SUBJECTIVE: Ms. Arthur presents today for urgent follow-up after recent CT scans showed disease progression. She completed Cycle 18 of Pembrolizumab (q3 week schedule) approximately 4 weeks ago. She reports feeling more fatigued over the past month and has noticed intermittent RUQ ache, similar to symptoms she had prior to diagnosis, though milder currently. Denies jaundice, significant weight loss, fever, chills, cough, or shortness of breath. Appetite fair. No symptoms suggestive of active irAEs (no rash, diarrhea, colitis sx, thyroid sx). Tolerated Pembrolizumab well overall during treatment course, only mild baseline fatigue noted previously.

ONCOLOGIC HISTORY:

- Dx Stage IV Lung Adenocarcinoma July 12, 2022. Presented with RUQ pain.
- Staging: CT showed multiple large hepatic metastases (dominant lesion 8cm) as only site of disease. Small LLL nodule presumed primary. Brain MRI neg. Liver biopsy confirmed metastatic adeno.
- Molecular/PD-L1: NGS identified **KRAS G12V mutation**. Other drivers neg. PD-L1 (22C3): **TPS 60%, CPS 70, IC Score 2/+**.
- 1L Rx: Based on high PD-L1, started **Pembrolizumab 200 mg IV q3 weeks** Aug 3, 2022. Achieved excellent partial response (liver lesions decreased >50%). Maintained response until now.

PAST MEDICAL HISTORY: Migraines, GERD. Non-smoker.

MEDICATIONS:

- Pembrolizumab 200mg IV q3wks (*Discontinue*)
- Sumatriptan PRN migraine
- Pantoprazole 40mg daily

OBJECTIVE:

- Vitals: Stable. ECOG 1.
- Exam: NAD. No scleral icterus. Abdomen soft, mild RUQ tenderness, no definite hepatomegaly.
- Recent Imaging (CT Chest/Abd/Pelvis w/ contrast, Sept 5, 2023):
    - Compared to May 20, 2023.
    - Findings: Significant interval increase in size of multiple known hepatic metastases (dominant lesion now 5.5cm, previously 3.8cm). Appearance of several new small hepatic lesions. LLL lung nodule stable. No other sites of disease.
    - Impression: Unequivocal disease progression in the liver.

ASSESSMENT:

1. **Stage IV KRAS G12V / PD-L1 High Lung Adenocarcinoma:** Confirmed disease progression (liver) after durable benefit from first-line Pembrolizumab monotherapy. Patient remains ECOG PS 1 and is candidate for second-line therapy.
2. **KRAS G12V Mutation:** Not currently actionable with approved targeted therapies.

PLAN:

1. **Discontinue Pembrolizumab.** Discussed scan results and rationale with patient.
2. **Initiate Second-Line Systemic Therapy:** Options reviewed. Standard of care is platinum-based chemotherapy.
    - **Chosen Regimen:** Carboplatin (AUC 5) + Pemetrexed (500 mg/m2) IV q3 weeks. Patient agreeable after discussing rationale and potential side effects (myelosuppression, fatigue, nausea, renal monitoring, B12/Folate need).
    - **Schedule:** Target C1D1 within 1-2 weeks, pending insurance auth.
    - **Supportive Care:** Start Folic Acid 1mg daily now. Schedule B12 injection w/ C1D1. Provide prescriptions for anti-emetics (Ondansetron, Prochlorperazine). Chemo education provided.
3. **Symptom Management:** Start Acetaminophen 650mg q6h PRN for RUQ ache. Call if pain worsens or jaundice develops.
4. **Monitoring:** Labs (CBC, CMP) prior to each chemo cycle. Restaging CT C/A/P after 2-4 cycles.
5. **Follow-up:** Return for C1D1 infusion. Clinic nursing will coordinate scheduling.

_____ M.D.
Vivian Wells, MD (Electronically Signed)

Patient: Arthur, Beatrice Carol ("Bea")
MRN: SYN082 **DOB:** 11/26/1965 (F)
Date of Visit: September 12, 2023
Provider: Dr. Vivian Wells, MD