



Patient Name: **Mitchell, George**

Date: **12/24/2025**

Patient Number: **4098563**

Date Of Birth: **8/28/1946**

#### **CHIEF COMPLAINT**

Evaluation and management of metastatic lung cancer. ECOG 1 PS 80%

#### **DISEASE HISTORY**

1. 79 yo male with Adenocarcinoma lung, diagnosed 10/2024, stage 4 with bone mets
2. Right lower extremity DVT, 10/2024
3. Saddle embolus
4. Left upper lobe lung mass with mediastinal and hilar adenopathy
5. Treated with mechanical thrombectomy, intravenous heparin and discharged on Eliquis. CT PET scan in January 2025 which revealed left upper lobe lung mass. There was a periclavicular mass. There was also a large cluster of disease in the pre vascular region/AP window along with more inferior levels of widespread disease surrounding the AP window. Concerning left hepatic 1.4 cm abnormality suspicious and within the bones, there was potentially a bone metastasis focal uptake lateral right seventh rib.
6. Core biopsy of the periclavicular lymph node revealed metastatic carcinoma favoring an adenocarcinoma pulmonary origin. PD-L1 was 1% and NexGen without actionable mutations.
7. Initiated of clinical trial with telisotuzumab adizutecan with budigalimab, first line setting for non-squamous metastatic lung cancer 4/2025. C7D28, 10/2/25.
8. Zometa q4 week with ca/d
9. T12 compression fracture, opiates
10. CT Chest Abdomen and Pelvis with Contrast, 09/08/2025: Interpretation, Increase in size of a nodule in the left upper lobe. Additional irregular nodular opacities in the left upper lobe are stable and there are stable scattered 2 to 3 mm nodules bilaterally. Otherwise, stable CT of the chest, abdomen, and pelvis.

#### **INTERIM HISTORY**

12/24/2025: George presents for treatment. Port placed yesterday, slightly sore but unclear if soreness is from port or bandage. White blood cell count 3.5, hemoglobin 10.4, platelets 146, all low but acceptable for treatment. CBC ordered today with iron studies added to evaluate anemia. George reports fatigue and feeling cold, but not significantly different than usual. Denies fever, chills, or infections. Reports legs feeling tired and heavy. Creatinine normal. Liver function tests normal.

#### **PRIMARY DIAGNOSIS:**

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
3/4/2025	Primary		C34.00	Non-Small Cell Lung Cancer (Thorax) - Clinical Stage IVB (AJCC v9) TNM: cT1c, cN3, cM1c2; ALK fusion: Not Detected; MET amplification (>10 = high): Not amplified (normal); RET Gene Rearrangement: Negative; ROS1 Rearrangement: Negative		
4/30/2025	Primary	162.9	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung		
4/30/2025	Secondary	V58.11	Z51.11	Encounter for antineoplastic chemotherapy		
4/30/2025	Secondary	796.2	R03.0	Elevated blood-pressure reading, without diagnosis of hypertension		

5/14/2025	Secondary	724.5	M54.9	Dorsalgia, unspecified
5/22/2025	Primary	198.5	C79.51	Secondary malignant neoplasm of bone
5/22/2025	Primary	162.9	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
5/22/2025	Secondary	401.0	I10	Essential (primary) hypertension
6/12/2025	Primary	162.9	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
6/12/2025	Secondary	198.5	C79.51	Secondary malignant neoplasm of bone
6/12/2025	Secondary	401.0	I10	Essential (primary) hypertension
7/3/2025	Secondary	V65.49	Z71.89	Other specified counseling
7/3/2025	Secondary	338.3	G89.3	Neoplasm related pain (acute) (chronic)
7/3/2025	Secondary	787.91	R19.7	Diarrhea, unspecified
7/3/2025	Secondary	V66.7	Z51.5	Encounter for palliative care
9/23/2025	Secondary	783.0	R63.0	Anorexia
9/25/2025	Primary	288.03	D70.1	Agranulocytosis secondary to cancer chemotherapy
9/25/2025	Primary	285.3	D64.81	Anemia due to antineoplastic chemotherapy
10/12/2025	Primary	415.19	I26.99	Other pulmonary embolism without acute cor pulmonale
10/12/2025	Primary	453.79	I82.891	Chronic embolism and thrombosis of other specified veins

## SECONDARY DIAGNOSIS/COMORBIDITIES

### PAST MEDICAL HISTORY

DVT/pulmonary embolus

### PAST SURGICAL HISTORY

No prior surgical history

### PERSONAL HISTORY

Last colonoscopy was done Less than 5 years ago.

