Oncology Associates - Progress Note

Patient: Vance, Eleanor Grace
MRN: SYN012 **DOB:** 1963-07-19
Date of Visit: October 29, 2022
Provider: Dr. Anya Sharma, MD

REASON FOR VISIT: Follow-up visit to discuss recent restaging scans and plan future management for Stage IV Lung Adenocarcinoma.

SUBJECTIVE:
Ms. Vance reports feeling generally well but notes a slight increase in right-sided pleuritic chest discomfort over the past month, similar to her symptoms at diagnosis but milder. It's intermittent, rated 3/10, sometimes worse with deep breaths, not limiting activity significantly. Denies cough, hemoptysis, fever, chills. Reports stable energy levels (ECOG 1). No new joint pain or flares of her known Rheumatoid Arthritis (RA), which remains quiescent on Hydroxychloroquine. She completed Cycle 20 of Pemetrexed/Pembrolizumab maintenance therapy three weeks ago. Tolerated well, main side effect is mild fatigue for a few days post-infusion.

ONCOLOGIC HISTORY:

- Dx: Stage IV Lung Adenocarcinoma (June 10, 2021). Presented with R pleuritic chest pain and SOB.
- Staging: CT showed R pleural thickening/nodularity and moderate R pleural effusion. No distant mets identified. Pleural fluid cytology positive for Adenocarcinoma.
- Molecular/PD-L1: WT for common drivers. PD-L1 (22C3) TPS 10%, CPS 15, IC Score 1/+.
- 1L Rx: Carboplatin/Pemetrexed/Pembrolizumab x 4 cycles (started July 1, 2021), followed by Pemetrexed/Pembrolizumab maintenance q3wks. Achieved good partial response with resolution of effusion and decreased pleural thickening. Maintained stable disease until recently.

PAST MEDICAL HISTORY:

- Rheumatoid Arthritis (diagnosed 2015, well-controlled on Hydroxychloroquine)
- Hypertension (on Losartan)
- GERD (on Omeprazole)
- Never-smoker

MEDICATIONS:

- Pemetrexed/Pembrolizumab (Last dose C20D1 approx. Oct 4, 2022) - **To be Discontinued**
- Hydroxychloroquine 200 mg PO BID
- Losartan 50 mg PO Daily
- Omeprazole 20 mg PO Daily
- Folic Acid 1 mg PO Daily
- Vitamin B12 1000 mcg IM q9 weeks (Last dose with C20)

OBJECTIVE:

- Vitals: T 37.1, BP 125/75, HR 78, SpO2 97% RA. Wt stable. ECOG 1.
- Exam: Gen: Pleasant female, NAD. Lungs: Slightly decreased breath sounds R base, no dullness to percussion today. No wheezes/crackles. Cor: RRR. Ext: No edema. Joints: No active synovitis.
- Labs: CBC/CMP today prior to visit - WNL (Hgb 12.5, Plt 240, Cr 0.7, LFTs WNL).
- **Imaging (CT Chest w/ contrast, October 22, 2022):**
    - *Comparison:* Scans from July 15, 2022.
    - *Findings:* Subtle but definite increase in nodular pleural thickening along the right hemidiaphragm and lateral costal pleura compared to July scan. Several previously noted pleural nodules appear slightly larger (e.g., one measuring 1.2 cm, previously 0.9 cm). No definite new lesions or distant metastatic disease identified within the chest. No significant pleural effusion.
    - *Impression:* Findings represent subtle but unequivocal evidence of disease progression, consistent with patient's report of increased mild pleuritic symptoms.

ASSESSMENT:

1. **Stage IV Lung Adenocarcinoma (WT, PD-L1 TPS 10%):** Confirmed disease progression on first-line chemo-immunotherapy maintenance (Carbo/Pem/Pembro regimen total duration ~15 months). Progression is currently limited to the known site of disease (right pleura) and is low-volume/slowly progressive. Patient remains at good performance status (ECOG 1).
2. **Rheumatoid Arthritis:** Stable, well-controlled on current therapy. No evidence of IO-related flare.
3. **Hypertension/GERD:** Controlled.

PLAN:

1. **Discussed Scan Results:** Reviewed CT findings with Ms. Vance, explaining that the subtle growth indicates the current therapy is no longer controlling the cancer effectively.
2. **Discontinue Current Therapy:** Pemetrexed/Pembrolizumab maintenance will be discontinued.
3. **Second-Line Therapy Options Discussed:**
    - **Docetaxel:** Standard of care, typically given q3 weeks. Discussed common side effects (hair loss, neuropathy, cytopenias, fatigue, fluid retention).
    - **Docetaxel + Ramucirumab:** Combination option, may offer slight efficacy benefit over Docetaxel alone but adds toxicities (hypertension, bleeding risk, proteinuria).
    - **Gemcitabine:** Alternative chemotherapy agent, generally different side effect profile.
    - **Clinical Trial:** Discussed possibility but no immediately suitable trials open locally.
    - **Patient Preference:** After discussion, Ms. Vance prefers to proceed with single-agent Docetaxel, aiming to balance efficacy with quality of life and minimize potential additive toxicity given her good performance status and slow progression.
4. **Initiate Second-Line Therapy:** Plan to start Docetaxel 75 mg/m2 IV q3 weeks.
    - Schedule Cycle 1 Day 1 for next week (approx. Nov 1, 2022).
    - Obtain pre-chemo labs (CBC, CMP) prior to infusion.

    - Prescribe pre-medication: Dexamethasone 8mg PO BID starting day before chemo, day of, and day after chemo (total 3 days).
    - Provide prescriptions for anti-nausea meds (Ondansetron PRN) and discuss supportive care (hydration, monitoring for fever/neutropenia).
    - Patient understands need for G-CSF support (e.g., Pegfilgrastim) if neutropenia develops.
5. **Monitoring:** Clinical assessment and labs prior to each cycle. Restaging CT Chest after 2-3 cycles (~6-9 weeks). Continue RA management with Rheumatology.
6. **Follow-up:** Return next week for C1D1 Docetaxel. Call clinic for fever >100.4F, chills, severe nausea/vomiting, shortness of breath, chest pain, or other concerns.

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