

## Evergreen Oncology Associates – New Patient Treatment Initiation Summary

**PATIENT:** Brown, Patricia Ann **ID:** SYN164

**DATE OF BIRTH:** March 25, 1970

**DATE OF DIAGNOSIS:** May 5, 2023

**DATE OF ONCOLOGY CONSULT:** May 18, 2023

**DATE THERAPY INITIATED:** May 27, 2023

**ATTENDING ONCOLOGIST:** Evelyn Reed, MD, PhD

**DIAGNOSIS:** Stage IVB Lung Adenocarcinoma (cT1bN2M1c – Lung, Brain)

**PRESENTING HISTORY:** Patient presented to ED May 1, 2023 with first-time generalized seizure. Subsequent workup revealed underlying malignancy.

### STAGING & PATHOLOGY:

- **Brain MRI (05/01/23):** Multiple (4) enhancing cerebral and cerebellar lesions consistent with metastases, largest 1.9 cm L parietal with moderate vasogenic edema.
- **CT Chest/Abd/Pelvis (05/03/23):** 1.5 cm spiculated nodule RUL (primary). Mediastinal lymphadenopathy (stations 4R, 7). Multiple bilateral small pulmonary nodules. No definite mets below diaphragm.
- **PET/CT (05/05/23):** Confirmed FDG-avidity in brain lesions, RUL primary, mediastinal nodes, and bilateral pulmonary nodules.
- **EBUS-TBNA (Mediastinal Node Bx, 05/08/23):** Confirmed Metastatic Adenocarcinoma, TTF-1+, Napsin A+.
- **Molecular Profiling (NGS on Node Bx, result 05/15/23):** EGFR Exon 19 deletion (p.L747\_P753delinsS) identified. Other drivers negative.
- **PD-L1 IHC (22C3):** TPS 0%, CPS <5, IC Score 0.

### INITIAL MANAGEMENT (Pre-Oncology Consult):

- Admitted briefly for seizure management; started on Levetiracetam 750mg BID.
- Started on Dexamethasone 4mg PO Q6H for cerebral edema, initiated taper by Neurology.

### ONCOLOGY CONSULTATION & TREATMENT PLAN (May 18, 2023):

- Reviewed diagnosis, staging, molecular results. Confirmed Stage IV EGFR Ex19del positive Lung Adenocarcinoma. ECOG PS 1 (mild fatigue/steroid effects).
- **Systemic Therapy:** Recommended first-line **Osimertinib 80 mg PO Daily** based on FLAURA trial data demonstrating superior efficacy (including CNS activity) and tolerability vs older EGFR TKIs. Discussed rationale, potential side effects (rash, diarrhea, stomatitis, paronychia, QTc, ILD), monitoring plan.
- **CNS Management:** Recommended **Stereotactic Radiosurgery (SRS)** to all 4 brain metastases for durable local control, given number/size and patient's good prognosis with effective systemic therapy. Urgent Radiation Oncology consult placed. Continue Levetiracetam. Continue Dexamethasone taper as guided by neurology/radiation oncology post-SRS.
- **Supportive Care:** Pantoprazole for GI prophylaxis with steroids. PRN anti-emetics/diarrheals provided. Patient education materials given.

#### **TREATMENT INITIATION & EARLY COURSE:**

- **Osimertinib 80 mg PO Daily started May 27, 2023**, following insurance approval.
- **SRS completed** to 4 brain lesions May 29-31, 2023. Tolerated well.
- **Dexamethasone taper** successfully completed June 20, 2023. Neurological symptoms resolved.
- **Initial Osimertinib Tolerance:** Reports Grade 1 loose stools (~2x/week, resolves w/ Loperamide PRN), Grade 1 dry skin managed with moisturizer. No rash, stomatitis, or other significant issues. Energy levels improving off steroids.

#### **CURRENT PLAN:**

- Continue Osimertinib 80 mg PO Daily.
- Continue Levetiracetam 750 mg PO BID (plan re-eval by Neuro in ~6 mos).
- Routine lab monitoring (CBC, CMP, Mg) monthly initially.
- First restaging CT Chest/Abd/Pelvis scheduled for late July 2023 (~8 weeks post-Osi start).
- First post-SRS Brain MRI scheduled for late June / early July 2023 (~4 weeks post-SRS).
- Clinic follow-up monthly initially.

**PROGNOSIS:** Good intermediate-to-long term prognosis expected with durable disease control from Osimertinib.

(Summary prepared for patient chart & referring providers) E. Reed, MD, PhD (June 30 2023)