### SOCIAL HISTORY

Patient is married.

Patient lives with spouse.

Past tobacco smoker. Cessation Not Discussed. Patient discontinued use in 2004.

Patient reports alcohol use as follows: Social

Denies any illicit drug use.

### FAMILY HISTORY

Mother: no history of hematologic or oncologic illness.

Father: no history of hematologic or oncologic illness.

Sibling's: no history of hematologic or oncologic illness.

Child(ren) have a history of Rectal cancer.

## ALLERGIES

Allergy	Reaction (Severity)
No Known Allergies	

## MEDICATIONS

Continued medications: Aranesp 500 mcg/mL (in polysorbate) injection syringe, atorvastatin 10 mg tablet, Breo Ellipta 100 mcg-25 mcg/dose powder for inhalation, carboplatin 10 mg/mL intravenous solution, Compazine 10 mg tablet, cyclobenzaprine 10 mg tablet, Eliquis 5 mg tablet, meloxicam 7.5 mg tablet, Neulasta 6 mg/0.6 mL subcutaneous syringe, niacin 500 mg tablet, ondansetron HCl 8 mg tablet, pantoprazole 40 mg tablet delayed release, Udenyca Onbody 6 mg/0.6 mL with wearable subcutaneous injector, Vitamin D3 25 mcg (1000 unit) tablet, Zarxio 480 mcg/0.8 mL injection syringe.

## REVIEW OF SYSTEMS

The ROS is negative in 12 point detail except for the pertinent positives and negatives listed in HPI and below

### Patient Reported Level of Pain

Pain Scale 0 No Pain

### Treatment Recommendations for Pain

Reassess at next visit

### Depression Screening

Name	08/09/25	03/04/25	03/01/25
PHQ-9	5-9	5-9	5-9

### Treatment Recommendations for Depression

Score <10, No Action Needed

## Vitals

Vitals on 12/24/2025 9:00:00 AM: Height=70.5in, Weight=186.8lb, Temp=96.9f, Pulse=92, Resp=18, SystolicBP=116, DiastolicBP=57, O2 Sat=95%

## PHYSICAL EXAM

Gen: Well developed well nourished. HEENT: PERRLA, EOMI, sclera anicteric, oropharynx clear. Chest: Clear bilaterally. Heart: S1 S2 no murmurs, regular heartbeat. Abd: Soft, +BS, non tender and non distended, no masses, no organomegaly. Ext: No edema. Skin: no rash. Neuro: motor and sensory grossly intact. Musculoskeletal: Normal gait.

ECOG Performance: 0: Fully active, able to carry on all pre-disease performance without restriction

## LABS

Lab results on 12/24/2025: WBC=3.5 x10E3/uL, WBC=3.5 10^3/uL, RBC=1.56 x10E6/uL, RBC=2.53 10^6/uL, Hgb=6.3 g/dL, Hgb=10.4 g/dL, HCT=18.3 %, HCT=30.5 %, MCV=117 fL, MCV=121.0 fL, MCH=40.4 pg, MCH=41.1 pg, MCHC=34.4 g/dL, MCHC=34.1 g/dL, RDW Ratio=18.6 %, Plat=141 x10E3/uL, Plat=146.0 10^3/uL, MPV=8.0 fL, ANC=1.9 x10E3/uL, Lymph#=1.1 x10E3/uL, Lymph#=1.5 10^3/uL, MONO#=0.2 x10E3/uL, MONO#=0.2 10^3/uL, BASO#=0.1 x10E3/uL, Immature Gran#=0.0 x10E3/uL, Immature Gran%=0 %, EOS#=0.1 x10E3/uL, Gran%=49.7 %, Gran#=1.8 10^3/uL, Neut%=56 %, Lymph%=33 %, Lymph%=43.6 %, MONO%=6 %, MONO%=6.7 %, BASO%=1 %, EOS%=3 %, Reticulocyte%=3.3 %, Nucleated RBC=0, Sodium=141 mmol/L, Potassium=3.2 mmol/L, Chloride=108 mmol/L, CO2=22 mmol/L, Glucose=133 mg/dL, Glucose=Negative, BUN=11 mg/dL, Creat=0.56 mg/dL, BUN Creat Ratio=20, Calcium=7.9 mg/dL, Magnesium=1.7 mg/dL, Phosphorus=2.9 mg/dL, Uric Acid=4.3 mg/dL, Total Protein=4.9 g/dL, Albumin=3.0 g/dL, Globulin=1.9 g/dL, Total Bili=0.4 mg/dL, Direct Bili=0.21 mg/dL, Alk Phos=85 IU/L, AST=33 IU/L, ALT=23 IU/L, GGT=52 IU/L, LDH=187 IU/L, GFR=100 mL/min/1.73, IRON=56 ug/dL, IRON=69 ug/dL, UIBC=109 ug/dL, UIBC=110 ug/dL, TIBC=165 ug/dL, TIBC=179 ug/dL, Ferritin=482 ng/mL, Ferritin=539 ng/mL, Iron Sat

