

# Making a Real Difference in People's Lives



## Medix Case Stories - Asia Pacific

**medix**  
It's a matter of life



# Making a Real Difference in People's Lives

Medix is proud to share a selection of customer stories.

These are real and personal experiences depicting customers' medical journey with Medix on their side.



## Matters of the Heart - Avoiding Unnecessary Pain

Over the past few years, Mr. H, a generally healthy and active gentleman experienced shortness of breath and some chest pain. Despite the symptoms, it took him quite a while to approach a doctor for an assessment.

Eventually he was referred to a cardiologist that performed a **stress ECG** which Mr. H was **unable to complete**. As a result, a cardiac CT was performed as well as a diagnostic angiogram.

After reviewing the results, the **attending physician** observed severe narrowing of Mr. H's coronary vessels. His recommendation was to therefore perform a **quadruple bypass, open heart surgery**. Mr. H was quite taken aback by this direction. Open heart surgery was not an option he had foreseen.

### Treating Doctor's Recommendation



Major open-heart surgery



High probability of reoccurring surgery



Increased risk of kidney or lung failure



Elevated possibility of stroke



6-12 weeks healing period



Possible memory loss

Concerned by the recommended treatment, Mr. H contacted **Medix** and requested **Personal Medical Case Management** services to review his case, confirm his diagnosis and advise on alternative treatment options.

With his consent, Mr. H's imaging and medical reports were retrieved and sent for review with Medix' multidisciplinary team of experts in Cardiology and Cardiothoracic surgery.

Upon examination, a **specialist that consults for Medix noticed** that two of the blockages were located at a coronary juncture that is considered **very difficult to graft by surgery**. Even if done successfully, such a graft **would not last long** and **would likely require revision surgery** in the future. Since Mr. H was a relatively young man, the Medix specialist **advised against undergoing open heart surgery** and suggested that the narrowing should be treated in a **minimally invasive approach** through stenting.

Mr. H was happy with the recommendations, and Medix referred him to a local specialist who performed the stenting procedure successfully with no complications.

### The Difference Medix Made for Mr. H



Appointment of  
dedicated Case  
Management team



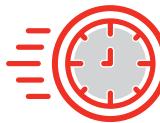
Coordinated consultation  
with leading international  
specialists



Minimally invasive  
surgical strategy



Decreased  
neurological risk  
factors



Decrease in  
recovery period,  
1 – 2 weeks



Avoidance of  
revisionary surgery  
in the future

Two weeks following the procedure Mr. H was able return to his previous lifestyle and was no longer constrained in performing physical activities.

## Never Skipping a Beat - Remaining Implant Free

Mr. C was a healthy 61-year-old gentleman until one day he suffered from a sudden episode of weakness, cold sweats and dizziness. Mr. C was admitted to the hospital where tests revealed an irregular heartbeat, known as **arrhythmia**, which was thought to explain his symptoms. Further examinations also detected two incidental findings in his brain, a mild dilation of an artery known as **cerebral aneurysm**, and a small brain tumour called a **meningioma** that was most probably **benign**.

As the episode of weakness did not reoccur and Mr. C felt fine, he was released from the hospital and was asked to return for checkup in 3 months. Upon return, he still felt as good as ever. Despite the fact that he was feeling better, the treating doctors suggested he undergo three major procedures: **Gamma Knife® surgery** – a precise radiation treatment to his brain to treat his meningioma, an **endovascular coiling** – a procedure which involves reaching the brain via a catheter from his groin to treat his aneurysm, and an implantation of a **pacemaker** to treat his arrhythmia.

Overwhelmed by the numerous surgical procedures recommended, Mr. C turned to Medix for guidance.

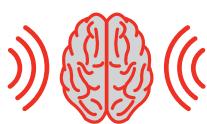
### Treating Doctor's Recommendations:



3 surgical  
procedures



Permanent  
implant



Radiation to  
the brain



High chances  
for adverse  
events

Medix appointed Mr. C a **Personal Medical Case Management** team to review his case and sent his imaging to a radiologist for revision. The medical reports and radiologist consultation were then sent to a **leading cardiologist** and an **internationally renowned neurologist** in order to ensure that a comprehensive and multidisciplinary approach is applied.

