Regional Cancer Center - Medical Oncology
Consultation Summary & Treatment Plan

PATIENT: Porter, William Franklin **MRN:** SYN035 **DOB:** 07/13/1958 **DATE OF VISIT:** July 24, 2023 **CONSULTANT:** Dr. Kenji Tanaka, MD

REASON FOR VISIT: Establish care & discuss management following recent diagnosis of disease progression on first-line therapy for Stage IV Lung Adenocarcinoma. Patient previously treated at Community Oncology Center.

HISTORY OF PRESENT ILLNESS:
Mr. Porter was diagnosed with Stage IV Lung Adenocarcinoma on July 21, 2022. Presentation was with persistent cough and unintentional weight loss. Staging CT C/A/P revealed a 4.5 cm LUL primary mass, extensive mediastinal adenopathy, multiple bilateral pulmonary nodules, and several hepatic metastases (largest 3.2 cm). Brain MRI negative. Biopsy of LUL mass confirmed adenocarcinoma.

- **Molecular/PD-L1 (July 2022):** NGS panel **Wild-Type** for common drivers. PD-L1 IHC (22C3): **TPS 0%, CPS <5, IC Score 0**.
- **First-Line Therapy:** Initiated **Carboplatin (AUC 5) / Pemetrexed (500 mg/m2) / Pembrolizumab (200 mg) q3 weeks starting August 12, 2022**. Completed 4 cycles induction, then Pemetrexed/Pembrolizumab maintenance.
- **Response & Progression:** Achieved initial stable disease with minor shrinkage of liver/lung lesions. Tolerated therapy with Grade 1-2 fatigue and mild nausea. Surveillance CT scans on July 14, 2023 demonstrated **unequivocal disease progression** compared to April 2023 scan. Findings included significant enlargement of hepatic metastases (largest now 5.5 cm), growth of primary LUL mass (now 5.2 cm), increase in size/number of pulmonary nodules, and new borderline enlarged retroperitoneal lymph nodes. This occurred after approx. 11 months of therapy. Last dose of maintenance Pem/Pembro was July 3, 2023.

Patient referred here to discuss next steps. Reports feeling more fatigued recently, mild intermittent RUQ ache, and increased cough over past month. Performance Status remains reasonable, ECOG 1.

PAST MEDICAL HISTORY: GERD, Hypertension (on Amlodipine). Smoker (40 pack-years, quit 2010).

CURRENT MEDICATIONS: Amlodipine 5 mg daily, Omeprazole 20 mg daily, Tylenol PRN ache.

REVIEW OF SYSTEMS: Positive for fatigue, cough, mild RUQ ache. Negative for fever, chills, significant dyspnea, hemoptysis, jaundice, neurological changes.

OBJECTIVE:

- Vitals: Stable. ECOG 1.
- Exam: Well-appearing male. Lungs: Decreased breath sounds LUL. Cor: RRR. Abd: Soft, mild RUQ tenderness. No edema.
- Review of Outside Imaging: Confirms findings of progression as described above.

ASSESSMENT:

1. **Stage IV Lung Adenocarcinoma (WT, PD-L1 Negative):** Confirmed disease progression after 11 months on first-line Carboplatin/Pemetrexed/Pembrolizumab. Patient remains in good PS (ECOG 1) and is suitable for second-line therapy.
2. **Symptoms:** Fatigue, cough, RUQ ache likely related to disease progression.

PLAN:

1. **Second-Line Systemic Therapy Discussion:** Reviewed standard options post-chemo/IO in this setting (Docetaxel +/- Ramucirumab, Gemcitabine, clinical trials). Given ECOG 1 status and progression primarily involving visceral sites (liver), recommended **Docetaxel + Ramucirumab** as offering the best chance of response/disease control based on available data (REVEL trial). Patient agreeable after discussing rationale, schedule, and potential toxicities (neutropenia, fatigue, neuropathy, alopecia, fluid retention, HTN, bleeding/proteinuria risk).
2. **Initiate Docetaxel (75 mg/m2) + Ramucirumab (10 mg/kg) IV q3 weeks.**
    - Target start date: Week of August 7, 2023 (pending insurance authorization, baseline labs).
    - Order baseline labs (CBC, CMP, U/A).
    - Prescribe Dexamethasone pre-medication (8mg PO BID x 3 days).
    - Plan for prophylactic Pegfilgrastim on day +2 of each cycle.
    - Strict BP monitoring required. Adjust Amlodipine as needed.
    - Patient education provided regarding side effects, supportive care (anti-emetics PRN), and when to call.
3. **Symptom Management:** Continue Tylenol PRN. Consider trial of Tessalon Perles or low-dose opioid (e.g., Codeine) for cough if persistent/bothersome.
4. **Monitoring:** Clinical assessment and labs (CBC, CMP, U/A) prior to each cycle. Restaging CT C/A/P after 2-3 cycles (~6-9 weeks).
5. **Establish Care:** Patient will continue care within our practice. Scheduled C1D1 visit.

PROGNOSIS: Guarded, response to second-line therapy is variable. Discussed realistic expectations with patient.

_____ M.D.
Kenji Tanaka, MD (Electronically Signed)
Medical Oncology