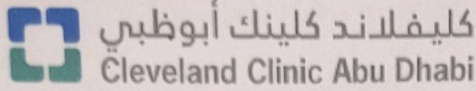


Letter by Irfan Shafiq, MD on 20/6/2021



Brought to you by Mubadala

Date: 20/06/21

Re:

Patient : Nada Mohamed Mohamed Ahmed Hassan Saad

Date of Birth: 9/1/2000

Patient had her first appointment at CCAD via video on 16/6/2021 and the report below is based on information gathered during that encounter.

MEDICAL REPORT

To Whom It May Concern:

Nada Mohamed Mohamed Ahmed Hassan Saad is a 21-year-old lady who is known to have cystic fibrosis with severe lung disease. She has home oxygen which she uses overnight and while walking. During the last 2 years she had several hospital admissions for intravenous antibiotics and is known to have Pseudomonas colonization in the lung. She is on long-term azithromycin and also uses colistin nebulization but not regularly. For mucociliary clearance she uses hypertonic saline and Pulmozyme nebs. She is F508 - W1282X heterozygote and the consultation was arranged mainly to see if she can start Trikafta and if that will benefit her. She has CF related diabetes as well and is on insulin. She reports good blood sugar control. Also has history of CF related liver disease and is on ursodeoxycholic acid. She takes Creon regularly for pancreatic insufficiency along with fat-soluble vitamins. She reports good compliance with medications. Her weight has gradually declined over the last 3 years and her current BMI is 15. Summary of her current clinical problems and medications is as below.

- Cystic fibrosis with pulmonary manifestations
- F508 - W1282X heterozygote
- Has Oxygen at home
- Pseudomonas colonization
- CF related liver disease
- CF related diabetes
- Pancreatic insufficiency
- Malnutrition - BMI 15

Current Outpatient Medications:

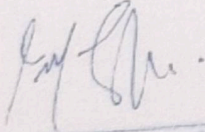
- dornase alfa 1 mg/mL solution for inhalation, Inhale 2.5 mg by nebulizer once a day., Disp: , Rfl:
- pancreatic enzymes (CREON 10,000 UNITS) 10,000-600 -8,000 unit capsule, Take 1 capsule by mouth with breakfast, with lunch and with dinner., Disp: , Rfl:
- sodium chloride 7 % nebulization, Inhale 4 mL by nebulizer in the morning and in the evening., Disp: , Rfl:

- ipratropium-salbutamoL (COMBIVENT) 0.5-2.5 mg/2.5 mL nebulizer solution, Inhale 2.5 mL by nebulizer in the morning, at noon, in the evening and at bedtime., Disp: , Rfl:
- insulin NPH-regular human insulin 100 unit/mL (70-30) SubQ, Inject under the skin before breakfast and before dinner., Disp: , Rfl:
- mv. min cmb#51/FA/phytomen/ubi (AQUADEKS ORAL), Take by mouth., Disp: , Rfl:
- azithromycin 250 mg capsule, Take 250 mg by mouth once a day., Disp: , Rfl:
- ursodeoxycholic acid 250 mg capsule, Take 250 mg by mouth in the morning and in the evening., Disp: , Rfl:
- colistimethate sodium 1 million unit/2 mL (500,000 unit/mL) nebulizer solution, Inhale 1 Million Units by nebulizer. Dilute prescribed dose with 3 to 5 mL of normal saline prior to nebulization., Disp: , Rfl:
- elexacaftor-tezacaftor-ivacaftor 100-50-75 mg and ivacaftor 150 mg (TRIKAFTA) tablet, Administer whole tablet with fat-containing food twice daily (12 hours apart) as:
 - Two elexacaftor-tezacaftor-ivacaftor tablet (orange tablet) in the morning
 - One ivacaftor tablet (blue tablet) in the evening, Disp: 252 each, Rfl: 0

Recommendation

- Patient will benefit from starting Trikafta as it is licensed to treat CF patients who have at least one copy of F508 mutation and treatment results and improvement in lung function, nutritional status and reduction in number of exacerbations. The treatment is supposed to be lifelong. The treatment is currently available to adult CF patients in UAE only through Cleveland Clinic Abu Dhabi.
- Advised patient to get up-to-date pulmonary function tests before starting Trikafta
- Apart from Trikafta, she is on adequate treatment currently, ideally should be on alternate monthly tobramycin and aztreonam nebs but those are currently not available in Egypt. In the meanwhile, I have advised her to continue using colistin nebs alternate monthly.

Sincerely,



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