CONFIDENTIAL MEDICAL RECORD

DISCHARGE SUMMARY

FAIRVIEW MEMORIAL HOSPITAL Comprehensive Cancer Center

Date: April 14, 2025

RE: Robert Johnson (SYN109) DOB: 11/19/1953 MRN: SYN109

Admission: 03/28/2025 Discharge: 04/14/2025

ATTENDING: James Wilson, MD (Oncology) CONSULTING: Mark Stevens, MD (Pulmonology) Sarah Chen, MD (Palliative Care)

PRINCIPAL DIAGNOSIS: Metastatic Non-Small Cell Lung Cancer (NSCLC), KRAS G12D mutation positive, with progressive disease

SECONDARY DIAGNOSES:

1. Chronic obstructive pulmonary disease (COPD), moderate
2. Type 2 diabetes mellitus
3. Coronary artery disease s/p CABG (2018)
4. Chronic kidney disease, stage III
5. Community-acquired pneumonia (current admission)
6. Cachexia

BRIEF HISTORY: Mr. Johnson is a 71-year-old male with metastatic NSCLC initially diagnosed in January 2021 after presenting with persistent cough, progressive dyspnea, and unintentional weight loss of 15 pounds over 3 months. Initial staging revealed a 5.2 cm left upper lobe mass with ipsilateral hilar and mediastinal lymphadenopathy, multiple osseous metastases (spine, ribs, pelvis), and retroperitoneal lymphadenopathy. Biopsy confirmed NSCLC, adenocarcinoma subtype, with KRAS G12D mutation and high PD-L1 expression (TPS ≥50%, CPS 85, IC 20%).

DISEASE COURSE:

- First-line treatment with pembrolizumab monotherapy initiated 02/02/2021
- Initial partial response with 35% decrease in target lesions at 3 months
- Progressive disease noted early 09/2022
- Second-line docetaxel initiated 09/14/2022, discontinued after 2 cycles due to toxicity
- Third-line ramucirumab plus docetaxel 10/2022-02/2023
- Fourth-line experimental KRAS G12D inhibitor (clinical trial NCT04933253) 03/2023-09/2023
- Fifth-line gemcitabine monotherapy 10/2023-01/2025
- Currently considering hospice vs. best supportive care only

MEDICATIONS ON ADMISSION:

1. Metformin 500mg BID
2. Lisinopril 10mg daily
3. Atorvastatin 40mg daily
4. Aspirin 81mg daily
5. Tiotropium bromide inhaler 2.5mcg daily
6. Albuterol/ipratropium inhaler 2 puffs q6h PRN
7. Oxycodone-acetaminophen 5-325mg q6h PRN pain
8. Hydromorphone 2mg q4h PRN breakthrough pain
9. Dexamethasone 4mg daily
10. Gabapentin 300mg TID
11. Insulin glargine 15 units nightly
12. Fentanyl patch 75mcg/hr q72h

HOSPITAL COURSE: Mr. Johnson was admitted on 03/28/2025 with fever (38.9°C), productive cough with blood-tinged sputum, increased oxygen requirements (4L via nasal cannula), and pleuritic chest pain. Chest X-ray revealed a new right lower lobe infiltrate consistent with pneumonia, as well as progression of known malignancy.

Blood cultures drawn on admission were negative. Sputum culture was positive for Klebsiella pneumoniae, sensitive to ceftriaxone. He was initially treated with IV ceftriaxone 1g daily and azithromycin 500mg daily. His antibiotic regimen was later narrowed to ceftriaxone alone based on culture results.

During his hospitalization, the patient experienced progressive decline in functional status and increasing dyspnea despite appropriate antibiotics and clearance of the pneumonia. Repeat CT imaging on 04/05/2025 demonstrated significant progression of the primary lung mass (now 7.8 cm) with new extensive liver metastases, progression of bone metastases, and malignant pleural effusion.

A thoracentesis was performed on 04/07/2025 with removal of 1.4L of serosanguineous fluid, providing temporary symptomatic relief. Cytology confirmed malignant cells. Interdisciplinary tumor board review on 04/10/2025 concluded that all standard treatment options had been exhausted, and the patient's performance status (ECOG 3) precluded further anti-cancer therapy.

Following extensive discussions with the patient and his family regarding goals of care, including palliative care consultation, the decision was made to transition to hospice care. Symptom management was optimized prior to discharge, with increased dosing of long-acting opioids, addition of scheduled short-acting opioids, and maintenance of corticosteroids for dyspnea and appetite stimulation.

LABORATORY DATA:

CBC (04/12/2025):

- WBC: 12.5 × 10^9/L (4.0-11.0) - elevated
- Hemoglobin: 8.7 g/dL (13.5-17.5) - decreased
- Hematocrit: 26.1% (41.0-53.0) - decreased
- Platelets: 232 × 10^9/L (150-450)

- ANC: 9.5 × 10^9/L (1.8-7.7) - elevated

Comprehensive Metabolic Panel (04/12/2025):

- Sodium: 133 mmol/L (135-145) - slightly decreased
- Potassium: 4.2 mmol/L (3.5-5.0)
- Chloride: 98 mmol/L (98-107)
- CO2: 28 mmol/L (21-32)
- BUN: 32 mg/dL (7-20) - elevated
- Creatinine: 1.8 mg/dL (0.6-1.2) - elevated
- eGFR: 38 mL/min/1.73m^2 (>60)
- Glucose: 163 mg/dL (70-99) - elevated
- Calcium: 10.8 mg/dL (8.6-10.2) - elevated
- Albumin: 2.8 g/dL (3.5-5.0) - decreased
- Total protein: 5.9 g/dL (6.4-8.2) - decreased
- AST: 87 U/L (10-40) - elevated
- ALT: 56 U/L (7-56)
- Alkaline phosphatase: 432 U/L (44-147) - markedly elevated
- Total bilirubin: 1.3 mg/dL (0.1-1.2) - slightly elevated

