DISCHARGE SUMMARY

ID: SYN148 **DOB:** 1974-04-02 **Name:** Lena Lomak **Admitted:** 2025-04-01 **Discharged:** 2025-04-20 **Oncology Service, Attending:** Dr. Morgan **Neurosurgery Consult:** Dr. Patel **Neurology Consult:** Dr. Walsh

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DIAGNOSIS AT DISCHARGE

1. Seizure due to symptomatic brain metastasis in patient with BRAF V600E-positive metastatic NSCLC on dabrafenib/trametinib
2. Diabetes insipidus secondary to pituitary metastasis

ONCOLOGIC HISTORY

- **Diagnosis Date:** August 4, 2022
- **Pathology:** Non-small cell lung cancer, adenocarcinoma
- **Driver Mutation:** BRAF V600E positive
- **PD-L1 Status:** TPS 70%, CPS 75, IC 15%
- **Initial Staging:** T2bN2M1c (IVB) with metastases to thoracic spine, right femur, and brain (3 lesions at diagnosis)
- **Treatment:** Dabrafenib 150mg BID + Trametinib 2mg daily, initiated August 26, 2022
- **Prior Radiation:** Stereotactic radiosurgery to 3 brain lesions (September 2022), T5-T7 spine (October 2022)

HOSPITAL COURSE

Patient presented with new-onset seizure and increasingly severe polydipsia/polyuria. MRI brain revealed a new 2.3cm right frontal lesion with surrounding edema and a new 0.8cm pituitary lesion. Laboratory studies confirmed central diabetes insipidus with hypotonic polyuria, inappropriate urine osmolality (105 mOsm/kg), and suppressed ADH levels.

Neurosurgery performed stereotactic radiosurgery to the right frontal lesion (20Gy single fraction) and pituitary lesion (18Gy single fraction). Levetiracetam was initiated for seizure control with no recurrent events. Desmopressin was started with excellent control of diabetes insipidus symptoms.

Targeted therapy was continued throughout hospitalization. Restaging CT chest/abdomen/pelvis showed continued excellent disease control with no evidence of systemic progression. The isolated CNS progression was attributed to pharmacokinetic failure (reduced CNS penetration of targeted therapy) rather than acquired resistance, given the excellent extracranial disease control.

DISCHARGE MEDICATIONS

1. Dabrafenib 150mg PO BID
2. Trametinib 2mg PO daily
3. Levetiracetam 750mg PO BID
4. Dexamethasone 4mg PO BID with taper plan
5. Desmopressin 0.1mg PO BID, titrate based on symptoms/labs
6. Pantoprazole 40mg PO daily
7. Hydromorphone 2mg PO q4h PRN severe headache

CONDITION AT DISCHARGE

Stable. Seizures controlled. Diabetes insipidus symptoms well-managed with oral desmopressin. No focal neurological deficits. ECOG Performance Status 1.

FOLLOW-UP PLAN

1. **Neurosurgery:** Dr. Patel in 2 weeks
2. **Oncology:** Dr. Morgan in 1 week
3. **Neurology:** Dr. Walsh in 3 weeks
4. **Endocrinology:** New consult in 2 weeks for diabetes insipidus management
5. **Imaging:** Brain MRI in 8 weeks to assess response to radiation

LABORATORY VALUES

Test	Result	Reference
Serum Na	147 mmol/L	135-145
Serum Osm	302 mOsm/kg	275-295
Urine Osm	105 mOsm/kg	300-900
Urine Output	5.8 L/24h	1-2 L/24h
Hgb	12.4 g/dL	12.0-16.0
WBC	8.2 × 10^9/L	4.0-11.0
PLT	245 × 10^9/L	150-450
Cr	0.8 mg/dL	0.5-1.1

IMAGING

MRI Brain (04/02/2025): New 2.3cm enhancing lesion in right frontal lobe with surrounding edema. New 0.8cm pituitary lesion. Three previously treated lesions show complete response.

CT Chest/Abdomen/Pelvis (04/05/2025): Primary lung lesion stable at 1.2cm (reduced from 3.6cm at diagnosis). Bone metastases show sclerotic healing. No new metastatic lesions.

Electronically signed: Dr. Morgan Date: 04/20/2025