pattern and echogenicity are normal. No focal lesions are seen.
No duct dilatations. Surface is smooth.

Gall bladder is normal outline. No calculi are seen within the gall bladder.
Pancreas is normal size and texture. No calcifications or duct dilatation.
Spleen is not enlarged.

Kidneys are normal size, position and smooth outline.
Cortico-medullary demarcation are clear. No renal mass.
No renal calculi.
There is right hydronephrosis with AP diameter pelvis measuring 1.5cm.
No hydronephrosis or hydroureter in the left side.
Right kidney BPL - 11.5cm Left kidney BPL – 11.1cm

No obvious para aortic lymphadenopathy.

Bladder is altered contour. No calculi or mass lesion.

IMPRESSION:
Appearances is suggestive of a large complex cyst filling up the abdominal pelvic cavity causing compression of right ureter. This is suspicious of malignant ovarian cyst.
Suggest CT chest and abdomen, CA 125 levels and histology.

.....
Dr. (Mrs.) Udithha Kodithuwakku
Consultant Radiologist
nm

(Mrs.) Udithha Kodithuwakku
MBBS,MD, (
Consultant

Department of Nuclear Medicine

Whole body PET-CT Report

Name :Mrs.C.P.Creasy Age/Sex:46Y/F Ref. No : RC00015893

Referred By:Dr.Shama Goonatillake PET CT No:172/25 Date: 05.03.2025

Whole body F-18 Fluorodeoxyglucose (FDG) PET CT imaging was performed from the vertex to mid-thigh 60 minutes following intravenous administration of 5.96 mCi of F18 FDG using GE Optima 560 dedicated 8 slice/sec PET-CT system without breath holding instruction. Intravenous contrast enhanced CT scan was performed for anatomical localization and attenuation correction. The images were reviewed in axial, coronal and sagittal projections. A semi quantitative analysis of FDG uptake was performed by calculating SUV max value corrected for dose administered and patient body weight. The blood sugar level was 95 mg/dl at the time of injection of tracer.

Clinical history & Indication: Known patient with clear cell carcinoma of the ovaries bilaterally undergone TAH, BSO and omentectomy on 09.02.2025. PET CT scan being done for staging.

FINDINGS

Head and Neck

No FDG avid or non FDG avid focal parenchymal lesions are identified in the cerebral or cerebellar hemispheres or in the brain stem, which maintain it's normal CT morphology, attenuation characteristics and normal distribution of metabolic activity. The ventricular system, basal cisterns and cortical sulci are within normal limits. There are no areas of infarctions, intra axial or extra axial mass lesions. No metabolic abnormality is detected in the skull vault or base.

Non FGD avid minimal mucoperiosteal thickening with no retention cysts or fluid levels are observed in the maxillary sinuses bilaterally. No mucoperiosteal thickening, fluid level or retention cysts are present in rest of the paranasal sinuses which are clear bilaterally.

Mild degree of increase FGD avidity is observed in bilateral lingual and palatine tonsils which are physiological.

Bilateral asymmetrical increase FDG uptake in the mylohyoid muscles are probably due to muscle contractions.

The pharynx, larynx and para pharyngeal spaces maintain it's normal CT morphology and otherwise normal distribution of metabolic activity.

The orbits, globes, optic nerves and extra ocular muscles maintain it's normal CT morphology and normal distribution of metabolic activity.

Few prominent non FDG avid lymphnodes with preservation of it's normal fatty hila are observed in the upper neck bilaterally and are more in favour of reactive hyperplasia. Relatively larger lymphnodes in the right and left sided level 1A groups measure 5.4mm and 4.1mm in diameters respectively. Relatively larger lymphnodes in the right and left sided level 1B groups measure 8.7mm and 8.4mm in diameters respectively. Relatively larger lymphnodes in the right and left sided level 2A groups measure 7.7mm and 6.9mm in diameters respectively.