The cardiologist explained to Mr. C that his arrhythmia was **not life-threatening** and that in fact, it can be treated by standard medication. The medication would also ensure that the weakness and dizziness episode does not reoccur, while allowing Mr. C to maintain his daily routine and to stay **implant-free**.

The neurologist reviewed all of Mr. C's information and concluded that the brain findings were **completely incidental and unrelated** to the episode. He explained that both the small aneurysm and the meningioma are long standing pathologies with minimal risk of complications. He strongly **objected** to both recommended procedures, while **providing updated** medical literature and **guidelines** to show that they have limited benefits in Mr. C's condition - while the aneurysm had only a 0.4% chance of rupture within the next 5 years, treating it would have a 5-15% chance of complications.. Instead, the neurologist recommended that Mr. C be monitored by annual **MRI** to **track** for any **signs of progression**, and actively take **precautions** such as reducing stress and blood pressure.

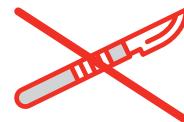
### The Difference Medix Made for Mr. C



Remote consultation  
with international  
specialists for each  
individual problem



Medical treatment  
according to  
international  
guidelines



Avoiding  
3 surgical  
procedures and  
risk factors



Radiation  
therapy  
avoided

Pleased with the medical treatment and lifestyle changes instead of the surgical procedures, Mr. C avoided unnecessary risk and **continues to live** a happy and healthier life.

## Genetic Targeting – Personalised Care

Tobacco smoking is by far the leading cause of **lung cancer**, attributing to **80%** of lung cancer cases and is also responsible for a multitude of others as a result of exposure to secondhand smoke.

However, not all people suffering from lung cancer have a history of smoking. For the most part, non-smokers diagnosed with lung cancer have a certain **genetic mutation** which is the main cause of the disease. This has led to **advancements** in new **specialised drug treatments** aimed at **targeting** specific genetic mutations to treat patients effectively.

Mr. J is one such patient, who was diagnosed with **stage 3 cancer** at the age of 42. He completed a course of chemotherapy, the standard treatment for his disease. However, despite the rigorous treatment regimen, the cancer **progressed** to **stage 4 metastatic lung cancer** in under a year.

Metastatic cancer develops when the cells of a cancerous tumour invade tissues in other locations than their original organ. If the cells reach the bloodstream or the lymphatic system, the cancer may spread throughout the body. The origin of the cells determines the type of cancer, while specific genetic mutations that the cancer expresses can indicate suitable treatment strategies.

Mr. J's treating physicians commenced systemic treatment with Gefitinib, a common drug for metastatic lung cancer, and a targeted therapy known to work for certain patients with an **EGFR** mutated gene. However, the treatment had a **limited effect**, and Mr. J's disease continued to progress as his chances for survival deteriorated.

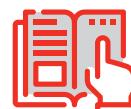
### Treating Doctor's Recommendation



Multiple drug therapies



Inability to address molecular analysis findings



Lack of knowledge of alternative treatment options



May cause increased adverse side effects



Might deteriorate quality of life

In the hopes of finding a more effective treatment strategy, Mr. J contacted Medix.

Medix appointed a **dedicated Personal Medical Case team** for Mr. J and with his consent, Medix retrieved all his clinical records, including imaging and molecular analysis, and sent them to a **world-renowned** oncologist, specialised in the treatment of lung cancer.

The consultant's aim was to examine how to adapt and personalise Mr. J's **systemic treatment more precisely** to his condition. He carefully reexamined the disease progression as well as the **molecular analysis** and discovered something not realised by Mr. J's previous doctor - the targeted therapy that was given to Mr. J initially did not suit his genetic mutation, as Mr. J presented with **BRAF** mutation which is not the target of Gefitinib. Since the treatment did not address Mr. J's specific cancer mutation, it had a very limited effect.

Medix' consultant oncologist advised Mr. J to adopt a **target-specific therapy** that was aimed precisely for the BRAF mutation his cancer displayed. He did so by introducing Mr. J to a relatively new treatment which was not offered previously, a combination targeted therapy of Dabrafenib and Trametinib, which was in the stages of **advanced clinical trials**. The suggested treatment, although relatively new, had already shown much better results in recent clinical trials among patients who presented with BRAF mutation and metastatic lung cancer. The consulting oncologist recommended that Mr. J **enrol in a clinical trial** using the mentioned **combined targeted therapy**. Subsequently, **Medix' Research Team** had found that an international trial was active and introduced Mr. J to a local national cancer centre that participated in the trial, allowing access to the treatment and **clinical trial**.

