

MRN: SYN191 **NAME: CARTER DANIELA ** **DOB:** 1956-12-17 **Admission Date:** 2023-01-25 **Discharge Date:** 2023-01-28 **Disposition:** Home
Attending: Dr. Ramirez

Hospital Discharge Summary

Reason for Admission: Worsening dyspnea and pleuritic chest pain due to disease progression.

Admitting Service: Medical Oncology

Hospital Course Summary:

Mrs. Carter was admitted due to increasing shortness of breath and right-sided chest pain, symptoms consistent with progression of her known metastatic lung cancer involving the pleura. Her history is significant for Stage IV NSCLC Adenocarcinoma, diagnosed December 2021, found to have a MET Exon 14 Skipping Mutation and PD-L1 TPS of 10%. Since starting on 2021-12-27, she had been responding well to first-line Tepotinib.

Histopathology Review (Original Diagnosis - Pleural Fluid, 2021-12-10):

- **Cytology/Cell Block:** Showed malignant cells positive for TTF-1 and Napsin A, negative for mesothelioma and squamous markers, confirming Adenocarcinoma morphology. Glandular arrangements and nests noted in cell block.
- **Molecular:** NGS identified MET Exon 14 skip. PD-L1 TPS 10% (Dako 22C3).

Upon this admission, imaging confirmed progression with re-accumulation of a moderate right pleural effusion. Labs were largely stable apart from mild anemia (Hgb 11.5). Vital signs notable for tachypnea and borderline hypoxia on room air initially. She underwent a therapeutic thoracentesis on day 2, with removal of 1.8 Liters of serous fluid, providing significant symptomatic relief (improved SpO2 to 97%, RR normalized). Cytology sent confirmed malignant cells. Tepotinib was discontinued. After discussion regarding second-line options, Pembrolizumab was selected given PD-L1 expression and reasonable performance status post-thoracentesis. The first cycle of Pembrolizumab 200mg IV was administered on day 3 without complications. She was monitored post-infusion, remained stable, and was deemed ready for discharge with outpatient follow-up arranged. Education on irAEs was provided. Her chronic atrial fibrillation remained rate-controlled on metoprolol/eliqis. GERD managed with pantoprazole.

Principal Diagnosis: Progressive Stage IV NSCLC Adenocarcinoma, MET Exon 14 Skip positive.

Secondary Diagnoses: Malignant Pleural Effusion, s/p thoracentesis; Initiation of Pembrolizumab; Chronic Atrial Fibrillation; GERD.

Discharge Medications:

- Pembrolizumab 200mg IV Q3 weeks (Next: 2023-02-17)
- Metoprolol Succinate ER 50mg daily
- Eliquis 5mg PO BID
- Pantoprazole 40mg PO daily
- Acetaminophen 650mg PO Q6H PRN pain

Discharge Condition: Stable, improved dyspnea/pain.

Follow-up: Oncology clinic (Dr. Ramirez) in 3 weeks prior to Cycle 2. Labs (CBC, CMP, TSH) prior. CT C/A/P after 3 cycles.

Physician Signature:

Dr. Ramirez, MD