ONCOLOGY CLINIC NOTE - DISEASE PROGRESSION

PATIENT ID: SYN143 **NAME:** Peterson, George Richard **DOB:** 05/05/1954
APPOINTMENT DATE: March 22, 2021
PROVIDER: Vivian Wells, MD

SUBJECTIVE: Mr. Peterson presents today accompanied by his son for scheduled follow-up and to discuss recent restaging scans which unfortunately show disease progression. He completed Cycle 12 of Pemetrexed/Pembrolizumab maintenance therapy approx 3 weeks ago. Since his last visit, he reports a noticeable increase in fatigue ("more wiped out than usual") and the return of intermittent headaches, similar in character but milder than those that led to his diagnosis last year. He denies visual changes, seizures, focal weakness, or other specific neurological deficits. Cough remains minimal. Appetite fair, weight stable. Tolerated maintenance chemo/IO reasonably well, main side effect being cumulative fatigue.

ONCOLOGIC HISTORY:

- **Diagnosis:** Stage IV Lung Adenocarcinoma, May 20, 2020.
- **Staging:** Brain MRI (May 2020) revealed multiple (5+) enhancing metastatic lesions, largest 2.8cm R frontal with significant edema. CT C/A/P showed 3.2cm LUL primary, mediastinal nodes, but no definite extracranial/extrathoracic mets.
- **Pathology/Molecular:** LUL Bx confirmed Adenocarcinoma. NGS panel **Wild-Type**. PD-L1 (22C3) **Negative (TPS 0%, CPS <5, IC 0)**.
- **Initial Treatment:** Underwent Whole Brain Radiation Therapy (WBRT), 30 Gy in 10 fractions, completed early June 2020. Started systemic **Carboplatin (AUC 5) + Pemetrexed (500 mg/m2) + Pembrolizumab (200 mg) IV q3 weeks on June 11, 2020.** (Chemo-IO used despite PD-L1 neg status, per KEYNOTE-189).
- **Response:** Achieved Stable Disease systemically (lung/nodes) after 4 cycles induction. Brain MRI post-WBRT showed good response/stable treated lesions. Transitioned to Pemetrexed/Pembrolizumab maintenance Oct 2020. Remained stable until recently.

RECENT IMAGING (March 15, 2021):

- **Brain MRI w/wo Contrast:** Comparison to Dec 2020. Stable appearance of post-WBRT changes. However, development of **two new small enhancing lesions** (< 0.8 cm) in the left parietal lobe and right cerebellar hemisphere, consistent with **new intracranial metastases/progression**.
- **CT Chest/Abdomen/Pelvis w/ Contrast:** Comparison to Dec 2020. Subtle but definite increase in size of the primary LUL lesion (now 2.1 cm vs 1.7 cm). Slight enlargement of several mediastinal nodes (subcarinal now 1.4 cm vs 1.1 cm). No new distant metastases below diaphragm.

ASSESSMENT:

1. **Stage IV Lung Adenocarcinoma (WT, PD-L1 Negative):** Confirmed disease progression after approximately **9 months** of first-line Carboplatin/Pemetrexed/Pembrolizumab therapy (including induction and maintenance). Progression involves both new intracranial metastases and subtle systemic worsening (lung/nodes). Patient is symptomatic (fatigue, headache). Performance status remains fair (ECOG 1-2).
2. **Requires change in therapy.**

OBJECTIVE: Vitals stable. Exam: Appears fatigued. Neuro exam grossly non-focal today. Remainder unremarkable. Labs (CBC/CMP) show mild stable anemia (Hgb 11.0), otherwise WNL.

PLAN:

1. **Discussed Findings:** Reviewed scan results clearly demonstrating progression both in the brain and systemically. Explained that the current chemo/IO regimen is no longer effective.
2. **Discontinue Pemetrexed/Pembrolizumab.** Stop Folic Acid supplement.
3. **Manage CNS Progression:**
    - **Radiation Oncology Consultation:** Referral placed today for consideration of Stereotactic Radiosurgery (SRS) to the two new small brain metastases. Given limited number and small size, SRS is preferred over repeat WBRT.
    - **Dexamethasone:** Restart low-dose Dexamethasone (e.g., 2mg PO BID) temporarily for headache management and potential edema from new brain mets, pending Rad Onc eval. Provide Rx. Counsel on side effects, GI prophylaxis (Pantoprazole).
4. **Initiate Second-Line Systemic Therapy:** Options reviewed for WT NSCLC progressing after chemo-IO:
    - **Docetaxel:** Standard option. Discussed expected efficacy (modest) and toxicity profile (myelosuppression, fatigue, neuropathy, alopecia, fluid retention). Schedule IV q3 weeks.
    - **Docetaxel + Ramucirumab:** Combination offers potential slight OS benefit over Docetaxel alone but adds VEGF inhibitor risks.
    - **Gemcitabine:** Alternative single agent chemo.
    - **Clinical Trial:** Limited options locally for this setting currently.
    - **Patient Preference:** Given fatigue from prior chemo and desire to balance QOL with treatment, patient prefers trial of single-agent **Docetaxel** initially. Understands palliative intent.
5. **Plan for Docetaxel:**
    - Target start date after completion of brain SRS (likely 2-3 weeks), allowing brief recovery period.
    - **Regimen:** Docetaxel 75 mg/m2 IV q3 weeks.
    - **Supportive Care:** Prescribe Dexamethasone 8mg PO BID x 3 days pre-medication for Docetaxel cycles. Plan for prophylactic Pegfilgrastim post-chemo. Provide anti-emetic Rxs. Discuss side effects thoroughly again prior to first dose.
6. **Monitoring:** Labs (CBC, CMP) prior to each cycle. Restaging CT C/A/P after 2-3 cycles of Docetaxel. Follow-up Brain MRI 1 month post-SRS, then q2-3 months.
7. **Follow-up:** Patient to proceed with Rad Onc consult. Return to clinic after SRS completed to finalize C1D1 Docetaxel start date and review readiness.

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

PS NOTE: Patient died on January 11th, 2022