### The Difference Medix Made for Mr. J

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|---|---|---|---|---|
|  |  |  |  |  |
| Dedicated<br>Medical Case<br>Management<br>team                                     | Focused<br>attention on<br>molecular<br>findings                                    | Extensive<br>research into<br>global medical<br>therapies<br>available              | Enrolment in an<br>international<br>clinical trial                                  | Increased<br>opportunity<br>of responding<br>to treatment                             |

Mr. J continues to show remarkable improvement since commencing the clinical trial. He is extremely grateful for Medix' guidance and support during this difficult time and is utterly impressed by the level of **expertise, global reach, and breadth of medical knowledge** coupled with **unwavering determination** to find a viable treatment plan to **save his life**.





# Taking Control - Alternative Surgical Strategies That Work

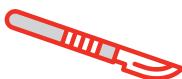
Ms. N, a 49-year-old woman was always health-conscious. She understood the importance of living a balanced life and took **preventative health measures** to ensure she maintained herself. This included regular breast exams to ensure she was aware of any changes that could possibly arise. Everything was usually normal, however one **fateful day** things changed.

Ms. N detected a noticeable **lump** accompanied by pain over her left breast. Being actively self-aware, she was startled at her discovery and frightened by the possibility of being diagnosed with **breast cancer**, a reality she was not prepared for.

Ms. N sought immediate medical attention and was referred to a breast surgeon. Following a **mammogram and biopsy** it was confirmed that she had an invasive breast tumour of approximately **2cm** in size and was diagnosed with **stage 2 breast cancer**. Following several more investigations, she was advised to undergo a mastectomy with reconstruction of her left breast. Ms. N's surgery was subsequently scheduled.

A **mastectomy** is a highly **invasive procedure** that involves the surgical removal of the breast and nipple to eliminate cancerous tissue and is often followed by **reconstructive surgery** to restore the breast shape. Added **psychological trauma** is common, including feelings of body incompleteness and harm to female identity.

## Treating Doctor's Recommendation



Highly invasive procedure



Added psychological trauma of reconstructive surgery



Risk of developing hard scar tissue



Extended recovery period of 4 - 6 weeks



Increased risk of developing complications

Days before her surgery was due to take place, Ms. N contacted Medix to seek advice and inquire if a mastectomy was truly the only option for her before undergoing such a life-altering procedure.

Time was of the essence as the **surgery was imminent**. Medix acted immediately and handled Ms. N's case with the utmost urgency. She was appointed a dedicated **Personal Medical Case Management team**, and with her consent, Medix retrieved all her clinical records including imaging and referred them to an internationally recognised leading specialist for review.

The consulting specialist confirmed the diagnosis regarding the tumour, however **differed in the treatment approach**. He stated that considering the size of the tumour, together with Ms. N's **personal and family medical history** as well as the latest **international medical guidelines**, a combined approach of a **lumpectomy** along with radiotherapy would be more appropriate. This option was not presented to Ms. N by her previous doctor, even though it is common practice and preferred by many patients as it is less aggressive and the risk of complications is much lower.

#### The Difference Medix Made for Ms. N



Immediate action by  
Personal Medical Case  
Management team



Personal history  
considered



Minimally invasive  
surgical strategy



Recovery period reduced



Appearance and sensation  
of the breast preserved

After evaluating the options and with the support from Medix, Ms. N proceeded with the lumpectomy and three weeks later began **radiotherapy treatment**.

The surgery together with the radiotherapy was successful and resulted in Ms. N's disease **remission**. "My family and I are forever grateful for the support and guidance that Medix team gave me during the most trying time of my life." - Ms. N.

## Comparative Review - Achieving a Definitive Diagnosis

Mr. Z, a 54-year-old gentleman enjoyed occasional social drinking and in the past was a daily smoker. He understood the risks associated with smoking and made a health-conscious decision 20 years ago to quit. Four years ago, he experienced an **atypical chest discomfort** and decided to consult a pulmonologist, who then referred him for a standard X-ray. As the X-ray revealed a shadow in Mr. Z's lung, he was scheduled for a CT scan shortly after.

