Oncology Infusion Center - Visit Note

Patient: Chen, Li
MRN: SYN033 **DOB:** 11/27/1970 M
Date of Visit: September 27, 2023
Treatment: Pembrolizumab Cycle 2 Day 1

Brief History: Mr. Chen was diagnosed with Stage IV Lung Adenocarcinoma on August 15, 2023, after presenting with shortness of breath. Workup revealed extensive right pleural thickening/nodularity and a large malignant pleural effusion. No distant metastases identified. Thoracentesis/pleural biopsy confirmed Adenocarcinoma. Molecular testing identified a **KRAS G12C mutation**. PD-L1 testing (IHC 22C3) was strongly positive: **TPS 70%, CPS 75, IC Score 3/+**. Given high PD-L1 expression, he was initiated on first-line single-agent Pembrolizumab 200 mg IV q3 weeks starting September 6, 2023. He required therapeutic thoracentesis (1.5 L removed) just prior to starting Cycle 1.

Subjective (Today): Patient presents for Cycle 2. Reports feeling "significantly better" since starting Pembrolizumab 3 weeks ago. His shortness of breath has improved dramatically, only mild dyspnea now with significant exertion (e.g., running up stairs). No recurrence of needing thoracentesis. Reports improved energy levels. Denies fever, chills, cough, chest pain, rash, diarrhea, colitis symptoms, or other specific immune-related adverse event symptoms. Appetite is good.

Objective:

- Vitals: T 36.8, BP 122/76, HR 70, SpO2 98% RA. ECOG PS 0-1.
- Exam: Lungs clear on R, slightly diminished breath sounds R base but improved from prior exams. No other pertinent findings.
- Labs (Pre-infusion): CBC, CMP, TSH all within normal limits. LFTs stable.

Assessment:

1. **Stage IV KRAS G12C / PD-L1 High Lung Adenocarcinoma:** Patient appears to be having an excellent early clinical response to first-line single-agent Pembrolizumab after only one cycle, with marked improvement in dyspnea likely related to control of malignant pleural disease. Tolerating therapy well without evidence of immune-related toxicity to date. Fit to proceed with Cycle 2.
2. **KRAS G12C Mutation:** Not currently relevant for treatment choice given high PD-L1, but noted as a potential future target if resistance develops.

Plan:

1. **Administer Pembrolizumab 200 mg IV** over 30 minutes. Standard monitoring during infusion.
2. **Continue monitoring** for immune-related adverse events. Reviewed common side effects and importance of reporting symptoms promptly (esp. cough/SOB, diarrhea, rash, endocrine symptoms).
3. **Schedule first restaging scans** (CT Chest/Abdomen/Pelvis) to be done after Cycle 3 (in approx. 6 weeks).
4. **Follow-up:** Return in 3 weeks for Cycle 3 Day 1 assessment and infusion.

Provider: V. Wells, MD (Supervising Attending) / K. Patel, RN, OCN (Infusion Nurse)