Patient ID: SYN176 (Anthony Rossi)
DOB: 1951-07-13

Date of Admission: 2023-07-10
Date of Discharge: 2023-07-22
Discharge To: General Inpatient Hospice Unit

Primary Discharge Diagnosis: End-Stage Metastatic Non-Small Cell Lung Cancer (likely Adenocarcinoma NOS), Wild Type, PD-L1 Negative.
Secondary Diagnoses: Malignant Bowel Obstruction (Partial), Cachexia, Dehydration, COPD, Type 2 Diabetes Mellitus.

Summary: Mr. Rossi is a 72-year-old male originally diagnosed with Stage IV NSCLC on 2021-08-05, presenting with flank pain. Imaging revealed a lung primary (RLL) and a large solitary adrenal metastasis. Biopsy confirmed NSCLC, molecular testing was wild-type for common drivers (EGFR, ALK, ROS1, BRAF, KRAS, etc.), and PD-L1 expression was negative (TPS=0%).

He began first-line treatment with Carboplatin/Pemetrexed/Pembrolizumab on 2021-08-27. He had an initial period of stable disease. Progression was noted on 2021-06-21 with enlargement of the adrenal metastasis and development of peritoneal seeding.

Second-line therapy with Docetaxel was initiated in July 2022. This was poorly tolerated due to significant fatigue, neuropathy, and recurrent neutropenia requiring dose reductions and growth factor support. Minimal radiographic response was observed, and treatment was discontinued after 4 cycles due to further progression and declining performance status (ECOG 3).

Over the subsequent months, he received supportive care only. His course was marked by progressive weight loss, anorexia, fatigue, and increasing abdominal discomfort. He was admitted 5 days ago with nausea, vomiting, obstipation, and abdominal distension concerning for bowel obstruction.

Hospital Course:
CT Abdomen/Pelvis confirmed progressive diffuse peritoneal carcinomatosis with ascites and findings consistent with a partial, high-grade small bowel obstruction likely due to extrinsic compression from tumor implants. No discrete transition point amenable to stenting identified. Surgical intervention deemed too high risk given advanced disease and poor nutritional status.

He was managed conservatively with NPO status, nasogastric tube decompression (initially high output, gradually decreased), aggressive IV hydration, and electrolyte repletion. Pain and nausea were managed with IV hydromorphone and haloperidol. Diabetes managed with basal insulin.

Goals of care were clarified with patient and family. Given the irreversible nature of the bowel obstruction in the setting of widely metastatic, refractory cancer and poor functional status, the decision was made to transition to comfort-focused care. NG tube was removed per patient request after symptoms were controlled with anti-emetics.

Palliative care team involved throughout admission. Patient and family elected for transfer to the inpatient hospice unit for terminal care. He died on 2023-07-22.

Key Labs on Admission: Hgb 10.2, Plt 190, Creatinine 1.5 (baseline 1.2), Glucose 188, Albumin 2.4.
Pathology: RLL Biopsy (Aug 2021): NSCLC, favour Adenocarcinoma NOS (IHC markers equivocal but negative for squamous markers). Molecular: All common drivers negative. PD-L1 (22C3): TPS=0%.

Attending Physician: Dr. L. Carter
Date: 2023-07-22