The CT scan proved the shadow to be a suspicious **nodule** in his lungs. He was evaluated by several specialists and was told the nodule was most likely **benign** and therefore did not require treatment. However, it was recommended that he should repeat the imaging every six months to **monitor** the nodule's size, as **growth** is a sign that could be **suspicious for cancer**. Mr. Z did as he was told, undergoing CT scans twice a year. With each follow up he was told that the nodule was benign.



Mr. Z kept going to the regular imaging examinations and receiving the same answer with a recommendation to return in 6 months. He decided to seek **Medix' Personal Medical Case Management service** in order to **confirm** his diagnosis and make sure the semi-annual examinations are the **best course of action**. Medix assigned Mr. Z a Personal Medical Case Management team. Medix' Case Manager reviewed all of Mr. Z's imaging results and was **concerned** by the fact that the studies were done at **different clinics** on various occasions, and that the different images were **never studied in comparison** to one another.

With permission from Mr. Z, Medix retrieved all his imaging and medical records and sent them to a leading **chest radiology specialist**. For the first time, one specialist compared all the different scans together and could see the **progression** of the nodule. The specialist found that the nodule had slowly but significantly grown over several years, almost **doubling in size** since first detected. This information was new to Mr. Z and was not detected as from one exam to the other the change was minimal. The radiology specialist noted the growth strongly raised the **suspicion of invasive cancer**. Medix recommended that Mr. Z undergo a **biopsy** to obtain a **definitive diagnosis** and referred him to the appropriate specialist.

Mr. Z underwent a biopsy which confirmed he indeed had a slow growing **adenocarcinoma**, a type of lung cancer whereby a malignant tumour is formed from glandular structures in the epithelial tissue. Subsequently, Mr. Z underwent a **lobectomy** procedure, for definitive treatment of the tumour.

### The Difference Medix Made for Mr. Z



Appointment  
of Personal  
Medical Case  
Management  
team



Comparative  
review of  
all medical  
records



Identification  
of nodule  
growth



Definitive  
cancer  
diagnosis



Lobectomy  
procedure to  
effectively treat  
tumour

Medix provided Mr. Z with a **post-surgery consultation** with a **leading thoracic oncologist**. The oncologist explained that at this stage chemotherapy was not necessary, however close follow up is still required to make sure the cancer does not recur. Mr. Z was relieved that the surgery treated his cancer effectively and was grateful for the attention and care Medix had provided him throughout his medical journey.

## Coordinated Care - Reducing Risks for Better Outcomes

Mr. Q, a 78-year-old gentleman was diagnosed with **colorectal cancer**.

He was advised by his **treating doctor** to undergo a **two-stage right hemicolectomy**, a procedure which involves removing the right ascending colon at the first stage and creating a temporary stoma to allow him to empty his bowels into a special external pouch. After two months of significant discomfort Mr. Q was to undergo another surgery in which the stoma would be removed.

### Treating Doctor's Recommendation



2 separate  
surgeries



Significant  
risks



Extreme  
discomfort



Prolonged  
healing period



Damage to  
quality of life

Concerned with the treatment recommended, Mr. Q. turned to Medix to confirm his diagnosis and to seek alternative treatment options. He was appointed a dedicated **Personal Medical Case Management team** that reviewed his case and consulted with a leading colorectal surgeon on his behalf.

After reviewing and evaluating Mr. Q's condition, the **Medix consulting** specialist agreed that a surgery was needed, but **strongly disagreed** with the proposed two stage procedure as there is a more advanced and preferred alternative surgical option.

The specialist explained that taking into account Mr. Q's condition, this type of surgery is associated with **significant risks** and **morbidity**, and according to accepted international medical guidelines, the two-stage procedure and temporary stoma is reserved for patients with active infections, or patients who are immuno-compromised. This was not the case with Mr. Q.

He recommended a **lower risk and more tolerable single procedure**, where the bowel is immediately reconnected with anastomosis, offering better outcomes and avoiding prolonged discomfort.

### The Difference Medix Made for Mr. Q



Appointment of  
dedicated Case  
Management team



Remote consultation  
with leading international  
specialist



A single  
operation



Referral to leading  
surgeon and follow-up



Reduced risk and  
better outcomes



Less discomfort and  
improved quality of life

Medix assisted Mr. Q with a specialist referral and **coordinated the care** with a leading local surgeon, experienced in this procedure.

Mr. Q underwent a **successful surgery**, with a speedy recovery and is now back to leading a healthy and active life.





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