Percent=34 %, Iron Sat Percent=39 %, T3=88 ng/dL, T4=4.5 ug/dL, T3 Uptake=32 %, TSH=**0.442** uIU/mL, Free Thyroxine Index=1.4 , Bilirubin (UA)=Negative , Urobil=1.0 mg/dL, Ketone=Negative , Protein (presence)=Trace , Nitrite=Negative , pH=5.5 , Sp Gravity=1.020 , Color=Yellow , Appearance=**Cloudy** , Occult Blood=Negative , Morphology Comment 3=Comment

## IMAGING RESULTS

There are no new radiology reports to review at today's visit.

## ASSESSMENT

1. Non-small cell lung cancer–adenocarcinoma–PD-L1 1% next generation sequencing with no targeted mutations Stage IV disease. Treated in AndroMETa Lung536, an Openlabel MultiCohort Phase 1b/2 Study to Evaluate the Safety, Efficacy, and Optimal Dose of Telisotuzumab Adizutecan in Combination with Budigalimab in Advanced or Metastatic NonSquamous NSCLC with No Prior Treatment for Advanced Disease and No Actionable Genomic Alterations. Patient tolerated first cycle well with no reported side effects except fatigue. Stable disease by RECIST. C8D1 today.
2. Low back pain, chronic. Pain persists despite trial of meloxicam and cyclobenzaprine. Pain rated as greater than 5/10 at its worst, primarily when standing up and with movement. MRI of spine completed and MRI of pelvis scheduled for 06/13/25. Patient reports pain on both sides of back. T12 compression fracture noted on previous imaging may be contributing to pain. Radiation oncology and radiology consulted regarding potential for kyphoplasty or radiation therapy for pain management. Patient currently describes pain as "manageable" with oxycodone 2 - 3 times daily.
3. HTN: advised to follow up with PCP
4. Bone mets, delaying initiation of Zometa due to pending dental extractions to avoid risk of osteonecrosis of the jaw. Calcium/vitamin D supplementation prescribed on 05/22/25 but patient not taking due to pharmacy availability issues. Reinforced importance of calcium/vitamin D supplementation with Zometa therapy to prevent hypocalcemia and associated symptoms once zometa started.
5. Fatigue, persistent and unchanged. No improvement noted with Procrit injections. Likely secondary to treatment and anemia.
6. Poor appetite, not taking prescribed megestrol. Does not want additional treatment at this time.
7. LUE abrasion. Sustained in fall while walking dog. Xeroform dressing applied in ER 2 days ago. Dressing removed and replaced with gauze. Some oozing of blood during removal.
8. Anemia, ongoing. Receiving Procrit every 3 weeks without subjective improvement in energy. Blood work to be obtained today to assess hemoglobin level and determine need for transfusion or dose adjustment.
9. Shortness of breath, increased.
10. Leg weakness, new symptom reported.
11. Decreased mobility, ambulating less than 1000 steps daily.
12. Port placement, completed yesterday with mild soreness at site.

## Demographic ACP

No Living Will, Healthcare Proxy/Durable Power of Attorney for Healthcare, No DNR, Last verified 2/28/2025

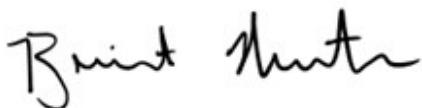
## THE PATIENT STATED THEY HAVE:

Goal of Care: Palliative

## PLAN

1. Proceed with C8D1 treatment today using newly placed port.
2. Monitor port site for signs of infection including redness, warmth, or swelling.
3. CBC with iron studies obtained today to evaluate anemia and assess need for IV iron supplementation.
4. Physical therapy referral available through Kessler partnership if patient wishes to participate
5. Continue current medications.
6. Monitor for fever, chills, or signs of infection.
7. Follow up with MD/APP per trial protocol

Patient has given prior verbal consent to have the conversation recorded and summarized by the Knowtex software.



Signed

Bridget Reddington, PA-C, NPI: 1679212351

This document was electronically signed on 12/31/2025 at 10:08 AM