No prominent, enlarged or FDG avid lymphnodes are identified in rest of the neck or supraclavicular region.

No FDG avid or non FDG avid focal lesions are identified in the bilateral parotid or submandibular glands which maintain it's normal size, shape, attenuation pattern and normal distribution of metabolic activity.

A small non FDG avid low attenuated nodule measuring 4.0mm in diameter is identified in the interpolar region of the right lobe of the thyroid gland. No similar nodules or other focal parenchymal lesions are identified in rest of the thyroid gland which maintains it's normal size, shape, attenuation pattern and normal distribution of metabolic activity.

Chest:

No FDG avid or non FDG avid mass lesions or abnormal calcifications are identified in the breasts.

No prominent or enlarged or FDG avid lymphnodes are identified in the axillary, subpectoral, internal mammary or mediastinal groups or in the hila. Great vessels of the mediastinum are within normal limits and mediastinal blood pool shows SUV max of 1.96.

No suspicious or FDG avid focal parenchymal nodules, areas of collapse or consolidations are identified in the lungs which are clear bilaterally. No bronchial dilatation is evident.

There is no pleural effusion or pericardial effusion.

Abdomen and Pelvis

No FDG avid or non FDG avid focal lesions are identified in the liver which is not enlarged, maintains it's smooth regular contour, normal uniform parenchymal attenuation pattern and normal distribution of metabolic activity (SUV max of 2.76). Intrahepatic and extra hepatic ducts are not dilated. Portal venous and hepatic venous radicles are within normal limits. Main portal vein is normal in caliber and no filling defects are present within. Gall bladder maintains it's normal distensibility and mural thickness. No calculi are present within it.

No FDG avid or non FDG avid lesions are identified in the pancreas, spleen or adrenals, which maintain it's normal CT morphology, attenuation characteristics and normal distribution of metabolic activity.

No FDG avid or non FDG avid focal lesions are identified in the kidneys which maintain it's normal size, shape, smooth regular contour, normal concentration of contrast and normal distribution of metabolic activity. There is mild to moderate degree of dilatation of the right pelvicalyceal system and the ureter upto upper pelvis, to the level of lower border of S1 segment. No definite FDG avid or non FDG avid mass lesions, enlarged lymphnodes or fluid collections are identified at this site. Right ureter distal to this level could not be identified. Left pelvicalyceal system and the ureter are within normal limits. No parenchymal calcifications or calculi are identified in the kidneys or collecting systems. Urinary bladder is partially filed.

Uterus and ovaries are surgically absent. There are few mild to moderate degree of FDG avid prominent lymphnodes in the internal iliac groups bilaterally, largest is in right side measuring 9.3mm in diameter with SUV max of 4.87. Relatively larger lymphnode in left internal iliac group measures 7.4mm in diameters with SUV max of 2.74.

No prominent, enlarged or FDG avid lymphnodes are identified in the para aortic, para caval, mesenteric or rest of the iliac groups.

Post surgical changes are observed in the lower anterior abdominal wall. No FDG avid or non FDG avid mass lesions are identified in the abdomen or pelvis. No localized fluid collection or free peritoneal fluid is present.

Normal distribution of the tracer in the small and large bowel are observed.

Few prominent and enlarged non FDG avid lymphnodes with preservation of it's normal fatty hila are identified in the inguinal groups bilaterally and are most likely representing reactive hyperplasia. Largest lymphnode is in the left inguinal group measuring 1.48cm in diameter and relatively larger lymphnode in the right inguinal group measures 1.23cm in diameter.

Musculoskeletal & Miscellaneous

No sclerotic or lytic lesions or FDG avid osseous lesions are identified in the scanned region.

IMPRESSION

Few mild to moderate degree of FDG avid prominent lymphnodes in the internal iliac groups bilaterally, are suggestive of hypermetabolic regional metastatic adenopathy of known ovarian carcinoma.

No hypermetabolic lymphnodes are identified in rest of the scan region.