Coagulation Studies (04/12/2025):

- PT: 15.2 seconds (11.0-13.5) - elevated
- INR: 1.3 (0.8-1.1) - elevated
- aPTT: 32 seconds (25-35)

Arterial Blood Gas on 2L O2 (04/12/2025):

- pH: 7.38 (7.35-7.45)
- pCO2: 48 mmHg (35-45) - elevated
- pO2: 68 mmHg (80-100) - decreased
- HCO3: 28 mEq/L (22-26) - elevated
- O2 saturation: 92%

IMAGING STUDIES:

Chest X-ray (04/12/2025): Left upper lobe mass increased in size compared to prior studies. Right lower lobe infiltrate improved compared to admission. Small right-sided and moderate left-sided pleural effusions. No pneumothorax.

CT Chest/Abdomen/Pelvis with contrast (04/05/2025):

- Left upper lobe mass increased from 6.2 cm to 7.8 cm with central necrosis
- New extensive liver metastases with largest lesion in segment VII measuring 4.3 cm
- Progression of bone metastases in thoracic spine (T4, T7, T10), lumbar spine (L2, L3), and pelvis with pathologic compression fracture of L2 vertebra
- Bilateral adrenal metastases, right measuring 2.1 cm, left 1.7 cm
- Moderate left pleural effusion

- Small right pleural effusion
- Multiple enlarged mediastinal and hilar lymph nodes, largest measuring 2.6 cm
- No significant abdominal lymphadenopathy

PATHOLOGY REVIEW:

Original Diagnosis (01/11/2021):

- Specimen: CT-guided biopsy of left upper lobe mass
- Diagnosis: Non-small cell lung carcinoma, adenocarcinoma
- Immunohistochemistry: TTF-1+, p40-, CK7+, CK20-
- Molecular Profile:
    - KRAS: G12D mutation
    - EGFR: Wild-type
    - ALK: No rearrangement
    - ROS1: No rearrangement
    - BRAF: Wild-type
    - MET: No amplification
    - HER2: No mutation or amplification
    - PD-L1 (22C3): TPS ≥50%, CPS 85, IC 20%
    - TMB: Intermediate (10 mutations/megabase)
    - MSI: Stable

Pleural Fluid Cytology (04/07/2025): Positive for malignant cells consistent with adenocarcinoma.

DISCHARGE CONDITION: Mr. Johnson's condition is poor but stable for discharge. He requires 2-3L oxygen via nasal cannula at rest and up to 6L with exertion. He is able to transfer with moderate assistance and ambulate short distances with a walker. Pain is adequately controlled with current regimen. ECOG performance status is 3.

DISCHARGE DIAGNOSES:

1. Metastatic NSCLC with KRAS G12D mutation, progressive disease after multiple lines of therapy
2. Resolving community-acquired pneumonia
3. COPD exacerbation
4. Malignant pleural effusion
5. Cancer-related pain
6. Cancer cachexia
7. Chronic kidney disease, stage III
8. Type 2 diabetes mellitus
9. Coronary artery disease
10. Pathologic compression fracture, L2 vertebra

DISCHARGE MEDICATIONS:

1. Fentanyl transdermal patch 100mcg/hr, change q72h
2. Morphine sulfate immediate-release 15mg q4h scheduled

3. Morphine sulfate immediate-release 15mg q2h PRN breakthrough pain
4. Dexamethasone 4mg oral daily
5. Gabapentin 300mg oral TID
6. Senna-docusate 2 tablets oral BID
7. Metoclopramide 10mg oral TID PRN nausea
8. Tiotropium bromide inhaler 2.5mcg daily
9. Albuterol/ipratropium inhaler 2 puffs q6h PRN
10. Fluticasone/salmeterol 250/50mcg inhaler 1 puff BID
11. Insulin glargine 10 units subcutaneous nightly
12. Insulin aspart sliding scale
13. Metformin (HELD due to renal function)
14. Lisinopril 5mg oral daily (reduced dose)
15. Atorvastatin 40mg oral daily
16. Aspirin 81mg oral daily
17. Lorazepam 0.5mg oral q6h PRN anxiety
18. Oxygen 2-3L via nasal cannula continuous

DISCHARGE PLAN:

1. Discharge to home with hospice services
2. Supplemental oxygen as prescribed
3. Home hospital bed and other durable medical equipment to be arranged by hospice
4. Follow-up with hospice team within 24 hours of discharge
5. Family education regarding medication administration, comfort care, and what to expect provided
6. DNR/DNI status confirmed and documented
7. Advance directives in place naming son as healthcare proxy

PROGNOSIS: Mr. Johnson's prognosis is poor, with estimated survival measured in weeks to a few months. This has been discussed transparently with the patient and his family.

END OF LIFE CARE PLANNING: Mr. Johnson has expressed his wishes to remain at home with family during his remaining time. He has completed advance directives including POLST form indicating DNR/DNI status. His son, Michael Johnson, has been designated as healthcare proxy. Hospice services have been arranged through Fairview Hospice, with admission planned for day of discharge. The patient and family have been provided with education regarding the hospice philosophy of care, medication management for symptom control, and what to expect in the coming weeks.

FOLLOW-UP: Patient died on 04/16/2025

James Wilson, MD Medical Oncology