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The Honorable [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Re: [REDACTED]
DOB: [REDACTED]
Docket No: [REDACTED]

Dear Judge [REDACTED],

At your request, I have today completed my review of the medical status of the above named child. I reviewed the Petition to Order Necessary Medical Treatment for a Minor filed by [REDACTED] and the medical records. In addition, I also conferred with the child's parents and her oncologist, Dr. [REDACTED].

Based on the review of the medical record, this reviewer would conclude that [REDACTED] suffers from progressive low grade glioma of the brain. This was first diagnosed in [REDACTED] due to abnormalities of the right eye. Child underwent neurosurgical subtotal resection on [REDACTED]. The neuro-pathology report refers to the tumor as a "pilocytic astrocytoma, WHO grade 1." Although this is a low grade tumor, it was not amenable to complete surgical removal and continues to grow. There is evidence from the MRI scans that the tumor was enlarging in the child's brain as early as [REDACTED], and has continued to do so with each MRI. The chief of neurosurgery at [REDACTED], after appropriate consultation advised that further surgery was not indicated and that chemotherapy was the best treatment option. The record further indicates that the child's clinicians, including Dr. [REDACTED], and neuro-oncologists

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at [REDACTED] in [REDACTED] have been recommending chemotherapy for this child since the spring of [REDACTED]. As of the most recent ophthalmology visit, the child was functionally blind, and this deterioration in the child's vision has been the first clinical sign of deterioration since surgery. It is of note that Dr. [REDACTED] has had a conference with parents and the pastor of their church, and that according to the records, the pastor indicated that there was no church opposition to chemotherapy for [REDACTED].

The interview with the parents was carried out on [REDACTED] in the presence of the parents' attorneys, Mr. [REDACTED] and Mr. [REDACTED] and attorney [REDACTED] representing the child. Parents stated that after the surgery in [REDACTED] they understood Dr. [REDACTED] to say that chemotherapy would not work well against this kind of tumor. They also expressed the belief that once chemotherapy starts, it never stops. They gave several examples of bad results in relatives who had undergone chemotherapy. They stated that "we are Christian people . . . we have a god . . . god will heal." Mother did admit that she would be willing to accept chemotherapy in some situations such as "blood cancer." There did not appear to be any deep seated religious antipathy to medical treatment in general and overall, I was left with the opinion that their belief was based in their understanding of Dr. [REDACTED]'s statement that chemotherapy would not work which they stated that he made nearly [REDACTED] years ago. They did not seem to take into account that Dr. [REDACTED] had been pressing hard for chemotherapy since the spring of [REDACTED] and that other experts concurred.

Dr. [REDACTED] was interviewed by telephone on [REDACTED]. Dr. [REDACTED] stated that he may very well have made some comment to the effect that chemotherapy for this tumor was less efficacious than for other more aggressive

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tumors, but he stated that the comment was made in the context of informed consent while making a recommendation for [REDACTED] to have chemotherapy. When I asked for a detailed prognosis, Dr. [REDACTED] made clear that he could not give hard and fast life expectancies with and without chemotherapy, but that he could estimate based on the literature and his experience. He stated that absent chemotherapy, there was prognosis for progressive growth of the tumor, progressive loss of function and consciousness over a period of months to years. When pressed, he estimated a maximum life expectancy of two years with a deteriorating quality of life. His prognosis for the results of "front line" chemotherapy which he was recommending for [REDACTED] broke down into two categories. He stated that statistically, twenty five to thirty percent of patients went on to "disease stabilization" after a single course of chemotherapy, required no further therapy and showed no further signs of deterioration. Of the rest of patients treated with appropriate chemotherapy, ninety percent showed tumor stoppage or shrinkage, but that most would require further courses of chemotherapy. Overall, his estimate of life expectancy following chemotherapy was three to five years or more.

Based on my review of the medical records and the interviews conducted with Dr. [REDACTED] and the parents I must conclude that the child's brain tumor has been growing consistently for more than [REDACTED] years and that at the present time the child is showing significant signs of medical deterioration as demonstrated by blindness and progressive loss of motor function. I must also conclude that left untreated, and barring a miracle, this child's medical condition will progressively deteriorate and the child will die over the course of the next two years.

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Utilizing the standard of the best interests of the child, I would therefore recommend that [REDACTED] be treated with chemotherapy as recommended by Dr. [REDACTED].

Respectfully submitted

Mordechai Kamel

MK/msw