There is no pulmonary metastases, hypermetabolic hepatic or osseous metastases.

Obstruction of distal right ureter in the upper pelvis at the level of lower border of S1 segment. No definite mass lesions or enlarged lymphnodes are identified at this level but, few prominent right internal iliac lymphnodes are identified inferior to this level.

Dr. S. H. Munasinghe
Consultant Radiologist

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PATIENT	: MRS. C.P. CREASY [ROOM NO.102A]	
REFERRED BY	: DR. CHINTHANA HAPUACHCHIGE	

TEST : CYTOLOGY

Specimen : Peritoneal fluid.

Macroscopy : 8ml of straw colour fluid.

Microscopy : Smears and the cell block reveal amorphous fluid, numerous reactive mesothelial cells and lymphocytes. No malignant cells are seen.

RG
(S.C.T - 09/02/2025 at 05.00 pm)

DR. RENUKA GOONESINGHE
MBBS (Col), D.Path, MD (Histopath)
Consultant Histopathologist

Dr. Mahendra Perera
MBBS (Cey), MD (Col) Dip RT
Consultant in Clinical Oncology & Radiotherapy
Dr. Neville Fernando Teaching Hospital
Malabe

Dr. Neville Fernando
Teaching Hospital

NH 01

93478

DIAGNOSIS CARD

NAME	: Ms. CHATHURI	AGE	: 46 SEX Female
BHT NO	: 25L01283DS	CONSULTANT	: Dr. Mahendra Perera
DATE OF ADMISSION	: 11-March-2025	DATE OF DISCHARGE	: 11-March-2025

CLEAR CELL CARCINOMA

Chemotherapy - 01

IV.Piriton 1/2 vial stat
IV.Hydrocortisone 200mg stat
Bevacizumab 600mg + 1 pint cool N/S over 1 hour

IV.Ondensetron 8mg stat
O.Arepitant 120mg - day 1

IV.Paclitaxel 300mg + 300mg Dextrose over 4 hours
IV.Carboplatin 450mg + Dextrose 1 pint over 2 hours
Flush with 100cc

Discharge with
O.Emiset 4mg bd x 2 days
O.Aprepitant 80mg Day 2,3
O.Pantodac 40mg daily x 2 days

Review by Dr.Mahendra Perera (Orthopedic Consultant) in 01.04.2025 with FBS, S.Cr

ASIRI HOSPITAL HOLDINGS PLC
181, KIRULA ROAD, COLOMBO 05.

DIAGNOSIS CARD

OHID - 1102424
BHT No. 357068
RM No. 102

Name : MRS. C.P. Creasy

D.O.B.: 46Y

Date of Admission : 09/02/2025

Address : NO 12, 1st Cross L
Borupana, Rathmalana

Dr. : Chinthana Hapuach

Date of Discharge : 10.02.2025

0773.8824

DR. CHINTHANA HAPUACHCHIGE
MBBS MD(Obst&Gyn) FRCOG
Consultant Gynaecological Oncological Surgeon
SLMC No. 17244
MRCOG 1560

Total Abdominal Hysterectomy + B/O.
+ Omentectomy.

i (R) Complex cyst.
IADR . 65.2.

Dr. C. Hapuachchige
09.02.2025

Dh. UAN. Abd normal. No Ascitic fluid..

(R) large complex cyst ? chocolate cyst Adh to uterus

Sacral ligament. (R) Ovary Small Chocolate Cyst
Adh to POD.

Ut. bulky.
POD normal.

C.
B/L ureters. ✓.

TAH + B/S + Omentectomy done. (L) Ovarian cyst delivered with
Peritoneal fluid for Malignant cells. spillage.
C.
+ Complete cytoreduction done.

(GK)

Stage IC.

DR. CHINTHANA HAPUACHCHIGE
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Consultant Gynaecological Oncological Surgeon
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MRCOG 15903